RAPID COMMUNITY HEALTH NEEDS ASSESSMENT REPORT

Gulf Region Health Outreach Program: Primary Care Capacity Project

Florida: Bay, Escambia, Okaloosa, Santa Rosa, and Walton Counties
If you were a participant in the GRHOP Primary Care Capacity Project’s Rapid Community Assessment process as a Key informant, we would like to express our appreciation for your contribution to the process (see Appendix for a list of meeting participants). Whether you have been a participant in informing this report or are otherwise a resident of or stakeholder in the health and resiliency of coastal communities, we encourage you to take an active role in supporting your community’s ongoing health improvement strategies. One goal of Gulf Region Health Outreach Program (GRHOP) is to support the capacity of each coastal county of Louisiana, Mississippi, Alabama and the five eligible panhandle counties of Florida (Bay, Okaloosa, Escambia, Santa Rosa, and Walton) to conduct community health assessments, as a way to inform what community health improvement activities may best support community need. Such assessments can inform governmental agencies, public health, health care providers, non-profit organizations and the general community. As we described in the Key Informant Orientation for participants in the Rapid Community Assessment process, as an initial step, the rapid assessment served at least four functions:

- Engage with initial community sectors in a process to grow into comprehensive assessments in 2013 and beyond
- Provide additional opportunity to bring immediate attention to community health issues of coastal communities
- Inform all GRHOP partners of major health aspects of coastal communities and establish framework for the upcoming comprehensive health assessment
- Inform PCCP funding for primary care in Year 1 GRHOP.

This rapid assessment has provided insight into where there is available evidence or a shared sense among Key informants of what particular health priorities may already be apparent. This report draws from the significant community health assessment (CHA) and Community Health Improvement Plan (CHIP) activities led by the County Health Departments of Bay, Okaloosa, Escambia, Santa Rosa, and Walton Counties. Additional insight was gained at the Rapid Community Assessment Key Informant meeting in December and was recorded through the Rapid Assessment process and Audience Response System polling system. This approach revealed significant agreement between findings from each county’s CHA and CHIP and priorities stated by Key informants in your state’s meeting.

In this report, you will find statistical data, mapped information and description of perceived priority health issues identified through the County Health Departments’ CHA and CHIP engagements and the Rapid Community Assessment Key Informant meeting for the Florida Panhandle counties of Escambia, Santa Rosa, Okaloosa, Walton, and Bay.

Note that as an initial step to address gaps in the data that the PCCP shared in your state meeting we have also added maps illustrating census tracts where low-income Hispanic residents in the five targeted counties reside. In PCCP’s continued work, we will seek and pursue additional opportunities to add to the data for your communities and thereby, the understanding of unique needs and assets for improving health in the coastal counties of the panhandle.

In your state’s meeting, Key informants also noted the absence of data on health and health care needs of the military community (active duty and veteran). As of the time of this report, military health data were not available in any of the eligible County Health Department CHAs. Nevertheless, the PCCP
will provide support to respective county public health agencies and their relevant partners to acquire data on military health and health care needs and assets.

How Key Informant Information will be used:
The information gathered from the Rapid Community Assessment process will be aligned with the results of our clinic assessments, national high performing clinic standards/guidelines and requests of the coastal county primary care community clinic operators. These four sources of data will inform the process as we complete our rapid funding cycle for access to primary care.

Next Steps
Now that we have completed the Rapid Assessment, we will transition to Phase 2 of GRHOP PCCP which includes building upon the rapid assessment to develop the Comprehensive Assessment (CA). For the CA, there will be additional data added to the rapid assessment and additional mapping of community information. LPHI will conduct its comprehensive assessment activities in coordination with and in direct support of the local public health agencies and their partners for which community health assessment and health improvement planning is an enduring community role. We encourage you to continue to join in the GRHOP process to help us understand and add, where we can, the additional information that will make the comprehensive assessment helpful to you and your community. Also, by staying involved with the process, you can continue to share your ideas about community health issues and how solutions can be created and resources found to implement them. Invited participants to the December Rapid Assessment Key Informant meeting will be receiving information about the next steps of the process.

Again, we appreciate your participation in this process to help improve the health and resiliency of your community. For more information, please contact Tiffany Netters, PCCP Program Manager at tnetters@lphi.org.

