Community Health Assessment

For the

Florida Department of Health – Franklin County

Initiated 2022 | Published 2023

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Executive Summary

In 2022 and 2023, the Florida Department of Health in Franklin County (DoH) conducted a Community Health Assessment (CHA) designed, ultimately, to improv the quality of life for county residents. In doing so, the CHA will help the DoH better understand the health needs of the community and develop programs and policies to address these needs. This collaborative, participatory process has several more granular objectives.

- Identify county-level, public health-related strengths and challenges
- Develop a prioritized set of community needs that can serve as the platform from which to construct a Community Health Improvement Plan (CHIP) – a blueprint for addressing higher-priority needs
- Engage partners, organizations, and individuals in creating a vision for a healthy county and collaboratively addressing priority needs
- Position the DOH to continue being a nationally accredited health department.

The CHA addresses the first of the four objectives above.

Approach

The CHA engaged community stakeholders and general community members, included validated measures and metrics, and included an in-depth prioritization process. The assessment approach included the following stages and activities:

- Stage 1: Environmental Analysis and Data Collection
  The CHA activities included the following research modalities:
    - Secondary research from sources such as the U.S. Census Bureau, the National Center for Health Statistics, Community Health Rankings and Roadmaps, Annie E. Casey Foundation, among others.
    - Community mapping (e.g., county maps).
    - Mobilizing for Action through Planning and Partnerships (MAPP) Analyses The MAPP process is a community-driven strategic planning process for improving community health and is comprised of four individual assessments.
- Stage 2: Primary Research
    - Key Stakeholder Interviews
- Stage 3: Needs Prioritization and Reporting
    - Prioritization. Crescendo's unique prioritization process includes a two-stage approach to working with leadership to prioritize needs identified in the research. The quantitative and qualitative process provides an unbiased mechanism to identify potential priority areas, determine the locus of control for each, and establish a timeline within which communities can be positively impacted. The resulting granular, prioritized needs were aggregated into three categories by community leaders during an onsite meeting. The resulting categories include (1) better support and access to basic services such as food access, affordable childcare, and transportation; (2) crisis care and other

mental health services e.g., substance misuse and other health-related services; and, (3) awareness of, and access to, existing services (including additional capacity).

- Reporting. The final report (this document) is designed to be a succinct, easy-to-read document reflecting county-level disparities and similarities. Quantitative and qualitative research, as well as prioritized needs, are segmented, where helpful; notable differences that exist, given the data, will be highlighted.

Resulting Priorities

Based on the data and qualitative research activities and the results of the Prioritization Process, the prioritized needs are listed below:

Franklin County

Exhibit 1: Prioritized List of Needs Summary

Rank	Category of Need	Examples of Granular Need (Overall rank among granular needs)
1	**Better support and access to basic services**	Affordable housing (1)
		Job training and career development support for youth (3)
		Affordable quality childcare (6)
		Career development support (including re-training) for adults (10)
2	**Crisis care and other mental health services**	Drug and other substance abuse treatment services (2)
		Long-term care or dementia care for seniors (5)
		Mental health services for adolescents / children (7)
		Mental health services for adults (9)
		Drug and other substance abuse education and prevention (11)
3	**Awareness of, and access to, existing services**	Access to care for people living in rural areas (4)
		Affordable healthcare services for individuals or families with low income (8)
		Coordination of patient care between the hospital and other clinics, private doctors, or other health service providers (12)

Community Health Assessment Introduction, Accreditation, and Approach

Introduction

In 2022 and early 2023, the Florida Department of Health in Franklin County launched a community-focused initiative to better understand the health needs of the community and construct initiatives to address them. The initiative was highly collaborative and engaged several community partners in order to do the following:

1. Complete a comprehensive Community Health Assessment (CHA) to identify county-level, collaborative resources; prioritize high-priority, community-health focused needs; create a distilled list of challenges and barriers to addressing core needs; and, begin to learn about strategies to address community needs and the "keys to success" in addressing them
2. Develop a Community Health Improvement Plan (CHIP) that will serve as a blueprint for improving the health of the county over the next three years
3. Engage community partners (e.g., other public sector groups, community based organizations, community and neighborhood-level leaders, and others) to create a vision for a healthy Franklin County and to collaborate on strategies to affect change
4. Position the Florida Department of Health in Franklin County to continue being a nationally accredited health department.

The CHA provides the first goal of this process, as it examines the current health status of Franklin County residents and explores the health-related challenges, experiences, and priorities. During the process, the Department of Health in Franklin County (DoH) worked closely with public sector groups, community based organizations, community and neighborhood-level leaders, and others to conduct this important work. Community partnerships that helped inform this CHA (including those with the Community Health Advisory Group, CHAG) will continue to be nurtured and enhanced in an effort to identify and deploy strategies to improve the quality of life for county residents and address high-priority needs.

Accreditation

The CHA and CHIP process are essential elements of the public health accreditation process. The Florida Department of Health has received first-in-the-nation national accreditation as an integrated department of health through the Public Health Accreditation Board (PHAB) in 2016. The accreditation signifies that the unified Florida Department of Health, including the state health office and all 67 county health departments, has been rigorously examined and meets or exceeds national standards for public health.

National public health accreditation consists of an adoption of a set of standards, a process to measure health department performance against those standards, and recognition for those departments that meet the standards. National public health accreditation involves a rigorous peer-review process and is bestowed by the PHAB, a non-profit organization that was developed in 2007 as a result of strategic discussions among national foundations such as the Robert Wood Johnson Foundation and federal agencies such as the Centers for Disease Control and Prevention on the importance of developing a public health department accreditation process.

Adherence to national standards will ultimately better serve the residents of the county – providing a research-based platform from which to deploy a strategic set of initiatives to improve the quality of life while addressing the most urgent community health needs. Additionally, it will help the health department enhance existing community partnerships (and build new ones) and provide the high quality services and positioning it to better vie for public health funding opportunities.

Approach

The DoH engaged in an active and inclusive approach to identifying community needs. The approach included the following elements:

Stage 1: Environmental Analysis and Data Collection

DoH worked with Crescendo Consulting Group (CCG) to collect a breadth of data from validated sources.

- Secondary research from sources such as the U.S. Census Bureau, the National Center for Health Statistics, Community Health Rankings and Roadmaps, Annie E. Casey Foundation, among others.
    - The education, health, nutrition, and social service needs of adults, families, children, and communities including prevalent social or economic factors that impact their well-being.
    - Economic and lifestyle data.
    - Social determinants of health data.
- Community mapping (e.g., county maps).

Stage 2: Primary Research

Key Stakeholder Interviews

Crescendo worked with DoH to generate a list of potential interviewees – community stakeholders, staff members, and others. Crescendo created a brief interview guide (see appendices) and conducted 16 interviews. The interviews provided additional insight that help illuminate other research findings.

Needs Prioritization

- Crescendo's unique prioritization process includes a two-stage approach to working with leadership to prioritize needs identified in the research. The quantitative and qualitative process provides an unbiased mechanism to identify potential priority areas, determine the locus of control for each, and establish a timeline within which communities can be positively impacted.

Stage 3: Reporting

The final report (this document) is designed to be a succinct, easy-to-read document reflecting county-level disparities and similarities. Quantitative and qualitative research, as well as prioritized needs, are segmented, where helpful; notable differences that exist, given the data, will be highlighted.

The following sections provide an environmental analysis and data support, insight from primary research (i.e., qualitative research / stakeholder interviews), and the results of a peer-validated prioritization process.

Stage 1: Environmental Analysis and Data Collection

Social Vulnerability

The SVI presents demographic measures correlated with communities that tend to be more vulnerable to economic hardships and/or natural disasters. The following table shows that Franklin and Gulf Counties tend to have older populations, a higher percentage of people living in poverty (Franklin County only), and more people living with a disability – elevated risk factors. However, Lower percentages of single parent households and lower percentages of foreign-born people and non-English speakers tend to be correlated with lower risk.

Exhibit 2: Social Vulnerability Index

	United States	Florida	Franklin County	Gulf County
Total Population	329,725,481	21,339,762	12,232	15,205
Median Age	38.4	42.3	47.2	46.0
Living in Poverty	12.6%	13.1%	19.1%	9.8%
Median Household Income	$69,021	$61,777	$52,679	$53,812
Unemployment Rate	5.5%	5.3%	9.5%	4.1%
Under Age 18	22.5%	20.0%	15.6%	15.8%
65 and Over	16.0%	20.4%	23.6%	22.9%
Living with a Disability	12.6%	13.4%	20.2%	23.3%
Single-parent Households	8.6%	8.3%	6.7%	7.2%
Minority Population	40.6%	47.4%	24.0%	21.2%
Foreign Born[1]	6.6%	8.8%	1.9%	1.9%
Speak English Less Than Very Well	8.2%	11.8%	1.1%	1.9%
Multi-Unit Residential Properties	1.7%	1.5%	0.1%	1.0%
Mobile Homes	5.9%	8.4%	17.3%	20.6%
No Vehicle	8.3%	6.0%	7.1%	2.8%

Source: U.S. Census Bureau, 2017-2021 American Community Survey Five-Year Estimates

- Franklin and Gulf Counties have comparable median household incomes ($52,679, $53,812).
- The unemployment rate in Franklin County (9.5%) is notably higher than state (5.3%) or national figures (5.5%).
- The percentage of people living with a disability in Franklin County (20.2%) is higher than state (13.4%) or national (12.6%) percentages.
- Compared to Florida (47.4%), the minority population in Franklin County is notably lower (24.0%).
- Less than 2% of residents in Franklin or Gulf Counties speak English less than very well, compared to 11.8% in Florida who speak English less than very well.
- Compared to Franklin County (7.1%), Gulf County has a lower percentage of residents who do not have a vehicle (2.8%).

[1] Not a U.S. Citizen.

Demographics and Household Profile

The population growth in Franklin and Gulf Counties is notably slower than the Florida average.

Exhibit 3: Population Growth

	United States	Florida	Franklin County	Gulf County
2030	360,014,940	24,719,237	13,122	16,913
2021	329,725,481	21,339,762	12,232	15,205
2010	308,745,538	18,801,310	11,549	15,863
Change 2010 to 2030	16.6%	31.5%	13.6%	6.6%

Source: U.S. Census Bureau, 2017-2021 American Community Survey Five-Year Estimates

- There is a projected upward trend of population in Franklin and Gulf Counties.
- By 2030, the population is expected to grow 13.6% in Franklin County and 6.6% in Gulf County.

Franklin and Gulf Counties have a greater proportion of seniors than the Florida and US average.

Exhibit 4: Demographic Indicators

	United States	Florida	Franklin County	Gulf County
Total Females	50.5%	50.8%	43.5%	42.5%
Total Males	49.5%	49.2%	56.5%	57.5%
Under 5	5.9%	5.2%	4.1%	3.6%
5 to 9	6.1%	5.4%	4.2%	5.2%
10 to 14	6.6%	5.9%	4.7%	4.3%
15 to 19	6.6%	5.7%	4.7%	4.9%
20 to 24	6.5%	5.8%	3.7%	4.1%
25 to 34	13.8%	12.9%	14.9%	12.9%
35 to 44	12.9%	12.3%	11.4%	14.1%
45 to 54	12.6%	12.8%	12.7%	13.0%
55 to 59	6.7%	6.9%	7.6%	7.9%
60 to 64	6.3%	6.6%	8.3%	7.1%
65 to 74	9.6%	11.4%	15.0%	14.3%
75 to 84	4.5%	6.4%	6.7%	6.4%
Over 85	1.9%	2.6%	2.0%	2.2%
Median Age	38.4	42.3	47.2	46
Under 5	5.9%	5.2%	4.1%	3.6%
5 to 17	16.6%	14.7%	11.5%	12.2%
18 to 64	61.4%	59.7%	60.8%	61.3%
65 and Over	16.0%	20.4%	23.6%	22.9%

Source: U.S. Census Bureau, 2017-2021 American Community Survey Five-Year Estimates

- Both Franklin and Gulf Counties have higher percentages of males per capita as compared to state and national figures.

Florida has a higher percentage of residents who identify as Hispanic and Black compared to the United States, though Franklin and Gulf Counties have a significantly lower Hispanic population.

Exhibit 5: Population by Race & Ethnicity per Capita

	United States	Florida	Franklin County	Gulf County
White (non-Hispanic)	59.4%	52.6%	76.0%	78.8%
Black (non-Hispanic)	12.2%	15.1%	12.4%	14.0%
Hispanic	18.4%	26.2%	5.9%	3.8%
Two or More Races Other (non-Hispanic)	3.2%	2.7%	4.2%	2.7%
Asian (non-Hispanic)	5.6%	2.7%	0.3%	0.5%
American Indian (non-Hispanic)	0.6%	0.1%	0.0%	0.1%
Single Race Other (non-Hispanic)	0.4%	0.5%	1.2%	0.1%

Source: U.S. Census Bureau, 2017-2021 American Community Survey Five-Year Estimates

- Both Franklin and Gulf Counties are primarily comprised of residents who identify as White non-Hispanic (76.0, 78.8%, respectively).
- The statewide percentage of residents who identify as Hispanic is 26.2%. The percentages for Franklin (5.9%) and Gulf Counties (3.8%) are significantly lower.

Exhibit 6: Population by Race

	United States	Florida	Franklin County	Gulf County
White Alone	68.2%	67.7%	79.3%	80.4%
Black or African American Alone	12.6%	15.7%	12.8%	14.7%
Two or More Races	7.0%	9.4%	4.7%	3.2%
Some Other Race Alone	5.6%	4.1%	2.8%	0.8%
Asian	5.7%	2.8%	0.3%	0.5%
American Indian and Alaska Native	0.8%	0.3%	0.1%	0.4%
Native Hawaiian and Other Pacific Islander	0.2%	0.1%	0.0%	0.0%

Source: U.S. Census Bureau, 2017-2021 American Community Survey Five-Year Estimates

- Approximately eight in 10 residents in Franklin and Gulf Counties are White.

Disability Status

Gulf County has a higher number of residents aged 19 to 64 living with a disability compared to Franklin County.[2]

Exhibit 7: Population Living with a Disability by Age Group per Capita

	United States	Florida	Franklin County	Gulf County
With a Disability				
Under 5	0.7%	0.6%	0.0%	0.0%
5 to 17	5.7%	6.2%	9.3%	12.9%
18 to 34	6.8%	6.5%	12.5%	18.9%
35 to 64	12.4%	11.9%	18.7%	20.5%
65 to 74	24.1%	22.2%	32.2%	25.1%
75 and Over	47.4%	44.4%	44.1%	62.9%
Age 19 to 64	20,232,256	1,237,646	993	1,326
Without a Disability				
Adults 18 to 64	178,469,170	11,237,644	4,942	5,325
Adults 19 to 64	174,267,619	10,999,771	4,754	5,184

Source: U.S. Census Bureau, 2017-2021 American Community Survey Five-Year Estimates

- Approximately two-thirds of residents in Gulf County age 75 and over are living with a disability. This is higher than Franklin County (44.1%), the state (44.4%), and national (47.4%) percentages.
- Proportionally, Gulf County has a slightly higher percentage of adults 18 to 64 without a disability than Franklin County.

[2] Source: US Census Bureau. Definition: In an attempt to capture a variety of characteristics that encompass the definition of disability, the ACS identifies serious difficulty with four basic areas of functioning – hearing, vision, cognition, and ambulation. These functional limitations are supplemented by questions about difficulties with selected activities from the Katz Activities of Daily Living (ADL) and Lawton Instrumental Activities of Daily Living (IADL) scales, namely difficulty bathing and dressing, and difficulty performing errands such as shopping. Overall, the ACS attempts to capture six aspects of disability: (hearing, vision, cognitive, ambulatory, self-care, and independent living); which can be used together to create an overall disability measure, or independently to identify populations with specific disability types. For the complete definition, go to ACS subject definitions "Disability Status."

The percent of Whites living with a disability ages 18 to 64 and age 65 and older is notably higher than the state and U.S. averages.

Exhibit 8: People Living with a Disability (LWD) by Race & Ethnicity & Age Group per Capita

	United States	Florida	Franklin County	Gulf County
American Indian and Alaska Native				
Under 18	5.5%	5.5%	ND	ND
18 to 64	15.8%	17.1%	ND	ND
65 and Over	47.0%	41.9%	ND	75.0%
Asian				
Population with a disability	7.3%	8.1%	53.8%	16.7%
Under 18	2.4%	2.7%	ND	100.0%
18 to 64	4.5%	5.2%	53.8%	0.0%
65 and Over	29.4%	28.0%	ND	30.8%
Black or African American				
Under 18	5.3%	5.1%	0.0%	0.0%
18 to 64	13.1%	10.7%	18.0%	10.8%
65 and Over	37.7%	34.4%	30.9%	31.5%
Hispanic or Latino				
Population with a disability	9.3%	10.3%	0.0%	5.5%
Under 18	4.4%	4.7%	0.0%	4.1%
18 to 64	8.5%	7.8%	0.0%	0.0%
65 and Over	36.7%	34.6%	0.0%	19.4%
White				
Population with a disability	13.3%	14.4%	20.4%	23.9%
Under 18	4.3%	4.6%	3.2%	10.9%
18 to 64	10.4%	10.3%	16.2%	20.3%
65 and Over	32.7%	31.3%	37.2%	39.7%
White, not Hispanic or Latino				
Under 18	4.3%	4.7%	3.3%	11.1%
18 to 64	10.7%	11.3%	16.9%	20.4%
65 and Over	32.5%	31.0%	37.8%	39.8%

Source: U.S. Census Bureau, 2017-2021 American Community Survey Five-Year Estimates

There is a higher percentage of older adults (65 and over) living with a disability in Franklin and Gulf Counties, compared to Florida and the United States. Percentages of those aged 18 to 64 living with a disability are slightly higher in Franklin and Gulf Counties as well.

