Ascension Sacred Heart

Ascension Sacred Heart Emerald Coast

Community Health Needs Assessment 2019

Ascension Sacred Heart

Executive Statement

At Ascension Sacred Heart and across Ascension Florida, we are called to provide compassionate, personalized care to everyone, and the information gathered in the Community Health Needs Assessment helps us better understand the evolving needs of those we are so privileged to serve. As healthcare providers, we recognize that we must work together to meet the needs of our community. We must also work in both traditional and innovative ways to increase access to care. This assessment allows us to hear directly from members of our community about what they need most, but we must also demonstrate that we are listening by providing our patients with the care they need, when and where they need it. We look forward to our collaborative work to make this a better, healthier place for all people.

Tom VanOsdol
President and CEO
Ascension Florida

Community Health Needs Assessment

Prepared for
ASCENSION SACRED HEART EMERALD COAST

By
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EXECUTIVE SUMMARY

Introduction

This community health needs assessment (CHNA) was conducted by Ascension Sacred Heart Emerald Coast ("ASHEC" or "the hospital") to identify community health needs and to inform development of an implementation strategy to address current needs.

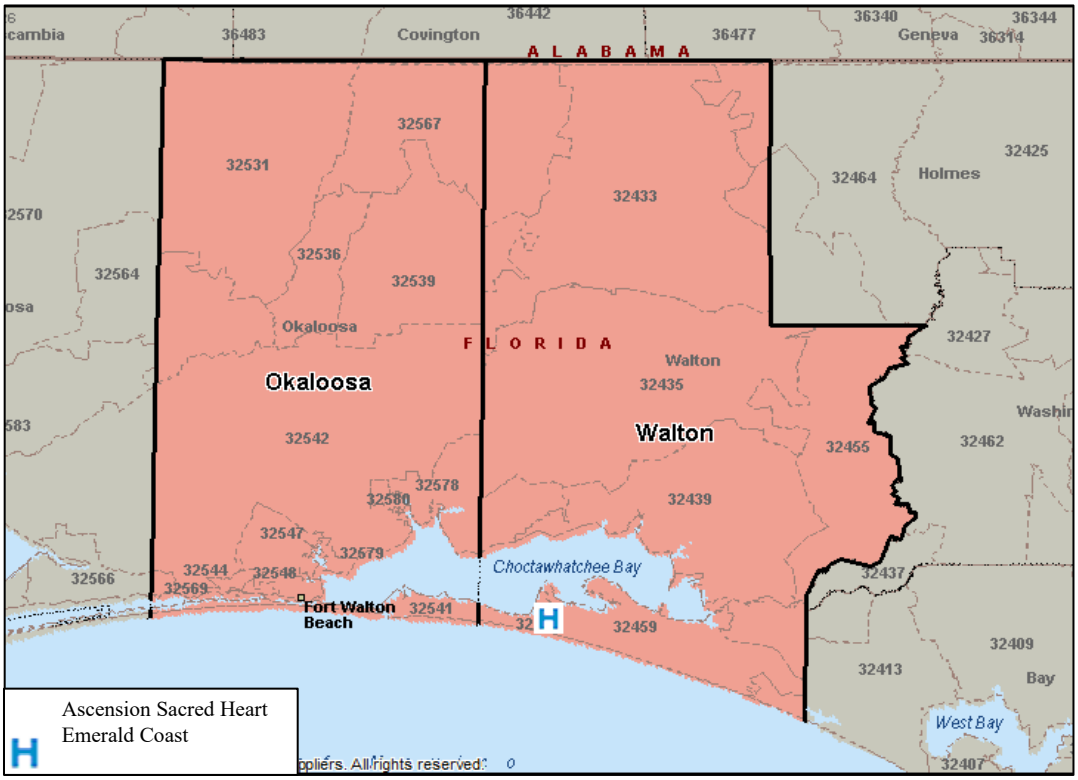
ASHEC is a nationally recognized 76-bed community hospital located in Miramar Beach, Florida. It provides compassionate, personalized healthcare services to residents of Northwest Florida. The hospital is part of Ascension, the largest non-profit health system in the U.S. and the world's largest Catholic health system.

The hospital provides a complete range of healthcare services, including life-saving heart and vascular services, cancer services, surgery, orthopedics, spine, adult and pediatric rehabilitation, and full service 24/7 emergency care. ASHEC also provides comprehensive women's services; obstetrics, gynecology, and maternity services.

This CHNA is conducted using widely accepted methodologies to identify the significant health needs of a specific community. The assessment also is conducted to comply with federal and state laws and regulations.

Community Definition

For purposes of this report, ASHEC's community is defined as Okaloosa and Walton counties, Florida. The community was defined by considering the geographic origins of the hospital's discharges in 2017. The total population of ASHEC's community in 2017 was 260,535. The following map portrays the community served by ASHEC.



Sources: Microsoft MapPoint and Ascension Sacred Heart.

Significant Community Health Needs

Six significant community health needs were identified through this assessment:

1. Access to Care
2. Behavioral Health
3. Cancer
4. Education, Income, and Physical Environment
5. Healthy Lifestyles
6. Maternal, Child, and Infant Health

These significant health needs in the community served by ASHEC were identified based on analyses of secondary data, primary data received through key stakeholder interviews, and assessments produced by public health departments. Details are summarized below.

Access to Care
Access to care is challenging for some residents of the ASHEC community, particularly to mental health and substance abuse services. Access barriers are associated with lack of insurance, financial obligations from insurance with high cost-sharing requirements, work demands, lack of child care services, distance to providers, and inadequate transportation. Many areas in the ASHEC community have unfavorable socioeconomic indicators, and federally-designated "Medically Underserved Areas" are present.

Behavioral Health
Community residents are more likely to experience poor mental health than residents of Florida overall. Substance abuse is problematic in the community and includes abuse of prescription drugs, illegal drugs, and alcohol, as well as tobacco and nicotine products. These issues are exacerbated by the relative lack of mental health providers, distance to services, and coverage and insurance gaps, as well as from symptoms associated with mental illness and addiction.

Cancer
Cancer mortality rates are higher in the community than in Florida overall. Cancer incidence rates are also relatively higher in the community than Florida for breast, cervical, colorectal, and melanoma cancers.

Education, Income, and Physical Environment
Educational achievement levels are relatively lower in the community, especially in Walton County, than for Florida overall or similar counties across the country. While employment rates in the community are comparatively higher than rates for Florida and the U.S., many jobs are in the service industry and may lack full-time status with health insurance benefits. Poverty rates are relatively high in the community, within Walton County as a whole, and for Black and Hispanic or Latino residents throughout the community, and contribute to severe housing shortages. Geographic distance between residential areas and services lead to challenges within the community, including relatively long commuting times, lack of access to exercise opportunities, and presence of food deserts.

Healthy Lifestyles
Many unhealthy behaviors are prevalent in the community, including poor nutrition, lack of exercise, tobacco/nicotine use, and unsafe sex. In addition to obesity within the community, these behaviors contribute to chronic diseases, as evidenced by relative high rates of atherosclerosis and liver disease, and communicable diseases, including sexually transmitted infections.

Maternal, Child, and Infant Health
Preterm births and births to teens are relatively higher in the community than in Florida overall, and breastfeeding rates are relatively lower. Rates of postneonatal infant deaths are significantly higher, specifically within Walton County, than in Florida. Children are more likely to live in single-parent households than children in counties comparable to Okaloosa and Walton. The number of pregnant women who smoke and/or abuse substances is reported to be significant.

DATA AND ANALYSIS

Definition of Community Assessed

This section identifies and describes the community assessed by ASHEC and how it was determined. The community definition was validated based on the geographic origins of 2017 discharges from ASHEC. For purposes of this report, ASHEC's community is defined as Okaloosa and Walton counties, Florida.

Exhibit 1: Community Population by County, 2017, and Inpatient Discharges, 2017

County	2017 Population	2017 Discharges	Percent of Discharges
Okaloosa	194,811	2,174	32.6%
Walton	65,724	2,813	42.1%
Community Total	**260,535**	**4,987**	**74.7%**
Other	-	*1,688*	*25.3%*
Total	**-**	***6,675***	***100.0%***

Sources: Florida Department of Health (FLHealthCharts.com) and Ascension Sacred Heart

Description

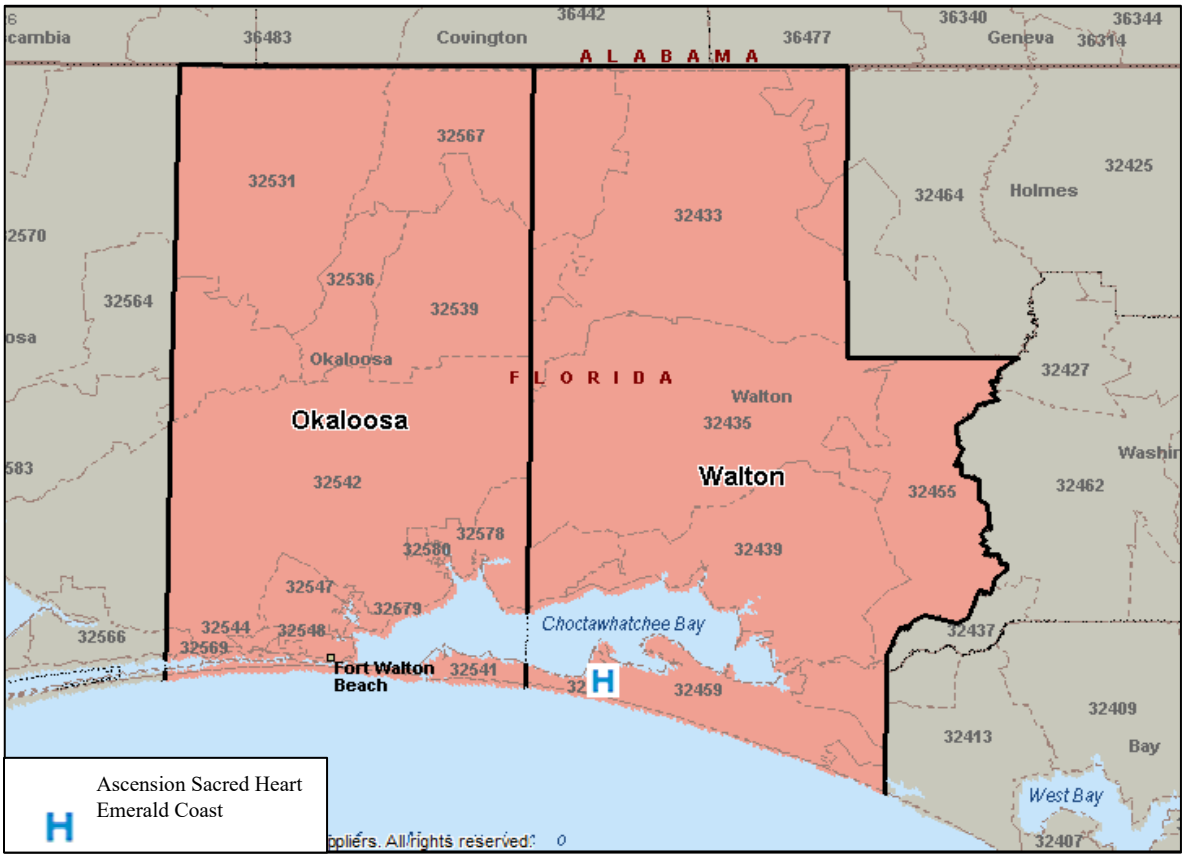
Exhibit 1 summarizes the community 2017 population and ASHEC discharges by county and the community overall.

Observations

Population estimates help to quantify the community and inform understanding of community needs. Data in ***Exhibit 1*** indicate the following:

- Over 260,000 residents live in the ASHEC community; and
- Approximately 75 percent of ASHEC's 6,675 inpatient discharges in 2017 were residents of Okaloosa and Walton counties.

Exhibit 2: ASHEC Community



Sources: Microsoft MapPoint and Ascension Sacred Heart.

Description

Exhibit 2 presents a map displaying the counties that comprise the ASHEC community.

Observations

Identifying the geographic environment of a community can inform identification of community needs and constraints. Data in ***Exhibit 2*** indicate the following:

- The community is comprised of adjacent Florida counties, Okaloosa and Walton
- The community is bounded on the south by the Gulf of Mexico, exposing it to hurricanes and other damaging weather conditions; and
- The community is bounded by Alabama to the north, which may negatively impact access to care across state lines.

Demographics

Population characteristics and trends directly influence community health needs. The total population in the ASHEC community is expected to grow 7.0 percent from 2017 to 2022. Between 2017 and 2022, the population of Okaloosa County is projected to increase by 4.9 percent and the population of Walton County is projected to increase by 13.1 percent.

Economic Indicators

Many health needs have been associated with poverty. According to the U.S. Census, in 2016 approximately 15.1 percent of people in the U.S. were living in poverty.

While the Okaloosa County poverty rate of 12.0 percent was lower than the U.S. average, poverty rates were comparatively high for the county's Black and Hispanic (or Latino) residents.

The Walton County poverty rate of 17.4 percent was higher than the U.S. average, and poverty rates were comparatively even higher for the county's Black and Hispanic (or Latino) residents.

"Severe housing problems" are experienced by 17.2 percent residents of Okaloosa County and more than 21.4 percent residents of Walton County. Residents of Walton County experience more "severe housing problems" than residents living in peer counties.

In Okaloosa County, overall crime rates were lower than Florida averages, but rates were higher for rape, forcible sex offenses, and domestic violence offenses. In Walton County, overall crime rates were also lower than Florida averages, but rates were higher for burglary, aggravated assault, forcible sex offenses, and domestic violence.

Local Health Status and Access Indicators

In the 2018 *County Health Rankings* for overall health outcomes, Okaloosa County ranked 18th out of 67 counties and Walton County ranked 29th, both in the top half of Florida counties.

Okaloosa County ranked in the bottom 50th percentile among Florida counties for 10 of 42 indicators. Five of the 10 were in the bottom quartile: excessive drinking, sexually transmitted infections, diabetes monitoring, air pollution, and driving alone to work.

Walton County ranked in the bottom 50th percentile among Florida counties for 22 of 42 indicators. Six of the 21 were in the bottom quartile: alcohol-impaired driving deaths, clinical care, diabetes monitoring, physical environment, air pollution, and severe housing problems.

Taken as a whole, the following indicators contributed to comparatively low rankings for Okaloosa and/or Walton counties:

- Adequate access to locations for physical activity
- Adults age 20 and over reporting no leisure-time physical activity
- Adults ages 25-44 with some post-secondary education
- Adults reporting binge or heavy drinking
- Adults reporting fair or poor health
- Adults that report a BMI of 30 or more
- Adults who are current smokers
- Average daily density of fine particulate matter in micrograms per cubic meter (PM2.5)
- Average mentally unhealthy days reported in past 30 days
- Average physically unhealthy days reported in past 30 days
- Births per 1,000 female population ages 15-19
- Chlamydia cases (newly diagnosed) per 100,000 population
- Deaths due to injury per 100,000 population
- Diabetic Medicare enrollees ages 65-75 that receive HbA1c monitoring
- Driving deaths with alcohol involvement
- Female Medicare enrollees ages 67-69 that receive mammography screening
- Hospital stays for ambulatory-care sensitive conditions per 1,000 Medicare enrollees
- Ninth-grade cohort that graduates in four years
- Population under age 65 without health insurance
- Ratio of household income at the 80th percentile to income at the 20th percentile
- Ratio of population to dentists
- Ratio of population to mental health providers
- Ratio of population to primary care physicians
- Years of potential life lost before age 75
- Workforce that drives alone to work

In the 2018 *Community Health Status Indicators*, which compares community health indicators for each county with those for peers across the United States, the following indicators appear to be most problematic for both Okaloosa and Walton counties:

- Access to exercise opportunities
- Commuting - drive alone to work
- Commuting - long commute - drives alone
- Diabetic screening
- Driving deaths - alcohol-impaired
- Education - high school graduation rate
- Education - some college
- Injury death
- Mental health professionals rate
- Preventable hospitalizations rate
- Teen birth rate
- Uninsured
- Violent crime

Ambulatory Care Sensitive Conditions

Ambulatory Care Sensitive Conditions (ACSCs) are theoretically preventable hospitalizations when timely outpatient care is available and received. Among these conditions are: angina, diabetes, dehydration, kidney/urinary infections, nutritional deficiencies, and pelvic inflammatory disease.

ACSC rates in Okaloosa County exceeded Florida averages for seven of the 20 conditions, with particularly high rates for hypertension, hypoglycemia, and nutritional deficiencies. ACSC rates in Walton County exceeded Florida averages for two of the 20 conditions, nutritional deficiencies and kidney/urinary infection.

Community Need Index

Dignity Health, a California-based hospital system, developed and published a *Community Need Index*™ (CNI) that measures barriers to health care access. The index is based on five social and economic indicators:

- The percentage of elders, children, and single parents living in poverty
- The percentage of adults over the age of 25 with limited English proficiency, and the percentage of the population that is non-White
- The percentage of the population without a high school diploma
- The percentage of uninsured and unemployed residents
- The percentage of the population renting houses

A CNI score is calculated for each ZIP Code. Scores range from "Lowest Need" (1.0-1.7) to "Highest Need" (4.2-5.0).

Five of the 22 ZIP Codes with coverage in the ASHEC community scored in the "highest need" CNI category. Two ZIP Codes with coverage in Okaloosa County scored in the highest need category, ZIP Codes 32547 and 32548. Three ZIP Codes with coverage in Walton County scored in the highest need category, ZIP Codes 32433, 32435, and 32462.

Food Deserts

The U.S. Department of Agriculture's Economic Research Service identifies census tracts that are considered "food deserts" because they include lower-income persons without supermarkets or large grocery stores nearby. Several census tracts within the ASHEC community have been designated as food deserts, primarily in the northern parts of the community.

Medically Underserved Areas and Populations

Medically Underserved Areas and Populations (MUA/Ps) are designated by the Health Resources and Services Administration (HRSA) based on an "Index of Medical Underservice." The index includes the following variables: ratio of primary medical care physicians per 1,000 population, infant mortality rate, percentage of the population with incomes below the poverty level, and percentage of the population age 65 and over. Areas with a score of 62 or less are considered "medically underserved." The Baker / Laurel Hill Service Area in Okaloosa County and all of Walton County have been designated as medically underserved in the community.

Health Professional Shortage Areas

A geographic area can receive a federal Health Professional Shortage Area (HPSA) designation if a shortage of primary medical care, dental care, or mental health care professionals is found to be present. Northern Okaloosa and all of Walton County have been designated as primary care HPSAs. Okaloosa and Walton counties have been designated as mental health HPSAs. Northern Okaloosa and all of Walton County have been designated as dental care HPSAs.

Relevant Findings of Other CHNAs

In recent years, the Florida Department of Health developed a State Health Improvement Plan and needs assessments were developed by Okaloosa and Walton counties. This CHNA also has considered the findings of these works. The Florida Department of Health prepared a 2017-2019 State Health Improvement Plan (SHIP), informed by its State Health Assessment. Eight priority areas were identified in the Florida SHIP, which are as follows:

1. Behavioral health (including mental illness and substance abuse);
2. Chronic diseases and conditions (includes tobacco-related illnesses and cancer)
3. Health equity;
4. Healthy weight, nutrition, and physical activity;
5. Immunizations;
6. Injury, safety, and violence;
7. Maternal and child health; and
8. Sexually transmitted disease (includes other infectious diseases).

The Florida Department of Health in Okaloosa County developed a Community Health Assessment ("CHA") in 2017. The Okaloosa CHA identified priority areas based on input received from the CHA "Leadership Team and community feedback via town hall meetings, online surveys and in-person meetings." Nine priority areas were identified in the Okaloosa County CHA, as follows:

1. Advancing education - low high school graduation rates, high teen pregnancy rate; school start times too early for middle and high school students; lack of quality, affordable child care; and lack of access to job readiness training;
2. Bettering built environment - lack of adequate public transportation; lack of fluoride in water systems; and outgrown/outdated infrastructure (roads, sewer, storm water management);
3. Decreasing drug use - high opioid use; and drug use among teens;
4. Improving infant mortality - pregnant women who smoke; high teen pregnancy rate; and infant mortality disparities;
5. Preventing injuries - lack of sidewalks/street lighting; pedestrian and bicycle accidents; and lack of road and traffic safety;
6. Promoting healthy lifestyles - poor nutrition; lack of physical activity; unhealthy weight; tobacco/nicotine use; chronic disease; and access to healthy food;
7. Protecting children & teens - domestic violence; child abuse; sexual violence against children; and STDs;
8. Supporting mental health - lack of mental health services; and suicide; and
9. Strengthening families - child hunger; homelessness/lack of affordable housing; and poverty/low income levels.