Sincerely,

Eric T. Baumgartner, MD, MPH
Louisiana Public Health Institute
<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Foreword</td>
<td>1</td>
</tr>
<tr>
<td>2. Introduction</td>
<td>4</td>
</tr>
<tr>
<td>3. Florida Panhandle County Health Overview</td>
<td>7</td>
</tr>
<tr>
<td>4. Key Informant Meeting</td>
<td>14</td>
</tr>
<tr>
<td>5. Conclusion</td>
<td>21</td>
</tr>
<tr>
<td>6. Promising Practices</td>
<td>22</td>
</tr>
<tr>
<td>7. Sources</td>
<td>25</td>
</tr>
<tr>
<td>8. Appendix</td>
<td>27</td>
</tr>
</tbody>
</table>
INTRODUCTION

The Gulf Region Health Outreach Program (the “Outreach Program”) is a series of four integrated, five-year projects designed to strengthen healthcare and community resiliency in Gulf Coast communities in Louisiana, Mississippi, Alabama and the Florida Panhandle. The Outreach Program was developed jointly by BP and counsel representing certain plaintiffs in the Deepwater Horizon litigation in the U.S. District Court in New Orleans. The program will be supervised by the court, and is funded with $105 million from the BP Deepwater Horizon Medical Settlement. The target beneficiaries of the Outreach Program are residents, especially the uninsured and medically underserved, of 17 coastal counties and parishes in Alabama (Mobile, Baldwin), Florida (Escambia, Santa Rosa, Walton, Okaloosa, Bay), Louisiana (Orleans, Jefferson, St. Bernard, Plaquemines, Lafourche, Terrebonne, Cameron) and Mississippi (Hancock, Harrison, Jackson).

The ultimate goal of the Outreach Program is to ensure that residents of the Gulf region are fully informed about their own health and have access, now and in the future, to skilled frontline healthcare providers supported by networks of specialists knowledgeable in addressing the physical, behavioral and mental health needs. Importantly, the Outreach Program will be embedded in and complement, rather than detract from or replace, the existing efforts being undertaken by the community. Also, the Outreach Program will engage local communities in the targeted areas and build capacity tailored to their special needs.

The Louisiana Public Health Institute (LPHI) administers the Primary Care Capacity Project (PCCP). The purpose of the PCCP is to expand access to integrated high quality, sustainable, community-based primary care with linkages to specialty mental and behavioral health, and environmental and occupational health services in coastal Alabama, the Florida Panhandle, Louisiana, and Mississippi. To achieve this purpose, the PCCP will establish a regional health partnership across coastal counties in these four states with the intention of improving the capacity and infrastructure for delivering quality health care to the residents of this region. The five-year investment will result in greater prospect for sustainable, high quality, integrated community health services capacity and a more resilient coastal region.

Rapid Community Health Assessment

Among the objectives of the PCCP is to conduct a comprehensive regional assessment of community health needs to inform priority-setting, policy-making, assets cataloguing, health strategy development and baseline for setting community health objectives and measuring change over time. The first phase of the assessment process is a rapid community health assessment to get a baseline of community health status, health care needs and assets and barriers to care.

1 The four projects include the Primary Care Capacity Project, the Mental and Behavioral Health Capacity Project, the Environmental Health Capacity and Literacy Project, and the Community Health Workers Training Project.
This rapid assessment consisted of two components:
1) A review of existing data
2) A facilitated key informant prioritization meeting

The existing data review process included a review of available County Health Department Community Health Assessments (CHAs) for each of the five Florida Panhandle counties along with national, state, county and sub-county level data to characterize demographic, health and quality of life factors. The existing data review also included findings and information from County Health Department Community Health Improvement Plans (CHIPs) for Bay, Escambia and Walton counties\(^2\). Community prioritization meetings were held with key informants representing eligible counties in Florida to collect information from community members to validate and prioritize findings from the data review.

**Methods**

For the existing data review, the PCCP assessment team drew upon data from County Health Department CHA’s conducted by Florida Departments of Health in Bay, Escambia, Okaloosa, and Walton Counties and Partnership for a Health Community for Escambia and Santa Rosa Counties and gathered and summarized data for each of the five counties and for the state of Florida as a whole in order to get a baseline assessment of demographics, health status, health care access and barriers to care in each of the counties and relative to the state. Factors for which data were gathered were also informed by best practices put forth by the Catholic Health Association\(^3\) and National Association of County and City Health Officials’ Mobilizing for Action through Planning and Partnerships (MAPP)\(^4\) processes for selecting measurements that summarize the state of health and quality of life in a community. These factors then went through several rounds of review by GRHOP partners and stakeholders in the five Panhandle Counties to arrive at the final list of factors. Importantly, data from CHA’s conducted by Florida Departments of Health in Bay, Escambia, Okaloosa, and Walton Counties and Partnership for a Health Community for Escambia and Santa Rosa Counties are used in the data review.

In addition, a Florida Rapid Community Assessment Community Prioritization Meeting (also referred to as Key Informant Meeting) was held December 19, 2012 in Destin, FL. There were 47 attendees. Most of the 47 attendees were representatives from each of the County Health

---

\(^2\) CHPs for Santa Rosa and Okaloosa counties were not available at the time of this report. However, the PCCP team has met with health officials and CHIP leads in both counties to identify and support health improvement priorities and planning.

