Annual Report to County Commissioners
2026

BIG BEND HEALTH COUNCIL

June 2026
Annual Report to County Commissioners

BIG BEND HEALTH COUNCIL


Bay


Holmes

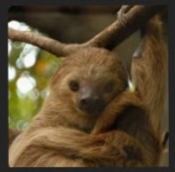

Liberty


Calhoun


Jackson

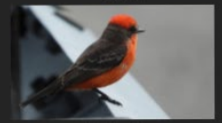

Madison


Franklin


Jefferson


Taylor


Gadsden


Wakulla


Gulf


Leon


Washington

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About Big Bend Health Council

- In 1982, the Florida Legislature, under Florida Statute (408.033) established eleven not-for-profit Local Health Councils to support a wide range of public health services for Florida's 67 counties.
- The Councils are governed by the Boards of County Commissioners
- of the counties they serve.
- Big Bend Health Council was designated to serve Bay, Calhoun, Franklin, Gadsden, Gulf, Holmes, Jackson, Jefferson, Leon, Liberty, Madison, Taylor, Wakulla, and Washington Counties.
- While each Local Health Council focuses on the needs of its region, all share a common purpose—to improve community health and enhance statewide public health efforts.

Mission

We are committed to improving the health and wellness of our communities through planning, direct services, advocacy, and education.

Vision

Every individual will have the opportunity to live a healthy and fulfilling life in a community committed to equal access to services which promote health and wellness.

Big Bend Health Council's Service Area

Our service area covers 14 counties in Florida's Big Bend. The length of our area is approximately 201 miles from Camp Helen (Bay County) to Pinetta (Madison County) and approximately 215 miles from Sweet Gum Head (Holmes County) to Steinhatchee (Taylor County).

Source of mileage: Google maps, June 16, 2026.

Population, Square Miles, Density per Square Mile, 2024

County	Population [1]	Sq Miles[2]	Density per Sq Mile [2]
Bay	199,718	759	258
Calhoun	13,278	567	24
Franklin	12,979	545	24
Gadsden	44,151	516	87
Gulf	15,876	553	31
Holmes	19,876	479	42
Jackson	49,980	918	54
Jefferson	15,921	598	26
Leon	300,488	668	452
Liberty	7,955	836	10
Madison	18,364	697	27
Taylor	21,843	1,043	21
Wakulla	37,115	606	62
Washington	26,503	585	45
Total	784,047	9,366	84
Total w/o Bay and Leon	283,841	7,943	36

[1]US Census Bureau, Quick Facts, Population Estimates July 1, 2024.
[2]Bureau of Economic and Business Research, University of Florida, 2024.

What we do

- Promote alignment between the state's health priorities and those of the Big Bend area.
- Implement policies and programs that improve health and wellness.
- Conduct assessments to identify and prioritize community health needs.
- Develop and distribute reliable health-related data and information.
- Write funding proposals and manage funding with sound fiscal practices.
- Plan, implement, and manage local initiatives to promote healthy lifestyles.
- Facilitate access to affordable and effective healthcare services.
- Provide technical assistance to community health projects to improve their effectiveness.

How we do it

As part of a network of community partners, Big Bend Health Council provides data-driven planning and technical assistance focused on improving public health.

With our partners , we strive to understand our communities' needs, develop plans, and implement strategies to meet those needs.

- We partner with a wide range of community, regional, and state organizations to identify community health needs, and develop solutions to meet those needs.
- Sometimes the partnership is ongoing, and sometimes for a specific project.

Some of Our Community Partners

Florida Department of Health
Florida Agency for Healthcare Administration (AHCA)
PanCare of Florida
Florida Diabetes Alliance
Big Bend Area Health Education Center (AHEC)
Franklin County Tobacco Free Partnership
Gulf County Tobacco Free Partnership
Doorways of Northwest Florida
Healthy Holmes Task Force
Florida Diabetes Association
Rural Health Strategic Planning Workgroup
Florida State University – Resources and Education for Aging, Community and Health (REACH)

Community Heath Improvement Partnerships
- Jackson County
- Washington County
- Franklin County
- Gulf County
- Taylor County

Rural Communities Opium Response Partnership (RCORP)
University of Florida
Florida Department of Children and Families
NW Florida Health
Gulf and Franklin Counties' Tobacco Free Partnerships
Big Bend Dementia Care and Cure Initiative Task Force

County Health Profiles

- To support ongoing assessment, planning, and implementation efforts, the Council publishes annual County Health Profiles highlighting key demographic and health indicators. The Profiles provide a snapshot of strengths and vulnerabilities of each county in comparison to Florida as a whole.
- Each year we update the profiles and share them with our network of community partners. Please let us know if you would like us to add another category to these Profiles.
- Profiles for all 14 counties are included as an attachment to this report and are available on our website at bigbendhealthcouncil.org.
- Examples of the most recent County Health Profiles are on the next two slides.

COUNTY HEALTH PROFILE

BAY COUNTY 2026

DEMOGRAPHICS

Age Range	2024	
	Bay	Florida
	Total & Percent	
Total Pop	199,718	23,372,215
0-17	21.3%	19.3%
18-64	60.2%	58.9%
65+	18.5%	21.8%

Source: US Census Bureau; QuickFacts, Population estimates July 1, 2024, downloaded January 16, 2026, http://www.census.gov/quickfacts/.

Category	2024			
	Bay		Florida	
	Total & Percent			
Total Pop	199,718	100.0%	23,372,215	100%
Asian	4,993	2.5%	794,655	3.4%
Black	24,965	12.5%	3,949,904	16.9%
White	159,974	80.1%	17,856,372	76.4%
Other	14,779	7.4%	1,565,938	6.7%
Hispanic	21,170	10.6%	6,707,826	28.7%
Female	100,858	50.5%	11,873,085	50.8%
Male	98,860	49.5%	11,499,130	49.2%

Source: US Census Bureau; QuickFacts, Population estimates July 1, 2024, downloaded January 16, 2026, http://www.census.gov/quickfacts/.

SOCIOECONOMICS

Indicator	Bay	Florida
Per Capita Income[1]	$38,856	$41,055
Median Household Income[1]	$70,188	$71,711
% of Persons < 100% FPL[1]	11.8%	12.0%
Unemployment Rate[2]	4.8%	4.4%
% high school grad or >[1]	90.8%	89.4%
% bachelor's degree or >[1]	28.0%	33.2%
# & Rate of Free or Reduced Price Lunch with USDA Multiplier if Applicable; Rate with Multiplier if Applicable[3]	16,293; 60.1%	1,726,542; 61.8%

Sources: [1] Per Capita income in past 12 months (in 2023 dollars) 2019-2023 and Median Household income (in 2023 dollars), 2019-2022; high school grad and bachelor's degree percent of persons age 25 years+ 2097-2023; US Census Bureau, Florida QuickFacts downloaded January 17, 2026. [2] U.S. Department of Labor, Bureau of Labor Statistics, Local Area Unemployment Statistics Program, in cooperation with the Florida Department of Economic Opportunity, Bureau of Labor Market Statistics. November 2025 (not seasonally adjusted), downloaded January 26, 2026. [3] Florida Department of Education, Fldoe.org, Lunch Status by District (for Federal Funding) 2025-26 Final Survey 2, downloaded January 17, 2026.

MATERNAL AND CHILD HEALTH

Maternal and Child Health 2024	Bay	Florida
	Count and Rate	
Total Births (Resident Live Birth Rate per 1,000 Pop.)	2,230; 11.7	224,423; 9.7
Teen Births (Ages 15-19) (Rate per 1,000)	117; 22.8	7,822; 12
Repeat Births (to Ages 15-19)	15; 12.8%	878; 11.2%
Low Birth Weight (<2500 g)	187; 8.4%	20,285; 9%
Care Initiated in 3rd Trimester	120; 6%	13,469; 6.4%
No prenatal care	99; 4.9%	9,176; 4.3%
Infant Deaths (Rate per 1,000)	17; 7.6	1,276; 5.7
Kindergartners Immunized	1,915; 85.3%	196,167; 88.7%

Source: Florida Department of Health, CHARTS, downloaded January 12, 2026.

Hathaway Bridge, Panama City to Panama City Beach

HEALTHCARE ACCESS

Non-Elderly (Age 0-64) Uninsured				
Year	Bay		Florida	
	Number	Percent	Number	Percent
2010	31,413	22.2%	3.9 million	25.3%
2012	27,944	19.6%	3.7 million	24.1%
2014	27,551	18.7%	3.2 million	20.2%
2016	21,705	14.5%	2.5 million	15.4%
2018	22,534	15.0%	2.7 million	16.1%
2019	20,640	14.8%	2.7 million	16.4%
2020	22,500	16.6%	2.6 million	15.5%
2021	22,865	15.9%	2,534,999	15.1%
2022	20,397	13.7%	2,376,013	13.9%
2023	22,885	14.9%	2,308,858	13.4%

Note: United States 2023 under 65: 24.3 million; 8.5-9.4%.

Source: U.S. Dep't of Health and Human Services, CDC, National Center for Health Statistics, National Health Interview Survey, Demographic Variation in Health Insurance Coverage 2023, Released 10/24, downloaded January 29, 2026. www.cdc.gov/nchs/data/nhis/health_insurance/healthinsurancedemographictables2023.pdf

Source: US Census Small Area Health Insurance Estimates (for states and counties). 2023 2023 data downloaded January 16, 2026.

Health Professional Shortage Areas & Medically Underserved Areas and Populations
Primary Care
Low Income Population HPSA: LI-Bay County
Federally Qualified Health Center: Pancare of Florida, Inc.
Dental Health
Federally Qualified Health Center: Pancare of Florida, Inc.
Mental Health
High Needs Geographic HPSA: MHCA-Big Bend Comm Based Care-Circuit 14
Federally Qualified Health Center: Pancare of Florida, Inc.
Medically Underserved Areas
MUA: Panama City/Southport Service Area
MUA: Cedar Grove Service Area

Source: Health Resources and Services Administration, January 19, 2026.

LEADING CAUSES OF DEATH

Cause	2024			
	Bay			Florida
	Deaths	Crude Rate per 100k	Age-Adjusted Death Rate per 100k	Age-Adjusted Death Rate per 100k
All Causes	2,186	1,150.8	893.3	656.6
Heart Disease	450	236.9	179	135.7
Cancer	445	234.3	172	133.3
Stroke	154	81.1	63.2	46.1
Chronic Lower Respiratory Disease	123	64.8	46	29.7
Unintentional Injury	115	60.5	57.7	52.9

Source: FL Department of Health, CHARTS, downloaded January 22, 2026.

NURSING HOME UTILIZATION

Nursing Homes	
Clifford Chester Sims State Veterans Nursing Home, Community Health and Rehabilitation Center, St. Andrews Bay Skilled Nursing and Rehabilitation Center, PruittHealth	
Beds; Occupancy	442; 93.3%

This section contains data only for those nursing homes and hospitals that entered data (for July 2024 - June 2025) into the Data Warehouse.

Source: Broward Regional Health Planning Council, Florida Health Data Warehouse: July 2024 - June 2025; downloaded January 20, 2026.

HOSPITALS

Hospitals / Beds
Ascension Sacred Heart Bay / 323 beds
HCA Florida Gulf Hospital / 282 beds
Emerald Coast Behavioral Hospital / 86 beds
Encompass Health Rehabilitation Hospital of Panama City / 75 beds
Select Specialty Hospital - Panama City / 30 beds

Source: Florida Agency for Health Care Administration (AHCA), February 3, 2026.

Florida's Agency for Healthcare Administration (AHCA)

Florida's Agency for Health Care Administration's (AHCA) Certificate of Need (CON) program requires certain health care providers to obtain state approval before offering certain new or expanded services. The program currently regulates hospices, freestanding inpatient hospice facilities, skilled nursing facilities, and intermediate care facilities for the developmentally disabled.

To support AHCA's CON program, Big Bend Health Council:

- convenes public hearings if requested by a CON applicant or a substantially affected party.
- conducts site visits to monitor implementation of an approved project until it is licensed.
- collects, analyzes, and reports utilization data (e.g., admissions, occupancy, payor source, etc.) for 32 nursing homes on a quarterly basis. These data are also available to CON applicants.

Rural Health Strategic Planning Workgroup

Draft vision:

A future where rural Floridians lead the nation in health outcomes, empowered by innovative, strategic, and transparent collaborations among all rural health stakeholders.

- Florida Department of Health
- All 11 regional Local Health Councils, including Big Bend Health Council - representing Florida's 67 counties to provide administrative, management, provider-neutral planning, and technical assistance scalable across four statewide regions.
- Rural Health Networks – coordinating healthcare delivery in rural communities throughout Florida, connecting clinics, hospitals, and providers to improve access, quality, and patient outcomes.
- Florida's Area Health Education Centers (AHECs) – representing Florida's 10 regional Centers providing an extensive, statewide system for professional and community health education and support.

Alignment of Community Health Improvement Partnerships & Plans and Florida State Health Improvement Plan (SHIP)

The Florida State Health Improvement Plan (SHIP) identifies priorities and outlines goals for improving public health in Florida. Various stakeholders such as government agencies, healthcare providers, and community groups participate in this process.

Likewise, each County Health Improvement Partnership identifies priorities and develops a Community Health Improvement Plan (CHIP) for improving public health in their own counties.

Big Bend Health Council is a member of several Community Health Improvement Partnerships and contributes input and data to support their efforts.

Why Aligning Priorities is Important

Aligning the priorities of state and county plans is important because funders often prefer to support aligned proposals which offer state, multi-county, or regional solutions.

Many residents rely on federal, state, or county funded services in their own and neighboring counties. The kinds of services for which funding may be requested include:

- Primary, Tertiary, and Long-Term Care
- Maternal Health Care
- Behavioral Health Care
- Recreation, Education, Employment, Housing and other and other services that support individual and community health.

Periodically, Big Bend Health Council studies and compares the priorities of SHIP and all 14 Community Health Improvement Partnerships and Plans in our area. Then we prepare a report and share our findings with the Partnerships and other community partners.

Many of the Partnerships started a new planning cycle in January 2025 - a good time for them to consider aligning their priorities more closely with those of SHIP.

Big Bend Health Council wrote and distributed an update of our findings, *Health Priorities Identified in Florida's State Health Improvement Plan (SHIP) and Big Bend Counties' Community Health Improvement Plans (CHIPS)*.

By sharing and discussing the report with our community partners, we encouraged many of them to review and reconsider their own county's priorities.

Health Priorities Identified in the State Health Improvement Plan (SHIP)

- SHIP Priority 1, Alzheimer's Disease and Related Dementias
- SHIP Priority 2, Chronic Diseases and Conditions
- SHIP Priority 3, Injury, Safety, and Violence
- SHIP Priority 4, Maternal and Child Health
- SHIP Priority 5, Mental Well-Being, and Substance Abuse Prevention
- SHIP Priority 6, Social and Economic Conditions Impacting Health
- SHIP Priority 7, Transmissible and Emerging Diseases

What did we do next?

In 2024, “Alzheimer’s Disease and Related Dementias” was identified as a SHIP priority, but none of the area’s Community Health Improvement Partnerships/Plans had done so. Big Bend Health Council reviewed prevalence, hospital utilization, and mortality data to learn more about the impact of Alzheimer’s Disease and Related Dementias on the residents of the Big Bend Area.

We wrote and shared a report of our findings with many of our partners and encouraged them to consider addressing Alzheimer’s Disease and Related Dementias in their Community Health Improvement Plans.

The table in the next slide shows an updated version of the data in the original 2024 report.

While the rates of probable cases of Alzheimer’s Disease are similar in the Big Bend area to those of the state, overall, the rates of emergency department visits, hospitalizations, and deaths from Alzheimer’s and organic dementia are significantly higher in the Big Bend.

Alzheimer's Cases, Emergency Department Visits, Hospitalizations, and Deaths, (Alzheimer's and Organic Dementia[1])							
Adjusted Rates per 100,000 Population 2024							
Area	Probable Alzheimer's Cases (Aged 65 Years and Older), Percent of Population (Aged 65 Years and Older)	Emergency Department visits from or with Alzheimer's Disease as any listed diagnosis	Emergency Department visits from or with Organic Dementia[1] as any listed diagnosis	Hospitalizations from or with Alzheimer's Disease as any listed diagnosis	Hospitalizations from or with Organic Dementia[1] as any listed diagnosis	Deaths from Alzheimer's Disease	Deaths from Organic Dementia[1]
	Percent	Rate	Rate	Rate	Rate	Rate	Rate
Florida	**11.1**	**37.5**	**167.7**	**91.4**	**398.7**	**15.9**	**20.1**
Bay	10.4	23.5	204.8	64.9	494.9	43	20.5
Calhoun	11.2	59.5	371.2	77	307.1	69.3	9.7
Franklin	10.3	4.6	127.5	21.1	219.1	16.6	9.2
Gadsden	10	48.4	290.9	81.2	645.9	15.7	24.8
Gulf	9.8	25.8	149.7	70.7	494.4	51.9	24.2
Holmes	11	65.1	161.5	45.1	285	39	32.7
Jackson	11.2	127	376.3	107.1	251.9	49.1	38.7
Jefferson	10.6	38	128.2	54.2	447.1	11.3	18.2
Leon	10.2	70.7	249.2	70.1	453.8	17.5	31.4
Liberty	10.4	50.1	417.7	39.9	275.6	32.1	21.4
Madison	10.2	16.2	107.1	32.9	174.4	29.7	67.2
Taylor	10.5	45.9	292.3	43.8	341.5	16.3	32.7
Wakulla	9.5	38.6	178.6	62.7	434	29.1	34.7
Washington	10.7	40.4	364.1	42.7	387	23.3	46.9

[1] Organic dementia includes vascular dementia and unspecified dementia, but excludes Alzheimer's Disease, dementia caused by other diseases, or dementia induced by substances.

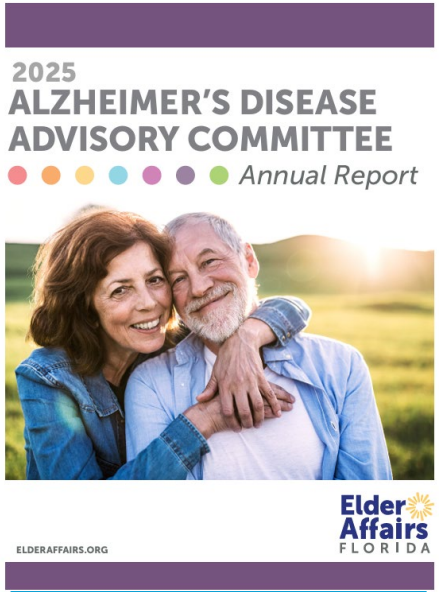
Source: Florida Department of Health CHARTS, downloaded March 5, 2026.

Florida Department of Elder Affairs

Provides Information about Alzheimer's and Related Dementias and Resources for Family and Caregivers.

"Alzheimer's disease is a progressive and irreversible brain disorder that slowly destroys memory, thinking skills, and the ability to carry out everyday tasks. It is the most common cause of dementia, accounting for 60% to 80% of all cases. Dementia is a general term for a decline in mental ability severe enough to interfere with daily life. While aging can bring mild memory changes, Alzheimer's is not a normal part of aging. Alzheimer's disease begins with damage to brain cells (neurons), particularly in areas involved in memory and learning. But Alzheimer's disease is much more complex than struggling with memory. Over time, brain cell death spreads to other regions, leading to significant cognitive and physical decline. The disease progresses gradually but inevitably leads to death."

Source: Florida Department of Elder Affairs, 2025 Alzheimer's Disease Advisory Committee Annual Report



Alzheimers-Disease-Advisory-Committee-–-Annual-Report-2023.pdf

(actually 2025 not 2023)

Big Bend Dementia Care and Cure Initiative (DCCI)
Rural Task Force Meeting

Big Bend Health Council participates in and shares information with Big Bend DCCI's quarterly meetings providing a wealth of support and information regarding resources for communities, providers, people living with dementia, families, and caregivers.

To receive Zoom invite and link, contact:

Nicolette Castagna, LMHC, MPH, CDP
Community Engagement and Health Systems Manager
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Florida State University College of Medicine
1115 W. Call Street, 4307
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REACH
Resources & Education for Aging, Community, and Health

The Intersection between Brain Health and Other Chronic Conditions

We soon learned that Alzheimer's Disease and Related Dementias not only affect older people, but younger people as well.