The Florida Department of Health in Walton County developed a Community Health Needs Assessment for 2016. The Walton CHNA process included community representative "meetings, a survey of health and human service organizations, and a community survey." Five indicators of "greatest concern" were identified in the Walton County CHNA, as follows:

1. Healthy weight;
2. Preventive care;
3. Provider availability and access;
4. Substance abuse and mental health; and
5. Tobacco use.

Primary Data Summary

Primary data were gathered by conducting interviews with key stakeholders (*See* Appendix C for additional information on those providing input). Key informant interviews were conducted face-to-face and by telephone by Verité Healthcare Consulting between November 2018 and January 2019. The interviews were designed to obtain input on health needs from persons who represent the broad interests of the community served by ASHEC.

Twenty-five interview sessions were held with 85 individuals representing numerous community organizations. Interviewees included individuals with special knowledge of or expertise in public health, local public health department representatives with information and expertise relevant to the health needs of the community, and individuals and organizations serving or representing medically underserved, low-income, and minority populations.

Interviews were conducted using a structured discussion guide. Informants were asked to discuss community health issues and encouraged to think broadly about social, behavioral, and other determinants of health. The frequencies with which specific issues were mentioned and interviewees' perceptions of the severity and scope of concerns were assessed. The health status issues and contributing factors summarized below were reported to be of greatest concern to the ASHEC community:

1. The population is growing and many people visit throughout the year, but lags in infrastructure development negatively impact the community, notably in housing and transportation.
2. Infrastructure development is concentrated in southern parts of the community, and residents with the most unmet needs tend to reside in the northern parts of the community.
3. Access issues are exacerbated by insurance requirements and regulatory restrictions.
4. Lower-income working residents experience many barriers to services, including relatively low wages from hospitality employment, lack of insurance benefits, and inability to qualify for assistance programs.
5. Poor mental health needs, substance abuse, and high rates of tobacco use are prevalent because residents experience daily stressors and other issues, and have difficulty accessing treatment services.

Details are below.

1. **The population is growing and many people visit throughout the year, but lags in infrastructure development negatively impact the community, notably in housing and transportation.**

The full-time population of the community, especially in Walton County, is growing relatively quickly resulting in increasing demand for medical, social, and other services. Demand for these services is greater than population data suggest because the year-round population increases significantly from tourists during peak vacation season, as well from part-year "Snowbird" visitors.

As the supply of providers has not grown with the increasing population and visitors, residents with private insurance coverage can encounter significant time lags in scheduling medical appointments. Residents with Medicaid coverage may have difficulty finding participating providers and uninsured individuals may encounter more challenges when trying to access care. As a result, conditions may worsen without timely treatment and/or emergency rooms are utilized by individuals seeking primary care services.

Other infrastructure needs have lagged with population growth and visitor demands. An insufficient supply of housing is negatively impacting many residents' ability to secure this basic need. Additional factors that affect the housing affordability are inflated prices due to tourists seeking short-term rentals, military personnel with rental stipends, and retirees with pensions. As a result, affordable housing is scarce, and this scarcity is contributing to residents leaving the area, notably lower-income residents moving northward to Alabama. The insufficient supply of housing is also impacting the ability of businesses to recruit individuals to the area because candidates learn that affordable housing is difficult to find.

Lags in road development have led to significant traffic congestion from the growth of residents and visitors. While traffic leads to increased commuting times, it also has direct health consequences as individuals may not be able to receive emergency services quickly enough due to roadway congestion.

Furthermore, Hurricane Michael, a Category 5 storm, made landfall in Northwest Florida in October 2018. Many businesses and residences were heavily damaged or destroyed, especially in Bay and Gulf counties. Infrastructure demands have increased in Okaloosa and Walton counties since the storm because individuals displaced by Hurricane Michael have moved to the area.

2. **Infrastructure development is concentrated in southern parts of the community, and residents with the most unmet needs tend to reside in the northern parts of the community.**

Much of the community is rural, especially northern parts of Okaloosa and Walton counties, with numerous small towns offering scattered, uncoordinated services. While there are considerable development activities underway, efforts are concentrated in southern portions of the community, where most medical, dental, and behavioral health services and retail outlets are already available.

Accordingly, access remains challenging for northern residents because of transportation challenges. These challenges include distance from homes in the north to services in the south, few bridges crossing Choctawhatchee Bay, and restricted access because of areas devoted to military bases. For lower-income residents, transportation challenges also include the cost of vehicles, fuel, and tolls. Limited public transportation options also contribute to transportation challenges for residents who cannot drive, such as seniors, children, and individuals with disabilities.

The impacts of these distance and transportation challenges include delays in seeking medical services and pressures between work and family. Individuals also may avoid seeking care from local providers because of stigma, concern that health issues will become known by other members of the small community, and/or because providers in other communities are located too far away to access.

The impact of development and distance issues also includes distorted perceptions about the health of the community overall. County-level health indicators that present averages may overstate the need of southern residents with greater access to services and understate the need of northern residents with less access.

Additionally, infrastructure gaps may be problematic for seniors, especially those who reside in rural areas, live alone, lack access to healthy food, and are vulnerable to falls or other injury. Infrastructure gaps also impact other members of the community due to social isolation.

3. **Access issues are exacerbated by insurance requirements and regulatory restrictions.**

Health insurance requirements, notably participation in insurance coverages by providers, restrict access to services for some residents, especially residents covered by Medicaid. Understanding coverage rules also is challenging for individuals covered by the Veterans Administration, as is coordination of care. Individuals covered by private insurance may also experience access issues from self-rationing for financial reasons due to relatively high cost-sharing deductibles and co-payments.

Furthermore, regulatory restrictions may create obstacles to services that have direct impact on health and well-being. Access to healthy food may be reduced because regulations are too strict to operate farmers markets. Potential foster parents may fail to apply because the application process is lengthy. Child care services may be limited because mandate requirements are too onerous.

The impact of these insurance requirements and regulatory restrictions is that some patients may delay or avoid seeking needed health care services. Utilization of emergency rooms for primary care, worsening health, and/or avoidable outcomes may result.

4. **Lower-income working residents experience many barriers to services, including relatively low wages from hospitality employment, lack of insurance benefits, and inability to qualify for assistance programs.**

While unemployment rates are comparatively low for the community, many jobs are in the service industry and related to tourism. Wages for many residents are modest, but the cost-of-living is relatively high because of the influx of wealth from beach-related visitors and significant income inequality from military contractors and part-year residents with pensions or other retirement income.

For working residents, employment impacts health insurance status, and part-time or seasonal jobs may cause coverage to start and stop throughout the year, depending on the position and hours worked. As many working residents are living paycheck-to-paycheck, a medical crisis can become a financial crisis because cost-sharing requirements of employer-sponsored health insurance, if offered, or premiums for individual insurance may be cost prohibitive. Some residents evaluate these costs, and make an economic decision to forego coverage because of too little income to afford insurance and/or cost-sharing amounts, but too much income to qualify for assistance programs. Insurance coverage may be foregone because other items are competing for limited incomes and are more pressing, such as housing, transportation, and child care. Preventive and needed medical, dental, and behavioral health services are ignored, self-treated, or delayed until crisis.

Other residents choose to forego work to continue to qualify for assistance programs, including support for food, housing, and medical assistance. That is, the loss of public benefits that may result from employment can be a disincentive to securing employment.

In addition to employment in the hospitality industry, jobs in the community were historically in the farming, ranching, and timber industries. Residents typically left the community for employment in other industries, such as moving to Alabama to work for car manufacturers. The lack of a diverse job base contributes to employment scams, including ones in which residents are not paid for day labor provided.

Also contributing to challenges experienced by employers in finding qualified employees is insufficient education, substance use identified during drug tests, and lack of vocation training in the community.

5. **Poor mental health needs, substance abuse, and high rates of tobacco use are prevalent because residents experience daily stressors and other issues, and have difficulty accessing treatment services.**

Residents in the community experience poor mental health status due to numerous issues from daily life, including family demands, work pressures, financial challenges, poor housing, and long commutes. Trauma, such as from experiences of Adverse Childhood Experiences, contributes to poor mental health. Poor mental health is experienced by all segments of the community.

Substance abuse is also prevalent and experienced by all community segments. Recreational drug use and some substance abuse are accepted within the community, such as alcohol and tobacco. Other substance abuse is more recent, such as opioids, heroin, and methamphetamines.

Poor mental health and substance abuse frequently occur in tandem. Individuals with poor mental health status may self-medicate with legal or illegal substances because of cultural norms, stigma in seeking help, insufficient access to medical providers, and inability to afford prescription drugs. Individuals with addiction may initially try substances because of cultural norms and may continue because of the addiction, stigma in seeking help, insufficient access to medical providers, and inability to afford prescription drugs.

Treatment services for mental health and substance abuse are insufficient, restrictive, uncoordinated and, accordingly, frequently ineffective. Lags between initial hospitalizations and follow-up consultations for prescription drugs may result in quick deterioration of mental health or substance abuse relapse. Similarly, gaps between hospitalizations and residential treatment yield poor outcomes, and initial success may be jeopardized when individuals return to the same environment where the problems originated. Issues are compounded by distances to services and insufficient transportation. Furthermore, access to some services, such as inpatient pediatric mental health services, is challenging for all community segments, but access to all services is especially difficult for Medicaid enrollees and residents without insurance or financial means.

Other issues negatively impact successful treatment, including turnover of mental health professionals, regulatory requirements, and symptoms of the diseases. Staff turnover can reduce treatment effectiveness because of diminished continuity of care and changes to the provider-patient relationship that can be instrumental to success. Regulatory requirements, such as emergency mental health treatment mandated by the Baker Act, can be misused by some individuals who are not in crisis and result in diminished resources for other community members. Furthermore, mental illness and substance abuse make it difficult for individuals with these diseases to seek assistance and keep scheduled appointments.

The impact of unmet mental health needs and substance abuse treatment is poor health outcomes and worsening conditions. The impact also includes stress to family members, increased likelihood of domestic violence, deterioration of family and other relationships, and generational continuation of problems. The larger community is also impacted by such issues as impaired driving and increasing incidence of communicable disease, including hepatitis and HIV. The impact is especially problematic to children born of women abusing substances while pregnant.

Significant Community Health Needs

Process and Criteria Used to Prioritize Significant Health Needs

The following section highlights why certain community health needs were determined to be "significant." Needs were determined to be significant if they were identified as problematic by at least two of the following three data sources: (1) the most recently available secondary data regarding the community's health, (2) recent assessments developed by other organizations (e.g., local health departments), and (3) the key stakeholders who participated in the interview process.

Access to Care

Access to care is challenging for some residents of the ASHEC community, particularly to mental health and substance abuse services. Access barriers are associated with lack of insurance, financial obligations from insurance with high cost-sharing requirements, work demands, lack of child care services, distance to providers, and inadequate transportation. Many areas in the ASHEC community have unfavorable socioeconomic indicators, and federally-designated "Medically Underserved Areas" are present.

- The age-adjusted death rates for many leading causes of death are higher in the community than for Florida overall (***Exhibit 11***).
- Death rates for selected causes of death are higher in the community than for Florida overall (***Exhibit 12***).
- Hospitalization rates for selective conditions are higher in the community than for Florida overall (***Exhibit 15***).
- Health insurance coverage is lower in the community than in the Florida overall (***Exhibit 20***).
- Per capita physicians, dentists, and hospital beds are lower in the community than for Florida overall (***Exhibit 21***).
- Rates for preventable hospitalizations are higher in the community for some conditions than in Florida overall (***Exhibit 22***).
- Utilization of many preventive services is lower in the community than for Florida overall (***Exhibit 23***).
- Federally-designated Health Professional Shortage Areas (HPSAs) for primary care, mental health, and dental care are present in the community (***Exhibit 42***).
- Provider access issues were cited in the 2017-2019 State Health Improvement Plan (SHIP) by the Florida Department of Health, the 2017 Community Health Assessment by the Florida Department of Health in Okaloosa County, and the 2016 Community Health Needs Assessment by the Florida Department of Health in Walton County.

Behavioral Health

Community residents are more likely to experience poor mental health than residents of Florida overall. Substance abuse is problematic in the community and includes abuse of prescription drugs, illegal drugs, and alcohol, as well as tobacco and nicotine products. These issues are exacerbated by the relative lack of mental health providers, distance to services, and coverage and insurance gaps, as well as from symptoms associated with mental illness and addiction.

- Adults reporting poor mental health and depressive disorders are higher in the community than for Florida overall (***Exhibit 18***).
- Suicide rates and behavioral health hospitalization rates are higher in the community than for Florida overall (***Exhibit 19***).
- Tobacco use rates are higher in the community than for Florida overall (***Exhibit 24***).
- Alcohol-suspected motor vehicle crash rates are higher in the community than for Florida overall (***Exhibit 27***).
- Per capita mental health providers are lower in the community than for Florida overall (***Exhibit 36C***).
- Federally-designated Health Professional Shortage Areas (HPSAs) for mental health are present in the community (***Exhibits 42***).
- Behavioral health, mental health, and/or substance abuse were cited as problematic in the 2017-2019 State Health Improvement Plan (SHIP) by the Florida Department of Health, the 2017 Community Health Assessment by the Florida Department of Health in Okaloosa County, and the 2016 Community Health Needs Assessment by the Florida Department of Health in Walton County.
- Poor mental health and substance abuse were cited by many interviewees as significant within the community.

Cancer

Cancer mortality rates are higher in the community than in Florida overall. Cancer incidence rates are also relatively higher in the community than Florida for breast, cervical, colorectal, and melanoma cancers.

- Cancer is a leading cause of death in the community and mortality rates are higher than Florida overall (***Exhibit 11***);
- Age-adjusted death rates are higher in Walton County than in Florida overall, including deaths from tobacco-related cancers, female breast cancer, prostate cancer, and colorectal cancer (***Exhibit 12***); and
- Cancer incidence rates are higher in the community than in Florida overall, including incidence of breast cancer, lung cancer, colorectal cancer, melanoma, and cervical cancer (***Exhibit 14***).

Education, Income, and Physical Environment

Educational achievement levels are relatively lower in the community, especially in Walton County, than for Florida overall or similar counties across the country. While employment rates in the community are comparatively higher than rates for Florida and the U.S., many jobs are in the service-industry and may lack full-time status with health insurance benefits. Poverty rates are relatively high in the community, within Walton County as a whole, and for Black and Hispanic or Latino residents throughout the community, and contribute to severe housing shortages. Geographic distance between residential areas and services lead to challenges within the community, including relatively long commuting times, lack of access to exercise opportunities, and presence of food deserts.

- Poverty rates were higher in the community than in Florida overall (***Exhibit 28***).
- Poverty rates for Black and Hispanic or Latino residents were disproportionately high (***Exhibit 29***).
- "Advancing Education" was cited as a priority in the 2017 Community Health Assessment by the Florida Department of Health in Okaloosa County.
- Education attainment, well-compensated employment opportunities, and poverty were cited by many interviewees as issues within the community.
- Geographic distance to providers, transportation issues, and lack of insurance were cited by many interviewees as access barriers.

Healthy Lifestyles

Many unhealthy behaviors are prevalent in the community, including poor nutrition, lack of exercise, tobacco/nicotine use, and unsafe sex. In addition to obesity within the community, these behaviors contribute to both chronic diseases, as evidenced by relative high rates of atherosclerosis and liver disease, and communicable diseases, including sexually transmitted infections.

- The hospitalization rate for nutritional deficiencies is higher in the community than for Florida overall (***Exhibit 22***).
- Physical inactivity is higher in the community than in Florida overall (***Exhibit 25***).
- Overweight and obesity rates are higher in the community than in Florida overall (***Exhibit 26***).
- Access to exercise opportunities is lower in the community than for Florida overall (***Exhibit 36B***).
- Issues relating to physical activity, nutrition, and healthy weight were priorities in the 2017-2019 State Health Improvement Plan (SHIP) by the Florida Department of Health, the 2017 Community Health Assessment by the Florida Department of Health in Okaloosa County, and the 2016 Community Health Needs Assessment by the Florida Department of Health in Walton County.
- Selected reportable and infectious disease rates are higher in the community for some diseases than in Florida overall (***Exhibit 16***).

- The proportion of adults reporting fair or poor physical health is higher in the community than for Florida overall (***Exhibit 18***).
- Tobacco use rates are higher in the community than for Florida overall (***Exhibit 24***).
- Disability rates are higher in the community than in Florida overall (***Exhibit 34***).
- The per capita number of physically unhealthy days were higher in the community than in Florida overall (***Exhibit 36A***).
- Chronic disease was cited as a priority in the 2017-2019 State Health Improvement Plan (SHIP) by the Florida Department of Health.

Maternal, Child, and Infant Health

Preterm births and births to teens are relatively higher in the community than in Florida overall, and breastfeeding rates are relatively lower. Rates of postneonatal infant deaths are significantly higher, specifically within Walton County, than in Florida. Children are more likely to live in single-parent households than children in counties comparable to Okaloosa and Walton. The number of pregnant women who smoke and/or abuse substances is reported to be significant.

- The postneonatal infant death rate is higher in the community than in Florida overall (***Exhibit 13***).
- The teen birth rate is higher in the community than in Florida overall (***Exhibit 17***).
- Breastfeeding rates are lower in the community than in Florida overall (***Exhibit 17***).
- The percentages of children in poverty are higher than for comparative communities across the country (***Exhibit 37***).
- Maternal and child health was cited as a priority in the 2017-2019 State Health Improvement Plan (SHIP) by the Florida Department of Health.
- "Improving Infant Mortality" and "Protecting Children & Teens" were identified as priorities in the 2017 Community Health Assessment by the Florida Department of Health in Okaloosa County.
- Tobacco and drug abuse by pregnant women were cited by several interviewees as problematic within the community.

OTHER FACILITIES AND RESOURCES IN THE COMMUNITY

This section identifies other facilities and resources available in the community served by ASHEC that are available to address community health needs.

Federally Qualified Health Centers

Federally Qualified Health Centers (FQHCs) are established to promote access to ambulatory care in areas designated as "medically underserved." These clinics provide primary care, mental health, and dental services for lower-income members of the community. FQHCs receive enhanced reimbursement for Medicaid and Medicare services and most also receive federal grant funds under Section 330 of the Public Health Service Act. As listed in ***Exhibit 3***, there currently are nine FQHC sites operating in the ASHEC community.

Exhibit 3: Federally Qualified Health Centers, 2018

County	ZIP Code	Facility
Okaloosa	32539	Crestview Health and Dental Center
Okaloosa	32548	Edwins Elementary School
Okaloosa	32548	Elliott Point Elementary School
Okaloosa	32579	Longwood Elementary School
Okaloosa	32547	Wright Elementary
Walton	32433	Florida Department of Health in Walton County
Walton	32439	Freeport Clinic
Walton	32455	Muscogee Creek Indian Tribal Health Center
Walton	32439	PanCare Mobile Medical/Dental Unit

Source: HRSA, 2018.

In addition to the these FQHCs, the Hope Medical Clinic provides free healthcare services to working uninsured and medically underserved residents of Okaloosa and Walton counties. Clinic services are located in Destin and Freeport, Florida.

Hospitals

Exhibit 4 presents information on hospital facilities that operate in the ASHEC community.

Exhibit 4: Hospitals, 2018

County	Facility	Type	Beds
Okaloosa	Fort Walton Beach Medical Center	Acute Care	237
Okaloosa	Gulf Coast Youth Services	Psychiatric	24
Okaloosa	North Okaloosa Medical Center	Acute Care	110
Okaloosa	The Rehabilitation Institute of Northwest Florida	Rehabilitation	20
Okaloosa	Twin Cities Hospital	Acute Care	65
Okaloosa	U.S. Air Force Hospital - Eglin Hospital	Federal	59
Walton	Healthmark Regional Medical Center	Acute Care	50
Walton	Ascension Sacred Heart Emerald Coast	Acute Care	76

Source: Florida Hospital Association, 2018.

Other Community Resources

A wide range of agencies, coalitions, and organizations that provide health and social services is available in the region served by ASHEC. The Panhandle 2-1-1 Helpline provides 2-1-1 information and referral service for residents of Okaloosa and Walton counties. By calling 2-1-1 or (850) 892-8045, referrals to service providers are available. Individuals can also search for services using the organization's website, https://211panhandlehelpline.communityos.org. Organizations providing assistance and available resources include the categories below.

