



Ascension Sacred Heart



Ascension Sacred Heart Gulf

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 GULF

By

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EXECUTIVE SUMMARY

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EXECUTIVE SUMMARY

Introduction

This community health needs assessment (CHNA) was conducted by Ascension Sacred Heart Gulf (“ASHG” or “the hospital”) to identify community health needs and to inform development of an implementation strategy to address current needs.

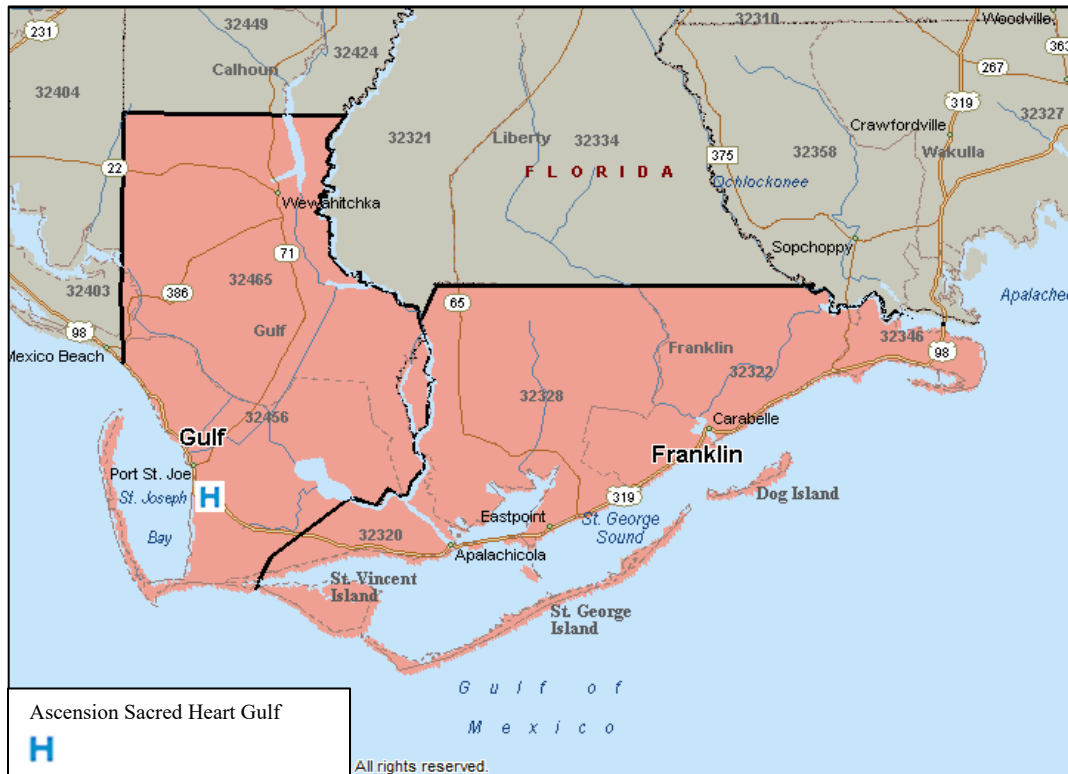
ASHG is a 19-bed community hospital located in Port St. Joe, Florida. The hospital features a 24-hour emergency department, as well as inpatient care, surgical services, heart and vascular services, orthopedics, diagnostic imaging, laboratory testing, inpatient and outpatient rehabilitation and a helipad for Ascension Sacred Heart’s regional air ambulance service to provide rapid transportation of trauma and critically ill patients.

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.

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Community Definition

For purposes of this report, ASHG's community is defined as Franklin and Gulf counties, Florida. The community was defined by considering the geographic origins of the hospital's discharges in 2017. The total population of ASHG's community in 2017 was 28,963. The following map portrays the community served by ASHG.



Sources: Microsoft MapPoint and Ascension Sacred Heart Gulf.

Significant Community Health Needs

Seven significant community health needs were identified through this assessment:

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

These significant health needs in the community served by ASHG 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.

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Access to Care

Access to care is challenging for some residents of the ASHG 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 ASHG community have unfavorable socioeconomic indicators, and federally-designated “Medically Underserved Areas” are present.

Basic Needs

Lower-income residents are more likely to encounter difficulty accessing basic needs, including food, safety, and housing. The October 2018 damage to the community by Hurricane Michael significantly increased the number of residents experiencing difficulty accessing basic needs, especially housing.

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 for Florida for breast, cervical, colorectal, and melanoma cancers.

Education, Income, and Physical Environment

Educational achievement levels are relatively lower in the community, especially in Franklin 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 for Hispanic or Latino residents throughout the community and Asian residents of Gulf County and contribute to severe housing shortages. Geographic distance between residential areas and services lead to challenges within the community, including relatively long commuting times and lack of access to exercise opportunities.

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.

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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. Infant death rates are significantly higher than in Florida. Children are more likely to live in single-parent households than children in counties comparable to Gulf County. 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 ASHG and how it was determined. The community definition was validated based on the geographic origins of 2017 discharges from ASHG. For purposes of this report, ASHG's community is defined as Franklin and Gulf counties, Florida.

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

County	2017 Population	2017 Discharges	Percent of Discharges
Franklin	12,006	271	60.9%
Gulf	16,957	63	14.2%
Community Total	28,963	334	75.1%
<i>Other</i>	-	111	24.9%
Total	-	445	

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

Description

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

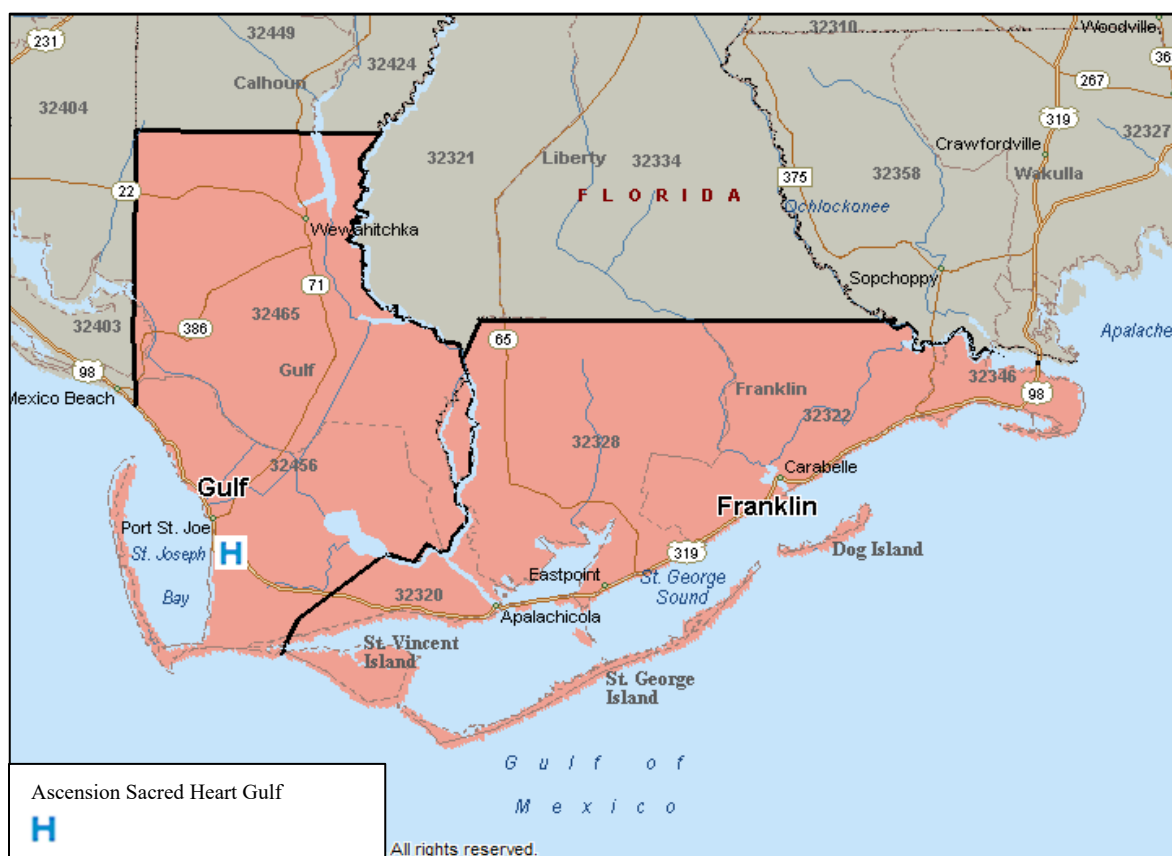
Observations

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

- Nearly 30,000 residents live in the ASHG community; and
- More than 75 percent of ASHG's 445 inpatient discharges in 2017 were residents of Franklin and Gulf counties.

SIGNIFICANT COMMUNITY HEALTH NEEDS

Exhibit 2: ASHG Community



Sources: Microsoft MapPoint and Ascension Sacred Heart.

Description

Exhibit 2 presents a map displaying the counties that comprise the ASHG 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, Franklin and Gulf; and
- The community is bounded on the south by the Gulf of Mexico, exposing it to hurricanes and other damaging weather conditions.

SIGNIFICANT COMMUNITY HEALTH NEEDS

Demographics

Population characteristics and trends directly influence community health needs. The total population in the ASHG community is expected to grow 2.0 percent from 2017 to 2022. Between 2017 and 2022, the population of Franklin County is projected to increase by 1.9 percent and the population of Gulf County is projected to increase by 2.0 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.

The Franklin County poverty rate of 20.7 percent was higher than the U.S. average, and poverty rates were comparatively even higher for the county's White and Hispanic (or Latino) residents.

The Gulf County poverty rate of 15.3 percent was higher than the U.S. average, poverty rates were comparatively high for the county's Asian and Hispanic (or Latino) residents.

"Severe housing problems" are experienced by 18.4 percent residents of Franklin County and 19.1 percent residents of Gulf County. Residents of both Franklin and Gulf counties experience more "severe housing problems" than residents living in peer counties.

In Franklin County, overall crime rates were lower than Florida averages, but rates were higher for murder and domestic violence offenses. In Gulf County, overall crime rates were also lower than Florida averages, but rates were higher for aggravated assault and forcible sex offenses.

SIGNIFICANT COMMUNITY HEALTH NEEDS

Local Health Status and Access Indicators

In the 2018 *County Health Rankings* for overall health outcomes, Franklin County ranked 43rd out of 67 counties and Gulf County ranked 31st.

Franklin County ranked in the bottom 50th percentile among Florida counties for 27 of 42 indicators. Sixteen of the 27 were in the bottom quartile: health factors, length of life, premature death, excessive drinking, alcohol-impaired driving deaths, teen births, clinical care, primary care physicians, dentists, mammography screening, social & economic factors, high school graduation, some college, children in poverty, income inequality, and injury deaths.

Gulf County ranked in the bottom 50th percentile among Florida counties for 26 of 42 indicators. Six of the 26 were in the bottom quartile: poor physical health days, excessive drinking, alcohol-impaired driving deaths, dentists, diabetes monitoring, and income inequality.

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

- 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
- Births per 1,000 female population ages 15-19
- Children that live in a household headed by single parent
- Children under age 18 in poverty
- 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
- Index of factors that contribute to a healthy food environment
- Mentally unhealthy days reported in past 30 days
- Ninth-grade cohort that graduates in four years
- Population under age 65 without health insurance
- Physically unhealthy days reported in past 30 days
- Ratio of household income at the 80th percentile to income at the 20th percentile
- Years of potential life lost before age 75

SIGNIFICANT COMMUNITY HEALTH NEEDS

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 Franklin and Gulf counties:

- Children in poverty
- Chlamydia rate
- Dentist rate
- Driving deaths - alcohol-impaired
- Excessive drinking
- High school graduation rate
- Income ratio
- Injury death rate
- Physically inactive
- Physically unhealthy days
- Severe housing problems
- Social association rate
- Some college
- Teen birth rate
- Uninsured
- Violent crime rate

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: chronic obstructive pulmonary disease (COPD), diabetes, bacterial pneumonia, cellulitis, and congestive heart failure.

In Franklin County, the preventable hospitalization rate exceeded the Florida rate for COPD. In Gulf County, the preventable hospitalization rates exceeded the Florida rates for COPD and congestive heart failure.

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

SIGNIFICANT COMMUNITY HEALTH NEEDS

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). Two of the six ZIP Codes with coverage in the ASHG community scored in the “highest need” CNI category. These two ZIP Codes were 32320 and 32322.

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. No census tract within the ASHG community has been designated as food desert.

