



JACKSONVILLE NONPROFIT HOSPITAL PARTNERSHIP

Community Health Needs Assessment





At Ascension St. Vincent's and across Ascension Florida, we are called to provide compassionate, personalized care to everyone, and the information gathered in the Community Health Needs Assessment helps us to better understand the evolving needs of those we are so privileged to serve. As healthcare providers, we recognize that we must work together to meet the needs of our community. We must also work in both traditional and innovative ways to increase access to care. This assessment allows us to hear directly from members of our community about what they need most, but we must also demonstrate that we are listening by providing our patients with the care they need, when and where they need it. We look forward to our collaborative work to make this a better, healthier place for all people.

Tom VanOsdol, MS, MA, FACHE
President and CEO, Ascension Florida



The leaders of the not-for-profit health systems in northeast Florida share a commitment to improving the health of the communities we serve. We work together to identify and address pressing health needs. We have come together to train 10,000 Northeast Floridians in Mental Health First Aid. And we will use the information presented in this report to help us improve the health of all, especially our most vulnerable neighbors.

A. Hugh Greene, FACHE
President and CEO, Baptist Health



Brooks Rehabilitation works with all hospitals in the community to provide rehabilitation care and improve the lives of people recovering from injuries and for those who are living with a disability. The collaboration with the Jacksonville Nonprofit Hospital Partnership to perform a Community Health Needs Assessment allows us to collectively gain a comprehensive understanding of where and how we can improve the health of our community. We can have a greater positive impact on the people we serve by working together, allowing them to achieve the highest quality of life possible.

Douglas Baer
CEO, Brooks Rehabilitation



At Mayo Clinic, we are guided by the spirit of 'teamwork,' one of our founding core values. We truly appreciate the opportunity to partner and collaborate with area healthcare organizations on the Community Health Needs Assessment, which provides us a valuable opportunity to improve the quality of life of our most vulnerable citizens in the communities we serve. Thriving communities are often attributed to residents that are physically and mentally well.

Kent Thielen, MD
CEO, Mayo Clinic in Florida



The 2018 Community Health Needs Assessment represents the collaboration of premier health care organizations in our region.

Through these efforts, vital statistics and information gathered helps to identify the most significant health needs in Jacksonville. We will use the results to develop strategies for improving the health and well-being of our residents.

It has been a privilege for UF Health Jacksonville to be a part of this meaningful work. We look forward to seeing how our combined efforts will improve the quality of life for everyone in the community.

Leon L. Haley Jr., MD, MHSA, CPE, FACEP
CEO, UF Health Jacksonville

Table of Contents

Jacksonville Nonprofit Hospital Partnership	9
Collaborative Projects.....	9
Consultants	11
Community Health Needs Assessment (CHNA) Regulations & Requirements	12
Evaluation of Impact Since Preceding CHNA.....	12
Executive Summary	1
Service Area.....	1
Methods for Identifying Community Health Needs.....	3
Primary Data.....	3
Secondary Data.....	4
Summary of Findings.....	5
Prioritized Areas.....	6
Conclusion.....	7
Introduction	8
Jacksonville Nonprofit Hospital Partnership Service Area.....	8
Methodology	11
Overview.....	11
Primary Data Methods & Analysis.....	11
Key Informant Interviews.....	11
Focus Groups.....	12
Community Survey.....	13
Secondary Data Methods & Analysis.....	15
Secondary Data Scoring.....	16
Index of Disparity.....	18
External Data Reports.....	19
Data Synthesis Method.....	19
Data Considerations.....	20
Race/Ethnic Groupings.....	20
Zip Codes and Zip Code Tabulation Areas.....	21
Prioritization.....	21
Demographics & Community Context	23
Population.....	23
Age.....	30
Race/Ethnicity.....	32
Language Spoken at Home.....	40
Veterans.....	41
Disabilities.....	42
Social and Economic Determinants of Health.....	43
Income & Poverty.....	43
Employment.....	61
Education.....	62
SocioNeeds Index.....	69

Prioritized Significant Health Needs	75
Access	75
Access to Health Services	76
Access to Proper Nutrition	83
Access to Safe & Affordable Housing	85
Behavioral Health [Mental Health & Substance Abuse].....	87
Secondary Data.....	87
Primary Data.....	91
Poverty	92
Secondary Data.....	92
Primary Data.....	98
Obesity & Physical Activity	99
Secondary Data.....	99
Primary Data.....	103
Maternal, Fetal & Infant Health	104
Secondary Data.....	104
Primary Data.....	106
Cancer.....	107
Secondary Data.....	107
Primary Data.....	112
Vulnerable Populations	113
African Americans.....	113
Children	114
Hispanic/Latinx	116
Homeless	117
Low- Income	119
Older Adults.....	120
Persons with Disabilities.....	123
Veterans	124
Other Significant Health Needs	126
Diabetes.....	126
Heart Disease.....	127
Social Environment.....	130
Respiratory Diseases.....	134
Sexual Health.....	135
Built Environment & Safety	138
Conclusion	141
Appendix A. Impact Since Prior CHNA	142
1. Baptist Medical Center Beaches.....	142
2. Baptist Medical Center Jacksonville	155
3. Baptist Medical Center Nassau.....	172
4. Baptist Medical Center South.....	184
5. Brooks Rehabilitation	203
6. Mayo Clinic Florida	206
7. St. Vincent’s Medical Center Clay County	211
8. St. Vincent’s Medical Center Riverside.....	213

9. St. Vincent’s Medical Center Southside	216
10. UF Health Jacksonville & UF Health North	219
11. Wolfson Children’s Hospital	226
Appendix B. Primary Data	244
1. Key Informant Interview Questions	244
2. Organizations Participating in Key Informant Interviews.....	245
3. Focus Group Discussion Questions.....	245
4. Completed Focus Groups	212
5. Community Survey Questionnaire	213
Appendix C. Secondary Data	225
1. Secondary Data Sources	225
2. Secondary Data Scoring Detailed Methodology.....	228
Comparison to a Distribution of County Values: Within State and Nation	228
Comparison to Values: State, National, and Targets.....	229
Trend Over Time	229
Missing Values	229
Indicator Scoring.....	229
Topic Scoring	229
3. Secondary Data Scores	230
Baker County	230
Clay County.....	249
Duval County	269
Nassau County	290
St. Johns.....	310
Appendix D. Community Resources for Use in Implementation	332

Table of Figures

Figure 1. Partnership Hospital Locations.....	2
Figure 2. Population by County	3
Figure 3. Partnership Hospital Locations.....	9
Figure 4. Zip Codes within Partnership Service Area.....	10
Figure 5. Common Themes from Key Informant Interviews	12
Figure 6. Common THemes from Focus Groups.....	13
Figure 7. Survey Participants by County.....	13
Figure 8. Survey Participants by Race/Ethnicity	14
Figure 9. Most Pressing Health Needs According to Survey Participants	14
Figure 10. Most Impactful Conditions of Life According to Survey Participants.....	15
Figure 11. Indicator Score Range.....	16
Figure 12. Summary of Topic Scoring Analysis	17
Figure 13. Visual Representation of Synthesis of Primary Data & Secondary Data	19
Figure 14. Populy by County	24
Figure 15: Population per Zip Code in 2012-2016 (Baker)	25
Figure 16: Population per Zip Code in 2012-2016 (Clay).....	26
Figure 17: Population per Zip Code in 2012-2016 (Duval)	27
Figure 18: Population per Zip Code in 2012-2016 (Nassau).....	28
Figure 19: Population per Zip Code in 2012-2016 (St. Johns)	29
Figure 20. Population by Age, 2016.....	30
Figure 21. Population by Race/Ethnicity, 2012-2016 (Baker)	32
Figure 22. Population by Race/Ethnicity, 2012-2016 (Clay).....	33
Figure 23. Population by Race/Ethnicity, 2012-2016 (Duval).....	33
Figure 24. Population by Race/Ethnicity, 2012-2016 (Nassau)	34
Figure 25. Population by Race/Ethnicity, 2012-2016 (St. Johns).....	34
Figure 26. Population Aged 5+ Speaking Language Other than English at Home, 2012-2016.....	40
Figure 27. Veteran Population, 2012-2016	42
Figure 28. Persons with a Disability, 2012-2016	43
Figure 29. Median Household Income, 2012-2016	44
Figure 30: Median household income per county: Past Four time periods.....	45
Figure 31. Median Household Income by Zip code, 2012-2016 (Baker)	46
Figure 32. Median Household Income by Zip code, 2012-2016 (Clay).....	47
Figure 33. Median Household Income by Zip code, 2012-2016 (Duval)	48
Figure 34. Median Household Income by Zip code, 2012-2016 (Nassau).....	49
Figure 35. Median Household Income by Zip code, 2012-2016 (St. Johns)	50
Figure 36. People Living Below Poverty Level, 2012-2016.....	51
Figure 37: People Living below poverty level per county: past Four time periods.....	52
Figure 38. People Living Below Poverty Level by Race/Ethnicity, 2012-2016.....	53
Figure 39: White, non-Hispanic Population Living Below Poverty Level per County: past Four time periods	54
Figure 40: Black or African American Population Living Below Poverty Level per County: past Four time periods.....	55
Figure 41: Hispanic or Latino Population Living Below Poverty Level per County: past Four time periods	56
Figure 42: People Living Below Poverty Level by Zip Code, 2012-2016 (Baker)	57
Figure 43: People Living Below Poverty Level by Zip Code, 2012-2016 (Clay)	58
Figure 44: People Living Below Poverty Level by Zip Code, 2012-2016 (Duval).....	59
Figure 45: People Living Below Poverty Level by Zip Code, 2012-2016 (Nassau)	60

Figure 46: People Living Below Poverty Level by Zip Code, 2012-2016 (St. Johns).....	61
Figure 47. Educational Attainment by County, 2012-2016	62
Figure 48: Population Aged 25+ with a High School Degree or Higher per County: past Four time periods	63
Figure 49: High School Degree Attainment by Zip Code, 2012-2016 (Baker)	64
Figure 50: High School Degree Attainment by Zip Code, 2012-2016 (Clay).....	65
Figure 51: High School Degree Attainment by Zip Code, 2012-2016 (Duval)	66
Figure 52: High School Degree Attainment by Zip Code, 2012-2016 (Nassau)	67
Figure 53: High School Degree Attainment by Zip Code, 2012-2016 (St. Johns)	68
Figure 54: SocioNeeds Index by Zip Code (Baker)	70
Figure 55: SocioNeeds Index by Zip Code (Clay)	71
Figure 56: SocioNeeds Index by Zip Code (Duval)	72
Figure 57: SocioNeeds Index by Zip Code (Nassau).....	73
Figure 58: SocioNeeds Index by Zip Code (St. Johns)	74
Figure 37. Related Factors to Access	75
Figure 60. Aids Diagnosis Rate (Cases/100,000 Population) (2016).....	114
Figure 61. Persons with a Disability, 2012-2016	123
Figure 62. Veteran Population, 2012-2016	124
Figure 63. Indicator Score Range.....	228

Table of Tables

Table 1. Primary Data Participation by County	4
Table 2. Jacksonville Nonprofit Hospital Partnership’s Significant Health Needs.....	6
Table 3. Prioritization Criteria	6
Table 4. Priority Health Areas and Evidence from Data Collected	7
Table 5. 2017 Discharges by County for Partnership Hospitals.....	8
Table 6. Number of Key Informant Interviews by County.....	11
Table 7. Collated Data Scoring Results for Partnership’s Service Area	18
Table 8. Jacksonville Nonprofit Hospital Partnership’s Significant Health Needs.....	20
Table 9. Race and Ethnic Breakout Terms.....	21
Table 10. Prioritization Criteria	22
Table 11. Priority Health Areas and Evidence from Data Collected	22
Table 12. Total Population per County: past Four years.....	24
Table 13. Total Population Projections through 2045.....	29
Table 14. Population Projections by Age-Group through 2045	31
Table 15. Population by Race/Ethnicity Per County: Past Four Years	35
Table 16. Population Projections by Race/Ethnicity through 2045.....	36
Table 17: Population by race/ethnicity per zip code, 2012-2016	37
Table 18. Types of Languages Spoken at Home, 2012-2016.....	41
Table 19. Veteran Population by War Era, 2012-2016.....	42
Table 20. Estimated Number of Persons with a Disability, 2012-2016	43
Table 21. Unemployed Workers in Civilian Labor Force, May 2018	61
Table 22. Access to Health Services Indicators*	77
Table 23. Medically Underserved Areas and Populations.....	78
Table 24. Health Professional Shortage Areas and Populations	79
Table 25. Health Professional Shortage Area Points	82
Table 26. Nutrition Related Indicators*	84
Table 27. Housing Related Indicators*	86
Table 28. Behavioral Health Indicators*	88
Table 29. Poverty-Related Indicators*	93
Table 30. Poverty-Related Indicators, Trend Data	97
Table 31. Zip Code Level Data for Poverty-Related Indicators.....	98
Table 32. Obesity & Physical Activity-related Indicators*.....	100
Table 33. Maternal, Fetal, & Infant Health-Related Indicators*	105
Table 34. Maternal, Fetal, & Infant Health-Related Indicators, Favorable Trend Data	106
Table 35. Maternal, Fetal, & Infant Health-Related Indicators, Harmful Trend Data	106
Table 36. Cancer Indicators*	107
Table 37. Cancer Indicators, Trend Data	111
Table 38. Zip Code Level Data for Cancer Indicators.....	112
Table 39. People 65+ Living Below Poverty Level (Black or African American).....	114
Table 40. Children’s Health Indicators*	115
Table 41. Differences in Social Determinants of Health, Duval County (2015).....	117
Table 41. Older Adult Secondary Indicators*	120
Table 42. Estimated Number of Persons with a Disability, 2012-2016	123
Table 43. Veteran Population by War Era, 2012-2016.....	125
Table 45. Diabetes Indicators*	126

Table 46. Heart Disease Indicators*	127
Table 47. Social Environment Indicators*	130
Table 48. Respiratory Health Indicators*	134
Table 49. Sexual Health Indicators*	136
Table 50. Built Environment & Safety Indicators*	138

Jacksonville Nonprofit Hospital Partnership

In July 2011, leaders from Baptist Health, Brooks Rehabilitation, the Clay County Health Department, the Duval County Health Department, Mayo Clinic, the Nassau County Health Department, the Putnam County Health Department, UF Health Jacksonville (then Shands Jacksonville Medical Center), Ascension St. Vincent's, and Wolfson Children's Hospital came together and formed the Jacksonville Metropolitan Community Benefit Partnership (the Partnership) to conduct the first-ever multi-hospital system and public health sector collaborative Community Health Needs Assessment (CHNA).

The Partnership's vision is to contribute to improvements in population health across the Northeast Florida Region by addressing gaps that prevent access to quality, integrating health care, and improving access to resources that support a healthy lifestyle. In 2015, partnership membership changed where only the non-profit hospitals were involved, as such, the group changed the name to the Jacksonville Nonprofit Hospital Partnership, members continued their efforts to collaboratively assess the health needs of the Northeast Florida Region. Some of these collaborative efforts to address identified significant needs have included a museum exhibit at the Museum of Science and History that displayed real time local health data, a safe playground for children in a disadvantaged neighborhood, and offering Mental Health First Aid classes for the local community. The Partnership continues to explore opportunities to collaborate through small- and large-scale initiatives, improving the health and wellness of the region in a meaningful way.

This CHNA represents a collective report of the five-county region, which, in turn serves as the basis for individual reports for each hospital based upon the geographic region of the respective hospital.

The CHNAs were conducted to identify priority health needs within each community served by each hospital, and to inform development of implementation strategies to address the identified needs selected by each hospital based on their ability to impact the need. Additionally, the Partnership focuses collaborative efforts to include the five-county service area of Baker, Clay, Duval, Nassau, and St. Johns. The CHNAs were conducted to respond to federal regulatory requirements and seek to identify significant health needs for particular geographic areas and populations by focusing on the following questions:

- Who in the community is most vulnerable in terms of health status or access to care?
- What are the unique health status and/or access needs for these populations?
- Where do these people live in the community?
- Why are these problems present?

The question of how each hospital plans to address significant needs is the subject of separate implementation strategies that will be adopted by the Boards of each Partnership hospital member.

Collaborative Projects

The Partnership actively looks for collaborative projects with which they can leverage the reach and influence of their non-profit health systems within our community to make a significant impact, either across Northeast Florida or within specific disadvantaged neighborhoods. These projects have varied greatly but all initiatives were based on previous Community Health Needs Assessment data and the engagement of the residents that

live in the communities. From the initial creation of the Partnership, the desire to improve the community was a shared Mission. Following the first CHNA in 2013, the Partnership, in collaboration with the Health Planning Council of Northeast Florida, funded and awarded scholarships to a local college student that was pursuing a Public Health degree to improve our Northeast Florida community.

Continuing with the alignment of knowledge being powerful when shared, the Partnership funded and was closely involved in the development and installation of an exhibit at the Museum of Science and History that focused on health and wellness education, specific to the local community. The Health In Motion exhibit teaches important lessons about health and the human body in a fun way through interactive play and movement. The exciting new exhibit was specifically designed to address the critical need of health education and investigates how environment and lifestyle impact individual and community health in Northeast Florida.

In the 2016 CHNA, Mental Health was a significant Identified need that was prioritized across the community. To address this need, the Partnership has made a substantial investment, both in dedication of time and financial resources, to train 10,000 local community members in Mental Health First Aid (MHFA). MHFA is an evidenced based training to give non-mental health professionals, practical training on how to identify, communicate, and connect people suffering with mental health issues to local resources. Currently, the Partnership is on track to train 10,000 Northeast Floridians in MHFA, including a commitment to train all employees of the Jacksonville Sheriff's Office. Furthermore, in February 2017, the CEOs of St. Vincent's HealthCare, Baptist Health, Brooks Rehabilitation, Flagler Hospital, Mayo Clinic and Memorial Hospital collectively and generously pledged over \$900,000 to support the mental health nursing program at the University of North Florida. The funds established a non-endowed professorship in Mental Health Graduate Nursing for a five-year period, providing resources to pay the salary of an outstanding faculty member in the field of psychiatric/mental health nursing.

The Partnership has also used the Community Health Needs Assessment as a foundation to help provide community improvements to more specific disadvantaged neighborhoods. For example, several members of the Partnership helped to sponsor the construction of a playground at Eureka Gardens, a federally subsidized housing community that has been nationally recognized for the unsafe living conditions that the residents were subjected to. The playground was an intentional initiative to improve the health and safety of the children within the neighborhood. As well, many of the Partnership hospitals actively support the HealthyStart of Northeast Florida's work to decrease infant mortality.

Consultants

The Partnership commissioned Conduent Healthy Communities Institute (HCI) to assist with its Community Health Needs Assessment and author this report.

Conduent Healthy Communities Institute is a multi-disciplinary team of public health experts, including healthcare information technology veterans, academicians and former senior government officials, all committed to help health-influencing organizations be successful with their projects. HCI uses collaborative approaches to improve community health and provides web-based information systems to public health, hospital and community development sectors, to help them assess population health.

Our team works with clients across 38 states to drive improved community health outcomes by assessing needs, developing focused strategies, identifying appropriate intervention programs, establishing progress monitoring systems, and implementing performance evaluation processes. Working with diverse clients nationwide has contributed to HCI's national knowledge base of population health solutions. In addition, by engaging directly with clients and communities through the primary data collection process and final workshops, HCI works on behalf of our clients to build trust between and among organizations and their communities.

To learn more about Conduent Healthy Communities Institute, please visit <https://www.conduent.com/community-population-health/>.

Community Health Needs Assessment (CHNA) Regulations & Requirements

With the legislative passing of the Affordable Care Act (ACA) on March 23, 2010, new requirements were added that hospital organizations must satisfy in order to be described in section 501(c)(3). This includes Community Health Needs Assessment (CHNA) requirements.

On December 31, 2014, the IRS issued final regulations for Community Health Needs Assessments completed by charitable hospitals, and these rules have not been officially updated since that date. There have been no changes in the federal regulations since the Partnership's and associated hospitals' last conducted CHNA.

A summary of the CHNA requirements are as follows:

- A definition of the community served by the hospital facility and a description of how the community was determined
- A description of the process and methods used to conduct the CHNA, including identification of information gaps that limit the hospital facility's ability to assess the community's health needs
- A description of how the hospital facility solicited and took into account input received from persons who represent the broad interests of the community it serves
- A prioritized description of the significant health needs of the community identified through the CHNA, along with a description of the process and criteria used in identifying certain health needs as significant and prioritizing those significant health needs
- A description of the resources potentially available to address the significant health needs identified through the CHNA
- An evaluation of the impact of any actions that were taken, since the hospital facility finished conducting its immediately preceding CHNA, to address the significant health needs identified in the hospital facility's prior CHNA(s)
- Board approval, or equivalent
- This document must be made widely available to the public

An evaluation of the impact since the prior CHNA was not included in the Partnership's nor associated hospital's prior CHNA report, because, due to the timing, they were not mandated to fulfil that requirement.

Evaluation of Impact Since Preceding CHNA

The CHNA process should be viewed as a three-year cycle. An important piece of that cycle is revisiting the progress made on priority health topics set forth in the preceding CHNA. By reviewing the actions taken to address a priority health issue and evaluating the impact those actions have made in the community, it is possible to better target resources and efforts during the next round of the CHNA cycle.

A detailed table describing the strategies/action steps and indicators of improvement for each of the hospitals listed below can be found in [Appendix A](#).

- [Baptist Medical Center Beaches](#)
- [Baptist Medical Center Jacksonville](#)
- [Baptist Medical Center Nassau](#)
- [Baptist Medical Center South](#)
- [Brooks Rehabilitation](#)
- [Mayo Clinic Florida](#)
- [St. Vincent's Medical Center Clay County](#)
- [St. Vincent's Medical Center Riverside](#)

- [St. Vincent's Medical Center Southside](#)
- [UF Health Jacksonville & UF Health North](#)

- [Wolfson Children's Hospital](#)

Executive Summary

The Jacksonville Nonprofit Hospital Partnership is pleased to present its Community Health Needs Assessment (CHNA). As federally required by the Affordable Care Act, this report provides an overview of the methods and process used to identify and prioritize significant health needs in the Partnership's service area. The Jacksonville Nonprofit Hospital Partnership hired Conduent Healthy Communities Institute (HCI) to conduct the CHNA.

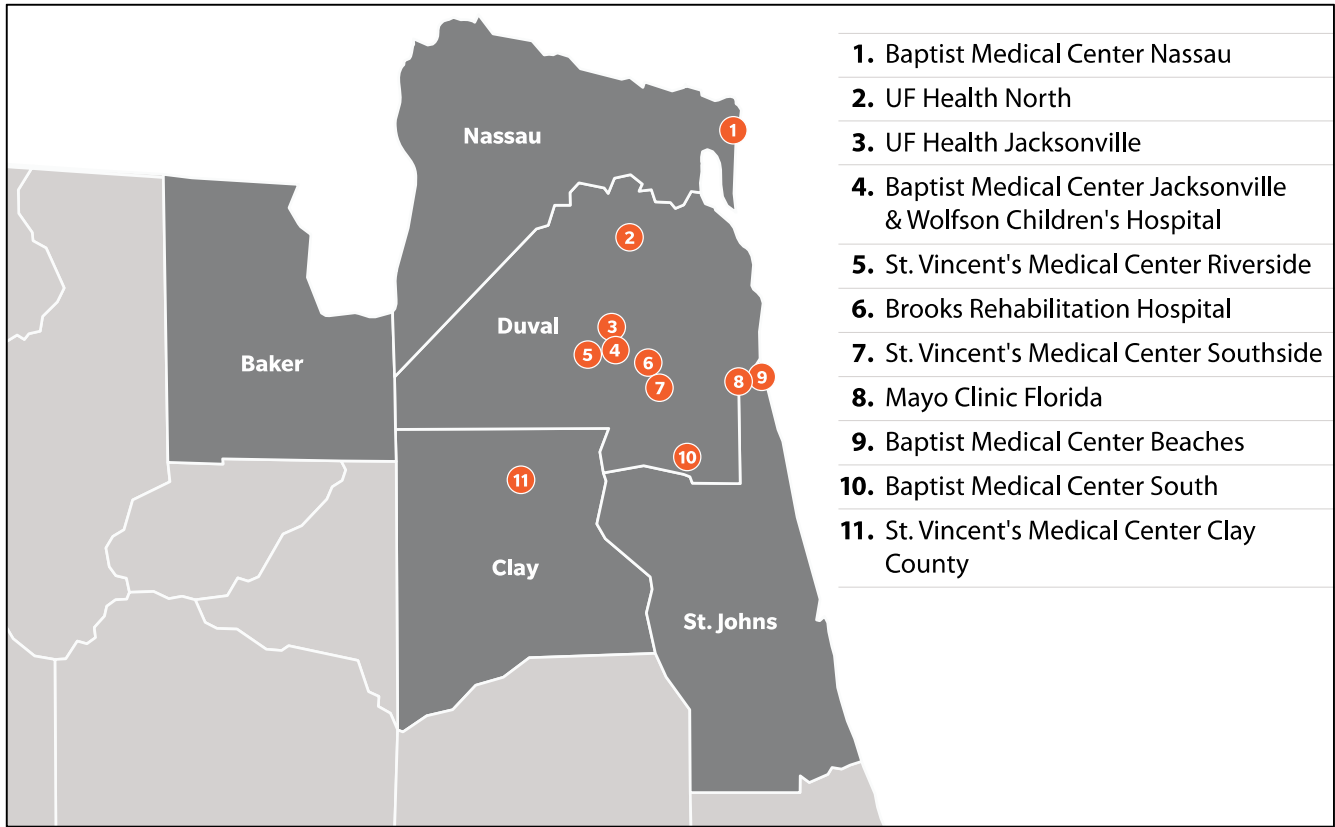
The goal of this report is to offer a meaningful understanding of the most pressing health and health related needs across the Partnership's service area, as well as to guide planning efforts to address those needs. Special attention has been given to the needs of vulnerable populations, unmet health needs or gaps in services, and input from the community.

Findings from this report will be used to identify, develop, and target initiatives to provide and connect community members with resources to improve these health challenges in their community.

Service Area

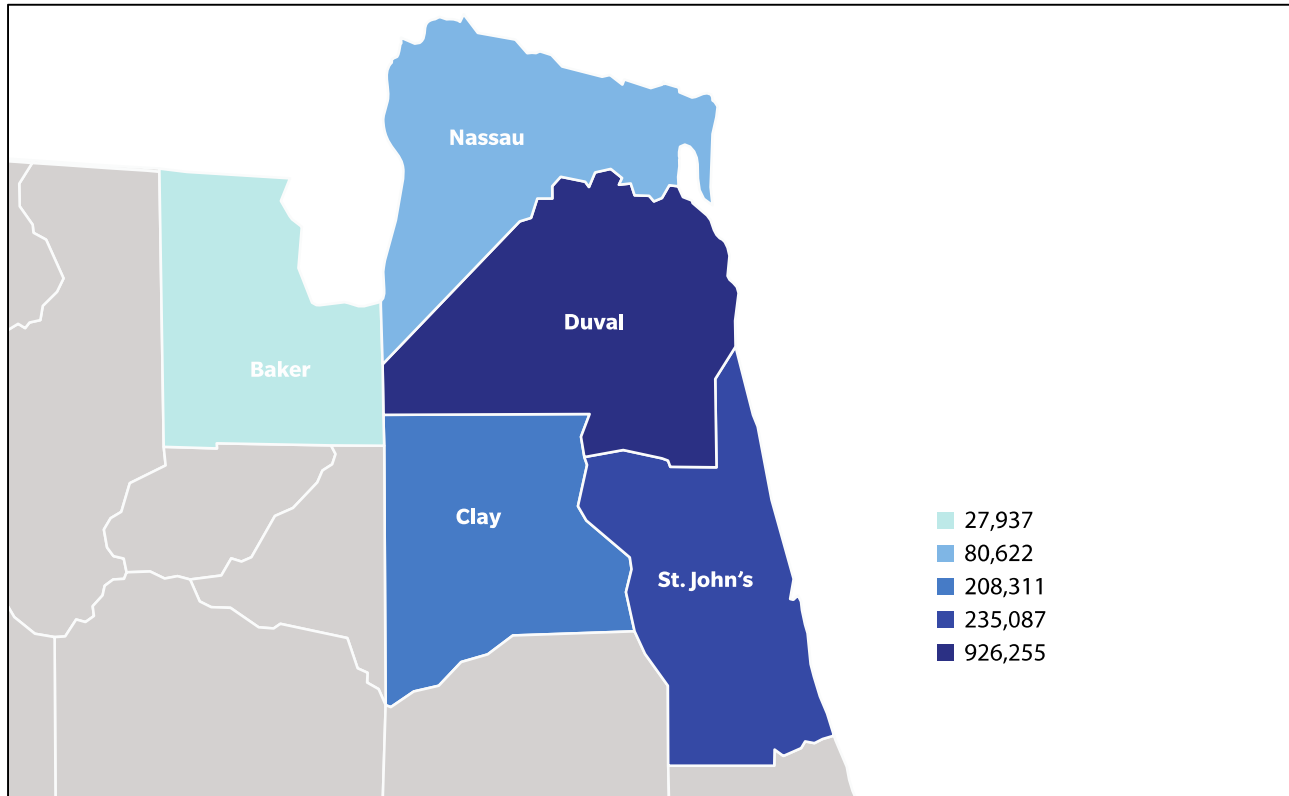
The Jacksonville Nonprofit Hospital Partnership CHNA Report focuses on the geographic area of Northeast Florida, which includes Baker, Clay, Duval, Nassau, and St. Johns counties in the state of Florida.

FIGURE 1. PARTNERSHIP HOSPITAL LOCATIONS



According to the U.S. Census Bureau, the Northeast Florida region had a population of 1,478,212 in 2016. Figure 14 displays the population by county for the Partnership service area. Duval County was the most populous of the five counties with 926,255 people, while Baker County was the least populous with 27,937 people. Although it has the smallest population, Baker County residents have the highest socioeconomic need of the five counties, based on indicators of income, poverty, unemployment, occupation, educational attainment, and linguistic barriers. For more information on socioeconomic indicators analyzed, see the [SocioNeeds Index](#) section of this report.

FIGURE 2. POPULATION BY COUNTY



Methods for Identifying Community Health Needs

Two types of data were used in this assessment: primary and secondary data. Primary data are data that have been collected for the purposes of this community assessment. Primary data were obtained in the forms of interviews, group discussions, and a survey. Secondary data are health indicator data that have already been collected by public sources such as government health departments. Each type of data was analyzed using a unique methodology. Findings were organized by health and quality of life topic areas. These findings were then synthesized for a comprehensive overview of the health needs in the Jacksonville Nonprofit Hospital Partnership's service area.

Primary Data

The primary data used in this assessment consist of (1) [key informant interviews](#) conducted by phone by HCI, (2) [focus group discussions](#) facilitated by HCI and the Partnership, and (3) a [community survey](#) distributed throughout the service area through online and paper submissions. Over 1,300 community members contributed their input on the community's health and health-related needs, barriers, and opportunities, with special focus on needs of vulnerable and underserved populations.

TABLE 1. PRIMARY DATA PARTICIPATION BY COUNTY

	Key Informant Interviews	Focus Groups	Focus Group Participants	Survey Respondents	Total Participants
Baker County	4	9	86	17	107
Clay County	4	11	102	40	146
Duval County	21	22	212	697	930
Nassau County	4	11	117	87	208
St. Johns County	3	10	94	93	190
Northeast Florida <i>(covering all five counties)</i>	8	-	-	-	-
Total	44	32	304	971	1319

The Partnership especially solicited input from members of or representatives of vulnerable and underserved populations through key informant interviews and focus group discussions. Of the 44 key informant interviews conducted, 34 interviews were with community experts who either served or represented underserved communities (such as low-income individuals and groups experiencing disparities in health outcomes or health access). In addition, 14 of the focus groups included community members and advocates who are members of underserved communities.

See [Appendix B](#) for all primary data collection tools used in this assessment.

Secondary Data

Secondary data used for this assessment were collected and analyzed from HCI’s community indicator database. The database, maintained by researchers and analysts at HCI, includes over 150 community indicators from 29 state and national data sources such as Florida Department of Health, Florida Behavioral Risk Factor Surveillance System, and American Community Survey. See [Appendix C1](#) for a full list of data sources used.

The indicators cover over 20 topics in the areas of health and quality of life:

- **Health**
 - Access to Health Services
 - Cancer
 - Children’s Health
 - Diabetes
 - Disabilities
 - Environmental & Occupational Health
 - Exercise, Nutrition & Weight
 - Family Planning
 - Heart Disease & Stroke
 - Immunizations & Infectious Diseases
 - Maternal, Fetal & Infant Health
 - Men’s Health

- Mental Health & Mental Disorders
- Older Adults & Aging
- Oral Health
- Other Chronic Diseases
- Prevention & Safety
- Respiratory Diseases
- Substance Abuse
- Teen & Adolescent Health
- Women's Health
- **Quality of Life**
 - Economy
 - Education
 - Environment
 - Government & Politics
 - Public Safety
 - Social Environment
 - Transportation

Indicator values for each of the five counties were compared to other Florida counties and other U.S. counties to identify relative need. Other considerations in weighing relative areas of need included comparisons to Florida state values, comparisons to national values, trends over time, and Healthy People 2020 targets (as applicable). Based on these six different comparisons, indicators were systematically ranked from high to low need. For a detailed methodology of the analytic methods use to rank secondary data indicators see [Appendix C2](#).

Summary of Findings

The CHNA findings are drawn from an analysis of an extensive set of secondary data (over 150 indicators from national and state data sources) and in-depth primary data from over 1,300 community members, community leaders, and health and non-health professionals who serve the community at large, vulnerable populations, and populations with unmet health needs.

Through a synthesis of the primary and secondary data the significant health needs were determined for the Partnership's service area. Synthesizing primary and secondary data ensures a representative and accurate picture of the community's needs. The identified significant health needs, listed in Table 2, were then used for prioritization.

The significant health need of access refers to access issues across the spectrum of both health and quality of life topic areas, including access to health services, transportation, housing, and nutritious food. Access issues were compiled due to their inextricable nature in impacting health behaviors and health outcomes. Similarly, due to the interplay between mental health and substance abuse, these health issues were categorized together as behavioral health. Finally, though many of these health topics may include health disparities, due to significant and consistent findings in disparities of vulnerable populations in both secondary and primary data, this topic area emerged as a separate category in order to emphasize the unique needs of these populations.

TABLE 2. JACKSONVILLE NONPROFIT HOSPITAL PARTNERSHIP’S SIGNIFICANT HEALTH NEEDS

<ul style="list-style-type: none"> • Access (includes health care, transportation, housing, nutrition) • Behavioral Health • Built Environment & Safety 	<ul style="list-style-type: none"> • Cancer • Diabetes • Heart Disease • Maternal, Fetal & Infant Health • Obesity & Physical Activity 	<ul style="list-style-type: none"> • Poverty • Respiratory Diseases • Sexual Health • Social Environment • Vulnerable Populations
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Results of the primary and secondary data for each of the significant health needs identified in the CHNA are presented in this report in the following sections:

- Prioritized Significant Health Needs
- Other Significant Health Needs

Prioritized Areas

To prioritize the significant health and health-related needs, the Partnership invited key hospital staff and community participants who had participated in key informant interviews to engage in multiple rounds of voting and discussion on May 17, 2018. Prioritization participants were asked to consider how each significant health need fared against the criteria in Table 3. Prioritization Criteria.

TABLE 3. PRIORITIZATION CRITERIA

Criteria for the Jacksonville Nonprofit Hospital Partnership Community Prioritization
• Importance of problem to community
• Opportunity to impact multiple problems
• Opportunity to intervene at prevention level
• Addresses disparities (age, race, gender, economic status)

Seven health and health-related areas were identified as priorities for the community. Table 4 shows the selected priorities in order from highest to lowest priority followed by evidence of the health area as a significant need.

TABLE 4. PRIORITY HEALTH AREAS AND EVIDENCE FROM DATA COLLECTED

Priority Health Area [Ranked from highest to lowest priority]	Secondary Data Scores <i>[score of 1.5 or above] [0 (good) – 3 (bad)]</i>	Key Informant Interviews <i>[issue cited by at least half of all 44 key informants]</i>	Focus Group Discussions <i>[issue cited in at least half of all 15 focus groups]</i>	Community Survey <i>[ranked order of importance by participants]</i>
Access (includes access to health care, transportation, safe housing, and nutrition)	Transportation (X) Exercise, Nutrition & Weight (X)	X	X	X
Behavioral Health (Mental Health & Substance Abuse)	X	X	X	X
Poverty		X	X	
Obesity & Physical Activity	X	X	X	X
Maternal, Fetal & Infant Health	X			X
Cancer	X		X	X
Vulnerable Populations	X	X	X	X

Conclusion

This report describes the process and findings of a comprehensive community health needs assessment for the residents of Baker, Clay, Duval, Nassau, and St. Johns counties in Florida. The prioritized health needs will guide the community health improvement efforts of each hospital and health system involved in the Jacksonville Nonprofit Hospital Partnership. Following this process, each hospital will outline which prioritized health needs it has the resources to address and how it plans to address them in its Implementation Strategy. The Partnership’s vision is to contribute to improvements in population health across the region by addressing gaps that prevent access to quality, integrating health care, and improving access to resources that support a healthy lifestyle.

Introduction

Jacksonville Nonprofit Hospital Partnership Service Area

The service area for the Jacksonville Nonprofit Hospital Partnership is defined as the geographic boundary of the five-county area of Baker, Clay, Duval, Nassau, and St. Johns counties, and is referred to in this report as the Northeast Florida Region. The Partnership’s service area has a population of 1,478,212. Duval County has the largest population of the five counties with 926,255 people. Baker County has the lowest population with 27,937 residents. Table 5 displays the number of discharges by county for each hospital in the Partnership to best illustrate the population served by the Partnership. Figure 3 shows the location of hospitals throughout the service area. Figure 4 shows the zip code borders within each county of the service area.

TABLE 5. 2017 DISCHARGES BY COUNTY FOR PARTNERSHIP HOSPITALS

	Baker	Clay	Duval	Nassau	St. Johns	Total Discharges	% of 5 Counties
Baptist Beaches	3	41	6,059	64	1,123	7,547	96.6%
Baptist Jacksonville	607	2,031	23,623	2,972	2,383	35,386	89.3%
Baptist Nassau	3	5	227	3,327	6	3,906	91.3%
Baptist South	53	1,125	7,992	151	3,464	13,363	95.7%
Brooks Rehabilitation Hospital	33	133	1,404	105	266	2,860	67.9%
Mayo Clinic Florida	42	583	5,050	277	1,732	13,419	57.3%
St. Vincent’s Clay	111	5,124	1,222	26	33	7,003	93.0%
St. Vincent’s Riverside	1,216	1,773	17,191	1,040	445	23,881	90.7%
St. Vincent’s Southside	99	673	9,041	234	738	11,365	94.9%
UF Health Jacksonville & North	186	546	20,312	1,207	413	25,251	89.8%
Total	2,353	12,034	92,121	9,403	10,603	143,981	87.9%

FIGURE 3. PARTNERSHIP HOSPITAL LOCATIONS

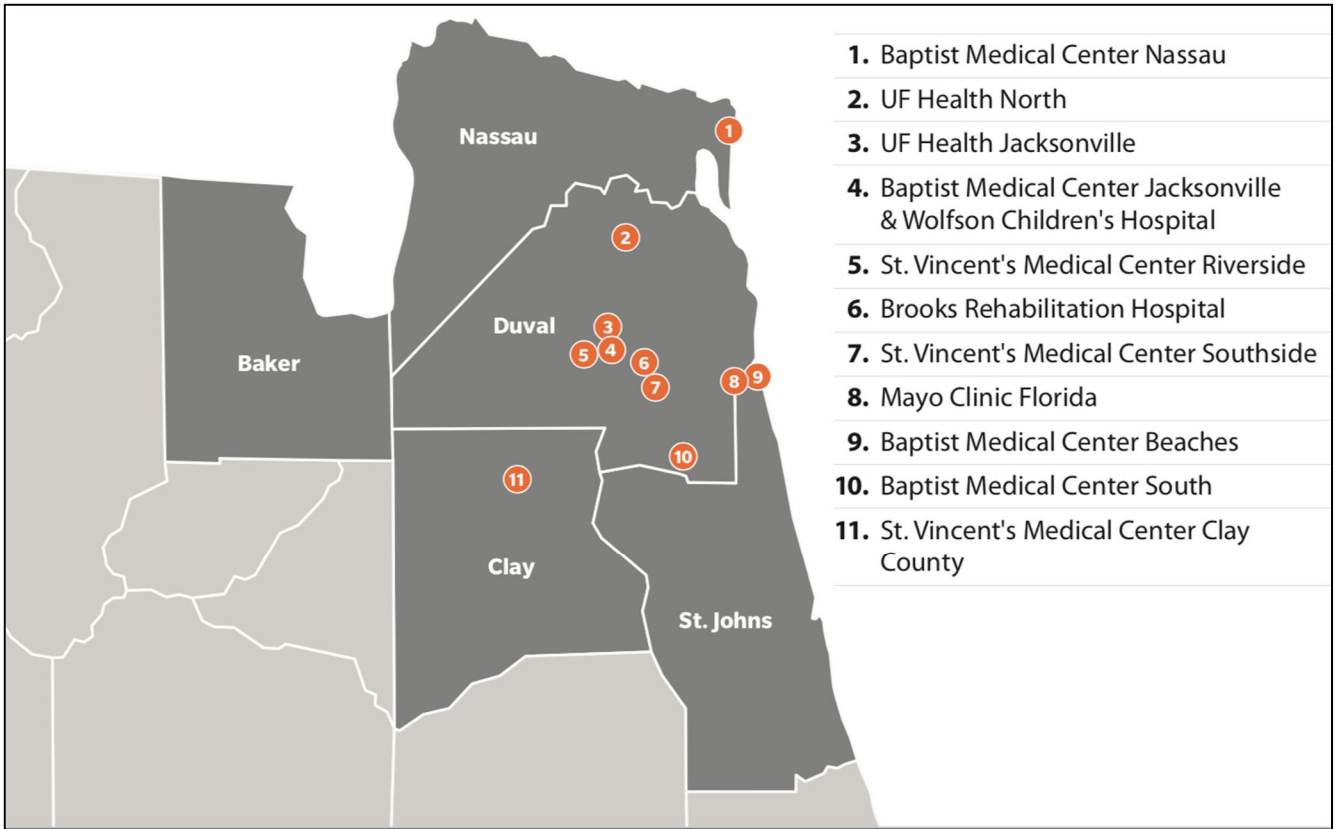
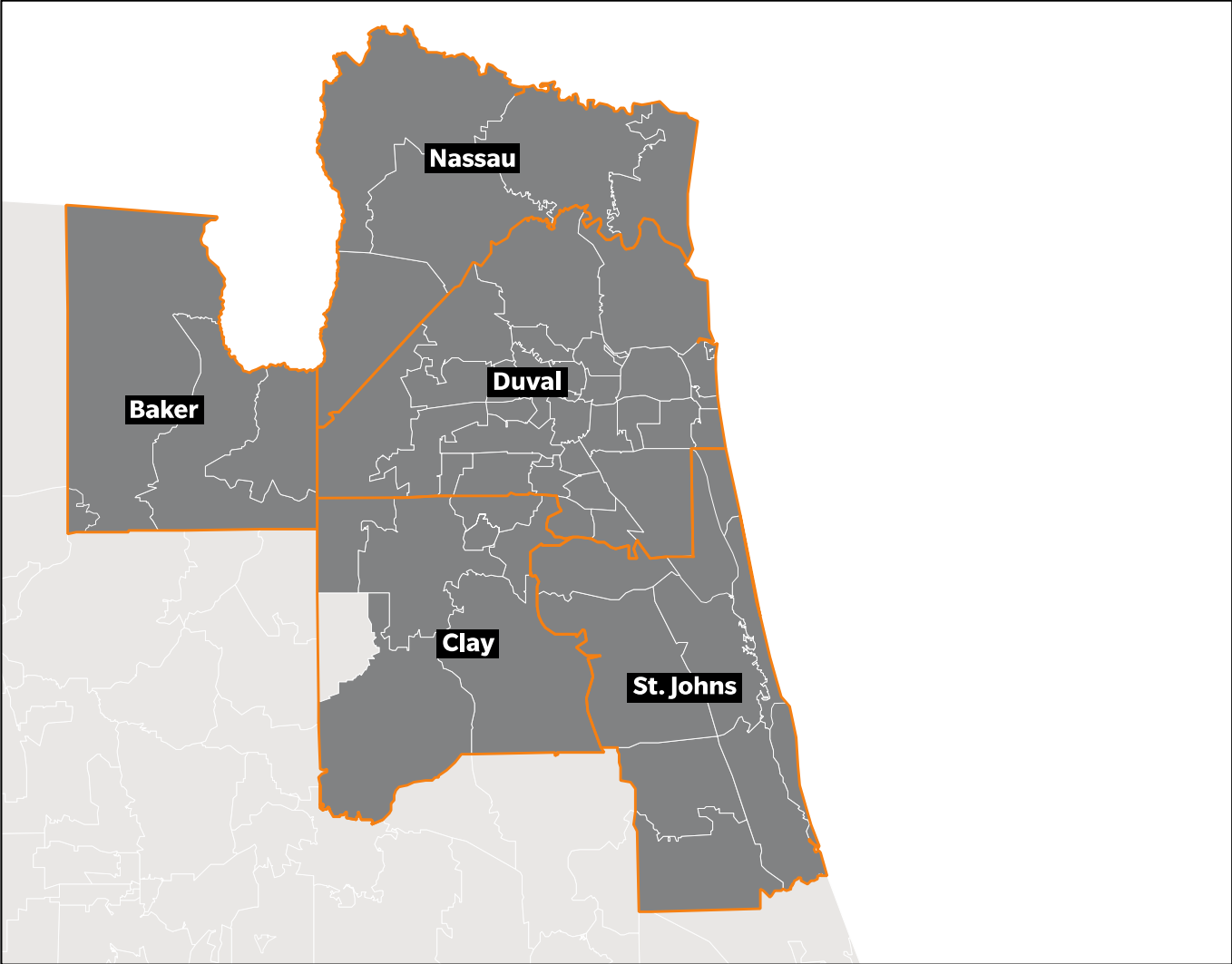


FIGURE 4. ZIP CODES WITHIN PARTNERSHIP SERVICE AREA



Detailed demographic information on the Partnership’s service area is available in the Demographics & Community Context section of this report.

Methodology

Overview

Two types of data were analyzed for this CHNA: primary and secondary data. Primary data are data that have been collected for the purposes of this community assessment. Primary data were obtained in the forms of interviews, group discussions, and a survey. Secondary data are health indicator data that have already been collected by public sources such as government health departments. Each type of data was analyzed using a unique methodology. Findings were organized by health and quality of life topic areas. These findings were then synthesized for a comprehensive overview of the health needs in the Jacksonville Nonprofit Hospital Partnership's service area.

Primary Data Methods & Analysis

The primary data used in this assessment consist of (1) [key informant interviews](#) conducted by phone by HCI, (2) [focus group discussions](#) facilitated by HCI and the Partnership, and (3) a [community survey](#) distributed throughout the service area through online and paper submissions.

Key Informant Interviews

TABLE 6. NUMBER OF KEY INFORMANT INTERVIEWS BY COUNTY

Baker	Clay	Duval	Nassau	St. Johns	Northeast Florida Region
4	4	21	4	3	8

Forty-four key informant interviews were conducted by phone from March 13, 2018 through April 23, 2018. Table 6 displays the number of key informant interviews by county. Participants were selected for their knowledge about community health needs, barriers, strengths, and opportunities (including the needs of vulnerable and underserved populations as required by IRS regulations). People with public health expertise; the ability to speak on the needs of low-income, underserved, or minority populations; and the ability to speak on the broad interests of the community were asked to participate in key informant interviews. Of the 44 key informant interviews conducted, 34 interviews were with community experts who either served or represented underserved communities.

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Focus Groups

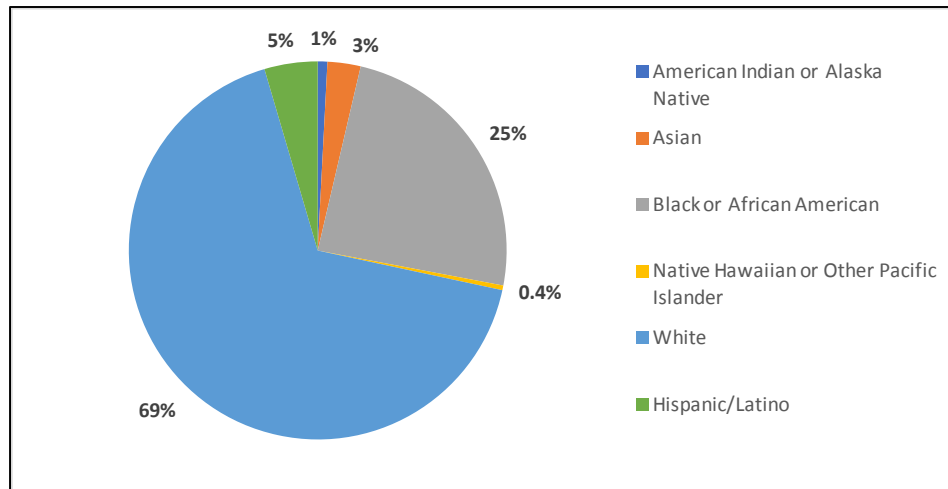
Thirty-one focus groups with a total of 296 participants were facilitated by HCI or by the Partnership from March 28, 2018 through April 25, 2018. Participants were selected for their knowledge about community health needs and barriers. The focus groups were split almost evenly into two categories: (1) focus groups of hospital staff associated with the Partnership, and (2) focus groups of community members with wide backgrounds, including persons with disabilities, veterans, persons of limited income, communities of color, faith communities, and more. Of the 31 focus groups conducted, 14 of the focus groups included community members of underserved communities or community advocates for underserved communities.

Focus groups were transcribed and analyzed by common theme. The frequency with which a topic area was discussed within and across focus groups was used to assess the relative importance of the need in the community. Similar to the figure above, Figure 6 displays a word cloud of coded themes from focus group transcripts. Words or phrases that appear larger signify greater importance according to focus group participants.

¹ Dedoose Version **8.0.35**, web application for managing, analyzing, and presenting qualitative and mixed method research data (2018). Los Angeles, CA: SocioCultural Research Consultants, LLC www.dedoose.com

Figure 8 breaks down the percent of survey participants by race/ethnicity. The majority, approximately 69%, of survey participants identified as White.

FIGURE 8. SURVEY PARTICIPANTS BY RACE/ETHNICITY



The survey was a convenience sample survey, and thus the results are not representative of the community population as a whole. Refer to Figure 21 through Figure 25 for the breakdown of race/ethnicity for each county in the Northeast Florida service area.

Survey respondents were asked about their views on the community’s health needs, barriers, and most impacted populations. A majority of respondents chose Mental Health and Mental Disorders, Substance Abuse, Obesity/Overweight, and Heart-Related Diseases as the most pressing health needs in the community, illustrated in Figure 9. Additionally, respondents cited Access to Health Services and Diet, Food and Nutrition as the most impactful conditions of life (Figure 10).

FIGURE 9. MOST PRESSING HEALTH NEEDS ACCORDING TO SURVEY PARTICIPANTS

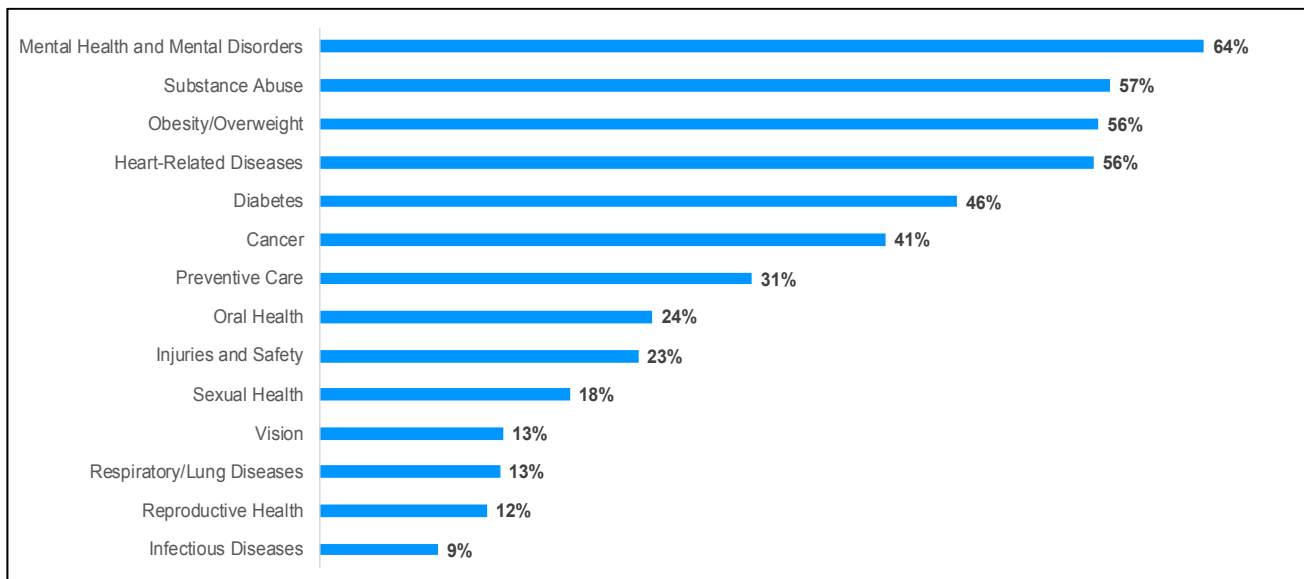
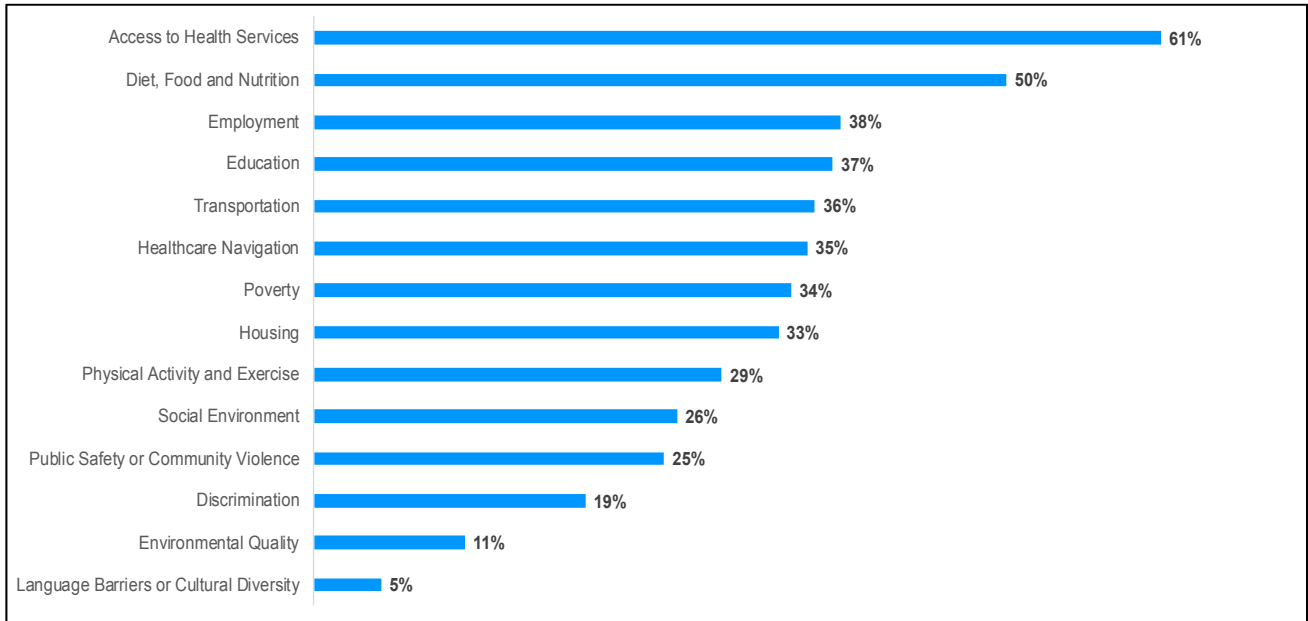


FIGURE 10. MOST IMPACTFUL CONDITIONS OF LIFE ACCORDING TO SURVEY PARTICIPANTS



See [Appendix B5](#) for the list of questions included in the survey.

Secondary Data Methods & Analysis

Secondary data used for this assessment were collected and analyzed from HCI's community indicator database. The database, maintained by researchers and analysts at HCI, includes over 150 community indicators from 29 state and national data sources such as Florida Department of Health, Florida Behavioral Risk Factor Surveillance System, and American Community Survey. HCI carefully evaluates sources based on the following three criteria: (1) the source has a validated methodology for data collection and analysis, (2) the source has scheduled, regular publication of findings, and (3) the source has data values for small geographic areas, such as counties and postal codes that are available for all county-level locations in Florida or the United States (as appropriate per the source's geographic area of coverage).

See [Appendix C1](#) for a full list of secondary data sources used for this assessment.

The indicators cover over 20 topics in the areas of health and quality of life:

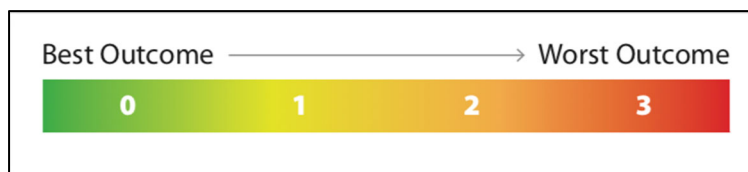
- **Health**
 - Access to Health Services
 - Cancer
 - Children's Health
 - Diabetes
 - Disabilities
 - Environmental & Occupational Health
 - Exercise, Nutrition & Weight
 - Family Planning
 - Heart Disease & Stroke
 - Immunizations & Infectious Diseases

- Maternal, Fetal & Infant Health
- Men’s Health
- Mental Health & Mental Disorders
- Older Adults & Aging
- Oral Health
- Other Chronic Diseases
- Prevention & Safety
- Respiratory Diseases
- Substance Abuse
- Teen & Adolescent Health
- Women’s Health
- **Quality of Life**
 - Economy
 - Education
 - Environment
 - Government & Politics
 - Public Safety
 - Social Environment
 - Transportation

Secondary Data Scoring

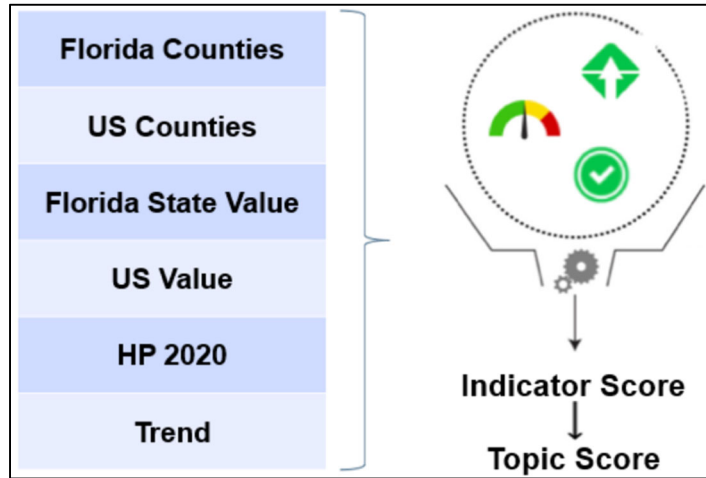
Health needs, as evidenced in the secondary data, were ranked using HCI’s Data Scoring Tool®. Indicator values for each of the five counties were compared to other Florida counties and other U.S. counties to determine relative need. Other considerations in weighing relative areas of need included comparisons to Florida state values, comparisons to the national values, trends over time, and Healthy People 2020 targets (as applicable). These indicator comparisons were given a score ranging from 0 to 3, where 0 indicates the best outcome and 3 the worst, shown in Figure 11. Indicator Score Range.

FIGURE 11. INDICATOR SCORE RANGE



Availability of each type of comparison varies by indicator and is dependent upon the data source, comparability with data collected for other communities, and changes in methodology over time. The comparison scores were summarized for each indicator, and indicators were then grouped into topic areas for a systematic ranking of community health needs, illustrated in Figure 12.

FIGURE 12. SUMMARY OF TOPIC SCORING ANALYSIS



See [Appendix C2](#) for a detailed methodology of HCI’s Data Scoring Tool®, including the Mann-Kendall statistical test for trend methodology.

Because the Partnership’s service area includes five counties, data scoring results for each individual county were collated in order to determine the top health and health-related needs for the entire service area. Table 7 illustrates the data scoring results for the Partnership’s service area, with Transportation as the poorest performing topic for the service area.

TABLE 7. COLLATED DATA SCORING RESULTS FOR PARTNERSHIP'S SERVICE AREA

Transportation	2.08
Prevention & Safety	1.83
Environmental & Occupational Health	1.78
Other Chronic Diseases	1.73
Mortality Data	1.72
Cancer	1.69
Exercise, Nutrition, & Weight	1.63
Respiratory Diseases	1.60
Older Adults & Aging	1.59
Oral Health	1.58
Diabetes	1.57
Women's Health	1.57
Children's Health	1.57
Men's Health	1.57

Please see [Appendix C3](#) for comprehensive indicator data scoring results for each of the five counties in the Partnership's service area.

Index of Disparity

The Index of Disparity² is an analysis method that quantifies gender or race/ethnicity disparities for all secondary data indicators with at least two gender-specific or race/ethnicity-specific values available. This index represents a standardized measure of how different each subpopulation value is compared to the overall population value. Indicators for which there is a higher Index of Disparity value are those where there is evidence of a large health disparity for a subpopulation.

² Pearcy JN, Keppel KG. A summary measure of health disparity. Public Health Reports. 2002;117(3):273-280.

External Data Reports

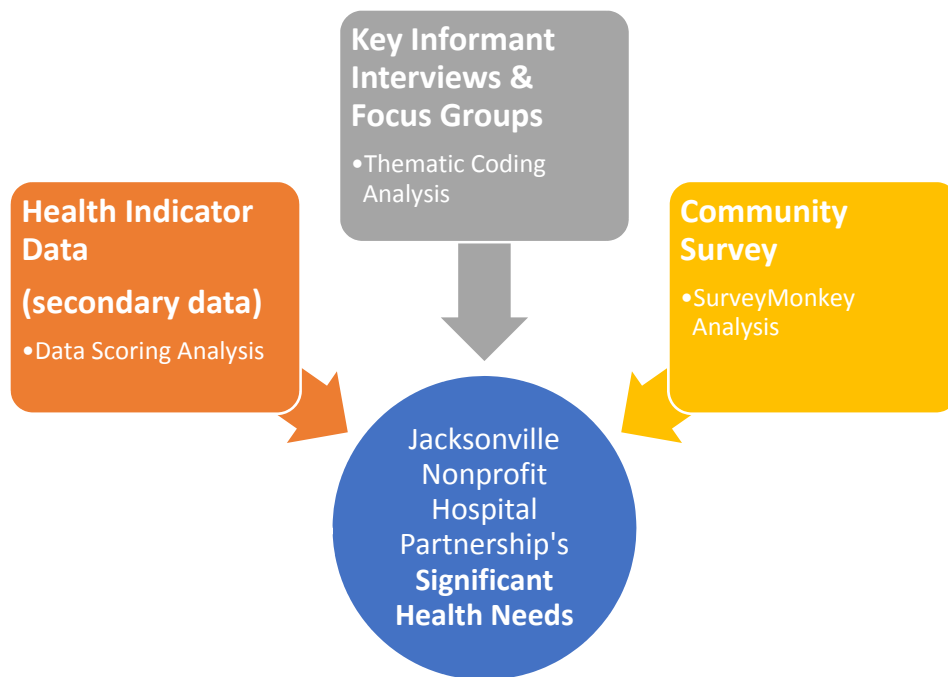
Finally, several health topic areas were supplemented with data collected from previously published reports. This additional content was not incorporated in secondary data scoring due to the limited number of comparisons possible, but is included in the narrative of this report for context and enrichment.

Data Synthesis Method

All forms of data have their own strengths and limitations. In order to gain a comprehensive understanding of the significant health needs for the Partnership's service area, the findings from both the primary data and the secondary data were compared and studied together.

The secondary data, key informant interviews and focus groups, and community survey were treated as three separate sources of data. Key informant interview and focus group results were combined because of their similarity in question topics and in the method used for analysis. The secondary data was analyzed using data scoring, which systematically identified health topic areas of need based on the values of indicators making up those topic areas. Primary data were analyzed using thematic coding, utilizing a similar classification schematic as the secondary data. Figure 13 summarizes the data synthesis process.

FIGURE 13. VISUAL REPRESENTATION OF SYNTHESIS OF PRIMARY DATA & SECONDARY DATA



The top health needs identified from each data source were analyzed for areas of overlap with the other data sources. Many of these need areas are inter-connected, as well as being present across multiple data sources. The most significant health needs for the service area were then determined through this overlap analysis. If a topic area appeared as a need in more than one data source, then it was considered to be significant for the community. This synthesis method was used to ensure a representative and accurate picture of the community's needs, which necessitates accounting for many forms of data. The identified significant health needs, listed in Table 8, were then used for prioritization.

The significant health need of access refers to access issues across the spectrum of both health and quality of life topic areas, including access to health services, transportation, housing, and nutritious food. Access issues were compiled due to their inextricable nature in impacting health behaviors and health outcomes. Similarly, due to the interplay between mental health and substance abuse, these health issues were categorized together as behavioral health. Finally, though many of these health topics may include health disparities, due to significant and consistent findings in disparities of vulnerable populations in both secondary and primary data, this topic area emerged as a separate category in order to emphasize the unique needs of these populations

TABLE 8. JACKSONVILLE NONPROFIT HOSPITAL PARTNERSHIP’S SIGNIFICANT HEALTH NEEDS

<ul style="list-style-type: none"> • Access (includes health care, transportation, housing, nutrition) • Behavioral Health • Built Environment & Safety 	<ul style="list-style-type: none"> • Cancer • Diabetes • Heart Disease • Maternal, Fetal & Infant Health • Obesity & Physical Activity 	<ul style="list-style-type: none"> • Poverty • Respiratory Diseases • Sexual Health • Social Environment • Vulnerable Populations
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Data Considerations

Several limitations of the data should be considered when reviewing the findings presented in this report. Although the topics by which data are organized cover a wide range of health and health-related areas, within each topic there is a varying scope and depth of data availability. In some topics there is a robust set of secondary data indicators, but in others there may be a limited number of indicators for which data is collected, or limited subpopulations covered by the indicators.

Data scores represent the relative community health need according to the secondary data that is available for each topic and should not be considered to be a comprehensive result on their own. In addition, these scores reflect what was found in the secondary data for the population as a whole, and do not factor in the health or socioeconomic need that is much greater for some subpopulations. In addition, many of the secondary data indicators included in the findings are collected by survey, and though methods are used to best represent the population at large, these measures are subject to instability—especially among smaller populations. The Index of Disparity is also limited by data availability: for some indicators, there is no subpopulation data, and for others, there are only values for a select number of race/ethnic groups.

The breadth of primary data findings is dependent on several factors. Key informant interview findings were limited by who was selected to be a key informant, as well as the availability of selected key informants to be interviewed during the time period of interview collection. Focus group discussion findings were limited by which community members and hospital staff were invited to and able to attend focus group discussions, as well as language barriers during discussion for individuals whose native language is not English. Because the survey was a convenience sample survey, results are vulnerable to selection bias, making findings less generalizable for the population as whole. In addition, the survey was conducted only in English.

Race/Ethnic Groupings

The secondary data presented in this assessment comes from multiple sources, which may present race and ethnicity breakout data using dissimilar nomenclature. For consistency with the data source, subpopulation data throughout the report may use different terms to describe the same or similar groups of community members.

Table 9 shows the various terms that are used by the data sources and therefore may be used throughout this report to describe data findings.

TABLE 9. RACE AND ETHNIC BREAKOUT TERMS

American Indian/Alaska Native	Asian Asian/Pacific Islander	Black Non-Hispanic Black Black or African American	Hispanic Hispanic or Latino	White White, non- Hispanic Non-Hispanic White
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Zip Codes and Zip Code Tabulation Areas

This assessment presents both ZIP Code and ZIP Code Tabulation Area (ZCTA) data. ZIP or Zone Improvement Plan Codes were created by the U.S. Postal Service to improve mail delivery service. They are based on postal routes which factor in delivery-area, mail volume, and geographic location. They are not designed to hold population data and change frequently. Some ZIP Codes may only include P.O. boxes or cover large unpopulated areas. ZCTAs or ZIP Code Tabulation Areas were created by the U.S. Census Bureau and are generalized representations of ZIP Codes that have been assigned to census blocks. Therefore, ZCTAs are representative of geographic locations of populated areas. In most cases, the ZCTA will be the same as its ZIP Code. ZCTAs will not necessarily exist for ZIP Code areas with only businesses, for single or very few addresses, or for large unpopulated areas. Because ZCTAs are based on the most recent Census, they are more stable than ZIP Codes and do not change as frequently.

Demographics for this report are sourced from the United States Census Bureau which presents ZCTA estimates. Tables and figures in the Demographics section of this report reference ZIP Codes in title (for purposes of familiarity) but show values for ZCTAs. Data from other sources is representative of ZIP Codes and is labeled as such.

Prioritization

To prioritize the significant needs of the Northeast Florida Region, 68 community members engaged in three rounds of voting and discussion on May 17, 2018. In the first round, prioritization participants had three votes; in the second round, two; and in the third and final round, one. Prioritization participants were asked to consider how each significant need fared against the criteria in Table 10. As a part of the prioritization session, participants were presented findings from the primary and secondary data for each significant health need identified. After each round of voting, participants discussed results and eliminated health topics with no votes or the lowest number of votes.

TABLE 10. PRIORITIZATION CRITERIA

Criteria for the Jacksonville Nonprofit Hospital Partnership Community Prioritization
• Importance of problem to community
• Opportunity to impact multiple problems
• Opportunity to intervene at prevention level
• Addresses disparities (age, race, gender, economic status)

Seven health areas were identified as priorities for the community. Table 11 shows the selected priorities in order from highest to lowest priority followed by evidence of the health area as a significant need.

TABLE 11. PRIORITY HEALTH AREAS AND EVIDENCE FROM DATA COLLECTED

Priority Health Area <small>[Ranked from highest to lowest priority]</small>	Secondary Data Scores <small>[score of 1.5 or above] [0 (good) – 3 (bad)]</small>	Key Informant Interviews <small>[issue cited by at least half of all 44 key informants]</small>	Focus Group Discussions <small>[issue cited in at least half of all 15 focus groups]</small>	Community Survey <small>[ranked order of importance by participants]</small>
Access (includes access to health services, transportation, safe housing, and nutrition)	Transportation (X) Exercise, Nutrition & Weight (X)	X	X	X
Behavioral Health (Mental Health & Substance Abuse)	X	X	X	X
Poverty		X	X	
Obesity & Physical Activity	X	X	X	X
Maternal, Fetal & Infant Health	X			X
Cancer	X		X	X
Vulnerable Populations	X	X	X	X

Plans for addressing these prioritized health needs will be further considered in the implementation strategies for each hospital affiliated with the Partnership.

Demographics & Community Context

The following section explores the demographic profile of the Jacksonville Nonprofit Hospital Partnership's service area, or the community of Baker, Clay, Duval, Nassau, and St. Johns Counties in Florida. Demographics are an integral part of describing the community and its population, and critical to forming further insights into the health needs of the community in order to best plan for improvement. Different race/ethnic, age, and socioeconomic groups may have unique needs and require varied approaches to health improvement efforts.

All demographic estimates are sourced from the U.S. Census Bureau's (a) 2016 population estimates or (b) 2012-2016 American Community Survey, unless otherwise indicated.

Population

According to the U.S. Census Bureau's 2016 population estimates, Jacksonville Nonprofit Hospital Partnership's service area had a population of 1,478,212. Figure 14 illustrates the population size by county. Duval County has the highest population of the five counties with 926,255 people. Baker County has the lowest population with 27,937 people.

FIGURE 14. POPULATION BY COUNTY

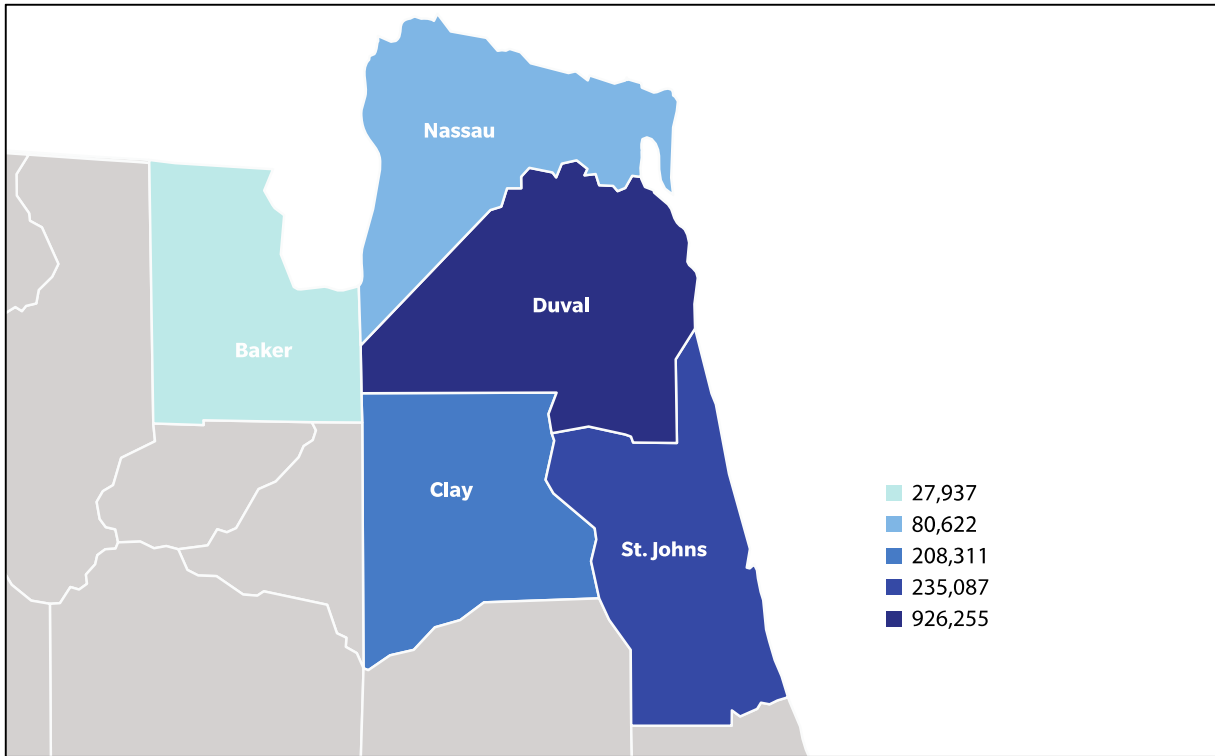


Table 12 presents the population estimates for each county by year for 2013, 2014, 2015, and 2016. All counties within the region experienced population growth in the 4-year time period, but St. Johns County experienced the highest rate of growth at 12%.

TABLE 12. TOTAL POPULATION PER COUNTY: PAST FOUR YEARS

Total Population					
County	2013	2014	2015	2016	Percent Change 2013-2016
Baker County	27,001	27,143	27,424	27,937	3.4%
Clay County	196,276	199,501	203,383	208,311	6.1%
Duval County	886,873	898,372	912,081	926,255	4.4%
Nassau County	75,606	76,598	78,470	80,622	6.6%
St. Johns County	209,607	218,151	226,658	235,087	12.2%
Florida	19,582,022	19,888,741	20,244,914	20,612,439	5.3%
United States	316,204,908	318,563,456	320,896,618	323,127,513	2.2%

According to Figure 15 through

Figure 19, in 2012-2016, four of the five zip codes with highest populations for the region, zip codes 32210, 32244, 32218, and 32224, are in Duval County. The zip code with the 5th largest population is in Clay County. The 5 zip codes with the lowest populations are in Baker, Clay, and Duval Counties.

FIGURE 15: POPULATION PER ZIP CODE IN 2012-2016 (BAKER)

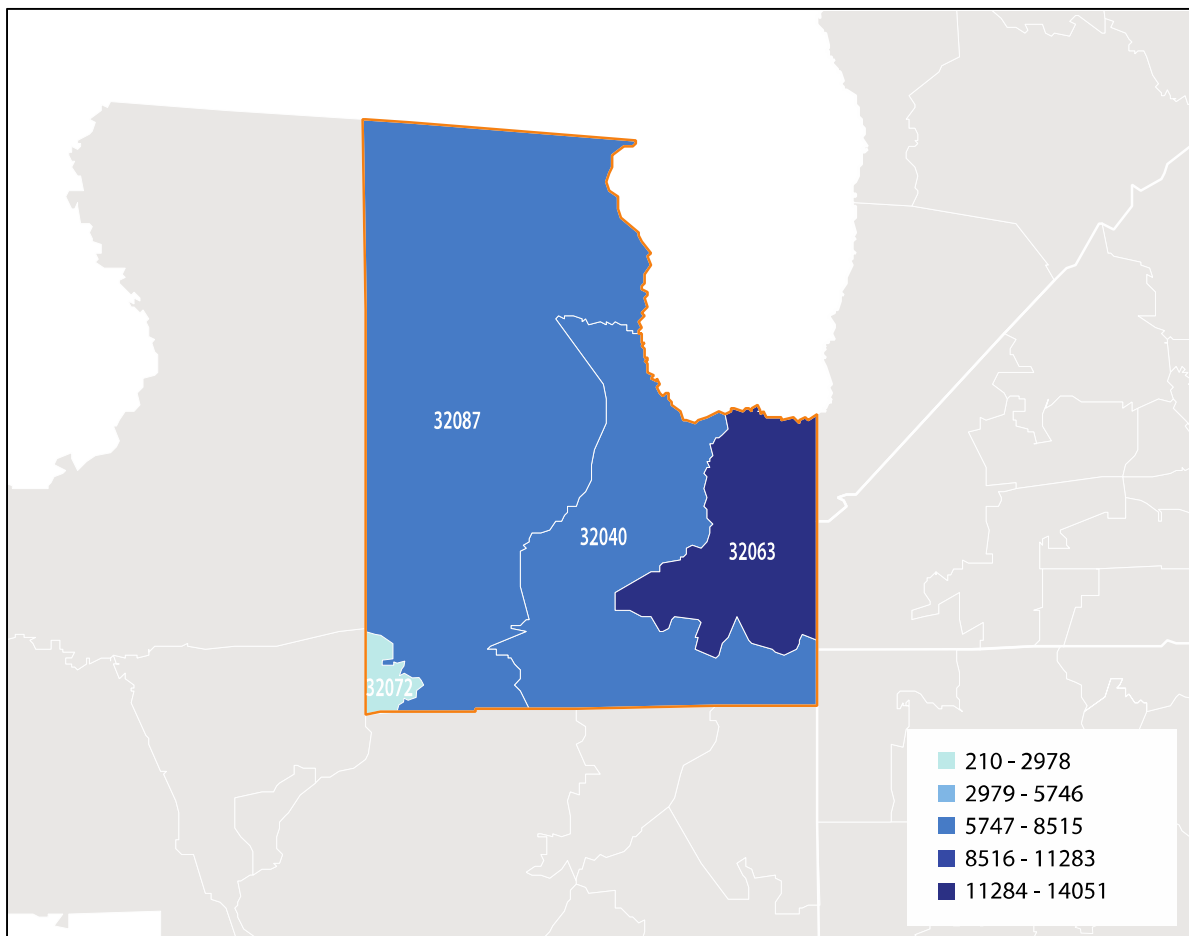
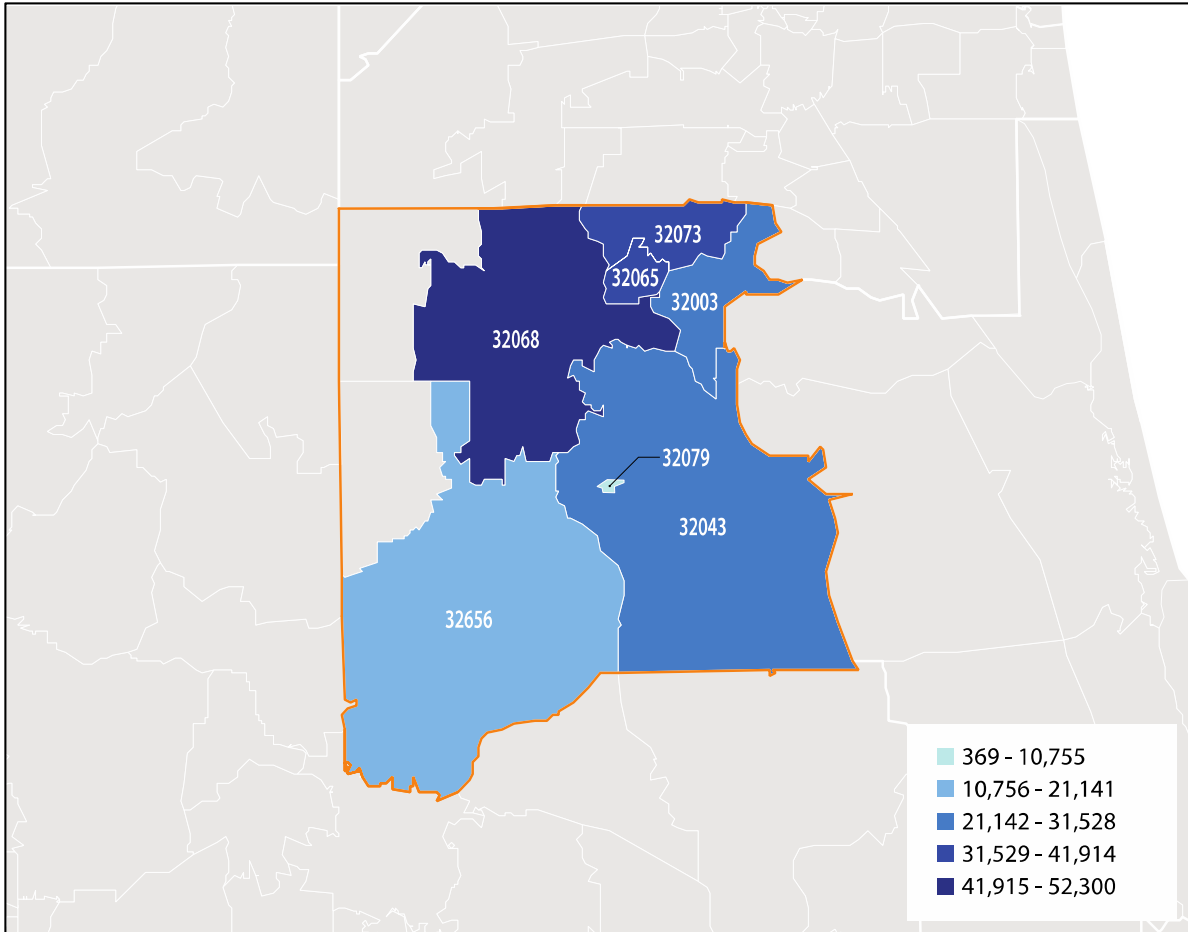
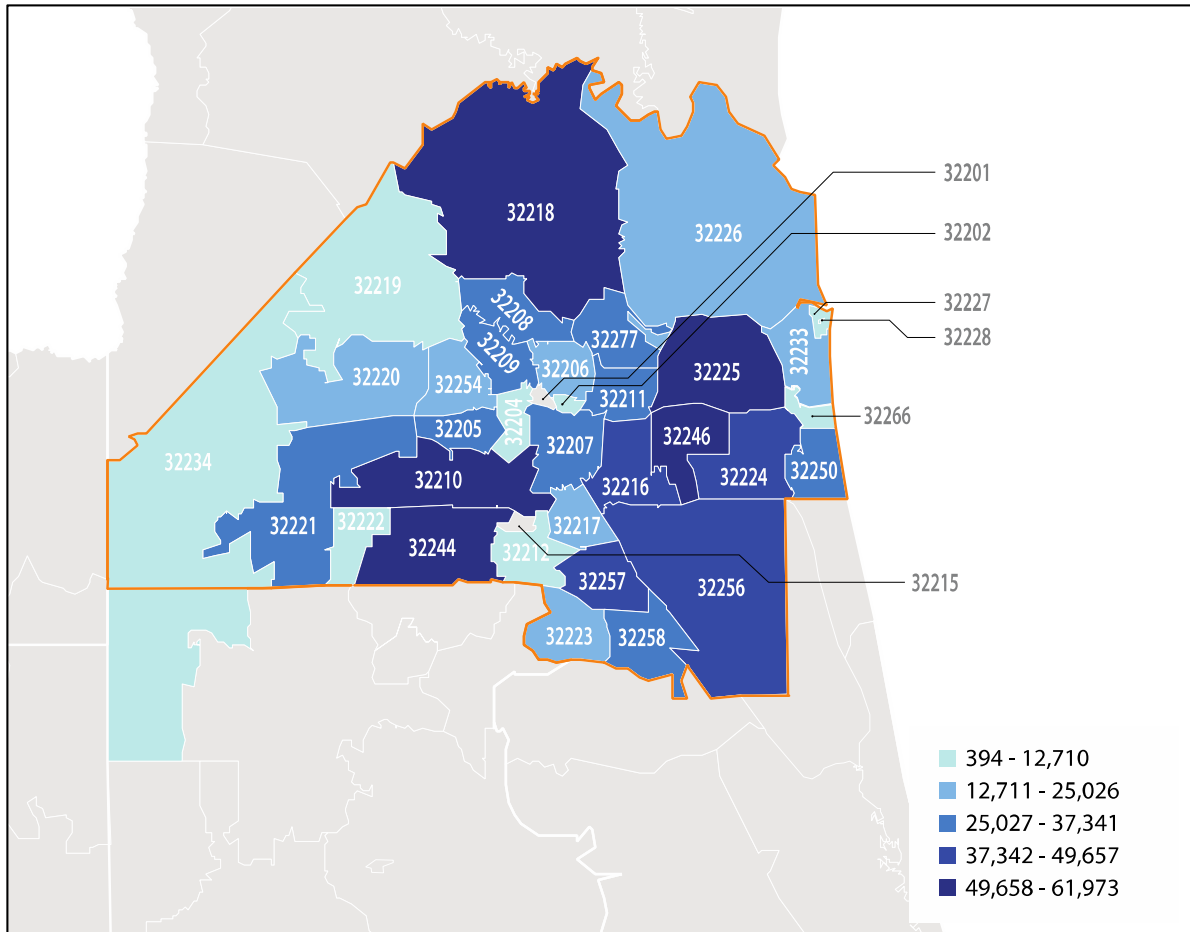


FIGURE 16: POPULATION PER ZIP CODE IN 2012-2016 (CLAY)



* Areas shaded grey within the orange border of Clay County indicate an area without a population according to the Census.

FIGURE 17: POPULATION PER ZIP CODE IN 2012-2016 (DUVAL)



* Areas shaded grey within the orange border of Duval County indicate an area without a population according to the Census.

FIGURE 18: POPULATION PER ZIP CODE IN 2012-2016 (NASSAU)

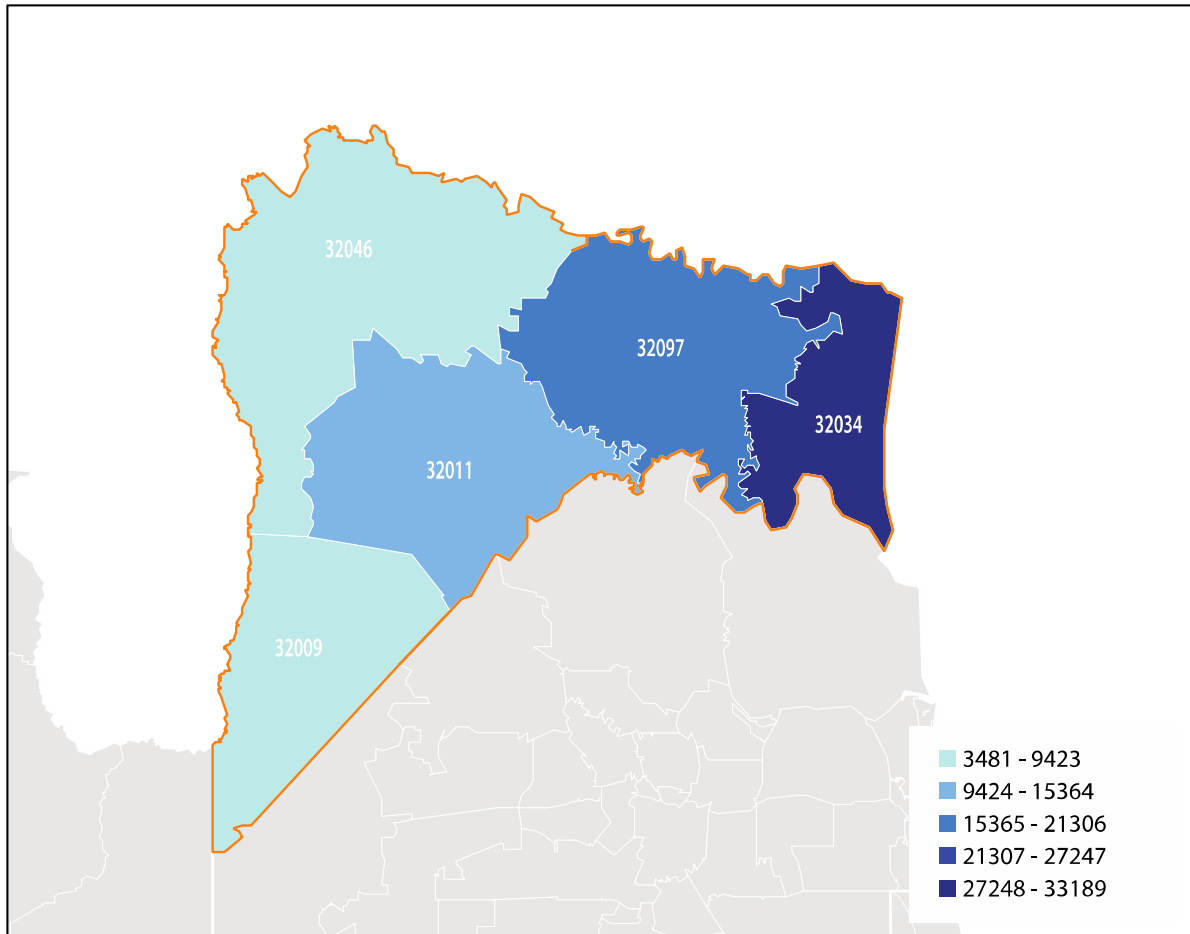


FIGURE 19: POPULATION PER ZIP CODE IN 2012-2016 (ST. JOHNS)

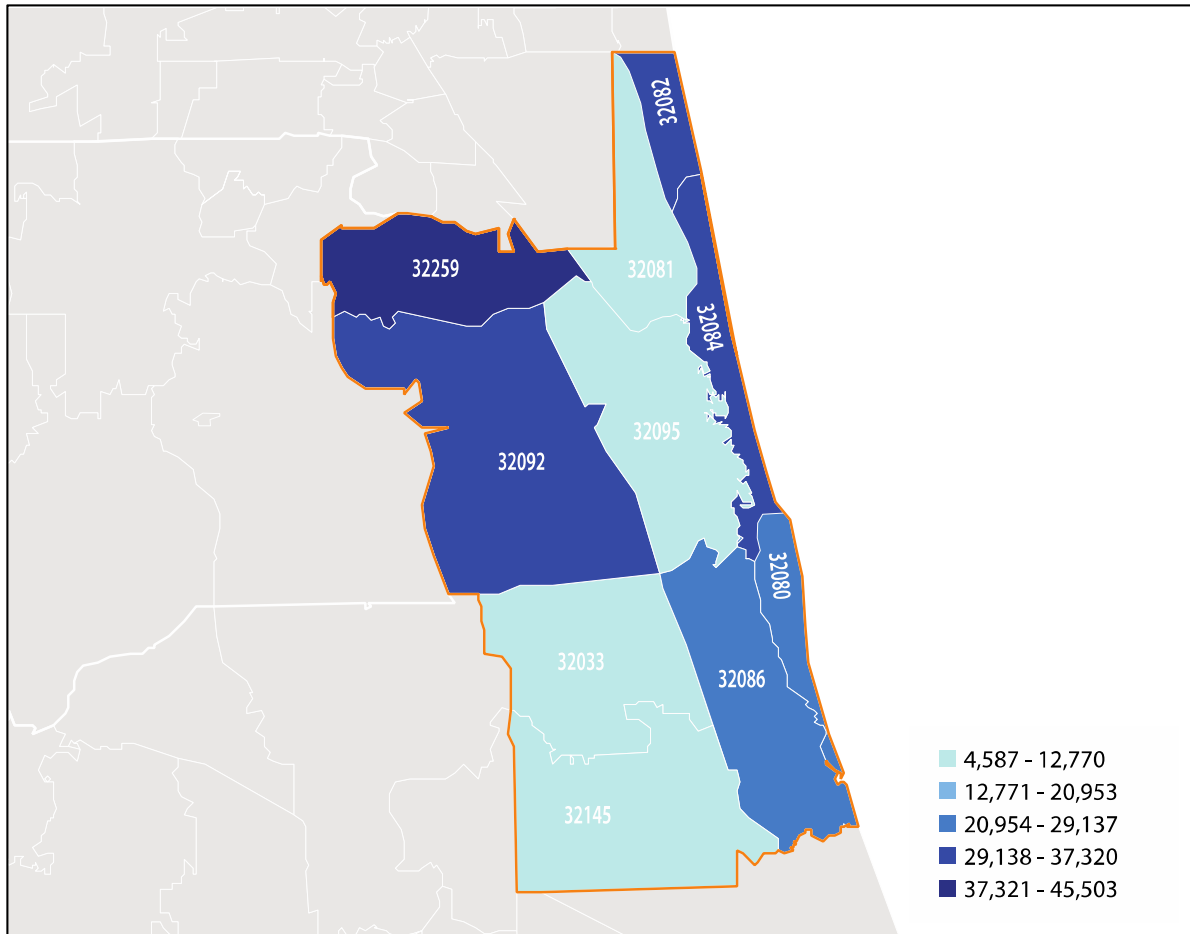


Table 13 shows the population projections through 2045 for the total population. St. Johns County is expected to have the largest growth rate compared to the other counties in the Partnership’s service area.

TABLE 13. TOTAL POPULATION PROJECTIONS THROUGH 2045¹⁴

		2010 Census	2017	2025	2035	2045	% Change from 2017 - 2045
Total	Baker	27,115	27,191	28,791	30,537	32,128	18.2%
	Clay	190,865	208,549	239,873	273,883	300,961	44.3%
	Duval	864,263	936,811	1,042,012	1,135,492	1,215,908	29.8%

	Nassau	73,314	80,456	93,844	107,020	117,191	45.7%
	St. Johns	190,039	229,715	295,768	359,628	412,681	79.6%
	Florida	18,802,847	20,484,142	23,061,892	25,485,553	27,423,577	33.9%

[14] Bureau of Economic and Business Research

Age

Figure 20 shows the Jacksonville Nonprofit Hospital Partnership’s service area population by age as compared to the age distribution for the state of Florida and the United States. In comparison to the rest of Florida, the region has a higher percentage of its population under 18 years of age and a lower percentage of its population over 65 years of age. The region conforms slightly more to the age distribution of the entire country rather than the state of Florida.

