

# ST. JOHNS COUNTY

## Community Health Improvement Plan

### 2025 – 2030

A look at the health and well-being of St. Johns County residents.

Prepared by the Health Planning Council of Northeast Florida, Inc.



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## Data Disclaimer

The information contained in this report reflects qualitative opinion data collected during the assessment process. Comments and discussions are summarized and accurately catalogued from the facilitated discussions. These cannot be attributed to one person; rather, these are summaries of a group discussion in aggregate. Furthermore, the contents are the views of county residents gathered during the community engagement phase of the project and do not represent official views of, nor an endorsement by, the Florida Department of Health.

While the Health Planning Council of Northeast Florida, Inc. (HPCNEF) uses reasonable efforts to provide accurate and up-to-date data, some of the information provided in these assessments and herein is gathered from third-party secondary data sources. Although the information in this report has been produced and processed from sources believed to be reliable, no warranty, expressed or implied, is made regarding the accuracy, adequacy, completeness, legality, reliability, or usefulness of any information. This disclaimer applies to both isolated and aggregate uses of information. HPCNEF is not in any way liable for the accuracy of any information printed and stored or in any way interpreted and used by a user. HPCNEF may make improvements and/or changes in the services and/or the content(s) described herein at any time.

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## Executive Summary

The St. Johns County Community Health Improvement Planning (CHIP) group has collaborated to understand and address the community's current and future health needs. The CHIP group, with guidance from the Health Planning Council of Northeast Florida, Inc. (HPCNEF), developed this CHIP as part of ongoing efforts to improve health in St. Johns County.

The Florida Department of Health in St. Johns County (DOH-St. Johns), in partnership with HPCNEF, championed a CHIP to identify and prioritize health concerns in St. Johns County using a nationally recognized approach called Mobilizing for Action through Planning and Partnerships (MAPP). The CHIP uses information from the Community Health Assessment (CHA), which includes quantitative (e.g., disease incidence rates and mortality rates) and qualitative data (e.g., community input) to assess the health status of the community and determine which health concerns will be the focus of health planning efforts for the next five years.

St. Johns County Stakeholders decided the 2024 CHIP would focus on the following priority health concerns after reviewing and discussing the data collected through the CHA process:

- **Access to Healthcare** (limited access to specialty care, transportation barriers, dental care, outreach of services, insurance coverage issues, affordability of care)
- **Chronic Disease Prevention** (health behaviors, obesity/overweight, access to healthy foods, cancer, chronic diseases, health education)
- **Mental & Behavioral Health** (mental health status and services offered, substance use, domestic violence)

The purpose of the CHIP process is to create goals, objectives, and strategies targeting the priority health concerns identified in the CHA. To improve the implementation and evaluation of the goals in this plan, the stakeholders decided to utilize a balanced scorecard approach, which identifies goals, objectives, and strategies and sets measurable targets to move the CHIP process forward.

The targets and measures outlined in the CHIP Action Plans at the end of this document were carefully selected through collaborative and inclusive workgroups for each priority health concern. Additionally, many of the targets align with the national Healthy People 2030 initiative and with goals and objectives from the Florida State Health Improvement Plan (SHIP). These national and statewide initiatives provide evidence-based benchmarks to track and monitor health and best practices to guide health promotion and disease prevention efforts, which will ultimately help improve health outcomes in St. Johns County.

During the next steps of the MAPP health planning cycle, the CHIP workgroups will continue to work together to address the three priority health concerns outlined above. The CHIP workgroups will plan for action, implement strategies, and evaluate progress. As a living document, the *2024 St. Johns County Community Health Improvement Plan* is flexible and can accommodate changes or updates as needed. The CHIP group will reassess and update the CHIP Action Plans and the CHA annually to best address the needs of the local community.

## Acknowledgments

With valuable input from St. Johns County's community stakeholders and leaders, the 2024 St. Johns County CHIP became a decisive community call to action. DOH-St. Johns and HPCNEF would like to extend gratitude to the organizations and individuals who dedicated their valuable time to ensure that the CHIP goals, objectives, and strategies aligned best with the needs of the local community.

DOH-St. Johns and HPCNEF would also like to thank the organizations involved with implementing the CHIP action plan. Through cooperation and leadership, St. Johns County will make strides toward its desired health outcomes.

### **CHIP Contributors:**

- Discover and Recover
- EPIC Behavioral Healthcare
- Hanley Foundation
- Northeast Florida AHEC
- SMA Healthcare
- St. Johns County Council on Aging
- St. Johns County Sheriff's Office
- Tobacco Free St. Johns
- UF Health St. Johns
- UF/IFAS Extension, St. Johns County
- Wildflower Healthcare

## Using the Community Health Improvement Plan

The creation of the CHIP for St. Johns County serves as a reminder of how collaboration between government officials, community leaders, public health professionals, community advocates, and many other St. Johns County participants can build public health infrastructure, aid and guide planning, and, ultimately, improve the health outcomes of St. Johns County. The following suggestions provide ways to use this CHIP to improve the well-being and quality of life for the St. Johns County community:

### **Community Residents**

- Use this CHIP to compare individual health with that of St. Johns County's community health data
- Be an advocate in the community to support healthy lifestyles and behaviors
- Volunteer! Share your resources, time, and funding with your community
- Understand the top health priorities facing St. Johns County

### **Health Care Professionals**

- Understand the top health priorities facing St. Johns County
- Inform your patients/clients of available resources in the community listed in the CHIP
- Be a resource for the community, whether it be for your expertise, funding, time, or support

### **Faith-Based Organizations**

- Understand the top health priorities facing St. Johns County
- Use this plan to improve the overall health (mind, body, and spirit) of members in your community
- Identify opportunities for your community or members to support and encourage participation in public health projects

### **Government Officials**

- Understand the top health priorities facing St. Johns County
- Participate in community efforts as laid out in the CHIP strategies
- Engage with other government officials to inform and promote your community's health

### **Educators**

- Understand the top health priorities facing St. Johns County
- Be a resource for the community, whether it be for your expertise, funding, time, or support
- Engage the support of leaders, teachers, students, and parents

### **Public Health Professionals**

- Understand the top health priorities facing St. Johns County
- Recognize how the St. Johns County community compares with peer counties, Florida, and the U.S. population as a whole
- Be a resource for the community, whether it be for your expertise, funding, time, or support

### **Employers**

- Understand the top health priorities facing St. Johns County
- Inform and educate your team/staff on the importance of employee wellness and productivity



## Review of St. Johns County's Community Health Assessment

DOH-St. Johns maintains strong and enduring relationships with multiple health and social services providers throughout the community. DOH-St. Johns invited key stakeholders from the public health sector to act as a platform and steering committee for the St. Johns County Community Health Assessment (CHA) process, which began in January 2024.

Community health assessments intend to answer questions about community health status and needs, including: "How healthy are our community residents?" and "What does the health status of our community look like?" An underlying goal of the St. Johns County CHA was to ensure a truly community-driven process by empowering all stakeholders to help facilitate change through collaboration, coordination, and communication.

### The MAPP Process

DOH-St. Johns and HPCNEF completed the CHA using the Mobilizing for Action through Planning and Partnerships (MAPP) process developed by the National Association of County and City Health Officials (NACCHO) and the Centers for Disease Control & Prevention (CDC). The MAPP process is a community-driven participatory process intended to bring together not only health care providers but also mental health and social services agencies, public safety agencies, education and youth development organizations, recreation agencies, local governments, neighborhood associations, and civic groups to improve community health (NACCHO, n.d.). By participating in the MAPP process, community stakeholders gain a higher understanding and awareness of their community and local health concerns .

### MAPP Assessments

The MAPP process consists of four assessments:

1. The **Forces of Change Assessment** identifies forces such as legislation, technology, and other impending changes that affect the context in which the community and its public health system operate.
2. The **Local Public Health System Assessment** focuses on all of the organizations and entities that contribute to the public's health. The LPHSA answers the questions, "What are the components, activities, competencies, and capacities of our local public health system?"
3. The **Community Themes and Strengths Assessment** provides an understanding of the health concerns that residents feel are important, including quality of life.
4. The **Community Health Status Assessment** identifies priority community health and quality of life issues. Questions answered in this assessment include "How healthy are our residents?" and "What does the health status of our community look like?"

Detailed information on all of the MAPP assessments can be found in the *2024 St. Johns County Community Health Assessment*, which is available on the Florida Department of Health in St. Johns County's website at <https://stjohns.floridahealth.gov>. A summary of each assessment is provided below.

## EXHIBIT 1: THE MAPP MODEL



### Forces of Change Assessment

The Forces of Change Assessment (FOCA) identifies forces such as legislation, technology, and other impending changes that affect the context in which the community and its public health system operate. The assessment answers two primary questions: “What is occurring or might occur that affects the health of our community or the local public health system?” and “What specific threats or opportunities are generated by these occurrences?” Steering Committee members and other community leaders identified the following as forces, trends, or factors in several categories that may significantly impact health in St. Johns County:

#### Social Forces

- Increase in population growth
- Increase in underinsured/uninsured population

#### Economic Forces

- Inflation of costs for goods and services
- Increase in tourism and more businesses in the county

#### Government/Political Forces

- Changes in public policies and legislation
- Barriers at state-level with government policies

#### Community Forces

- Community members are becoming more invested in improving the county
- Increase in communication between community organizations

#### Environmental Forces

- Transportation remains a constant issue
- New housing developments that are not affordable

### Educational Forces

- Increase in limitations of what cannot be taught in schools
- Poor health behaviors are more common in schools

### Science/Technology Forces

- Increase in the spread of misinformation
- Increase in the use of AI

### Ethical/Legal Forces

- Healthcare staff are concerned about privacy issues
- Immunization rates and education are difficult to navigate

### Health Forces

- Increase in communicable and chronic diseases
- Increase in mental health and behavioral health concerns

For the comprehensive list of the forces of change, please refer to the 2024 St. Johns County CHA.

## Community Strengths & Themes Assessment

The Community Strengths and Themes Assessment (CTSA) generates direct feedback from community residents regarding observations of their health, community health, and access to healthcare services. Themes and issues identified during this phase often offer insight into information discovered through other MAPP assessments.

Community surveys, focus groups, and key stakeholder interviews provided the information needed to complete the Community Strengths and Themes Assessment. The Health Planning Council of Northeast Florida, Inc. (HPCNEF) conducted five focus groups and ten key stakeholder interviews with the cooperation of the Florida Department of Health in St. Johns County. The Steering Committee asked community members and stakeholders to participate in a survey on community health, healthcare services, and quality of life in St. Johns County. A total of 564 community surveys from community members and stakeholders in St. Johns County were included in the analysis. Surveys and focus groups were designed to ascertain the opinions of community stakeholders with knowledge of the community or influence in the county. The findings provided qualitative information, revealing community sentiments regarding healthcare services in St. Johns County.

### Focus Groups

Focus group participants were asked to fill out a survey with questions about their demographics, insurance status, quality of life, health status, and more. A total of 28 participants in attendance at the focus groups filled out the demographic survey. Most participants were aged 40–54, female, White, and had at least a Trade/Technical/Vocational Training or Associate/Bachelor's Degree education level.

- Of the 28 participants, 71.4% were female and 78.6% were White
- More than half (71.4%) of participants were 40 or older
- Almost all (92.9%) of the participants had an educational level of Trade/Technical/Vocational Training or Associate/Bachelor's Degree or higher

HPCNEF staff presented discussion questions about community and health needs in St. Johns County during the focus groups for participants to answer aloud. The focus group discussion covered topics such as the community's access to care, quality of care, safety networks, health needs and concerns, community closeness, and health education and knowledge. Several themes and issues were discussed more frequently, extensively, and with more intensity than others throughout the focus groups. These themes, which came up in response to more than one question, include limited access to healthcare services and resources, substance use and mental health concerns, homelessness, high prevalence of chronic disease and poor lifestyle behaviors, and community collaboration and engagement. According to focus group participants, some of the most significant health concerns and unhealthy behaviors in St. Johns County are mental health problems, substance use problems, homelessness, high prevalence of chronic diseases, poor nutrition, transportation issues, housing and infrastructure shortages and issues, and challenges with accessing preventative health care.

### Community Survey

A total of 564 community surveys from community members and stakeholders in St. Johns County were included in the analysis. Survey participants were predominantly female (69.2%) and White (81.3%). Of the 564 people who responded to the question on age, almost half were in the age groups 40–54 (26.6%) and 55–64 (22.3%). Most respondents resided in ZIP Code areas 32084 (20.6%), 32086 (16.8%), and 32080 (15.6%).

Respondents were asked to identify the five most important health problems and unhealthy behaviors in St. Johns County. Among the top health concerns and unhealthy behaviors were mental health, drug abuse, obesity/overweight, lack of access to healthcare, and cancer. A lack of evening and weekend services and long wait times for appointments and services were the most common barriers to receiving healthcare. When asked what the five most important features of a healthy community were, the respondents' top choices were access to healthcare, good jobs and a healthy economy, low crime rates/safe neighborhoods, good education, and a clean and healthy environment.

### Key Stakeholder Interviews

A total of 10 interviews via Microsoft Teams were conducted by HPCNEF staff during the months of February through April 2024. The key stakeholders were suggested and initially contacted by the Florida Department of Health in St. Johns County. Key stakeholders included but were not limited to governmental representatives, healthcare providers, and representatives of local community organizations. On average, each interview lasted around 20 minutes. Topics addressed during the interviews included the interviewee's overall perspective on the most important healthcare needs and issues in St. Johns County, opinions of important health concerns that affect county residents, and impressions of specific health services available in the county and the accessibility of these services.

The following issues were identified by key stakeholders:

- **Mental Health and Substance Use:** Mental health and substance use were raised as prevalent issues affecting St. Johns County. Rising rates of substance abuse in the county are compounded by insufficient infrastructure in place to support individuals in need of mental health and substance use services.

- **Social and Economic Factors:** Many social and economic factors were described that influence individuals' ability to access healthcare. These include unstable housing, little to no insurance coverage, and low income.
- **Transportation Barriers:** A lack of reliable transportation emerged as a central and recurring theme that impacts access to healthcare services. This barrier hinders individuals' ability to reach hospitals, clinics, and other healthcare facilities, thus leading to the inappropriate use of emergency services and delay of necessary medical care.
- **Access to Services:** Various segments of the population, including older adults, children, adolescents, and low-income individuals, face difficulties accessing a range of healthcare services. These include primary care, specialty care, behavioral health care, dental care, prenatal care, and preventive care. Insufficient availability of healthcare resources in certain areas of the county contributes to these challenges. A number of challenges were outlined, including long waitlists for appointments, a low number of providers, and transportation issues.

## Local Public Health System Assessment

The Local Public Health System Assessment (LPHSA) is a tool from the National Public Health Performance Standards Program used to answer the question: "What are the components, activities, competencies, and capacities of our local public health system?" Public health systems include "all public, private, and voluntary entities that contribute to the delivery of essential public health services within a jurisdiction" (CDC, 2023b). The top areas of focus for public health<sup>1</sup> are key public health activities to be undertaken in all communities and are as follows:

1. **Monitor** health status to identify community health problems.
2. **Diagnose and investigate** health problems and health hazards in the community.
3. **Inform, educate, and empower** people about health concerns.
4. **Mobilize** community partnerships to identify and solve health problems.
5. **Develop policies and plans** that support individual and community health efforts.
6. **Enforce** laws and regulations that protect health and ensure safety.
7. **Link** people to needed personal health services and assure the provision of health care when otherwise unavailable.
8. **Assure** a competent public and personal health care workforce.
9. **Evaluate** effectiveness, accessibility, and quality of personal and population-based health services.
10. **Research** for new insights and innovative solutions to health problems.

Key public health system stakeholders in St. Johns County answered questions about the local public health system via two in-person meetings to determine how the local public health system performs in each of the top areas of focus for public health. Participants answered questions about each top area of focus for public health and scored the top areas using the recommended scoring levels provided in the assessment instrument. Strengths and gaps in the county's healthcare safety net and public health system were identified in this way and were subsequently considered during the remainder of the planning process.

St. Johns County performs best in Essential Services 2: Diagnose and Investigate; 6: Enforce Laws and Regulations; and 8: Assure a Competent Workforce; and scores lowest in 3: Inform, Educate,

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<sup>1</sup> "Top areas of focus for public health" refers to the 10 Essential Public Health Services used to conduct the LPHSA.

and Empower People; 9: Evaluate Health Services; and 10: Research for New Insights and Innovative Solutions.

## **Community Health Status Assessment**

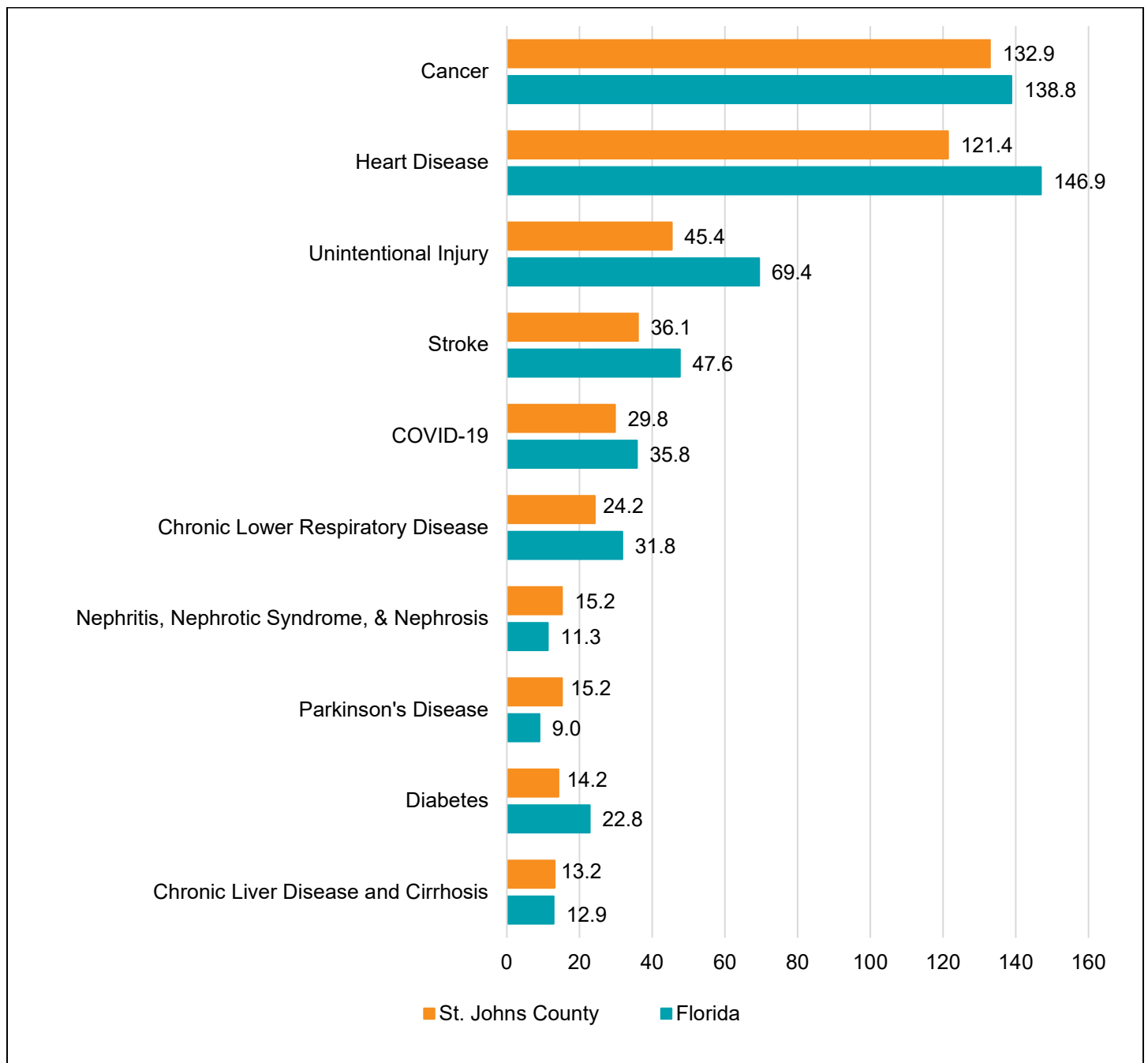
According to the Florida MAPP Field Guide, the Community Health Status Assessment (CHSA) is intended to answer the questions:

- “How healthy are our residents?”
- “What does the health status of our community look like?”
- “What are the strengths and risks in our community that contribute to health?”

To answer these questions, HPCNEF staff collected, analyzed, and reviewed secondary data describing population health in St. Johns County and compared that data to other known time periods and/or geographies.

The top ten leading causes of death in St. Johns County are shown in Exhibit 2 in comparison to Florida. In 2021, the top three causes of death in both St. Johns County and Florida were cancer, heart disease, and unintentional injury. While cancer was the leading cause of death in St. Johns County, heart disease was the leading cause of death in Florida. Compared to Florida, St. Johns County had a lower age-adjusted death rate per 100,000 population for its top three causes of death. St. Johns County had a higher mortality rate than Florida for nephritis, nephrotic syndrome, and nephrosis; Parkinson's disease; chronic liver disease and cirrhosis.

EXHIBIT 2: LEADING CAUSES OF DEATH, ST. JOHNS COUNTY & FLORIDA, AGE-ADJUSTED RATE PER 100,000, 2022



Source: [Florida Department of Health, Bureau of Vital Statistics](#). Date Sourced: March 19, 2024.

## Identifying Priority Health Concerns

### Top Health Concerns Identified by Community Surveys

DOH-St. Johns gave community members a chance to voice their opinions on the health status and health needs of St. Johns County by distributing a survey throughout the county. A total of 584 people completed the survey, and 564 surveys were included in the analysis. Survey responses qualified for analysis if the participant completed at least 90% of the survey and had a ZIP Code in St. Johns County. The survey respondents identified the following as the top health concerns in St. Johns County:

- Mental Health (e.g., depression, suicide, anxiety, stress)
- Drug Abuse (e.g., alcohol, opioids, drugs, marijuana)
- Obesity/Overweight
- Lack of Access to Healthcare
- Cancer

### Top Health Concerns Identified by Focus Groups

A total of 28 community members and stakeholders attended five community focus groups. Through a discussion of community health and health needs, focus group participants identified the following as the top health concerns or key themes in St. Johns County:

- Access to Healthcare
- Mental Health & Substance Use
- Homelessness
- Chronic Disease & Lifestyle Behaviors
- Community Collaboration & Engagement

### Top Health Concerns Identified by Key Stakeholder Interviews

Ten representatives from governmental offices, healthcare providers, and local community organizations participated in key stakeholder interviews to offer their perspectives on the most pressing local healthcare issues and needs. Key stakeholders identified the following as the top health concerns or key themes in St. Johns County:

- Mental Health & Substance Use
- Access to Healthcare
- Social and Economic Conditions Impacting Health
- Health Education & Knowledge
- Transportation Barriers

### Top Health Concerns Identified by Secondary Data

Over 100 secondary data indicators were analyzed in the Community Health Status Assessment. The following were determined as the top health concerns or key themes in St. Johns County:

- Mental Health
- Substance Use/Abuse
- Chronic Disease
- Cancer
- Maternal/Infant Health



## Top Health Concerns Identified by the Steering Committee

On May 29, 2024, Steering Committee members and other community stakeholders gathered at the St. Johns County Health Department to discuss the preliminary results of the St. Johns County Community Health Assessment (CHA). A total of 11 individuals attended the meeting. A team from the Health Planning Council of Northeast Florida, Inc. (HPCNEF) presented the CHA preliminary findings, which consisted of primary (community survey, focus groups, key stakeholder interviews) and secondary data that supported the top five overall themes.

