JACKSONVILLE METROPOLITAN COMMUNITY BENEFIT PARTNERSHIP

Community Health
NEEDS ASSESSMENT

2016 REPORT

BAPTIST HEALTH | BROOKS REHABILITATION | MAYO CLINIC | ST. VINCENT'S HEALTHCARE | UF HEALTH

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

Prepared for
Wolfson Children's Hospital and
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 and formed the Jacksonville Metropolitan Community Benefit Partnership (The Partnership) to conduct the first-ever multi-hospital system and public health sector collaborative Community Health Needs Assessment. In 2014, hospital members of the Partnership initiated this second Community Health Needs Assessment, which was completed in 2015. Results were announced in April 2016.

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, Virginia. 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 Wolfson Children's Hospital 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 on 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 Wolfson Children's Hospital (Wolfson 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.

Wolfson is a 216-bed tertiary hospital for children located in Jacksonville, Florida, and is affiliated with Baptist Health System, Inc., headquartered in Jacksonville, Florida. Wolfson also manages 14 NICU beds at Baptist Medical Center South. 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.

[1] Instructions 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.

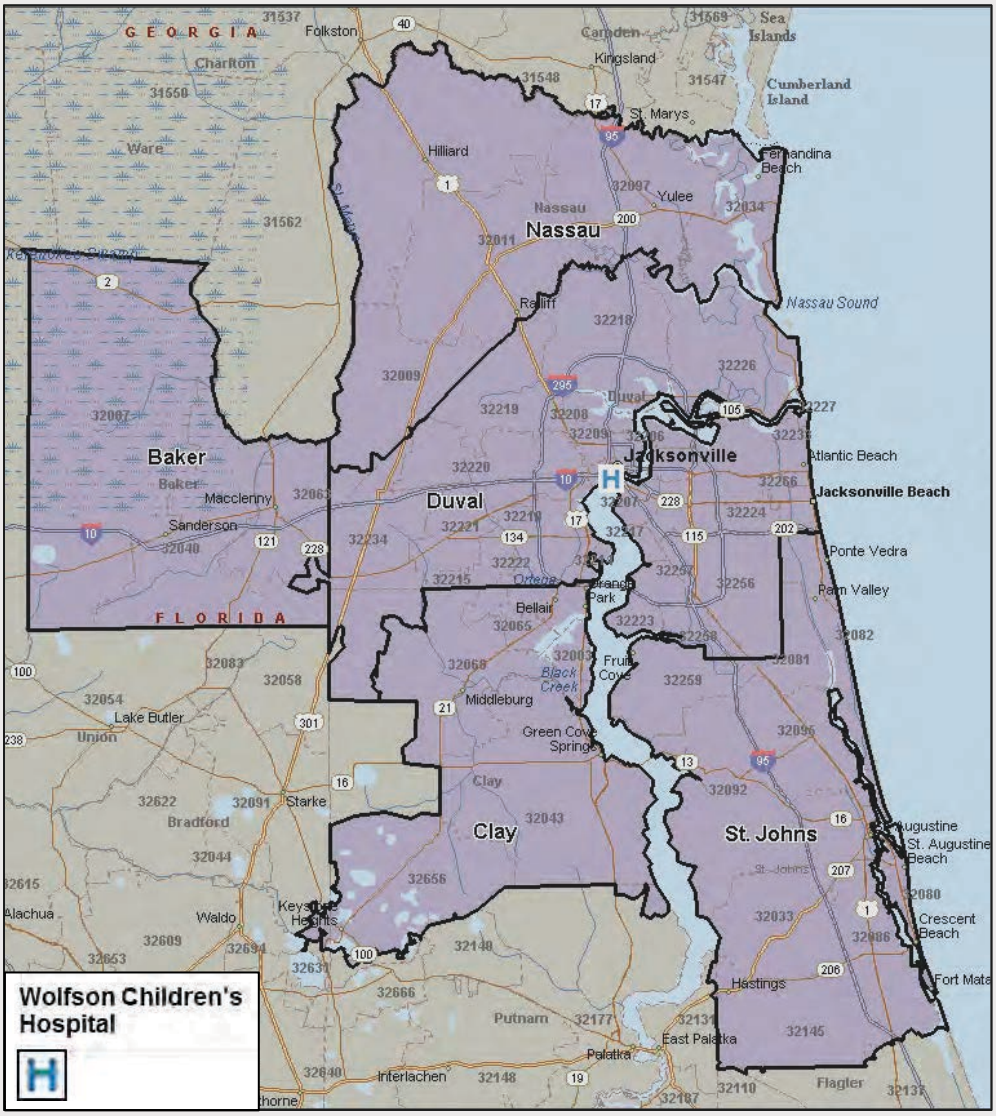
Federal regulations that govern the CHNA process allow hospital facilities to define the "community a hospital serves" based on "all of the relevant facts and circumstances," including the "geographic location" served by the hospital facility, "target populations served (e.g., children, women, or the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

Input from persons representing the broad interests of the community, including individuals with special knowledge of or expertise in public health, was received from 53 individuals through 26 key informant interviews, 29 focus groups, and 8 town hall meetings. Eight key informant interviews and one focus group were conducted specifically about pediatric services.

Verité applied a ranking methodology to help prioritize the identified community health needs. The frequencies (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 Wolfson Children's Hospital



Wolfson Children's Hospital Community Summary Characteristics

- Community encompasses Baker, Clay, Duval, Nassau, and St. Johns counties
- About 85 percent of Wolfson's inpatient discharges originated from these counties (2014)
- Population in 2015:
- 0-17 = 323,442
- Total = 1,416,703
- Projected total population increase between 2015 and 2020: 5.5%
- 2.5% for the 0-17 population
- 22.7% for Hispanic (or Latino) populations
- Eleven 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 Wolfson Children's Hospital. The issues are presented in alphabetical order.

Access

- In Baker, Clay, and Nassau counties, the per-capita supply of primary care physicians, dentists, and mental health providers is below U.S. averages. St. Johns County also has fewer dentists per-capita than the U.S. (**Exhibit 27**).
- In 2014, there were 1,208 ambulatory care-sensitive inpatient hospitalizations for asthma for residents of the five-county area aged 0-17 years. These hospitalizations are considered preventable through access to outpatient and health education resources. Sixty percent of preventable hospitalizations were for asthma.
- A common theme throughout interviews and meetings conducted for the CHNA was concern about both the cost of health services for primary care and low usage of preventive care services. Lack of access to affordable care was reported to greatly impact residents who are low-income, working poor, 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 emergency rooms. An associated concern was related to difficulty accessing pediatricians and pediatric specialist services. Participants described difficulty accessing services for mental health care and dental care. Although school health nurses were commonly identified as a community resource, connecting families to affordable care options available and assisting with providing preventive care health education for the pediatric population, it was acknowledged that current school health services funding limited its ability to adequately support the community's needs.
- External participants in the community input process often discussed an overall lack of health education as a major contributor to health issues among the area's pediatric population. Many interviews mentioned that families are not informed about nutrition, HIV/STD prevention, or pregnancy prevention. Additionally, numerous interviewees expressed concern that parents lacked knowledge about how to effectively navigate the health care system. Long wait times to speak with insurance representatives, care coordinators, and reoccurring loops in procedures to apply for assistance programs presented as barriers to seeking care and delays in receiving care. 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 healthcare.
- 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 physicians and dentists willing to accept Medicaid, primary care services on weekends and during evening hours, and school-based health providers. Internal focus group members also mentioned that wait times to see pediatric specialists are problematic.

Dental Care

- In 2014, Episcopal Children's Services published a study of early childhood needs and resources (in Baker, Bradford, Clay, Duval, and Nassau counties). That study found that dental care, transportation, and child care services were most cited as needs by community members.
- Community participants in the interview and focus group/town hall meeting process described difficulty accessing services for mental health care and dental care. Hospital staff members who provided input indicated that the services most difficult to access are: mental health services, dental care, primary care physicians and dentists willing to accept Medicaid, primary care services on weekends and during evening hours, and school-based health providers.

Health Disparities

- The pediatric population, aged 0-17 years, is expected to grow by 2.5 percent between 2015 and 2020 (**Exhibit 4**). Baker and Clay counties are expected to have a decrease in this population.
- The Hispanic (Latino) population in the community served by Wolfson is expected to increase rapidly (by about 23 percent). (**Exhibit 10**).
- The proportion of residents who are Black (African American) is highest 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 adults in the community. These issues have implications for children, and include heavy or binge drinking, smoking rates, inability to visit a doctor due to cost, asthma, stroke, and poor mental health.
- Community health data also 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, 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, firearms, and suicide. Also that Hispanic (Latino) 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.

Maternal and Child Health

- In the 2015 *Community Health Status Indicators*, Clay, Duval, and Nassau counties ranked in the bottom quartile of peer counties for preterm births. (**Exhibit 28**).
- FloridaCHARTS data highlight a number of problematic maternal and child health issues in the community (**Exhibit 29**), including the following.
    - Each of the five counties reported problematic statistics for the percent of births to mothers who reported smoking during pregnancy.

    - Other concerns include low birthweight births and infant mortality in Baker and Duval counties, teen birth rates in Baker County, domestic violence offenses in Duval County, and rates of children experiencing sexual violence in Clay and Duval counties. The data also highlight problems with students not receiving sufficient vigorous physical activity (Baker, Duval, and Nassau counties).
- Internal hospital staff members participating in focus group meetings identified a lack of prenatal care as among the most significant community health problems.

Mental Health

- In the *Youth Risk Behavior Surveillance System* (2013), high school aged youth in Duval County reported significantly higher than average rates for: "felt sad or hopeless," "seriously considered attempting suicide," "made a plan about how they would attempt suicide," and "attempted suicide." More than 11 percent of respondents reported that they attempted suicide – a rate well above Florida and U.S. averages (7.7 and 8.0 percent respectively) (**Exhibit 30**).
- Surveys conducted by Duval County Public Schools indicate that mental health problems recently have increased for middle school students, including "serious considerations of suicide."
- 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 vast majority of interviewees and focus group/town hall participants mentioned poor mental health as a major concern among youth. Many participants noted that children and youth experience trauma in their lives and witness violence in their community, and expressed concern over how experiencing high levels of trauma impacts mental health. Concerns over increasing levels of specific mental health issues, such as of ADHD and depression, were discussed by several interviewees. Youth that have experienced trauma or that have limited family support were identified as populations at particular risk for mental illness. Limited access to and long wait times to see mental health providers were discussed as a related concern. The pediatric population faces many barriers to seeking mental health services that are related to transportation issues and stigma associated with mental illness.
- Hospital staff members who provided input also identified mental health status and a lack of timely access to mental health services as significant problems.

Nutrition, Physical Activity, and Obesity

- In the *Youth Risk Behavior Surveillance System* (2013), high school aged youth in Duval County reported high rates of problematic dietary behaviors and physical inactivity. More than 17 percent reported they "were overweight" – well above the Florida average of 14.7 percent (**Exhibit 30**).

- Food deserts are present in Sanderson and Glen St. Mary in Baker County, central Jacksonville in Duval County, Green Cove Springs in Clay County, and St. Augustine in St. Johns County (**Exhibit 34**).
- Across all community interviews and meetings, the health behaviors of greatest concern were poor diet and nutrition and limited physical activity. Overall, concern about childhood obesity was the single most frequently mentioned health issue. Unhealthy diets were attributed to limited access to healthy foods in many neighborhoods in combination with cultural factors. 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. Increasing access to parental education classes was offered as a solution to this barrier to community health.
- To improve the health of residents, many community members who provided input into the CHNA suggested the need for education on healthy eating habits and the benefits of a nutritional diet.

Poverty

- Many health needs are associated with poverty. In 2013, 20 percent of children aged 0-17 years in the five-county community lived in poverty (64,114 persons out of 315,309). About 25 percent of children in Duval County live in poverty. (**Exhibits 17 and 18**).
- 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 persons were in poverty. Health Zone 1 thus is home to 12 percent of the county's total population and to 25 percent of county residents living in poverty.
- Poverty rates are comparatively high for Black (African American) residents (**Exhibit 19**).
- Crime rates (for murder, forcible sex offenses, and other crimes) in Duval County also are well above Florida averages. (**Exhibit 25**).
- In 2012, the Jacksonville Community Council issued *Children 1-2-3: A Community Inquiry on Creating Early Learning Success.* That study found that poverty is correlated with developmental vulnerability, but it is not the only factor.