FIGURE 20. POPULATION BY AGE, 2016

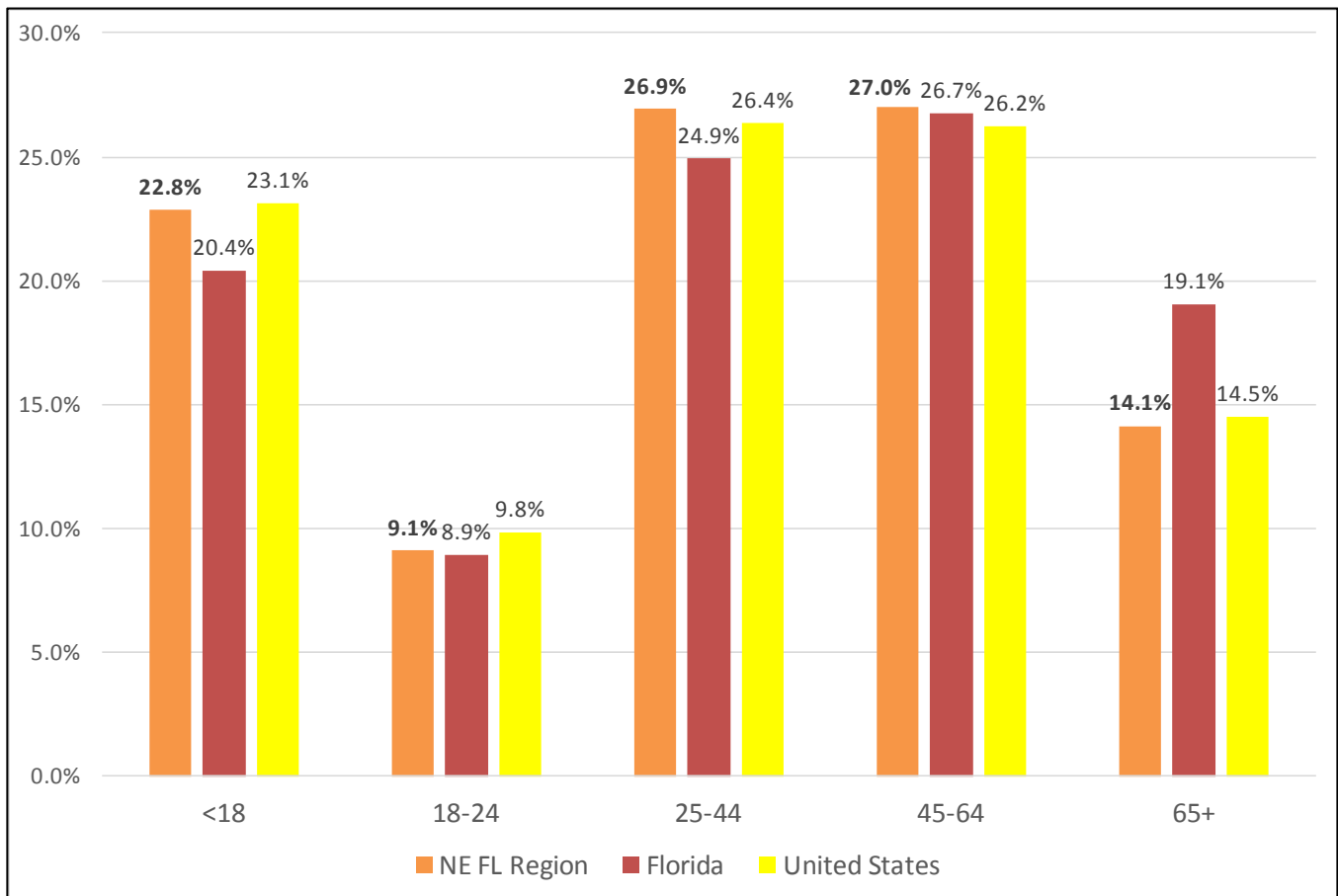


Table 14 shows the population projections by age-group through 2045. Across the service area, the age group that will have the greatest growth is older adults.

TABLE 14. POPULATION PROJECTIONS BY AGE-GROUP THROUGH 2045¹⁴

		2010 Census	2017	2025	2035	2045	% Change from 2017 - 2045
<18	Baker	7,047	6,547	6,688	6,948	7,083	8.2%
	Clay	50,170	51,327	56,894	63,369	67,465	31.4%
	Duval	203,514	214,321	237,381	253,697	265,757	24.0%
	Nassau	15,919	16,255	18,394	20,791	22,146	36.2%
	St. Johns	43,851	49,843	62,237	76,243	85,409	71.4%
	Florida	4,002,096	4,180,677	4,636,008	5,053,630	5,323,927	27.3%
18 - 24	Baker	2,482	2,487	2,564	2,558	2,753	10.7%
	Clay	16,222	18,379	18,834	21,007	22,874	24.5%
	Duval	90,644	88,675	94,768	103,312	111,894	26.2%
	Nassau	5,728	6,143	6,334	7,292	8,137	32.5%
	St. Johns	14,648	18,676	22,203	25,093	30,434	63.0%
	Florida	1,739,854	1,822,195	1,925,683	2,080,468	2,261,012	24.1%
25 - 44	Baker	7,459	7,345	7,618	7,958	8,227	12.0%
	Clay	49,068	51,888	62,010	71,130	73,245	41.2%
	Duval	245,803	265,938	291,509	298,291	316,861	19.1%
	Nassau	17,103	17,550	20,445	22,658	24,052	37.0%
	St. Johns	44,304	52,804	73,052	92,217	99,154	87.8%
	Florida	4,721,819	5,063,560	5,769,128	6,208,579	6,463,905	27.7%
45 - 64	Baker	7,171	7,239	7,262	7,340	7,842	8.3%
	Clay	53,113	56,314	59,341	62,248	74,871	33.0%
	Duval	228,133	239,149	240,901	258,859	281,222	17.6%
	Nassau	22,656	23,670	24,524	25,153	28,874	22.0%
	St. Johns	57,443	65,183	73,652	81,870	105,885	62.4%
	Florida	5,079,471	5,417,540	5,564,257	5,739,473	6,463,744	19.3%
65+	Baker	2,956	3,573	4,659	5,733	6,223	74.2%
	Clay	22,292	30,641	42,794	56,129	62,506	104.0%

Duval	96,169	128,728	177,453	221,333	240,174	86.6%
Nassau	11,908	16,838	24,147	31,126	33,982	101.8%
St. Johns	29,793	43,209	64,624	84,205	91,799	112.5%
Florida	3,259,607	4,000,170	5,166,816	6,403,403	6,910,989	72.8%

[14] Bureau of Economic and Business Research

Race/Ethnicity

Figure 21 through Figure 25 shows the racial and ethnic distribution of each of the five counties that constitute the service area. In Duval County, a smaller proportion of the population identified as White (non-Hispanic) and a larger proportion identified as Black or African American compared to the other counties in the region. Both Clay and Duval Counties have higher percentages of Hispanics than the other counties.

As for the region as a whole, the White (non-Hispanic) population makes up 64.4% of the overall population, with Black/African American accounting for 21.4% of the population, followed by Hispanic or Latino (of any race) and then Asian at 7.9% and 3.6% respectively.

FIGURE 21. POPULATION BY RACE/ETHNICITY, 2012-2016 (BAKER)

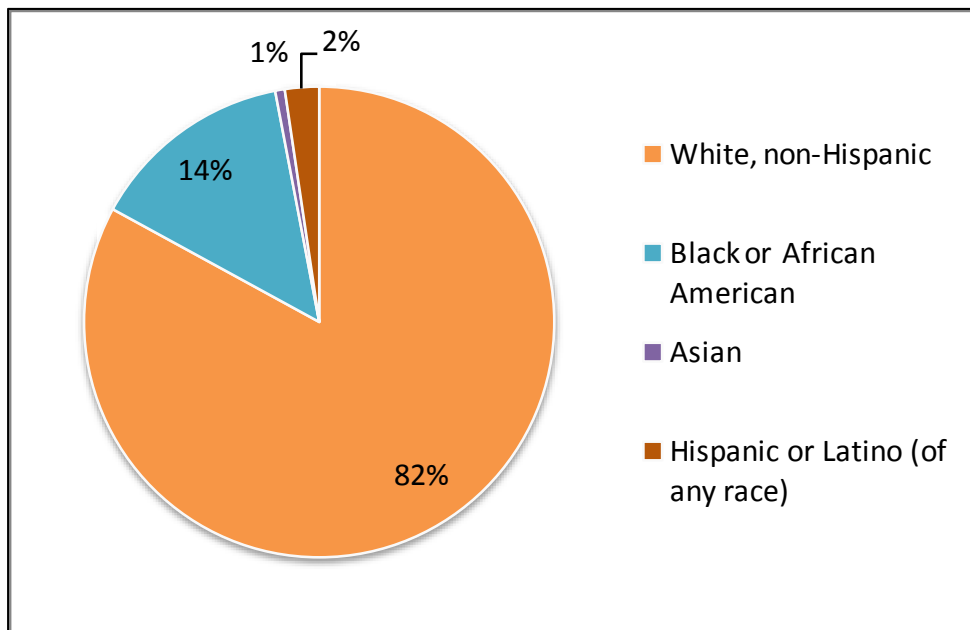


FIGURE 22. POPULATION BY RACE/ETHNICITY, 2012-2016 (CLAY)

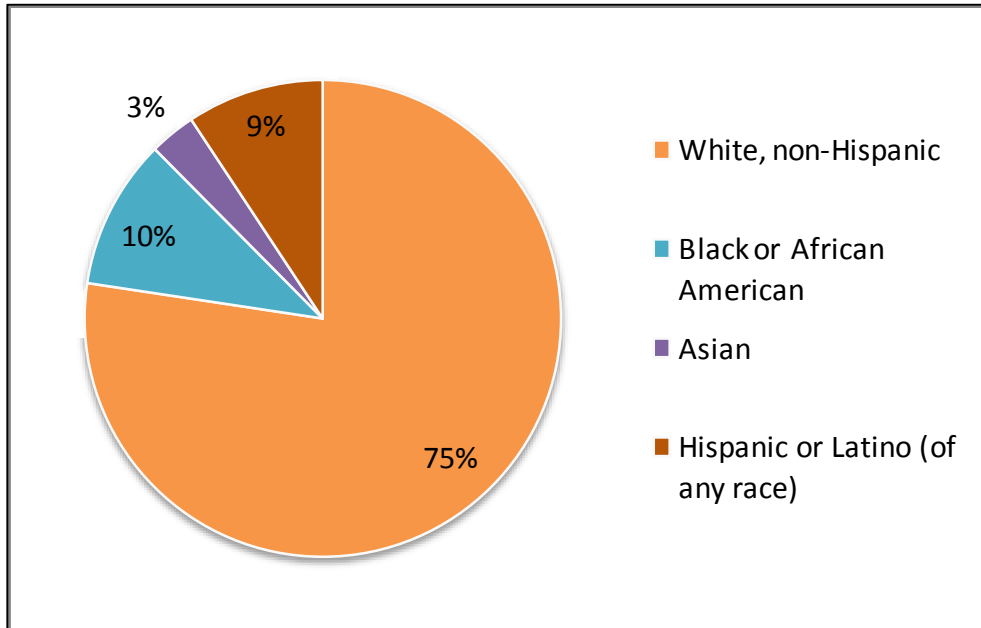


FIGURE 23. POPULATION BY RACE/ETHNICITY, 2012-2016 (DUVAL)

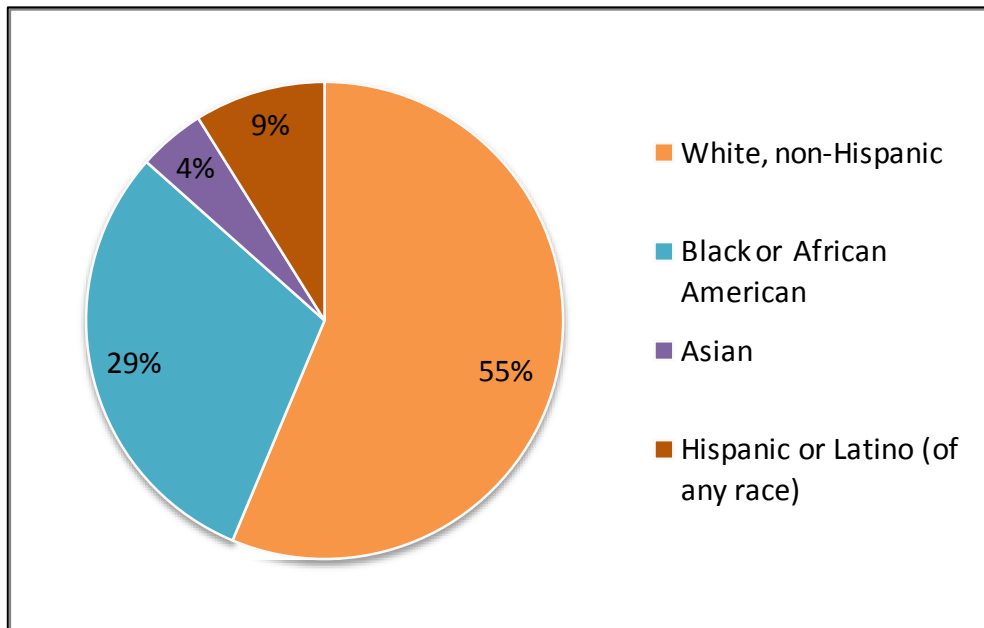


FIGURE 24. POPULATION BY RACE/ETHNICITY, 2012-2016 (NASSAU)

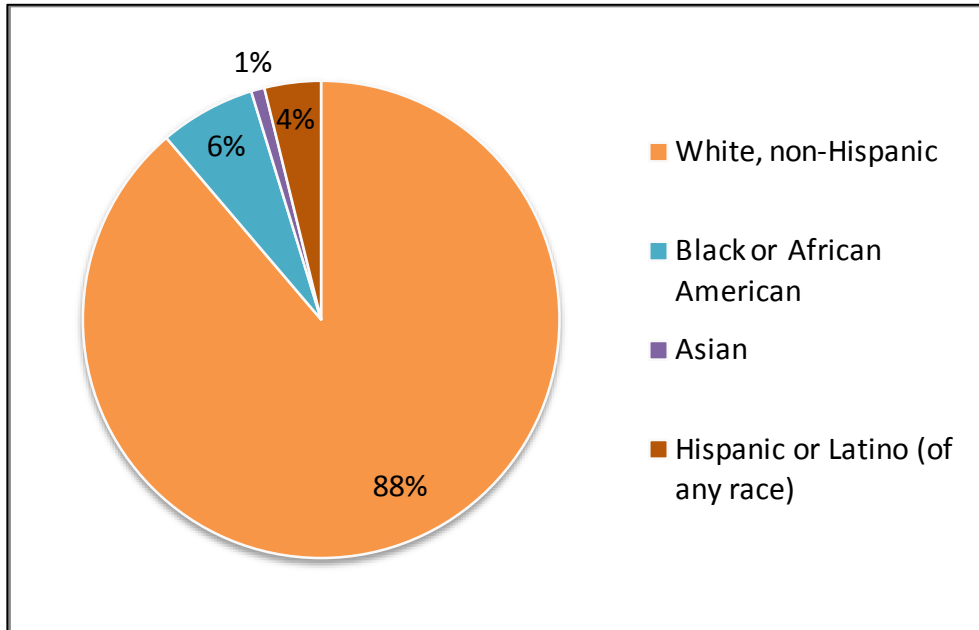


FIGURE 25. POPULATION BY RACE/ETHNICITY, 2012-2016 (ST. JOHNS)

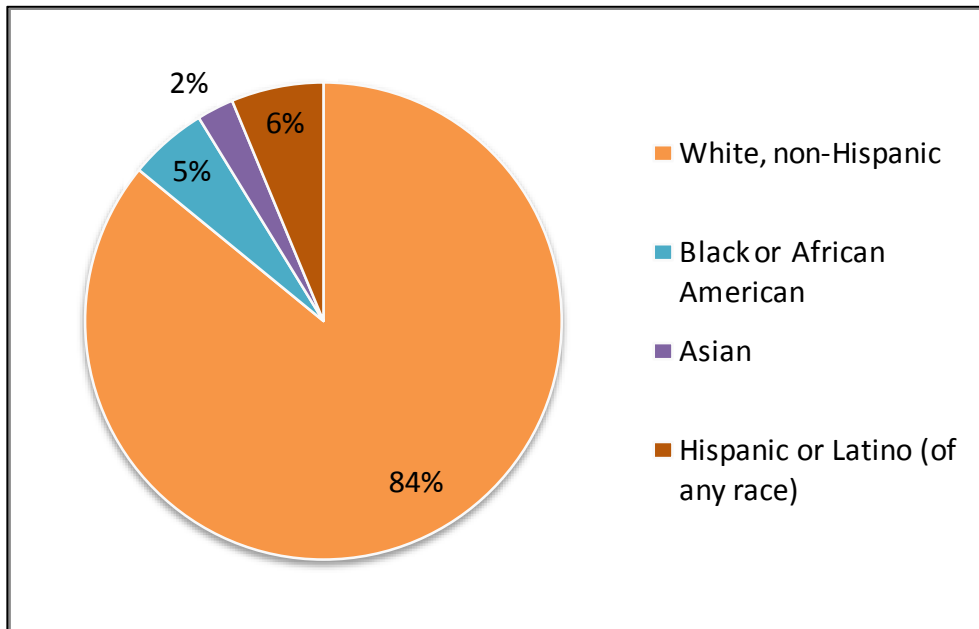


Table 15 presents a closer examination of population trends by county. All counties within the region experienced a slight increase in share of residents identifying as Hispanic or Latino from 2010-2013 through 2013-2016.

TABLE 15. POPULATION BY RACE/ETHNICITY PER COUNTY: PAST FOUR YEARS

	2010-2013	2011-2014	2012-2015	2013-2016
Baker County				
White, non-Hispanic	82.4%	82.4%	82.0%	81.3%
Black or African American	13.2%	13.0%	13.3%	13.9%
Asian	0.6%	0.6%	0.7%	0.7%
Hispanic or Latino	2.3%	2.3%	2.3%	2.5%
	2010-2013	2011-2014	2012-2015	2013-2016
Clay County				
White, non-Hispanic	75.7%	75.2%	74.5%	73.8%
Black or African American	10.5%	10.7%	10.9%	11.3%
Asian	3.1%	3.1%	3.1%	3.1%
Hispanic or Latino	8.6%	9.0%	9.3%	9.6%
	2010-2013	2011-2014	2012-2015	2013-2016
Duval County				
White, non-Hispanic	55.4%	54.9%	54.4%	53.9%
Black or African American	30.1%	30.2%	30.2%	30.3%
Asian	4.6%	4.7%	4.8%	4.9%
Hispanic or Latino	8.3%	8.6%	8.9%	9.2%
	2010-2013	2011-2014	2012-2015	2013-2016
Nassau County				
White, non-Hispanic	87.7%	87.8%	87.6%	87.3%
Black or African American	6.3%	6.2%	6.1%	6.1%
Asian	0.9%	0.9%	0.9%	1.0%
Hispanic or Latino	3.6%	3.7%	3.9%	4.2%

	2010-2013	2011-2014	2012-2015	2013-2016
St. Johns County				
White, non-Hispanic	84.6%	84.2%	83.8%	83.4%
Black or African American	5.6%	5.6%	5.5%	5.5%
Asian	2.4%	2.6%	2.7%	2.9%
Hispanic or Latino	5.8%	6.1%	6.3%	6.6%

Table 16 shows the population projections by race/ethnicity through 2045. The Hispanic population is projected to have the highest rate of growth throughout the Partnership’s service area.

TABLE 16. POPULATION PROJECTIONS BY RACE/ETHNICITY THROUGH 2045¹⁴

		2010 Census	2017	2025	2035	2045	% Change from 2017 - 2045
Non- Hispanic White	Baker	22,626	22,414	23,784	25,273	26,636	18.8%
	Clay	149,966	156,252	171,195	186,703	199,219	27.5%
	Duval	499,104	504,169	510,068	513,021	516,953	2.5%
	Nassau	65,102	70,628	81,756	92,341	100,396	42.1%
	St. Johns	164,166	193,820	245,169	293,702	334,011	72.3%
	Florida	11,066,181	11,313,436	11,774,342	12,214,956	12,561,838	11.0%
Non- Hispanic Black	Baker	3,747	3,956	4,056	4,167	4,254	7.5%
	Clay	19,177	23,585	30,451	38,099	43,898	86.1%
	Duval	257,352	289,118	338,179	382,335	420,295	45.4%
	Nassau	4,791	5,165	5,712	6,322	6,863	32.9%
	St. Johns	10,935	13,480	17,571	21,593	24,994	85.4%
	Florida	2,950,583	3,319,150	3,890,098	4,420,638	4,835,615	45.7%
Hispanic	Baker	520	584	705	841	982	68.2%
	Clay	14,609	19,807	26,782	34,986	41,609	110.1%
	Duval	65,398	95,506	137,751	177,097	209,361	119.2%
	Nassau	2,380	3,543	5,147	6,984	8,439	138.2%
	St. Johns	9,972	16,351	25,089	34,539	42,337	158.9%
	Florida	4,223,842	5,204,657	6,625,846	7,962,733	9,046,028	73.8%

[14] Bureau of Economic and Business Research

The zip codes with the highest proportion of residents identifying as Black or African American within the region are in Duval County, as shown in Table 17. Over 95% of residents in zip code 32209 identified as Black or African

American in 2012-2016, followed by over 82% of residents in zip code 32208 and nearly 74% of residents in zip code 32206.

The zip codes with the highest proportion of residents identifying as Asian within the region are also in Duval County. Slightly more than 11% of residents in zip code 32258 identified as Asian in 2012-2016, 11% of residents in zip code 32256 and 9% of residents in zip code 32246.

Similarly, the zip codes with the highest proportion of residents identifying as Hispanic or Latino within the region are in Duval County, as shown in Table 17. Slightly more than 16% of residents in zip code 32227 identified as Hispanic or Latino in 2012-2016, followed by nearly 16% of residents in zip code 32246 and 14% of residents in zip code 32222.

TABLE 17: POPULATION BY RACE/ETHNICITY PER ZIP CODE, 2012-2016

Zip Code	White, non-Hispanic	Black or African American	Asian	Hispanic or Latino
Baker County				
32040	92.1%	3.5%	0.5%	2.6%
32063	85.4%	10.9%	0.8%	2.4%
32072	59.5%	30.0%	0.0%	0.0%
32087	62.1%	34.0%	0.5%	2.0%
Clay County				
32003	82.6%	4.1%	2.7%	8.2%
32043	78.7%	8.3%	1.6%	9.1%
32065	63.4%	16.9%	6.0%	10.0%
32068	78.1%	7.2%	2.1%	8.4%
32073	66.7%	15.1%	3.3%	11.5%
32079	90.2%	9.8%	0.0%	0.0%
32656	91.6%	1.4%	1.1%	4.6%
Duval County				
32202	32.8%	57.7%	2.5%	7.1%
32204	67.0%	24.9%	0.5%	6.7%
32205	66.3%	24.7%	2.1%	4.3%

Zip Code	White, non-Hispanic	Black or African American	Asian	Hispanic or Latino
Duval County (continued)				
32206	20.3%	73.7%	0.7%	1.8%
32207	61.0%	17.9%	6.9%	12.4%
32208	13.9%	82.3%	0.5%	1.8%
32209	2.4%	95.3%	0.1%	1.7%
32210	50.2%	34.8%	3.9%	8.8%
32211	49.9%	36.5%	3.0%	9.2%
32212	56.3%	21.6%	1.3%	13.4%
32216	61.8%	19.8%	6.5%	9.8%
32217	67.9%	11.6%	5.0%	12.5%
32218	39.9%	52.3%	1.1%	4.5%
32219	42.4%	47.4%	0.6%	8.3%
32220	82.2%	13.2%	0.5%	2.5%
32221	53.5%	29.9%	5.2%	7.4%
32222	43.9%	30.9%	4.8%	14.0%
32223	82.1%	5.2%	3.7%	6.5%
32224	74.3%	6.1%	4.5%	10.5%
32225	62.8%	17.1%	6.1%	9.1%
32226	72.0%	12.7%	2.5%	7.0%
32227	63.0%	9.4%	3.8%	16.2%
32228	62.9%	24.9%	1.0%	8.9%
32233	74.7%	11.8%	3.0%	9.1%
32234	74.1%	11.0%	0.8%	11.9%
32244	42.5%	37.2%	5.2%	11.9%

Zip Code	White, non-Hispanic	Black or African American	Asian	Hispanic or Latino
Duval County (continued)				
32246	57.1%	15.1%	9.0%	15.8%
32250	85.5%	3.2%	2.6%	5.9%
32254	35.5%	56.7%	0.5%	5.9%
32256	59.7%	14.1%	11.0%	10.6%
32257	71.6%	12.1%	3.8%	9.6%
32258	64.4%	8.6%	11.3%	12.3%
32266	88.5%	1.1%	2.6%	5.4%
32277	46.7%	39.2%	4.0%	7.9%
Nassau County				
32011	92.4%	2.8%	0.1%	1.9%
32034	84.0%	8.4%	1.9%	4.8%
32046	92.0%	5.3%	0.0%	1.3%
32097	86.3%	7.1%	0.3%	5.1%
St. Johns County				
32033	76.6%	12.9%	0.5%	7.6%
32080	92.5%	0.3%	0.9%	4.9%
32081	90.1%	2.0%	3.8%	4.3%
32082	88.5%	2.2%	2.9%	4.4%
32084	75.8%	13.6%	1.2%	6.9%
32086	89.1%	2.4%	2.0%	5.2%
32092	82.9%	3.6%	3.4%	7.6%
32095	90.7%	3.1%	2.2%	1.9%
32145	69.1%	21.5%	0.0%	9.0%

Zip Code	White, non-Hispanic	Black or African American	Asian	Hispanic or Latino
St. Johns County (continued)				
32259	81.0%	4.4%	3.6%	7.5%

Language Spoken at Home

Figure 26 shows the percent of the population that speaks a language other than English at home, comparing the values for each county in the service area to the regional value, the Florida state value, and the national value. Although all counties in the region have a smaller population that speaks a language other than English at home compared to both the state and nation as a whole, Duval County stands out as the only county that has a percentage higher than the regional average, and its value is four percent higher than any other regional county. This measurement indicates where there may be language or cultural barriers to accessing health care.

FIGURE 26. POPULATION AGED 5+ SPEAKING LANGUAGE OTHER THAN ENGLISH AT HOME, 2012-2016

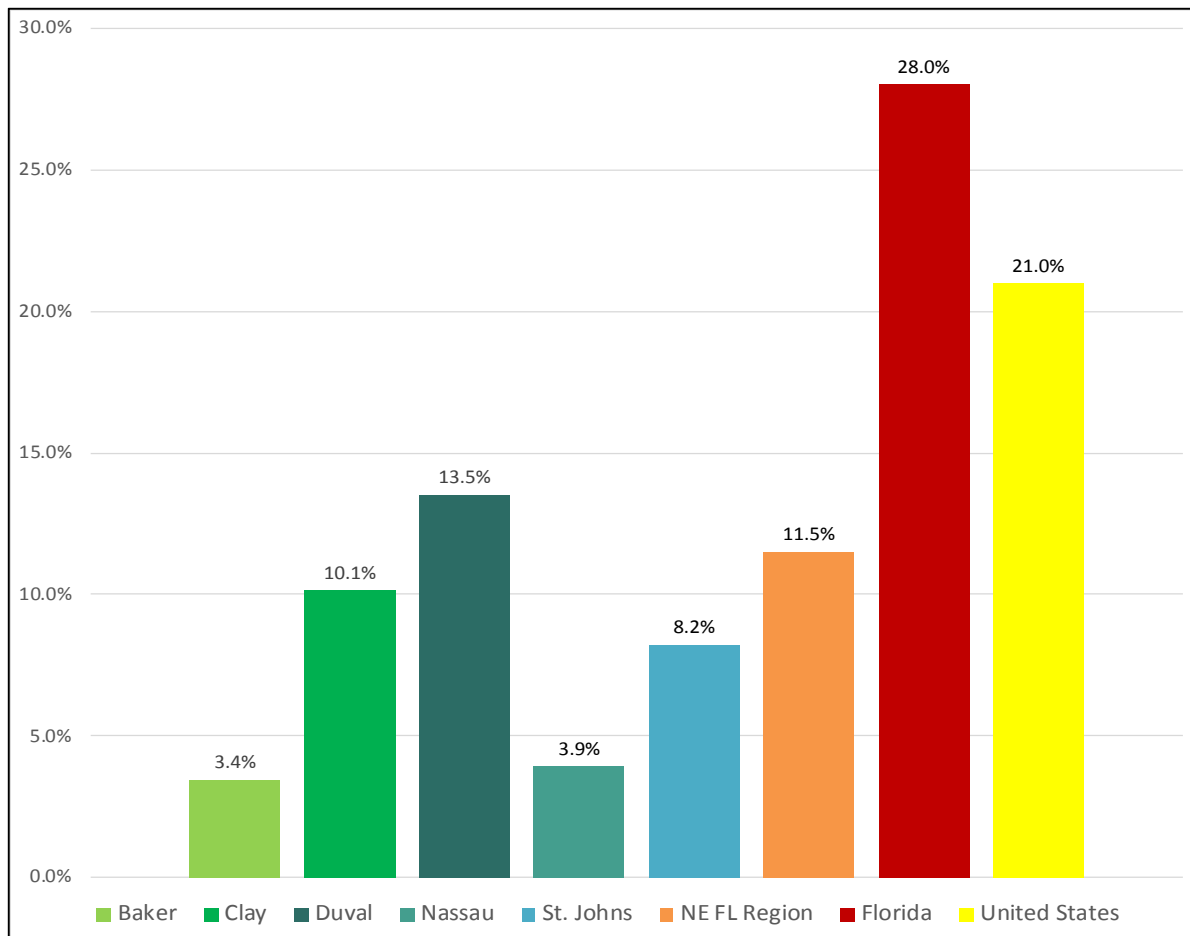


TABLE 18. TYPES OF LANGUAGES SPOKEN AT HOME, 2012-2016

	Baker	Clay	Duval	Nassau	St. Johns	Florida
English-only	24,733 (96.6%)	169,938 (89.9%)	726,412 (86.5%)	70,327 (96.1%)	190,184 (91.8%)	13,512,487 (71.7%)
Spanish	457 (1.8%)	9,826 (5.2%)	51,456 (6.1%)	1,832 (2.5%)	8,266 (4%)	3,936,129 (20.9%)
Other Indo-European Languages	249 (1%)	5,303 (2.8%)	27,397 (3.3%)	627 (0.9%)	5,636 (2.7%)	965,349 (5.1%)
Asian Pacific Islander Languages	117 (0.5%)	3,886 (2.1%)	27,296 (3.3%)	322 (0.4%)	2,090 (1.0%)	297,950 (1.6%)
Other Languages	59 (0.2%)	176 (0.1%)	7,269 (0.9%)	99 (0.1%)	1,094 (0.5%)	128,323 (0.7%)

Veterans

The veteran population is a significant part of the Northeast Florida Region and community. Thirteen percent of the region’s residents are veterans, compared to 8.0% and 9.4% of residents of, respectively, the United States and Florida. All counties in the Jacksonville region have at least ten percent of their population with veteran status. This is a crucial contextual figure when assessing regional health as there are barriers and challenges to

access to care for that population. Further, veterans are more prone to be affected by disabilities, inability to get or keep jobs and housing, and misinformation about or lack of insurance or benefits.

FIGURE 27. VETERAN POPULATION, 2012-2016

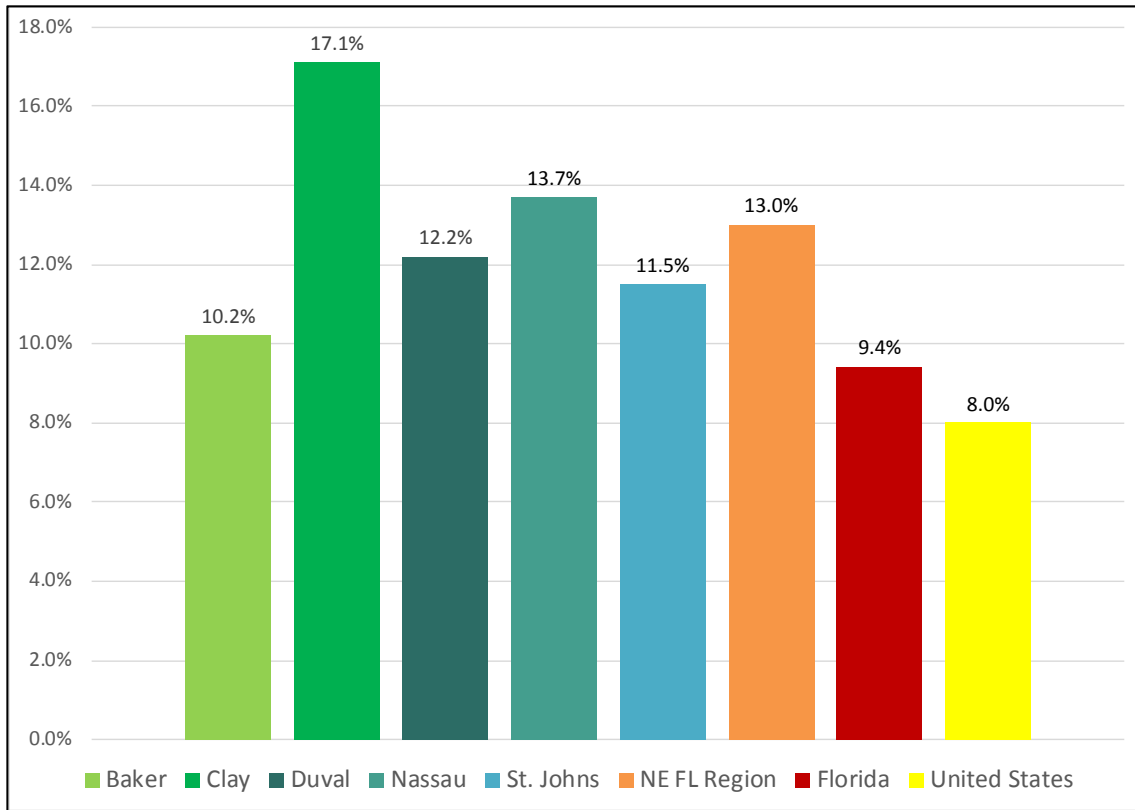


TABLE 19. VETERAN POPULATION BY WAR ERA, 2012-2016

	Florida	Baker	Clay	Duval	Nassau	St. Johns
WWII	106,908 (7.2%)	40 (1.9%)	788 (3.1%)	2,843 (3.4%)	351 (4.2%)	1,473 (7.5%)
Korean War	181,464 (12.3%)	119 (5.7%)	1,486 (5.8%)	5,257 (6.3%)	741 (8.8%)	1,748 (8.9%)
Vietnam Era	522,695 (35.3%)	921 (44.1%)	8,700 (34%)	26,050 (31.2%)	3,308 (39.5%)	7,256 (37.1%)
Gulf War (8/1990 to 9/2001)	270,558 (18.3%)	478 (22.9%)	10,302 (40.3%)	27,153 (32.5%)	1,556 (18.6%)	4,454 (22.8%)
Gulf War (9/2001 or later)	199,719 (13.5%)	210 (10%)	7,090 (27.7%)	21,234 (25.5%)	1,258 (15%)	2,924 (15%)

Disabilities

Figure 28 shows the share of persons with any type of disability living in each county in the Northeast Florida Region, compared to the overall state value and the value of the entire United States. In comparison to the state and nation, the majority of the counties in the region have a larger share of disabled populations. Nassau and Baker Counties in particular are three percent above the state value, with 16% of persons having a disability.

FIGURE 28. PERSONS WITH A DISABILITY, 2012-2016

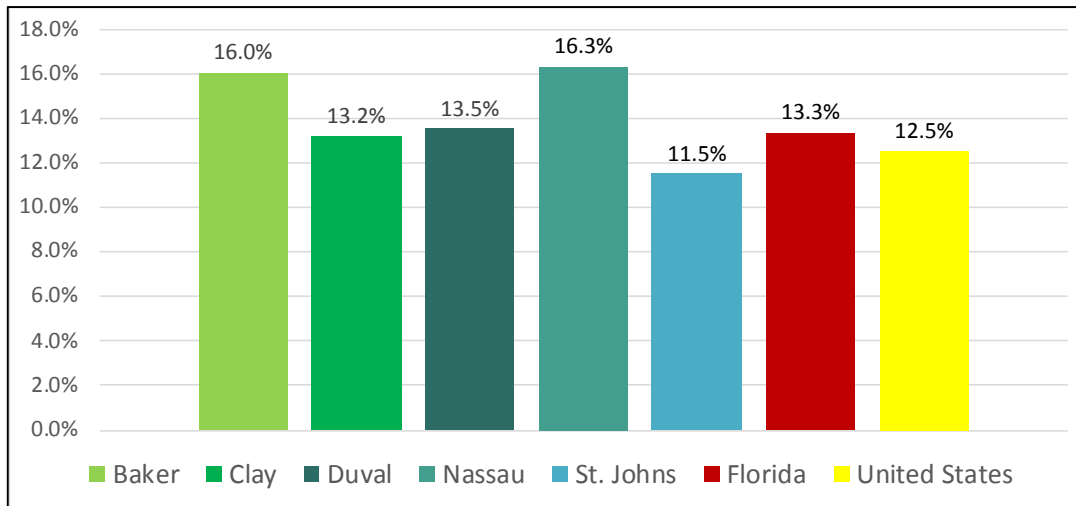


TABLE 20. ESTIMATED NUMBER OF PERSONS WITH A DISABILITY, 2012-2016

County	Persons with a Disability
Baker	4,148 (16.0%)
Clay	27,385 (13.2%)
Duval	119,021 (13.5%)
Nassau	13,141 (16.3%)
St. Johns	27,746 (11.5%)

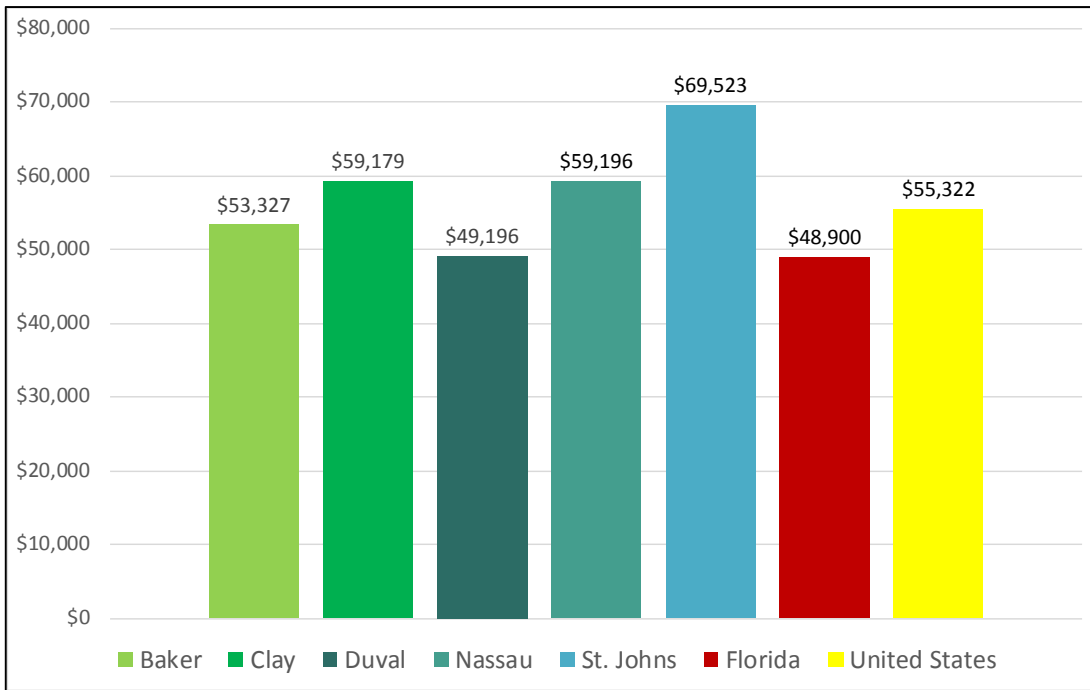
Social and Economic Determinants of Health

This section explores the social and economic determinants of health in the Partnership’s service area. Social and economic determinants 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. These social determinants and other factors help build the context of the service area to allow for better understanding of the results of both primary and secondary data.

Income & Poverty

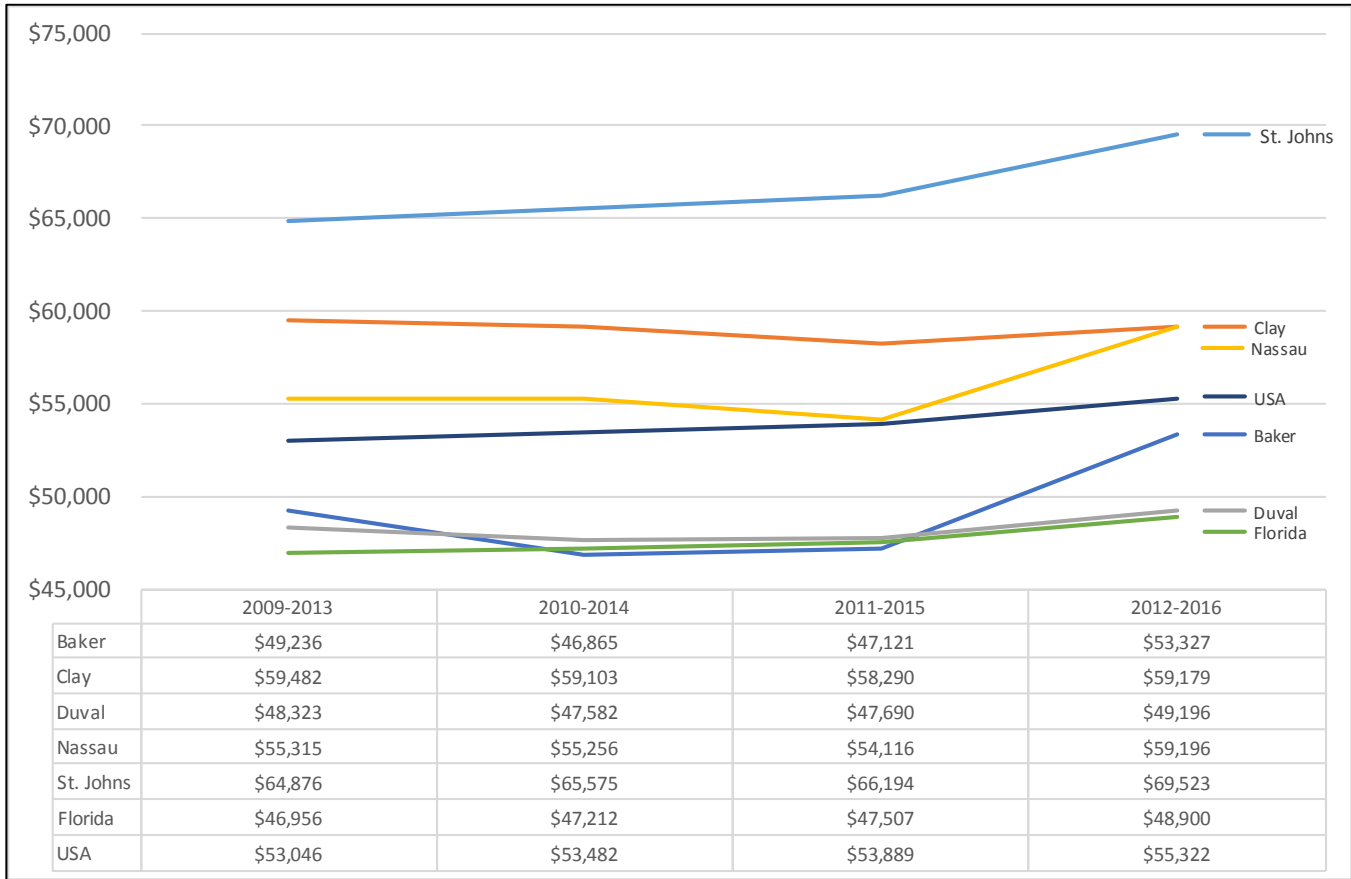
Figure 29 compares the median household income values for each county in the Partnership’s service area to the median household income value for Florida and the United States. All counties in the service area had a median household income above the state value, and three of the five regional counties had a median household income above the national value. St. Johns County had the highest estimated median household income at approximately \$69,523, which was over \$10,000 higher than the median household income of Nassau County, the next highest median household income in the region. Duval County and Baker County had the lowest approximate median household incomes in the region, both with values below the national value of \$55,322.

FIGURE 29. MEDIAN HOUSEHOLD INCOME, 2012-2016



A closer examination of the trend of these counties in Figure 30 reveals that the median household income is generally increasing in the counties in the region, except in Clay County.

FIGURE 30: MEDIAN HOUSEHOLD INCOME PER COUNTY: PAST FOUR TIME PERIODS



Across all zip codes in the region, zip codes 32209, 32206, and 32202 in Duval County had the lowest median household income at, respectively, \$22,288, \$24,418 and \$26,250 (Figure 31 to Figure 35).

FIGURE 31. MEDIAN HOUSEHOLD INCOME BY ZIP CODE, 2012-2016 (BAKER)

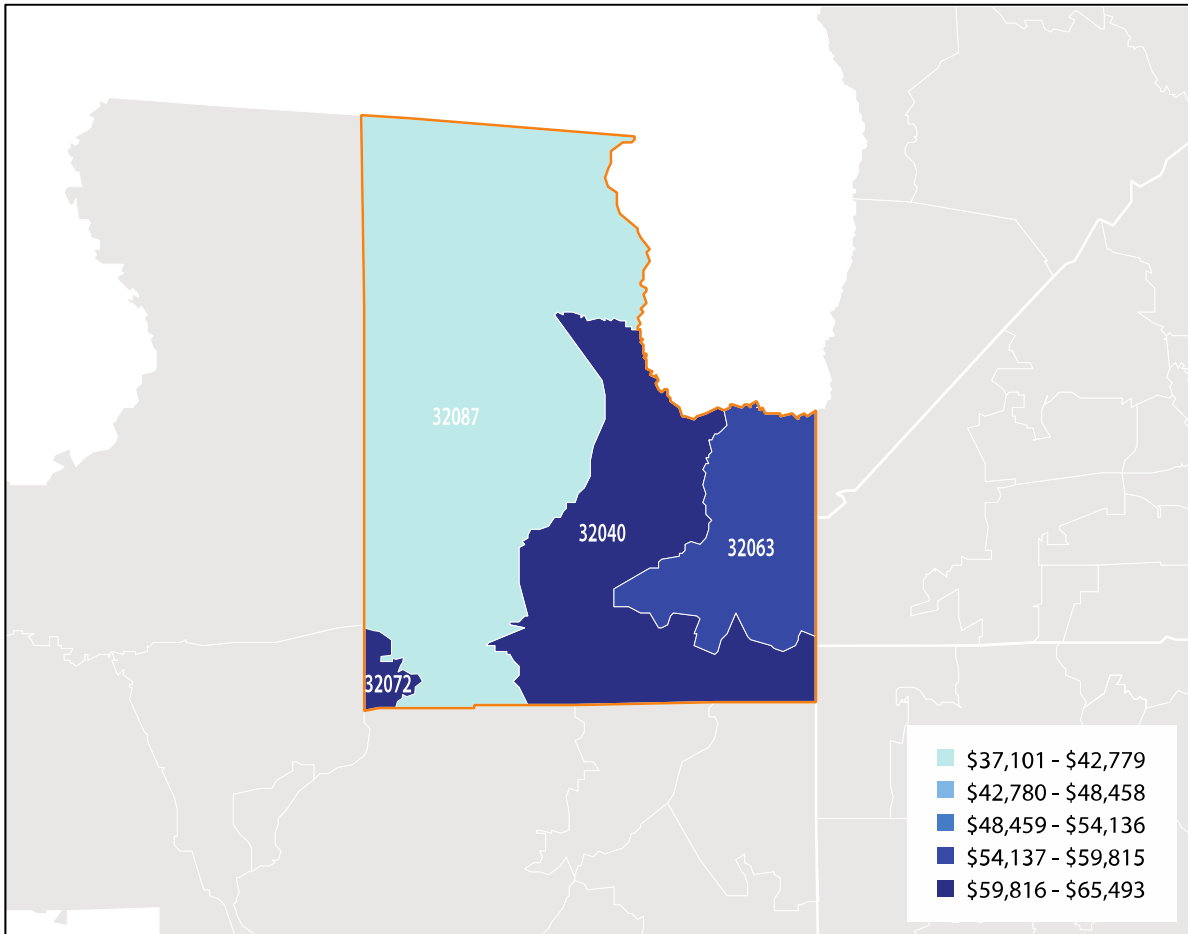
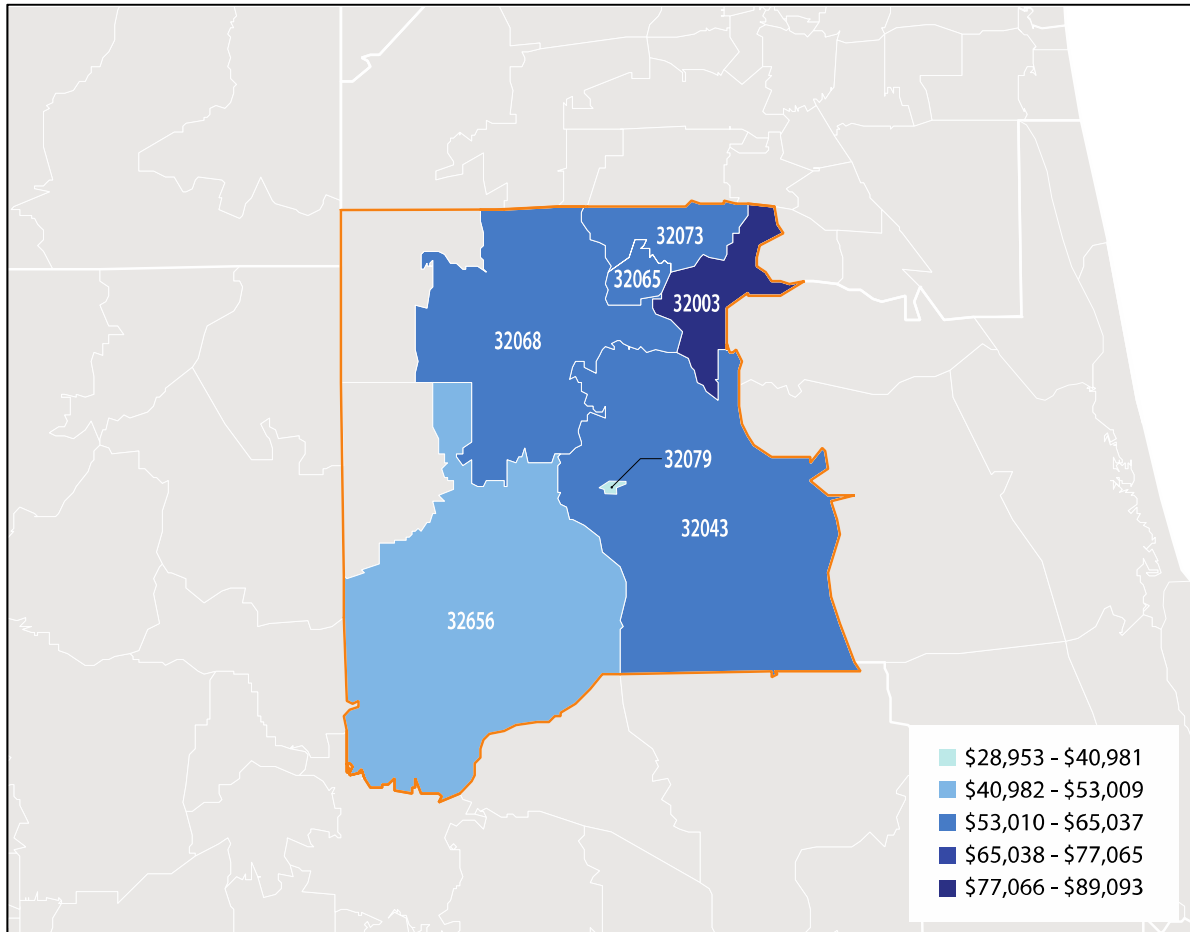
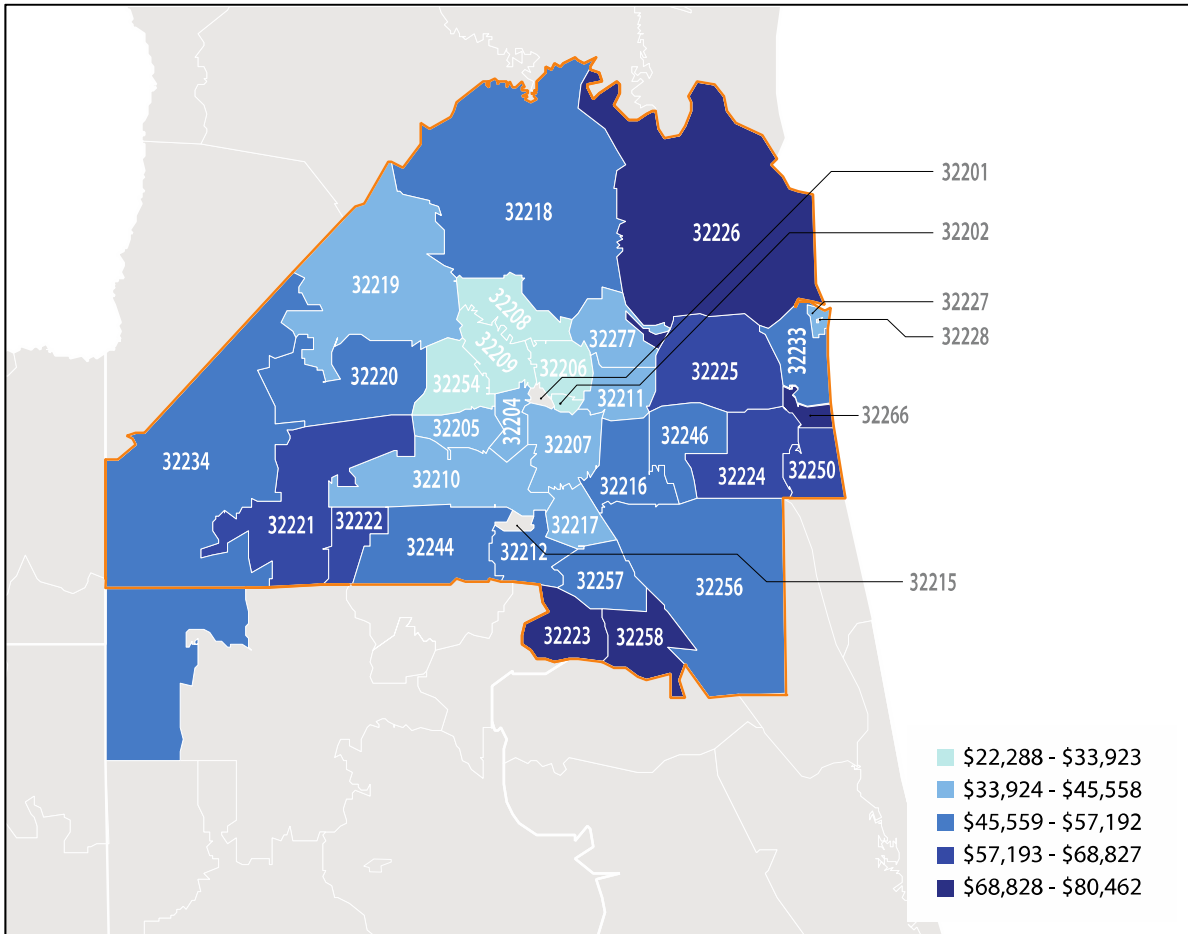


FIGURE 32. MEDIAN HOUSEHOLD INCOME BY ZIP CODE, 2012-2016 (CLAY)



* Areas shaded grey within the orange border of Clay County indicate an area without a population according to the Census.

FIGURE 33. MEDIAN HOUSEHOLD INCOME BY ZIP CODE, 2012-2016 (DUVAL)



* Areas shaded grey within the orange border of Duval County indicate an area without a population according to the Census.

FIGURE 34. MEDIAN HOUSEHOLD INCOME BY ZIP CODE, 2012-2016 (NASSAU)

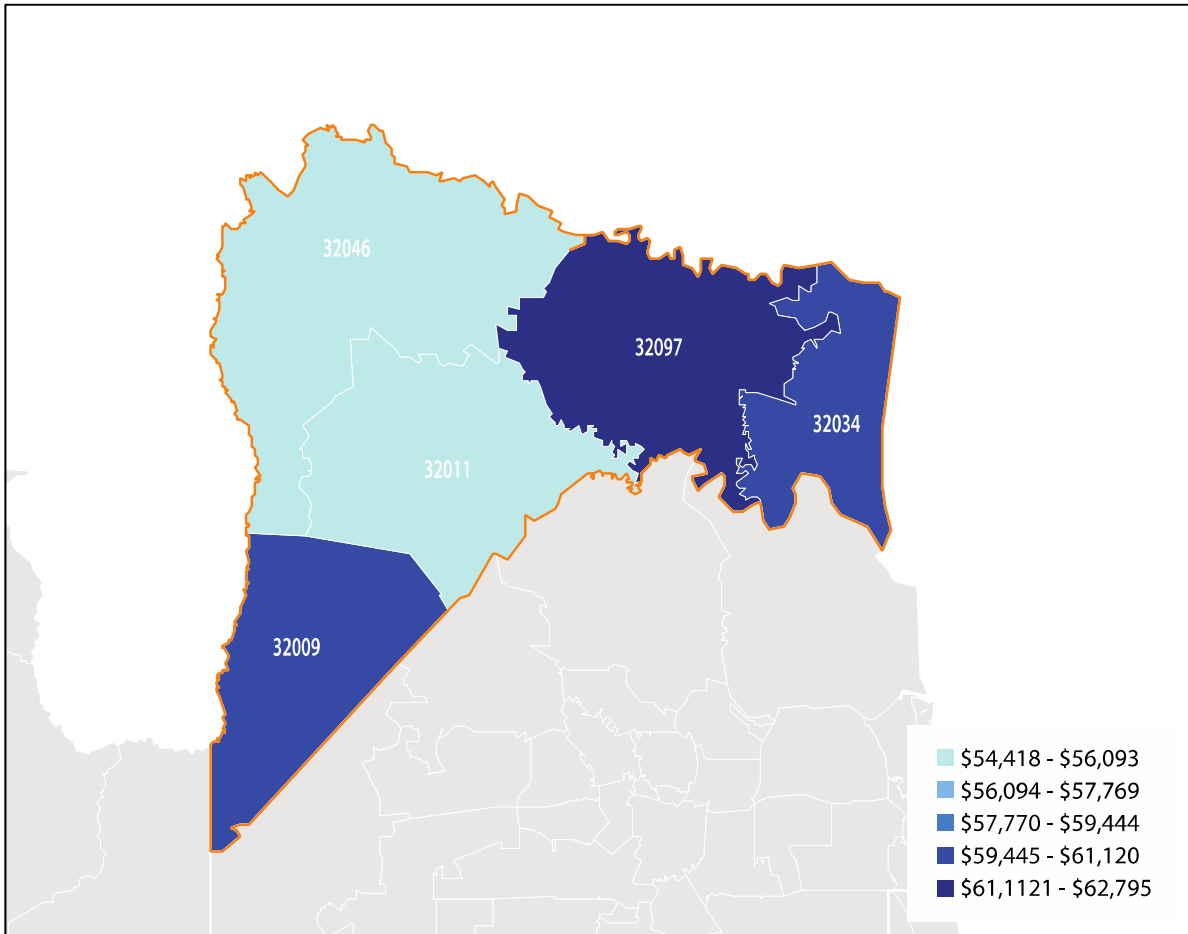
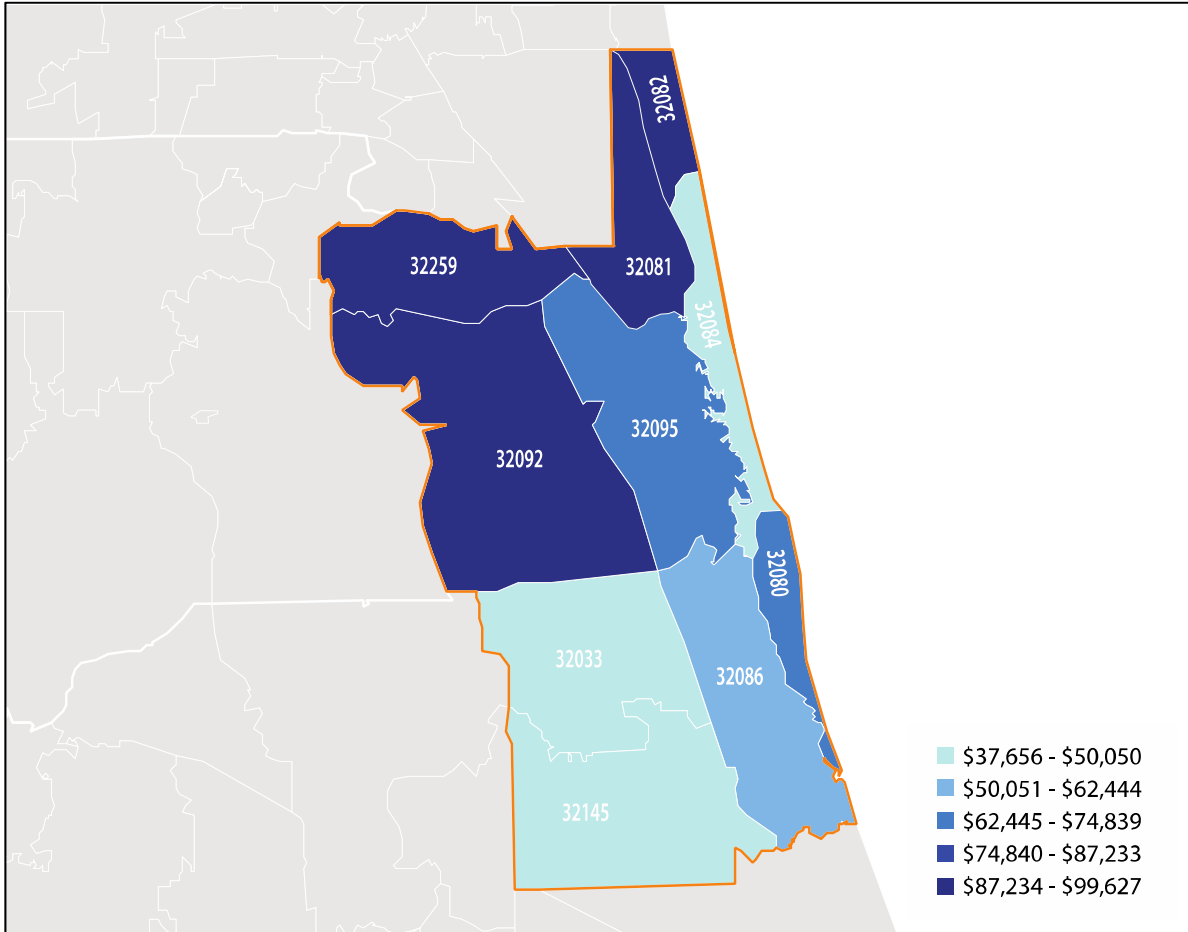
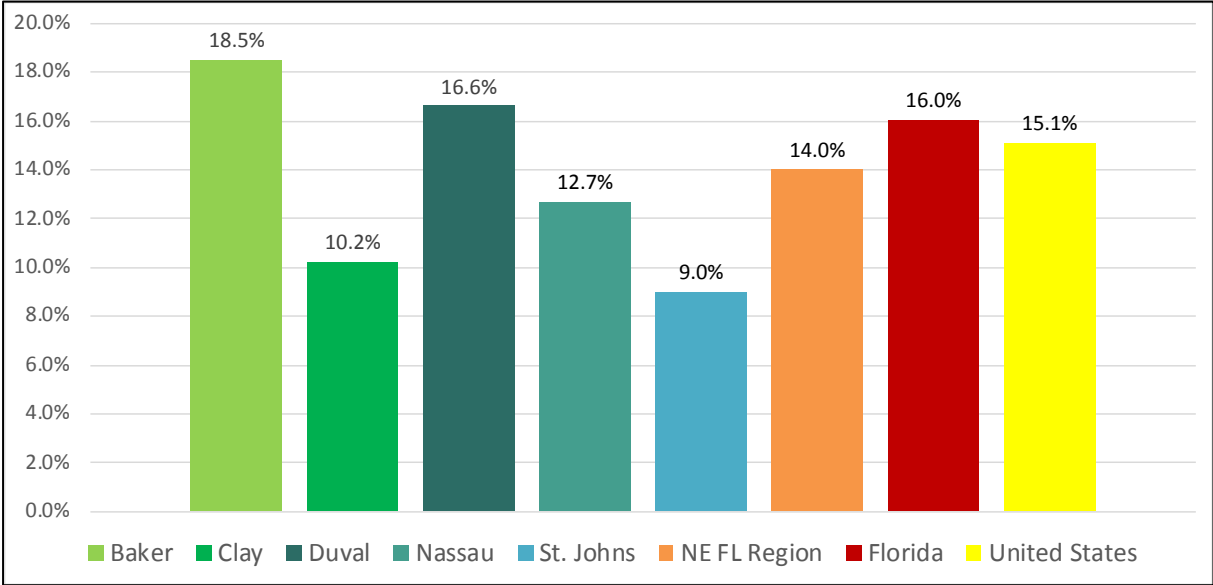


FIGURE 35. MEDIAN HOUSEHOLD INCOME BY ZIP CODE, 2012-2016 (ST. JOHNS)



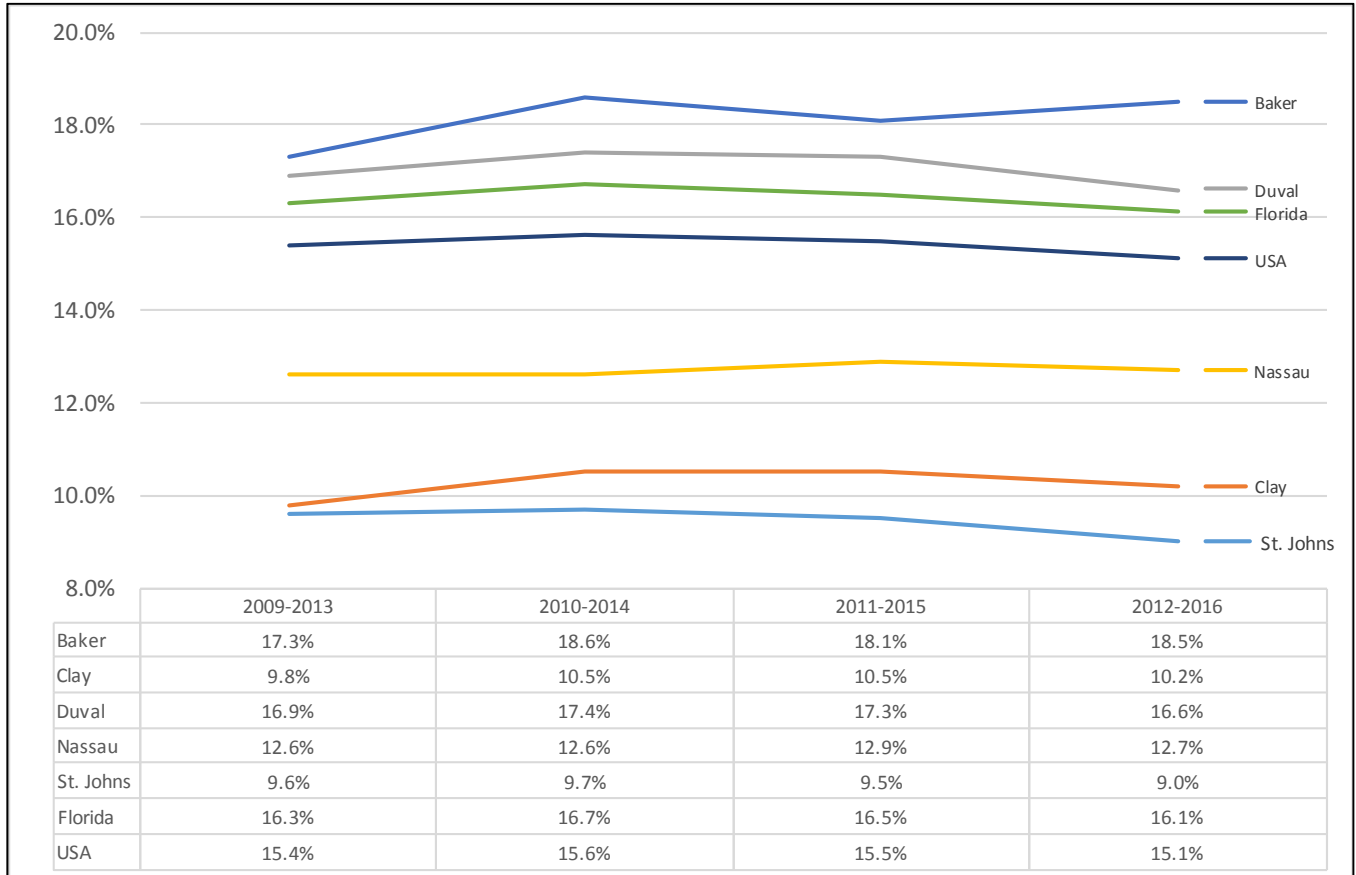
Out of the five counties in the Partnership’s service area, as shown in Figure 36, Baker County had the highest proportion of people living below the poverty level, with nearly one fifth of all residents living in poverty (18.5%). Both Baker and Duval Counties experienced higher rates of poverty compared to the regional and state poverty rates of 14.0% and 16.0% respectively. Similarly, as seen by examining the median household income metric, St. Johns is again the best performing county, with only 9.0% of the population living below the poverty level.

FIGURE 36. PEOPLE LIVING BELOW POVERTY LEVEL, 2012-2016



According to Figure 37, the trend of people living below poverty level has fluctuated in all of the counties across the past four time periods. The share of people living below poverty level increased slightly in Baker County and decreased slightly in St. Johns County.

FIGURE 37: PEOPLE LIVING BELOW POVERTY LEVEL PER COUNTY: PAST FOUR TIME PERIODS



Examining the context of poverty more deeply, Figure 38 shows the percentage of people living below the poverty level by race and ethnicity. Notably, over half of Baker County’s Hispanic or Latino populations (54.9%) are living in poverty. This rate is over three times as high as that of their Hispanic or Latino peers at the regional level and of their White, non-Hispanic peers in Baker County. Baker County also has the largest percentage of White, non-Hispanic residents living in poverty compared to all the other counties in the region at 17.0% compared to the regional value of 10.6%. Across all counties, Black or African American residents experience higher rates of poverty compared to their White, non-Hispanic peer. Duval County has the highest percentage of Black or African Americans (26.7%) living below the poverty level.

FIGURE 38. PEOPLE LIVING BELOW POVERTY LEVEL BY RACE/ETHNICITY, 2012-2016

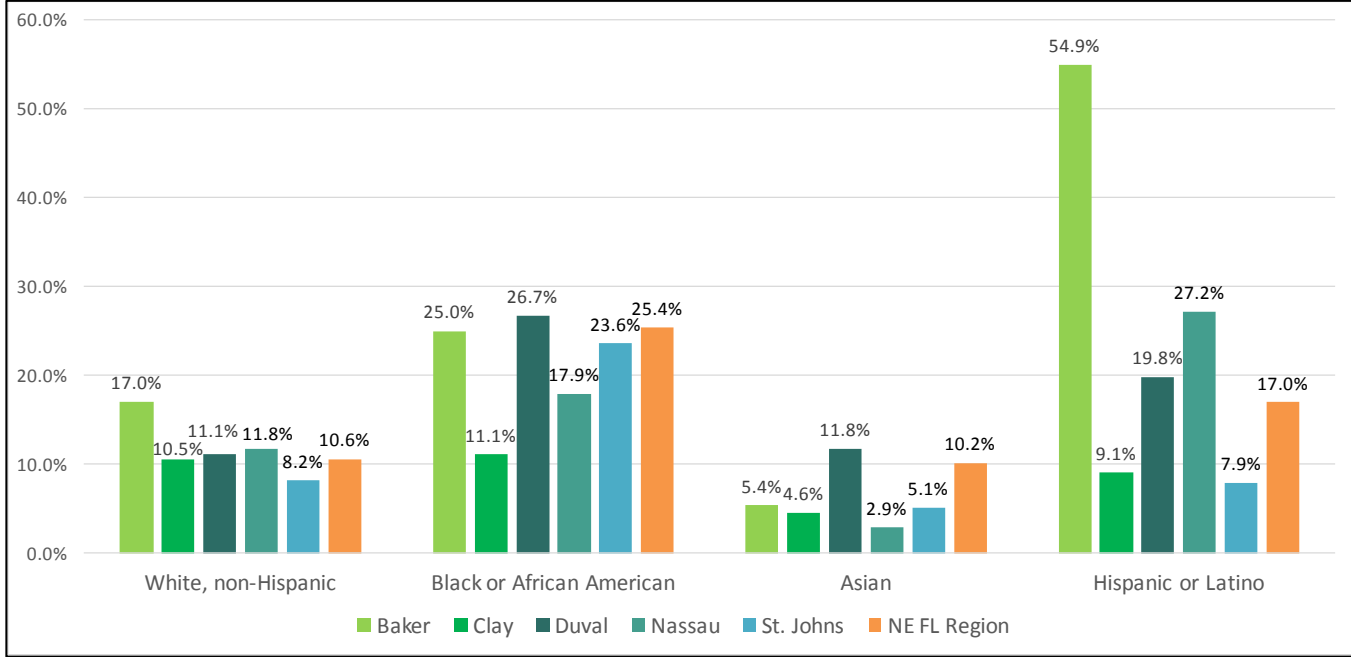
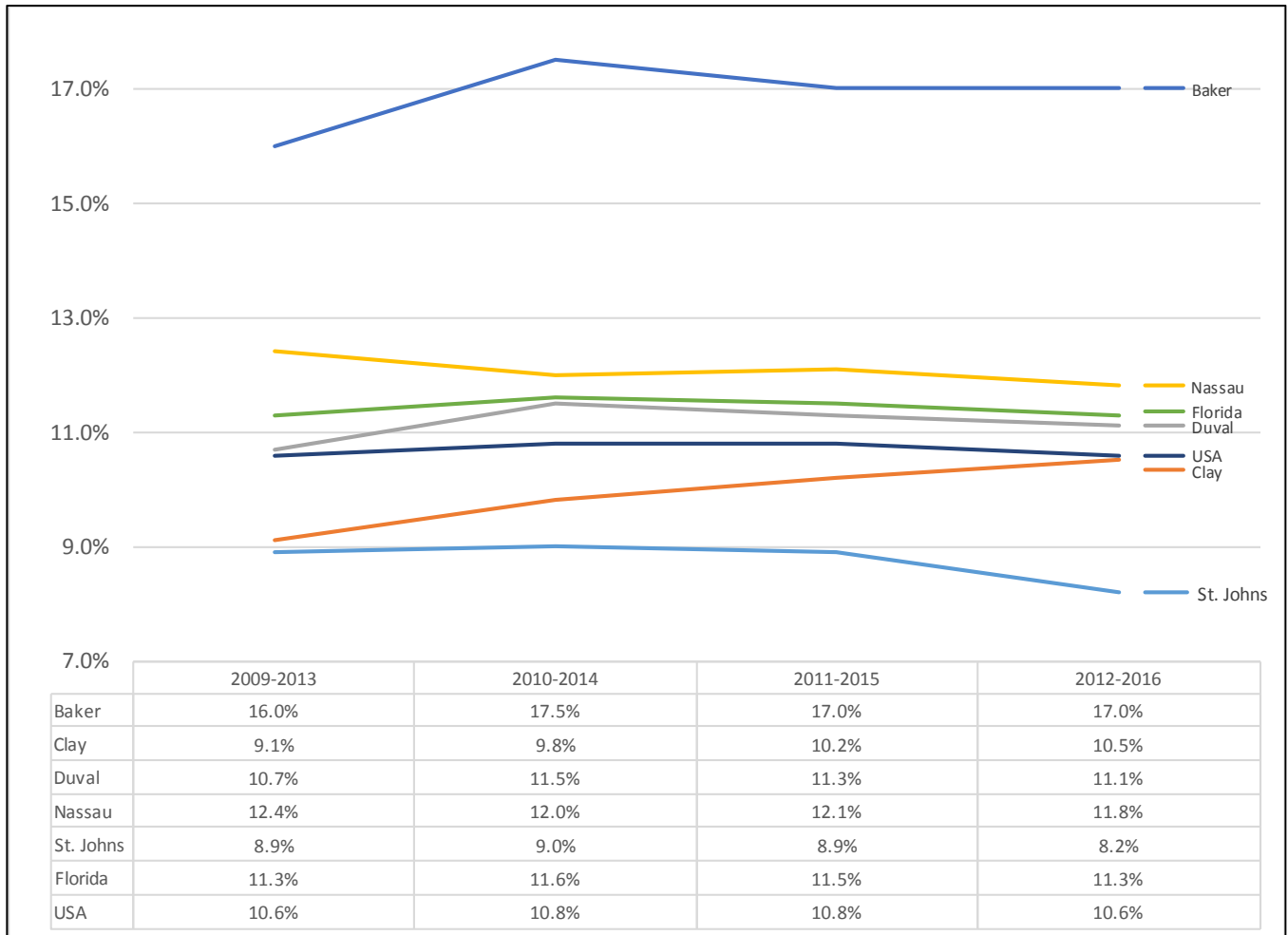


Figure 39, Figure 40, and Figure 41 examine the trends for the White, non-Hispanic, Black or African American, and Hispanic or Latino populations, all racial/ethnic groups that experience higher poverty than the overall population in at least one county.

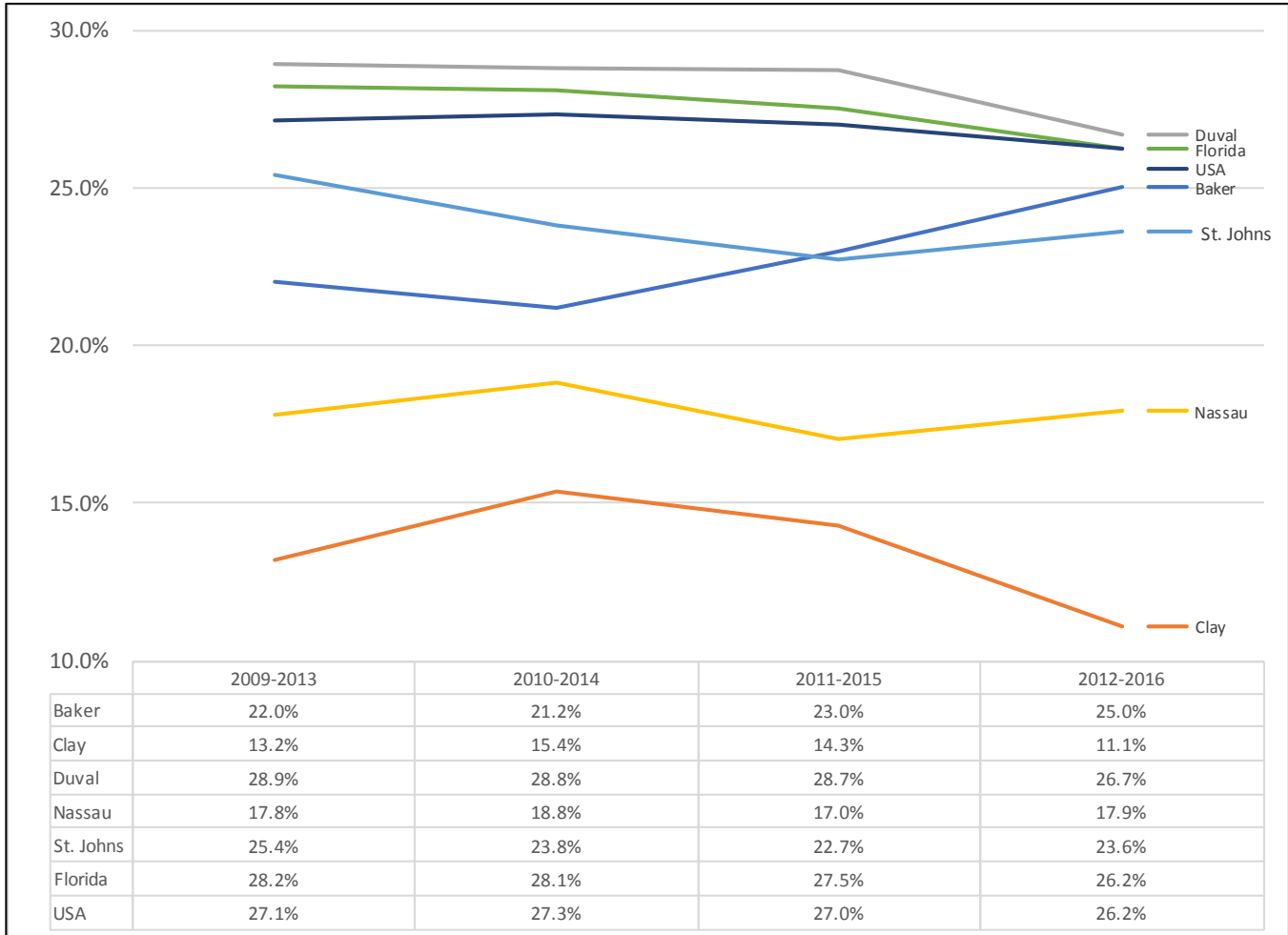
White, non-Hispanic residents experienced a slight increase in levels of poverty in Baker and Clay Counties in the past four time periods.

FIGURE 39: WHITE, NON-HISPANIC POPULATION LIVING BELOW POVERTY LEVEL PER COUNTY: PAST FOUR TIME PERIODS



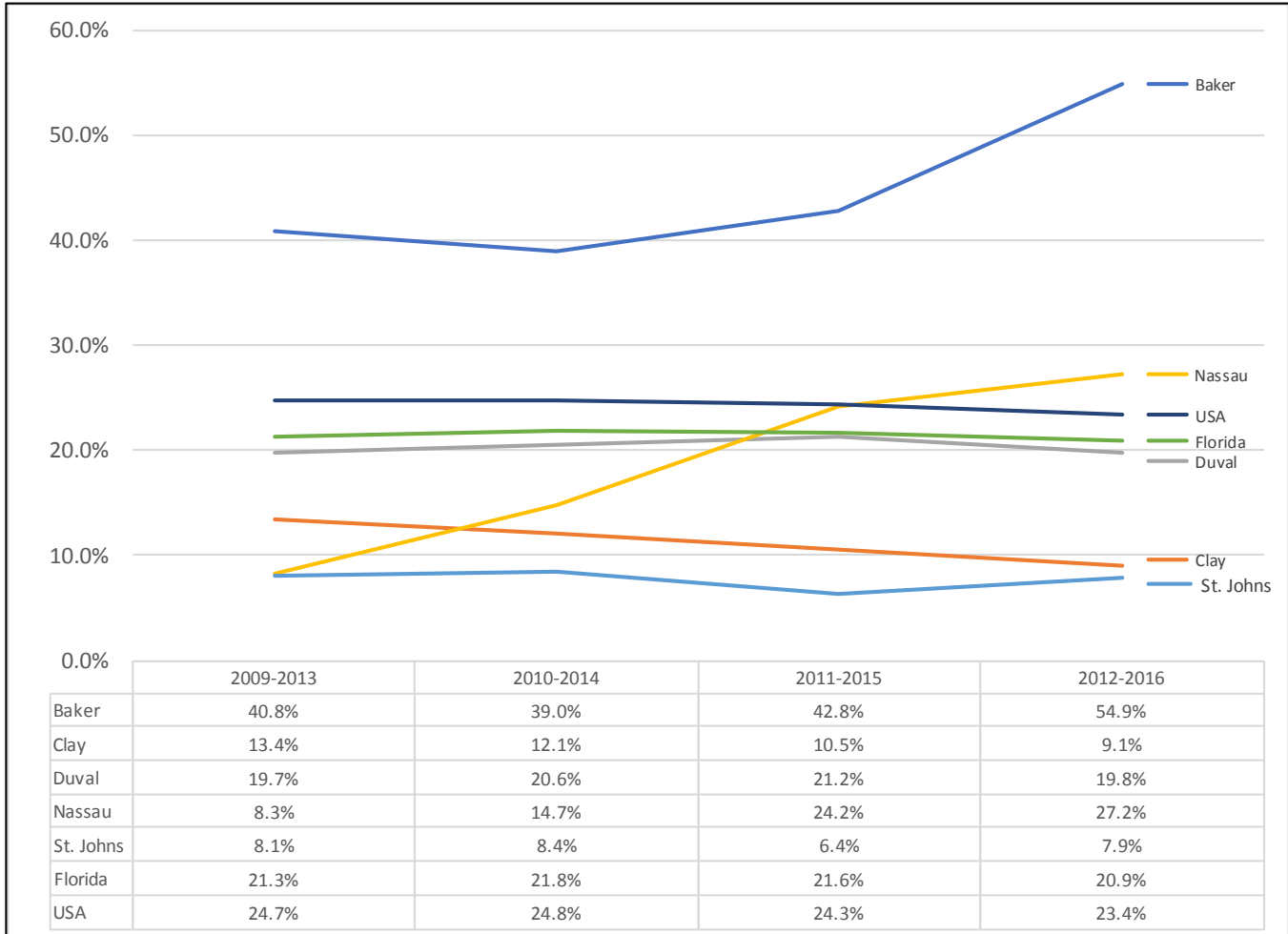
Although Duval County had the highest rate of poverty for their Black or African American population, the trend has been steadily decreasing in the past four time periods, as presented in Figure 40.

FIGURE 40: BLACK OR AFRICAN AMERICAN POPULATION LIVING BELOW POVERTY LEVEL PER COUNTY: PAST FOUR TIME PERIODS



Hispanic or Latino residents experienced large increases in levels of poverty in both Baker and Nassau Counties in the past four time periods. In Nassau County, the share of Hispanic or Latino residents living below poverty level increased by over threefold.

FIGURE 41: HISPANIC OR LATINO POPULATION LIVING BELOW POVERTY LEVEL PER COUNTY: PAST FOUR TIME PERIODS



At the zip code level across the region in Figure 42 through Figure 46, zip codes 32202, 32209, and 32206 in Duval County emerged with the highest share of people living below poverty at, respectively, 50.2%, 40.3% and 38.9%).

FIGURE 42: PEOPLE LIVING BELOW POVERTY LEVEL BY ZIP CODE, 2012-2016 (BAKER)

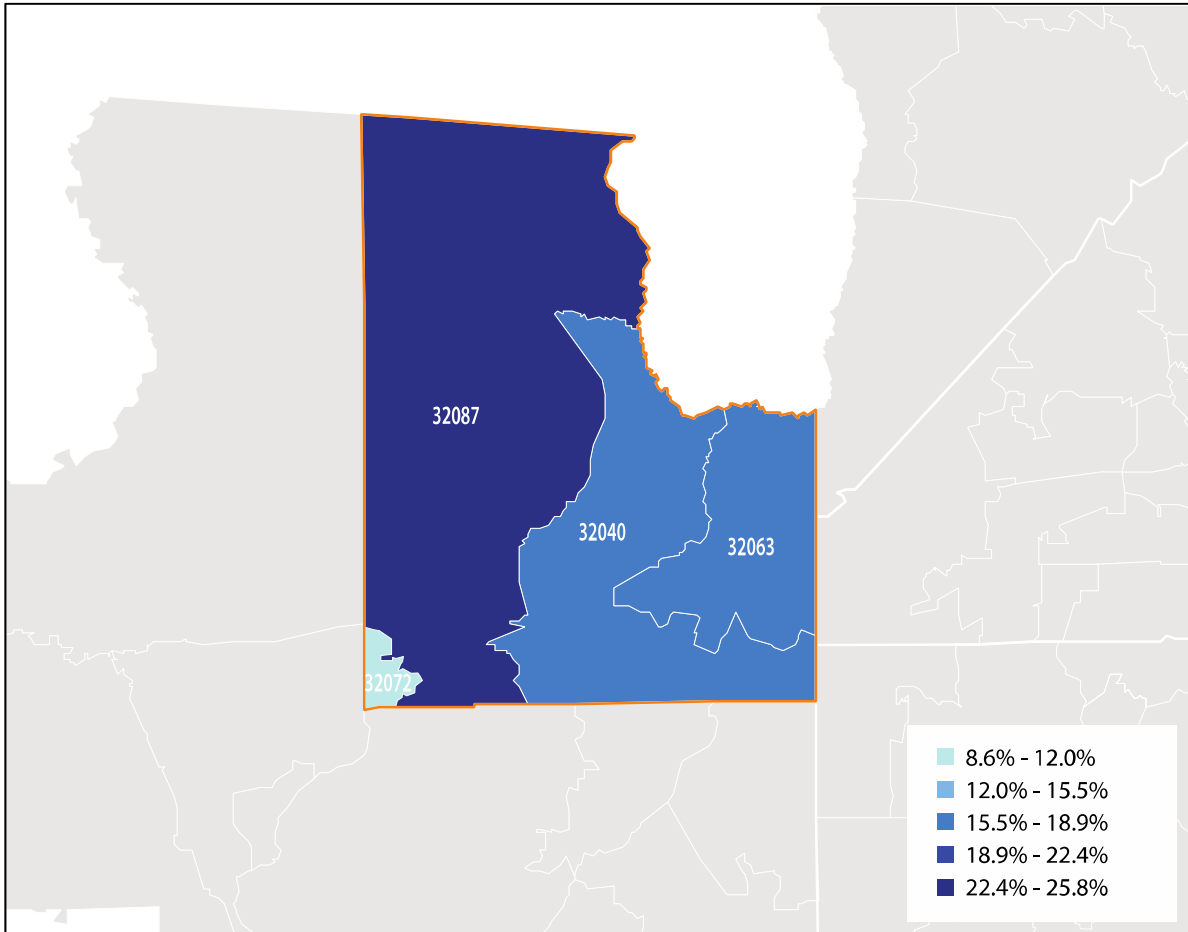
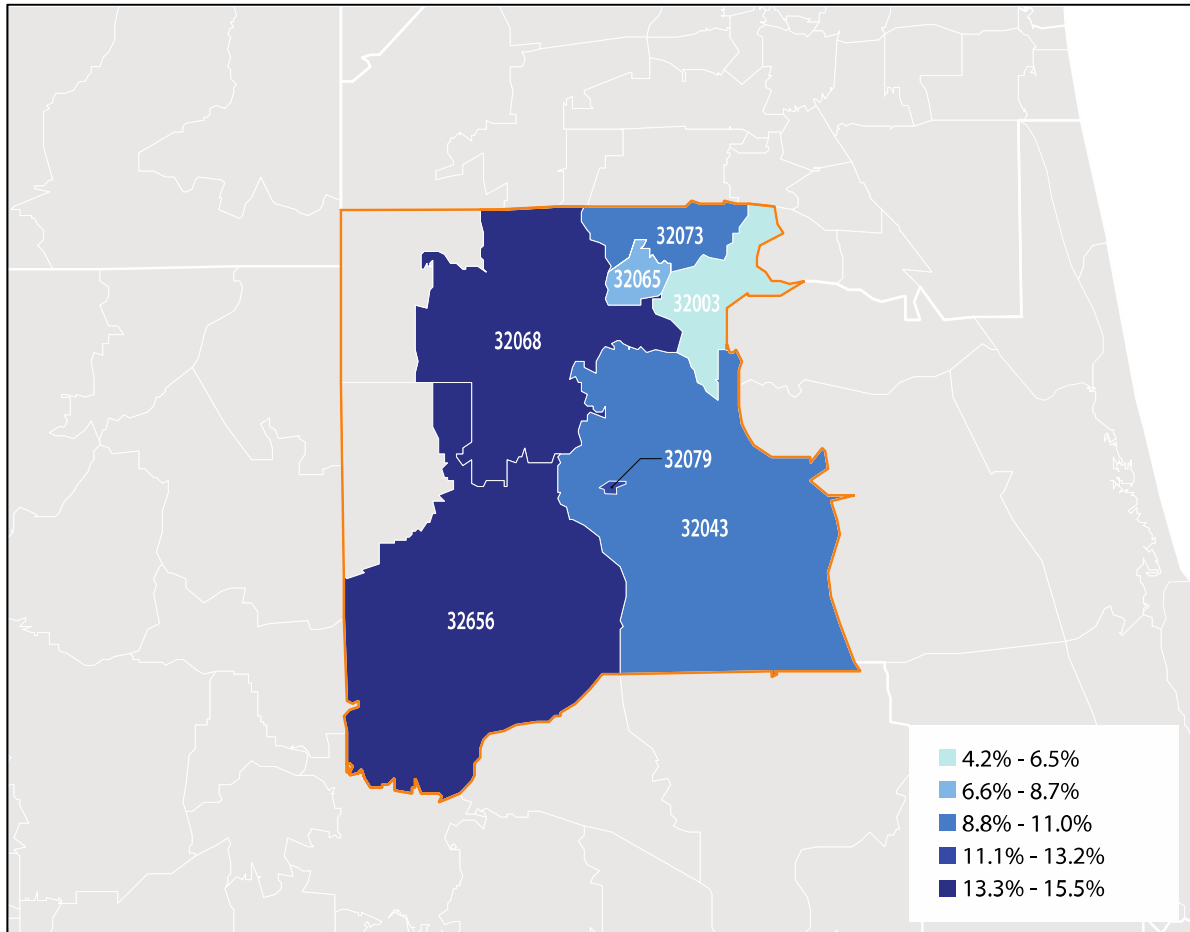
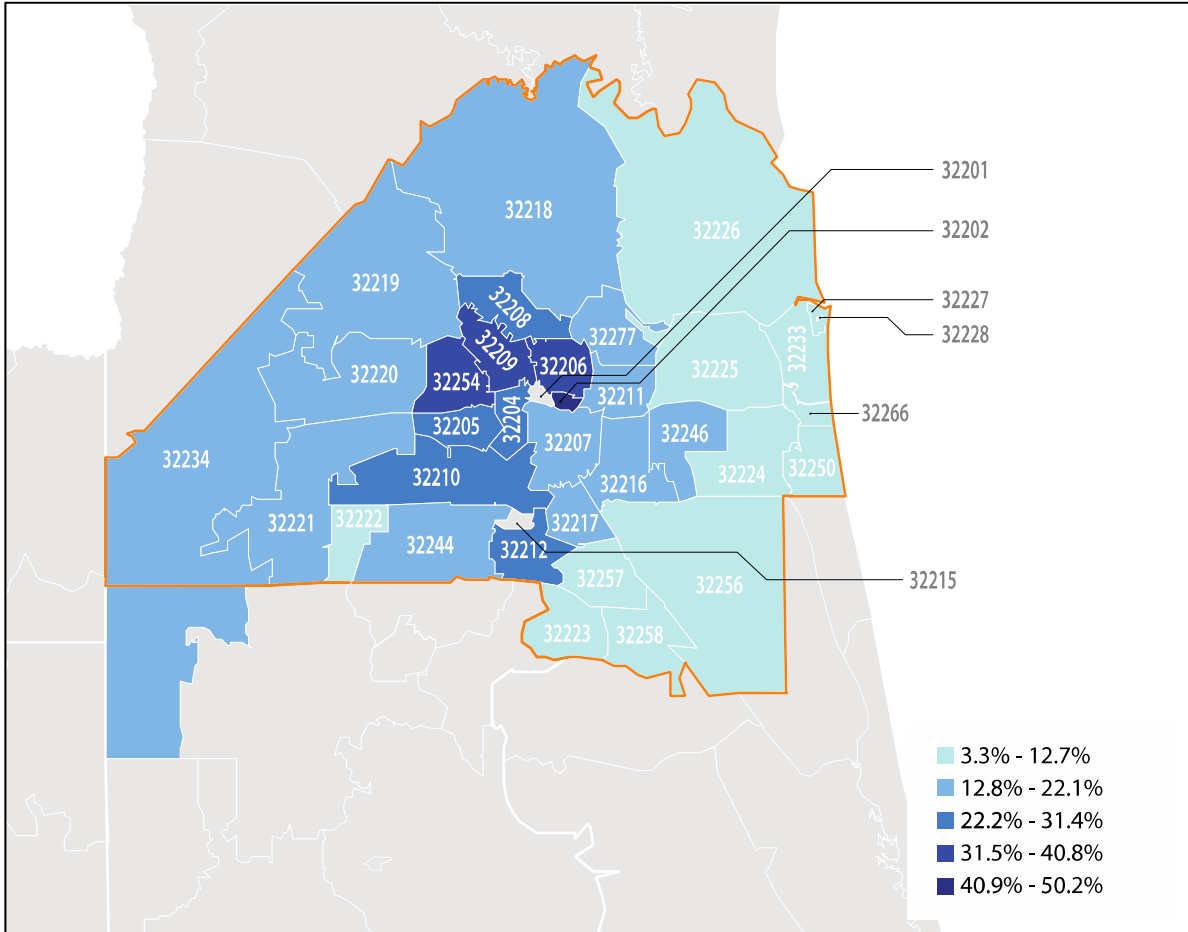


FIGURE 43: PEOPLE LIVING BELOW POVERTY LEVEL BY ZIP CODE, 2012-2016 (CLAY)



* Areas shaded grey within the orange border of Clay County indicate an area without a population according to the Census.