Although many symptoms become more obvious in older people, these conditions may begin to develop decades earlier and affect much younger people as well.

Other chronic conditions may contribute to the development of dementia – and vice versa. We began learning and sharing how all these conditions affect one another and brain health in general.

Because so many acute and chronic conditions can affect brain health, we decided to focus on just a few of them this year.

We hope this information will encourage program developers and managers, educators, clinicians, and other community leaders to consider the intersection between brain health and other conditions affecting clients, their families, and communities.

Any impairment in brain health, may adversely affect the patient's ability to implement or manage their treatment plan(s).

We shared this information with many of our community partners and encouraged them to consider brain health in their programs and the way they serve their patients/clients.

What is Brain Health?

"Brain health is the state of brain functioning across cognitive, sensory, social-emotional, behavioral and motor domains, allowing a person to realize their full potential over the life course, irrespective of the presence or absence of disorders.

Different determinants related to physical health, healthy environments, safety and security, life-long learning and social connection as well as access to quality services influence the way our brains develop, adapt and respond to stress and adversity.

These give way to strategies for promotion and prevention across the life course. Optimizing brain health by addressing these determinants not only improves mental and physical health but also creates positive social and economic impacts that contribute to greater well-being and help advance society."

Source: World Health Organization (WHO)
Downloaded May 12, 2026

World Health Organization

Some of the Risk Factors Affecting Brain Health

SHIP Priority 1. Alzheimer's Disease and other dementias
SHIP Priority 2. Chronic Diseases and Conditions
SHIP Priority 5. Mental Well-Being and Substance Abuse Prevention

These three SHIP priorities may share some similar risk factors that can adversely affect brain health:

- Lack of physical activity
- Poor nutrition
- Uncontrolled diabetes
- Overweight or obesity
- High blood pressure
- Substance Use Disorder including opioid, tobacco, and alcohol use
- Chronic stress
- Sports-related injuries
- Vehicle-related injuries (e.g., cars, motorcycles, bicycles, boats, jet-skis)
- Water-related injuries (e.g., swimming, diving, snorkeling, surfing)
- Violent or aggressive encounters (e.g. domestic violence, road rage, brawling)

This past year we compiled data regarding four chronic conditions that adversely affect brain health and some of the ways our community partners are addressing these issues.

- Alzheimer's Disease and Related Dementias
- Opioid Use Disorder
- Tobacco use
- Diabetes

Association Between Opioid Use Disorder and Alzheimer's Disease and Related Dementias

In addition to studying the data regarding Alzheimer's Disease and Related Dementias in the previous table on Slide 20, we searched the peer-reviewed literature on PubMed regarding Opioid Use Disorder and Alzheimer's Disease and dementia.

One of the articles[1] we came across suggests a causal relationship between Alzheimer's Disease and Opioid Use Disorder.

Please see an excerpt regarding the results and conclusions of that study on the next slide.

[1]Qeadan, Fares & McCunn, Ashlie & Tingey, Benjamin & Price, Ron & Bobay, Kathleen & English, Kevin & Madden, Erin. (2023). Exploring the Association Between Opioid Use Disorder and Alzheimer's Disease and Dementia Among a National Sample of the U.S. Population. Journal of Alzheimer's Disease. 96. 229-244. 10.3233/JAD-230714.

Alzheimer's and Related Dementias and Opioid Use Disorder Results and Conclusions

"Results: A sample of 627,810 individuals with OUD were compared to 646,340 without OUD. Individuals with OUD exhibited 88% higher risk for developing AD/dementia compared to those without OUD (aHR = 1.88, 95% CI 1.74, 2.03) within 1 year follow-up and 211% (aHR = 3.11, 95% CI 2.63, 3.69) within 10 years follow-up. When stratifying by age, younger patients (age 12-44) had a greater disparity in odds of AD/dementia between OUD and non-OUD groups compared with patients older than 65 years."

"Conclusions: Additional research is needed to understand why an association exists between OUD and AD/dementia, especially among younger populations. The results suggest that cognitive functioning screening programs for younger people diagnosed with OUD may be useful for targeting early identification and intervention for AD/dementia in particularly high risk and marginalized populations."

As shown in the following table, Emergency Medical Services (EMS) and hospitals shoulder a significant burden responding to opioid overdoses.

Emergency Medical Services, Emergency Departments, and Hospitals play a critical role in responding to Opioid-Involved Overdoses

Opioid Overdose Deaths and Non-fatal Opioid Overdoses
Non-Fatal Overdose Emergency Medical Responses, Emergency Department Visits, and Hospitalizations
2024

Area	Opioid Overdose Deaths	EMS Responses to a Suspected Opioid-Involved Overdose	EMS Responses to a Suspected Drug Overdose Including Opioids	Opioid-Involved Non-fatal Overdose Emergency Department Visits	Opioid-Involved Non-fatal Overdose Hospitalizations	Total Opioid Fatalities and Non-fatal /EMS Responses/ED Visits/Hospital-izations
	Count	Count	Count	Count	Count	Count
Florida	**3,820**	**23,895**	**82,954**	**9,375**	**7,173**	**127,217**
Bay	31	206	709	82	41	1,069
Calhoun	-	-	45	<5	<5	45
Franklin	4	11	67	<5	<5	82
Gadsden	3	13	123	9	14	162
Gulf	1	18	66	<5	<5	85
Holmes	2	19	107	<5	<5	128
Jackson	8	46	212	10	<5	276
Jefferson	1	5	41	5	<5	52
Leon	28	183	1,229	86	134	1,660
Liberty	-	8	22	<5	<5	30
Madison	2	13	62	<5	<5	77
Taylor	2	13	63	10	<5	88
Wakulla	3	17	114	13	<5	147
Washington	-	31	72	9	<5	112
BB Area	**85**	**583**	**2,932**	224	189	**4,013**

Source: Florida Department of Health Substance Use Dashboard. Downloaded May 13, 2026.

How does PanCare of Florida Help?

PanCare is Federally Qualified Health Center (FQHC) serving counties throughout the western area of the Big Bend (Bay, Calhoun, Franklin, Gulf, Holmes, Jackson, Liberty, Walton, and Washington Counties).

In the early 2000's, Big Bend Health Council recognized the impact of persistent shortages of primary, dental, mental health, and specialty care in our rural service area.

To mitigate the impact of these shortages, Big Bend Health Council's leadership established PanCare of Florida as a Federally Qualified Health Center.

- Brick and Mortar Clinics
- Telehealth
- School Systems including Gulf Coast State College
- Mobile Units
- Specialized community sites, e.g. kiosks, outreach to treatment and correctional facilities, health fairs, a wide range of community outreach activities

PanCare's Behavioral Health Care supports brain health by integrating behavioral health care with comprehensive primary and specialty care

- Primary Medical, Dental, Mental Health, Pharmacy, and Specialty Care (including optometry)
- Mobile unit outreach
- Pain-management alternatives
- Direct engagement with affected populations and families
- Prevention and treatment of substance use disorders
- Counseling and support for patients and families
- Case management and care coordination
- Medication Assisted Therapy (MAT) and Narcan Distribution
- Infectious disease testing (HIV and HCV rapid screening)
- Drug Drop-off Kiosks
- Insurance linking
- Recovery Coaching and Support
- Suicide prevention, Behavioral Health Crisis Intervention Services
- Rapid HEPC/HIV Testing
- Education/Trainings tailored for residents, heath providers, organizations, and first responders
- Crisis Intervention Team (CIT) Training
- School-based and telehealth integrated primary, optometry, dental, behavioral health care for students
- Pre-release and Re-entry program (for residents leaving correctional facilities)
- Autism screening
- Diabetes Self-Management Education and Support
- Frequent multi-disciplinary community engagements throughout PanCare's service area

PanCare's Rural Integrated Mobile Engagement (PRIME)

PanCare implements PRIME, an integrated care delivery model that deploys mobile multidisciplinary care teams into rural communities, schools, and substance use treatment facilities.

PRIME integrates mobile clinics, telehealth, school-based services, and community health centers to reduce access barriers.

Within treatment settings, mobile teams provide counseling, medication management, medical examinations, and rapid screening for hepatitis C and HIV.

Mobile Medication Assistance Treatment (MAT) services can facilitate initiation of MAT and completion of inductions directly on mobile units.

Coordination with PanCare's pharmacy network ensures timely access to medications such as buprenorphine, reducing delays in treatment.

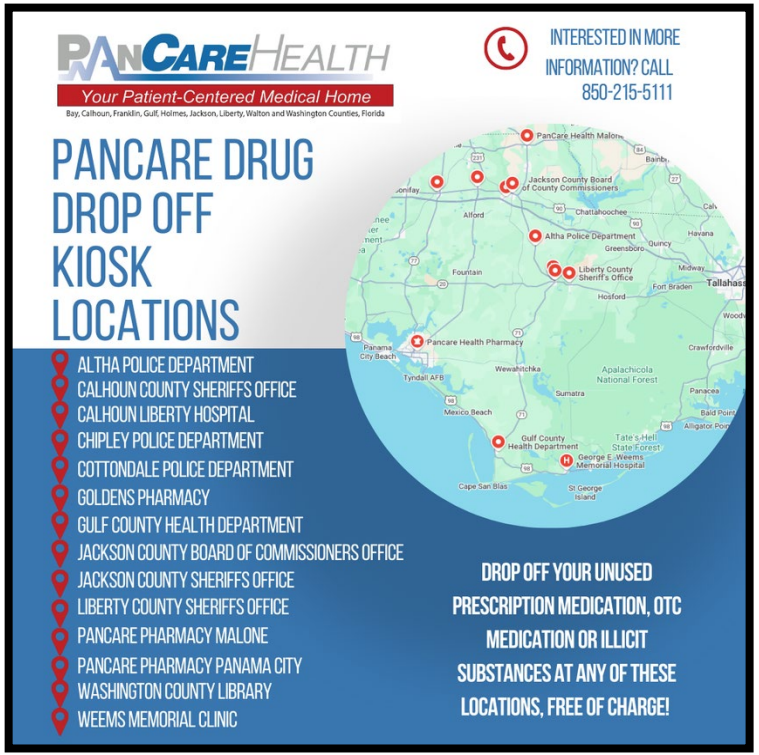
The model also extends into schools and community sites, delivering medical, dental, optometry, and early childhood developmental services to mitigate gaps in care, absenteeism, transportation, etc.

PanCare Hosts and Leads the Behavioral Health Care Support (BHS) and Rural Communities Opioid Response Partnership (RCORP) Monthly Consortium Meetings

Big Bend Health Council is a founding and current member of the Consortium comprised of community partners working together to advance the aims of BHS and RCORP:

- Behavioral Health Care Support aims to expand and improve the quality and sustainability of behavioral health care services in rural communities through service delivery, training and peer mentorship, and community partnerships.
- Rural Communities Opioid Response Partnership aims to establish, expand, and sustain prevention, treatment, and recovery services to address substance use disorder, including opioid use disorder, for individuals living in rural communities.

PanCare Drug Drop-Off Kiosks



Eighteen, soon to be thirty individual kiosk locations. Anyone can safely dispose of prescription or over the counter medication, or illicit substances free of charge.

So far, more than 1,000 pounds have been collected and disposed of.

PanCare's Behavioral Health Support contacts:

Drew Hild
Chief Behavioral Health Officer
dhild@pancarefl.org

Kristi Reynolds
RCORP Program Manager
kreynolds@pancarefl.org

David Champion
Community Outreach Coordinator
dchampion@pancarefl.org

Tobacco Use and Brain Health

Tobacco usage contributes to age-adjusted death rates and to many conditions that affect the blood and oxygen supply and overall health and life of the brain. The data in the following tables summarize the effects of some of these conditions:

- Cancer
- Stroke
- Respiratory Diseases
- Heart Disease
- Major Cardiovascular Disease

Notice that in the tables on the next two pages, rates in Big Bend counties are generally higher than those in Florida as a whole.

Age-Adjusted Tobacco-Related Cancer (2024), Rates Per 100,000 Population

Area	Deaths From Tobacco-Related Cancers	
	Count	Rate
Florida	19,919	54.3
Bay	204	76.9
Calhoun	14	65.8
Franklin	8	27.9
Gadsden	50	72.4
Gulf	14	51.7
Holmes	16	55.5
Jackson	57	74.2
Jefferson	19	64.5
Leon	179	53.2
Liberty	7	63.4
Madison	18	55.3
Taylor	30	87.6
Wakulla	33	63.6
Washington	28	74.3
BB Total	677	

Age-adjusted Hospitalizations and Deaths from Chronic Lower Respiratory Disease (CLRD[1]), Rate per 100,000 Population, 2024

Area	Hospitalizations		Deaths	
	Count	Rate	Count	Rate
Florida	46,909	164.1	11,205	29.7
Bay	304	137.3	123	46.0
Calhoun	27	170.8	13	60.3
Franklin	16	88.7	4	14.1
Gadsden	56	102.3	14	21.4
Gulf	24	111.1	11	39.4
Holmes	32	124.9	13	40.7
Jackson	130	197.4	35	44.8
Jefferson	20	78.6	6	24.2
Leon	338	111.8	101	30.6
Liberty	10	110.7	3	29.0
Madison	21	87.8	9	28.7
Taylor	38	114.2	25	71.0
Wakulla	46	103.6	34	78.9
Washington	46	150.6	26	67.7
BB Total	1,108		417	

[1]CLRD includes COPD, asthma, chronic bronchitis, and emphysema.

Source: Florida Department of Health, CHARTS, downloaded May 2026.

Age-adjusted Deaths From Heart Diseases[1], Rate Per 100,000 Population, 2024		
County	Count	Rate
Florida	49,441	135.7
Bay	450	179
Calhoun	45	218.4
Franklin	37	151.3
Gadsden	109	175.8
Gulf	40	158.4
Holmes	81	272.3
Jackson	157	215.3
Jefferson	48	168
Leon	473	151.1
Liberty	26	265
Madison	51	174.3
Taylor	65	204
Wakulla	93	223.4
Washington	97	279.8

[1]CD-10-CM Code(s): I00-I09, I11, I13, I20-I51.

Age-adjusted Deaths From Major Cardiovascular Diseases[2], Rate Per 100,000 Population, 2024		
County	Count	Rate
Florida	71,889	196.4
Bay	642	257
Calhoun	57	275.6
Franklin	44	177.7
Gadsden	147	241
Gulf	59	227.2
Holmes	103	342.6
Jackson	192	260.5
Jefferson	63	230.8
Leon	644	206
Liberty	32	323.3
Madison	77	257.7
Taylor	95	289.8
Wakulla	119	281.7
Washington	130	371.3

[2]ICD-10-CM Code(s): I00-I78.

Source: Florida Department of Health, CHARTS, downloaded May 2026.

How do our partners help?

- County Tobacco-Free Partnerships
- Students Working against Tobacco (SWAT)
- Big Bend Area Health Education Center (BBAHEC)

Tobacco-Free Partnerships and Students Working Against Tobacco (SWAT)

Since the 1990's, Big Bend Health Council has supported Florida's Tobacco-Free Partnerships and SWAT programs.

Currently, Big Bend Health Council is a member of Gulf and Franklin Counties' Tobacco-Free Partnerships and serves as Secretary to both Partnerships.

TOBACCO FREE PARTNERSHIP FRANKLIN COUNTY

Franklin County and Gulf County Tobacco Free Partnerships

TOBACCO FREE PARTNERSHIP GULF COUNTY

These partnerships are coalitions of community members actively working to change the perception among local youth that tobacco use is a normal activity. The group consists of a wide array of adults from both the public and private sector, local youth leaders, and members of the general public.

Big Bend Health Council:

- Serves as Secretary to both Partnerships
- Provides relevant data regarding brain health and other reliable information to support the Partnerships' priorities and goals.
- As illustrated in the next five slides, Students Working Against Tobacco (SWAT) makes it all worthwhile.

SWAT Highlights

Gulf SWAT made major moves in their community and schools.

Movie Night at Vrooman Park

STUDENTS WORKING AGAINST TOBACCO

Movie Night
at
TL James Park

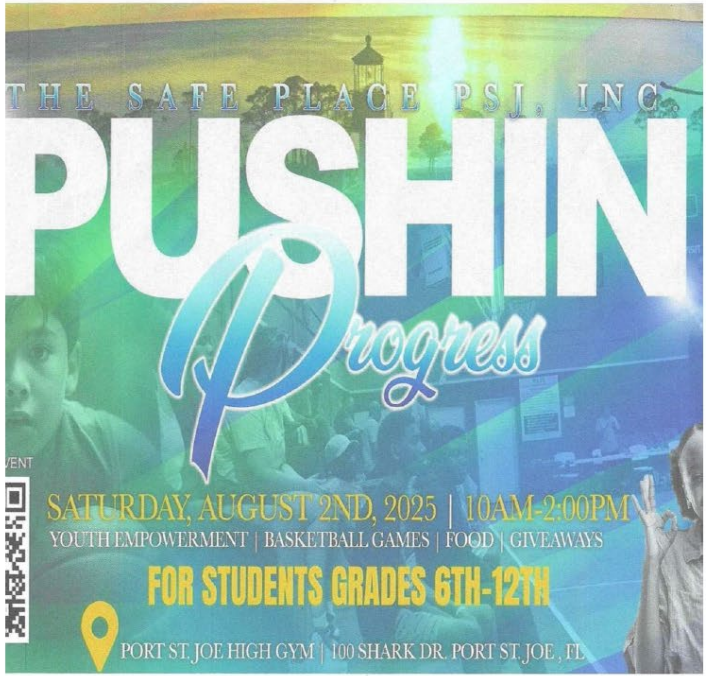
STUDENTS WORKING AGAINST TOBACCO

Carrabelle Beach and St. Joe Beach Clean-up

STUDENTS WORKING AGAINST TOBACCO

STUDENTS WORKING AGAINST TOBACCO

Gulf County SWAT Activities
Pushin' Progress
Port St. Joe High School Gym



Tobacco Free Florida .com | Florida HEALTH

For more information about Tobacco Free Partnerships or Students Working Against Tobacco, contact:

Tasia Jones
Health Educator / SWAT Coordinator Franklin/Gulf County
Office Phone: 850.653.2111 ext. 6021
Mobile Phone: 850.323.1339
Tasia.Jones@flhealth.gov

Big Bend Area Health Education Center (AHEC)

Serving all 14 counties in our area, Big Bend AHEC offers the *Tobacco-Free Florida Cessation Program* free-of charge to all residents.

Big Bend AHEC provides valuable tools to help people quit tobacco:

- Preparing to quit tobacco with a quit plan
- Learning strategies and skills to deal with nicotine cravings to remain tobacco-free
- Dealing with slips
- Having the opportunity to share your experience with others in a friendly, respectful and supportive group setting
- FREE patches, gum, or lozenges, if medically appropriate

Contact:
Emily Kohler, RDH, CTTS
Tobacco Program Manager
2815 Remington Green Circle, Ste 100
Tallahassee, FL 32308
Tobacco Program Phone Number: 850.224.9340
Register on-line at Home - Big Bend AHEC

Alzheimer's Disease, Dementia, and Diabetes

As with Alzheimer's Disease/Dementia and Opioid Use Disorder, we searched in PubMed for evidence regarding the association between Alzheimer's Disease and diabetes, especially Type 2 Diabetes (T2DM).

As exemplified in the citation below, current research strongly suggests important links between these conditions. We shared this evidence with community partners that specialize in Diabetes Self-Management Education and Support, Behavioral Health, and Alzheimer's and Dementia. Clinicians and other health-related professionals are encouraged to assess for all these conditions and develop appropriate treatment plans and modalities to meet the complex needs of patients with more than one chronic condition.

