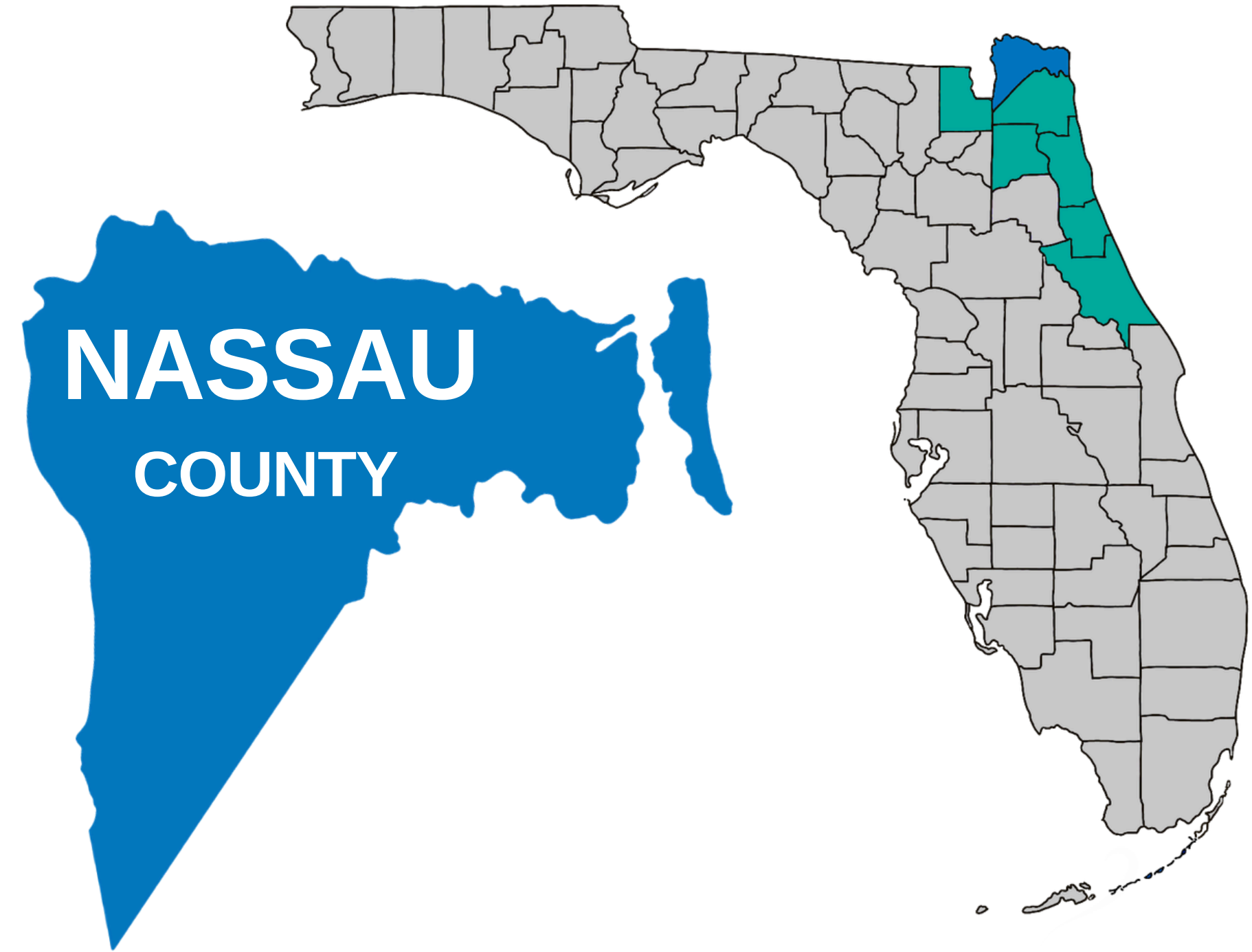




OUR VISION:


Northeast Florida will become the healthiest region in the state through evidence-based assessment, data, and planning.



