Ascension Sacred Heart Gulf

CHNA Report 2021 Community Health Needs Assessment 2021

Developed by Kleinhaus Consulting Group, LLC





CONTENTS

| EXECUTIVE SUMMARY | 4 |
|--|----|
| INTRODUCTION | 12 |
| Background | 12 |
| Ascension Sacred Heart Gulf Overview | 12 |
| Community Served | 12 |
| CHNA Process | 13 |
| Special Considerations | 14 |
| COVID-19 | 12 |
| Health Equity | 12 |
| COMMUNITY DESCRIPTION | 16 |
| Population Characteristics | 17 |
| Population | 17 |
| Vulnerable Populations and Barriers to Service | 20 |
| Military Veteran Population | 20 |
| Disabled Population | 21 |
| Hispanic Population | 23 |
| Child Population | 25 |
| LGBTQ+ Population | 27 |
| PRIORITIZED SIGNIFICANT HEALTH NEEDS | 30 |
| COMMUNITY HEALTH EQUITY PROFILE | |
| Income and Poverty | 32 |
| Unemployment | 34 |
| Housing and Transit | 36 |
| Education | 38 |
| Food Security | 40 |
| Community Safety | 42 |
| Access to Care | 44 |
| Access to Transportation | 45 |
| Access to Practitioners | 47 |
| Access to Insurance | 49 |
| Telehealth's Impact on Access to Care | 51 |

| COMMUNITY HEALTH STATUS INDICATORS | |
|--|------|
| Leading Causes of Death | |
| Life Expectancy | |
| Maternal and Infant Health | 54 |
| CHRONIC DISEASE | - 56 |
| Heart Disease | 57 |
| Diabetes | 58 |
| Stroke | 60 |
| Obesity | 60 |
| Cancer | 62 |
| Mental and Behavioral Health | |
| Health Behaviors | 68 |
| Alcohol and Drug Use | 70 |
| COVID-19 | - 72 |
| SUMMARY | - 75 |
| METHODOLOGY | - 76 |
| Information Gaps | 76 |
| APPENDICES | 77 |
| Appendix A: Community Resources | 77 |
| Appendix B: Secondary Data Resource List | |
| Appendix C: Participating Organizations | 81 |
| Appendix D: Evaluation of Impact Since Previous CHNA (2019)- | |
| Appendix E: Additional Community Input | 84 |
| Appendix F: Data Tables | |
| REEDENCES | 102 |

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

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For Ascension Sacred Heart Gulf in Gulf and Franklin counties, the prioritized community health needs are:



Access to Care

Social
Determinants of
Health (housing
and transit, food
security)

Chronic Disease (heart disease, cancer, diabetes)

Tobacco Use

Mental and Behavioral Health

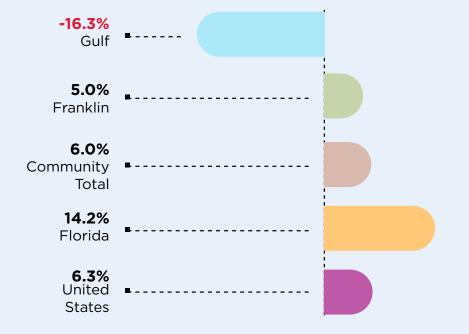
COVID-19

Demographics

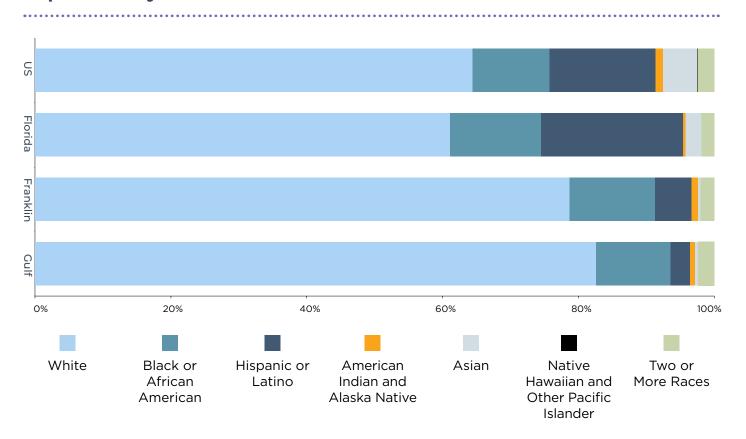
Total population of service area: 25,764

Gulf County lost over 16% of its population between 2010 and 2019.

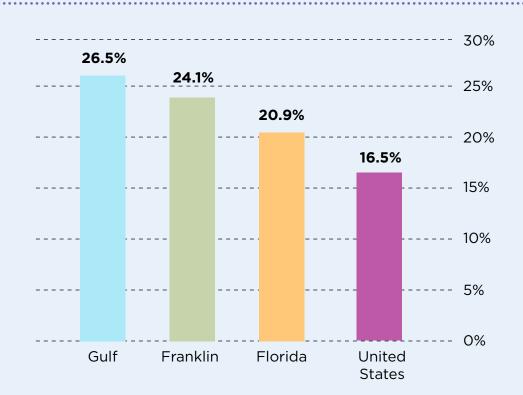


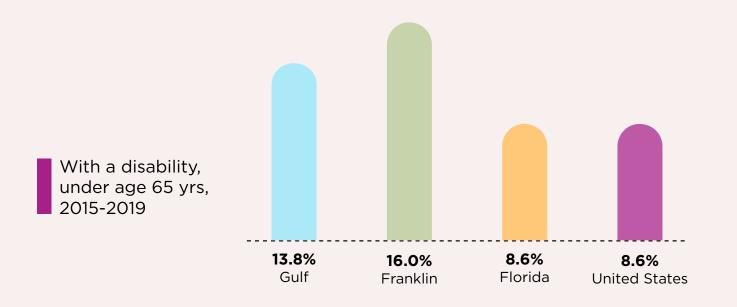


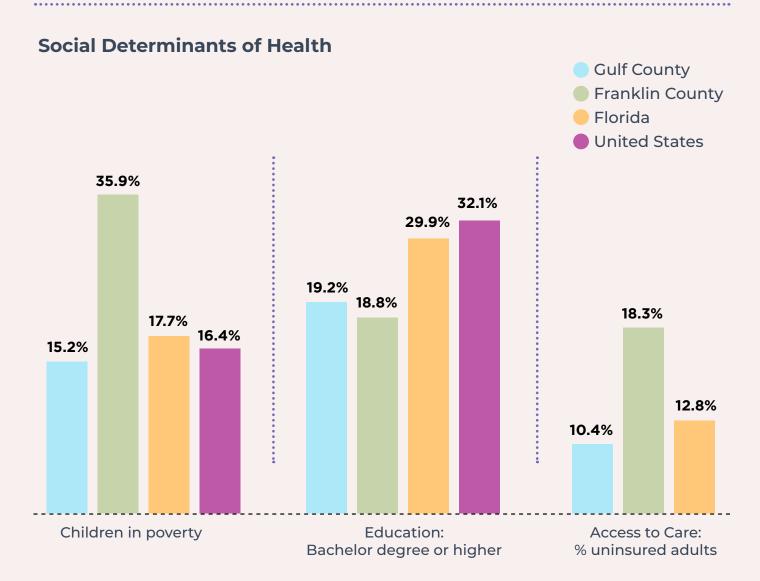
Population by race



Persons 65 years and over







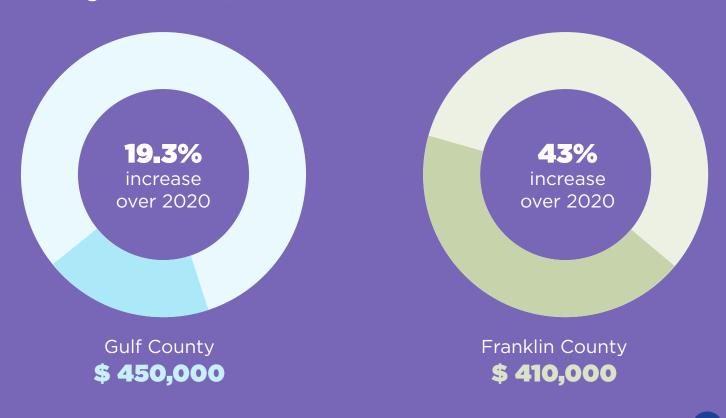
Barriers to service are more difficult to overcome for vulnerable populations, including military veterans, disabled, Hispanic, children, LGBTQ+

Practitioners needed for service area:

Franklin County shows higher ratios of patients to providers than Gulf County and the state populations.

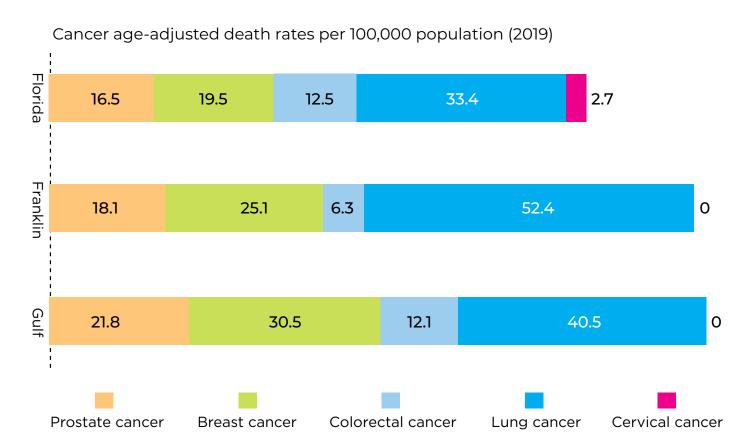
| | Gulf | Franklin | Florida |
|-------------------------------|------------|------------|------------|
| Primary care physicians, 2018 | 2,690 to 1 | 3,910 to 1 | 1,380 to 1 |
| Dentists, 2019 | 4,550 to 1 | 4,040 to 1 | 1,650 to 1 |
| Mental health providers, 2020 | 850 to 1 | 1,210 to 1 | 590 to 1 |

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

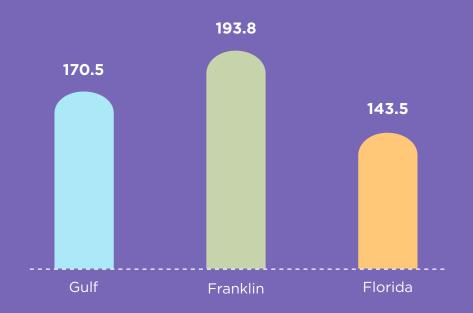


Health issues in community:

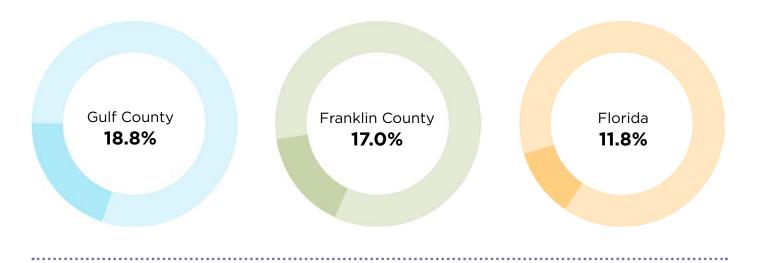
Cancer and heart disease are the leading causes of death in the area.



