Ascension Sacred Heart Emerald Coast

CHNA Report 2021

Community Health Needs Assessment 2021

Developed by Kleinhaus Consulting Group, LLC

KLEINHAUS
CONSULTING GROUP, LLC

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The 2021 Community Health Needs Assessment report was approved by the Ascension Florida and Gulf Coast Board on March 15, 2022 (2021 tax year), and applies to the following three-year cycle: July 2022 to June 2025 (FY 2023 - FY 2025). This report, as well as the previous report, can be found at our public website.

EXECUTIVE SUMMARY

At Ascension Sacred Heart, and across Ascension Florida and Gulf Coast, we are called to provide clinically excellent, 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.

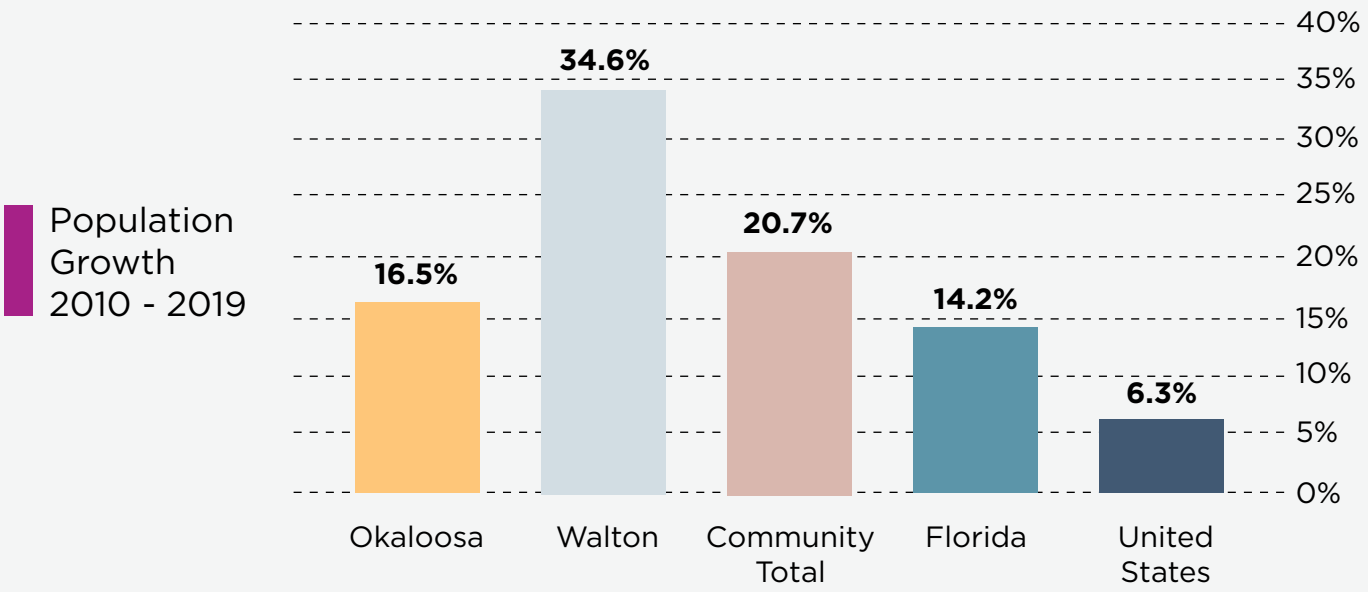
Tom VanOsdol, President & CEO, Ascension Florida and Gulf Coast

For Ascension Sacred Heart Emerald Coast in Okaloosa and Walton counties, the prioritized community health needs are:

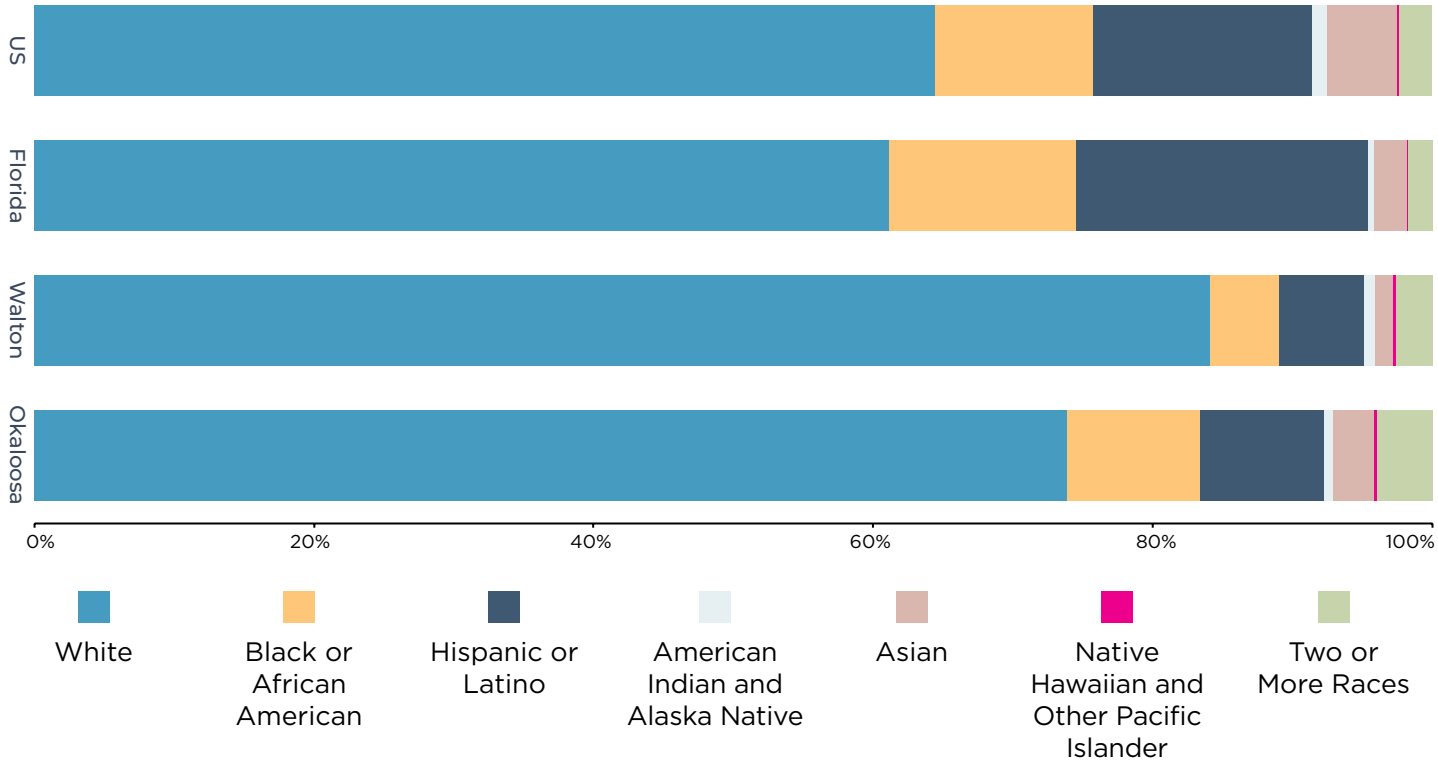
- Access to Care
- Chronic Disease (cancer, diabetes, obesity)
- Mental and Behavioral Health
- Social Determinants of Health (housing and transit, income)
- Alcohol and Drug Use
- COVID-19

Demographics

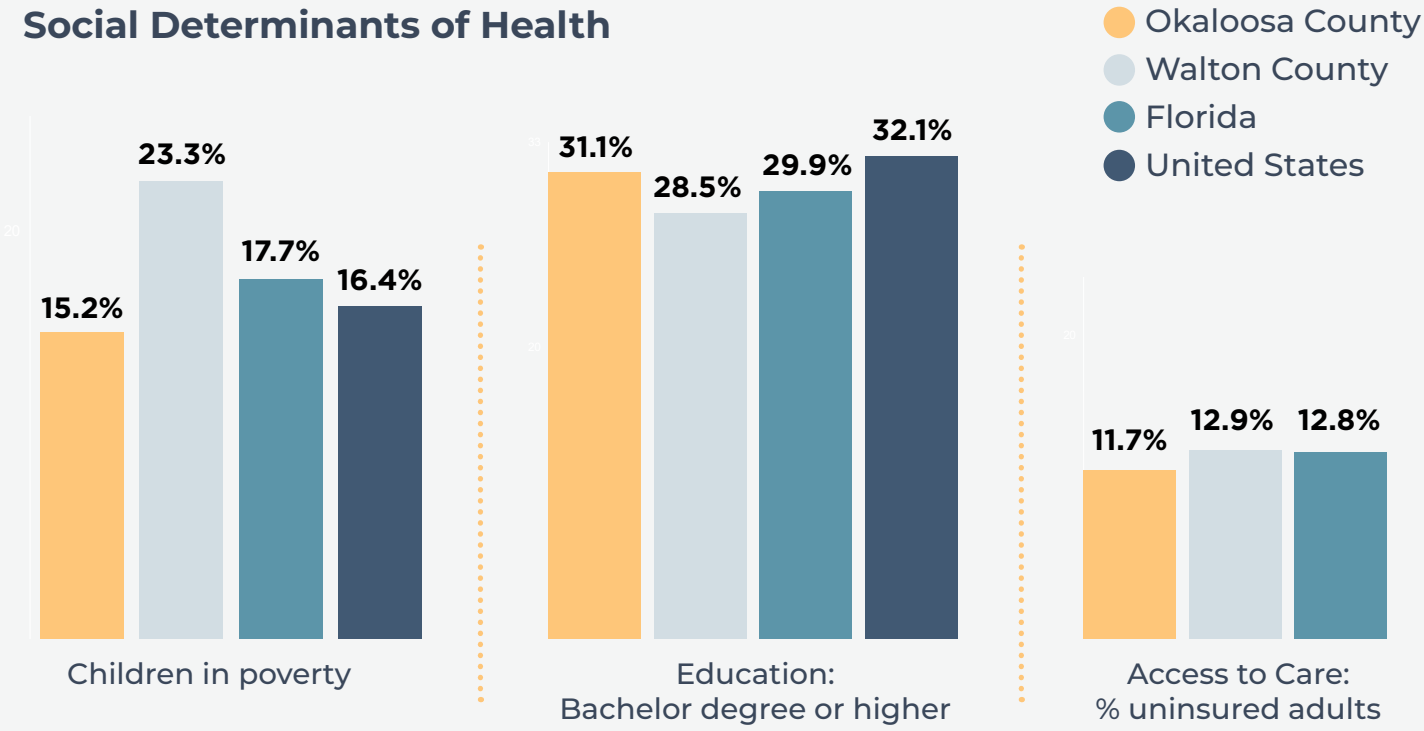
Total population of service area: 284,809



Population by race



Social Determinants of Health



Barriers to service are more difficult for vulnerable populations, including military veterans, disabled, Hispanic, children, LGBTQ+

Practitioners needed for service area:

North Okaloosa and all of Walton County are designated Health Professional Shortage Areas.

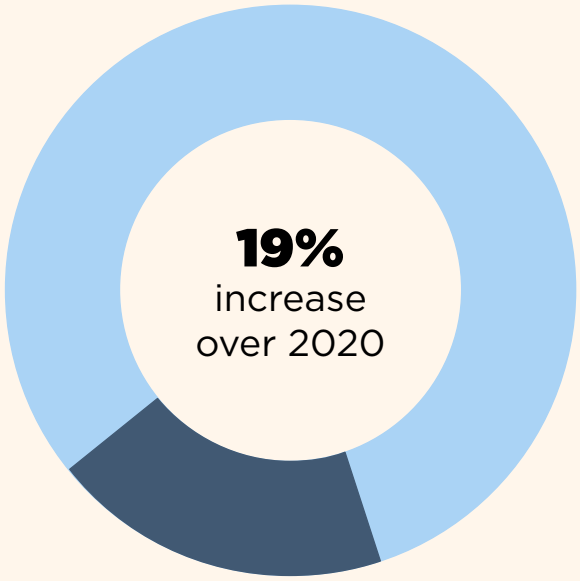
Dental Health **7.89**

Mental Health **7.11**

Primary Care **11.65**

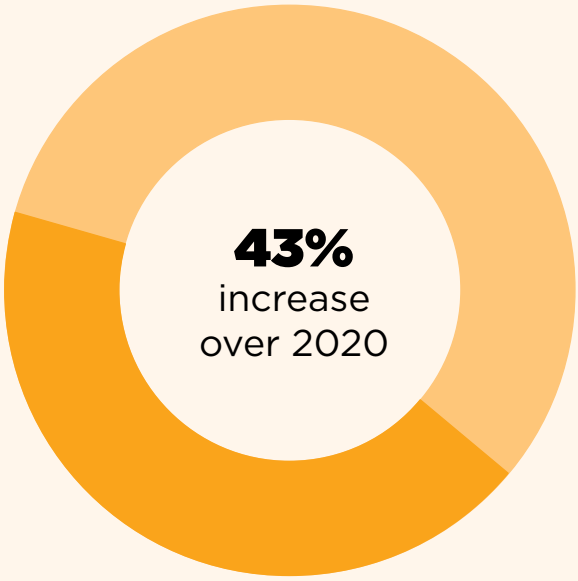
Housing:

Median housing sale price in the service area (2021):



Okaloosa County

$ 301,000

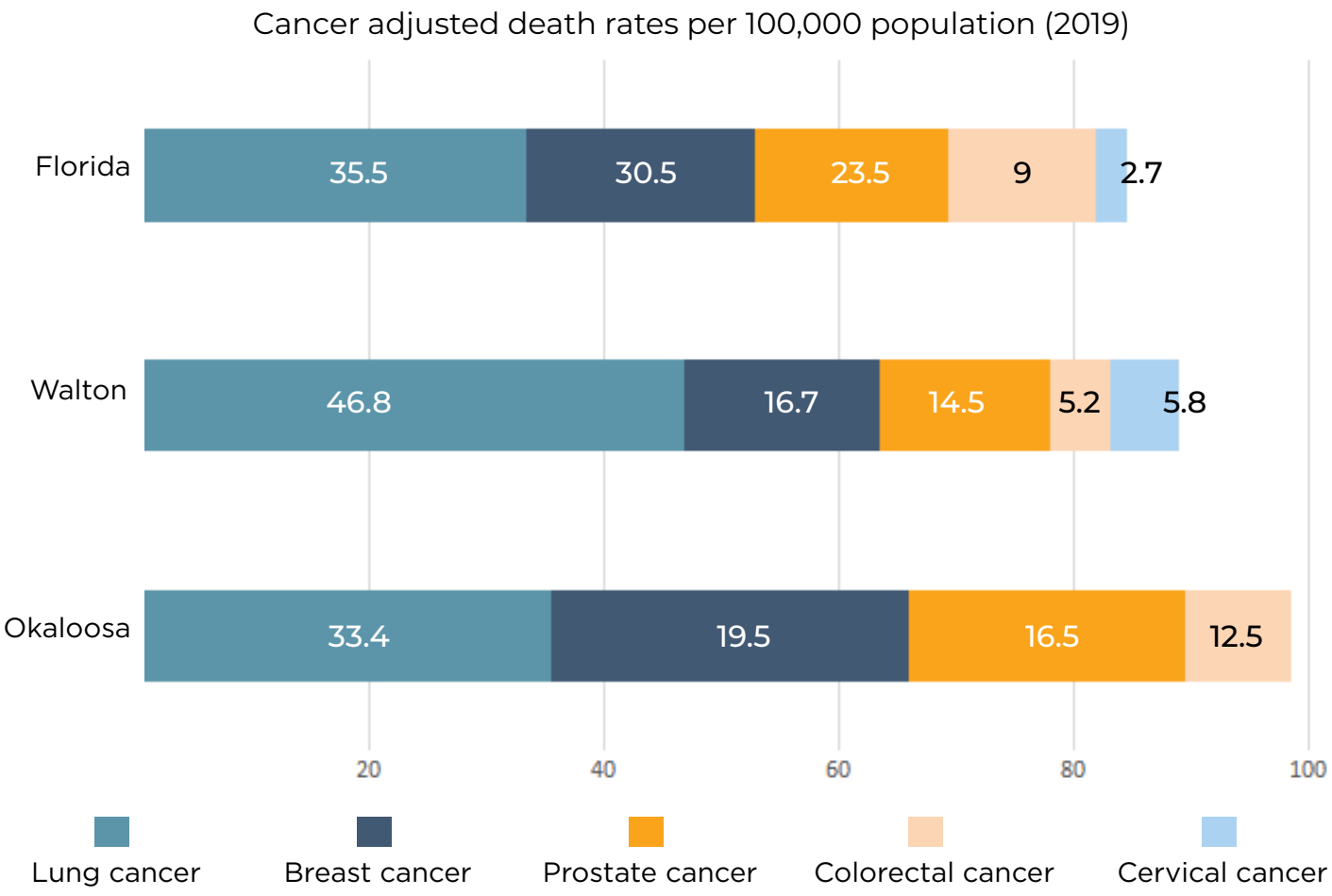


Walton County

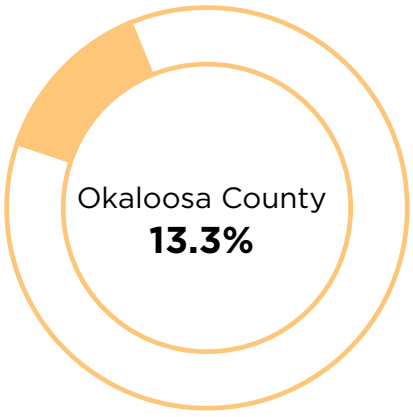
$ 725,000

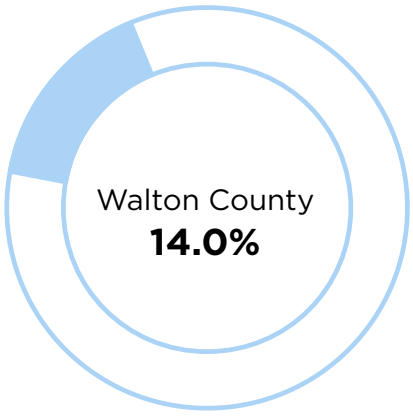
Health issues in community:

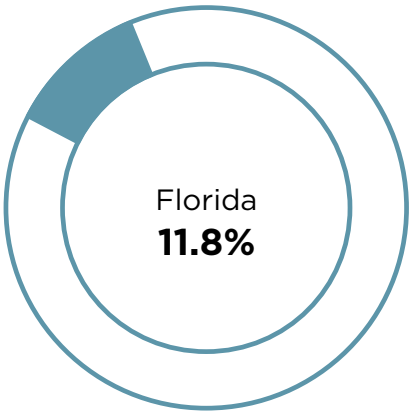
Cancer is the leading cause of death in the area.



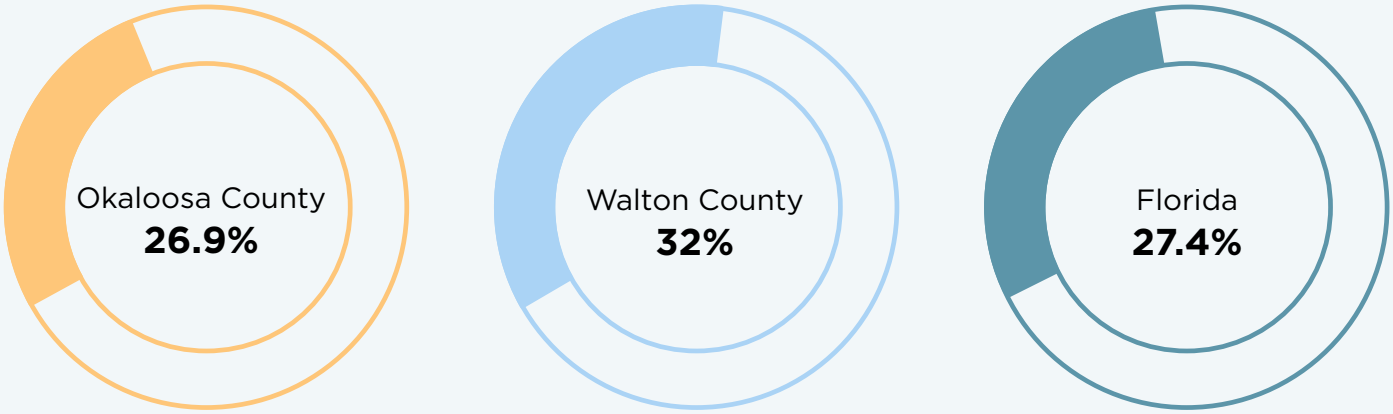
Diabetes: Adults diagnosed with diabetes:



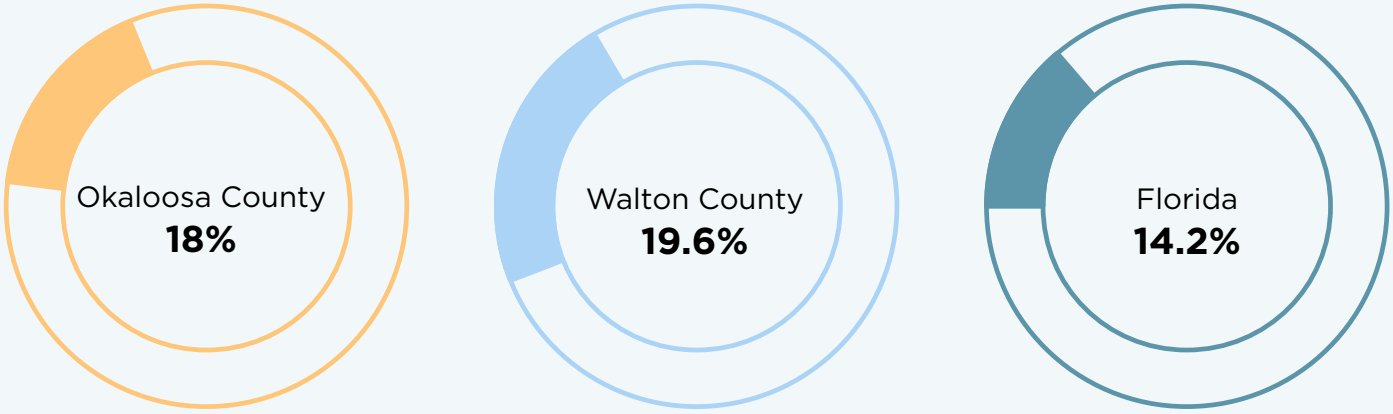




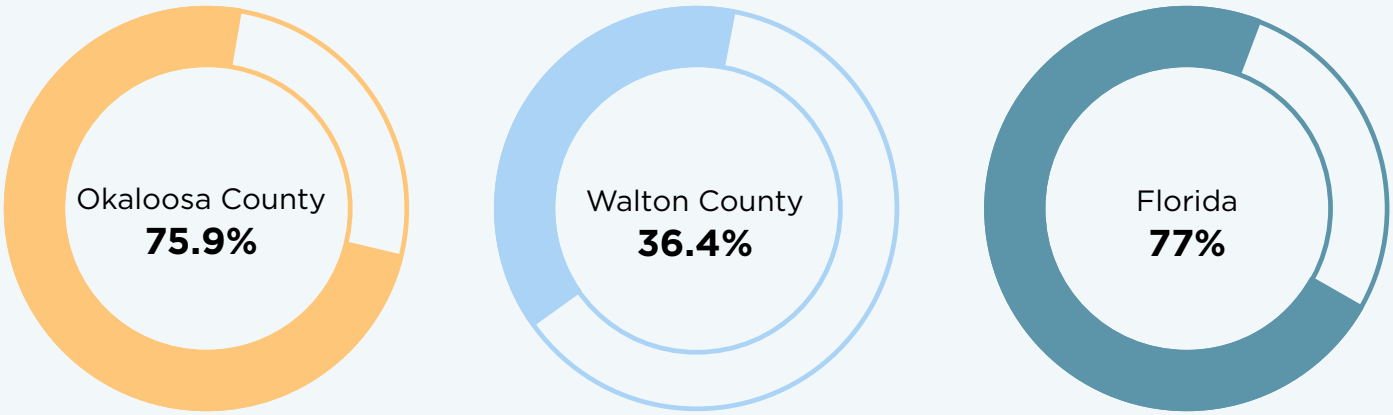
Obesity: Adults diagnosed with obesity:



Adults diagnosed with a **depressive disorder:**



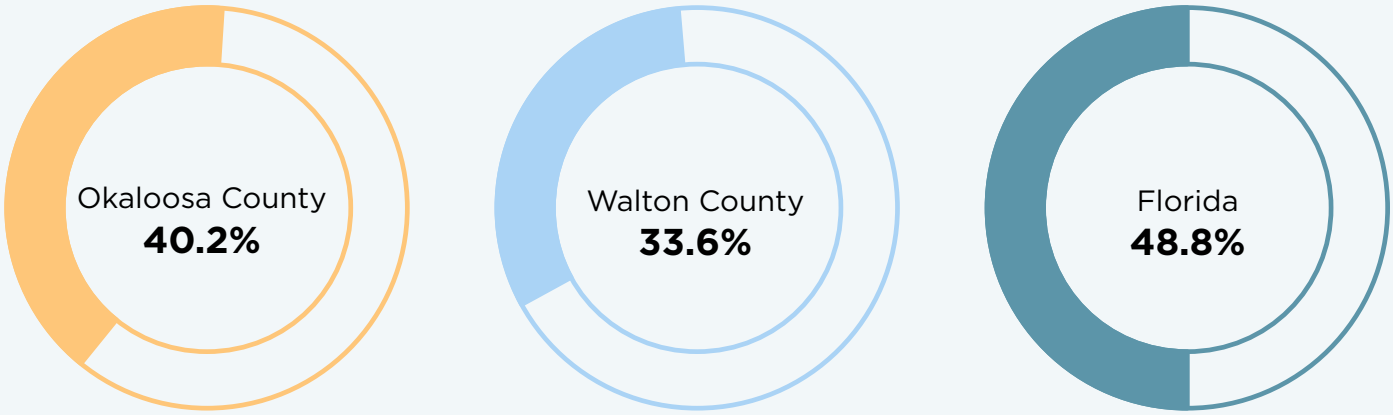
Overdose deaths linked to **opioids:**



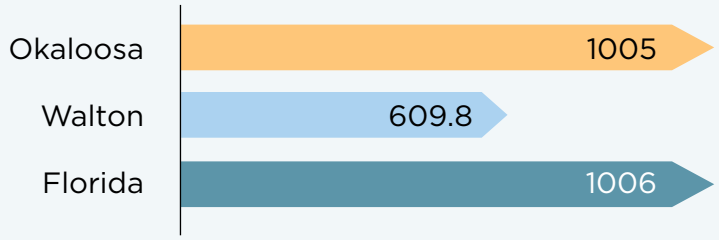
NEW THIS YEAR:

COVID-19 was identified in 2019 and declared a pandemic in 2020. It became the third leading cause of death in the United States in 2020.