After the CHA findings were presented, participants were asked to rank their top three health concerns from the following:

- **Access to Healthcare** - limited access to specialty care, transportation barriers, dental care, outreach of services, insurance coverage issues, affordability of care
- **Chronic Disease Prevention<sup>2</sup>** - health behaviors, obesity/overweight, access to healthy foods, cancer, chronic diseases, health education
- **Community Collaboration & Engagement** - improved collaboration between community organizations, coordination of care, activities to engage community members, assistance with resources and services
- **Mental & Behavioral Health** - mental health status and services offered, substance use, domestic violence
- **Socioeconomic Factors & Disparities** - income, poverty level, access to affordable housing, demographic-specific challenges (e.g., seniors aged 65+)

Participants wrote their rankings down on slips of paper to vote. Through voting, participants determined three health concerns as the top priorities for St. Johns County residents and the CHIP workgroups to focus on for the next five years.

The Steering Committee and key community stakeholders who attended the preliminary results meeting selected the following as the top three priority health concerns of focus for the Community Health Improvement Plan (CHIP):

- Access to Healthcare
- Chronic Disease Prevention
- Mental & Behavioral Health

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<sup>2</sup> Chronic Disease Prevention is the updated terminology provided by DOH-St. Johns after the prioritization meeting. It is a preferred term that supports alignment with the CHIP and other DOH-St. Johns's foundational plans and public health initiatives. The prior terminology used by HPCNEF was Disease Prevention & Lifestyle Behaviors.

## Description of Priority Health Concerns

### Access to Healthcare

Healthcare access refers to the ability to obtain services for preventing, diagnosing, treating, and managing diseases, illnesses, and disorders. For healthcare to be accessible, it must be affordable and convenient. There are many access barriers that can limit an individual from receiving the proper care. Key data related to healthcare access in St. Johns County is presented below.

### Health Resources, Providers, and Facilities

#### Health Insurance Coverage

Health insurance coverage, whether privately or publicly funded, is a primary factor in determining access to care for many people. Health insurance can be obtained privately through an employer (the individual's own or that of an immediate family member), purchased independently, or available to certain individuals through government-subsidized or publicly funded health coverage programs, such as Medicare, Medicaid, or Military and VA benefits (CDC, 2023c).

The uninsured population includes both full- and part-time employees whose employers do not offer health insurance benefits, low-income persons who do not qualify for Medicaid, early retirees, and others who simply cannot afford costly premiums. Evidence shows that uninsured persons experience less positive medical outcomes than their insured counterparts. The uninsured are also less likely to have a regular primary care source or seek preventive health services (ITUP, n.d.).

St. Johns County's rate of insured persons is higher than Florida's and the U.S. rate. About 95% of St. Johns County's total civilian noninstitutionalized population has insurance compared to 89% of Floridians and 92% of all Americans (Exhibit 3).

EXHIBIT 3: INSURANCE COVERAGE IN ST. JOHNS COUNTY, FLORIDA, & THE UNITED STATES, 2022

	St. Johns County	Florida	United States
<b>Total civilian noninstitutionalized</b>	<b>304,464</b>	<b>21,904,247</b>	<b>328,309,810</b>
With health insurance coverage	290,831 (95.5%)	19,456,522 (88.8%)	301,941,990 (92.0%)
With private health insurance	246,685 (81.0%)	13,938,154 (63.6%)	220,660,289 (67.2%)
With public coverage	89,415 (29.4%)	8,218,687 (37.5%)	122,005,469 (37.2%)
No health insurance coverage	13,633 (4.5%)	2,447,725 (11.2%)	26,367,820 (8.0%)
<b>Civilian noninstitutionalized population 19 to 64 years</b>	<b>170,954</b>	<b>12,672,391</b>	<b>195,146,356</b>
In labor force	136,789 (80.0%)	9,900,675 (78.1%)	154,501,180 (79.2%)
Employed	132,950 (97.2%)	9,520,652 (96.2%)	148,131,004 (95.9%)
With health insurance coverage	126,627 (95.2%)	8,134,715 (85.4%)	133,389,562 (90.0%)
With private health insurance	122,646 (92.2%)	7,552,973 (79.3%)	119,876,487 (80.9%)
With public coverage	9,820 (7.4%)	854,948 (9.0%)	18,234,347 (12.3%)
No health insurance coverage	6,323 (4.8%)	1,385,937 (14.6%)	14,741,442 (10.0%)
Unemployed	3,839 (2.8%)	380,023 (3.8%)	6,370,176 (4.1%)
With health insurance coverage	2,932 (76.4%)	248,339 (65.3%)	4,849,918 (76.1%)
With private health insurance	2,594 (67.6%)	167,185 (44.0%)	2,601,188 (40.8%)
With public coverage	613 (16.0%)	90,952 (23.9%)	2,481,612 (39.0%)
No health insurance coverage	907 (23.6%)	131,684 (34.7%)	1,520,258 (23.9%)
Not in labor force	34,165 (20.0%)	2,771,716 (21.9%)	40,645,176 (20.8%)
With health insurance coverage	31,867 (93.3%)	2,230,235 (80.5%)	34,927,695 (85.9%)
With private health insurance	27,029 (79.1%)	1,486,309 (53.6%)	20,729,636 (51.0%)
With public coverage	6,526 (19.1%)	933,608 (33.7%)	17,068,916 (42.0%)
No health insurance coverage	2,298 (6.7%)	541,481 (19.5%)	5,717,481 (14.1%)

Source: [2022 American Community Survey 1-Year Estimates, Table DP03, Selected Economic Characteristics](#). Date Sourced: March 22, 2024.

### Federal Health Professional Shortage Designation

The U.S. Health Resources and Services Administration (HRSA) develops a shortage designation criterion to determine whether an area or population group is experiencing a health professional shortage. Health Professional Shortage Areas (HPSAs) can be designated for primary medical care, dental, or mental health providers and may be geographic (a county or service area), population (e.g., low-income or Medicaid eligible), or facilities (e.g., federally qualified health centers or state or federal prisons). Hastings/Matanzas and St. Augustine are designated as low-income population HPSAs due to a lack of primary care services in both of these areas of St. Johns County (HRSA, n.d.-a). Colee Cove, Hastings/Matanzas, and St. Augustine are designated as low-income populations HPSAs due to a lack of dental health care services in these areas of the county (HRSA, n.d.-a). St. Johns County is designated as a high-need geographic HPSA due to a lack of mental health services (HRSA, n.d.-a).

## Federal Medically Underserved Designation

The U.S. Health Resources and Services Administration (HRSA) develops a medically underserved designation criterion to determine whether an area or population group is experiencing a lack of access to primary care services. Medically Underserved Areas (MUAs) and Medically Underserved Populations (MUPs) identify geographic areas and populations with a lack of access to primary care services. These designations help establish health maintenance organizations or community health centers (HRSA, n.d.-b). MUAs may have a shortage of primary care health services within geographic areas such as a whole county, a group of neighboring counties, a group of urban census tracts, and a group of county or civil divisions (HRSA, n.d.-b). MUPs have a shortage of primary care health services for a specific population subset within a geographic area. These groups may face economic, cultural, or language barriers to health care (HRSA, n.d.-b). Some examples are people who experience homelessness and low-income people. Western St. Johns County is designated as a Low Income MUP.

## Healthcare Providers

A Primary Care Provider (PCP) is a physician, nurse practitioner, clinical nurse specialist, or physician assistant “who provides, coordinates or helps a patient access a range of health care services” (Primary Care Provider, n.d.). Primary care providers serve as a patient’s first point of entry for health care services; they focus on patient care rather than disease treatment (AAFP, n.d.). HRSA considers general and family practitioners, internists, pediatricians, obstetricians and gynecologists, physician assistants, and nurse practitioners as primary care providers. Public health and school nurses also provide primary care services to designated populations.

Exhibit 4 shows the number of total medical doctors, various primary care providers, and dentists in St. Johns County. In the 2022–2023 FY<sup>3</sup>, St. Johns County had 1,120 medical doctors while Florida had 59,266. St. Johns County had 81 family practice physicians, 59 pediatricians, 28 obstetrician gynecologists, 175 internal medicine physicians, and 259 dentists.

EXHIBIT 4: TOTAL LICENSED PROVIDERS, ST. JOHNS COUNTY & FLORIDA, FY 2022–2023

Type of Provider	St. Johns County	Florida
Medical Doctors (MD, Physician)	1,120	59,266
Family Practice Physicians	81	3,009
Pediatricians	59	3,746
Obstetrician Gynecologists (OB-GYN)	28	1,958
Internal Medicine Physicians	175	10,489
Dentists (DMD, DDS)	259	13,955

Source: [Florida Department of Health, Division of Medical Quality Assurance](#). Date Sourced: March 20, 2024.

<sup>3</sup> FY stands for fiscal year. Fiscal years run from July 1<sup>st</sup> to June 30<sup>th</sup>.

Overall, St. Johns County has seen an increase in the number of practicing physicians from 2019 to 2023. Exhibit 5 summarizes the number of practicing physicians in the county in comparison to Florida during this time. Exhibit 6 shows the total number of physicians in St. Johns County by specialty groups. St. Johns County has 41 medical specialists, including internal medicine, neurology, nuclear medicine, ophthalmology, orthopedic medicine, otolaryngology, and pathology.

EXHIBIT 5: NUMBER OF PRACTICING PHYSICIANS, ST. JOHNS COUNTY & FLORIDA, FYS 2019–2023

Area	2019	2020	2021	2022	2023
St. Johns County	400	424	439	476	473
Florida	51,370	53,002	54,315	56,082	54,471

Source: [Florida Department of Health, Physician Workforce Annual Report, 2023](#). Date Sourced: March 20, 2024.

EXHIBIT 6: PHYSICIAN SPECIALTY GROUP COUNT IN ST. JOHNS COUNTY, FY 2023

Type of Specialty Group	St. Johns County
Anesthesiology	31
Dermatology	15
Emergency Medicine	24
Family Medicine	111
Internal Medicine	108
*Medical Specialist	41
OB/GYN	18
Pediatrics	31
Psychiatry	20
Radiology	25
Surgeons	30
<b>Total</b>	<b>454</b>

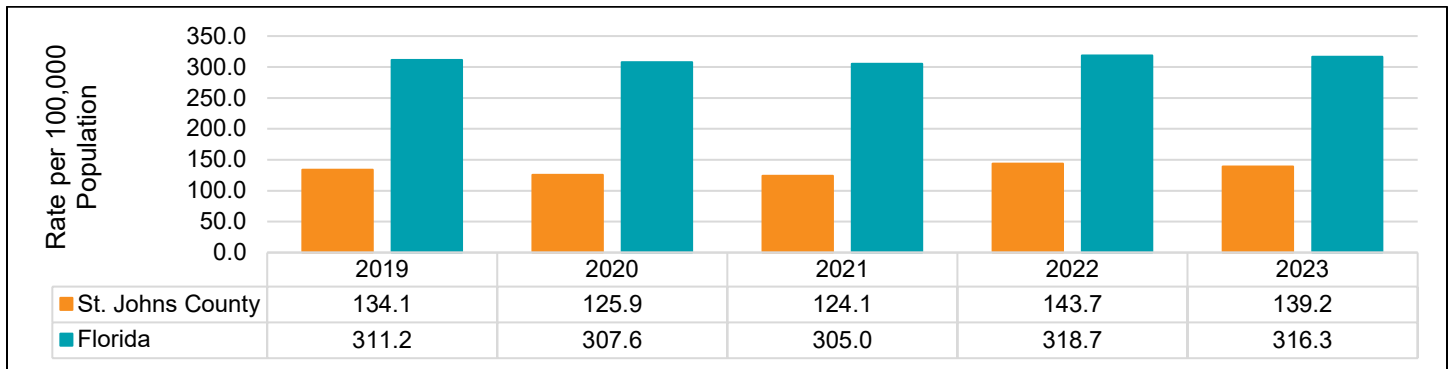
Source: [Florida Department of Health, Physician Workforce Annual Report, 2023](#). Date Sourced: March 20, 2024.

Note: \*Medical specialists include Neurology, Nuclear Medicine, Ophthalmology, Orthopedic Medicine, Otolaryngology, and Pathology.

## Health Care Facilities

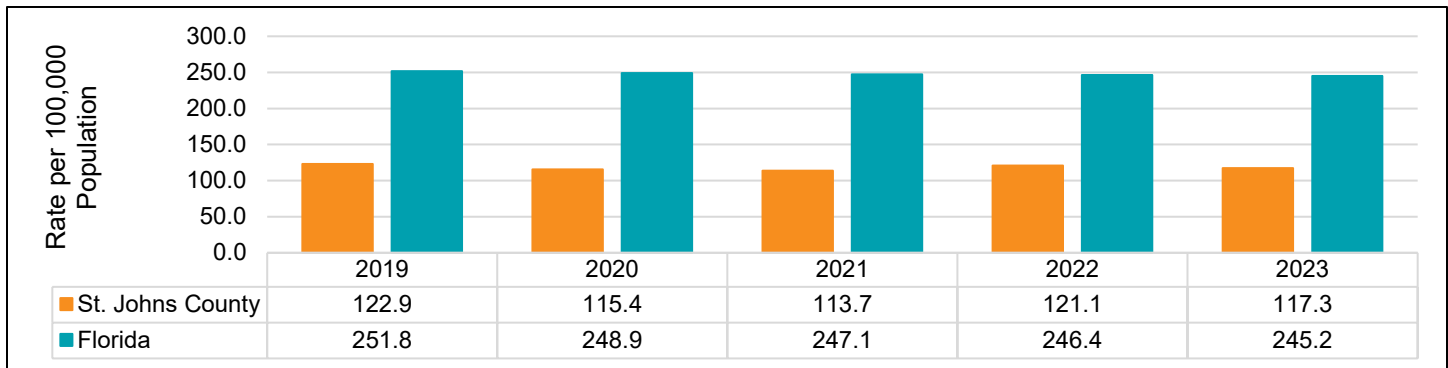
Acute care hospitals play a key role in the delivery of health care services, especially in communities where primary and specialist outpatient care shortages may exist. In addition to traditional inpatient services, hospitals may provide extensive diagnostic and treatment services on an outpatient basis. In 2023, St. Johns County had a significantly lower rate of total hospital beds (Exhibit 7), acute care beds (Exhibit 8), and specialty beds (Exhibit 9) than Florida. St. Johns County has both acute care and specialty hospital beds. Acute care beds provide short-term medical treatment for patients with acute illness or injury or recovering from surgery or childbirth. Specialty beds include psychiatric, substance abuse, rehabilitation, long-term care, skilled nursing unit, or neonatal intensive care unit beds.

EXHIBIT 7: TOTAL HOSPITAL BEDS, ST. JOHNS COUNTY & FLORIDA, 2019–2023



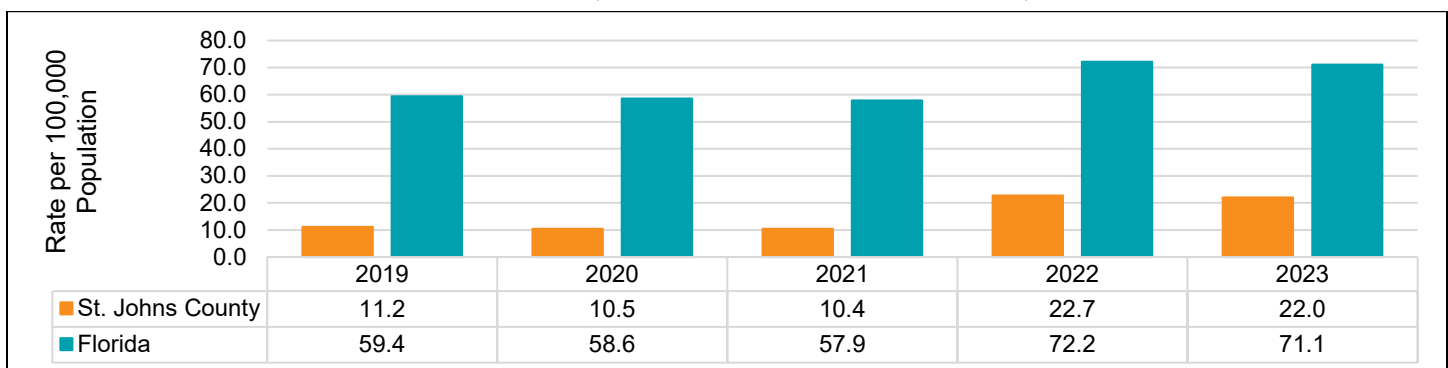
Source: [Florida Agency for Health Care Administration \(AHCA\)](#). Date Sourced: March 20, 2024.

EXHIBIT 8: ACUTE CARE HOSPITAL BEDS, ST. JOHNS COUNTY & FLORIDA, 2019–2023



Source: [Florida Agency for Health Care Administration \(AHCA\)](#). Date Sourced: March 20, 2024.

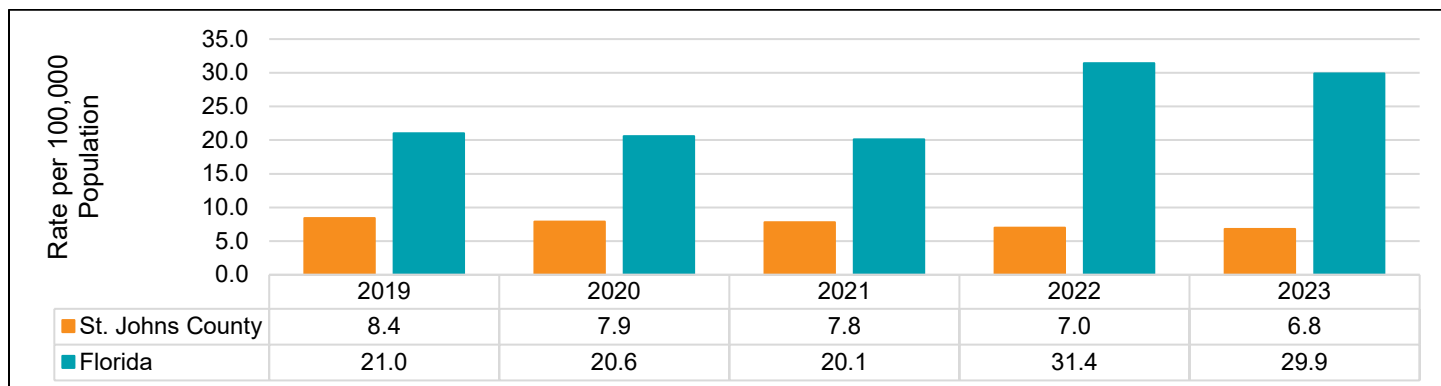
EXHIBIT 9: SPECIALTY CARE HOSPITAL BEDS, ST. JOHNS COUNTY & FLORIDA, 2019–2023



Source: [Florida Agency for Health Care Administration \(AHCA\)](#). Date Sourced: March 20, 2024.

St. Johns County has fewer adult psychiatric beds than the Florida rate. There were 6.8 adult psychiatric beds per 100,000 population in St. Johns compared to 29.9 beds in Florida in 2023 (Exhibit 10). There are zero child/adolescent psychiatric beds in St. Johns County.

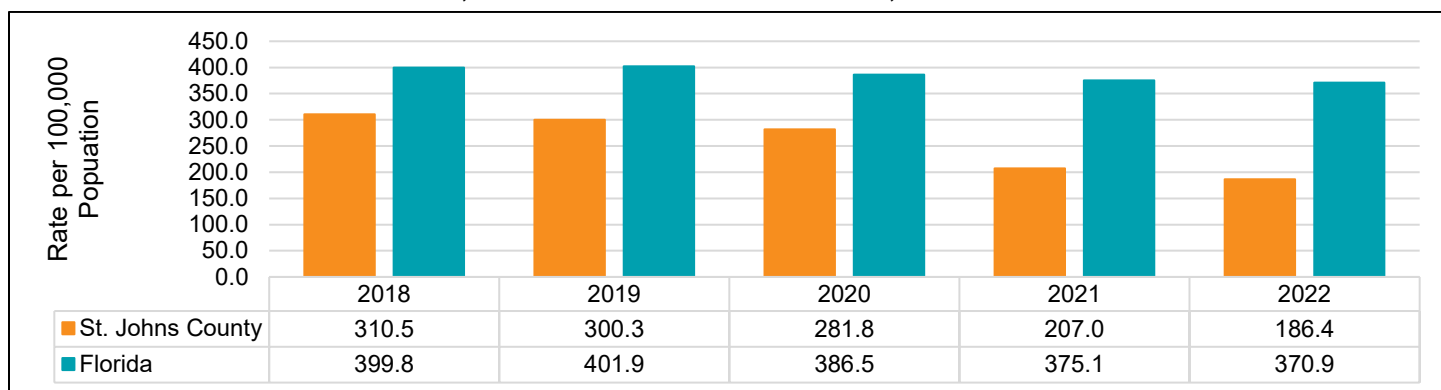
EXHIBIT 10: ADULT PSYCHIATRIC BEDS, ST. JOHNS COUNTY & FLORIDA, 2019–2023



Source: [Florida Agency for Health Care Administration \(AHCA\)](#). Date Sourced: March 20, 2024.

Exhibit 11 summarizes the number of nursing home beds in St. Johns County. St. Johns County has a lower rate of nursing home beds per 100,000 population than Florida, with 186.4 nursing home beds per 100,000 people in 2022.

EXHIBIT 11: NURSING HOME BEDS, ST. JOHNS COUNTY & FLORIDA, 2018–2022



Source: [Florida Agency for Health Care Administration \(AHCA\)](#). Date Sourced: March 20, 2024.

St. Johns County has 8 free-standing community nursing homes with a total of 750 licensed beds, as shown in Exhibit 12. There is an average occupancy rate of 78.88% for these nursing homes.

EXHIBIT 12: FREE-STANDING COMMUNITY NURSING HOMES IN ST. JOHNS COUNTY, 2023

Facility Name	Licensed Beds	Total		Medicaid		Medicare	
		Pt. Days	Occup. Rate	Pt. Days	Occup. Rate	Pt. Days	Occup. Rate
Clyde E. Lassen State Veterans' Nursing Home	120	41,372	94.46%	4,645	10.61%	469	1.07%
The Lilac at Bayview	120	29,350	67.01%	13,988	31.94%	5,040	11.51%
Moultrie Creek Nursing and Rehab Center	120	41,118	93.88%	20,989	47.92%	12,080	27.58%
The Ponce Therapy Care Center and Rehab	120	20,074	45.83%	10,908	24.90%	5,939	13.56%
St Augustine Health and Rehabilitation Center	120	40,746	93.03%	29,308	66.91%	4,592	10.48%
Vicar's Landing Nursing Home	60	16,734	76.41%	—	0.00%	2,671	12.20%
Westminster St. Augustine	30	8,645	78.95%	239	2.18%	2,763	25.23%
Westminster Woods on Julington Creek	60	17,882	81.65%	3,830	17.49%	3,908	17.84%
<b>Total</b>	<b>750</b>	<b>215,921</b>		<b>83,907</b>		<b>37,462</b>	
<b>Average</b>			<b>78.88%</b>		<b>30.65%</b>		<b>13.68%</b>

Source: HPCNEF Calendar Year Nursing Home Reports, 2023. Date Sourced: March 20, 2024.

Note: Pt. Days = patient days, the number of days during which patients received medical services at a facility.

### Other Facilities

St. Johns County has 21 assisted living facilities, one adult day care center, and 13 home health agencies (Exhibit 13).

EXHIBIT 13: TOTAL NUMBER OF LICENSED FACILITIES IN ST. JOHNS COUNTY, 2023

Facility Type	Total Number of Licensed Facilities
Assisted Living Facilities	21
Adult Day Care Centers	1
Home Health Agencies	13

Source: [Agency for Healthcare Administration](#). Date Sourced: March 20, 2024.

### Behavioral Risk Factor Surveillance System

The Behavioral Risk Factor Surveillance System (BRFSS) “is the nation’s premier system of health-related telephone surveys that collect state data about U.S. residents regarding their health-related risk behaviors, chronic health conditions, and use of preventive services. Established in 1984 with 15 states, BRFSS now collects data in all 50 states, the District of Columbia, and 3 U.S. territories. BRFSS completes more than 400,000 adult interviews each year, making it the world's largest continuously conducted health survey system” (CDC, 2023h).

