



Community Health
NEEDS ASSESSMENT
2016 REPORT

COMMUNITY HEALTH NEEDS ASSESSMENT: **2016 REPORT**

One of the many things I love about Northeast Florida is the spirit of partnership that exists among the not-for-profit health care systems serving our community. We all share a common commitment to improving health beyond our own walls. By coming together to identify gaps and prioritizing areas of greatest need, we will make a real difference in improving the health of our most vulnerable citizens.

A. Hugh Greene
President and CEO
Baptist Health



The Jacksonville Metropolitan Community Benefit Partnership has played an important role in identifying the gaps in healthcare that currently exist in our community through the recent collaborative Community Health Needs Assessment. By having a unified strategy, we provide great promise and exciting opportunities to be able to address the most urgent needs for people who face healthcare disparities. This effort embodies the mission of Brooks Rehabilitation and we are pleased to move forward together to develop solutions to improve the lives of Northeast Florida residents.

Doug Baer
President and CEO
Brooks Rehabilitation



Through collaboration, we achieve more. One of Mayo Clinic's founders, Dr. Will Mayo, called this a "union of forces." The Community Health Needs Assessment provides us with the opportunity to come together to advance the quality of life of the communities we serve. It is a privilege for Mayo Clinic to be part of this collective endeavor.

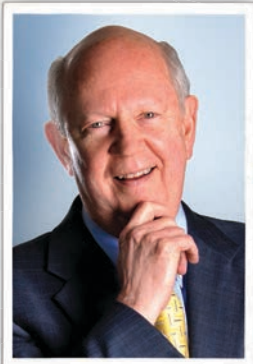
Gianrico Farrugia, MD
CEO
Mayo Clinic in Florida

COMMUNITY HEALTH NEEDS ASSESSMENT: 2016 REPORT



As always, this comprehensive assessment will allow us to better understand the needs and concerns of our community. Our Regional Health Ministry is called to promote the common good while addressing the needs of the whole person and eliminating gaps in services and care. As we celebrate our 100th year of compassionate, Mission-focused healthcare, we are fervently committed to advancing our system of person-centered value-based care, literally transforming the ways in which care is delivered. This study will help us target our efforts toward the needs of those who are struggling the most in Northeast Florida.

Mike Schatzlein, M.D.
President and CEO
St. Vincent's HealthCare



Health needs assessments continue to play a vital role in finding the best solutions for the residents of our community, and we are proud to be a part of the Jacksonville Metropolitan Community Benefit Partnership, which has taken on this worthwhile endeavor to help identify specific gaps in health care in this region. Since we all share a common commitment to providing access to high quality health care, we are pleased to now have this information that can be used as we move forward to develop solutions to improve the lives of the citizens of northeast Florida.

Russ Armistead
President and CEO
UF Health Jacksonville



Community Health Needs Assessment

Baptist Medical Center South

Prepared for

The Jacksonville Metropolitan
Community Benefit Partnership

By

Verité Healthcare Consulting, LLC

June 30, 2015

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ABOUT THE JACKSONVILLE METROPOLITAN COMMUNITY BENEFIT PARTNERSHIP

In July 2011, leaders from Baptist Health, Brooks Rehabilitation, the Clay County Health Department, the Duval County Health Department, Mayo Clinic, the Nassau County Health Department, the Putnam County Health Department, UF Health Jacksonville (then Shands Jacksonville Medical Center), St. Vincent's HealthCare, and Wolfson Children's Hospital came together to form the Jacksonville Metropolitan Community Benefit Partnership (The Partnership) to conduct the first-ever multi-hospital system and public health sector collaborative community health needs assessment. In 2014, hospital members of the Partnership initiated this second community health needs assessment.

The Partnership's vision is to improve population health in the region by addressing gaps that prevent access to quality, integrated health care and improving access to resources that support a healthy lifestyle.

ABOUT VERITÉ HEALTHCARE CONSULTING

Verité Healthcare Consulting, LLC (“Verité”) was founded in May 2006 and is located in Alexandria, Va. The firm serves as a national resource that helps health care providers conduct community health needs assessments and develop implementation strategies that address significant needs. Verité has conducted more than 40 needs assessments for hospitals, health systems, and community partnerships nationally since 2010.

The firm also helps hospitals, hospital associations, and policy makers with community benefit reporting, planning, program assessment, and policy and guidelines development. Verité is a recognized, national thought leader in community benefit and in the evolving expectations that tax-exempt health care organizations are required to meet.

The community needs assessment prepared for Baptist South and The Partnership was directed by the firm’s president and managed by a Vice President, with an Associate and Research Analyst supporting the work. The firm’s senior staff holds graduate degrees in relevant fields.

More information about the firm and its qualifications can be found at www.veriteconsulting.com.

Verité Healthcare Consulting’s work seeks to improve the health of communities and to strengthen the organizations that serve them.

EXECUTIVE SUMMARY

Introduction

This community health needs assessment (CHNA) was conducted by Baptist Medical Center South (“Baptist South” or “the hospital”) to identify community health needs and to inform development of an implementation strategy to address identified significant needs. The hospital’s assessment of community health needs also responds to regulatory requirements.

Baptist South is a multi-specialty medical center located in Jacksonville, Fla., and a fully-owned, integral part of Baptist Health System, Inc., headquartered in Jacksonville, Florida. Baptist Health participates actively in The Partnership.

Federal regulations require that tax-exempt hospital facilities conduct a CHNA every three years and develop an implementation strategy that addresses significant community health needs. Tax-exempt hospitals also are required to report information about community benefits they provide on IRS Form 990, Schedule H. As specified in the instructions to Schedule H, community benefits are programs or activities that provide treatment and/or promote health and healing as a response to identified community needs.

Community benefit activities and programs seek to achieve objectives, including:

- Improving access to health services,
- enhancing public health,
- advancing increased general knowledge, and

- relief of a government burden to improve health.¹

To be reported, community need for the activity or program must be established. Need can be established by conducting a community health needs assessment.

CHNAs seek to identify significant health needs for particular geographic areas and populations by focusing on the following questions:

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

The question of **how** the hospital can best address significant needs will be the subject of the separate implementation strategy.

¹Instructions for IRS form 990 Schedule H, 2014.

Methodology Summary

Significant community health needs were identified by collecting and analyzing data and information from multiple sources. Statistics for numerous health status, health care access, and related indicators were analyzed, including comparisons to benchmarks where possible. Findings from recent assessments of the community's health needs conducted by other organizations were considered as well.

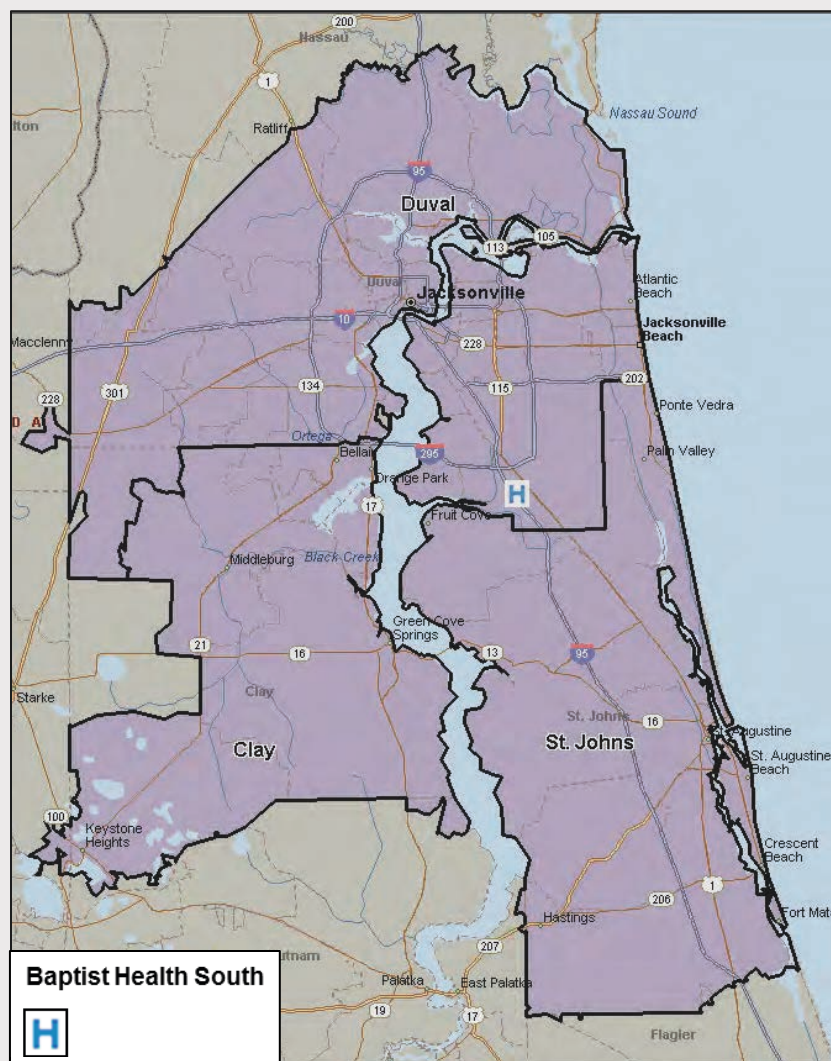
Federal regulations that govern the CHNA process allow hospital facilities to define the “community a hospital serves” based on “all of the relevant facts and circumstances,” including the “geographic location” served by the hospital facility, “target populations served (e.g., children, women, or the aged), and/or the hospital facility’s principal functions (e.g., focus on a particular specialty area or targeted disease).”²

Input from people representing the broad interests of the community, including individuals with special knowledge of or expertise in public health, was received from **165** individuals through 15 key informant interviews, 13 focus groups, and six town hall meetings.

Verité applied a ranking methodology to help prioritize the identified community health needs. The frequency (and intensity) with which certain health needs were identified as problematic in secondary data sources and by community members who provided input was considered in identifying priority needs. Staff from the hospital and from The Partnership reviewed and confirmed the findings from this process.

² 501(r) Final Rule, 2014.

Community Served by Baptist Medical Center South



Baptist Medical Center South Community Summary Characteristics

- Community encompasses Clay County, Duval County and St. Johns County
- 94.6% of 2014 inpatients originated from the community
- Total population in 2015: 1,313,171
- Projected population increase between 2015 and 2020: 5.6%
 - 23.3% for the 65+ population
 - 22.4% for the Hispanic (or Latino) populations
- Duval County compares unfavorably, while Clay County and St. Johns County compare favorably to Florida for poverty and unemployment rates
- In the 2015 County Health Rankings, Duval County ranked 43rd (out of 67 Florida counties) for health outcomes, while Clay ranked 11th and St. Johns ranked first
- Nine significant community health needs have been identified through the CHNA

Prioritized List of Significant Community Health Needs

Based on an assessment of secondary data (a broad range of health status and access to care indicators) and of primary data received through community input, the following 11 issues have been identified as significant health needs in the community served by Baptist South. The issues are presented in alphabetical order.

Access

- Community members providing input commonly expressed concern about the lack of knowledge about available services and resources to assist them in reaching and maintaining positive health outcomes. Community residents, particularly those lacking English proficiency and the elderly, are most likely to lack knowledge about available services.
- The most frequently mentioned barriers to accessing health care services include: lack of knowledge about services, lack of transportation, lack of affordable care and low usage of preventative care, and lack of access to and affordability of insurance.
- Key informants from St. Johns County reported difficulty accessing physicians and specialist services. For example, residents in Hastings reported having fewer specialists than surrounding areas, resulting in travel to surrounding areas for care. Specialist services reported as difficult to access in St. Johns County and in the Duval County area include: dental care, rehabilitation services, vision services, hearing services, and dialysis.
- Residents of all three counties appear to need additional resources devoted to address comparatively high rates of excessive alcohol consumption (**Exhibits 26A and 26B**, and community input).
- Access to primary care, dental care, and other services is more challenging for low-income members of the community (**Exhibit 32**). As of July 2015, Florida has not expanded Medicaid eligibility, as contemplated by provisions in the Patient Protection and Affordable Care Act (ACA, 2010). Access to care for low-income patients would be negatively affected if the “Low-Income Pool” (LIP) funds are substantially reduced or lost.
- On a per-capita basis, Clay County has a comparatively low supply of primary care physicians, dentists, and mental health providers (**Exhibits 26A, 26B, 38**).
- The Dignity Health *Community Need Index*TM, designed principally to identify zip codes for which residents are likely to be experiencing access challenges, identifies Health Zone 1 in Duval County, and one zip code in St. Johns County (32084, which is proximate to St. Augustine) as high need areas (**Exhibit 36**). Populations in these areas also are designated by the Health Resources and Services Administration as medically underserved (**Exhibit 39**).
- Interviewees and focus group participants also raised concerns about the stability of safety net providers (UF Health and Agapé), given threats to funding sources that support their ability to provide access to care for uninsured and low-income patients.
- Hospital staff members who participated in focus group meetings indicated that the services most difficult to access are: mental health services, dental care, primary care, and specialty care (particularly for uninsured individuals).

Cancer

- In *County Health Rankings*, Clay County ranks 35th of 67 Florida counties for adult smoking (**Exhibit 26A**). About 21 percent of adults smoke regularly – above the U.S. average of 18 percent (**Exhibit 26B**).
- In *Community Health Status Indicators*, Clay County and Duval County benchmark unfavorably to peer counties for cancer mortality and for adult smoking rates (**Exhibit 27**).
- Cancer is a leading cause of death in Clay, Duval, and St. Johns counties and age-adjusted mortality rates due to cancer significantly exceed the Florida average in both Clay and Duval (**Exhibit 28**).
- Lung cancer was identified by the Clay County Department of Health in its 2010 Community Health Assessment (and its 2012 update) as the leading cause of death in the community.
- Overall cancer rates in Clay County are above Florida averages and Healthy People 2020 objectives. The incidence of lung cancer is particularly problematic. (**Exhibit 29B**).
- Hospital staff members who participated in a focus group meeting identified smoking as a significant community health problem.

Communicable Diseases

- In *County Health Rankings*, Duval County ranked 63rd in 2012 and 62nd in 2015 (out of 67 Florida counties) and Clay County ranked 38th for rates of sexually transmitted infections (“STIs”) (**Exhibit 26A**).
- The chlamydia rate in Duval County (606 per 100,000) exceeded the U.S. average by 32 percent (**Exhibit 26B**).
- In the 2015 *Community Health Status Indicators*, Clay County and Duval County ranked in the bottom quartile of peer counties for HIV rates (**Exhibit 27**).
- Clay County, Duval County and St. Johns County report age-adjusted rates of mortality from HIV/AIDS that far exceed Florida averages and Healthy People 2020 objectives (**Exhibit 28**). However, rates for new HIV infections only exceeded Florida averages for Duval County (**Exhibit 30A**).
- In recent years, communicable disease incidence rates for Duval County far exceeded Florida averages (for chlamydia, gonorrhea, and tuberculosis) (**Exhibit 30A**).
- More than 30 percent of respondents to a survey administered in high schools by the Duval County Public Schools indicated that they currently are sexually active.
- Individuals providing input often discussed an overall lack of health education as a major contributor to health issues in Duval and St. Johns counties. Many mentioned that residents of Duval and St. Johns counties are not provided adequate sex education.

Dental Care

- In its 2012 study of early childhood needs and resources (in Baker, Bradford, Clay, and Nassau counties), Episcopal Children's Services found that dental care, transportation, and child care services were most cited as needs by community members.
- Clay County has a comparatively low supply of dentists (measured on a per-capital basis) (**Exhibits 26B, 38**).
- Hospital staff members who participated in a focus group meeting indicated that the services most difficult to access are: mental health, pediatric care and dental care.

Diabetes

- In *County Health Rankings*, Clay County ranked 58th of 67 Florida counties for diabetic screening rates Duval County ranked 41st in 2015 (out of 67 Florida counties) for diabetic screening (**Exhibit 26A**).
- In the 2015 *Community Health Status Indicators*, Clay County and Duval County ranked in the bottom quartile of peer counties for mortality due to diabetes and for adult diabetes rates (**Exhibit 27**).
- Mortality rates from diabetes significantly exceeded Florida averages in recent years (**Exhibit 28**).
- In *Health: Place Matters 2013*, the Duval County Department of Health found that the rate of preventable hospitalizations for diabetes in the county exceeded the Florida average by more than 50 percent.
- Diabetes was identified by the Clay County Department of Health in its 2010 Community Health Assessment (and its 2012 update) as the sixth-leading cause of death in the community. Mortality rates from diabetes were found to be nearly 25 percent higher than the Florida average.
- Chronic diseases were the most frequently raised health issues by interviewees in Duval and St. Johns counties. Overall, diabetes was the single most frequently mentioned condition, followed closely by hypertension, obesity or overweight, and cardiovascular disease.

Health Disparities

- Certain population cohorts with known, unique health needs are expected to grow rapidly between 2015 and 2020, namely: the Hispanic (Latino) population in the community County (growth of 22.4 percent), and the population aged 65 years and older (growth of 23.3 percent). (**Exhibits 6 and 10**).
- The proportion of residents who are black (African American) is highest in ZIP codes 32209, 32208, and 32206. All three ZIP codes are located in Health Zone 1 (which is comprised of six ZIP codes where poverty also is most prevalent in Duval County).
- Community health data highlight that certain health issues are highly problematic for low-income residents. These include heavy or binge drinking, smoking rates, inability to visit a doctor due to cost, asthma, stroke, and poor mental health (**Exhibit 32**).
- Community health data highlight that certain health issues are highly problematic for black and Hispanic (Latino) residents. For black (African American) residents, these include inability to visit a doctor due to cost, obesity, asthma (**Exhibit 32**), and diabetes. For Hispanic (Latino) residents, these include asthma, heavy or binge drinking, and access to a personal doctor/regular checkups.

- In 2012, the Duval County Health Department developed a health assessment for Hispanic (Latino) residents which found higher than average uninsurance rates, and also risks for mortality from motor vehicle accidents, homicide, fire-arms, and suicide. Also, high school students were more likely than others to experience or perceive violence at school and consider or attempt suicide.
- In *Health: Place Matters 2013*, the Duval County Department of Health described how increasing diversity in Duval County will require more culturally and linguistically appropriate care.
- Health challenges experienced by minorities, including Black residents, Hispanic residents, and recent immigrants were frequently mentioned by community members providing input into the CHNA. Interviewees commented on barriers to care linked to affordability, transportation, knowledge, language, fear and a lack of trust, and cultural differences. Barriers to accessing health care among Duval County's immigrant and minority population were often discussed in terms of limited proficiency in the English language, limited knowledge of the health care system, and distrust in the medical community. Racism was discussed as a contributing factor to the way African Americans are treated by medical providers.
- The Clay County Health Department found in its community health assessments that diabetes mortality rates have been particularly high for black and Hispanic residents.

Maternal and Child Health

- A number of maternal and child health indicators are comparatively unfavorable in Duval County: the percent of births that are preterm, teen birth rates, domestic violence offenses, low birthweight births, infant mortality, and middle school and high school students without sufficient vigorous physical activity (**Exhibits 26B, 27, and 31**).
- St. Johns County ranked in the bottom quartile of peer counties for teen births (**Exhibit 27**) and for the percent of kindergarten children fully immunized (**Exhibit 31B**). The St. Johns County Health Leadership Council had a similar finding regarding childhood immunization in its *2014 Community Health Assessment & Community Health Improvement Plan*.
- In Clay County, there were unfavorable rates of births that are preterm, (**Exhibit 27**), births to mothers who report smoking during pregnancy, births with late or no prenatal care, kindergarten children (not) fully immunized, high school graduation rates, and children ages five to eleven experiencing child abuse or sexual violence (**Exhibit 31**).
- Internal hospital staff members participating in focus group meetings identified premature births and infant mortality as among the most significant community health problems.

Mental Health

- In 2014, the Jacksonville Community Council Inc. (JCCI) issued "*Unlocking the Pieces: Community Mental Health in Northeast Florida*." Findings include:
 - In 2012, Florida ranked 49th of the 50 states in per capita state mental health funding and northeast Florida was the second-lowest funded region in Florida
 - The Duval County suicide rate in 2012 was the highest since 1991 and had increased 13.2 percent since 2008
 - More people in Duval County die from suicide than from homicide

- There is an undersupply of mental health professionals in the community
- The St. Johns County Health Leadership Council found in its *2014 Community Health Assessment & Community Health Improvement Plan* that St. Johns has a suicide rate above the Florida average.
- Surveys conducted by Duval County Public Schools indicate that mental health problems recently have increased for middle school students, including “serious considerations of suicide.”
- Clay County reports a comparative undersupply of mental health providers. In the U.S., the ratio of population to providers is 753:1; in Clay County the ratio is 1,267:1 (**Exhibit 26B**).
- The vast majority of participants mentioned poor mental health and lack of mental health resources as major concerns. They identified adolescents, sexual minorities, those with limited English proficiency, low-income residents, the elderly, and veterans as groups that are more likely to suffer mental health concerns. In the Duval County area, limited mental health resources for residents of all ages was raised as a concern, and cost, lack of insurance coverage, social stigma, and transportation were mentioned as barriers to seeking mental health care in this area. In St. Johns County, it was explained that there was a shortage of mental health professionals for the entire county. Residents living in rural areas and low income individuals faced the most difficulties when trying to access these services.
- Hospital staff members who participated in focus group meetings indicated that the services most difficult to access are: mental health services, dental care, primary care, and specialty care (particularly for uninsured individuals).
- **Nutrition, Physical Activity, and Obesity** In the 2015 *Community Health Status Indicators*, Duval County ranked in the bottom quartile of peer counties for adult obesity rates and for “adult physical inactivity” (**Exhibit 27**).
- Food deserts are present in Duval County – in Health Zone 1 and other areas in the central/southern areas of the county (**Exhibit 37**). They also are present in St. Johns County (St. Augustine) and Clay County (Green Cove Springs).
- Participants often discussed an overall lack of health education as a major contributor to health issues in Duval and St. Johns counties. Many participants mentioned that residents of Duval and St. Johns counties are not informed about nutrition. To improve health, many of those interviewed suggested the need for education on healthy eating habits and the benefits of a nutritional diet.
- Across all interviews and meetings, the health behaviors of greatest concern were poor diet and nutrition and limited physical activity. Unhealthy diets were attributed to limited access to healthy foods in many neighborhoods in combination with cultural factors. Insufficient knowledge about nutrition was mentioned in many interviews as a contributing factor to health conditions. Poor parenting skills, particularly among young parents, were commonly cited as a contributing factor to unhealthy behaviors. Specifically, family support, food security, quality time or interactions, and educational support were discussed as key elements that are often missing in young families in Duval County. Many participants also noted that the number of fast food restaurants on the main travel routes in Clay County contribute to unhealthy dietary choices.

Poverty

- Many health needs are associated with poverty. In 2013, 16.6 percent of Duval County residents lived in poverty – a rate above Florida and national averages. In that period, 9.5 percent of St. Johns County residents were in poverty (**Exhibit 16**).
- The Duval County Department of Health has divided the county into “Health Zones.” Health Zone 1 is comprised of six ZIP codes in/around downtown Jacksonville. According to the U.S. Census: 107,897 people lived in Health Zone 1 in 2013 (about 12 percent of Duval County’s total population). About 34 percent of these people were in poverty. Health Zone 1 is home to 12 percent of the county’s total population and to 25 percent of county residents living in poverty.
- While overall poverty rates in St. Johns County are below average, “pockets” of poverty are present in Elkton and Hastings (where poverty rates have been 19.4 percent and 17.0 percent respectively – **Exhibit 17**).
- In *County Health Rankings*, Duval County ranked 38th in 2012 and 41st in 2015 (out of 67 Florida counties) for unemployment (**Exhibit 26A**).
- Poverty rates are highest for black (African American) residents of the three counties (**Exhibit 18**).
- Crime rates (for murder, forcible sex offenses, and other crimes) in Duval County also are well above Florida averages.
- Individuals providing input highlighted, poverty, lack of affordable housing and youth unemployment as issues affecting quality of life, particularly in rural areas of St. Johns County.

Smoking

- Twenty percent of adults have reported that they smoke regularly (**Exhibit 26B**) – a rate above the U.S. average of 18 percent.
- In the 2015 *Community Health Status Indicators*, Clay County and Duval County ranked in the bottom quartile of peer counties for adult smoking rates (**Exhibit 27**).
- Cancer is the leading cause of death in all three counties, and cancer rates exceeded Florida averages in recent years (**Exhibits 28 and 29A**).

Transportation

- Individuals providing input expressed concern about a lack of reliable public transportation that made it difficult to access health care services. Lack of reliable transportation significantly impacts low-income, elderly, and disabled residents, and those who travel long distances for care or live in the Northside of Jacksonville. Within the Duval County-Beaches area, the public transportation system has few routes, minimal drop off points, and infrequent pick-ups. This barrier to care is further complicated by a lack of convenient appointment times and, in many cases, long wait times for health care appointments. In areas of St. Johns County, such as Hastings, Armstrong, and West St. Augustine, this barrier to accessing health care was further impacted due to a lack of specialists that resulted in residents traveling to surrounding counties to receive care. Transportation barriers contribute to missed appointments and failure to seek care for health concerns.

- The North Florida Transportation Planning Organization recently published two studies, indicating that two-thirds of area residents do not consider mass transit services to be adequate, and highlighting limitations with transportation options.
- In its 2012 study, *Elder Services Needs Assessment*, Eldersource identified how a lack of transportation can impact access to prescription drugs.