As of August, 2021:
fully vaccinated residents:



Hospitalizations for mental disorders, per 100,000 population, 2019



COVID-19 exposed vast health inequities. Contributing factors:

1. **Education**
2. **Employment status**
3. **Income level**
4. **Gender**
5. **Ethnicity**

Health inequities are reflected in:

1. **Length of life**
2. **Quality of life**
3. **Rates of disease, disability, and death**
4. **Severity of disease**
5. **Access to treatment**

INTRODUCTION

Background

In Spring 2010, the United States passed the Affordable Care Act (ACA), formally known as the Patient Protection and Affordable Care Act. This new legislation included a provision that required tax-exempt hospital systems, including Ascension Sacred Heart Emerald Coast, to conduct Community Health Needs Assessments (CHNAs) every three years. Overall, CHNAs enable increased hospital interaction within the community; they also provide an opportunity for community organizations, advocates, and other stakeholders to interact with large hospitals and influence critical health issues. The CHNA identifies key concerns in the area, and the assessment data provided helps hospitals have a more meaningful community impact.

A comprehensive Community Health Needs Assessment was conducted for Ascension Sacred Heart Emerald Coast from May to September 2021. The analysis included a careful review of the most current health data, demographics, and input from numerous key community informants, stakeholders, and partners.

This report was prepared for Ascension Sacred Heart Emerald Coast (ASHEC), located in Miramar Beach, Florida, serving Okaloosa and Walton counties, to meet the CHNA requirements for 2022.

Ascension Sacred Heart Emerald Coast Hospital Overview

Ascension Sacred Heart Emerald Coast is part of Ascension, a non-profit, faith-based healthcare organization and one of the largest healthcare systems in the nation.

ASHEC is a full-service 76-bed hospital with adult and pediatric emergency rooms. The hospital also offers specialty care, including spine surgery, joint replacement, heart care, cancer care, breast imaging, and adult and pediatric rehabilitation.

Community Served

For this report, the community served by ASHEC is defined geographically as Okaloosa and Walton counties in northwest Florida. The community definition was established by previous CHNAs and has not changed. The community includes medically underserved, low-income and minority populations. For this report, the community is known as the “ASHEC service area.”

CHNA Process

This report complies with IRS Section 501(r)(3)(B) requirements. Methodology includes the collection and analysis of secondary data and the collection of primary data through interviews and focus groups held between May and August 2021. Data presented in this assessment is the most recent data available.

Interview participants included public health officers, key informants, and community partners. Six focus groups were held for the service area and included community partners and leaders of area non-profits. Community input is shared throughout the report.

Secondary data was collected from sources including, but not limited to, the U.S. Census Bureau, Florida Department of Health, Robert Wood Johnson Foundation, Kaiser Family Foundation, Department of Veteran Affairs, Centers for Disease Control, National Institute of Health, University of Florida Bureau of Economic and Business Research, and the Bureau of Labor Statistics. A full list of sources can be found in **Appendix B.**

Special Considerations

The last CHNA completed for the ASHEC service area was in 2019, during which the COVID-19 coronavirus made its appearance. **The subsequent pandemic exposed health inequities across the nation.** Both COVID-19 and health equity are discussed throughout this assessment.

COVID-19

In late 2019, SARS-CoV-2 was identified overseas as a potentially deadly virus that would lead to COVID-19. The virus spread quickly and claimed millions of lives. By March 2020, lockdowns began in an effort to curb the virus' spread; however, the viciousness of Covid-19 caught many by surprise, with global impacts.

It was widely reported that the effects of COVID-19 went beyond the physical; quarantine led to isolation, loss of services and impacted the mental health of residents. The pandemic also hindered progress made between CHNAs. Overall, COVID-19 affected the health of all communities, leaving no area untouched.

At the time of this assessment, the COVID-19 virus remained a significant health priority. The impact of the pandemic was heavily discussed during interviews and focus groups and is shared throughout the assessment.

Health Equity

Health equity is an incredibly complex issue but, simply put, occurs when "everyone has the opportunity to be as healthy as possible." While the observation of health inequities dates back over three centuries, the momentum to address social determinants of health and health equity only increased in the past decade[1]. Health inequity affects many populations, including minorities, women, and children of various backgrounds. Ultimately, the COVID-19 pandemic severely exposed health inequities across the United States. It also revealed the contributing factors to health inequity, identifying areas that community leaders can address.

The U.S. Department of Health and Human Services reports that population-level factors, such as the physical, built, social, and policy environments, can impact health outcomes more than individual-level factors. According to the World Health Organization: "There is ample evidence that social factors, including education, employment status, income level, gender and ethnicity have a marked influence on how healthy a person is. In all countries – and incomes – there are wide disparities in the health status of different social groups. The lower an individual's socioeconomic position, the higher their risk of poor health. Health inequities are reflected in differences in length of life; quality of life; rates of disease, disability, and death; severity of disease; and access to treatment[2]."

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1 - Paving the Road to Health Equity - OMHHE - CDC
2 - Health inequities and their causes (who.int)

Health equity in the ASHEC service area was researched for this CHNA. Public health officials and key stakeholders discussed the topic, and secondary data was collected and analyzed. This assessment also provides data on the root causes of health inequity within population-level factors.

Community Input: When asked about health equity in the ASHEC service area, focus group and interview respondents discussed the various kinds of health inequities they see in the community:

- "The goal IS health equity"
- "Health inequity can biologically impact health; the stress response is damaging."
- There is not a lot of health equity in the community.
- "Addressing health inequities is the work that needs to be done first, but there is a fear of addressing the health equity issues with the White community."
- It is important to understand the disparities, and which increase inequities; the root causes are often economic.
- COVID-19 exacerbated the health inequities in the community.
- The pandemic really showed that health equity issues must be addressed.
- Health inequities are also experienced by addicts, HIV positive patients, and they receive different treatment as a result.

COMMUNITY DESCRIPTION

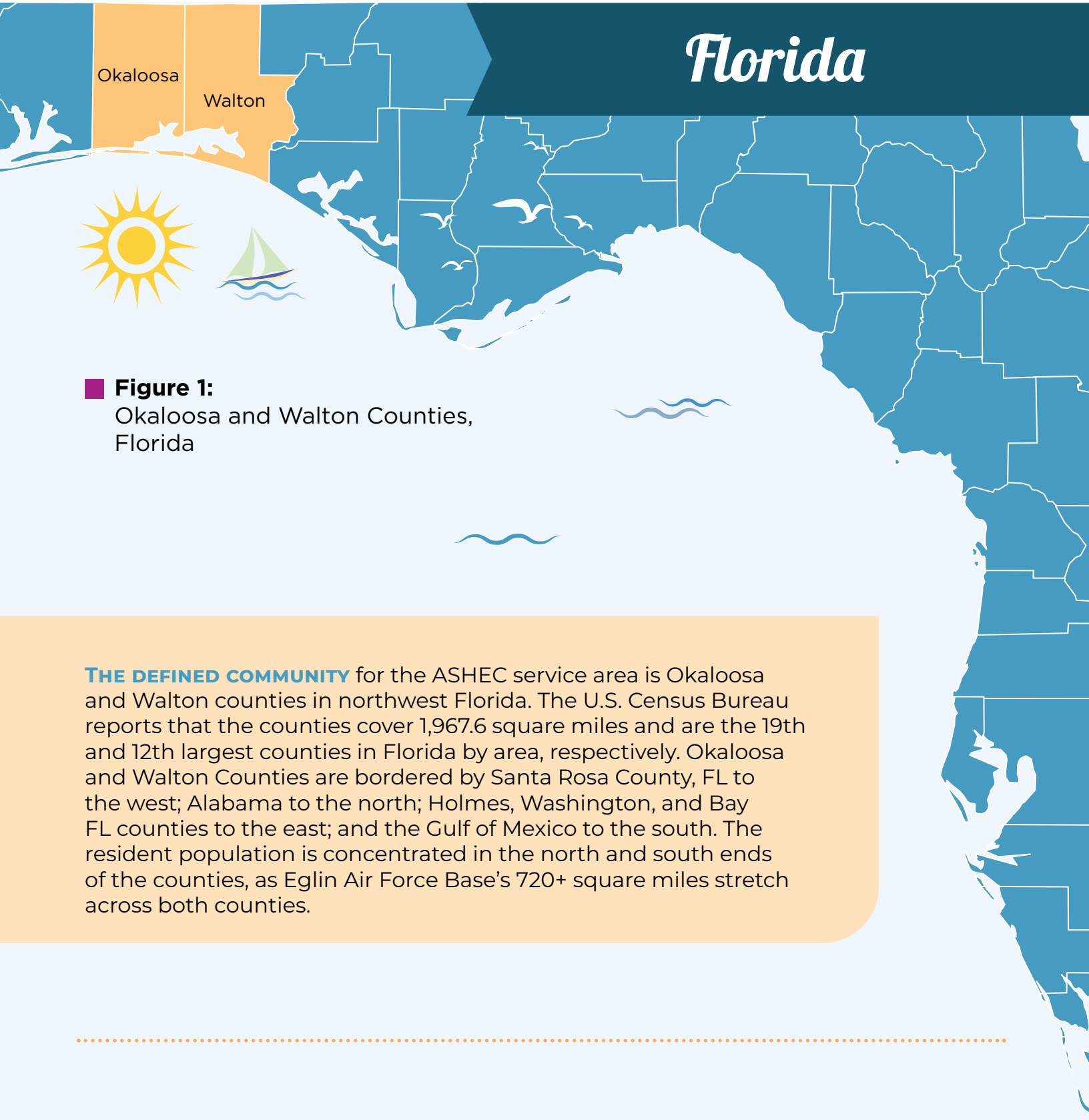


Figure 1:
Okaloosa and Walton Counties, Florida

THE DEFINED COMMUNITY for the ASHEC service area is Okaloosa and Walton counties in northwest Florida. The U.S. Census Bureau reports that the counties cover 1,967.6 square miles and are the 19th and 12th largest counties in Florida by area, respectively. Okaloosa and Walton Counties are bordered by Santa Rosa County, FL to the west; Alabama to the north; Holmes, Washington, and Bay FL counties to the east; and the Gulf of Mexico to the south. The resident population is concentrated in the north and south ends of the counties, as Eglin Air Force Base's 720+ square miles stretch across both counties.

Population Characteristics

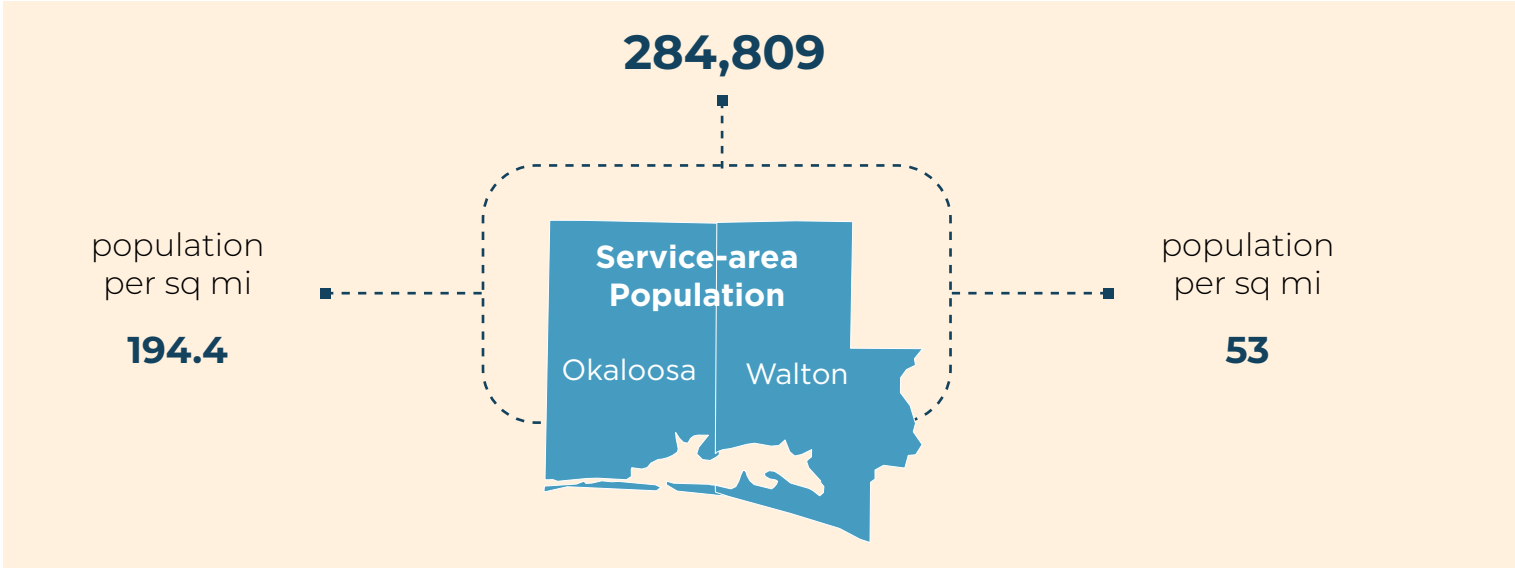
The characteristics of a population provide governments and community leaders with some general information about residents of a specific geographic area. Over time, population characteristics may change, and notable trends can help local governments plan for those potential changes. For example, local planners may note high population growth to determine if additional infrastructure is needed to support regional development. In this section, we examine the population characteristics of the ASHECH service area.

Population

Okaloosa and Walton are large counties that share similar population traits. The south ends of the counties have higher transient populations during spring and summer due to beaches that attract millions of tourists annually. The north ends of the counties have lower population density and vast farmlands. The presence of the military bolsters the area's population.

The total population of the ASHECH service area is 284,809; about 74% of service area residents are in Okaloosa County. Okaloosa County's population per square mile is 194.4; Walton County's population per square mile is 53. Both counties are primarily White, with a higher population of African Americans and Latinos residing in Okaloosa County.

The service area population grew almost 21% over the last ten years, outpacing Florida's 14.2% population increase and the nation's 6.3% population increase. While the population growth in Walton County far outpaced Okaloosa County, the combined growth of both counties was 20.7%.



The majority of the ASHECH service area population is White, with 81.1% of Okaloosa County identifying as White and 89.6% of Walton County. African Americans make up the next largest population in Okaloosa County, with 10.5%. The second-largest population in Walton County is Hispanic or Latino, at 6.5%. Okaloosa County's Hispanic or Latino population is 9.7%. The African American population of Walton County is 5.3%.

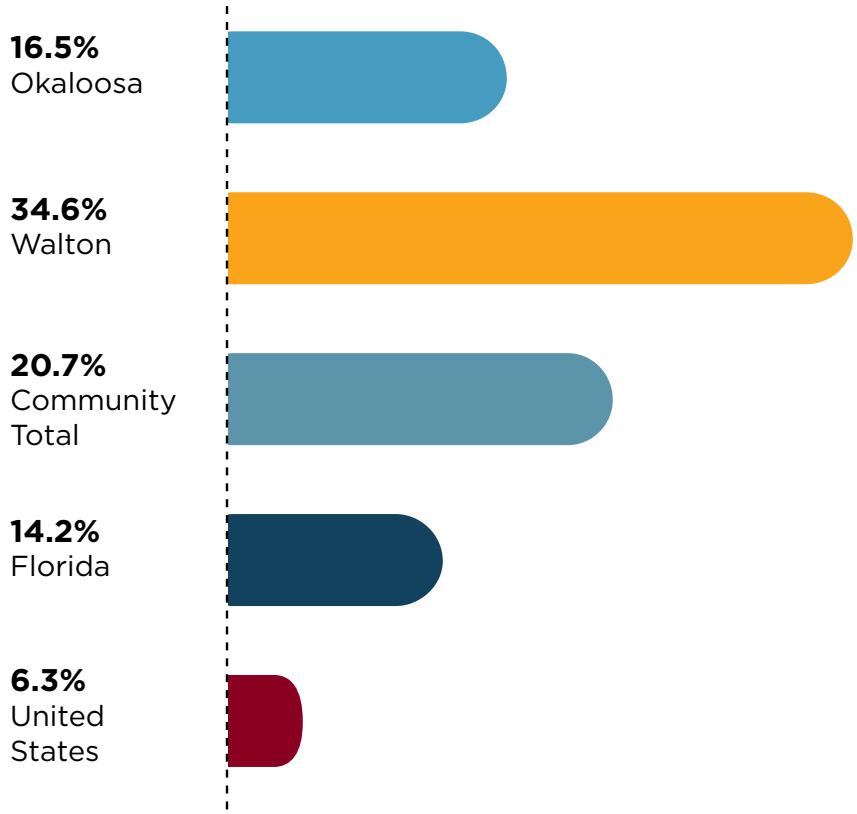
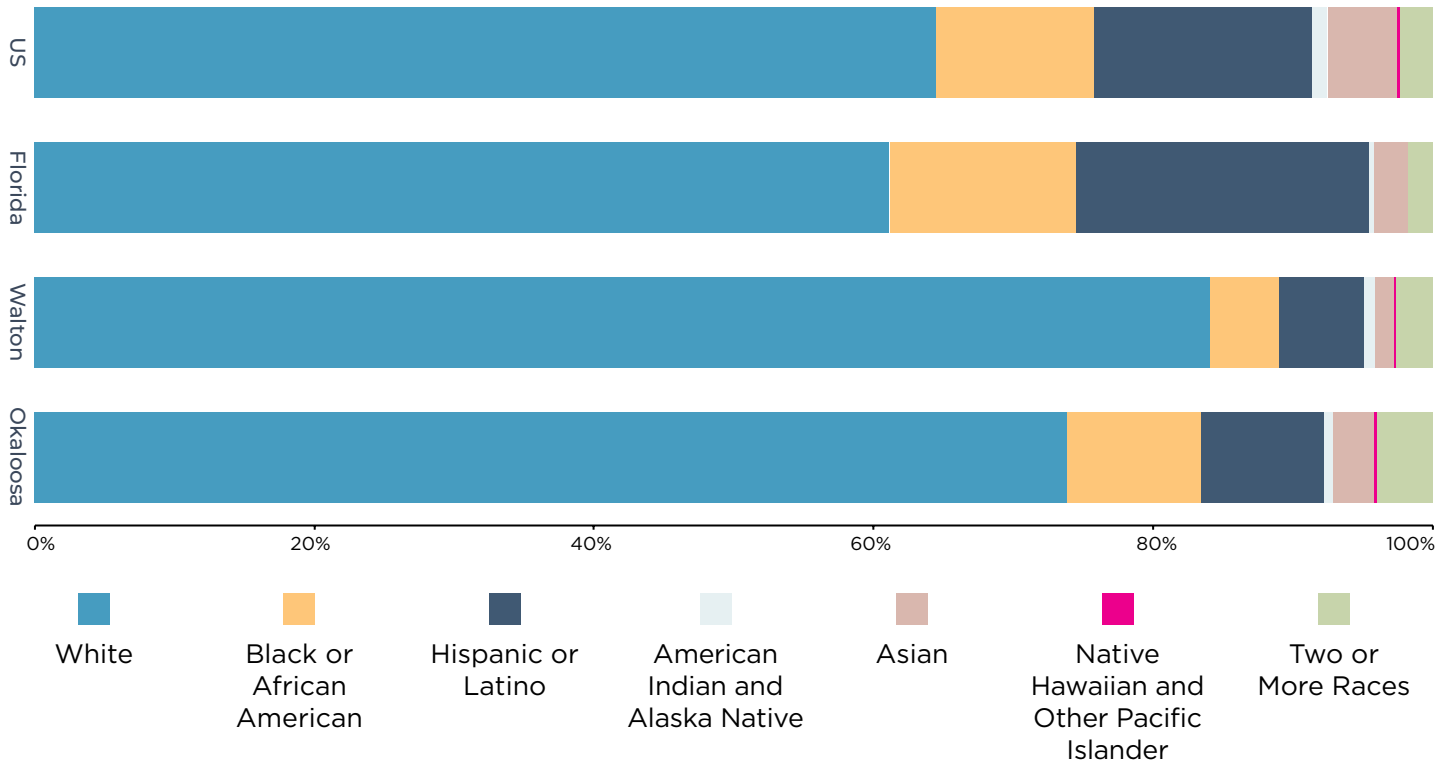


Figure 2:
Population and growth

Source: U.S. Census Bureau, American Community Survey

Figure 3:
Population by race, 2019 est

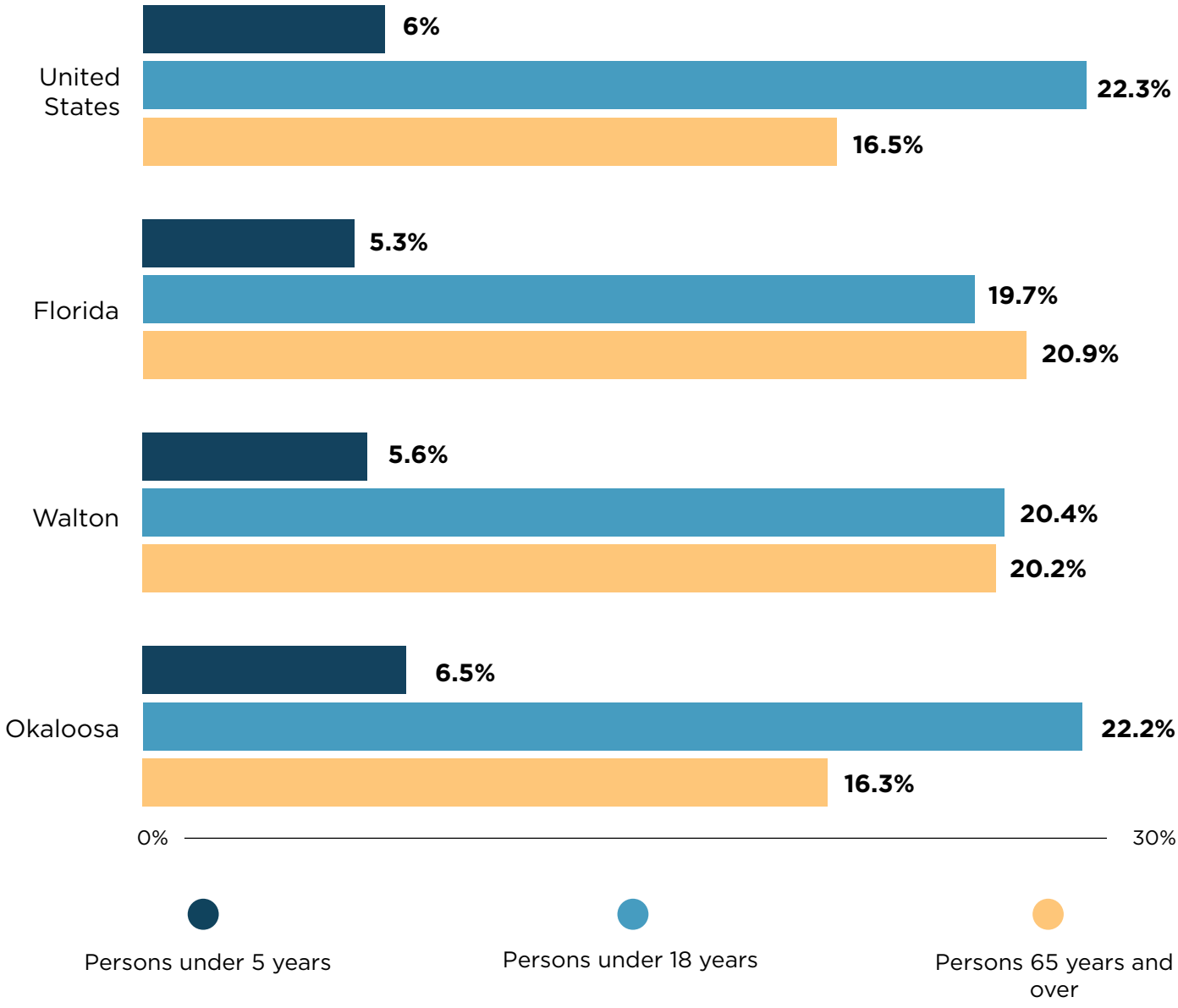
Source: U.S. Census Bureau, American Community Survey



In Okaloosa County, approximately 28.7% of the population is under age 18, and 16.3% of the population is over age 65. In Walton County, 26% of the population is under age 18, and 20.2% is over age 65. Females represent almost half of the population in both counties.