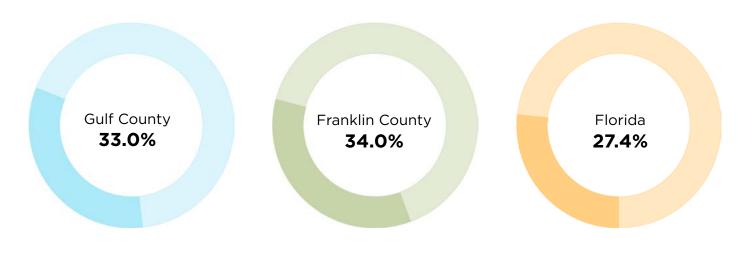
Age-adjusted deaths from heart disease, rate per 100,000 population (2019)



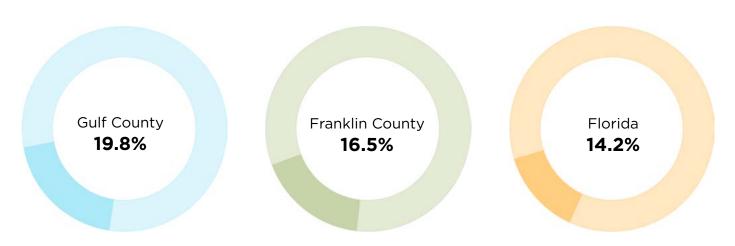
Diabetes: Adults diagnosed with diabetes:



Obesity: Adults diagnosed with diabetes:



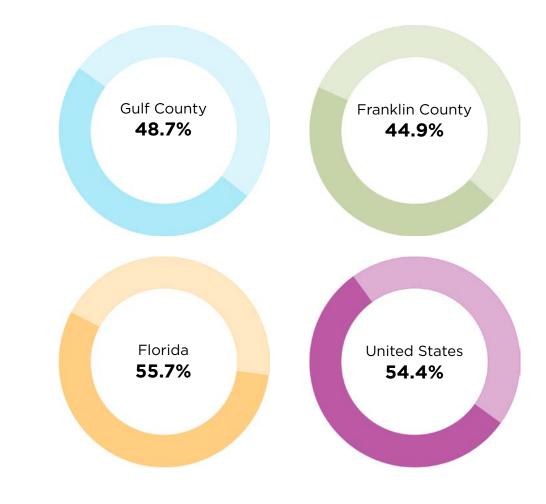
Adults diagnosed with a **depressive disorder:**



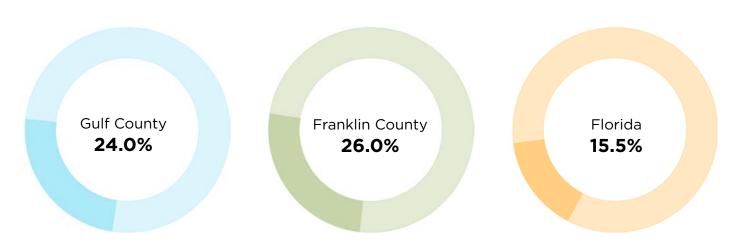
NEW IN 2021

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.

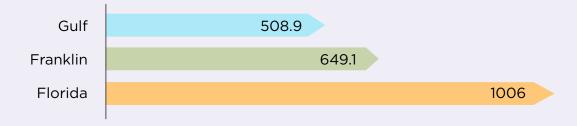
As of September, 2021 fully vaccinated residents:



Adults who are **current smokers**, 2018



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, & 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 Gulf, 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 Gulf 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 Gulf (ASHG), located in Port Saint Joe, Florida, serving Gulf and Franklin counties, to meet the CHNA requirements for 2022.

Ascension Sacred Heart Gulf Overview

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

ASHG offers primary and specialty care in Gulf and Franklin counties, including family medicine, pediatrics, cardiology, general surgery, orthopedics, sports medicine, and infusion therapy. Additionally, ASHG has 24/7 emergency care and a helipad.

Community Served

For this report, the community served by ASHG is defined geographically as Gulf and Franklin 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 "ASHG 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 ASHG 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.

It is also important to note that Gulf and Franklin counties took a direct hit from Hurricane Michael in 2018 and the area is still recovering.

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

^{1 -} Paving the Road to Health Equity - OMHHE - CDC

^{2 -} Health inequities and their causes (who.int)

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

Health equity in the ASHG 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 ASHG service area, focus group and interview respondents discussed the various kinds of health inequities they see in the community:

- "COVID-19 interrupted any progress we made in improving health equity."
- "Reaching those that are harder to reach is a challenge."
- There is not a lot of health equity in the community.
- "We have trouble reaching the very rural areas where there is serious distrust in the government."
- "There is an unsubstantiated fear of loss of medical confidentiality in a small area like ours. There are 'historical providers' who treat families but when there is less history with a provider, there is less trust."



COMMUNITY DESCRIPTION



16

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 ASHG service area

Population

Gulf and Franklin 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 total population of the ASHG service area is 25,764; about 53% of service area residents are in Gulf County. Gulf County's population per square mile is 28.1; Franklin County's population per square mile is 21.6. Both counties are primarily White, with a higher population of African Americans and Latinos residing in Gulf County.

The service area population grew 6% over the last ten years, a slower rate than Florida's 14.2% population increase and the nation's 6.3% population increase. Gulf County lost over 16% of its population since 2010.



The majority of the ASHG service area population is White, with 85.1% of Gulf County identifying as White and 83.3% of Franklin County. African Americans make up the next largest population in Gulf County, with 11.3%, and 13.3% in Franklin.

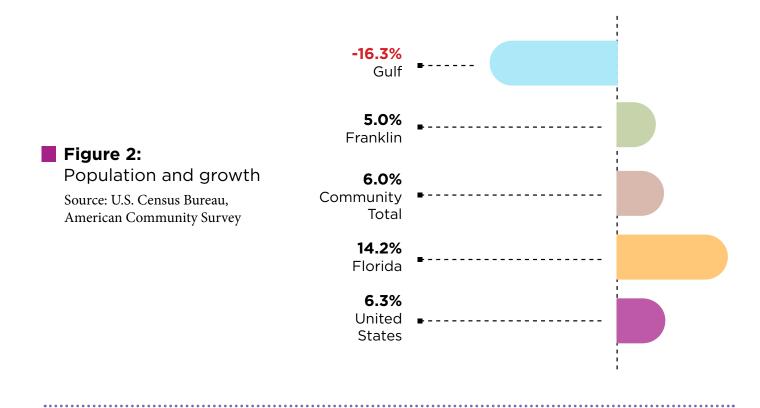
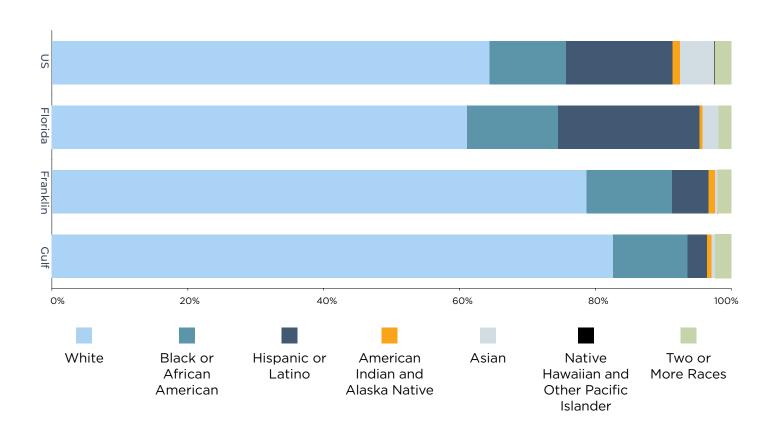
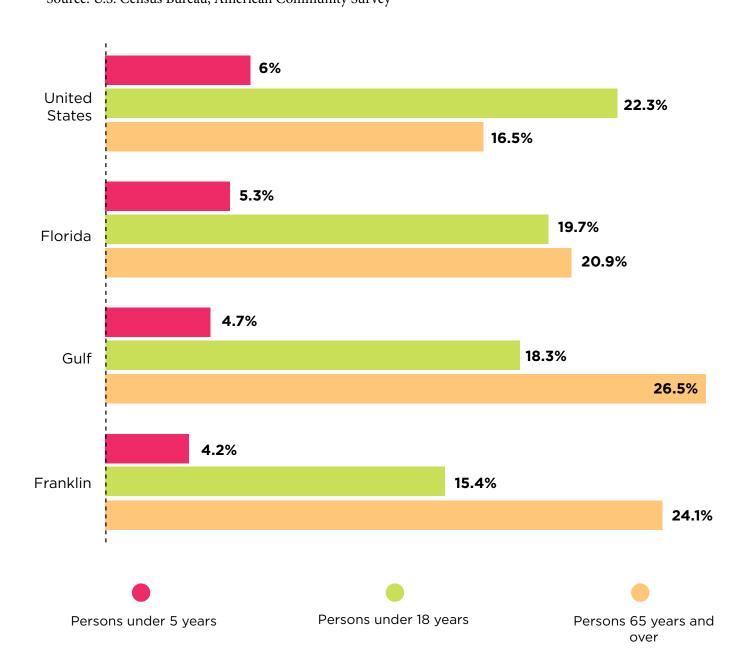


Figure 3:
Population by race, 2019 est
Source: U.S. Census Bureau, American Community Survey



In Gulf County, approximately 18.3% of the population is under age 18, and 26.5% of the population is over age 65. In Franklin County, 15.4% of the population is under age 18, and 24.1% 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 over 2,500 veterans live in the ASHG service area.

| | Gulf | Franklin | Community Total | Florida | United States |
|------------------------|-------|----------|--------------------|-----------|------------------|
| Veterans, 2015-2019 | 1,526 | 998 | 2,524 | 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 ASHG service area, there are a few resources available. 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 -} Section 6: Barriers to Seeking Care | NCD.gov

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 ASHG service area. Responses included:

- "There is a negative and fearful perception among the vets of treating mental health."
- "We need more support and resources."
- "Many are disabled and also have transportation issues."
- If they can maneuver through the system, they are fine.
- "Suicide prevention is not dealt with like it should be."
- "They have to travel out of the area to seek the help they need, and transportation to appointments can be a problem."