Alzheimer's Disease as Type 3 Diabetes: Common Pathophysiological Mechanisms between Alzheimer's Disease and Type 2 Diabetes, *PubMed, The Journal of Diabetes Research, January 29, 2020*

"Globally, the incidence of type 2 diabetes mellitus (T2DM) and Alzheimer's disease (AD) epidemics is increasing rapidly and has huge financial and emotional costs. The purpose of the current review article is to discuss the shared pathophysiological connections between AD and T2DM. Research findings are presented to underline the vital role that insulin plays in the brain's neurotransmitters, homeostasis of energy, as well as memory capacity. The findings of this review indicate the existence of a mechanistic interplay between AD pathogenesis with T2DM and, especially, disrupted insulin signaling. AD and T2DM are interlinked with insulin resistance, neuroinflammation, oxidative stress, advanced glycosylation end products (AGEs), mitochondrial dysfunction and metabolic syndrome. Beta-amyloid, tau protein and amylin can accumulate in T2DM and AD brains. Given that the T2DM patients are not routinely evaluated in terms of their cognitive status, they are rarely treated for cognitive impairment. Similarly, AD patients are not routinely evaluated for high levels of insulin or for T2DM. Studies suggesting AD as a metabolic disease caused by insulin resistance in the brain also offer strong support for the hypothesis that AD is a type 3 diabetes."

As you can see in the data table, morbidity, complications, and mortality rates related to diabetes vary widely across the Big Bend area, and in most counties, rates are higher than in Florida as a whole.

High quality Diabetes Self-Management Education and Support (DSMES) services can help people living with diabetes learn how to manage this chronic disease, improve the quality of health care services and outcomes while reducing costs.

Diabetes Emergency Department Visits, Hospitalization, Amputations, and Deaths

Age-Adjusted Rates per 100,000 Population, 2024

Area	Emergency Department Visits From Diabetes		Hospitalizations From Diabetes		Hospitalizations From or With Diabetes as Any Listed Diagnosis Which Resulted in a Diabetes-Attributable Amputation of a Lower Extremity		Deaths From Diabetes	
	Count	Rate	Count	Rate	Count	Rate	Count	Rate
Florida	60,125	230.2	64,032	228	12,706	40.1	7,321	20.6
Bay	619	299.3	473	217.8	109	43.8	65	26.3
Calhoun	75	505	26	165	5	31.3	8	40.7
Franklin	39	240.5	28	147.6	9	39.4	5	27.4
Gadsden	357	743.4	242	453.8	60	99.2	22	32.2
Gulf	88	446.6	63	314	8	31.6	10	36.8
Holmes	107	430.8	39	142.5	15	50.9	13	43.2
Jackson	308	588.7	128	243.2	22	34	23	33.8
Jefferson	60	358.2	49	271.5	12	44.7	11	43.7
Leon	1,030	351.6	676	217.8	164	53.7	87	26.7
Liberty	40	458.3	14	168.1	6	64.4	3	30.1
Madison	119	542.6	41	187.4	9	30.8	11	42.2
Taylor	78	278.5	43	156.9	8	24.3	19	57
Wakulla	83	204.4	73	169.1	10	19.8	15	29.3
Washington	109	366.9	57	191.6	8	22.5	17	47.3
BB Total	3,112		1,952		445		309	

Source: Florida Department of Health CHARTS, downloaded May 6, 2026.

Diabetes Self-Management Education and Support (DSMES)

Big Bend Health Council DSMES partners:

- Florida Department of Health
- Two other Local Health Councils
  - WellFlorida Council (serving 16 counties in North Central Florida)
  - Health Planning Council of SW Florida (serving 7 counties in Southwest Florida)
- Florida Diabetes Alliance (serving Florida's 67 counties) – (Big Bend Health Council was a founding member and currently serves as liaison between the Alliance and the Alliance's Board of Directors

Our partnership provides funding, mentoring, and technical support to encourage the development and sustainability of Diabetes Self Management and Support (DSMES) programs, especially in rural and underserved areas throughout the state. We are now accepting applications throughout the state for the upcoming cycle.

The core of this program—and its greatest value—is the opportunity to engage in a dedicated, collaborative mentorship network. By joining this cohort, successful applicants will receive resource support and get direct, tailored guidance to navigate the complexities of establishing, building, accrediting, sustaining, or expanding DSMES services for adults in Florida.

The application deadline is Friday July 7, 2026. Over the years, we've streamlined the application process as a Survey Monkey questionnaire to encourage a wide range of applicants. I've included the funding announcement as an attachment to this report – there's still time to apply for the next DSMES mentoring cohort.

State-wide Outreach and Advocacy

This year, we and our partners extended our outreached to a wide range of potential DSMES providers throughout the state, encouraging them to join our DSMES 101 webinar and apply for our DSMES mentoring program.

Pharmacists, especially independent, locally-owned pharmacists, were among the providers we focused on this year. Each of our DSMES partners reached out to pharmacists in different regions of the state.

Big Bend Health Council focused on pharmacists in the 18 counties of the Panhandle as well as the 8 counties in SE Florida (Indian River, St. Lucie, Martin, Okeechobee, Palm Beach, Broward, Miami-Dade, and Monroe).

The following 3 slides show the outreach info that was distributed to the 26 counties mentioned above. The message was customized with data relevant to each region.

Big Bend Health Council

Bay, Calhoun, Franklin, Gadsden, Gulf, Holmes, Jackson, Jefferson, Leon, Liberty, Madison, Taylor, Wakulla, and Washington Counties

Help for Pharmacies and People with Diabetes
Bridging the Gap with Pharmacy-Led
Diabetes Self-Management Education and Support

As you can see in the attached data table, morbidity, complications, and mortality rates related to diabetes are, in general, higher in Florida's Big Bend area than in Florida as a whole.

High quality Diabetes Self-Management Education and Support (DSMES) services can help people living with diabetes learn how to manage this chronic disease, improve the quality of health care services and outcomes while reducing costs.

The Pharmacy Advantage

DSMES Can Bridge the Gap and Complement Your Practice

Patients know and trust their community pharmacists and pharmacy staff to provide caring and accurate information and support.

Benefits of integrating high-quality DSMES into your practice:

- Support patients in understanding why their therapy matters, leading to better compliance and clinical outcomes.
- Improve medication adherence, stress-management, and lifestyle changes.
- Benefit your bottom line through ancillary revenue, e.g. 3rd party (e.g. Medicare) reimbursement, lab tests, continuous glucose monitor (CGM) supplies, and increased foot traffic.
- Meet clinical standards and healthcare reform goals by positioning your pharmacy as a central hub for patient-centered care.

If you have questions or are interested in learning more about starting your own pharmacy-based DSMES program, or how to refer your clients to a local DSMES program, we want to help. We can help provide technical assistance, mentoring, and curriculum materials to help you become an accredited or recognized provider.

Diabetes Morbidity and Mortality Count and Rate per 100,000 Population, 2024

Florida and Panhandle Counties	Ambulatory Care Sensitive Hospitalizations from Diabetes (Aged 0-64 Years)		Age-adjusted Deaths from Diabetes		Age-adjusted Emergency Department Visits from Diabetes		Age-adjusted Hospitalizations from Diabetes		Age-adjusted Hospitalizations from or With Diabetes as Any Listed Diagnosis		Age-adjusted Hospitalizations From or With Diabetes as Any Listed Diagnosis Which Resulted in a Diabetes-Attributable Amputation of a Lower Extremity	
	Count	Rate	Count	Rate	Count	Rate	Count	Rate	Count	Rate	Count	Rate
Florida	26,156	144.9	7,321	20.6	60,125	230.2	64,032	228	782,515	2,363.30	12,706	40.1
Bay	220	142.1	65	26.3	619	299.3	473	217.8	6,313	2,553.30	109	43.8
Calhoun	12	107.7	8	40.7	75	505	26	165	371	1,949.20	5	31.3
Escambia	544	197.3	101	23.6	1,339	365.6	1,134	305.1	11,867	2,819.50	297	70
Franklin	11	115.8	5	27.4	39	240.5	28	147.6	319	1,463.00	9	39.4
Gadsden	85	239.3	22	32.2	357	743.4	242	453.8	2,216	3,753.60	60	99.2
Gulf	28	220.2	10	36.8	88	446.6	63	314	575	2,315.60	8	31.6
Holmes	10	63.0	13	43.2	107	430.8	39	142.5	504	1,793.10	15	50.9
Jackson	64	164.8	23	33.8	308	588.7	128	243.2	1,194	1,787.70	22	34
Jefferson	20	171.2	11	43.7	60	358.2	49	271.5	658	2,685.10	12	44.7
Leon	290	112.3	87	26.7	1,030	351.6	676	217.8	7,614	2,400.50	164	53.7
Liberty	8	121.4	3	30.1	40	458.3	14	168.1	222	2,187.00	6	64.4
Madison	17	117.5	11	42.2	119	542.6	41	187.4	454	1,689.20	9	30.8
Okaloosa	235	126.9	57	21.3	674	280.4	498	198.7	6,349	2,397.60	113	43.2
Santa Rosa	256	147.8	51	19.2	524	218.2	546	230	5,727	2,242.70	149	54.7
Taylor	16	94.1	19	57	78	278.5	43	156.9	625	1,928.30	8	24.3
Wakulla	21	68.6	15	29.3	83	204.4	73	169.1	1,149	2,481.70	10	19.8
Walton	101	146.3	28	21.3	169	181.4	183	196.8	1,979	1,691.90	29	26.5
Washington	32	153.9	17	47.3	109	366.9	57	191.6	644	1,871.70	8	22.5

Source: Florida Department of Health, CHARTS, downloaded March 6, 2026.

For more information about Diabetes Self-Management Education and Support (DSMES), or the Florida Diabetes Alliance, contact:

Barbara Feeney
Program Manager
Big Bend Health Council
bfeeney@pancarefl.org
(561) 891-6395

Factors Shaping Brain Health

According to an article in PubMed, *Lifestyle Choices and Brain Health*[1], brain health is shaped by a lifetime of physical, mental, environmental, and social factors. Key determinants include cardiovascular health, sleep quality, diet, mental well-being, and exposure to early-life or environmental stressors. Managing these influences is vital for preserving cognitive function and lowering the risk of dementia.

Best to start early, but it's never too late.

Ctrl + Click to follow link:

[1]Lifestyle Choices and Brain Health – PMC
Front Med (Lausanne)
2019 Oct 4;6:204. doi: 10.3389/fmed.2019.00204
Lifestyle Choices and Brain Health
Jacobo Mintzer, Keaveny Anne Donovan, Arianne Zokas Kindy, Sarah Lenz Lock, Lindsay R Chura, Nicholas Barracca

What's Next

During the new fiscal year starting July 1, Big Bend Health Council will continue many of the activities and partnerships we already discussed, e.g.,

- Continuing to implement a 5-year contract to develop Diabetes Self-Management Education Programs throughout Florida
  - Florida Department of Health
  - Florida Diabetes Alliance
  - Health Planning Council of Southwest Florida
  - Well Florida Council
- Serving as Liaison between the Florida Diabetes Alliance Board of Directors and the Community Health Improvement Partnerships in the Big Bend Area
- Serving as Secretary of the Gulf County and Franklin Counties' Tobacco Free Partnerships
- Continuing to promote brain health and the recognition of brain health as an important consideration in the management of all acute and chronic conditions

Questions?

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or
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BIG BEND HEALTH COUNCIL

BIG BEND HEALTH COUNCIL

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EMAIL: rthompson@pancarefl.org

County Health Profiles for Florida's Big Bend Area

Bay, Calhoun, Franklin, Gadsden, Gulf, Holmes, Jackson, Jefferson, Leon, Liberty, Madison, Taylor, Wakulla, and Washington Counties.

As a state designated (F.S. 408.033) local health council, Big Bend Health Council provides a variety of health planning resources for 14 counties in Florida's Big Bend area: Bay, Calhoun, Franklin, Gadsden, Gulf, Holmes, Jackson, Jefferson, Leon, Liberty, Madison, Taylor, Wakulla, and Washington Counties.

As a service to these counties and their residents, the Council publishes annual health profiles highlighting key demographic and health indicators, providing a snapshot of the health status of each county in comparison with other counties and the state as a whole.

COUNTY HEALTH PROFILE — BAY COUNTY 2026

DEMOGRAPHICS

Age Range	2024	
	Bay	Florida
	Total & Percent	
Total Pop	199,718	23,372,215
0-17	21.3%	19.3%
18-64	60.2%	58.9%
65+	18.5%	21.8%

Source: US Census Bureau; QuickFacts, Population estimates July 1, 2024, downloaded January 16, 2026, http://www.census.gov/quickfacts/.

Category	2024			
	Bay		Florida	
	Total & Percent			
Total Pop	199,718	100.0%	23,372,215	100%
Asian	4,993	2.5%	794,655	3.4%
Black	24,965	12.5%	3,949,904	16.9%
White	159,974	80.1%	17,856,372	76.4%
Other	14,779	7.4%	1,565,938	6.7%
Hispanic	21,170	10.6%	6,707,826	28.7%
Female	100,858	50.5%	11,873,085	50.8%
Male	98,860	49.5%	11,499,130	49.2%

Source: US Census Bureau; QuickFacts, Population estimates July 1, 2024, downloaded January 16, 2026, http://www.census.gov/quickfacts/.

SOCIOECONOMICS

Indicator	Bay	Florida
Per Capita Income[1]	$38,856	$41,055
Median Household Income[1]	$70,188	$71,711
% of Persons < 100% FPL[1]	11.8%	12.0%
Unemployment Rate[2]	4.8%	4.4%
% high school grad or >[1]	90.8%	89.4%
% bachelor's degree or >[1]	28.0%	33.2%
# & Rate of Free or Reduced Price Lunch with USDA Multiplier if Applicable; Rate with Multiplier if Applicable[3]	16,293; 60.1%	1,726,542; 61.8%

Sources: [1] Per Capita income in past 12 months (in 2023 dollars) 2019-2023 and Median Household income (in 2023 dollars), 2019-2022; high school grad and bachelor's degree percent of persons age 25 years+ 2097-2023; US Census Bureau, Florida QuickFacts downloaded January 17, 2026. [2] U.S. Department of Labor, Bureau of Labor Statistics, Local Area Unemployment Statistics Program, in cooperation with the Florida Department of Economic Opportunity, Bureau of Labor Market Statistics. November 2025 (not seasonally adjusted), downloaded January 26, 2026. [3] Florida Department of Education, Fldoe.org, Lunch Status by District (for Federal Funding) 2025-26 Final Survey 2, downloaded January 17, 2026.

MATERNAL AND CHILD HEALTH

Maternal and Child Health 2024	Bay	Florida
	Count and Rate	
Total Births (Resident Live Birth Rate per 1,000 Pop.)	2,230; 11.7	224,423; 9.7
Teen Births (Ages 15-19) (Rate per 1,000)	117; 22.8	7,822; 12
Repeat Births (to Ages 15-19)	15; 12.8%	878; 11.2%
Low Birth Weight (<2500 g)	187; 8.4%	20,285; 9%
Care Initiated in 3rd Trimester	120; 6%	13,469; 6.4%
No prenatal care	99; 4.9%	9,176; 4.3%
Infant Deaths (Rate per 1,000)	17; 7.6	1,276; 5.7
Kindergartners Immunized	1,915; 85.3%	196,167; 88.7%

Source: Florida Department of Health, CHARTS, downloaded January 12, 2026.

Hathaway Bridge, Panama City to Panama City Beach

HEALTHCARE ACCESS

Non-Elderly (Age 0-64) Uninsured				
Year	Bay		Florida	
	Number	Percent	Number	Percent
2010	31,413	22.2%	3.9 million	25.3%
2012	27,944	19.6%	3.7 million	24.1%
2014	27,551	18.7%	3.2 million	20.2%
2016	21,705	14.5%	2.5 million	15.4%
2018	22,534	15.0%	2.7 million	16.1%
2019	20,640	14.8%	2.7 million	16.4%
2020	22,500	16.6%	2.6 million	15.5%
2021	22,865	15.9%	2,534,999	15.1%
2022	20,397	13.7%	2,376,013	13.9%
2023	22,885	14.9%	2,308,858	13.4%

Note: United States 2023 under 65: 24.3 million; 8.5-9.4%.

Source: U.S. Dep't of Health and Human Services, CDC, National Center for Health Statistics, National Health Interview Survey, Demographic Variation in Health Insurance Coverage 2023, Released 10/24, downloaded January 29, 2026. www.cdc.gov/nchs/data/nhis/health_insurance/healthinsurancedemographictables2023.pdf

Source: US Census Small Area Health Insurance Estimates (for states and counties). 2023 2023 data downloaded January 16, 2026.

Health Professional Shortage Areas & Medically Underserved Areas and Populations
Primary Care
Low Income Population HPSA: LI-Bay County
Federally Qualified Health Center: Pancare of Florida, Inc.
Dental Health
Federally Qualified Health Center: Pancare of Florida, Inc.
Mental Health
High Needs Geographic HPSA: MHCA-Big Bend Comm Based Care-Circuit 14
Federally Qualified Health Center: Pancare of Florida, Inc.
Medically Underserved Areas
MUA: Panama City/Southport Service Area
MUA: Cedar Grove Service Area

Source: Health Resources and Services Administration, January 19, 2026.

LEADING CAUSES OF DEATH

Cause	2024			
	Bay			Florida
	Deaths	Crude Rate per 100k	Age-Adjusted Death Rate per 100k	Age-Adjusted Death Rate per 100k
All Causes	2,186	1,150.8	893.3	656.6
Heart Disease	450	236.9	179	135.7
Cancer	445	234.3	172	133.3
Stroke	154	81.1	63.2	46.1
Chronic Lower Respiratory Disease	123	64.8	46	29.7
Unintentional Injury	115	60.5	57.7	52.9

Source: FL Department of Health, CHARTS, downloaded January 22, 2026.

NURSING HOME UTILIZATION

Nursing Homes	
Clifford Chester Sims State Veterans Nursing Home, Community Health and Rehabilitation Center, St. Andrews Bay Skilled Nursing and Rehabilitation Center, PruittHealth	
Beds; Occupancy	442; 93.3%

This section contains data only for those nursing homes and hospitals that entered data (for July 2024 - June 2025) into the Data Warehouse.

Source: Broward Regional Health Planning Council, Florida Health Data Warehouse; July 2024 - June 2025; downloaded January 20, 2026.

HOSPITALS

Hospitals / Beds
Ascension Sacred Heart Bay / 323 beds
HCA Florida Gulf Hospital / 282 beds
Emerald Coast Behavioral Hospital / 86 beds
Encompass Health Rehabilitation Hospital of Panama City / 75 beds
Select Specialty Hospital - Panama City / 30 beds

Source: Florida Agency for Health Care Administration (AHCA), February 3, 2026.

COUNTY HEALTH PROFILE — CALHOUN COUNTY 2026

DEMOGRAPHICS

Age Range	2024	
	Calhoun	Florida
	Total & Percent	
Total Pop	13,278	23,372,215
0-17	20.0%	20.0%
18-64	59.8%	59.8%
65+	20.2%	20.2%

Source: US Census Bureau; QuickFacts, Population estimates July 1, 2024, downloaded January 16, 2026, http://www.census.gov/quickfacts/.

Category	2024			
	Calhoun		Florida	
	Total & Percent			
Total Pop	13,278	100.0%	23,372,215	100%
Asian	133	1.0%	794,655	3.4%
Black	1,633	12.3%	3,949,904	16.9%
White	10,861	81.8%	17,856,372	76.4%
Other	651	4.9%	1,565,938	6.7%
Hispanic	770	5.8%	6,707,826	28.7%
Female	6,188	46.6%	11,873,085	50.8%
Male	7,090	53.4%	11,499,130	49.2%

Source: US Census Bureau; QuickFacts, Population estimates July 1, 2024, downloaded January 16, 2026, http://www.census.gov/quickfacts/.

SOCIOECONOMICS

Indicator	Calhoun	Florida
Per Capita Income[1]	$22,965	$41,055
Median Household Income[1]	$46,901	$71,711
% of Persons < 100% FPL[1]	22.9%	12.0%
Unemployment Rate[2]	5.5%	4.4%
% high school grad or >[1]	81.8%	89.4%
% bachelor's degree or >[1]	13.1%	33.2%
# & Rate of Free or Reduced Price Lunch with USDA Multiplier if Applicable; Rate with Multiplier if Applicable[3]	1,323; 66.4%	1,726,542; 61.8%

Sources: [1] Per Capita income in past 12 months (in 2023 dollars) 2019-2023 and Median Household income (in 2023 dollars), 2019-2022; high school grad and bachelor's degree percent of persons age 25 years+ 2097-2023; US Census Bureau, Florida QuickFacts downloaded January 17, 2026. [2] U.S. Department of Labor, Bureau of Labor Statistics, Local Area Unemployment Statistics Program, in cooperation with the Florida Department of Economic Opportunity, Bureau of Labor Market Statistics. November 2025 (not seasonally adjusted), downloaded January 26, 2026. [3] Florida Department of Education, Fldoe.org, Lunch Status by District (for Federal Funding) 2025-26 Final Survey 2, downloaded January 17, 2026.

