

# LIVE WELL & THRIVE

**2025** Escambia – Santa Rosa  
**Community Health Needs Assessment**  
A Summary of Key Findings



# Letter from the Chair

Community partners,

Achieve Healthy EscaRosa (AHER) is proud to present the 2025 Community Health Needs Assessment for Escambia and Santa Rosa counties. Since the creation of the last CHNA, our communities have continued to face challenges that impact health. Those challenges come in many forms, but are identified in the work conducted by AHER in 2024. While some new information has been garnered, our community is largely dealing with the same set of issues that were the main drivers of health disparities from 3 years ago.

AHER's coalition of hospitals, health systems, health departments, educational institutions, and nonprofit organizations is working together in a unified effort to improve the health and well-being of our community. Since the inception of AHER, our efforts led to the development of two important resources that we encourage you to utilize:

- **The Achieve Dashboard** – A free and user-friendly tool that provides key metrics, offering insights into the health challenges and opportunities within our community.
- **The 2025 Community Health Needs Assessment** – A comprehensive report that captures data and input from residents regarding the state of health in our area.

Guided by this data and community feedback, we are committed to taking cross-sector action to drive improvements. We invite you to join us in this effort and help shape a healthier future for our region.

For more information on how to get involved, visit [www.achievehealthyescarosa.org](http://www.achievehealthyescarosa.org).

Sincerely,

David Bellar

Chair Achieve Healthy EscaRosa





# **Escambia - Santa Rosa Community Health Needs Assessment**

*A Summary of Key Findings*

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A teal-colored background featuring a faint, stylized map of a city or region. The map shows a network of roads, highways, and water bodies, with a prominent river or coastline on the right side. The overall tone is a solid teal color.

# **EXECUTIVE SUMMARY**

# Executive Summary

Achieve Healthy EscaRosa (AHER) began in 2019 to continue the work of the former LiveWell Partnership. AHER's Mission is to unite and align resources to improve the health and well-being of Escambia and Santa Rosa counties so that everyone can live well and thrive. This broad-based collaborative has engaged hundreds of key stakeholders throughout the two-county area and is a collective impact effort that seeks to apply the following collective impact principles in the work:

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

Every three years, community organizations in Escambia County and Santa Rosa County work collaboratively on a two-step process to understand and respond to health problems within our community. The first phase of this process involves identifying local health issues and resources through a Community Health Needs Assessment (CHNA). The second phase, which will launch in early 2025, will outline the actions that the community will take to improve the health status of residents. An overview of the Community Health Improvement Plan (CHIP) is provided in the Next Steps section.

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



The CHNA is a year-long community-wide undertaking. Health, business, social service, education, and faith organizations across Escambia and Santa Rosa provided guidance and input by serving on a CHNA Steering Committee. Community residents participated through online and paper surveys as well as through solicitation of public comments on the CHNA findings posted on the websites of Live Well Partnership and its community partners. The culmination of this first phase is the publication and distribution of this 2025 CHNA report.



# RESPONDENT DEMOGRAPHICS

The CHNA survey distribution effort successfully collected just over 2,600 responses from residents in the Pensacola Metro Area that is comprised of both Santa Rosa and Escambia Counties. Most respondents provided socioeconomic information that allowed analysts to apply weights by three categories: gender, age, and household income. Such a process allows researchers to elevate the underrepresented voices. Further evaluation compared rural and urban responses, as well as employed and unemployed perspectives. The weighted responses are displayed below.

| Gender | Escambia | Santa Rosa |
|--------|----------|------------|
| Male   | 51.06%   | 46.30%     |
| Female | 48.94%   | 53.70%     |

| Age         | Escambia | Santa Rosa |
|-------------|----------|------------|
| 18-24       | 2.45%    | 1.12%      |
| 25-34       | 11.15%   | 7.74%      |
| 35-44       | 25.67%   | 23.42%     |
| 45-54       | 14.21%   | 14.40%     |
| 55-64       | 20.30%   | 20.37%     |
| 65-74       | 22.66%   | 28.30%     |
| 75-84       | 1.72%    | 2.39%      |
| 85 or older | 1.84%    | 2.26%      |

| Race                   | Overall | Escambia | Santa Rosa |
|------------------------|---------|----------|------------|
| African Am/Black       | 8%      | 10%      | 5%         |
| Asian/Pacific Islander | 3%      | 3%       | 4%         |
| Caucasian/White        | 79%     | 77%      | 83%        |
| Native American        | 3%      | 2%       | 4%         |
| Other                  | 3%      | 4%       | 1%         |
| Prefer not to answer   | 4%      | 4%       | 3%         |

| Top 5 Industries                                 | Overall | Escambia | Santa Rosa |
|--|---------|----------|------------|
| Health Care and Social Assistance                | 27.79%  | 26.88%   | 25.14%     |
| Other Services (except Public Administration)    | 14.73%  | 15.70%   | 8.93%      |
| Educational Services                             | 11.00%  | 10.70%   | 13.12%     |
| Finance and Insurance                            | 7.83%   | 7.45%    | 4.72%      |
| Professional, Scientific, and Technical Services | 6.09%   | 5.72%    | 6.23%      |

| Education                         | Overall | Escambia | Santa Rosa |
|-----------------------------------|---------|----------|------------|
| Less than high school             | 1.15%   | 1.51%    | 0.49%      |
| High school diploma or GED        | 27.79%  | 20.28%   | 24.48%     |
| 2-year college degree             | 19.07%  | 18.66%   | 20.18%     |
| 4-year college degree             | 26.75%  | 28.35%   | 22.60%     |
| Graduate degree or higher         | 19.08%  | 19.55%   | 18.86%     |
| Certificate or technical training | 8.20%   | 7.87%    | 8.98%      |
| Other (please specify)            | 3.96%   | 3.78%    | 4.42%      |

# REPORT CONCLUSIONS

## MOST IMPORTANT HEALTH ISSUES

*according to both community leaders and public participants*



**EXCESS WEIGHT  
AND OBESITY**



**MENTAL HEALTH  
ISSUES**



**SUBSTANCE ABUSE  
(DRUGS OR ALCOHOL)**



**ACCESS TO HEALTH  
CARE**

## MOST CONCERNING UNHEALTHY BEHAVIOR

Mental health services and substance abuse treatment were deemed the most difficult to obtain, as reported by both residents and community leaders. Financial barriers, such as high copays and lack of insurance, further complicate access to care.

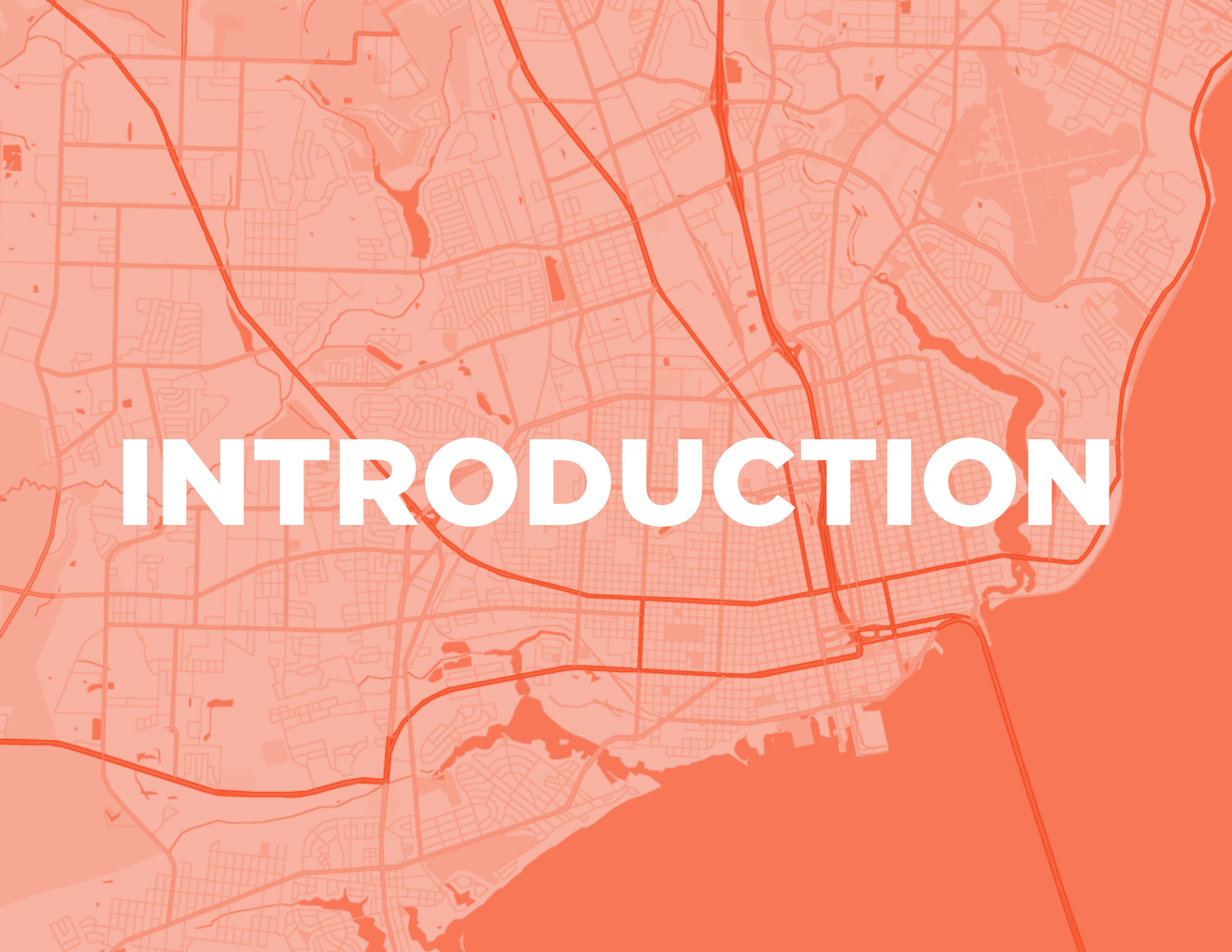
## FORCES OF CHANGE

At a 2024 Forces of Change (FOC) workshop, key trends identified included inflation, resource limitations, and health care provider shortages. Factors such as public transportation issues, economic disparities, and misinformation were also seen as significant challenges. Events like cyberattacks, political shifts, and the post-COVID era were highlighted as impactful to the local public health landscape.

## STRATEGIC FOCUS

Based on these findings, AHER will continue to prioritize areas such as overweight/obesity, substance abuse, mental health, and access to health care. The integration of community perceptions and outcome data ensures that AHER's initiatives remain aligned with the pressing needs of the local population, with a particular emphasis on fostering collaboration across sectors to address systemic health disparities.

This report underscores the importance of combining quantitative health indicators with qualitative community input to form a comprehensive understanding of health issues in the region. Moving forward, AHER aims to use these insights to implement effective, community-centered health interventions.



# INTRODUCTION



# Introduction

## Community Health Needs Assessment (CHNA)

This iteration of the Escambia and Santa Rosa County Community Health Needs Assessment (CHNA) process launched in February 2024. The purpose of the CHNA is to uncover or substantiate the health needs and health issues in both Escambia and Santa Rosa counties and to better understand the causes and contributing factors to health and quality of life. Ascension Sacred Heart, Baptist Health Care and the Florida Department of Health in Escambia and Santa Rosa counties have historically joined forces to play the lead role in the development of the community health needs assessment. Since 2019, these lead organizations have worked closely with the University of West Florida's Usha Kundu College of Health and Haas Center to gather data and produce a report. Additional partnerships include federally qualified health centers, area health coalitions, and many community nonprofit organizations. The goal is to collectively address health issues and mobilize resources towards improving health outcomes through a comprehensive process. This endeavor reveals a strong commitment to better understanding the health status and health needs of the community.

If you have ever wondered about the health of people living in our community, then a CHNA has the answers you are looking for. The CHNA process was facilitated by Achieve Healthy EscRosa. The mission for this project was to sponsor a community health status assessment for the two counties and to support and promote collaborative initiatives that address priority health problems. The CHNA is defined as an ongoing process of systematic collection, assembly, analysis, and distribution of information on the health needs of the community. The data collected is information concerning the statistics on health status, community health needs, gaps, challenges, and assets. The end result will be to share the findings with key stakeholders, which will in turn, enable and mobilize community members to work collaboratively towards building a healthier community. Additional input is sought from community leaders, such as large organization CEOs, local government, and nonprofit organization stakeholders.

The report was written in an effort to compile various indicators including demographic, socioeconomic, and health behaviors that do or could potentially impact health outcomes in Escambia and Santa Rosa counties. With input from community residents and leaders we can narrow the health issues to a manageable set of priorities. This assessment is the product of an ongoing comprehensive strategic approach to community health improvement.

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



Created in 2019 as an evolution of the former LiveWell Partnership, Achieve Healthy EscaRosa (AHER) is a collective impact initiative created to unite and align resources to improve health equity and outcomes of the residents of Escambia and Santa Rosa Counties. AHER works by engaging more than 57 organizations, including businesses, civic leaders, non-profit, health care providers, education partners, and faith-based organizations across the two counties to identify a common agenda; establish shared measurements; foster mutually reinforcing activities; and encourage continued communication.

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

**Achieve Healthy EscaRosa would like to thank the following sponsors for contributing to this community initiative:**

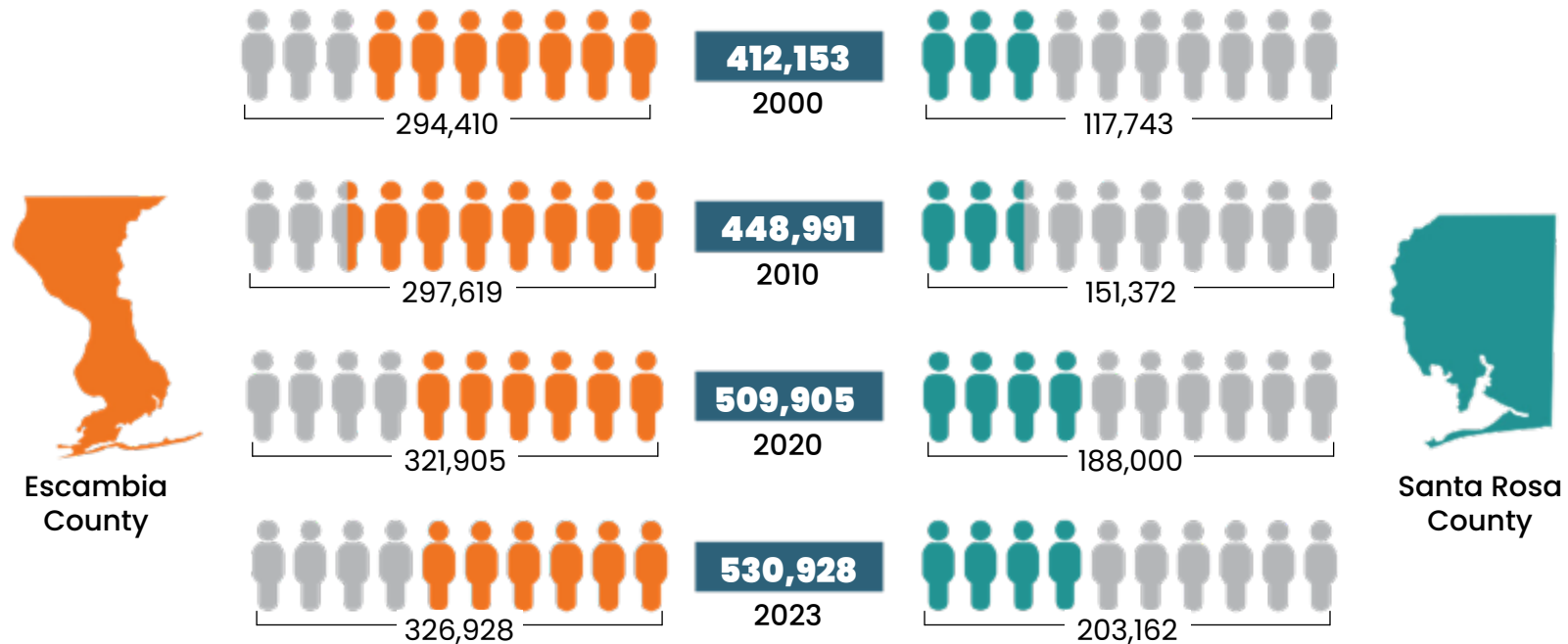


A stylized, monochromatic orange map of a city or region, showing a network of roads, highways, and water bodies. The map is centered on a grid of streets, with a prominent highway running diagonally from the top left to the bottom right. Several water bodies, including a large lake in the upper right and a river or bay in the lower right, are depicted. The overall tone is warm and professional.

# COMMUNITY PROFILE

# Community Profile

A Metropolitan Statistical Area (MSA) is defined by the US Census Bureau as a geographical area that has a central urban core with economic ties to the surrounding area. The Pensacola MSA is also known as the Pensacola-Ferry Pass-Brent, FL MSA and includes the two most western counties in Florida—Escambia and Santa Rosa – with Pensacola designated as the urban core. The estimated population of the MSA was 530,090 according to the 2023 census.



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

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

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



**POPULATION**



**RACE, ETHNICITY,  
VETERAN STATUS**



**AGE**



**CHILDREN & OLDER  
POPULATION**



**PERSONS PER  
HOUSEHOLD**



**INCOME &  
PROPERTY VALUE**



**EMPLOYMENT**



**EDUCATION**



**POVERTY**





## POPULATION

### 2023 POPULATION & GROWTH



326,928

**1.6%**  
INCREASE IN  
ESCAMBIA



203,162

**8.1%**  
INCREASE IN  
SANTA  
ROSA



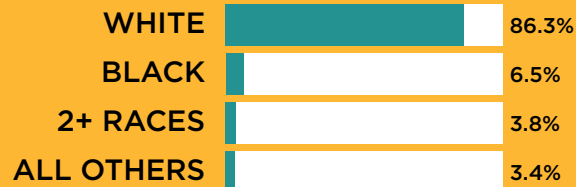
22,610,726

**5.0%**  
INCREASE IN  
FLORIDA

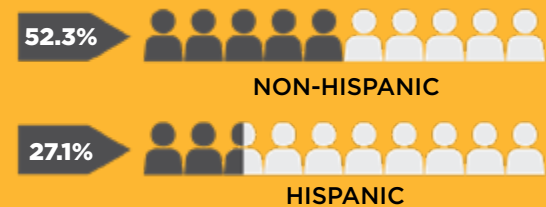
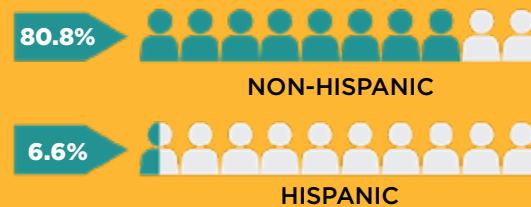
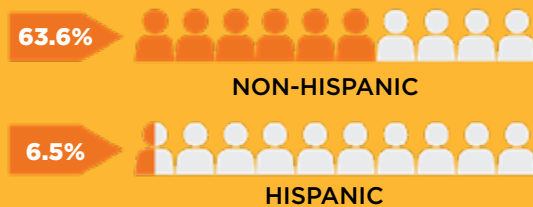


## RACE, ETHNICITY, VETERAN STATUS

### RACE



### ETHNICITY



### VETERANS

**14.0%** of Escambia residents are Veterans

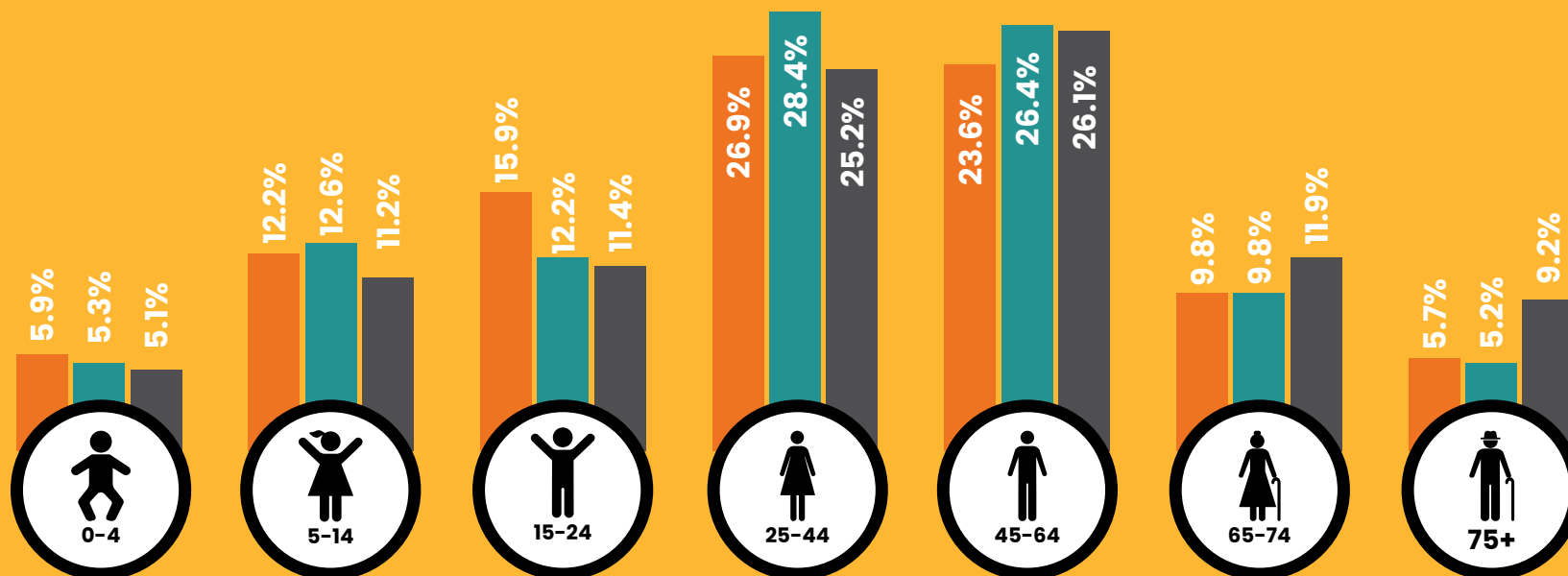
**14.0%** of Santa Rosa residents are Veterans

