

Ascension Sacred Heart Gulf

Sacred Heart Health System, Inc.

2024 Community Health Needs Assessment Gulf and Franklin Counties, Florida

Conducted July 2024 to February 2025 (*Tax Year 2024*)



Ascension

Ascension Sacred Heart Gulf

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The goal of this report is to offer a meaningful understanding of the most significant health needs across Gulf and Franklin counties, with emphasis on identifying the barriers to health equity for all people, as well as to inform planning efforts to respond to those needs. Special attention has been given to the needs of individuals and communities who are at increased risk for poor health outcomes or experiencing social factors that place them at risk. Findings from this report can be used to identify, develop, and focus hospital, health system, and community initiatives and programming to better serve the health and wellness needs of the community.

The 2024 Community Health Needs Assessment report was approved by the Ascension Florida Board of Directors on February 4, 2025 (2024 Tax Year), and applies to the following three-year cycle: July 1, 2025 to June 30, 2028. This report, as well as the previous report, can be found at our public website.

We value the community's voice and welcome feedback on this report. Please visit our public website (<https://healthcare.ascension.org/chna>) to submit your comments.

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Message from the Administrator



Kelly Beach RN, BSN, MSN
Administrator & Chief Nursing Officer
Ascension Sacred Heart Gulf

I am honored to serve as the Administrator and Chief Nursing Officer of Ascension Sacred Heart Gulf hospital. Deeply rooted in our community for nearly 15 years, the hospital was opened in response to the closure of another healthcare facility, through the support of Ascension and the St. Joe Community Foundation with a vision of advancing health care in the community. Since then, our Ministry of the Catholic Church has served our neighbors, with special attention to those struggling most with continued support from the community we serve.

As a top 15 health system named by Fortune/PINC AI, Ascension Sacred Heart Gulf is a destination for specialty care - including surgical services, heart and vascular health, and advanced imaging as well as a helipad to provide rapid transportation of trauma and critically ill patients. The hospital earned 2024 Performance Leadership Awards for excellence in Quality, Outcomes, and Patient Perspective from The Chartis Center for Rural Health. These awards are a testament to our physicians' and care teams' dedication to patients and a reflection of devotion to our Ministry's values. We will continue to expand these services to meet the growing needs of our community.

Ascension Sacred Heart Gulf's commitment to Northwest Florida goes well beyond the walls of the hospital. We are blessed to be able to support & collaborate with local organizations such as The Florida Department of Health in Gulf County, The Florida Department of Health in Franklin County, The Cricket Fund, Franklin Needs Inc., and PanCare of Florida, Inc. These partnerships are an integral part of our broader mission to enhance the health of our neighbors. However, our most significant commitment is to the most vulnerable members of Northwest Florida. Our initiatives, including MyGULFCare, Care of the Poor, and our various community benefit and outreach initiatives, are a testament to this commitment. We value each member of our community and strive to impact their lives positively.

Executive Summary

Purpose of the CHNA

The purpose of the community health needs assessment (CHNA) is to understand the health needs and priorities, with emphasis on identifying the barriers to health equity, for all people who live and/or work in the communities served by the hospital, with the goal of responding to those needs through the development of an implementation strategy (IS) plan. As part of the Patient Protection and Affordable Care Act of 2010, all not-for-profit hospitals are required to conduct a CHNA and adopt an IS every three years.

Community Served

For the 2024 CHNA, Ascension Sacred Heart Gulf has defined Gulf and Franklin counties, Florida, as its community served. While the hospital provides services to Gulf and Franklin and surrounding areas, Gulf and Franklin counties were chosen as the focus due to its status as the primary service area for both the hospital and its community partners.

Data Analysis Methodology

The 2024 CHNA was conducted from July 2024 to February 2025, and, with contracted assistance from Kleinhaus Consulting Group, LLC., utilized an integrative analysis process which incorporated data from both primary and secondary sources.

- Community input (primary data) was collected to reflect the voice of the community. Focus groups and interviews with ten (10) people representing community members, community stakeholders, health care consumers, health care professionals, and multi-sector representatives were engaged. Special attention was given to the needs of individuals and populations who are more marginalized and to unmet health needs or gaps in services.
- Secondary data was compiled and reviewed to understand the health status of the community. Over 35 indicators from reputable and reliable sources reflecting chronic disease, social and economic factors, and healthcare access were reviewed as well as utilization trends in the community.

Community Needs

A phased prioritization approach to determine the most crucial needs for community stakeholders to address. The significant needs are as follows (in alphabetical order):

- Access to care
- Affordable housing
- Chronic disease and prevention
- Mental health and substance abuse
- Socioeconomic challenges
- Transportation

Next Steps and Conclusion

The 2024 CHNA was presented to the Ascension Florida Board of Directors for approval and adoption on February 4, 2025. Findings from the report can be used to identify, develop, and focus hospital, health system, and community initiatives and programming to better serve the health and wellness needs of the community.

Following approval of the CHNA, Ascension Sacred Heart Gulf will complete a prioritization matrix and develop an implementation strategy. The IS will focus on all or a subset of the significant needs, and will describe how the hospital intends to respond to those prioritized needs throughout the same three-year CHNA cycle: July 2025 to June 2028.

About Ascension

As one of the leading non-profit and Catholic health systems in the United States, Ascension is committed to delivering compassionate, personalized care to all, with special attention to individuals and communities who are at increased risk for poor health outcomes or experiencing social factors that place them at risk.

Ascension

Ascension is one of the nation's leading non-profit and Catholic health systems, with a Mission of delivering compassionate, personalized care to all with special attention to persons living in poverty and those most vulnerable. In fiscal year 2024, Ascension provided \$2.1 billion in care of persons living in poverty and other community benefit programs. Ascension includes approximately 131,000 associates, 37,000 affiliated providers and 136 hospitals, serving communities in 18 states and the District of Columbia.

Ascension's Mission provides a strong framework and guidance for the work done to meet the needs of communities across the U.S. It is foundational to transform health care and express priorities when providing care and services, particularly to those most in need.

Mission: Rooted in the loving ministry of Jesus as healer, we commit ourselves to serving all persons with special attention to those who are poor and vulnerable. Our Catholic health ministry is dedicated to spiritually-centered, holistic care which sustains and improves the health of individuals and communities. We are advocates for a compassionate and just society through our actions and our words.

For more information about Ascension, visit <https://www.ascension.org>.

Ascension Florida

In Florida, Ascension operates Ascension Sacred Heart based in Pensacola and Ascension St. Vincent's based in Jacksonville. Together, Ascension Florida operates nine hospitals and more than 190 other sites of care and employs more than 12,000 associates. Across the region, Ascension Sacred Heart and Ascension St. Vincent's have served North Florida communities for more than 165 years. In fiscal year 2024, they provided more than \$395 million in community benefit and other care for vulnerable persons.

Ascension Sacred Heart Gulf

As a Ministry of the Catholic Church, Ascension Sacred Heart Gulf is a non-profit hospital under the guidance of a local Hospital Advisory Council and governed by a state board of directors represented by community members, medical staff, and sister sponsorships, and has been providing medical care to Gulf and Franklin counties. Ascension Sacred Heart Gulf operates one hospital campus, seven related healthcare facilities, and employs more than 30 primary and specialty care clinicians.

Serving Florida since 2010, Ascension Sacred Heart Gulf is continuing the long and valued tradition of responding to the health needs of the people in our community, following in the footsteps of legacy. The hospital was built after the closure of the small community hospital in Gulf County through a collaboration between the St. Joe Community Foundation and Sacred Heart. The hospital offers 24 hour emergency care, advanced imaging, general surgery, and speciality and primary care access all at one campus with additional primary care clinics in Apalachicola and Wewahitchka.



For more information about Ascension Sacred Heart Gulf, visit ascension.org/GulfFL

About the Community Health Needs Assessment

A community health needs assessment is essential for community building, health improvement efforts, and directing resources where they are most needed. CHNAs can be powerful tools with the potential to be catalysts for immense community change.

Purpose of the CHNA

A CHNA is defined as “a systematic process involving the community that identifies and analyzes community health needs and assets to plan and act upon priority community health needs.”¹ The process serves as a foundation for promoting the health and well-being of the community by identifying the most pressing needs, leveraging existing assets and resources, developing strategic plans, and mobilizing hospital programs and community partners to work together. This community-driven approach aligns with Ascension Sacred Heart Gulf’s commitment to offer programs designed to respond to the health needs of a community, with special attention to persons who are medically underserved and at risk for poorer health outcomes because of social factors that put them at increased risk.

Advancing Health Equity

Health equity is the state in which everyone has a fair and just opportunity to attain their highest level of health.² Progress toward achieving health equity can be measured by reducing health disparities. Health disparities are particular health differences closely linked with economic, social, and/or environmental disadvantage. Health disparities adversely affect groups of people who have systematically experienced such obstacles to health based on their race or ethnicity; religion; socioeconomic status; gender identity; sexual orientation; age; cognitive, sensory, or physical disability; geographic location; or other characteristics historically linked to discrimination or exclusion.³

Focusing on the root causes that have perpetuated these differences contributes to the advancement of health equity. By identifying the conditions, practices, and policies that perpetuate differences in health outcomes, we can better respond to root causes when pursuing health equity.

Ascension acknowledges that health disparities in our communities go beyond individual health behaviors. Ascension’s Mission calls us to be “advocates for a compassionate and just society through our actions and words”; therefore, health equity is a matter of great importance to Ascension.

¹ Catholic Health Association of the United States. (2022). *A guide for planning and reporting community benefit, 2022* (p.146).