The Florida BRFSS began reporting health behavior data on residents 18 years old and over in 1986. The 2019 BRFSS is the latest and sixth county-level survey conducted in Florida, estimating the county prevalence of personal health behaviors that contribute to morbidity and mortality. That year,



809 St. Johns County adults responded to the county-level survey (FDOH, 2019). Exhibit 14 shows select indicators related to access to healthcare for St. Johns County.

EXHIBIT 14: SELECTED BRFSS DATA, ST. JOHNS COUNTY & FLORIDA, 2019

Cancer Screening	St. Johns County	Florida
Women 40 years of age and older who received a mammogram in the past year	N/A	55.5%
Women aged 50 to 74 who had a mammogram in the past 2 years	N/A	78.0%
Women 18 years of age and older who received a Pap test in the past year	N/A	40.0%
Women aged 21 to 65 who had a Pap test in the past 3 years	N/A	77.1%
Adults age 50 years and older who have ever had a blood stool test	N/A	45.7%
Adults age 50 years and older who received a blood stool test in the past year	N/A	19.8%
Adults 50 years of age and older who have ever had a sigmoidoscopy or colonoscopy	N/A	76.4%
Adults 50 years of age and older who received a sigmoidoscopy or colonoscopy in the past five years	N/A	66.2%
Adults aged 50 to 75 who had colorectal screening based on the most recent clinical guidelines	N/A	75.7%
Men 50 years of age and older who received a PSA test in the past two years	N/A	44.4%
Dental Care	St. Johns County	Florida
Adults who visited a dentist or a dental clinic in the past year	N/A	61.2%
Health Care Access and Coverage	St. Johns County	Florida
Adults who could not see a doctor at least once in the past year due to cost	14.5%	16.0%
Adults with any type of health care insurance coverage	87.1%	84.2%
Adults who have a personal doctor	74.2%	72.0%
Adults who had a medical checkup in the past year	77.3%	78.8%

Source: [2019 Behavioral Risk Factor Surveillance System](#). Date Sourced: March 22, 2024.

Note: 2019 BRFSS is the latest county-level data available. The cancer screening and dental care indicators included in this table did not have data available at the county-level in 2019 and the latest data available was used for the state-level data. All other indicators compare the county-level and state-level data from 2019.

## Chronic Disease Prevention

Lifestyle behaviors—including poor diet, lack of exercise, tobacco use, and excessive alcohol use—are key contributors to the development of chronic diseases such as cancer, heart disease, stroke, and diabetes, all of which were leading causes of death in St. Johns County in 2022. The Chronic Disease Prevention priority health area focuses on health behaviors, obesity/overweight, access to healthy foods, cancers, chronic diseases, and health education. Key data related to chronic disease prevention in St. Johns County is presented below.

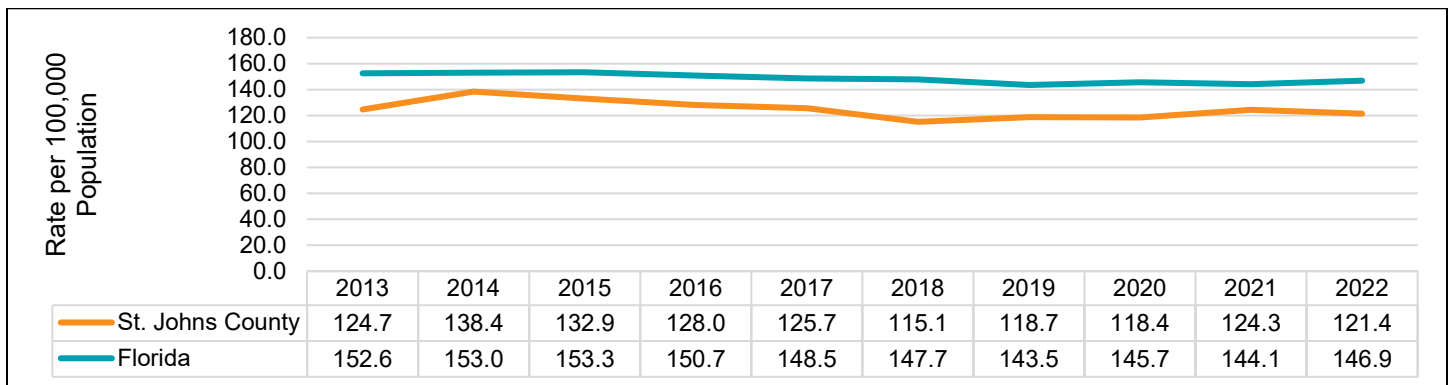
## Chronic Diseases

### Heart Disease

Heart disease remains the nation's leading cause of death, accounting for one in every four deaths in the U.S. The most common type is coronary heart disease, which can lead to heart attack. Key risk factors are high blood pressure, high cholesterol, and smoking, but other medical conditions and lifestyle choices such as diabetes, obesity, poor diet, physical inactivity, and excessive alcohol use can pose risks (CDC, 2022h).

From 2013 to 2022, the mortality rate from heart disease in St. Johns County and Florida has stayed about the same, with some slight increases and decreases (Exhibit 15).

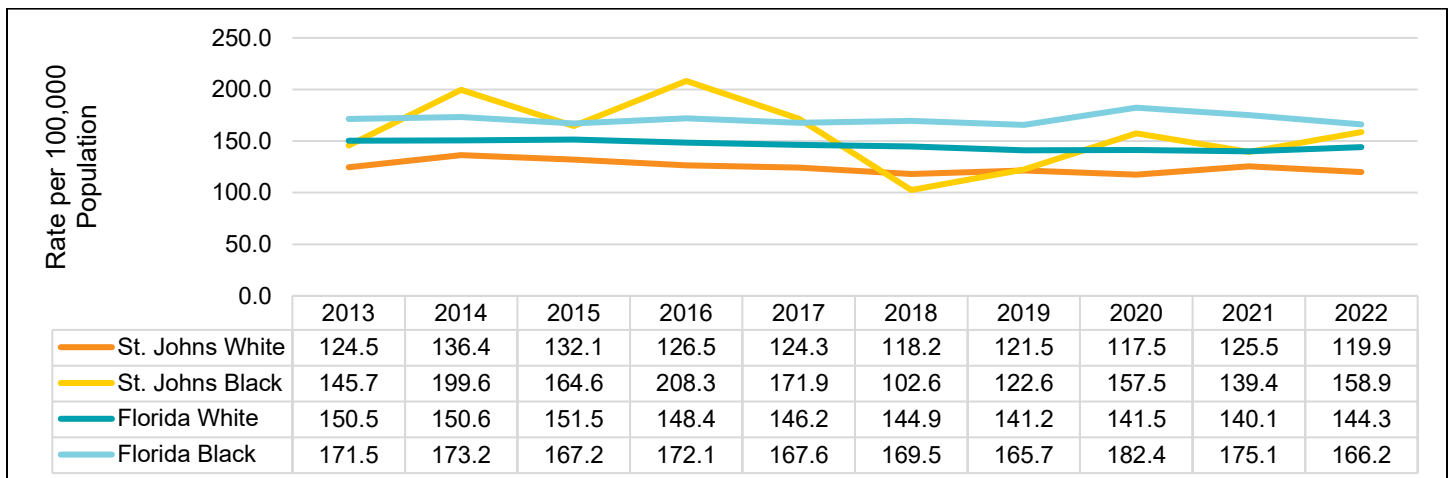
EXHIBIT 15: HEART DISEASE MORTALITY RATE, ST. JOHNS COUNTY & FLORIDA, AGE-ADJUSTED RATE PER 100,000, 2013–2022



Source: [Florida Department of Health, Bureau of Vital Statistics, Deaths from Heart Disease](#). Date Sourced: March 20, 2024.

St. Johns County's Black residents have a higher heart disease mortality rate than White residents, and the mortality rate for Black residents increased by 9.1% from 2013 to 2022, although there were some fluctuations. The mortality rate among St. Johns County's White residents slightly decreased by 3.7% during the same time (Exhibit 16). The heart disease mortality rate for White and Black residents in St. Johns County was lower than Florida's Black population in 2022.

EXHIBIT 16: HEART DISEASE MORTALITY RATE BY RACE, ST. JOHNS COUNTY & FLORIDA, AGE-ADJUSTED RATE PER 100,000, 2013–2022



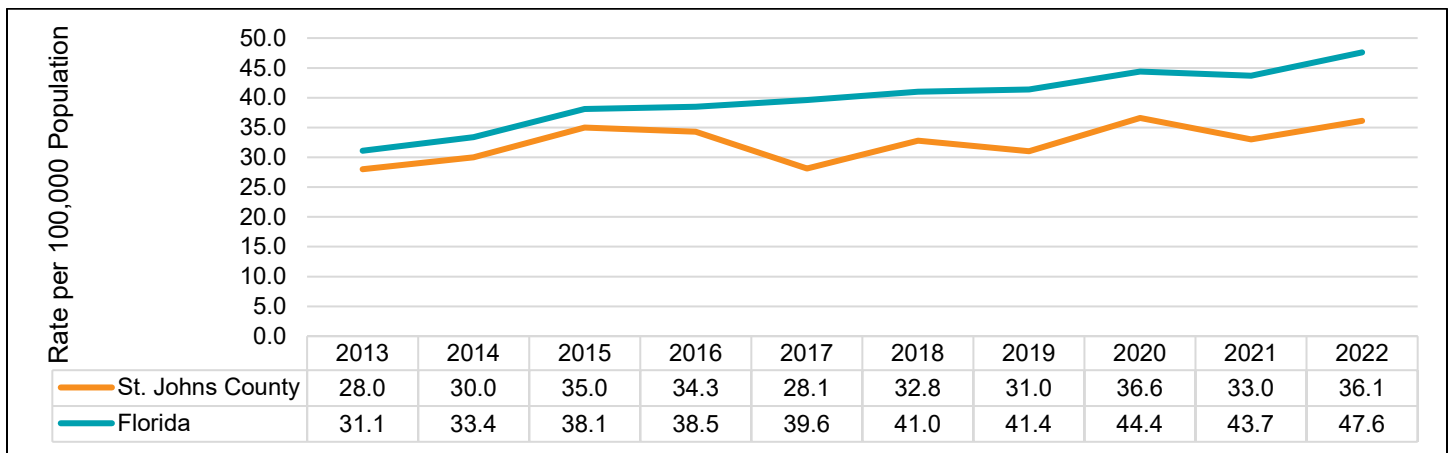
Source: [Florida Department of Health, Bureau of Vital Statistics, Deaths from Heart Disease](#). Date Sourced: March 20, 2024.

## Stroke

A stroke occurs when the blood supply to the brain is interrupted or when sudden bleeding in the brain occurs. This results in either damage or death to brain tissue in the affected area. There are multiple risk factors, including high blood pressure, high cholesterol, heart disease, diabetes, sickle cell disease, unhealthy diet, physical inactivity, alcohol, age, and family history. Stroke is the fifth leading cause of death in the U.S. and a notable cause of adult disability (CDC, 2022I).

St. Johns County's stroke mortality rate rose by 28.9% from 2013 to 2022. Florida's stroke mortality rate also increased from 2013 to 2022 by 53.1% (Exhibit 17).

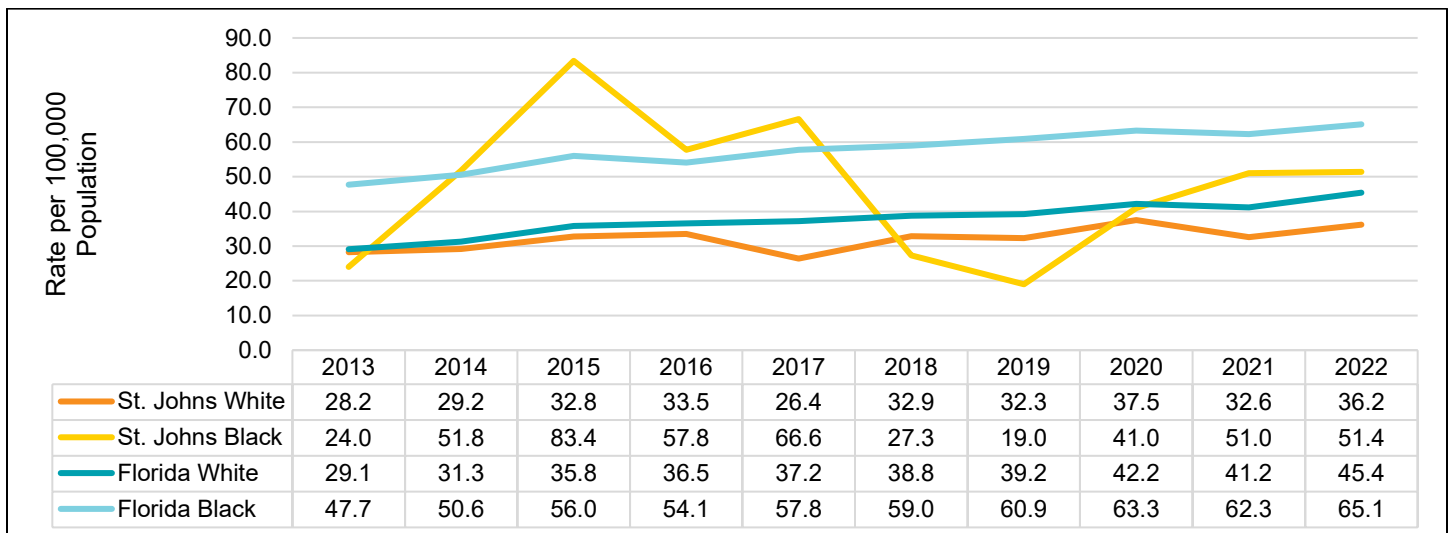
EXHIBIT 17: STROKE MORTALITY RATE, ST. JOHNS COUNTY & FLORIDA, AGE-ADJUSTED RATE PER 100,000, 2013–2022



Source: [Florida Department of Health, Bureau of Vital Statistics, Deaths from Stroke](#). Date Sourced: March 20, 2024.

The stroke mortality rate for White St. Johns County residents increased by 28.4% from 2013 to 2022. The mortality rate for Black residents varied year to year but overall increased by 114.2% during the same period (Exhibit 18).

EXHIBIT 18: STROKE MORTALITY RATE BY RACE, ST. JOHNS COUNTY & FLORIDA, AGE-ADJUSTED RATE PER 100,000, 2013–2022



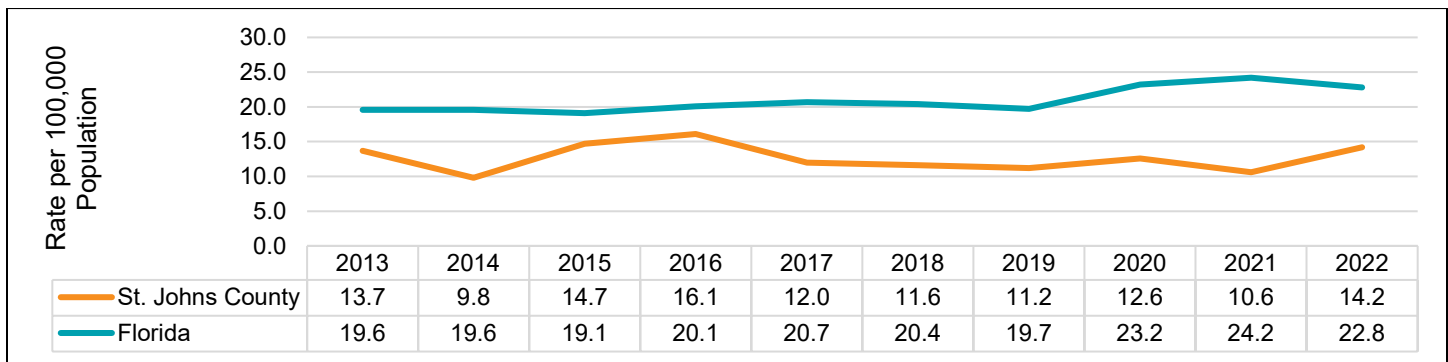
Source: [Florida Department of Health, Bureau of Vital Statistics, Deaths from Stroke](#). Date Sourced: March 20, 2024.

## Diabetes

Diabetes, a disease that causes abnormally high blood glucose levels, is the seventh leading cause of death in the U.S. and can lead to major health problems, such as heart disease, vision loss, and kidney failure. Type 1 diabetes, which accounts for about 5% of all diagnosed cases, results from an autoimmune reaction that prevents the body from producing insulin. Type 2 diabetes, which accounts for about 90% of all cases, is due to the body ineffectively using insulin and developing insulin resistance over time. Type 2 often develops in people over age 45 but has become more common among children, teens, and young adults. Pregnant women can develop gestational diabetes due to insulin resistance and are at risk of developing type 2 diabetes in the future (CDC, 2023g).

St. Johns County's diabetes mortality rate had a slight increase from 2013 to 2022, seeing the lowest rate in 2014. Florida, in comparison, increased by 16.3% in the same time period (Exhibit 19).

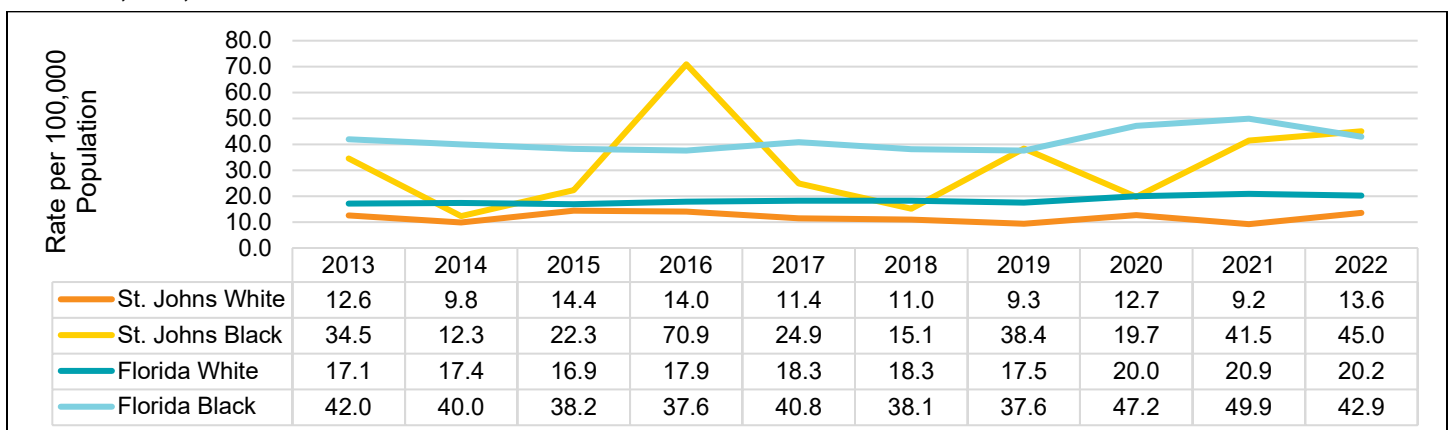
EXHIBIT 19: DIABETES MORTALITY RATE, ST. JOHNS COUNTY & FLORIDA, AGE-ADJUSTED RATE PER 100,000, 2013–2022



Source: [Florida Department of Health, Bureau of Vital Statistics, Deaths from Diabetes](#). Date Sourced: March 20, 2024.

The White population's mortality rates in St. Johns County and Florida was below Black populations' rates from 2013 to 2022, with the exception of 2014, 2018, and 2020. White St. Johns County residents' mortality rate increased by 7.9% from 2013 to 2022. In comparison, Black residents' mortality rate increased and decreased multiple times during the same time period, seeing the highest rates in 2016 and 2022 (Exhibit 20).

EXHIBIT 20: DIABETES MORTALITY RATE BY RACE, ST. JOHNS COUNTY & FLORIDA, AGE-ADJUSTED RATE PER 100,000, 2013–2022



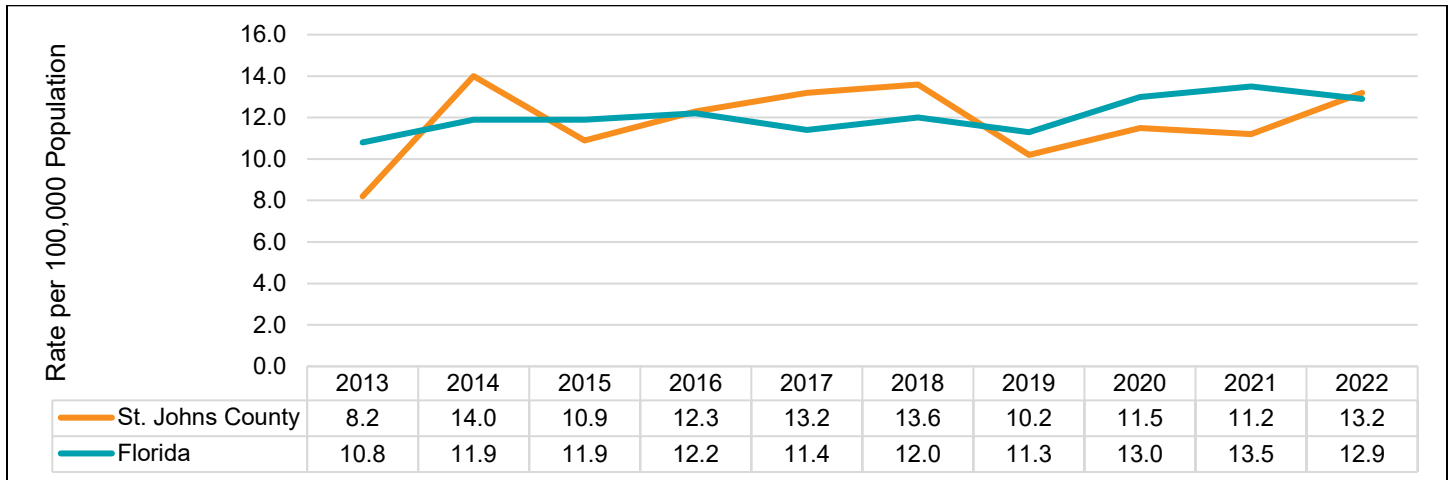
Source: [Florida Department of Health, Bureau of Vital Statistics, Deaths from Diabetes](#). Date Sourced: March 20, 2024.

## Chronic Liver Disease and Cirrhosis

The liver is an essential organ that aids in digestion and removes toxic substances. Liver disease can result from inherited conditions or damage due to factors such as viruses, alcohol use, or cancer. Over time, this damage causes scarring or cirrhosis, which can lead to liver failure (Mayo Clinic, n.d.).

The mortality rate from liver disease and cirrhosis in St. Johns County fluctuated from 2013 to 2022 but had an overall increase of 61.0%. Florida's mortality rate also increased from 2013 to 2022 by 19.4% (Exhibit 21).