Smoking

- In FloridaCHARTS, Each of the five counties reported problematic statistics for the percent of births to mothers who reported smoking during pregnancy. In Baker, Clay, and Nassau counties this percentage was more than 75 percent worse than the Florida average (**Exhibit 29**).
- In the 2015 *County Health Rankings*, Baker and Clay counties ranked in the bottom half of Florida counties for adult smoking rates. Duval and Nassau counties ranked 33rd and 30th respectively (out of 67 counties). (**Exhibit 26**). In all but St. Johns County, more than 20 percent of adults report they currently are smoking – above the national average of 18 percent (**Exhibit 27**).

- Across all community interviews and meetings, the health behaviors of greatest concern were poor diet and nutrition and limited physical activity. Drug use and smoking were also mentioned as health behaviors of concern among pediatric population in the community, as well as high rates of teen pregnancy and unsafe sex.
- Hospital staff members who provided input also identified smoking and exposure to second-hand smoke as significant problems.

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 preteens and teens that rely on caregivers for transportation to medical appointments, as well as low-income populations, and those who travel long distances for care or live in rural areas. 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.

Unintentional Injury

- In the 2015 *Community Health Status Indicators,* Clay, Duval, and Nassau counties ranked in the bottom quartile of peer counties for motor vehicle deaths. Duval and Nassau counties also benchmarked poorly for unintentional injury (**Exhibit 28**).
- In the *Youth Risk Behavior Surveillance System* (2013), 15 of 20 indicators for unintentional injuries and violence in Duval County are well above Florida averages, including high rates for behaviors associated with unsafe driving.
- Hospital staff members who provided input also identified the prevalence of car accidents and other preventable injuries, and mortality/morbidity associated with sleep and water safety as significant problems.

Unprotected Sex/Teen Pregnancy

- In the 2015 *County Health Rankings*, Baker and Duval counties ranked in the bottom half of Florida counties for teen births (55th and 34th respectively out of 67 counties). (**Exhibit 26**).
- In the 2015 *Community Health Status Indicators*, Baker, Nassau, and St. Johns counties ranked in the bottom quartile of their peer counties for teen births. (**Exhibit 28**).
- In the *Youth Risk Behavior Surveillance System* (2013), high school aged youth in Duval County reported significantly higher than average rates for: "did not use any method to prevent pregnancy," "were never taught in school about AIDS or HIV infection," and "had sexual intercourse before age 13 years." (**Exhibit 30**).
- Across all community interviews and meetings, the health behaviors of greatest concern were poor diet and nutrition and limited physical activity. Drug use and smoking were also mentioned as health behaviors of concern among pediatric population in the community, as well as high rates of teen pregnancy and unsafe sex.

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 persons representing the broad interests of the community was taken into account via 53 individuals through 26 key informant interviews, 29 focus groups, and 8 town hall meetings. Eight key informant interviews and one focus group were conducted specifically about pediatric services. Community members providing input included: individuals with special knowledge of or expertise in public health; local public health departments; agencies with 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.

Collaboration

In preparing this CHNA, Wolfson Children's Hospital 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 Wolfson Children's Hospital and how it was determined.

Wolfson Children's Hospital is full-service tertiary hospital for children that provides inpatient, outpatient, and 24-hour emergency care. For the purposes of this CHNA, the community has been identified as Baker, Clay, Duval, Nassau, and St. Johns counties in Florida. In 2014, just more than 85 percent of the hospital's inpatient discharges originated from these five counties.

In 2015, the community was estimated to have a population of approximately 1,417,000 persons and 323,000 individuals aged 0-17 years (**Exhibit 1**).

Exhibit 1: Community Population, 2015

County/City or Town	0-4	5-9	10-14	15-17	Total 0-17	Total Population	0-17 as Percent of Total Population
Baker County	**1,770**	**1,835**	**1,957**	**1,119**	**6,681**	**26,757**	**25.0%**
Glen St. Mary	505	526	599	360	1,990	7,790	25.5%
Macclenny	942	978	962	530	3,412	13,086	26.1%
Sanderson	323	331	396	229	1,279	5,881	21.7%
Clay County	**11,107**	**12,183**	**14,067**	**9,186**	**46,543**	**196,070**	**23.7%**
Fleming Island	1,310	1,487	2,214	1,553	6,564	28,854	22.7%
Green Cove Springs	1,549	1,698	1,800	1,177	6,224	26,441	23.5%
Keystone Heights	672	712	899	614	2,897	14,093	20.6%
Middleburg	3,251	3,527	3,991	2,575	13,344	53,464	25.0%
Orange Park	4,325	4,759	5,163	3,267	17,514	73,218	23.9%
Duval County	**60,116**	**58,808**	**56,047**	**33,558**	**208,529**	**899,930**	**23.2%**
Atlantic Beach	1,269	1,220	1,180	761	4,430	23,778	18.6%
Jacksonville	57,187	55,923	53,347	31,821	198,278	840,749	23.6%
Jacksonville Beach	1,376	1,376	1,219	782	4,753	28,325	16.8%
Neptune Beach	284	289	301	194	1,068	7,078	15.1%
Nassau County	**3,959**	**4,181**	**4,603**	**2,905**	**15,648**	**76,775**	**20.4%**
Bryceville	174	187	228	162	751	3,365	22.3%
Callahan	760	797	972	608	3,137	13,856	22.6%
Fernandina Beach	1,361	1,443	1,588	1,006	5,398	32,244	16.7%
Hilliard	576	605	674	430	2,285	9,779	23.4%
Yulee	1,088	1,149	1,141	699	4,077	17,531	23.3%
St. Johns County	**10,625**	**12,114**	**14,181**	**9,121**	**46,041**	**217,171**	**21.2%**
Elkton	204	226	236	164	830	4,850	17.1%
Hastings	325	368	372	301	1,366	5,729	23.8%
Ponte Vedra	491	548	591	364	1,994	6,808	29.3%
Ponte Vedra Beach	993	1,106	1,752	1,310	5,161	31,647	16.3%
St. Augustine	6,375	7,163	7,199	4,573	25,310	124,515	20.3%
St. Johns	2,237	2,703	4,031	2,409	11,380	43,622	26.1%
Total	**87,577**	**89,121**	**90,855**	**55,889**	**323,442**	**1,416,703**	**22.8%**

Source: Claritas via UF Health, 2015.

This community definition was validated based on the geographic origins of hospital inpatients in 2014 (**Exhibit 2**).

Exhibit 2: Inpatient Discharges, 2014

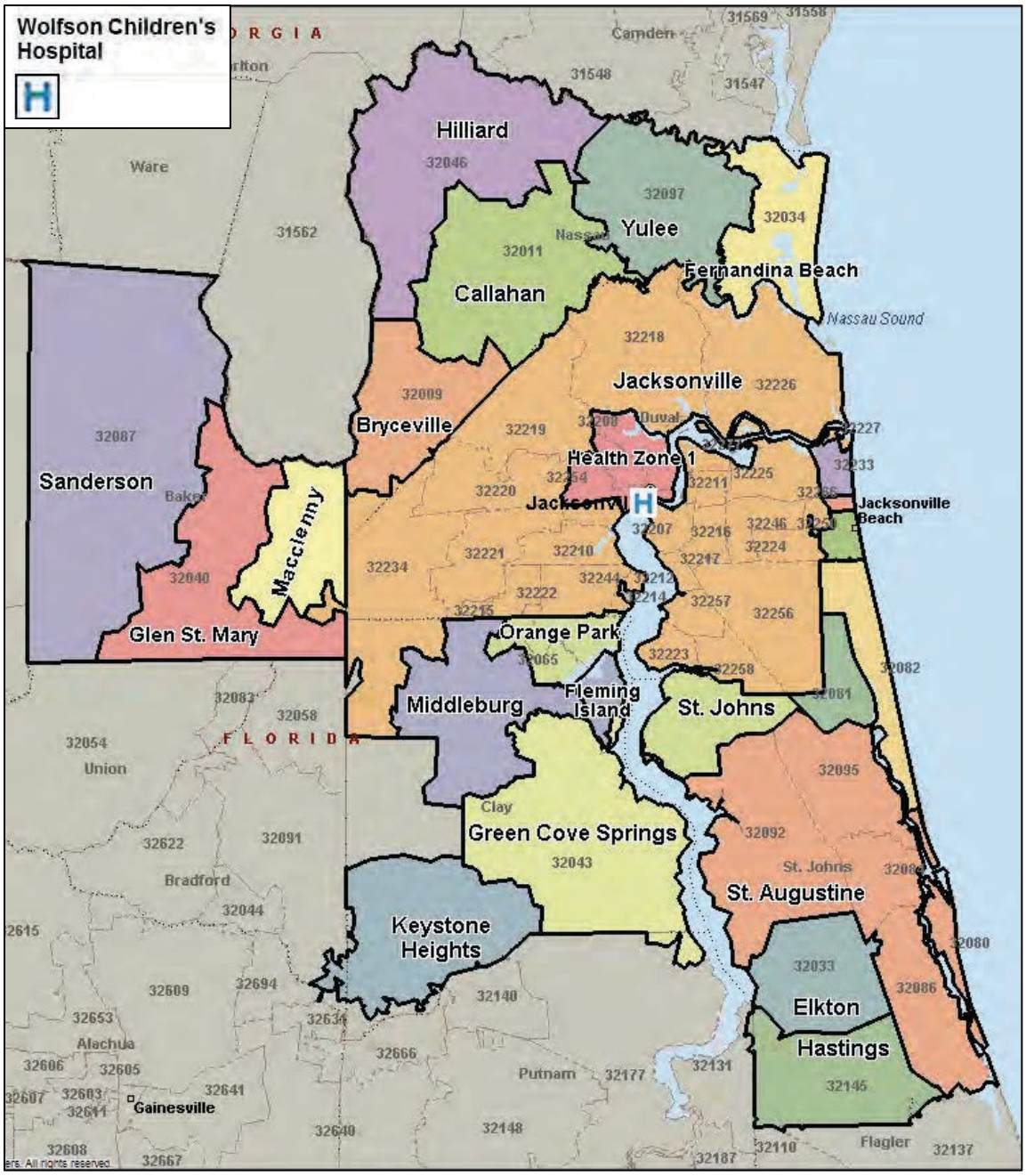
	Baker County	Clay County	Duval County	Nassau County	St. Johns County	Other Counties	Five County Subtotal	Total Discharges
Wolfson Children's Hospital								
Inpatient Discharges	238	6,344	1,088	467	896	1,452	9,033	10,485
Percent of Total Discharges	2.3%	60.5%	10.4%	4.5%	8.5%	13.8%	86.2%	100.0%

Source: Baptist Medical Center Jacksonville, 2014, excluding discharges for MDC 14 (Pregnancy, Childbirth and Puerperium)

In 2014, more than 85 percent of the inpatients discharged from Wolfson were from Baker, Clay, Duval, Nassau, or St. Johns counties.

Exhibit 3 illustrates the cities, towns, and ZIP codes within the community.

Exhibit 3: Wolfson Children's Hospital Community



Source: Microsoft MapPoint 2010.

SECONDARY DATA ASSESSMENT

This section presents an assessment of secondary data regarding health needs in the Wolfson Children's Hospital community.

Demographics

Population characteristics and changes influence community health needs. The population (of all ages) living in the Wolfson Children's Hospital community is expected to grow by 5.5 percent between 2015 and 2020 **(Exhibit 4A)**.

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

County/City or Town	Total Population 2015	Total Population 2020	Percent Change in Total Population 2015-2020
Baker County	**26,757**	**27,214**	**1.7%**
Glen St. Mary	7,790	8,021	3.0%
Macclenny	13,086	13,175	0.7%
Sanderson	5,881	6,018	2.3%
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%
Nassau County	**76,775**	**80,916**	**5.4%**
Bryceville	3,365	3,466	3.0%
Callahan	13,856	14,337	3.5%
Fernandina Beach	32,244	34,158	5.9%
Hilliard	9,779	10,069	3.0%
Yulee	17,531	18,886	7.7%
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	**1,416,703**	**1,495,008**	**5.5%**

Source: Claritas via UF Health, 2015.