- **Human Needs Resource** - Food pantries, clothing, rent assistance, emergency response, and housing or shelter;
- **Physical and Mental Health Resources** - Medical information lines, crisis intervention services, support groups, counseling, drug and alcohol intervention, rehabilitation, and health insurance programs;
- **Employment Support** - Unemployment benefits, financial assistance, job training, transportation assistance, and education programs;
- **Support for Older Americans and Persons with Disabilities** - Home health care, adult daycare, congregate meals, transportation, and homemaker services;
- **Support for Children, Youth, and Families** - Quality childcare, youth programs, after school programs, Head Start, family resource centers, summer camps, recreation programs, mentoring, tutoring, and protective services; and
- **Volunteer Opportunities and Donations** - Various community and local organizations.[1]

[1] https://211p anhandlehelpline.communityos.org/cms/about_211

APPENDIX A - OBJECTIVES AND METHODOLOGY

Regulatory Requirements

Federal law requires that tax-exempt hospital facilities conduct a CHNA every three years and adopt an Implementation Strategy that addresses significant community health needs.[2] Each tax-exempt hospital facility must conduct a CHNA that identifies the most significant health needs in the hospital's community. The regulations require that each hospital:

- Take into account input from persons representing the broad interests of the community, including those knowledgeable about public health issues, and
- Make the CHNA widely available to the public.

The CHNA report must include certain information including, but not limited to:

- A description of the community and how it was defined,
- A description of the methodology used to determine the community health needs, and
- A prioritized list of the community's health needs.

Tax-exempt hospital organizations also are required to report information about the CHNA process and about community benefits they provide on IRS Form 990, Schedule H. As described in the instructions to Schedule H, community benefits are programs or activities that provide treatment and/or promote health and healing as a response to identified community needs. To be reported, community need for the activity or program must be established. Need can be established by conducting a Community Health Needs Assessment. Community benefit activities and programs also seek to achieve objectives, including:

- Improving access to health services,
- Enhancing public health,
- Advancing increased general knowledge, and
- Relieving government burden to improve health.[3]

CHNAs seek to identify significant health needs for particular geographic areas and populations by focusing on the following questions:

- ***Who*** in the community is most vulnerable in terms of health status or access to care?
- ***What*** are the unique health status and/or access needs for these populations?
- ***Where*** do these people live in the community?
- ***Why*** are these problems present?

The question of ***how*** each hospital can address significant community health needs is the subject of the separate Implementation Strategy.

[2] Internal Revenue Code, Section 501(r).
[3] Instructions for IRS form 990 Schedule H, 2015.

Methodology

Federal regulations that govern the CHNA process allow hospital facilities to define the community they serve based on "all of the relevant facts and circumstances," including the "geographic location" served by the hospital facility, "target populations served" (e.g., children, women, or the aged), and/or the hospital facility's principal functions (e.g., focus on a particular specialty area or targeted disease)."[4] The community defined by ASHEC accounts for 75 percent of the hospital's 2017 inpatient discharges.

Secondary data from multiple sources were gathered and assessed. Considering a wide array of information is important when assessing community health needs to ensure the assessment captures a wide range of facts and perspectives and to increase confidence that significant community health needs have been identified accurately and objectively.[5]

Input from 85 individuals was received through key informant interviews. These informants represented the broad interests of the community and included individuals with special knowledge of or expertise in public health.

In addition, data were gathered to evaluate the impact of various services and programs identified in the previous CHNA process.

Certain community health needs were determined to be "significant" if they were identified as problematic in at least two of the following three data sources: (1) the most recently available secondary data regarding the community's health, (2) recent assessments developed by other organizations, and (3) input from the key informants who participated in the interview process.

Collaborating Organizations

For this assessment, ASHEC collaborated with Ascension Sacred Heart Pensacola ("ASHP"), and the Florida Department of Health. ASHEC also collaborated with Ascension Sacred Heart Gulf ("ASHG") and Ascension Sacred Heart Bay ("ASHB"), and CHNAs for these hospitals were developed alongside the ASHEC CHNA.

[4] 501(r) Final Rule, 2014.

[5] Note that some data sources present data by borough and others present data by county. As boroughs correspond to counties, data are consistently presented throughout the report as boroughs to simplify presentation. Specifically, Bronx County corresponds to the borough of Bronx, Kings County corresponds to the borough of Brooklyn, New York County corresponds to the borough of Manhattan, Queens County corresponds to the borough of Queens, and Richmond County corresponds to the borough of Staten Island.

Information Gaps

This CHNA relies on multiple data sources and community input gathered between November 2018 and January 2019. A number of data limitations should be recognized when interpreting results. For example, some data, such as County Health Rankings, exist only at a county-wide level of detail. Those data sources do not allow assessment of health needs at a more granular level of detail, such as by ZIP Code or census tract.

Secondary data upon which this assessment relies measures community health in prior years. For example, the most recent mortality rates available for the region were data collected for years 2015-2017. The impacts of the most recent public policy developments, changes in the economy, and other community developments are not yet reflected in those data sets.

The findings of this CHNA may differ from those of others conducted in the community. Differences in data sources, communities assessed (such as hospital service areas versus counties or cities), and prioritization processes can contribute to differences in findings.

Input on Previous CHNA

No written comments were received regarding the previous CHNA.

Consultant Qualifications

Verité Healthcare Consulting, LLC (Verité) was founded in May 2006 and is located in Alexandria, Virginia. The firm serves clients throughout the United States as a resource that helps hospitals conduct Community Health Needs Assessments and develop Implementation Strategies to address significant health needs. Verité has conducted more than 60 needs assessments for hospitals, health systems, and community partnerships nationally since 2010.

The firm also helps hospitals, hospital associations, and policy makers with community benefit reporting, program infrastructure, compliance, and community benefit-related policy and guidelines development. Verité is a recognized national thought leader in community benefit and Community Health Needs Assessments.

APPENDIX B – SECONDARY DATA ASSESSMENT

This section presents secondary data regarding demographics, health status, health access, economic indicators, and findings of other assessments.

Demographics

Population characteristics and changes influence health issues in and services needed by communities.

Exhibit 5: Estimated 2017 Population, 2022 Projected Population, and Projected Change

County	2017 Estimated Population	2022 Projected Population	2017-2022 Percent Change
Okaloosa	194,811	204,382	4.9%
Walton	65,724	74,361	13.1%
ASHEC Community Total	**260,535**	**278,743**	**7.0%**
Florida	20,555,728	22,137,883	7.7%

Source: Florida Department of Health (FLHealthCharts.com)

Description
Exhibit 5 summarizes the estimated 2017 populations and projected 2022 populations for Okaloosa and Walton counties, the ASHEC community, and the state of Florida. Note that the projected changes in population were consistent across all age cohorts.

Observations
Population characteristics directly influence community health needs as different segments of the population can have different characteristics. Data in ***Exhibit 5*** indicate the following:

- Between 2017 and 2022, the ASHEC community population is projected to increase by 7.0 percent;
- The projected population growth rate of 7.0 percent is slightly lower than the projected Florida growth rate of 7.7 percent; and
- The projected population growth rate within the ASHEC community varies, as the projected 13.1 percent growth rate for Walton County is nearly twice the projected 7.0 percent growth rate of the ASHEC community and almost three times the 4.9 percent projected growth rate of Okaloosa County.

Exhibit 6: Percent Change in Population by Age/Sex Cohort, 2017-2020-2025

Age Cohort	Estimated Population 2017	Projected Population 2020	Projected Population 2025	Percent Change 2017-2020	Percent Change 2017-2025
Okaloosa					
0-17	42,882	44,524	46,857	3.8%	9.3%
Female 18-44	32,616	33,399	34,797	2.4%	6.7%
Male 18-44	36,420	37,239	38,266	2.2%	5.1%
45-64	51,586	51,092	48,334	-1.0%	-6.3%
65+	31,984	34,974	41,541	9.3%	29.9%
Total	195,488	201,228	209,795	2.9%	7.3%
Walton					
0-17	13,298	14,527	16,333	9.2%	22.8%
Female 18-44	9,773	10,577	12,100	8.2%	23.8%
Male 18-44	11,336	12,186	13,768	7.5%	21.5%
45-64	18,783	20,131	21,470	7.2%	14.3%
65+	12,111	13,789	17,200	13.9%	42.0%
Total	65,301	71,210	80,871	9.0%	23.8%
Community					
0-17	56,180	59,051	63,190	5.1%	12.5%
Female 18-44	42,389	43,976	46,897	3.7%	10.6%
Male 18-44	47,756	49,425	52,034	3.5%	9.0%
45-64	70,369	71,223	69,804	1.2%	-0.8%
65+	44,095	48,763	58,741	10.6%	33.2%
Total	260,789	272,438	290,666	4.5%	11.5%

Source: Florida Demographic Estimating Conference, December 2017 and the University of Florida, Bureau of Economic and Business Research, Florida Population Studies, Bulletin 181, June 2018

Description

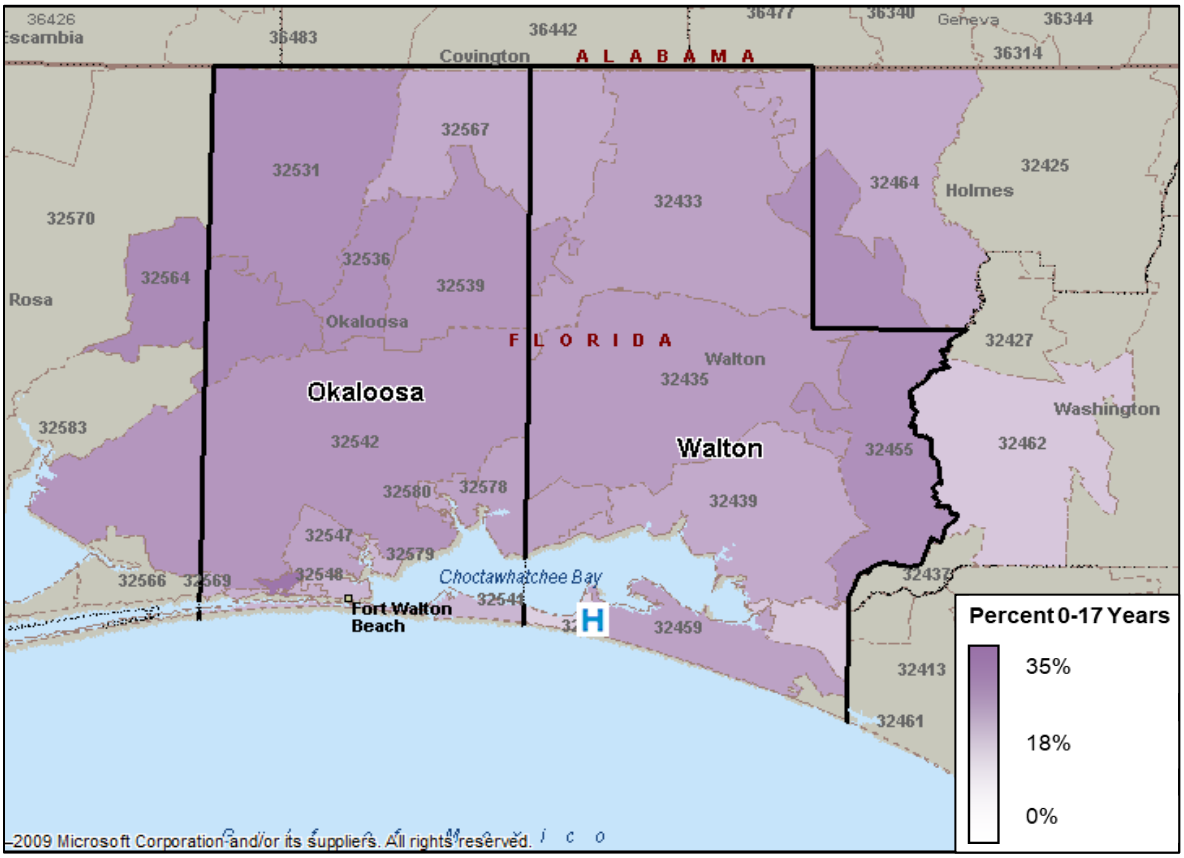
Exhibit 6 summarizes the community's estimated population for certain age and sex cohorts in 2017, with projections to 2020 and 2025.

Observations

Population characteristics directly influence community health needs as different segments of the population can have different characteristics. Data in ***Exhibit 6A*** indicate the following:

- The number of persons aged 65 years and older in the community is projected to increase by 33 percent between 2017 and 2025, and by more than 40 percent in Walton County during the same period;
- The growth of older populations is likely to lead to growing need for health services, since on an overall per-capita basis, older individuals typically need and use more services than other segments of the population;
- The number of persons aged 0-17 is expected to increase in Walton County by nearly 25 percent between 2017 and 2025; and
- The growth of children and youth is likely to lead to increase education needs and the demand for pediatric services.

Exhibit 7A: Residents Aged 0-17, 2016



Sources: Microsoft MapPoint and U.S. Census Bureau, 2016 ACS 5-year estimates, 2012-2016.
Note that density of shading on this map is not comparable to the density of shading of other maps. The legend is specific to this map.

Description

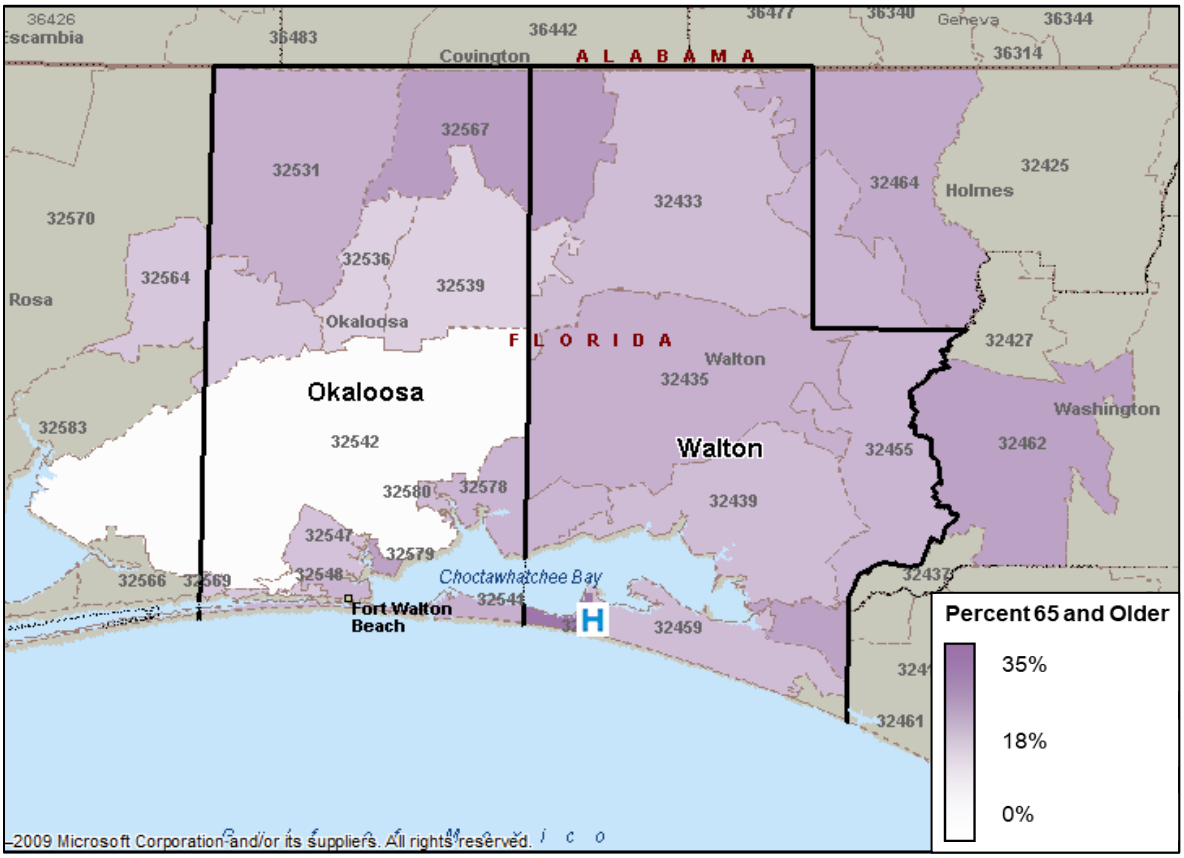
Exhibit 7A maps estimated 2016 community residents aged 0-17 by ZIP Code.

Observations

Population characteristics directly influence community health needs as different segments of the population can have different characteristics. Estimating pediatric residents (infants, children, and youth) can have unique health needs that should be considered separately from other age groups. Data in ***Exhibit 7A*** indicate the following:

- ZIP Codes 32455, 32531, 32536, 32539, 32544, and 32564 have proportions of population aged 0-17 of 25 percent or more.

Exhibit 7B: Residents Aged 65+, 2016



Sources: Microsoft MapPoint and U.S. Census Bureau, 2016 ACS 5-year estimates, 2012-2016.
Note that density of shading on this map is not comparable to the density of shading of other maps. The legend is specific to this map.

Description

Exhibit 7B maps estimated 2016 residents aged 65 and older by ZIP Code.

Observations

Population characteristics directly influence community health needs as different segments of the population can have different characteristics. Estimating residents aged 65 and older is relevant because members of this population can have unique health needs that should be considered separately from other age groups. Additionally, older individuals typically need and use more services than younger persons. Data in ***Exhibit 7B*** indicate the following:

- ZIP Codes 32462, 32464, 32550, 32567, and 32579 have proportions of population aged 65 and older of 20 percent or more.

Exhibit 8A: 2016 Population by Race and Ethnicity

Race/Ethnicity	Okaloosa	Walton
White	78.9%	86.9%
Black or African American	9.6%	5.0%
Asian	2.9%	1.2%
Other	8.6%	6.9%
Total	**100.0%**	**100.0%**
Hispanic or Latino	*8.3%*	*5.9%*

Source: U.S. Census Bureau, 2016 ACS 5-year estimates, 2012-2016.

Description

Exhibit 8A summarizes the estimated 2016 population by race and ethnicity.

Observations

Population characteristics directly influence community health needs as different segments of the population can have different characteristics. Consideration of the population by race and ethnicity is relevant because "[h]istorically, people in racial/ethnic minority groups are more likely than non-Hispanic whites to be poor, to lack a high school education, and to experience disparities in health and health care services."[6] Data in ***Exhibit 8A*** indicate the following:

- In Okaloosa County, nearly one in ten residents (9.6 percent) are Black or African American and nearly one in twelve residents (8.6 percent) is Other (including multiracial residents);
- In Okaloosa County, one in twelve residents (8.3 percent) identify as Hispanic or Latino;
- In Walton County, nearly one in twenty residents (5.0 percent) are Black or African American and nearly one in fourteen residents (6.9 percent) is Other (including multiracial residents); and
- In Walton County, one in seventeen residents (5.9 percent) identify as Hispanic or Latino.

[6] Program Brief: AHRQ Activities to Reduce Racial and Ethnic Disparities in Health Care," Agency for Healthcare Research and Quality, December 2009. See http://www.ahrq.gov/sites/default/files/publications/files/disparities.pdf. AHRQ is an agency of the U.S. Department of Health and Human Services.

Exhibit 8B: Percent Change in Population by Race and Ethnicity, 2017-2020-2025

Race/Ethnicity	Estimated Population 2017	Projected Population 2020	Projected Population 2025	Percent Change 2017-2020	Percent Change 2017-2025
Okaloosa					
White	164,890	169,162	175,492	2.6%	6.4%
Non-White	30,598	32,066	34,303	4.8%	12.1%
Total	195,488	201,228	209,795	2.9%	7.3%
Black	*21,021*	*22,017*	*23,563*	*4.7%*	*12.1%*
Hispanic or Latino	*17,471*	*19,545*	*22,762*	*11.9%*	*30.3%*
Walton					
White	59,888	65,387	74,373	9.2%	24.2%
Non-White	5,413	5,823	6,498	7.6%	20.0%
Total	65,301	71,210	80,871	9.0%	23.8%
Black	*3,845*	*4,112*	*4,562*	*6.9%*	*18.6%*
Hispanic or Latino	*4,552*	*5,415*	*6,810*	*19.0%*	*49.6%*
Total Community					
White	224,778	234,549	249,865	4.3%	11.2%
Non-White	36,011	37,889	40,801	5.2%	13.3%
Total	260,789	272,438	290,666	4.5%	11.5%
Black	*24,866*	*26,129*	*28,125*	*5.1%*	*13.1%*
Hispanic or Latino	*22,023*	*24,960*	*29,572*	*13.3%*	*34.3%*

Source: Florida Demographic Estimating Conference, December 2017 and the University of Florida, Bureau of Economic and Business Research, Florida Population Studies, Bulletin 181, June 2018

Description

Exhibit 8B summarizes the community's estimated population for racial and ethnic cohorts in 2017, with projections to 2020 and 2025.