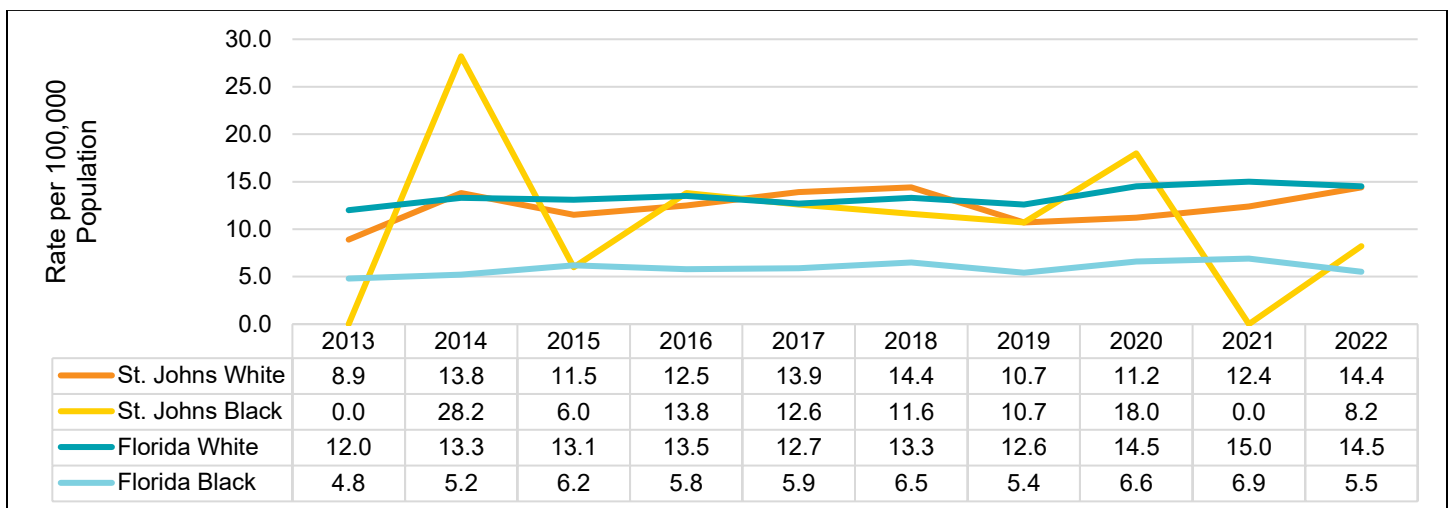
EXHIBIT 21: CHRONIC LIVER DISEASE AND CIRRHOSIS MORTALITY RATE, ST. JOHNS COUNTY & FLORIDA, AGE-ADJUSTED RATE PER 100,000, 2013–2022



Source: [Florida Department of Health, Bureau of Vital Statistics, Deaths from Chronic Liver Disease and Cirrhosis](#). Date Sourced: March 20, 2024.

The Black population's mortality rate in St. Johns County fluctuated from 2013 to 2022. Death counts were in the single digits, which explains the erratic variation. The White population's mortality rate increased by 61.8% from 2013 to 2022. The non-White populations' mortality rate for both St. Johns County and Florida generally fell below that of the White populations from 2013 to 2022 (Exhibit 22).

EXHIBIT 22: CHRONIC LIVER DISEASE AND CIRRHOSIS MORTALITY RATE BY RACE, ST. JOHNS COUNTY & FLORIDA, AGE-ADJUSTED RATE PER 100,000, 2013–2022



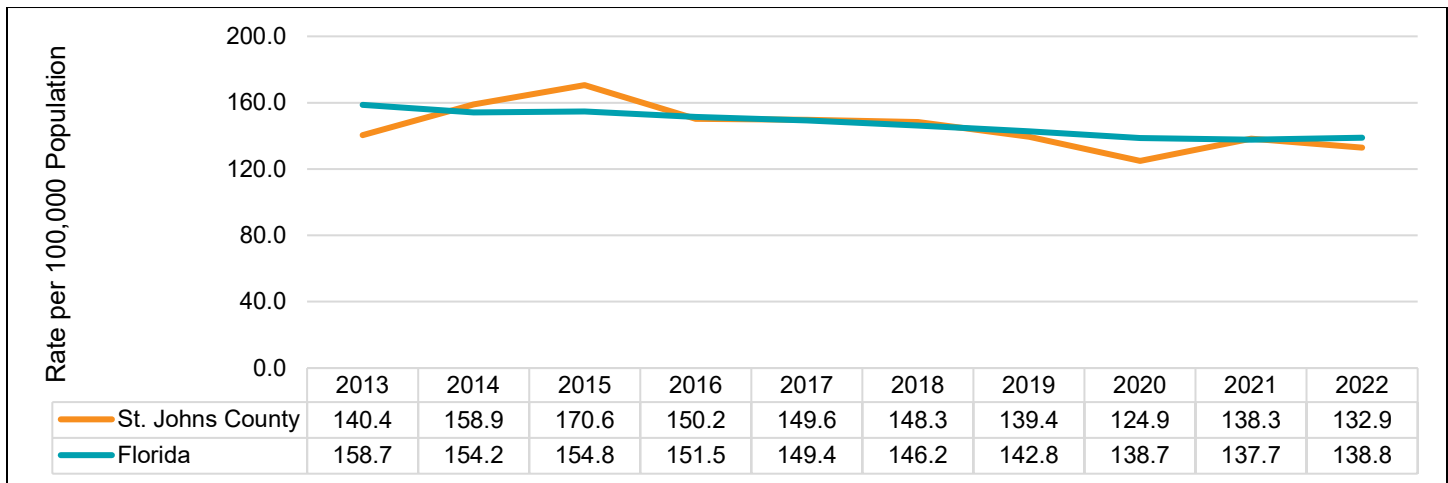
Source: [Florida Department of Health, Bureau of Vital Statistics, Deaths from Chronic Liver Disease and Cirrhosis](#). Date Sourced: March 20, 2024.

## Cancer

Cancer is a large group of diseases characterized by the invasive and uncontrolled growth of abnormal cells. These cells can form growths called tumors that are either benign or malignant. Unlike malignant tumors, benign tumors do not invade nearby tissues (NCI, 2021). Cancer was the second leading cause of death in both St. Johns County and Florida in 2021 (Exhibit 2).

The cancer mortality rate has been on the decline for both St. Johns County and Florida from 2013 to 2022. During this time, St. Johns County's rate decreased by 5.3% compared to 12.5% for Florida (Exhibit 23).

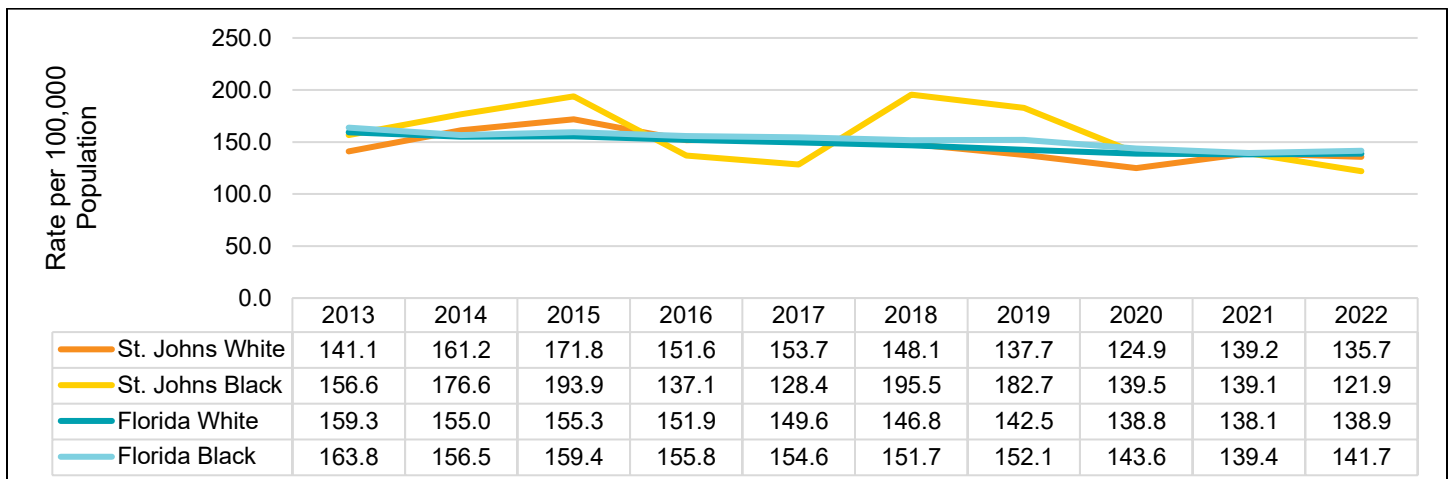
**EXHIBIT 23: CANCER MORTALITY RATE, ST. JOHNS COUNTY & FLORIDA, AGE-ADJUSTED RATE PER 100,000, 2013–2022**



Source: [Florida Department of Health, Bureau of Vital Statistics, Deaths from Cancer](#). Date Sourced: March 20, 2024.

The mortality rate for St. Johns County's White population was higher than the mortality rate for Black St. Johns residents in 2022. However, the mortality rate for St. Johns County's White population decreased by 3.8% from 2013 to 2022. The county's Black population's rate also decreased during the same time period (Exhibit 24).

**EXHIBIT 24: CANCER MORTALITY RATE BY RACE, ST. JOHNS COUNTY & FLORIDA, AGE-ADJUSTED RATE PER 100,000, 2013–2022**



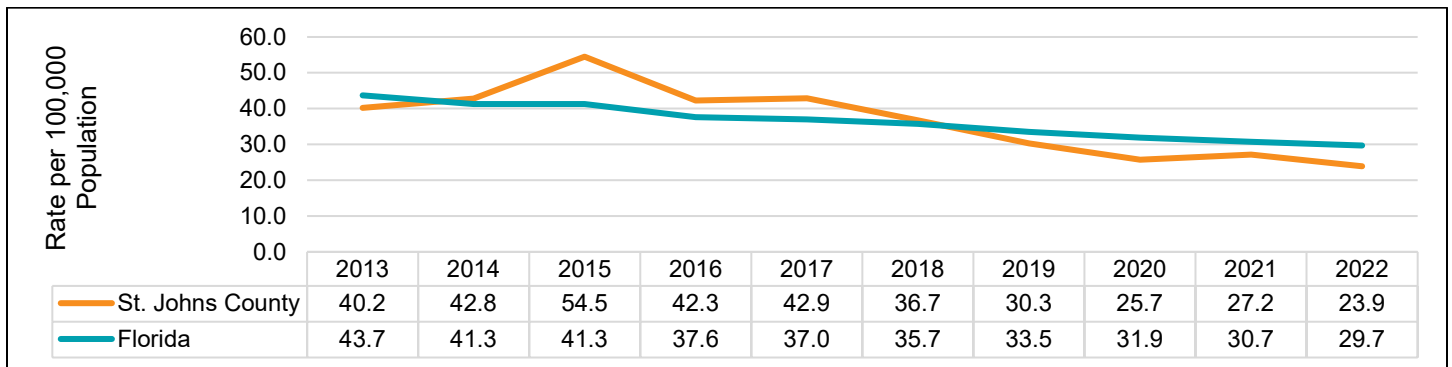
Source: [Florida Department of Health, Bureau of Vital Statistics, Deaths from Cancer](#). Date Sourced: March 20, 2024.

## Lung Cancer

Lung cancer is the leading cause of cancer deaths in the United States, but rates have been steadily declining for decades. The number one cause of lung cancer is cigarette smoking, while other causes include secondhand smoke, environmental exposures to asbestos and radon, and family history (CDC, 2022k).

The mortality rate has decreased for both St. Johns County and Florida from 2013 to 2022. St. Johns County's rate decreased by 40.5% compared to 32.0% for Florida. St. Johns County's lung cancer mortality rate has been lower than the state average since 2019 (Exhibit 25).

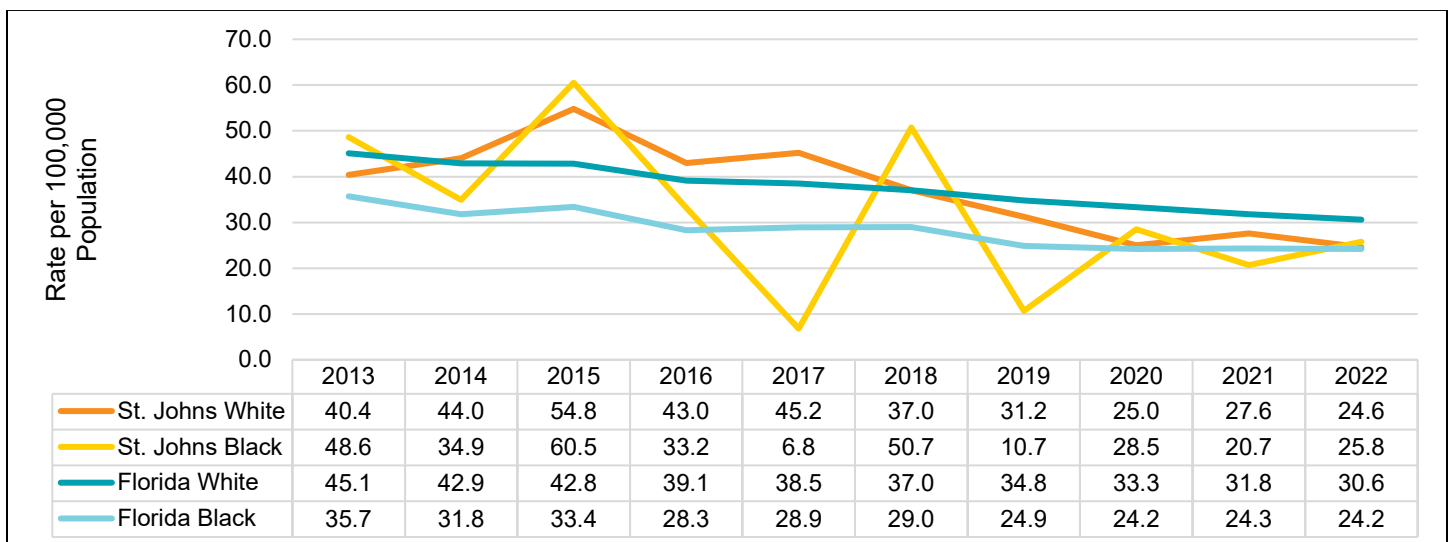
**EXHIBIT 25: LUNG CANCER MORTALITY RATE, ST. JOHNS COUNTY & FLORIDA, AGE-ADJUSTED RATE PER 100,000, 2013–2022**



Source: [Florida Department of Health, Bureau of Vital Statistics, Deaths from Lung Cancer](#). Date Sourced: March 20, 2024.

White Floridians and St. Johns County residents have a higher lung cancer mortality rate than non-White populations. Despite decreasing by 39.1% from 2013 to 2022, the mortality rate for St. Johns County's White population has only been lower than the state rate since 2018. There was a 46.9% decrease in lung cancer mortality among St. Johns County's Black population during this time (Exhibit 26).

**EXHIBIT 26: LUNG CANCER MORTALITY RATE BY RACE, ST. JOHNS COUNTY & FLORIDA, AGE-ADJUSTED RATE PER 100,000, 2013–2022**



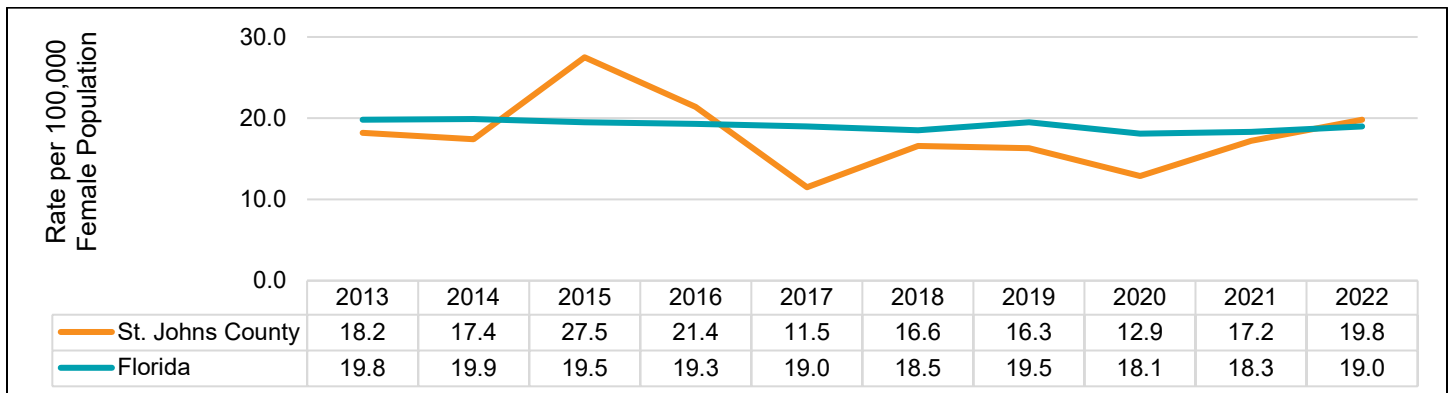
Source: [Florida Department of Health, Bureau of Vital Statistics, Deaths from Lung Cancer](#). Date Sourced: March 20, 2024.

## Female Breast Cancer

Breast cancer is the second leading cause of cancer death among women, but deaths have declined over time. Black women have a higher rate of death from breast cancer than White women. Breast cancer is due to a combination of risk factors, with the main factors being gender and aging. Receiving regular breast cancer screenings, called mammograms, can help find breast cancer at an early stage, which can lead to a better outcome from treatment (CDC, 2022f).

Female breast cancer mortality rates in St. Johns County have slightly increased by 8.8% from 2013 to 2022. In contrast, Florida mortality rates have slightly decreased by 4.0% during the same time period (Exhibit 27).

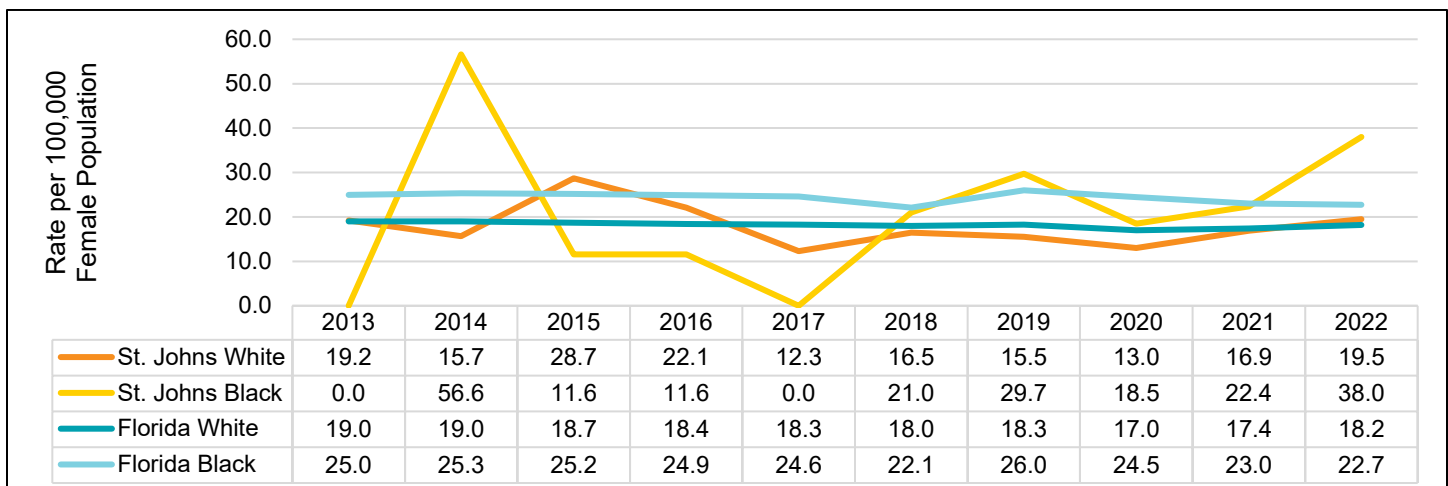
**EXHIBIT 27: FEMALE BREAST CANCER MORTALITY RATE, ST. JOHNS COUNTY & FLORIDA, AGE-ADJUSTED RATE PER 100,000, 2013–2022**



Source: [Florida Department of Health, Bureau of Vital Statistics, Deaths from Female Breast Cancer](#). Date Sourced: March 20, 2024.

The breast cancer mortality rate has fluctuated significantly for both St. Johns County's White and Black populations over the past decade. The non-White population had an increase from 2013 to 2015 before decreasing in 2020 and then steadily increasing again. Death counts for breast cancer are relatively small, explaining some of the variation. Mortality among Florida's White and non-White populations slowly decreased from 2012 to 2021 (Exhibit 28).

**EXHIBIT 28: FEMALE BREAST CANCER MORTALITY RATE BY RACE, ST. JOHNS COUNTY & FLORIDA, AGE-ADJUSTED RATE PER 100,000, 2013–2022**



Source: [Florida Department of Health, Bureau of Vital Statistics, Deaths from Female Breast Cancer](#). Date Sourced: March 20, 2024.

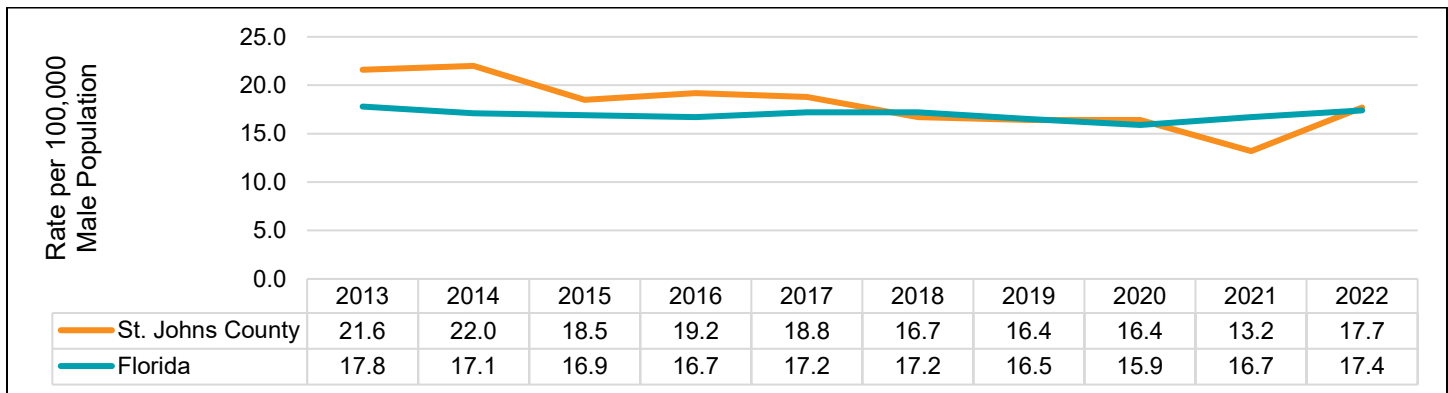


## Prostate Cancer

Prostate cancer is the most common cancer among men. The prostate is a part of the male reproductive system, and all men are at risk for the disease. The most common risk factor is age, but other risk factors include family history and being African American (CDC, 2022c).

The prostate cancer mortality rate in St. Johns County has decreased by 18.1% from 2013 to 2022. The Florida rate had a 2.2% decrease during the same time period (Exhibit 29).