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 low-income populations of Franklin and Gulf counties 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. Franklin and Gulf counties have been designated as mental health HPSAs. Franklin and Gulf counties have also been designated as primary care and dental care HPSA for low-income populations.

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 Franklin and Gulf 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).

SIGNIFICANT COMMUNITY HEALTH NEEDS

The Florida Department of Health in Franklin County developed a Community Health Assessment (“CHA”) in 2015 and subsequent Community Health Improvement Plan (“CHIP”). Priorities of the CHA are as follows:

1. Access to care;
2. Healthy weight; and
3. Mental health/substance abuse.

The Florida Department of Health in Gulf County developed a Community Health Assessment (“CHA”) in 2015 and subsequent Community Health Improvement Plan (“CHIP”). Priorities of the CHA are as follows:

1. Mental health/substance abuse;
2. Access to care; and
3. Healthy weight.

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 ASHG.

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 ASHG community:

1. In October 2018, Hurricane Michael, a Category 5 storm, swept through Gulf County. Numerous businesses and residences were heavily damaged or destroyed. Some residents who remain in the area have unmet basic needs. Physical and mental health have been negatively impacted.
2. Franklin and Gulf counties are geographically large and much of the area is rural. Access to services is challenging for some residents because of distance and lack of transportation. Access to healthy food and exercise opportunities are also challenging for some residents.
3. Specialty care and behavioral health services are limited or not available in the area, but primary care providers have been relatively accessible. Access to all services is limited for some residents because of insurance requirements and regulatory restrictions. Residents may delay or avoid seeking needed health care services because of access challenges.
4. 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. Cultural acceptance contributes to substance and tobacco abuse. Mental health and substance abuse issues have increased since Hurricane Michael.
5. Lower-income working residents experience many barriers to services, including relatively low-income wages from hospitality employment, lack of insurance benefits, and inability to qualify for assistance programs.

Details are below.

SIGNIFICANT COMMUNITY HEALTH NEEDS

- 1. In October 2018, Hurricane Michael, a Category 5 storm, swept through Gulf County. Numerous businesses and residences were heavily damaged or destroyed. Some residents who remain in the area have unmet basic needs. Physical and mental health have been negatively impacted.**

On October 11, 2018, Hurricane Michael made landfall in Bay County as a Category 5 storm and swept through Gulf County. The severity of the storm was not anticipated, as it strengthened from a Category 2 hurricane in 24 hours. Numerous businesses and residences were heavily damaged or destroyed.

Some residents who remain in the area have unmet basic needs, including housing and access to healthy food. As most housing was damaged, residents continue to occupy damaged and substandard units because of demand for rebuilding services and lags in insurance settlements. As many businesses were damaged in Northwest Florida, some residents have lost jobs.

Physical health has been negatively impacted by damage from the storm, such as a loss of trees during the hurricane diminishing external air quality and mold growing in damaged buildings diminishing internal air quality. Damage to medical buildings and senior care facilities across Northwest Florida has reduced access to care by reducing provider capacity and relocating services. Access to care has been impacted by evacuated staff members who have not returned and lack of communications infrastructure. Access to care has been further reduced by loss of employer-sponsored health insurance for some newly unemployed residents.

Mental health also has been negatively affected by trauma from the storm, as evidenced by weather-induced anxiety among some residents. The demand for mental health services exceeded capacity before Hurricane Michael and is anticipated to increase as residents struggle with rebuilding efforts. Post-hurricane trauma may be contributing to behavioral issues among students. Unmet storm-related mental health needs are likely increasing substance abuse and domestic violence.

Time estimates for community rebuilding across Northwest Florida vary considerably. Accordingly, the environment should be scanned frequently to identify outstanding basic needs, as well physical and mental issues.

SIGNIFICANT COMMUNITY HEALTH NEEDS

- 2. Franklin and Gulf counties are geographically large and much of the area is rural. Access to services is challenging for some residents because of distance and lack of transportation. Access to healthy food and exercise opportunities are also challenging for some residents.**

Franklin and Gulf counties are geographically large and, combined with areas separated by water and connected by bridges, travel to services can take considerable time because of geographic and road distances. The counties also include many rural areas and residents of these areas need to travel for many services.

Due to these travel requirements, accessing services requires transportation for most residents. Transportation is challenging for lower-income residents because of the cost of vehicles, fuel, and tolls, as well as for residents who cannot drive, such as seniors, children, and individuals with disabilities. Limited public transportation options also contribute to these transportation challenges.

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 personal relationships with these providers, concern that health issues will become known by other members of the small community, and stigma. Providers in other communities may be located too far away to access.

Distance and transportation challenges also impact the ability of residents to access healthy food and exercise opportunities. “Food swamps,” areas with fast food options but no good markets, are plentiful. Lack of sidewalks and other infrastructure limit access to exercise facilities and physical activity programs.

- 3. Specialty care and behavioral health services are limited or not available in the area, but primary care providers have been relatively accessible. Access to all services is limited for some residents because of insurance requirements and regulatory restrictions. Residents may delay or avoid seeking needed health care services because of access challenges.**

Primary care services have been relatively accessible for many residents. Some specialty care and behavioral health services have been limited.

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

SIGNIFICANT COMMUNITY HEALTH NEEDS

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. 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. Cultural acceptance contributes to substance and tobacco abuse. Mental health and substance abuse issues have increased since Hurricane Michael.

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, notably alcohol consumption and tobacco use. 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, and regulatory requirements. 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

SIGNIFICANT COMMUNITY HEALTH NEEDS

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.

Hurricane Michael has increased mental health and substance abuse issues. Trauma from the hurricane, weather-induced anxiety, and stress related to rebuilding have negatively impacted the mental health of residents. Unmet storm-related mental health needs are likely increasing abuse of substances.

5. Lower-income working residents experience many barriers to services, including relatively low-income 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.

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.

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 ASHG 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 ASHG 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 2016-2019 Franklin County Community Health Improvement Plan by the Florida Department of Health in Franklin County, and 2016-2019 Gulf County Community Health Improvement Plan by the Florida Department of Health in Gulf County.

SIGNIFICANT COMMUNITY HEALTH NEEDS

Basic Needs

Lower-income residents are more likely to encounter difficulty accessing basic needs, including food, safety, and housing. The October 2018 damage to the community by Hurricane Michael significantly increased the number of residents experiencing difficulty accessing basic needs, especially housing.

- Stakeholders interviewed indicated that Hurricane Michael heavily damaged or destroyed residences and businesses in October 2018.
- Poverty rates for White, Asian, and Hispanic or Latino residents were disproportionately high (*Exhibit 29*).
- More than half of households have incomes below \$50,000 (*Exhibit 30*).
- Franklin County ranked in the bottom half of Florida counties for the food environment index, and the bottom quartile for violent crime and air pollution (*Exhibit 35*).
- Two ZIP Codes within the community are rated as highest need areas, based on the assessment of The Community Need Index™ (*Exhibit 38*).

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 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*).
- Mental health and substance abuse were cited as problematic in the 2017-2019 State Health Improvement Plan (SHIP) by the Florida Department of Health, the 2016-2019 Franklin County Community Health Improvement Plan by the Florida Department of Health in Franklin County, and 2016-2019 Gulf County Community Health Improvement Plan by the Florida Department of Health in Gulf County.
- Poor mental health and substance abuse were cited by many interviewees as significant within the community.

SIGNIFICANT COMMUNITY HEALTH NEEDS

Cancer

Cancer mortality rates are higher in the community than in Florida overall. Cancer incidence rates are also relatively higher in the community than for 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 the community than in Florida overall, including deaths from diabetes and prostate 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, and cervical cancer (*Exhibit 14*).

Education, Income, and Physical Environment

Educational achievement levels are relatively lower in the community, especially in Franklin 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 for Hispanic or Latino residents throughout the community and Asian residents of Gulf County, 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 White, Asian and Hispanic or Latino residents were disproportionately high (*Exhibit 29*).
- 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.

- Physical inactivity is higher in the community than in Florida overall (*Exhibit 25*).
- 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 2016-2019 Franklin County Community Health Improvement Plan by the Florida Department of Health in Franklin County, and 2016-2019 Gulf County Community Health Improvement Plan by the Florida Department of Health in Gulf 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*).
- 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. Infant deaths rates are significantly higher than in Florida. Children are more likely to live in single-parent households than children in counties comparable to Gulf County. 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.
- 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 ASHG 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 six FQHC sites operating in the ASHG community.

Exhibit 3: Federally Qualified Health Centers, 2018

County	ZIP Code	Facility
Franklin	32328	Eastpoint Medical Center
Franklin	32322	PanCare Carrabelle Dental
Franklin	32328	PanCare Health - Franklin County School Dental Clinic
Gulf	32456	PanCare Health- Gulf County
Gulf	32465	PanCare Health Wewahitchka
Gulf	32465	Wewahitchka Medical Center

Source: HRSA, 2018.

Hospitals

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

Exhibit 4: Hospitals, 2018

County	Facility	Type	Beds
Franklin	George E. Weems Memorial Hospital	Acute Care	25
Gulf	Ascension Sacred Heart Gulf	Acute Care	19

Source: Florida Hospital Association, 2018.

OTHER FACILITIES AND RESOURCES IN THE COMMUNITY

Other Community Resources

A wide range of agencies, coalitions, and organizations that provide health and social services is available in the region served by ASHG.

2-1-1 Big Bend provides 2-1-1 information and referral service to callers from Tallahassee/ Big Bend area, including Franklin County. By calling 2-1-1 or (850) 617-6333, referrals to service providers are available. Individuals can also search for service using the organizations website, <http://www.211bigbend.org/>.

2-1-1 Northwest Florida, a program of the United Way of Escambia County, provides 2-1-1 information and referral service to callers from seven counties, including Gulf County. By calling 2-1-1 or (850) 595-5905, referrals to service providers are available. Individuals can also search for service using the organizations website, <https://escambia.communityos.org/cms/>.

Organizations providing assistance and available resources include the categories below.

- **Basic Needs** - Survival level resources including food, housing, material goods, transportation, and utilities;
- **Consumer Services** - Education and protection of individuals who buy products and services for personal use;
- **Criminal Justice and Legal Services** - Promotion and preservation of a safe and peaceful environment through the enforcement of laws;
- **Education** - Opportunities to acquire knowledge, skills, desirable qualities of behavior, character, wisdom, and general competence;
- **Environment and Public Health/Safety** - Protection and conservation of natural resources, prevention or reduction in environmental pollution, and promotion of environmental and public health;
- **Health Care** - Help to achieve and maintain physical well-being through the study, prevention, screening, evaluation, and treatment of people who have illnesses, injuries or disabilities, as well as family planning and maternity services;
- **Income Support and Employment** - Help with employment, support for those who are eligible, assistance with social insurance benefits, and temporary financial assistance;
- **Individual and Family Life** - Promotion of personal, social, and spiritual development of people in the community;
- **Mental Health and Substance Abuse Disorder Services** - Provision of preventive, diagnostic, and treatment services to help people cope with everyday demands, as well as assistance for individuals who have a substance use disorder; and
- **Organizational/Community/International Services** - A spectrum of services that benefit entire communities, including artistic, cultural, philanthropic, and disaster-relief activities.¹

¹ <http://escambia.communityos.org/cms//contact> and <http://211bigbend.bowmansystems.com/index.php/component/cpx/?task=services>.

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 ASHG 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, ASHG collaborated with the Ascension Sacred Heart Pensacola (“ASHP”), and the Florida Department of Health. ASHG also collaborated with Ascension Sacred Heart Emerald Coast (“ASHEC”) and Ascension Sacred Heart Bay (“ASHB”), and CHNAs for these hospitals were developed alongside the ASHG 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.

APPENDIX A – OBJECTIVES AND METHODOLOGY

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	Percent Change
Franklin	12,006	12,233	1.9%
Gulf	16,957	17,299	2.0%
Community	28,963	29,532	2.0%
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 Franklin and Gulf counties, the ASHG 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 ASHG community population is projected to increase by 2.0 percent; and
- The projected population growth rate of 2.0 percent is lower than the projected Florida growth rate of 7.7 percent.