FIGURE 44: PEOPLE LIVING BELOW POVERTY LEVEL BY ZIP CODE, 2012-2016 (DUVAL)



* Areas shaded grey within the orange border of Duval County indicate an area without a population according to the Census.

FIGURE 45: PEOPLE LIVING BELOW POVERTY LEVEL BY ZIP CODE, 2012-2016 (NASSAU)

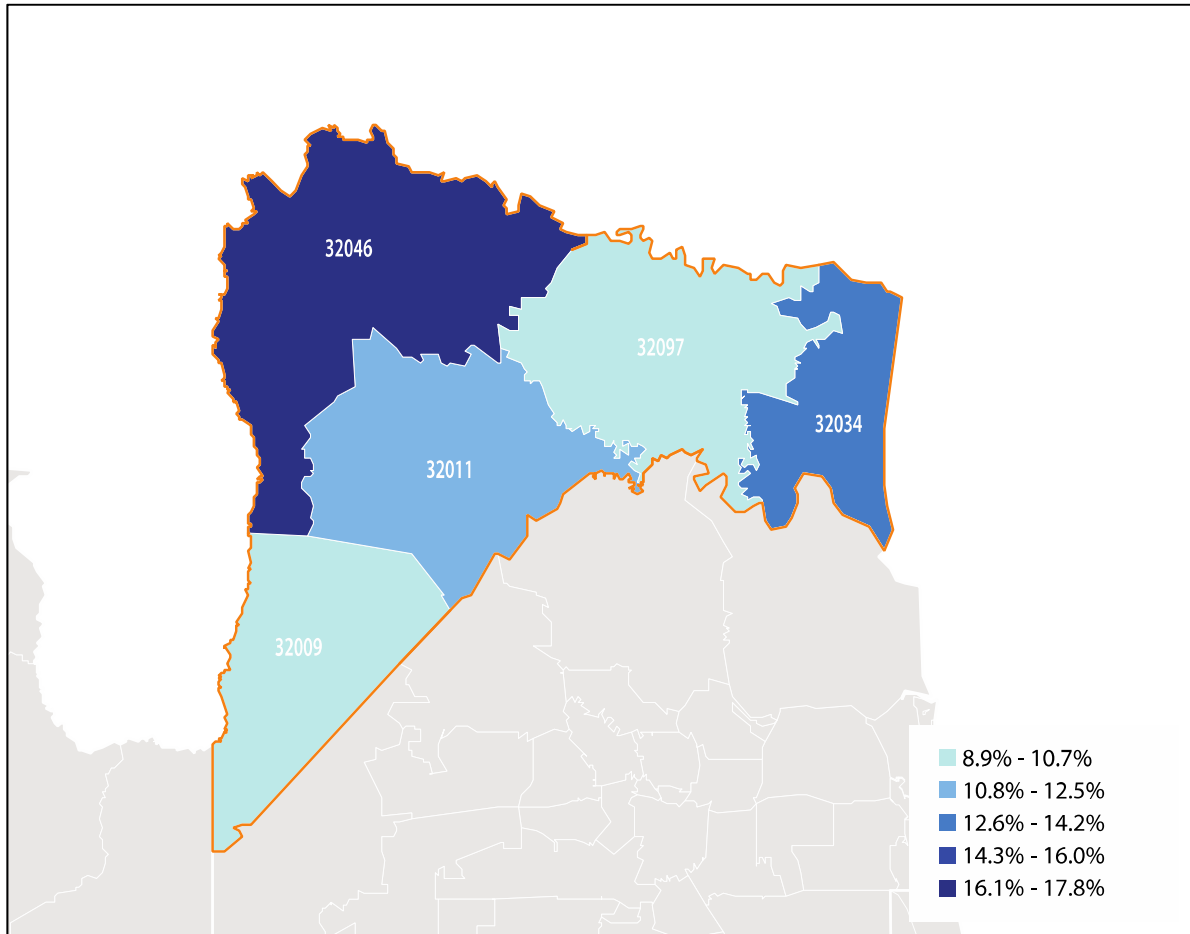
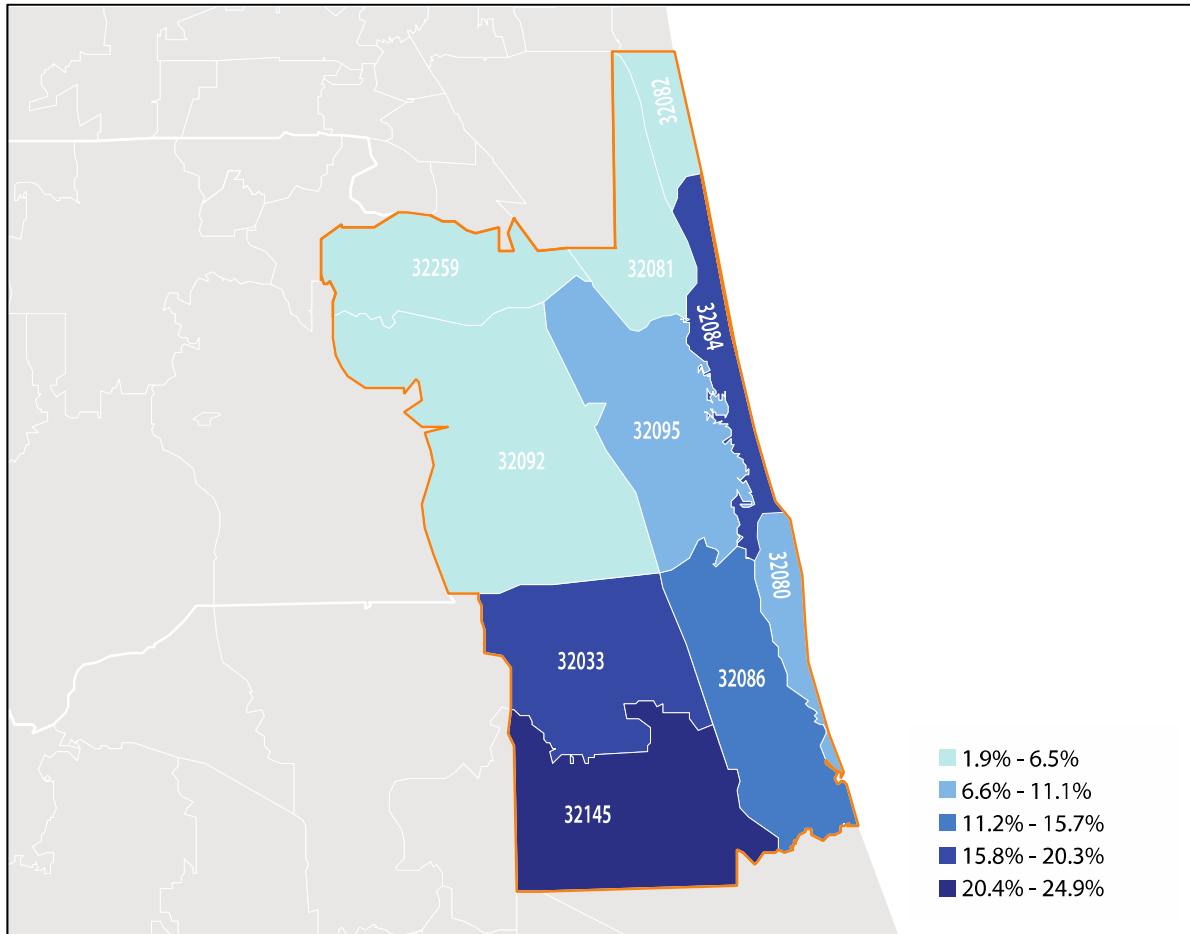


FIGURE 46: PEOPLE LIVING BELOW POVERTY LEVEL BY ZIP CODE, 2012-2016 (ST. JOHNS)



Employment

Table 21 shows the percent of civilians, 16 years of age and older, who are unemployed as a percent of the civilian labor force. A high rate of unemployment has personal and societal effects. During periods of unemployment, individuals are likely to feel severe economic strain and mental stress. Unemployment is also related to access to health care, as many individuals receive health insurance through their employer. A high unemployment rate places strain on financial support systems, as unemployed persons qualify for unemployment benefits and food stamp programs.

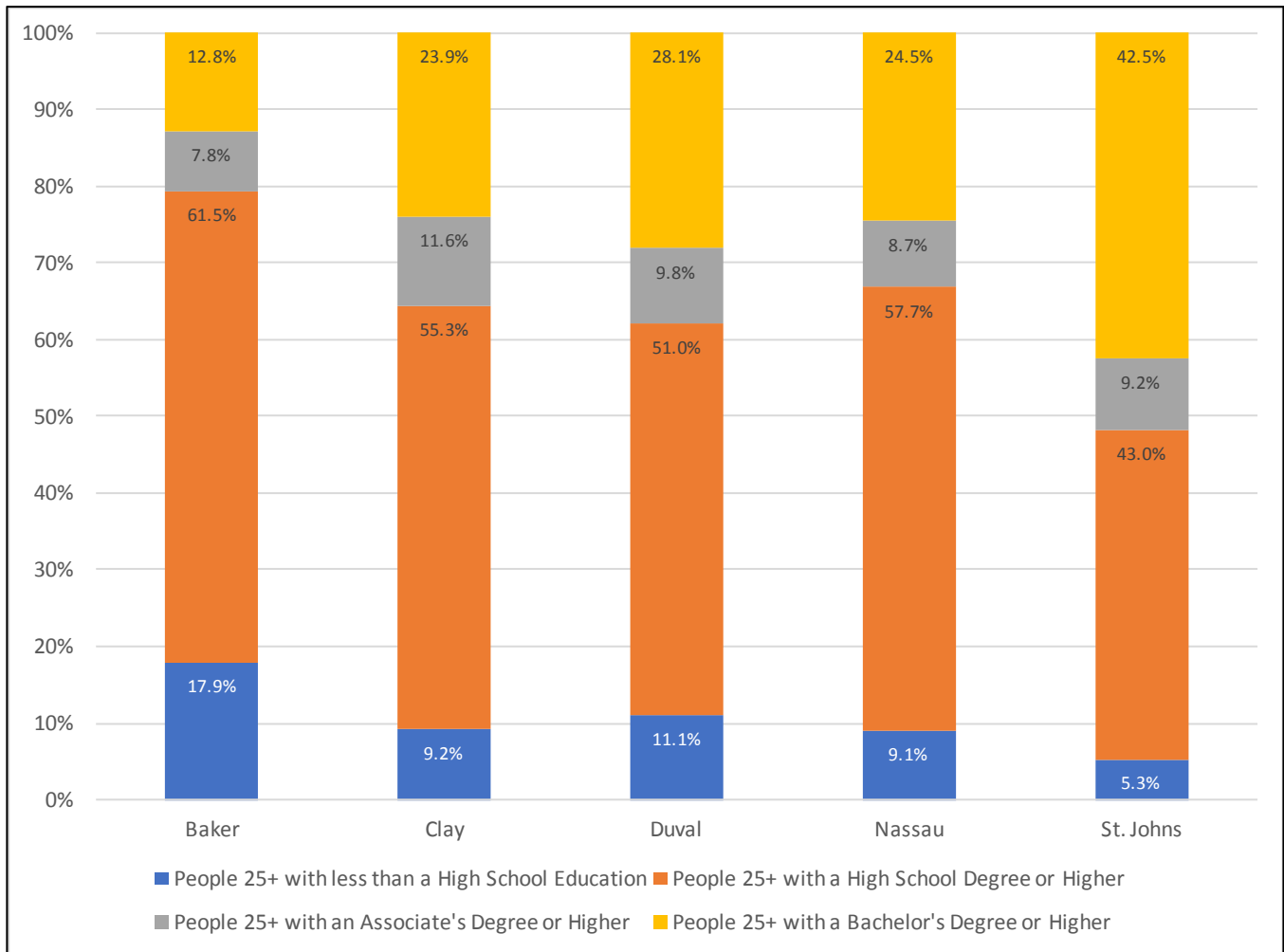
TABLE 21. UNEMPLOYED WORKERS IN CIVILIAN LABOR FORCE, MAY 2018

County	Percent Unemployed
Baker	3%
Clay	3%
Duval	3.3%
Nassau	3%
St. Johns	2.6%

Education

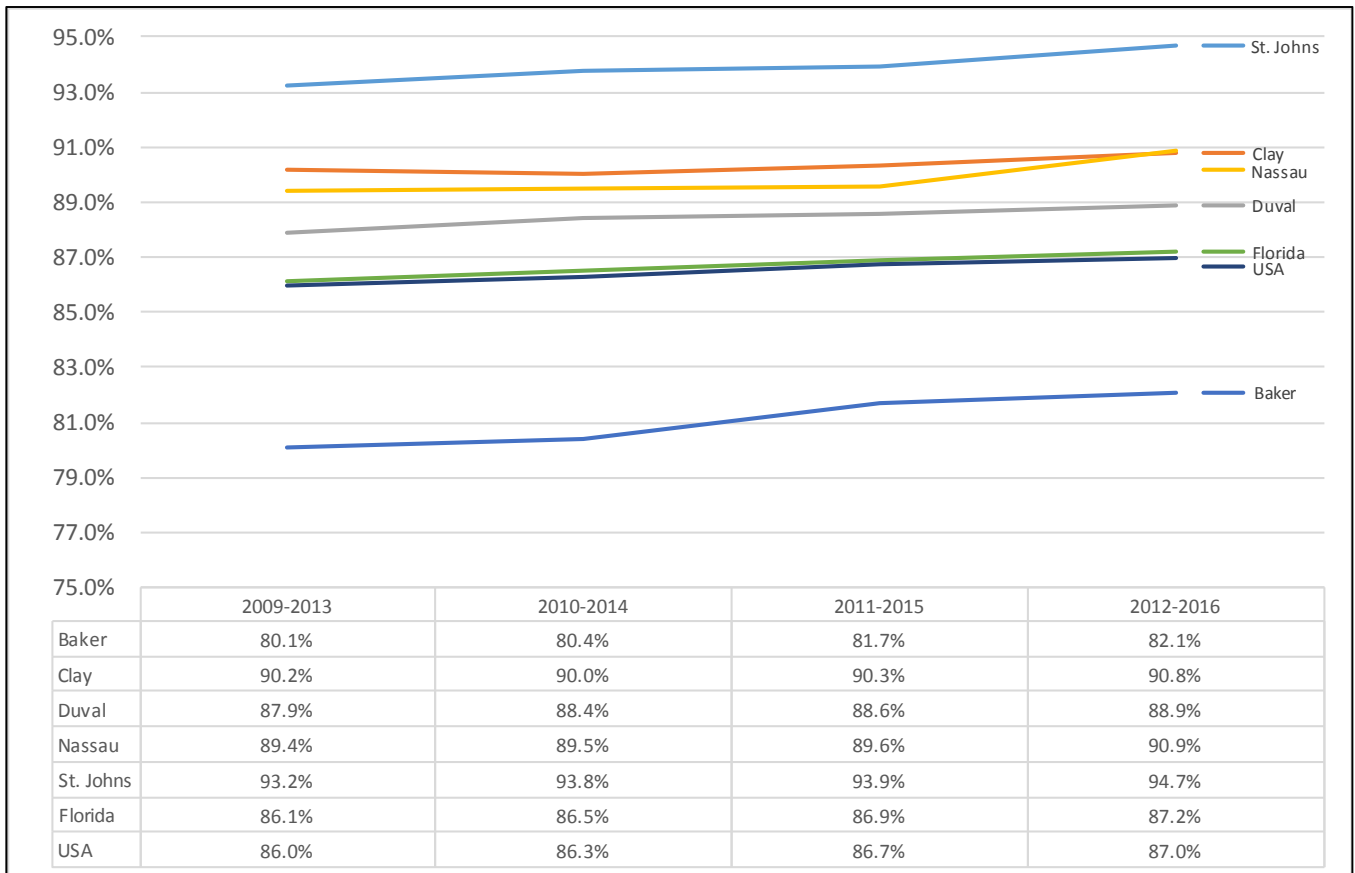
In 2012-2016, 90.1% of residents aged 25 or older in the Northeast Florida region had at least a high school degree or equivalent, as presented in Figure 47. High school degree attainment, or completion of high school or a general equivalency diploma (GED), is similar between Clay, Duval, and Nassau counties. Baker County had the lowest high school degree attainment in the Jacksonville Nonprofit Hospital Partnership’s service area at 82.1%, and St. Johns County the highest, at 94.7%. Looking at college education, St. Johns County has a disproportionately higher percent of the population with an associate or bachelor’s degree compared to the other counties in the service area.

FIGURE 47. EDUCATIONAL ATTAINMENT BY COUNTY, 2012-2016



The share of residents aged 25 and older who have a high school degree increased for all past four time periods for all counties in Figure 48.

FIGURE 48: POPULATION AGED 25+ WITH A HIGH SCHOOL DEGREE OR HIGHER PER COUNTY: PAST FOUR TIME PERIODS



Across all zip codes in the region, as presented by Figure 49 through Figure 53, zip code 32087 in Baker County had the lowest share of high school degree attainment at 71.0% in 2012-2016. Zip codes 32254 and 32202 in Duval County follow at 74.4% and 75.8%.

FIGURE 49: HIGH SCHOOL DEGREE ATTAINMENT BY ZIP CODE, 2012-2016 (BAKER)

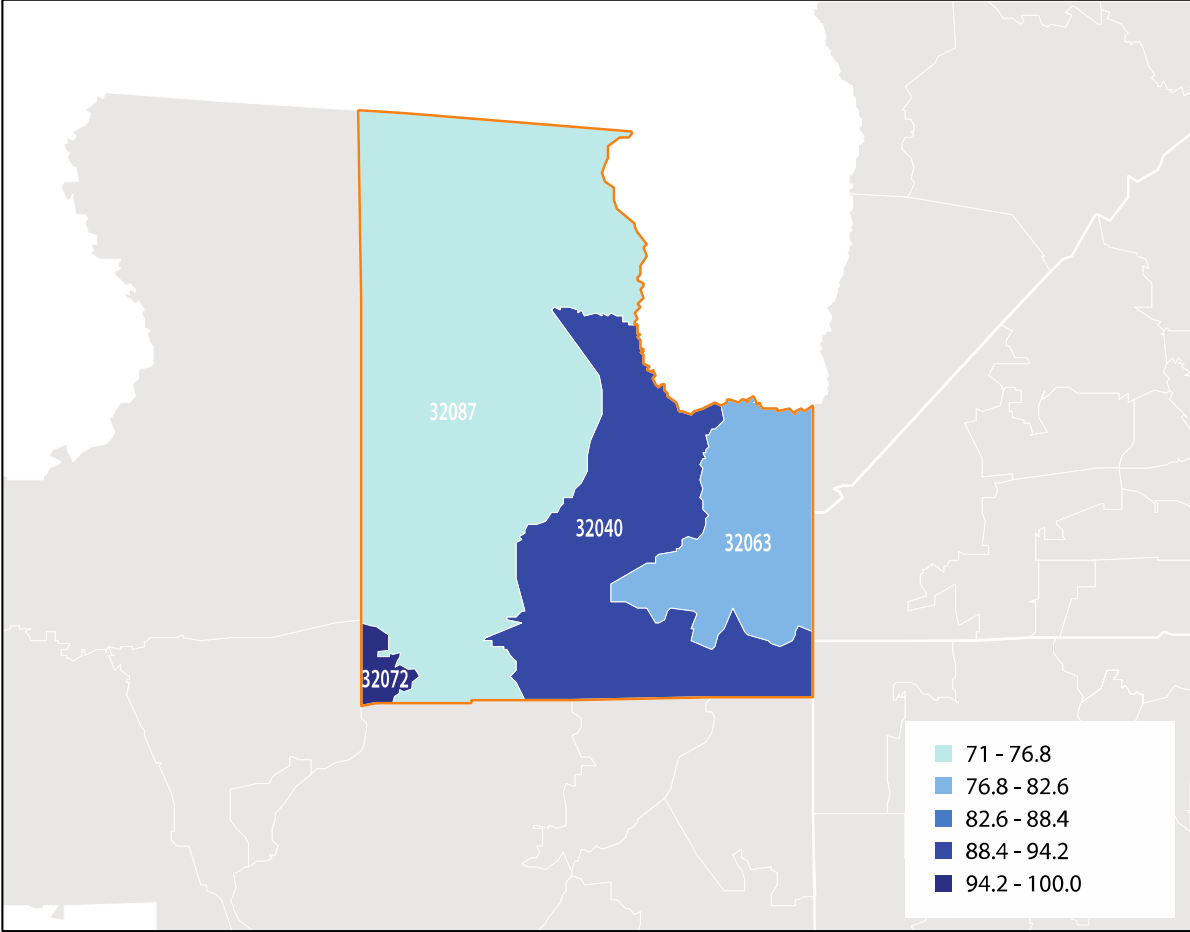
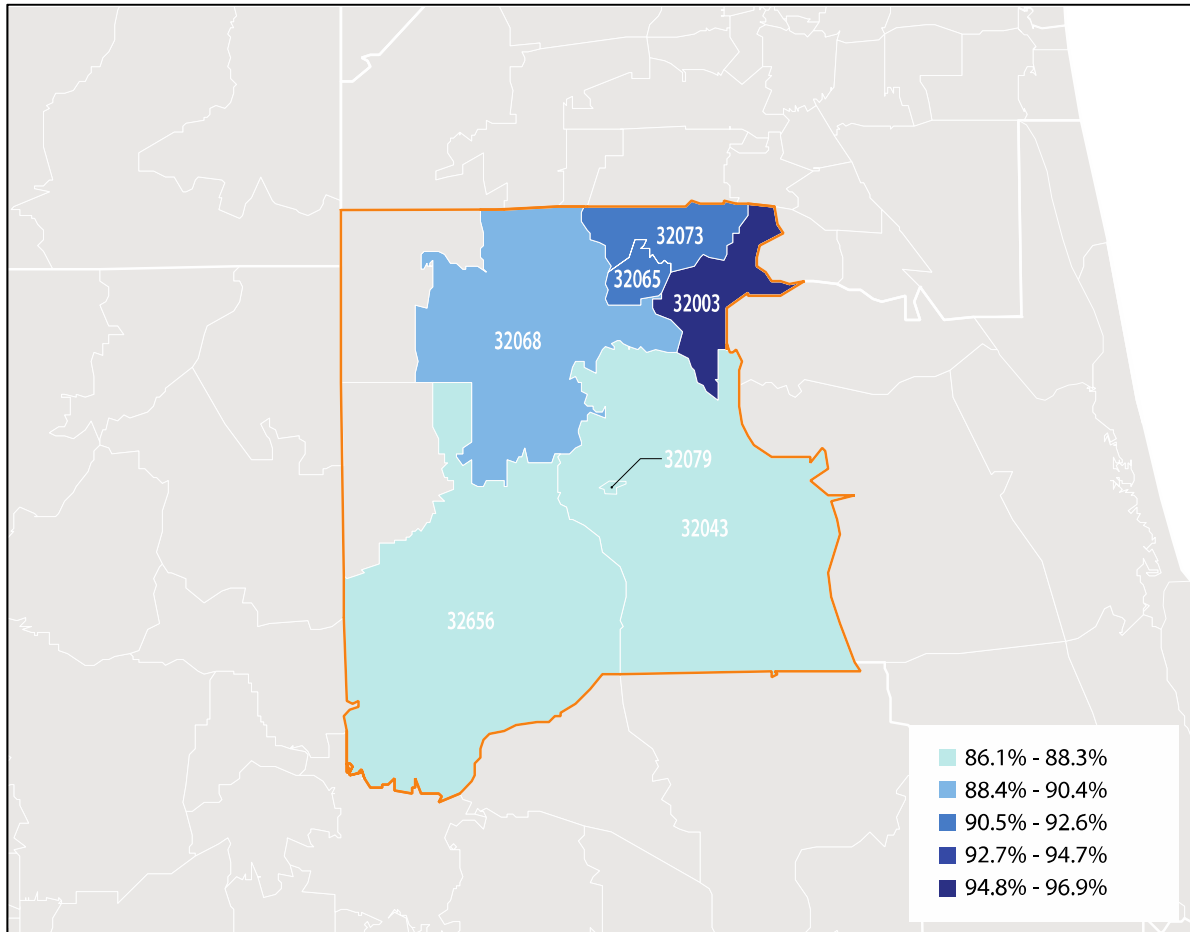
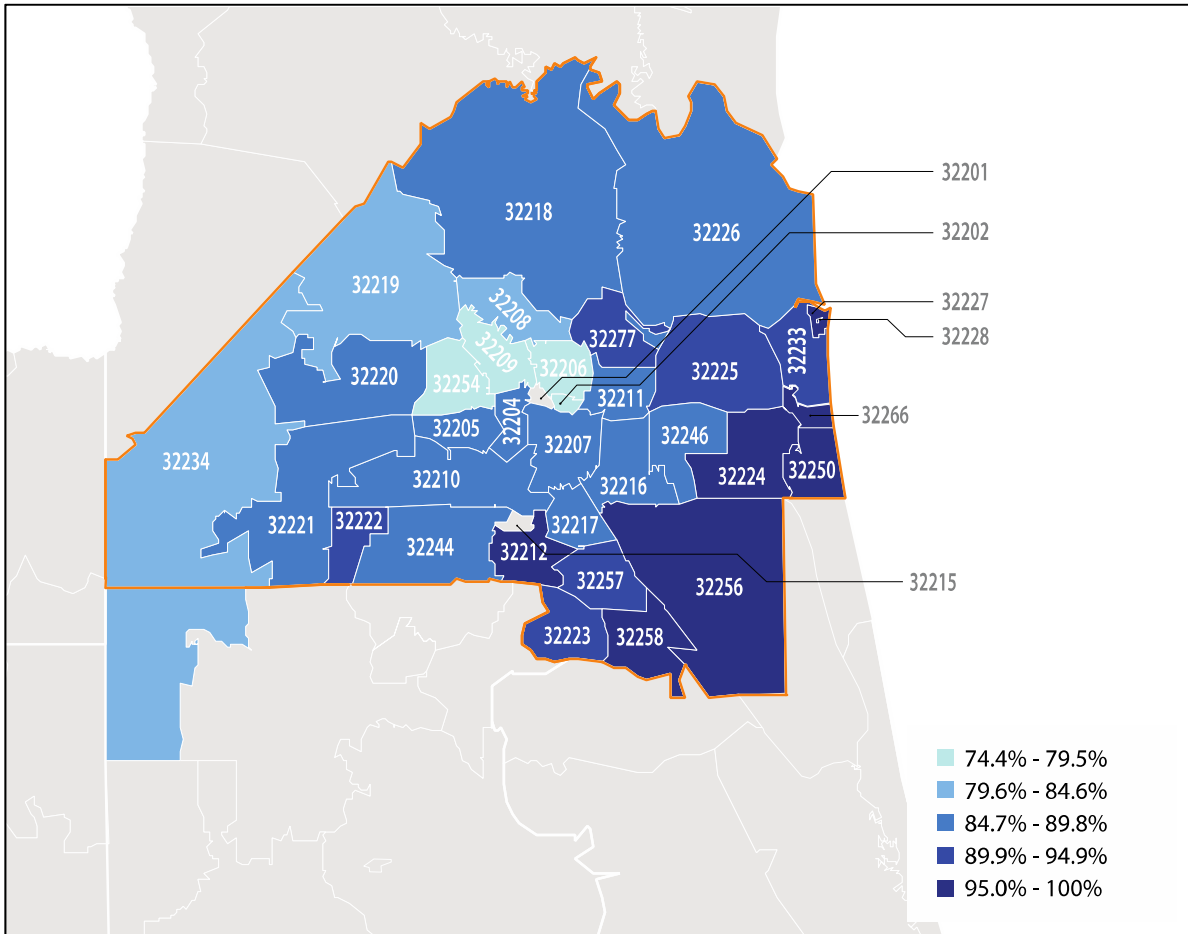


FIGURE 50: HIGH SCHOOL DEGREE ATTAINMENT BY ZIP CODE, 2012-2016 (CLAY)



* Areas shaded grey within the orange border of Clay County indicate an area without a population according to the Census.

FIGURE 51: HIGH SCHOOL DEGREE ATTAINMENT BY ZIP CODE, 2012-2016 (DUVAL)



* Areas shaded grey within the orange border of Duval County indicate an area without a population according to the Census.

FIGURE 52: HIGH SCHOOL DEGREE ATTAINMENT BY ZIP CODE, 2012-2016 (NASSAU)

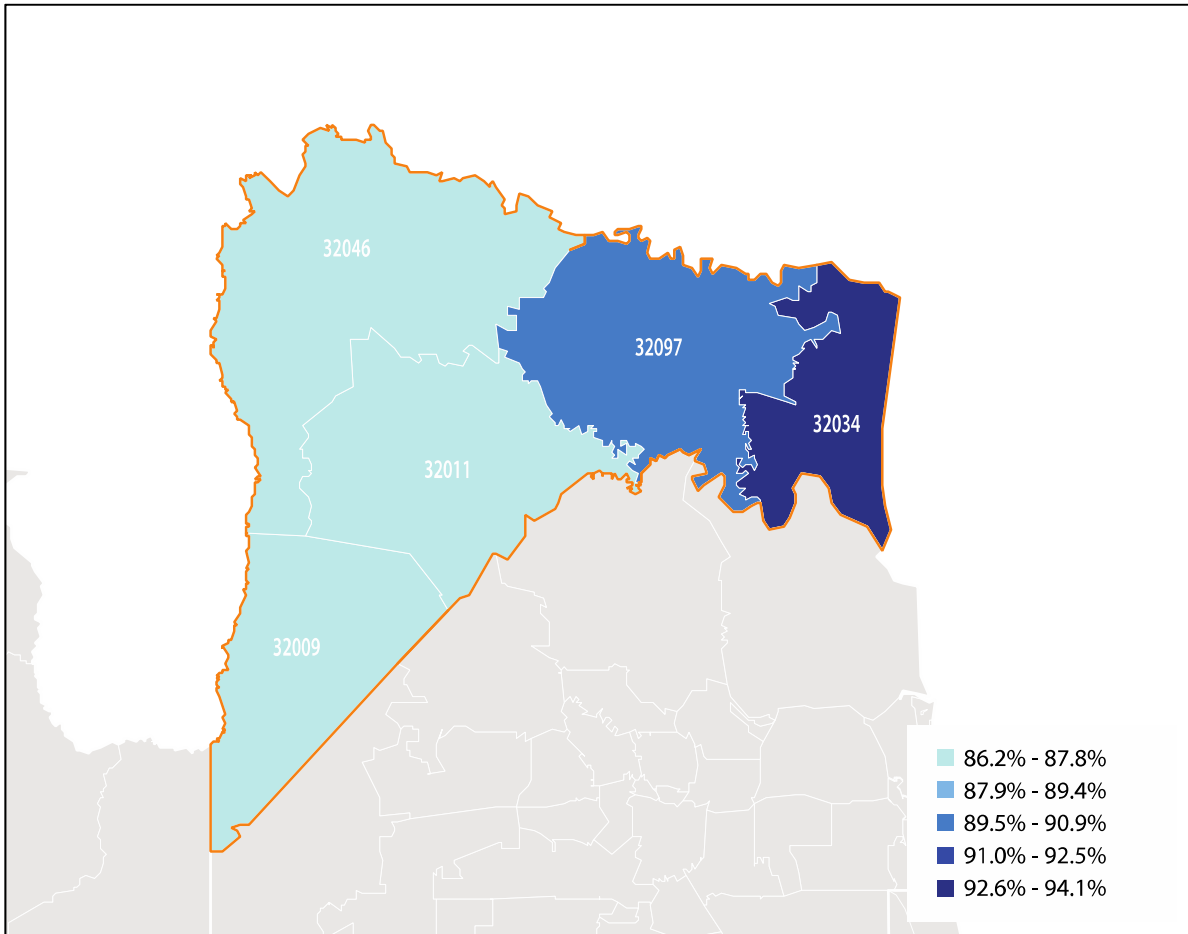
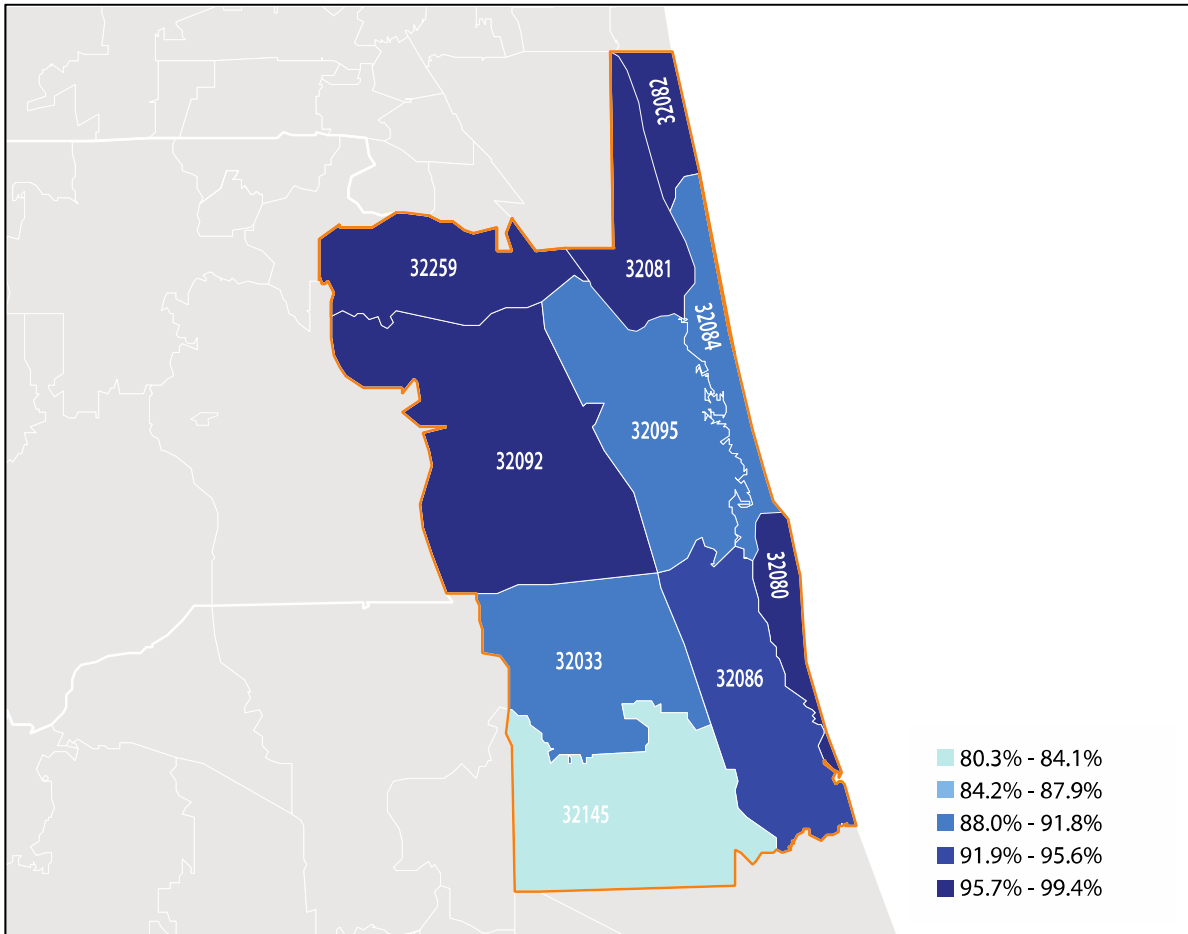


FIGURE 53: HIGH SCHOOL DEGREE ATTAINMENT BY ZIP CODE, 2012-2016 (ST. JOHNS)



SocioNeeds Index

Conduent Healthy Communities Institute developed the SocioNeeds Index[®] to easily compare multiple socioeconomic factors across geographies. This index incorporates estimates for six different social and economic determinants of health that may impact health or access to care. Indicator estimates from Claritas[®] covering income, poverty, unemployment, occupation, educational attainment, and linguistic barriers, are then standardized and averaged to create one composite index value for every zip code in the United States with a population of at least 300. Zip codes have index values ranging from 0 to 100, where zip codes with higher values are estimated to have the highest socioeconomic need and are correlated with poor health outcomes, including preventable hospitalizations and premature death. Within the Partnership's service area, zip codes are ranked based on their index value to identify the relative levels of need.

Figure 54 through Figure 58 shows the data more granularly. Across all zip codes within the region, the following zip codes had the highest level of socioeconomic need (as indicated by the darkest shade of blue): 32209, 32254, 32206, 32202, 32208, 32227, 32212, 32211, and 32234 in Duval County; 32087 in Baker County, 32656 in Clay County; and 32145 in St. Johns County.

Understanding where there are communities with high socioeconomic need is critical to informing prevention and outreach activities.

FIGURE 54: SOCIONEEDS INDEX BY ZIP CODE (BAKER)

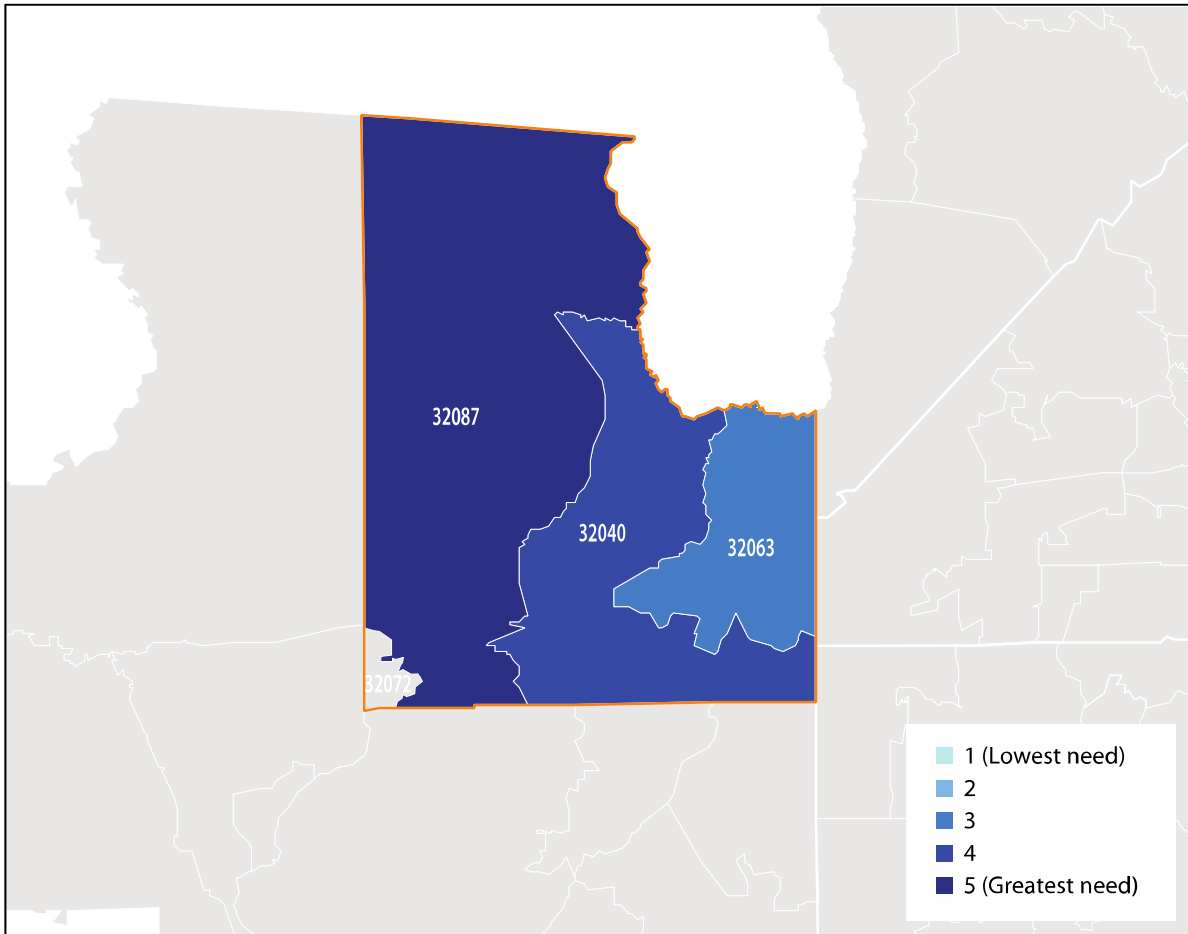
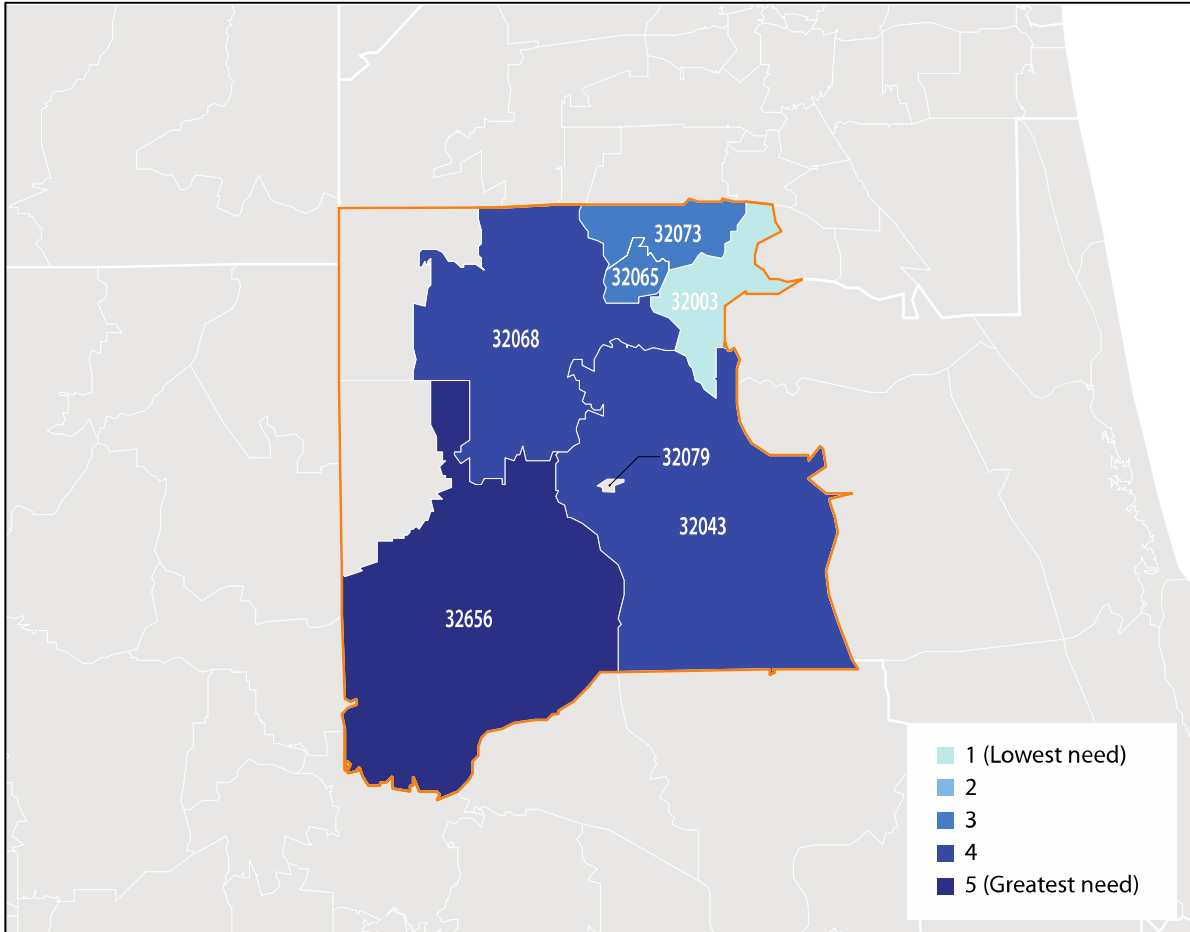
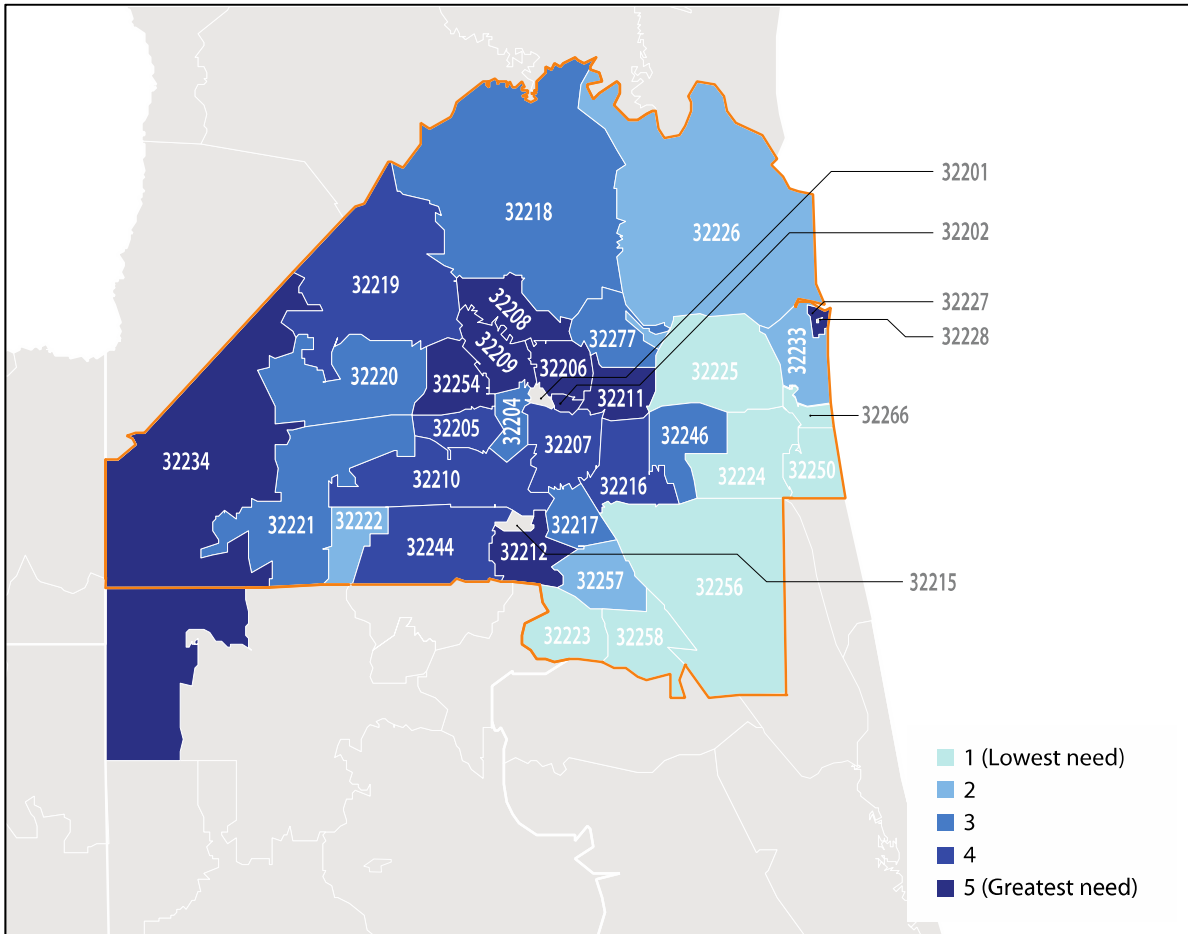


FIGURE 55: SOCIONEEDS INDEX BY ZIP CODE (CLAY)



* Areas shaded grey within the orange border of Clay County indicate an area without a population according to the Census.

FIGURE 56: SOCIONEEDS INDEX BY ZIP CODE (DUVAL)



* Areas shaded grey within the orange border of Duval County indicate an area without a population according to the Census.

FIGURE 57: SOCIONEEDS INDEX BY ZIP CODE (NASSAU)

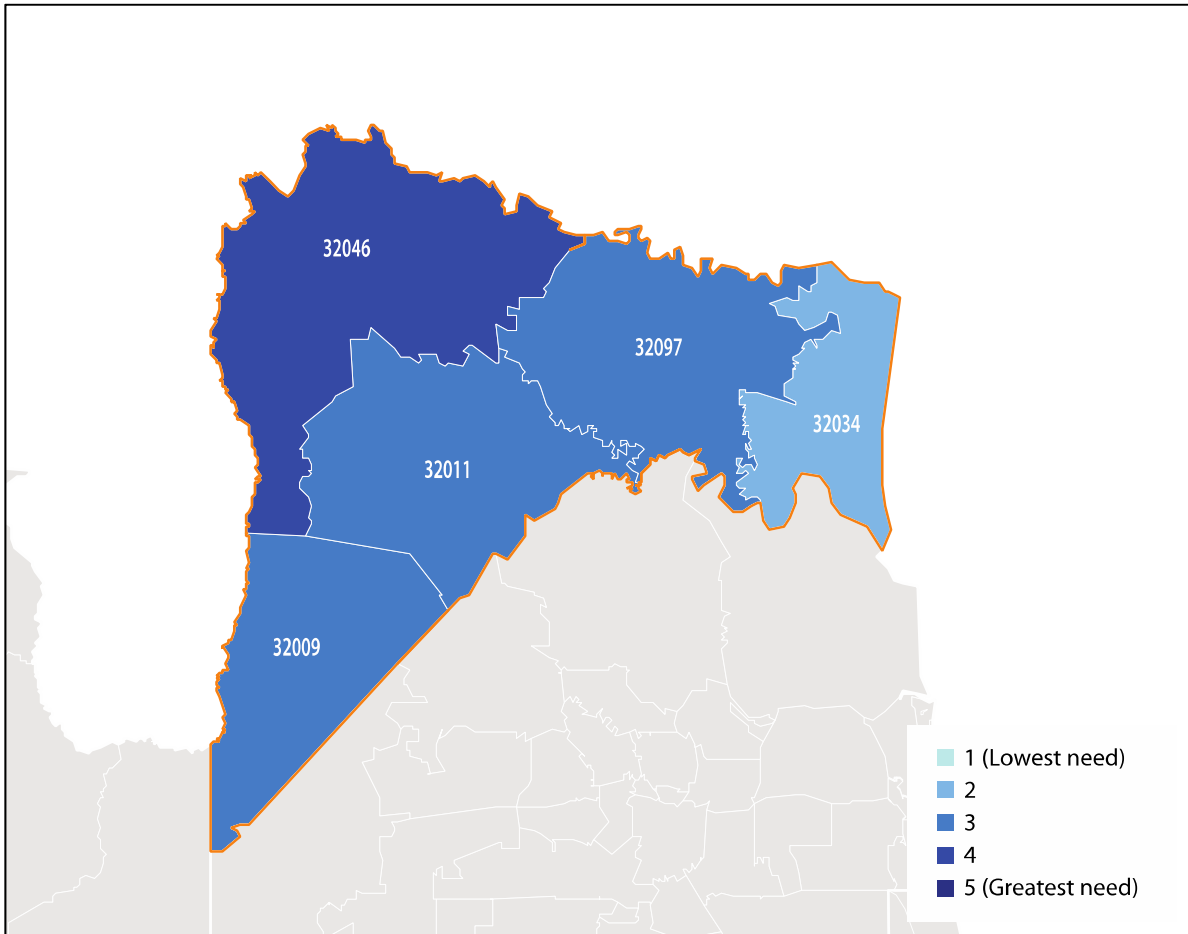
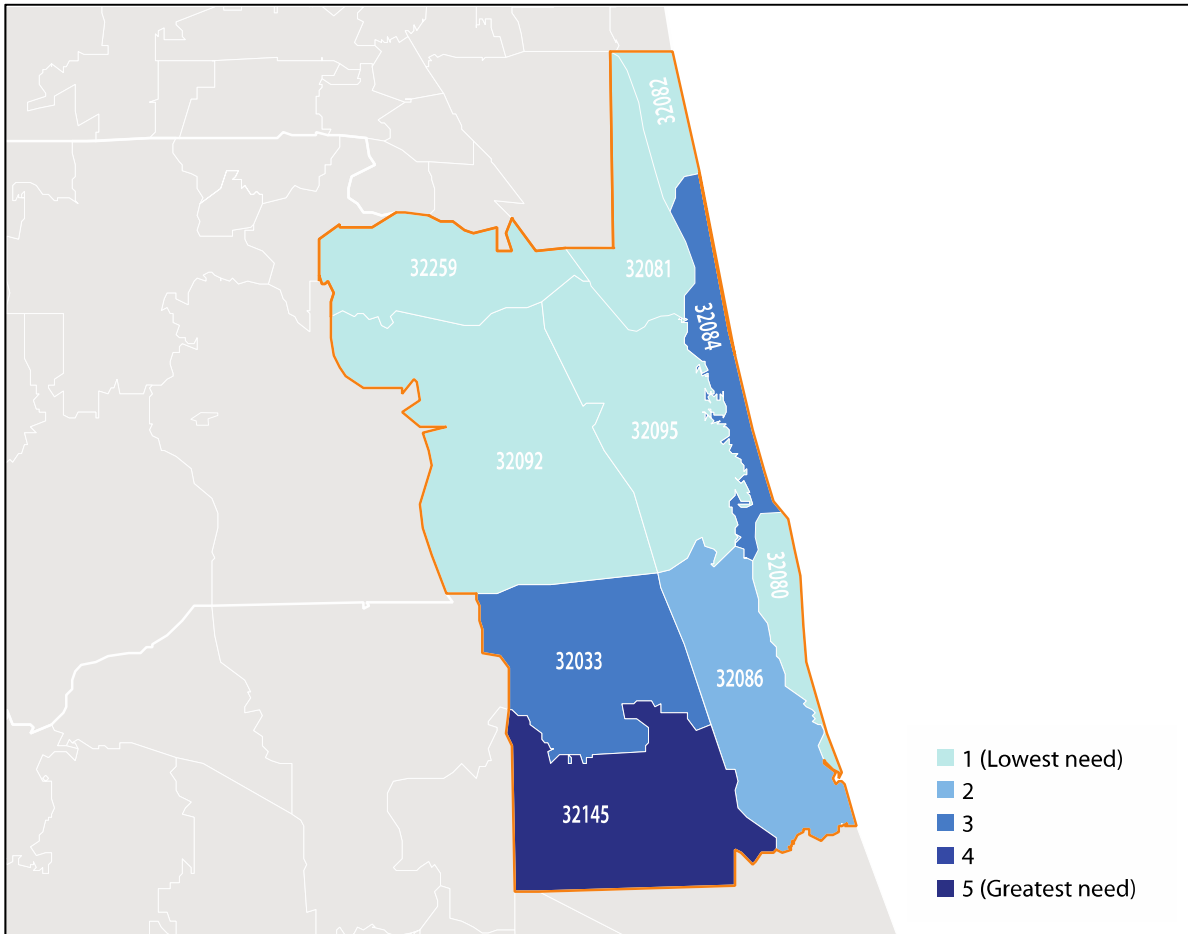


FIGURE 58: SOCIONEEDS INDEX BY ZIP CODE (ST. JOHNS)



Prioritized Significant Health Needs

Upon completion of the group prioritization session, seven health needs were identified as priority health needs. These seven health needs are: (1) Access, (2) Behavioral Health, (3) Poverty, (4) Obesity & Physical Activity, (5) Maternal, Fetal & Infant Health, (6) Cancer, and (7) Vulnerable Populations.

The following section will dive deeper into each of these health topics to show how findings from the secondary and primary data led to each health topic becoming a priority health issue for the Jacksonville Nonprofit Hospital Partnership.

Access

Throughout the data collection process, it was clear that the term "access" carries many different meanings. Figure 59 shows the many different aspects of access that were identified as influencing factors for the Partnership's service area during both the primary and secondary data collection and analysis. Most of the discussion around access focused on access to health services. However, reliable transportation, proper nutrition and safe and affordable housing emerged as issues that impacts one's access to health care. Access to health services and related issues ultimately informed the prioritization session discussion and the decision to prioritize access with focal points of access to health services including transportation, proper nutrition, and safe and affordable housing. The following section will dive into these issues within access as they relate to the primary and secondary data.

FIGURE 59. RELATED FACTORS TO ACCESS



Key Issues

- Rural counties have fewer primary care providers and fewer specialists, which prove to be a barrier to accessing health services for rural residents
- Transportation is the top quality of life issue identified by constituents in the Partnership's service area according to secondary data and the most mentioned barrier to accessing care from the primary data
- Nutritious food is often inaccessible for many individuals because of cost
- Proper and safe housing is a priority over health care for many people in the Partnership's service area

Access to Health Services

SECONDARY DATA

Table 22 displays a complete list of secondary data indicators within the health topic of Access to Health Services.

The secondary data for Access to Health Services illustrates a geographic disparity for the Partnership's service area. According to the secondary data scoring, both St. Johns County and Duval County scored low for this topic indicating that residents in St. Johns and Duval counties have greater access to health services compared to residents of Baker, Clay, and Nassau counties. Looking closely at the indicators within Access to Health Services, St. Johns and Duval counties have high primary care provider rates (90.5 primary care providers/100,000 population and 85.5 primary care providers/100,000 population, respectively). Baker, Clay, and Nassau counties have low primary care provider rates (43.8 primary care providers/100,000 population, 56.9 primary care providers/100,000 population, and 45.9 primary care providers/100,000 population, respectively). For Clay County, a Mann-Kendall Test for Statistical Significance shows that the primary care provider rate is decreasing over time. The primary care provider rate for Clay County has decreased from 67 providers/100,000 population in 2011 to 56.9 providers/100,000 population in 2015.

According to the secondary data, the percent of adults with health insurance, children with health insurance, and persons with health insurance across the Partnership's service area is higher than the state of Florida. However, there is much room for improvement in coverage. Through secondary data scoring methodology there are several statistics of particular concern: only 84.3% of adults in Duval County have health insurance, and only 94.6% and 94.9% of children in Clay and Nassau counties, respectively, have health insurance. Healthy People 2020 has set a target of 100% for health insurance coverage rates across the country. Some improvement may be underway: for Nassau County, the Mann-Kendall Test for Statistical Significance shows that the rate of children insured is increasing over time (74.3% in 2008 to 94.9% in 2016).

Table 22 displays a complete list of secondary data indicators within the health topic of Access to Health Services.

TABLE 22. ACCESS TO HEALTH SERVICES INDICATORS*

Indicator	FL Value	County	County Value	County Data Score	FL Counties	FL Value	US Counties	US Value	HP2020	Trend
Adults who did not Visit a Dentist due to Cost [8] (2007)		Baker	23.2%	1.58	2					
		Clay	19.1%	1.42	1					
		Duval	19.8%	1.42	1					
		Nassau	16.3%	1.25	0					
		St. Johns	10.1%	1.25	0					
Adults with Health Insurance [1] (2016)	81.6%	Baker								
		Clay	88.7%	1	0	1	2	1	3	0
		Duval	84.3%	1.56	0	1	3	2	3	1
		Nassau	84.6%	1.33	0	1	3	2	3	0
		St. Johns	89.4%	1.22	0	1	2	1	3	1
Adults with a Usual Source of Health Care [8] (2016)	72.0%	Baker	83.8%	0.97	0	0		1	2	
		Clay	77.7%	1.42	1	1		1	3	
		Duval	75.0%	1.75	2	1		2	3	
		Nassau	81.1%	0.97	0	0		1	2	
		St. Johns	78.5%	1.42	1	1		1	3	
Children with Health Insurance [1] (2016)	93.8%	Baker								
		Clay	94.6%	1.56	1	1	2	2	2	1.5
		Duval	95.0%	1.22	1	1	2	2	2	0
		Nassau	94.9%	1.67	1	1	2	2	2	2
		St. Johns	97.1%	0.94	0	1	1	1	2	1
Clinical Care Ranking [4] (2018) <i>*Ranking of the county in clinical care according to the County Health Rankings</i>		Baker	47	1.58	2					
		Clay	29	1.42	1					
		Duval	13	1.25	0					
		Nassau	17	1.25	0					
		St. Johns	2	1.25	0					
Dentist Rate [4] (2016) <i>in *dentists/100,000 population</i>	57.7	Baker	43	1.83	1	3	1	3		1.5
		Clay	54.3	1.56	1	2	1	3		1
		Duval	78.9	0.17	0	0	0	0		0
		Nassau	29.8	2.17	2	3	2	3		1.5
		St. Johns	51	1.5	1	3	1	3		0
Non-Physician Primary Care Provider Rate [4] (2017) <i>*in providers/100,000 population</i>	87.8	Baker	57.3	1.83	2	3	2	3		0
		Clay	94.1	0.33	0	1	0	0		0
		Duval	137.4	0.17	0	0	0	0		0
		Nassau	57.1	1.83	2	3	2	3		0
		St. Johns	58.3	2.06	2	3	2	3		1

Indicator	FL Value	County	County Value	County Data Score	FL Counties	FL Value	US Counties	US Value	HP2020	Trend
Median Monthly Medicaid Enrollment [7] (2017) <i>*in enrollments/100,000 population</i>	19607.4	Baker	22740.7	2.17	2	3				3
		Clay	15192.1	1.33	0	0				3
		Duval	22171.3	1.83	2	3				1.5
		Nassau	14541.7	1.11	0	0				2
		St. Johns	9037.3	0.89	0	0				1
Persons with Health Insurance [25] (2016)	84.60%	Baker	88.8%	1.08	0	1	2		3	0
		Clay	89.1%	1.08	0	1	2		3	0
		Duval	87.2%	1.08	0	1	2		3	0
		Nassau	88.2%	1.08	0	1	2		3	0
		St. Johns	90.4%	0.81	0	1	1		2	0
Primary Care Provider Rate [4] (2015) <i>*in providers/100,000 population</i>	72.7	Baker	43.8	2.17	2	3	2	3		1.5
		Clay	56.9	2.17	1	3	1	3		3
		Duval	85.5	0.39	0	0	0	0		1
		Nassau	45.9	2.06	2	3	2	3		1
		St. Johns	90.5	0.39	0	0	0	0		1

*Comparisons were given a score ranging from 0 (green) to 3 (red), where 0 indicates the best outcome and 3 the worst according to comparison values. Comparison scores of 0 or 3 are determined by the quartile of the indicator value when compared to a set of county values (FL counties or US counties), percent difference of 10% or greater when compared to a single value (FL value, US value, or HP2020 target), or a statistically significant Mann-Kendall test for trend. A trend score of 1.5 indicates the values are neither increasing nor decreasing over time. Availability of each type of comparison varies by indicator and is dependent upon the data source, comparability with data collected for other communities, and changes in methodology over time. Please see Appendix B2 for a detailed description of data scoring methodology.

[1] American Community Survey

[4] County Health Rankings

[7] Florida Agency for Healthcare Administration

[8] Florida Behavioral Risk Factor Surveillance System

[25] Small Area Health Insurance Estimates

The Health Resources and Services Administration (HRSA) has designated areas, populations, and facilities as having a shortage of primary care, dental, and mental health providers and services. There are many of these designations in the Partnership's service area. Medically Underserved Areas (MUAs) and Medically Underserved Populations (MUPs) are geographic areas and populations with a lack of access to primary care services. The entire area of Baker County has been designated an MUA, as have several sub-county areas in Clay and Duval counties.

TABLE 23. MEDICALLY UNDERSERVED AREAS AND POPULATIONS

County Name	Service Area Name	Designation Type	Geographic Area
Baker	Baker County	Medically Underserved Area	Entire county
Clay	Penney Farms Service Area	Medically Underserved Area	Minor Civil Division (92678) Penney Farms Census County Division
Duval	Duval Service Area	Medically Underserved Area	CT 0138.00,CT 0139.01,CT 0139.02,CT 0139.05,CT 0139.06,CT 9900.00

County Name	Service Area Name	Designation Type	Geographic Area
Duval	Duval Service Area	Medically Underserved Area	CT 0142.03,CT 0142.04,CT 9900.00
Duval	Duval Service Area	Medically Underserved Area	CT 0142.02,CT 9900.00
Duval	Duval Service Area	Medically Underserved Area	CT 0163.00
Duval	Low Income - North Jacksonville	Medically Underserved Population - Low Income	CT 0001.00,CT 0002.00,CT 0003.00,CT 0011.00,CT 0012.00,CT 0013.00,CT 0014.00,CT 0015.00,CT 0016.00,CT 0028.01,CT 0028.02,CT 0029.01,CT 0029.02,CT 0104.01,CT 0104.02,CT 0107.00,CT 0108.00,CT 0109.00,CT 0110.00,CT 0111.00,CT 0112.00,CT 0113.00,CT 0114.00,CT 0115.00,CT 0116.00,CT 0172.00,CT 0174.00

[12] Health Resources and Services Administration

Another type of HRSA shortage designation, Health Professional Shortage Areas (HPSAs), indicates health care provider shortages in primary care, dental health, or mental health. These shortages may impact the entire population within a defined geographic area, a specific population within a geographic area, or certain types of facilities for which a shortage of providers has been identified. The majority of the HPSAs are in Duval County and are specific to the low-income population across various groupings of census tracts. However, there are HPSAs within all five counties of the Partnership’s service area, including the entire area of Baker County with a shortage of dental and mental health providers, the entire area of Nassau County with a shortage of mental health providers for the low-income population, and the entire area of St. Johns County with a shortage of mental health providers for all residents.

TABLE 24. HEALTH PROFESSIONAL SHORTAGE AREAS AND POPULATIONS

County Name	Designation Type	Geographic Area	Primary Care	Dental Health	Mental Health
Baker	Area	entire county		x	x
Baker	Population - Low Income	entire county		x	
Clay	Population - Geographic	Keystone Heights Census County Division	x		
Clay	Population - Low Income	Green Cove Springs Census County Division	x		
Duval	Population - Low Income - Atlantic Beach	CT 0138.00, CT 0139.01, CT 0139.02, CT 0139.04	x	x	

County Name	Designation Type	Geographic Area	Primary Care	Dental Health	Mental Health
Duval	Population - Low Income - Baldwin	CT 0137.21, CT 0137.23, CT 0173.00	x	x	
Duval	Population - Low Income - East Jacksonville	CT 0143.11, CT 0144.01, CT 0145.00, CT 0150.02, CT 0151.00, CT 0152.00, CT 0154.00, CT 0155.01, CT 0155.02, CT 0158.02	x	x	
Duval	Population - Low Income - Jacksonville	CT 0001.00, CT 0010.00, CT 0102.01, CT 0102.02, CT 0103.01, CT 0103.03, CT 0103.04, CT 0104.01, CT 0104.02, CT 0105.00, CT 0107.00, CT 0108.00, CT 0109.00, CT 0011.00, CT 0110.00, CT 0111.00, CT 0112.00, CT 0113.00, CT 0114.00, CT 0115.00, CT 0116.00, CT 0012.00, CT 0013.00, CT 0014.00, CT 0147.01, CT 0147.02, CT 0148.00, CT 0015.00, CT 0153.00, CT 0156.00, CT 0016.00, CT 0172.00, CT 0174.00, CT 0002.00, CT 0028.01, CT 0028.02, CT 0029.01, CT 0029.02, CT 0003.00		x	
Duval	Population - Low Income - North Jacksonville	CT 0001.00, CT 0010.00, CT 0104.01, CT 0104.02, CT 0107.00, CT 0108.00, CT 0109.00, CT 0011.00, CT 0110.00, CT 0111.00, CT 0112.00, CT 0113.00, CT 0114.00, CT 0115.00, CT 0116.00, CT 0012.00, CT 0013.00, CT 0014.00, CT 0148.00, CT 0015.00, CT 0016.00, CT 0172.00, CT 0174.00, CT 0002.00, CT 0028.01, CT 0028.02, CT 0029.01, CT 0029.02, CT 0003.00	x		
Duval	Population - Low Income - South Jacksonville	CT 0153.00, CT 0156.00, CT 0157.00, CT 0160.00, CT 0161.00, CT 0162.00, CT 0163.00, CT 0166.01, CT 0006.00, CT 0008.00	x		
Duval	Population - Low Income - South Jacksonville	CT 0157.00, CT 0161.00, CT 0162.00, CT 0163.00, CT 0166.01, CT 0006.00, CT 0008.00		x	

County Name	Designation Type	Geographic Area	Primary Care	Dental Health	Mental Health
Duval	Population - Low Income - West Jacksonville	CT 0117.00, CT 0118.00, CT 0119.01, CT 0120.00, CT 0121.00, CT 0122.00, CT 0123.00, CT 0124.00, CT 0125.00, CT 0126.01, CT 0126.02, CT 0127.02, CT 0127.03, CT 0127.04, CT 0128.00, CT 0129.00, CT 0133.00, CT 0134.02, CT 0134.03, CT 0134.04, CT 0135.21, CT 0135.22, CT 0171.00, CT 0025.01, CT 0025.02, CT 0026.00, CT 0027.01, CT 0027.02		x	
Duval	Population - Low Income - West Jacksonville	CT 0117.00, CT 0118.00, CT 0119.01, CT 0119.02, CT 0119.03, CT 0120.00, CT 0121.00, CT 0122.00, CT 0123.00, CT 0124.00, CT 0125.00, CT 0126.01, CT 0126.02, CT 0127.02, CT 0127.03, CT 0127.04, CT 0128.00, CT 0129.00, CT 0133.00, CT 0134.02, CT 0134.03, CT 0134.04, CT 0135.21, CT 0135.22, CT 0171.00, CT 0025.01, CT 0025.02, CT 0026.00, CT 0027.01, CT 0027.02	x		
Duval	Low Income- Northwest Duval County	Baldwin CCD, Jacksonville North CCD, Jacksonville West CCD			x
Duval	Low Income- Southeast Duval County	Jacksonville Beaches CCD, Jacksonville East CCD			x
Nassau	Population - Low Income	entire county			x
Nassau	Population - Geographic	CT 00504.00, CT 00505.03, CT 00505.04	x		
St. Johns	Population - Low Income - Western St. Johns	CT 00202.CT 00, CT 00203.CT 00, CT 00204.CT 00, CT 00209.01, CT 00209.02, CT 00210.02, CT 00210.03, CT 00210.04, CT 00211.01, CT 00211.02, CT 00211.03, CT 00212.03, CT 00212.04, CT 00213.01	x	x	
St. Johns	Population - Geographic	entire county			x

[13] Health Resources and Services Administration

There are six facilities in the Partnership’s service area that have been designated as an HPSA Point. Of the three facilities with this designation in Baker County, two are rural health clinics. There are three comprehensive health centers across Duval and St. Johns counties with this designation.

TABLE 25. HEALTH PROFESSIONAL SHORTAGE AREA POINTS

County Name	HPSA Name	Designation Type	Primary Care	Dental Health	Mental Health
Baker	Children's Medical Center of MacClenny	Rural Health Clinic	x		
Baker	Children's Medical Center-Glen St Mary	Rural Health Clinic	x	x	x
Baker	Baker Correctional Institution	Correctional Facility	x	x	x
Duval	I.M. Sulzbacher Center for the Homeless	Comprehensive Health Center	x	x	x
Duval	Duval County Health Department	Comprehensive Health Center	x	x	x

[13] Health Resources and Services Administration

PRIMARY DATA

Access to health services was mentioned as a community issue in every key informant interview and during every focus group. Primary data discussions around access to health services focused on the following major themes:

- **Transportation:** Transportation was mentioned as a barrier to accessing health care in 38 of the 44 key informant interviews completed. Specifically, the urban and rural nature of the service area leads to accessibility challenges. Persons with disabilities and their caretakers noted both transportation services and the built environment (sidewalks) as barriers to accessing health services.

“Transportation is a barrier in the city (buses are hit or miss, lots of transfers.”

– Duval County Key Informant

- **Access to Healthcare Providers:** Focus group sessions that took place in rural communities reported that specialty healthcare providers were especially inaccessible for rural residents. Rural community members noted that transportation to and from offices and appointment waiting times are the greatest barriers to accessing their health care providers.
- **Insurance Coverage & Policy:** Focus group participants and key informants stated that insurance is not affordable for the older adult population, especially supplemental insurance. Challenges finding providers who are accepting new patients emerged as an issue when discussing safety net insurance programs.

“Insurance is a barrier for a lot of people across the board. It’s primarily the middle class that is struggling because they cannot afford insurance or their co-pays, and they don’t qualify for Medicaid.”

– Baker County Key Informant

- **Health Literacy:** Health literacy as a function of one’s ability to manage care was presented as a barrier to accessing health services. Additionally, the lack of resource awareness was referenced as a barrier.
- **Cultural Attitudes & Language:** Key informants noted that within the undocumented population there is great fear of deportation and thus avoidance of services. Within the Hispanic community, there is profound stigma toward accessing mental health services and getting treatment for mental health illness. When asked whether language was a barrier to accessing health services, key informants stated that in metropolitan Jacksonville, health forms are often available in other languages and translators are available; key informants did however note that these resources are not as available in rural communities.
- **Quality of Care:** For community members of low socioeconomic status and who qualify for Medicaid, key informants referenced not having many options for their health provider team because many physicians will not accept Medicaid. Many focus group participants recounted challenges having their symptoms and health concerns understood and validated by their healthcare providers. Furthermore, mental health provider shortages in the counties outside of Duval have created a provider crisis for the service area. Key informants noted that due to the great demand for mental health services there are limited appointment times.

“Physicians are stuck in the old-fashioned ‘throw a pill on it’ – disease-oriented instead of prevention-oriented.”

– National County Council on Aging Focus Group

- **Prevention:** Key informants and focus group participants discussed that a culture of seeking screenings or well visits amongst the adult population is rare. Rather, adults and families seek emergency care as a first step. They further noted that if screenings were better advertised or brought to the communities in greater need, there would be greater participation.

Access to Proper Nutrition

SECONDARY DATA

Access to proper nutrition was qualified as an influencing factor in one’s ability to access health services. Food insecurity is the state of being without reliable access to a sufficient quantity of affordable, nutritious food. According to the secondary data, food insecurity arose as an indicator of concern for Baker, Duval and Nassau counties. The Child Food Insecurity Rate is higher for Baker (23.8%), Duval (23.2%), and Nassau (22.9%)

compared to the state of Florida (22.7%) and the U.S. (19.3%). A similar pattern is seen across Baker, Duval, and Nassau counties for the percent of the population who are food insecure. Approximately 20% of Duval County residents are food insecure. Finally, though not having as high of a rate of food insecurity or child food insecurity; approximately 52% food insecure children in St. Johns County are likely not income-eligible for federal nutrition assistance.

Barriers in accessibility to a grocery store impact individual nutrition and overall health. As illustrated in the secondary data, more than a third of residents in Baker County and one quarter of residents in Duval and St. Johns counties have low access to a grocery store. Table 26 displays secondary data indicators related to nutrition accessibility.

TABLE 26. NUTRITION RELATED INDICATORS*

Indicator	FL Value	County	County Value	County Data Score	FL Counties	FL Value	US Counties	US Value	HP2020	Trend
Child Food Insecurity Rate [6] (2015)	22.70%	Baker	23.8%	2	2	2	2	3		1.5
		Clay	19.7%	1	0	0	1	2		1.5
		Duval	23.2%	1.94	1	2	2	3		2
		Nassau	22.9%	1.94	1	2	2	3		2
		St. Johns	18.8%	0.72	0	0	1	1		1
Children with Low Access to a Grocery Store [28] (2018)		Baker	7.7%	2	3		3			
		Clay	6.3%	1.67	2		2			
		Duval	6.1%	1.67	2		2			
		Nassau	4.7%	1.5	1		2			
		St. Johns	5.3%	1.67	2		2			
Food Environment Index [4] (2018) <i>*An assessment of food environment according to County Health Rankings</i>	6.7	Baker	6.4	2.44	3	2	3	3		2
		Clay	7.6	1.11	0	0	1	2		2
		Duval	6.3	2.44	3	2	3	3		2
		Nassau	7.4	1.22	1	0	2	2		1
		St. Johns	7.8	0.72	0	0	1	1		1
Food Insecure Children Likely Ineligible for Assistance [6] (2015)	29.0%	Baker	30.0%	1.61	2	2	2	0		2
		Clay	39.0%	2.39	3	3	3	3		1
		Duval	29.0%	1.22	2	1	2	0		1
		Nassau	36.0%	2.44	3	3	3	2		2
		St. Johns	52.0%	2.39	3	3	3	3		1
Food Insecurity Rate [6] (2015)	15.1%	Baker	17.3%	2.44	2	3	3	3		2
		Clay	13.8%	1.44	0	1	2	2		2
		Duval	20.0%	2.61	3	3	3	3		2
		Nassau	14.8%	1.61	1	1	2	2		2
		St. Johns	12.8%	0.83	0	0	1	1		1.5

Indicator	FL Value	County	County Value	County Data Score	FL Counties	FL Value	US Counties	US Value	HP2020	Trend
Households with No Car and Low Access to a Grocery Store [28] (2015)		Baker	2.8%	1.67	2		2			
		Clay	1.9%	1.17	0		1			
		Duval	1.7%	1	0		0			
		Nassau	2.4%	1.33	1		1			
		St. Johns	2.4%	1.33	1		1			
People 65+ with Low Access to a Grocery Store [28] (2015)		Baker	3.4%	1.5	1		2			
		Clay	2.8%	1.33	1		1			
		Duval	2.5%	1.33	1		1			
		Nassau	4.4%	1.83	2		3			
		St. Johns	4.3%	1.67	2		2			
People with Low Access to a Grocery Store [28] (2015)		Baker	33.1%	2	3		3			
		Clay	24.4%	1.5	1		2			
		Duval	24.7%	1.67	2		2			
		Nassau	24.2%	1.5	1		2			
		St. Johns	25.4%	1.67	2		2			

*Comparisons were given a score ranging from 0 (green) to 3 (red), where 0 indicates the best outcome and 3 the worst according to comparison values. Comparison scores of 0 or 3 are determined by the quartile of the indicator value when compared to a set of county values (FL counties or US counties), percent difference of 10% or greater when compared to a single value (FL value, US value, or HP2020 target), or a statistically significant Mann-Kendall test for trend. A trend score of 1.5 indicates the values are neither increasing nor decreasing over time. Availability of each type of comparison varies by indicator and is dependent upon the data source, comparability with data collected for other communities, and changes in methodology over time. Please see Appendix B2 for a detailed description of data scoring methodology.

[4] County Health Rankings

[6] Feeding America

[8] Florida Behavioral Risk Factor Surveillance System

[28] U.S. Department of Agriculture - Food Environment Atlas

PRIMARY DATA

Diet, food, and nutrition was confirmed by 50% of community survey participants to be one of the most impactful conditions on health. Across key informant interviews and focus groups, discussions focused on how inaccessibility to healthy foods impacts the ability to manage health and chronic disease. Multiple key informants cited that families often have to make difficult choices when it comes to spending their income, and that they will often have to choose between putting food on the table and getting their health care needs met. One key informant mentioned that effective health teams are those that affect “whole health”, which includes setting up a patient with housing and nutrition resources if needed. This theme was further supported throughout the focus group discussions.

Access to Safe & Affordable Housing

SECONDARY DATA

According to the secondary data, four of five counties have a median household gross rent higher than the United States national median. High housing and rent costs often prevents members of the population from being able to afford secure and acceptable housing or afford other expenses, such as their health care needs. The median household gross rent has increased over time in Duval, Nassau, and St. Johns counties, and these trends over time can be seen in Table 27.

TABLE 27. HOUSING RELATED INDICATORS*

Indicator	FL Value	County	County Value	County Data Score	FL Counties	FL Value	US Counties	US Value	HP2020	Trend
Homeownership [1] (2012-2016)	52.30%	Baker	68.2%	0.61	0	0	0	0		2
		Clay	68.0%	0.61	0	0	0	0		2
		Duval	50.3%	2.67	3	2	3	3		3
		Nassau	61.5%	0.78	0	0	1	0		2
		St. Johns	63.7%	0.67	0	0	1	0		1.5
Median Household Gross Rent [1] (2012-2016)	\$1,032	Baker	\$695	0.81	1	0		0		1
		Clay	\$1,028	1.86	3	1		2		2
		Duval	\$962	1.92	2	1		2		3
		Nassau	\$1,050	2.42	3	2		3		3
		St. Johns	\$1,150	2.58	3	3		3		3
Median Housing Unit Value [1] (2012-2016)	\$166,800	Baker	\$108,600	2.42	2	3		3		3
		Clay	\$157,600	1.86	1	2		3		2
		Duval	\$146,400	2.03	1	3		3		2
		Nassau	\$192,600	0.81	0	0		1		1
		St. Johns	\$259,900	0.64	0	0		0		1
Median Monthly Owner Costs for Households without a Mortgage [1] (2012-2016)	\$466	Baker	\$284	0.64	0	0		0		1
		Clay	\$379	0.97	2	0		0		1
		Duval	\$445	1.08	2	1		1		0
		Nassau	\$412	1.19	2	0		0		2
		St. Johns	\$490	1.81	3	2		2		1
Mortgaged Owners Median Monthly Household Costs [1] (2012-2016)	\$1,422	Baker	\$1,118	0.58	1	0		0		0
		Clay	\$1,359	1.08	2	1		1		0
		Duval	\$1,337	0.92	2	1		0		0
		Nassau	\$1,391	1.47	3	1		1		1
		St. Johns	\$1,746	1.92	3	3		3		0

*Comparisons were given a score ranging from 0 (green) to 3 (red), where 0 indicates the best outcome and 3 the worst according to comparison values. Comparison scores of 0 or 3 are determined by the quartile of the indicator value when compared to a set of county values (FL counties or US counties), percent difference of 10% or greater when compared to a single value (FL value, US value, or HP2020 target), or a statistically significant Mann-Kendall test for trend. A trend score of 1.5 indicates the values are neither increasing nor decreasing over time. Availability of each type of comparison varies by indicator and is dependent upon the data source, comparability with data collected for other communities, and changes in methodology over time. Please see Appendix B2 for a detailed description of data scoring methodology.
 [1] American Community Survey

PRIMARY DATA

Homelessness was discussed in 11 out of 44 key informant interviews as an issue. Key informants mentioned that for homeless individuals, access to resources and health services can be a challenge. Additionally, key informants mentioned that there is a mental health crisis within the homeless population, and there are not enough providers available to see those patients. Furthermore, focus group participants cited that homeless individuals who receive housing support often end up on the streets again because they are not able to maintain their mental health or other medical issues.

Affordability was another theme brought up by many primary data participants. Housing and rental costs were mentioned as reasons an individual may forego health services.

Behavioral Health [Mental Health & Substance Abuse]

Key Issues

- Despite the emergence of other drugs, alcohol use continues to negatively affect the region
- Stigma related to mental health and substance abuse often prevents those affected from seeking help and improving their health
- Depression and substance abuse issues among seniors in the region are growing
- Deaths due to drugs are a concern in the region due in part to the emerging opioid crisis, which often leads to accidental or unintentional use and poisoning

Secondary Data

Secondary data showed that suicide is a problem in the Northeast Florida Region. The death rate due to suicide is higher in four of the five counties than the overall Florida state rate, and all five counties have a higher rate than the Healthy People 2020 target. Nassau County is of particular concern, as its rate of 30.7 deaths per 100,000 population is nearly double the rate of every other county. Additionally, there is a worsening trend of suicide death rate in both Baker County and Nassau County, with their rates increasing from 2015 to 2016 and also over time from 2013 to 2016.

In addition to suicide, depression among seniors is an emerging issue for the region. Baker, Duval, and Nassau counties have seen steadily rising rates of depression in the Medicare population over four periods of measurement from 2012 to 2015, with each year having a higher percent of depression than the last. St. Johns County has seen a similar rise year after year from 2013 to 2015, and even Clay County has seen a rise from 2014 to 2015.

Alcohol use continues to pose challenges for the Northeast Florida Region. In four of the five counties in the Partnership's service area, the percent of alcohol-impaired driving deaths is greater than both the Florida state and US national values. Further, three of the five counties also exceed the Florida value for both percent of adults who drink excessively and driving under the influence arrest rate, with Nassau County having a rate that more than doubles the Florida rate for driving under the influence arrests. Drinking excessively is defined as self-reported heavy drinking within the past 30 days or binge drinking on at least one occasion in the past 30 days.

The death rate due to drug poisoning rose in Clay, Duval, and St. Johns counties from the rate measured for 2013-2015 to the rate measured for 2014-2016. In Clay County, the rate has been steadily rising over time since 2012, while Duval has seen the biggest spike in recent years, with the rate jumping from 17.1 deaths per 100,000 population in the 2013-2015 time period to 26.2 deaths per 100,000 population in the 2014-2016 time period. The death rates for Baker, Clay, and Duval counties all exceed the overall Florida state rate.

The topic area of mental health ranked higher compared to all other topics for Duval County than the other counties in the region, landing as the seventh highest scoring topic area for Duval. While mental health was only the ninth highest scoring topic area for Baker County, mental health had a higher data score in Baker than any

other county (1.87). Baker County also had the highest data score value for substance abuse at 1.72, which placed the topic area as eleventh highest for that county. The 1.65 data score for substance abuse in Clay County ranked it as the seventh highest scoring topic for that county. Overall for the region, mental health and substance abuse were only the fifteenth and sixteenth highest scoring topic areas, respectively, as Nassau and St. Johns counties had data scores for these topics below 1.50.

Further analysis was done to identify specific indicators of concern across the region, and individual indicators with high data scores in the mental health and substance abuse topic areas are listed in Table 28. Teen use of alcohol or drugs is defined as having used the substance at least once during the 30 days prior to the survey.

TABLE 28. BEHAVIORAL HEALTH INDICATORS*

Indicator	FL Value	County	County Value	County Data Score	FL Counties	FL Value	US Counties	US Value	HP2020	Trend
Adults who Drink Excessively [8] (2016)	17.5%	Baker	12.0%	0.83	0	0			0	
		Clay	22.2%	1.83	3	3			0	
		Duval	19.4%	1.83	3	3			0	
		Nassau	12.2%	0.83	0	0			0	
		St. Johns	20.1%	1.83	3	3			0	
Adults who Smoke [8] (2016)	15.5%	Baker	18.8%	2.08	2	3		2	3	
		Clay	18.7%	2.08	2	3		2	3	
		Duval	18.5%	2.08	2	3		2	3	
		Nassau	12.8%	0.81	0	0		0	2	
		St. Johns	12.2%	0.81	0	0		0	2	
Age-Adjusted Death Rate due to Suicide [17] (2016) <i>*in deaths/100,000 population</i>	14.2	Baker	16.8	2.36	2	3		3	3	2
		Clay	18.4	2.36	2	3		3	3	2
		Duval	13.3	1.42	1	1		1	3	1.5
		Nassau	30.7	2.42	3	3		3	3	1.5
		St. Johns	16.2	2.14	2	3		3	3	1
Alcohol-Impaired Driving Deaths [4] (2012-2016)	26.4%	Baker	43.2%	2.61	3	3	3	3		2
		Clay	41.2%	2.39	3	3	3	3		1
		Duval	31.8%	1.89	2	3	2	2		1
		Nassau	32.0%	2.11	2	3	2	2		2
		St. Johns	23.8%	0.5	0	1	1	0		0
Alzheimer's Disease or Dementia: Medicare Population (2015)	11.7%	Baker	10.2%	1.44	1	0	2	2		2
		Clay	9.4%	1	0	0	2	1		1.5
		Duval	11.3%	2.11	2	1	3	3		2
		Nassau	8.2%	0.67	0	0	1	0		1.5
		St. Johns	9.3%	0.89	0	0	2	1		1
Death Rate due to Drug Poisoning [4] (2014-2016) <i>*in deaths/100,000 population</i>	17.4	Baker	20.6	2.17	2	3	2	3		1.5
		Clay	23.9	2.67	3	3	2	3		3
		Duval	26.2	2.61	3	3	3	3		2
		Nassau	16.1	1.22	2	1	1	1		1
		St. Johns	12.2	0.61	0	0	0	0		2

Indicator	FL Value	County	County Value	County Data Score	FL Counties	FL Value	US Counties	US Value	HP2020	Trend
Depression: Medicare Population [3] (2015)	17.5%	Baker	17.5%	2	2	1	2	2		3
		Clay	16.3%	1.28	1	1	1	1		2
		Duval	18.2%	2.17	2	2	2	2		3
		Nassau	15.7%	1.33	1	0	1	1		3
		St. Johns	14.4%	0.78	0	0	1	0		2
Driving Under the Influence Arrest Rate [19] (2016) *in arrests/100,000 population	173.9	Baker	222.5	1.83	2	3				1.5
		Clay	109.1	0.67	0	0				0
		Duval	189.2	1.56	2	2				1
		Nassau	420.1	1.89	3	3				1
		St. Johns	134.4	1.06	1	0				1
Frequent Mental Distress [4] (2016)	11.9%	Baker	13.2%	1.67	2	3	2	0		
		Clay	12.2%	1.17	0	2	2	0		
		Duval	12.6%	1.33	1	2	2	0		
		Nassau	12.9%	1.33	1	2	2	0		
		St. Johns	10.8%	0.67	0	1	0	0		
Health Behaviors Ranking [4] (2018) <i>*Ranking of the county in health behaviors according to the County Health Rankings</i>		Baker	58	1.75	3					
		Clay	32	1.42	1					
		Duval	41	1.58	2					
		Nassau	17	1.25	0					
		St. Johns	6	1.25	0					
Teens who Binge Drink: High School Students [21] (2016)	10.9%	Baker	16.3%	1.89	3	3				1
		Clay	12.3%	1.33	1	3				0
		Duval	7.1%	0.67	0	0				0
		Nassau	14.6%	1.5	2	3				0
		St. Johns	10.5%	1.06	0	1				1
Teens who have Used Methamphetamines [21] (2016)	0.8%	Baker	1.3%	1.83	2	3				1.5
		Clay	1.2%	1.72	2	3				1
		Duval	0.9%	1.56	1	3				1
		Nassau	1.2%	1.94	2	3				2
		St. Johns	0.4%	0.89	0	0				1
Teens who Smoke: High School Students [22] (2016)	3.0%	Baker	5.8%	1.33	2	3			0	0
		Clay	4.5%	1.33	2	3			0	0
		Duval	2.5%	0.5	0	0			0	0
		Nassau	5.0%	1.17	1	3			0	0
		St. Johns	3.5%	1.17	1	3			0	0
Teens who Use Alcohol [21] (2016)	25.5%	Baker	24.4%	1.22	1	1				1
		Clay	29.6%	1.67	3	3				0
		Duval	24.4%	1	1	1				0
		Nassau	25.7%	1.17	1	2				0
		St. Johns	28.3%	1.72	2	3				1

Indicator	FL Value	County	County Value	County Data Score	FL Counties	FL Value	US Counties	US Value	HP2020	Trend
Teens who Use Marijuana: High School Students [21] (2016)	17.0%	Baker	15.8%	1.33	1	1				1.5
		Clay	16.6%	1	1	1				0
		Duval	16.6%	1.22	1	1				1
		Nassau	13.6%	0.89	0	0				1
		St. Johns	18.7%	1.56	2	2				1

*Comparisons were given a score ranging from 0 (green) to 3 (red), where 0 indicates the best outcome and 3 the worst according to comparison values. Comparison scores of 0 or 3 are determined by the quartile of the indicator value when compared to a set of county values (FL counties or US counties), percent difference of 10% or greater when compared to a single value (FL value, US value, or HP2020 target), or a statistically significant Mann-Kendall test for trend. A trend score of 1.5 indicates the values are neither increasing nor decreasing over time. Availability of each type of comparison varies by indicator and is dependent upon the data source, comparability with data collected for other communities, and changes in methodology over time. Please see Appendix B2 for a detailed description of data scoring methodology.

[3] Centers for Medicare & Medicaid Services

[4] County Health Rankings

[8] Florida Behavioral Risk Factor Surveillance System

[17] Florida Department of Health, Bureau of Vital Statistics

[19] Florida Department of Law Enforcement

[21] Florida Youth Substance Abuse Survey

[22] Florida Youth Tobacco Survey

The following data is from 2017 Youth Risk Behavior Survey for Duval County Middle and High School students. In 2017, 28.6% of middle school students report lifetime alcohol use, a 21% decrease since 2013.³ Similar patterns are seen amongst Duval County high school students; lifetime alcohol use has decreased from 65.2% in 2011 to 53.3% in 2017.⁴ Current alcohol use was more common among female students (28.3%) than male students (22.6%), and more common among lesbian, gay, and bisexual students (40.5%). 13.8% of middle school students report marijuana use at least once in their lifetime. The 2017 report shows there is a 30% increase since 2015 in the percent of middle school students who have used synthetic marijuana (6.1%). Approximately 25% of Duval County high school students report current marijuana use. Finally, regarding misuse of prescription drugs, about 1 in 10 middle school students have used a prescription drug without a doctor's prescription at least once in their lifetime. Of particular concern in Duval County is illegal substance use by high school students. 4.9% of high school students have used methamphetamines at least once in their lifetime, 17.2% report current use of prescription drugs without a doctor's prescription, and high school students in Duval County were more likely to have been offered, sold, or given an illegal drug by someone on school property when compared to the state of Florida (27.4% and 17.0%, respectively).

Tobacco use and use of electronic vapor products amongst Duval County middle and high school students has declined over time. In 2017, about 1 in 14 middle school students have used cigarettes at least once in their lifetime, which is a 58% decrease since 2013. For Duval County high school students, current cigarette use has decreased from 12.4% in 2011 to 5.1% in 2017. 9.3% of Duval County middle school students currently use vapor products, a 12% decrease since 2015.

