



The 2023 Community Health Assessment & 2023-2028 Community Health Improvement Plan for Duval County, FL

August 2023 to September 2028

Prepared by:

Florida Department of Health in Duval County
and The Healthy Jacksonville Collaborative

"To protect and promote optimal health and well-being for all who live, work, learn, and play in Duval County!"

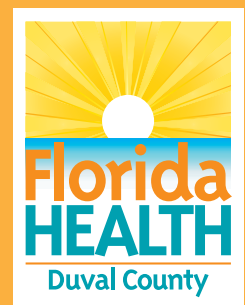


Table of Contents

| | |
|---|-----|
| Executive Summary | 1 |
| The Healthy Jacksonville Collaborative | 3 |
| Through the Years: A Timeline of Progress..... | 4 |
| An Overview of the MAPP Framework | 6 |
| MAPP Phase 1: Organize for Success and Partnership Development..... | 7 |
| MAPP Phase 2: Visioning | 7 |
| Primary Data Collection | 9 |
| MAPP Phase 3 – The 4 MAPP Assessments..... | 9 |
| Assessment 1 of 4: Forces of Change Assessment..... | 9 |
| Assessment 2 of 4: Local Public Health System Assessment..... | 16 |
| Assessment 3 of 4: Community Themes and Strengths Assessment..... | 21 |
| Secondary Data Collection..... | 26 |
| Assessment 4 of 4: Community Health Status Assessment..... | 26 |
| 2023 County Health Rankings Report for Duval County, Florida | 28 |
| Population, Demographic, and Socioeconomic Characteristics | 33 |
| Health Assets & Resource Availability..... | 38 |
| Leading Causes of Death | 41 |
| Maternal and Child Health | 45 |
| Behavioral Health..... | 51 |
| Violence and Injury | 56 |
| Morbidity..... | 58 |
| Reportable & Infectious Disease..... | 63 |
| Environment..... | 66 |
| MAPP Phase 4 – Identify Strategic Issues | 68 |
| Results of the Community Health Status Assessment | 68 |
| MAPP Phase 5 – Goals and Strategies | 70 |
| Priority #1 – Maternal & Child Health..... | 70 |
| Priority #2 – Mental Well-being & Substance Misuse Prevention..... | 71 |
| Priority #3 – Injury, Safety, & Violence | 71 |
| Priority #4 – Transmissible Diseases..... | 72 |
| Priority #5 – Chronic Diseases & Conditions | 72 |
| Strategic Health Priority #1 Maternal and Child Health | 73 |
| Strategic Health Priority #2 Mental Well-being and Substance Abuse Prevention | 77 |
| Strategic Health Priority #3 Injury, Safety, and Violence | 80 |
| Strategic Health Priority #4 Transmissible Diseases | 84 |
| Strategic Health Priority #5 Chronic Diseases & Conditions | 87 |
| MAPP Phase 6 – Action Cycle..... | 91 |
| Results-Based Accountability (RBA) Model..... | 92 |
| A "Place-Based" Approach to Community Health Improvement | 92 |
| CHIP Performance Monitoring | 93 |
| Appendices | 94 |
| Appendix A - Standards Alignment Table | 95 |
| Appendix B - 2023 Community Survey for Duval County, FL..... | 97 |
| Appendix C - Listening to The Voice of the Community | 109 |
| Appendix D-1 Community Focus Groups | 110 |
| Appendix D-2 Community Focus Groups | 119 |
| Appendix D-3 Community Focus Groups | 135 |
| Appendix E - Access & Functional Needs Health Profile..... | 139 |
| Appendix F - Pregnancy and Young Child Profile, Duval County, FL | 140 |
| Appendix G - CHIP Monitoring - Quarterly Review Form | 142 |
| Appendix H-1 Request for Feedback on Preliminary Findings of CHA/CHIP..... | 143 |
| Appendix H-2 Request for Feedback on Preliminary Findings of CHA/CHIP..... | 144 |

Executive Summary

Together with the Healthy Jacksonville Collaborative (The Collaborative), a well-established and diverse collective consisting of more than 80 partnering organizations who represent the local public health system, the Florida Department of Health in Duval County (DOH-Duval) again championed an enhanced approach to the Community Health Assessment (CHA) for the purpose of updating the Community Health Improvement Plan (CHIP) for Duval County.

Critical sectors that participated in this comprehensive process include local hospitals and health care organizations, local government, community-based organizations, faith-based organizations, social service organizations, and educational institutions.

As defined by the Centers for Disease Control & Prevention (CDC), a CHA is “...a state, tribal, local, or territorial health assessment that identifies key health needs and issues through systematic, comprehensive data collection and analysis.” Using this data (both primary and secondary) and community information, as well as the perspectives provided by the Collaborative, Community Partners, and the community-at-large, the DOH-Duval’s Office of Performance Improvement facilitated this CHA/CHIP cycle to support the Healthy Jacksonville Collaborative. The National Association of City and County Health Officials (NACCHO) evidence-based approach known as the *Mobilizing for Action through Planning and Partnerships* (MAPP) framework was used to guide the assessment and planning process.

Utilizing the MAPP Framework, the Collaborative engaged in a comprehensive CHA that provides detailed information on health and quality of life in Duval County. As part of the comprehensive assessment, four individual assessments were completed: *The Forces of Change Assessment, the Local Public Health System Assessment, the Community Themes and Strengths Assessment, and the Community Health Status Assessment*. The data and information derived from these assessments served to inform the CHIP Process.

The Collaborative met to review, analyze, and synthesize key findings from the CHA. During this meeting, attendees had an opportunity to make recommendations for additional indicators to include in the CHA. Strategic health priorities were then identified through this facilitated process which included an examination of cross-cutting strategic issues. To finalize the most appropriate priority areas, the following were considered: feasibility, impact on health outcomes, existing capacity, and existing resources.

The following priorities areas were selected for the *2023-2028 Community Health Improvement Plan for Duval County, Florida*:



**Maternal and
Child Health**



**Mental Well-being
and Substance
Abuse Prevention**



**Injury, Safety,
and Violence**



**Transmissible
Diseases**



**Chronic Diseases
and Conditions**

Cross-Cutting Strategies to Address CHIP Priority Areas



Access to Care - Access to comprehensive, quality health care services is important for the promoting and maintaining health; preventing and managing diseases and conditions; reducing unnecessary disability and premature death; addressing health disparities; and ultimately achieving *optimal health for all people!* Addressing access to care can reduce barriers to achieving optimal health such as inadequate transportation, unmet cultural or linguistic needs, and economic challenges. Given the impact that *Access to Care* has on physical, social, and mental health status and quality of life, it was identified by the Healthy Jacksonville Collaborative as a cross-cutting strategy to be addressed throughout the implementation of the CHIP.



Preventable Differences in Health Outcomes and Health Factors Across Communities - When creating a community in which all residents can achieve optimal health, it is important to consider the multiple factors that influence health. The conditions in the environment(s) where people are born, live, learn, work, play, worship, and age which affect a wide range of health, functioning, and quality-of-life outcomes and risks (*Healthy People 2030, U.S. Department of Health and Human Services, Office of Disease Prevention and Health Promotion*). Given the growing evidence of the impact that social, economic, and environmental factors have on health outcomes, building a healthy community for all people is identified by the Healthy Jacksonville Collaborative as a cross-cutting strategy to improve health outcomes.

The Strategic Health Priorities set forth in the CHIP will continue to guide the development of goals, objectives, and strategies to be implemented by the Healthy Jacksonville Collaborative to fulfill its mission: *“To Protect & Promote Optimal Health and Well-being for all who live, work, learn, and play in Duval County, Florida!”*

As with any well-founded plan, community data and feedback will continue to inform health improvement efforts throughout implementation phases. As such, the Community Health Improvement Plan for Duval County, Florida will be reviewed and revised annually to document and celebrate achievements and to meet emerging public health needs, challenges, and opportunities.

As a member of the community, your feedback and support in the community efforts toward the goals outlined in the 2023-2028 Duval County's CHIP is welcome! For more information or to participate in the Collaborative, please contact the Florida Department of Health in Duval County at HealthyJax@flhealth.gov or visit online via <https://HealthyJacksonville.net/>.



Florida Department of Health in Duval County & The Healthy Jacksonville Collaborative

**Thank you for your support and commitment to making Duval County, Florida
among the healthiest communities to live, learn, work, age, worship, and play!**

Community ownership is a fundamental component of any *Community Health Assessment* and *Community Health Improvement Planning* process. Broad participation and community representation from a wide range of entities that comprise the local public health system is essential to making meaningful impact in population health. The Florida Department of Health in Duval County (DOH-Duval) extends its sincere appreciation and gratitude to all DOH-Duval staff, the Healthy Jacksonville Collaborative (listed below), and especially to all Duval County residents. Your support, participation, and contributions made this comprehensive report and plan possible!

| | |
|---|---|
| <i>AARP</i> | <i>IM Sulzbacher Center</i> |
| <i>Ability Housing</i> | <i>Impact Church</i> |
| <i>ACE Medical</i> | <i>Inspire to Rise Center</i> |
| <i>Agape Community Health Center</i> | <i>Jacksonville City Council</i> |
| <i>American Foundation for Suicide Prevention</i> | <i>Jacksonville Fire and Rescue Department</i> |
| <i>American Heart Association</i> | <i>Jacksonville University</i> |
| <i>American Lung Association</i> | <i>JASMYN</i> |
| <i>Angel Kids Pediatrics</i> | <i>Junior League of Jacksonville</i> |
| <i>Ascension St. Vincent's Healthcare</i> | <i>Kingdom Plaza</i> |
| <i>Baptist Health</i> | <i>Lifeline Resources</i> |
| <i>Blue Zones Project - Jacksonville</i> | <i>LIFT JAX</i> |
| <i>Boys and Girls Clubs of Northeast Florida</i> | <i>LSF Health Systems</i> |
| <i>Brooks Rehabilitation</i> | <i>Lutheran Social Services</i> |
| <i>Building Healthy Military Communities</i> | <i>Mayo Clinic</i> |
| <i>CareerSource Northeast Florida</i> | <i>Mayor's Office</i> |
| <i>Changing Homelessness</i> | <i>Naval Branch Health Clinic Mayport</i> |
| <i>Chartwells</i> | <i>Northeast Florida Area Health Education Center</i> |
| <i>Christian Family Chapel</i> | <i>Northeast Florida Healthy Start Coalition</i> |
| <i>City of Jacksonville</i> | <i>Northeast Florida Nonprofit Hospital Partnership</i> |
| <i>CivCom</i> | <i>Nova Southeastern University</i> |
| <i>Community Rehabilitation Center</i> | <i>Planned Parenthood</i> |
| <i>Drug Free Duval</i> | <i>The PLAYERS Center for Child Health</i> |
| <i>Duval County Medical Society</i> | <i>The Potter's House International Ministries</i> |
| <i>Duval County Public Schools</i> | <i>Premier BioTech</i> |
| <i>Edward Waters College</i> | <i>Simply Healthcare</i> |
| <i>ElderSource</i> | <i>Special Olympics Florida</i> |
| <i>Epilepsy Florida</i> | <i>Temple Builders Fitness Center</i> |
| <i>Episcopal Children's Services</i> | <i>Timucuan Parks Foundation</i> |
| <i>Family Support Services of North Florida</i> | <i>Tobacco Free Jacksonville</i> |
| <i>Fatherhood PRIDE</i> | <i>UF College of Medicine</i> |
| <i>Feeding Florida Feeding Northeast Florida</i> | <i>UF Health Jacksonville</i> |
| <i>Florida Beverage Association</i> | <i>UF Institute for Food and Agricultural Sciences</i> |
| <i>Florida Blue Foundation</i> | <i>UF The Pain Assessment & Management Initiative</i> |
| <i>Florida Department of Children and Families</i> | <i>United Way of Northeast Florida</i> |
| <i>Florida Department of Health in Duval County</i> | <i>University of Florida</i> |
| <i>Florida Harm Reduction Coalition</i> | <i>University of North Florida</i> |
| <i>Florida Recovery Schools</i> | <i>US Department of Veteran's Affairs</i> |
| <i>Florida State College at Jacksonville</i> | <i>Voices Institute</i> |
| <i>Gateway Community Services</i> | <i>Volunteers in Medicine Jacksonville</i> |
| <i>Groundwork Jacksonville</i> | <i>WeCareJax</i> |
| <i>Health Planning Council of Northeast Florida</i> | <i>Wolfson Children's Hospital</i> |
| <i>Humana</i> | <i>Yoga 4 Change</i> |

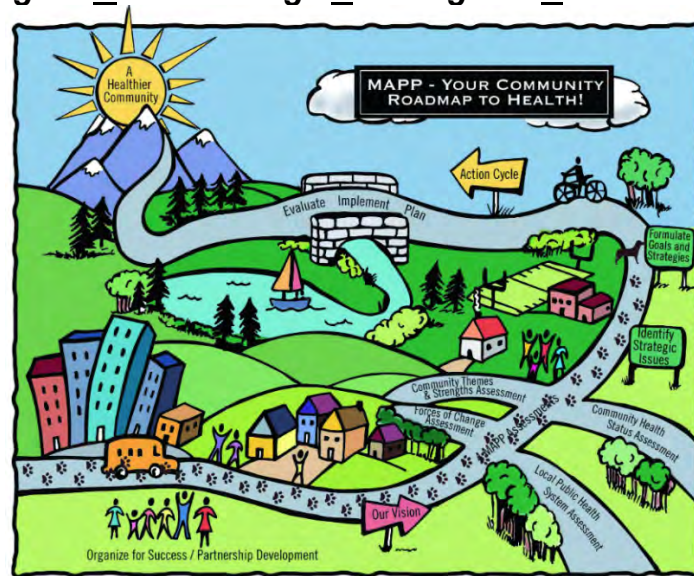
Through the Years: A Timeline of Progress DOH-Duval County & Community Health Improvement Planning

- 2012** DOH-Duval initiated a community health improvement process that resulted in the development of the *2012-2015 Duval County Community Health Improvement Plan (CHIP)*. Critical sectors that participated in this process included local hospitals and health care organizations, local government, community-based organizations, and schools. NACCHO's *Mobilizing for Action through Planning and Partnerships (MAPP)* framework was utilized and resulted in the selection of the following four strategic health priorities: (1) *Access to Health Services*; (2) *Access to Mental Health Services*; (3) *Chronic Care Management*; and (4) *Enhance Communication within the Local Public Health System*.
- 2014** The *2012-2015 Duval County CHIP* was revised based on community feedback, review of past accomplishments, and reprioritizing of efforts. The revisions were reflected in the *2014 Duval County CHIP Report Card*.
- 2015** DOH-Duval partnered with local hospitals within the county to support the county Community Health Needs Assessment (CHNA) to identify, evaluate, prioritize, and address community health issues. This CHNA in Duval County resulted in 8 key informant interviews, 8 focus groups, and 4 town hall meetings that provided insight on a wide range of community health issues, including barriers to accessing health services, prevalence of health conditions, and health disparities faced by the residents of Duval County. *The 2012 Duval County CHIP* was revised based on community feedback, past accomplishments, the reprioritizing of focus areas, and the updated results gathered through the new CHNA. The revisions are reflected in the annual update of the *2012-2015 Duval County CHIP*.
- 2016** DOH-Duval initiated a new community health improvement process in 2016. Local not-for-profit hospitals conducted a new CHNA. Local public health system partners joined forces to support the effort and to update the next *Duval County CHIP* based on the results of this new CHNA. Through this effort, community perspectives were again gathered on the health and well-being of Duval County through 11 key informant interviews, 8 focus groups, and 4 town hall meetings. Results from the CHNA were used to identify the following strategic health priorities for the *2017-2019 CHIP for Duval County, FL*: (1) *Healthy Families and Healthy Babies*, (2) *Healthiest Weight*, (3) *Behavioral Health*, and (4) *Access to Care*.
- 2017** As part of implementation of the *2017-2019 CHIP for Duval County, FL*, DOH-Duval hosted a Public Health Conference, *Creating a Healthier Jacksonville*, during National Public Health Week. Presenters and topics showcased goals and successes of the CHA/CHIP work in action. CHIP partners from the Healthy Jacksonville Collaborative participated in one of four priority area subcommittees and met monthly to develop and refine action plans and assist with planning the next steps for implementation.
- 2018** As part of the MAPP Framework, CHIP subcommittees adopted a “place-based” approach for the implementation of Duval County’s CHIP using sub-county data (e.g., zip code level, census tract level, sub-geographic areas) to identify priority neighborhoods. Subcommittees selected two census tracts located on the westside of Jacksonville for

focused, place-based health improvement efforts. During this year, Healthy Jacksonville partners agreed to extend the CHIP to a 5-year plan ending in March 2022. In May 2018, over 80 community partners attended the review meeting for the *2018-2022 CHIP for Duval County, FL* to share discussion on successes, the barriers and challenges encountered, and planning of next steps. In July 2018, DOH-Duval met with the *Northeast Florida Nonprofit Hospital Partnership* to discuss the Duval County CHIP process and the place-based approach used for health improvement efforts.

- 2019** Over 50 community partners attended the review meeting for the *2019 Duval County CHIP* to discuss progress and plan next steps. With a place-based approach in mind, consensus and agreement was achieved by the Healthy Jacksonville Collaborative to tailor community health improvement activities and initiatives to meet the unique needs the Hillcrest and Hyde Park communities of Duval County, FL.
- 2019** During this period, an emphasis was placed on establishing partnerships among the Healthy Jacksonville Collaborative and the community-based organizations as part of the CHIP's place-based approach. Revisions included updating *CHIP Priority Area (4) to Infectious Diseases*. The cross-cutting strategies, including *Access to Care* and *Preventable Differences in Health Outcomes and Health Factors Across Communities*, were identified and addressed through the updated plan. A change in the meeting frequency was updated from 4 subcommittees meeting monthly to one CHIP committee meeting bi-monthly.
- 2020** Due to the impact of the global COVID-19 pandemic, Duval County CHIP meetings transitioned from in-person meetings to virtual meetings. Successes for this CHIP year included the selection of DOH-Duval to be a recipient of the Centers for Disease Control & Preventions (CDC) *Overdose Data to Action* cooperative agreement. This funding is a critical component needed to strengthen the existing overdose prevention partnerships in Duval County and to continue efforts for expansion of community-based overdose prevention efforts. Another highlight for this year is the participation of 80 community partners in the annual review of the 2020 CHIP for Duval County, FL. Updates were provided by lead community organizations followed by a structured networking activity resulting in the beginning of "Next Steps" action planning for the CHIP.
- 2021** Due to COVID-19, Duval County CHIP meetings continued in the virtual format. A highlight for this CHIP year included the selection of DOH-Duval to be a recipient of the CDC's *National Initiative to Address COVID-19 Health Disparities* cooperative agreement. This funding not only increased our community's capacity to address COVID-19 health disparities, but also allowed for the establishment of a Minority Health Coordinator position at DOH-Duval.
- 2022** Due to COVID-19, Duval County CHIP meetings continued in virtual format and all objectives were extended until 2023. For the 2022 annual review meeting of Duval County's CHIP, over 60 community partners met virtually to review progress and accomplishments. Action plans were updated to reflect current partnerships and activities. Planning for the 2023 MAPP cycle and the expected CHA and CHIP was completed.

An Overview of the MAPP Framework Mobilizing for Action through Planning and Partnerships (MAPP)



Source: National Association for City and County Health Officials (NACCHO) via www.naccho.org/programs/public-health-infrastructure/performance-improvement/community-health-assessment/mapp

NACCHO defines MAPP as a “...framework for convening the variety of organizations, groups, and individuals that comprise the local public health system to create and implement a community health improvement plan. Through the MAPP process, communities can create and implement a well-coordinated plan that uses resources efficiently and effectively. Resulting community plans do not focus on one agency or public health challenge; rather...Plans provide long-term strategies that address the multiple factors that affect health in a community. Community involvement throughout the creation and the implementation of a CHIP results in creative solutions to public health problems. Moreover, continuous community involvement leads to community ownership of the process. Community ownership, in turn, increases the credibility and sustainability of health improvement efforts.”

As outlined in the previous section, DOH-Duval has a long-standing history of community health assessment (CHA) and community health improvement planning (CHIP) efforts. With the DOH mission in mind, “To protect, promote & improve the health of all people in Florida through integrated state, county, & community efforts”, DOH-Duval convened the Healthy Jacksonville Collaborative (Collaborative) once again in mid-2022 to initiate the next cycle of community health improvement planning. As previously noted, the Collaborative is comprised of representatives of the local public health system and includes local hospitals and health care organizations, local government, community-based organizations, faith-based organizations, social service organizations, and educational institutions.

To ensure that public health issues are optimally prioritized, the needed resources are best identified and leveraged, and the most appropriate strategies for the unique community contexts that exist within Duval County, DOH-Duval again selected the NACCHO-developed, evidence-based MAPP Framework to guide this next CHA / CHIP cycle.

The following is a summary of the 6 phases of the MAPP Process as followed by DOH-Duval with the Healthy Jacksonville Collaborative for the 2022-2023 timeframe.



MAPP Phase 1: Organize for Success and Partnership Development

- Lead organizations begin planning the MAPP process and enlisting other community organizations to participate in the process. *DOH-Duval, with the Health Jacksonville Collaborative, on an ongoing basis asked, “Who else do we need at the table for this process?” and follow-up invitations were extended, allowing the Collaborative to continually expand and enhance community participation and representation in the MAPP process.*

MAPP Phase 2: Visioning

- The community develops a shared vision for Duval County and common values to determine an ideal end point for the MAPP process. *DOH-Duval, with the Health Jacksonville Collaborative, re-affirmed the Mission, Vision, and Values during annual review meetings.*

The Healthy Jacksonville Collaborative

- ✚ **Mission:** To protect and promote optimal health and well-being for all who live, work, learn, and play in Duval County!
- ✚ **Vision:** Duval County will become one of the healthiest communities in the nation!
- ✚ **Values:**
 - **Safety:** All community members have the right to live, work, learn, and play in a safe environment.
 - **Access:** Quality health care and community services should be accessible and affordable to all.
 - **Improving Health Outcomes for ALL:** A healthier community will be achieved by assuring every person has the opportunity to attain their full health potential.
 - **Prevention:** A healthy community promotes healthy lifestyles and behaviors, provides health education, and ensures equal access to opportunities for physical activity, fresh produce, and health care.
 - **Best Practices:** Efforts will be informed by evidence, science, and innovation.
 - **Collaboration:** The local public health system will coordinate activities, share resources, and align efforts to improve community health outcomes.

Phase 3: The Four MAPP Assessments

1. **Forces of Change Assessment:** This assessment focuses on identifying forces such as legislation, technology, and other impending changes that affect the context in which the community and its public health system operate.
 - Completed February 2023 by DOH-Duval and Healthy Jacksonville Collaborative
2. **Local Public Health System Assessment:** Comprehensively examines organizations from across multiple sectors and their contribution to the public's health.
 - Completed March 2023 by DOH-Duval and Healthy Jacksonville Collaborative
3. **Community Themes and Strengths Assessment:** Examines health issues Duval County residents feel are most important and the assets the community possesses to address those issues.
 - Completed January - February 2023 by DOH-Duval and Healthy Jacksonville Collaborative
4. **Community Health Status Assessment:** Investigates health outcomes and quality of life at a detailed level. Health issues are identified and highlighted by gathering data for a variety of indicators and analyzing differences across time periods, among population subgroups, or with peer, state, or national data, or with established health goals (i.e., Florida's State Health Improvement Plan, Healthy People 2030).
 - Completed January - February 2023 by DOH-Duval and Healthy Jacksonville Collaborative

Phase 4: Identify Strategic Issues

- This phase takes data from all four assessments and identifies the most critical issues that must be addressed for Duval County to achieve its vision.
 - A prioritization matrix was utilized to aid in the selection of the most critical issues to be addressed in the CHIP. Key factors considered include relevance, appropriateness, severity, impact, and feasibility. This was completed in March 2023 by DOH-Duval with the Healthy Jacksonville Collaborative. Community feedback was requested via press release and web-posting (Appendix H).

Phase 5: Formulating Goals and Strategies

- After identifying a list of strategic issues, broader goals addressing these issues are created and specific strategies to meet these goals are developed.
 - This phase was initiated in March 2023 and completed by the end of April 2023 by the DOH-Duval and Healthy Jacksonville Collaborative.

Phase 6: Action Cycle

- Strategies are planned, implemented, and evaluated in a continuous cycle which celebrates successes and adapts to new challenges.
 - The Action Cycle is considered officially activated for implementation at the time this document, *The 2023 Community Health Assessment Report and 2023-2028 Community Health Improvement Plan for Duval County, Florida*, is officially published. Monitoring will occur via ongoing conversation with partners, CHIP meetings, and CHIP Partner Progress Reports (Appendix G).

Primary Data Collection

MAPP Phase 3 – The 4 MAPP Assessments

Assessment 1 of 4: Forces of Change Assessment

The Forces of Change (FoC) assessment is a component of the MAPP process utilized for the identification of the trends, factors, and events that are likely to influence community health and quality of life, or impact the work of the local public health system in Duval County, FL. The output of the FoC assessment results in an extensive list identifying key forces affecting health of the county.

The FoC assessment answers the following questions:

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

NACCHO's *MAPP User's Handbook* was used to design the FoC Assessment. In February 2023, DOH-Duval's Executive Leadership Team and Key Community Stakeholders from the Healthy Jacksonville Collaborative were surveyed to conduct the FoC Assessment. Survey respondents identified trends, factors, and events that could affect the health of Duval County in the next two to three years.

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

Methodology: To identify forces impacting the local public health system, stakeholders were asked open-ended questions to assess the economic, environmental, political, scientific, social, and technological forces that impact Duval County and its public health system.

Key Findings: The Collaborative reviewed information gathered through the FoC Assessment and identified the forces of greatest significance for Duval County, FL as listed below:

- | | | | |
|---------------------------|---------------------|-------------------|-------------------|
| ✚ Adult/Childhood Obesity | ✚ Employment | ✚ Mental Health | ✚ Social Media |
| ✚ Built Environment | ✚ Food Availability | ✚ Program Funding | ✚ Substance Abuse |
| ✚ Education | ✚ Inflation | | |

A complete summary of the forces, threats posed, and opportunities is presented in the following pages in table format.

Results of the 2023 Force of Change (FoC) Assessment for Duval County, FL

| Social | | |
|-----------------------------|---|---|
| Forces | Threats Posed | Opportunities Created |
| Access to quality care | <ul style="list-style-type: none"> • Patients in some areas travel considerable distances to obtain health care • Impact of stigma on access to care | <ul style="list-style-type: none"> • Well-placed ancillary services can support multiple providers more efficiently • Focus on provision of culturally competent care |
| Adult and childhood obesity | <ul style="list-style-type: none"> • Negative impact on overall quality of life • Negative impact on personal and family health • Increase in health care and employer costs | <ul style="list-style-type: none"> • Focus on nutrition education and wellness programs • Promotion of healthy lifestyles • Local and state government participation in efforts to reduce obesity • Creation of resources to assist residents in losing weight, improving diet, becoming active |
| Breakdown of family unit | <ul style="list-style-type: none"> • Lack of caregivers to take care of older adults • Potential for transgenerational poverty | <ul style="list-style-type: none"> • Greater focus on supporting families |
| Bullying/Cyberbullying | <ul style="list-style-type: none"> • Reduced educational attainment • Increase in depression • Increase in suicide rates | <ul style="list-style-type: none"> • Greater focus on creating safe and supportive environments for all |
| Online Workforce | <ul style="list-style-type: none"> • Unique challenges to communication • Technological advancement must keep up to demands of workplace • Variable productivity on a per-employee basis • Challenges presented to cohesion and teamwork, as social contact is dramatically reduced | <ul style="list-style-type: none"> • Potential to increase worker satisfaction • Potential for a more flexible workforce • Potential for a centralized means of communication • Increase to diversity of workforce |
| High crime rate | <ul style="list-style-type: none"> • Increased morbidity and mortality • Decreased opportunities for outdoor physical activity • Increased stress • Decreased public safety | <ul style="list-style-type: none"> • Increased police presence • Ability to understand underlying and contributing factors • Potential to bring community together around topic |

| | | |
|---|--|--|
| High infant mortality rate | <ul style="list-style-type: none"> • Impact on physical and mental well-being of family • Increase in co-sleeping for safety reasons • Impaired caregivers • Increased cost associated with preterm & low birth weight infants • Indicator of overall population health | <ul style="list-style-type: none"> • Greater focus on prenatal care and education programs • Greater knowledge of risk factors • Improved access to prenatal and maternity care |
| Increase in mental health issues | <ul style="list-style-type: none"> • Increased prevalence of suicide • Potential for intergenerational impact • Increased morbidity and mortality • Lack of access to quality mental health care • Limited funding for mental health | <ul style="list-style-type: none"> • Increased awareness and reduced stigma • Increased access to mental health care • Training for mental health screening and referral • Enhanced collaboration between agencies providing needed services |
| Increase in substance use disorders and deaths due to drug overdose | <ul style="list-style-type: none"> • Increased presence of fentanyl in drug supply • Increased physical and mental illness • More family and marital problems • Limited substance abuse services | <ul style="list-style-type: none"> • Florida has a prescription drug monitoring program • Greater focus on reducing stigma • Potential to increase referrals to medication assisted therapy and wraparound services • Enhanced collaboration between overdose partners |
| Lack of trust in healthcare | <ul style="list-style-type: none"> • Reduces health care and education seeking behaviors • Increase need for cultural competency and awareness • Introduces doubt in application of scientific literature | <ul style="list-style-type: none"> • Potential to recover and rebuild reputation • Greater focus on transparency in healthcare system • Potential for more community outreach programs |
| Refugee population | <ul style="list-style-type: none"> • Increased need for bilingual health care providers, written materials, signage • Increased need for cultural competency • Potential to experience discrimination | <ul style="list-style-type: none"> • Advocacy for increased resources • Enhanced collaboration between agencies serving refugee population |
| Socio-economic disparity | <ul style="list-style-type: none"> • Widens the gap between the haves and the have-nots • Impact on health and economic outcomes • More families with unmet needs | <ul style="list-style-type: none"> • Potential for partnerships that offer more opportunities to the underserved • Greater focus on improving systems to equitably distribute resources |
| Stigma | <ul style="list-style-type: none"> • Reduces health care and education seeking behaviors | <ul style="list-style-type: none"> • Potential to create greater awareness, understanding, and support |

| Economic | | |
|--------------------------|---|---|
| Forces | Threats Posed | Opportunities Created |
| Employment | <ul style="list-style-type: none"> • Less access to insurance • Impact on educational opportunities • Lack of living wage jobs • Lack of diversity in jobs • Outsourcing of business • Staffing shortages and retention in public health | <ul style="list-style-type: none"> • Increased minimum wage • Advocacy for better jobs • Greater focus on workforce development • Increased focus on recruitment and retention of public health professionals through the CDC's <i>Public Health Infrastructure</i> grant |
| Education | <ul style="list-style-type: none"> • Cost of education • Debt from student loans • Students not adequately prepared • Inequity in educational opportunities | <ul style="list-style-type: none"> • Potential for student loan forgiveness • Greater focus on early career and workforce preparedness |
| Income inequality | <ul style="list-style-type: none"> • Leads to educational inequality • Creates transgenerational poverty • Potential for increase in crime • Creates limited opportunities | <ul style="list-style-type: none"> • Potential to organize for social change • Greater focus on education and skills training • Greater focus on job creation |
| Inflation | <ul style="list-style-type: none"> • Leads to further socioeconomic instability • Leads to a lack of quality living means • Potential to drive people away from education or other large expenditures | <ul style="list-style-type: none"> • Greater focus on financial literacy • Greater focus on reforming traditional healthcare • Potential for large growth in telehealth or other service provision mediums |
| Rising health care costs | <ul style="list-style-type: none"> • Inadequate physician reimbursement may reduce access • Doctors less likely to volunteer services • Lack of providers • Difficulty finding providers that accept insurance • Inability to pay co-pays and deductibles • Results in delays in seeking care | <ul style="list-style-type: none"> • Creation of corporate health care • Focus on removing economic barriers • Potential for consolidating provider practices • Potential for new models for service delivery • Health care reform • Greater focus on employee wellness |

| Environmental | | |
|-------------------|---|--|
| Forces | Threats Posed | Opportunities Created |
| Accessibility | <ul style="list-style-type: none"> • Lack of community interest • Creates a barrier for a healthy lifestyle • Creates a barrier for quality care • Potential for greater health consequences | <ul style="list-style-type: none"> • Greater focus on community gathering locations • Potential to increase and improve transportation • Potential to assess locations by available resources • Potential creation of accessible care hotspots |
| Breathing issues | <ul style="list-style-type: none"> • High prevalence of breathing issues in adults and youth | <ul style="list-style-type: none"> • Focus on Land Reuse initiatives • Improvement in water quality |
| Built environment | <ul style="list-style-type: none"> • Lack of walkways and trails discourages physical activity • Reduced feelings of safety • Lack of access to transportation • Lack of access to healthy food | <ul style="list-style-type: none"> • Creation of safe public spaces that encourage active lifestyles • Potential to improve transportation • Greater focus on walking, jogging, and biking trails |
| Climate change | <ul style="list-style-type: none"> • Potential for increased flooding • Potential for increased number of and severity of weather events • Potential for health consequences | <ul style="list-style-type: none"> • Greater focus on sources of clean energy • Creation of green spaces • Increased awareness of impact of environmental changes on health • Increased preparedness for emergencies |
| Food deserts | <ul style="list-style-type: none"> • Grocery stores without healthy food • Limited access to nutritional food • Creates barrier to healthy eating • Price of healthy food vs. unhealthy food • Related to increases in obesity, diabetes, and other chronic diseases | <ul style="list-style-type: none"> • Potential to increase access to healthier/more affordable food • Increase in number of farmer's markets • Increase in number of community gardens |
| Housing | <ul style="list-style-type: none"> • Increasing cost of living • Unaffordable housing cost and lack of availability • Homelessness • Negative impact on quality of life • Safety Risks | <ul style="list-style-type: none"> • Increase availability of affordable housing costs • Increase efforts to address homelessness • Increase opportunities to create positive impact on quality of life through housing initiatives |

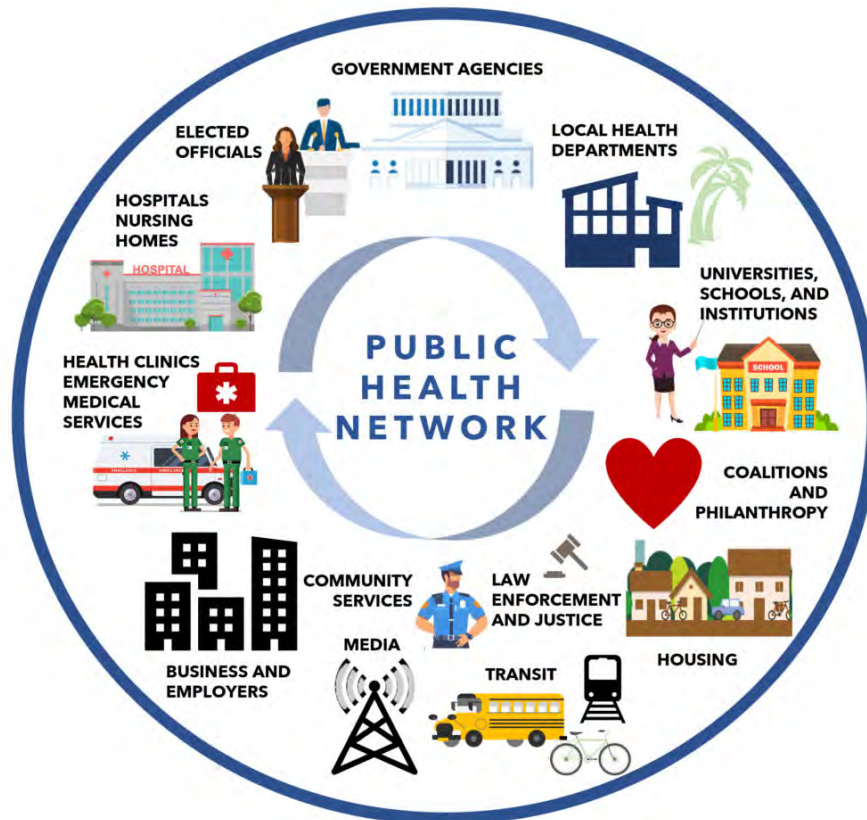
| Political | | |
|--|--|--|
| Forces | Threats Posed | Opportunities Created |
| Affordable Care Act | <ul style="list-style-type: none"> • Many factors still unknown • Possible changes in standard of care • Financial impact • Monthly premium is a financial burden | <ul style="list-style-type: none"> • Increased health insurance coverage and access to care • Potential for changes in service delivery models |
| Funding changes | <ul style="list-style-type: none"> • Uncertain funding for public health activities • Sustainability of current funding | <ul style="list-style-type: none"> • Potential for new funding streams • Potential for new partnerships |
| Infrastructure | <ul style="list-style-type: none"> • Potential for deferred maintenance | <ul style="list-style-type: none"> • Greater focus on employment and revitalization |
| Leadership agendas | <ul style="list-style-type: none"> • Influenced by different administrations | <ul style="list-style-type: none"> • Potential for politician as a community champion |
| Lobbying | <ul style="list-style-type: none"> • Influences political opinion • Impacts policy development | <ul style="list-style-type: none"> • Potential to bring critical issues to the forefront |
| Political influence / political polarization | <ul style="list-style-type: none"> • Financial impacts • Uncertainty towards support for health initiatives • Potential for opposition based on administrations • Dismantling of public service programs | <ul style="list-style-type: none"> • Greater focus on cohesion • Potential for more community outreach programs • Greater involvement of nonprofits in service delivery |

| Scientific/Technological | | |
|--|---|---|
| Forces | Threats Posed | Opportunities Created |
| Advancement in medicine leading to longer life | <ul style="list-style-type: none"> • Lack of resources to support longer life • Strain on existing resources may lead to increased fees | <ul style="list-style-type: none"> • Greater focus on aging population |
| Electronic medical record | <ul style="list-style-type: none"> • Information security/HIPPA concerns | <ul style="list-style-type: none"> • Increased access to information • Increased quality of care • Improved client service |
| Social media | <ul style="list-style-type: none"> • Potential for distribution of inaccurate information | <ul style="list-style-type: none"> • Increased access to client base that utilizes social media |
| Technological advances | <ul style="list-style-type: none"> • Difficulty keeping up with technology • Outdated systems | <ul style="list-style-type: none"> • Increased communication • Better collaboration |
| Medical innovation | <ul style="list-style-type: none"> • Increased cost • Availability of funding | <ul style="list-style-type: none"> • Increased quality of life • Improved diagnostic and treatment capabilities |
| Partnerships with universities | <ul style="list-style-type: none"> • Competing interests • Set up unsustainable initiatives | <ul style="list-style-type: none"> • Increased research and innovation • Increased collaboration |

Primary Data Collection

Assessment 2 of 4: Local Public Health System Assessment

The MAPP framework recognizes the many entities that contribute to the health and well-being of a community. The local public health system is defined as all public, private, and voluntary entities that contribute to the delivery of essential public health services within a jurisdiction and typically consists of entities, such as those depicted in the image below.



The **Local Public Health System Assessment** (LPHSA) is conducted as a part of the MAPP process and focuses on all the organizations and entities that contribute to the public's health.

The LPHSA assessment seeks answers the following questions:

- *"What are the components, activities, competencies, and capacities of our local public health system?"*
- *"How are the 10 Essential Public Health Services being provided to our community?"*

As presented on the following page, the *10 Essential Public Health Services* provide a framework for communities to conduct their LPHSA. Take note of the "Public Health Wheel" which illustrates the three core functions of public health, (1) *Assessment*, (2) *Policy Development*, and (3) *Assurance*, all which revolve around the "wheel" of the *Essential Services*. Descriptions of each the *Essential Public Health Service* is presented on the next page.

The Ten Essential Public Health Services

THE 10 ESSENTIAL PUBLIC HEALTH SERVICES

To protect and promote the health of all people in all communities

The 10 Essential Public Health Services provide a framework for public health to protect and promote the health of all people in all communities. The Essential Public Health Services actively promote policies, systems, and overall community conditions that enable optimal health for all. Everyone should have a fair and just opportunity to achieve optimal health and well-being.



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

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

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

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

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

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

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

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

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

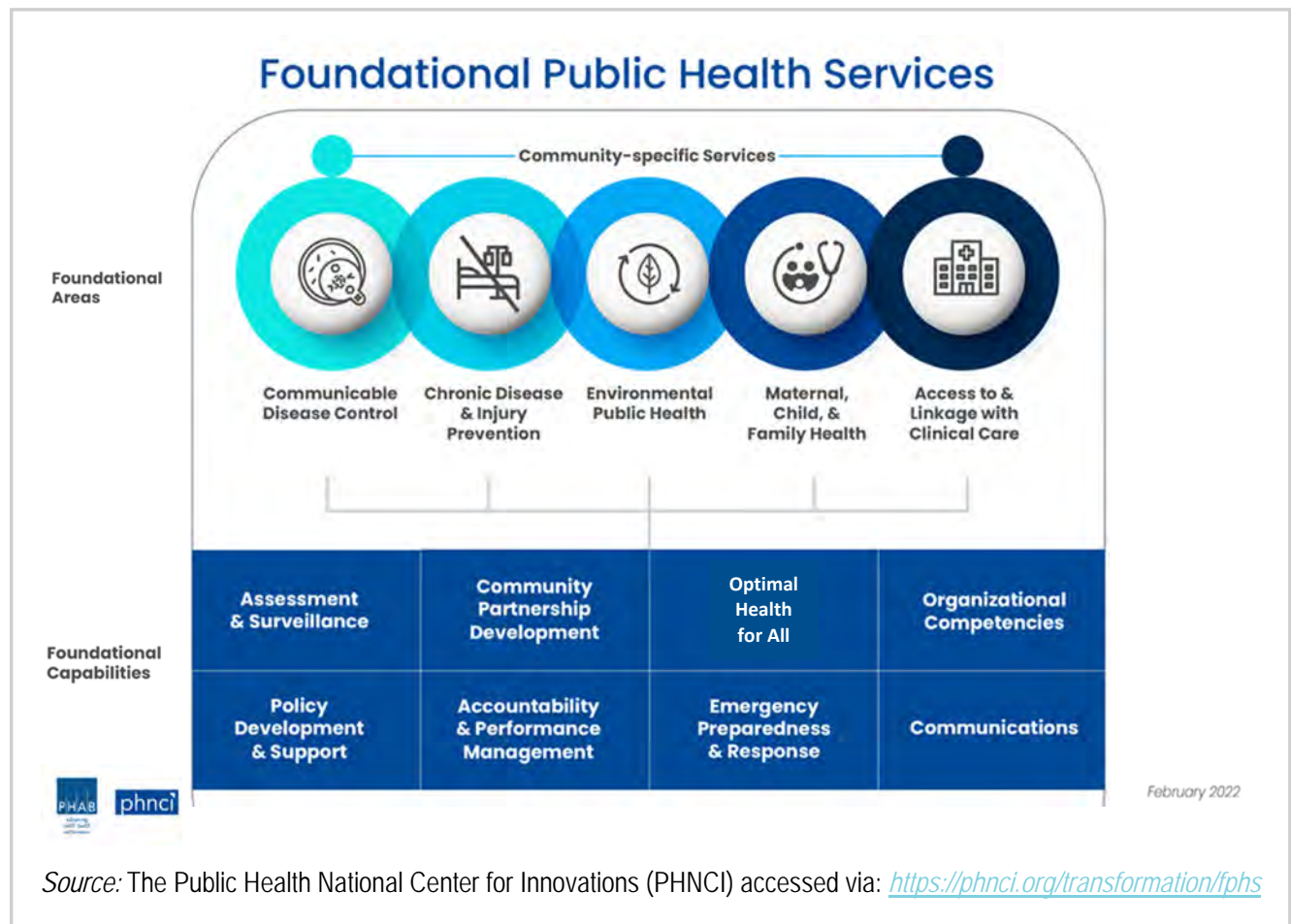
ESSENTIAL PUBLIC HEALTH SERVICE #10
Build and maintain a strong organizational infrastructure for public health

Created 2020

Source: Centers for Disease Control & Health Protection via www.cdc.gov/publichealthgateway/publichealthservices/essentialhealthservices.html

The National Foundational Public Health Services Model

As described by NACCHO, the national Foundational Public Health Services (FPHS) model “...consists of foundational capabilities and areas essential to all health departments and should be used....to plan and set priorities.” This model was developed by the national Public Health Accreditation Board (PHAB) and the Public Health National Center for Innovations (PHNCI). The FPHS model outlines the unique responsibilities of governmental public health and defines a minimum set of *Foundational Capabilities* and *Foundational Areas* that must be available in every community. In addition, as noted by PHNCI, the FPHS model “...can be used to explain the vital role of governmental public health in a thriving community; identify capacity and resource gaps; determine the cost for assuring foundational activities; and justify funding needs.” This framework complements the LPHSA and will be used to inform ongoing planning and evaluation of public health programs, including community health improvement initiatives such as this.



As part of the MAPP Process, the LPHSA provides provide a framework to assess capacity and performance of the local public health system, which can help identify areas for system improvement, strengthen partnerships, and ensure that a strong system is in place for addressing public health issues.

As outlined by NACCHO, the benefits of conducting the LPHSA experienced by DOH-Duval and the Healthy Jacksonville Collaborative include the following:

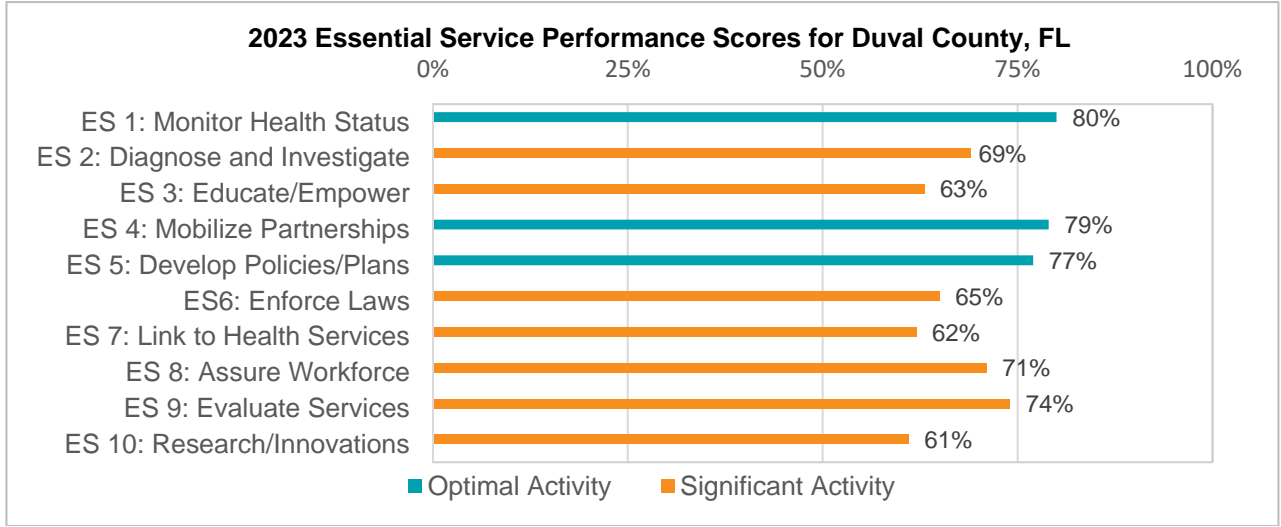
- *Identification of partners and community members in the local public health system*
- *Increased partner and community member engagement in health assessment and improvement planning efforts*
- *Improved communication and collaboration between community members and partners*
- *Improved understanding about public health and the interconnectedness of community activities*
- *Identification of local public health system strengths and weaknesses*
- *Identification of benchmarks for public health practice improvements*
- *Strengthened local public health system*

Methodology: DOH-Duval facilitated the LPHSA using the evidence-based *National Public Health Performance Standards* (NPHPS) instrument. The LPHSA was completed virtually with Key Stakeholders, as well as the Subject Matter Experts for each of the *10 Essential Public Health Services*, all who provided input and feedback. An electronic survey was then sent to participants and their responses were used to assess the performance of each area. A performance score was calculated for each Essential Service based on the standards outlined by the NPHPS tool.

Performance scores are outlined below:

- **Optimal Activity:** 75%–100% of the activity is met
- **Significant Activity:** 50%–74% of the activity is met
- **Moderate Activity:** 25%–49% of the activity is met
- **Minimal Activity:** 1%–24% of the activity is met
- **No Activity:** 0% of the activity is met

The chart below presents a summary of results for the 2023 LPHSA of Duval County, FL.