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

- 4 Disability (who.int)
- 5 People with Disabilities | COVID-19 | CDC

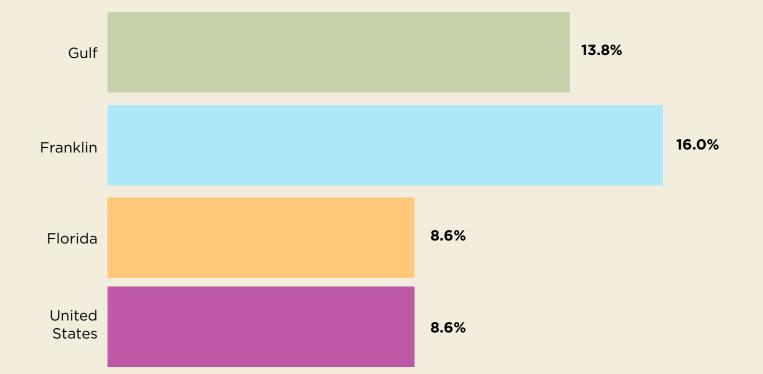


Figure 6:

Disabled population

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



ල් Community Input

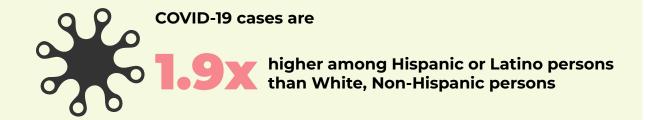
Community members and key stakeholders were asked how barriers to services affected the disabled population in the ASHG service area. Responses included:

- "There are still many older adults in rural areas with no access to technology or transportation."
- "There are fewer resources available for the disabled and it is more challenging to seek care outside of the community."
- "Many specialists are out of the area so transportation to appointments is needed."
- "The resources are slim for the chronically disabled. We need more funding."
- "We need to increase homebound care, mobile care, and telehealth."

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.



The Hispanic population in the ASHG service area represents 3% of the Gulf County population and 5.7% of the Franklin 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

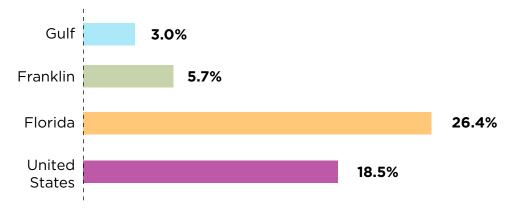


Figure 7:

Hispanic population, 2019 est.

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



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."
- "There is a lot of hesitation among the undocumented workers when they need to access care. As a result, pre-natal care is received later in pregnancy"
- "The language barrier hinders access to care."
- 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.

^{7 -} Hispanic/Latino - The Office of Minority Health (hhs.gov)

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

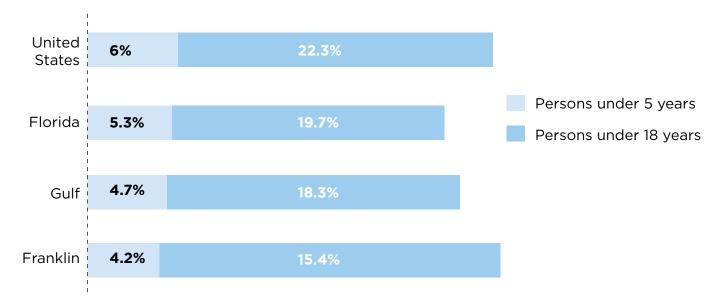


Figure 8:

Population of children, 2019 est

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

^{8 -} Unique Barriers to Health Care for Children and Adolescents - Maternal and Child Health Certificate (uniteforsight.org)

⁹ - Health Care Access Barriers Bring Children to Emergency Rooms More Frequently: A Representative Survey | Population Health Management (liebertpub.com)



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

- "We have one pediatrician in the two-county area."
- "With children, we see a lot of poor dental care and poor hygiene. There have been neglect cases in the area due to poor pediatric oral health."
- "There is a need for more education for kids about brushing their teeth, diet, and regular dental cleanings."
- "If we take care of the whole family unit, then we can improve 'reachable access' to children's health."
- "A parents lack of transportation will impact a child's access to care."



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. 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 ASHG service area and the percentage with children. This data provides some insight into the characteristics of a subset of individuals in the LGBT community.

| | Gulf | Franklin | Florida |
|---|-------|----------|---------|
| Same sex couples, per 1,000 households | 3.75 | 3.78 | 6.54 |
| Raising children | 22.3% | 0.0% | 13.3% |

Figure 9:

Same sex couples, 2017

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

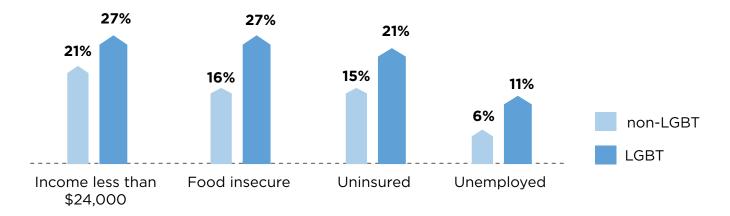
¹⁰⁻https://endhomelessness.org/resource/transgender-homeless-adults-unsheltered-homelessness-what-the-data-tell-us/https://endhomelessness.org/resource/transgender-homeless-adults-unsheltered-homelessness-what-the-data-tell-us/https://endhomelessness-what-tell-us/https://endhomelessness-what-tell-us/https://endhomelessness-what-tell-us/https://endhomelessness-wh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

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



ලි Community Input

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

- "This community is not tolerant of general diversity."
- "There is a disproportionate amount of prejudice against LGBTQ+ that prevents them from seeking health services."
- "There are no support services for LGBTQ+ here. There are some in Panama City, but there really is a need here."
- "We need more services to address bullying, homelessness, suicide, and sexual violence that LGBTQ+ regularly face."



PRIORITIZED SIGNIFICANT HEALTH NEEDS

THE PRIORITIZED SIGNIFICANT health needs for the ASHG 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 significant community health need in the ASHG 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 (heart disease, diabetes, cancer)

The prevention and management of chronic diseases, specifically heart disease, diabetes, and cancer were also found to be significant health needs for the ASHG service area. Heart disease is one of the top leading causes of death in Gulf and Franklin counties. 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. Cancer is another top cause of death in the ASHG 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 ASHG 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, food security)

There is strong evidence that housing's relationship to health can impact overall community health and health equity. Housing affordability in the ASHG service area has been an ongoing concern for residents, especially after Hurricane Michael. 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. Food insecurity can negatively impact health and disproportionately effects children in the ASHG service area.



Tobacco Use

Health behaviors are an indicator of community health because they can illustrate how a population perceives health. Tobacco use is a health behavior that is associated with heart disease, cancer, and poor pregnancy outcomes. Because lifestyle change is key to improved long-

term health outcomes, it is vital to understand health behaviors to prevent chronic disease. Tobacco use in Gulf and Franklin counties is significantly higher than the rates in Florida and the nation.



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." 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 behaviors¹².

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 ASHG 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 Franklin County at 35.9%.

^{11 -} Social Determinants of Health - Healthy People 2030 | health.gov

^{12 -} Poverty and Child Health in the United States - PubMed (nih.gov)

^{13 -}Health, Income, & Deverty: Where We Are & Developed Help | Health Affairs

| \$ | Gulf | Franklin | Florida | United States |
|---|----------|----------|----------|---------------|
| Median household income (in 2019 dollars), 2015-2019 | \$47,712 | \$46,643 | \$55,660 | \$62,843 |
| Per capita income in past 12 months (in 2019 dollars), 2015-2019 | \$23,252 | \$26,574 | \$31,619 | \$34,103 |
| Persons in poverty | 10.6% | 10.8% | 12.7% | 10.5% |
| Children in poverty (under 18 years) | 15.9% | 35.9% | 17.7% | 16.4% |

Figure 11:

Income and poverty

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



Community Input

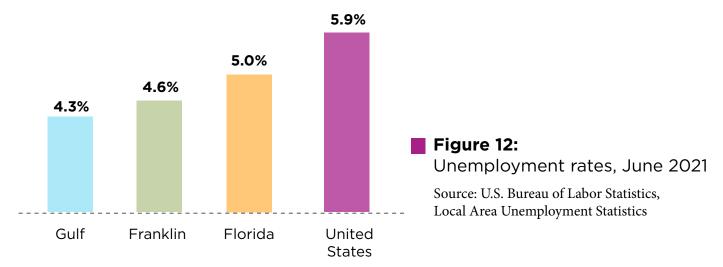
The community interviews and focus groups emphasized the economic inequities present in the ASHG service area as an important social determinant of health. Residents with financial resources experience little to no barriers to service, or issues with access to care. However, many mentioned that residents 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:

- "If getting to an appointment involves travel, it means residents have to pay even more out of pocket to receive care."
- "This area has a lot of poverty and the residents have limited resources."
- 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 ASHG service area, the most recent data showed that unemployment rates are higher in Gulf County than Franklin County, and higher than the state.



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 1,600 residents. Average annual payrolls for these sectors are \$26,337 and \$26,587, 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 456 people (11.8% of the labor force) with an average annual payroll per employee of \$36,599. Together these sectors employ 52.5% of the workforce in ASHG service area.

| E CONTRACTOR OF THE PROPERTY O | Employees in ASHGH service area | Average Annual Payroll per Employee | Percent of Total Employment |
|--|---------------------------------------|---|--------------------------------|
| Employment, all sectors | 3,879 | \$32,955 | 100% |
| Accommodation and Food Service | 819 | \$26,337 | 21.1% |
| Retail Trade | 762 | \$26,587 | 19.6% |
| Health Care and Social Assistance | 456 | \$36,599 | 11.8% |

Figure 13:

ASHGH 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%. 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.



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:

- "There are a lot of low-wage jobs in the area."
- "The service-based industry just doesn't pay enough for people to live on, let alone pay out of pocket for needed care."
- "Because affordable housing is an issue, which became worse after Hurricane Michael, it can be hard for people to pay for basic needs."
- "A lot of people left after Hurricane Michael, and businesses had to close."

^{14 -} Unemployment rises in 2020, as the country battles the COVID-19 pandemic: Monthly Labor Review: U.S. Bureau of Labor Statistics (bls.gov)

^{15 - 2021}Q1-Q2 | State unemployment by race and ethnicity | Economic Policy Institute (epi.org)

Housing and Transit

Housing and transit were both cited as significant needs for the ASHG 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 ASHG 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

| ③ ◆ ◇ | Community Total | Florida |
|---|-----------------|-----------|
| Total housing units | 18,292 | 9,448,159 |
| Homeownership rate | 74.40% | 65.4% |
| Average monthly cost, homeowner (with mortgage) | \$573 | \$998 |
| Average rent (housing) | \$736 | \$1,096 |

Figure 14:

Housing characteristics, 2020

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

 $¹⁶⁻Hharvard_jchs_state_of_the_nations_housing_2017.pdf$

The median sale price of houses in Gulf County increased 19.4% from 2020 to 2021. In Franklin County, the median sales price grew 49.2% during the same year.

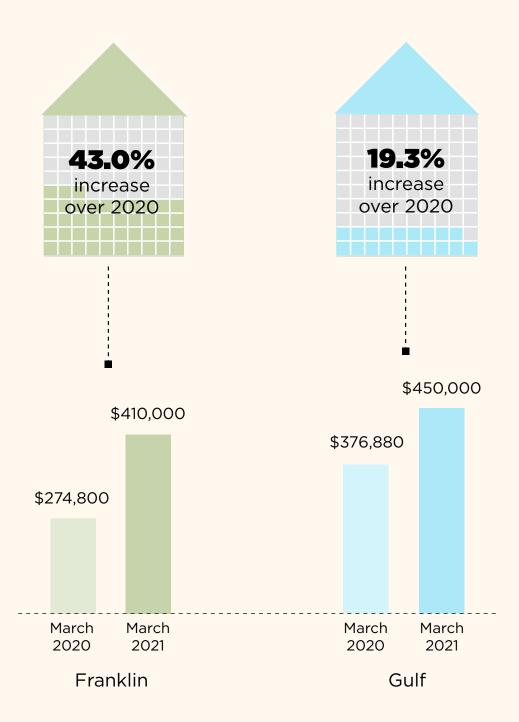


Figure 15:

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

- "People who work here cannot afford to live here, because wages are low."
- "Housing was an issue before Hurricane Michael, but the storm made it considerably worse."
- "High housing costs result in delays in care because it becomes unaffordable."