**7.8%** of Florida residents are Veterans



## AGE

### POPULATION BY AGE GROUP



### MEDIAN AGE



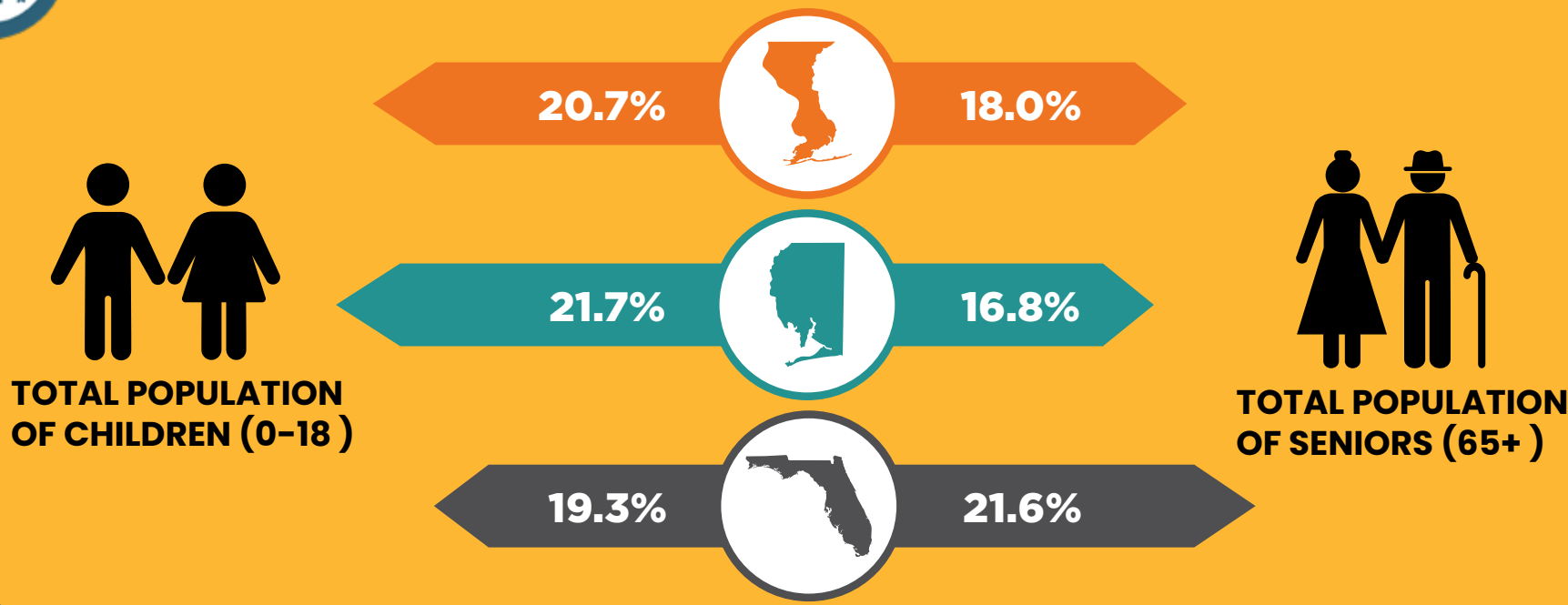
## INTERPRETATION OF POPULATION DATA

Compared to the whole of Florida, **Escambia County's** rate of growth is much lower than the rate for Florida. They have a lower Hispanic population; however, Escambia's population is more racially diverse with a stronger military presence. All of these factors are consistent with the 2021 data.

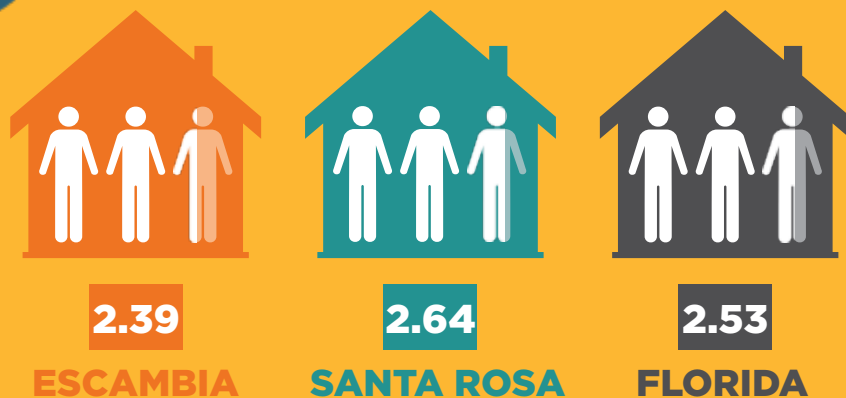
**Santa Rosa County's** rate of growth is higher than Florida. Santa Rosa is not as racially diverse but has a strong military presence. All of these factors are consistent with the 2021 data.



## CHILDREN & OLDER POPULATION



## PERSONS PER HOUSEHOLD



## INTERPRETATION OF AGE AND HOUSEHOLD SIZE DATA

Compared to the whole of Florida, **Escambia County** has slightly more children and fewer seniors, slightly smaller households and a lower median age by about four years. Household size decreased slightly since 2018 data.

**Santa Rosa County** has more children and fewer seniors, slightly larger households, and a lower median age by two years, which is consistent with the 2018 data.

**Sources:** Children & Older Population: [www.census.gov/quickfacts/fact/table/escambiacountyflorida/AGE135219](https://www.census.gov/quickfacts/fact/table/escambiacountyflorida/AGE135219); Persons per Household: [www.census.gov/quickfacts/fact/table/FL.santarosacountyflorida.escambiacountyflorida/PS045219](https://www.census.gov/quickfacts/fact/table/FL.santarosacountyflorida.escambiacountyflorida/PS045219); (NEXT PAGE) Income & Property Value: <http://www.flhealthcharts.com/ChartsReports/rdPage.aspx?rdReport=NonVitalIndRateOnly>. Dataviewer: <https://datausa.io/profile/geo/escambia-county-fl?compare=santa-rosa-county-fl> Unemployment Rate: [www.floridajobs.org/workforce-statistics/workforce-statistics-data-releases/latest-statistics#:~:text=Florida's%20unemployment%20rate%20was%205.1%25%20in%20July%202021](https://www.floridajobs.org/workforce-statistics/workforce-statistics-data-releases/latest-statistics#:~:text=Florida's%20unemployment%20rate%20was%205.1%25%20in%20July%202021)



## INCOME & PROPERTY VALUE



\$61,642

\$84,715

\$67,917



\$206,400

\$272,500

\$292,000



MEDIAN  
HOME VALUE  
(2022)



## EMPLOYMENT



UNEMPLOYMENT  
RATE

ESCAMBIA 4.8%

SANTA ROSA 4.5%

FLORIDA 5.1%



## EDUCATION

### HIGHEST LEVEL OF EDUCATION COMPLETED

2.8% 27.6% 36.9% 24.9%

ESCAMBIA

2.4% 27.3% 36.0% 26.8%

SANTA ROSA

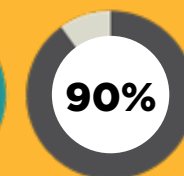
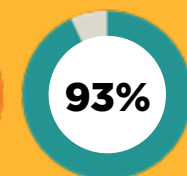
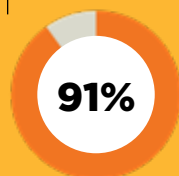
5.3% 27.7% 30.2% 27.8%

FLORIDA

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

PERSONS OVER  
25 WHO HAVE  
ACHIEVED A  
HIGH SCHOOL  
EDUCATION OR  
HIGHER

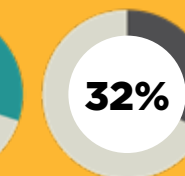
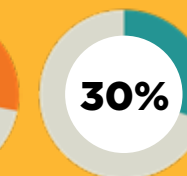
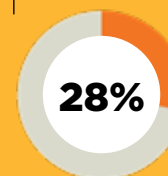
High School



### HIGH SCHOOL GRADUATION RATE



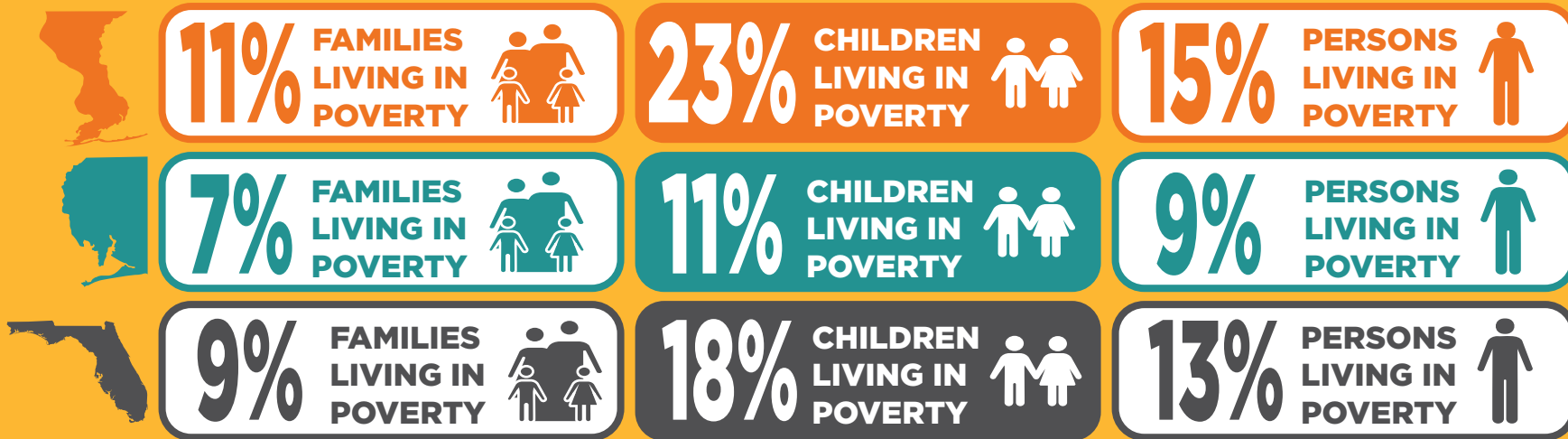
Bachelor's +



<sup>1</sup> Sources: **Education:** <https://www.flhealthcharts.gov/ChartsDashboards/rdPage.aspx?rdReport=NonVitalIndRateOnly.Dataviewer&cid=0297>; <https://www.census.gov/quickfacts/fact/table/escambiacountyflorida.santarosacountyflorida.FL.US#>; <https://www.flhealthcharts.gov/ChartsDashboards/rdPage.aspx?rdReport=NonVitalIndGrpExtn.DataViewer&cid=0552>; [https://datacommons.org/tools/timeline#place=geoid%2F12%2Cgeoid%2F2033%2Cgeoid%2F2113&statsVar=Count\\_Person\\_EducationalAttainmentNoSchoolingCompleted\\_Count\\_Person\\_EducationalAttainmentRegularHighSchoolDiploma\\_Count\\_Person\\_EducationalAttainmentBachelorsDegree\\_Count\\_Person\\_EducationalAttainmentMastersDegree\\_Count\\_Person\\_EducationalAttainmentDoctorateDegree&pc=&denom=Count\\_Person\\_25OrMoreYears](https://datacommons.org/tools/timeline#place=geoid%2F12%2Cgeoid%2F2033%2Cgeoid%2F2113&statsVar=Count_Person_EducationalAttainmentNoSchoolingCompleted_Count_Person_EducationalAttainmentRegularHighSchoolDiploma_Count_Person_EducationalAttainmentBachelorsDegree_Count_Person_EducationalAttainmentMastersDegree_Count_Person_EducationalAttainmentDoctorateDegree&pc=&denom=Count_Person_25OrMoreYears)



## POVERTY



### TOTAL POVERTY BY RACE



## INTERPRETATION OF INCOME, POVERTY, AND EDUCATION DATA

Compared to Florida, **Escambia County** has a lower median household income, median home value, and unemployment rate. It also has a slightly lower rate of families living in poverty, but higher rates of children and persons living in poverty. Escambia has a slighter lower rate of high school education than Florida, a higher rate of some college or associate degree, and a lower rate of bachelor's degree or higher.

**Santa Rosa County** compared to Florida has a higher median household income, a lower median home value, lower poverty rate and lower unemployment rate. It also has lower rates of high school education, a higher rate of some college or associate degree, and slightly lower rates of individuals with a bachelor's degree or higher.

**Sources: Poverty:** <https://www.flhealthcharts.com/ChartsReports/rdPage.aspx?rdReport=NonVitalIndRateOnly.Dataviewer>; <https://datausa.io/profile/geo/santa-rosa-county-fl>; <https://datausa.io/profile/geo/escambia-county-fl>





# METHODOLOGY

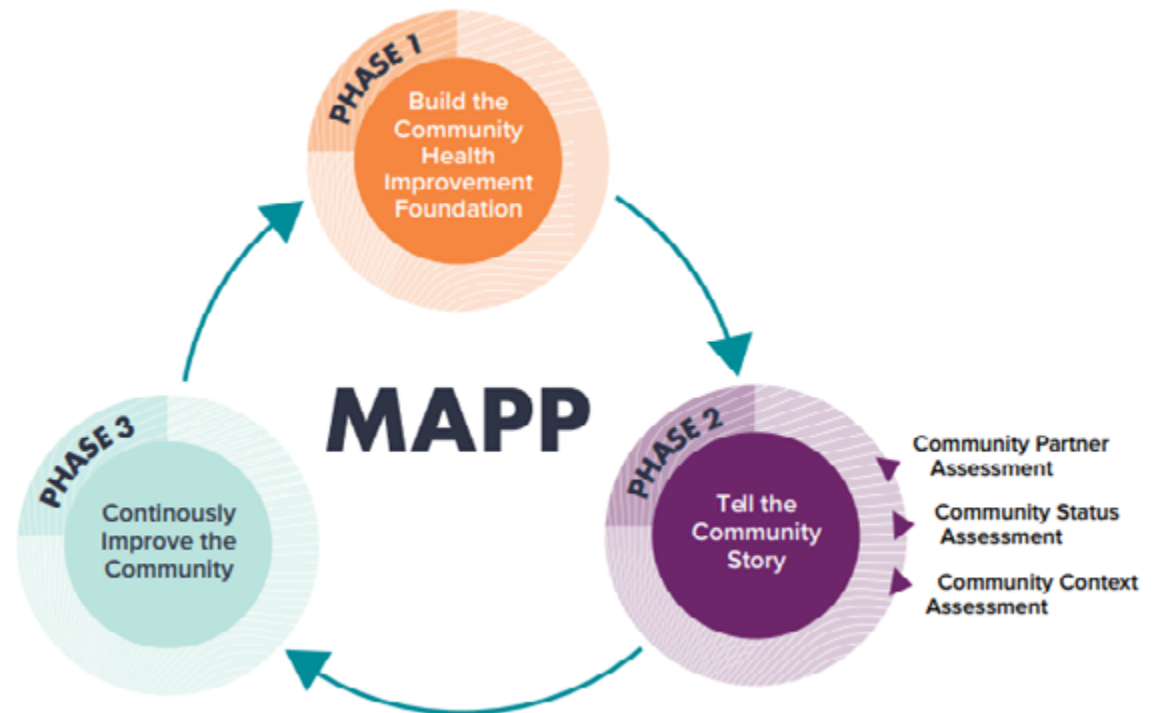
# Methodology

The Community Health Needs Assessments (CHNA) is required by accrediting bodies or regulatory agencies for many of our local health and community organizations. For example, the Florida Department of Health must assess health status within each county every five years, while the Internal Revenue Service requires not-for-profit hospitals to identify and address community health needs every three years in order to retain accreditation.

In 2015, the Centers for Disease Control and Prevention (CDC) recommended communities adopt a “unified community health improvement framework supporting multiple stakeholders.” The CDC’s approach encourages hospitals, health departments and other community organizations to work together to identify and address community health needs. This collaborative approach was embraced by Achieve Healthy EscaRosa (AHER) for the 2022 CHNA and continues with the 2025 CHNA process.

To achieve a unified community health improvement framework, the updated Mobilizing for Action through Planning and Partnerships (MAPP 2.0) was adopted to meet the accrediting and/or regulatory requirements of all participants. MAPP 2.0 is recommended by the National Association of County and City Health Officials (NACCHO) and used by local health departments.

NACCHO, the CDC, and the Health Resources and Services Administration (HRSA) have updated MAPP to align with national strategies. The updates include: “developing guidance on the changing Community Health Improvement requirements across sectors, integrating CDC’s Local Public Health System Assessment (LPHSA), elevating MAPP as a foundation for health equity, and reinforcing national initiatives and frameworks such as the 10 Essential Public Health Services, the Foundational Public Health Services, Public Health 3.0, Public Health Accreditation, and Healthy People”. (MAPP 2.0 User’s Handbook) The MAPP 2.0 framework incorporates components from leading health industry experts into a cohesive process that participating organizations embraced.



*Image Source:* MAPP 2.0 Handbook (<https://toolbox.naccho.org/api/ToolBlob?blobKey=be9629df-68fd-4d21-b84e-507293cbe1db&fileName=MAPP%202.0%20Handbook.pdf>)

# Framework

## Phase I: Build the Community Health Improvement Foundation

*This phase unites many partner organizations and people to plan for MAPP.*

1. Do a Stakeholder and Power Analysis
2. Establish or Revisit CHI Leadership Structures
3. Engage and Orient the Steering Committee
4. Establish Administrative Structures for MAPP
5. Develop the Community Vision
6. Do the Starting Point Assessment
7. Identify CHI Infrastructure Priorities and Develop Workgroups
8. Develop the Workplan and Budget

## Phase II: Tell the Community Story

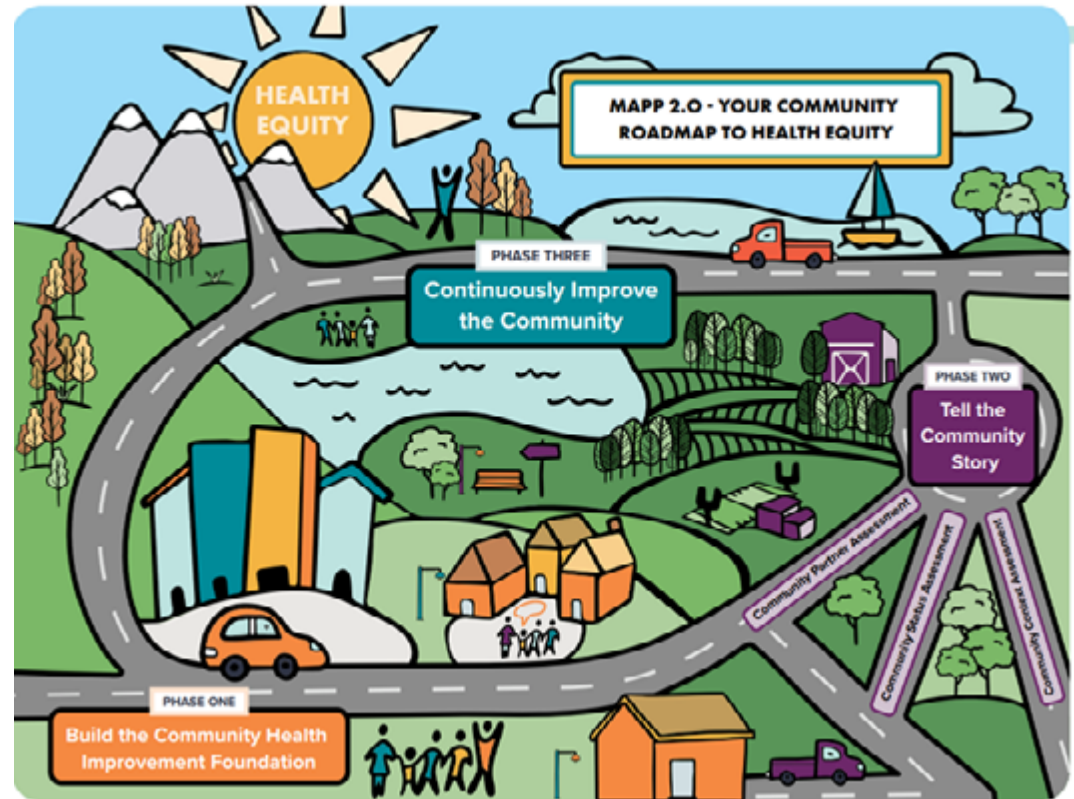
*This phase includes preparation, application, and analysis of the three assessments (Community Partner Assessment, Community Status Assessment, Community Context Assessment).*

1. Form the Assessment Design Team
2. Design the Assessment Process
3. Do the Three Assessments
4. Triangulate Data, Identify Themes, and Develop Issue Statements
5. Develop Issue Profiles through Root Cause Analysis
6. Share CHNA Findings

## Phase III: Continuously Improve the Community

*This phase centers on developing the CHIP by prioritizing issues and applying and evaluating strategies by community partners.*

1. Prioritize Issues for the CHIP
2. Do a Power Analysis of Each Issue
3. Set Up Priority Issue Subcommittees
4. Create Community Partner Profiles
5. Develop Shared Goals and Long-Term Measures
6. Select CHIP Strategies
7. Develop Continuous Quality Improvement Action Planning Cycles
8. Monitor and Evaluate the CHIP



*The above graphic illustrates the MAPP 2.0 framework adopted for the 2025 CHNA. (MAPP 2.0 User's Handbook page 9) Phase I has been addressed with the previous 2022 CHNA process and the establishment of Achieve Healthy EscaRosa in 2019.*

Through the MAPP 2.0 framework, AHER members, organizations, and stakeholders seek the root causes of community health issues and disparities. AHER continues to work toward solutions for the health areas identified in the current and previous CHNA process.