Local Public Health System Performance Scores by Essential Service, 2012 – 2023.

| Model Standards by Essential Services | 2012 | 2016 | Performance Scores for 2023 | Trend |
|--|------|------|-----------------------------|-------|
| ES 1: Assess and monitor population health status, factors that influence health, and community needs and assets | 63% | 78% | 80% | ↑ |
| ES 2: Investigate, diagnose, and address health problems and hazards affecting the population | 76% | 82% | 69% | |
| ES 3: Communicate effectively to inform and educate people about health, factors that influence it, and how to improve it | 26% | 86% | 63% | |
| ES 4: Strengthen, support, and mobilize communities and partnerships to improve health | 46% | 61% | 79% | ↑ |
| ES 5: Create, champion, and implement policies, plans, and laws that impact health | 57% | 44% | 77% | ↑ |
| ES 6: Utilize legal and regulatory actions designed to improve and protect the public’s health | 74% | 90% | 65% | |
| ES 7: Assure an effective system that enables equitable access to the individual services and care needed to be healthy | 45% | 72% | 62% | |
| ES 8: Build and support a diverse and skilled public health workforce | 66% | 54% | 71% | ↑ |
| ES 9: Improve and innovate public health functions through ongoing evaluation, research, and continuous quality improvement | 28% | 68% | 74% | ↑ |
| ES 10: Build and maintain a strong organizational infrastructure for public health | 64% | 75% | 61% | |

Key Findings of the LPHSA for Duval County, FL include the following:

- ✚ Delivery of **30%** Essential Public Health Services were most favorably scored as having:

Optimal Activity (75%–100% of the activity is met)

- ✚ Delivery of **70%** Essential Public Health Services were favorably scored as having:

Significant Activity (50%–74% of the activity)

- ✚ There was **no** area/function assigned a score below “Significant Activity” which is:

A favorable indication of a strong public health system!

- ✚ When reviewing the directional trend of scores for Duval County since 2012, a favorable improvement in LPHSA scores is observed for **5** of the Essential Public Health Services.

- ✚ The following opportunities for improvement were identified for the local public health system:

- ✚ ES 2: Investigate, diagnose, and address health problems and hazards affecting the population
- ✚ ES 3: Communicate effectively to inform and educate people about health, factors that influence it, and how to improve it
- ✚ ES 6: Utilize legal and regulatory actions designed to improve and protect the public’s health
- ✚ ES 8: Build and support a diverse and skilled public health workforce
- ✚ ES 10: Build and maintain a strong organizational infrastructure for public health

Primary Data Collection

Assessment 3 of 4: Community Themes and Strengths Assessment

The Community Themes and Strengths Assessment (CTSA) assessment results in qualitative information gathered on how community members perceive their health and quality of life concerns, as well as their knowledge of community resources and assets. The CTSA focuses on gathering the thoughts, opinions, perspectives, and perceptions of community members to develop a meaningful understanding of the issues impacting the overall health of Duval County, FL. Two approaches were utilized to gather this information. The first approach involved use of a community survey. The second approach involved close examination and consideration of the data collected through community meetings, focus groups, and key informant interviews.

The CTSA answers the following questions:

- *What is important to the community?*
- *How is quality of life perceived in the community?*
- *What assets does the community have that can be used to improve community health?*

Quantitative Data Approach: A community health survey for Duval County was developed to gather input from a broad spectrum of those who live, work, learn, and play in Duval County. Existing partnerships across the community and local public health system were utilized to distribute the survey. The survey was developed based on a review of CTSA surveys conducted in other communities. With the Healthy Jacksonville Collaborative, DOH-Duval's Office of Performance Improvement reviewed and provided feedback on the survey prior to distribution. The 29-item survey consisted of 22 health questions and 7 demographic questions. Surveys were completed by **163** individuals via a web based Qualtrics Survey during January and February 2023. The survey tool used is presented in **Appendix A**.

The survey collected community input regarding five substantive areas as outlined below:

- *Perceptions of overall health, quality of life, and services available in Duval County, FL*
- *The most important health concerns facing Duval County, FL*
- *Resources available in Duval County, FL*
- *Factors that would most improve health and quality of life in Duval County, FL*

Qualitative Data Approach: Key informant interviews, focus groups, and community meetings were conducted in Duval County, FL. Participants provided insight on a wide range of community health issues, including barriers to accessing health services, prevalence of certain health conditions, social determinants of health (SDoH), and health disparities faced by the residents of Duval County, FL. Feedback gathered through focus groups facilitated by Key Community Partners were reviewed and considered as part of this CHA effort and are included in **Appendix D-1, D-2, and D-3**.

Key Findings: As presented in charts on the following pages, the Health Priorities identified through this process include the following:

🚧 *Healthy, Affordable
Food Access*

🚧 *Gun Violence
Substance Misuse*

🚧 *Health Care Access
Mental Health*

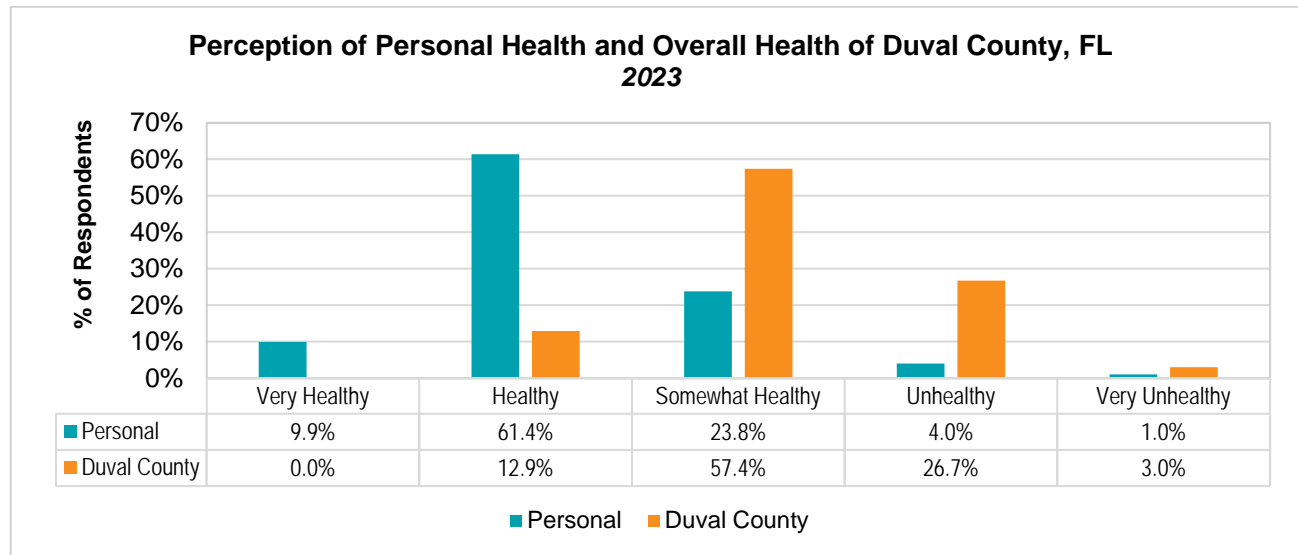
2023 Community Health Survey for Duval County, Florida

The CTSA was completed by 163 Duval County residents. Most survey respondents were between the ages of 26 and 64 (77%), female (70%), and white (49%). Approximately 5% reported having a high school diploma or GED as their highest level of education and 62% reported having a college degree. The table below presents survey respondent demographics.

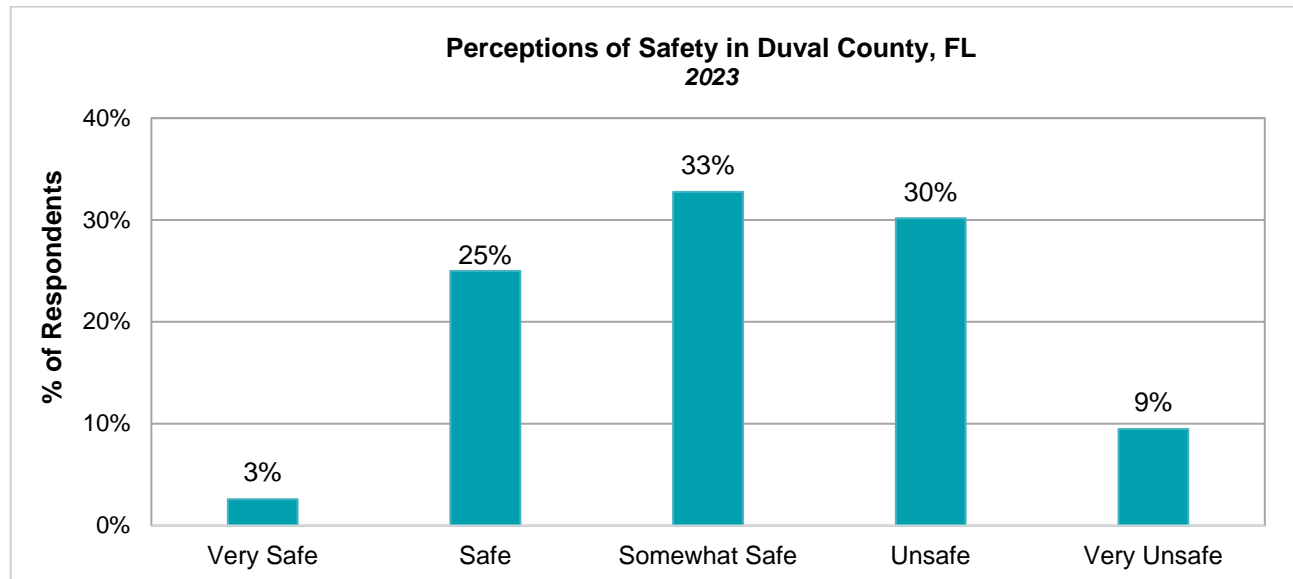
| Respondent Demographics for the 2023 Community Health Survey | |
|--|---------|
| Age Percent | Percent |
| 25 or younger | 2.6% |
| 26-39 | 26.5% |
| 40-54 | 27.4% |
| 55-64 | 23.1% |
| 65+ | 7.7% |
| Unknown | 12.8% |
| Gender | |
| Male | 15.4% |
| Female | 70.1% |
| Unknown or prefer not to say | 14.5% |
| Education | |
| High School Diploma or GED | 5.1% |
| Some College | 15.4% |
| College Degree | 52.1% |
| Graduate/Advanced Degree | 10.3% |
| Unknown | 13.7% |
| Race | |
| White | 48.7% |
| Black | 29.9% |
| Asian/Pacific Islander | 0.9% |
| American Indian or Alaska Native | 0.9% |
| Other | 6.8% |
| | 12.8% |
| Ethnicity | |
| Hispanic or Latino | 9.4% |
| Not Hispanic or Latino | 67.5% |
| Unknown | 23.1% |
| Health Zone | |
| 1 | 12.8% |
| 2 | 10.3% |
| 3 | 15.4% |
| 4 | 11.1% |
| 5 | 9.4% |
| 6 | 3.4% |
| Unknown | 35.9% |

2023 Community Perceptions of Health and Quality of Life in Duval County, FL

Respondents were asked to rate their personal health, as well as the overall health of Duval County. Presented in the figure below, approximately **70%** of respondents rated themselves as either 'Very Healthy' (**10%**) or 'Healthy' (**61%**). In comparison, only **13%** of respondents rated the overall health of Duval County as 'Healthy' and there were no responses for a rating the overall health of Duval County as 'Very Healthy'.

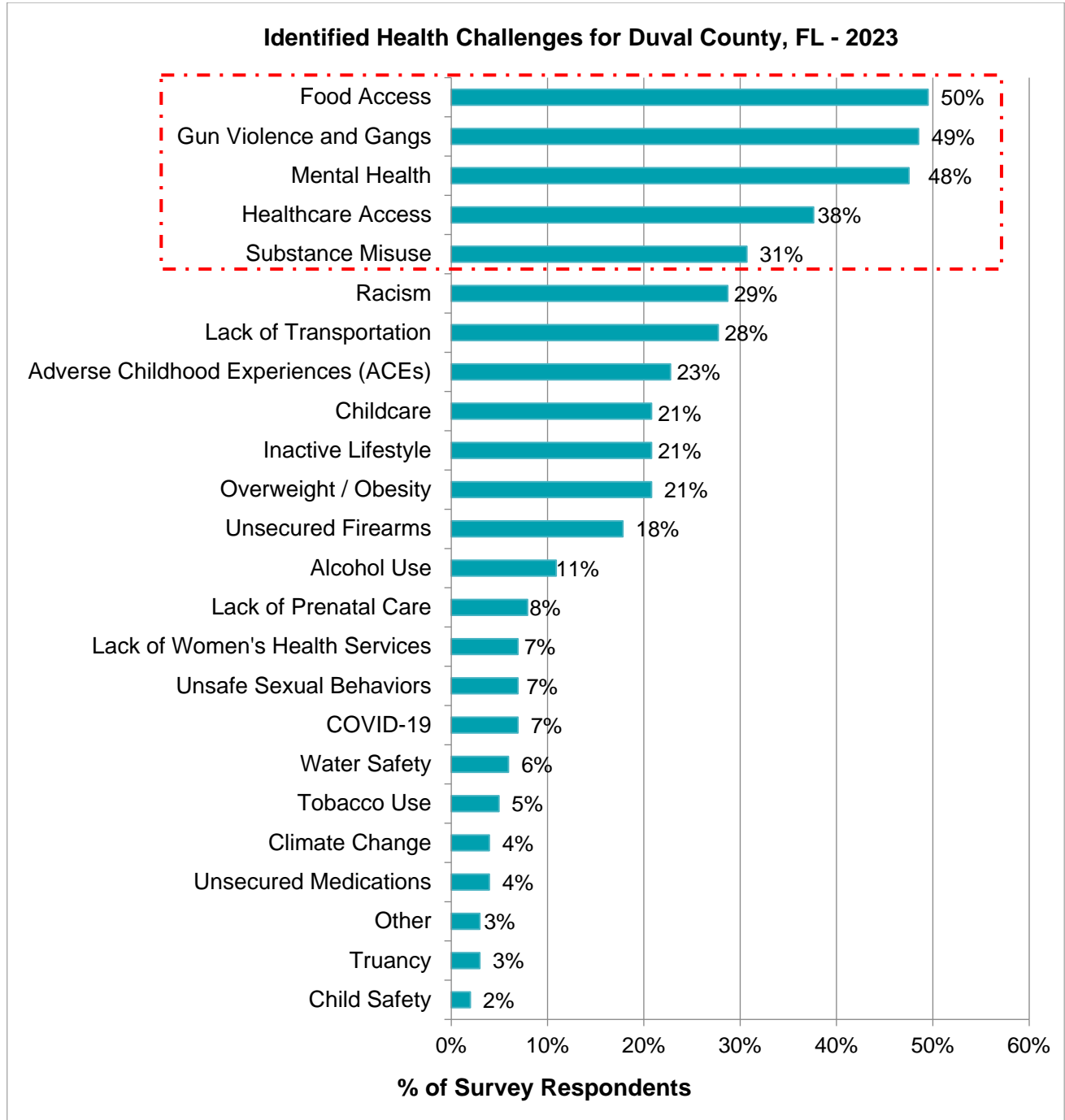


As presented in the chart below, approximately 1 in 4 respondents reported that they felt Duval County was a Safe (**25%**) place to live.



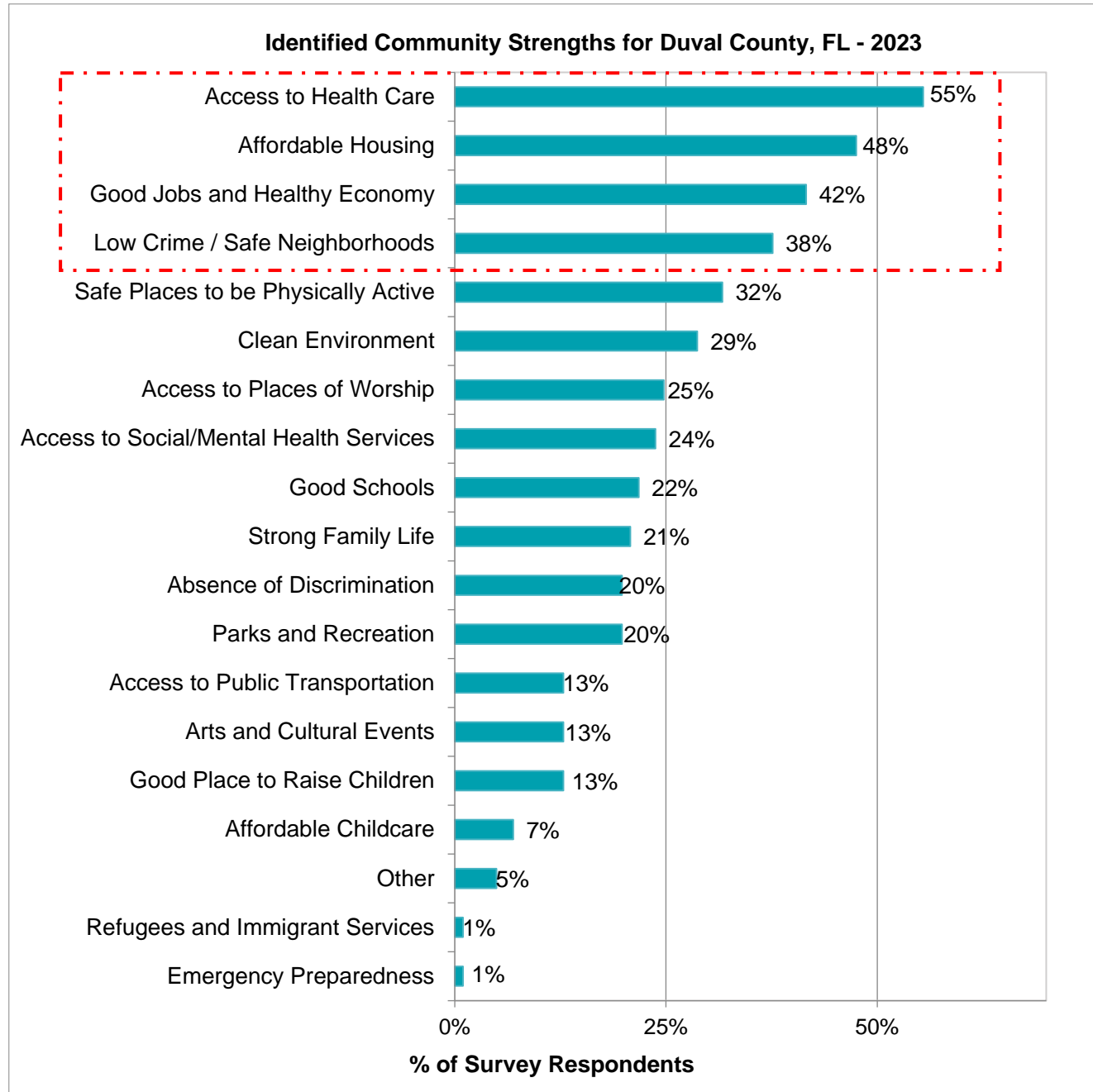
2023 Community-identified Health Challenges

Community Health Survey respondents were asked to select the most important health challenges facing Duval County. A summary of the community identified health challenges is presented in the chart below. The top health challenges facing Duval County, Florida are outlined below and include Food Access; Gun violence and Gangs; Mental Health; Healthcare Access; and Substance Misuse.



2023 Community Assets & Strengths

Community Health Survey respondents were asked to select the most important health assets that encourage Duval County residents to be healthy. A summary is presented in the chart below. The top health assets for Duval County, Florida are outlined below and include Access to Health Care; Affordable Housing; Good jobs and Health Economy; and Low Crime / Safe Neighborhoods.



Secondary Data Collection

Assessment 4 of 4: Community Health Status Assessment

The Community Health Status Assessment (CHSA) provides quantitative data on the health status, quality of life, and risk factors in a community. This assessment answers the following questions:

- *How healthy are our residents?*
- *What does the health status of our community look like?*

The results of the CHSA provided the Healthy Jacksonville Collaborative with a comprehensive view of the County's health status and was used to identify challenges and opportunities for improvement. The CHSA examines core indicators, including demographic and socioeconomic characteristics, health resource availability, behavioral risk factors, behavioral health, maternal and child health, and communicable diseases. The CHSA identified the following top health priorities for Duval County: (1) *Maternal and Child Health*; (2) *Mental Well-being and Substance Abuse Prevention*; (3) *Injury, Safety, and Violence*; (4) *Transmissible Diseases*; and (5) *Chronic Diseases and Conditions*.

2023 Health Profile for Duval County, Florida

| Deaths | Duval | Florida | Duval Trend |
|--|-----------|---------|-------------|
| All-cause Death Rate (2019-2021, 3-year rolling rate) | 961.0* | 740.1 | ↑ |
| Years of Potential Life Lost <75 Years of Age (2019-2021, 3-year rolling rate) | 11,500.3* | 8,782.6 | ↑ |
| Chronic Disease | | | |
| Coronary Heart Disease Death Rate (2019-2021, 3-year rolling rate) | 98.1 | 89.0 | ↓ |
| Stroke Death Rate (2019-2021, 3-year rolling rate) | 54.9 | 43.2 | ↓ |
| Diabetes Death Rate (2019-2021, 3-year rolling rate) | 27.5 | 22.4 | ↑ |
| Infectious Disease | | | |
| Bacterial Sexually Transmitted Diseases (STDs) (2021, Single year rate) | 1,326.0* | 753.5 | ↑ |
| Chlamydia Cases (2019-2021, 3-year rolling rate) | 798.5* | 485.5 | ↑ |
| Gonorrhea Cases (2019-2021, 3-year rolling rate) | 431.3 | 188.4 | ↓ |
| HIV Cases (2019-2021, 3-year rolling rate) | 30.2* | 21.4 | ↑ |
| Maternal and Child Health | | | |
| Infant Mortality Rate (2019-2021, 3-year rolling rate) | 7.5 | 5.9 | ↓ |
| % Births Without 1st Trimester Prenatal Care (2021, Single year rate) | 38.7* | 26.1 | ↑ |
| % Low Birth Weight (2021, Single year rate) | 10.5* | 9.0 | ↑ |
| Weight, Activity, and Diet | | | |
| % Adults Who Are Overweight or Obese (2019) | 68.5 | 64.6 | ↑ |
| % Adults Who Are Sedentary (2019) | 29.4 | 26.5 | ↑ |
| % Adults Who Consume Less Than 5 Servings of Fruit/Vegetables Per Day (2013) | 82.7 | 81.7 | ↑ |
| Social and Mental Health | | | |
| Drug Poisoning Death Rate (2021, Single year rate) | 54.3 | 36.7 | ↑ |
| % Attempted Suicide (High School) (2021, Single year) | 16.5 | 8.9 | ↓ |
| Suicide Death Rate (2019-2021, 3-year rolling rate) | 15.6 | 13.8 | ↓ |
| Built Environment | | | |
| % Within ½ Mile of a Healthy Food Source (2022, Single Year) | 27.6 | 29.9 | ↑ |
| % Within ½ Mile of a Fast-Food Restaurant (2022, Single Year) | 34.2 | 33.6 | ↑ |
| Within ½ Mile of a Park (2022, Single Year) | 43.6 | 43.0 | ↑ |

Data Source: www.flhealthcharts.gov Data Notes: The values above that are highlighted in green favorably exceed the state value. The values that are highlighted in red do not favorably exceed the state value. ↓ indicates data is trending in the right direction; ↑ indicates data is trending in the wrong direction. Death, chronic disease, and infectious disease rates are per 100,000 population. Infant mortality rate is per 1,000 live births.

The County Health Rankings Model

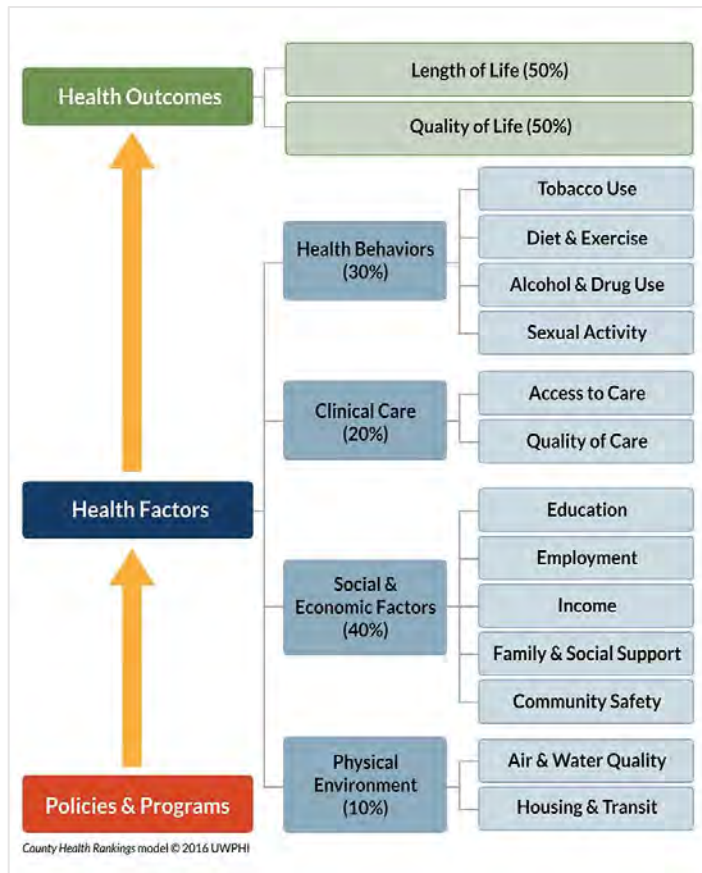
The County Health Rankings and Roadmaps (CHR&R), a collaborative effort of between the University of Wisconsin Population Health Institute and the Robert Wood Johnson Foundation, helps communities across America understand the factors that influence their health. The CHR&R program compiles county, state, and national data, and standardizes and combines measures using scientifically informed weights.

The CHR&R program provides data, evidence, guidance, and examples to build awareness of the multiple factors that influence health and support leaders in growing community power to improve preventable differences in health outcomes and health factors across communities. The County Health Ranking Model is unique in its ability to measure the health of nearly every county in all 50 states, and are complemented by tools, evidence-based practices, and helpful resources designed to accelerate community learning and action.

The County Health Rankings model provides a platform for communities to address the social determinants of health (SDoH) in the pursuit of optimal health for all people, across all communities. The model

is a framework for the ranking process which emphasizes the multiple factors that influence how long and how well a population lives. This model illustrates how certain health factors have a greater impact on health outcomes than others. For example, the Social and Economic Factors category has the greatest impact on length of life and quality of life.

Each year, the health of almost every county within each state is ranked based on composite scores of two sets of key population health measures: **health outcomes** (*length and quality of life*) and **health factors** (*health behaviors, access to and quality of clinical care, social and economic factors, and the physical environment*). These rankings are then shared via annual County Health Ranking reports. For more information about the CHR&R, please visit www.CountyHealthRankings.org.

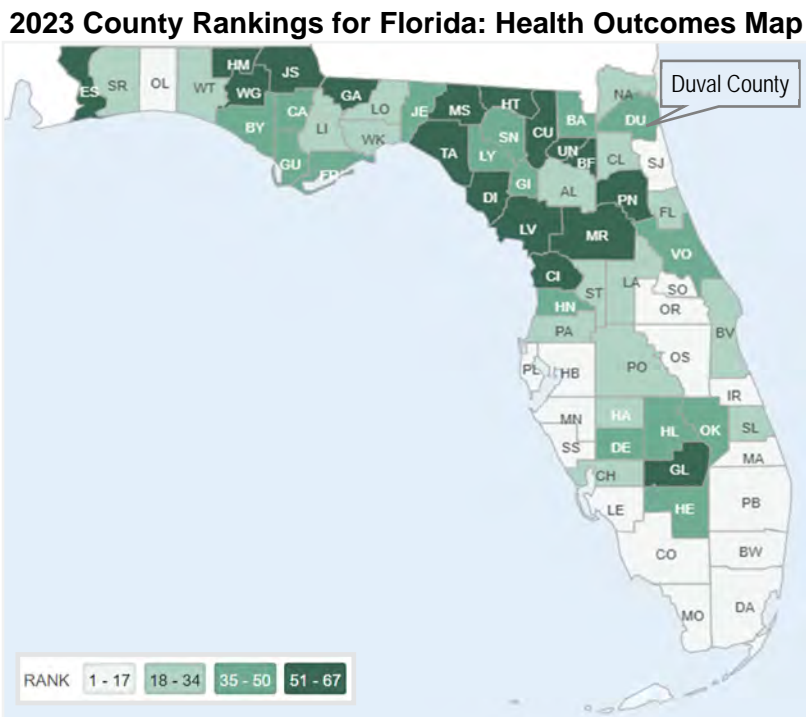


2023 County Health Rankings Report for Duval County, Florida

Since 2010, the County Health Rankings report has ranked counties within states on factors known to impact health outcomes. Ranking the health of counties using a broad range of health factors can mobilize action to improve health outcomes in a community.

As described by the County Health Rankings Report, “*Health Outcomes tell us how long people live on average within a community, and how much physical and mental health people experience in a community while they are alive.*” The Health Outcomes ranking is composed of two measures: Length of Life (includes including premature death, life expectancy and infant mortality) and Quality of Life (includes birth outcomes and self-reported physical and mental wellness indicators).

Of Florida’s 67 counties, Duval County ranks as number 46 for overall Health Outcomes in the *2023 County Health Rankings Report* for Florida. As illustrated in the map below, Duval County ranking is in the third quartile.



Source: 2023 County Health Rankings Report for Florida, map, accessible via: www.countyhealthrankings.org

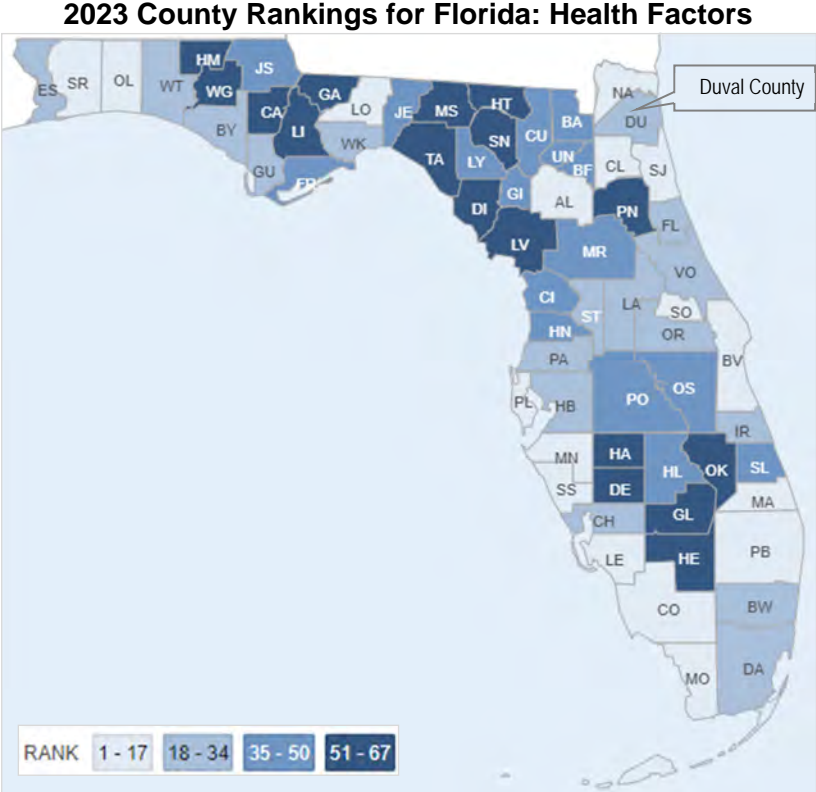
Health Outcomes Ranking for Duval County, FL – 2017 to 2023

| | 2017 | 2018 | 2019 | 2020 | 2021 | 2022 | 2023 |
|---------------------------------------|------|------|------|------|------|------|------|
| Health Outcomes – Overall | 55 | 42 | 44 | 45 | 46 | 45 | 46 |
| <i>Sub-Category - Length of Life</i> | 49 | 47 | 50 | 46 | 49 | 50 | 50 |
| <i>Sub-Category - Quality of Life</i> | 54 | 38 | 37 | 45 | 41 | 37 | 42 |

Source: 2023 County Health Rankings Report for Florida, datasets, accessible via: www.countyhealthrankings.org

As noted by the County Health Rankings Report, “Many things influence how well and how long we live. Health Factors represent those things we can improve to live longer and healthier lives. They are indicators of the future health of our communities.” The **Health Factors** ranking is composed of four measures: health behaviors, clinical care, social and economic factors, and the physical environment.

Of Florida’s 67 counties, Duval County ranks as number 30 for overall Health Factors in the 2023 *County Health Rankings Report* for Florida. As illustrated in the map below, Duval County ranking is in the second quartile.



Source: 2023 County Health Rankings Report for Florida accessible via: www.countyhealthrankings.org

Duval County’s ranking for health factors from 2017 to 2023 are presented in the table below. Duval County’s overall ranking for health factors ranking favorable decreased from 32nd in 2022 to 30th in 2023. As presented in the table below, improvements occurred for 3 of the 4 sub-category rankings in the 2023 report.

County Health Rankings Report for Duval County, 2017–2023

| | 2017 | 2018 | 2019 | 2020 | 2021 | 2022 | 2023 |
|--|------|------|------|------|------|------|------|
| Health Factors - Overall | 32 | 33 | 32 | 34 | 27 | 32 | 30 |
| Sub-Category - Healthy Behaviors | 36 | 41 | 40 | 38 | 25 | 35 | 36 |
| Sub-Category - Clinical Care | 10 | 13 | 19 | 18 | 17 | 19 | 15 |
| Sub-Category - Social & Economic Factors | 35 | 32 | 36 | 34 | 30 | 33 | 31 |
| Sub-Category - Physical Environment | 58 | 60 | 26 | 31 | 46 | 48 | 37 |

Source: 2023 County Health Rankings Report for Duval County accessible via: www.countyhealthrankings.org

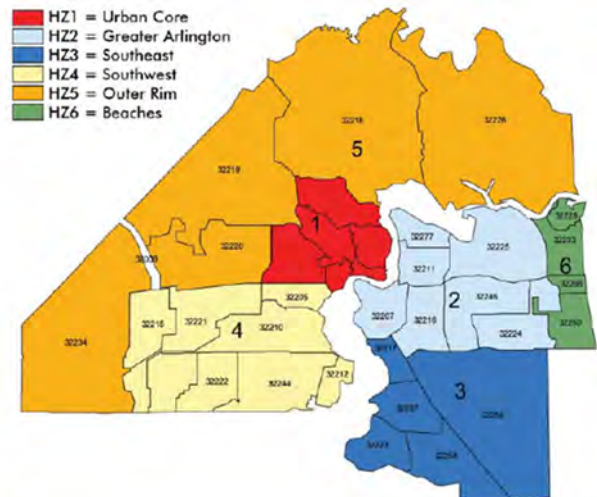
Duval County, Florida



Per the Florida Legislature’s April 2023 County Profile (accessible via <http://edr.state.fl.us/Content/area-profiles/county/index.cfm>), Duval County’s population is currently estimated to have reached 1,002,252 which makes it Florida’s 6th most populous county accounting for 4.6% of Florida’s population. The County receives an estimated 22 million visitors to the Jacksonville area each year. The military employs over 30,000 active-duty personnel, nearly 20,000 civilians in the Jacksonville area, and is the largest employer in the county. The total economic impact of tourism annually in Duval County is \$3.8 billion.

Duval County is a consolidated city-county government located on the northeast coast of Florida and includes the cities of Jacksonville, Baldwin, and the beach communities of Jacksonville Beach, Neptune Beach, and Atlantic Beach. Jacksonville is the largest city geographically in the contiguous forty-eight states and Duval County has a land area of over 800 square miles. Duval County is primarily comprised of urban and suburban communities, and pockets of rural areas. The City of Jacksonville has over 1,100 miles of shoreline, more than any other city in the state. The City has the largest urban park system in the nation consisting of 80,000 acres of parks, including 7 State Parks, 2 National Parks, a National Preserve, 400 City Parks and Gardens and an Arboretum.

Duval County is divided into six health zones (HZ), each representing different geographic areas of the county – the urban core (HZ1), the greater Arlington area (HZ2), the southeast (HZ3), the southwest (HZ4), the outer rim (HZ5), and the beaches (HZ6). The HZs are based on mutually exclusive zip codes tied to county organization and demographics. Population demographics and health indicators are analyzed across HZs to make strategic decisions regarding the allocation of community health resources and services. The map below shows the division of the county by HZ and includes the zip codes within each HZ.



The Social Determinants of Health

The social determinants of health (SDOH) recognize that individual and population health, as well as the differences in health factors and health outcomes across communities, are influenced by one’s physical environment, socioeconomic factors, access to and quality of health care available, and personal health. They are the conditions in which people are born, grow, work, live, and age, and the wider set of forces and systems shaping the conditions of daily life.

As part of this CHA/CHIP process, DOH-Duval and the Healthy Jacksonville Collaborative examined a broad range of health indicators, including population and socio-economic characteristics, health resource availability, maternal and child health, morbidity, and mortality.



Source: The CDC accessible via

www.cdc.gov/publichealthgateway/sdoh/index.html

| Social Determinants of Health | | | | | |
|--|---------------------------------------|---------------------------|---------------------------|------------------------------|---|
| Economic Stability | Neighborhood and Physical Environment | Education | Food | Community and Social Context | Health Care System |
| Employment | Housing | Literacy | Hunger | Social integration | Health coverage |
| Income | Transportation | Language | Access to healthy options | Support systems | Provider availability |
| Expenses | Safety | Early childhood education | | Community engagement | Provider linguistic and cultural competency |
| Debt | Parks | Vocational training | | Discrimination | Quality of care |
| Medical bills | Playgrounds | Higher education | | Stress | |
| Support | Walkability | | | | |
| | Zip code / geography | | | | |
| Health Outcomes | | | | | |
| Mortality, Morbidity, Life Expectancy, Health Care Expenditures, Health Status, Functional Limitations | | | | | |

Source: Kaiser Family Foundation's The Role of the Social Determinants accessible via: www.kff.org/racial-equity-and-health-policy/issue-brief/beyond-health-care-the-role-of-social-determinants-in-promoting-health-and-health-equity/

Adverse Childhood Experiences (ACES)

“When a person experiences strong, frequent, or prolonged adversity such as physical or emotional abuse, chronic neglect, caregiver substance abuse or mental illness, exposure to violence, or the accumulated burdens of family economic hardship, it can have profound negative effects on the mind and body. The stress response to these events has been known to disrupt the development of brain architecture as well as other bodily systems — neuroendocrine, immune, metabolic, and genetic — leading to what is considered toxic levels of stress.”

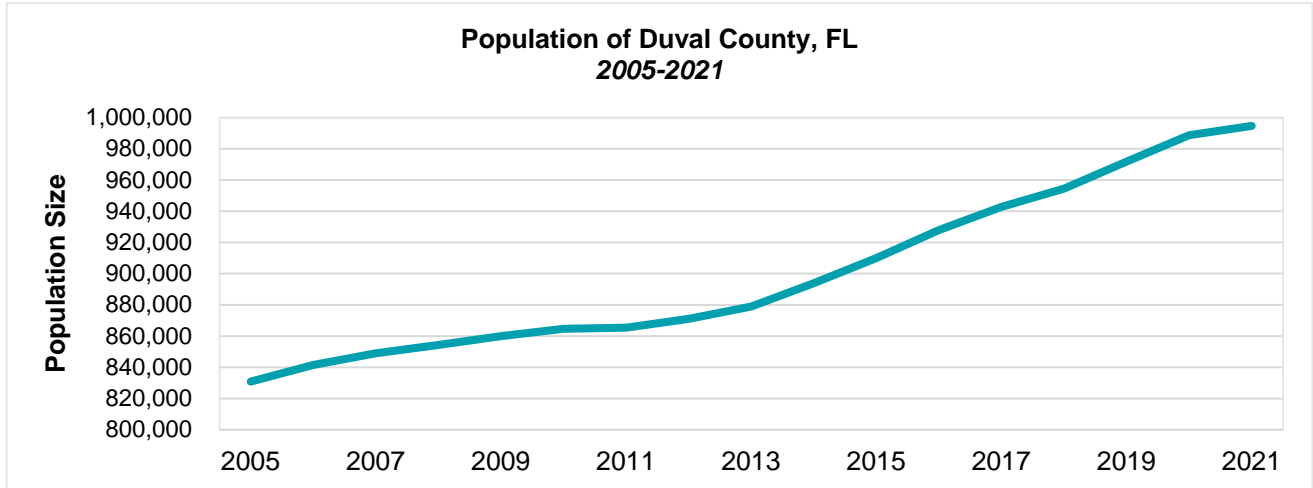
Source: Kaiser Permanente’s Thriving Schools initiative accessible via: <https://thrivingschools.kaiserpermanente.org/mental-health/aces/>

According to the CDC (accessible via www.cdc.gov/violenceprevention/aces/fastfact.html), ACEs are “...linked to chronic health problems, mental illness, and substance use problems in adolescence and adulthood. ACEs can also negatively impact education, job opportunities, and earning potential...” The CDC also notes that ACEs and “...the associated social determinants of health, such as living in under-resourced or racially segregated neighborhoods, frequently moving, and experiencing food insecurity, can cause toxic stress (extended or prolonged stress). Toxic stress from ACEs can negatively affect children’s brain development, immune systems, and stress-response systems. These changes can affect children’s attention, decision-making, and learning.” Children who have experienced many ACEs are more likely to experience common adult life-threatening health conditions like obesity, heart disease and substance abuse. Addressing ACEs at the community level can contribute to improvements in health outcomes over time.

| Preventing Adverse Childhood Experiences (ACEs) | |
|---|---|
| Strategy | Approach |
| Strengthen economic supports to families | <ul style="list-style-type: none"> • Strengthening household financial security • Family-friendly work policies |
| Promote social norms that protect against violence and adversity | <ul style="list-style-type: none"> • Public education campaigns • Legislative approaches to reduce corporal punishment • Bystander approaches • Men and boys as allies in prevention |
| Ensure a strong start for children | <ul style="list-style-type: none"> • Early childhood home visitation • High-quality child care • Preschool enrichment with family engagement |
| Teach skills | <ul style="list-style-type: none"> • Social-emotional learning • Safe dating and healthy relationship skill programs • Parenting skills and family relationship approaches |
| Connect youth to caring adults and activities | <ul style="list-style-type: none"> • Mentoring programs • After-school programs |
| Intervene to lessen immediate and long-term harms | <ul style="list-style-type: none"> • Enhanced primary care • Victim-centered services • Treatment to lessen the harms of ACEs • Treatment to prevent problem behavior and future involvement in violence • Family-centered treatment for substance use disorders |
| Source: CDC’s Fast Facts: Preventing ACEs accessible via: https://www.cdc.gov/violenceprevention/aces/fastfact.html | |

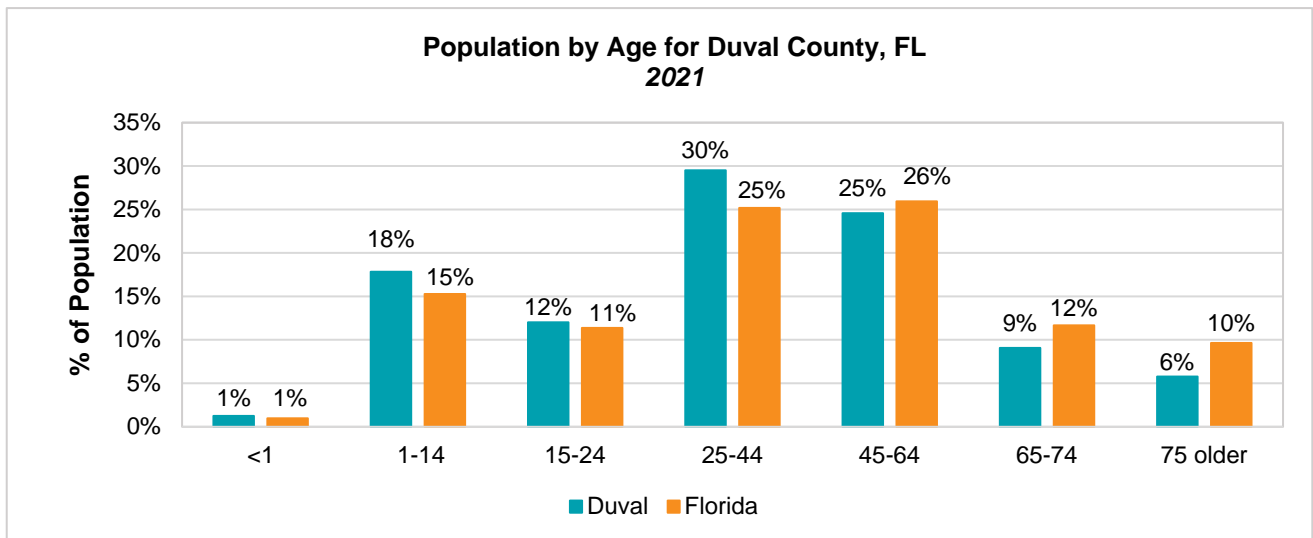
Population, Demographics, and Socioeconomic Characteristics

The U.S. Census Bureau estimated that Duval County’s population in 2021 was 994,778. Since 2005, Duval County has experienced a 19.73% growth in population size. The table below illustrates the population estimates of Duval County from 2005 to 2021.



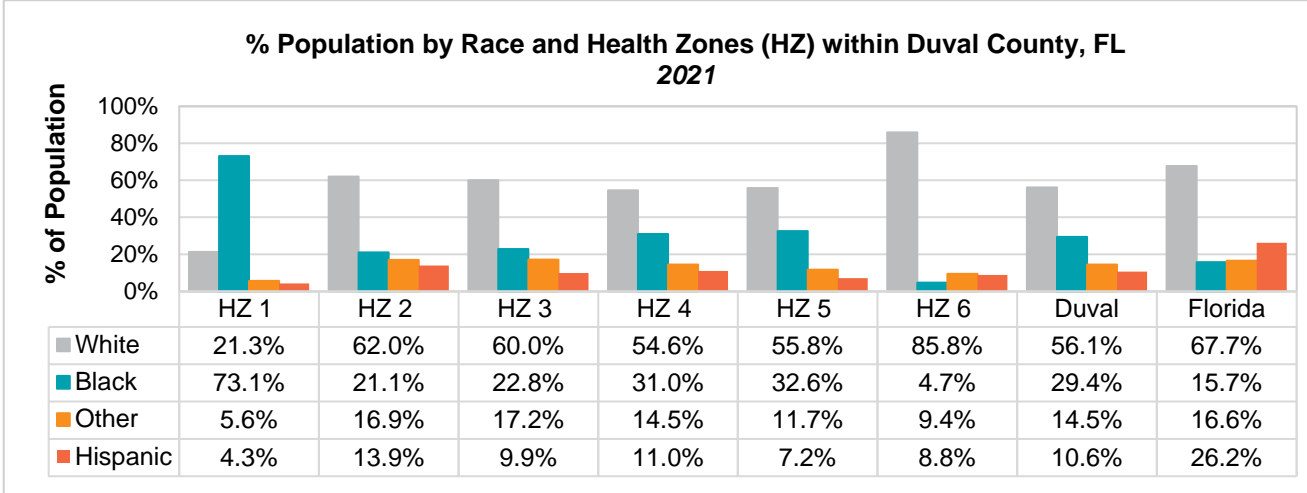
Source: US Census Bureau American Community Survey accessible via [American Community Survey Data \(census.gov\)](https://www.census.gov/acs/)

Per the US Census, the median age in Duval County was 36.5 years, compared to a median age in Florida of 42.3 years. Approximately 15% of Duval County’s population was estimated to be 65 years or older, compared to 22% of Florida’s population. As presented in the chart below, most of the population in 2021 was between the ages of 25 and 64, like that of Florida’s population.