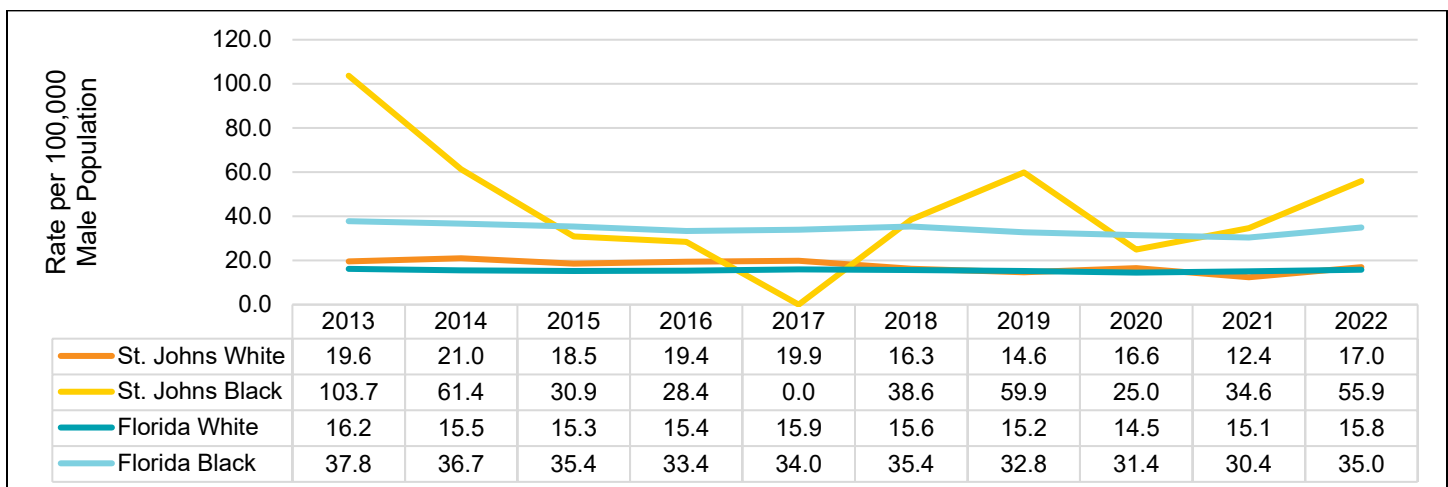
**EXHIBIT 29: PROSTATE CANCER MORTALITY RATE, ST. JOHNS COUNTY & FLORIDA, AGE-ADJUSTED RATE PER 100,000, 2013–2022**



Source: [Florida Department of Health, Bureau of Vital Statistics, Deaths from Prostate Cancer](#). Date Sourced: March 20, 2024.

The Black St. Johns County population's mortality rate decreased from 2013 to 2017 and has increased (with a slight decrease in 2020) since. The mortality rate for St. Johns County's White population has had an overall decrease of 13.3% during the same time period (Exhibit 30).

**EXHIBIT 30: PROSTATE CANCER MORTALITY RATE BY RACE, ST. JOHNS COUNTY & FLORIDA, AGE-ADJUSTED RATE PER 100,000, 2013–2022**



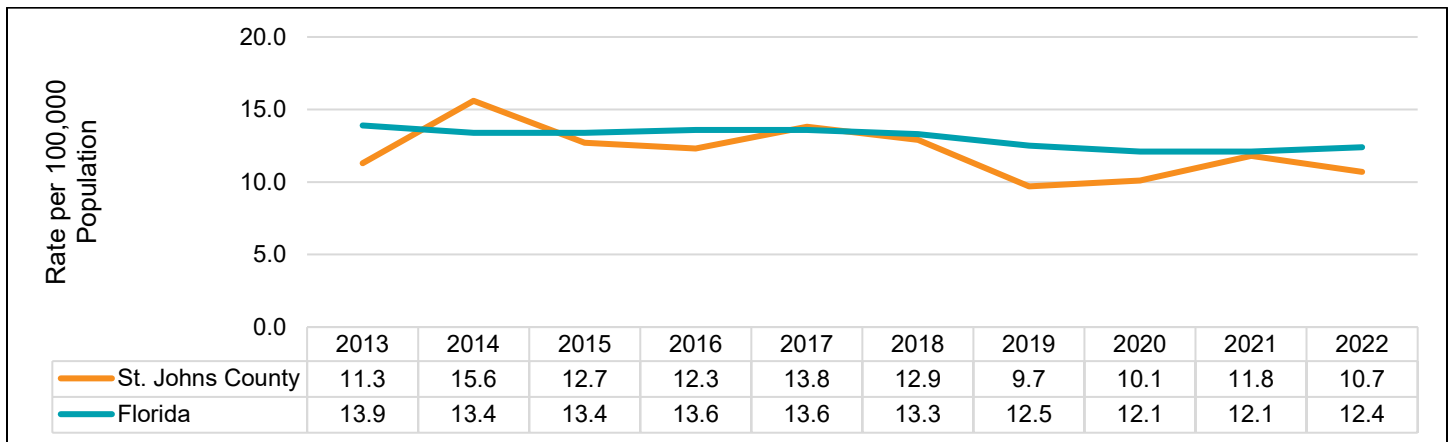
Source: [Florida Department of Health, Bureau of Vital Statistics, Deaths from Prostate Cancer](#). Date Sourced: March 20, 2024.

## Colorectal Cancer

Colorectal cancer is cancer of the colon or rectum and is a leading cause of cancer death in the U.S. Risk increases as a person ages, but other risk factors include inflammatory bowel disease, family history, genetic syndromes, and lifestyle factors such as a lack of physical activity, a low fiber and high-fat diet, and low fruit and vegetable consumption. Regular screenings are recommended starting at age 45 to reduce the risk of colorectal cancer (CDC, 2023b).

St. Johns County's colorectal cancer mortality rate fluctuated from 2013 to 2022 but had an overall decrease of 5.3%. During the same period, Florida's rate decreased by 10.8% (Exhibit 31).

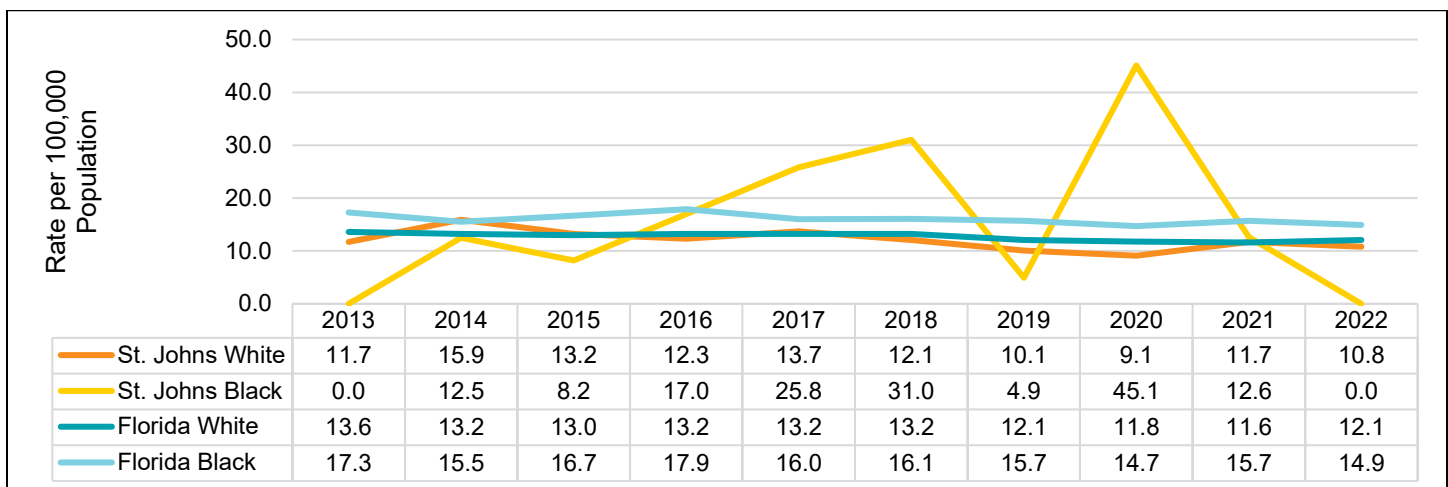
EXHIBIT 31: COLORECTAL CANCER MORTALITY RATE, ST. JOHNS COUNTY & FLORIDA, AGE-ADJUSTED RATE PER 100,000, 2013–2022



Source: [Florida Department of Health, Bureau of Vital Statistics, Deaths from Colorectal Cancer](#). Date Sourced: March 20, 2024.

The St. Johns County White population's mortality rate decreased by 7.7% from 2013 to 2022. The colorectal cancer mortality rate for St. Johns County Black residents fluctuated drastically during the same period (Exhibit 32). Due to single-digit counts, Black St. Johns County residents may show more significant variations.

EXHIBIT 32: COLORECTAL CANCER MORTALITY RATE BY RACE, ST. JOHNS COUNTY & FLORIDA, AGE-ADJUSTED RATE PER 100,000, 2013–2022



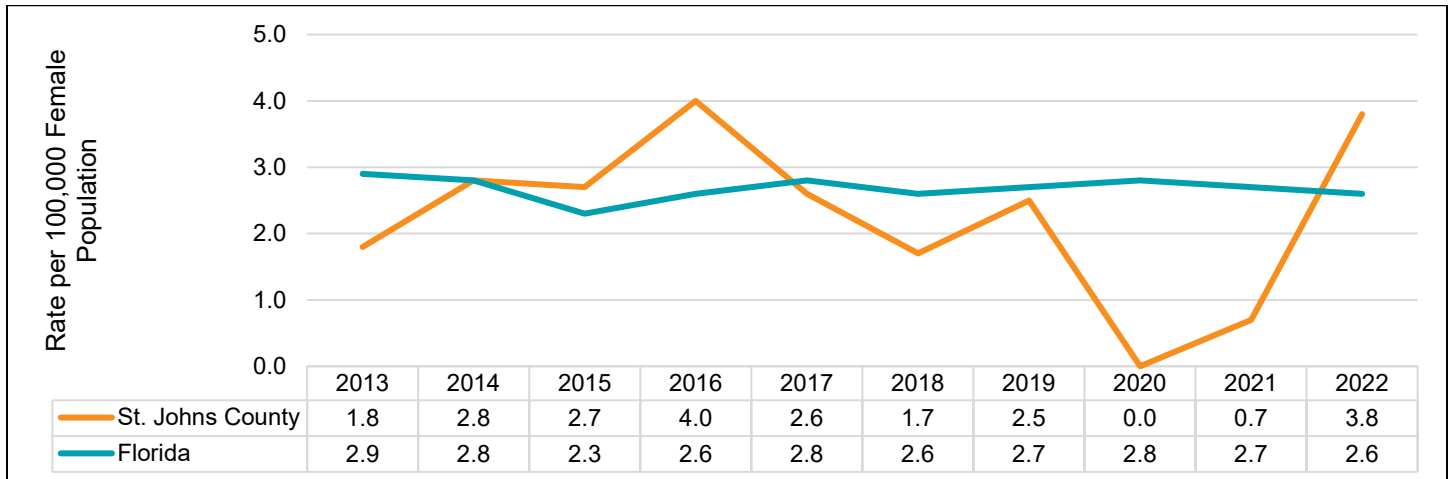
Source: [Florida Department of Health, Bureau of Vital Statistics, Deaths from Colorectal Cancer](#). Date Sourced: March 20, 2024.

## Cervical Cancer

Almost all cervical cancers are caused by human papillomavirus (HPV), which is passed from person to person during sex, but other risk factors include HIV and tobacco smoking. Screening tests and the HPV vaccine can help prevent cervical cancer in anyone with a cervix (CDC, 2022m).

St. Johns County's cervical cancer mortality rate fluctuated from 2013 to 2022 but increased overall by 43.8%. During the same period, Florida's rate slightly decreased by 6.9% (Exhibit 33).

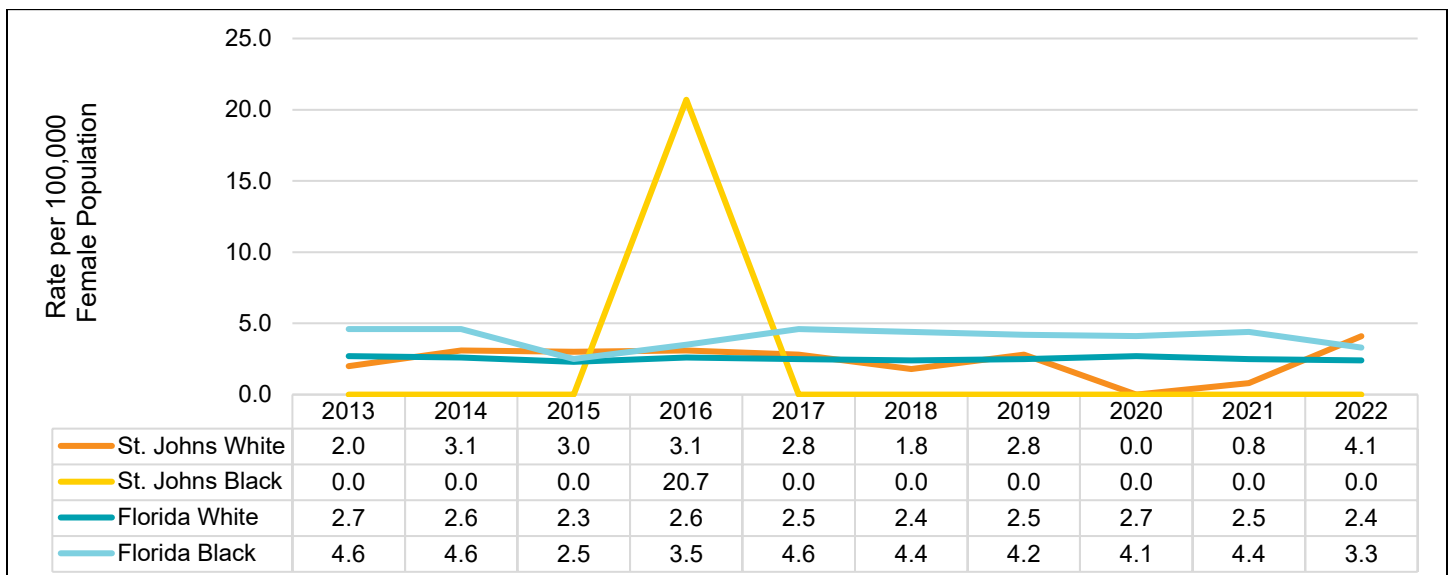
**EXHIBIT 33: CERVICAL CANCER MORTALITY RATE, ST. JOHNS COUNTY & FLORIDA, AGE-ADJUSTED RATE PER 100,000, 2013–2022**



Source: [Florida Department of Health, Bureau of Vital Statistics, Deaths from Cervical Cancer](#). Date Sourced: March 20, 2024.

The St. Johns County White population's mortality rate increased by 105.0% from 2013 to 2022. St. Johns County non-White residents saw a spike in cervical cancer mortality rates in 2016, but rates have been zero for every other year in the analyzed period. The rates in non-White St. Johns County residents may show more significant variations due to single-digit counts (Exhibit 34).

**EXHIBIT 34: CERVICAL CANCER MORTALITY RATE BY RACE, ST. JOHNS COUNTY & FLORIDA, AGE-ADJUSTED RATE PER 100,000, 2013–2022**



Source: [Florida Department of Health, Bureau of Vital Statistics, Deaths from Cervical Cancer](#). Date Sourced: March 20, 2024.

## Sexually Transmitted Diseases

Sexually transmitted diseases (STDs) are infections by bacteria, viruses, or parasites transmitted through sexual contact. They can have a devastating impact on women and infants, especially due to their inter-relationship with HIV/AIDS. Besides increasing the risk of getting and transmitting HIV, STDs can also produce other long-term health problems. These include pelvic inflammatory disease, infertility, tubal or ectopic pregnancy, cervical cancer, and perinatal or congenital infection in infants born to infected mothers (NIAID, 2015).

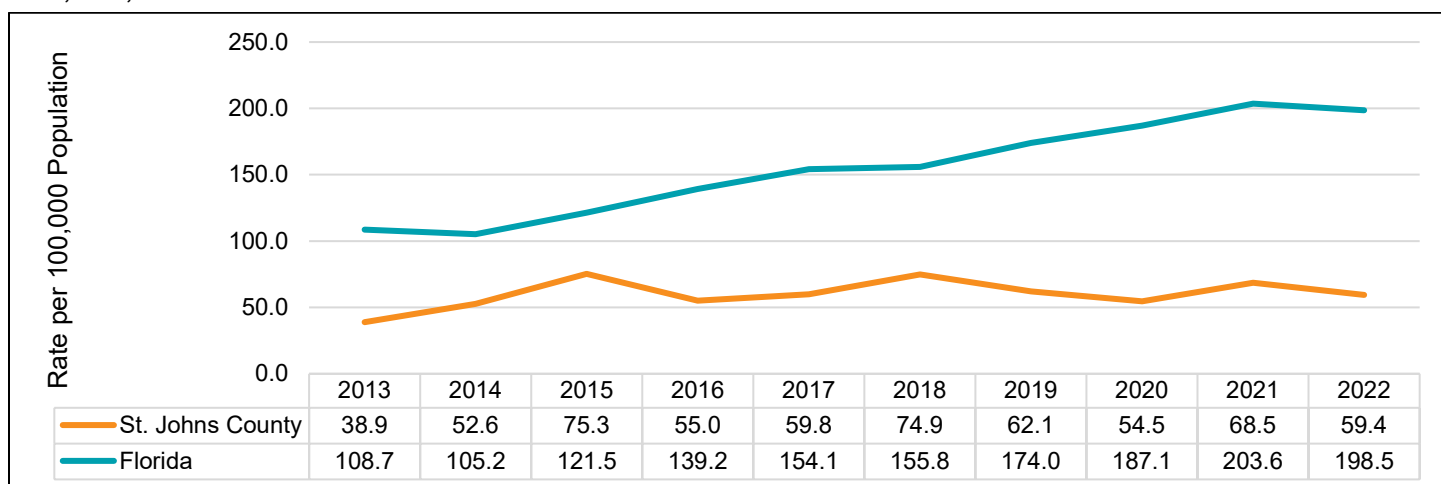
### Gonorrhea

Gonorrhea is a common STD caused by *Neisseria gonorrhoeae* bacteria, transmitted through sexual contact with the penis, vagina, mouth, or anus of an infected person without the need for ejaculation. An infected pregnant woman can also spread the bacteria to her baby during delivery, potentially causing blindness, joint infection, or a life-threatening blood infection in the baby. While anyone who is sexually active can be infected, the highest gonorrhea rates are among teens, young adults, and African Americans. Reinfection can also occur in those who received treatment for an earlier infection (CDC, 2023e).

Most infected people do not experience symptoms. Symptoms in women include painful or difficult urination, increased vaginal discharge, or vaginal bleeding between periods. Serious complications occur when gonorrhea spreads into the uterus or fallopian tubes and causes PID, as seen in chlamydia. Men with urethral infections present with painful or difficult urination and/or white, yellow, or green discharge (CDC, 2023e).

From 2013 to 2022, St. Johns County's gonorrhea incidence rate (rate of new cases) increased by 52.7%, while Florida's rate increased by 82.6% (Exhibit 35).

EXHIBIT 35: INCIDENCE OF GONORRHEA, ST. JOHNS COUNTY & FLORIDA, AGE-ADJUSTED RATE PER 100,000, 2013–2022



Source: [Florida Department of Health, Bureau of Communicable Diseases, Cases of Gonorrhea](#). Date Sourced: March 19, 2024.

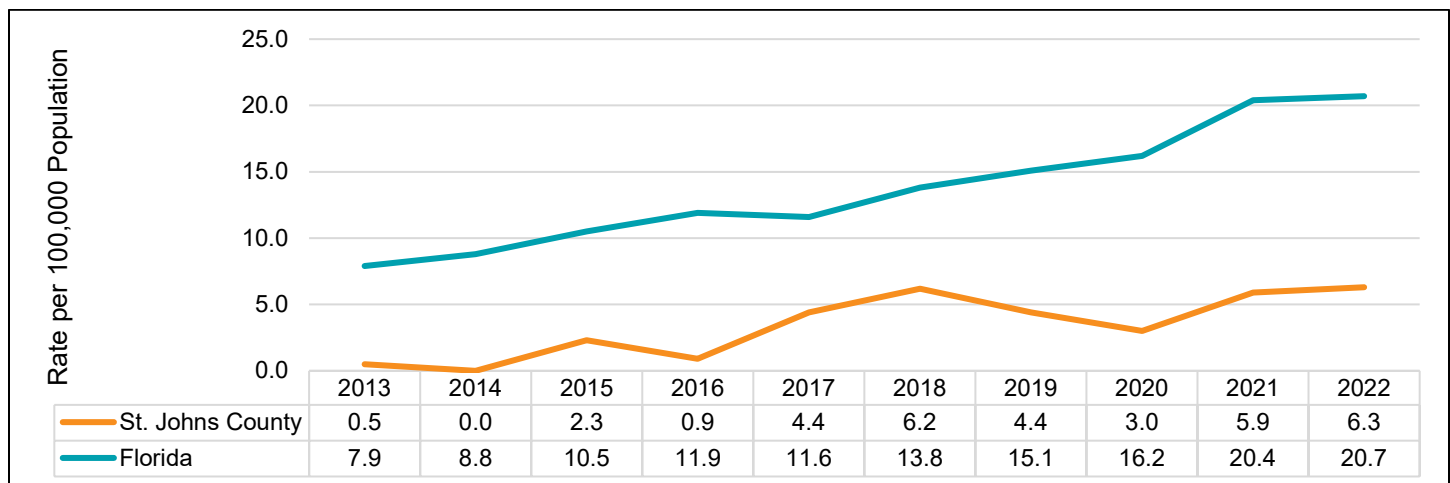
### Infectious Syphilis

Syphilis, caused by the bacterium *Treponema pallidum*, can cause serious chronic health problems if not properly treated. Transmission can occur during vaginal, anal, or oral sex by direct contact with a syphilitic sore, known as a chancre. Chancres can occur on or around the external genitals, in the

vagina, around the anus, in the rectum, or in or around the mouth. Infected pregnant women can spread syphilis to their unborn children. Symptoms can look like many other diseases and may last for weeks, months, or even years if untreated (CDC, 2023f).

Infectious syphilis rates have drastically increased in both St. Johns County and Florida from 2013 to 2022 (Exhibit 36).

EXHIBIT 36: INCIDENCE OF INFECTIOUS SYPHILIS, ST. JOHNS COUNTY & FLORIDA, AGE-ADJUSTED RATE PER 100,000, 2013–2022



Source: [Florida Department of Health, Bureau of Communicable Diseases, Cases of Infectious Syphilis](#). Date Sourced: March 19, 2024.

## Behavioral Risk Factor Surveillance System

Exhibit 37 shows select indicators related to chronic disease prevention for St. Johns County.

EXHIBIT 37: SELECTED BRFSS DATA, ST. JOHNS COUNTY & FLORIDA, 2019

Alcohol Consumption	St. Johns County	Florida
Adults who engage in heavy or binge drinking	20.9%	18.0%
Diabetes	St. Johns County	Florida
Adults who have ever been told they had pre-diabetes	7.6%	9.1%
Adults who have ever been told they had diabetes	8.7%	11.7%
Average age at which diabetes was diagnosed	49	50
Obesity and Overweight	St. Johns County	Florida
Adults who are overweight	34.3%	37.6%
Adults who are obese	24.0%	27.0%
Adults who have a healthy weight	38.4%	32.8%
Tobacco Usage	St. Johns County	Florida
Adults who are current smokers	14.6%	14.8%
Adult current smokers who tried to quit smoking at least once in the past year	50.1%	59.0%
Adults who are former smokers (currently quit smoking)	28.7%	26.3%

Adults who have never smoked	56.8%	58.9%
Adults who are current e-cigarette users	5.7%	7.5%
Adults who are former e-cigarette users	17.4%	18.4%
Adults who have never used e-cigarettes	76.9%	74.1%

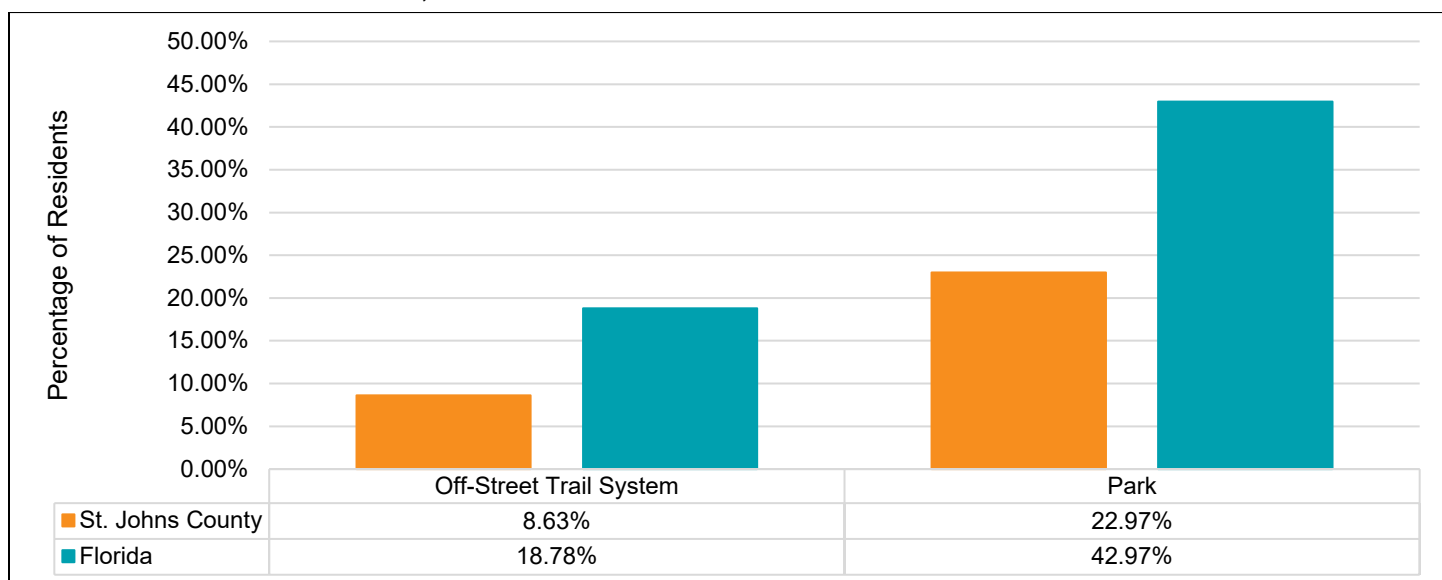
Source: [2019 Behavioral Risk Factor Surveillance System](#). Date Sourced: March 22, 2024.