The next sections of this CHNA report present the assessment of secondary and community input data on which these findings are based.

CHNA DATA AND ANALYSIS

METHODOLOGY

Data Sources and Analytic Methods

Community health needs were identified by collecting and analyzing data and information from multiple quantitative and qualitative sources. Considering information from a variety of sources is important when assessing community health needs, to ensure the assessment captures a wide range of facts and perspectives and to assist in identifying the highest-priority health needs. Statistics for numerous health status, health care access, and related indicators were analyzed, including from local, state, and federal public agencies, local community service organizations, and hospital members of The Partnership. Comparisons to benchmarks were made where possible. Details from the quantitative data are presented in the CHNA Data and Analysis section of this report, followed by a review of the principal findings of health assessments and reports conducted by other organizations in the community in recent years.

Input from **165** persons representing the broad interests of the community was taken into account from 15 key informant interview sessions, 13 focus groups, and six town hall meetings. Interviews included: individuals with special knowledge of or expertise in public health; the local public health department; agencies with current data or information about the health needs of the community; and leaders, representatives, and members of medically underserved, low-income, and minority populations, and populations with chronic disease needs. Duval County Department of Health staff, working under subcontract with Verité, conducted and summarized results from the key informant interviews and community meetings.

Collaboration

In preparing this CHNA, Baptist South collaborated with other hospital facilities within the Baptist Health system, and also with the other hospital members of the Jacksonville Metropolitan Community Benefit Partnership.

Prioritization Process and Criteria

Verité applied a ranking methodology to help prioritize the community health needs identified by the assessment, incorporating both quantitative and qualitative data throughout. The methodology considered the frequency with which each community health need was identified as problematic in secondary data sources and by community members providing input into the assessment. The methodology also factored in the severity of the problem, the number of persons affected, and the extent to which health disparities appear to be present.

Information Gaps

To the best of Verité's knowledge, no information gaps have affected the hospital's ability to reach reasonable conclusions regarding the community's health needs.

DEFINITION OF COMMUNITY ASSESSED

This section identifies the community assessed by Baptist South and how it was determined.

Baptist South is a multi-specialty hospital facility that provides inpatient, outpatient, and 24-hour emergency care. For the purposes of this CHNA, the community has been identified as Clay County, Duval County, and St. Johns County, Florida. In 2014, more than 94 percent of the hospital's inpatient discharges originated from these three counties.

Clay County includes five cities and towns and six ZIP codes. Duval County includes four cities and towns and 35 ZIP codes. St. Johns County includes six cities and towns and ten ZIP codes. The hospital is located in Jacksonville. In 2015, the community is estimated to have a population of approximately 1,313,000 residents (**Exhibit 1**).

Exhibit 1: Community Population, 2015

City or Town	Total Population 2010	Total Population 2015	Percent of Total Population 2015
Clay County	188,057	196,070	14.9%
Fleming Island	27,133	28,854	2.2%
Green Cove Springs	25,166	26,441	2.0%
Keystone Heights	13,928	14,093	1.1%
Middleburg	50,713	53,464	4.1%
Orange Park	71,117	73,218	5.6%
Duval County	867,130	899,930	68.5%
Atlantic Beach	23,665	23,778	1.8%
Jacksonville	809,080	840,749	64.0%
Jacksonville Beach	27,367	28,325	2.2%
Neptune Beach	7,018	7,078	0.5%
St. Johns County	190,161	217,171	16.5%
Elkton	4,249	4,850	0.4%
Hastings	5,312	5,729	0.4%
Ponte Vedra	4,727	6,808	0.5%
Ponte Vedra Beach	28,943	31,647	2.4%
St. Augustine	109,982	124,515	9.5%
St. Johns	36,948	43,622	3.3%
Total	1,245,348	1,313,171	100.0%

Source: Claritas via UF Health, 2015.

The community definition was validated based on the geographic origins of Baptist South inpatients in 2014 (**Exhibit 2**).

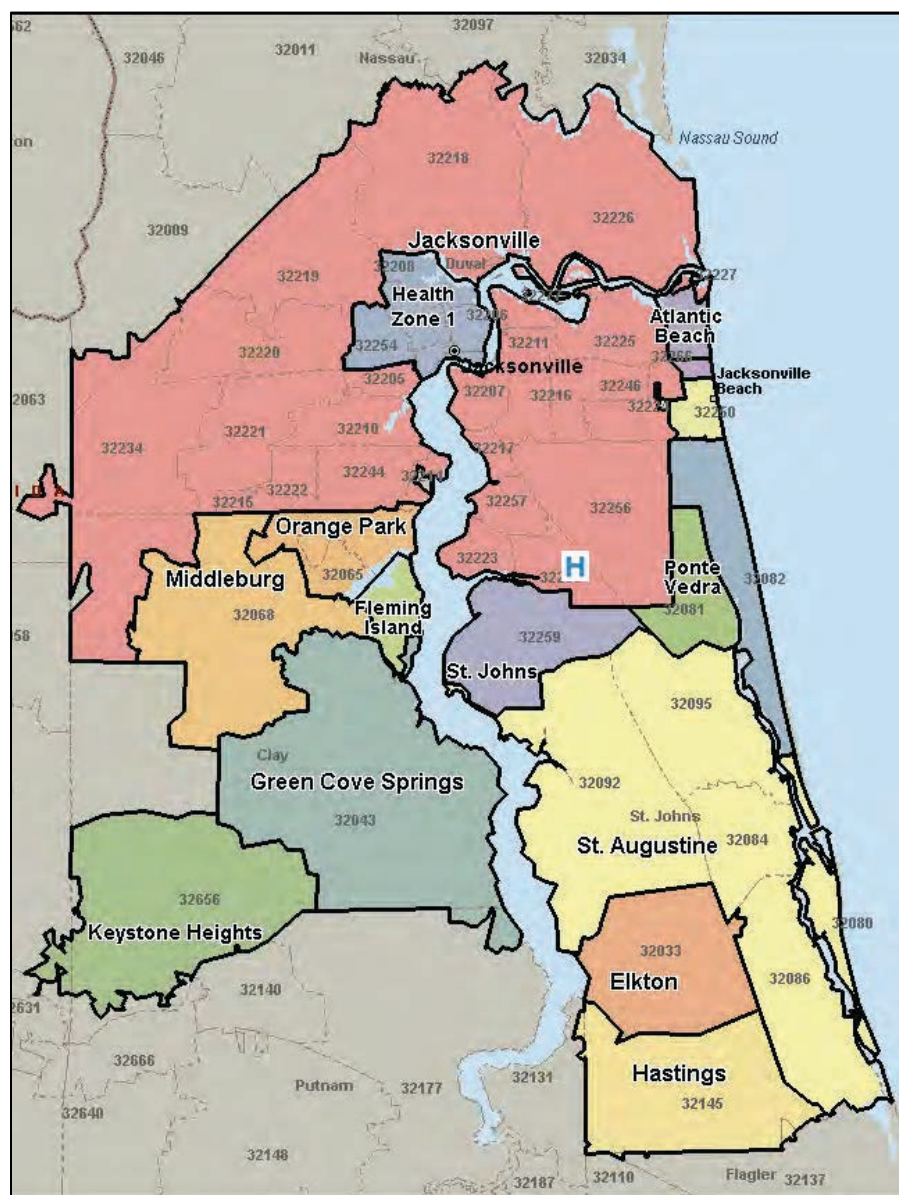
Exhibit 2: Inpatient Discharges, 2014

	Clay County/Duval County/St. Johns County	Baker/Nassau Counties	Other Counties	Total Discharges
Baptist Health South				
Inpatient Discharges	13,847	190	597	14,634
Percent of Total Discharges	94.6%	1.3%	4.1%	100.0%

Source: Baptist Health, 2014.

Exhibit 3 illustrates the ZIP Codes, cities, and towns within the community. The Duval County Department of Health has divided Duval County into “Health Zones.” Health Zone 1 is comprised of six ZIP codes in/around downtown Jacksonville (32202, 32204, 32206, 32208, 32209, and 32254).

Exhibit 3: Baptist South Community



Source: Microsoft MapPoint 2010, Baptist Health, 2015.

SECONDARY DATA ASSESSMENT

This section presents an assessment of secondary data regarding health needs in the Baptist South community.

Demographics

Population characteristics and changes influence community health needs. Overall, the population living in the Baptist South community is expected to grow by 5.6 percent between 2015 and 2020 (**Exhibit 4**).

Exhibit 4: Percent Change in Population by City/Town, 2015-2020

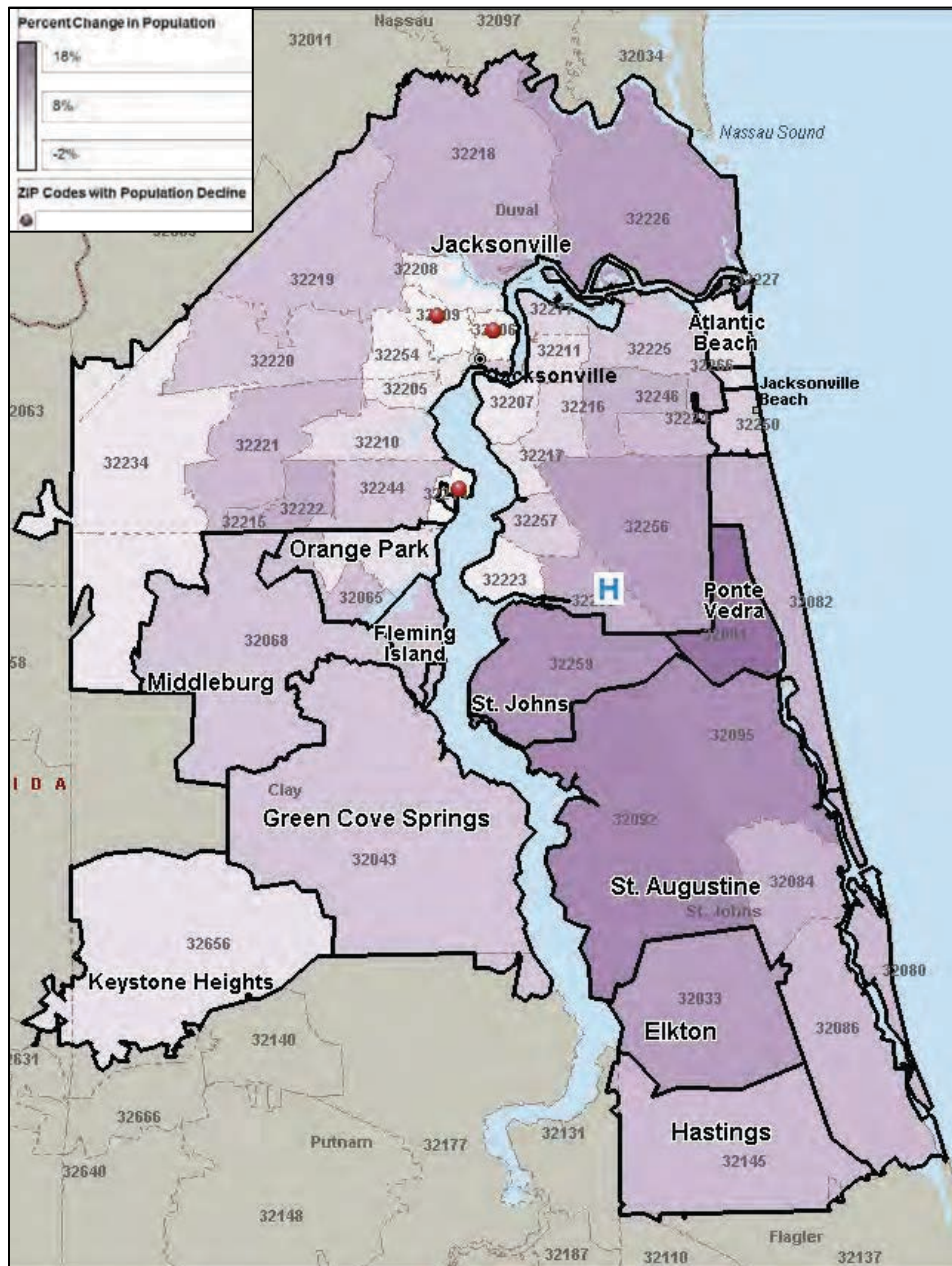
City or Town	Total Population 2015	Total Population 2020	Percent Change in Total Population 2015-2020
Clay County	196,070	205,717	4.9%
Fleming Island	28,854	30,764	6.6%
Green Cove Springs	26,441	27,919	5.6%
Keystone Heights	14,093	14,412	2.3%
Middleburg	53,464	56,577	5.8%
Orange Park	73,218	76,045	3.9%
Duval County	899,930	941,470	4.6%
Atlantic Beach	23,778	24,270	2.1%
Jacksonville	840,749	880,342	4.7%
Jacksonville Beach	28,325	29,609	4.5%
Neptune Beach	7,078	7,249	2.4%
St. Johns County	217,171	239,691	10.4%
Elkton	4,850	5,351	10.3%
Hastings	5,729	6,143	7.2%
Ponte Vedra	6,808	7,947	16.7%
Ponte Vedra Beach	31,647	34,152	7.9%
St. Augustine	124,515	136,962	10.0%
St. Johns	43,622	49,136	12.6%
Total	1,313,171	1,386,878	5.6%

Source: Claritas via UF Health, 2015.

The population in St. Johns County is expected to grow by more than 10 percent between 2010 and 2020.

Rates of projected population change by town and ZIP code are portrayed in **Exhibits 5 and 6**.

Exhibit 5: Population Change by ZIP Code, 2015-2020



Source: Microsoft MapPoint and Claritas, via UF Health, 2015.

Populations in Ponte Vedra (32081) and St. Augustine (32092 and 32095) are anticipated to experience the greatest growth. ZIP codes 32206, 32209, and 32212 in Jacksonville are projected to lose population.

Exhibit 6 portrays the number of residents living in the community population by age and sex in 2015 with projections for 2020.

Exhibit 6: Percent Change in Population by Age/Sex Cohort, 2015-2020

Age/Sex Cohort	Total Population 2015	Total Population 2020	Percent Change in Total Population 2015-2020
0-20	353,859	364,577	3.0%
Female 21-44	211,590	215,523	1.9%
Male 21-44	207,095	213,814	3.2%
45-64	356,385	365,877	2.7%
65+	184,242	227,087	23.3%
Total	1,313,171	1,386,878	5.6%

Source: Claritas via UF Health, 2015.

The 65+ Age Group is growing rapidly

At 23.3 percent, the number of residents aged 65 years and older is projected to have the highest growth of all age groups. The female 21-44 age group is expected to have the slowest growth. The projected growth of the 65+ age cohort will likely result in an increased demand for health services, because utilization of health care services by those in that age group typically far exceeds that of other cohorts.

Exhibit 7 shows the distribution of Clay, Duval, and St. Johns residents by age/sex cohort compared to Florida and U.S. averages.

Exhibit 7: Community Population by Age/Sex Cohort, 2013

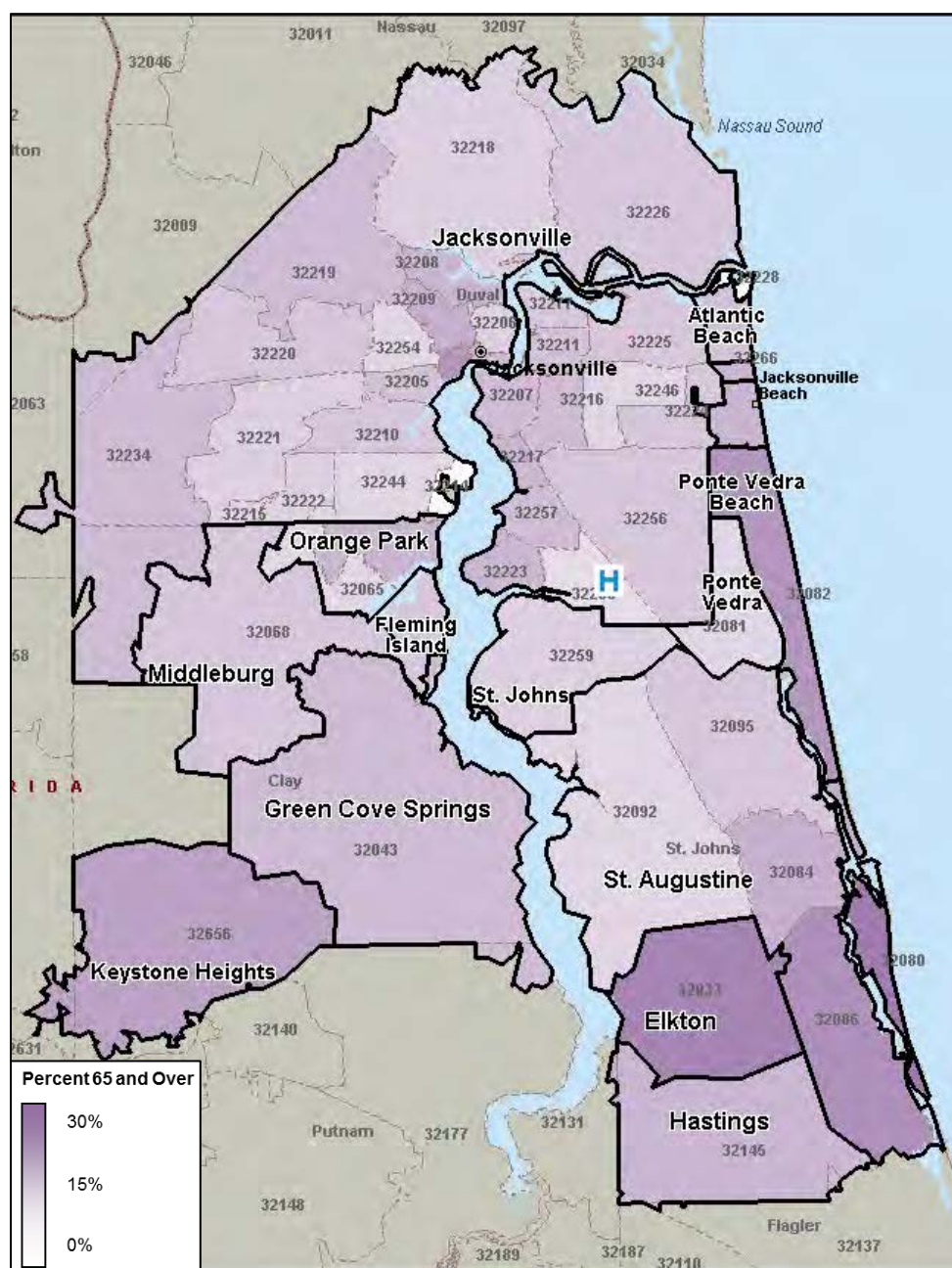
Age/Sex Cohort	Clay County	Duval County	St. Johns County	Florida	United States
0-19	28.2%	26.0%	25.3%	23.5%	26.6%
Female 20-44	16.1%	18.2%	14.6%	15.8%	16.7%
Male 20-44	15.4%	17.9%	13.7%	15.9%	16.9%
45-64	27.9%	26.4%	29.9%	27.0%	26.4%
65+	12.4%	11.5%	16.3%	17.8%	13.4%
Total	192,665	872,598	197,115	19,091,156	311,536,594

Source: U.S. Census Bureau ACS 5 Year Estimates, 2009-2013.

In Clay County, 12.4 percent of the population is over the age of 64, which is comparable to the national average and below the Florida average. In Duval County, approximately 11.5 percent of the population in 2013 was over the age of 64, which is lower than both the state and U.S. averages. The 16.3 percent statistic for St. Johns County is comparable to Florida's average and well above the national average.

Exhibit 8 illustrates the percent of the population 65 years of age and older in the community.

Exhibit 8: Percent of Population Aged 65+ by Zip Code, 2015



Source: Microsoft MapPoint and Claritas, via UF Health, 2015.

ZIP codes in St. Augustine (32080 and 32086), Elkton (32033) and Ponte Vedra Beach (32082) had the highest proportion of people 65 years and older in the community. Certain ZIP codes (32212, 32228, and 32227) in Jacksonville had the lowest proportions.

Exhibit 9 depicts the distribution of the population change in the Baptist South community by race.

Exhibit 9: Population Change by Race, 2015-2020

Race	Total Population 2015	Total Population 2020	Percent Change in Total Population 2015-2020
White	888,756	925,824	4.2%
Black	296,595	311,095	4.9%
American Indian/Alaska Native	5,054	5,305	5.0%
Asian	52,076	59,844	14.9%
Native HI/Pacific Islander	1308	1482	13.3%
Some Other Race	28,671	34,481	20.3%
Two or More Races	40,711	48,847	20.0%
Total	1,313,171	1,386,878	5.6%

Source: Claritas via UF Health, 2015.

The community is projected to be 67.6% White in 2015

About 68 percent of the population in the community is estimated to be white in 2015. Non-white populations are projected to increase by approximately eight percent between 2015 and 2020. Increasing community diversity will affect community health needs.

Exhibit 10 depicts the distribution of the population in the Baptist South community by ethnicity.

Exhibit 10: Population Change by Ethnicity, 2015-2020

Ethnicity	Estimated Total Population 2015	Projected Total Population 2020	Percent Change in Population 2015-2020
Hispanic (or Latino)	111,728	136,792	22.4%
Not Hispanic/ Latino	1,201,443	1,250,086	4.0%
Total	1,313,171	1,386,878	5.6%

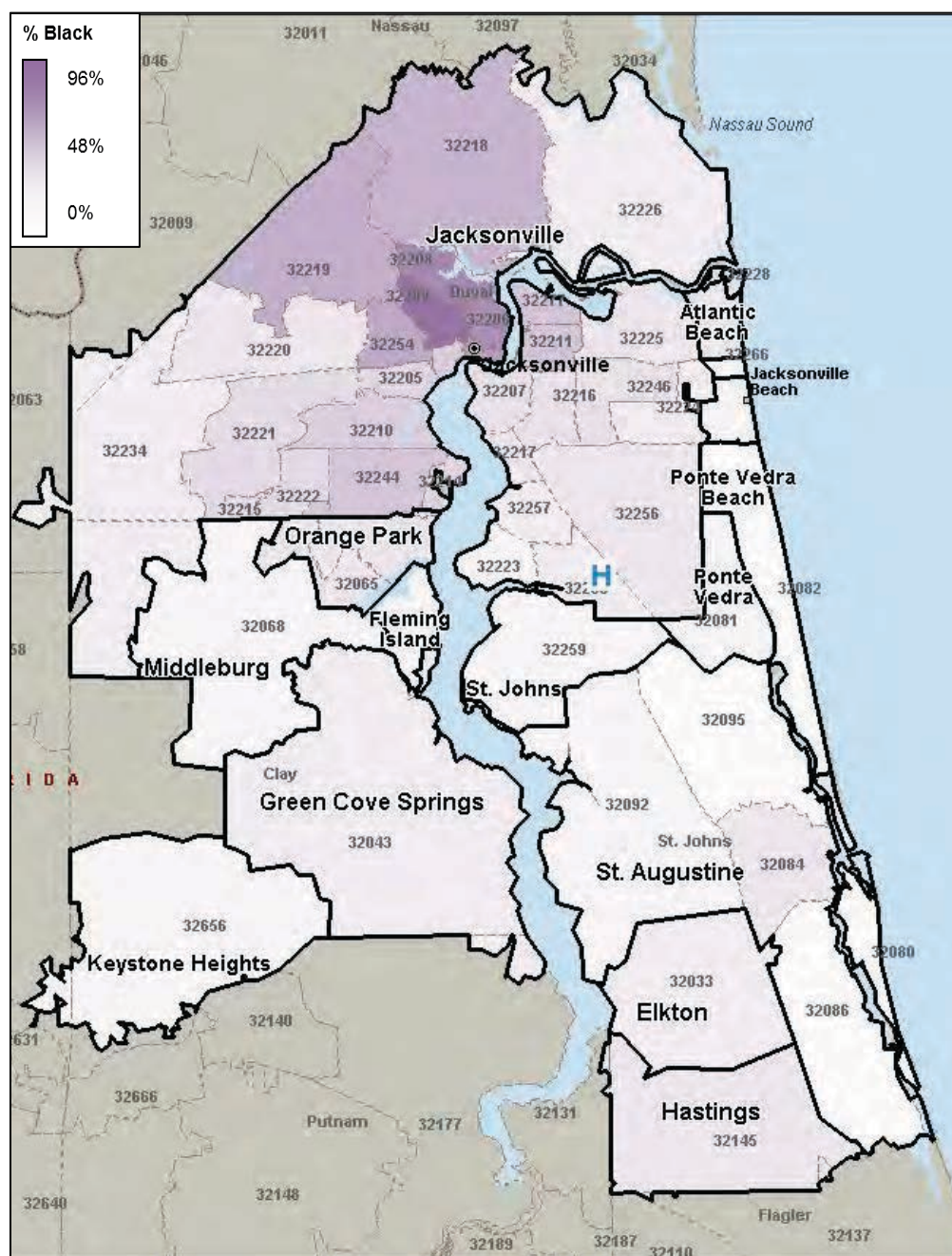
Source: Claritas via UF Health, 2015.