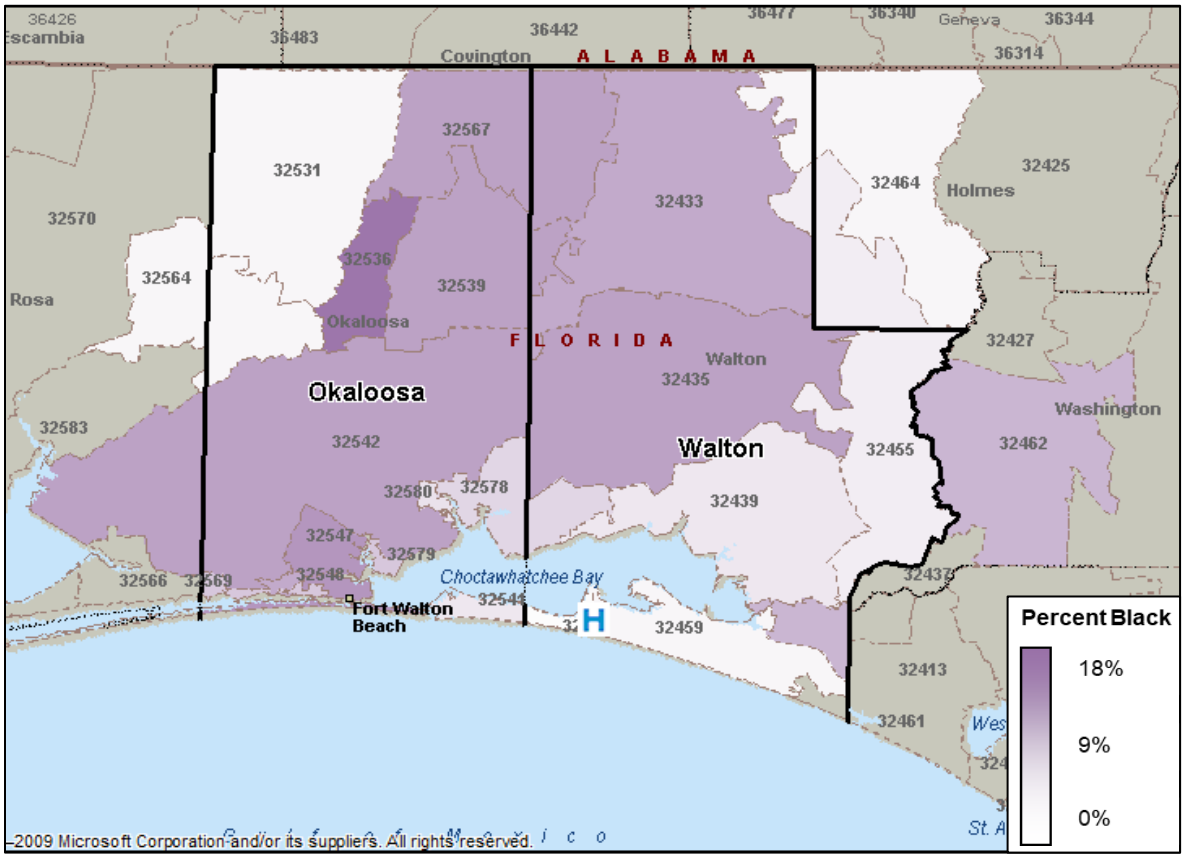
Observations

Population characteristics directly influence community health needs as different segments of the population can have different characteristics, including race and ethnicity. Consideration of the population by race and ethnicity is relevant because "[h]istorically, people in racial/ethnic minority groups are more likely than non-Hispanic whites to be poor, to lack a high school education, and to experience disparities in health and health care services."[7] Data in ***Exhibit 8B*** indicate the following:

- In Okaloosa County, the Hispanic or Latino population is projected to grow at over four times the projected rate for the community as a whole; and
- In Walton County, the Hispanic or Latino population is projected to grow at more than twice the projected rate for the community as a whole;

[7] Program Brief: AHRQ Activities to Reduce Racial and Ethnic Disparities in Health Care," Agency for Healthcare Research and Quality, December 2009. See http://www.ahrq.gov/sites/default/files/publications/files/disparities.pdf. AHRQ is an agency of the U.S. Department of Health and Human Services.

Exhibit 9A: Percent of Population – Black or African American, 2016



Sources: Microsoft MapPoint and U.S. Census Bureau, 2016 ACS 5-year estimates, 2012-2016.
Note that density of shading on this map is not comparable to the density of shading of other maps. The legend is specific to this map.

Description

Exhibit 9A maps estimated 2016 Black or African American residents by ZIP Code.

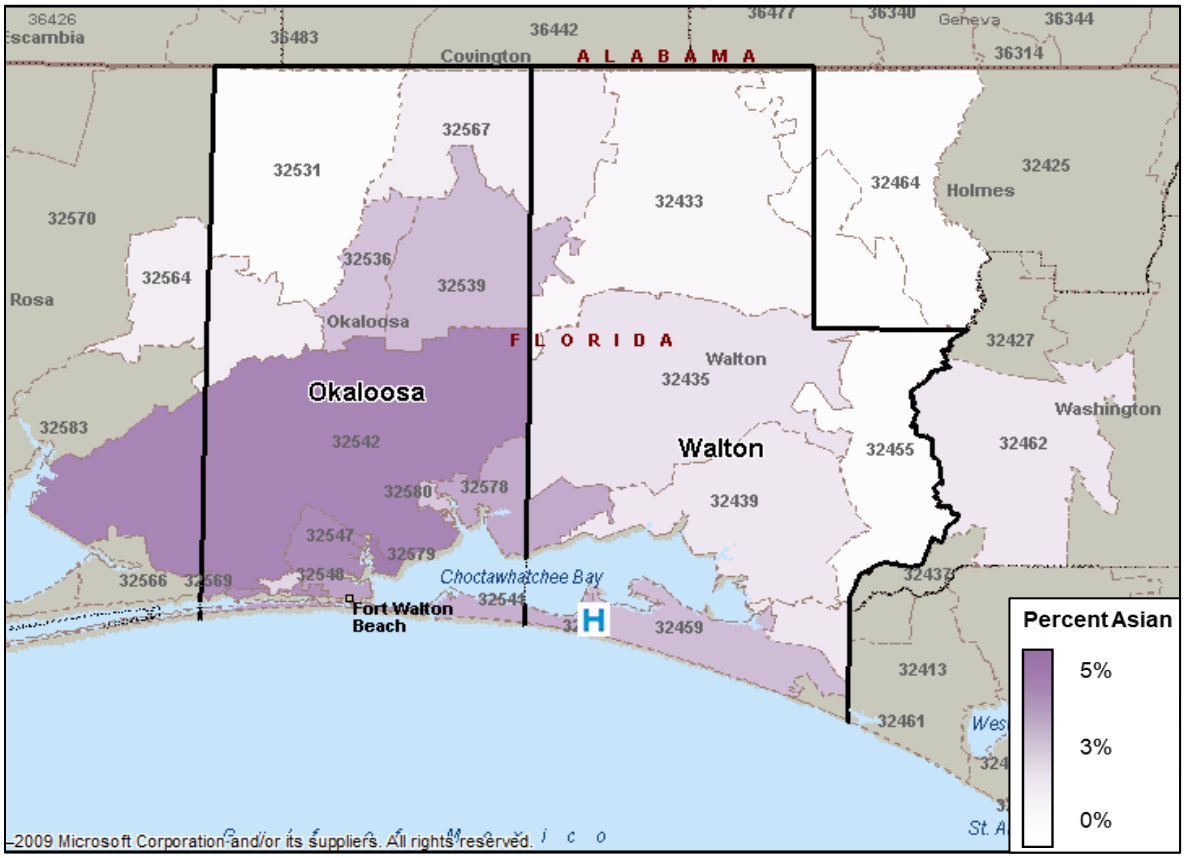
Observations

Consideration of the population by race and ethnicity is relevant because "[h]istorically, people in racial/ethnic minority groups are more likely than non-Hispanic whites to be poor, to lack a high school education, and to experience disparities in health and health care services."[8] Data in ***Exhibit 9A*** indicate the following:

- The proportion of the Black or African American population varies by ZIP Code. ZIP Codes 32433, 32435, 32536, 32539, 32542, 32544, 32547, 32548, and 32567 have proportions of population of 10 percent or more.

[8] Program Brief: AHRQ Activities to Reduce Racial and Ethnic Disparities in Health Care," Agency for Healthcare Research and Quality, December 2009. See http://www.ahrq.gov/sites/default/files/publications/files/disparities.pdf. AHRQ is an agency of the U.S. Department of Health and Human Services.

Exhibit 9B: Percent of Population – Asian, 2016



Sources: Microsoft MapPoint and U.S. Census Bureau, 2016 ACS 5-year estimates, 2012-2016.
Note that density of shading on this map is not comparable to the density of shading of other maps. The legend is specific to this map.

Description

Exhibit 9B maps estimated 2016 Asian residents by ZIP Code.

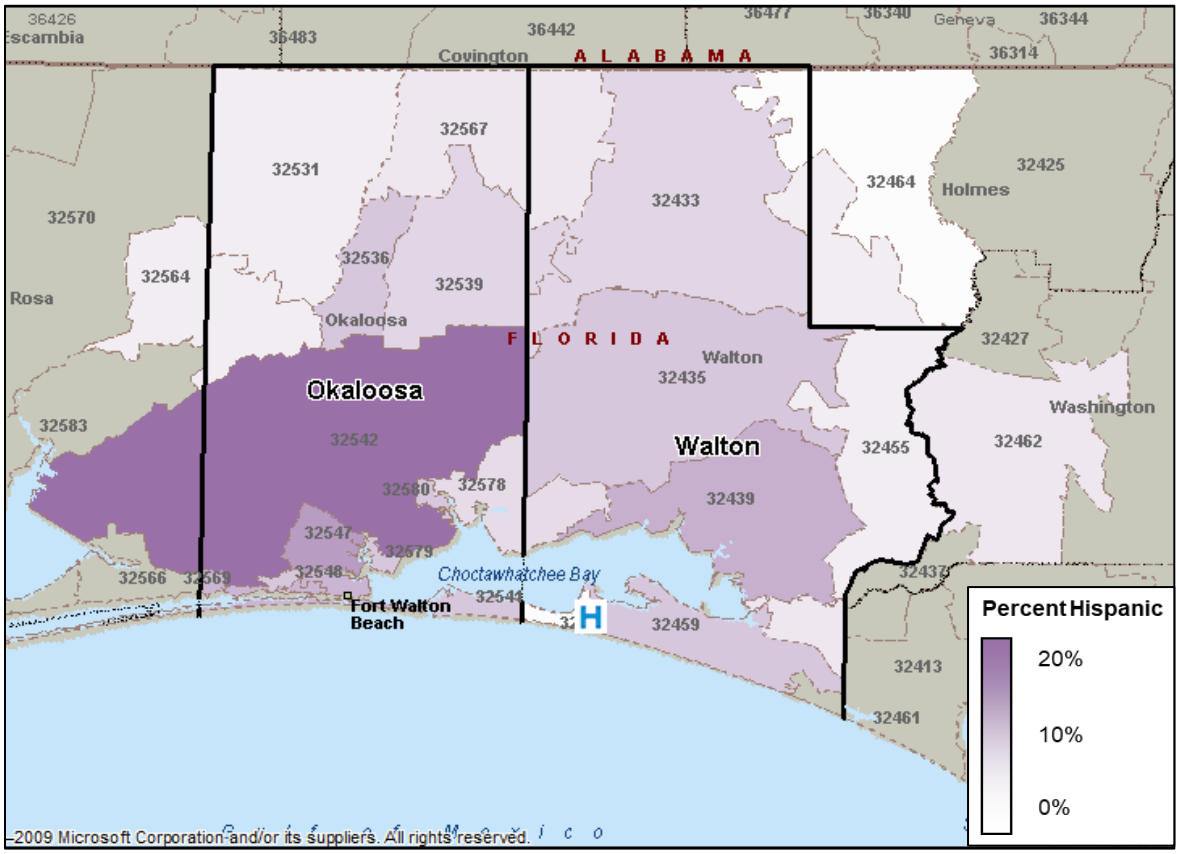
Observations

Consideration of the population by race and ethnicity is relevant because "[h]istorically, people in racial/ethnic minority groups are more likely than non-Hispanic whites to be poor, to lack a high school education, and to experience disparities in health and health care services."[9] Data in ***Exhibit 9B*** indicate the following:

- While the proportion of the Asian population varies by ZIP Code, no ZIP Code has a proportion of population of 10 percent or more.

[9] Program Brief: AHRQ Activities to Reduce Racial and Ethnic Disparities in Health Care," Agency for Healthcare Research and Quality, December 2009. See http://www.ahrq.gov/sites/default/files/publications/files/disparities.pdf. AHRQ is an agency of the U.S. Department of Health and Human Services.

Exhibit 9C: Percent of Population – Hispanic (or Latino), 2016



Sources: Microsoft MapPoint and U.S. Census Bureau, 2016 ACS 5-year estimates, 2012-2016.
Note that density of shading on this map is not comparable to the density of shading of other maps. The legend is specific to this map.

Description

Exhibit 9C maps estimated 2016 Hispanic or Latino residents by ZIP Code.

Observations

Consideration of the population by race and ethnicity is relevant because "[h]istorically, people in racial/ethnic minority groups are more likely than non-Hispanic whites to be poor, to lack a high school education, and to experience disparities in health and health care services."[10] Data in ***Exhibit 9C*** indicate the following:

- ZIP Codes 32439, 32542, 32547, and 32569 have proportions of Hispanic or Latino population of 10 percent or more.

[10] Program Brief: AHRQ Activities to Reduce Racial and Ethnic Disparities in Health Care," Agency for Healthcare Research and Quality, December 2009. See http://www.ahrq.gov/sites/default/files/publications/files/disparities.pdf. AHRQ is an agency of the U.S. Department of Health and Human Services.

Exhibit 10A: 2016 Adult Population by Military Veteran Status

County	City	Zip Code / Area	Civilian population 18 years and over
Okaloosa	Baker	32531	19.5%
Okaloosa	Crestview	32536	26.9%
Okaloosa	Crestview	32539	22.7%
Okaloosa	Destin	32541	14.4%
Okaloosa	Eglin Air Force Base	32542	31.3%
Okaloosa	Hurlburt Field	32544	26.9%
Okaloosa	Fort Walton Beach	32547	21.6%
Okaloosa	Fort Walton Beach	32548	18.3%
Okaloosa	Holt	32564	13.9%
Okaloosa	Laurel Hill	32567	21.4%
Okaloosa	Mary Esther	32569	26.6%
Okaloosa	Niceville	32578	26.6%
Okaloosa	Shalimar	32579	27.0%
Okaloosa	Valparaiso	32580	20.4%
Walton	DeFuniak Springs	32433	13.5%
Walton	DeFuniak Springs	32435	14.1%
Walton	Freeport	32439	12.7%
Walton	Ponce De Leon	32455	8.8%
Walton	Santa Rosa Beach	32459	8.4%
Walton	Vernon	32462	14.5%
Walton	Westville	32464	10.4%
Walton	Miramar Beach	32550	15.9%
		Okaloosa County	22.6%
		Walton County	12.6%
		Florida	9.4%
		United States	8.0%

Source: U.S. Census Bureau, 2016 ACS 5-year estimates, 2012-2016.

Description

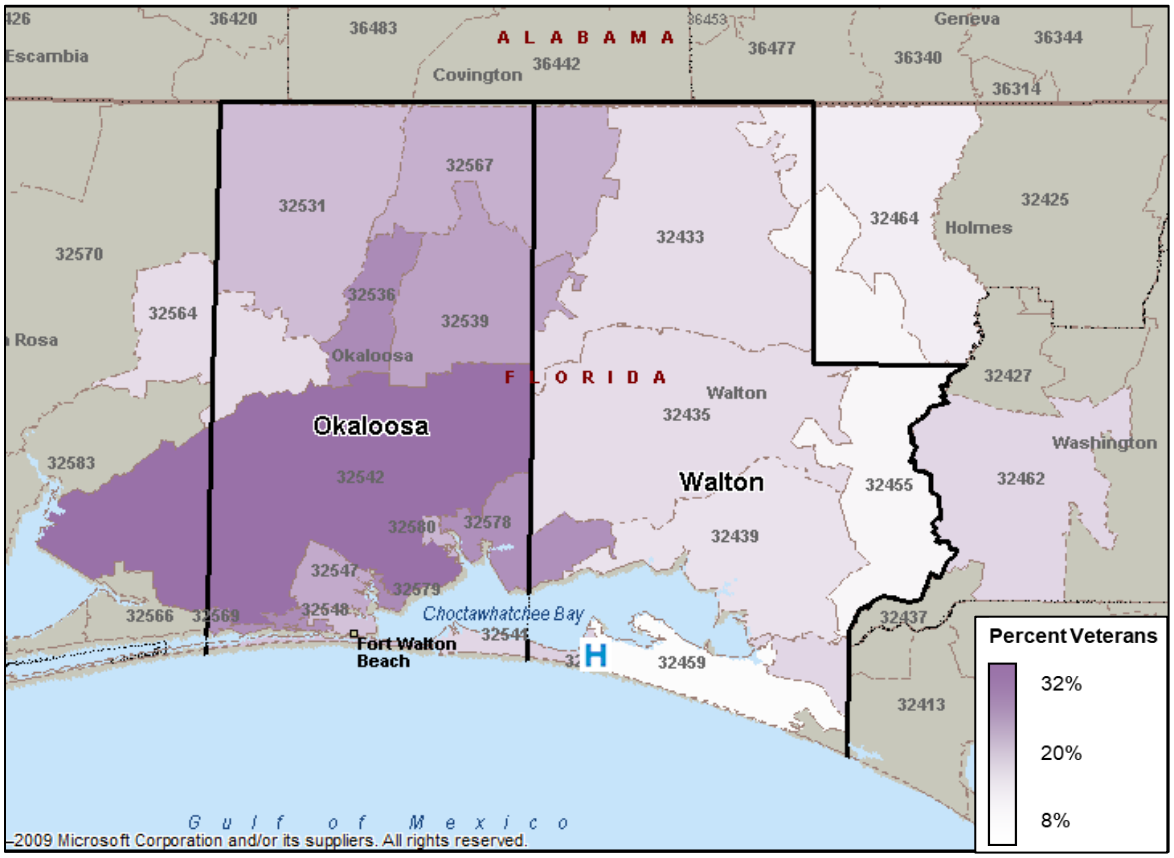
Exhibit 10A summarizes the estimated 2016 population by military veteran status.

Observations

Population characteristics directly influence community health needs as different segments of the population can have different characteristics. Military veterans may have unique health needs and health care services may need coordination with the United States Department of Veterans Affairs (the VA). Data in ***Exhibit 10A*** indicate the following:

- In Okaloosa County, over one in five residents (22.6 percent) is a military veteran; and
- In Walton County, over one in ten (12.6 percent) residents is a military veteran.

Exhibit 10B: Map of 2016 Adult Population by Military Veteran Status by ZIP Code



Sources: Microsoft MapPoint and U.S. Census Bureau, 2016 ACS 5-year estimates, 2012-2016.
Note that density of shading on this map is not comparable to the density of shading of other maps. The legend is specific to this map.

Description

Exhibit 10B maps the estimated percent of adults with military veteran status by ZIP Code.

Observations

Population characteristics directly influence community health needs as different segments of the population can have different characteristics. Military veterans may have unique health needs and health care services may need coordination with the United States Department of Veterans Affairs (the VA). Data in ***Exhibit 10B*** indicate the following:

- ZIP Codes 32536, 32542, 32544, 32569, 32578, and 32579 have proportions of adults with military veteran status of 25 percent or more.