³ Youth Risk Behavior Survey, Duval County Middle School Students. Alcohol, Tobacco, and Other Drug Use Behaviors. (2017). Retrieved May 17, 2018.

⁴ Youth Risk Behavior Survey, Duval County High School Students. Alcohol, Tobacco, and Other Drug Use Behaviors. (2017). Retrieved May 17, 2018.

Regarding violence, suicide, and safety behaviors, 43.4% of Duval County middle school students report being bullied on school property, a 12% increase since 2013.⁵ Female middle school students (49.9%) were more likely to have been bullied than their male peers (37.3%). 20.3% of middle school students report ever having been electronically bullied. High school students experienced similar trends. During the last 30 days before the survey approximately 19.9% of high school students in Duval County reported being bullied at school, which is higher than the state of Florida average (14.3%).⁶

Approximately 25.9% of middle school students reported they had seriously contemplated suicide at the time of the survey, and female students were more likely to have thought about suicide compared to their male peers (33.9% and 18.2%, respectively). There has been a 21% increase since 2013 in the percent of students who have attempted suicide. Depression and suicide-related behaviors were more common among Duval County high school students compared to Florida students. Among Duval County high school students, 35% report being depressed, 21% seriously considered suicide, 19% made a plan to commit suicide, and 19% attempted suicide. Female high school students are more likely to have contemplated suicide. Trend data shows a 19% increase in the percent of students who have made a plan to attempt suicide since 2013. Finally, suicide risk behaviors were more common among lesbian, gay, and bisexual high school students.

Primary Data

Community survey respondents ranked mental health and substance abuse as the two most important health issues in the region. Mental health was ranked as one of the top five most pressing health needs by 64 percent of the 853 survey respondents, while substance abuse was similarly ranked by 57 percent of respondents. Further, mental health was mentioned the second most times of any topic area in both key informant interviews and focus group discussions. 41 out of 44 key informants discussed mental health in their interview, while the topic was discussed among participants in all 15 focus groups. Substance abuse was the eighth most common topic area in key informant interviews, with 26 informants speaking on the topic. It was also the eighth most discussed topic across all focus groups, being talked about by participants in 12 of the 15 discussion groups.

Data collected from key informant interviews and focus groups specifically noted that many community members struggling with their mental health cannot access resources or afford to receive care, as many insurance companies do not cover mental health services. In eight interviews and focus groups, this lack of insurance coverage for behavioral health was brought to the forefront. These same discussions touched on the premise that many of those afflicted by mental health or substance abuse issues are often homeless, unable to hold jobs, or otherwise debilitated in other aspects of their lives due to their illness. They are therefore already a subset of the population less likely to have insurance coverage or ability to access care and services.

Further, there is still substantial stigma in the region surrounding mental health, as well as substance abuse. This stigma often prevents individuals from seeking out resources and care because they do not want their conditions to be known by others in the community or they are fearful that they may lose housing or jobs because of them. Nine separate key informants and focus group participants discussed this stigma, adding that the concept of seeking therapy for mental health or substance abuse has a particularly negative stigma and that

⁵ Youth Risk Behavior Survey, Duval County Middle School Students. Violence, Suicide, and Safety Behaviors (2017). Retrieved May 17, 2018.

⁶ Youth Risk Behavior Survey, Duval County High School Students. Violence, Suicide, and Safety Behaviors. (2017). Retrieved May 17, 2018.

individuals often resort to isolation or denial instead of seeking help for this reason. Additionally, in one focus group, there was an extended conversation about the effect of stigma on caregivers and how support must be given to those who sacrifice themselves to care for others affected by mental health or substance abuse issues.

Multiple key informants also mentioned that substance abuse is becoming a growing issue among seniors in the region. It was hypothesized by one of these key informants that, given the growing depression rate among seniors, many in that population are self-medicating their depression with substances. Another key informant added that many older adults were never properly diagnosed for their behavioral health issues at a younger age and are now suffering more because of it.

Lastly, the emerging opioid crisis was also explored in 20 separate key informant interviews and focus groups. It was also a problem that many participants believe needs to be quickly addressed, and many ranked it as one of their top health issues of concern. Notably, it was mentioned that opioids and prescription drug abuse is a “real health equalizer”, as it is one of the few things that affects the rich, poor, and everyone in between. The geography of the region was also discussed as a factor in the opioid overdose spike over recent years, as there are numerous ways that drugs can get into the community since it is at the crossroads of two major highways and also borders the sea. Two separate key informants also noted the role of accidental or unintentional use or overdose due to the secretive mixture of opioids with more common drugs that the user is not made aware of.

“*[We are] losing 14 people a day in Florida to overdose*”
– Northeast Florida Key Informant

Poverty

Key Issues

- Poverty issues include unaffordable and sub-standard housing, food insecurity, and unemployment
- The lack of persons in the civilian labor force and the minimal positive employment change in the region indicate that many persons are unable to work to stay out of poverty
- Low-wage earners living paycheck-to-paycheck are threatened by any health complication that affects their ability to pay rent and be food-secure
- Poverty is one of the biggest drivers in health disparities and education levels

Secondary Data

From the secondary data scoring results, the economy, which includes poverty, ranked as the fourth highest quality of life topic area of need for the Northeast Florida Region with a data score of 1.33. Baker and Duval counties scored the worst in the region for this topic area, with data scoring topic scores of 1.56 and 1.67 respectively. Further analysis was done to determine which specific poverty-related indicators were of most concern across the region and the Partnership’s service area.

TABLE 29. POVERTY-RELATED INDICATORS*

Indicator	FL Value	County	County Value	County Data Score	FL Counties	FL Value	US Counties	US Value	HP2020	Trend
Child Food Insecurity Rate [6] (2015)	22.7%	Baker	23.8%	2	2	2	2	3		1.5
		Clay	19.7%	1	0	0	1	2		1.5
		Duval	23.2%	1.94	1	2	2	3		2
		Nassau	22.9%	1.94	1	2	2	3		2
		St. Johns	18.8%	0.72	0	0	1	1		1
Children Living Below Poverty Level [1] (2012-2016)	23.3%	Baker	25.5%	2.11	2	2	2	3		2
		Clay	12.2%	0.61	0	0	0	0		2
		Duval	24.8%	1.94	1	2	2	3		2
		Nassau	18.9%	0.78	0	0	1	0		2
		St. Johns	9.5%	0.39	0	0	0	0		1
Families Living Below Poverty Level [1] (2012-2016)	11.7%	Baker	12.2%	1.89	2	2	2	3		1
		Clay	7.9%	1	0	0	1	0		3
		Duval	12.7%	1.89	2	2	2	3		1
		Nassau	9.3%	0.78	0	0	1	0		2
		St. Johns	5.9%	0.39	0	0	0	0		1
Female Population 16+ in Civilian Labor Force [1] (2012-2016)	54.3%	Baker	53.2%	1.67	1	2	2	2		1.5
		Clay	57.2%	1.5	0	1	1	2		3
		Duval	60.4%	1	0	0	0	1		3
		Nassau	49.8%	1.94	1	2	2	3		2
		St. Johns	53.3%	2	1	2	2	2		3
Food Insecure Children Likely Ineligible for Assistance [6] (2015)	29.0%	Baker	30.0%	1.61	2	2	2	0		2
		Clay	39.0%	2.39	3	3	3	3		1
		Duval	29.0%	1.22	2	1	2	0		1
		Nassau	36.0%	2.44	3	3	3	2		2
		St. Johns	52.0%	2.39	3	3	3	3		1
Food Insecurity Rate [6] (2015)	15.1%	Baker	17.3%	2.44	2	3	3	3		2
		Clay	13.8%	1.44	0	1	2	2		2
		Duval	20.0%	2.61	3	3	3	3		2
		Nassau	14.8%	1.61	1	1	2	2		2
		St. Johns	12.8%	0.83	0	0	1	1		1.5
Homeownership [1] (2012-2016)	52.3%	Baker	68.2%	0.61	0	0	0	0		2
		Clay	68.0%	0.61	0	0	0	0		2
		Duval	50.3%	2.67	3	2	3	3		3
		Nassau	61.5%	0.78	0	0	1	0		2
		St. Johns	63.7%	0.67	0	0	1	0		1.5

Indicator	FL Value	County	County Value	County Data Score	FL Counties	FL Value	US Counties	US Value	HP2020	Trend
Households with Cash Public Assistance Income [1] (2012-2016)	2.2%	Baker	4.6%	2.61	3	3	3	3		2
		Clay	1.7%	0.56	0	0	1	0		1
		Duval	2.8%	2.11	2	3	2	2		2
		Nassau	2.8%	2.11	2	3	2	2		2
		St. Johns	1.6%	0.78	0	0	1	0		2
Low-Income and Low Access to a Grocery Store [28] (2015)	0.0%	Baker	13.0%	2	3		3			
		Clay	6.9%	1.5	1		2			
		Duval	8.6%	1.67	2		2			
		Nassau	7.4%	1.5	1		2			
		St. Johns	6.6%	1.5	1		2			
Median Household Gross Rent [1] (2012-2016)	\$1,032	Baker	\$695	0.81	1	0		0		1
		Clay	\$1,028	1.86	3	1		2		2
		Duval	\$962	1.92	2	1		2		3
		Nassau	\$1,050	2.42	3	2		3		3
		St. Johns	\$1,150	2.58	3	3		3		3
Median Household Income [1] (2012-2016)	\$48,900	Baker	\$53,327	1.06	0	1	1	2		1
		Clay	\$59,179	0.78	0	0	0	1		2
		Duval	\$49,196	1.39	1	1	1	3		1
		Nassau	\$59,196	0.67	0	0	0	1		1.5
		St. Johns	\$69,523	0.17	0	0	0	0		0
Median Housing Unit Value [1] (2012-2016)	\$166,800	Baker	\$108,600	2.42	2	3		3		3
		Clay	\$157,600	1.86	1	2		3		2
		Duval	\$146,400	2.03	1	3		3		2
		Nassau	\$192,600	0.81	0	0		1		1
		St. Johns	\$259,900	0.64	0	0		0		1
Median Monthly Owner Costs for Households without a Mortgage [1] (2012-2016)	\$466	Baker	\$284	0.64	0	0		0		1
		Clay	\$379	0.97	2	0		0		1
		Duval	\$445	1.08	2	1		1		0
		Nassau	\$412	1.19	2	0		0		2
		St. Johns	\$490	1.81	3	2		2		1
Mortgaged Owners Median Monthly Household Costs (2012-2016)	\$1,422	Baker	\$1,118	0.58	1	0		0		0
		Clay	\$1,359	1.08	2	1		1		0
		Duval	\$1,337	0.92	2	1		0		0
		Nassau	\$1,391	1.47	3	1		1		1
		St. Johns	\$1,746	1.92	3	3		3		0
People 65+ Living Below Poverty Level [1] (2012-2016)	10.4%	Baker	8.2%	0.72	1	0	1	0		1
		Clay	6.2%	0.5	0	0	0	0		1.5
		Duval	10.1%	1.78	2	1	2	2		2
		Nassau	7.2%	0.39	0	0	0	0		1
		St. Johns	6.1%	0.39	0	0	0	0		1

Indicator	FL Value	County	County Value	County Data Score	FL Counties	FL Value	US Counties	US Value	HP2020	Trend
People Living 200% Above Poverty Level [1] (2012-2016)	62.7%	Baker	62.5%	1.78	1	2	2	2		2
		Clay	72.4%	0.78	0	0	0	1		2
		Duval	63.4%	1.22	1	1	1	2		1
		Nassau	70.3%	0.33	0	0	0	1		0
		St. Johns	78.2%	0.17	0	0	0	0		0
People Living Below Poverty Level [1] (2012-2016)	16.1%	Baker	18.5%	2.28	2	3	2	3		2
		Clay	10.2%	0.61	0	0	0	0		2
		Duval	16.6%	1.56	1	2	2	2		1
		Nassau	12.7%	0.78	0	0	1	0		2
		St. Johns	9.0%	0.39	0	0	0	0		1
Per Capita Income [1] (2012-2016)	\$27,598	Baker	\$21,222	1.83	2	3	2	3		0
		Clay	\$27,159	1.5	1	2	1	2		1.5
		Duval	\$27,235	1.17	1	2	1	2		0
		Nassau	\$31,141	0.56	0	0	0	1		1
		St. Johns	\$38,362	0.17	0	0	0	0		0
Population 16+ in Civilian Labor Force [1] (2012-2016)	58.5%	Baker	51.9%	2.5	1	3	3	3		3
		Clay	62.1%	1.5	0	1	1	2		3
		Duval	63.9%	1.11	0	1	1	1		2
		Nassau	56.4%	1.94	1	2	2	3		2
		St. Johns	60.2%	1.5	0	1	1	2		3
Renters Spending 30% or More of Household Income on Rent [1] (2012-2016)	57.4%	Baker	33.1%	0.56	0	0	1	0		1
		Clay	42.7%	1.06	1	0	2	1		1
		Duval	50.1%	1.56	2	0	3	2		1
		Nassau	49.0%	1.67	2	0	3	2		1.5
		St. Johns	47.9%	1.33	2	0	3	2		0
Severe Housing Problems [4] (2010-2014)	21.5%	Baker	16.8%	1.28	1	0	3	0		2
		Clay	14.9%	0.83	0	0	2	0		1.5
		Duval	20.1%	2.33	3	1	3	2		3
		Nassau	14.9%	0.83	0	0	2	0		1.5
		St. Johns	16.6%	0.89	1	0	2	0		1
Social and Economic Factors Ranking [4] (2018) <i>in *Ranking of the county in social and economic factors according to the County Health Rankings</i>		Baker	27	1.42	1					
		Clay	6	1.25	0					
		Duval	32	1.42	1					
		Nassau	5	1.25	0					
		St. Johns	1	1.25	0					
Total Employment Change [27] (2014-2015)	4.5%	Baker	2.6%	1.67	2	3	1	1		
		Clay	2.7%	1.67	2	3	1	1		
		Duval	0.2%	2.33	3	3	2	3		
		Nassau	3.2%	1.5	2	3	1	0		
		St. Johns	8.4%	0.5	0	0	0	0		

Indicator	FL Value	County	County Value	County Data Score	FL Counties	FL Value	US Counties	US Value	HP2020	Trend
Unemployed Workers in Civilian Labor Force [1] (February 2018)	3.8%	Baker	3.6%	0.94	1	1	0	0		2
		Clay	3.4%	0.61	0	0	0	0		2
		Duval	3.7%	1.11	1	1	1	0		2
		Nassau	3.4%	0.61	0	0	0	0		2
		St. Johns	3.0%	0.61	0	0	0	0		2

*Comparisons were given a score ranging from 0 (green) to 3 (red), where 0 indicates the best outcome and 3 the worst according to comparison values. Comparison scores of 0 or 3 are determined by the quartile of the indicator value when compared to a set of county values (FL counties or US counties), percent difference of 10% or greater when compared to a single value (FL value, US value, or HP2020 target), or a statistically significant Mann-Kendall test for trend. A trend score of 1.5 indicates the values are neither increasing nor decreasing over time. Availability of each type of comparison varies by indicator and is dependent upon the data source, comparability with data collected for other communities, and changes in methodology over time. Please see Appendix B2 for a detailed description of data scoring methodology.

[1] American Community Survey

[4] County Health Rankings

[6] Feeding America

[26] U.S. Bureau of Labor Statistics

[27] U.S. Census – County Business Patterns

[28] U.S. Department of Agriculture – Food Environment Atlas

While the economy as a topic area scored well for the Northeast Florida region, the trend comparison indicates that these indicators may be getting worse over time and should be considered in future assessments.

Based on the secondary data results, it is seen that the cost of housing plays an integral role in the economy and potential poverty in the region. Four of five counties have a median household gross rent higher than the United States national median. High housing and rent costs often prevents members of the population from being able to afford secure and acceptable housing or afford other expenses, such as health care and services. The median household gross rent has increased over time in Duval, Nassau, and St. Johns counties, and these trends over time can be seen in Table 30. In addition, over half of the population in Duval County spends at least 30 percent of household income on rent, while just under half do in Nassau County and St. Johns County.

Additionally, when examining trends over time, it can be seen that the population in the civilian labor force and the female population in the civilian labor force is trending down for much of the region. The statistically significant downward trend is seen for overall population in Baker and Clay counties, while the statistically significant downward trend for females exists over time in Clay, Duval, and St. Johns counties. In the most recent time period of 2012-2016, four of the five counties in the region have lower percentages of these populations in the civilian labor force than the Florida state average. While these values include both those who are employed and those who are unemployed, this decrease in the percent of people in the labor force indicates a growing number of people who are unable to potentially work to earn money and boost the economy. Lastly, the percentage of families living below the poverty level has been increasing over time in Clay County. Table 30 shows poverty-related indicator values for the last four time periods of measurement for counties that had a statistically significant trend in the harmful direction according to the Mann-Kendall statistical test.

TABLE 30. POVERTY-RELATED INDICATORS, TREND DATA

Families Living Below Poverty Level ¹				
	2009-2013	2010-2014	2011-2015	2012-2016
Clay County	6.9%	7.6%	7.7%	7.9%
Female Population 16+ in Civilian Labor Force ¹				
	2009-2013	2010-2014	2011-2015	2012-2016
Clay County	59.3%	57.9%	57.6%	57.2%
Duval County	61.5%	60.9%	60.8%	60.4%
St. Johns County	55.6%	54.7%	54.3%	53.3%
Median Household Gross Rent ¹				
	2009-2013	2010-2014	2011-2015	2012-2016
Duval County	\$935	\$941	\$943	\$962
Nassau County	\$958	\$1,026	\$1,046	\$1,050
St. Johns County	\$1,073	\$1,105	\$1,119	\$1,150
Population 16+ in Civilian Labor Force ¹				
	2009-2013	2010-2014	2011-2015	2012-2016
Baker County	54.1%	53.2%	52.9%	51.9%
Clay County	63.8%	62.7%	62.3%	62.1%

[1] American Community Survey

Note: Table 30 includes only indicators and data values over time for counties with a statistically significant trend in the harmful direction according to the Mann-Kendall test

For two indicators, Households with Cash Public Assistance Income and Food Insecure Children Likely Ineligible for Assistance, over half of the Northeast Florida Region's counties have higher values than the state and national percentages. In particular, Baker County has an especially high percentage of households in the county with cash public assistance income, meaning they receive general assistance and Temporary Assistance to Needy Families (TANF). St. Johns County has the highest percentage of food insecure children likely ineligible for assistance among the counties in the region, which measures food insecure children in households with incomes at a threshold above the federal poverty level and who are therefore likely not income-eligible for federal nutrition assistance. The percentage of households with cash public assistance income has had a statistically significant upward trend over time for Baker, Duval, Nassau, and St. Johns counties. In Baker County, the value went from 1.4 percent in the 2005 to 2009 time period to 4.6 percent in the 2012 to 2016 time period. During the same interval, Duval County's value went from 1.4 percent to 2.8 percent, Nassau County's value went from 1.2 percent to 2.8 percent, and St. Johns County's value went from 0.9 percent to 1.6 percent.

Granular data reveals areas of particular need as it relates to poverty and the economy. Zip codes 32202, 32206, and 32209, all in Duval County, perform the worst of all zip codes in the region among poverty indicators. Those zip codes have the highest percentages of children living in poverty, families living in poverty, and persons living in poverty. The same three zip codes have the lowest median household incomes among all zip codes in the region. Table 31 shows the values for these zip codes for the relevant poverty-related indicators.

TABLE 31. ZIP CODE LEVEL DATA FOR POVERTY-RELATED INDICATORS

Children Living Below Poverty Level ¹			
Zip Code 32202	Zip Code 32206	Zip Code 32209	Florida
67.3%	55.5%	63.3%	23.3%
Families Living Below Poverty Level ¹			
Zip Code 32202	Zip Code 32206	Zip Code 32209	Florida
30.5%	32.6%	37.1%	11.7%
Median Household Income ¹			
Zip Code 32202	Zip Code 32206	Zip Code 32209	Florida
\$26,250	\$24,418	\$22,288	\$48,900
People Living Below Poverty Level ¹			
Zip Code 32202	Zip Code 32206	Zip Code 32209	Florida
50.2%	38.9%	40.3%	16.1%

[1] American Community Survey

Primary Data

Community survey participants were asked to rank the most impactful conditions of daily life in their community, and poverty was ranked as the seventh most impactful for the Partnership’s service area. 297 respondents, over one third of total survey participants, selected poverty as one of the top five conditions that impact their community. Further, nearly 80 percent of respondents (665 of 837 respondents who answered the question) named low-income persons as a group in their community that is most affected by poor health outcomes.

Key informants and focus group participants shed additional light on how poverty and the economy affect health in the region. Multiple key informants, as well as one focus group, discussed the underinsured gap in coverage that exists in the region and is harming the community. This coverage gap is defined by people who have income above the federal poverty level so they do not qualify for Medicaid, but their income is below that required for the basic costs of living, including healthcare. This Asset Limited, Income Constrained, Employed (ALICE) population, as defined by the United Way, represents those who are working, but due to high cost of

living, including food, transportation, and other challenges, are living paycheck-to-paycheck.⁷ They often cannot afford healthcare services and the cost of one major health issue could prevent them from being able to afford consistent food or housing. Ten key informant interviews and focus groups also discussed that many health care and services in the region, as well as other items that play a role in health, are cost-prohibitive. This means that even when services are deemed as "available," it takes money for transportation, service fees, appointments, or specialized care in order to access services. Additionally, other parts of life that affect health or one's ability to be healthy are also cost-prohibitive, such as nutrition and a healthy diet, education, clean and safe housing, and prescriptions.

Overall, the economy as a topic was discussed in 12 of 15 focus groups and in 29 of 44 key informant interviews. It was the seventh most common topic in focus groups and the fifth in key informant interviews. Additionally, discussion of the low-income and poverty-stricken population occurred in 14 focus groups and 30 interviews.

“*There is a generational cycle of poverty.*”

– Clay County Key Informant

Obesity & Physical Activity

Key Issues

- There is limited access to safe outdoor exercise opportunities
- Access and availability of healthy foods (i.e. grocery stores) is a concern for low-income adults and those living in both rural and urban parts of the service area
- Lack of knowledge about healthy lifestyle behaviors, especially around proper nutrition, leads to obesity as well as diabetes

Secondary Data

The topic of Obesity and Physical Activity was identified as a top health need in the Jacksonville Nonprofit Hospital Partnership's service area. Obesity and Physical Activity had the sixth highest data score of all health topic areas using the data scoring technique, with a score of 1.63.

Compared to the state average, the percentage of obese adults is higher in four of the five counties included in the Jacksonville Nonprofit Hospital Partnership's service area. Baker County represents the highest end of this range, with an adult obesity rate 13% higher than the state, and approximately 10% higher than most of the

⁷ United Way ALICE Report: Florida. (February 2, 2017). Retrieved July 2, 2018, from http://www.uwof.org/sites/uwof.org/files/17UW%20ALICE%20Report_FL%20Update_2.14.17_Lowres_0.pdf

other counties in the service area. With regards to nutrition, only two of the five counties in the service area have more adults eating five or more servings of fruits and vegetables per day than Florida state overall.

Access to exercise opportunities also informs the prioritization of Obesity and Physical Activity as a top health issue for the Jacksonville Nonprofit Hospital Partnership’s service area, with three of the five counties having lower rates of access than both statewide and national averages. Baker County Residents have the worst access to exercise opportunities, with only 35.0% of residents having reasonable access to exercise opportunities. All five counties in the service area have high data scores in the worst half of the score range of 0-3, or above 1.5, for Physical Environment Ranking, as you can see in Table 32.

Lastly, the Child Food Insecurity Rate is a poorly performing indicator for three of the five counties in the Jacksonville Nonprofit Hospital Partnership’s service area. Baker, Duval, and Nassau counties score between 22.9% and 23.8%, meaning that just under a quarter of the children in these counties are food insecure. These rates are higher than the state and national values. Child food insecurity was further discussed among focus group participants as a main factor in children’s inability to be focused and do well in school.

Further analysis was done to identify specific indicators of concern across the region, and individual indicators with high data scores in the obesity and physical activity topic areas are listed in Table 32. Baker County had the most concerning data score for the health topic Exercise, Weight, & Nutrition (1.96) and scored above 1.5 for 14 of the 17 relevant indicators. All five counties have high data scores for the Physical Environment Ranking indicator.

TABLE 32. OBESITY & PHYSICAL ACTIVITY-RELATED INDICATORS*

Indicator	FL Value	County	County Value	County Data Score	FL Counties	FL Value	US Counties	US Value	HP2020	Trend
Access to Exercise Opportunities [4] (2018)	87.1%	Baker	35.0%	2.5	3	3	3	3		
		Clay	83.9%	1.17	1	2	0	1		
		Duval	88.5%	0.83	0	1	0	1		
		Nassau	68.6%	2	2	3	1	3		
		St. Johns	88.2%	0.83	0	1	0	1		
Adult Fruit and Vegetable Consumption [8] (2013)	18.3%	Baker	19.3%	1.17	0	1				
		Clay	14.8%	1.83	2	3				
		Duval	17.3%	1.5	1	2				
		Nassau	15.9%	1.67	1	3				
		St. Johns	19.2%	1.17	0	1				
Adults who are Obese [8] (2016)	27.4%	Baker	40.2%	2.42	3	3		3	3	
		Clay	31.1%	1.81	1	3		2	2	
		Duval	30.7%	1.81	1	3		2	2	
		Nassau	30.9%	1.81	1	3		2	2	
		St. Johns	19.0%	0.58	0	0		0	0	

Indicator	FL Value	County	County Value	County Data Score	FL Counties	FL Value	US Counties	US Value	HP2020	Trend
Adults who are Overweight or Obese [8] (2016)	63.2%	Baker	72.5%	2.25	3	3		3		
		Clay	67.8%	1.75	2	2		2		
		Duval	65.4%	1.58	1	2		2		
		Nassau	66.1%	1.58	1	2		2		
		St. Johns	56.8%	0.75	0	0		0		
Child Food Insecurity Rate [6] (2015)	22.7%	Baker	23.8%	2	2	2	2	3		1.5
		Clay	19.7%	1	0	0	1	2		1.5
		Duval	23.2%	1.94	1	2	2	3		2
		Nassau	22.9%	1.94	1	2	2	3		2
		St. Johns	18.8%	0.72	0	0	1	1		1
Children with Low Access to a Grocery Store [28] (2018)		Baker	7.7%	2	3			3		
		Clay	6.3%	1.67	2			2		
		Duval	6.1%	1.67	2			2		
		Nassau	4.7%	1.5	1			2		
		St. Johns	5.3%	1.67	2			2		
Food Environment Index [4] (2018) <i>*An assessment of food environment according to County Health Rankings</i>	6.7	Baker	6.4	2.44	3	2	3	3		2
		Clay	7.6	1.11	0	0	1	2		2
		Duval	6.3	2.44	3	2	3	3		2
		Nassau	7.4	1.22	1	0	2	2		1
		St. Johns	7.8	0.72	0	0	1	1		1
Food Insecure Children Likely Ineligible for Assistance [6] (2015)	29.0%	Baker	30.0%	1.61	2	2	2	0		2
		Clay	39.0%	2.39	3	3	3	3		1
		Duval	29.0%	1.22	2	1	2	0		1
		Nassau	36.0%	2.44	3	3	3	2		2
		St. Johns	52.0%	2.39	3	3	3	3		1
Food Insecurity Rate [6] (2015)	15.1%	Baker	17.3%	2.44	2	3	3	3		2
		Clay	13.8%	1.44	0	1	2	2		2
		Duval	20.0%	2.61	3	3	3	3		2
		Nassau	14.8%	1.61	1	1	2	2		2
		St. Johns	12.8%	0.83	0	0	1	1		1.5
Health Behaviors Ranking [4] (2018) <i>*Ranking of the county in health behaviors according to County Health Rankings</i>		Baker	58	1.75	3					
		Clay	32	1.42	1					
		Duval	41	1.58	2					
		Nassau	17	1.25	0					
		St. Johns	6	1.25	0					
Households with No Car and Low Access to a Grocery Store [28] (2015)		Baker	2.8%	1.67	2			2		
		Clay	1.9%	1.17	0			1		
		Duval	1.7%	1	0			0		
		Nassau	2.4%	1.33	1			1		
		St. Johns	2.4%	1.33	1			1		

Indicator	FL Value	County	County Value	County Data Score	FL Counties	FL Value	US Counties	US Value	HP2020	Trend
Low-Income and Low Access to a Grocery Store [28] (2015)		Baker	13.0%	2	3		3			
		Clay	6.9%	1.5	1		2			
		Duval	8.6%	1.67	2		2			
		Nassau	7.4%	1.5	1		2			
		St. Johns	6.6%	1.5	1		2			
People 65+ with Low Access to a Grocery Store [28] (2015)		Baker	3.4%	1.5	1		2			
		Clay	2.8%	1.33	1		1			
		Duval	2.5%	1.33	1		1			
		Nassau	4.4%	1.83	2		3			
		St. Johns	4.3%	1.67	2		2			
People with Low Access to a Grocery Store [28] (2015)		Baker	33.1%	2	3		3			
		Clay	24.4%	1.5	1		2			
		Duval	24.7%	1.67	2		2			
		Nassau	24.2%	1.5	1		2			
		St. Johns	25.4%	1.67	2		2			
Physical Environment Ranking [4] (2018) <i>*Ranking of the county in physical environment according to County Health Rankings</i>		Baker	42	1.58	2					
		Clay	39	1.58	2					
		Duval	60	1.75	3					
		Nassau	57	1.75	3					
		St. Johns	54	1.75	3					
Teens who are Obese: High School Students [12] (2012)	14.3%	Baker	14.1%	1.44	1	1				2
		Clay	13.1%	1.28	0	1				2
		Duval	14.5%	1.61	1	2				2
		Nassau	19.9%	2.11	3	3				2
		St. Johns	10.3%	1.11	0	0				2
Workers who Walk to Work [1] (2012-2016)	1.5%	Baker	0.7%	2.78	3	3	3	3	3	2
		Clay	0.9%	2.61	2	3	3	3	3	2
		Duval	1.5%	1.72	1	1	2	3	3	1
		Nassau	1.6%	1.33	0	1	2	3	3	0
		St. Johns	1.0%	2.61	2	3	3	3	3	2

*Comparisons were given a score ranging from 0 (green) to 3 (red), where 0 indicates the best outcome and 3 the worst according to comparison values. Comparison scores of 0 or 3 are determined by the quartile of the indicator value when compared to a set of county values (FL counties or US counties), percent difference of 10% or greater when compared to a single value (FL value, US value, or HP2020 target), or a statistically significant Mann-Kendall test for trend. A trend score of 1.5 indicates the values are neither increasing nor decreasing over time. Availability of each type of comparison varies by indicator and is dependent upon the data source, comparability with data collected for other communities, and changes in methodology over time. Please see Appendix B2 for a detailed description of data scoring methodology.

[1] American Community Survey

[4] County Health Rankings

[6] Feeding America

[8] Florida Behavioral Risk Factor Surveillance System

[12] Florida Department of Health, Bureau of Epidemiology

[28] U.S. Department of Agriculture - Food Environment Atlas

The following data comes from the 2017 Florida Youth Risk Behavior Survey report for Duval County middle school and high school students. Approximately two in five middle school students had sufficient physical activity in 2017 and this value has not improved over time.⁸ For high school students, 28% were sufficiently physically active in Duval County compared to 40% for high school students in the state of Florida overall.⁹ Regarding health behaviors amongst middle school students, about one in three students watched three or more hours of TV per day. 23.5% of middle school students and 28.6% of high school students reported eating at least one meal from a fast food restaurant during the seven days before the survey. Only one in four students ate three or more servings of fruit on the day before the survey. Compared to the state of Florida average for high school students, Duval County high school students eat fewer vegetables and fewer fruits.

26.2% of middle school students in Duval County described themselves as slightly or very overweight. In 2017, more Duval County high school students were obese compared to Florida high school students overall. Among Duval County high school students 14.2% and 14.7% were obese or overweight, respectively, at the time of the survey. Over a quarter of high school students reported being teased for their weight or appearance. An estimated 42.9% of middle school students were trying to lose weight at the time of the survey.

Primary Data

The topic of Obesity and Physical Activity was ranked as a pressing health issue in the Jacksonville Nonprofit Hospital Partnership's service area by respondents of the community survey.

Discussion by key informants and focus group participants focused around access to healthy food options as well as environmental factors relating to general wellness. 28 of 41 key informants discussed the topic of Exercise, Weight & Nutrition in their interview, and this topic was also discussed amongst participants in 11 of 15 focus groups. Community concern is mainly focused on low-income and geographically isolated families. Community members cited that the cost of simply getting to a grocery store with fresh and healthy foods can cost just as much as the food itself. Key informants and focus group participants mentioned that food pantries, nutrition programs in schools, and similar services cannot keep up with demand. Families are further inhibited from getting proper nutrition due to their living in food deserts, which are urban areas in which it is difficult to access affordable, healthy foods. This is affecting children negatively because they are growing up without proper nutrition, thus impacting their ability to pay attention in school. Community members stated that for children, wellness and exercise is especially difficult because there are limited outdoor recreation locations deemed to be safe.

The built environment was mentioned as a barrier to proper nutrition and exercise in the Jacksonville Nonprofit Hospital Partnership's service area. Key informants and focus group participants explained that there are limited outdoor walking and biking opportunities. All five counties in the service area have fewer than 2% of individuals walking as their commute to work. Additionally, grocery store access was discussed as a major barrier for many families and older adults. Key informants and focus group participants noted that the rural areas within the defined service area are isolated from grocery stores that offer affordable, healthy food options including fruits and vegetables. Families and older adults who are on a fixed income do not have the financial ability to pay for a

⁸ Youth Risk Behavior Survey, Duval County Middle School Students. Physical Activity and Dietary Behaviors. (2017). Retrieved May 17, 2018.

⁹ Youth Risk Behavior Survey, Duval County High School Students. Physical Activity and Dietary Behaviors. (2017). Retrieved May 17, 2018.

transportation service to get to the grocery stores for fresh food. Instead, community members noted, the fast food or convenience store option is the choice most commonly made. Transportation was discussed in 13 of 15 focus groups and 38 of 44 key informant interviews.

“Healthy eating and proper nutrition would solve a lot of problems.”

– Baker County Key Informant

Maternal, Fetal & Infant Health

Key Issues

- There are high rates of adverse health outcomes in the Jacksonville Nonprofit Hospital Partnership service area
- A large proportion of mothers do not receive early prenatal care
- Adverse birth outcomes are prevalent as a result of substance abuse among pregnant women

Secondary Data

Maternal, Fetal, and Infant Health ranked as a pressing health issue for the Jacksonville Nonprofit Hospital Partnership service area, with a data score of 1.55. Top related indicators include: Mothers Who Receive Early Prenatal Care, Preterm Births, Babies with Low Birth Weight, Infant Mortality Rate, and Teen Birth Rate.

Baker and Duval Counties consistently have worse outcomes than state and national averages, regardless of indicator. Mothers who receive prenatal care during their first trimester are less likely to have negative birth outcomes such as low birth weight and infant death. Neither Baker, Clay, nor Duval counties meet the Healthy People 2020 target for mothers who've received early prenatal care, and each of these three counties perform worse than the state and nation for this indicator. Baker and Duval counties are in the worst quartile for early prenatal care when compared to all counties in Florida. Four of the five counties do not meet the Healthy People 2020 targets for preterm births and perform worse than the state as a whole. Finally, Baker, Duval, and Nassau counties experience higher birth rates among teens aged 15 to 19 than Florida and the nation overall.

Overall, Baker County had the most concerning data score for maternal, fetal & infant health (2.13). Further analysis was done to identify specific indicators of concern across the region, and individual indicators within the topic area are listed in Table 33.

TABLE 33. MATERNAL, FETAL, & INFANT HEALTH-RELATED INDICATORS*

Indicator	FL Value	County	County Value	County Data Score	FL Counties	FL Value	US Counties	US Value	HP2020	Trend
Babies with Low Birth Weight [17] (2016)	8.7%	Baker	9.9%	2.42	3	3		3	3	1.5
		Clay	7.8%	1.14	1	0		1	1	2
		Duval	10.0%	2.53	3	3		3	3	2
		Nassau	8.0%	1.42	1	1		1	2	2
		St. Johns	7.1%	0.58	0	0		0	1	1
Infant Mortality Rate [17] (2014-2016) <i>*in deaths/1,000 live births</i>	6.1	Baker	6.7	1.72	2	2			3	1
		Clay	5.5	1.39	1	1			1	2
		Duval	8.3	2	2	3			3	1.5
		Nassau	5.1	1.11	1	0			0	2
		St. Johns	5.4	1.11	1	0			0	2
Infants Born to Mothers >18 Years Old with <12 Years Education [17] (2016)	10.8%	Baker	12.5%	1.56	1	3				1
		Clay	6.4%	0.67	0	0				0
		Duval	11.1%	1.39	1	2				1
		Nassau	10.1%	1.06	0	1				1
		St. Johns	4.5%	1.11	0	0				2
Mothers who Received Early Prenatal Care [17] (2016)	78.4%	Baker	68.1%	2.53	3	3		3	3	2
		Clay	72.4%	1.92	2	2		2	2	2
		Duval	66.1%	2.75	3	3		3	3	3
		Nassau	84.4%	1.14	0	1		1	1	2
		St. Johns	84.8%	1.14	0	1		1	1	2
Preterm Births [17] (2016)	10.1%	Baker	14.0%	2.31	3	3		3	3	1
		Clay	10.1%	1.36	1	1		2	2	1
		Duval	11.3%	2.36	2	3		3	3	2
		Nassau	11.0%	2.19	2	2		3	3	2
		St. Johns	9.1%	0.92	0	1		1	1	1
Teen Birth Rate: 15-19 [17] (2016) <i>*in live births/1,000 females aged 15-19</i>	19.5	Baker	41.7	2.25	3	3		3		1.5
		Clay	17.7	0.92	0	1		0		1.5
		Duval	27.3	1.97	2	3		3		1
		Nassau	28.1	2.19	2	3		3		2
		St. Johns	8.4	0.64	0	0		0		1

*Comparisons were given a score ranging from 0 (green) to 3 (red), where 0 indicates the best outcome and 3 the worst according to comparison values. Comparison scores of 0 or 3 are determined by the quartile of the indicator value when compared to a set of county values (FL counties or US counties), percent difference of 10% or greater when compared to a single value (FL value, US value, or HP2020 target), or a statistically significant Mann-Kendall test for trend. A trend score of 1.5 indicates the values are neither increasing nor decreasing over time. Availability of each type of comparison varies by indicator and is dependent upon the data source, comparability with data collected for other communities, and changes in methodology over time. Please see Appendix B2 for a detailed description of data scoring methodology.

[17] Florida Department of Health, Bureau of Vital Statistics

Additionally, according to the Mann-Kendall Test for Statistical Significance, the trends related to the number of preterm births in Clay County and to the rate of births to teenagers aged 15 to 19 in Duval and St. Johns Counties (Table 34) are both improving downward. However, a significant decrease in mothers receiving early

prenatal care is also seen in Duval County, indicating potential need for increased education and services around prenatal care (Table 35).

TABLE 34. MATERNAL, FETAL, & INFANT HEALTH-RELATED INDICATORS, FAVORABLE TREND DATA

Preterm Births ¹⁷ (2016) (Percent)				
	2013	2014	2014	2016
Clay County	11.1%	11.7%	10.9%	10.1%
Duval County	10.7%	11.1%	11.5%	11.3%
Teen Birth Rate: 15-19 ¹⁷ (Live births per 1,000 females aged 15-19)				
	2013	2014	2014	2016
Duval County	30.3	27.3	25.5	27.3
St. Johns County	13.4	10.5	11.8	8.4

[17] Florida Department of Health, Bureau of Vital Statistics

Note: Table 24 includes only indicators and data values over time for counties with a statistically significant trend in the favorable direction according to the Mann-Kendall test.

TABLE 35. MATERNAL, FETAL, & INFANT HEALTH-RELATED INDICATORS, HARMFUL TREND DATA

Mothers who Received Early Prenatal Care (Percent)				
	2013	2014	2015	2016
Duval County	71.8%	70.1%	68.3%	66.1%

[17] Florida Department of Health, Bureau of Vital Statistics

Note: Table 25 includes only indicators and data values over time for counties with a statistically significant trend in the harmful direction according to the Mann-Kendall test.

Primary Data

Sexual Health and Reproductive Health ranked as the tenth and thirteenth most important health issue, respectively, in the Jacksonville Nonprofit Hospital Partnership service area on the list of most pressing health issues in the community.

Key informants and focus group participants reflected concern surrounding substance abuse and its relation to adverse birth outcomes such as fetal alcohol syndrome and preterm births. Key informants and focus group participants noted an increase in substance abuse among pregnant women, which they associated with mental health issues in children. Lack of prenatal care was also discussed as a major health issue that affected maternal, fetal, and infant health. Community members associated substance abuse with a mother’s choice to avoid seeking prenatal care, as many mothers are frightened to be identified as a drug user.

Maternal, Fetal & Infant Health came up in approximately one-third of both key informant interviews and focus groups. Key informants cited higher rates of fetal and infant mortality as a consequence of limited access to

prenatal care, proper diet, and related resources during pregnancy. Key informants and focus group participants also mentioned high teen birth rates, especially in Baker County, and discussed this in the context of abstinence-only sexual education, which is taught in four of the five counties, excepting Duval County. As of June 2018, county public schools in Florida are not required to offer comprehensive sex education; within the service area, only Duval County Public Schools offers comprehensive sex education, which incorporates sex education and disease prevention while emphasizing the benefits of abstinence.

Cancer

Key Issues

- Cancer screenings are not prioritized or known about, with the percent of persons having received screenings much lower for most tests across the region than the overall state average
- Most counties in the region fail to meet the HP2020 targets for death rates due to various cancers
- There are many behaviors, such as smoking and vaping, which are contributing to the onset of cancer later in life

Secondary Data

From the secondary data results, cancer was identified to be a health topic area of need for the Northeast Florida Region, scoring as the fifth highest topic area via data scoring with a score of 1.69 for the entire region. Notably, it was the worst scoring health topic area for St. Johns County, the third worst for Nassau County, and the fifth worst for Clay County. Further analysis was done to identify specific indicators of need. Table 36 lists indicators under the cancer topic area.

TABLE 36. CANCER INDICATORS*

Indicator	FL Value	County	County Value	County Data Score	FL Counties	FL Value	US Counties	US Value	HP2020	Trend
Age-Adjusted Death Rate due to Breast Cancer [17] (2014-2016) <i>*in deaths/100,000 females</i>	19.8	Baker	30.6	2.17	3	3			3	1.5
		Clay	19.3	1.17	1	1			1	1
		Duval	21.6	1.39	2	2			2	0
		Nassau	24.0	2.06	3	3			3	1
		St. Johns	22.4	2.17	3	3			2	2
Age-Adjusted Death Rate due to Cancer [17] (2014-2016) <i>*in deaths/100,000 population</i>	155.1	Baker	182.4	1.89	2	3			3	1
		Clay	181.8	2.11	2	3			3	2
		Duval	170.2	1.22	1	2			2	0
		Nassau	181	1.89	2	3			3	1
		St. Johns	160.4	1.56	1	2			1	2

Indicator	FL Value	County	County Value	County Data Score	FL Counties	FL Value	US Counties	US Value	HP2020	Trend
Age-Adjusted Death Rate due to Colorectal Cancer [17] (2014-2016) <i>*in deaths/100,000 population</i>	13.7	Baker	18.5	2.17	3	3			3	1.5
		Clay	16.4	2	2	3			3	1.5
		Duval	14.9	1.39	2	2			2	0
		Nassau	14.0	1.56	1	2			1	2
		St. Johns	13.6	1.61	1	1			1	3
Age-Adjusted Death Rate due to Lung Cancer [17] (2014-2016) <i>*in deaths/100,000 population</i>	40.4	Baker	51.4	1.67	2	3			3	0
		Clay	54.7	1.67	2	3			3	0
		Duval	46.2	1.39	1	3			2	0
		Nassau	52.7	1.89	2	3			3	1
		St. Johns	46.7	1.83	1	3			2	2
Age-Adjusted Death Rate due to Prostate Cancer [17] (2014-2016) <i>*in deaths/100,000 males</i>	17.1	Baker	18.4	1.39	2	2			0	1
		Clay	21.4	2.06	3	3			1	2
		Duval	19.3	1.56	2	3			0	1
		Nassau	16.0	1.06	1	1			0	1
		St. Johns	19.6	1.78	2	3			0	2
All Cancer Incidence Rate [29] (2012-2014) <i>*in cases/100,000 population</i>	426.8	Baker	414.3	1.33	1	1				1.5
		Clay	466.1	1.83	3	2				1.5
		Duval	494.2	2	3	3				1.5
		Nassau	481.0	2	3	3				1.5
		St. Johns	447.5	1.56	2	2				1
Breast Cancer Incidence Rate [29] (2012-2014) <i>*in cases/100,000 females</i>	117.8	Baker	98.2	0.89	0	0				1
		Clay	116.6	1.39	2	1				1
		Duval	134.6	2	3	3				1.5
		Nassau	126.1	1.72	3	2				1
		St. Johns	136.5	2	3	3				1.5
Cancer: Medicare Population [3] (2015)	9.6%	Baker	7.0%	0.56	0	0	1	0		1
		Clay	8.7%	1.89	2	1	3	3		1
		Duval	9.2%	2	2	1	3	3		1.5
		Nassau	10.0%	2.67	3	2	3	3		3
		St. Johns	9.3%	1.89	2	1	3	3		1
Cervical Cancer Incidence Rate [29] (2012-2014) <i>*in cases/100,000 females</i>	8.5	Baker	6.0	0.72	0	0			0	1
		Clay	11.8	2.28	3	3			3	2
		Duval	9.8	2.11	2	3			3	2
		Nassau	6.1	0.5	0	0			0	0
		St. Johns	4.8	0.72	0	0			0	1
Colon Cancer Screening: Blood Stool Test Past Year [8] (2016)	16.0%	Baker	11.3%	1.83	2	3				
		Clay	9.1%	2	3	3				
		Duval	10.6%	2	3	3				
		Nassau	9.3%	2	3	3				
		St. Johns	7.2%	2	3	3				

Indicator	FL Value	County	County Value	County Data Score	FL Counties	FL Value	US Counties	US Value	HP2020	Trend
Colorectal Cancer Incidence Rate [29] (2012-2014) <i>*in cases/100,000 population</i>	36.9	Baker	37.8	1.61	2	2			1	1.5
		Clay	39.7	1.61	2	2			1	1.5
		Duval	43.8	2.06	3	3			2	1.5
		Nassau	37.8	1.61	2	2			1	1.5
		St. Johns	32.9	1.11	1	0			0	2
Lung and Bronchus Cancer Incidence Rate [29] (2012-2014) <i>*in cases/100,000 population</i>	61	Baker	90.2	2	3	3				1.5
		Clay	77.8	1.83	2	3				1.5
		Duval	76.2	1.72	2	3				1
		Nassau	81.2	2	3	3				1.5
		St. Johns	66.8	1.61	1	2				2
Mammogram: 40+ Past Year [8] (2016)	60.8%	Baker	56.6%	1.78	2	2				2
		Clay	62.6%	1.06	0	1				1
		Duval	57.7%	1.67	2	2				1.5
		Nassau	54.4%	1.94	2	3				2
		St. Johns	61.2%	1.44	1	1				2
Melanoma Incidence Rate [29] (2012-2014) <i>*in cases/100,000 population</i>	22.8	Baker	12.4	1	0	0				1.5
		Clay	27.8	1.94	2	3				2
		Duval	22.1	1.67	1	1				3
		Nassau	31.0	1.89	3	3				1
		St. Johns	30.7	2.33	3	3				3
Oral Cavity and Pharynx Cancer Incidence Rate [29] (2012-2014) <i>*in cases/100,000 population</i>	13.4	Baker	16.7	1.72	2	3				1
		Clay	15.4	1.94	2	3				2
		Duval	15.8	1.83	2	3				1.5
		Nassau	17.8	2.11	3	3				2
		St. Johns	16.4	1.94	2	3				2
Pap Test in Past Year [8] (2016)	48.4%	Baker	37.7%	2	3	3				
		Clay	42.0%	1.83	2	3				
		Duval	54.7%	1	0	0				
		Nassau	39.2%	2	3	3				
		St. Johns	54.7%	1	0	0				
Prostate Cancer Incidence Rate [29] (2012-2014) <i>*in cases/100,000 males</i>	90.5	Baker	91.3	1.67	2	2				1.5
		Clay	96.8	1.83	3	2				1.5
		Duval	111.4	2	3	3				1.5
		Nassau	103.8	2	3	3				1.5
		St. Johns	97.3	1.83	3	2				1.5
Prostate-Specific Antigen Test History [8] (2016)	54.9%	Baker	51.3%	1.67	2	2				
		Clay	63.2%	1	0	0				
		Duval	50.9%	1.67	2	2				
		Nassau	58.8%	1.17	0	1				
		St. Johns	55.3%	1.33	1	1				

*Comparisons were given a score ranging from 0 (green) to 3 (red), where 0 indicates the best outcome and 3 the worst according to comparison values. Comparison scores of 0 or 3 are determined by the quartile of the indicator value when compared to a set of county values (FL counties or US counties),

percent difference of 10% or greater when compared to a single value (FL value, US value, or HP2020 target), or a statistically significant Mann-Kendall test for trend. A trend score of 1.5 indicates the values are neither increasing nor decreasing over time. Availability of each type of comparison varies by indicator and is dependent upon the data source, comparability with data collected for other communities, and changes in methodology over time. Please see Appendix B2 for a detailed description of data scoring methodology.

[3] Centers for Medicare & Medicaid Services

[8] Florida Behavioral Risk Factor Surveillance System

[17] Florida Department of Health, Bureau of Vital Statistics

[29] University of Miami (FL) Medical School, Florida Cancer Data System

As shown in Table 36, the following indicators scored greater than or equal to 1.50 via the data scoring metric for four of the five counties in the region, signifying areas of particular concern across most of the region: Age-Adjusted Death Rate due to Cancer, Age-Adjusted Death Rate due to Colorectal Cancer, Age-Adjusted Death Rate due to Lung Cancer, All Cancer Incidence Rate, Cancer: Medicare Population, Colorectal Cancer Incidence Rate, and Melanoma Incidence Rate. Indicators that scored greater than a 1.50 for all counties in the region include: Colon Cancer Screening, Lung and Bronchus Cancer Incidence Rate, Oral and Pharynx Cancer Incidence Rate, and Prostate Cancer Incidence Rate.

Other indicators of note include Cervical Cancer Incidence Rate, which was the highest scoring cancer topic indicator in two of the region's counties (Clay and Duval). Pap Test in Past Year had a data score greater than or equal to 2.00 for Baker and Nassau counties, and Colon Cancer Screening had a score of at least 2.00 for all counties except for Baker. Taking this into account, the secondary data indicates that overall prevention and screening may be an issue in the region as a whole.

Additionally, all five counties in the region currently fail to meet the Healthy People 2020 target of 45.5 deaths due to lung cancer per 100,000 people, and, as seen in Table 36, only Clay County meets the Healthy People 2020 target when it comes to breast cancer death rate. The rate of throat and mouth cancer in each county in the Partnership's service area is higher than the Florida state value of 13.4 cases per 100,000 population, indicating a cultural and behavioral problem of smoking and tobacco use in the region, which is supported by primary data findings.

In terms of trends in secondary data over time, Duval County has seen a statistically significant decrease in death rates due to breast, colorectal, lung, and prostate cancers since the 2011 to 2013 time period. However, along with Clay County and St. Johns County, Duval County also has an increase in the incidence of melanoma, with the trends in Duval and St. Johns counties being in a statistically significant upward direction. There has been a cervical cancer incidence increase in Clay and Duval counties, as well, while Nassau County has seen an increase over time in cancer in its Medicare population and St. Johns has seen a similar increase for death rate due to colorectal cancer. When looking at prevention and screening, the most notable trend over time for the region, is the overall decrease since 2002 of mammogram screening in Baker and Nassau counties. In Table 37, the county trends for Cervical Cancer Incidence Rate and Mammogram: 40+ Past Year are trending in the harmful direction, but are not statistically significant, while the Melanoma Incidence Rate trends displayed are those that are statistically significant according to the Mann-Kendall statistical test.

TABLE 37. CANCER INDICATORS, TREND DATA

Cervical Cancer Incidence Rate ²⁹				
	2009-2011	2010-2012	2011-2013	2012-2014
Clay County	7.6 cases/100,000 females	5.4 cases/100,000 females	8.7 cases/100,000 females	11.8 cases/100,000 females
Duval County	8.6 cases/100,000 females	7.4 cases/100,000 females	7.4 cases/100,000 females	9.8 cases/100,000 females
Mammogram: 40+ Past Year ⁸				
	2002	2007	2010	2016
Baker County	56.9%	55.2%	47.8%	56.6%
Nassau County	62.9%	64.1%	63.6%	54.4%
Melanoma Incidence Rate ²⁹				
	2009-2011	2010-2012	2011-2013	2012-2014
Duval County	17.6 cases/100,000 population	19.2 cases/100,000 population	21.4 cases/100,000 population	22.1 cases/100,000 population
St. Johns County	23.2 cases/100,000 population	24.6 cases/100,000 population	26.8 cases/100,000 population	30.7 cases/100,000 population

[8] Florida Behavioral Risk Factor Surveillance System

[29] University of Miami (FL) Medical School, Florida Cancer Data System

Note: Table 37 includes indicators and data values over time for counties with a statistically significant trend in the harmful direction according to the Mann-Kendall test, except for where noted in the narrative

By examining granular data, zip codes with significantly high age-adjusted death rates due to cancer can be identified. Overall, Duval County zip codes have some of the highest rates of death due to cancer overall, while Baker County has the zip codes with the highest death rates due to breast cancer and colorectal cancer. Zip codes of concern for various cancer types are noted in Table 38.

TABLE 38. ZIP CODE LEVEL DATA FOR CANCER INDICATORS

Age-Adjusted Death Rate due to Breast Cancer ¹⁷ (2014-2016)			
Zip Code 32063 (Baker)	Zip Code 32097 (Nassau)	Zip Code 32033 (St. Johns)	Florida
44.2 deaths /100,000 females	43.6 deaths /100,000 females	42.8 deaths /100,000 females	19.8 deaths /100,000 females
Age-Adjusted Death Rate due to Cancer ¹⁷ (2014-2016)			
Zip Code 32227 (Duval)	Zip Code 32095 (St. Johns)	Zip Code 32234 (Duval)	Florida
423.1 deaths /100,000 population	338.7 deaths /100,000 population	279.9 deaths /100,000 population	155.1 deaths /100,000 population
Age-Adjusted Death Rate due to Colorectal Cancer ¹⁷ (2014-2016)			
Zip Code 32072 (Baker)	Zip Code 32087 (Baker)	Zip Code 32234 (Duval)	Florida
42.6 deaths /100,000 population	31.8 deaths /100,000 population	30.6 deaths /100,000 population	13.7 deaths /100,000 population

[17] Florida Department of Health, Bureau of Vital Statistics

Primary Data

According to the community survey results, cancer ranked as the sixth most pressing health need in the Northeast Florida Region with 41 percent of respondents listing it as one of five issues most important in their community. Cancer was one of the top ten most discussed topics across all focus groups, being talked about at length by participants in 12 of 15 focus groups. When asked to determine which health topic areas they would give the most money to if they were in charge of budgeting funds, seven focus groups had cancer as one of the top five areas receiving the most money. Of these, four groups together gave cancer the most funds of any area. Cancer was also specifically elaborated on by seven key informants during their interviews.

“Cancer is bad out here...7 of 8 people in my family have had cancer.”

– Baker County Council on Aging Focus Group

Analysis of primary data collected from key informants and focus group participants found that education about cancer is lacking in the region and most people do not understand how to take precautionary steps to prevent and identify various cancers early on. Focus group participants also discussed how cancer treatment is expensive and therefore unaffordable for much of the population. Additionally, it was discussed in four separate interviews and focus group that much of the population lacks knowledge about screenings and tests that can help prevent

cancer from spreading or becoming costlier in the future. Ideas were provided to increase knowledge via education campaigns, encouragement by doctors, awareness activities such as fundraising walks, and availability and affordability of screenings for those who do not regularly visit a doctor.

Vulnerable Populations

As a part of the IRS CHNA requirements, special attention should be made to vulnerable and marginalized communities in data gathering and analysis. The health needs of vulnerable and marginalized communities were identified through two methods in this CHNA process: (1) the analysis of secondary data indicators for any disparities by age, race/ethnicity, or gender (Index of Disparity analysis); and (2) key informants, focus group participants, and community survey participants were asked how health issues impacted particular communities. The following section presents the findings around these vulnerable populations and how they should be considered for future implementation planning.

African Americans

The Index of Disparity analysis evaluated secondary data indicators for statistically significant disparities amongst subpopulations. This section reports data findings for the African American population from primary and secondary data. Secondary data sources may use different terms for race subpopulation data, and for consistency with the source of the data, tables and figures may display multiple terms for the African American breakout group. The following terms are used by secondary data sources for this breakout category:

- Black or African American
- Black
- Non-Hispanic Black

Figure 60 display the Aids Diagnosis Rate, which is disproportionately higher for Non-Hispanic Blacks in Duval, Nassau, and St. Johns counties compared to the overall county values. As mentioned by primary data participants and further confirmed by the secondary data, Black or African American older adults are disproportionately affected by poverty in Baker and Nassau counties (Table 39). In Clay County, the Black population has higher age-adjusted death rates of prostate cancer (80.0 deaths/100,000 population) and diabetes (76.9 deaths/100,000 population) compared to the overall county values (21.4 deaths/100,000 population and 23.8 deaths/100,000 population, respectively).

FIGURE 60. AIDS DIAGNOSIS RATE (CASES/100,000 POPULATION) (2016)

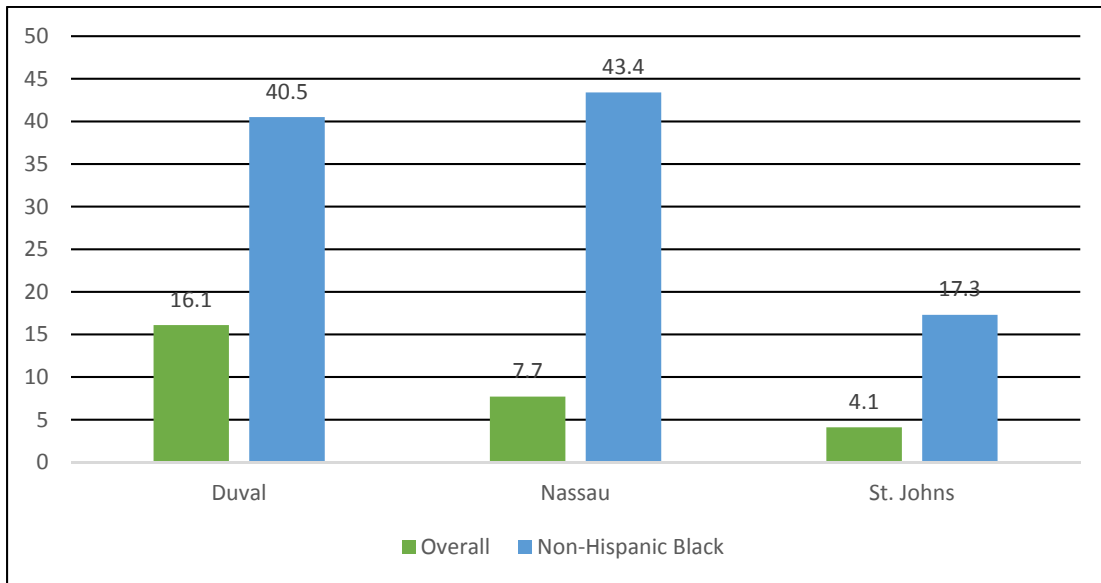


TABLE 39. PEOPLE 65+ LIVING BELOW POVERTY LEVEL (BLACK OR AFRICAN AMERICAN)

People 65+ Living Below Poverty Level ¹ (2012-2016) (Percent)			
Baker		Nassau	
Overall	Black or African American	Overall	Black or African American
8.2%	17.3%	7.2%	11.1%

Primary data participants were asked which population groups are disproportionately impacted by negative health outcomes. African Americans were mentioned in 23 of 44 key informant interviews and 7 of 15 focus groups as a population disproportionately impacted by negative health outcomes. 32.7% of community survey respondents said that race or ethnic subpopulations are most affected by poor health outcomes, and when further asked to report on which groups in particular, 63.6% said Black or African Americans are the race group most affected by poor health outcomes. Key informant and focus group discussions emphasized that there is hesitation within the African American community to access health services because of historical treatment by medical professionals. Focus group participants noted a lack of trust between medical professionals and African Americans. Finally, focus groups and key informants cited stigma against seeking mental health treatment as a leading reason that many African Americans may delay needed health care.

Children

The health of children was mentioned by 25 of 44 key informants and was a discussion item in six of 15 focus groups. Key informants discussed food security as an issue among children and related it to the problem of childhood obesity and diabetes. Several key informants and one focus group referenced the large number of

students qualifying for the free and reduced lunch program as an indicator of food insecurity throughout the community.

Key informants and focus group participants were concerned with children growing up in and experiencing trauma and neglect in families with parents with untreated mental health issues and substance use issues. Furthermore, Duval and Nassau counties have high rates of child abuse for children ages 5-11. Table 40 is a summary table of children’s health indicators from the secondary data.

TABLE 40. CHILDREN’S HEALTH INDICATORS*

Indicator	FL Value	County	County Value	County Data Score	FL Counties	FL Value	US Counties	US Value	HP2020	Trend
Child Abuse Rate [9] (2016) <i>*in cases/1,000 children aged 5-11</i>	901.3	Baker	804.6	1.17	1	0				1.5
		Clay	787.0	1.11	0	0				2
		Duval	994.5	1.67	1	3				1.5
		Nassau	1,154.8	1.94	2	3				2
		St. Johns	625.9	1	0	0				1.5
Child Food Insecurity Rate [6] (2015)	22.7%	Baker	23.8%	2	2	2	2	3		1.5
		Clay	19.7%	1	0	0	1	2		1.5
		Duval	23.2%	1.94	1	2	2	3		2
		Nassau	22.9%	1.94	1	2	2	3		2
		St. Johns	18.8%	0.72	0	0	1	1		1
Children with Health Insurance [1] (2016)	93.8%	Baker								
		Clay	94.6%	1.56	1	1	2	2	2	1.5
		Duval	95.0%	1.22	1	1	2	2	2	0
		Nassau	94.9%	1.67	1	1	2	2	2	2
		St. Johns	97.1%	0.94	0	1	1	1	2	1
Children with Low Access to a Grocery Store [28] (2018)		Baker	7.7%	2	3		3			
		Clay	6.3%	1.67	2		2			
		Duval	6.1%	1.67	2		2			
		Nassau	4.7%	1.5	1		2			
		St. Johns	5.3%	1.67	2		2			
Food Insecure Children Likely Ineligible for Assistance [6] (2015)	29.0%	Baker	30.0%	1.61	2	2	2	0		2
		Clay	39.0%	2.39	3	3	3	3		1
		Duval	29.0%	1.22	2	1	2	0		1
		Nassau	36.0%	2.44	3	3	3	2		2
		St. Johns	52.0%	2.39	3	3	3	3		1
Kindergartners with Required Immunizations [14] (2017)	94.1%	Baker	97.5%	1.06	0	1				1
		Clay	96.5%	1.22	1	1				1
		Duval	93.8%	1.72	3	2				1
		Nassau	94.4%	1.61	2	1				2
		St. Johns	94.6%	1.39	2	1				1

*Comparisons were given a score ranging from 0 (green) to 3 (red), where 0 indicates the best outcome and 3 the worst according to comparison values. Comparison scores of 0 or 3 are determined by the quartile of the indicator value when compared to a set of county values (FL counties or US counties), percent difference of 10% or greater when compared to a single value (FL value, US value, or HP2020 target), or a statistically significant Mann-Kendall test for trend. A trend score of 1.5 indicates the values are neither increasing nor decreasing over time. Availability of each type of comparison varies by

indicator and is dependent upon the data source, comparability with data collected for other communities, and changes in methodology over time. Please see Appendix B2 for a detailed description of data scoring methodology.

[1] American Community Survey

[6] Feeding America

[9] Florida Department of Children and Families

[14] Florida Department of Health, Bureau of Immunization

[28] U.S. Department of Agriculture – Food Environment Atlas

Hispanic/Latinx

For the purposes of this section of the report, the term Latinx is a gender-neutral term used in lieu of Latino/Latina.

The Index of Disparity analysis evaluated secondary data indicators for statistically significant disparities amongst subpopulations. This section reports data findings for the Hispanic/Latinx population from primary and secondary data. Secondary data sources may use different terms for ethnicity breakout data, and for consistency with the source of the data, tables and figures may display multiple terms for the Hispanic/Latinx breakout group. The following terms are used by secondary data sources for this breakout category:

- Hispanic
- Hispanic or Latino

Duval and Clay counties have a higher Hispanic/Latinx proportion of their population compared to the other counties in the service area (9% and 9%, respectively) as seen in Figure 22 and Figure 23. Additionally, this population has a greater growth rate compared to the other race/ethnicities. As evidenced in Table 16, all counties in the Partnership's service area are expected to see significant growth in the Hispanic/Latinx community through 2045.

According to the secondary data, the older adult Hispanic/Latinx communities of Baker and Nassau counties are disproportionately affected by poverty. For Baker County, the Percent of Adults 65+ Living Below the Poverty Level is 8.2% overall, but when we look closer at the Hispanic or Latino population the percent is 61.1%.¹ In Duval County, the Hispanic population has a disparate AIDS Diagnosis Rate. In 2016, the overall Duval County value is 16.1 cases/100,000 population, and the value for the Hispanic population is 19.4 cases/100,000 population.

In the primary data, key informants specifically noted the Hispanic/Latinx population as a population disproportionately impacted by poor health outcomes in 13 of 44 interviews. The Hispanic/Latinx population was brought up in 5 of 32 focus groups as being disproportionately impacted by negative health outcomes. For the Hispanic/Latinx community, language barriers were noted especially in accessing care in the more rural communities. It was mentioned that in central Jacksonville, most health service organizations have language translators, but once you get out of Jacksonville it is much more difficult to find a provider with language services. Additionally, focus group participants noted cultural barriers and stigma around seeking mental health care in the Hispanic/Latinx community. Key informants cited specific concern around access to health services for the undocumented Hispanic/Latinx population. Specifically, fear of deportation and lack of education around community health resources were named as major barriers to accessing health services within this population.

From the community survey distributed throughout the Partnership's service area, 42 of the 971 responses were from individuals who identify as Hispanic or Latinx. Of the 42 responses, 75% live in Duval County. Hispanic/Latinx respondents had a similar age distribution and gender ratio compared to the overall group of community survey respondents. Compared to the overall group of community survey participants,

Hispanic/Latinx respondents had a lower household income. Top health concerns by Hispanic/Latinx community survey participants include (1) mental health & mental disorders, (2) substance abuse, and (3) overweight and obesity. The fourth top health concern listed was oral health and dental caries, which was not a top health concern from the analysis of all survey responses. Similar to the responses by all community survey participants, Hispanic/Latinx participants cited access and diet/nutrition has the top social determinants of health. Approximately 53% of Hispanic/Latinx survey participants responded that they themselves or someone they know have had difficulty understanding a health professional due to a language barrier in the last 12 months.

From the 2017 Duval County Hispanic Health Report, the zip codes with the largest population of Hispanic/Latinx community members (within Duval County) are 32212, 32244, 32207, 32216, and 32246. Looking closely at the top countries or regions of origin within the Hispanic/Latinx community, 33% identify as Puerto Rican, 17% identify as Mexican, 14% identify as South American, and 12% identify as Cuban. Social determinants disproportionately impact the Hispanic/Latinx community in Duval County compared to the White, non-Hispanic population. Hispanic/Latinx community members have higher rates of unemployment, lower median household income, higher rates of families living in poverty, higher rates of insurance, lower overall education attainment, and English-language barriers for a greater proportion of the population compared to White, non-Hispanic community members.

TABLE 41. DIFFERENCES IN SOCIAL DETERMINANTS OF HEALTH, DUVAL COUNTY (2015)

	Non-Hispanic White	Hispanic
% Unemployed	5.2%	7.4%
Median Household Income	\$56,694	\$44,642
% Below Poverty Line	6.3%	19.3%
% Uninsured	10.4%	17.6%
% Did Not see Doctor due to Cost	15.5%	34.3%
% with Less than High School Diploma	7.9%	21.1%
% with Language other than English Spoken at Home	5.4%	60.4%

[34] Duval County Hispanic Health Report

Comparing the population of Hispanic/Latinx to non-Hispanic Whites in terms of health outcomes, we see lower death rates for most of the top 10 leading causes of death. However, Hispanics are more likely to die from diabetes, kidney diseases, high blood pressure, and bloodstream infections.³⁴

Homeless

As mentioned in the Access section, affordable and safe housing is critical to accessing health services. Focus group participants who have used shelters noted that access to mental health services is especially difficult because of the limited number of providers who will accept Medicaid. Additionally, homeless individuals cited transportation challenges to get to and from health services as a major barrier to seeking care. Finally, focus group participants noted that a lack of safety and compassion for their situation in the shelters limits the ability for their basic needs to be met.

Lesbian, Gay, Bisexual, Transgender, Queer or Questioning (LGBTQ)

Focus group and key informants were asked about the LGBTQ population and noted that there is a shortage of services, especially ones that are specific to the needs of the LGBTQ community (HIV, STD, hormonal therapies). There is an additional cultural dynamic that this group “is in the shadows” and “people are not paying a lot of attention to them”, even though they have those specific health issues that they need help addressing. Key informants noted that the elderly LGBTQ population has unique difficulties getting access to care. The LGBTQ population generally has difficulty getting care, but older adults are of a generation where they were subjected to abuse, maltreatment, or other past traumas as part of this population that may not be widely accepted by their peers. Therefore, they’re more likely to avoid open conversations with their physicians and need the support of the medical and public health community.

A recent Jacksonville-area community assessment survey focused on the LGBTQ population revealed negative disparities for this population with regards to health and socio-economic factors, as well as other interesting factors and demographics of that sub-population.

Of respondents to the LGBTQ survey for the Jacksonville region, 56.4% of respondents held a bachelor’s degree or higher.¹⁰ This is higher than the general population percentages for every county in the Northeast Florida Region, and much higher than the 24.5% of the general population in the Jacksonville MSA that have a bachelor’s degree or higher¹. Additionally, in terms of employment, 74.3% of LGBTQ survey respondents indicated that they were in the paid workforce, while only 57.1% of the general population residents of Jacksonville MSA were employed for wages or self-employed. In terms of income, ten percent of LGBTQ survey respondents were living in poverty, as defined as having income below one hundred percent of the federal poverty level.

Other potential negative health disparities identified for the LGBTQ community in the Northeast Florida Region deal with food insecurity, binge drinking, and health insurance. 21.8 % of LGBTQ survey respondents had food insecurity within the last twelve months, while for the general population each county in the region had a rate of 19% or less. In terms of risky behaviors, 40% of the LGBTQ population reported binge drinking in the past 30 days, while the general population figure for the City of Jacksonville is only 15%.¹¹ Smoking rates for the LGBTQ population are roughly the same as the general population for the region. For health insurance, the percentages of the LGBTQ population with health insurance (85.8%) were lower than the percent of persons with health insurance for the general population in each county (87% or higher for each county). Additionally, the African-American LGBTQ population had particular disparities for health insurance with only 77.8% of survey respondents having health insurance.

Additionally, gender minorities had particularly negative disparities as compared to cisgender populations (those whose gender identity matches the sex that they were assigned at birth) when it came to depression and attempted suicide. 11.1% of gender minority respondents attempted suicide in the past year, while 65% met the criteria for moderate to severe depression and poor mental or physical health that kept them from doing usual activities in the past month. While not a direct comparison, for the general population of the City of Jacksonville,

¹⁰ The Williams Institute, UCLA School of Law. Community Assessment of LGBTI Adults in Northeast Florida. (June 26, 2018). Retrieved June 26, 2018, from <https://williamsinstitute.law.ucla.edu/research/community-assessment-of-lgbti-adults-in-jacksonville-florida/>

¹¹ Centers for Disease Control and Prevention. 500 Cities Project. (n.d.) Retrieved May 22, 2018, from <https://www.cdc.gov/500cities/>

only 13.7% had poor physical health in the past two weeks and only 14.4% had poor mental health in the past two weeks.

Lastly, there are disparities for the LGBTQ population when it comes to experiencing discrimination, being treated unfairly in jobs and by police, and feeling accepted. Three quarters of LGBTQ survey respondents reported experiencing everyday discrimination in the past twelve months, with 53.6% of those indicating the discrimination was due to their sexual orientation. The African-American LGBTQ population was more likely than the white LGBTQ population to be unfairly treated in firing from a job, being denied a promotion or bank loan, or being stopped and searched by police. Finally, only 17% of survey respondents agree that the Northeast Florida Region as a whole embraces diversity, particularly with regards to the LGBTQ population.

Low- Income

Primary data discussion around low-income and poverty-stricken populations occurred in 14 focus groups and 30 key informant interviews. 665 community survey respondents (79.5%) listed low-income populations as a community most impacted by poor health outcomes. Key informants' and focus group participants' discussions around the low-income subpopulation focused on concerns of poverty, stress, and nutrition-related issues. Concerns crossed issues of housing and access to healthy foods, to mental health, diabetes and heart disease.

“In terms of issues of poverty, the health problem is the tip of the iceberg. Under the water are all the factors that lead to that. Many are nonmedical (housing, education, etc.)”

– Duval County Key Informant

According to the secondary data, zip codes 32202, 32206, and 32209, all in Duval County, perform the worst of all zip codes in the region among poverty indicators. Those zip codes have the highest percentages of children living in poverty, families living in poverty, and persons living in poverty. Zip code 32202 also has the second highest percentage of adults 65 years of age and older living in poverty.

Low-income individuals and families are more likely to forego necessary health services in order to prioritize food and housing.

Older Adults

According to the secondary data, the Medicare population has high rates of chronic diseases and injuries; specifically, atrial fibrillation, cancer, hyperlipidemia, rheumatoid arthritis, and stroke. As presented in Table 42, the Age-Adjusted Death Rate due to Falls is higher than the state of Florida average in Clay, Duval, and Nassau counties.

TABLE 42. OLDER ADULT SECONDARY INDICATORS*

Indicator	FL Value	County	County Value	County Data Score	FL Counties	FL Value	US Counties	US Value	HP2020	Trend
Adults 65+ with Influenza Vaccination [8] (2016)	57.6%	Baker	52.5%	1.92	2	2		3		
		Clay	68.3%	0.75	0	0		0		
		Duval	57.6%	1.42	1	1		2		
		Nassau	60.0%	1.25	1	1		1		
		St. Johns	55.6%	1.75	2	2		2		
Adults 65+ with Pneumonia Vaccination [8] (2016)	65.6%	Baker	67.0%	1.75	2	1		2	3	
		Clay	73.8%	1.08	0	0		1	3	
		Duval	66.7%	1.75	2	1		2	3	
		Nassau	71.2%	1.42	0	1		2	3	
		St. Johns	63.3%	2.08	2	2		3	3	
Age-Adjusted Death Rate due to Falls [17] (2016) <i>*in deaths/100,000 population</i>	10.3	Baker								
		Clay	13.4	2.36	2	3		3	3	2
		Duval	12.7	2.36	2	3		3	3	2
		Nassau	10.7	2.03	1	2		3	3	2
		St. Johns	9.3	1.69	1	1		2	3	2
Alzheimer's Disease or Dementia: Medicare Population [3] (2015)	11.7%	Baker	10.2%	1.44	1	0	2	2		2
		Clay	9.4%	1	0	0	2	1		1.5
		Duval	11.3%	2.11	2	1	3	3		2
		Nassau	8.2%	0.67	0	0	1	0		1.5
		St. Johns	9.3%	0.89	0	0	2	1		1
Asthma: Medicare Population [3] (2015)	9.1%	Baker	11.3%	2.83	3	3	3	3		3
		Clay	10.1%	2.44	2	3	3	3		2
		Duval	10.1%	2.44	2	3	3	3		2
		Nassau	8.2%	1.28	0	0	2	2		2
		St. Johns	7.8%	0.94	0	0	1	1		2
Atrial Fibrillation: Medicare Population [3] (2015)	9.7%	Baker	7.5%	0.94	0	0	1	1		2
		Clay	9.7%	2.5	2	2	3	3		3
		Duval	9.4%	2.33	2	1	3	3		3
		Nassau	9.2%	2.33	2	1	3	3		3
		St. Johns	10.2%	2.44	3	2	3	3		2

Indicator	FL Value	County	County Value	County Data Score	FL Counties	FL Value	US Counties	US Value	HP2020	Trend
Cancer: Medicare Population [3] (2015)	9.6%	Baker	7.0%	0.56	0	0	1	0		1
		Clay	8.7%	1.89	2	1	3	3		1
		Duval	9.2%	2	2	1	3	3		1.5
		Nassau	10.0%	2.67	3	2	3	3		3
		St. Johns	9.3%	1.89	2	1	3	3		1
Chronic Kidney Disease: Medicare Population [3] (2015)	21.3%	Baker	22.4%	2.5	2	2	3	3		3
		Clay	20.6%	2.17	1	1	3	3		3
		Duval	22.8%	2.67	3	2	3	3		3
		Nassau	16.5%	1.17	0	0	1	1		3
		St. Johns	17.4%	1.33	0	0	2	1		3
COPD: Medicare Population [3] (2015)	13.2%	Baker	16.6%	2.44	2	3	3	3		2
		Clay	14.2%	1.72	1	2	2	3		1
		Duval	12.8%	1.56	1	1	2	3		1
		Nassau	11.5%	0.89	0	0	1	2		1
		St. Johns	11.4%	0.67	0	0	1	2		0
Depression: Medicare Population [3] (2015)	17.5%	Baker	17.5%	2	2	1	2	2		3
		Clay	16.3%	1.28	1	1	1	1		2
		Duval	18.2%	2.17	2	2	2	2		3
		Nassau	15.7%	1.33	1	0	1	1		3
		St. Johns	14.4%	0.78	0	0	1	0		2
Diabetes: Medicare Population [3] (2015)	28.0%	Baker	35.2%	2.61	3	3	3	3		2
		Clay	29.5%	2.06	2	2	3	3		1
		Duval	30.8%	2.06	2	2	3	3		1
		Nassau	25.0%	0.72	0	0	1	1		1
		St. Johns	22.2%	0.39	0	0	0	0		1
Heart Failure: Medicare Population [3] (2015)	14.2%	Baker	14.3%	1.33	1	2	2	2		0
		Clay	12.0%	0.33	0	0	1	0		0
		Duval	14.6%	1.72	2	2	2	2		1
		Nassau	11.6%	0.39	0	0	0	0		1
		St. Johns	11.2%	0.17	0	0	0	0		0
Hyperlipidemia: Medicare Population [3] (2015)	55.6%	Baker	47.5%	1.61	1	0	3	2		2
		Clay	49.9%	1.56	1	0	3	3		1
		Duval	50.7%	1.5	1	1	3	3		0
		Nassau	50.7%	1.72	1	1	3	3		1
		St. Johns	54.5%	1.89	2	1	3	3		1
Hypertension: Medicare Population [3] (2015)	60.5%	Baker	62.5%	2.17	2	2	3	3		1.5
		Clay	58.8%	1.17	1	1	2	2		0
		Duval	62.1%	2.06	2	2	3	3		1
		Nassau	60.7%	2.28	2	2	3	3		2
		St. Johns	57.4%	1.22	0	1	2	2		1

Indicator	FL Value	County	County Value	County Data Score	FL Counties	FL Value	US Counties	US Value	HP2020	Trend
Ischemic Heart Disease: Medicare Population [3] (2015)	34.0%	Baker	32.2%	1.72	1	1	3	3		1
		Clay	29.7%	1	0	0	2	3		0
		Duval	30.1%	1.17	0	0	3	3		0
		Nassau	28.0%	0.83	0	0	2	2		0
		St. Johns	31.2%	1.5	1	1	3	3		0
Osteoporosis: Medicare Population [3] (2015)	7.9%	Baker	5.0%	0.56	0	0	1	0		1
		Clay	6.0%	1.44	1	0	2	2		2
		Duval	5.9%	1.06	1	0	2	1		1
		Nassau	4.4%	0.78	0	0	1	0		2
		St. Johns	5.8%	1.06	1	0	2	1		1
People 65+ Living Below Poverty Level [1] (2012-2016)	10.4%	Baker	8.2%	0.72	1	0	1	0		1
		Clay	6.2%	0.5	0	0	0	0		1.5
		Duval	10.1%	1.78	2	1	2	2		2
		Nassau	7.2%	0.39	0	0	0	0		1
		St. Johns	6.1%	0.39	0	0	0	0		1
People 65+ with Low Access to a Grocery Store [28] (2015)		Baker	3.4%	1.5	1		2			
		Clay	2.8%	1.33	1		1			
		Duval	2.5%	1.33	1		1			
		Nassau	4.4%	1.83	2		3			
		St. Johns	4.3%	1.67	2		2			
Rheumatoid Arthritis or Osteoarthritis: Medicare Population [3] (2015)	34.6%	Baker	34.0%	2.33	2	1	3	3		3
		Clay	33.6%	2.17	1	1	3	3		3
		Duval	34.6%	2.5	2	2	3	3		3
		Nassau	38.2%	2.61	3	3	3	3		2
		St. Johns	32.7%	1.61	1	1	2	2		2
Stroke: Medicare Population [3] (2015)	4.8%	Baker	5.1%	2.22	3	2	3	3		1
		Clay	4.5%	2.11	2	1	3	3		2
		Duval	5.2%	2.44	3	2	3	3		2
		Nassau	4.4%	1.72	1	1	3	3		1
		St. Johns	4.4%	1.94	1	1	3	3		2

*Comparisons were given a score ranging from 0 (green) to 3 (red), where 0 indicates the best outcome and 3 the worst according to comparison values. Comparison scores of 0 or 3 are determined by the quartile of the indicator value when compared to a set of county values (FL counties or US counties), percent difference of 10% or greater when compared to a single value (FL value, US value, or HP2020 target), or a statistically significant Mann-Kendall test for trend. A trend score of 1.5 indicates the values are neither increasing nor decreasing over time. Availability of each type of comparison varies by indicator and is dependent upon the data source, comparability with data collected for other communities, and changes in methodology over time. Please see Appendix B2 for a detailed description of data scoring methodology.

[1] American Community Survey

[3] Centers for Medicare & Medicaid Services

[8] Florida Behavioral Risk Factor Surveillance System

[17] Florida Department of Health, Bureau of Vital Statistics

[28] U.S. Department of Agriculture – Food Environment Atlas

Focus group participants noted that since the peak of the recession, older adults are disproportionately financially burdened. Focus group participants mentioned that medication costs are very high, and adherence for the elderly is a challenge. Furthermore, older adults and their caretakers reported that older adults are often

prescribed a cocktail of costly drugs from multiple providers. Caretakers stressed their concern over a lack of prescription navigation assistance for older adults. Other issues cited by key informants and focus group participants for the older adult population include: growing mental health needs, rising substance abuse, and food-insecurity.

Persons with Disabilities

Figure 61 shows the percent of persons with a disability across the Partnership’s service area. Baker and Nassau counties have the highest proportion of individuals with a disability. People with an ambulatory difficulty experience serious difficulty walking or climbing stairs. These difficulties may in turn limit their physical activity, leading to a further decline in health. Persons with an ambulatory difficulty may have unique requirements for accessibility, such as ramps or elevators. Nassau County has the highest proportion of persons with an ambulatory disability (8.2%), and that proportion is higher than the state of Florida’s average (7.8%). Another secondary data indicator is Persons with Cognitive Disability. People with a cognitive difficulty experience serious difficulty concentrating, remembering, or making decisions due to a physical, mental, or emotional condition. Cognitive difficulties can have a large impact in everyday activities and may lead to challenges at school or work. Duval County has the highest proportion of people with a reported cognitive disability (5.4%) compared to the other counties in the Partnership’s service area.

FIGURE 61. PERSONS WITH A DISABILITY, 2012-2016

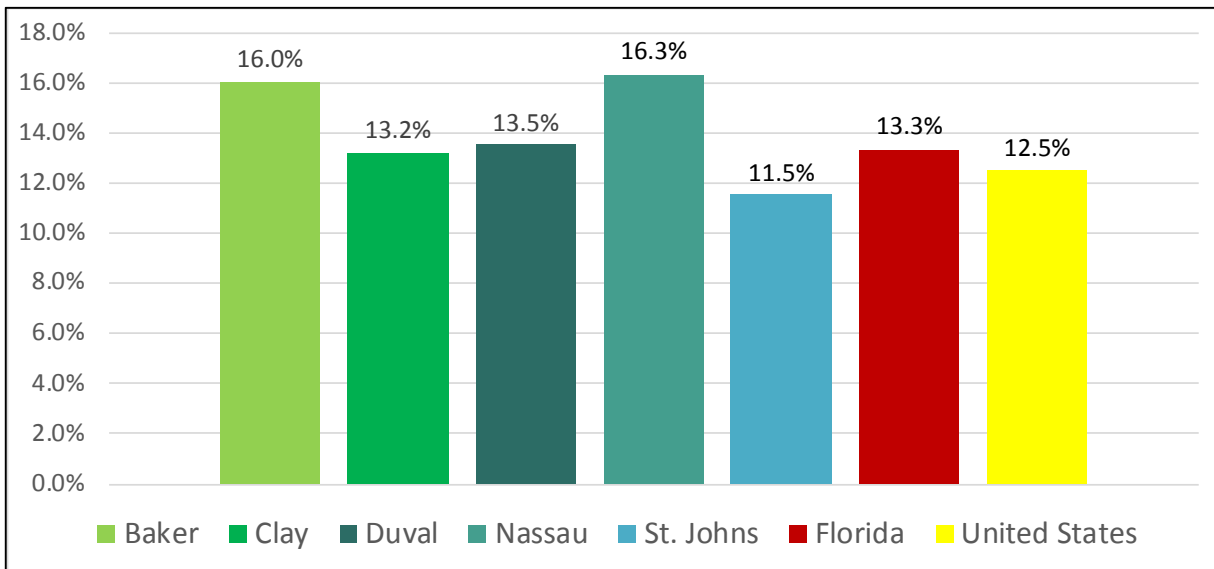


TABLE 43. ESTIMATED NUMBER OF PERSONS WITH A DISABILITY, 2012-2016

County	Persons with a Disability
Baker	4,148
Clay	27,385
Duval	119,021
Nassau	13,141
St. Johns	27,746

For persons with disabilities, major issues cited by key informants and focus group participants include a lack of healthcare coverage, gaps in specialized providers or providers who have accessible facilities, and community awareness and advocacy for disability rights. During a focus group of individuals with disabilities and caregivers, the discussion focused on community accessibility: safe sidewalks, proper table heights, and wheelchair-accessible and affordable housing.

Veterans

The veteran population is a significant part of the Northeast Florida Region and community. Thirteen percent of the region’s residents are veterans, compared to 8.0% and 9.4% of residents of, respectively, the United States and Florida. All counties in the Jacksonville region have at least ten percent of their population with veteran status. This is a crucial contextual figure when assessing regional health as there are barriers and challenges to access to care for that population.

FIGURE 62. VETERAN POPULATION, 2012-2016

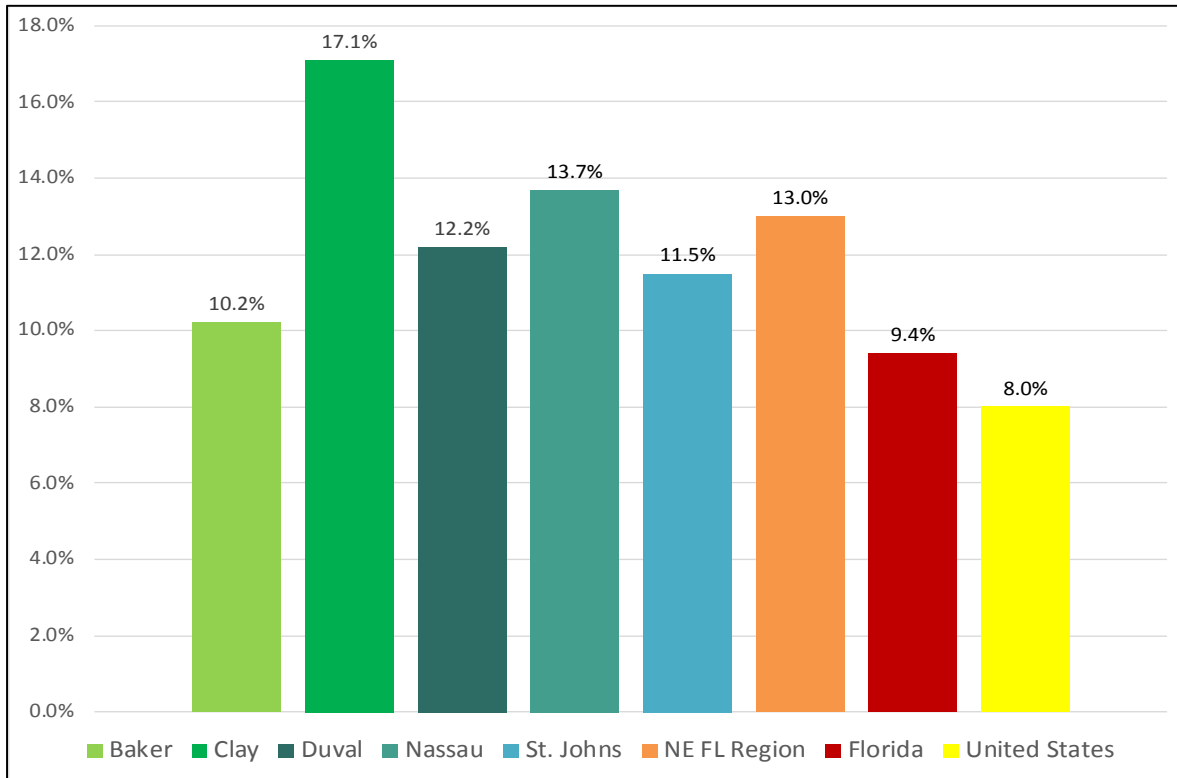


TABLE 44. VETERAN POPULATION BY WAR ERA, 2012-2016

	Baker	Clay	Duval	Nassau	St. Johns	Florida
WWII	40 (1.9%)	788 (3.1%)	2,843 (3.4%)	351 (4.2%)	1,473 (7.5%)	106,908 (7.2%)
Korean War	119 (5.7%)	1,486 (5.8%)	5,257 (6.3%)	741 (8.8%)	1,748 (8.9%)	181,464 (12.3%)
Vietnam Era	921 (44.1%)	8,700 (34%)	26,050 (31.2%)	3,308 (39.5%)	7,256 (37.1%)	522,695 (35.3%)
Gulf War (8/1990 to 9/2001)	478 (22.9%)	10,302 (40.3%)	27,153 (32.5%)	1,556 (18.6%)	4,454 (22.8%)	270,558 (18.3%)
Gulf War (9/2001 or later)	210 (10%)	7,090 (27.7%)	21,234 (25.5%)	1,258 (15%)	1,258 (15%)	2,924 (15%)

According to focus group participants, currently enlisted men and women do not make enough money to make ends meet. As one focus group participant noted, “Veterans are a silent group that don’t want to complain yet they experience incredible needs (food, clothing for children), especially when one parent is deployed.” Focus group participants noted that this population doesn’t receive proper recognition by health care and social services organizations. Veterans who were a part of the focus groups said that veterans often forego their benefits due to challenges navigating the veterans care system. Focus group participants referenced other issues experienced by the veteran community, which include homelessness, mental health, substance use, and food insecurity.

Other Significant Health Needs

The following significant health needs emerged from a review of the primary and secondary data. While these topics were not explicitly prioritized, they are related with the selected priority areas and provide further context to the health needs of the community.

Diabetes

From the secondary data scoring results, diabetes ranked as a high need compared to other topics with a 1.57 topic score for the entire region, which is in the worst half of the 0-3 data score range. Top related indicators across the region include Diabetes: Medicare Population and Age-Adjusted Death Rate due to Diabetes, for which Baker, Clay, and Duval counties all have particularly high rates. In addition, the prevalence of diabetes among all adults is especially high in Baker, Clay, and Nassau counties (Table 45).

TABLE 45. DIABETES INDICATORS*

Indicator	FL Value	County	County Value	County Data Score	FL Counties	FL Value	US Counties	US Value	HP2020	Trend
Adults with Diabetes [8] (2016)	11.8%	Baker	22.3%	2.25	3	3		3		
		Clay	12.9%	1.75	1	2		3		
		Duval	11.3%	1.25	0	1		2		
		Nassau	15.1%	2.08	2	3		3		
		St. Johns	6.4%	0.75	0	0		0		
Age-Adjusted Death Rate due to Diabetes [17] (2016) <i>*in deaths/100,000 population</i>	20.6	Baker	40.8	2.36	3	3		3		2
		Clay	23.8	1.81	1	3		3		1
		Duval	23.3	1.81	1	3		3		1
		Nassau	14	0.86	0	0		0		2
		St. Johns	16	0.86	0	0		0		2
Diabetes: Medicare Population (2015)	28.0%	Baker	35.2%	2.61	3	3	3	3		2
		Clay	29.5%	2.06	2	2	3	3		1
		Duval	30.8%	2.06	2	2	3	3		1
		Nassau	25.0%	0.72	0	0	1	1		1
		St. Johns	22.2%	0.39	0	0	0	0		1

*Comparisons were given a score ranging from 0 (green) to 3 (red), where 0 indicates the best outcome and 3 the worst according to comparison values. Comparison scores of 0 or 3 are determined by the quartile of the indicator value when compared to a set of county values (FL counties or US counties), percent difference of 10% or greater when compared to a single value (FL value, US value, or HP2020 target), or a statistically significant Mann-Kendall test for trend. A trend score of 1.5 indicates the values are neither increasing nor decreasing over time. Availability of each type of comparison varies by indicator and is dependent upon the data source, comparability with data collected for other communities, and changes in methodology over time. Please see Appendix B2 for a detailed description of data scoring methodology.

[3] Centers for Medicare & Medicaid Services

[8] Florida Behavioral Risk Factor Surveillance System

[17] Florida Department of Health, Bureau of Vital Statistics

Community survey participants who were asked to rank the most pressing health issues in their community ranked diabetes as the fifth most pressing health issue in the Northeast Florida Region. 392 out of 853, or 46 percent of respondents who answered the question, listed diabetes as a top health need. Further, diabetes was the fourteenth most mentioned topic brought up by participants in both key informant interviews and focus groups. It was discussed in 19 of 44 key informant interviews and nine of 15 focus group discussions.

As mentioned by community participants, a significant portion of patients in the region suffer from chronic health diseases, specifically diabetes, due to poor diet, inability to afford healthy foods, and lack of motivation to engage in physical activities. In ten interviews and focus groups, the general issue of nutritious food security, availability, and affordability was discussed in relation to diabetes. Participants also cited the prevalence of fast food chains in areas of low socioeconomic status and an “indoor culture” that has increased significantly over recent years. Additionally, three participants discussed the generational habits of families and the culture in the region of poor eating and lack of physical activity that continually exacerbates the problems seen in the secondary data. Lastly, themes around the need to increase education and knowledge about diabetes screening and management and the lack of continuum of care for diabetes patients were mentioned.