Source: US Census Bureau American Community Survey accessible via [American Community Survey Data \(census.gov\)](https://www.census.gov/acs/)

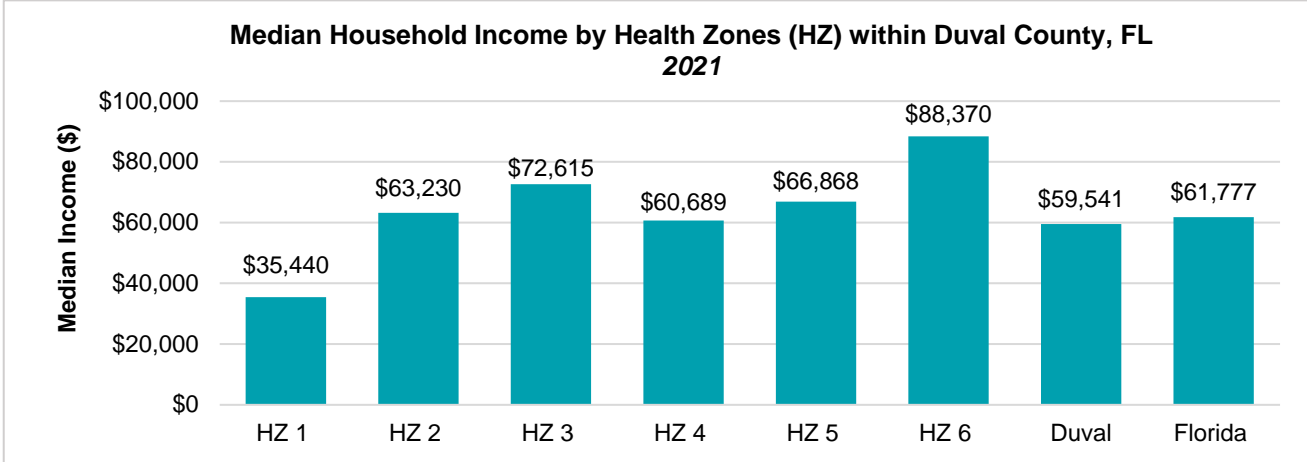
The population of Duval County is approximately 56% non-Hispanic white, 29% non-Hispanic black, 11% Hispanic, and 15% are categorized as another race/ethnicity. Duval County has a larger proportion of black residents (29%) when compared to Florida (16%), and there is a smaller proportion of Hispanics in the Duval County population (11%) when compared to Florida (26%). When considering sub-geographic locations, the HZs located within Duval County vary greatly when considering both racial and ethnic groups. In Duval County, about 73% of residents residing within HZ 1 are black, compared to only 5% in HZ 6. The proportion of Hispanic populations across all HZs range from the smallest at 4.3% (HZ 1) to the largest at 13.9% (HZ 2).



Source: US Census Bureau American Community Survey accessible via [American Community Survey Data \(census.gov\)](https://www.census.gov/americancommunitydata)

Median Household Income

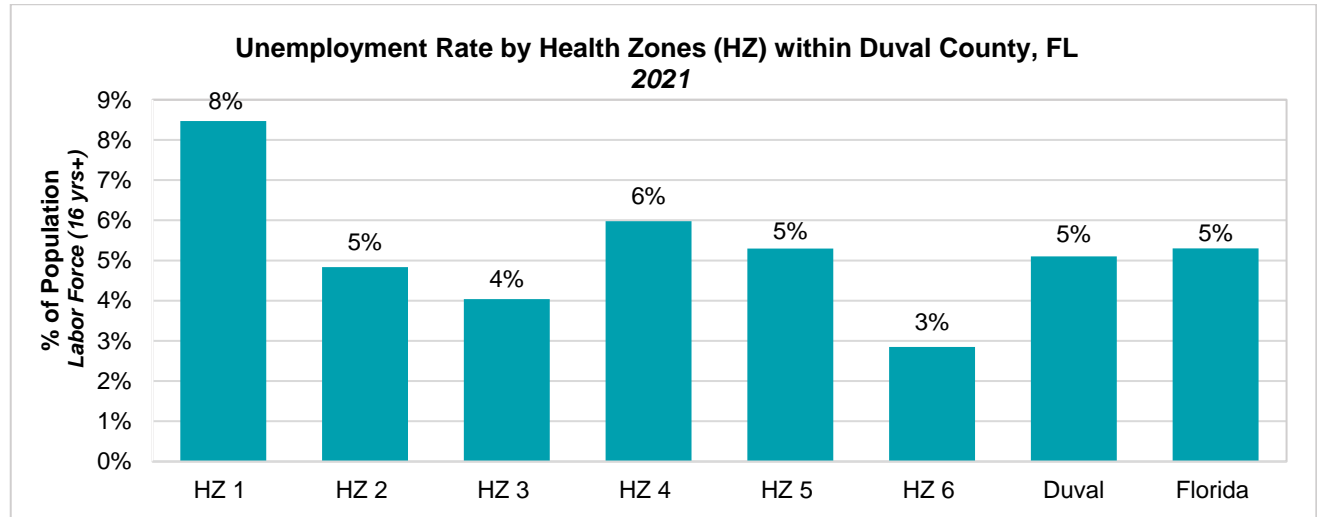
Income is one of the most important predictors of a person’s health. In 2021, the Duval County median household income was \$59,541, compared to Florida’s median household income of \$61,777. However, significant disparities in median household income exist in Duval County. For example, in HZ 1, the median household income was \$35,440, compared to the HZ 6 median household income of \$88,370.



Source: US Census Bureau American Community Survey accessible via [American Community Survey Data \(census.gov\)](https://www.census.gov/americancommunitydata)

Unemployment

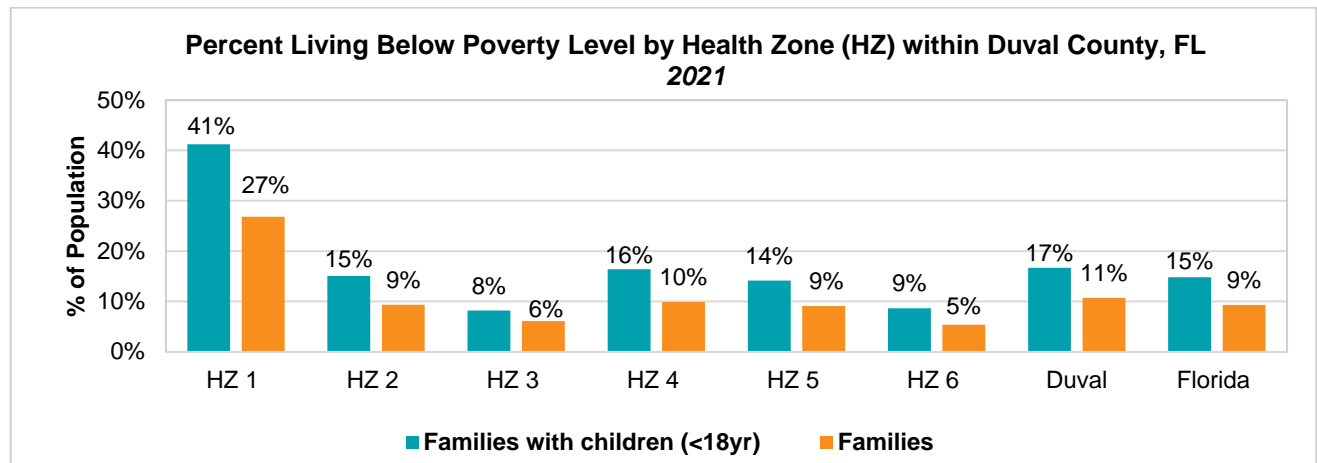
Employment is a social determinant of health. Unemployment is associated with several factors that impact overall health, including poor nutrition, unhealthy living conditions, chronic stress, and limited access to healthcare. Approximately 5% of the civilian labor force in Duval County is unemployed, with the highest rate of unemployment in HZ 1 (8%).



Source: US Census Bureau American Community Survey accessible via [American Community Survey Data \(census.gov\)](https://www.census.gov/americancommunitysurvey/data/)

Families Living in Poverty

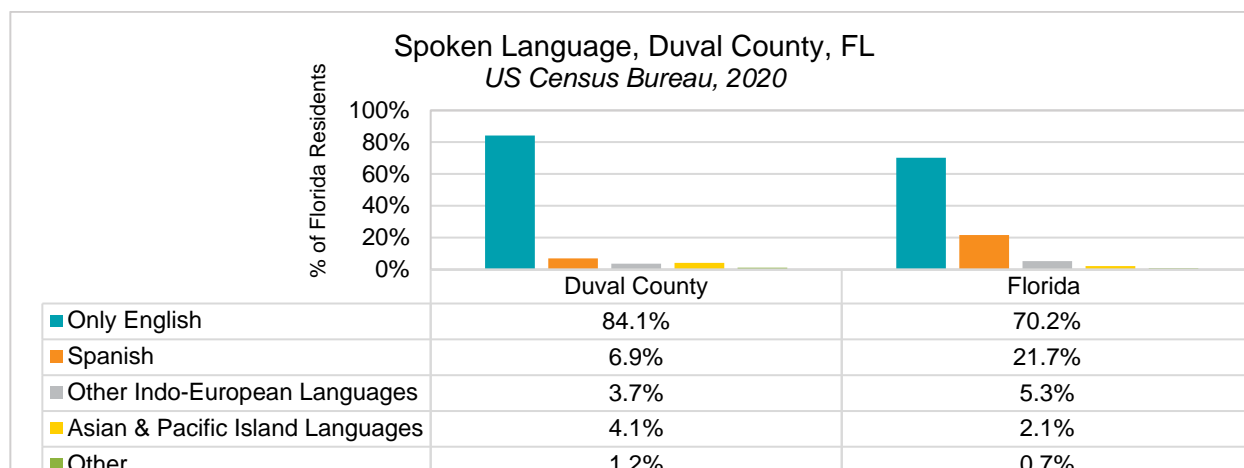
Poverty is associated with several factors that impact health outcomes, including access to nutritious foods, unhealthy housing conditions, and exposure to violence. According to the U.S. Census Bureau, a family of four with an average income of less than \$23,550 is defined as living in poverty based on federal guidelines. Approximately 17% of families with children residing in Duval County live in poverty. This is a 7% increase since 2016. Of note, the percentage of families with children living in poverty that reside within HZ 1 has almost doubled since 2016 (41%).



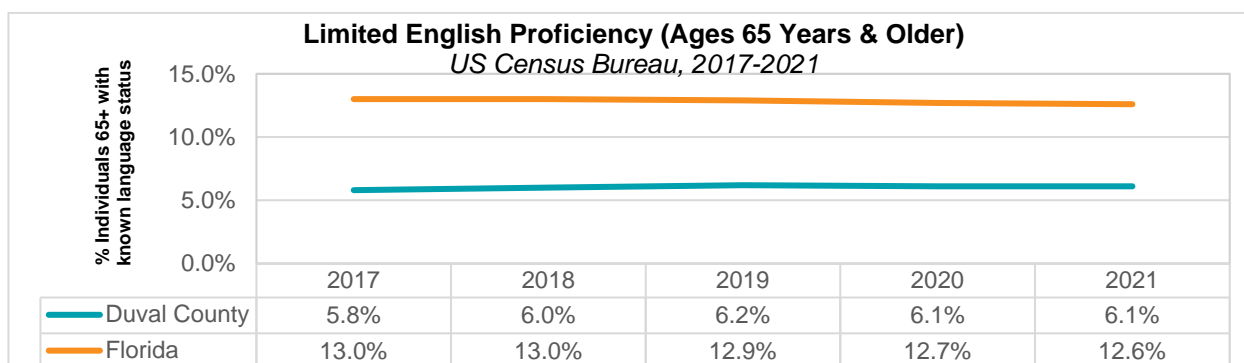
Source: US Census Bureau American Community Survey accessible via [American Community Survey Data \(census.gov\)](https://www.census.gov/americancommunitysurvey/data/)

Spoken Language in Duval County, FL

Although the population is becoming more diverse, having limited English proficiency in the United States can still be a barrier to accessing health care services and understanding health information. According to the US Census Bureau estimates for 2017-2021, 15.3% of the Duval County population (percent of persons age 5 years+) speak a language other than English at home, 2017-2021. This is a smaller percentage when compared to Florida. The following chart depicts the percentage of residents and primary spoken languages for Duval County, FL.



The following chart depicts the percentage of individuals age 65 years and older with limited English proficiency. When compared to Florida, the percentage of residents with limited English proficiency is much lower.



The following table depicts nationality and language estimates for Duval County, FL from the US Census Bureau, 2017-2021.

| Category | Duval County, FL | Florida |
|---|------------------|---------|
| Percent Of Foreign-Born Persons | 11.7% | 21% |
| Languages Other Than English Spoken at Home (<i>% Of Persons Age 5 & Older</i>) | 15.3% | 29.8% |
| Population That Speak English Less Than Very Well (<i>% Aged 5 Years & Older</i>) | 5.9%* | 11.8%* |

**Note: Data is from US Census Bureau for 2021 accessed via FLHealthCHARTS.org*

Additional demographic characteristics such as functional access needs and vulnerable population data profiles are included in Appendix E and F

Education

Education is associated with income, health literacy, and health insurance coverage. Presented in the table below, fewer Duval County (10%) residents have less than a high school degree when compared to Florida (11%). HZ 1 had the lowest levels of educational attainment in Duval County, with approximately 19% of residents having less than a high school diploma.

| Educational Attainment for Population 25 Years or Older by Health Zone, 2021 | | | | | | | | |
|--|-------|-------|-------|-------|-------|-------|--------------|---------|
| Education Level | HZ 1 | HZ 2 | HZ 3 | HZ 4 | HZ 5 | HZ 6 | Duval County | Florida |
| Less than 9th grade | 4.4% | 3.3% | 2.4% | 2.5% | 3.5% | 2.7% | 3.0% | 4.4% |
| 9th to 12th grade, No diploma | 14.9% | 5.3% | 3.7% | 7.1% | 8.4% | 3.1% | 6.5% | 6.6% |
| High School Graduate | 36.8% | 27.3% | 22.4% | 30.8% | 37.5% | 19.1% | 28.1% | 27.9% |
| Some College, No degree | 21.3% | 21.1% | 20.6% | 23.1% | 21.3% | 17.1% | 21.2% | 19.5% |
| Associate degree | 7.8% | 9.9% | 10.2% | 10.6% | 9.9% | 8.7% | 9.8% | 10.1% |
| Bachelor's degree | 9.8% | 22.5% | 26.9% | 17.8% | 13.2% | 31.1% | 21.0% | 19.8% |
| Graduate or Professional Degree | 4.8% | 10.5% | 13.8% | 8.2% | 6.2% | 18.3% | 10.5% | 11.7% |

Source: US Census Bureau American Community Survey accessible via [American Community Survey Data \(census.gov\)](https://data.census.gov/tables/)

Local Industry

The table below presents the local industry for Duval County, FL. The largest proportion of industry is for professional and business services (25%) which is similar to that of Florida. The second largest proportion of industry is for trade, transportation, and utilities.

| Local Industry Profile for Duval County, FL | | |
|---|--------------|---------|
| Percent of All Industries, 2021 | Duval County | Florida |
| All Industries | 33,777 | 820,313 |
| Natural Resource & Mining | 0.2% | 0.7% |
| Construction | 10.7% | 9.6% |
| Manufacturing | 2.6% | 2.8% |
| Trade, Transportation & Utilities | 19.4% | 18.4% |
| Information | 1.7% | 2.1% |
| Financial Activities | 10.4% | 10.9% |
| Professional & Business Services | 25.1% | 25.1% |
| Education & Health Services | 11.7% | 11.3% |
| Leisure and Hospitality | 8.6% | 7.8% |
| Other Services | 7.6% | 7.0% |
| Government | 0.8% | 0.7% |

Source: Florida's Office of Economic & Demographic Research accessible via <http://edr.state.fl.us/content/area-profiles/county/>

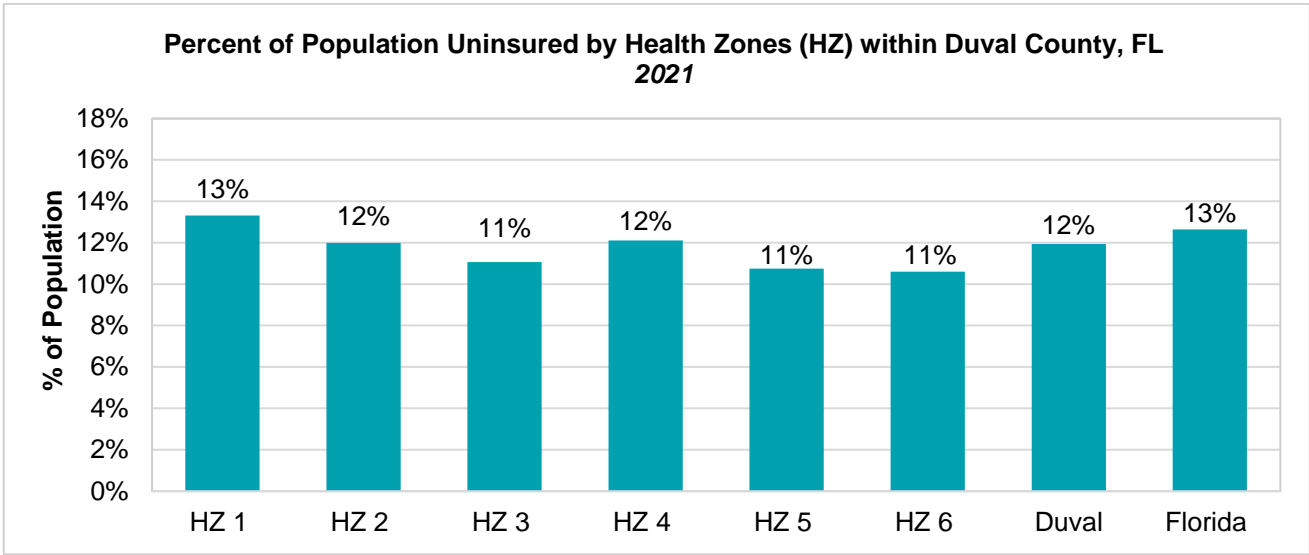
Health Assets & Resource Availability

Access to health services can affect individual and community well-being. Essential healthcare resources include health insurance coverage, licensed healthcare facilities, and a competent workforce.

Health Insurance Coverage

Healthy People 2030 identifies health insurance coverage as a *Leading Health Indicator*. Health insurance coverage makes a difference in whether and when people get necessary medical care, where they get their care, and ultimately, how healthy they are. Uninsured people are far more likely than those with insurance to postpone health care or forgo it altogether. Lack of insurance coverage is a considerable barrier to accessing healthcare. Lack of insurance coverage makes it difficult for those people in need to receive adequate healthcare. Without insurance coverage, large medical bills become an immense burden.

Presented in the table below are the percentage of the population without health insurance coverage (the uninsured). In 2021, the proportion of the Duval County population without health insurance (12%) was slightly lower than Florida (13%) yet higher than the United States (8.3% per US Census). Locally, differences in the proportion of the population without insurance is also observed across various HZs for 2021.



Source: US Census Bureau American Community Survey accessible via [American Community Survey Data \(census.gov\)](https://www.census.gov/data/tables/2019/acs/american-community-survey.html)

Per *Healthy People 2030*, communities should work toward decreasing the proportion of the population without insurance to 7.6% or less. Duval County, Florida does not yet meet this national health target.

Health Professional Shortage Areas

A geographic area can receive a federal Health Professional Shortage Area (HPSA) designation if a shortage of primary medical care, dental, or mental health providers exists. The table below shows the primary care, dental, and mental health HPSAs in Duval County.

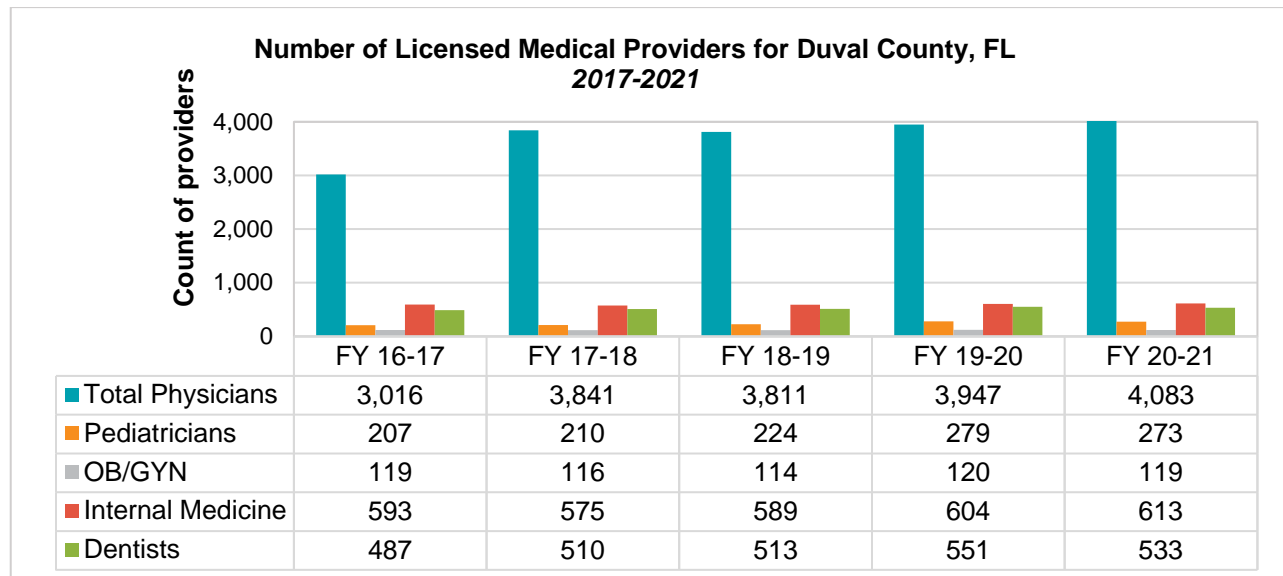
Health Professional Shortage Areas (HPSA) in Duval County, FL 2021

| HPSA Type | Shortage Areas |
|---------------|--|
| Primary Care | Low Income – East Jacksonville Low Income – Garden City Low Income – North Jacksonville Low Income – South Jacksonville Low Income – West Jacksonville |
| Dental Health | Low Income – Atlantic Beach Low Income – South Jacksonville |
| Mental Health | Low Income – East Jacksonville Low Income – Northwest Duval County |

Source: Health Resources and Services Administration (HRSA) accessible via <https://data.hrsa.gov/tools/shortage-area/hpsa-find>

Availability of Licensed Health Physicians

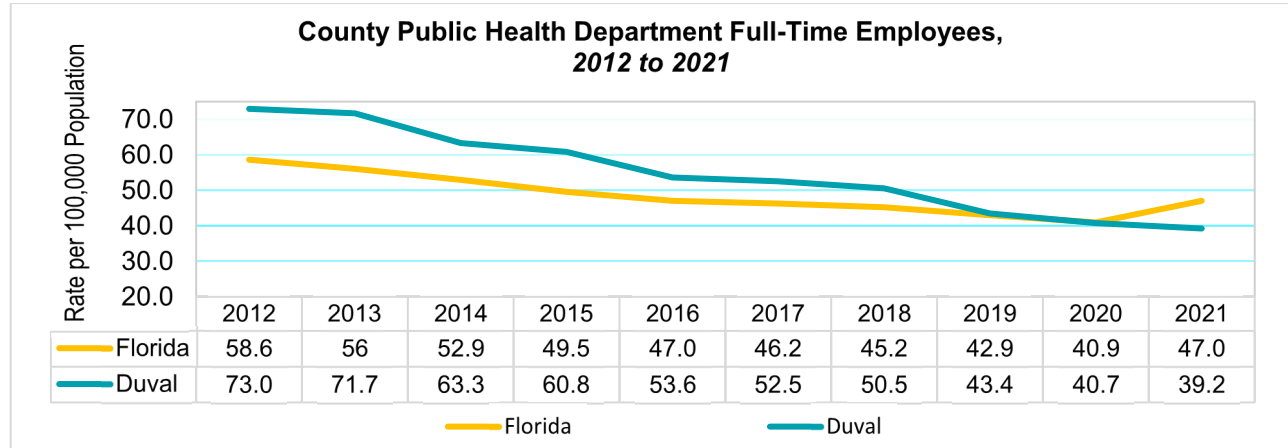
The availability of licensed medical physicians serves as an indicator of health resource availability within a community. The figure below illustrates the number of licensed medical physicians in Duval County. In Fiscal Year 20-21 (July 1, 2020 – June 30, 2021), the rate of Licensed Florida Physicians per 100,000 population in Duval County was 410.4, compared to Florida at 308.8. Duval County is in the first quartile for this measure, meaning that there are more Licensed Florida Physicians in Duval County than about 75% of other counties in Florida.



Source: Florida Department of Health, Division of Medical Quality Assurance

Public Health Workforce

According to NACCHO, the benchmark for staffing of a local health department serving a population of 999,999 or greater is 585 staff (*Source: 2008 NACCHO Profile of LHDs*). In April 2023, DOH-Duval County workforce count was an estimated 375 public health professionals. A downward trend in staffing levels is observed since 2012.



Source: FDOH, Florida Health CHARTS accessible via www.FLHealthCHARTS.gov

Licensed Healthcare-related Service Facilities and Agencies

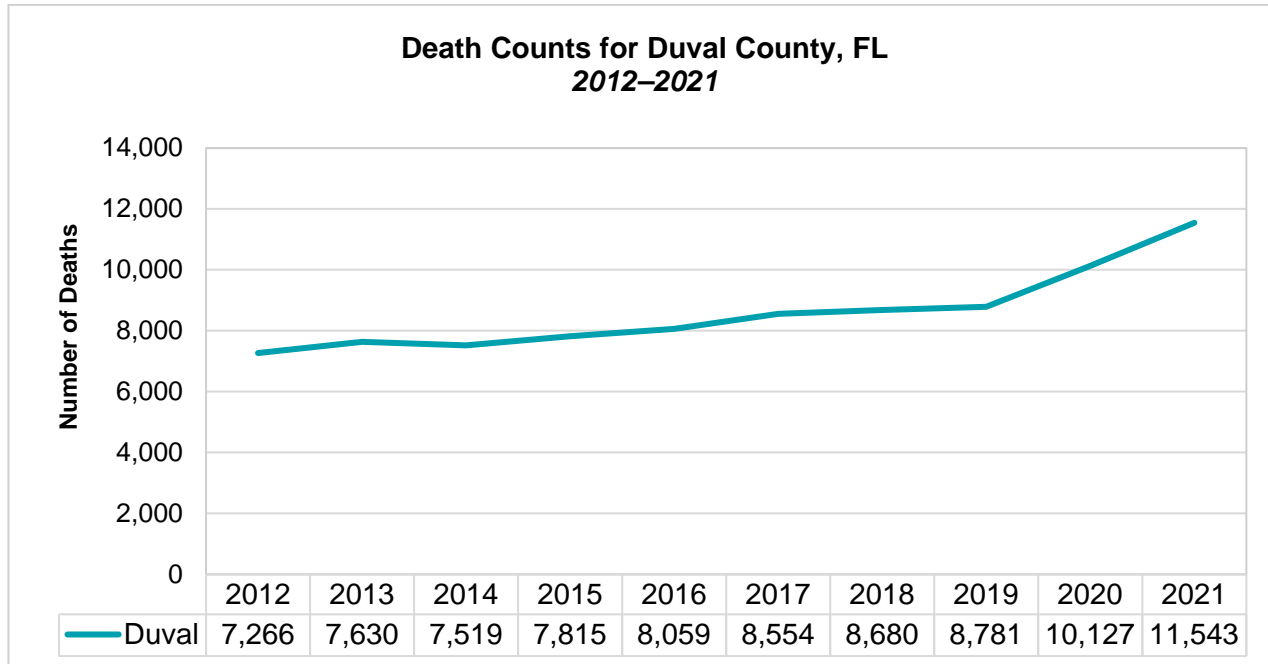
Licensed healthcare facilities assure accessible quality healthcare services and facilities in a community. The table below presents the most recent number of facilities for Duval County, FL.

| Number of Licensed Healthcare Service Facilities in Duval County, FL - 2023 | | | |
|---|--------|---|--------|
| Type of Facility / Agency | Number | Type of Facility / Agency | Number |
| Adult Day Care Center | 8 | Homemaker and Companion Service | 305 |
| Adult Family Care Home | 11 | Hospice | 2 |
| Ambulatory Surgical Care Center | 21 | Hospital | 16 |
| Community Mental Health – Partial Hospitalization Program | 1 | Intermediate Care Facility for the Developmentally Disabled | 6 |
| Birth Center | 3 | Nurse Registries | 17 |
| Clinical Laboratory | 1,262 | Nursing Homes | 33 |
| Assisted Living Facility | 75 | Organ And Tissue Procurement | 1 |
| Crisis Stabilization Unit/ Short Term Residential Treatment Facility | 3 | Prescribed Pediatric Extended Care Center | 7 |
| End-Stage Renal Disease Center | 34 | Rehabilitation Agency | 8 |
| Health Care Clinic* <i>Includes 186 with an Exemption</i> | 248 | Residential Treatment Center for Children and Adolescents | 1 |
| Home Health Agencies* <i>Includes 64 with Exemption</i> | 175 | Residential Treatment Facility | 1 |
| Home Medical Equipment Provider | 35 | Skilled Nursing Agency | 1 |
| Health Care Services Pool | 41 | Transitional Living Facility | 1 |

Source: Florida Agency for Health Care Administration, accessed via <https://quality.healthfinder.fl.gov/index.html>

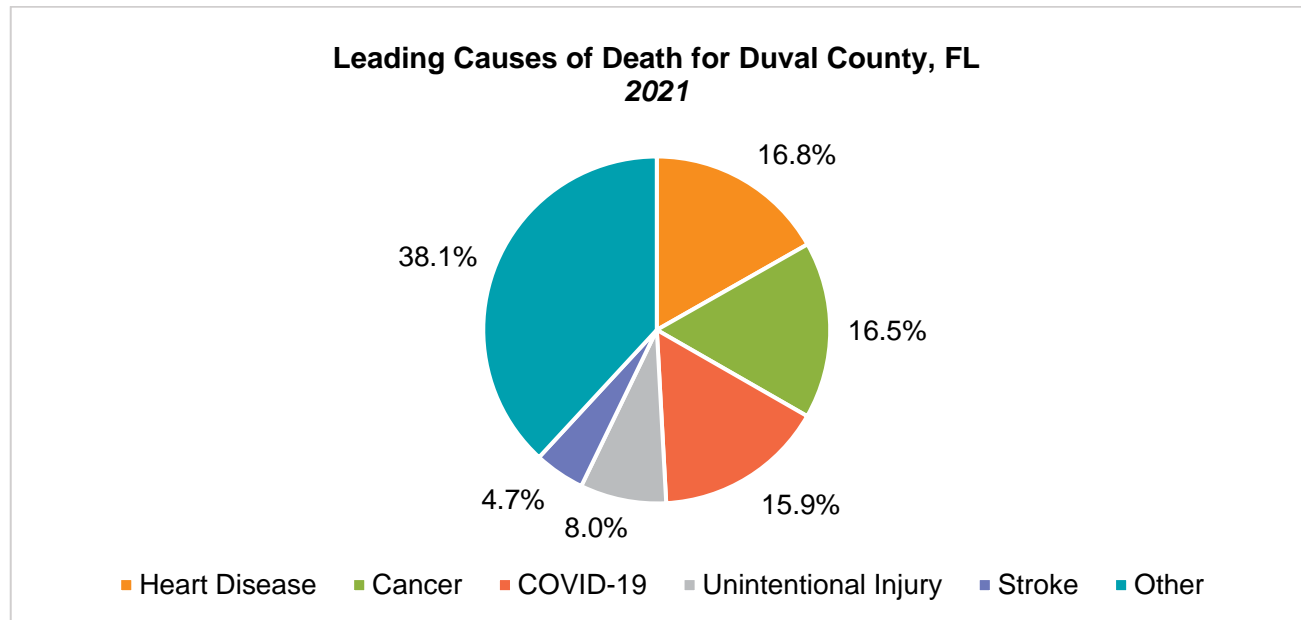
Leading Causes of Death

In 2021, 11,543 people died in Duval County, a 14% increase since 2020.



Source: Florida Department of Health, Bureau of Vital Statistics

Heart disease and cancer were leading causes of death in Duval County, accounting for one third of total deaths in Duval County in 2021. The figure below illustrates the proportion of each of the top five leading causes of death for Duval County, FL in 2021.



Source: Florida Department of Health, Bureau of Vital Statistics

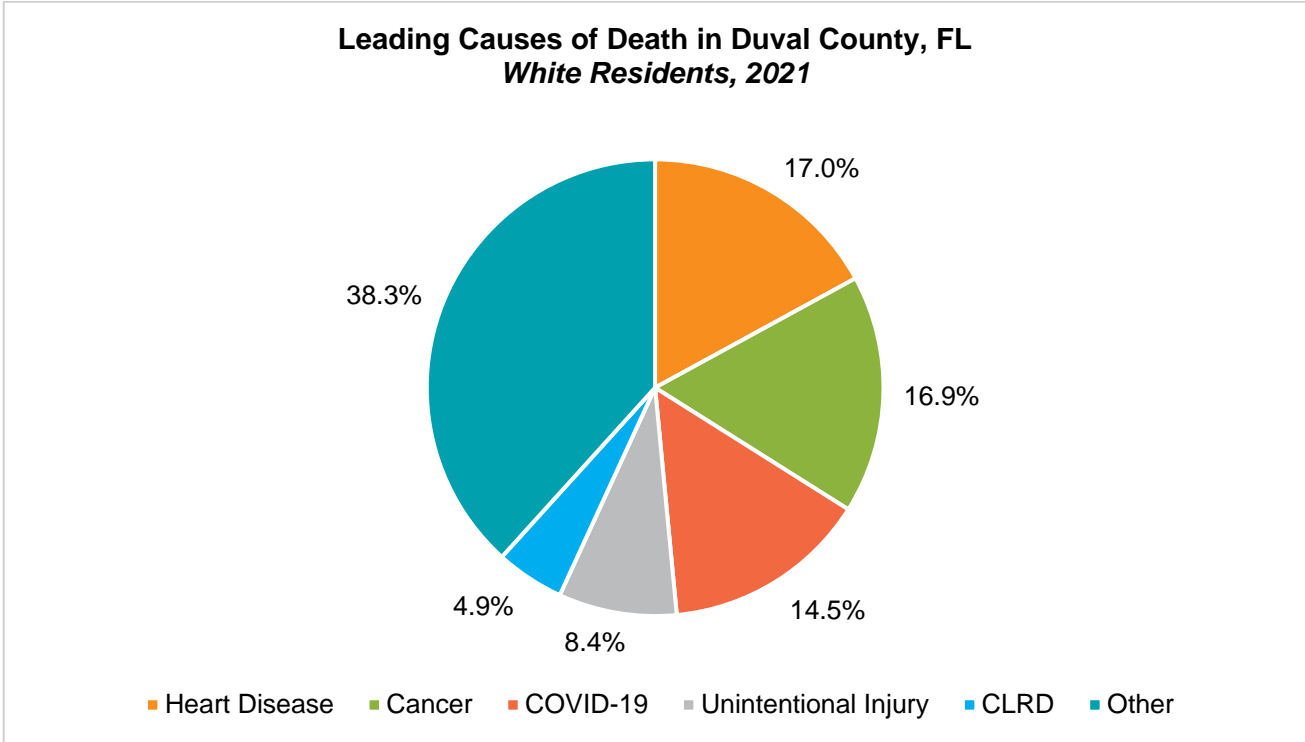
There were large differences in the top five leading causes of death across HZs in Duval County in 2021. Unintentional injury accounted for a large percentage of the total deaths in HZ 3 (15.3%), compared to Duval County (8.0%). HZ 1 (19.2%) had the highest percentage of deaths due to heart disease and HZ 2 had the highest percentage of deaths due to cancer (20.6%).

% Leading Causes of Death for each Health Zone (HZ) within Duval County, FL - 2021

| | Heart Disease | Cancer | COVID-19 | Unintentional Injury | Stroke | Other |
|--------------|---------------|--------|----------|----------------------|--------|-------|
| Duval County | 16.8% | 16.5% | 15.9% | 8.0% | 4.7% | 38.1% |
| HZ 1 | 19.2% | 13.8% | 15.9% | 8.5% | 4.5% | 38.1% |
| HZ 2 | 18.2% | 20.6% | 17.3% | 9.2% | 4.7% | 29.1% |
| HZ 3 | 17.3% | 17.7% | 16.7% | 15.3% | 5.1% | 27.9% |
| HZ 4 | 16.7% | 16.5% | 17.0% | 8.1% | 5.3% | 36.4% |
| HZ 5 | 15.4% | 15.1% | 17.5% | 9.4% | 4.4% | 38.3% |
| HZ 6 | 16.0% | 19.4% | 13.7% | 6.3% | 3.2% | 39.7% |
| Florida | 19.15% | 17.95% | 13.2% | 6.76% | 5.96% | n/a |

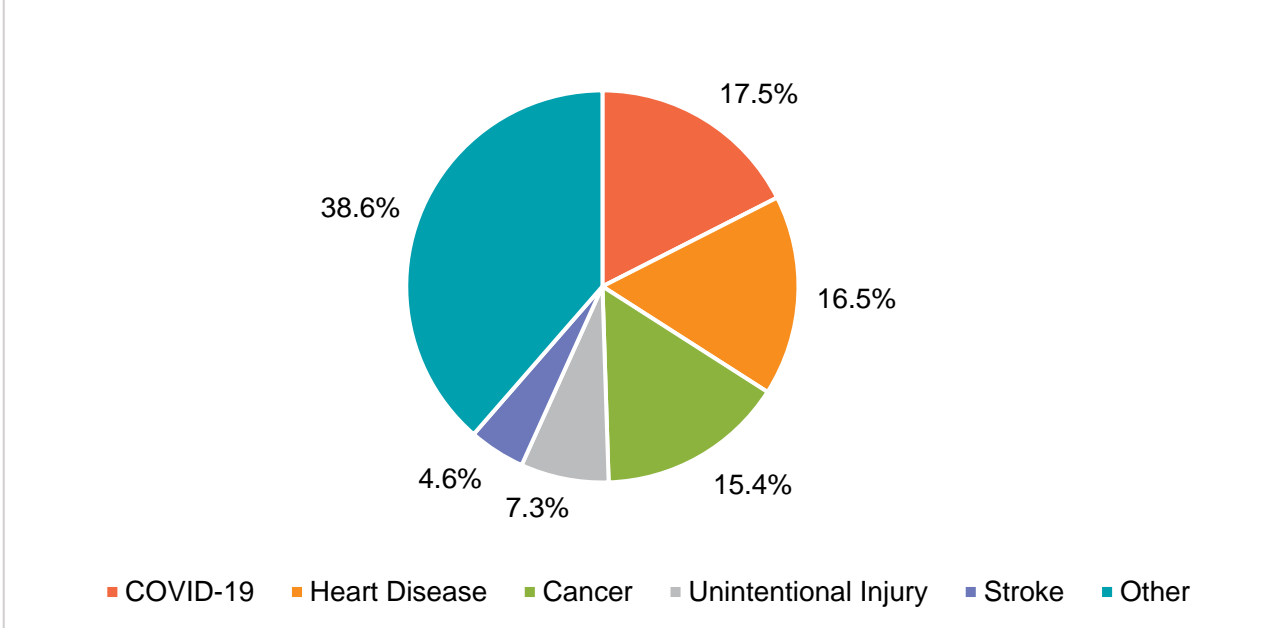
Source: Florida Department of Health, Bureau of Vital Statistics. Those highlighted in red do not favorably exceed the state value.

The top five leading causes of death in Duval County vary significantly by race. COVID-19 was the leading cause of death among black residents, accounting for 17.5% of deaths in 2021. The following provide information on the top five leading causes of death by race.



Source: Florida Department of Health, Bureau of Vital Statistics

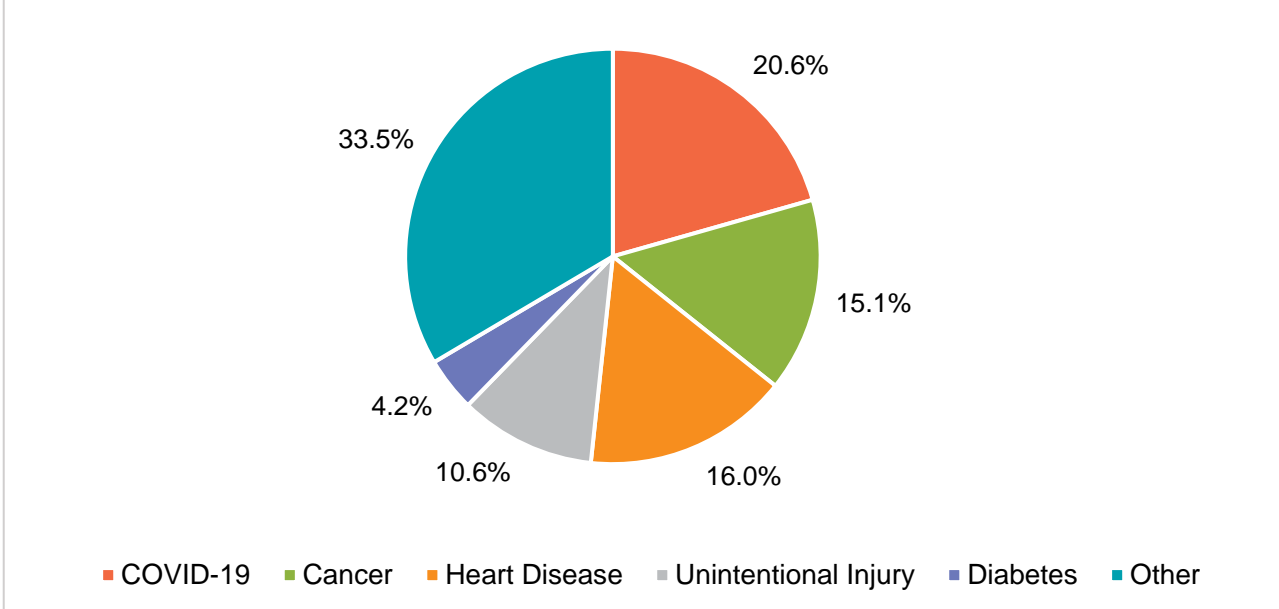
**Leading Causes of Death for Duval County, FL
Black Residents, 2021**



Source: Florida Department of Health, Bureau of Vital Statistics

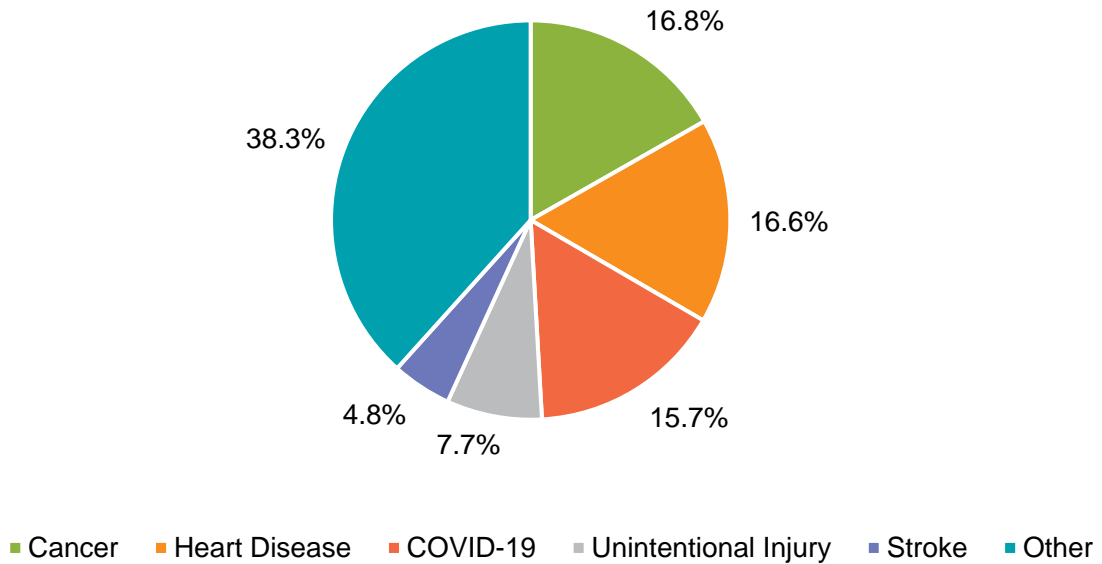
The top five leading causes of death also varied by ethnicity in Duval County in 2021. COVID-19 accounted for 21% of deaths among Hispanic (all races) residents, compared to 16% of deaths among non-Hispanics (all races).

**Leading Causes of Death for Duval County, FL
Hispanic Residents (all races), 2021**



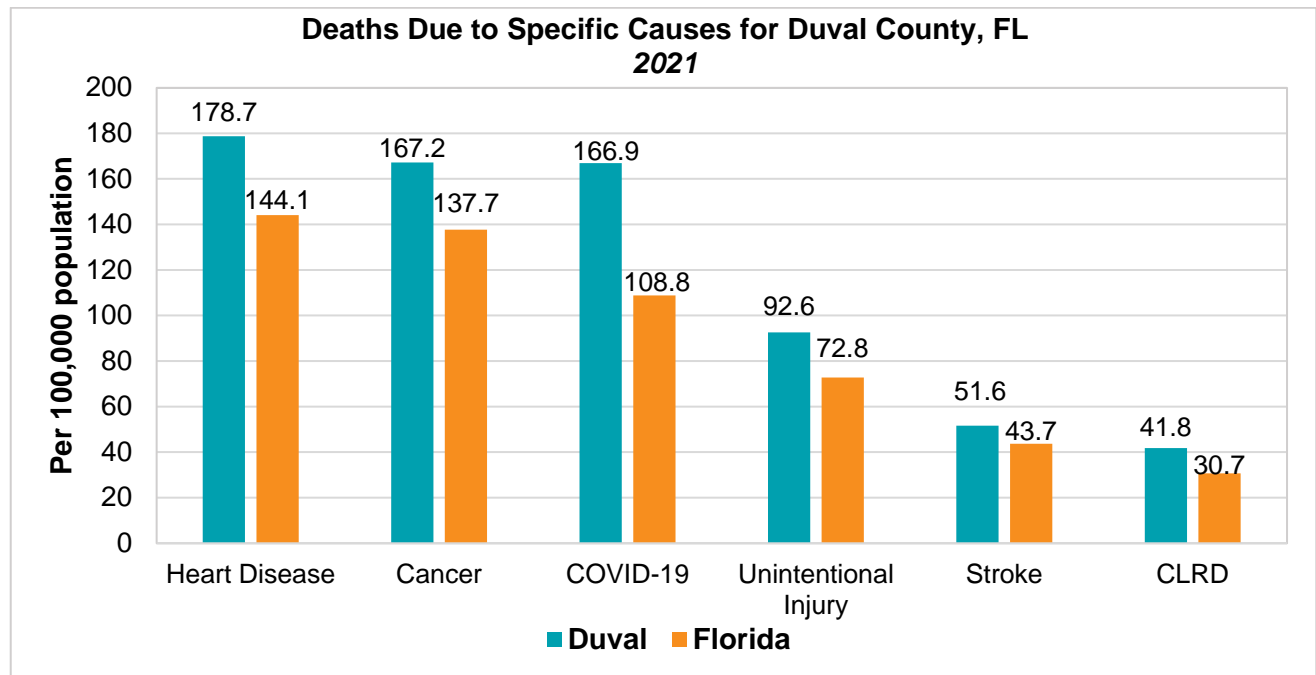
Source: Florida Department of Health, Bureau of Vital Statistics

**Leading Causes of Death for Duval County, FL
Non-Hispanic (all races), 2021**



Source: Florida Department of Health, Bureau of Vital Statistics

The chart below compares the age-adjusted death rate for specific causes in Duval County and Florida. In 2021, Duval County had higher death rates in all categories listed in the graph below compared to Florida.



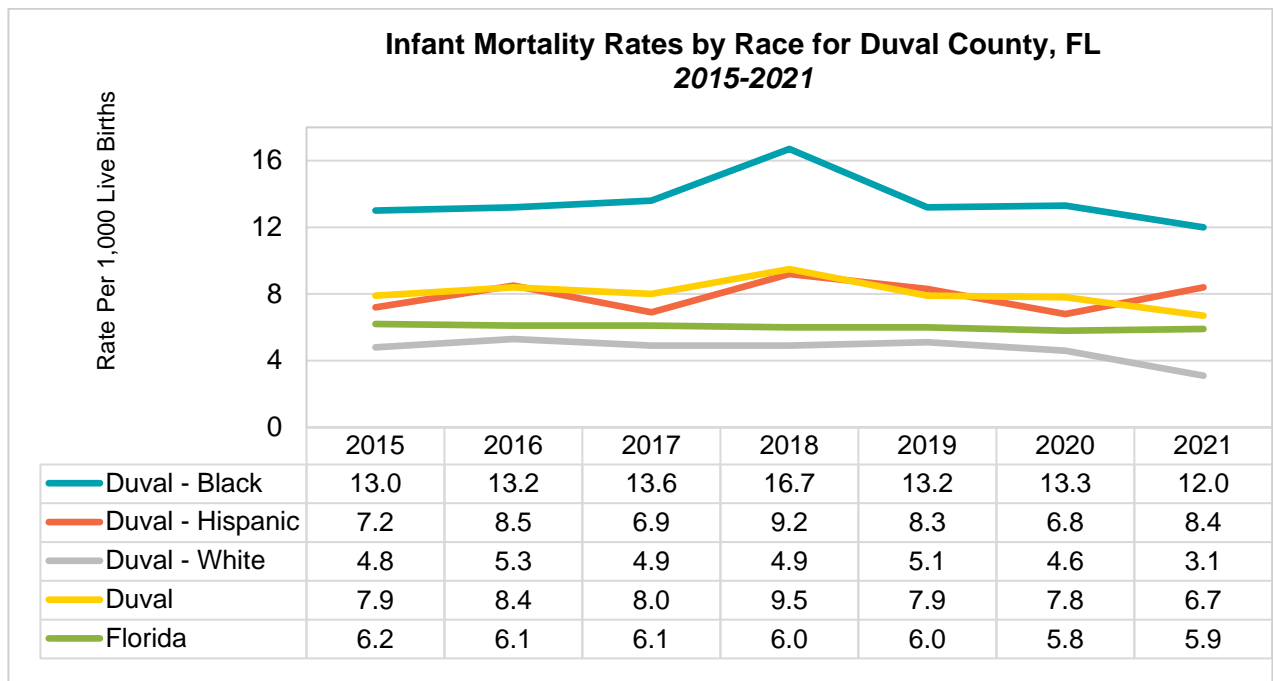
Source: Florida Department of Health, Bureau of Vital Statistics

Maternal and Child Health

Infant Mortality

Infant mortality is defined as the death of an infant before their first birthday. Infant mortality is a sentinel indicator of a community’s health and can uniquely highlight many contributing factors to the overall health outcomes of a community. Contributing factors can include poverty, socioeconomic status, and the availability and quality of health services.