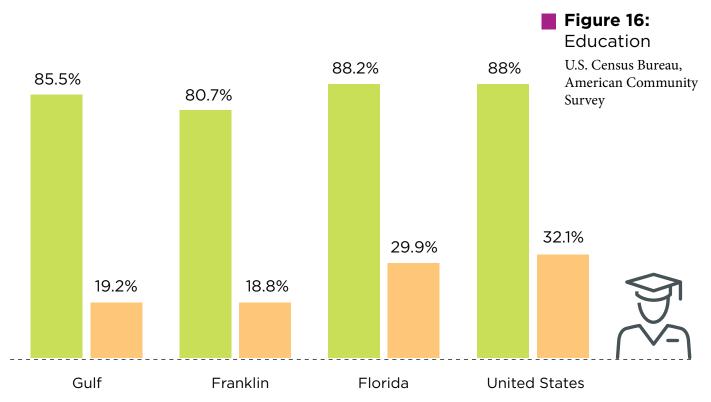
Education

Education is considered a social indicator of health because people with higher levels of education are more likely to be healthier and live longer. 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 -} Housing inequality gets worse as the COVID-19 pandemic is prolonged (brookings.edu)

^{18 -} Social Determinants of Health - Healthy People 2030 | health.gov

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.



- High school graduate or higher, percent of persons age 25 years+, 2015-2019
- Bachelor's degree or higher, percent of persons age 25 years+, 2015-2019

(水) Com

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 ASHG 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.**
- "Kids who are healthy learn better than kids who are not."
- "Education can improve health equity."

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.



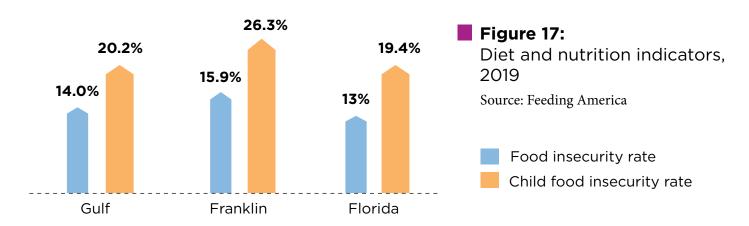
Households with children are more likely to be food insecure than those without children.



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 ASHG service area to be a little than the state rate. The food insecurity rate of children is higher than the general population overall.



The Supplemental Nutrition Assistance Program (SNAP) is considered the nation's most important anti-hunger program. In the ASHG service area, 15% of the population received SNAP benefits in 2019.

| | Gulf | Franklin | Florida | United States | |
|---------------------------------------|-------|----------|-----------|---------------|--|
| Total Households | 5,757 | 4,444 | 7,905,832 | 122,802,852 | |
| Households receiving food stamps/SNAP | 779 | 758 | 935,759 | 13,173,722 | |
| As percent of total households | 13.5% | 17.1% | 11.8% | 10.7% | |

Figure 18:

Households receiving food stamps/SNAP, 2019 est

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

of African Americans
&
of White individuals

may experience food insecurity in 2021

million people incl.
million children

may experience food insecurity in 2021



Community Input

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

- Food insecurity "forces people to make difficult choices do we eat, or do we pay rent?"
- "When people have a higher income, there is less food insecurity."
- "This is a very rural area and there are 'food deserts."
- "Food insecurity is worse on children and can affect their growth and development."

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. Gulf County ranks 37th out of 67 counties for crime; Franklin ranks higher, at 23rd.

| | Gulf | Franklin | Florida |
|--|---------|----------|---------|
| Crime rate (index crimes per 100,000 population) | 1,773.4 | 2,200.0 | 2,551.1 |
| Crime rate, rank in state | 37 | 23 | n/a |
| Violent crimes | 36 | 59 | 81,092 |
| FY 2018-19 juvenile delinquency complaints filed | 22 | 25 | 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.

| | Gulf | Franklin | Florida | United States |
|--------------------------|------|----------|---------|---------------|
| Total deaths, all causes | 186 | 157 | 206,975 | 2,839,205 |
| Unintentional Injury | 4.3% | 6.4% | 6.4% | 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 ASHGH 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

Uls 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 with²⁰:



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 -} Access to Health Services | Healthy People 2020

^{21 -} Disparities | Healthy People 2020

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 ASHG 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

Lack of transportation is a major barrier to accessing health care services and vulnerable populations rely on public transportation if it is available. Public transportation is more than providing mobility to residents with limited resources; it is an opportunity for equity and improved quality of life. However, public transportation is not an option in Gulf or Franklin counties. Uber and Lyft are transportation options but can be costly. There are also some independent medical transportation services.

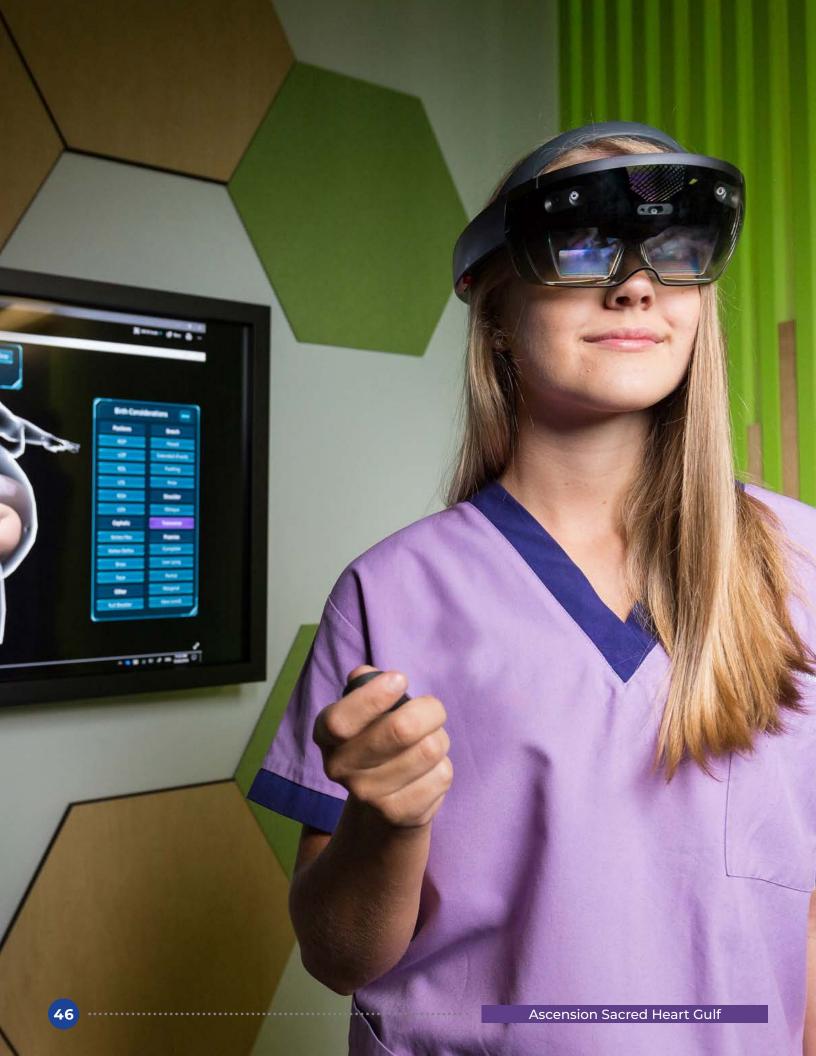
Another transportation concern was the how time consuming it is to travel to appointments because the counties are very rural and spread out. An interview respondent said that the time it takes to get to and from a medical clinic adds to the transportation woes. The added time to travel around the community contributes to reduced access to care.



Community Input

The participants in the focus groups and interviews were not optimistic about the community transportation issues. Because the area is very rural, transportation options are limited. Also noted:

- "We need more home-bound resources for residents who are unable to travel to seek medical care."
- "Not everyone can drive and the rural topography can be a challenge for home visits."
- "Lack of transportation affects vulnerable populations more."
- "Not having transportation is a very big deal in an area this rural."



Access to Practitioners

ASHG service area





There are two hospitals in the ASHG service area, with a total of 44 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 | Туре | Beds |
|----------|-----------------------------------|------------|------|
| Franklin | George E. Weems Memorial Hospital | Acute Care | 25 |
| Gulf | Ascension Sacred Heart Gulf | Acute Care | 19 |

Figure 21:

Hospitals in ASHG service area

Source: Florida Hospital Association

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

| | Gulf | Franklin | Florida |
|----------------------------------|------------|------------|------------|
| Primary care physicians, 2018 | 2,690 to 1 | 3,910 to 1 | 1,380 to 1 |
| Dentists, 2019 | 4,550 to 1 | 4,040 to 1 | 1,650 to 1 |
| Mental health providers, 2020 | 850 to 1 | 1,210 to 1 | 590 to 1 |

Figure 22:

Ratio of population to providers

Source: countyhealthrankings.org

All of Franklin County is classified by the federal Health Resources and Services Administration (HRSA) as health professional shortage areas (HPSA), meaning a practitioner shortage impacts the entire population. Gulf County is part of Mental Health Catchment Area 2A, a high needs HPSA, which reflects the needs of six counties, and shows a higher number of mental health practitioners needed. All of Gulf County is a dental shortage area and Wewahitchka is a primary care shortage area.

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.

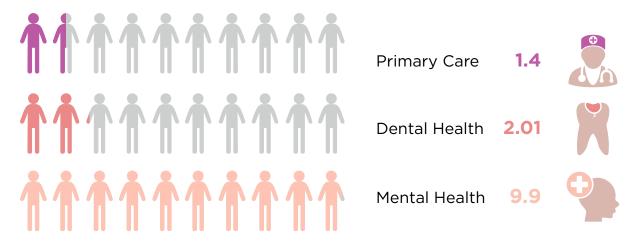


Figure 23:

FTE practitioners needed

Source: U.S. Health Resources and Services Administration

の 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:

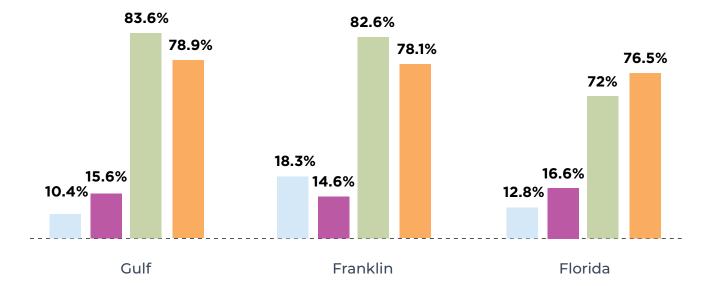
- "Undiagnosed or inconsistent treatment of mental health is a problem in this area."
- "First, we were hit by Hurricane Michael in 2018, and then we had the COVID-19 pandemic. The stress of both events revealed that there is a real need for more mental health resources."
- "We need more health care practitioners willing to work in a rural area."
- "There is not an adequate number of specialists not even next door in Bay County."
- "We have a need for more pre-natal care. The nearest obstetrician is outside the area."
- "I gave up on health care in Franklin County and travel to Tallahassee for medical needs."