Exhibit 9: Population Living with a Disability (LWD) by Gender

	United States	Florida	Franklin County	Gulf County
Female LWD				
Under 18	0.8%	0.7%	1.5%	2.8%
18 to 64	6.2%	5.8%	11.1%	9.3%
65 and Over	5.8%	6.9%	8.8%	9.0%
Male LWD				
Under 18	1.3%	1.3%	0.9%	0.9%
18 to 64	6.4%	6.1%	7.7%	12.2%
65 and Over	4.8%	6.1%	10.5%	12.3%
Female Without a Disability				
Under 18	21.2%	18.6%	14.7%	14.6%
Age 18 to 64	54.7%	53.3%	45.7%	46.8%
65 and Over	11.4%	14.8%	18.3%	17.5%
Male Without a Disability				
Under 18	22.5%	19.9%	18.7%	20.2%
18 to 64	55.2%	53.6%	47.0%	38.7%
65 and Over	9.8%	13.0%	15.2%	15.6%

Source: U.S. Census Bureau, 2017-2021 American Community Survey Five-Year Estimates

- A slightly higher percentage of females under age 18 are living with a disability in Franklin and Gulf Counties, compared to males.
- A slightly higher percentage of males age 65 and over in Franklin and Gulf Counties are living with a disability.

Franklin and Gulf Counties have comparable numbers of children living with a disability.

Exhibit 10: Child Disability Status

	United States	Florida	Franklin County	Gulf County
Age 17 and Under (USDA) (2019)	74,173,024	4,002,091	1,970	2,574
With a Disability				
18 and Under	3,576,151	217,520	136	248
Under 18	3,270,678	202,170	130	238
Without a Disability				
18 and Under	75,036,813	4,289,270	1,967	2,301
Under 18	70,835,262	4,051,397	1,779	2,160

Source: U.S. Census Bureau, 2017-2021 American Community Survey Five-Year Estimates

- Gulf County has slightly more children 17 and under than Franklin County.

Race and Ethnicity

Florida has higher percentages of individuals who are foreign born compared to the United States, and Franklin and Gulf Counties have significantly lower percentages than Florida, and lower percentages than the United States.

Exhibit 11: U.S. Citizenship Status

	United States	Florida	Franklin County	Gulf County
US Citizen - Native Born or Naturalized	308,021,923	19,462,219	12,005	14,920
Foreign Born - Naturalized US Citizen	7.0%	12.2%	1.9%	2.0%
Foreign Born - Not US Citizen	6.6%	8.8%	1.9%	1.9%

Source: U.S. Census Bureau, 2017-2021 American Community Survey Five-Year Estimates

- Approximately 2.0% of Franklin and Gulf Counties' residents identify as foreign born – not US citizens, compared to 8.8% statewide and 6.6% nationally.
- Approximately 2.0% of residents in Franklin and Gulf Counties identify as foreign born – naturalized US citizens, compared to 12.2% in Florida and 7.0% in the US.

Median household incomes in Franklin County and Gulf County are less than Florida's median household income and significantly less than the United States' median household income.

Exhibit 12: Household Income per Household

	United States	Florida	Franklin County	Gulf County
$10,000 or less	5.5%	5.9%	8.1%	4.0%
$10,000 to $14,999	3.9%	3.9%	5.7%	4.4%
$15,000 to $24,999	7.8%	8.6%	13.5%	8.8%
$25,000 to $34,999	8.2%	9.3%	9.7%	8.6%
$35,000 to $49,999	11.4%	13.0%	9.5%	20.4%
$50,000 to $74,999	16.8%	18.2%	21.1%	15.6%
$75,000 to $99,999	12.8%	12.8%	10.8%	12.9%
$100,000 to $149,999	16.3%	14.7%	13.9%	14.3%
$150,000 to $199,999	7.8%	6.3%	4.4%	5.9%
$200,000 or More	9.5%	7.3%	3.4%	5.2%
Median Household Income	$69,021	$61,777	$52,679	$53,812
Income Inequality (Gini Index)[3] [Lower is "better"]	48.2%	48.5%	46.9%	44.5%

Source: U.S. Census Bureau, 2017-2021 American Community Survey Five-Year Estimates

- Approximately 8.1% of residents in Franklin County earn $10,000 or less.
- Over one in 10 residents in Franklin County has an income between $15,000 to $24,999.
- Franklin County has a lower percentage of residents who have an income of $75,000 or greater as compared to Gulf County, Florida, or the United States.
- Median household income in Franklin County is $9,098 less than Florida's median household income and $16,342 less than the United States' median household income.
- Gulf County has the lowest income inequality at 44.5%.

[3] US Census Bureau, "The Gini Index is a summary measure of income inequality. The Gini coefficient incorporates the detailed shares data into a single statistic, which summarizes the dispersion of income across the entire income distribution. The Gini coefficient ranges from 0, indicating perfect equality (where everyone receives an equal share), to 1, perfect inequality (where only one recipient or group of recipients receives all the income). The Gini is based on the difference between the Lorenz curve (the observed cumulative income distribution) and the notion of a perfectly equal income distribution." For additional guidance on income inequality and the Gini Index, see the following: https://corporatefinanceinstitute.com/resources/economics/gini-coefficient/.

There are pocket of poverty in Gulf County and Franklin County among Blacks or African Americans, Hispanics, and Whites. The Asian population in each county is very small, but median incomes are high.

Exhibit 13: Median Income by Race & Ethnicity

	United States	Florida	Franklin County	Gulf County
Asian	$98,367	$78,346	$76,607	$206,806
Black or African American	$46,401	$46,176	$31,638	$63,419
White	$73,533	$65,519	$52,500	$53,947
White (Not Hispanic or Latino)	$75,208	$67,750	$52,377	$53,866
Two or More Race	$65,220	$61,073	$58,872	$39,500
Hispanic or Latino	$58,791	$56,091	ND	$43,750
American Indian and Alaska Native	$50,183	$53,839	ND	ND
Native Hawaiian and Other Pacific Islander	$71,029	$58,150	ND	ND
Other Race	$55,769	$51,608	ND	ND

Source: U.S. Census Bureau, 2017-2021 American Community Survey Five-Year Estimates

- The Black or African American population in Franklin County median income is approximately $20,000 less than the median income for White (not Hispanic or Latino), which is the next lowest median income.
- Though the Asian population makes up less than 1% of the service area population, their median income is significantly higher than the median income for other races/ethnicities.

Housing capacity is an ongoing challenge. However, more than one-third of all housing units in Franklin and Gulf Counties are vacant – largely due to unoccupied, seasonal homes.

Exhibit 14: Select Housing Characteristics

	United States	Florida	Franklin County	Gulf County
Total Households	124,010,992	8,157,420	4,559	5,519
Vacant Housing Units	11.2%	16.5%	45.6%	37.9%
Occupied Housing Units	124,010,992	8,157,420	4,559	5,519

Source: U.S. Census Bureau, 2017-2021 American Community Survey Five-Year Estimates

- Nearly half of the housing units in Franklin County are vacant (45.6%).

Nationally and in Florida, more than 70% of White people live within a mile or a half mile to healthy food. Approximately 80% or more of the White population in Franklin and Gulf Counties live within one-half mile to healthy food.

Exhibit 15: Access to Healthy Food by Race & Ethnicity per Capita

	United States	Florida	Franklin County	Gulf County
1/2 Mile from Access to Healthy Food				
White	73.8%	71.7%	79.9%	94.8%
Black or African American	63.0%	63.7%	73.3%	86.7%
Asian	53.3%	70.6%	53.8%	95.7%
Native Hawaiian and Other Pacific Islander	60.2%	70.2%	85.7%	100.0%
American Indian and Alaska Native	73.5%	70.1%	82.8%	93.7%
Other/Multiple Race	54.5%	64.9%	66.0%	90.6%
1 Mile from Access to Healthy Food				
White	44.8%	37.4%	65.6%	81.6%
Black or African American	29.5%	25.8%	57.7%	66.4%
Asian	20.7%	31.9%	34.6%	84.8%
Native Hawaiian and Other Pacific Islander	28.1%	34.4%	0.0%	100.0%
American Indian and Alaska Native	49.3%	37.8%	65.5%	79.4%
Other/Multiple Race	23.6%	29.7%	40.1%	74.8%
10 Miles from Access to Healthy Food				
White	1.9%	0.8%	3.9%	9.0%
Black or African American	0.9%	0.4%	0.1%	4.2%
Asian	0.1%	0.1%	0.0%	6.5%
Native Hawaiian and Other Pacific Islander	0.8%	0.4%	0.0%	0.0%
American Indian and Alaska Native	10.2%	2.7%	3.4%	9.5%
Other/Multiple Race	0.8%	0.5%	1.5%	4.7%
20 Miles from Access to Healthy Food				
White	0.2%	0.0%	0.0%	ND
Black or African American	0.0%	0.0%	0.0%	ND
Asian	0.0%	0.0%	0.0%	ND
Native Hawaiian and Other Pacific Islander	0.1%	0.0%	0.0%	ND
American Indian and Alaska Native	4.2%	0.7%	0.0%	ND
Other/Multiple Race	0.1%	0.0%	0.0%	ND

Source: USDA ERS 2019

- Nationally and in Gulf County, approximately 10% of the American Indian and Alaska Native population lives within 10 miles of access to healthy food.[4]
- Approximately 6.5% of the Asian population in Gulf County lives within 10 miles of access to healthy food.

[4] Note that given the small number of people within some demographic categories, small nominal changes can make a large impact on "Rate per 100,000 population" or similar metrics.

More than a quarter of residents in Franklin and Gulf Counties have a short commute – shorter than 10 minutes.

Exhibit 16: Commute Time

	United States	Florida	Franklin County	Gulf County
Less than 10 minutes	12.4%	8.9%	26.9%	28.8%
10 to 19 minutes	28.5%	26.0%	33.6%	22.5%
20 to 29 minutes	21.0%	22.4%	13.7%	11.1%
30 to 44 minutes	20.9%	24.8%	16.9%	18.7%
45 to 59 minutes	8.2%	9.4%	3.0%	9.9%
60 or more minutes	9.1%	8.4%	5.8%	9.0%

Source: U.S. Census Bureau, 2017-2021 American Community Survey Five-Year Estimates

- Over a third of residents in Franklin County have a commute between 10 and 19 minutes long.

Franklin and Gulf Counties have a higher percentage than state and national figures of population that has a high school degree, but a lower percentage of individuals that have higher level education.

Exhibit 17: Educational Attainment

	United States	Florida	Franklin County	Gulf County
Less than 9th Grade	4.8%	4.4%	7.2%	4.2%
9th to 12th Grade	6.3%	6.6%	13.9%	9.1%
High School Degree	26.5%	27.9%	32.0%	32.8%
Some College, No Degree	20.0%	19.5%	18.6%	22.5%
Associates Degree	8.7%	10.1%	7.1%	8.4%
Bachelor's Degree	20.6%	19.8%	12.2%	14.6%
Graduate Degree	13.1%	11.7%	8.9%	8.5%

Source: U.S. Census Bureau, 2017-2021 American Community Survey Five-Year Estimates

- Nearly 14% of the population in Franklin County has a 9th to 12th grade education, and approximately 7.2% has a less than 9th grade education.
- Approximately one-fifth of the state and national population has a bachelor's degree, compared to approximately 12.2% in Franklin County and 14.6% in Gulf County.

Gulf County racial or ethnic minorities are much less likely to have attained high education levels compared to Franklin County or the state and U.S. African American females are especially disadvantaged.

A lower proportion of the Black or African American, Hispanic or Latino, and White populations have attained a bachelor's degree or higher in Franklin and Gulf Counties, compared to state or national figures. There is also a higher percentage of Hispanic or Latino females who have a bachelor's degree or higher, compared to males. This is true in the service area, statewide, and nationally.

Exhibit 18: Attainment of Bachelor's Degree or Higher by Race & Ethnicity, Gender, per Capita

	United States	Florida	Franklin County	Gulf County
Asian	55.6%	50.9%	100.0%	92.3%
Black or African American	23.3%	20.9%	9.6%	7.8%
Female	26.0%	23.8%	20.1%	1.3%
Male	20.2%	17.7%	6.6%	9.2%
Hispanic or Latino	18.4%	26.7%	24.2%	7.4%
Female	20.2%	28.4%	53.9%	13.0%
Male	16.6%	24.9%	6.0%	6.7%
White	35.5%	33.5%	22.7%	26.5%

Source: U.S. Census Bureau, 2017-2021 American Community Survey Five-Year Estimates

- Fewer than 10% of the Black or African American population in Franklin and Gulf Counties have a bachelor's degree or higher.
- Approximately 20% of Black or African American females in Franklin County have a bachelor's degree or higher, compared to 1.3% in Gulf County.
- Nearly a quarter of the Hispanic or Latino population in Franklin County has a bachelor's degree or higher, compared to 7.4% in Gulf County.
- More than half of the Hispanic or Latino female population in Franklin County has a bachelor's degree, compared to 13.0% in Gulf County.

Industry and Workforce

A plurality of the population in Gulf County works in office and administrative support, while the plurality of the population in Franklin County is in sales.

Exhibit 19: Employment by Occupation

	United States	Florida	Franklin County	Gulf County
Office and Administrative Support	11.1%	12.1%	9.1%	13.1%
Construction and Extraction	5.0%	5.5%	11.3%	11.8%
Management	10.8%	10.8%	11.4%	10.6%
Sales	9.8%	11.7%	14.1%	8.4%
Education, Training and Library	6.2%	5.1%	4.3%	6.9%
Health Diagnosis and Treating Practitioners	4.2%	4.4%	2.5%	6.6%
Building, Grounds Cleaning, and Maintenance	3.6%	4.6%	8.5%	6.2%
Business and Finance	5.7%	5.3%	2.6%	4.3%
Food Preparation and Serving	5.4%	6.2%	6.0%	4.0%
Installation, Maintenance, and Repair	3.1%	3.3%	3.0%	3.9%
Material Moving	3.8%	3.2%	3.0%	3.1%
Law Enforcement	1.0%	1.0%	4.4%	3.0%
Community and Social Service	1.8%	1.4%	0.8%	2.4%
Healthcare Support	3.3%	3.0%	1.3%	2.3%
Transportation	3.8%	4.1%	1.3%	2.3%
Production	5.5%	3.3%	4.8%	2.1%
Arts, Design, Entertainment, Sports, and Media	2.0%	1.9%	0.6%	1.5%
Personal Care and Service	2.6%	2.9%	1.6%	1.5%
Farming, Fishing and Forestry	0.6%	0.5%	2.8%	1.4%
Life, Physical, and Social Science	1.0%	0.6%	1.4%	1.2%
Health Technologist and Technicians	2.0%	2.1%	1.8%	1.0%
Architecture and Engineering	2.1%	1.5%	0.5%	0.8%
Fire Fighting and Prevention	1.2%	1.4%	0.9%	0.8%
Computer and Mathematical	3.4%	2.7%	1.1%	0.4%
Legal	1.2%	1.3%	0.7%	0.3%

Source: U.S. Census Bureau, 2017-2021 American Community Survey Five-Year Estimates

- The state and national percentage of the population that is in law enforcement is 1.0%, compared to 4.4% in Franklin and 3.0% in Gulf County.
- Franklin and Gulf Counties have slightly higher percentages of the population in building, grounds cleaning, and maintenance compared to Florida and the U.S.

Housing and Poverty

The percentage of cost-burdened households that are owner-occupied or renter-occupied are comparable to state and national figures.

Exhibit 20: Cost-Burdened Households

	United States	Florida	Franklin County	Gulf County
Owner-Occupied	21.8%	25.3%	22.3%	16.7%
Renters	46.0%	53.2%	46.7%	45.5%
Low-Income Households Severely Cost-Burdened (2015-2019)	13.0%	15.1%	9.8%	11.2%

Source: U.S. Census Bureau, 2017-2021 American Community Survey Five-Year Estimates

- Franklin and Gulf Counties have slightly lower percentages of low-income households that are severely cost-burdened compared to state and national figures.

Franklin has a higher percentage of households below poverty level (17.1%) compared to Gulf County (12.0%) and statewide (12.8%) or national (12.4%) percentages.

Exhibit 21: Trend of Households Below Poverty Level

	United States	Florida	Franklin County	Gulf County
2021	12.4%	12.8%	17.1%	12.0%
2010	13.1%	13.0%	24.0%	14.8%

Source: U.S. Census Bureau, 2017-2021 American Community Survey Five-Year Estimates

- There was a -19% change from 2010 to 2021 in Gulf County percentage of households below poverty level and a -29% change in Franklin County.

Gulf County has a lower percentage of households with internet access compared to Franklin County, Florida, and the United States.