As presented in the graph below, infant mortality rates in Duval County decreased slightly from 2015 (7.9 per 1,000 live births) to 2021 (6.7 per 1,000 live births). During this period, the infant mortality rate for Duval County remained above the state rate. In addition, the black infant mortality rate remained consistently higher than the white and Hispanic (all races) infant mortality rates during this period.

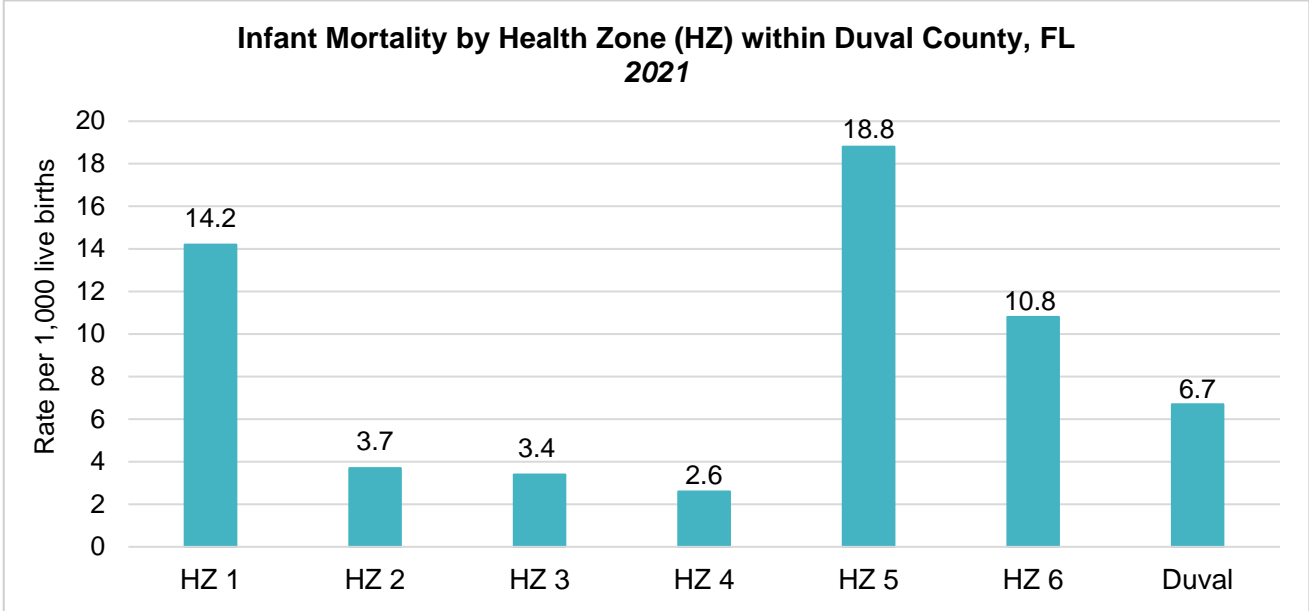


Source: Florida Department of Health, Bureau of Vital Statistics

The Healthy People 2030 goal for infant mortality is to reduce the rate of infant deaths to a rate of 5.0 deaths per 1,000 live births or fewer.

In Duval County in 2021:

- 85 infants died before their first birthday.
- Black infants were almost four times more likely to die before their first birthday than white infants.
- The leading causes of infant death were prematurity/low birth weight (18%), sudden infant death syndrome (SIDS; 17%), birth defect (14%), and unintentional injury (7%).
- HZ 5 (18.8 per 1,000 live births) had the highest infant mortality rate in Duval County. In previous assessments, HZ 1 had the highest infant mortality rate in Duval County.



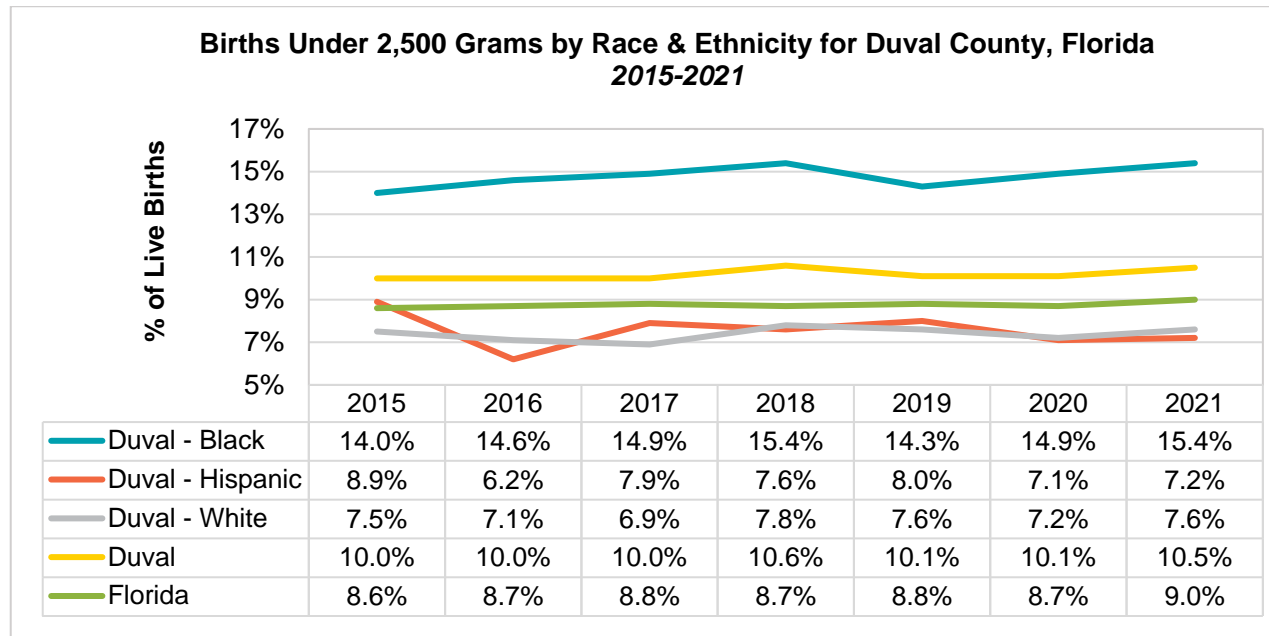
Source: Florida Department of Health, Bureau of Vital Statistics

The infant mortality rate for Florida in 2021 was 5.9 per 1,000 live births which lower than the rate of 6.7 for Duval County. HZ 5 had the highest infant mortality of all health zones at a rate of 18.8 per 1,000 live births.



Low Birth Weight Infants

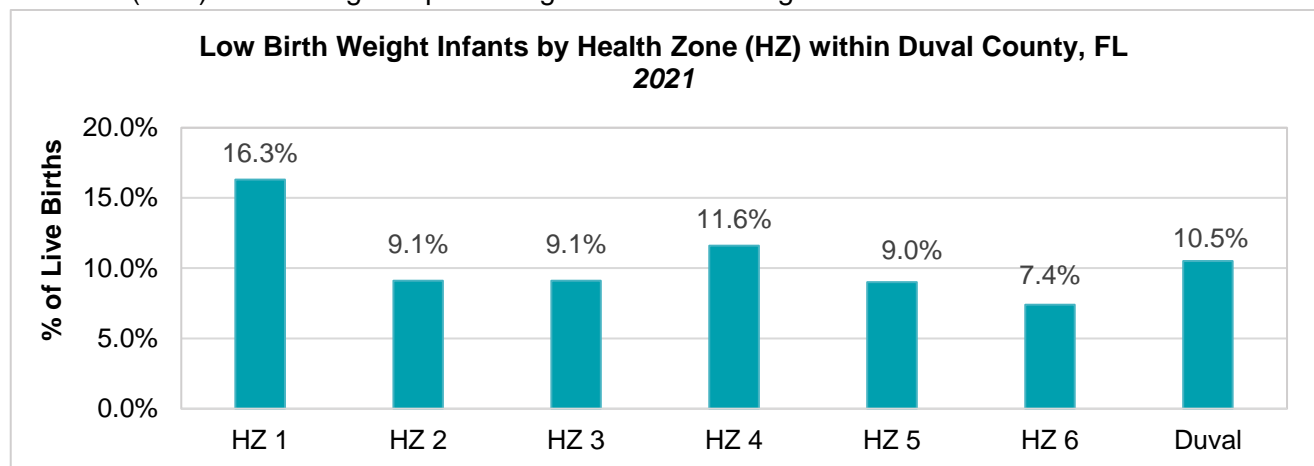
A newborn weighing fewer than 2,500 grams is a “low birth weight” infant. Factors that increase the likelihood of a low-birth-weight delivery include alcohol, tobacco, or other drug use, lack of weight gain, age of mother, low income, low education level, stress, and domestic violence. Low birth weight infants have higher rates of death and disability.



Source: Florida Department of Health, Bureau of Vital Statistics

In Duval County in 2021:

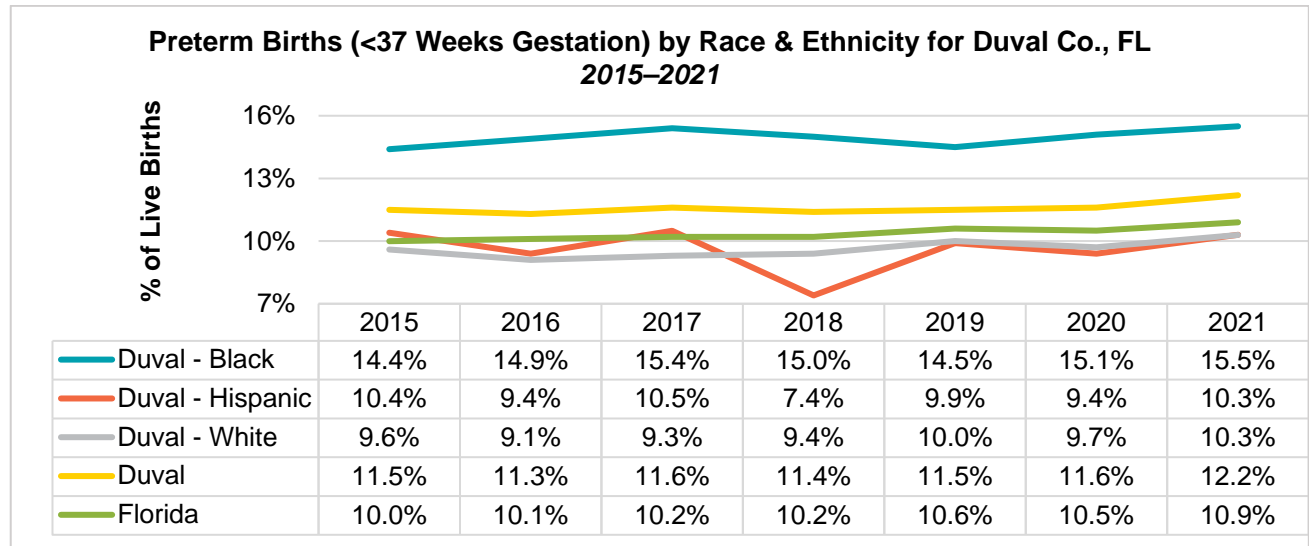
- 1,321 infants were born at a low birth weight.
- Black infants were over two times more likely to have a low birth weight than white and Hispanic infants (all races).
- HZ 1 (16%) had the highest percentage of low-birth-weight infants.



Source: Florida Department of Health, Bureau of Vital Statistics

reterm Births

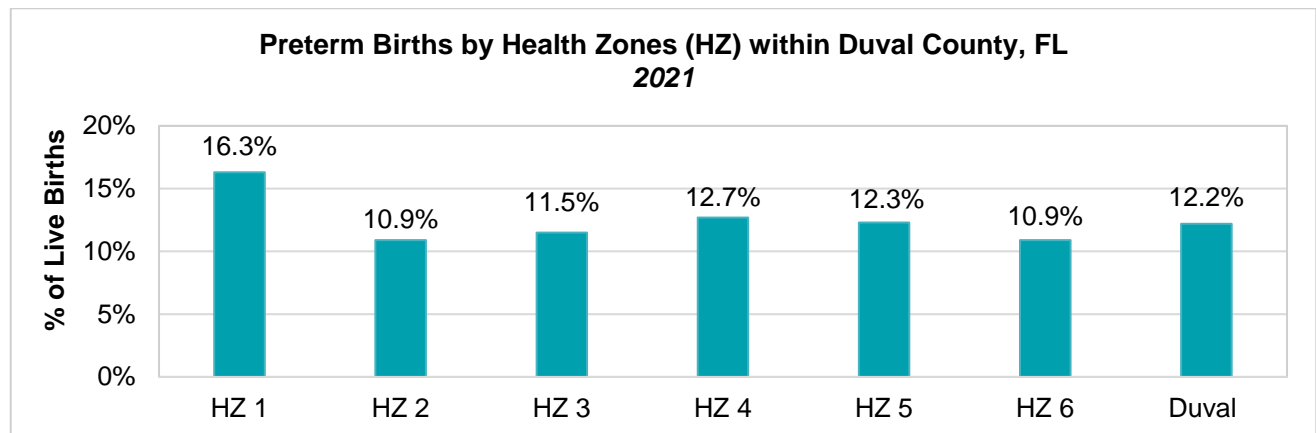
Preterm birth is when a baby is born before 37 weeks of pregnancy. A baby continues to develop in the final months and weeks of pregnancy. Babies born too early, without this development, have higher rates of death and disability. Illustrated in the graph below, the percentage of preterm deliveries in Duval County remained relatively stagnant from 2015-2021, ranging from 11%-12%. From 2015-2021, black infants had a significantly higher percentage of preterm births compared to their white and Hispanic (all races) counterparts.



Source: Florida Department of Health, Bureau of Vital Statistics

In Duval County in 2021:

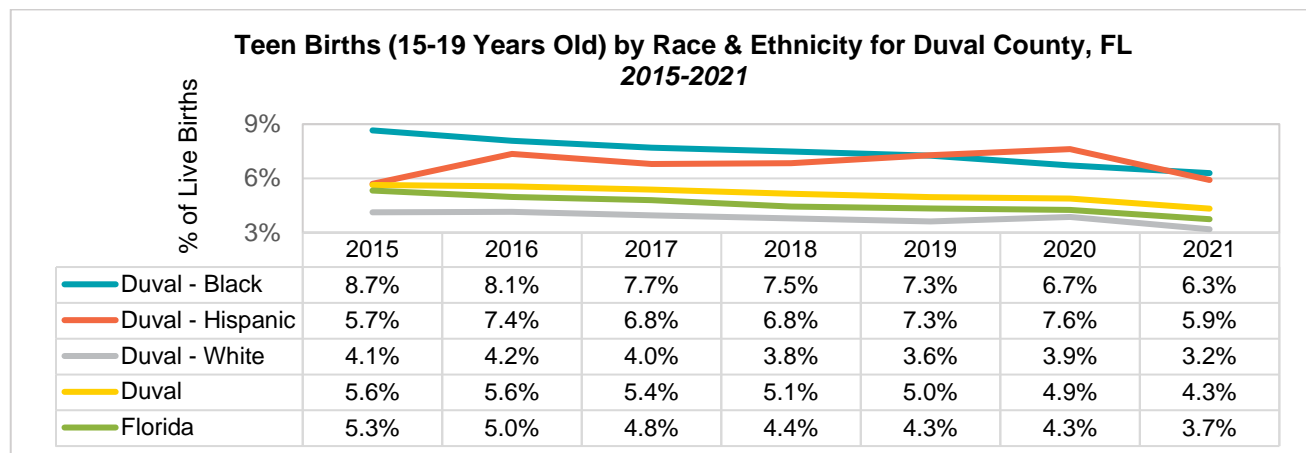
- 1,540 infants were born prematurely.
- Black infants (15%) were more likely to be born prematurely than white infant (10%) and Hispanic infants (all races; 10%).
- HZ 1 (16%) had the highest percentage of low-birth-weight infants, compared to 12% for Duval County.



Source: Florida Department of Health, Bureau of Vital Statistics

Teen Births

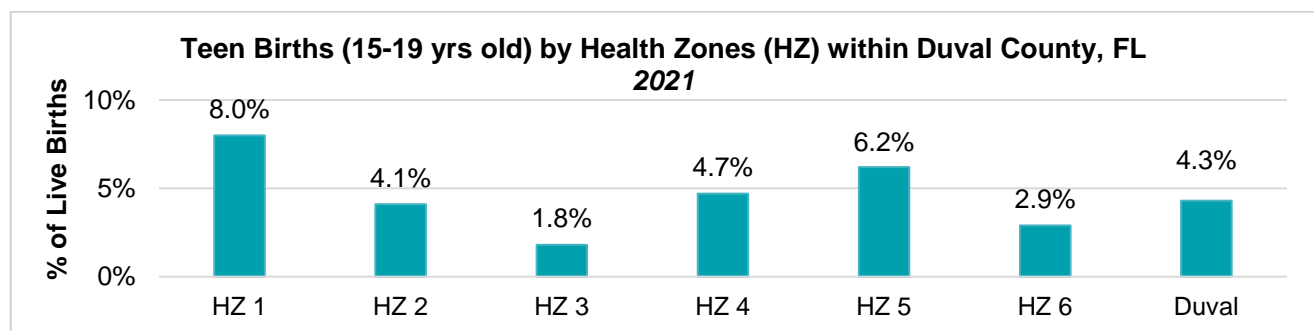
As noted by Healthy People 2030, “babies born to teen mothers are more likely to be premature, have a low birth weight, and even to die. Having a baby can also negatively impact teen mothers’ health and their educational and job opportunities. Although teen pregnancy and birth rates have gone down in recent years, disparities by race/ethnicity remain. Evidence shows that a variety of outreach and educational programs can help reduce teen pregnancies.” (Source: HP2030 accessible via: <https://health.gov/healthypeople/objectives-and-data/browse-objectives/family-planning/reduce-pregnancies-adolescents-fp-03>). As presented in the graph below, teen birth rates in Duval County and Florida have decreased from 2015 to 2021. The trend observed below parallels the national trend. Despite the declining teen birth rate, significant racial and ethnic disparities persist. For example, in Duval County, the percentage of live births to both black and Hispanic teens (all races) remains consistently higher than the percentage for white teens.



Source: Florida Department of Health, Bureau of Vital Statistics

In Duval County in 2021:

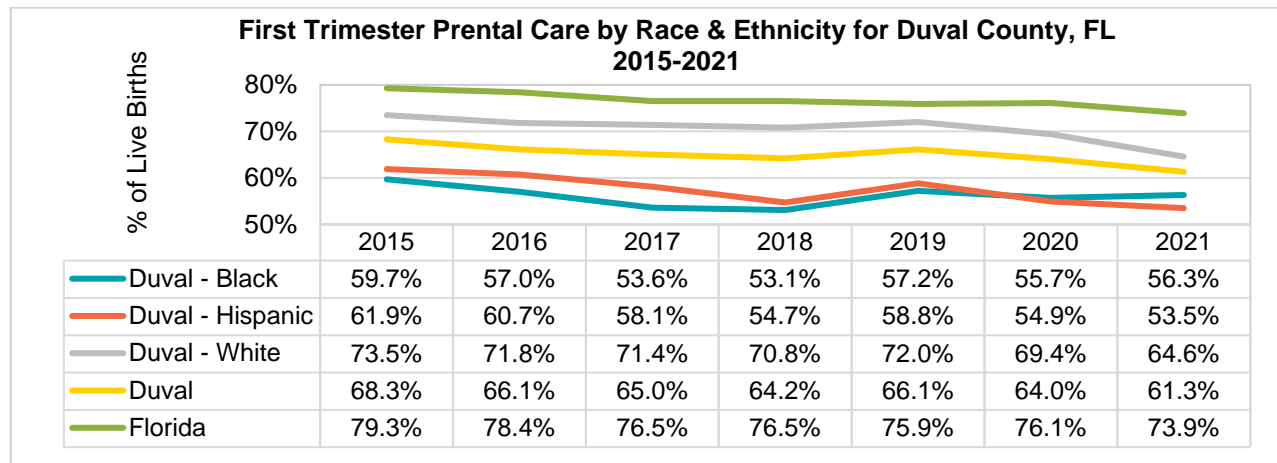
- 546 infants were born to mothers between the ages of 15 to 19, accounting for 4% of live births.
- The percent of live births to moms ages 15-19 was higher for black (6%) and Hispanic (all races; 6%) births than white (3%) births.
- The percent of live births to moms ages 15-19 in HZ 1 (8%) was nearly two times higher than the percent for Duval County (4%).



Source: Florida Department of Health, Bureau of Vital Statistics

Entry into prenatal Care

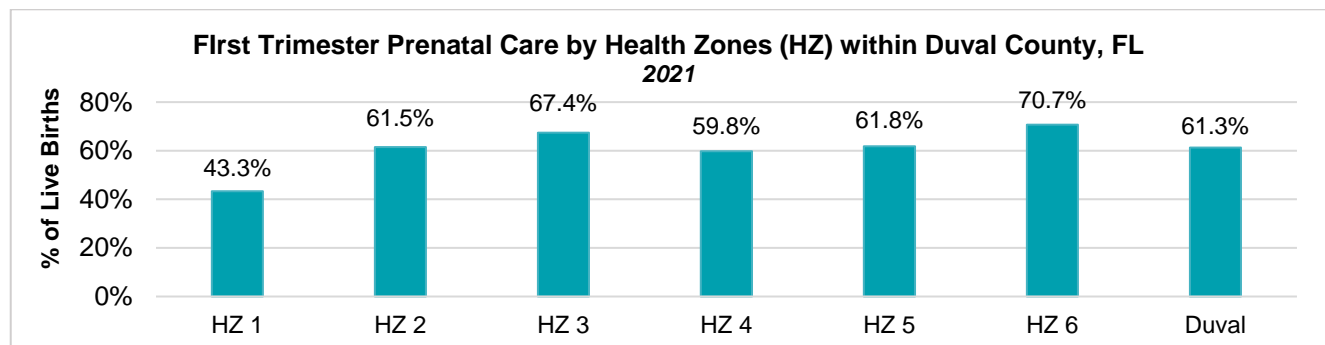
Prenatal care refers to the medical care that women receive during pregnancy. To achieve the greatest benefit for both mother and baby, it is recommended that women begin prenatal care visits in the first trimester of pregnancy or as soon as pregnancy is suspected or confirmed. Early prenatal care helps to identify and treat babies or mothers at risk for health conditions that can affect the pregnancy. Prenatal care also provides an opportunity for mothers to receive education and assistance with health issues related to pregnancy including nutrition, substance use, exercise, and preparing for childbirth and infant care. Babies born to women who receive early prenatal care are less likely to have low birth weight or to be born prematurely. Ensuring all women receive early and adequate prenatal care is a top maternal and child health priority. As presented in the chart below, the proportion of live births in Duval County with first-trimester prenatal care decreased from 68% in 2015 to 61% 2021. During this period, black and Hispanic (all races) mothers were consistently less likely to receive first-trimester prenatal care than white mothers.



Source: Florida Department of Health, Bureau of Vital Statistics

In Duval County in 2021:

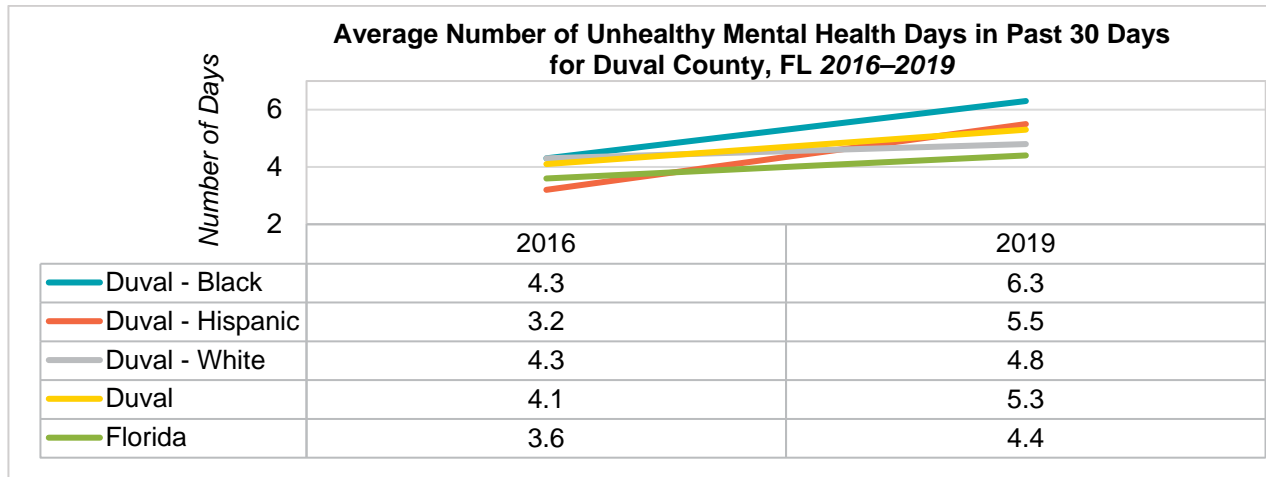
- 4,422 infants were born to mothers who did not receive first-trimester prenatal care.
- Black (56%) and Hispanic (all races; 54%) mothers were less likely to receive first-trimester prenatal care than white mothers (65%).
- Only 43% of mothers in HZ 1 received first-trimester prenatal care, compared to 61% of mothers in Duval County.



Source: Florida Department of Health, Bureau of Vital Statistics

Behavioral Health

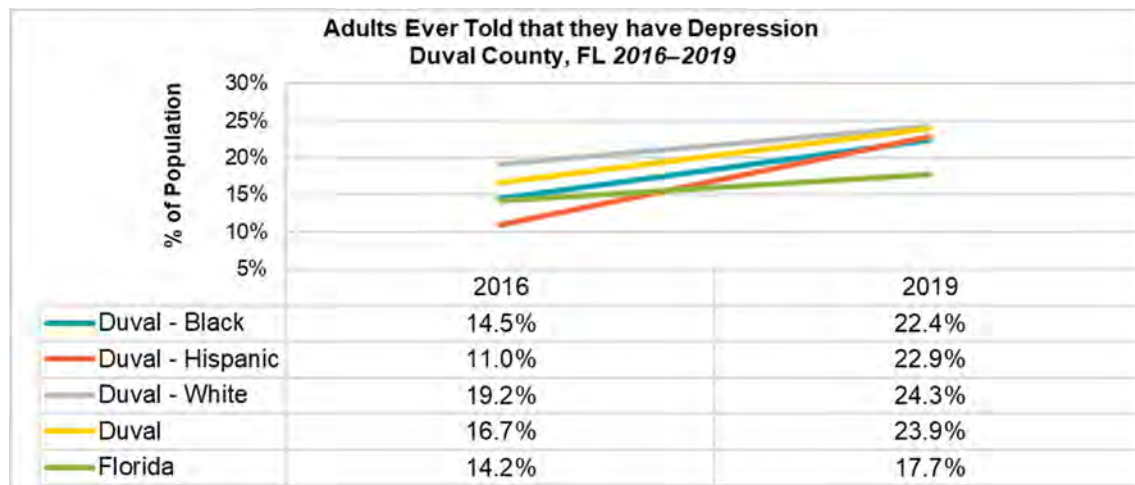
As outlined by the CDC, “Mental health includes our emotional, psychological, and social well-being. It affects how we think, feel, and act. It also helps determine how we handle stress, relate to others, and make healthy choices. Mental health is important at every stage of life, from childhood and adolescence through adulthood.” From 2016 to 2019, the average number of poor mental health days reported by adult Duval County residents increased. In 2019, Duval County residents experienced 5.3 poor mental health days per month, on average. This number translates to Duval County residents experiencing almost an entire work week of poor mental health days each month.



Source: Behavioral Risk Factor Surveillance System, 2016–2019

Depression

Depression, an illness characterized by persistent sadness and recurrent irritability, is one of the leading causes of disease and injury. Findings from the most recent Behavioral Risk Factor Surveillance System (BRFSS) report indicates that the percentage of adults in Duval County that have ever been told by a doctor that they have depression increased from 2016 to 2019. In Duval County in 2019, the percentage of adults in Duval County (24%) who had been told they have depression was higher than in Florida (18%).

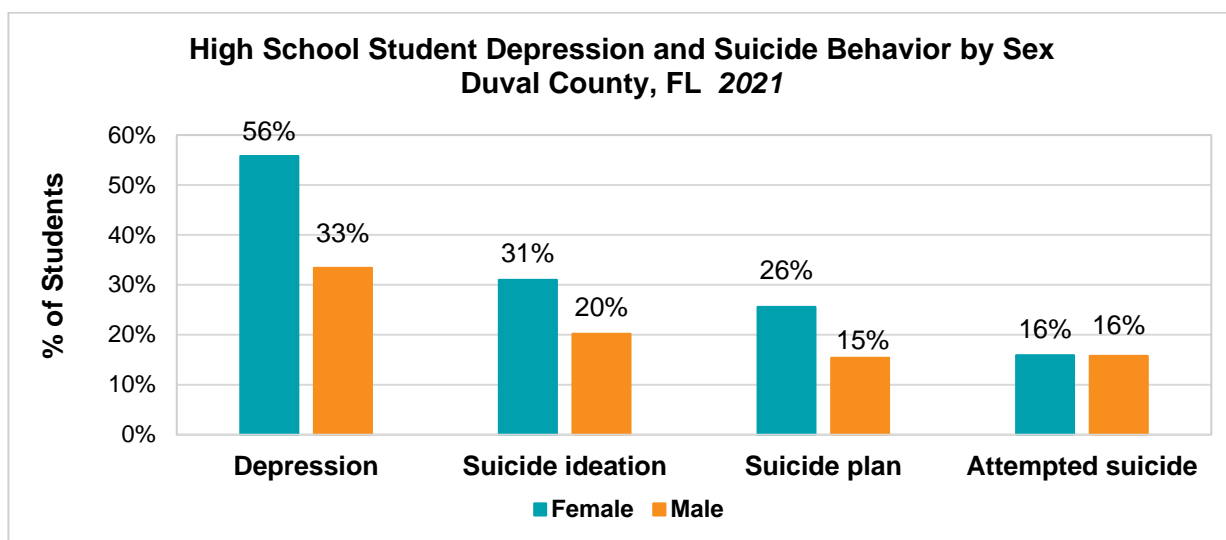


Source: Behavioral Risk Factor Surveillance System, 2016–2019

Suicide

Suicide is a serious public health problem that can have lasting harmful effects on individuals, families, and communities. Suicide risk behaviors have significantly increased among students since 2009. According to the *2021 Duval County Youth Risk Behavior Survey (YRBS)*, about 1 in 4 (24%) of middle school students reported ever making a plan to commit suicide and approximately 17% of Duval County high school students attempted suicide in the 12 months before the survey. In addition, significant differences existed between male and female high school students for depression and suicidal behaviors:

- 56% of female high school students reported feeling sad or hopeless for two or more weeks in a row during the past 12 months, compared to 33% of male high school students.
- Female high school students (31%) in Duval County were more likely to report suicidal ideation than male students (20%).
- Female high school students (26%) in Duval County were more likely to report having made a plan to commit suicide than male students (15%).



Source: Duval County Youth Risk Behavior Survey, 2021

The table below shows the number of suicide deaths in Duval County by age and year. From 2015 to 2021, 40 children and 1,045 adults committed suicide in Duval County.

Suicide Deaths by Age Group for Duval County, FL 2015–2021

| | Ages 0-18 | Ages 19+ | All Ages |
|--------------|-----------|--------------|--------------|
| 2015 | 5 | 156 | 161 |
| 2016 | 1 | 130 | 131 |
| 2017 | 5 | 150 | 155 |
| 2018 | 5 | 159 | 164 |
| 2019 | 7 | 170 | 177 |
| 2020 | 11 | 147 | 158 |
| 2021 | 6 | 133 | 139 |
| Total | 40 | 1,045 | 1,085 |

Source: Florida Department of Health, Bureau of Vital Statistics

Alcohol and Tobacco Use

Excessive alcohol use and tobacco use are leading causes of disease and disability. Findings from the 2021 Duval County YRBS indicate that tobacco and alcohol use are common among Duval County high school students.

Additional highlights include the following:

- Over 7% of high school students reported current cigarette use
- Electronic vapor product use was much more common, with 18.5% of high school students reporting use in the past 30 days
- Current alcohol use was more common among females (23%) than males (18%)
- Approximately 6% of high school students reported binge drinking behavior

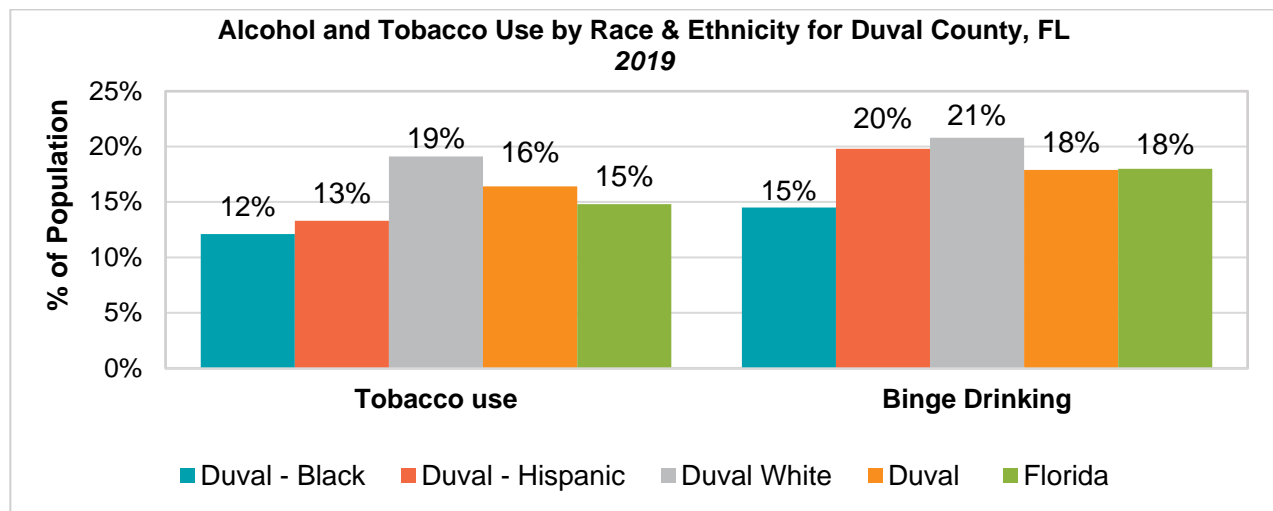
Alcohol and Tobacco Use among High School Students in Duval County, FL 2021

| | Female | Male | Duval County |
|--------------------------------------|--------|-------|--------------|
| Tobacco use | | | |
| Current cigarette use | 5.5% | 7.6% | 7.3% |
| Current electronic vapor product use | 19.1% | 16.4% | 18.5% |
| Alcohol use | | | |
| Current alcohol use | 22.6% | 18.1% | 20.8% |
| Binge drinking | 6.9% | 5.1% | 6.4% |

Source: Duval County Youth Risk Behavior Survey, 2021

Findings from the 2019 BRFSS indicated that alcohol and tobacco use is common among Duval County adults:

- 18% of adults in Duval County reported binge drinking
- Binge drinking was more common among white (21%) residents than Hispanic (20%) or black (15%) residents
- 16% of adults reported current cigarette use, compared to 15% for the state
- Current cigarette use was more common among black residents (19%) than Hispanic (13%) or white (12%) residents

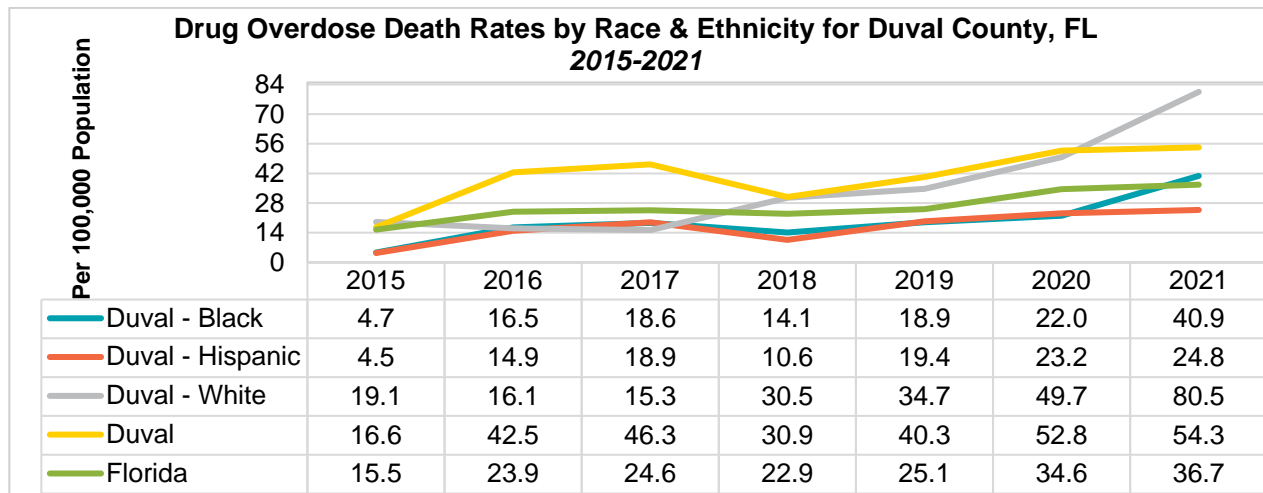


Source: Behavioral Risk Factor Surveillance System, 2019

Drug Overdose Deaths

Drug overdoses are a leading cause of death due to injury in the United States. Currently, synthetic opioids (other than methadone) account for the largest proportion of drug overdose deaths. Drug overdose deaths can be prevented. Surveillance of drug overdose death data allows public health professionals to determine locations and populations where deaths are most common and tailor intervention strategies for populations at greater risk of overdose.

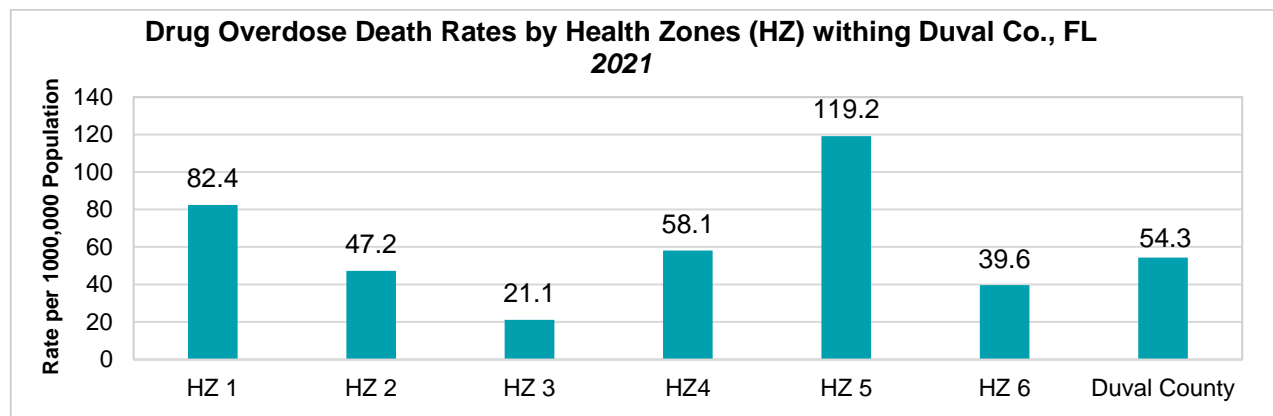
As presented in the graph below, the rate of drug overdose deaths in Duval County increased from 2015 (40.8 per 100,000 population) to 2021 (52.1 per 100,000 population). During this period, the drug overdose death rate for white residents was consistently higher than the rate for black and Hispanic residents (all races). In addition, the drug overdose rate for Duval County was higher than the rate for Florida.



Source: Florida Department of Health, Bureau of Vital Statistics

In Duval County in 2021:

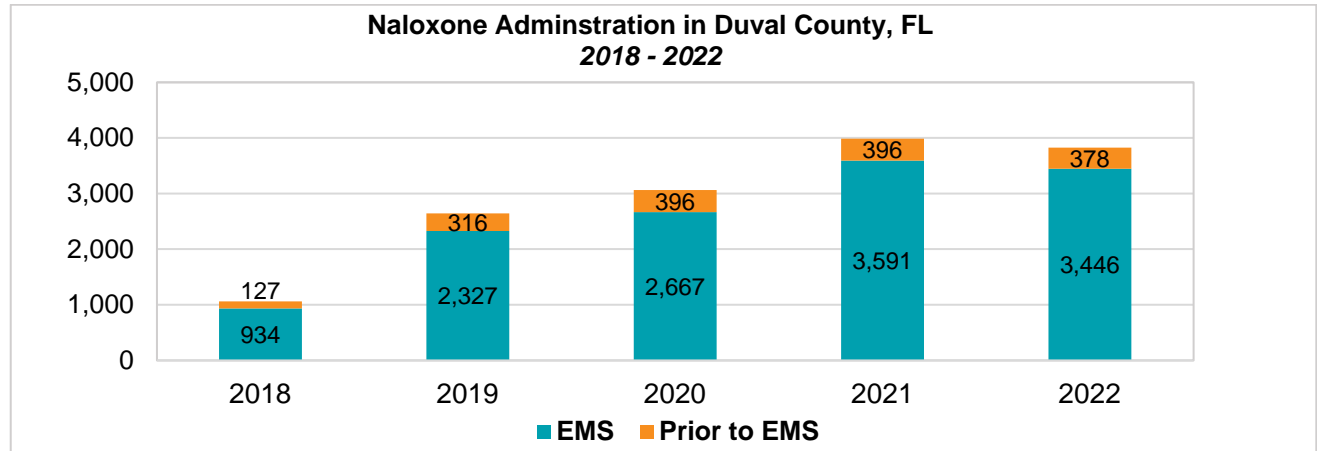
- A total of 531 residents died from a drug overdose.
- White residents (63.3 per 100,000 population) were more likely to die from a drug overdose than black (39.8 per 100,000 population) and Hispanic residents (all races; 23.9 per 100,000 population).
- HZ 5 (119.7 per 100,000 population) had the highest drug overdose death rate in Duval County, FL.



Source: Florida Department of Health, Bureau of Vital Statistics

Narcan Administration

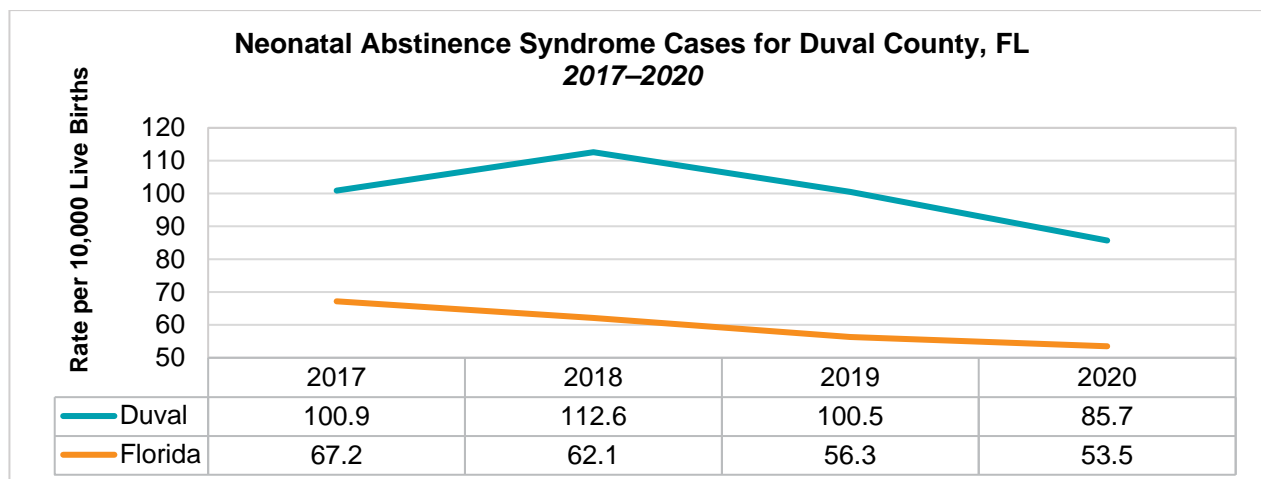
Naloxone is a life-saving medication that can reverse an overdose caused by opioids, including heroin, fentanyl, and prescription opioid medications. Naloxone can restore normal breathing within 2 to 3 minutes in a person experiencing an overdose. Increasing access to Naloxone allows bystanders to prevent a fatal overdose and save lives. In 2022, naloxone was administered in 3,824 drug overdoses involving EMS response.



Source: Florida Department of Health, EMSTARS

Neonatal Abstinence Syndrome

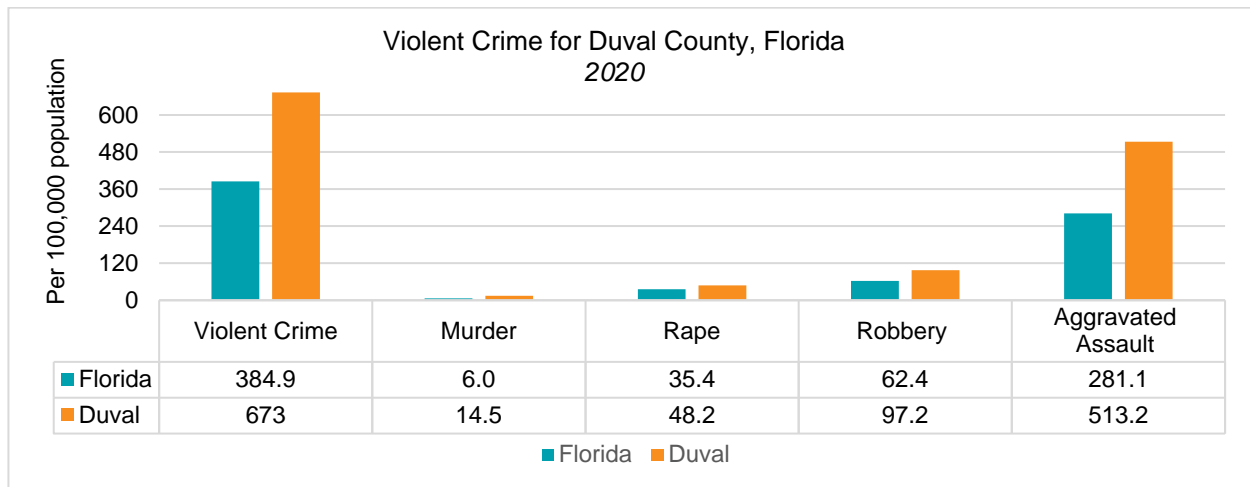
Neonatal abstinence syndrome is a drug withdrawal syndrome that occurs in infants due to exposure to opioids while in-utero. Neonatal abstinence syndrome can appear within 48 to 72 hours of birth with symptoms such as central nervous system irritability, gastrointestinal dysfunction, and temperature instability. The rate for neonatal abstinence syndrome cases in Duval County decreased by 15% percent from a previous level of 100.9 per 10,000 live births in 2017 to 85.7 per 10,000 live births in 2020. During this period, the neonatal abstinence syndrome rate for Duval County was consistently higher than the rate for Florida.