Health Outcomes

Exhibit 11: Leading Causes of Death, Rates per 100,000, 2015-17

Indicator	2015-17 3-Year Age-Adjusted Death Rate Per 100,000		
	Okaloosa	Walton	Florida
All causes	824.3	763.5	**685.2**
Cancer	177.4	157.7	**151.9**
Heart disease	165.4	181.8	**150.8**
Unintentional Injury	54.0	44.5	**52.6**
Chronic lower respiratory disease	55.0	53.3	**39.6**
Stroke	37.5	36.4	**38.7**
Alzheimer's disease	32.6	24.3	**21.9**
Diabetes	27.7	20.9	**20.0**
Suicide	21.4	20.2	**14.2**
Chronic liver disease & cirrhosis	14.3	18.7	**11.9**
Nephritis, nephrotic syndrome & nephrosis	18.6	18.6	**10.6**
Influenza & pneumonia	12.4	13.3	**9.5**
Septicemia	12.6	5.6	**8.4**
Hypertension	10.0	11.8	**8.0**
Parkinson's disease	6.6	4.7	**7.7**
Homicide	6.0	3.0	**6.5**
Benign neoplasm	5.3	4.5	**4.6**
Perinatal period conditions	2.7	-	**4.5**
HIV/AIDS	0.5	0.8	**3.7**
Pneumonitis	4.8	3.5	**3.6**
Congenital malformations	3.2	3.4	**3.0**
Aortic aneurysm & dissection	2.2	2.3	**2.3**
Viral hepatitis	1.3	0.8	**1.8**
Atherosclerosis	1.2	2.7	**1.5**
Anemias	1.5	1.5	**1.4**
Nutritional deficiencies	3.2	2.7	**1.2**
Medical & surgical care complications	1.1	0.9	**1.0**
Cholelithiasis & other gallbladder disorders	1.0	0.8	**0.7**
Peptic ulcer	1.3	0.3	**0.7**
Hernia	0.9	0.9	**0.4**
Pregnancy, childbirth & the puerperium	0.1	-	**0.3**

Source: Florida Department of Health (FLHealthCharts.com). Light grey shading indicates that rates were higher (worse) than the Florida average; dark grey shading indicates that rates were more than 50 percent higher than the Florida average.

Description

Exhibit 11 summarizes 2015-17 leading causes of death rates, per 100,000, for Okaloosa County, Walton County, and the state of Florida.

Observations
The health of populations can be measured by mortality indictors, which identify life spans and causes of death. Data in ***Exhibit 11*** indicate the following:

- Age-adjusted death rates for residents of Okaloosa and Walton counties were higher than the Florida rate for most of the leading causes of death;
- Age-adjusted death rates for Okaloosa County residents were more than 50 percent higher for suicide, nephritis, atherosclerosis, septicemia, nutritional deficiencies, peptic ulcers, and hernias; and
- Age-adjusted death rates for Walton County residents are more than 50 percent higher for chronic liver disease, nephritis, atherosclerosis, nutritional deficiencies, and hernias.

Exhibit 12: Selected Causes of Death, Rates per 100,000, 2015-17

Indicator	Okaloosa	Walton	Florida
Tobacco-related cancer deaths to persons 35 and over	197.4	179.4	**167.4**
Stroke age-adjusted death rate	37.5	36.4	**38.7**
Diabetes age-adjusted death rate	27.7	20.9	**20.0**
Female breast cancer age-adjusted death rate	23.6	15.4	**19.3**
Prostate cancer age-adjusted death rate	18.5	10.8	**17.0**
Motor vehicle crashes age-adjusted death rate	13.8	14.4	**14.8**
Colorectal cancer age-adjusted death rate	11.4	18.1	**13.5**
Influenza and pneumonia age-adjusted death rate	12.4	13.3	**9.5**

Source: Florida Department of Health (FLHealthCharts.com). Light grey shading indicates that rates were higher (worse) than the Florida average; dark grey shading indicates that rates were more than 50 percent higher than the Florida average.

Description
Exhibit 12 summarizes 2015-17 selected causes of death rates, per 100,000, for Okaloosa County, Walton County, and the state of Florida.

Observations
The health of populations can be measured by mortality indictors, which identify the life spans and causes of death. Data in ***Exhibit 12*** indicate the following:

- Age-adjusted death rates for residents of Okaloosa County were higher for tobacco-related cancer, diabetes, female breast cancer, prostate cancer, and influenza and pneumonia; and
- Age-adjusted death rates for residents of Walton County were higher for tobacco-related cancer, diabetes, colorectal cancer, and influenza and pneumonia.

Exhibit 13: Infant Deaths, Rates per 1,000 Live Births, 2015-17

Indicator	Okaloosa	Walton	Florida
Infant deaths	4.9	4.7	**6.1**
Neonatal infant deaths	3.0	1.3	**4.2**
Postneonatal infant deaths	1.9	3.4	**2.0**

Source: Florida Department of Health (FLHealthCharts.com). Light grey shading indicates that rates were higher (worse) than the Florida average; dark grey shading indicates that rates were more than 50 percent higher than the Florida average.

Description

Exhibit 13 presents 2015-17 infant deaths per 1,000 live births for Okaloosa County, Walton County, and the state of Florida.

Observations

The health of populations can be measured by mortality indictors, which identify the life spans and causes of death. Data in ***Exhibit 13*** indicate the following:

- The Walton County postneonatal infant death rate is 70 percent higher than the Florida rate.

Exhibit 14: Cancer Incidence, Rates per 100,000, 2013-15

Indicator	Measure	Okaloosa	Walton	Florida
Breast cancer	Per 100,000 females	119.3	111.8	**118.6**
Prostate cancer	Per 100,000 males	69.3	57.2	**86.9**
Lung cancer	Per 100,000 population	69.1	59.2	**58.9**
Colorectal cancer	Per 100,000 population	39.9	41.5	**36.6**
Melanoma	Per 100,000 population	33.3	16.2	**24.0**
Cervical cancer	Per 100,000 females	9.8	6.9	**8.5**

Source: Florida Department of Health (FLHealthCharts.com). Light grey shading indicates that rates were higher (worse) than the Florida average; dark grey shading indicates that rates were more than 50 percent higher than the Florida average.

Description

Exhibit 14 presents 2013-15 age-adjusted cancer incidence rates for Okaloosa County, Walton County, and the state of Florida.

Observations

The health of populations can be measured by morbidity indictors, which identify the prevalence of diseases and/or medical conditions. Data in ***Exhibit 14*** indicate the following:

- Okaloosa County cancer incidence rates are higher than Florida rates for breast cancer, lung cancer, colorectal cancer, melanoma, and cervical cancer; and
- Walton County cancer incidence rates are higher than Florida rates for lung and colorectal cancers.

Exhibit 15: Selected Hospitalizations, Rates per 100,000

Indicator	Year	Okaloosa	Walton	Florida
Diabetes hospitalization	2015-17	2,366.2	1,808.3	**2,345.2**
Amputation due to diabetes hospitalization	2012-14	26.4	16.5	**28.2**
Coronary heart disease hospitalization	2015-17	370.3	290.9	**293.6**
Stroke hospitalization	2015-17	276.2	191.6	**234.3**
Congestive heart failure hospitalization	2015-17	133.3	148.5	**157.9**
Chronic lower respiratory disease (CLRD) hospitalization	2015-17	386.5	291.0	**353.2**
Asthma hospitalization	2015-17	650.5	410.5	**807.8**

Source: Florida Department of Health (FLHealthCharts.com). Light grey shading indicates that rates were higher (worse) than the Florida average; dark grey shading indicates that rates were more than 50 percent higher than the Florida average.

Description

Exhibit 15 presents hospitalizations rates, per 100,000, for selected conditions for Okaloosa County, Walton County, and the state of Florida.

Observations

The health of populations can be measured by morbidity indictors, which identify the prevalence of diseases and/or medical conditions. The causes for hospitalizations can identify specific diseases and conditions prevalent in the community. Data in ***Exhibit 15*** indicate the following:

- Okaloosa County hospitalization rates are higher than Florida rates for diabetes, coronary heart disease, strokes, and chronic lower respiratory disease (CLRD).

Exhibit 16: Selected Reportable & Infectious Diseases, Rates per 100,000

Indicator	Year	Okaloosa	Walton	Florida
HIV cases	2015-17	6.4	6.3	**23.8**
AIDS cases	2015-17	3.8	3.7	**10.4**
Salmonellosis	2014-16	49.4	40.6	**29.4**
Tuberculosis cases	2015-17	2.4	2.1	**2.9**
Varicella	2014-16	8.7	6.5	**3.4**
Pertussis [whooping cough]	2014-16	1.7	2.7	**2.3**
Campylobacteriosis	2014-16	30.5	14.1	**14.8**
Chlamydia cases	2014-16	498.5	302.0	**449.6**
Cryptosporidiosis	2014-16	2.1	-	**5.6**
Cyclosporiasis	2014-16	-	-	**0.2**
Giardiasis, acute	2014-16	4.9	3.2	**5.6**
Gonorrhea cases	2014-16	104.8	66.0	**122.2**
Hepatitis A	2014-16	0.5	0.5	**0.6**
Hepatitis B, acute	2014-16	5.6	3.8	**2.7**
Infectious syphilis cases	2014-16	2.3	4.9	**10.4**
Legionellosis	2014-16	0.7	-	**1.5**
Shiga toxin-producing Escherichia coli (STEC) Infection	2014-16	0.3	1.1	**0.6**
Shigellosis	2014-16	4.7	4.3	**8.2**
Vibriosis (excluding cholera)	2014-16	2.1	2.7	**0.9**

Source: Florida Department of Health (FLHealthCharts.com).
Light grey shading indicates that rates were higher (worse) than the Florida average;
dark grey shading indicates that rates were more than 50 percent higher than the Florida average.

Description

Exhibit 16 presents selected reportable and infectious disease rates, per 100,000, for Okaloosa County, Walton County, and the state of Florida.

Observations

The health of populations can be measured by morbidity indictors, which identify the prevalence of diseases and/or medical conditions. Rates of selected reportable and infectious diseases can identify specific diseases and conditions prevalent in the community. Data in ***Exhibit 16*** indicate the following:

- Okaloosa County disease rates are more than 50 percent higher than Florida rates for salmonellosis, varicella, campylobacteriosis, acute hepatitis B, and vibriosis, as well as higher overall for chlamydia; and
- Walton County disease rates are more than 50 percent higher than Florida rates for varicella, shiga toxin-producing escherichia coli (STEC) infection, and vibriosis, as well as higher overall for salmonellosis, pertussis, and acute hepatitis B.

Exhibit 17: Maternal, Infant, and Young Child Health Indicators

Indicator	Year	Okaloosa	Walton	Florida
Early prenatal care (care began 1st trimester)	2015-17	78.4%	82.1%	**78.3%**
Preterm with low birth weight	2015-17	5.6%	5.5%	**6.0%**
Low birth weight births (births < 2500 grams)	2015-17	7.8%	7.2%	**8.7%**
Preterm births (births < 37 weeks gestation)	2015-17	10.7%	10.6%	**10.1%**
Multiple births	2015-17	3.0%	2.7%	**3.3%**
Births to teens 15-19 [per 1,000 females 15-19]	2015-17	27.3	32.9	**19.7**
Repeat births to mothers 15-19	2015-17	16.7%	15.7%	**15.7%**
Mothers initiating breastfeeding at birth	2015-17	80.7%	82.2%	**85.7%**
Kindergarten children fully immunized	2015-17	95.0%	95.6%	**93.7%**

Source: Florida Department of Health (FLHealthCharts.com).
Light grey shading indicates that rates were higher (worse) than the Florida average;
dark grey shading indicates that rates were more than 50 percent higher than the Florida average.

Description

Exhibit 17 presents indicators for maternal, infant, and young child health in Okaloosa County, Walton County, and the state of Florida.

Observations

The health of populations can be measured by conditions prevalent in the community. Maternal, infant, and young child health indicators can identify conditions in the community that negatively impact the health of pregnant women and can potentially impact the future needs of children. Data in ***Exhibit 17*** indicate the following:

- Okaloosa County rates for preterm births, births to teens 15-19, and repeat births to mothers 15-19 are higher than Florida rates;
- The Okaloosa County rate for mothers initiating breastfeeding at birth is lower than the Florida rate;
- The Walton County rate is more than 50 percent higher than Florida rates for births to teens 15-19, as well as higher overall rate for preterm births; and
- The Walton County rate for mothers initiating breastfeeding at birth is lower than the Florida rate.

Exhibit 18: Health Status Indicators, 2016

Indicator	Okaloosa	Walton	Florida
Average number of unhealthy mental days in the past 30 days	4.2	3.6	**3.6**
Average number of days where poor mental or physical health interfered with activities of daily living in the past 30 days (Among adults who have had at least one day of poor mental or physical health)	6.6	6.9	**5.7**
Adults who said their overall health was "good" to "excellent"	78.6%	79.0%	**80.5%**
Adults who said their overall health was "fair" or "poor"	21.4%	21.0%	**19.5%**
Adults whose poor physical or mental health kept them from doing usual activities on 14 or more of the past 30 days (Among adults who have had at least one day of poor mental or physical health)	21.4%	22.2%	**18.6%**
Adults with good physical health	85.4%	84.4%	**87.1%**
Adults who had poor physical health on 14 or more of the past 30 days	14.6%	15.6%	**12.9%**
Average number of unhealthy physical days in the past 30 days	4.6	5.1	**4.0**
Adults with good mental health	86.2%	88.7%	**88.6%**
Adults who had poor mental health on 14 or more of the past 30 days	13.8%	11.3%	**11.4%**
Adults who have ever been told they had a depressive disorder	18.0%	19.6%	**14.2%**

Source: Florida Department of Health (FLHealthCharts.com).
Light grey shading indicates that rates were higher (worse) than the Florida average; dark grey shading indicates that rates were more than 50 percent higher than the Florida average.

Description

Exhibit 18 presents health status indicators for Okaloosa County, Walton County, and the state of Florida.

Observations

The health of populations can be measured by conditions prevalent in the community. Health status indicators provide an assessment of the conditions of community residents. Data in ***Exhibit 18*** indicate the following:

- The health status of Okaloosa County residents is worse than the health status of Florida residents for every health status indicator; and
- The health status of Walton County residents is worse than the health status of Florida residents for most health status indicators.

Exhibit 19: Mental Health Status Indicators

Indictor	Year	Okaloosa	Walton	Florida
Suicide (age-adjusted death rate)	2015-17	21.4	20.2	**14.2**
Hospitalizations for mental disorders	2014-16	1,086.1	626.8	**983.5**
Hospitalizations for mood and depressive disorders	2014-16	549.0	277.7	**484.4**
Hospitalizations for schizophrenic disorders	2014-16	131.7	103.4	**221.5**
Hospitalizations for mental disorders, except drug and alcohol-induced mental disorders	2014-16	939.0	520.7	**821.5**

Source: Florida Department of Health (FLHealthCharts.com).
Light grey shading indicates that rates were higher (worse) than the Florida average;
dark grey shading indicates that rates were more than 50 percent higher than the Florida average.

Description

Exhibit 19 presents mental health status indicators for Okaloosa County, Walton County, and the state of Florida.

Observations

The health of populations can be measured by conditions prevalent in the community. Health status indicators provide an assessment of the conditions of community residents. Data in ***Exhibit 19*** indicate the following:

- The Okaloosa County suicide rate is more than 50 percent higher than the Florida rate;
- Okaloosa County rates for hospitalizations for mental disorders, hospitalizations for mood and depressive disorders, and hospitalizations for mental disorders, except drug and alcohol-induced mental disorders, are higher than Florida rates; and
- The Walton County suicide rate is higher than the Florida rate.

Clinical Care – Access to Health Care

Exhibit 20: Access to Care Indicators - Insurance and Cost

Indicator	Year	Okaloosa	Walton	Florida
Adults with health insurance coverage	2012-16	86.6%	82.5%	**83.6%**
Adults who have Medicare	2016	40.6%	48.0%	**37.9%**
Adults who could not see a doctor at least once in the past year due to cost	2016	15.6%	15.7%	**16.6%**

Source: Florida Department of Health (FLHealthCharts.com). Light grey shading indicates that rates were higher (worse) than the Florida average; dark grey shading indicates that rates were more than 50 percent higher than the Florida average.

Description

Exhibit 20 presents indicators for access to care indicators related to insurance and cost for Okaloosa County, Walton County, and the state of Florida.

Observations

Access to care can be measured by insurance coverage of community residents. Indicators related to insurance and cost are relevant because lack of insurance, types of insurance, and the cost of medical services are primary barriers to healthcare access. Data in ***Exhibit 20*** indicate the following:

- Approximately one in six adults in Okaloosa County (13.4 percent), Walton County (17.5 percent), and the state of Florida (16.4 percent) did not have health insurance in 2016;
- The Walton County percentage of adults with insurance coverage is lower than the percentage for Florida;
- Four in ten (40.6 percent) Okaloosa County residents and nearly half (48.0 percent) of Walton County residents are covered by Medicare, which may limit access to some providers; and
- Approximately one in six adults in Okaloosa County (15.6 percent), Walton County (15.7 percent), and the state of Florida (16.6 percent) could not see a doctor due to cost.

Exhibit 21: Access to Care Indicators - Provider Services

Indicator	Measure	Year	Okaloosa	Walton	Florida
Adults who have a personal doctor	Percent	2016	63.7%	77.8%	**72.0%**
Licensed Florida family practice physicians	Per 100,000 population	2014-16	24.8	13.0	**15.8**
Licensed Florida dentists	Per 100,000 population	2014-16	63.0	33.6	**57.4**
Hospital beds	Per 100,000 population	2015-17	235.8	189.1	**312.9**
County health department full-time employees	Per 100,000 population	2015-17	52.1	143.9	**48.0**
County health department expenditures per person	Per person	2015-17	$37.00	$94.60	**$36.00**

Source: Florida Department of Health (FLHealthCharts.com). Light grey shading indicates that rates were higher (worse) than the Florida average; dark grey shading indicates that rates were more than 50 percent higher than the Florida average.

Description

Exhibit 21 presents indicators for access to care indicators related to provider services for Okaloosa County, Walton County, and the state of Florida.

Observations

Access to care can be measured by providers utilized by and/or available to of community residents. Data in ***Exhibit 21*** indicate the following:

- In Okaloosa County, the rates of personal care doctors and hospital beds per 100,000 residents are lower than the Florida rates; and
- In Walton County, the rates of dentists and the rate of hospital beds per 100,000 residents are more than 50 percent lower than the Florida rates, and the rate for family practice physicians is also lower than the Florida rate.

Exhibit 22: Access to Care Indicators - Preventable Hospitalizations (Under 65), 2017

Indicator	Okaloosa	Walton	Florida
	Rate	Rate	Rate
All conditions	977.8	887.9	**1,033.0**
Chronic obstructive pulmonary disease (COPD)	165.8	149.2	**168.2**
Diabetes	154.2	166.2	**167.4**
Bacterial pneumonia	68.9	103.9	**103.9**
Cellulitis	78.0	96.3	**99.9**
Grand mal & other epileptic conditions	61.6	51.0	**81.7**
Congestive heart failure	63.4	60.5	**73.7**
Asthma	69.5	20.8	**71.5**
Dehydration - volume depletion	60.4	58.6	**62.3**
Nutritional deficiencies	132.9	62.3	**55.0**
Gastroenteritis	45.1	37.8	**48.3**
Kidney/urinary infection	22.6	39.7	**29.8**
Convulsions ages 6 years or older	13.4	-	**26.6**
Severe ear, nose, & throat infections	15.2	17.0	**19.5**
Pelvic inflammatory disease	16.4	-	**12.1**
dental conditions	12.8	9.4	**12.0**
Skin grafts with cellulitis	5.5	-	**8.0**
Hypertension	11.0	-	**7.0**
Angina	9.1	-	**6.5**
Convulsions	5.5	-	**4.5**
Hypoglycemia	3.0	-	**1.4**

Source: Florida Department of Health (FLHealthCharts.com). Light grey shading indicates that rates were higher (worse) than the Florida average; dark grey shading indicates that rates were more than 50 percent higher than the Florida average.

Description

Exhibit 22 presents 2017 preventable hospitalization rates, per 100,000 population, for residents under 65 for Okaloosa County, Walton County, and the state of Florida.

Observations

Access to care can be measured by preventative hospitalizations, known as Ambulatory Care Sensitive Conditions (ACSC). ACSCs are theoretically preventable hospitalizations when timely outpatient care is available and received. Data in ***Exhibit 22*** indicate the following:

- In Okaloosa County, the ACSC discharge rates for nutritional deficiencies, hypertension, and hypoglycemia are more than 50 percent higher than the Florida rates, and the rates for pelvic inflammatory disease, dental conditions, angina, and convulsions are higher than Florida rates; and
- In Okaloosa County, the ACSC discharge rates for nutritional deficiencies and kidney/urinary infections are higher than Florida rates.

Clinical Care – Preventive Services

Exhibit 23: Clinical Care, Preventive Services, 2016

Indicator	Okaloosa	Walton	Florida
Adults who had a medical checkup in the past year	69.5%	77.0%	**76.5%**
Adults who received a flu shot in the past year	37.7%	38.9%	**35.0%**
Adults who have ever received a pneumonia vaccination	36.6%	36.7%	**34.6%**
Women 40 years of age and older who received a mammogram in the past year	58.2%	52.3%	**60.8%**
Women 18 years of age and older who received a Pap test in the past year	46.1%	43.2%	**48.4%**
Men 50 years of age and older who received a PSA test in the past two years	55.1%	48.8%	**54.9%**
Adults ages 50 years and older who received a blood stool test in the past year	10.6%	9.6%	**16.0%**
Adults 50 years of age and older who received a sigmoidoscopy or colonoscopy in the past five years	55.3%	55. 3%	**53.9%**
Adults less than 65 years of age who had an HIV test in the past 12 months	24.3%	11.1%	**19.7%**

Source: Florida Department of Health (FLHealthCharts.com). Light grey shading indicates that rates were higher (worse) than the Florida average; dark grey shading indicates that rates were more than 50 percent higher than the Florida average.