**FIGURE 1.** Translation of Assessments to Action through Cross-Cutting Themes

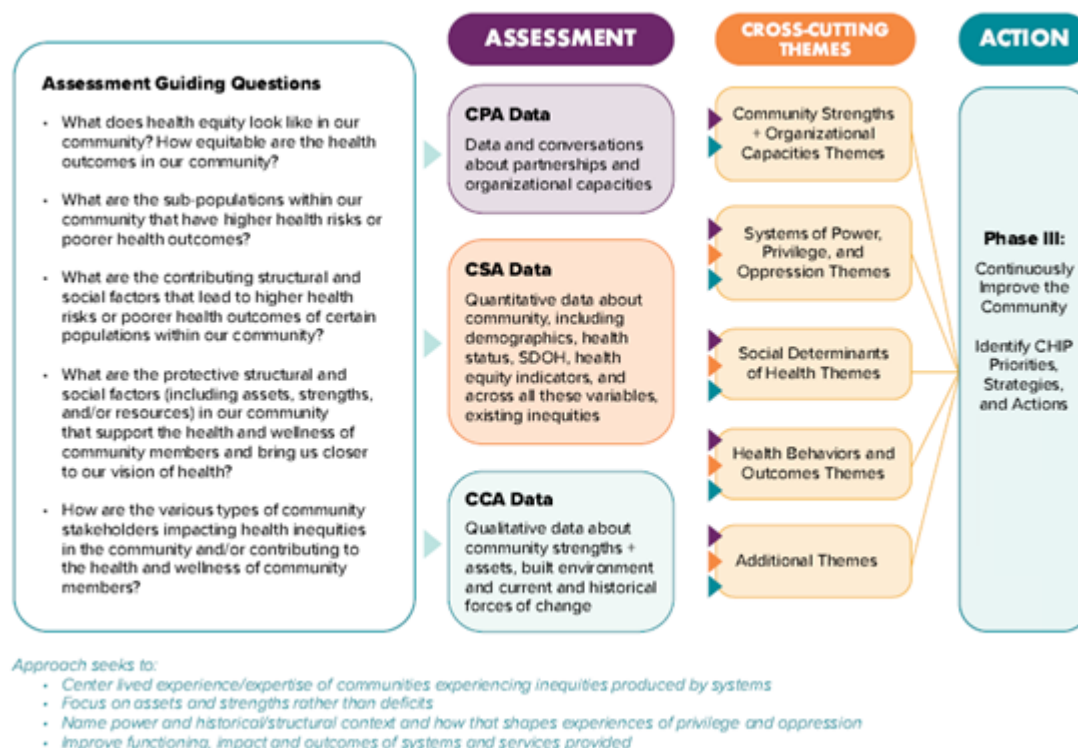


Figure 1 above depicts the process of guiding questions translating to action that is part of MAPP 2.0. Under Assessment, AHER gathered data from stakeholders about priority health issues in the community. Quantitative data was collected through the Health Survey of Escambia and Santa Rosa Residents and Leaders surveys. Qualitative data was collected at the Forces of Change event, focusing on Trends – patterns over time, Factors – distinct features or elements, and Events – a one-time occurrence. This process continues to inform, reinforce, and guide actions for the improvement of health in our community.





# **COMMUNITY HEALTH STATUS**



# Community Health Status

## Community Health Framework

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

To measure health within a community by looking at social and economic barriers to health, access to and quality of health care, and personal health behaviors, the County Health Ranking and Roadmaps was developed by the Robert Wood Johnson Foundation and the University of Wisconsin Population Health Institute (UWPHI). The framework, shown below, illustrates the strong influence that Health Factors and Health Outcomes have on illness and death.

- **Health Factors** are the things that can be modified to improve the length and quality of life for community members.
- **Health Outcomes** represent the overall health of a county, reflecting the physical and mental well-being of residents measured by length of life and quality of life. Health Outcomes are predictors of how healthy our communities can be in the future.
- **Policies and Programs**, such as smoking ordinances or a diabetes prevention program hosted by a hospital or health department, can improve Health Factors, and thus lead to lower rates of disease and better Health Outcomes.

The County Health Rankings are based on a model of population health that emphasizes the many factors that, if improved, can help make communities healthier places to live, learn, work and play. Achieve Healthy Escara Rosa (AHER) has adopted the County Health Rankings framework.



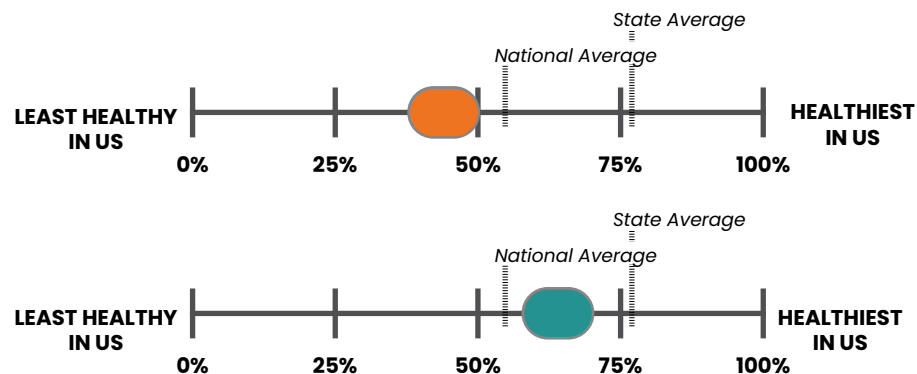
## Leading Causes of Death

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

Escambia and Santa Rosa counties have the same top eight leading causes of death: cancer, heart disease, unintentional injury, Alzheimer's Disease, stroke, chronic lower respiratory disease, COVID-19, and diabetes. The top causes of death for both counties and Florida are cancer, heart disease, and unintentional injury.

|    | ESCAMBIA                                   | SANTA ROSA                                 | FLORIDA                                    |
|----|--|--|--|
| 1  | HEART DISEASE                              | CANCER                                     | HEART DISEASE                              |
| 2  | CANCER                                     | HEART DISEASE                              | CANCER                                     |
| 3  | UNINTENTIONAL INJURY                       | UNINTENTIONAL INJURY                       | UNINTENTIONAL INJURY                       |
| 4  | ALZHEIMER'S DISEASE                        | ALZHEIMER'S DISEASE                        | STROKE                                     |
| 5  | STROKE                                     | CHRONIC LOWER RESPIRATORY DISEASE          | COVID-19                                   |
| 6  | CHRONIC LOWER RESPIRATORY DISEASE          | STROKE                                     | CHRONIC LOWER RESPIRATORY DISEASE          |
| 7  | COVID-19                                   | COVID-19                                   | DIABETES                                   |
| 8  | DIABETES                                   | NEPHRITIS, NEPHROTIC SYNDROME, & NEPHROSIS | SUICIDE                                    |
| 9  | NEPHRITIS, NEPHROTIC SYNDROME, & NEPHROSIS | SEPTICEMIA                                 | CHRONIC LIVER DISEASE & CIRRHOSIS          |
| 10 | CHRONIC LIVER DISEASE & CIRRHOSIS          | INFLUENZA AND PNEUMONIA                    | NEPHRITIS, NEPHROTIC SYNDROME, & NEPHROSIS |

## HEALTH OUTCOMES



According to the County Health Rankings, **Escambia** is ranked in the lower middle range of all Florida counties for health outcomes, faring worse than the average county in both the state of Florida and the nation for Health Outcomes.

**Santa Rosa** is ranked in the higher middle range (50%-75%), faring worse than the average county in Florida for Health Outcomes, and better than the average county in the nation.

## LENGTH OF LIFE



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

### ESCAMBIA



**12,100**  
Years

### SANTA ROSA



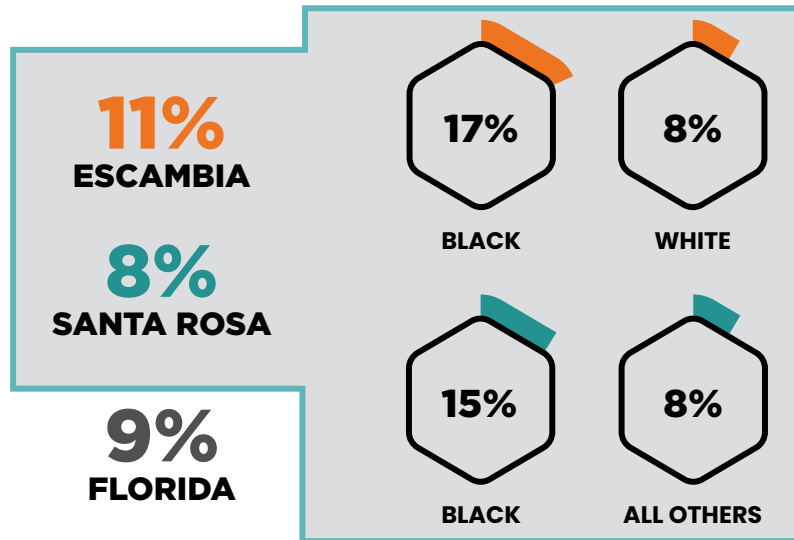
**7,900**  
Years

### FLORIDA

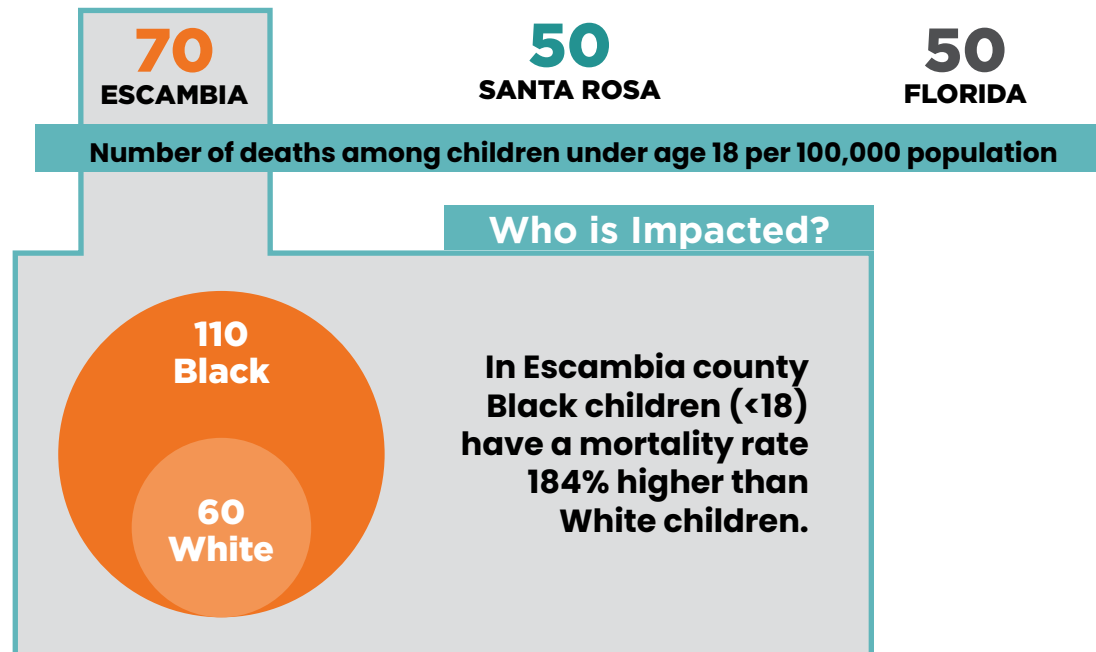


**8,300**  
Years

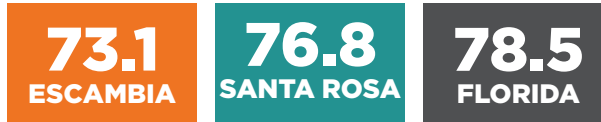
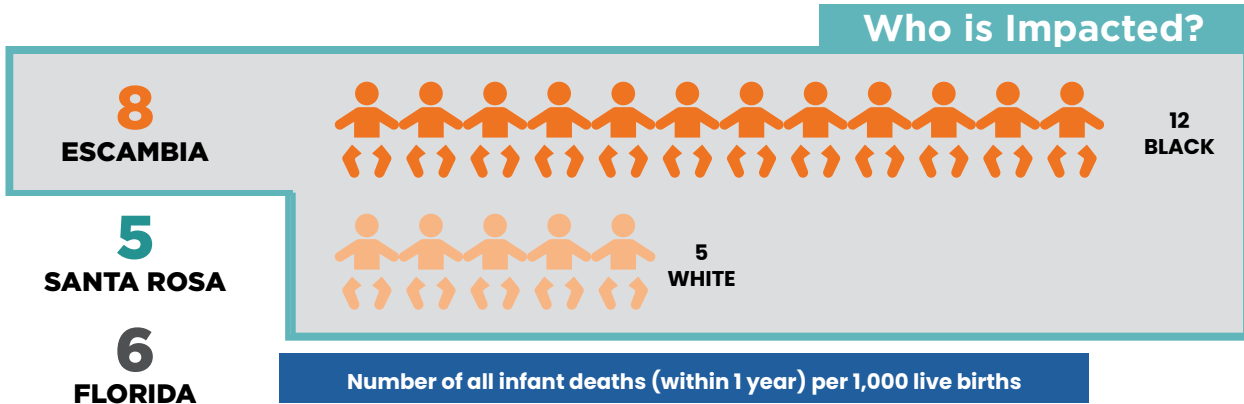
## QUALITY OF LIFE



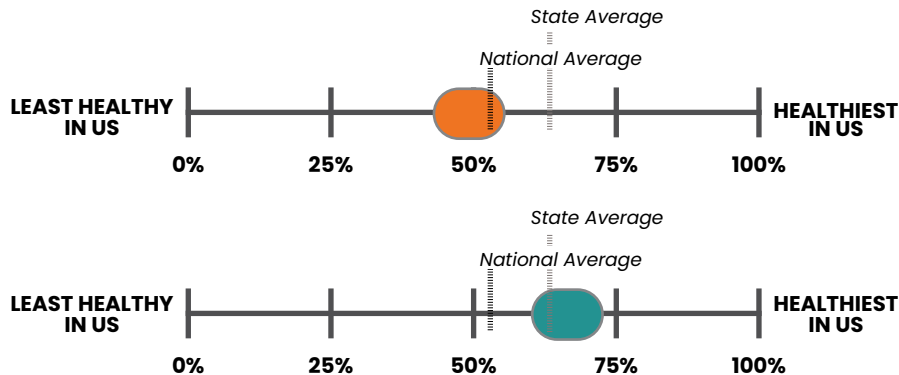
Percentage of live births with a low birth weight (<2,500 grams or 5 pounds 8 ounces).



## QUALITY OF LIFE



## HEALTH FACTORS



According to the County Health Rankings, **Escambia** is ranked in the higher middle range of counties in Florida (50%-75%) for health factors. Escambia County is faring worse than the average county in both Florida and the nation for Health Factors.

**Santa Rosa** is ranked among the healthiest counties in Florida (75%-100%). It is faring about the same as the average county in Florida and better than the average in the nation.



## HEALTH BEHAVIORS



**20%**  
ESCAMBIA

**20%**  
SANTA ROSA

**16%**  
FLORIDA



**35%**  
ESCAMBIA

**31%**  
SANTA ROSA

**28%**  
FLORIDA



**651.4**  
ESCAMBIA

**252.6**  
SANTA ROSA

**479.3**  
FLORIDA

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



**47**  
ESCAMBIA

**29**  
SANTA ROSA

**31**  
FLORIDA

White individuals were 1.6 times more likely to die of an overdose than Black individuals.



**26**  
ESCAMBIA

**16**  
SANTA ROSA

**16**  
FLORIDA

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

Black teens account for over 2.5 times as many teen births as White teens.

Far less disparity was seen in Santa Rosa county with 17 White teen births and 14 Black.

# CLINICAL CARE



## UNINSURED<sup>+</sup>



ESCAMBIA



SANTA ROSA



FLORIDA



## PREVENTABLE HOSPITAL STAYS<sup>+</sup>



ESCAMBIA



SANTA ROSA



FLORIDA

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



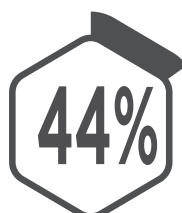
## MAMMOGRAPHY SCREENING



ESCAMBIA



SANTA ROSA



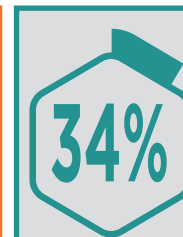
FLORIDA



## FLU VACCINATIONS



ESCAMBIA



SANTA ROSA



FLORIDA

24% Black  
24% American Indian  
35% White

26% Hispanic  
27% Black  
34% White



## MENTAL HEALTH PROVIDERS



ESCAMBIA

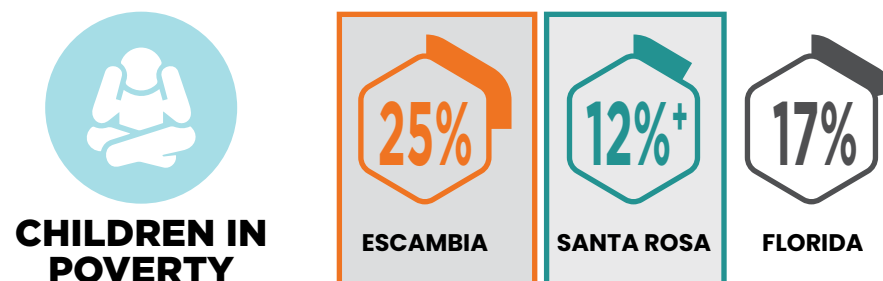
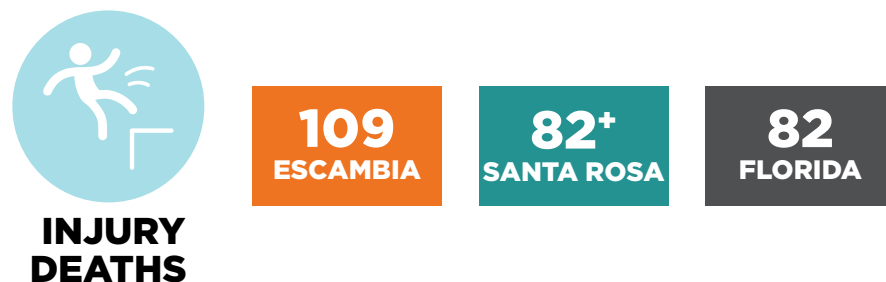
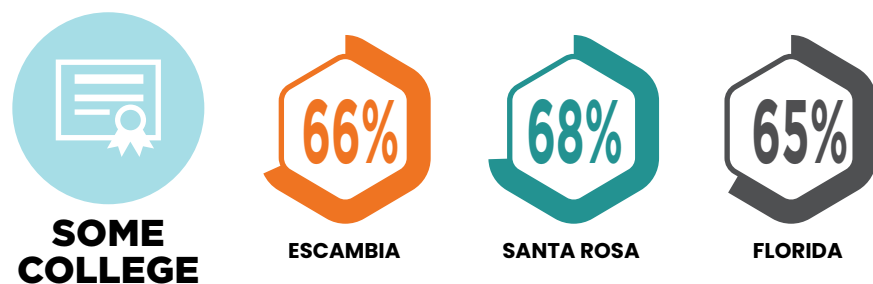
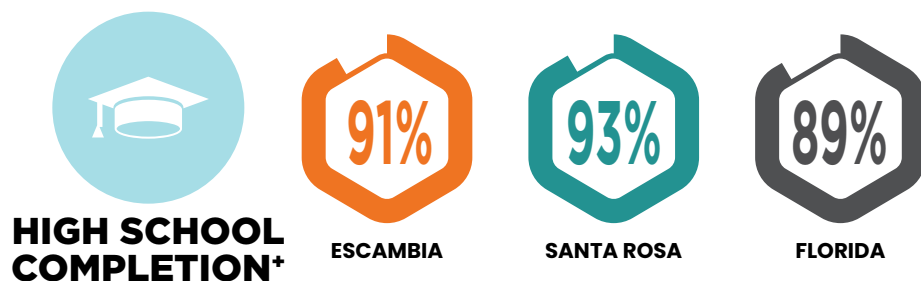


SANTA ROSA



FLORIDA

## SOCIAL & ECONOMIC FACTORS



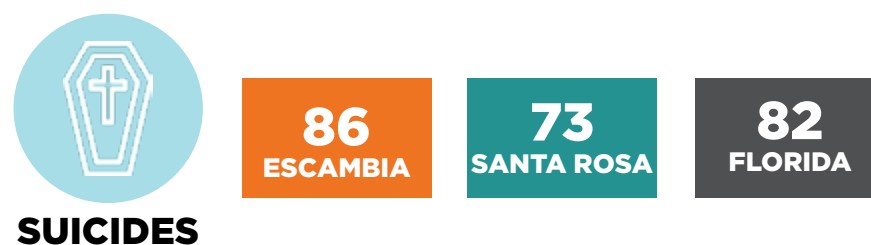
**Who is Impacted?**

**2x BLACK**  
**1.4x HISPANIC**

In **Escambia**, Black children are more than 2 times more likely and Hispanic children about 1.4 times more likely to live in poverty than White children.

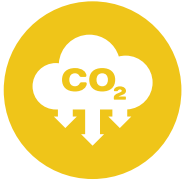
**1.6x AMERICAN INDIAN & BLACK**

In **Santa Rosa**, American Indian and Black children are about 1.6 times more likely to live in poverty than Hispanic and White children.