Source: Florida Department of Health, Birth Defects Registry

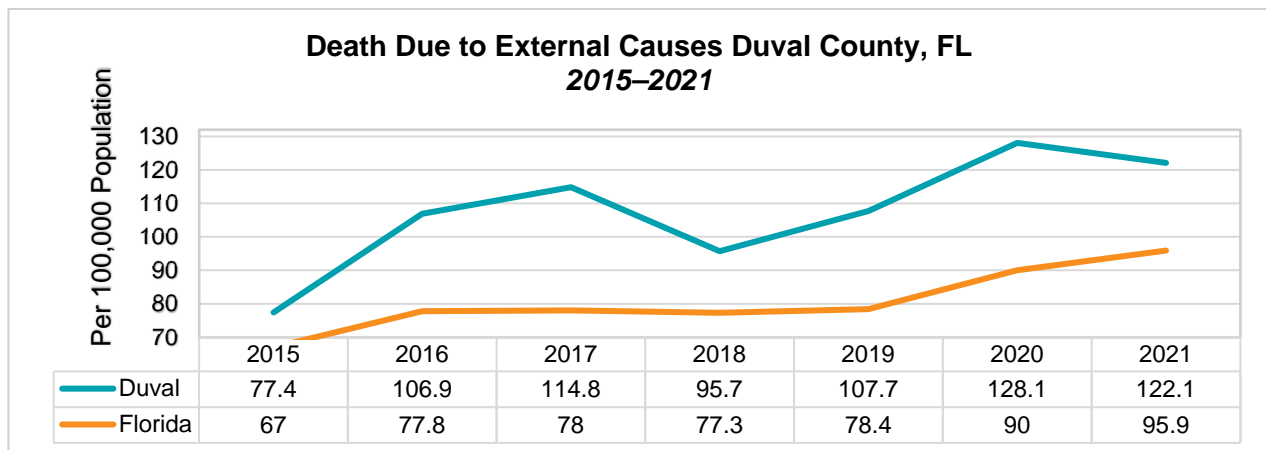
Violence and Injury

Violence is a significant public health concern in the United States, affecting people in all stages of life. Violence negatively impacts the health of victims along with those who witness violence. Merely being exposed to violence is associated with an increased risk for chronic diseases, mental health problems, and lower quality of life. In 2020, Duval County had significantly higher rates of murder, rape, robbery, and aggravated assault when compared to Florida rates.



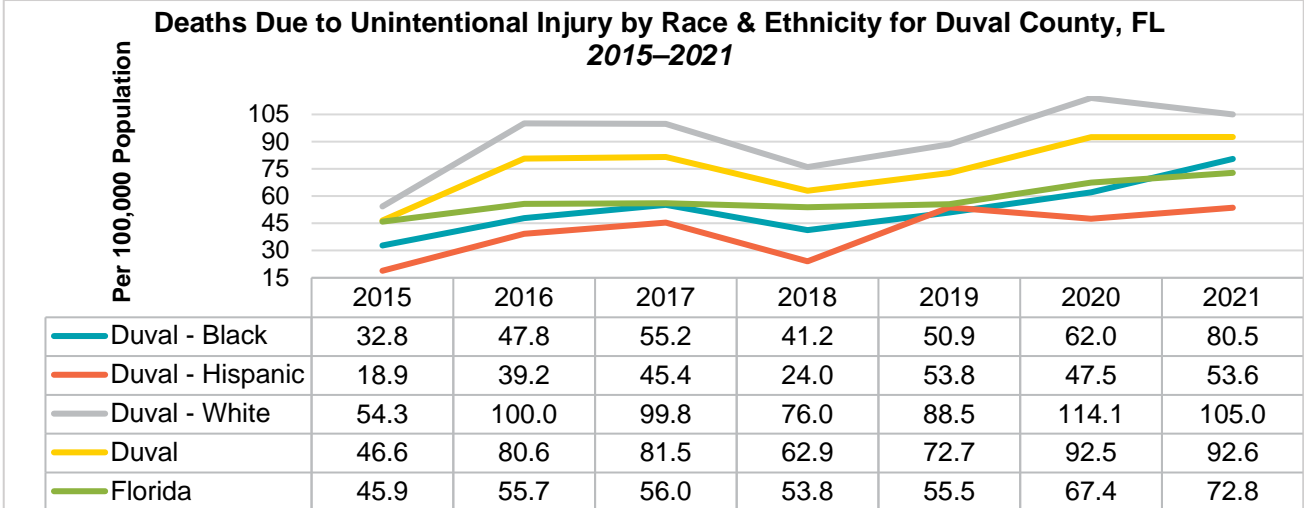
Source: Florida Department of Law Enforcement

The following graph provides the rate of deaths due to external causes in Duval County and Florida. External causes of death include intentional and unintentional injury, poisoning (including drug overdose), and complications of medical or surgical care. In 2021, the rate of deaths due to external causes in Duval County (122.1 per 100,000 population) was higher than Florida’s rate (95.9 per 100,000 population).



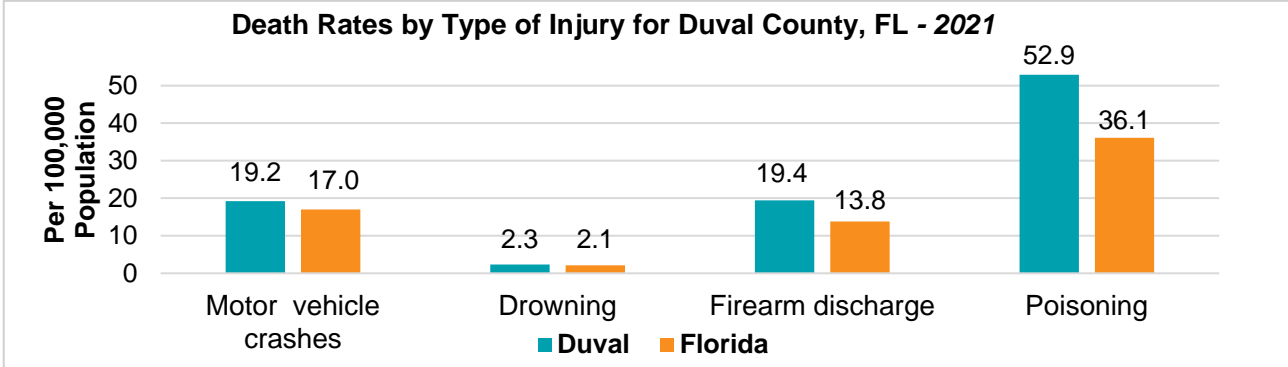
Source: Florida Department of Health, Bureau of Vital Statistics

As noted by Healthy People 2030, "...unintentional injuries from things like falls, drug overdoses, and motor vehicle crashes are a major cause of death in the United States. There are many effective interventions to reduce unintentional injuries, including interventions tailored to groups at high risk for certain types of injuries." (Source: HP2030 accessible via <https://health.gov/healthypeople/objectives-and-data/browse-objectives/injury-prevention/reduce-unintentional-injury-deaths-ivp-03>) The graph below shows the unintentional injury death rates in Duval County from 2015 to 2021. During this time period, the death rate due to unintentional injury in Duval County increased for all races and ethnicities. In 2021, the death rate due to unintentional injury for white (105.0 per 100,000 population) residents was significantly higher than the rate for black (80.5 per 100,000 population) and Hispanic - All Races (53.6 per 100,000 population) residents.



Source: Florida Department of Health, Bureau of Vital Statistics

In 2021, Duval County had higher rates of deaths due to firearm discharge and poisoning than Florida. The age-adjusted death rate due to unintentional poisoning in Duval County was almost 1.5 times higher than the rate for Florida. The national *Healthy People 2030* goal to reduce unintentional injury deaths to a rate of 43.2 per 100,000 in population. In working toward this goal, collectively, a downward trend is desired.



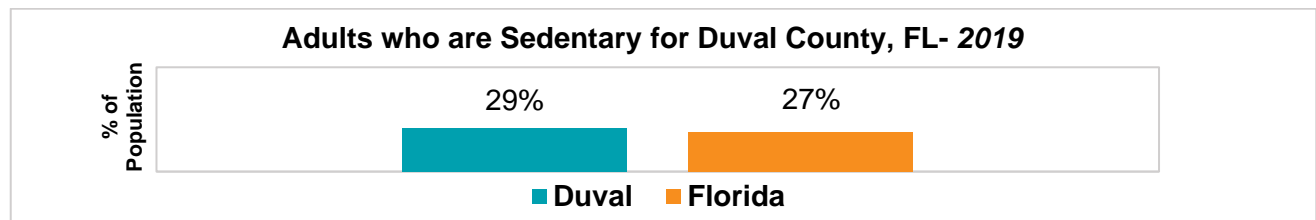
Source: Florida Department of Health, Bureau of Vital Statistics

orbidity

Morbidity, another term for illness, encompasses disease, injury, and disability. Morbidity rates provide insight into the disease burden or risks in a population. Data in the following section were collected from several sources including the BRFSS, the Agency for Health Care Administration (AHCA), the Florida Department of Health, and other surveillance programs and entities.

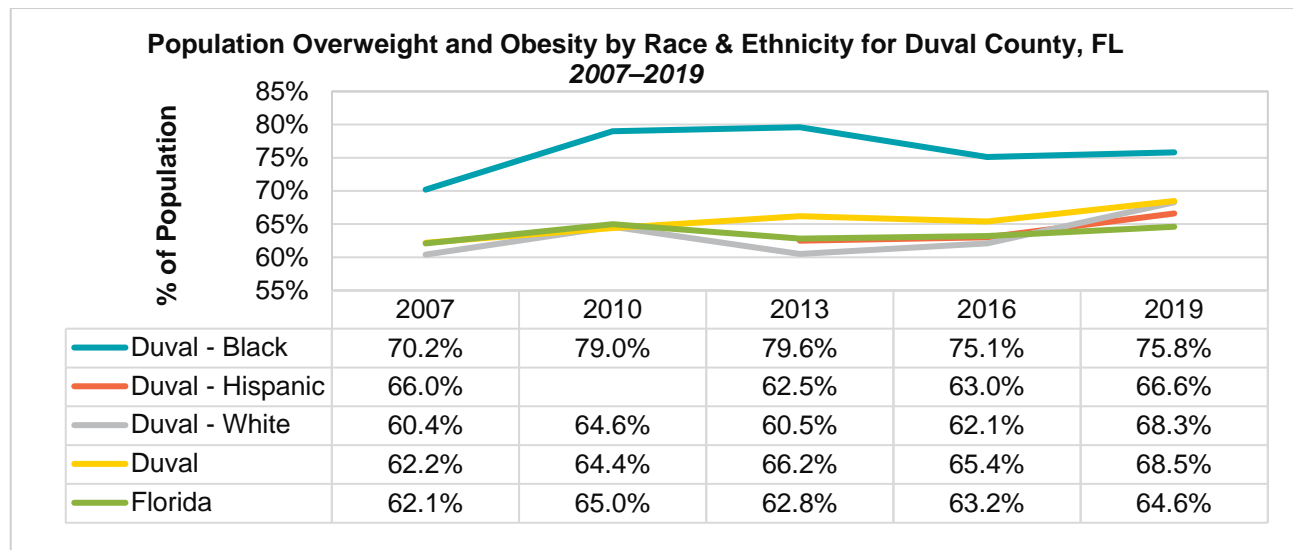
Physical Activity, Nutrition, and Obesity

Diet, physical activity, and body weight are related to health status. Good nutrition helps reduce the risk for many health conditions, including heart disease, type 2 diabetes, various cancers, and other health problems. The healthcare costs associated with these health conditions are substantial. The graph presented below outlines data on adults who live a sedentary lifestyle in Duval County and Florida collected through the BRFSS. A sedentary lifestyle is one that engages in little to no physical movement or exercise. In 2019, approximately 29% of Duval County residents reported a sedentary lifestyle, compared to 27% for Florida.



Source: Behavioral Risk Factor Surveillance System

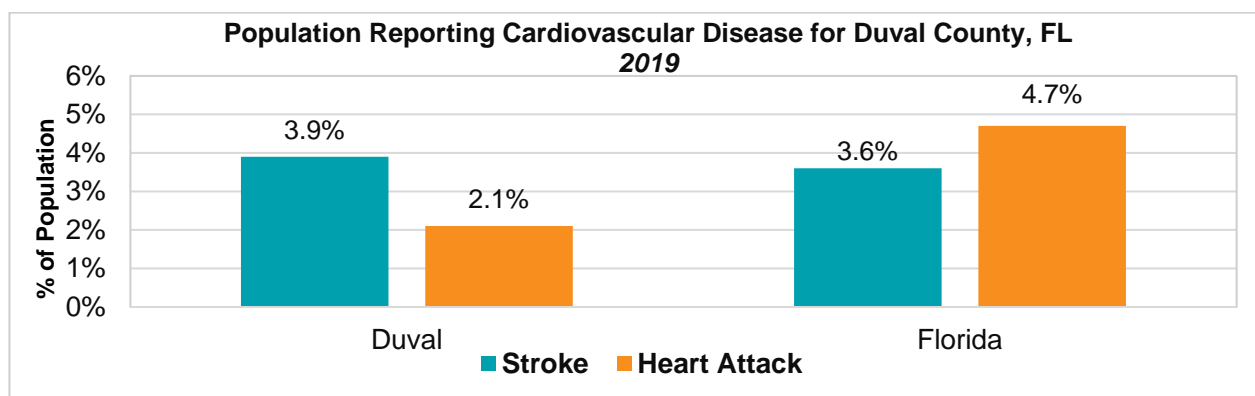
In 2007, a similar percentage of Duval County (62%) and Florida (62%) residents were overweight or obese. However, from 2007 to 2019, Duval County (62% to 69%) saw an increase in the percentage of residents that were overweight or obese compared to Florida (62% to 65%). In 2019, 76% of black residents in Duval County were overweight or obese, compared to 68% of white residents.



Source: Behavioral Risk Factor Surveillance System, Note: Prevalence is excluded (blank cells) for any subpopulation with a sample size less than 30, which would yield statistically unreliable estimates.

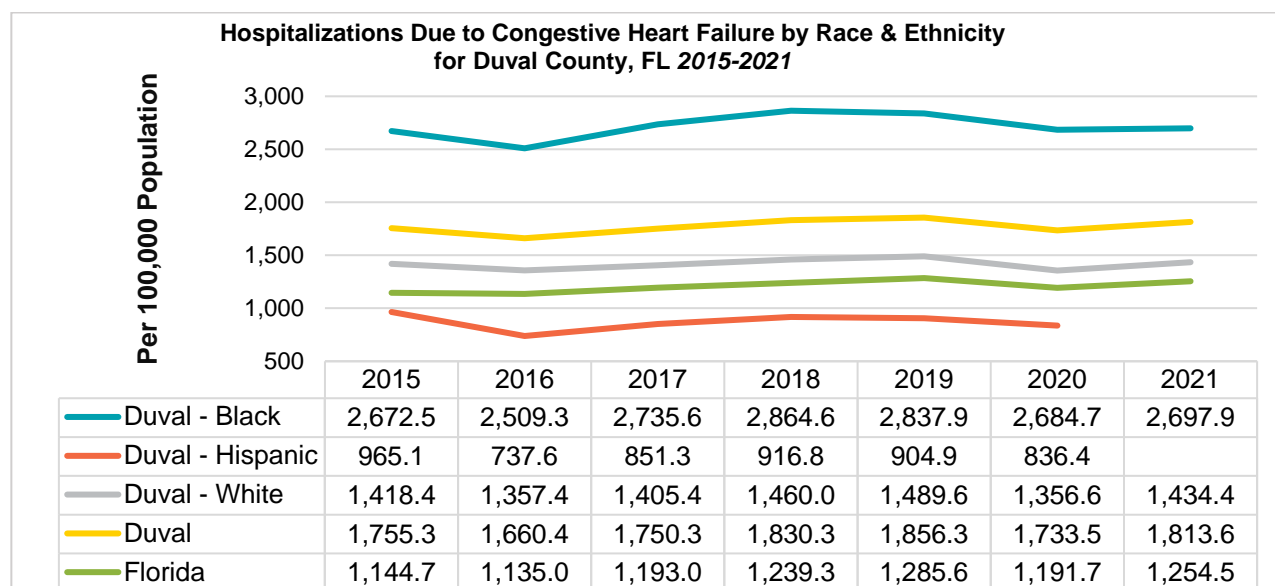
Cardiovascular Disease

Heart disease is the leading cause of death for people of most racial/ethnic groups in the United States, including blacks, whites, and Hispanics (all races). For Asian Americans/Pacific Islanders and American Indians/Alaska Natives, heart disease is second only to cancer. Heart disease costs the United States about \$219 billion each year. The graph below includes data collected through the BRFSS on cardiovascular disease in Duval County and Florida. In 2019, Duval County had a lower self-reported prevalence of heart attacks when compared with Florida.



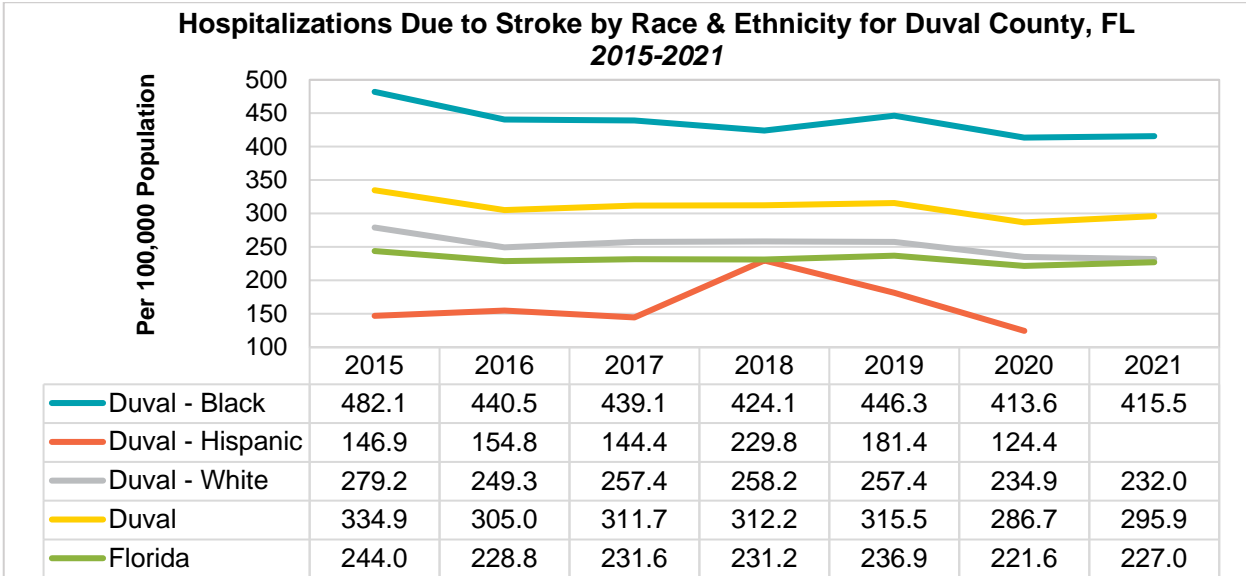
Source: Behavioral Risk Factor Surveillance System

From 2015 to 2021, the rate of hospitalizations due to congestive heart failure was higher in Duval County than Florida. During this period, black residents in Duval County had hospitalization rates for congestive heart failure that was about double that of white residents and more than three times that of Hispanic (all races) residents.



Source: Florida Agency for Health Care Administration (AHCA) Note: Ethnicity data is not available for 2021.

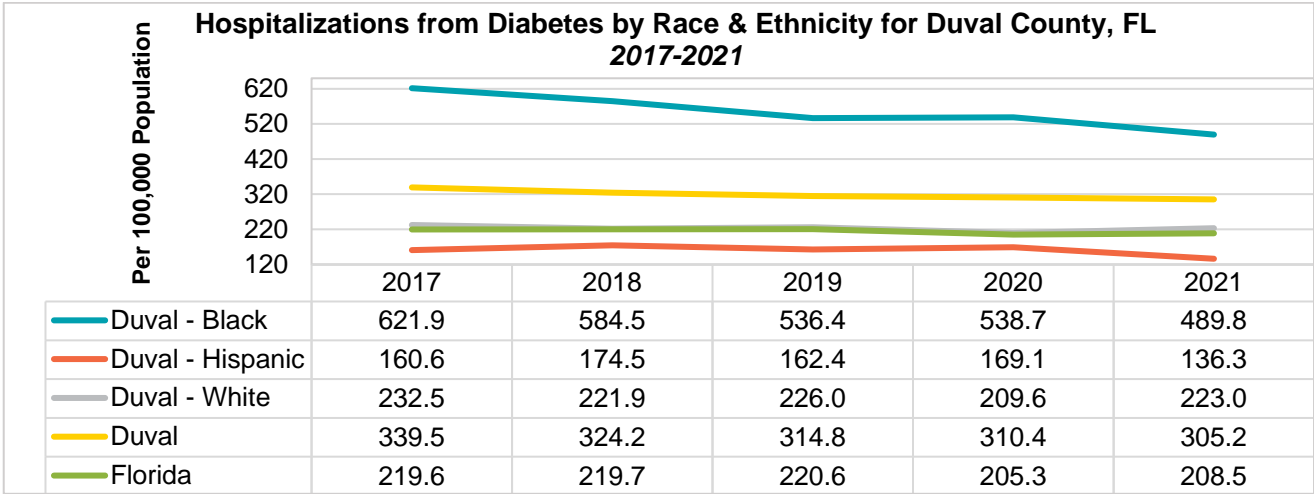
The following table presents the rate of hospitalizations due to stroke in Duval County and Florida from 2015 to 2021. During this period, black residents in Duval County had the highest rate of hospitalization due to stroke when compared to white and Hispanic (all races) residents.



Source: Florida Agency for Health Care Administration (AHCA), Note: Ethnicity data is not available for 2021.

Diabetes

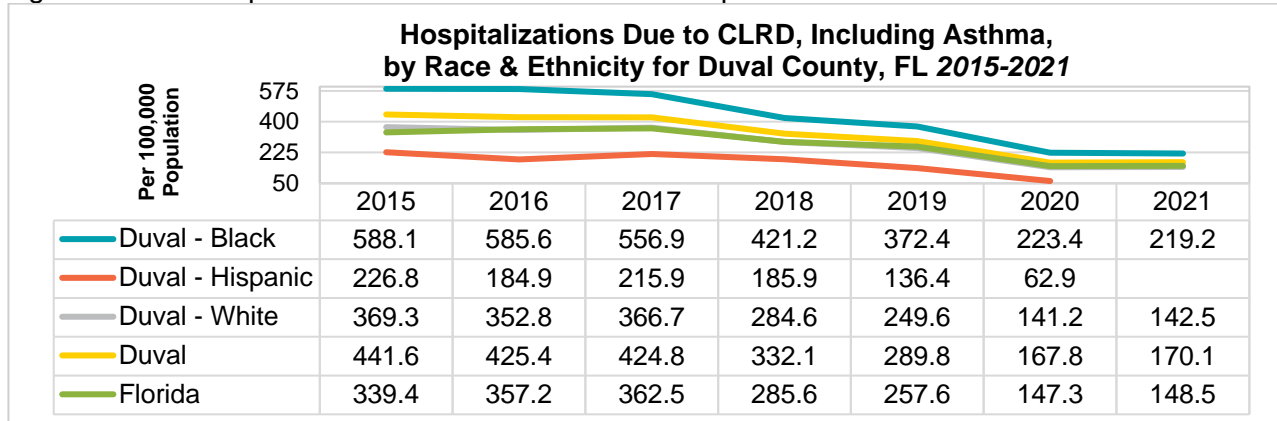
Diabetes affects an estimated 37.3 million people in the United States and is the 7th leading cause of death. The estimated financial cost of diabetes in the United States in 2021 was \$327 billion, which includes the cost of medical care, disability, and premature death. From 2015 to 2021, Duval County had a higher rate of hospitalizations due to diabetes compared to Florida. During this period, black residents in Duval County consistently had higher rates of hospitalizations due to diabetes than white and Hispanic (all races) residents.



Source: Florida Agency for Health Care Administration (AHCA)

Chronic Lower Respiratory Diseases (CLRD)

Chronic obstructive pulmonary diseases (COPD, also known as CLRD) include emphysema, chronic bronchitis, and asthma – diseases that are characterized by obstruction to airflow. Currently, more than 25 million people in the United States have asthma. The burden of respiratory diseases affects individuals and their families, schools, workplaces, and communities. Annual healthcare expenditures for asthma alone are estimated at \$50 billion. From 2015 to 2021, Duval County had higher rates of hospitalizations due to CLRD when compared to the state.



Source: Florida Agency for Health Care Administration (AHCA), Note: Ethnicity data is not available for 2021.

Cancer

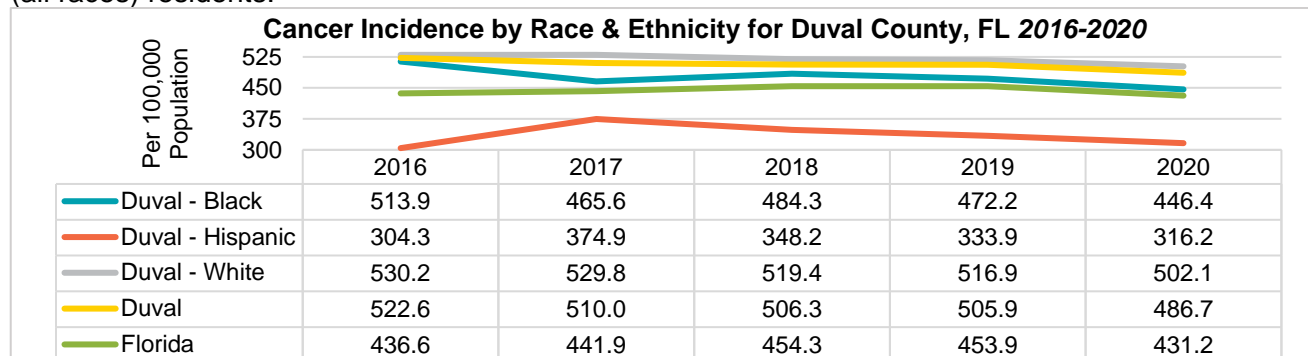
Cancer is nationally recognized as a major public health issue and, in 2021, was the second leading cause of death in the United States. The table below includes data gathered through the BRFSS in 2016 and 2019.

Adults Who Have Ever Been Told They Had Any Type of Cancer Except Skin Cancer, Duval County and Florida, 2016 -2019.

| Year | Duval | Florida |
|------|-------|---------|
| 2016 | 6.2% | 7.5% |
| 2019 | 6.8% | 8.0% |

Source: Behavioral Risk Factor Surveillance System

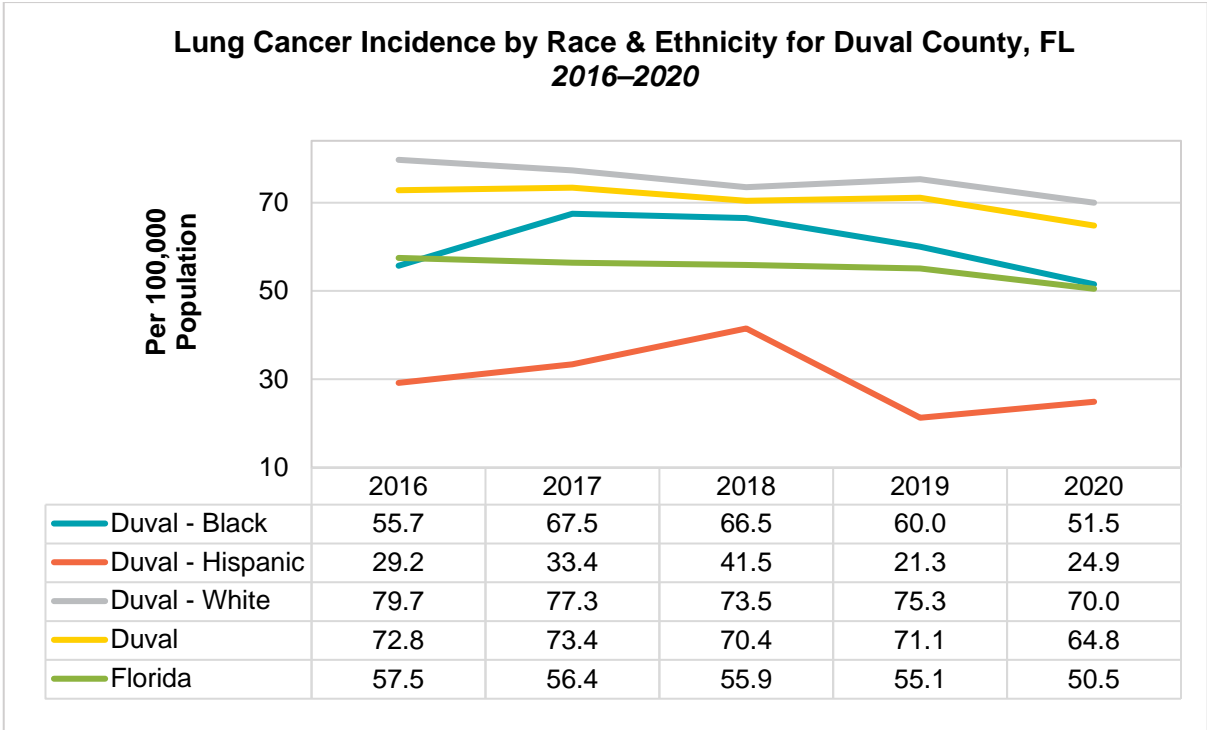
The graph below presents cancer incidence rates in Duval County from 2015 to 2019. During this period, Duval County consistently had higher cancer incidence than Florida. In 2019, Duval County's white residents had the highest rate of cancer incidence, followed by black residents and Hispanic (all races) residents.



Source: University of Miami (FL) Medical School, Florida Cancer Data System

Lung Cancer

The following graph presents the lung cancer incidence rate for Duval County and Florida from 2015 to 2019. During this period, Duval County had higher rates of lung cancer incidence when compared to the state. White residents in Duval County had higher lung cancer incidence rates than black or Hispanic (all races) residents.



Source: University of Miami (FL) Medical School, Florida Cancer Data System



Reportable & Infectious Diseases

| Top 3 Reportable Diseases by Year for Duval County, FL For Lab Confirmed Reportable Disease & Conditions Only Case Counts and Proportion Out of All Reports Received | | | | | | |
|--|-----------------------------------|------------|------------------------------------|------------|-----------------------------------|--------------|
| Disease / Condition | 2020 | | 2021 | | 2022 | |
| | Case Count | Proportion | Case Count | Proportion | Case Count | Proportion |
| Hepatitis C, chronic (including perinatal) | 517 | 32.3% | 506 | 35.4% | 389 | 28.6% |
| Salmonellosis | 286 | 17.9% | 213 | 14.9% | 210 | 15.4% |
| Lead poisoning | <i>Not In Top 3</i> 84 5.25% | | <i>Not In Top 3</i> 102 7.14% | | 191 | 14% |
| Hepatitis C, acute | <i>Not In Top 3</i> 71 4.43% | | 124 | 8.7% | <i>Not In Top 3</i> 69 5.07% | |
| Hepatitis A | 209 | 13.1% | <i>Not In Top 3</i> 17 1.19% | | <i>Not In Top 3</i> 8 0.59% | |
| Note: This report utilized does not include cases of AIDS, HIV infection, sexually transmitted diseases, or tuberculosis. Source: DOH Reportable Disease Frequency Report accessed on 5/17/23 via www.flhealthcharts.gov/Charts/CommunicableDiseases | | | | | | |

Human Immunodeficiency Virus (HIV)

HIV infections in the United States continue to be a major public health crisis. An estimated 1.2 million Americans are living with HIV, and 1 out of 8 people with HIV do not know they have it. Although HIV infections have declined by 8% in the U.S. from 2015 to 2019, HIV continues to spread.

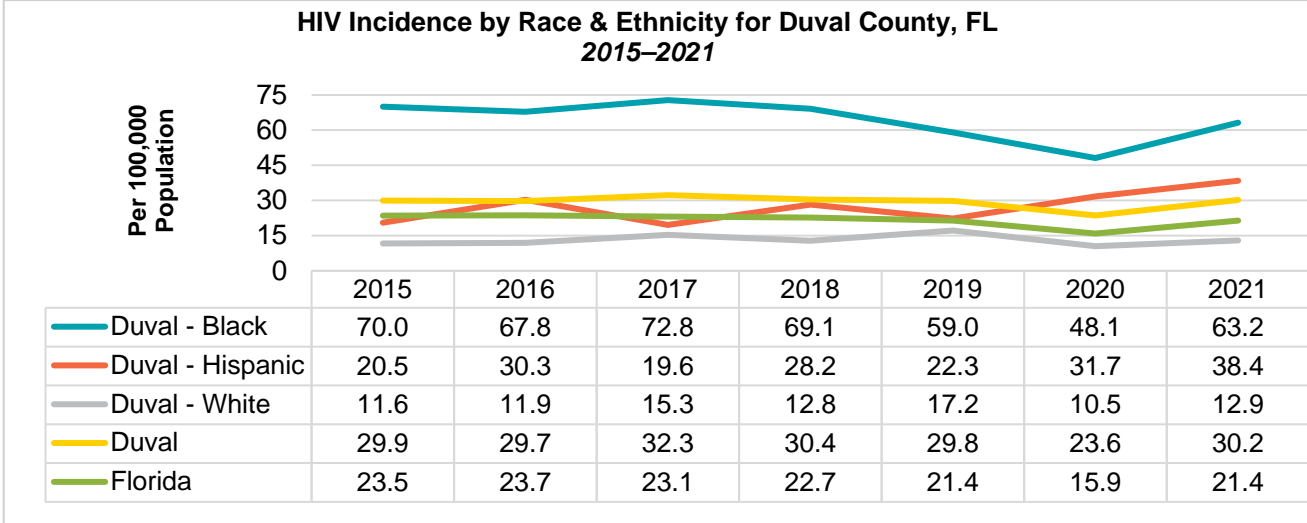
HIV is a preventable disease. People who get tested for HIV and learn that they are infected can make behavior changes to improve their health and reduce the risk of transmission. It is estimated that 80% of new HIV infections in the U.S. are transmitted from people not diagnosed or not receiving any HIV care. Data from the BRFSS indicate that the percent of Duval County adults who have ever been tested for HIV remained the same from 2016 to 2019, at a rate of about 64%.

Adults Who Have Ever Been Tested for HIV, Duval County and Florida, 2016–2019

| Year | Duval | Florida |
|------|-------|---------|
| 2016 | 64.1% | 55.3% |
| 2019 | 64.6% | 60.7% |

Source: Behavioral Risk Factor Surveillance System, 2016–2019

From 2015 to 2021, the HIV infection rate in Duval County was consistently higher than the rate for Florida. In 2021, the HIV incidence rate across all modes of exposure and age groups in Duval County was 30.2 per 100,000 population, compared to Florida at 21.4 per 100,000. In 2021, the HIV incidence rate for black residents in Duval County was more than double the rate for Duval County and more than four times the rate of white residents in Duval County.



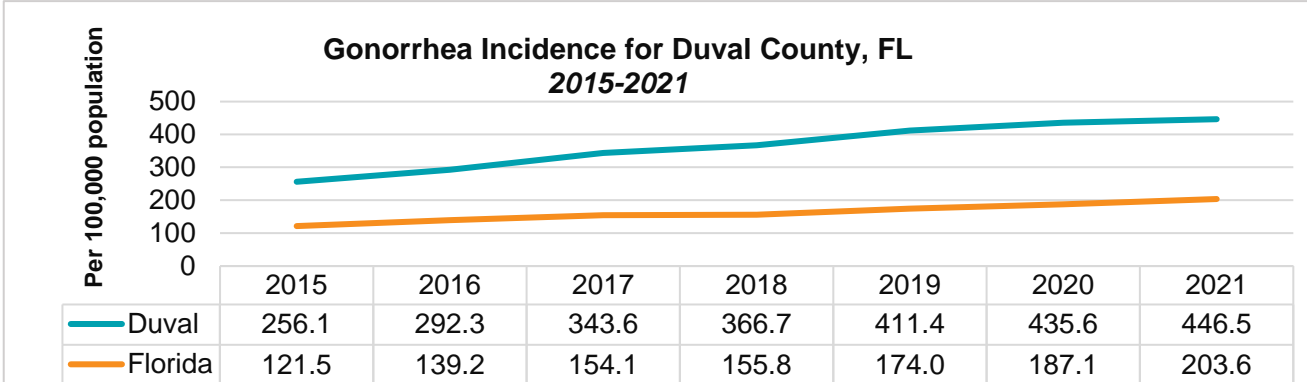
Source: Florida Department of Health, Bureau of Communicable Diseases

Sexually Transmitted Diseases & Infections

Sexually transmitted diseases (STDs), also known as sexually transmitted infections (STIs), are very common. STDs are transmitted through vaginal, oral, and anal sex. There are dozens of STDs, all of which can be treated, and some are completely curable. Millions of new infections happen every year in the United States.

Gonorrhea

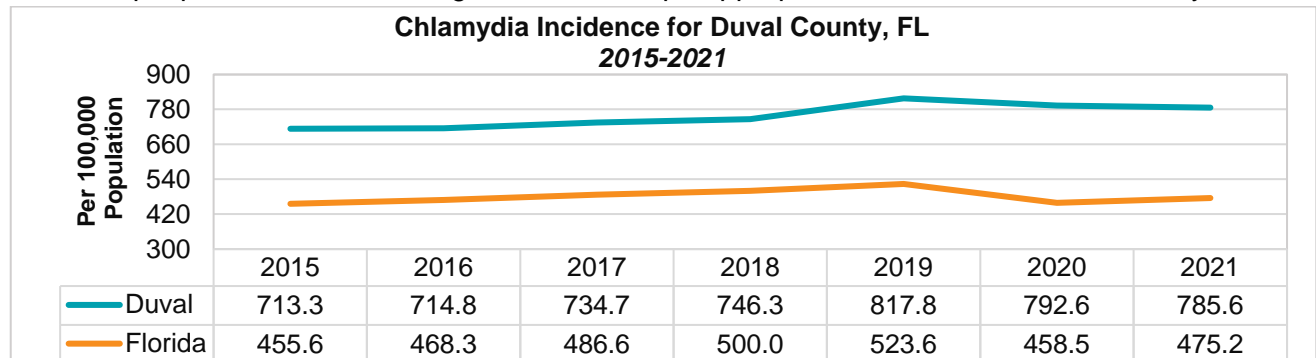
Gonorrhea is an STD that can cause infection in the genitals, rectum, and throat. It is very common, especially among young people ages 15-24. From 2015-2021, the Gonorrhea incidence rate in Duval County was more than double the rate of Florida.



Source: Florida Department of Health, Bureau of Communicable Diseases

Chlamydia

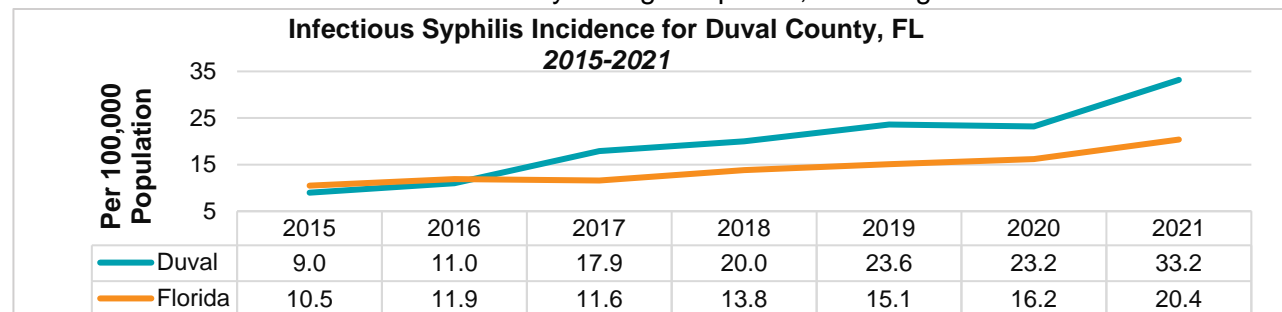
Chlamydia is a common STD that can cause permanent damage to a woman's reproductive system and make it difficult or impossible to get pregnant later. Sexually active individuals and individuals with multiple partners are at the highest risk. Prompt, appropriate treatment can cure chlamydia.



Source: Florida Department of Health, Bureau of Communicable Diseases

Infectious Syphilis

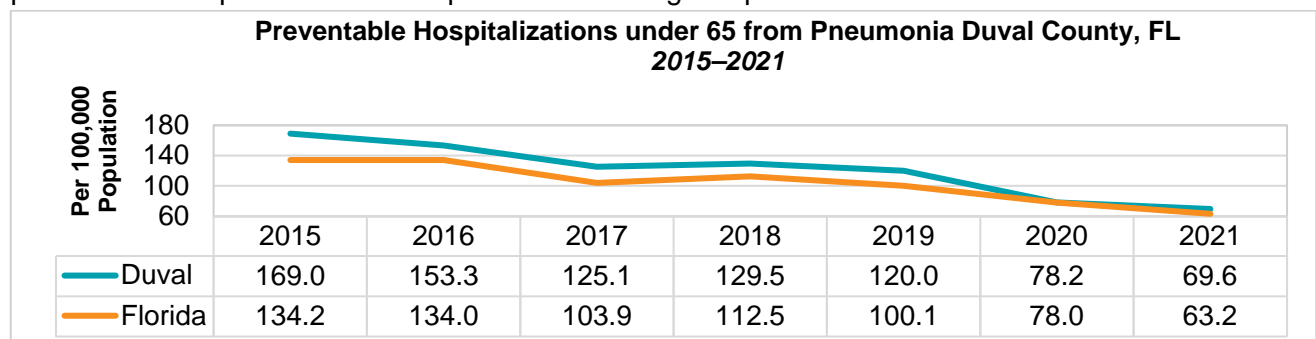
Syphilis is an STD that can cause serious health problems without treatment. A pregnant person can give the infection to their unborn baby. The table below presents the rate of infectious syphilis in Duval County and Florida from 2015 to 2021. A rapid increase in infectious syphilis rates continued to be observed for Duval County during this period, mirroring state and national trends



Source: Florida Department of Health, Bureau of Communicable Diseases

pneumonia

The table below presents the rate of preventable hospitalizations under 65 from pneumonia in Duval County and Florida from 2015 to 2021. Duval County has experienced an overall decrease in preventable hospitalizations from pneumonia during this period.



Source: Florida Agency for Health Care Administration (AHCA)

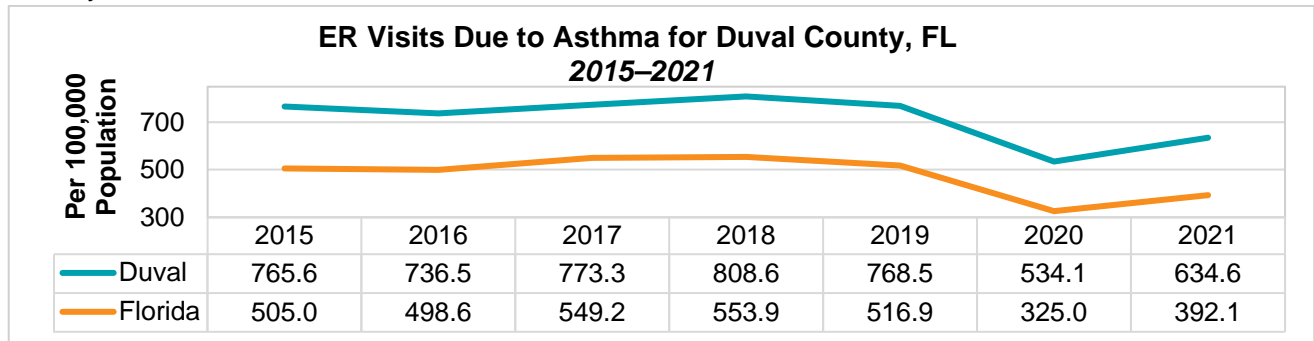
Environment

Maintaining a healthy environment is central to increasing quality of life and years of healthy life. Environmental factors that impact health outcomes include:

- *Exposure to hazardous substances in the air, water, soil, and food*
- *Natural and technological disasters*
- *Climate change*
- *Occupational hazards*
- *The built environment*

ER Visits due to Asthma

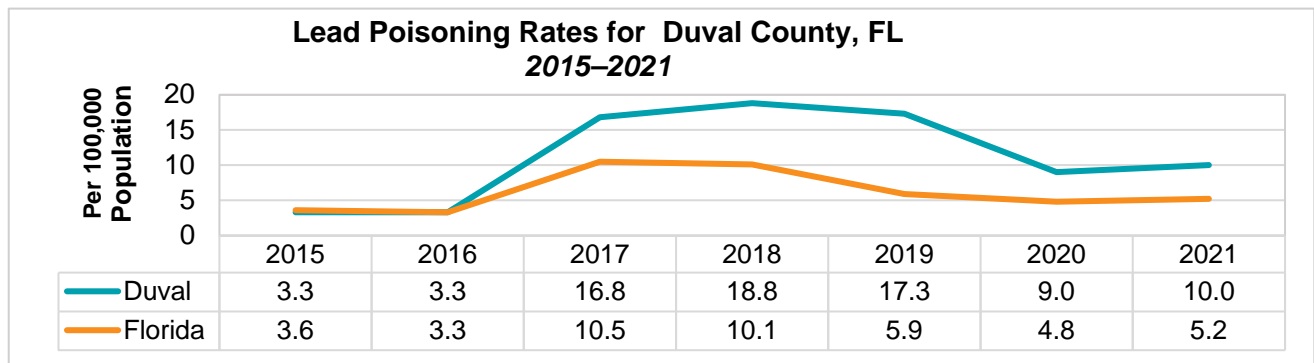
Air pollution can worsen asthma symptoms and trigger attacks. Ozone (found in smog) and particle pollution (found in haze, smoke, and dust) are two key air pollutants that affect asthma. When ozone and particle pollution are high, adults and children with asthma are more likely to have symptoms. The following graph presents data on ER visits due to asthma in Duval County and Florida from 2015-2021. During this period, the rate of ER visits due to asthma was consistently higher in Duval County than Florida.



Source: Florida Agency for Health Care Administration

Lead Poisoning

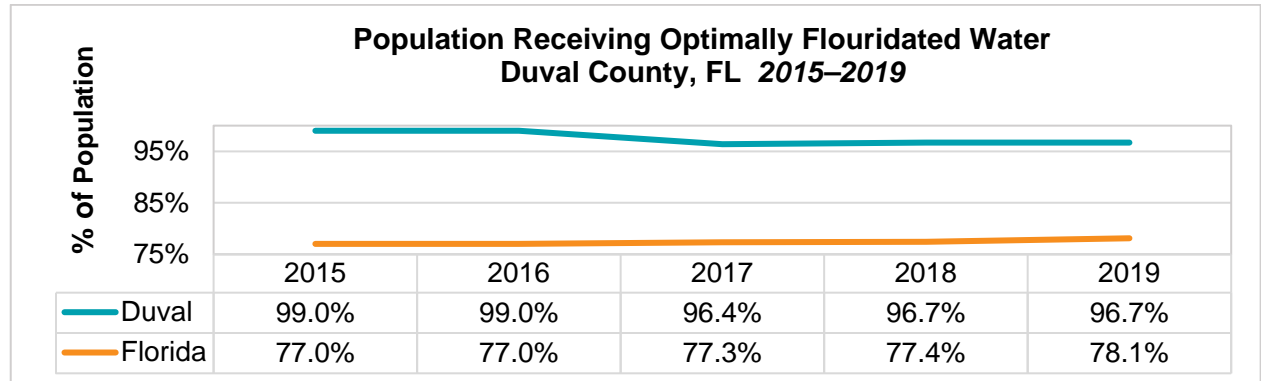
Lead poisoning can cause learning disabilities, behavioral problems, and, at very high levels, seizures, coma, and death. Children under six years old are at the most risk. Lead poisoning is often associated with exposure to lead-based paints, particles, and dust in homes built before 1978. Lead poisoning rates in Duval County increased by 203% from 2015 to 2021. From 2015 to 2016, lead poisoning rates in Duval County were comparable to Florida. Since 2017, Duval County has consistently had higher lead poisoning rates than Florida.



Source: Florida Department of Health, Bureau of Epidemiology

Water Fluoridation

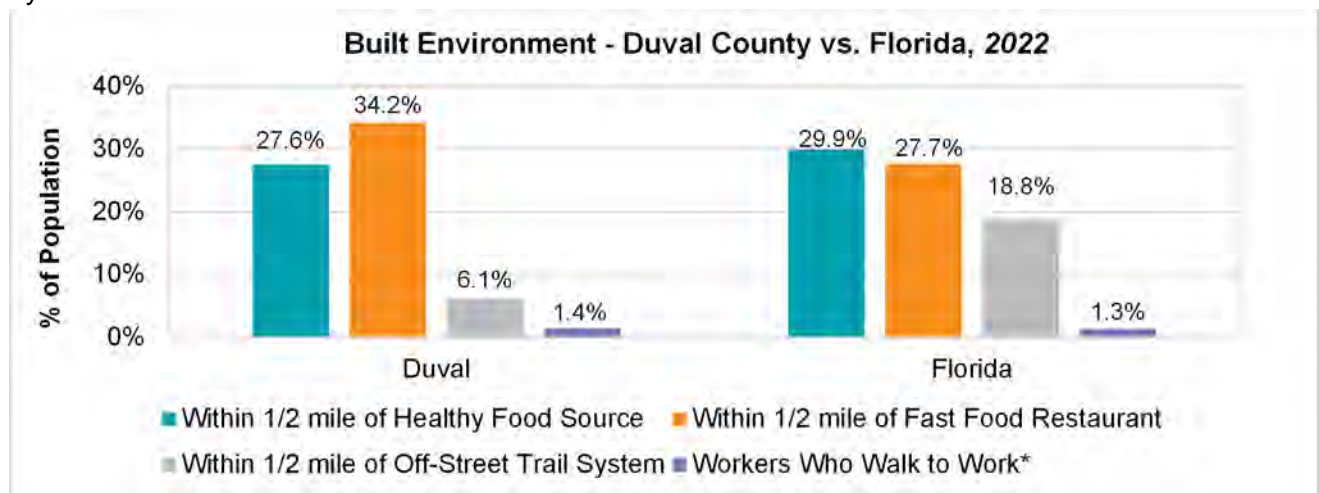
Drinking fluoridated water keeps teeth strong and reduces cavities by about 25% in children and adults. Community water fluoridation has been shown to save money for families and the health care system by preventing cavities. Community water fluoridation is a cost-effective way to deliver fluoride to people of all ages, education levels, and income levels who live in a community. In 2018 and 2019, 97% of Duval County’s population received optimally fluoridated water, compared to 78% for the state overall.