Among the five counties, St. Johns is expected to grow the fastest (10.4 percent).

The pediatric population in the community is expected to grow by 2.5 percent between 2015 and 2020 (**Exhibit 4B**).

Exhibit 4B: Percent Change in Population 17 and Under, by City/Town, 2015-2020

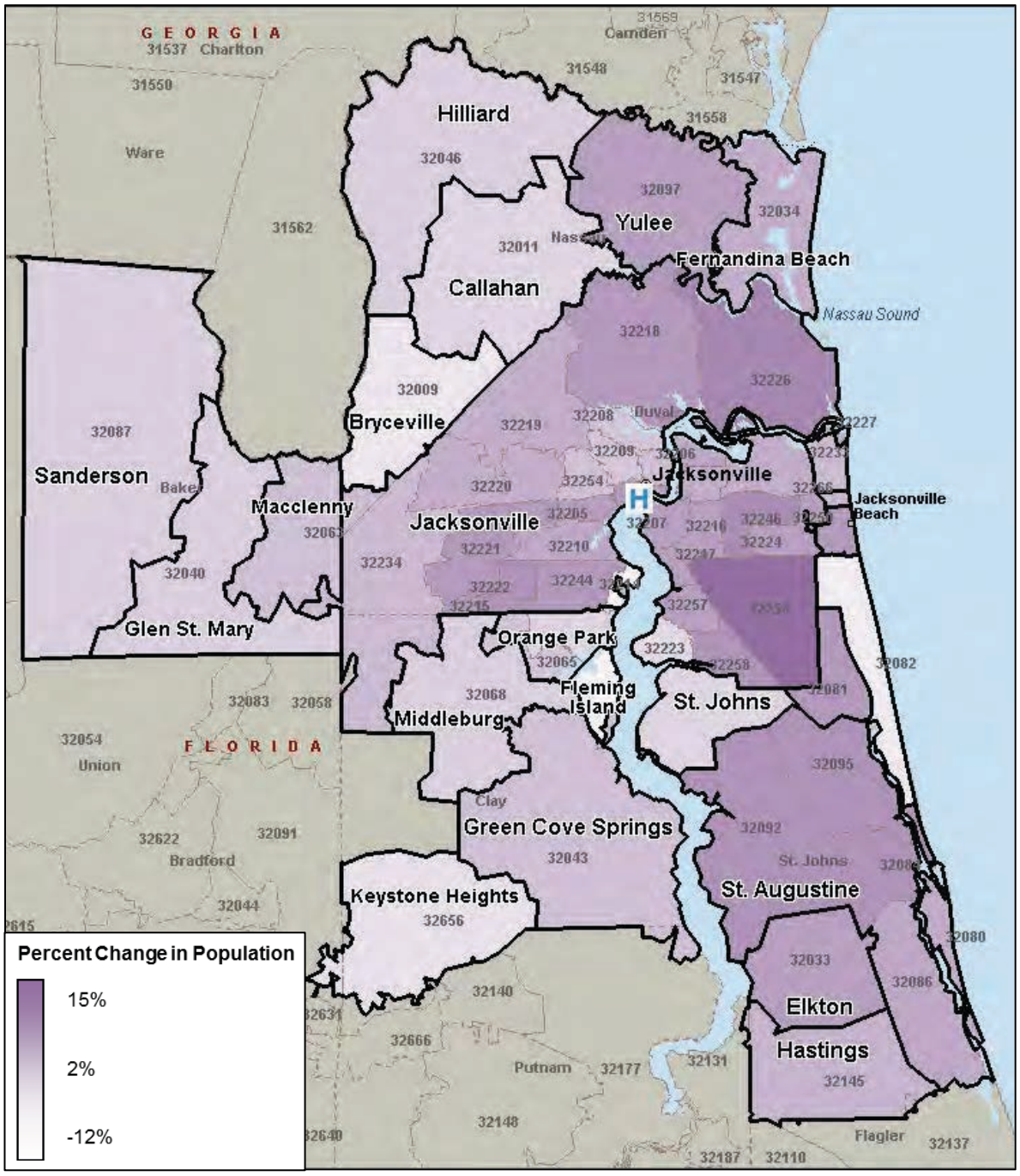
City or Town	Total Population 2015	Total Population 2020	Percent Change in Total Population 2015-2020
Baker County	**6,681**	**6,548**	**-2.0%**
Glen St. Mary	1,990	1,925	-3.3%
Macclenny	3,412	3,389	-0.7%
Sanderson	1,279	1,234	-3.5%
Clay County	**46,543**	**44,676**	**-4.0%**
Fleming Island	6,564	5,860	-10.7%
Green Cove Springs	6,224	6,165	-0.9%
Keystone Heights	2,897	2,688	-7.2%
Middleburg	13,344	12,927	-3.1%
Orange Park	17,514	17,036	-2.7%
Duval County	**208,529**	**217,877**	**4.5%**
Atlantic Beach	4,430	4,458	0.6%
Jacksonville	198,278	207,307	4.6%
Jacksonville Beach	4,753	5,044	6.1%
Neptune Beach	1,068	1,068	0.0%
Nassau County	**15,648**	**15,685**	**0.2%**
Bryceville	751	695	-7.5%
Callahan	3,137	3,001	-4.3%
Fernandina Beach	5,398	5,511	2.1%
Hilliard	2,285	2,215	-3.1%
Yulee	4,077	4,263	4.6%
St. Johns County	**46,041**	**46,780**	**1.6%**
Elkton	830	874	5.3%
Hastings	1,366	1,392	1.9%
Ponte Vedra	1,994	2,119	6.3%
Ponte Vedra Beach	5,161	4,658	-9.7%
St. Augustine	25,310	26,827	6.0%
St. Johns	11,380	10,910	-4.1%
Total	**323,442**	**331,566**	**2.5%**

Source: Claritas via UF Health, 2015.

Between 2015 and 2020, the 0-17 population in Duval County is expected to grow the fastest (4.5 percent). Baker and Clay counties are expected to experience declines in this cohort.

Rates of projected change for the 0-17 population by town and ZIP code are portrayed in **Exhibits 5 and 6**.

Exhibit 5: Population Change by ZIP Code, 0-17, 2015-2020



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

Exhibit 6 shows projected change 0-17 population by age/sex cohort.

Exhibit 6: Percent Change in 0-17 Population by Age/Sex Cohort, 2015-2020

Age/Sex Cohort	Population 2015	Population 2020	Percent Change in Total Population 2015-2020
Males 0-4	44,721	45,781	2.4%
Females 0-4	42,856	43,826	2.3%
Males 5-9	45,600	46,122	1.1%
Females 5-9	43,521	44,203	1.6%
Males 10-14	46,300	47,207	2.0%
Females 10-14	44,555	45,057	1.1%
Males 15-17	28,358	30,266	6.7%
Females 15-17	27,531	29,107	5.7%
Total	**323,442**	**331,569**	**2.5%**

Source: Claritas via UF Health, 2015.

Exhibit 7 compares the age/sex distribution of those living in the community to Florida and U.S. averages.

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

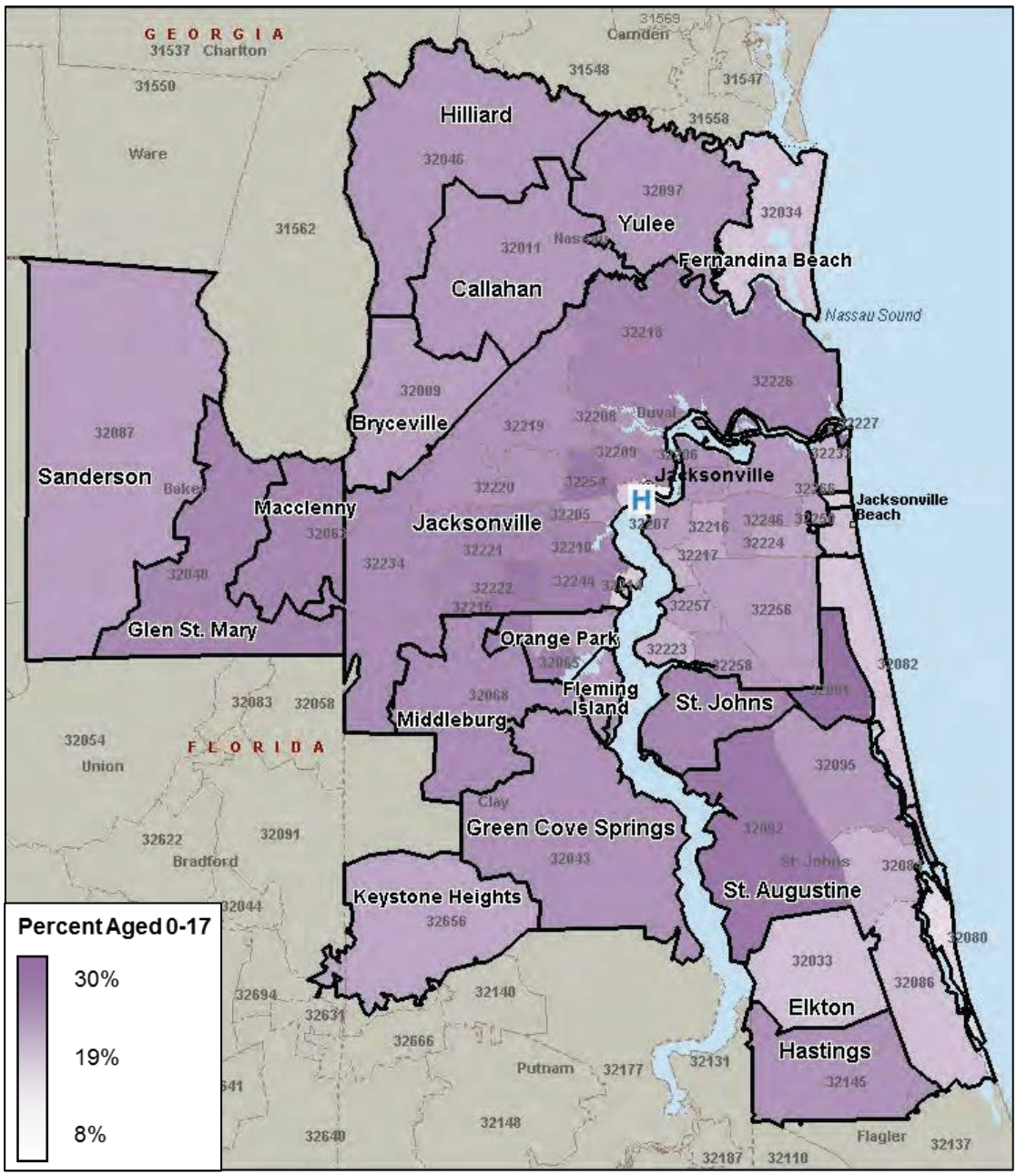
Age/Sex Cohort	Baker County	Clay County	Duval County	Nassau County	St. Johns County	Florida	United States
0-19	28.4%	28.2%	26.0%	23.7%	25.3%	23.5%	26.6%
Female 20-44	15.2%	16.1%	18.2%	14.5%	14.6%	15.8%	16.7%
Male 20-44	18.2%	15.4%	17.9%	14.2%	13.7%	15.9%	16.9%
45-64	26.7%	27.9%	26.4%	30.4%	29.9%	27.0%	26.4%
65+	11.4%	12.4%	11.5%	17.3%	16.3%	17.8%	13.4%
Total	**27,069**	**192,665**	**872,598**	**74,163**	**197,115**	**19,091,156**	**311,536,594**

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

The 0-19 population across the five counties ranges from 23.7 percent of total (Nassau County) to 28.4 percent (Baker County). The percentages in each county are above Florida averages.

Exhibit 8 illustrates the percent of the population aged 0-17 in the community.

Exhibit 8: Percent of Population Aged 0-17 by Zip Code, 2015



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

Exhibit 9 portrays population change in the community by race.

Exhibit 9: Population Change by Race, 2015-2020

Race	Total Population 2015	Total Population 2020	Percent Change in Population 2015-2020
White	979,240	1,019,516	4.1%
Black	305,189	320,062	4.9%
Amer. Indian/ AK Native	5,468	5,757	5.3%
Asian	53,031	61,020	15.1%
Native HI/ Pacific Islander	1,375	1,562	13.6%
Some Other Race	29,709	35,799	20.5%
Two or More Races	42,691	51,292	20.1%
Total	**1,416,703**	**1,495,008**	**5.5%**

Source: Claritas via UF Health, 2015.