The Hispanic (or Latino) community is expected to grow 22%

Projections indicate that the Hispanic (or Latino) population is expected to grow much more rapidly than the non-Hispanic (or Latino) population, and to grow from approximately eight percent in 2015 to nearly ten percent of the community population by 2020.

Exhibits 11, 12, and 13 show the locations in the community where the percentages of the population that are black, Other (non-black, non-white), and Hispanic (or Latino) are highest.

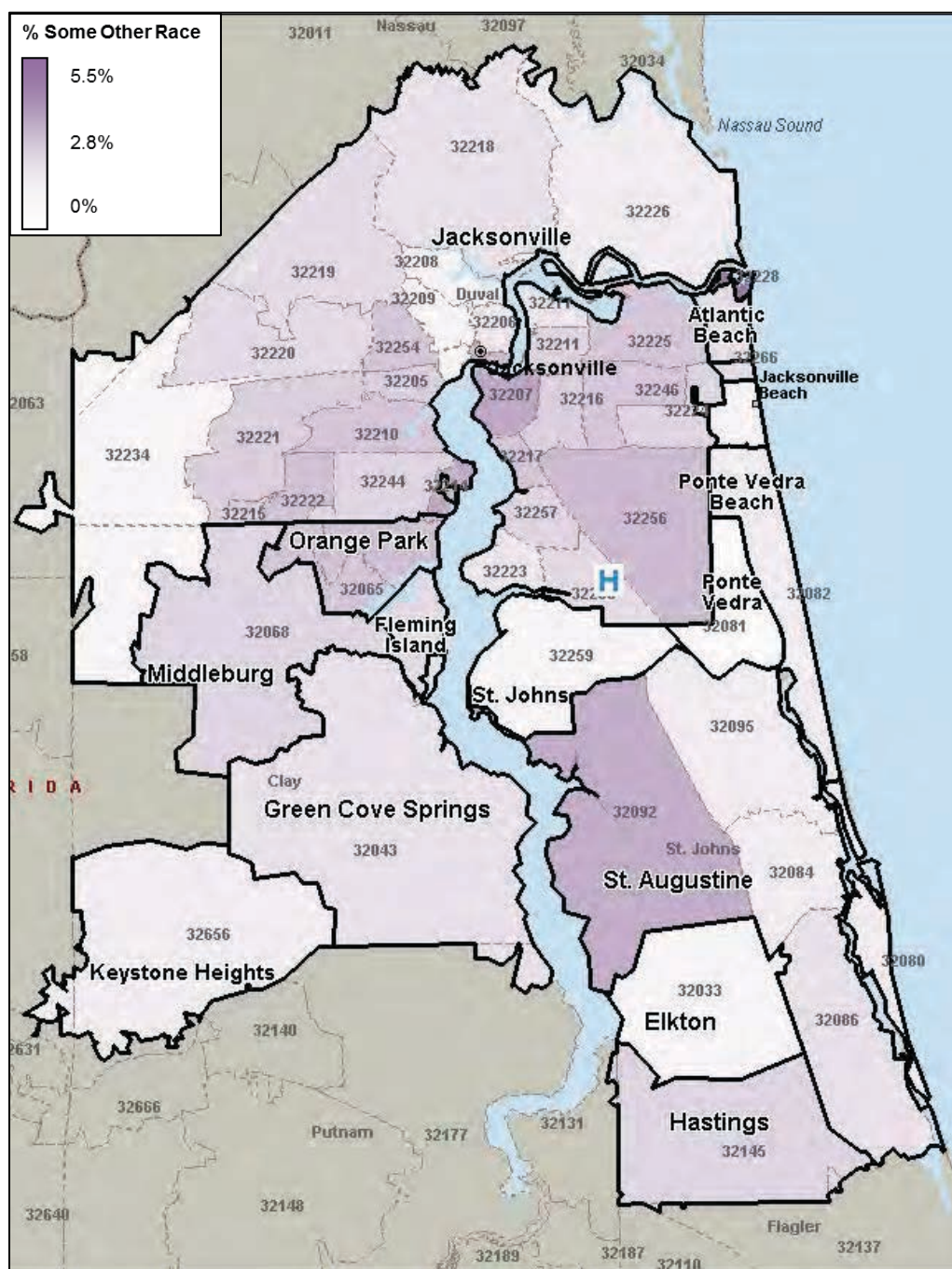
Exhibit 11: Percent of Population – Black, 2013



Source: Microsoft MapPoint and US Census, ACS 5-year Estimates, 2009-2013.

ZIP codes 32209, 32208, and 32206 in Jacksonville had the highest proportions of Black residents

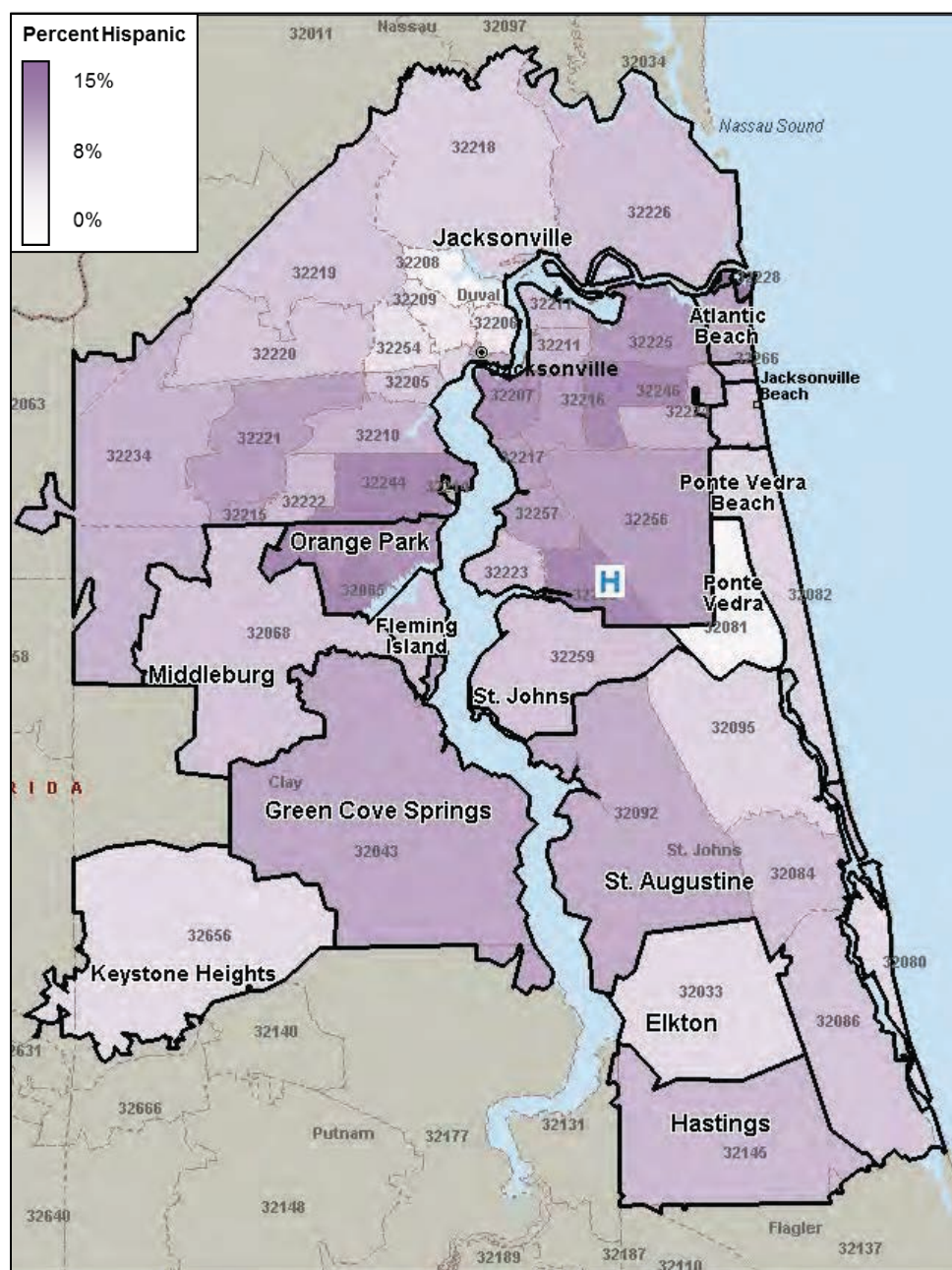
Exhibit 12: Percent of Population – Other Race (non-Black, non-White), 2013



Source: Microsoft MapPoint and US Census, ACS 5-year Estimates, 2009-2013.

ZIP codes 32227, 32207, and 32212 in Jacksonville and 32092 in St. Augustine had the highest percentages of Other Race (non-Black, non-White) residents

Exhibit 13: Percent of Population – Hispanic (or Latino), 2013



Source: Microsoft MapPoint and US Census, ACS 5-year Estimates, 2009-2013.

Duval County ZIP codes 32207, 32244, 32246, and 32258 had the highest percentages of Hispanic (or Latino) residents

The proportion of residents who are black is highest in central Jacksonville (including within Health Zone 1). The proportion of residents who identified as Hispanic (or Latino) is highest in southeast Jacksonville.

Other community demographic indicators are presented in **Exhibit 14**.

Exhibit 14: Other Socioeconomic Indicators, 2009-2013

Indicator	Clay County	Duval County	St. Johns County	Florida	United States
Population 25+ without High School Diploma	9.8%	12.1%	6.8%	13.9%	14.0%
Population with a Disability	13.1%	12.3%	10.5%	12.9%	12.1%
Population Linguistically Isolated	3.4%	5.0%	2.5%	11.7%	8.6%

Source: US Census, ACS 5-year Estimates, 2009-2013.

These data indicate that:

- Clay and Duval had a slightly higher percentage of the population with a disability compared to United States, and a slightly lower percentage than Florida. St. Johns had a lower percentage than both Florida and U.S. averages;
- Clay, Duval, and St. Johns counties had a lower percentage of the population aged five and older linguistically isolated compared to Florida and the United States. Linguistic isolation is defined as people who speak a language other than English and speak English less than “very well;” and,
- In 2013, Clay County had approximately 6,200 total Limited English Proficient (LEP) individuals. Duval had 39,400 total Limited English Proficiency (LEP) individuals. There were 17,800 Spanish, 3,200 Tagalog, 2,500 Vietnamese, 2,400 Serbo-Croatian, 1,800 Arabic, 1,500 French Creole, 1,200 Other Indo, and 1,000 Korean speaking LEP individuals. St. Johns had approximately 4,800 LEP individuals, of whom 2,500 were Spanish.³

³ Migration Policy Institute tabulations from the US Census Bureau’s pooled 2009-2011 American Community Survey

Exhibit 15 depicts the estimated percent of the community's population with a disability by age cohort in the community.

Exhibit 15: Percent of Population with a Disability by Age Cohort, 2009-2013

	Clay County	Duval County	St. Johns County	Florida
Total civilian noninstitutionalized population	13.1%	12.3%	10.5%	12.9%
Population under 5 years	1.7%	0.6%	1.3%	0.7%
With a hearing difficulty	0.0%	0.3%	1.2%	0.4%
With a vision difficulty	1.7%	0.4%	0.1%	0.5%
Population 5 to 17 years	7.4%	5.8%	3.6%	5.1%
With a hearing difficulty	0.4%	0.6%	0.4%	0.6%
With a vision difficulty	0.8%	0.8%	0.2%	0.8%
With a cognitive difficulty	6.4%	4.7%	2.7%	4.0%
With an ambulatory difficulty	0.8%	0.6%	0.5%	0.6%
With a self-care difficulty	0.6%	1.0%	0.8%	0.9%
Population 18 to 64 years	11.0%	10.7%	8.1%	9.9%
With a hearing difficulty	2.4%	1.9%	1.8%	1.8%
With a vision difficulty	1.3%	1.7%	1.1%	1.7%
With a cognitive difficulty	3.9%	4.1%	3.1%	4.1%
With an ambulatory difficulty	5.6%	5.9%	4.0%	5.3%
With a self-care difficulty	1.5%	2.1%	1.4%	1.9%
With an independent living difficulty	4.1%	3.8%	2.6%	3.6%
Population 65 years and over	38.2%	37.7%	29.7%	34.0%
With a hearing difficulty	12.9%	13.9%	12.5%	13.9%
With a vision difficulty	4.8%	7.8%	4.1%	6.3%
With a cognitive difficulty	10.7%	9.6%	7.0%	8.9%
With an ambulatory difficulty	24.8%	25.7%	17.4%	21.8%
With a self-care difficulty	8.1%	9.1%	5.8%	7.8%
With an independent living difficulty	17.1%	16.8%	12.1%	14.3%

Source: US Census, ACS 5-year Estimates, 2009-2013.

Key	
Up to 10% worse than FL	
10-50% worse than FL	
50-75% worse than FL	
> 75% worse than FL	

Vision, ambulatory, independent living, and self-care difficulties were more prevalent for those 65 years of age and older in Duval County than elsewhere in Florida. In Clay County and St. Johns County, disability rates among children 0-4 were well above Florida averages.

Economic Indicators

The following categories of economic indicators with implications for health were assessed: (1) people in poverty; (2) household income; (3) unemployment rate; (4) insurance status; (5) crime; and (6) utilization of government assistance programs.

People in Poverty

Many health needs are associated with poverty. According to the U.S. Census, in 2013 approximately 15 percent of people in the United States and 16 percent of people in Florida were living in poverty. Duval County had a higher proportion (and Clay and St. Johns lower proportions) of people in poverty than Florida and the U.S. (**Exhibit 16**).

Exhibit 16: Percent of People in Poverty, 2009-2013

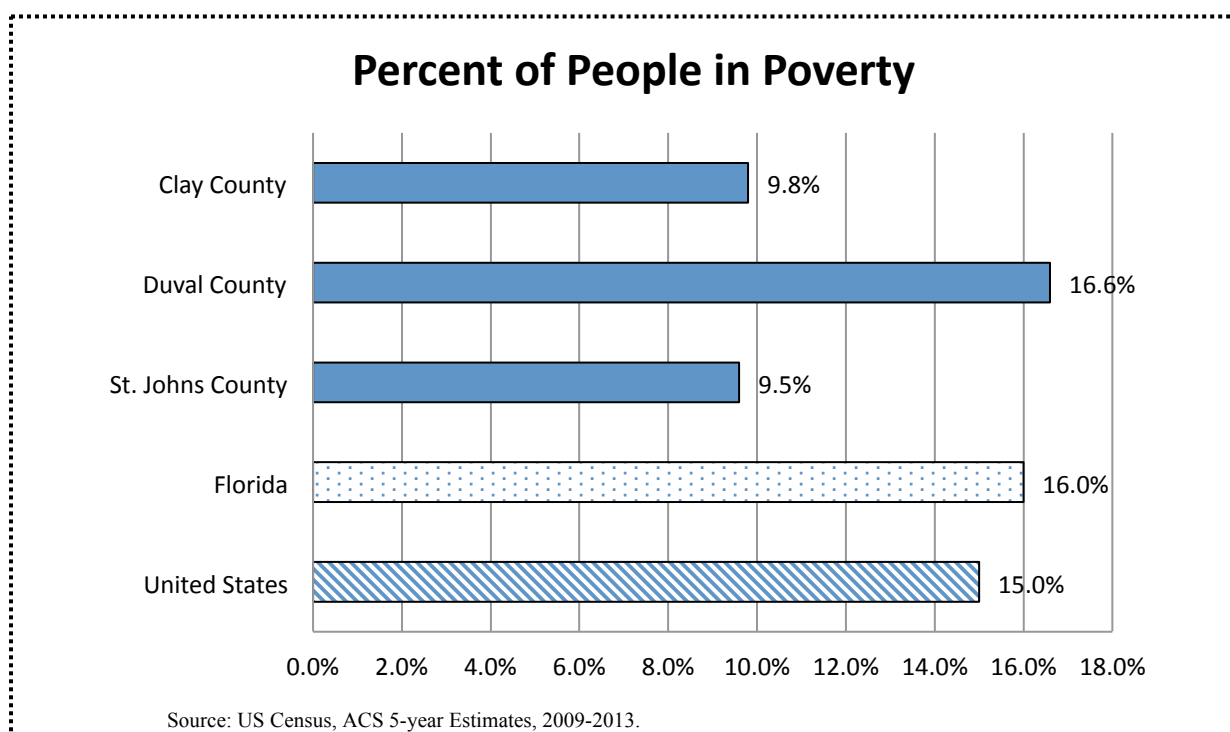


Exhibit 17 presents poverty rates by city/town.

Exhibit 17: Poverty Rates by City/Town, 2009-2013

City/Town	Total Population	Percent of Population Below Poverty Level
Clay County	191,651	9.8%
Fleming Island	28,738	4.3%
Green Cove Springs	25,453	11.0%
Keystone Heights	13,565	12.9%
Middleburg	48,490	12.2%
Orange Park	75,405	9.4%
Duval County	874,227	16.6%
Atlantic Beach	23,240	12.7%
Jacksonville	818,391	16.9%
Jacksonville Beach	25,894	12.5%
Neptune Beach	6,702	6.9%
St. Johns County	197,082	9.5%
Elkton	4,679	19.4%
Hastings	4,904	17.0%
Ponte Vedra	4,670	7.5%
Ponte Vedra Beach	29,538	5.8%
St. Augustine	114,228	11.7%
St. Johns	39,063	4.0%
Florida	19,091,156	16.0%
United States	311,536,594	15.0%

Source: US Census, ACS 5-year Estimates, 2009-2013.

Elkton in St. Johns County has the highest poverty rate at 19.4%

In Duval County, the city of Jacksonville had above-average poverty rates. In St. Johns County, the towns of Elkton and Hastings had poverty rates well above the Florida average.

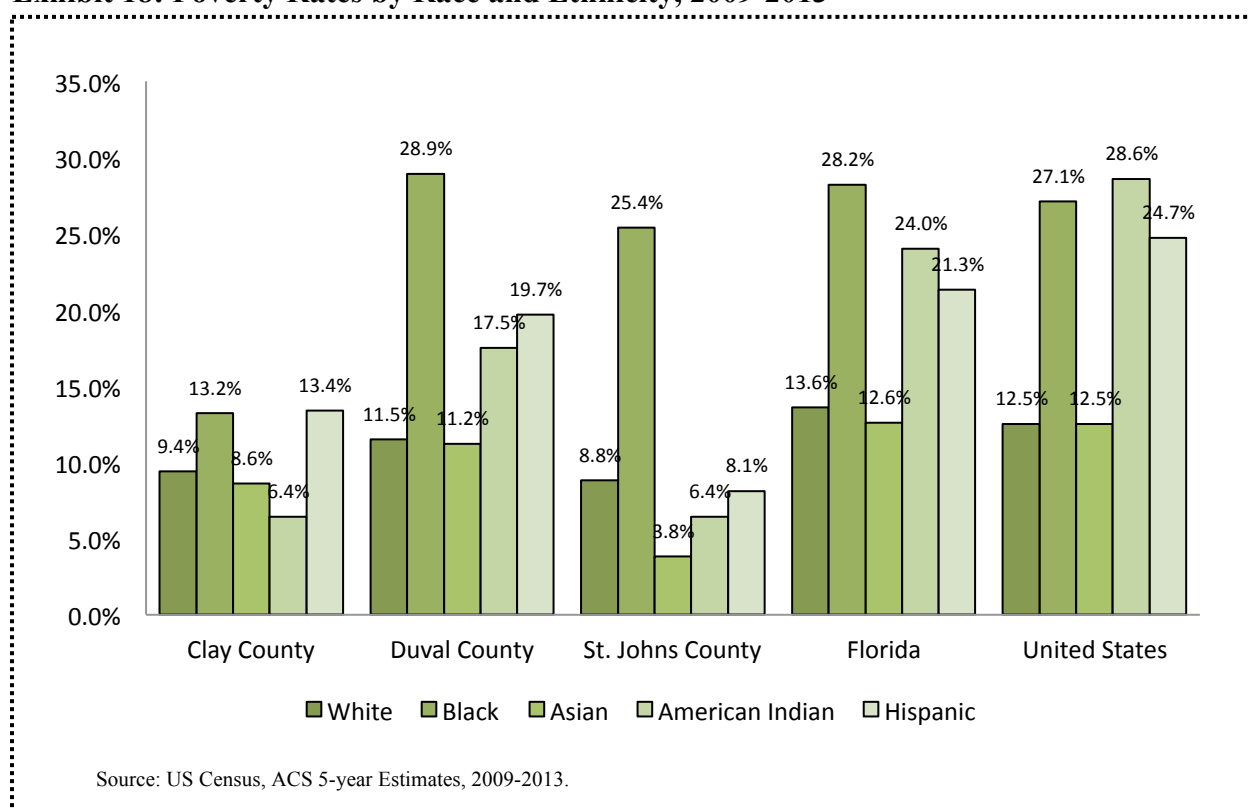
The Duval County Department of Health has divided the county into “Health Zones.” Health Zone 1 is comprised of six ZIP codes in/around downtown Jacksonville (32202, 32204, 32206, 32208, 32209, and 32254). According to the U.S. Census:

- 107,897 people lived in Health Zone 1 in 2013 (about 12 percent of Duval County’s total population), and.
- About 34 percent of these persons were in poverty.

Said another way, Health Zone 1 is home to 12 percent of Duval County’s total population and to 25 percent of county residents living in poverty.

Exhibit 18 presents Clay County, Duval County, St. Johns County, Florida, and U.S. poverty rates by race and ethnicity.

Exhibit 18: Poverty Rates by Race and Ethnicity, 2009-2013



Poverty rates for blacks are higher than for other racial/ethnic groups. The rate for Hispanics in St. Johns County is below average.

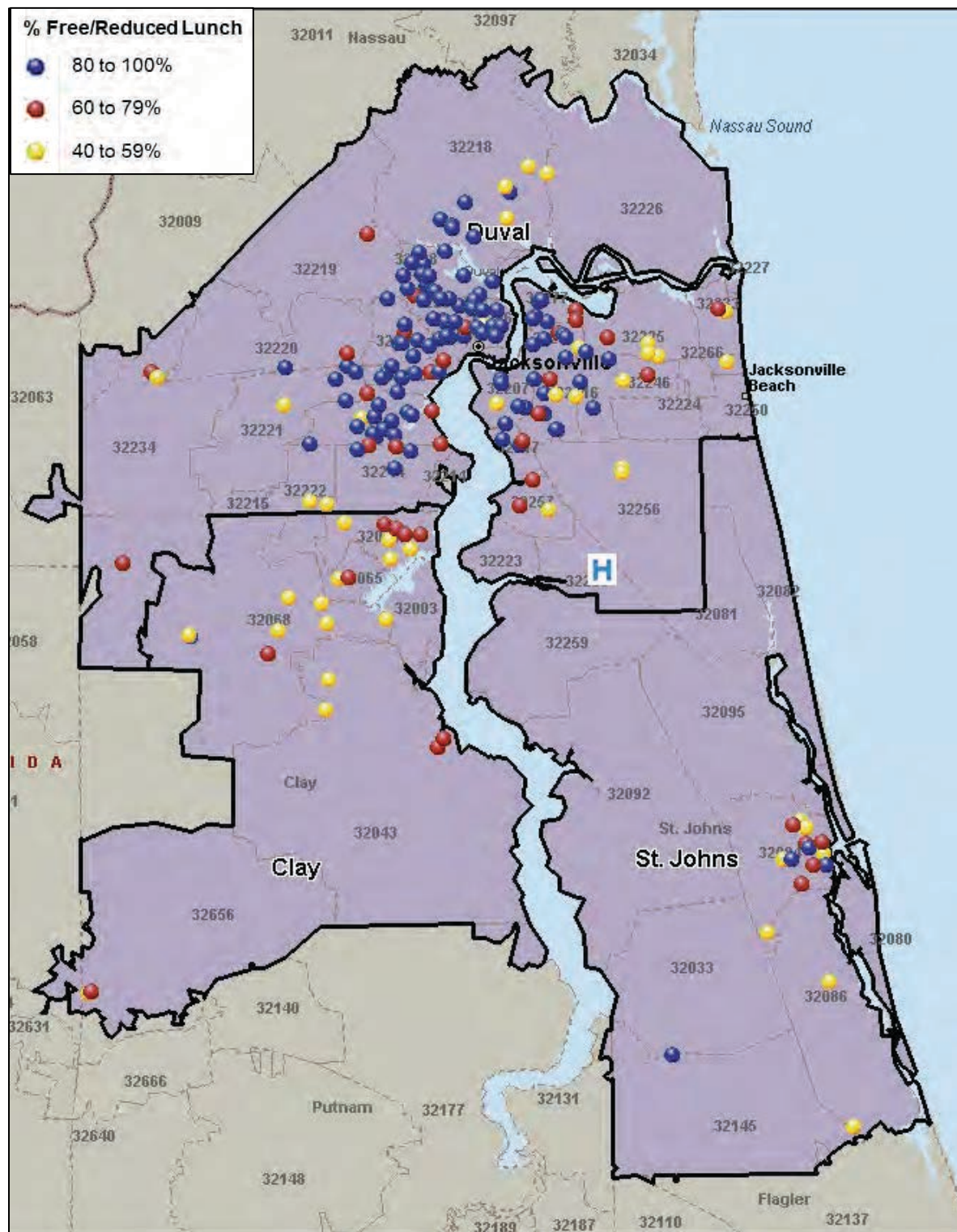
Eligibility for the National School Lunch Program

Schools participating in the National School Lunch Program are eligible to receive financial assistance from the United States Department of Agriculture (USDA) to provide free or reduced-price meals to low-income students. Schools with 40 percent or more of their student body receiving this assistance are eligible for school-wide Title I funding, designed to ensure that students meet grade-level proficiency standards.