Source: Florida Department of Health, Public Health Dental Program (PHDP)

Built Environment

The built environment includes the physical makeup of where we live, learn, work, and play — our homes, schools, businesses, streets and sidewalks, open spaces, and transportation options. The built environment can influence overall community health and individual behaviors such as physical activity and healthy eating. In Duval County in 2022, 28% of the population lived within a ½ mile of a healthy food source and 34% of the population lived within a ½ mile of a fast-food restaurant. Compared to Florida, fewer residents in Duval County live within a ½ mile of an off-street trail system.



Source: Florida Environmental Public Health Tracking / US Census, American Community Survey*

MAPP Phase 4 – Identify Strategic Issues

Strategic issues are challenges that must be addressed to achieve the community’s vision for a healthier Duval County. In March 2023, DOH-Duval’s Office of Performance Improvement reviewed and synthesized findings from the four MAPP assessments during the Healthy Jacksonville Collaborative meeting. The meeting was held virtually, and attendees discussed the assessment findings and explored the convergence of the MAPP assessments overall. Each attendee selected four health priorities facing Duval County.

When selecting health priorities, DOH-Duval requested the Healthy Jacksonville Collaborative to consider each using the following criteria:

| Relevance | Appropriateness | Impact | Feasibility |
|---|--|---|--|
| <ul style="list-style-type: none"> •Burden •Severity of problem •Economic cost •Urgency •Community concern •Focus on access | <ul style="list-style-type: none"> •Ethical and moral issues •Human rights issues •Legal aspects •Political and social acceptability •Public attitudes and values | <ul style="list-style-type: none"> •Effectiveness •Builds on current work •Moves the needle •Demonstrates measurable outcomes •Addresses multiple wins | <ul style="list-style-type: none"> •Community capacity •Technical capacity •Economic capacity •Political capacity •Socio-cultural aspects |

Results of the Community Health Status Assessment

The Collaborative reviewed and achieved consensus on the most relevant health challenges below:

- 1. Maternal and Child Health**
 - i. Well-being of women, infants, children*
 - ii. Access to prenatal care*
- 2. Mental Well-being and Substance Abuse Prevention**
 - i. Substance use disorders and drug overdose deaths*
 - ii. Suicide deaths*
- 3. Injury, Safety, and Violence**
 - i. Injuries among children and adults*
 - ii. Violence*
- 4. Transmissible Diseases**
 - i. HIV incidence and HIV-related deaths*
 - ii. STD incidence*
 - iii. Vaccine preventable diseases*
- 5. Chronic Diseases and Conditions**
 - i. Nutrition, physical activity, and healthy lifestyle behaviors*
 - ii. Deaths due to heart disease, cancer, stroke, and other chronic conditions*

The Collaborative then reviewed the severity of each Health Challenges using the following rating scale:

| What is the SEVERITY of the Health Challenge? | Severity Rating |
|--|-----------------|
| Critical Severity (A critical health challenge that must be addressed to improve health and well-being in Duval County) | 4 |
| High Severity | 3 |
| Moderate Severity | 2 |
| Low Severity (A health challenge that is not critical to improving health and well-being in Duval County) | 1 |

The impact of each Health Challenge was then considered by the Collaborative using the following rating scale:

| Potential IMPACT of Addressing the Health Challenge | Impact Rating |
|---|---------------|
| Optimal Impact (Builds on current work, greatest ability to “move the needle,” measurable outcomes) | 4 |
| High Impact | 3 |
| Moderate Impact | 2 |
| Low Impact (A health challenge that does not build on current work, have effective interventions to address it, or is difficult to demonstrate measurable improvements) | 1 |

Feasibility was the impact of each Health Challenge was then considered by the Collaborative using the following rating scale:

| FEASIBILITY of Addressing the Health Challenge | Impact Rating |
|--|---------------|
| Optimal Capacity (Community, technical, economic, political and socio-cultural resources available to address health challenge) | 4 |
| High Capacity | 3 |
| Moderate Capacity | 2 |
| Low Capacity (Resources do not exist/not available to address health challenge) | 1 |

Feedback from the community at was requested during community partner meetings, email, and web alerts to the DOH-Duval Local Newsroom and to the Healthy Jacksonville website (Appendix H).

MAPP Phase 5 – Goals and Strategies

The following are the strategic priority areas of the 2023-2028 Community Health Improvement Plan for Duval County, Florida:



Maternal and Child Health



Mental Well-being and Substance Abuse Prevention



Injury, Safety, and Violence



Transmissible Diseases



Chronic Diseases and Conditions

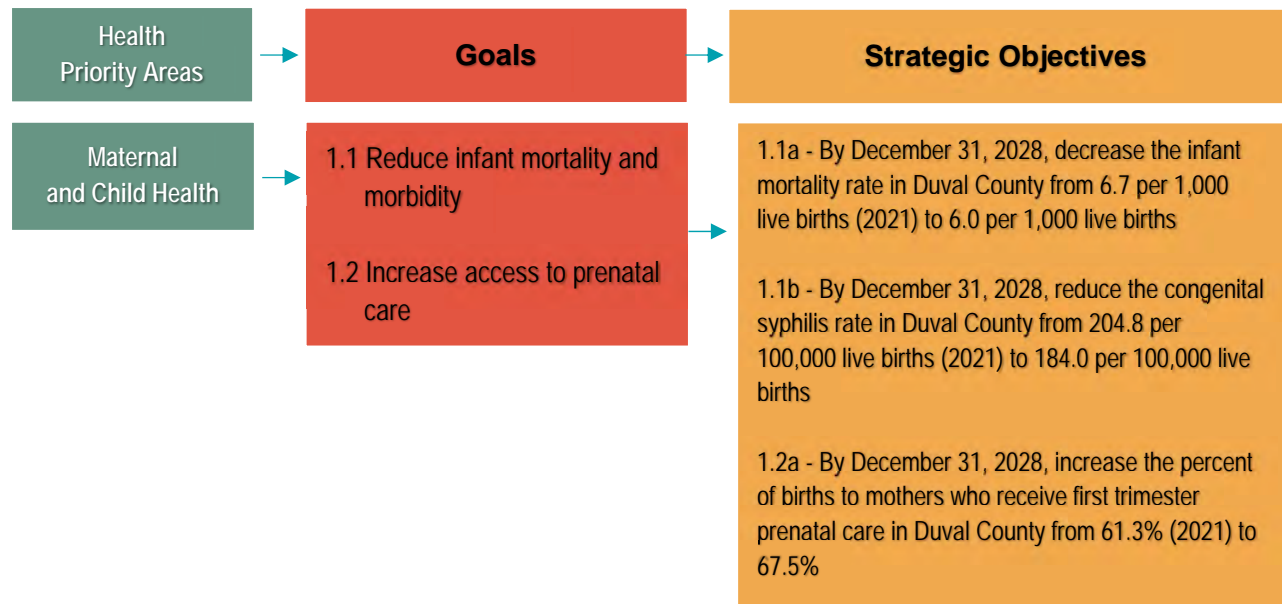
During this MAPP Phase, DOH-Duval and the Healthy Jacksonville Collaborative continued to review of the selected strategic issues and then worked to formulate goal statements related to those issues. As part of this process, cross-cutting themes were identified as strategies for addressing issues and achieving goals to best drive community health improvement throughout Duval County.

The *Cross-Cutting Strategies* identified to address the CHIP priority areas were:

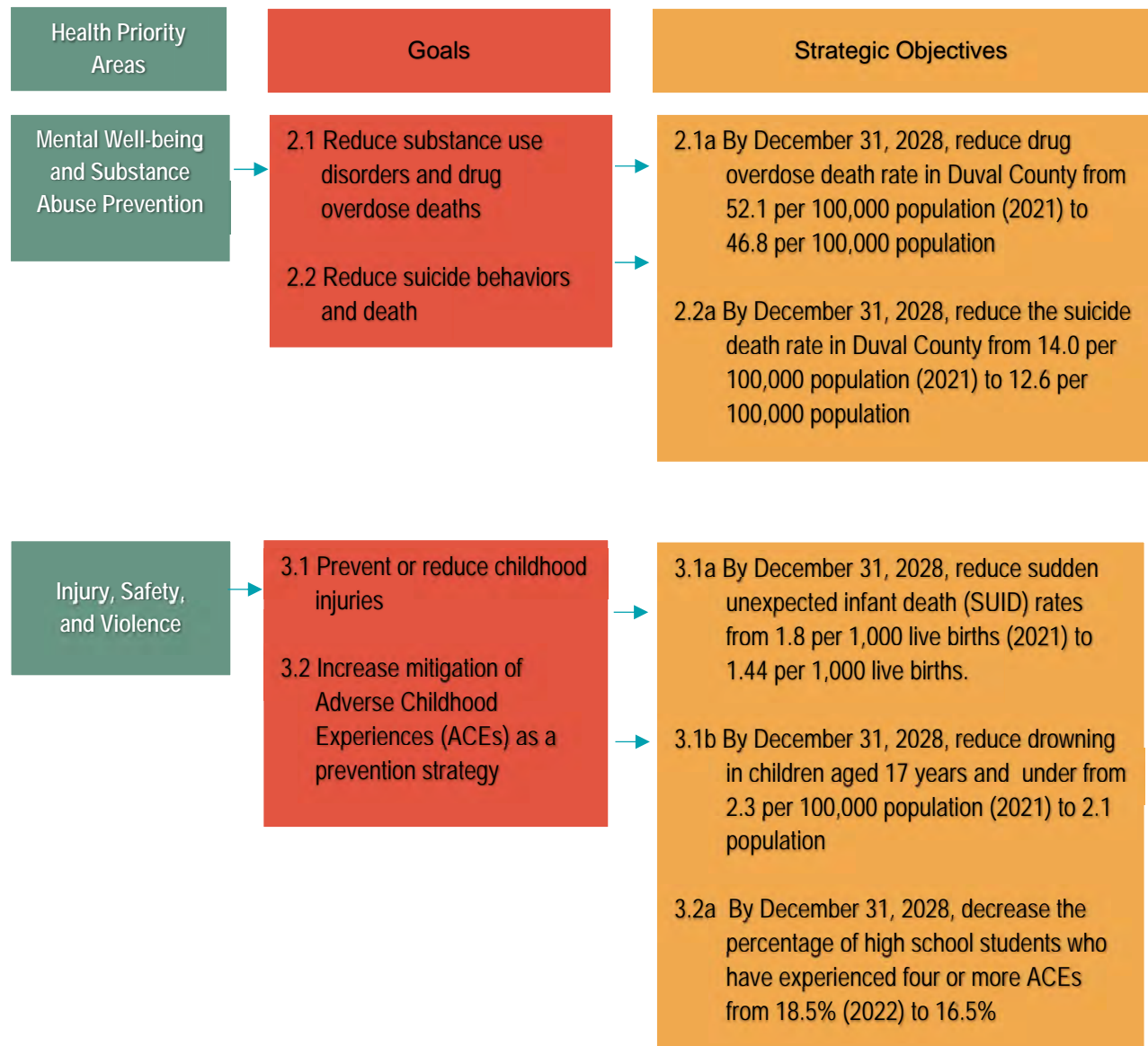
 **Access to Care**

 **Preventable Differences in Health Outcomes and Health Factors Across Communities**

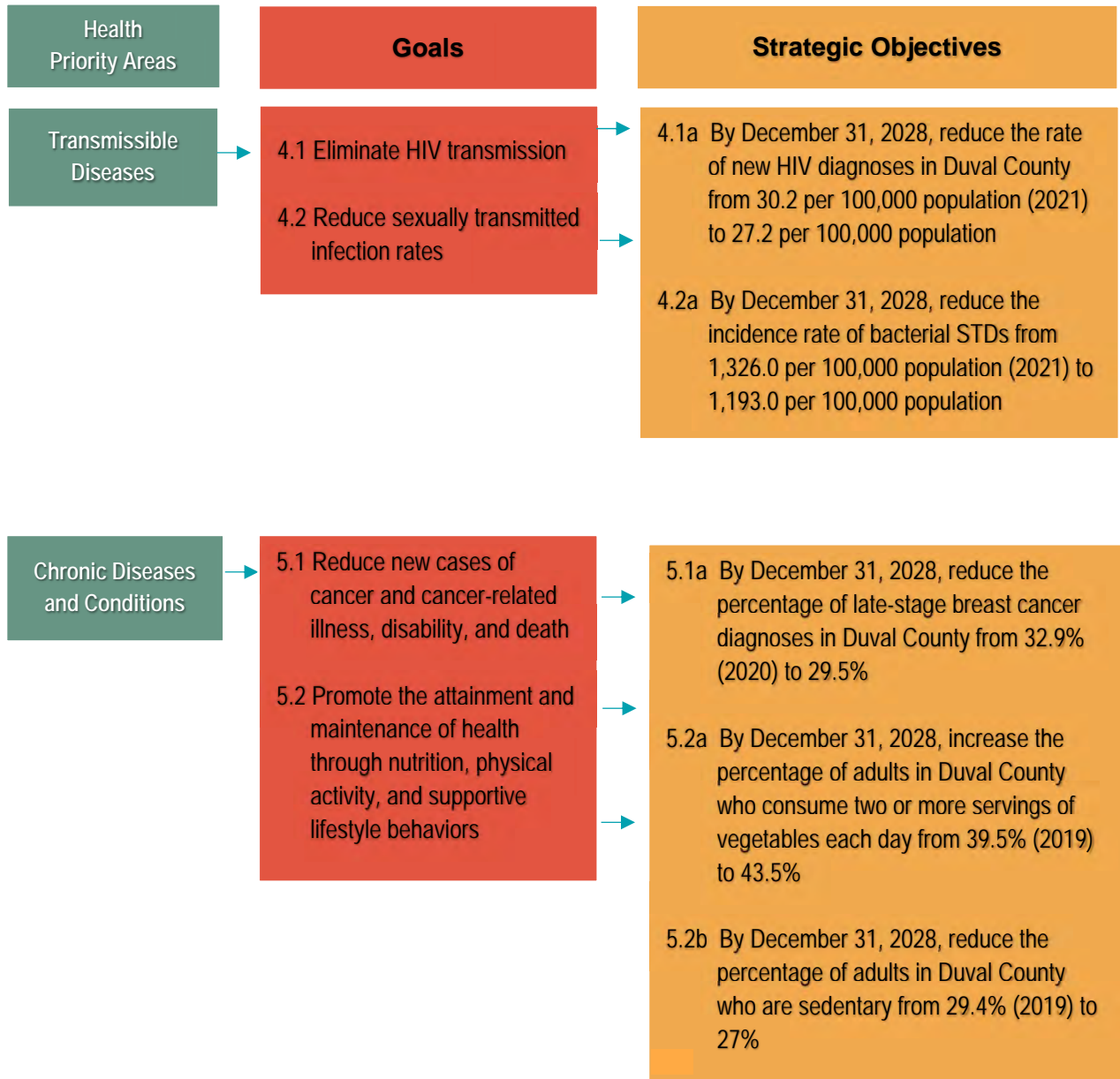
The following is a schematic of the planned goals and strategies for the 2023-2028 Community Health Improvement Plan for Duval County, FL. Once implemented, priority areas, goals, and objectives will be regularly reviewed by DOH-Duval and the Healthy Jacksonville Collaborative and will include an ongoing assessment of the availability of resources and data, community readiness, current progress, and unique needs of Duval County residents.



Continued...



Continued...



Strategic Health Priority #1 Maternal and Child Health

Goal 1.1: Reduce infant mortality and morbidity

Objective 1.1a: By December 31, 2028, decrease the infant mortality rate in Duval County from 6.7 per 1,000 live births (2021) to 6.0 per 1,000 live births.

Source: Florida Department of Health, Bureau of Vital Statistics via www.FLHealthCHARTS.gov

Activities

- Identify priority neighborhoods (census tract, zip codes, communities) to implement interventions and programs.
- Research and compile a comprehensive list of existing community resources and programs in identified priority neighborhoods.
- Develop and foster strategic partnerships in identified neighborhoods.
- Develop and implement an action plan to increase the number of Healthy Start screenings.
- Implement strategies to increase retention in Healthy Start and other programs serving pregnant mothers (i.e., WIC).
- Develop and implement a safe sleep campaign.
- Collect qualitative data to increase understanding of factors impacting infant mortality.
- Assist with enrollment in benefits and educate on services available through public programs and how to access them, such as transportation and family planning.
- Increase education and outreach focusing on male caregivers.
- Conduct comprehensive review of infant deaths in Northeast Florida to identify contributing factors
- Establish an SBIRT Referral Coordinator for placement within DOH-Duval's Center for Women and Children.
- Provide safe sleep education and pack-n-plays to DOH-Duval Healthy Start clients that don't have a safe sleep area for their infant.
- Provide smoking cessation education to pregnant and postpartum women.
- Provide peer support recovery services to substance using pregnant and postpartum women.

Contributing Entities, Partner Councils, Committees, and Workgroups

- As the CHIP is a living document, all information regarding contributing parties will be updated and included in regular progress reports. Contributing parties involved in related work may involve the following: Florida Blue, Florida Department of Health, Florida Department of Health in Duval County Programs (*Healthy Start, WIC, Perinatal Hepatitis Program, the Center for Women and Children, Refugee Health*), the Northeast Florida Healthy Start Coalition, Tobacco Free Florida, the Neonatal Abstinence Syndrome Workgroup, the Child Abuse Death Review (CADR), Northeast Florida Fetal and Infant Mortality Review, Zero Preventable Infant Mortality Leadership Council.

Strategic Priority: Maternal and Child Health

Goal: Reduce infant mortality and morbidity

Objective 1.1b: By December 31, 2028, reduce the congenital syphilis rate in Duval County from 204.8 per 100,000 live births (2021) to 184.0 per 100,000 live births

Source: Florida Department of Health, Bureau of Vital Statistics via www.FLHealthCHARTS.gov

Activities

- Identify priority neighborhoods (census tract, zip codes, communities) to implement interventions and programs.
- Research and compile a comprehensive list of existing community resources and programs in identified priority neighborhoods.
- Develop and foster strategic partnerships in identified priority neighborhoods.
- Identify entry points for prenatal care and education in the community with an emphasis on the uninsured or underinsured.
- Collect qualitative data to increase understanding of factors contributing to increasing congenital syphilis rates.
- Conduct a quality improvement project aimed at reducing congenital syphilis.
- Implement marketing campaigns to increase awareness about congenital syphilis.

Contributing Entities, Partner Councils, Committees, and Workgroups

- As the CHIP is a living document, all information regarding contributing parties will be updated and included in regular progress reports. Contributing parties involved in related work may involve the following: Florida Blue, Florida Department of Health, Florida Department of Health in Duval County Programs (*STD, Center for Women and Children, Family Planning, Healthy Start, WIC, Refugee Health*), the Northeast Florida Healthy Start Coalition, Tobacco Free Florida, the Neonatal Abstinence Syndrome Workgroup, the Child Abuse Death Review (CADR), Northeast Florida Fetal and Infant Mortality Review, Zero Preventable Infant Mortality Leadership Council.

Strategic Priority: Maternal and Child Health

Goal 1.2: Increase access to prenatal care

Objective 1.2a: By December 31, 2028, increase the percent of births to mothers who receive first trimester prenatal care in Duval County from 61.3% (2021) to 67.5%
Source: Florida Department of Health, Bureau of Vital Statistics via www.FLHealthCHARTS.gov

Activities

- Identify priority neighborhoods (census tract, zip codes, communities) to implement interventions and programs.
- Research and compile a comprehensive list of existing community resources and programs in identified priority neighborhoods.
- Develop and foster strategic partnerships in identified priority neighborhoods.
- Identify entry points for prenatal care and education in the community with an emphasis on the uninsured or underinsured.
- Collect qualitative data to increase understanding of factors contributing to accessing prenatal care.
- Implement marketing campaigns to increase awareness of the importance of early entry to prenatal care.

Contributing Entities, Partner Councils, Committees, and Workgroups

- As the CHIP is a living document, all information regarding contributing parties will be updated and included in regular progress reports. Contributing parties involved in related work may involve the following: Florida Blue, Florida Department of Health, Florida Department of Health in Duval County Programs (*Healthy Start, WIC, Perinatal Hepatitis Program, the Center for Women and Children, Refugee Health*), the Northeast Florida Healthy Start Coalition, Tobacco-Free Florida, the Neonatal Abstinence Syndrome Workgroup, the Child Abuse Death Review (CADR), Northeast Florida Fetal and Infant Mortality Review, Zero Preventable Infant Mortality Leadership Council.

Existing Assets, Policies, & Programs to Support Maternal & Child Health

Below is a list of assets, programs, and policies that support efforts to reduce infant mortality and morbidity and increase early entry into prenatal care.

Breastfeeding promotion programs *

- Provide education, information, counseling, and support for breastfeeding to women throughout pre- and post-natal care

Family/caregiver centered education *

- Ensure that public education to prevent SIDS and other sleep-related infant deaths reaches a wide constellation of potential caregivers for infants

Centering Pregnancy*

- Provides prenatal care in a group setting, integrating health assessment, education, and support

Comprehensive approach to women's health *

- Support a comprehensive approach to women's health—including integration of reproductive planning into women's routine health care—as good health before conception can improve pregnancy outcomes; this should include addressing mental/behavioral health and social support needs, as well as increasing the interval between pregnancies to at least 12 months

Early childhood home visiting programs *

- Provide at-risk expectant parents and families with young children with information, support, and training regarding child health, development, and care from prenatal stages through early childhood via trained home visitors

Early Head Start (EHS) *

- Provide childcare, parent education, physical health and mental health services, and other family supports to pregnant women and parents with low incomes and children aged 0 to 3

Enhanced services for Medicaid enrollees

- Target high-risk Medicaid enrollees with enhanced prenatal services, such as nutrition counseling, mental health services and care coordination.

Long-acting reversible contraception (LARC) access *

- Increase access to LARCs through cost reduction, comprehensive birth control counseling, provider training, and efforts to ensure availability at local clinics

Prenatal and newborn screenings *

- Increase public education and awareness about prenatal and newborn screenings and ensure funding for those screenings

Presumptive eligibility under Medicaid *

- Expand and streamline prenatal coverage for pregnant women. Educates public about “presumptive eligibility” under Medicaid, which allows immediate access to prenatal care services for pregnant women while eligibility is determined

Social determinants of health *

- Continue to address the underlying causes of infant mortality and poor health outcomes by focusing on social determinants of health, for example, investing in under-resourced communities and efforts to ameliorate the effects of poverty on families during childbearing years

Substance use screenings*

- Sustain funding for substance use screening among pregnant women and for treatment specifically designed for pregnant women who use alcohol or drugs

Women, Infants and Children Program (WIC) *

- A federally funded nutrition program for Women, Infants, and Children. WIC provides the following at no cost: healthy foods, nutrition education and counseling, breastfeeding support, and referrals for health care and community services.

** Indicates local implementation of a policy or program*

Strategic Health Priority #2 Mental Well-being and Substance Abuse Prevention

Goal 2.1: Reduce substance use disorders and drug overdose deaths

Objective 2.1a: By December 31, 2028, reduce drug overdose death rate in Duval County from 52.1 per 100,000 population (2021) to 46.8 per 100,000 population

Source: Florida Department of Health, Bureau of Vital Statistics via www.FLHealthCHARTS.gov

Activities

- Identify priority neighborhoods (census tract, zip codes, communities) to implement interventions and programs.
- Research and compile a comprehensive list of existing community resources and programs in identified priority neighborhoods.
- Develop and foster strategic partnerships in identified priority neighborhoods.
- Increase the number of community members trained in the signs of opioid overdose and NARCAN administration.
- Implement marketing campaigns to increase awareness of the importance of prevention programs, NARCAN in the fight against drug overdoses, and treatment.
- Secure funding to strengthen existing programs and identify and support new initiatives focused on preventing drug overdoses.
- Provide training on the signs of opioid overdose and NARCAN administration to public safety officers and first responders.
- Educate providers about the issue, alternative pain management options, and Florida laws and policies related to prescribing opioids.
- Implement peer recovery programs for substance use disorder.
- Establish/join an overdose mortality review to gain insight into contributing factors.
- Conduct urinalysis of overdose survivors to identify drugs and drug combinations contributing to overdoses in Duval County.
- Educate emergency department patients on non-opioid and non-pharmacological pain management options.
- Educate providers on the Prescription Drug Monitoring Program (PDMP).

Contributing Entities, Partner Councils, Committees, and Workgroups

- As the CHIP is a living document, all information regarding contributing parties will be updated and included in regular progress reports. Contributing parties involved in related work may involve the following: Healthy Jacksonville Collaborative CHIP Partners: Baptist, City of Jacksonville, DOH-Duval, Gateway Community Services, Inc., UF Health Jacksonville, Health Planning Council of Northeast Florida, Yoga 4 Change, Drug Free Duval, North Florida Poly Drug Task Force, Inspire to Rise Center, The Potter's House Ministries International Ministries/Temple Builders.

Strategic Health Priority 2 Mental Well-being and Substance Abuse Prevention

Goal 2.2 Reduce suicide behaviors and death

Objective 2.2a: By December 31, 2028, reduce the suicide death rate in Duval County from 14.0 per 100,000 population (2021) to 12.6 per 100,000 population

Source: Florida Department of Health, Bureau of Vital Statistics via www.FLHealthCHARTS.gov

Activities

- Identify priority neighborhoods (census tract, zip codes, communities) to implement interventions and programs.
- Research and compile a comprehensive list of existing community resources and programs in identified priority neighborhoods.
- Develop and foster strategic partnerships in identified priority neighborhoods.
- Establish / participate in a Behavioral Health Consortium in Duval County.
- Train Northeast Florida residents in Mental Health First Aid.
- Increase mental health programs and services available to residents of the priority neighborhoods.
- Develop and disseminate a mental health resources and materials to increase awareness and reduce stigma.

Contributing Entities, Partner Councils, Committees, and Workgroups

As the CHIP is a living document, all information regarding contributing parties will be updated and included in regular progress reports. Contributing parties involved in related work may involve the following: Healthy Jacksonville Collaborative CHIP Partners: FDOH, DOH-Duval's Office of Performance Improvement, Northeast Florida Non-Profit Hospital Partnership, Mental Health America, Northeast Florida AHEC, American Foundation for Suicide Prevention, Inspire to Rise, The Potter's House Ministries International Ministries/Temple Builders, LSF Health Systems, Department of Children and Families.

Existing Assets, Policies, & Programs to Support Mental Well-being and Substance Misuse Prevention

Below is a summary of programs and policies that support efforts to reduce deaths due to suicide and opioid overdose.

Behavioral health primary care integration

- Revise health care processes and provider roles to integrate mental health and substance abuse treatment into primary care; continue to refer patients with severe conditions to specialty care

Crisis lines *

- Provide free and confidential counseling and service referrals via telephone-based conversation, web-based chat, or text message to individuals in crisis, particularly those with severe mental health concerns

Drug courts including Family Treatment Courts*

- Use specialized courts to offer criminal offenders with drug dependency problems an alternative to adjudication or incarceration. Use specialized courts to work with parents involved in the child welfare system who may lose custody of their children due to substance abuse

Employee Assistance Programs (EAP) *

- Provide confidential worksite-based counseling and referrals to employees to address personal and workplace challenges

Functional Family Therapy (FFT)

- Introduce a short-term family-based intervention therapy focused on strengths, protective factors and risk factors for youth with delinquency, violence, or substance abuse problems, and their families

Good Samaritan drug overdose laws *

- Provide immunity from arrest, charge, or prosecution for drug possession or paraphernalia when individuals experiencing or witnessing drug overdose summon emergency services

Mental health benefits legislation

- Regulate mental health insurance to increase access to mental health services, including treatment for substance use disorders

Mental Health First Aid *

- Provide an 8- or 12-hour training to educate laypeople about how to assist individuals with mental health problems or at risk for problems such as depression, anxiety, and substance use disorders

Naloxone education and distribution programs *

- Support community members who are likely to encounter individuals who might overdose with education and training to administer naloxone and ensure all first responders are trained and authorized to administer naloxone

Prescription drug monitoring programs (PDMPs) *

- Use databases, housed in state agencies, to track prescribing and dispensing of Schedule II, III, IV, and V drugs and other controlled substances

Proper drug disposal programs *

- Establish programs that accept expired, unwanted, or unused medicines from designated users and dispose of them responsibly

Trauma-informed health care *

- Shift the way health care organizations approach trauma by adopting universal trauma precautions and providing trauma-specific care

Trauma-informed schools

- Adopt a multi-tiered approach within schools to address the needs of trauma-exposed youth, including school-wide changes, screenings, and individual intensive support

Youth peer mentoring *

- Establish an ongoing relationship between an older youth or young adult and a younger child or adolescent, usually an elementary or middle school student; also called cross-age peer mentoring

** Indicates local implementation of a policy or program*

Strategic Health Priority #3 Injury, Safety, and Violence

Goal 3.1: Prevent or reduce childhood injuries

Objective 3.1a: By December 31, 2028, reduce sudden unexpected infant death (SUID) rates from 1.8 per 1,000 live births (2021) to 1.44 per 1,000 live births

Source: Florida Department of Health, Bureau of Vital Statistics via www.FLHealthCHARTS.gov

Activities

- Identify priority neighborhoods (census tract, zip codes, communities) to implement interventions and programs.
- Research and compile a comprehensive list of existing community resources and programs in identified priority neighborhoods.
- Develop and foster strategic partnerships in identified neighborhoods.
- Develop and implement an action plan to increase the number of Healthy Start screenings.
- Implement strategies to increase retention in Healthy Start and other programs serving pregnant mothers (i.e., WIC).
- Develop and implement a safe sleep campaign.
- Collect qualitative data to increase understanding of factors impacting infant mortality.
- Assist with enrollment in benefits and educate on services available through public programs and how to access them, such as transportation and family planning.
- Increase education and outreach focusing on male caregivers.
- Conduct comprehensive review of infant deaths in Northeast Florida to identify contributing factors
- Establish an SBIRT Referral Coordinator for placement within DOH-Duval’s Center for Women and Children.
- Provide safe sleep education and pack-n-plays to DOH-Duval Healthy Start clients that don't have a safe sleep area for their infant.
- Provide smoking cessation education to pregnant and postpartum women.
- Provide peer support recovery services to substance using pregnant and postpartum women.

Contributing Entities, Partner Councils, Committees, and Workgroups

- As the CHIP is a living document, all information regarding contributing parties will be updated and included in regular progress reports. Contributing parties involved in related work may involve the following: Florida Blue, Florida Department of Health, Florida Department of Health in Duval County Programs (*Healthy Start, WIC, Perinatal Hepatitis Program, the Center for Women and Children, Refugee Health*), the Northeast Florida Healthy Start Coalition, Tobacco Free Florida, the Neonatal Abstinence Syndrome Workgroup, the Child Abuse Death Review (CADR), Northeast Florida Fetal and Infant Mortality Review, Zero Preventable Infant Mortality Leadership Council.

**Strategic Health Priority 3 Injury, Safety, and Violence Goal
3 Prevent or reduce childhood injuries**

Objective 3.1b: By December 31, 2028, reduce drowning in children aged 17 years and under from 2.3 per 100,000 population (2021) to 2.1 population

Source: Florida Department of Health, Bureau of Vital Statistics via www.FLHealthCHARTS.gov

Activities

- Identify priority neighborhoods (census tract, zip codes, communities) to implement interventions and programs.
- Research and compile a comprehensive list of existing community resources and programs in identified priority neighborhoods.
- Review current or potential programs and policies to support safe swim practices (life jacket programs, drowning prevention policies, swimming and water safety programs).
- Develop and foster strategic partnerships in identified neighborhoods.
- Develop and implement an action plan to increase the number of Healthy Start screenings to address safety, including water safety, as appropriate.
- Collect qualitative data to increase understanding of factors impacting drowning deaths.
- Develop action plan to reduce drowning risk and prevent drowning
- Identify and/or develop informational campaigns with Community Partners such as DOH's Safe Swimming & Water Safety campaign.

Contributing Entities, Partner Councils, Committees, and Workgroups

- As the CHIP is a living document, all information regarding contributing parties will be updated and included in regular progress reports. Contributing parties involved in related work may involve the following: Healthy Jacksonville Collaborative CHIP Partners: Florida Blue, Baptist, City of Jacksonville, DOH-Duval Programs (*Healthy Start, WIC, Environmental Health, the Center for Women and Children*), UF Health Jacksonville, Health Planning Council of Northeast Florida, Inspire to Rise Center, The Potter's House Ministries International Ministries/Temple Builders, the Northeast Florida Healthy Start Coalition, the Child Abuse Death Review (CADR), Northeast Florida Fetal and Infant Mortality Review.

Strategic Health Priority 3 Injury, Safety, and Violence

Goal 3.2 Increase mitigation of Adverse Childhood Experiences (ACEs) as a prevention strategy

Objective 3.2a: By December 31, 2028, decrease the percentage of high school students who have experienced four or more ACEs from 18.5% (2022) to 16.5%
Source: Florida Department of Health, Division of Community Health Promotion, Florida Youth Substance Abuse Survey (FYSAS) via www.FLHealthCHARTS.gov

Activities

- Identify priority neighborhoods (census tract, zip codes, communities) to implement interventions and programs.
- Research and compile a comprehensive list of existing community resources and programs in identified priority neighborhoods.
- Develop and foster strategic partnerships in identified priority neighborhoods.
- Establish / participate in a Behavioral Health Consortium in Duval County.
- Train Northeast Florida residents in Mental Health First Aid.
- Increase mental health programs and services available to residents of the priority neighborhoods.
- Develop and disseminate a mental health resources and materials to increase awareness and reduce stigma.

Contributing Entities, Partner Councils, Committees, and Workgroups

As the CHIP is a living document, all information regarding contributing parties will be updated and included in regular progress reports. Contributing parties involved in related work may involve the following: Healthy Jacksonville Collaborative CHIP Partners: FDOH, DOH-Duval's Office of Performance Improvement, Northeast Florida Non-Profit Hospital Partnership, Mental Health America, Northeast Florida AHEC, American Foundation for Suicide Prevention, Inspire to Rise, The Potter's House Ministries International Ministries/Temple Builders, LSF Health Systems, Department of Children and Families.

Existing Assets, Policies, & Programs to Support Prevention of Injury, Safety, and Violence

Below is a summary of programs and policies that support efforts to reduce deaths due to suicide and opioid overdose.

Early childhood home visiting programs *

- Provide at-risk expectant parents and families with young children with information, support, and training regarding child safety (including safe swimming), health, development, and care from prenatal stages through early childhood via trained home visitors

Early Head Start (EHS) *

- Provide childcare, parent education, physical health and mental health services, and other family supports to pregnant women and parents with low incomes and children aged 0 to 3

Family/caregiver centered education *

- Ensure that public education to reduce drowning risk and drowning deaths and other water safety reaches a wide constellation of potential caregivers for infants and children through age 17 years

Functional Family Therapy (FFT)

- Introduce a short-term family-based intervention therapy focused on strengths, protective factors and risk factors for youth with delinquency, violence, or substance abuse problems, and their families

Mental Health First Aid *

- Provide an 8- or 12-hour training to educate laypeople about how to assist individuals with mental health problems or at risk for problems such as depression, anxiety, and substance use disorders

Safe Swim Programs

- Participate in swimming programs to educate laypeople on how to swim safely and how to recognize and safely use life-preserving tools in safe swimming environments (i.e., life jackets, safety rings and hook, depth markers, no dive zones, a designated life guard or water watcher).
- Explore and implement *WaterSmartFL* (accessible via <https://www.watersmartfl.com/>) for steps to best protect swimmers (i.e., layers of protection, resources, events, and state laws).

Social determinants of health *

- Continue to address the underlying causes of infant mortality and poor health outcomes by focusing on social

Substance use screenings*

- Sustain funding for substance use screening among pregnant women and for treatment specifically designed for pregnant women who use alcohol or drugs

Trauma-informed health care *

- Shift the way health care organizations approach trauma by adopting universal trauma precautions and providing trauma-specific care

Trauma-informed schools

- Adopt a multi-tiered approach within schools to address the needs of trauma-exposed youth, including school-wide changes, screenings, and individual intensive support

Women, Infants and Children Program (WIC) *

- A federally funded nutrition program for Women, Infants, and Children. WIC provides the following at no cost:

Youth peer mentoring *

- Establish an ongoing relationship between an older youth or young adult and a younger child or adolescent, usually an elementary or middle school student; also called cross-age peer mentoring

** Indicates local implementation of a policy or program*

Strategic Health Priority #4 Transmissible Diseases

Goal 4.1: Eliminate HIV transmission

Objective 4.1a: By December 31, 2028, reduce the rate of new HIV diagnoses in Duval County from 30.2 per 100,000 population (2021) to 27.2 per 100,000 population

Source: Florida Department of Health, Bureau of Vital Statistics via www.FLHealthCHARTS.gov

Activities

- Identify priority neighborhoods (census tract, zip codes, communities) to implement interventions and programs.
- Research and compile a comprehensive list of existing community resources and programs in identified priority neighborhoods.
- Develop and foster strategic partnerships in identified priority neighborhoods.
- Implement targeted, community-based HIV testing and education projects.
- Increase adolescent access to sexual health services by increasing reach of teen health centers and mobile testing unit.
- Increase PrEP utilization.

Contributing Entities, Partner Councils, Committees, and Workgroups

- As the CHIP is a living document, all information regarding contributing parties will be updated and included in regular progress reports. Contributing parties involved in related work may involve the following: Healthy Jacksonville Collaborative CHIP Partners: FDOH, DOH-Duval's Office of Performance Improvement, Disease Control Program, Inspire to Rise Center, the Potter's House Ministries International Ministries/Temple Builders, Planned Parenthood, Duval County Public Schools, JASMYN, United Way Full-Service Schools, University of California San Francisco, Area 4 PrEP Navigators.

Strategic Priority Transmissible Disease

Goal 4.2 Reduce sexually transmitted infection rates

Objective 4.2a: By December 31, 2028, reduce the incidence rate of bacterial STDs from 1,326.0 per 100,000 population (2021) to 1,193.0 per 100,000 population

Source: Florida Department of Health, Bureau of Communicable Diseases via www.FLHealthCHARTS.gov

Activities

- Identify priority neighborhoods (census tract, zip codes, communities) to implement interventions and programs.
- Research and compile a comprehensive list of existing community resources and programs in identified priority neighborhoods.
- Develop and foster strategic partnerships in identified priority neighborhoods.
- Increase educational opportunities and resources in communities identified as high-risk.
- Increase adolescent access to sexual health services by increasing reach of teen health centers and mobile testing unit.
- Implement strategies to reduce syphilis.

Contributing Entities, Partner Councils, Committees, and Workgroups

- As the CHIP is a living document, all information regarding contributing parties will be updated and included in regular progress reports. Contributing parties involved in related work may involve the following: Healthy Jacksonville Collaborative CHIP Partners: FDOH, DOH-Duval's Office of Performance Improvement, Community Health Programs, Disease Control, and Clinical Programs, Inspire to Rise Center, The Potter's House Ministries International Ministries/Temple Builders, Duval County CHIP partners, Planned Parenthood, Duval County Public Schools, JASMYN, United Way Full-Service Schools, and community providers.

Existing Assets, Policies, & Programs to Decrease Transmissible Diseases

Below is a list of programs and policies that support efforts to decrease HIV and STD incidence.

Behavioral interventions to prevent HIV and other STDs *

- Use individual, group, and community-level interventions to provide education, support, and training that can affect social norms about HIV and other STDs

Comprehensive clinic-based programs for pregnant and parenting teens

- Address the needs of teenage mothers via clinic-based programs that provide health care and family planning services as well as case management, counseling, and other supports

Comprehensive risk reduction sexual education *

- Provide information about contraception and protection against sexually transmitted infections (STDs) in classroom or community settings

Computer-based interventions to prevent HIV and other STDs

- Provide tailored health information and computer-mediated decision making, behavior change, and emotional support via interactive programs

Condom availability programs *

- Provide condoms free of charge or at a reduced cost in community and school-based settings

Culturally adapted health care *

- Tailor health care to patients' norms, beliefs, and values, as well as their language and literacy skills

Expedited partner therapy for treatable STDs *

- Provide prescriptions or medications to patients diagnosed with treatable STDs to give to their partners without provider visits; also called patient-delivered partner therapy (PDPT)

Health literacy interventions

- Increase patients' health-related knowledge via efforts to simplify health education materials, improve patient-provider communication, and increase overall literacy

HIV/STD partner notification by providers *

- Elicit information about sex or needle-sharing partners from STI-positive patients, then notify partners of risk, testing, and services; also called contact tracing, or partner counseling and referral services

Mobile reproductive health clinics *

- Offer reproductive health services (e.g., pregnancy tests, prenatal and postpartum care, gynecological exams, STD screenings), health education, and social service referrals via medically equipped vans

Patient navigators *

- Provide culturally sensitive assistance and care coordination, and guide patients through available medical, insurance, and social support; also called systems navigators

School-based health centers *

- Provide health care services on school premises to attending elementary, middle, and high school students; services provided by teams of nurses, nurse practitioners, and physicians

Syringe services programs

- Provide sterile injection equipment and often other treatment and referral services to people who inject drugs; also called needle or syringe exchange programs and needle syringe programs

• * *Indicates local implementation of a policy or program*

Strategic Health Priority #5 Chronic Diseases & Conditions

Goal 5.1: Reduce new cases of cancer and cancer-related illness, disability, and death

Objective 5.1a: By December 31, 2028, reduce the percentage of late-stage breast cancer diagnoses in Duval County from 32.9% (2020) to 29.5%

Source: University of Miami (FL) Medical School, Florida Cancer Data System via www.FLHealthCHARTS.gov

Activities

- Identify priority neighborhoods (census tract, zip codes, communities) to implement interventions and programs.
- Research and compile a comprehensive list of existing community resources and programs in identified priority neighborhoods.
- Develop and foster strategic partnerships in identified priority neighborhoods.
- Identify entry points for education and referrals in the community with an emphasis on the uninsured or underinsured.
- Increase educational opportunities and resources in communities identified as high-risk.
- Implement strategies to reduce late-stage diagnoses of breast cancer.

Contributing Entities, Partner Councils, Committees, and Workgroups

- As the CHIP is a living document, all information regarding contributing parties will be updated and included in regular progress reports. Contributing parties involved in related work may involve the following: Healthy Jacksonville Collaborative CHIP Partners: FDOH, DOH-Duval's Office of Performance Improvement, Community Health Programs, Disease Control, and Clinical Programs, Inspire to Rise Center, The Potter's House Ministries International Ministries/Temple Builders, Duval County CHIP partners, Planned Parenthood, Duval County Public Schools, JASMYN, United Way Full-Service Schools, and community providers.

Strategic Priority: Chronic Diseases & Conditions

Goal 5.2: Promote the attainment and maintenance of health through nutrition, physical activity, and supportive lifestyle behaviors

Objective 5.2a: By December 31, 2028, increase the percentage of adults in Duval County who consume two or more servings of vegetables each day from 39.5% (2019) to 43.5%

Source: Florida Behavioral Risk Factor Surveillance System telephone survey conducted by the Centers for Disease Control and Prevention (CDC) and Florida Department of Health Division of Community Health Promotion via www.FLHealthCHARTS.gov

Activities

- Identify priority neighborhoods (census tract, zip codes, communities) to implement interventions and programs.
- Research and compile a comprehensive list of existing community resources and programs in identified priority neighborhoods.
- Develop and foster strategic partnerships in identified priority neighborhoods.
- Promote physical activity guidelines with family childcare providers and childcare centers.
- Promote the usage of the CDC Worksite Health ScoreCard to community partners.
- Promote usage of county parks, trails, and recreational facilities.
- Partner with a faith-based organization in identified priority neighborhoods to promote physical activity and fitness.
- Re-establish and promote free fitness classes within the community.
- Increase educational opportunities and resources in communities identified as high-risk.
- Implement strategies to increase the proportion of adults who consume two or more servings of vegetables each day.

Contributing Entities, Partner Councils, Committees, and Workgroups

- As the CHIP is a living document, all information regarding contributing parties will be updated and included in regular progress reports. Contributing parties involved in related work may involve the following: Healthy Jacksonville Collaborative CHIP Partners: FDOH, DOH-Duval's Office of Performance Improvement and Community Health Programs, City of Jacksonville, Timucuan Parks Foundation, AARP, Humana, Inspire to Rise, the Potter's House International Ministries/Temple Builders, Justice League of Fitness, and community providers.

Strategic Priority: Chronic Diseases & Conditions

Goal 2: Promote the attainment and maintenance of health through nutrition, physical activity, and supportive lifestyle behaviors

Objective 5.2b: By December 31, 2028, reduce the percentage of adults in Duval County who are sedentary from 29.4% (2020) to 27%

Source: Florida Behavioral Risk Factor Surveillance System telephone survey conducted by the Centers for Disease Control and Prevention (CDC) and Florida Department of Health Division of Community Health Promotion via www.FLHealthCHARTS.gov

Activities

- Identify priority neighborhoods (census tract, zip codes, communities) to implement interventions and programs.
- Research and compile a comprehensive list of existing community resources and programs in identified priority neighborhoods.
- Develop and foster strategic partnerships in identified priority neighborhoods.
- Promote physical activity guidelines with family childcare providers and childcare centers.
- Promote the usage of the CDC Worksite Health ScoreCard to community partners.
- Promote usage of county parks, trails, and recreational facilities.
- Partner with a faith-based organization in identified priority neighborhoods to promote physical activity and fitness.
- Re-establish and promote free fitness classes within the community.
- Increase educational opportunities and resources in communities identified as high-risk.
- Implement strategies to reduce the proportion of adults who consume are sedentary.

Contributing Entities, Partner Councils, Committees, and Workgroups

- As the CHIP is a living document, all information regarding contributing parties will be updated and included in regular progress reports. Contributing parties involved in related work may involve the following: Healthy Jacksonville Collaborative CHIP Partners: FDOH, DOH-Duval's Office of Performance Improvement and Community Health Programs, City of Jacksonville, Timucuan Parks Foundation, AARP, Humana, Inspire to Rise, the Potter's House International Ministries/Temple Builders, Justice League of Fitness, and community providers.

Existing Assets, Policies, & Programs to Support Prevention of Chronic Diseases & Conditions

The following section is a list programs and policies that support prevention of chronic diseases and conditions.

Comprehensive approach to women's health *

- Address the needs of women via clinic-based programs that provide health care and family planning services as well regular breast and cervical cancer screenings and referrals.
- Offer reproductive health services (e.g., pregnancy tests, prenatal and postpartum care, gynecological exams, STD screenings), health education, and social service referrals via medically equipped vans.

Competitive pricing for healthy foods

- Assign higher costs to non-nutritious foods than nutritious foods via incentives, subsidies, or price discounts for healthy foods and beverages or disincentives or price increases for unhealthy choices

Complete Streets *

- Enhance streetscapes with greater sidewalk coverage and walkway connectivity, street crossing safety features, traffic calming measures, and other design elements

Farmers markets, mobile markets and new grocery stores in underserved areas*

- Support farmers markets, fresh food carts or vehicles that travel to neighborhoods on a set schedule to sell fresh fruits and vegetables
- Attract new grocery stores that sell a variety of fresh foods, baked goods, packaged, and frozen items to underserved areas via financing initiatives or zoning regulation

Point-of-purchase prompts for healthy foods

- Place motivational signs on posters, front of package labels, or shelf labels near fruits, vegetables and other items that encourage individuals to purchase healthier food options

Safe Routes to School *

- Promote walking and biking to school through education, incentives, and environmental changes; often called SRTS

Shared use agreements *

- Create contracts that support community access to existing facilities (e.g., schools, churches, etc.) before or after business hours; also called joint use, open use, or community use agreements

Social determinants of health *

- Continue to address the underlying causes of infant mortality and poor health outcomes by focusing on social determinants of health, for example, investing in under-resourced communities and efforts to ameliorate the effects of poverty on families during childbearing years

Culturally adapted health care *

- Tailor health care to patients' norms, beliefs, and values, as well as their language and literacy skills

Health literacy interventions

- Increase patients' health-related knowledge via efforts to simplify health education materials, improve patient-provider communication, and increase overall literacy

Patient navigators *

- Provide culturally sensitive assistance and care coordination, and guide patients through available medical, insurance, and social support; also called systems navigators

** Indicates local implementation of a policy or program*

MAPP Phase 6 – Action Cycle

Each of us can play an important role in Community Health Improvement efforts in Duval County, FL whether in our homes, schools, workplaces, or places of worship. It is much easier to encourage and support healthy behaviors from the start than to alter unhealthy habits. Below are some simple ways you can use this Plan to improve the health of our community:

Employers

- Understand priority health issues within Duval County, FL and use this Plan to help make your business a healthy place to work.
- Educate your team about the influence of an employee's health and productivity.