Health Planning
Council OF NORTHEAST
FLORIDA

 hpcnef.org

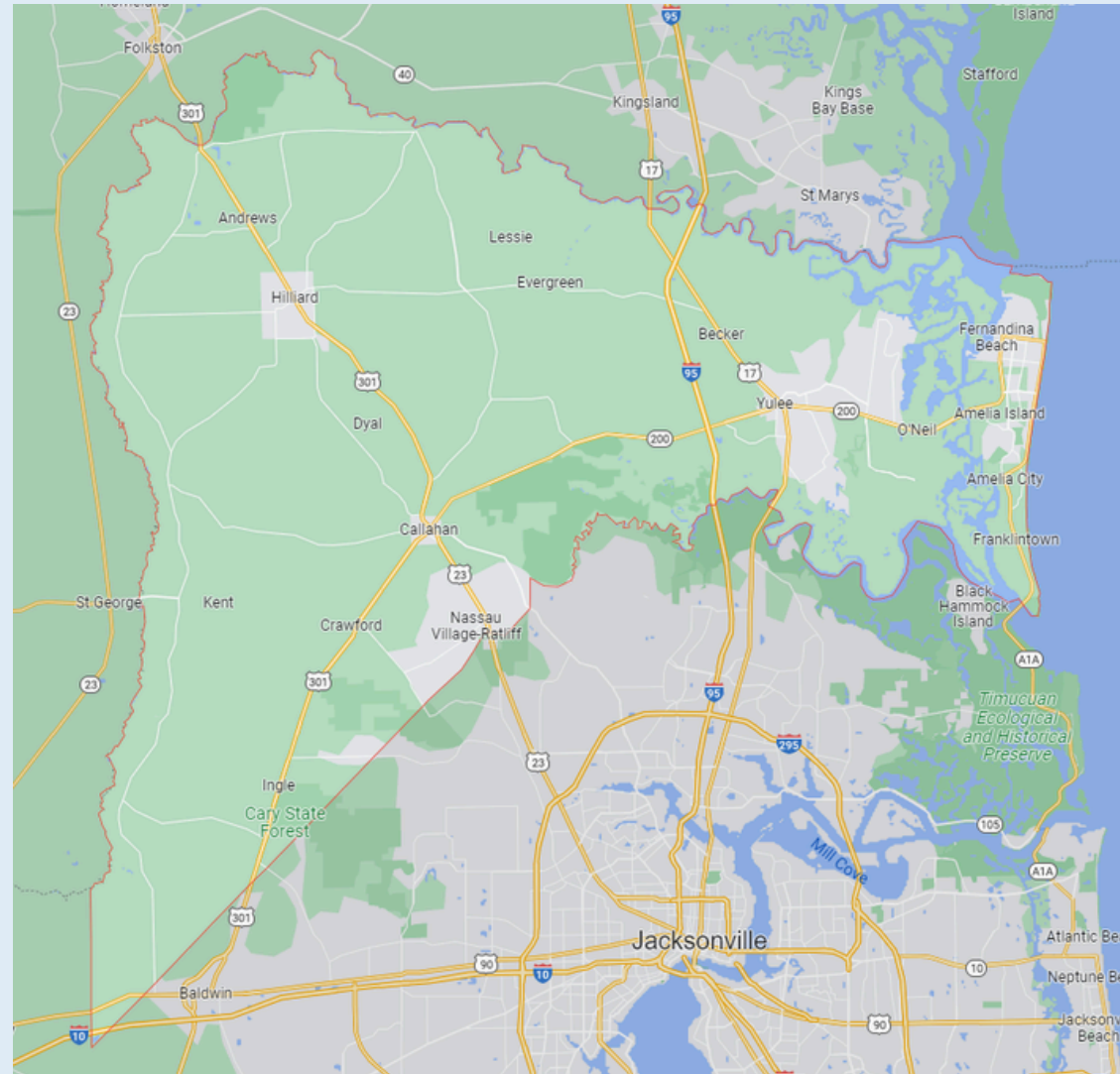
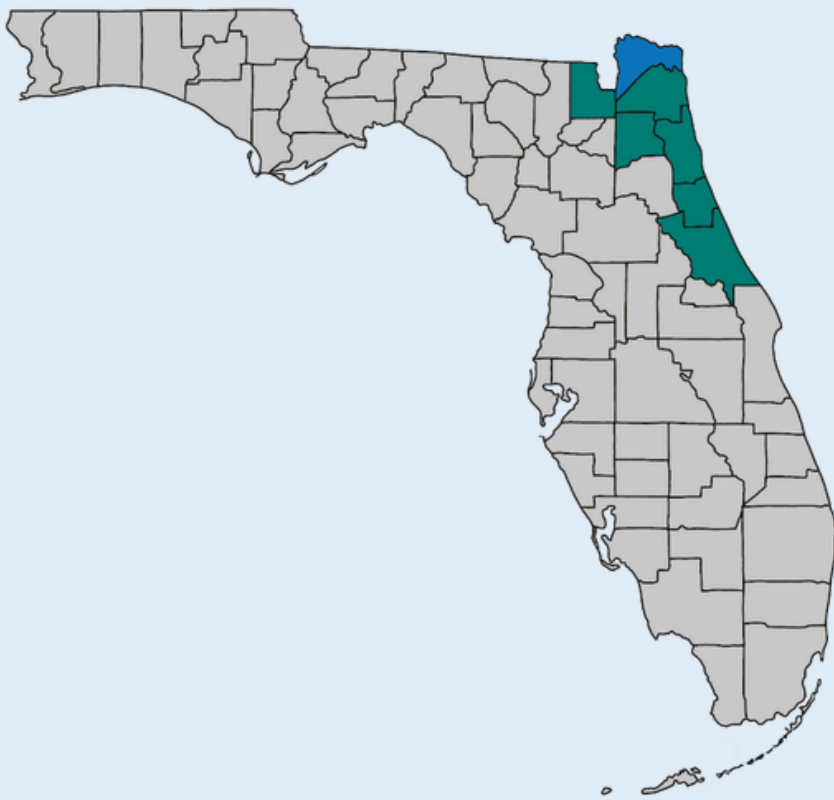
 4201 Baymeadows Road, Suite 2
Jacksonville, Florida 32217