Non-White populations are expected to grow the fastest

Approximately 70 percent of the 2015 population is identified as White. Non-White populations are projected to increase by approximately 8.7 percent between 2015 and 2020. Increasing community diversity will affect community health needs.

Exhibit 10 portrays population change in the community by ethnicity.

Exhibit 10: Population Change by Ethnicity, 2015-2020

Ethnicity	Total Population 2015	Total Population 2020	Percent Change in Population 2015-2020
Hispanic (or Latino)	115,653	141,909	22.7%
Not Hispanic or Latino	1,301,050	1,353,099	4.0%
Total	**1,416,703**	**1,495,008**	**5.5%**

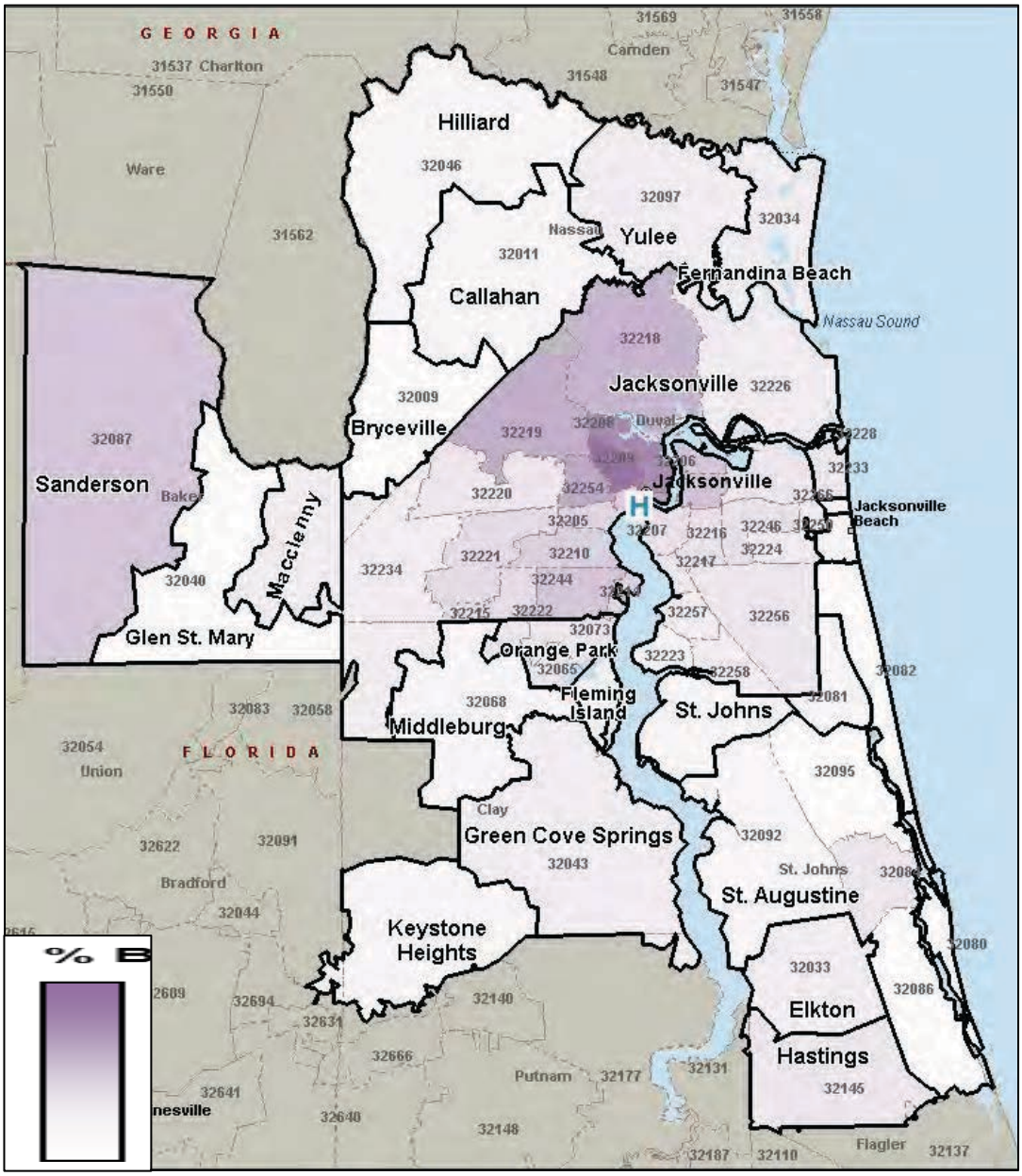
Source: Claritas via UF Health, 2015.

The Hispanic (or Latino) community is expected to grow 23%

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 of the population in 2015 to nearly ten percent by 2020.

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

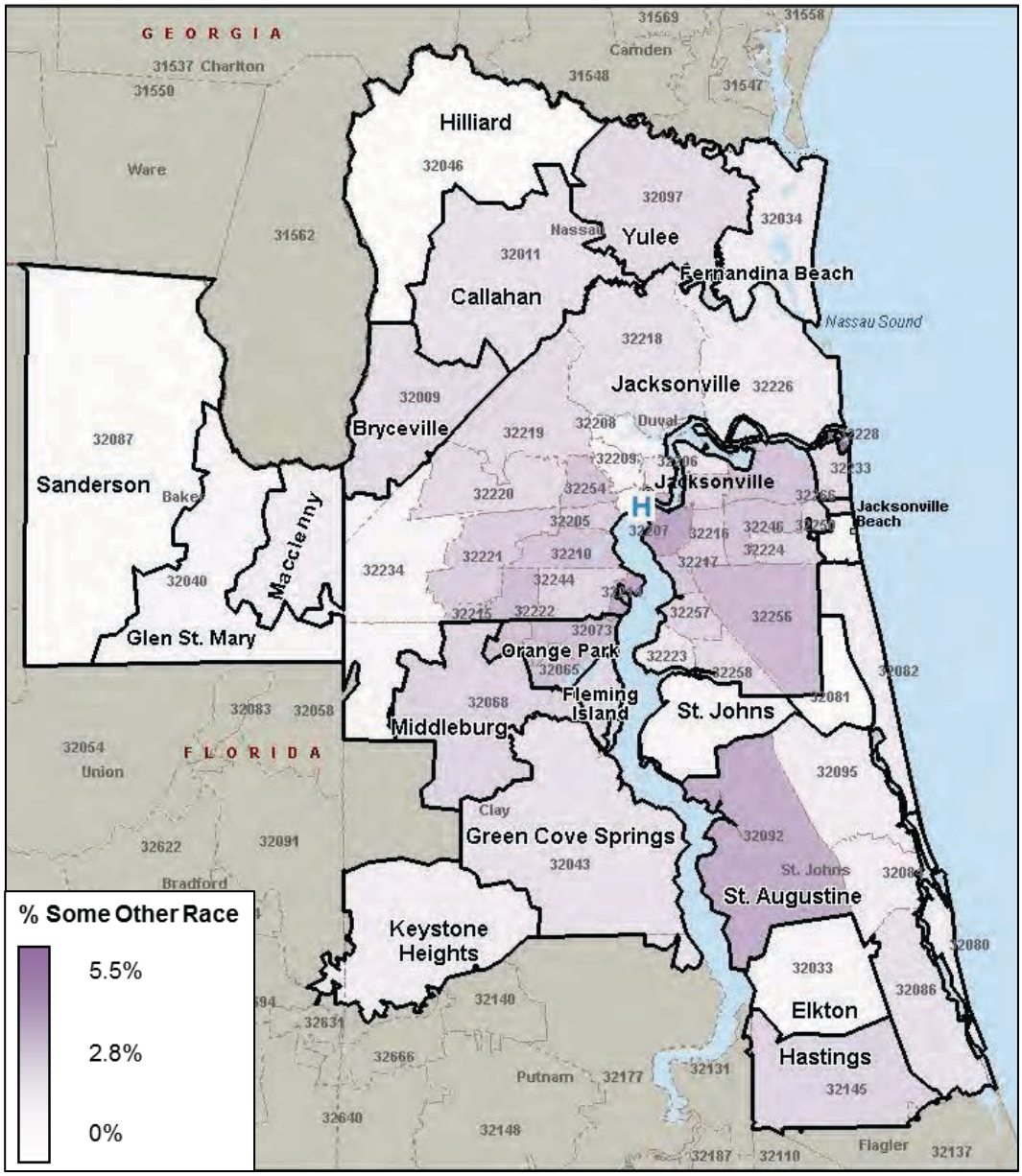
Exhibit 11: Percent of Population – Black, 2013



Source: Microsoft MapPoint and U.S. Census, ACS 5-Year Estimates, 2009-2013.

ZIP codes 32209, 32208, 32206, 32202, 32254, and 32219 in Jacksonville had the highest percentages of Black residents (more than 50 percent)

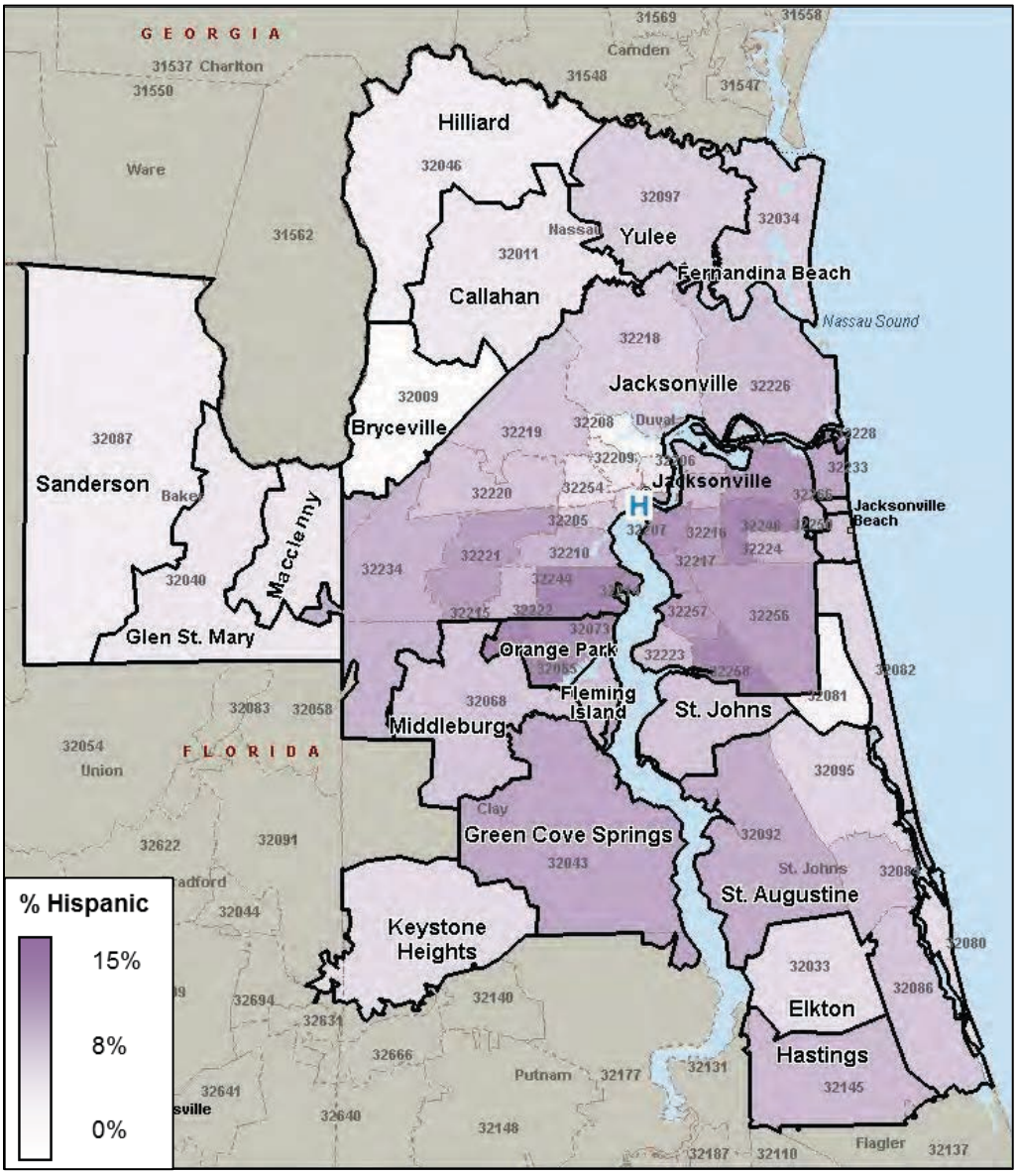
Exhibit 12: Percent of Population – Other Race (non-Black, non-White), 2013



Source: Microsoft MapPoint and U.S. Census, ACS 5-Year Estimates, 2009-2013.