Approximately 37 schools in Clay County, 160 schools in Duval County, and 40 schools in St. Johns County were eligible for Title 1 funds in 2014-2015. The highest concentration of schools with 80-100 percent of students eligible for this funding was located in central Jacksonville.

Exhibit 19 illustrates the locations of the schools with at least 40 percent of the students eligible for reduced-price or free lunch.

Exhibit 19: Public Schools with over 40 Percent of Students Eligible for Free or Reduced-Price Lunches, School Year 2014-2015



Source: Microsoft MapPoint, Florida Department of Education and Florida SMART, 2015.

Household Income

Household income is assessed by many public and private agencies to determine eligibility for low-income assistance programs. In the Baptist South community, 20.7 percent of households had incomes below \$25,000 in 2013. **Exhibit 20** depicts the percent of these households in the community by city or town.

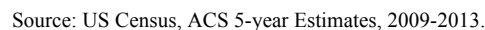
Exhibit 20: Percent Lower-Income Households by City and Town, 2009-2013

City/Town	Households 2009-2013	Average Median Household Income	Percent Less than \$25,000
Clay County	67,290	\$60,957	17.3%
Fleming Island	10,042	\$89,419	10.6%
Green Cove Springs	9,146	\$55,887	19.8%
Keystone Heights	5,264	\$45,464	28.5%
Middleburg	16,582	\$56,573	20.1%
Orange Park	26,256	\$57,713	15.0%
Duval County	331,541	\$49,246	25.2%
Atlantic Beach	9,047	\$50,338	20.0%
Jacksonville	307,824	\$48,766	26.0%
Jacksonville Beach	11,636	\$56,466	20.6%
Neptune Beach	3,034	\$67,045	12.7%
St. Johns County	75,541	\$68,888	17.7%
Elkton	1,816	\$49,257	20.2%
Hastings	1,801	\$41,750	30.8%
Ponte Vedra	1,593	\$85,354	13.8%
Ponte Vedra Beach	12,665	\$87,878	10.8%
St. Augustine	45,058	\$57,211	22.0%
St. Johns	12,608	\$96,166	7.6%
Florida	7,158,980	\$46,956	25.7%
United States	115,610,216	\$53,046	23.4%

Source: US Census, ACS 5-year Estimates, 2009-2013.

More than 30 percent of households in Hastings (in St. Johns County), 28 percent of households in Keystone Heights (in Clay County), and 26 percent of households in Jacksonville had incomes below \$25,000. St. Johns and Fleming Island had the lowest percentages.

Exhibit 21: Percent of Households Making Less than 25K by Zip Code, 2009-2013

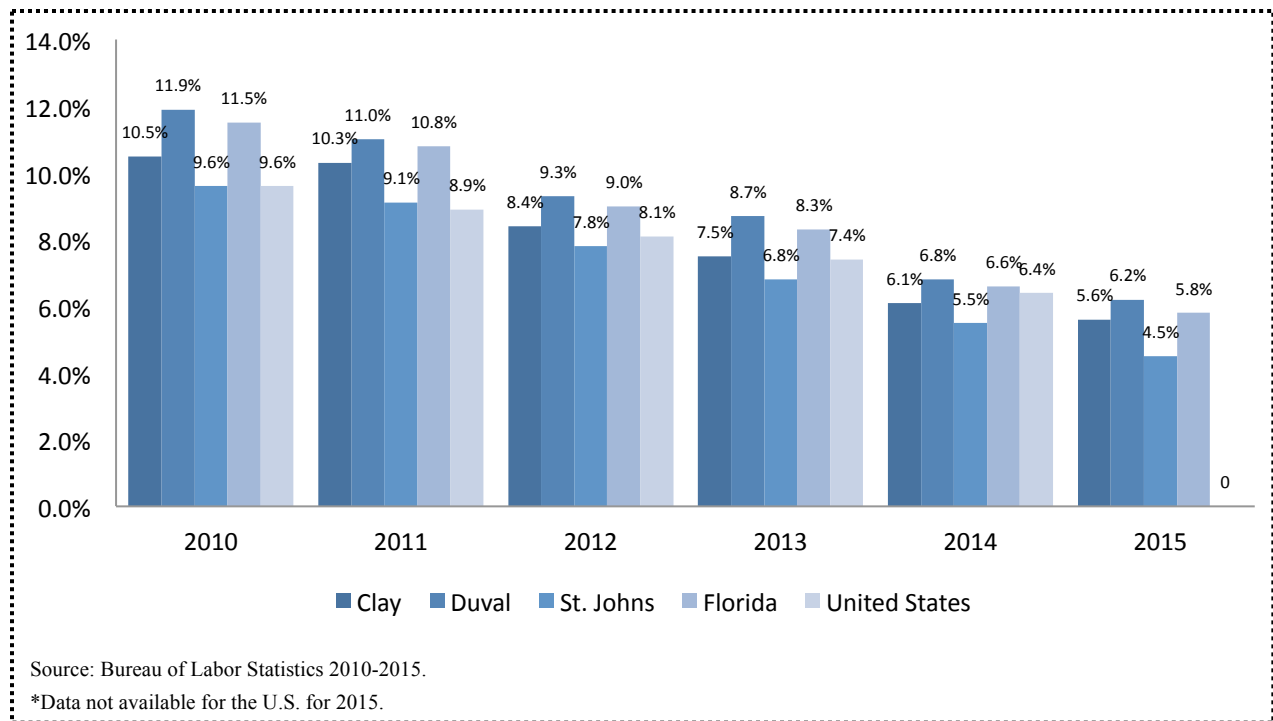


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Unemployment Rate

Exhibit 22 shows the unemployment rate for Clay, Duval, and St. Johns counties, with Florida and national rates for comparison.

Exhibit 22A: Unemployment Rates, 2010-2015



Duval County reported higher than average (and Clay County and St. Johns County lower than average) unemployment rates for all years from 2010 to 2015. Unemployment rates have been declining steadily since 2010.

Exhibit 22B: Unemployment Rates by Town, 2012-2013

City/Town	Percent Unemployed 2012	Percent Unemployed 2013
Clay Total	6.8%	7.2%
Fleming Island	4.4%	4.6%
Green Cove Springs	6.1%	5.8%
Keystone Heights	7.9%	8.7%
Middleburg	7.5%	8.0%
Orange Park	7.2%	7.9%
Duval Total	7.2%	7.6%
Atlantic Beach	6.5%	6.3%
Jacksonville	7.4%	7.8%
Jacksonville Beach	5.3%	4.4%
Neptune Beach	2.1%	2.8%
St. Johns Total	4.9%	4.9%
Elkton	1.4%	4.0%
Hastings	7.3%	7.1%
Ponte Vedra	4.3%	3.5%
Ponte Vedra Beach	3.6%	3.8%
St. Augustine	5.6%	5.3%
St. Johns	3.7%	4.2%

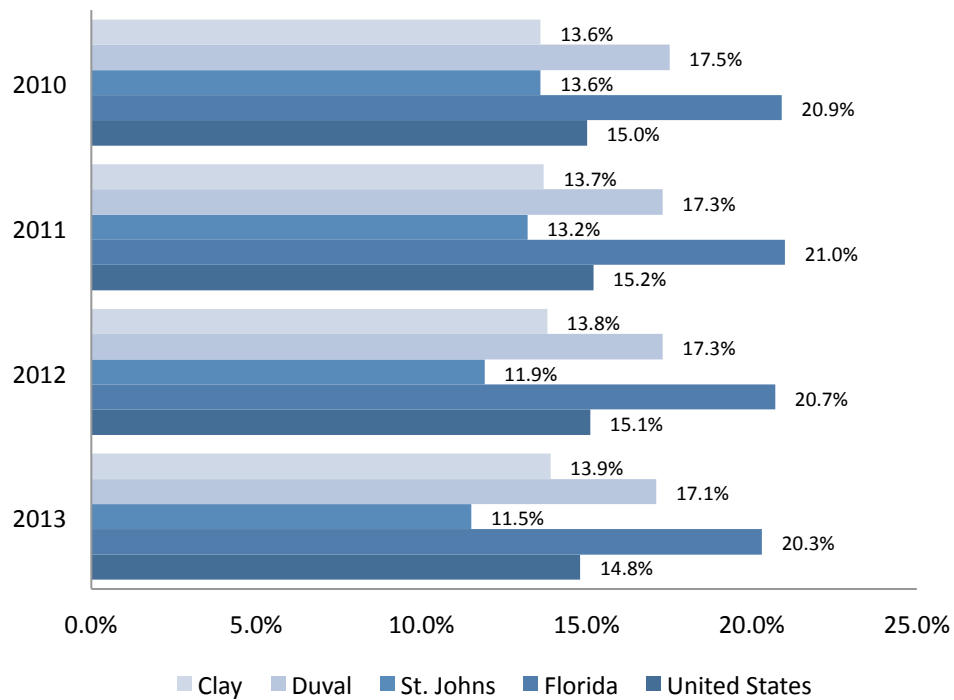
Source: U.S. Census ACS 5-year estimates 2012-2013.

Note that the data vary between Exhibit 22A (from Bureau of Labor Statistics), and Exhibit 22B, the American Community Survey (ACS) from the U.S. Census. BLS data are official estimates but assess unemployment across larger geographic areas. The ACS data are collected over multiple years and allow better comparisons of smaller geographic areas although specific data estimates may not be as accurate as the BLS.

Insurance Status

Exhibit 23A presents the percent of the population without health insurance by county.

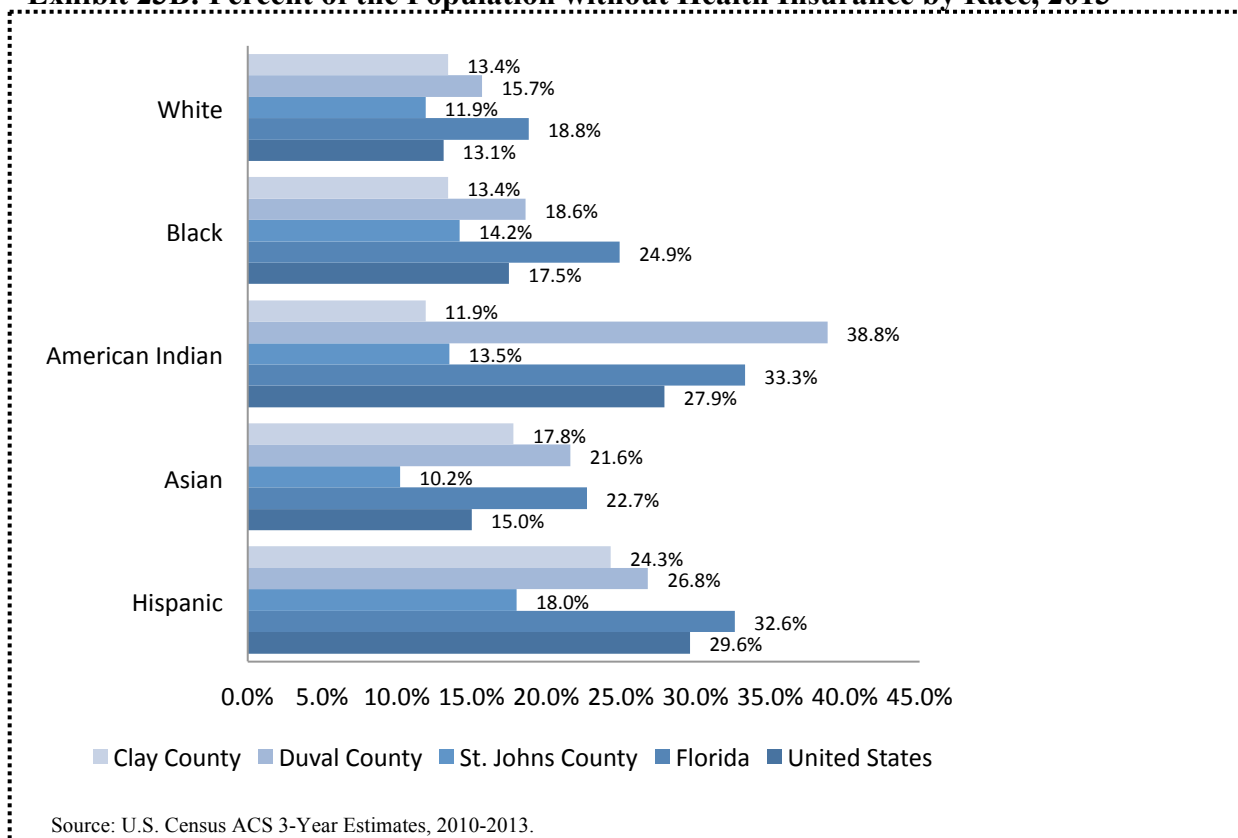
Exhibit 23A: Percent of the Population without Health Insurance, 2010-2013



Source: U.S. Census ACS 3-Year Estimates, 2010-2013.

Exhibit 23A presents the percent of the population without health insurance by county and by race/ethnicity.

Exhibit 23B: Percent of the Population without Health Insurance by Race, 2013



Clay County’s “uninsurance rate” remained relatively stable from 2010 to 2013. The County’s rate was lower than the overall rates for Florida and the U.S. Duval County’s “uninsurance rate” remained relatively stable from 2010 to 2013. The county’s rate was lower than Florida’s overall, but higher than the national average for all four years. St. Johns County’s “uninsurance rate” fell by more than two percent between 2010 and 2013, and was consistently below Florida and U.S. averages.

Florida Public Policy Issues

The uninsurance rate would have declined more rapidly in recent years, if Florida had expanded eligibility for Medicaid as originally contemplated by the Patient Protection and Affordable Care Act (ACA, 2010). Subsequent to the ACA’s passage, a June 2012 Supreme Court ruling provided states with discretion regarding or not to expand Medicaid eligibility. To date, Florida has been one of states that has not expanded Medicaid. As a result, Medicaid eligibility in Florida has remained very limited. Childless adults are ineligible. Parents are eligible if they have incomes at or below 35 percent of Federal Poverty Levels. Children in low-income households (up to 215 percent of FPL) are eligible for Medicaid benefits.⁴ In Florida, a

“coverage gap” exists for approximately 750,000 uninsured adults whose incomes are too high to qualify for Medicaid, but too low to be eligible for subsidized insurance through the health insurance marketplace created by the ACA.

Access to care for Medicaid recipients and uninsured individuals would be affected if “Low-Income Pool” (LIP) funds are reduced or lost. Certain Florida hospitals, like UF Health Jacksonville, receive substantial LIP funding, and as of mid-June 2015, the amount of such funding that would be available in the upcoming year was highly uncertain⁵. Losing LIP funding would be particularly problematic if Florida remains one of the states that has not expanded Medicaid eligibility.

Exhibit 24 portrays discharges for residents of the community by City/Town and by source of insurance coverage (with uninsured being “self-pay/charity”).

Exhibit 24: Inpatient Discharges by Payer and City or Town, 2013-2014

	Medicaid	Medicare	Commercial	Other	Self Pay/Charity	Total
Clay County	16.5%	42.4%	26.4%	6.7%	7.9%	22,349
Fleming Island	5.8%	47.0%	34.5%	7.9%	4.9%	2,303
Green Cove Springs	18.1%	45.3%	24.4%	3.6%	8.7%	3,343
Keystone Heights	25.6%	42.3%	21.1%	2.4%	8.6%	629
Middleburg	17.5%	39.5%	26.6%	7.7%	8.7%	6,422
Orange Park	17.3%	42.4%	25.5%	7.1%	7.8%	9,652
Duval County	22.5%	39.9%	23.6%	3.5%	10.5%	128,676
Atlantic Beach	17.4%	44.6%	19.9%	7.2%	11.0%	2,959
Jacksonville	23.0%	39.6%	23.5%	3.5%	10.4%	121,539
Jacksonville Beach	11.5%	46.9%	27.6%	3.0%	10.9%	3,451
Neptune Beach	10.0%	37.6%	41.8%	2.8%	7.8%	727
St. Johns County	11.1%	47.6%	32.1%	2.4%	6.8%	21,078
Elkton	10.1%	54.9%	26.0%	1.8%	7.2%	597
Hastings	25.4%	47.8%	16.6%	0.9%	9.2%	763
Ponte Vedra	6.4%	31.4%	55.0%	2.3%	4.9%	596
Ponte Vedra Beach	3.7%	53.8%	35.2%	1.7%	5.6%	2,576
St. Augustine	13.8%	49.1%	27.3%	2.2%	7.6%	13,297
St. Johns	3.8%	38.0%	49.8%	4.2%	4.3%	3,249
Total	20.3%	41.1%	25.0%	3.8%	9.7%	172,103

Source: UF Health, 2015.

Medicaid discharges were most prevalent in Jacksonville and Hastings, while Medicare discharges were most prevalent in Elkton and Ponte Vedra Beach.

⁵ <http://health.wusf.usf.edu/post/lawmakers-agree-lip-funding>

Crime

The Florida Department of Law Enforcement reports data on violent and property crimes in the state (**Exhibit 25**).

Exhibit 25: Crime Rates by Type and County, Per 100,000, 2013

Type	Clay County		Duval County		St. Johns County		Florida
	Count	Rate	Count	Rate	Count	Rate	Rate
Murder	15	2.6	263	10.1	16	2.7	5.2
Aggravated Assault	1,591	274.4	9,399	360.4	1,445	243.6	311.3
Forcible Sex Offenses	339	58.5	2,375	91.1	78	13.2	52.2
Robbery	287	49.5	4,583	175.7	191	32.2	126.8
Motor Vehicle Theft	435	75.0	5,360	205.5	540	91.0	195.1
Larceny	10,052	1,733.8	81,374	3,120.4	10,232	1,725.1	2,332.1
Burglary	2,585	445.9	24,477	938.6	2,747	463.1	806.7

Source: Florida Department of Health, Florida CHARTS

Key	
Up to 10% worse than FL	
10-50% worse than FL	
50-75% worse than FL	
> 75% worse than FL	

All crime rates were higher in Duval County than state averages. The murder rate for Duval was more than 75 percent worse than the state average and the forcible sex crime rate was 50 to 75 percent worse. The forcible sex offense rate was also between 10 and 50 percent higher than the state average in Clay County. St. Johns had crime rates well below Florida averages.

Local Health Status and Access Indicators

This section examines health status and access to care data for the community from several sources. The data include: (1) County Health Rankings, (2) Florida Department of Health, and (3) Behavioral Risk Factor Surveillance System. Indicators also were compared to Healthy People 2020 goals, as available.

County Health Rankings

County Health Rankings, a University of Wisconsin Population Health Institute initiative funded by the Robert Wood Johnson Foundation, incorporates a variety of health status indicators into a system that ranks each county/city within each state in terms of “health factors” and “health outcomes.” These health factors and outcomes are composite measures based on several

variables grouped into the following categories: health behaviors, clinical care,⁶ social and economic factors, and physical environment.⁷ *County Health Rankings* is updated annually. *County Health Rankings 2015* relies on data from 2006 to 2014, with most data originating in 2000 to 2013.

Exhibit 26A depicts rankings for Clay, Duval and St. Johns counties for each composite category in 2012 and 2015. Rankings indicate how each county ranked compared to the 67 counties in the state, with 1 indicating the most favorable rankings and 67 the least favorable. Indicators in the exhibit are shaded based on the county's percentile for the state ranking. For example, Duval compared unfavorably to other counties in Florida for sexually transmitted infections ("STIs"). Its rank of 62 out of 67 counties placed it in the bottom 25th percentile in 2015.

⁶A composite measure of Access to Care, which examines the percent of the population without health insurance and ratio of population to primary care physicians, and Quality of Care, which examines the hospitalization rate for ambulatory care sensitive conditions, whether diabetic Medicare patients are receiving HbA1C screening, and percent of chronically ill Medicare enrollees in hospice care in the last eight months of life.

⁷A composite measure that examines Environmental Quality, which measures the number of air pollution-particulate matter days and air pollution-ozone days, and Built Environment, which measures access to healthy foods and recreational facilities and the percent of restaurants that are for fast food.

Exhibit 26A: County Rank among 67 Florida Counties, 2015

	Clay		Duval		St. Johns	
	2012	2015	2012	2015	2012	2015
Health Outcomes	6	11	44	43	1	1
Length of Life	8	18	48	45	2	2
Quality of Life	4	9	43	46	3	1
Health Factors	18	14	32	28	1	1
Health Behaviors	38	28	31	43	2	2
Adult smoking	51	35	26	33	2	4
Adult obesity	38	28	24	33	7	8
Excessive drinking	52	42	55	40	66	63
STIs	21	38	63	62	6	6
Teen births	14	12	31	34	3	2
Clinical Care	23	25	12	14	4	2
Primary care physicians	21	24	3	4	7	3
Dentists	23	21	15	2	10	18
Mental health providers	14	35	15	12	9	19
Preventable hospital stays	36	34	42	33	27	18
Diabetic screening	60	58	49	41	44	15
Social & Economic Factors	7	6	46	35	1	1
Some college	11	6	12	11	3	2
Unemployment	23	18	38	40	16	5
Inadequate social support*	6	N/A	32	N/A	1	N/A
Social associations*	N/A	46	N/A	31	N/A	53
Injury deaths	N/A	10	N/A	23	N/A	6
Physical Environment	36	44	46	43	7	41
Air pollution*	N/A	40	N/A	52	N/A	37
Severe housing problems	N/A	13	N/A	39	N/A	29

* Between 2012 and 2015 the methodology for ranking social support/associations and air pollution changed. Categories are presented separately as the rankings are no directly comparable.

Source: County Health Rankings, 2015.

Overall, Duval County compared unfavorably in most indicator categories to the other Florida counties. Since 2012, Duval County rankings also dropped significantly for several indicators:

- Quality of life,
- Health behaviors,
- Adult smoking,
- Adult obesity,
- Teen births, and
- Air pollution.

Clay County compared unfavorably to other Florida counties in the areas of:

- Adult smoking,
- Excessive drinking,
- Mental health providers,
- Preventable hospital stays,
- Physical environment, and
- Air pollution

With the exceptions of excessive drinking, inadequate social support, and air pollution, St. Johns County ranked favorably to other Florida counties.

Exhibit 26B provides data for each underlying indicator of the composite categories in the County Health Rankings.⁸ The exhibit also includes national averages. For example, Duval County's percent of adults reporting poor health was 17 percent which was over 10 percent worse than the U.S. average, and that indicator was shaded to reflect this. Cells in the exhibit are shaded if the indicator for the county exceeded the national average for that indicator by more than 10 percent.

⁸ County Health Rankings provides details about what each indicator measures, how it is defined, and data sources at http://www.countyhealthrankings.org/sites/default/files/resources/2013Measures_datasources_years.pdf

Exhibit 26B: Clay County, Duval County and St. Johns County Data Compared to U.S. Average, 2015

Indicator Category	Data	Clay County	U.S.
Health Outcomes			
Length of Life	Years of potential life lost before age 75 per 100,000 population	6,922	6,811
Quality of Life	Percent of adults reporting fair or poor health	12.5%	12.4%
	Average number of physically unhealthy days reported in past 30 days	3.3	3.7
	Average number of mentally unhealthy days reported in past 30 days	3.5	3.5
	Percent of live births with low birthweight (< 2500 grams)	7.9%	8.1%
Health Factors			
Health Behaviors			
Adult smoking	Percent of adults that report smoking \geq 100 cigarettes and currently smoking	20.9%	18.1%
Adult obesity	Percent of adults that report a BMI \geq 30	28.8%	28.0%
Excessive drinking	Binge plus heavy drinking	16.0%	15.0%
STDs	Chlamydia rate per 100,000 population	378.2	458.0
Teen births	Teen birth rate per 1,000 female population, ages 15-19	30.9	31.0
Clinical Care			
Primary care physicians	Ratio of population to primary care physicians	1,606:1	1,355:1
Dentists	Ratio of population to dentists	2,112:1	1,663:1
Mental health providers	Ratio of population to mental health providers	1,267:1	753:1
Preventable hospital stays	Hospitalization rate for ambulatory-care sensitive conditions per 1,000 Medicare enrollees	67.7	65.0
Diabetic screening	Percent of diabetic Medicare enrollees that receive HbA1c monitoring	80.2%	84.0%
Social & Economic Factors			
Some college	Percent of adults aged 25-44 years with some post-secondary education	66.1%	63.0%
Unemployment	Percent of population age 16+ unemployed but seeking work	6.3%	8.1%
Injury deaths	Injury mortality per 100,000	63.1	59.0
Inadequate Social Support*	Percent of adults without social/emotional support	17.9%	22.0%
Physical Environment			
Air pollution	The average daily measure of fine particulate matter in micrograms per cubic meter (PM2.5) in a county	11.8	11.1
Severe housing problems	Percentage of households with at least 1 of 4 housing problems: overcrowding, high housing costs, or lack of kitchen or plumbing facilities	14.7%	19.0%

Source: County Health Rankings, 2015. *Data from 2014.