\(^3\) The Catholic Health Association of the United States (CHA) is recognized leader in benefit planning and reporting to serve community health need initiative. Through collaboration with hospital systems and others, CHA developed the premier uniform standards for community health needs assessment planning and reporting that are currently used by the Internal Revenue Service to develop the Form 990, Schedule H for Hospitals. Citation: Catholic Health Association, *Assessing and Addressing Community Health Needs*. Discussion Draft: Revised February 2012. Viewed December 5, 2012, http://www.chausa.org/Assessing_and_Addressing_Community_Health_Needs.aspx

\(^4\) Mobilizing for Action through Planning and Partnerships (MAPP) is a community-driven strategic planning process for improving community health. Facilitated by public health leaders, this framework helps communities apply strategic thinking to prioritize public health issues and identify resources to address them. Citation: National Association of County and City Health Officials, *MAPP Framework*. Viewed December 5, 2012, http://www.naccho.org/topics/infrastructure/mapp/framework/index.cfm.
Departments’ CHIP teams and Community Health Taskforces. Key informants were also comprised of representatives from the health, business, education and military sectors; community-based organizations, nonprofits and coalitions; and religious organizations. During the meeting, key informants were split into five breakout groups, per county, for a facilitated discussion on community health needs and barriers to care. The top five community health needs and barriers to care were identified by each group. The last part of the meeting was a community prioritization process and a description of next steps. Using Audience Response System polling, key informants prioritized community needs by voting for their top five needs and barriers to care.

**How this report is organized**

In this report, first, we present data gathered from the five Panhandle County Health Departments’ CHAs and CHIPs, Florida CHARTS, and existing national data sources and analyzed by the PCCP assessment team. These data were also presented to attendees at the Key Informant meeting. The next section of the report presents findings from the Key Informant meetings. The data reported reflect health status, access to health care and barriers to care identified and prioritized by meeting attendees. Next, we share promising practices for addressing the top three priorities. Finally, next steps in conducting the comprehensive health assessment process are outlined.
SUMMARY OF FINDINGS

FLORIDA PANHANDLE COUNTY HEALTH OVERVIEW

The following is a summary of major findings from the review of existing national, state, and local data sources. Data were gathered and analyzed to identify and assess factors related to the health status, assets and needs of residents in the Florida Panhandle. The PCCP process used Florida Community Health Assessment Resource Tool Set (CHARTS) data and resources gathered from the extensive CHAs Bay, Escambia, Okaloosa, Santa Rosa and Walton counties have already done to develop their CHIPS. This overview brings together data for the five counties.

The findings are organized according to priority factors that influence the health status of residents: socioeconomic factors, access to health care, mental well-being, and health risk behaviors. A list of data sources is available at the end of the report. Note: A full version of the Florida Panhandle County Health Overview report is available and was distributed prior to the Key Informant Meeting on December 19th, 2012.

SOCIOECONOMIC FACTORS

Socioeconomic factors such as low socioeconomic status impact a variety of health behaviors, lifestyle choices, and access to health care and health information among individuals, particularly among ethnic and racial minority groups.

Low Socioeconomic Status

Low Socioeconomic Status (low SES) reflects individuals below the poverty threshold based on income and family size.

In Bay County, 13% of all residents in the county are considered low SES.

In Escambia County, 18% of all residents in the county are considered low SES.

In Okaloosa County, 15% of all residents in the county are considered low SES.

In Santa Rosa County, 10% of all residents in the county are considered low SES.

In Walton County, 15% of all residents in the county are considered low SES.
Low SES by Race
Geographically, the distribution of low SES residents in the five counties varies considerably by race, with over 30% of Black and Asian residents with low SES in certain census tracts in each respective county.

Low SES by Ethnicity
Geographically, the distribution of low SES residents also varies by ethnicity. Across the Panhandle, 29% of Hispanic residents are considered low income in certain census tracts. In areas of Bay, Santa Rosa and Escambia Counties, 50% or more of Hispanic residents are considered low SES.
ACCESS TO HEALTH CARE

Availability of health care is an important factor in a community’s health. Components include number of health care professionals in the area and proximity to health care resources.

Health Professional Shortage Areas (HPSA)

For many living in inner city or rural areas, obtaining health care is difficult because health care providers are often in short supply. The federal government relies on HPSA designations of geographic areas, population groups, or health care facilities to identify areas facing these types of critical shortages. There are three categories of HPSAs: primary medical care, dental care, and mental health care. Listed below are the number of providers needed in each category to remove the HPSA designation for particular communities in Baldwin and Mobile Counties.

Bay County

Primary Medical Care HPSA
- Low income Bay County: 10 full-time providers needed to remove HPSA designation for the low income population

Dental Care HPSA
- Low income Bay County: 11 full time providers needed to remove HPSA designation for the low income population

Mental Health Care HPSA
- Mental Health Catchment Area 5: 2A: 1 full time provider needed to remove HPSA designation for the catchment area

Escambia County

Primary Medical Care HPSA
- Low income Pensacola/ Cantonment: 17 full-time providers needed to remove HPSA designation for the low income population
- Atmore (AL/FL): 2 full time providers needed to remove HPSA designation for area
- Century Correctional Institution: 1 full time provider needed to remove HPSA designation for the facility

Dental Care HPSA
- Low income Escambia: 19 full time providers needed to remove HPSA designation for the low income population
- Century Correctional Institution: 1 full time provider needed to remove HPSA designation for the facility