ZIP codes 32227 and 32207 in Jacksonville had the highest percentage of Other Race (non-Black, non-White) residents

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



Source: Microsoft MapPoint and U.S. Census, ACS 5-Year Estimates, 2009-2013.

ZIP codes 32227, 32228, and 32246 in Duval County and ZIP code 32065 in Clay County had the highest percentages of Hispanic (or Latino) residents

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

Exhibit 14: Other Socioeconomic Indicators, 2009-2013

Indicator	Baker County	Clay County	Duval County	Nassau County	St. Johns County	Florida	United States
Population 25+ without High School Diploma	19.9%	9.8%	12.1%	10.6%	6.8%	13.9%	14.0%
Population with a Disability	13.7%	13.1%	12.3%	14.6%	10.5%	12.9%	12.1%
Population Linguistically Isolated	0.3%	3.4%	5.0%	0.5%	2.5%	11.7%	8.6%

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

These data indicate that:

- Baker County compared unfavorably to both Florida and the United States for the percentage of adults 25 and over without a High School Diploma.
- Each of the five counties had lower percentages of the population considered "linguistically isolated" than 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."
- In 2013, Baker County had approximately 100 total Limited English Proficient (LEP) individuals.
- Clay County had approximately 6,200 LEP individuals, of whom 3,800 were Spanish.
- Duval had 39,400 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.
- Nassau had approximately 400 LEP individuals.
- St. Johns had approximately 4,800 LEP individuals, of whom 2,500 were Spanish. [3]

[3] Migration Policy Institute tabulations from the U.S. Census Bureau's pooled 2009-2011 American Community Survey

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

Exhibit 15: Percent of 0-17 Population with a Disability by Age Group, 2009-2013

	Baker County	Clay County	Duval County	Nassau County	St. Johns County	Florida
Total civilian non-institutionalized population	**13.7%**	**13.1%**	**12.3%**	**14.6%**	**10.5%**	**12.9%**
Population under 5 years	**0.0%**	**1.7%**	**0.6%**	**0.7%**	**1.3%**	**0.7%**
With a hearing difficulty	0.0%	0.0%	0.3%	0.5%	1.2%	**0.4%**
With a vision difficulty	0.0%	1.7%	0.4%	0.2%	0.1%	**0.5%**
Population 5 to 17 years	**5.4%**	**7.4%**	**5.8%**	**4.6%**	**3.6%**	**5.1%**
With a hearing difficulty	0.6%	0.4%	0.6%	0.1%	0.4%	**0.6%**
With a vision difficulty	0.0%	0.8%	0.8%	1.0%	0.2%	**0.8%**
With a cognitive difficulty	3.5%	6.4%	4.7%	3.2%	2.7%	**4.0%**
With an ambulatory difficulty	1.3%	0.8%	0.6%	0.6%	0.5%	**0.6%**
With a self-care difficulty	0.2%	0.6%	1.0%	0.5%	0.8%	**0.9%**

Source: U.S. 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 difficulties have been more prevalent for those under five years of age and older in Clay, Nassau, and St. Johns counties than elsewhere in Florida. Children aged five to 17 in Baker, Clay, Duval, and Nassau counties have been more likely to have disabilities than in Florida overall.

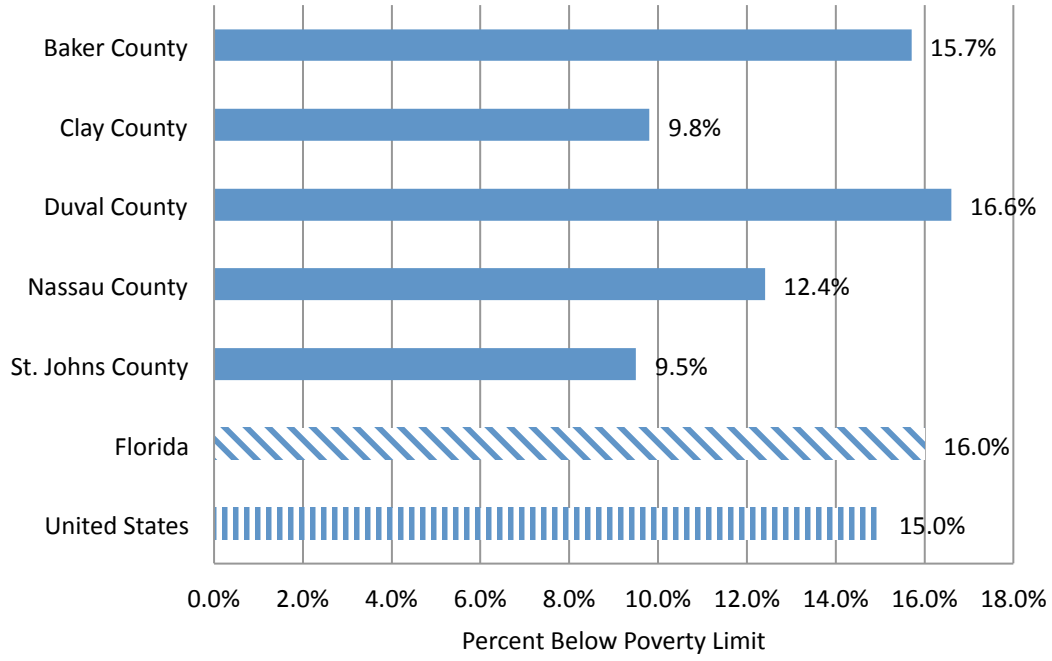
Economic indicators

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. Across the community, poverty rates have been highest in Duval and Baker counties (**Exhibit 16**).

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



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

Nearly one in four pediatric residents in Baker and Duval counties lives in poverty (**Exhibit 17**).

Exhibit 17 Population 0-17 Below Poverty Level, 2013

County	Total Population 0-17	Percent Below Poverty Level
Baker County	6,621	22.7%
Clay County	48,626	10.9%
Duval County	200,475	24.8%
Nassau County	15,291	18.8%
St. Johns County	44,296	10.7%

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

Exhibit 18 illustrates total poverty rates by town/city in the community.

Exhibit 18 Poverty Rates by City/Town, 2009-2013

City/Town	Total Population	Percent of Population Below Poverty Level
Baker County	**26,921**	**15.7%**
Glen St. Mary	6,981	11.3%
Macclenny	14,379	15.8%
Sanderson	5,561	21.5%
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	75405	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%
Nassau County	**74,050**	**12.4%**
Bryceville	3,138	9.0%
Callahan	14,541	10.9%
Fernandina Beach	31,477	14.7%
Hilliard	9,129	16.0%
Yulee	15,765	7.9%
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: U.S. Census, ACS 5-Year Estimates, 2009-2013.

Duval County has the highest poverty rate at 16.6%

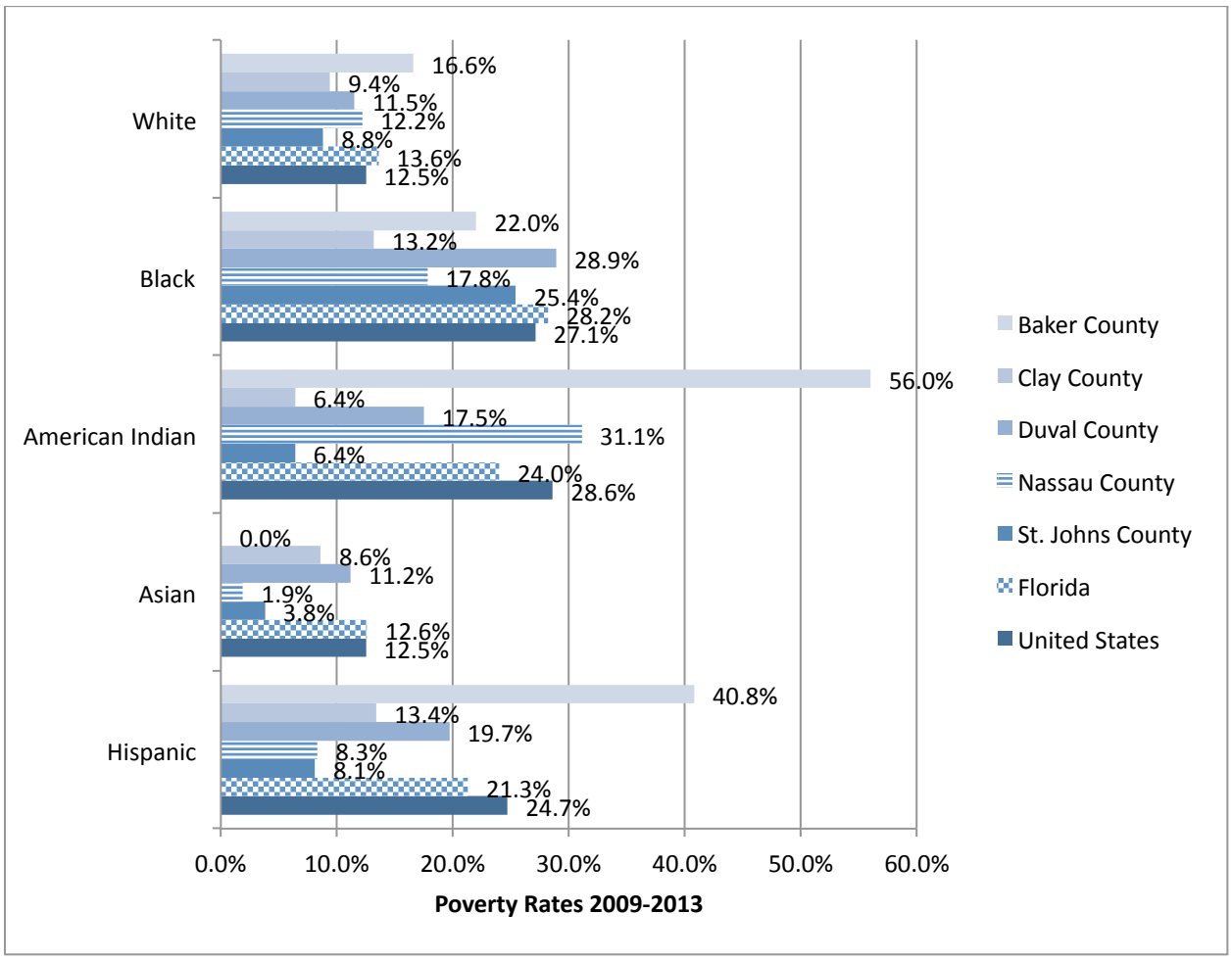
The Duval County Department of Health has divided the county into "Health Zones." Health Zone 1 is comprised of six ZIP codes in/around downtown Jacksonville (32202, 32204, 32206, 32208, 32209, and 32254). According to the U.S. Census:

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

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

Exhibit 19 presents poverty rates by race and ethnicity.

Exhibit 19: Poverty Rates by Race and Ethnicity, 2009-2013



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

Within Wolfson Children's community, poverty rates for several racial and ethnic cohorts have exceeded Florida and national averages.