Community Members

- Understand priority health issues within Duval County, FL and use this Plan to assist!
- Use information from this Plan to start a conversation about the health issues that are important to you.
- Get involved! Volunteer your time or expertise for an event or activity related to health issues discussed in this Plan.

Health Care Professionals

- Understand priority health issues and use this Plan to remove barriers and create solutions for identified health priorities.
- Share information from this Plan with colleagues, staff, and patients.
- Offer your time and expertise to local improvement efforts (*e.g., volunteer, contribute expertise*)
- Offer your patients relevant counseling, education, and other preventive services in alignment with the identified health needs of Duval County, FL.

Educators

- Understand priority health issues within Duval County, FL and use this Plan and recommended resources to integrate topics on health and health factors (*e.g., social and economic factors, health behaviors*) into lesson plans across all subject areas such as math, science, social studies, and history.
- Create a healthier school environment by aligning this Plan with school wellness plans/policies.
- Engage the support of leadership, teachers, parents, and students.

Government Officials

- Understand priority health issues within Duval County, FL.
- Identify barriers to optimal health in Duval County, FL.
- Mobilize community leaders to take action by investing in programs and policy changes that help members of our community lead healthier lives.

State and Local Public Health Professionals

- Understand priority health issues within Duval County, FL and use this Plan to improve community health.
- Understand how the Duval County, FL community compares with Peer Counties, Florida, and the nation. Faith based Organizations
- Understand priority health issues within Duval County, FL and talk with members about the importance of wellness (*mind, body, and spirit*) and local community health improvement initiatives that support wellness.
- Identify opportunities that your organization or individual members may be able to support and encourage participation (*e.g., food pantry initiatives, community gardens, youth groups geared around health priorities*).

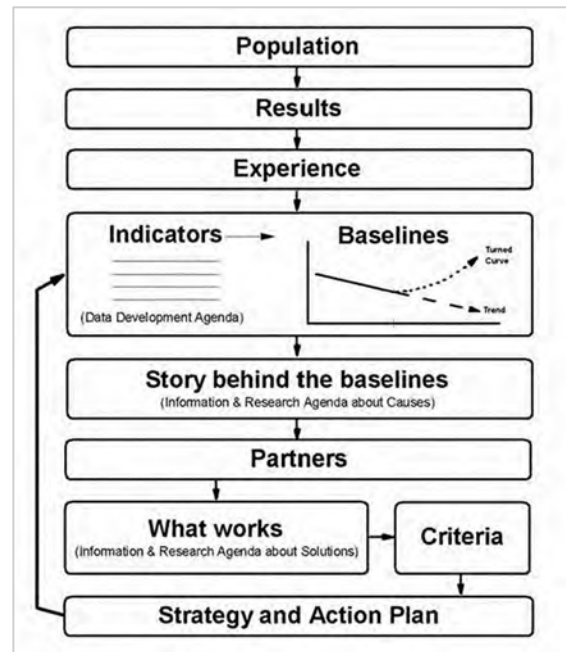


Results-Based Accountability (RBA) Model

Strategic Priority committees will be formed as a component of the Healthy Jacksonville Collaborative to drive the CHIP Action Cycle. Each committee will discuss available resources and how these resources may be used to achieve the CHIP goals and objectives. For each Strategic Priority, committees will discuss key activities, responsible persons, coordinating agencies, process measures for monitoring and evaluation, timeframes, and key deliverables. This will result in the refinement of action plans for each Strategic Priority.

To narrow down the activities and develop an actionable, measurable plan, DOH-Duval will employ the **Results-Based Accountability (RBA) Model**, which focuses on population health improvement as the end goal, with program performance to that end. The usefulness of the RBA approach is that it starts with the desired end in mind (outcome) and develops a set of evidence-based, targeted strategies to attain the outcome. RBA is the framework used for *Turning the Curve*, a process of positively changing the course of unwanted health trends through the development of performance standards and measures, progress reports, and ongoing performance and quality improvement. RBA is the model and *Turning the Curve* is the process that will be used in coordination with community partners to improve population health outcomes in Duval County, Florida.

"Turning the Curve"
Results-Based Accountability Framework



Strategic Priority Committees will be invited to participate in a Turn the Curve discussion activity. Participants will review relevant data, contribute to the story behind the data, discuss existing community program or interventions, and offered insight into possible contributing partners. The information from this activity will be used to further refine the action plans for each strategic priority area included in the CHIP.

A "Place-Based" Approach to Community Health Improvement

Promoting, Protecting, and Improving the Health of All!

The places where people live, learn, work, and play affect a wide range of health risks and outcomes. Environmental and social factors (*e.g., access to health care, early intervention services, high quality education, employment opportunities, and healthy food options*) influence health status, quality of life, and well-being. By adopting a place-based approach to chronic disease prevention and health promotion efforts, implementation of Duval County's CHIP will focus on creating healthy neighborhoods where all residents can reach their full health potential. This approach will allow for health differences based on geographic location to be addressed, which has been identified as a priority of the Healthy Jacksonville Collaborative. The goals of the place-based approach for Duval

County's CHIP will include using a data driven approach to identify priority neighborhoods, tailoring action plans to the unique needs and strengths of priority neighborhoods, focusing CHIP implementation on priority neighborhoods, and increasing engagement by fostering strategic partnerships to fill service gaps and build capacity in priority neighborhoods. To identify priority neighborhoods in Duval County for targeted health improvement efforts, data will be compiled and reviewed at the sub-county level (e.g., sub-geographic locations, zip code-level, census tract). Health improvement activities and initiatives will be tailored to meet the unique needs of the priority neighborhoods. This placed-based approach to implementation of Duval County's CHIP was recognized by NACCHO as a promising practice in 2020.

Funding received through the CDC will strengthen capacity to develop and implement action plans that will result in improvements in health outcomes in Duval County. DOH-Duval was awarded funding through the CDC's *Overdose Data to Action* cooperative agreement. This funding has been critical to strengthen existing overdose prevention partnerships in Duval County. OD2A funded partners include Gateway Community Services Inc., Premier Biotech Solutions, Inspire to Rise, the Northeast Florida Healthy Start Coalition, Yoga 4 Change, Hearts 4 Minds, Zaine Ali, University of Florida Health Jacksonville, and the Health Planning Council of Northeast Florida. This funding will facilitate the development of a robust CHIP action plan to reduce overdose deaths in Duval County. In 2021, DOH-Duval was awarded funding through the CDC's *National Initiative to Address COVID-19 Health Disparities* cooperative agreement. This funding has not only increased our community's capacity to address COVID-19 health disparities, but it also allowed for the establishment of a minority health coordinator position at DOH-Duval. This position will play a key role in developing a health action plans to protect, promote, and improve the health of all Duval County residents. Funding received through the CDC's Strengthening U.S. Public Health Infrastructure, Workforce, and Data Systems cooperative agreement will help build the public health infrastructure in Duval County and, ultimately, increase capacity to reach objectives in Duval County's CHIP.

CHIP Performance Monitoring

Action plans will be further developed and implemented, and progress will be monitored at bi-monthly community meetings. Progress toward reaching objectives in Duval County's CHIP is reported and tracked on a quarterly basis in the Performance Improvement and Management System (PIMS) powered by ClearPoint. Leads for CHIP activities will continue to be identified to ensure successful implementation and monitoring of the activities outlined in Duval County's CHIP. Leads will be responsible for overseeing implementation of activities and providing regular updates on the following: status of activity, timeline for completion, challenges or barriers experienced, identified needs, updates and/or revisions, and next steps. In addition to ongoing conversations and CHIP meetings, CHIP partners will provide regular progress reports (Appendix G).

The implementation of the CHIP will help strengthen the public health infrastructure and will aide and guide planning, foster collaboration, and promote the health and well-being of Duval County residents. As a living document, Duval County's CHIP will be reviewed and revised annually based on ongoing assessment of the availability of resources and data, community readiness, current progress, and alignment with goals.

Appendices

| | |
|--------------|---|
| Appendix A | Standards Alignment Table |
| Appendix B | 2023 Community Survey for Duval County, FL |
| Appendix C | Listening to The Voice of the Community - <i>DOH-Duval's Ongoing Collection of Community Perspectives</i> |
| Appendix D-1 | Community Focus Group: Kids Hope Alliance Kids, excerpt of the <i>2022 Needs Assessment and Gap Analysis Report</i> |
| Appendix D-2 | Community Focus Group: Lutheran Services Florida, excerpt of the <i>2022 Florida Cultural Health Disparity & Behavioral Health Needs Assessment Regional Report</i> |
| Appendix D-3 | Community Focus Group: Jacksonville Not-for-profit Hospital Partnership, excerpt of <i>the 2022 Community Health Needs Assessment Report</i> |
| Appendix E | Community Data: Access & Functional Needs Health Profile, Duval County, FL |
| Appendix F | Community Data: Pregnancy & Young Child Profile, Duval County, FL |
| Appendix G | CHIP Performance Monitoring Review Tool |
| Appendix H-1 | Request for Feedback on Preliminary Findings of CHA/CHIP DOH-Duval County Health Department – Media Local Newsroom |
| Appendix H-1 | Request for Feedback on Preliminary Findings of CHA/CHIP Healthy Jacksonville Collaborative – Webpage Alert |

Appendix A - Standards Alignment Table

| Alignment of 2023-2028 Community Health Improvement Plan with Local, State, and National Performance Standards | | | | |
|---|---------------------------------|--|---------------------------|---|
| Duval County CHIP Objectives | DOH-Duval Strategic Plan | Florida SHIP | DOH Strategic Plan | Healthy People 2030 |
| Strategic Health Priority 1: Maternal & Child Health | | | | |
| Objective 1.1a By December 31, 2028, decrease the infant mortality rate in Duval County from 6.7 per 1,000 live births (2021) to 6.0 per 1,000 live births | 1.1A 1.2A 1.3A 1.4A | MCH 2.1 MCH 2.2 MCH 2.3 MCH 2.4 MCH 2.5 ISV 1.1 | 1.1.1A 1.1.1B | MICH-02, MICH-05 MICH-07, MICH-08 MICH-09, MICH-10, MICH-11, MICH-13, MICH-14 |
| Objective 1.1b By December 31, 2028, reduce the congenital syphilis rate in Duval County from 204.8 per 100,000 live births (2021) to 184.0 per 100,000 live births | 1.3A | MCH 2.3 MCH2.1 MCH2.2 | 2.1.1D | STI-04, STI-03 STI-05, TU-15 MICH-11 MICH-D08 |
| Objective 1.2 By December 31, 2028, increase the percent of births to mothers who receive first trimester prenatal care in Duval County from 61.3% (2021) to 67.5% | 1.4A | MW 3.3 | - | MICH-08 MICH-10 FP-01 |
| Strategic Health Priority 2: Mental Well-being & Substance Misuse Prevention | | | | |
| Objective 2.1a By December 31, 2028, reduce drug overdose death rate in Duval County from 52.1 per 100,000 population (2021) to 46.8 per 100,000 population | 1.1A | MW 3.3 MW 3.4 | - | SU-03, SU-07 SU-08, SU-12 IVP-20, IVP-21, IVP-22, MPS02, OA-02 |
| Objective 2.2a By December 31, 2028, reduce the suicide death rate in Duval County from 14.0 per 100,000 population (2021) to 12.6 per 100,000 population | - | MW4.1 MW4.2 MW4.3 ISV 1.4 | - | MHMD-01 MHMD-02 MHMD-06 LGBT-06 |
| Strategic Health Priority 3: Injury Safety & Violence | | | | |
| Objective 3.1a By December 31, 2028, reduce sudden unexpected infant death (SUID) rates from 1.8 per 1,000 live births (2021) to 1.44 per 1,000 live births. | - | ISV 1.1 MCH 2.1 MW 3.3 | - | MCH-02, MCH-14 MCH-07 MCH-10 TU-18 |
| Objective 3.1b By December 31, 2028, reduce drowning in children aged 17 years and under from 2.3 per 100,000 population (2021) to 2.1 population. | - | ISV 1.2 | - | - |
| Objective 3.2a By December 31, 2028, decrease the percentage of high school students who have experienced four or more ACEs from 18.5% (2022) to 16.5% | - | ISV 4.1 | - | IVP-D03 |

Continues next page →.

| Alignment of 2023-2028 Community Health Improvement Plan with Local, State, and National Performance Standards | | | | |
|--|---------------------------------|--|-------------------------------|--|
| <i>Duval County CHIP Objectives</i> | <i>DOH-Duval Strategic Plan</i> | <i>Florida SHIP</i> | <i>DOH Strategic Plan</i> | <i>Healthy People 2030</i> |
| Strategic Health Priority Area 4: Transmissible Diseases | | | | |
| Objective 4.1a By December 31, 2028, reduce the rate of new HIV diagnoses in Duval County from 30.2 per 100,000 population (2021) to 27.2 per 100,000 population | 2.1A 2.2A 2.3A | TED 1.1 TED 1.2 TED 1.3 TED 1.4 | 2.1.1 A 2.1.1 B 2.1.1 C | HIV-01 HIV-02 HIV-03 HIV-04 |
| Objective 4.1b By December 31, 2026, reduce the incidence rate of bacterial STDs from 1,326.0 per 100,000 population (2021) to 1,193.0 per 100,000 | 2.3A 1.3A | TED 2.1 TED 2.2 TED 2.3 TED 2.4 | 2.1.1 D | STI-01 STI-02 STI-03 STI-04 STI-05 STI-06 STI-07 FP-06 FP-08 |
| Strategic Health Priority Area 5: Chronic Diseases & Conditions | | | | |
| Objective 5.1 By December 31, 2028, reduce the percentage of late-stage breast cancer diagnoses in Duval County from 32.9% (2020) to 29.5% | - | CD 1.2 | - | C-04 C-05 NWS-03 |
| Objective 5.2a By December 31, 2028, increase the percentage of adults in Duval County who consume two or more servings of vegetables each day from 39.5% (2019) to 43.5% | 3.4A | CD 6.1 SEC 3.3 | - | NWS-07 NWS-08 |
| Objective 5.2b By December 31, 2028, reduce the percentage of adults in Duval County who are sedentary from 29.4% (2019) to 27% | 3.4A | CD 6.2 CD 4.1 | - | PA-10 PA-06 PA-08 |


Appendix B - 2023 Community Survey for Duval County, FL


The following survey was announced during community partner meetings, email announcements, and via the web such as the Healthy Jacksonville Collaborative website and via press release posted to the DOH-Duval County's website in January 2023. Below is a snapshot of the web-posting:


Duval County Health Assessment Survey

January 10, 2023

SHARE THIS PAGE

 Facebook

 Twitter



Communication is essential to any relationship – that includes our relationship with you and our involvement in this community wide initiative. The Florida Department of Health in Duval County is conducting the Community Health Assessment (CHA) which assists in shaping the direction of 2023-2028 Community Health Improvement Plan (CHIP).

We are calling on our community members and residents of Duval County to please complete this 10 minute [survey](#) and share it with all of your networks! Survey results will be shared with the community and CHIP partners.

2023 Community Survey for Duval County, FL



Part 1: Quality of Life

Listening to and communicating with the community are essential to any community-wide initiative. The Florida Department of Health in Duval County is asking for your input, which will provide a better understanding of the issues that residents feel are important by completing this survey. The thoughts of community residents help pinpoint important issues and highlight possible solutions. This is a three-part survey and takes on average 10 minutes to complete. Thank you for your time!

Next

Are you satisfied with the quality of life in Duval County? (Consider your sense of safety, well-being, participation in community life, living conditions, and economic conditions.)

- Strongly No
- No
- Neutral
- Yes
- Strongly Yes

Are you satisfied with the health care system in Duval County? (Consider access, cost, availability, quality, and options in health care.)

- Strongly No
- No
- Neutral
- Yes
- Strongly Yes

Is Duval County a good place to raise children? (Consider school quality, day care, after school programs, and recreation.)

- Strongly No
- No
- Neutral
- Yes
- Strongly Yes

Is Duval County a good place to grow old? (Consider elder-friendly housing, transportation to medical services, churches, shopping, elder day care, social support for the elderly living alone, and meals on wheels.)

- Strongly No
- No
- Neutral
- Yes
- Strongly Yes

Is there economic opportunity in Duval County? (Consider locally owned and operated businesses, jobs with career growth, job training/higher education opportunities, affordable housing, and reasonable commute.)

- Strongly No
- No
- Neutral
- Yes
- Strongly Yes

Is Duval County a safe place to live? (Consider safety in the home, the workplace, schools, playgrounds, parks, and the mall. Do neighbors know and trust one another? Do neighbors look out for one another?)

- Strongly No
- No
- Neutral
- Yes
- Strongly Yes

Are there sufficient support systems in place for individuals and families during times of stress and need in Duval County? (Example: neighbors, support groups, faith-based organizations, community outreach, and social services.)

- Strongly No
- No
- Neutral
- Yes
- Strongly Yes

Do all residents in Duval County have the opportunity to equally contribute to improving quality of life?

- Strongly No
- No
- Neutral
- Yes
- Strongly Yes

Is there a sufficient number of health care providers in Duval County?

- Strongly No
- No
- Neutral
- Yes
- Strongly Yes

Is there a sufficient number of social services in Duval County?

- Strongly No
- No
- Neutral
- Yes
- Strongly Yes

Are you satisfied with contribution made by businesses, agencies, and organizations, to improve health and quality of life in Duval County?

- Strongly No
- No
- Neutral
- Yes
- Strongly Yes

Part 2: Community Health

What are the most important factors that allow you to be healthy where you live? Select up to four (4).

- Absence of discrimination
- Access to churches and other places of worship
- Access to health care (example: family doctor)
- Access to public transportation
- Access to safe places to be physically active
- Access to social and mental health services
- Affordable childcare
- Affordable housing
- Arts and cultural events
- Clean environment
- Emergency preparedness
- Good jobs and healthy economy
- Good place to raise children
- Good schools
- Health services for refugees and immigrants
- Low crime / safe neighborhoods
- Parks and recreation
- Strong family life
- Other

Which of the following health issues are you most concerned about in Duval County? Select up to four (4).

- Aging problems (example: arthritis, hearing or vision loss)
- Asthma
- Overweight & obesity
- Cancers
- Child abuse / neglect
- Climate change
- COVID-19
- Dental problems
- Diabetes
- Domestic violence
- Drowning
- Gun violence
- Heart disease and stroke
- High blood pressure
- Homicide
- Infant death
- Mental health and suicide
- Motor vehicle crash injuries
- Rape / sexual assault
- Respiratory / lung diseases (example: COPD)
- Sexually transmitted infections (STI or STD), including HIV/AIDS
- Substance misuse, including alcohol, tobacco, and prescription or illicit substances
- Teenage pregnancy
- Intergenerational and childhood poverty
- Truancy (school absenteeism)
- Violence
- Other

To you, which of the following have the greatest negative impact on health and quality of life in Duval County? Select up to four (4).

- Access to health care (example: family doctor)

- Access to healthy affordable food
- Adverse Childhood Experiences (ACEs)
- Alcohol use
- Climate change
- COVID-19
- Gun violence and gangs
- Inactive lifestyle
- Lack of access to transportation
- Lack of affordable childcare
- Lack of mental health care
- Lack of prenatal care
- Lack of women's health services
- Not using seat belts / child safety seats
- Overweight & obesity
- Racism
- Substance misuse
- Tobacco use
- Truancy (school absenteeism)
- Unsafe sexual behaviors
- Unsecured firearms
- Unsecured medications
- Water safety
- Other

How would you rate the overall health of Duval County residents?

- Very unhealthy
- Unhealthy
- Somewhat unhealthy
- Healthy
- Very healthy

How would you rate your own personal overall health?

- Very unhealthy

- Unhealthy
- Somewhat unhealthy
- Healthy
- Very healthy

How would you rate your own personal wellness across the various dimensions of wellness below. Examples are provided in parentheses.

| | Very unhealthy | Unhealthy | Somewhat unhealthy | Healthy | Very healthy |
|---|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| Physical wellness (exercise, nutrition, health exams) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Emotional wellness (feelings, attitudes, mood) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Mental wellness (cope with stress and adversity, self-care) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Social wellness (support, communication, relationships) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Spiritual wellness (compassion, beliefs, morals, values) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Financial wellness (budget, savings/debt, making use of scholarships/assistance) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Environmental wellness (incorporating nature in your life, protection from hazards like pollution, organized living space) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Vocational wellness (time-management, employment, education, training, skills) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

How do you pay for your health care? (Check all that apply)

- Pay cash (no insurance)

- Private health insurance (example: HMO, PPO)
- Medicaid
- Medicare
- Veteran's Administration (VA)
- Indian Health Services
- Other

Where do you go most often when you need health care?

- Health department
- Free clinic
- Doctor's office
- Urgent care
- Hospital emergency department
- I don't have a place I usually go to
- Another place, please specify

When getting health care, how often have you been treated worse than other people, been hassled, or been made to feel inferior because...

| | Never | Sometimes | All the time |
|---|-----------------------|-----------------------|-----------------------|
| you didn't have health insurance | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| of your race/ethnic group | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| of your age | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| of a disability | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| of your religious beliefs | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| of your sex (assigned at birth e.g. male/female) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| of your sexual orientation (a person's identity in relation to the gender(s) which they are sexually attracted) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| of your gender identity (personal sense of one's own gender. Gender identity can correlate with a person's assigned sex or can differ from it.) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

Do you ever need help reading printed material from your doctor, hospital, or clinic (rate never to all of the time)

- Never
- Very rarely
- Occasionally
- Very frequently
- Always

Are there any additional areas of concern that you would like to share related to health and quality of life in Duval County?

What is one idea or suggestion for how we can improve health and quality of life in Duval County?

Part 3: Demographics

In what zip code do you live?

What is your age?

- 25 or younger
- 26 - 39
- 40 - 54
- 55 - 64

65 or older

What is your sex?

Male

Female

Non-binary / third gender

Prefer not to say

Other

What is your race?

African American or Black

American Indian or Alaska Native

Asian

Native Hawaiian or Other Pacific Islander

White or Caucasian

Other

What is your ethnicity?

Hispanic or Latino

Not Hispanic or Latino

Other

What is your relationship status?

Married or co-habiting

Widowed

Divorced

In a domestic partnership or civil union

Single, but cohabitating with a significant other

Single, never married

What is your highest level of education?

- Less than high school
- High school diploma or GED
- Some college
- College degree
- Other

Powered by Qualtrics

Appendix C - Listening to The Voice of the Community
DOH-Duval - Ongoing Collection of Community Perspectives

To enhance the collective understanding of community perspectives, feedback and qualitative data is gathered by DOH-Duval County through meetings, consumer advisory boards, focus groups and ongoing community-level health promotion efforts. Learning from community engagement efforts are taken into consideration in CHIP effort. Below is a summary of Community Feedback gathered during Spring 2023.

| DOH-Duval County Community-level Health Promotions Community Feedback - Spring 2023 | | |
|--|---|---|
| <p>Before today, were you familiar with the programs and services provided by DOH-Duval County Health Department?</p> <ul style="list-style-type: none"> • 50% reported they were NOT familiar. | | |
| <p>Before today, were you familiar DOH-Duval County and the function of regular Community Health Assessments?</p> <ul style="list-style-type: none"> • 58% reported they were NOT familiar. | | |
| <p>Before today, were you familiar Healthy Jacksonville Collaborative?</p> <ul style="list-style-type: none"> • 83% reported they were NOT familiar. | | |
| <p>Overall, I am satisfied with my time learning about Duval County Health Department.</p> <ul style="list-style-type: none"> • 100% reported they were satisfied overall! | | |
| <p>When you think of a Healthy Community, what comes to mind?</p> | <ul style="list-style-type: none"> • <i>Active</i> • <i>Infants Living Past Their First Birthday</i> • <i>Happiness</i> • <i>Nutrition & Physical Activity</i> • <i>Body Health</i> • <i>Prevention</i> | <ul style="list-style-type: none"> • <i>Public Health Initiatives</i> • <i>Access To Healthcare</i> • <i>Healthy Kids at School, Ready to Learn!</i> • <i>Access To Healthy Food</i> • <i>People Coming Together to Work to Make Jax Better!</i> |
| <p>What are some of the Strengths of Our Community?</p> | <ul style="list-style-type: none"> • <i>Large</i> • <i>Lots Of Resources</i> • <i>Social Service Programs That Fill in Gaps</i> • <i>Resources</i> | <ul style="list-style-type: none"> • <i>Diversity</i> • <i>It's Diversity</i> • <i>The Large 80 Agency Community Support (Collaborative)</i> • <i>The Beauty, The Resources, The Jags, The Partnerships Like SHAC</i> |
| <p>If there was one thing you could change to make our community better, what would it be?</p> | <ul style="list-style-type: none"> • <i>Safe, Active Spaces</i> • <i>More Empathy for Others Among Residents</i> • <i>Collaboration</i> • <i>More Health and Mental Health</i> | <ul style="list-style-type: none"> • <i>Providers For All</i> • <i>Coordination Of Efforts.</i> • <i>Positive Support and Empathy For All.</i> |

Appendix D-1 Community Focus Groups

To enhance the collective understanding of community perspectives, feedback gathered through focus groups facilitated by Key Community Partners were reviewed and considered as part of this CHIP effort. Excerpts from Partner reports are included here.

- **Community Partner:** Kids Hope Alliance
- **Report:** 2022 Needs Assessment and Gap Analysis, ****Excerpt Only** Page 15-23****
- **Accessible via:** www.kidshopealliance.org/



Perceived and Expressed Needs in Duval County

Overall, there was significant participation in the Community Needs Assessment from varying demographics of Duval County stakeholders. Participants represented Duval County both in demographics, lived experiences, and geographic location. Community feedback included stakeholders with a variety of lived experiences, including learning and physical disabilities, foster care, navigating childcare subsidies, juvenile justice experiences, difficulty in school, challenges in health care access, and a need for mental healthcare. Representatives have experienced life in Jacksonville's Northside, Southside, Westside, and Urban Core.

Community Feedback

771

Surveys Completed

23

Hours of Listening Sessions

67

Providers Surveyed

The results below are separated into three sections – focused on each of the community feedback methods. The Actionable Insights section provides an overall summary of the combined results.

Listening Session Results

Overall, a total of eighty-nine (89) community members participated in the listening sessions. A total of sixteen (16) listening sessions were conducted, with two listening sessions being eliminated due to interference. Interference included "spam" participants joining and making noises to prevent other participants from being able to speak and hear. The listening sessions represented 23 hours of content.

Listening sessions included an introduction (not included for automated processing), and then dialogue in response to the following questions:

- Imagine a child turning 18 and graduating from high school, ready for success, and taking a wide view of what success can look like. What support did that child have over those previous 18 years that allowed them to reach their full academic, career, and civic potential?

15 | Page

Continued...

- **Community Partner:** Kids Hope Alliance
- **Report:** 2022 Needs Assessment and Gap Analysis, ****Excerpt Only** Page 15-23****
- **Accessible via:** www.kidshopealliance.org/

- What must a child have in place for optimal wellbeing? What must be in place in the community to allow for that?
 - Physical
 - Economic
 - Psychological
 - Cognitive
 - Social
- If you were to wave a magic wand, what would you change first, either for your own child or for the children in our community?
- Thinking about the gaps between what we want for our children and our community, and what we currently have, what are most important gaps our city needs to tackle?

Table 1 – Description of Listening Sessions:

| Listening Session | Location/Partner | Attendees |
|---|---|-----------|
| Providers | Zoom | 6 |
| Volunteers and Advocates | Zoom | 5 |
| Parents and Caregivers | Zoom | 4 |
| City Council or DCPS School? District 5 | Northside Community Involvement | 3 |
| City Council or DCPS School? District 5 (2) | Zoom and In Person / The Giving Closet Project, Inc. | 7 |
| Youth | Zoom / Center for Children’s Rights, Inc. | 1 |
| Parents and Caregivers (2) | Zoom | 3 |
| City Council or DCPS School? District 4 | 2 nd Mile Ministries, Inc. | 6 |
| City Council or DCPS School? District 4 (2) | Police Athletic League of Jacksonville, Inc. | 15 |
| City Council or DCPS School? District 6 | Communities in Schools of Jacksonville, Inc. – Riverside High School formerly Robert E. Lee High School | 10 |
| City Council or DCPS School? District 1 | Communities in Schools of Jacksonville, Inc. – Terry Parker High School | 11 |
| KHA Staff | Kids Hope Alliance | 8 |
| KHA Staff (2) | Zoom / Kids Hope Alliance | 2 |
| City Council or DCPS School? District 2 | Zoom / The Beaches Emergency Assistance Ministry, Inc. (BEAM) | 8 |

General Manually Identified Themes:

Each group was asked about the five domains of well-being: 1) physical, 2) psychological, 3) cognitive, 4) social, and 5) economic.

Three main themes were identified within the domain of physical well-being, 1) access to fresh foods, 2) safe access to outdoor resources such as parks, and 3) access to dental and wellness care for their children.

Continued...

- **Community Partner:** Kids Hope Alliance
- **Report:** 2022 Needs Assessment and Gap Analysis, ****Excerpt Only**** Page 15-23**
- **Accessible via:** www.kidshopealliance.org/

"If you have a park that isn't really interactive or it's not really safe, they're not going to use that space."

– Provider Listening Session

Mental health was at the forefront for a majority of the focus group participants. Topics, such as stigmas around mental health, staffing constraints causing a lack of accessibility for social and mental health workers, and a need for trauma informed/mental health informed educators/other people who come into contact with kids repeatedly surfaced. Positive interactions with adults and the opportunity to develop relationships through play were identified as needs around the psychological wellbeing of children and youth. Multiple participants also identified a need to provide intervention and support to children at a younger age in order to allow children to develop.

"A trauma-informed lens is working with kids around what happened to you instead of what's wrong with you?"

– Kids Hope Alliance Staff Listening Session

Cognitive topics were more widely varied. Generally, participants focused on the correlation between basic needs and cognitive growth, exposure (ranging from career options to cultural and art experiences), parent/guardian inclusivity, and a focus on early childhood literacy. Additionally, the participants highlighted the need for early identification and implementation of Individualized Education Programs, IEPs.

"My husband has been deployed, and we found out I could call Military One Source, because there was a resource for military families, and I could get 12 counseling sessions for free...Once you have the knowledge as a parent, it is up to us to apply that knowledge."

- Parent Listening Session

Participants were then asked about the social wellbeing of children and youth. Participants noted the adage "it takes a village." During this discussion, the need for safe communities was repeatedly reiterated – without a safe place to play outdoors, children and youth are less able to build a foundation for establishing relationships. Social acceptance, the influence of bad examples, and isolation were topics that spanned between social and mental well-being. Parents highlighted the need for role models, mentoring, and exposure to arts and culture. Additionally, parents highlighted the need for children and youth to participate in sports and community clubs but noted that the financial burden of multiple children participating in sports, even those sponsored by schools, can be extensive. The impact of technology and social media was discussed frequently. Parents discussed the need for activities outside social media and youth additionally identified the potentially detrimental impact of social media on their lives.

"[We need] A true community sport or some true community club where parents don't have to pay – just have a child so the child can build social relationships and learn a skill set like discipline and sportsmanship."

- Parent Listening Session

Economic wellbeing topics focused in two directions – support for the parent/family finances and financial literacy for children. Supporting parents includes access to jobs, stable housing that is safe and clean, living wages, support during parental leave, and affordable childcare. Ideas around financial literacy includes literacy education for children, programs that allow kids to have a bank account that is their own, and exposure to

Continued...

- **Community Partner:** Kids Hope Alliance
- **Report:** 2022 Needs Assessment and Gap Analysis, ****Excerpt Only** Page 15-23****
- **Accessible via:** www.kidshopealliance.org/

entrepreneurship. Additionally, teaching high school students about scholarships, internships and career options was a repeated topic.

"How do we step away from finances being the thing that shackles us to every conversation?"

- Provider Listening Session

Participants were asked about gaps, barriers, resource availability, and problems to which there are no clear solutions. Providers, volunteers, and parents alike highlighted the need for reliable and affordable childcare, public transportation, and hiring passionate staff that are paid sufficiently. Providers and Kids Hope Alliance staff brought up the need to provide professional development and training (general and trauma-informed) for those who interact with children and a need for access to resources around resource mapping and "google for social programs". Providers noted that they want to work together in a less competitive environment, allowing them to provide wraparound services for a child, but don't always know who provides what services, so it can be difficult to provide referrals, especially when they're crossing between school-based services and out of school services. Similarly, parents highlighted the need to communicate with parents more effectively – communication with parents in the places they attend every day rather than through separate events.

"I have a kid that goes to this school, what services are in that circle it on a school that can help that kid."

- Provider Listening Session

"The community needs to communicate more with parents, not just where they think they might show up. What if there was a sign at Winn Dixie, for example. Like, where are parents going every day that we can educate them about access to health care, access to dental. ... I just I just feel like we need to meet the parents where they are like wherever they are, there needs to be a sign up to educate parents."

— Parent Listening session

Parents highlighted the need for care outside of the school system, noting the lack of activities for children on Saturdays and Sundays. Parents and youth also highlighted the need for programs that incorporate local businesses – from bank account for youth to understanding what skills that children can learn that will help them be more employable in our local market. Additionally, parents expressed their expectation of local businesses helping support the community through mentoring and sponsoring local sports teams.

"When I had just graduated from college – was working at an income-based apartment complex, there was an 18-year-old who had never been to Arlington. He thought we were out of town. A lot of kids who have never been to the beach, never been to the Cummer [Museum]. People need to know that they can be beyond their community."

- District 4 Listening Session

When asked "if you could wave a magic wand, what would you change first", parents and youth identified a variety of topics which needed improvement. One parent also identified the need for a place to go to vent and learn about parenting techniques while their children are able to do activities, homework, and learn with each other. Exposure to the community was also identified as a need, with one participant noting that a lot of

Continued...

- **Community Partner:** Kids Hope Alliance
- **Report:** 2022 Needs Assessment and Gap Analysis, ****Excerpt Only** Page 15-23****
- **Accessible via:** www.kidshopealliance.org/

children have never seen beyond their own neighborhood. Without this exposure, children and youth don't understand that life can be different in different places.

Multiple youth identified the need for children and youth to have safe places outside to go, and noted that violence and verbal abuse, regardless of the target, harm children. One youth also identified a need for services to assist children who are experiencing hardships such as being homeless or not having the ability to clean their clothes. Topics additionally identified were a reduction in teacher turnover, increased access to mentorship, parent advocacy tools, and more active school counselors.

"You've got to get them to see places that life can be different. There's so much to learn on the other side of that coin. Not all of us are going to be Shad Khan. Some of us are going to have a roof over our head and our kids are fed and loved, and that's a good life."

- District 4 Listening Session

Manually Identified Topics – Coding

Topics were identified through coding and summary notes. Detailed coded reference counts in each segment are provided in Appendix A. Overall, when considering childhood wellbeing, Psychological and cognitive wellbeing had the most mentions.

Table 2 – Coded outcomes from listening sessions:

| Area of Childhood Wellbeing | Ordered Subcategory (sorted by total references) |
|-----------------------------|---|
| Physical | Safe and Free from Violence, Healthy Movement and Outdoor Activities, Nutrition, Health Care, Prenatal Care/Education, and Sleep |
| Psychological | Mental Health Support, Supportive and Present Caregivers, Positive Structure at Home, Stigma Around and Awareness of Mental Health |
| Cognitive | Post-graduation Planning, Individualized and Engaging Education Practices, Building Soft-Skills and Motivation, Quality K-12 Education, Early Education, Community Involvement, Homework Help, Drop-in Centers, Leadership Opportunities for Youth |
| Social | Positive and Caring Adults, Opportunities for Play and Social Development, Positive use of Social-Media and Technology, Healthy Relationships with Peers, Activities Beyond Sports |
| Economic | Family Supports and Multigenerational Solutions, Financial Literacy and Life Skills, Financial Resources Available to children, youth, and Families, Equity of Resource Availability, Exposure Outside Neighborhood, Clean and Safe Housing, Access to Quality Employment |

Additional themes were identified outside the need from the areas Kids Hope Alliance prevue such as decreasing the rent burden on families and increasing financial wellbeing.

It is important to note that not all topics in the code book are things that Kids Hope Alliance can address. Items such as "Quality K-12 Education" and "Safety and Freedom from Violence" were identified as expressed needs but must be supported through partnerships with other local organizations, such as Duval County Public Schools (DCPS) and Jacksonville Sheriff's Office.

Continued...

- **Community Partner:** Kids Hope Alliance
- **Report:** 2022 Needs Assessment and Gap Analysis, ***Excerpt Only** Page 15-23***
- **Accessible via:** www.kidshopealliance.org/

There were six themes repeated in thirteen of the fourteen listening sessions. These needs are 1) positive and caring adults, 2) mental health support, 3) supportive and present caregivers, 4) emotional learning and development, 5) healthy movement and outdoor activities, and 6) access to programming.

Table 3 - Consolidated Themes from the Listening Session:

| Theme |
|---|
| Children have access to services and opportunities for optimal psychological wellbeing. |
| Parents and caregivers are supported with evidence-based strategies. |
| Children are equipped to enter adulthood with daily life and social skills. |
| Children are safe and free from violence at home and in the community. |
| Children have opportunities for healthy movement, play, and outdoor activities. |
| Children have positive, caring adults as role models and mentors. |

Automated Topic Identification


Fifteen (15) clusters were made in order to understand topics that arose within the listening sessions. Of those fifteen (15) clusters, nine (9) were retained. The six (6) remaining clusters included nouns around time, verbs, infinitives, and named entities (such as Tanya or YouTube) and were thus excluded.

These categories were reviewed, and topics were identified. The categories are opportunities and barriers, family and mental health, social needs, resource availability, sports and play places, basic needs, community and spaces, education, resources and access. The distribution of term utilization for nouns in each of the categories is shown in Figure 5.

Appendix D-2 Community Focus Groups

To enhance the collective understanding of community perspectives, feedback gathered through focus groups facilitated by Key Community Partners were reviewed and considered as part of this CHIP effort. Excerpts from Partner reports are included here.

- **Community Partner:** Lutheran Services Florida (LSF)
- **Report:** 2022 Florida Cultural Health Disparity & Behavioral Health Needs Assessment - Regional Report - ***Excerpt Only** Pages 82 to 90: Cultural Health Disparity Focus Group*
- **Accessible** via <https://www.lsfhealthsystems.org/resources-2-2/>



CULTURAL HEALTH DISPARITY FOCUS GROUP SUMMARY

FOCUS GROUP METHODOLOGY

LSF Health Systems is one of seven behavioral health Managing Entities (ME) contracted by the Florida Department of Children and Families (DCF) to manage the state-funded system of behavioral health care for people who face poverty and are without insurance. LSF Health Systems serves a 23-county region in Northeast and Central Florida which includes the counties of Alachua, Baker, Bradford, Citrus, Clay, Columbia, Dixie, Duval, Flagler, Gilchrist, Hamilton, Hernando, Lake, Lafayette, Levy, Marion, Nassau, Putnam, St. Johns, Sumter, Suwannee, Union, and Volusia.

Lutheran Services of Florida recruited and provided access to a total 38 number of behavioral health clients and stakeholders to participate in four separate behavioral health services focus groups. The eligibility criteria for participating in the focus groups was that participants were 18 years or older and lived in the LSF Health Systems service area. Focus group sessions were held for two hours each and were facilitated by WellFlorida staff via the Zoom platform. The script of ten questions (see below) about behavioral health services in the ME service area was used to obtain the feedback from the participants. A summary of the respondents' input is provided below.

SCHEDULE OF FOCUS GROUP SESSIONS

| Date (2022) | Time | Number of Participants |
|-------------|----------------------|------------------------|
| March 14 | 10 a.m. - 11:30 a.m. | 11 |
| March 14 | 2:30 p.m. - 4 p.m. | 8 |
| March 18 | 10a.m. - 11:30 a.m. | 8 |
| March 22 | 10a.m. -11:30 a.m. | 9 |

FOCUS GROUP SUMMARY

Each of the four focus groups followed the same focus group script. The following pages present summaries of the focus group participants' responses to each question. A summary of the responses across the four groups for each of the ten questions is provided.

Question 1: Tell us about your most recent experience seeking behavioral health services? (Prompts: how did you learn about the provider, were you referred by someone?) Tell us about how you choose or selected your current (or most recent) behavioral health services provider?

82

Continued...

- **Community Partner:** Lutheran Services Florida (LSF)
- **Report:** 2022 Florida Cultural Health Disparity & Behavioral Health Needs Assessment - Regional Report - ***Excerpt Only** Pages 82 to 90: Cultural Health Disparity Focus Group*
- **Accessible** via <https://www.lsfhealthsystems.org/resources-2-2/>

Summary of Responses: Various experiences prompted focus group participants to access behavioral health services. Across the four focus groups no clients expressed an inability to find services. However, a common comment from focus group participants was that services were not so much personally sought but accessed as a result of being court ordered, placement in a detoxification unit, or having been released from jail. Other participants expressed that they sought out specific providers such as a pediatric provider, one who accepted their insurance, or provided telehealth services to meet their schedule demand or transportation barriers.

List of Responses (paraphrased focus group participant responses):

- Had to find a service without a long wait list
- Found provider on insurance website
- Court ordered
- Veteran's Administration referral
- Detox admission and discharges
- Jail discharge
- Needed pediatric specialist
- Telehealth services available

Question 2: Did you experience barriers or obstacles when seeking behavioral health services? If so, what were the barriers and how did you overcome them? Were there barriers you could not overcome? If so, what were the barriers and what would have helped you overcome them?

Summary of Responses: Answers depended on the focus group participant's life situation. For example, for single parents, persons with limited incomes, and those on Medicaid, there were housing, childcare, Medicaid acceptance, and transportation barriers. COVID-19 also presented barriers as participants expressed that the pandemic seemed to create a shortage of providers. Some participants did not want to go to one-on-one therapy during the pandemic. Those who relied on telehealth services expressed frustrations with technology issues, including internet access or specific computer issues that forced them to use their cell phones for telehealth services.

List of Responses (paraphrased focus group participant responses):

- Wait time
- Medicaid has a limited set of providers
- Technology issues
- Transportation including price of gas
- Staff turnover impact ability to establish client provider relations
- Finding one to fit my schedule
- Financial barriers
- Chose by what insurance offers
- Needed to get housing, childcare, and employment first
- Difficult for single parents to get childcare to attend appointments
- During pandemic there was a shortage of providers

Continued...

- **Community Partner:** Lutheran Services Florida (LSF)
- **Report:** 2022 Florida Cultural Health Disparity & Behavioral Health Needs Assessment - Regional Report - ***Excerpt Only** Pages 82 to 90: Cultural Health Disparity Focus Group*
- **Accessible** via <https://www.lsfhealthsystems.org/resources-2-2/>

- During pandemic did not want to go in person so had to find a provider that offered telehealth services

Question 3: What makes you feel comfortable getting behavioral healthcare services? (Prompts: person understands you, values of your culture, is a part of your community, know your privacy is maintained, etc.)

Summary of Responses: A common experience among focus group participants was that building trust and not being judged are essential to feeling comfortable with a provider. Other key items discussed that contribute to participants feeling comfortable were having a provider who understood their behavioral health traumas and or individual histories and backgrounds. Participants expressed that providers who are interested in client progress and not just checking on medication status made them comfortable, made them feel the provider cared about their progress and understood them. Having consistency with a provider as well as the recognition that behavioral health is an integral to overall health and well-being was important to participants.

List of Responses (paraphrased focus group participant responses):

- Feeling comfortable with the provider
- Trusting the provider
- Ability of provider to understand participant's type of trauma/behavior health issue
- Non-judgmental providers
- Ability to establish rapport with provider
- Provider who helps maintain progress
- Provider interested in your progress and not just your medications
- Maintaining consistency with provider because building trust and progress takes time
- Understanding that behavioral health is part of overall health and wellness in general

Question 4: What helps build a good provider-client relationship?

Summary of Responses: Provider competency was a common topic of discussion. Competency could include the ability to develop a trusting client-provider relationship. Within the client-provider relationship, the ability of the provider to mirror the client's situation, hold the client accountable for their responsibilities to achieve progress in identifying the specific behavioral health issue(s), and for there to be a bit of humor in therapy as humor were cited as helpful. A few respondents expressed they prefer a provider of a specific gender.

List of Responses (paraphrased focus group participant responses):

- Provider competency
- Time to develop relationships
- Trust

84

Continued...

- **Community Partner:** Lutheran Services Florida (LSF)
- **Report:** 2022 Florida Cultural Health Disparity & Behavioral Health Needs Assessment - Regional Report - ***Excerpt Only** Pages 82 to 90: Cultural Health Disparity Focus Group*
- **Accessible** via <https://www.lsfhealthsystems.org/resources-2-2/>

- Humor
- Building a partnership with the provider
- Providers who hold a client accountable
- Gender of provider in some cases
- Ability to mirror client, to put themselves in the same role as client (peer)
- Ability to get to the real problem
- Maintenance of confidentiality

Question 5: What services have you been satisfied with and why? Any services that you've been dissatisfied with or that need improvement and if yes, why? (Prompt or example of family involvement as part of satisfaction).

Summary of Responses: Participants expressed that good case management which includes coordination of care from primary care physicians to empathetic trusting providers, proper medication management, availability of providers, and a good patient to provider ratio are service characteristics they have been satisfied with. Other services participants were satisfied with included being able to reach providers by telephone and providers who hold the client accountable.

Services participants were dissatisfied with were predominantly centered around crisis care including hospital and inpatient admissions and Baker Act admissions. Crisis management discussions highlighted the damage caused by Baker Act admissions for children, emergency services that inappropriately medicate clients, and the lack of training among law enforcement officers to properly aid clients and families in crisis. A suggestion was made that emergency room health workers could benefit from training about behavioral health and crisis management. Other services participants expressed dissatisfaction with was the ability to receive primary and dental care and unreliability of transportation at times.

List of Responses (paraphrased focus group participant responses):

Satisfied

- Good case management
- Proper medication management
- Therapist who holds client accountable
- Good patient provider ration
- Provider who takes the patient seriously

Dissatisfied

- Crisis management, particularly for children
- Care coordination after incarceration
- Law enforcement interactions when officers not trained in crisis intervention
- Coordination of discharge from jail
- Too much process and time to move from detox centers to residential can sometimes cause relapse to detox.
- Baker Act admissions of children can cause permanent harm
- Mismatching

Continued...

- **Community Partner:** Lutheran Services Florida (LSF)
- **Report:** 2022 Florida Cultural Health Disparity & Behavioral Health Needs Assessment - Regional Report - ***Excerpt Only** Pages 82 to 90: Cultural Health Disparity Focus Group*
- **Accessible** via <https://www.lsfhealthsystems.org/resources-2-2/>

- Dental and primary care is needed and is expensive
- Transportation not on schedule
- Difficult to get intervention for a client who is deteriorating, not wait for a crisis leading to hospitalization
- Emergency crisis care

Question 6. How many of you have received behavioral health services through telehealth? How was that experience? Would you like to continue it? For those who haven't tried telehealth, would you like to try it? If not, why?

Summary of Responses: A few participants in the focus group sessions had used telehealth services. Overall, they found it convenient, especially for medicine assessments. Telehealth users found telehealth convenient, saved on transportation costs, and found it a mechanism to receive care consistently and continuously. Participants thought telehealth services can be a good way to receive behavioral health services if there are no technology issues. Telehealth services also were found to be a way to overcome wait times for appointments and expedite service. On-telehealth service users in the groups said they would give telehealth a try but expressed they would prefer to initially meet the provider in person.

List of Responses (paraphrased focus group participant responses):

Responses from Those Who had Used Telehealth Services: about 15 total for all groups

- For medication checkup it was fine but not for therapy
- Love telehealth. It is convenient
- Other people in room or area can listen to conversations (lack of privacy, security, and confidentiality)
- Some technology issues at times
- Awkward to do
- Good if you have a busy life and with a full-time job can't take time off work
- Easy and convenient to schedule
- Saves on driving or depending on transportation

Responses from Those Who had Not Used Telehealth Services:

- Would absolutely try
- Would like to meet the provider prior to using

Question 7: What is appealing or unappealing about group therapy? Why would or wouldn't you go to group therapy?