Figure 4:
Population by age 2019 est.

Source: U.S. Census Bureau, American Community Survey



Vulnerable Populations and Barriers to Service

Barriers to service exist for many people across all populations. Often, there are multiple barriers, especially for vulnerable populations.

Military Veteran Population

The Florida Panhandle is a popular retirement spot for many who have served in the U.S. military. The favorable weather and slow pace of living attract a significant veteran population of all socioeconomic classes. As of 2019, the U.S. Census Bureau estimates that almost 40,000 veterans live in the ASHEC service area.

	Okaloosa	Walton	Community Total	Florida	United States
Veterans, 2015-2019	32,664	6,634	39,298	1,440,338	18,230,322

Figure 5:
Veteran population, count

Source: U.S. Census Bureau, American Community Survey

For veterans who live in the ASHEC service area, several resources are available in both the north and south ends of the county. However, many veterans still face issues with accessing health care for their particular needs. Further, some have multiple issues, such as disabilities and senior care. Even when service members or veterans decide to seek care, they need to find the "right" provider at the "right" time. Unfortunately, this is not always possible, and when care is not readily available, the opportunity may be lost.

The National Council on Disability conducts a recurring survey of veterans, including those who do not currently utilize VA services, to help identify barriers to care. The survey results include distance from required specialized services; availability of specified types of service including early intervention services; bureaucratic obstacles to accessing care; user-friendliness; clinic hours and policies; perceived stigma and concerns with job impact or reserve unit status; and lack of information about what available services[3].

3 - https://ncd.gov/publications/2009/march042009/section6

As the military population diversifies, health equity becomes increasingly essential. The U.S. Veteran's Administration reports that many of the health trends noted in other disparate groups are reflected in the veteran population. For example, minority populations often receive less care or care of lesser quality. That holds true for minority veterans and civilians. The Centers for Disease Control and Prevention reported that mental health support needs for veterans increased during the COVID-19 pandemic due to increased stress and anxiety about the risk of contracting the virus.

Community Input: Community members and key stakeholders were asked how barriers to services affected the military veteran population in the ASHEC service area. Responses included:

- "There are a lot of veteran services in Okaloosa County. The population tends to be prioritized over others and we can't reach ones that refuse help."
- "It is difficult to access services in the north end of county."
- If they can maneuver through the system, they are fine. Transportation can be difficult if one needs to travel out of area for care.
- **"More mental health resources are needed."**
- "There are a lot of VA options in Walton County. They were recently expanded but it is still difficult to get appointments."

Disabled Population

Nearly everyone faces hardships and difficulties at some point. For people with disabilities, barriers can be more frequent and negatively impact health equity. The World Health Organization (WHO) describes barriers to service for the disabled as more than just physical obstacles. Here is the WHO definition of barriers: "Factors in a person's environment that, through their absence or presence, limit functioning and create disability. These include aspects such as: a physical environment that is not accessible, lack of relevant assistive technology (assistive, adaptive, and rehabilitative devices), negative attitudes of people towards disability, services, systems and policies that are either nonexistent or that hinder the involvement of all people with a health condition in all areas of life.[4]"

Overall, people with disabilities are not more likely to become infected with COVID-19. However, some who may have underlying medical conditions are more likely to become severely ill if they contract COVID-19. The CDC reports that adults with disabilities are three times more likely than adults without disabilities to have heart disease, diabetes, cancer, or a stroke, negatively impacting health equity.[5]

In the ASHEC service area, the population of residents living with a disability is higher than the state and national rates.

4 - World Health Organization, Health Topics
5 - https://www.cdc.gov/ncbddd/humandevelopment/covid-19/people-with-disabilities.html

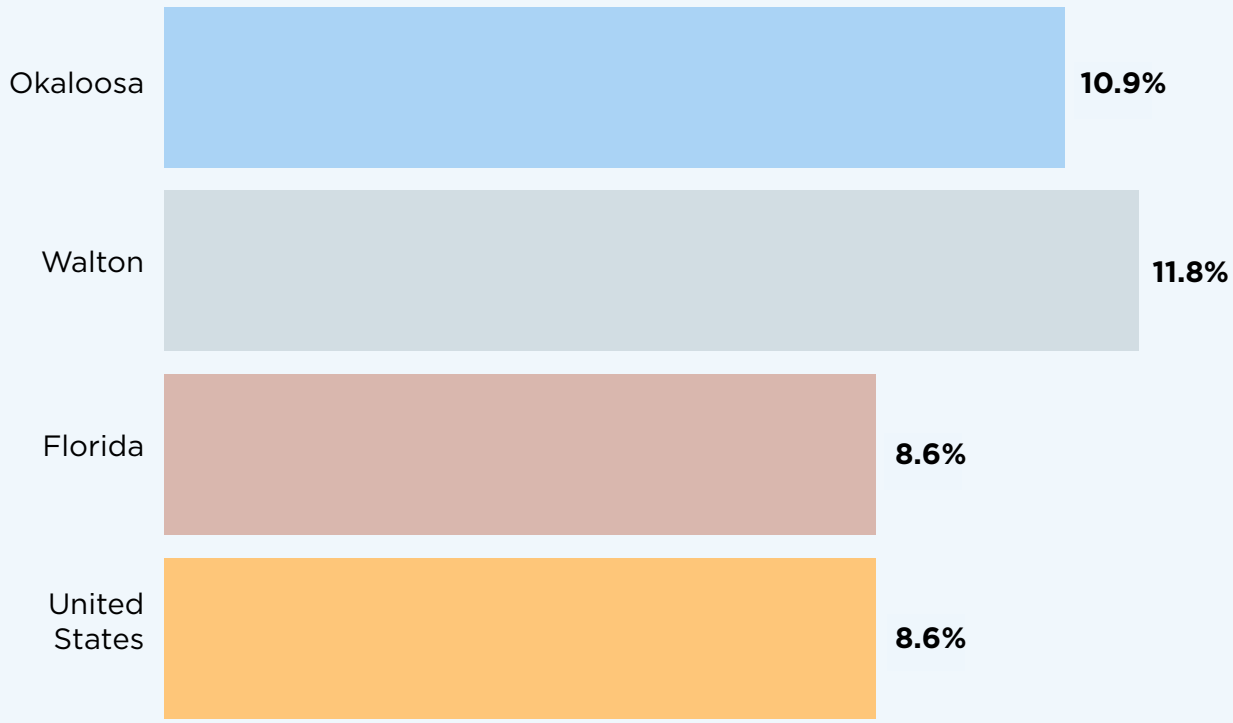


Figure 6:
Disabled population

Source: U.S. Census Bureau, American Community Survey

Community Input: Community members and key stakeholders were asked how barriers to services affected the disabled population in the ASHEC service area. Responses included:

- Where people live makes a difference in terms of mobility, help, and access to a physician.
- Older adults are a big population in the area – they could be isolated, with no access to services, no on-demand transportation.
- "Extreme disabled need housing but they also need home health care."
- "There is a need for more handicap accessible housing."
- Social security is denied and sometimes there is still a clear disability. They need medical equipment and resources.
- "It's an ongoing challenge and health need. Disabilities don't go away. Claiming disability status doesn't work for everyone – just whoever gets through the system. "
- "The resources are slim for the chronically disabled and homeless."

Hispanic Population

Barriers to service that affect the Hispanic population include access to care, employment, and income. For undocumented immigrants, the fear of deportation keeps many from seeking assistance. The lack of bilingual health care practitioners is another barrier to health care services because patients cannot communicate effectively to receive appropriate diagnoses and treatment. Recent anecdotal reports state that Spanish-speaking pediatricians became the most sought-after physicians among the Hispanic population because of COVID-19. Unfortunately, the CDC reports that COVID-19 cases are 1.9 times higher among Hispanic or Latino persons than White, Non-Hispanic persons.

A CDC study unmasked an interesting paradox in the nation's Hispanic community: Despite lower average incomes and worse access to care, Hispanics are less likely than non-Hispanic Whites to die from many of the leading causes of death.[6] However, they do experience higher rates of other chronic diseases. It is also worth noting that health and health behaviors are generally worse among Hispanics born in the U.S. than those born in other countries.

6 - https://www.commonwealthfund.org/publications/2018/dec/focus-identifying-and-addressing-health-disparities-among-hispanics

The Hispanic population in the ASHEC service area represents 9.7% of the Okaloosa County population and 6.5% of the Walton County population, far below 26.4% of the Florida population and 18.4% of the U.S. population. Florida has the third-largest Hispanic population in the country. The demographics of the ethnic groups include any person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.[7]

Community Input: Key stakeholders, public health officials and community groups in the area discussed the growing Hispanic population and what needs they are facing. Responses included:

- **"There is a need for service providers and professionals who speak multiple languages, as clear communication comforts the patient and makes a big difference."**
- Health care workers in the area are not accustomed to working with the immigrant population.
- "Undocumented immigrants have no protections so when health issues come up and they need to show ID; it becomes problematic with COVID-19 testing and vaccines."
- More multi-lingual 24/7 assistance needed.
- **"Making connections with the Hispanic population comes down to sincerity and being *part* of the community."**
- Hispanic population is diverse, and their education levels are varied. With messaging, it is better received if it's sincere enough to get the message across.

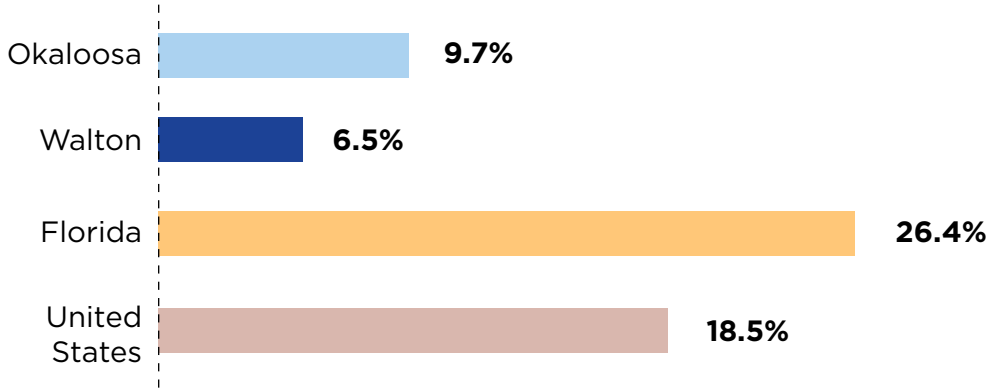


Figure 7:
Hispanic population, 2019 est.

Source: U.S. Census Bureau, American Community Survey

7 - https://minorityhealth.hhs.gov/omh/browse.aspx?lvl=3&lvlid=64

Child Population

Children under the age of 18 are more vulnerable and susceptible to health inequities and barriers to service than adult populations. One of the more prominent barriers to service faced by children is the parental limitations. For example, if a child needs to go to the doctor but the parent has limited funds and cannot pay, the child may not receive the care required to stay healthy. Further, if a parent must take time off work to take their child to the doctor, it may decrease income for the family.

Many financial and non-financial barriers to health services may delay or prevent low-income households from seeking health care for their sick infants and children. Such obstacles are common in low- and middle-income areas and include distance, financial barriers, sociocultural norms, language barriers, and lack of knowledge and awareness. These difficulties affect all age groups and can lead to low demand for and use of services, particularly by the poor.[8] Additionally, some inequities emerge before birth and are further discussed in the Maternal and Infant Health section.

When COVID-19 became a significant public health issue, schools were closed to prevent spreading the virus. Initially, children were not becoming critically ill when diagnosed with COVID-19, but as the virus mutated, more children were hospitalized. At the time of this CHNA, COVID-19's full impact on children was not known.

Barriers to service that inhibit a child's access to care will impact the community's overall health. They can lead to increased morbidity and mortality, poor health, and malnutrition levels increasingly associated with lower economic productivity in the long term.[9]

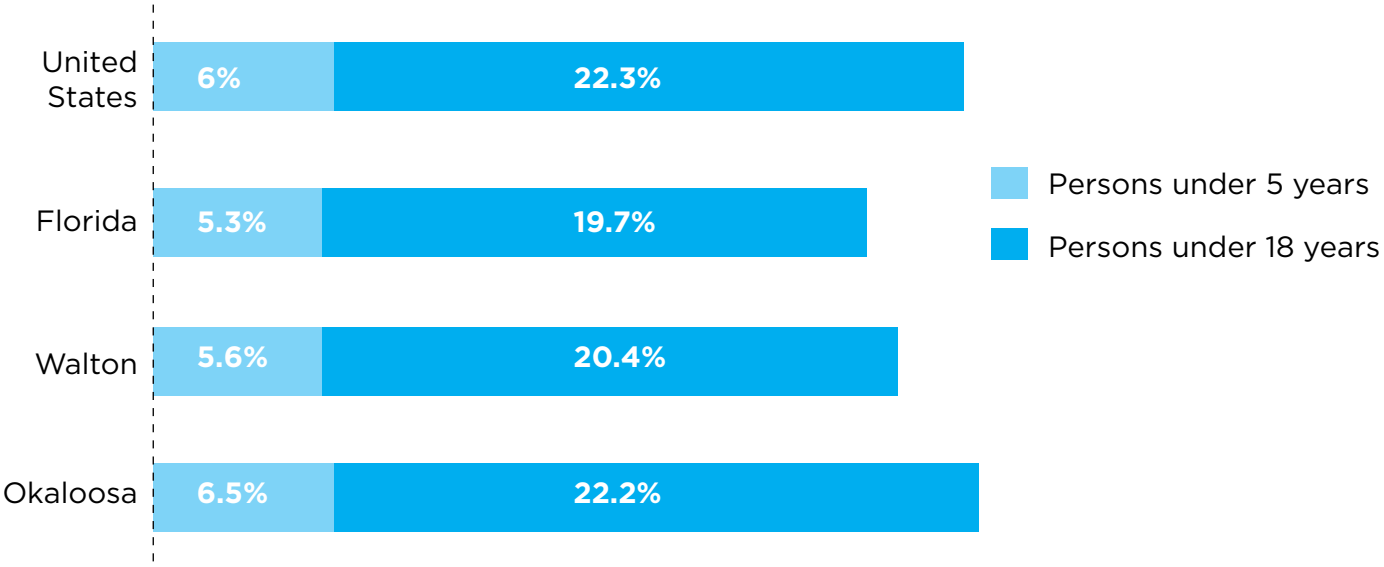


Figure 8:
Population of children, 2019 est

Source: U.S. Census Bureau, American Community Survey

8 - http://www.uniteforsight.org/women-children-course/barriers-children
9 - https://www.liebertpub.com/doi/10.1089/pop.2018.0089

Community Input: Community members and key stakeholders were asked how barriers to services affected the population of children in the ASHEC service area. Responses included:

- **"There is a new reality with mental health, opioid and drug problems, and the impact it has on children."**
- Some children have never been to school and don't know their colors.
- "Families don't want their kids removed from home, they are scared the state will investigate, so they avoid doctors. We had a better system pre-COVID-19 but it was disrupted. "
- **COVID-19 increased child homelessness. They are living in hotel rooms and with other families in crowded conditions. They are experiencing poor health, and their parents' problems contribute to poor health. We need to break cycle of poverty.**
- "Parents, caretakers need access to care, or don't know what to do to receive care, or don't care at all. "
- "Child advocacy is great but short-term. Need more mental health services. "
- "There is a lack of providers, a lack of transportation, and we need parental willingness to participate in their child's health."

LGBTQ+ Population

America's families are becoming more diverse. The lesbian, gay, bisexual, transgender, and queer population is more visible than ever before, yet they still struggle with healthcare services barriers. Barriers to service include discrimination from insurers or providers, which can delay care because of concerns about how they will be treated. Additionally, the population tends to be underinsured or uninsured, experience health inequity and denied services based on sexual orientation or identity. Finding a provider that is familiar with LGBTQ+ health needs is also a challenge. As a result, the health outcomes for LGBTQ+ individuals are worse than the general populations'. Negative experiences can deter them from the health care they need.

The transgender population is disproportionately affected by barriers to service. Many transgender individuals find themselves homeless, which leaves them vulnerable to health issues, trauma, and abuse. Many are unable to access homeless shelters in part because of their gender identities. While there are higher rates of illness and poor health for the homeless overall, it is more so with the transgender population.[10] In the absence of federal legislation prohibiting healthcare discrimination based on sexual orientation and gender identity, LGBTQ+ people are often left with little recourse when discrimination occurs.

The LGBTQ+ population is not one where there are many statistics available, as they are historically undercounted; however, The Williams Institute at the University of California, Los Angeles, has some county-level data available on same-sex couples, based on Census data. The U.S. Census does not ask sexual orientation or gender identity questions on their surveys, so only couples where both individuals identified as male or as female are included in the data. The table below shows the number of same-sex households in the ASHEC service area and the percentage with children. This data provides some insight into the characteristics of a subset of individuals in the LGBT community.

	Okaloosa	Walton	Florida
Same sex couples, per 1,000 households	3.02	7.21	6.54
Raising children	19.5%	22.5%	13.3%

Figure 9:
Same sex couples, 2017

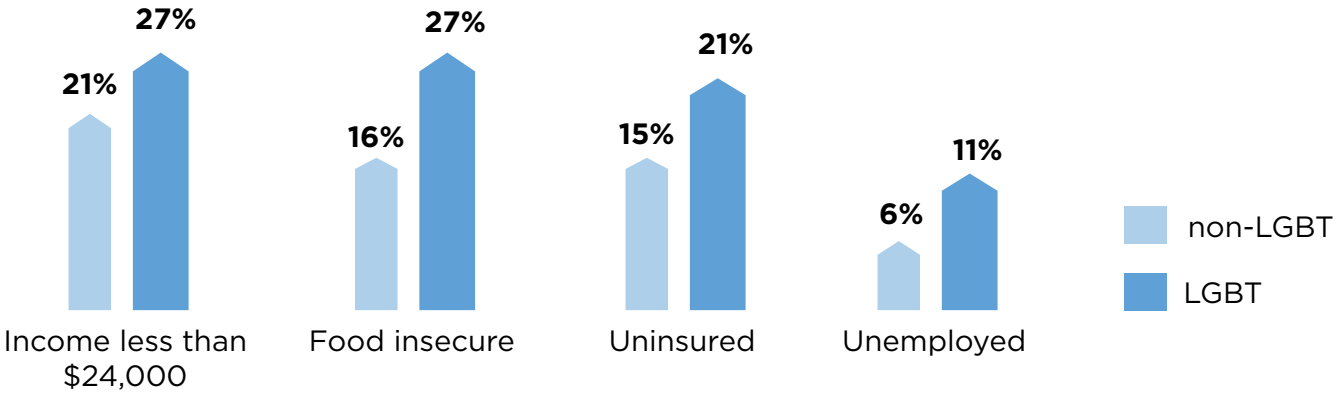
Source: University of California, Los Angeles, The Williams Institute

10 - https://endhomelessness.org/resource/transgender-homeless-adults-unsheltered-homelessness-what-the-data-tell-us/

According to the Gallop Daily tracking survey, LGBT people are defined as single or coupled individuals identifying as lesbian, gay, bisexual, and/or transgender. This population data is only available at the state level and is included to illustrate the economic disparities experienced by LGBT people.

Figure 10:
Florida LGBT disparities, 2017

University of California, Los Angeles, The Williams Institute



Community Input: Community members and key stakeholders were asked how barriers to services affected the LGBTQ+ population in the ASHEC service area. Responses included:

- **There is a lot of fear of being "outed".**
- "The area is not open to the LGBTQ+ population."
- Prejudice is still alive in the area and they are less likely to seek assistance from local organizations.
- There are many horror stories about the LGBTQ+ population. Organizations can't refuse to help based on sexual preference but the trans population do not want to be in shelters because of assault risk.
- "Unaccompanied LGBTQ+ youth in shelters and seeking assistance – they have no family support. There is no shelter for LGBTQ+ population. "
- "There are gaps in services available to LGBTQ+, and grant money is available but we need data."
- **"Mental health of the population is heavily impacted by discrimination. They are not always able to get hired or get a rental and that produces trauma."**
- Religious affiliations of charity organizations is a deterrent and barrier to services. They are hesitant to disclose their personal information when they feel a stigma.
- "It is an underrepresented population. Safety is a major concern; the community needs to know how to create a safe space."


MEDICAL
MEDICAL
MEDICAL
MEDICAL

PRIORITIZED SIGNIFICANT HEALTH NEEDS

THE PRIORITIZED SIGNIFICANT health needs for the ASHEC service area are summarized below. Each requirement is discussed in further detail in the Community Health Profile section.

Community health needs were identified based on secondary data analysis and primary data collected from public health officials, key stakeholders, community organizations and focus groups. The analysis revealed six significant needs:

Access to Care

Vital in preventing and managing diseases and achieving health equity, access to care was identified as the most significant community health need in the ASHEC service area. For this CHNA, the obstacles of access to care include transportation to a provider, available specialists, and cost of care for uninsured and underinsured. Additional barriers to service, such as foreign languages, disproportionately affect vulnerable populations. COVID-19 impacted access to care and caused rapid adoption of new technologies.

Chronic Diseases (diabetes, obesity, cancer)

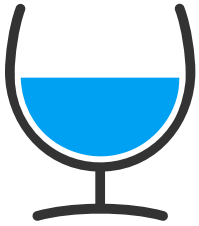
The prevention and management of chronic diseases, specifically diabetes, obesity, and cancer were also found to be significant health needs for the ASHEC service area. While diabetes is not the number one cause of death for community residents, it is a common disease and one that can be very difficult to manage. Obesity impacts all populations but has higher rates in areas that are socially and economically disadvantaged. Cancer is the top cause of death in the ASHEC service area, and due to a shortage of specialists, some residents need to travel out of the region for treatment. People diagnosed with chronic disease may have underlying health conditions that would leave them more vulnerable to extreme illness if exposed to COVID-19.

Mental and Behavioral Health

Mental and behavioral health were cited as significant needs for the ASHEC service area. These needs have grown with the COVID-19 pandemic. Community partners interviewed for the assessment were worried about the pandemic's impact and how it will affect overall community health in the future. Mental and behavioral health resources for children and adults are limited, and not all providers accept insurance or Medicaid.

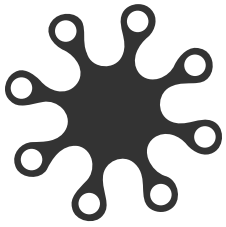
Social Determinants of Health (housing and transit, income)

There is strong evidence that housing's relationship to health can impact overall community health and health equity. Housing affordability in the ASHEC service area has been an ongoing concern for residents. Significant gaps between median earnings (income) and median housing prices result in less discretionary income and challenging choices for residents. Less discretionary income also impacts the ability to pay for transportation in areas where public options are not abundant.



Alcohol and Drug Use

Alcohol and drug use is an issue in many communities nationwide. It is also associated with an increased risk of heart problems, unintentional injuries, and other physical and behavioral problems. Racial and ethnic minorities are more often prosecuted and incarcerated for drug-related offenses. Opioid use among adolescents and adults is a community concern and is responsible for a large share of overdose deaths in the area.



COVID-19

COVID-19 is a community health need that arose in 2019. The pandemic exposed health inequities and their contributing factors. Because the pandemic was ongoing at the time of this assessment, data was still evolving. The CDC reports that it was the third leading cause of death in 2020. Vaccines were developed and administered starting in December 2020 and were still widely available as of September 2021.

COMMUNITY HEALTH EQUITY PROFILE

SOCIAL DETERMINANTS OF HEALTH are factors outside of medical care that can shape the health of a community. Healthy People 2030 defined social determinants of health as "the conditions in the environments where people are born, live, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks[11]." Community residents and key stakeholders who participated in focus groups and interviews provided in-depth input on how social and structural determinants of health, such as income and poverty, unemployment, housing and transit, education, food security, community safety, and access to care impact overall health. The COVID-19 pandemic and health inequities exacerbated these issues.