² National Center for Chronic Disease Prevention and Health Promotion. (2023, January 4). *Advancing health equity in chronic disease prevention and management*. Center for Disease Control and Prevention (CDC). Retrieved October 11, 2023, from <https://www.cdc.gov/chronicdisease/healthequity/index.htm>

³ Braveman, P. (2014). What are health disparities and health equity? We need to be clear. *Public Health Reports*, 129(Suppl 2), 5-8. <https://doi.org/10.1177/00333549141291S203>

IRS 501(r)(3) and Form 990 Schedule H Compliance

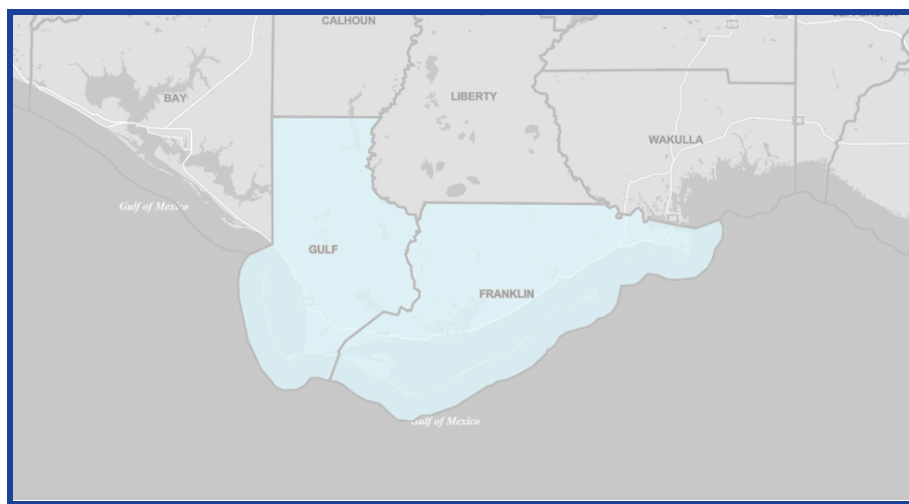
The CHNA also serves to satisfy certain requirements of tax reporting, pursuant to provisions of the Patient Protection and Affordable Care Act of 2010, more commonly known as the Affordable Care Act (ACA). Requirements for 501(c)(3) hospitals under the ACA are described in Code Section 501(r)(3).

Under the ACA, all not-for-profit hospitals must conduct a CHNA and adopt an IS every three years. Additionally, both current and previous CHNA and IS reports must be made widely available to the public. To meet this requirement, electronic versions of these reports are accessible at <https://healthcare.ascension.org/CHNA>, and paper copies can be requested from the administrative offices at Ascension Sacred Heart Gulf.

Community Served and Demographics

Community Served

For the purpose of the 2024 CHNA, Ascension Sacred Heart Gulf has defined its community served as Gulf and Franklin counties. Although Ascension Sacred Heart Gulf serves Gulf, Franklin and surrounding areas, the “community served” was defined as such because (a) most of our service area is in each county; (b) most of our assessment partners define their service area at the county level; and (c) most community health data is available at the county level.



Source: [U.S. Census Bureau. \(2024\). Census Business Builder](#)

Gulf and Franklin Counties, located along Florida's Gulf Coast, are rural communities characterized by their natural beauty and close ties to the sea. Gulf County includes Port St. Joe and Cape San Blas, areas celebrated for outdoor activities such as fishing and kayaking. Franklin County, home to Apalachicola, Eastpoint, and St. George Island, is deeply rooted in its fishing and seafood heritage, with miles of unspoiled coastline.

Both counties face the challenges typical of rural areas, including limited access to healthcare, childcare, and transportation. These difficulties are compounded by economic pressures from disasters like Hurricane Michael in 2018 and the collapse of the Apalachicola Bay oyster industry in 2013, which left a gap in the local economy. Tourism, fishing, and agriculture dominate the economic landscape, leaving limited opportunities for diversification. Despite these obstacles, the communities remain resilient, maintaining a strong sense of identity and actively striving to address local needs.

Demographic Data

Located in Gulf and Franklin counties, Ascension Sacred Heart Gulf service area has a population of 28,287 and is one of the more rural coastal communities in the state. Below are demographic data highlights for Gulf and Franklin counties:

- **Age Distribution:** In Gulf County, 23.6% of the population is aged 65 or older, and in Franklin County, the figure is 26.9%, compared to 21.6% statewide in Florida.
- **Ethnicity:** The majority of residents in both counties are non-Hispanic: 95.5% in Gulf County and 94.4% in Franklin County. Hispanic or Latino individuals (of any race) represent 4.5% of Gulf County and 5.6% of Franklin County populations.
- **Race:** In Gulf County, 81.6% of residents are non-Hispanic White, while Franklin County has a higher percentage at 85.9%. Non-Hispanic Black or African American residents make up 14.2% of Gulf County and 10.3% of Franklin County populations. Less than 1% of residents in both counties identify as Asian or American Indian/Alaska Native.
- **Population Growth:** From 2020 to 2023, the total population of both counties increased by 6.1%. Gulf County experienced the highest growth at 10.5%, whereas Franklin County grew by 1.1%.
- **Median Household Income:** Median household incomes in both counties are below the state median of \$67,917. Gulf County's median is \$56,250, and Franklin County's median is \$58,107.
- **Poverty Rate:** Franklin County has a significantly higher poverty rate than the state average, with 21.7% of residents living in poverty compared to 12.7% statewide. Gulf County's poverty rate is slightly lower at 12.3%.
- **Uninsured Rate:** The percentage of uninsured residents in Gulf and Franklin counties exceeds the state average of 13.4%. Gulf County has an uninsured rate of 14.1%, while Franklin County's rate is notably higher at 19.7%.

Table 1: Demographics

Population				
Indicator	Gulf	Franklin	Florida	Description
Residents living in rural communities	100%	100%	8.1%	N/A
Residents below 18 years of age	16.7%	15.0%	19.3%	N/A
Residents 65 years of age and over	23.6%	26.9%	21.6%	N/A
Asian	0.7%	0.5%	3.1%	N/A
American Indian or Alaska Native	0.8%	1.0%	0.5%	N/A
Hispanic	4.5%	5.6%	27.1%	N/A
Non-Hispanic Black	14.2%	10.3%	17.0%	N/A
Non-Hispanic White	81.6%	85.9%	51.9%	N/A
Social and Community Context				
English proficiency	1.7	2.2	11.9	Proportion of community members who speak English "less than well"
Median household income	\$56,250	\$58,107	\$67,917	Income level at which half of households in a county earn more and half of households earn less
Percentage of children in poverty	12.3%	50.1%	17.1%	Percentage of people under age 18 in poverty
Percentage of uninsured	14.1%	19.7%	13.4%	Percentage of population under age 65 without health insurance
Percentage of educational attainment	85.7%	80.4%	89.3%	Percentage of adults ages 25 and over with a high school diploma or equivalent
Percentage of unemployment	3.2%	3.3%	3.2%	Percentage of population ages 16 and older unemployed but seeking work

Source: U.S. Census Bureau (2023). [American Community Survey](#)

To view community demographic data in its entirety, see [Appendix B](#) (Page 34).

Process and Methods Used

Collaborators and/or Consultants

With the contracted assistance of Kleinhaus Consulting Group LLC., Ascension Sacred Heart Gulf completed its 2024 CHNA with input from the following organizations:

- Apalachee Regional Planning Council
- Franklin County Emergency Management
- Gulf Coast Sexual Assault Program
- Healthy Start of Okaloosa and Walton Counties

Kleinhaus Consulting Group, LLC. is an external firm that conducted the previous CHNA, and was again contracted to conduct the 2024 CHNA for the following hospitals: Ascension Sacred Heart Bay, Ascension Sacred Heart Emerald Coast, and Ascension Sacred Heart Gulf. Kleinhaus Consulting Group, LLC. specializes in community health needs assessments, planning, and healthcare strategy, and Julie Klein, MBA, served as the principal investigator, leading both primary and secondary research efforts to provide a comprehensive analysis of community health needs.

Kleinhaus Consulting Group, LLC. worked closely with the Ascension Florida Community Benefit team to evaluate the health needs of the local community, gather data, and provide insights that would guide the development of effective implementation strategies. Their collaboration ensures that Ascension Sacred Heart's services are aligned with the needs of the communities served, fostering improved health outcomes and strategic planning for healthcare delivery.

Data Collection Methodology

Ascension Sacred Heart Gulf is committed to using national best practices in conducting the CHNA. In collaboration with various community partners, Ascension Sacred Heart Gulf's approach relies on the collection and analysis of secondary data, and the collection of primary data through interviews and focus groups held between October and November 2024.

Interview participants included public health officers, key informants, and community partners. Four (4) focus groups were held for the service area and included community partners and leaders of area non-profits.

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.

Summary of Community Input

Community input, also referred to as “primary data,” is an integral part of a (CHNA) and is meant to reflect the voice of the community. This input is invaluable for efforts to accurately assess a community's health needs. A concerted effort was made to ensure that the individuals and organizations represented the needs and perspectives of:

1. public health practice and research.
2. individuals who are medically underserved, low-income, or considered among the minority populations served by the hospital.
3. the broader community at large and those who represent the broad interests and needs of the community served.



Multiple methods were used to gather community input, including key stakeholder interviews, key stakeholder focus groups, and community focus groups. These methods provided additional perspectives on selecting and responding to top health issues facing Gulf and Franklin counties. A summary of the process and results is outlined below.

To view community input data in its entirety, see [Appendix C](#) (Page 36).

Community Focus Groups

A series of four (4) focus groups were conducted by Kleinhaus Consulting Group to gather feedback from the community on the health needs and assets of Gulf and Franklin counties. Eight (8) individuals participated in the focus groups, held between October and November 2024. Populations represented by participants included medically underserved, low-income, and minority groups.