<sup>1</sup> + indicates area of strength

## PHYSICAL ENVIRONMENT



### AIR POLLUTION-PARTICULATE MATTER\*

**7.0**  
ESCAMBIA

**8.7**  
SANTA ROSA

**7.7**  
FLORIDA

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



### SEVERE HOUSING COST BURDEN

**14%**  
ESCAMBIA

**10%**  
SANTA ROSA

**17%**  
FLORIDA

Spent 50% or more of their household income on housing

## IDENTIFIED AREAS OF CONCERN

In the previous CHNA 2022 report, six areas of concern were identified by input from the AHER leadership, partner feedback, the Community Resident survey results, and the Community Leader survey results. The priority areas identified in the current CHNA are similar to the previous areas as indicated below.

**2022:**



**1**

**2**

**3**

**4**

**5**

**6**

**2025:**





# **COMMUNITY PERCEPTIONS AND THEMES**

# Community Perceptions and Themes

## CHNA

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

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

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

## About the Resident Survey

**Design:** A comprehensive CHNA includes detailed examination of health and socioeconomic data. The primary data source for this CHNA was the Health Survey of Escambia and Santa Rosa Residents conducted in the spring of 2024. The Resident Survey was developed using the 2021 survey as a foundation. The survey items were reviewed by the CHNA committee and vetted for content. The majority of the 2021 survey items were retained for the 2024 survey. Following the recommendation of key stakeholders, a few additional items were added, including economic stability, transportation, K-12 health education, access to telehealth, and a culture of unhealthy living.

**Distribution:** In order to spread awareness about the survey, UWF researchers disseminated the electronic and paper-based assessment (1) via email to registered voters, (2) through targeted posts on social media, (3) through organizations such as the NAACP and the Gulf Coast Minority Chamber of Commerce, and (4) via the Florida Department of Health as well as other community health organizations across the two-county region. The goal was to reach communities disproportionately affected by issues like homelessness, gun violence, food-insecurity, and other challenges. Special efforts were made to gather the perspectives of vulnerable populations, including low-income, minority, and health care-insecure residents.

**Responses, Analysis and Weights:** The survey distribution effort successfully collected just over 2,600 responses from residents in the Pensacola Metro Area that is comprised of both Santa Rosa and Escambia Counties. The number of respondents decreased from the 2021 CHNA cycle, which had 3,051 respondents. In 2019, 2,200 residents responded to the survey and in 2016, there were 1,744 respondents. Most respondents provided socioeconomic information that allowed analysts to apply weights by three categories: gender, age, and household income. Such a process allows researchers to elevate the underrepresented voices. Further evaluation compared rural and urban responses, as well as employed and unemployed perspectives.



As with the 2022 CHNA report, responses were remarkably consistent across the two counties, especially for the questions regarding significant health issues and unhealthy behaviors. Obesity, mental health, and culture of unhealthy living were the more important health issues for both counties, followed by access to health insurance, homelessness, and substance abuse. The top three health behaviors of concern were drug abuse, poor eating habits, and lack of exercise in both counties as well as with the respondents who were employed full time. The respondents who were unemployed also reported their top behavior of concern as drug abuse but selected ‘not seeing a doctor or dentist’ and ‘poor eating habits’ as second and third.

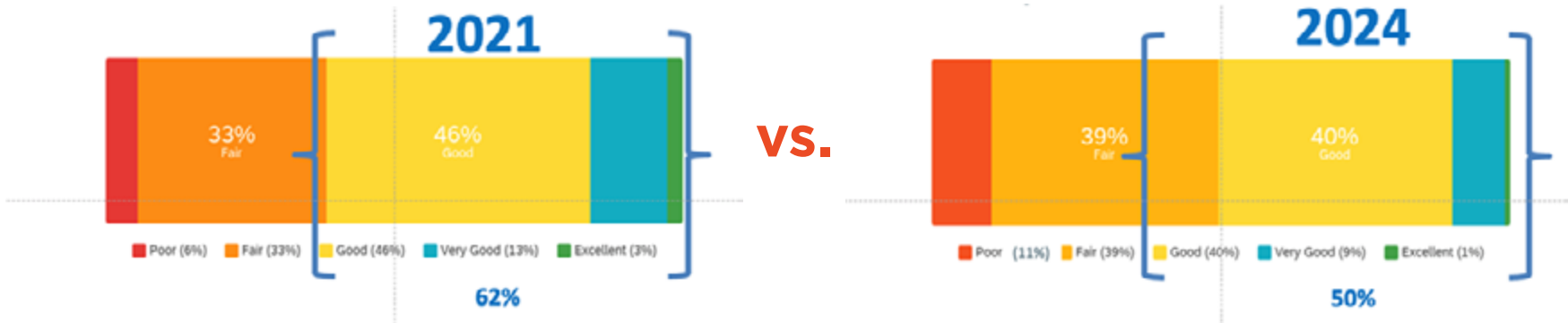
One aspect of the CHNA 2024 Survey Analysis examined responses by employment status. Of note, responses from the community’s retired population increased over the 2021 survey, from 26 percent to 33 percent. Another component of the 2024 analysis centered around the unemployed population and comparing their responses to those who are employed. The percent of the responses from the unemployed population remained constant however analysts examined and compared the voices of both groups to gain new insights. Looking at certain zip codes, respondents in certain parts of the county, reported lowered levels of employment. The data allows leaders to prioritize activities around the communities that have the greatest need. For instance, individuals living in 32507 reported higher rates of unemployment at 23 percent compared to 10 percent of all respondents. Health insurance in the US and Florida is often tied to employment, therefore researchers explored this aspect of the dataset.

The following sections highlight the responses for key areas of the CHNA Community Resident survey.

- |   |   |   |                                |
|---|---|---|--------------------------------|
| 1 | <b>PERCEIVED COMMUNITY HEALTH</b>             | 6 | <b>PROBLEMS ACQUIRING CARE</b> |
| 2 | <b>IMPORTANT AREAS OF A HEALTHY COMMUNITY</b> | 7 | <b>HOW CARE IS ACCESSED</b>    |
| 3 | <b>PERCEIVED HEALTH ISSUES</b>                | 8 | <b>COMMUNITY ASSESSMENT</b>    |
| 4 | <b>BEHAVIORS OF CONCERN</b>                   | 9 | <b>RESPONDENT LIFESTYLE</b>    |
| 5 | <b>DIFFICULT TO FIND CARE</b>                 |   |                                |

## PERCEIVED COMMUNITY HEALTH

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



**Overall:** The majority (79 percent) of respondents rated the health of the people in their community as ‘Good’ or ‘Fair’, which was the same combined percentage as the 2021 CHNA. However, the rating for ‘Fair’ increased from 33 percent to 39 percent and the rating for ‘Good’ decreased from 46 percent to 40 percent. In addition, the rating of ‘Poor’ increased from 6 percent in 2021 to 11 percent in 2024. The rating of ‘Very Good’ decreased from 13 percent in 2021 to 9 percent in 2024. In the 2019 CHNA, 78 percent selected ‘Good’ or ‘Fair’ for the health of the community. In the 2016 CHNA, 65 percent reported ‘Somewhat Healthy’ for both counties.

Over the last four CHNA cycles, the rating for the combined ‘Good’ or ‘Fair’ categories have increased. However, in 2024, the less favorable ratings have increased, and the more favorable ratings have decreased.

**By county:** Escambia had higher rates in poor and fair than Santa Rosa and lower rates in Good, Very Good, and Excellent compared to Santa Rosa.

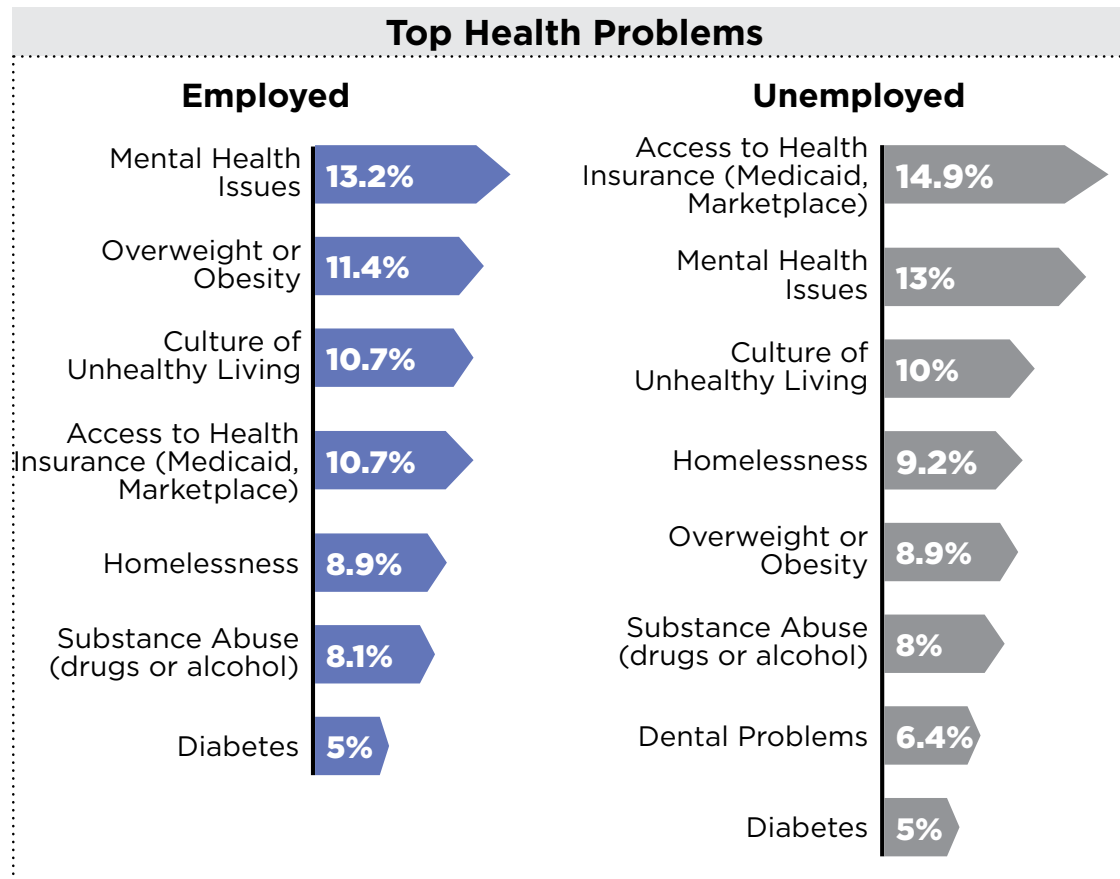
| Perceived Health Ratings |         |          |            |
|--------------------------|---------|----------|------------|
|                          | OVERALL | ESCAMBIA | SANTA ROSA |
| Poor                     | 11%     | 12%      | 7%         |
| Fair                     | 39%     | 41%      | 34%        |
| Good                     | 40%     | 38%      | 45%        |
| Very Good                | 9%      | 8%       | 12%        |
| Excellent                | 1%      | 1%       | 2%         |

## PERCEIVED IMPORTANT HEALTH ISSUES

**Question: What do you think are the top 3 health problems in your community? (Problems that have the greatest impact on overall health.)**

**Overall:** The most important health issues were: overweight/obesity, culture of unhealthy living, and mental health. In the 2022 CHNA Report the top health issues were overweight/obesity, mental health and substance abuse. In the current survey, substance abuse dropped to 6th in the ranking of health problems. The culture of unhealthy living was added as a result of stakeholder input at the CHNA kickoff event.

**By County:** For the current CHNA, Escambia considered culture of unhealthy living to be the most important issue. Santa Rosa considered overweight/obesity to be the most important. The County Health Rankings define health factors as those



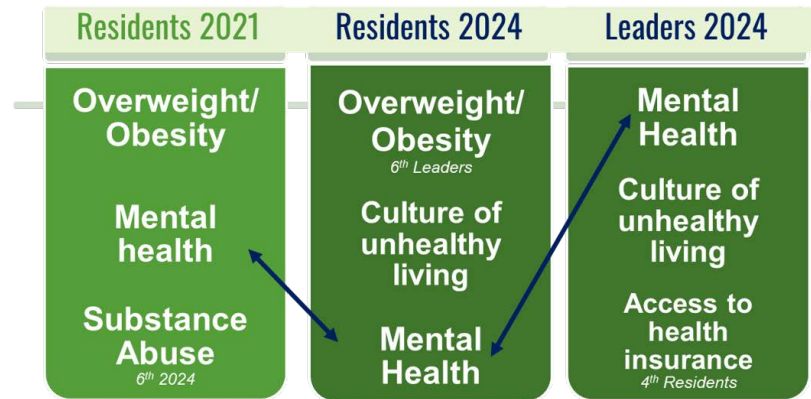
things that individuals can improve on in order to live longer and healthier lives and are indicators of the future health of our communities. These health factors can contribute to a culture of unhealthy living. For health factors, Escambia County is faring worse than the average county in Florida and the nation. Both counties have higher rates of adult obesity compared to the state overage. Santa Rosa County is faring about the same as the average county in Florida for Health Factors, and better than the average county in the nation. Regarding rates of adult obesity, both counties are higher than the state rate (Escambia 35 percent, Santa Rosa 31 percent, Florida 28 percent).

**Employed and Unemployed:** Individuals who are not employed or in school identified access to insurance as their top health problem in their community. This is no surprise as insurance is often linked to an employer. Mental health and a culture of unhealthy living are the second and third concerns among the unemployed.

**Contextual Comparison:** The community leaders' survey from 2024 reported mental health, culture of unhealthy living, and access to health insurances as their perception of the top three health problems in the community. Both the residents and leaders identified culture of unhealthy living as 2nd in ranking. Access to health insurance was ranked 4th on the Resident Survey.

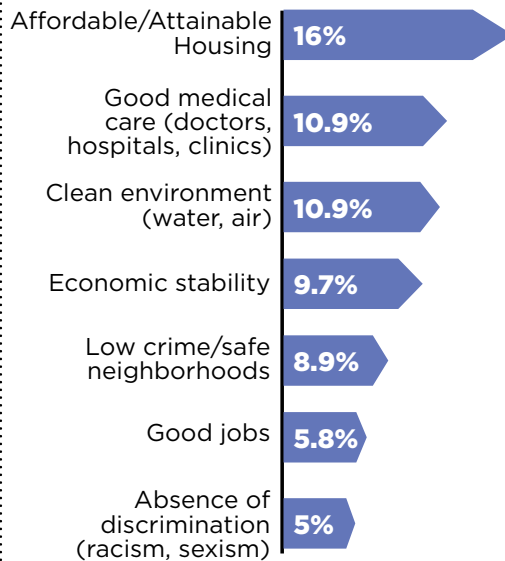
Over the past few cycles of the CHNA, areas of concern have consistently been obesity/healthy weight, mental health, and substance abuse. Access to health care and tobacco use have been top issues in the past but were not ranked high in the current year. In the 2019 CHNA, diabetes, behavioral health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

## Top 3 health problems in your community



## IMPORTANT AREAS OF A HEALTHY COMMUNITY

### Overall Key Parts of a "Healthy Community"



**Question:** What do you think are the top 3 key parts of a "healthy community"? (Things that will help you live well.)

**Overall:** The top three most important areas of a healthy community were affordable housing, good medical care, clean environment (tied), and economic stability. In the 2022 CHNA Report, affordable housing was ranked 5th, good medical care was 1st and clean environment was 3rd. Economic stability was added as a selection for the 2025 CHNA Report as a result of stakeholder input in a CHNA kickoff event.

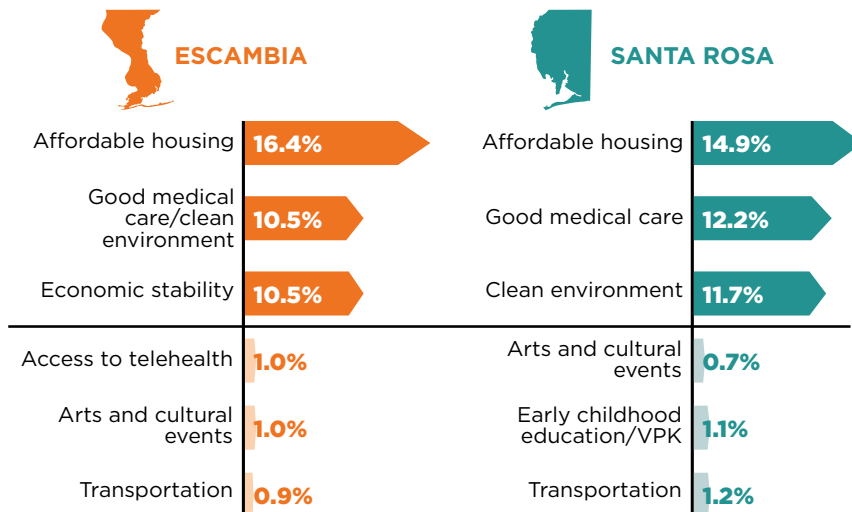
**By County:** For both counties, the top two key parts of a health community were affordable housing and good medical care. However, for the third most important part, Escambia selected economic stability and Santa Rosa selected clean environment.

Regarding the least important aspects of a healthy community, the counties differed on the key parts. Escambia ranked access to telehealth and arts and cultural events as the least important parts. Santa Rosa ranked arts and cultural events, transportation, and early childhood education/VPK as the least important parts.

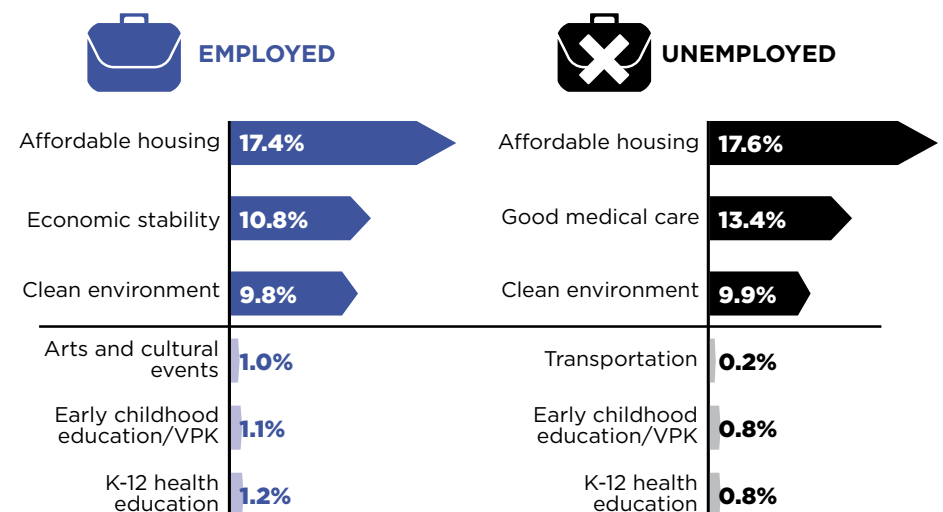


## MOST AND LEAST IMPORTANT PARTS OF A HEALTHY COMMUNITY

### by County



### by Employment Status



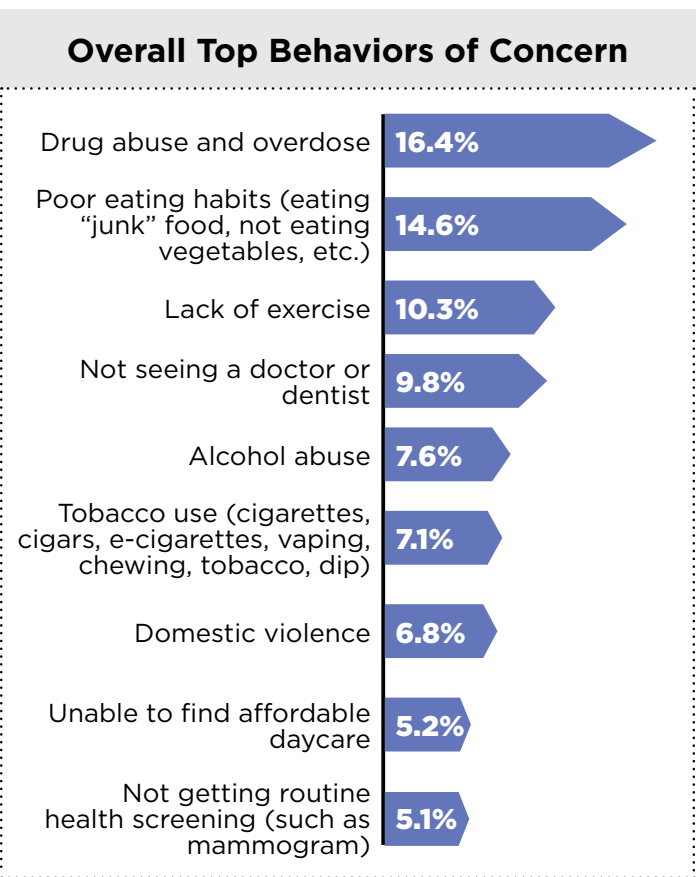
# BEHAVIORS OF CONCERN

**Question:** What are the top 3 behaviors in the community that concern you the most? (Those behaviors that have the greatest impact on overall community health.)

**Overall:** The top health behaviors identified by the residents through the 2024 Residents Survey were drug abuse, poor eating habits, and lack of exercise. The top two behaviors were the same from 2021 to 2024; however, the next top behavior was different: child abuse (3rd in 2021, 11th in 2024) and lack of exercise (5th in 2021, 3rd in 2024).

**By County:** Both counties and employed individuals had same top three concerns (drug abuse, poor eating habits, and lack of exercise), but unemployed differed in their 2nd and 3rd choices (not seeing a doctor or dentist and poor eating habits).

**Employed and Unemployed:** Among those surveyed who reported they are not working or in school, 'not seeing a dentist' was the second highest behavior of concern at 13.1 percent. Whereas 9.3 percent of those who are employed shared this concern.