Exhibit 22: Internet Providers

	United States	Florida	Franklin County	Gulf County
Number of Internet Providers	2,837	68	5	6
Percentage of Households with Internet Access	89.7%	90.5%	86.6%	83.3%

Sources: (Providers) FCC 2021

(Access) U.S. Census Bureau, 2017-2021 American Community Survey Five-Year Estimates

On a per capita basis, the number of recreational / fitness facilities in Gulf and Franklin Counties is similar to the U.S. average. However, the limited actual number of them is very small – limiting access to them.

Exhibit 23: Percent Change in Recreation / Fitness Facilities

	United States	Florida	Franklin County	Gulf County
Percent Change	15.1	27.6	0	ND
Percent Change per 1,000	-1.41	10.7	-2.7	ND

Source: USDA ERS Food Envir Atlas Difference 2011-2016

Exhibit 24: Recreation / Fitness Facilities

	United States	Florida	Franklin County	Gulf County
Number of Facilities	33,968	2,077	1	1
Per 1,000 People (2016)	0.1	0.1	0.1	0.1

Source: USDA ERS Food Envir Atlas Difference 2011-2016

- The USDA database identified only one recreational / fitness facility in Gulf and in Franklin Counties.

Mental Health and Substance Use Issues

Adult incidence of depression is similar to the state and U.S. averages, yet Gulf County data is slightly elevated. Regardless of the comparative data, depression is a notable concern in Gulf, County, Franklin County, and across the U.S., as approximately one of five adults has diagnosed depression.

Exhibit 25: Adult Diagnosed Depression

	United States	Florida	Franklin County	Gulf County
Diagnosed Depression Among Adults	18.8	19.2	19.7	21.1

Source: CDC BRFSS PLACES 2019

- Rates of diagnosed depression among adults are in line with state and national rates.

The drug overdose death rate is higher in 2020 than it was in 2010 across the service area and state and national rates.

Exhibit 26: Drug Overdose Death Rate

	United States	Florida	Franklin County	Gulf County
2020	28.3	35.0	40.4	33.5
2010	12.3	16.4	17.5	12.4

Source: CDC 2020

- Compared to Gulf County, Florida, and the U.S., Franklin County has the highest drug overdose death rate (40.4).

Compared to the U.S., Florida, and Gulf County, Franklin County has the highest percentage of fair or poor mental health (as well as general health and physical health).

Exhibit 27: Quality of Life Among Adults

	United States	Florida	Franklin County	Gulf County
Fair or Poor General Health	18.6%	21.9%	26.0%	24.5%
Poor Physical Health	12.5%	15.0%	18.2%	17.2%
Poor Mental Health	13.6%	15.8%	17.1%	16.4%
Life Expectancy at Birth	78.5	79.7	76.7	75.0

Source: CDC BRFSS PLACES 2019

(Life expectancy) County Health Rankings, 2022

Alcohol misuse is a notably large issue in both Franklin and Guld Counties. Nearly a quarter of the Franklin County population is a regular smoker, compared to 21.2% in Gulf County and 18.2% statewide.

Exhibit 28: Self-Reported Adult Smoking Habits

	United States	Florida	Franklin County	Gulf County
Regular Smoking	15.3%	18.2%	24.1%	21.2%

Source: CDC BRFSS PLACES 2019

Franklin County has a slightly higher percentage of the population that self-reported binge drinking compared to Gulf County, Florida, and the United States.

Exhibit 29: Self-Reported Adult Drinking Habits

Binge Drinking	United States	Florida	Franklin County	Gulf County
2019	16.7%	17.7%	19.0%	16.3%
2014	16.0%	ND	ND	ND

Source: CDC BRFSS 500 Cities 2014

Other Risk Factors

Similarly, a relative lack of leisure activities elevates health risks for area residents. Approximately one-third of the population in Franklin and Gulf Counties reported no leisure-time physical activity.

Exhibit 30: No Leisure-Time Physical Activity Among Adults

	United States	Florida	Franklin County	Gulf County
2019	26.0%	28.6%	34.3%	32.9%
2014	23.7%	ND	ND	ND

Sources: (2019) CDC BRFSS PLACES 2019

(2014) CDC BRFSS Cities 2014

- The percentage of adults who reported no leisure-time physical activity increased nationally from 23.7% in 2014 to 26.0% in 2019.

Gulf County has approximately the same percentage of people uninsured as the US average. However, Franklin County has a higher percentage of people who are uninsured (18.4%) compared to the United States (8.2%) and Florida (12.6%).

Exhibit 31: Health Insurance Coverage

	United States	Florida	Franklin County	Gulf County
Insured	91.2%	87.4%	81.6%	91.8%
Uninsured	8.8%	12.6%	18.4%	8.2%
Uninsured by Age Group				
Under Age 6	4.4%	5.6%	20.7%	3.1%
Age 6 to 18	5.7%	8.3%	15.3%	2.0%
Age 19 to 64	12.3%	18.6%	27.5%	14.8%
Over Age 65	0.8%	1.1%	1.1%	0.1%

Source: U.S. Census Bureau, 2017-2021 American Community Survey Five-Year Estimates

- Approximately one-fifth of the population in Franklin County under age 6 is uninsured, and approximately one-sixth of the population age 6 to 18 is also uninsured.
- Nearly one-third of the population age 19 to 64 in Franklin County is uninsured.

Exhibit 32: Transportation Access

	United States	Florida	Franklin County	Gulf County
Low Transportation Cost Index	ND	22.0	26.0	49.0
Walkability Index (2019)[5]	9.6	10.5	7.0	6.1
Respiratory Hazard Index[6]	0.4	0.5	0.4	0.5
No Vehicles	8.3%	6.0%	7.1%	2.8%

Sources: US HUD & DOT LAI V3.0 2016

(Respiratory hazard) EPA NATA 2014

(Walkability, vehicles) U.S. Census Bureau, 2017-2021 American Community Survey Five-Year Estimates

- With values ranging from 0 to 100, the higher the transportation cost index, the lower the cost of transportation in that neighborhood.[7]
- Compared to Franklin County, Florida, and the U.S., Gulf County has the lowest walkability index score at 6.1.
- Gulf and Franklin Counties have similarly high respiratory hazard index ratings.
- Approximately 7.1% of the population in Franklin County does not have a vehicle, compared to 2.8% in Gulf County.

Franklin County has the highest ratio of population to provider compared to Gulf County, state and national levels.

Exhibit 33: Ratio of Population to Provider

	United States	Florida	Franklin County	Gulf County
Dentist	1,400:1	1,630:1	4,070:1	2,260:1
Primary Care Physician	1,310:1	1,370:1	4,040:1	1,950:1
Mental Health Provider	350:1	550:1	1,220:1	710:1

Source: County Health Rankings, 2022

- The ratio of Franklin County population to dentist providers is nearly three times the national ratio, and the ratio of primary care physicians is more than three times the national ratio.

[5] The National Walkability Index (2021) is a nationwide geographic data resource that ranks block groups according to their relative walkability. National Walkability Index User Guide and Methodology | US EPA

[6] Respiratory Hazard Index below 1 means the respiratory pollutants are not likely to increase risk of non-cancer adverse health effects over a lifetime. Put another way, numbers at or below 1 represent a normal, acceptable risk over a lifetime. National Air Toxics Assessment | EPA.

[7] Department of Housing and Urban Development

Franklin County has the highest percentage of households receiving Supplemental Nutrition Assistance Program (SNAP), compared to Gulf County, Florida, and the U.S. However, Gulf County (14.0%) is also above the US average (11.4%).

Exhibit 34: Households Receiving Assistance, per Household

	United States	Florida	Franklin County	Gulf County
Households Receiving Food Stamps/SNAP	11.4%	13.2%	18.6%	14.0%

Source: U.S. Census Bureau, 2017-2021 American Community Survey Five-Year Estimates

Gulf County has a low percentage of households with a mortgage (19.9%) – slightly below the US average (20.9%), as well as the state (22.9%) and Franklin County (24.6%).

Exhibit 35: Median Home Costs as a Percentage of Income

	United States	Florida	Franklin County	Gulf County
With a Mortgage	20.9%	22.9%	24.6%	19.9%
Without a Mortgage	11.0%	11.7%	10.9%	10.5%
Percent of Income Spent on Housing and Transportation	54.3%	57.4%	66.4%	61.4%

Source: U.S. Census Bureau, 2017-2021 American Community Survey Five-Year Estimates

- Franklin County has a higher percentage of income spent on housing and transportation compared to Gulf County, state, and national percentages.

Approximately 93.6% of the population in the service area speaks English only, compared to 70.2% statewide.

Exhibit 36: Language Spoken at Home per Capita

	United States	Florida	Franklin County	Gulf County
English Only	78.3%	70.2%	93.6%	93.6%
Spanish	13.3%	22.1%	4.7%	4.0%
Other Indo-European	3.7%	5.4%	1.2%	1.9%
Other	1.2%	0.7%	0.3%	0.4%
Asian-Pacific Islander	3.5%	1.6%	0.2%	0.1%

Source: U.S. Census Bureau, 2017-2021 American Community Survey Five-Year Estimates

- Spanish is the second-highest spoken language in the service area, with 4.0% to 4.7% speaking it in Gulf and Franklin Counties.

More than half of the student population in Gulf County is proficient in math and reading, compared to 32% to 36% in Franklin County.

Exhibit 37: Student Test Proficiency by Race & Ethnicity

	United States	Florida	Franklin County	Gulf County
Math	ND	ND	32.0%	60.0%
Reading	ND	ND	36.0%	52.0%
Reading - White	ND	ND	38.0%	ND
Math – Limited English Proficiency (LEP)	ND	ND	ND	ND
Reading - Black	ND	ND	ND	ND
Reading - Hispanic	ND	ND	ND	ND
Reading - LEP	ND	ND	ND	ND

Source: EDFacts 2018-2019

Service area test scores are comparable to state and national scores.

Exhibit 38: Student Test Proficiency by Race & Ethnicity

	United States	Florida	Franklin County	Gulf County
Reading Scores[8]	3.1	3.2	3.0	3.0
Math Scores[9]	3.0	3.3	2.9	3.2

Source: County Health Rankings, 2022

Median home value in the service area is less than statewide or national values.

Exhibit 39: Median Home Value

	United States	Florida	Franklin County	Gulf County
Home Value				
2021	$244,900	$248,700	$198,500	$190,700
2010	$186,200	$188,600	$281,269	$186,057
Median Home Rent (2017-2021)	$1,163	$1,301	$904	$1,095

Source: US Census Bureau 2010

- Median home rent in the service area is less than national and state values.
- There was a -29% change from 2010 to 2021 in Franklin County home value.

[8] Average grade level performance for 3rd graders on English Language Arts standardized tests.

A score of 3.0 indicates students performed at grade-level. Years of data used: 2018. County Health Rankings, 2022.

[9] Average grade level performance for 3rd graders on math standardized tests. A score of 3.0 indicates students performed at grade-level. County Health Rankings, 2022.

Chronic Condition Incidence

Several Gulf County chronic disease measures in Gulf County are notably elevated compared to the Florida average. Lung cancer rates in Franklin County are higher than the state average, yet others tend to be slightly above or slightly below the state level.

Exhibit 40: Chronic Disease Incidence

Chronic Condition	Measure	Florida	Franklin	Gulf
Heart Disease	Adults who have ever been told they had angina or coronary heart disease	4.7%	4.6%	7.7%
Heart Disease	Adults who have ever been told they had a heart attack	4.7%	5.1%	7.6%
Stroke	Adults who have ever been told they had a stroke	3.6%	4.1%	5.1%
Cancer	Breast Cancer - Incidence (new cases): Age-adjusted incidence rate per 100,000 total female population	135.3	123.3	66.8
Cancer	Lung Cancer - Incidence (new cases): Age-adjusted incidence rate per 100,000 total population	55.8	62.3	51.4
Cancer	Prostate Cancer - Incidence (new cases): Age-adjusted incidence rate per 100,000 total male population	90.8	90.9	86.8
Diabetes	Adults who have ever been told they had diabetes	11.7%	9.9%	15.3%
Asthma	Adults who have ever been told they had asthma	12.7%	11.0%	14.7%
CLRD	Chronic Lower Respiratory Diseases (CLRD) - Hospitalizations: Age-adjusted hospitalization rate per 100,000 total population	301.1	282.9	299.1
Data Sources (2019)				
Behavioral Risk Factor Surveillance System (BRFSS) - Florida Department of Health, Bureau of Community Health Promotion Hospitalizations - Florida Agency for Health Care Administration (AHCA) Cancer Incidence - University of Miami (FL) Medical School, Florida Cancer Data System As shown in Florida Health Charts, https://www.flhealthcharts.gov/ChartsReports/rdPage.aspx?rdReport=ChartsProfiles.CountyChronicDiseaseProfile				

- Cancer rates in Gulf County (breast, lung, and prostate) are lower than the notably lower than the state rates – breast cancer rates are approximately half of the Florida rates.
- Gulf County heart disease, diabetes, and asthma rates are relatively high.
- Franklin County breast cancer and CLRD rates are approximately five percent lower than the Florida average.

There are notable differences in the incidence rates of most chronic diseases based on race – state of Florida, Franklin County, and Gulf County.

Exhibit 41: Chronic Disease Incidence – Racial Comparison

Chronic Condition	Measure	Florida		Franklin County		Gulf County	
		White	Black / Afr. American	White	Black / Afr. American	White	Black / Afr. American
Heart Disease	Adults who have ever been told they had angina or coronary heart disease	5.9%	3.9%	5.1%	3.4%	7.5%	9.9%
Heart Disease	Adults who have ever been told they had a heart attack	5.6%	2.5%	6.1%	NA	9.0%	4.8%
Stroke	Adults who have ever been told they had a stroke	4.1%	4.7%	4.8%	2.4%	6.1%	2.0%
Cancer	Breast Cancer - Incidence (new cases): Age-adjusted incidence rate per 100,000 total female population	121.6	110.1	133.5	NA	52.8	142.9
Cancer	Lung Cancer - Incidence (new cases): Age-adjusted incidence rate per 100,000 total population	57.4	42.1	63.1	NA	52.9	43.7
Cancer	Prostate Cancer - Incidence (new cases): Age-adjusted incidence rate per 100,000 total male population	81.6	130.0	79.2	NA	84.9	48.9
Diabetes	Adults who have ever been told they had diabetes	11.5%	16.0%	9.2%	20.7%	14.5%	22.5%
Asthma	Adults who have ever been told they had asthma	12.3%	14.2%	13.5%	5.4%	11.2%	22.6%
CLRD	Chronic Lower Respiratory Diseases (CLRD) - Hospitalizations: Age-adjusted hospitalization rate per 100,000 total population	269.3	387.9	265.2	531.3	315.8	241.7
Data Sources (2019)							
Behavioral Risk Factor Surveillance System (BRFSS) - Florida Department of Health, Bureau of Community Health Promotion							
Hospitalizations - Florida Agency for Health Care Administration (AHCA)							
Cancer Incidence - University of Miami (FL) Medical School, Florida Cancer Data System							
As shown in Florida Health Charts, https://www.flhealthcharts.gov/ChartsReports/rdPage.aspx?rdReport=ChartsProfiles.CountyChronicDiseaseProfile							

- In Franklin County, Whites have a higher incidence rate of heart disease, stroke, and asthma, while Blacks / African Americans have a higher incidence of diabetes and CLRD.
- In Gulf County, Whites tend to be at greater risk of stroke and heart attack, lung or prostate cancer, and CLRD; Blacks / African Americans in Gulf County tend to more frequently have asthma, diabetes, and angina / coronary heart disease.

Most Common Causes of Death

Franklin County

In 2021, COVID-19 was the leading cause of death (ADDR – Age Adjusted Death Rate – per 100,000 population) in Franklin County; it was higher than heart disease and more than 20% higher than cancer. The death rates for some other common causes declined, though.

Exhibit 42: Most Common Causes of Death – Franklin County

Franklin County			
Rank	Condition	ADDR (2021)	Percent change (2010-2012 to 2019-2021)
1	COVID-19 (U07.1)	200.8	NA
2	Heart Diseases (I00-I09,I11,I13,I20-I51)	185.6	-5.7%
3	Malignant Neoplasm (Cancer) (C00-C97)	161.6	-16.2%
4	Unintentional Injury (V01-X59,Y85-Y86)	72.0	50.8%
5	Cerebrovascular Diseases (I60-I69)	66.1	110.2%
6	Chronic Lower Respiratory Diseases (J40-J42,J43,J44,J45-J46,J47)	54.8	-23.1%
7	Alzheimer's Disease (G30)	37.9	94.5%
8	Nephritis, Nephrotic Syndrome and Nephrosis (N00-N07,N17-N19,N25-N27)	33.1	270.7%
9	Diabetes Mellitus (E10-E14)	30.8	-12.7%
10	Homicide (U01-U02,X85-Y09,Y87.1)	24.2	147.3%
11	Influenza and Pneumonia (J09-J11,J12-J18)	19.9	-18.4%
12	Suicide (U03,X60-X84,Y87.0)	16.0	90.8%
13	Pneumonitis Due to Solids and Liquids (J69)	12.0	-60.8%
14	Peptic Ulcer (K25-K28)	9.8	NA

- Deaths per 100,000 dropped from the three-year period 2010-2012 to 2019-2021 for heart disease, cancer, CLRD, diabetes, and several other more common causes.
- Deaths from unintentional injuries, completed suicide, and homicide increased over the same time period.
- Kidney disease and cerebrovascular disease death rates increased significantly from 2010-2012 to 2019-2021 – 270.7% and 110.2%, respectively.