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 24 shows the most current data available for health insurance coverage in the ASHG service area.





- Adults with no health insurance coverage, 2019
- Adults who could not see a doctor at least once in the past year due to cost, 2016
- Adults who have a personal doctor, 2016
- Adults who had a medical checkup in the past year, 2016.

Figure 24:

Access to care

Florida Department of Health, Florida Health CHARTS



Community Input

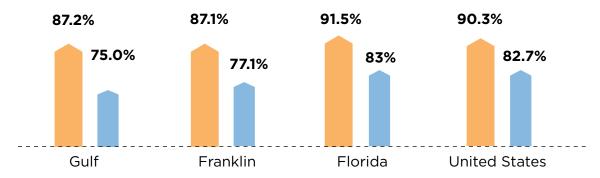
Many CHNA participants shared the same opinions of what the uninsured and underinsured deal with on a regular basis. For example, if a resident does not have health insurance, they have limited options for clinical care, which can mean long wait times for appointments. It was also noted that the Affordable 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 more providers in the area who treat on a sliding pay scale."
- Dental care providers that take insurance or are affordable are needed in the area.
- "Affordability of services for the poor needs to be addressed.".
- 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 ASHG service area have computer and internet access, but gaps exist that would improve access to care in the less populated areas of the community.



- Households with a computer, 2015-2019
- Households with a broadband Internet subscription, 2015-2019
- Figure 25:

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.

- "Telehealth is great, even without a pandemic. I can see it helping use improve access to care"
- Telehealth is hard to access if people do not have a phone or computer.
- "Telehealth is one of many approaches needed to improve access to care. We also need more mobile healthcare units for residents"
- "The downside of telehealth is that we are not able to do home visits. When we visit clients in their homes, we can learn a lot from just looking around."
- "Telehealth should include a licensed clinical social worker."

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

ASHG service area

top 2 leading causes of death





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 2017.²⁴

^{24 -} Provisional Mortality Data - United States, 2020 - PubMed (nih.gov)

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

Figure 26:

Leading causes of death, 2019

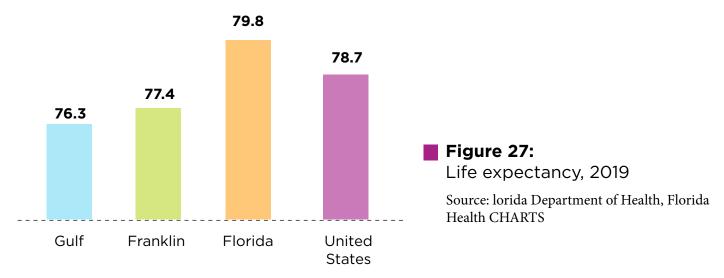
Source: Florida Department of Health, Florida Health CHARTS; Centers for Disease Control

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 ASHG service area are lower than in the state and nation.



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 -} Health status - Life expectancy at birth - OECD Data

^{26 -} Marked Disparities in Life Expectancy by Education, Poverty Level, Occupation, and Housing Tenure in the United States, 1997-2014 (nih.gov)

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.

Many maternal and infant health indicators in the ASHG service area are similar to state-wide rates; however, fetal and infant deaths were higher in Franklin County.

Infants who are breastfed have a reduced risk of



OBESITY
TYPE 1 DIABETES
ASTHMA

| | Gulf | Franklin | Florida |
|---|-------|----------|---------|
| Average number of births | 125 | 102 | 221,699 |
| Fetal deaths, per 1,000 deliveries | 0 | 9.7 | 6.8 |
| Infant deaths, per 1,000 births | 0 | 9.8 | 6.0 |
| Live births under 1500 grams | 0.0% | 1.0% | 1.6% |
| Live births under 2500 grams | 6.4% | 10.8% | 8.8% |
| Births <37 weeks of gestation | 10.4% | 11.8% | 10.6% |
| Maternal deaths, per 100,000 births | 0 | 0 | 28.6 |
| Sudden unexpected infant deaths, per 1,000 births | 0 | 0 | 0.9 |
| Mothers who initiate breastfeeding | 71.2% | 62.7% | 86.0% |

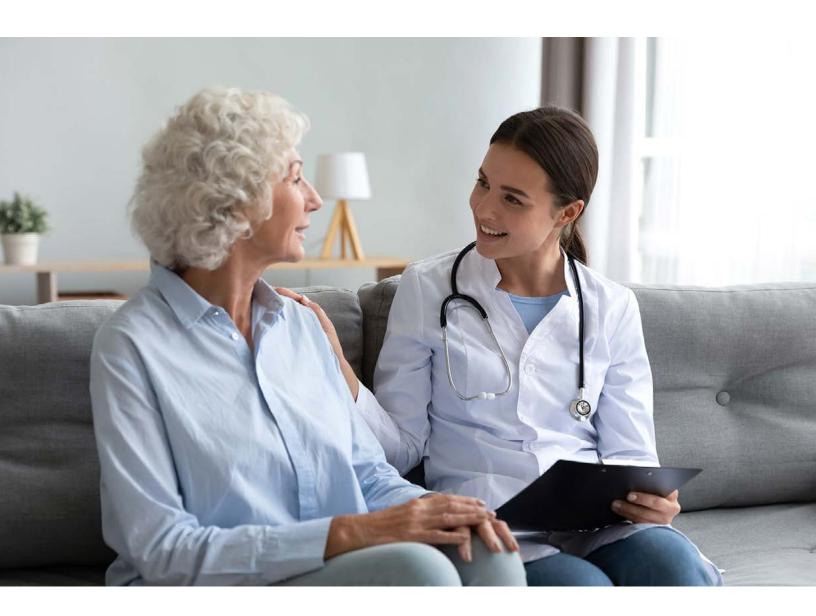
Figure 28: Maternal and infant health indicators, 2019

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 -} CERD_Shadow_US_6.30.14_Web.pdf (reproductive rights.org)

CHRONIC DISEASE



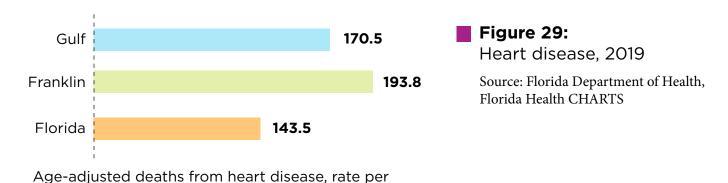
CHRONIC DISEASES ARE definedas "conditions that last one year or more and require ongoing medical attention, limit activities of daily living, or both." The prevention and management of chronic disease, specifically diabetes, obesity, and cancer, were also identified as significant community health needs for the ASHG service area. Diabetes is a very complicated disease 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 ASHG service area, was also identified as a significant community health need. Other chronic diseases that affect the community are discussed here, as well.

28 - About Chronic Diseases | CDC

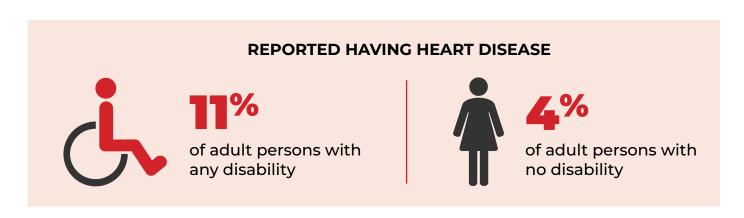
Heart Disease —√

Heart disease is one of the leading causes of death of residents in the ASHG 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.



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



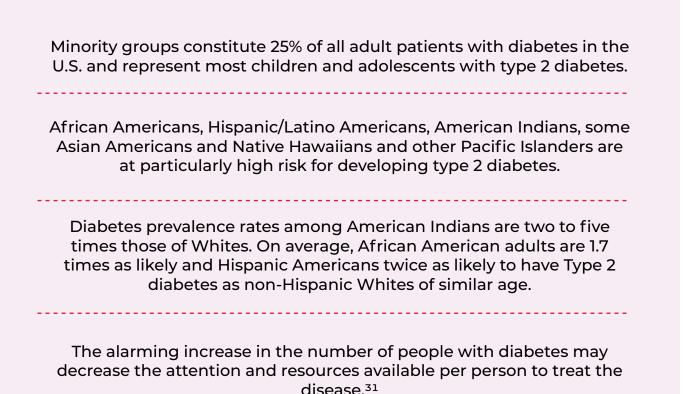
29 - Racial and Ethnic Disparities in Heart Disease (cdc.gov)

100.000 population

Diabetes

Diabetes is a significant health need in the ASHG 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:



Because being overweight or obese increases the chances of developing Type 2 diabetes, the management of diabetes is a significant health issue in the ASHG service area. Gulf County has a higher death rate from diabetes, while Franklin County has a higher number of emergency room visits due to diabetes.

^{30 -} Indicator Definitions - Diabetes | CDI | DPH | CDC

^{31 -} Diabetes | Healthy People 2020

| | Gulf | Franklin | Florida |
|---|---------|----------|---------|
| Adults who have ever been told they have diabetes, 2016 | 18.8% | 17.0% | 11.8% |
| Emergency room visits due to diabetes, per 100,000 population, 2019 | 353.9 | 608.3 | 243.6 |
| Preventable hospitalizations under 65 from diabetes, per 100,000 population, 2019 | 123.6 | 186.1 | 147.1 |
| Hospitalizations from or with diabetes, per 100,000 population, 2019 | 2,122.2 | 2,027.8 | 2,314.2 |
| Diabetes age-adjusted death rate, per 100,000 population, 2019 | 28.2 | 8.6 | 19.7 |

Figure 30:

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



Participant input on chronic diseases in the area stressed the needs for specialists that work with diabetic patients

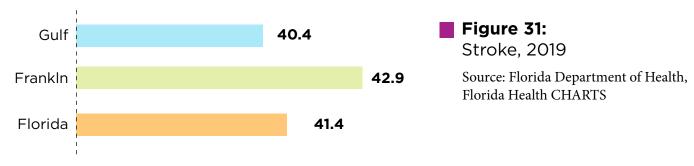
- Education on the causes of diabetes and preventative care would decrease diagnosis rates.
- "One thing that is severely lacking is the health education so people can learn about diseases."
- "We need to bring this level of education into the schools so the healthy habits can begin early, and disease can be prevented."

^{32 -} Frequently Asked Questions: COVID-19 and Diabetes | ADA

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. Franklin County has a higher rate of death from stroke than Gulf County or Florida.