MATERNAL AND CHILD HEALTH

Maternal and Child Health 2024	Calhoun	Florida
	Count and Rate	
Total Births (Resident Live Birth Rate per 1,000 Pop.)	127; 9.2	224,423; 9.7
Teen Births (Ages 15-19) (Rate per 1,000)	10; 25.6	7,822; 12
Repeat Births (to Ages 15-19)	0; 0	878; 11.2%
Low Birth Weight (<2500 g)	15; 11.8%	20,285; 9%
Care Initiated in 3rd Trimester	6; 5.4%	13,469; 6.4%
No prenatal care	5; 4.5%	9,176; 4.3%
Infant Deaths (Rate per 1,000)	1; 7.9	1,276; 5.7
Kindergartners Immunized	146; 98%	196,167; 88.7%

Source: Florida Department of Health, CHARTS, downloaded January 12, 2026.

HEALTHCARE ACCESS

Non-Elderly (Age 0-64) Uninsured				
Non-Elderly Uninsured	Calhoun		Florida	
	Number	Percent	Number	Percent
2010	2,497	23.4%	3.9 million	25.3%
2012	2,289	21.5%	3.7 million	24.1%
2014	2,027	19.8%	3.2 million	20.2%
2016	1,453	14.3%	2.5 million	15.4%
2018	1,517	14.9%	2.7 million	16.1%
2019	1,559	15.8%	2.7 million	16.4%
2020	1,564	16.1%	2.6 million	15.5%
2021	1,603	16.7%	2,534,999	15.1%
2022	1,440	15.3%	2,376,013	13.9%
2023	1,534	16.4%	2,308,858	13.4%

Note: United States 2023 under 65: 24.3 million; 8.5-9.4%.

Source: U.S. Dep't of Health and Human Services, CDC, National Center for Health Statistics, National Health Interview Survey, Demographic Variation in Health Insurance Coverage 2023, Released 10/24, downloaded January 29, 2026.

Source: US Census Small Area Health Insurance Estimates (for states and counties). 2023 data downloaded January 16, 2026.

Health Professional Shortage Areas & Medically Underserved Areas and Populations 2026
Primary Care and Dental Health
Federally Qualified Health Center: PanCare of Florida Inc.
Low Income Population HPSA: LI-Calhoun County
Correctional Facility: Calhoun Correctional Institution
Mental Health
Federally Qualified Health Center: PanCare of Florida Inc.
Correctional Facility: Calhoun Correctional Institution
High Needs Geographic HPSA: MHCA-Big Bend Comm Based Care-Circuit 14
Medically Underserved Areas/Populations
MUA: Low Income - Calhoun County

Source: Health Resources and Services Administration, January 19, 2026.

LEADING CAUSES OF DEATH

Cause	2024			
	Calhoun			Florida
	Deaths	Crude Rate per 100k	Age-Adjusted Death Rate per 100k	Age-Adjusted Death Rate per 100k
All Causes	178	1,285.8	888.4	656.6
Heart Disease	45	325.1	218.4	135.7
Cancer	30	216.7	143.2	133.3
Alzheimer's Disease	15	108.4	69.3	15.9
Chronic Lower Respiratory	13	93.9	60.3	29.7
Stroke	9	65.0	43.8	46.1

Source: Florida Department of Health, CHARTS, downloaded January 22, 2026.

NURSING HOME UTILIZATION

Nursing Homes	
Blountstown Health and Rehabilitation Center, River Valley Rehabilitation Center	
Beds; Occupancy	246; 87.3%

This section contains data only for those nursing homes and hospitals that entered data (for July 2024 - June 2025) into the Data Warehouse.

Source: Broward Regional Health Planning Council, Florida Health Data Warehouse; July 2024 - June 2025; downloaded January 20, 2026.

HOSPITALS

Hospitals / Beds
Calhoun-Liberty Hospital / 18 beds

Source: Florida Agency for Health Care Administration (AHCA), February 3, 2026.

COUNTY HEALTH PROFILE — FRANKLIN COUNTY 2026

DEMOGRAPHICS

Age Range	2024	
	Franklin	Florida
	Total & Percent	
Total Pop	12,979	23,372,215
0-17	14.8%	19.3%
18-64	56.8%	58.9%
65+	28.4%	21.8%

Source: US Census Bureau; QuickFacts, Population estimates July 1, 2024, downloaded January 16, 2026, http://www.census.gov/quickfacts/.

Category	2024			
	Franklin		Florida	
	Total & Percent			
Total Pop	12,979	100%	23,372,215	100%
Asian	78	0.6%	794,655	3.4%
Black	1,350	10.4%	3,949,904	16.9%
White	11,136	85.8%	17,856,372	76.4%
Other	415	3.2%	1,565,938	6.7%
Hispanic	805	6.2%	6,707,826	28.7%
Female	5,996	46.2%	11,873,085	50.8%
Male	6,983	53.8%	11,499,130	49.2%

Source: US Census Bureau; QuickFacts, Population estimates July 1, 2024, downloaded January 16, 2026, http://www.census.gov/quickfacts/.

SOCIOECONOMICS

Indicator	Franklin	Florida
Per Capita Income[1]	$33,893	$41,055
Median Household Income[1]	$62,734	$71,711
% of Persons < 100% FPL[1]	16.6%	12.0%
Unemployment Rate[2]	5.3%	4.4%
% high school grad or >[1]	83.1%	89.4%
% bachelor's degree or >[1]	25.3%	33.2%
# & Rate of Free or Reduced Price Lunch with USDA Multiplier if Applicable; Rate with Multiplier if Applicable[3]	1,028; 88.5%	1,726,542; 61.8%

Sources: [1] Per Capita income in past 12 months (in 2023 dollars) 2019-2023 and Median Household income (in 2023 dollars), 2019-2022; high school grad and bachelor's degree percent of persons age 25 years+ 2097-2023; US Census Bureau, Florida QuickFacts downloaded January 17, 2026. [2] U.S. Department of Labor, Bureau of Labor Statistics, Local Area Unemployment Statistics Program, in cooperation with the Florida Department of Economic Opportunity, Bureau of Labor Market Statistics. November 2025 (not seasonally adjusted), downloaded January 26, 2026. [3] Florida Department of Education, Fldoe.org, Lunch Status by District (for Federal Funding) 2025-26 Final Survey 2, downloaded January 17, 2026.

MATERNAL AND CHILD HEALTH

Maternal and Child Health 2024	Franklin	Florida
	Count and Rate	
Total Births (Resident Live Birth Rate per 1,000 Pop.)	77; 5.8	224,423; 9.7
Teen Births (Ages 15-19) (Rate per 1,000)	4; 15.2	7,822; 12
Repeat Births (to Ages 15-19)	0; 0	878; 11.2%
Low Birth Weight (<2500 g)	9; 11.7%	20,285; 9%
Care Initiated in 3rd Trimester	2; 2.8%	13,469; 6.4%
No prenatal care	2; 2.8%	9,176; 4.3%
Infant Deaths (Rate per 1,000)	1; 13	1,276; 5.7
Kindergartners Immunized	93; 91.2%	196,167; 88.7%

Source: Florida Department of Health, CHARTS, downloaded January 12, 2026.

HEALTHCARE ACCESS

Non-Elderly (Age 0-64) Uninsured				
Non-Elderly Uninsured	Franklin		Florida	
	Number	Percent	Number	Percent
2010	2,080	26.8%	3.9 million	25.3%
2012	1,645	21.4%	3.7 million	24.1%
2014	1,432	18.9%	3.2 million	20.2%
2016	1,145	15.2%	2.5 million	15.4%
2018	1,272	17.1%	2.7 million	16.1%
2019	1,324	17.9%	2.7 million	16.4%
2020	1,351	18.3%	2.6 million	15.5%
2021	1,433	18.5%	2,534,999	15.1%
2022	1,588	19.7%	2,376,013	13.9%
2023	1,442	18.1%	2,308,858	13.4%

Note: United States 2023 under 65: 24.3 million; 8.5-9.4%.

Source: U.S. Dep't of Health and Human Services, CDC, National Center for Health Statistics, National Health Interview Survey, Demographic Variation in Health Insurance Coverage 2023, Released 10/24, downloaded January 29, 2026. www.cdc.gov/nchs/data/nhis/health_insurance/healthinsurancedemographictables2023.pdf

Source: US Census Small Area Health Insurance Estimates (for states and counties). 2023 data downloaded January 16, 2026.

Health Professional Shortage Areas & Medically Underserved Areas and Populations
Primary Care
Low Income Population HPSA: Low Income - Franklin County
Correctional Facility: Franklin Correctional Institution
Federally Qualified Health Center: North Florida Medical Centers, Inc.
Federally Qualified Health Center: PanCare of Florida, Inc.
Weems Medical Center East - Rural Health Clinic
Weems Medical Center West - Rural Health Clinic
Dental Health
Geographic HPSA: Franklin County
Correctional Facility: Franklin Correctional Institution
Federally Qualified Health Center: North Florida Medical Centers, Inc.
Federally Qualified Health Center: PanCare of Florida, Inc.
Medically Underserved Areas/Populations
MUA: Low Income/ Migrant Farm Worker - Franklin County

Source: Health Resources and Services Administration, Janaury 19, 2026.

LEADING CAUSES OF DEATH

Cause	2024			
	Franklin			Florida
	Deaths	Crude Rate per 100k	Age-Adjusted Death Rate per 100k	Age-Adjusted Death Rate per 100k
All Causes	143	1,082.3	615.8	656.6
Heart Disease	37	280.0	151.3	135.7
Cancer	30	227.0	111.7	133.3
Unintentional Injury	12	90.8	73.6	52.9
Stroke	6	45.4	22.7	46.1
Diabetes	5	37.8	27.4	20.6

Source: Florida Department of Health, CHARTS, downloaded January 22, 2026.

NURSING HOME UTILIZATION

Nursing Homes	
Arabella Health and Wellness of Carravelle	
Beds; Occupancy	90; 34.7%

This section contains data only for those nursing homes and hospitals that entered data (for July 2024 - June 2025) into the Data Warehouse.

Source: Broward Regional Health Planning Council, Florida Health Data Warehouse; July 2024 - June 2025; downloaded January 20, 2026.

HOSPITALS

Hospital / Beds
George E. Weems Memorial Hospital / 25 beds

Source: Florida Agency for Health Care Administration (AHCA), February 3, 2026.

COUNTY HEALTH PROFILE — GADSDEN COUNTY 2026

DEMOGRAPHICS

Age Range	2024	
	Gadsden	Florida
	Total & Percent	
Total Pop	44,151	23,372,215
0-17	21.7%	19.3%
18-64	57.4%	58.9%
65+	20.9%	21.8%

Source: US Census Bureau; QuickFacts, Population estimates July 1, 2024, downloaded January 16, 2026, http://www.census.gov/quickfacts/.

Category	2024			
	Gadsden		Florida	
	Total & Percent			
Total Pop	44,151	100%	23,372,215	100%
Asian	309	0.7%	794,655	3.4%
Black	23,665	53.6%	3,949,904	16.9%
White	18,985	43.0%	17,856,372	76.4%
Other	1,192	2.7%	1,565,938	6.7%
Hispanic	6,049	13.7%	6,707,826	28.7%
Female	22,870	51.8%	11,873,085	50.8%
Male	21,281	48.2%	11,499,130	49.2%

Source: US Census Bureau; QuickFacts, Population estimates July 1, 2024, downloaded January 16, 2026, http://www.census.gov/quickfacts/.

SOCIOECONOMICS

Indicator	Gadsden	Florida
Per Capita Income[1]	$23,206	$41,055
Median Household Income[1]	$46,047	$71,711
% of Persons < 100% FPL[1]	21.5%	12.0%
Unemployment Rate[2]	5.6%	4.4%
% high school grad or >[1]	81.3%	89.4%
% bachelor's degree or >[1]	20.1%	33.2%
# & Rate of Free or Reduced Price Lunch with USDA Multiplier if Applicable; Rate with Multiplier if Applicable[3]	4,029; 91.7%	1,726,542; 61.8%

Sources: [1] Per Capita income in past 12 months (in 2023 dollars) 2019-2023 and Median Household income (in 2023 dollars), 2019-2022; high school grad and bachelor's degree percent of persons age 25 years+ 2097-2023; US Census Bureau, Florida QuickFacts downloaded January 17, 2026. [2] U.S. Department of Labor, Bureau of Labor Statistics, Local Area Unemployment Statistics Program, in cooperation with the Florida Department of Economic Opportunity, Bureau of Labor Market Statistics. November 2025 (not seasonally adjusted), downloaded January 26, 2026. [3] Florida Department of Education, Fldoe.org, Lunch Status by District (for Federal Funding) 2025-26 Final Survey 2, downloaded January 17, 2026.

MATERNAL AND CHILD HEALTH

Maternal and Child Health 2024	Gadsden	Florida
	Count and Rate	
Total Births (Resident Live Birth Rate per 1,000 Pop.)	476; 10.7	224,423; 9.7
Teen Births (Ages 15-19) (Rate per 1,000)	28; 21.3	7,822; 12
Repeat Births (to Ages 15-19)	4; 14.3%	878; 11.2%
Low Birth Weight (<2500 g)	68; 14.3%	20,285; 9%
Care Initiated in 3rd Trimester	18; 4.1%	13,469; 6.4%
No prenatal care	25; 5.7%	9,176; 4.3%
Infant Deaths (Rate per 1,000)	4; 8.4	1,276; 5.7
Kindergartners Immunized	276; 79.8%	196,167; 88.7%

Source: Florida Department of Health, CHARTS, downloaded January 12, 2026.

Chatahoochee River National Recreation Area

HEALTHCARE ACCESS

Non-Elderly (Age 0-64) Uninsured				
Non-Elderly Uninsured	Gadsden		Florida	
	Number	Percent	Number	Percent
2010	8,123	21.6%	3.9 million	25.3%
2012	8,790	23.4%	3.7 million	24.1%
2014	7,274	20.0%	3.2 million	20.2%
2016	5,469	15.5%	2.5 million	15.4%
2018	5,353	15.4%	2.7 million	16.1%
2019	5,549	16.3%	2.7 million	16.4%
2020	5,691	17.5%	2.6 million	15.5%
2021	5,279	16.6%	2,534,999	15.1%
2022	5,314	16.4%	2,376,013	13.9%
2023	5,231	16.1%	2,308,858	13.4%

Note: United States 2023 under 65: 24.3 million; 8.5-9.4%.

Source: U.S. Dep't of Health and Human Services, CDC, National Center for Health Statistics, National Health Interview Survey, Demographic Variation in Health Insurance Coverage 2023, Released 10/24, downloaded January 29, 2026.

Source: US Census Small Area Health Insurance Estimates (for states and counties). 2023 data downloaded January 16, 2026.

Health Professional Shortage Areas & Medically Underserved Areas and Populations
Primary Care
Geographic HPSA: Gadsden County
Correctional Facility: Gadsden Re-Entry Center
Federally Qualified Health Center: Neighborhood Medical Center, Inc.
Federally Qualified Health Center: North Florida Medical Centers, Inc.
Rural Health Clinic: Quincy Medical Group
Dental Health
Low Income Migrant Farmworker Population HPSA:
LI-MFW Gadsden County
Correctional Facility: Gadsden Re-Entry Center
Federally Qualified Health Center: Neighborhood Medical Center, Inc.
Federally Qualified Health Center: North Florida Medical Centers, Inc.
Rural Health Clinic: Quincy Medical Group
Mental Health
High Needs Geographic HPSA : Gadsden County
Correctional Facility: Gadsden Re-Entry Center
Federally Qualified Health Center: Neighborhood Medical Center, Inc.
Federally Qualified Health Center: North Florida Medical Centers, Inc.
Rural Health Clinic: Quincy Medical Group
State Mental Hospital: Florida State Hospital
Medically Underserved Areas/Populations
MUA: Gadsden County

Source: Health Resources and Services Administration, January 19, 2026.

LEADING CAUSES OF DEATH

Cause	2024			
	Gadsden			Florida
	Deaths	Crude Rate per 100k	Age-Adjusted Death Rate per 100k	Age-Adjusted Death Rate per 100k
All Causes	537	1,204.9	910.7	656.6
Cancer	121	271.5	180.6	133.3
Heart Disease	109	244.6	175.8	135.7
Unintentional Injury	29	65.1	61.7	52.9
Stroke	26	58.3	45.7	46.1
Diabetes	22	49.4	32.2	20.6

Source: Florida Department of Health, CHARTS, downloaded January 22, 2026.

Gadsden Art Center and Museum, Quincy

NURSING HOME UTILIZATION

Nursing Homes
Riverchase Health and Rehabilitation Center
120 beds; occupancy 91.8%

This section contains data only for those nursing homes and hospitals that entered data (for July 2024 - June 2025) into the Data Warehouse.

Source: Broward Regional Health Planning Council, Florida Health Data Warehouse; July 2024 - June 2025; downloaded January 20, 2026.

HOSPITALS

Hospitals / Beds
HCA Florida Gadsden Emergency / 4 beds
Florida State Hospital / 949 beds

Source: Florida Agency for Health Care Administration (AHCA), February 3, 2026.

BIG BEND HEALTH COUNCIL

COUNTY HEALTH PROFILE — GULF COUNTY 2026

DEMOGRAPHICS

Age Range	2024	
	Gulf	Florida
	Total & Percent	
Total Pop	15,876	23,372,215
0-17	15.7%	19.3%
18-64	60.6%	58.9%
65+	23.7%	21.8%

Source: US Census Bureau; QuickFacts, Population estimates July 1, 2024, downloaded January 16, 2026, http://www.census.gov/quickfacts/.

Category	2024			
	Gulf		Florida	
	Total & Percent			
Total Pop	15,876	100.0%	23,372,215	100%
Asian	127	0.8%	794,655	3.4%
Black	2,175	13.7%	3,949,904	16.9%
White	13,018	82.0%	17,856,372	76.4%
Other	556	3.5%	1,565,938	6.7%
Hispanic	905	5.7%	6,707,826	28.7%
Female	7,176	45.2%	11,873,085	50.8%
Male	8,700	54.8%	11,499,130	49.2%

Source: US Census Bureau; QuickFacts, Population estimates July 1, 2024, downloaded January 16, 2026, http://www.census.gov/quickfacts/.

SOCIOECONOMICS

Indicator	Gulf	Florida
Per Capita Income[1]	$38,258	$41,055
Median Household Income[1]	$67,361	$71,711
% of Persons < 100% FPL[1]	14.9%	12.0%
Unemployment Rate[2]	4.7%	4.4%
% high school grad or >[1]	86.7%	89.4%
% bachelor's degree or >[1]	24.5%	33.2%
# & Rate of Free or Reduced Price Lunch with USDA Multiplier if Applicable; Rate with Multiplier if Applicable[3]	1,300; 70.1%	1,726,542; 61.8%

Sources: [1] Per Capita income in past 12 months (in 2023 dollars) 2019-2023 and Median Household income (in 2023 dollars), 2019-2022; high school grad and bachelor's degree percent of persons age 25 years+ 2097-2023; US Census Bureau, Florida QuickFacts downloaded January 17, 2026. [2] U.S. Department of Labor, Bureau of Labor Statistics, Local Area Unemployment Statistics Program, in cooperation with the Florida Department of Economic Opportunity, Bureau of Labor Market Statistics. November 2025 (not seasonally adjusted), downloaded January 26, 2026. [3] Florida Department of Education, Fldoe.org, Lunch Status by District (for Federal Funding) 2025-26 Final Survey 2, downloaded January 17, 2026.