Gulf County

Cancer and heart disease were the leading causes of death in Gulf County – 2019 to 2021. The cancer rate is about 20% higher than neighboring Franklin County while the heart disease death rate is slightly lower.

Exhibit 43: Most Common Causes of Death – Gulf County

Gulf County			
Rank	Condition	ADDR (2021)	Percent change (2010-2012 to 2019-2021)
1	Malignant Neoplasm (Cancer) (C00-C97)	214.1	-12.1%
2	Heart Diseases (I00-I09,I11,I13,I20-I51)	163.2	-18.7%
3	COVID-19 (U07.1)	116.8	NA
4	Chronic Lower Respiratory Diseases (J40-J42,J43,J44,J45-J46,J47)	67.4	-5.5%
5	Alzheimer's Disease (G30)	57.0	97.0%
6	Unintentional Injury (V01-X59,Y85-Y86)	48.0	19.0%
7	Influenza and Pneumonia (J09-J11,J12-J18)	34.4	199.3%
8	Diabetes Mellitus (E10-E14)	32.7	-20.9%
9	Congenital Malformations, Deformations and Chromosomal Abnormalities (Q00-Q99)	21.9	177.9%
10	Cerebrovascular Diseases (I60-I69)	20.5	-4.0%
11	Septicemia (A40-A41)	17.8	637.5%
12	Human Immunodeficiency Virus (HIV) Disease (B20-B24)	16.1	NA
13	Nutritional Deficiencies (E40-E64)	15.2	NA
14	Peptic Ulcer (K25-K28)	12.0	NA

- Cancer and heart disease were the most common causes of death in Gulf County; however, both declined slightly in the 2019-2021 period from 2010-2012.
- Although septicemia deaths increased dramatically, the data trend should be viewed cautiously.[10]

[10] Small sample sizes mean that if the number of deaths increases by a small number, say one or two, the ADDR rates can be dramatically impacted.

County Comparison

Both Franklin and Gulf Counties struggle with relatively high death rates. For each of the five most common causes of death in Florida, Franklin and Gulf Counties have equal or higher rates (ADDR) in most cases.

Exhibit 44: Comparative Causes of Death

Most Common Causes of Death (2021)			
Condition	Florida	Franklin County	Gulf County
Heart Diseases (I00-I09,I11,I13,I20-I51)	144.1	185.6	163.2
Malignant Neoplasm (Cancer) (C00-C97)	137.7	161.6	214.1
Other Causes of Death	111.7	136.4	98.0
COVID-19 (U07.1)	108.8	200.8	116.8
Unintentional Injury (V01-X59,Y85-Y86)	72.8	72.0	48.0
Cerebrovascular Diseases (I60-I69)	43.7	66.1	20.5
Chronic Lower Respiratory Diseases (J40-J42,J43,J44,J45-J46,J47)	30.7	54.8	67.4
Diabetes Mellitus (E10-E14)	24.2	30.8	32.7
Alzheimer's Disease (G30)	18.1	37.9	57.0
Suicide (U03,X60-X84,Y87.0)	13.8	16.0	#N/A

- Franklin County has ADDR higher than the Florida average for nine of the most common ten causes of death.
- Gulf County has ADDR higher than the Florida average for six of the most common nine causes of death.

Data Highlights

The secondary data presented above illuminates several county-level needs impacting community health. The table below is a summary of the more common needs by county.

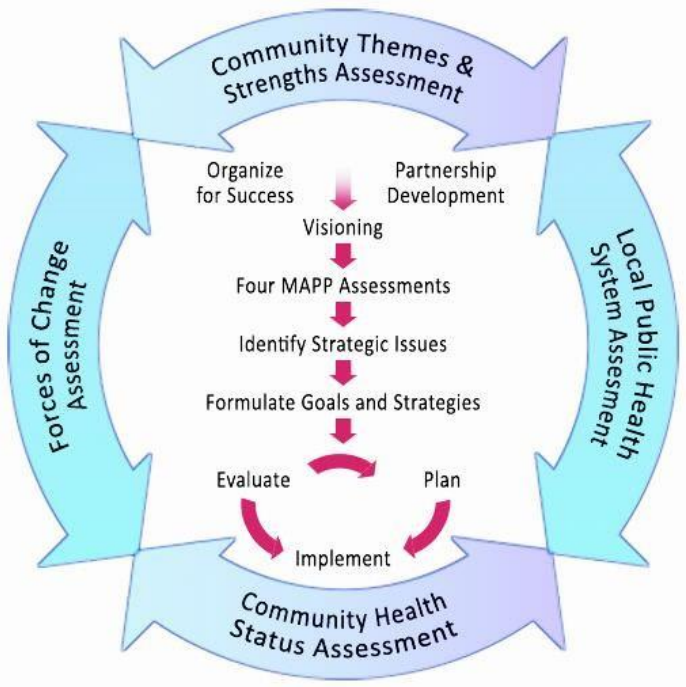
Exhibit 45: Comparative Data Highlights

Franklin County	Gulf County
Basic needs for low-income households (e.g., access to affordable foods and housing, transportation, and healthcare)	Basic needs for low-income households (e.g., access to affordable foods and housing, transportation, and healthcare)
Services for people living with disabilities	Services for people living with disabilities
Services for seniors	Services for seniors
Recreational activities for youth and families	Recreational activities for youth and families
Mental health and substance use disorder care	Mental health and substance use disorder care
Smoking cessation program	Smoking cessation program
Child literacy programs	Education programs and early intervention services for people with chronic conditions such as heart disease, diabetes, and asthma
Treatment services for people with chronic conditions such as heart disease, cancer, Alzheimer’s disease, and asthma	Treatment services for people with chronic conditions such as heart disease, cancer, Alzheimer’s disease, and asthma

Mobilizing for Action through Planning and Partnerships

In March 2022, the FDOH Gulf, along with public and private partner organizations, engaged in a state health-improvement planning process using a State-level adaptation of the National Association of City and County Health Officials' (NACCHO) Mobilizing for Action through Planning and Partnership (MAPP) strategic planning model. MAPP is a community-driven strategic planning process for improving community health by identifying strategic issues from four assessments and setting priorities and implementing evidence-based initiatives to advance health (see figure below). Facilitated by public health leaders, this framework helps communities apply strategic thinking to prioritize public health issues and identify resources to address them. MAPP is not an agency-focused assessment process; rather, it is an interactive process that can improve the efficiency, effectiveness and ultimately the performance of local public health systems.

MAPP Assessments



Achieving health equity requires collaboration, coordination, and collective action. Through this guided process, it can help communities develop a culture of continuous collaborative health improvement.

Accomplishing health equity involves identifying, preventing, and reversing the effects of patterned decisions, policies, investments, rules, and laws that have caused social and economic inequities that affect people's abilities to live healthy lives.

A shared community vision provides an overarching goal for the community by the CHAG.

Subject matter experts from a diverse group of partners conducted the four types of assessments indicated by the MAPP process. The four assessments taken together contribute to a comprehensive view of health and quality of life in Franklin County and constitute Franklin's CHA. Individually, the assessments

yielded in-depth analyses of factors and forces that impact population health. The background and methodology for the four MAPP assessments will be described in the following order: the Community Health Status Assessment (CHSA), the Local Public Health System Assessment (LPHSA), the Forces of Change Assessment (FOCA), and the Community Themes and Strengths Assessment (CTSA). Each of the assessments resulted in a written report and a briefing to the CHAG, which endorsed the findings.

Visioning

A shared vision guides the Community by providing focus, purpose, and direction to the MAPP process. Visioning of the MAPP process, the CHAG reviewed shared Mission, Vision, and Value statements. To do so, CHAG members participated in a Visioning Session led by the Ascendant Healthcare Partners. After the CHAG reviewed the following questions, it chose to align with the State.

- What are the important characteristics of a healthy community for all who live, work, and play in Franklin County?
- How do you envision the local public health system in the next five or ten years?
- What does a healthy Franklin County mean to you?

Following a review of the results, CHAG decided to preserve its existing Vision, Mission, and Value statements.

MISSION: To promote, protect, and improve the health of all people in Franklin County.

VISION: Franklin County will be among the healthiest in the nation – a vibrant, well served community enjoyed by all, supported by a diverse and highly collaborative network of partners.

VALUES: Innovation, Collaboration, Accountability, Responsiveness, and Excellence.

MAPP – Community Health Status Assessment

The Community Health Status Assessment (CHSA) identifies priority health and quality of life issues.

Questions include: "How healthy are our residents?" and "What does the health status of our State look like?" The CHSA is a crucial component in the MAPP process, and it is during this stage that specific health issues are identified (e.g., high cancer rates or low immunization rates). A broad range of data serves as the foundation for analyzing and identifying community health issues and determining where the community stands in relation to peer communities, state data, and national data. To better communicate findings, the County Health Rankings and Roadmaps model (see figure below) was used to group and frame information for the health status assessment. The County Health Rankings measure the health of nearly all counties in the nation and rank them within the State.[1] The Rankings are based on a model of population health that emphasizes the many factors that, if improved, can help make communities healthier places to live, learn, work and play.

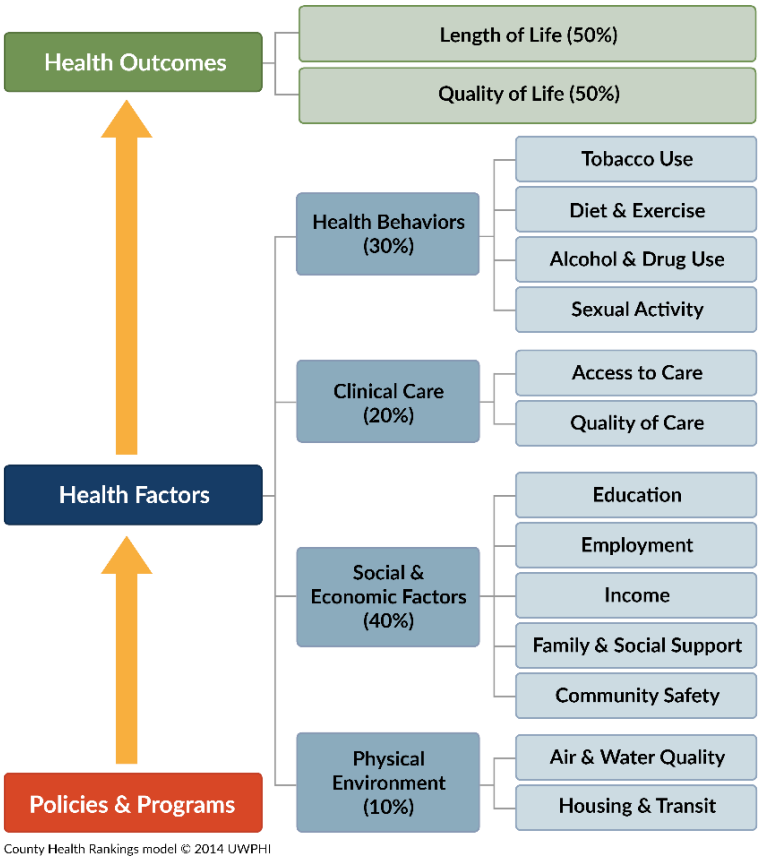
Indicators

From this cross section, state and county data for health status indicators and demographic indicators were collected.

Data Sources

A review of health status assessments from the following organizations: Healthy People 2030, Community Commons, University of Wisconsin and Robert Wood Johnson's County Health Rankings, and previous assessments revealed a cross section of many common indicators.

Framework of Analysis To identify the issues that hold the greatest priority for the community, the indicator results were evaluated within the framework of the County Health Rankings Model created by the University of Wisconsin Population Health and the Robert Wood Johnson Foundation.[11] The framework emphasizes factors, that when improved, can help improve the overall health of a community. This model is comprised of three major components:



[11] Robert Wood Johnson Foundation. (2017). County Health Rankings and Roadmaps. Retrieved from http://www.countyhealthrankings.org/our-approach.

Health Outcomes

This component evaluates the health of a community as measured by two types of outcomes: how long people live **(Mortality/Length of Life**) and how healthy people are when they are alive (**Morbidity/Quality of Life**).

Health Factors

Factors that influence the health of a community including the activities and behavior of individuals (**Health Behaviors**), availability of and quality of health care services (**Clinical Care**), the socioeconomic environment that people live and work in (**Social and Economic Factors**) and the attributes and physical conditions in which we live (**Physical Environment**). Although an individual's biology and genetics play a role in determining health, the community cannot influence or modify these conditions and therefore these factors are not included in the model. These factors are built from the concept of *Social Determinants of Health (SDoH)*.

Programs and Policies

Policies and programs give local, State, and federal levels the potential to have an impact on the health of a population as a whole (i.e., smoke free policies or laws mandating childhood immunization). As illustrated, Policies & Programs influence Health Factors which in turn causes the Health Outcomes of a community. Health Outcomes are improved when Policies & Programs are in place to improve Health Factors.

Health Equity Lens

In addition to considering what the SDoH are, it is important to understand how they disproportionately affect underserved populations. Health equity is defined as all people having "the opportunity to 'attain their full health potential' and no one is 'disadvantaged from achieving this potential because of their social position or other socially determined circumstance."[2]

A robust assessment of the larger social and economic factors affecting a community (e.g., housing, employment status, the built environment, etc.) should capture the disparities and inequities that exist for traditionally underserved groups.

According to Healthy People 2030, a science-based platform that provides 10-year national objectives for improving the health of all Americans, achieving health equity requires focused efforts at the societal level to address avoidable inequalities, especially among those who have experienced socioeconomic disadvantage or historical injustices. A health equity lens guided the community health assessment process to ensure data comprised a range of social and economic indicators and were presented for specific population groups.

Within the CHSA, strategies were used to identify patterns of health inequity within the community.

[2] Braveman, P.A., Monitoring equity in health and healthcare: a conceptual framework. Journal of Health, Population, and Nutrition, 2003. 21(3): p. 181

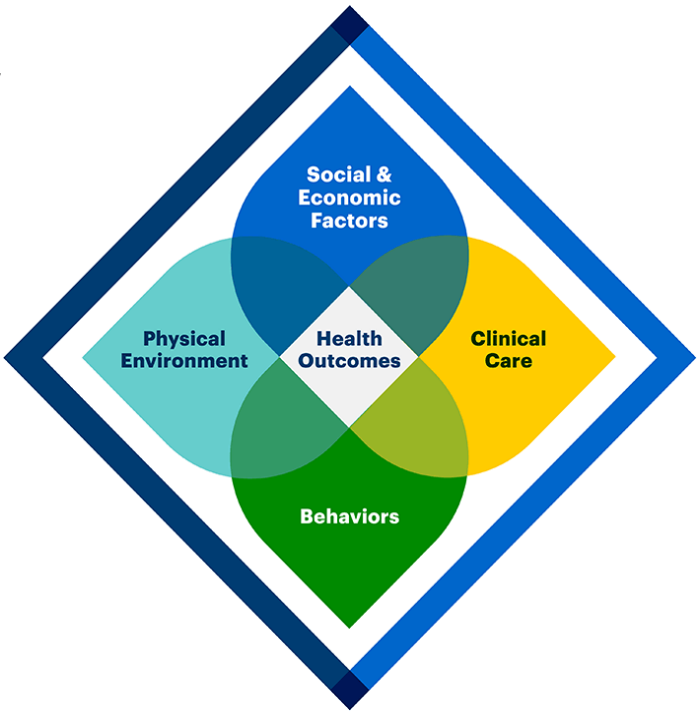
Benchmarking

America's Health Rankings transitioned to a new model in 2020 that incorporates the social determinants of health. The model reflects the need for collaboration and action by stakeholders across sectors such as education, environment, housing, and transit to reduce inequities and improve health outcomes.

The *America's Health Rankings* model[3] was developed under the guidance of the *America's Health Rankings'* advisory council and committees, with insights from other rankings and health models, namely *County Health Rankings & Roadmaps* and Healthy People. The model serves as a framework for identifying and quantifying health drivers and outcomes that impact State and national population health.

America's Health Ranking – Florida 2021	
Dimension	Rank
Social and Economic Factors	27
Physical Environment	30
Clinical Care	46
Behaviors	25
All Determinants – Annual	33
Health Outcomes	21

The America's Health Rankings model, shown below, includes four drivers, or determinants of health: social and economic factors, physical environment, clinical care, and behaviors all of which influence the five-model category, health outcomes.



Florida ranks 21 in the ***social & economic factors*** category, which represents the broader impact society and the economy have on an individual or community's ability to make healthy choices. Topics in this category are community and family safety, economic resources, education and social support, and engagement.

Florida ranks 30 in the ***physical environment*** category, which represents where individuals live, work and play, and their interaction with this space. Topics in this category are air and water quality, climate change, and housing and transit.

Florida ranks 46 in ***clinical care*** category, which represents access to quality health care and preventive services, such as primary care providers, immunizations, and preventable hospitalizations.

Florida ranks 25 in ***behaviors*** category, which represents actions that influence health and have individual, community, system, and policy components. Topics in this category are sleep health, physical activity and nutrition, sexual health, and tobacco use.