Age-adjusted deaths from stroke, rate per 100,000 population

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 ASHG 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



^{33 -} Stroke Facts | cdc.gov

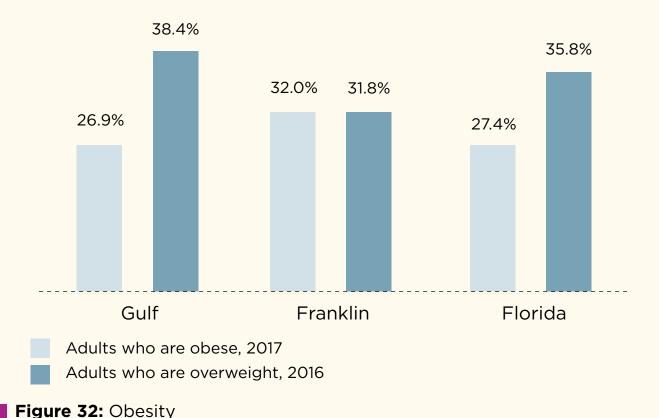
^{34 -} Obesity as a chronic disease: modern medical and lifestyle management - PubMed (nih.gov)

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%).

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 of ASHG service area adult residents are considered obese than in 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



Source: Florida Department of Health, Florida Health CHARTS

^{35 -} Adult Obesity Causes & Consequences | Overweight & Obesity | CDC

^{36 -} Obesity, Race/Ethnicity, and COVID-19 | Overweight & Obesity | CDC

Cancer

Cancer is a leading cause of death in the ASHG 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 ASHG 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 ASHG service area are found in Figure 33. Gulf County had higher rates of death from breast cancer and prostate cancer than Franklin County and Florida.

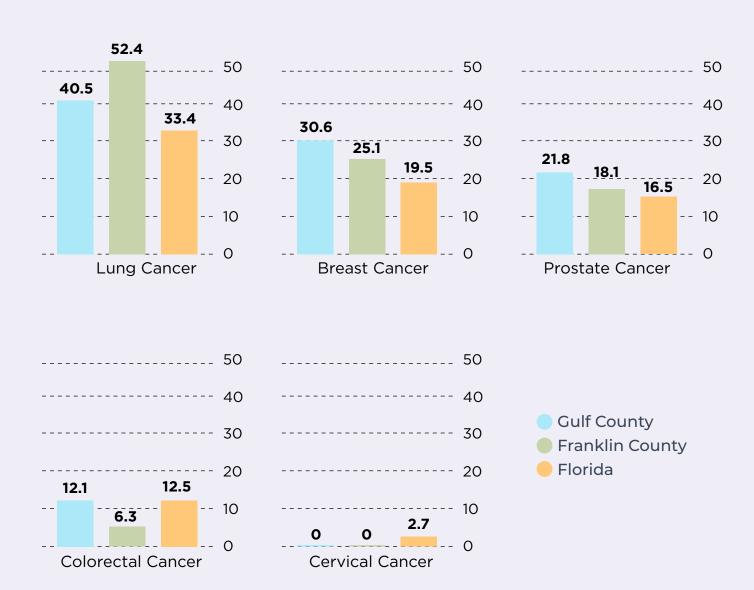


Figure 33:

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 Gulf and Franklin 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."³⁷ 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."³⁸ 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.

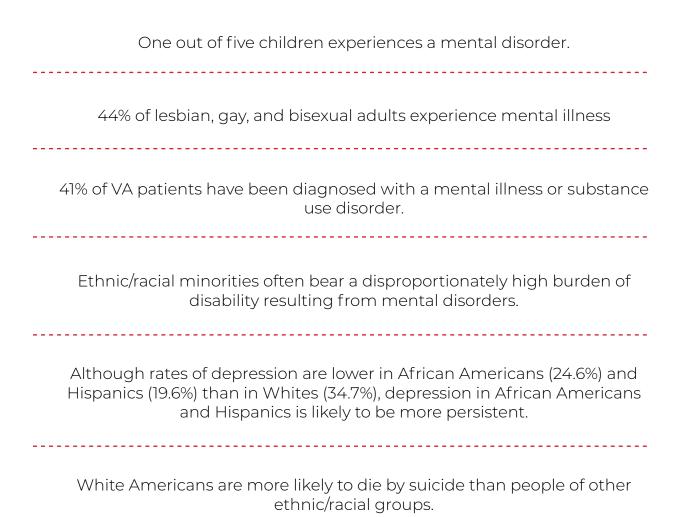
Mental health and physical health are fundamentally linked. People living with a serious mental illness are at higher risk of experiencing chronic diseases. Higher rates of diabetes, heart disease and respiratory conditions in people with serious mental illness have been well established by research; 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.

^{37 -} Mental health: strengthening our response (who.int)

^{38 -} SAMHSA - Substance Abuse and Mental Health Services Administration

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,



In the ASHG 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. Gulf and Franklin 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 seventh leading cause of death in Gulf County and tenth in Franklin County, 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.

| | Gulf | Franklin | Florida |
|---|-------|----------|---------|
| Hospitalizations for mental disorders, per 100,000 population, 2019 | 508.9 | 649.1 | 1,006 |
| Adults with good mental health, 2016 | 87.3% | 87.7% | 88.6% |
| Adults who had poor mental health on 14 poor more of the past 30 days, 2016 | 12.7% | 12.3% | 11.4% |
| Average number of unhealthy mental days in the past 30 days, 2016 | 4.0% | 3.7% | 3.6% |
| Adults who have ever been told they had a depressive disorder, 2016 | 19.8% | 16.5% | 14.2% |

Figure 34:

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

(で) 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:

- "Access to mental health services would improve with more providers in the area."
- "Mental health and substance abuse are major problems in the area."
- "The double-whammy of Hurricane Michael and COVID-19 really impacted mental health."
- "There is a stigma associated with seeking care for mental health."



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 cirrhosis³⁹.

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 ASHG service area. Tobacco use is significantly higher in both counties; in Gulf, 24% adults are current smokers, and in Franklin 26% of adults are current smokers.

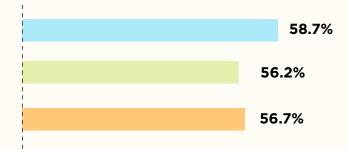


Community Input

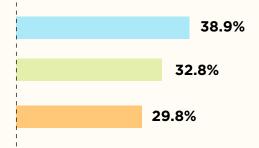
Members of the focus groups and interviewees agreed that residents in the service area should adopt healthier lifestyles. There are programs with the county that encourage healthier habits and lifestyles. The area is not as developed as areas with higher populations so there are opportunities for improvement:

- "Adverse behaviors, such as drinking and smoking, contribute to the health needs in this community."
- "Tobacco cessation programs were making an impact before Hurricane Michael and COVID-19 hit."
- "Cultural beliefs about diet, exercise, and stress management must change."
- "There is a stigma around regular doctor visits and preventative medicine, so residents are less proactive about their health."

Adults who are inactive or insufficiently active, 2016



Adults who are sedentary, 2016



Adults who are current smokers, 2018

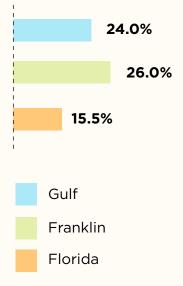


Figure 35:

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."

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 18,436 opioid prescriptions dispensed in the ASHG service area.

In Gulf County, opioids are responsible for about 24% of total non-fatal drug overdoses; in Franklin County, opioids are responsible for about 21% of total non-fatal drug overdoses. 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.



24%

of total drug overdose deaths; in Gulf County

21%

of total drug overdose deaths; in Franklin County

Based on conversations with law enforcement officers in the ASHG 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.

^{40 -} Measuring Health Behaviors in Populations (nih.gov)

| | Gulf | Franklin | Florida |
|---|-------|----------|---------|
| Drug Overdose deaths | 0 | 1 | 3,708 |
| Opioid overdose deaths | 0 | 0 | 3,304 |
| opioid as % of total | 0.0% | 0.0% | 81.8% |
| Suspected non-fatal all drug overdose | 17 | 14 | 35,129 |
| Suspected non-fatal opioid-involved overdose | 4 | 3 | 15,065 |
| opioid as % of total | 23.5% | 21.4% | 42,9% |
| All drug non-fatal overdose emergency department visits | 27 | 16 | 34,550 |
| Opioid-involved non-fatal overdose emergency department visit | 8 | 6 | 16,402 |
| opioid as % of total | 29.6% | 37.5% | 47.5% |
| All drug non-fatal overdose hospitalizations | <5 | <5 | 21,172 |
| Opioid-involved non-fatal overdose hospitalizations | <5 | <5 | 6,229 |
| opioid as % of total | n/a | n/a | 29.4% |

Figure 36: Substance abuse, 2020 Source: Florida Department of Health, Florida Health CHARTS

| | Gulf | Franklin | Florida |
|--|------|----------|---------|
| Adults who engage in heavy or binge drinking | 21% | 24% | 20% |

Figure 37: Alcohol Use, 2018 Source: Florida Department of Health, Florida Health CHARTS

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 ASHG 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. Also:

- "Crystal meth manufacturing and use continues to be a problem."
- "There are limited resources for addiction treatment."
- "We've seen a lot of pre-natal drug use."
- "We need more prevention of child maltreatment; we also need more resources."

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 ASHG 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.

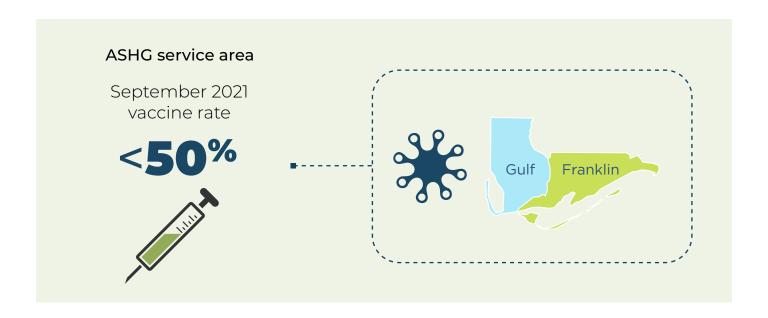
According to the CDC, unmet care is frequently a result of the inability to pay for services. Due to the COVID-19 pandemic, people may not receive needed medical care due to canceled appointments, cutbacks in transportation options, fear of going to the emergency room, or an altruistic desire not to 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.⁴¹

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.