 (904) 448-4300

NASSAU COUNTY

Geography and Governance

Nassau County encompasses approximately 649 square miles of the northeast region of the state. Nassau County borders the Atlantic Ocean to the east, Duval County, FL to the south, Baker County, FL to the southwest, Charlton County, GA to the west, and Camden County, GA to the north. The county seat is Fernandina Beach, and a Board of County Commissioners serves as the governing authority. Five members representing the five-county districts make up the board and are elected at large for staggered four-year terms. Amelia Island's resorts and beaches serve as an attraction for tourism. In contrast, the Port of Fernandina is a gateway for international business throughout the county and the southeast United States.



Population



97,859

Gender



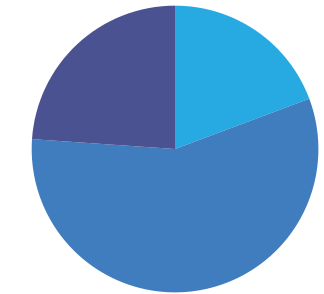
50.6%
49,473 Females



49.4%
48,386 Males

Age Groups

	Estimate	Percent
Under 18	18,923	19.3%
18-64	55,541	56.8%
65+	23,395	23.9%



Race & Ethnicity

	Estimate	Percent
One Race	92,185	94.2%
White	83,225	85.0%
Black or African American	5,447	5.6%
American Indian & Alaskan Native	256	0.3%
Asian	1,315	1.3%
Native Hawaiian & Other Pacific Islander	23	0.0%
Some other race	1,919	2.0%
Two or more races	5,674	5.8%
Hispanic or Latino (of any race)	5,570	5.7%

CANCER

Cancer refers to any one of a large number of diseases characterized by the development of abnormal cells that divide uncontrollably and have the ability to infiltrate and destroy normal body tissue. It often has the ability to spread throughout your body.



Cancer Incidence

Count: 805

Rate: 540.0 per 100,000 Population



Deaths from Cancer

Count: 274

Rate: 160.9 per 100,000 Population

Risk Factors



Family History



Drinking Alcohol



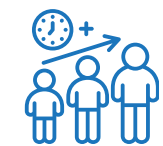
Obesity



Smoking



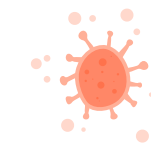
Exposure to Secondhand Smoke



Increasing Age



Certain Chronic Health Conditions



Exposure to *human papillomavirus* (HPV)



History of Sunburns



Air Pollution



Exposure to Radiation



Chemical Exposure (e.g., asbestos, benzene)

by Race

White Count: 766 Rate: 555.4 per 100,000	Black Count: 34 Rate: 428.7 per 100,000
--	---

by Ethnicity

Hispanic Count: 19 Rate: 470.8 per 100,000	Non-Hispanic Count: 786 Rate: 543.1 per 100,000
--	---

by Gender

Female Count: 330 Rate: 444.5 per 100,000	Male Count: 475 Rate: 646.2 per 100,000
---	---

by Race

White Count: 253 Rate: 159.8 per 100,000	Black Count: 19 Rate: 218.7 per 100,000
--	---

by Ethnicity

Hispanic Count: 3 Rate: 60.6 per 100,000	Non-Hispanic Count: 271 Rate: 164.2 per 100,000
--	---

by Gender

Female Count: 122 Rate: 136.0 per 100,000	Male Count: 152 Rate: 189.8 per 100,000
---	---

BREAST CANCER

Breast cancer begins as a growth of cells in the breast tissue. There are different types of breast cancer, which depend on the cells in the breast that turn into cancer. It is the most common type of cancer diagnosed in women in the United States.