Note: 2019 BRFSS is the latest county-level data available; therefore, indicators in this table compare the county-level and state-level data from 2019.

## Access to Trails, Parks, and Healthy Foods

In 2022, only 8.63% of St. Johns County residents lived within a half mile of an off-street trail system, compared to 18.78% of Floridians. Only 22.97% of St. Johns County residents lived within a half mile of a park, compared to 42.97% of Florida residents (Exhibit 38).

EXHIBIT 38: RESIDENTS LIVING WITHIN A TEN-MINUTE WALK (1/2 MILE) OF AN OFF-STREET TRAIL OR PARK, ST. JOHNS COUNTY & FLORIDA, 2022

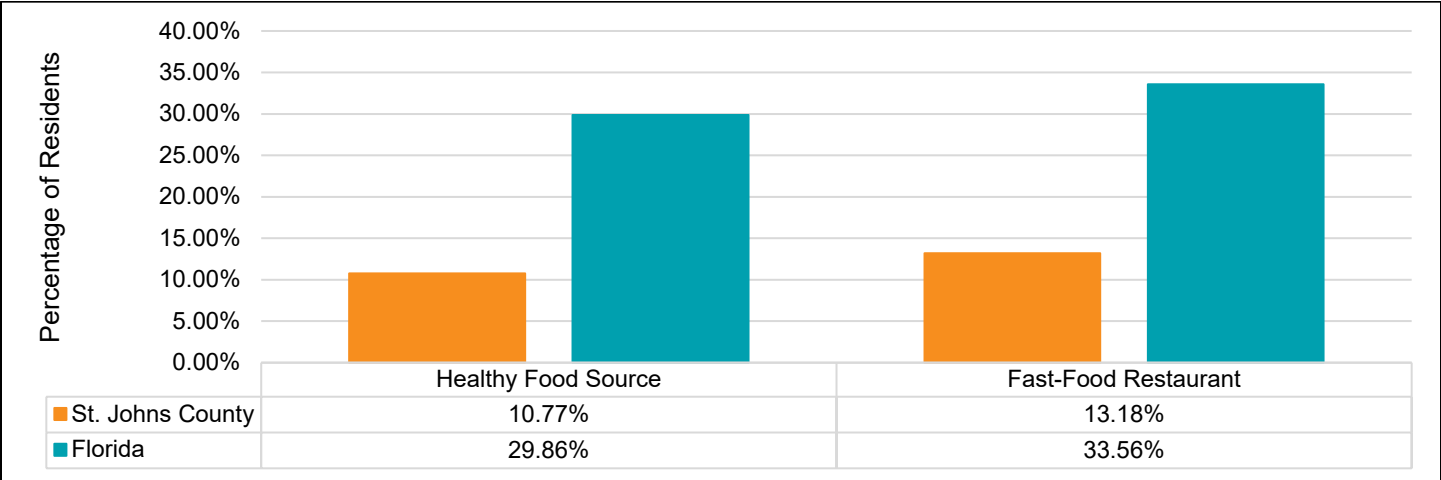


Source: [FDOH Environmental Public Health Tracking](#). Date Sourced: March 21, 2024.

Being able to access healthy foods is an essential part of making healthy lifestyle choices and adds to a person’s quality of life. A healthy food source is defined as grocery stores, supermarkets, and registered produce stands where residents have access to a variety of foods including fresh fruits and vegetables. On the other hand, fast-food restaurants are defined as inexpensive and convenient food options with high caloric content, which can have numerous negative health effects.

Exhibit 39 shows the percentage of residents living within a ten-minute walk of a healthy food source or a fast-food restaurant. In 2022, only 10.77% of St. Johns County residents lived within a half-mile, or a ten-minute walk, of a healthy food source, compared to 29.86% of Floridians. In 2022, 13.18% of St. Johns residents lived within a half-mile of a fast-food restaurant, compared to 33.56% of Florida residents.

EXHIBIT 39: RESIDENTS LIVING WITHIN A TEN-MINUTE WALK (1/2 MILE) OF A HEALTHY FOOD SOURCE OR FAST-FOOD RESTAURANT, ST. JOHNS COUNTY & FLORIDA, 2022



Source: [FDOH Environmental Public Health Tracking](#). Date Sourced: March 21, 2024.

### Mental & Behavioral Health

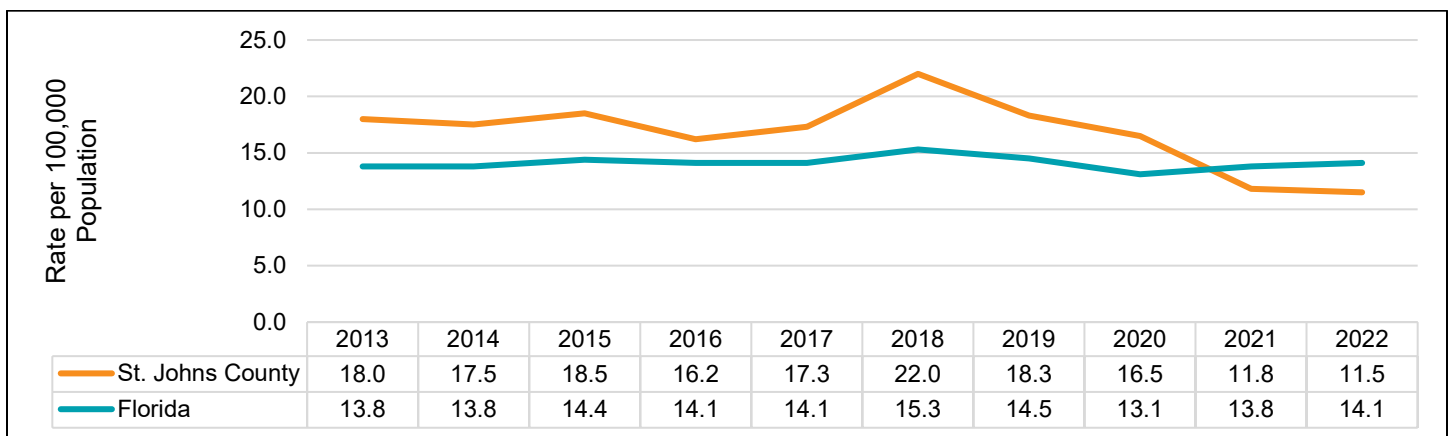
Behavioral healthcare—including mental health, substance abuse, and resources—is an extremely important part of a healthy community. Mental and behavioral healthcare focuses on the prevention, diagnosis, and treatment of these conditions. There are many factors that play a role in determining a person’s overall mental health state. Key data related to mental and behavioral health in St. Johns County is presented below.

## Suicide

Suicide occurs when a person ends their own life and is a leading cause of death in the U.S. (CDC, 2023i). Death is not the only consequence of suicide. More people survive suicide attempts than die, and suicide survivors may have serious injuries, such as broken bones, brain damage, or organ failure (CDC, 2023i). People who have attempted suicide may have experienced violence, including child abuse, bullying, or sexual violence, and may even have depression and other mental health problems (CDC, 2023i).

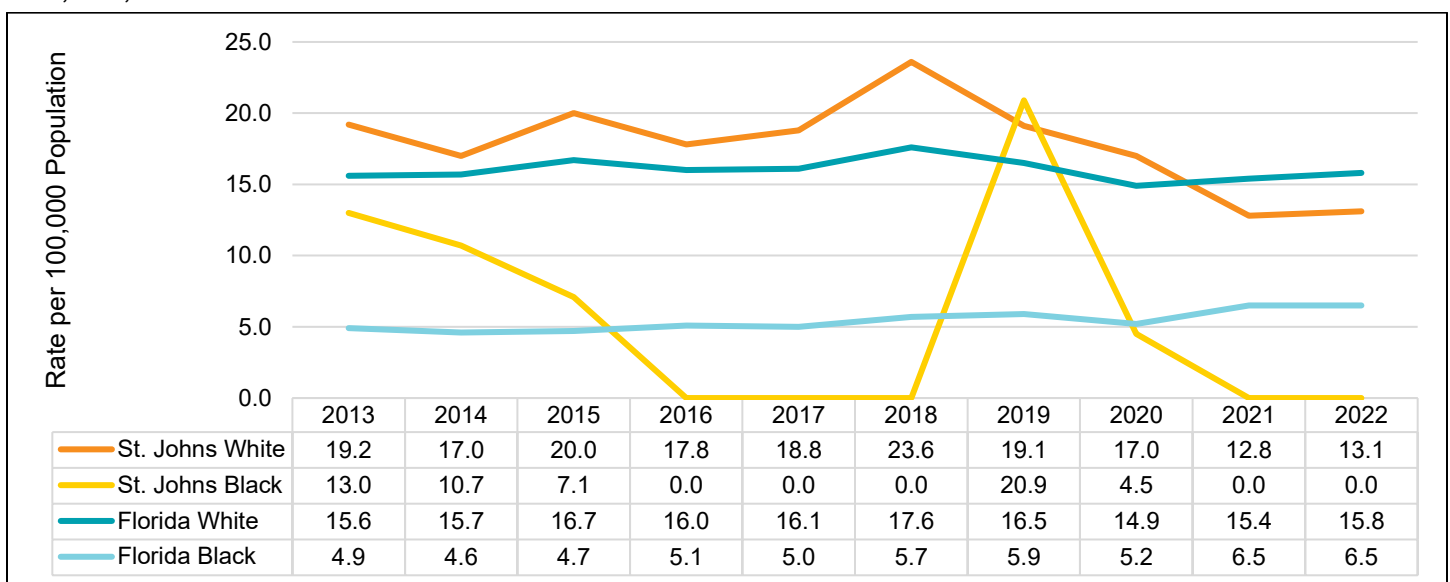
St. Johns County's suicide death rate has fluctuated slightly over the past decade and most notably had a 47.7% decrease from 2018 to 2022 (Exhibit 40). In both St. Johns County and Florida, suicide tends to occur much more frequently among White populations than Black populations, as shown in Exhibit 41.

EXHIBIT 40: SUICIDE MORTALITY RATE, ST. JOHNS COUNTY & FLORIDA, AGE-ADJUSTED RATE PER 100,000, 2013–2022



Source: [Florida Department of Health, Bureau of Vital Statistics, Deaths from Suicide](#). Date Sourced: March 21, 2024.

EXHIBIT 41: SUICIDE MORTALITY RATE BY RACE, ST. JOHNS COUNTY & FLORIDA, AGE-ADJUSTED RATE PER 100,000, 2013–2022



Source: [Florida Department of Health, Bureau of Vital Statistics, Deaths from Suicide](#). Date Sourced: March 21, 2024.

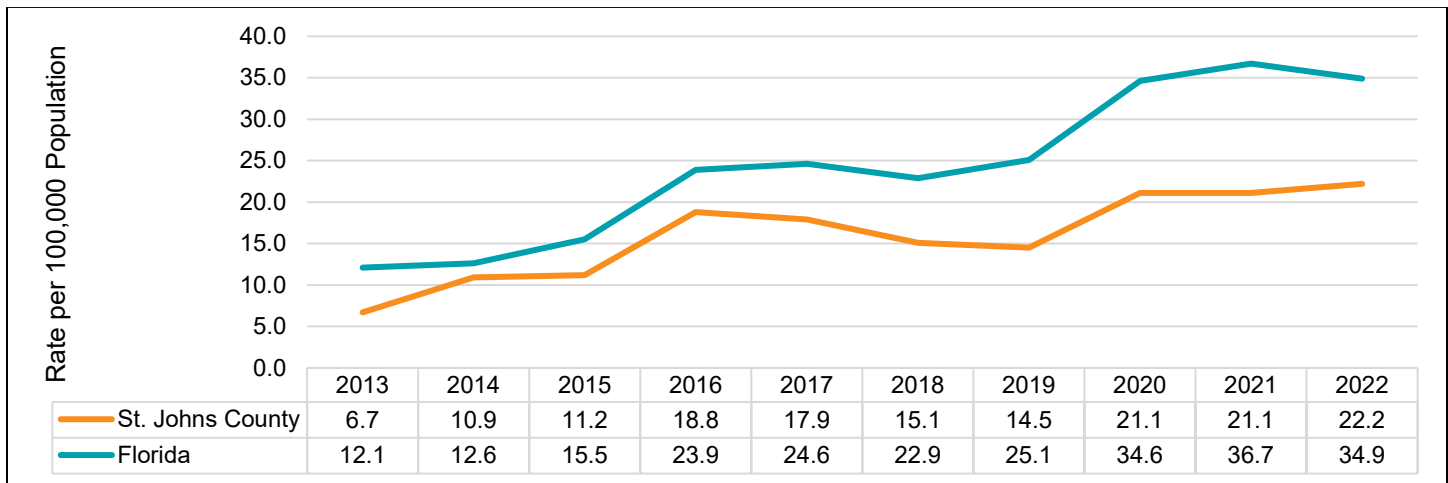


## Drug Poisoning Deaths

Drug poisoning deaths result from unintentional or intentional overdose of a drug, receiving the wrong drug, taking a drug in error, or taking a drug inadvertently (CDC, 2022i).

From 2013 to 2022, St. Johns County's rate of drug poisoning deaths increased by 231.3% and almost tripled in Florida during the same period (Exhibit 42).

EXHIBIT 42: INCIDENCE OF DRUG POISONING DEATHS, ST. JOHNS COUNTY & FLORIDA, AGE-ADJUSTED RATE PER 100,000, 2013–2022



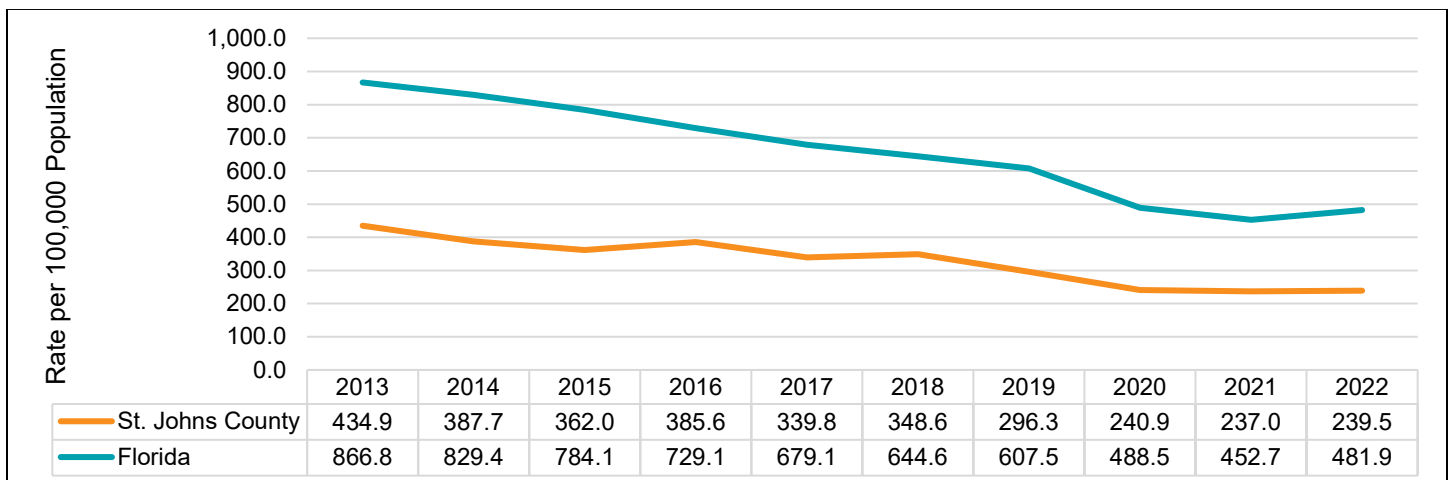
Source: [Florida Department of Health, Bureau of Vital Statistics, Deaths from Drug Poisoning](#). Date Sourced: March 21, 2024.

## Crime

Index crimes—comprising aggravated assault, burglary, larceny, motor vehicle theft, murder, robbery, and sexual offenses—track the number of offenses reported to law enforcement and not the arrests for the given crimes.

From 2013 to 2022, St. Johns County index crimes decreased by 44.9%. By comparison, index crimes in Florida decreased by 44.4% during the same period (Exhibit 43).

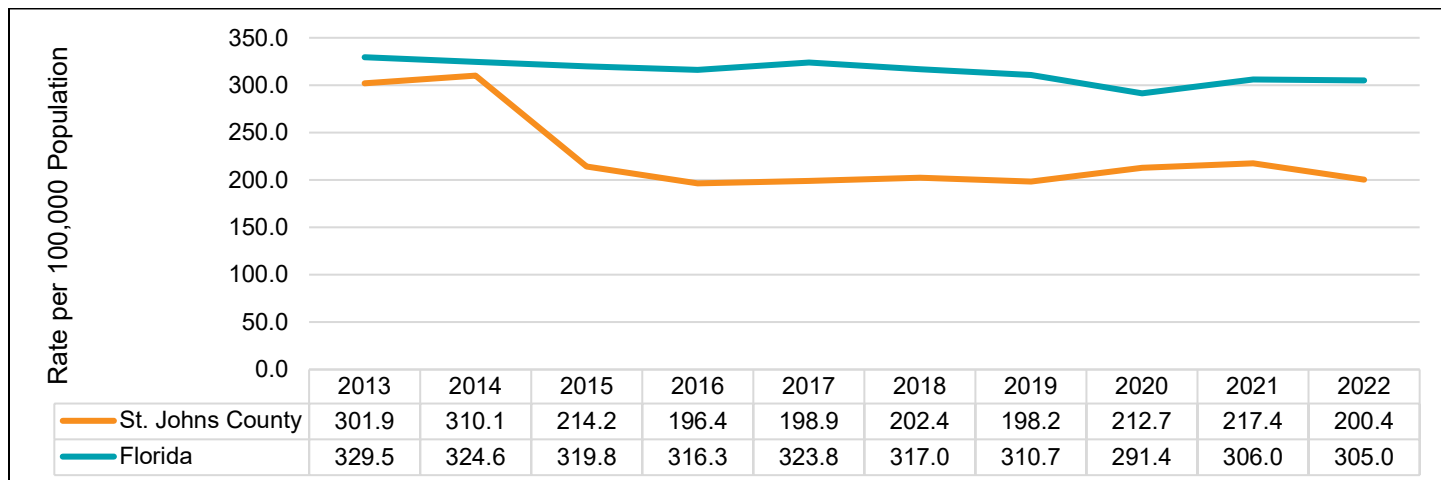
EXHIBIT 43: INCIDENCE OF INDEX CRIMES, ST. JOHNS COUNTY & FLORIDA, AGE-ADJUSTED RATE PER 100,000, 2013–2022



Source: [Florida Department of Health, Division of Disease Control and Health Protection, Incidence of Index Crimes](#). Date Sourced: March 20, 2024.

Overall, St. Johns County has a lower incidence of domestic violence offenses than the state. The incidence of domestic violence offenses in St. Johns County decreased by 33.6% from 2013 to 2022, compared to a 7.4% decrease in Florida during the same period (Exhibit 44).

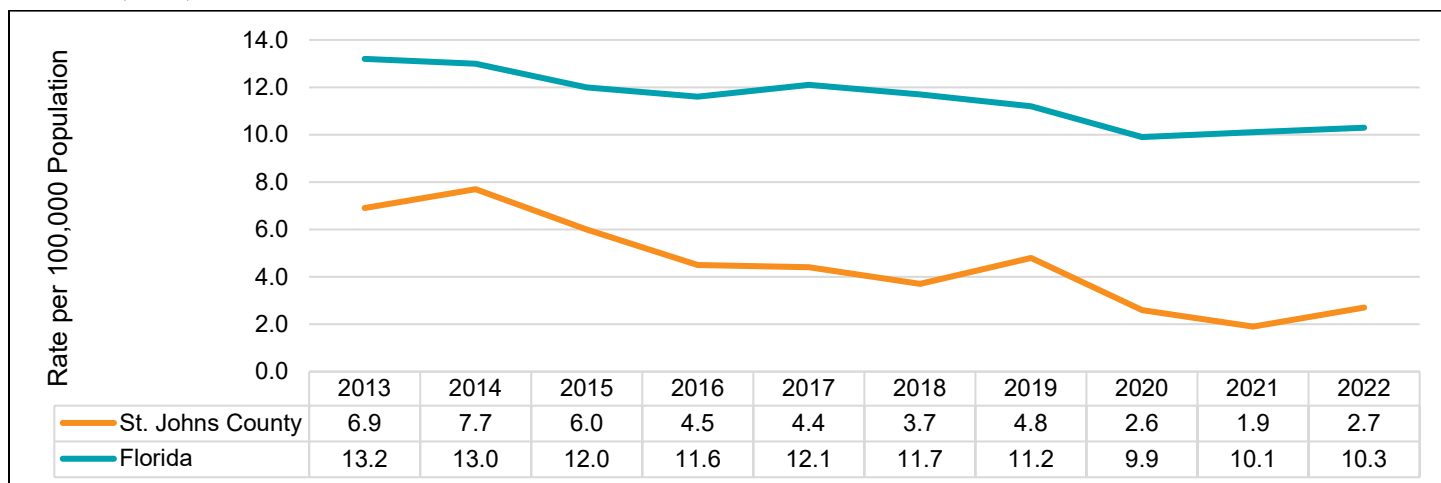
**EXHIBIT 44: INCIDENCE OF DOMESTIC VIOLENCE OFFENCES, ST. JOHNS COUNTY & FLORIDA, AGE-ADJUSTED RATE PER 100,000, 2013–2022**



Source: [Florida Department of Health, Division of Disease Control and Health Protection, Incidence of Domestic Violence Offenses](#). Date Sourced: March 20, 2024.

Forcible sex offenses are any sexual act or attempt involving force, regardless of the age of the victim or the relationship of the victim to the offender. The incidence of forcible sex offenses in St. Johns County decreased by 60.9% from 2013 to 2022. Florida experienced an overall decrease of about 22% from the same time period (Exhibit 45).