“A lot of seniors get confused regarding diabetes, or don’t take their medications because they don’t understand them.”

– Baker County Key Informant

Heart Disease

In secondary data scoring results, heart disease was the seventeenth highest scoring health topic area of need with a regional score of 1.46. Across all five counties, hyperlipidemia and stroke prevalence in the Medicare population was reflected as a high concern in the data scoring results. The high prevalence of heart disease-related illness may signify a need to improve health behaviors that can help prevent chronic illness. Death rates, including the notably high rates due to stroke in Baker, Duval, and Nassau counties, may also have potential to be reduced through improved access to care and health literacy. Table 46 shows the values for all heart disease indicators for each county in the region.

TABLE 46. HEART DISEASE INDICATORS*

Indicator	FL Value	County	County Value	County Data Score	FL Counties	FL Value	US Counties	US Value	HP2020	Trend
Age-Adjusted Death Rate due to Cerebrovascular Disease (Stroke) [17] (2016) <i>*in deaths/100,000 population</i>	39.7	Baker	51.2	2.42	3	3		3	3	1.5
		Clay	36.6	0.97	1	1		1	2	0
		Duval	40.1	1.81	2	2		2	3	1
		Nassau	38.1	1.58	1	1		2	2	2
		St. Johns	33.9	0.97	0	0		1	1	2

Indicator	FL Value	County	County Value	County Data Score	FL Counties	FL Value	US Counties	US Value	HP2020	Trend
Age-Adjusted Death Rate due to Coronary Heart Disease [17] (2016) <i>*in deaths/100,000 population</i>	98.5	Baker	105	1.86	2	2		3	2	1
		Clay	83.5	0.47	0	0		0	0	1
		Duval	94.9	1.03	1	1		2	1	0
		Nassau	98.9	1.42	1	2		2	1	1
		St. Johns	74.5	0.47	0	0		0	0	1
Age-Adjusted Death Rate due to Hypertensive Heart Disease [17] (2016) <i>*in deaths/100,000 population</i>	11	Baker	0	0.89	0	0				1
		Clay	8.5	1.06	1	0				1
		Duval	12.6	1.72	2	3				1
		Nassau	12.3	1.72	2	3				1
		St. Johns	5.3	1.11	0	0				2
Age-Adjusted Death Rate due to Major Cardiovascular Diseases [17] (2016) <i>*in deaths/100,000 population</i>	209.7	Baker	222.9	1.39	1	2				1
		Clay	218.2	1.5	1	2				1.5
		Duval	224.9	1.17	1	2				0
		Nassau	221.8	1.39	1	2				1
		St. Johns	173	1	0	0				1.5
Atrial Fibrillation: Medicare Population (2015)	9.7%	Baker	7.5%	0.94	0	0	1	1		2
		Clay	9.7%	2.5	2	2	3	3		3
		Duval	9.4%	2.33	2	1	3	3		3
		Nassau	9.2%	2.33	2	1	3	3		3
		St. Johns	10.2%	2.44	3	2	3	3		2
Cholesterol Test History (2013)	73.2%	Baker	68.9%	1.67	2	2				
		Clay	72.8%	1.67	2	2				
		Duval	72.4%	1.67	2	2				
		Nassau	80.7%	1	0	0				
		St. Johns	73.9%	1.33	1	1				
Heart Failure: Medicare Population (2015)	14.2%	Baker	14.3%	1.33	1	2	2	2		0
		Clay	12.0%	0.33	0	0	1	0		0
		Duval	14.6%	1.72	2	2	2	2		1
		Nassau	11.6%	0.39	0	0	0	0		1
		St. Johns	11.2%	0.17	0	0	0	0		0
High Blood Pressure Prevalence (2013)	34.6%	Baker	34.9%	1.92	1	2		3	3	
		Clay	32.4%	1.42	0	1		2	3	
		Duval	34.4%	1.42	0	1		2	3	
		Nassau	36.3%	1.92	1	2		3	3	
		St. Johns	32.5%	1.42	0	1		2	3	
High Cholesterol Prevalence (2013)	33.4%	Baker	29.9%	0.92	0	0		0	3	
		Clay	25.3%	0.92	0	0		0	3	
		Duval	33.1%	1.25	1	1		0	3	
		Nassau	31.6%	1.25	1	1		0	3	
		St. Johns	30.4%	1.08	0	1		0	3	

Indicator	FL Value	County	County Value	County Data Score	FL Counties	FL Value	US Counties	US Value	HP2020	Trend
Hyperlipidemia: Medicare Population (2015)	55.6%	Baker	47.5%	1.61	1	0	3	2		2
		Clay	49.9%	1.56	1	0	3	3		1
		Duval	50.7%	1.5	1	1	3	3		0
		Nassau	50.7%	1.72	1	1	3	3		1
		St. Johns	54.5%	1.89	2	1	3	3		1
Hypertension: Medicare Population (2015)	60.5%	Baker	62.5%	2.17	2	2	3	3		1.5
		Clay	58.8%	1.17	1	1	2	2		0
		Duval	62.1%	2.06	2	2	3	3		1
		Nassau	60.7%	2.28	2	2	3	3		2
		St. Johns	57.4%	1.22	0	1	2	2		1
Ischemic Heart Disease: Medicare Population (2015)	34.0%	Baker	32.2%	1.72	1	1	3	3		1
		Clay	29.7%	1	0	0	2	3		0
		Duval	30.1%	1.17	0	0	3	3		0
		Nassau	28.0%	0.83	0	0	2	2		0
		St. Johns	31.2%	1.5	1	1	3	3		0
Stroke: Medicare Population (2015)	4.8%	Baker	5.1%	2.22	3	2	3	3		1
		Clay	4.5%	2.11	2	1	3	3		2
		Duval	5.2%	2.44	3	2	3	3		2
		Nassau	4.4%	1.72	1	1	3	3		1
		St. Johns	4.4%	1.94	1	1	3	3		2

*Comparisons were given a score ranging from 0 (green) to 3 (red), where 0 indicates the best outcome and 3 the worst according to comparison values. Comparison scores of 0 or 3 are determined by the quartile of the indicator value when compared to a set of county values (FL counties or US counties), percent difference of 10% or greater when compared to a single value (FL value, US value, or HP2020 target), or a statistically significant Mann-Kendall test for trend. A trend score of 1.5 indicates the values are neither increasing nor decreasing over time. Availability of each type of comparison varies by indicator and is dependent upon the data source, comparability with data collected for other communities, and changes in methodology over time. Please see Appendix B2 for a detailed description of data scoring methodology.

[3] Centers for Medicare & Medicaid Services

[8] Florida Behavioral Risk Factor Surveillance System

[17] Florida Department of Health, Bureau of Vital Statistics

In addition to the data in Table 46, granular data reveals that zip codes in Baker (32040), Duval (32219, 32226, and 32254), and Nassau (32009) counties perform the worst for death rates due to stroke and cardiovascular diseases. Two of the three highest value zip codes for both indicators are from Duval County, and in particular, zip code 32254 in Duval is of distinct concern. The value for zip code 32254 for Age-Adjusted Death Rate due to Stroke is 80.4 deaths per 100,000 population, more than double the Florida state value. For Age-Adjusted Death Rate due to Cardiovascular Diseases, the value is 406.1 deaths per 100,000 population for zip code 32254, nearly twice the rate of 209.7 deaths per 100,000 population for the state of Florida.¹⁷

Community survey participants were asked to rank the most pressing health issues in their community, and for the Northeast Florida Region as a whole, they ranked heart-related diseases as the fourth most pressing need with 56 percent of survey respondents listing heart-related diseases as one of the top five most important health issues in their community. Additionally, half of respondents listed diet, food, and nutrition as one of the top conditions that impact their community, and 29 percent responded that physical activity and exercise were a top factor. Notably, 512 of 837 respondents (61 percent) who answered the question selected older adults as a

sub-population most affected by poor health outcomes in the community. This is especially noteworthy given the evidence from the secondary data that the region is doing poorly for many Medicare population indicators.

The topic area of heart disease and stroke was discussed in a quarter of key informant interviews and was a topic of conversation in seven of 15 focus groups. Participants specifically discussed how many heart conditions are particularly seen in low-income and uninsured populations, with two key informants also noting the negative disparity seen in the African-American population for heart-related health issues. One set of focus group participants and two key informants also talked about the need to focus on contributing risk factors, particularly smoking; a healthy, nutritious, and balanced diet; and physical exercise. Generally, key informants noted that heart disease is more of a community behavioral issue, and not as much of a health system issue.

“Lower socio-economic groups tend to have greater instances of stress related and nutrition associated illnesses.”

– Northeast Florida Key Informant

Social Environment

Social environment ranked as the sixth highest quality of life topic area of need in the data scoring analysis. Further analysis was done to identify specific indicators of concern across the region, and individual indicators with high data scores within the topic area are listed in Table 47. Indicators of concern, for which data scoring results were high for most of the five counties in the region, include: Female Populations 16+ in Civilian Labor Force, Mean Travel Time to Work, Median Household Gross Rent, Median Housing Unit Value, and Total Employment Change.

TABLE 47. SOCIAL ENVIRONMENT INDICATORS*

Indicator	FL Value	County	County Value	County Data Score	FL Counties	FL Value	US Counties	US Value	HP2020	Trend
Child Abuse Rate [9] (2016) <i>*in cases/1,000 children aged 5-11</i>	901.3	Baker	804.6	1.17	1	0				1.5
		Clay	787.0	1.11	0	0				2
		Duval	994.5	1.67	1	3				1.5
		Nassau	1154.8	1.94	2	3				2
		St. Johns	625.9	1	0	0				1.5
Children Living Below Poverty Level [1] (2012-2016)	23.3%	Baker	25.5%	2.11	2	2	2	3		2
		Clay	12.2%	0.61	0	0	0	0		2
		Duval	24.8%	1.94	1	2	2	3		2
		Nassau	18.9%	0.78	0	0	1	0		2
		St. Johns	9.5%	0.39	0	0	0	0		1

Indicator	FL Value	County	County Value	County Data Score	FL Counties	FL Value	US Counties	US Value	HP2020	Trend
Female Population 16+ in Civilian Labor Force [1] (2012-2016)	54.3%	Baker	53.2%	1.67	1	2	2	2		1.5
		Clay	57.2%	1.5	0	1	1	2		3
		Duval	60.4%	1	0	0	0	1		3
		Nassau	49.8%	1.94	1	2	2	3		2
		St. Johns	53.3%	2	1	2	2	2		3
Homeownership [1] (2012-2016)	52.3%	Baker	68.2%	0.61	0	0	0	0		2
		Clay	68.0%	0.61	0	0	0	0		2
		Duval	50.3%	2.67	3	2	3	3		3
		Nassau	61.5%	0.78	0	0	1	0		2
		St. Johns	63.7%	0.67	0	0	1	0		1.5
Juvenile Justice Referral Rate [18] (2013) <i>*in referrals/100,000 population</i>	448.7	Baker	344.1	1.17	1	0				
		Clay	351.2	1.17	1	0				
		Duval	392.6	1.17	1	0				
		Nassau	339.5	1	0	0				
		St. Johns	308.1	1	0	0				
Linguistic Isolation [1] (2012-2016)	6.8%	Baker	0.4%	0.78	0	0	1	0		2
		Clay	1.5%	1	1	0	2	0		1.5
		Duval	2.8%	1.44	2	0	3	0		2
		Nassau	0.7%	1	0	0	1	0		3
		St. Johns	0.8%	0.56	0	0	1	0		1
Mean Travel Time to Work [1] (2012-2016)	26.7	Baker	29.8	2.61	3	3	3	3		2
		Clay	33.4	2.83	3	3	3	3		3
		Duval	24.2	1.44	1	1	2	1		2
		Nassau	29.4	2.61	3	3	3	3		2
		St. Johns	27.0	2.11	2	2	3	2		2
Median Household Gross Rent [1] (2012-2016)	\$1,032	Baker	\$695	0.81	1	0		0		1
		Clay	\$1,028	1.86	3	1		2		2
		Duval	\$962	1.92	2	1		2		3
		Nassau	\$1,050	2.42	3	2		3		3
		St. Johns	\$1,150	2.58	3	3		3		3
Median Household Income [1] (2012-2016)	\$48,900	Baker	\$53,327	1.06	0	1	1	2		1
		Clay	\$59,179	0.78	0	0	0	1		2
		Duval	\$49,196	1.39	1	1	1	3		1
		Nassau	\$59,196	0.67	0	0	0	1		1.5
		St. Johns	\$69,523	0.17	0	0	0	0		0
Median Housing Unit Value [1] (2012-2016)	\$166,800	Baker	\$108,600	2.42	2	3		3		3
		Clay	\$157,600	1.86	1	2		3		2
		Duval	\$146,400	2.03	1	3		3		2
		Nassau	\$192,600	0.81	0	0		1		1
		St. Johns	\$259,900	0.64	0	0		0		1

Indicator	FL Value	County	County Value	County Data Score	FL Counties	FL Value	US Counties	US Value	HP2020	Trend
Median Monthly Owner Costs for Households without a Mortgage [1] (2012-2016)	\$466	Baker	\$284	0.64	0	0		0		1
		Clay	\$379	0.97	2	0		0		1
		Duval	\$445	1.08	2	1		1		0
		Nassau	\$412	1.19	2	0		0		2
		St. Johns	\$490	1.81	3	2		2		1
Mortgaged Owners Median Monthly Household Costs [1] (2012-2016)	\$1,422	Baker	\$1,118	0.58	1	0		0		0
		Clay	\$1,359	1.08	2	1		1		0
		Duval	\$1,337	0.92	2	1		0		0
		Nassau	\$1,391	1.47	3	1		1		1
		St. Johns	\$1,746	1.92	3	3		3		0
People 25+ with a Bachelor's Degree or Higher [1] (2012-2016)	27.9%	Baker	12.8%	2	2	3	3	3		0
		Clay	23.9%	1.83	1	3	1	3		1.5
		Duval	28.1%	0.67	0	1	0	2		0
		Nassau	24.5%	1.72	1	3	1	3		1
		St. Johns	42.5%	0.39	0	0	0	0		1
People 25+ with a High School Degree or Higher [1] (2012-2016)	87.2%	Baker	82.1%	1.5	2	2	2	2		0
		Clay	90.8%	0.72	0	1	0	1		1
		Duval	88.9%	0.83	1	1	1	1		0
		Nassau	90.9%	0.5	0	1	0	1		0
		St. Johns	94.7%	0.5	0	1	0	1		0
People Living Below Poverty Level [1] (2012-2016)	16.1%	Baker	18.5%	2.28	2	3	2	3		2
		Clay	10.2%	0.61	0	0	0	0		2
		Duval	16.6%	1.56	1	2	2	2		1
		Nassau	12.7%	0.78	0	0	1	0		2
		St. Johns	9.0%	0.39	0	0	0	0		1
Per Capita Income [1] (2012-2016)	\$27,598	Baker	\$21,222	1.83	2	3	2	3		0
		Clay	\$27,159	1.5	1	2	1	2		1.5
		Duval	\$27,235	1.17	1	2	1	2		0
		Nassau	\$31,141	0.56	0	0	0	1		1
		St. Johns	\$38,362	0.17	0	0	0	0		0
Persons with Health Insurance [25] (2016)	84.6%	Baker	88.8%	1.08	0	1	2		3	0
		Clay	89.1%	1.08	0	1	2		3	0
		Duval	87.2%	1.08	0	1	2		3	0
		Nassau	88.2%	1.08	0	1	2		3	0
		St. Johns	90.4%	0.81	0	1	1		2	0
Population 16+ in Civilian Labor Force [1] (2012-2016)	58.5%	Baker	51.9%	2.5	1	3	3	3		3
		Clay	62.1%	1.5	0	1	1	2		3
		Duval	63.9%	1.11	0	1	1	1		2
		Nassau	56.4%	1.94	1	2	2	3		2
		St. Johns	60.2%	1.5	0	1	1	2		3

Indicator	FL Value	County	County Value	County Data Score	FL Counties	FL Value	US Counties	US Value	HP2020	Trend
Single-Parent Households [1] (2012-2016)	38.5%	Baker	34.0%	1.28	0	0	2	2		2
		Clay	28.6%	0.56	0	0	1	0		1
		Duval	42.7%	2.61	3	3	3	3		2
		Nassau	33.3%	1.11	0	0	2	1		2
		St. Johns	20.7%	0.39	0	0	0	0		1
Social and Economic Factors Ranking [4] (2018) <i>*Ranking of the county in social and economic factors according to County Health Rankings</i>	Not Available	Baker	27	1.42	1					
		Clay	6	1.25	0					
		Duval	32	1.42	1					
		Nassau	5	1.25	0					
		St. Johns	1	1.25	0					
Total Employment Change [24] (2014-2015)	4.5%	Baker	2.6%	1.67	2	3	1	1		
		Clay	2.7%	1.67	2	3	1	1		
		Duval	0.2%	2.33	3	3	2	3		
		Nassau	3.2%	1.5	2	3	1	0		
		St. Johns	8.4%	0.5	0	0	0	0		
Voter Turnout: Presidential Election [20] (2016)	74.5%	Baker	84.3%	0.67	0	0				0
		Clay	73.5%	1.78	2	2				2
		Duval	74.6%	1.22	1	1				1
		Nassau	77.1%	1.44	1	1				2
		St. Johns	80.1%	1.17	0	1				1.5

*Comparisons were given a score ranging from 0 (green) to 3 (red), where 0 indicates the best outcome and 3 the worst according to comparison values. Comparison scores of 0 or 3 are determined by the quartile of the indicator value when compared to a set of county values (FL counties or US counties), percent difference of 10% or greater when compared to a single value (FL value, US value, or HP2020 target), or a statistically significant Mann-Kendall test for trend. A trend score of 1.5 indicates the values are neither increasing nor decreasing over time. Availability of each type of comparison varies by indicator and is dependent upon the data source, comparability with data collected for other communities, and changes in methodology over time. Please see Appendix B2 for a detailed description of data scoring methodology.

[1] American Community Survey

[4] County Health Rankings

[9] Florida Department of Children and Families

[18] Florida Department of Juvenile Justice

[20] Florida Department of State

[24] National Center for Education Statistics

[25] Small Area Health Insurance Estimates

Community survey participants ranked social environment as the tenth most impactful condition of daily life on their community, with one in four participants believing that social environment has the most impact on their community. Further, only 38% of community survey respondents agree or strongly agree that their community supports a healthy lifestyle. The social environment was mentioned in 18 out of 44 key informant interviews and 9 out of 15 focus groups. The generational impact of poverty, mental health issues, trauma, and knowledge and attitudes toward nutrition and health contribute to the social environment need in the region. Adverse childhood experiences and childhood trauma, as well as the effects of parental mental health issues on children, are important factors influencing the effect of the social environment's impact on community health.

Respiratory Diseases

Respiratory diseases emerged as a significant health need from the secondary data for the Partnership's service area, especially for Baker County. Baker County experienced the highest prevalence of asthma and chronic obstructive pulmonary disorder (COPD) amongst the Medicare population compared to other counties in the region, according to Table 48. Baker County also had a higher age-adjusted death rate due to influenza and pneumonia, and higher prevalence of teens with asthma compared to the state of Florida and compared to the other counties in the Partnership's service area. Finally, particularly amongst older adults, vaccination rates for influenza and pneumonia did not meet the Healthy People 2020 targets in 2016

TABLE 48. RESPIRATORY HEALTH INDICATORS*

Indicator	FL Value	County	County Value	County Data Score	FL Counties	FL Value	US Counties	US Value	HP2020	Trend
Adults 65+ with Influenza Vaccination [8] (2016)	57.6%	Baker	52.5%	1.92	2	2		3		
		Clay	68.3%	0.75	0	0		0		
		Duval	57.6%	1.42	1	1		2		
		Nassau	60.0%	1.25	1	1		1		
		St. Johns	55.6%	1.75	2	2		2		
Adults 65+ with Pneumonia Vaccination [8] (2016)	65.6%	Baker	67.0%	1.75	2	1		2	3	
		Clay	73.8%	1.08	0	0		1	3	
		Duval	66.7%	1.75	2	1		2	3	
		Nassau	71.2%	1.42	0	1		2	3	
		St. Johns	63.3%	2.08	2	2		3	3	
Adults with Current Asthma [8] (2016)	6.7%	Baker	9.2%	1.75	2	3		1		
		Clay	6.7%	1.08	1	1		0		
		Duval	6.8%	1.25	1	2		0		
		Nassau	12.6%	2.25	3	3		3		
		St. Johns	7.4%	1.42	1	3		0		
Age-Adjusted Death Rate due to Influenza and Pneumonia [17] (2016) <i>*in deaths/100,000 population</i>	9.7	Baker	28.2 (2014 value)	2.36	3	3		3		2
		Clay	9.9	1.14	1	2		0		1
		Duval	15.6	2.14	3	3		3		1
		Nassau	19.1	2.14	3	3		3		1
		St. Johns	11.0	1.47	2	3		0		1
Age-Adjusted Death Rate due to Lung Cancer [17] (2014-2016) <i>*in deaths/100,000 population</i>	40.4	Baker	51.4	1.67	2	3			3	0
		Clay	54.7	1.67	2	3			3	0
		Duval	46.2	1.39	1	3			2	0
		Nassau	52.7	1.89	2	3			3	1
		St. Johns	46.7	1.83	1	3			2	2
Asthma: Medicare Population [3] (2015)	9.8%	Baker	11.3%	2.83	3	3	3	3		3
		Clay	10.1%	2.44	2	3	3	3		2
		Duval	10.1%	2.44	2	3	3	3		2
		Nassau	8.2%	1.28	0	0	2	2		2
		St. Johns	7.8%	0.94	0	0	1	1		2

Indicator	FL Value	County	County Value	County Data Score	FL Counties	FL Value	US Counties	US Value	HP2020	Trend
COPD: Medicare Population [3] (2015)	13.2%	Baker	16.6%	2.44	2	3	3	3		2
		Clay	14.2%	1.72	1	2	2	3		1
		Duval	12.8%	1.56	1	1	2	3		1
		Nassau	11.5%	0.89	0	0	1	2		1
		St. Johns	11.4%	0.67	0	0	1	2		0
Lung and Bronchus Cancer Incidence Rate [29] (2012-2014) <i>*in cases/100,000 population</i>	61.0	Baker	90.2	2	3	3				1.5
		Clay	77.8	1.83	2	3				1.5
		Duval	76.2	1.72	2	3				1
		Nassau	81.2	2	3	3				1.5
		St. Johns	66.8	1.61	1	2				2
Teens with Asthma [22] (2014)	20.8%	Baker	24.7%	2.33	3	3				3
		Clay	21.5%	2	2	2				3
		Duval	23.8%	2.33	3	3				3
		Nassau	20.0%	1.33	1	1				1.5
		St. Johns	19.6%	1.44	1	1				2
Tuberculosis Incidence Rate [16] (2016) <i>*in cases/100,000 population</i>	3.2	Baker	0	0.69	0	0		0	0	2
		Clay	1.5	0.97	1	0		0	3	1
		Duval	0	0.47	0	0		0	0	1
		Nassau	0	0.58	0	0		0	0	1.5
		St. Johns	1.5	0.97	1	0		0	3	1

*Comparisons were given a score ranging from 0 (green) to 3 (red), where 0 indicates the best outcome and 3 the worst according to comparison values. Comparison scores of 0 or 3 are determined by the quartile of the indicator value when compared to a set of county values (FL counties or US counties), percent difference of 10% or greater when compared to a single value (FL value, US value, or HP2020 target), or a statistically significant Mann-Kendall test for trend. A trend score of 1.5 indicates the values are neither increasing nor decreasing over time. Availability of each type of comparison varies by indicator and is dependent upon the data source, comparability with data collected for other communities, and changes in methodology over time. Please see Appendix B2 for a detailed description of data scoring methodology.

[3] Centers for Medicare & Medicaid Services

[8] Florida Behavioral Risk Factor Surveillance System

[16] Florida Department of Health, Bureau of TB & Refugee Health

[17] Florida Department of Health, Bureau of Vital Statistics

[22] Florida Youth Tobacco Survey

[29] University of Miami (FL) Medical School, Florida Cancer Data System

Key informants and focus group participants cited asthma as a community concern. Focus group participants noted that asthma amongst children frequently leads to school absences and poor school performance. Community members attributed high rates of lung cancer in the counties neighboring Duval to high rates of smoking. Respiratory diseases were not considered a top health need from the community survey as only 13% of survey participants ranked it as a community health issue.

Sexual Health

Sexual health also emerged as a significant health need for the service area, especially for Baker and Duval counties. Sexually transmitted infections are a key concern in this health area: the chlamydia incidence rate amongst adults and teens is greater in both Baker and Duval Counties compared to the state of Florida and to the United States, as displayed in Table 49. Additionally, the gonorrhea incidence rate of Duval County (292.1

cases/100,000 people) is more than twice the rate of the state of Florida and the United States. The teen birth rate for females ages 15-19 in Baker County is twice as high as the rate for the state of Florida; Duval and Nassau counties also had high teen birth rates compared to the state of Florida. Focus group participants and key informants further corroborated that teen births are an issue in the community.

TABLE 49. SEXUAL HEALTH INDICATORS*

Indicator	FL Value	County	County Value	County Data Score	FL Counties	FL Value	US Counties	US Value	HP2020	Trend
AIDS Diagnosis Rate [13] (2016) <i>*in cases/100,000 population</i>	10.5	Baker	3.7	0.89	0	0				1
		Clay	6.8	1.28	1	0				2
		Duval	16.1	1.67	3	3				0
		Nassau	7.7	1.22	2	0				1
		St. Johns	4.1	1.06	1	0				1
Chlamydia Incidence Rate [15] (2016) <i>*in cases/100,000 population</i>	468.2	Baker	504.3	2.03	3	2		2		2
		Clay	424.0	1.36	2	1		0		2
		Duval	714.3	2.36	3	3		3		2
		Nassau	243.0	0.86	0	0		0		2
		St. Johns	269.8	0.86	0	0		0		2
Chlamydia Incidence Rate: Females 15-19 [15] (2016) <i>*in cases/100,000 females aged 15-19</i>	3175.6	Baker	4767.6	2.11	3	3				2
		Clay	2706.9	1.28	1	0				2
		Duval	4556.4	2.11	3	3				2
		Nassau	1993.7	1	0	0				1.5
		St. Johns	1709.9	1	0	0				1.5
Gonorrhea Incidence Rate [15] (2016) <i>*in cases/100,000 population</i>	139.2	Baker	89.0	1.03	1	0		0		2
		Clay	124.5	1.19	2	0		0		2
		Duval	292.1	2.58	3	3		3		3
		Nassau	66.5	1.25	1	0		0		3
		St. Johns	55.0	0.86	0	0		0		2
Gonorrhea Incidence Rate: Females 15-19 [15] (2016) <i>*in cases/100,000 females aged 15-19</i>	496.6	Baker	119.2	1	0	0				1.5
		Clay	279.1	1.17	1	0				1.5
		Duval	911.3	2.33	3	3				3
		Nassau	181.2	0.67	0	0				0
		St. Johns	159.4	1.11	0	0				2
HIV Incidence Rate [13] (2016) <i>*in cases/100,000 population</i>	24.6	Baker	11.1	1.28	1	0				2
		Clay	9.7	1.28	1	0				2
		Duval	30.6	1.89	3	3				1
		Nassau	10.2	1.28	1	0				2
		St. Johns	6.8	0.89	0	0				1
Syphilis Incidence Rate [15] (2016) <i>*in cases/100,000 population</i>	11.9	Baker	3.7	1.28	1	0				2
		Clay	6.3	1.67	2	0				3
		Duval	11.0	2	3	1				3
		Nassau	0.0	1	0	0				1.5
		St. Johns	0.9	1.11	0	0				2

Indicator	FL Value	County	County Value	County Data Score	FL Counties	FL Value	US Counties	US Value	HP2020	Trend
Teen Birth Rate: 15-19 [17] (2016) <i>*in cases/1,000 females aged 15-19</i>	19.5	Baker	41.7	2.25	3	3		3		1.5
		Clay	17.7	0.92	0	1		0		1.5
		Duval	27.3	1.97	2	3		3		1
		Nassau	28.1	2.19	2	3		3		2
		St. Johns	8.4	0.64	0	0		0		1

*Comparisons were given a score ranging from 0 (green) to 3 (red), where 0 indicates the best outcome and 3 the worst according to comparison values. Comparison scores of 0 or 3 are determined by the quartile of the indicator value when compared to a set of county values (FL counties or US counties), percent difference of 10% or greater when compared to a single value (FL value, US value, or HP2020 target), or a statistically significant Mann-Kendall test for trend. A trend score of 1.5 indicates the values are neither increasing nor decreasing over time. Availability of each type of comparison varies by indicator and is dependent upon the data source, comparability with data collected for other communities, and changes in methodology over time. Please see Appendix B2 for a detailed description of data scoring methodology.

[13] Florida Department of Health, Bureau of HIV/AIDS

[15] Florida Department of Health, Bureau of STD Prevention & Control

[17] Florida Department of Health, Bureau of Vital Statistics

Community survey participants ranked sexual health as the tenth most pressing health need for the Partnership’s service area. Key informants and focus group participants shared input about specific issues within sexual health, most notably that there is a gap in safe sex education. Focus group participants cited that adolescents are neither learning about sexual health in school nor at home from their parents. Adolescent focus group participants raised two other issues as critical in their community: (1) sexually transmitted infections (STIs) among youths, and (2) lack of sexual health resource awareness in the community.

“Some people argue that sexual education needs to be taught at the home. But no parents want to talk about sex with their children, and kids don’t want to talk about it with their parents, since it is very awkward. Basically, this leads to no education around the topic.”

– Tipping the Scale Youth Mentoring Program, Baptist Nassau Focus Group

The following data comes from the 2017 Youth Risk Behavior Survey for Duval County middle and high school students. Compared to 2013, 23% fewer high school students and 25% fewer middle school students reported having ever had sex.^{12,13} Male high school students were more likely to report ever having sex compared to female students (42.0% and 33.0%, respectively) in 2017. Among high school students that were sexually active, only 57.7% used a condom the last time they had sex. Only 60.1% of Duval County middle school students reported using a condom the last time they had sex, which is an 8% decrease from 2013. Approximately 50% of middle school students reported that their parents or other adults in their family talked with them about

¹² Youth Risk Behavior Survey, Duval County High School Students. Sexual Behaviors. (2017). Retrieved May 17, 2018.

¹³ Youth Risk Behavior Survey, Duval County Middle School Students. Sexual Behaviors. (2017). Retrieved May 17, 2018.

expectations regarding sexual behavior. Nearly one in five, or 18.2%, of Duval County high school students used alcohol or drugs before the last time they had sex.

Duval County high school students reported high rates of dating and sexual activity compared to the state of Florida. 12.3% of Duval County high school students experienced physical dating violence in the past year compared to 8.4% in Florida. 10.8% of high school students reported forced sexual intercourse; female Duval County high school students were more likely to report forced sexual activity than male students (13.5% compared to 7.8%). Lesbian, Gay and Bisexual students experienced physical dating violence at a higher rate (23.3%) compared to their heterosexual peers (8.7%).

Built Environment & Safety

According to secondary data analysis, the Built Environment & Safety emerged as critical issues. This topic area includes indicators that connect the physical space that people live in to nutrition and physical activity, and indicators that connect physical space to transportation safety. Indicators of greatest concern from the secondary data include: Food Environment Index, which measures both geographical access to a grocery store and food insecurity; Access to Exercise Opportunities, which measures geographical accessibility to parks; Children with Low Access to a Grocery Store, and the Pedestrian Death Rate.

Table 50 lists all secondary data indicators within the Built Environment & Safety topic.

TABLE 50. BUILT ENVIRONMENT & SAFETY INDICATORS*

Indicator	FL Value	County	County Value	County Data Score	FL Counties	FL Value	US Counties	US Value	HP2020	Trend
Access to Exercise Opportunities [4] (2018)	87.1%	Baker	35.0%	2.5	3	3	3	3		
		Clay	83.9%	1.17	1	2	0	1		
		Duval	88.5%	0.83	0	1	0	1		
		Nassau	68.6%	2	2	3	1	3		
		St. Johns	88.2%	0.83	0	1	0	1		
Age-Adjusted Death Rate due to Motor Vehicle Collisions [17] (2016) <i>*in deaths/100,000 population</i>	15.4	Baker	35.4	2.11	3	3				2
		Clay	23.8	2.17	2	3				3
		Duval	15.2	1.44	1	1				2
		Nassau	35.0	2.11	3	3				2
		St. Johns	18.6	2	1	3				3
Age-Adjusted Death Rate due to Unintentional Injuries [17] (2016) <i>*in deaths/100,000 population</i>	56.3	Baker	68.3	2.58	2	3		3	3	3
		Clay	78.2	2.53	3	3		3	3	2
		Duval	81.1	2.53	3	3		3	3	2
		Nassau	85.8	2.53	3	3		3	3	2
		St. Johns	50.6	1.75	1	0		2	3	3

Indicator	FL Value	County	County Value	County Data Score	FL Counties	FL Value	US Counties	US Value	HP2020	Trend
Children with Low Access to a Grocery Store [28] (2015) <i>*Percent of children living more than 1 mile from a grocery store in an urban area or more than 10 miles from a grocery store in a rural area</i>		Baker	7.7%	2	3		3			
		Clay	6.3%	1.67	2		2			
		Duval	6.1%	1.67	2		2			
		Nassau	4.7%	1.5	1		2			
		St. Johns	5.3%	1.67	2		2			
Food Environment Index [4] (2018) <i>*An index ranking from 0 (worst) to 10 (best) weighting the percent of those with low-income and loss access to a grocery store and the percent of those without access to a reliable food source</i>	6.7	Baker	6.4	2.44	3	2	3	3		2
		Clay	7.6	1.11	0	0	1	2		2
		Duval	6.3	2.44	3	2	3	3		2
		Nassau	7.4	1.22	1	0	2	2		1
		St. Johns	7.8	0.72	0	0	1	1		1
Households with No Car and Low Access to a Grocery Store [28] (2015)		Baker	2.8%	1.67	2		2			
		Clay	1.9%	1.17	0		1			
		Duval	1.7%	1	0		0			
		Nassau	2.4%	1.33	1		1			
		St. Johns	2.4%	1.33	1		1			
Low-Income and Low Access to a Grocery Store [28] (2015)		Baker	13.0%	2	3		3			
		Clay	6.9%	1.5	1		2			
		Duval	8.6%	1.67	2		2			
		Nassau	7.4%	1.5	1		2			
		St. Johns	6.6%	1.5	1		2			
Pedestrian Death Rate [5] (2013) <i>*in deaths/100,000 population</i>	2.6	Baker	3.7	2.78	3	3	3	3	3	2
		Clay	1.0	0.94	1	0	2	0	0	2
		Duval	3.8	2.78	3	3	3	3	3	2
		Nassau	4.0	2.78	3	3	3	3	3	2
		St. Johns	1.4	1.11	1	0	2	1	2	1
People 65+ with Low Access to a Grocery Store [28] (2015)		Baker	3.4%	1.5	1		2			
		Clay	2.8%	1.33	1		1			
		Duval	2.5%	1.33	1		1			
		Nassau	4.4%	1.83	2		3			
		St. Johns	4.3%	1.67	2		2			
People with Low Access to a Grocery Store [28] (2015)		Baker	33.1%	2	3		3			
		Clay	24.4%	1.5	1		2			
		Duval	24.7%	1.67	2		2			
		Nassau	24.2%	1.5	1		2			
		St. Johns	25.4%	1.67	2		2			

Indicator	FL Value	County	County Value	County Data Score	FL Counties	FL Value	US Counties	US Value	HP2020	Trend
Severe Housing Problems [4] (2010-2014)	21.50%	Baker	16.8%	1.28	1	0	3	0		2
		Clay	14.9%	0.83	0	0	2	0		1.5
		Duval	20.1%	2.33	3	1	3	2		3
		Nassau	14.9%	0.83	0	0	2	0		1.5
		St. Johns	16.6%	0.89	1	0	2	0		1

*Comparisons were given a score ranging from 0 (green) to 3 (red), where 0 indicates the best outcome and 3 the worst according to comparison values. Comparison scores of 0 or 3 are determined by the quartile of the indicator value when compared to a set of county values (FL counties or US counties), percent difference of 10% or greater when compared to a single value (FL value, US value, or HP2020 target), or a statistically significant Mann-Kendall test for trend. A trend score of 1.5 indicates the values are neither increasing nor decreasing over time. Availability of each type of comparison varies by indicator and is dependent upon the data source, comparability with data collected for other communities, and changes in methodology over time. Please see Appendix B2 for a detailed description of data scoring methodology.

[4] County Health Rankings

[5] Fatality Analysis Reporting System

[17] Florida Department of Health, Bureau of Vital Statistics

[28] U.S. Department of Agriculture – Food Environment Atlas

The primary data similarly support the secondary data results. While not mentioned as a top issue in the community survey, key informant and focus group discussion around the built environment focused on a lack of safe places to walk or be outside, corroborating the secondary data results around pedestrian safety. Sidewalk and outdoor community safety was cited as a critical concern, especially for persons with disabilities.

“Pedestrian and driver safety is a huge concern. It’s everywhere, every demographic [...] intersections are difficult for pedestrians because of limited visibility.”

– Florida State College at Jacksonville Focus Group

Conclusion

The Community Health Needs Assessment for the Jacksonville Nonprofit Hospital Partnership utilized a comprehensive set of secondary data indicators measuring the health and quality of life needs for the Partnership's service area. The assessment was further informed with community input from knowledgeable persons representing the broad interests of the community.

The prioritization process identified seven focus areas: (1) Access, (2) Behavioral Health, (3) Poverty, (4) Obesity & Physical Activity, (5) Maternal, Fetal & Infant Health, (6) Cancer, and (7) Vulnerable Populations. Following this process, each hospital will outline which prioritized health needs it has the resources to address and how it plans to address them in its Implementation Strategy.

Appendix A. Impact Since Prior CHNA

1. Baptist Medical Center Beaches

Significant Health Need Identified in Preceding CHNA	Planned Activities to Address Health Needs Identified in Preceding Implementation Strategy	Was Activity Implemented (Yes/No)	Results, Impact & Data Sources
Communicable Diseases	Community education sessions on STIs.	Yes	<p>Funded BrdsNBz sexual health text messaging service enabling more than 80 young people to anonymously receive answers to their sexual health questions in a six-month period.</p> <p>BrdsNBz sexual health text messaging service shared with Leadership Jacksonville Collegiate class of 2017 –</p> <p>36 youth and 2 adults attended.</p>
	Partner with local colleges and universities to enhance STI education programs.	Yes	<p>The Clinton Health Matters Initiative (CHMI) invited Baptist Health to participate in its College Health Program; CHMI is convening local colleges and universities with community partners to identify health needs of college students in the realms of sexual health, mental health and physical health (nutrition and physical activity) and to work together to develop strategies to address these needs. Baptist Health staff attended the first workshop held in June 2017 and will continue this work in FY18, when the colleges will identify which specific areas they want to prioritize.</p>

Significant Health Need Identified in Preceding CHNA	Planned Activities to Address Health Needs Identified in Preceding Implementation Strategy	Was Activity Implemented (Yes/No)	Results, Impact & Data Sources
Communicable Diseases (continued)	Offer STI prevention and safe sex education at community events and health fairs.	Yes	<p>08/06/2016 – Beaches Health Jam at Carver Center – 400 participants. Partnered with City of Jacksonville Beach and local Rotary clubs at Beaches Health Jam to provide health education information on nutrition, Florida Breast and Cervical Cancer Early Detection Program services, communicable disease prevention and screening services, smoking cessation, and local free and reduced-cost healthcare providers.</p> <p>Partnered with AIDS Health Foundation at Beaches Health Jam to provide communicable disease prevention info and screenings to over 10 participants</p>
	Partner with Duval County and St. John’s County Public Schools to enhance STI education and awareness.	Yes	Baptist Beaches Emergency Department RN attended system-wide training for clinicians on STI prevention curriculum in the DCPS. Team members led communicable disease prevention instruction in HOPE classes at Duval middle and high schools across the county. Over 1200 students have been educated in safe sex practices thus far.

Significant Health Need Identified in Preceding CHNA	Planned Activities to Address Health Needs Identified in Preceding Implementation Strategy	Was Activity Implemented (Yes/No)	Results, Impact & Data Sources
Health Disparities	Provide education and health screenings in low-income, African American and Hispanic communities and follow up on abnormal results with action items including connection to a medical home.	Yes	<p>BMC Beaches provided the following biometric screenings:</p> <ul style="list-style-type: none"> • 10/03/2015 - Wiley Foundation Health Fair – 15 individuals screened for BMI, blood pressure, glucose and cholesterol. Yielded 3 abnormal blood pressure results. Follow up calls to participants with abnormal results were completed. • 10/07/2015 – Neptune Beach Senior Activity Center Health Fair – 12 individuals screened for BMI, blood pressure, glucose and cholesterol. Follow up calls to participants with abnormal results were completed. • 10/17/2015 – Sunrise Christian Church Health Fair – 24 individuals screened for BMI, blood pressure, glucose and cholesterol. Yielded 7 abnormal blood pressure results, 1 abnormal glucose result, 7 abnormal cholesterol results. Follow up calls to participants with abnormal results were completed. • 10/29/2015 – Neptune Beach Senior Activity Center blood pressure check – 13 individuals screened for blood pressure. Yielded 1 abnormal result. Follow up call to participant with abnormal result was completed. • 02/28/2016 – Palms Presbyterian Health Fair – 64 individuals screened for BMI, blood pressure, glucose and cholesterol. Yielded 13 abnormal blood pressure results, 0 abnormal glucose results, 8 abnormal cholesterol results. Follow up calls to participants with abnormal results were completed. • 05/25/2016 – Fleet Landing Health Fair – 64 individuals screened for BMI, blood pressure, glucose and cholesterol. Yielded 14 abnormal blood pressure results, 1 abnormal glucose result, 4 abnormal cholesterol results. Follow up calls to participants with abnormal results were completed.

Significant Health Need Identified in Preceding CHNA	Planned Activities to Address Health Needs Identified in Preceding Implementation Strategy	Was Activity Implemented (Yes/No)	Results, Impact & Data Sources
Health Disparities (continued)	Provide education and health screenings in low-income, African American and Hispanic communities and follow up on abnormal results with action items including connection to a medical home.	Yes	<ul style="list-style-type: none"> • 09/13/2016 – Avante Health Fair – 27 individuals screened for BMI, blood pressure, glucose and cholesterol. Yielded 5 abnormal blood pressure results, 1 abnormal glucose result, 1 abnormal cholesterol result. Follow up calls to participants with abnormal results were completed. • 09/24/2016 – St. John the Baptist Church Health Fair – 33 individuals screened for BMI, blood pressure, glucose and cholesterol. Yielded 5 abnormal blood pressure results, 1 abnormal glucose result, 2 abnormal cholesterol results. Follow up calls to participants with abnormal results were completed. <p>BMC Beaches provided the following outreach related to health disparities:</p> <ul style="list-style-type: none"> • 10/05/2015 – Breast Cancer Awareness Event – 100 participants. Event included speakers on breast health and distribution of information on Florida Breast and Cervical Cancer Early Detection Program. • 10/22/2015 – Breast Cancer Awareness Event at Our Lady of the Sea Church – 30 participants. Event included speaker on breast health and distribution of information on Florida Breast and Cervical Cancer Early Detection Program. • 08/06/2016 – Beaches Health Jam at Carver Center – 400 participants. Partnered with City of Jacksonville Beach and local Rotary clubs at Beaches Health Jam to provide health education information on nutrition, Florida Breast and Cervical Cancer Early Detection Program services, communicable disease prevention and screening services, smoking cessation, and local free and reduced-cost healthcare providers.

Significant Health Need Identified in Preceding CHNA	Planned Activities to Address Health Needs Identified in Preceding Implementation Strategy	Was Activity Implemented (Yes/No)	Results, Impact & Data Sources
Health Disparities (continued)	Provide education and health screenings in low-income, African American and Hispanic communities and follow up on abnormal results with action items including connection to a medical home.	Yes	<p>In fiscal year 2017 BMC Beaches</p> <ul style="list-style-type: none"> Partnered with local agencies at Beaches Health Jam providing health information over 150 attendees 221 individuals screened for BMI and blood pressure at a total of 11 community outreach events – all participants received nutrition counseling and those with abnormal results received follow-up calls <p>Provided blood pressure screenings and healthy recipes at the Atlantic Beach Farmer’s Market (USDA food desert) and Beaches Health Jam event (low-mod neighborhood) - 6 total events with 102 participants</p>
	Support and partner with the Beaches Wellness Project, which provides access to health care for cardiac, mental, diabetes and other illnesses.	Yes	<p>BMCB provides access to the staff of the Beaches Wellness partnership to meet with patients prior to discharge to schedule follow-up appointments.</p> <ul style="list-style-type: none"> BMCB clinicians provide information and referrals to the Beaches Wellness Project. Baptist Health provides funding to support the Beaches Wellness Project. In 2016, 99 people were helped resulting in a decrease in ER visits of 37% and a decrease in hospital admissions of 250%. In 2017, 286 people helped.
	Offer 8 Weeks to Healthy Living program through faith-based and community organizations.	Yes	<p>8 Weeks to Healthy Living was offered at Palms Presbyterian Church in Jacksonville Beach (September – November 2016). A total of 44.2 lbs. was lost by the 20 participants completing the program.</p>

Significant Health Need Identified in Preceding CHNA	Planned Activities to Address Health Needs Identified in Preceding Implementation Strategy	Was Activity Implemented (Yes/No)	Results, Impact & Data Sources
Health Disparities (continued)	Train Baptist Health Social Responsibility PRN team members in motivational interviewing to identify and refer people who are interested in quitting tobacco to AHEC for classes and support.	Yes	100% of Baptist Health Social Responsibility PRN team members completed training in motivational interviewing.
	Partner with Northeast Florida AHEC to provide smoking cessation classes in the community in low-income neighborhoods.	Yes	<p>The AHEC tobacco cessation referral process was developed for implementation effective 12/2016 for all COPD admissions at Baptist Beaches. Respiratory therapists are conducting the patient interviews and acquiring consent for AHEC to contact the patient about available smoking cessation resources.</p> <p>98 referrals to AHEC smoking cessation classes – established smoking cessation classes at Baptist Medical Center Beaches and majority of referrals are hospital inpatients</p>
	Partner with Mission House to provide mammograms for women without insurance.	Yes	Provided funding to Mission House to provide medical care to people who are homeless. In 2017, 1,092 people received care. In 2016, 834 people received care.

Significant Health Need Identified in Preceding CHNA	Planned Activities to Address Health Needs Identified in Preceding Implementation Strategy	Was Activity Implemented (Yes/No)	Results, Impact & Data Sources
Health Disparities (continued)	At community events, register eligible women for mammograms from the Florida Breast and Cervical Cancer Early Detection Program offered through the Florida Department of Health.	Yes Alternate strategy included	Connected underserved and uninsured women with the Florida Department of Health to receive mammograms. Also, provided funding to Sulzbacher Beaches clinic to provide primary care for people who live or work in the beaches community and are under- or uninsured. In 2016 and 2017, 596 patients received mammograms.
	Implement training for community members in low-income areas on the warning signs of mental illness in adults and children and how to intervene necessary.	Yes	13 community members were certified in Adult Mental Health First Aid in a training held at Baptist Beaches.
	Support the efforts of 7north, which includes mental health counseling, food distribution center for food pantries in the area and a thrift shop.	Yes	Baptist Health Social Responsibility team member chaired the committee to hire a director for 7north mental health services.

Significant Health Need Identified in Preceding CHNA	Planned Activities to Address Health Needs Identified in Preceding Implementation Strategy	Was Activity Implemented (Yes/No)	Results, Impact & Data Sources
Mental Health	Partner with United Way of Northeast Florida to develop and implement a community-wide effort to reduce stigma associated with mental illness and increase access to care.	In Progress	<p>Baptist Health provided funding to the United Way for a stigma reduction campaign. Research was conducted on effective campaigns. Baptist staff participated in stigma reduction committee meetings in FY16 and FY 17, and a plan is being developed.</p> <p>Baptist Medical Center Beaches hosted the Inside Out art exhibit to decrease stigma related to mental illness. The goal of the exhibit is to bring awareness to mental health issues and that it is okay to “come out” about mental illness. Artist names and quotes are proudly displayed next to their artwork. The exhibit was on display during July and August 2016.</p>
	Offer Mental Health education sessions and information to the community.	Yes	<p>Provided funding to the National Council for Behavioral Health to train 26 community members as Mental Health First Aid facilitators.</p> <p>13 community members were certified in Adult Mental Health First Aid in a training held at Baptist Beaches.</p> <p>In 2016, BMC Beaches:</p> <ul style="list-style-type: none"> • 11/12/2015 - Hosted “Mind, Body, Spirit and Cardiac Health” presentation by Mona Shah, MD – 42 participants. • 11/18/2015 - Hosted “Mind, Body, Spirit and Cardiac Health” presentation at Neptune Beach Senior Activity Center with Mona Shah, MD – 6 participants. • 11/18/2015 – Hosted Mindfulness training with Kristen Kelley, PsyD at Palms Presbyterian Church in Jacksonville Beach – 12 participants • 06/25/2016 – Adult Mental Health First Aid training at Baptist Beaches – 13 participants. • Baptist and community meditation sessions information flyer distributed during Global Wellness Day event on June 11 at Unity Plaza. • Baptist Health Social Responsibility team member chaired the committee to hire a director for 7north mental health services.

Significant Health Need Identified in Preceding CHNA	Planned Activities to Address Health Needs Identified in Preceding Implementation Strategy	Was Activity Implemented (Yes/No)	Results, Impact & Data Sources
Mental Health (continued)			<ul style="list-style-type: none"> • Meditation offered onsite at Baptist Beaches for community and team members at no-charge once a week – 126 total participants (average of 1-4 people per weekly session). • 17 educational sessions on mental wellness were held at the Ponte Vedra Y Healthy Living Center with 292 people attending. • Funded Postpartum Support International to provide an educational session attended by 190 community members. <p>In 2017, BMC Beaches:</p> <p>Held weekly meditation sessions on campus with 102 total participants</p> <p>63 moms attended Post-Partum Support Group at Riverside and Beaches locations combined</p>
	Offer Youth Mental Health First Aid training for community members on the warning signs of mental illness and what to do to help young people.	Yes	87 total participants trained in Mental Health First Aid for Youth and Mental Health First Aid for Adults
	Offer Adult Mental Health First Aid training for community members on the warning signs of mental illness and what to do to help adults.	Yes	87 total participants trained in Mental Health First Aid for Youth and Mental Health First Aid for Adults

Significant Health Need Identified in Preceding CHNA	Planned Activities to Address Health Needs Identified in Preceding Implementation Strategy	Was Activity Implemented (Yes/No)	Results, Impact & Data Sources
Mental Health (continued)	Partner with faith-based organizations to offer Faith and Mental Health education.	Yes	129 participants attended Faith & Mental Health conference held in November 2016. 150 clergy, lay people, mental health professionals and community members attended the Faith and Mental Health conference held in April 2018.
	Train adults in the community on recognizing the warning signs of mental illness and suicide among youth.	Yes	87 total participants trained in Mental Health First Aid for Youth and Mental Health First Aid for Adults
	Collaborate with other community providers to develop integrated care clinic that will provide additional pediatric mental health resources in the community.	Yes	<p>Provided funding to Mental Health America of Northeast Florida to increase awareness of and advocacy for additional mental health services in our community resulting in increased funding and legislation that expands the capacity of mental health services in northeast Florida.</p> <p>Provided funding to ElderSource to provide one-on-one coaching to seniors who are exhibiting mild depression symptoms.</p> <p>Provided funding to The Women’s Center of Jacksonville to provide mental health counseling for women who cannot afford counseling. 146 women were provided therapy.</p> <p>Provided funding to Muslim American Social Services to provide primary care for people living in Duval County who do not have health insurance. MASS provided health services to 2,168 patients 73 of whom received behavioral health services.</p>

Significant Health Need Identified in Preceding CHNA	Planned Activities to Address Health Needs Identified in Preceding Implementation Strategy	Was Activity Implemented (Yes/No)	Results, Impact & Data Sources
Mental Health (continued)			<p>Sulzbacher Center funded for Beaches Clinic to provide medical care for people who are un- or under-insured people living in the Beaches community. 3,370 people received health care including 1,516 who were screened for mental health needs with 306 receiving treatment.</p> <p>Provided funding to Volunteers in Medicine to provide primary care for people who live or work in Duval County and do not have health insurance. 390 people were screened for behavioral health services and 50 received treatment.</p>
	Support the efforts of 7north which includes mental health counseling.	Yes	Baptist Health Social Responsibility team member chaired the committee to hire a director for 7north mental health services.

Significant Health Need Identified in Preceding CHNA	Planned Activities to Address Health Needs Identified in Preceding Implementation Strategy	Was Activity Implemented (Yes/No)	Results, Impact & Data Sources
Obesity Nutrition Lifestyle	Offer 8 Weeks to Healthy Living through faith organizations and other community organizations.	Yes	8 Weeks to Healthy Living was offered at Palms Presbyterian Church in Jacksonville Beach. A total of 44.2 lbs. was lost by the 20 participants completing the program.
	12-month pre-diabetes classes (CDC) with gym membership	Yes	<p>Held 24 education sessions on healthy living at the PV YHLC.</p> <p>113 biometric screenings provided free through the PV YHLC. All received coaching to improve health</p> <p>Free biometric screenings were held at the Ponte Vedra Y Healthy Living Center serving 114 people, and health coaching sessions were held with 283 people.</p>
	Educate parents and children on healthy eating habits.	Yes	<p>252 individuals screened for BMI, glucose, blood pressure and cholesterol and received nutrition counseling</p> <p>Held 13 education sessions on healthy living at the PV YHLC attended by 142 people</p> <p>114 individuals screened for cholesterol and received nutrition counseling.</p> <p>587 individuals screened for BMI and blood pressure – all received nutrition counseling.</p> <p>Hosted 9 education lectures promoting healthy lifestyle choices - 263 total attendance.</p>

Significant Health Need Identified in Preceding CHNA	Planned Activities to Address Health Needs Identified in Preceding Implementation Strategy	Was Activity Implemented (Yes/No)	Results, Impact & Data Sources
Obesity Nutrition Lifestyle (continued)	Support for dietitian at BEAM Prescriptive Nutrition Program.	Yes	BEAM funded to provide nutrition counseling and access to healthy food to people who are un- or under-insured. 59 clients participated in the prescriptive therapy program with 39 successfully participating in the program. Half of participants reduced their blood glucose by more than 25% and a total of 151 pounds was lost by participants.

2. Baptist Medical Center Jacksonville

Significant Health Need Identified in Preceding CHNA	Planned Activities to Address Health Needs Identified in Preceding Implementation Strategy	Was Activity Implemented (Yes/No)	Results, Impact & Data Sources
Diabetes	Continue the 8 Weeks to Healthy Living program and look for ways to increase participation and completion of this program through faith-based and other community partnerships.	Yes	<p>Seven Programs were held in Jacksonville during FY16. 152 participants enrolled, 74% completed the program, total pounds lost of everyone involved was 830, total pounds lost those who completed program was 754.6, decreases in BMI of those who attend final screening was 92% normal versus 69% normal at the beginning of the program.</p> <p>Five programs were held in Jacksonville during FY17. 82 participants enrolled, 61 participants completed the program, 74% completed the program, 214.5 total pounds lost by everyone enrolled, 197.6 total pounds lost by those who completed the program. 57% decrease in BMI of those who attended final screening.</p>
	Continue its partnership with the YMCA and JCA to provide prevention and maintenance education on diabetes. The number of people served through these facilities is expected to grow over the next three years as additional locations are added.	Yes	<p>During FY16, Baptist Health provided community health programming in three Healthy Living Center Locations in partnership with YMCA and JCA (Mandarin, Riverside, JCA,). These centers provided health screenings, follow-up coaching and information related to diabetes prevention and/or maintenance to 129 people. The Riverside Healthy Living Center also opened in August 2016.</p> <p>The Baptist North and Johnson HLC were both opened during FY17, bringing the total number of these partnerships to 6. Baptist North, Johnson, and the Riverside Y served 1,060 individuals during FY17, providing 571 1-hour biometric screenings and 820 health coaching sessions. These sites also held 65 programs where physicians and other health experts provided education and answered health questions from participants.</p>

Significant Health Need Identified in Preceding CHNA	Planned Activities to Address Health Needs Identified in Preceding Implementation Strategy	Was Activity Implemented (Yes/No)	Results, Impact & Data Sources
Diabetes (continued)	Provide free BMI and blood glucose screenings at community health fairs and offer follow-up resources for those who are found to be high-risk for developing diabetes. Provide health literature on diabetes prevention and maintenance at all health screenings	Yes	<p>Baptist Medical Center- Jacksonville participated in 41 health fairs during FY16. 1,799 people received a health screening (blood pressure, BMI and/or blood glucose) and 621 people were identified with abnormal results.</p> <p>BMC- J participated in over 29 health fairs and community events during FY17 at which health screenings were provided. 1,199 people received a health screening (blood pressure, BMI and/or blood glucose) and 451 people were identified with abnormal results.</p> <p>Those with abnormal results received a follow-up call from a Social Responsibility staff member who connected them to a primary care clinic if they had not already done so themselves.</p>
	Provide care coordination services for pre-diabetic and diabetic patients in Baptist Primary Care offices. Care coordinators work with patients to educate them on prevention and disease management as well as directing patients to appropriate community resources for additional support.	Yes	<p>Over 22 BPP nurse care coordinators are embedded in primary care offices with high numbers of chronic complex patients and frequent utilizers of acute care services. In addition, centralized care coordinators are focused on managing medically complex patients discharged from Baptist hospitals as well as high-risk individuals within the populations we serve through shared savings contracts, including the Baptist Employee Health Plan. This model also supports primary care offices with lower numbers of chronic complex patients who could benefit from care coordination services.</p> <p>There was a total of 1,255 people in Care Coordination for Diabetes:</p> <ul style="list-style-type: none"> • Average A1c levels dropped a rate of -.31 • Average Blood Pressure Diastolic levels went up a rate of 1.7 • Average Blood Pressure Systolic levels dropped a rate of -.74 • Average BMI levels dropped a rate of -.07 <p>There were a total of 67 people in Care Coordination for Prediabetes.</p> <ul style="list-style-type: none"> • Average A1c levels went up a rate of .05 • Average Blood Pressure Diastolic levels dropped a rate of -1.41 • Average Blood Pressure Systolic levels dropped a rate of -1.6 • Average BMI levels went up a rate of .126

Significant Health Need Identified in Preceding CHNA	Planned Activities to Address Health Needs Identified in Preceding Implementation Strategy	Was Activity Implemented (Yes/No)	Results, Impact & Data Sources
Diabetes (continued)	Continue to refer patients to the outpatient diabetes educational program located on the Baptist Medical Center Jacksonville campus.	Yes	<p>FY 2016: 850 referrals had a diagnosis of diabetes, of those 246 chose to go to class; 201 were seen individually</p> <p>FY 2017: 912 referrals had a diagnosis of diabetes, of those 272 chose to go to class; 214 were seen individually</p> <p>YTD FY 2018: 594 referrals had a diagnosis of diabetes, of those 176 have come to class; 193 have been seen individually so far this year</p>
	Offer education and provide resources regarding diabetes prevention and disease management at local community events that Baptist sponsors or participates in.	Yes	<p>BMC-Jacksonville held six classes on nutrition and/or diabetes prevention in the community during FY16. Of the 123 community members who attended one of these programs, 89% indicated that they gained knowledge during the class while 84% indicated that they were going to make a behavior change due to the knowledge that they gained.</p> <p>BMC-J facilitated a nutrition class for a community partner, Clara White, at which 7 people attended.</p> <p>Partnered with one congregation to provide a new evidence-based program from the CDC to prevent diabetes by making lifestyle changes.</p>
	Work with community organizations to increase awareness in the community about preventing Type II diabetes and provide additional support and resources regarding lifestyle maintenance.	Yes	<p>A diabetes subcommittee was created to develop a strategy to screen 100,000 people for diabetes by 2020. The group works to gather resources and connect participants to medical care as needed or educational opportunities.</p> <p>The Clinton Health Matters Initiative (CHMI) invited Baptist Health to participate in its College Health Program; CHMI is convening local colleges and universities with community partners to identify health needs of college students in the realms of sexual health, mental health and physical health (nutrition and physical activity) and to work together to develop strategies to address these needs. Baptist Health staff attended the first workshop held in June 2017 and will continue this work in FY18, when the colleges will identify which specific areas they want to prioritize.</p>

Significant Health Need Identified in Preceding CHNA	Planned Activities to Address Health Needs Identified in Preceding Implementation Strategy	Was Activity Implemented (Yes/No)	Results, Impact & Data Sources
Diabetes (continued)	Continue to financially support community organizations that are committed to reducing the incidence of diabetes in the community and/or providing support, education and coaching to those with Type II diabetes in order to prevent hospitalizations and improve mortality.	Yes	<p>In FY 16, Baptist Health:</p> <ul style="list-style-type: none"> • Provided funding to University of North Florida’s College of Health to fund dietetic interns to provide diabetes and nutrition education, cooking demonstrations and support for community gardens in partnership with YMCAs. Nutritional education was provided to 695 children and 40 adults, and 20 families received fresh produce grown in a community garden. • Provided funding to Volunteers in Medicine to provide primary care for people who live or work in Duval County and do not have health insurance. 1,393 people were screened for diabetes. Those needing treatment received it through the clinic. • Provided funding to Muslim American Social Services to provide primary care for people living in Duval County who do not have health insurance. MASS provided health services to 2,168 patients 14 of whom received diet counseling, 32 received endocrinology services, 60 received disease management services and 1,761 received primary care. • Provided funding to Sulzbacher to provide primary care for people living or working in Duval County who are un- or under-insured. 2,596 patients were screened for diabetes and 793 patients received treatment and education. • Funding was provided to Pine Castle to provide nursing care oversight for participants in the Adult Day Training program. The clinic nurse on site monitored the health and administered medicine for 281 people including 33 with diabetes. • Provided funding to Community Health Outreach to provide primary care to residents of Duval County who are un- or under-insured.

Significant Health Need Identified in Preceding CHNA	Planned Activities to Address Health Needs Identified in Preceding Implementation Strategy	Was Activity Implemented (Yes/No)	Results, Impact & Data Sources
Diabetes (continued)			<ul style="list-style-type: none"> • Provided funding to MOSH to develop a health educational exhibit. The interactive exhibit includes information about the endocrine system and prevention information. More than 5,000 people attended the exhibit. • Provided funding to Community Health Outreach to provide primary care services to people without insurance. 3338 people received care. <p>In FY 2017, Baptist Health:</p> <ul style="list-style-type: none"> • Providing funding for “Creating a Healthier Jacksonville” conference held by the Florida Department of Health – Duval. • Provided funding to Muslim American Social Services to provide primary care for people who live in Duval County and do not have health insurance. MASS provided health services to 1,333 patients, 231 who were treated for diabetes. • Provided funding to Volunteers in Medicine to provide primary care for people who live or work in Duval County and do not have health insurance. 1,493 people were screened for diabetes, 314 were treated and 72% improved of 42 patients with three-month follow-up. • Provided funding to MOSH to develop a health educational exhibit. The interactive exhibit includes information about the endocrine system and prevention information. More than 1,309 people attended the exhibit and/or educational programming. • Provided funding to Sulzbacher to provide primary care for people living or working in Duval County who are un- or under-insured. 5,397 patients were screened for diabetes with 2,612 receiving treatment. • Provided funding to Pine Castle to provide nursing care oversight for participants in the Adult Day Training program. The clinic nurse on site monitored the health

Significant Health Need Identified in Preceding CHNA	Planned Activities to Address Health Needs Identified in Preceding Implementation Strategy	Was Activity Implemented (Yes/No)	Results, Impact & Data Sources
Diabetes (continued)			<p>and administered medicine for 280 people including 6 people with diabetes.</p> <ul style="list-style-type: none"> • Provided funding to Community Health Outreach to provide primary care to residents of Duval County who are un- or under-insured. 571 patients were seen at CHO and those with diabetes received appropriate treatment. • Provided funding to Agape for diabetes education for patients diagnosed with diabetes or pre-diabetes. 219 patients were screened for diabetes, 123 received treatment and 41 received education.

Significant Health Need Identified in Preceding CHNA	Planned Activities to Address Health Needs Identified in Preceding Implementation Strategy	Was Activity Implemented (Yes/No)	Results, Impact & Data Sources
Mental Health	Partner with Adult Mental Health First Aid trained facilitators to offer training for non-clinicians in the service area. The training helps participants identify, understand, and respond to signs of mental illnesses and substance-use disorders. Potential partners include Starting Point and Mental Health American, among others.	Yes	<p>19 people completed Mental Health First Aid training held at the Winston Family YMCA Healthy Living Center.</p> <p>Baptist Health partnered with the other non-profit hospitals in Jacksonville with a goal to train 10,000 people in northeast Florida in Mental Health First Aid. The Non-Profit Hospital Partnership provided funding to train 53 new instructors in the region and covered the cost of materials for these instructors. During FY17, over 3,094 people in northeast Florida were trained in Adult Mental Health First Aid. Baptist Health also coordinated Youth Mental Health First Aid classes; during FY17, 16 classes were offered, and 190 people participated.</p>
	Partner with United Way of Northeast Florida to develop and implement a community-wide effort to reduce stigma associated with mental illness and increase access to care.	In Process	<p>Baptist Health provided funding to the United Way for a stigma reduction campaign. Research was conducted on effective campaigns. Baptist staff participated in stigma reduction committee meetings in FY16 and FY 17, and a plan is being developed.</p> <p>Baptist Medical Center Jacksonville hosted the Inside Out art exhibit to decrease stigma related to mental illness. The goal of the exhibit is to bring awareness to mental health issues and that it is okay to “come out” about mental illness. Artist names and quotes are proudly displayed next to their artwork. The exhibit was on display during July and August 2016.</p>
	Provide mindfulness training and coaching through Y Health Living Centers and JCA Health Connexions.	Yes	<p>Two Mindfulness Classes were held at Clara White Mission. 58 attendees received a survey. 74% of attendees identified new knowledge gained from the sessions. 53% of attendees indicated they plan to make changes as a result of what they learned at the session. Baptist North, Johnson, and the Riverside Y served 1,060 individuals during FY17, providing 820 health coaching sessions. 16 free yoga classes were held for cancer survivors. Weekly meditation classes began at the Riverside location in February 2018.</p>

Significant Health Need Identified in Preceding CHNA	Planned Activities to Address Health Needs Identified in Preceding Implementation Strategy	Was Activity Implemented (Yes/No)	Results, Impact & Data Sources
Mental Health (continued)	Provide information on mental health resources at community events.	Yes	<p>BMC-Jacksonville participated in over 41 health fairs and community events during FY16 and BMC-Jacksonville participated in over 29 health fairs and community events during FY17. And provided health screenings to 1,799 community members. Health literature on mental health maintenance and warning signs were provided at every event as well as flyers for local resources, workshops and trainings. Any participant who received a health screening was asked about their current mental health and those identified at risk received counseling from an RN and were directed to follow-up resources.</p> <p>Baptist Health staff members participated on the Humana Mental Health sub-committee which aims to make significant improvements in the regions mental health outcomes by 2020.</p>
	Host free postpartum support groups for all new mothers in the community, regardless of whether they are a Baptist Health patient.	Yes	<p>During FY16, 29 new mothers attended a free post-partum support group.</p> <p>During FY17, post-partum support groups were held in the Baptist Healthy Living Centers in Riverside and Ponte Vedra. 63 moms attended one of these groups.</p>
	Partner with faith-based organizations to offer Faith and Mental Health education.	Yes	<p>129 participants attended Faith & Mental Health conference held in November 2016. 150 clergy, lay people, mental health professionals and community members attended the Faith and Mental Health conference held in April 2018.</p> <p>We had 45 faith partners during FY16, all of which received education and resources about mental health. 15 faith-based partners received 80 copies each of mental health general information, stress management, and</p>

Significant Health Need Identified in Preceding CHNA	Planned Activities to Address Health Needs Identified in Preceding Implementation Strategy	Was Activity Implemented (Yes/No)	Results, Impact & Data Sources
Mental Health (continued)			<p>depression for Mental Health Awareness Month in May. Baptist Health team members attended the Jacksonville Interfaith Coalition for Action, Reconciliation & Empowerment (ICARE) meeting in October and distributed approximately 30 flyers on upcoming mental health programming in the community.</p> <p>During FY16, 13 volunteers were trained for the “Faith and Health Volunteer Program” at Baptist MD Anderson Cancer Center.</p>
	Evaluate the impact of a geriatric psychiatric unit on the Baptist Medical Center Jacksonville campus in order to increase access and improve the quality of care received.	Yes	<p>In the fall of 2017, Baptist Behavioral Health’s Riverfront Inpatient Unit at Baptist Medical Center Jacksonville (a 34-bed adult inpatient psychiatric unit) carved out 9 beds dedicated to the care and treatment of geriatric psychiatric patients ages 65 and older. The goal of this inpatient behavioral health sub-specialty unit was to increase access and ensure the delivery of quality care that meets the community needs of the geriatric psychiatric population, their family, & significant others. This was done in collaboration with the multidisciplinary health care team guided by the mission statement of Baptist Health System.</p> <p>The geriatric psychiatric unit consists of a team of multi-disciplinary staff to manage and support the therapeutic milieu of the unit. This team includes the psychiatrist, psychiatric advanced nurse practitioner, psychiatric nurse, psychiatric pharmacist, licensed mental health counselor, licensed social worker, activity therapist, mental health technician and/or a certified nursing assistant. There is a therapeutic group program run by the activity therapist, nursing staff, and clinicians to provide cognitive training, education, and art therapy. An occupational therapist is available on consult to work with the patients and encourage mobility and physical activity. Providing education to patient and families about their psychiatric and medical problems is also an important part of the treatment provided by all disciplines, and is conducted through family meetings as well as telephone consults.</p>

Significant Health Need Identified in Preceding CHNA	Planned Activities to Address Health Needs Identified in Preceding Implementation Strategy	Was Activity Implemented (Yes/No)	Results, Impact & Data Sources
Mental Health (continued)			<p>In the past year, this 9-bed geriatric-psychiatry inpatient unit cared for a total of 137 patients, which is an increase as compared to prior years. The average length of stay was 18.7 days, and the predominant mental health diagnoses are: Major Depression, Schizophrenia, Delirium, and Dementia, including with Alzheimer’s type. A significant number of geriatric psychiatric patients on this unit have co-occurring medical disorders and chronically complex medical conditions. In sum, the impact of the geriatric unit has increased access and improved the quality of geriatric patients receiving inpatient psychiatric services at the Baptist Medical Center Jacksonville campus.</p>
	<p>Collaborate with other community providers to develop an integrated care clinic or clinics that will provide additional pediatric mental health resources in the community.</p>	Yes	<p>Baptist Primary Care has embedded behavioral health services into four office locations.</p> <p>The Wolfson Behavioral Health Center for Children opened in FY16. This center, opened in partnership with UF Health, was created to help address the shortage of pediatric mental health providers in the region and expand access to care.</p>
	<p>Continue to provide financial investments to community organizations that are committed to increasing access to mental health services and/or decreasing stigma.</p>	Yes	<p>In FY 2016, Baptist Health:</p> <ul style="list-style-type: none"> • Provided funding to Muslim American Social Services to provide primary care for people living in Duval County who do not have health insurance. MASS provided health services to 2,168 patients 73 of whom received behavioral health services. • Provided funding to Volunteers in Medicine to provide primary care for people who live or work in Duval County and do not have health insurance. 373 people were screened for behavioral health services and 78 received treatment.

Significant Health Need Identified in Preceding CHNA	Planned Activities to Address Health Needs Identified in Preceding Implementation Strategy	Was Activity Implemented (Yes/No)	Results, Impact & Data Sources
Mental Health (continued)			<ul style="list-style-type: none"> • Provided funding to Sulzbacher to provide primary care for people living or working in Duval County who are un- or under-insured. 2,596 patients were screened for behavioral health services and 445 received treatment. • Funding was provided to Pine Castle to provide nursing care oversight for participants in the Adult Day Training program. The clinic nurse facilitated group counseling for participants in need of psychosocial rehabilitation attended by 20 people and monitored psychotropic medications for 128 participants. • Funded Postpartum Support International to provide an educational session attended by 190 community members. • Provided funding for pastoral care conference on spiritual care and mental health attended by 100 community members. • Provided funding to the National Council for Behavioral Health to train 26 community members as Mental Health First Aid facilitators. • Provided funding to Mental Health America of Northeast Florida to increase awareness of and advocacy for additional mental health services in our community resulting in increased funding and legislation that expands the capacity of mental health services in northeast Florida. • Provided funding to The Women’s Center of Jacksonville to provide mental health counseling for women who cannot afford counseling. 146 women were provided therapy. • Provided funding to ElderSource to provide one-on-one coaching to seniors who are exhibiting mild depression symptoms. 28 seniors were screened for the program with 11 seniors completing the program and 4 in progress at the end of the grant year.

Significant Health Need Identified in Preceding CHNA	Planned Activities to Address Health Needs Identified in Preceding Implementation Strategy	Was Activity Implemented (Yes/No)	Results, Impact & Data Sources
Mental Health (continued)			<ul style="list-style-type: none"> • Provided funding to Northwest Behavioral Health Center to support the 2016 Mental Health in the African American Community conference. • Provided funding to Youth Crisis Center • Provided funding to UNF to initiate a mental health nurse practitioner graduate program. • Providing funding to support mental health services at the ARC Village, a unique independent living community for adults with disabilities. 53 residents received services with 31 residents receiving individual counseling and 22 residents in group counseling. • Provided funding to Seniors on a Mission to engage seniors in local mission trips to reduce isolation and increase mental wellbeing. 158 seniors participated, and 100% of survey respondents indicated that Seniors on a Mission helps combat loneliness. • Provided funding to MOSH to develop a health educational exhibit. The interactive exhibit includes information about the brain and mental illness. More than 5,000 people attended the exhibit. <p>In FY 2017, Baptist Health:</p> <ul style="list-style-type: none"> • Provided funding to The Women’s Center of Jacksonville to provide mental health counseling for women who cannot afford counseling. 165 women were provided therapy. • Provided funding to the National Council for Behavioral Health to train 26 community members as Mental Health First Aid facilitators. • Providing funding to support mental health services at the ARC Village, a unique independent living community for adults with disabilities. 90 residents received services with 58 residents in group counseling.

Significant Health Need Identified in Preceding CHNA	Planned Activities to Address Health Needs Identified in Preceding Implementation Strategy	Was Activity Implemented (Yes/No)	Results, Impact & Data Sources
Mental Health (continued)			<ul style="list-style-type: none"> • Provided funding to Pine Castle for a clinical site nurse who served 280 individuals in Pine Castle’s Adult Day Training program, 24 of whom participated in psycho-social rehabilitation with 1 successfully completing the program. • Provided funding to Volunteers in Medicine to provide primary care for people who live or work in Duval County and do not have health insurance. 390 people were screened for behavioral health services and 50 received treatment. • Provided funding to Museum of Science and History to develop a health educational exhibit. The interactive exhibit includes information about the brain and mental illness. 1,309 students and adults toured the exhibit and/or participated in health education programming. • Provided funding to Sulzbacher to provide primary care for people living or working in Duval County who are un- or under-insured. 5,483 patients were screened for mental illness with 654 receiving treatment. • Provided funding to Community Health Outreach to provide primary care to residents of Duval County who are un- or under-insured. 571 patients were seen at CHO and those with needing mental health services received appropriate care. • Provided funding to Project for Healing to provide mental health case management for 78 refugees who resettled in Duval County. • Provided funding to Health Planning Council to manage the Mental Health First Aid initiative. 3,400 people have been trained in adult mental health first aid. • Provided funding to UNF to initiate a mental health nurse practitioner graduate program.

Significant Health Need Identified in Preceding CHNA	Planned Activities to Address Health Needs Identified in Preceding Implementation Strategy	Was Activity Implemented (Yes/No)	Results, Impact & Data Sources
Mental Health (continued)			<ul style="list-style-type: none"> • Provided funding to Seniors on A Mission to provide volunteer opportunities to 8 seniors. • Provided funding to Mental Health America of Northeast Florida to increase awareness of and advocacy for additional mental health services in our community resulting in increased funding and legislation that expands the capacity of mental health services in northeast Florida.

Significant Health Need Identified in Preceding CHNA	Planned Activities to Address Health Needs Identified in Preceding Implementation Strategy	Was Activity Implemented (Yes/No)	Results, Impact & Data Sources
Smoking	Utilize its partnership with MD Anderson Cancer Center to increase awareness about lifestyle factors, particularly the use of tobacco, that are linked to developing cancer and provide resources and information on prevention within the Baptist MD Anderson Cancer Center.	Yes	BMC-Jacksonville coordinated 22 smoking cessation and tobacco prevention presentations during FY16, which 445 community members attended.
	Provide low-dose CT lung cancer screenings in the community.	Alternate Strategy	FY 2017, 108 people were surveyed for low-dose CT lung cancer screening. 8 of 108 were referred to their primary physician as they met all the criteria. YTD FY 2018, 133 people were surveyed and 2 were referred to their physician for low-dose CT lung cancer screening as they met all criteria.
	Increase the amount of inpatient and outpatient referrals to Northeast Florida AHEC for smoking cessation by educating Baptist Primary Care physicians about the referral process.	Yes	During FY16, 37 hospital-based Registered Respiratory Therapists were trained in “Ask, Advise and Refer” in order to increase the number of patient referrals from Baptist Medical Center – Jacksonville for smoking cessation classes. As a result, 208 referrals were made in FY17. A smoking cessation class was held at the hospital on 06/14/16 and two participants attended.

Significant Health Need Identified in Preceding CHNA	Planned Activities to Address Health Needs Identified in Preceding Implementation Strategy	Was Activity Implemented (Yes/No)	Results, Impact & Data Sources
Smoking (continued)	Provide information at health fairs and other community events about the health risks associated with smoking and resources for smoking cessation.	Yes	<p>BMC-Jacksonville participated in over 41 health fairs and community events during FY16. Educational materials were provided on the health risks associated with tobacco use. Any participant who received a health screening was asked about their current tobacco use and those that identified themselves as tobacco users received counseling from an RN. Over 75 flyers were distributed at these events for local smoking cessation class.</p> <p>BMC-Jacksonville participated in over 29 health fairs and community events during FY17, 1,199 people were screened for tobacco use.</p> <p>Baptist North, Johnson, and the Riverside Y served 1,060 individuals during FY17, providing 820 health coaching sessions, where resources for smoking cessation are provided to individuals who identify as smokers.</p>
	Train Baptist Health Social Responsibility PRN registered nurses in motivational interviewing to identify and refer people who are interested in quitting smoking to AHEC for classes.	Yes	During FY16, Social Responsibility staff and PRN nurses completed motivational interviewing training provided online by the CDC.

Significant Health Need Identified in Preceding CHNA	Planned Activities to Address Health Needs Identified in Preceding Implementation Strategy	Was Activity Implemented (Yes/No)	Results, Impact & Data Sources
Smoking (continued)	Provide support to the Students Working Against Tobacco (SWAT) Club at The Bridge of Northeast Florida.	Yes	During FY16, six students participated in SWAT activities. Baptist Health continued to support SWAT activities through its partnership with the Boys and Girls Club. 26 Students are actively involved in programming.
	Partner with local organizations in order to better educate women on the risks of smoking while pregnant.	Yes	Provided funding to Sulzbacher to provide primary care for people living or working in Duval County who are un- or under-insured. In 2016 and 2017, 8,079 patients were screened for services to quit smoking, all were educated about the harmful effects of smoking and 3,057 smokers were provided smoking cessation education and support.
	Facilitate classes on the dangers of tobacco products in middle and high schools.	Yes	BMC-J coordinated 2 tobacco prevention classes in the community during FY17, which 20 community members attended.

3. Baptist Medical Center Nassau

Significant Health Need Identified in Preceding CHNA	Planned Activities to Address Health Needs Identified in Preceding Implementation Strategy	Was Activity Implemented (Yes/No)	Results, Impact & Data Sources
Access to Care	Assure that the hospital’s financial assistance programs comply fully with state and federal requirements.	Yes	Baptist Health reviewed the financial assistance policies for all hospitals including BMCN. Updated policies were posted in all hospitals and on our website and sent to partners who are likely to have clients who qualify for financial assistance.
	Partner with Barnabas to provide access to care for diabetes and mental illness for people with low incomes.	Yes	<p>BMCN established and implemented procedures to refer uninsured patients discharged from the hospital or who seek care at the emergency department to Barnabas Center</p> <p>Provided funding to Barnabas Center to provide primary and specialty care services for Nassau residents who are un- or under-insured. 557 patients received primary care for a total of 1,792 visits. 64% of adults with diabetes improved and stabilized their HgA1c levels; 98% of adults with hypertension improved and stabilized their blood pressure levels; 64% of Dyslipidemia patients reached their goal LDL. 129 adults received free eye screenings with 94 receiving free eye exams and eye glasses. 19 adults were provided free hearing screenings and referred for hearing aids if needed. 249 patients were provided free medications.</p>

Significant Health Need Identified in Preceding CHNA	Planned Activities to Address Health Needs Identified in Preceding Implementation Strategy	Was Activity Implemented (Yes/No)	Results, Impact & Data Sources
Access to Care (continued)			<p>In 2017, Barnabas provided mental health and/or substance abuse counseling services to 53 adults through 228 visits; 48% of adults with diabetes improved and stabilized their HgA1c levels over the year; 60% of adults with hypertension improved and stabilized their blood pressure levels over the year; 19% of patients who smoked tobacco stopped smoking; 768 unduplicated adults received dental care through 2,484 visits and of those, 78% received dental hygiene; 279 patients were provided specialty care at no cost to them by volunteer practitioners (this included 14 patients who were diagnosed with cancer and were treated); 122 adults were provided free eye screenings and were referred for eye exams; 367 female patients were provided a well-woman exam and/or free screening mammograms.</p> <p>Barnabas increased access to healthier food for chronic disease patients by offering more fresh and frozen foods through its on-site food pantry (75% of food provided meets this criteria), and our medical providers write a “prescription” for appropriate foods for chronic disease patients that can be “filled” by our food pantry.</p>
	Partner with Nassau County Council on Aging to provide transportation for low-income and indigent individuals to reach medical appointments.	Yes	Provided funding to Nassau County Council on Aging to provide transportation to indigent Nassau County residents including transportation to medical appointments. 532 people received transportation assistance. A stop to Barnabas Center was added to the transit program.

Significant Health Need Identified in Preceding CHNA	Planned Activities to Address Health Needs Identified in Preceding Implementation Strategy	Was Activity Implemented (Yes/No)	Results, Impact & Data Sources
Access to Care (continued)	Provide health screenings in low income, African American and Hispanic communities and follow-up on abnormal results with action items including connection to a medical home.	In Process	Collaborated with Nassau County Interfaith Health Ministry and the Florida Department of Health to provide health education and screenings in low income, African American neighborhoods. The screening event was scheduled for February 2018, but was cancelled because of the lack of participation by local faith organizations.

Significant Health Need Identified in Preceding CHNA	Planned Activities to Address Health Needs Identified in Preceding Implementation Strategy	Was Activity Implemented (Yes/No)	Results, Impact & Data Sources
Cancer	Provide education and screenings in low income, African American and Hispanic communities and follow-up on abnormal results with action items including connection to a medical home.	In Process	Collaborated with Nassau County Interfaith Health Ministry and the Florida Department of Health to provide health education and screenings in low income, African American neighborhoods. The screening event was scheduled for February 2018, but was cancelled because of the lack of participation by local faith organizations.
	Offer prostate specific antigen (PSA) screenings at community events. Follow up phone calls will be made to patients with abnormal results to encourage patients to visit their primary care physician or connect them to a free or low-cost clinic.	Yes	In August 2017, During the Senior Expo in Nassau County, 21 men were screened for prostate specific antigen (PSA). Participants found to have abnormal results were referred to their primary care physician for follow up care.
	Increase the amount of inpatient and outpatient referrals to Northeast Florida AHEC for smoking cessation by educating Baptist Primary Care physicians about the referral process. Train Baptist Health Social Responsibility PRN registered nurses in motivational interviewing to identify and refer people who are interested in quitting smoking to AHEC for classes.	Yes	Four Baptist Health Social Responsibility nurses were trained in motivational interviewing.

Significant Health Need Identified in Preceding CHNA	Planned Activities to Address Health Needs Identified in Preceding Implementation Strategy	Was Activity Implemented (Yes/No)	Results, Impact & Data Sources
Cancer (continued)	Work with NACDAC to educate teens on the importance of HPV vaccine in preventing cervical cancer.	Alternate Strategy	Florida Department of Health Nassau provides educational brochures on HPV during community events.
	Facilitate classes on the dangers of tobacco products and smoking cessation resources in middle and high schools.	Yes	<p>Middle and high school students were educated on the dangers of tobacco products, modes of delivery and cessation by Nassau Alcohol Drug Abatement Coalition (NACDAC).</p> <ul style="list-style-type: none"> • FY 2017: 513 • YTD FY 2018: 686
	Provide information at health fairs and other community events about the health risks associated with smoking and resources for smoking cessation.	Yes	<p>Tobacco use and Smoking Cessation resource information provided during Nassau Council on Aging Senior Expo.</p> <p>564 screened for tobacco use and 95 were treated.</p> <p>The health effect of tobacco use and resources were provided for all participants of the Council on Aging Senior Expo. Participants that use tobacco spoke with a nurse counselor who provided smoking cessation resources, handouts and brochures.</p>
	Register eligible women at community events for mammograms from the Florida Breast and Cervical Cancer Early Detection Program offered through the Florida Department of Health.	Yes	<p>Through the Florida Breast and Cervical Cancer Early Detection Program (FBCCEDP), Florida Department of Health referred 115 people for mammogram. 91 of those referred were screened at Baptist Nassau.</p> <p>Funding was provided to Barnabas Center to provide primary and specialty care services for Nassau residents who are un- or under-insured. 672 women were provided a well-woman exam and/or free screening mammograms and 122 were provided free diagnostic mammograms. 24 patients were screened and treated for other cancers.</p>

Significant Health Need Identified in Preceding CHNA	Planned Activities to Address Health Needs Identified in Preceding Implementation Strategy	Was Activity Implemented (Yes/No)	Results, Impact & Data Sources
Cancer (continued)	Offer community education sessions on various forms of cancer.	Yes	Breast cancer education session provided by Dr. Patel. 22 participants present.

Significant Health Need Identified in Preceding CHNA	Planned Activities to Address Health Needs Identified in Preceding Implementation Strategy	Was Activity Implemented (Yes/No)	Results, Impact & Data Sources
Health Disparities	Provide education and screenings in low income, African American and Hispanic communities and follow-up on abnormal results with action items including connection to a medical home.	In process	Collaborated with Nassau County Interfaith Health Ministry and the Florida Department of Health to provide health education and screenings in low income, African American neighborhoods. The screening event was scheduled for February 2018, but was cancelled because of the lack of participation by local faith organizations.
	Partner with Barnabas to provide access to care for diabetes and mental illness for people with low incomes.	Yes	<p>BMCN and Barnabas Center established and implemented procedures to refer uninsured patients who need primary care services.</p> <p>Provided funding to Barnabas Center to provide primary and specialty care services for Nassau residents who are un- or under-insured. 557 patients received primary care for a total of 1,792 visits. 64% of adults with diabetes improved and stabilized their HgA1c levels; 98% of adults with hypertension improved and stabilized their blood pressure levels; 64% of Dyslipidemia patients reached their goal LDL. 14 diabetic patents completed a 6-week nutrition education class to help them learn how to cook healthy meals on a budget. Barnabas medical providers write prescriptions for healthy foods that are filled at Barnabas' on-site pantry which increased its availability of healthy fresh and frozen offerings. Eight households participated in a community garden initiative during which they learned how to grow and harvest their own vegetables.</p>

Significant Health Need Identified in Preceding CHNA	Planned Activities to Address Health Needs Identified in Preceding Implementation Strategy	Was Activity Implemented (Yes/No)	Results, Impact & Data Sources
Health Disparities (continued)			In 2017, Barnabas provided mental health and/or substance abuse counseling services to 53 adults through 228 visits; 48% of adults with diabetes improved and stabilized their HgA1c levels over the year; 60% of adults with hypertension improved and stabilized their blood pressure levels over the year; 19% of patients who smoked tobacco stopped smoking; 768 unduplicated adults received dental care through 2,484 visits and of those, 78% received dental hygiene; 279 patients were provided specialty care at no cost to them by volunteer practitioners (this included 14 patients who were diagnosed with cancer and were treated); 122 adults were provided free eye screenings and were referred for eye exams; 367 female patients were provided a well-woman exam and/or free screening mammograms.
	Offer 8 Weeks to Healthy Living program through faith-based and community organizations.	In Process	BMCN staff participates in NCHIC and Inter-Faith Health meetings. Provided funding to Boys and Girls Club of Nassau to implement Tipping the Scale youth mentoring and development program. Youth were educated in health prevention.
	Train Baptist Health Social Responsibility PRN team members in motivational interviewing to identify and refer people who are interested in quitting smoking to AHEC for classes and support.	Yes	Social Responsibility PRN team members completed the on-line motivational interviewing training offered by the CDC.

Significant Health Need Identified in Preceding CHNA	Planned Activities to Address Health Needs Identified in Preceding Implementation Strategy	Was Activity Implemented (Yes/No)	Results, Impact & Data Sources
Health Disparities (continued)	Partner with Northeast Florida AHEC to provide smoking cessation classes in the community in low-income neighborhoods.	Yes	Smoking Cessation classes provided by American Health Education Centers (AHEC) in partnership with Baptist Nassau. 6 smoking cessation classes held with 37 total participants.
	Facilitate classes on the dangers of tobacco products and smoking cessation resources in middle and high schools	Yes	Middle and high school students were educated on the dangers of tobacco products, modes of delivery and cessation by Nassau Alcohol Drug Abatement Coalition (NACDAC). <ul style="list-style-type: none"> • FY 2017: 513 • YTD FY 2018: 686
	Partner with Barnabas to provide mammograms for women without insurance.	Yes	Funding was provided to Barnabas Center to provide primary and specialty care services for Nassau residents who are un- or under-insured. 672 women were provided a well-woman exam and/or free screening mammograms and 122 were provided free diagnostic mammograms. 24 patients were screened and treated for other cancers.
	Register eligible women at community events for mammograms from the Florida Breast and Cervical Cancer Early Detection Program offered through the Florida Department of Health.	Yes	Through the Florida Breast and Cervical Cancer Early Detection Program (FBCCEDP), Florida Department of Health referred 115 people for mammogram. 91 of those referred were screened at Baptist Nassau.

Significant Health Need Identified in Preceding CHNA	Planned Activities to Address Health Needs Identified in Preceding Implementation Strategy	Was Activity Implemented (Yes/No)	Results, Impact & Data Sources
Health Disparities (continued)	Implement training for community members in low-income areas on the warning signs of mental illness in adults and children and how to intervene when necessary.	Yes	Provided funding to Starting Point Behavioral Health to train residents in Nassau and Duval County in Mental Health First Aid. 1,240 people received training and were certified as Mental Health First Aiders.