Mental Health Care HPSA
- Low income Escambia: 1 full time provider needed to remove HPSA designation for the low income population
- Hamilton Correctional Institution is designated a mental health HPSA in the county

Okaloosa County

Primary Medical Care HPSA


5 A catchment area refers to a geographical area of a county, or portions of multiple counties, designated as a geographic HPSA.
- Low income Northern Okaloosa: 4 full-time providers needed to remove HPSA designation for the low income population
- Low income Fort Walton: 2 full-time providers needed to remove HPSA designation for the low income population
- Okaloosa Correctional Institution: 1 full time provider needed to remove HPSA designation for the facility

**Dental Care HPSA**

- Low income North Okaloosa: 2 full time providers needed to remove HPSA designation for the low income population
- Okaloosa Correctional Institution: 1 full time provider needed to remove HPSA designation for the facility

**Mental Health Care HPSA**

- Okaloosa Correctional Institution is designated a mental health HPSA in Okaloosa County

**Santa Rosa County**

**Primary Medical Care HPSA**

- Low income North Santa Rosa: 2 full-time providers needed to remove HPSA designation for the low income population
- Santa Rosa Correctional Institution: 2 full time providers needed to remove HPSA designation for the area

**Dental Care HPSA**

- Low income North Santa Rosa: 7 full time providers needed to remove HPSA designation for the low income population
- Santa Rosa Correctional Institution: 2 full time providers needed to remove HPSA designation for the area

**Mental Health Care HPSA**

- Santa Rosa Correctional Institution is designated a mental health HPSA in the county

**Walton County**

**Primary Medical Care HPSA**

- Low income Walton: 2 full-time providers needed to remove HPSA designation for the low income population
- Walton Correctional Institution: 1 full time provider needed to remove HPSA designation for the area

**Dental Care HPSA**

- Low income Walton: 4 full-time providers needed to remove HPSA designation for the low income population
- Walton Correctional Institution: 1 full time provider needed to remove HPSA designation for the area

**Mental Health Care HPSA**

- Walton County: 1 full time provider needed to remove HPSA designation for area
**Proximity to Care**

Federally Qualified Health Centers (FQHC) are certified by the Center for Medicare and Medicaid Services (CMS) and provide primary care services to all age groups and typically serve a large number of low-income patients. FQHCs provide services on a sliding fee scale based on income and family size.

Low SES residents in the most heavily populated areas of Escambia, Santa Rosa, Okaloosa, Walton, and Bay Counties are generally within a 15-minute drive to an FQHC. Low SES residents in southern Okaloosa County and those in the outlying areas of the other counties may require a 30-minute drive or more for a primary care visit at an FQHC.
MENTAL WELL-BEING

Depression and anxiety are among the most commonly occurring mental health conditions in the United States of America – both often co-occur with physical health conditions.

This section uses data from the newly released Gulf State Population Survey. Information is presented on moderate/severe anxiety and depression experienced by residents in only 4 out of the 5 Panhandle counties. This information is compared to results from residents in the non-coastal counties of Florida who participated in the survey.

### Depression

Residents in **Walton County** experience moderate/severe depression at a similar rate compared to the state.

Residents in **Escambia County** experienced depression at a slightly lower rate compared to the state.

Residents in **Santa Rosa County** and **Okaloosa County** experience moderate/severe depression at a lower rate compared to the state.

### Anxiety Disorder

Residents in **Walton County** and **Escambia County** experience moderate/severe anxiety disorder at a similar rate compared to the state.

Residents in **Santa Rosa County** and **Okaloosa County** experience moderate/severe anxiety at a lower rate.
RISK BEHAVIORS

Risk behaviors such as obesity, smoking cigarettes, and drinking alcohol contribute to chronic illnesses and the leading causes of death among adults in the United States of America.

Obesity Prevalence

In all five counties, the prevalence of obesity meets the Healthy People 2020 target. However, close to 30% of residents in each county are still considered obese.

Diabetes

In Okaloosa and Bay Counties a lower percentage of adults reported that a doctor had ever diagnosed them with diabetes compared to the state.

In Santa Rosa County, a larger percentage of adult residents self-reported they had been diagnosed with diabetes when compared to the state, and in Escambia County the percentage was only slightly larger than the state.

In Walton County the same rate was reported as the state.
SUMMARY OF FINDINGS

KEY INFORMANT MEETING
The following is a summary of major findings from the facilitated discussion on community health needs and barriers to care, including key informant recommendations. In italicized font, community health data from each of the five counties’ Community Health Assessments and Community Health Improvement Plans, as well as data from Florida CHARTS are also included to supplement findings. The source for this additional information is included.

The findings are organized according to the following priority areas: health status/ outcomes, access to care/ health care capacity, barriers, integration, pharmacy, outreach/prevention, infrastructure, continuity of care, occupational health, and environmental health. These areas were informed by National Association of County and City Health Officials’ and Catholic Health Associations’ Community Health Needs models, and they were determined by collaborative decision making with the GRHOP partners. Note: There were no relevant findings from key informants related to infrastructure.