Key Summary Points	
<ul style="list-style-type: none"> • Gulf and Franklin counties face significant health challenges, including inadequate access to healthcare, prevalent mental health and substance abuse issues, a high incidence of chronic conditions like diabetes and heart disease, and transportation obstacles that make it difficult for residents to access medical facilities, particularly for specialized care. • Key drivers of these health issues are rural isolation, high poverty and unemployment rates, lack of affordable housing, insufficient healthcare providers, and lingering impacts from Hurricane Michael and COVID-19, which disrupted services, employment, and community stability. • There is a critical lack of mental health services, substance abuse treatment, transportation options, affordable housing, elder care, pediatric care, and preventive care programs, with barriers including stigma, funding shortages, and provider recruitment challenges. • Veterans, LGBTQ+ individuals, children, and disabled residents face significant barriers to accessing care due to stigma, lack of specialized services, and isolation, with transportation and knowledge of available resources being recurring obstacles. • Enhancing transportation options, expanding telehealth with training and access to technology, and increasing the number of healthcare providers and specialists are vital steps to addressing the community's health disparities and improving overall access to care. 	
Sectors Represented	Common Themes
<ul style="list-style-type: none"> • Government • Healthcare • Emergency Management • Transportation • Business 	<ul style="list-style-type: none"> • Provider shortages, transportation issues, and costs limit care availability.. • Stigma and lack of resources leave these issues largely untreated. • Poverty, unemployment, and housing struggles worsen health disparities.
Meaningful Quotes	
<ul style="list-style-type: none"> • “We need public transportation that is feasible. Kids cannot travel on a bus without a parent and there are long wait and travel times. It’s ridiculous.” • “Generational poverty is deeply ingrained. Many just don’t know better.” • “There are only 2 pharmacies in Franklin County and they are both in Apalachicola.” 	

Key Stakeholder Interviews

One-on-one interviews were conducted by Kleinhaus Consulting Group to gather feedback from key stakeholders on the health needs and assets of Gulf and Franklin counties. Two representatives from two different organizations participated in the interviews, held between October 2024 and November 2024. Sectors represented by participants included government, small business and emergency management.

Key Summary Points	
<ul style="list-style-type: none"> • The most pressing health issues in Gulf and Franklin counties are access to care, particularly primary and specialty care, mental health and substance abuse treatment, and management of chronic diseases like diabetes and heart disease. Transportation barriers and affordability further exacerbate these issues. • Key contributing factors include rural isolation, a lack of transportation and affordable housing, high poverty and unemployment rates, limited healthcare providers and specialists, and the lingering effects of Hurricane Michael on community resources and infrastructure. Additionally, stigma around mental health, opioid addiction, and low health literacy are significant barriers. • Critical gaps include insufficient mental health services for youth and adults, substance abuse treatment options, elder care, dental services, and women’s health. Transportation, telehealth accessibility, and recruiting healthcare providers remain ongoing challenges due to limited funding and rural isolation. • Specialty care, including OB/GYN, pediatrics, and mental health services, is particularly difficult to access due to a shortage of providers, long wait times, and the need for travel to other counties or regions. Preventative care and chronic disease management are also underutilized due to these access issues. • To improve access, the community needs enhanced transportation options, expanded telehealth services with adequate training and technology support, and more healthcare providers and specialists. Increased outreach and community engagement, including door-to-door efforts and partnerships with local organizations, could better connect residents to resources. 	
Sectors Represented	Common Themes
<ul style="list-style-type: none"> • Business • Government • Emergency Management 	<ul style="list-style-type: none"> • Shortages of providers, transportation, and financial barriers hinder care. • Poverty, unemployment, and housing issues deepen health disparities. • Better transportation, telehealth, and outreach can close care gaps.
Meaningful Quotes	
<ul style="list-style-type: none"> • “Outposts of healthcare should remain in economically challenged communities, so residents don’t feel neglected.” • “A lot of the substance abuse is out of boredom because there’s nothing to do. Meth is cheap and easy to make.” • “When people have to travel to receive care, the financial burden grows. Do we go to the doctor, or do we eat?” 	

Summary of Secondary Data

Secondary data is data that has already been collected and published by another party. Both governmental and non-governmental agencies routinely collect secondary data reflective of the population's health status at the state and county levels through surveys and surveillance systems. Secondary data for this report was compiled from various reputable and reliable sources.

Health indicators in the following categories were reviewed:

- Health outcomes
- Physical environment
- Clinical care
- Social determinants that impact health
- Disparities

A summary of the secondary data collected and analyzed through this assessment is outlined below.

- **Demographic and Economic Trends:** Gulf and Franklin Counties have experienced distinct demographic and socioeconomic shifts influenced by Hurricane Michael recovery and ongoing infrastructure challenges. Gulf County's population grew significantly by 10.5% between 2020 and 2023, driven by construction and recovery efforts, while Franklin County's growth was minimal at 1.1%.
- **Housing and Infrastructure Challenges:** Both counties face rising housing costs, limited housing inventory, and ongoing infrastructure strains. Despite increases in income levels, poverty remains a critical issue, particularly in Franklin County, where 50.1% of children live in poverty.
- **Healthcare Access and Chronic Disease Disparities:** Disparities in healthcare access persist, with declining health insurance coverage and fewer adults having a personal doctor or regular medical checkups. While diabetes outcomes have improved overall, significant disparities remain, particularly in preventable hospitalizations and death rates.
- **Health and Substance Abuse Challenges:** Mental health issues, heart disease, strokes, and substance abuse—particularly drug and opioid overdoses—are significant health concerns. Suicide remains a leading cause of death, although the absolute number of substance abuse cases remains relatively small.
- **Other Health Indicators:** Some health outcomes, such as lung cancer rates and maternal health, have improved. However, life expectancy has declined, reflecting the lingering effects of COVID-19.

To view the secondary data and sources in their entirety, see [Appendix D](#) (Page 38).

Written Comments on Previous CHNA and Implementation

Ascension Sacred Heart Gulf's previous CHNA and implementation strategy are available to the public and open for public comment via the website: <https://healthcare.ascension.org/chna>.

No comments pertaining to the 2021 CHNA have been received as of the publication of this report.

Data Limitations and Information Gaps

Although it is quite comprehensive, this assessment cannot measure all possible aspects of health and cannot represent every possible population within Gulf and Franklin counties. This constraint limits the ability to assess all the community's needs fully.

For this assessment, three types of limitations were identified:

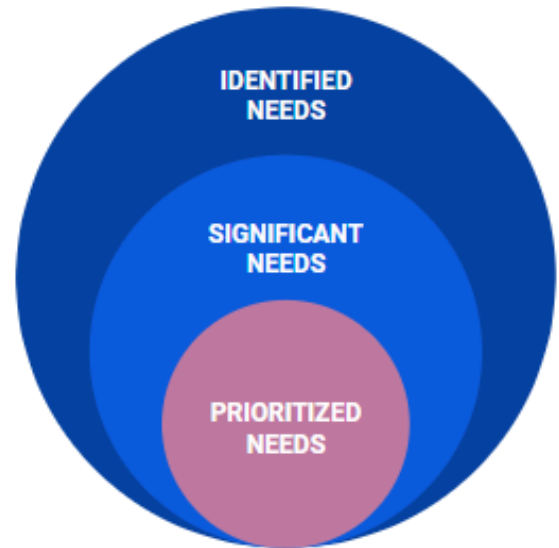
- Some groups of individuals may not have been adequately represented through the community input process. For example, engaging with non-English speaking populations and individuals experiencing homelessness posed significant challenges in locating and conducting interviews.
- Secondary data is limited in a number of ways, including timeliness, reach, and ability to fully reflect the health conditions of all populations within the community.
- An acute community concern may significantly impact a hospital's ability to conduct portions of the CHNA assessment. An acute community concern is defined by Ascension as an event or situation that may be severe and sudden in onset or newly affects a community. Such an event or situation may impact the ability to collect community input, may not be captured in secondary data, and/or can present in the middle of the three-year CHNA cycle. For the 2024 CHNA, no acute community concerns were identified.

Despite the data limitations, Ascension Sacred Heart Gulf is confident of the overarching themes and health needs represented through the assessment data. This is based on the fact that the data collection included multiple qualitative and quantitative methods, and engaged the hospital and participants from the community.

Community Needs

Ascension Sacred Heart Gulf, with contracted assistance from Kleinhaus Consulting Group, analyzed secondary data of 35 indicators and gathered community input through focus groups and interviews to identify the needs in Gulf and Franklin counties. In collaboration with community partners, Ascension Sacred Heart Gulf used a phased prioritization approach to identify the needs.

- First phase: Determine the broader set of **identified needs**.
- Second phase: Narrow identified needs to a set of **significant needs**.
- Third phase: Narrow the significant needs to a set of **prioritized needs** to be addressed in the implementation strategy plan.



Following the completion of the CHNA assessment, Ascension Sacred Heart Gulf will select all, or a subset, of the significant needs as the hospital's prioritized needs to develop a three-year implementation strategy. Although the hospital may respond to many needs, the prioritized needs will be at the center of a formal CHNA implementation strategy and corresponding tracking and reporting. The image above portrays the relationship between the needs categories.

Identified Needs

The first phase was to determine the broader set of *identified needs*. Ascension has defined *identified needs* as the health outcomes or related conditions (e.g., social determinants of health) impacting the health status of Gulf and Franklin counties. The identified needs were categorized into health behaviors, social determinants of health, length of life, quality of life, clinical care, and systemic issues to develop better measures and evidence-based interventions that respond to the determined condition.

Significant Needs

In the second phase, identified needs were then narrowed to a set of *significant needs* determined most crucial for community stakeholders to address. Ascension has defined *significant needs* as the identified needs deemed most significant to respond to based on established criteria and/or prioritization methods.