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
Franklin					
0-17	2,102	2,161	2,241	2.8%	6.6%
Female 18-44	1,443	1,475	1,497	2.2%	3.7%
Male 18-44	2,703	2,718	2,760	0.6%	2.1%
45-64	3,351	3,313	3,295	-1.1%	-1.7%
65+	2,562	2,781	3,070	8.5%	19.8%
Total	12,161	12,448	12,863	2.4%	5.8%
Gulf					
0-17	2,566	2,592	2,662	1.0%	3.7%
Female 18-44	1,753	1,765	1,760	0.7%	0.4%
Male 18-44	3,955	4,091	4,075	3.4%	3.0%
45-64	4,766	4,778	4,717	0.3%	-1.0%
65+	3,257	3,562	4,001	9.4%	22.8%
Total	16,297	16,788	17,215	3.0%	5.6%
Community					
0-17	4,668	4,753	4,903	1.8%	5.0%
Female 18-44	3,196	3,240	3,257	1.4%	1.9%
Male 18-44	6,658	6,809	6,835	2.3%	2.7%
45-64	8,117	8,091	8,012	-0.3%	-1.3%
65+	5,819	6,343	7,071	9.0%	21.5%
Total	28,458	29,236	30,078	2.7%	5.7%

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

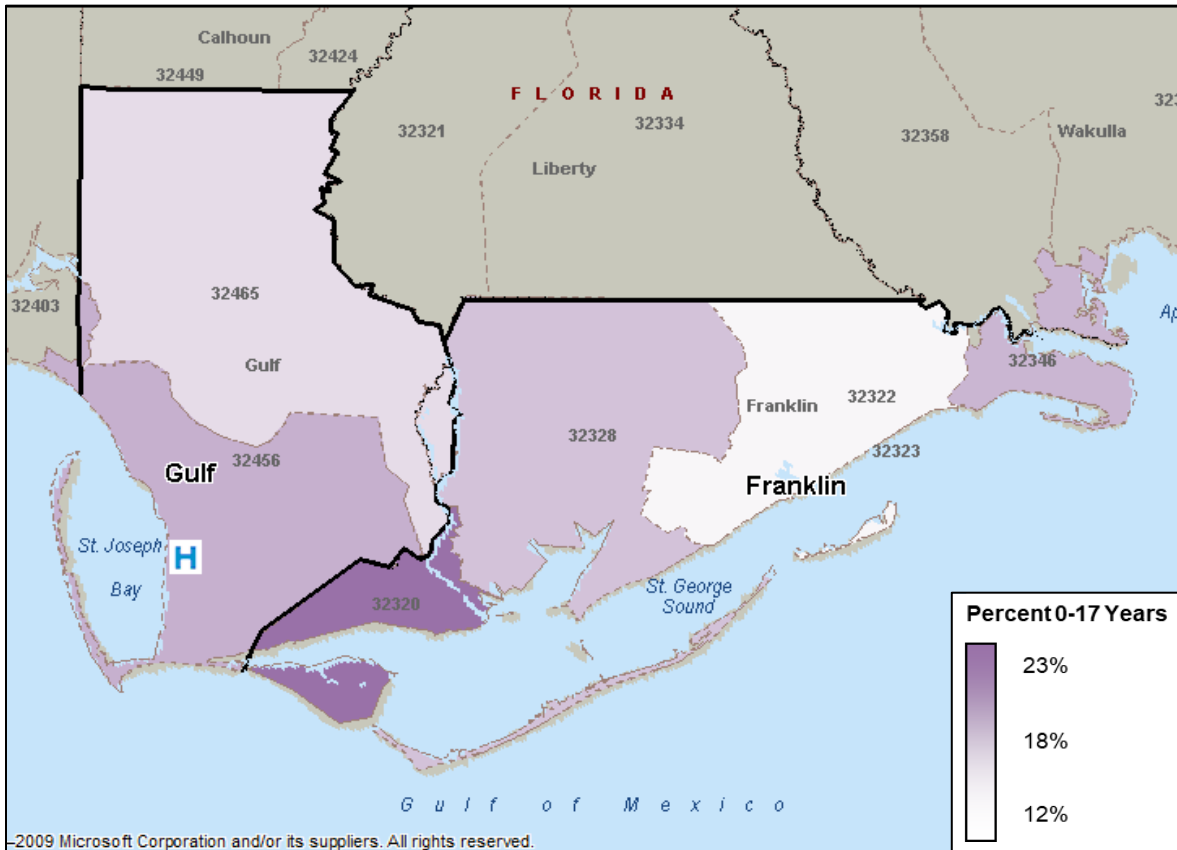
Exhibit 6 summarizes the community's estimated population for certain age and sex cohorts in 2017, with projections to 2020 and 2025.

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 over 21 percent between 2017 and 2025;
- 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 in the community is expected to increase by five 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

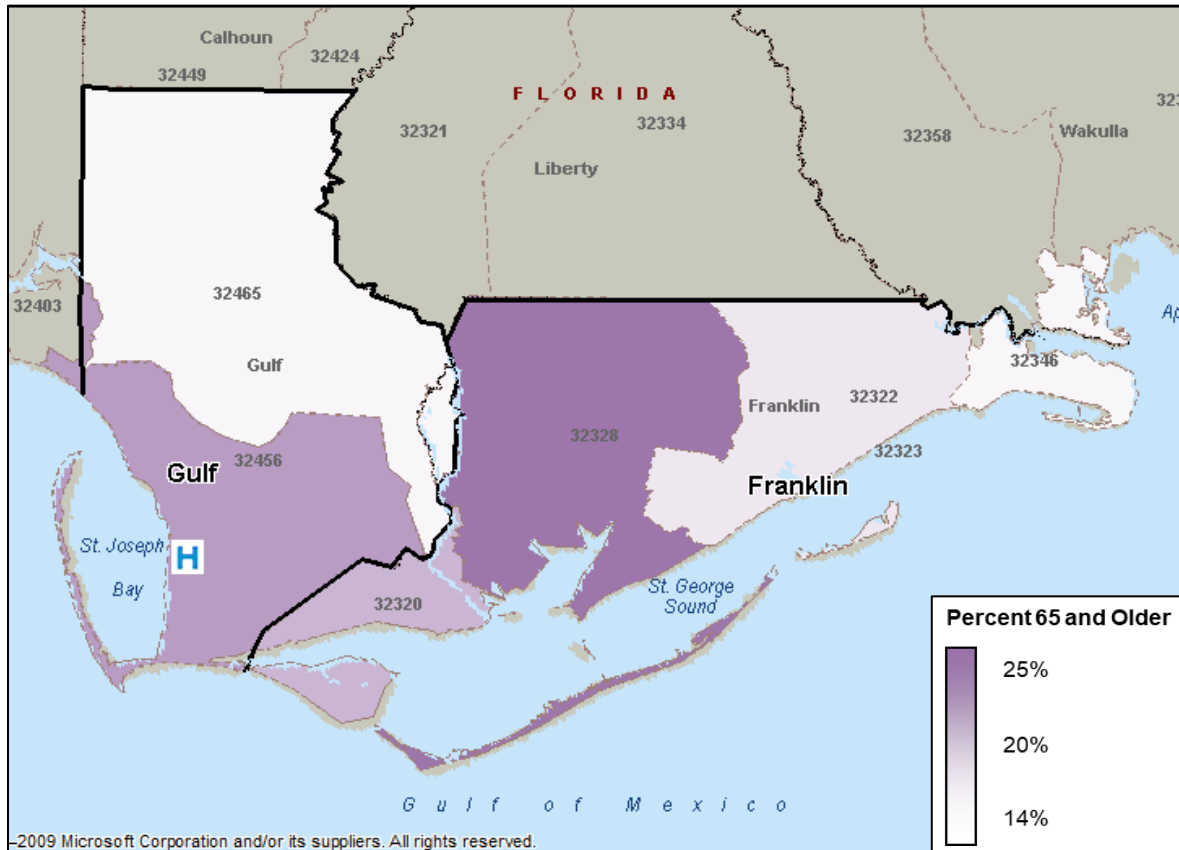
Exhibit 7A maps estimated 2016 community residents aged 0-17 by ZIP Code.

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 Code 32320 has a proportion of population aged 0-17 of more than 20 percent.

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 32323, 32328, and 32456 have proportions of population aged 65 and older of 20 percent or more.

APPENDIX B – SECONDARY DATA ASSESSMENT

Exhibit 8A: 2016 Population by Race and Ethnicity

Race/Ethnicity	Franklin	Gulf
White	82.2%	78.2%
Black or African American	14.4%	18.6%
Asian	0.3%	0.6%
Other	3.1%	2.6%
Total	100.0%	100.0%
<i>Hispanic or Latino</i>	<i>5.1%</i>	<i>4.8%</i>

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 Franklin County, approximately one in seven residents (14.4 percent) is Black or African American;
- In Franklin County, approximately one in twenty residents (5.1 percent) identify as Hispanic or Latino;
- In Gulf County, nearly one in five residents (18.6 percent) is Black or African American; and
- In Gulf County, nearly one in twenty residents (4.8 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
Franklin					
White	10,456	10,736	11,145	2.7%	6.6%
Non-White	1,705	1,712	1,718	0.4%	0.8%
Total	12,161	12,448	12,863	2.4%	5.8%
Black	1,589	1,593	1,593	0.3%	0.3%
Hispanic or Latino	618	669	759	8.3%	22.8%
Gulf					
White	13,357	13,784	14,264	3.2%	6.8%
Non-White	2,940	3,004	2,951	2.2%	0.4%
Total	16,297	16,788	17,215	3.0%	5.6%
Black	2,805	2,857	2,814	1.9%	0.3%
Hispanic or Latino	822	922	1,023	12.2%	24.5%
Community					
White	23,813	24,520	25,409	3.0%	6.7%
Non-White	4,645	4,716	4,669	1.5%	0.5%
Total	28,458	29,236	30,078	2.7%	5.7%
Black	4,394	4,450	4,407	1.3%	0.3%
Hispanic or Latino	1,440	1,591	1,782	10.5%	23.8%

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 Franklin County, the Hispanic or Latino population is projected to grow at nearly four times the projected rate for the community as a whole; and
- In Gulf County, the Hispanic or Latino population is projected to grow at more than four times 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.

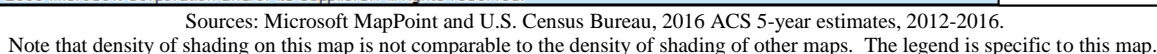


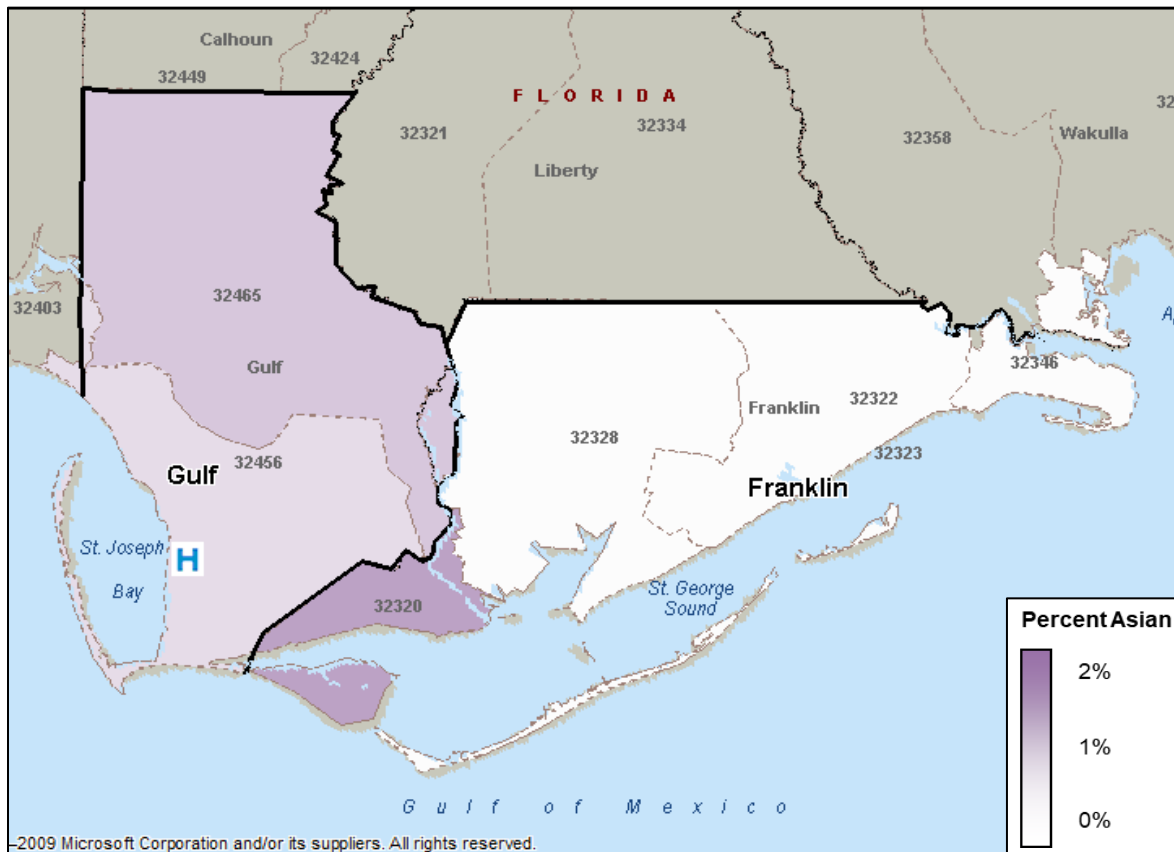
Exhibit 9A maps estimated 2016 Black or African American residents by ZIP Code.