Significant Health Need Identified in Preceding CHNA	Planned Activities to Address Health Needs Identified in Preceding Implementation Strategy	Was Activity Implemented (Yes/No)	Results, Impact & Data Sources
Mental Health	Partner with United Way of Northeast Florida to develop and implement a community-wide effort to reduce stigma associated with mental illness and increase access to care.	In Process	<p>Baptist Health provided funding to the United Way for a stigma reduction campaign. Research was conducted on effective campaigns. Baptist staff participated in stigma reduction committee meetings in FY16 and FY 17, and a plan is being developed.</p> <p>Baptist Medical Center Nassau hosted the Inside Out art exhibit to decrease stigma related to mental illness. The goal of the exhibit is to bring awareness to mental health issues and that it is okay to “come out” about mental illness. Artist names and quotes are proudly displayed next to their artwork. The exhibit was on display during July and August 2016.</p>
	Baptist Health has trained facilitators who will implement training for community members on the warning signs of mental illness and what to do to help young people, including the Youth Mental Health First Aid training.	Yes	Provided funding to Starting Point Behavioral Health to train residents in Nassau and Duval County in Mental Health First Aid. 1,240 people received training and were certified as Mental Health First Aiders.
	Baptist Health trained facilitators will implement training for community members on the warning signs or mental illness and what to do to help adults, including the Adult Mental Health First Aid training.	Yes	<p>Provided funding to Starting Point Behavioral Health to train residents in Nassau and Duval County in Mental Health First Aid. 1,240 people received training and were certified as Mental Health First Aiders.</p> <p>Provided funding to the National Council on Behavioral Health to train 26 people as instructors in Adult Mental Health First Aid.</p>

Significant Health Need Identified in Preceding CHNA	Planned Activities to Address Health Needs Identified in Preceding Implementation Strategy	Was Activity Implemented (Yes/No)	Results, Impact & Data Sources
Mental Health (continued)	Partner with faith-based organizations to offer Faith and Mental Health education.	Yes	On November 4, 2016, Baptist Health held our annual Faith and Mental Health Conference. 129 clergy, community members and mental health professionals attended. 150 clergy, lay people, mental health professionals and community members attended the Faith and Mental Health conference held in April 2018.
	Train adults in the community on recognizing the warning signs of mental illness and suicide among youth.	Yes	Provided funding to Starting Point Behavioral Health to train residents in Nassau and Duval County in Mental Health First Aid. 1,240 people received training and were certified as Mental Health First Aiders.
	Collaborate with other community providers to develop integrated pediatric care clinic that will provide additional mental health resources in the community.	Yes	<p>Provided staff support and funding to develop and implement Starting Point's Care Coordinator program in Baptist Medical Center Nassau's Emergency Room.</p> <p>Funding was provided to Barnabas Center to provide primary and specialty care services for Nassau residents who are un- or under-insured. 77 adults accessed mental health and/or substance abuse counseling services through 199 visits.</p> <p>Provided funding to Barnabas Center for medical services to un- and under-insured residents of Nassau County. 564 adults accessed mental health and/or substance abuse counseling services through 316 treated.</p>

4. Baptist Medical Center South

Significant Health Need Identified in Preceding CHNA	Planned Activities to Address Health Needs Identified in Preceding Implementation Strategy	Was Activity Implemented (Yes/No)	Results, Impact & Data Sources
Cancer	Use BMCS' partnership with MD Anderson to increase awareness about lifestyle and other risk factors linked to cancer and provide resources and information on wellness and prevention within the Baptist MD Anderson Cancer Center.	Yes	<p>BMCS participated in the Pink Ribbon Symposium on October 3, 2015 at the Thrasher Horne Center. Attendees were taught how to properly self-examine their breasts and more than 200 Buddy Check cards were distributed</p> <p>BMCS participated in the Pink Ribbon Symposium on October 1, 2016 at the Thrasher Horne Center in Orange Park. Attendees were taught how to properly self-examine their breasts and more than 300 Buddy Check cards were distributed.</p>
	Provide education and screenings in low income, African American and Hispanic communities and follow-up on abnormal results with action items including connection to a medical home.	Yes	<p>53 people attended cancer education at the Williams Family Y Healthy Living Center.</p> <p>BMCS attended the Sweetwater Community health fair on September 24, 2016 during which Buddy Check cards were distributed and Nurse Navigators answered questions about breast cancer.</p> <p>Baptist Medical Center South hosted a free lunch & learn for the community in October 2015 on Hereditary Breast Cancer. The presenters taught the group on which genetic markers indicate a higher risk of breast cancer. Of the 11 attendees present, 100% stated they learned something new and 91% plan to make a lifestyle change as a result of the presentation.</p> <p>BMCS hosted a free lunch & learn for the community on June 15, 2017 on Lung Cancer presented by Carolyn Baggett. There were 14 attendees in the talk and 100% of them said they learned something new and plan to make a lifestyle change.</p>

Significant Health Need Identified in Preceding CHNA	Planned Activities to Address Health Needs Identified in Preceding Implementation Strategy	Was Activity Implemented (Yes/No)	Results, Impact & Data Sources
Cancer (continued)	Offer prostate specific antigen (PSA) screenings at community events. Follow up phone calls will be made to patients with abnormal results to encourage patients to visit their primary care physician or connect them to a free or low cost clinic.	Yes	BMCS attended Clay County Council on Aging’s annual health fair on May 8, 2016 and provided 8 PSA exams during the health fair.
	Register eligible women at community events for mammograms from the Florida Breast and Cervical Cancer Early Detection Program offered through the Florida Department of Health.	Yes Alternate strategy included	Connected underserved and uninsured women with the Florida Department of Health to receive mammograms. Also, provided funding to Volunteers in Medicine to provide primary care for people who live or work in Duval County and do not have health insurance. In 2016 and 2017, 788 patients received breast exams and 428 received a mammogram.
	Educate young adults and parents on the importance of the HPV vaccine in preventing cervical cancer.	Yes	On April 28, 2017, BMCS participated in the annual Clay County Student Health Fair. This year’s fair was held at Clay High School in Green Cove Springs, FL. At our booth, we educated over 800 students on the importance of safe sex practices and the importance of receiving the HPV vaccine

Significant Health Need Identified in Preceding CHNA	Planned Activities to Address Health Needs Identified in Preceding Implementation Strategy	Was Activity Implemented (Yes/No)	Results, Impact & Data Sources
Cancer (continued)			<p>Every summer, BMCS provides high school students an opportunity to volunteer at the hospital to get a better understanding of how a hospital is run. One of the requirements to volunteer at the hospital is a current vaccination record indicating which students had received the HPV vaccine. Educational topics include the importance of good mental, physical, and sexual health. In FY 16, 66 volunteers were urged to get vaccinated for HPV if they had not yet done so and informed of the importance of safe sex.</p> <p>In FY 17, 85 students were educated on the importance of good mental, physical, and sexual health. The students were also urged to receive the HPV vaccine if they had not already.</p>
	Offer community education sessions on various forms of cancer.	Yes	BMCS participated in the Pink Ribbon Symposium on October 3, 2015 at the Thrasher Horne Center. Attendees were taught how to properly self-examine their breasts and more than 200 Buddy Check cards were distributed
	Provide information at health fairs and other community events about the health risks associated with smoking and resources for smoking cessation.	Yes	<p>BMCS participated in the Pink Ribbon Symposium on October 1, 2016 at the Thrasher Horne Center in Orange Park. Attendees were taught how to properly self-examine their breasts and more than 300 Buddy Check cards were distributed.</p> <p>53 people attended cancer education at the Williams Family Y Healthy Living Center.</p> <p>BMCS attended the Sweetwater Community health fair on September 24, 2016 during which Buddy Check cards were distributed and Nurse Navigators answered questions about breast cancer.</p>

Significant Health Need Identified in Preceding CHNA	Planned Activities to Address Health Needs Identified in Preceding Implementation Strategy	Was Activity Implemented (Yes/No)	Results, Impact & Data Sources
Cancer (continued)			<p>Baptist Medical Center South hosted a free lunch & learn for the community in October 2015 on Hereditary Breast Cancer. The presenters taught the group on which genetic markers indicate a higher risk of breast cancer. Of the 11 attendees present, 100% stated they learned something new and 91% plan to make a lifestyle change as a result of the presentation.</p> <p>BMCS hosted a free lunch & learn for the community on June 15, 2017 on Lung Cancer presented by Carolyn Baggett. There were 14 attendees in the talk and 100% of them said they learned something new and plan to make a lifestyle change.</p>
	Partner with local organizations in order to better educate women on the risks of smoking while pregnant.	Yes	<p>Provided funding to Sulzbacher to provide primary care for people living or working in Duval County who are un- or under-insured. In 2016 and 2017, 8,079 patients were screened for services to quit smoking, all were educated about the harmful effects of smoking and 3,057 smokers were provided smoking cessation education and support.</p> <p>Provided funding to The Way Free clinic to provide primary care for people living in Clay County. 10 patients screened for smoking cessation services and three were treated.</p>
	Facilitate classes on the dangers of tobacco products in middle schools, high schools, colleges and universities.	Yes	<p>BMCS hosted AHEC's Tools to Quit class on August 2, 2016 and on July 17, 2016 each separate occasion attended by 3 individuals from the community.</p> <p>Baptist South's Respiratory Therapy team identified inpatient individuals who were smokers and counseled them on smoking cessation. Therapists referred patients who had a desire to stop smoking to AHEC's Tools to Quit classes.</p>

Significant Health Need Identified in Preceding CHNA	Planned Activities to Address Health Needs Identified in Preceding Implementation Strategy	Was Activity Implemented (Yes/No)	Results, Impact & Data Sources
Cancer (continued)			Baptist South's Community Relations Coordinator presented on smoking cessation at Mandarin High School on November 30, 2016. There were 67 students in the interactive presentation.

Significant Health Need Identified in Preceding CHNA	Planned Activities to Address Health Needs Identified in Preceding Implementation Strategy	Was Activity Implemented (Yes/No)	Results, Impact & Data Sources
Communicable Diseases	Offer community education sessions on STIs.	Yes	On November 11, 2016, eleven Baptist Health team members were trained to teach Duval County Public School curriculum. We have been teaching in HOPE classes in Duval middle and high schools across the county. Over 1200 students have been educated in safe sex practices thus far.
	Partner with local colleges and universities to enhance STI education programs.	Yes	The Clinton Health Matters Initiative (CHMI) invited Baptist Health to participate in its College Health Program; CHMI is convening local colleges and universities with community partners to identify health needs of college students in the realms of sexual health, mental health and physical health (nutrition and physical activity) and to work together to develop strategies to address these needs. Baptist Health staff attended the first workshop held in June 2017 and will continue this work in FY18, when the colleges will identify which specific areas they want to prioritize.
	Offer STI prevention and safe sex education at community events and health fairs.	Yes	On April 28, 2017, BMCS participated in the annual Clay County Student Health Fair. This year's fair was held at Clay High School in Green Cove Springs, FL. At our booth, we educated over 800 students on the importance of safe sex practices and the importance of receiving the HPV vaccine
	Partner with Duval County, St. John's County, and Clay County Public Schools to enhance STI education and awareness.	Yes	Every summer, BMCS provides high school students an opportunity to volunteer at the hospital to get a better understanding of how a hospital is run. One of the requirements to volunteer at the hospital is a current vaccination record indicating which students had received the HPV vaccine. Educational topics include the importance of good mental, physical, and sexual health. 66 volunteers were urged to get vaccinated for HPV if they had not yet done so and informed of the importance of safe sex. In FY 17, 85 students were educated on the importance of good mental, physical, and sexual health. The students were also urged to receive the HPV vaccine if they had not already.

Significant Health Need Identified in Preceding CHNA	Planned Activities to Address Health Needs Identified in Preceding Implementation Strategy	Was Activity Implemented (Yes/No)	Results, Impact & Data Sources
Communicable Diseases (continued)			On November 11, 2016, eleven Baptist Health team members were trained to teach Duval County Public School curriculum. We have been teaching in HOPE classes in Duval middle and high schools across the county. Over 1200 students have been educated in safe sex practices thus far.
	Partner with local agencies to increase awareness of existing HIV and STI testing and treatment sites and help grow additional HIV and STI testing sites in the community.	Yes	<p>On July 3, 2016, BrdsNBz text messaging service was shared with the Leadership Jacksonville Collegiate class of 2017 including 36 youth and 2 adults.</p> <p>Provided funding to JASMYN Sexual Health Clinic to offer testing and treatment for sexually transmitted diseases. 939 young people participated in the clinic in 2016 and 2017.</p> <p>Provided funding to Volunteers in Medicine to provide primary care for people who live or work in Duval County and do not have health insurance. 1,393 patients were screened for communicable diseases, none required treatment</p> <p>Provided funding to The Way Free clinic to provide primary care for people living in Clay County. 141 patients were screened communicable diseases, and 3 were treated.</p> <p>Funded PACE Center for Girls to provide a Straight Talk Clinic. 130 girls were served with basic health services. 98% did not become pregnant and 98% remained STI free during the year.</p> <p>Provided funding to Sulzbacher to provide primary care for people living or working in Duval County who are un- or under-insured. 4,798 patients were screened for communicable diseases with 209 receiving treatment.</p>

Significant Health Need Identified in Preceding CHNA	Planned Activities to Address Health Needs Identified in Preceding Implementation Strategy	Was Activity Implemented (Yes/No)	Results, Impact & Data Sources
Diabetes	Offer community education sessions on diabetes, obesity, nutrition, and lifestyle education.	Yes	<p>October 25, 2015 - Eagle Harbor's fall extravaganza distributed literature on heart disease and diabetes</p> <p>January 23, 2016, Early Learning Coalition Conference at the Thrasher Horne Center in Orange Park – distributed diabetes literature and pedometers</p> <p>On August 24, 2016, BMCS participated in the Clay County Senior Expo at the Thrasher Horne Center. We provided literature on diabetes as well as a variety of health disparities. Dr. Powell attended the event to answer questions about diabetes and general health.</p> <p>On March 16, 2017, Baptist South hosted a lunch & learn on Kidney Health in honor of World Kidney Day. Dr. Chataut was the presenter and talked about kidney health and how it can affect the rest of your overall health. Dr. Chataut stated that poor kidney health can bring about diabetes along with other ailments. There were 12 attendees in the class and 83% of them stated they learned something new and plan to make a lifestyle change based upon the presentation.</p> <p>Provided funding to University of North Florida's College of Health to fund dietetic interns to provide diabetes and nutrition education, cooking demonstrations and support for community gardens in partnership with YMCAs. A program with ARC Jacksonville for Village residents began in September.</p> <p>Provided funding to MOSH to develop a health educational exhibit. The interactive exhibit includes information about the endocrine system and prevention information. More than 6,309 people attended the exhibit and/or educational programming in 2016 and 2017.</p>

Significant Health Need Identified in Preceding CHNA	Planned Activities to Address Health Needs Identified in Preceding Implementation Strategy	Was Activity Implemented (Yes/No)	Results, Impact & Data Sources
Diabetes (continued)	Provide glucose and BMI screenings at community events and health fairs and provide follow-up resources to people found to be high-risk for developing diabetes.	Yes	<p>April 1, 2016, Mandarin Senior Center’s annual health fair – screened 55 individuals for BMI, blood pressure, glucose, and cholesterol. Of the 220 screenings, there were 55 abnormal readings. Follow up calls were performed after the health fair to those with abnormal screenings.</p> <p>May 18, 2016, Clay Council on Aging’s health fair - screened 33 individuals for BMI, blood pressure, glucose, and cholesterol. Of the 132 screenings, there were 27 abnormal screenings. Follow up calls were performed after the health fair to those with abnormal screenings.</p> <p>BMCS participated in the Westminster Woods annual health fair on August 7, 2017. Baptist South participated in the Episcopal Children’s Services Health Fair in Orange Park, FL on November 15, 2016. We screened 32 individuals and performed a total of 96 screenings including BMI, blood pressure, and glucose. Of the 96 screenings, 8 of the results were abnormal. Those with abnormal results received a follow up phone call after the health fair.</p> <p>April 30, 2016, Calvary United Methodist’s health fair - screened 23 individuals for BMI, blood pressure, glucose, and cholesterol. Of the 92 screenings, there were 18 abnormal readings. Follow up calls were performed after the health fair to those with abnormal screenings.</p> <p>On May 22, 2016, BMCS participated in the Hindu Society health fair; we were able to screen 152 individuals and performed a total of 295 screenings including BMI, blood pressure, glucose, and cholesterol. Of the 295 screenings, we found 63 abnormal screenings. Follow up calls were performed after the health fair to those with abnormal screenings.</p>

Significant Health Need Identified in Preceding CHNA	Planned Activities to Address Health Needs Identified in Preceding Implementation Strategy	Was Activity Implemented (Yes/No)	Results, Impact & Data Sources
Diabetes (continued)			<p>BMCS participated in Orange Park Christian Center’s health fair on July 23, 2016. We screened 15 individuals and performed a total of 60 screenings including BMI, blood pressure, glucose, and cholesterol. Of the 60 screenings, 9 of the results were abnormal. Those with abnormal results received a follow up phone call after the health fair.</p> <p>March 19, 2016, Hopewell Church’s health fair; - screened 59 individuals for BMI, blood pressure, glucose, and cholesterol. Of the 236 screenings, there were 41 abnormal readings. Follow up phone calls were performed after the health fair to those with abnormal screenings.</p> <p>122 people received free biometric screenings at the Williams Family Y Healthy Living Center. Everyone receiving screenings participated in health coaching provided by the Healthy Living Center.</p> <p>May 20, 2016, Orange Park High School Student health fair – distributed information on diabetes and heart disease and pedometers screened 92 students for BMI (4 were underweight, 66 were at a normal weight, 13 were overweight, and 9 were obese).</p> <p>On July 29, 2017, BMCS participated in the Salvation Army Back to School Bash Health Fair in Middleburg, FL. We screened 114 individuals and performed a total of 342 screenings including BMI, blood pressure, and glucose. Of the 342 screenings, 41 of the results were abnormal. Those with abnormal results received a follow up phone call after the health fair.</p> <p>Provided funding to Muslim American Social Services to provide primary care for people living in Duval County who do not have health insurance. In 2016 and 2017, MASS provided health services to 3,501 patients 14 of whom received diet counseling, 263 received endocrinology services, 60 received disease management services and 1,761 received primary care.</p>

Significant Health Need Identified in Preceding CHNA	Planned Activities to Address Health Needs Identified in Preceding Implementation Strategy	Was Activity Implemented (Yes/No)	Results, Impact & Data Sources
Diabetes (continued)	Offer “8 Weeks to Healthy Living” program to local faith-based and community organizations.	Yes	Facilitated and funded two sessions of 8 Weeks to Healthy Living at First Church Hopewell of people completed the program, 18 of 30 (60%) completed the program, 97 pounds collectively were lost, 71% decreased their BMI, Participants with normal glucose levels increased from 93% to 100%
	Provide care coordination services for pre-diabetic and diabetic patients in primary care offices.	Yes	<p>Provided funding to The Way Free clinic to provide primary care for people living in Clay County. 571 patients screened for diabetes and 52 received treatment.</p> <p>Provided funding to Volunteers in Medicine to provide primary care for people who live or work in Duval County and do not have health insurance. 1,493 people were screened for diabetes, 314 were treated and 72% improved of 42 patients with three-month follow-up.</p> <p>Provided funding to Sulzbacher to provide primary care for people living or working in Duval County who are un- or under-insured. 5,397 patients were screened for diabetes with 2,612 receiving treatment.</p>
	Provide education to adults and children on healthy eating habits, obesity, nutrition, and lifestyle.	Yes	In August of 2016, BMCS held a lunch & learn on “Weight Management” presented by Dr. Casey Bonaquist. Dr. Bonaquist stressed the importance of maintaining a healthy weight to avoid diseases such as diabetes and high blood pressure. We hosted 16 attendees at the lunch & learn; 100% stated they learned something new and 100% plan to make a lifestyle change from the talk.

Significant Health Need Identified in Preceding CHNA	Planned Activities to Address Health Needs Identified in Preceding Implementation Strategy	Was Activity Implemented (Yes/No)	Results, Impact & Data Sources
Diabetes (continued)			<p>For our April 2016 lunch & learn, Kory Graybeal, RN, LD/N, presented on “Dining with Diabetes”. Mrs. Graybeal provided healthy examples of meal substitutions to keep your glucose in a normal range for those with diabetes. We had 18 attendees in the presentation; 100% of them stated they learned something new and 100% plan to make a lifestyle change from the information learned.</p> <p>March 2016, “Diabetes: Prevention and Treatment” presented by Dr. Colin Lacroix. The 16 attendees learned vital skills to prevent diabetes and how to treat it if diagnosed. 94% stated they learned something new and 94% of attendees plan to make a lifestyle change as a result of the presentation.</p> <p>On September 21, 2017, BMCS held a lunch & learn on the Mediterranean Diet presented by Dr. Denton. Attendees learned about healthy eating habits and the importance of a balanced diet to avoid obesity and the risk factors associated with obesity including diabetes. There were 25 individuals present for the talk and 92% of them stated they learned something new and plan to make a lifestyle change based on the talk.</p> <p>On January 9, 2017, BMCS participated in the Kemper Health Fair.</p>
	Increase awareness of the resources provided by YMCA Healthy Living Centers and JCA Health Connexions.	Yes	<p>78 people participated in healthy eating, physical activity and diabetes education at the Williams Family Y Healthy Living Center.</p> <p>11/9/15 Diabetes Management class by Baptist Health Registered Dietician – 6 attendees at JCA Wellness Connexions.</p> <p>269 people received free health screenings through JCA Wellness Connexions.</p>

Significant Health Need Identified in Preceding CHNA	Planned Activities to Address Health Needs Identified in Preceding Implementation Strategy	Was Activity Implemented (Yes/No)	Results, Impact & Data Sources
Diabetes (continued)			<p>85 people received free biometric screenings at the Williams Family Y Healthy Living Center and all individuals screened participated in health coaching provided by the Healthy Living Center.</p> <p>254 people received free biometric screenings at the Jewish Community Alliance and all individuals screened participated in health coaching provided by the Healthy Living Center.</p> <p>34 people participated in healthy eating, physical activity and diabetes education at the Williams Family Y Healthy Living Center.</p> <p>15 people participated in healthy eating, physical activity and diabetes education at the Williams Family Y Healthy Living Center.</p> <p>113 people received free health screenings through Williams Family Y Healthy Living Center</p>
	Partner with Duval, St. John's, and Clay counties Public School Districts to enhance diabetes, obesity, nutrition, and lifestyle education.	Yes	<p>On August 6, 2016, BMCS participated in the Salvation Army Back to School Community Event in Middleburg. We provided attendees with diabetes literature and pedometers to encourage more physical activity.</p> <p>On July 29, 2017, BMCS participated in the Salvation Army Back to School Bash Health Fair in Middleburg, FL. We screened 114 individuals and performed a total of 342 screenings including BMI, blood pressure, and glucose. Of the 342 screenings, 41 of the results were abnormal. Those with abnormal results received a follow up phone call after the health fair.</p> <p>Baptist South participated in the Episcopal Children's Services Health Fair in Orange Park.</p>

Significant Health Need Identified in Preceding CHNA	Planned Activities to Address Health Needs Identified in Preceding Implementation Strategy	Was Activity Implemented (Yes/No)	Results, Impact & Data Sources
Mental Health	Partner with United Way of Northeast Florida to develop and implement a community-wide effort to reduce stigma associated with mental illness and increase access to care.	In Process	<p>Baptist Health provided funding to the United Way for a stigma reduction campaign. Research was conducted on effective campaigns. Baptist staff participated in stigma reduction committee meetings in FY16 and FY 17, and a plan is being developed.</p> <p>Baptist Medical Center South hosted the Inside Out art exhibit to decrease stigma related to mental illness. The goal of the exhibit is to bring awareness to mental health issues and that it is okay to “come out” about mental illness. Artist names and quotes are proudly displayed next to their artwork. The exhibit was on display during July and August 2016 and was pictured in the Mandarin News Line.</p>
	Offer Mental Health education sessions and information to the community.	Yes	On August 8, 2017, Baptist South hosted a lunch & learn on “Making Yourself a Priority” presented by Nancy Crain, PA-C. Nancy stressed the importance of good mental health. There were 19 attendees present for the talk and 95% of them stated they learned something new and plan to make a lifestyle change based on information presented to them.
	Provide mindfulness training and coaching through Y Healthy Living Centers and JCA Health Connexions.	Yes	<p>BH Wellness RN facilitated stress management session at JCA Health Connexions attended by 13 people.</p> <p>BH Wellness RN facilitated session on sleep at JCA Health Connexions attended by 18 people.</p> <p>142 people participated in brain and mental health education and exercises at the Williams Family Y Healthy Living Center.</p> <p>2 individuals were trained in Adult Mental Health First Aid at the Williams Family Y Healthy Living Center.</p>

Significant Health Need Identified in Preceding CHNA	Planned Activities to Address Health Needs Identified in Preceding Implementation Strategy	Was Activity Implemented (Yes/No)	Results, Impact & Data Sources
Mental Health (continued)	Offer Youth Mental Health First Aid training for community members on the warning signs of mental illness and what to do to help young people.	Yes	<p>BH Mental Health First Aid certified instructors trained 143 community members in Youth Mental Health First Aid.</p> <p>Baptist Medical Center South hosted an Adult Mental Health First Aid eight-hour training class on July 30, 2016. We had 13 attendees in the course and all attendees were extremely responsive to the material presented.</p> <p>As a focus to train 10,000 individuals in the community by 2018, we continued to host Adult Mental Health First Aid classes. For South's area, Baptist Health trained 358 individuals (32063 had 26 individuals, 32068 had 65 individuals, 32073 had 43 individuals, 32082 had 40 individuals, 32084 had 17 individuals, 32257 had 35 individuals, 32256 had 112 individuals, and 32258 had 20 individuals).</p>
	Partner with faith-based organizations to offer Faith and Mental Health education.	Yes	129 participants attended Faith & Mental Health conference held in November 2016. 150 clergy, lay people, mental health professionals and community members attended the Faith and Mental Health conference held in April 2018.
	Train adults in the community on recognizing the warning signs of mental illness and suicide among youth.	Yes	<p>BMCS attended the Teacher Appreciation Expo at the Thrasher Horne Center on August 8, 2016. We provided the teachers that visited our booth literature on mindfulness in hopes that they could apply the information to their classrooms.</p> <p>On July 24, 2016, Baptist Health hosted "Clay Healthy Minds, Healthy Kids: It Takes a Community" which was a mental health community conversation. Speakers presented on ending the stigma associated with mental health and the physiology behind mental illness. The event was attended by 40 community members.</p>

Significant Health Need Identified in Preceding CHNA	Planned Activities to Address Health Needs Identified in Preceding Implementation Strategy	Was Activity Implemented (Yes/No)	Results, Impact & Data Sources
Mental Health (continued)	Collaborate with other community providers to develop integrated pediatric care clinic that will provide additional mental health resources in the community.	Yes	<p>In partnership with the University of Florida College of Medicine – Jacksonville, Wolfson Children’s Center for Behavioral Health, the Partnership for Child Health and additional community resources, we are able to provide a compassionate and comprehensive system of care to support children and youth with medical, mental and behavioral health needs. This integrated approach to the care of children and youth reflects our commitment to fulfill the rights of all children to achieve and maintain mind-body wellness.</p> <p>In FY 2016, Baptist Health:</p> <ul style="list-style-type: none"> • Provided funding to Volunteers in Medicine to provide primary care for people who live or work in Duval County and do not have health insurance. 373 people were screened for behavioral health services and 78 received treatment. • Provided funding to Muslim American Social Services to provide primary care for people living in Duval County who do not have health insurance. MASS provided health services to 2,168 patients 73 of whom received behavioral health services. • Funded Postpartum Support International to provide an educational session attended by 190 community members. • Provided funding to YMCA for staffing to provide specialized activities for 45 adults with disabilities enhancing their quality of life and providing respite services for their caregivers. • Provided funding for pastoral care conference on spiritual care and mental health attended by ____ community members.

Significant Health Need Identified in Preceding CHNA	Planned Activities to Address Health Needs Identified in Preceding Implementation Strategy	Was Activity Implemented (Yes/No)	Results, Impact & Data Sources
Mental Health (continued)			<ul style="list-style-type: none"> • Provided funding to the National Council for Behavioral Health to train 26 community members as Mental Health First Aid facilitators. • Provided funding to Mental Health America of Northeast Florida to increase awareness of and advocacy for additional mental health services in our community resulting in increased funding and legislation that expands the capacity of mental health services in northeast Florida. \$52M in additional state funding for mental health services was appropriated and key legislation was approved to increase access to services. • Provided funding to The Women’s Center of Jacksonville to provide mental health counseling for women who cannot afford counseling. 146 women were provided therapy. • Provided funding to ElderSource to provide one-on-one coaching to seniors who are exhibiting mild depression symptoms. 28 seniors were screened for the program with 11 seniors completing the program and 4 in progress at the end of the grant year. • Provided funding to Northwest Behavioral Health Center to support the 2016 Mental Health in the African American Community conference. • Provided funding to support mental health services at the ARC Village, a unique independent living community for adults with disabilities. 53 residents received services with 31 residents receiving individual counseling and 22 residents in group counseling. • Provided funding to Seniors on a Mission to engage seniors in local mission trips to reduce isolation and increase mental wellbeing. 158 seniors participated, and 100% of survey respondents indicated that Seniors on a Mission helps combat loneliness.

Significant Health Need Identified in Preceding CHNA	Planned Activities to Address Health Needs Identified in Preceding Implementation Strategy	Was Activity Implemented (Yes/No)	Results, Impact & Data Sources
Mental Health (continued)			<ul style="list-style-type: none"> • Provided funding to MOSH to develop a health educational exhibit. The interactive exhibit includes information about the brain and mental illness. More than 5,000 people attended the exhibit. • Provided funding to The Way Free clinic to provide primary care for people living in Clay County. 774 patients were screened for mental health services and 103 were treated. <p>In FY 2017, Baptist Health:</p> <ul style="list-style-type: none"> • Provided funding to The Women’s Center of Jacksonville to provide mental health counseling for women who cannot afford counseling. 165 women were provided therapy. • Provided funding to the National Council for Behavioral Health to train 26 community members as Mental Health First Aid facilitators. • Providing funding to support mental health services at the ARC Village, a unique independent living community for adults with disabilities. 90 residents received services with 58 residents in group counseling. • Provided funding to Pine Castle for a clinical site nurse who served 280 individuals in Pine Castle’s Adult Day Training program, 24 of whom participated in psycho-social rehabilitation with 1 successfully completing the program. • Provided funding to Volunteers in Medicine to provide primary care for people who live or work in Duval County and do not have health insurance. 390 people were screened for behavioral health services and 50 received treatment.

Significant Health Need Identified in Preceding CHNA	Planned Activities to Address Health Needs Identified in Preceding Implementation Strategy	Was Activity Implemented (Yes/No)	Results, Impact & Data Sources
Mental Health (continued)			<ul style="list-style-type: none"> • Provided funding to YMCA for staffing to provide specialized activities for 30 adults with disabilities enhancing their quality of life and providing respite services for their caregivers. • Provided funding to Museum of Science and History to develop a health educational exhibit. The interactive exhibit includes information about the brain and mental illness. 1,309 students and adults toured the exhibit and/or participated in health education programming. • Provided funding to Sulzbacher to provide primary care for people living or working in Duval County who are un- or under-insured. 5,483 patients were screened for diabetes with 654 receiving treatment. • Provided funding to Project for Healing to provide mental health case management for 78 refugees who resettled in Duval County. • Provided funding to UNF to initiate a mental health nurse practitioner graduate program. • Provided funding to Seniors on A Mission to provide volunteer opportunities to 8 seniors. • Provided funding to Mental Health America of Northeast Florida to increase awareness of and advocacy for additional mental health services in our community resulting in increased funding and legislation that expands the capacity of mental health services in northeast Florida.


5. Brooks Rehabilitation

Significant Health Need Identified in Preceding CHNA	Planned Activities to Address Health Needs Identified in Preceding Implementation Strategy	Was Activity Implemented (Yes/No)	Results, Impact & Data Sources
Mental Health / Depression	Implementation of the World Health Organization Quality of Life Assessment tool	Yes	At appropriate Community Benefit Programs, the implementation of the World Health Organization Quality of Life assessment tool is used at a participant’s initial intake, 2 months, 6 months, and 12 months. In 2016 and 2017 Quality of Life assessment were completed for 1614 individuals and 1735 individuals respectively.
Obesity / Nutrition / Lifestyle	Adaptive Sports & Recreation Program Stroke Wellness Program Brain Injury Wellness Program Parkinson’s Wellness Program Multiple Sclerosis Wellness Program Kids Play Day Brain Injury Clubhouse	Yes Yes Yes Yes	13 weekly events and 35 special events, served 673 unique individuals in 2016 and 621 unique individual participants in 2017, Brooks Challenge Mile in partnership with Gate River Run – 2017 745 participants, 2018 774 participants. In 2016, 357 unique individuals (14,270 visits) participated in a customized wellness programs for their needs. In 2017 this number increased to 371 unique individuals (16,213 visits). Kids Play Day incorporated physical exercise for individuals with varying abilities. During the pilot session, we only had 1 of 6 registered individuals complete the program. Another session was scheduled in the fall of 2016 with zero registrants. The program was discontinued in 2017 due to a lack of interest. The Brooks Brain Injury Clubhouse served 85 individuals in 2016 placing 28 participants in a job or volunteer placement. In 2017 the Clubhouse served 76 individuals and placed 30 in a vocation or volunteer opportunity.

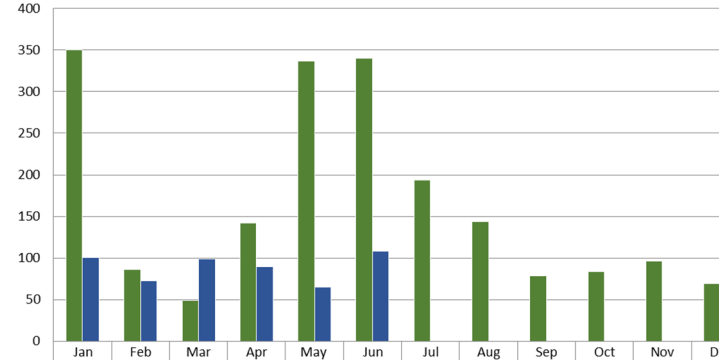
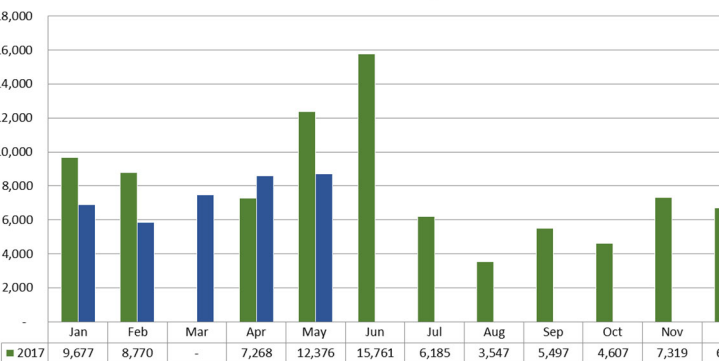
Significant Health Need Identified in Preceding CHNA	Planned Activities to Address Health Needs Identified in Preceding Implementation Strategy	Was Activity Implemented (Yes/No)	Results, Impact & Data Sources
Stroke Prevention	<p>Stroke Wellness Program</p> <p>Collaboration with American Heart Association for Heart Walk and Faces of Stroke</p>	<p>Yes</p> <p>Yes</p>	<p>Brooks in connection with the YMCA offers stroke survivors the opportunity to participate in a stroke wellness program which provides exercise to promote cardiovascular fitness and musculoskeletal strength in an effort to decrease the chance of another stroke. The program is offered in Jacksonville and Daytona.</p> <p>Brooks participated with the American Heart Association in the Heart Walk in 2016 and 2017. In 2016, 257 employees and community members participated in the Heart Walk with an increase of participants in 2017. Brooks now solely executes Faces of Stroke. In 2016 and 2017, 5 stroke survivors were honored each year. The event offers CME credit and shares information on recognizing the signs and symptoms of stroke to community members.</p>
Unintentional Injury	<p>Think First</p> <p>Stepping On / Falls Prevention workshops</p>	<p>Yes</p> <p>Yes</p>	<p>ThinkFirst provides education and awareness on brain/spinal cord injury prevention to children and youth in various settings: classroom/auditorium presentations, community health fairs and large community events. In 2016, 726 children were assisted with helmet fitting and 1365 children were impacted through educational presentations. In 2017, the number of helmet fittings increased to 1,179 and 2,079 children benefitted from educational presentations.</p> <p>Comprehensive Falls Prevention program was chartered in May of 2015. The program steering committee implemented the program across 7 Brooks sites with successful implementation within one year from charter date. The program is continuously monitored and all of the staff completes an assessment of a patient's fall risk upon intake and after an acute fall. The program is continuing to flourish and monitoring progress.</p>

Significant Health Need Identified in Preceding CHNA	Planned Activities to Address Health Needs Identified in Preceding Implementation Strategy	Was Activity Implemented (Yes/No)	Results, Impact & Data Sources
Unintentional Injury (continued)	Y Healthy Living	Yes	Y Healthy Living Center is a unique partnership between Baptist Health, Brooks Rehabilitation and Florida Blue. It offers a comprehensive range of programs to address health concerns of youth and adults including: free wellness coaching, free health talks, classes and workshops, free support groups, free baseline health screening.

6. Mayo Clinic Florida

Significant Health Need Identified in Preceding CHNA	Planned Activities to Address Health Needs Identified in Preceding Implementation Strategy	Was Activity Implemented (Yes/No)	Results, Impact & Data Sources																																																									
<p>Mental Illness</p> <p>Limited access to mental illness healthcare resources</p>	<p>Training 10,000 citizens in Mental Health First Aid in North East Florida in three years</p>	<p>Yes</p>	<p>At the time of compiling this report, the effort completed 15 of the 36-month plan. Based upon the three-year timeline, our target for the training is 4,166. The project is actually above the target at 4,296 with steady results forthcoming.</p> <p style="text-align: center;">Mental Health First Aid # of Citizens Trained</p>  <table border="1" data-bbox="1144 885 1879 966"> <thead> <tr> <th>Month</th> <th>Year</th> <th># of Citizens Trained</th> </tr> </thead> <tbody> <tr><td>Oct</td><td>2016</td><td>58</td></tr> <tr><td>Nov</td><td>2016</td><td>156</td></tr> <tr><td>Dec</td><td>2016</td><td>48</td></tr> <tr><td>Jan</td><td>2017</td><td>254</td></tr> <tr><td>Feb</td><td>2017</td><td>207</td></tr> <tr><td>Mar</td><td>2017</td><td>282</td></tr> <tr><td>Apr</td><td>2017</td><td>398</td></tr> <tr><td>May</td><td>2017</td><td>323</td></tr> <tr><td>Jun</td><td>2017</td><td>525</td></tr> <tr><td>Jul</td><td>2017</td><td>334</td></tr> <tr><td>Aug</td><td>2017</td><td>321</td></tr> <tr><td>Sep</td><td>2017</td><td>216</td></tr> <tr><td>Oct</td><td>2017</td><td>325</td></tr> <tr><td>Nov</td><td>2017</td><td>221</td></tr> <tr><td>Dec</td><td>2017</td><td>16</td></tr> <tr><td>Jan</td><td>2018</td><td>107</td></tr> <tr><td>Feb</td><td>2018</td><td>245</td></tr> <tr><td>Mar</td><td>2018</td><td>260</td></tr> </tbody> </table>	Month	Year	# of Citizens Trained	Oct	2016	58	Nov	2016	156	Dec	2016	48	Jan	2017	254	Feb	2017	207	Mar	2017	282	Apr	2017	398	May	2017	323	Jun	2017	525	Jul	2017	334	Aug	2017	321	Sep	2017	216	Oct	2017	325	Nov	2017	221	Dec	2017	16	Jan	2018	107	Feb	2018	245	Mar	2018	260
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<p>Health Disparities & Obesity/Nutrition/Lifestyle</p> <p>In Duval County there is a significant disparity between the health status of the general population and citizens reside on the north side of the community. Common indicators with a significant variation include; diabetes, hypertension, obesity, nutrition and stroke</p>	<p>Wellness Rx – Wellness Rx is a community led wellness program designed to empower and educate New Town residents with information to improve their overall health. Through civic engagement, New Town Success Zone (NTSZ) has created a model of engagement which encourages self-responsibility, accountability and community driven action around health and wellness priorities.</p> <p>(continued on next page)</p>	<p>Yes</p>	<p>Results are measured through a variety of perspectives and priorities. First, output measures are assessed. These include, the number of residents attending the educational programming, the frequency of that attendance, the number of pounds of food and equivalent number of meals provided (this community is in a food desert). Chart 2 and 3 and Tables 1 and 2 below illustrate the output results thus far. Second, outcome measures for the project will include an assessment of changes in behavior and understanding of health risk factors. These will be measured by assessing pre/post program survey and adherence to pledged efforts to improve self-reported health challenges.</p> <p>In 2017, there were over 1,100 attendees for the programming, some attendees participated in multiple education sessions. Frequent attendance is a measure of success for the effort. While providing health education to 1,100 is extremely valuable, we are confident that success will be realized more closely by those who participated in three or more events. With this in mind, we assessed the data to identify the Residents who attended at least three events. Those 116 Residents are now classified as our “star” participants and are provided more intimate encouragement around their health and wellness pledges.</p> <p>2018 data are year-to-date through May 2018.</p>

Significant Health Need Identified in Preceding CHNA	Planned Activities to Address Health Needs Identified in Preceding Implementation Strategy	Was Activity Implemented (Yes/No)	Results, Impact & Data Sources																																																																														
<p>Health Disparities & Obesity/Nutrition/Lifestyle (continued)</p>	<p>NTSZ and Mayo Clinic have partnered with the community to deliver this programming initiative. The program, delivered at the Center for the Prevention of Health Disparities on the Edward Waters College campus, consists of two to three educational program days monthly. Program days are designed to provide health and wellness education based upon health disparity topics outlined in the CHNA. Participants were encouraged to share their top health and wellness goals, which in turn are followed to assist them with improvements. These goals will be reassessed at the end of the goal to determine if there were health improvements and/or if their health status improved.</p> <p>Furthermore, during the Wellness Rx program being located in a community that is classified as a food desert, fresh fruits and vegetables are distributed to the community monthly during the program activities</p>		<div data-bbox="1176 324 1932 779"> <h3 style="text-align: center;">Attendance by Month</h3>  <table border="1" data-bbox="1197 714 1911 779"> <thead> <tr> <th></th> <th>Jan</th> <th>Feb</th> <th>Mar</th> <th>Apr</th> <th>May</th> <th>Jun</th> <th>Jul</th> <th>Aug</th> <th>Sep</th> <th>Oct</th> <th>Nov</th> <th>Dec</th> </tr> </thead> <tbody> <tr> <td>2017</td> <td>350</td> <td>86</td> <td>49</td> <td>142</td> <td>337</td> <td>340</td> <td>194</td> <td>144</td> <td>79</td> <td>84</td> <td>96</td> <td>69</td> </tr> <tr> <td>2018</td> <td>101</td> <td>73</td> <td>99</td> <td>90</td> <td>65</td> <td>108</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> </tr> </tbody> </table> </div> <div data-bbox="1176 812 1932 1250"> <h3 style="text-align: center;">Pounds of Food by Month</h3>  <table border="1" data-bbox="1197 1201 1911 1250"> <thead> <tr> <th></th> <th>Jan</th> <th>Feb</th> <th>Mar</th> <th>Apr</th> <th>May</th> <th>Jun</th> <th>Jul</th> <th>Aug</th> <th>Sep</th> <th>Oct</th> <th>Nov</th> <th>Dec</th> </tr> </thead> <tbody> <tr> <td>2017</td> <td>9,677</td> <td>8,770</td> <td>-</td> <td>7,268</td> <td>12,376</td> <td>15,761</td> <td>6,185</td> <td>3,547</td> <td>5,497</td> <td>4,607</td> <td>7,319</td> <td>6,709</td> </tr> <tr> <td>2018</td> <td>6,899</td> <td>5,862</td> <td>7,474</td> <td>8,610</td> <td>8,707</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table> </div>		Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	2017	350	86	49	142	337	340	194	144	79	84	96	69	2018	101	73	99	90	65	108	0	0	0	0	0	0		Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	2017	9,677	8,770	-	7,268	12,376	15,761	6,185	3,547	5,497	4,607	7,319	6,709	2018	6,899	5,862	7,474	8,610	8,707							
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Significant Health Need Identified in Preceding CHNA	Planned Activities to Address Health Needs Identified in Preceding Implementation Strategy	Was Activity Implemented (Yes/No)	Results, Impact & Data Sources
<p>Access to Care</p> <p>Health Disparities</p> <p>Mental Health</p>	<p>Citizens without health insurance are at a significant disadvantage when it comes to access to healthcare resources. Mayo Clinic not only provides access to healthcare resources through its charity care program, but it also contributes to access to care by providing healthcare at area federally qualified health clinics and other nonprofit clinics. These clinics include; the Sulzbacher Center, Volunteers in Medicine, Mission House and We Care, a system of specialty care resources.</p>	<p>Yes</p>	<p>Overall, Mayo Clinic Florida physicians provided over 340 off-site appointments/medical procedures and 120 on-campus consultations and surgical procedures, at no expense to patients who receive care at these agencies.</p>

7. Ascension St. Vincent’s Clay

Significant Health Need Identified in Preceding CHNA	Planned Activities to Address Health Needs Identified in Preceding Implementation Strategy	Was Activity Implemented (Yes/No)	Results, Impact & Data Sources
Access	<ul style="list-style-type: none"> •Build and enhance local partnerships •Seek additional community support •Expand outlets for medical services for target population using Mobile Health 	<p>Yes</p> <p>Yes</p> <p>Yes</p>	<p>Collaborative partnerships established</p> <p>Acquired through St. Vincent’s Foundation</p> <p>Medical services expanded within Clay and St. Johns County targeting medically underserved. (+654 served through March 2018)</p>
Diabetes	<ul style="list-style-type: none"> •Oversee development and adoption of standards/norms for the diagnosis/treatment of diabetes, complications and risk factors within health system •Promote and contribute to diabetes screening to reduce the prevalence of diabetes •Promote living well with diabetes and disease management via education •Advocate for prevention and control of diabetes in vulnerable populations 	<p>Yes</p> <p>Yes</p> <p>Yes</p> <p>Yes</p>	<p>Program enacted</p> <p>Screening program initiated to include blood pressure, A1C, nephropathy and vision</p> <p>ADA approved education implemented (+ 550 patients through March 2018)</p> <p>Community partnerships established</p>

Significant Health Need Identified in Preceding CHNA	Planned Activities to Address Health Needs Identified in Preceding Implementation Strategy	Was Activity Implemented (Yes/No)	Results, Impact & Data Sources
Maternal/Child Health	<ul style="list-style-type: none"> •Expand St. Vincent’s Medical Center Clay’s maternity and women’s service with 30 inpatient beds •Increase access to Medicaid deliveries 	<p>Yes</p> <p>Yes</p>	<p>Labor and Delivery expansion completed</p> <p>Clay County Medicaid deliveries (+486 through March 2018)</p>
Obesity/Nutrition/Lifestyle	<ul style="list-style-type: none"> •Offer 10-week community based behavior and nutritional program to youth 9-14 in Clay County schools •Augment a voluntary after-school program for youth 9-14 •Conduct an annual school fitness event for youth 9-14 •Augment a voluntary summer fitness curriculum for afterschool youth 9-14 •Implement an electronic app for patient and parental use •Partner with two local middle schools to implement Momentum Fitness 	<p>Yes</p> <p>Yes</p> <p>Yes</p> <p>Yes</p> <p>Yes</p> <p>Yes</p>	<p>Condensed to 9-week program offered in Clay and Duval County (+2,619 children through March 2018)</p> <p>Program assessed and improved</p> <p>Annual participation by Mobile Health Outreach Ministry</p> <p>Program assessed and improved</p> <p>Implemented a digital application for patient and parental use</p> <p>Momentum implemented in 8 locations, 3 schools, a museum and 4 local not-for-profit community youth programs</p>

8. Ascension St. Vincent's Riverside

Significant Health Need Identified in Preceding CHNA	Planned Activities to Address Health Needs Identified in Preceding Implementation Strategy	Was Activity Implemented (Yes/No)	Results, Impact & Data Sources
Access	<ul style="list-style-type: none"> •Develop partnership with Alignment Healthcare to assist older individuals accessing Medicare •Create an advanced clinical model to support Medicare beneficiaries, lower costs and increase the availability of health care for seniors. 	<p>Yes</p> <p>Yes</p>	<p>Individuals enrolled in Alignment Healthcare's program (monthly Enrollees Tracking)</p> <p>Clinical model created</p>
Diabetes	<ul style="list-style-type: none"> •Oversee development and adoption of standards/norms for the diagnosis/treatment of diabetes, complications and risk factors within health system •Promote and contribute to diabetes screening to reduce the prevalence of diabetes •Promote living well with diabetes and disease management via education •Advocate for prevention and control of diabetes in vulnerable populations 	<p>Yes</p> <p>Yes</p> <p>Yes</p> <p>Yes</p>	<p>Program enacted</p> <p>Screening program initiated to include blood pressure, A1C, nephropathy and vision</p> <p>ADA approved education implemented (+ 550 patients through March 2018)</p> <p>Community partnerships established</p>

Significant Health Need Identified in Preceding CHNA	Planned Activities to Address Health Needs Identified in Preceding Implementation Strategy	Was Activity Implemented (Yes/No)	Results, Impact & Data Sources
Health Disparities	<ul style="list-style-type: none"> •Coordinating with Ascension Health coordinate an annual Medical Mission at Home. •Develop a system wide support team •Establish supportive partnerships from local business, health providers and organizations. •Implement an event. 	<p>Yes</p> <p>Yes</p> <p>Yes</p> <p>Yes</p>	<p>Medical Mission at Home coordinated</p> <p>Developed</p> <p>Multiple community partnerships developed to support MMAH</p> <p>Annual Event enacted (serving +1,624 through April 2018)</p>
Maternal/Child Health	<ul style="list-style-type: none"> •Educate the staff of St. Vincent’s Family Birth Place and physicians on the requirements for safe sleep environments as recognized by Cribs for Kids Program. •Gain National Safe Sleep Hospital Certification. •Educate and distribute Safe Sleep materials, sleep sacks and pack-n-plays (if no safe sleep environment available) to St. Vincent’s maternity patients. •Promote collaborative partnerships 	<p>Yes</p> <p>Yes</p> <p>Yes</p> <p>Yes</p>	<p>Staff and physician training completed</p> <p>National Safe Sleep Hospital Certifications</p> <p>Education and distribution implemented, parents benefitted from safe sleep education (+2,795 through March 2018)</p> <p>Partnerships developed and maintained</p>

Significant Health Need Identified in Preceding CHNA	Planned Activities to Address Health Needs Identified in Preceding Implementation Strategy	Was Activity Implemented (Yes/No)	Results, Impact & Data Sources
Mental Health	•Develop and implement a system to identify potential participants	Yes	Identification and eligibility process implemented
	•Track participants and compare date from baseline year of 2015	Yes	Program active and serving participants (53% through March 2018)
Obesity/Nutrition/Lifestyle	•Develop partnership with Duval County Schools	Yes	Partnership established and maintained
	•Develop partnerships with local youth organizations	Yes	Multiple partnerships implemented
	•Implement a pediatric nutrition and fitness program	Yes	Program implemented (+700 children through March 18)
Significant Health Need Identified in Preceding CHNA	Planned Activities to Address Health Needs Identified in Preceding Implementation Strategy	Was Activity Implemented (Yes/No)	Results, Impact & Data Sources
Smoking	•Coordinate with AHEC to provide smoking cessation opportunities to the public	Yes	Partnership developed and ongoing
	•Conduct 5 classes annually	Yes	Cessation classes conducted (+23 through March 18)

9. Ascension St. Vincent's Southside

Significant Health Need Identified in Preceding CHNA	Planned Activities to Address Health Needs Identified in Preceding Implementation Strategy	Was Activity Implemented (Yes/No)	Results, Impact & Data Sources
Access	<ul style="list-style-type: none"> •Develop partnership with Alignment Healthcare to assist older individuals accessing Medicare •Create an advanced clinical model to support Medicare beneficiaries, lower costs and increase the availability of health care for seniors. 	<p>Yes</p> <p>Yes</p>	<p>Individuals enrolled in Alignment Healthcare's program (monthly Enrollees Tracking)</p> <p>Clinical model created</p>
Diabetes	<ul style="list-style-type: none"> •Oversee development and adoption of standards/norms for the diagnosis/treatment of diabetes, complications and risk factors within health system •Promote and contribute to diabetes screening to reduce the prevalence of diabetes •Promote living well with diabetes and disease management via education •Advocate for prevention and control of diabetes in vulnerable populations 	<p>Yes</p> <p>Yes</p> <p>Yes</p> <p>Yes</p>	<p>Program enacted</p> <p>Screening program initiated to include blood pressure, A1C, nephropathy and vision</p> <p>ADA approved education implemented (+ 550 patients through March 2018)</p> <p>Community partnerships established</p>

Significant Health Need Identified in Preceding CHNA	Planned Activities to Address Health Needs Identified in Preceding Implementation Strategy	Was Activity Implemented (Yes/No)	Results, Impact & Data Sources
Health Disparities	<ul style="list-style-type: none"> •Coordinating with Ascension Health coordinate an annual Medical Mission at Home. •Develop a system wide support team •Establish supportive partnerships from local business, health providers and organizations. •Implement an event. 	<p>Yes</p> <p>Yes</p> <p>Yes</p> <p>Yes</p>	<p>Medical Mission at Home coordinated</p> <p>Developed</p> <p>Multiple community partnerships developed to support MMAH</p> <p>Annual Event enacted (serving +1,624 through April 2018)</p>
Maternal/Child Health	<ul style="list-style-type: none"> •Educate the staff of St. Vincent’s Family Birth Place and physicians on the requirements for safe sleep environments as recognized by Cribs for Kids Program. •Gain National Safe Sleep Hospital Certification. •Educate and distribute Safe Sleep materials, sleep sacks and pack-n-plays (if no safe sleep environment available) to St. Vincent’s maternity patients. •Promote collaborative partnerships 	<p>Yes</p> <p>Yes</p> <p>Yes</p> <p>Yes</p>	<p>Staff and physician training completed</p> <p>National Safe Sleep Hospital Certifications</p> <p>Education and distribution implemented, parents benefitted from safe sleep education (+2,848 through March 2018)</p> <p>Partnerships developed and maintained</p>

Significant Health Need Identified in Preceding CHNA	Planned Activities to Address Health Needs Identified in Preceding Implementation Strategy	Was Activity Implemented (Yes/No)	Results, Impact & Data Sources
Mental Health	<ul style="list-style-type: none"> •Develop and implement a system to identify potential participants 	Yes	Identification and eligibility process implemented
	<ul style="list-style-type: none"> •Track participants and compare date from baseline year of 2015 	Yes	Program active and serving participants (53% through March 2018)
Obesity/Nutrition/Lifestyle	<ul style="list-style-type: none"> •Develop partnership with Duval County Schools 	Yes	Partnership established and maintained
	<ul style="list-style-type: none"> •Develop partnerships with local youth organizations 	Yes	Multiple partnerships implemented
	<ul style="list-style-type: none"> •Implement a pediatric nutrition and fitness program 	Yes	Program implemented (+700 children through March 18)
Smoking	<ul style="list-style-type: none"> •Coordinate with AHEC to provide smoking cessation opportunities to the public 	Yes	Partnership developed and ongoing
	<ul style="list-style-type: none"> •Conduct 5 classes annually 	Yes	Cessation classes conducted (+23 through March 18)

10. UF Health Jacksonville & UF Health North

Significant Health Need Identified in Preceding CHNA	Planned Activities to Address Health Needs Identified in Preceding Implementation Strategy	Was Activity Implemented (Yes/No)	Results, Impact & Data Sources
Communicable Diseases	UF Health will continue participating in the Ryan White Part A Program, which identifies and tracks people living with HIV/AIDS. The program provides education, screening, counseling, and spiritual support for those living with the disease.	Yes	Free HIV/ AIDS screenings are available at the Total Care Clinic (TCC) through UF Cares / Rainbow Center From December 2013 through May 2018 over 50 people have been screened.
Diabetes	UF Health will continue to provide diabetes services in its Wellness Clinics (Soutel, and Durkeeville). These programs encourage diabetic patients to engage in proactive routine care and provide education regarding self-management, nutrition, and behavioral modification based on established curricula.	Yes	Community Wellness Clinics provide diabetic services including diabetic supplies, education and scheduled follow-up visits. Over a period of 13 years, over 16,445 people, received diabetes education and/or screenings.
	UF Health will provide six health fairs annually, during which individuals will be screened for diabetes.	Yes	From January 2016 through May 2018 72 health fairs provided to 2,278 people
	UF Health will continue providing diabetes education as a component of its employee wellness programs. While focused on employees, this education benefits the community at large as households in the community enhance their understanding of how to prevent and manage diabetes.	Yes	Employees in the in Control Diabetes program experienced 0.7% average decrease in their A1C levels in 2017. 72 employees have enrolled in the program since 2016.

Significant Health Need Identified in Preceding CHNA	Planned Activities to Address Health Needs Identified in Preceding Implementation Strategy	Was Activity Implemented (Yes/No)	Results, Impact & Data Sources
Health Disparities	UF Health will provide patients with high cholesterol education regarding disease, nutrition, and physical activity at UF Health Wellness Clinics at no cost.	Yes	<p>Patients are screened and provided with education regarding HLD management including but not limited to nutritional choices and physical activity.</p> <p>Over 13 years we have provided HDL and education screening to a population of over 16,000.</p>
	UF Health will provide patients with high blood pressure education regarding disease, nutrition, and physical activity at UF Health's Wellness Clinics at no cost.	Yes	<p>Patients are screened and provided with education regarding HTN management, including but not limited to nutritional choices and physical activity.</p> <p>Over a period of 13 years, we have provided diabetes education and screenings to a population of over 16,000.</p>
	As part of its strategy to integrate mental health services into primary care settings and maintain Patient Centered Medical Home status, UF Health will screen all initial patients for depression and anxiety, using a survey tool. Results will be evaluated and patients may be referred to a mental health primary care provider.	Yes	<p>Currently, providing Mental Health services at TCC. Recently, recruited a full time Mental Health provider.</p> <p>From July 2014 until May 2018, TCC has provided Mental Health services to an average of 13,728 patients.</p>

Significant Health Need Identified in Preceding CHNA	Planned Activities to Address Health Needs Identified in Preceding Implementation Strategy	Was Activity Implemented (Yes/No)	Results, Impact & Data Sources
Health Disparities (continued)	UF Health will continue providing several programs focused on improving access to prenatal and newborn care, reducing infant mortality, and enhancing maternal child health outcomes. These include the Little Miracles Program (which encourages early entry into prenatal care by providing assistance in obtaining Medicaid and setting prenatal appointments), Centering Pregnancy (a national model for group prenatal care offered at the Care Center for Women), the Healthy Start Program (designed to decrease infant mortality in Jacksonville’s Health Zone 1/urban core, and provides Nurse Case Management and Care Coordination for high risk patients), and The Nurse Family Partnership (an evidence-based home visiting program for vulnerable first time parents).	Yes	Healthy Start provided risk reduction education and Care Coordination for 3,391 pregnant women and infants from July 1, 2017 to March 30, 2018 HS Data Source: Well Family System (WFS) Nurse Family Partnership averages 83 home visits per month, based on data from July 1, 2016 to March 30, 2017.

Significant Health Need Identified in Preceding CHNA	Planned Activities to Address Health Needs Identified in Preceding Implementation Strategy	Was Activity Implemented (Yes/No)	Results, Impact & Data Sources
Health Disparities (continued)	UF Health will provide six health fairs annually, during which individuals will be screened for high cholesterol, high blood pressure, and other health risks.	Yes	<p>From January 2016 until May 2018, the Community Wellness clinics sponsored 6 health fairs (3 health fairs are scheduled for future dates)</p> <p>In addition to the above:</p> <p>Since January 1, 2016 the Pediatric ED has sponsored 8 Saturday health fairs for parents of children with asthma</p> <p>Since January 1, 2016 the Employee Wellness Dept. has had 5 employee health fairs (including some patients & families)</p> <p>The Business Development Dept. has provided health screenings at approximately 30 health fairs at corporate open enrollment sessions (benefit sign-up)</p>

Significant Health Need Identified in Preceding CHNA	Planned Activities to Address Health Needs Identified in Preceding Implementation Strategy	Was Activity Implemented (Yes/No)	Results, Impact & Data Sources
Health Disparities (continued)	The UF Health Obesity Disparities Research Center (MACOD-R) will provide a seminar series (addressing obesity and related issues); a mentoring program for faculty, students, and community members interested in obesity disparities research; and will write research grants to advance knowledge relating to obesity risks.	Community program was not started when anticipated (N/A) Employee program ongoing Yes	Effective May 18, 2018, the Healthy Smart for weight lost study (African American Females) began at Brentwood Primary Care Center. To date 25 Customers enrolled and have been seen. The goal is 34. Annually, all GatorCare members are eligible to participate in the Wellness screenings, which includes weight measurement and BMI. CY 2016 – 3,369 CY 2017 – 3,857
	UF Health will continue operating the UF Health Jacksonville Care Van, a mini-health unit on wheels that travels throughout Jacksonville providing screenings and health information.	Yes	2018 Health Fair scheduled available Van usage pending a PRN driver

Significant Health Need Identified in Preceding CHNA	Planned Activities to Address Health Needs Identified in Preceding Implementation Strategy	Was Activity Implemented (Yes/No)	Results, Impact & Data Sources
Health Disparities (continued)	UF Health will continue providing its Trauma Prevention Program, which focuses on educating children and their parents on important safety topics in an effort to reduce the number and severity of injuries in children. The program provides presentations at local schools, works with juvenile offenders, promotes use of car seats, and other services – all designed to reduce violence and injury.	Yes	<p>Monthly safety initiatives based on the Injury Free Coalition</p> <p>March – brain injury month, concussion education to schools and presentation with the Jacksonville Sports Medicine Conference</p> <p>April- Distracted driving awareness, videos and education materials at art walk</p> <p>May – heat safety awareness, regional preprogram with reminders to not leave children in cars, media spots</p> <p>June – fireworks safety, videos and media spots on preventing traumatic injuries</p> <p>July – Child passenger safety, distribute car seats and provide education on proper instillation & use</p> <p>September – fall prevention, visits to 5 senior citizen centers in zip codes with highest number of senior falls, education and fall risk assessments</p> <p>October – bullying prevention, education to schools on Speak up, Stand Up to encourage peer engagement</p> <p>December – impaired driving prevention through PR items at local establishments and in media</p>

Significant Health Need Identified in Preceding CHNA	Planned Activities to Address Health Needs Identified in Preceding Implementation Strategy	Was Activity Implemented (Yes/No)	Results, Impact & Data Sources
Smoking	UF Health pharmacists will continue providing a Smoking Cessation Program at its C.B. McIntosh Clinic. This program addresses risk factors related to stroke, which includes smoking.	Yes	<p>Smoking Cessation Program has been in progress since 2013 at CB McIntosh Center. The Pharmacist provides the service every Thursday to 8-10 scheduled patients per week.</p> <p>In addition, there are smoking cessation classes offered at UF-Community Health Center clinic, located ACC, 4th floor.</p>
	UF Health will continue providing smoking cessation as a component of its employee wellness programs. While focused on employees, this education benefits the community at large as households in the community enhance their understanding of smoking related risks and understand better how to stop smoking.	Yes	Participants are offered one on one, group, telephone and video chat sessions for the program. The program is an 8 week program. There are a total of 4 participants for 2018, 1 successful quit, and there were 4 participants in 2017, with 2 successful quits.
	UF Health will maintain all facilities as smoke-free.	Yes	Policies and Procedures (signs posted and compliance maintained)

11. Wolfson Children’s Hospital

Significant Health Need Identified in Preceding CHNA	Planned Activities to Address Health Needs Identified in Preceding Implementation Strategy	Was Activity Implemented (Yes/No)	Results, Impact & Data Sources
Access to Care	Assure that financial assistance programs comply fully with state and federal requirements.	Yes	<p>Working with Patient Financial Services, patients without insurance are offered assistance with applicable insurance options or charity care.</p> <p>WCH continues to provide financial support to community organizations that are committed to increasing access for child health services.</p> <p>WCH continues to support access to specialty care and reduce preventable hospitalizations through its investment in the Bower Lyman Center for Medically Complex Children. The Center offers medically complex children a coordinated, family-focused and team-based approach to achieve their highest possible quality of life and health outcomes, and to promote family well-being. Wolfson Children’s Hospital continues to fund the operation expenses for the Bower Lyman Center for Medically Complex Children. This funding includes salaries for a parent liaison and two social workers.</p>

Significant Health Need Identified in Preceding CHNA	Planned Activities to Address Health Needs Identified in Preceding Implementation Strategy	Was Activity Implemented (Yes/No)	Results, Impact & Data Sources
Access to Care (continued)	Increase enrollment in Florida KidCare, the Children’s Health Insurance program for Florida, through both community and hospital outreach. Community outreach initiatives include participation in school events, health fairs and other health-related events. Additionally, Wolfson Children’s Hospital will continue its hospital outreach to its self-pay patients by contacting and assisting them in enrolling in Florida KidCare.	Yes	<p>In FY 2016 and 2017, THE PLAYERS Center for Child Health team provided application assistance to 523 individuals.</p> <p>Continue to participate in local community health fairs, which provide health screenings, education, information on insurance coverage and other health-related services for children and their families. THE PLAYERS Center team participated in 216 health fairs and provided education to 30,649 individuals in FY 2016. In FY 2017, team members participated in 295 health events, and provided education to 21,755 individuals.</p>

Significant Health Need Identified in Preceding CHNA	Planned Activities to Address Health Needs Identified in Preceding Implementation Strategy	Was Activity Implemented (Yes/No)	Results, Impact & Data Sources
Access to Care (continued)	Work in conjunction with local school boards or other community partners in order to establish new avenues that will increase access to primary care services for children.	Yes	<p>Offer free health-related programming in the community through partnerships between Baptist Health System, YMCA and Jewish Community Alliance. Wolfson Children’s Hospital will evaluate how to best improve access for children through these centers, which may include offering school physicals. THE PLAYERS Center for Child Health educators offered unintentional injury prevention education to 85 children and 58 adults at the YMCA Healthy Kids Day on April 31, 2016. On July 22, 2017 team members provided education at 5 YMCA locations for their baby shower events. Educators participated in the YMCA Thingamajig event on August 3, 2016, and provided health and safety education to 144 individuals. 333 children received asthma education during the 2017 Thingamajig event.</p> <p>Support and advocate for legislation that is specifically focused on improving access to care for children. Wolfson Children’s Hospital patient Jacob Lopez and his family participated in the Children’s Hospital Association Speak Now for Kids Family Advocacy Days in Washington DC June 20-22, 2016. Jacob met with 5 legislators from Florida and Georgia. In July of 2017 Wolfson Children’s Hospital patient Norah Sproles and her family traveled to Washington to meet with 4 legislators.</p> <p>Continue to support the UF Health Pediatric Weight Management Center – Wolfson Children’s Hospital. This center provides obese and overweight pediatric patients with a comprehensive, family-centered and team-based approach to achieve weight loss, weight loss maintenance and reverse the co-morbidities of obesity. The treatment team works together to provide the best support and guidance for the patient and family, not only for weight loss, but also for weight loss maintenance. Wolfson Children’s Hospital continues to provide the unmet reimbursed costs to run a pediatric weight management center.</p>

Significant Health Need Identified in Preceding CHNA	Planned Activities to Address Health Needs Identified in Preceding Implementation Strategy	Was Activity Implemented (Yes/No)	Results, Impact & Data Sources
Access to Care (continued)			<p>Baptist Health has an MOU and is currently seeing patients at Ribault Middle and High School.</p> <p>Provide free “back to school” and sports physicals in varying locations across the community. In collaboration with the Jacksonville Sports Medicine Program, Wolfson Children’s Hospital provided free back to school physicals on July 30, 2016 to 705 student athletes in Duval County. On July 29, 2017 665 athletes in Duval county participated in sports physicals.</p>
	Continue to evaluate how to best use and expand its home health and telehealth services in order to improve access to care.	Yes	Wolfson Children’s Hospital continues to explore telehealth opportunities with partners to provide specialty consults.
	Reduce the number of preventable hospitalizations for asthma by continuing to build on the services offered by the Community Asthma Partnership at Wolfson (CAPW). CAPW provides education, events, workshops and other programs in order to teach children and their caregivers how to better manage their disease. CAPW also provides care coordination services to patients who present frequently to the Emergency Department in order to reduce the number of admissions for asthma.	Yes	<p>Workshop attendance – The Community Asthma Partnership offered 45 community-based workshops, and 128 children and 168 adults attended</p> <p>School based classes – Educators taught 119 programs and reached 1128 students in VPK, school based, and after school programs for children with asthma</p> <p>Care Coordination – Provided Care Coordination for 118 newly identified high-risk asthma patients in FY 2016 and FY 2017</p>

Significant Health Need Identified in Preceding CHNA	Planned Activities to Address Health Needs Identified in Preceding Implementation Strategy	Was Activity Implemented (Yes/No)	Results, Impact & Data Sources
Health Disparities	Reduce disparities pertaining to access to affordable care by providing assistance in enrolling uninsured children in KidCare.	Yes	<p>In FY 2016, THE PLAYERS Center for Child Health team provided application assistance to 539 individuals, and 523 in 2017.</p> <p>Increased access to health insurance through KidCare enrollment</p> <p>Increased access to primary care because between 2015 and 2020 the pediatric population is expected to grow 2.5 percent</p>
	Improve the level of linguistically and culturally appropriate care by hiring bilingual staff who can better communicate with the Hispanic population and understand the cultural barriers to care.	Yes	THE PLAYERS Center for Child Health hired Marivi Wright to adapt educational offerings to the Spanish Speaking families. Over 750 Spanish speaking individuals received important educational information on prevention, access, and wellness in 2016, and 487 in 2017.
	Provide education and health screenings in low-income, Black (African American) and Hispanic (Latino) communities.	Yes	THE PLAYERS Center for Child Health participated in a Spanish speaking Health Fair on April 23, 2016 and educated 225 individuals. THE PLAYERS Center for Child Health participated in a Spanish Speaking Health fair on September 16 th and educated 180 individuals.

Significant Health Need Identified in Preceding CHNA	Planned Activities to Address Health Needs Identified in Preceding Implementation Strategy	Was Activity Implemented (Yes/No)	Results, Impact & Data Sources
Health Disparities (continued)	Continue to build on the efforts of CAPW and use its resources to target specifically populations in need of education and support, as asthma has been found to be a “highly problematic” health issue for low-income, Black and Hispanic residents.	Yes	<p>CAP- W educators participated in a health fair on August 5th at Potter’s House and educated 80 individuals.</p> <p>Reduced preventable hospitalizations for conditions such as asthma from the baseline of 60 percent being preventable</p> <p>In 2014, there were 1,208 ambulatory care-sensitive inpatient hospitalizations for asthma for residents of the five-county area aged 0-17 years. Sixty percent of preventable hospitalizations were for asthma.</p>
	Work in conjunction with local school boards and/or other community partners in order to establish new avenues that will increase access to primary care services for children.	Yes	<p>Baptist Health has an MOU and is currently seeing patients at Ribault Middle and High School.</p> <p>Provided funding to United Way for vision screenings and glasses for children identified as needing those services through the Full Service School. 158 children received vision screening and glasses if needed.</p>
	Participate in local community health fairs to provide screenings, education, information on insurance coverage and other health-related services to children and their families.	Yes	THE PLAYERS Center team participated in 216 health fairs and provided education to 30,649 individuals in FY 2016, and 247 health fairs and 21,775 in FY 2017.

Significant Health Need Identified in Preceding CHNA	Planned Activities to Address Health Needs Identified in Preceding Implementation Strategy	Was Activity Implemented (Yes/No)	Results, Impact & Data Sources
Health Disparities (continued)	Offer school- and community-based educational programming aimed at improving child health. Current programming includes nutrition, hygiene, body systems, safe driving, and over-the-counter medication safety.	Yes	THE PLAYERS Center for Child Health educators provided education to 4,674 students in 213 classes in FY 2016, and 5,162 students in 171 classes in FY 2017.
	Provide education to school nurses on diabetes prevention and maintenance.	Yes	On February 17, 2016, diabetes educators provided a 2 hour training to 24 Duval County school nurses. Educators provided training to 88 teachers in Duval and Nassau counties in 2017.
	Educate the community and patients on the health risks associated with smoking and exposure to second-hand smoke and provide referrals to smoking cessation resources in the community, such as AHEC.	Yes	Asthma educators refer appropriate patient families to AHEC. Funded The Bridge to provide health screenings and access to medical, dental and vision services. 336 physicals were arranged and received; 90 children received dental care. 28 children were educated on asthma, 29 youth received mental health services and 25 were educated on the dangers of smoking

Significant Health Need Identified in Preceding CHNA	Planned Activities to Address Health Needs Identified in Preceding Implementation Strategy	Was Activity Implemented (Yes/No)	Results, Impact & Data Sources
Health Disparities (continued)	Implement Youth Mental Health First Aid training, an eight-hour course that teaches participants how to help someone who is developing a mental health problem or experiencing a mental health crisis. The training helps participants identify, understand, and respond to signs of mental illness and substance use disorders.	Yes	Wolfson Children’s Hospital offered 13 Youth Mental Health First Aid classes and were able to educate 152 individuals to identify and respond to mental illness and substance use disorders in 2016. In FY 2017, there were 190 participants in 16 classes.
	Educate the community regarding breastfeeding and safe sleep practices through social media and traditional news media campaigns, community events and classes.	Yes	Educators provided safe sleep and breastfeeding to 7,348 individuals at 44 events in 2017.
	Work with community partners to increase access to pediatric care for all children, including children enrolled in KidCare or who do not have insurance.	Yes	St. Vincent’s Mobile Health outreach, Duval County Public schools and Full Service schools refer families without coverage to THE PLAYERS Center for Child Health team members.

Significant Health Need Identified in Preceding CHNA	Planned Activities to Address Health Needs Identified in Preceding Implementation Strategy	Was Activity Implemented (Yes/No)	Results, Impact & Data Sources
Health Disparities (continued)	Continue to provide financial support to local organizations that are dedicating to reducing health disparities in the community.	Yes	<p>Provided funding to Children’s Home Society to provide counseling for students who do not have insurance or have Medicaid and attend high poverty schools in Jacksonville. 86 children received counseling or crisis intervention services and 190 teachers received training on trauma informed classrooms.</p> <p>Provided funding to DLC Nurse and Learn to provide nursing care, physical and occupational therapies; treatment for diabetes and asthma for children who are physically and emotionally disabled.</p> <p>Provided funding to PACE Center for Girls to provide a Straight Talk Clinic. 300 girls were served. 90% were from low income families with little or no access to primary care.</p> <p>Provided funding to The Bridge to provide nursing care and coordination on campus for children. 100 physicals were arranged and received; 26 children received eye exams; 143 children received dental care. 44 children were educated on asthma. 1 was taken to the emergency room for asthma treatment. 5 new students enrolled in the Bridge with asthma this grant period. 8 children participated in individual counseling and 75 participated in group counseling. 41 children received nutrition education. Parent surveys indicate they are satisfied with services and referrals. In 2017, 336 teens participated.</p> <p>Provided funding for a conference on increasing access to care for LGBTQ youth with 175 people attending.</p> <p>Provided funding to United Way for vision screenings and glasses for children identified as needing those services through the Full Service School. 158 children received vision screening and glasses if needed.</p> <p>Provided funding to Sulzbacher Center to open a pediatric practice in a low-income health dessert in Jacksonville for children without insurance or on Medicaid. The practice is scheduled to open in spring 2018.</p>

Significant Health Need Identified in Preceding CHNA	Planned Activities to Address Health Needs Identified in Preceding Implementation Strategy	Was Activity Implemented (Yes/No)	Results, Impact & Data Sources
Maternal and Children Health	Continue to offer school- and community-based educational programming aimed at improving child health. Current programming includes nutrition, hygiene, body systems and safe driving, and over-the-counter medication safety. Wolfson Children’s Hospital will continue to evaluate other educational needs in the community and implement new programming as needs arise and resources become available.	Yes	THE PLAYERS Center for Child Health educators provided education to 4,674 students in 213 classes in FY 2016, and 5,162 students in 171 classes in FY 2017.
	Increase educational activities aimed at reducing the number of overweight youth in the community, not only through existing educational initiatives, but through partnerships in the community, such as Play 60 with the Jacksonville Jaguars and the Healthy Jacksonville Childhood Obesity Prevention Coalition.	Yes	Over 7,000 sixth graders from 29 different schools participated in Play 60 during the 2015/2016 school year, and over 8,000 from 52 schools in 2016/2017. Provided funding to the Jaguars Foundation to implement Play 60 physical activity programs in middle schools in 5 counties in Northeast Florida.

Significant Health Need Identified in Preceding CHNA	Planned Activities to Address Health Needs Identified in Preceding Implementation Strategy	Was Activity Implemented (Yes/No)	Results, Impact & Data Sources
Maternal and Children Health (continued)	Increase awareness of safe sleep practices to reduce the risk of sleep-related deaths during infancy. Provide safe sleep, breastfeeding, infant and child CPR, and choking education to at-risk expectant families referred by community partners. Distribute safe sleep equipment and supplies to families in need, and work with Wolfson Children's Hospital to develop a strategy for wider distribution of selected safe sleep apparatus to at-risk families in need. Utilize paid, unpaid, social and in-house media to promote awareness of safe sleep practices during infancy to the community at large.	Yes	In 2016, THE PLAYERS Center for Child Health educators provided safe sleep education to 6,978 people at 42 community events. Safe Sleep messaging had a program reach of 3,319,792 media impressions. 165 pack and plays were distributed. In 2017, 7,348 people at 44 events received safe sleep education, and 125 pack and plays were distributed.
	Provide education and resources through free classes and community events, including health fairs and safe sleep classes.	Yes	In 2016, THE PLAYERS Center for Child Health educators provided safe sleep education to 6,978 people at 42 community events. In 2017, 7,348 people at 44 events received safe sleep education. In FY 2017, 1,125 people participated in parenting classes offered in Healthy Living Centers in YMCAs throughout Duval County.

Significant Health Need Identified in Preceding CHNA	Planned Activities to Address Health Needs Identified in Preceding Implementation Strategy	Was Activity Implemented (Yes/No)	Results, Impact & Data Sources
Maternal and Children Health (continued)	Work with partners and affiliates to develop and implement a child abuse prevention strategy.	Yes	Launched Hit Free Zones in April of 2018. In addition to Wolfson Children’s Hospital, the de-escalation campaign was also adopted at Quigley House, the Child Protection Team, Family Support Services, the Medical Examiner’s office and the State Attorney’s office.
	Provide education on the risks associated with smoking and second-hand smoke and provide smoking cessation referrals for pregnant moms.	Yes	Ready, Set, Sleep participants are provided information on the risks of smoking with pregnancy. Most participants receive Healthy Start services, which include smoking cessation.
	Train community members in CPR at community events.	Yes	Provided friends and family CPR at Ready Set Sleep classes.
	Create and provide an obesity toolkit for local pediatricians and the community that is accessible online.	Yes	In collaboration with the Healthy Jacksonville Childhood Obesity Prevention Coalition and Nemours Children’s Specialty Clinic, Wolfson Children’s Hospital hosted a continuing education session on the role of a primary care pediatrician in addressing childhood obesity. Office toolkits were distributed.
	Work with community partners to increase access to pediatric care for all children, including children enrolled in KidCare or who do not have insurance.	Yes	Baptist Health has an MOU and is currently seeing patients at Ribault Middle and High School.

Significant Health Need Identified in Preceding CHNA	Planned Activities to Address Health Needs Identified in Preceding Implementation Strategy	Was Activity Implemented (Yes/No)	Results, Impact & Data Sources
Maternal and Children Health Continued	Continue to provide financial support to community organizations that are committed to improving child health.	Yes	<p>Provided funding to the Museum of Science and History to develop and maintain an exhibit on healthy lifestyles. In 2016 5,923 and in 2017 1,309 students and adults toured the exhibit and/or participated in health education programming.</p> <p>Provided funding for the YMCA Kid Fit Challenge. 17 children participated and reduced their mile run time by 9 minutes.</p> <p>Provided funding to the Jaguars Foundation to implement Play 60 physical activity programs in middle schools in 5 counties in Northeast Florida.</p> <p>Provided funding to Vision is priceless to screen children for vision problems. 4,441 children were screened in Duval, Nassau, Baker and Clay Counties. 150 children screened were provided prescription classes.</p>

Significant Health Need Identified in Preceding CHNA	Planned Activities to Address Health Needs Identified in Preceding Implementation Strategy	Was Activity Implemented (Yes/No)	Results, Impact & Data Sources
Mental Health	Implement Youth Mental Health First Aid training for community members in low-income areas on the warning signs of mental illness in adults and children and how to intervene when necessary.	Yes	<p>Wolfson Children’s Hospital offered 13 Youth Mental Health First Aid Classes and had 152 people participate in the training in FY 2016. In FY 2017, 16 classes were offered, and 190 people participated.</p> <p>Provided funding to Mental Health America of Northeast Florida to increase awareness of and advocacy for additional mental health services in our community resulting in increased funding and legislation that expands the capacity of mental health services in northeast Florida.</p>
	Provide mindfulness training and coaching through affiliations with the YMCA and the Jewish Community Alliance.	Yes	Wolfson Children’s Hospital provided mindfulness training to 60 students at the DuPont YMCA. The students participated in three sessions with different mindfulness activities each week.
	Work with community providers to develop an integrated care clinic to provide additional access to mental health services.	Yes	In partnership with the University of Florida College of Medicine – Jacksonville, Wolfson Children’s Center for Behavioral Health, the Partnership for Child Health and additional community resources, we are able to provide a compassionate and comprehensive system of care to support children and youth with medical, mental and behavioral health needs. This integrated approach to the care of children and youth reflects our commitment to fulfill the rights of all children to achieve and maintain mind-body wellness.
	Partner with the United Way of Northeast Florida to develop and implement a community-wide effort to reduce the stigma associated with mental illness and increase access to care.	In Process	Baptist Health provided funding to the United Way for a stigma reduction campaign. Research was conducted on effective campaigns. Baptist staff participated in stigma reduction committee meetings in FY16 and FY 17, and a plan is being developed.

Significant Health Need Identified in Preceding CHNA	Planned Activities to Address Health Needs Identified in Preceding Implementation Strategy	Was Activity Implemented (Yes/No)	Results, Impact & Data Sources
Mental Health (continued)	Increase community awareness by hosting the annual Faith and Mental Health Conference.	Yes	On November 4, 2016, Baptist Health held our annual Faith and Mental Health Conference. This conference is widely attended across the city. This year we had 129 attendees present.
	Support the National Alliance on Mental Illness (NAMI) in implementing youth education and awareness programs.	Yes	<p>THE PLAYERS Center for Child Health team assisted NAMI in completing a SHAC application, providing access to present in Duval County Public Schools.</p> <p>Provided funding to Hope Haven Children’s Clinic to provide onsite mental health assessments and treatment services. 44 children were evaluated and 38 were diagnosed and treated.</p>
	Continue to provide financial investments to community organizations that are committed to increasing access to mental health services and/or decreasing the stigma associated with mental health issues.	Yes	<p>Provided funding to Children’s Home Society to provide counseling for students who do not have insurance or have Medicaid and attend high poverty schools in Jacksonville. 86 children received counseling or crisis intervention services and 190 teachers received training on trauma informed classrooms.</p> <p>Provided funding to DLC Nurse and Learn to provide mental health counseling for caregivers of children with a mental or physical disability and 83 people received counseling at DLC Nurse and Learn.</p> <p>Provided funding to Delta Sigma Theta’s local chapter to provide a camp for children and siblings impacted by HIV/AIDS. 114 children were enrolled in the camp and received mental health counseling and activities in groups and/or one to one.</p> <p>Provided funding to Mental Health America of Northeast Florida to increase awareness of and advocacy for additional mental health services in our community resulting in increased funding and legislation that expands the capacity of mental health services in northeast Florida.</p>

Significant Health Need Identified in Preceding CHNA	Planned Activities to Address Health Needs Identified in Preceding Implementation Strategy	Was Activity Implemented (Yes/No)	Results, Impact & Data Sources
Unintentional Injury	Continue its partnership with Safe Kids Worldwide in order to reduce the amount of unintentional childhood injuries. Through this partnership, Wolfson Children’s Hospital educates the community on child water safety, home safety, child passenger safety, bicycle safety, pedestrian safety, infant mortality and safe sleep practices, heat illness, exertional heat stroke, lightning and sports-related concussions and head injuries.	Yes	THE PLAYERS Center for Child Health is the coalition lead for Safe Kids Northeast Florida, whose mission is to bring together local organizations to promote pediatric injury prevention.
	Continue its affiliation with the Jacksonville Sports Medicine Program, a not-for-profit, volunteer-based organization that is dedicated to youth sports injury advocacy and prevention.	Yes	Funded Jacksonville Sports Medicine Program to provide clinical symposium on exertional heat illness, spinal injury and sideline concussions evaluation and testing tools by leading researchers. 96 physicians and other healthcare professionals were trained. 864 continuing education credits were earned.
	Utilize paid, unpaid, social, in-house media and special events to promote awareness of injury prevention for children 19 and under and to the community at-large.	Yes	In 2016 THE PLAYERS Center for Child Health secured over 7,000,000 media impressions through traditional print, radio, television and social media, that number reached over 11,365,327 in 2017.

Significant Health Need Identified in Preceding CHNA	Planned Activities to Address Health Needs Identified in Preceding Implementation Strategy	Was Activity Implemented (Yes/No)	Results, Impact & Data Sources
Unprotected Sex/Teen Pregnancy	Partner with local school districts and community organizations to enhance STI education and awareness.	Yes	<p>6/17/16: Baptist Health, Tipping the Scale Year-Round Mentoring Program: Summer Employment: “Wellness Fridays” STI by Planned Parenthood. 46 Total Attendance 41 Total Surveys. 90% Learned something new from presentation: 62% Plan to make a lifestyle or other health related changes</p> <p>Wolfson Children’s Hospital team members assisted with condom demonstrations for 7 schools and 1020 students in 2017.</p>
	Partner with local colleges, universities and military bases to enhance safe sex and STI education programs.	Yes	The Clinton Health Matters Initiative (CHMI) invited Baptist Health to participate in its College Health Program; CHMI is convening local colleges and universities with community partners to identify health needs of college students in the realms of sexual health, mental health and physical health (nutrition and physical activity) and to work together to develop strategies to address these needs. Baptist Health staff attended the first workshop held in June 2017 and will continue this work in FY18, when the colleges will identify which specific areas they want to prioritize.
	Provide Teen Talk programming to community partners.	Yes	Funded PACE Center for Girls to provide a Straight Talk Clinic. 130 girls were served with basic health services. 98% did not become pregnant and 98% remained STI free during the year.
	Partner with local agencies to increase awareness of existing HIV and STI testing and treatment sites, and also help grow additional HIV and STI testing sites in the community.	Yes	Provided funding to JASMYN Sexual Health Clinic to offer testing and treatment for sexually transmitted diseases. 482 young people participated in the clinic in 2016

Significant Health Need Identified in Preceding CHNA	Planned Activities to Address Health Needs Identified in Preceding Implementation Strategy	Was Activity Implemented (Yes/No)	Results, Impact & Data Sources
Unprotected Sex/Teen Pregnancy	Work with Nassau Alcohol Crime and Drug Abatement Coalition (NACDAC) to educate teens in Nassau on the importance of the HPV vaccine in preventing cervical cancer.	Alternate Strategy	NACDAC received grant funding to provide teen health education in schools. While they did not partner with Wolfson Children’s Hospital, the community is receiving education.
	Offer STI prevention and safe sex education at community events and health fairs.	Yes	<p>6/3/16 BrdsNBz text messaging service shared with Leadership Jacksonville Collegiate class of 2017 – 36 youth attended</p> <p>Funded The Bridge to provide sexual health education for teens. 96 teens participated in education sessions on understanding sexually transmitted diseases and pregnancy prevention.</p> <p>Provided BrdsNBz funding to Healthy Start.</p>
	Continue to provide financial support to community organizations that are committed to reducing the rates of unprotected sex and teen pregnancy in the community.	Yes	<p>Provided funding to The Bridge of Northeast Florida to provide sexual health education to 500 youth and young adults.</p> <p>Provided funding to JASMYN Sexual Health Clinic to offer testing and treatment for sexually transmitted diseases. 939 young people participated in the clinic in 2016 and 2017.</p> <p>Provided funding to PACE Center for Girls to provide a Straight Talk Clinic. 130 girls were served with basic health services. 98% did not become pregnant and 98% remained STI free during the year.</p> <p>Provided funding to The Bridge of Northeast Florida to provide sexual health education to 156 students.</p>

Appendix B. Primary Data

1. Key Informant Interview Questions

1. Could you tell me a little about yourself, your background, and your organization?
2. What are the major health needs/issues you see in the community?
3. Who in your community appears to struggle the most with these issues you've identified and how does it impact their lives?
4. What are the barriers to receiving care and for building a healthy community?
5. Could you tell me about some of the strengths and resources in your community that address these issues, such as groups, initiatives, services, or programs? Please name them.
6. As a part of the Community Health Needs Assessment process, we are analyzing quantitative data for the region. We have found that there is limited publicly available data around some health topics, which may make it difficult to assess the extent of the community need. Could you please help us fill this information in by telling us about any observations, anecdotes, or knowledge you have around these topic areas?
 - Diabetes
 - Disabilities
 - Environmental & Occupational Health
 - Family Planning
 - Food Safety
 - Mental Health & Mental Disorders
 - Men's Health
 - Oral Health
 - Other Chronic Diseases
 - Vision
7. What advice do you have for a group developing a plan to address the needs you've mentioned today?

8. Given all that we have discussed so far, what are the top 3 health needs that should be addressed in your community? Please list them in order of 1st – 2nd – 3rd.

9. Lastly, what is your vision for a healthy community?

10. Is there anything additional that should be considered for this Community Health Needs Assessment?

2. Organizations Participating in Key Informant Interviews

- 5 Star Veterans
- AETNA
- Azalea Health
- Baker County School Nurse Supervisor
- Baker County Schools Superintendent
- Barnabas Center
- Child Guidance Center
- Children's Home Society
- Clay Behavioral Health
- Clinton Health Matters Initiative / School Board
- Communities in Schools
- Council of Aging
- Department of Health Clay
- Department of Health Duval
- Department of Health Duval
- Department of Health Nassau
- Department of Health St. Johns
- Department of Children and Families
- Drug Free Duval
- Duval County Medical Society
- Duval County Public Schools
- Early Learning Coalition
- Early Steps
- ElderSource
- Feeding NE FL
- Health Planning Council
- Institute of Healthcare Excellence
- JASMYN
- Jewish Family and Community Social Services
- Lutheran Services Florida
- Muslim American Social Services
- Nassau County Crime and Drug Abatement Coalition
- Pace Center for Girls
- St. Vincent De Paul Society at Blessed Trinity
- Starting Point
- Sulzbacher Center
- The Way Free Clinic
- UF College of Medicine
- United Way
- United Way of St Johns County
- Vision Is Priceless
- War on Poverty
- WeCare
- YMCA

*HCI solicited Florida Department of Health, Baker on two separate occasions to participate in the key informant interview process but did not receive any response.

3. Focus Group Discussion Questions

1. What is your vision for a healthy community?

2. Is there something missing in your neighborhood or community that could help make your community healthier? Fill in this sentence: My community could be healthier if...

3. *Sticky Note Question*: Now we'd like to discuss health concerns more specifically in the community. What are the community's most critical health needs/issues?
4. How do these issues impact different types of people/populations?
5. What are the barriers to receiving services in the community?
6. What do you see as the community's best resources?
7. [select either A or B]
 - A. What are the top 3 priorities for this community in terms of health needs and why?
 - B. [Activity] Each person has received \$1000. Each person should distribute their money to the issues they think are the most important for improving the health of the community.

4. Completed Focus Groups

HCI Conducted Interviews		
Date Conducted	Focus Group Title/Location	Number of Focus Group Participants
4/3/18	New Town Success Zone	10
4/3/18	Tipping the Scale Youth Mentoring Program (BMC Jacksonville)	11
4/4/18	Mission House	11
4/4/18	Sulzbacher/BEAM	11
4/5/18	City Rescue/Sulzbacher/Clara White	11
4/5/18	Duval Faith Community & Nursing	10
4/5/18	The Way Free Clinic	7
4/9/18	People with Differing Abilities at Brooks	7
4/10/18	FSCJ Students	9
4/11/18	Nassau County Council of Aging	9
4/11/18	Barnabas	13
4/11/18	Tipping the Scale Youth Mentoring Program at BMC Nassau	14
4/12/18	Baker County Council on Aging	7

4/12/18	Baker County School Nurses	8
4/13/18	NE FL Women Veterans	10
Partnership Conducted Interviews		
3/28/18	St. Vincent's Clay County	5
4/5/18	St. Vincent's Riverside	11
4/3/18	St. Vincent's Southside	8
4/17/18	Mayo Clinic	10
4/9/18	Baptist Winston Y Healthy Living Center	9
4/4/18	Brooks Rehab	9
4/23/18	JASMYN	12
4/19/18	Baptist Medical Center Beaches	4
4/25/18	Baptist Mandarin JCA Care Connexions	11
4/18/18	Wolfson Children's Hospital	8
4/16/18	Baptist Johnson Y Healthy Living Center	11
4/24/18	UF Health	11
4/19/18	Baptist Medical Center Nassau	10
4/23/18	Baptist Medical Center Jacksonville	10
4/17/18	Baptist North Y Healthy Living Center	10
4/25/18	Baptist Medical Center South	9
4/19/18	Baptist Mandarin Y Healthy Living Center	8

5. Community Survey Questionnaire

Welcome to the Jacksonville Regional Community Survey

The Jacksonville Nonprofit Hospital Partnership wants to understand the health needs of the Jacksonville region. This region covers Baker, Clay, Duval, Nassau, and St. Johns County.

In this survey, you can tell us what issues are important. Your thoughts will help to tell The Partnership how it should help the community.

This survey will take about 15 minutes to complete.

Thank you for your thoughts and your time! If you have questions about this survey, please contact us at [email].

I. First, tell us a little bit about yourself...

1. What county do you reside in?

- Baker County
- Clay County
- Duval County
- Nassau County
- St. Johns County

2. What is your zip code?

ZIP/Postal Code

3. What is your profession?

- | | |
|---|--|
| <input type="checkbox"/> Current U.S. service member | <input type="checkbox"/> Manufacturing |
| <input type="checkbox"/> Currently unemployed | <input type="checkbox"/> Professional, scientific & management, and administrative & waste management services |
| <input type="checkbox"/> Currently retired | <input type="checkbox"/> Public administration |
| <input type="checkbox"/> Agriculture, forestry, fishing & hunting, and mining | <input type="checkbox"/> Other services, except public administration |
| <input type="checkbox"/> Arts, entertainment, & recreation, and accommodation & food services | <input type="checkbox"/> Retail trade |
| <input type="checkbox"/> Construction | <input type="checkbox"/> Transportation & warehousing, and utilities |
| <input type="checkbox"/> Educational services, and social assistance | <input type="checkbox"/> Wholesale trade |
| <input type="checkbox"/> Finance & insurance, and real estate, rental & leasing | <input type="checkbox"/> Other (<i>please specify</i>): |
| <input type="checkbox"/> Healthcare | |
| <input type="checkbox"/> Homemaker | |
| <input type="checkbox"/> Information | |
-

4. What is your age?

17 or younger

18-24

25-34

35-44

45-54

55-64

65-74

75+

5. What is your gender identity?

Female

Male

Other (*please specify*):

6. What is your ethnicity? (*Select one*)

Hispanic/Latino(a)

Non-Hispanic/Latino(a)

Other (*please specify*):

7. What is your race? (*Select all that apply*)

American Indian or Alaska Native

Asian

Black or African American

Native Hawaiian or Other Pacific Islander

White

Other (*please specify*):

8. Select the highest level of education you have achieved.

- | | |
|---|--|
| <input type="checkbox"/> Less than High School | <input type="checkbox"/> Associate's Degree |
| <input type="checkbox"/> High School Diploma or GED | <input type="checkbox"/> Bachelor's Degree |
| <input type="checkbox"/> Some College | <input type="checkbox"/> Professional or Advanced Degree |
| <input type="checkbox"/> Technical Certificate | |

9. Write the number of individuals in your household (including yourself).

10. Are there any children (persons younger than age 18) in your household?

- No
- Yes (*if yes, please specify the number of children in your household*):

11. Select your total household income level.

- Less than \$25,000
- \$25,000-\$49,999
- \$50,000-\$74,999
- \$75,000 or more

12. Is English the primary language spoken in your home?

- Yes
- No (*please specify the primary language spoken in your home.*):

II. Next, we'd like to hear your thoughts and opinions about the community's health. Please answer the next questions with your county of residence in mind.

13. How would you rate the health of your community? (Select one)

Very good

Poor

Good

Very poor

OK

Don't know/not sure

Please Continue to Next Page

14. What are the most important health issues in your community? (Select up to 5)

Select Five [x]	Health Issue	Rank the selected five (1 being the most important)
	Cancer	
	Diabetes	
	Eye Health (vision)	
	Heart Disease, Stroke, High Blood Pressure, and Heart Failure	
	Infectious Diseases (tuberculosis, measles, mumps, rubella, flu, pneumonia, Lyme disease, etc.)	
	Injuries and Safety (falls, motor vehicle safety, pedestrian safety, domestic violence, assault, etc.)	
	Mental Health and Mental Disorders (depression, anxiety, trauma, crisis, etc.)	
	Obesity/Overweight	
	Oral, Dental, or Mouth Health (tooth decay, gum disease, etc.)	
	Preventive Care (wellness visits, mammograms, Pap smears, flu shots, colonoscopy, etc.)	
	Reproductive Health (contraceptives, planned or unintended pregnancy, family planning/counseling, prenatal care, etc.)	
	Respiratory/Lung Diseases (asthma, COPD, etc.)	
	Sexual Health (sexual health education, safe sexual experiences, HIV, gonorrhea, syphilis, chlamydia, HPV, etc.)	
	Substance Abuse (alcohol, tobacco, e-cigarettes, drugs, opioids, prescription drugs, etc.)	
	Other (please specify): _____	

15. What conditions of daily life have the most impact on your community? (Select up to 5)

Select Five [x]	Conditions of Daily Life	Rank those Five (1 having greatest impact on the community)
	Access to Health Services (getting health insurance, paying for healthcare, etc.)	
	Diet, Food, and Nutrition (lack of affordable healthy foods, fast food, knowledge of healthy diet, etc.)	
	Discrimination (by gender, race, age, etc.)	
	Education	
	Employment (jobs, etc.)	
	Environmental Quality (poor air quality, lead exposure, exposure to secondhand smoke, etc.)	
	Healthcare Navigation (understanding health issues or health insurance, finding doctors, etc.)	
	Housing	
	Language Barriers or Cultural Diversity	
	Physical Activity and Exercise (time to exercise, safe parks and spaces to exercise, etc.)	
	Poverty	
	Public Safety or Community Violence (crime, public violence, etc.)	
	Transportation (public buses, access to car, ability to move freely in your community)	
	Social Environment (social ties, community resources, family relations, faith community, etc.)	
	Other (please specify): _____	

16. Who in your community is most affected by poor health outcomes (Select up to 5)

Select Five [x]	Population	Rank those Five (1 is most negatively affected)
	Children	
	Teen and Adolescents	
	Older Adults	
	Mothers with infants	
	Men	
	Women	
	Low Income	
	Lesbian, Gay, Bisexual, Transgender, and Queer	
	Military and Veterans	
	Persons with Disabilities	
	Racial or Ethnic Populations	
	Refugees	
	Other (please specify): _____	

17. Which racial or ethnic group is most affected by poor health outcomes in your community? (Select one)

- White
- Black or African American
- American Indian or Alaska Native
- Asian
- Native Hawaiian and Other Pacific Islander
- Hispanic or Latino
- Multi-racial
- Other (please specify): _____

18. Please tell us whether you: “Strongly Agree”, “Agree”, “Feel Neutral”, “Disagree”, or “Strongly Disagree” with the following statements about your community.