MATERNAL AND CHILD HEALTH

Maternal and Child Health 2024	Gulf	Florida
	Count and Rate	
Total Births (Resident Live Birth Rate per 1,000 Pop.)	122; 7.4	224,423; 9.7
Teen Births (Ages 15-19) (Rate per 1,000)	4; 10.8	7,822; 12
Repeat Births (to Ages 15-19)	0; 0	878; 11.2%
Low Birth Weight (<2500 g)	10; 8.2%	20,285; 9%
Care Initiated in 3rd Trimester	7; 6.4%	13,469; 6.4%
No prenatal care	1; 0.9%	9,176; 4.3%
Infant Deaths (Rate per 1,000)	1; 8.2	1,276; 5.7
Kindergartners Immunized	138; 94.5%	196,167; 88.7%

Source: Florida Department of Health, CHARTS, downloaded January 12, 2026.

Port St. Joe

HEALTHCARE ACCESS

Non-Elderly (Age 0-64) Uninsured				
Year	Gulf		Florida	
	Number	Percent	Number	Percent
2010	2,236	22.5%	3.9 million	25.3%
2012	2,133	22.0%	3.7 million	24.1%
2014	1,812	18.9%	3.2 million	20.2%
2016	1,295	13.4%	2.5 million	15.4%
2018	1,243	12.7%	2.7 million	16.1%
2019	1,314	13.5%	2.7 million	16.4%
2020	1,443	15.0%	2.6 million	15.5%
2021	1,593	16.6%	2,534,999	15.1%
2022	1,409	14.1%	2,376,013	13.9%
2023	1,427	13.9%	2,308,858	13.4%

Note: United States 2023 under 65: 24.3 million; 8.5-9.4%.

Source: U.S. Dep't of Health and Human Services, CDC, National Center for Health Statistics, National Health Interview Survey, Demographic Variation in Health Insurance Coverage 2023, Released 10/24, downloaded January 29, 2026.

Source: US Census Small Area Health Insurance Estimates (for states and counties). 2023 data downloaded January 16, 2026.

Health Professional Shortage Areas & Medically Underserved Areas and Populations
Primary Care and Dental Health
Low Income Population HPSA: Low Income - Gulf County
Correctional Facility: Gulf Correctional Institution
Federally Qualified Health Center: North Florida Medical Centers, Inc.
Federally Qualified Health Center: PanCare of Florida, Inc.
Mental Health
Correctional Facility: Gulf Correctional Institution
Federally Qualified Health Center: North Florida Medical Centers, Inc.
Federally Qualified Health Center: PanCare of Florida, Inc.
High Needs Geographic HPSA: MHCA-Big Bend Comm Based Care-Circuit 14
Medically Underserved Areas/Populations
MUA: Low-Income Population of Gulf County

Source: Health Resources & Services Administration; downloaded January 19, 2026.

LEADING CAUSES OF DEATH

2024				
Cause	Gulf County			Florida
	Deaths	Crude Rate per 100k	Age-Adjusted Death Rate per 100k	Age-Adjusted Death Rate per 100k
All Causes	193	1,165.7	794.6	656.6
Heart Disease	40	241.6	158.4	135.7
Cancer	23	138.9	87	133.3
Unintentional Injury	14	84.6	72.4	52.9
Stroke	13	78.5	46.8	46.1
Alzheimer's Disease	12	72.5	51.9	15.9

Source: Florida Department of Health, CHARTS, downloaded January 22, 2026.

NURSING HOME UTILIZATION

Nursing Homes	
Cross Shores Care Center	
Beds; Occupancy	120; 73.3%

This section contains data only for those nursing homes and hospitals that entered data (for July 2024 - June 2025) into the Data Warehouse.

Source: Broward Regional Health Planning Council, Florida Health Data Warehouse; July 2024 - June 2025; downloaded January 20, 2026.

HOSPITALS

Hospital / Beds
Ascension Sacred Heart Gulf / 19 beds

Source: Florida Agency for Health Care Administration (AHCA), February 3, 2026.

BIG BEND HEALTH COUNCIL

COUNTY HEALTH PROFILE — HOLMES COUNTY 2026

DEMOGRAPHICS

Age Range	2024	
	Holmes	Florida
	Total & Percent	
Total Pop	19,876	23,372,215
0-17	20.5%	19.3%
18-64	58.6%	58.9%
65+	20.9%	21.8%

Source: US Census Bureau; QuickFacts, Population estimates July 1, 2024, downloaded January 16, 2026, http://www.census.gov/quickfacts/.

Indicator	Holmes	Florida
Per Capita Income[1]	$24,505	$41,055
Median Household Income[1]	$48,236	$71,711
% of Persons < 100% FPL[1]	18.2%	12.0%
Unemployment Rate[2]	4.9%	4.4%
% high school grad or >[1]	84.2%	89.4%
% bachelor's degree or >[1]	12.1%	33.2%
# & Rate of Free or Reduced Price Lunch with USDA Multiplier if Applicable; Rate with Multiplier if Applicable[3]	2,818; 98.2%	1,726,542; 61.8%

Sources: [1] Per Capita income in past 12 months (in 2023 dollars) 2019-2023 and Median Household income (in 2023 dollars), 2019-2022; high school grad and bachelor's degree percent of persons age 25 years+ 2097-2023; US Census Bureau, Florida QuickFacts downloaded January 17, 2026. [2] U.S. Department of Labor, Bureau of Labor Statistics, Local Area Unemployment Statistics Program, in cooperation with the Florida Department of Economic Opportunity, Bureau of Labor Market Statistics. November 2025 (not seasonally adjusted), downloaded January 26, 2026. [3] Florida Department of Education, Fldoe.org, Lunch Status by District (for Federal Funding) 2025-26 Final Survey 2, downloaded January 17, 2026.

Category	2024			
	Holmes		Florida	
	Total & Percent			
Total Pop	19,876	100.0%	23,372,215	100%
Asian	139	0.7%	794,655	3.4%
Black	1,292	6.5%	3,949,904	16.9%
White	17,610	88.6%	17,856,372	76.4%
Other	835	4.2%	1,565,938	6.7%
Hispanic	815	4.1%	6,707,826	28.7%
Female	9,481	47.7%	11,873,085	50.8%
Male	10,395	52.3%	11,499,130	49.2%

Source: US Census Bureau; QuickFacts, Population estimates July 1, 2024, downloaded January 16, 2026, http://www.census.gov/quickfacts/.

MATERNAL AND CHILD HEALTH

Maternal and Child Health 2022	Holmes	Florida
	Count and Rate	
Total Births (Resident Live Birth Rate per 1,000 Pop.)	191; 9.6	224,423; 9.7
Teen Births (Ages 15-19) (Rate per 1,000)	15; 28.6	7,822; 12
Repeat Births (to Ages 15-19)	1; 6.7%	878; 11.2%
Low Birth Weight (<2500 g)	16; 8.4%	20,285; 9%
Care Initiated in 3rd Trimester	8; 4.6%	13,469; 6.4%
No prenatal care	5; 2.9%	9,176; 4.3%
Infant Deaths (Rate per 1,000)	1; 5.2	1,276; 5.7
Kindergartners Immunized	191; 93.6%	196,167; 88.7%

Source: Florida Department of Health, CHARTS, downloaded January 12, 2026.

Ponce de Leon Springs State Park

HEALTHCARE ACCESS

Non-Elderly (Age 0-64) Uninsured				
Non-Elderly Uninsured	Holmes		Florida	
	Number	Percent	Number	Percent
2010	3,174	21.2%	3.9 million	25.3%
2012	2,992	20.5%	3.7 million	24.1%
2016	2,204	15.8%	2.5 million	15.4%
2018	2,416	17.4%	2.7 million	16.1%
2019	2,563	18.4%	2.7 million	16.4%
2020	2,314	16.9%	2.6 million	15.5%
2021	2,383	16.8%	2,534,999	15.1%
2022	2,170	15.4%	2,376,013	13.9%
2023	1,933	13.5%	2,308,858	13.4%

Note: United States 2023 under 65: 24.3 million; 8.5-9.4%.

Source: U.S. Dep't of Health and Human Services, CDC, National Center for Health Statistics, National Health Interview Survey, Demographic Variation in Health Insurance Coverage 2023, Released 10/24, downloaded January 29, 2026.

Source: US Census Small Area Health Insurance Estimates (for states and counties). 2023 data downloaded January 16, 2026.

Health Professional Shortage Areas & Medically Underserved Areas and Populations
Primary Care and Dental Health
Low Income Population HPSA: Low Income - Holmes County
Correctional Facility: Holmes Correctional Institution
Federally Qualified Health Center: PanCare of Florida, Inc.
Mental Health
Correctional Facility: Holmes Correctional Institution
Federally Qualified Health Center: PanCare of Florida, Inc.
High Needs Geographic HPSA: Big Bend MH Catchment Area Circuit 14
High Needs Geographic HPSA: MHCA-Big Bend Comm Based Care-Circuit 14
Medically Underserved Areas/Populations
MUA: Holmes County
MUA: Low Income - Holmes County

Source: Health Resources and Services Administration, January 19, 2026.

LEADING CAUSES OF DEATH

2024				
Cause	Holmes			Florida
	Deaths	Crude Rate per 100k	Age-Adjusted Death Rate per 100k	Age-Adjusted Death Rate per 100k
All Causes	288	1,442.0	990.6	656.6
Heart Disease	81	405.6	272.3	135.7
Cancer	44	220.3	146.6	133.3
Stroke	18	90.1	57.9	46.1
Chronic Lower Respiratory Disease	13	65.1	40.7	29.7
Diabetes	13	65.1	43.2	20.6

Source: Florida Department of Health, CHARTS, downloaded January 22, 2026.

NURSING HOME UTILIZATION

Nursing Homes
Bonifay Nursing and Rehabilitation Center '

This section contains data only for those nursing homes and hospitals that entered data (for July 2024 - June 2025) into the Data Warehouse.

Source: Broward Regional Health Planning Council, Florida Health Data Warehouse; July 2024 - June 2025; downloaded January 20, 2026.

HOSPITALS

Hospital / Beds
Doctors Memorial Hospital - Bonifay / 20 beds

Source: Florida Agency for Health Care Administration (AHCA), February 3, 2026.

BIG BEND HEALTH COUNCIL

COUNTY HEALTH PROFILE — JACKSON COUNTY 2026

DEMOGRAPHICS

Age Range	2024	
	Jackson	Florida
	Total & Percent	
Total Pop	49,980	23,372,215
0-17	18.8%	19.3%
18-64	60.4%	58.9%
65+	20.8%	21.8%

Source: US Census Bureau; QuickFacts, Population estimates July 1, 2024, downloaded January 16, 2026, http://www.census.gov/quickfacts/.

Category	2024			
	Jackson		Florida	
	Total & Percent			
Total Pop	49,980	100%	23,372,215	100%
Asian	350	0.7%	794,655	3.4%
Black	13,045	26.1%	3,949,904	16.9%
White	34,786	69.6%	17,856,372	76.4%
Other	1,799	3.6%	1,565,938	6.7%
Hispanic	2,999	6.0%	6,707,826	28.7%
Female	22,491	45.0%	11,873,085	50.8%
Male	27,239	54.5%	11,499,130	49.2%

Source: US Census Bureau; QuickFacts, Population estimates July 1, 2024, downloaded January 16, 2026, http://www.census.gov/quickfacts/.

SOCIOECONOMICS

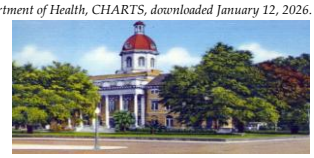
Indicator	Jackson	Florida
Per Capita Income[1]	$23,718	$41,055
Median Household Income[1]	$47,327	$71,711
% of Persons < 100% FPL[1]	20.6%	12.0%
Unemployment Rate[2]	5.1%	4.4%
% high school grad or >[1]	83.2%	89.4%
% bachelor's degree or >[1]	14.6%	33.2%
# & Rate of Free or Reduced Price Lunch with USDA Multiplier if Applicable; Rate with Multiplier if Applicable[3]	4,879; 86.1%	1,726,542; 61.8%

Sources: [1] Per Capita income in past 12 months (in 2023 dollars) 2019-2023 and Median Household income (in 2023 dollars), 2019-2022; high school grad and bachelor's degree percent of persons age 25 years+ 2097-2023; US Census Bureau, Florida QuickFacts downloaded January 17, 2026. [2] U.S. Department of Labor, Bureau of Labor Statistics, Local Area Unemployment Statistics Program, in cooperation with the Florida Department of Economic Opportunity, Bureau of Labor Market Statistics. November 2025 (not seasonally adjusted), downloaded January 26, 2026. [3] Florida Department of Education, Fldoe.org, Lunch Status by District (for Federal Funding) 2025-26 Final Survey 2, downloaded January 17, 2026.

MATERNAL AND CHILD HEALTH

Maternal and Child Health 2024	Jackson	Florida
	Count and Rate	
Total Births (Resident Live Birth Rate per 1,000 Pop.)	530; 10.8	224,423; 9.7
Teen Births (Ages 15-19) (Rate per 1,000)	43; 34.5	7,822; 12
Repeat Births (to Ages 15-19)	5; 11.6%	878; 11.2%
Low Birth Weight (<2500 g)	31; 5.8%	20,285; 9%
Care Initiated in 3rd Trimester	19; 3.7%	13,469; 6.4%
No prenatal care	8; 1.6%	9,176; 4.3%
Infant Deaths (Rate per 1,000)	5; 9.4	1,276; 5.7
Kindergartners Immunized	459; 92.2%	196,167; 88.7%

Source: Florida Department of Health, CHARTS, downloaded January 12, 2026.



Jackson County Courthouse, Marianna

HEALTHCARE ACCESS

Non-Elderly (Age 0-64) Uninsured				
Non-Elderly Uninsured	Jackson		Florida	
	Number	Percent	Number	Percent
2010	6,419	18.6%	3.9 million	25.3%
2012	6,177	18.7%	3.7 million	24.1%
2014	5,164	16.0%	3.2 million	20.2%
2016	4,434	14.0%	2.5 million	15.4%
2018	4,630	14.8%	2.7 million	16.1%
2019	4,557	14.9%	2.7 million	16.4%
2020	4,297	14.4%	2.6 million	15.5%
2021	4,456	14.1%	2,534,999	15.1%
2022	3,654	11.5%	2,376,013	13.9%
2023	4,140	13.1%	2,308,858	13.4%

Note: United States 2023 under 65: 24.3 million; 8.5-9.4%.

Source: U.S. Dep't of Health and Human Services, CDC, National Center for Health Statistics, National Health Interview Survey, Demographic Variation in Health Insurance Coverage 2023, Released 10/24, downloaded January 29, 2026.

Source: US Census Small Area Health Insurance Estimates (for states and counties). 2023 data downloaded January 16, 2026.

Health Professional Shortage Areas & Medically Underserved Areas and Populations
Primary Care and Dental Health
Correctional Facilty: Graceville Correctional Facility
Correctional Facility: Apalachee Correctional Institution
Correctional Facility: FCI (Federal Correctional Institution) Marianna
Correctional Facility: Jackson Correctional Institution
Federally Qualified Health Center: PanCare of Florida, Inc.
Mental Health
Correctional Facilty: Graceville Correctional Facility
Correctional Facility: Apalachee Correctional Institution
Correctional Facility: FCI (Federal Correctional Institution) Marianna
Correctional Facility: Jackson Correctional Institution
Federally Qualified Health Center: PanCare of Florida, Inc.
High Needs Geographic HPSA: MHCA-Big Bend Comm Based Care-Circuit 14
Medically Underserved Area
MUA: Low Income/ Migrant Farmworker - Jackson County

Source: Health Resources and Services Administration, January 19, 2026.

LEADING CAUSES OF DEATH

2024				
Cause	Jackson			Florida
	Deaths	Crude Rate per 100k	Age-Adjusted Death Rate per 100k	Age-Adjusted Death Rate per 100k
All Causes	681	1,383.9	956.8	656.6
Heart Disease	157	319.1	215.3	135.7
Cancer	127	258.1	166.7	133.3
Alzheimer's Disease	39	79.3	49.1	15.9
Chronic Lower Respiratory Disease	35	71.1	44.8	29.7
Unintentional Injury	31	63.0	62.2	52.9

Source: Florida Department of Health, CHARTS, downloaded January 22, 2026.

NURSING HOME UTILIZATION

Nursing Homes	
Graceville Health Center, Signature Healthcare at the Courtyard	
Beds; Occupancy	291; 83.7%

This section contains data only for those nursing homes and hospitals that entered data (for July 2024 - June 2025) into the Data Warehouse.

Source: Broward Regional Health Planning Council, Florida Health Data Warehouse; July 2024 - June 2025; downloaded January 20, 2026.

HOSPITALS

Hospital / Beds
Jackson Hospital / 100 beds

Source: Florida Agency for Health Care Administration (AHCA), February 3, 2026.

COUNTY HEALTH PROFILE — JEFFERSON COUNTY 2026

DEMOGRAPHICS

Age Range	2024	
	Jefferson	Florida
	Total & Percent	
Total Pop	15,921	23,372,215
0-17	16.7%	19.3%
18-64	58.4%	58.9%
65+	24.9%	21.8%

Source: US Census Bureau; QuickFacts, Population estimates July 1, 2024, downloaded January 16, 2026, http://www.census.gov/quickfacts/.

Category	2024			
	Jefferson		Florida	
	Total & Percent			
Total Pop	15,921	100.0%	23,372,215	100%
Asian	127	0.8%	794,655	3.4%
Black	4,856	30.5%	3,949,904	16.9%
White	10,508	66.0%	17,856,372	76.4%
Other	430	2.7%	1,565,938	6.7%
Hispanic	907	5.7%	6,707,826	28.7%
Female	7,467	46.9%	11,873,085	50.8%
Male	8,454	53.1%	11,499,130	49.2%

Source: US Census Bureau; QuickFacts, Population estimates July 1, 2024, downloaded January 16, 2026, http://www.census.gov/quickfacts/.

SOCIOECONOMICS

Indicator	Jefferson	Florida
Per Capita Income[1]	$30,472	$41,055
Median Household Income[1]	$56,984	$71,711
% of Persons < 100% FPL[1]	23.5%	12.0%
Unemployment Rate[2]	4.7%	4.4%
% high school grad or >[1]	87.8%	89.4%
% bachelor's degree or >[1]	18.8%	33.2%
# & Rate of Free or Reduced Price Lunch with USDA Multiplier if Applicable; Rate with Multiplier if Applicable[3]	677; 100%	1,726,542; 61.8%

Sources: [1] Per Capita income in past 12 months (in 2023 dollars) 2019-2023 and Median Household income (in 2023 dollars), 2019-2022; high school grad and bachelor's degree percent of persons age 25 years+ 2097-2023; US Census Bureau, Florida QuickFacts downloaded January 17, 2026. [2] U.S. Department of Labor, Bureau of Labor Statistics, Local Area Unemployment Statistics Program, in cooperation with the Florida Department of Economic Opportunity, Bureau of Labor Market Statistics. November 2025 (not seasonally adjusted), downloaded January 26, 2026. [3] Florida Department of Education, Fldoe.org, Lunch Status by District (for Federal Funding) 2025-26 Final Survey 2, downloaded January 17, 2026.

MATERNAL AND CHILD HEALTH

Maternal and Child Health 2024	Jefferson	Florida
	Count and Rate	
Total Births (Resident Live Birth Rate per 1,000 Pop.)	144; 9.2	224,423; 9.7
Teen Births (Ages 15-19) (Rate per 1,000)	5; 14	7,822; 12
Repeat Births (to Ages 15-19)	0; 0	878; 11.2%
Low Birth Weight (<2500 g)	22; 15.3%	20,285; 9%
Care Initiated in 3rd Trimester	2; 1.5%	13,469; 6.4%
No prenatal care	4; 3%	9,176; 4.3%
Infant Deaths (Rate per 1,000)	0; 0	1,276; 5.7
Kindergartners Immunized	89; 97.8%	196,167; 88.7%

Source: Florida Department of Health, CHARTS, downloaded January 12, 2026.