Income and Poverty

Low wages and poverty are social determinants of health because people with steady employment are less likely to live in poverty and more likely to be healthy. Disproportionate poverty and unemployment strain the ability to access health care services and resources to maintain good health. Poverty alone has been linked with worse health outcomes, increased risk of chronic conditions, mortality, and lower life expectancy. In addition, poverty strongly influences housing stability, educational opportunities, living environment and health behaviors[12].

For low-income residents, the health disparities grow even further. Across the nation, low-income residents have higher rates of physical limitation and heart disease, diabetes, stroke, and other chronic conditions, compared to higher-income residents. Families earning less than $35,000 a year report higher incidents of anxiety or sadness than those earning more than $100,000 a year. These disparities emerge early in life and can be transmitted across generations. For children living in deep poverty, those with family incomes of less than half of poverty income, there are lifelong adverse consequences related to nutrition, environmental exposures, chronic illness, and language development.[13]

The percentage of people living in poverty in the ASHEC service area is similar between the two counties and the U.S., but lower than the state of Florida. The percentage of children under 18 years in poverty is highest in Walton County at 22.3%

11 - https://health.gov/healthypeople/objectives-and-data/social-determinants-health
12 - Poverty and Child Health in the United States. COUNCIL ON COMMUNITY PEDIATRICS. Pediatrics Apr 2016, 137 (4) e20160339; DOI: 10.1542/peds.2016-0339
13 - https://www.healthaffairs.org/do/10.1377/hpb20180817.901935/full/

	Okaloosa	Walton	Florida	United States
Median household income (in 2019 dollars), 2015-2019	$63,412	$58,093	$55,660	$62,843
Per capita income in past 12 months (in 2019 dollars), 2015-2019	$33,019	$34,475	$31,619	$34,103
Persons in poverty	10.6%	10.8%	12.7%	10.5%
Children in poverty (under 18 years)	15.2%	22.3%	17.7%	16.4%

Figure 11:
Income and poverty

Source: U.S. Census Bureau, American Community Survey

Community Input: The community interviews and focus groups emphasized the economic inequities present in the ASHEC service area as an important social determinant of health. Residents with financial resources experience little to no barriers to service, or issues with access to care. However, many mentioned that residents who are underemployed find themselves having to decide between paying the rent or paying for health care; the underinsured have a high out-of-pocket expense. Additional reasons included:

- "The lack of expansion of Medicaid in Florida."
- "Lack of abundant childcare."
- The cost of housing eats into discretionary funds.
- **COVID-19 intensified the existing economic inequities.**

Unemployment

Unemployment and underemployment are social determinants of health because either can lead to financial instability. Financial instability can affect access to healthcare services, health insurance, healthy food, stable and quality housing, and other basic needs.

In the ASHEC service area, the most recent data showed that unemployment rates are lower than the state and national averages, likely buoyed by the presence of Eglin AFB.

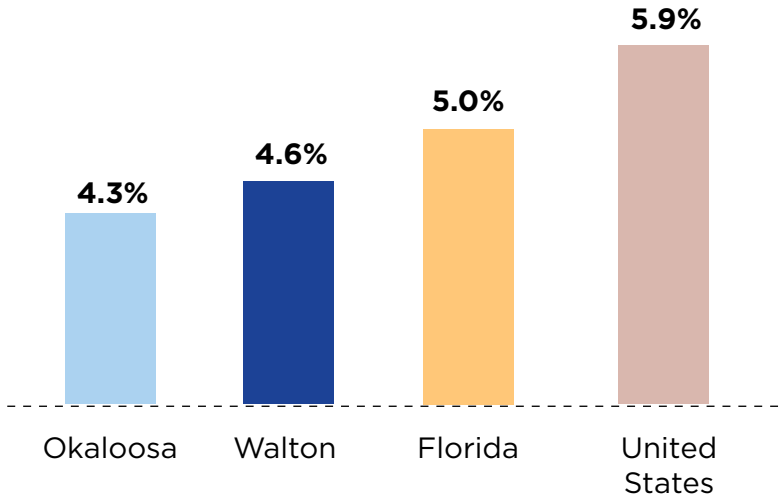


Figure 12:
Unemployment rates, June 2021

Source: U.S. Bureau of Labor Statistics, Local Area Unemployment Statistics

As of the first quarter of 2021, the two largest employment sectors in the area – accommodation and food service and retail trade – employed almost 41% of the area's labor force or nearly 35,000 residents. Average annual payrolls for these sectors are $22,395 and $28,180, respectively. Additionally, these jobs tend to be seasonal, with increased employment in the spring and summer months. The area's third-largest employment sector is health care and social assistance, employing 10,822 people (12.6% of the labor force) with an average annual payroll per employee of $51,439. Together these sectors employ 53.5% of the workforce in ASHEC service area.

	Employees in ASHEC service area	Average Annual Payroll per Employee	Percent of Total Employment
Employment, all sectors	85,586	$40,403	100.0%
Accommodation and Food Service	18,213	$22,395	21.3%
Retail Trade	16,776	$28,180	19.6%
Health Care and Social Assistance	10,822	$51,439	12.6%

Figure 13:
ASHEC service area employment, Q1 2021

Source: Census Business Builder, based on 2020 Quarterly Workforce Indicators dataset

COVID-19 had a devastating impact on U.S. employment. According to the Bureau of Labor Statistics, total U.S. civilian employment fell by 8.8 million over 2020. The U.S. unemployment rate increased to 13% in the second quarter of 2020, while Florida's unemployment rate was at an all-time high of 12.9%[14]. While some were able to work from home, the numbers of unemployed people on furlough (temporary layoff), those working part-time for economic reasons, and those unemployed for 27 or more weeks increased drastically over the year.

In 2021, economic recovery from COVID-19 gained traction after the vaccine became widely available in the U.S. The Economic Policy Institute found that the recovery has been uneven across racial and ethnic groups:

> *"The Hispanic–White unemployment ratio rose from 1.6 in the fourth quarter, 2020, to nearly 1.7 in the second quarter, 2021, while the Black–White unemployment ratio returned to its historical trend of 2.0. That is, although the overall unemployment rate fell, Hispanic workers were still nearly 70% more likely to face unemployment than White workers, while Black workers were twice as likely to face unemployment as White."*[15]

Interestingly, many definitions of underemployment exist, depending on the source. For this assessment, underemployment is defined as an employee who does not have enough paid work or is working a job that does not maximize their skills and abilities. Underemployment is very difficult to measure and there is no current data to track underemployment at the county level.

Community Input: Many interviewed for this assessment agreed that underemployment was a bigger issue than unemployment. Both counties report lower wages as a significant issue, or contributing factor to the significant health issues, in the area. Additionally:

- Jobs with low pay scales might not provide health insurance
- Low wages hurt finances and obstruct access to care.
- "There is a disconnect between wages and cost of living."
- "Affordable Care Act is still affordable to some people, but companies can't afford insurance for employees."
- "Working people with limited income need to decide how to spend their money – rent, food or healthcare?"

14 - https://www.bls.gov/opub/mlr/2021/article/unemployment-rises-in-2020-as-the-country-battles-the-covid-19-pandemic.htm
15 - https://www.epi.org/indicators/state-unemployment-race-ethnicity/

Housing and Transit

Housing and transit were both cited as significant needs for the ASHEC service area. Housing and transit not only impact access to care, but they can also impede health equity. A region with a higher cost of living translates to fewer financial resources available for medical care. Because transportation issues are discussed further in Access to Care, the focus of this section will be on area housing.

There is strong evidence that housing's relationship to health can impact overall community health, and health equity. Housing stability, quality, safety, and affordability all affect health outcomes, as do neighborhoods' physical and social characteristics. Housing affordability in the ASHEC service area has been an ongoing concern for residents.

The health repercussions of financial burdens resulting from high-cost housing are not immediately observable. However, the Joint Center for Housing Studies of Harvard University published a report in 2017 that reveals some of these impacts. For example, low-income families with difficulty paying their rent, mortgage or utility bills are less likely to have a usual source of medical care and more likely to postpone needed treatment than those who enjoy more affordable housing. Additionally, severely cost-burdened renters are 23% more likely to face difficulty purchasing food. Homeowners who are behind in their mortgage payments are also more likely to lack a sufficient supply of food and go without prescribed medications.[16]

	Community Total	Florida
Total housing units	149,054	9,448,159
Homeownership rate	66.4%	65.4%
Average monthly cost, homeowner (with mortgage)	$1,037	$998
Average rent (housing)	$1,002	$1,096

Figure 14:
Housing characteristics, 2020

Source: Census Business Builder, based on 2020 Quarterly Workforce Indicators dataset

16 - https://www.jchs.harvard.edu/sites/jchs.harvard.edu/files/harvard_jchs_state_of_the_nations_housing_2017.pdf

The median sale price of houses in Okaloosa County increased 19.4% from 2020 to 2021. In Walton County, the median sales price grew 42.9% during the same year.

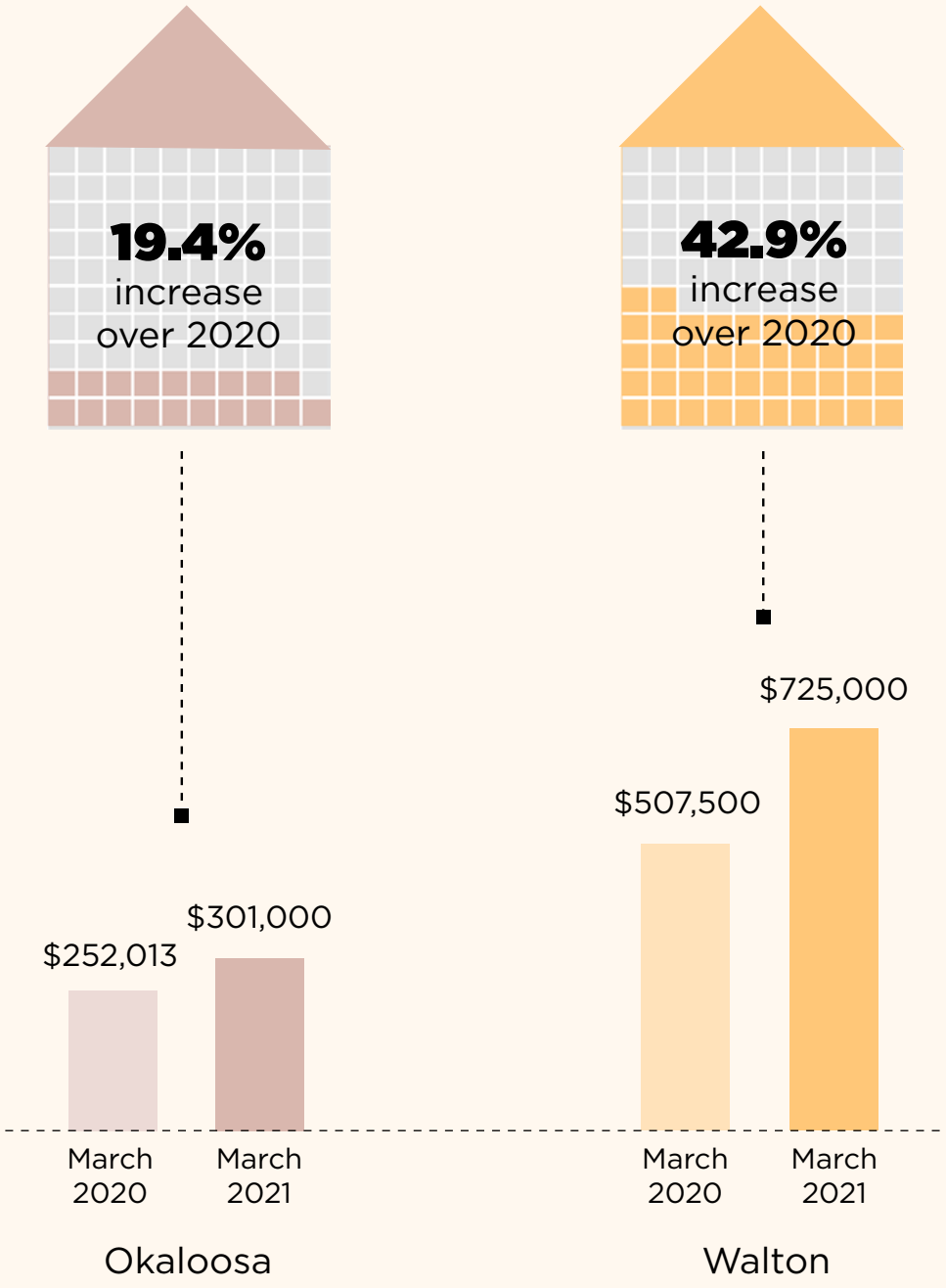


Figure 15:
Median housing sale price

Source: Emerald Coast Realtors Association

Poorly built and unsafe structures can result in poor community health outcomes. Several environmental factors within homes are linked with poor health. For example, in-home exposure to lead irreversibly damages the brains and nervous systems of children. Additionally, substandard housing conditions such as water leaks, poor ventilation, dirty carpets, and pest infestation have been associated with poor health outcomes, most notably asthma-related. The COVID-19 pandemic and resulting quarantines led to residential crowding, which has also been linked to physical illness and psychological distress.

The Brookings Institute has been tracking the socioeconomic impacts of the COVID-19 pandemic and reports that it increased housing hardships experienced by African American and Hispanic households. Eviction and foreclosure rates are higher for these populations than for the White population. The rent/mortgage delinquency trends and other delayed bill payments were similar to the eviction and/or foreclosure experience.[17]

Community Input: The lack of affordable housing was one of the most frequently discussed topics among focus groups and interviewees. The cost of buying a home has increased exponentially in the service area and forces residents to pay possibly higher rents or move further away from amenities, like parks and recreational areas.

- "The cost of homeownership far outpaces the area wages and even teachers are finding it difficult to live closer to work. "
- There is more affordable housing in the north end of the area, but that creates a commute and potential travel problems if one is employed in the south end.
- "High housing costs result in homelessness; during COVID-19 pandemic shut-downs and quarantines, shelters reduced capacity and we don't know where the unsheltered population went."

Education

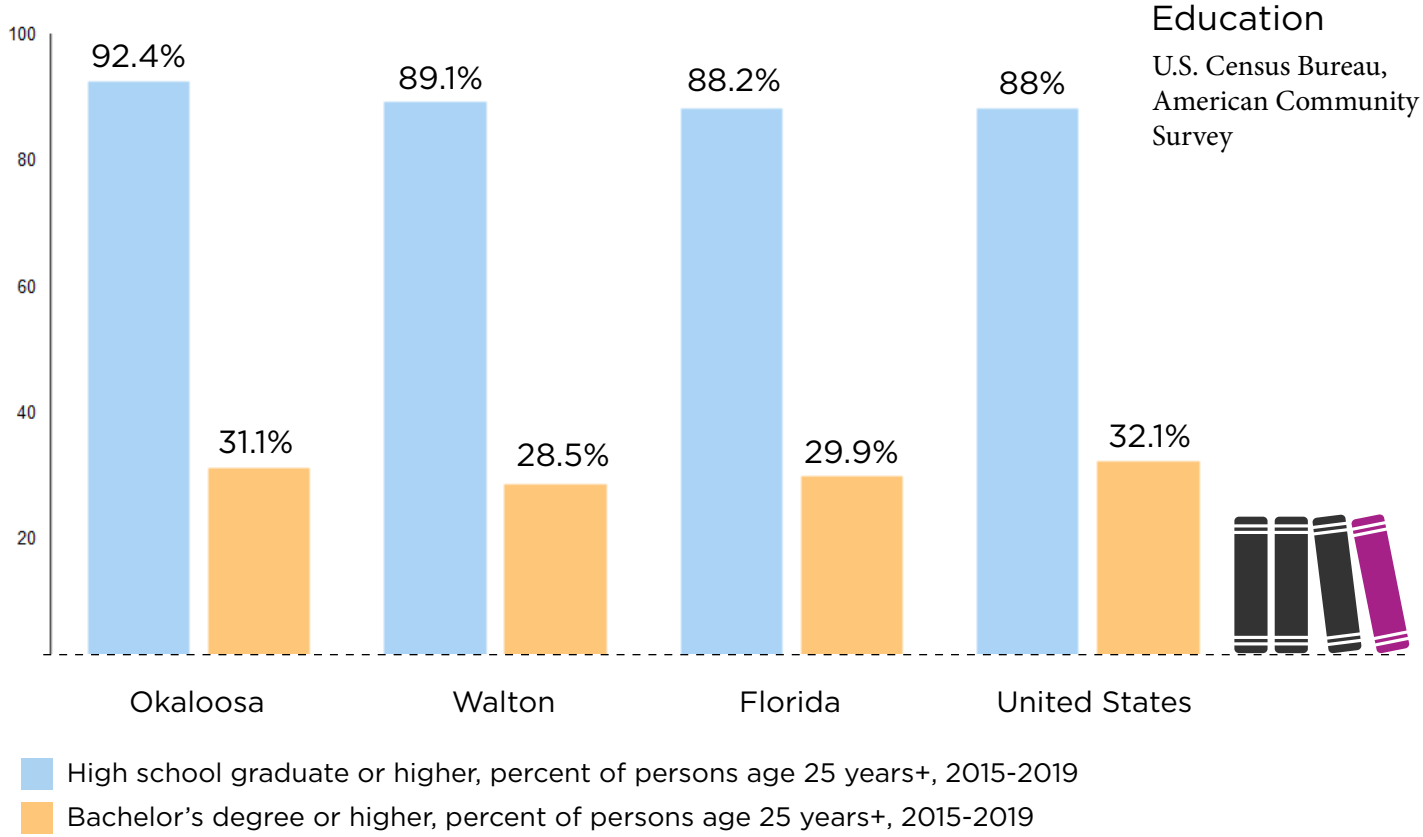
Education is considered a social indicator of health because people with higher levels of education are more likely to be healthier and live longer.[18] Additionally, poverty, unemployment and underemployment rates are highest among those with lower levels of educational attainment. The U.S. Department of Health and Human Services reports that children from low-income families, children with disabilities, and children who routinely experience forms of social discrimination are more likely to struggle with math and reading. They are also less likely to graduate from high school or go to college. Ultimately, this means they are less likely to get safe, high-paying jobs and more likely to have health problems like heart disease, diabetes, and depression.

17 - https://www.brookings.edu/blog/up-front/2020/12/18/housing-inequality-gets-worse-as-the-covid-19-pandemic-is-prolonged/
18 - Healthy People 2030, U.S. Department of Health and Human Services, Office of Disease Prevention and Health Promotion. Retrieved [date graphic was accessed], from https://health.gov/healthypeople/objectives-and-data/social-determinants-health

Education has long been considered a key to overcoming inequalities. When COVID-19 quarantines forced schools to shut down and offer remote classes, large gaps were exposed. It disproportionately hurt low-income students and those with special needs. A report by Harvard University explains that before the outbreak, students in vulnerable communities — particularly predominately Black, Indigenous, and other majority-minority areas — were already facing inequality in everything from resources (ranging from books to counselors) to student-teacher ratios and extracurriculars. The COVID-19 pandemic exacerbated those issues.

Figure 16: Education

U.S. Census Bureau, American Community Survey



Community Input: Community members and focus groups discussed education as a social determinant of health, with some identifying the low education levels, and resulting low wages, as a contributing factor to health issues in the ASHEC service area. It was also noted that.

- COVID-19 disrupted the academic school year.
- "While schools were closed due to quarantine, student learning transitioned to online and distance learning, and home-schooling levels varied among households with **some not resuming school at all.**"
- Parents either lost jobs, had to work from home, or were classified as essential to employers.
- "Childcare centers were also shut down, so a lot was happening in the home. Further, not all kids returned to school once in-person classes resumed."

Food Security

Food insecurity is a condition in which households lack access to adequate food because of limited money or other resources. Almost 50 million people are food insecure in the United States, making food insecurity one of the nation's leading health and nutrition issues. Food insecurity can negatively impact health in several ways:

Households with lower incomes and those headed by an African American or Hispanic person, a never-married person, a divorced or separated person, a renter, a younger person, or a less-educated person are all more likely to be food insecure than their respective counterparts.

Households with children are more likely to be food insecure than those without children.

Food insecurity is associated with decreased nutrient intake, leading to increased rates of mental health problems and depression, diabetes, hypertension, and hyperlipidemia. Decreased nutrient intakes also lead to worse outcomes on health exams, poor or fair health, and poor sleep.[19]

COVID-19 affected overall food security at the national level due to supply chain issues and limited grocery store hours. Feeding America predicts that 42 million people, including 13 million children, may experience food insecurity in 2021. Further, significant racial disparities in food insecurity that existed before COVID-19 remain. Feeding America projects that 21% of African American individuals may experience food insecurity in 2021, compared to 11% of White individuals.

The most recent data show food insecurity rates for the ASHEC service area to be a little higher than the state rate in both Okaloosa and Walton Counties. The food insecurity rate of children is lower than the state rate in Okaloosa County and higher than the state rate in Walton County.

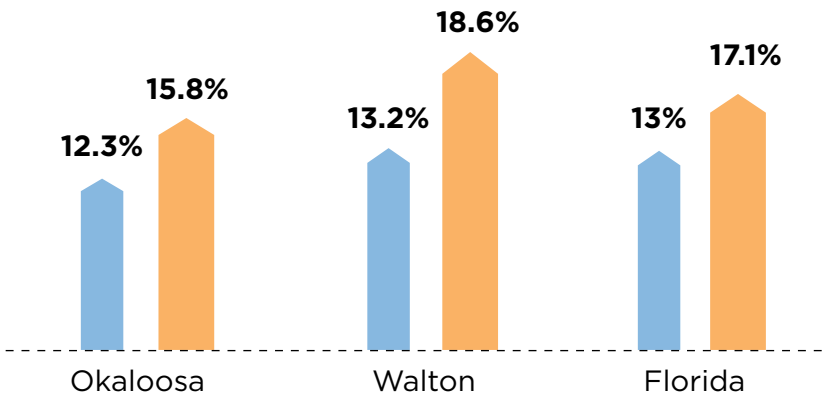


Figure 17:
Diet and nutrition indicators, 2019

Source: Feeding America

Food insecurity rate
Child food insecurity rate

The Supplemental Nutrition Assistance Program (SNAP) is considered the nation's most important anti-hunger program. In the ASHEC service area, 7.1% of the population received SNAP benefits in 2019.

	Okaloosa	Walton	Florida	United States
Total Households	76,097	26,475	7,905,832	122,802,852
Households receiving food stamps/SNAP	4,987	2,318	935,759	13,173,722
As percent of total households	6.6%	8.8%	11.8%	10.7%

Figure 18:
Households receiving food stamps/SNAP, 2019 est
Source: U.S. Census Bureau, American Community Survey

21% of African Americans
&
11% of White individuals
may experience food insecurity in 2021

42 million people
incl.
13 million children
may experience food insecurity in 2021

Community Input: Community members and focus groups discussed food insecurity as an issue in the ASHEC service area, especially for children. Lack of affordable housing and homelessness was cited as a contributing factor. Additionally:

- Food insecurity "forces people to make difficult choices – do we eat, or do we pay rent?"
- Low wage jobs decrease the buying power of families to purchase higher quality foods
- The rural areas are "food deserts."
- "This community is very generous, especially with children. When a need is uncovered, we are good at finding help. If the need involves hungry children, organizations are 'fighting' to help."

19 - https://www.healthaffairs.org/doi/10.1377/hlthaff.2015.0645

Community Safety

Community safety is a social determinant of health and a necessary component of a healthy community. Community safety reflects not only violent acts in neighborhoods and homes but also injuries caused unintentionally through accidents. Further, it impacts the mental health of the area residents and impedes physical activity.

> ***To be safe is to be healthy.***
>
> – Professor Hedwig Lee,
> an expert on racial health disparities.

Crime

Repeated exposure to crime and violence may be linked to an increase in negative health outcomes, according to the U.S. Department of Health and Human Services. Exposure can happen directly through witnessing an incident or hearing reports of crime or violence. As a result, residents may report poorer self-rated physical and mental health. Children exposed to crime and violence often experience long-term physical, psychological, and emotional harm. They are also at higher risk of engaging in criminal behavior later in life. Residents who live in areas with higher crime rates may not pursue outdoor activities, contributing to higher rates of obesity.

The State of Florida Office of Economic and Demographic Research compiles and reports crime statistics by county. Okaloosa County ranks 21st out of 67 counties for crime; Walton ranks further down, at 46th.