**Contextual Comparison:** The top two health behaviors from the 2024 Leaders Survey were also drug abuse and poor eating habits. However, the next behaviors were 'not seeing a doctor/dentist' and 'unable to find affordable daycare' (ranked 9th on the 2024 Resident Survey)

Drug abuse and poor eating habits have been top behaviors of concern over the previous CHNA cycles. Lack of exercise (2019 CHNA) and excess weight (2016 CHNA) were included in the top behaviors of concern.

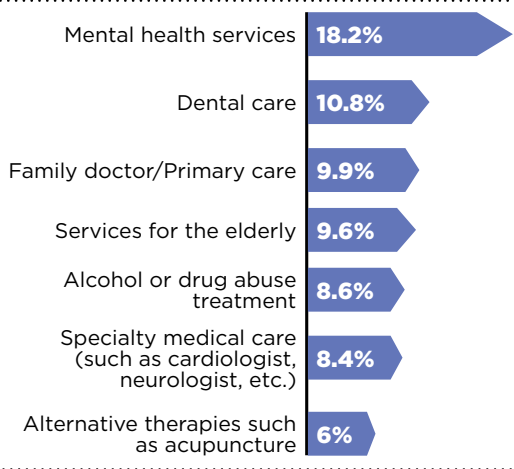




## DIFFICULT TO OBTAIN CARE

**Question: What do you think are the top 3 health care services that are difficult to get in your community?**  
Please select 3.

### Overall Top Health care Services That Are Difficult to Get



**Overall:** In both the 2022 and 2025 CHNA report, respondents indicated mental health services as the top health service that is difficult to obtain. Services for the elderly and specialty medical care such as a cardiologist or radiologist, were of top concerns.

It is important to note that there are many different services people may be considering for services for the elderly and specialty medical care, from adult day cares to assisted living for the elderly and orthopedists to urologists for specialty care.

**By County:** For both counties, the first and third service most difficult to obtain were Mental Health Services and Family Doctor/Primary Care. However, Escambia ranked dental care as second while Santa Rosa selected specialty Medical (cardiologist, neurologist etc.) in the second ranking.

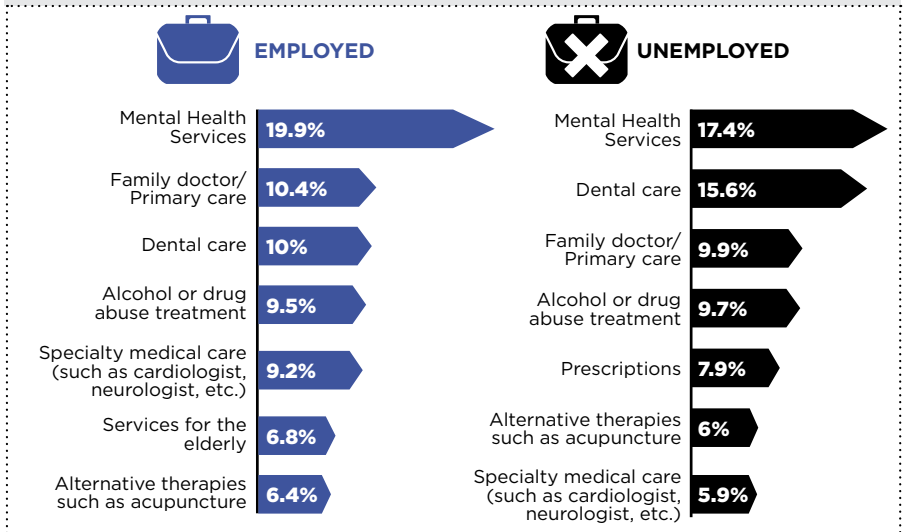
**Employed and Unemployed:** Among those who are not employed or in school, we find that dental care is among their most difficult to obtain service at 15.6 percent, just behind mental health services.

**Contextual Comparison:** Difficulty in obtaining mental health services has consistently been ranked high in the last few CHNA reports. In the 2019 CHNA, the services difficult to get were dental care and alcohol/drug abuse treatment. In the 2016 CHNA report, the other services were dental care and don't know/none.

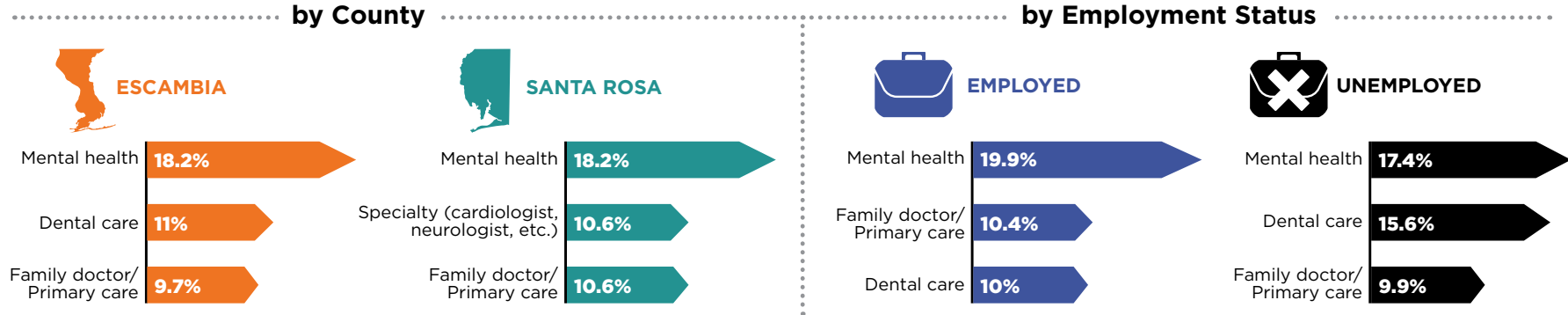
### Change from Last CHNA Survey

|   | 2021 CHNA                                  | 2024 CHNA                    |
|---|--|------------------------------|
| 1 | Mental Health Services                     | Mental Health Services       |
| 2 | Alcohol or Drug Abuse Treatment (6th 2024) | Services for the Elderly     |
| 3 | Services for the Elderly                   | Family Doctor / Primary Care |
| 4 | Specialty Medical Care                     | Specialty Medical Care       |

### Top Health care Services That Are Difficult to Get by Employment Status

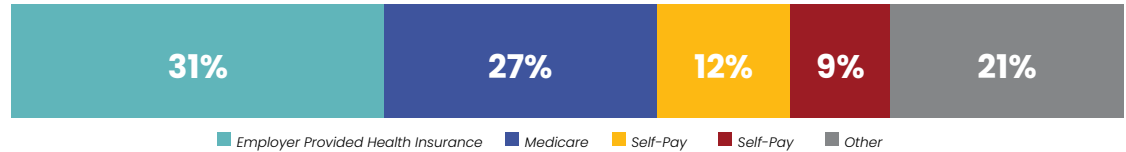


## TOP 3 MOST DIFFICULT TO OBTAIN HEALTH CARE SERVICES



## PRIMARY HEALTH CARE INSURANCE PROVIDER

**Question:** Who is your primary health care insurance provider(s)?

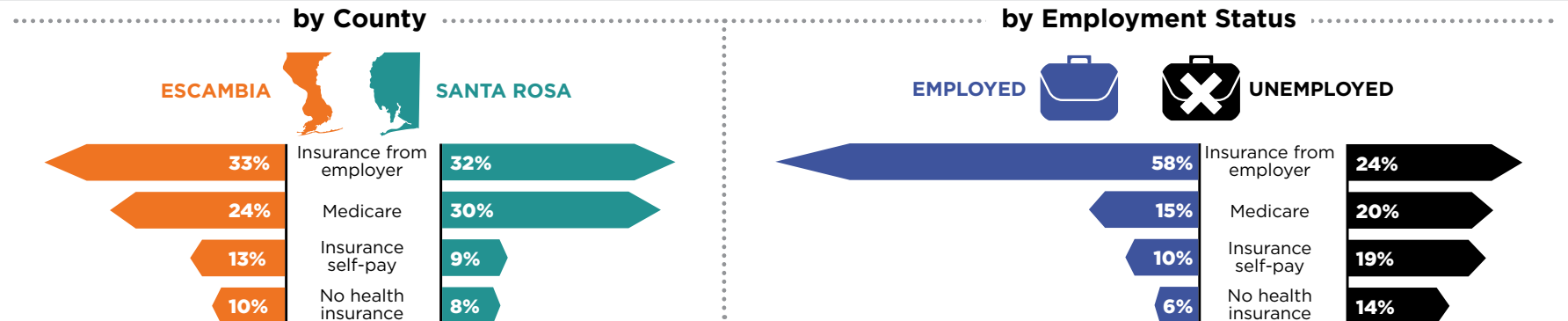


**Overall:** As many as 31 percent of respondents receive health insurance from their employer, followed by 27 percent who receive Medicare benefits from the federal government. About 12 percent of the responses came from individuals who self-pay for insurance.

**By County:** Remarkably, respondents from Santa Rosa County rely more heavily on Medicare benefits from the federal government at 30 percent compared to 24 percent in Escambia County. Yet, in terms of population, Escambia County has approximately twice as many residents who are eligible for Medicare.

**Employed and Unemployed:** Almost one quarter of our unemployed residents marked 'other' and unsurprisingly, 14 percent indicate they have no health insurance.

## PRIMARY HEALTH INSURANCE PROVIDER



## ACCESSING HEALTH INFORMATION

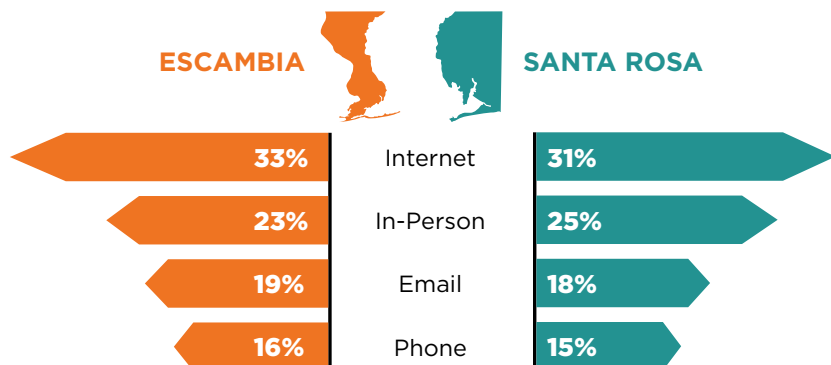
**Question:** How do you access your health information? Please select all that apply.



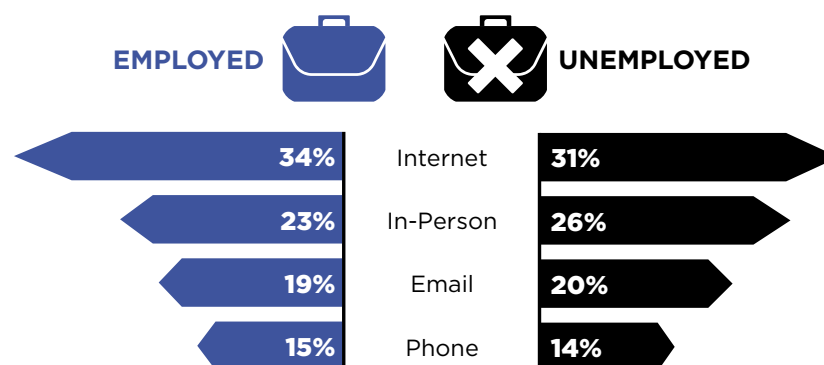
**Overall:** Most respondents access their health information on the Internet, followed by in person discussions with their health care provider. A surprising number, 20 percent report accessing their health information by email.

### HOW RESPONDENTS ACCESS THEIR HEALTH INFORMATION

#### by County



#### by Employment Status



## REGULAR SCREENINGS

**Question:** How hard is it for you or your family to get regular health screenings and check-ups?



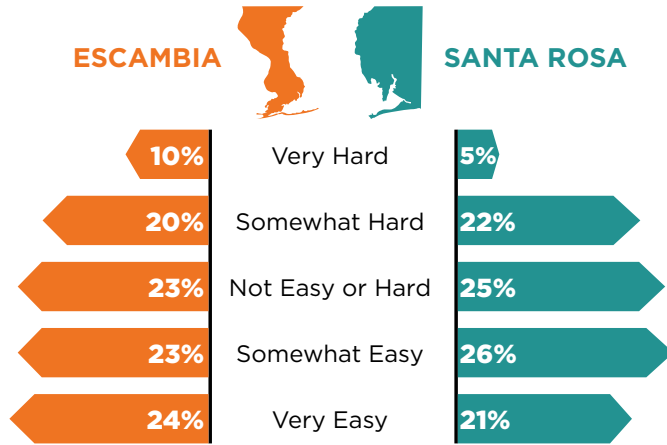
**Overall:** Among all weighted responses, 50 percent find it very hard or somewhat hard to obtain regular health screenings.

**By County:** Santa Rosa residents are the least likely to report difficulty obtaining regular health screenings at 27 percent. Perhaps this is due in part to their enrollment in Medicare that is provided by the Federal government.

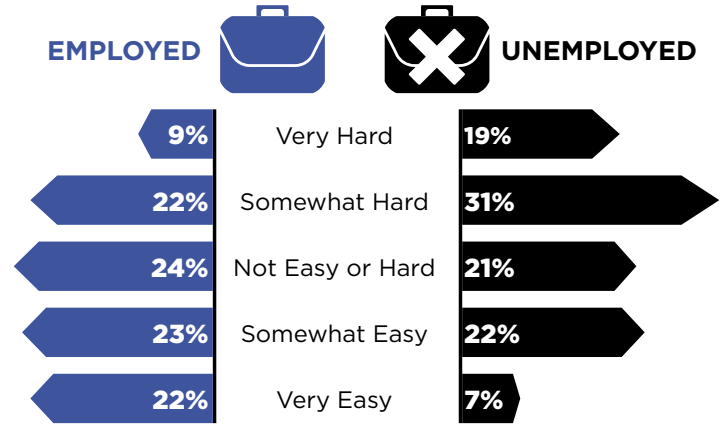
**Employed and Unemployed:** Half of all individuals who are unemployed or not in school report difficulty getting regular health screenings.

## LEVEL OF DIFFICULTY TO ACCESS REGULAR HEALTH SCREENINGS

### by County

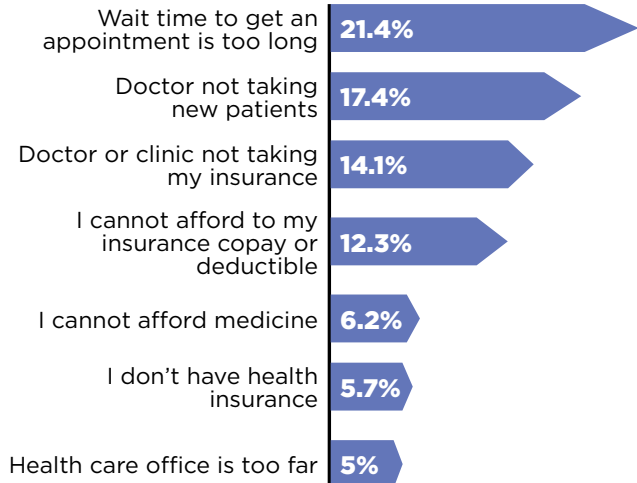


### by Employment Status



## PROBLEMS ACCESSING HEALTH CARE

### Overall: Top Problems Accessing Health Care



**Question: What are the problems with accessing health care for yourself or your family members? Please select all that apply.**

**Overall:** The top health care services that resident respondents indicated were difficult to get were the exact same for 2021 and 2024:

1. Wait time to get an appointment is too long
2. Doctor not taking new patients
3. Doctor or clinic not taking my insurance
4. I cannot afford my insurance copay or deductible

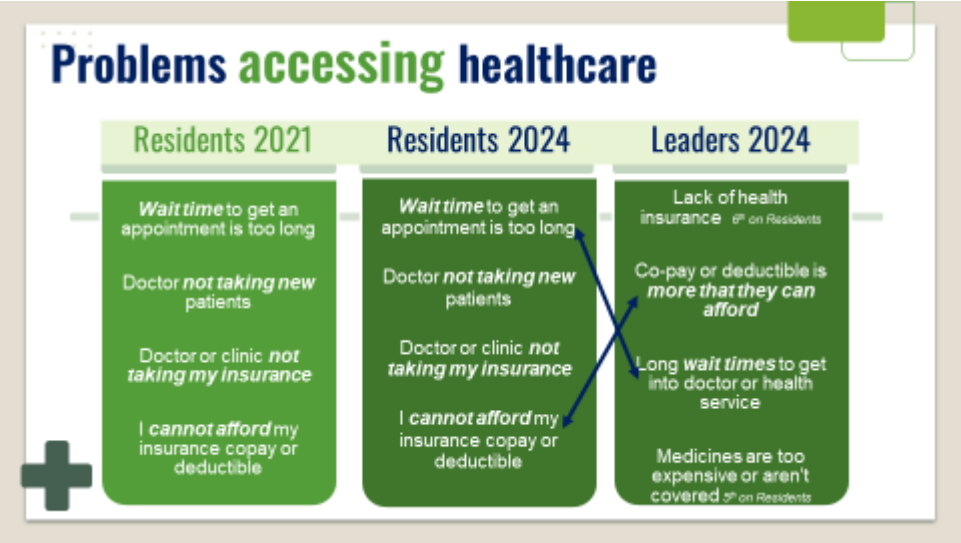
Researchers also filtered results by rural and suburban responses. Notably, there were negligible differences among responses from rural survey participants and suburban ones.

**By County:** Both counties cited the same top four issues with accessing health care between the 2021 2024 Residents Surveys, with a slight difference in the third and fourth ranking.

**Employed and Unemployed:** Unemployed individuals report they do not have access to health insurance at 11.3 percent compared to employed individuals at just 4.9 percent. Researchers observe another small difference in the two populations regarding doctors not taking new patients, 14.6 percent of unemployed compared to 18.7 percent of employed.

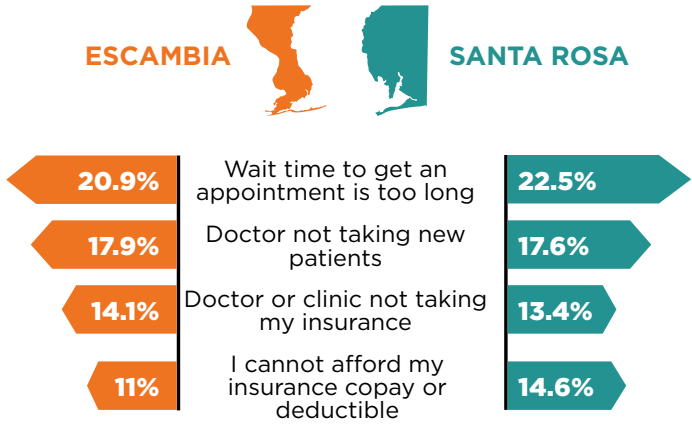
**Contextual Comparison:** For community leaders, the health care services that they perceive as being difficult for residents to access according to the 2024 Leaders Survey are listed below. The leaders identified Lack of health insurance as the number one issue that residents have accessing health care. However, residents ranked Lack of health insurance sixth, indicating a difference between the perception of the leaders and the residents.

- 1. Lack of health insurance (6th on Resident)
- 2. Co-pay or deductible is more that they can afford
- 3. Long wait times to get into doctor or health service
- 4. Medicines are too expensive or aren't covered (5th on Resident)

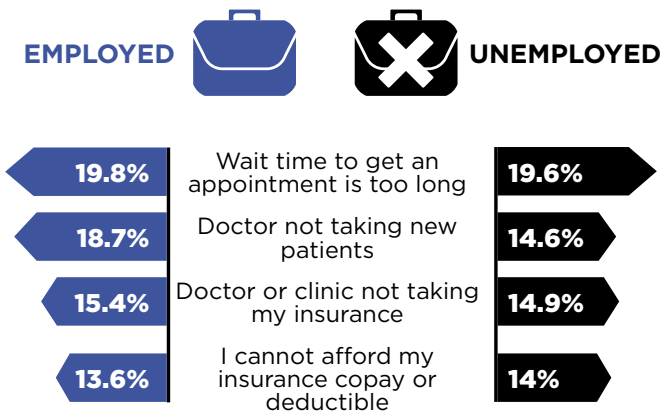


PROBLEMS ACCESSING HEALTH CARE

by County



by Employment Status





## WHERE HEALTH CARE IS RECEIVED

**Question:** When you or someone in your family is sick, where do you go for health care? Please select all that apply.

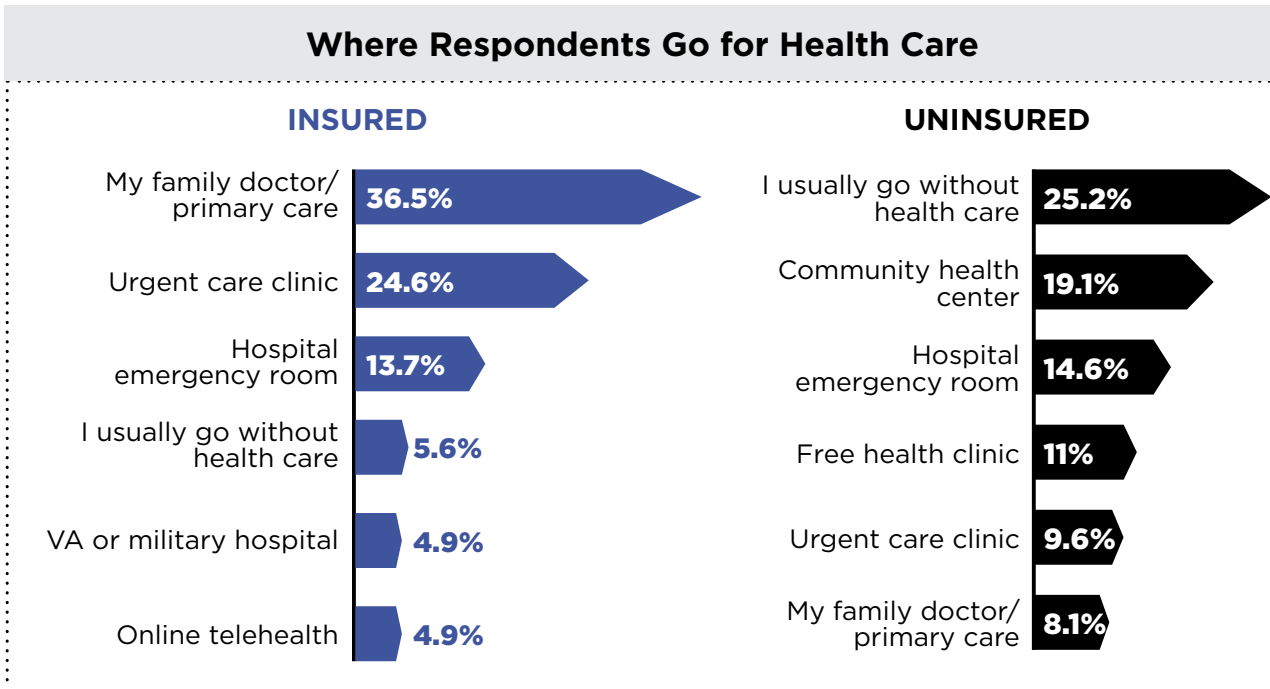
**Overall:** The top three health care services sought for the 2024 CHNA survey were: my family doctor/primary care, VA or military hospital, and urgent care clinic, followed by hospital emergency room.