Kleinhaus Consulting Group, LLC. collaborated with the Ascension Florida Community Benefit team to synthesize and analyze data, identifying the most significant needs from those identified. An integrative

analysis approach was used to uncover patterns, trends, and themes within both quantitative and qualitative data gathered from reliable sources and community input. Quantitative data provided measurable outcomes, while qualitative insights captured the context and lived experiences behind those numbers. This comprehensive approach supported well-rounded conclusions and informed decision-making, guided by key criteria:

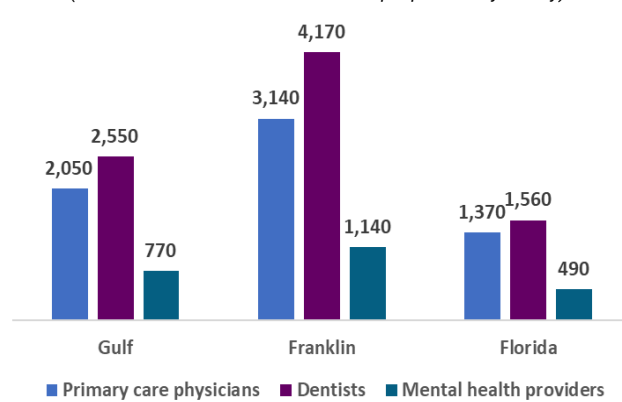
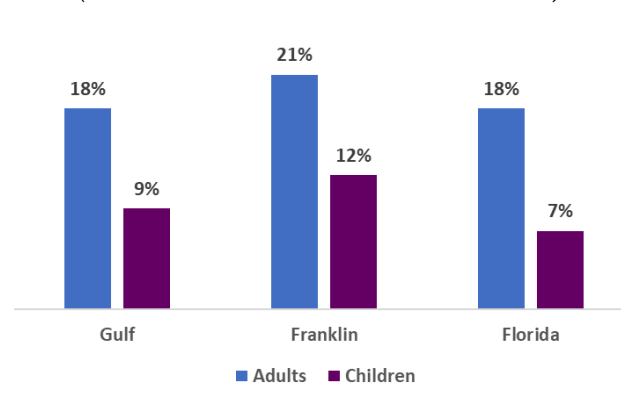
- The burden, scope, severity, or urgency of the health issue within the community.
- The presence of health disparities associated with the need.
- The importance the community places on addressing the need.

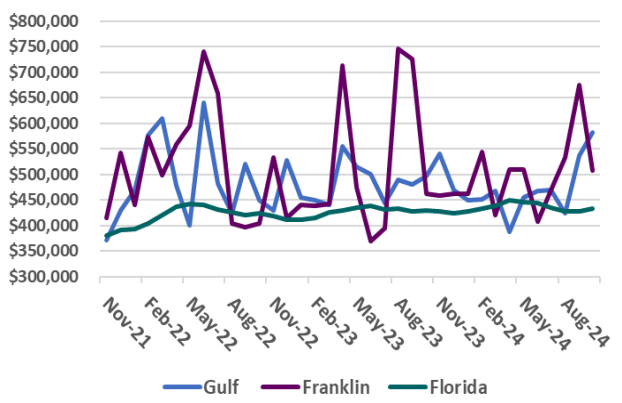
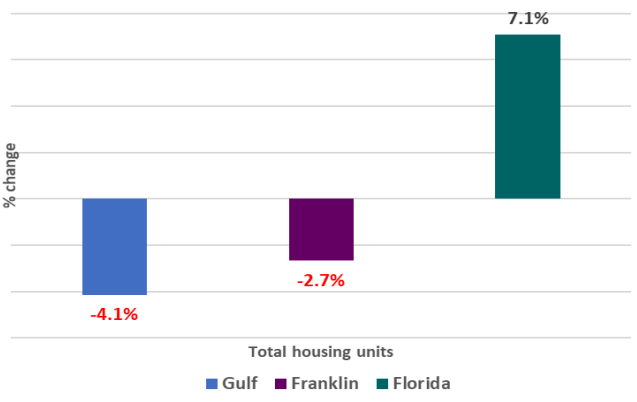
Based on the synthesis and analysis of the data, the significant needs for the 2024 CHNA are as follows (in alphabetical order):

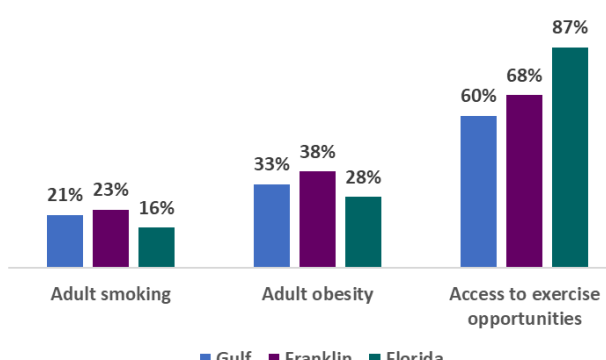
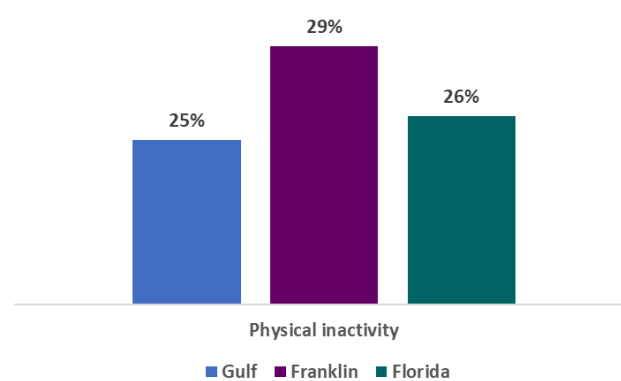
- Access to care
- Affordable housing
- Chronic disease and prevention
- Mental health and substance abuse
- Socioeconomic challenges
- Transportation

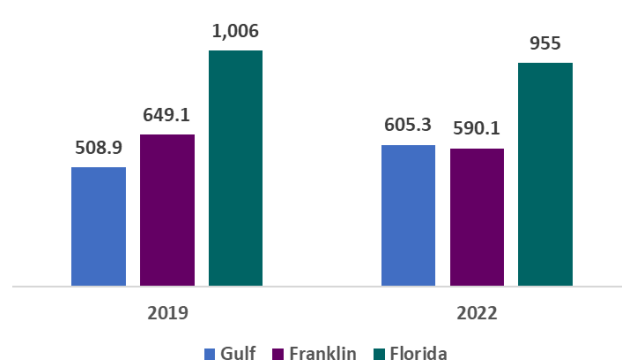
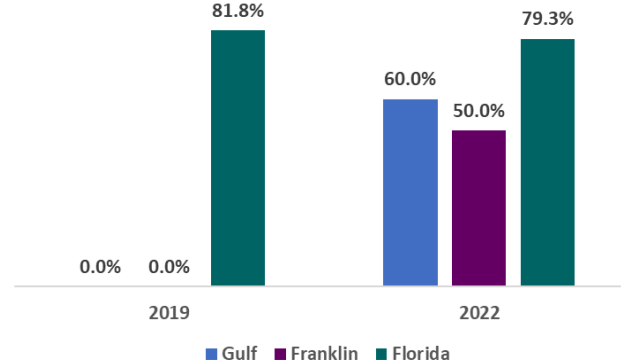
The following pages contain a description (including data highlights, community challenges and perceptions, and local assets and resources) of each significant need.

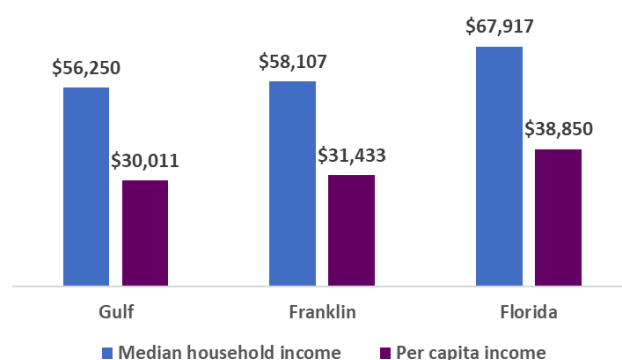
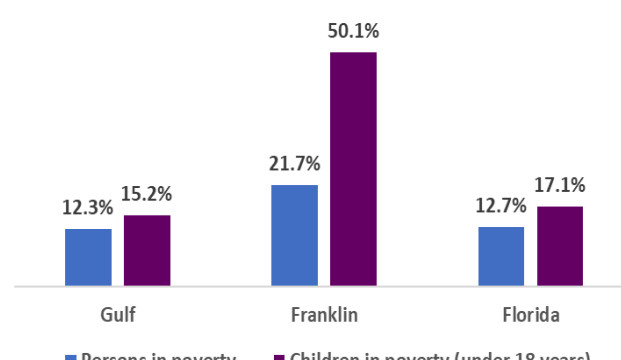
To view healthcare facilities and community resources available to respond to the significant needs, please see [Appendix E](#) (Page 44).