Indicator Category	Data	Duval County	U.S.
Health Outcomes			
Length of Life	Years of potential life lost before age 75 per 100,000 population	8,607	6,811
Quality of Life	Percent of adults reporting fair or poor health	17.0%	12.4%
	Average number of physically unhealthy days reported in past 30 days	3.9	3.7
	Average number of mentally unhealthy days reported in past 30 days	3.8	3.5
	Percent of live births with low birthweight (< 2500 grams)	9.5%	8.1%
Health Factors			
Health Behaviors			
Adult smoking	Percent of adults that report smoking \geq 100 cigarettes and currently smoking	20.0%	18.1%
Adult obesity	Percent of adults that report a BMI \geq 30	29.0%	28.0%
Excessive drinking	Binge plus heavy drinking	16.0%	15.0%
STDs	Chlamydia rate per 100,000 population	606.0	458.0
Teen births	Teen birth rate per 1,000 female population, ages 15-19	46.0	31.0
Clinical Care			
Primary care physicians	Ratio of population to primary care physicians	1,189:1	1,355:1
Dentists	Ratio of population to dentists	1,436:1	1,663:1
Mental health providers	Ratio of population to mental health providers	686:1	753:1
Preventable hospital stays	Hospitalization rate for ambulatory-care sensitive conditions per 1,000 Medicare enrollees	67.0	65.0
Diabetic screening	Percent of diabetic Medicare enrollees that receive HbA1c monitoring	84.0%	84.0%
Social & Economic Factors			
Some college	Percent of adults aged 25-44 years with some post-secondary education	63.9%	63.0%
Unemployment	Percent of population age 16+ unemployed but seeking work	7.4%	8.1%
Injury deaths	Injury mortality per 100,000	74.0	59.0
Inadequate Social Support*	Percent of adults without social/emotional support	22.0%	22.0%
Physical Environment			
Air pollution	The average daily measure of fine particulate matter in micrograms per cubic meter (PM2.5) in a county	12.0	11.1
Severe housing problems	Percentage of households with at least 1 of 4 housing problems: overcrowding, high housing costs, or lack of kitchen or plumbing facilities	19.0%	19.0%

Source: County Health Rankings, 2015. *Data from 2014.

Indicator Category	Data	St. Johns County	U.S.
Health Outcomes			
Length of Life	Years of potential life lost before age 75 per 100,000 population	5,407	6,811
Quality of Life	Percent of adults reporting fair or poor health	11.6%	12.4%
	Average number of physically unhealthy days reported in past 30 days	3.0	3.7
	Average number of mentally unhealthy days reported in past 30 days	3.3	3.5
	Percent of live births with low birthweight (< 2500 grams)	6.6%	8.1%
Health Factors			
Health Behaviors			
Adult smoking	Percent of adults that report smoking \geq 100 cigarettes and currently smoking	13.6%	18.1%
Adult obesity	Percent of adults that report a BMI \geq 30	23.0%	28.0%
Excessive drinking	Binge plus heavy drinking	20.8%	15.0%
STDs	Chlamydia rate per 100,000 population	210.7	458
Teen births	Teen birth rate per 1,000 female population, ages 15-19	19.8	31.0
Clinical Care			
Primary care physicians	Ratio of population to primary care physicians	1,155:1	1,355:1
Dentists	Ratio of population to dentists	2,035:1	1,663:1
Mental health providers	Ratio of population to mental health providers	832:1	753:1
Preventable hospital stays	Hospitalization rate for ambulatory-care sensitive conditions per 1,000 Medicare enrollees	54.4	65.0
Diabetic screening	Percent of diabetic Medicare enrollees that receive HbA1c monitoring	86.5%	84.0%
Social & Economic Factors			
Some college	Percent of adults aged 25-44 years with some post-secondary education	75.5%	63.0%
Unemployment	Percent of population age 16+ unemployed but seeking work	5.6%	8.1%
Injury deaths	Injury mortality per 100,000	58.2	59.0
Inadequate Social Support*	Percent of adults without social/emotional support	13.5%	22.0%
Physical Environment			
Air pollution	The average daily measure of fine particulate matter in micrograms per cubic meter (PM2.5) in a county	11.7	11.1
Severe housing problems	Percentage of households with at least 1 of 4 housing problems: overcrowding, high housing costs, or lack of kitchen or plumbing facilities	18.0%	19.0%

Source: County Health Rankings, 2015. *Data from 2014.

Clay County compared unfavorably to the U.S. for all indicators except percent of adults aged 25-44 years with some post-secondary education. Duval County reported rates of adult smoking, births with low birthweight, chlamydia, teen births, and injury mortality that were between 10 and 50 percent worse than U.S. averages. St. Johns County reported comparatively high rates of binge/heavy drinking and unfavorable population to provider ratios for dental care and mental health compared to U.S. averages.

Community Health Status Indicators

The Centers for Disease Control and Prevention's *Community Health Status Indicators* provide health profiles for all 3,143 counties in the United States. Counties are evaluated using 44 metrics that influence health outcomes including health care access and quality, health behaviors, social factors, and the physical environment.

The *Community Health Status Indicators* allow for county comparison to "peer counties". Peer counties are assigned based on 19 county level equivalent variables including population size, population growth, population density, household income, unemployment, percent children, percent elderly and poverty.

Exhibit 27 compares Clay, Duval, and St. Johns counties to peer counties and highlights community health issues found to rank in the bottom quartile of the counties included in the analysis.

Exhibit 27: Community Health Status Indicators, 2015

Category	Indicator	Clay County	Duval County	St. Johns County
Mortality	Alzheimer's Disease Deaths			
	Cancer Deaths			
	Chronic Kidney Disease Deaths			
	Chronic Lower Respiratory Disease (CLRD) Deaths			
	Coronary Heart Disease Deaths			
	Diabetes Deaths			
	Female Life Expectancy			
	Male Life Expectancy			
	Motor Vehicle Deaths			
	Stroke Deaths			
	Unintentional Injury (including motor vehicle)			
Morbidity	Adult Diabetes			
	Adult Obesity			
	Adult Overall Health Status			
	Alzheimer's Disease/Dementia			
	Cancer			
	Gonorrhea			
	HIV			
	Older Adult Asthma			
	Older Adult Depression			
	Preterm Births			
	Syphilis			
Health Care Access and Quality	Cost Barrier to Care			
	Older Adult Preventable Hospitalizations			
	Primary Care Provider Access			
	Uninsured			
Health Behaviors	Adult Binge Drinking			
	Adult Female Routine Pap Tests			
	Adult Physical Inactivity			
	Adult Smoking			
	Teen Births			
Social Factors	Children in Single-Parent Households			
	High Housing Costs			
	Inadequate Social Support			
	On Time High School Graduation			
	Poverty			
	Unemployment			
	Violent Crime			
Physical Environment	Access to Parks			
	Annual Average PM2.5 Concentration			
	Drinking Water Violations			
	Housing Stress			
	Limited Access to Healthy Food			
	Living Near Highways			

Source: Community Health Status Indicators, 2015.

According to *Community Health Status Indicators*, Clay County compares unfavorably for mortality due to cancer deaths, chronic lower respiratory disease (CLRD), diabetes, motor vehicle deaths, gonorrhea, HIV, other adult asthma, preterm births, and adult smoking. Uninsured residents face cost barriers to care more in Clay than in other peer counties. Duval County ranks in the bottom quartile for 22 of the 44 Community Health Status Indicators. Mortality rates are higher (and life expectancy is lower) for Duval County than for peer counties. Morbidity rates due to diabetes, obesity, cancer, HIV, older adult asthma, and premature births also benchmark unfavorably. Smoking and physical inactivity are problematic. In St. Johns County, teen birth, violent crime, and drinking water violation indicators rank in the bottom quartile among its peer counties.

Florida Department of Health FloridaCHARTS

The Florida Department of Health maintains FloridaCHARTS, a data warehouse that includes county-level data indicators regarding a number of health-related issues. Cells in the tables below are shaded if values exceeded the Florida average for that indicator by more than 10 percent.

Exhibit 28 displays selected causes of death compared to the Florida average. It also displays, when available, the Healthy People 2020 goal for corresponding indicators.

Exhibit 28: Selected Causes of Death, Age-Adjusted Rates per 100,000 Population, 2011-2013

	Clay County	Duval County	St. Johns County	Florida	HP 2020 Goal
Cancer	180.8	187.9	148.1	159.6	160.6
Heart Disease	163.9	180.5	124.7	153.9	N/A
Chronic Lower Respiratory Disease	68.3	54.8	44.3	39.6	50.1
Stroke	40.1	38.6	28.2	31.3	33.8
Diabetes	29.1	27.7	14.4	19.6	65.8
Pneumonia/Influenza	14.9	16.1	14.2	12.2	N/A
Motor Vehicle Crashes	13.0	12.6	11.8	9.2	12.4
Homicide	4.2	11.3	2.7	6.4	5.5
Suicide	15.1	15.3	16.7	13.8	10.2
HIV/AIDS	9.9	11.5	9.7	4.7	3.3
Cirrhosis	0.6	7.8	1.7	10.8	8.2

Source: Florida Department of Health, FloridaCHARTS, 2014.

Key	
Data unavailable	N/A
Up to 10% worse than FL	
10-50% worse than FL	
50-75% worse than FL	
> 75% worse than FL	

A number of age-adjusted death rates for Clay County compared unfavorably, including for: cancer, CLRD, stroke, diabetes pneumonia/influenza, motor vehicle crashes, and HIV/AIDS. All age-adjusted death rates for Duval County compared unfavorably, except for cirrhosis. Duval County was more than 75 percent worse than Florida for homicide and for HIV/AIDS. St. Johns County had higher than average rates for CLRD, pneumonia/influenza, motor vehicle crashes, suicide, and HIV/AIDS.

Exhibit 29 displays cancer death rates and incidence rates in Clay County, Duval County and St. Johns County compared to state averages.

Exhibit 29A: Cancer Death Rates per 100,000 Population, 2012-2014

Cancer Type	Clay County	Duval County	St. Johns County	Florida
All Cancers	179.8	173.8	147.8	158.1
Bladder Cancer	4.4	5.1	4.4	4.5
Breast Cancer	17.8	22.8	17.6	20.2
Cervical Cancer	3.2	3.1	2.3	2.9
Colorectal Cancer	17.6	16.8	12.8	13.8
Esophagus Cancer	5.5	4.2	5.1	3.8
Hodgkin's Disease	0.3	0.2	0.1	0.3
Kidney and Renal/Pelvis Cancer	4.7	3.7	3.3	3.4
Leukemia	7.9	8.1	7.0	6.4
Liver Cancer	5.5	6.4	3.8	6.1
Lung Cancer	55.5	49.4	42.0	43.4
Lymphoid, Hematopoietic And Related Tissue Cancers	18.8	16.3	14.0	15.5
Melanoma	3.0	2.8	2.9	2.9
Central Nervous System Cancer	4.5	4.3	6.0	4.3
Non-Hodgkin's Lymphoma	6.4	4.3	4.3	5.6
Oral Cancer	3.1	2.9	3.0	2.7
Ovarian Cancer	5.1	6.9	7.1	7.0
Pancreatic Cancer	10.5	10.7	9.9	10.4
Prostate Cancer	16.6	21.6	19.2	17.5
Stomach Cancer	3.0	2.6	2.3	2.9
Uterus Cancer	1.6	2.9	1.2	2.3

Source: Florida Department of Health, FloridaCHARTS.

Key	
Up to 10% worse than FL	
10-50% worse than FL	
50-75% worse than FL	
> 75% worse than FL	

Exhibit 29B: Cancer Incidence Rates, 2011-2013

Incidence	Clay County	Duval County	St. Johns County	Florida
All Cancer	474	514.8	458.7	447.0
Breast Cancer	124.4	129.6	126.5	113.4
Cervical Cancer	7.4	9.2	7.4	8.9
Colorectal Cancer	38.8	44.3	31.5	38.0
Kidney/Renal/Pelvis Cancer	18.5	16.7	16.4	13.9
Lung Cancer	77.2	77.2	63.4	63.4
Ovarian Cancer	10.5	11.9	11.8	11.4
Prostate Cancer	127.3	150	121.9	115.8

Source: Florida Department of Health, FloridaCHARTS.

Key	
Up to 10% worse than FL	
10-50% worse than FL	
50-75% worse than FL	
> 75% worse than FL	

Overall, Clay reported cancer incidence rates worse than the Florida averages with the exception of cervical and ovarian cancers. Duval County had higher cancer incidence rates than the state for all cancer types. St. Johns County had above average rates for all types except cervical, colorectal and lung cancer.

Exhibit 30 displays communicable disease incidence rates in the community.

Exhibit 30A: Communicable Disease Incidence Rates, 2011-2013

Incidence	Clay County	Duval County	St. Johns County	Florida
HIV	8.5	38.2	7.9	27.1
Chlamydia	363.3	653.7	211.2	409.8
Congenital Syphilis	15.9	10.6	0.0	16.8
Infectious Syphilis	1.0	4.5	1.2	7.3
Gonorrhea	60.5	217.0	28.3	105.3
Tuberculosis	1.4	8.1	2.2	3.6

Source: Florida Department of Health, FloridaCHARTS.

Key	
Up to 10% worse than FL	
10-50% worse than FL	
50-75% worse than FL	
> 75% worse than FL	

Duval County compared unfavorably to the state for all indicators except congenital and infectious syphilis. Gonorrhea and tuberculosis rates were 50 to 75 percent worse than the state averages. Clay County and St. Johns County reported significantly lower than average rates for all communicable diseases.

Exhibit 30B: Communicable Disease Incidence Rates by Age Group, 2012

Disease	Age Group	Clay County		Duval County		St. Johns County	
		Cases	% of Total	Cases	% of Total	Cases	% of Total
Chlamydia	0-14	9	1.2%	42	0.8%	2	0.5%
	15-24	546	74.2%	3,596	67.3%	312	73.2%
	25-39	162	22.0%	1,517	28.4%	89	20.9%
	40-64	18	2.4%	182	3.4%	22	5.2%
	65+	1	0.1%	5	0.1%	1	0.2%
Gonorrhea	0-14	2	1.6%	6	0.3%	0	0.0%
	15-24	67	51.9%	950	55.3%	23	60.5%
	25-39	45	34.9%	620	36.1%	8	21.1%
	40-64	15	11.6%	140	8.2%	7	18.4%
	65+	0	0.0%	1	0.1%	0	0.0%

Source: Florida Department of Health, Bureau of Communicable Disease, 2012.

In each of the three counties, the 15-24 age group accounted for more than 50 percent of the total cases of both chlamydia and gonorrhea.

Exhibit 31 provides maternal and child health indicators for Clay, Duval and St. Johns counties. It also includes, when available, a corresponding Healthy People 2020 objective. Shading is associated with indicators ranking in the bottom quartile of Florida counties or with values that compare very unfavorably with Healthy People 2020 objectives.

Exhibit 31A: Maternal and Child Health Indicators (Clay County)

Indicator	Data Type	Data Year	County Quartile (4=least favorable)	Clay County	Clay County Rate / Percent	Florida	HP 2020 Goal
Domestic violence offenses	Per 100,000 population	2011-2013	2	842	435.9	572	N/A
Births to mothers ages 15-19	Per 1,000 females 15-19	2011-2013	1	159	22.6	26.7	N/A
Births to mothers who report smoking during pregnancy	Percent of births	2011-2013	3	242	11.6%	6.6%	1.4%
Births with late or no prenatal care	Percent of births w/ known PNC status	2011-2013	3	108	5.6%	4.7%	22.1%
Births < 1500 grams (very low birth weight)	Percent of births	2011-2013	2	29	1.4%	1.6%	1.4%
Births < 2500 grams (low birth weight)	Percent of births	2011-2013	2	163	7.8%	8.6%	7.8%
Mothers who initiate breastfeeding	Percent	2011-2013	2	1,666	79.9%	81.0%	81.9%
Infant deaths (0-364 days)	Per 1,000 live births	2011-2013	1	10	5	6.2	6
Children ages 1-5 receiving mental health services	Per 1,000 population 1-5	2009-2011	2	87	7.1	11	N/A
Kindergarten children fully immunized	Percent of KG students	2013	3	2,441	93.8%	93.2%	95.0%
Licensed child care centers and homes	Per 1,000 population < 13	2011	1	159	4.7	2.9	N/A
Middle school students without sufficient vigorous physical activity	Percent	2012	2	N/A	26.3%	29.9%	20.2%
High school students without sufficient vigorous physical activity	Percent	2012	1	N/A	29.7%	37.3%	20.2%
Middle school students overweight	Percent	2012	1	N/A	9.7%	11.1%	N/A
High school students overweight	Percent	2012	2	N/A	13.1%	14.3%	N/A
High school graduation rate	Percent	2012	3	N/A	77.9%	75.6%	82.4%
Children 5-11 experiencing child abuse	Per 1,000 5-11	2010-2012	3	303	15.6	12.1	N/A
Children 5-11 experiencing sexual violence	Per 1,000 5-11	2009-2011	3	19	1	0.6	N/A

Source: Florida Department of Health, FloridaCHARTS, 2013.

Exhibit 31B: Maternal and Child Health Indicators (Duval County)

Indicator	Data Type	Data Year	County Quartile (4=least favorable)	Duval County	Duval County Rate / Percent	Florida	HP 2020 Goal
Domestic violence offenses	Per 100,000 population	2011-2013	4	7,530	866.2	572.0	N/A
Births to mothers ages 15-19	Per 1,000 females 15-19	2011-2013	2	949	33.3	26.7	N/A
Births to mothers who report smoking during pregnancy	Percent of births	2011-2013	1	915	7.3%	6.6%	1.4%
Births with late or no prenatal care	Percent of births w/ known PNC status	2011-2013	3	8,422	6.1%	4.7%	22.1%
Births < 1500 grams (very low birth weight)	Percent of births	2011-2013	4	226	1.8%	1.6%	1.4%
Births < 2500 grams (low birth weight)	Percent of births	2011-2013	4	1,165	9.3%	8.6%	7.8%
Mothers who initiate breastfeeding	Percent	2011-2013	1	10,029	80.4%	81.0%	81.9%
Infant deaths (0-364 days)	Per 1,000 live births	2011-2013	4	102	8.2	6.2	6.0
Children ages 1-5 receiving mental health services	Per 1,000 population 1-5	2009-2011	2	515	8.8	11.0	N/A
Kindergarten children fully immunized	Percent of KG students	2013	4	11,577	90.9%	93.2%	95%
Licensed child care centers and homes	Per 1,000 population < 13	2011	1	598	4.1	2.9	N/A
Middle school students without sufficient vigorous physical activity	Percent	2012	4	N/A	32.9%	29.9%	20.2%
High school students without sufficient vigorous physical activity	Percent	2012	4	N/A	43.2%	37.3%	20.2%
Middle school students overweight	Percent	2012	3	N/A	14.4%	11.1%	N/A
High school students overweight	Percent	2012	3	N/A	14.5%	14.3%	N/A
High school graduation rate	Percent	2012	2	N/A	72.1%	75.6%	82.4%
Children 5-11 experiencing child abuse	Per 1,000 5-11	2010-2012	2	968	12.5	12.1	N/A
Children 5-11 experiencing sexual violence	Per 1,000 5-11	2009-2011	3	80	1.0	0.6	N/A

Source: Florida Department of Health, FloridaCHARTS, 2013.

Exhibit 31C: Maternal and Child Health Indicators (St. Johns County)

Indicator	Data Type	Data Year	County Quartile (4=least favorable)	St. Johns County	St. Johns County Rate / Percent	Florida	HP 2020 Goal
Domestic violence offenses	Per 100,000 population	2011-2013	1	787	398.2	572.0	N/A
Births to mothers ages 15-19	Per 1,000 females 15-19	2011-2013	1	94	14.7	26.7	N/A
Births to mothers who report smoking during pregnancy	Percent of births	2011-2013	2	153	8.1%	6.6%	1.4%
Births with late or no prenatal care	Percent of births w/ known PNC status	2011-2013	1	55	3.2%	4.7%	22.1%
Births < 1500 grams (very low birth weight)	Percent of births	2011-2013	1	22	1.1%	1.6%	1.4%
Births < 2500 grams (low birth weight)	Percent of births	2011-2013	1	128	6.8%	8.6%	7.8%
Mothers who initiate breastfeeding	Percent	2011-2013	1	1,651	87.0%	81.0%	81.9%
Infant deaths (0-364 days)	Per 1,000 live births	2011-2013	1	8	4.0	6.2	6.0
Children ages 1-5 receiving mental health services	Per 1,000 population 1-5	2009-2011	1	41	4.0	11	N/A
Kindergarten children fully immunized	Percent of KG students	2013	4	2,332	90.3%	93.2%	95.0%
Licensed child care centers and homes	Per 1,000 population < 13	2011	3	85	2.8	2.9	N/A
Middle school students without sufficient vigorous physical activity	Percent	2012	1	N/A	22.3%	29.9%	20.2%
High school students without sufficient vigorous physical activity	Percent	2012	2	N/A	33.9%	37.3%	20.2%
Middle school students overweight	Percent	2012	1	N/A	8.0%	11.1%	N/A
High school students overweight	Percent	2012	1	N/A	10.3%	14.3%	N/A
High school graduation rate	Percent	2012	4	N/A	86.7%	75.6%	82.4%
Children 5-11 experiencing child abuse	Per 1,000 5-11	2010-2012	1	195	11.0	12.1	N/A
Children 5-11 experiencing sexual violence	Per 1,000 5-11	2009-2011	1	7	0.5	0.6	N/A

Source: Florida Department of Health, FloridaCHARTS, 2013.

Data presented as reported by the Florida Department of Health, St. Johns County actually ranks in the most favorable quartile for high school graduation rates.

Based on **Exhibit 31**, the following maternal and child health indicators are problematic in Clay County: the percent of births with late or no prenatal care, children ages five to 11 experiencing sexual violence, and births to mothers who report smoking during pregnancy. In Duval County, domestic violence offenses, low and very low birthweight births, infant mortality, childhood immunization rates, and middle and high school students without sufficient vigorous physical activity were problematic. In St. Johns County, the percent of kindergarten children fully immunized is problematic.

Behavioral Risk Factor Surveillance Survey

The Centers for Disease Control and Prevention's (CDC) Behavioral Risk Factor Surveillance System (BRFSS) gathers data through a telephone survey regarding health risk behaviors, health care access, and preventive health measures. Data are collected for the entire U.S. Analysis of BRFSS data can identify localized health issues, trends, and health disparities, and can enable county, state, or nationwide comparisons.

Exhibit 32 compares various BRFSS indicators for Clay, Duval, and St. Johns counties with Florida averages. It also includes available U.S. averages and the Healthy People 2020 goal for corresponding indicators. Indicators are shaded if values exceeded Florida averages by more than 10 percent.

Exhibit 32A: BRFSS Indicators and Variation from Florida, 2013 (Clay County)

Indicator		Clay County					Florida	HP 2020 Goal
		Total Population	Non-Hisp White	Non-Hisp Black	Hispanic	<\$25,000		
Health Behaviors	Heavy or binge drinking	15.1%	15.5%	N/A	N/A	27.5%	17.6%	25.4%
	Current smoker	18.9%	17.9%	N/A	N/A	37.8%	16.8%	12.0%
	Adults with a medical checkup in past year	72.6%	73.7%	N/A	N/A	64.0%	70.3%	N/A
	Adults who always, or nearly always wear a seatbelt	94.6%	96.0%	N/A	N/A	92.2%	94.2%	N/A
Prevention Variables	Adults 50+ with sigmoidoscopy or colonoscopy in past 5 years	62.9%	64.6%	N/A	N/A	54.0%	55.3%	29.5%
	Men 50+ with a PSA test in past 2 years*	74.4%	N/A	N/A	N/A	N/A	72.6%	N/A
	Women 40+ who received a mammogram in past year	58.8%	61.0%	N/A	N/A	43.5%	57.5%	N/A
	Women 18+ who received a Pap test in the past year	51.3%	52.7%	N/A	N/A	32.0%	51.4%	N/A
Access	Unable to visit doctor due to cost	15.2%	14.5%	N/A	N/A	30.8%	20.8%	N/A
	Adults with a personal doctor	80.7%	79.0%	N/A	N/A	57.4%	73.2%	N/A
	Adults with health insurance coverage	85.0%	83.4%	N/A	N/A	61.9%	77.1%	100.0%
	Adults who visited a dentist or dental clinic in past year*	69.3%	69.6%	N/A	N/A	31.6%	64.7%	N/A
Health Conditions	Adults who are obese	29.6%	28.8%	N/A	N/A	36.4%	26.4%	30.5%
	Ever told have asthma	14.2%	13.4%	N/A	N/A	18.1%	13.5%	N/A
	Ever had a stroke	3.3%	3.4%	N/A	N/A	5.4%	3.7%	N/A
	Ever had coronary heart disease or angina	3.4%	4.4%	N/A	N/A	5.5%	5.0%	N/A
	Told have diabetes	11.9%	11.7%	N/A	N/A	12.6%	11.2%	7.2%
Mental Health	Adults who always or usually receive necessary social and emotional support*	N/A	N/A	N/A	N/A	N/A	79.5%	N/A
	Poor mental health on 14+ days in past 30 days	14.0%	11.9%	N/A	N/A	31.9%	12.7%	N/A
Overall Health	Limited by physical, mental, or emotional problems	27.3%	28.9%	N/A	N/A	41.0%	21.2%	N/A
	Reported poor or fair health	N/A	N/A	N/A	N/A	N/A	19.5%	N/A

Source: Florida Department of Health, 2013 Florida BRFSS Data Report.*Data from 2010 BRFSS.