3 America's Health Rankings analysis of America's Health Rankings composite measure, United Health Foundation, AmericasHealthRankings.org, Accessed 2022

Florida ranks 21 in ***health outcomes*** category, which represents what has already occurred regarding a population's physical and mental wellbeing. Topics in this category are behavioral health, mortality, and physical health.

Florida Findings

Strengths

- Low prevalence of excessive drinking
- Low prevalence of mental distress
- Low prevalence of obesity
- High prevalence of exercise
- Low racial gap in high school graduation
- Low percentage of housing with lead risk

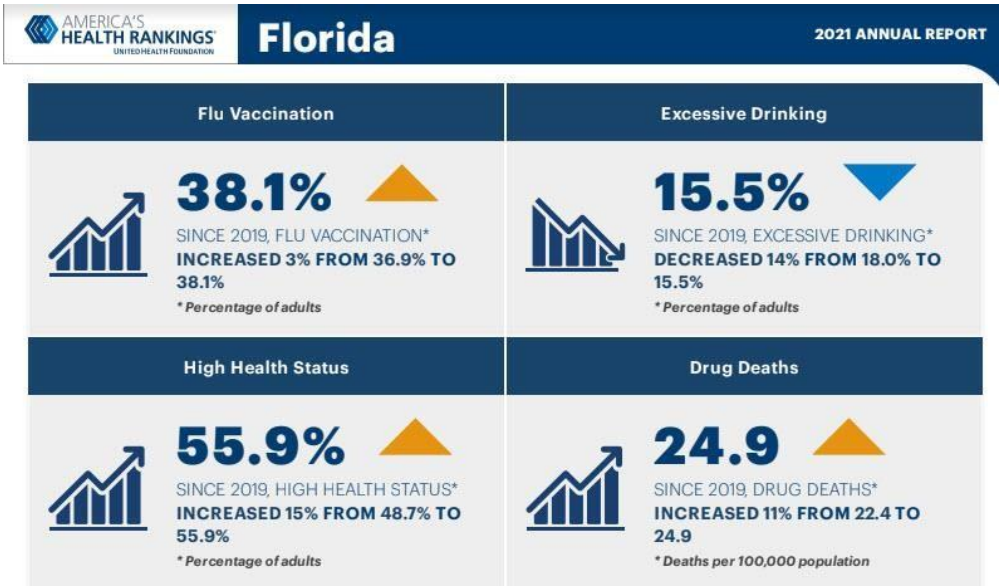
Challenges

- High prevalence of high-risk HIV behaviors
- High prevalence of non-medical drug use
- High prevalence of physical inactivity
- Low flu vaccination rate
- High uninsured rate

Highlights

- Frequent physical distress decreased 25% from 13.8% to 10.3% of adults between 2019 and 2020.
- Adults who avoided care due to cost decreased 20% from 17.6% to 14.0% between 2014 and 2020.
- Drug deaths increased 11% from 22.4 to 24.9 deaths per 100,000 population between 2018 and 2019.

County Health Rankings produces a similar report ranking the counties in each state and county.



MAPP – Local Public Health Assessment

The Local Public Health Assessment (LPHSA) involves a broad range of organizations and entities that contribute to public health in the community and answers the questions: "What are the components, activities, competencies, and capacities of our local public health system?" and "How are the Essential Services being provided to our community?" The assessment that was used was an abbreviated survey instrument that combines the 0-4 scoring system previously used in the NACCHO's LPHSA 3.0 with the Mobilizing and Organizing Partners to Achieve Health

Equity Tool (April 2021). This assessment tool is intended to help health departments and public health system partners generate a snapshot of performance standards at their agencies and identify areas of strength and weakness. Integrating the Health Equity tool into this assessment allowed the opportunity for questions to be reframed about essential service delivery to identify how well the Local Public Health System acknowledges and addresses health inequities.

Franklin County used a combination of leadership, and community stakeholders to engage in the survey. This assessment has been useful as a learning tool to assess Franklin County's readiness to address agencies' strengths and weaknesses as well as how they acknowledge and address health equity in the near future. The assessment emphasizes alignment with the essential public health services – those that experts agree will be most critical to protecting and promoting the health of the public in the future.

Each Essential Health Service was included in the survey using the Model Standards. The 10 Essential Public Health Services (*revised 2020*) provide a framework for public health to protect and promote the health of all people in all communities. To achieve equity, the Essential Public Health Services (EPHS) actively promote policies, systems, and overall community conditions that enable optimal health for all and seek to remove systemic and structural barriers that have resulted in health inequities. The survey instrument provided the opportunity to engage on areas of service that would impact their organization.

ESSENTIAL PUBLIC HEALTH SERVICE #1
Assess and monitor population health status, factors that influence health, and community needs and assets

ESSENTIAL PUBLIC HEALTH SERVICE #2
Investigate, diagnose, and address health problems and hazards affecting the population

ESSENTIAL PUBLIC HEALTH SERVICE #3
Communicate effectively to inform and educate people about health, factors that influence it, and how to improve it

ESSENTIAL PUBLIC HEALTH SERVICE #4
Strengthen, support, and mobilize communities and partnerships to improve health

ESSENTIAL PUBLIC HEALTH SERVICE #5
Create, champion, and implement policies, plans, and laws that impact health

ESSENTIAL PUBLIC HEALTH SERVICE #6
Utilize legal and regulatory actions designed to improve and protect the public's health

ESSENTIAL PUBLIC HEALTH SERVICE #7
Assure an effective system that enables equitable access to the individual services and care needed to be healthy

ESSENTIAL PUBLIC HEALTH SERVICE #8
Build and support a diverse and skilled public health workforce

ESSENTIAL PUBLIC HEALTH SERVICE #9
Improve and innovate public health functions through ongoing evaluation, research, and continuous quality improvement

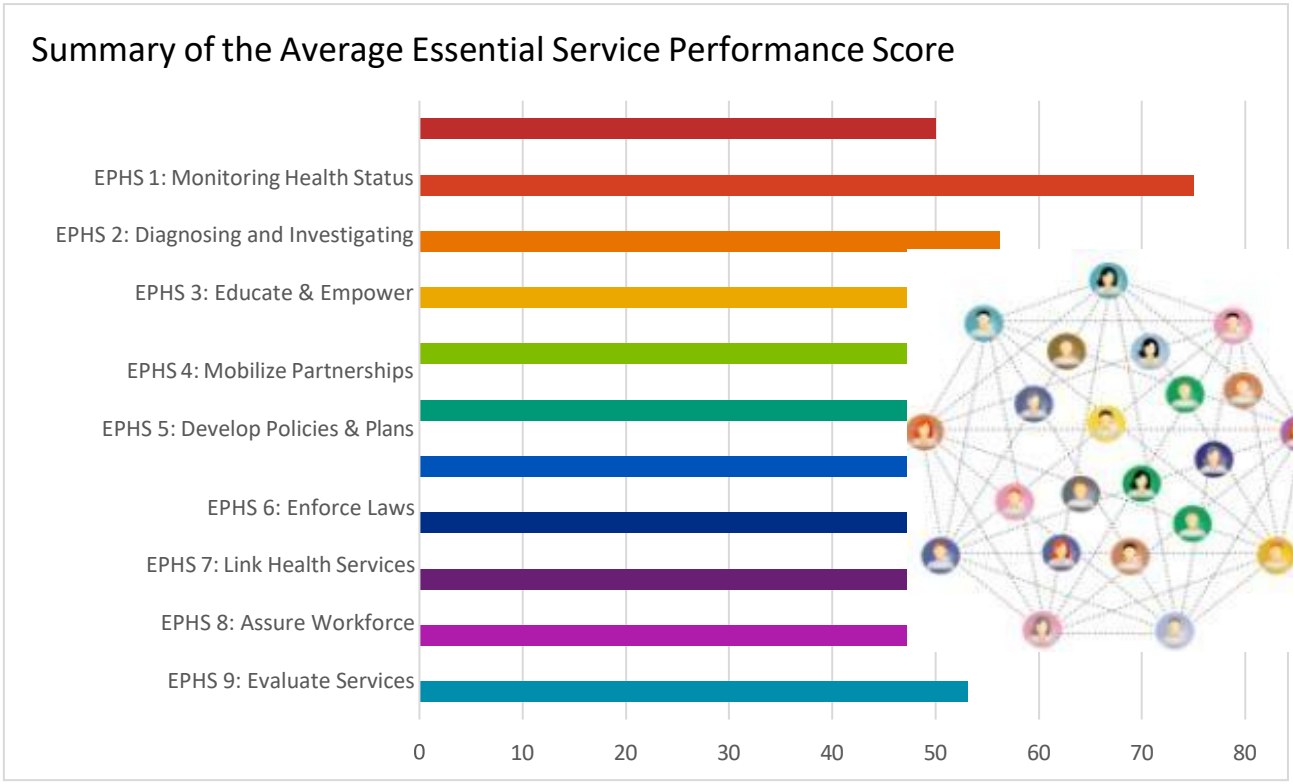
ESSENTIAL PUBLIC HEALTH SERVICE #10
Build and maintain a strong organizational infrastructure for public health

Assessment Results

The Ascendant Healthcare Partners' survey instrument was distributed to 29 partners and received 29 responses. The data that was created now establishes the foundation upon which Franklin County may set priorities for performance improvement and identify specific quality improvement (QI) projects to support Franklin County's priorities. Based on the responses provided by the partners in Franklin County on the assessment, an average was calculated for each of the Ten Essential Services. Each Essential Service score can be interpreted as the overall degree to which Franklin County's public health system meets the performance standards (quality indicators) for each Essential Service. Scores can range from a minimum value of 0% (no activity is performed pursuant to the standards) to a maximum value of 100% (all activities associated with the standards are performed at optimal levels).

The figure below displays the average score for each Essential Service, along with an overall average assessment score across all 10 Essential Services. Examination of these scores immediately provides a sense of the local public health system's greatest strengths and weaknesses.

The proportion of performance measures that met specified thresholds of achievement for performance standards are shown in the figure below. For example, measures receiving a composite score of 76-100% were classified as meeting performance standards at the optimal level such as EPHS 2: Investigate, diagnose, and address health problems and hazards affecting the population.



MAPP – Forces of Change Assessment

The Franklin Department of Health led a coordinated, comprehensive, and collaborative effort to conduct a Forces of Change Assessment (FOCA). The purpose of this process was to assess significant factors, events, and trends whose current or future occurrence might affect the health of Franklin County or the effectiveness of Franklin's public health system. Moreover, the challenges and opportunities associated with these forces are relevant to the creation of public health strategic priorities. Participants engaged in brainstorming sessions aimed at identifying trends, factors, and events that influence the health and quality of life of the community, and the efficacy of the public health system, both currently and in the future.

Forces of Change Assessment (FOCA) focuses on identifying forces such as legislation, technology, and other impending changes that affect the context in which the community and its public health system operate. Forces of Change include trends, events, and factors.

- **Trends** are patterns over time, such as migration in and out of a community or a growing disillusionment with government.
- **Factors** are discrete elements, such as a community's large ethnic population, an urban setting, or a jurisdiction's proximity to a major waterway.
- **Events** are one-time occurrences, such as a hospital closure, a natural disaster, or the passage of new legislation.

During the FOCA, participants answer the following questions:

- What is occurring or might occur that affects the health of our community or the local public health system?
- What specific threats or opportunities are generated by these occurrences?

Assessment Results

In the Forces of Change Assessment, participants first offered preliminary thoughts on Forces of Change from their individual professional perspectives and collaboratively participated in a digital whiteboard collaboration. They identified, clarified, and organized into a systematic framework at the meeting. Common themes were identified to contribute to health equity during the FOCA to identify forces, opportunities, and threats. Overall, they noted the presence of several significant facts affecting multiple areas of public health. These include:

- The continued concern regarding lack of mental health opportunities among Franklin's residents. And related concerns about physician specialists among children and seniors.
- The disproportionate lack of sustained access to quality health care among low-income populations.
- The increasing awareness that social and economic factors (education, employment, income, family and social support, community safety) exert significant influences on health, functioning, and quality of life outcomes and risks.

These factors continue to test the ability of the public health system to increase the length and quality of life for Franklin County residents. Regarding the administration of the public health system in general, the Franklin County's advisory group advocated the pursuit of "health in all policies," a recent trend that emphasizes the need for decision makers in non-health sectors to bear in mind the implications for health of policies in education, economic and

community development, transportation, and food and agriculture. After much thoughtful and focused deliberation on numerous topics relevant to public health, the advisory group decided to focus on the following forces of change:

- Changes in the health care environment;
- Changes in the physical environment; and
- Changes in social and family environments.

Each of the Forces of Change identified by the group is addressed, along with related opportunities and challenges, in the sections below:

Change in Healthcare Environment

Within the health care environment, the group identified several factors changing the health care system in Franklin County. The health care landscape is changing rapidly. Technology has great potential to impact health care and the health care system. Recent trends toward automation and digitization have led to the introduction of new methods for documenting the patient-provider experience and for transmitting patient information.

Tools, such as telemedicine to extend care, and smart phone technology to assist in patient management, have the potential to revolutionize the delivery of health care services and health information. In addition, the amount of data available on numerous and diverse topics relating to public health has resulted in what some consider a "data backlog," with much information readily available for use in the management of public health functions not yet being fully utilized. This situation represents a distinct area of opportunity for professionals in both the health care and technology industries.

Healthcare Environment	
Opportunities	Challenges
• Assist community residents to enroll in Federal Marketplace Health Insurance Plans • Collaboration with partners to incentivize cessation programs • Expanded access to healthcare via telehealth options	• Prolonged isolation and mental health • Lack of nutritional literacy • Access to care • Non-documented families hiding in the shadows and not seeking vaccinations or care • Vaccine hesitancy and misinformation

Change in Physical Environment

Looking forward, there is an ongoing need for strategic planning of the organizational structures that will be required to accommodate future population growth. In addition, there is an increasing awareness about how modifications to the built environment can have a positive impact on public health. As more people and policymakers recognize that chronic diseases and poor health behaviors affect quality of life, more opportunities arise for interventions related to the design of a built environment that encourages healthy lifestyles.

Physical Environment	
Opportunities	Challenges
• Community Bike Share	• Applying for infrastructure money to increase and improve internet access to rural counties

Change in in Social and Family Environments

The changing nature of domestic life, the increasingly stressful pursuit of a healthy work-life balance, the financial pressures associated with supporting a family, and the recognition that zip code or place of residence is a greater predictor of health than genetics pose significant risks for the mental, physical, and social health of Franklin County. From the Forces of Changes session, an impact is needed to address the health and economic resources for certain groups across their life course.

Social and Family Environment	
Opportunities	Challenges
• Familiarize and refer residents to local resources • Combat food access/ security issues with gardens and garden education • Build health partnerships with nontraditional partner(s)	• Food deserts in rural communities add to the obesity crisis when there is a lack of fresh produce • Lack of nutritional literacy • Preparedness

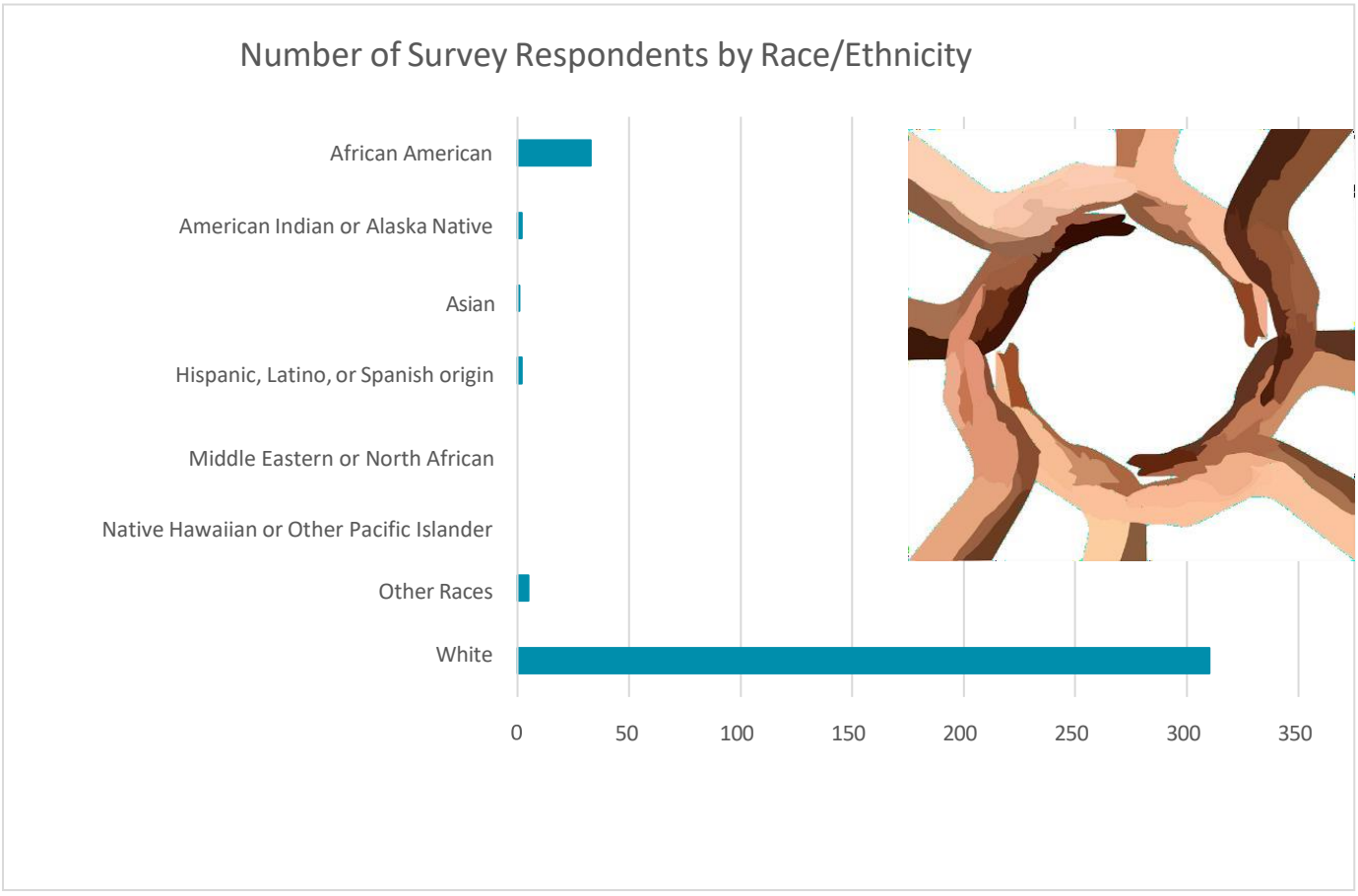
MAPP – Community Themes and Strengths Assessment

The County Themes and Strengths Assessment (CTSA) answers key questions, drawing from a cross-section of the public health system that includes local county health departments, State and community public health partners, and residents. This assessment results in a strong understanding of community issues and concerns, perceptions about quality of life and a listing of assets. It answers the following questions:

- What health-related issues are important to our county?
- How is quality of life perceived in our county?
- What assets do we have that can be used to improve our county's health?