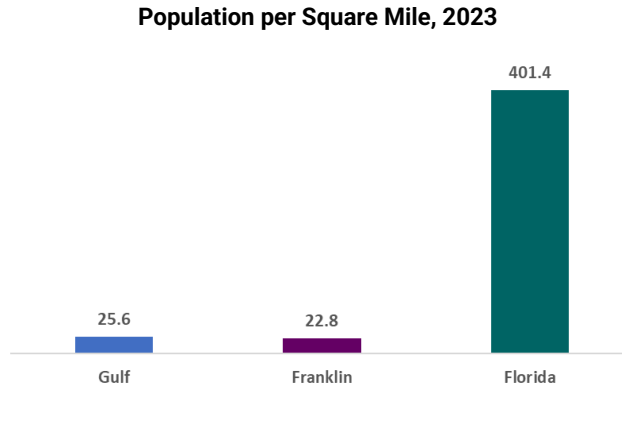
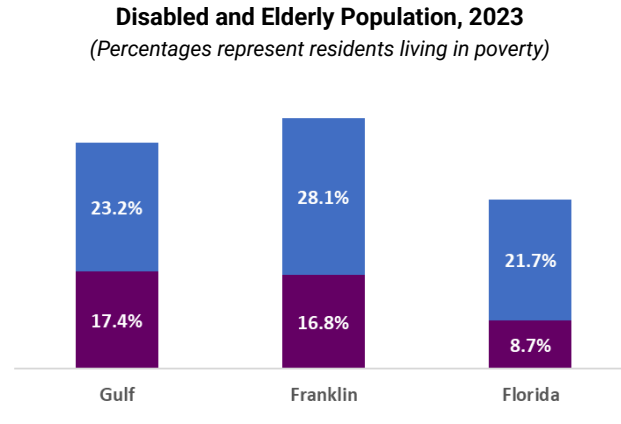
Access to Care																													
Significance Limited access to care exacerbates health disparities, resulting in untreated chronic conditions and unaddressed mental health needs, particularly among underserved populations. This not only compromises individual well-being but also hinders efforts to achieve health equity. <i>Source: U.S. Centers for Disease Control and Prevention</i>																													
Drivers	Populations Most Impacted																												
<ul style="list-style-type: none"> ● Shortage of Providers and Specialists: Limited access to care due to an insufficient number of healthcare providers and specialists. ● Affordability Barriers: High costs of care create financial obstacles for individuals seeking medical services. ● Rural Access Issues: Geographic obstacles in rural areas that restrict access to healthcare services. 	<ul style="list-style-type: none"> ● Low-income households ● Children/Adolescents ● Elderly ● Disabled ● LGBTQ+ 																												
Community Input Highlights <ul style="list-style-type: none"> ● Residents, particularly those in vulnerable populations, encounter substantial obstacles to accessing care, including social stigma, limited availability of specialized services, and geographic isolation. ● “Simply accessing primary care is difficult in this area, let alone specialists.” ● A growing number of residents lack health insurance or the financial means to afford care, further exacerbating barriers to access. 																													
Secondary Data Highlights																													
<p>Clinical Providers, 2021 (Numbers reflect the ratio of residents per provider by county)</p>  <table border="1"> <thead> <tr> <th>County</th> <th>Primary care physicians</th> <th>Dentists</th> <th>Mental health providers</th> </tr> </thead> <tbody> <tr> <td>Gulf</td> <td>2,050</td> <td>2,550</td> <td>770</td> </tr> <tr> <td>Franklin</td> <td>3,140</td> <td>4,170</td> <td>1,140</td> </tr> <tr> <td>Florida</td> <td>1,370</td> <td>1,560</td> <td>490</td> </tr> </tbody> </table> <p>Source: County Health Rankings & Roadmaps (2024)</p>	County	Primary care physicians	Dentists	Mental health providers	Gulf	2,050	2,550	770	Franklin	3,140	4,170	1,140	Florida	1,370	1,560	490	<p>Residents with No Health Insurance, 2021 (Percents reflect of residents that have no health insurance)</p>  <table border="1"> <thead> <tr> <th>County</th> <th>Adults</th> <th>Children</th> </tr> </thead> <tbody> <tr> <td>Gulf</td> <td>18%</td> <td>9%</td> </tr> <tr> <td>Franklin</td> <td>21%</td> <td>12%</td> </tr> <tr> <td>Florida</td> <td>18%</td> <td>7%</td> </tr> </tbody> </table> <p>Source: County Health Rankings & Roadmaps (2024)</p>	County	Adults	Children	Gulf	18%	9%	Franklin	21%	12%	Florida	18%	7%
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Affordable Housing	
<h3>Significance</h3> <p>High housing costs create financial strain, forcing individuals to choose between housing and essentials like food and healthcare. This can lead to mental health issues, increased stress, and limited access to quality housing and healthcare services.</p> <p>Source: Healthy People 2030</p>	
<h3>Drivers</h3> <ul style="list-style-type: none"> • Supply and Demand Imbalance: A shortage of housing relative to demand drives up prices, particularly in urban and high-growth areas. • Short-Term Rentals: The rise of platforms like AirBNB can reduce long-term rental availability, increasing costs in affected areas. • Market Speculation: Wealthier populations moving to coastal communities can drive up housing costs and displace lower-income residents. 	<h3>Populations Most Impacted</h3> <ul style="list-style-type: none"> • Low-income households • Elderly • Children/Adolescents • Working families
<h3>Community Input Highlights</h3> <ul style="list-style-type: none"> • Both counties identify housing affordability as a barrier to healthcare access, as the financial strain limits resources that could otherwise be allocated to medical needs. • "The rise of Airbnbs has driven up housing prices." • The number of available housing units has decreased since Hurricane Michael. 	
<h3>Secondary Data Highlights</h3>	
<h4>Median Housing Sale Price, 2021-2024</h4>  <p>Source: Realtor.com (2024)</p>	<h4>Housing Units, 2013-2022</h4> <p>(Percents represent the change of total housing units over indicated time span)</p>  <p>Source: U.S. Census Business Builder</p>

Chronic Disease and Prevention																									
<h3>Significance</h3> <p>Chronic disease and prevention reduce mortality, enhance quality of life, and lower healthcare costs. Early detection, healthy lifestyle promotion, and tailored interventions minimize complications, increase productivity, and address health disparities. Source: U.S. Centers for Disease Control and Prevention, 2024</p>																									
<h3>Drivers</h3> <ul style="list-style-type: none"> • Physical Inactivity: Sedentary lifestyles, often driven by technology use and limited access to recreational spaces, increase the risk of obesity and related conditions. • Lack of Awareness: Insufficient health education about risk factors and preventive measures leads to missed opportunities for early intervention. • Cultural and Social Norms: Stigma or cultural attitudes toward certain preventive practices can reduce participation in health screenings or lifestyle changes. 	<h3>Populations Most Impacted</h3> <ul style="list-style-type: none"> • Low-income households • Rural • Minority populations • Disabled • Children 																								
<h3>Community Input Highlights</h3> <ul style="list-style-type: none"> • Chronic diseases such as diabetes, heart disease, cancer, and stroke remain significant concerns within the community. • “We need more prevention programs to educate the community.” • Heart disease and diabetes have emerged as increasing community concerns in recent years. 																									
<h3>Secondary Data Highlights</h3>																									
<p>Health Behaviors, 2020-2023 (Percentages reflect adult residents who are current smokers, have a BMI greater than or equal to 30 kg/m², and have adequate access to locations for physical activity, respectively)</p>  <table border="1"> <thead> <tr> <th>Behavior</th> <th>Gulf</th> <th>Franklin</th> <th>Florida</th> </tr> </thead> <tbody> <tr> <td>Adult smoking</td> <td>21%</td> <td>23%</td> <td>16%</td> </tr> <tr> <td>Adult obesity</td> <td>33%</td> <td>38%</td> <td>28%</td> </tr> <tr> <td>Access to exercise opportunities</td> <td>60%</td> <td>68%</td> <td>87%</td> </tr> </tbody> </table> <p>Source: County Health Rankings & Roadmaps (2024)</p>	Behavior	Gulf	Franklin	Florida	Adult smoking	21%	23%	16%	Adult obesity	33%	38%	28%	Access to exercise opportunities	60%	68%	87%	<p>Physical Inactivity, 2020 (Percentage of adults age 18 and over reporting no leisure-time physical activity)</p>  <table border="1"> <thead> <tr> <th>Location</th> <th>Physical Inactivity</th> </tr> </thead> <tbody> <tr> <td>Gulf</td> <td>25%</td> </tr> <tr> <td>Franklin</td> <td>29%</td> </tr> <tr> <td>Florida</td> <td>26%</td> </tr> </tbody> </table> <p>Source: County Health Rankings & Roadmaps (2024)</p>	Location	Physical Inactivity	Gulf	25%	Franklin	29%	Florida	26%
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Mental Health and Substance Abuse																									
<h3>Significance</h3> <p>Mental health and substance abuse heighten illness risks, delay care, and increase mortality rates, with suicide ranking among the top 10 causes of death. These issues also drive higher healthcare costs and social challenges, such as unemployment and homelessness.</p> <p>Source: U.S. Centers for Disease Control and Prevention</p>																									
Drivers	Populations Most Impacted																								
<ul style="list-style-type: none"> • Socioeconomic Factors: Poverty, unemployment, and housing instability are closely linked to mental health struggles and addiction. • Stigma: Societal stigma discourages seeking help for both mental health and substance use disorders. • Substance Use and Self-Medication: Substance use often worsens mental health conditions, creating a cyclical relationship. 	<ul style="list-style-type: none"> • Low-income households • Military veterans • Children/Adolescents • LGBTQ+ • Homeless • Disabled 																								
<h3>Community Input Highlights</h3> <ul style="list-style-type: none"> • The area has a shortage of mental health services, substance abuse treatment, and preventive care programs, with barriers including stigma and affordability. • “Opioid addiction remains prevalent and we see a lot of meth use because it’s so cheap.” • The community agrees that poor mental health is frequently self-medicated through substance abuse because services are often not available. 																									
<h3>Secondary Data Highlights</h3>																									
<h4>Hospitalizations for Mental Disorders</h4> <p>(Number of hospitalizations per 100,000)</p>  <table border="1"> <thead> <tr> <th>Year</th> <th>Gulf</th> <th>Franklin</th> <th>Florida</th> </tr> </thead> <tbody> <tr> <td>2019</td> <td>508.9</td> <td>649.1</td> <td>1,006</td> </tr> <tr> <td>2022</td> <td>605.3</td> <td>590.1</td> <td>955</td> </tr> </tbody> </table>	Year	Gulf	Franklin	Florida	2019	508.9	649.1	1,006	2022	605.3	590.1	955	<h4>Opioid Overdose Deaths</h4> <p>(Percent of total overdose deaths)</p>  <table border="1"> <thead> <tr> <th>Year</th> <th>Gulf</th> <th>Franklin</th> <th>Florida</th> </tr> </thead> <tbody> <tr> <td>2019</td> <td>0.0%</td> <td>0.0%</td> <td>81.8%</td> </tr> <tr> <td>2022</td> <td>60.0%</td> <td>50.0%</td> <td>79.3%</td> </tr> </tbody> </table>	Year	Gulf	Franklin	Florida	2019	0.0%	0.0%	81.8%	2022	60.0%	50.0%	79.3%
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Socioeconomic Challenges																									
<p>Significance</p> <p>Challenges such as poverty and high unemployment limit access to healthcare, nutritious food, and stable housing. It increases chronic stress, delays medical care, and worsens health conditions. Poor living conditions and limited resources contribute to higher disease rates and health disparities.</p> <p>Source: World Health Organization, 2024</p>																									
Drivers	Populations Most Impacted																								
<ul style="list-style-type: none"> ● Unemployment and Generational Poverty: Lack of stable, well-paying jobs contributes to financial insecurity, and generational poverty within families makes it harder for future generations to achieve financial stability. ● Rural Divide: Rural areas often face limited access to jobs, education, and healthcare. ● Social Exclusion: Marginalization of specific groups due to race, ethnicity, gender, or disability perpetuates socioeconomic challenges. 	<ul style="list-style-type: none"> ● Low-income households ● Children ● Elderly ● Minority groups ● Rural populations ● Single-parent households 																								
Community Input Highlights																									
<ul style="list-style-type: none"> ● The community faces significant socioeconomic challenges driven by deep generational poverty, unemployment, loss of industry, and ongoing recovery efforts following Hurricane Michael. ● “We are not an economically diverse area and tourism jobs don’t pay well.” ● Poverty rates are increasing, especially among children. 																									
Secondary Data Highlights																									
<p>Area Income, 2023 (Amounts reflect median and per capita income levels)</p>  <table border="1"> <thead> <tr> <th>Area</th> <th>Median household income</th> <th>Per capita income</th> </tr> </thead> <tbody> <tr> <td>Gulf</td> <td>\$56,250</td> <td>\$30,011</td> </tr> <tr> <td>Franklin</td> <td>\$58,107</td> <td>\$31,433</td> </tr> <tr> <td>Florida</td> <td>\$67,917</td> <td>\$38,850</td> </tr> </tbody> </table> <p>Source: U.S. Census Bureau (2023). American Community Survey</p>	Area	Median household income	Per capita income	Gulf	\$56,250	\$30,011	Franklin	\$58,107	\$31,433	Florida	\$67,917	\$38,850	<p>Poverty Rates, 2023 (Percentages represent residents living in poverty)</p>  <table border="1"> <thead> <tr> <th>Area</th> <th>Persons in poverty</th> <th>Children in poverty (under 18 years)</th> </tr> </thead> <tbody> <tr> <td>Gulf</td> <td>12.3%</td> <td>15.2%</td> </tr> <tr> <td>Franklin</td> <td>21.7%</td> <td>50.1%</td> </tr> <tr> <td>Florida</td> <td>12.7%</td> <td>17.1%</td> </tr> </tbody> </table> <p>Source: U.S. Census Bureau (2023). American Community Survey</p>	Area	Persons in poverty	Children in poverty (under 18 years)	Gulf	12.3%	15.2%	Franklin	21.7%	50.1%	Florida	12.7%	17.1%
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Franklin	21.7%	50.1%																							
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Transportation																					
Significance <p>The area is highly rural with no public transportation options. These challenges delay care, restrict access to services, and exacerbate health disparities, resulting in poorer outcomes and increased costs. Source: National Institutes of Health</p>																					
Drivers <ul style="list-style-type: none"> ● Socioeconomic Disparities: Lower-income areas often lack access to reliable transportation due to systemic disinvestment. ● Technological Limitations: Inadequate adoption of modern transit solutions, such as ridesharing or electric buses, can restrict options. ● Lack of Accessibility Features: Failure to include features for the elderly or individuals with disabilities can make transportation options inaccessible for part of the population. 	Populations Most Impacted <ul style="list-style-type: none"> ● Low-income households ● Rural communities ● Elderly ● Children ● Disabled ● Military veterans 																				
Community Input Highlights <ul style="list-style-type: none"> ● Transportation options in both counties are severely limited, leaving many residents without access to reliable public transit or the means to afford a car. ● "The time zone difference between counties can make it challenging to keep appointments and coordinate travel." ● "The Medicaid bus stays backed up and is not available for last-minute appointments." 																					
Secondary Data Highlights																					
<p>Population per Square Mile, 2023</p>  <table border="1"> <thead> <tr> <th>Location</th> <th>Population per Square Mile, 2023</th> </tr> </thead> <tbody> <tr> <td>Gulf</td> <td>25.6</td> </tr> <tr> <td>Franklin</td> <td>22.8</td> </tr> <tr> <td>Florida</td> <td>401.4</td> </tr> </tbody> </table> <p>Source: U.S. Census Bureau, (2023). American Community Survey</p>	Location	Population per Square Mile, 2023	Gulf	25.6	Franklin	22.8	Florida	401.4	<p>Disabled and Elderly Population, 2023 (Percentages represent residents living in poverty)</p>  <table border="1"> <thead> <tr> <th>Location</th> <th>With a disability, under age 65 yrs</th> <th>Persons 65 years or over</th> </tr> </thead> <tbody> <tr> <td>Gulf</td> <td>17.4%</td> <td>23.2%</td> </tr> <tr> <td>Franklin</td> <td>16.8%</td> <td>28.1%</td> </tr> <tr> <td>Florida</td> <td>8.7%</td> <td>21.7%</td> </tr> </tbody> </table> <p>Source: U.S. Census Bureau, (2023). American Community Survey</p>	Location	With a disability, under age 65 yrs	Persons 65 years or over	Gulf	17.4%	23.2%	Franklin	16.8%	28.1%	Florida	8.7%	21.7%
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Next Steps