Downtown Monticello

HEALTHCARE ACCESS

Non-Elderly (Age 0-64) Uninsured				
Non-Elderly Uninsured	Jefferson		Florida	
	Number	Percent	Number	Percent
2010	2,484	22.4%	3.9 million	25.3%
2012	2,128	20.3%	3.7 million	24.1%
2014	1,731	17.3%	3.2 million	20.2%
2016	1,295	13.3%	2.5 million	15.4%
2018	1,359	14.0%	2.7 million	16.1%
2019	1,417	14.9%	2.7 million	16.4%
2020	1,498	15.6%	2.6 million	15.5%
2021	1,634	16.8%	2,534,999	15.1%
2022	1,549	15.3%	2,376,013	13.9%
2023	1,527	14.9%	2,308,858	13.4%

Note: United States 2023 under 65: 24.3 million; 8.5-9.4%.

Source: U.S. Dep't of Health and Human Services, CDC, National Center for Health Statistics, National Health Interview Survey, Demographic Variation in Health Insurance Coverage 2023, Released 10/24, downloaded January 29, 2026.

Source: US Census Small Area Health Insurance Estimates (for states and counties). 2023 data downloaded January 16, 2026.

Health Professional Shortage Areas & Medically Underserved Areas and Populations
Primary Care
Geographic HPSA: Jefferson County
Correctional Facility: Jefferson Correctional Institution
Dental Health
Low Income Population HPSA: Low Income - Jefferson County
Correctional Facility: Jefferson Correctional Institution
Mental Health
High Needs Geographic Area: Jefferson County
Correctional Facility: Jefferson Correctional Institution
Medically Underserved Areas/Populations
MUA: Care, Low Income of Jefferson County

Source: Health Resources and Services Administration, January 19, 2026.

Linnaeus's two-toed sloth (Choloepus diddactylus)

North Florida Wildlife Center, Lamont

LEADING CAUSES OF DEATH

2024				
Cause	Jefferson			Florida
	Deaths	Crude Rate per 100k	Age-Adjusted Death Rate per 100k	Age-Adjusted Death Rate per 100k
All Causes	203	1,300.4	768.6	656.6
Heart Disease	48	307.5	168.0	135.7
Cancer	43	275.5	155.1	133.3
Diabetes	11	70.5	43.7	20.6
Unintentional Injury	10	64.1	42.3	52.9
Stroke	7	44.8	23.9	46.1

Source: Florida Department of Health, CHARTS, downloaded January 22, 2026.

NURSING HOME UTILIZATION

Nursing Homes	
Monticello Nursing and Rehabilitation	
Beds; Occupancy	60; 7.3%

This section contains data only for those nursing homes and hospitals that entered data (for July 2024 - June 2025) into the Data Warehouse.

Source: Broward Regional Health Planning Council, Florida Health Data Warehouse; July 2024 - June 2025; downloaded January 20, 2026.

HOSPITALS

No hospitals in Jefferson County

Source: Florida Agency for Health Care Administration (AHCA), February 3, 2026.

COUNTY HEALTH PROFILE — LEON COUNTY 2026

DEMOGRAPHICS

Age Range	2024	
	Leon	Florida
	Total & Percent	
Total Pop	300,488	23,372,215
0-17	18.3%	19.3%
18-64	66.1%	58.9%
65+	15.6%	21.8%

Source: US Census Bureau; QuickFacts, Population estimates July 1, 2024, downloaded January 16, 2026, http://www.census.gov/quickfacts/.

Category	2024			
	Leon		Florida	
	Total & Percent			
Total Pop	300,488	100.0%	23,372,215	100%
Asian	12,921	4.3%	794,655	3.4%
Black	96,156	32.0%	3,949,904	16.9%
White	181,495	60.4%	17,856,372	76.4%
Other	9,916	3.3%	1,565,938	6.7%
Hispanic	25,842	8.6%	6,707,826	28.7%
Female	158,658	52.8%	11,873,085	50.8%
Male	141,830	47.2%	11,499,130	49.2%

Source: US Census Bureau; QuickFacts, Population estimates July 1, 2024, downloaded January 16, 2026, http://www.census.gov/quickfacts/.

SOCIOECONOMICS

Indicator	Leon	Florida
Per Capita Income[1]	$38,777	$41,055
Median Household Income[1]	$65,074	$71,711
% of Persons < 100% FPL[1]	17.6%	12.0%
Unemployment Rate[2]	4.9%	4.4%
% high school grad or >[1]	93.7%	89.4%
% bachelor's degree or >[1]	48.6%	33.2%
# & Rate of Free or Reduced Price Lunch with USDA Multiplier if Applicable; Rate with Multiplier if Applicable[3]	17,960; 58.0%	1,726,542; 61.8%

Sources: [1] Per Capita income in past 12 months (in 2023 dollars) 2019-2023 and Median Household income (in 2023 dollars), 2019-2022; high school grad and bachelor's degree percent of persons age 25 years+ 2097-2023; US Census Bureau, Florida QuickFacts downloaded January 17, 2026. [2] U.S. Department of Labor, Bureau of Labor Statistics, Local Area Unemployment Statistics Program, in cooperation with the Florida Department of Economic Opportunity, Bureau of Labor Market Statistics. November 2025 (not seasonally adjusted), downloaded January 26, 2026. [3] Florida Department of Education, Fldoe.org, Lunch Status by District (for Federal Funding) 2025-26 Final Survey 2, downloaded January 17, 2026.

MATERNAL AND CHILD HEALTH

Maternal and Child Health 2024	Leon	Florida
	Count and Rate	
Total Births (Resident Live Birth Rate per 1,000 Pop.)	2,737; 9	224,423; 9.7
Teen Births (Ages 15-19) (Rate per 1,000)	122; 7.7	7,822; 12
Repeat Births (to Ages 15-19)	9; 7.4%	878; 11.2%
Low Birth Weight (<2500 g)	328; 12%	20,285; 9%
Care Initiated in 3rd Trimester	117; 4.6%	13,469; 6.4%
No prenatal care	77; 3%	9,176; 4.3%
Infant Deaths (Rate per 1,000)	20; 7.3	1,276; 5.7
Kindergartners Immunized	2,771; 93.8%	196,167; 88.7%

Source: Florida Department of Health, CHARTS, downloaded January 12, 2026.

Museum of Florida History, Tallahassee

HEALTHCARE ACCESS

Non-Elderly (Age 0-64) Uninsured				
Non-Elderly Uninsured	Leon		Florida	
	Number	Percent	Number	Percent
2010	40,413	17.2%	3.9 million	25.3%
2012	42,275	17.6%	3.7 million	24.1%
2014	32,733	13.8%	3.2 million	20.2%
2016	24,285	10.2%	2.5 million	15.4%
2018	27,929	11.7%	2.7 million	16.1%
2019	28,530	11.9%	2.7 million	16.4%
2020	25,410	10.8%	2.6 million	15.5%
2021	26,484	11.3%	2,534,999	15.1%
2022	25,074	10.7%	2,376,013	13.9%
2023	24,093	10.4%	2,308,858	13.4%

Note: United States 2023 under 65: 24.3 million; 8.5-9.4%.

Source: U.S. Dep't of Health and Human Services, CDC, National Center for Health Statistics, National Health Interview Survey, Demographic Variation in Health Insurance Coverage 2023, Released 10/24, downloaded January 29, 2026. www.cdc.gov/nchs/data/nhis/health_insurance/healthinsurancedemographictables2023.pdf

Source: US Census Small Area Health Insurance Estimates (for states and counties). 2023 data downloaded January 16, 2026.

Health Professional Shortage Areas & Medically Underserved Areas and Populations
Primary Care; Dental Health; Mental Health
Low Income Population HPSA: Low Income - Leon County
Correctional Facility: FCI - Tallahassee
Federally Qualified Health Centers:
Bond Community Health Center, Inc.
Neighborhood Medical Center, Inc.
North Florida Medical Centers, Inc.
Medically Underserved Areas/Populations
MUA: Low Income - Leon County

Source: Health Resources and Services Administration, January 19, 2026.

NURSING HOME UTILIZATION

Nursing Homes	
Centre Pointe Health and Rehabilitation Center, Seven Hills Health and Rehabilitation Center, PruittHealth - Southwood	
Beds; Occupancy	361; 89.6%

This section contains data only for those nursing homes and hospitals that entered data (for July 2024 - June 2025) into the Data Warehouse.

Source: Broward Regional Health Planning Council, Florida Health Data Warehouse; July 2024 - June 2025; downloaded January 20, 2026.

LEADING CAUSES OF DEATH

2024				
Cause	Leon			Florida
	Deaths	Crude Rate per 100k	Age-Adjusted Death Rate per 100k	Age-Adjusted Death Rate per 100k
All Causes	2,344	768.8	745.9	656.6
Heart Disease	473	155.1	151.1	135.7
Cancer	443	145.3	133.1	133.3
Unintentional Injury	135	44.3	46.1	52.9
Stroke	129	42.3	42.4	46.1
Chronic Lower Respiratory Disease	101	33.1	30.6	29.7

Source: Florida Department of Health, CHARTS, downloaded January 22, 2026.

HOSPITALS

Hospitals / Beds
Tallahassee Memorial Hospital / 772 beds
HCA Florida Capital Hospital / 288 beds
Encompass Health Rehabilitation Hospital of Tallahassee / 70 beds
Eastside Psychiatric Hospital / 48 beds
Select Specialty Hospital - Tallahassee / 47 beds

Source: Florida Agency for Health Care Administration (AHCA), February 3, 2026.

COUNTY HEALTH PROFILE — LIBERTY COUNTY 2026

DEMOGRAPHICS

Age Range	2024	
	Liberty	Florida
	Total & Percent	
Total Pop	7,955	23,372,215
0-17	17.7%	19.3%
18-64	64.5%	58.9%
65+	17.8%	21.8%

Source: US Census Bureau; QuickFacts, Population estimates July 1, 2024, downloaded January 16, 2026, http://www.census.gov/quickfacts/.

Category	2024			
	Liberty		Florida	
	Total & Percent			
Total Pop	7,955	100.0%	23,372,215	100%
Asian	48	0.6%	794,655	3.4%
Black	1,472	18.5%	3,949,904	16.9%
White	6,133	77.1%	17,856,372	76.4%
Other	302	3.8%	1,565,938	6.7%
Hispanic	628	7.9%	6,707,826	28.7%
Female	3,142	39.5%	11,873,085	50.8%
Male	4,813	60.5%	11,499,130	49.2%

Source: US Census Bureau; QuickFacts, Population estimates July 1, 2024, downloaded January 16, 2026, http://www.census.gov/quickfacts/.

SOCIOECONOMICS

Indicator	Liberty	Florida
Per Capita Income[1]	$25,693	$41,055
Median Household Income[1]	$53,824	$71,711
% of Persons < 100% FPL[1]	20.8%	12.0%
Unemployment Rate[2]	5.2%	4.4%
% high school grad or >[1]	79.0%	89.4%
% bachelor's degree or >[1]	15.8%	33.2%
# & Rate of Free or Reduced Price Lunch with USDA Multiplier if Applicable; Rate with Multiplier if Applicable[3]	953; 78.2%	1,726,542; 61.8%

Sources: [1] Per Capita income in past 12 months (in 2023 dollars) 2019-2023 and Median Household income (in 2023 dollars), 2019-2022; high school grad and bachelor's degree percent of persons age 25 years+ 2097-2023; US Census Bureau, Florida QuickFacts downloaded January 17, 2026. [2] U.S. Department of Labor, Bureau of Labor Statistics, Local Area Unemployment Statistics Program, in cooperation with the Florida Department of Economic Opportunity, Bureau of Labor Market Statistics. November 2025 (not seasonally adjusted), downloaded January 26, 2026. [3] Florida Department of Education, Fldoe.org, Lunch Status by District (for Federal Funding) 2025-26 Final Survey 2, downloaded January 17, 2026.

MATERNAL AND CHILD HEALTH

Maternal and Child Health 2024	Liberty	Florida
	Count and Rate	
Total Births (Resident Live Birth Rate per 1,000 Pop.)	78; 9.7	224,423; 9.7
Teen Births (Ages 15-19) (Rate per 1,000)	7; 39.3	7,822; 12
Repeat Births (to Ages 15-19)	0; 0	878; 11.2%
Low Birth Weight (<2500 g)	7; 9%	20,285; 9%
Care Initiated in 3rd Trimester	1; 1.4%	13,469; 6.4%
No prenatal care	1; 1.4%	9,176; 4.3%
Infant Deaths (Rate per 1,000)	0; 0	1,276; 5.7
Kindergartners Immunized	102; 93.6%	196,167; 88.7%

Source: Florida Department of Health, CHARTS, downloaded January 12, 2026.

Apalachicola Bluffs & Ravines Preserve

HEALTHCARE ACCESS

Non-Elderly (Age 0-64) Uninsured				
Non-Elderly Uninsured	Liberty		Florida	
	Number	Percent	Number	Percent
2010	1,219	21.6%	3.9 million	25.3%
2013	1,203	22.3%	3.8 million	24.3%
2014	969	18.4%	3.2 million	20.2%
2016	754	14.5%	2.5 million	15.4%
2018	706	13.7%	2.7 million	16.1%
2019	738	14.6%	2.7 million	16.4%
2020	812	16.4%	2.6 million	15.5%
2021	760	16.0%	2,534,999	15.1%
2022	761	15.9%	2,376,013	13.9%
2023	637	13.2%	2,308,858	13.4%

Note: United States 2023 under 65: 24.3 million; 8.5-9.4%.

Source: U.S. Dep't of Health and Human Services, CDC, National Center for Health Statistics, National Health Interview Survey, Demographic Variation in Health Insurance Coverage 2023, Released 10/24, downloaded January 29, 2026. www.cdc.gov/nchs/data/nhis/health_insurance/healthinsurancedemographictables2023.pdf

Source: US Census Small Area Health Insurance Estimates (for states and counties). 2023 data downloaded January 16, 2026.

Health Professional Shortage Areas & Medically Underserved Areas and Populations
Primary Care; Mental Health
Geographic HPSA: Liberty County
Correctional Facility: Liberty Correctional Institution
Federally Qualified Health Center: PanCare of Florida, Inc.
Dental Health
Low Income Population HPSA: LI Liberty County
Correctional Facility: Liberty Correctional Institution
Federally Qualified Health Center: PanCare of Florida, Inc.
Medically Underserved Areas (MUAs)/Populations
MUA: Liberty County

Source: Health Resources and Services Administration, January 19, 2026.

NURSING HOMES AND HOSPITALS

no hospitals or nursing homes in Liberty County

Source: FL Agency for Health Care Administration, January 20, 2026.

LEADING CAUSES OF DEATH

2024				
Cause	Liberty			Florida
	Deaths	Crude Rate per 100k	Age-Adjusted Death Rate per 100k	Age-Adjusted Death Rate per 100k
All Causes	92	1,148.9	941.3	656.6
Heart Disease	26	324.7	265	135.7
Cancer	18	224.8	173	133.3
Unintentional Injury	7	87.4	80.6	52.9
Stroke	5	62.4	47.5	46.1
Nephritis, Nephrotic Syndrome and Nephrosis	4	50.0	42.8	11.2

Source: Florida Department of Health, CHARTS, downloaded January 22, 2026.

Apalachicola Bluffs & Ravines Preserve

COUNTY HEALTH PROFILE — MADISON COUNTY 2026

DEMOGRAPHICS

Age Range	2024	
	Madison	Florida
	Total & Percent	
Total Pop	18,364	23,372,215
0-17	18.6%	19.3%
18-64	58.2%	58.9%
65+	23.2%	21.8%

Source: US Census Bureau; QuickFacts, Population estimates July 1, 2024, downloaded January 16, 2026, http://www.census.gov/quickfacts/.

Category	2024			
	Madison		Florida	
	Total & Percent			
Total Pop	18,364	100.0%	23,372,215	100%
Asian	92	0.5%	794,655	3.4%
Black	6,556	35.7%	3,949,904	16.9%
White	11,202	61.0%	17,856,372	76.4%
Other	514	2.8%	1,565,938	6.7%
Hispanic	1,175	6.4%	6,707,826	28.7%
Female	8,870	48.3%	11,873,085	50.8%
Male	9,494	51.7%	11,499,130	49.2%

Source: US Census Bureau; QuickFacts, Population estimates July 1, 2024, downloaded January 16, 2026, http://www.census.gov/quickfacts/.

SOCIOECONOMICS

Indicator	Madison	Florida
Per Capita Income[1]	$23,670	$41,055
Median Household Income[1]	$48,176	$71,711
% of Persons < 100% FPL[1]	19.8%	12.0%
Unemployment Rate[2]	6.1%	4.4%
% high school grad or >[1]	80.6%	89.4%
% bachelor's degree or >[1]	12.5%	33.2%
# & Rate of Free or Reduced Price Lunch with USDA Multiplier if Applicable; Rate with Multiplier if Applicable[3]	1,456; 100%	1,726,542; 61.8%

Sources: [1] Per Capita income in past 12 months (in 2023 dollars) 2019-2023 and Median Household income (in 2023 dollars), 2019-2022; high school grad and bachelor's degree percent of persons age 25 years+ 2097-2023; US Census Bureau, Florida QuickFacts downloaded January 17, 2026. [2] U.S. Department of Labor, Bureau of Labor Statistics, Local Area Unemployment Statistics Program, in cooperation with the Florida Department of Economic Opportunity, Bureau of Labor Market Statistics. November 2025 (not seasonally adjusted), downloaded January 26, 2026. [3] Florida Department of Education, Fldoe.org, Lunch Status by District (for Federal Funding) 2025-26 Final Survey 2, downloaded January 17, 2026 (Madison lunch data refers only to Madison County High School and Madison County Central School) .

MATERNAL AND CHILD HEALTH

Maternal and Child Health 2024	Madison	Florida
	Count and Rate	
Total Births (Resident Live Birth Rate per 1,000 Pop.)	223; 11.9	224,423; 9.7
Teen Births (Ages 15-19) (Rate per 1,000)	15; 34	7,822; 12
Repeat Births (to Ages 15-19)	3; 20%	878; 11.2%
Low Birth Weight (<2500 g)	29; 13%	20,285; 9%
Care Initiated in 3rd Trimester	8; 3.7%	13,469; 6.4%
No prenatal care	10; 4.7%	9,176; 4.3%
Infant Deaths (Rate per 1,000)	2; 9	1,276; 5.7
Kindergartners Immunized	226; 93%	196,167; 88.7%

Source: Florida Department of Health, CHARTS, downloaded January 12, 2026.

Madison County Courthouse, Monticello

HEALTHCARE ACCESS

Non-Elderly (Age 0-64) Uninsured				
Non-Elderly Uninsured	Madison		Florida	
	Number	Percent	Number	Percent
2010	3,281	22.7%	3.9 million	25.3%
2012	3,023	21.8%	3.7 million	24.1%
2014	2,462	18.4%	3.2 million	20.2%
2016	1,865	14.5%	2.5 million	15.4%
2018	1,936	15.3%	2.7 million	16.1%
2019	2,095	16.7%	2.7 million	16.4%
2020	2,047	16.5%	2.6 million	15.5%
2021	2,061	16.6%	2,534,999	15.1%
2022	2,016	16.1%	2,376,013	13.9%
2023	1,992	15.8%	2,308,858	13.4%

Note: United States 2023 under 65: 24.3 million; 8.5-9.4%.

Source: U.S. Dep't of Health and Human Services, CDC, National Center for Health Statistics, National Health Interview Survey, Demographic Variation in Health Insurance Coverage 2023, Released 10/24, downloaded January 29, 2026.

Source: US Census Small Area Health Insurance Estimates (for states and counties). 2023 data downloaded January 16, 2026.

Health Professional Shortage Areas & Medically Underserved Areas and Populations
Primary Care; Mental Health
High Needs Geographic HPSA: Madison County
Correctional Facility: Madison Correctional Institution
Federally Qualified Health Center: North FL Medical Centers, Inc.
Rural Health Clinic: Little Pine Pediatrics PLLC
Dental Health
Low Income Population HPSA: Low Income Madison County
Correctional Facility: Madison Correctional Institution
Federally Qualified Health Center: North FL Medical Centers, Inc.
Rural Health Clinic: Little Pine Pediatrics PLLC
Medically Underserved Areas/Populations
Medically Underserved Area (MUA): Madison Service Area

Source: Health Resources and Services Administration, January 19, 2026.