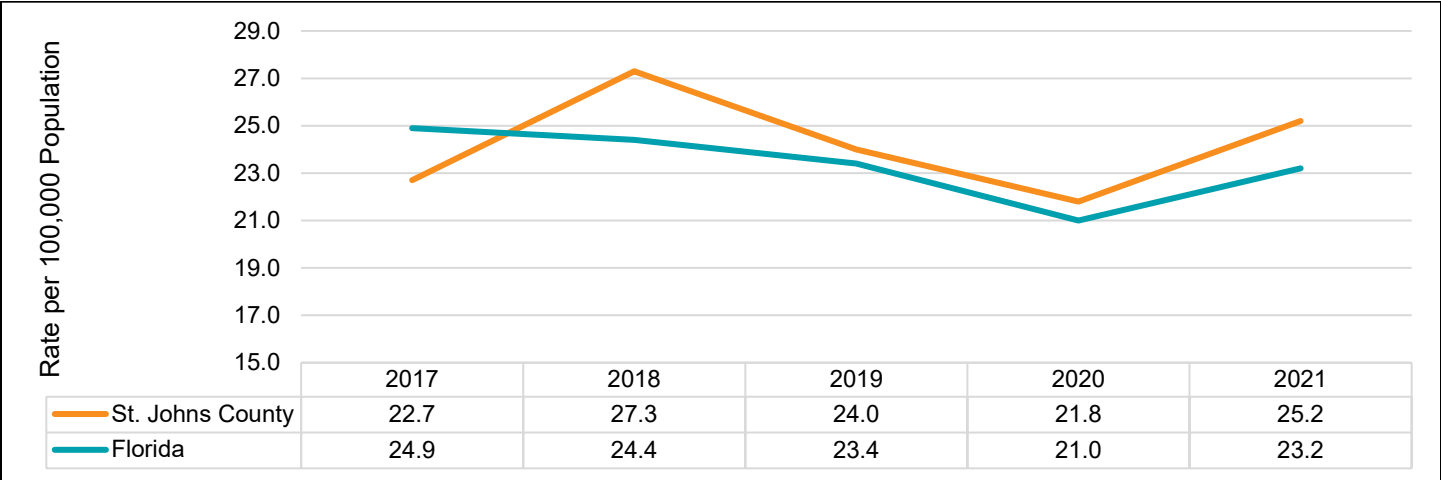
**EXHIBIT 45: INCIDENCE OF FORCIBLE SEX OFFENSES, ST. JOHNS COUNTY & FLORIDA, AGE-ADJUSTED RATE PER 100,000, 2013–2022**



Source: [Florida Department of Health, Division of Disease Control and Health Protection, Incidence of Forcible Sex Offenses](#). Date Sourced: March 20, 2024.

Alcohol-suspected motor vehicle traffic crashes in St. Johns County fluctuated from 2017 to 2021 but increased overall by 9.9%. Florida experienced a 6.8% decrease in incidence in the same period (Exhibit 46).

EXHIBIT 46: INCIDENCE OF ALCOHOL-CONFIRMED MOTOR VEHICLE TRAFFIC CRASHES, ST. JOHNS COUNTY & FLORIDA, AGE-ADJUSTED RATE PER 100,000, 2017–2021

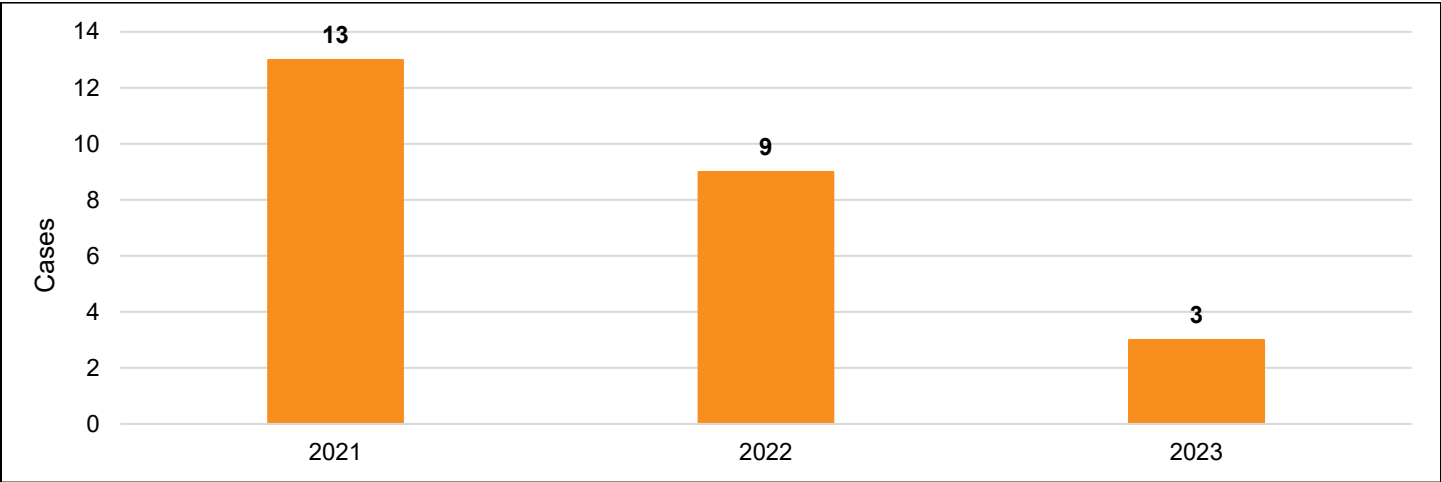


Source: [Florida Department of Health, Division of Disease Control and Health Protection, Incidence of Alcohol-Confirmed Motor Vehicle Traffic Crashes](#).  
Date Sourced: March 20, 2024.

Human trafficking is defined as “the recruitment, transportation, transfer, harboring or receipt of people through force, fraud or deception, with the aim of exploiting them for profit” (UN Office on Drugs and Crime, n.d.). Incidences of human trafficking have been on the rise for the last decade across the United States. It occurs in every region of the world, and victims can be of any age, race, or background.

Exhibit 47 provides data on the number of human trafficking cases reported in St. Johns County obtained from the St. Johns County Sheriff’s Office. In 2021, there were 781 national human trafficking hotline cases (*Human Trafficking Profile*, n.d.).

EXHIBIT 47: HUMAN TRAFFICKING REPORT, ST. JOHNS COUNTY SHERIFF’S OFFICE, 2021–2023



Source: St. Johns County Sheriff’s Office. Data Sourced: March 12, 2024.

## Substance Use

Exhibit 48 shows select indicators related to mental and behavioral health for St. Johns County.

EXHIBIT 48: SELECTED BRFSS DATA, ST. JOHNS COUNTY & FLORIDA, 2019

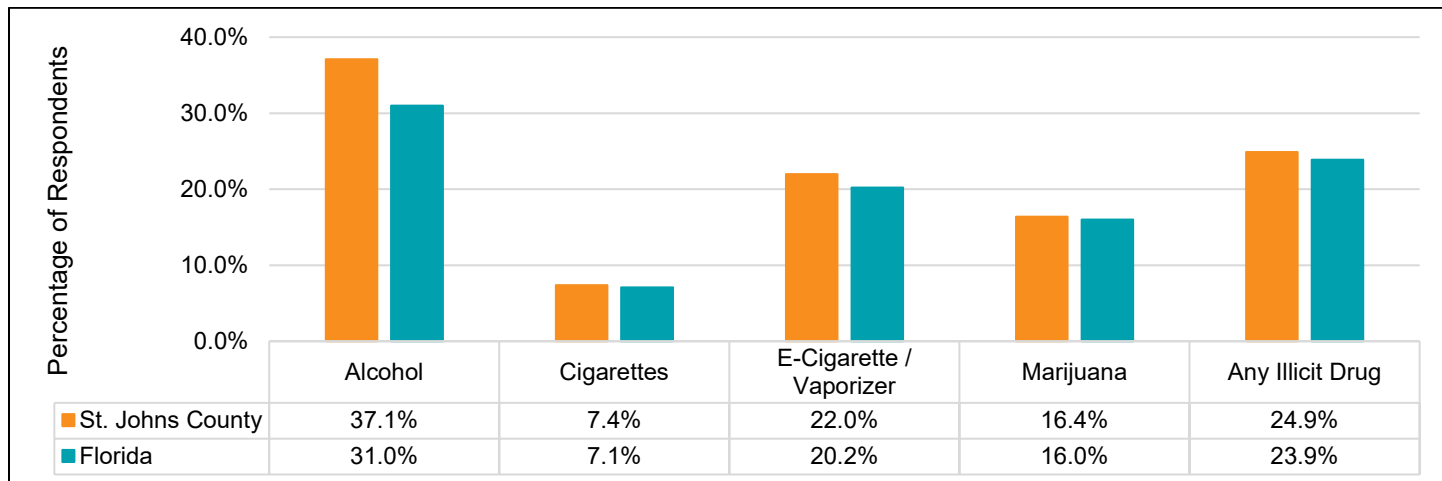
Alcohol Consumption	St. Johns County	Florida
Adults who engage in heavy or binge drinking	20.9%	18.0%
Tobacco Usage	St. Johns County	Florida
Adults who are current smokers	14.6%	14.8%
Adult current smokers who tried to quit smoking at least once in the past year	50.1%	59.0%
Adults who are former smokers (currently quit smoking)	28.7%	26.3%
Adults who have never smoked	56.8%	58.9%
Adults who are current e-cigarette users	5.7%	7.5%
Adults who are former e-cigarette users	17.4%	18.4%
Adults who have never used e-cigarettes	76.9%	74.1%

Source: [2019 Behavioral Risk Factor Surveillance System](#). Date Sourced: March 22, 2024.

Note: 2019 BRFSS is the latest county-level data available; therefore, indicators in this table compare the county-level and state-level data from 2019.

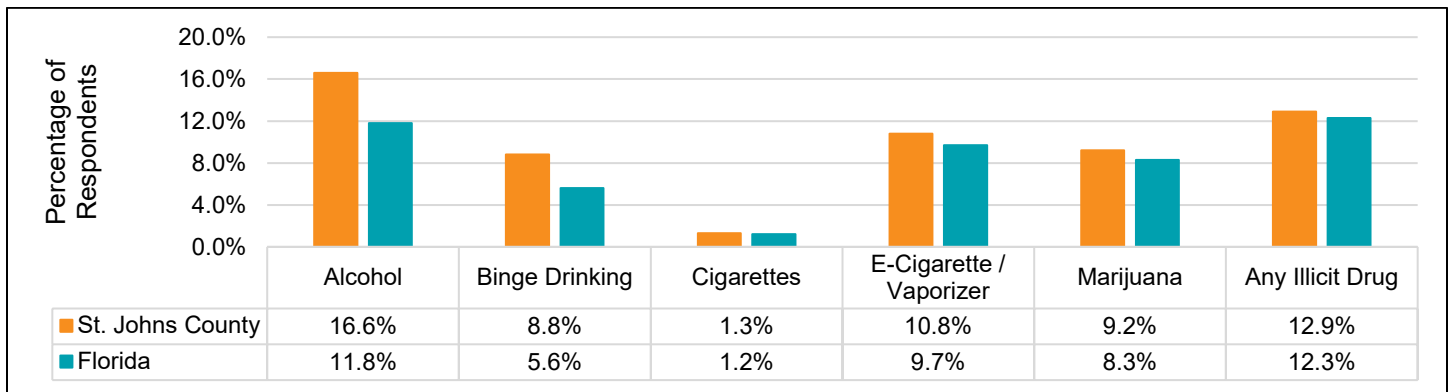
The Florida Youth Substance Abuse Survey (FYSAS) is an annual, statewide school-based survey effort that measures the prevalence of alcohol, tobacco, and other drug use, delinquent behaviors, and the risk and protective factors related to these behaviors (FDCF, n.d.). The 2022 FYSAS was answered by 1,406 St. Johns County students in grades 6–12 (FDOH, 2022). Alcohol was the most commonly used substance among students, with a prevalence rate of 37.1% for lifetime use and a prevalence rate of 16.6% for past 30-day use. Illicit drugs (LSD, cocaine, amphetamines, or another illegal drug) and e-cigarettes/vaporizers were the other most used substances among students, with a 24.9% and 22.0% rate for lifetime use and 12.9% and 10.8% prevalence rate for past 30-day use, respectively (Exhibit 49 and Exhibit 50).

EXHIBIT 49: YOUTH WHO REPORTED USING VARIOUS DRUGS IN THEIR LIFETIME, 2022



Source: [Florida Youth Substance Abuse Survey, 2022 St. Johns County Report](#). Date Sourced: March 22, 2024.

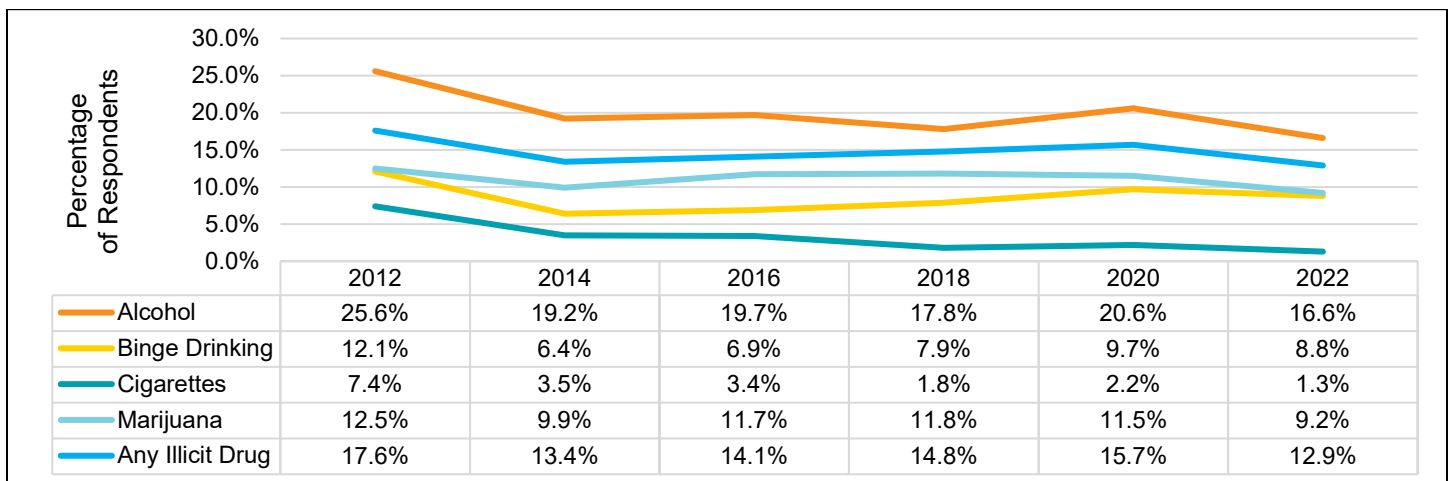
## EXHIBIT 50: YOUTH WHO REPORTED USING VARIOUS DRUGS IN THE PAST 30 DAYS, 2022



Source: [Florida Youth Substance Abuse Survey, 2022 St. Johns County Report](#). Date Sourced: March 22, 2024.

St. Johns County has seen a decline of past 30-day youth substance use from 2012 to 2022 for all substances. Alcohol past 30-day substance use went from 25.6% in 2012 to 16.6% in 2022 (Exhibit 51).

## EXHIBIT 51: YOUTH PAST-30-DAY TREND IN VARIOUS SUBSTANCE USE FOR ST. JOHNS COUNTY, 2012–2022



Source: [Florida Youth Substance Abuse Survey, 2022 St. Johns County Report](#). Date Sourced: March 22, 2024.

## Behavioral Health Medical Professionals

Mental health is an important part of overall health and well-being. It is important at every stage of life from childhood and adolescence through adulthood. St. Johns County has a total of 254 licensed clinical social workers, 48 licensed marriage and family therapists, 264 licensed mental health counselors, and 96 psychologists, as shown in Exhibit 52.

## EXHIBIT 52: TOTAL LICENSED MENTAL HEALTH PROFESSIONALS, ST. JOHNS COUNTY & FLORIDA, FY 2022–2023

Type of Mental Health Professional	St. Johns County	Florida
Licensed Clinical Social Workers	254	12,804
Licensed Marriage & Family Therapists	48	2,574
Licensed Mental Health Counselors	264	14,835
Psychologists	96	5,430

Source: [Florida Department of Health, Division of Medical Quality Assurance](#). Date Sourced: March 20, 2024.

## Overview of CHIP Process

Phases 1–4 of the Mobilizing for Action through Planning and Partnerships (MAPP) process involve visioning, collecting, and analyzing data, and gathering community input to determine which health concerns will become the strategic focus of health planning in the community for the next three to five years. A Community Health Improvement Plan (CHIP) is formulated primarily in Phase 5) Goals & Strategies and Phase 6) Action Cycle of the MAPP process. In Phase 5, the community formulates broad goal statements addressing the previously identified health concerns, as well as more specific strategies related to each goal. Phase 6 involves planning, implementation, and evaluation. During Phase 6, the community creates an action plan detailing how goals and strategies will be achieved.

Each CHIP workgroup held meetings from August to October 2024. The workgroups included one for each priority area: **Access to Healthcare**, **Chronic Disease Prevention**, and **Mental and Behavioral Health**. Workgroup sessions began with a summary of the findings of the community health assessment and a recap of the health concern(s) to be addressed in each workgroup. Next, HPCNEF facilitated a brief discussion of goals, objectives, and strategies, provided examples of each, and guided the group through the goal-creation process for each health concern.

After broad, overarching goals were established, the workgroup developed objectives for each goal and strategies for each objective. In addition to generating strategies that could be used to achieve each goal, the workgroup brainstormed and described potential resources, lead persons or organizations, measures for tracking the progress of a strategy, current performance levels, and targets for each strategy, which are all detailed in the CHIP Action Plans included at the end of this document.

The goal of the CHIP is to not only outline health concerns, future action steps, and strategies to improve the health of St. Johns County, but also to align with existing state and national objectives and other local programs, projects, and organizations. The CHIP workgroups made efforts to align St. Johns County's goals with state and national objectives by referring to the Florida State Health Improvement Plan and the Healthy People 2030 initiative. This alignment is illustrated in the CHIP Action Plans using the symbols below:

- This symbol represents alignment with the National Healthy People 2030 initiative
- ▲ This symbol represents alignment with the Florida State Health Improvement Plan
- This symbol represents a policy-based intervention

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# CHIP Action Plans

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# Access to Healthcare

Health Priority Area: Access to Healthcare					
Goal A: Increase access to healthcare for St. Johns County residents.					
Strategy: Improve and expand upon mobile outreach services to target the most vulnerable populations.					
<b>Objective:</b> By January 2030, increase the percentage of St. Johns County residents who stated they did not have barriers to healthcare from 24.9% (2024) to 30%. ▲				Anticipated Completion Date: 1/31/2030	
Data Source: St. Johns County Community Health Assessment Survey					
Evidence Base: <a href="#">Community health workers</a>   <a href="#">County Health Rankings &amp; Roadmaps</a>					
Health Disparity to be Addressed and/or Target Group: Underserved Communities					
Activities	Direction of Intended Change	Unit of Measurement	Y1 Target	Y3 Target	Y5 Target
1.1: Organize educational outreach events that include mobile clinics and preventative care services.	Increase	Clinics; Clinics with Expanded Services; Clinics Incorporating Diverse Partnerships and Services	2 Clinics	4 Clinics with expanded services	6 Clinics incorporating diverse partnerships and services
1.2: Work collaboratively with partners to advertise the availability of mobile services to the community.	Increase	Number of Partnerships and Promotional Materials Distributed	2 partnerships (flyers distributed to high-traffic areas)	4 partnerships (distribute flyers and digital materials county-wide)	Maintain partnerships (utilize multi-platform outreach: social media, local media, community boards)
Activity 1.1: Organize educational outreach events that include mobile clinics and preventative care services.					
Description	Organization(s) Responsible		Status	Start Date	
1.1.1: Determine which communities/locations could benefit the most from educational outreach events and what days/times would be best.	Ascension St. Vincent's, Baptist Health, DOH-St. Johns, St. Johns County Sheriff's Office, UF Health St. Johns Care Connect, CHIP Workgroup				
1.1.2: Develop a list of the services available at these outreach events (e.g., preventative screenings, primary care services).	Ascension St. Vincent's, Baptist Health, DOH-St. Johns, UF Health St. Johns Care Connect, St. Johns County Council on Aging, CHIP Workgroup				
1.1.3: Create promotional materials to promote educational outreach events and create a marketing strategy on how to get the word out.	Ascension St. Vincent's, Baptist Health, DOH-St. Johns, UF Health St. Johns Care Connect, CHIP Workgroup				
1.1.4: Hold educational outreach events 4 times per year.	Ascension St. Vincent's, Baptist Health, DOH-St. Johns, UF Health St. Johns Care Connect, Wildflower Healthcare, St. Johns County Council on Aging, CHIP Workgroup				

1.1.5: Expand the services/partners available at each mobile outreach event.	Ascension St. Vincent's, Baptist Health, DOH-St. Johns, EPIC, UF Health St. Johns Care Connect, Wildflower Healthcare, CHIP Workgroup		
<b>Activity 1.2: Work collaboratively with partners to advertise the availability of mobile services to the community.</b>			
<b>Description</b>	<b>Organization(s) Responsible</b>	<b>Status</b>	<b>Start Date</b>
1.2.1: Identify partners and organizations that provide mobile services in the community	Wildflower Healthcare, DOH-St. Johns, St. Johns County Sheriff's Office, UF Health St. Johns Care Connect, CHIP Workgroup		
1.2.2: Develop a marketing strategy to promote the mobile outreach services available in the community.	DOH-St. Johns, St. Johns County Council on Aging, UF Health St. Johns Care Connect, CHIP Workgroup		
1.2.3: Create promotional materials that can be distributed to community members or displayed in high-traffic areas in the county.	DOH-St. Johns, CHIP Workgroup		
1.2.4: Develop a list of the inclusion criteria for each mobile service provider.	DOH-St. Johns, CHIP Workgroup		

Health Priority Area: Access to Healthcare					
Goal B: Increase community awareness and education on available primary and specialty healthcare providers, services, and resources.					
Strategy: Increase preventative education/health education programs, and knowledge of what is available in the county.					
Objective: By January 2030, increase the number of adults who had a medical check-up in the past year from 77.3% (2019) to 82.3%. ■			Anticipated Completion Date: 1/31/2030		
Data Source: Behavioral Risk Factor Surveillance System (BRFSS)					
Evidence Base: <a href="#">Health literacy interventions   County Health Rankings &amp; Roadmaps</a> ; <a href="#">Community health workers   County Health Rankings &amp; Roadmaps</a> ; <a href="#">Health insurance enrollment outreach &amp; support   County Health Rankings &amp; Roadmaps</a> ; <a href="#">Chronic disease management programs   County Health Rankings &amp; Roadmaps</a>					
Health Disparity to be Addressed and/or Target Group: Adults 18+					
Activities	Direction of Intended Change	Unit of Measurement	Y1 Target	Y3 Target	Y5 Target
1.1: Establish a comprehensive Community Resource Guide and maintain updated information on services.	Increase	Number of Locations Where Guides are Distributed	4	6	8
1.2: Partner with community centers to inform residents about available services and resources.	Increase	Number of Information Sessions Held	2	4	6
1.3: Encourage a variety of organizations offering affordable health and wellness services to participate in community events.	Increase	Number of Organizations / Partnerships	2	4	6
Activity 1.1: Establish a comprehensive Community Resource Guide and maintain updated information on services.					
Description	Organization(s) Responsible		Status	Start Date	
1.1.1: Gather information about primary and specialty care options in St. Johns County, determine the information needed to be incorporated into the list, and figure out the best platform to host the Community Resource Guide.	CHIP Workgroup				
1.1.2: Add information on available primary and specialty care providers in St. Johns County to the Community Resource Guide.	Wildflower Healthcare, CHIP Workgroup				
1.1.3: Update the Community Resource Guide quarterly or annually.	St. Johns County Council on Aging, St. Johns County Sheriff's Office, UF Health St. Johns Care Connect, CHIP Workgroup				
Activity 1.2: Partner with community centers to inform residents about available services and resources.					
Description	Organization(s) Responsible		Status	Start Date	
1.2.1: Create a list of the health organizations/individuals that serve the majority of the St. Johns County population.	UF Health St. Johns Care Connect, Wildflower Healthcare, CHIP Workgroup				