In the third phase, which will take place following the completion of the community health needs assessment as outlined in this report, Ascension Sacred Heart Gulf will narrow the *significant needs* to a set of *prioritized needs*. Ascension defines *prioritized needs* as the significant needs that the hospital has prioritized to respond to through the three-year CHNA implementation strategy (IS).

The IS will detail how Ascension Sacred Heart Gulf will respond to the *prioritized needs* throughout the three-year CHNA cycle: July 1, 2025 to June 30, 2028, and will also describe why certain *significant needs* were not selected as *prioritized needs* to be addressed by the hospital.

Summary of Impact of the Previous CHNA Implementation Strategy

An important piece of the three-year CHNA cycle is revisiting the progress made on priority needs set forth in the preceding CHNA. By reviewing the actions taken to respond to the prioritized needs and evaluating the impact those actions have made in the community, it is possible to better target resources and efforts during the next CHNA cycle.

Ascension Sacred Heart Gulf's previous CHNA implementation strategy was completed in March 2022 and responded to the following priority health needs: Access to Care.

Highlights from the Ascension Sacred Heart Gulf's previous implementation strategy include:

- **Access to telehealth appointments:** Ascension Sacred Heart Gulf hospital teams improved access to medical care by increasing virtual care visits, and allowing patients who have difficulty with transportation, mobility, child care, etc; to visit with a medical provider. Teams trained and supported Ascension Medical Group (AMG) providers and offices on increasing access for patients appropriate for telehealth appointments.

Written input received from the community and a report on the actions taken to respond to the significant health needs prioritized in the 2024 CHNA implementation strategy can be found in [Appendix F](#) (Page 46).

Approval by Ascension Florida Board of Directors

To ensure Ascension Sacred Heart Gulf's efforts meet the needs of the community and have a lasting and meaningful impact, the 2024 CHNA was presented to the Ascension Florida Board of Directors for approval and adoption on February 4, 2025. 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 reports also demonstrates that the board is aware of the findings from the CHNA, endorses the health needs identified, and supports the strategies developed to respond to those needs.

Conclusion

Ascension Sacred Heart Gulf hopes this report offers a meaningful and comprehensive understanding of the most significant (health-related) needs of Florida's Gulf and Franklin counties. The 2024 CHNA will be used by internal stakeholders to guide the implementation strategies and community health improvement efforts as required by the Affordable Care Act. This report will also be available to the broader community as a useful resource for nonprofit organizations, government agencies, and community partners to further health improvement efforts.

The hospital values the community's voice and welcomes feedback on this report. Please visit Ascension's public website (<https://healthcare.ascension.org/chna>) to submit any comments or questions.

As a Catholic health ministry, Ascension Sacred Heart Gulf is dedicated to spiritually centered, holistic care that sustains and improves the health of not only individuals but the communities it serves. With special attention to those who are underserved and marginalized, we are advocates for a compassionate and just society through our actions and words. Ascension Sacred Heart Gulf is dedicated to serving patients with compassionate care and medical excellence, making a difference in every life we touch.

Appendices

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Appendix B: Community Demographic Data and Sources

Appendix C: Community Input Data and Sources

Appendix D: Secondary Data and Sources

Appendix E: Health Care Facilities and Community Resources

Appendix F: Evaluation of Impact From Previous CHNA Implementation Strategy

Appendix A: Definitions and Terms

Catholic Health Association of United States (CHA) “is recognized nationally as a leader in community benefit planning and reporting.”³ The definitions in Appendix A are from the CHA guide *Assessing and Addressing Community Needs, 2015 Edition II*, which can be found at chausa.org.

Community Focus Groups

Group discussions with selected individuals. A skilled moderator is needed to lead focus group discussions. Members of a focus group can include internal staff, volunteers and the staff of human service and other community organizations, users of health services and members of minority or disadvantaged populations.

Demographics

Population characteristics of your community. Sources of information may include population size, age structure, racial and ethnic composition, population growth, and density.

Key Stakeholder Interviews

A method of obtaining input from community leaders and public health experts one-on-one. Interviews can be conducted in person or over the telephone (including computer/video calls). In structured interviews, questions are prepared and standardized prior to the interview to ensure consistent information is solicited on specific topics. In less structured interviews, open-ended questions are asked to elicit a full range of responses. Key informants may include leaders of community organizations, service providers, and elected officials. Individuals with special knowledge or expertise in public health may include representatives from your state or local health department, faculty from schools of public health, and providers with a background in public health. Could also be referred to as Stakeholder Interviews.

Medically Underserved Populations

Medically underserved populations include populations experiencing health disparities or that are at risk of not receiving adequate medical care because of being uninsured or underinsured or due to geographic, language, financial, or other barriers. Populations with language barriers include those with limited English proficiency. Medically underserved populations also include those living within a hospital facility’s service area but not receiving adequate medical care from the facility because of cost, transportation difficulties, stigma, or other barriers.

³ Catholic Health Association of the United States. (2015). *Assessing & Addressing Community Health Needs, 2015 Edition II*.