HEALTH STATUS/OUTCOMES

Key informants identified the following health status/outcomes priorities:

- **Dia/obesity * (diabetes/obesity)**
  - Dia/obesity was identified as a top priority health issue in all five counties.
  - Minorities were identified as being at higher risk.

- **Adult dental health^**
  - Adult dental health was identified as a major priority issue in all five counties.
  - Minorities were identified as being at higher risk.
  - *Dental health was rated the most important health problem among stakeholders in Walton County via the Community Themes and Strengths Assessment (Walton Community Health Profile Report, 2012).*

- **Chronic disease management**
  - Chronic disease management was identified as a major priority issue.
  - Heart disease, cancer and diabetes were identified as priority issues. Key informants specifically identified heart disease in Walton County and cancer in Escambia, Santa Rosa, and Walton Counties.
  - *Heart disease was a leading cause of death in Bay, Okaloosa, and Walton Counties (The Health of Okaloosa County: A Status Report, 2011; Walton Community Health Profile Report, 2012; Bay County Community Health Improvement Plan, 2012).*

* Signifies that the item was voted a top five priority by the key informant group
^ Signifies that the item was voted a top ten priority by the key informant group
Bold signifies that the item was both voted a top priority and also discussed across breakout groups
Mental health

- Mental health was identified as a major priority issue.
- Depression, anxiety, and attention deficit hyperactivity disorder (ADHD) were identified as priority issues.
- Escambia and Santa Rosa Counties were identified as a priority need area for mental health services.
- In Bay County, 1/3 of residents participating in the Community Health Survey reported that either they themselves or someone in their household had been affected by depression/anxiety in the past two years (Bay County Community Health Improvement Plan, 2012).

Respiratory conditions

- Respiratory conditions were identified as a priority issue, specifically chronic obstructive pulmonary disease (COPD) in Walton County and asthma in Escambia, Santa Rosa, and Bay Counties.
- Key informants also reported that childhood asthma was increasing in Bay County, with minorities at higher risk.
- Respiratory disease was among the top leading causes of death across the Panhandle counties (Escambia County/Santa Rosa County Assessment, 2012; Bay County Community Health Improvement Plan, 2012; The Health of Okaloosa County: A Status Report 2011; Walton Community Health Profile Report, 2012).

Substance Abuse/Addiction

- Tobacco use and substance abuse were identified as priority issues.
- Addressing substance abuse issues was listed as an opportunity to improve the quality of life in Walton County by stakeholders via the Community Themes and Strengths Assessment (Walton Community Health Profile Report, 2012).
- KI Recommendation: 211 referrals for tobacco cessation programs.

Food security

- Nutritionally underserved populations and food insecurity at food banks were identified as priority issues, specifically in Bay County.

Violence

- Domestic violence was identified as a priority issue. This issue was specifically identified by key informants in Escambia, Santa Rosa, and Walton Counties.

^ Signifies that the item was voted a top ten priority by the key informant group
Access to care was identified as the top health care need by key informants. Key informants identified the following issues around access to care and health care capacity:

**Transportation***

- Transportation as a barrier to care across all counties. Key informants specifically referred to minorities, uninsured, underinsured, and low income individuals as being most affected by the lack of and/or limited public transport.

**Limited access to primary health care***

- Limited access to primary health care as a priority issue, especially in Bay and Walton Counties, and specifically for minorities and low-middle income individuals.
- Key informants identified a primary care provider shortage in Bay, Santa Rosa, and Walton Counties. The following were identified as major barriers:
  - Lack of primary health care capacity*
  - Lack of resources and preventive services
  - Recruitment and retention of providers, specifically in Okaloosa County
  - 47.5% of the Bay County residents completing the Community Health Survey indicated that they had trouble seeking medical care (Bay County Community Health Improvement Plan, 2012).
  - “Increase access to care” was listed as one of the most important health and public health issues facing Walton County at the March 2012 Walton Health Summit. (Walton County Community Health Profile Report, 2012).

**Limited mental health resources and services***

- Limited mental health resources and services was identified as a barrier to care, specifically in Bay and Walton Counties.
- 2/3 of Bay County residents completing the Community Health Survey disagreed or did not know whether the mental health services in Bay County were adequate (Bay County Community Health Improvement Plan, 2012).
- Increasing access to mental health facilities was identified by stakeholders in Walton County as an opportunity to improve quality of life by stakeholders via the Community Themes and Strengths Assessment (Walton County Community Health Profile Report, 2012).

* Signifies that the item was voted a top five priority by the key informant group

**Bold** signifies that the item was both voted a top priority and also discussed across breakout groups
BARRIERS

Key informants identified the following barriers to care as key priority areas to be addressed:

**Individual level barriers**
- Poverty* was identified as a major priority health issue and barrier to accessing care
- Lack of health literacy/knowledge of available health services* was identified as a major barrier.
- Individual resources and lack of health insurance were identified as a major barrier. Many jobs lacked health care insurance and benefits.