Description

Exhibit 23 presents 2016 clinical care indicators related to preventive services for Okaloosa County, Walton County, and the state of Florida.

Observations

Evaluating the utilization of preventive services can inform both access to care of residents and the likelihood that residents will utilize available preventive services. Data in ***Exhibit 23*** indicate the following:

- In Okaloosa County, residents are more than 50 percent less likely to receive a blood stool test than Florida residents, and adults are less likely to had a recent medical checkup, women 40 and older are less likely to had a mammogram, and women 18 and older are less likely to receive a Pap test than Florida residents; and
- In Walton County, residents are more than 50 percent less likely to receive a blood stool test or an HIV test than Florida residents, and women 40 and older are less likely to had a mammogram, women 18 and older are less likely to receive a Pap test; and men over 50 are less likely to receive a PSA test than Florida residents.

Health Behaviors

Exhibit 24: Health Behaviors - Tobacco Use and Exposure, 2016

Indicator	Okaloosa	Walton	Florida
Adults who are current smokers	18.0%	15.3%	**15.5%**
Adult current smokers who tried to quit smoking at least once in the past year	65.6%	61.3%	**62.1%**
Adults who are former smokers (currently quit smoking)	29.2%	32.6%	**26.5%**
Adults who have never smoked	52.8%	52.0%	**58.0%**
Adults who are current e-cigarette users	6.1%	4.8%	**4.7%**
Adults who are former e-cigarette users	15.6%	14.4%	**15.5%**
Adults who have never used e-cigarettes	78.2%	80.8%	**79.8%**

Source: Florida Department of Health (FLHealthCharts.com). Light grey shading indicates that rates were higher (worse) than the Florida average; dark grey shading indicates that rates were more than 50 percent higher than the Florida average.

Description

Exhibit 24 presents indicators for tobacco use and exposure for Okaloosa County, Walton County, and the state of Florida.

Observations

Health behaviors contribute markedly to leading causes of death, disability, and social problems. Tobacco use, especially, can have negative impact on health. Data in ***Exhibit 24*** indicate the following:

- In Okaloosa County, residents are more likely to be current or former smokers, including e-cigarettes, than Florida residents; and
- In Walton County, residents who smoke were less than likely to have tried to quit in 2016 and more likely to use e-cigarettes than Florida residents.

Exhibit 25: Health Behaviors - Physical Activity, 2016

Indicator	Okaloosa	Walton	Florida
Adults who are sedentary	35.3%	34.2%	**29.8%**
Adults who are inactive or insufficiently active	60.7%	56.0%	**56.7%**
Adults who meet aerobic recommendations	40.5%	45.5%	**44.8%**
Adults who meet muscle strengthening recommendations	38.8%	31.0%	**38.2%**

Source: Florida Department of Health (FLHealthCharts.com).
Light grey shading indicates that rates were higher (worse) than the Florida average; dark grey shading indicates that rates were more than 50 percent higher than the Florida average.

Description
Exhibit 25 presents 2016 physical activity indicators for Okaloosa County, Walton County, and the state of Florida.

Observations
Health behaviors contribute markedly to leading causes of death, disability, and social problems. Physical activity can positively impact health. Data in ***Exhibit 25*** indicate the following:

- In Okaloosa County, adult residents are more likely to be sedentary and inactive than Florida residents; and
- In Walton County, adult residents are more likely to be sedentary, and not meet aerobic and muscle-strengthening recommendations, than Florida residents.

Exhibit 26: Health Behaviors - Overweight and Obesity, 2016

Indicator	Okaloosa	Walton	Florida
Adults who are overweight	38.4%	31.8%	**35.8%**
Adults who are obese	26.9%	29.8%	**27.4%**
Adults who have a healthy weight	32.3%	36.3%	**34.5%**

Source: Florida Department of Health (FLHealthCharts.com).
Light grey shading indicates that rates were higher (worse) than the Florida average; dark grey shading indicates that rates were more than 50 percent higher than the Florida average.

Description
Exhibit 26 presents indicators for overweight and obesity incidence for Okaloosa County, Walton County, and the state of Florida.

Observations
Health behaviors contribute markedly to leading causes of death, disability, and social problems. Overweight and obesity status can negatively impact health. Data in ***Exhibit 26*** indicate the following:

- In Okaloosa County, adult residents are more likely to be overweight and less likely to have a healthy weight than Florida residents; and
- In Walton County, adult residents are more likely to be obese than Florida residents.

Exhibit 27: Health Behaviors - Alcohol-suspected Motor Vehicle Crashes per 100,000 Population, 2014-16

Indictor	Okaloosa	Walton	Florida
Alcohol-suspected motor vehicle crash injuries	60.5	87.1	**53.6**
Alcohol-suspected motor vehicle crash deaths	5.7	9.2	**4.5**

Source: Florida Department of Health (FLHealthCharts.com).
Light grey shading indicates that rates were higher (worse) than the Florida average;
dark grey shading indicates that rates were more than 50 percent higher than the Florida average.

Description

Exhibit 27 presents indicators for alcohol-suspected motor vehicle crashes per 100,000 population for Okaloosa County, Walton County, and the state of Florida.

Observations

Health behaviors contribute markedly to leading causes of death, disability, and social problems. Alcohol consumption can impair driving, leading to injuries and death from motor vehicle crashes. Data in ***Exhibit 27*** indicate the following:

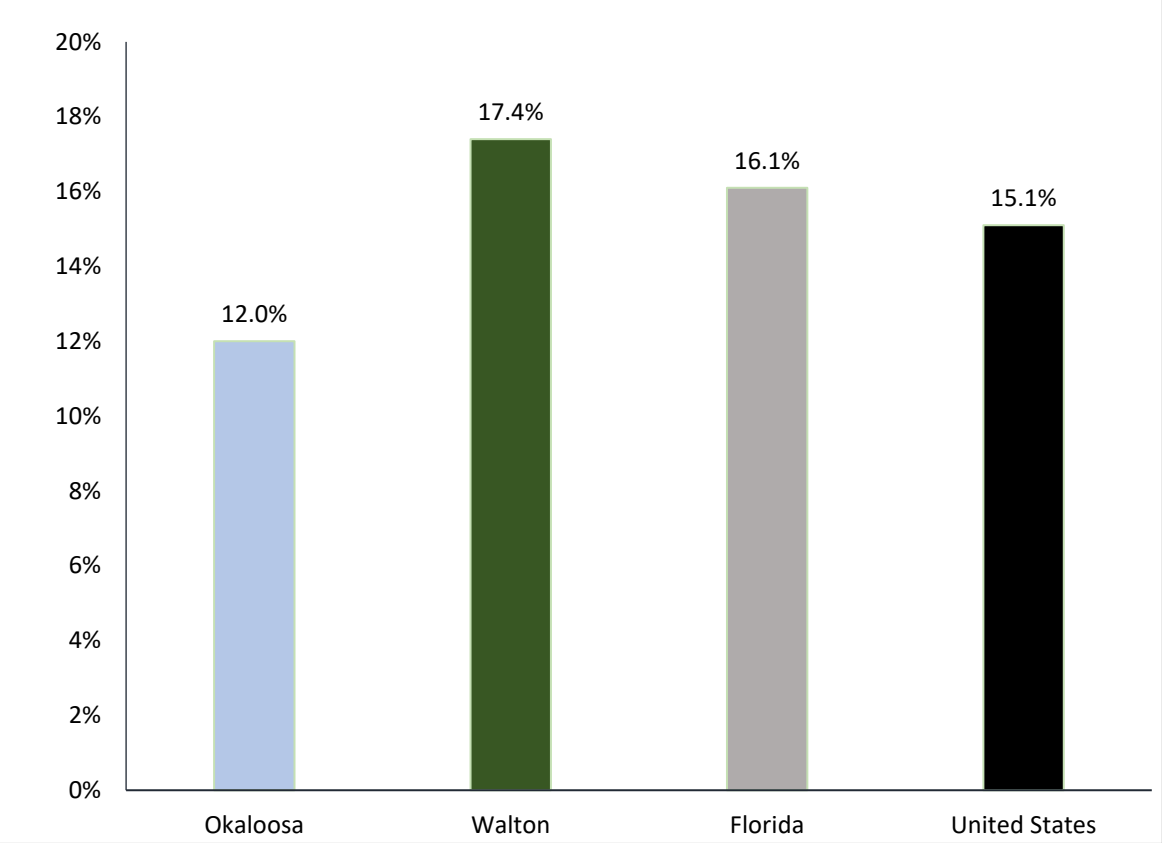
- In Okaloosa County, injury and death rates from alcohol-suspected motor vehicle crashes are higher than Florida rates; and
- In Walton County, injury and death rates from alcohol-suspected motor vehicle crashes are more than 50 percent higher than Florida rates.

Economic Indicators

The following types of economic indicators with implications for health were assessed: (1) people in poverty; (2) household income; (3) unemployment rates; (4) insurance status; and (5) crime.

People in Poverty

Exhibit 28: Percent of People in Poverty, 2012-2016



Source: U.S. Census Bureau, ACS 5-year estimates, 2012-2016.

Description

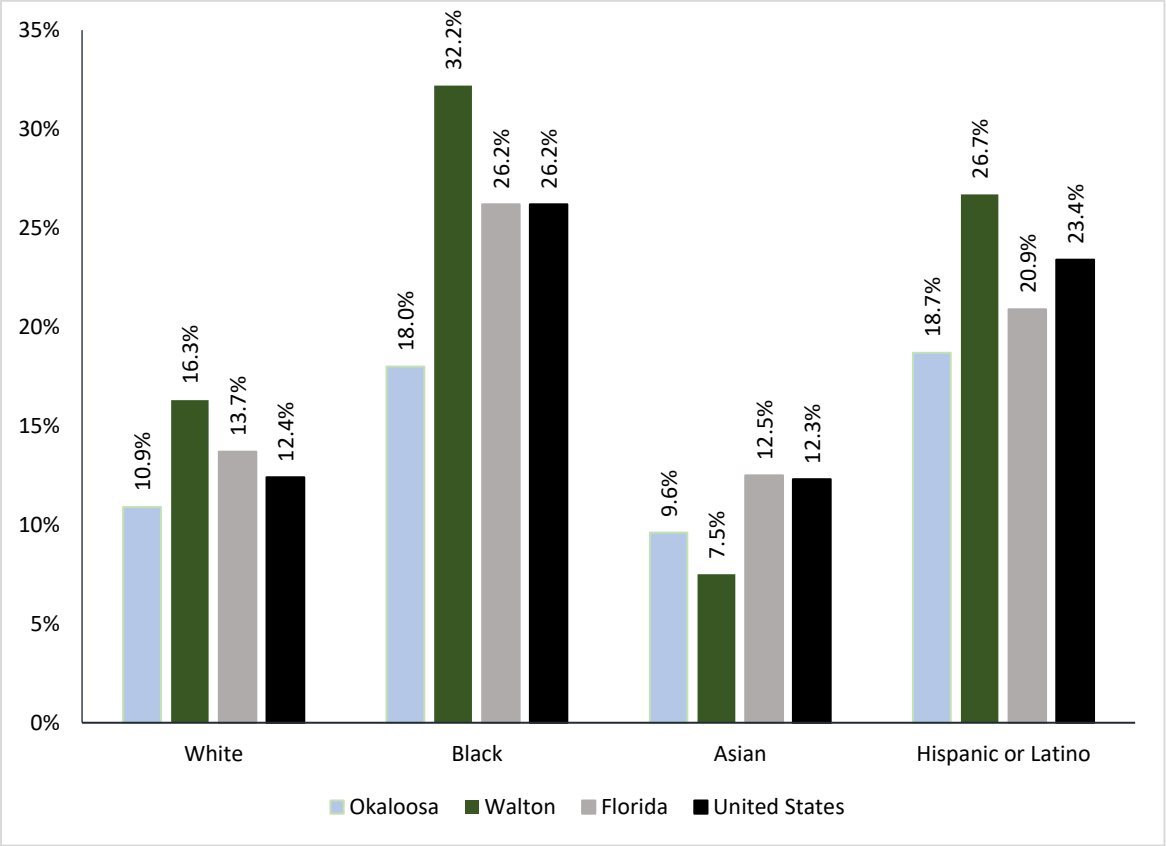
Exhibit 28 presents the percent of people in Okaloosa County, Walton County, the state of Florida, and the United States in poverty, 2012-2016.

Observations

As many health needs are associated with poverty, poverty rates and other measures of economic well-being can inform assessment of community health needs. Data in ***Exhibit 28*** indicate the following:

- In Walton County, residents are more likely to be in poverty than residents of Florida and the United States overall.

Exhibit 29: Percent of People in Poverty, by County and Race / Ethnicity, 2012-2016



Source: U.S. Census Bureau, ACS 5-year estimates, 2012-2016.

Description

Exhibit 29 presents the percent of people in Okaloosa County, Walton County, the state of Florida, and the United States in poverty, 2012-2016.

Observations

As many health needs are associated with poverty, poverty rates and other measures of economic well-being can inform assessment of community health needs. Data in ***Exhibit 29*** indicate the following:

- In Okaloosa and Walton counties, poverty rates for Black and Hispanic or Latino residents were disproportionately higher than poverty rates for White and Asian residents; and
- In Walton County, poverty rates for White, Black, and Hispanic or Latino residents were higher than Florida and U.S. poverty rates.

Household Income

Exhibit 30: Percent Low-Income Households, 2016

Area	Occupied Housing Units	Average Median Income	Percent less than $25,000 per year	Percent less than $50,000 per year
Okaloosa	76,140	$57,655	17.3%	38.5%
Walton	24,329	$46,910	23.6%	50.9%
Florida	**7,393,262**	**$48,900**	**23.6%**	**48.3%**
United States	117,716,237	$55,322	21.1%	42.4%

Source: U.S. Census Bureau, ACS 5-year estimates, 2012-2016.

Description

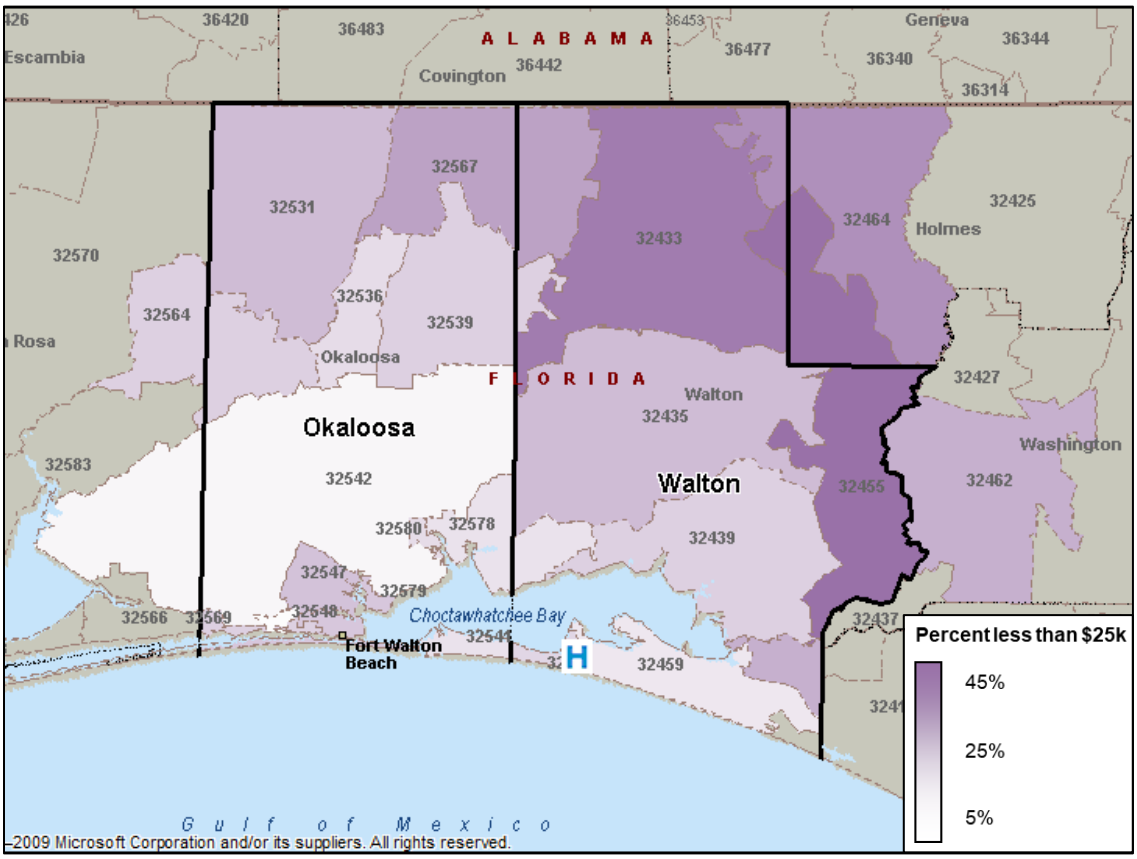
Exhibit 30 presents indicators for low income households in Okaloosa County, Walton County, the state of Florida, and the United States.

Observations

Household income is assessed by many public and private agencies to determine household needs for low-income assistance programs. Data in ***Exhibit 30*** indicate the following:

- In Okaloosa County, approximately one in six households (17.3 percent) have incomes below $25,000 and approximately four in ten households (23.6 percent) have incomes below $50,0000; and
- In Walton County, approximately one in four households (38.5 percent) have incomes below $25,000 and approximately one-half of households (50.9 percent) have incomes below $50,000, a rate that is higher than Florida and U.S. rates.

Exhibit 31: Percent Households Less Than $25,000 Annual Income, 2015



Sources: Microsoft MapPoint and U.S. Census Bureau, ACS 5-year estimates, 2011-2015.
Note that density of shading on this map is not comparable to the density of shading of other maps. The legend is specific to this map.

Description

Exhibit 31 presents a map of the percentage of households in the community with incomes under $25,000.

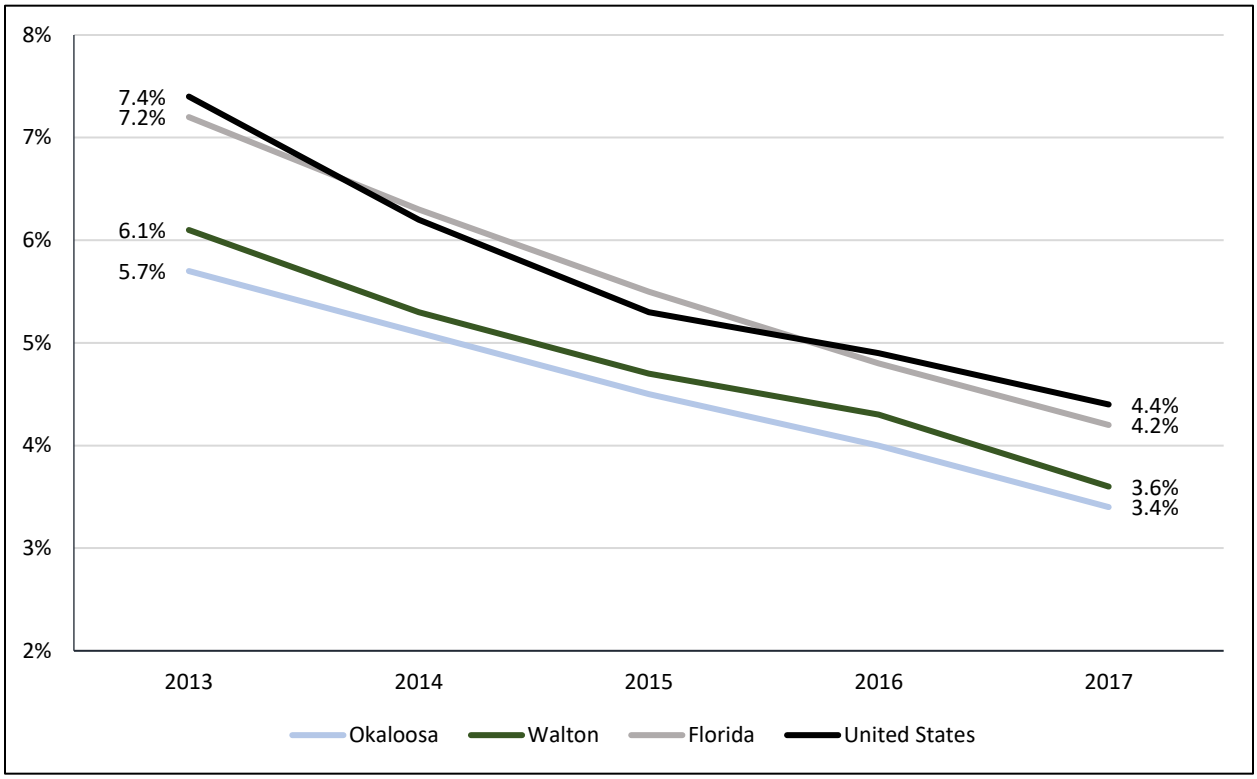
Observations

Household income is assessed by many public and private agencies to determine household needs for low-income assistance programs. Data in ***Exhibit 31*** indicate the following:

- In Okaloosa County, 31.0 percent of households in ZIP Code 32567 have incomes below $25,000; and
- In Walton County, 44.8 percent of households in ZIP Code 32455, 40.9 percent of households in ZIP Code 32433, 35.8 percent of households in ZIP Code 32464, and 26.8 percent of households in ZIP Code 32462 have incomes below $25,000.