Assessment Results

A Community Health Assessment Survey was conducted in April 2022 with a total of **362** respondents. Those who responded were White 310 (88%), African American 33 (9%), Native American 2 (1%), and Hispanic 2 (1%).



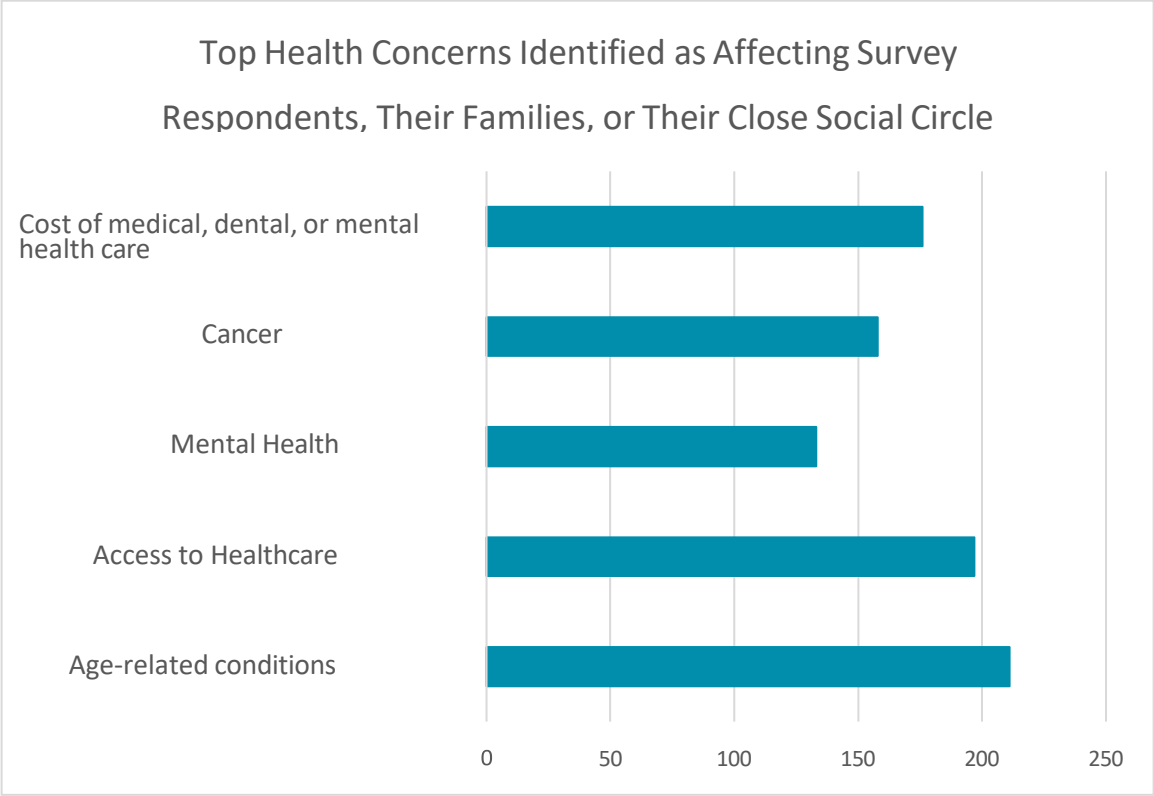
Quantitative Data Collection Method

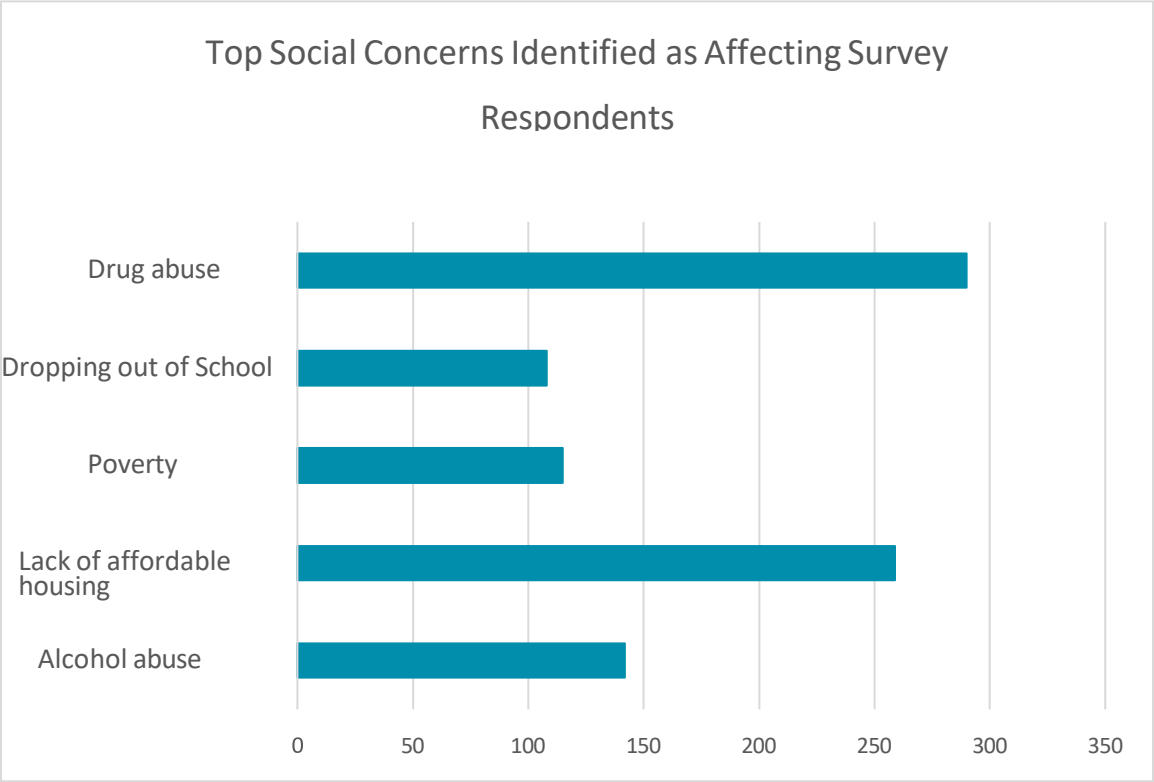
A community survey was developed and administered to those who live, work, or spend time in Franklin County to gather quantitative data that were not provided by secondary sources and to understand public perceptions around a range of health issues. The survey was available in English. The survey asked respondents about key social, economic, and health concerns, access to services, and experiences with the public health and health care system. The survey was available primarily online, with some hard copies distributed at DOH-Franklin County and community partners via outreach workers.

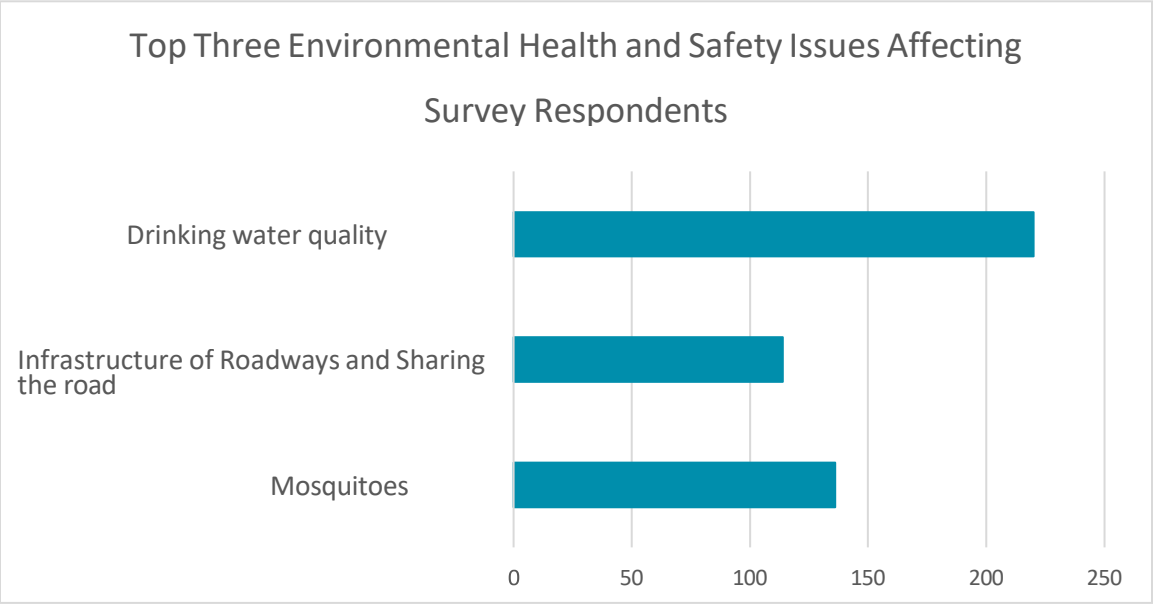
Perceived Community and Individual Health Status

In the community health assessment survey, respondents were asked to select the **top health concerns** that affect themselves, their families, and their social circles. Respondents stated that the most important issues are:

> 1) Age-related conditions: Alzheimer's, Arthritis, hearing or vision loss, mobility; 2) Access to Healthcare; 3) Health Care cost; 4) Cancer; and 5) Mental Health.




Top Social Concerns Identified as Affecting Survey Respondents
Drug abuse
Dropping out of School
Poverty
Lack of affordable housing
Alcohol abuse
0
50
100
150
200
250
300
350


Top Three Environmental Health and Safety Issues Affecting Survey Respondents
Drinking water quality
Infrastructure of Roadways and Sharing the road
Mosquitoes
0
50
100
150
200
250

Stage 2: Primary Research – Qualitative Research / Stakeholder Interview Themes

Qualitative Themes

The qualitative methodology (i.e., stakeholder interviews) included outreach to 12 community stakeholders in the Franklin and Gulf counties service area (i.e., some in each county). The results of the interviews provide some helpful insight and granularity to needs identified via the data analysis.

> *"I love the natural beauty of this area. The people are also warm and wonderful. There is strong sense of community. We aren't without our challenges – healthcare services of any kind are challenging."*

The research resulted in several themes about areas of need. These can be described as Qualitative Themes. None of the needs is fully discreet – that is, needs often overlap. However, the following four needs were most commonly identified by area stakeholders as high priority issues:

Access to care in rural area – Provider capacity and transportation.

The rural landscape in the county presents unique challenges throughout the service area.

- *BOTH "Primary care and specialized medical services do not exist in rural areas. There is essentially one or two providers in each county – Franklin and Gulf. Of course, since there aren't many doctors, there is either a long wait to see them, it's too far to drive, or both! They might not even take my insurance."*
- *BOTH "I love this area! Yet, some of the things that make it wonderful also make it challenging. For instance, it isn't very crowded, there's plenty of beautiful open space, and a real sense of a close-knit community. On the other hand, social services, grocery stores, doctors, counselors – forget about finding a counselor, and most other services people need are few and far between."*
- *FRANKLIN "The island and the beaches are beautiful; that's where the winter visitors from up North live for a few weeks a year. Inland where I live is great, too; it is just that there aren't any grocery stores or doctors here. Just don't eat much and stay healthy, and you'll be fine!"*
- *GULF "There simply aren't any mental health or addictions counselors or psychologists in the county; maybe one or two counselors. That's it. You need to drive two hours for care. If you are a senior or a busy parent, it is highly unlikely you'll regularly go that far."*
- *GULF "Telehealth is way underused. It isn't a panacea, but it is the only option for a lot of people. Even with it, though, a lot of the time you just need to see a doctor or counselor in-person. It's tough to do here."*

Services for the people in poverty and for those experiencing homelessness.

Stakeholders said that the entrenched problem of generational; poverty and the number of people experiencing homelessness presents a wealth of ongoing challenges.

- *BOTH "The Bridges out of Poverty[12] model is excellent. The Health Department needs to look at how they / we might be able to make some of this happen here."*
- *FRANKLIN "In most areas, there is no shelter and no services [for the homeless]."*
- *FRANKLIN "People should put the human factor top of mind: social, emotional learning. Results have become more important than SEL / human side of learning. If you're poor, there is a much better chance that you'll struggle with the Maslow's Hierarchy[13] basics and never reach your full potential."*
- *FRANKLIN "COVID made it even more urgent. People living in rural and run-down areas were hit hardest economically and health-wise."*
- *GULF "The emergency funds for food are ending next month. This will likely increase the need for affordable food, support for utility payment and rent, and everything else – they are all connected. This area's economy is very fragile ever since the oyster industry closed down."*
- *GULF "I've lived in a few places around Gulf County mostly for my whole life. I've seen more homeless in the past two years than ever. I don't think that there are many shelters or services for them though."*
- *BOTH: "After the BP Oil spill, we got some money and began to focus on generational poverty. Breaking the cycle of poverty. In about 2012, [community service leaders] began investing on young people and youth. Now [many organizations] work with Conservation Corp and others to change the trajectory of youth. Empowerment and engagement. That is the only way this changes."*

[12] See "Aha Process," available at https://www.ahaprocess.com/bridges-out-of-poverty-strategies-for-professionals-and-communities/

[13] For reference: https://www.simplypsychology.org/maslow.html#:~:text=There%20are%20five%20levels%20in,esteem%2C%20and%20self%2Dactualization.

Case management and a centralized referral or easy-to-access information source for healthcare and community needs.

There is an additional need for case management for people with multiple or complex conditions – medical, behavioral health, and socio-economic. There is a need for community organizations to collaboratively work together to provide wrap-around community-based services to people with a breadth of needs.

- *BOTH "Most people don't know where to turn to for help. A lot of people may not even know they need it, that help exists, or where to turn for help. Also, many simply don't like to ask for help."*
- *BOTH "It would be nice if when someone takes their kid to a doctor, it the doctor or nurse could ask them about other things – you know, stable housing, access to food, mental health, domestic safety."*
- *BOTH "The [Department of Health in Franklin County and in Gulf County] clinics should screen people for any needs whenever they show up for something else. If they could make a referral right then in real time, that would be great. The problem might be, though, that I don't think that there are a lot of referral sites to send people to."*
- *FRANKLIN Most people here are reluctant to ask for help. People also don't like the sound of having a 'case worker,' it sounds like your family is in trouble. However, if you take you kid to her well-check, and the nurse asks about food, family challenges, etc., you'd be more likely to ask for help."*
- *FRANKLIN "Especially with all of the new people moving to the area, it's really difficult to know what [healthcare] services are available and who they server – insurances accepted, languages spoken, types of healthcare needs served."*
- *GULF "Gulf County doesn't have a lot of community health and other service providers. However, those that are here do a good job! They are incredible! The more that they can interact or collaborate with each other, the better. Some additional case management would help."*
- *BOTH "[We are a] resilient community. [We have] limited resources but we make do. The secret to our success is that community organizations, churches, neighborhood groups, senior group all work together pretty well. The problem is that sometimes they are siloed, and there really isn't any centralized information or case management for people; usually when someone asks for help for one thing, there are three or four more other things that they do NOT ask for help with. Case management would help."*

Behavioral health, Substance Use Disorder, primary care, and specialized medical care capacity

Stakeholders strongly stated that the services provided by area health professionals, social service organizations, and the Department of Health are vitally important. More, though, and more service sites would help address notable community needs. The lack of basic health services – especially behavioral health care – is a major service gap.