Exhibit 32B: BRFSS Indicators and Variation from Florida, 2013 (Duval County)

Indicator		Duval County					Florida	HP 2020 Goal
		Total Population	Non-Hisp White	Non-Hisp Black	Hispanic	<\$25,000		
Health Behaviors	Heavy or binge drinking	16.4%	16.7%	14.4%	22.6%	22.2%	17.6%	25.4%
	Current smoker	18.1%	18.8%	17.2%	11.6%	30.4%	16.8%	12.0%
	Adults with a medical checkup in past year	68.3%	66.2%	75.5%	56.4%	64.1%	70.3%	N/A
	Adults who always, or nearly always wear a seatbelt	94.0%	94.1%	91.8%	97.8%	92.3%	94.2%	N/A
Prevention Variables	Adults 50+ with sigmoidoscopy or colonoscopy in past 5 years	61.6%	48.0%	61.6%	N/A	51.5%	55.3%	29.5%
	Men 50+ with a PSA test in past 2 years*	63.4%	N/A	N/A	N/A	N/A	72.6%	N/A
	Women 40+ who received a mammogram in past year	58.5%	55.9%	63.4%	N/A	58.9%	57.5%	N/A
	Women 18+ who received a Pap test in the past year	57.2%	48.0%	67.7%	N/A	58.7%	51.4%	N/A
Access	Unable to visit doctor due to cost	20.0%	15.5%	25.1%	34.3%	36.6%	20.8%	N/A
	Adults with a personal doctor	78.5%	80.2%	79.6%	62.9%	67.2%	73.2%	N/A
	Adults with health insurance coverage	80.8%	83.8%	78.2%	65.7%	62.9%	77.1%	100.0
	Adults who visited a dentist or dental clinic in past	65.6%	66.6%	65.0%	N/A	44.8%	64.7%	N/A
Health Conditions	Adults who are obese	31.1%	25.6%	48.0%	21.2%	32.9%	26.4%	30.5%
	Ever told have asthma	17.6%	16.5%	18.0%	24.3%	26.6%	13.5%	N/A
	Ever had a stroke	4.4%	4.3%	3.2%	0.6%	6.6%	3.7%	N/A
	Ever had coronary heart disease or angina	3.8%	5.4%	1.5%	2.2%	4.1%	5.0%	N/A
	Told have diabetes	12.1%	13.1%	10.7%	7.6%	11.6%	11.2%	7.2%
Mental Health	Adults who always or usually receive necessary social and emotional support*	81.3%	81.7%	80.6%	N/A	62.6%	79.5%	N/A
	Poor mental health on 14+ days in past 30 days	13.1%	13.3%	12.5%	11.8%	22.9%	12.7%	N/A
Overall Health	Limited by physical, mental, or emotional problems	22.9%	23.9%	21.4%	18.7%	35.6%	21.2%	N/A
	Reported poor or fair health	N/A	N/A	N/A	N/A	N/A	19.5%	N/A

Source: Florida Department of Health, 2013 Florida BRFSS Data Report.*Data from 2010 BRFSS.

Exhibit 32C: BRFSS Indicators and Variation from Florida, 2013 (St. Johns County)

Indicator		St. Johns County					Florida	HP 2020 Goal
		Total Population	Non-Hisp White	Non-Hisp Black	Hispanic	<\$25,000		
Health Behaviors	Heavy or binge drinking	23.2%	23.1%	N/A	N/A	34.3%	17.6%	25.4%
	Current smoker	14.7%	16.5%	N/A	N/A	32.8%	16.8%	12.0%
	Adults with a medical checkup in past year	72.0%	72.8%	N/A	N/A	62.1%	70.3%	N/A
	Adults who always, or nearly always wear a seatbelt	95.1%	95.2%	N/A	N/A	93.6%	94.2%	N/A
Prevention Variables	Adults 50+ with sigmoidoscopy or colonoscopy in past 5 years	59.9%	60.9%	N/A	N/A	47.7%	55.3%	29.5%
	Men 50+ with a PSA test in past 2 years*	79.3%	N/A	N/A	N/A	N/A	72.6%	N/A
	Women 40+ who received a mammogram in past year	62.6%	64.5%	N/A	N/A	N/A	57.5%	N/A
	Women 18+ who received a Pap test in the past year	60.3%	58.4%	N/A	N/A	N/A	51.4%	N/A
Access	Unable to visit doctor due to cost	14.4%	13.3%	N/A	N/A	48.4%	20.8%	N/A
	Adults with a personal doctor	82.8%	86.4%	N/A	N/A	66.9%	73.2%	N/A
	Adults with health insurance coverage	88.6%	91.0%	N/A	N/A	65.7%	77.1%	100.0%
	Adults who visited a dentist or dental clinic in past year*	76.1%	76.9%	N/A	N/A	55.4%	64.7%	N/A
Health Conditions	Adults who are obese	20.1%	20.2%	N/A	N/A	16.3%	26.4%	30.5%
	Ever told have asthma	13.4%	12.3%	N/A	N/A	20.4%	13.5%	N/A
	Ever had a stroke	2.7%	3.1%	N/A	N/A	0.9%	3.7%	N/A
	Ever had coronary heart disease or angina	5.3%	6.2%	N/A	N/A	7.2%	5.0%	N/A
	Told have diabetes	7.9%	8.0%	N/A	N/A	15.1%	11.2%	7.2%
Mental Health	Adults who always or usually receive necessary social and emotional support*	N/A	N/A	N/A	N/A	N/A	79.5%	N/A
	Poor mental health on 14+ days in past 30 days	15.4%	13.0%	N/A	N/A	18.1%	12.7%	N/A
Overall Health	Limited by physical, mental, or emotional problems	21.6%	22.6%	N/A	N/A	33.2%	21.2%	N/A
	Reported poor or fair health	N/A	N/A	N/A	N/A	N/A	19.5%	N/A

Source: Florida Department of Health, 2013 Florida BRFSS Data Report.*Data from 2010 BRFSS.

In Clay County, rates for smoking, obesity, and poor mental health days exceeded Florida averages. In Duval County, rates for smoking, obesity, asthma, and stroke exceeded Florida averages. In St. Johns County, heavy/binge drinking and mental health status were problematic.

The BRFSS data allow assessing the extent to which certain health disparities are present. The data indicate that in Duval County:

- Obesity is particularly prevalent within the county's black population.
- Asthma is more prevalent within the Hispanic (Latino) population. This group also is less likely to have a personal doctor and to be insured.

Several health problems are more prevalent for low-income households in both counties, namely: smoking, alcohol abuse, inability to visit a doctor due to cost, uninsurance, obesity, asthma, stroke, and poor mental health.

Ambulatory Care Sensitive Conditions

This section examines the frequency of discharges for Ambulatory Care Sensitive Conditions (ACSCs) throughout the community and from the hospital.

ACSCs are 16 health “conditions for which good outpatient care can potentially prevent the need for hospitalization or for which early intervention can prevent complications or more severe disease.”⁹ As such, rates of hospitalization for these conditions can “provide insight into the quality of the health care system outside of the hospital,” including the accessibility and utilization of primary care, preventive care and health education. Among these conditions are: diabetes, perforated appendixes, chronic obstructive pulmonary disease (COPD), hypertension, congestive heart failure, dehydration, bacterial pneumonia, urinary tract infection, and asthma.

Disproportionately high rates of discharges for ACSC indicate potential problems with the availability or accessibility of ambulatory care and preventive services and can suggest areas for improvement in the health care system and ways to improve outcomes.

County/City Level Analysis

Exhibit 33 indicates the percentage of all hospital discharges in the Baptist South community that were for ACSCs by payer source.

⁹Agency for Healthcare Research and Quality (AHRQ) Prevention Quality Indicators, accessed online at <http://archive.ahrq.gov/data/hcup/factbk5/factbk5d.htm> on June 28, 2013.

Exhibit 33: ACSC (Preventable) Hospitalizations by Payer Category, 2014

	Clay County/Duval County/St. Johns County			Five County Region
	ACSC Discharges	All Discharges	ACSC %	ASCS %
Self Pay/Charity	48	1,115	4.3%	3.8%
Medicaid	620	11,726	5.3%	5.1%
Medicare	-	10	0.0%	0.0%
Commercial	228	8,176	2.8%	2.5%
Other	53	1,060	5.0%	4.9%
Total	949	22,087	4.3%	3.8%

Source: Verité analysis of 2014 Florida discharge data provided via UF Health.

In 2014, 4.3 percent of discharges for residents of the three counties were for ACSC conditions – a proportion slightly above the average across the five county region assessed by the Partnership (Baker, Clay, Duval, Nassau, and St. Johns counties). This finding holds across all payer categories.

Florida also publishes data on preventable hospitalizations. **Exhibit 34** shows the rate of these hospitalizations by type during the 2011-2013 timeframe.

Exhibit 34: Preventable Hospitalizations under 65 per 100,000 Population, 2011-2013

Rate	Clay County	Duval County	St. Johns County	Florida
Angina	1.4	5.6	3.4	5.7
Congestive Heart Failure	83.1	132.7	54.7	101.1
Hypertension	29.0	62.0	19.6	40.4
Iron Deficiency Anemia	17.2	33.0	14.5	24.2
Asthma	85.2	182.8	81.6	135.0
Chronic Obstructive Pulmonary Disease	116.6	138.9	88.3	123.9
Diabetes	112.3	195.2	90.7	131.1
Nutritional Deficiencies	24.5	50.1	15.8	22.1
Kidney/Urinary Infections	54.9	61.1	38.2	59.7
Vaccine Preventable Conditions	1.2	4.9	-	3.7

Source: Florida Department of Health, FloridaCHARTS.

Key	
Up to 10% worse than FL	
10-50% worse than FL	
50-75% worse than FL	
> 75% worse than FL	

Duval County compared unfavorably to the state for all preventable hospitalizations except angina. Preventable hospitalizations due to hypertension and nutritional deficiencies were 50 to 75 percent worse than the state rate. Clay County compared 10-50 percent worse than the state for nutritional deficiencies.

Hospital-Level Analysis

Exhibit 35 provides discharges for Baptist South for ACSCs by condition. These ACSC discharges were assessed from 14,634 total discharges from the hospital.

Exhibit 35: Discharges for ACSC by Condition, Baptist South, 2013-2014

Condition	Total
Heart Failure Admission	361
Bacterial Pneumonia Admission	332
Chronic Obstructive Pulmonary Disease (COPD) or Asthma in Older Adults Admission	265
Urinary Tract Infection Admission	245
Low Birth Weight	188
Dehydration Admission	125
Diabetes Long-Term Complications Admission	121
Hypertension Admission	90
Diabetes Short-Term Complications Admission	71
Perforated Appendix Admission	53
Asthma in Younger Adults Admission	19
Uncontrolled Diabetes Admission	18
Angina Without Procedure Admission	10
Lower-Extremity Amputation among Patients with Diabetes	2

Source: Verité analysis of 2014 Florida discharge data provided via UF Health.

The top five discharges for ACSCs at Baptist South were: heart failure, bacterial pneumonia, COPD or asthma, urinary tract infection and low birth weight.

Community Need Index™ and Food Deserts

Dignity Health Community Need Index

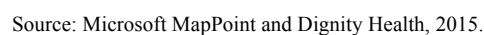
Dignity Health, a California-based hospital system, developed and has made widely available for public use a *Community Need Index*™ that measures barriers to health care access by county/city and ZIP code.¹⁰ The index is based on five social and economic indicators:

- The percentage of elders, children, and single parents living in poverty;
- The percentage of adults over the age of 25 with limited English proficiency, and the percentage of the population that is non-white;
- The percentage of the population without a high school diploma;
- The percentage of uninsured and unemployed residents; and
- The percentage of the population renting houses.

The *Community Need Index*™ calculates a score for each ZIP code based on these indicators. Scores range from “Lowest Need” (1.0-1.7) to “Highest Need” (4.2-5.0).

¹⁰ Accessed online at <http://cni.chw-interactive.org/>.

Exhibit 36: Community Need Index™ Score by ZIP Code



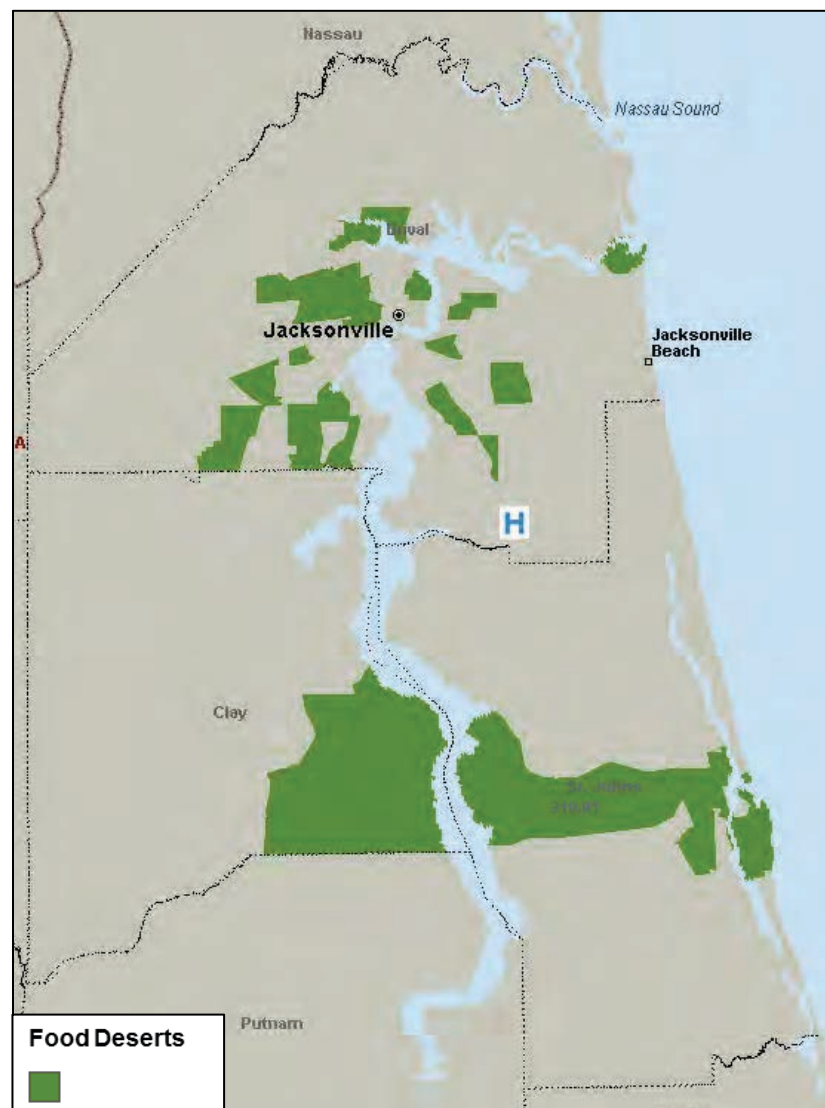
61

Food Deserts

The U.S. Department of Agriculture's Economic Research Service estimates the number of people in each census tract that live in a "food desert," defined as low-income areas more than one mile from a supermarket or large grocery store in urban areas and more than 10 miles from a supermarket or large grocery store in rural areas. Many government-led initiatives aim to increase the availability of nutritious and affordable foods to people living in these food deserts.

Exhibit 37 illustrates the location of food deserts in the Baptist South community.

Exhibit 37: Food Deserts



Source: U.S. Department of Agriculture, 2015.

Food deserts are present in the center of Jacksonville in Duval County, Green Cove Springs in Clay County, and also in St. Augustine in St. Johns County.

Medically Underserved Areas and Populations

Medically Underserved Areas and Populations (MUA/Ps) are designated by the Health Resources and Services Administration (HRSA) based on an “Index of Medical Underservice.” The index includes the following variables: ratio of primary medical care physicians per 1,000 population, infant mortality rate, percentage of the population with incomes below the poverty level, and percentage of the population age 65 or older.¹¹ Areas with a score of 62 or less are considered “medically underserved.”

Populations receiving MUP designation include groups within a geographic area with economic barriers or cultural and/or linguistic access barriers to receiving primary care. If a population group does not qualify for MUP status based on the IMU score, Public Law 99-280 allows MUP designation if “unusual local conditions which are a barrier to access to or the availability of personal health services exist and are documented, and if such a designation is recommended by the chief executive officer and local officials of the state where the requested population resides.”¹²

Exhibit 39 (in next section) depicts areas and populations designated by HRSA as medically underserved. In Clay County, the Penney Farms service area minor civil division (number 92678), is designated as MUA, and is located in the center of Clay County. In Duval County, 11 census tracts are designated as MUAs and the low-income populations of 29 census tracts in North Jacksonville are designated as MUPs. Several MUPs also are present in St. Johns County.

Provider Supply

Access to care is affected by the availability of health professionals. This section includes information on provider supply.

Health Professional Rates per 100,000 Population

Exhibit 38 presents the number of dentists, mental health providers and physicians per 100,000 population.

¹¹ Health Resources and Services Administration. See <http://www.hrsa.gov/shortage/mua/index.html>

¹² *Ibid.*

Exhibit 38: Health Professionals Rates per 100,000 Population, 2013

Provider Type	Clay County		Duval County		St. Johns County		Florida
	Count	Rate	Count	Rate	Count	Rate	Rate
Physicians	318	162.6	3,523	402.0	391	194.0	267.2
Mental Health Providers*	155	63.0	1,292	156.7	219	108.0	112.3
Family Physicians	46	23.5	328	37.4	63	31.2	24.5
Internal Medicine	58	29.7	675	76.9	66	32.7	49.7
OB GYN	12	6.1	122	13.9	14	6.9	9.8
Pediatrician	30	15.3	306	34.9	30	14.8	21.3
Dentists	94	48.1	465	56.4	106	52.5	53.8

Source: FloridaCHARTS, 2015. *Data from CMS, National Provider Identification, 2013 ; rate imputed

Compared to Florida, Duval County reports more providers per 100,000 for all categories.

Health Professional Shortage Areas (HPSA)

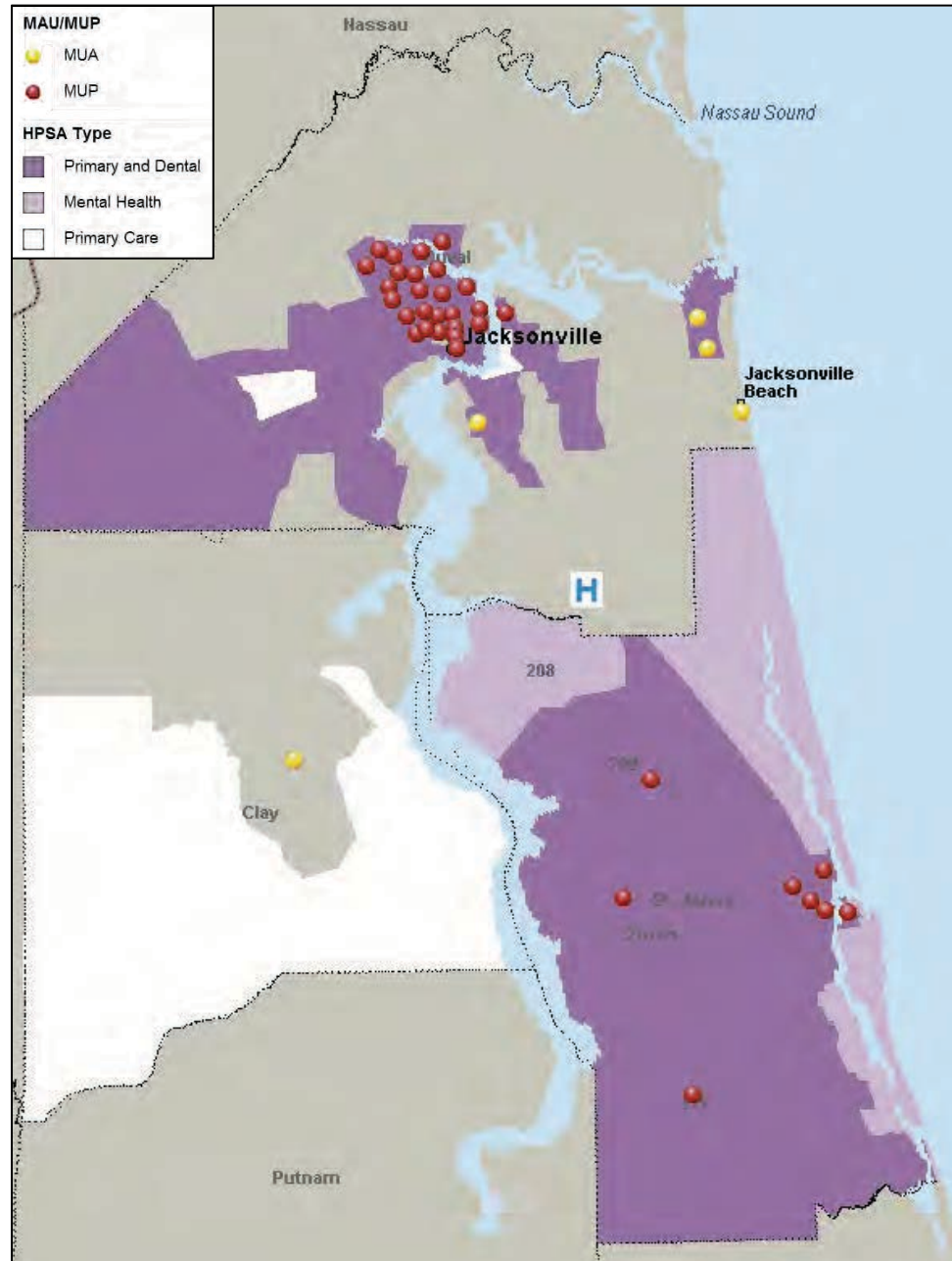
A geographic area can receive a federal Health Professional Shortage Area (HPSA) designation if a shortage of primary medical care, dental care, or mental health care professionals is found to be present. In addition to areas and populations that can be designated as HPSAs, a health care facility can receive federal HPSA designation and an additional Medicare payment if it provides primary medical care services to an area or population group identified as having inadequate access to primary care, dental, or mental health services.

HPSAs can be: “(1) An urban or rural area (which need not conform to the geographic boundaries of a political subdivision and which is a rational area for the delivery of health services); (2) a population group; or (3) a public or nonprofit private medical facility.”¹³

Exhibit 39 illustrates the locations of Medically Underserved Areas and Populations and of the federally-designated HPSAs.

¹³U.S. Health Resources and Services Administration, Bureau of Health Professionals. (n.d.). *Health Professional Shortage Area Designation Criteria*. Retrieved 2012, from <http://bhpr.hrsa.gov/shortage/hpsas/designationcriteria/index.html>

Exhibit 39: MUA/Ps and HPSA Areas, 2015



Source: Health Resources and Services Administration, 2015.

Areas across both counties are considered HPSAs by the federal government.

Medically Underserved Populations are clustered in Health Zone 1 and in St. Augustine. Medically Underserved Areas are located in the center of Clay County, Jacksonville Beach, and south of Jacksonville.

Projected Physician Supply Relative to Needs

According to the Association of American Medical Colleges, physician shortage issues are expected to intensify in coming years. Current estimates predict a national shortage of between 46,100 and 90,400 active patient care physicians by 2025. For primary care alone, a deficit of between 12,500 and 31,100 physicians is expected by 2025. Various factors contribute to the anticipated shortages, including an increase in insurance coverage due to the Affordable Care Act, higher demand from an aging population, and a large proportion of the current workforce reaching retirement age. The projected shortfalls are actually less than the projected numbers in the previous study due to a rapid increase in supply of advance practice physicians who are playing a bigger role in patient care, and the downward revision by the U.S. Census Bureau of its 2025 population projections.¹⁴

Data show that Florida's current physician supply is not adequate to serve rising demand for medical services.¹⁵ To maintain status quo, there will need to be an increase in PCPs by 38 percent.¹⁶ Approximately 13.4 percent of physicians in Florida are aged 40 or younger, while 29.4 percent are over the age of 60.¹⁷ In Duval County, between 6.8 and 17.9 percent of physicians are expected to retire within the next five years. Additionally, Florida physicians have little capacity to treat additional patients due to current patient loads.¹⁸ In addition, increased demand for health services is expected between 2013 and 2030 as

Florida's population is projected to grow by 25 percent, and the population aged 65 and older is expected to grow by about 75 percent.¹⁹

In 2007, the Florida Department of Health completed a comprehensive evaluation of Florida's physician workforce and how it could impact access to quality care in the state. One of the report's recommendations for offsetting the physician shortage was "to pursue a policy of creating and expanding medical residency positions in Florida."²⁰

The plan to create and expand medical residency programs in Florida is further supported by Florida's relatively low rates of enrollment in medical and osteopathic school and graduate medical education. During the academic year 2012-2013 in Florida, there were approximately 24.7 students per 100,000 population enrolled in either medical school or osteopathic school,

¹⁴ Association for American Medical Colleges Center for Workforce Studies (March 2015). *The Complexities of Physician Supply and Demand: Projections from 2013 to 2025*. Retrieved 2015 from <https://www.aamc.org/download/426242/data/ihsreportdownload.pdf>

¹⁵ *Ibid.*

¹⁶ Petterson, SM., Cai, A., Moore, M., Bazemore, (September 2013) A. *State-Level Projections of Primary Care Workforce, 2010-2013*. Retrieved 2015 from <http://www.graham-center.org/online/graham/home/tools-resources/state-wrkfr-proj-intro/state-wrkfr-proj.html>

¹⁷ Center for Workforce Studies, Association of American Medical Colleges (2013). 2013 State Physician Workforce Data Report. Retrieved 2015 from <https://www.aamc.org/data/workforce/reports/>

¹⁸ Herrick and Gorman (2013). An Economic and Policy Analysis of Florida Medicaid Expansion. Retrieved from: <http://www.ncpa.org/pub/st347>

¹⁹ *Ibid.*

²⁰ Center for Workforce Studies, Association of American Medical Colleges. (Oct 2012). Recent Studies and Reports on Physician Shortages in the U.S. Retrieved from: <https://www.aamc.org/download/100598/data/>

ranking Florida 33rd among the 50 states. However, there has been a 109.1 percent increase in the number of students enrolled in medical or osteopathic schools from 2002 to 2012.²¹

The rate of residents/fellows in Accreditation Council for Graduate Medical Education (ACGME) programs was 19.0 residents/fellows per 100,000 population, ranking Florida as 42nd, while the rate of residents/fellows in primary care ACGME programs was 6.6 residents/fellows per 100,000 population, ranking Florida as 45th.²²

Description of Other Facilities and Resources within the Community

Federally Qualified Health Centers

Federally Qualified Health Centers (FQHCs) are established to promote access to ambulatory care in areas designated as “medically underserved.” These clinics receive enhanced reimbursement for Medicaid and Medicare services and most also receive federal grant funds under Section 330 of the Public Health Service Act. There currently are six FQHC sites in Duval County, two in Clay County, and two in St. Johns County (**Exhibit 40**).