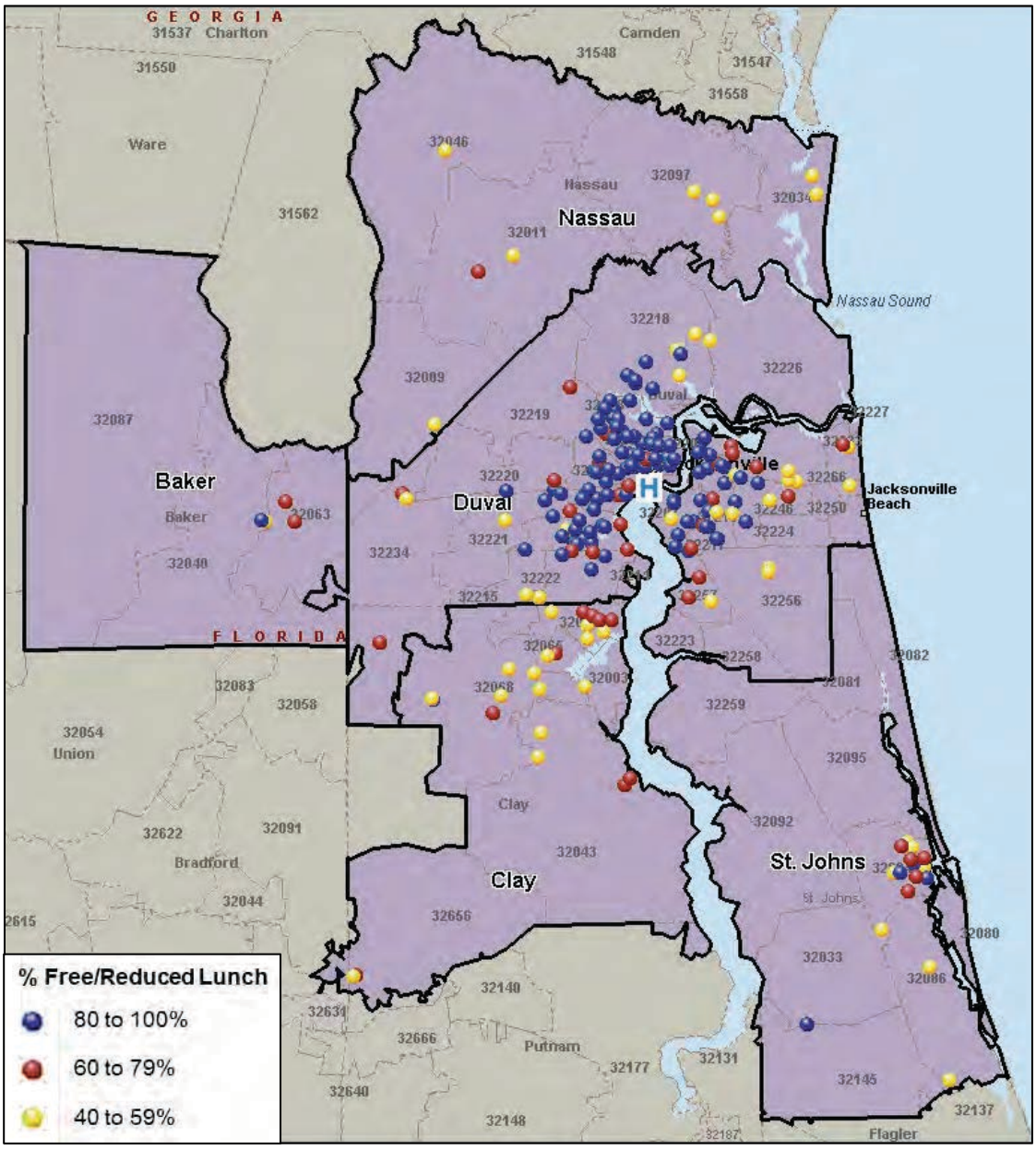
Eligibility for the National School Lunch Program

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.

In the Wolfson Children's Hospital community, approximately 220 schools were eligible for Title 1 funds.

Exhibit 20 illustrates the locations of schools with at least 40 percent of students eligible for reduced-price or free lunch. The exhibit helps identify where low-income households are most prevalent.

Exhibit 20: Public Schools with More Than 40 Percent of Students Eligible for Free or Reduced-Price Lunch, School Year 2014-2015



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

Household Income

Household income is assessed by many public and private agencies to establish eligibility for low-income assistance programs. In the community, 22.5 percent of households had incomes below $25,000 in 2013. **Exhibit 21** depicts the percent of these households in the community by city or town.

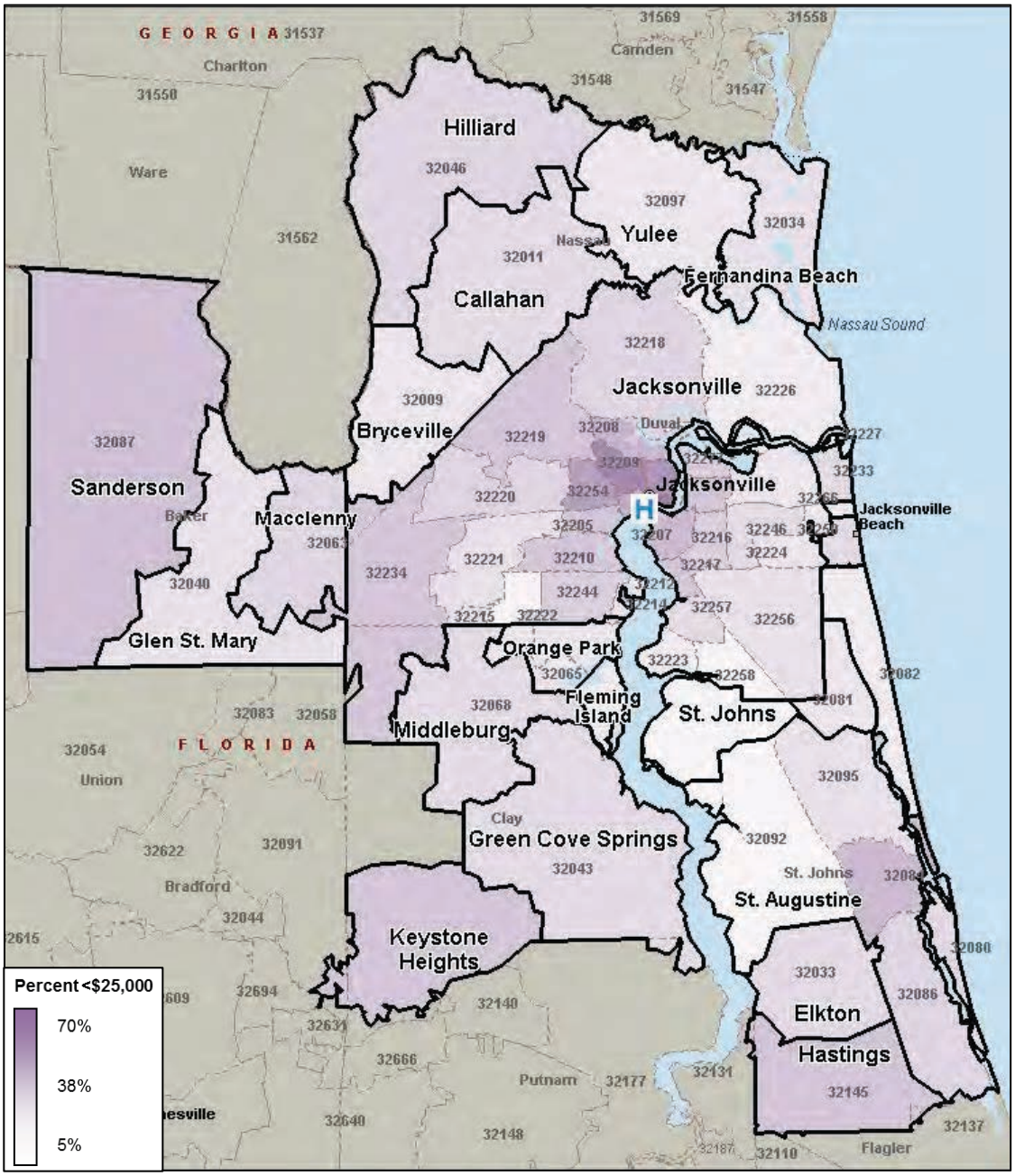
Exhibit 21: Percent Lower-Income Households by City and Town, 2009-2013

City/Town	Households 2009-2013	Average Median Household Income	Percent Less than $25,000
Baker County	**8,157**	**$49,841**	**22.7%**
Glen St. Mary	2,405	$60,881	16.8%
Macclenny	4,430	$47,823	23.3%
Sanderson	1,322	$35,509	33.0%
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%
Nassau County	**28,000**	**$57,241**	**18.2%**
Bryceville	992	$56,750	14.9%
Callahan	5,097	$52,509	19.5%
Fernandina Beach	13,028	$62,932	18.2%
Hilliard	3,169	$45,918	21.9%
Yulee	5,714	$54,851	15.7%
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: U.S. Census, ACS 5-Year Estimates, 2009-2013.

Significant variation is present in median household incomes across the community. This variation also is demonstrated in **Exhibit 22**.

Exhibit 22: Percent of Households Making Less than $25K by ZIP Code, 2009-2013



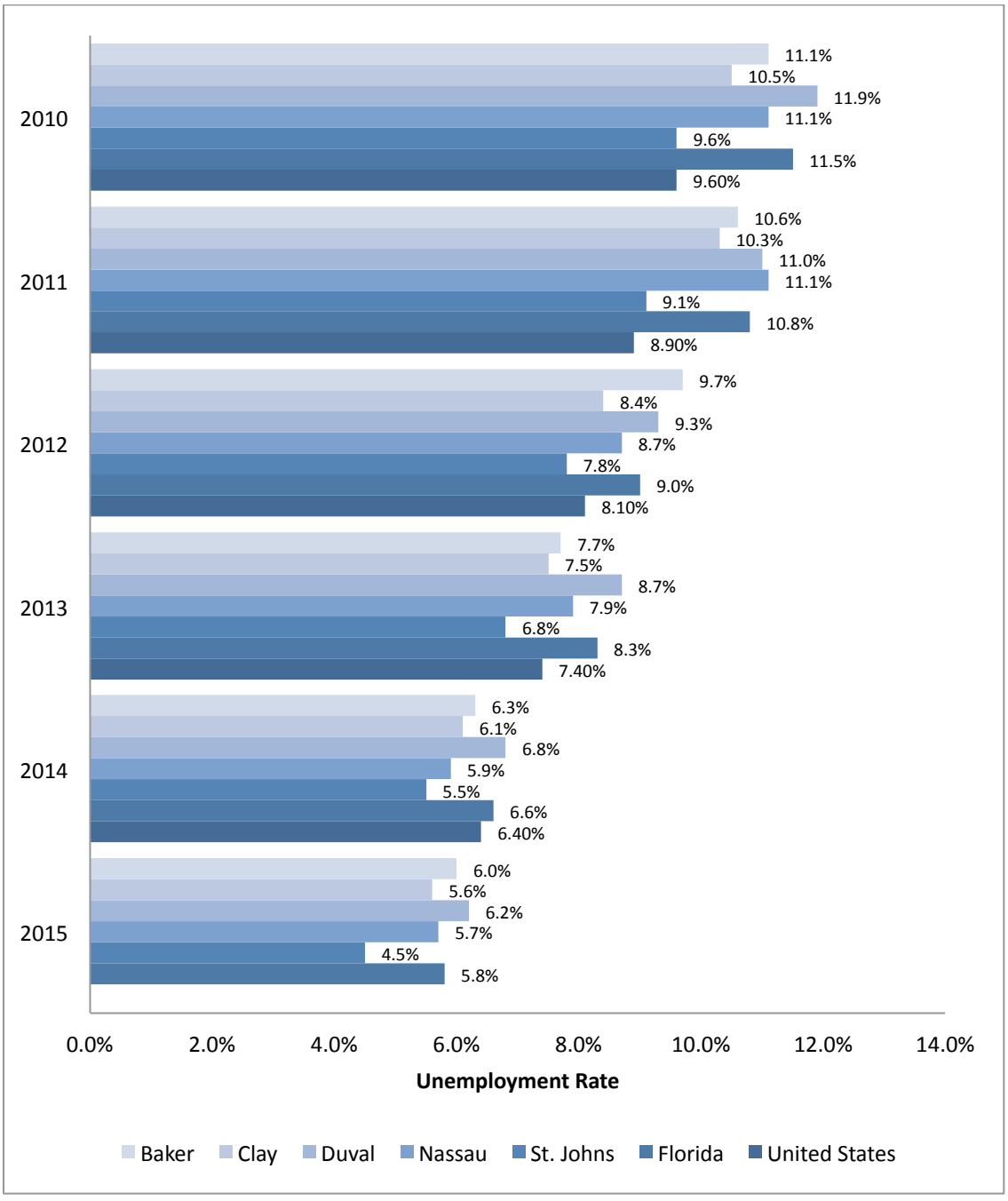
Source: US Census, ACS 5-year Estimates, 2009-2013.