Summary of Responses: A small number of participants participated in group therapy and overall found it helpful. Hearing and learning from others and making friends was cited as beneficial. Participants who choose not to or have never used group therapy or find it unappealing had concerns about confidentiality. Participants expressed that if a

Continued...

- **Community Partner:** Lutheran Services Florida (LSF)
- **Report:** 2022 Florida Cultural Health Disparity & Behavioral Health Needs Assessment - Regional Report - ***Excerpt Only** Pages 82 to 90: Cultural Health Disparity Focus Group*
- **Accessible** via <https://www.lsfhealthsystems.org/resources-2-2/>

client has difficult, complex issues to overcome, one-on-one therapy would be better than group therapy. Private people or those with difficulty talking also find group therapy unappealing.

List of Responses (paraphrased focus group participant responses):

Appealing Aspect of Group Therapy:

- Would it be ok if you are with people with shared experiences
- Voluntary clients are more invested, but some court-ordered participants just show up because they must
- If in a group, you're not going to be judged
- It's a way to make friends
- Hearing other's stories makes you feel you are not alone
- Group trust is necessary

Non-appealing Aspects of Group Therapy:

- Concerns about confidentiality if people talk outside of the group
- I have trouble just talking one-on-one with the therapist, never mind talking in a group
- Private people don't want to share their issues with strangers
- I have a lot to work through that I am not comfortable exposing to others
- Can be invasive

Question 8: What services do you think are most important for people living with behavioral health needs? What services are needed but not available?

Summary of Responses: There were a variety of responses to this question. Many of the needs expressed were conveyed throughout the entire focus group sessions in response to other questions posed. The focus group participants clearly expressed the need for medication management, case coordination, improved crisis services and transportation. Participants also voiced needs for supportive services such as housing, parenting classes, trauma-informed care, services specific for domestic violence victims, services for persons upon discharge from residential treatment facilities, specific services for children, peer services in schools, food at day treatment facilities, and primary, vision and dental care. Participants summarized that services need to be available for everyone and not just limited to the specific needs or behavioral issues of certain individuals.

List of Responses (paraphrased focus group participant responses):

Most important service needs:

- Medication management
- Medication and talk therapy in tandem, individually they don't work
- Case coordination
- Crisis services
- Psychiatric urgent care

87

Continued...

- **Community Partner:** Lutheran Services Florida (LSF)
- **Report:** 2022 Florida Cultural Health Disparity & Behavioral Health Needs Assessment - Regional Report - ***Excerpt Only** Pages 82 to 90: Cultural Health Disparity Focus Group*
- **Accessible** via <https://www.lsfhealthsystems.org/resources-2-2/>

- Community supervision
- Housing, residential facility
- Expansion of FACT team services
- Transportation to services

Services not available:

- Supportive housing, residential
- Separate facilities for children
- School therapists only serve females – need the same service for males
- Peer services, particularly in schools
- Wrap-around services – FACT team, MAT team; more services in the community to help those who come out of residential treatment
- Parenting class for those whose children go to residential, to stop the cycle, help the whole family
- Trauma-informed care for adopted children and parents of adopted children
- Service for everyone, not just limited to certain individuals
- Vision services
- Primary and dental care
- Group for women who are victims of domestic violence. (Some centers have counseling but can go to regular providers through Meridian)
- No food services at social rehab (day treatment that lasts all day), have to bring in own food, snacks in morning

Question 9: Are there groups of people who have a difficult time getting the behavioral health services they need? If so, who are those people and why is it more difficult for them to access the services.

Summary of Responses: The responses to this question about groups of people who have a difficult time getting behavioral health services are reflective of many of the barrier issues discussed by the focus group participants throughout the sessions. Participants expressed that there many groups and individuals who face disparities caused by their environment and various social determinants of health including lack of health insurance, race, poverty, education, housing deficiencies, income, and language barriers.

List of Responses (paraphrased focus group participant responses):

- People who don't have transportation
- Low-income persons can't get gas, or don't have a car
- People who have social anxiety to get treatment
- Hard to get into a van full of people if you have social anxiety
- People with language barriers
- People with different types of abilities (physical, behavioral, intellectual, developmental)
- People without resources
- People out of jail or state hospitals

Continued...

- **Community Partner:** Lutheran Services Florida (LSF)
- **Report:** 2022 Florida Cultural Health Disparity & Behavioral Health Needs Assessment - Regional Report - ***Excerpt Only** Pages 82 to 90: Cultural Health Disparity Focus Group*
- **Accessible** via <https://www.lsfhealthsystems.org/resources-2-2/>

- Groups that have difficult time include children. Services not available, especially if you don't have health insurance
- Homeless people, people who don't know how or where, might be scared or intimidated
- Hard to get help until you get in trouble and incarcerated
- Those that must go to detox first to get help
- Detox is more for alcoholics, not for cocaine, other drugs
- Insurance, drug of choice, stable housing are issues, getting arrested or negative act gets you to services
- Those in poverty and people of color, it's (services) not as open to them, not as offered to them as often as it is to others.
- Persons who suffer addiction remain in poverty if they are unable to maintain steady employment
- People not educated about mental health, parents are addicted, I had to wait till I was older to make my own decisions, environment makes it difficult to access services
- The homeless population needs services, but they can't access it, community services are needed

Question 10: If there was anything you could change about behavioral health services, what would it be?

Summary of Responses: While many of the responses to this question reflect needs for improvements in the delivery and availability of behavioral health services for many groups and individuals, participants expressed that many people need services. Focus group participants expressed that mainstreaming behavioral/mental health care by removing stigmas and elevating acceptance, compassion, and competencies of medical providers to treat and coordinate care will provide opportunities for everyone to have a chance to succeed and achieve mental and physical well-being.

List of Responses (paraphrased focus group participant responses):

- Remove barriers so everyone has a chance to receive services barriers
- Increase supply of services. There is such a demand and low supply
- Improved coordination between the providers
- Information sharing between facilities and providers
- Continuum of care increasing staff, weekend appointments, wrap around services, including housing and weekend hours
- Improve the criminal justice system role in behavioral health care
- Competence of providers
- Integrated care, therapist like a primary care doctor, medicines
- Training for medical personnel such as primary care physicians
- Compassion and understanding from providers
- Safe transportation
- Remove stigma, need ER staff nurses and doctors to take mental health seriously

Continued...

- **Community Partner:** Lutheran Services Florida (LSF)
- **Report:** 2022 Florida Cultural Health Disparity & Behavioral Health Needs Assessment - Regional Report - ***Excerpt Only** Page 82 to 90 : Cultural Health Disparity Focus Group*
- **Accessible** via <https://www.lsfhealthsystems.org/resources-2-2/>

- Get help with the different types of little problems and get the proper help, proper medications
- Services are segmented
- Better diagnosis
- Improved services for children and adolescents to prevent Baker Act admissions and related crisis
- Insurance

Continued...

- **Community Partner:** Lutheran Services Florida (LSF)
- **Report:** 2022 Florida Cultural Health Disparity & Behavioral Health Needs Assessment - Regional Report - ***Excerpt Only** Page 103 to 109: No Wrong Door LSFHS Provider Focus Group***
- **Accessible** via <https://www.lsfhealthsystems.org/resources-2-2/>

NO WRONG DOOR LSFHS PROVIDER FOCUS GROUP SUMMARY

FOCUS GROUP METHODOLOGY

LSFHS is one of seven behavioral health Managing Entities (ME) contracted by DCF to manage the state-funded system of behavioral health care for people who face poverty and are without insurance. LSFHS serves a 23-county region in Northeast and North Central Florida which includes the counties of Alachua, Baker, Bradford, Citrus, Clay, Columbia, Dixie, Duval, Flagler, Gilchrist, Hamilton, Hernando, Lake, Lafayette, Levy, Marion, Nassau, Putnam, St. Johns, Sumter, Suwannee, Union, and Volusia.

LSFHS promoted the NWD Provider focus groups to contracted provider leaders. Three focus groups were facilitated by WellFlorida Council via the Zoom Platform and each focus group was one hour in length. The script of six questions (see below) about behavioral health services in the ME service area was used to obtain feedback from the participants. A summary of the respondents' input is provided below.

SCHEDULE OF FOCUS GROUP SESSIONS

| Date (2022) | Time | Estimated Number of Participants |
|-------------|-------------|----------------------------------|
| April 22 | 1pm - 2pm | 5 |
| April 25 | 12pm - 1 pm | 8 |
| April 28 | 9am - 10am | 5 |

FOCUS GROUP SUMMARY

Each of the three focus groups followed the same focus group script. The following pages present summaries of the focus group participants' responses to each question. A summary of the responses across the three groups for each of the six questions is provided. The summaries are followed by themes that were identified.

Question 1: In what ways has your organization improved referral and care coordination? What are suggestions for continued improvement?

Summary of Responses: Referrals are now accessible online for convenience and providers work with many partners to promote services and remove barriers to services. To remove direct access barriers, providers meet individuals where they are, such as in the home, school, community locations, etc. The online referral form allows anyone to

Continued...

- **Community Partner:** Lutheran Services Florida (LSF)
- **Report:** 2022 Florida Cultural Health Disparity & Behavioral Health Needs Assessment - Regional Report - ***Excerpt Only** Page 103 to 109: No Wrong Door LSFHS Provider Focus Group***
- **Accessible** via <https://www.lsfhealthsystems.org/resources-2-2/>

refer individuals served from anywhere. Some providers have incorporated monthly meetings with care coordination teams. These meetings provide a regular opportunity to examine referral sources, 30-day readmission rates, and other metrics to improve services and processes. Provision of services in additional locations has improved referral and care coordination. One provider shared his experience working with LSF for technical assistance related to improving referrals and care coordination. In his opinion, improvements based on the technical assistance received made a noticeable difference in referrals and care coordination. A provider expressed that many changes in the intake process occurred including assigning an assistant to manage phone calls and communications for referrals and care coordination. This organization now completes the formalized intake process in person. This required hiring additional staff and finding grants to fund those new staff positions geared at improving the referral process and care coordination.

List of Responses (Paraphrased focus group participant responses):

- Online referral forms
- Meeting individuals served in person in locations that are convenient to them such as in schools, their home, community organizations, etc.
- Improved referral processes with partnering community organizations
- Monthly meetings to review referrals and success and challenges
- Difficult to engage the parents and without their engagement children are often not referred to or treated
- Paperwork takes four times the amount of time than the time to work with people
- LSF helped our organization improve and streamline our services. Noticeable improvements have been made in a short time.
- Hired additional staff to assist with referrals and care coordination
- Applied to grants and received additional funding to support additional referral and care coordination staff
- Formalized intake as an in-person process
- Staff offer in-home services to maintain contact with individuals served
- Continual improvements occurring

Question 2: How does your agency promote awareness of available options and possible linkages to needed services? What else can be done to increase awareness of behavioral health services?

Summary of Responses: Agencies expressed a variety of promotional activities including community outreach to the public and organizations, internet-based promotion, speaking engagements, resource guides, and social media, however, most respondents agreed that their expertise is not in marketing and that efforts could most likely be improved. Restricted funding creates challenges for the availability of services especially

Continued...

- **Community Partner:** Lutheran Services Florida (LSF)
- **Report:** 2022 Florida Cultural Health Disparity & Behavioral Health Needs Assessment - Regional Report - ***Excerpt Only** Page 103 to 109: No Wrong Door LSFHS Provider Focus Group***
- **Accessible** via <https://www.lsfhealthsystems.org/resources-2-2/>

for persons in need of services who are commercially insured as many of the programs are not reimbursed by commercial insurances. For example: If a person does not have insurance, they have access to programs, but it is difficult to provide care coordination for individuals served with commercial insurance when their insurance does not cover the services provided. MOUs with partners has improved care coordination.

List of Responses (Paraphrased focus group participant responses):

How does your agency promote awareness of available options and possible linkages to needed services?

- Social Media
- Community Outreach
- Speaking engagements
- Paid advertising
- Resource Guides (being listed in)
- Communication team assigned to promote awareness of services
- Care coordinators will soon be located at juvenile care centers in Volusia
- Partnerships with other organizations
- Provide trainings to school guidance counselors

What else can be done to increase awareness of behavioral health services?

- Continued outreach
- Improved overall marketing (efforts guided by someone with marketing expertise)
- Ability to serve all individuals with the services that are the best fit for their needs regardless of insurance status and ability to pay

Question 3: What resources or supports does your agency need to improve person-centered care?

Summary of Responses: Common themes among focus group participants for needed resources or supports were additional funding for existing funded/allowable services, funding for services that are not currently allowable under Medicaid, the ability to recruit, hire and maintain staff, ability to seek and receive reimbursement for all best practices, and an increase in Medicaid reimbursement rates.

List of Responses (Paraphrased focus group participant responses):

- Additional funding
- Funding to cover the cost of services for persons with private insurance
- Difficult to recruit and hire new staff, difficult to retain staff

Continued...

- **Community Partner:** Lutheran Services Florida (LSF)
- **Report:** 2022 Florida Cultural Health Disparity & Behavioral Health Needs Assessment - Regional Report - ***Excerpt Only** Page 103 to 109: No Wrong Door LSFHS Provider Focus Group***
- **Accessible** via <https://www.lsfhealthsystems.org/resources-2-2/>

- Lack of individuals who want to work in publicly funded behavioral health due to lower salaries than those in private practice
- Young professionals want to earn more money than they can earn in behavioral health, so they are not entering the behavioral health field.
- Need access to free training on evidence-based practices
- Need increased Medicaid reimbursement rates to ensure we can provide adequate services
- Funding for non-funded services that are best practices

Question 4: What does your organization do or provide that helps people access services quickly and easily? What barriers prevent easy and quick access to services?

Summary of Responses: Providers responded that telehealth, mobile buses, walk-in availability, peers, working closely with law enforcement, 24/7 response teams, and low cost or no cost services (for those who qualify) help people access services quickly and easily. Providers responded that limited internet access, transportation, paperwork, lack of staff, fear, stigma, language barriers, and awareness of available services were barriers to quick and easy access to services.

List of Responses (Paraphrased focus group participant responses):

What does your organization do or provide that helps people access services quickly and easily?

- Telehealth allows us to leverage staff from one area to serve individuals in a different area. Expansion of that service is expected because it helps reduce the waiting time for individuals served.
- Purchased a mobile bus
- Open access – people come in/walk in and are immediately able to see a clinician and have an assessment and treatment plan.
- Telehealth
- Walk-ins are able to see a clinician and have an assessment, receive a treatment plan, and go to a group session that day if the client wants. People can have their first treatment session in four days.
- Peers in the emergency room allows individuals served to immediately receive treatment and the peers see anyone, regardless of opioid use disorder.
- Work closely with the police department on crisis cases and get through the crisis before burdening individuals served with paperwork. Paperwork can be time intensive, so we worked with insurance companies to determine what part of the paperwork is absolutely necessary.
- 24/7 response team and emergency screening
- 24/7 access center to accept referrals and coordinate intake
- Peers

106

Continued...

- **Community Partner:** Lutheran Services Florida (LSF)
- **Report:** 2022 Florida Cultural Health Disparity & Behavioral Health Needs Assessment - Regional Report - ***Excerpt Only** Page 103 to 109: No Wrong Door LSFHS Provider Focus Group***
- **Accessible** via <https://www.lsfhealthsystems.org/resources-2-2/>

- Low cost or no cost services for persons who qualify

What barriers prevent easy and quick access to services?

- Telehealth can be a barrier when internet service is limited or not strong
- Transportation
- Paperwork
- Lack of staffing
- Fear
- Stigma
- Language barriers
- Barriers for persons with limited hearing
- Provider capacity
- People in the community not knowing about the services available and the affordability of those services (some people qualify for free or reduced cost services)
- Limited funding

Question 5: What would a standard intake and screening process for state agencies and community partners look like?

Summary of Responses: Providers expressed concerns related to a standard intake and screening process. Concerns centered on the volume of paperwork needed by various agencies and the inability to limit the standard intake and screening process in a way that will reduce paperwork burdens on individuals served and providers. Redundancy in collecting information from individuals served is frustrating for providers and individuals, but not all providers require the same information from persons served. Providers found value in a more streamlined process for individuals served and providers, especially given the high volume of paperwork required. Providers also expressed a desire to share information more quickly with other providers, especially those who use behavioral health services frequently throughout the state. Paperwork required by providers is often determined by accrediting bodies and funding sources and these vary at each provider causing significant challenges in creating a standard intake and screening process. Providers stressed the need to negotiate with funders about required forms and to limit what is collected to only the items that providers can justify. Forms are complicated and hard to understand making it difficult for individuals to fill out forms accurately and quickly.

List of Responses (Paraphrased focus group participant responses):

- Standard process would be ideal but highly unlikely
- Release of information forms allows us to see records, but it often takes a long time to receive the records. Having access to the records would be helpful and a standard process may help with that accessibility
- A standard intake and screening that could be shared between providers would require all providers to use the same electronic record system

107

Continued...

- **Community Partner:** Lutheran Services Florida (LSF)
- **Report:** 2022 Florida Cultural Health Disparity & Behavioral Health Needs Assessment - Regional Report - ***Excerpt Only** Page 103 to 109: No Wrong Door LSFHS Provider Focus Group***
- **Accessible** via <https://www.lsfhealthsystems.org/resources-2-2/>

- Standard screening tools may be possible, but standard intake and processes overall will be provider specific
- FASAMS (Financial and Services Accountability Management System) could be part of the solution, however, it isn't fully working yet.
- Accrediting bodies all have different standards and providers must comply with those standards
- We need a process that isn't 20 pages long, forms that can be filled out and understood by someone with a 5th grade reading level so our services can start as quickly as possible
- Medicaid requires some information and LSF requires something else
- Is any other state using a standard intake and screening process?
- We need to ask funders: "Why do you need to know this information?" If they cannot justify the request, we should not be required to provide it.

Question 6. Are there individuals in need of services who do not have equal access to care? If so, who are those individuals and what makes it harder for them to have access to care?

Summary of Responses: Providers responded that there are people in services without equal access to care including those with limited transportation, limited internet access, those who have a severe and persistent mentally health condition, those who are involved with the criminal justice system, those with limited health literacy, those living below the poverty line, those with insufficient insurance and high copays, those with disabilities, people of color, LGBTQ+, and other groups who frequently experience health disparities.

List of Responses (Paraphrased focus group participant responses):

- Those involved in the criminal justice system
- People who have a severe and persistent mental health condition
- Lower economic status
- Those in poverty and living below the poverty line
- People who do not trust the system
- People who do not have access to a provider who looks like them
- People of color
- LGBTQ+
- Children with parents lacking resources or unwilling to seek assistance
- Transportation disadvantaged
- People who do not meet the eligibility criteria for funded services
- People with private insurance with high copays
- Rural residents
- Lack of childcare
- Deaf and hard of hearing

Continued...

- **Community Partner:** Lutheran Services Florida (LSF)
- **Report:** 2022 Florida Cultural Health Disparity & Behavioral Health Needs Assessment - Regional Report - ***Excerpt Only** Page 103 to 109: No Wrong Door LSFHS Provider Focus Group***
- **Accessible** via <https://www.lsfhealthsystems.org/resources-2-2/>

- Persons with disabilities
- Persons with limited English proficiency


Additional comments of note:

- It is important for legislatures to know how the system works, that we are seeing the tip of the iceberg for mental health, suicide, overdoses, opioids. This is not going to get better without doing more to provide services and support the peers and providers. These issues impact everything else: child welfare, education, family well-being, everything. When we talk about the staff shortage, how do we get more people in this field and licensed? What will the state do to encourage or incentivize people to go into this field in Florida? How do we identify people in our treatment programs who can become providers?
- Florida is near the bottom of the country in per capita funding for mental health and substance misuse services. The state has been pouring more money into MHSA and it is helping, but it must continue if we are to be in the middle of the nation for resources. We have been woefully underfunded for so long that it takes a while to catch up. How do we sustain the profession of MHSA? Why do I need to be in abject poverty to do this work? Stigma continues to be a barrier for this profession. We have to message our profession differently and people need to value it and we need comparable salaries to recruit new professionals. People feel valued by what they get paid. If you are educated with a master's degree and a license, but you are not making a livable salary, why go into that profession?
- Reduce complexity in billing and paperwork
- Politics has become more important than people and that should change
- Stop persecuting innocent people and start valuing human life
- We need better coordination between the child welfare system and behavioral health system

Appendix D-3 Community Focus Groups

To enhance the collective understanding of community perspectives, feedback gathered through focus groups facilitated by Key Community Partners were reviewed and considered as part of this CHIP effort. Excerpts from Partner reports are included here.

- **Community Partner:** Jacksonville Not-for-profit Hospital Partnership
- **Report:** 2022 Community Health Needs Assessment ***Excerpt Only** Page 18 to 20: Focus Groups***
- **Accessible** via <http://hpcnef.org/wp-content/uploads/2022/07/Final-2021-NE-FL-CHNA-Cumulative-Report.pdf>

| | |
|--|---|
| <p>2022 Community Health Needs Assessment</p> <p>The Jacksonville Nonprofit Hospital Partnership</p>  | <p>2022 Community Health Needs Assessment Report</p> <p>"There's shame in accessing, fear in accessing, many people said I am not coming to your food pantry when it's open. I worry about what kind of gaps this is creating, not just in education, but in health as well."</p> <p>Focus Groups</p> <p>A total of 27 focus groups were held throughout the five county study area, with a total of 212 participants. The median number of participants in a focus group session was eight, the minimum was two and the maximum was 20. The racial breakdown of participants was about 50% Black, 40% White, 5% Hispanic, 3% Asian/Pacific Islander, and 2% Other.</p> <p>Respondents were asked to describe areas within each county where residents had a difficult time gaining access to primary and preventive care services and activities, resources and amenities to promote healthy living. Responses to these questions were not a component of the analysis described in the methodology; these responses were used to corroborate findings from survey results. Generally, responses to focus group questions reflected responses to key stakeholder interview questions.</p> <p>The findings from the focus groups give a picture of community concerns from an individual perspective.</p> <p>◆ Access and Disparities</p> <p>Access issues were the most mentioned barriers to healthcare, the most common being lack of access to mental healthcare, healthcare clinics, specialists, and public transportation. Social determinants such as economic instability, poor neighborhoods, and lack of access to quality food and healthcare threaten the health and well-being of a significant portion of our most vulnerable populations and disproportionately affect minorities. Findings of note:</p> <ul style="list-style-type: none">• Across all five counties, those with access to public transportation report that it can be difficult to navigate or prohibitive due to the length of time it takes to get places.• Undocumented residents reported additional barriers to seeking out preventative care due to time, money, and lack of translators.• People with typical workday jobs need access to care in the evenings and on weekends; cannot accommodate weekday appointments.• There are few nutritious food stores in certain zip codes, while cheap fast-food options are prevalent and convenient.• Despite overall good health of many participants, most were aware of the challenges and disparities evident in lower socioeconomic neighborhoods in their region, and that these communities generally have higher rates of minority populations.• Mental health services were frequently identified as a priority need, and lack of mental health providers was commonly noted. In a focus group of area hospital staff, underfunded mental health was said to cause poor retention of staff.• Many neighborhoods do not have good areas to walk, run, or bike; makes it more difficult for residents to exercise. There is a lack of ADA friendly infrastructure and recreation resources such as sidewalk, paths, and parks.• Residents in rural areas reported difficulty prioritizing preventative care and managing chronic diseases due to having to take off a full day of work to make appointments in Jacksonville (lack of specialists and PCPs locally). Many participants reported that limited broadband in these areas limits access to telehealth. <p>◆ Primary Care Physicians</p> <p>Many focus group participants reported having a primary care physician. A common theme heard in the focus groups was that participants felt that their visits with their doctors are often</p> <p>18 Page</p> |
|--|---|

Continued...

- **Community Partner:** Jacksonville Not-for-profit Hospital Partnership
- **Report:** 2022 Community Health Needs Assessment - ***Excerpt Only** Page 18 to 20 Focus Groups***
- **Accessible** via <http://hpcnef.org/wp-content/uploads/2022/07/Final-2021-NE-FL-CHNA-Cumulative-Report.pdf>

rushed, and they leave feeling confused about their diagnosis or health needs. This was most common among older participants, although participants of all ages agreed.

Among those most happy with their doctors, the two most common themes were that they felt listened to during their time with their physician and left the appointment with a summary or explanation of their provider's recommendations.

❖ **Cultural Competency of Providers**

A few participants mentioned wanting a doctor of their own race, but the need for culturally competent and sensitive care was brought up time and time again by participants in focus groups representing a variety of community members. The LGBTQ+ group, in particular, stressed that this is a regional problem experienced by most of their peers. According to one participant (and corroborated by others), in Duval County the number of doctors sensitive to the needs of the LGBTQ+ population is so small that their names are known and often passed around between peers. The lack of affirming and confident providers and trans-inclusive providers was corroborated by all in this group.

When asked about whether they've ever been discriminated against in a medical setting, those answering in the affirmative most often cited race as the reason for their discrimination.

Competency in care also applied to people of varying abilities who indicated the lack of disability care training of primary care providers and the lack of preventative care services.

❖ **Time, Cost, and Awareness**

Cost of insurance, poor coverage, narrow networks of insurance, high co-pays and deductibles, high prescription costs, no insurance or being under insured, and the cost of getting emergency care were all themes that came up in nearly every focus group. Many also reported difficulty navigating the healthcare system and a general lack of awareness of available services. Lack of knowledge about healthy lifestyles, difficulty prioritizing healthy habits due to work and family, and lack of time to exercise and prepare healthy food due to busy lives were also commonly mentioned barriers to health.

"It's the lack of time, lack of education, letting symptoms progress to the point there aren't many options. It's an economic issue, an income issue; people who don't have funds for the co-pay they may have to choose between medicine and food. There's a lack of quality food options, and people don't have access to preventative care, and they only treat symptoms. This is not a long-term plan for health and wellness."

"People are hesitant to go for physicals and [preventative] healthcare because of the amounts of copay and risk that follow up visits will not be within their budget. Lack of time is an issue for people with 8-5 jobs, who need appointments in the evenings or on weekends."

❖ **Language Barriers**

Several issues were brought up regarding lack of translation services and Spanish-speakers feeling uncomfortable seeking care. A few examples:

"My mother is Hispanic and speaks broken English. She went to an appointment and the office brought someone in who was Haitian to translate for my mom. The doctor made a degrading statement that this is America, and we speak English."

"Need a competent translator, not the person who cleans the floors or does other jobs."

Continued...

- **Community Partner:** Jacksonville Not-for-profit Hospital Partnership
- **Report:** 2022 Community Health Needs Assessment - ***Excerpt Only** Page 18 to 20 Focus Groups***
- **Accessible** via <http://hpcnef.org/wp-content/uploads/2022/07/Final-2021-NE-FL-CHNA-Cumulative-Report.pdf>

↳ LGBTQ+

Lesbian, gay, bisexual, transgender, and questioning (LGBTQ+) focus group participants reported encountering significant barriers to healthcare. Nearly all the participants in the LGBTQ+ focus group have experienced discrimination in the healthcare settings, and all knew multiple others who had. This discrimination discourages them and their peers from seeking care – there was consensus that it is common among the LGBTQ+ community in our region to avoid or postpone needed medical care due to these prior experiences of disrespect or discrimination from healthcare staff. A few told stories of having had a doctor or other health care provider refuse to recognize their family or same-sex spouse.

Transgender focus group participants reported frustration at being repeatedly referred to by the wrong pronouns, even when explicitly asked at the beginning of an appointment how they identify. Exclusion in healthcare plans also presents a significant barrier in the Trans community for getting the healthcare they need.

Gender bias came up in several focus groups, with women saying they felt their concerns were not taken seriously by male physicians. This was corroborated by a participant in the LGBTQ+ focus group who has transitioned from female to male: he reported being taken more seriously by his doctors now than when he presented as female. He is often asked to accompany his female friends to appointments for this reason.

Community Survey

The online community survey included 25 questions and was completed by 1,143 respondents; Table 7 shows the number of responses by county. A core topic analysis presents survey results as they pertain to core topics identified in this report, namely access, mental health, chronic disease, and poverty. It also discusses in brief correlations identified between survey respondent characteristics and questions used for identification of community health needs.

Table 7: Survey Responses by County

| Community Survey by Responses by County | | | | | | |
|---|-------|------|-------|--------|-----------|-------|
| | Baker | Clay | Duval | Nassau | St. Johns | Total |
| Total | 20 | 109 | 527 | 308 | 179 | 1,143 |
| Percent | 2 | 10 | 46 | 27 | 16 | 100 |

The following is a summary of the cumulative survey findings followed by county-level survey results. Each analysis is preceded by a figure that illustrates the population characteristics followed by a series of graphs displaying the results per survey question. Baker County only yielded 20 responses (2%) so it is accounted for in the cumulative summary but was not analyzed individually as were the other counties.

Four core topics emerged as primary health issues experienced by survey respondents:

Continued...

- **Community Partner:** Jacksonville Not-for-profit Hospital Partnership
- **Report:** 2022 Community Health Needs Assessment - ***Excerpt Only** Page 39 - Focus Group***
- **Accessible** via <http://hpcnef.org/wp-content/uploads/2022/07/Final-2021-NE-FL-CHNA-Cumulative-Report.pdf>

2022 Community Health Needs Assessment Report

able to reimburse/be reimbursed for telehealth, but what does that look like in the future? I think there's legislative solutions for some of this."

DUVAL

"The Northside and Westside [of Jacksonville] are under-served."

"Until there are affordable grocery stores and healthcare providers who are willing to take Medicaid and take the time to build community trust there is going to continue to be an accessibility and sustainability problem."

"Finding a dentist that takes Medicaid, forget about it. It's impossible."

"Unless they have a health navigator or coordinator to help with this, most people don't know about FQHCs or community clinics."

"Increase funding for mental health and substance abuse services."

"When you don't have adequate funding for mental health and substance abuse issues, it greatly impacts your physical healthcare because untreated – for example – depression, you're eight times more likely to get dementia, have other co-morbidities including cancer."

"There needs to be more use of Certified Recovery Peer Specialists, those with lived experience who can really speak from the heart to people with mental health and substance use disorders."

"I think care coordination is absolutely critical. It needs to be employed in every healthcare setting, whether it be behavioral health or physical health."

NASSAU

"Alcohol is the most widely used drug in Nassau County and its very generational I would see 3 generations of families that came in with DUI... throughout all those generations... it was almost something that was expected, it wasn't unusual."

"We've seen an impact on the mental health of everybody because of this [COVID]. Anxiety, depression, worry and an increase in drug use, opioids just like we've seen it around the county we've seen it in Nassau County, and we've seen it a lot with our adolescents."

"It's being able to see someone who looks like you. So, you want to access healthcare, you want to go see someone but you want to see someone who's going to understand your issues and what does the access look like in the county for someone that looks like you? If you are African American – very limited options."

"We have no public transportation in Nassau County... if you can't walk or ride your bike or catch a ride somewhere then you aren't going to be able to get to where you need to go, and the West side of the county makes that more difficult because there's less resources."

"Because they've always been there and you've always had access to them but it was something that said 'you know we aren't supposed to go there' so you have to know about this place in a historical context for many, many years this town was sectioned off from the white and the black so you had your white beach and you had your black beach, you had your white rec and your black rec and I still think that's ingrained even in this generations mentality... they've never been restricted from these communities it was just in their mind 'this is not where I'm supposed to go.' (On recreational centers, parks, etc. why communities aren't using them)

"Western census tracts they have a lower poverty level... they are in a healthcare professional shortage area, there's a long commute time they're very spread out more rural."

39 | Page

Appendix E - Access & Functional Needs Health Profile

To enhance the collective understanding of health outcomes and health factors by population, additional community health data profiles were reviewed and considered in the development of community health priorities for the CHIP.

| Access and Functional Needs Profile, Duval County, Florida | | | | | | |
|---|------|--|--------------|-------------|-------------|------------|
| Indicator | Year | Measure | County Count | County Rate | State Count | State Rate |
| Demographic Data | | | | | | |
| Total Population | 2021 | Count | 994,778 | | 22005587 | |
| Resident Live Births | 2021 | Per 1,000 Population | 12603 | 12.7 | 216189 | 9.8 |
| Population (Aged 65-84 Years) | 2021 | Percent of Total Population | 131950 | 0.133 | 4084197 | 0.186 |
| Population (Aged 85 Years and Older) | 2021 | Percent of Total Population | 15639 | 0.016 | 601986 | 0.027 |
| Individuals Living Alone (Aged 65 Years and Older) | 2021 | Percent of Population 65+ | 38534 | 0.283 | 1047479 | 0.245 |
| Children in Foster Care (Aged 0-17 Years) | 2021 | Per 100,000 Population, Under 18 | 1327 | 588.9 | 25475 | 590.4 |
| Socioeconomic Data | | | | | | |
| Individuals Below Poverty Level (Census) | 2021 | Population for Whom Poverty Status is Determined | 139089 | 0.145 | 2744612 | 0.131 |
| Population Uninsured (Aged 0-64 Years) (Census) | 2021 | Count | 113154 | | 2608912 | |
| Households Receiving Cash Public Assistance or Food Stamps | 2021 | Percent of Households | 62758 | 0.162 | 1151577 | 0.141 |
| Monthly Medicaid Enrollment | 2021 | Per 100,000 Population | 260685 | 26205.3 | 4993359 | 22445.9 |
| Women, Infants and Children (WIC) Eligibles | 2021 | Percent of Total Population | 36796 | 0.037 | 636067 | 0.029 |
| Women, Infants and Children (WIC) Eligibles Served | 2021 | Percent of WIC Eligibles | 16861 | 0.458 | 400966 | 0.63 |
| Homeless Estimate | 2021 | Percent of Total Population | 1137 | 0.001 | 21141 | 0.001 |
| Population That Speak English Less Than Very Well (Aged 5 Years and Older) | 2021 | Percent of Census Population 5+ | 54363 | 0.059 | 2388642 | 0.118 |
| Spanish-Speakers Among Population That Speak English Less Than Very Well (Aged 5 Years and Older) | 2021 | Limited English Proficiency Ages 5 and Over | 26749 | 0.492 | 1860400 | 0.779 |
| Vulnerability Data | | | | | | |
| Adults Who Are Limited in Any Way in Any Activities Because of Physical, Mental or Emotional Problems | 2016 | Percent | | 0.235 | | 0.212 |
| Adults Who Use Special Equipment Because of a Health Problem | 2016 | Percent | | 0.097 | | 0.099 |
| Population Civilian Non-Institutionalized With a Disability | 2021 | Percent of Civilian non-institutionalized population | 124070 | 0.129 | 2818838 | 0.134 |
| Developmentally Disabled Clients | 2021 | Count | 3169 | | 61574 | |
| Clients Who Sustained a Brain and/or Spinal Cord Injury | 2021 | Count | 30 | | 540 | |
| Estimated Seriously/Mentally Ill Adults | 2021 | Count | 31547 | | 725329 | |
| Population With Vision Difficulty (Aged 18-64 Years) (Census) | 2021 | Percent of Census Population 18-64 | 12015 | 0.019 | 247494 | 0.019 |
| Population With Hearing Difficulty (Aged 18-64 Years) (Census) | 2021 | Percent of Census Population 18-64 | 10469 | 0.017 | 225318 | 0.018 |
| Medicare Beneficiaries Enrolled in Medical Essential Electric Utility Program | 2021 | Count | 8037 | | 180027 | |
| Adult Substance Abuse Program Enrollees (Aged 18 Years and Older) | 2021 | Count | 1393 | | 42298 | |
| Population With an Independent Living Disability (Aged 18-64 Years) (Census) | 2021 | Percent of Census Population 18-64 | 22860 | 0.037 | 446580 | 0.035 |
| Children Through Age 20 | | | | | | |
| Population With Vision Difficulty (Aged 0-17 Years) (Census) | 2021 | Percent of Census Population Under 18 | 1352 | 0.006 | 34286 | 0.008 |
| Population With Hearing Difficulty (Aged 0-17 Years) (Census) | 2021 | Percent of Census Population Under 18 | 531 | 0.002 | 22723 | 0.005 |
| Medical Foster Care Children | 2021 | Count | 16 | | 400 | |
| Florida Children's Medical Services (CMS) Clients | 2021 | Percent of Population Under 21 | 3680 | 0.014 | 110419 | 0.022 |
| Child Substance Abuse Program Enrollees (Aged 0-17 Years) | 2021 | Count | 179 | | 7458 | |
| Elderly Ages 65+ | | | | | | |
| Population With Vision Difficulty (Aged 65 Years and Older) (Census) | 2021 | Percent of Census Population 65+ | 9839 | 0.071 | 257006 | 0.059 |
| Population With Hearing Difficulty (Aged 65 Years and Older) (Census) | 2021 | Percent of Census Population 65+ | 15959 | 0.115 | 547096 | 0.126 |
| Probable Alzheimer's Cases (Aged 65 Years and Older) | 2021 | Percent of Population 65+ | 15947 | 0.108 | 553736 | 0.118 |

Source: Florida Charts accessible via www.flhealthcharts.gov/ChartsDashboards/rdPage.aspx?rdReport=AccessAndFunctionalNeeds.Report

Appendix F - Pregnancy and Young Child Profile, Duval County, FL

To enhance the collective understanding of health outcomes and health factors by population, additional community health data profiles were reviewed and considered in the development of community health priorities for the CHIP.

Pregnancy and Young Child Profile, Duval County, Florida

| Indicator | Rate Type | Year(s) | Quartile (Most to Least Favorable) | County Number | County Rate | State Comparison |
|---|----------------------------|---------|---|------------------|-------------|---------------------|
| | | | <div style="display: flex; justify-content: space-around; align-items: center;"> 1 2 3 4 </div> | | | |
| Women of Childbearing Age | | | | | | |
| Female Population (Aged 15-44 Years) | Count | 2021 | | 207,131 | | |
| White | Count | 2021 | | 117,154 | | |
| Black | Count | 2021 | | 70,400 | | |
| Other | Count | 2021 | | 19,577 | | |
| Hispanic | Count | 2021 | | 25,180 | | |
| Non-Hispanic | Count | 2021 | | 181,951 | | |
| Birth Family Characteristics | | | | | | |
| Births (Aged 15-19 Years) | Per 1,000 females 15-19 | 2019-21 | 3 | 1,803 | 22.1 | 14.9 |
| Repeat Births to Mothers (Aged 15-19 Years) | Percent of births 15-19 | 2019-21 | 3 | 283 | 15.7 | 13.5 |
| Births (Aged 0-34 Years) | Per 1,000 females > 35 | 2019-21 | 4 | 4,913 | 6.1 | 5.1 |
| Births to Unwed Mothers | Percent of births | 2019-21 | 2 | 18,737 | 49.1 | 46.7 |
| Births to Unwed Mothers (Aged 15-19 Years) | Percent of births 15-19 | 2019-21 | 3 | 1,694 | 94.0 | 93.5 |
| Births to Unwed Mothers (Aged 15-44 Years) | Percent of births 15-44 | 2019-21 | 2 | 18,699 | 49.2 | 46.7 |
| Father Acknowledged on Birth Certificate | Percent of births | 2019-21 | 3 | 32,497 | 85.2 | 88.6 |
| Births to Mothers Without High School Education (Aged 19 Years and Older) | Percent of births > 18 | 2019-21 | 2 | 3,607 | 14.7 | 14.2 |
| Births to Mothers Born in Other Countries | Percent of births | 2019-21 | 3 | 7,737 | 30.3 | 49.5 |

Continues on next page →.

Source: Florida Charts accessible via
<https://www.flhealthcharts.gov/ChartsDashboards/rdPage.aspx?rdReport=PregnancyandYoungChild.Report&rdRequestForwarding=Form>

Continued...

Pregnancy and Young Adult Profile for Duval County, FL

Pregnancy and Young Child Profile, Duval County, Florida

| Indicator | Rate Type | Year(s) | Quartile (Most to Least Favorable) | County Number | County Rate | State Comparison |
|---|---------------------------|---------|---|------------------|-------------|---------------------|
| Pre-conception Health and Behaviors | | | | | | |
| Women Who Engage in Heavy or Binge Drinking (Aged 18 Years and Older) | Percent of females > 17 | 2019 | 3 | | 12.8 | 15.1 |
| Women Who Are Current Smokers (Aged 18 Years and Older) | Percent of females > 17 | 2019 | 2 | | 14.8 | 13.9 |
| Women Who Received a Pap Test in the Past Year (Aged 18 Years and Older) | Percent of females > 17 | 2016 | 1 | | 54.7 | 48.4 |
| Women Who Have a Personal Doctor (Aged 18 Years and Older) | Percent of females > 17 | 2019 | 3 | | 77.9 | 77.1 |
| Women With Health Insurance (Aged 19-64 Years) | Percent | 2021 | 2 | | 85.4 | 83.5 |
| Bacterial Sexually Transmitted Diseases (STDs) Among Women (Aged 15-34 Years) | Per 100,000 females 15-34 | 2021 | 4 | 6,220 | 4,406.9 | 2,917.1 |
| Births to Mothers Who Were Underweight at Time Pregnancy Occurred | Percent of births | 2019-21 | 1 | 1,076 | 4.4 | 5.1 |
| Births to Mothers With Healthy Weight | Percent | 2019-21 | 3 | 13,558 | 37.7 | 40.7 |
| Births to Mothers Who Were Overweight at Time Pregnancy Occurred | Percent of births | 2019-21 | 2 | 9,735 | 40.2 | 41.7 |

Source: Florida Charts accessible via

<https://www.flhealthcharts.gov/ChartsDashboards/rdPage.aspx?rdReport=PregnancyandYoungChild.Report&rdRequestForwarding=Form>

Appendix G - CHIP Monitoring - Quarterly Review Form
2023-2028 Community Health Improvement Plan for Duval County, FL
CHIP Quarterly Review Form

Please complete the following questions regarding activities completed by your agency in the last 3 months as part of the Duval County Health Improvement Plan.

Submission Date: _____

Completed by: _____

Reporting agency: _____

1. Please provide any relevant updates related to your respective activities and strategies.

2. Have there been any changes in your agency's resources that will affect the completion of planned activities outlined in the CHIP?
If yes, please explain.

3. Please identify any new community partnership opportunities relevant to Duval County's CHIP priority areas.

4. Are you aware of any newly available data sources or updated indicators related to your CHIP activities? If yes, please explain.

5. Please describe any emerging community health issues that your agency believes should be given priority in the current or future CHIP cycle(s).

6. Please share recommendations for changes to the CHIP. Recommendations may include changes to planned activities, actions, target dates, responsible parties, or process measures.

7. If you have any additional feedback or questions, please share here. Thank you!

Appendix H-1 Request for Feedback on Preliminary Findings of CHA/CHIP

Posted to DOH-Duval County Website & Newsroom

Effective May 1, 2023, all vaccine services at Pearl Immunization Center have moved to Central Health Plaza, West.

Florida Health Duval County

Programs & Services | Certificates | Locations | Newsroom | Events | About Us

For Community Input: Preliminary Findings of the Duval County Health Assessment Process

By DOH-Duval | April 18, 2023

SHARE THIS PAGE
Facebook
Twitter

On behalf of the Healthy Jacksonville Collaborative, the Florida Department of Health in Duval County is pleased to share the preliminary findings from the **2023 Community Health Assessment for Duval County, FL**.

Please click on the link below to access a presentation which showcases the key findings gathered through use of a nationally recognized, evidence-based framework known as MAPP (*Mobilizing for Action through Planning and Partnerships*) and the four community-driven assessments (*i.e., Community Themes & Strengths, the Local Public Health System, the Community Health Status, and the Forces of Change*).

Duval County Community Health Improvement Plan Meeting Presentation to the Healthy Jacksonville Collaborative by DOH-Duval County, March 2023

Your feedback is welcome and can be submitted to the Health Jacksonville Collaborative via email: Healthyjax@flhealth.gov

Thank you for helping to make Duval County a beautiful place to live, learn, work, and play for all people, in all communities!

For Media Inquiries
904-253-1470
CHD16MediaRequests@flhealth.gov

Florida Health @HealthyFla

Florida Dept. of Health @HealthyFla · 2h

Floridians and visitors should avoid Sargassum and always follow these practices to reduce the risk of vibrio infections.

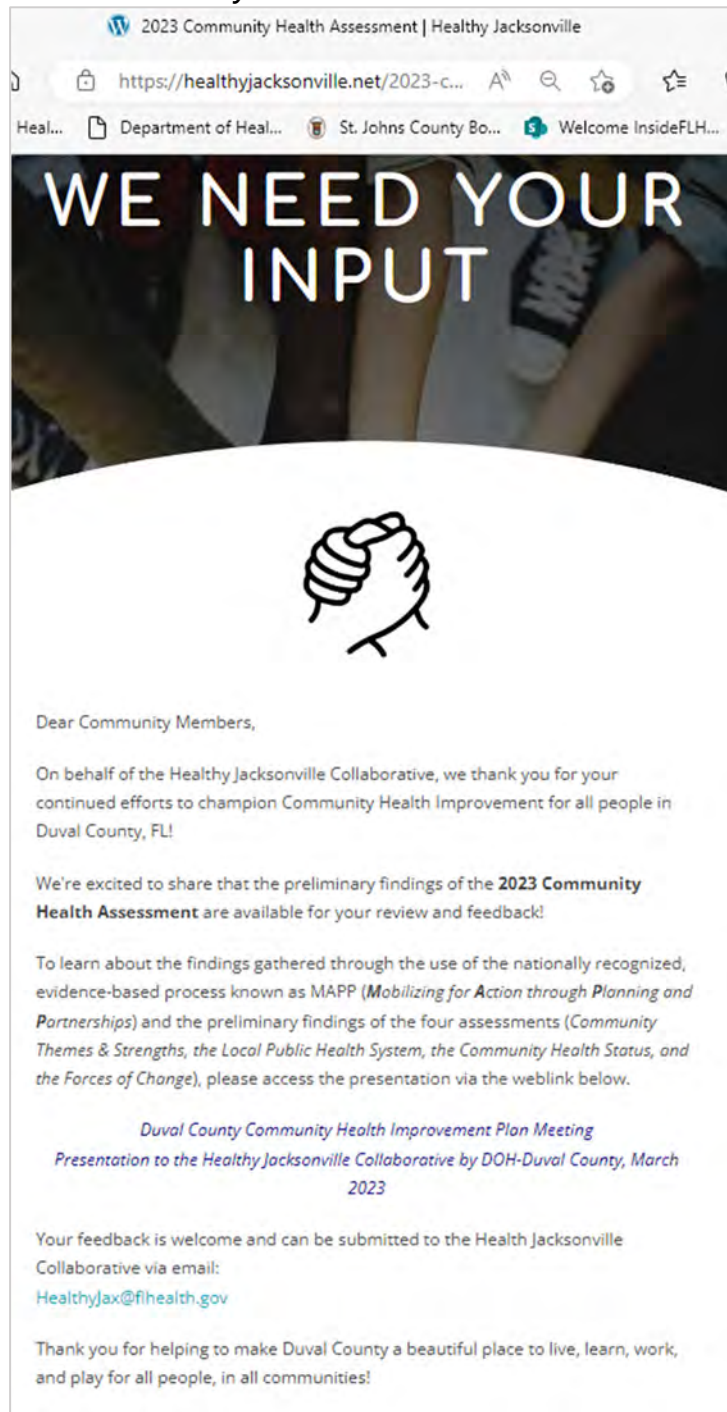
- Eat shellfish promptly after cooking and refrigerate leftovers; and
- Wear protective clothing e.g. gloves when handling raw shellfish.
- If you experience any health symptoms, please contact your health care provider.

NEWSROOM STATEWIDE ARTICLES

ICYMI - Cancer Connect Collaborative Releases Florida Cancer Report, Initial Findings From Recurrence Data, and Highlights Biomarker Testing

Appendix H-2 Request for Feedback on Preliminary Findings of CHA/CHIP

Posted to Healthy Jacksonville Collaborative Website




2023 Community Health Assessment | Healthy Jacksonville

https://healthyjacksonville.net/2023-c...

Heal... Department of Heal... St. Johns County Bo... Welcome InsideFLH...

WE NEED YOUR INPUT



Dear Community Members,

On behalf of the Healthy Jacksonville Collaborative, we thank you for your continued efforts to champion Community Health Improvement for all people in Duval County, FL!

We're excited to share that the preliminary findings of the **2023 Community Health Assessment** are available for your review and feedback!

To learn about the findings gathered through the use of the nationally recognized, evidence-based process known as MAPP (*Mobilizing for Action through Planning and Partnerships*) and the preliminary findings of the four assessments (*Community Themes & Strengths, the Local Public Health System, the Community Health Status, and the Forces of Change*), please access the presentation via the weblink below.

*Duval County Community Health Improvement Plan Meeting
Presentation to the Healthy Jacksonville Collaborative by DOH-Duval County, March 2023*

Your feedback is welcome and can be submitted to the Health Jacksonville Collaborative via email:
Healthyjax@flhealth.gov

Thank you for helping to make Duval County a beautiful place to live, learn, work, and play for all people, in all communities!