Exhibit 40: Federally Qualified Health Centers

FQHC Name	County	City	Zip Code
Azalea Health	Clay County	Green Cove Springs	32043
Azalea Health	Clay County	Keystone Heights	32656
AGAPE/South JAX Community Health Center	Duval County	Jacksonville	32216
AGAPE/Wesconnett Community Health Center	Duval County	Jacksonville	32210
AGAPE/West Jacksonville Community Health Center	Duval County	Jacksonville	32204
Beaches Community Healthcare - A Sulzbacher Center Clinic	Duval County	Jacksonville	32250
I.M. Sulzbacher Center for the Homeless	Duval County	Jacksonville	32202
I.M. Sulzbacher Center Beach HOPE Mobile Outreach Van	Duval County	Jacksonville	32250
Azalea Health	St. Johns County	Hastings	32145
Azalea Health	St. Johns County	St. Augustine	32086

Source: Health Resources Administration, 2015.

²¹ Center for Workforce Studies, Association of American Medical Colleges (2013). 2013 State Physician Workforce Data Report. Retrieved 2015 from <https://www.aamc.org/data/workforce/reports/>

²² *Ibid.*

HPSA Facilities

There are two HPSA designated facilities in Duval County and one in St. Johns County (**Exhibit 41**).

Exhibit 41: HPSA Designated Facilities, 2015

HPSA Name	Facility Type	HPSA Type	County	Zip code
Duval County Health Department	Comprehensive Health Center	Primary, Dental, Mental	Duval County	32208
I.M. Sulzbacher Center for the Homeless	Comprehensive Health Center	Primary, Dental, Mental	Duval County	32202
Northeast Florida Health Services	Comprehensive Health Center	Mental	St. Johns County	32086

Source: Health Resources Administration, 2015.

Hospitals

Exhibit 42 depicts hospital beds and per-capita rates in Clay County, Duval County, and St. Johns County compared to the Florida averages.

Exhibit 42: Hospital Bed Rate, per 100,000 Population, 2013

Bed Type	Clay County		Duval County		St. Johns County		Florida
	Count	Rate	Count	Rate	Count	Rate	Rate
Total Hospital Beds	441	225.5	3,728	425.0	335	165.8	320.3
Total Acute Care Beds	330	168.8	2,951	336.4	307	151.9	263.6
Total Specialty Beds	111	56.8	777	88.6	28	13.9	56.7
Rehabilitation Beds	0	0	157	17.9	0	0.0	12.6
Adult Psychiatric Beds	24	12.3	242	27.6	21	10.4	20.0
Adult Substance Abuse Beds	0	0	28	3.2	0	0.0	1.5
Child and Adolescent Psychiatric Beds	0	0	11	1.3	0	0.0	2.7
Neonatal Intensive Care Unit (NICU) Level III Beds	0	0	56	6.4	0	0.0	4.0

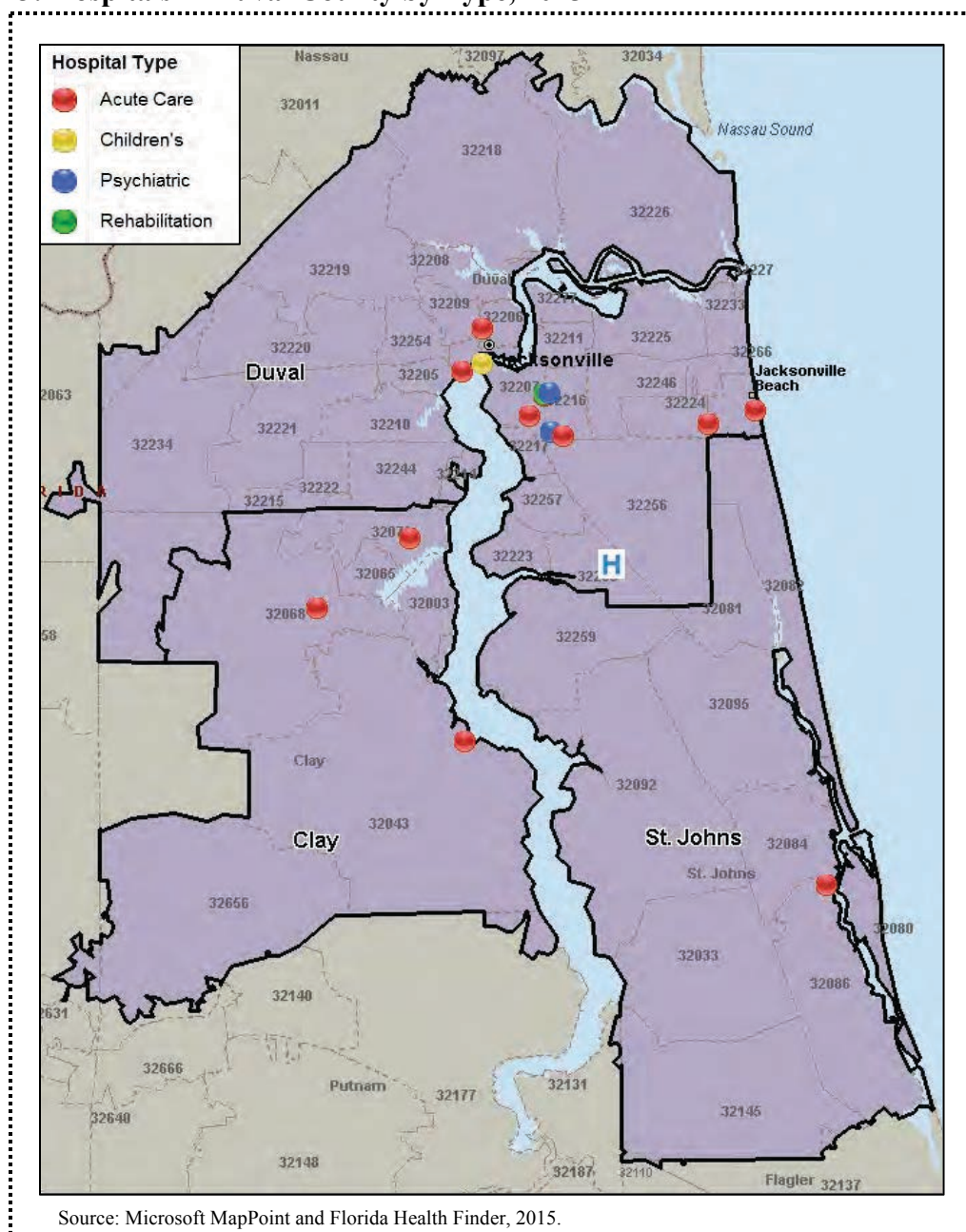
Source: Florida Department of Health, FloridaCHARTS, 2015.

In 2013, Duval County had 425 hospital beds per 100,000 population, higher than the Florida average. Compared to the Florida average, Duval has more beds per 100,000 within every category -- except for child and adolescent psychiatric beds. Fewer beds per 100,000 are present in Clay County and St. Johns County.

Patients are referred to hospitals located in Duval County from across northern Florida and southern Georgia, including from Baker, Clay, Duval, Nassau, and St. John's counties.

Exhibit 43 presents the locations of the acute care, psychiatric, and rehabilitation hospitals located in Duval and St. Johns counties.

Exhibit 43: Hospitals in Duval County by Type, 2015



There are 10 acute care hospitals in Duval County, one of which is a children's specialty hospital. In addition, there are two psychiatric hospitals and one rehabilitation hospital.

There also are 14 freestanding, and eight hospital-based ambulatory surgery centers in Duval County.²³

²³ Florida Health Finder. 2015

Other Community Resources

A wide range of agencies, coalitions, and organizations is available in the region served by the Partnership to assist in meeting community health and social services needs. There are several different types of community resources available to help community members^{24,25}:

- Basic Needs (including food, housing/shelters, material goods, transportation, and utilities)
- Consumer Services (including consumer assistance and protection, consumer regulation, money management, and tax services).
- Criminal Justice and Legal (including courts, correctional system, judicial services, law enforcement agencies and services, legal assistance, legal education and information, and legal services and organizations).
- Education (including educational institutions and schools, educational programs and support services).
- Environmental/Public Health/Public Safety (including environmental protection and improvement, public health, and public safety).
- Health Care (including emergency and general medical services, screening and diagnostic services, health care support services, reproductive services, inpatient and outpatient facilities, rehabilitation facilities, specialized treatment, and specialty services).
- Income Support and Employment – (including employment services, public assistance and social insurance programs, and temporary financial assistance).
- Mental Health and Substance Abuse (including counseling approaches and settings, mental health care facilities, mental health evaluation and treatment programs, mental health support services, and substance abuse services).
- Individual and Family Life (volunteer programs and services, recreation and leisure activities, spiritual enrichment, individual and family support services, domestic animal services, and death certification and burial arrangements).
- Organizational, Community, and International (including arts and culture, community facilities and centers, disaster services, donor services, community planning and public works, community economic development and finance, occupational and professional associations, organization development and management services, military services, and international affairs).

Below is a selection of agencies and the number of resources available that serve residents of Clay County (although these resources may be located in a different county):

- Basic Needs - 112
- Consumer Services - 30
- Criminal Justice and Legal - 45
- Education - 48
- Environmental/Public Health/Public Safety - 9
- Health Care - 156
- Income Support and Employment - 46

²⁴ United Way 211 Community Resource Guide, 2015. <http://www.mycommunitypt.com/nefin/index.php/component/cpx/>

²⁵ Available resources include resources located outside of the county that serve county residents

- Mental Health and Substance Abuse - 116
- Individual and Family Life - 203
- Organizational, Community, and International - 103

Below is a selection of agencies and the number of resources available that serve residents of Duval County (although these resources may be located in a different county):

- Basic Needs - 180
- Consumer Services - 31
- Criminal Justice and Legal - 59
- Education - 80
- Environmental/Public Health/Public Safety - 17
- Health Care - 239
- Income Support and Employment - 86
- Mental Health and Substance Abuse - 160
- Individual and Family Life – 300
- Organizational, Community, and International – 197

Below are estimated numbers of resources that are available to serve residents of St. Johns County (although these resources may be located in a different county):

- Basic Needs - 114
- Consumer Services - 28
- Criminal Justice and Legal - 40
- Education - 42
- Environmental/Public Health/Public Safety - 15
- Health Care - 160
- Income Support and Employment - 51
- Mental Health and Substance Abuse - 118
- Individual and Family Life - 215
- Organizational, Community, and International – 116

A comprehensive 2-1-1 service is available through United Ways of Northeast Florida, which is available by phone, text, and online to help provide assistance to members of the community.²⁶ Several other organizations including, but not limited to: County Health Departments²⁷, Episcopal Children's Services²⁸, Health Impacts for Florida²⁹, and Early Learning Coalition³⁰ also provide community resource guides to assist community members with their needs. Florida Medicaid also provides a guide to health care safety net resources by county for the uninsured.³¹

²⁶ United Way of NE Florida. 2-1-1 Service. <http://nef211.org/>

²⁷ Florida Health Departments. <http://www.floridahealth.gov/>

²⁸ Episcopal Children's Services. Community Resource Guides. http://www.ecs4kids.org/parent_com_rec

²⁹ Health IMPACTS for Florida. <http://healthimpactsflorida.org/studies/hra/information-for-parentsteens/>

³⁰ Early Learning Coalition of Duval. Community Resource Guide. <http://elcofduval.org>

³¹ Florida Medicaid. "Florida's Health Care Safety Net: A comprehensive list of State and County based resources for the uninsured". July 2010

Findings of Other Community Health Needs Assessments

In identifying significant community health needs, Verité considered the findings of several other health needs assessments and related reports regarding the community that were published between 2010 and 2014. Highlights and summary points from these assessments are below.

ElderSource

ElderSource, an Area Agency on Aging, published a 2011-2012 report, *Elder Services Needs Assessment*, for Planning Service Area 4 (PSA 4), which is comprised of Baker, Clay, Duval, Flagler, Nassau, St. Johns, and Volusia counties. This assessment was intended to inform ElderSource on the needs of elders and caregivers.³²

Key findings for PSA 4 include:

- Approximately 430,000 adults older than 60 lived in PSA 4 in 2010 and nearly one-third (approximately 150,000) were older than 75
- 35 percent of survey respondents did not have an emergency preparedness plan
- Many elders cannot use public transportation, if available, for multiple reasons including mobility limitations, financial inability, and scheduling requirements
- Lack of transportation can impact prescription drug access
- Processes for applying for assistance can be overwhelming
- Some assisted living facilities have waiting lists
- Yard and household maintenance were most cited by survey participants as areas for which assistance was needed
- Cost concerns may delay some elders from getting new eyeglasses as insurance covers exams but not glasses
- Most elders, 85 percent, rarely or never visit a senior center
- Survey respondents would like a check-in service for elders that live alone as well as a service to match elders of similar interests
- Over 30 percent of elders admitted to a hospital for inpatient services are discharged to another medical facility, such as a skilled nursing facility
- Elders and caregivers may not know what services are available or how to request assistance
- Elders living in rural settings vary by county (54.1 percent in Baker, 25.2 percent in Clay, 3.5 percent in Duval, 42.5 in Nassau, and 18.0 in St. Johns)
- Roughly one-third of elders did not receive an influenza vaccination within the last 12 months or a pneumococcal vaccination ever

³² ElderSource (2012). *Elder Services Needs Assessment: Baker, Clay, Duval, Flagler, Nassau, St. Johns, Volusia*. Retrieved 2015 from <https://www.myeldersource.org/documents-resources/>

North Florida Transportation Planning Organization (Community Survey, 2008)

The North Florida Transportation Planning Organization published results of a survey by Ulrich Research entitled *A Survey of Residents of Clay, Duval, Nassau and St. Johns Counties*.³³ The survey was conducted to inform development of transportation resources in the Jacksonville, Florida MSA. The purpose of the survey was to provide information to be used in the development of the North Florida Transportation Planning Organization's Long Range Transportation Plan.

Key findings are as follows:

- Two-thirds of survey respondents did not consider that mass transit services were "adequate"
- Respondents were more concerned with reducing traffic congestion than on improving mass transit

North Florida Transportation Planning Organization (2012 Report)

The North Florida Transportation Study Commission published its 2012 final report, *Connecting Regionally for Success*.³⁴ This commission was charged with developing a Long Range Transportation Plan.

Key report elements are as follows:

- Cross-county commutes are experienced by many residents
- Limited transportation options exist
- Over two-thirds of recent population growth was outside of Duval County

Duval County Public Schools (YRBS, Middle School Students)

The Duval County Public Schools conducted the Youth Risk Behavior Survey (YRBS) of middle school students in 2009, 2011, and 2013. Summaries of findings were published by the Florida Department of Health Duval County.³⁵

³³ North Florida Transportation Planning Organization. (2008) *A Survey of Residents of Clay, Duval, Nassau, and St. Johns Counties*. Retrieved 2015, from <http://www.firstcoastmpo.com/images/uploads/general/2008%20North%20Florida%20Transportation%20Survey.pdf>

³⁴ North Florida Transportation Planning Organization. (2008) *A Survey of Residents of Clay, Duval, Nassau, and St. Johns Counties*. Retrieved 2015, from <http://www.firstcoastmpo.com/images/uploads/general/2008%20North%20Florida%20Transportation%20Survey.pdf>

³⁵ Duval County Public Schools and Florida Department of Health Duval County. (2013) *Middle School - Violence, Suicide, and Safety Behaviors (2013), Middle School - Sexual Behaviors (2013), Middle School - Physical Activity and Dietary Behavior (2013), and Middle School - Alcohol, Tobacco, and Other Drug Behaviors (2013)*. Retrieved 2015 from <http://duval.floridahealth.gov/programs-and-services/community-health-planning-and-statistics/youth-risk-behavior-survey/index.html>.

Key findings include:

- Bullying increased by more than 20 percent between 2009 and 2013
- Serious considerations of suicide increased by more than 10 percent, with increases in serious consideration and attempts by females increasing by more than 25 percent
- More than 25 percent of students report being slightly or very overweight
- One-third of middle school students having sex are not using condoms

Duval County Public Schools

The Duval County Public Schools conducted the Youth Risk Behavior Survey (YRBS) of high school students in 2009, 2011, and 2013. Summaries of findings were published by the Florida Department of Health Duval County.³⁶

Key findings include:

- Bullying increased by more than 15 percent between 2009 and 2013
- More than 25 percent of students report being slightly or very overweight
- Nearly 10 percent of respondents smoke tobacco
- More than 10 percent of students report currently having asthma
- Almost 25 percent of respondents currently use marijuana
- More than 30 percent of respondents are currently sexually active

Agape Community Health Network

The Agape Community Health Network prepared a Needs Assessment for Duval County (ZIP Codes 32202, 32204, 32205, 32206, 32207, 32208, 32209, 32210, 32211 32216, 32217, 32244, and 32254). In addition to reporting secondary data about the community, information about services to community members was provided.

Key information about services by Agape in 2013 is as follows:

- 41,871 visits were provided to 17,923 patients
- 76 percent of patients resident in service area ZIP codes
- Females accounted for approximately 70 percent of patients and visits
- About 45 percent of visits were for pediatric services and about 28 percent of visits were to (delete the word to?) women for obstetric services
- The most frequent primary diagnoses related to infectious and parasitic diseases (14.0 percent), diseases of the respiratory system (13.0 percent), and diseases of the circulatory system (12.8 percent)

³⁶ Duval County Public Schools and Florida Department of Health Duval County. (2013) *High School - Violence, Suicide, and Safety Behaviors (2013)*, *High School - Sexual Behaviors (2013)*, *High School - Physical Activity and Dietary Behavior (2013)*, and *High School - Alcohol, Tobacco, and Other Drug Behaviors (2013)*. Retrieved 2015 from <http://duval.floridahealth.gov/programs-and-services/community-health-planning-and-statistics/youth-risk-behavior-survey/index.html>.

- 2,262 patients received dental services and about 95 percent were for pediatric dental services

Duval County Health Department

The Duval County Health Department (DCHD) worked with the Hispanic/Latino Advisory Council to DCHD on the June 2012 report, “*2012: State of Hispanic Health in Duval County*.”³⁷ The report assesses the health of Hispanic/Latino residents of Duval County.

Key findings are as follows:

- Hispanic/Latino residents totaled 65,398 in 2010, an increase of 104 percent from 2000.
- Hispanic/Latino residents were 7.6 percent of all residents in 2010.
- A language other than English is spoken at home for 67.1 percent of Hispanic/Latino residents.
- Nearly one in three Hispanic residents, 29.4 percent, was born outside of the U.S.
- Hispanic/Latino residents between 2008 and 2010 were more likely than other residents to die from motor vehicle crashes, homicide, fire-arms, and suicide.
- Hispanic/Latino high school students in 2011 were more likely than other students to experience or perceive violence at school, consider or attempt suicide, operate a car while drinking, and ride in a car with an impaired driver.
- Hispanic/Latino residents in 2010 were less likely than other residents to have health insurance coverage.

Children’s Mental Health Task Force

The Northeast Florida Children’s Mental Health Task Force published a 2006 report, “*Northeast Florida Children’s Community Mental Health Assessment*.”³⁸ This report was part of the Task Force’s goal to identify a comprehensive system for the delivery of mental health services in Duval County.

Key findings are as follows:

- One in five children experience symptoms of mental health disorders each year.
- Mental health services need to be culturally relevant.
- Access to care is especially needed in rural and underserved areas.
- Parents need to be taught how to identify issues.
- Primary care providers may be responsible for providing interventions for which they are not adequately trained.

³⁷ Duval County Public Health Duval and Hispanic/Latino Advisory Council to DCHD. (2012) *2012: State of Hispanic Health in Duval County*. Retrieved 2015 from [http://www.coj.net/esmivida/docs/hispanic-health-report-single-pages-small-\(2\).aspx](http://www.coj.net/esmivida/docs/hispanic-health-report-single-pages-small-(2).aspx)

³⁸ Northeast Florida Children’s Mental Health Task Force. (2006) *Northeast Florida Children’s Community Mental Health Assessment*. Retrieved 2015 from http://www.hpcnef.org/files/health-needs-assessments/NEFL_Childrens_Community_Mental_Health_Assessment_9-20-06.pdf.

Jacksonville Community Council Inc.

The Jacksonville Community Council Inc. (JCCI) in 2009 issued “*Community Engagement: Understanding the GLBT Community Experience with Discrimination.*”³⁹ The report presented results from surveys and focus groups designed to better understand discrimination encountered by gay, lesbian, bisexual, and transgendered (GLBT) residents of Jacksonville.

Relevant key findings are as follows:

- 16 percent of survey respondents encountered discrimination at a physician office.
- 10 percent of survey respondents encountered discrimination at a hospital.
- 9 percent of survey respondents encountered housing discrimination, including poor treatment, neglect, refusal to renew leases, and threats of eviction

Florida Department of Health Duval County

The Florida Department of Health Duval County in 2013 published “*Health: Place Matters 2013.*”⁴⁰ The report assesses the health residents of six “Health Zones,” or geographic subdivisions, in Duval County.

Key findings are as follows:

- Infrastructure for healthy living is not equally distributed throughout the county.
- Infrastructure challenges include public transportation, inadequate school funding, and affordable training/post-secondary education.
- Health Zone 1, the urban core of Duval County, has the greatest unmet needs including the lowest household incomes, most residents living in poverty, and shorter life expectancy.
- More than 25 percent of children in Duval County live in poverty, including 43 percent of children in Health Zone 1.
- The rate of preventable hospitalizations for diabetes is more than 50 percent greater in Duval County than Florida overall.
- Increasing diversity in Duval County will require more culturally and linguistically appropriate care.

Jacksonville Metropolitan Community Benefit Partnership

The Jacksonville Metropolitan Community Benefit Partnership in 2012 published “*Community Health Needs Assessment: 2012 Report.*”⁴¹ The report sought to describe the health status of

³⁹ Jacksonville Community Council Inc. (2009) *Community Engagement: Understanding the GLBT Community Experience with Discrimination*. Retrieved 2015 from <http://issuu.com/jcci/docs/09-glbt-discrimination/1?e=3421855/6046073>.

⁴⁰ Florida Department of Health Duval County. (2013) *Health: Place Matters 2013*. Retrieved 2015 from http://duval.floridahealth.gov/programs-and-services/community-health-planning-and-statistics/place-matters/_documents/place-matters-final-dec2014.pdf.

⁴¹ Jacksonville Metropolitan Community Benefit Partnership. (2012) *Community Health Needs Assessment: 2012 Report*. Retrieved 2015 from http://shands.thehcn.net/content/sites/hpcnef/2012_CHNA_REPORT_FINAL.pdf.

the community, identify major risk factors and causes of illness, and support efforts to improve the health of residents. The community for assessment was Clay, Duval, Nassau, Putnam, and St. Johns counties.

Key findings are as follows:

- The population of each county increased between 2000 and 2010.
- Duval County had the greatest racial diversity among the counties, a home ownership rate lower than the overall Florida rate, and a graduation rate lower than the Florida rate
- Clay and Duval counties have more fast-food than full-service restaurants.
- More than one in 10 survey respondents had not visited a dentist in five or more years and about one in six reported that their child had never visited a dentist.
- One in 10 survey respondents go without prescription medicine or substitute over-the-counter medication.
- Approximately one-third of all ER visits across the region are for self-pay patients.
- Caregivers do not know what services are available and how to access services.
- The percentage of adults aged 65 and older who received a pneumonia vaccination was lower than Florida overall for Clay and Duval counties.
- Diabetes death rates are higher than the overall Florida rate for Clay and Duval counties and the rates for black residents are higher than the rates for white residents.
- Rates of overweight residents in Clay and St. Johns counties are higher than Florida rates and the rate of obesity for Duval County is higher than the Florida rate.
- Births with no prenatal care were higher in Duval County than the Florida.
- Cognitive disability rates were higher in St. Johns and Duval counties.
- The percentage of residents with self-care difficulty was twice the state rate in St. Johns and Duval counties.
- The rates of disability difficulty indicators in St. Johns County are nearly three times than the rates of Florida overall.
- The highest percentage of high-school aged smoking is in Clay County.