**Health service provision barriers**
- High cost of health care and medication^ was identified as a major barrier, specifically in Bay and Walton Counties.
- Funding for chronic disease management (CDM)* was identified as a major barrier, specifically in Escambia County.
- Lack of discounted medical care was identified as a major barrier.

**System-level barriers**
- Government policies and regulations around Medicaid reimbursements and eligibility was identified as major barriers to be addressed. This barrier was specifically mentioned for Walton County.

**INTEGRATION**

**Recommendation:** Based on the data gathered by the key informants related to issues of access to care, health care capacity, and a shortage of providers, it is strongly recommended that mental health and behavioral health services become integrated into federally qualified health centers (FQHCs).

---

* Signifies that the item was voted a top five priority by the key informant group

^ Signifies that the item was voted a top ten priority by the key informant group
OUTREACH/PREVENTION

Key informants identified the following issues around health outreach and prevention:

Prevention resources and funding*
- Lack of prevention resources and funding was identified as a major barrier to accessing care.

Outreach
- The expansion of the 211 system was identified as a priority issue, specifically in Okaloosa County.
- Healthy lifestyle education was identified as a priority issue, specifically in Bay County.

PHARMACY/ MEDICATION

Key informants identified the following issue around pharmacy/medication:

Access to medication
- Access to medication was identified as a priority issue, specifically among the uninsured in Bay and Escambia Counties.

CONTINUITY OF CARE

Key informants identified the following issues as needs/barriers that impact continuity of care:

Overutilization of the emergency room
- Overutilization of the emergency room was identified as a priority issue, specifically in Escambia County.
- Overutilization of the emergency room for some health conditions was a key finding of the 2012 assessment in Escambia and Santa Rosa Counties (Escambia County/Santa Rosa County Assessment, 2012).

* Signifies that the item was voted a top five priority by the key informant group
### Limited referral system*

- Lack of information due to limited referral systems was as a major priority issue, specifically in Okaloosa and Walton Counties.
- *Linking residents to needed services through increased communication and information sharing was listed as one of the most important health and public health issues in Walton County during the March 2012 Walton Health Summit* (Walton County Community Health Profile Report, 2012).

### Lack of Chronic Disease Management*

- Lack of chronic disease management was identified as a top priority issue.
- *Less than 50% of adults diagnosed with diabetes in Walton County have ever received diabetes self-management education, and 55% had two A1C tests in past year* (Walton Community Health Profile Report, 2012).

### Single Point Eligibility

- The need for single point eligibility for entitlements was identified as a priority issue.
- **KI Recommendation**: Utilizing a navigator/patient advocate/case manager.

## OCCUPATIONAL HEALTH

Key informants identified the following occupational health issues:

### Data

- Key informants identified an overall lack of information on occupational health needs. This was specifically mentioned for Okaloosa County.

### Workplace health and safety

- Lack of occupational health education to prevent workplace hazards/injuries was identified, specifically in Walton County.
- High rates of occupational injuries were identified by key informants in Bay, Okaloosa, and Walton Counties in the service, shipbuilding, fishing, agriculture, and construction industries.
- **KI Recommendation**: After-hours care for service industry workers, specifically in Bay County.

**Recommendation**: Based on the data gathered by the key informants, it is strongly recommended that occupational health services be integrated into FQHCs.

* Signifies that the item was voted a top five priority by the key informant group
ENVIRONMENTAL HEALTH

Key informants identified the following environmental health issues:

| BP Oil Spill | • Bay water quality and the effects of dispersants resulting from the BP oil spill were identified as environmental health issues, specifically in Bay and Escambia Counties. |
| Safe water | • Contamination of the ground water in Escambia and Santa Rosa Counties was identified as an environmental health concern.  
• Contamination of well water in north Walton County was identified as an environmental health concern.  
• **KI Recommendation:** Local policy review, assessment of ground water travel times, and acquisition of critical recharge areas. |
| Safe air | • Air pollution in south Bay, Escambia, and Santa Rosa Counties from chemical and paper companies was identified as a health concern.  
• Mold and mold remediation issues were identified, specifically in Bay, Escambia, and Santa Rosa Counties. |
| Excessive heat and sun exposure | • Excessive heat and sun exposure affecting the young, the elderly, outdoor workers, student athletes, and low-income individuals were identified, specifically in Okaloosa and Walton Counties. |
| Vector-borne diseases | • Key informants identified vector-borne disease from mosquitoes and ticks, specifically in Walton County.  
• **Approximately 30 of the 80 species of mosquitoes in Florida are found in Okaloosa County** (The Health of Okaloosa County: A Status Report, 2011). |

**Recommendation:** Based on the data gathered by the key informants, it is strongly recommended that environmental health services be integrated into FQHCs.
CONCLUSION

Overall, the Rapid Community Health Needs Assessment for the five Florida Panhandle Counties revealed several common health and health care needs. Data gathered from County Health Department Community Health Assessments and Community Health Improvement Plans, Florida CHARTS, and national sources and data gathered from key informants all suggest that adult dental health, mental health and chronic illness such as diabetes and obesity are health priorities in these communities. Increasing access to care was identified as a priority in several county CHIPS. Similarly, access to care related to lack of transportation and limited number of primary and mental health care providers and services also emerged as a priority in the Rapid Assessment.