Unemployment Rate

Exhibit 32: Unemployment Rates, 2013-2017



Source: U.S. Bureau of Labor Statistics, 2018.

Description

Exhibit 32 presents indicators for unemployment rates for Okaloosa County, Walton County, the state of Florida, and the United States.

Observations

Unemployment creates financial instability and barriers to access including insurance coverage, health services, healthy food, and other necessities that contribute to poor health status. Data in ***Exhibit 32*** indicate the following:

- Unemployment rates decreased from 2013 to 2017 for Okaloosa and Walton counties, Florida, and the United States; and
- Unemployment rates in Okaloosa and Walton counties were lower than Florida and U.S. rates from 2013 to 2017.

Crime

Exhibit 33: Crime Rates per 100,000 Population, 2014-2016

Indictor	Okaloosa	Walton	Florida
Index crimes [*aggregate*]	2,940.0	2,653.9	**3,310.2**
Larceny	1,943.7	1,588.1	**2,099.8**
Burglary	470.1	588.9	**552.8**
Aggravated assault	306.9	310.7	**309.5**
Motor vehicle theft	118.1	115.3	**200.5**
Robbery	48.9	17.3	**105.2**
Rape	48.0	30.9	**37.2**
Murder	4.3	2.7	**5.2**
Forcible sex offenses	67.7	57.4	**52.7**
Domestic violence offenses	894.0	803.8	**536.2**

Source: Florida Department of Health (FLHealthCharts.com).
Light grey shading indicates that rates were higher (worse) than the Florida average.
Dark grey shading indicates that rates were more than 50 percent higher than the Florida average.

Description

Exhibit 33 presents indicators for crime rates per 100,000 for Okaloosa County, Walton County, and the state of Florida. The "Index Crimes" is the aggregate of the rates for larceny, burglary, aggravated assault, motor vehicle theft, robbery, rape, and murder.

Observations

A safe environment supports community health by helping to prevent injury and promote recreation and good mental health. Data in ***Exhibit 33*** indicate the following:

- In Okaloosa County, domestic violence offense rates were more than 50 percent higher than the Florida rate;
- In Okaloosa County, rape and forcible sex offense rates were higher than Florida rates;
- In Walton County, burglary, aggravated assault, forcible sex offense, and domestic violence rates were higher than Florida rates.

Other Socioeconomic Indicators

Exhibit 34: Other Socioeconomic Indicators, 2016

Area	Population 25+ without High School Diploma	Population with a Disability	Population Linguistically Isolated
Okaloosa	8.7%	13.9%	3.3%
Walton	15.1%	16.5%	2.7%
Florida	**12.8%**	**13.3%**	**11.7%**
U.S.	13.0%	12.5%	8.5%

Source: U.S. Census Bureau, ACS 5-year estimates, 2012-2016.
Light grey shading indicates that rates were higher (worse) than the Florida average.
Dark grey shading indicates that rates were more than 50 percent higher than the Florida average.

Description

Exhibit 34 portrays the percent of the population (aged 25 years and above) without a high school diploma, the percent of the population with a disability, and the percent of the population that is linguistically isolated, by county.

Observations

A safe environment supports community health by helping to prevent injury and promote recreation and good mental health. Data in ***Exhibit 34*** indicate the following:

- In Okaloosa County, the percentage of the population with a disability is higher than the Florida percentage; and
- In Walton County, the percentages of the population (aged 25 and above) without a high school diploma and the percentage of the population with a disability are higher than the Florida percentages.

Local Health Status and Access Indicators

County Health Rankings

Exhibit 35: County Health Rankings, 2015 and 2018

Measure	Okaloosa		Walton	
	2015	2018	2015	2018
Health Outcomes	**17**	**18**	**38**	**29**
Health Factors	**12**	**10**	**32**	**36**
Length of Life	**11**	**22**	**33**	**27**
Premature death	11	22	33	27
Quality of Life	**16**	**14**	**43**	**25**
Poor or fair health	32	20	46	31
Poor physical health days	46	24	49	35
Poor mental health days	6	25	45	31
Low birthweight	21	15	36	18
Health Behaviors	**32**	**30**	**38**	**38**
Adult smoking	40	32	50	43
Adult obesity	28	13	23	27
Food environment index	23	32	15	20
Physical inactivity	16	13	34	25
Access to exercise opportunities	25	39	46	45
Excessive drinking	45	56	56	44
Alcohol-impaired driving deaths	33	39	41	63
Sexually transmitted infections	51	54	9	26
Teen births	27	32	37	40
Clinical Care	**15**	**20**	**55**	**51**
Uninsured	8	13	49	50
Primary care physicians	11	8	36	35
Dentists	7	3	34	31
Mental health providers	16	16	36	42
Preventable hospital stays	28	18	52	40
Diabetes monitoring	62	66	64	65
Mammography screening	22	34	44	47
Social & Economic Factors	**2**	**4**	**10**	**14**
High school graduation	7	15	25	47
Some college	9	5	27	25
Unemployment	3	3	2	8
Children in poverty	10	6	41	23
Income inequality	19	15	38	50
Children in single-parent households	18	9	33	14
Social associations	19	26	24	23
Violent crime	40	41	31	33
Injury deaths	16	17	42	21
Physical Environment	**61**	**44**	**67**	**67**
Air pollution	65	58	64	58
Severe housing problems	25	30	55	58
Driving alone to work	54	57	51	43
Long commute - driving alone	20	20	34	41

Source: County Health Rankings, 2018.

Description

Exhibit 35 presents *County Health Rankings*, a University of Wisconsin Population Health Institute initiative funded by the Robert Wood Johnson Foundation that incorporates a variety of health status indicators into a system that ranks each county/city within each state in terms of "health factors" and "health outcomes." These health factors and outcomes are composite measures based on several variables grouped into the following categories: health behaviors, clinical care,[11] social and economic factors, and physical environment.[12] *County Health Rankings* is updated annually. *County Health Rankings* 2018 relies on data from 2010 to 2017.

The exhibit presents 2015 and 2018 rankings for each available indicator category. Rankings indicate how the county ranked in relation to all 67 counties in the Florida, with 1 indicating the most favorable rankings and 67 the least favorable. Light grey shading indicates rankings in the bottom half of Florida counties; dark grey shading indicates rankings in bottom quartile of Florida counties.

Observations

Data in ***Exhibit 35*** indicate the following:

- Okaloosa County ranked in the bottom 50th percentile among Florida counties for 10 of the 42 indicators assessed in 2018;
    - Five of the 10 indicators that ranked in the bottom 50th percentile were in the bottom quartile (excessive drinking, sexually transmitted infections, diabetes monitoring, air pollution, and driving alone to work);
    - Rankings for 21 indictors fell between 2015 and 2018,
- Walton County ranked in the bottom 50th percentile among Florida counties for 22 of the 42 indicators assessed in 2018;
    - Six of the 22 indicators that ranked in the bottom 50th percentile were in the bottom quartile (alcohol-impaired driving deaths, clinical care, diabetes monitoring, physical environment, air pollution, and severe housing problems);
    - Rankings for 17 indictors fell between 2015 and 2018.

[11] A composite measure of Access to Care, which examines the percent of the population without health insurance and ratio of population to primary care physicians, and Quality of Care, which examines the hospitalization rate for ambulatory care sensitive conditions, whether diabetic Medicare patients are receiving HbA1C screening, and percent of chronically ill Medicare enrollees in hospice care in the last 8 months of life.

[12] A composite measure that examines Environmental Quality, which measures the number of air pollution-particulate matter days and air pollution-ozone days, and Built Environment, which measures access to healthy foods and recreational facilities and the percent of restaurants that are fast food.

Exhibit 36A: County Health Rankings Data Compared to Florida and U.S. Averages, 2018
Health Outcomes

Indicator Category	Indicator	Okaloosa County	Walton County	Florida	U.S.
Length of life	Years of potential life lost before age 75 per 100,000 population (age-adjusted)	7,220	7,483	**6,803**	6,700
Quality of life	Percentage of adults reporting fair or poor health (age-adjusted)	16.5	18.6	**18.5**	16.0
Quality of life	Average number of physically unhealthy days reported in past 30 days (age-adjusted)	4.0	4.3	**3.8**	3.7
Quality of life	Average number of mentally unhealthy days reported in past 30 days (age-adjusted)	4.0	4.1	**3.8**	3.8
Quality of life	Percentage of live births with low birthweight (< 2500 grams)	7.7	7.7	**8.6**	8.0

Source: County Health Rankings, 2018.
Light grey shading indicates that rates were higher (worse) than the Florida average.
Dark grey shading indicates that rates were more than 50 percent higher than the Florida average.

Description

Exhibit 36A presents indicators for health outcomes from *County Health Rankings 2018* for Okaloosa County, Walton County, the state of Florida, and the United States.

Observations

County Health Ranking's Health Outcomes measure is based on length of life and quality of life indicators. Data in ***Exhibit 36A*** indicate the following:

- In Okaloosa County, the number of years of potential life lost (YPLL) rate, the average number of physically unhealthy days, and the average number of mentally unhealthy days are greater than Florida and U.S. averages; and
- In Walton County, the number of years of potential life lost (YPLL) rate, the percentage of adults reporting fair or poor health, the average number of physically unhealthy days, and the average number of mentally unhealthy days are greater than the Florida and U.S. averages.

Exhibit 36B: County Health Rankings Data Compared to Florida and U.S. Averages, 2018
Health Factors – Health Behaviors

Indicator Category	Indicator	Okaloosa County	Walton County	Florida	U.S.
Adult smoking	Percentage of adults who are current smokers	17.4	19.0	**15.5**	17.0
Adult obesity	Percentage of adults that report a BMI of 30 or more	25.5	28.1	**25.9**	28.0
Food environment index	Index of factors that contribute to a healthy food environment, 0 (worst) to 10 (best)	7.0	7.4	**6.7**	7.7
Physical inactivity	Percentage of adults age 20 and over reporting no leisure-time physical activity	23.0	25.0	**23.8**	23.0
Access to exercise opportunities	Percentage of population with adequate access to locations for physical activity	73.6	63.5	**87.0**	83.0
Excessive drinking	Percentage of adults reporting binge or heavy drinking	20.1	18.5	**17.5**	18.0
Alcohol-impaired driving deaths	Percentage of driving deaths with alcohol involvement	31.3	45.1	**26.4**	29.0
Sexually transmitted infections	Number of newly diagnosed chlamydia cases per 100,000 population	500.7	344.5	**454.8**	478.8
Teen births	Number of births per 1,000 female population ages 15-19	32.9	38.3	**25.3**	27.0

Source: County Health Rankings, 2018.
Light grey shading indicates that rates were higher (worse) than the Florida average.
Dark grey shading indicates that rates were more than 50 percent higher than the Florida average.

Description

Exhibit 36B presents indicators for health behaviors from *County Health Rankings* for Okaloosa County, Walton County, the state of Florida, and the United States.

Observations

Health behavior indicators assess current activities, which can determine future health and may correlate to other health issues, such as diabetes. Data in ***Exhibit 36B*** indicate the following:

- In Okaloosa County, rates for adult smoking, excessive drinking, alcohol-impaired driving deaths, sexually transmitted infections, and teen births are higher than Florida and U.S. averages;
- In Okaloosa County, the percent with access to exercise opportunities is lower than Florida and U.S. averages;
- The Walton County rates for alcohol-impaired driving deaths and teen births are more than 50 percent higher than Florida rates and higher than U.S. rates;
- In Walton County, rates for adult smoking, adult obesity, physical inactivity, and excessive drinking are higher than Florida and U.S. averages; and
- In Walton County, the percent with access to exercise opportunities is lower than Florida and U.S. averages.

Exhibit 36C: County Health Rankings Data Compared to Florida and U.S. Averages, 2018
Health Factors – Clinical Care

Indicator Category	Indicator	Okaloosa County	Walton County	Florida	U.S.
Uninsured	Percentage of population under age 65 without health insurance	12.6	17.4	**16.3**	11.0
Primary care physicians	Ratio of population to primary care physicians	1,242:1	2,049:1	**1,376:1**	1,320:1
Dentists	Ratio of population to dentists	1,281:1	2,440:1	**1,735:1**	1,480:1
Mental health providers	Ratio of population to mental health providers	680:1	1,607:1	**703:1**	470:1
Preventable hospital stays	Number of hospital stays for ambulatory-care sensitive conditions per 1,000 Medicare enrollees	50.3	65.0	**53.6**	49.0
Diabetes monitoring	Percentage of diabetic Medicare enrollees ages 65-75 that receive HbA1c monitoring	78.3	78.5	**85.6**	85.0
Mammography screening	Percentage of female Medicare enrollees ages 67-69 that receive mammography screening	64.6	61.0	**67.9**	63.0

Source: County Health Rankings, 2018.
Light grey shading indicates that rates were higher (worse) than the Florida average.
Dark grey shading indicates that rates were more than 50 percent higher than the Florida average.

Description

Exhibit 36C presents indicators for clinical care from *County Health Rankings* for Okaloosa County, Walton County, the state of Florida, and the United States.

Observations

Clinical care indicators assess a lack of access to preventive care, a lack of health knowledge, insufficient provider outreach, and/or social barriers preventing utilization of services. Data in ***Exhibit 36C*** indicate the following:

- In Okaloosa County, the percentages of Medicare enrollees receiving diabetes monitoring and mammography screening are lower than Florida percentages; and
- In Walton County, the percentage of the population under 65 without health insurance is higher than the Florida percentage;
- In Walton County, the ratio of the population to primary care physicians, dentists, and mental health providers is higher than the Florida and U.S. rates;
- In Walton County, the rate of preventable hospital stays among Medicare enrollees is higher than the Florida and U.S. rates; and
- In Walton County, the percentages of Medicare enrollees receiving diabetes monitoring and mammography screening are lower than Florida percentages.

Exhibit 36D: County Health Rankings Data Compared to Florida and U.S. Averages, 2018
Health Factors – Social and Economic Environment

Indicator Category	Indicator	Okaloosa County	Walton County	Florida	U.S.
High school graduation	Percentage of ninth-grade cohort that graduates in four years	82.0	74.0	**77.9**	83.0
Some college	Percentage of adults ages 25-44 with some post-secondary education	67.9	57.3	**61.8**	65.0
Unemployment	Percentage of population ages 16 and older unemployed but seeking work	4.0	4.3	**4.9**	4.9
Children in poverty	Percentage of children under age 18 in poverty	16.4	21.3	**21.3**	20.0
Income inequality	Ratio of household income at the 80th percentile to income at the 20th percentile	4.1	4.8	**4.7**	5.0
Children in single-parent households	Percentage of children that live in a household headed by single parent	32.1	34.3	**38.5**	34.0
Social associations	Number of membership associations per 10,000 population	9.2	9.8	**7.1**	9.3
Violent crime	Number of reported violent crime offenses per 100,000 population	435.1	373.7	**499.6**	380.0
Injury deaths	Number of deaths due to injury per 100,000 population	70.1	72.7	**72.3**	65.0

Source: County Health Rankings, 2018.
Light grey shading indicates that rates were higher (worse) than the Florida average.
Dark grey shading indicates that rates were more than 50 percent higher than the Florida average.

Description

Exhibit 36D presents social and economic environment indicators from *County Health Rankings* for Okaloosa County, Walton County, the state of Florida, and the United States.

Observations

Social and economic indicators measure education, poverty, and other environment factors, which are correlated with health and health outcomes. Data in ***Exhibit 36D*** indicate the following:

- In Walton County, percentages of high school graduation and adults with some college are lower than Florida and U.S. percentages; and
- In Walton County, income inequality and the rate of injury deaths are higher than in Florida overall.

Exhibit 36E: County Health Rankings Data Compared to Ohio and U.S. Averages, 2018
Health Factors – Physical Environment

Indicator Category	Indicator	Okaloosa County	Walton County	Florida	U.S.
Air pollution - particulate matter	Average daily density of fine particulate matter in micrograms per cubic meter (PM2.5)	8.6	8.6	**7.4**	8.7
Severe housing problems	Percentage of households with at least 1 of 4 housing problems: overcrowding, high housing costs, or lack of kitchen or plumbing facilities	17.2	21.4	**21.5**	19.0
Driving alone to work	Percentage of the workforce that drives alone to work	83.4	81.1	**79.5**	76.0
Long commute - driving alone	Among workers who commute in their car alone, the percentage that commute more than 30 minutes	31.4	38.9	**39.5**	35.0

Source: County Health Rankings, 2018.
Light grey shading indicates that rates were higher (worse) than the Florida average.
Dark grey shading indicates that rates were more than 50 percent higher than the Florida average.

Description

Exhibit 36E presents social and economic environment indicators from *County Health Rankings* for Okaloosa County, Walton County, the state of Florida, and the United States.

Observations

Factors in the physical environment impact are correlated with health and health outcomes. Data in ***Exhibit 36E*** indicate the following:

- In Okaloosa and Walton counties, particulate matter air pollution is higher than in Florida overall; and
- In Okaloosa and Walton counties, the percentage of the workforce that drives alone to work is greater than the overall Florida and U.S. percentages.

Exhibit 37: Community Health Status Indicators, 2018

Category	Indicator	Okaloosa County	Walton County
Length of Life	Years of Potential Life Lost rate		
Quality of Life	% Fair/poor health		
	Physically unhealthy days		
	Mentally unhealthy days		
	% Births - low birth weight		
Health Behaviors	% Smokers		
	% Obese		
	Food Environment Index		
	% Physically inactive		
	% With access to exercise opportunities		
	% Excessive drinking		
	% Driving deaths alcohol-impaired		
	Chlamydia rate		
	Teen birth rate		
Clinical Care	% Uninsured		
	Primary care physicians rate		
	Dentist rate		
	Mental health professionals rate		
	Preventable hosp. rate		
	% Receiving HbA1c screening		
	% Mammography screening		
Social & Economic Factors	High school graduation rate		
	% Some college		
	% Unemployed		
	% Children in poverty		
	Income ratio		
	% Children in single-parent households		
	Social association rate		
	Violent crime rate		
	Injury death rate		
Physical Environment	Average daily PM2.5		
	% Severe housing problems		
	% Drive alone to work		
	% Long commute - drives alone		

Source: Verité analysis of data from County Health Rankings, 2018
Light grey shading indicates rankings in the bottom half of peer counties;
dark grey shading indicates rankings in the bottom quartile of peer counties.

Description

Exhibit 37 compares Okaloosa and Walton counties to other U.S. counties identified as comparable, peer counties. These comparisons follow a methodology developed by the Centers for Disease Control (CDC) for its *Community Health Status Indicators* Project (CHSI). CHSI developed a group of 30 to 35 peer counties for each county in the U.S. based on 19 variables, including population size, population growth, population density, household income, unemployment, percent children, percent elderly, and poverty rates.

CHSI analyses were formerly available from the CDC. Because comparisons with peer counties (rather than only counties in the same state) are meaningful, Verité Healthcare Consulting rebuilt the CHSI comparisons for this and other CHNAs. The Verité CHSI analysis utilized data compiled by *County Health Rankings* for all 3,143 U.S. counties. The Verité analysis was based on lists of "peer counties" that are also maintained by *County Health Rankings*.