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 32320, 32322, 32456, and 32465 have proportions of population of 15 percent or more.

Ascension Sacred Heart Gulf
Community Health Needs Assessment

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.

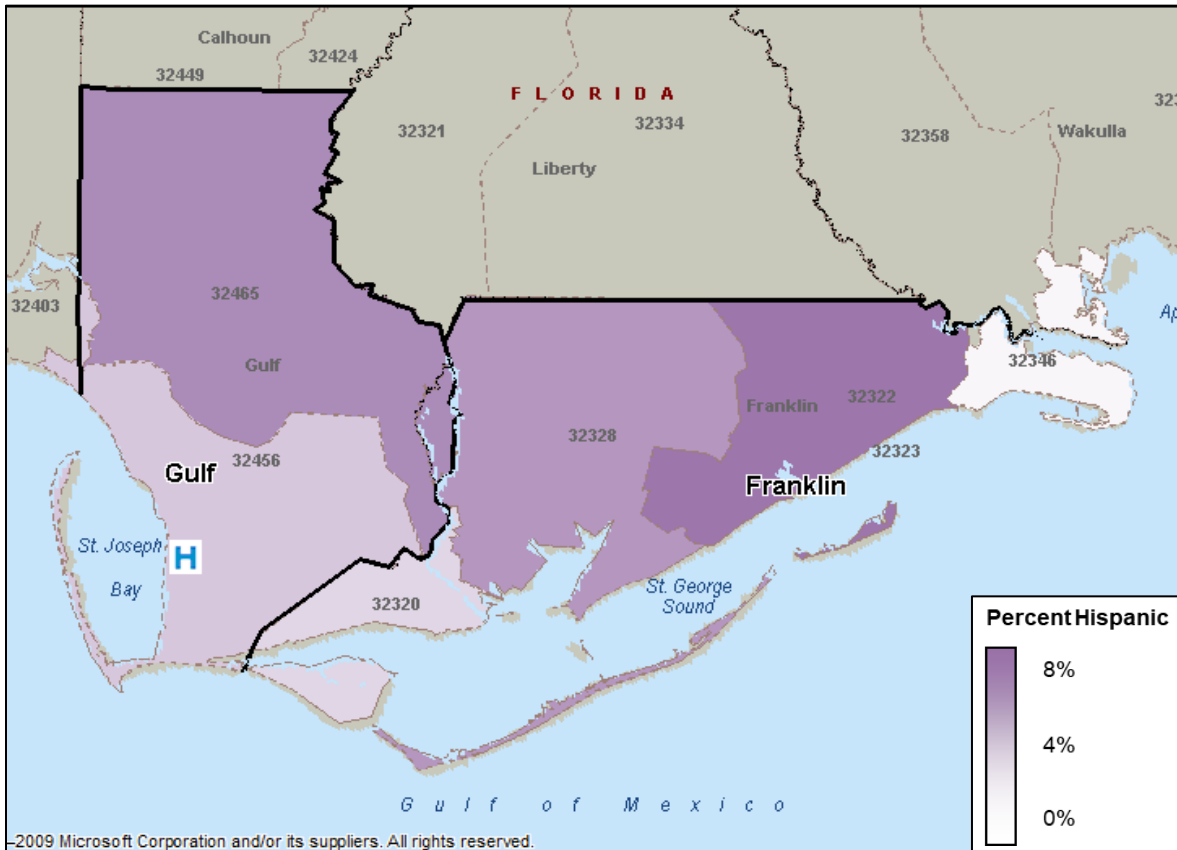
Observations

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 more than two percent.

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 32322, 32328, and 32465 have proportions of Hispanic or Latino population of five 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.

APPENDIX B – SECONDARY DATA ASSESSMENT

Exhibit 10A: 2016 Adult Population by Military Veteran Status

County	City	Zip Code / Area	Civilian population 18 years and over
Franklin	Apalachicola	32320	10.1%
Franklin	Carrabelle	32322	10.1%
Franklin	Lanark Village	32323	19.6%
Franklin	Eastpoint	32328	8.7%
Wakulla	Panacea	32346	22.7%
Gulf	Port Saint Joe	32456	12.4%
Gulf	Wewahitchka	32465	9.7%
Franklin County			10.4%
Gulf County			10.8%
Florida			9.4%
United States			8.0%

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

Description

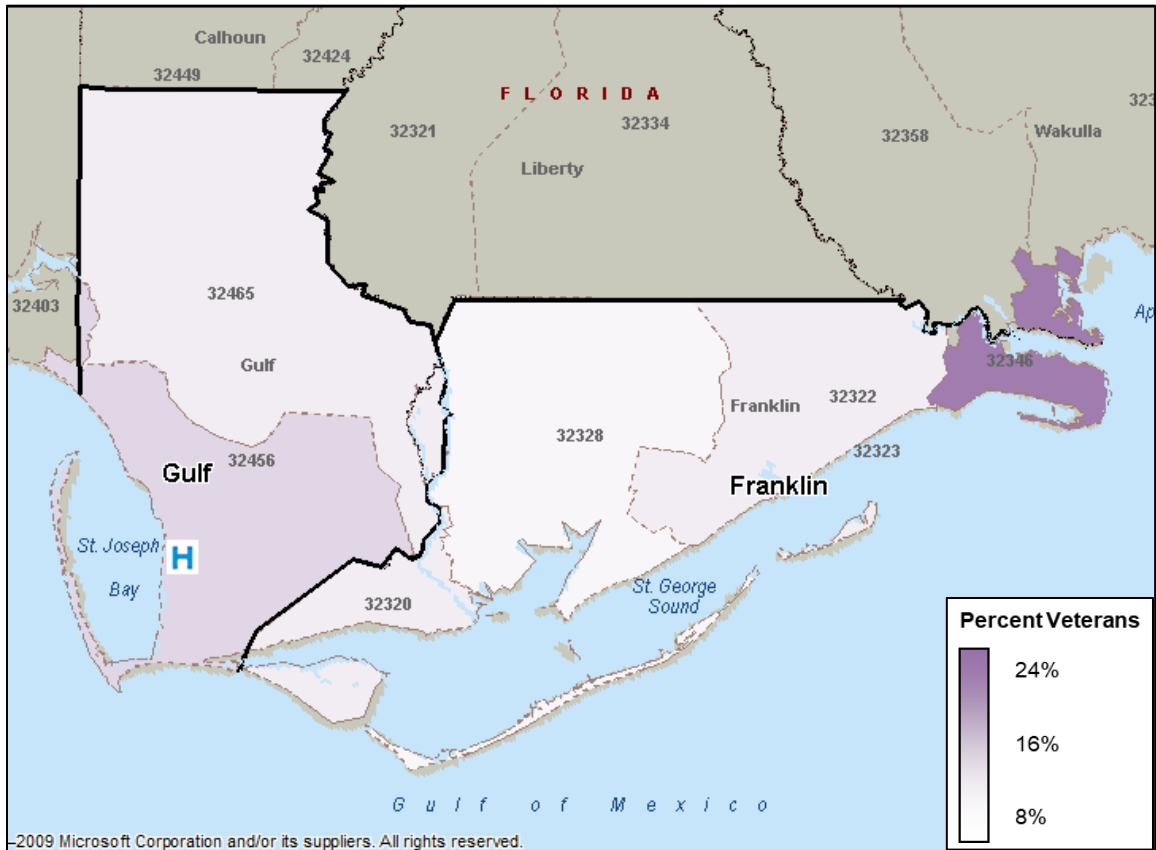
Exhibit 10A summarizes the estimated 2016 population by military veteran status.

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 Franklin County, over one in ten residents (10.4 percent) is a military veteran; and
- In Gulf County, over one in ten residents (10.8 percent) 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 Code 32346, which is also in Wakulla County, has a proportion of adults with military veteran status more than 20 percent.

APPENDIX B – SECONDARY DATA ASSESSMENT

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		
	Franklin	Gulf	Florida
All causes	820.7	848.3	685.2
Cancer	187.0	155.0	151.9
Heart disease	143.7	189.5	150.8
Unintentional injury	54.0	48.5	52.6
Chronic lower respiratory disease	50.7	58.2	39.6
Stroke	34.4	39.8	38.7
Alzheimer's disease	28.6	36.7	21.9
Diabetes	28.6	52.0	20.0
Suicide	14.4	15.2	14.2
Chronic liver disease & cirrhosis	8.5	12.3	11.9
Nephritis, nephrotic syndrome & nephrosis	13.5	7.9	10.6
Influenza & pneumonia	19.4	4.6	9.5
Septicemia	15.8	8.6	8.4
Hypertension	7.9	22.7	8.0
Parkinson's disease	-	10.1	7.7
Homicide	7.5	5.3	6.5
Benign neoplasm	17.3	30.6	4.6
Perinatal period conditions	-	-	4.5
HIV/AIDS	3.8	-	3.7
Pneumonitis	2.7	3.5	3.6
Congenital malformations	3.8	7.9	3.0
Aortic aneurysm & dissection	4.1	3.5	2.3
Viral hepatitis	1.7	5.4	1.8
Atherosclerosis	-	1.2	1.5
Anemias	2.6	-	1.4
Nutritional deficiencies	-	1.7	1.2
Medical & surgical care complications	5.5	-	1.0
Cholelithiasis & other gallbladder disorders	-	1.2	0.7
Peptic ulcer	-	-	0.7
Hernia	-	3.5	0.4
Pregnancy, childbirth & the puerperium	-	-	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 Franklin County, Gulf County, and the state of Florida.

APPENDIX B – SECONDARY DATA ASSESSMENT

Observations

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

- Age-adjusted death rates for residents of Franklin and Gulf counties were higher than the Florida rate for most of the leading causes of death;
- Age-adjusted death rates for Franklin County residents were more than 50 percent higher for influenza & pneumonia, septicemia, benign neoplasm, aortic aneurysm & dissection, anemias, and medical & surgical care complications; and
- Age-adjusted death rates for Gulf County residents are more than 50 percent higher for Alzheimer's disease, diabetes, hypertension, benign neoplasm, congenital malformations, aortic aneurysm & dissection, viral hepatitis, cholelithiasis & other gallbladder disorders, and hernia.

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

Indicator	Franklin	Gulf	Florida
Tobacco-related cancer deaths to persons 35 and over	198.2	167.8	167.4
Stroke age-adjusted death rate	34.4	39.8	38.7
Diabetes age-adjusted death rate	28.6	52.0	20.0
Female breast cancer age-adjusted death Rate	19.3	27.7	19.3
Prostate cancer age-adjusted death rate	22.7	30.3	17.0
Motor vehicle crashes age-adjusted death rate	19.1	19.3	14.8
Colorectal cancer age-adjusted death rate	15.6	10.6	13.5
Influenza and pneumonia age-adjusted death rate	19.4	4.6	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 Franklin County, Gulf County, and the state of Florida.

Observations

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

- The age-adjusted death rate for residents of Franklin County was more than 50 percent than the Florida rate for influenza and pneumonia, and rates were higher overall for tobacco-related cancer, diabetes, prostate cancer, motor vehicle crashes, and colorectal cancer; and
- Age-adjusted death rates for residents of Gulf County were more than 50 percent higher than the Florida rates for diabetes and prostate cancer, and rates were higher overall for tobacco-related cancer, stroke, breast cancer, and motor vehicle crashes.

APPENDIX B – SECONDARY DATA ASSESSMENT

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

Indicator	Franklin	Gulf	Florida
Infant deaths	6.5	16.5	6.1
Neonatal infant deaths	3.2	8.3	4.2
Postneonatal infant deaths	3.2	8.3	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 Franklin County, Gulf County, and the state of Florida.

Observations

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

- The Franklin County postneonatal infant death rate is more than 50 percent higher than the Florida rate, and the rate was higher overall for infant deaths; and
- The Gulf County postneonatal infant death rate is more than four times higher than the Florida rate, the infant death rate is more than double the Florida rate, and the neonatal infant death rate is nearly double the Florida rate.