The goal of the Rapid Community Health Needs Assessment conducted for the Primary Care Capacity Project by LPHI was to provide insight into where there is available evidence or a shared sense among Key Informants of what particular health priorities may already be apparent in communities in the five Florida Panhandle counties. Findings from the County Health Departments’ CHAs, CHIPs, and PCCP’s Rapid Assessment revealed complementary health and health care priorities across counties as well as needs and priorities unique to specific geographic locations or sub-populations in each county.

The Rapid Assessment also provided data to inform decisions on funding and support to FQHCs in the five counties to increase access to care. Top barriers to care identified in the Key Informant meetings were poverty and the high cost of health care. Between 10% and 18% of residents across the five counties are considered low SES\(^6\); nevertheless, greater than 30% of Black, Asian, and Hispanic residents in some parts of each county are considered low SES. These findings add further knowledge to the County Health Departments’ CHAs and CHIPs and suggest that racial/ethnic minorities may be more vulnerable to barriers to care related to poverty and the high cost of care.

Next steps for the Comprehensive Community Health Assessment include:

1. Gather and analyze data at the sub-county level in order to uncover community-specific findings;
2. Add data on health indicators for Hispanic populations in both counties;
3. Add data on sexually transmitted infections;
4. Conduct additional meetings with community stakeholders to inform building FQHC capacity; community engagement; and gathering, analyzing, and reporting community data;
5. Collaborate with local county health officials and their partners to achieve steps 1 through 4.
6. Provide support to the County Health Departments and their partners for community health assessment activities they may conduct related to military health issues in the community.

\(^6\) Low SES is defined here as 150% below the Federal Poverty Line based on income and family size.
PROMISING PRACTICES

The promising practices detailed below are a few examples of community interventions that can help reduce and/or affect the health and health care needs and barriers to care prioritized by Key Informants using the Audience Response System during the meeting held on December 19, 2012. These promising practices are outlined into two categories: Health Systems and Community Health Approaches. The Health Systems and Community Health Approaches identified are those that create opportunities to strategically and collectively deal with numerous issues (i.e. health and health care needs and barriers to care) in systems and/or communities, resulting in comprehensive outcomes.

Frieden’s (2010) Health Impact Pyramid is a framework to guide planning and decision-making processes regarding the uses of best practices to address prioritized health and health care needs and barriers to care.

The pyramid describes the impact of different types of public health interventions and provides a framework to improve health (Frieden, 2010). The base of the 5-tier pyramid represents “interventions [that] address socioeconomic determinants of health. In ascending order are interventions that change the context to make individuals’ default decisions healthy, clinical interventions that require limited contact but confer long-term protection, ongoing direct clinical care, and [lastly] health education and counseling” (Frieden, 2010).

Health Systems

- Patient Center Medical Home (PCMH) - The Patient-Centered Medical Home (PCMH) is a model of primary health care that puts the patient at the center of health care and is designed to strengthen the physician-patient relationship by moving from
episodic care (reactive) to coordinated care and an ongoing relationship with a physician-led “care team” (proactive).

- Primary Care Development Corporation – http://www.pcdc.org/resources/patient-centered-medical-home/pcdc-pcmh/ncqa-2011-medical-home.html

- The PCMH Model also supports best practices for chronic disease management, a priority identified by Key Informants in the Florida meeting.
  - The Chronic Disease Self-Management Program (CDSMP) empowers people to take an active role in managing their chronic illnesses through lifestyle choices and changes, adherence to prescribed medical treatments, and education/information about illnesses. CDSMP is also a key resource for providers in meeting the requirements to become a medical home (http://medhomeinfo.org/pdf/CDSMP%20PCMH%202-page%20Final.pdf).

- Behavioral Health Integration (BHI) – Behavioral Health Integration is a comprehensive approach to promoting the health of individuals, families and communities based on communication and coordination of evidence-based primary care and mental health services. It emphasizes integration as an example of quality health care delivery design that facilitates communication and coordination based on consumer and family preferences and sound economics. Integrated care occurs when mental health specialty and general medical care providers work together to address both the physical and mental health needs of their patients.
  - AHRQ: The Academy, Integrating Behavioral Health and Primary Care – http://integrationacademy.ahrq.gov/

- Integrated care is a promising practice for addressing access to care priorities identified by Key Informants related to limited access to mental health providers, services, and resources.
  - The SAMSA-HRSA Center for Integrated Health Solutions provides numerous models and evidence-based approaches for integrating behavioral health into primary care as well as Webinars on implementing effective integration models and practices -- http://www.integration.samhsa.gov/integrated-care-models/behavioral-health-in-primary-care
Community Health