	Okaloosa	Walton	Community Total
Crime rate (index crimes per 100,000 population)	2,230.6	1,549.9	2,721.4
Crime rate, rank in state	21	46	n/a
Violent crimes	739	143	81,092
FY 2018-19 juvenile delinquency complaints filed	797	225	45,263

Figure 19:
Crime rates (count), 2019

Source: State of Florida, Office of Economic and Demographic Research

Unintentional Injury

The threat of unintentional injury also affects community safety. Unintentional injury (UI) was the third leading cause of death in the U.S. in 2018. In 2017, UIs were the leading cause of death among individuals ages one through 44. Among UIs, drowning, motor vehicle accidents, and unintentional poisoning were the leading causes of death among this age group. The threat of unintentional injury also affects community safety

	Okaloosa	Walton	Community Total	United States
Total deaths, all causes	1,882	678	206,975	2,839,205
Unintentional Injury	6.0%	7.1%	6.%	5.9%

Figure 20:
Unintentional injury, percent total deaths, 2019

Source: Florida Department of Health, Florida Health CHARTS

Unintentional injuries as a percentage of total deaths in the ASHEC service area are slightly higher than in the U.S. Other leading causes of death are discussed later in the assessment.

Unintentional Injury

3rd

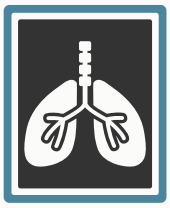
leading cause of death in the U.S. in 2018

UIs were the leading cause of death among individuals ages

1 - 44

ACCESS TO CARE

ACCESS TO CARE is essential in preventing and managing diseases and achieving health equity. In short, it means that a person can access health services; if access to care is restricted, it poses a threat to personal health and the overall health of a community. Regular and reliable access to health services can:



DETECT AND TREAT ILLNESSES OR OTHER HEALTH CONDITIONS

REDUCE THE LIKELIHOOD OF PREMATURE (EARLY) DEATH

INCREASE THE QUALITY OF LIFE

At the start of the decade, almost one in four Americans did not have a primary care provider (PCP) or health center to receive regular medical services. PCPs play a vital role in protecting the health and safety of the communities they serve. They can develop continued relationships with residents and provide integrated services while practicing in the context of family and community. Having a usual PCP is associated with[20]:

GREATER PATIENT TRUST IN THE PROVIDER

GOOD PATIENT-PROVIDER COMMUNICATION

INCREASED LIKELIHOOD THAT PATIENTS WILL RECEIVE APPROPRIATE CARE

Access to care also varies among different socioeconomic groups, creating health disparities between populations. Healthy People 2020 notes that these disparities "adversely affect groups of people who have systematically experienced greater obstacles to health based on their racial or ethnic group; religion; socioeconomic status; gender; age; mental health; cognitive, sensory, or physical disability; sexual orientation or gender identity; geographic location; or other characteristics historically linked to discrimination or exclusion."[21]

20 - https://www.healthypeople.gov/2020/leading-health-indicators/2020-lhi-topics/Access-to-Health-Services
21 - https://www.healthypeople.gov/2020/about/foundation-health-measures/Disparities

Data from the Kaiser Family Foundation showed that before the pandemic, people of color fared worse compared to their White counterparts across a range of health measures, including infant mortality, pregnancy-related deaths, prevalence of chronic conditions, and overall physical and mental health status. Newer data shows that American Indian and Alaska Native, African American, and Hispanic people have experienced disproportionate rates of illness and death due to COVID-19.[22]

Access to care was identified as one of the most significant community health needs in the ASHEC service area. Public health officials and key stakeholders indicated access to care as a priority in both counties for several reasons. For some respondents, access to care was defined as the inability to access transportation to a physician's office; for others, it meant that there were no specialists available for the required care, or it was cost-prohibitive for the uninsured and underinsured. **All agreed that for residents with resources, access to care was considerably easier.**

Access to Transportation

The ASHEC service area is geographically large and intersected by Eglin Air Force Base. The base pushes the civilian population north and south, creating a distance barrier between the ends of the county. The natural beauty of the area attracts millions of tourists every year and creates a transient population that increases traffic and the burden on local infrastructure.

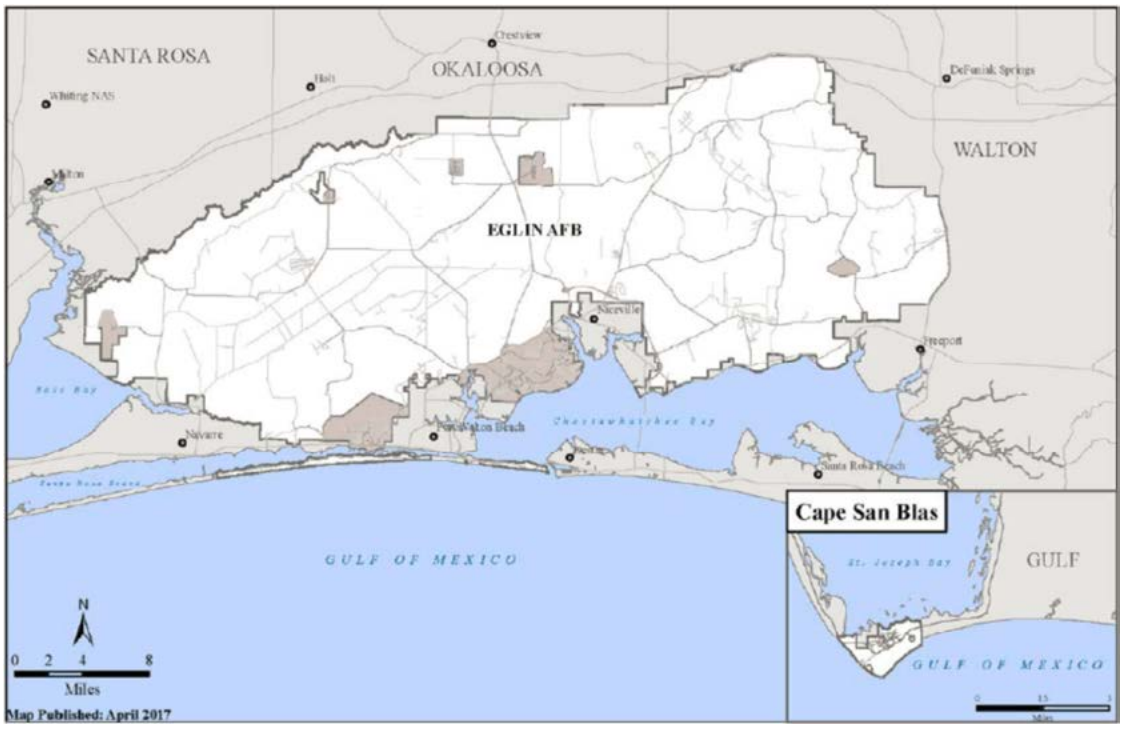


Figure 21: Eglin Air Force Base

Source: researchgate.com

22 - https://www.kff.org/racial-equity-and-health-policy/issue-brief/disparities-in-health-and-health-care-5-key-question-and-answers/

Public transportation is more than providing mobility to residents with limited resources; it is an opportunity for equity and improved quality of life. Public transportation is limited in the ASHEC service area; during the early days of the COVID-19 pandemic, public transit was stopped. Currently, Okaloosa County offers a public transportation service, recently renamed Emerald Coast Rider, or "E.C. Rider." The E.C. Rider provides bus and trolley transportation services for Fort Walton Beach, Crestview, Okaloosa Island, and Destin/South Walton. It also offers paratransit services, which require an application and pre-planning. Walton County offers GoWal, free public transportation that runs twice in the morning and twice in the evening, Monday through Friday. The two systems are not connected. Uber and Lyft are additional transportation options but can be costly. There are also some independent medical transportation services.

Another transportation concern was the growing traffic problems in the south end of both counties. An interview respondent said that the time it takes to get to and from a medical clinic is worsening because of the population growth. The added time to travel around the community contributes to reduced access to care.

Community Input: The participants in the focus groups and interviews were not optimistic about the community transportation issues. One respondent said her organization was using Uber and Lyft to save travel time but because it was taking people off the public transportation system, it would decrease ridership for public transport and possibly hurt the system for others. Also noted:

- Specialty care offices are in the south end of counties, making it difficult for patients in the north end to get to appointments.
- "There are transportation issues between counties and north and south ends."
- Urgent care and hospitals are easier to get to in the more populated areas than in rural areas, weak transportation infrastructure makes it harder to access.
- "Bus system has no stop by Federal Qualified Healthcare Center."
- **"All transportation is inadequate."**

Access to Practitioners

ASHEC service area

5 Hospitals

568 Beds

There are five hospitals in the ASHEC service area, with a total of 568 beds. Community partners say specialist appointments can be hard to get because of the high demand for services. Some patients will still need to travel out of the region (Pensacola, Jacksonville, Gainesville, Birmingham, AL) for specialized care not available in the area, which is an added burden.

County	Facility	Type	Beds
Okaloosa	Fort Walton Beach Medical Center (South)	Acute Care	267
Okaloosa	North Okaloosa Medical Center (North)	Acute Care	110
Okaloosa	Twin Cities Hospital (South)	Acute Care	65
Walton	Ascension Sacred Heart Emerald Coast (South)	Acute Care	76
Walton	Healthmark Regional Medical Center (North)	Acute Care	50

Figure 22:
Hospitals in ASHEC service area

Source: Florida Hospital Association

South Okaloosa County also has the Gulf Coast Treatment Center, a psychiatric residential in-treatment facility for females ages 12-17 with 24 beds. There is also a 59-bed Military Health System hospital (U.S. Air Force Hospital – Eglin Hospital) on base.

Robert Wood Johnson Foundation provides clinical care data that shows the ratio of the population to specific providers. In the ASHEC service area, Walton County shows higher ratios of patients to providers than Okaloosa County and the state populations.

	Okaloosa	Walton	Florida
Primary care physicians, 2018	1,310 to 1	1,830 to 1	1,380 to 1
Dentists, 2019	1,230 to 1	2,180 to 1	1,650 to 1
Mental health providers, 2020	610 to 1	1,370 to 1	590 to 1

Figure 23:
Ratio of population to providers

Source: countyhealthrankings.org

North Okaloosa and all of Walton counties are classified by the federal Health Resources and Services Administration (HRSA) as health professional shortage areas, meaning a practitioner shortage impacts the entire population.

The numbers below represent the number of full-time equivalent (FTE) practitioners needed in the Health Professional Shortage Area (HPSA) to achieve the population-to-practitioner target ratio. The greatest need is for primary care practitioners.

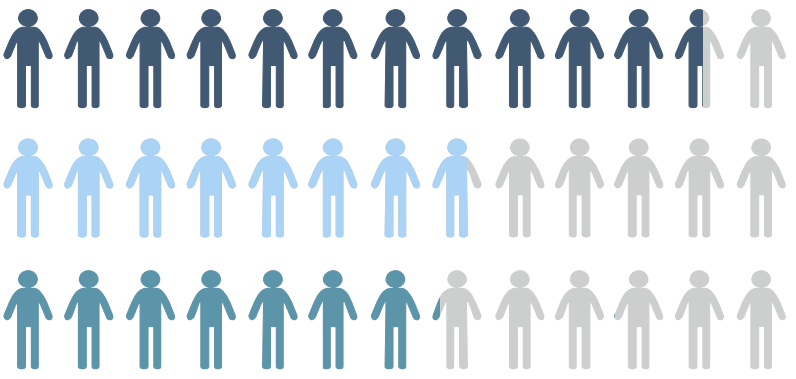


Figure 24:
FTE practitioners needed

Source: U.S. Health Resources and Services Administration

Community Input: Those interviewed for this CHNA had additional input on the practitioners needed in the area. Mental health was mentioned with the most frequency, although many interviewees acknowledged that the stress of the COVID-19 pandemic increased demand on existing mental health services. They also said:

- "There is a great need for inpatient behavioral and mental health services."
- "It's getting harder to get quality counseling."
- During the first wave of the COVID-19 pandemic, Baker Act (psychiatric) patients were turned away from hospitals that were too full.
- Appointment for a monthly shot to treat drug addiction can be harder to access than mental health services.
- **Specialists are hard to see because some have wait lists, making them challenging to access. Some residents must travel outside the community to receive treatment.**
- There are many specific geriatric issues and in-home care is needed.
- "Primary care – there problem with access is the large influx of people moving to the area resulting in longer waits to get an appointment."

Access to Insurance

Approximately one in five Americans (children and adults under age 65) do not have medical insurance.[23] People without medical insurance are more likely to lack a usual source of medical care, such as a primary care physician. They are more likely to skip routine medical care due to costs, increasing their risk for serious and disabling health conditions. When accessed, the cost of health services often burdens patients with large medical bills and out-of-pocket expenses.

According to the Kaiser Family Foundation, in 2019, 28.9 million nonelderly individuals were uninsured in the United States. Figure 25 shows the most current data available for health insurance coverage in the ASHEC service area.

23 - https://www.healthypeople.gov/2020/leading-health-indicators/2020-lhi-topics/Access-to-Health-Services

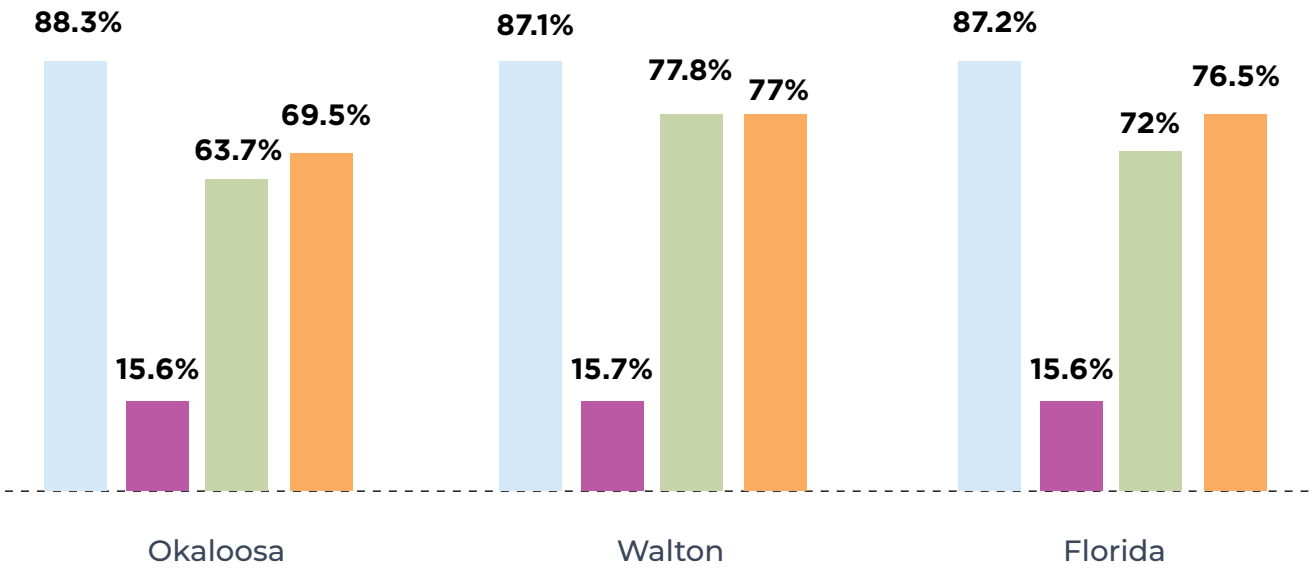


Figure 25:
Access to care

Florida Department of Health, Florida Health CHARTS

Community Input: Many CHNA participants shared the same opinions of what the uninsured and underinsured deal with on a regular basis. For example, if a resident does not have health insurance, they have limited options for clinical care, which can mean long wait times for appointments. It was also noted that the Affordable Care Act, which expanded health insurance options for residents, is not always affordable. Because the state of Florida rejected the Medicaid expansion, it hinders access to care. Additionally, there are co-pays and deductibles that must be paid out-of-pocket.

- "We need mental health counselors who take insurance, for adults and children."
- Dental care providers that take insurance or are affordable are needed in the area.
- **"Case management helps because specialty care gets complicated and needs coordinated care."**
- COVID-19 put some people out of work, which impacted their ability to pay.

Telehealth's Impact on Access to Care

A significant change that resulted from the COVID-19 pandemic was that people were, in a way, "forced" into using a newer technology – telehealth. Telehealth enables medical and primary care appointments to be conducted via computer or mobile phone. Video cameras are widely available on most phones, but not everyone has access to a "smart" phone or mobile phone. Additionally, video links require faster internet speeds, which require better internet service, such as broadband. Telehealth closed many gaps during the pandemic but widened others with residents who do not own, or cannot afford, the technology.

Most residents in the ASHEC service area have computer and internet access, but gaps exist that would improve access to care in the less populated areas of the community.

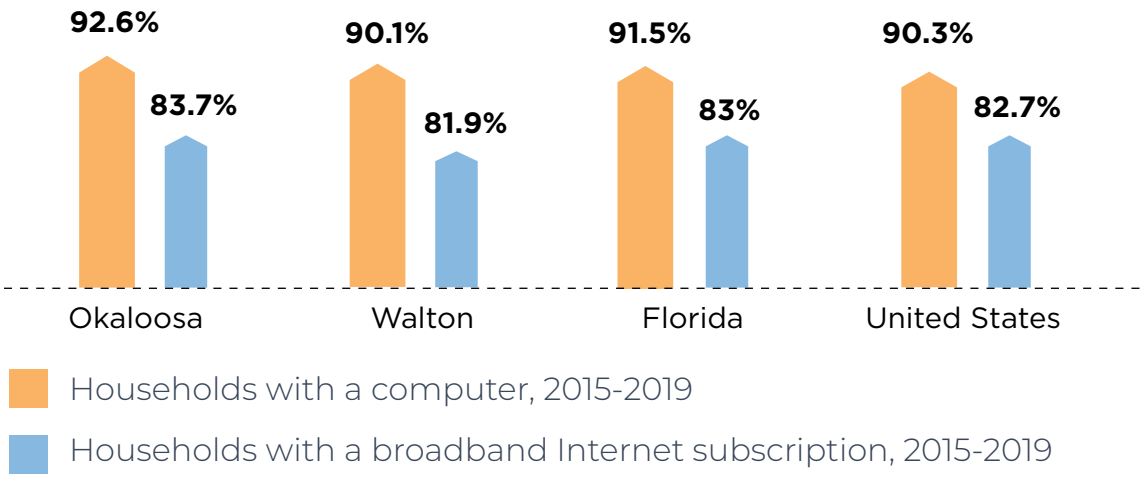


Figure 26:
Computer and Internet use
Source: U.S. Census Bureau, American Community Survey

Community Input: Community members overwhelmingly praised the telehealth technology as a way for residents to access care, even when there is no global pandemic. It can help residents access care if they have transportation issues or need to take time off work.

- "Some in the medical community have resisted the technology but are now using it because it is the safest and best option. **It wasn't just the residents who needed convincing.**"
- "Telehealth is hard to access if people do not have a phone or computer. Having access to technology would help the homeless population access some services."
- **"A worry is the continuation of care.** If a prescription is provided to a resident through telehealth but they are unable to get it filled, it can delay treatment."

COMMUNITY HEALTH STATUS INDICATORS

THE OVERALL HEALTH of a community can be indicative of the health of the individual residents. Health statistics can help public health experts and the medical community anticipate community health needs and plan accordingly. Failure to anticipate those needs can cause a strain on the medical system, reduce access to care for residents and increase health inequity.

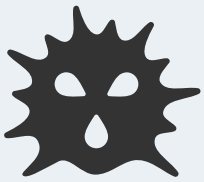
Leading Causes of Death

Vital statistics about an area is a valuable tool because trends are essential indicators of shifting patterns in mortality. It can also help identify community needs to be addressed by the healthcare system and aid in developing prevention strategies.

The top ten leading causes of death for the nation, state and ASHEC service area are shown in the table below. In the ASHEC service area, the top two leading causes of death are cancer and heart disease, similar to Florida and the nation.

ASHEC service area

top 2 leading causes of death



Cancer

Heart Disease

In 2020, COVID-19 was the third leading cause of death in the nation, taking 345,323 lives, according to provisional CDC data. Deaths related to COVID-19 were higher among American Indian and Alaskan Native persons, Hispanics, Blacks and Native Hawaiian and Pacific Islanders than Whites. Furthermore, preliminary CDC estimates show the estimated age-adjusted death rate in the U.S. jumped by nearly 16% from 2019 to 2020, marking its first increase since 2017.1

24 - https://pubmed.ncbi.nlm.nih.gov/33830988/

	Okaloosa	Walton	Florida	United States
1	Cancer	Cancer	Heart Disease	Heart Disease
2	Heart Disease	Heart Disease	Cancer	Cancer
3	Stroke	Chronic Lower Respiratory Disease	Stroke	Unintentional Injury
4	Chronic Lower Respiratory Disease	Unintentional Injury	Unintentional Injury	Chronic Lower Respiratory Disease
5	Unintentional Injury	Stroke	Chronic Lower Respiratory Disease	Cerebrovascular Disease
6	Alzheimer's Disease	Alzheimer's Disease	Alzheimer's Disease	Alzheimer's Disease
7	Diabetes	Kidney Disease	Diabetes	Diabetes
8	Kidney Disease	Diabetes	Suicide	Influenza and Pneumonia
9	Suicide	Suicide	Kidney Disease	Kidney Disease
10	Septicemia	Influenza and Pneumonia	Chronic Liver Disease and Cirrhosis	Suicide

Figure 27:
Leading causes of death, 2019

Source: Florida Department of Health, Florida Health CHARTS; Centers for Disease Control

Life Expectancy

Life expectancy at birth is one of the most frequently used health status indicators. Gains may be attributed to several factors, including rising living standards, improved lifestyle and better education, as well as greater access to quality health services. This indicator is presented as a total and measured in years.[25]

Life expectancy rates can vary by sex, race, and economic status. When the National Institute of Health released a study on disparities in life expectancy, it noted that clear socioeconomic gradients in U.S. life expectancy were found across all sex and racial/ethnic groups. It also found that "adults with lower education, higher poverty levels, in manual occupations, and with rental housing had substantially lower life expectancy compared to their counterparts with higher socioeconomic position."[26]

Life expectancy rates in the ASHEC service area are slightly lower than in the state and nation.

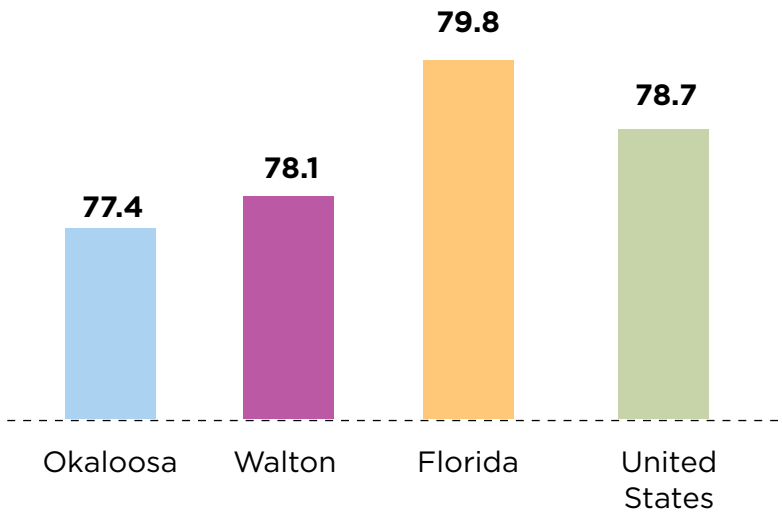


Figure 28:
Life expectancy, 2019

Source: lorida Department of Health, Florida Health CHARTS

COVID-19 also left its mark on life expectancy rates in the United States. For the first time since World War II, early estimates of life expectancy at birth dropped in 2020.

Maternal and Infant Health

As a health indicator, maternal and infant health is revealing; improving the well-being of mothers, infants, and children is an important public health goal for the U.S. HealthyPeople.gov explains that maternal and infant well-being determines the health of the next generation and can help predict future public health challenges for families, communities, and the health care system.

Pregnancy can provide an opportunity to identify existing health risks and to prevent future health problems for women and their children. Health risks identified may include hypertension and heart disease, diabetes, depression, intimate partner violence, genetic conditions, sexually transmitted diseases (STDs), tobacco, alcohol and substance use, inadequate nutrition, and unhealthy weight.

25 - https://data.oecd.org/healthstat/life-expectancy-at-birth.htm
26 - https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7792745/

There are racial and ethnic disparities in mortality and morbidity for mothers and children; in particular, maternal and infant mortality and morbidity are highest for African Americans. The Center for Reproductive Rights produced a report with alarming data: Between 1990 and 2013, as most countries dramatically reduced the incidence of maternal mortality, the maternal mortality ratio in the U.S. more than doubled from 12 to 28 maternal deaths out of every 100,000 live births. For the last four decades, African American women have been dying in childbirth at a rate three to four times their White counterparts.[27]

Breastfeeding has tremendous health benefits for both mother and baby. Initiation of breastfeeding within the first hour is an investment in health. Infants who are breastfed have a reduced risk of obesity, type 1 diabetes, and asthma. Mothers benefit from lower risks of high blood pressure, type 2 diabetes, and breast cancer. Both Okaloosa and Walton counties are above HealthyPeople 2020 targets of 81.9% in mothers who initiate breastfeeding.