1.2.2: Develop a marketing strategy to promote the Community Resource Guide to community members.	St. Johns County Council on Aging, St. Johns County Sheriff's Office, CHIP Workgroup		
1.2.3: Create QR codes and flyers that can be handed out to community members that improve the accessibility of utilizing the Community Resource Guide.	CHIP Workgroup		
<b>Activity 1.3: Encourage a variety of organizations offering affordable health and wellness services to participate in community events.</b>			
<b>Description</b>	<b>Organization(s) Responsible</b>	<b>Status</b>	<b>Start Date</b>
1.3.1: Research organizations in St. Johns County that offer health and wellness services that are easily accessible and affordable to community members.	CHIP Workgroup		
1.3.2: Reach out to community groups and organizations to engage them in community health events.	St. Johns County Council on Aging, St. Johns County Sheriff's Office, UF Health St. Johns Care Connect, Wildflower Healthcare		

Health Priority Area: Access to Healthcare					
Goal C: Decrease transportation barriers preventing access to healthcare for St. Johns County residents.					
Strategy: Implement new programs and partnerships to improve transportation options while simultaneously seeking out additional funding opportunities.					
Objective: By January 2030, decrease the percentage of people that indicated transportation was a barrier to receiving care from 12.7% (2024) to 7.7%. ▲			Anticipated Completion Date: 1/31/2030		
Data Source: St. Johns County Community Health Assessment Survey					
Evidence Base: <a href="#">Rural transportation services   County Health Rankings &amp; Roadmaps</a>					
Health Disparity to be Addressed and/or Target Group: Barriers to transportation to accessing care					
Activities	Direction of Intended Change	Unit of Measurement	Y1 Target	Y3 Target	Y5 Target
1.1: Promote awareness of existing transportation services, such as those offered by the Council on Aging.	Increase	Number of Locations Where Information is Shared	4	6	8
1.2: Research grant-funded opportunities for alternative transportation.	Increase	Number of Applications Submitted	1	1	1
Activity 1.1: Promote awareness of existing transportation services, such as those offered by the Council on Aging.					
Description	Organization(s) Responsible		Status		Start Date
1.1.1: Research the currently existing transportation services offered for St. Johns County residents.	St. Johns County Sheriff's Office, Wildflower Healthcare, CHIP Workgroup				
1.1.2: Create promotional materials about transportation services that can be distributed to community members or displayed in high-traffic areas in the county.	St. Johns County Council on Aging, CHIP Workgroup				
1.1.3: Add information on medical transportation resources and criteria to the Community Resource Guide.	St. Johns County Council on Aging, UF Health St. Johns Care Connect, CHIP Workgroup				
Activity 1.2: Research grant-funded opportunities for alternative transportation.					
Description	Organization(s) Responsible		Status		Start Date
1.2.1: Research organizations that offer grants for transportation funding and for which St. Johns County meets the criteria.	St. Johns County Council on Aging, UF Health St. Johns Care Connect, Wildflower Healthcare, CHIP Workgroup				
1.2.2: Apply for grants with transportation funding.	St. Johns County Sheriff's Office, CHIP Workgroup				

Health Priority Area: Access to Healthcare					
Goal D: Increase access to dental care for St. Johns County residents.					
Strategy: Increase the availability of affordable dental care services while simultaneously seeking additional funding to expand them.					
Objective: By January 2030, decrease the number of people who had difficulty obtaining dental or oral care from 31.2% (2024) to 26.2%. ■▲			Anticipated Completion Date: 1/31/2030		
Data Source: St. Johns County Community Health Assessment Survey					
Evidence Base: <a href="#">Community health workers   County Health Rankings &amp; Roadmaps</a> ; <a href="#">Allied dental professional scope of practice   County Health Rankings &amp; Roadmaps</a>					
Health Disparity to be Addressed and/or Target Group: Barriers to accessing dental or oral care					
Activities	Direction of Intended Change	Unit of Measurement	Y1 Target	Y3 Target	Y5 Target
1.1: Promote awareness of existing affordable dental services.	Increase	Number of Locations Where Information is Shared	4	6	8
1.2: Research grant-funded opportunities for affordable dental care services.	Increase	Number of Applications Submitted	1	1	1
Activity 1.1: Promote awareness of existing affordable dental services.					
Description	Organization(s) Responsible		Status		Start Date
1.1.1: Research dental service providers that currently offer affordable dental care in St. Johns County.	Wildflower Healthcare, CHIP Workgroup				
1.1.2: Add information on affordable dental services to the Community Resource Guide.	St. Johns County Council on Aging, St. Johns County Sheriff's Office, UF Health St. Johns Care Connect, Wildflower Healthcare, CHIP Workgroup				
Activity 1.2: Research grant-funded opportunities for affordable dental care services.					
Description	Organization(s) Responsible		Status		Start Date
1.2.1: Research organizations that offer grants for improving access to affordable dental care services.	St. Johns County Council on Aging, UF Health St. Johns Care Connect, Wildflower Healthcare, CHIP Workgroup				
1.2.2: Submit applications for funding opportunities that were identified.	St. Johns County Sheriff's Office, Wildflower Healthcare, CHIP Workgroup				



# Chronic Disease Prevention

Health Priority Area: Chronic Disease Prevention					
Goal A: Decrease the percentage of adults who are overweight or obese in St. Johns County.					
Strategy: Increase health education services and programs within the county to promote healthy living and healthy eating.					
Objective: By January 2030, increase the percentage of adults who have a healthy weight from 38.4% (2019) to 39.4%. ■▲				Anticipated Completion Date: 1/31/2030	
Data Source: Behavioral Risk Factor Surveillance System (BRFSS)					
Evidence Base: <a href="#">Community health workers   County Health Rankings &amp; Roadmaps</a> ; <a href="#">Urban agriculture   County Health Rankings &amp; Roadmaps</a> ; <a href="#">Healthy food initiatives in food pantries   County Health Rankings &amp; Roadmaps</a> ; <a href="#">Community kitchens for nutrition education   County Health Rankings &amp; Roadmaps</a>					
Health Disparity to be Addressed and/or Target Group: Adults 18+					
Activities	Direction of Intended Change	Unit of Measurement	Y1 Target	Y3 Target	Y5 Target
1.1: Distribute educational materials at local food drives that focus on nutrition and maintaining a healthy weight.	Increase	Number of Locations Where Materials are Shared	2	4	6
1.2: Implement evidence-based educational programs, such as those provided by AHEC, in St. Johns County.	Increase	Number of Educational Programs Implemented	1	2	3
Activity 1.1: Distribute educational materials at local food drives that focus on nutrition and maintaining a healthy weight.					
Description	Organization(s) Responsible		Status	Start Date	
1.1.1: Create educational materials about healthy eating (e.g., recipe cards, nutrition information, “how to’s”, videos).	NEFAHEC, DOH-St. Johns, Wildflower Healthcare				
1.1.2: Research local food drives in the county and how often they occur.	Epic-Cure, St. Johns County Council on Aging, St. Johns County Libraries, UF Health St. Johns Care Connect, Wildflower Healthcare				
1.1.3: Distribute the educational materials to the organizations/individuals who host the food drives and follow up regularly with new and updated information.	Epic-Cure, St. Johns County Libraries, St. Johns County Sheriff’s Office, St. Johns County Council on Aging				
Activity 1.2: Implement evidence-based educational programs, such as those provided by AHEC, in St. Johns County.					
Description	Organization(s) Responsible		Status	Start Date	
1.2.1: Research evidence-based practices/educational programs that have been implemented in other communities for individuals under 60 years of age.	NEFAHEC, DOH-St. Johns, UF/IFAS Extension, Wildflower Healthcare				
1.2.2: Determine locations for educational programs and how often they will occur.	UF Health St. Johns Care Connect, CHIP Workgroup				

1.2.3: Determine the type of educational programs that would best suit the specific needs of the community.	CHIP Workgroup		
1.2.4: Develop a plan to market the educational programs in the community and a sign-up for community members to attend the meetings.	St. Johns County Sheriff's Office, St. Johns County Council on Aging, CHIP Workgroup		

Health Priority Area: Chronic Disease Prevention					
Goal B: Decrease the percentage of students who are overweight or obese in St. Johns County.					
Strategy: Increase health education services and programs within the community and schools to promote healthy living and eating.					
Objective: By January 2030, increase the percentage of middle and high school students who are at a healthy weight from 74.6% (2022) to 75.6%. ■▲			Anticipated Completion Date: 1/31/2030		
Data Source: Florida Youth Tobacco Survey (FYTS), FL Health CHARTS					
Evidence Base: <a href="#">Community health workers   County Health Rankings &amp; Roadmaps</a> ; <a href="#">Community supported agriculture (CSA)   County Health Rankings &amp; Roadmaps</a> ; <a href="#">Urban agriculture   County Health Rankings &amp; Roadmaps</a> ; <a href="#">Healthy food initiatives in food pantries   County Health Rankings &amp; Roadmaps</a> ; <a href="#">Community gardens   County Health Rankings &amp; Roadmaps</a>					
Health Disparity to be Addressed and/or Target Group: Middle and High School students					
Activities	Direction of Intended Change	Unit of Measurement	Y1 Target	Y3 Target	Y5 Target
1.1: Collaborate with after-school programs to reach youth.	Increase	Number of Educational Activities Conducted	2	4	6
1.2: Develop a community garden to promote eating fresh fruits and vegetables.	Increase	Number of Community Groups / Organizations Actively Involved in Initiative	2	4	6
Activity 1.1: Collaborate with after-school programs to reach youth.					
Description	Organization(s) Responsible		Status	Start Date	
1.1.1: Research after-school programs that would be suitable for providing health education programs to youth.	UF/IFAS, Tobacco Free St. Johns, Boys and Girls Club, Police Athletic League (PALs)				
1.1.2: Develop interactive activities for youth that focus on different areas of health education (e.g., cooking classes, workout classes).	UF/IFAS, St. Johns County Sheriff's Office, Students Working Against Tobacco (SWAT) Clubs				
1.1.3: Research interactive virtual health educational classes that are evidence-based practices to target the harder-to-reach communities.	St. Johns County Council on Aging, Wildflower Healthcare, CHIP Workgroup				
Activity 1.2: Develop a community garden to promote eating fresh fruits and vegetables.					
Description	Organization(s) Responsible		Status	Start Date	
1.2.1: Determine locations in the community that would be most suitable for a community garden and would be easiest to maintain.	St. Johns County Libraries, St. Johns County Parks & Recreation, St. Johns County Council on Aging, CHIP Workgroup				
1.2.2: Create community gardens and plan the fruits/vegetables to be planted.	CHIP Workgroup				
1.2.3: Encourage students to help maintain the community gardens by allowing them to use their hours towards community service requirements for school.	St. Johns County School District, St. Johns County Sheriff's Office, CHIP Workgroup				

1.2.4: Develop health education signage and materials that can be put up at the community gardens.	CHIP Workgroup		
1.2.5: Work with local farms to provide education, equipment/materials, sponsorship, knowledge of how to do a community garden, etc.	St. Johns County Sheriff's Office, Wildflower Healthcare, CHIP Workgroup		

Health Priority Area: Chronic Disease Prevention					
Goal C: Decrease the percentage of adults with chronic diseases in St. Johns County.					
Strategy: Increase community awareness and education about preventative screenings and risk factors.					
Objective: By January 2030, decrease the percentage of adults in St. Johns County who said their overall health was fair or poor from 14.3% (2019) to 13.3%. ▲				Anticipated Completion Date: 1/31/2030	
Data Source: Behavioral Risk Factor Surveillance System (BRFSS)					
Evidence Base: <a href="#">Chronic disease management programs   County Health Rankings &amp; Roadmaps</a> ; <a href="#">Community health workers   County Health Rankings &amp; Roadmaps</a> ; <a href="#">Health literacy interventions   County Health Rankings &amp; Roadmaps</a>					
Health Disparity to be Addressed and/or Target Group: Adults 18+					
Activities	Direction of Intended Change	Unit of Measurement	Y1 Target	Y3 Target	Y5 Target
1.1: Utilize a community resource guide to improve knowledge of healthcare services and resources.	Increase	Number of Locations Where Information is Shared	4	6	8
1.2: Provide nutrition education at community centers and through outreach programs.	Increase	Number of Educational / Training Sessions Held Annually	2	4	6
1.3: Organize comprehensive health fairs with rotating locations to reach different community members.	Increase	Number of Health Fairs Held Annually	0	2	2, with expanded partnerships and services offered
Activity 1.1: Utilize a community resource guide to improve knowledge of healthcare services and resources.					
Description	Organization(s) Responsible		Status	Start Date	
1.1.1: Add information on available preventative care and health education programs and classes in St. Johns County to the Community Resource Guide.	St. Johns County Council on Aging, St. Johns County Sheriff's Office, Wildflower Healthcare, CHIP Workgroup				
1.1.2: Update preventative care and health education programs and classes quarterly or annually.	NEFAHEC, Prevention Committee (EPIC Behavioral Healthcare, UF Health St. Johns, DOH-St. Johns, Tobacco Free St. Johns, National Guard D.D.R.O., Prevention Coalition of St. Johns County, Hanley Foundation, Betty Griffin Center, St. Johns County Sheriff's Office, SMA Healthcare, LSF Health Systems)				
Activity 1.2: Provide nutrition education at community centers and through outreach programs.					
Description	Organization(s) Responsible		Status	Start Date	
1.2.1: Develop nutrition education materials and lesson plans for the classes as well as to be distributed at health outreach programs/events.	NEFAHEC, St. Johns County Council on Aging				

1.2.2: Determine community centers to host nutrition education classes at, who will lead them, and how often they will occur.	NEFAHEC, St. Johns County Council on Aging		
1.2.3: Research outreach programs where nutrition education would be beneficial.	NEFAHEC, St. Johns County Council on Aging		
1.2.4: Create signage and promotional materials to distribute to community members and throughout the community.	NEFAHEC, St. Johns County Council on Aging, St. Johns County Sheriff's Office, Wildflower Healthcare		
<b>Activity 1.3: Organize comprehensive health fairs with rotating locations to reach different community members.</b>			
<b>Description</b>	<b>Organization(s) Responsible</b>	<b>Status</b>	<b>Start Date</b>
1.3.1: Research the standing health fairs that occur in the county already and collaborate with them.	DOH-St. Johns, Wildflower Healthcare		
1.3.2: Determine which communities/locations could benefit the most from community health fairs and what days/times would be best.	DOH-St. Johns, UF Health St. Johns Care Connect		
1.3.3: Develop a list of the services and educational opportunities available at these health fairs.	DOH-St. Johns, St. Johns County Sheriff's Office, CHIP Workgroup		
1.3.4: Encourage and reach out to various healthcare providers and organizations in the community to assist with and attend the event.	DOH-St. Johns, UF Health St. Johns Care Connect, CHIP Workgroup		
1.3.5: Develop promotional materials to promote the health fair (e.g., flyers, social media posts) to the community.	DOH-St. Johns, CHIP Workgroup		
1.3.6: Hold community health fairs 2 times per year.	DOH-St. Johns, St. Johns County Council on Aging, UF Health St. Johns Care Connect		

# Mental & Behavioral Health

Health Priority Area: Mental & Behavioral Health					
Goal A: Decrease the number of barriers to accessing substance use and mental health services of St. Johns County residents.					
Strategy: Expand upon ongoing substance use and mental health programs and initiatives and target outreach to specific populations and areas of St. Johns County.					
Objective: By January 2030, decrease the number of non-fatal opioid overdose-related emergency department visits from 101 (2022) to 70. ■▲				Anticipated Completion Date: 1/31/2030	
Data Source: Florida Agency for Health Care Administration (AHCA)					
Evidence Base: <a href="#">Chronic disease management programs</a>   <a href="#">County Health Rankings &amp; Roadmaps</a> ; <a href="#">Community health workers</a>   <a href="#">County Health Rankings &amp; Roadmaps</a>					
Health Disparity to be Addressed and/or Target Group: N/A					
Activities	Direction of Intended Change	Unit of Measurement	Y1 Target	Y3 Target	Y5 Target
1.1: Enhance community awareness of existing detox and mental health support programs, including post-treatment support.	Increase	Number of Locations Where Information is Shared	4	6	8
1.2: Develop targeted educational initiatives for substance use, including Narcan distribution and training.	Increase	Number of Educational / Training Sessions Held Annually	2	4	6
Activity 1.1: Enhance community awareness of existing detox and mental health support programs, including post-treatment support.					
Description	Organization(s) Responsible		Status		Start Date
1.1.1: Research the currently existing detox and mental health support programs offered for St. Johns County residents.	DOH-St. Johns, EPIC Behavioral Healthcare, SMA Healthcare, St. Johns County Sheriff's Office				
1.1.2: Create promotional materials about detox and mental health support programs that can be distributed to community members.	DOH-St. Johns, EPIC Behavioral Healthcare, SMA Healthcare, St. Johns County Sheriff's Office				
1.1.3: Add information on detox and mental health support programs to the Community Resource Guide.	DOH-St. Johns, EPIC Behavioral Healthcare, SMA Healthcare, St. Johns County Sheriff's Office, St. Johns County Council on Aging, Wildflower Healthcare				
Activity 1.2: Develop targeted educational initiatives for substance use, including Narcan distribution and training.					
Description	Organization(s) Responsible		Status		Start Date
1.2.1: Determine the target population and locations in St. Johns County where Narcan distributions and training should be conducted.	UF Health St. Johns, EPIC Behavioral Healthcare, DOH-St. Johns, Prevention Coalition of St. Johns County, St. Johns County Sheriff's Office, SMA Healthcare, NEFAHEC				
1.2.2: Create promotional materials regarding the Narcan distributions and training events that can be distributed to community members or displayed in high-traffic areas in the county.	UF Health St. Johns, EPIC Behavioral Healthcare, DOH-St. Johns, Prevention Coalition of St. Johns County, St. Johns County Sheriff's Office, SMA Healthcare, NEFAHEC				

1.2.3: Utilize available training and educational information created by reputable sources at these events.	UF Health St. Johns, EPIC Behavioral Healthcare, DOH-St. Johns, Prevention Coalition of St. Johns County, St. Johns County Sheriff's Office, St. Johns County Council on Aging, SMA Healthcare, Wildflower Healthcare		
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Health Priority Area: Mental & Behavioral Health					
Goal B: Decrease substance use and mental health issues in St. Johns County youth.					
Strategy: Increase prevention services and education on substance use and mental health for teenagers (middle/high school).					
Objective: By January 2030, decrease the percentage of St. Johns County Youth who reported using any illicit drug in their lifetime from 24.9% (2022) to 23.9%. ■				Anticipated Completion Date: 1/31/2030	
Data Source: Florida Youth Substance Abuse Survey (FYSAS)					
Evidence Base: <a href="#">Community Interventions to Prevent Substance Use Among Youth   The Community Guide</a> ; <a href="#">Extracurricular activities for social engagement   County Health Rankings &amp; Roadmaps</a>					
Health Disparity to be Addressed and/or Target Group: Youth aged 11–17 (Middle and High School students)					
Activities	Direction of Intended Change	Unit of Measurement	Y1 Target	Y3 Target	Y5 Target
1.1: Develop awareness campaigns aimed at parents about youth substance use prevention utilizing various media outlets.	Increase	Number of Awareness Campaigns Launches Annually	1	1	1
1.2: Spread awareness of existing community events that support mental health among youth (e.g., BRAVE Summit).	Increase	Number of Event Attendees	1,600	1,800	2,000
Activity 1.1: Develop awareness campaigns aimed at parents about youth substance use prevention utilizing various media outlets.					
Description	Organization(s) Responsible		Status	Start Date	
1.1.1: Gather a group of organizations that will lead this awareness campaign and work on the education materials.	EPIC Behavioral Healthcare, Tobacco Free St. Johns, UF Health St. Johns Care Connect				
1.1.2: Research successful substance use prevention campaigns aimed at parents about youth that have been done in other communities.	EPIC Behavioral Healthcare, Tobacco Free St. Johns, UF Health St. Johns Care Connect				
1.1.3: Develop campaign materials for substance use prevention and mental health (e.g., PowerPoints, flyers, brochures).	Prevention Committee, St. Augustine Youth Services (SAYS), UF Health St. Johns Care Connect				
1.1.4: Launch an annual substance use prevention campaign aimed at parents about youth.	EPIC Behavioral Healthcare, Tobacco Free St. Johns, St. Johns County Council on Aging, Wildflower Healthcare, UF Health St. Johns Care Connect				
Activity 1.2: Spread awareness of existing community events that support mental health among youth (i.e. BRAVE Summit).					
Description	Organization(s) Responsible		Status	Start Date	
1.2.1: Research the existing community events that support mental health among youth.	Prevention Committee, SAYS, St. Johns County Sheriff's Office, UF Health St. Johns Care Connect				
1.2.2: Develop a marketing strategy to promote youth mental health events.	Prevention Committee, SAYS, UF Health St. Johns Care Connect				
1.2.3: Create fun incentives and a positive environment at these events to encourage participation from the youth.	Prevention Committee, SAYS, St. Johns County Council on Aging, Wildflower Healthcare, UF Health St. Johns Care Connect				

Health Priority Area: Mental & Behavioral Health					
Goal C: Improve the mental health of St. Johns County residents.					
Strategy: Increase community knowledge on substance use and mental health services and initiatives in St. Johns County.					
Objective: By January 2030, increase the percentage of adults with good mental health from 88.8% (2019) to 89.8%. ▲			Anticipated Completion Date: 1/31/2030		
Data Source: Behavioral Risk Factor Surveillance System (BRFSS)					
Evidence Base: <a href="#">Community health workers   County Health Rankings &amp; Roadmaps</a> ; <a href="#">Chronic disease self-management (CDSM) programs   County Health Rankings &amp; Roadmaps</a>					
Health Disparity to be Addressed and/or Target Group: Adults 18+					
Activities	Direction of Intended Change	Unit of Measurement	Y1 Target	Y3 Target	Y5 Target
1.1: Promote available mental health resources for individuals and families in need of support.	Increase	Number of Locations Where Information is Shared	4	6	8
1.2: Integrate mental health and substance use support information into a centralized community resource guide.	Increase	Number of Locations Where Information is Shared	4	6	8
Activity 1.1: Promote available mental health resources for individuals and families in need of support.					
Description	Organization(s) Responsible		Status	Start Date	
1.1.1: Research the existing mental health resources for individuals and families in need of support.	SAYS, St. Johns County Continuum of Care (COC), EPIC Behavioral Healthcare, SMA Healthcare, Betty Griffin Center, Wildflower Healthcare, UF Health St. Johns Care Connect				
1.1.2: Develop a marketing strategy to promote the mental health resources available in the community.	SAYS, St. Johns County COC, EPIC Behavioral Healthcare, St. Johns County Sheriff's Office, SMA Healthcare, Betty Griffin Center, St. Johns County Council on Aging, UF Health St. Johns Care Connect				
Activity 1.2: Integrate mental health and substance use support information into a centralized community resource guide.					
Description	Organization(s) Responsible		Status	Start Date	
1.2.1: Add information on available mental health and substance use support providers in St. Johns County to the Community Resource Guide.	SAYS, St. Johns County COC, EPIC Behavioral Healthcare, SMA Healthcare, Betty Griffin Center, St. Johns County Sheriff's Office, St. Johns County Council on Aging, Wildflower Healthcare, UF Health St. Johns Care Connect				
1.2.2: Update mental health and substance use service information quarterly or annually.	SAYS, St. Johns County COC, EPIC Behavioral Healthcare, SMA Healthcare, Betty Griffin Center, UF Health St. Johns Care Connect				