- *BOTH "All medical care is a major need in the area. However, throughout, the biggest health needs are*
    - *"More primary care sites. The local doctor does a great job, but more service sites would be good. If you live in a rural area and need to drive 45 minutes to get your child's fever evaluated, many people won't go."*
    - *"Mental health including addictions or substance abuse. It's sad. I'm aware of only one counselor in Franklin County and one in Gulf County. To see someone, you will likely need to drive 90 minutes each way.*
    - *"For any kind of specialized medical care – diabetes, cardiac, ENT, and others – your doctor visit begins with filling up the car's gas tank!"*
- *BOTH "Mental health and substance abuse are the two biggest, urgent, accelerating community health needs in both counties. The Health Department is in a good position to – not solve the problem – but provide some additional rural outreach by working with little community groups and being an access point or case manager for people struggling."*
- *FRANKLIN "More primary care is needed – with referrals to other community services."*
- *GULF "This a great community. However, if someone new moves here permanently (not just a seasonal snowbird), it takes a while for them to feel included. This includes access to healthcare – people may just not know where to start."*
- *GULF "Drug abuse is bad and getting worse since COVID. There really isn't any place to go for help. I'm sure the police are wrestling with the same issue of, 'Where do we send people we arrest who have addictions?'."*

Qualitative Research Highlights

The qualitative research (interviews) identified four non-discreet qualitative themes or highlights.

- Access to care in rural area – Provider capacity and transportation.
- Services for the people in poverty and for those experiencing homelessness.
- Case management and a centralized referral or easy-to-access information source for healthcare and community needs.
- Behavioral health, Substance Use Disorder, primary care, and specialized medical care capacity

Needs Prioritization

Approach

Needs Prioritization Process

The Needs Prioritization Process brought together the summary of results from secondary research data, qualitative research themes, and other research modalities.

Based on the Data Highlights (see pages 5-29) and Qualitative Research Highlights (see pages 44-47), a detailed list of over 30 needs were identified for the county. Each of the needs in the prioritization process directly links to data observations and/or qualitative feedback. The resulting list of needs represents the items participants were asked to evaluate in the Prioritization Process. The aggregated list is also shown in Appendix B.

The Leadership Group utilized a modified Delphi Method to construct a prioritized list of needs for the region. The three-round approach described for the participants in advance included:

- **Round 1**: The first step asked participants to evaluate and comment on each need in a provided list via an online survey derived from primary and secondary research.
- **Round 2**: The second step asked participants to evaluate the same list of needs, but this list showed their colleagues' deidentified comments. The purpose of this process is to provide participants with additional insight as they evaluate each need.
- **Round 3**: The third step was a meeting of the DoH leaders to discuss the results of the first two steps of the Prioritization Process along with any other observations that may have been missed along the way. The group discussed community partnership and feasibility, resources and capacity, and timeline. The individual needs have been grouped to weigh the relative acuity of broad, high-level domains of need. The resulting granular, prioritized needs were aggregated into three categories. The categories include (1) better support and access to basic services such as food access, affordable childcare, and transportation; (2) crisis care and other mental health services e.g., substance misuse and other health-related services; and, (3) awareness of, and access to, existing services (including additional capacity).

Direct linkage between the "needs" and data and other research. Each of the needs in the prioritization process directly links to data observations and/or qualitative feedback. After each of the research tasks, a list of granular needs or supporting data was created. Duplicates were removed and similar needs were combined. The resulting list of needs represents the items evaluated in the Prioritization Process. The outline of categories and the types of issues included in the Needs Prioritization process is shown in the table below.[14]

[14] Note that the precise wording in the Needs Prioritization survey varied slightly from those shown in the table below in order to get more exact, granular insight regarding the needs. The appendices include the list of evaluated needs as shown in the Needs Prioritization surveys.

Community Need Domains & Examples of Needs Included in the Prioritization Process

Better support and access to basic services	• Housing costs (including renovations) • Utility assistance • Access to healthy affordable food • Transportation •Economic development •Job training •Programs to enhance educational attainment •Initiatives to break the cycle of generational poverty
Crisis care and other mental health services	•Substance Use Disorder treatment •Behavioral health care capacity •Specialized medical care capacity (including psychology and psychiatry)
Awareness of, and access to, existing services (including additional capacity)	• Access to care for African American / Black communities – Especially for cancer and diabetes care • Additionally, Blacks / Afr. Americans are much more likely to die from cardiac issues than Whites in Franklin County (the disparity is less severe in Gulf County). •Services for seniors •Access to care for Hispanic communities • Specialized medical care capacity

The resulting data from the multi-stage prioritization process was analyzed from a variety of perspectives. The prioritized needs listed within each domain were selected based on the ranking process described above, which includes perceived severity of need by community members and Leadership Group, as well as disease prevalence and mortality data from the secondary population research.

Results

Based on the data and qualitative research activities and the results of the Prioritization Process, the prioritized needs are listed below:

Franklin County

Exhibit 46: Prioritized List of Needs Summary

Rank	Category of Need	Examples of Granular Need (Overall rank among granular needs)
1	**Better support and access to basic services**	Affordable housing (1)
		Job training and career development support for youth (3)
		Affordable quality childcare (6)
		Career development support (including re-training) for adults (10)
2	**Crisis care and other mental health services**	Drug and other substance abuse treatment services (2)
		Long-term care or dementia care for seniors (5)
		Mental health services for adolescents / children (7)
		Mental health services for adults (9)
		Drug and other substance abuse education and prevention (11)
3	**Awareness of, and access to, existing services**	Access to care for people living in rural areas (4)
		Affordable healthcare services for individuals or families with low income (8)
		Coordination of patient care between the hospital and other clinics, private doctors, or other health service providers (12)

Comparison with a Neighboring County

Results in Franklin County are similar to, though slightly different from, results for Gulf County (which conducted their CHA simultaneously).

Rank	Franklin County Need Category	Gulf County Need Category
1	Better support and access to basic services	Better support and access to basic services
2	Crisis care and other mental health services	Awareness of, and access to, existing services (including additional capacity)
3	Awareness of, and access to, existing services (including additional capacity	Crisis care and other mental health services

- Although the need category titles are the same between the two counties (though the order of priority slightly differs), Franklin County leaders and community members voiced a greater emphasis on the additional need for mental health and substance use misuse treatment services. Gulf County leaders tended to emphasize better collaboration among the Department of Health, non-profit organizations, and other providers of diverse community services.

Examples of prioritized granular needs are also similar between the two counties.

Rank	Franklin County Granular Need	Gulf County Granular Need
1	Affordable housing	Affordable quality childcare
2	Drug and other substance abuse treatment services	Affordable housing
3	Job training and career development support for youth	Long-term care or dementia care for seniors
4	Access to care for people living in rural areas	Support services for adults with developmental disabilities
5	Long-term care or dementia care for seniors	Coordination of patient care between the hospital and other clinics, private doctors, or other health service providers
6	Affordable quality childcare	Secure sources for affordable, nutritious food
7	Mental health services for adolescents / children	Mental health services for adults
8	Affordable healthcare services for individuals or families with low income	Mental health stigma reduction
9	Mental health services for adults	Crisis or emergency care programs for mental health
10	Career development support (including re-training) for adults	Drug and other substance abuse treatment services
11	Drug and other substance abuse education and prevention	Mental health services for adolescents / children
12	Coordination of patient care between the hospital and other clinics, private doctors, or other health service providers	Healthcare staff shortages

In summary, the results of the community driven, DoH-led CHA indicate that activities within any/all of the three needs categories will benefit the community, with activities directed to address the higher priority granular needs impacting the most urgent specific issues.

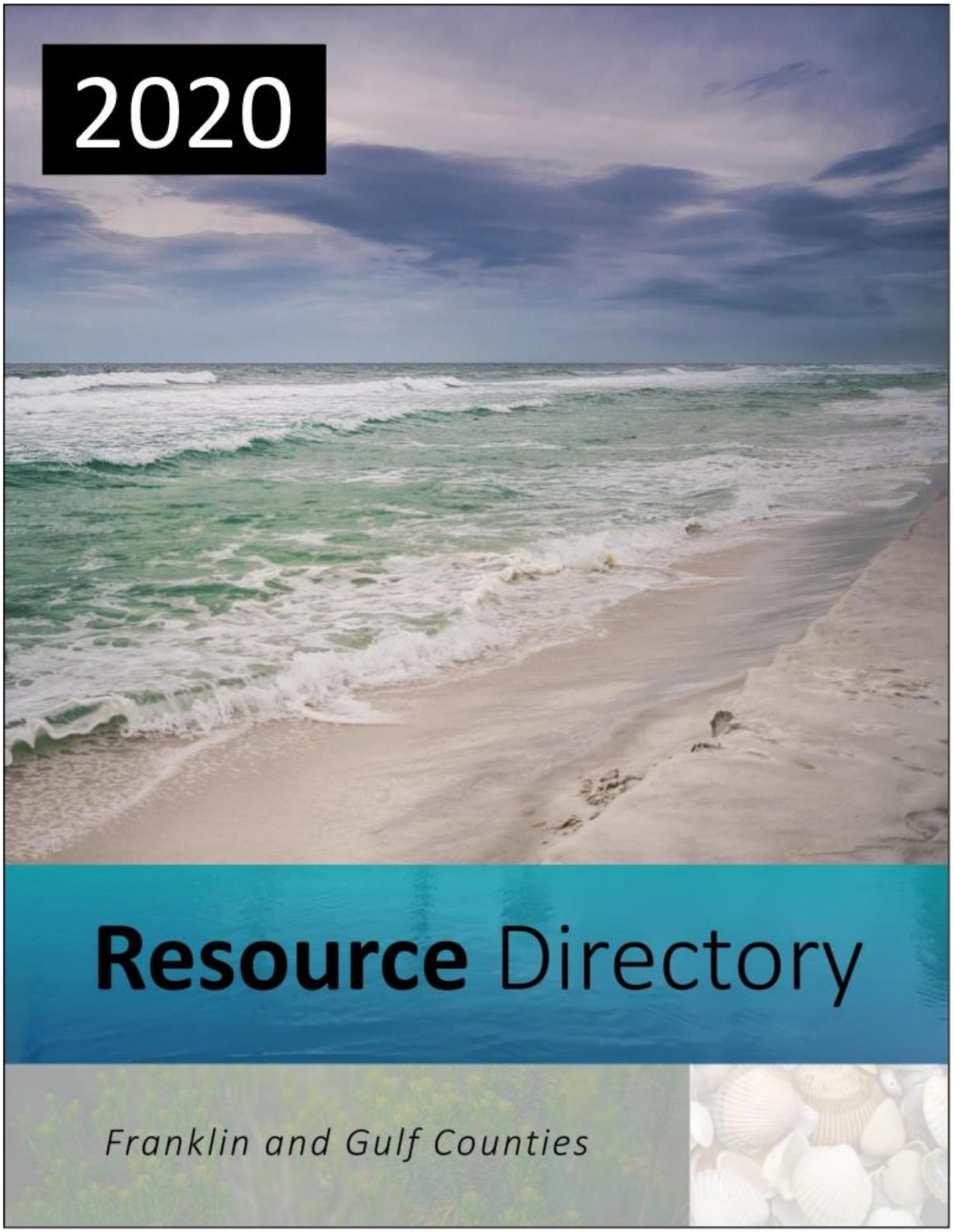
Appendices

The following section includes two appendices.

- Appendix A: Community-based Health Resources
- Appendix B: Full List of Prioritized Needs

Appendix A: Community-based Health Resources

From the following source:



Addiction Recovery & Behavioral Health

It is important to take care of your emotional health. Listed below are local resources and tips to help you and your family recover and find the support you deserve.

Crisis Text Line serves anyone, in any type of crisis, providing access to free, 24/7 support. Here's how it works: Text HOME to 741741 from anywhere in the United States, anytime, about any type of crisis.
A live, trained crisis counselor receives the text and responds, all from a secure online platform. The volunteer crisis counselor will help you move from a hot moment to a cool moment.

Big Bend AHEC
Free group tobacco cessation classes provide education, treatment, counseling, and support to Franklin and Gulf Counties.
Phone: 850.224.9340
Fax: 850-224-8441
Website: https://www.bigbendahec.org/

2815 Remington Green Circle, Suite 100
Tallahassee, Florida 32308

Alcoholics Anonymous
Phone: 850.784.7431 (Open 24 hrs.)

P.O. Box 1443
Panama City, Florida 32402

Apalachee Center - Franklin County
Phone: 850.653.9744

159 12th Street
Apalachicola, Florida 32320

Bethel Village of Panama City (Women's Center)
Phone: 850.769.0783 / 850.628.1021
Website: https://pcrmission.org/womens-recovery

1313 E 11th Street
Panama City, Florida 32404

Chemical Addictions Recovery Effort (CARE)
Phone: 850.872.7676
Fax: 850.872.8995
Website: http://care4000.com

4000 East 3rd Street
Panama City, Florida 32402

Community Care Center of Gulf County
Phone: 850.774.3331
Website: https://www.cccgcfl.org

680 Duval Street
Port St. Joe, Florida 32456

Coastal Counseling and Therapy
Phone: 850.250.2579
Website: https://www.coastalcounselingandtherapy.com

304 Williams Avenue
Port St. Joe, Florida 32456

DISC Village / Franklin Human Service Center
Phone: 850.575.4388

192 14th Street
Apalachicola, Florida 32320

Emerald Coast Behavioral Hospital
Phone: 850.763.0017
Website: http://www.emeraldcoastbehavioral.com

1940 Harrison Avenue
Panama City, Florida 32405

Emerald Coast Behavioral Outpatient Center
Phone: 850.481.0306
Website: http://www.emeraldcoastbehavioral.com

1940 Harrison Avenue
Panama City, Florida 32405

Florida Suicide Hot Line
Phone: 800.784.2433 (800.SUICIDE)

Florida Psychology Services LLC
Phone: 407.267.1060

192 14th Street
Apalachicola, Florida 32320

Professional Counseling Services
Phone: 850.697.2122
Website: https://pcrmission.org/womens-recovery

1581 Highway 98
West Carrabelle, Florida 32322

Life Management Center of NW Florida
Phone: 850.227.1145
Website: https://lmccares.org/

311 Williams Avenue
Port St. Joe, Florida 32456

Mark 4 Ministries
Phone: 412.716.0426

PO Box 995
Port St. Joe, Florida 32456

Morning Light Wellness Center
Phone: 850.705.1766

212 W. Highway 98, Suite C
Port St. Joe, Florida 32456

Narcotics Anonymous
Phone: 850.985.0008

PO Box 15006
Panama City, Florida 32404

National Suicide Hot Line
Phone: 800.273.8255

PanCare Health
Phone: 850.229.1043

2475 Garrison Avenue
Port St. Joe, Florida 32456

Titus 2 Partnership
Substance abuse education and life recovery from life limiting dysfunctions in a structured, woman only, discipleship and mentoring program.
Phone: 850.832.4052

Panama City, Florida 32401

Amy Pitts, LCSW
Mental Health Services, crisis stabilization, group therapy, individual therapy in home sessions to 11 years old and above.
Phone: 850.323.0212 / 850.323.0215

PO Box 566
Apalachicola, Florida 32329

Bernadette Hackett, LCSW
Psychotherapist serving: A&A Homecare, Inc. and The Bridge at Port St Joe
Phone: 850.229.8244 / 850.227.3331

211 N Highway 71
Wewahitchka, Florida 32465

Pam Jones, LCSW
Providing mental health services and counseling for individuals and groups +aged 18 and older.
Phone: 505.301.1960

PO Box 1185
Port St. Joe, Florida 32456

Substance Abuse and Mental Health Administration (SAMHSA) Hotline
Phone: 1.800.985.5990
Text: 66746
Veteran's Crisis Line: 1.800.273.8255

Sarah Madson, Psy.D.
Phone: 407.267.1060
Fax: 850.653.1602
Website: http://www.drmadson.com

192 Coach Wagoner Boulevard. Room 202
Apalachicola, Florida 32320

Assisted Living Facilities

Beacon Villa Retirement Center
Phone: 850.647.4000
Fax: 850.647.4004

141 Kaelyn lane
Port St. Joe, Florida 32456

Child Services

Children's Home Society – Emerald Coast
Phone: 850.747.5411
Fax: 850.872.7345
Website: https://www.chsfl.org

914 Harrison Avenue
Panama City, Florida 32401

Community Action Team (CAT) - Franklin
Phone: 850.523.3333 ext. 7537

159 12th Street
Apalachicola, Florida 32320

Early Education and Care
Phone: 850.872.7550 / 800.768.8316
Website: https://www.eeckids.org

450 Jenks Avenue
Panama City, Florida 32401

Gulf Coast Children's Advocacy
Phone: 850.872.7760
Website: https://www.gulfcoastcac.org

210 E 11th Street
Panama City, Florida 32401

Healthy Start Coalition
Phone: 850.872.4130
Fax: 850.747.5435
Website: https://healthystartbfg.com

26 West Oak Avenue
Panama City, Florida 32401

Healthy Start / Healthy Families/ CONNECT – Gulf County
We are here to help you connect with services in the community that benefit you and your family. Pregnant women, families and caregivers with young children are welcome!
Phone: 850.227.1276
CONNECT Phone: 850.227.4396
Website: https://www.FLConnect.org

2475 Garrison Avenue
Port St. Joe, Florida 32346

Healthy Start / Healthy Families – Franklin County
We are here to help you connect with services in the community that benefit you and your family. Pregnant women, families and caregivers with young children are welcome!
Phone: 850.653.2111
Connect Phone: 850.370.0006
Website: https://www.FLConnect.org