Female Breast Cancer Incidence
Count: 111
Rate: 152.9 per 100,000
Female Population



Deaths from Female Breast Cancer
Count: 13
Rate: 15.9 per 100,000
Female Population



Deaths from Male Breast Cancer
Count: 0
Rate: 0.0 per 100,000
Male Population

Populations Most Affected

- **Women**
- **Non-Hispanic White**
- **Non-Hispanic Black**
- **Older Adults**

by Race

White Count: 104 Rate: 155.3 per 100,000	Black Count: - Rate: 112.7 per 100,000
--	--

by Race

White Count: 11 Rate: 13.7 per 100,000	Black Count: 2 Rate: 50.7 per 100,000
--	---

Male Breast Cancer is rare and accounts for less than 1% of cases in the U.S. While the incidence of Male Breast Cancer may be lower, the mortality rate is actually higher than that of Female Breast Cancer. This is due to men being less aware of breast cancer and less likely to assume a lump is breast cancer, which causes a delay in diagnoses and seeking treatment.

by Ethnicity

Hispanic Count: - Rate: 77.1 per 100,000	Non-Hispanic Count: 109 Rate: 155.4 per 100,000
--	---

by Ethnicity

Hispanic Count: 0 Rate: 0.0 per 100,000	Non-Hispanic Count: 13 Rate: 16.6 per 100,000
---	---

Risk Factors



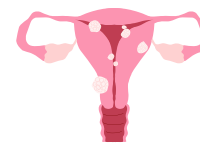
Family History



Being Female



First Period Before Age 12



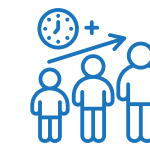
Starting Menopause After Age 55



Drinking Alcohol



Obesity



Increasing Age

*additional risk factors can be found [here](#)

Data Source: Mayo Clinic, Breast Cancer; Centers for Disease Control and Prevention (CDC), Breast Cancer; FLHealth CHARTS, Female Breast Cancer Incidence, 2022; FLHealth CHARTS, Deaths from Female Breast Cancer, 2024; FLHealth CHARTS, Deaths from Male Breast Cancer, 2024; National Breast Cancer Foundation, Inc., Male Breast Cancer, 2026; American Cancer Society, Breast Cancer Risk Factors You Cannot Change, 2021; Giaquinto et al., (2024) Breast cancer statistics 2024

Data Note: Blank data fields indicate results have been suppressed because counts are between 1 and 9, which is represented with a dash (-)

LUNG CANCER

Lung cancer begins as a growth of cells in the lungs. It is the leading cause of cancer deaths worldwide.



Lung Cancer Incidence

Count: 111

Rate: 72.2 per 100,000 Population



Deaths from Lung Cancer

Count: 67

Rate: 37.0 per 100,000 Population



Smoking



Exposure to Secondhand Smoke



Family History

Risk Factors



Exposure to Radon Gas

**additional risk factors can be found [here](#)*

by Race

White Count: 104 Rate: 73.2 per 100,000	Black Count: - Rate: 66.3 per 100,000
---	---

by Ethnicity

Hispanic Count: - Rate: 43.2 per 100,000	Non-Hispanic Count: 109 Rate: 72.4 per 100,000
--	--

by Gender

Female Count: 38 Rate: 47.8 per 100,000	Male Count: 73 Rate: 98.7 per 100,000
---	---

by Race

White Count: 66 Rate: 39.4 per 100,000	Black Count: 1 Rate: 9.1 per 100,000
--	--

by Ethnicity

Hispanic Count: 1 Rate: 14.0 per 100,000	Non-Hispanic Count: 66 Rate: 37.6 per 100,000
--	---

by Gender

Female Count: 34 Rate: 35.8 per 100,000	Male Count: 33 Rate: 39.5 per 100,000
---	---

Populations Most Affected

- **Black or African American Men**
- **Older Adults**

Data Source: Mayo Clinic, Lung Cancer; Centers for Disease Control and Prevention (CDC), Lung Cancer; FLHealth CHARTS, Lung Cancer Incidence, 2022; FLHealth CHARTS, Deaths from Lung Cancer, 2024; American Cancer Society, Key Statistics for Lung Cancer, 2026; Zavala et al., (2021) Cancer health disparities in racial/ethnic minorities in the United States

Data Note: Blank data fields indicate results have been suppressed because counts are between 1 and 9, which is represented with a dash (-)

COLORECTAL CANCER

Colorectal cancer includes both colon cancer and rectal cancer. These cancers begin as a growth of cells in the colon or rectum. These cancers are similar in many ways, but different treatments are used.