Appendix B: Community Demographic Data and Sources

The tables below provide further information on the community’s demographics. The descriptions of the data’s importance are largely drawn from the County Health Rankings & Roadmaps website.

Table 2: Population

Why it is important: The composition of a population, including related trends, is important for understanding the community context and informing community planning.

Population	Gulf	Franklin	Florida	U.S.
Total	15,693	12,594	22,610,726	334,914,895
Male	54.8%	53.4%	49.1%	49.5%
Female	45.2%	46.6%	50.9%	50.5%

Source: [U.S. Census Bureau, \(2023\). American Community Survey](#)

Table 3: Population by Race and Ethnicity

Why it is important: The racial and ethnic composition of a population is important in understanding the cultural context of a community. The information can also be used to better identify and understand health disparities.

Race or ethnicity	Gulf	Franklin	Florida	U.S.
Asian	0.7%	0.6%	3.1%	6.3%
Non-Hispanic Black / African American	13.9%	10.0%	17.0%	13.6%
Hispanic / Latino	5.2%	5.6%	27.4%	19.5%
American Indian or Alaska Native	0.8%	0.9%	0.6%	1.3%
Non-Hispanic White	77.6%	81.6%	51.9%	58.4%

Source: [U.S. Census Bureau, \(2023\). American Community Survey](#)

Table 4: Population by Age

Why it is important: The age structure of a population is important in planning for the future of a community, particularly for schools, community centers, healthcare, and child care. A population with more youths will have greater education and childcare needs, while an older population may have greater healthcare needs.

Age	Gulf	Franklin	Florida	U.S.
Median age	47.3	49.2	42.8	38.9
Ages 0-17	20.1%	18.7%	24.4%	27.2%
Ages 18-64	56.7%	53.2%	53.9%	55.1%
Ages 65+	23.2%	28.1%	21.7%	17.7%

Source: [U.S. Census Bureau, \(2023\). American Community Survey](#)

Table 5: Income

Why it is important: Median household income and the percentage of children living in poverty, which can compromise physical and mental health, are well-recognized indicators. People with higher incomes tend to live longer than people with lower incomes. In addition to affecting access to health insurance, income affects access to healthy choices, safe housing, safe neighborhoods, and quality schools. Chronic stress related to not having enough money can have an impact on mental and physical health as well. ALICE, an acronym for Asset Limited, Income Constrained, Employed, are households that earn more than the U.S. poverty level but less than the basic cost of living for the county. Combined, the number of poverty and ALICE households equals the total population struggling to afford basic needs.

Income	Gulf	Franklin	Florida	U.S.
Median household income	\$56,250	\$58,107	\$67,917	\$75,149
Per capita income	\$30,011	\$31,433	\$38,850	\$41,261
People with incomes below the federal poverty guideline	12.3%	21.7%	12.3%	11.1%
ALICE households	38.0%%	30.0%	33.0%	29.0%

Source: [U.S. Census Bureau, \(2023\). American Community Survey](#)

Table 6: Education

Why is it important: There is a strong relationship between health, lifespan, and education. In general, as income increases, so does lifespan. The relationship between more schooling, higher income, job opportunities (e.g., pay, safe work environment), and social support helps create opportunities for healthier choices.

Income	Gulf	Franklin	Florida	U.S.
High school diploma or higher	86.7%	83.1%	89.3%	89.1%
Bachelor’s degree or higher	24.5%	25.3%	32.3%	34.3%

Source: [U.S. Census Bureau, \(2023\). American Community Survey](#)

Table 7: Insured

Why it is important: Lack of health insurance can have serious health consequences due to lack of preventive care and delays in care that can lead to serious illness or other health problems.

Income	Gulf	Franklin	Florida	U.S.
Uninsured	14.1%%	19.7%	13.4%	9.5%

Source: [U.S. Census Bureau, \(2023\). American Community Survey](#)

Appendix C: Community Input Data and Sources

Community Focus Groups

The following questions were discussed with participants of the ASHB community focus groups conducted via Zoom in Gulf and Franklin counties, Florida:

1. What would you say are the most significant health issues (top 2-3) and needs in Gulf/Franklin County, including the contributing factors and unmet or under-addressed needs, and why?
2. In Gulf/Franklin, which kind of care is more difficult for residents to access?
3. If you could pick 3 things to change in your county that would improve access to care, what would those be?
4. How is health equity affecting your community and how can it be improved?
5. How do you see barriers to service affecting vulnerable populations?
6. Have you noticed improvements or other changes to these significant health needs since the last CHNA (in the last 3 years, since 2021)?
7. What do you consider the strengths and weaknesses of Gulf/Franklin County?
8. How do you see public health programs helping meet the community health needs?
9. How can Ascension be a better partner?

The focus groups were held via Zoom. Ascension was integral in recruitment efforts for the focus groups.

- Apalachee Regional Planning Council
- Franklin County Emergency Management
- Gulf Coast Sexual Assault Program
- Healthy Start of Okaloosa and Walton Counties

Key Stakeholder Interviews

Ascension Sacred Heart Gulf reached out to several organizations and agencies in Gulf and Franklin Counties with an invitation to participate in the key stakeholder interviews. We thank the following individuals for their willingness to volunteer their time and knowledge to this effort:

- Healthy Start of Okaloosa and Walton Counties

Conducted via Zoom, the key stakeholder interviews loosely followed the following set of questions:

1. What would you say are the most significant health issues (top 2-3) and needs in Okaloosa and Walton Counties, including the contributing factors and unmet or under-addressed needs, and why?
2. In Okaloosa and Walton Counties, which kind of care is more difficult for residents to access?
3. If you could pick 3 things to change in your county that would improve access to care, what would those be?
4. How is health equity affecting your community and how can it be improved?

5. How do you see barriers to service affecting vulnerable populations?
6. Have you noticed improvements or other changes to these significant health needs since the last CHNA (in the last 3 years, since 2021)?
7. What do you consider the strengths and weaknesses of Okaloosa and Walton Counties?
8. How do you see public health programs helping meet the community health needs?
9. How can Ascension be a better partner?

Appendix D: Secondary Data and Sources

The tables below are based on data vetted, compiled, and made available on the County Health Rankings and Roadmaps (CHRR) website (<https://www.countyhealthrankings.org/>). The site is maintained by the University of Wisconsin Population Health Institute, School of Medicine and Public Health, with funding from the Robert Wood Johnson Foundation. CHRR obtains and cites data from other public sources that are reliable. CHRR also shares trending data on some indicators.

CHRR compiles new data annually and shares it with the public. The data below is from the 2024 publication. It is important to understand that reliable data is generally two to three years behind due to the importance of careful analysis.

How to Read These Charts

Why they are important: Explains why we monitor and track these measures in a community and how it relates to health. The descriptions for “why they are important” are largely drawn from the CHRR website.

County vs. state: Describes how the county’s most recent data for the health issue compares to the state average.

United States (U.S.): Describes how the county’s most recent data for the health issue compares to the U.S.

Description: Explains what the indicator measures, how it is measured, and who is included in the measure.

N/A: Not available or not applicable. There might not be available data for the community on every measure. Some measures will not be comparable.

Table 8: Health Outcomes

Why they are important: Health outcomes reflect how healthy a county is right now. They reflect the physical and mental well-being of members within a community.

Indicators	Franklin	Gulf	Florida	U.S.	Description
Length of Life					
Premature death	9,900	12,200	8,300	8,000	Years of potential life lost before age 75 per 100,000 population (age-adjusted)
Life expectancy	74.8	73.9	78.5	77.6	How long the average person is expected to live
Physical Health					
Poor or fair health	20%	17%	13%	14%	Percentage of adults reporting fair or poor health
Poor physical health Days	4.2	3.9	3.0	3.3	Average number of physically unhealthy days reported in the past 30 days (age-adjusted)
Frequent physical distress	14%	12%	9%	10%	Percentage of adults with 14 or more days of poor physical health per month
Low birth weight	9%	8%	9%	8%	Percentage of babies born too small (less than 2,500 grams)
Mental Health					
Poor mental health days	5.1	5.1	4.2	4.8	Average number of mentally unhealthy days reported in the past 30 days
Frequent mental distress	17%	17%	13%	15%	Percentage of adults reporting 14 or more days of poor mental health per month
Suicide	13	18	14	14	Number of deaths due to suicide per 100,000
Morbidity					
Diabetes prevalence	11%	10%	10%	10%	Percentage of adults ages 20 and above with diagnosed diabetes
Cancer deaths (by state)	120.4	161.7	138.8	146.0	Average annual cancer death rate per 100,000
Communicable Disease					
HIV prevalence	151	208	625	382	Number of people ages 13 years and over with a diagnosis of HIV per 100,000
Sexually transmitted infections	334.1	341.2	479.3	495.5	Number of newly diagnosed chlamydia cases per 100,000

Source: [County Health Rankings & Roadmaps, \(2024\). Gulf County FL](#), [County Health Rankings & Roadmaps, \(2024\). Franklin County, FL](#)

Table 9: Social and Economic Factors

Why they are important: These factors have a significant effect on our health. They affect our ability to make healthy decisions, afford medical care, afford housing and food, manage stress, and more.