^{41 -} Health Equity Considerations and Racial and Ethnic Minority Groups | CDC

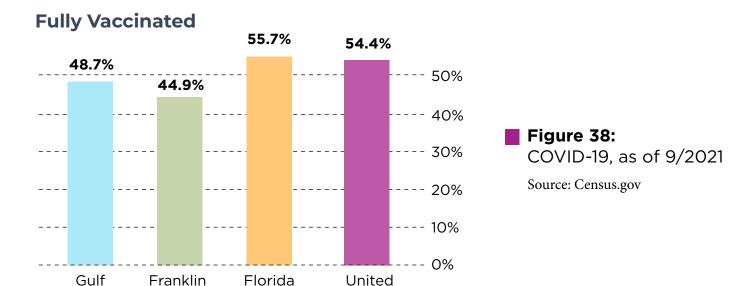
Pharmaceutical companies developed a vaccine that was first administered in December 2020. The vaccine was initially approved by the Food and Drug Administration (FDA) for emergency use; in late August, the Pfizer vaccine was fully approved by the FDA. As of September 2021, the ASHG service area saw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



(で) Community Input

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

- "COVID-19 ruined everything."
- "We were already struggling because of Hurricane Michael, then COVID-19 hit."
- People were unable to access care; access was reduced because offices were closed.
- "We saw a lot of delayed care, diagnosis, and treatment of problems."
- "Residents suffered loss of life and are dealing with significant health impacts (i.e. long haul COVID-19)."
- "We lost that face-to-face connection with our clients."
- "The priority health need became COVID-19."



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.

States

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.

Community Input

When asked about public health, community partners in Gulf and Franklin counties had high praise for local public health offices:

- "Public health is doing everything they can. They are involved in community partnerships and communicate their available services."
- "Public health programs help improve health outcomes."
- "Public health is good at connecting with populations that are not easy to access. They have the resources to go into the communities and offer services."
- "They did great with the COVID-19 response. They were testing, vaccinating, and doing outreach."

SUMMARY

ASCENSION SACRED HEART Gulf 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 ASHG service area is the neighboring counties of Gulf and Franklin, in northwest Florida. The area has a mixed 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:





Chronic Disease (heart disease, diabetes, cancer)



Mental and Behavioral Health



Social
Determinants
of Health



Tobacco Use



COVID-19

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 Gulf 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 Gulf 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 Gulf CHNA assessment was designed to provide a comprehensive and broad picture of the health of the overall community.

APPENDICES

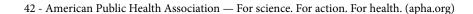
Appendix A: Community Resources

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.⁴²

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



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 |
|----------|----------|------------------------------------|
| Gulf | 32465 | PanCare Health - Wewahitchka |
| Gulf | 32465 | Wewahitchka Medical Center |
| Gulf | 32456 | Pancare Health - Gulf County |
| Franklin | 32322 | Pancare Health Dental - Carrabelle |
| Franklin | 32328 | Eastpoint Medical Center |

Community Resources

ARC Gulf/Franklin Transportation

Basic NWFL

Big Bend AHEC

CareerSource

Carrabelle Food Pantry (Carrabelle CARES)

Community Action Team

Community Resource Center

Chemical Addictions Recovery Efforts

Disability Resource

Doorways of NWFL

Early Education and Care

FL Department of Children and Families

FL Department of Health – Gulf/Franklin

Franklin County Emergency
Management

Franklin's Promise Coalition

Gulf Coast SAP

Gulf County

Gulf County Ministerial Association

Gulf County Public Library

Gulf County Sr. Citizens Association, Inc.

Healthy Start Coalition

IFAS Extension

Life Management Center- Disaster Recovery

Morning Light Wellness

North Florida Medical Centers

PanCare

Regional Planning Council (Apalachee Regional Planning Council)

Salvation Army

Second Harvest of the Big Bend

Wewa Medical Center (FQHC)

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
- Substance Abuse and Mental Health Services Administration
- American Diabetes Association

Appendix C: Participating Organizations

Kleinhaus Consulting Group would like to thank the following organizations for participating in the assessment. Community residents also joined the focus groups and participated in interviews; we are very grateful for their insight and experiences.

Basic NWFL

CareerSource

Carrabelle Food Pantry (Carrabelle CARES)

Chemical Addictions Recovery Efforts

Disability Resource

Early Education and Care

FL Department of Children and Families

FL Department of Health - Gulf/Franklin

Franklin County Emergency
Management

Franklin's Promise Coalition

Gulf Coast SAP

Gulf County

Gulf County Ministerial Association

Gulf County Public Library

Gulf County Sr. Citizens Association, Inc.

Healthy Start Coalition

IFAS Extension

LMC- Disaster Recovery

Morning Light Wellness

PanCare

Regional Planning Council (Apalachee Regional Planning Council)

Second Harvest of the Big Bend

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

Ascension Sacred Heart Gulf'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 | Access | | | |
|--|-------------------|---|--|--|
| ACTIONS TAKEN | STATUS OF ACTIONS | RESULTS | | |
| Provide outreach encounters in Gulf & Franklin county | In process | #s of events on track to meet goal | | |
| Promote MyGulfCare to increase enrollment | In process | Exceeded FY21 goal increasing enrollment in MyGulfCare | | |
| Show improvement in 1 biometric data for MyGulfCare patients | In process | Measurement period began for FY22 | | |

| 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 Lifestyle | | |
|--|---------------------------|---------------------------------|--|
| ACTIONS TAKEN | STATUS OF ACTIONS RESULTS | | |
| Increase # of Diabetes Risk Assessment Screenings | In process | #s of screenings at goal | |
| Provide outreach encounters to educate on prediabetes educational programs | Completed | Met goal of outreach encounters | |



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:

- "Residents have the best ideas. We need to find money to implement the ideas."
- "Between Hurricane Michael and COVID-19, it's hard to tell if any improvements were made. But the community collaboration that came out of both events was fantastic."
- "The pandemic amplified the benefit of working with partners."
- "We are at about the same level of progress as we were before Hurricane Michael and COVID-19."
- "COVID-19 was incredibly disruptive to any progress we made."
- "There are zero services available on St. George Island."

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 Gulf Hospital was as a community partner.

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

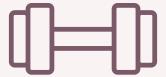
- "Improved transportation."
- "We need to provide more in-home health services."
- "Families need more choices for care."
- "Increase the number of providers who treat cancer patients and perform transplants."
- "Increase the amount of resources available."
- "Providers that offer services to assist with domestic violence and substance abuse. Even having someone here to help once a week would make a difference."
- "Offer affordable services to the underinsured and the uninsured."
- "Increase the number of mental health providers and an increased awareness of services already available."
- "Improved awareness of adverse childhood experiences."
- "More mobile health units in the neighborhoods."

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

- "They are a great partner. They share staff and resources."
- Continue to represent and be a part of the community.
- "Connect with churches and the faith-based community more."
- "Provide more services for higher risk populations."
- "We would like to see Ascension join more community alliances."
- "Have volunteers available to assist local organizations when a need arises."



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 very rural and very resilient.
- "It's a beautiful area full of deeply caring and resourceful people"
- "Many outdoor activities available."
- "The population is small and mighty. They self-represent well and influence policy."
- "This is a strong community that really comes together."
- "We have good schools."
- "A lot of people are trying to make changes in transportation and housing."



WEAKNESSES:

- "The low population means there are less options available."
- ◆ "The lack of specialized care and the distance to travel for care is a weakness."
- "Lack of affordable housing, which was made worse by Hurricane Michael."
- "The geography of the county is very spread out."
- "There are a lot of entrenched 'good old boy' viewpoints and resistance to change."
- "Low wage jobs and limited day care."

Appendix F: Data Tables

| | Gulf | Franklin | Community Total | Florida | United States |
|--|--------|----------|--------------------|------------|------------------|
| Population estimates, July 1, 2019 | 13,639 | 12,125 | 25,764 | 21,477,737 | 328,239,523 |
| Population estimates base, April 1, 2010 | 15,863 | 11,549 | 27,412 | 18,801,310 | 308,745,538 |
| Population, percent change April 1, 2010 (estimates base) to July 1, 2019 | 16.5% | 34.6% | 6.0% | 14.2% | 6.3% |

Figure 2: Population and Growth

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

| | Gulf | Franklin | Florida | United States |
|---|--------|----------|------------|---------------|
| Total Population Estimate | 13,639 | 12,125 | 21,477,737 | 328,239,523 |
| White | 85.1% | 83.3% | 77.3% | 76.3% |
| Black or African American | 11.3% | 13.3% | 16.9% | 13.4% |
| American Indian and Alaska Native | 0.7% | 1.0% | 0.5% | 1.3% |
| Asian | 0.5% | 0.4% | 3.0% | 5.9% |
| Native Hawaiian and Other Pacific Islander | n/a | 0.1% | 0.1% | 0.2% |
| Two or More Races | 2.3% | 2.0% | 2.2% | 2.8% |
| Hispanic or Latino | 3.0% | 5.7% | 26.4% | 18.5% |

Figure 3:

Population by race, 2019 est.

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

| | Gulf | Franklin | Florida | United States |
|---------------------------|-------|----------|---------|---------------|
| Persons under 5 years | 4.7% | 4.2% | 5.3% | 6.0% |
| Persons under 18 years | 18.3% | 15.4% | 19.7% | 22.3% |
| Persons 65 years and over | 26.5% | 24.1% | 20.9% | 16.5% |

Figure 4:

Population by age, 2019 est.

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

| | Gulf | Franklin | Community Total | Florida | United States |
|------------------------|-------|----------|-----------------|-----------|------------------|
| Veterans, 2015-2019 | 1,526 | 998 | 2,524 | 1,440,338 | 18,230,322 |

Figure 5:

Veteran population, count

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

| | Gulf | Franklin | Florida | United States |
|--|-------|----------|---------|---------------|
| With a disability, under age 65 yrs, 2015-2019 | 13.8% | 16.0% | 8.6% | 8.6% |

Figure 6:

Disabled population

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

| | Gulf | Franklin | Florida | United States |
|--------------------|------|----------|---------|---------------|
| Hispanic or Latino | 3.0% | 5.7% | 26.4% | 18.5% |

Figure 7:

Hispanic population, 2019 est.

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

| | Gulf | Franklin | Florida | United States |
|------------------------|-------|----------|---------|---------------|
| Persons under 5 years | 4.7% | 4.2% | 5.3% | 6.0% |
| Persons under 18 years | 18.3% | 15.4% | 19.7% | 22.3% |

Figure 8:

Population of children, 2019 est.