Statement	Strongly Agree	Agree	Feel Neutral	Disagree	Strongly Disagree
Public transportation and other transit opportunities make accessing health services manageable.					
I, or someone I know, have delayed seeking health care due to cost in the last 12 months.					
My community is knowledgeable of the health resources available to them.					
I, or someone I know, have delayed seeking health care due to wait times or limited appointment opportunity.					
My community supports a healthy lifestyle.					
I, or someone I know, have had difficulty understanding a health professional because of a language barrier in the last 12 months.					
There is a lack of resources related to health improvement in this community.					
I and members of my community feel we have a voice in our community					
I consider my community to be safe.					

19. What does your community need more information on? (Select all that apply)

- Alcohol and substance abuse** (alcohol, tobacco, e-cigarettes, drugs, opioids, prescription drugs, etc.)
- Chronic disease management** (diabetes, high blood pressure management, etc.)
- Alternative medicine** (acupuncture, cupping, etc.)
- Emotional wellness**
- Family planning**

- Fitness and physical activity**
- Mental health** (depression, anxiety, trauma, crisis, etc.)
- Nutrition and healthy diet**
- Pain management**
- Pregnancy and new baby**
- Preventive care** (wellness visits, mammograms, Pap smears, flu shots, colonoscopy, etc.)

- Quitting smoking**
- Senior health**
- Stress reduction**
- Transportation**
- Other (please specify):**

20. Where do you get most of your health related resource information? (Select all that apply)

- 211 lines
- Books/Magazines
- Doctor
- Faith/Community
- Friends and Family
- Grocery Stores
- Health and Fitness Facilities
- Health Department
- Hospital
- Internet
- Pharmacist
- School
- Social Media (Facebook, Twitter, etc.)
- Television
- Other (please specify):

21. Is it hard for you to obtain good information about your health?

- No
- Yes

22. Is there something in your neighborhood/community that makes you healthier?

23. (Optional) Is there anything else you would like us to know about your community? Please feel free to tell us below.

Thank you for your participation!

Appendix C. Secondary Data

1. Secondary Data Sources

The data sources used in the secondary data analysis, including secondary data scoring and index of disparity, for the Partnership's service area are listed as follows:

1. US Census Bureau: American Community Survey (ACS). Retrieved from <https://www.census.gov/programs-surveys/acs/>
2. American Lung Association.® Retrieved from <http://www.lung.org/>
3. Centers for Medicare & Medicaid Services. Retrieved from <https://www.cms.gov/Medicare/Medicare.html>
4. County Health Rankings. Retrieved from <http://www.countyhealthrankings.org/>
5. Fatality Analysis Reporting System (FARS). Retrieved from <https://www.nhtsa.gov/research-data/fatality-analysis-reporting-system-fars>
6. Feeding America. (Retrieved from <http://www.feedingamerica.org/>
7. Florida Agency for Health Care Administration. Retrieved from <http://www.fdhc.state.fl.us/>
8. Florida Behavioral Risk Factor Surveillance System. Retrieved from <http://www.floridahealth.gov/statistics-and-data/survey-data/behavioral-risk-factor-surveillance-system/index.html>
9. Florida Department of Children and Families. Retrieved from <http://www.myflorida.com/accessflorida/>
10. Florida Department of Education. Retrieved October 16, 2015, from <http://www.fldoe.org/>
11. Florida Department of Education, Office of Early Learning. Retrieved from <http://www.floridaearlylearning.com/>
12. Florida Department of Health, Bureau of Epidemiology. Retrieved from <http://www.floridahealth.gov/diseases-and-conditions/aids/surveillance/epi-profiles/index.html>
13. Florida Department of Health, Bureau of HIV/AIDS. Retrieved from <http://www.floridahealth.gov/diseases-and-conditions/aids/index.html>
14. Florida Department of Health, Bureau of Immunization. Retrieved from <http://www.floridahealth.gov/programs-and-services/immunization/>
15. Florida Department of Health, Bureau of STD Prevention & Control. Retrieved from <http://www.floridahealth.gov/diseases-and-conditions/sexually-transmitted-diseases/index.html>
16. Florida Department of Health, Bureau of TB & Refugee Health. Retrieved from <http://www.floridahealth.gov/programs-and-services/community-health/refugee-health/index.html>
17. Florida Department of Health, Bureau of Vital Statistics. Retrieved from <http://www.floridahealth.gov/certificates/certificates/index.html>
18. Florida Department of Juvenile Justice. Retrieved from <http://www.djj.state.fl.us/>
19. Florida Department of Law Enforcement. Retrieved from <http://www.fdle.state.fl.us/>

20. Florida Department of State. Retrieved from <http://dos.myflorida.com/>
21. Florida Youth Substance Abuse Survey (FYSAS). Retrieved from <http://myflfamilies.com/service-programs/substance-abuse/fyas>
22. Florida Youth Tobacco Survey. Retrieved from <http://www.floridahealth.gov/statistics-and-data/survey-data/florida-youth-survey/florida-youth-tobacco-survey/index.html>
23. Institute for Health Metrics and Evaluation. Retrieved from <http://www.healthdata.org/>
24. National Center for Education Statistics (NCES), part of the U.S. Department of Education. Retrieved from <http://nces.ed.gov/>
25. Small Area Health Insurance Estimates (SAHIE) Program. Retrieved from <https://www.census.gov/programs-surveys/sahie.html>
26. U.S. Bureau of Labor Statistics. Retrieved from <https://www.bls.gov/>
27. US Census Bureau, County Business Patterns (CBP). Retrieved from <https://www.census.gov/programs-surveys/cbp.html>
28. U.S. Department of Agriculture - Food Environment Atlas. Retrieved from <https://www.ers.usda.gov/data-products/food-environment-atlas.aspx>
29. The Florida Cancer Data System Home Page. Retrieved from <https://fcds.med.miami.edu/inc/welcome.shtml>

In order to enrich the report, several health topic areas were supplemented with data collected from previously published reports. This additional content was not incorporated in secondary data scoring due to the limited number of comparisons possible, but is included in the narrative of this report for context. These supplemental reports cover:

1. United Way ALICE Report: Florida. (February 2, 2017). Retrieved July 2, 2018, from http://www.uwof.org/sites/uwof.org/files/17UW%20ALICE%20Report_FL%20Update_2.14.17_Lowres_0.pdf
2. The Williams Institute, UCLA School of Law. Community Assessment of LGBTI Adults in Northeast Florida. (June 26, 2018). Retrieved June 26, 2018, from <https://williamsinstitute.law.ucla.edu/research/community-assessment-of-lgbti-adults-in-jacksonville-florida/>
3. Centers for Disease Control and Prevention. 500 Cities Project. (n.d.) Retrieved May 22, 2018, from <https://www.cdc.gov/500cities/>
4. Youth Risk Behavior Survey, Duval County High School Students. Alcohol, Tobacco, and Other Drug Use Behaviors. (2017). Retrieved May 17, 2018.
5. Youth Risk Behavior Survey, Duval County Middle School Students. Alcohol, Tobacco, and Other Drug Use Behaviors. (2017). Retrieved May 17, 2018.
6. Youth Risk Behavior Survey, Duval County High School Students. Physical Activity and Dietary Behaviors. (2017). Retrieved May 17, 2018.
7. Youth Risk Behavior Survey, Duval County Middle School Students. Physical Activity and Dietary Behaviors. (2017). Retrieved May 17, 2018.
8. Youth Risk Behavior Survey, Duval County High School Students. Sexual Behaviors. (2017). Retrieved May 17, 2018.
9. Youth Risk Behavior Survey, Duval County Middle School Students. Sexual Behaviors. (2017). Retrieved May 17, 2018.

10. Youth Risk Behavior Survey, Duval County High School Students. Violence, Suicide, and Safety Behaviors. (2017). Retrieved May 17, 2018.
11. Youth Risk Behavior Survey, Duval County Middle School Students. Violence, Suicide, and Safety Behaviors (2017). Retrieved May 17, 2018.
12. Health Resources and Services Administration, Data Warehouse. MUA. Retrieved August 5, 2018, from <https://datawarehouse.hrsa.gov/tools/analyzers/MuaFind.aspx>
13. Health Resources and Services Administration, Data Warehouse. HPSA. Retrieved August 5, 2018, from <https://datawarehouse.hrsa.gov/Tools/Analyzers/hpsafind.aspx>
14. Bureau of Economic and Business Research, Population Studies Program. Population Projections by Age, Sex, Race, and Hispanic Origin for Florida and Its Counties, 2020–2045, With Estimates for 2017. Retrieved August 6, 2018, from <https://www.bebr.ufl.edu/population>
15. Duval County Hispanic Health Report. (2017). Retrieved August 6, 2018, from http://duval.floridahealth.gov/programs-and-services/clinical-and-nutrition-services/community-health-resources/hispanic-health-council-of-jacksonville/_documents/hispanic-health-report-2017-web.pdf

2. Secondary Data Scoring Detailed Methodology

Data scoring is done in three stages:

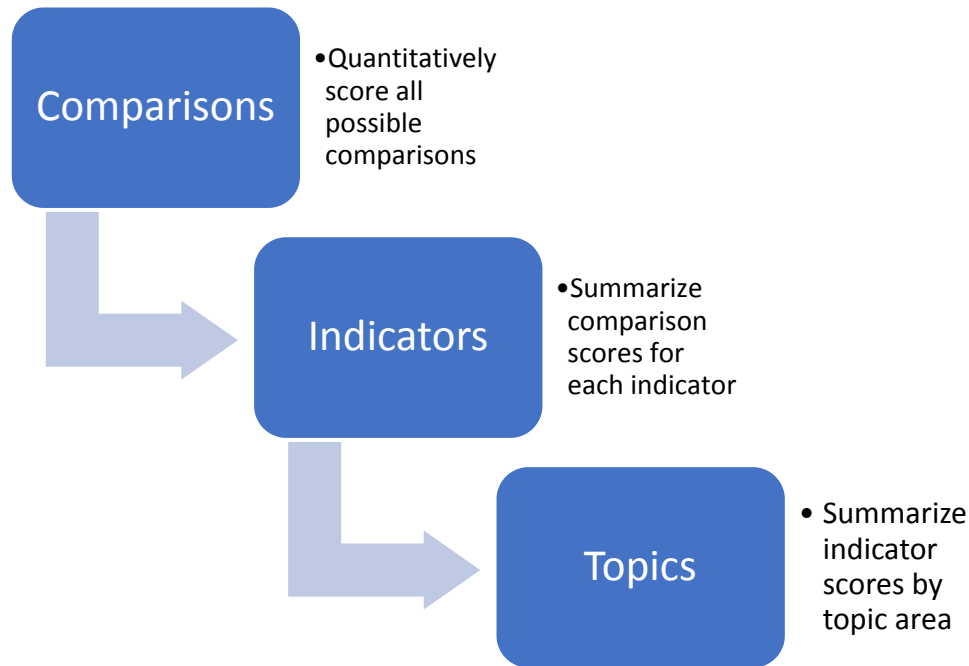


FIGURE 63. INDICATOR SCORE RANGE



For each indicator, each county in the Jacksonville Nonprofit Hospital Partnership’s service area is assigned a score based on its comparison to other communities, whether health targets have been met, and the trend of the indicator value over time. These comparison scores range from 0-3, where 0 indicates the best outcome and 3 the worst. Availability of each type of comparison varies by indicator and is dependent upon the data source, comparability with data collected for other communities, and changes in methodology over time.

Indicators are categorized into topic areas and each topic area receives a score. Indicators may be categorized in more than one topic area. Topic scores are determined by the comparisons of all indicators within the topic.

Comparison to a Distribution of County Values: Within State and Nation

For ease of interpretation and analysis, indicator data on the Community Dashboard is visually represented as a green-yellow-red gauge showing how the community is faring against a distribution of counties in the state or the United States. A distribution is created by taking all county values within the

state or nation, ordering them from low to high, and dividing them into three groups (green, yellow, red) based on their order. Indicators with the poorest comparisons (“in the red”) scored high, whereas indicators with good comparisons (“in the green”) scored low.

Comparison to Values: State, National, and Targets

Each county is compared to the state value, the national value, and target values. Target values include the nation-wide Healthy People 2020 (HP2020) goals. Healthy People 2020 goals are national objectives for improving the health of the nation set by the Department of Health and Human Services’ (DHHS) Healthy People Initiative. For all value comparisons, the scoring depends on whether the county value is better or worse than the comparison value, as well as how close the county value is to the target value.

Trend Over Time

The Mann-Kendall statistical test for trend was used to assess whether the county value is increasing over time or decreasing over time, and whether the trend is statistically significant. The trend comparison uses the four most recent comparable values for the county, and statistical significance is determined at the 90% confidence level. For each indicator with values available for four time periods, scoring was determined by direction of the trend and statistical significance.

Missing Values

Indicator scores are calculated using the comparison scores, availability of which depends on the data source. If the comparison type is possible for an adequate proportion of indicators on the community dashboard, it will be included in the indicator score. After exclusion of comparison types with inadequate availability, all missing comparisons are substituted with a neutral score for the purposes of calculating the indicator’s weighted average. When information is unknown due to lack of comparable data, the neutral value assumes that the missing comparison score is neither good nor bad.

Indicator Scoring

Indicator scores are calculated as a weighted average of all included comparison scores. If none of the included comparison types are possible for an indicator, no score is calculated and the indicator is excluded from the data scoring results.

Topic Scoring

Indicator scores are averaged by topic area to calculate topic scores. Each indicator may be included in up to three topic areas if appropriate. Resulting scores range from 0-3, where a higher score indicates a greater level of need as evidenced by the data. A topic score is only calculated if it includes at least three indicators.

3. Secondary Data Scores

Source numbers correspond to the list of secondary data sources in [Appendix B1](#).

Baker County

SCORE	ACCESS TO HEALTH SERVICES	UNITS	BAKER COUNTY	HP2020	FLORIDA	U.S.	MEASUREMENT PERIOD	SOURCE #
2.17	Median Monthly Medicaid Enrollment	<i>enrollments/ 100,000 population</i>	22740.7		19607.4		2017	7
2.17	Primary Care Provider Rate	<i>providers/ 100,000 population</i>	44		73	76	2015	4
1.83	Dentist Rate	<i>dentists/ 100,000 population</i>	43		58	67	2016	4
1.83	Non-Physician Primary Care Provider Rate	<i>providers/ 100,000 population</i>	57		88	81	2017	4
1.58	Adults who did not Visit a Dentist due to Cost	<i>percent</i>	23.2				2007	8
1.58	Clinical Care Ranking* <i>*County Health Ranking: the ranking is based on a summary composite score calculated from the following measures: uninsured, primary care physicians, mental health providers, dentists, preventable hospital stays, diabetic monitoring, and mammography screening.</i>		47				2018	4
1.08	Persons with Health Insurance	<i>percent</i>	88.8	100	84.6		2016	25
0.97	Adults with a Usual Source of Health Care	<i>percent</i>	83.8	89.4	72	77.1	2016	8
SCORE	CANCER	UNITS	BAKER COUNTY	HP2020	FLORIDA	U.S.	MEASUREMENT PERIOD	SOURCE #
2.17	Age-Adjusted Death Rate due to Breast Cancer	<i>deaths/ 100,000 females</i>	30.6	20.7	19.8		2014-2016	17

2.17	Age-Adjusted Death Rate due to Colorectal Cancer	<i>deaths/ 100,000 population</i>	18.5	14.5	13.7	2014-2016	17	
2.00	Lung and Bronchus Cancer Incidence Rate	<i>cases/ 100,000 population</i>	90.2		61	2012-2014	29	
2.00	Pap Test in Past Year	<i>percent</i>	37.7		48.4	2016	8	
1.89	Age-Adjusted Death Rate due to Cancer	<i>deaths/ 100,000 population</i>	182.4	161.4	155.1	2014-2016	17	
1.83	Colon Cancer Screening: Blood Stool Test Past Year	<i>percent</i>	11.3		16	2016	8	
1.78	Mammogram: 40+ Past Year	<i>percent</i>	56.6		60.8	2016	8	
1.72	Oral Cavity and Pharynx Cancer Incidence Rate	<i>cases/ 100,000 population</i>	16.7		13.4	2012-2014	29	
1.67	Age-Adjusted Death Rate due to Lung Cancer	<i>deaths/ 100,000 population</i>	51.4	45.5	40.4	2014-2016	17	
1.67	Prostate Cancer Incidence Rate	<i>cases/ 100,000 males</i>	91.3		90.5	2012-2014	29	
1.67	Prostate-Specific Antigen Test History	<i>percent</i>	51.3		54.9	2016	8	
1.61	Colorectal Cancer Incidence Rate	<i>cases/ 100,000 population</i>	37.8	39.9	36.9	2012-2014	29	
1.39	Age-Adjusted Death Rate due to Prostate Cancer	<i>deaths/ 100,000 males</i>	18.4	21.8	17.1	2014-2016	17	
1.33	All Cancer Incidence Rate	<i>cases/ 100,000 population</i>	414.3		426.8	2012-2014	29	
1.00	Melanoma Incidence Rate	<i>cases/ 100,000 population</i>	12.4		22.8	2012-2014	29	
0.89	Breast Cancer Incidence Rate	<i>cases/ 100,000 females</i>	98.2		117.8	2012-2014	29	
0.72	Cervical Cancer Incidence Rate	<i>cases/ 100,000 females</i>	6	7.3	8.5	2012-2014	29	
0.56	Cancer: Medicare Population	<i>percent</i>	7		9.6	7.8	2015	3

SCORE	CHILDREN'S HEALTH	UNITS	BAKER COUNTY	HP2020	FLORIDA	U.S.	MEASUREMENT PERIOD	SOURCE #
2.00	Child Food Insecurity Rate	percent	23.8		22.7	19.3	2015	6
2.00	Children with Low Access to a Grocery Store	percent	7.7				2015	28
1.61	Food Insecure Children Likely Ineligible for Assistance	percent	30		29	34.1	2015	6
1.17	Child Abuse Rate	cases/ 1,000 children aged 5-11	804.6		901.3		2016	9
1.06	Kindergartners with Required Immunizations	percent	97.5		94.1		2017	14

SCORE	COUNTY HEALTH RANKINGS	UNITS	BAKER COUNTY	HP2020	FLORIDA	U.S.	MEASUREMENT PERIOD	SOURCE #
1.75	Health Behaviors Ranking* <i>* County Health Ranking: the ranking is based on a summary composite score calculated from the following measures: adult smoking, adult obesity, physical inactivity, access to exercise opportunities, excessive drinking, alcohol-impaired driving deaths, sexually transmitted infections, teen births, and a food environment index.</i>		58				2018	4
1.75	Morbidity Ranking* <i>*County Health Ranking: the ranking is based on a summary composite score calculated from the following measures: poor or fair health, poor physical health days, poor mental health days, and low birth weight.</i>		57				2018	4
1.58	Clinical Care Ranking* <i>*County Health Ranking: the ranking is based on a summary composite score calculated from the following measures: uninsured, primary care physicians, mental health providers, dentists, preventable hospital stays, diabetic monitoring, and mammography screening.</i>		47				2018	4
1.58	Mortality Ranking* <i>* County Health Ranking: the ranking is based on a measure of premature death.</i>		42				2018	4

1.58	Physical Environment Ranking* <i>*County Health Ranking: the ranking is based on a summary composite score calculated from the following measures: daily fine particulate matter, drinking water violations, severe housing problems, driving alone to work, and long commute while driving alone.</i>	42					2018	4
1.42	Social and Economic Factors Ranking* <i>* County Health Ranking: the ranking is based on a summary composite score calculated from the following measures: high school graduation, some college, unemployment, children in poverty, income inequality, children in single-parent households, social associations, violent crime rate, and injury death rate.</i>	27					2018	4

SCORE	DIABETES	UNITS	BAKER COUNTY	HP2020	FLORIDA	U.S.	MEASUREMENT PERIOD	SOURCE #
2.61	Diabetes: Medicare Population	<i>percent</i>	35.2		28	26.5	2015	3
2.36	Age-Adjusted Death Rate due to Diabetes	<i>deaths/ 100,000 population</i>	40.8		20.6	21	2016	17
2.25	Adults with Diabetes	<i>percent</i>	22.3		11.8	10.5	2016	8

SCORE	ECONOMY	UNITS	BAKER COUNTY	HP2020	FLORIDA	U.S.	MEASUREMENT PERIOD	SOURCE #
2.61	Households with Cash Public Assistance Income	<i>percent</i>	4.6		2.2	2.7	2012-2016	1
2.50	Population 16+ in Civilian Labor Force	<i>percent</i>	51.9		58.5	63.1	2012-2016	1
2.44	Food Insecurity Rate	<i>percent</i>	17.3		15.1	13.7	2015	6
2.42	Median Housing Unit Value	<i>dollars</i>	108600		166800	184700	2012-2016	1
2.28	People Living Below Poverty Level	<i>percent</i>	18.5		16.1	15.1	2012-2016	1
2.11	Children Living Below Poverty Level	<i>percent</i>	25.5		23.3	21.2	2012-2016	1

2.00	Child Food Insecurity Rate	percent	23.8	22.7	19.3	2015	6
2.00	Low-Income and Low Access to a Grocery Store	percent	13			2015	28
1.89	Families Living Below Poverty Level	percent	12.2	11.7	11	2012-2016	1
1.83	Per Capita Income	dollars	21222	27598	29829	2012-2016	1
1.78	People Living 200% Above Poverty Level	percent	62.5	62.7	66.4	2012-2016	1
1.67	Female Population 16+ in Civilian Labor Force	percent	53.2	54.3	58.3	2012-2016	1
1.67	Total Employment Change	percent	2.6	4.5	2.5	2014-2015	27
1.61	Food Insecure Children Likely Ineligible for Assistance	percent	30	29	34.1	2015	6
1.42	Social and Economic Factors Ranking* <i>* County Health Ranking: the ranking is based on a summary composite score calculated from the following measures: high school graduation, some college, unemployment, children in poverty, income inequality, children in single-parent households, social associations, violent crime rate, and injury death rate.</i>		27			2018	4
1.28	Severe Housing Problems	percent	16.8	21.5	18.8	2010-2014	4
1.06	Median Household Income	dollars	53327	48900	55322	2012-2016	1
0.94	Unemployed Workers in Civilian Labor Force	percent	3.6	3.8	4.4	February 2018	26
0.81	Median Household Gross Rent	dollars	695	1032	949	2012-2016	1
0.72	People 65+ Living Below Poverty Level	percent	8.2	10.4	9.3	2012-2016	1
0.64	Median Monthly Owner Costs for Households without a Mortgage	dollars	284	466	462	2012-2016	1

0.61	Homeownership	<i>percent</i>	68.2	52.3	55.9	2012-2016	1
0.58	Mortgaged Owners Median Monthly Household Costs	<i>dollars</i>	1118	1422	1491	2012-2016	1
0.56	Renters Spending 30% or More of Household Income on Rent	<i>percent</i>	33.1	57.4	47.3	2012-2016	1

SCORE	EDUCATION	UNITS	BAKER COUNTY	HP2020	FLORIDA	U.S.	MEASUREMENT PERIOD	SOURCE #
2.33	8th Grade Students Proficient in Reading	<i>percent</i>	44		55		2017	10
2.00	People 25+ with a Bachelor's Degree or Higher	<i>percent</i>	12.8		27.9	30.3	2012-2016	1
1.94	4th Grade Students Proficient in Reading	<i>percent</i>	49		56		2017	10
1.94	8th Grade Students Proficient in Math	<i>percent</i>	33		46		2017	10
1.64	Student-to-Teacher Ratio	<i>students/ teacher</i>	16		15.1		2010-2011	24
1.56	Infants Born to Mothers >18 Years Old with <12 Years Education	<i>percent</i>	12.5		10.8		2016	17
1.53	High School Graduation	<i>percent</i>	81	87			2016-2017	10
1.50	People 25+ with a High School Degree or Higher	<i>percent</i>	82.1		87.2	87	2012-2016	1
1.22	4th Grade Students Proficient in Math	<i>percent</i>	66		64		2017	10
1.06	School Readiness at Kindergarten Entry	<i>percent</i>	98.6		93.7		2016	11

SCORE	ENVIRONMENT	UNITS	BAKER COUNTY	HP2020	FLORIDA	U.S.	MEASUREMENT PERIOD	SOURCE #
2.50	Access to Exercise Opportunities	percent	35		87.1	83.1	2018	4
2.44	Food Environment Index		6.4		6.7	7.7	2018	4
2.00	Children with Low Access to a Grocery Store	percent	7.7				2015	28
2.00	Low-Income and Low Access to a Grocery Store	percent	13				2015	28
2.00	People with Low Access to a Grocery Store	percent	33.1				2015	28
1.67	Households with No Car and Low Access to a Grocery Store	percent	2.8				2015	28
1.58	Physical Environment Ranking* <i>*County Health Ranking: the ranking is based on a summary composite score calculated from the following measures: daily fine particulate matter, drinking water violations, severe housing problems, driving alone to work, and long commute while driving alone.</i>		42				2018	4
1.50	People 65+ with Low Access to a Grocery Store	percent	3.4				2015	28
1.28	Severe Housing Problems	percent	16.8		21.5	18.8	2010-2014	4
1.25	Annual Ozone Air Quality	grade	A				2013-2015	2
0.75	Drinking Water Violations	percent	0		6.2		FY 2013-14	4

SCORE	ENVIRONMENTAL & OCCUPATIONAL HEALTH	UNITS	BAKER COUNTY	HP2020	FLORIDA	U.S.	MEASUREMENT PERIOD	SOURCE #
2.83	Asthma: Medicare Population	percent	11.3		9.1	8.2	2015	3
2.33	Teens with Asthma	percent	24.7		20.8		2014	22

1.75	Adults with Current Asthma	percent	9.2	6.7	9.3	2016	8
1.58	Physical Environment Ranking* *County Health Ranking: the ranking is based on a summary composite score calculated from the following measures: daily fine particulate matter, drinking water violations, severe housing problems, driving alone to work, and long commute while driving alone.		42			2018	4

SCORE	EXERCISE, NUTRITION, & WEIGHT	UNITS	BAKER COUNTY	HP2020	FLORIDA	U.S.	MEASUREMENT PERIOD	SOURCE #
2.78	Workers who Walk to Work	percent	0.7	3.1	1.5	2.8	2012-2016	1
2.50	Access to Exercise Opportunities	percent	35		87.1	83.1	2018	4
2.44	Food Environment Index		6.4		6.7	7.7	2018	4
2.44	Food Insecurity Rate	percent	17.3		15.1	13.7	2015	6
2.42	Adults who are Obese	percent	40.2	30.5	27.4	29.9	2016	8
2.25	Adults who are Overweight or Obese	percent	72.5		63.2	65.2	2016	8
2.00	Child Food Insecurity Rate	percent	23.8		22.7	19.3	2015	6
2.00	Children with Low Access to a Grocery Store	percent	7.7				2015	28
2.00	Low-Income and Low Access to a Grocery Store	percent	13				2015	28
2.00	People with Low Access to a Grocery Store	percent	33.1				2015	28
1.75	Health Behaviors Ranking* * County Health Ranking: the ranking is based on a summary composite score calculated from the following measures: adult smoking, adult obesity, physical inactivity, access to exercise opportunities, excessive drinking, alcohol-impaired driving deaths, sexually transmitted infections, teen births, and a food environment index.		58				2018	4

1.67	Households with No Car and Low Access to a Grocery Store	percent	2.8				2015	28
1.61	Food Insecure Children Likely Ineligible for Assistance	percent	30	29	34.1		2015	6
1.50	People 65+ with Low Access to a Grocery Store	percent	3.4				2015	28
1.44	Teens who are Obese: High School Students	percent	14.1	14.3			2012	12
1.31	Teens without Sufficient Physical Activity	percent	35.3				2012	12
1.17	Adult Fruit and Vegetable Consumption	percent	19.3	18.3			2013	8

SCORE	HEART DISEASE & STROKE	UNITS	BAKER COUNTY	HP2020	FLORIDA	U.S.	MEASUREMENT PERIOD	SOURCE #
2.42	Age-Adjusted Death Rate due to Cerebrovascular Disease (Stroke)	deaths/ 100,000 population	51.2	34.8	39.7	37.3	2016	17
2.22	Stroke: Medicare Population	percent	5.1		4.8	4	2015	3
2.17	Hypertension: Medicare Population	percent	62.5		60.5	55	2015	3
1.92	High Blood Pressure Prevalence	percent	34.9	26.9	34.6	31.4	2013	8
1.86	Age-Adjusted Death Rate due to Coronary Heart Disease	deaths/ 100,000 population	105	103.4	98.5	94.3	2016	17
1.72	Ischemic Heart Disease: Medicare Population	percent	32.2		34	26.5	2015	3
1.67	Cholesterol Test History	percent	68.9		73.2		2013	8
1.61	Hyperlipidemia: Medicare Population	percent	47.5		55.6	44.6	2015	3

1.39	Age-Adjusted Death Rate due to Major Cardiovascular Diseases	deaths/ 100,000 population	222.9		209.7		2016	17
1.33	Heart Failure: Medicare Population	percent	14.3		14.2	13.5	2015	3
0.94	Atrial Fibrillation: Medicare Population	percent	7.5		9.7	8.1	2015	3
0.92	High Cholesterol Prevalence	percent	29.9	13.5	33.4	38.4	2013	8
0.89	Age-Adjusted Death Rate due to Hypertensive Heart Disease	deaths/ 100,000 population	0		11		2016	17

SCORE	IMMUNIZATIONS & INFECTIOUS DISEASES	UNITS	BAKER COUNTY	HP2020	FLORIDA	U.S.	MEASUREMENT PERIOD	SOURCE #
2.36	Age-Adjusted Death Rate due to Influenza and Pneumonia	deaths/ 100,000 population	28.2		9.7	15.1	2014	17
2.11	Chlamydia Incidence Rate: Females 15-19	cases/ 100,000 females aged 15-19	4767.6		3175.6		2016	15
2.11	E. coli Infection Incidence Rate	cases/ 100,000 population	3.7		0.6		2014	12
2.06	Salmonella Infection Incidence Rate	cases/ 100,000 population	37.1	11.4	27.8		2016	12
2.03	Chlamydia Incidence Rate	cases/ 100,000 population	504.3		468.2	497.3	2016	15
1.92	Adults 65+ with Influenza Vaccination	percent	52.5		57.6	58.6	2016	8
1.75	Adults 65+ with Pneumonia Vaccination	percent	67	90	65.6	73.4	2016	8
1.28	HIV Incidence Rate	cases/ 100,000 population	11.1		24.6		2016	13
1.28	Syphilis Incidence Rate	cases/ 100,000 population	3.7		11.9		2016	15
1.06	Kindergartners with Required Immunizations	percent	97.5		94.1		2017	14

1.03	Gonorrhea Incidence Rate	<i>cases/ 100,000 population</i>	89		139.2	145.8	2016	15
1.00	Gonorrhea Incidence Rate: Females 15-19	<i>cases/ 100,000 females aged 15-19</i>	119.2		496.6		2016	15
0.89	AIDS Diagnosis Rate	<i>cases/ 100,000 population</i>	3.7		10.5		2016	13
0.69	Tuberculosis Incidence Rate	<i>cases/ 100,000 population</i>	0	1	3.2	2.9	2016	16

SCORE	MATERNAL, FETAL & INFANT HEALTH	UNITS	BAKER COUNTY	HP2020	FLORIDA	U.S.	MEASUREMENT PERIOD	SOURCE #
2.53	Mothers who Received Early Prenatal Care	<i>percent</i>	68.1	77.9	78.4	77.1	2016	17
2.42	Babies with Low Birth Weight	<i>percent</i>	9.9	7.8	8.7	8.2	2016	17
2.31	Preterm Births	<i>percent</i>	14	9.4	10.1	9.8	2016	17
2.25	Teen Birth Rate: 15-19	<i>live births/ 1,000 females aged 15-19</i>	41.7		19.5	20.3	2016	17
1.72	Infant Mortality Rate	<i>deaths/ 1,000 live births</i>	6.7	6	6.1		2014-2016	17
1.56	Infants Born to Mothers >18 Years Old with <12 Years Education	<i>percent</i>	12.5		10.8		2016	17

SCORE	MEN'S HEALTH	UNITS	BAKER COUNTY	HP2020	FLORIDA	U.S.	MEASUREMENT PERIOD	SOURCE #
2.06	Life Expectancy for Males	<i>years</i>	73		76.9	76.7	2014	23
1.67	Prostate Cancer Incidence Rate	<i>cases/ 100,000 males</i>	91.3		90.5		2012-2014	29

1.67	Prostate-Specific Antigen Test History	percent	51.3		54.9		2016	8
1.39	Age-Adjusted Death Rate due to Prostate Cancer	deaths/ 100,000 males	18.4	21.8	17.1		2014-2016	17

SCORE	MENTAL HEALTH & MENTAL DISORDERS	UNITS	BAKER COUNTY	HP2020	FLORIDA	U.S.	MEASUREMENT PERIOD	SOURCE #
2.36	Age-Adjusted Death Rate due to Suicide	deaths/ 100,000 population	16.8	10.2	14.2	13.5	2016	17
2.00	Depression: Medicare Population	percent	17.5		17.5	16.7	2015	3
1.67	Frequent Mental Distress	percent	13.2		11.9	15	2016	4
1.44	Alzheimer's Disease or Dementia: Medicare Population	percent	10.2		11.7	9.9	2015	3

SCORE	OLDER ADULTS & AGING	UNITS	BAKER COUNTY	HP2020	FLORIDA	U.S.	MEASUREMENT PERIOD	SOURCE #
2.83	Asthma: Medicare Population	percent	11.3		9.1	8.2	2015	3
2.61	Diabetes: Medicare Population	percent	35.2		28	26.5	2015	3
2.50	Chronic Kidney Disease: Medicare Population	percent	22.4		21.3	18.1	2015	3
2.44	COPD: Medicare Population	percent	16.6		13.2	11.2	2015	3
2.33	Rheumatoid Arthritis or Osteoarthritis: Medicare Population	percent	34		34.6	30	2015	3
2.22	Stroke: Medicare Population	percent	5.1		4.8	4	2015	3

2.17	Hypertension: Medicare Population	percent	62.5		60.5	55	2015	3
2.00	Depression: Medicare Population	percent	17.5		17.5	16.7	2015	3
1.92	Adults 65+ with Influenza Vaccination	percent	52.5		57.6	58.6	2016	8
1.75	Adults 65+ with Pneumonia Vaccination	percent	67	90	65.6	73.4	2016	8
1.72	Ischemic Heart Disease: Medicare Population	percent	32.2		34	26.5	2015	3
1.61	Hyperlipidemia: Medicare Population	percent	47.5		55.6	44.6	2015	3
1.50	People 65+ with Low Access to a Grocery Store	percent	3.4				2015	28
1.44	Alzheimer's Disease or Dementia: Medicare Population	percent	10.2		11.7	9.9	2015	3
1.44	Hospitalization Rate due to Hip Fractures Among Males 65+	hospitalizations/ 100,000 males 65+ years	391.9	418.4	393.1		2013-2015	7
1.33	Heart Failure: Medicare Population	percent	14.3		14.2	13.5	2015	3
0.94	Atrial Fibrillation: Medicare Population	percent	7.5		9.7	8.1	2015	3
0.83	Hospitalization Rate due to Hip Fractures Among Females 65+	hospitalizations/ 100,000 females 65+ years	418	741.2	743.8		2013-2015	7
0.72	People 65+ Living Below Poverty Level	percent	8.2		10.4	9.3	2012-2016	1
0.56	Cancer: Medicare Population	percent	7		9.6	7.8	2015	3
0.56	Osteoporosis: Medicare Population	percent	5		7.9	6	2015	3

SCORE	ORAL HEALTH	UNITS	BAKER COUNTY	HP2020	FLORIDA	U.S.	MEASUREMENT PERIOD	SOURCE #
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1.83	Dentist Rate	<i>dentists/ 100,000 population</i>	43	58	67	2016	4
1.72	Oral Cavity and Pharynx Cancer Incidence Rate	<i>cases/ 100,000 population</i>	16.7	13.4		2012-2014	29
1.58	Adults who did not Visit a Dentist due to Cost	<i>percent</i>	23.2			2007	8

SCORE	OTHER CHRONIC DISEASES	UNITS	BAKER COUNTY	HP2020	FLORIDA	U.S.	MEASUREMENT PERIOD	SOURCE #
2.50	Chronic Kidney Disease: Medicare Population	<i>percent</i>	22.4		21.3	18.1	2015	3
2.33	Rheumatoid Arthritis or Osteoarthritis: Medicare Population	<i>percent</i>	34		34.6	30	2015	3
0.56	Osteoporosis: Medicare Population	<i>percent</i>	5		7.9	6	2015	3

SCORE	PREVENTION & SAFETY	UNITS	BAKER COUNTY	HP2020	FLORIDA	U.S.	MEASUREMENT PERIOD	SOURCE #
2.78	Pedestrian Death Rate	<i>deaths/ 100,000 population</i>	3.7	1.4	2.6	1.5	2013	5
2.58	Age-Adjusted Death Rate due to Unintentional Injuries	<i>deaths/ 100,000 population</i>	68.3	36.4	56.3	46.9	2016	17
2.17	Death Rate due to Drug Poisoning	<i>deaths/ 100,000 population</i>	20.6		17.4	16.9	2014-2016	4
2.11	Age-Adjusted Death Rate due to Motor Vehicle Collisions	<i>deaths/ 100,000 population</i>	35.4		15.4		2016	17
2.11	Age-Adjusted Death Rate due to Unintentional Drowning	<i>deaths/ 100,000 population</i>	3.9		2		2016	17

1.44	Hospitalization Rate due to Hip Fractures Among Males 65+	<i>hospitalizations/ 100,000 males 65+ years</i>	391.9	418.4	393.1		2013-2015	7
1.28	Severe Housing Problems	<i>percent</i>	16.8		21.5	18.8	2010-2014	4
0.83	Hospitalization Rate due to Hip Fractures Among Females 65+	<i>hospitalizations/ 100,000 females 65+ years</i>	418	741.2	743.8		2013-2015	7

SCORE	PUBLIC SAFETY	UNITS	BAKER COUNTY	HP2020	FLORIDA	U.S.	MEASUREMENT PERIOD	SOURCE #
2.78	Pedestrian Death Rate	<i>deaths/ 100,000 population</i>	3.7	1.4	2.6	1.5	2013	5
2.61	Alcohol-Impaired Driving Deaths	<i>percent</i>	43.2		26.4	29.3	2012-2016	4
2.11	Age-Adjusted Death Rate due to Motor Vehicle Collisions	<i>deaths/ 100,000 population</i>	35.4		15.4		2016	17
1.83	Driving Under the Influence Arrest Rate	<i>arrests/ 100,000 population</i>	222.5		173.9		2016	19
1.75	Violent Crime Rate	<i>crimes/ 100,000 population</i>	437.6		439.2	386.3	2016	19
1.28	Domestic Violence Offense Rate	<i>offenses/ 100,000 population</i>	396.8		524.3		2016	19
1.17	Child Abuse Rate	<i>cases/ 1,000 children aged 5-11</i>	804.6		901.3		2016	9
1.17	Juvenile Justice Referral Rate	<i>referrals/ 100,000 population</i>	344.1		448.7		2013	18

SCORE	RESPIRATORY DISEASES	UNITS	BAKER COUNTY	HP2020	FLORIDA	U.S.	MEASUREMENT PERIOD	SOURCE #
2.83	Asthma: Medicare Population	<i>percent</i>	11.3		9.1	8.2	2015	3
2.44	COPD: Medicare Population	<i>percent</i>	16.6		13.2	11.2	2015	3

2.36	Age-Adjusted Death Rate due to Influenza and Pneumonia	<i>deaths/ 100,000 population</i>	28.2		9.7	15.1	2014	17
2.33	Teens with Asthma	<i>percent</i>	24.7		20.8		2014	22
2.00	Lung and Bronchus Cancer Incidence Rate	<i>cases/ 100,000 population</i>	90.2		61		2012-2014	29
1.92	Adults 65+ with Influenza Vaccination	<i>percent</i>	52.5		57.6	58.6	2016	8
1.75	Adults 65+ with Pneumonia Vaccination	<i>percent</i>	67	90	65.6	73.4	2016	8
1.75	Adults with Current Asthma	<i>percent</i>	9.2		6.7	9.3	2016	8
1.67	Age-Adjusted Death Rate due to Lung Cancer	<i>deaths/ 100,000 population</i>	51.4	45.5	40.4		2014-2016	17
0.69	Tuberculosis Incidence Rate	<i>cases/ 100,000 population</i>	0	1	3.2	2.9	2016	16

SCORE	SOCIAL ENVIRONMENT	UNITS	BAKER COUNTY	HP2020	FLORIDA	U.S.	MEASUREMENT PERIOD	SOURCE #
2.61	Mean Travel Time to Work	<i>minutes</i>	29.8		26.7	26.1	2012-2016	1
2.50	Population 16+ in Civilian Labor Force	<i>percent</i>	51.9		58.5	63.1	2012-2016	1
2.42	Median Housing Unit Value	<i>dollars</i>	108600		166800	184700	2012-2016	1
2.28	People Living Below Poverty Level	<i>percent</i>	18.5		16.1	15.1	2012-2016	1
2.11	Children Living Below Poverty Level	<i>percent</i>	25.5		23.3	21.2	2012-2016	1
2.00	People 25+ with a Bachelor's Degree or Higher	<i>percent</i>	12.8		27.9	30.3	2012-2016	1
1.83	Per Capita Income	<i>dollars</i>	21222		27598	29829	2012-2016	1

1.67	Female Population 16+ in Civilian Labor Force	percent	53.2	54.3	58.3	2012-2016	1
1.67	Total Employment Change	percent	2.6	4.5	2.5	2014-2015	27
1.50	People 25+ with a High School Degree or Higher	percent	82.1	87.2	87	2012-2016	1
1.42	Social and Economic Factors Ranking* <i>* County Health Ranking: the ranking is based on a summary composite score calculated from the following measures: high school graduation, some college, unemployment, children in poverty, income inequality, children in single-parent households, social associations, violent crime rate, and injury death rate.</i>		27			2018	4
1.28	Single-Parent Households	percent	34	38.5	33.6	2012-2016	1
1.17	Child Abuse Rate	cases/ 1,000 children aged 5-11	804.6	901.3		2016	9
1.17	Juvenile Justice Referral Rate	referrals/ 100,000 population	344.1	448.7		2013	18
1.08	Persons with Health Insurance	percent	88.8	100	84.6	2016	25
1.06	Median Household Income	dollars	53327	48900	55322	2012-2016	1
0.81	Median Household Gross Rent	dollars	695	1032	949	2012-2016	1
0.78	Linguistic Isolation	percent	0.4	6.8	4.5	2012-2016	1
0.67	Voter Turnout: Presidential Election	percent	84.3	74.5		2016	20
0.64	Median Monthly Owner Costs for Households without a Mortgage	dollars	284	466	462	2012-2016	1
0.61	Homeownership	percent	68.2	52.3	55.9	2012-2016	1
0.58	Mortgaged Owners Median Monthly Household Costs	dollars	1118	1422	1491	2012-2016	1

SCORE	SUBSTANCE ABUSE	UNITS	BAKER COUNTY	HP2020	FLORIDA	U.S.	MEASUREMENT PERIOD	SOURCE #
2.61	Alcohol-Impaired Driving Deaths	percent	43.2		26.4	29.3	2012-2016	4
2.17	Death Rate due to Drug Poisoning	deaths/ 100,000 population	20.6		17.4	16.9	2014-2016	4
2.08	Adults who Smoke	percent	18.8	12	15.5	17.1	2016	8
1.89	Teens who Binge Drink: High School Students	percent	16.3		10.9		2016	21
1.83	Driving Under the Influence Arrest Rate	arrests/ 100,000 population	222.5		173.9		2016	19
1.83	Teens who have Used Methamphetamines	percent	1.3		0.8		2016	21
1.75	Health Behaviors Ranking* * County Health Ranking: the ranking is based on a summary composite score calculated from the following measures: adult smoking, adult obesity, physical inactivity, access to exercise opportunities, excessive drinking, alcohol-impaired driving deaths, sexually transmitted infections, teen births, and a food environment index.		58				2018	4
1.33	Teens who Smoke: High School Students	percent	5.8	16	3		2016	22
1.33	Teens who Use Marijuana: High School Students	percent	15.8		17		2016	21
1.22	Teens who Use Alcohol	percent	24.4		25.5		2016	21
0.83	Adults who Drink Excessively	percent	12	25.4	17.5		2016	8

SCORE	TEEN & ADOLESCENT HEALTH	UNITS	BAKER COUNTY	HP2020	FLORIDA	U.S.	MEASUREMENT PERIOD	SOURCE #
2.33	Teens with Asthma	percent	24.7		20.8		2014	22

2.25	Teen Birth Rate: 15-19	<i>live births/ 1,000 females aged 15-19</i>	41.7		19.5	20.3	2016	17
2.11	Chlamydia Incidence Rate: Females 15-19	<i>cases/ 100,000 females aged 15-19</i>	4767.6		3175.6		2016	15
1.89	Teens who Binge Drink: High School Students	<i>percent</i>	16.3		10.9		2016	21
1.83	Teens who have Used Methamphetamines	<i>percent</i>	1.3		0.8		2016	21
1.44	Teens who are Obese: High School Students	<i>percent</i>	14.1		14.3		2012	12
1.33	Teens who Smoke: High School Students	<i>percent</i>	5.8	16	3		2016	22
1.33	Teens who Use Marijuana: High School Students	<i>percent</i>	15.8		17		2016	21
1.31	Teens without Sufficient Physical Activity	<i>percent</i>	35.3				2012	12
1.22	Teens who Use Alcohol	<i>percent</i>	24.4		25.5		2016	21
1.00	Gonorrhea Incidence Rate: Females 15-19	<i>cases/ 100,000 females aged 15-19</i>	119.2		496.6		2016	15

SCORE	TRANSPORTATION	UNITS	BAKER COUNTY	HP2020	FLORIDA	U.S.	MEASUREMENT PERIOD	SOURCE #
2.78	Workers Commuting by Public Transportation	<i>percent</i>	0	5.5	2.1	5.1	2012-2016	1
2.78	Workers who Walk to Work	<i>percent</i>	0.7	3.1	1.5	2.8	2012-2016	1
2.61	Mean Travel Time to Work	<i>minutes</i>	29.8		26.7	26.1	2012-2016	1
2.39	Solo Drivers with a Long Commute	<i>percent</i>	50.6		39.5	34.7	2012-2016	4

2.33	Workers who Drive Alone to Work	<i>percent</i>	85.5		79.5	76.4	2012-2016	1
1.67	Households with No Car and Low Access to a Grocery Store	<i>percent</i>	2.8				2015	28
SCORE	WOMEN'S HEALTH	UNITS	BAKER COUNTY	HP2020	FLORIDA	U.S.	MEASUREMENT PERIOD	SOURCE #
2.28	Life Expectancy for Females	<i>years</i>	77.7		82	81.5	2014	23
2.17	Age-Adjusted Death Rate due to Breast Cancer	<i>deaths/ 100,000 females</i>	30.6	20.7	19.8		2014-2016	17
2.00	Pap Test in Past Year	<i>percent</i>	37.7		48.4		2016	8
1.78	Mammogram: 40+ Past Year	<i>percent</i>	56.6		60.8		2016	8
0.89	Breast Cancer Incidence Rate	<i>cases/ 100,000 females</i>	98.2		117.8		2012-2014	29
0.72	Cervical Cancer Incidence Rate	<i>cases/ 100,000 females</i>	6	7.3	8.5		2012-2014	29

Clay County

SCORE	ACCESS TO HEALTH SERVICES	UNITS	CLAY COUNTY	HP2020	FLORIDA	U.S.	MEASUREMENT PERIOD	SOURCE #
2.17	Primary Care Provider Rate	<i>providers/ 100,000 population</i>	57		73	76	2015	4
1.56	Children with Health Insurance	<i>percent</i>	94.6	100	93.8	95.5	2016	1
1.56	Dentist Rate	<i>dentists/ 100,000 population</i>	54		58	67	2016	4
1.42	Adults who did not Visit a Dentist due to Cost	<i>percent</i>	19.1				2007	8

1.42	Adults with a Usual Source of Health Care	percent	77.7	89.4	72	77.1	2016	8
1.42	Clinical Care Ranking*							4
	*County Health Ranking: the ranking is based on a summary composite score calculated from the following measures: uninsured, primary care physicians, mental health providers, dentists, preventable hospital stays, diabetic monitoring, and mammography screening.		29				2018	
1.33	Median Monthly Medicaid Enrollment	enrollments/ 100,000 population	15192.1		19607.4		2017	7
1.08	Persons with Health Insurance	percent	89.1	100	84.6		2016	25
1.00	Adults with Health Insurance	percent	88.7	100	81.6	88	2016	1
0.33	Non-Physician Primary Care Provider Rate	providers/ 100,000 population	94		88	81	2017	4

SCORE	CANCER	UNITS	CLAY COUNTY	HP2020	FLORIDA	U.S.	MEASUREMENT PERIOD	SOURCE #
2.28	Cervical Cancer Incidence Rate	cases/ 100,000 females	11.8	7.3	8.5		2012-2014	29
2.11	Age-Adjusted Death Rate due to Cancer	deaths/ 100,000 population	181.8	161.4	155.1		2014-2016	17
2.06	Age-Adjusted Death Rate due to Prostate Cancer	deaths/ 100,000 males	21.4	21.8	17.1		2014-2016	17
2.00	Age-Adjusted Death Rate due to Colorectal Cancer	deaths/ 100,000 population	16.4	14.5	13.7		2014-2016	17
2.00	Colon Cancer Screening: Blood Stool Test Past Year	percent	9.1		16		2016	8
1.94	Melanoma Incidence Rate	cases/ 100,000 population	27.8		22.8		2012-2014	29
1.94	Oral Cavity and Pharynx Cancer Incidence Rate	cases/ 100,000 population	15.4		13.4		2012-2014	29

1.89	Cancer: Medicare Population	percent	8.7	9.6	7.8	2015	3
1.83	All Cancer Incidence Rate	cases/ 100,000 population	466.1	426.8		2012-2014	29
1.83	Lung and Bronchus Cancer Incidence Rate	cases/ 100,000 population	77.8	61		2012-2014	29
1.83	Pap Test in Past Year	percent	42	48.4		2016	8
1.83	Prostate Cancer Incidence Rate	cases/ 100,000 males	96.8	90.5		2012-2014	29
1.67	Age-Adjusted Death Rate due to Lung Cancer	deaths/ 100,000 population	54.7	45.5	40.4	2014-2016	17
1.61	Colorectal Cancer Incidence Rate	cases/ 100,000 population	39.7	39.9	36.9	2012-2014	29
1.39	Breast Cancer Incidence Rate	cases/ 100,000 females	116.6		117.8	2012-2014	29
1.17	Age-Adjusted Death Rate due to Breast Cancer	deaths/ 100,000 females	19.3	20.7	19.8	2014-2016	17
1.06	Mammogram: 40+ Past Year	percent	62.6		60.8	2016	8
1.00	Prostate-Specific Antigen Test History	percent	63.2		54.9	2016	8

SCORE	CHILDREN'S HEALTH	UNITS	CLAY COUNTY	HP2020	FLORIDA	U.S.	MEASUREMENT PERIOD	SOURCE #
2.39	Food Insecure Children Likely Ineligible for Assistance	percent	39		29	34.1	2015	6
1.67	Children with Low Access to a Grocery Store	percent	6.3				2015	28
1.56	Children with Health Insurance	percent	94.6	100	93.8	95.5	2016	1
1.22	Kindergartners with Required Immunizations	percent	96.5		94.1		2017	14

1.11	Child Abuse Rate	<i>cases/ 1,000 children aged 5-11</i>	787	901.3		2016	9
1.00	Child Food Insecurity Rate	<i>percent</i>	19.7	22.7	19.3	2015	6

SCORE	COUNTY HEALTH RANKINGS	UNITS	CLAY COUNTY	HP2020	FLORIDA	U.S.	MEASUREMENT PERIOD	SOURCE #
1.58	Physical Environment Ranking* <i>*County Health Ranking: the ranking is based on a summary composite score calculated from the following measures: daily fine particulate matter, drinking water violations, severe housing problems, driving alone to work, and long commute while driving alone.</i>		39				2018	4
1.42	Clinical Care Ranking* <i>*County Health Ranking: the ranking is based on a summary composite score calculated from the following measures: uninsured, primary care physicians, mental health providers, dentists, preventable hospital stays, diabetic monitoring, and mammography screening.</i>		29				2018	4
1.42	Health Behaviors Ranking* <i>* County Health Ranking: the ranking is based on a summary composite score calculated from the following measures: adult smoking, adult obesity, physical inactivity, access to exercise opportunities, excessive drinking, alcohol-impaired driving deaths, sexually transmitted infections, teen births, and a food environment index.</i>		32				2018	4
1.42	Mortality Ranking* <i>* County Health Ranking: the ranking is based on a measure of premature death.</i>		18				2018	4
1.25	Morbidity Ranking* <i>*County Health Ranking: the ranking is based on a summary composite score calculated from the following measures: poor or fair health, poor physical health days, poor mental health days, and low birth weight.</i>		11				2018	4
1.25	Social and Economic Factors Ranking* <i>* County Health Ranking: the ranking is based on a summary composite score calculated from the following measures: high school graduation, some college, unemployment, children in poverty, income inequality, children in single-parent households, social associations, violent crime rate, and injury death rate.</i>		6				2018	4

SCORE	DIABETES	UNITS	CLAY COUNTY	HP2020	FLORIDA	U.S.	MEASUREMENT PERIOD	SOURCE #
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2.06	Diabetes: Medicare Population	<i>percent</i>	29.5	28	26.5	2015	3
1.81	Age-Adjusted Death Rate due to Diabetes	<i>deaths/ 100,000 population</i>	23.8	20.6	21	2016	17
1.75	Adults with Diabetes	<i>percent</i>	12.9	11.8	10.5	2016	8

SCORE	ECONOMY	UNITS	CLAY COUNTY	HP2020	FLORIDA	U.S.	MEASUREMENT PERIOD	SOURCE #
2.39	Food Insecure Children Likely Ineligible for Assistance	<i>percent</i>	39		29	34.1	2015	6
1.86	Median Household Gross Rent	<i>dollars</i>	1028		1032	949	2012-2016	1
1.86	Median Housing Unit Value	<i>dollars</i>	157600		166800	184700	2012-2016	1
1.67	Total Employment Change	<i>percent</i>	2.7		4.5	2.5	2014-2015	27
1.50	Female Population 16+ in Civilian Labor Force	<i>percent</i>	57.2		54.3	58.3	2012-2016	1
1.50	Low-Income and Low Access to a Grocery Store	<i>percent</i>	6.9				2015	28
1.50	Per Capita Income	<i>dollars</i>	27159		27598	29829	2012-2016	1
1.50	Population 16+ in Civilian Labor Force	<i>percent</i>	62.1		58.5	63.1	2012-2016	1
1.44	Food Insecurity Rate	<i>percent</i>	13.8		15.1	13.7	2015	6
1.25	Social and Economic Factors Ranking* <i>* County Health Ranking: the ranking is based on a summary composite score calculated from the following measures: high school graduation, some college, unemployment, children in poverty, income inequality, children in single-parent households, social associations, violent crime rate, and injury death rate.</i>		6				2018	4
1.08	Mortgaged Owners Median Monthly Household Costs	<i>dollars</i>	1359		1422	1491	2012-2016	1

1.06	Renters Spending 30% or More of Household Income on Rent	percent	42.7	57.4	47.3	2012-2016	1
1.00	Child Food Insecurity Rate	percent	19.7	22.7	19.3	2015	6
1.00	Families Living Below Poverty Level	percent	7.9	11.7	11	2012-2016	1
0.97	Median Monthly Owner Costs for Households without a Mortgage	dollars	379	466	462	2012-2016	1
0.83	Severe Housing Problems	percent	14.9	21.5	18.8	2010-2014	4
0.78	Median Household Income	dollars	59179	48900	55322	2012-2016	1
0.78	People Living 200% Above Poverty Level	percent	72.4	62.7	66.4	2012-2016	1
0.61	Children Living Below Poverty Level	percent	12.2	23.3	21.2	2012-2016	1
0.61	Homeownership	percent	68	52.3	55.9	2012-2016	1
0.61	People Living Below Poverty Level	percent	10.2	16.1	15.1	2012-2016	1
0.61	Unemployed Workers in Civilian Labor Force	percent	3.4	3.8	4.4	February 2018	26
0.56	Households with Cash Public Assistance Income	percent	1.7	2.2	2.7	2012-2016	1
0.50	People 65+ Living Below Poverty Level	percent	6.2	10.4	9.3	2012-2016	1

SCORE	EDUCATION	UNITS	CLAY COUNTY	HP2020	FLORIDA	U.S.	MEASUREMENT PERIOD	SOURCE #
1.83	People 25+ with a Bachelor's Degree or Higher	percent	23.9		27.9	30.3	2012-2016	1
1.44	4th Grade Students Proficient in Math	percent	65		64		2017	10

1.28	4th Grade Students Proficient in Reading	percent	61	56		2017	10
1.28	Student-to-Teacher Ratio	students/teacher	15.1	15.8	17.7	2015-2016	24
1.11	8th Grade Students Proficient in Math	percent	55	46		2017	10
1.06	8th Grade Students Proficient in Reading	percent	59	55		2017	10
0.86	High School Graduation	percent	88.4	87		2016-2017	10
0.83	School Readiness at Kindergarten Entry	percent	97.3	93.7		2016	11
0.72	People 25+ with a High School Degree or Higher	percent	90.8	87.2	87	2012-2016	1
0.67	Infants Born to Mothers >18 Years Old with <12 Years Education	percent	6.4	10.8		2016	17

SCORE	ENVIRONMENT	UNITS	CLAY COUNTY	HP2020	FLORIDA	U.S.	MEASUREMENT PERIOD	SOURCE #
1.83	PBT Released* <i>*Total net pounds of reported PBT (Persistent, Bioaccumulative, and Toxic Chemicals) released.</i>	pounds	44855				2016	28
1.67	Children with Low Access to a Grocery Store	percent	6.3				2015	28
1.58	Physical Environment Ranking* <i>*County Health Ranking: the ranking is based on a summary composite score calculated from the following measures: daily fine particulate matter, drinking water violations, severe housing problems, driving alone to work, and long commute while driving alone.</i>		39				2018	4
1.50	Low-Income and Low Access to a Grocery Store	percent	6.9				2015	28
1.50	People with Low Access to a Grocery Store	percent	24.4				2015	28

1.39	Recognized Carcinogens Released into Air	pounds	30				2016	28
1.33	People 65+ with Low Access to a Grocery Store	percent	2.8				2015	28
1.17	Access to Exercise Opportunities	percent	83.9	87.1	83.1		2018	4
1.17	Households with No Car and Low Access to a Grocery Store	percent	1.9				2015	28
1.11	Food Environment Index		7.6	6.7	7.7		2018	4
1.08	Drinking Water Violations	percent	0.7	6.2			FY 2013-14	4
0.83	Severe Housing Problems	percent	14.9	21.5	18.8		2010-2014	4

SCORE	ENVIRONMENTAL & OCCUPATIONAL HEALTH	UNITS	CLAY COUNTY	HP2020	FLORIDA	U.S.	MEASUREMENT PERIOD	SOURCE
2.44	Asthma: Medicare Population	percent	10.1		9.1	8.2	2015	3
2.00	Teens with Asthma	percent	21.5		20.8		2014	22
1.58	Physical Environment Ranking* <i>*County Health Ranking: the ranking is based on a summary composite score calculated from the following measures: daily fine particulate matter, drinking water violations, severe housing problems, driving alone to work, and long commute while driving alone.</i>		39				2018	4
1.08	Adults with Current Asthma	percent	6.7		6.7	9.3	2016	8

SCORE	EXERCISE, NUTRITION, & WEIGHT	UNITS	CLAY COUNTY	HP2020	FLORIDA	U.S.	MEASUREMENT PERIOD	SOURCE
2.61	Workers who Walk to Work	percent	0.9	3.1	1.5	2.8	2012-2016	1

2.39	Food Insecure Children Likely Ineligible for Assistance	percent	39		29	34.1	2015	6
1.83	Adult Fruit and Vegetable Consumption	percent	14.8		18.3		2013	8
1.81	Adults who are Obese	percent	31.1	30.5	27.4	29.9	2016	8
1.75	Adults who are Overweight or Obese	percent	67.8		63.2	65.2	2016	8
1.67	Children with Low Access to a Grocery Store	percent	6.3				2015	28
1.50	Low-Income and Low Access to a Grocery Store	percent	6.9				2015	28
1.50	People with Low Access to a Grocery Store	percent	24.4				2015	28
1.44	Food Insecurity Rate	percent	13.8		15.1	13.7	2015	6
1.42	Health Behaviors Ranking* * County Health Ranking: the ranking is based on a summary composite score calculated from the following measures: adult smoking, adult obesity, physical inactivity, access to exercise opportunities, excessive drinking, alcohol-impaired driving deaths, sexually transmitted infections, teen births, and a food environment index.		32				2018	4
1.33	People 65+ with Low Access to a Grocery Store	percent	2.8				2015	28
1.28	Teens who are Obese: High School Students	percent	13.1		14.3		2012	12
1.17	Access to Exercise Opportunities	percent	83.9		87.1	83.1	2018	4
1.17	Households with No Car and Low Access to a Grocery Store	percent	1.9				2015	28
1.14	Teens without Sufficient Physical Activity	percent	29.7				2012	12
1.11	Food Environment Index		7.6		6.7	7.7	2018	4

1.00	Child Food Insecurity Rate	<i>percent</i>	19.7	22.7	19.3	2015	6	
SCORE	HEART DISEASE & STROKE	UNITS	CLAY COUNTY	HP2020	FLORIDA	U.S.	MEASUREMENT PERIOD	SOURCE
2.50	Atrial Fibrillation: Medicare Population	<i>percent</i>	9.7	9.7	8.1	2015	3	
2.11	Stroke: Medicare Population	<i>percent</i>	4.5	4.8	4	2015	3	
1.67	Cholesterol Test History	<i>percent</i>	72.8	73.2		2013	8	
1.56	Hyperlipidemia: Medicare Population	<i>percent</i>	49.9	55.6	44.6	2015	3	
1.50	Age-Adjusted Death Rate due to Major Cardiovascular Diseases	<i>deaths/ 100,000 population</i>	218.2	209.7		2016	17	
1.42	High Blood Pressure Prevalence	<i>percent</i>	32.4	26.9	34.6	31.4	2013	8
1.17	Hypertension: Medicare Population	<i>percent</i>	58.8	60.5	55	2015	3	
1.06	Age-Adjusted Death Rate due to Hypertensive Heart Disease	<i>deaths/ 100,000 population</i>	8.5	11		2016	17	
1.00	Ischemic Heart Disease: Medicare Population	<i>percent</i>	29.7	34	26.5	2015	3	
0.97	Age-Adjusted Death Rate due to Cerebrovascular Disease (Stroke)	<i>deaths/ 100,000 population</i>	36.6	34.8	39.7	37.3	2016	17
0.92	High Cholesterol Prevalence	<i>percent</i>	25.3	13.5	33.4	38.4	2013	8
0.47	Age-Adjusted Death Rate due to Coronary Heart Disease	<i>deaths/ 100,000 population</i>	83.5	103.4	98.5	94.3	2016	17
0.33	Heart Failure: Medicare Population	<i>percent</i>	12	14.2	13.5	2015	3	

SCORE	IMMUNIZATIONS & INFECTIOUS DISEASES	UNITS	CLAY COUNTY	HP2020	FLORIDA	U.S.	MEASUREMENT PERIOD	SOURCE
2.06	Salmonella Infection Incidence Rate	<i>cases/ 100,000 population</i>	37.3	11.4	27.8		2016	12
1.67	Syphilis Incidence Rate	<i>cases/ 100,000 population</i>	6.3		11.9		2016	15
1.36	Chlamydia Incidence Rate	<i>cases/ 100,000 population</i>	424		468.2	497.3	2016	15
1.28	AIDS Diagnosis Rate	<i>cases/ 100,000 population</i>	6.8		10.5		2016	13
1.28	Chlamydia Incidence Rate: Females 15-19	<i>cases/ 100,000 females aged 15-19</i>	2706.9		3175.6		2016	15
1.28	HIV Incidence Rate	<i>cases/ 100,000 population</i>	9.7		24.6		2016	13
1.22	Kindergartners with Required Immunizations	<i>percent</i>	96.5		94.1		2017	14
1.19	Gonorrhea Incidence Rate	<i>cases/ 100,000 population</i>	124.5		139.2	145.8	2016	15
1.17	Gonorrhea Incidence Rate: Females 15-19	<i>cases/ 100,000 females aged 15-19</i>	279.1		496.6		2016	15
1.14	Age-Adjusted Death Rate due to Influenza and Pneumonia	<i>deaths/ 100,000 population</i>	9.9		9.8	13.5	2016	17
1.08	Adults 65+ with Pneumonia Vaccination	<i>percent</i>	73.8	90	65.6	73.4	2016	8
0.97	Tuberculosis Incidence Rate	<i>cases/ 100,000 population</i>	1.5	1	3.2	2.9	2016	16
0.89	E. coli Infection Incidence Rate	<i>cases/ 100,000 population</i>	0		0.6		2014	12
0.75	Adults 65+ with Influenza Vaccination	<i>percent</i>	68.3		57.6	58.6	2016	8

SCORE	MATERNAL, FETAL & INFANT HEALTH	UNITS	CLAY COUNTY	HP2020	FLORIDA	U.S.	MEASUREMENT PERIOD	SOURCE
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1.92	Mothers who Received Early Prenatal Care	<i>percent</i>	72.4	77.9	78.4	77.1	2016	17
1.39	Infant Mortality Rate	<i>deaths/ 1,000 live births</i>	5.5	6	6.1		2014-2016	17
1.36	Preterm Births	<i>percent</i>	10.1	9.4	10.1	9.8	2016	17
1.14	Babies with Low Birth Weight	<i>percent</i>	7.8	7.8	8.7	8.2	2016	17
0.92	Teen Birth Rate: 15-19	<i>live births/ 1,000 females aged 15-19</i>	17.7		19.5	20.3	2016	17
0.67	Infants Born to Mothers >18 Years Old with <12 Years Education	<i>percent</i>	6.4		10.8		2016	17

SCORE	MEN'S HEALTH	UNITS	CLAY COUNTY	HP2020	FLORIDA	U.S.	MEASUREMENT PERIOD	SOURCE
2.06	Age-Adjusted Death Rate due to Prostate Cancer	<i>deaths/ 100,000 males</i>	21.4	21.8	17.1		2014-2016	17
1.83	Prostate Cancer Incidence Rate	<i>cases/ 100,000 males</i>	96.8		90.5		2012-2014	29
1.39	Life Expectancy for Males	<i>years</i>	76.1		76.9	76.7	2014	23
1.00	Prostate-Specific Antigen Test History	<i>percent</i>	63.2		54.9		2016	8

SCORE	MENTAL HEALTH & MENTAL DISORDERS	UNITS	CLAY COUNTY	HP2020	FLORIDA	U.S.	MEASUREMENT PERIOD	SOURCE
2.36	Age-Adjusted Death Rate due to Suicide	<i>deaths/ 100,000 population</i>	18.4	10.2	14.2	13.5	2016	17
1.28	Depression: Medicare Population	<i>percent</i>	16.3		17.5	16.7	2015	3
1.17	Frequent Mental Distress	<i>percent</i>	12.2		11.9	15	2016	4

1.00	Alzheimer's Disease or Dementia: Medicare Population	percent	9.4	11.7	9.9	2015	3	
SCORE	OLDER ADULTS & AGING	UNITS	CLAY COUNTY	HP2020	FLORIDA	U.S.	MEASUREMENT PERIOD	SOURCE
2.50	Atrial Fibrillation: Medicare Population	percent	9.7	9.7	8.1	2015	3	
2.44	Asthma: Medicare Population	percent	10.1	9.1	8.2	2015	3	
2.36	Age-Adjusted Death Rate due to Falls	deaths/ 100,000 population	13.4	7.2	10.3	9.1	2016	17
2.17	Chronic Kidney Disease: Medicare Population	percent	20.6	21.3	18.1	2015	3	
2.17	Hospitalization Rate due to Hip Fractures Among Females 65+	hospitalizations/ 100,000 females 65+ years	944	741.2	743.8	2013-2015	7	
2.17	Rheumatoid Arthritis or Osteoarthritis: Medicare Population	percent	33.6	34.6	30	2015	3	
2.11	Stroke: Medicare Population	percent	4.5	4.8	4	2015	3	
2.06	Diabetes: Medicare Population	percent	29.5	28	26.5	2015	3	
1.89	Cancer: Medicare Population	percent	8.7	9.6	7.8	2015	3	
1.72	COPD: Medicare Population	percent	14.2	13.2	11.2	2015	3	
1.56	Hyperlipidemia: Medicare Population	percent	49.9	55.6	44.6	2015	3	
1.44	Osteoporosis: Medicare Population	percent	6	7.9	6	2015	3	
1.33	People 65+ with Low Access to a Grocery Store	percent	2.8			2015	28	
1.28	Depression: Medicare Population	percent	16.3	17.5	16.7	2015	3	

1.17	Hospitalization Rate due to Hip Fractures Among Males 65+	<i>hospitalizations/ 100,000 males 65+ years</i>	364	418.4	393.1		2013-2015	7
1.17	Hypertension: Medicare Population	<i>percent</i>	58.8		60.5	55	2015	3
1.08	Adults 65+ with Pneumonia Vaccination	<i>percent</i>	73.8	90	65.6	73.4	2016	8
1.00	Alzheimer's Disease or Dementia: Medicare Population	<i>percent</i>	9.4		11.7	9.9	2015	3
1.00	Ischemic Heart Disease: Medicare Population	<i>percent</i>	29.7		34	26.5	2015	3
0.75	Adults 65+ with Influenza Vaccination	<i>percent</i>	68.3		57.6	58.6	2016	8
0.50	People 65+ Living Below Poverty Level	<i>percent</i>	6.2		10.4	9.3	2012-2016	1
0.33	Heart Failure: Medicare Population	<i>percent</i>	12		14.2	13.5	2015	3

SCORE	ORAL HEALTH	UNITS	CLAY COUNTY	HP2020	FLORIDA	U.S.	MEASUREMENT PERIOD	SOURCE
1.94	Oral Cavity and Pharynx Cancer Incidence Rate	<i>cases/ 100,000 population</i>	15.4		13.4		2012-2014	29
1.56	Dentist Rate	<i>dentists/ 100,000 population</i>	54		58	67	2016	4
1.42	Adults who did not Visit a Dentist due to Cost	<i>percent</i>	19.1				2007	8

SCORE	OTHER CHRONIC DISEASES	UNITS	CLAY COUNTY	HP2020	FLORIDA	U.S.	MEASUREMENT PERIOD	SOURCE
2.17	Chronic Kidney Disease: Medicare Population	<i>percent</i>	20.6		21.3	18.1	2015	3

2.17	Rheumatoid Arthritis or Osteoarthritis: Medicare Population	percent	33.6		34.6	30	2015	3
1.44	Osteoporosis: Medicare Population	percent	6		7.9	6	2015	3

SCORE	PREVENTION & SAFETY	UNITS	CLAY COUNTY	HP2020	FLORIDA	U.S.	MEASUREMENT PERIOD	SOURCE
2.67	Death Rate due to Drug Poisoning	deaths/ 100,000 population	23.9		17.4	16.9	2014-2016	4
2.53	Age-Adjusted Death Rate due to Unintentional Injuries	deaths/ 100,000 population	78.2	36.4	56.3	46.9	2016	17
2.36	Age-Adjusted Death Rate due to Falls	deaths/ 100,000 population	13.4	7.2	10.3	9.1	2016	17
2.33	Age-Adjusted Death Rate due to Unintentional Drowning	deaths/ 100,000 population	3.4		2		2016	17
2.17	Age-Adjusted Death Rate due to Motor Vehicle Collisions	deaths/ 100,000 population	23.8		15.4		2016	17
2.17	Hospitalization Rate due to Hip Fractures Among Females 65+	hospitalizations/ 100,000 females 65+ years	944	741.2	743.8		2013-2015	7
1.17	Hospitalization Rate due to Hip Fractures Among Males 65+	hospitalizations/ 100,000 males 65+ years	364	418.4	393.1		2013-2015	7
0.94	Pedestrian Death Rate	deaths/ 100,000 population	1	1.4	2.6	1.5	2013	5
0.83	Severe Housing Problems	percent	14.9		21.5	18.8	2010-2014	4

SCORE	PUBLIC SAFETY	UNITS	CLAY COUNTY	HP2020	FLORIDA	U.S.	MEASUREMENT PERIOD	SOURCE
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2.39	Alcohol-Impaired Driving Deaths	<i>percent</i>	41.2		26.4	29.3	2012-2016	4
2.17	Age-Adjusted Death Rate due to Motor Vehicle Collisions	<i>deaths/ 100,000 population</i>	23.8		15.4		2016	17
1.17	Juvenile Justice Referral Rate	<i>referrals/ 100,000 population</i>	351.2		448.7		2013	18
1.11	Child Abuse Rate	<i>cases/ 1,000 children aged 5-11</i>	787		901.3		2016	9
1.06	Domestic Violence Offense Rate	<i>offenses/ 100,000 population</i>	398.4		524.3		2016	19
0.94	Pedestrian Death Rate	<i>deaths/ 100,000 population</i>	1	1.4	2.6	1.5	2013	5
0.81	Violent Crime Rate	<i>crimes/ 100,000 population</i>	269.8		439.2	386.3	2016	19
0.67	Driving Under the Influence Arrest Rate	<i>arrests/ 100,000 population</i>	109.1		173.9		2016	19

SCORE	RESPIRATORY DISEASES	UNITS	CLAY COUNTY	HP2020	FLORIDA	U.S.	MEASUREMENT PERIOD	SOURCE
2.44	Asthma: Medicare Population	<i>percent</i>	10.1		9.1	8.2	2015	3
2.00	Teens with Asthma	<i>percent</i>	21.5		20.8		2014	22
1.83	Lung and Bronchus Cancer Incidence Rate	<i>cases/ 100,000 population</i>	77.8		61		2012-2014	29
1.72	COPD: Medicare Population	<i>percent</i>	14.2		13.2	11.2	2015	3
1.67	Age-Adjusted Death Rate due to Lung Cancer	<i>deaths/ 100,000 population</i>	54.7	45.5	40.4		2014-2016	17
1.14	Age-Adjusted Death Rate due to Influenza and Pneumonia	<i>deaths/ 100,000 population</i>	9.9		9.8	13.5	2016	17
1.08	Adults 65+ with Pneumonia Vaccination	<i>percent</i>	73.8	90	65.6	73.4	2016	8
1.08	Adults with Current Asthma	<i>percent</i>	6.7		6.7	9.3	2016	8

0.97	Tuberculosis Incidence Rate	<i>cases/ 100,000 population</i>	1.5	1	3.2	2.9	2016	16
0.75	Adults 65+ with Influenza Vaccination	<i>percent</i>	68.3		57.6	58.6	2016	8
SCORE	SOCIAL ENVIRONMENT	UNITS	CLAY COUNTY	HP2020	FLORIDA	U.S.	MEASUREMENT PERIOD	SOURCE
2.83	Mean Travel Time to Work	<i>minutes</i>	33.4		26.7	26.1	2012-2016	1
1.86	Median Household Gross Rent	<i>dollars</i>	1028		1032	949	2012-2016	1
1.86	Median Housing Unit Value	<i>dollars</i>	157600		166800	184700	2012-2016	1
1.83	People 25+ with a Bachelor's Degree or Higher	<i>percent</i>	23.9		27.9	30.3	2012-2016	1
1.78	Voter Turnout: Presidential Election	<i>percent</i>	73.5		74.5		2016	20
1.67	Total Employment Change	<i>percent</i>	2.7		4.5	2.5	2014-2015	27
1.50	Female Population 16+ in Civilian Labor Force	<i>percent</i>	57.2		54.3	58.3	2012-2016	1
1.50	Per Capita Income	<i>dollars</i>	27159		27598	29829	2012-2016	1
1.50	Population 16+ in Civilian Labor Force	<i>percent</i>	62.1		58.5	63.1	2012-2016	1
1.25	Social and Economic Factors Ranking* * County Health Ranking: the ranking is based on a summary composite score calculated from the following measures: high school graduation, some college, unemployment, children in poverty, income inequality, children in single-parent households, social associations, violent crime rate, and injury death rate.		6				2018	4
1.17	Juvenile Justice Referral Rate	<i>referrals/ 100,000 population</i>	351.2		448.7		2013	18
1.11	Child Abuse Rate	<i>cases/ 1,000 children aged 5-11</i>	787		901.3		2016	9

1.08	Mortgaged Owners Median Monthly Household Costs	dollars	1359		1422	1491	2012-2016	1
1.08	Persons with Health Insurance	percent	89.1	100	84.6		2016	25
1.00	Linguistic Isolation	percent	1.5		6.8	4.5	2012-2016	1
0.97	Median Monthly Owner Costs for Households without a Mortgage	dollars	379		466	462	2012-2016	1
0.78	Median Household Income	dollars	59179		48900	55322	2012-2016	1
0.72	People 25+ with a High School Degree or Higher	percent	90.8		87.2	87	2012-2016	1
0.61	Children Living Below Poverty Level	percent	12.2		23.3	21.2	2012-2016	1
0.61	Homeownership	percent	68		52.3	55.9	2012-2016	1
0.61	People Living Below Poverty Level	percent	10.2		16.1	15.1	2012-2016	1
0.56	Single-Parent Households	percent	28.6		38.5	33.6	2012-2016	1

SCORE	SUBSTANCE ABUSE	UNITS	CLAY COUNTY	HP2020	FLORIDA	U.S.	MEASUREMENT PERIOD	SOURCE
2.67	Death Rate due to Drug Poisoning	deaths/ 100,000 population	23.9		17.4	16.9	2014-2016	4
2.39	Alcohol-Impaired Driving Deaths	percent	41.2		26.4	29.3	2012-2016	4
2.08	Adults who Smoke	percent	18.7	12	15.5	17.1	2016	8
1.83	Adults who Drink Excessively	percent	22.2	25.4	17.5		2016	8
1.72	Teens who have Used Methamphetamines	percent	1.2		0.8		2016	21

1.67	Teens who Use Alcohol	percent	29.6		25.5		2016	21
1.42	Health Behaviors Ranking* <i>* County Health Ranking: the ranking is based on a summary composite score calculated from the following measures: adult smoking, adult obesity, physical inactivity, access to exercise opportunities, excessive drinking, alcohol-impaired driving deaths, sexually transmitted infections, teen births, and a food environment index</i>		32				2018	4
1.33	Teens who Binge Drink: High School Students	percent	12.3		10.9		2016	21
1.33	Teens who Smoke: High School Students	percent	4.5	16	3		2016	22
1.00	Teens who Use Marijuana: High School Students	percent	16.6		17		2016	21
0.67	Driving Under the Influence Arrest Rate	arrests/ 100,000 population	109.1		173.9		2016	19

SCORE	TEEN & ADOLESCENT HEALTH	UNITS	CLAY COUNTY	HP2020	FLORIDA	U.S.	MEASUREMENT PERIOD	SOURCE
2.00	Teens with Asthma	percent	21.5		20.8		2014	22
1.72	Teens who have Used Methamphetamines	percent	1.2		0.8		2016	21
1.67	Teens who Use Alcohol	percent	29.6		25.5		2016	21
1.33	Teens who Binge Drink: High School Students	percent	12.3		10.9		2016	21
1.33	Teens who Smoke: High School Students	percent	4.5	16	3		2016	22
1.28	Chlamydia Incidence Rate: Females 15-19	cases/ 100,000 females aged 15-19	2706.9		3175.6		2016	15
1.28	Teens who are Obese: High School Students	percent	13.1		14.3		2012	12

1.17	Gonorrhea Incidence Rate: Females 15-19	<i>cases/ 100,000 females aged 15-19</i>	279.1	496.6		2016	15
1.14	Teens without Sufficient Physical Activity	<i>percent</i>	29.7			2012	12
1.00	Teens who Use Marijuana: High School Students	<i>percent</i>	16.6	17		2016	21
0.92	Teen Birth Rate: 15-19	<i>live births/ 1,000 females aged 15-19</i>	17.7	19.5	20.3	2016	17

SCORE	TRANSPORTATION	UNITS	CLAY COUNTY	HP2020	FLORIDA	U.S.	MEASUREMENT PERIOD	SOURCE
2.83	Mean Travel Time to Work	<i>minutes</i>	33.4		26.7	26.1	2012-2016	1
2.61	Solo Drivers with a Long Commute	<i>percent</i>	56.4		39.5	34.7	2012-2016	4
2.61	Workers Commuting by Public Transportation	<i>percent</i>	0.1	5.5	2.1	5.1	2012-2016	1
2.61	Workers who Walk to Work	<i>percent</i>	0.9	3.1	1.5	2.8	2012-2016	1
2.11	Workers who Drive Alone to Work	<i>percent</i>	83.8		79.5	76.4	2012-2016	1
1.17	Households with No Car and Low Access to a Grocery Store	<i>percent</i>	1.9				2015	28

SCORE	WOMEN'S HEALTH	UNITS	CLAY COUNTY	HP2020	FLORIDA	U.S.	MEASUREMENT PERIOD	SOURCE
2.28	Cervical Cancer Incidence Rate	<i>cases/ 100,000 females</i>	11.8	7.3	8.5		2012-2014	29

1.83	Pap Test in Past Year	percent	42		48.4		2016	8
1.72	Life Expectancy for Females	years	80.2		82	81.5	2014	23
1.39	Breast Cancer Incidence Rate	cases/ 100,000 females	116.6		117.8		2012-2014	29
1.17	Age-Adjusted Death Rate due to Breast Cancer	deaths/ 100,000 females	19.3	20.7	19.8		2014-2016	17
1.06	Mammogram: 40+ Past Year	percent	62.6		60.8		2016	8

Duval County

SCORE	ACCESS TO HEALTH SERVICES	UNITS	DUVAL COUNTY	HP2020	FLORIDA	U.S.	MEASUREMENT PERIOD	SOURCE
1.83	Median Monthly Medicaid Enrollment	enrollments/ 100,000 population	22171.3		19607.4		2017	7
1.75	Adults with a Usual Source of Health Care	percent	75	89.4	72	77.1	2016	8
1.56	Adults with Health Insurance	percent	84.3	100	81.6	88	2016	1
1.42	Adults who did not Visit a Dentist due to Cost	percent	19.8				2007	8
1.25	Clinical Care Ranking* *County Health Ranking: the ranking is based on a summary composite score calculated from the following measures: uninsured, primary care physicians, mental health providers, dentists, preventable hospital stays, diabetic monitoring, and mammography screening.		13				2018	4
1.22	Children with Health Insurance	percent	95	100	93.8	95.5	2016	1
1.08	Persons with Health Insurance	percent	87.2	100	84.6		2016	25
0.39	Primary Care Provider Rate	providers/ 100,000 population	86		73	76	2015	4
0.17	Dentist Rate	dentists/ 100,000 population	79		58	67	2016	4

0.17	Non-Physician Primary Care Provider Rate	<i>providers/ 100,000 population</i>	137		88	81	2017	4
SCORE	CANCER	UNITS	DUVAL COUNTY	HP2020	FLORIDA	U.S.	MEASUREMENT PERIOD	SOURCE
2.11	Cervical Cancer Incidence Rate	<i>cases/ 100,000 females</i>	9.8	7.3	8.5		2012-2014	29
2.06	Colorectal Cancer Incidence Rate	<i>cases/ 100,000 population</i>	43.8	39.9	36.9		2012-2014	29
2.00	All Cancer Incidence Rate	<i>cases/ 100,000 population</i>	494.2		426.8		2012-2014	29
2.00	Breast Cancer Incidence Rate	<i>cases/ 100,000 females</i>	134.6		117.8		2012-2014	29
2.00	Cancer: Medicare Population	<i>percent</i>	9.2		9.6	7.8	2015	3
2.00	Colon Cancer Screening: Blood Stool Test Past Year	<i>percent</i>	10.6		16		2016	8
2.00	Prostate Cancer Incidence Rate	<i>cases/ 100,000 males</i>	111.4		90.5		2012-2014	29
1.83	Oral Cavity and Pharynx Cancer Incidence Rate	<i>cases/ 100,000 population</i>	15.8		13.4		2012-2014	29
1.72	Lung and Bronchus Cancer Incidence Rate	<i>cases/ 100,000 population</i>	76.2		61		2012-2014	29
1.67	Mammogram: 40+ Past Year	<i>percent</i>	57.7		60.8		2016	8
1.67	Melanoma Incidence Rate	<i>cases/ 100,000 population</i>	22.1		22.8		2012-2014	29
1.67	Prostate-Specific Antigen Test History	<i>percent</i>	50.9		54.9		2016	8
1.56	Age-Adjusted Death Rate due to Prostate Cancer	<i>deaths/ 100,000 males</i>	19.3	21.8	17.1		2014-2016	17

1.39	Age-Adjusted Death Rate due to Breast Cancer	deaths/ 100,000 females	21.6	20.7	19.8		2014-2016	17
1.39	Age-Adjusted Death Rate due to Colorectal Cancer	deaths/ 100,000 population	14.9	14.5	13.7		2014-2016	17
1.39	Age-Adjusted Death Rate due to Lung Cancer	deaths/ 100,000 population	46.2	45.5	40.4		2014-2016	17
1.22	Age-Adjusted Death Rate due to Cancer	deaths/ 100,000 population	170.2	161.4	155.1		2014-2016	17
1.00	Pap Test in Past Year	percent	54.7		48.4		2016	8

SCORE	CHILDREN'S HEALTH	UNITS	DUVAL COUNTY	HP2020	FLORIDA	U.S.	MEASUREMENT PERIOD	SOURCE
1.94	Child Food Insecurity Rate	percent	23.2		22.7	19.3	2015	6
1.72	Kindergartners with Required Immunizations	percent	93.8		94.1		2017	14
1.67	Child Abuse Rate	cases/ 1,000 children aged 5-11	994.5		901.3		2016	9
1.67	Children with Low Access to a Grocery Store	percent	6.1				2015	28
1.22	Children with Health Insurance	percent	95	100	93.8	95.5	2016	1
1.22	Food Insecure Children Likely Ineligible for Assistance	percent	29		29	34.1	2015	6

SCORE	COUNTY HEALTH RANKINGS	UNITS	DUVAL COUNTY	HP2020	FLORIDA	U.S.	MEASUREMENT PERIOD	SOURCE
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1.75	Physical Environment Ranking* <i>*County Health Ranking: the ranking is based on a summary composite score calculated from the following measures: daily fine particulate matter, drinking water violations, severe housing problems, driving alone to work, and long commute while driving alone.</i>	60	2018	4
1.58	Health Behaviors Ranking* <i>* County Health Ranking: the ranking is based on a summary composite score calculated from the following measures: adult smoking, adult obesity, physical inactivity, access to exercise opportunities, excessive drinking, alcohol-impaired driving deaths, sexually transmitted infections, teen births, and a food environment index.</i>	41	2018	4
1.58	Morbidity Ranking* <i>*County Health Ranking: the ranking is based on a summary composite score calculated from the following measures: poor or fair health, poor physical health days, poor mental health days, and low birth weight.</i>	38	2018	4
1.58	Mortality Ranking* <i>* County Health Ranking: the ranking is based on a measure of premature death.</i>	47	2018	4
1.42	Social and Economic Factors Ranking* <i>* County Health Ranking: the ranking is based on a summary composite score calculated from the following measures: high school graduation, some college, unemployment, children in poverty, income inequality, children in single-parent households, social associations, violent crime rate, and injury death rate.</i>	32	2018	4
1.25	Clinical Care Ranking* <i>*County Health Ranking: the ranking is based on a summary composite score calculated from the following measures: uninsured, primary care physicians, mental health providers, dentists, preventable hospital stays, diabetic monitoring, and mammography screening.</i>	13	2018	4

SCORE	DIABETES	UNITS	DUVAL COUNTY	HP2020	FLORIDA	U.S.	MEASUREMENT PERIOD	SOURCE
2.06	Diabetes: Medicare Population	percent	30.8		28	26.5	2015	3
1.81	Age-Adjusted Death Rate due to Diabetes	deaths/ 100,000 population	23.3		20.6	21	2016	17
1.25	Adults with Diabetes	percent	11.3		11.8	10.5	2016	8

SCORE	ECONOMY	UNITS	DUVAL COUNTY	HP2020	FLORIDA	U.S.	MEASUREMENT PERIOD	SOURCE
2.67	Homeownership	percent	50.3		52.3	55.9	2012-2016	1
2.61	Food Insecurity Rate	percent	20		15.1	13.7	2015	6
2.33	Severe Housing Problems	percent	20.1		21.5	18.8	2010-2014	4
2.33	Total Employment Change	percent	0.2		4.5	2.5	2014-2015	27
2.11	Households with Cash Public Assistance Income	percent	2.8		2.2	2.7	2012-2016	1
2.03	Median Housing Unit Value	dollars	146400		166800	184700	2012-2016	1
1.94	Child Food Insecurity Rate	percent	23.2		22.7	19.3	2015	6
1.94	Children Living Below Poverty Level	percent	24.8		23.3	21.2	2012-2016	1
1.92	Median Household Gross Rent	dollars	962		1032	949	2012-2016	1
1.89	Families Living Below Poverty Level	percent	12.7		11.7	11	2012-2016	1
1.78	People 65+ Living Below Poverty Level	percent	10.1		10.4	9.3	2012-2016	1
1.67	Low-Income and Low Access to a Grocery Store	percent	8.6				2015	28
1.56	People Living Below Poverty Level	percent	16.6		16.1	15.1	2012-2016	1
1.56	Renters Spending 30% or More of Household Income on Rent	percent	50.1		57.4	47.3	2012-2016	1
1.42	Social and Economic Factors Ranking* * County Health Ranking: the ranking is based on a summary composite score calculated from the following measures: high school graduation, some college, unemployment, children in poverty, income inequality, children in single-parent households, social associations, violent crime rate, and injury death rate.		32				2018	4

1.39	Median Household Income	<i>dollars</i>	49196	48900	55322	2012-2016	1
1.22	Food Insecure Children Likely Ineligible for Assistance	<i>percent</i>	29	29	34.1	2015	6
1.22	People Living 200% Above Poverty Level	<i>percent</i>	63.4	62.7	66.4	2012-2016	1
1.17	Per Capita Income	<i>dollars</i>	27235	27598	29829	2012-2016	1
1.11	Population 16+ in Civilian Labor Force	<i>percent</i>	63.9	58.5	63.1	2012-2016	1
1.11	Unemployed Workers in Civilian Labor Force	<i>percent</i>	3.7	3.8	4.4	February 2018	26
1.08	Median Monthly Owner Costs for Households without a Mortgage	<i>dollars</i>	445	466	462	2012-2016	1
1.00	Female Population 16+ in Civilian Labor Force	<i>percent</i>	60.4	54.3	58.3	2012-2016	1
0.92	Mortgaged Owners Median Monthly Household Costs	<i>dollars</i>	1337	1422	1491	2012-2016	1

SCORE	EDUCATION	UNITS	DUVAL COUNTY	HP2020	FLORIDA	U.S.	MEASUREMENT PERIOD	SOURCE
2.28	Student-to-Teacher Ratio	<i>students/teacher</i>	17.6		15.8	17.7	2015-2016	2
1.94	8th Grade Students Proficient in Math	<i>percent</i>	32		46		2017	10
1.78	4th Grade Students Proficient in Reading	<i>percent</i>	52		56		2017	10
1.72	School Readiness at Kindergarten Entry	<i>percent</i>	91.1		93.7		2016	11
1.67	8th Grade Students Proficient in Reading	<i>percent</i>	50		55		2017	10

1.39	Infants Born to Mothers >18 Years Old with <12 Years Education	percent	11.1	10.8		2016	17
1.31	High School Graduation	percent	80.8	87		2016-2017	10
1.22	4th Grade Students Proficient in Math	percent	64	64		2017	10
0.83	People 25+ with a High School Degree or Higher	percent	88.9	87.2	87	2012-2016	1
0.67	People 25+ with a Bachelor's Degree or Higher	percent	28.1	27.9	30.3	2012-2016	1

SCORE	ENVIRONMENT	UNITS	DUVAL COUNTY	HP2020	FLORIDA	U.S.	MEASUREMENT PERIOD	SOURCE
2.44	Food Environment Index		6.3		6.7	7.7	2018	4
2.33	Severe Housing Problems	percent	20.1		21.5	18.8	2010-2014	4
1.83	Recognized Carcinogens Released into Air	pounds	42139				2016	28
1.75	Physical Environment Ranking* *County Health Ranking: the ranking is based on a summary composite score calculated from the following measures: daily fine particulate matter, drinking water violations, severe housing problems, driving alone to work, and long commute while driving alone.		60				2018	4
1.67	Children with Low Access to a Grocery Store	percent	6.1				2015	28
1.67	Low-Income and Low Access to a Grocery Store	percent	8.6				2015	28
1.67	People with Low Access to a Grocery Store	percent	24.7				2015	28
1.53	Annual Ozone Air Quality	grade	C				2013-2015	2

1.47	Annual Particle Pollution	grade	B				2013-2015	2
1.42	Drinking Water Violations	percent	3.1	6.2			FY 2013-14	4
1.33	People 65+ with Low Access to a Grocery Store	percent	2.5				2015	28
1.00	Households with No Car and Low Access to a Grocery Store	percent	1.7				2015	28
0.83	Access to Exercise Opportunities	percent	88.5	87.1	83.1		2018	4