LEADING CAUSES OF DEATH

2024				
Cause	Madison			Florida
	Deaths	Crude Rate per 100k	Age-Adjusted Death Rate per 100k	Age-Adjusted Death Rate per 100k
All Causes	280	1,491.1	989.5	656.6
Heart Disease	51	271.6	174.3	135.7
Cancer	51	271.6	175.7	133.3
Stroke	17	90.5	55.4	46.1
Diabetes	11	58.6	42.2	20.6
Unintentional Injury	9	47.9	48.7	52.9

Source: Florida Department of Health, CHARTS, downloaded January 22, 2026.

NURSING HOME UTILIZATION

Nursing Homes	
Madison Health and Rehabilitation Center, Nursing and Rehabilitation	Greenville
Beds; Occupancy	178; 84%

This section contains data only for those nursing homes and hospitals that entered data (for July 2024 - June 2025) into the Data Warehouse.

Source: Broward Regional Health Planning Council, Florida Health Data Warehouse; July 2024 - June 2025; downloaded January 20, 2026.

HOSPITALS

Hospitals / Beds
Madison County Memorial Hospital / 25 beds

Source: Florida Agency for Health Care Administration (AHCA), February 3, 2026.

COUNTY HEALTH PROFILE — TAYLOR COUNTY 2026

DEMOGRAPHICS

Age Range	2024	
	Taylor	Florida
	Total & Percent	
Total Pop	21,843	23,372,215
0-17	21.5%	19.3%
18-64	56.3%	58.9%
65+	22.2%	21.8%

Source: US Census Bureau; QuickFacts, Population estimates July 1, 2024, downloaded January 16, 2026, http://www.census.gov/quickfacts/.

Category	2024			
	Taylor		Florida	
	Total & Percent			
Total Pop	21,843	100.0%	23,372,215	100%
Asian	175	0.8%	794,655	3.4%
Black	4,259	19.5%	3,949,904	16.9%
White	16,623	76.1%	17,856,372	76.4%
Other	786	3.6%	1,565,938	6.7%
Hispanic	1,027	4.7%	6,707,826	28.7%
Female	10,288	47.1%	11,873,085	50.8%
Male	11,555	52.9%	11,499,130	49.2%

Source: US Census Bureau; QuickFacts, Population estimates July 1, 2024, downloaded January 16, 2026, http://www.census.gov/quickfacts/.

SOCIOECONOMICS

Indicator	Taylor	Florida
Per Capita Income[1]	$26,808	$41,055
Median Household Income[1]	$44,985	$71,711
% of Persons < 100% FPL[1]	19.7%	12.0%
Unemployment Rate[2]	9.1%	4.4%
% high school grad or >[1]	86.2%	89.4%
% bachelor's degree or >[1]	15.1%	33.2%
# & Rate of Free or Reduced Price Lunch with USDA Multiplier if Applicable; Rate with Multiplier if Applicable[3]	2,226; 93.5%	1,726,542; 61.8%

Sources: [1] Per Capita income in past 12 months (in 2023 dollars) 2019-2023 and Median Household income (in 2023 dollars), 2019-2022; high school grad and bachelor's degree percent of persons age 25 years+ 2097-2023; US Census Bureau, Florida QuickFacts downloaded January 17, 2026. [2] U.S. Department of Labor, Bureau of Labor Statistics, Local Area Unemployment Statistics Program, in cooperation with the Florida Department of Economic Opportunity, Bureau of Labor Market Statistics. November 2025 (not seasonally adjusted), downloaded January 26, 2026. [3] Florida Department of Education, Fldoe.org, Lunch Status by District (for Federal Funding) 2025-26 Final Survey 2, downloaded January 17, 2026.

MATERNAL AND CHILD HEALTH

Maternal and Child Health 2022	Taylor	Florida
	Count and Rate	
Total Births (Resident Live Birth Rate per 1,000 Pop.)	194; 8.9	224,403; 10.1
Teen Births (Ages 15-19) (Rate per 1,000)	16; 28.6	8,138; 13.2
Repeat Births (to Ages 15-19)	3; 18.8	1,039; 12.8%
Low Birth Weight (<2500 g)	15; 7.7%	20,405; 9.1%
Care Initiated in 3rd Trimester	5; 2.7%	12,931; 6.1%
No prenatal care	6; 3.3%	6,861; 3.2%
Infant Deaths (Rate per 1,000)	1; 5.2	1,346; 6
Kindergartners Immunized	237; 97.1%	205,715; 91.7%

Source: Florida Department of Health, CHARTS, downloaded January 12, 2026.

Steinhatchee Falls

HEALTHCARE ACCESS

Non-Elderly (Age 0-64) Uninsured				
Non-Elderly Uninsured	Taylor		Florida	
	Number	Percent	Number	Percent
2010	3,039	19.1%	3.9 million	25.3%
2012	2,989	19.3%	3.7 million	24.1%
2014	2,661	17.5%	3.2 million	20.2%
2016	1,865	14.1%	2.5 million	15.4%
2018	2,094	14.2%	2.7 million	16.1%
2019	2,149	14.8%	2,716,165	16.4%
2020	2,140	14.9%	2.6 million	15.5%
2021	2,245	15.2%	2,534,999	15.1%
2022	1,997	13.4%	2,376,013	13.9%
2023	2,065	13.7%	2,308,858	13.4%

Note: United States 2023 under 65: 24.3 million; 8.5-9.4%.

Source: U.S. Dep't of Health and Human Services, CDC, National Center for Health Statistics, National Health Interview Survey, Demographic Variation in Health Insurance Coverage 2023, Released 10/24, downloaded January 29, 2026. www.cdc.gov/nchs/data/nhis/health_insurance/healthinsurancedemographictables2023.pdf

Source: US Census Small Area Health Insurance Estimates (for states and counties). 2023 data downloaded January 16, 2026.

Health Professional Shortage Areas & Medically Underserved Areas and Populations
Primary Care and Dental Health
Low Income Population HPSA: Low Income - Taylor County
Correctional Facility: Taylor Correctional Institution
Federally Qualified Health Center: North FL Medical Centers, Inc.
Rural Health Clinic: Doctors Memorial Family Practice
Rural Health Clinic: Little Pine Pediatrics, PLLC
Rural Health Clinic: Premier Medical Pediatrics Clinic, Inc.
Mental Health
Geographic HPSA: Taylor County
Correctional Facility: Taylor Correctional Institution
Federally Qualified Health Center: North FL Medical Centers, Inc.
Rural Health Clinic: Doctors Memorial Family Practice
Rural Health Clinic: Little Pine Pediatrics, PLLC
Rural Health Clinic: Premier Medical Pediatrics Clinic, Inc.
Medically Underserved Areas/Populations
Medically Underserved Area (MUA): Taylor County

Source: Health Resources and Services Administration, January 19, 2026.

LEADING CAUSES OF DEATH

2024				
Cause	Taylor			Florida
	Deaths	Crude Rate per 100k	Age-Adjusted Death Rate per 100k	Age-Adjusted Death Rate per 100k
All Causes	313	1,433.6	989.7	656.6
Cancer	66	302.3	203.7	133.3
Heart Disease	65	297.7	204.0	135.7
Chronic Lower Respiratory Disease	25	114.5	71.0	29.7
Diabetes	19	87	57.0	20.6
Stroke	18	82.4	50.4	46.1

Source: Florida Department of Health, CHARTS, downloaded January 22, 2026.

NURSING HOME UTILIZATION

Nursing Homes	
Aspire at Big Bend	
Beds; Occupancy	120; 75.6%

This section contains data only for those nursing homes and hospitals that entered data (for July 2024 - June 2025) into the Data Warehouse.

Source: Broward Regional Health Planning Council, Florida Health Data Warehouse; July 2024 - June 2025; downloaded January 20, 2026.

HOSPITALS

Hospital / Beds
Doctors' Memorial Hospital / 25 beds

Source: Florida Agency for Health Care Administration (AHCA), February 3, 2026.

BIG BEND HEALTH COUNCIL

COUNTY HEALTH PROFILE — WAKULLA COUNTY 2026

DEMOGRAPHICS

Age Range	2024	
	Wakulla	Florida
	Total & Percent	
Total Pop	37,115	23,372,215
0-17	20.5%	19.3%
18-64	61.9%	58.9%
65+	17.6%	21.8%

Source: US Census Bureau; QuickFacts, Population estimates July 1, 2024, downloaded January 16, 2026, http://www.census.gov/quickfacts/.

Category	2024			
	Wakulla		Florida	
	Total & Percent			
Total Pop	37,115	100.0%	23,372,215	100%
Asian	334	0.9%	794,655	3.4%
Black	5,233	14.1%	3,949,904	16.9%
White	30,286	81.6%	17,856,372	76.4%
Other	1,262	3.4%	1,565,938	6.7%
Hispanic	2,004	5.4%	6,707,826	28.7%
Female	17,481	47.1%	11,873,085	50.8%
Male	19,634	52.9%	11,499,130	49.2%

Source: US Census Bureau; QuickFacts, Population estimates July 1, 2024, downloaded January 16, 2026, http://www.census.gov/quickfacts/.

SOCIOECONOMICS

Indicator	Wakulla	Florida
Per Capita Income[1]	$32,920	$41,055
Median Household Income[1]	$74,183	$71,711
% of Persons < 100% FPL[1]	10.4%	12.0%
Unemployment Rate[2]	4.1%	4.4%
% high school grad or >[1]	87.5%	89.4%
% bachelor's degree or >[1]	21.3%	33.2%
# & Rate of Free or Reduced Price Lunch with USDA Multiplier if Applicable; Rate with Multiplier if Applicable[3]	3,018; 59.2%	1,726,542; 61.8%

Sources: [1] Per Capita income in past 12 months (in 2023 dollars) 2019-2023 and Median Household income (in 2023 dollars), 2019-2022; high school grad and bachelor's degree percent of persons age 25 years+ 2097-2023; US Census Bureau, Florida QuickFacts downloaded January 17, 2026.
[2] U.S. Department of Labor, Bureau of Labor Statistics, Local Area Unemployment Statistics Program, in cooperation with the Florida Department of Economic Opportunity, Bureau of Labor Market Statistics. November 2025 (not seasonally adjusted), downloaded January 26, 2026.
[3] Florida Department of Education, Fldoe.org, Lunch Status by District (for Federal Funding) 2025-26 Final Survey 2, downloaded January 17, 2026.

MATERNAL AND CHILD HEALTH

Maternal and Child Health 2024	Wakulla	Florida
	Count and Rate	
Total Births (Resident Live Birth Rate per 1,000 Pop.)	361; 9.8	224,403; 10.1
Teen Births (Ages 15-19) (Rate per 1,000)	16; 16	8,138; 13.2
Repeat Births (to Ages 15-19)	1; 6.3	1,039; 12.8%
Low Birth Weight (<2500 g)	33; 9.1%	20,405; 9.1%
Care Initiated in 3rd Trimester	7; 2%	12,931; 6.1%
No prenatal care	4; 1.2%	6,861; 3.2%
Infant Deaths (Rate per 1,000)	1; 2.8	1,346; 6
Kindergartners Immunized	334; 86.3%	205,715; 91.7%

Source: Florida Department of Health, CHARTS, downloaded January 12, 2026.

St. Marks Wildlife Refuge

St. Marks Lighthouse

HEALTHCARE ACCESS

Non-Elderly (Age 0-64) Uninsured				
Non-Elderly Uninsured	Wakulla		Florida	
	Number	Percent	Number	Percent
2010	4,414	18.4%	3.9 million	25.3%
2012	4,063	17.1%	3.7 million	24.1%
2014	3,498	14.8%	3.2 million	20.2%
2016	2,813	11.7%	2.5 million	15.4%
2018	3,090	12.4%	2.7 million	16.1%
2019	3,131	12.4%	2,716,165	16.4%
2020	3,546	14.0%	2.6 million	15.5%
2021	3,307	12.7%	2,534,999	15.1%
2022	3,037	11.4%	2,376,013	13.9%
2023	3,147	11.5%	2,308,858	13.4%

Note: United States 2023 under 65: 24.3 million; 8.5-9.4%.

Source: U.S. Dep't of Health and Human Services, CDC, National Center for Health Statistics, National Health Interview Survey, Demographic Variation in Health Insurance Coverage 2023, Released 10/24, downloaded January 29, 2026. www.cdc.gov/nchs/data/nhis/health_insurance/healthinsurancedemographictables2023.pdf

Source: US Census Small Area Health Insurance Estimates (for states and counties). 2023 data downloaded January 16, 2026.

Health Professional Shortage Areas & Medically Underserved Areas and Populations
Primary Care and Dental Health
Geographic HPSA: Wakulla County
Correctional Facility: Wakulla Correctional Institution
Federally Qualified Health Center: North FL Medical Centers, Inc.
Rural Health Clinic: TMH Physician Partners Wakulla
Mental Health
High Needs Geographic HPSA: Wakulla County
Correctional Facility: Wakulla Correctional Institution
Federally Qualified Health Center: North FL Medical Centers, Inc.
Rural Health Clinic: TMH Physician Partners Wakulla
Medically Underserved Areas/Populations
Medically Underserved Area (MUA): Wakulla County

Source: Health Resources and Services Administration, January 19, 2026.

LEADING CAUSES OF DEATH

2024				
Cause	Wakulla			Florida
	Deaths	Crude Rate per 100k	Age-Adjusted Death Rate per 100k	Age-Adjusted Death Rate per 100k
All Causes	412	1,112.9	958.5	656.6
Heart Disease	93	251.2	223.4	135.7
Cancer	79	213.4	165.9	133.3
Chronic Lower Respiratory Disease	34	91.8	78.9	29.7
Unintentional Injury	27	72.9	71.6	52.9
Stroke	18	48.6	40.1	46.1

Source: Florida Department of Health, CHARTS, downloaded January 22, 2026.

NURSING HOME UTILIZATION

Nursing Homes	
Eden Springs Nursing and Rehabilitation Center	
Beds; Occupancy	113; 86.6%

This section contains data only for those nursing homes and hospitals that entered data (for July 2024 - June 2025) into the Data Warehouse.

Source: Broward Regional Health Planning Council, Florida Health Data Warehouse; July 2024 - June 2025; downloaded January 20, 2026.

HOSPITALS

No hospitals in Wakulla County

Source: Florida Agency for Health Care Administration (AHCA), February 3, 2026.

Vermillion Flycatcher

BIG BEND HEALTH COUNCIL

COUNTY HEALTH PROFILE — WASHINGTON COUNTY 2026

DEMOGRAPHICS

Age Range	2024	
	Washington	Florida
	Total & Percent	
Total Pop	26,503	23,372,215
0-17	19.4%	19.3%
18-64	61.8%	58.9%
65+	18.8%	21.8%

Source: US Census Bureau; QuickFacts, Population estimates July 1, 2024, downloaded January 16, 2026, http://www.census.gov/quickfacts/.

Category	2024			
	Washington		Florida	
	Total & Percent			
Total Pop	26,503	100.0%	23,372,215	100%
Asian	212	0.8%	794,655	3.4%
Black	3,684	13.9%	3,949,904	16.9%
White	21,282	80.3%	17,856,372	76.4%
Other	1,325	5.0%	1,565,938	6.7%
Hispanic	1,166	4.4%	6,707,826	28.7%
Female	12,165	45.9%	11,873,085	50.8%
Male	14,338	54.1%	11,499,130	49.2%

Source: US Census Bureau; QuickFacts, Population estimates July 1, 2024, downloaded January 16, 2026, http://www.census.gov/quickfacts/.

SOCIOECONOMICS

Indicator	Washington	Florida
Per Capita Income[1]	$26,233	$41,055
Median Household Income[2]	$52,723	$71,711
% of Persons < 100% FPL[2]	16.8%	12.0%
Unemployment Rate[3]	5.7%	4.4%
% high school grad or >[1]	83.1%	89.4%
% bachelor's degree or >[1]	12.5%	33.2%
# & Rate of Free or Reduced Price Lunch with USDA Multiplier if Applicable; Rate with Multiplier if Applicable[3]	3,109; 98.3%	1,726,542; 61.8%

Sources: [1] Per Capita income in past 12 months (in 2023 dollars) 2019-2023 and Median Household income (in 2023 dollars), 2019-2022; high school grad and bachelor's degree percent of persons age 25 years+ 2097-2023; US Census Bureau, Florida QuickFacts downloaded January 17, 2026. [2] U.S. Department of Labor, Bureau of Labor Statistics, Local Area Unemployment Statistics Program, in cooperation with the Florida Department of Economic Opportunity, Bureau of Labor Market Statistics. November 2025 (not seasonally adjusted), downloaded January 26, 2026. [3] Florida Department of Education, Fldoe.org, Lunch Status by District (for Federal Funding) 2025-26 Final Survey 2, downloaded January 17, 2026.

MATERNAL AND CHILD HEALTH

Maternal and Child Health 2024	Washington	Florida
	Count and Rate	
Total Births (Resident Live Birth Rate per 1,000 Pop.)	226; 8.8	224,403; 10.1
Teen Births (Ages 15-19) (Rate per 1,000)	19; 26.7	8,138; 13.2
Repeat Births (to Ages 15-19)	3; 15.8%	1,039; 12.8%
Low Birth Weight (<2500 g)	16; 7.1%	20,405; 9.1%
Care Initiated in 3rd Trimester	8; 3.7%	12,931; 6.1%
No prenatal care	6; 2.8	6,861; 3.2%
Infant Deaths (Rate per 1,000)	0; 0	1,346; 6
Kindergartners Immunized	275; 88.1%	205,715; 91.7%

Source: Florida Department of Health, CHARTS, downloaded January 12, 2026.

Seacrest Wolf Preserve, Chipley

HEALTHCARE ACCESS

Non-Elderly (Age 0-64) Uninsured				
Non-Elderly Uninsured	Washington		Florida	
	Number	Percent	Number	Percent
2010	4,043	21.9%	3.9 million	25.3%
2012	3,609	19.9%	3.7 million	24.1%
2014	3,323	19.0%	3.2 million	20.2%
2016	2,644	15.0%	2.5 million	15.4%
2018	2,825	15.7%	2.7 million	16.1%
2020	3,672	20.0%	2.6 million	15.5%
2021	3,199	17.4%	2,534,999	15.1%
2022	3,110	16.7%	2,376,013	13.9%
2023	3,173	17.0%	2,308,858	13.4%

Note: United States 2023 under 65: 24.3 million; 8.5-9.4%.

Source: U.S. Dep't of Health and Human Services, CDC, National Center for Health Statistics, National Health Interview Survey, Demographic Variation in Health Insurance Coverage 2023, Released 10/24, downloaded January 29, 2026. www.cdc.gov/nchs/data/nhis/health_insurance/healthinsurancedemographictables2023.pdf

Source: US Census Small Area Health Insurance Estimates (for states and counties). 2023 data downloaded January 16, 2026.

Health Professional Shortage Areas & Medically Underserved Areas and Populations
Primary Care
High Needs Geographic HPSA: Washington County
Correctional Facility: NW Florida Reception Center
Federally Qualified Health Center: PanCare of Florida, Inc.
Dental Health
Low Income Population HPSA: Low Income Washington County
Correctional Facility: NW Florida Reception Center
Federally Qualified Health Center: PanCare of Florida, Inc.
Mental Health
High Needs Geographic HPSA: Big Bend MH Catchment Area Circuit 14
Correctional Facility: NW Florida Reception Center
Federally Qualified Health Center: PanCare of Florida, Inc.
Medically Underserved Areas/Populations
Medically Underserved Area: Washington County

Source: Health Resources and Services Administration, January 19, 2026.

LEADING CAUSES OF DEATH

2024				
Cause	Washington			Florida
	Deaths	Crude Rate per 100k	Age-Adjusted Death Rate per 100k	Age-Adjusted Death Rate per 100k
All Causes	374	1,457.2	1,083.7	656.6
Heart Disease	97	377.9	279.8	135.7
Cancer	62	241.6	171.7	133.3
Chronic Lower Respiratory Disease	26	101.3	67.7	29.7
Stroke	24	93.5	67.5	46.1
Diabetes	17	66.2	47.3	20.6

Source: Florida Department of Health, CHARTS, downloaded January 22, 2026.