Colorectal Cancer Incidence

Count: 47

Rate: 31.6 per 100,000 Population



Deaths from Colorectal Cancer

Count: 19

Rate: 12.7 per 100,000 Population

Risk Factors



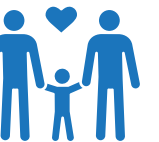
Personal History of Colorectal Cancer or Polyps



Low Fiber, High Fat Diet



Being Black or African American



Family History



Older Age



Obesity



Diabetes



Smoking

**additional risk factors can be found [here](#)*

by Race

White

Count: 46

Rate: 33.2 per 100,000

Black

Count: -

Rate: 17.4 per 100,000

by Ethnicity

Hispanic

Count: -

Rate: 70.5 per 100,000

Non-Hispanic

Count: 45

Rate: 31.2 per 100,000

by Gender

Female

Count: 20

Rate: 28.7 per 100,000

Male

Count: 27

Rate: 34.6 per 100,000

by Race

White

Count: 16

Rate: 12.0 per 100,000

Black

Count: 2

Rate: 26.0 per 100,000

by Ethnicity

Hispanic

Count: 1

Rate: 16.9 per 100,000

Non-Hispanic

Count: 18

Rate: 12.8 per 100,000

by Gender

Female

Count: 9

Rate: 11.7 per 100,000

Male

Count: 10

Rate: 13.7 per 100,000

Populations Most Affected

- **Black or African American Individuals**
- **American Indian/Alaskan Native Individuals**
- **Men**
- **Older Adults**

Data Source: Mayo Clinic, Colon Cancer; Mayo Clinic, Rectal Cancer; Centers for Disease Control and Prevention (CDC), Colorectal Cancer; FLHealth CHARTS, Colorectal Cancer Incidence, 2022;

FLHealth CHARTS, Deaths from Colorectal Cancer, 2024; American Cancer Society, Colorectal Cancer Risk Factors, 2025; Zavala et al., (2021) Cancer health disparities in racial/ethnic minorities in the United States

Data Note: Blank data fields indicate results have been suppressed because counts are between 1 and 9, which is represented with a dash (-)

PROSTATE CANCER

Prostate cancer begins as a growth of cells in the prostate. Prostate cancer is one of the most common types of cancer and only affects men.



Prostate Cancer Incidence

Count: 107
Rate: 140.7 per 100,000 Male Population



Deaths from Prostate Cancer

Count: 12
Rate: 15.8 per 100,000 Male Population

Risk Factors



Family History



Age over 50



Being Black or African American



Obesity



Smoking



Chemical Exposure

**additional risk factors can be found [here](#)*

by Race	
White Count: 99 Rate: 138.9 per 100,000	Black Count: - Rate: 183.8 per 100,000
by Ethnicity	
Hispanic Count: - Rate: 306.1 per 100,000	Non-Hispanic Count: 101 Rate: 134.0 per 100,000

by Race	
White Count: 12 Rate: 16.8 per 100,000	Black Count: 0 Rate: 0.0 per 100,000
by Ethnicity	
Hispanic Count: 0 Rate: 0.0 per 100,000	Non-Hispanic Count: 12 Rate: 16.0 per 100,000

Populations Most Affected

- Older Adults
- Black or African American Men

Data Source: Mayo Clinic, Prostate Cancer; Centers for Disease Control and Prevention (CDC), Prostate Cancer; FLHealth CHARTS, Prostate Cancer Incidence, 2022; FLHealth CHARTS, Deaths from Prostate Cancer, 2024; American Cancer Society, Prostate Cancer Risk Factors, 2023; Zavala et al., (2021) Cancer health disparities in racial/ethnic minorities in the United States
Data Note: Blank data fields indicate results have been suppressed because counts are between 1 and 9, which is represented with a dash (-)

CERVICAL CANCER

Prostate cancer begins as a growth of cells in the cervix. Strains of the *human papillomavirus*, HPV, play a role in causing most cervical cancers. HPV is a common sexually transmitted infection (STI).



Cervical Cancer Incidence

Count: 0
Rate: 0.0 per 100,000
Female Population



Deaths from Cervical Cancer

Count: 3
Rate: 3.2 per 100,000
Female Population



Smoking



Increasing Number of Sexual Partners



Sexual Activity at an Early Age



Other STIs



Weakened Immune System

**additional risk factors can be found [here](#)*

by Race	
White Count: 0 Rate: 0.0 per 100,000	Black Count: 0 Rate: 0.0 per 100,000
by Ethnicity	
Hispanic Count: 0 Rate: 0.0 per 100,000	Non-Hispanic Count: 0 Rate: 0.0 per 100,000

by Race	
White Count: 1 Rate: 1.1 per 100,000	Black Count: 2 Rate: 41.3 per 100,000
by Ethnicity	
Hispanic Count: 0 Rate: 0.0 per 100,000	Non-Hispanic Count: 3 Rate: 3.3 per 100,000

- ### Populations Most Affected
- **Low Socioeconomic Status**
 - **Black or African American Women**
 - **Hispanic Women**

SKIN CANCER

Skin cancer is cancer that starts as a growth of cells on the skin. The cells can invade and destroy healthy body tissue. Sometimes the cells break away and spread to other parts of the body.