Observations

Social and economic indicators measure education, poverty, and other environment factors, which are correlated with health and health outcomes. Data in ***Exhibit 37*** indicate the following:

- Okaloosa County compares unfavorably to its peer counties for many indicators and ranks in the bottom quartile for access to exercise opportunities, alcohol-impaired driving deaths, teen birth rate, uninsured residents, mental health professionals rate, preventable hospitalization rate, HbA1C (diabetes) screening, high school graduation rate, some college, violent crime rate, injury death rate, drive alone to work, and long commute - drives alone; and
- Walton County compares unfavorably to its peer counties for many indicators and ranks in the bottom quartile for Years of Potential Life Lost (YPLL), fair/poor health, physically unhealthy days, smokers, physical inactivity, access to exercise opportunities, alcohol-impaired driving deaths, teen birth rate, uninsured residents, primary care physicians rate, dentist rate, mental health professionals rate, preventable hospitalization rate, HbA1C (diabetes) screening, mammography screening, high school graduation rate, some college, children in poverty, violent crime rate, injury death rate, drive alone to work, and long commute - drives alone.

Community Need Index™ and Food Deserts

Dignity Health Community Need Index

Exhibit 38: Community Need Index™ Score by ZIP Code

County	City	ZIP Code	CNI
Okaloosa	Baker	32531	3.0
Okaloosa	Crestview	32536	3.4
Okaloosa	Crestview	32539	3.8
Okaloosa	Destin	32541	3.0
Okaloosa	Eglin Air Force Base	32542	4.0
Okaloosa	Hurlburt Field	32544	3.0
Okaloosa	Fort Walton Beach	32547	4.2
Okaloosa	Fort Walton Beach	32548	4.2
Okaloosa	Holt	32564	3.0
Okaloosa	Laurel Hill	32567	4.0
Okaloosa	Mary Esther	32569	3.8
Okaloosa	Niceville	32578	3.0
Okaloosa	Shalimar	32579	3.2
Okaloosa	Valparaiso	32580	4.0
Okaloosa	**Entire County**		**3.6**
Walton	DeFuniak Springs	32433	4.2
Walton	DeFuniak Springs	32435	4.2
Walton	Freeport	32439	4.0
Walton	Ponce De Leon	32455	4.0
Walton	Santa Rosa Beach	32459	2.4
Walton	Vernon	32462	4.4
Walton	Westville	32464	3.6
Walton	Miramar Beach	32550	2.6
Walton	**Entire County**		**3.5**

Source: Dignity Health, 2018

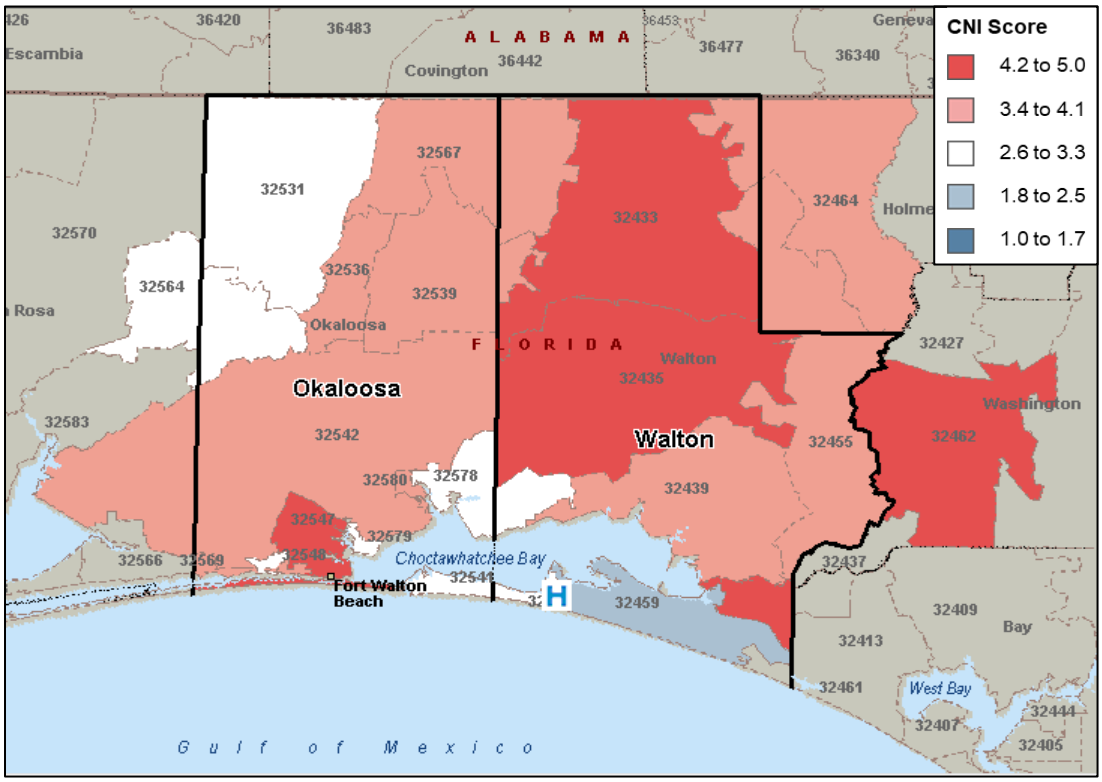
Description

Exhibit 38 summarizes the Community Need Index (CNI) for ZIP Codes with geographic coverage in Okaloosa and Walton counties. Dignity Health, a California-based hospital system, developed and has made widely available for public use a *Community Need Index*™ that measures barriers to health care access by county and ZIP Code. The index is based on five social and economic indicators: (1) the percentage of elders, children, and single parents living in poverty; (2) the percentage of adults over the age of 25 with limited English proficiency, and the percentage of the population that is non-White; (3) the percentage of the population without a high school diploma; (4) the percentage of uninsured and unemployed residents; and (5) the percentage of the population renting houses. A CNI score is calculated for each ZIP Code based on these indicators, with a range from "Lowest Need" (1.0-1.7) to "Highest Need" (4.2-5.0).

Observations

Data in ***Exhibit 38*** indicate that ZIP Codes 32462, 32547, 32548, 32433, and 32435 have the highest need.

Exhibit 39: Map of Community Need Index™ Score by ZIP Code



Sources: MapPoint and Dignity Health, 2018

Description

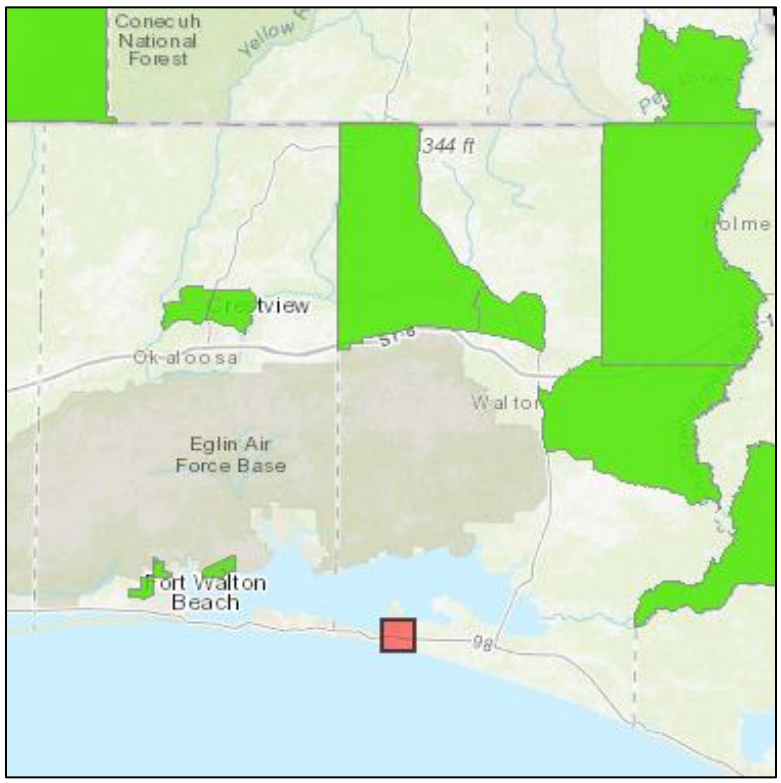
Exhibit 39 maps Dignity Health's CNI scores by ZIP Code.

Observations

Data in ***Exhibit 39*** indicate five of the ZIP Codes with coverage within Okaloosa or Walton counties have "Highest Need" CNI scores. These ZIP Codes are 32462, 32547, 32548, 32433, and 32435.

Food Deserts (Lack of Access to Nutritious and Affordable Food)

Exhibit 40: Food Deserts by Census Tract, 2015



Source: Economic Research Services, U.S. Department of Agriculture, 2018 Note: Red Cube on the map represents the location of ASHEC

Description

Exhibit 40 maps census tracts identified as "food deserts" by the Economic Research Service of the U.S. Department of Agriculture (USDA). The USDA estimates the number of people in each census tract that live in a "food desert," an area with "limited access to supermarkets, supercenters, grocery stores, or other sources of healthy and affordable food." Food deserts in ***Exhibit 40*** are defined as "low income and low access tract measured at 1 mile for urban areas and 10 miles for rural areas."

Observations

Data in ***Exhibit 40*** indicate that several census tracts in the ASHEC community have been designated as food deserts.

Medically Underserved Areas and Populations

Exhibit 41: Medically Underserved Areas

County	Area	Designation Type
Okaloosa	Baker / Laurel Hill Service Area	Medically Underserved Area
Walton	Entire County	Medically Underserved Area

Source: HRSA, 2018

Description
Exhibit 41 identifies Medically Underserved Areas (MUAs) within the ASHEC community.

The Health Resources and Services Administration (HRSA), an agency of the U.S. Department of Health and Human Services, calculates an Index of Medical Underservice (IMU) score for communities across the U.S. The IMU score calculation includes the ratio of primary medical care physicians per 1,000 persons, the infant mortality rate, the percentage of the population with incomes below the poverty level, and the percentage of the population greater than age 64. IMU scores range from zero to 100, where 100 represents the least underserved and zero represents the most underserved.[13]

Any area or population receiving an IMU score of 62.0 or less qualifies for Medically Underserved Area (MUA) or Medically Underserved Population (MUP) designation. Federally Qualified Health Centers (FQHCs) may be established to serve MUAs and MUPs. Populations receiving MUP designation include groups within a geographic area with economic barriers or cultural and/or linguistic access barriers to receiving primary care. When a population group does not qualify for MUP status based on the IMU score, a MUP designation is made if "unusual local conditions which are a barrier to access to or the availability of personal health services exist and are documented, and if such a designation is recommended by the chief executive officer and local officials of the state where the requested population resides."[14]

Observations
Data in ***Exhibit 41*** indicate the following:

- In Okaloosa County, the Baker / Laurel Hill Service Area is designated as MUA; and
- Walton County is identified as a MUA.

[13] U.S. Health Resources and Services Administration. (n.d.) *Guidelines for Medically Underserved Area and Population Designation*. Retrieved 2013, from http://bhpr.hrsa.gov/shortage/muaps/index.html.
[14] *Ibid*.

Health Professional Shortage Areas

Exhibit 42: Health Professional Shortage Areas

County	Designation	HPSA
Primary Care		
Okaloosa	HPSA Population	Northern Okaloosa
Okaloosa	Correctional Facility	Okaloosa Correctional Institution
Walton	HPSA Population	Walton County
Walton	Correctional Facility	Walton Correctional Institution
Mental Health		
Okaloosa	HPSA Population	Okaloosa County
Okaloosa	Correctional Facility	Okaloosa Correctional Institution
Walton	HPSA Geographic	Walton County
Walton	Correctional Facility	Walton Correctional Institution
Dental Care		
Okaloosa	HPSA Population	North Okaloosa
Walton	HPSA Population	Walton County
Walton	Correctional Facility	Walton Correctional Institution

Source: HRSA, 2018

Description

Exhibit 42 identifies Health Professions Shortage Areas (HPSAs) within the ASHEC community. An area can receive a federal Health Professional Shortage Area (HPSA) designation if a shortage of primary medical care, dental care, or mental health care professionals is found to be present. HPSAs can be geographic areas and population groups. In addition, a facility can receive federal HPSA designation and an additional Medicare payment if it provides primary medical care services to an area or population group identified as having inadequate access to primary care, dental, or mental health services.

Observations

Data in ***Exhibit 42*** indicate the following:

- In Okaloosa County, North Okaloosa is designated as a primary care and dental care HPSA;
- In Okaloosa County, the entire county is a mental health HPSA;
- The Okaloosa Correctional Institution is designated as a primary care and mental health HSPA;
- In Walton County, the entire county is designated as a primary care, mental health, and dental care HPSA; and
- The Walton Correctional Institution is designated as a primary care, mental health, and dental care HPSA.

Findings of Other Assessments

In recent years, the Florida Department of Health developed a State Health Improvement Plan and needs assessments were developed by Okaloosa and Walton counties. This section identifies and discusses community health priorities found in that work.

Florida State Health Improvement Plan, 2017-2021

The Florida Department of Health prepared a 2017-2019 State Health Improvement Plan (SHIP), informed by its State Health Assessment. The State Health Assessment:

> "ensured that selected priorities were supported by data about the health status of Florida's residents, the effectiveness of Florida's public health system in providing essential services, residents' perceived quality of life and factors outside of health that impact health, now or in the future."[15]

Eight priority areas were identified in the Florida SHIP, as follows:

1. Behavioral health (including mental illness and substance abuse);
2. Chronic diseases and conditions (includes tobacco-related illnesses and cancer)
3. Health equity;
4. Healthy weight, nutrition, and physical activity;
5. Immunizations;
6. Injury, safety, and violence;
7. Maternal and child health; and
8. Sexually transmitted disease (includes other infectious diseases).

[15] Florida State Health Improvement Plan (SHIP) 2017–2021, Florida Department of Health.

Okaloosa County Community Health Assessment, 2017

A Community Health Assessment ("CHA") was developed by Florida Department of Health in Okaloosa County for 2017. The Okaloosa CHA identified priority areas based on input received from the CHA "Leadership Team and community feedback via town hall meetings, online surveys and in-person meetings." Nine priority areas were identified in the Okaloosa County CHA, as follows:

1. Advancing Education - Low high school graduation rates, high teen pregnancy rate; school start times too early for middle and high school students; lack of quality, affordable child care; and lack of access to job readiness training;
2. Bettering Built Environment - Lack of adequate public transportation; lack of fluoride in water systems; and outgrown/outdated infrastructure (roads, sewer, storm water management);
3. Decreasing Drug Use - High opioid use; and drug use among teens;
4. Improving Infant Mortality - Pregnant women who smoke; high teen pregnancy rate; and infant mortality disparities;
5. Preventing Injuries - Lack of sidewalks/street lighting; pedestrian and bicycle accidents; and lack of road and traffic safety;
6. Promoting Healthy Lifestyles - Poor nutrition; lack of physical activity; unhealthy weight; tobacco/nicotine use; chronic disease; and access to healthy food;
7. Protecting Children & Teens - Domestic violence; child abuse; sexual violence against children; and STDs;
8. Supporting Mental Health - Lack of mental health services; and suicide; and
9. Strengthening Families - Child hunger; homelessness/lack of affordable housing; and poverty/low income levels.

Walton County Community Health Needs Assessment, 2016

A Community Health Needs Assessment was developed by Florida Department of Health in Walton County for 2016. The Walton CHNA process included community representative "meetings, a survey of health and human service organizations, and a community survey distributed both on-line and in paper format." Five indicators of "greatest concern" were identified in the Walton County CHNA, as follows:

1. Healthy weight;
2. Preventive care;
3. Provider availability and access;
4. Substance abuse and mental health; and
5. Tobacco use.

APPENDIX C – COMMUNITY INPUT PARTICIPANTS

Primary data were gathered by conducting interviews with key stakeholders. Key informant interviews were conducted face-to-face and by telephone by Verité Healthcare Consulting between November 2018 and January 2019. The interviews were designed to obtain input on health needs from persons who represent the broad interests of the communities served by Ascension Sacred Heart Bay, Ascension Sacred Heart Emerald Coast, and Ascension Sacred Heart Gulf.

Twenty-five interview sessions were held with 85 individuals representing numerous organizations. Interviewees included individuals with special knowledge of or expertise in public health, local public health department representatives with information and expertise relevant to the health needs of the community; and individuals and organizations serving or representing medically underserved, low-income, and minority populations. Organizations with representatives participating in interview sessions are listed below.

- Bay County Council on Aging
- Bay District Schools
- Big Bend Community Based Care
- Chautauqua Healthcare Services
- Chautauqua Healthcare Services - Health Families
- Chautauqua Healthcare Services - Panhandle 2-1-1
- Children's Home Society of Florida
- City of Panama City Beach
- Covenant Care
- Crestview Area Shelter for the Homeless
- Early Learning Coalition
- Florida Department of Children and Families
- Florida Department of Health in Bay County
- Florida Department of Health in Franklin County
- Florida Department of Health in Gulf County
- Florida Department of Health in Okaloosa County
- Florida Department of Health in Walton County
- Glenwood Working Partnership
- Gulf Coast Children’s Advocacy Center
- Gulf Coast Regional Medical Center
- Gulf Coast State College
- Healthy Start - Okaloosa and Walton County
- Healthy Start Coalition of Bay, Franklin, & Gulf Counties
- Homelessness and Housing Alliance
- Life Management Center
- Lighthouse Health Plan
- New Vision
- Northwest Florida Area Agency on Aging, Inc.

- NWFL Health Council
- Opportunity Place, Inc.
- PanCare of Florida
- Ronda Coon Women's Home
- Ascension Sacred Heart Emerald Coast
- Ascension Sacred Heart Gulf
- Shelter House, Inc.
- The University of Florida's Institute of Food and Agricultural Sciences - Okaloosa County Extension
- The University of Florida's Institute of Food and Agricultural Sciences - Walton County Extension
- The Walton County Housing Agency
- United Way of Okaloosa - Walton
- Walton County Prevention Coalition
- Walton County Sheriff's Office
- Walton Okaloosa Council on Aging

APPENDIX D – IMPACT OF ACTIONS TAKEN SINCE THE PREVIOUS CHNA[16]

ASHEC uses evidence-based approaches in the delivery of healthcare services with the aim of achieving healthy outcomes for the community it serves. It undertakes periodic monitoring of its programs to measure and determine their effectiveness and ensure that best practices continue to be applied.

Given that the process for evaluating the impact of various services and programs on population health is longitudinal by nature, significant changes in health outcomes may not manifest for several community health needs assessment cycles. The hospital continues to evaluate the cumulative impact.

Previously, ASHEC identified a number of community health needs in its 2016 CHNA. These health needs are as follows:

1. Provider availability and access;
2. Mental health and substance abuse; and
3. Healthy weight.

Discussion of interventions and the impact of these activities is below.

1. Provider availability and access

Interventions on this health need included the following:

- Secured initial funding for the Hope Medical Clinic;
- Opened the new clinic in Freeport;
- Began offering walk-in services for established patients at both clinics;
- Educated Sacred Heart emergency department team and social workers on the expanded services;
- Promoted the new location and hours to patients (flyers, website, social media, etc.);
- Referred eligible patients to the new clinic in Walton County; and
- Evaluated program effectiveness for continued funding.

The impact of opening the Hope Medical Clinic included access and referrals to medical and supporting services. Specific services included primary care, women's health, prescription assistance, licensed mental health counselors, case management, health promotion education, specialist referrals, and faith-based resource referrals.

[16] Source: Ascension Sacred Heart

2. Mental health and substance abuse

Interventions on this health need included the following:

- Adopted policy to screen all pregnant women and new mothers for substance abuse issues;
- Educated targeted staff regarding policy, procedure, and need;
- Developed procedure for training new staff on policy;
- Developed comprehensive listing of drug abuse resources for pregnant/postpartum women; and
- Maintained outreach/communications with community-based partners regarding education and early intervention options for pregnant women and new mothers with substance abuse issues.

The impact of developing and implementing the policy to screen all pregnant women and new mothers for substance abuse issues is increased awareness. Screenings are universal and numerous individuals have been referred to substance abuse resources.

3. Healthy weight

Interventions on this health need included the following:

- Conducted Baby Friendly Task Force Committee bi-monthly meetings;
- Met with referring OB offices to provide prenatal education packets and ongoing office staff education;
- Provided educational materials and discussed benefits of breastfeeding and mother/baby bonding during prenatal classes;
- Provided ASHEC OB staff with ongoing education and training consistent with Baby Friendly criteria;
- Educated mothers during hospital stay on relevant "Steps to Successful Breastfeeding";
- Coordinated with Walton County DOH and WIC Breastfeeding Resource Coordinator to identify and promote support groups in community;
- Provided directory of breastfeeding resources to mothers prior to discharge;
- Secured Baby Friendly Designation from Baby Friendly USA

The impact of Baby Friendly activities is ongoing education to new mothers about healthy maternal practices, including breastfeeding. Additionally, new mothers are provided with referrals to community resources. Chart audits are conducted to ensure that Baby Friendly education is provided.

ASHEC's 2016-2019 CHNA and Implementation Plan were made available to the public and open for public comment via the website https://healthcare.ascension.org/. No comments were received on the document at the time this report was written.