Many maternal and infant health indicators in the ASHEC service area are similar to state-wide rates; however, births less than 37 weeks of gestation were higher in the ASHEC service area than in the state overall. Additionally, sudden unexpected infant deaths were higher in the service area.

	Okaloosa	Walton	Florida
Average number of births	2,701	806	221,699
Fetal deaths, per 1,000 deliveries	5.9	10.3	6.8
Infant deaths, per 1,000 births	5.2	7.0	6.0
Live births under 1500 grams	1.5%	1.0%	1.6%
Live births under 2500 grams	8.5%	9.7%	8.8%
Births <37 weeks of gestation	12.4%	13%	10.6%
Maternal deaths, per 100,000 births	0	0	28.6
Sudden unexpected infant deaths, per 1,000 births	1.1	2.3	0.9
Mothers who initiate breastfeeding	87.4%	83.4%	86.0%

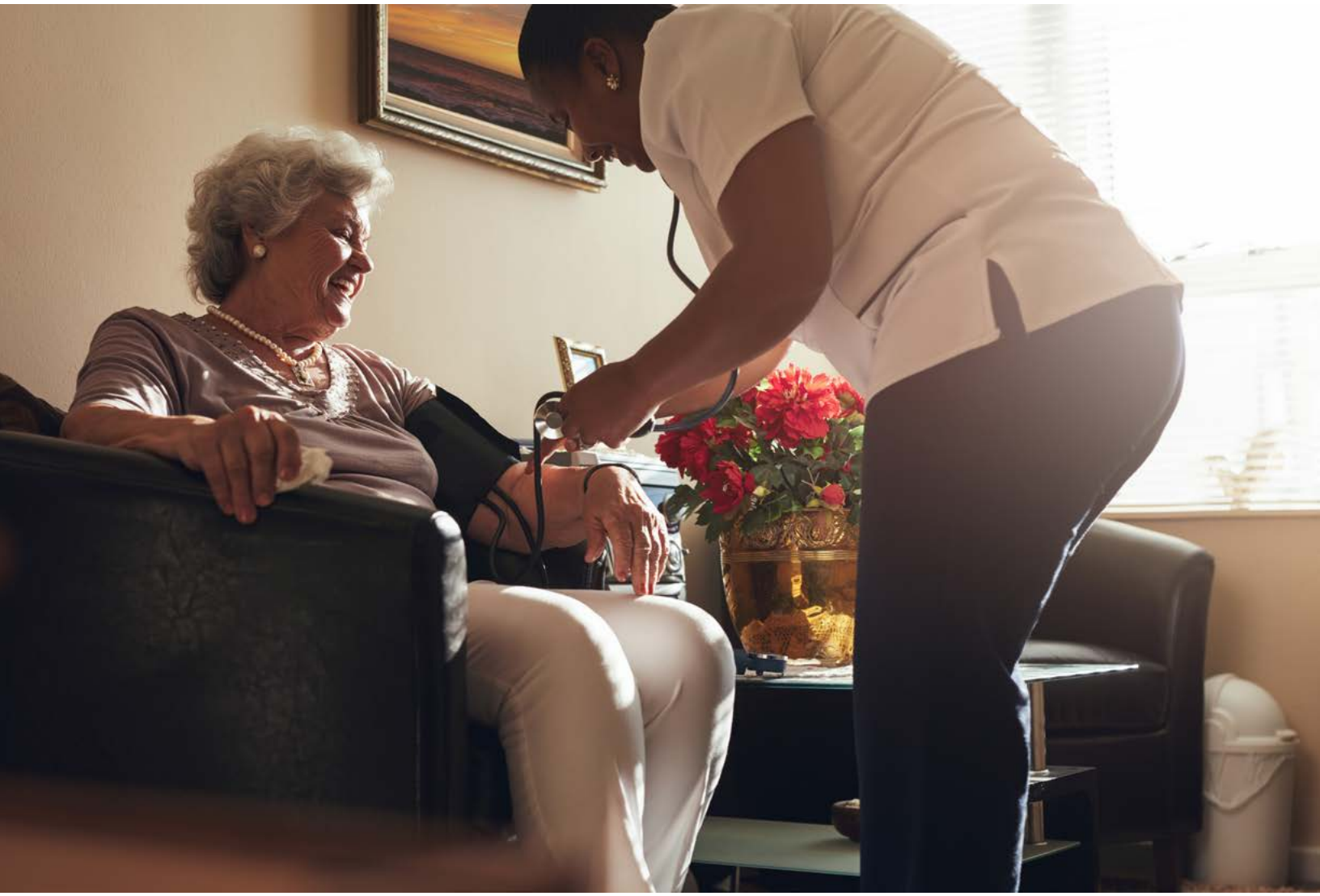
Figure 29:
Maternal and infant health indicators, 2019

Source: Florida Department of Health, Florida Health CHARTS

As the COVID-19 pandemic continued, the concern over the virus in pregnant women increased. In June 2020, the CDC reported that pregnancy could increase the risk of severe illness. At the time of this CHNA, the CDC recommended vaccines for pregnant women, breastfeeding women, and women planning on becoming pregnant.

27 - https://www.reproductiverights.org/sites/crr.civicactions.net/files/documents/CERD_Shadow_US_6.30.14_Web.pdf

CHRONIC DISEASE



CHRONIC DISEASES ARE defined as "conditions that last one year or more and require ongoing medical attention, limit activities of daily living, or both."[28] The prevention and management of chronic disease, specifically diabetes, obesity, and cancer, were also identified as significant community health needs for the ASHEC service area. Diabetes is a very complicated disease and and one that can be delicate to manage. Obesity is a chronic disease and is related closely to others, such as diabetes and heart disease. Cancer, the number one leading cause of death in the ASHEC service area, was also identified as a significant community health need. Other chronic diseases that affect the community are discussed here, as well.

28 - https://www.cdc.gov/chronicdisease/about/index.htm#:~:text=Chronic%20diseases%20are%20defined%20broadly,disability%20in%20the%20United%20States.

Heart Disease

Heart disease is the second leading cause of death of residents in the ASHEC service area and the number one cause of death of Floridians and Americans. The term "heart disease" is a broad term that includes several different heart conditions, the most common of which is coronary heart disease. The risk of heart disease can be greatly reduced by lifestyle changes, such as improved diet and increased exercise.

The risk of heart disease varies by race and ethnicity. The good news is that the CDC reports that death rates for heart disease decreased for all racial and ethnic groups from 1999 through 2017. However, death rates for African Americans were highest among all groups and twice as high as Asian or Pacific Islanders.[29] The Florida Department of Health reports that in 2017, 11% of adult persons with any disability reported having heart disease, compared to 4% of adult persons with no disability. Risk factors for heart disease include hypertension, obesity, diabetes, and high cholesterol.

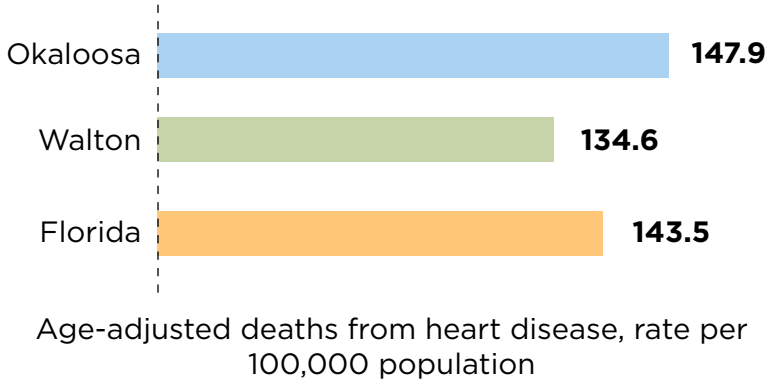


Figure 30:
Heart disease, 2019

Source: Florida Department of Health, Florida Health CHARTS

Provisional data from the CDC illustrates the effect of COVID-19 on heart disease. While it is predicted that heart disease will remain the number one cause of death nationally, the trend is likely to continue as the long-term impact of the virus will directly affect cardiovascular health. The virus itself can damage the heart; further, indirect effects of the pandemic – such as the toll it took on mental health and stress – may have hindered progress on improving heart disease outcomes.

REPORTED HAVING HEART DISEASE

11%
of adult persons with any disability

4%
of adult persons with no disability

29 - https://www.cdc.gov/nchs/hus/spotlight/HeartDiseaseSpotlight_2019_0404.pdf

Diabetes

Diabetes is a significant health need in the ASHEC service area. Diabetes is one of the top ten leading causes of death; it is the seventh leading cause of death in both Florida and the U.S. It is associated with severe health complications, including heart disease, blindness, kidney failure, and lower-extremity amputations. In addition, gestational diabetes can cause serious problems for both mothers and babies.[30]

Type 2 diabetes, or insulin-dependent, affects all populations; however, it affects the disparate populations at greater rates. The Office of Disease Prevention and Health Promotion states:

Minority groups constitute 25% of all adult patients with diabetes in the U.S. and represent most children and adolescents with type 2 diabetes.

African Americans, Hispanic/Latino Americans, American Indians, some Asian Americans and Native Hawaiians and other Pacific Islanders are at particularly high risk for developing type 2 diabetes.

Diabetes prevalence rates among American Indians are two to five times those of Whites. On average, African American adults are 1.7 times as likely and Hispanic Americans twice as likely to have Type 2 diabetes as non-Hispanic Whites of similar age.

The alarming increase in the number of people with diabetes may decrease the attention and resources available per person to treat the disease.[31]

Because being overweight or obese increases the chances of developing Type 2 diabetes, the management of diabetes is a significant health issue in the ASHEC service area. Okaloosa County has a higher death rate from diabetes, while Walton County has a higher percentage of adults who diagnosed with diabetes. Both counties have fewer preventable hospitalizations from diabetes than the state.

30 - https://www.cdc.gov/cdi/definitions/diabetes.html
31 - https://www.healthypeople.gov/2020/topics-objectives/topic/diabetes

	Okaloosa	Walton	Florida
Adults who have ever been told they have diabetes, 2016	13.3%	14.0%	11.8%
Emergency room visits due to diabetes,per 100,000 population, 2019	257.2	196.7	243.6
Preventable hospitalizations under 55 from diabetes, per 100,000 population, 2019	137.4	89.5	147.1
Hospitalizations from or with diabetes, per 100,000 population, 2019	2,501.8	1,540.4	2,314.2
Diabetes age adjusted death rate, per 100,000 population, 2019	25.4	16.2	19.7

Figure 31:
Diabetes

Source: Florida Department of Health, Florida Health CHARTS

People who have diabetes are not at a greater risk of contracting COVID-19. However, if diagnosed, they are more likely to have worse complications. Those who already experience diabetes-related health problems are likely to have worse outcomes if they contract COVID-19.[32]

Community Input: Participant input on chronic diseases in the area stressed the needs for endocrinologist and other specialists that work with diabetic patients. One respondent said the complexity of managing diabetes overshadows the complexity of managing HIV. Additionally:

- Education on the causes of diabetes and preventative care would decrease diagnosis rates.
- "One thing that is severely lacking is the health education so people can learn about diseases."
- "We need to bring this level of education into the schools so the healthy habits can begin early, and disease can be prevented."
- "People with limited access to health care do not get the necessary health screenings and it becomes a bigger and more expensive problem."

32 -https://www.diabetes.org/coronavirus-covid-19/how-coronavirus-impacts-people-with-diabetes

Stroke

A stroke occurs when the blood supply to the brain is interrupted or reduced, causing damage to the brain tissue. In the U.S., stroke is the fifth leading cause of death and the leading cause of disability. The risk of stroke varies with race and ethnicity; the risk of having a first stroke is nearly twice as high for African Americans than Whites. They also have a higher death rate due to stroke. Overall, death rates from strokes have declined for decades, but the Hispanic population has seen an increase in death rates since 2013.[33]

Stroke was not one of the significant health needs cited in this assessment. However, it is still indicative of health outcomes, as high blood pressure, high cholesterol, smoking, obesity and diabetes are leading causes. Okaloosa County shows a higher number of deaths from stroke than Walton County and Florida.

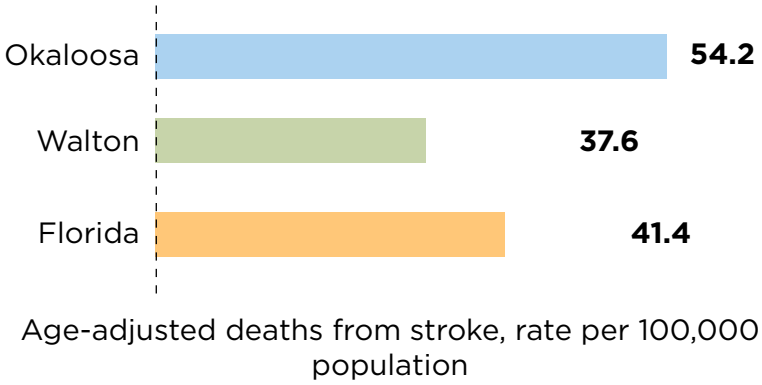


Figure 32:
Stroke, 2019

Source: Florida Department of Health, Florida Health CHARTS

Obesity

According to the CDC, obesity is considered a chronic disease in the U.S. that affects 42.8% of middle-aged adults. A complex chronic disease, it is a significant health need throughout the U.S. and the ASHEC service area. There are many components of obesity that factor into its complexity, including genetics, environment, metabolism, lifestyle, and behavior. Additional contributing factors include physical activity levels, education and skills. Obesity is associated with the leading causes of death worldwide, including diabetes, heart disease, stroke, and some types of cancer.[34]

Among many other factors, the risk of adult obesity is greater among adults who had obesity as children, and racial and ethnic disparities exist by age two. Combined national data from the CDC for 2015 through 2017 found that non-Hispanic Black adults had the highest prevalence of obesity (38.4%) overall, followed by Hispanic adults (32.6%) and non-Hispanic White adults (28.6%).

33 - https://www.cdc.gov/stroke/facts.htm
34 - https://pubmed.ncbi.nlm.nih.gov/9787730/

Obesity is a significant community health need because it is associated with poorer mental health outcomes and reduced quality of life. The treatment of obesity involves lifestyle interventions and, when appropriate, medical interventions from physicians, dietitians, exercise specialists and behavior therapists to enact life-long change.[35]

The CDC uses Body Mass Index (BMI) to screen for obesity and calculates it using individual height and weight. A BMI higher than 30 is considered "obese"; a BMI of 25-30 equals "overweight." A greater percentage (32%) of Walton County adult residents are considered obese than in Okaloosa and Florida.

The common presence of obesity in the U.S. worsens outcomes from COVID-19. Obesity puts people at risk for many other serious chronic diseases and increases the risk of severe illness from the virus. It is also linked to decreased immune function and reduced lung capacity. Obesity may cause worse COVID-19 health outcomes in children. Having obesity was associated with a 3.07 times higher risk of hospitalization and a 1.42 times higher risk of severe illness in children.[36]

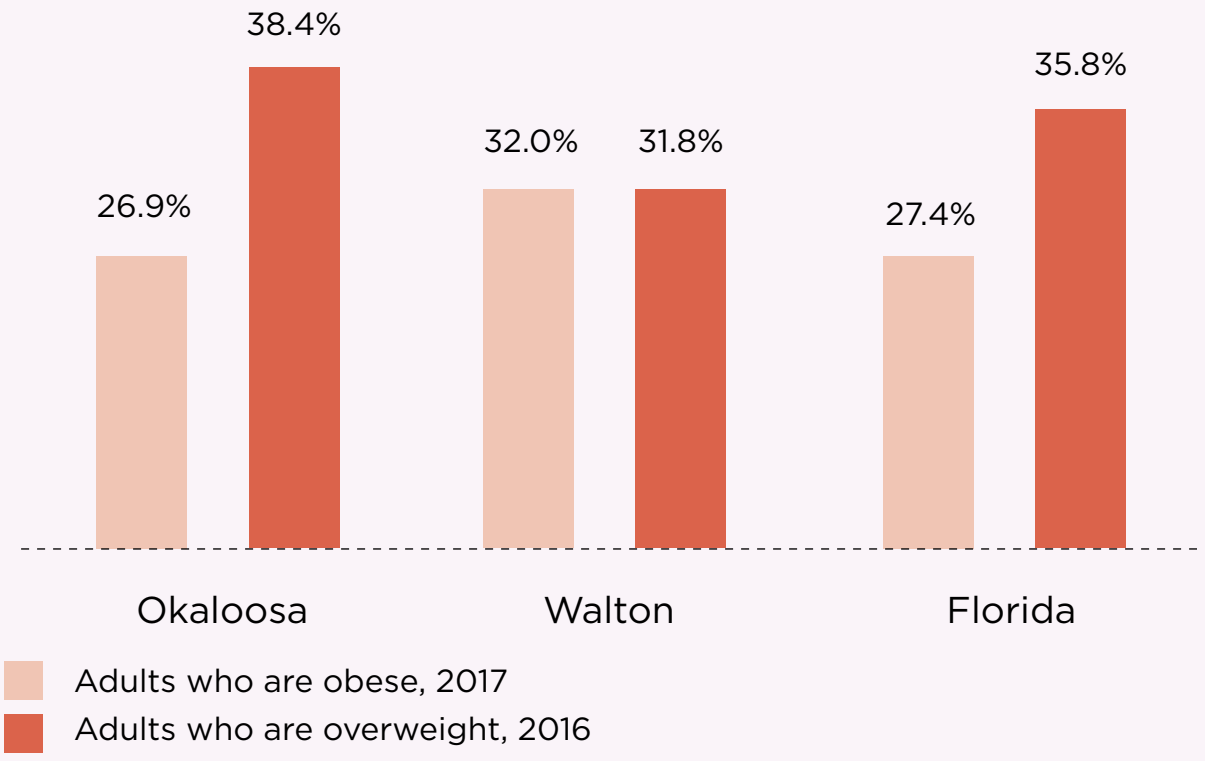


Figure 33: Obesity

Source: Florida Department of Health, Florida Health CHARTS

35 - https://www.cdc.gov/obesity/adult/causes.html
36 - https://www.cdc.gov/obesity/data/obesity-and-covid-19.html

Cancer

Cancer is the leading cause of death in the ASHEC service area. The Florida Department of Health reports that since 2014, cancer has been the second leading cause of death in the state, after heart disease. In the three years from 2016 to 2018, the total number of cancer deaths in Florida was 132,614. There are also several types of cancer that one can live with and treat as a chronic disease, or chronic cancer. Additionally, many behavioral factors contribute to cancer's growth.

Some cancers come from environmental sources, like exposure to chemicals. According to the World Health Organization, however, around one-third of deaths from cancer are due to the five leading behavioral and dietary risks: high body mass index, low fruit and vegetable intake, lack of physical activity, tobacco use, and alcohol use. Many cancers are preventable, and screening effectively identifies some cancers in early, highly treatable stages.

Continued advances in cancer research, detection, and treatment have resulted in a decline in incidence and death rates for all cancers across all populations. Unfortunately, certain groups in the U.S. experience cancer disparities because they are more likely to encounter obstacles in receiving health care. For example, in low-income areas with low-health literacy, residents may need to travel long distances to provider sites. Others may not have health insurance, transportation, or time off work.

Cancer health disparities are found in rates of incidences, prevalence, survival, morbidity, screenings, and the financial burden from the cost of treatment. Additionally, the National Cancer Institute's statistics show:

- African Americans have higher death rates than all other racial/ethnic groups for many, although not all, cancer types.
- Despite having similar breast cancer rates, African American women are more likely than White women to die of the disease.
- African American men are twice as likely as White men to die of prostate cancer and have the highest prostate cancer mortality among all U.S. population groups.
- People with more education are less likely to die prematurely (before the age of 65) from colorectal cancer than those with less education, regardless of race or ethnicity.
- Hispanic/Latino and African American women have higher cervical cancer rates than women of other racial/ethnic groups, with African American women having the highest rates of death from the disease.
- American Indians/Alaska Natives have higher death rates from kidney cancer than any other racial/ethnic group, in addition to having the highest rates of liver cancer
- The rates of smoking and alcohol consumption, which increase cancer risk, are higher among lesbian, gay, and bisexual youths than among heterosexual youths.

In this ASHEC service area, the most significant number of deaths from cancer in 2019 was due to lung cancer. The top five cancers that lead to death in the ASHEC service area are found in Figure 34. Okaloosa County had higher rates of death from breast cancer and prostate cancer than Walton County and Florida.

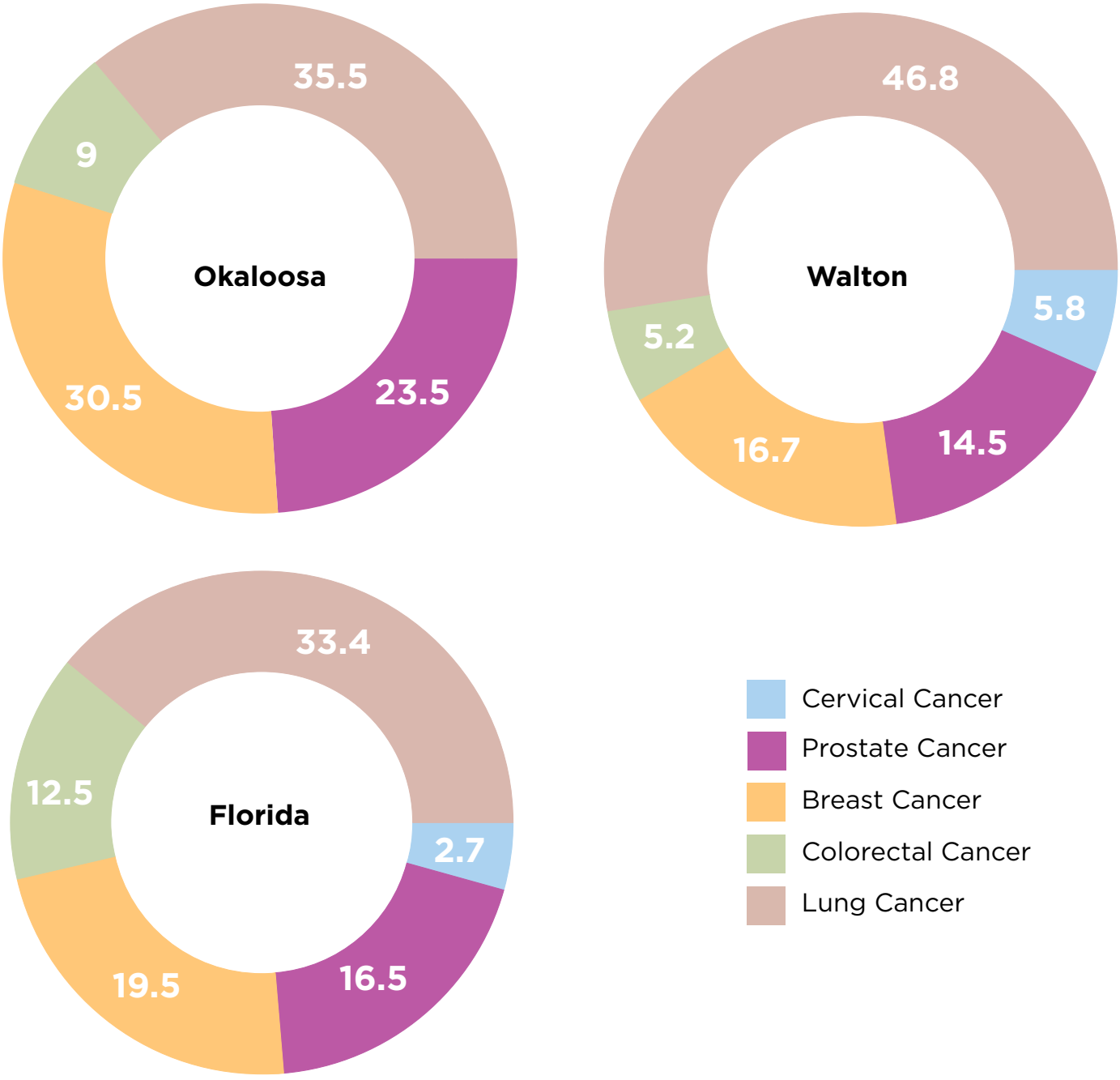


Figure 34:
Cancer adjusted death rates, per 100,00 population, 2019

Source: Florida Department of Health, Florida Health CHARTS

Mental and Behavioral Health

Mental and behavioral health were cited as significant health issues in Okaloosa and Walton counties. Mental health and behavioral health often get used interchangeably even though they are not quite the same in either definition or treatment method. Mental health, as defined by the World Health Organization, is a "state of well-being in which the individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community." Behavioral health is defined by the Substance Abuse and Mental Health Services Administration as "the promotion of emotional health; the prevention of mental illnesses and substance use disorders; and treatments and services for mental and/or substance use disorders." Mental and behavioral health issues impact all populations and ages across the nation.