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

Indicator	Measure	Franklin	Gulf	Florida
Breast cancer	Per 100,000 females	81.1	127.0	118.6
Prostate cancer	Per 100,000 males	47.7	57.9	86.9
Lung cancer	Per 100,000 population	60.6	71.5	58.9
Colorectal cancer	Per 100,000 population	25.9	52.9	36.6
Melanoma	Per 100,000 population	23.2	16.5	24.0
Cervical cancer	Per 100,000 females	3.1	19.7	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 Franklin County, Gulf County, and the state of Florida.

Observations

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

- The Franklin County lung cancer incidence rate is higher than the Florida rate; and
- The Gulf County cervical cancer incidence rate is more than 50 percent higher than Florida rate, and the overall incidence rates for breast cancer, lung cancer, and colorectal cancer are higher.

APPENDIX B – SECONDARY DATA ASSESSMENT

Exhibit 15: Selected Hospitalizations, Rates per 100,000

Hospitalization Incidence	Year	Franklin	Gulf	Florida
Diabetes hospitalization	2015-17	1,982.4	2,644.5	2,345.2
Amputation due to diabetes hospitalization	2012-14	21.8	34.1	28.2
Coronary heart disease hospitalization	2015-17	328.1	350.1	293.6
Stroke hospitalization	2015-17	226.1	288.9	234.3
Congestive heart failure hospitalization	2015-17	195.0	231.0	157.9
Chronic lower respiratory disease (CLRD) hospitalization	2015-17	328.5	374.5	353.2
Asthma hospitalization	2015-17	623.4	608.9	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 Franklin County, Gulf County, and the state of Florida.

Observations

The health of populations can be measured by morbidity indicators, 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:

- Franklin County hospitalization rates are higher than Florida rates for coronary heart disease and congestive heart failure; and
- Gulf County hospitalization rates are higher than Florida rates for diabetes, amputation due to diabetes, coronary heart disease, strokes, congestive heart failure, and chronic lower respiratory disease (CLRD).

APPENDIX B – SECONDARY DATA ASSESSMENT

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

Indicator	Year	Franklin	Gulf	Florida
HIV cases	2015-17	-	4.0	23.8
AIDS cases	2015-17	2.8	-	10.4
Salmonellosis	2014-16	22.5	44.3	29.4
Tuberculosis cases	2015-17	-	8.0	2.9
Varicella	2014-16	5.6	8.1	3.4
Pertussis [whooping cough]	2014-16	-	-	2.3
Campylobacteriosis	2014-16	8.4	16.1	14.8
Chlamydia cases	2014-16	334.2	233.8	449.6
Cryptosporidiosis	2014-16	2.8	2.0	5.6
Cyclosporiasis	2014-16	-	-	0.2
Giardiasis, acute	2014-16	2.8	6.0	5.6
Gonorrhea cases	2014-16	61.8	72.6	122.2
Hepatitis A	2014-16	-	4.0	0.6
Hepatitis B, acute	2014-16	-	4.0	2.7
Infectious syphilis cases	2014-16	2.8	4.0	10.4
Legionellosis	2014-16	-	2.0	1.5
Shiga toxin-producing Escherichia coli (STEC) infection	2014-16	-	-	0.6
Shigellosis	2014-16	2.8	-	8.2
Vibriosis (excluding cholera)	2014-16	2.8	6.0	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 Franklin County, Gulf County, and the state of Florida.

Observations

The health of populations can be measured by morbidity indicators, 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:

- Franklin County disease rates are more than 50 percent higher than Florida rates for varicella and vibriosis; and
- Gulf County disease rates are more than 50 percent higher than Florida rates for salmonellosis, tuberculosis, varicella, hepatitis A, and vibriosis, as well as higher overall campylobacteriosis, acute giardiasis, acute hepatitis B, and legionellosis.

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

Indicator	Year	Franklin	Gulf	Florida
Early prenatal care (care began 1st trimester)	2015-17	74.9%	75.4%	78.3%
Preterm with low birth weight	2015-17	5.6%	5.0%	6.0%
Low birth weight births (births < 2500 grams)	2015-17	10.4%	6.1%	8.7%
Preterm births (births < 37 weeks gestation)	2015-17	10.1%	9.9%	10.1%
Multiple births	2015-17	1.3%	1.7%	3.3%
Births to teens 15-19 [per 1,000 Females 15-19]	2015-17	58.3	30.1	19.7
Repeat births to mothers 15-19	2015-17	24.3%	-	15.7%
Mothers initiating breastfeeding at birth	2015-17	70.1%	71.9%	85.7%
Kindergarten children fully immunized	2015-17	94.2%	98.3%	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 Franklin County, Gulf 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:

- Franklin County rates for births to teens 15-19 and repeat births to mothers 15-19 are more than 50 percent higher than Florida rates, as well as a higher overall rate for Low birth weight births;
- The Franklin County rates for early prenatal care and mothers initiating breastfeeding at birth are lower than the Florida rates;
- The Gulf County rate for births to teens 15-19 is more than 50 percent higher than the Florida rate; and
- The Gulf County rates for early prenatal care and mothers initiating breastfeeding at birth are lower than the Florida rates.

APPENDIX B – SECONDARY DATA ASSESSMENT

Exhibit 18: Health Status Indicators, 2016

Health Status	Franklin	Gulf	Florida
Average number of unhealthy mental days in the past 30 days	3.7	4.0	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)	6.2	7.5	5.7
Adults who said their overall health was "good" to "excellent"	71.2%	69.9%	80.5%
Adults who said their overall health was "fair" or "poor"	28.8%	30.1%	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)	19.5%	25.2%	18.6%
Adults with good physical health	80.4%	78.3%	87.1%
Adults who had poor physical health on 14 or more of the past 30 days	19.6%	21.7%	12.9%
Average number of unhealthy physical days in the past 30 days	5.9	6.5	4.0
Adults with good mental health	87.7%	87.3%	88.6%
Adults who had poor mental health on 14 or more of the past 30 days	12.3%	12.7%	11.4%
Adults who have ever been told they had a depressive disorder	16.5%	19.8%	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 Franklin County, Gulf 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 Franklin County residents is worse than the health status of Florida residents for every health status indicator;
- In Franklin County, the percent of adults reporting poor physical health on 14 or more of the past 30 days is more than 50 percent higher than percent of Florida adults;
- The health status of Gulf County residents is worse than the health status of Florida residents for every health status indicator;
- In Gulf County, the percent of Gulf County adults who said their overall health was “fair” or “poor,” the percent of adults who had poor physical health on 14 or more of the past 30 days, and the average number of unhealthy physical days in the past 30 days were more than 50 percent higher than percent than Florida rates.

APPENDIX B – SECONDARY DATA ASSESSMENT

Exhibit 19: Mental Health Status Indicators

Indicator	Year	Franklin	Gulf	Florida
Suicide (age-adjusted death rate)	2015-17	14.4	15.2	14.2
Hospitalizations for mental disorders	2014-16	570.0	594.7	983.5
Hospitalizations for mood and depressive disorders	2014-16	252.7	292.3	484.4
Hospitalizations for schizophrenic disorders	2014-16	117.9	94.7	221.5
Hospitalizations for mental disorders, except drug and alcohol-induced mental disorders	2014-16	463.3	487.8	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 Franklin County, Gulf 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 Franklin County suicide rate is higher than the Florida rate; and
- The Gulf 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	Franklin	Gulf	Florida
Adults with health insurance coverage	2012-16	80.9	84.6	83.6
Adults who have Medicare	2016	58.8	54.9	37.9
Adults who could not see a doctor at least once in the past year due to cost	2016	14.6	15.6	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 Franklin County, Gulf 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 five adults in Franklin County (19.1 percent), one in six adults in Gulf County (15.4 percent), and one in six adults in the state of Florida (16.4 percent) did not have health insurance in 2016;
- The Franklin County percentage of adults with insurance coverage is lower than the percentage for Florida;
- Nearly six in ten (58.8 percent) Franklin County residents and over half (54.9 percent) of Gulf County residents are covered by Medicare, which may limit access to some providers; and
- Approximately one in six adults in Franklin County (14.6 percent), Gulf County (15.6 percent), and the state of Florida (16.6 percent) could not see a doctor due to cost.

APPENDIX B – SECONDARY DATA ASSESSMENT

Exhibit 21: Access to Care Indicators - Provider Services

Indicator	Measure	Year	Franklin	Gulf	Florida
Adults who have a personal doctor	Percent	2016	82.6%	83.6%	72.0%
Licensed Florida family practice physicians	Per 100,000 population	2014-16	5.6	24.2	15.8
Licensed Florida dentists	Per 100,000 population	2014-16	22.5	20.2	57.4
Hospital beds	Per 100,000 population	2015-17	209.5	113.9	312.9
County health department full-time employees	Per 100,000 population	2015-17	187.2	233.2	48.0
County health department expenditures per person	Per person	2015-17	\$159.30	\$175.40	\$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 Franklin County, Gulf 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 Franklin County, the rates of family practice physicians and dentists per 100,000 residents are more than 50 percent lower than the Florida rates, and the rate for hospital beds per 100,000 residents is lower than the overall Florida rates; and
- In Gulf County, the rates of dentists and hospital beds per 100,000 residents are more than 50 percent lower than the Florida rates.

APPENDIX B – SECONDARY DATA ASSESSMENT

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

Indicator	Franklin	Gulf	Florida
All conditions	907.7	855.1	1,033.0
Chronic obstructive pulmonary disease (COPD)	299.0	182.7	168.2
Diabetes	128.2	153.5	167.4
Bacterial pneumonia	96.1	95.0	103.9
Cellulitis	85.4	43.9	99.9
Grand mal & other epileptic conditions	74.8	43.9	81.7
Congestive heart failure	64.1	80.4	73.7
Asthma	-	43.9	71.5
Dehydration - volume depletion	53.4	36.5	62.3
Nutritional deficiencies	-	36.5	55.0

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 22 presents 2017 preventable hospitalization rates, per 100,000 population, for residents under 65 for Franklin County, Gulf 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 Franklin County, the ACSC discharge rate for chronic obstructive pulmonary disease (COPD) is more than 50 percent higher than the Florida rate; and
- In Gulf County, the ACSC discharge rates of chronic obstructive pulmonary disease (COPD) and congestive heart failure are higher than Florida rates.

Clinical Care – Preventive Services

Exhibit 23: Clinical Care, Preventive Services, 2016

Indicator	Franklin	Gulf	Florida
Adults who had a medical checkup in the past year	78.1%	78.9%	76.5%
Adults who received a flu shot in the past year	35.9%	37.9%	35.0%
Adults who have ever received a pneumonia vaccination	39.1%	45.3%	34.6%
Women 40 years of age and older who received a mammogram in the past year	44.6%	51.3%	60.8%
Women 18 years of age and older who received a Pap test in the past year	42.2%	37.8%	48.4%
Men 50 years of age and older who received a PSA test in the past two years	55.8%	47.4%	54.9%
Adults ages 50 years and older who received a blood stool test in the past year	18.7%	11.0%	16.0%
Adults 50 years of age and older who received a sigmoidoscopy or colonoscopy in the past five years	55.6%	55.2%	53.9%
Adults less than 65 years of age who had an HIV test in the past 12 months	11.8%	15.3%	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 Franklin County, Gulf 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 Franklin County, adults less than 65 years of age are more than 50 percent less likely to receive an HIV test in the last 12 months, women 40 and older are less likely to have had a mammogram, and women 18 and older are less likely to receive a Pap test, as compared to similar Florida residents; and
- In Gulf County, women 40 and older are less likely to have had a mammogram, women 18 and older are less likely to receive a Pap test; men over 50 are less likely to receive a PSA test, adults ages 50 years and older are less likely to receive a blood stool test in the past year, and adults less than 65 years of age are less likely to receive an HIV test in the past 12 months, as compared to similar Florida residents.

Health Behaviors

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

Indicator	Franklin	Gulf	Florida
Adults who are current smokers	14.4%	15.7%	15.5%
Adult current smokers who tried to quit smoking at least once in the past year	52.0%	60.0%	62.1%
Adults who are former smokers (currently quit smoking)	38.4%	32.4%	26.5%
Adults who have never smoked	47.2%	52.0%	58.0%
Adults who are current e-cigarette users	3.8%	5.9%	4.7%
Adults who are former e-cigarette users	13.4%	12.6%	15.5%
Adults who have never used e-cigarettes	82.8%	81.5%	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 Franklin County, Gulf 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 Franklin County, adult smokers are less likely to have tried to quit smoking and adults are less likely to have never smoked than similar Florida residents;
- In Franklin County, adults are more likely to be former smokers than adults in Florida overall;
- In Gulf County, adults are more likely to be current smokers, former smokers, and e-cigarette users than adults in Florida overall; and
- In Gulf County, adult smokers are less likely to have tried to quit smoking and adults are less likely to have never smoked than similar Florida residents.