Skin Cancer Incidence

Count: 82

Rate: 55.1 per 100,000 Population



Deaths from Skin Cancer

Count: 8

Rate: 4.7 per 100,000 Population



Family History



Light from the Sun



Light from Tanning Beds



History of Sunburns



Skin that Burns Easily



Weakened Immune System

**additional risk factors can be found [here](#)*

by Race	
White Count: 81 Rate: 59.0 per 100,000	Black Count: - Rate: 10.6 per 100,000
by Ethnicity	
Hispanic Count: 0 Rate: 0.0 per 100,000	Non-Hispanic Count: 82 Rate: 56.9 per 100,000
by Gender	
Female Count: 31 Rate: 41.0 per 100,000	Male Count: 51 Rate: 71.0 per 100,000

by Race	
White Count: 8 Rate: 5.1 per 100,000	Black Count: 0 Rate: 0.0 per 100,000
by Ethnicity	
Hispanic Count: 0 Rate: 0.0 per 100,000	Non-Hispanic Count: 8 Rate: 4.9 per 100,000
by Gender	
Female Count: 3 Rate: 2.7 per 100,000	Male Count: 5 Rate: 7.1 per 100,000

Populations Most Affected

- **Older Adults**
- **White Individuals with History of Sunburns**

Data Source: Mayo Clinic, Skin Cancer; Centers for Disease Control and Prevention (CDC), Skin Cancer; FLHealth CHARTS, Skin Cancer Incidence, 2022; FLHealth CHARTS, Deaths from Skin Cancer, 2024; American Cancer Society, Basal and Squamous Cell Skin Cancer Risk Factors, 2023; Roky et al. (2025) Overview of skin cancer types and prevalence rates across continents.

Data Note: Blank data fields indicate results have been suppressed because counts are between 1 and 9, which is represented with a dash (-)

ORAL CANCER

Mouth cancer is a growth of cells that starts in the mouth. Mouth cancer can happen in any of the parts that make up the mouth.



Oral Cancer Incidence

Count: 22

Rate: 14.9 per 100,000 Population



Deaths from Oral Cancer

Count: 10

Rate: 5.3 per 100,000 Population



Smoking



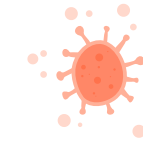
Drinking Alcohol



Excessive Sun Exposure to Lips



Weakened Immune System



Exposure to *human papillomavirus* (HPV)

**additional risk factors can be found [here](#)*

by Race

White

Count: 21

Rate: 14.9 per 100,000

Black

Count: 0

Rate: 0.0 per 100,000

by Ethnicity

Hispanic

Count: -

Rate: 19.7 per 100,000

Non-Hispanic

Count: 21

Rate: 14.2 per 100,000

by Gender

Female

Count: -

Rate: 2.9 per 100,000

Male

Count: 19

Rate: 27.9 per 100,000

by Race

White

Count: 10

Rate: 5.7 per 100,000

Black

Count: 0

Rate: 0.0 per 100,000

by Ethnicity

Hispanic

Count: 0

Rate: 0.0 per 100,000

Non-Hispanic

Count: 10

Rate: 5.5 per 100,000

by Gender

Female

Count: 4

Rate: 3.8 per 100,000

Male

Count: 6

Rate: 7.0 per 100,000

Populations Most Affected

- **Older Adults**
- **Men**

CHILDHOOD CANCER

Cancers that affect children from birth through age 14 are known as childhood cancers, and cancers that affect children ages 15 to 19 are known as adolescent cancers. The most common childhood cancers include Leukemia, Brain and Spinal Tumors, Neuroblastoma, Nephroblastoma, Lymphoma, Rhabdomyosarcoma, Retinoblastoma, Osteosarcoma, and Ewing Sarcoma.