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

| | Gulf | Franklin | Florida |
|---|-------|----------|---------|
| Same sex couples, per 1,000 households | 3.75 | 3.78 | 6.54 |
| Raising children | 22.3% | 0.0% | 13.3% |

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

| | Gulf | Franklin | Florida | United States |
|---|----------|----------|----------|---------------|
| Median household income (in 2019 dollars), 2015-2019 | \$47,712 | \$46,643 | \$55,660 | \$62,843 |
| Per capita income in past 12 months (in 2019 dollars), 2015-2019 | \$23,252 | \$26,574 | \$31,619 | \$34,103 |
| Persons in poverty | 10.6% | 10.8% | 12.7% | 10.5% |
| Children in poverty (under 18 years) | 15.9% | 35.9% | 17.7% | 16.4% |

Figure 11:

Income and poverty

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

| | Gulf | Franklin | Florida | United States |
|--------------------|------|----------|---------|---------------|
| Unemployment rates | 5.9% | 5.4% | 5.0% | 5.9% |

Figure 12:

Unemployment rates

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

| | Employees in ASHGH service area | Average Annual Payroll per Employee | Percent of Total Employment |
|--------------------------------------|---------------------------------------|---|--------------------------------|
| Employment, all sectors | 3,879 | \$32,955 | 100% |
| Accommodation and Food Service | 819 | \$26,337 | 21.1% |
| Retail Trade | 762 | \$26,587 | 19.6% |
| Health Care and Social Assistance | 456 | \$36,599 | 11.8% |

Figure 13:

ASHGH service area employment, Q1 2021

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

| | Community Total | Florida |
|---|-----------------|-----------|
| Total housing units | 18,292 | 9,448,159 |
| Homeownership rate | 74.40% | 65.4% |
| Average monthly cost, homeowner (with mortgage) | \$573 | \$998 |
| Average rent (housing) | \$736 | \$1,096 |

Figure 14:

Housing characteristics, 2020

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

| | Gulf | Franklin |
|--------------------------------|-----------|-----------|
| Median sale price, August 2021 | \$450,000 | \$410,000 |
| Median sale price, August 2020 | \$376,880 | \$274,800 |
| Percent change, year over year | 19.4% | 49.2% |

Figure 15:

Median housing sale price

Source: Realtor.com

| | Gulf | Franklin | Florida | United States |
|---|-------|----------|---------|---------------|
| High school graduate or higher, percent of persons age 25 years+, 2015-2019 | 85.5% | 80.7% | 88.2% | 88.0% |
| Bachelor's degree or higher, percent of persons age 25 years+, 2015-2019 | 19.2% | 18.8% | 29.9% | 32.1% |

Figure 16: Education

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

| | Gulf | Franklin | Florida |
|----------------------------|-------|----------|---------|
| Food insecurity rate | 14.0% | 15.9% | 13.0% |
| Child food insecurity rate | 20.2% | 26.3% | 19.4% |

Figure 17:

Diet and nutrition indicators, 2019

Source: Feeding America

| | Gulf | Franklin | Florida | United States |
|---------------------------------------|-------|----------|-----------|---------------|
| Total Households | 5,757 | 4,444 | 7,905,832 | 122,802,852 |
| Households receiving food stamps/SNAP | 779 | 758 | 935,759 | 13,173,722 |
| As percent of total households | 13.5% | 17.1% | 11.8% | 10.7% |

Figure 18:

Households receiving food stamps/SNAP, 2019 est

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

| | Gulf | Franklin | Florida |
|--|---------|----------|---------|
| Crime rate (index crimes per 100,000 population) | 1,773.4 | 2,200.0 | 2,551.1 |
| Crime rate, rank in state | 37 | 23 | n/a |
| Violent crimes | 36 | 59 | 81,092 |
| FY 2018-19 juvenile delinquency complaints filed | 22 | 25 | 45,263 |

Figure 19:

Crime rates (count), 2019

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

| | Gulf | Franklin | Florida | United States |
|--------------------------|------|----------|---------|---------------|
| Total deaths, all causes | 186 | 157 | 206,975 | 2,839,205 |
| Unintentional Injury | 4.3% | 6.4% | 6.4% | 5.9% |

Figure 20:

Unintentional injury, percent total deaths, 2019

Source: Florida Department of Health, Florida Health CHARTS

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

Figure 21:

Hospitals in ASHGH service area

Source: Florida Hospital Association

| | Gulf | Franklin | Florida |
|----------------------------------|------------|------------|------------|
| Primary care physicians, 2018 | 2,690 to 1 | 3,910 to 1 | 1,380 to 1 |
| Dentists, 2019 | 4,550 to 1 | 4,040 to 1 | 1,650 to 1 |
| Mental health providers, 2020 | 850 to 1 | 1,210 to 1 | 590 to 1 |

Figure 22:

Ratio of population to providers

Source: countyhealthrankings.org

| | Gulf | Franklin | Total practitioners needed for community |
|---------------|------|----------|--|
| Dental Health | 1.08 | 0.93 | 2.01 |
| Mental Health | 9.4 | 0.5 | 9.9 |
| Primary Care | 0.71 | 0.69 | 1.4 |

Figure 23:

FTE practitioners needed

Source: U.S. Health Resources and Services Administration

| | Gulf | Franklin | Florida |
|--|-------|----------|---------|
| Adults with no health insurance coverage, 2019 | 10.4% | 18.3% | 12.8% |
| Adults who could not see a doctor at least once in the past year due to cost, 2016 | 15.6% | 14.6% | 16.6% |
| Adults who have a personal doctor, 2016 | 83.6% | 82.6% | 72.0% |
| Adults who had a medical checkup in the past year, 2016 | 78.9% | 78.1% | 76.5% |

Figure 24:

Access to care

Source: Florida Department of Health, Florida Health CHARTS

| | Gulf | Franklin | Florida | United States |
|--|-------|----------|---------|---------------|
| Households with a computer, 2015-2019 | 87.2% | 87.1% | 91.5% | 90.3% |
| Households with a broadband Internet subscription, 2015-2019 | 75.0% | 77.1% | 83.0% | 82.7% |

Figure 25:

Computer and Internet use

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

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

Figure 26:

Leading causes of death, 2019

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

| | Gulf | Franklin | Florida | United States |
|-------------------------|------|----------|---------|---------------|
| Life expectancy (years) | 76.3 | 77.4 | 79.8 | 78.7 |

Figure 27:

Life expectancy, 2019

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

| | Gulf | Franklin | Florida |
|---|-------|----------|---------|
| Average number of births | 125 | 102 | 221,699 |
| Fetal deaths, per 1,000 deliveries | 0 | 9.7 | 6.8 |
| Infant deaths, per 1,000 births | 0 | 9.8 | 6.0 |
| Live births under 1500 grams | 0.0% | 1.0% | 1.6% |
| Live births under 2500 grams | 6.4% | 10.8% | 8.8% |
| Births <37 weeks of gestation | 10.4% | 11.8% | 10.6% |
| Maternal deaths, per 100,000 births | 0 | 0 | 28.6 |
| Sudden unexpected infant deaths, per 1,000 births | 0 | 0 | 0.9 |
| Mothers who initiate breastfeeding | 71.2% | 62.7% | 86.0% |

Figure 28:

Maternal and infant health indicators, 2019

Source: Florida Department of Health, Florida Health CHARTS

| | Gulf | Franklin | Florida |
|---|-------|----------|---------|
| Age-adjusted death rates from heart disease, per 100,000 population | 170.5 | 193.8 | 143.5 |

Figure 29:

Heart disease, 2019

| | Gulf | Franklin | Florida |
|---|---------|----------|---------|
| Adults who have ever been told they have diabetes, 2016 | 18.8% | 17.0% | 11.8% |
| Emergency room visits due to diabetes, per 100,000 population, 2019 | 353.9 | 608.3 | 243.6 |
| Preventable hospitalizations under 65 from diabetes, per 100,000 population, 2019 | 123.6 | 186.1 | 147.1 |
| Hospitalizations from or with diabetes, per 100,000 population, 2019 | 2,122.2 | 2,027.8 | 2,314.2 |
| Diabetes age-adjusted death rate, per 100,000 population, 2019 | 28.2 | 8.6 | 19.7 |

Figure 30:

Diabetes

Source: Florida Department of Health, Florida Health CHARTS

| | Gulf | Franklin | Florida |
|--|------|----------|---------|
| Age-adjusted death rates from stroke, per 100,000 population | 40.4 | 42.9 | 41.4 |

Figure 31:

Stroke, 2019

Source: Florida Department of Health, Florida Health CHARTS

| | Gulf | Franklin | Florida |
|---------------------------------|-------|----------|---------|
| Adults who are obese, 2017 | 33.0% | 34.0% | 27.4% |
| Adults who are overweight, 2016 | 33.7% | 28.4% | 35.8% |

Figure 32:

Obesity

| | Gulf | Franklin | Florida |
|-------------------|------|----------|---------|
| Cervical Cancer | 0 | 0 | 2.7 |
| Prostate Cancer | 21.8 | 18.1 | 16.5 |
| Breast Cancer | 30.6 | 25.1 | 19.5 |
| Colorectal Cancer | 12.1 | 6.3 | 12.5 |
| Lung Cancer | 40.5 | 52.4 | 33.4 |

Figure 33:

Cancer age-adjusted death rates, per 100,00 population, 2019

Source: Florida Department of Health, Florida Health CHARTS

| | Gulf | Franklin | Florida |
|---|-------|----------|---------|
| Hospitalizations for mental disorders, per 100,000 population, 2019 | 508.9 | 649.1 | 1,006 |
| Adults with good mental health, 2016 | 87.3% | 87.7% | 88.6% |
| Adults who had poor mental health on 14 poor more of the past 30 days, 2016 | 12.7% | 12.3% | 11.4% |
| Average number of unhealthy mental days in the past 30 days, 2016 | 4.0% | 3.7% | 3.6% |
| Adults who have ever been told they had a depressive disorder, 2016 | 19.8% | 16.5% | 14.2% |

Figure 34:

Mental health indicators

| | Gulf | Franklin | Florida |
|--|-------|----------|---------|
| Adults who are current smokers, 2018 | 24.0% | 26.0% | 15.5% |
| Adults who are sedentary, 2016 | 38.9% | 32.8% | 29.8% |
| Adults who are inactive or insufficiently active, 2016 | 58.7% | 56.2% | 56.7% |

Figure 35:

Health behaviors

Source: Florida Department of Health, Florida Health CHARTS; countyhealthrankings.org

| | Gulf | Franklin | Florida |
|---|-------|----------|---------|
| Drug Overdose deaths | 0 | 1 | 3,708 |
| Opioid overdose deaths | 0 | 0 | 3,304 |
| opioid as % of total | 0.0% | 0.0% | 81.8% |
| Suspected non-fatal all drug overdose | 17 | 14 | 35,129 |
| Suspected non-fatal opioid-involved overdose | 4 | 3 | 15,065 |
| opioid as % of total | 23.5% | 21.4% | 42,9% |
| All drug non-fatal overdose emergency department visits | 27 | 16 | 34,550 |
| Opioid-involved non-fatal overdose emergency department visit | 8 | 6 | 16,402 |
| opioid as % of total | 29.6% | 37.5% | 47.5% |
| All drug non-fatal overdose hospitalizations | <5 | <5 | 21,172 |
| Opioid-involved non-fatal overdose hospitalizations | <5 | <5 | 6,229 |
| opioid as % of total | n/a | n/a | 29.4% |

Figure 36: Substance abuse, 2020

| | Gulf | Franklin | Florida |
|--|------|----------|---------|
| Adults who engage in heavy or binge drinking | 21% | 24% | 20% |

Figure 37: Alcohol Use, 2018

Source: Florida Department of Health, Florida Health CHARTS

| | Gulf | Franklin | Florida | United States |
|------------------|-------|----------|---------|---------------|
| Fully Vaccinated | 48.7% | 44.9% | 55.7% | 54.4% |

Figure 38:

Fully vaccinated, September 2021

Source: Census.gov

| County | Zip Code | Facility |
|----------|----------|------------------------------------|
| Franklin | 32322 | Pancare Health Dental - Carrabelle |
| Franklin | 32328 | Eastpoint Medical Center |
| Gulf | 32465 | PanCare Health - Wewahitchka |
| Gulf | 32465 | Wewahitchka Medical Center |
| Gulf | 32456 | Pancare Health - Gulf County |

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