APPENDIX B – SECONDARY DATA ASSESSMENT

Exhibit 25: Health Behaviors - Physical Activity, 2016

Indicator	Franklin	Gulf	Florida
Adults who are sedentary	32.8%	38.9%	29.8%
Adults who are inactive or insufficiently active	56.2%	58.7%	56.7%
Adults who meet aerobic recommendations	45.1%	42.5%	44.8%
Adults who meet muscle strengthening recommendations	27.1%	27.4%	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 Franklin County, Gulf 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 Franklin County, adult residents are more likely to be sedentary and less likely to meet muscle strengthening recommendations than Florida residents; and
- In Gulf County, adult residents are more likely to be sedentary, more likely to be inactive or insufficiently active, less likely to meet aerobic recommendations, and less likely to meet muscle-strengthening recommendations than Florida residents.

Exhibit 26: Health Behaviors - Overweight and Obesity, 2016

Indicator	Franklin	Gulf	Florida
Adults who are overweight	28.4%	33.7%	35.8%
Adults who are obese	37.8%	34.9%	27.4%
Adults who have a healthy weight	29.9%	29.9%	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 Franklin County, Gulf 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 Franklin County, adult residents are more likely to be overweight and less likely to have a healthy weight than Florida residents; and
- In Gulf County, adult residents are more likely to be overweight and less likely to have a healthy weight than Florida residents.

APPENDIX B – SECONDARY DATA ASSESSMENT

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

Indicator	Franklin	Gulf	Florida
Alcohol-suspected motor vehicle crash injuries	92.7	68.5	53.6
Alcohol-suspected motor vehicle crash deaths	11.2	2.0	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 Franklin County, Gulf 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:

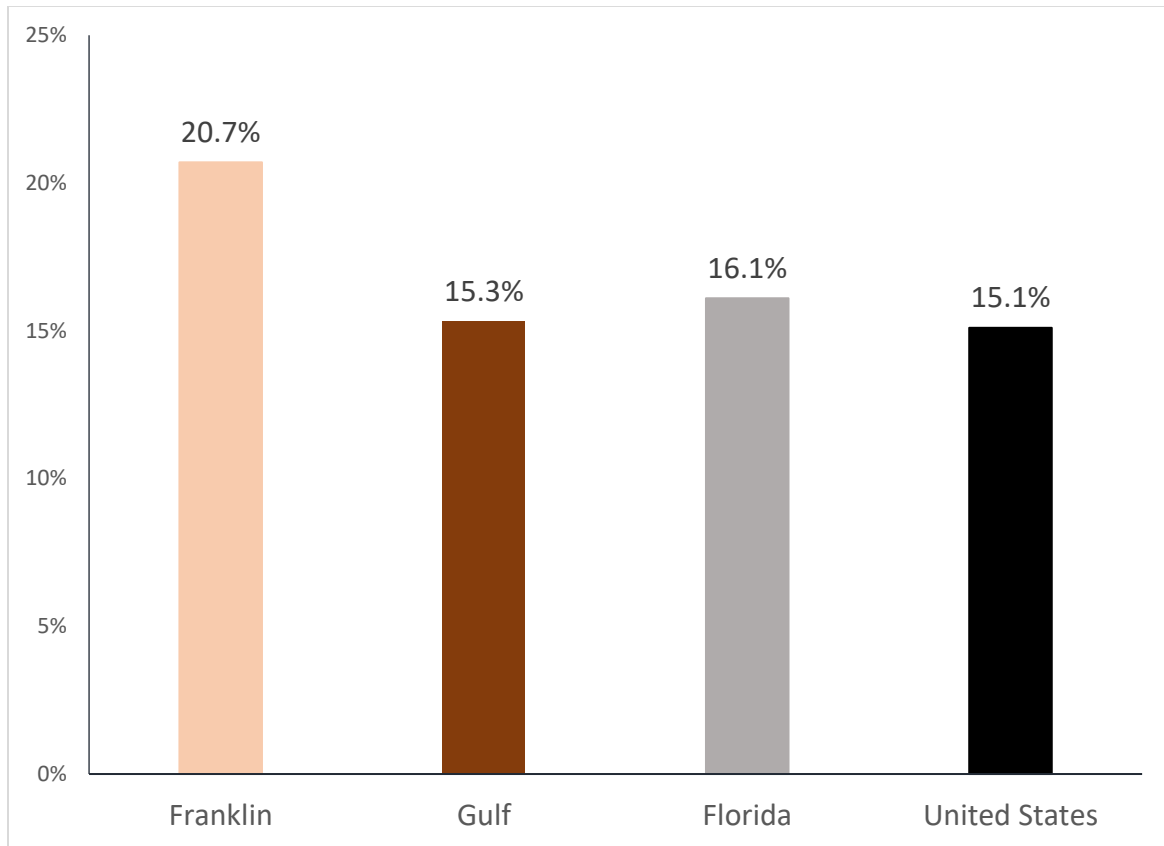
- In Franklin County, injury and death rates from alcohol-suspected motor vehicle crashes are more than 50 percent higher than Florida rates; and
- In Gulf County, injury rates from alcohol-suspected motor vehicle crashes are higher than Florida rates.

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.

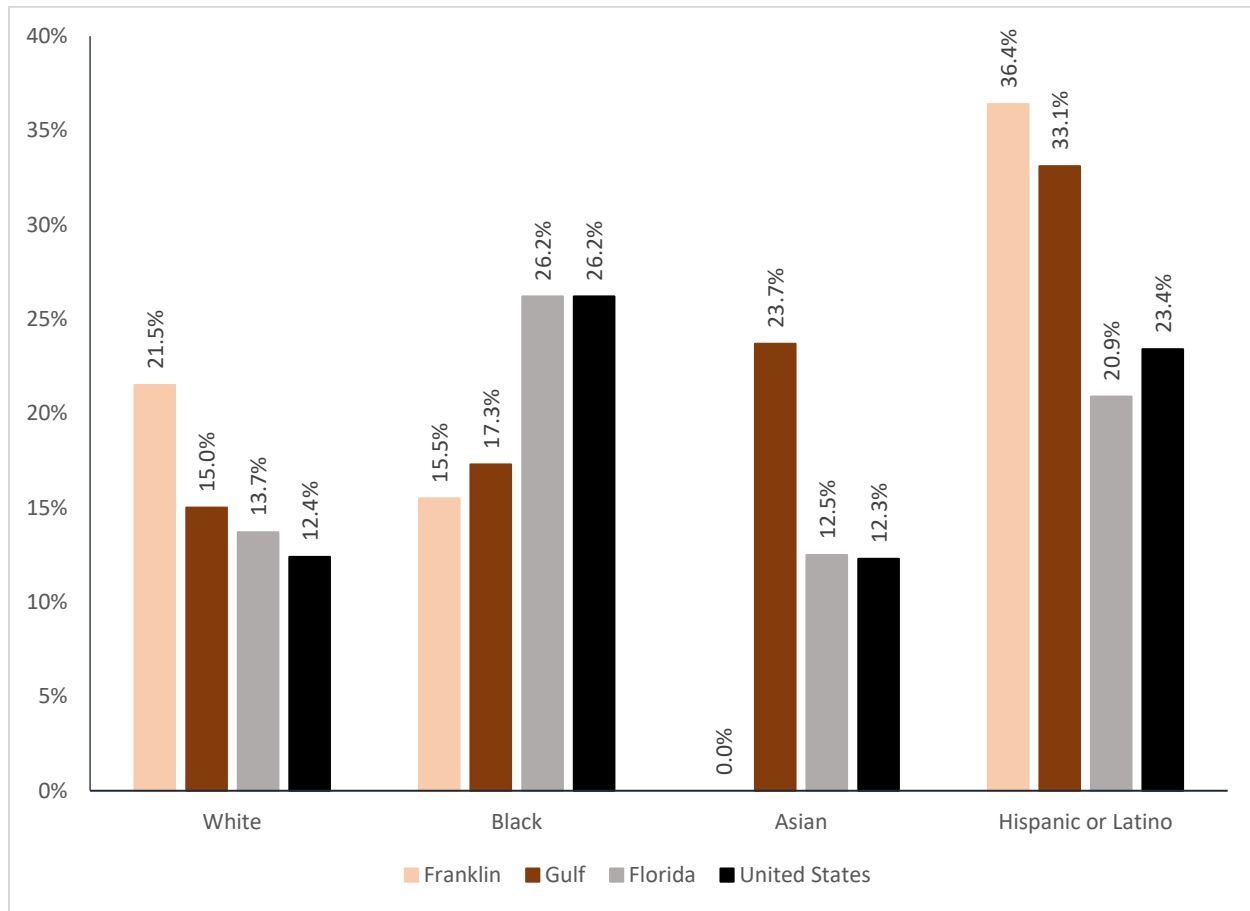
Description

Exhibit 28 presents the percent of people in Franklin County, Gulf 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 Franklin 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 Franklin County, Gulf 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 Franklin and Gulf counties, poverty rates for Hispanic or Latino residents were disproportionately higher than poverty rates for White and Black residents;
- In Franklin and Gulf counties, poverty rates for White residents were higher than Florida and U.S. poverty rates; and
- In Gulf County, poverty rates for Asian residents were disproportionately higher than poverty rates for White and Black residents, as well as 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
Franklin	4,250	\$40,301	30.1%	62.1%
Gulf	5,349	\$40,822	30.6%	56.1%
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

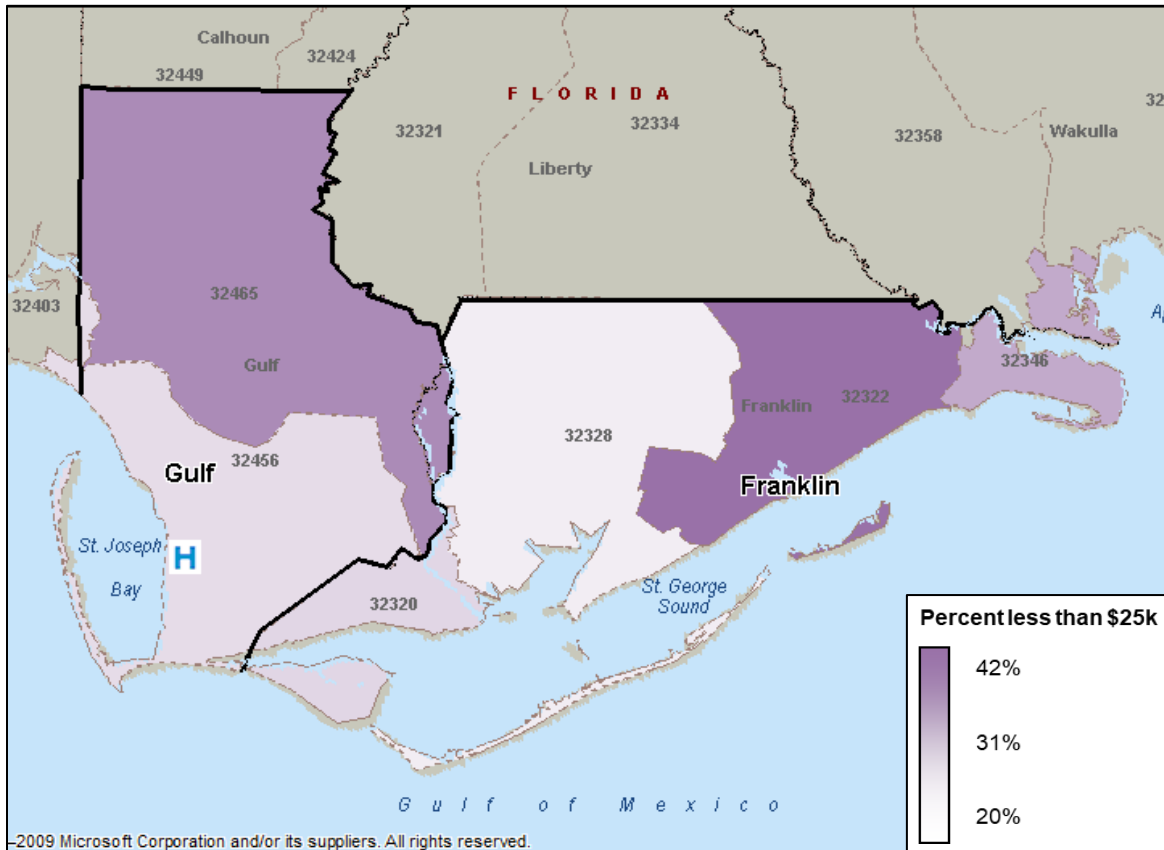
Exhibit 30 presents indicators for low income households in Franklin County, Gulf County, the state of Florida, and the United States.