Childhood Cancer Incidence (Age 0–19)

Count: -
Rate: 14.6 per 100,000 Population



Childhood Cancer Incidence by Age

0–4 Count: 0 5–9 Count: - 10–14 Count: 0 15–19 Count: -

Risk Factors



Exposure to Radiation



Exposure to Tobacco Smoke



Family Cancer Syndromes



Down Syndrome

by Race

White	Black
Count: -	Count: 0
Rate: 16.9 per 100,000	Rate: 0.0 per 100,000

by Ethnicity

Hispanic	Non-Hispanic
Count: 0	Count: -
Rate: 0.0 per 100,000	Rate: 15.8 per 100,000

Populations Most Affected

- **Hispanic Children**
- **Low Socioeconomic Status**
- **Black or African American Children**

CANCER RISK FACTORS

Diabetes mellitus is a group of diseases that affect how the body uses blood sugar (glucose), a main source of energy for the body, leading to excess sugar in the blood, which can cause serious health problems. Type 1 diabetes is a condition where the body does not produce enough insulin and Type 2 diabetes is a condition where the body cannot use insulin properly—both result in excess sugar in the bloodstream.



Diabetes

Prevalence of Diagnosed Diabetes Among Adults Aged 18 or Older

11.6%



Deaths from Diabetes

Count: 25

Rate: 15.6 per 100,000 Population

by Race	
White Count: 20 Rate: 13.5 per 100,000	Black Count: 5 Rate: 59.2 per 100,000
by Ethnicity	
Hispanic Count: 0 Rate: 0.0 per 100,000	Non-Hispanic Count: 25 Rate: 16.3 per 100,000
by Gender	
Female Count: 13 Rate: 14.0 per 100,000	Male Count: 12 Rate: 16.6 per 100,000

Obesity is a disease that involves having too much body fat, which can increase the risk of other diseases and health conditions (e.g., diabetes, heart disease, and certain cancers). Obesity can result from inherited, physiological and environmental factors, alongside diet, physical activity, and exercise choices.



Obesity

Prevalence of Obesity Among Adults Aged 18 or Older

33.7%

CANCER RISK FACTORS

Substance use disorder is a disease that affects an individual's brain/behavior, leading to an inability to control the use of a legal or illegal drug/medicine. Individuals experience withdrawal symptoms, such as intensified cravings and feeling physically ill, if they attempt to stop use of substances without organized treatment.



Substance Use

Opioid Overdose Deaths

Count: 15

Drug Overdose Deaths

Count: 19

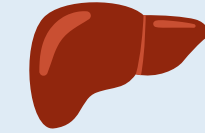
Alcohol use disorder is a pattern of alcohol use that involves issues over controlling alcohol drinking, being preoccupied with alcohol, or continuing to use alcohol even when it causes problems. Excess alcohol use can lead to health complications.



Alcohol Use

Prevalence of Binge Drinking
Among Adults Aged 18 or Older

15.3%



Deaths from Alcoholic
Liver Disease

Count: 10

**Rate: 6.5 per 100,000
Population**

by Race

White	Black
Count: 9	Count: 0
Rate: 5.9 per 100,000	Rate: 0.0 per 100,000

by Ethnicity

Hispanic	Non-Hispanic
Count: 0	Count: 10
Rate: 0.0 per 100,000	Rate: 6.8 per 100,000

by Gender

Female	Male
Count: 6	Count: 4
Rate: 7.2 per 100,000	Rate: 6.0 per 100,000

CANCER RISK FACTORS

Nicotine dependence occurs when the body craves nicotine, the chemical in smoked tobacco that causes the urge to smoke, and an individual cannot stop using it. People who smoke cigarettes are at an increased risk of developing certain diseases, such as lung and other cancers.



Smoking

Prevalence of Current Smoking
Among Adults Aged 18 or Older

12.4%

Physical inactivity involves a lifestyle with a lot of sitting and lying down, with very little or no exercise. Having an inactive lifestyle can lead to an increased risk of developing chronic diseases.



Physical Inactivity

Prevalence of No Leisure-Time
Physical Activity Among Adults
Aged 18 or Older

20.2%

Individuals with Access
to Exercise Opportunities

82%

Human immunodeficiency virus (HIV) is a virus spread through contact with the genitals or blood, and may also be spread to a child during pregnancy, birth, or breastfeeding. It damages the immune system, making the body less resistant to infections and diseases. **Acquired immunodeficiency syndrome (AIDS)** is a chronic condition caused by HIV.



HIV / AIDS

HIV Diagnoses

Count: 6

Rate: 5.7 per 100,000

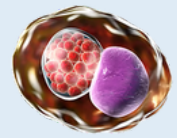
AIDS Diagnoses

Count: 4

Rate: 3.8 per 100,000

CANCER RISK FACTORS

Sexually transmitted infections (STIs) are viruses, bacteria, fungi, or parasites that people can get through sexual contact. Types of STIs that lead to a higher risk of having an HPV infection and, therefore, developing cervical cancer include chlamydia, gonorrhea, and syphilis.