NURSING HOME UTILIZATION

Nursing Homes	
Washington Rehabilitation and Nursing Center	
Beds; Occupancy	180; 86.9%

This section contains data only for those nursing homes and hospitals that entered data (for July 2024 - June 2025) into the Data Warehouse.

Source: Broward Regional Health Planning Council, Florida Health Data Warehouse; July 2024 - June 2025; downloaded January 20, 2026.

HOSPITALS

Hospital / Beds
Northwest Florida Community Hospital / 59 beds

Source: Florida Agency for Health Care Administration (AHCA), February 3, 2026.

Diabetes Self-Management Education and Support (DSMES)
2026-2027 Mentorship Cohort Opportunity Announcement (MCOA)

Deadline for application: July 7, 2026

I. Overview

This is a mentorship cohort opportunity to establish, build, achieve accreditation for, sustain, increase access to, or expand Diabetes Self-Management Education and Support (DSMES) services serving adults with diabetes in Florida. Successful applicants will be provided individual and group technical assistance and mentorship. They will also be able to request $1,000-$4,000 in resource support. The program period is from approximately August 25, 2026, to May 7, 2027.

A. Diabetes Self-Management Education and Support

People with diabetes who complete DSMES are better able to manage their disease and prevent or delay complications. DSMES is NOT a 24-hour nurse hotline or a brochure. Rather, it is a comprehensive, data-driven approach to disease management that meets National Standards. To ensure DSMES services adhere to these data-driven standards, the Centers for Medicare and Medicaid Services (CMS) authorizes the American Diabetes Association (ADA) and the Association of Diabetes Care and Education Specialists (ADCES) to certify DSMES programs as meeting the National Standards. CMS reimburses DSMES services only when provided by organizations recognized by the ADA or accredited by the ADCES. The designation of ADA recognition or ADCES accreditation assures participants in these DSMES programs that they are receiving quality, data-driven services.

Before responding to this mentorship cohort opportunity announcement, please review the following websites and resources for information regarding DSMES.

ADCES Website:
https://www.adces.org/
ADA Website:
http://www.diabetes.org/

Interpretive Guidance for ADCES's Diabetes Education Accreditation Program:
https://www.adces.org/docs/default-source/default-document-library/2022-interpretive-guidance6-8-22e677fa36a05f68739c53ff0000b8561d.pdf
ADA National Standards for DSMES Interpretive Guidance & Checklist:
https://professional.diabetes.org/sites/default/files/media/11th-edition-interpretive-guidance-checklist-3-21-22.pdf
National Standards for Diabetes Self-Management Education and Support:
https://journals.sagepub.com/doi/full/10.1177/26350106211072203
DSMES Guidance Manual
DSMES Manual - Florida Diabetes Alliance

II. Purpose of the Program

The purpose of this program is to increase access to quality DSMES services and to increase organizational capacity to provide quality diabetes self-management education and support services. Areas of particular focus include rural communities without a recognized or accredited DSMES program and populations that experience high rates of type 2 diabetes, its complications, and diabetes-related death.

The short-term goal is to increase the number of DSMES programs that are on a path toward accreditation or recognition. The long-term goal is to increase the number of programs in Florida that provide DSMES and meet the National Standards for accreditation and/or recognition. This program is intended to support activities, purchases, and technical assistance that will help eligible organizations attain one of the following objectives:

Objective 1: Build infrastructure that aligns with National Standards for DSMES
Objective 2: Achieve DSMES accreditation or recognition
Objective 3: Establish a recognized or accredited satellite site
Objective 4: Increase longevity and/or expansion of an existing recognized or accredited DSMES
Objective 5: Increase access to a recognized or accredited DSMES program

NOTE: THIS PROGRAM IS FOR DIABETES SELF-MANAGEMENT EDUCATION AND SUPPORT (DSMES) ONLY. THIS PROGRAM IS NOT INTENDED TO SUPPORT DIABETES PREVENTION PROGRAMS (DPP). WE CANNOT SUPPORT ANY AGENCY RECEIVING 2320 DIABETES GRANT MONEY OR ANY COUNTY HEALTH DEPARTMENT. THIS OPPORTUNITY IS FOR DSMES SERVICES SERVING ADULTS ONLY. PROGRAMS SERVING CHILDREN WILL NOT BE CONSIDERED.

III. Mentorship Opportunity

The cornerstone of this funding opportunity is exclusive access to our mentorship program. Successful applicants will join a cohort of 5–8 agencies, ensuring an intimate, highly tailored experience. Each agency will be matched with a dedicated mentor for intensive, one-on-one collaboration. This time will allow for personalized guidance on your actual project and/or program. These experts bring at least 5 years of experience in building and maintaining successful DSMES programs. Their expertise spans the entire program lifecycle: they have successfully guided agencies from the very earliest stages of program development to achieving formal accreditation or recognition through the accrediting body of their choice. Cohort members will also meet virtually once a month to receive high-level technical assistance, engage in peer-to-peer problem-solving, and share proven best practices.

IV. Resource Support

Our mentorship program is designed to empower participants by providing not only expert guidance but also essential resources to help build their programs. In addition to mentorship, we will provide direct support for program development and cover the cost of specific items essential to your success.
The resource support ranges from $1,000 to $4,000 per participant. These funds are used to purchase approved items on your behalf, such as:

- Educational materials and curriculum: Books, online courses, software, or other learning resources.
- Training fees (excluding travel costs): Expenses related to workshops, seminars, or specialized skill development.
- Accreditation/recognition fees: Expenses for official recognition or certification of your program.

Please note that funds are disbursed as direct purchases of approved items; no cash will be provided to participants.

A. Program Priorities

Priority will be given to:

- Organizations proposing to provide services in counties with no recognized or accredited DSMES program, or that demonstrate an unmet need.
- Organizations that demonstrate a strong network of community partners.
- Other organizations will be considered, but organizations that meet the above criteria will receive priority.

B. Program Details

- Program period: Date executed by both parties through May 7, 2027
- Cohort members will be assigned a mentor
- The role of an assigned mentor is to provide specialized technical assistance and program development consultation.

V. Reporting Requirements

Successful applicants will be required to:

- Complete baseline and follow-up surveys on the implementation of the National Standards
- With assistance of a mentor, submit a work plan within 2 weeks of contract execution
- Submit demographics of DSMES clients served, if applicable at the beginning and end of the mentorship period
- Complete monthly surveys on progress and satisfaction
- Attend monthly technical assistance Zoom calls
- Communicate at least monthly with assigned mentor
- Submit at least one client success or program development success story on a provided template
- Submit a final progress report by Friday, May 7, 2027.

VI. Other Requirements

- Organizations must either meet the DSMES National Standards or commit to working towards meeting the DSMES National Standards.
- Grantees must document efforts to adjust the delivery of the DSMES programs to mitigate hindrance to enrollment and retention.

VII. Application Submission Process

Applicants are required to apply via completion of an application on SurveyMonkey, which is located at:

https://www.surveymonkey.com/r/26_27DSMESApplication

STEP 1: Review the entire mentorship cohort opportunity announcement, including the reference materials mentioned above, before completing the application survey.

STEP 2: Complete the information requested in SurveyMonkey. The questions are also listed at the end of this document for reference and planning, but the application must be completed in SurveyMonkey. All information must be completed.

VIII. Application Review Process

All applications will be reviewed by a review committee. As part of the application review process, the review committee may interview applicants by telephone to better assess the organization's ability and commitment to achieving the program goal(s).

Based on the applications received and interview results, the review committee will make cohort selections and resource allocations. Decisions of the review committee are final.

IX. Program Timeline

Opportunity announcement released on or before	Monday, June 1, 2026
Q&A conference call	Monday, June 15, 2026, 4:00 – 5:00 PM ET https://us06web.zoom.us/j/82459216622?pwd=qUs2cufRIT1cizaNxbTFrw7lFVrcW7.1 Meeting ID: 824 5921 6622 Passcode: 539859

Summary of conference call posted on Tuesday, June 16, 2026, on Health Council websites

Application deadline	Friday, July 7, 2026*
Awards announced	Anticipated by Tuesday, July 28, 2026
All funded activities completed by	Friday, May 7, 2027**
All reports received by	Friday, May 7, 2027

*All applications must be received by midnight ET on this date. Late applications will not be considered.

**All activities, including travel and training, MUST be completed by this date.

Below is a **sample** set of report and activity requirements

Sample Reports/Activities and Due Dates

Due Date	***Reports and Activities***
Within 2 weeks of award	Conference call with the program and mentor to discuss work plan and timeline Completion of baseline SurveyMonkey Survey, indicating which National Standards are in place. Progress Report including: 1. Work plan describing what the mentee will accomplish throughout the program period, including a timeline and the person responsible for each activity. 2. Identify qualified DSMES Coordinator 3. If seeking DSMES accreditation/recognition, specify whether ADA or ADCES process will be used.
As needed, minimum monthly	Conference Call with program and/or mentor to discuss work plan, challenges, and concerns related to the program and activities.

Due Date	***Reports and Activities***
Monthly	Progress Report: Progress report will include an update on the work plan and milestones and: 1. Is the organization on track with completing activities in the work plan? 2. If not, what are the reasons for any delays? 3. What other DSMES-related accomplishments have the organization achieved during this reporting period? 4. What challenges has the organization encountered during this reporting period, and how were they overcome? 5. Checklist of National Standards showing which are in place. 6. Progress toward achieving objectives.
May 7, 2027	Final report describing the following: 1. Work plan milestones as shown above. 2. Reason for any milestones not achieved. 3. Successes, challenges, lessons learned. • Each agency will be required to submit a success story on a template that will be provided.

	4. Summary of mock audit/site visit if applicable 5. Submit proof of application for accreditation or recognition or projected date for application if applicable 6. Next steps (post-program period). 7. During this program period, how many participants received DSMES services through the mentee at the site supported through this program? What are their demographics?

DSMES MENTORSHIP COHORT APPLICATION SCORE SHEET

(Score sheet is to be completed by the Review Committee. Applicants should refer to this attachment to ensure all sections of the application are addressed.)

Applicant Organization: _____

Reviewer Name: _____ Date Reviewed: _____ SCORE: _____

APPLICATION SECTION/QUESTION	SCORING CRITERIA	SCORE
MENTORSHIP COHORT APPLICATION (via Survey Monkey - required*)* https://www.surveymonkey.com/r/26_27DSMESApplication		
What type of agency is your organization?	Non-profit or government – 2 points For-profit – 0 points	
List the counties where your organization currently provides DSMES (whether or not they are recognized or accredited), the counties where you plan to provide DSMES, and the counties where you propose to increase access for people with no or limited DSMES services	Score of 0-5 points based on whether the counties listed would increase access to individuals in areas with no or limited DSMES services	
Experience: Describe your organization's knowledge and experience with providing diabetes education services.	0-20 points based on the strength of the response and the organization's prior experience	
Project Overview: Please describe what you would hope to accomplish from participating in this program.	0-25 points based on the strength of the response and the degree of benefit to the community served	
Project Justification: How would this help the people you serve? What are the gaps you would be filling?	Score of 0-25 points based on the need indicated by the gaps described and the quality of the answer.	
Describe the staff who are currently or proposed to be involved in diabetes education or management.	0-20 points based on the strength of staff described and the projected ability of the staffing to meet the goals of the grant and program.	
Provide three community references (outside of your organization) who can speak to your organization's capability and commitment to providing education services. For each reference, provide the following information	0-3 points based on whether appropriate references are provided.	

2026/2027 DSMES Mentorship Cohort Application

This program is specifically designed for Diabetes Self-Management Education and Support (DSMES) ONLY. This is not intended to support Diabetes Prevention Programs (DPP).

We can NOT support any agency receiving 2320 Diabetes grant money or any County Health Department.

* 1. Applicant Information

Organization Name

Organization Address

Website Address

Contact Name

Contact Title

County Headquarters

Email Address

Contact Phone Number

* 2. What type of agency is your organization?

- ◯ For-profit
- ◯ Non-profit
- ◯ Government (this grant cannot fund county DOHs, please contact state office for funding opportunities)

3. How did you find out about this opportunity?

* 4. What population can receive (or will) DSMES from your program? **(*Please note, this opportunity is for DSMES services serving adults ONLY.*)**

- ◯ Adults (18 years of age and older)
- ◯ Children (0-17 years of age)
- ◯ Both adults and children

* 5. List the counties where your organization **currently** provides DSMES (whether or not they are recognized or accredited) and the counties where you **plan** to provide DSMES.

Counties currently served:

Counties you plan to serve:

* 6. What is the current status of your DSMES Service? (check what applies to you)

- [ ] Currently do not offer diabetes education services
- [ ] Offer diabetes education services, but not DSMES
- [ ] Offer DSMES, but program is not accredited or recognized
- [ ] Offer DSMES and program is accredited or recognized

* 7. How long have you provided diabetes education services?

* 8. **Experience:** Describe your organization's knowledge and experience with providing diabetes education services. If you have an existing DSMES program or any existing diabetes services. Please describe those services and your program.

* 9. **Project Overview:** Please describe what you would hope to accomplish from participating in this program. How might a mentor and technical assistance help you achieve your goals?

10. **Project Justification:** How would this help the people you serve? What are the gaps you would be filling?

* 11. How do you [will you] provide your services? (check all that apply)

- [ ] In person
- [ ] Telehealth
- [ ] To individuals
- [ ] In Group settings

* 12. How does your current program adjust the delivery of the DSMES programs to mitigate hindrance to enrollment and retention? How would you support enrollment and retention? (*Examples include ease of wheelchair access, covered portico, sign language interpreter provided, participation of additional support personnel/caregivers, extended class sessions, adaptive education materials, or technology aids.)*

* 13. Does your organization currently (or within the last year) bill any of the following:

- [ ] Medicaid
- [ ] Medicare
- [ ] Private insurance for any services
- [ ] Other payer sources

2026/2027 DSMES Mentorship Cohort Application

Review of National Standards

The DSMES Mentorship Cohort program is based around agencies striving to meet the National Standards for Diabetes Self-Management Education and Support Programs. Below is a review of the National Standards. Please check your agency's status against each of these standards. This section will not be scored. Agencies can qualify for the program at any stage in the development of DSMES. The results of this section will help determine the stage each agency is in the process and, therefore, how the request aligns with the current needs of the agency.

14. **Standard 1: Support for DSMES Services**

The DSMES team will seek leadership support for the implementation and longevity of DSMES services. The sponsor organization will recognize and support quality DSMES services as an integral component of diabetes care. Sponsor organizations will provide guidance and support for DSMES services to facilitate alignment with organizational resources and the needs of the community being served.

- ◯ The program has met this standard
- ◯ The program will be striving to meet this standard during the grant period
- ◯ The program is not yet ready for this standard
- ◯ Not sure/Need more information

15. **Standard 2: Population and Service Assessment**

The DSMES service will evaluate their chosen population to determine, develop, and enhance the resources, design, and delivery methods that align with the population's needs and preferences.

- ◯ The program has met this standard
- ◯ The program will be striving to meet this standard during the grant period
- ◯ The program is not yet ready for this standard
- ◯ Not sure/Need more information

16. **Standard 3: DSMES Team**

All members of a DSMES team will uphold the National Standards and implement collaborative DSMES services, including evidence-based service design, delivery, evaluation, and continuous quality improvement. At least one team member will be identified as the DSMES quality coordinator and will oversee effective implementation, evaluation, tracking, and reporting of DSMES services outcomes.

- ◯ The program has met this standard
- ◯ The program will be striving to meet this standard during the grant period
- ◯ The program is not yet ready for this standard
- ◯ Not sure/Need more information

17. **Standard 4: Delivery and Design of DSMES Services**

DSMES services will utilize a curriculum to guide evidence-based content and delivery, to ensure consistency of teaching concepts, methods, and strategies within the team, and to serve as a resource for the team. DSMES teams will have knowledge of and be responsive to emerging evidence, advances in education strategies, pharmacotherapeutics, technology-enabled treatment, local and online peer support, psychosocial resources, and delivery strategies relevant to the population they serve.

- ◯ The program has met this standard
- ◯ The program will be striving to meet this standard during the grant period
- ◯ The program is not yet ready for this standard
- ◯ Not sure/Need more information

18. **Standard 5: Person-Centered DSMES**

Person-centered DSMES is a recurring process over the life span for people with diabetes. Each person's DSMES plan will be unique and based on the person's concerns, needs, and priorities, collaboratively determined as part of a DSMES assessment. The DSMES team will monitor and communicate the outcome of the DSMES services to the diabetes care team and/or referring physician/other qualified healthcare professional.

- ◯ The program has met this standard
- ◯ The program will be striving to meet this standard during the grant period
- ◯ The program is not yet ready for this standard
- ◯ Not sure/Need more information

19. **Standard 6: Measuring and Demonstrating Outcomes of DSMES Services**

DSMES services will have ongoing continuous quality improvement (CQI) strategies in place that measure the impact of the DSMES services. Systemic evaluation of process and outcome data will be conducted to identify areas for improvement and guide to services optimization and/or redesign.

- ◯ The program has met this standard
- ◯ The program will be striving to meet this standard during the grant period
- ◯ The program is not yet ready for this standard
- ◯ Not sure/Need more information

* 20. Please check which goal(s) your organization would like to accomplish with this program.

- ☐ Build infrastructure that aligns with national standards for DSMES
- ☐ Achieve DSMES accreditation or recognition
- ☐ Establish a recognized or accredited satellite site
- ☐ Increase longevity of an existing recognized or accredited DSMES
- ☐ Increase access to a recognized or accredited DSMES program

21. Selected cohort members will be able to request $1,000 - $4,000 in items that will be purchased on your behalf. These items are listed below. Please indicate which items your agency would be interested in requesting. The mentor, the agency, and the purchasing agency will make the final decision regarding the purchases.

- [ ] Educational materials/curriculum
- [ ] Training fees (excluding travel costs)
- [ ] Accreditation/recognition fees

* 22. Do you have any staff who are responsible for the DSMES service?

- ◯ Yes
- ◯ No

Please describe the staff who are currently or proposed to be involved in diabetes education or management.

23. Staff Member

Name (If position is vacant, show TBD or new position)

Credentials related to DSMES (ex. credentials for nurses, dieticians, pharmacists)

Position Title

Is this a current position?

Full-Time/ Part-Time/ Contracted

Percent of staff member's time devoted to DSMES

24. Staff Member

Name

Credentials related to DSMES (ex. credentials for nurses, dieticians, pharmacists)

Position Title

Is this a current position?

Full-Time/ Part-Time/ Contracted

Percent of staff member's time devoted to DSMES

25. Staff Member

Name

Credentials related to DSMES (ex. credentials for nurses, dieticians, pharmacists)

Position Title

Is this a current position?

Full-Time/ Part-Time/ Contracted

Percent of staff member's time devoted to DSMES

26. Staff Member

Name

Credentials related to DSMES (ex. credentials for nurses, dieticians, pharmacists)

Position Title

Is this a current position?

Full-Time/ Part-Time/ Contracted

Percent of staff member's time devoted to DSMES

27. Staff Member

Name

Credentials related to DSMES (ex. credentials for nurses, dieticians, pharmacists)

Position Title

Is this a current position?

Full-Time/ Part-Time/ Contracted

Percent of staff member's time devoted to DSMES

2026/2027 DSMES Mentorship Cohort Application

Provide three community references (outside of your organization) who can speak to your organization's capability and commitment to provide education services. For each reference, provide the following information:

28. Community Reference 1

Contact Person's Name & Title

Organization Name & Address

Contact Person's Phone Number

Contact Person's Email Address

29. Community Reference 2

Contact Person's Name & Title

Organization Name & Address

Contact Person's Phone Number

Contact Person's Email Address

30. Community Reference 3

Contact Person's Name & Title

Organization Name & Address

Contact Person's Phone Number

Contact Person's Email Address

* 31. I hereby state that I have read the entire DSMES Mentorship Cohort opportunity announcement. I hereby certify that my company, its employees, and its principals agree to abide by all of the terms, conditions, provisions and specifications during the solicitation and any resulting support. I hereby certify that I am authorized to apply for this program on behalf of my company or organization.

Name (first and last)

Title

Email