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 Franklin County, approximately one in three households (30.1 percent) have incomes below \$25,000 and approximately six in ten households (62.1 percent) have incomes below \$50,000; and
- In Gulf County, approximately one in four households (30.6 percent) have incomes below \$25,000 and more than half of households (56.1 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.
 ZIP Code, with a 56.9 percent of households with less than \$25,000 annual income, is not displayed due to its small geographic size

Description

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

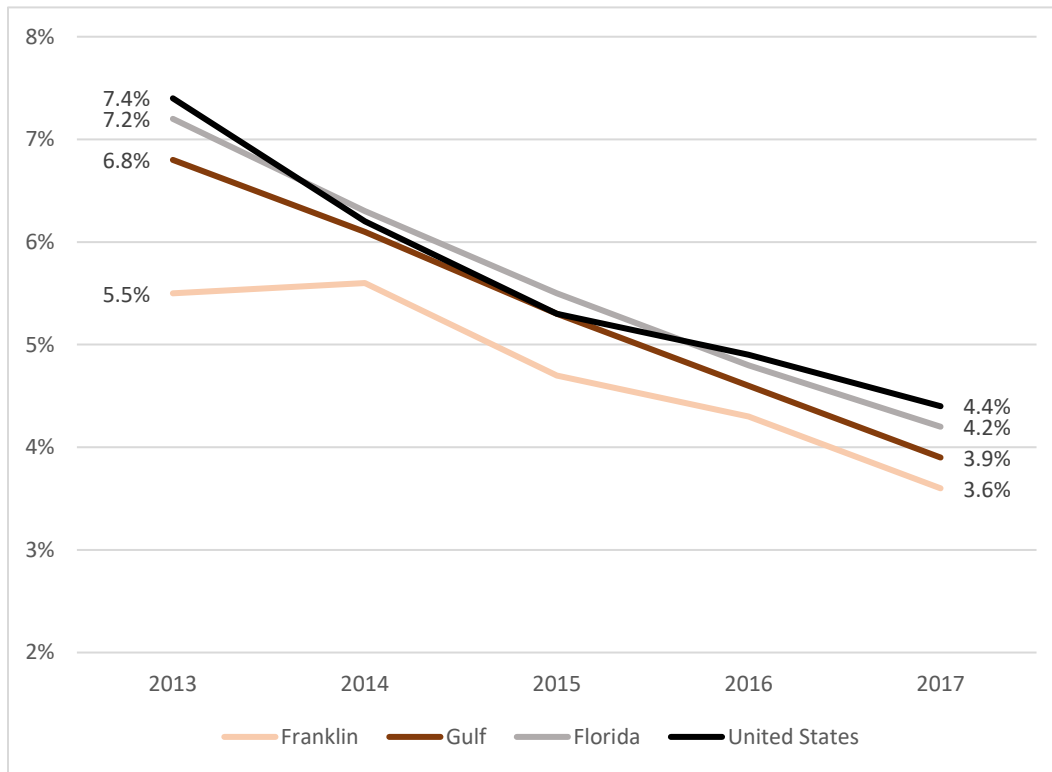
Observations

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 Franklin County, 56.9 percent of households in ZIP Code 32323, 41.8 percent in ZIP Code 32322, 32.6 percent in ZIP Code 32346, 26.4 percent in ZIP Code 32320, and 22.9 percent in ZIP Code 32328 and have incomes below \$25,000; and
- In Gulf County, 24.8 percent of households in ZIP Code 32456 and 37.7 percent in ZIP Code 32465 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 Franklin County, Gulf 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 Franklin and Gulf counties, Florida, and the United States; and
- Unemployment rates in Franklin and Gulf counties were lower than Florida and U.S. rates from 2013 to 2017.

Crime

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

Indicator	Franklin	Gulf	Florida
Index crimes[<i>aggregate</i>]	1,814.0	1,882.7	3,310.2
<i>Larceny</i>	1,033.4	909.1	2,099.8
<i>Burglary</i>	449.3	522.1	552.8
<i>Aggravated assault</i>	205.0	364.9	309.5
<i>Motor vehicle theft</i>	84.2	46.4	200.5
<i>Robbery</i>	5.6	14.1	105.2
<i>Rape</i>	28.1	22.2	37.2
<i>Murder</i>	8.4	4.0	5.2
Forcible sex offenses	36.5	56.4	52.7
Domestic violence offenses	575.6	385.0	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 Franklin County, Gulf 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 Franklin County, the murder rate was more than 50 percent higher than the Florida rate, and the overall domestic violence offense rate was higher than the Florida rate;
- In Gulf County, rates for aggravated assault and forcible sex offenses 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
Franklin	20.4%	22.3%	2.7%
Gulf	17.5%	19.2%	1.2%
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 Franklin County, the percentage of the population (aged 25 and above) without a high school diploma and the percentage of the population with a disability are more than 50 percent higher than the Florida percentages; and
- In Gulf County, the percentage 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	Franklin		Gulf	
	2015	2018	2015	2018
Health Outcomes	48	43	39	31
Health Factors	54	56	48	42
Length of Life	49	54	36	39
Premature death	49	54	36	39
Quality of Life	49	26	40	24
Poor or fair health	55	35	33	46
Poor physical health days	59	32	41	54
Poor mental health days	33	27	2	20
Low birthweight	35	28	56	6
Health Behaviors	45	50	57	46
Adult smoking	-	38	55	40
Adult obesity	15	47	43	40
Food environment index	19	17	36	30
Physical inactivity	45	34	35	43
Access to exercise opportunities	30	12	56	48
Excessive drinking	21	66	49	64
Alcohol-impaired driving deaths	64	54	67	67
Sexually transmitted infections	54	28	33	14
Teen births	65	67	32	45
Clinical Care	47	58	57	45
Uninsured	32	46	40	24
Primary care physicians	47	52	51	46
Dentists	63	53	52	65
Mental health providers	47	49	42	41
Preventable hospital stays	51	46	38	44
Diabetes monitoring	47	49	67	58
Mammography screening	55	65	53	49
Social & Economic Factors	60	55	26	30
High school graduation	65	65	2	13
Some college	53	59	47	40
Unemployment	6	9	31	16
Children in poverty	60	63	40	50
Income inequality	64	60	44	59
Children in single-parent households	63	6	59	35
Social associations	13	10	3	2
Violent crime	67	44	30	50
Injury deaths	41	55	50	28
Physical Environment	49	33	62	12
Air pollution	55	23	58	26
Severe housing problems	36	40	12	46
Driving alone to work	9	15	58	16
Long commute - driving alone	12	7	36	16

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:

- Franklin County ranked in the bottom 50th percentile among Florida counties for 27 of the 42 indicators assessed in 2018;
 - 16 of the 27 indicators that ranked in the bottom 50th percentile were in the bottom quartile (health factors, length of life, premature death, excessive drinking, alcohol-impaired driving deaths, teen births, clinical care, primary care physicians, dentists, mammography screening, social & economic factors, high school graduation, some college, children in poverty, income inequality, and injury deaths); and
 - Rankings for 19 indicators fell between 2015 and 2018,
- Gulf County ranked in the bottom 50th percentile among Florida counties for 26 of the 42 indicators assessed in 2018;
 - 6 of the 22 indicators that ranked in the bottom 50th percentile were in the bottom quartile (poor physical health days, excessive drinking, alcohol-impaired driving deaths, dentists, diabetes monitoring, and income inequality); and
 - Rankings for 16 indicators 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	Franklin County	Gulf County	Florida	U.S.
Length of life	Years of potential life lost before age 75 per 100,000 population (age-adjusted)	9,380	7,933	6,803	6,700
Quality of life	Percentage of adults reporting fair or poor health (age-adjusted)	18.9%	21.2%	18.5%	16.0%
Quality of life	Average number of physically unhealthy days reported in past 30 days (age-adjusted)	4.3	4.7	3.8	3.7
Quality of life	Average number of mentally unhealthy days reported in past 30 days (age-adjusted)	4.0	3.9	3.8	3.8
Quality of life	Percentage of live births with low birthweight (< 2500 grams)	8.1%	7.2%	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 Franklin County, Gulf 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 Franklin 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 Florida and U.S. averages; and
- In Gulf County, the number of years of potential life lost (YPLLL) 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 Florida and U.S. averages.

APPENDIX B – SECONDARY DATA ASSESSMENT

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

Indicator Category	Indicator	Franklin County	Gulf County	Florida	U.S.
Adult smoking	Percentage of adults who are current smokers	18.2%	18.3%	15.5%	17.0%
Adult obesity	Percentage of adults that report a BMI of 30 or more	33.1%	31.4%	25.9%	28.0%
Food environment index	Index of factors that contribute to a healthy food environment, 0 (worst) to 10 (best)	7.5	7.1	6.7	7.7
Physical inactivity	Percentage of adults age 20 and over reporting no leisure-time physical activity	27.2%	29.5%	23.8%	23.0%
Access to exercise opportunities	Percentage of population with adequate access to locations for physical activity	88.4%	56.7%	87.0%	83.0%
Excessive drinking	Percentage of adults reporting binge or heavy drinking	24.7%	22.0%	17.5%	18.0%
Alcohol-impaired driving deaths	Percentage of driving deaths with alcohol involvement	35.7%	72.7%	26.4%	29.0%
Sexually transmitted infections	Number of newly diagnosed chlamydia cases per 100,000 population	347.0	263.4	454.8	478.8
Teen births	Number of births per 1,000 female population ages 15-19	65.4	39.3	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 Franklin County, Gulf 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 Franklin County, the rate for teen births is more than 50 percent higher than Florida and U.S. rates, and rates for adult smoking, adult obesity, physical inactivity, excessive drinking, and alcohol-impaired driving deaths are higher than overall Florida and U.S. rates;
- In Gulf County, rates for alcohol-impaired driving deaths and teen births are more than 50 percent higher than Florida and U.S. rates, and rates for adult smoking, adult obesity, physical inactivity, and excessive drinking, are higher than overall Florida and U.S. rates; and
- In Gulf County, the percent with access to exercise opportunities is lower than Florida and U.S. averages.

APPENDIX B – SECONDARY DATA ASSESSMENT

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

Indicator Category	Indicator	Franklin County	Gulf County	Florida	U.S.
Uninsured	Percentage of population under age 65 without health insurance	17.1%	14.3%	16.3%	11.0%
Primary care physicians	Ratio of population to primary care physicians	2,940:1	2,645:1	1376:1	1,320:1
Dentists	Ratio of population to dentists	3,967:1	7,995:1	1735:1	1,480:1
Mental health providers	Ratio of population to mental health providers	1,984:1	1,599:1	703:1	470:1
Preventable hospital stays	Number of hospital stays for ambulatory-care sensitive conditions per 1,000 Medicare enrollees	69.8	69.1	53.6	49.0
Diabetes monitoring	Percentage of diabetic Medicare enrollees ages 65-75 that receive HbA1c monitoring	82.2%	80.6%	85.6%	85.0%
Mammography screening	Percentage of female Medicare enrollees ages 67-69 that receive mammography screening	53.0%	60.2%	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 Franklin County, Gulf 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 Franklin County, the ratios of the population to primary care physicians, dentists, and mental health providers are more than 50 percent higher than Florida and U.S. ratios; and the percentages of the population under 65 with health insurance and the rate of preventable hospital stays are higher;
- In Franklin County, Medicare enrollees receiving diabetes monitoring and female Medicare enrollees ages 67-69 that receive mammography screenings are lower than Florida percentages;
- In Gulf County, the ratios of the population to primary care physicians, dentists, and mental health providers are more than 50 percent higher than Florida and U.S. ratios; and the rate of preventable hospital stays is higher;
- In Gulf County, the percentages Medicare enrollees receiving diabetes monitoring and female Medicare enrollees ages 67-69 that receive mammography screenings are lower than Florida percentages;