Duval County Health Department and Partnership for a Healthier Duval

The Duval County Health Department and Partnership for a Healthier Duval in 2012 published “*Community Health Assessment and Community Health Improvement Plan*.”⁴² The report summarizes the collaborative approach to understand and develop responses to health needs in Duval County. The study used Mobilizing for Action through Planning and Partnerships (MAPP) model.

Key findings are as follows:

- The majority of residents are aged 25 to 64

⁴² Duval County Health Department and Partnership for a Healthier Duval. (2012) *Community Health Assessment and Community Health Improvement Plan*. Retrieved 2015 from http://duval.floridahealth.gov/programs-and-services/community-health-planning-and-statistics/_documents/chip.pdf.

- More than half of households, 53.3 percent, made \$50,000 or less in 2010 and more than one quarter, 27.1% made less than \$25,000.
- Nearly 60,000 Duval residents aged 21 to 64 have a disability and these residents are less than half as likely to be employed compared to residents without a disability.
- There are fewer physician specialists per capita Duval than in Florida overall.
- More than 1 in 8 emergency room visits were related to mental health problems.
- Rates of vaccination for influenza and pneumonia for individuals 65 and older than are lower in Duval County than Florida.

Jacksonville Community Council Inc. (Mental Health Study)

The Jacksonville Community Council Inc. (JCCI) in 2014 issued “*Unlocking the Pieces: Community Mental Health in Northeast Florida*.”⁴³ The report presented results from an eight-month study into the mental health and organizations responding to needs in northeast Florida.

Relevant key findings are as follows:

- Approximately one in four Americans lives with a mental health illness and approximately half of Americans will experience mental illness during their lives.
- Four percent of Americans live with a serious mental illness.
- Stigmas, both societally and self-imposed, keep individuals from seeking services.
- Arrested youth may be assessed for mental illness after arrest, but the number of assessors has declined from five in 2007 to one in 2014.
- Approximately 10 percent of inmates at the Duval County jail have severe and persistent mental health illnesses.
- Most individuals with severe mental illness, 85 percent, are unemployed.
- The number of assessments for involuntary hospitalization for mental illness under the Florida Baker Act increased in Duval County from 4,458 in 1999 to 6,751 in 2012.
- In 2012, Florida ranked 49th of the 50 states in per capita state mental health funding and northeast Florida was the second-lowest funded region in Florida.
- Elders in northeast Florida are more likely to commit suicide than others in the community.
- The Duval County suicide rate in 2012 was the highest since 1991 and had increased 13.2 percent since 2008.
- More people in Duval County die from suicide than from homicide.
- There is an undersupply of mental health professionals in the community.

Jacksonville Community Council Inc. (Child Development Issues)

The Jacksonville Community Council Inc. (JCCI) in 2012 issued “*Children: 1-2-3: A Community Inquiry on Creating Early Learning Success*.”⁴⁴ The report presented results from the study of key elements for health development of children aged 0-3.

⁴³ Jacksonville Community Council Inc. (2014) *Unlocking the Pieces: Community Mental Health in Northeast Florida*. Retrieved 2015 from http://issuu.com/jcci/docs/mhi_report.

⁴⁴ Jacksonville Community Council Inc. (2012) *Children: 1-2-3: A Community Inquiry on Creating Early Learning Success*. Retrieved 2015 from http://issuu.com/jcci/docs/children_1-2-3_inquiry_final_report/1.

Relevant key findings are as follows:

- 30 percent of children are unprepared for kindergarten.
- Poverty is correlated with developmental vulnerability but it is not the only factor.
- Children are particularly at-risk of developmental delays in neighborhoods where public schools are low performing, adults have low levels of educational attainment, and unemployment rates are high.
- Many services are targeted to geographic areas with concentrated need, such as Health Zone 1, but reaching at-risk populations geographically dispersed throughout the community is more difficult.
- A lack of funding was the most pronounced barrier to improving services to children.

St. Johns County Health Leadership Council

The St. Johns County Health Leadership Council in 2014 published “*2014 Community Health Assessment & Community Health Improvement Plan*.”⁴⁵ Objectives of the assessment included accurately depicting the health status of St. Johns County and identifying key strategic issues.

Key findings are as follows:

- The St. Johns population increased by almost 65 percent between 2000 and 2012.
- More than one in six residents, 16.9 percent, are aged 65 and older.
- Nearly one in 10 residents has a median household income below the Federal Poverty Level.
- Death rates in St. Johns from chronic lower respiratory disease, unintentional injuries, suicide, septicemia, and melanoma cancer are higher than overall Florida rates.
- Immunization coverage for kindergartners in 2011-2013, 79.7 percent, was lower than the Florida overall coverage, 92.6 percent.
- Rates of STDs appear to be increasing.
- The binge drinking rate in St. Johns for 2013 was higher than the Florida rate.

Episcopal Children’s Services

Episcopal Children’s Services published its study of early childhood needs and resources, *Community Assessment of Baker, Bradford, Clay, Duval, Nassau Counties*⁴⁶ in 2014. This study was an update of its 2012 report.

Key findings are as follows:

⁴⁵ St. Johns County Health Leadership Council. (2014) *2014 Community Health Assessment & Community Health Improvement Plan*. Retrieved 2015 from http://stjohns.floridahealth.gov/programs-and-services/community-health-planning-and-statistics/community-health-assessments/_documents/sjc_2014_health_needs_assessment.pdf.

⁴⁶ Episcopal Children’s Services. (2013) *Community Assessment of Baker, Bradford, Clay, Duval, Nassau Counties*. Retrieved 2015 from <http://www.ecs4kids.org/sites/default/files/Head%20Start%20Community%20Assessment%202014%20final.pdf>.

- 17,721 young children, ages 0-4, lived in poverty across Baker (425), Clay (1,928), Duval (14,522), and Nassau (846) counties.
- Demand for Head Start / Early Head Start exceeds current capacity.
- Dental care, transportation, and child care service were most cited as needs by community members.
- Rural residents may need to travel to other counties for services.
- The race/ethnicity of children in need of Head Start services vary by county.

Clay County Health Department

The Clay County Health Department in 2010 published *2010 Community Health Assessment*,⁴⁷ which was developed using the MAPP model. In 2012, the Clay County Health Department reviewed and updated the 2010 report with “*Community Health Assessment Mid-Cycle Update*.”

Key findings of the 2010 report and 2012 update are as follows:

- Lung cancer between 2006 and 2008 was the leading cause of death in Clay County with a 25 percent higher mortality rate than Florida (60 and 48 deaths per 100,000, respectively).
- Chronic lower respiratory disease between 2006 and 2008 was the third-leading cause of death in Clay County with a mortality rate that was more than 50 percent higher than Florida (57 and 36 deaths per 100,000, respectively).
- Diabetes between 2006 and 2008 was the sixth leading cause of death with a mortality rate that was nearly 25 percent higher than Florida (25.3 and 20.6 deaths per 100,000, respectively).
- The white infant death rate was nearly three times lower than the non-white rate (4.6 and 13.3 deaths per 100,000, respectively).
- The rate of dental providers in Clay County was more than 20 percent lower than the rate for Florida (48.4 and 60.9 per 100,000, respectively) (subsequently, a fixed-site dental clinic opened in Green Cove Springs).
- The Alzheimer’s mortality rate in Clay County was nearly twice the rate of Florida (32.8 and 16.5 per 100,000, respectively).

Clay County Department of Health, Mid-Cycle Update, 2012

In 2014, the Clay County Health Department conducted a mid-cycle update to their 2010 CHNA to assess the major issues, barriers, and concerns for community health in Clay County.⁴⁸

Findings include:

⁴⁷ Clay County Health Department. (2010) *2010 Community Health Assessment and Community Health Assessment Mid-Cycle Update*. Retrieved 2015 from http://clay.floridahealth.gov/programs-and-services/community-health-planning-and-statistics/_documents/cchna-final-report-2010.pdf and http://clay.floridahealth.gov/programs-and-services/community-health-planning-and-statistics/_documents/cchna-final-report-midcycle-2012.pdf.

⁴⁸ Nassau County Department of Health (2010). *Community Health Profile in Nassau County*. Retrieved 2015 from <http://nassau.floridahealth.gov/programs-and-services/community-health-planning-and-statistics/nassau-planning.html>

- In the 2010 CHNA, three major health goals were identified: improving health literacy and overall lifestyle to prevent obesity, diabetes, cardiovascular disease, and stroke; increase access to goods and services related to the above health issues; and substance abuse/misuse prevention.
- The mortality rate for heart disease for all races in Clay was lower than the state's in 2008, 2009, and 2010.
- Clay's mortality rate for COPD was higher for all races than the states between 2006 and 2008.
- In 2010, the stroke mortality in Clay disproportionately affected Blacks.
- Clay's diabetes mortality disproportionately affected blacks and Hispanics and was higher than Florida's mortality rate.

PRIMARY DATA ASSESSMENT

Community input was gathered through key informant interviews, focus groups, and town hall meetings in Baker, Clay, Duval, Nassau, and St. Johns Counties. Below are results summarizing the health needs and challenges faced by the residents of Clay, Duval, and St. Johns counties. In addition, community input regarding health concerns relevant to the Duval County-Beaches area are highlighted. The results of the analysis are compared to the overall findings regarding across the region served by the Partnership.

Community Input Methodology

Community input was gathered through a total of 53 key informant interviews, focus groups, and town hall meetings conducted across the five counties served by the Partnership. Both external, local community health experts and internal hospital staff members were identified and selected to participate as key informants. Through these interactions, input was received from 257 individuals. Additionally, community health experts assisted in the design, marketing, and implementation of focus groups and town hall meetings to promote participation from the target populations identified. Selected topics and questions were designed for each interview type.

Thirty-four key informant interviews, focus groups, and town hall meetings were conducted in Duval and St. Johns counties. The 165 external participants in this process provided insight on a wide range of community health issues, including barriers to access to health services, prevalence of certain health conditions, social determinants of health, and health disparities faced by the residents of Clay, Duval and St. Johns counties.

Nine focus group meetings were held at Partnership hospitals located in Duval County. Seventy one (71) hospital staff participated in this discussion, including representatives from emergency departments, physicians, nursing, case management, and social services. In addition, one focus group meeting was held at St. Vincent's Clay. Two hospital staff participated in this discussion, including one representative from Pastoral Care and another from the Emergency Department.

Input received was coded to assess the frequency with which community health issues were mentioned. In addition, severity ratings were also assigned on a scale ranging from 0 (Doing well) to 4 (High severity) using the following criteria:

Exhibit 44: Total Interviews and Meetings Included in Qualitative Analysis.

Type of Interview	Number of Interviews
Clay County	9
Focus group	4
Key informant	3
Town hall	2
Duval County	23
Focus group	8
Key informant	11
Town hall	4
St. Johns County	2
Focus group	1
Key informant	1
Town hall	--
Community-Wide	53
Focus group	19
Key informant	26
Town hall	8

Exhibit 45: Scaling Description

Scale	Description
Doing well (0)	<ul style="list-style-type: none"> The topic is mentioned. The topic is not perceived as an issue in the community (e.g., Health topic is described as performing well against benchmarks).
Low severity (1)	<ul style="list-style-type: none"> The topic may be mentioned several times. Although the health topic could perform better when compared to benchmarks, there are other more urgent health concerns in the community. Existing resources or interventions to address the issue are adequate to meet the health needs of the community.
Medium-low (2)	<ul style="list-style-type: none"> The topic is mentioned several times. The health topic could perform better when compared to benchmarks and there is evidence of health disparities for this health topic, but there are other more urgent health topics in the community. Resources or interventions are needed address this health concern.
Medium-high (3)	<ul style="list-style-type: none"> The topic is mentioned throughout the interview or meeting in response to several questions or it may be stated that this is a severe health issue in response to a specific question (e.g., County is described as performing poorly against benchmarks). The health topic may be prioritized over other health issues or it may be indicated that clear health disparities exist in the community for this health topic. Resources or interventions to address the health issue are needed.
High severity (4)	<ul style="list-style-type: none"> The topic is mentioned throughout the interview or meeting in response to several questions or it may be stated that this is a severe issue in the community in response to a specific question (e.g., County is described is performing poorly against benchmarks). The health topic may be prioritized over other health issues or it may be indicated that clear health disparities exist in the community for this health topic. Although there is great concern about this issue, no or very limited resources are dedicated to the issue.

Focus groups and town hall meetings provided the opportunity to gain insight from individuals who represent the broad interests of Clay, Duval, and St. Johns counties. The demographic characteristics of the external participants are summarized in **Exhibit 46**. Key informant interviews were conducted to gather input from external, public health experts. **Exhibit 47** depicts the various public health professions and target populations represented through the external key informant interviews.

Exhibit 46: Demographic Characteristics of Focus Group and Town Hall Meeting Participants

Type of Interview	Clay, Duval, and St. Johns Counties (N)
Race/Ethnicity	
Caucasian	57
Black	62
Hispanic	7
Other	7
Not reported	13
Language Other than English	
German	1
Spanish	13
Other	1
None	119
Not reported	29
Education	
GED	5
High school graduate	33
Associate's degree	24
Bachelor's degree	33
Master's degree	13
Doctorate degree	6
Not reported	36
Area	
Metropolitan	24
Rural	47
Suburban	3
Urban	56
Unreported	20
Insured	
Yes	129
No	10
Not reported	11
Employed in Public Health	
Yes	69
No	68
Not reported	13
Parent	
Yes	77
No	40
Not reported	33

Exhibit 47: Description of Key Informant Population Representation

Organization	Public Health Professions	Populations Represented
DOH-Clay	Senior Management	Homeless Low income Rural Youth General Population
Clay County Literacy Coalition	Community Advocate & Literacy Coach – Retired Navy Nurse	Illiterate Immigrants Minorities Hispanic Elderly Health illiterate
The Way Clinic	Community Clinic Team	Low income Underinsured/uninsured General population Immigrants Hispanics
DOH-Duval	CHIP-Staff	General population Minorities Low income Underinsured/uninsured Rural populations Chronically ill
City of Jacksonville Disabled Services	Staff Member	Disabled Children
Private Practice	Medical Doctors, and Nurses	General population Low income, elderly Mental health Minorities
Hispanic Ministries	Social Services Staff	Immigrants Hispanics Low income Underinsured/uninsured Faith base
University of North Florida	Professor and Community Activist	General population College students Multiple cultures

(Exhibit continues onto next page)

Exhibit 47: Description of Key Informant Population Representation (continued)

Organization	Public Health Professions	Populations Represented
Nemours	Pediatrics Researcher	General population, children
Sulzbacher Center	Homeless/Low Income Health Coordinators, nurse	Low income
		Homeless
		Mentally ill
		Men's health
		Family health
		Uninsured
Northwest Jacksonville Community Development Corporation	Community Organizer	Children
		Minorities
		Low income
Jacksonville Fire & Rescue Department	Rescue Personnel	General population
		Low income
		Elderly
		Youth
		Uninsured/underinsured
		Mentally ill
		Minorities
		Cultural competency
DOH-Duval	Senior Leader	General population
		Low income
		Youth
		Elderly
Private Practice and DOH-Duval Staff	Mental Health Professionals	Uninsured/Underinsured
		Mentally ill, all ages
DOH-St. Johns	CHIP-Staff	Low income
		General population
		Uninsured/underinsured

Summary of Findings: External Community Input

Based on the methodology described above, the following issues were identified as those of greatest concern to community health in Clay, Duval, and St. Johns counties, and are presented in general order of importance.

Access Issues. One of the chief barriers to improving community-wide health outcomes is the inability to access available resources. Causes of inaccessibility include, but are not limited to, lack of knowledge of available services, transportation, lack of affordable care, and unaffordable health insurance. The interviews and meetings revealed that these social determinants of health disproportionately affect Clay, Duval, and St. Johns County's low socio-economic status groups, elderly populations, and minority populations.

- **Lack of Knowledge about Services.** A common theme throughout the interviews and meetings was that residents of Clay, Duval, and St. Johns counties often lack knowledge of the services and resources that are available to assist them in reaching and maintaining positive health outcomes. Although this was identified as a concern for residents in general, those lacking English proficiency, the elderly, and immigrants were reported as populations more likely to have low knowledge of available services. Moreover, lack of knowledge about available services was identified as an issue not only for those seeking services, but also among providers and others involved in the healthcare system. Overall, there was consensus for the need for a centralized resource center in the community that focuses on connecting people to services.
- **Lack of Transportation.** Individuals providing input expressed concern about a lack of reliable public transportation that made it difficult to access health care services. Residents in Duval County noted that in many areas, such as the Northside of Jacksonville and the Beaches-area, the public transportation system has minimal routes and drop off points. In areas of St. Johns County, such as Hastings and Armstrong, lack of reliable transportation was further impacted due to a lack of specialists that resulted in residents traveling to surrounding counties to receive care. Residents in Clay County noted that the public transportation system in Orange Park has few routes, minimal drop off points, and infrequent pickups. The limited public transportation system in Clay County further impacts access to health care due to a lack of convenient appointment times and, in many cases, long wait times for health care appointments. Across all three counties, lack of reliable transportation significantly impacts low-income, elderly, and disabled residents, and those that live in rural areas. Transportation barriers contribute to missed appointments and failure to seek care for health concerns.
- **Lack of Affordable Care and Low Usage of Preventative Care.** A common theme throughout the interviews and meetings was concern about the cost of health services for primary care and low usage of preventative care services. Lack of access to affordable care was reported to greatly impact residents that are low-income, lower-middle class, uninsured or underinsured, immigrants, and those that are undocumented. It was reported that lack of access to affordable health care commonly results in overuse of the emergency room. An associated concern was related to difficulty accessing physicians

and specialist services. For example, residents in Hastings reported having fewer specialists than the surrounding areas, resulting in travel to surrounding areas for care. Specialist services reported as difficult to access in St. Johns County and in the Duval County-Beaches area were dental care, rehabilitation services, vision services, hearing services, and ancillary services. Dental care for children and adults was reported as difficult to access in St. Johns County due to the lack of available providers and an even greater deficit in affordable dental care services. Dialysis was specifically mentioned as a service that was difficult to access in St. Johns County. In Clay County, cancer treatment, mental health care, and dental care were services that were described as difficult to access. Moreover, when health care providers were accessible in Clay County, it was reported that few reflected the population served. Affordability, transportation, and insurance limitations continuously appeared as primary barriers to seeking the aforementioned services in Clay, Duval, and St. Johns counties.

- **Lack of Access to and Affordability of Insurance.** Lack of access to affordable insurance was described as a major concern, particularly for lower-income, lower-middle class, and elderly residents. Minority populations, recent immigrants, and undocumented people were also described as being greatly impacted by unaffordable insurance. The challenges that the lower-middle class face in accessing affordable insurance were discussed in many interviews, particularly since this population often does not qualify for assistance.

Insufficient Health Education and Low Health Literacy. Participants often discussed an overall lack of health education as a major contributor to health issues in Clay, Duval, and St. Johns counties. Many participants mentioned that residents in these counties are not informed about nutrition, correct usage of medication, or provided adequate sex education. To improve health, many providing input suggested the need for education on healthy eating habits and the benefits of a nutritional diet. An overall lack of health education and low health literacy were discussed as a major contributor to health issues. Many providing input expressed concern that residents lacked knowledge about how to effectively navigate the health care system. A key theme throughout the interviews and meetings was that residents do not know what questions to ask their health care providers or how to differentiate a health emergency from a non-emergency, particularly in Clay County. Education on how to navigate the health care system more efficiently and how to communicate more effectively with providers was recognized as a key part of empowering patients to become more involved in their health care.

Poor Mental Health and Lack of Access to Mental Health Services. Poor mental health and lack of mental health resources were mentioned as major concerns in a number of interviews and meetings. Within Duval County, adolescents, sexual minorities, the elderly, and veterans were discussed as groups that are more likely to suffer mental health concerns. Concerns were also raised regarding specific groups that experience significant challenges when accessing mental health services, such as those with limited English proficiency, children, and those of low-income. In the Duval County area, limited mental health resources for residents of all ages was raised as a concern, and cost of treatment, lack of insurance coverage, social stigma, and transportation were mentioned as barriers to seeking mental health care in this area. In St. Johns County, it was explained that there was a shortage of mental health professionals for the entire County. Residents living in rural areas in St. Johns County faced the most difficulties when

trying to access these services, as well as children and those of low-income. In Clay County, it was explained that the limited number of mental health providers, combined with limited appointment availability and the high cost of treatment, effectively excludes low income and underinsured/uninsured individuals from seeking care.

Chronic Diseases. Chronic diseases were the most frequently raised health issues by the individuals providing input in Clay, Duval, and St. Johns counties. Overall, diabetes was the single most frequently mentioned condition, followed closely by hypertension, obesity or overweight, and cardiovascular disease. Many residents felt that insufficient health education was an important contributor to the development of these chronic health conditions and that there was an overemphasis on prescribing medications as the single method of therapy. To improve the health of the community in Clay County, participants felt it was necessary to provide a holistic approach to health care that stresses proper medication management, physical activity, and nutrition.

Health Behaviors. Across all interviews and meetings the health behaviors of greatest concern were poor diet and nutrition and limited physical activity. Drug and alcohol use were discussed as health concerns in the Duval County area, particularly among youth. The health behaviors of greatest concern in Clay County were poor diet and nutrition and limited physical activity, followed by prevalence of drug use. Although other health behaviors were mentioned, these were less frequently reported as major health concerns. Unhealthy diets were attributed to limited access to healthy foods in many neighborhoods in combination with poor walkability of neighborhoods, insufficient knowledge about nutrition, and cultural factors. Community members recognized the influence that lengthy commutes have on the health behaviors in Clay County, which impacts both sedentary time and the amount of time one has to engage in healthy behaviors, such as physical activity and preparing healthy meals. Many participants also noted that the number of fast food restaurants on the main travel routes in Clay County contribute to unhealthy dietary choices.

Minority Health Needs and Disparities. Participants discussed the health challenges experienced by minorities, including black residents, Hispanic residents, and recent immigrants. Minority health needs and concerns were strongly expressed by the individuals providing input in the Duval County interviews and meetings. In particular, participants commented on barriers to care linked to affordability, transportation, knowledge, language, fear and a lack of trust, and cultural differences. Barriers to accessing health care among Duval County's immigrant and minority population were often discussed in terms of limited proficiency in the English language, limited knowledge of the health care system, and distrust in the medical community. Racism was discussed as a contributing factor to the way African Americans are treated by medical providers in Duval County, who commonly felt that they were perceived as lacking knowledge or financial resources based on their race.

Quality of Life Concerns. Lack of access to needed services, poverty, lack of affordable housing, and unemployment in the youth were revealed as issues affecting quality of life in all three counties, but were issues that were strongly discussed as impacting the quality of life in rural areas of St. Johns County. Fewer resources, services, and lack of access to health care were

provided as explanations for the reduced quality of life among residents living in rural areas of St. Johns County.

Comparison to Regional Needs. Overall, the health needs of greatest concern to residents of Clay, Duval, and St. Johns counties mirrored those found to be present throughout the region assessed by the Partnership. For example, the region assessed by the Partnership faces many of the same barriers to improving health outcomes related to the inability to access available resources, including lack of knowledge of available services, transportation, lack of affordable care, and unaffordable health insurance. However, residents of Clay, Duval, and St. Johns counties more frequently discussed low usage of preventive care services as a major contributor to health issues when compared to overall regional needs. In addition, Duval County in particular, more frequently discussed cultural barriers to health care. In St. Johns County, lack of affordable care and prevention services, lack of reliable transportation, and reduced quality of life were major concerns. However, residents of Clay County more frequently discussed an overall lack of knowledge of health care services as a major contributor to health issues, and also discussed more frequently low health literacy. Strategies to address these concerns should be considered when addressing various barriers that impact the health of Clay, Duval, and St. Johns County residents.

Summary of Findings: Internal Hospital Staff Input

In addition to interviews, focus groups, and town hall meetings with external representatives and informants, nine focus group meetings were held with internal staff at Partnership hospitals that serve Duval County residents. Seventy one hospital staff from the hospitals' emergency, nursing, case management, and social services departments participated, along with medical staff members. Internal staff members were asked the same questions that were raised with external, community informants.

Most Significant Community Health Problems. Internal focus group participants highlighted the following as the most significant community health concerns: mental health (including the need for additional services and integration with medical treatment services), obesity and unhealthy eating, drug and alcohol abuse, smoking, diabetes, dental care, and barriers to access to primary care and specialty care physician services.

Reasons for These Concerns. Participants cited the following reasons for these various concerns: poverty and unemployment, inadequate transportation, poor health literacy, uninsurance, lack of health education (e.g., regarding sexually transmitted infections and about available resources), and homelessness in the community. Certain types of post-discharge care (rehabilitation and assisted living services) were highlighted as problematic for lower-income individuals.

Services Most Difficult to Access. Participants cited the following as the most difficult services to access: mental health services, dental care, primary care and specialty care (particularly for uninsured individuals).

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