Respondents without health insurance were significantly more likely to go without health care at 25.2 percent compared to the overall population at 5.6 percent. Of those without insurance, respondents report use of Health Centers and Free Clinics or use an ER relative to other groups. Respondents with employer provided health care were significantly more likely to use urgent care clinics relative to uninsured.

**By County:** Responses from both counties were similar. Few measurable differences exist.

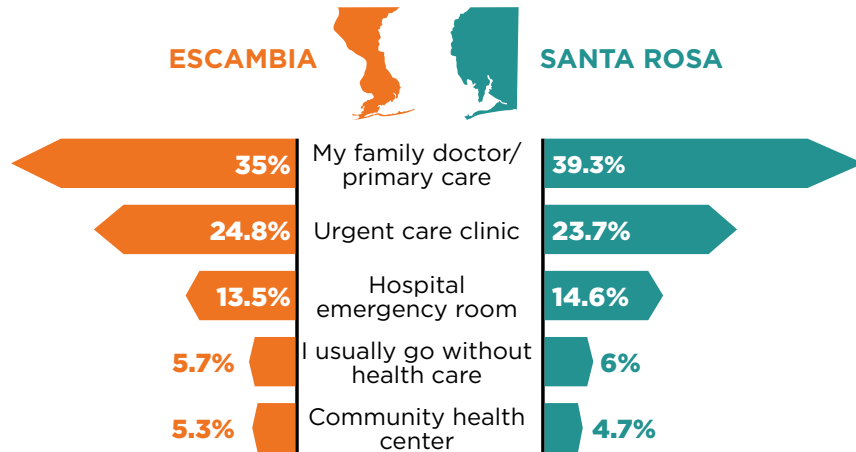
**Employed and Unemployed:** Like respondents without health insurance, those who are unemployed or not in school, are more likely to visit a hospital emergency room, 20.8 percent compared to just 12.3 percent of the employed population.

**Contextual Comparison:** In 2021, the top services were my family doctor/primary care, urgent care clinic, and hospital emergency room, followed by VA or military health services.

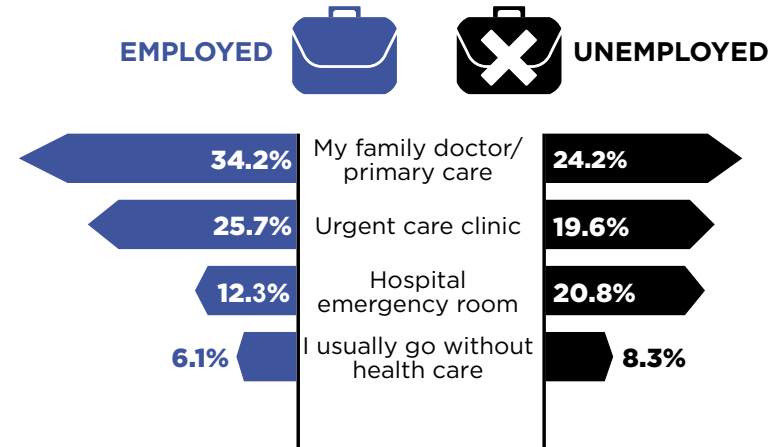


## WHERE RESPONDENTS GO FOR HEALTH CARE

### by County



### by Employment Status



## COMMUNITY ASSESSMENTS

**Question: Please give each category a score from 1 to 5, where 1 means poor and 5 means excellent.**

**Overall:** The following categories were rated high (range of 3.26 – 4.11 by respondents:

- Your neighborhood as a safe place to live
- Access to basic health care for you and your family
- Your overall health
- Your community as a safe place to live
- You are accepted in your neighborhood
- Your community as a place to grow old

### By County:

Escambia County residents ranked the following areas high (range of 3.37 – 3.61).

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

Santa Rosa County residents ranked the following areas high (range of 3.62 – 4.11).

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

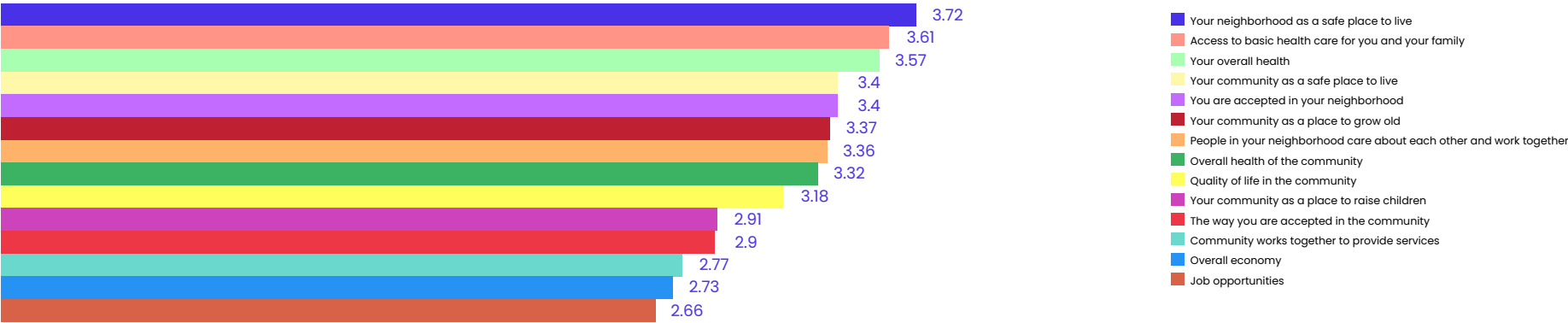
Concerns, or areas which received relatively low scores:

- Job opportunities
- Community works together to provide services
- Overall economy
- People in your neighborhood care about each other and work together

**Contextual Comparison:** The top 5 categories selected in 2025 were similar to 2022.

# COMMUNITY AND LIFESTYLE

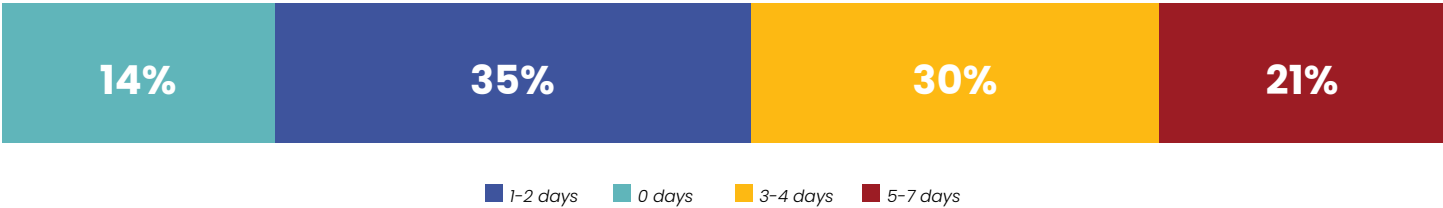
Question: Please give each category a score from 1 to 5, where 1 means poor and 5 means excellent.



| CATEGORY  | ESCAMBIA | SANTA ROSA | EMPLOYED | UNEMPLOYED |
|---|----------|------------|----------|------------|
| Your neighborhood as a safe place to live                           | 3.54     | 4.11       | 3.67     | 3.28       |
| Access to basic health care for you and your family                 | 3.61     | 3.62       | 3.52     | 3.23       |
| Your overall health   | 3.6      | 3.54       | 3.59     | 3.2        |
| Your community as a safe place to live                              | 3.19     | 3.83       | 3.31     | 3.2        |
| You are accepted in your neighborhood                               | 3.37     | 3.44       | 3.31     | 3.16       |
| Your community as a place to grow old                               | 3.26     | 3.59       | 3.26     | 3.15       |
| People in your neighborhood care about each other and work together | 2.85     | 3.04       | 2.85     | 2.52       |
| Overall health of the community                                     | 2.8      | 3.12       | 2.84     | 2.7        |
| Quality of life in the community                                    | 3.08     | 3.42       | 3.05     | 2.96       |
| Your community as a place to raise children                         | 3.16     | 3.66       | 3.27     | 3.0        |
| The way you are accepted in the community                           | 3.31     | 3.45       | 3.29     | 2.92       |
| Community works together to provide services                        | 2.69     | 2.93       | 2.64     | 2.4        |
| Overall economy   | 2.61     | 2.8        | 2.48     | 2.4        |
| Job opportunities   | 2.72     | 2.72       | 2.68     | 2.36       |

Two questions on the survey referred to respondent lifestyle in the areas of physical activity and consuming balanced meals.

**Question: On average, how many days per week do you engage in moderate to vigorous physical activity (like a brisk walk)?**



The average number of days per week that respondents indicated that they engage in vigorous physical activity were 2.67 (Escambia), 2.62 (Santa Rosa), 2.66 (Employed), and 2.49 (Unemployed).

**Question: In the past 12 months, me/my family couldn't afford to eat balanced meals.**



For the response Often True, Escambia was 9.14 percent, Santa Rosa 7.90 percent, Employed 8.94 percent, and Unemployed 21.43 percent.

## SUMMARY

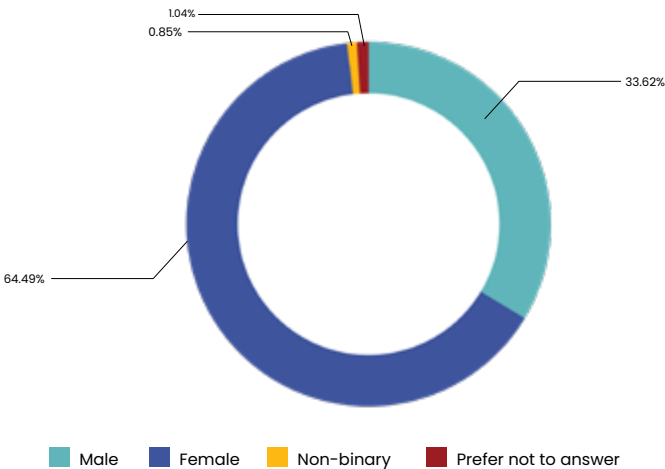
Health outcome data is critical to the work of AHER, but so are lived experiences. When the community perceptions were compared to actual health outcomes, there were similar results from both counties. For the most part, the perceptions of areas of concern are actual areas of concern based on the health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

# RESPONSES, ANALYSIS, AND WEIGHTS

The survey distribution effort successfully collected just over 2,600 responses from residents in the Pensacola Metro Area that is comprised of both Santa Rosa and Escambia Counties. The number of respondents decreased from the 2021 CHNA cycle, which had 3,051 respondents. In 2019, 2,200 residents responded to the survey and in 2016, there were 1,744 respondents.

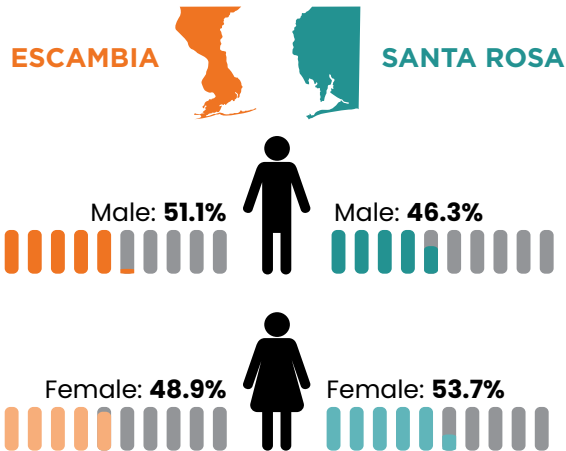
Most respondents provided socioeconomic information that allowed analysts to apply weights by three categories: gender, age, and household income. Such a process allows researchers to elevate the underrepresented voices. Further evaluation compared rural and urban responses, as well as employed and unemployed perspectives.

Overall Unweighted Responses by Gender

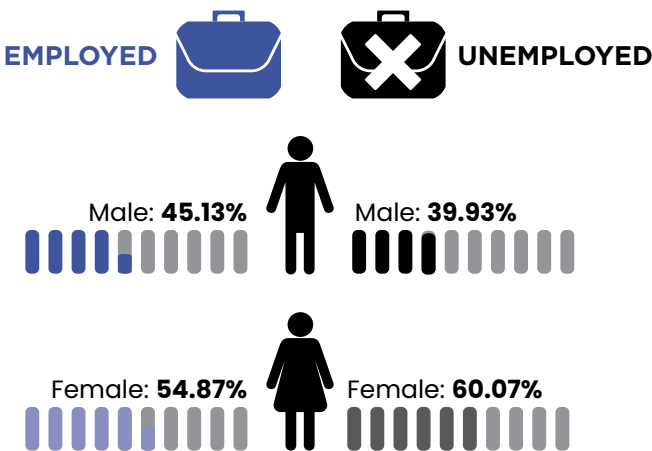


## WEIGHTED RESPONSES: RESPONDENT GENDER

### by County



### by Employment Status

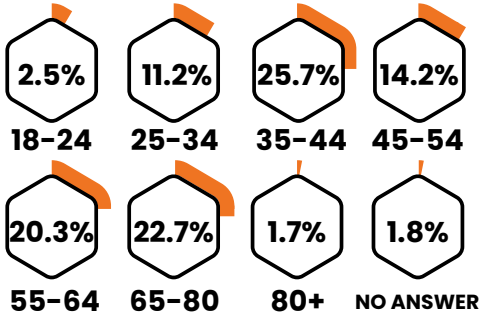




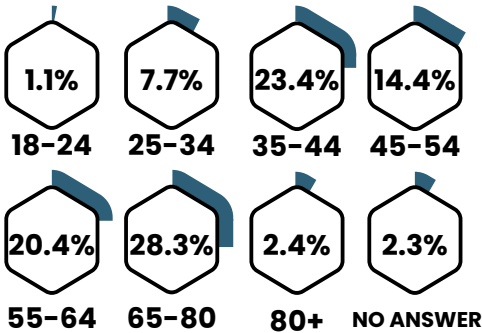
## WEIGHTED RESPONSES: AGE

### by County

ESCAMBIA

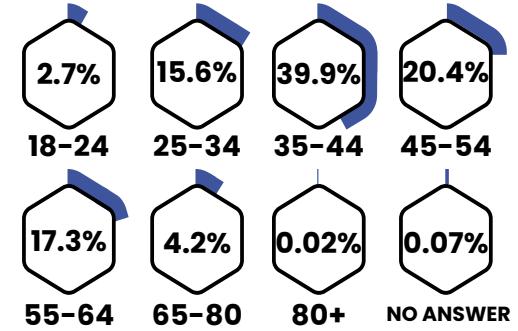


SANTA ROSA

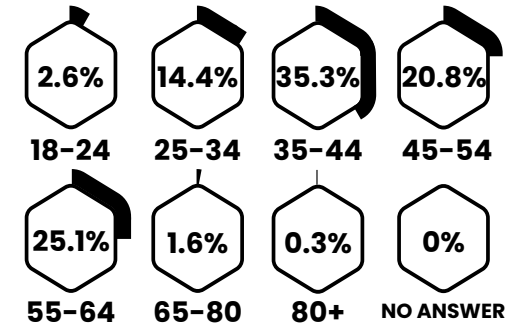


### by Employment Status

EMPLOYED

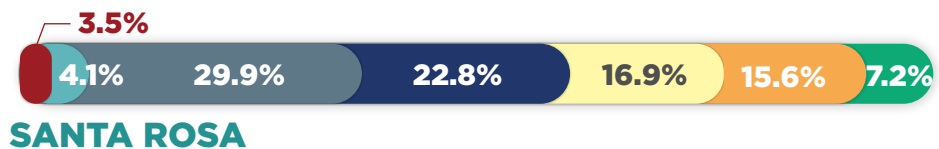
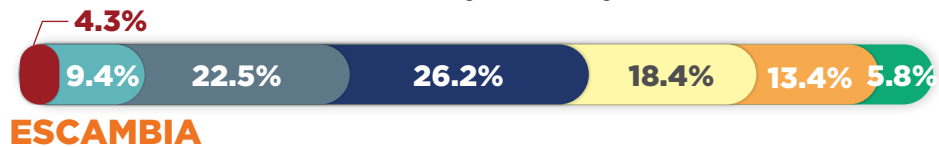


UNEMPLOYED

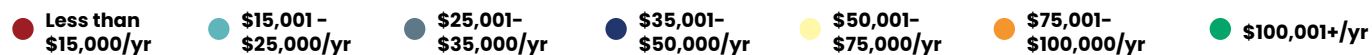
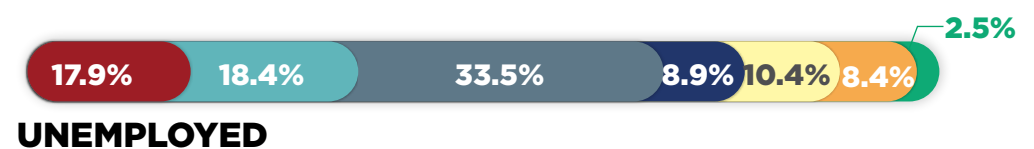