- Community Health Workers (CHW) - Community Health Workers (CHW) is a community health approach that takes members of a community that are chosen by community members or organizations to provide basic health and medical care to their community.
  - http://www.raonline.org/communityhealth/chw/
  - http://www.chwnetwork.org/

- Key Informants identified diabetes and obesity as top priority health needs in the Florida Panhandle Counties.
  - The Gateway Community Health Center’s Advancing Diabetes Self-Management Program aimed to help patients with diabetes control their blood sugar levels over an extended period of time. Promotoras (community health workers) led 10-week diabetes self-management courses, a subsequent 10-week support group that met biweekly, and made weekly phone calls to participants to follow-up and provide support. During the self-management course, Promotoras taught knowledge and skills related to blood glucose monitoring, medication management, physical activity, healthy eating, healthy coping, goal setting, and problem solving (http://www.diabetesinitiative.org/programs/DIGateway.html).
## SOURCES

<table>
<thead>
<tr>
<th>Factor</th>
<th>Measure</th>
<th>Source</th>
<th>Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>Socioeconomic Factors</td>
<td>Low Socioeconomic Status</td>
<td>American Community Survey</td>
<td>2011</td>
</tr>
<tr>
<td>Access to Health Care</td>
<td>Health Professional</td>
<td>Health Resource and Services Administration</td>
<td>2012</td>
</tr>
<tr>
<td></td>
<td>Shortage Areas</td>
<td>Okaloosa County Health Department: <em>The Health of Okaloosa County: A Status Report</em></td>
<td>2011</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Walton County Health Department: <em>Walton County Health Profile Report and Community Health Improvement Plan</em></td>
<td>2012</td>
</tr>
<tr>
<td></td>
<td>Proximity to Care</td>
<td>American Community Survey</td>
<td>2006-2010</td>
</tr>
<tr>
<td>Mental Well-Being</td>
<td>Depression</td>
<td>Gulf State Population Survey</td>
<td>2010-2011</td>
</tr>
<tr>
<td></td>
<td>Anxiety Disorder</td>
<td>Gulf State Population Survey</td>
<td>2010-2011</td>
</tr>
<tr>
<td>Risk Behaviors</td>
<td>Obesity Prevalence</td>
<td>Florida CHARTS – Behavioral Risk Factor Surveillance System (BRFSS)</td>
<td>2010</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Bay County Community Health Task Force: <em>Bay County Community Health Improvement Plan</em></td>
<td>2012</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Okaloosa County Health Department: <em>The Health of Okaloosa County: A Status Report</em></td>
<td>2011</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Walton County Health Department: <em>Walton County Health Profile Report and Community Health Improvement Plan</em></td>
<td>2012</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Partnership for a Healthy Community: <em>Assessment 2012 for Escambia and Santa Rosa Counties</em></td>
<td></td>
</tr>
<tr>
<td>Factor</td>
<td>Measure</td>
<td>Source</td>
<td>Year</td>
</tr>
<tr>
<td>-----------------</td>
<td>------------------------------</td>
<td>------------------------------------------------------------------------</td>
<td>------</td>
</tr>
<tr>
<td>Diagnosed Diabetes</td>
<td>Florida CHARTS – BRFSS</td>
<td>Bay County Community Health Task Force: <em>Bay County Community Health Improvement Plan</em></td>
<td>2010</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Okaloosa County Health Department: <em>The Health of Okaloosa County: A Status Report</em></td>
<td>2011</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Walton County Health Department: <em>Walton County Health Profile Report and Community Health Improvement Plan</em></td>
<td>2012</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Partnership for a Healthy Community: <em>Assessment 2012 for Escambia and Santa Rosa Counties</em></td>
<td>2012</td>
</tr>
</tbody>
</table>
APPENDIX

The Florida Community Prioritization Meeting was held December 19, 2012 in Destin, FL. There were 47 attendees. Key informants were comprised of representatives from the health, business, education and military sectors; community-based organizations, nonprofits and coalitions; and religious organizations. The following organizations were represented at the meeting:

- Alliance Institute
- Escambia Community Clinics
- North Florida Educational Development Corp.
- Fort Walton Beach Medical Center
- Bay County Health Dept.
- Gulf Coast State College
- Escambia County Health Dept.
- Healthmark Regional Med Center
- Okaloosa County Health Dept.
- Life Management Center
- Santa Rosa County Health Dept.
- Mississippi Gulf Coast Black Nurses Association
- Walton County Health Dept.
- North Florida Medical Centers, Inc.
- University of West Florida
- Panama City Community Redevelopment Agency
- Florida Dept. of Health
- PanCare of Florida, Inc.
- Baptist Healthcare
- Sacred Heart Hospital
- Bay District School Board
- SAFER and Emergency Management
- Catholic Charities of Northwest Florida
- United Way
- Children's Medical Services Northwest Region
- University of South Alabama
- Community Partnership
- West Florida AHEC
- COPE Center
- YMCA of Northwest Florida- Escambia
- Emerald Coast Children's Advisory Center