SCORE	ENVIRONMENTAL & OCCUPATIONAL HEALTH	UNITS	DUVAL COUNTY	HP2020	FLORIDA	U.S.	MEASUREMENT PERIOD	SOURCE
2.44	Asthma: Medicare Population	percent	10.1		9.1	8.2	2015	3
2.33	Teens with Asthma	percent	23.8		20.8		2014	22
1.75	Physical Environment Ranking* <i>*County Health Ranking: the ranking is based on a summary composite score calculated from the following measures: daily fine particulate matter, drinking water violations, severe housing problems, driving alone to work, and long commute while driving alone.</i>		60				2018	4
1.25	Adults with Current Asthma	percent	6.8		6.7	9.3	2016	8

SCORE	EXERCISE, NUTRITION, & WEIGHT	UNITS	DUVAL COUNTY	HP2020	FLORIDA	U.S.	MEASUREMENT PERIOD	SOURCE
2.61	Food Insecurity Rate	percent	20		15.1	13.7	2015	6
2.44	Food Environment Index		6.3		6.7	7.7	2018	4
2.00	Teen Vegetable Consumption	percent	12		15.5	14.8	2015	29

2.00	Teens who Engage in Regular Physical Activity: High School Students	percent	29.5		41.9	48.6	2015	29
1.94	Child Food Insecurity Rate	percent	23.2		22.7	19.3	2015	6
1.83	Teen Fruit Consumption	percent	18		22.5	20	2015	29
1.81	Adults who are Obese	percent	30.7	30.5	27.4	29.9	2016	8
1.75	Teens without Sufficient Physical Activity	percent	43.2				2012	12
1.72	Workers who Walk to Work	percent	1.5	3.1	1.5	2.8	2012-2016	1
1.67	Children with Low Access to a Grocery Store	percent	6.1				2015	28
1.67	Low-Income and Low Access to a Grocery Store	percent	8.6				2015	28
1.67	People with Low Access to a Grocery Store	percent	24.7				2015	28
1.61	Teens who are Obese: High School Students	percent	14.5		14.3		2012	12
1.58	Adults who are Overweight or Obese	percent	65.4		63.2	65.2	2016	8
1.58	Health Behaviors Ranking* * County Health Ranking: the ranking is based on a summary composite score calculated from the following measures: adult smoking, adult obesity, physical inactivity, access to exercise opportunities, excessive drinking, alcohol-impaired driving deaths, sexually transmitted infections, teen births, and a food environment index.		41				2018	4
1.50	Adult Fruit and Vegetable Consumption	percent	17.3		18.3		2013	8
1.50	Teens who are Overweight or Obese	percent	27.8		26.8	29.9	2015	29
1.33	People 65+ with Low Access to a Grocery Store	percent	2.5				2015	28

1.22	Food Insecure Children Likely Ineligible for Assistance	percent	29	29	34.1	2015	6
1.00	Households with No Car and Low Access to a Grocery Store	percent	1.7			2015	28
0.83	Access to Exercise Opportunities	percent	88.5	87.1	83.1	2018	4

SCORE	HEART DISEASE & STROKE	UNITS	DUVAL COUNTY	HP2020	FLORIDA	U.S.	MEASUREMENT PERIOD	SOURCE
2.44	Stroke: Medicare Population	percent	5.2		4.8	4	2015	3
2.33	Atrial Fibrillation: Medicare Population	percent	9.4		9.7	8.1	2015	3
2.06	Hypertension: Medicare Population	percent	62.1		60.5	55	2015	3
1.81	Age-Adjusted Death Rate due to Cerebrovascular Disease (Stroke)	deaths/ 100,000 population	40.1	34.8	39.7	37.3	2016	17
1.72	Age-Adjusted Death Rate due to Hypertensive Heart Disease	deaths/ 100,000 population	12.6		11		2016	17
1.72	Heart Failure: Medicare Population	percent	14.6		14.2	13.5	2015	3
1.67	Cholesterol Test History	percent	72.4		73.2		2013	8
1.50	Hyperlipidemia: Medicare Population	percent	50.7		55.6	44.6	2015	3
1.42	High Blood Pressure Prevalence	percent	34.4	26.9	34.6	31.4	2013	8
1.25	High Cholesterol Prevalence	percent	33.1	13.5	33.4	38.4	2013	8
1.17	Age-Adjusted Death Rate due to Major Cardiovascular Diseases	deaths/ 100,000 population	224.9		209.7		2016	17

1.17	Ischemic Heart Disease: Medicare Population	percent	30.1	34	26.5	2015	3	
1.03	Age-Adjusted Death Rate due to Coronary Heart Disease	deaths/ 100,000 population	94.9	103.4	98.5	94.3	2016	17
SCORE	IMMUNIZATIONS & INFECTIOUS DISEASES	UNITS	DUVAL COUNTY	HP2020	FLORIDA	U.S.	MEASUREMENT PERIOD	SOURCE
2.58	Gonorrhea Incidence Rate	cases/ 100,000 population	292.1		139.2	145.8	2016	15
2.36	Chlamydia Incidence Rate	cases/ 100,000 population	714.3		468.2	497.3	2016	15
2.33	Gonorrhea Incidence Rate: Females 15-19	cases/ 100,000 females aged 15-19	911.3		496.6		2016	15
2.14	Age-Adjusted Death Rate due to Influenza and Pneumonia	deaths/ 100,000 population	15.6		9.8	13.5	2016	17
2.11	Chlamydia Incidence Rate: Females 15-19	cases/ 100,000 females aged 15-19	4556.4		3175.6		2016	15
2.00	Syphilis Incidence Rate	cases/ 100,000 population	11		11.9		2016	15
1.89	HIV Incidence Rate	cases/ 100,000 population	30.6		24.6		2016	13
1.89	Salmonella Infection Incidence Rate	cases/ 100,000 population	33.3	11.4	27.8		2016	12
1.75	Adults 65+ with Pneumonia Vaccination	percent	66.7	90	65.6	73.4	2016	8
1.72	Kindergartners with Required Immunizations	percent	93.8		94.1		2017	14
1.67	AIDS Diagnosis Rate	cases/ 100,000 population	16.1		10.5		2016	13
1.42	Adults 65+ with Influenza Vaccination	percent	57.6		57.6	58.6	2016	8

1.33	E. coli Infection Incidence Rate	<i>cases/ 100,000 population</i>	0.3		0.6		2014	12
0.47	Tuberculosis Incidence Rate	<i>cases/ 100,000 population</i>	0	1	3.2	2.9	2016	16

SCORE	MATERNAL, FETAL & INFANT HEALTH	UNITS	DUVAL COUNTY	HP2020	FLORIDA	U.S.	MEASUREMENT PERIOD	SOURCE
2.75	Mothers who Received Early Prenatal Care	<i>percent</i>	66.1	77.9	78.4	77.1	2016	17
2.53	Babies with Low Birth Weight	<i>percent</i>	10	7.8	8.7	8.2	2016	17
2.36	Preterm Births	<i>percent</i>	11.3	9.4	10.1	9.8	2016	17
2.00	Infant Mortality Rate	<i>deaths/ 1,000 live births</i>	8.3	6	6.1		2014-2016	17
1.97	Teen Birth Rate: 15-19	<i>live births/ 1,000 females aged 15-19</i>	27.3		19.5	20.3	2016	17
1.61	Sudden Unexpected Infant Death (SUID) Rate	<i>Deaths per 1,000 Live Births</i>	1.4				2015	20
1.39	Congenital Anomaly/Birth Defect Death Rate	<i>Deaths per 1,000 Live Births</i>	1.2				2015	20
1.39	Infants Born to Mothers >18 Years Old with <12 Years Education	<i>percent</i>	11.1		10.8		2016	17
1.39	Prematurity/Low Birth Weight Death Rate	<i>Deaths per 1,000 Live Births</i>	1.7				2015	20

SCORE	MEN'S HEALTH	UNITS	DUVAL COUNTY	HP2020	FLORIDA	U.S.	MEASUREMENT PERIOD	SOURCE
2.00	Prostate Cancer Incidence Rate	<i>cases/ 100,000 males</i>	111.4		90.5		2012-2014	29

1.67	Prostate-Specific Antigen Test History	<i>percent</i>	50.9		54.9		2016	8
1.56	Age-Adjusted Death Rate due to Prostate Cancer	<i>deaths/ 100,000 males</i>	19.3	21.8	17.1		2014-2016	17
1.50	Life Expectancy for Males	<i>years</i>	74.1		76.9	76.7	2014	23

SCORE	MENTAL HEALTH & MENTAL DISORDERS	UNITS	DUVAL COUNTY	HP2020	FLORIDA	U.S.	MEASUREMENT PERIOD	SOURCE
2.17	Depression: Medicare Population	<i>percent</i>	18.2		17.5	16.7	2015	3
2.11	Alzheimer's Disease or Dementia: Medicare Population	<i>percent</i>	11.3		11.7	9.9	2015	3
1.42	Age-Adjusted Death Rate due to Suicide	<i>deaths/ 100,000 population</i>	13.3	10.2	14.2	13.5	2016	17
1.33	Frequent Mental Distress	<i>percent</i>	12.6		11.9	15	2016	4

SCORE	OLDER ADULTS & AGING	UNITS	DUVAL COUNTY	HP2020	FLORIDA	U.S.	MEASUREMENT PERIOD	SOURCE
2.67	Chronic Kidney Disease: Medicare Population	<i>percent</i>	22.8		21.3	18.1	2015	3
2.50	Rheumatoid Arthritis or Osteoarthritis: Medicare Population	<i>percent</i>	34.6		34.6	30	2015	3
2.44	Asthma: Medicare Population	<i>percent</i>	10.1		9.1	8.2	2015	3
2.44	Stroke: Medicare Population	<i>percent</i>	5.2		4.8	4	2015	3
2.36	Age-Adjusted Death Rate due to Falls	<i>deaths/ 100,000 population</i>	12.7	7.2	10.3	9.1	2016	17
2.33	Atrial Fibrillation: Medicare Population	<i>percent</i>	9.4		9.7	8.1	2015	3

2.17	Depression: Medicare Population	<i>percent</i>	18.2		17.5	16.7	2015	3
2.17	Hospitalization Rate due to Hip Fractures Among Females 65+	<i>hospitalizations/ 100,000 females 65+ years</i>	868.4	741.2	743.8		2013-2015	7
2.11	Alzheimer's Disease or Dementia: Medicare Population	<i>percent</i>	11.3		11.7	9.9	2015	3
2.06	Diabetes: Medicare Population	<i>percent</i>	30.8		28	26.5	2015	3
2.06	Hospitalization Rate due to Hip Fractures Among Males 65+	<i>hospitalizations/ 100,000 males 65+ years</i>	442	418.4	393.1		2013-2015	7
2.06	Hypertension: Medicare Population	<i>percent</i>	62.1		60.5	55	2015	3
2.00	Cancer: Medicare Population	<i>percent</i>	9.2		9.6	7.8	2015	3
1.78	People 65+ Living Below Poverty Level	<i>percent</i>	10.1		10.4	9.3	2012-2016	1
1.75	Adults 65+ with Pneumonia Vaccination	<i>percent</i>	66.7	90	65.6	73.4	2016	8
1.72	Heart Failure: Medicare Population	<i>percent</i>	14.6		14.2	13.5	2015	3
1.56	COPD: Medicare Population	<i>percent</i>	12.8		13.2	11.2	2015	3
1.50	Hyperlipidemia: Medicare Population	<i>percent</i>	50.7		55.6	44.6	2015	3
1.42	Adults 65+ with Influenza Vaccination	<i>percent</i>	57.6		57.6	58.6	2016	8
1.33	People 65+ with Low Access to a Grocery Store	<i>percent</i>	2.5				2015	28
1.17	Ischemic Heart Disease: Medicare Population	<i>percent</i>	30.1		34	26.5	2015	3
1.06	Osteoporosis: Medicare Population	<i>percent</i>	5.9		7.9	6	2015	3

SCORE	ORAL HEALTH	UNITS	DUVAL COUNTY	HP2020	FLORIDA	U.S.	MEASUREMENT PERIOD	SOURCE
1.83	Oral Cavity and Pharynx Cancer Incidence Rate	<i>cases/ 100,000 population</i>	15.8		13.4		2012-2014	29
1.42	Adults who did not Visit a Dentist due to Cost	<i>percent</i>	19.8				2007	8
0.17	Dentist Rate	<i>dentists/ 100,000 population</i>	79		58	67	2016	4

SCORE	OTHER CHRONIC DISEASES	UNITS	DUVAL COUNTY	HP2020	FLORIDA	U.S.	MEASUREMENT PERIOD	SOURCE
2.67	Chronic Kidney Disease: Medicare Population	<i>percent</i>	22.8		21.3	18.1	2015	3
2.50	Rheumatoid Arthritis or Osteoarthritis: Medicare Population	<i>percent</i>	34.6		34.6	30	2015	3
1.06	Osteoporosis: Medicare Population	<i>percent</i>	5.9		7.9	6	2015	3

SCORE	PREVENTION & SAFETY	UNITS	DUVAL COUNTY	HP2020	FLORIDA	U.S.	MEASUREMENT PERIOD	SOURCE
2.78	Pedestrian Death Rate	<i>deaths/ 100,000 population</i>	3.8	1.4	2.6	1.5	2013	5
2.61	Death Rate due to Drug Poisoning	<i>deaths/ 100,000 population</i>	26.2		17.4	16.9	2014-2016	4
2.53	Age-Adjusted Death Rate due to Unintentional Injuries	<i>deaths/ 100,000 population</i>	81.1	36.4	56.3	46.9	2016	17
2.36	Age-Adjusted Death Rate due to Falls	<i>deaths/ 100,000 population</i>	12.7	7.2	10.3	9.1	2016	17
2.33	Severe Housing Problems	<i>percent</i>	20.1		21.5	18.8	2010-2014	4

2.17	Hospitalization Rate due to Hip Fractures Among Females 65+	<i>hospitalizations/ 100,000 females 65+ years</i>	868.4	741.2	743.8	2013-2015	7
2.06	Hospitalization Rate due to Hip Fractures Among Males 65+	<i>hospitalizations/ 100,000 males 65+ years</i>	442	418.4	393.1	2013-2015	7
1.61	Age-Adjusted Death Rate due to Unintentional Drowning	<i>deaths/ 100,000 population</i>	1.9		2	2016	17
1.44	Age-Adjusted Death Rate due to Motor Vehicle Collisions	<i>deaths/ 100,000 population</i>	15.2		15.4	2016	17

SCORE	PUBLIC SAFETY	UNITS	DUVAL COUNTY	HP2020	FLORIDA	U.S.	MEASUREMENT PERIOD	SOURCE
2.78	Pedestrian Death Rate	<i>deaths/ 100,000 population</i>	3.8	1.4	2.6	1.5	2013	5
2.14	Violent Crime Rate	<i>crimes/ 100,000 population</i>	623.1		439.2	386.3	2016	19
1.89	Alcohol-Impaired Driving Deaths	<i>percent</i>	31.8		26.4	29.3	2012-2016	4
1.89	Bicyclist Death Rate	<i>deaths/ 100,000 population</i>	0.8	0.22	0.6		2013	5
1.89	Domestic Violence Offense Rate	<i>offenses/ 100,000 population</i>	766.7		524.3		2016	19
1.67	Child Abuse Rate	<i>cases/ 1,000 children aged 5-11</i>	994.5		901.3		2016	9
1.56	Driving Under the Influence Arrest Rate	<i>arrests/ 100,000 population</i>	189.2		173.9		2016	19
1.44	Age-Adjusted Death Rate due to Motor Vehicle Collisions	<i>deaths/ 100,000 population</i>	15.2		15.4		2016	17
1.17	Juvenile Justice Referral Rate	<i>referrals/ 100,000 population</i>	392.6		448.7		2013	18

SCORE	RESPIRATORY DISEASES	UNITS	DUVAL COUNTY	HP2020	FLORIDA	U.S.	MEASUREMENT PERIOD	SOURCE
2.44	Asthma: Medicare Population	percent	10.1		9.1	8.2	2015	3
2.33	Teens with Asthma	percent	23.8		20.8		2014	22
2.14	Age-Adjusted Death Rate due to Influenza and Pneumonia	deaths/ 100,000 population	15.6		9.8	13.5	2016	17
1.75	Adults 65+ with Pneumonia Vaccination	percent	66.7	90	65.6	73.4	2016	8
1.72	Lung and Bronchus Cancer Incidence Rate	cases/ 100,000 population	76.2		61		2012-2014	29
1.56	COPD: Medicare Population	percent	12.8		13.2	11.2	2015	3
1.42	Adults 65+ with Influenza Vaccination	percent	57.6		57.6	58.6	2016	8
1.39	Age-Adjusted Death Rate due to Lung Cancer	deaths/ 100,000 population	46.2	45.5	40.4		2014-2016	17
1.25	Adults with Current Asthma	percent	6.8		6.7	9.3	2016	8
0.47	Tuberculosis Incidence Rate	cases/ 100,000 population	0	1	3.2	2.9	2016	16

SCORE	SOCIAL ENVIRONMENT	UNITS	DUVAL COUNTY	HP2020	FLORIDA	U.S.	MEASUREMENT PERIOD	SOURCE
2.67	Homeownership	percent	50.3		52.3	55.9	2012-2016	1
2.61	Single-Parent Households	percent	42.7		38.5	33.6	2012-2016	1
2.33	Total Employment Change	percent	0.2		4.5	2.5	2014-2015	27
2.03	Median Housing Unit Value	dollars	146400		166800	184700	2012-2016	1

1.94	Children Living Below Poverty Level	percent	24.8	23.3	21.2	2012-2016	1
1.92	Median Household Gross Rent	dollars	962	1032	949	2012-2016	1
1.67	Child Abuse Rate	cases/ 1,000 children aged 5-11	994.5	901.3		2016	9
1.56	People Living Below Poverty Level	percent	16.6	16.1	15.1	2012-2016	1
1.44	Linguistic Isolation	percent	2.8	6.8	4.5	2012-2016	1
1.44	Mean Travel Time to Work	minutes	24.2	26.7	26.1	2012-2016	1
1.42	Social and Economic Factors Ranking* * County Health Ranking: the ranking is based on a summary composite score calculated from the following measures: high school graduation, some college, unemployment, children in poverty, income inequality, children in single-parent households, social associations, violent crime rate, and injury death rate.		32			2018	4
1.39	Median Household Income	dollars	49196	48900	55322	2012-2016	1
1.22	Voter Turnout: Presidential Election	percent	74.6	74.5		2016	20
1.17	Juvenile Justice Referral Rate	referrals/ 100,000 population	392.6	448.7		2013	18
1.17	Per Capita Income	dollars	27235	27598	29829	2012-2016	1
1.11	Population 16+ in Civilian Labor Force	percent	63.9	58.5	63.1	2012-2016	1
1.08	Median Monthly Owner Costs for Households without a Mortgage	dollars	445	466	462	2012-2016	1
1.08	Persons with Health Insurance	percent	87.2	100	84.6	2016	25
1.00	Female Population 16+ in Civilian Labor Force	percent	60.4	54.3	58.3	2012-2016	1
0.92	Mortgaged Owners Median Monthly Household Costs	dollars	1337	1422	1491	2012-2016	1

0.83	People 25+ with a High School Degree or Higher	percent	88.9		87.2	87	2012-2016	1
0.67	People 25+ with a Bachelor's Degree or Higher	percent	28.1		27.9	30.3	2012-2016	1
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SCORE	SUBSTANCE ABUSE	UNITS	DUVAL COUNTY	HP2020	FLORIDA	U.S.	MEASUREMENT PERIOD	SOURCE
2.61	Death Rate due to Drug Poisoning	deaths/ 100,000 population	26.2		17.4	16.9	2014-2016	4
2.08	Adults who Smoke	percent	18.5	12	15.5	17.1	2016	8
1.89	Alcohol-Impaired Driving Deaths	percent	31.8		26.4	29.3	2012-2016	4
1.83	Adults who Drink Excessively	percent	19.4	25.4	17.5		2016	8
1.58	Health Behaviors Ranking* * County Health Ranking: the ranking is based on a summary composite score calculated from the following measures: adult smoking, adult obesity, physical inactivity, access to exercise opportunities, excessive drinking, alcohol-impaired driving deaths, sexually transmitted infections, teen births, and a food environment index.		41				2018	4
1.56	Driving Under the Influence Arrest Rate	arrests/ 100,000 population	189.2		173.9		2016	19
1.56	Teens who have Used Methamphetamines	percent	0.9		0.8		2016	21
1.22	Teens who Use Marijuana: High School Students	percent	16.6		17		2016	21
1.00	Teens who Use Alcohol	percent	24.4		25.5		2016	21
0.67	Teens who Binge Drink: High School Students	percent	7.1		10.9		2016	21
0.50	Teens who Smoke: High School Students	percent	2.5	16	3		2016	22

SCORE	TEEN & ADOLESCENT HEALTH	UNITS	DUVAL COUNTY	HP2020	FLORIDA	U.S.	MEASUREMENT PERIOD	SOURCE
2.33	Gonorrhea Incidence Rate: Females 15-19	<i>cases/ 100,000 females aged 15-19</i>	911.3		496.6		2016	15
2.33	Teens with Asthma	<i>percent</i>	23.8		20.8		2014	22
2.11	Chlamydia Incidence Rate: Females 15-19	<i>cases/ 100,000 females aged 15-19</i>	4556.4		3175.6		2016	15
2.00	Teen Vegetable Consumption	<i>percent</i>	12		15.5	14.8	2015	29
2.00	Teens who Engage in Regular Physical Activity: High School Students	<i>percent</i>	29.5		41.9	48.6	2015	29
1.97	Teen Birth Rate: 15-19	<i>live births/ 1,000 females aged 15-19</i>	27.3		19.5	20.3	2016	17
1.83	Teen Fruit Consumption	<i>percent</i>	18		22.5	20	2015	29
1.75	Teens without Sufficient Physical Activity	<i>percent</i>	43.2				2012	12
1.61	Teens who are Obese: High School Students	<i>percent</i>	14.5		14.3		2012	12
1.56	Teens who have Used Methamphetamines	<i>percent</i>	0.9		0.8		2016	21
1.50	Teens who are Overweight or Obese	<i>percent</i>	27.8		26.8	29.9	2015	29
1.22	Teens who Use Marijuana: High School Students	<i>percent</i>	16.6		17		2016	21
1.17	Teens who are Sexually Active	<i>percent</i>	36.7		40.3	41.2	2015	29
1.00	Teens who Use Alcohol	<i>percent</i>	24.4		25.5		2016	21

0.67	Teens who Binge Drink: High School Students	<i>percent</i>	7.1		10.9		2016	21
0.50	Teens who Smoke: High School Students	<i>percent</i>	2.5	16	3		2016	22

SCORE	TRANSPORTATION	UNITS	DUVAL COUNTY	HP2020	FLORIDA	U.S.	MEASUREMENT PERIOD	SOURCE
1.89	Bicyclist Death Rate	<i>deaths/ 100,000 population</i>	0.8	0.22	0.6		2013	5
1.72	Workers who Walk to Work	<i>percent</i>	1.5	3.1	1.5	2.8	2012-2016	1
1.44	Mean Travel Time to Work	<i>minutes</i>	24.2		26.7	26.1	2012-2016	1
1.39	Workers Commuting by Public Transportation	<i>percent</i>	1.9	5.5	2.1	5.1	2012-2016	1
1.39	Workers who Drive Alone to Work	<i>percent</i>	80.2		79.5	76.4	2012-2016	1
1.28	Solo Drivers with a Long Commute	<i>percent</i>	31.6		39.5	34.7	2012-2016	4
1.00	Households with No Car and Low Access to a Grocery Store	<i>percent</i>	1.7				2015	28

SCORE	WOMEN'S HEALTH	UNITS	DUVAL COUNTY	HP2020	FLORIDA	U.S.	MEASUREMENT PERIOD	SOURCE
2.11	Cervical Cancer Incidence Rate	<i>cases/ 100,000 females</i>	9.8	7.3	8.5		2012-2014	29
2.00	Breast Cancer Incidence Rate	<i>cases/ 100,000 females</i>	134.6		117.8		2012-2014	29
1.72	Life Expectancy for Females	<i>years</i>	79.2		82	81.5	2014	23

1.67	Mammogram: 40+ Past Year	percent	57.7		60.8		2016	8
1.39	Age-Adjusted Death Rate due to Breast Cancer	deaths/ 100,000 females	21.6	20.7	19.8		2014-2016	17
1.00	Pap Test in Past Year	percent	54.7		48.4		2016	8

Nassau County

SCORE	ACCESS TO HEALTH SERVICES	UNITS	NASSAU COUNTY	HP2020	FLORIDA	U.S.	MEASUREMENT PERIOD	SOURCE
2.17	Dentist Rate	dentists/ 100,000 population	30		58	67	2016	4
2.06	Primary Care Provider Rate	providers/ 100,000 population	46		73	76	2015	4
1.83	Non-Physician Primary Care Provider Rate	providers/ 100,000 population	57		88	81	2017	4
1.67	Children with Health Insurance	percent	94.9	100	93.8	95.5	2016	1
1.33	Adults with Health Insurance	percent	84.6	100	81.6	88	2016	1
1.25	Adults who did not Visit a Dentist due to Cost	percent	16.3				2007	8
1.25	Clinical Care Ranking* *County Health Ranking: the ranking is based on a summary composite score calculated from the following measures: uninsured, primary care physicians, mental health providers, dentists, preventable hospital stays, diabetic monitoring, and mammography screening.		17				2018	4
1.11	Median Monthly Medicaid Enrollment	enrollments/ 100,000 population	14541.7		19607.4		2017	7
1.08	Persons with Health Insurance	percent	88.2	100	84.6		2016	25
0.97	Adults with a Usual Source of Health Care	percent	81.1	89.4	72	77.1	2016	8

SCORE	CANCER	UNITS	NASSAU COUNTY	HP2020	FLORIDA	U.S.	MEASUREMENT PERIOD	SOURCE
2.67	Cancer: Medicare Population	<i>percent</i>	10		9.6	7.8	2015	3
2.11	Oral Cavity and Pharynx Cancer Incidence Rate	<i>cases/ 100,000 population</i>	17.8		13.4		2012-2014	29
2.06	Age-Adjusted Death Rate due to Breast Cancer	<i>deaths/ 100,000 females</i>	24	20.7	19.8		2014-2016	17
2.00	All Cancer Incidence Rate	<i>cases/ 100,000 population</i>	481		426.8		2012-2014	29
2.00	Colon Cancer Screening: Blood Stool Test Past Year	<i>percent</i>	9.3		16		2016	8
2.00	Lung and Bronchus Cancer Incidence Rate	<i>cases/ 100,000 population</i>	81.2		61		2012-2014	29
2.00	Pap Test in Past Year	<i>percent</i>	39.2		48.4		2016	8
2.00	Prostate Cancer Incidence Rate	<i>cases/ 100,000 males</i>	103.8		90.5		2012-2014	29
1.94	Mammogram: 40+ Past Year	<i>percent</i>	54.4		60.8		2016	8
1.89	Age-Adjusted Death Rate due to Cancer	<i>deaths/ 100,000 population</i>	181	161.4	155.1		2014-2016	17
1.89	Age-Adjusted Death Rate due to Lung Cancer	<i>deaths/ 100,000 population</i>	52.7	45.5	40.4		2014-2016	17
1.89	Melanoma Incidence Rate	<i>cases/ 100,000 population</i>	31		22.8		2012-2014	29
1.72	Breast Cancer Incidence Rate	<i>cases/ 100,000 females</i>	126.1		117.8		2012-2014	29
1.61	Colorectal Cancer Incidence Rate	<i>cases/ 100,000 population</i>	37.8	39.9	36.9		2012-2014	29

1.56	Age-Adjusted Death Rate due to Colorectal Cancer	deaths/ 100,000 population	14	14.5	13.7		2014-2016	17
1.17	Prostate-Specific Antigen Test History	percent	58.8		54.9		2016	8
1.06	Age-Adjusted Death Rate due to Prostate Cancer	deaths/ 100,000 males	16	21.8	17.1		2014-2016	17
0.50	Cervical Cancer Incidence Rate	cases/ 100,000 females	6.1	7.3	8.5		2012-2014	29

SCORE	CHILDREN'S HEALTH	UNITS	NASSAU COUNTY	HP2020	FLORIDA	U.S.	MEASUREMENT PERIOD	SOURCE
2.44	Food Insecure Children Likely Ineligible for Assistance	percent	36		29	34.1	2015	6
1.94	Child Abuse Rate	cases/ 1,000 children aged 5-11	1154.8		901.3		2016	9
1.94	Child Food Insecurity Rate	percent	22.9		22.7	19.3	2015	6
1.67	Children with Health Insurance	percent	94.9	100	93.8	95.5	2016	1
1.61	Kindergartners with Required Immunizations	percent	94.4		94.1		2017	14
1.50	Children with Low Access to a Grocery Store	percent	4.7				2015	28

SCORE	COUNTY HEALTH RANKINGS	UNITS	NASSAU COUNTY	HP2020	FLORIDA	U.S.	MEASUREMENT PERIOD	SOURCE
1.75	Physical Environment Ranking* *County Health Ranking: the ranking is based on a summary composite score calculated from the following measures: daily fine particulate matter, drinking water violations, severe housing problems, driving alone to work, and long commute while driving alone.		57				2018	4

1.42	Morbidity Ranking* <i>*County Health Ranking: the ranking is based on a summary composite score calculated from the following measures: poor or fair health, poor physical health days, poor mental health days, and low birth weight.</i>	19				2018	4
1.42	Mortality Ranking* <i>* County Health Ranking: the ranking is based on a measure of premature death.</i>	24				2018	4
1.25	Clinical Care Ranking* <i>*County Health Ranking: the ranking is based on a summary composite score calculated from the following measures: uninsured, primary care physicians, mental health providers, dentists, preventable hospital stays, diabetic monitoring, and mammography screening.</i>	17				2018	4
1.25	Health Behaviors Ranking* <i>* County Health Ranking: the ranking is based on a summary composite score calculated from the following measures: adult smoking, adult obesity, physical inactivity, access to exercise opportunities, excessive drinking, alcohol-impaired driving deaths, sexually transmitted infections, teen births, and a food environment index.</i>	17				2018	4
1.25	Social and Economic Factors Ranking* <i>* County Health Ranking: the ranking is based on a summary composite score calculated from the following measures: high school graduation, some college, unemployment, children in poverty, income inequality, children in single-parent households, social associations, violent crime rate, and injury death rate.</i>	5				2018	4

SCORE	DIABETES	UNITS	NASSAU COUNTY	HP2020	FLORIDA	U.S.	MEASUREMENT PERIOD	SOURCE
2.08	Adults with Diabetes	<i>percent</i>	15.1		11.8	10.5	2016	8
0.86	Age-Adjusted Death Rate due to Diabetes	<i>deaths/ 100,000 population</i>	14		20.6	21	2016	17
0.72	Diabetes: Medicare Population	<i>percent</i>	25		28	26.5	2015	3

SCORE	ECONOMY	UNITS	NASSAU COUNTY	HP2020	FLORIDA	U.S.	MEASUREMENT PERIOD	SOURCE
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2.44	Food Insecure Children Likely Ineligible for Assistance	<i>percent</i>	36	29	34.1	2015	6
2.42	Median Household Gross Rent	<i>dollars</i>	1050	1032	949	2012-2016	1
2.11	Households with Cash Public Assistance Income	<i>percent</i>	2.8	2.2	2.7	2012-2016	1
1.94	Child Food Insecurity Rate	<i>percent</i>	22.9	22.7	19.3	2015	6
1.94	Female Population 16+ in Civilian Labor Force	<i>percent</i>	49.8	54.3	58.3	2012-2016	1
1.94	Population 16+ in Civilian Labor Force	<i>percent</i>	56.4	58.5	63.1	2012-2016	1
1.67	Renters Spending 30% or More of Household Income on Rent	<i>percent</i>	49	57.4	47.3	2012-2016	1
1.61	Food Insecurity Rate	<i>percent</i>	14.8	15.1	13.7	2015	6
1.50	Low-Income and Low Access to a Grocery Store	<i>percent</i>	7.4			2015	28
1.50	Total Employment Change	<i>percent</i>	3.2	4.5	2.5	2014-2015	27
1.47	Mortgaged Owners Median Monthly Household Costs	<i>dollars</i>	1391	1422	1491	2012-2016	1
1.25	Social and Economic Factors Ranking* * County Health Ranking: the ranking is based on a summary composite score calculated from the following measures: high school graduation, some college, unemployment, children in poverty, income inequality, children in single-parent households, social associations, violent crime rate, and injury death rate.		5			2018	4
1.19	Median Monthly Owner Costs for Households without a Mortgage	<i>dollars</i>	412	466	462	2012-2016	1
0.83	Severe Housing Problems	<i>percent</i>	14.9	21.5	18.8	2010-2014	4

0.81	Median Housing Unit Value	<i>dollars</i>	192600	166800	184700	2012-2016	1
0.78	Children Living Below Poverty Level	<i>percent</i>	18.9	23.3	21.2	2012-2016	1
0.78	Families Living Below Poverty Level	<i>percent</i>	9.3	11.7	11	2012-2016	1
0.78	Homeownership	<i>percent</i>	61.5	52.3	55.9	2012-2016	1
0.78	People Living Below Poverty Level	<i>percent</i>	12.7	16.1	15.1	2012-2016	1
0.67	Median Household Income	<i>dollars</i>	59196	48900	55322	2012-2016	1
0.61	Unemployed Workers in Civilian Labor Force	<i>percent</i>	3.4	3.8	4.4	February 2018	26
0.56	Per Capita Income	<i>dollars</i>	31141	27598	29829	2012-2016	1
0.39	People 65+ Living Below Poverty Level	<i>percent</i>	7.2	10.4	9.3	2012-2016	1
0.33	People Living 200% Above Poverty Level	<i>percent</i>	70.3	62.7	66.4	2012-2016	1

SCORE	EDUCATION	UNITS	NASSAU COUNTY	HP2020	FLORIDA	U.S.	MEASUREMENT PERIOD	SOURCE
2.08	Student-to-Teacher Ratio	<i>students/ teacher</i>	16.9		15.5		2012-2013	24
1.72	People 25+ with a Bachelor's Degree or Higher	<i>percent</i>	24.5		27.9	30.3	2012-2016	1
1.22	School Readiness at Kindergarten Entry	<i>percent</i>	95.3		93.7		2016	11
1.11	8th Grade Students Proficient in Math	<i>percent</i>	54		46		2017	10

1.08	High School Graduation	<i>percent</i>	90.9	87			2016-2017	10
1.06	Infants Born to Mothers >18 Years Old with <12 Years Education	<i>percent</i>	10.1		10.8		2016	17
0.89	4th Grade Students Proficient in Math	<i>percent</i>	78		64		2017	10
0.89	4th Grade Students Proficient in Reading	<i>percent</i>	68		56		2017	10
0.67	8th Grade Students Proficient in Reading	<i>percent</i>	67		55		2017	10
0.50	People 25+ with a High School Degree or Higher	<i>percent</i>	90.9		87.2	87	2012-2016	1

SCORE	ENVIRONMENT	UNITS	NASSAU COUNTY	HP2020	FLORIDA	U.S.	MEASUREMENT PERIOD	SOURCE
2.00	Access to Exercise Opportunities	<i>percent</i>	68.6		87.1	83.1	2018	4
1.83	People 65+ with Low Access to a Grocery Store	<i>percent</i>	4.4				2015	28
1.75	Physical Environment Ranking* <i>*County Health Ranking: the ranking is based on a summary composite score calculated from the following measures: daily fine particulate matter, drinking water violations, severe housing problems, driving alone to work, and long commute while driving alone.</i>		57				2018	4
1.50	Children with Low Access to a Grocery Store	<i>percent</i>	4.7				2015	28
1.50	Low-Income and Low Access to a Grocery Store	<i>percent</i>	7.4				2015	28
1.50	People with Low Access to a Grocery Store	<i>percent</i>	24.2				2015	28

1.39	PBT Released* <i>*Total net pounds of reported PBT (Persistent, Bioaccumulative, and Toxic Chemicals) released.</i>	<i>pounds</i>	3346				2016	28
1.33	Households with No Car and Low Access to a Grocery Store	<i>percent</i>	2.4				2015	28
1.22	Food Environment Index		7.4	6.7	7.7		2018	4
1.17	Recognized Carcinogens Released into Air	<i>pounds</i>	103551				2016	28
1.08	Drinking Water Violations	<i>percent</i>	0.4	6.2			FY 2013-14	4
0.83	Severe Housing Problems	<i>percent</i>	14.9	21.5	18.8		2010-2014	4

SCORE	ENVIRONMENTAL & OCCUPATIONAL HEALTH	UNITS	NASSAU COUNTY	HP2020	FLORIDA	U.S.	MEASUREMENT PERIOD	SOURCE
2.25	Adults with Current Asthma	<i>percent</i>	12.6		6.7	9.3	2016	8
1.75	Physical Environment Ranking* <i>*County Health Ranking: the ranking is based on a summary composite score calculated from the following measures: daily fine particulate matter, drinking water violations, severe housing problems, driving alone to work, and long commute while driving alone.</i>		57				2018	4
1.33	Teens with Asthma	<i>percent</i>	20		20.8		2014	22
1.28	Asthma: Medicare Population	<i>percent</i>	8.2		9.1	8.2	2015	3

SCORE	EXERCISE, NUTRITION, & WEIGHT	UNITS	NASSAU COUNTY	HP2020	FLORIDA	U.S.	MEASUREMENT PERIOD	SOURCE
2.44	Food Insecure Children Likely Ineligible for Assistance	<i>percent</i>	36		29	34.1	2015	6

2.11	Teens who are Obese: High School Students	percent	19.9		14.3		2012	12
2.00	Access to Exercise Opportunities	percent	68.6		87.1	83.1	2018	4
1.94	Child Food Insecurity Rate	percent	22.9		22.7	19.3	2015	6
1.86	Teens without Sufficient Physical Activity	percent	45.7				2012	12
1.83	People 65+ with Low Access to a Grocery Store	percent	4.4				2015	28
1.81	Adults who are Obese	percent	30.9	30.5	27.4	29.9	2016	8
1.67	Adult Fruit and Vegetable Consumption	percent	15.9		18.3		2013	8
1.61	Food Insecurity Rate	percent	14.8		15.1	13.7	2015	6
1.58	Adults who are Overweight or Obese	percent	66.1		63.2	65.2	2016	8
1.50	Children with Low Access to a Grocery Store	percent	4.7				2015	28
1.50	Low-Income and Low Access to a Grocery Store	percent	7.4				2015	28
1.50	People with Low Access to a Grocery Store	percent	24.2				2015	28
1.33	Households with No Car and Low Access to a Grocery Store	percent	2.4				2015	28
1.33	Workers who Walk to Work	percent	1.6	3.1	1.5	2.8	2012-2016	1
1.25	Health Behaviors Ranking* * County Health Ranking: the ranking is based on a summary composite score calculated from the following measures: adult smoking, adult obesity, physical inactivity, access to exercise		17				2018	4

opportunities, excessive drinking, alcohol-impaired driving deaths, sexually transmitted infections, teen births, and a food environment index.

1.22	Food Environment Index		7.4		6.7	7.7	2018	4
SCORE	HEART DISEASE & STROKE	UNITS	NASSAU COUNTY	HP2020	FLORIDA	U.S.	MEASUREMENT PERIOD	SOURCE
2.33	Atrial Fibrillation: Medicare Population	<i>percent</i>	9.2		9.7	8.1	2015	3
2.28	Hypertension: Medicare Population	<i>percent</i>	60.7		60.5	55	2015	3
1.92	High Blood Pressure Prevalence	<i>percent</i>	36.3	26.9	34.6	31.4	2013	8
1.72	Age-Adjusted Death Rate due to Hypertensive Heart Disease	<i>deaths/ 100,000 population</i>	12.3		11		2016	17
1.72	Hyperlipidemia: Medicare Population	<i>percent</i>	50.7		55.6	44.6	2015	3
1.72	Stroke: Medicare Population	<i>percent</i>	4.4		4.8	4	2015	3
1.58	Age-Adjusted Death Rate due to Cerebrovascular Disease (Stroke)	<i>deaths/ 100,000 population</i>	38.1	34.8	39.7	37.3	2016	17
1.42	Age-Adjusted Death Rate due to Coronary Heart Disease	<i>deaths/ 100,000 population</i>	98.9	103.4	98.5	94.3	2016	17
1.39	Age-Adjusted Death Rate due to Major Cardiovascular Diseases	<i>deaths/ 100,000 population</i>	221.8		209.7		2016	17
1.25	High Cholesterol Prevalence	<i>percent</i>	31.6	13.5	33.4	38.4	2013	8
1.00	Cholesterol Test History	<i>percent</i>	80.7		73.2		2013	8
0.83	Ischemic Heart Disease: Medicare Population	<i>percent</i>	28		34	26.5	2015	3

0.39	Heart Failure: Medicare Population	<i>percent</i>	11.6		14.2	13.5	2015	3
SCORE	IMMUNIZATIONS & INFECTIOUS DISEASES	UNITS	NASSAU COUNTY	HP2020	FLORIDA	U.S.	MEASUREMENT PERIOD	SOURCE
2.14	Age-Adjusted Death Rate due to Influenza and Pneumonia	<i>deaths/ 100,000 population</i>	19.1		9.8	13.5	2016	17
2.06	Salmonella Infection Incidence Rate	<i>cases/ 100,000 population</i>	40.9	11.4	27.8		2016	12
1.61	Kindergartners with Required Immunizations	<i>percent</i>	94.4		94.1		2017	14
1.42	Adults 65+ with Pneumonia Vaccination	<i>percent</i>	71.2	90	65.6	73.4	2016	8
1.28	HIV Incidence Rate	<i>cases/ 100,000 population</i>	10.2		24.6		2016	13
1.25	Adults 65+ with Influenza Vaccination	<i>percent</i>	60		57.6	58.6	2016	8
1.25	Gonorrhea Incidence Rate	<i>cases/ 100,000 population</i>	66.5		139.2	145.8	2016	15
1.22	AIDS Diagnosis Rate	<i>cases/ 100,000 population</i>	7.7		10.5		2016	13
1.00	Chlamydia Incidence Rate: Females 15-19	<i>cases/ 100,000 females aged 15-19</i>	1993.7		3175.6		2016	15
1.00	Syphilis Incidence Rate	<i>cases/ 100,000 population</i>	0		11.9		2016	15
0.89	E. coli Infection Incidence Rate	<i>cases/ 100,000 population</i>	0		0.6		2014	12
0.86	Chlamydia Incidence Rate	<i>cases/ 100,000 population</i>	243		468.2	497.3	2016	15
0.67	Gonorrhea Incidence Rate: Females 15-19	<i>cases/ 100,000 females aged 15-19</i>	181.2		496.6		2016	15
0.58	Tuberculosis Incidence Rate	<i>cases/ 100,000 population</i>	0	1	3.2	2.9	2016	16

SCORE	MATERNAL, FETAL & INFANT HEALTH	UNITS	NASSAU COUNTY	HP2020	FLORIDA	U.S.	MEASUREMENT PERIOD	SOURCE
2.19	Preterm Births	percent	11	9.4	10.1	9.8	2016	17
2.19	Teen Birth Rate: 15-19	live births/ 1,000 females aged 15-19	28.1		19.5	20.3	2016	17
1.42	Babies with Low Birth Weight	percent	8	7.8	8.7	8.2	2016	17
1.14	Mothers who Received Early Prenatal Care	percent	84.4	77.9	78.4	77.1	2016	17
1.11	Infant Mortality Rate	deaths/ 1,000 live births	5.1	6	6.1		2014-2016	17
1.06	Infants Born to Mothers >18 Years Old with <12 Years Education	percent	10.1		10.8		2016	17

SCORE	MEN'S HEALTH	UNITS	NASSAU COUNTY	HP2020	FLORIDA	U.S.	MEASUREMENT PERIOD	SOURCE
2.00	Prostate Cancer Incidence Rate	cases/ 100,000 males	103.8		90.5		2012-2014	29
1.39	Life Expectancy for Males	years	75.8		76.9	76.7	2014	23
1.17	Prostate-Specific Antigen Test History	percent	58.8		54.9		2016	8
1.06	Age-Adjusted Death Rate due to Prostate Cancer	deaths/ 100,000 males	16	21.8	17.1		2014-2016	17

SCORE	MENTAL HEALTH & MENTAL DISORDERS	UNITS	NASSAU COUNTY	HP2020	FLORIDA	U.S.	MEASUREMENT PERIOD	SOURCE
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2.42	Age-Adjusted Death Rate due to Suicide	<i>deaths/ 100,000 population</i>	30.7	10.2	14.2	13.5	2016	17
1.33	Depression: Medicare Population	<i>percent</i>	15.7		17.5	16.7	2015	3
1.33	Frequent Mental Distress	<i>percent</i>	12.9		11.9	15	2016	4
0.67	Alzheimer's Disease or Dementia: Medicare Population	<i>percent</i>	8.2		11.7	9.9	2015	3

SCORE	OLDER ADULTS & AGING	UNITS	NASSAU COUNTY	HP2020	FLORIDA	U.S.	MEASUREMENT PERIOD	SOURCE
2.67	Cancer: Medicare Population	<i>percent</i>	10		9.6	7.8	2015	3
2.61	Rheumatoid Arthritis or Osteoarthritis: Medicare Population	<i>percent</i>	38.2		34.6	30	2015	3
2.33	Atrial Fibrillation: Medicare Population	<i>percent</i>	9.2		9.7	8.1	2015	3
2.28	Hypertension: Medicare Population	<i>percent</i>	60.7		60.5	55	2015	3
2.03	Age-Adjusted Death Rate due to Falls	<i>deaths/ 100,000 population</i>	10.7	7.2	10.3	9.1	2016	17
1.83	People 65+ with Low Access to a Grocery Store	<i>percent</i>	4.4				2015	28
1.72	Hyperlipidemia: Medicare Population	<i>percent</i>	50.7		55.6	44.6	2015	3
1.72	Stroke: Medicare Population	<i>percent</i>	4.4		4.8	4	2015	3
1.42	Adults 65+ with Pneumonia Vaccination	<i>percent</i>	71.2	90	65.6	73.4	2016	8
1.33	Depression: Medicare Population	<i>percent</i>	15.7		17.5	16.7	2015	3
1.28	Asthma: Medicare Population	<i>percent</i>	8.2		9.1	8.2	2015	3

1.28	Hospitalization Rate due to Hip Fractures Among Females 65+	<i>hospitalizations/ 100,000 females 65+ years</i>	688.3	741.2	743.8	2013-2015	7	
1.25	Adults 65+ with Influenza Vaccination	<i>percent</i>	60		57.6	58.6	2016	8
1.17	Chronic Kidney Disease: Medicare Population	<i>percent</i>	16.5		21.3	18.1	2015	3
1.00	Hospitalization Rate due to Hip Fractures Among Males 65+	<i>hospitalizations/ 100,000 males 65+ years</i>	335.6	418.4	393.1	2013-2015	7	
0.89	COPD: Medicare Population	<i>percent</i>	11.5		13.2	11.2	2015	3
0.83	Ischemic Heart Disease: Medicare Population	<i>percent</i>	28		34	26.5	2015	3
0.78	Osteoporosis: Medicare Population	<i>percent</i>	4.4		7.9	6	2015	3
0.72	Diabetes: Medicare Population	<i>percent</i>	25		28	26.5	2015	3
0.67	Alzheimer's Disease or Dementia: Medicare Population	<i>percent</i>	8.2		11.7	9.9	2015	3
0.39	Heart Failure: Medicare Population	<i>percent</i>	11.6		14.2	13.5	2015	3
0.39	People 65+ Living Below Poverty Level	<i>percent</i>	7.2		10.4	9.3	2012-2016	1

SCORE	ORAL HEALTH	UNITS	NASSAU COUNTY	HP2020	FLORIDA	U.S.	MEASUREMENT PERIOD	SOURCE
2.17	Dentist Rate	<i>dentists/ 100,000 population</i>	30		58	67	2016	4
2.11	Oral Cavity and Pharynx Cancer Incidence Rate	<i>cases/ 100,000 population</i>	17.8		13.4		2012-2014	29

1.25	Adults who did not Visit a Dentist due to Cost	percent	16.3				2007	8
SCORE	OTHER CHRONIC DISEASES	UNITS	NASSAU COUNTY	HP2020	FLORIDA	U.S.	MEASUREMENT PERIOD	SOURCE
2.61	Rheumatoid Arthritis or Osteoarthritis: Medicare Population	percent	38.2		34.6	30	2015	3
1.17	Chronic Kidney Disease: Medicare Population	percent	16.5		21.3	18.1	2015	3
0.78	Osteoporosis: Medicare Population	percent	4.4		7.9	6	2015	3
SCORE	PREVENTION & SAFETY	UNITS	NASSAU COUNTY	HP2020	FLORIDA	U.S.	MEASUREMENT PERIOD	SOURCE
2.78	Pedestrian Death Rate	deaths/ 100,000 population	4	1.4	2.6	1.5	2013	5
2.53	Age-Adjusted Death Rate due to Unintentional Injuries	deaths/ 100,000 population	85.8	36.4	56.3	46.9	2016	17
2.11	Age-Adjusted Death Rate due to Motor Vehicle Collisions	deaths/ 100,000 population	35		15.4		2016	17
2.03	Age-Adjusted Death Rate due to Falls	deaths/ 100,000 population	10.7	7.2	10.3	9.1	2016	17
1.28	Hospitalization Rate due to Hip Fractures Among Females 65+	hospitalizations/ 100,000 females 65+ years	688.3	741.2	743.8		2013-2015	7
1.22	Death Rate due to Drug Poisoning	deaths/ 100,000 population	16.1		17.4	16.9	2014-2016	4
1.00	Hospitalization Rate due to Hip Fractures Among Males 65+	hospitalizations/ 100,000 males 65+ years	335.6	418.4	393.1		2013-2015	7

0.83	Age-Adjusted Death Rate due to Unintentional Drowning	<i>deaths/ 100,000 population</i>	1.6	2			2016	17
0.83	Severe Housing Problems	<i>percent</i>	14.9	21.5	18.8		2010-2014	4

SCORE	PUBLIC SAFETY	UNITS	NASSAU COUNTY	HP2020	FLORIDA	U.S.	MEASUREMENT PERIOD	SOURCE
2.78	Pedestrian Death Rate	<i>deaths/ 100,000 population</i>	4	1.4	2.6	1.5	2013	5
2.11	Age-Adjusted Death Rate due to Motor Vehicle Collisions	<i>deaths/ 100,000 population</i>	35		15.4		2016	17
2.11	Alcohol-Impaired Driving Deaths	<i>percent</i>	32		26.4	29.3	2012-2016	4
1.94	Child Abuse Rate	<i>cases/ 1,000 children aged 5-11</i>	1154.8		901.3		2016	9
1.89	Driving Under the Influence Arrest Rate	<i>arrests/ 100,000 population</i>	420.1		173.9		2016	19
1.22	Domestic Violence Offense Rate	<i>offenses/ 100,000 population</i>	513.9		524.3		2016	19
1.08	Violent Crime Rate	<i>crimes/ 100,000 population</i>	219.7		439.2	386.3	2016	19
1.00	Juvenile Justice Referral Rate	<i>referrals/ 100,000 population</i>	339.5		448.7		2013	18

SCORE	RESPIRATORY DISEASES	UNITS	NASSAU COUNTY	HP2020	FLORIDA	U.S.	MEASUREMENT PERIOD	SOURCE
2.25	Adults with Current Asthma	<i>percent</i>	12.6		6.7	9.3	2016	8
2.14	Age-Adjusted Death Rate due to Influenza and Pneumonia	<i>deaths/ 100,000 population</i>	19.1		9.8	13.5	2016	17
2.00	Lung and Bronchus Cancer Incidence Rate	<i>cases/ 100,000 population</i>	81.2		61		2012-2014	29

1.89	Age-Adjusted Death Rate due to Lung Cancer	deaths/ 100,000 population	52.7	45.5	40.4		2014-2016	17
1.42	Adults 65+ with Pneumonia Vaccination	percent	71.2	90	65.6	73.4	2016	8
1.33	Teens with Asthma	percent	20		20.8		2014	22
1.28	Asthma: Medicare Population	percent	8.2		9.1	8.2	2015	3
1.25	Adults 65+ with Influenza Vaccination	percent	60		57.6	58.6	2016	8
0.89	COPD: Medicare Population	percent	11.5		13.2	11.2	2015	3
0.58	Tuberculosis Incidence Rate	cases/ 100,000 population	0	1	3.2	2.9	2016	16

SCORE	SOCIAL ENVIRONMENT	UNITS	NASSAU COUNTY	HP2020	FLORIDA	U.S.	MEASUREMENT PERIOD	SOURCE
2.61	Mean Travel Time to Work	minutes	29.4		26.7	26.1	2012-2016	1
2.42	Median Household Gross Rent	dollars	1050		1032	949	2012-2016	1
1.94	Child Abuse Rate	cases/ 1,000 children aged 5-11	1154.8		901.3		2016	9
1.94	Female Population 16+ in Civilian Labor Force	percent	49.8		54.3	58.3	2012-2016	1
1.94	Population 16+ in Civilian Labor Force	percent	56.4		58.5	63.1	2012-2016	1
1.72	People 25+ with a Bachelor's Degree or Higher	percent	24.5		27.9	30.3	2012-2016	1
1.50	Total Employment Change	percent	3.2		4.5	2.5	2014-2015	27
1.47	Mortgaged Owners Median Monthly Household Costs	dollars	1391		1422	1491	2012-2016	1

1.44	Voter Turnout: Presidential Election	<i>percent</i>	77.1		74.5		2016	20
1.25	Social and Economic Factors Ranking* * County Health Ranking: the ranking is based on a summary composite score calculated from the following measures: high school graduation, some college, unemployment, children in poverty, income inequality, children in single-parent households, social associations, violent crime rate, and injury death rate.		5				2018	4
1.19	Median Monthly Owner Costs for Households without a Mortgage	<i>dollars</i>	412		466	462	2012-2016	1
1.11	Single-Parent Households	<i>percent</i>	33.3		38.5	33.6	2012-2016	1
1.08	Persons with Health Insurance	<i>percent</i>	88.2	100	84.6		2016	25
1.00	Juvenile Justice Referral Rate	<i>referrals/ 100,000 population</i>	339.5		448.7		2013	18
1.00	Linguistic Isolation	<i>percent</i>	0.7		6.8	4.5	2012-2016	1
0.81	Median Housing Unit Value	<i>dollars</i>	192600		166800	184700	2012-2016	1
0.78	Children Living Below Poverty Level	<i>percent</i>	18.9		23.3	21.2	2012-2016	1
0.78	Homeownership	<i>percent</i>	61.5		52.3	55.9	2012-2016	1
0.78	People Living Below Poverty Level	<i>percent</i>	12.7		16.1	15.1	2012-2016	1
0.67	Median Household Income	<i>dollars</i>	59196		48900	55322	2012-2016	1
0.56	Per Capita Income	<i>dollars</i>	31141		27598	29829	2012-2016	1
0.50	People 25+ with a High School Degree or Higher	<i>percent</i>	90.9		87.2	87	2012-2016	1

SCORE	SUBSTANCE ABUSE	UNITS	NASSAU COUNTY	HP2020	FLORIDA	U.S.	MEASUREMENT PERIOD	SOURCE
2.11	Alcohol-Impaired Driving Deaths	percent	32		26.4	29.3	2012-2016	4
1.94	Teens who have Used Methamphetamines	percent	1.2		0.8		2016	21
1.89	Driving Under the Influence Arrest Rate	arrests/ 100,000 population	420.1		173.9		2016	19
1.50	Teens who Binge Drink: High School Students	percent	14.6		10.9		2016	21
1.25	Health Behaviors Ranking* * County Health Ranking: the ranking is based on a summary composite score calculated from the following measures: adult smoking, adult obesity, physical inactivity, access to exercise opportunities, excessive drinking, alcohol-impaired driving deaths, sexually transmitted infections, teen births, and a food environment index.		17				2018	4
1.22	Death Rate due to Drug Poisoning	deaths/ 100,000 population	16.1		17.4	16.9	2014-2016	4
1.17	Teens who Smoke: High School Students	percent	5	16	4.3		2014	22
1.17	Teens who Use Alcohol	percent	25.7		25.5		2016	21
0.89	Teens who Use Marijuana: High School Students	percent	13.6		17		2016	21
0.83	Adults who Drink Excessively	percent	12.2	25.4	17.5		2016	8
0.81	Adults who Smoke	percent	12.8	12	15.5	17.1	2016	8

SCORE	TEEN & ADOLESCENT HEALTH	UNITS	NASSAU COUNTY	HP2020	FLORIDA	U.S.	MEASUREMENT PERIOD	SOURCE
2.19	Teen Birth Rate: 15-19	live births/ 1,000 females aged 15-19	28.1		19.5	20.3	2016	17

2.11	Teens who are Obese: High School Students	percent	19.9		14.3		2012	12
1.94	Teens who have Used Methamphetamines	percent	1.2		0.8		2016	21
1.86	Teens without Sufficient Physical Activity	percent	45.7				2012	12
1.50	Teens who Binge Drink: High School Students	percent	14.6		10.9		2016	21
1.33	Teens with Asthma	percent	20		20.8		2014	22
1.17	Teens who Smoke: High School Students	percent	5	16	4.3		2014	22
1.17	Teens who Use Alcohol	percent	25.7		25.5		2016	21
1.00	Chlamydia Incidence Rate: Females 15-19	cases/ 100,000 females aged 15-19	1993.7		3175.6		2016	15
0.89	Teens who Use Marijuana: High School Students	percent	13.6		17		2016	21
0.67	Gonorrhea Incidence Rate: Females 15-19	cases/ 100,000 females aged 15-19	181.2		496.6		2016	15

SCORE	TRANSPORTATION	UNITS	NASSAU COUNTY	HP2020	FLORIDA	U.S.	MEASUREMENT PERIOD	SOURCE
2.61	Mean Travel Time to Work	minutes	29.4		26.7	26.1	2012-2016	1
2.44	Workers Commuting by Public Transportation	percent	0.2	5.5	2.1	5.1	2012-2016	1
2.39	Solo Drivers with a Long Commute	percent	49.6		39.5	34.7	2012-2016	4

2.11	Workers who Drive Alone to Work	percent	82.1		79.5	76.4	2012-2016	1
1.33	Households with No Car and Low Access to a Grocery Store	percent	2.4				2015	28
1.33	Workers who Walk to Work	percent	1.6	3.1	1.5	2.8	2012-2016	1

SCORE	WOMEN'S HEALTH	UNITS	NASSAU COUNTY	HP2020	FLORIDA	U.S.	MEASUREMENT PERIOD	SOURCE
2.06	Age-Adjusted Death Rate due to Breast Cancer	deaths/ 100,000 females	24	20.7	19.8		2014-2016	17
2.00	Pap Test in Past Year	percent	39.2		48.4		2016	8
1.94	Mammogram: 40+ Past Year	percent	54.4		60.8		2016	8
1.72	Breast Cancer Incidence Rate	cases/ 100,000 females	126.1		117.8		2012-2014	29
1.72	Life Expectancy for Females	years	79.9		82	81.5	2014	23
0.50	Cervical Cancer Incidence Rate	cases/ 100,000 females	6.1	7.3	8.5		2012-2014	29

St. Johns

SCORE	ACCESS TO HEALTH SERVICES	UNITS	ST. JOHNS COUNTY	HP2020	FLORIDA	U.S.	MEASUREMENT PERIOD	SOURCE
2.06	Non-Physician Primary Care Provider Rate	providers/ 100,000 population	58		88	81	2017	4
1.50	Dentist Rate	dentists/ 100,000 population	51		58	67	2016	4

1.42	Adults with a Usual Source of Health Care	percent	78.5	89.4	72	77.1	2016	8
1.25	Adults who did not Visit a Dentist due to Cost	percent	10.1				2007	8
1.25	Clinical Care Ranking* <i>*County Health Ranking: the ranking is based on a summary composite score calculated from the following measures: uninsured, primary care physicians, mental health providers, dentists, preventable hospital stays, diabetic monitoring, and mammography screening.</i>		2				2018	4
1.22	Adults with Health Insurance	percent	89.4	100	81.6	88	2016	1
0.94	Children with Health Insurance	percent	97.1	100	93.8	95.5	2016	1
0.89	Median Monthly Medicaid Enrollment	enrollments/ 100,000 population	9037.3		19607.4		2017	7
0.81	Persons with Health Insurance	percent	90.4	100	84.6		2016	25
0.39	Primary Care Provider Rate	providers/ 100,000 population	91		73	76	2015	4

SCORE	CANCER	UNITS	ST. JOHNS COUNTY	HP2020	FLORIDA	U.S.	MEASUREMENT PERIOD	SOURCE
2.33	Melanoma Incidence Rate	cases/ 100,000 population	30.7		22.8		2012-2014	29
2.17	Age-Adjusted Death Rate due to Breast Cancer	deaths/ 100,000 females	22.4	20.7	19.8		2014-2016	17
2.00	Breast Cancer Incidence Rate	cases/ 100,000 females	136.5		117.8		2012-2014	29
2.00	Colon Cancer Screening: Blood Stool Test Past Year	percent	7.2		16		2016	8
1.94	Oral Cavity and Pharynx Cancer Incidence Rate	cases/ 100,000 population	16.4		13.4		2012-2014	29

1.89	Cancer: Medicare Population	percent	9.3		9.6	7.8	2015	3
1.83	Age-Adjusted Death Rate due to Lung Cancer	deaths/ 100,000 population	46.7	45.5	40.4		2014-2016	17
1.83	Prostate Cancer Incidence Rate	cases/ 100,000 males	97.3		90.5		2012-2014	29
1.78	Age-Adjusted Death Rate due to Prostate Cancer	deaths/ 100,000 males	19.6	21.8	17.1		2014-2016	17
1.61	Age-Adjusted Death Rate due to Colorectal Cancer	deaths/ 100,000 population	13.6	14.5	13.7		2014-2016	17
1.61	Lung and Bronchus Cancer Incidence Rate	cases/ 100,000 population	66.8		61		2012-2014	29
1.56	Age-Adjusted Death Rate due to Cancer	deaths/ 100,000 population	160.4	161.4	155.1		2014-2016	17
1.56	All Cancer Incidence Rate	cases/ 100,000 population	447.5		426.8		2012-2014	29
1.44	Mammogram: 40+ Past Year	percent	61.2		60.8		2016	8
1.33	Prostate-Specific Antigen Test History	percent	55.3		54.9		2016	8
1.11	Colorectal Cancer Incidence Rate	cases/ 100,000 population	32.9	39.9	36.9		2012-2014	29
1.00	Pap Test in Past Year	percent	54.7		48.4		2016	8
0.72	Cervical Cancer Incidence Rate	cases/ 100,000 females	4.8	7.3	8.5		2012-2014	29

SCORE	CHILDREN'S HEALTH	UNITS	ST. JOHNS COUNTY	HP2020	FLORIDA	U.S.	MEASUREMENT PERIOD	SOURCE
2.39	Food Insecure Children Likely Ineligible for Assistance	percent	52		29	34.1	2015	6

1.67	Children with Low Access to a Grocery Store	percent	5.3				2015	28
1.39	Kindergartners with Required Immunizations	percent	94.6	94.1			2017	14
1.00	Child Abuse Rate	cases/ 1,000 children aged 5-11	625.9	901.3			2016	9
0.94	Children with Health Insurance	percent	97.1	100	93.8	95.5	2016	1
0.72	Child Food Insecurity Rate	percent	18.8	22.7	19.3		2015	6

SCORE	COUNTY HEALTH RANKINGS	UNITS	ST. JOHNS COUNTY	HP2020	FLORIDA	U.S.	MEASUREMENT PERIOD	SOURCE
1.75	Physical Environment Ranking* <i>*County Health Ranking: the ranking is based on a summary composite score calculated from the following measures: daily fine particulate matter, drinking water violations, severe housing problems, driving alone to work, and long commute while driving alone.</i>		54				2018	4
1.25	Clinical Care Ranking* <i>*County Health Ranking: the ranking is based on a summary composite score calculated from the following measures: uninsured, primary care physicians, mental health providers, dentists, preventable hospital stays, diabetic monitoring, and mammography screening.</i>		2				2018	4
1.25	Health Behaviors Ranking* <i>* County Health Ranking: the ranking is based on a summary composite score calculated from the following measures: adult smoking, adult obesity, physical inactivity, access to exercise opportunities, excessive drinking, alcohol-impaired driving deaths, sexually transmitted infections, teen births, and a food environment index.</i>		6				2018	4
1.25	Morbidity Ranking* <i>*County Health Ranking: the ranking is based on a summary composite score calculated from the following measures: poor or fair health, poor physical health days, poor mental health days, and low birth weight.</i>		1				2018	4

1.25	Mortality Ranking* <i>* County Health Ranking: the ranking is based on a measure of premature death</i>		4				2018	4
1.25	Social and Economic Factors Ranking* <i>* County Health Ranking: the ranking is based on a summary composite score calculated from the following measures: high school graduation, some college, unemployment, children in poverty, income inequality, children in single-parent households, social associations, violent crime rate, and injury death rate.</i>		1				2018	4

SCORE	DIABETES	UNITS	ST. JOHNS COUNTY	HP2020	FLORIDA	U.S.	MEASUREMENT PERIOD	SOURCE
0.86	Age-Adjusted Death Rate due to Diabetes	<i>deaths/ 100,000 population</i>	16		20.6	21	2016	17
0.75	Adults with Diabetes	<i>percent</i>	6.4		11.8	10.5	2016	8
0.39	Diabetes: Medicare Population	<i>percent</i>	22.2		28	26.5	2015	3

SCORE	ECONOMY	UNITS	ST. JOHNS COUNTY	HP2020	FLORIDA	U.S.	MEASUREMENT PERIOD	SOURCE
2.58	Median Household Gross Rent	<i>dollars</i>	1150		1032	949	2012-2016	1
2.39	Food Insecure Children Likely Ineligible for Assistance	<i>percent</i>	52		29	34.1	2015	6
2.00	Female Population 16+ in Civilian Labor Force	<i>percent</i>	53.3		54.3	58.3	2012-2016	1
1.92	Mortgaged Owners Median Monthly Household Costs	<i>dollars</i>	1746		1422	1491	2012-2016	1
1.81	Median Monthly Owner Costs for Households without a Mortgage	<i>dollars</i>	490		466	462	2012-2016	1

1.50	Low-Income and Low Access to a Grocery Store	<i>percent</i>	6.6			2015	28
1.50	Population 16+ in Civilian Labor Force	<i>percent</i>	60.2	58.5	63.1	2012-2016	1
1.33	Renters Spending 30% or More of Household Income on Rent	<i>percent</i>	47.9	57.4	47.3	2012-2016	1
1.25	Social and Economic Factors Ranking* <i>* County Health Ranking: the ranking is based on a summary composite score calculated from the following measures: high school graduation, some college, unemployment, children in poverty, income inequality, children in single-parent households, social associations, violent crime rate, and injury death rate.</i>		1			2018	4
0.89	Severe Housing Problems	<i>percent</i>	16.6	21.5	18.8	2010-2014	4
0.83	Food Insecurity Rate	<i>percent</i>	12.8	15.1	13.7	2015	6
0.78	Households with Cash Public Assistance Income	<i>percent</i>	1.6	2.2	2.7	2012-2016	1
0.72	Child Food Insecurity Rate	<i>percent</i>	18.8	22.7	19.3	2015	6
0.67	Homeownership	<i>percent</i>	63.7	52.3	55.9	2012-2016	1
0.64	Median Housing Unit Value	<i>dollars</i>	259900	166800	184700	2012-2016	1
0.61	Unemployed Workers in Civilian Labor Force	<i>percent</i>	3	3.8	4.4	February 2018	26
0.50	Total Employment Change	<i>percent</i>	8.4	4.5	2.5	2014-2015	27
0.39	Children Living Below Poverty Level	<i>percent</i>	9.5	23.3	21.2	2012-2016	1
0.39	Families Living Below Poverty Level	<i>percent</i>	5.9	11.7	11	2012-2016	1
0.39	People 65+ Living Below Poverty Level	<i>percent</i>	6.1	10.4	9.3	2012-2016	1

0.39	People Living Below Poverty Level	<i>percent</i>	9	16.1	15.1	2012-2016	1
0.17	Median Household Income	<i>dollars</i>	69523	48900	55322	2012-2016	1
0.17	People Living 200% Above Poverty Level	<i>percent</i>	78.2	62.7	66.4	2012-2016	1
0.17	Per Capita Income	<i>dollars</i>	38362	27598	29829	2012-2016	1

SCORE	EDUCATION	UNITS	ST. JOHNS COUNTY	HP2020	FLORIDA	U.S.	MEASUREMENT PERIOD	SOURCE
2.17	School Readiness at Kindergarten Entry	<i>percent</i>	93.1		93.7		2016	11
2.11	Student-to-Teacher Ratio	<i>students/ teacher</i>	17.1		15.8	17.7	2015-2016	24
1.11	4th Grade Students Proficient in Reading	<i>percent</i>	74		56		2017	10
1.11	Infants Born to Mothers >18 Years Old with <12 Years Education	<i>percent</i>	4.5		10.8		2016	17
1.08	High School Graduation	<i>percent</i>	90.9	87			2016-2017	10
0.89	4th Grade Students Proficient in Math	<i>percent</i>	82		64		2017	10
0.89	8th Grade Students Proficient in Math	<i>percent</i>	75		46		2017	10
0.89	8th Grade Students Proficient in Reading	<i>percent</i>	74		55		2017	10
0.50	People 25+ with a High School Degree or Higher	<i>percent</i>	94.7		87.2	87	2012-2016	1
0.39	People 25+ with a Bachelor's Degree or Higher	<i>percent</i>	42.5		27.9	30.3	2012-2016	1

SCORE	ENVIRONMENT	UNITS	ST. JOHNS COUNTY	HP2020	FLORIDA	U.S.	MEASUREMENT PERIOD	SOURCE
1.75	Physical Environment Ranking* <i>*County Health Ranking: the ranking is based on a summary composite score calculated from the following measures: daily fine particulate matter, drinking water violations, severe housing problems, driving alone to work, and long commute while driving alone.</i>		54				2018	4
1.67	Children with Low Access to a Grocery Store	percent	5.3				2015	28
1.67	People 65+ with Low Access to a Grocery Store	percent	4.3				2015	28
1.67	People with Low Access to a Grocery Store	percent	25.4				2015	28
1.61	PBT Released* <i>*Total net pounds of reported PBT (Persistent, Bioaccumulative, and Toxic Chemicals) released.</i>	pounds	91				2016	28
1.61	Recognized Carcinogens Released into Air	pounds	90				2016	28
1.50	Low-Income and Low Access to a Grocery Store	percent	6.6				2015	28
1.42	Drinking Water Violations	percent	3.6		6.2		FY 2013-14	4
1.33	Households with No Car and Low Access to a Grocery Store	percent	2.4				2015	28
0.89	Severe Housing Problems	percent	16.6		21.5	18.8	2010-2014	4
0.83	Access to Exercise Opportunities	percent	88.2		87.1	83.1	2018	4
0.72	Food Environment Index		7.8		6.7	7.7	2018	4

SCORE	ENVIRONMENTAL & OCCUPATIONAL HEALTH	UNITS	ST. JOHNS COUNTY	HP2020	FLORIDA	U.S.	MEASUREMENT PERIOD	SOURCE
1.75	Physical Environment Ranking* <i>*County Health Ranking: the ranking is based on a summary composite score calculated from the following measures: daily fine particulate matter, drinking water violations, severe housing problems, driving alone to work, and long commute while driving alone.</i>		54				2018	4
1.44	Teens with Asthma	<i>percent</i>	19.6		20.8		2014	22
1.42	Adults with Current Asthma	<i>percent</i>	7.4		6.7	9.3	2016	8
0.94	Asthma: Medicare Population	<i>percent</i>	7.8		9.1	8.2	2015	3

SCORE	EXERCISE, NUTRITION, & WEIGHT	UNITS	ST. JOHNS COUNTY	HP2020	FLORIDA	U.S.	MEASUREMENT PERIOD	SOURCE
2.61	Workers who Walk to Work	<i>percent</i>	1	3.1	1.5	2.8	2012-2016	1
2.39	Food Insecure Children Likely Ineligible for Assistance	<i>percent</i>	52		29	34.1	2015	6
1.67	Children with Low Access to a Grocery Store	<i>percent</i>	5.3				2015	28
1.67	People 65+ with Low Access to a Grocery Store	<i>percent</i>	4.3				2015	28
1.67	People with Low Access to a Grocery Store	<i>percent</i>	25.4				2015	28
1.50	Low-Income and Low Access to a Grocery Store	<i>percent</i>	6.6				2015	28

1.33	Households with No Car and Low Access to a Grocery Store	percent	2.4				2015	28
1.25	Health Behaviors Ranking* * County Health Ranking: the ranking is based on a summary composite score calculated from the following measures: adult smoking, adult obesity, physical inactivity, access to exercise opportunities, excessive drinking, alcohol-impaired driving deaths, sexually transmitted infections, teen births, and a food environment index.		6				2018	4
1.17	Adult Fruit and Vegetable Consumption	percent	19.2	18.3			2013	8
1.14	Teens without Sufficient Physical Activity	percent	33.9				2012	12
1.11	Teens who are Obese: High School Students	percent	10.3	14.3			2012	12
0.83	Access to Exercise Opportunities	percent	88.2	87.1	83.1		2018	4
0.83	Food Insecurity Rate	percent	12.8	15.1	13.7		2015	6
0.75	Adults who are Overweight or Obese	percent	56.8	63.2	65.2		2016	8
0.72	Child Food Insecurity Rate	percent	18.8	22.7	19.3		2015	6
0.72	Food Environment Index		7.8	6.7	7.7		2018	4
0.58	Adults who are Obese	percent	19	30.5	27.4	29.9	2016	8
SCORE	HEART DISEASE & STROKE	UNITS	ST. JOHNS COUNTY	HP2020	FLORIDA	U.S.	MEASUREMENT PERIOD	SOURCE
2.44	Atrial Fibrillation: Medicare Population	percent	10.2		9.7	8.1	2015	3
1.94	Stroke: Medicare Population	percent	4.4		4.8	4	2015	3

1.89	Hyperlipidemia: Medicare Population	percent	54.5		55.6	44.6	2015	3
1.50	Ischemic Heart Disease: Medicare Population	percent	31.2		34	26.5	2015	3
1.42	High Blood Pressure Prevalence	percent	32.5	26.9	34.6	31.4	2013	8
1.33	Cholesterol Test History	percent	73.9		73.2		2013	8
1.22	Hypertension: Medicare Population	percent	57.4		60.5	55	2015	3
1.11	Age-Adjusted Death Rate due to Hypertensive Heart Disease	deaths/ 100,000 population	5.3		11		2016	17
1.08	High Cholesterol Prevalence	percent	30.4	13.5	33.4	38.4	2013	8
1.00	Age-Adjusted Death Rate due to Major Cardiovascular Diseases	deaths/ 100,000 population	173		209.7		2016	17
0.97	Age-Adjusted Death Rate due to Cerebrovascular Disease (Stroke)	deaths/ 100,000 population	33.9	34.8	39.7	37.3	2016	17
0.47	Age-Adjusted Death Rate due to Coronary Heart Disease	deaths/ 100,000 population	74.5	103.4	98.5	94.3	2016	17
0.17	Heart Failure: Medicare Population	percent	11.2		14.2	13.5	2015	3

SCORE	IMMUNIZATIONS & INFECTIOUS DISEASES	UNITS	ST. JOHNS COUNTY	HP2020	FLORIDA	U.S.	MEASUREMENT PERIOD	SOURCE
2.11	E. coli Infection Incidence Rate	cases/ 100,000 population	2.4		0.6		2014	12
2.08	Adults 65+ with Pneumonia Vaccination	percent	63.3	90	65.6	73.4	2016	8
1.89	Salmonella Infection Incidence Rate	cases/ 100,000 population	35.6	11.4	27.8		2016	12

1.75	Adults 65+ with Influenza Vaccination	percent	55.6		57.6	58.6	2016	8
1.47	Age-Adjusted Death Rate due to Influenza and Pneumonia	deaths/ 100,000 population	11		9.8	13.5	2016	17
1.39	Kindergartners with Required Immunizations	percent	94.6		94.1		2017	14
1.11	Gonorrhea Incidence Rate: Females 15-19	cases/ 100,000 females aged 15-19	159.4		496.6		2016	15
1.11	Syphilis Incidence Rate	cases/ 100,000 population	0.9		11.9		2016	15
1.06	AIDS Diagnosis Rate	cases/ 100,000 population	4.1		10.5		2016	13
1.00	Chlamydia Incidence Rate: Females 15-19	cases/ 100,000 females aged 15-19	1709.9		3175.6		2016	15
0.97	Tuberculosis Incidence Rate	cases/ 100,000 population	1.5	1	3.2	2.9	2016	16
0.89	HIV Incidence Rate	cases/ 100,000 population	6.8		24.6		2016	13
0.86	Chlamydia Incidence Rate	cases/ 100,000 population	269.8		468.2	497.3	2016	15
0.86	Gonorrhea Incidence Rate	cases/ 100,000 population	55		139.2	145.8	2016	15

SCORE	MATERNAL, FETAL & INFANT HEALTH	UNITS	ST. JOHNS COUNTY	HP2020	FLORIDA	U.S.	MEASUREMENT PERIOD	SOURCE
1.14	Mothers who Received Early Prenatal Care	percent	84.8	77.9	78.4	77.1	2016	17
1.11	Infant Mortality Rate	deaths/ 1,000 live births	5.4	6	6.1		2014-2016	17
1.11	Infants Born to Mothers >18 Years Old with <12 Years Education	percent	4.5		10.8		2016	17

0.92	Preterm Births	<i>percent</i>	9.1	9.4	10.1	9.8	2016	17
0.64	Teen Birth Rate: 15-19	<i>live births/ 1,000 females aged 15-19</i>	8.4		19.5	20.3	2016	17
0.58	Babies with Low Birth Weight	<i>percent</i>	7.1	7.8	8.7	8.2	2016	17

SCORE	MEN'S HEALTH	UNITS	ST. JOHNS COUNTY	HP2020	FLORIDA	U.S.	MEASUREMENT PERIOD	SOURCE
1.83	Prostate Cancer Incidence Rate	<i>cases/ 100,000 males</i>	97.3		90.5		2012-2014	29
1.78	Age-Adjusted Death Rate due to Prostate Cancer	<i>deaths/ 100,000 males</i>	19.6	21.8	17.1		2014-2016	17
1.33	Prostate-Specific Antigen Test History	<i>percent</i>	55.3		54.9		2016	8
0.94	Life Expectancy for Males	<i>years</i>	78.4		76.9	76.7	2014	23

SCORE	MENTAL HEALTH & MENTAL DISORDERS	UNITS	ST. JOHNS COUNTY	HP2020	FLORIDA	U.S.	MEASUREMENT PERIOD	SOURCE
2.14	Age-Adjusted Death Rate due to Suicide	<i>deaths/ 100,000 population</i>	16.2	10.2	14.2	13.5	2016	17
0.89	Alzheimer's Disease or Dementia: Medicare Population	<i>percent</i>	9.3		11.7	9.9	2015	3
0.78	Depression: Medicare Population	<i>percent</i>	14.4		17.5	16.7	2015	3
0.67	Frequent Mental Distress	<i>percent</i>	10.8		11.9	15	2016	4

SCORE	OLDER ADULTS & AGING	UNITS	ST. JOHNS COUNTY	HP2020	FLORIDA	U.S.	MEASUREMENT PERIOD	SOURCE
2.44	Atrial Fibrillation: Medicare Population	percent	10.2		9.7	8.1	2015	3
2.17	Hospitalization Rate due to Hip Fractures Among Females 65+	hospitalizations/ 100,000 females 65+ years	893.5	741.2	743.8		2013-2015	7
2.17	Hospitalization Rate due to Hip Fractures Among Males 65+	hospitalizations/ 100,000 males 65+ years	488.8	418.4	393.1		2013-2015	7
2.08	Adults 65+ with Pneumonia Vaccination	percent	63.3	90	65.6	73.4	2016	8
1.94	Stroke: Medicare Population	percent	4.4		4.8	4	2015	3
1.89	Cancer: Medicare Population	percent	9.3		9.6	7.8	2015	3
1.89	Hyperlipidemia: Medicare Population	percent	54.5		55.6	44.6	2015	3
1.75	Adults 65+ with Influenza Vaccination	percent	55.6		57.6	58.6	2016	8
1.69	Age-Adjusted Death Rate due to Falls	deaths/ 100,000 population	9.3	7.2	10.3	9.1	2016	17
1.67	People 65+ with Low Access to a Grocery Store	percent	4.3				2015	28
1.61	Rheumatoid Arthritis or Osteoarthritis: Medicare Population	percent	32.7		34.6	30	2015	3
1.50	Ischemic Heart Disease: Medicare Population	percent	31.2		34	26.5	2015	3
1.33	Chronic Kidney Disease: Medicare Population	percent	17.4		21.3	18.1	2015	3
1.22	Hypertension: Medicare Population	percent	57.4		60.5	55	2015	3

1.06	Osteoporosis: Medicare Population	<i>percent</i>	5.8	7.9	6	2015	3
0.94	Asthma: Medicare Population	<i>percent</i>	7.8	9.1	8.2	2015	3
0.89	Alzheimer's Disease or Dementia: Medicare Population	<i>percent</i>	9.3	11.7	9.9	2015	3
0.78	Depression: Medicare Population	<i>percent</i>	14.4	17.5	16.7	2015	3
0.67	COPD: Medicare Population	<i>percent</i>	11.4	13.2	11.2	2015	3
0.39	Diabetes: Medicare Population	<i>percent</i>	22.2	28	26.5	2015	3
0.39	People 65+ Living Below Poverty Level	<i>percent</i>	6.1	10.4	9.3	2012-2016	1
0.17	Heart Failure: Medicare Population	<i>percent</i>	11.2	14.2	13.5	2015	3

SCORE	ORAL HEALTH	UNITS	ST. JOHNS COUNTY	HP2020	FLORIDA	U.S.	MEASUREMENT PERIOD	SOURCE
1.94	Oral Cavity and Pharynx Cancer Incidence Rate	<i>cases/ 100,000 population</i>	16.4		13.4		2012-2014	29
1.50	Dentist Rate	<i>dentists/ 100,000 population</i>	51		58	67	2016	4
1.25	Adults who did not Visit a Dentist due to Cost	<i>percent</i>	10.1				2007	8

SCORE	OTHER CHRONIC DISEASES	UNITS	ST. JOHNS COUNTY	HP2020	FLORIDA	U.S.	MEASUREMENT PERIOD	SOURCE
1.61	Rheumatoid Arthritis or Osteoarthritis: Medicare Population	<i>percent</i>	32.7		34.6	30	2015	3

1.33	Chronic Kidney Disease: Medicare Population	percent	17.4	21.3	18.1	2015	3
1.06	Osteoporosis: Medicare Population	percent	5.8	7.9	6	2015	3

SCORE	PREVENTION & SAFETY	UNITS	ST. JOHNS COUNTY	HP2020	FLORIDA	U.S.	MEASUREMENT PERIOD	SOURCE
2.17	Hospitalization Rate due to Hip Fractures Among Females 65+	hospitalizations/ 100,000 females 65+ years	893.5	741.2	743.8		2013-2015	7
2.17	Hospitalization Rate due to Hip Fractures Among Males 65+	hospitalizations/ 100,000 males 65+ years	488.8	418.4	393.1		2013-2015	7
2.00	Age-Adjusted Death Rate due to Motor Vehicle Collisions	deaths/ 100,000 population	18.6		15.4		2016	17
1.75	Age-Adjusted Death Rate due to Unintentional Injuries	deaths/ 100,000 population	50.6	36.4	56.3	46.9	2016	17
1.69	Age-Adjusted Death Rate due to Falls	deaths/ 100,000 population	9.3	7.2	10.3	9.1	2016	17
1.11	Pedestrian Death Rate	deaths/ 100,000 population	1.4	1.4	2.6	1.5	2013	5
1.06	Age-Adjusted Death Rate due to Unintentional Drowning	deaths/ 100,000 population	1.1		2		2016	17
0.89	Severe Housing Problems	percent	16.6		21.5	18.8	2010-2014	4
0.61	Death Rate due to Drug Poisoning	deaths/ 100,000 population	12.2		17.4	16.9	2014-2016	4

SCORE	PUBLIC SAFETY	UNITS	ST. JOHNS COUNTY	HP2020	FLORIDA	U.S.	MEASUREMENT PERIOD	SOURCE
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2.00	Age-Adjusted Death Rate due to Motor Vehicle Collisions	<i>deaths/ 100,000 population</i>	18.6		15.4		2016	17
1.11	Pedestrian Death Rate	<i>deaths/ 100,000 population</i>	1.4	1.4	2.6	1.5	2013	5
1.06	Driving Under the Influence Arrest Rate	<i>arrests/ 100,000 population</i>	134.4		173.9		2016	19
1.00	Child Abuse Rate	<i>cases/ 1,000 children aged 5-11</i>	625.9		901.3		2016	9
1.00	Domestic Violence Offense Rate	<i>offenses/ 100,000 population</i>	362.3		524.3		2016	19
1.00	Juvenile Justice Referral Rate	<i>referrals/ 100,000 population</i>	308.1		448.7		2013	18
0.64	Violent Crime Rate	<i>crimes/ 100,000 population</i>	208.8		439.2	386.3	2016	19
0.50	Alcohol-Impaired Driving Deaths	<i>percent</i>	23.8		26.4	29.3	2012-2016	4

SCORE	RESPIRATORY DISEASES	UNITS	ST. JOHNS COUNTY	HP2020	FLORIDA	U.S.	MEASUREMENT PERIOD	SOURCE
2.08	Adults 65+ with Pneumonia Vaccination	<i>percent</i>	63.3	90	65.6	73.4	2016	8
1.83	Age-Adjusted Death Rate due to Lung Cancer	<i>deaths/ 100,000 population</i>	46.7	45.5	40.4		2014-2016	17
1.75	Adults 65+ with Influenza Vaccination	<i>percent</i>	55.6		57.6	58.6	2016	8
1.61	Lung and Bronchus Cancer Incidence Rate	<i>cases/ 100,000 population</i>	66.8		61		2012-2014	29
1.47	Age-Adjusted Death Rate due to Influenza and Pneumonia	<i>deaths/ 100,000 population</i>	11		9.8	13.5	2016	17
1.44	Teens with Asthma	<i>percent</i>	19.6		20.8		2014	22

1.42	Adults with Current Asthma	percent	7.4		6.7	9.3	2016	8
0.97	Tuberculosis Incidence Rate	cases/ 100,000 population	1.5	1	3.2	2.9	2016	16
0.94	Asthma: Medicare Population	percent	7.8		9.1	8.2	2015	3
0.67	COPD: Medicare Population	percent	11.4		13.2	11.2	2015	3

SCORE	SOCIAL ENVIRONMENT	UNITS	ST. JOHNS COUNTY	HP2020	FLORIDA	U.S.	MEASUREMENT PERIOD	SOURCE
2.58	Median Household Gross Rent	dollars	1150		1032	949	2012-2016	1
2.11	Mean Travel Time to Work	minutes	27		26.7	26.1	2012-2016	1
2.00	Female Population 16+ in Civilian Labor Force	percent	53.3		54.3	58.3	2012-2016	1
1.92	Mortgaged Owners Median Monthly Household Costs	dollars	1746		1422	1491	2012-2016	1
1.81	Median Monthly Owner Costs for Households without a Mortgage	dollars	490		466	462	2012-2016	1
1.50	Population 16+ in Civilian Labor Force	percent	60.2		58.5	63.1	2012-2016	1
1.25	Social and Economic Factors Ranking* * County Health Ranking: the ranking is based on a summary composite score calculated from the following measures: high school graduation, some college, unemployment, children in poverty, income inequality, children in single-parent households, social associations, violent crime rate, and injury death rate.		1				2018	4
1.17	Voter Turnout: Presidential Election	percent	80.1		74.5		2016	20
1.00	Child Abuse Rate	cases/ 1,000 children aged 5-11	625.9		901.3		2016	9

1.00	Juvenile Justice Referral Rate	referrals/ 100,000 population	308.1		448.7		2013	18
0.81	Persons with Health Insurance	percent	90.4	100	84.6		2016	25
0.67	Homeownership	percent	63.7		52.3	55.9	2012-2016	1
0.64	Median Housing Unit Value	dollars	259900		166800	184700	2012-2016	1
0.56	Linguistic Isolation	percent	0.8		6.8	4.5	2012-2016	1
0.50	People 25+ with a High School Degree or Higher	percent	94.7		87.2	87	2012-2016	1
0.50	Total Employment Change	percent	8.4		4.5	2.5	2014-2015	27
0.39	Children Living Below Poverty Level	percent	9.5		23.3	21.2	2012-2016	1
0.39	People 25+ with a Bachelor's Degree or Higher	percent	42.5		27.9	30.3	2012-2016	1
0.39	People Living Below Poverty Level	percent	9		16.1	15.1	2012-2016	1
0.39	Single-Parent Households	percent	20.7		38.5	33.6	2012-2016	1
0.17	Median Household Income	dollars	69523		48900	55322	2012-2016	1
0.17	Per Capita Income	dollars	38362		27598	29829	2012-2016	1

SCORE	SUBSTANCE ABUSE	UNITS	ST. JOHNS COUNTY	HP2020	FLORIDA	U.S.	MEASUREMENT PERIOD	SOURCE
1.83	Adults who Drink Excessively	percent	20.1	25.4	17.5		2016	8
1.72	Teens who Use Alcohol	percent	28.3		25.5		2016	21

1.56	Teens who Use Marijuana: High School Students	percent	18.7	17		2016	21	
1.25	Health Behaviors Ranking* * County Health Ranking: the ranking is based on a summary composite score calculated from the following measures: adult smoking, adult obesity, physical inactivity, access to exercise opportunities, excessive drinking, alcohol-impaired driving deaths, sexually transmitted infections, teen births, and a food environment index.		6			2018	4	
1.17	Teens who Smoke: High School Students	percent	3.5	16	3	2016	22	
1.06	Driving Under the Influence Arrest Rate	arrests/ 100,000 population	134.4		173.9	2016	19	
1.06	Teens who Binge Drink: High School Students	percent	10.5		10.9	2016	21	
0.89	Teens who have Used Methamphetamines	percent	0.4		0.8	2016	21	
0.81	Adults who Smoke	percent	12.2	12	15.5	17.1	2016	8
0.61	Death Rate due to Drug Poisoning	deaths/ 100,000 population	12.2		17.4	16.9	2014-2016	4
0.50	Alcohol-Impaired Driving Deaths	percent	23.8		26.4	29.3	2012-2016	4

SCORE	TEEN & ADOLESCENT HEALTH	UNITS	ST. JOHNS COUNTY	HP2020	FLORIDA	U.S.	MEASUREMENT PERIOD	SOURCE
1.72	Teens who Use Alcohol	percent	28.3		25.5		2016	21
1.56	Teens who Use Marijuana: High School Students	percent	18.7		17		2016	21
1.44	Teens with Asthma	percent	19.6		20.8		2014	22

1.17	Teens who Smoke: High School Students	percent	3.5	16	3		2016	22
1.14	Teens without Sufficient Physical Activity	percent	33.9				2012	12
1.11	Gonorrhea Incidence Rate: Females 15-19	cases/ 100,000 females aged 15-19	159.4		496.6		2016	15
1.11	Teens who are Obese: High School Students	percent	10.3		14.3		2012	12
1.06	Teens who Binge Drink: High School Students	percent	10.5		10.9		2016	21
1.00	Chlamydia Incidence Rate: Females 15-19	cases/ 100,000 females aged 15-19	1709.9		3175.6		2016	15
0.89	Teens who have Used Methamphetamines	percent	0.4		0.8		2016	21
0.64	Teen Birth Rate: 15-19	live births/ 1,000 females aged 15-19	8.4		19.5	20.3	2016	17

SCORE	TRANSPORTATION	UNITS	ST. JOHNS COUNTY	HP2020	FLORIDA	U.S.	MEASUREMENT PERIOD	SOURCE
2.67	Solo Drivers with a Long Commute	percent	43.8		39.5	34.7	2012-2016	4
2.61	Workers who Walk to Work	percent	1	3.1	1.5	2.8	2012-2016	1
2.33	Workers Commuting by Public Transportation	percent	0.2	5.5	2.1	5.1	2012-2016	1
2.11	Mean Travel Time to Work	minutes	27		26.7	26.1	2012-2016	1

1.94	Workers who Drive Alone to Work	<i>percent</i>	81.6		79.5	76.4	2012-2016	1
1.33	Households with No Car and Low Access to a Grocery Store	<i>percent</i>	2.4				2015	28
SCORE	WOMEN'S HEALTH	UNITS	ST. JOHNS COUNTY	HP2020	FLORIDA	U.S.	MEASUREMENT PERIOD	SOURCE
2.17	Age-Adjusted Death Rate due to Breast Cancer	<i>deaths/ 100,000 females</i>	22.4	20.7	19.8		2014-2016	17
2.00	Breast Cancer Incidence Rate	<i>cases/ 100,000 females</i>	136.5		117.8		2012-2014	29
1.44	Mammogram: 40+ Past Year	<i>percent</i>	61.2		60.8		2016	8
1.00	Pap Test in Past Year	<i>percent</i>	54.7		48.4		2016	8
0.72	Cervical Cancer Incidence Rate	<i>cases/ 100,000 females</i>	4.8	7.3	8.5		2012-2014	29
0.72	Life Expectancy for Females	<i>years</i>	83		82	81.5	2014	29

Appendix D. Community Resources for Use in Implementation

During the community input collection process, participants were asked to identify key community assets and resources being utilized throughout the community as well as identify any organizations for potential future partnership in implementing on the priority health needs. The following lists all the community resources mentioned by community input participants:

- Agape
- AgeWell Center for Senior Health
- American Civility Association
- ATT Pioneers
- Azalea Health
- Baker County School District
- Baptist Health
- Barnabas Center
- BEAM
- Brooks Rehabilitation
- Children’s Home Society of Florida
- Clay Behavioral Health Center
- Coalition for the Homeless
- COIN (Collaborative improvement in Innovation Network)
- Communities in Schools of Jacksonville
- Community Foundation for Northeast Florida
- Community on King Street
- Compassionate Fernandina
- Cooking with Diabetes
- Dopson Family Practice
- Duval County Medical Society
- Early Steps
- Elder Source
- Families of Slain Children
- Family Service Center
- First Baptist Church of Macclenny
- Flagler Hospital
- Gateway
- Habitat for Humanity
- Head Start
- Healthy Start
- Hubbard House
- Jacksonville System of Care Collaborative
- Kids Hope Alliance
- Lutheran Food Services
- Mayo Clinic Florida
- Mental Health First Aid
- Mercy Support Services
- Micah’s Place
- Mission House
- NACDAC
- Nassau City Council on Aging
- NE FL Cancer Group
- Pace Center
- Planning Council of Northeast Florida
- Positively You
- Psychological Associates
- Publix
- Quest Diagnostics
- Safebeat.org
- Saint Francis House
- Salvation Army
- SHINE (Serving Health Insurance Needs of Elders)
- St. Vincent’s HealthCare
- St. Johns County Partnership
- Starting Point
- Strength of Clay
- Sulzbacher Center
- SWAT (Students Working Against Tobacco)
- Teens for Change
- Tipping the Scale
- UF Health Jacksonville
- United Way
- University of Florida
- Volunteers in Medicine
- We Care of Jacksonville
- Wildflower Clinic
- Women’s Center of Jacksonville
- Wounded Warrior Project
- YCC
- YMCA