Behavioral health looks at how behaviors impact someone's physical and mental health. Good behavioral health means engaging in behaviors that help achieve an ideal mental and physical balance. That includes exercising, eating a healthy diet, and taking necessary steps to manage an existing disease or injury. A person in good mental health can maintain healthy relationships, express a range of emotions, and manage the difficulties of change.

Mental health falls under the general umbrella of behavioral health, but it is much broader than just a person's behaviors. While behavioral health refers to how behaviors impact an individual's well-being, mental health is primarily concerned with one's state of being. With untreated mental health disorders, people, including children and adolescents, are at high risk for many unhealthy and unsafe behaviors, including alcohol or drug abuse, violent or self-destructive behavior, and suicide.

Failure to address mental health, especially when problems arise early in an individual's life, can have long-standing consequences that bleed into all areas of existence. Someone who does not adequately deal with mental health problems in adolescence, for example, may find that symptoms worsen with age, and they may struggle to hit key milestones.

Mental health and physical health are fundamentally linked. People living with a serious mental illness are at higher risk of experiencing chronic diseases. Higher rates of diabetes, heart disease and respiratory conditions in people with serious mental illness have been well established by research; the links to cancer are still emerging, and preliminary findings vary depending on the type of cancer. Diabetes rates are significantly elevated among people with mental illness. People with mental illness also experience many other risk factors for diabetes, such as obesity and high cholesterol levels. Those with serious mental illness often experience elevated blood pressure and increased levels of stress hormones and adrenaline, which increase the heart rate, heightening the risk of developing heart disease.

Social determinants of health can also impact a person's well-being. People living with mental illness often face higher rates of poverty, unemployment, lack of stable housing, and social isolation. These social factors increase the vulnerability of

developing chronic physical conditions. For example, people who are unable to afford healthier food options often experience nutritional deficiencies. Poor nutrition is a significant risk factor for the development of heart disease and diabetes.

Some populations in the U.S. have a higher prevalence of mental illness. For example,

One out of five children experiences a mental disorder.

44% of lesbian, gay, and bisexual adults experience mental illness

41% of VA patients have been diagnosed with a mental illness or substance use disorder.

Ethnic/racial minorities often bear a disproportionately high burden of disability resulting from mental disorders.

Although rates of depression are lower in African Americans (24.6%) and Hispanics (19.6%) than in Whites (34.7%), depression in African Americans and Hispanics is likely to be more persistent.

White Americans are more likely to die by suicide than people of other ethnic/racial groups.

In the ASHEC service area, the most recent mental health indicators are from 2016, with one exception. Even if more recent data were available, it would not include impacts from COVID-19. Okaloosa and Walton counties are designated as mental health professional shortage areas. This was further proven by public health officials and key stakeholders who expressed an urgent need for mental health care when interviewed. Overall, Florida ranked 43rd among states in access to mental health care. The shortage of mental health professionals is possibly a reason suicide is the ninth leading cause of death in Okaloosa and Walton counties and the eighth leading cause of death in Florida. On average, one Floridian dies by suicide every three hours, according to the American Foundation for Suicide Prevention.

	Okaloosa	Walton	Florida
Hospitalizations for mental disorders, per 100,000 population, 2019	1,005	609.8	1,006
Adults with good mental health, 2016	86.2%	88.7%	88.6%
Adults who had poor mental health on 14 poor more of the past 30 days, 2016	13.8%	11.3%	11.4%
Average number of unhealthy mental days in the past 30 days, 2016	4.2%	3.6%	3.6%
Adults who have ever been told they had a depressive disorder, 2016	18.0%	19.6%	14.2%

Figure 35:
Mental health indicators

Source: Florida Department of Health, Florida Health CHARTS

Many children in the U.S. experience a mental disorder in a given year. The high percentage of children affected, plus the impact of children's' mental disorders on families and communities, make mental disorders in children a public health priority. Common childhood mental and behavioral disorders are:

- Attention-deficit/hyperactivity disorder (ADHD)
- Behavior disorders
- Anxiety and depression
- Substance abuse disorders
- Tourette syndrome

Community Input: Members of focus groups and interviewees strongly felt that mental and behavioral health is lacking in the service area. It was pointed out that even though they felt the resources were lacking before, now it is worse. Some residents were considerably isolated; others were living in situations that were a threat to their mental health. Additionally:

- More money is needed to address the issue.
- **"The area needs more providers overall,** and more providers that take insurance and work with children. "
- "Many times, substance abuse and mental health go together."
- Low reimbursement rates from insurers means fewer providers.

Health Behaviors

Health behaviors are an indicator of community health because they can illustrate how a population perceives health. They are also contributing factors to many chronic diseases that affect vulnerable populations. Because lifestyle change is key to improved long-term health outcomes, it is vital to understand health behaviors to prevent chronic disease. It can also assist in the creation and implementation of programs designed to improve health behavior.

Health behaviors are actions individuals take that affect their health. They include measures that lead to improved health, such as eating well and being physically active and actions that increase one's risk of disease, such as smoking, excessive alcohol intake, and risky sexual behavior. In the United States, many leading causes of death and disease are attributed to unhealthy behaviors. For example, poor nutrition and low levels of physical activity are associated with a higher risk of cardiovascular disease, Type 2 diabetes, and obesity. Tobacco use is associated with heart disease, cancer, and poor pregnancy outcomes. Excessive alcohol use is associated with injuries, certain types of cancers, and cirrhosis.[37]

Addressing health behaviors requires strategies to encourage individuals to engage in healthy behaviors and ensure that they can access nutritious food, safe spaces to be physically active, and support to make healthy choices. Many health behaviors that are considered risky have higher incidences in the ASHEC service area.

Community Input: Members of the focus groups and interviewees agreed that residents in the service area should adopt healthier lifestyles. There are programs with the county that encourage healthier habits and lifestyles. The area is not as developed as areas with higher populations so there are opportunities for improvement:

- **"We need more parks.** There is one that a lot of people go to, but it gets crowded."
- More workplaces are adopting programs offered within the community.
- Coordinated community efforts get more nutritious foods out to low-income residents.
- **"Connecting with the community churches may help buy-in to healthy behaviors from residents."**

37 - https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2901573/

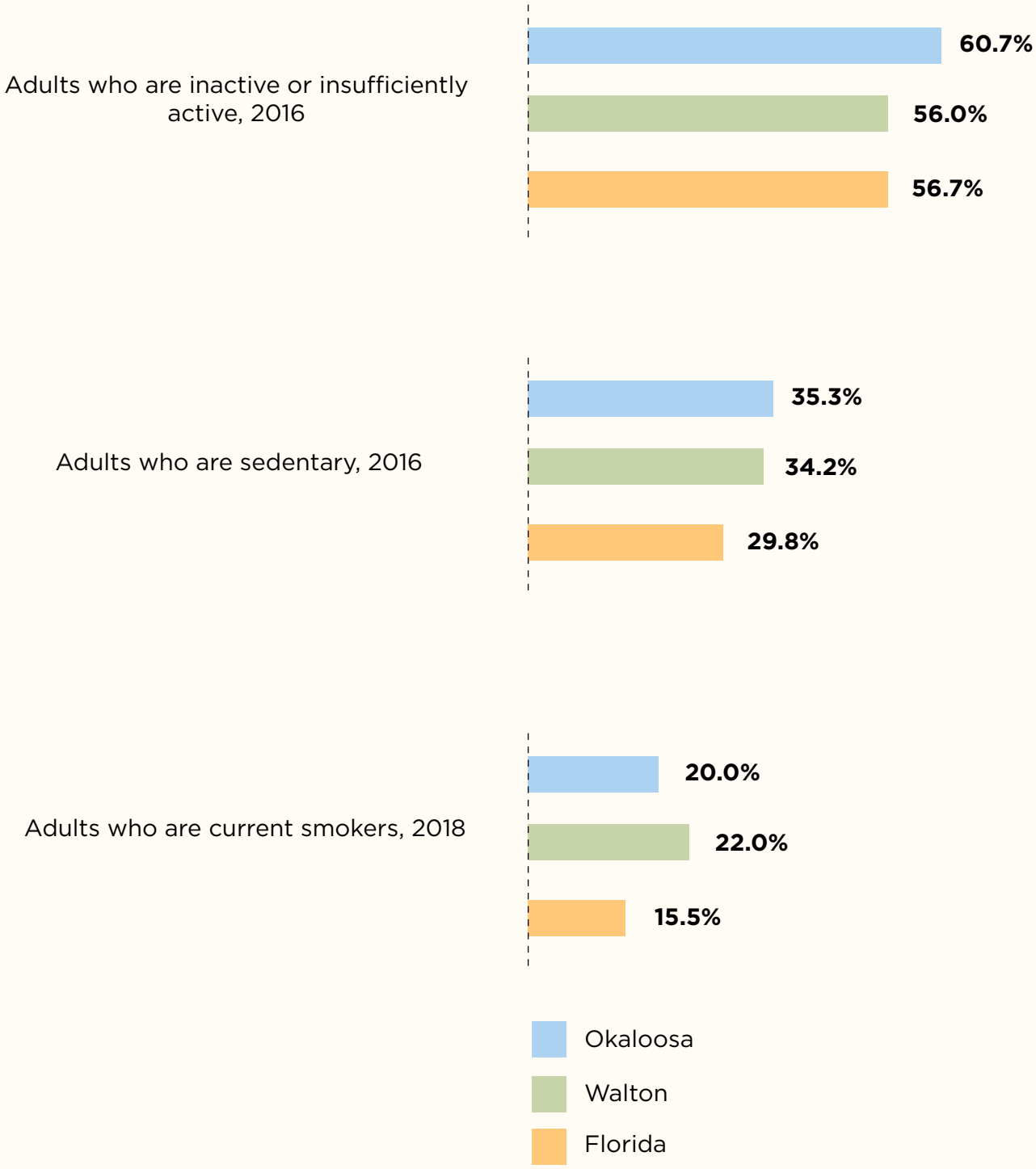


Figure 36:
Health behaviors

Source: Florida Department of Health, Florida Health CHARTS

Alcohol and Drug Use

It is a known fact that all drug use comes with risk. The Substance Abuse and Mental Health Services Administration states, "Drug use-including marijuana, cocaine, methamphetamine, as well as drug misuse and illicit opioids-among adults is on the rise. The COVID-19 pandemic has increased drug use."[38]

Alcohol and drug use is associated with an increased risk of many health problems, such as liver and heart disease and unintentional injuries, in addition to social, physical, emotional, and job-related problems. In the U.S., the prevalence of drug and alcohol use is equal across racial and ethnic groups. However, racial and ethnic minorities are more frequently prosecuted and incarcerated for drug-related offenses. A criminal record can result in problems in obtaining housing, social services, and employment. For example, Florida residents with a felony drug conviction are ineligible for food stamps and cash assistance.

Since 2017, when the Department of Health and Human Services declared opioid misuse and abuse a public health emergency, the battle with opioid addiction has raged in communities. For decades, Florida has had the reputation as a major center of the drug trade and was a hotspot for "pill mills" in early 2010. Consequently, Florida is one of the states hit hardest by the opioid epidemic. Control measures were put in place to limit the number of prescription opioids dispensed. In 2020, there were 189,416 opioid prescriptions dispensed in the ASHEC service area.

In Okaloosa County, opioids are responsible for about 76% of total drug overdose deaths; in Walton County, opioids are responsible for about 36% of total drug overdose deaths. The consequences of the opioid epidemic can be devastating. They lead to increased opioid misuse and related overdoses and the rising incidence of newborns experiencing withdrawal syndrome due to opioid use and misuse during pregnancy.

opioids are responsible for

76% of total drug overdose deaths; in Okaloosa

36% of total drug overdose deaths; in Walton

Based on conversations with law enforcement officers in the ASHEC service area, overdose deaths have reportedly decreased due to the expanding presence and use of naloxone. Since 2016, naloxone, commonly known as NARCAN, has been available without a prescription at most major pharmacies in Florida.

38 - SAMHSA - Substance Abuse and Mental Health Services Administration

	Okaloosa	Walton	Florida
Drug Overdose deaths	31	10	3,708
Opioid overdose deaths	23	7	3,304
opioid as % of total	74.2%	70.0%	81.8%
Suspected non-fatal all drug overdose	339	133	35,129
Suspected non-fatal opioid-involved overdose	195	29	15,065
opioid as % of total	57.5%	27.8%	42,9%
All drug non-fatal overdose emergency department visits	313	67	34,550
Opioid-involved non-fatal overdose emergency department visit	147	26	16,402
opioid as % of total	47.0%	38.8%	47.5%
All drug non-fatal overdose hospitalizations	198	51	21,172
Opioid-involved non-fatal overdose hospitalizations	53	9	6,229
opioid as % of total	27.5%	17.6%	29.4%

Figure 37: Substance abuse, 2021 Source: Florida Department of Health, Florida Health CHARTS

	Okaloosa	Walton	Florida
Adults who engage in heavy binge drinking	21%	20%	20%

Figure 38: Alcohol use, 2018 Source: www.countyhealthrankings.org

Community Input: Community safety is a very important community health issue that was mentioned by focus groups and interviewees through their CHNA input. Participants said crime reports have increased in the ASHEC service area since the pandemic began. Others said COVID-19 temporarily "hid" some safety problems (i.e., domestic violence assault, robbery). The pandemic has also caused concern in the judicial system because the courts are backlogged. It was also noted that drug use rates among adolescents, specifically opioid use among adolescents, were declining but the progress made was wiped out due to COVID-19. Also:

- "There were fewer deaths but more overdoses because more people in the community are carrying NARCAN. "
- Opioid use was cited as a contributing factor in significant health issues in the area.
- More resources are needed.
- **"What has improved since the last CHNA was increased awareness and understanding of opioid and fentanyl addictions and overdoses."**
- First responders carry NARCAN but there is still a shortage of providers that treat drug addiction. Overall crime rate increase was a general concern.

COVID-19

THE COVID-19 PANDEMIC was globally disruptive and impacted all areas of a given community. As the country went into lockdown in early 2020, the impact was felt in urban and rural regions amongst every population. The pandemic dramatically exposed health inequities, and as of August 2021, it was still active. The full impact of COVID-19 was not yet known.

COVID-19 was cited as one of the most significant health issues in the ASHEC service area because it disrupted everything. Before the vaccine was approved, there was a great deal of fear about the virus that kept people in their homes. Once lockdowns were imposed, entire systems shut down, including schools, government offices, public transportation, and private businesses. Some businesses were considered "essential" and continued to operate while attempting to minimize the community spread of the virus. Access to care was hindered because COVID-19 was prioritized over other health issues.

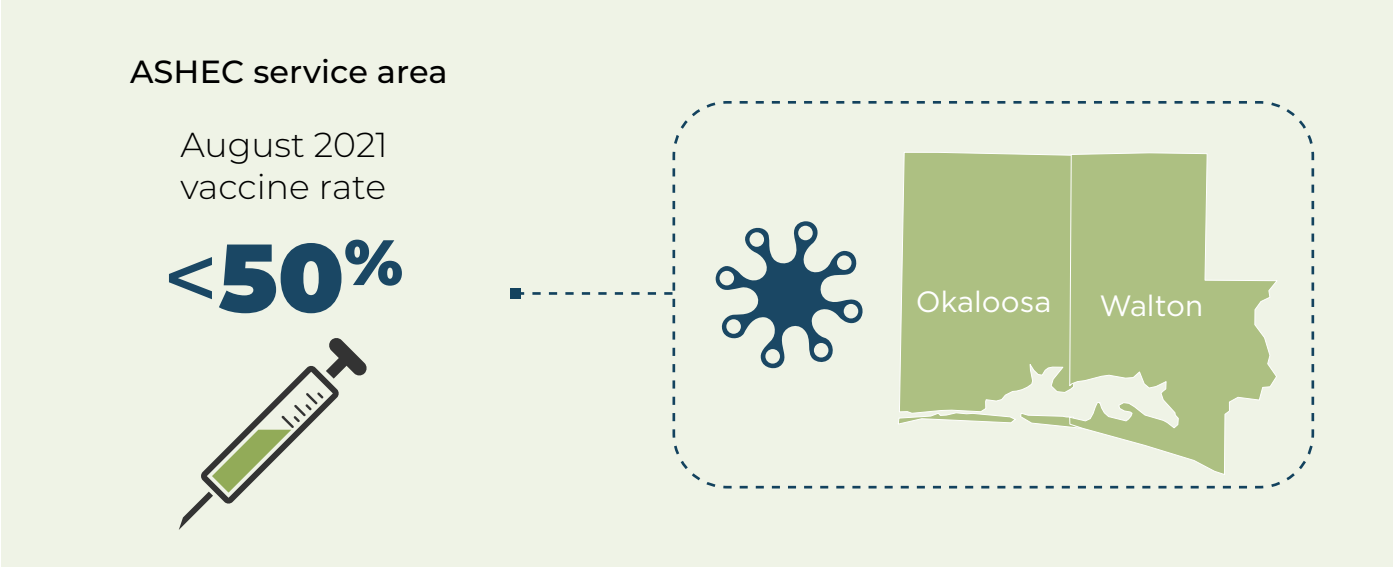
According to the CDC, unmet care is frequently a result of the inability to pay for services. Due to the COVID-19 pandemic, people may not receive needed medical care due to canceled appointments, cutbacks in transportation options, fear of going to the emergency room, or an altruistic desire not to burden the health care system, among other reasons. Key stakeholders and community partners were asked about the impact of the pandemic; respondents said that the delays in care also delayed diagnosis and treatment of problems. People were scared to go to the doctor due to fear of catching the disease. Walk-in appointments were no longer an option because of the pandemic. COVID-19 forced patients and practitioners to use alternate communication methods, such as telehealth.

COVID-19 has unequally affected many racial and ethnic minority groups, putting them at higher risk of getting sick and dying from the virus. Also, social determinants of health factor into the increased risk of getting ill or dying from COVID-19, such as discrimination, access to care, occupation, education, income, and housing. These factors also contribute to higher rates of some medical conditions that increase one's risk of severe illness from COVID-19. In addition, community strategies to slow the spread of COVID-19 might cause unintentional harm, such as lost wages, reduced access to services, and increased stress, for some racial and ethnic minority groups.[39]

Data on the pandemic's impact was still being created during this assessment, and the most current information available is included in the report. Additionally, key stakeholders and focus groups were asked how COVID-19 impacted their communities; that data is also included here.

39 - https://www.cdc.gov/coronavirus/2019-ncov/community/health-equity/race-ethnicity.html#fn22

Pharmaceutical companies developed a vaccine that was first administered in December 2020. The vaccine was initially approved by the Food and Drug Administration (FDA) for emergency use; in late August, the Pfizer vaccine was fully approved by the FDA. As of August 2021, the ASHEC service area saw a vaccine rate of less than 50%.



Community Input: When asked how the COVID-19 pandemic was affecting the ASHEC service area, everyone agreed it set-back progress in the health of the community. Also:

- **"COVID-19 seriously exposed existing problems in the health care system."**
- "Mental health was impacted by COVID-19 but we don't know how much."
- People were unable to access care; access was reduced because offices were closed.
- **"COVID-19 reframed priorities, such as vaccine hesitancy in the culture."**
- Delayed care, diagnosis, and treatment of problems.
- Alcoholics Anonymous and Narcotics Anonymous shut down, losing a vital resource for the addicted population.
- Domestic violence increased.
- "Home visits decreased, which is unfortunate because providers get a lot of information from home care visits."
- Social isolation; those who were not tech savvy were completely cut off.

Because COVID-19 was a public health emergency, the state public health departments were in the ideal position to initially respond to the pandemic. The public health system played a major role in shaping the response to the pandemic and recommended best practices to minimize community spread; it also convened stakeholders from across communities to share resources and work together.

Public health provides services for multiple community needs. They provide health screenings, immunizations, emergency planning, health education, and support programs such as WIC and Healthy Start.

	Okaloosa	Walton	Florida
Fully Vaccinated	40.2%	33.6%	48.8%
COVID Cases Reported	22,795	7,801	2,590,000
COVID Deaths	367	89	39,079

Figure 39: COVID-19, as of 8/2021

Source: USAFacts.org

Community Input: When asked about public health, community partners in Okaloosa and Walton counties had high praise for local public health offices:

- "Public health is taken for granted, and not everyone understands its role."
- Public health departments can access funding, but it varies every year.
- "They have so many programs but there isn't enough communication about the programs and how they can help the community."
- They have the dedicated space for the community.
- "They are very organized, work well together with community groups. When a problem is identified, they get right on it."
- Public health is very important after a hurricane when a community needs to recover.
- They are connected to, and work with, the faith-based communities.
- "Vaccines can be complicated and expensive. We really rely on public health to meet those needs."

SUMMARY

Ascension Sacred Heart Emerald Coast is committed to offering programs designed to address community health needs, with special attention to underserved and vulnerable persons. This CHNA is a data-driven approach to determine the significant health needs in the service area. Using quantitative and qualitative data, priority health needs were identified for the community served by the hospital. Ascension's goal of improving community health will be addressed through strategies and activities described in its implementation plans.

The overall ASHEC service area is the neighboring counties of Okaloosa and Walton, in northwest Florida. The area has a high growth rate, seasonal tourism, and strong community partnerships. It also has gaps in health equity and economic disparities that create distinct health needs to be addressed by the community. The priority health needs identified are:

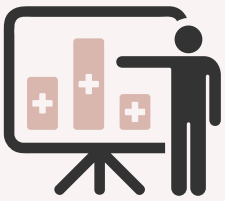
A health need that was new to this assessment was the COVID-19 pandemic, which harshly exposed health inequities. Racial and ethnic minorities bear a disproportionate burden of health inequities overall, but it became worse with COVID-19. Other vulnerable populations are susceptible to health inequities, including military veterans, the disabled, children, and the LGBTQ+ population. Community partnerships help fill in the gaps, but more resources are needed.

Community partners are essential when addressing the needs of a community. They have a unique insight into a community that is rarely revealed in statistics and can help leverage resources for success. Localized data, coupled with community input, will help Ascension Sacred Heart Emerald Coast create its implementation strategies to fit the unique characteristics of the community served.

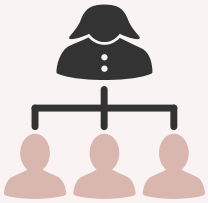
Approval by Ascension Florida and Gulf Coast Board, to ensure the Sacred Heart Health System, Inc, d/b/a/ Ascension Florida and Gulf Coast's efforts meet the needs of the community and have a lasting and meaningful impact, the 2022 CHNA was presented to the Ascension Florida and Gulf Coast Board of Directors for approval and adoption on March 15, 2022. Although an authorized body of the hospital must adopt the CHNA and implementation strategy reports to be compliant with the provisions in the Affordable Care Act, adoption of the CHNA also demonstrates that the board is aware of the findings from the community health needs assessment, endorses the priorities identified, and supports the strategy that has been developed to address prioritized needs.

METHODOLOGY

THE SCOPE OF work to support this assessment includes the following:



The analysis of secondary data resources for community research (quantitative data).



Primary data collection from focus groups and interviews with public health officers, key stakeholders and community partners (qualitative data).

Data collection and interview methodologies used to support this assessment reflect standard industry approaches.

This CHNA was developed based on the scope of work noted above. The background work – including data collection, focus groups and interviews – was conducted from May 2021 through September 2021.

Information Gaps

While the Ascension Sacred Heart Emerald Coast CHNA assessment is quite comprehensive, it cannot measure all possible aspects of health in the community, nor can it adequately represent all possible populations of interest. It must be recognized that these information gaps might in some ways limit the ability to assess all the community's health needs.

In terms of content, the Ascension Sacred Heart Emerald Coast CHNA assessment was designed to provide a comprehensive and broad picture of the health of the overall community.

APPENDICES

Appendix A: Community Resources

THE MEDICAL PROVIDER community is one of the best resources for improving the health of a community. They get to know their patients well and are knowledgeable about the options and resources available to patients. However, many do not have the time or capacity to explore every option with their patients and rely on community resources and support to help fill the knowledge gaps. In addition, provider shortages in some regions impact access to care. Community partners are crucial to help relieve the burden that stresses social systems and maximize available funding.

Community partners and stakeholders are an integral part of any given area. They are quite literally the "boots on the ground" embedded in their local communities and trusted sources of information. The engagement of partners builds relationships and trust necessary to build sustainable community programs; this was particularly true with COVID-19. Additionally, local resources help stretch available funding.

The economic benefits of leveraging community resources are impressive. When a community supports and sustains quality health and social services, it can attract well-trained and committed health care professionals. Further, there is a ripple effect through the community, which enhances its viability for sustained economic development. Community partners and public health professionals leverage existing resources to improve community health through health education. For example, The American Public Health Association reports that 75% of U.S. health spending goes towards preventable health conditions, such as heart disease and obesity. In contrast, only three cents of every dollar spent on health care goes towards prevention efforts through public health. However, every dollar spent on prevention can save up to $5.60 in health spending.[40]

In the ASHEC service area, there are many resources available to residents. Federally qualified health centers and community resources are listed below.