## WEIGHTED RESPONSES: INCOME

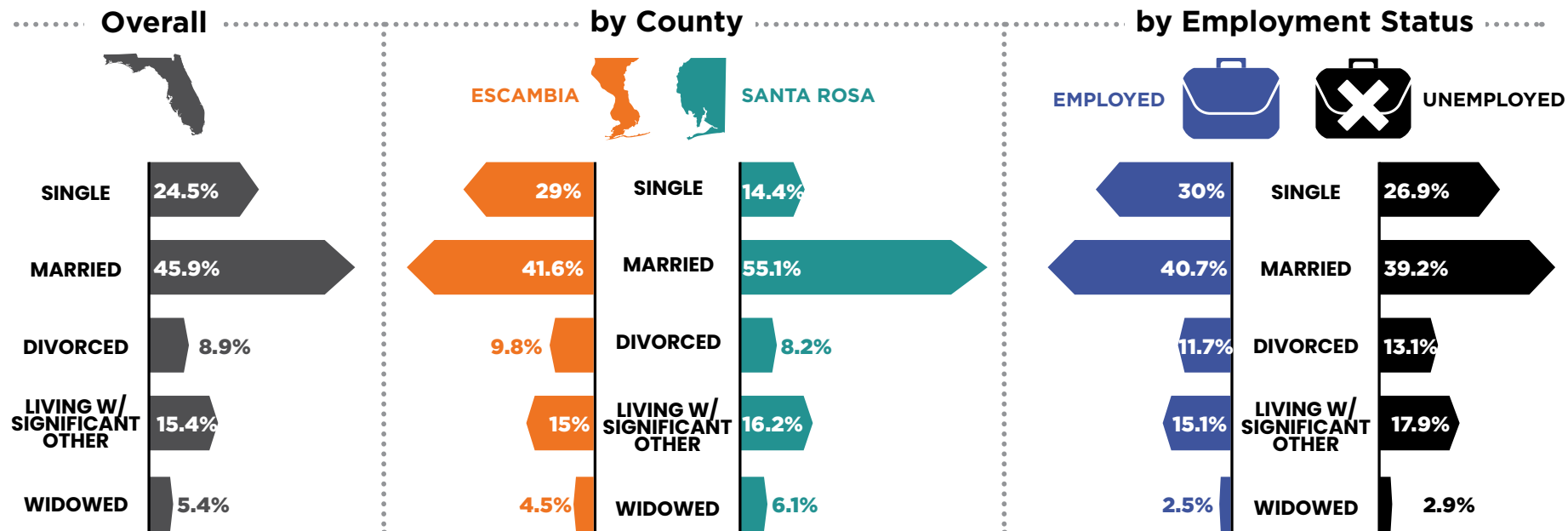
### by County



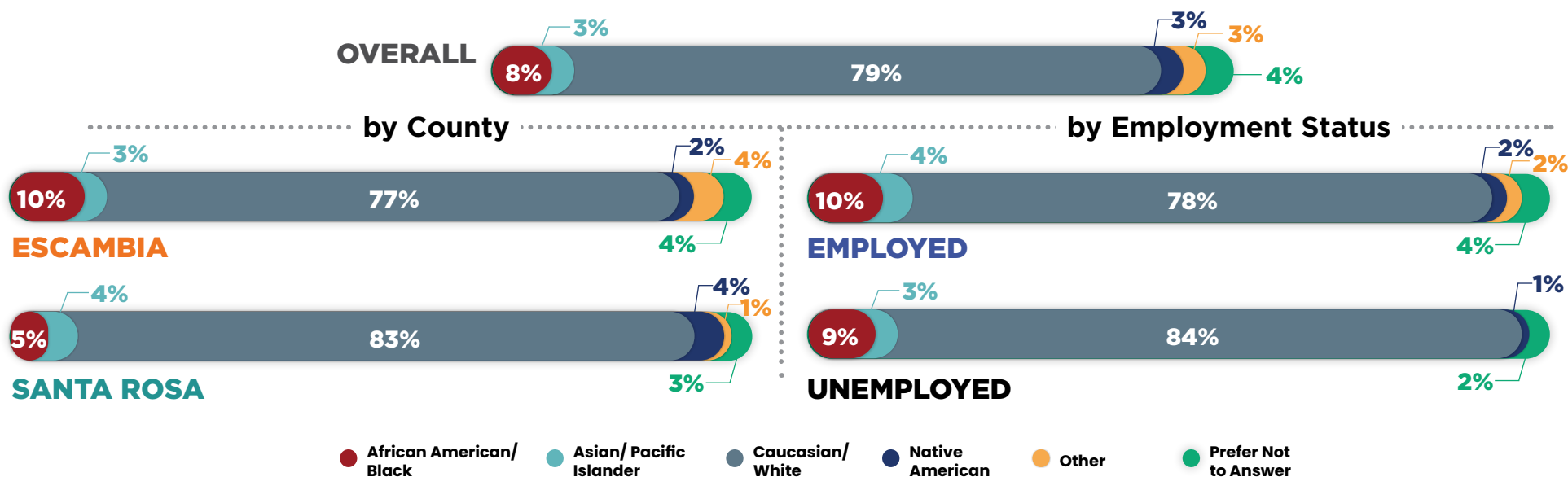
### by Employment Status



## WEIGHTED RESPONSES: MARITAL STATUS

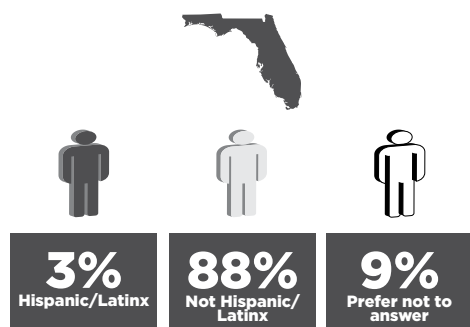


## WEIGHTED RESPONSES: RACE

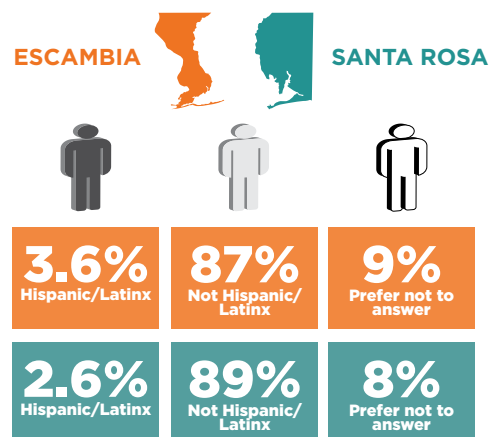


## WEIGHTED RESPONSES: ETHNICITY

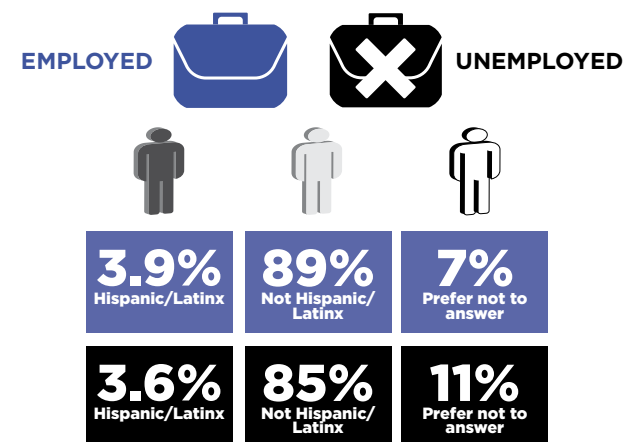
### Overall



### by County

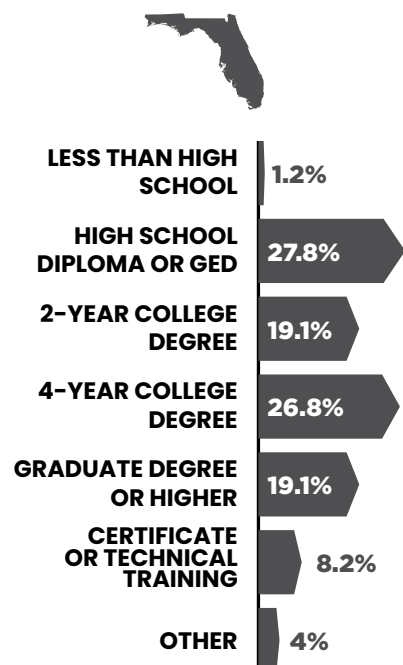


### by Employment Status

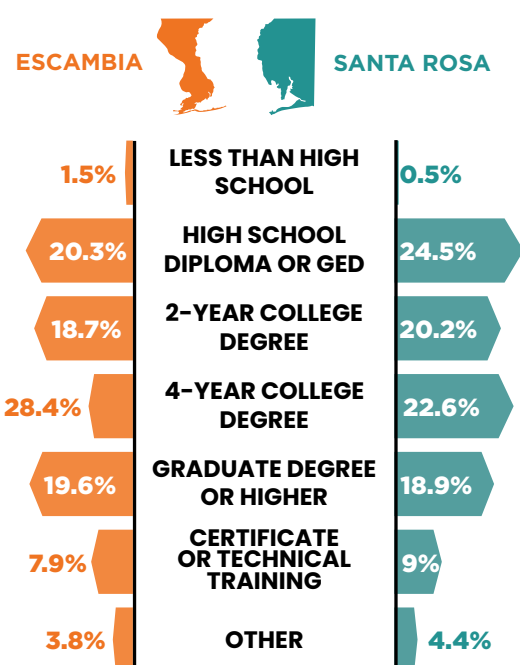


## WEIGHTED RESPONSES: EDUCATION

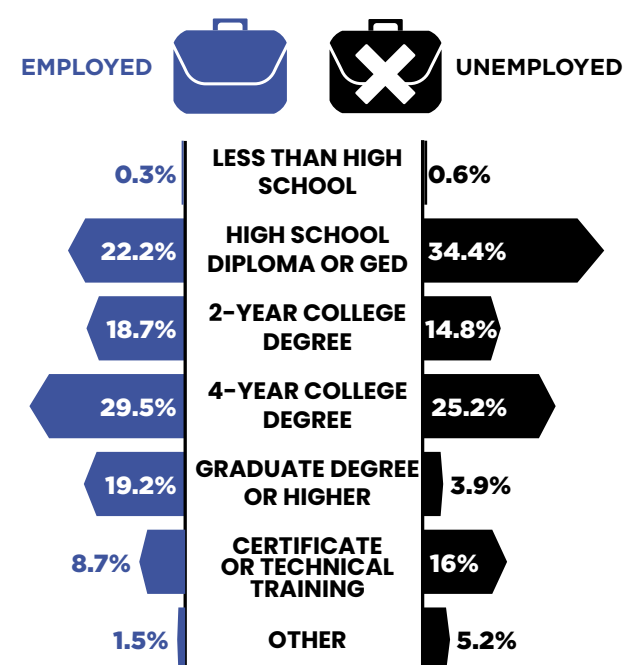
### Overall



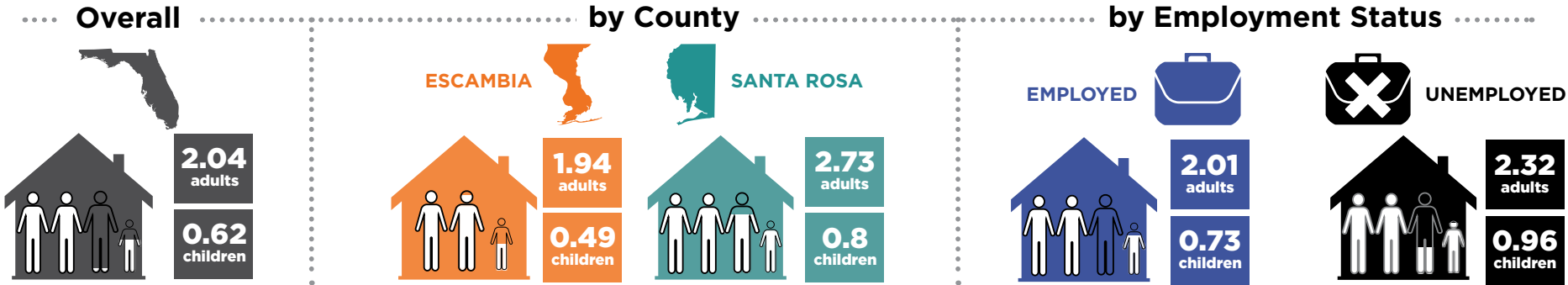
### by County



### by Employment Status



## WEIGHTED RESPONSES: PEOPLE LIVING IN HOUSEHOLD



## WEIGHTED RESPONSES: INDUSTRY

| CATEGORY   | OVERALL | ESCAMBIA | SANTA ROSA |
|--|---------|----------|------------|
| Accommodation and Food Services                                    | 1.95%   | 3.66%    | 1.59%      |
| Administrative and Support & Waste Management and Remediation Svcs | 1.41%   | 1.38%    | 0.77%      |
| Agriculture, Forestry, Fishing and Hunting                         | 0.19%   | 1.12%    | 0.07%      |
| Arts, Entertainment, and Recreation                                | 2.09%   | 2.85%    | 3.76%      |
| Construction   | 4.99%   | 4.31%    | 6.07%      |
| Educational Services   | 11%     | 10.7%    | 13.12%     |
| Finance and Insurance  | 7.83%   | 7.45%    | 4.72%      |
| Health Care and Social Assistance                                  | 27.79%  | 26.88%   | 25.14%     |
| Information  | 3.2%    | 3.02%    | 4.13%      |
| Management of Companies and Enterprises                            | 1.48%   | 1.04%    | 2.02%      |
| Manufacturing  | 0.47%   | 0.46%    | 0.46%      |
| Mining, Quarrying, and Oil and Gas Extraction                      | 0%      | 0%       | 0%         |
| Professional, Scientific, and Technical Services                   | 6.09%   | 5.72%    | 6.23%      |
| Public Administration  | 3.75%   | 1.93%    | 5.91%      |
| Real Estate and Rental and Leasing Services                        | 2.11%   | 2.68%    | 2.52%      |
| Retail Trade   | 4.57%   | 3.61%    | 8.35%      |
| Transportation and Warehousing                                     | 2.37%   | 3.22%    | 1.67%      |
| Utilities  | 1.14%   | 0.24%    | 2.62%      |
| Wholesale Trade  | 0.32%   | 0.39%    | 0%         |
| Other Services (except Public Administration)                      | 14.73%  | 15.7%    | 8.93%      |
| I'm not sure   | 2.52%   | 3.63%    | 1.94%      |

# 97

## Community Leaders

↑ 67 from 2022

### County of Operation:



49%

↓7%



12%

↓5%



39%

↑11%

### Industry:

40%

Health care & Social Assistance

16%

Other Services (except Public Administration)

26%

Educational Services

### Organizational Size:



42%

200+ Employees



18%

50-199 Employees



40%

1-49 Employees

↓4%

### Position Title:

27%

Owner/CEO/Executive Director

↓40%

30%

Department Director / Management

↑19%

33%

Other

↑11%

## COMMUNITY LEADER SURVEY

Community leaders were surveyed using an instrument that was similar to the CHNA Community Residents survey.

**Participants:** A total of 97 leaders participated in the online survey, compared to 30 in the 2022 leader survey. 49 percent of the respondents operate in Escambia County, 12 percent in Santa Rosa County and 39 percent in both counties. In the 2022 CHNA Report, 56 percent operated in Escambia, 17 percent in Santa Rosa and 28 percent in both counties.

**Industry type:** 40 percent work in Health care and Social Assistance, 26 percent in Educational Services, and 16 percent in Other Services (except Public Administration). In the 2022 CHNA Report, 31 percent of the respondents work in Health care and Social Assistance, with 13 percent from the areas of Educational Services, Professional, Scientific, and Technical Services, Public Administration, and Other Services.

**Organizational Size:** 42 percent reported that they were with a large organization (200 or more employees), 40 percent from a small organization (1 to 49 employees), and 18 percent from a medium-sized organization (50 to 199 employees). In the 2022 CHNA Report, most (44 percent) of the respondents represented small organizations, followed by an equal amount from medium-sized organizations and large organizations.

**Position with the Organization:** 33 percent responded 'Other', which included Elected President, Judge, Realtor, Faculty, Board member, Partner, General Counsel, Senior Vice President – Commercial Banking, and Senior Vice President–Lending Officer. 30 percent reported Department Director or other managerial position. 27 percent listed Owner, CEO, COO, or Executive Director. In the 2022 CHNA Report, 67 percent of the respondents had the position of Owner, CEO, COO, or Executive Director, followed by Vice President or other senior operations officer and Department Director or other managerial position at 11 percent.

# COMMUNITY LEADER SURVEY RESULTS

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

## Most Important Health Issues

In the 2024 Leaders Survey, the leaders identified mental health, culture of unhealthy living, and access to health insurance as the top health problems in the community. Culture of healthy living and access to health insurance were added as topics for the current CHNA as a result of stakeholder input at the CHNA kickoff event in spring 2024.

### Top 3 health problems in your community

| Residents 2021   | Residents 2024  | Leaders 2024  |
|--|---|---|
| Overweight/Obesity<br>Mental health<br>Substance Abuse<br>6 <sup>th</sup> 2024 | Overweight/Obesity<br>Culture of unhealthy living<br>Mental Health<br>6 <sup>th</sup> Leaders | Mental Health<br>Culture of unhealthy living<br>Access to health insurance<br>6 <sup>th</sup> Residents |

Mental health has been identified as a priority issue by the residents and leaders in the previous two CHNA cycles. Both the leaders and residents considered culture of unhealthy living as a top health problem. Access to health insurance was a concern for the residents, ranked right after mental health. Interestingly, overweight/obesity was first on the list for residents, but 6th on the leader ranking. Diabetes was indicated as a concern in the 2019 CHNA, but has not been in the top four issues since then.

1. Mental Health Issues
2. Culture of Unhealthy Living\*
3. Access to Health Insurance\*
4. Substance Abuse
5. Homelessness
6. Early Childhood Development
7. Overweight or Obesity

## Behaviors of Concern

In the 2024 Leaders Survey, the leaders identified mental health, culture of unhealthy living, and access to health insurance as the top health problems in the community. Culture of healthy living and access to health insurance were added as topics for the current CHNA as a result of stakeholder input at the CHNA kickoff event in spring 2024.

| Residents 2021  | Residents 2024   | Leaders 2024   |
|---|--|--|
| Drug Abuse<br>Poor eating habits<br>Child Abuse<br>1 <sup>st</sup> 2024 | Drug Abuse<br>Poor eating habits<br>Lack of exercise<br>5 <sup>th</sup> 2024 & Leaders | Drug Abuse<br>Poor eating habits<br>Not seeing doctor/dentist<br>6 <sup>th</sup> Residents<br>Unable to find affordable daycare<br>6 <sup>th</sup> Residents |

Mental health has been identified as a priority issue by the residents and leaders in the previous two CHNA cycles. Both the leaders and residents considered culture of unhealthy living as a top health problem. Access to health insurance was a concern for the residents, ranked right after mental health. Interestingly, overweight/obesity was first on the list for residents, but 6th on the leader ranking. Diabetes was indicated as a concern in the 2019 CHNA, but has not been in the top four issues since then.

1. Drug Abuse
2. Poor Eating Habits/Not Seeing a Doctor or Dentist
3. Unable to Find Affordable Daycare
4. Not Being Able to Get Routine Screening
5. Lack of Exercise
6. Child Abuse



## Health care Services Difficult to Obtain

In both the 2022 and 2025 CHNA Report, respondents indicated mental health services as the top health service that is difficult to obtain. Services for the elderly and specialty medical care such as a cardiologist or radiologist, were of top concerns.

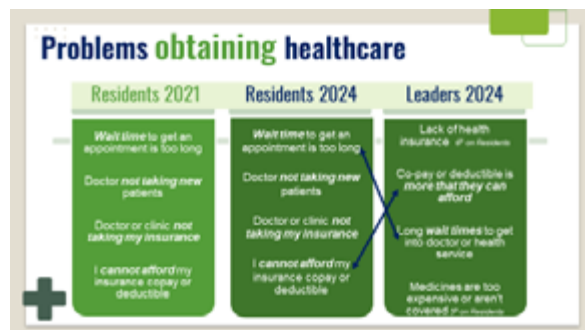
The leaders indicated that mental health services and alcohol or drug abuse treatment were the top two services that are difficult to obtain. However, the Community Leaders included Family doctor/primary care as the next service of concern.

1. Mental Health Services
2. Alcohol or Drug Abuse Treatment
3. Dental
4. Family Doctor/Primary Care

## Why do Residents Find Health care Difficult to Obtain?

Community leaders were consistent between the 2021 and the 2024 Leaders Surveys on their perception of the top reasons residents have in obtaining health care: lack of health insurance, co-pay or deductible is more that they can afford, and medicines are too expensive or aren't covered. The resident and leader responses differed in the level of importance for lack of health insurance (1st on the Leader survey, 6th on the Residents survey).

1. Lack of Health Insurance
2. Cannot Afford Copay or Deductible
3. Long Wait Times to Get Into Doctor or Health Service
4. Medicines Too Expensive or Not Covered



## Biggest Challenge in Living a Healthy Lifestyle

Community leaders were consistent from the 2021 CHNA survey and the 2024 CHNA survey on their perception of the top reasons residents have in obtaining health care: lack of health insurance, co-pay or deductible is more that they can afford, and medicines are too expensive or aren't covered. The resident and leader responses differed in the level of importance for lack of health insurance (1st on the Leader survey, 6th on the Residents survey).

| BIGGEST CHALLENGE IN LIVING A HEALTHY LIFESTYLE   |     |
|---|-----|
| Can't afford healthier food or other aspects of a healthy lifestyle                                 | 44% |
| Don't value healthier lifestyles  | 32% |
| Don't know what changes to make   | 14% |
| Don't know where to find help to improve health   | 9%  |
| Other: Healthier lifestyle less important than basic survival needs (housing, work, transportation) | 2%  |

## Impact of COVID-19

When asked about the impact of COVID-19 on long-term health of the community, the leaders reported a decrease in the category of 'Significantly' from 50 percent to 33 percent. There was an increase in the category 'Somewhat' from 39 percent to 59 percent. There was a slight decrease in the category 'Not at all'

### TO WHAT EXTEND DO YOU THINK THE COVID-19 PANDEMIC HAS IMPACTED THE LONG-TERM HEALTH OF OUR COMMUNITY?

|               | 2021 | 2024 |
|---------------|------|------|
| Significantly | 50%  | 33%  |
| Somewhat      | 39%  | 59%  |
| Not at all    | 11%  | 8%   |

## COMMUNITY LEADER DEMOGRAPHICS

### NUMBER OF RESPONDENTS

|           | 2021 | 2024 | % CHANGE |
|-----------|------|------|----------|
| Respdents | 30   | 97   | 223.33%  |

### COUNTY OF OPERATION

|                                       | 2021   | 2024   | % CHANGE |
|---------------------------------------|--------|--------|----------|
| Escambia                              | 55.65% | 49.4%  | 6.25%    |
| Santa Rosa                            | 16.67% | 12.05% | 4.62%    |
| Both Escambia and Santa Rosa Counties | 27.78% | 38.55% | 10.77%   |

### POSITION IN ORGANIZATION

|   | 2021   | 2024   | % CHANGE |
|---|--------|--------|----------|
| Owner, CEO, COO, or Executive Director            | 66.67% | 26.74% | 39.93%   |
| Vice President or other Senior Operations Officer | 6.25%  | 6.98%  | 0.73%    |
| Human Resources Officer                           | 12.5%  | 0%     | 12.5%    |
| Department Director or Other Managerial Position  | 11.11% | 30.23% | 19.12%   |
| Other   | 11.11% | 32.56% | 21.45%   |

### SIZE OF ORGANIZATION

|                                     | 2021   | 2024   | % CHANGE |
|-------------------------------------|--------|--------|----------|
| Small Organization (1-49 Employees) | 44.44% | 39.76% | 4.68%    |
| Medium-Sized Organization (50-199)  | 27.78% | 18.07% | 9.71%    |
| Large Organization (200+ Employees) | 27.78% | 42.17% | 14.39%   |

### INDUSTRY

|  | 2021   | 2024   | % CHANGE |
|--|--------|--------|----------|
| Information                                      | 6.25%  | 0%     | 6.25%    |
| Real Estate & Rental and Leasing                 | 6.25%  | 1.32%  | 4.93%    |
| Professional, Scientific, and Technical Services | 12.5%  | 3.95%  | 8.55%    |
| Educational Services                             | 12.5%  | 26.32% | 13.82%   |
| Health care and Social Assistance                | 31.25% | 39.47% | 8.22%    |
| Other Services (except Public Administration)    | 12.5%  | 15.79% | 3.29%    |
| Public Administration                            | 12.5%  | 3.95%  | 8.55%    |
| I'm not sure                                     | 6.25%  | 0%     | 6.25%    |

The background is a stylized map of a city or region, rendered in a monochromatic orange color. The map shows a network of roads, highways, and water bodies, with a grid-like pattern of streets in some areas. The text is overlaid on this map.