Indicator	Franklin	Gulf	Florida	U.S.	Description
Economic Stability					
Median household income	\$58,107	\$56,250	\$67,917	\$75,149	The income where half of households in a county earn more and half of households earn less
Unemployment	3.3%	3.2%	3.2%	3.8%	Percentage of population ages 16 and older unemployed but seeking work
Poverty	21.7%	12.3%	12.7%	11.5%	Percentage of population living below the federal poverty line
Childhood poverty	50.1%	15.2%	17.1%	16.3%	Percentage of people under age 18 in poverty
Educational Attainment					
High school completion	80%	86%	89%	89%	Percentage of adults ages 25 and over with a high school diploma or equivalent
Some college	33%	40%	65%	68%	Percentage of adults ages 25-44 with some post-secondary education
Social/Community					
Children in single-parent homes	30%	21%	28%	25%	Percentage of children who live in a household headed by a single parent
Social associations	12.7	11.8	7.1	9.1	Number of membership associations per 10,000 population
Violent crime	122.8	144.4	150.7	363.8	Number of reported violent crime offenses per 100,000 population
Access to Healthy Foods					
Food environment index	8.0	8.4	7.2	7.7	Index of factors that contribute to a healthy food environment (0 = worst, 10 = best)
Food insecurity	13%	11%	11%	10%	Percentage of the population who lack adequate access to food
Limited access to healthy foods	1%	2%	8%	6%	Percentage of the population who are low-income and do not live close to a grocery store

Source: [County Health Rankings & Roadmaps, \(2024\). Gulf County FL](#), [County Health Rankings & Roadmaps, \(2024\). Franklin County, FL](#)

Table 10: Physical Environment

Why they are important: The physical environment is where people live, learn, work, and play. The physical environment impacts our air, water, housing, and transportation to work or school. Poor physical environment can affect our ability and that of our families and neighbors to live long and healthy lives.

Indicator	Franklin	Gulf	Florida	U.S.	Description
Physical Environment					
Severe housing cost burden	12%	14%	17%	14%	Percentage of households that spend 50 percent or more of their household income on housing
Severe housing problems	16%	15%	19%	17%	Percentage of households with at least one of four housing problems: overcrowding, high housing costs, lack of kitchen facilities, and/or lack of plumbing facilities
Air pollution: particulate matter	7.6	7.7	7.8	7.4	Average daily density of fine particulate matter in micrograms per cubic meter (PM2.5)
Homeownership	81%	79%	67%	65%	Percentage of occupied housing units that are owned

Source: [County Health Rankings & Roadmaps, \(2024\). Gulf County FL](#), [County Health Rankings & Roadmaps, \(2024\). Franklin County, FL](#)

Table 11: Clinical Care

Why it is important: Access to affordable, quality care can help detect issues sooner and prevent disease. This can help individuals live longer and have healthier lives.

Indicator	Franklin	Gulf	Florida	U.S.	Description
Healthcare Access					
Uninsured	18%	15%	15%	10%	Percentage of population under age 65 without health insurance
Uninsured adults	21%	18%	18%	12%	Percentage of adults under age 65 without health insurance
Uninsured children	12%	9%	7%	5%	Percentage of children under age 19 without health insurance
Primary care physicians	3,140:1	2,020:1	1,370:1	1,330:1	Ratio of the population to primary care physicians
Mental healthcare providers	1,140:1	770:1	490:1	320:1	Ratio of the population to mental healthcare providers
Hospital Utilization					
Preventable hospital stays	2,031	3,283	3,035	2,681	Rate of hospital stays for ambulatory-care sensitive conditions per 100,000 Medicare enrollees
Preventive Healthcare					

Flu vaccinations	32%	34%	43%	46%	Percentage of fee-for-service Medicare enrollees who had an annual flu vaccination
Mammography screenings	40%	40%	44%	43%	Percentage of female Medicare enrollees ages 65-74 who received an annual mammography screening

Source: [County Health Rankings & Roadmaps, \(2024\). Gulf County FL](#), [County Health Rankings & Roadmaps, \(2024\). Franklin County, FL](#)

Table 12: Health Behaviors

Why they are important: Health behaviors are actions individuals take that can affect their health. These actions can lead to positive health outcomes or they can increase someone’s risk of disease and premature death. It is important to understand that not all people have the same opportunities to engage in healthier behaviors.

Indicator	Franklin	Gulf	Florida	U.S.	Description
Healthy Lifestyle					
Adult obesity	38%	33%	28%	34%	Percentage of the adult population (ages 20 and older) that reports a body mass index (BMI) greater than or equal to 30 kg/m ²
Physical inactivity	29%	25%	26%	23%	Percentage of adults ages 20 and over reporting no leisure-time physical activity
Access to exercise opportunities	68%	60%	87%	84%	Percentage of population with adequate access to locations for physical activity
Insufficient sleep	36%	34%	34%	33%	Percentage of adults who report fewer than seven hours of sleep on average
Motor vehicle crash deaths	21	21	15	12	Number of motor vehicle crash deaths per 100,000 population
Teen births	49	28	16	17	Number of births per 1,000 female population ages 15-19
Substance Misuse					
Adult smoking	23%	21%	16%	15%	Percentage of adults who are current smokers
Excessive drinking	18%	20%	17%	18%	Percentage of adults reporting binge or heavy alcohol drinking
Alcohol-impaired driving deaths	38%	5%	22%	26%	Alcohol-impaired driving deaths
Overdose deaths: any opioids by state	18.2	21.9	29.0	32.6	Rate of opioid-related deaths by state per 100,000 persons

Source: [County Health Rankings & Roadmaps, \(2024\). Gulf County FL: County Health Rankings & Roadmaps, \(2024\). Franklin County, FL](#)

Table 13: Disparities

Why they are important: Differences in access to opportunities that affect health can create differences between groups of people in the community. A focus on equity is important to improve health for everyone in the community.

Indicator	Population	Franklin	Gulf
Health Disparities			
Premature death: Years of potential life lost before age 75 per 100,000 population (age-adjusted)	Overall	9,900 per 100,000	12,200 per 100,000
	Asian	n/a per 100,000	n/a per 100,000
	Non-Hispanic Black / African American	n/a per 100,000	n/a per 100,000
	Hispanic / Latino	n/a per 100,000	n/a per 100,000
	American Indian or Alaska Native	n/a per 100,000	n/a per 100,000
	Non-Hispanic White	n/a per 100,000	n/a per 100,000
Low birthweight: Percentage of live births with low birthweight (< 2,500 grams)	Overall	9%	8%
	Asian	n/a	n/a
	Non-Hispanic Black / African American	n/a	16%
	Hispanic / Latino	n/a	n/a
	American Indian or Alaska Native	n/a	n/a
	Non-Hispanic White	n/a	7%

Source: [County Health Rankings & Roadmaps, \(2024\). Gulf County FL, County Health Rankings & Roadmaps, \(2024\). Franklin County, FL](#)

Appendix E: Health Care Facilities and Community Resources

As part of the CHNA process, Ascension Sacred Heart Gulf has cataloged resources available in Gulf and Franklin counties that respond to the significant needs identified in this CHNA. Resources may include acute care facilities (hospitals), primary and specialty care clinics and practices, mental health providers, and other non-profit services. State and national resources can also provide information regarding programs that can better serve the needs of a person experiencing a specific problem.

The resources listed under each significant need heading are not intended to be exhaustive.

Access to Care

Organization	Phone	Website
Hope Center	(850) 705-1107	www.gulfcoasthopecenter.org
Gulf County Health Department (FQHC)	(850) 227-1276	www.gulfchd.com
Eastpoint Medical Center (FQHC)	(850) 670-8585	www.nfmc.org

Affordable Housing

Organization	Phone	Website
Christian Community Development Fund	(850) 227-3394	www.ccdf-gulfcounty.org
Apalachicola Housing Authority	(850) 653-9304	www.apalachicolahousingauthority.com
Northwest Florida Regional Housing Authority	(850) 263-5303	www.nwfloridahousing.org

Chronic Disease and Prevention

Organization	Phone	Website
Ascension Sacred Heart Gulf	(850) 229-5600	www.ascension.org
George E Weems Memorial Hospital	(850) 653-8853	www.weemsmemorial.com
Select Specialty Hospital	(850) 767-3186	www.selectspecialtyhospital.com

Mental Health and Substance Abuse

Organization	Phone	Website
Chemical Addictions Recovery Effort (CARE)	(850) 872-7676	http://care4000.com
Life Management Center of Northwest Florida	(850) 227-1145	www.lifemanagementcenter.org/
Emerald Coast Behavioral Hospital	(850) 763-0017	www.emeraldcoastbehavioral.com

Socioeconomic Challenges

Organization	Phone	Website
Community Resource Center	(850) 229-1641	ww.careersourcegc.com
Catholic Charities	(850) 763-0475	www.catholiccharitiesnwfl.org
Franklin Promise Coalition	(850) 653-3930	www.franklinpromisecoalition.org

Transportation

Organization	Phone	Website
Gulf County ARC - Transportation	(850) 229-6550	www.hometown.com
Florida Department of Children and Families	(850) 747-5346	www.myflfamilies.com/medicaid
Apalachee Regional Planning Council	(850) 488-6211	www.arpc.org

Appendix F: Evaluation of Impact from the Previous CHNA Implementation

Ascension Sacred Heart Gulf’s 2021 CHNA implementation strategy will complete in June 2025, and responds to the following priority health needs: Access to Care.

Note: At the time of the report publication (February 2025), the third year of the cycle will not be complete. The hospital will accommodate for that variable; results from the last year of this cycle will be reported and attached to the Tax Year 2024 IRS Form 990/Schedule H.

The table below describes the actions taken during the 2021-2024 CHNA implementation strategy cycle to respond to the priority need.

Access to Care

Strategy	Action(s) Taken	Status of Action(s)
Improve Access to Care by increasing the overall % of Virtual Care Visits of Ascension Medical Group (AMG) patients, as compared to the total number of AMG patient visits, over 3 years	Trained office staff and providers on the use of Virtual Visits	Complete
	Trained of scheduling office to offer and book Virtual Visits	Complete
	Providers set time available for Virtual Visits	On-going
	Reported progress regularly to Ascension Florida leadership	On-going
Increase Access to Care by Care Continuity connecting Emergency Dept. patients who do not have a Provider (aka unattached patients) assisted through the ED Concierge program	Onboarded Care Continuity into Ascension Florida and Gulf Coast facilities	Complete
	Implemented ED Concierge program in partnership with Emergency Dept. and Nursing leadership	Delayed
	Completed Care Continuity set-up and connection of workstations in the Emergency Dept.	Delayed
	Deployed Care Continuity staff into the Emergency Dept.	Delayed
	Reported progress regularly to Ascension Florida leadership	On-going