40 -https://www.apha.org/

Federally Qualified Health Centers, 2021

These are outpatient clinics that qualify for specific reimbursement systems under Medicare and Medicaid. They include federally designated Health Center Program awardees, federally designated Health Center Program look-alikes, and certain outpatient clinics associated with tribal organizations.

County	Zip Code	Facility
Okaloosa	32539	Crestview Health and Dental Center
Okaloosa	32548	Elliott Point Elementary School
Okaloosa	32579	Longwood Elementary School
Okaloosa	32547	Wright Elementary
Walton	32439	Freeport Clinic
Walton	32433	Maude Saunders Elementary School
Walton	32455	Muscogee Creek Indian Tribal Health Center
Walton	32439	PanCare Health Mobile
Walton	32433	Walton Community Health Center
Walton	32435	West DeFuniak Elementary School

Community Resources

90Works	Habitat for Humanity
American Red Cross of Northwest Florida	Harvest House
Be Generous	Haven House Mission
Big Bend Community Based Care	Healthy Start of Okaloosa and Walton Counties
Blue Door Homeless Outreach	Homeless Housing Alliance
Boys and Girls Club of the Emerald Coast	Hope Medical Clinic
Bridgeway Center	Lutheran Services of Northwest Florida
CareerSource Okaloosa Walton Counties	Matrix Community Outreach Center
Caring and Sharing of Walton County	Northwest Florida Area Agency on Aging
CALM Organization, Inc	Okaloosa County NAACP
Catholic Charities of Northwest Florida	One Hopeful Place
CDAC Behavioral Healthcare Services	Opportunity Place
Chautauqua Healthcare Services	Path of Grace
Crestview Area Shelter for the Homeless	Ronda Coon Women's Home
Crestview Housing Authority	Saint Mary Outreach
Crossroads Center	Salvation Army
Early Learning Coalition	Shelter House
Emerald Coast Children's Advocacy Center	Tri-County Community Council
Florida Department of Children and Families	United Way of Emerald Coast – 2-1-1
Florida Department of Health – Okaloosa County	Walton County Housing Authority
Florida Department of Health – Walton County	Waterfront Rescue Mission
Fort Walton Beach Housing Authority	West Florida Area Health Education Center

Appendix B: Secondary Data Resource List

- U.S. Census Bureau (American Community Survey, Business Builder)
- Florida Department of Health (CHARTS)
- Robert Wood Johnson Foundation
- Kaiser Family Foundation
- Department of Veteran Affairs
- Centers for Disease Control
- National Institute of Health
- University of Florida Bureau of Economic and Business Research
- USAFacts.org
- World Health Organization
- U.S. Department of Health and Human Services
- FL Office of Economic and Demographic Research
- Emerald Coast Realtors Association
- Health Resources and Services Administration
- National Council on Disability
- American Cancer Society
- American Lung Association
- Health Resources and Services Administration
- American Public Health Association
- The Williams Institute at UCLA
- Economic Policy Institute
- Brookings Institute
- Feeding America
- SAMHSA (spell out)

Appendix C: Participating Organizations

Acknowledgments to the participating community partners:

Be Generous

Big Bend Community Based Care

Boys and Girls Club of the Emerald Coast

Bridgeway Center

CALM Organization, Inc

Catholic Charities

CDAC Behavioral Healthcare Services

Chautauqua Healthcare

City of DeFuniak Springs

City of Freeport

Crestview Area Shelter for the Homeless

Crestview Housing Authority

Crossroads Center

Dept of Children and Families

Early Learning Coalition

Emerald Coast Children's Advocacy Center

Emerald Coast Technical College

First Baptist Church Mossy Head

Florida Courts

Fort Walton Beach Housing Authority

Fort Walton Beach Medical Center

Gentiva

Habitat for Humanity

Healthmark

Healthy Start of Okaloosa and Walton Counties

Helping Hands Charities

Homeless Housing Alliance

Hope Medical Clinic

Lighthouse Health Plan

Matrix Community Outreach Center

North Okaloosa Medical Center

NWFL Area Agency on Aging

NWFLAAA - SHINE

Okaloosa County Department of Health

Okaloosa County Emergency Medical Services

Okaloosa County NAACP

Okaloosa County Schools

Okaloosa County Sheriff's Office

Opportunity Place

Pancare

Pregnancy Support Center

Red Bay Presbyterian Church

Ronda Coon Women's Home

Shelter House

Tri-County Community Council, Inc.

UF IFAS WC Extension Office (4H)

United Way Emerald Coast

Walton County Board of County Commissioners

Walton County Housing Authority

Walton County Schools

Walton Okaloosa Council on Aging

West Florida Area Health Education Center

Appendix D: Evaluation of Impact Since Previous CHNA (2019)

Ascension Sacred Heart Emerald Coast's previous CHNA implementation strategy was completed in FY2019 and addressed the following priority health needs: Access, Mental Health, and Healthy Living.
The table below describes the actions taken during the 2020–2022 CHNA to address each priority need and indicators of improvement.

Note: At the time of the report publication, the third year of the cycle will not be complete.

PRIORITY NEED	**Behavioral Health**	
ACTIONS TAKEN	**STATUS OF ACTIONS**	**RESULTS**
Appointments for Pediatric Counseling from AMG to be scheduled within 2 business days	Completed	• Exceeded goal of 85% of counseling appointments scheduled within 2 business days

PRIORITY NEED	**Cancer**	
ACTIONS TAKEN	**STATUS OF ACTIONS**	**RESULTS**
Invitation of AMG patients for cancer screening via outreach campaigns	Completed	• Over 22,000 AMG patients notified of cancer screening eligibility
Provider Assessments about their performance in providing screening services	Completed	• Exceeded goal of AMG Providers accessed and provided feedback
Education to AMG PCP on Colorectal cancer screening	In progress	• Below goal due to COVID pandemic
Educational fairs to AMG associates on importance of colorectal screening	Goal not met	• 1 educational fair provided virtually, all others suspended due to COVID pandemic
Increase % of breast cancer and colorectal screenings, all patients and minority patients	In progress	• On track to meet goal for screening %

PRIORITY NEED	**Healthy Lifestyles**	
ACTIONS TAKEN	**STATUS OF ACTIONS**	**RESULTS**
Increase # of Diabetes Risk Assessment Screenings	In process	• #s of screenings below goal due to COVID pandemic

Ascension Sacred Heart Emerald Coast did receive one public comment on our previous CHNA that was posted for public display. A comment was submitted on 9/8/2020 that stated "We need mental health care for patients and families that offer psych evaluation, medication, counseling and family counseling." Our Health Ministry considered this feedback as additional community input and it is reflected appropriately as Mental Health being an identified prioritized need.

Community Input: Community partners interviewed for this assessment were asked if they had noticed any progress in addressing community health needs since the last CHNA in 2019. Many found the question difficult to answer because of the COVID-19 pandemic, which impacted the whole community. Others noted:

- Increased presence of breastfeeding-friendly workplaces.
- "There has not been as much progress, but we are chipping away at the issues, working together to find a solution to the housing problem."
- Health programs implemented in the workplace are improving.
- Infant mortality was down pre-COVID-19 due to "sleep deaths" education and supplying books to hospitals.
- "Access to care has improved but it's still a concern."
- **"Food insecurity is down due to coordinated community efforts, and we are getting more nutritious food out."**
- "The population is growing at a very high rate, so access to care has to grow with it, especially among the Hispanic population. Tourists like visiting, and then they move here, so we need to be prepared for that."
- There was progress, but COVID-19 set everything back.
- **"When money is available, more services are available. We need a dedicated funding source to make a bigger impact."**
- There are more urgent care places in South Walton, so access to that care increased.
- Community really stepped up, like they do when there is a hurricane.
- "COVID-19 was so disruptive, the court system is stuck in 2019. 2020 was a blur."

Appendix E: Additional Community Input

Community partners and key stakeholders interviewed for this CHNA were asked additional questions, including what things they would change if they could and how Ascension Sacred Heart Emerald Coast was as a community partner.

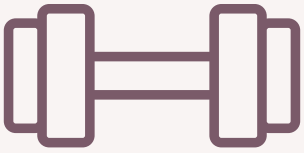
If you could change anything about the community, what would it be?

- "Vocal advocacy from the medical community to ask state to expand Medicaid money."
- "Until medical community steps up, not sure what can improve."
- "We need to face the reality of our racial history."
- Public transport as-is is unsustainable. A solution is maybe provide vouchers for Uber or Lyft.
- Create trust with the churches, outreach through churches and other partnerships, including unions.
- Inpatient care for all genders.
- Add a 1 Stop Shop in the north part of county for multiple care and resources (health care and social services).
- Increase the number of diverse providers, specifically Spanish-speaking providers. In-person translation needed for patients filling out forms and answering questions. Cultural competency.
- Paperwork is confusing, need more health navigators.
- More providers in the area and more provider availability.
- Invest in community resources to expand their reach.
- Invest in infrastructure, support a healthier community.
- Home health care is needed.
- "More resources for care – we did great with the vaccine, and it should be replicated in the community."

How can Ascension be a better community partner in the ASHEC service area?

- "During COVID-19, they provided testing services and were the only hospital to do so. They tested people regardless of their residence and really stepped up for the community."
- "They're really great partners."
- Continue to represent and be a part of the community.
- Proactively increase partnership opportunities between the hospital and community groups and help improve connections with community organizers.
- "Expand locations to north end of county and keep growing in the area."
- "Don't lose sight of what is happening in local community."
- "They are very big and able to 'move the needle', so to speak. Small clinics can't always stick their necks out."
- The hospital has a lot of capacity to affect change and social standing.
- "Have volunteers available to assist local organizations when a need arises."

Community Input: Key stakeholders and community partners shared their thoughts on their area, and what they felt were its strengths and weaknesses. Some people mentioned characteristics that are both a strength and a weakness. For example, the area is a desirable place to visit and live, but it is growing very quickly



STRENGTHS:

- The area is beautiful, the beaches are pristine and there is much green space.
- The military is a great partner.
- “We have a lot of people who care and want to do right. People show up to help, collaborate, share, and support each other for the common good.”
- There are very strong community partnerships, the agencies work well together, and the two counties work well together.
- “Strong leaders who work to find solutions and see the need for expanding health care.”
- COVID-19 was “just in time” learning, but the structure was in place to provide the needed care for the pandemic.
- “It’s a smaller area, resilient, with a close-knit, caring community.”
- “Police approach to working with the community is one of partnering on street outreach.”

WEAKNESSES:

- “The presence of the military and their higher salaries increases the cost of living.”
- “The north and south ends of the counties are ‘disjointed,’ so to speak. The north end is very rural and working-class, so we need to vary our approach to different members of the community.”
- Lack of infrastructure to aid with the transportation problems and lack of affordable housing.
- Need more resources and funding to keep the momentum going and make a difference.
- Lacking for specialty or emergency care.
- “The community doesn’t always see the work we do. Funding is limited as we have to rely on people and partnerships.”

Appendix F: Data Tables

	Okaloosa	Walton	Community Total	Florida	United States
Population estimates, July 1, 2019	210,738	74,071	284,809	21,477,737	328,239,523
Population estimates base, April 1, 2010	180,822	55,043	235,865	18,801,310	308,745,538
Population, percent change April 1, 2010 (estimates base) to July 1, 2019	16.5%	34.6%	20.7%	14.2%	6.3%

Figure 2: Population and Growth

Source: U.S. Census Bureau, American Community Survey

	Okaloosa	Walton	Florida	United States
White	81.1%	89.6%	77.3%	76.3%
Black or African American	10.5%	5.3%	16.9%	13.4%
Hispanic or Latino	9.7%	6.5%	26.4%	18.5%
American Indian and Alaska Native	0.7%	0.8%	0.5%	1.3%
Asian	3.2%	1.4%	3.0%	5.9%
Native Hawaiian and Other Pacific Islander	0.2%	0.2%	0.1%	0.2%
Two or More Races	4.4%	2.8%	2.2%	2.8%

Figure 3: Population by race, 2019 est.

Source: U.S. Census Bureau, American Community Survey

	Okaloosa	Walton	Florida	United States
Persons under 5 years	6.5%	5.6%	5.3%	6.0%
Persons under 18 years	22.2%	20.4%	19.7%	22.3%
Persons 65 years and over	16.3%	20.2%	20.9%	16.5%

Figure 4: Population by age, 2019 est.

Source: U.S. Census Bureau, American Community Survey

	Okaloosa	Walton	Community Total	Florida	United States
Veterans, 2015 - 2019	32,664	6,634	39,298	1,440,338	18,230,322

Figure 5: Veteran population

Source: U.S. Census Bureau, American Community Survey

	Okaloosa	Walton	Florida	United States
With a disability, under age 65 yrs, 2015 - 2019	10.9%	11.8%	8.6%	8.6%

Figure 6: Disabled population

Source: U.S. Census Bureau, American Community Survey

	Okaloosa	Walton	Florida	United States
Hispanic or Latino	9.7%	6.5%	26.4%	18.5%

Figure 7: Hispanic population, 2019 est.

Source: U.S. Census Bureau, American Community Survey

	Okaloosa	Walton	Florida	United States
Persons under 5 years	6.5%	5.6%	5.3%	6.0%
Persons under 18 years	22.2%	20.4%	19.7%	22.3%

Figure 8: Population of children, 2019 est.

Source: U.S. Census Bureau, American Community Survey

	Okaloosa	Walton	Florida	United States
Same sex couples, per 1,000 households	3.02	7.21	6.54	6.0%
Raising children	19.5%	22.5%	13.3%	22.3%

Figure 9: Same sex couples, 2017

Source: University of California, Los Angeles, The Williams Institute

	LGBT	non-LGBT
Unemployed	11%	6%
Uninsured	21%	15%
Food insecure	27%	16%
Income less than $24,000	27%	21%

Figure 10: Florida LGBT disparities, 2017

Source: University of California, Los Angeles, The Williams Institute

	Okaloosa	Walton	Florida	United States
Median household income (in 2019 dollars), 2015-2019	$63,412	$58,093	$55,660	$62,843
Per capita income in past 12 months (in 2019 dollars), 2015-2019	$33,019	$34,475	$31,619	$34,103
Persons in poverty	10.6%	10.8%	12.7%	10.5%
Children in poverty (under 18 years)	15.2%	22.3%	17.7%	16.4%

Figure 11:
Income and poverty

Source: U.S. Census Bureau, American Community Survey

	Okaloosa	Walton	Florida	United States
Unemployment rates	4.3%	4.6%	5.0%	5.9%

Figure 12: Unemployment rates

Source: U.S. Bureau of Labor Statistics, Local Area Unemployment Statistics

	Employees in ASHEC service area	Average Annual Payroll per Employee	Percent of Total Employment
Employment, all sectors	85,586	$40,403	100.0%
Accommodation and Food Service	18,213	$22,395	21.3%
Retail Trade	16,776	$28,180	19.6%
Health Care and Social Assistance	10,822	$51,439	12.6%

Figure 13:
ASHEC service area employment, Q1 2021

Source: Census Business Builder, based on 2020 Quarterly Workforce Indicators dataset

	Community Total	Florida
Total housing units	149,054	9,448,159
Homeownership rate	66.4%	65.4%
Average monthly cost, homeowner (with mortgage)	$1,037	$998
Average rent (housing)	$1,002	$1,096

Figure 14:
Housing characteristics, 2020

Source: Census Business Builder, based on 2020 Quarterly Workforce Indicators dataset

Single Family Home	Okaloosa	Walton
Median sale price, March 2021	$301,000	$725,000
Median sale price, March 2020 $252,013	$252,013	$507,500
Percent change, year over year	19.4%	42.9%

Figure 15: Median housing sale price

Source: Emerald Coast Realtors Association

	Okaloosa	Walton	Florida	United States
High school graduate or higher, percent of persons age 25 years+, 2015-2019	92.4%	89.1%	88.2%	88.0%
Bachelor's degree or higher, percent of persons age 25 years+, 2015-2019	31.1%	28.5%	29.9%	32.1%

Figure 16: Education

Source: U.S. Census Bureau, American Community Survey

	Okaloosa	Walton	Florida
Food insecurity rate	12.3%	13.2%	13.0%
Child food insecurity rate	18.0%	22.1%	19.4%

Figure 17: Diet and nutrition indicators, 2019

Source: Feeding America

	Okaloosa	Walton	Florida	United States
Total Households	76,097	26,475	7,905,832	122,802,852
Households receiving food stamps/SNAP	4,987	2,318	935,759	13,173,722
As percent of total households	6.6%	8.8%	11.8%	10.7%

Figure 18: Households receiving food stamps/SNAP, 2019 est

Source: U.S. Census Bureau, American Community Survey

	Okaloosa	Walton	Community Total
Crime rate (index crimes per 100,000 population)	2,230.6	1,549.9	2,721.4
Crime rate, rank in state	21	46	n/a
Violent crimes	739	143	81,092
FY 2018-19 juvenile delinquency complaints filed	797	225	45,263

Figure 19:
Crime rates (count), 2019

Source: State of Florida, Office of Economic and Demographic Research

	Okaloosa	Walton	Community Total	United States
Total deaths, all causes	1,882	678	206,975	2,839,205
Unintentional Injury	6.0%	7.1%	6.%	5.9%

Figure 20:
Unintentional injury, percent total deaths, 2019

Source: Florida Department of Health, Florida Health CHARTS

County	Facility	Type	Beds
Okaloosa	Fort Walton Beach Medical Center (South)	Acute Care	267
Okaloosa	North Okaloosa Medical Center (North)	Acute Care	110
Okaloosa	Twin Cities Hospital (South)	Acute Care	65
Walton	Ascension Sacred Heart Emerald Coast (South)	Acute Care	76
Walton	Healthmark Regional Medical Center (North)	Acute Care	50

Figure 22: Hospitals in ASHEC service area

Source: Florida Hospital Association

	Okaloosa	Walton	Florida
Primary care physicians, 2018	1,310 to 1	1,830 to 1	1,380 to 1
Dentists, 2019	1,230 to 1	2,180 to 1	1,650 to 1
Mental health providers, 2020	610 to 1	1,370 to 1	590 to 1

Figure 23:
Ratio of population to providers

Source: countyhealthrankings.org

	Okaloosa	Walton	Total practitioners
Dental Health	3.65	4.24	7.89
Mental Health	3.8	3.31	7.11
Primary Care	5.18	6.47	11.65

Figure 24: FTE practitioners needed

Source: U.S. Health Resources and Services Administration

	Okaloosa	Walton	Florida
Adults with health insurance coverage, 2019	88.3%	87.1%	87.2%
Adults who could not see a doctor at least once in the past year due to cost, 2016	15.6%	15.7%	16.6%
Adults who have a personal doctor, 2016	63.7%	77.8%	72.0%
Adults who had a medical checkup in the past year, 2016	69.5%	77.0%	76.5%

Figure 25: Access to care

Source: Florida Department of Health, Florida Health CHARTS

	Okaloosa	Walton	Florida	United States
Households with a computer, 2015-2019	92.6%	90.1%	91.5%	90.3%
Households with a broadband Internet subscription, 2015-2019	83.7%	81.9%	83.0%	82.7%

Figure 26: Computer and internet use

Source: U.S. Census Bureau, American Community Survey

	Okaloosa	Walton	Florida	United States
1	Cancer	Cancer	Heart Disease	Heart Disease
2	Heart Disease	Heart Disease	Cancer	Cancer
3	Stroke	Chronic Lower Respiratory Disease	Stroke	Unintentional Injury
4	Chronic Lower Respiratory Disease	Unintentional Injury	Unintentional Injury	Chronic Lower Respiratory Disease
5	Unintentional Injury	Stroke	Chronic Lower Respiratory Disease	Cerebrovascular Disease
6	Alzheimer's Disease	Alzheimer's Disease	Alzheimer's Disease	Alzheimer's Disease
7	Diabetes	Kidney Disease	Diabetes	Diabetes
8	Kidney Disease	Diabetes	Suicide	Influenza and Pneumonia
9	Suicide	Suicide	Kidney Disease	Kidney Disease
10	Septicemia	Influenza and Pneumonia	Chronic Liver Disease and Cirrhosis	Suicide

Figure 27:
Leading causes of death, 2019

Source: Florida Department of Health, Florida Health CHARTS; Centers for Disease Control

	Okaloosa	Walton	Florida	United States
Life expectancy (years)	77.4	78.1	79.8	78.7

Figure 28: Life expectancy, 2019

Source: Florida Department of Health, Florida Health CHARTS

	Okaloosa	Walton	Florida
Average number of births	2,701	806	221,699
Fetal deaths, per 1,000 deliveries	5.9	10.3	6.8
Infant deaths, per 1,000 births	5.2	7.0	6.0
Live births under 1500 grams	1.5%	1.0%	1.6%
Live births under 2500 grams	8.5%	9.7%	8.8%
Births <37 weeks of gestation	12.4%	13%	10.6%
Maternal deaths, per 100,000 births	0	0	28.6
Sudden unexpected infant deaths, per 1,000 births	1.1	2.3	0.9
Mothers who initiate breastfeeding	87.4%	83.4%	86.0%

Figure 29:
Maternal and infant health indicators, 2019

Source: Florida Department of Health, Florida Health CHARTS

	Okaloosa	Walton	Florida
Age-adjusted deaths from heart disease, rate per 100,000 population	147.9	134.6	143.5

Figure 30:
Heart disease, 2019

Source: Florida Department of Health, Florida Health CHARTS

	Okaloosa	Walton	Florida
Adults who have ever been told they have diabetes, 2016	13.3%	14.0%	11.8%
Emergency room visits due to diabetes,per 100,000 population, 2019	257.2	196.7	243.6
Preventable hospitalizations under 55 from diabetes, per 100,000 population, 2019	137.4	89.5	147.1
Hospitalizations from or with diabetes, per 100,000 population, 2019	2,501.8	1,540.4	2,314.2
Diabetes age adjusted death rate, per 100,000 population, 2019	25.4	16.2	19.7

Figure 31:
Diabetes

Source: Florida Department of Health, Florida Health CHARTS

	Okaloosa	Walton	Florida
Age-adjusted deaths from stroke, rate per 100,000 population	54.2	37.6	41.4

Figure 32:
Stroke, 2019

Source: Florida Department of Health, Florida Health CHARTS

	Okaloosa	Walton	Florida
Adults who are obese, 2017	26.9%	32.0%	27.4%
Adults who are overweight, 2016	38.4%	31.8%	35.8%

Figure 33: Obesity

Source: Florida Department of Health, Florida Health CHARTS

	Okaloosa	Walton	Florida
Cervical Cancer	0	5.8	2.7
Prostate Cancer	23.5	14.5	16.5
Breast Cancer	30.5	16.7	19.5
Colorectal Cancer	9	5.2	12.5
Lung Cancer	35.5	46.8	33.4

Figure 34:
Cancer adjusted death rates, per 100,00 population, 2019
Source: Florida Department of Health, Florida Health CHARTS

	Okaloosa	Walton	Florida
Hospitalizations for mental disorders, per 100,000 population, 2019	1,005	609.8	1,006
Adults with good mental health, 2016	86.2%	88.7%	88.6%
Adults who had poor mental health on 14 poor more of the past 30 days, 2016	13.8%	11.3%	11.4%
Average number of unhealthy mental days in the past 30 days, 2016	4.2%	3.6%	3.6%
Adults who have ever been told they had a depressive disorder, 2016	18.0%	19.6%	14.2%

Figure 35:
Mental health indicators
Source: Florida Department of Health, Florida Health CHARTS

	Okaloosa	Walton	Florida
Adults who are current smokers, 2018	20.0%	22.0%	15.5%
Adults who are sedentary, 2016	35.3%	34.2%	29.8%
Adults who are inactive or insufficiently active, 2016	60.7%	56.0%	56.7%

Figure 36:
Health behaviors

Source: Florida Department of Health, Florida Health CHARTS

	Okaloosa	Walton	Florida
Drug Overdose deaths	31	10	3,708
Opioid overdose deaths	23	7	3,304
opioid as % of total	74.2%	70.0%	81.8%
Suspected non-fatal all drug overdose	339	133	35,129
Suspected non-fatal opioid-involved overdose	195	29	15,065
opioid as % of total	57.5%	27.8%	42,9%
All drug non-fatal overdose emergency department visits	313	67	34,550
Opioid-involved non-fatal overdose emergency department visit	147	26	16,402
opioid as % of total	47.0%	38.8%	47.5%
All drug non-fatal overdose hospitalizations	198	51	21,172
Opioid-involved non-fatal overdose hospitalizations	53	9	6,229
opioid as % of total	27.5%	17.6%	29.4%

Figure 37: Substance abuse, 2021

Source: Florida Department of Health, Florida Health CHARTS

	Okaloosa	Walton	Florida
Adults who engage in heavy binge drinking	21%	20%	20%

Figure 38: Alcohol use, 2018

Source: www.countyhealthrankings.org

	Okaloosa	Walton	Florida
Fully Vaccinated	40.2%	33.6%	48.8%
COVID Cases Reported	22,795	7,801	2,590,000
COVID Deaths	367	89	39,079

Figure 39: COVID-19, as of 8/2021

Source: USAFacts.org

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