The highest proportions of households with incomes under $25,000 are in central Jacksonville (ZIP codes 32206, 32209, and 32254).

Unemployment Rate

Exhibit 23 shows the unemployment rate for each county, with Florida and national rates for comparison.

Exhibit 23: Percent of Population 16 and Older Unemployed, 2009-2013



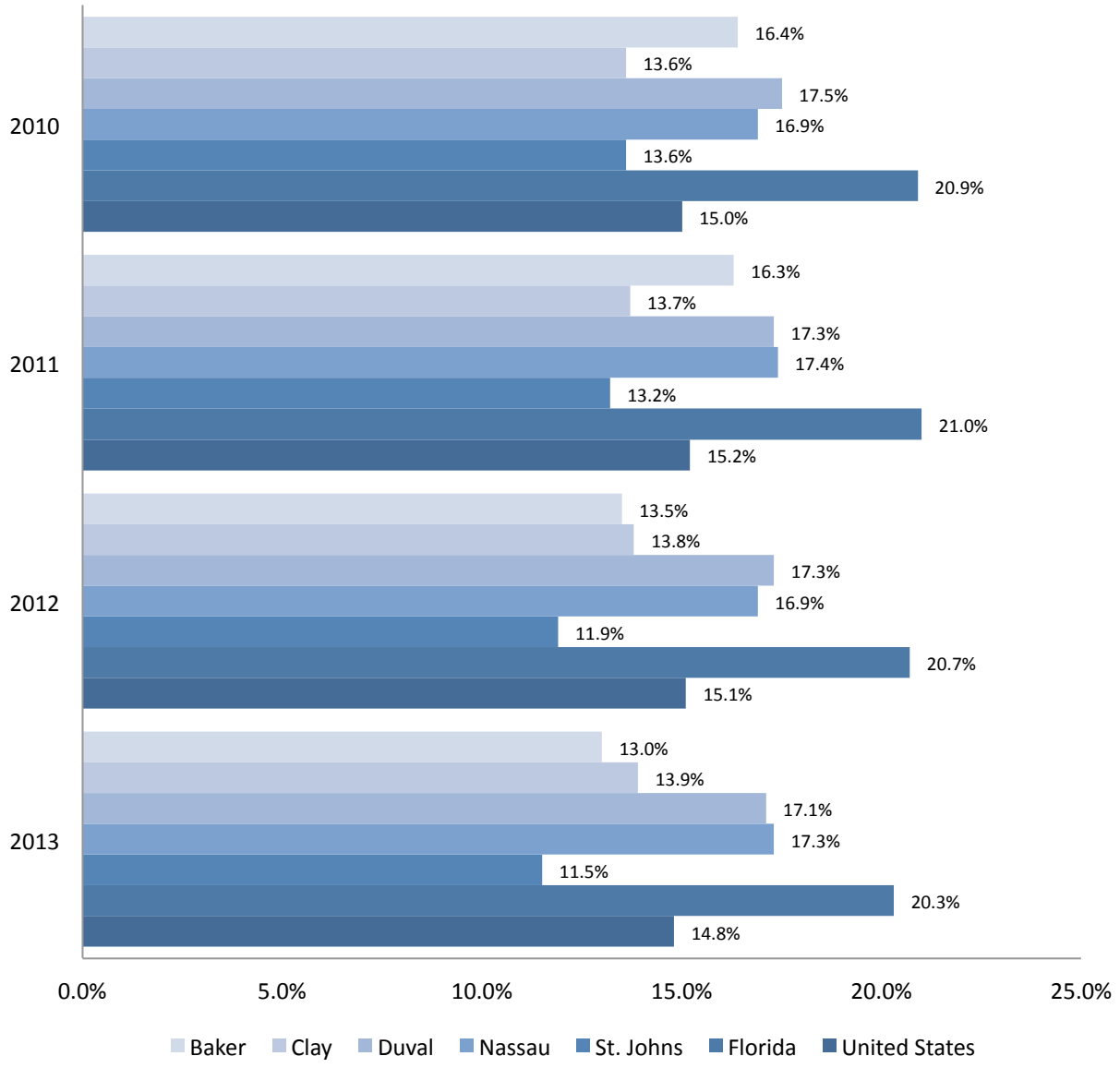
Source: Bureau of Labor Statistics 2010-2015.

*Data not available for the U.S. for 2015.

Insurance Status

Exhibit 24A presents the estimated percent of the population without health insurance for the five counties, Florida, and the U.S.

Exhibit 24A: Percent of the Population without Health Insurance, 2010-2013

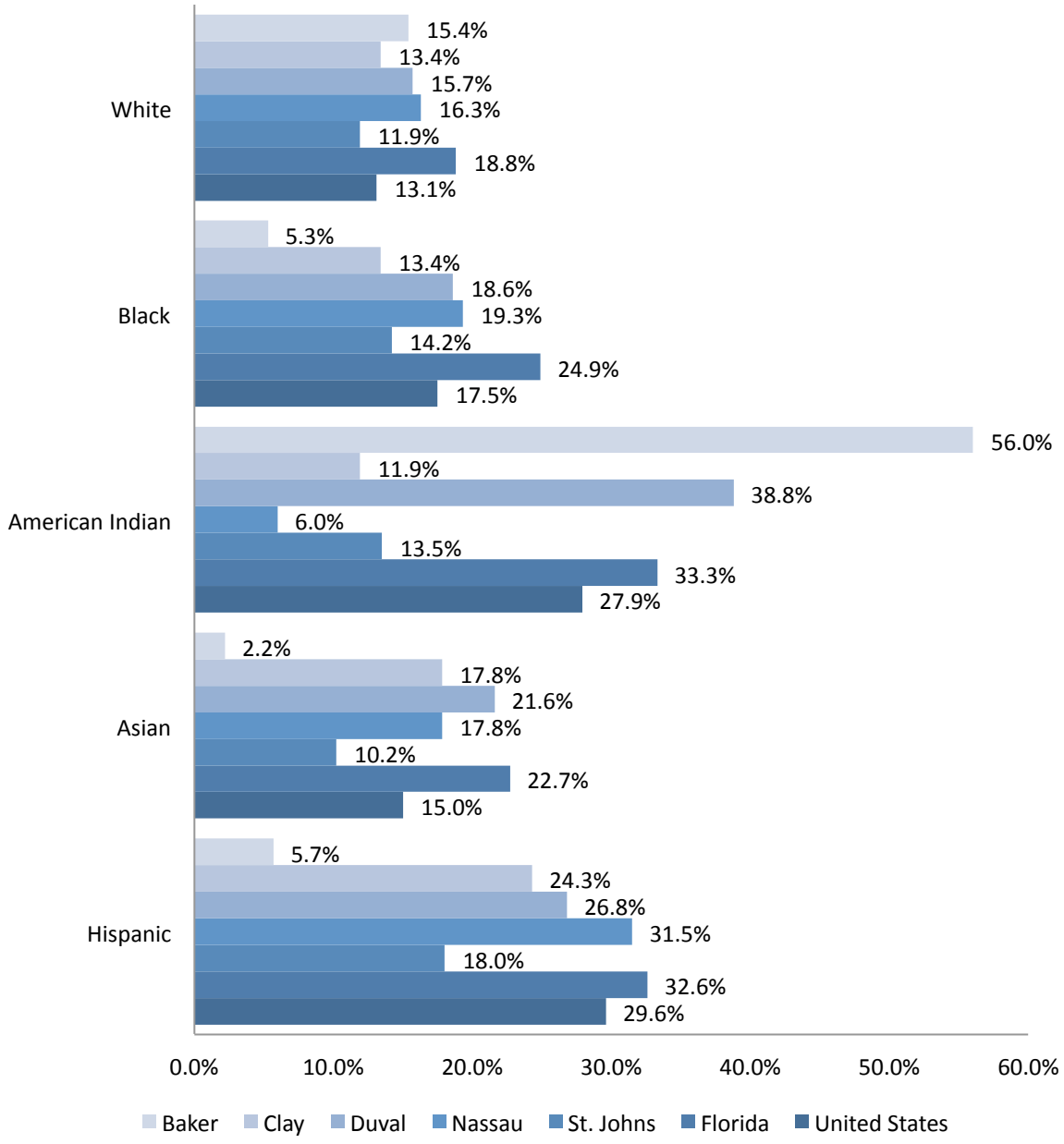


Source: U.S. Census ACS 3-Year Estimates, 2010-2013.

Between 2010 and 2013, all five counties had lower "uninsurance rates" than Florida. Uninsurance rates declined slightly during this period.

Exhibit 24B presents the estimated percent of the population without health insurance from 2010 through 2013 for the five counties, Florida, and the U.S. by race/ethnicity.

Exhibit 24B: Percent of the Population without Health Insurance by Race, 2013



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

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 whether 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 subsided 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 uncertain[5]. Losing LIP funding would be particularly problematic if Florida remains one of the states that has not expanded Medicaid eligibility.

[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

	Baker County		Clay County		Duval County		Nassau County		St. Johns County		Florida
	Count	Rate	Count	Rate	Count	Rate	Count	Rate	Count	Rate	Rate
Murder	0	0	15	2.6	263	10.1	2	0.9	16	2.7	**5.2**
Aggravated Assault	153	188.1	1,591	274.4	9,399	360.4	256	114.8	1,445	243.6	**311.3**
Forcible Sex Offenses	32	39.3	339	58.5	2,375	91.1	34	15.2	78	13.2	**52.2**
Robbery	19	23.4	287	49.5	4,583	175.7	46	20.6	191	32.2	**126.8**
Motor Vehicle Theft	42	51.6	435	75.0	5,360	205.5	197	88.3	540	91.0	**195.1**
Larceny	746	917.3	10,052	1,733.8	81,374	3,120.4	2,775	1,244.1	10,232	1,725.1	**2,332.1**
Burglary	192	236.1	2,585	445.9	24,477	938.6	1,140	511.1	2,747	463.1	**806.7**

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	

In 2013, crime rates in Duval County were well above 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) Community Health Status Indicators, (3) Florida Department of Health, and (4) Youth Risk Behavior 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 26 depicts rankings for 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.

[6] A 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 8 months of life.

[7] A 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 26: County Rank among 67 Florida Counties, 2012 and 2015

Health Indicator	Baker		Clay		Duval		Nassau		St. Johns	
	2012	2015	2012	2015	2012	2015	2012	2015	2012	2015
Health Outcomes	**63**	**62**	**6**	**11**	**44**	**43**	**27**	**24**	**1**	**1**
Length of Life	**61**	**58**	**8**	**18**	**48**	**45**	**35**	**30**	**2**	**2**
Quality of Life	**60**	**65**	**4**	**9**	**43**	**46**	**14**	**13**	**3**	**1**
Health Factors	**53**	**41**	**18**	**14**	**32**	**28**	**17**	**5**	**1**	**1**
Health Behaviors	**65**	**52**	**38**	**28**	**31**	**43**	**24**	**15**	**2**	**2**
Adult smoking	63	32	51	35	26	33	24	30	2	4
Adult obesity	57	62	38	28	24	33	31	20	7	8
Excessive drinking	20	15	52	42	55	40	43	26	66	63
STIs	53	48	21	38	63	62	13	16	6	6
Teen births	60	55	14	12	31	34	27	26	3	2
Clinical Care	**48**	**41**	**23**	**25**	**12**	**14**	**26**	**9**	**4**	**2**
Primary care physicians	51	48	21	24	3	4	25	41	7	3
Dentists	25	29	23	21	15	2	33	49	10	18
Mental health providers	50	28	14	35	15	12	30	31	9	19
Preventable hospital stays	53	45	36	34	42	33	33	10	27	18
Diabetic screening	57	65	60	58	49	41	39	24	44	15
Social & Economic Factors	**30**	**24**	**7**	**6**	**46**	**35**	**13**	**3**	**1**	**1**
Some college	63	59	11	6	12	11	32	25	3	2
Unemployment	29	24	23	18	38	40	31	16	16	5
Inadequate social support*	28	N/A	6	N/A	32	N/A	5	N/A	1	N/A
Social associations*	N/A	29	N/A	46	N/A	31	N/A	11	N/A	53
Injury deaths	N/A	30	N/A	10	N/A	23	N/A	43	N/A	6
Physical Environment	**50**	**55**	**36**	**44**	**46**	**43**	**14**	**42**	**7**	**41**
Air pollution*	N/A	51	N/A	40	N/A	52	N/A	57	N/A	37
Severe housing problems	N/A	4	N/A	13	N/A	39	N/A	7	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 not directly comparable.