139 12th Street
Apalachicola, Florida 32320

North Florida Child Development
Phone: 850.229.6415
Fax: 850.229.6409

Field of Dreams Road
Port St. Joe, Florida 32456

Women, Infants, and Children (WIC) - Gulf
Phone: 850.872.4666

2475 Garrison Avenue
Port St. Joe, Florida 32456

Women, Infants, and Children (WIC) - Franklin
Phone: 850.653.2111

139 12th Street
Apalachicola, Florida 32320

Clothing

Goodwill Thrift Shop
Phone: 850.229.1213

210 Monument Avenue
Port St. Joe, Florida 32456

STAC House
Phone: 850.229.9991

8th Street
Port St. Joe, Florida 32456

Penny's Worth
Phone: 850.653.9405 / 850.697.4121

195 Avenue East
Apalachicola, Florida 32320

Community Based Organizations

Agency for Disabled Persons
Phone: 850.487.1992
Fax: .850.488.3763

3636 Webb Road
Marianna, Florida 32446

American Red Cross – Central Panhandle Chapter
Phone: 850.763.6587
Fax: 850.785.3995

430 East 15th Street
Panama City, Florida 32405

Career Source – Port St. Joe
Phone: 850.229.1641
Fax: 850.229.1642

401 Peters Street
Port St. Joe Florida, 32456

Career Source – Apalachicola
Phone: 850.653.4981
Fax: 850.653.1601

1 Bay Avenue
Apalachicola, Florida 32320

Catholic Charities of Northwest Florida
Phone: 850.827.6830

First Baptist Church on Highway 71
White City, Florida 32456

Christian Community Development Fund
Phone: 850.227.3394

PO Box 842
Port St. Joe, Florida 32456

Department of Children & Families, ACCESS Florida
Phone: 850.762.2237
Fax: 850.747.5346

2505 W. 15th Street
White City, Florida 32456

Florida Department of Health - Franklin County
Phone: 850.653.2111

139 12th Street
Apalachicola, Florida 32320

Florida Department of Health - Gulf County
Phone: 850.227.1276

2475 Garrison Avenue
Port St. Joe, Florida 32456

Franklin Promise Coalition
Phone: 850.653.3930
Email: mail@franklinspromisecoalition.org

192 14th Street
Apalachicola, Florida 32320
Gulf County ARC
Phone: 850.229.6327
Fax: 850.227.2084

122 Water Plant Road
Port St. Joe, Florida 32456

Lions Club
Phone: 850.648.5675

PO Box 1024
Port St. Joe, Florida 32456

North Port St. Joe Project Area Coalition
Phone: 850.866.4571

282 Avenue D
Port St. Joe, Florida 32456

Salvation Army of Bay County
Phone: 850.769.5259
Fax: 850.769.5346

1824 West 15th Street
Panama City, Florida 32401

Social Security Administration
Phone: 850.763.2557 / 866.348.5833

97 West Oak Avenue
Panama City, Florida 32401

United Way of Northwest Florida
Phone: 850.785.7521
Fax: 850.784.2569

602 Harrison Avenue
Panama City, Florida 32401

Dental Care

Advanced and Gentle Dental Care / Frank May, DMD
Phone: 850.227.1123
FAX: 850.229.9624

319 Williams Avenue
Port St. Joe, Florida 32456

PanCare Dental - Wewahitchka
Phone: 850.229.1043

319 Williams Avenue
Wewahitchka, Florida 32456

PanCare Dental - Port St. Joe
Phone: 850.229.1043

2475 Garrison Avenue
Port St. Joe, Florida 32456

David Lister, DMD
Phone: 850.639.4565

403 N. Highway 71
Wewahitchka, Florida 32456

Taylor Dental Center
Phone: 850.229.1043

409 East Ash Street
Perry, Florida 32347

Domestic Violence Services

Gulf Coast Sexual Assault Program
Phone: 866.218.4738 / 850.872.7760

210 East Eleventh Street
Panama City, Florida 32401

Refuge House – Franklin County
Phone: 850.681.2111 / 850.653.3313

PO Box 20910
Tallahassee, Florida 32316

Salvation Army
Phone: 850.229.2901

1000 Cecil G. Costin Sr. Boulevard #13
Port St. Joe, Florida 32456

Food Pantry

Catholic Charities
Phone: 850.763.0475

3128 E. 11th Street
Panama City, Florida 32401

Christian Community Development Fund
Phone: 850.227.3394

PO Box 842
Port St. Joe, Florida 32456

Community Resource Center
Phone: 850.229.1641

401 Peters Street
Port St. Joe, Florida 32456

Franklin Promise Coalition
Phone: 850. 653.3930

192 14th Street
Apalachicola, Florida 32320

Highland View Assembly of God Church
Phone: 850.229.7161

125 Dolphin Street
Port St. Joe, Florida 32456

Home Healthcare Agencies

Anchor Homecare
Phone: 850.639.3333
Fax: 850.639.3337

211 N Highway 71
Wewahitchka, Florida 32465

CareSouth Homecare Professionals
Phone: 850.522.4211

239 Southwood Drive
Panama City, Florida 32405

Kindred at Home
Phone: 850.769.3398

475 Harrison Avenue, Suite 250
Panama City, Florida 32401

NHC Homecare - Franklin County
Phone: 850.233.3384

1617 W Hwy 98, Suite E
Carrabelle, Florida 32322

NHC Homecare - Gulf County
Phone: 850.229.8238

418 Reid Avenue
Port St. Joe, Florida 32456

Suncrest OMNI Home Health
Phone: 850.215.4061

2211 St. Andrews Boulevard
Panama City, Florida 32405

Tender Touch Health Care Services
Phone: 850.913.1500

217 E 23rd Street
Panama City, Florida 32405

Hospice Care

Big Bend Hospice
Phone: 850.878.5310

1723 Mahan Center Boulevard
Tallahassee, Florida 32308

Covenant Hospice
Phone: 850.785.3040

107 W 19th Street
Panama City, Florida 32405

Emerald Coast Hospice
Phone: 850.769.0055
Fax: 850.769.0321

2925 Martin Luther King Jr. Boulevard
Panama City, Florida 32405

Hospitals

Sacred Heart Hospital on the Gulf
Phone: 850.229.5600

381 East Highway 98
Port St. Joe, Florida 32456

Weems Memorial Hospital
Phone: 850.653.8853

135 Avenue G
Apalachicola, Florida 32320

Housing Assistance

Apalachicola Housing Authority
Phone: 850.653.9304

141 15th Street
Apalachicola, Florida 32320

Northwest Florida Regional Housing Authority
Phone: 850.263.5303

5302 Brown Street
Graceville, Florida 32440

Franklin County Income Based Housing

Carrabelle Cove
Phone: 850.697.2017
807 Gray Avenue
Carrabelle, Florida 32322

Eastpoint

Phone: 850.670.4024
300 Begonia Street
Eastpoint, Florida 32320

Heritage Villas
Phone: 850.653.9277
398 24th Avenue
Apalachicola, Florida 32320

Southern Villa
Phone: 850.653.9277
401 24th Avenue
Apalachicola, Florida 32320

Summer Trace
Phone: 850.984.4811
Otter Lake Road
Panacea, Florida 32346

Gulf County Income Based Housing

Liberty Manor Apartments
Phone: 850.229.6353
102 Liberty Manor Circle
Port St. Joe, Florida 32456

Moss Creek Apartments
Phone: 850.639.2722
126 Amy Circle
Wewahitchka, Florida 32465

Pine Ridge Apartments
Phone: 850.227.7451
125 Venus Drive
Port St. Joe, Florida 32456

Legal Services

Legal Services of North Florida
Phone: 850.769.3581
Fax: 850.785.2041

211 E 11th Street
Panama City, Florida 32401

Medical Care in Apalachicola

Coastal Foot & Ankle Clinic
Phone: 850.653.3338

221 Avenue E
Apalachicola, Florida 32320

Florida Coastal Cardiology & Internal Medicine
Phone: 850.653.8600
Fax: 850.653.4135

74 16th Street
Apalachicola, Florida 32320

Florida Department of Health in Franklin County – Apalachicola Clinic
Hours of Operation: Monday - Friday, 8am – 5pm EST
Phone: 850.653.2111

139 12th Street
Apalachicola, Florida 32320

Sacred Heart Medical Group
Phone: 850.370.1000
Fax: 850.370.1006

55 Avenue E
Apalachicola, Florida 32320

Weems Medical Center West
Phone: 850.653.8853 Ext. 118

135 Avenue G
Apalachicola, Florida 32320

Medical Care in Carrabelle and Eastpoint

Eastpoint Medical Center
Phone: 850.670.8585
Fax: 850.670.8582

35 Island Drive, Suite 14
Eastpoint, Florida 32328

Florida Department of Health in Franklin County – Carrabelle Clinic
Hours of Operation: Wednesdays, 8am – 5pm EST
Phone: 850.653.2111

106 NE 5th Street
Carrabelle, Florida 32322

Weems Medical Center East
Phone: 850.697.2345
Fax: 850.697.2348

110 NE 5th Street
Carrabelle, Florida 32322

Medical Care in Port St. Joe

Florida Department of Health in Gulf County – Port St. Joe Clinic
Hours of Operation: Monday - Friday, 8am – 5pm EST
Phone: 850.227.1276

2475 Garrison Avenue
Port St. Joe, Florida 32456

PanCare Health
Phone: 850.229.1043

2475 Garrison Avenue
Port St. Joe, Florida 32456

Sacred Heart Family Medicine
Phone: 850.227.7070

301 20th Street
Port St. Joe, Florida 32456

Sacred Heart Medical Group
Phone: 850.229.5661
Fax: 850.229.5662

3801 Highway 98
Port St. Joe, Florida 32456

Sacred Heart General Surgery
Phone: 850.229.5833
Fax: 850.229.5832

3801 Highway 98
Port St. Joe, Florida 32456

Sacred Heart Vascular & General Surgery
Phone: 850.229.5661
Fax: 850.227.5747

3801 Highway 98
Port St. Joe, Florida 32456

Sacred Heart Orthopedics
Phone: 850.229.5833
Fax: 850.229.5832

3801 Highway 98
Port St. Joe, Florida 32456

Dr. Betty Curry
Phone: 850.739-1608

3801 Highway 98
Port St. Joe, Florida 32456

Medical Care in Wewahitchka

Florida Department of Health in Gulf County – Wewahitchka Clinic
Hours of Operation: Fridays, 8am – 5pm CST
Phone: 850.227.1276

807 Highway 22
Wewahitchka, Florida 32465

Michael E. Barnes, MD
Phone: 850.639.4036
Fax: 850.639.9318

412 North Highway 71
Wewahitchka, Florida 32465

Sacred Heart Medical Group
Phone: 850.568.1053

807 West Highway 22
Wewahitchka, Florida 32465

Wewahitchka Medical Center
Phone: 850.639.5828
Fax: 850.639.5536

225 West River Road
Wewahitchka, Florida 32465

Medical Equipment

Apria Healthcare
Phone: 850.747.8070

3416 Jenks Avenue
Panama City, Florida 32405

Barnes Healthcare Services
Phone: 850.785.2480 / 800.434.0822
Fax: 888.276.7882

2425 Martin Luther King Jr. Boulevard
Panama City, Florida 32405

Clinicare Home Medical
Phone: 850.670.5555

171 U.S. Highway 98, Suite F
Eastpoint, Florida 32328

Lincare
Phone: 850.697.9111
Fax: 850.697.4417

1581 U.S. Highway 98 W, Suite A
Carrabelle, Florida 32322

Patient's Choice Medical Services
Phone: 850.913.9513
Fax: 850.913.9164

2175 Jenks Avenue
Panama City, Florida 32405

Nursing Homes

St. James Health and Rehabilitation Center
Phone: 850.697.2020

239 Crooked River Road
Carrabelle, Florida 32322

Cross Shores Care Center
Phone: 850.229.8244
Fax: 850.229.1042

220 9th Street
Port St. Joe, Florida 32456

Pharmacies

Buy Rite Drugs - Apalachicola
Phone: 850.653.8825

117 U.S. Highway 98
Apalachicola, Florida 32320

Buy Rite Drugs - Port St. Joe
Phone: 850.227.7099
Fax: 850.227.1909

302 Cecil Costin Boulevard
Port St. Joe, Florida 32457

Buy Rite Drugs - Wewahitchka
Phone: 850.639.4077
Fax: 850.215.5631

218 N Highway 71
Wewahitchka, Florida 32465

CVS Pharmacy - Apalachicola
Phone: 850.653.8737

139 East Avenue
Apalachicola, Florida 32320

CVS Pharmacy - Port St. Joe
Phone: 850.229.8771
Fax: 850.227.1439

110 U.S. Highway 98
Port St. Joe, Florida 32456

Rehabilitation Services

Apalachicola Physical Therapy
Phone: 850.653.4547

111 U.S. Highway 98
Apalachicola, Florida 32320

Sacred Heart Rehabilitation
Phone: 850.229.5729

3801 U.S. Highway 98
Port St. Joe, Florida 32456

Senior Services

City of Apalachicola Senior Services
Phone: 850.653.9319

190 14th Street
Apalachicola, Florida 32320

Alzheimer's Project, Inc. - Port St. Joe
Day Respite Program and a Caregiver Support Group. Call for locations and times.
Phone: 850.386.2778
Fax: 850.386.2775
Website: http://www.alzheimersproject.org

301 E Tharpe Street
Tallahassee, Florida 32303

Alzheimer's Project, Inc. - Carrabelle
Dementia Care Giver Support Group. Call for location and times.
Phone: 850.386.2778
Fax: 850.386.2775
Website: http://www.alzheimersproject.org

301 E Tharpe Street
Tallahassee, Florida 32303

Elder Care Community Council of Franklin County, Florida
Connecting seniors to a community of support through advocacy & services.
Phone: 850.653.3134
Website: http://www.ecccfranklin.org

PO Box 335
Eastpoint, Florida 32328

Elder Hotline for Franklin and Gulf Counties
Phone: 866.467.4624

Gulf County Senior Citizen Association
Phone: 850.229.8466

120 Library Drive
Port St. Joe, Florida 32456

Senior Services of Franklin County
Phone: 850.697.2371

302 NE 2nd Street
Carrabelle, Florida 32322

White City Senior Citizens Program
Phone: 850.827.6830

First Baptist Church on Highway 71
White City, Florida 32456

United Way of Northwest Florida
Phone: 850.785.7521
Fax: 850.784.2569

602 Harrison Avenue
Panama City, Florida 32401

Transportation

Gulf County ARC
Phone: 850.229.6327
Fax: 850.227.2084

122 Water Plant Road
Port St. Joe, Florida 32456

Dixon & Son's Taxi
Phone: 850.227.5126

Vision Services

The Eye Center of North Florida
Phone: 850.227.7266

528 Cecil G. Costin Sr. Boulevard
Port St. Joe, Florida 32456

Local Churches

Church of Christ	850.229.8301
First Baptist Church	850.227.1552
First Church of the Nazarene	850.229.6886
First Presbyterian of Port St. Joe	850.227.1756
First United Methodist Church	850.227.3119
Highland View Baptist Church	850.229.6235
Highland View Church of God	850.229.6235
Hope Family Worship Center	850.229.6622
Long Avenue Baptist Church	850.229.1528
New Bethel African Methodist Episcopal Church	850.527.8212
New Bethel Baptist Church	850.227.1771
Oak Grove Church	850.227.3195
Philadelphia Primitive Baptist Church	850.229.8367
Port St. Joe Church of God in Christ	850.229.9490
St. James Episcopal Church	850.227.1845
St. Joseph Catholic Church	850.227.1417
Zion Fair Baptist Church	850.227.1361

Appendix B: Full List of Prioritized Needs

Rank	Need
1	Affordable housing
2	Drug and other substance abuse treatment services
3	Job training and career development support for youth
4	Access to care for people living in rural areas
5	Long-term care or dementia care for seniors
6	Affordable quality childcare
7	Mental health services for adolescents / children
8	Affordable healthcare services for individuals or families with low income
9	Mental health services for adults
10	Career development support (including re-training) for adults
11	Drug and other substance abuse education and prevention
12	Coordination of patient care between the hospital and other clinics, private doctors, or other health service providers
13	Crisis or emergency care programs for mental health
14	Chronic disease screenings (e.g., heart disease, stroke, high blood pressure)
15	Support services for adults with developmental disabilities
16	Healthcare staff shortages
17	Transportation services for people needing to go to doctor's appointments or the hospital
18	Awareness of existing community health services and programs
19	Healthcare services for seniors
20	Services to help people learn about, and enroll in, programs that provide financial support for people needing healthcare
21	Support services for children with developmental disabilities
22	Social services (other than healthcare) for people experiencing homelessness
23	Emergency care and trauma services
24	Mental health stigma reduction
25	Secure sources for affordable, nutritious food
26	Programs for heart health or cardiovascular health
27	Special care (for example, case workers or "navigators") for people with chronic diseases such as diabetes, cancer, asthma, and others.
28	Crisis or emergency care services for medical issues
29	Programs for obesity prevention, awareness, and care
30	Primary care services (such as a family doctor or other provider of routine care)
31	Programs for diabetes prevention, awareness, and care
32	Domestic violence and sexual assault prevention, intervention, and care services
33	Healthcare services for people experiencing homelessness