APPENDIX B – SECONDARY DATA ASSESSMENT

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

Indicator Category	Indicator	Franklin County	Gulf County	Florida	U.S.
High school graduation	Percentage of ninth-grade cohort that graduates in four years	47.5%	82.5%	77.9%	83.0%
Some college	Percentage of adults ages 25-44 with some post-secondary education	36.2%	48.1%	61.8%	65.0%
Unemployment	Percentage of population ages 16 and older unemployed but seeking work	4.3%	4.5%	4.9%	4.9%
Children in poverty	Percentage of children under age 18 in poverty	35.9%	29.9%	21.3%	20.0%
Income inequality	Ratio of household income at the 80th percentile to income at the 20th percentile	5.2	5.2	4.7	5.0
Children in single-parent households	Percentage of children that live in a household headed by single parent	31.1%	38.5%	38.5%	34.0%
Social associations	Number of membership associations per 10,000 population	11.9	15.8	7.1	9.3
Violent crime	Number of reported violent crime offenses per 100,000 population	456.8	475.2	499.6	380.0
Injury deaths	Number of deaths due to injury per 100,000 population	95.3	76.9	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 Franklin County, Gulf 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 Franklin County, the percentage of children in poverty is more than 50 percent higher than Florida and U.S. percentages, and income inequality and the rate of injury deaths are higher than in Florida overall;
- In Franklin County, rates of high school graduation and some college are lower than Florida and U.S. rates;
- In Gulf County, the percentages of children in poverty, income inequality, the percentage of children in single-parent households, and the rate of injury deaths are higher than in Florida and the U.S. overall; and
- In Gulf County, the rate of residents with some college is lower than Florida and U.S. rates;

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

Indicator Category	Indicator	Franklin County	Gulf County	Florida	U.S.
Air pollution - particulate matter	Average daily density of fine particulate matter in micrograms per cubic meter (PM2.5)	7.1	7.2	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	18.4%	19.1%	21.5%	19.0%
Driving alone to work	Percentage of the workforce that drives alone to work	77.8%	78.1%	79.5%	76.0%
Long commute - driving alone	Among workers who commute in their car alone, the percentage that commute more than 30 minutes	23.6%	30.0%	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 Franklin County, Gulf 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 Franklin County, nearly one in five households (18.4 percent) experience severe housing problems; and
- In Gulf County, nearly one in five households (19.1 percent) experience severe housing problems.

APPENDIX B – SECONDARY DATA ASSESSMENT

Exhibit 37: Community Health Status Indicators, 2018

Category	Indicator	Franklin County	Gulf 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.

APPENDIX B – SECONDARY DATA ASSESSMENT

Description

Exhibit 37 compares Franklin and Gulf 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:

- Franklin County compares unfavorably to its peer counties for many indicators and ranks in the bottom quartile for mentally unhealthy days, percent obese, excessive drinking, chlamydia rate, teen birth rate, high school graduation rate, children in poverty, income ratio, violent crime rate, injury death rate, and severe housing problems; and
- Gulf County compares unfavorably to its peer counties for many indicators and ranks in the bottom quartile for fair/poor health, physically unhealthy days, excessive drinking, driving deaths alcohol-impaired, percent receiving HbA1c screening, high school graduation rate, children in poverty, income ratio, children in single-parent households, social association rate, violent crime rate, and severe housing problems.

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
Franklin	Apalachicola	32320	4.2
Franklin	Carrabelle	32322	4.6
Franklin	Eastpoint	32328	3.6
Wakulla	Panacea	32346	3.0
Franklin	Entire County		4.2
Gulf	Port Saint Joe	32456	3.2
Gulf	Wewahitchka	32465	4.0
Gulf	Entire County		3.6

Source: Dignity Health, 2018

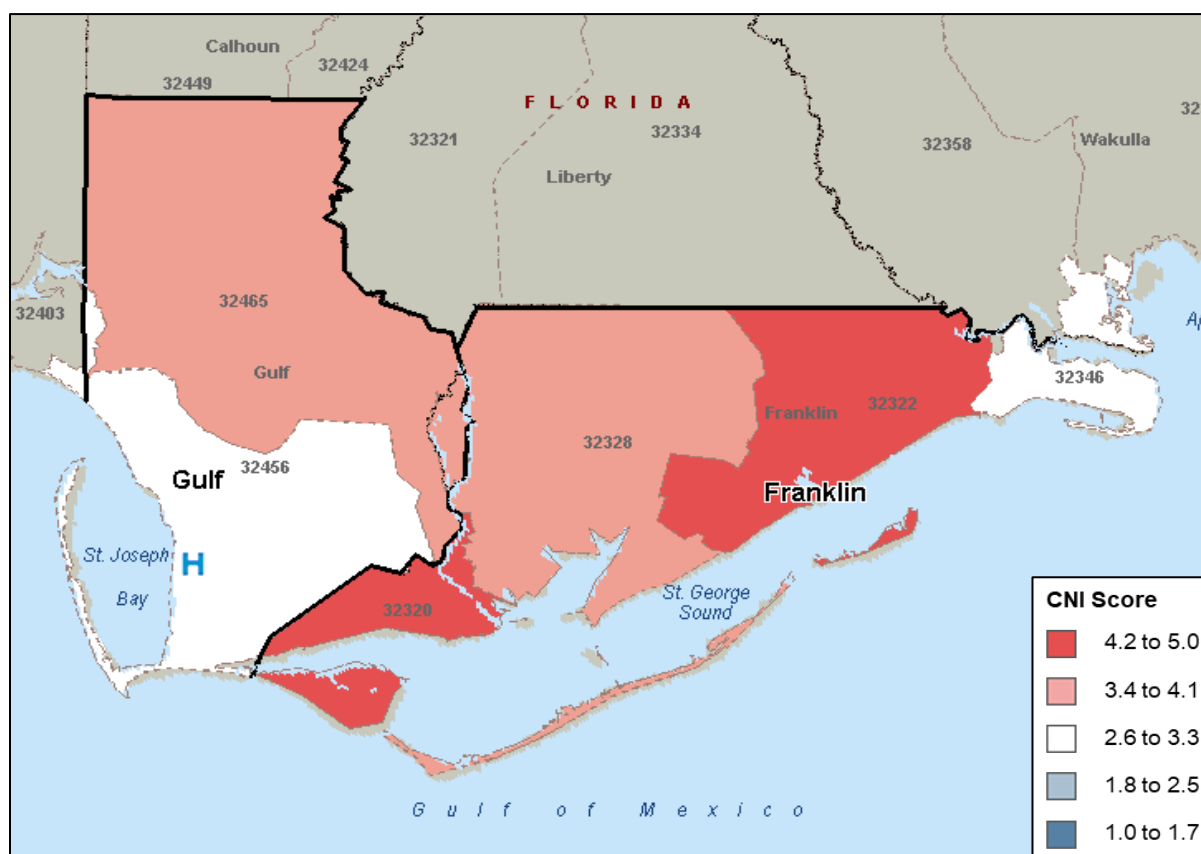
Description

Exhibit 38 summarizes the Community Need Index (CNI) for ZIP Codes with geographic coverage in Franklin and Gulf 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 32320 and 32322 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 two of the ZIP Codes with coverage within Franklin or Gulf counties have “Highest Need” CNI scores. These ZIP Codes are 32320 and 32322.

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 ASHG

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 no census tracts in the ASHG community have been designated as food deserts.

Medically Underserved Areas and Populations

Exhibit 41: Medically Underserved Areas

County	MUA/P Service Area Name	Designation Type
Franklin	Low Income Population	Medically Underserved Area
Gulf	Low Income Population	Medically Underserved Area

Source: HRSA, 2018

Description

Exhibit 41 identifies Medically Underserved Areas (MUAs) within the ASHG 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:

- Franklin County is designated as MUA for low-income residents; and
- Gulf County is designated as MUA for low-income residents.

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	Name
Primary Care		
Franklin	HPSA Population	Low Income - Franklin County
Franklin	Correctional Facility	Franklin Correctional Institution
Gulf	HPSA Population	Low Income - Wewahitchka
Gulf	Comprehensive Health Center	Gulf County Health Department/St. Joseph
Gulf	Correctional Facility	Gulf Correctional Institution
Gulf	Rural Health Clinic	Shoreline Medical Group
Mental Health		
Franklin	HPSA Geographic	Franklin County
Gulf	HPSA Geographic High Needs	MH Catchment Area 2A
Gulf	Comprehensive Health Center	Gulf County Health Department/St. Joseph
Gulf	Correctional Facility	Gulf Correctional Institution
Dental Care		
Franklin	HPSA Population	Low Income - Franklin County
Franklin	Correctional Facility	Franklin Correctional Institution
Gulf	HPSA Population	Low Income - Gulf County
Gulf	Comprehensive Health Center	Gulf County Health Department/St. Joseph
Gulf	Correctional Facility	Gulf Correctional Institution

Source: HRSA, 2018

Description

Exhibit 42 identifies Health Professions Shortage Areas (HPSAs) within the ASHG 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:

- Franklin County is designated as a mental health HPSA, as well as primary care and dental care HPSAs for low-income residents;
- In Franklin County, the Franklin Correctional Institution is designated as a primary care and dental care HSPA;
- Gulf County is designated as a mental health HPSA, as well as primary care and dental care HPSAs for low-income residents; and
- In Gulf County, the Gulf County Health Department/St. Joseph and Gulf Correctional Institution are designated as a primary care, mental health, and dental care HPSA, and the Shoreline Medical Group is designated as a primary 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 Franklin and Gulf 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.

Franklin County Community Health Improvement Plan, 2016-2019

A Community Health Assessment (“CHA”) was developed by Florida Department of Health in Franklin County for 2015. The CHA and subsequent Community Health Improvement Plan (“CHIP”) were developed with community input, using the Mobilizing for Action through Planning and Partnership (“MAPP”) process. The CHIP Progress Report for March 2017 - March 2018 indicates that goals and objectives for the three CHA priorities were “reviewed and/or revised” in March 2018. These priorities, goals, and objectives are as follows:

1. Access to care - to increase access to certified diabetic programs;
2. Healthy weight - to increase access to certified diabetic programs and to improve the healthy weight of youth and adults; and
3. Mental health/substance abuse - to improve awareness of substance, abuse, and mental health services, and to reduce alcohol consumption among youth and adults in Franklin.

Gulf County Community Health Improvement Plan, 2016-2019

A Community Health Assessment (“CHA”) was developed by Florida Department of Health in Gulf County for 2015. The CHA and subsequent Community Health Improvement Plan (“CHIP”) were developed with community input, using the Mobilizing for Action through Planning and Partnership (“MAPP”) process. The CHIP Progress Report for April 2017 - April 2018 indicates that goals and objectives for the three CHA priorities were “reviewed and/or revised” in March 2018. These priorities, goals, and objectives are as follows:

1. Mental health/substance abuse - to increase awareness of mental health services, and to reduce alcohol consumption among youth;
2. Access to care - to increase primary care access; and
3. Healthy weight - to increase access to certified diabetic programs, and to improve the healthy weight of youth and adults.

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.

APPENDIX C – COMMUNITY INPUT PARTICIPANTS

- 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 CHNA¹⁶

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

1. Mental health;
2. Healthy weight; and
3. Access to care.

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

1. Mental Health

Interventions on this health need include the following:

- Created a Mental Health Services Resource Guide;
- Hosted guest speakers/educators to teach about mental health resources available;
- Hosted/participated in Mental Health First Aid trainings for Adults and/or youth; and
- Produced a media campaign about mental health illness, including the use of 2-1-1 to find mental health resources.

The impact of these interventions include community education about mental health through the distribution of the Mental Health Services Resource Guide, as well as awareness about memory loss through a Dementia Care presentation by Senior Helpers.

¹⁶ Source: Ascension Sacred Heart

2. Healthy Weight

Interventions on this health need include the following:

- Developed a 4-hour community education class on Diabetic Self-Management Training (DSMT);
- Distributed education brochures/class info at local health fairs/events;
- Provided no-cost blood glucose screenings at local health fairs/events;
- Referred residents to MGC's Pharmacy Access Program (PAP) for individuals requiring assistance obtaining diabetes management medications; and
- Distributed information on nutrition and county healthy weight initiatives to connect clients with area resources.

The impact of healthy weight initiatives enhanced community awareness, increased educational programming, and referrals to local resources.

3. Access to Care

Interventions on this health need include the following:

- Performed community outreach about disease specific conditions at various locations, including, pharmacies, grocery stores, the emergency department, and physician offices;
- Developed self-evaluation tools for use self-management of diabetes, heart failure, and; and chronic obstructive pulmonary disease (COPD); and
- Developed new outreach materials.

The impact of access to care initiatives includes enhanced self-management of chronic diseases by community residents. The impact also includes increased community awareness, increased educational programming, and additional referrals to local resources.

ASHG'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.