# **FORCES OF CHANGE ASSESSMENT**

# Forces of Change Assessment

A Forces of Change (FOC) workshop held on July 25, 2024. AHER partner organizations and community members convened to discuss the results of the 2024 Community Resident Survey, health data outcomes, and identify forces of change – trends, factors, and events impacting the overall health of the community.

There were 50 participants in the FOC workshop, with representatives from local organizations including Achieve Escambia, American Heart Association, Ascension Sacred Heart Health care, Baptist Health care, Build a Brain, CDAC Behavioral Health, Community Health Northwest Florida, Element Health, EROPC, Escambia Children's Trust, Escambia County Medical Society, Feeding the Gulf Coast, Florida Blue, Florida Department of Health in Escambia County, Florida Department of Health in Santa Rosa County, Gulf Coast Kid's House, Gulf Coast Minority Chamber, Gulf Coast VA, Healthy Start, Help Me Grow, Lakeview Center, local churches, Manna Food Bank, Mental Health Task Force Military and Veterans Resource Center/UWF, NAMI Emerald Coast, Nemours, NWF Health, Picked at Perfection, private practice, Simply Health care, United Way of West Florida, and the University of West Florida.

The results of the 2022 CHNA led to the identification of six priority areas for our community to work together for improvement. The areas that AHER has focused on since the previous CHNA are:

**Force 1** – Overweight/Obesity

**Force 2** – Substance Abuse

**Force 3** – Mental Health

**Force 4** – Eating Habits (healthy food equity, food insecurity, access to healthy foods)

**Force 5** – Child Abuse

**Force 6** – Access to Health care

The intent of the 2024 FOC workshop was to take a broader approach by identifying trends, factors, and events that impact the six areas of focus. The goal of the FOC was to identify forces of change including trends, factors, and events currently or historically at play in your community that impact community health and well-being.

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

**Trends** – Patterns over time: unemployment, aging population, migration in/out of community, population growth, technological improvements

**Factors** – Distinct features or elements: large military population or location on Gulf

**Events** – Hurricanes; elections

The participants were provided instructions on the FOC discussion process. The participants self-divided into six groups based on the broader health priority. To diversify the group discussions, the only request was to join a group of people who they did not work with or know very well.

Each of the groups spent a total of 30 minutes brainstorming and discussing trends, factors, and events from 2021 through 2024 that have or could impact the health of the community. One person from each group reported major findings. The ideas were written on a flip chart. Following the brainstorm session, each participant voted for their top five forces of change that they believed are impacting or going to impact the health of the community.

The results of the FOC discussion were as follows, with highest priority areas listed first:

### **TRENDS**

- Affordability
- Inflation
- Resources – Unfamiliarity with local resources
- Civil discourse – Decline of civil discourse
- Overdose deaths, fentanyl
- Providers – Fewer health care providers
- Nonprofit working in silos
- Substance abuse – intervention, increase of self-medicating (THC over Adderall/Ritalin)

### **FACTORS**

- Transportation – Poor public transportation
- Climate – Changes in climate
- Government – City/county government dynamics
- Tourism
- Misinformation – access to the right information
- Drugs/substance abuse
- Misinformation – conspiracy theories
- Diversity
- Economic – Increase economic disparities
- Trust – Lack of trust in systems
- Underinsured

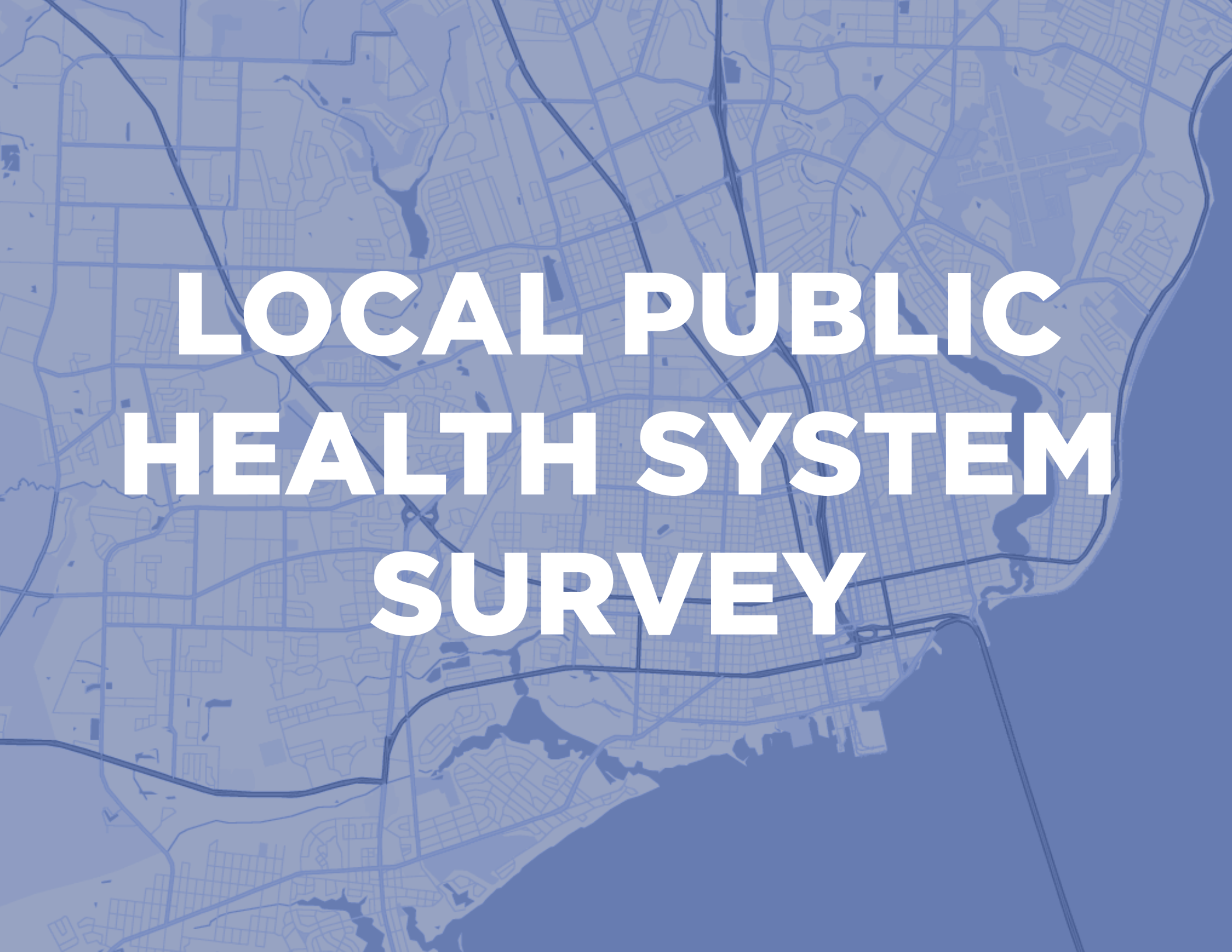
### **EVENTS**

- Cyber attack (Ascension, DOH)
- Election year
- Elections/legislation
- COVID, post COVID era, remoted learning
- Political landscape, volatile political environment
- Health care landscape, change in provider #s, doctor shortage
- Trafficking
- Children's Trust
- Cyber events
- Economy changing, Inflation

### **COMMUNITY PRIORITIES**

The FOC results will provide additional information to help guide the current AHER focus areas: overweight/obesity, substance abuse, mental health, eating habits, child abuse, and access to health care. The AHER committees and sub-committees will be provided the results to consider and potentially factor into their current endeavors.





# **LOCAL PUBLIC HEALTH SYSTEM SURVEY**



# Local Public Health System Survey



The Local Public Health System (LPHS) is all the people and organizations who deliver the essential public health services in a community, including assessing the population's health, developing policies to support health, and ensuring people in the community can be healthy. It includes a wide variety of agencies (federal, state, and local), laboratories and hospitals, as well as non-governmental public and private agencies, voluntary organizations, and people. The LPHS can be seen in the graphic below. Assessing the Local Public Health System helps to understand what skills, capacities, and strengths of each organization that could be utilized in the health improvement process. The assessment also provides us the answer to who else may be needed to be involved in the process.

## THE TEN ESSENTIAL SERVICES OF PUBLIC HEALTH ARE:

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

An LPHS survey was created with the purpose of understanding the capacity of our community to provide the essential services of public health. The survey was an assessment of the system, not the individual organization. The results were intended to gain an understanding of the areas to engage stakeholders to help meet the goals of AHER. The survey was sent to AHER members, asking them to share it with faith based Organizations, corrections facilities, elected officials, law enforcement, schools, nonprofit organizations, neighborhood organizations, employers, behavioral health, and transit facilities.

## 10 Essential Health Services



The Health Survey for Community Leaders contained 5 items that addressed areas of interest for the LPHS, covering topics such as access to population health data, educational activities, evaluation, and communication strategies.

Organizations that participated in the 2024 Community Leaders survey represented the industries listed below.

| Participating Industries  |
|---------------------------|
| Banks                     |
| Churches                  |
| Health Care Systems       |
| Health Departments        |
| Hotel                     |
| Local Government Agencies |
| Non-profit Organizations  |
| Pharmaceutical            |
| Schools, University       |

The majority of organizations provide services in Escambia County, followed by both counties, then Santa Rosa County.

|                                |            |
|--------------------------------|------------|
| <b>Escambia</b>                | <b>49%</b> |
| <b>Santa Rosa</b>              | <b>12%</b> |
| <b>Escambia and Santa Rosa</b> | <b>39%</b> |

The specific health issues that the respondents of the Leader Survey reported their organization works on were:

|   |       |
|---|-------|
| Health literacy/education                           | 12%   |
| Mental health                                       | 12%   |
| Preventative care and screening                     | 11.2% |
| Access to health services by vulnerable populations | 10.8% |
| Affordability of health services                    | 10%   |
| Healthy eating                                      | 9.2%  |
| Access to healthy food                              | 8%    |
| Physical activity                                   | 6.4%  |
| Diabetes  | 4.4%  |
| Substance abuse                                     | 4.4%  |
| Other (please specify)                              | 4%    |
| Tobacco use   | 4%    |
| Heart disease                                       | 3.6%  |

When asked if they or someone in the organization would be interested in participating in AHER's work in each area, 14% were interested in helping with the area of child abuse, 7% in substance abuse and access to health care.

**48%** of the organizations often access population health data often to inform their work. (20% no, 32% unsure)

**62%** of the organizations that do not often access population health data responded that they would like greater access/understanding of how to use population health data to improve impact. (23% no, 15% unsure)

**48%** of organizations who access population health data regularly use GIS or other mapping technology to better understand their data. (29% no, 23% unsure)

**64%** of the respondents customize education and information for those at higher risk of negative health outcomes (i.e. language barriers, cultural competence). (6% no, 30% unsure)

**75%** of the organizations work to connect people to health services (insurance programs, health screenings, direct care with physicians, and other health care providers)? (17% no, 8% unsure)

**59%** engage local government officials in community health improvement activities. (22% no, 19% unsure)

**38%** have a process to help enroll individuals into public benefit programs such as Medicaid, WIC, EBT, etc. (44% no, 19% unsure)



# CONCLUSIONS

# Conclusions

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

- Identified the top 10 causes of disease, disability and death within Escambia and Santa Rosa counties
- Identified health outcomes and factors that disproportionately impact one race group over another
- Identified priority areas for focused, strategic action
- Ascertained that mental health, specialty care, elderly services and drug abuse treatment are difficult to obtain due primarily to poor geographic distribution of services and affordability
- Confirmed that are more likely to report poorer health overall and in their community
- Identified local health resources related to health priority areas
- Confirmed that groups placed at increased risk have difficulty finding care due to health insurance issues i.e. no insurance, doctor not accepting insurance, cannot afford deductible
- Discovered that a lack of adequate transportation is a barrier to health care throughout the two-county area

These conclusions and other information confirmed the continuation of the focus on top health priorities, which are:

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

The Forces of Change discussion identified trends, factors, and events that could influence the direction of AHER's work on the top health priority areas. The forces include the impact of affordability, inflation, transportation, misinformation and the political landscape.





**NEXT STEPS**



## Next Steps

The next step following the completion of the Community Health Needs Assessment (CHNA) is the formation of the Community Health Improvement Plan (CHIP). Both health departments in Escambia and Santa Rosa counties participate in a community collaborative implementation plan addressing the community public health priorities that are highlighted in the CHNA.

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

The CHIP is a three-year plan that sets goals for the county public health system. The CHIP is developed and revised through a collaborative process that includes a wide range of stakeholders including local government agencies, health care providers, employers, community groups, schools, non-profit organizations, and advocacy groups. This collaborative planning process fosters shared ownership and responsibility for the plan's implementation and promotes efficient and targeted collective action to improve the health of all county residents.

The CHIP contains community priorities for action that are outlined throughout the plan. Each priority contains a goal(s) to provide a desired measurable outcome with a specific indicator. Considerations of social determinants of health, causes of higher health risks, poorer health outcomes, and health inequities are featured in the plan.

The CHIP broadly, but sometimes specifically, plans for policy and system level changes for the alleviation of identified causes of health inequity. Priority areas addressed in the CHIP seek to reduce causes of health inequities through goals, strategies, and objectives. The CHNA helps identify priority areas where health equity is being addressed. The CHIP spotlights the designation of individuals and organizations that have accepted responsibility for implementing strategies.

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

## Community Resources

Many extraordinary health care providers and service organizations serve Escambia and Santa Rosa residents. These organizations form the backbone of our local public health system and are crucial partners in addressing priority health issues. Our organization will seek to engage these organizations during the improvement planning and action portions of this process. Since the 2022 CHNA, these two counties have added a number of food pantries, medical clinics, and substance use assistance facilities.

United Way of West Florida utilizes 2-1-1, a referral service, to guide residents who call with resources to help them. The majority of the organizations counted on the resource page can be accessed by calling 2-1-1.

| Escambia and Santa Rosa Resources |                             |    |
|-----------------------------------|-----------------------------|----|
| Santa Rosa County                 | Food Pantries               | 31 |
|                                   | Hot Meals                   | 6  |
|                                   | Medical Clinics             | 15 |
|                                   | Hospital                    | 3  |
|                                   | Emergency                   | 4  |
|                                   | Family Support              | 1  |
|                                   | Child Wellbeing Support     | 1  |
|                                   | Substance Help              | 8  |
| Escambia County                   | Food Pantries               | 49 |
|                                   | Hot Meals                   | 85 |
|                                   | Medical Clinics             | 12 |
|                                   | Emergency                   | 7  |
|                                   | Hospitals                   | 4  |
|                                   | Prescription/Substance Help | 14 |
|                                   | Family/Peer Support         | 5  |
|                                   | Nutrition Assistance        | 2  |
| Both Counties                     | Behavioral/Mental Health    | 21 |
|                                   | Family/Peer Support         | 4  |
|                                   | Child Wellbeing Support     | 15 |
|                                   | Substance Abuse             | 19 |
|                                   | Hospitals                   | 6  |
|                                   | Clinics                     | 18 |
|                                   | Telephone support           | 17 |

### Escambia and Santa Rosa Health Care Facilities

#### Emergency Medical

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

#### FL Department of Health

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

#### Hospice

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

#### Hospitals

- **Baptist Health Care**
  - Baptist Hospital
  - Gulf Breeze Hospital
  - Jay Hospital
- **Ascension Sacred Heart**
  - Pensacola Hospital
  - Studer Family Children's Hospital
  - Women's Hospital
- **Santa Rosa Medical Center**
- **West Florida Health care**
  - Rehabilitation Institute
  - West Florida Hospital

#### Needs-Based Clinics

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

#### Veterans

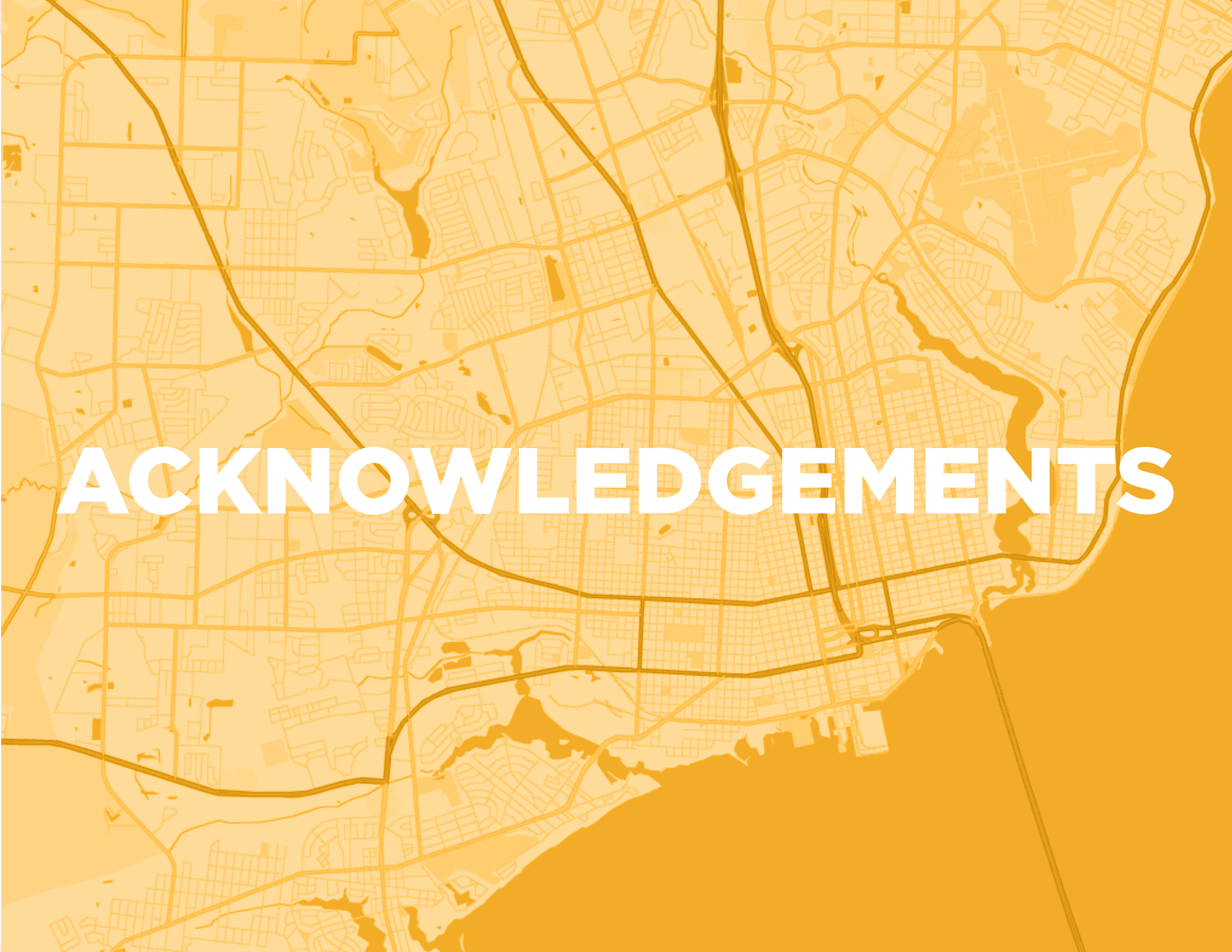
- **Veterans Affairs, Joint Ambulatory Care Clinic**
- **Naval Hospital Pensacola**

#### Mental Health/ Substance Abuse Facilities

- **Baptist Behavioral Health**
- **Lakeview Center - Avalon Center**
- **Lakeview Center, Main Campus**
- **West Florida Health care, Pavilion Psychiatric Hospital**

#### Urgent Care

- **Baptist Walk-in Care/Urgent Care**
  - Airport
  - Navarre
  - Nine Mile Road (Includes Emergency Room)
  - Pace
- **Community Health Northwest Florida, Urgent Care, Jordan Street**
- **CVS Minute Clinic**
  - Cantonment
  - Davis Highway
  - Gulf Breeze
  - Milton
  - Pace
- **Pace Primary Care & Walk-in Clinic**
- **ProHealth Walk-in Clinic**
- **Quality Urgent Care & Wellness, Palafox Street**
- **Ascension Sacred Heart Urgent Care**
  - Pace
  - Pensacola Boulevard
  - Perdido
  - Tiger Point
  - Walgreens - Ninth Avenue
  - Walgreens - Nine Mile Road
  - Walgreens - Navarre
  - Walgreens - Pace



# ACKNOWLEDGEMENTS

## Acknowledgements

Building and maintaining a culture of health requires ongoing collaboration among diverse partners across all sectors of the community. The 2025 Escambia-Santa Rosa Community Health Needs Assessment (CHNA) is a testament to the collective efforts of numerous organizations serving both counties. Achieve Healthy EscaRosa extends its gratitude to all participants for their dedication to promoting, protecting, and enhancing the health of everyone in Escambia and Santa Rosa counties, especially the following organizations:

### **Lakeview Center**

**CDAC Behavioral Healthcare, Inc.**

**Ascension**

**American Heart Association**

**Florida Department of Health - Escambia County**

**University of West Florida**

**Escambia County Medical Society**

**Element Health**

**Florida Blue**

**NWF Health Network**

**Dr. Erin Mayfield**

**Build a Brain**

**Representative Michelle Salzman**

**Nemours Children's Health**

**UWF Military and Veteran Resource Center**

### **Gulf Coast Veterans Affairs**

**Manna Food Pantries**

**Mental Health Task Force of NWFL**

**Help Me Grow**

**Florida Department of Health - Santa Rosa County**

**Healthy Start**

**Feeding the Gulf Coast**

**Baptist Health Care**

**Gulf Coast Kids House**

**Escambia Children's Trust**

**Picked at Perfection**

**Gulf Coast Minority Chamber of Commerce**

**Gospel Temple of Pensacola, Inc.**

**Achieve Escambia**