Chlamydia

Prevalence

Count: 175
Rate: 167.5 per 100,000 Population



Gonorrhea

Prevalence

Count: 37
Rate: 35.4 per 100,000 Population

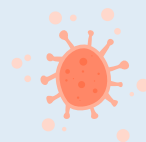


Syphilis

Prevalence

Count: 28
Rate: 26.8 per 100,000 Population

Human papillomavirus (HPV) infection is a viral infection often passed through sex or other skin-to-skin contact that can occasionally lead to cervical cancer. The HPV vaccine is a vaccine that can be used for males and females to protect against cervical cancer.



Human Papillomavirus (HPV)

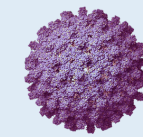
Vaccine Initiation (Age 11)

25.1%

Vaccine Completion (Ages 9–17)

21.7%

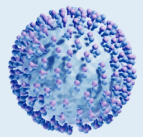
Hepatitis B is a liver infection caused by the hepatitis B virus (HBV). Most individuals experience short-term, acute, Hepatitis B; however, for some, the infection lasts more than 6 months, leading to chronic Hepatitis B. Chronic Hepatitis B raises the risk for liver failure and liver cancer. **Hepatitis C** is a viral infection that causes inflammation and can lead to serious liver damage.



Hepatitis B, Chronic

Prevalence

Count: 4
Rate: 3.8 per 100,000 Population



Hepatitis C, Chronic

Prevalence

Count: 41
Rate: 39.2 per 100,000 Population

WHAT YOU CAN DO

There are some cancer risk factors you can address that may decrease your risk for certain types of cancer. Early prevention steps and screenings can help decrease morbidity rates, as earlier identification of cancer allows for treatment to begin earlier if it goes unidentified longer.

Take a Look at Your Family History



Family History

Gather a Detailed Family History

- Which relatives, types of cancer, age of diagnosis

Talk to Your Primary Care Provider (PCP)

- Discuss your family history to evaluate your risk level

Consider Genetic Counseling and Testing

- Genetic testing can clarify your personal risk and help you establish early screening schedules

Establish a Plan

- Your healthcare team can create a tailored prevention plan, which may include additional screenings

Improving Lifestyle Behaviors



Decreasing Alcohol Consumption

Drink in moderation and stay conscious of your habits. Two drinks or fewer in a day for men and one drink or fewer in a day for women, is recommended



Get Vaccinated

Getting vaccines for certain viral infections can help protect against cancer. Talk to your PCP about the Hepatitis B and HPV vaccines.



Decreasing Tobacco Use

Tobacco use is linked to many types of cancer. Ask your PCP about products that can help you stop smoking and other ways of quitting.



Active Lifestyle

Aim for at least 150 minutes a week of moderate aerobic activity (e.g., walking, swimming) or 75 minutes a week of hard aerobic activity (e.g., running)



Healthy Diet

Some tips to consider:

- Aim for a variety of colors on your plate
- Limit added sugars
- Reduce sodium intake
- Increase fiber intake
- Prioritize protein foods at every meal
- Consume dairy
- Eat fruits and vegetables throughout the day
- Incorporate healthy fats
- Focus on consuming whole grains



Sunscreen Use

- Limit time spent in the sun (especially mid-day between 10 a.m. to 4 p.m.)
- Stay in the shade when possible and wear sunglasses and a wide-brimmed hat
- Use a broad-spectrum sunscreen with an SPF of at least 30, even on cloudy days
- Reapply sunscreen at least every two hours, or more often if swimming/sweating
- Avoid using tanning beds and sunlamps

It is recommended that each person should ask their Primary Care Provider for an individual plan for cancer prevention and treatment, and their health insurance provider to understand their benefits and coverage.

Northeast Florida Cancer Partnership (NEFCP)

The Northeast Florida Cancer Partnership (NEFCP) serves the seven-county service area of HPCNEF and includes representatives from health care providers, safety net providers, cancer centers, public health organizations, social service organizations, non-profit organizations and community stakeholder groups. NEFCP shares updates at the regional, state, and national levels with a focus on cancer education, prevention, treatment, advocacy, survivorship, and access to care.

If you have any questions about the partnership or would like to be included in upcoming meetings, please email Kim_Millrood@hpcnef.org

Sign up for our newsletter here: [HPCNEF Newsletter](#)

Request an appointment at Mayo Clinic Jacksonville

(904) 953-0853

Monday through Friday, 8 a.m to 5 p.m. EST

Or Visit

4500 San Pablo Road Jacksonville, FL 32224

Support Groups

Services Offered: Preventive Health Exams & Screenings
Clinical Appointments

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Comprehensive
Cancer Center