Source: County Health Rankings.

Key	
50th to 100th percentile of FL Counties	
25th to 49th percentile of FL Counties	
Bottom 25th percentile of FL Counties	

Exhibit 27 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 17.0 percent which was more than 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 ten 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 27: County Data Compared to U.S. Average, 2015 (Baker County)

	Data	Baker County	U.S.
Health Outcomes			
Length of Life	Years of potential life lost before age 75 per 100,000 population	9,702	6,811
Quality of Life	Percent of adults reporting fair or poor health	28.9%	12.4%
	Average number of physically unhealthy days reported in past 30 days	7.5	3.7
	Average number of mentally unhealthy days reported in past 30 days	4.7	3.5
	Percent of live births with low birthweight (< 2500 grams)	9.0%	8.1%
Health Factors			
Health Behaviors			
Adult smoking	Percent of adults that report smoking >= 100 cigarettes and currently smoking	20.2%	18.1%
Adult obesity	Percent of adults that report a BMI >= 30	37.1%	28.0%
Excessive drinking	Binge plus heavy drinking	11.9%	15.0%
STDs	Chlamydia rate per 100,000 population	461.5	458.0
Teen births	Teen birth rate per 1,000 female population, ages 15-19	65.4	31.0
Clinical Care			
Primary care physicians	Ratio of population to primary care physicians	3,010:1	1,355:1
Dentists	Ratio of population to dentists	2,456:1	1,663:1
Mental health providers	Ratio of population to mental health providers	1,000:1	753:1
Preventable hospital stays	Hospitalization rate for ambulatory-care sensitive conditions per 1,000 Medicare enrollees	80.2	65.0
Diabetic screening	Percent of diabetic Medicare enrollees that receive HbA1c monitoring	76.8%	84.0%
Social & Economic Factors			
Some college	Percent of adults aged 25-44 years with some post-secondary education	36.3%	63.0%
Unemployment	Percent of population age 16+ unemployed but seeking work	6.7%	8.1%
Injury deaths	Injury mortality per 100,000	76.9	59.0
Inadequate Social Support*	Percent of adults without social/emotional support	20.9%	20.0%
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	16.5%	19.0%

Source: County Health Rankings.

Exhibit 27: County Data Compared to U.S. Average, 2015 (Clay County)

	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 >= 100 cigarettes and currently smoking	20.9%	18.1%
Adult obesity	Percent of adults that report a BMI >= 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%	20.0%
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

Exhibit 27: County Data Compared to U.S. Average, 2015 (Duval County)

	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 >= 100 cigarettes and currently smoking	20.0%	18.1%
Adult obesity	Percent of adults that report a BMI >= 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%	20.0%
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.

Exhibit 27: County Data Compared to U.S. Average, 2015 (Nassau County)

	Data	Nassau County	U.S.
Health Outcomes			
Length of Life	Years of potential life lost before age 75 per 100,000 population	7,596	6,811
Quality of Life	Percent of adults reporting fair or poor health	14.6%	12.4%
	Average number of physically unhealthy days reported in past 30 days	4.0	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)	7.8%	8.1%
Health Factors			
Health Behaviors			
Adult smoking	Percent of adults that report smoking >= 100 cigarettes and currently smoking	20.0%	18.1%
Adult obesity	Percent of adults that report a BMI >= 30	26.8%	28.0%
Excessive drinking	Binge plus heavy drinking	13.8%	15.0%
STDs	Chlamydia rate per 100,000 population	262.6	458.0
Teen births	Teen birth rate per 1,000 female population, ages 15-19	41.0	31.0
Clinical Care			
Primary care physicians	Ratio of population to primary care physicians	2,332:1	1,355:1
Dentists	Ratio of population to dentists	3,605:1	1,663:1
Mental health providers	Ratio of population to mental health providers	1,113:1	753:1
Preventable hospital stays	Hospitalization rate for ambulatory-care sensitive conditions per 1,000 Medicare enrollees	47.7	65.0
Diabetic screening	Percent of diabetic Medicare enrollees that receive HbA1c monitoring	86.0%	84.0%
Social & Economic Factors			
Some college	Percent of adults aged 25-44 years with some post-secondary education	56.0%	63.0%
Unemployment	Percent of population age 16+ unemployed but seeking work	6.2%	8.1%
Injury deaths	Injury mortality per 100,000	84.6	59.0
Inadequate Social Support*	Percent of adults without social/emotional support	17.1%	20.0%
Physical Environment			
Air pollution	The average daily measure of fine particulate matter in micrograms per cubic meter (PM2.5) in a county	12.2	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	13.2%	19.0%

Source: County Health Rankings.

Exhibit 27: County Data Compared to U.S. Average, 2015 (St. Johns County)

	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 >= 100 cigarettes and currently smoking	13.6%	18.1%
Adult obesity	Percent of adults that report a BMI >= 30	23.0%	28.0%
Excessive drinking	Binge plus heavy drinking	20.8%	15.0%
STDs	Chlamydia rate per 100,000 population	210.7	458.0
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%	20.0%
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.

The County Health Rankings data highlight a number of problematic community health issues, particularly in Baker and Duval counties. These include issues with access to care, the supply of certain providers (including mental health professionals), and obesity-related problems. These and other concerns were identified by those providing community input – such as significant transportation challenges across the region.

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 28 compares each of the counties to peer counties. Shading is associated with community health issues found to rank in the bottom quartile of the counties included in the analysis.

Exhibit 28: Community Health Status Indicators, 2015

Category	Indicator	Baker County	Clay County	Duval County	Nassau 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.

*PM2.5 represents the average daily amount of fine particulate matter in micrograms per cubic meter (PM2.5) in a county

Compared to peer counties, Duval County was ranked in the least favorable quartile for 50 percent of the 44 community health indicators.

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. **Exhibit 29** displays maternal and child health indicators from that source for each of the five 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 29: Maternal and Child Health Indicators (Baker County)

Indicator	Data Type	Data Year	County Quartile (4=least favorable)	Baker County	Baker County Rate / Percent	Florida	HP 2020 Goal
Domestic violence offenses	Per 100,000 population	2011-2013	1	58	214.0	572.0	N/A
Births to mothers ages 15-19	Per 1,000 females 15-19	2011-2013	3	37	43.9	26.7	N/A
Births to mothers who report smoking during pregnancy	Percent of births	2011-2013	3	54	15.7%	6.6%	1.4%
Births with late or no prenatal care	Percent of births w/ known PNC status	2011-2013	3	20	6.4%	4.7%	N/A
Births < 1500 grams (very low birth weight)	Percent of births	2011-2013	4	7	1.9%	1.6%	1.4%
Births < 2500 grams (low birth weight)	Percent of births	2011-2013	4	34	9.8%	8.6%	7.8%
Mothers who initiate breastfeeding	Percent	2011-2013	3	246	71.6%	81.0%	81.9%
Infant deaths (0-364 days)	Per 1,000 live births	2011-2013	4	4	12.6	6.2	6.0
Children ages 1-5 receiving mental health services	Per 1,000 population 1-5	2009-2011	2	10	5.1	11.0	N/A
Kindergarten children fully immunized	Percent of KG students	2013	1	418	97.2%	93.2%	95.0%
Licensed child care centers and homes	Per 1,000 population < 13	2011	2	18	3.6	2.9	N/A
Middle school students without sufficient vigorous physical activity	Percent	2012	4	N/A	34.0%	29.9%	20.2%
High school students without sufficient vigorous physical activity	Percent	2012	2	N/A	35.3%	37.3%	20.2%
Middle school students overweight	Percent	2012	4	N/A	16.5%	11.1%	N/A
High school students overweight	Percent	2012	2	N/A	14.1%	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	4	54	19.8	12.1	N/A
Children 5-11 experiencing sexual violence	Per 1,000 5-11	2009-2011	1	<2	0.6	0.6	N/A

Source: Florida Department of Health, FloridaCHARTS

Exhibit 29: 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	572.0	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%	N/A
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	5.0	6.2	6.0
Children ages 1-5 receiving mental health services	Per 1,000 population 1-5	2009-2011	2	87	7.1	11.0	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	0.6	N/A

Source: Florida Department of Health, FloridaCHARTS

Exhibit 29: 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%	N/A
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%	95.0%
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

Exhibit 29: Maternal and Child Health Indicators (Nassau County)

Indicator	Data Type	Data Year	County Quartile (4=least favorable)	Nassau County	Nassau County Rate / Percent	Florida	HP 2020 Goal
Domestic violence offenses	Per 100,000 population	2011-2013	3	460	618.7	572.0	N/A
Births to mothers ages 15-19	Per 1,000 females 15-19	2011-2013	2	64	28.6	26.7	N/A
Births to mothers who report smoking during pregnancy	Percent of births	2011-2013	3	101	13.5%	6.6%	1.4%
Births with late or no prenatal care	Percent of births w/ known PNC status	2011-2013	1	20	3.0%	4.7%	N/A
Births < 1500 grams (very low birth weight)	Percent of births	2011-2013	2	10	1.3%	1.6%	1.4%
Births < 2500 grams (low birth weight)	Percent of births	2011-2013	1	54	7.1%	8.6%	7.8%
Mothers who initiate breastfeeding	Percent	2011-2013	2	596	79.3%	81.0%	81.9%
Infant deaths (0-364 days)	Per 1,000 live births	2011-2013	1	3	4.4	6.2	6.0
Children ages 1-5 receiving mental health services	Per 1,000 population 1-5	2009-2011	3	41	9.9	11.0	N/A
Kindergarten children fully immunized	Percent of KG students	2013	4	871	92.5%	93.2%	95.0%
Licensed child care centers and homes	Per 1,000 population < 13	2011	1	45	4.1	2.9	N/A
Middle school students without sufficient vigorous physical activity	Percent	2012	1	N/A	25.0%	29.9%	20.2%
High school students without sufficient vigorous physical activity	Percent	2012	4	N/A	45.7%	37.3%	20.2%
Middle school students overweight	Percent	2012	2	N/A	10.4%	11.1%	N/A
High school students overweight	Percent	2012	4	N/A	19.9%	14.3%	N/A
High school graduation rate	Percent	2012	4	N/A	90.9%	75.6%	82.4%
Children 5-11 experiencing child abuse	Per 1,000 5-11	2010-2012	3	96	15.6	12.1	N/A
Children 5-11 experiencing sexual violence	Per 1,000 5-11	2009-2011	1	2	0.4	0.6	N/A

Source: Florida Department of Health, FloridaCHARTS.

Exhibit 29: 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%	N/A
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	11.0	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.

Each of the five counties reported problematic statistics for the percent of births to mothers who reported smoking during pregnancy. In Baker, Clay, and Nassau counties, this percentage was more than 75 percent worse than the Florida average, and in Duval and St. Johns counties, it was between 10 and 50 percent worse.

Other concerns include low birthweight births and infant mortality in Baker and Duval counties, teen birth rates in Baker County, domestic violence offenses in Duval County, and rates of children experiencing sexual violence in Clay and Duval counties. The data also highlight problems with students not receiving sufficient vigorous physical activity (Baker, Duval, and Nassau counties).

Youth Risk Behavior Surveillance System

The Centers for Disease Control and Prevention's (CDC) Youth Risk Behavior Surveillance System (YRBSS) gathers data related to youth behaviors that lead to death, disability, and social problems. The Florida YRBSS is a statewide, school-based confidential survey of Florida's public high school students. In the area served by Wolfson Children's Hospital, YRBSS data only are available for Duval County.

Exhibit 30 compares various YRBSS indicators for Duval County with Florida and U.S. averages. Indicators are shaded if values exceeded Florida averages by more than 10 percent.

Exhibit 30: Youth Risk Behavior Surveillance System Data, 2013

		Duval Total	Duval Female	Duval Male	Florida Total	Florida Female	Florida Male	US Total
Unintentional Injuries and Violence	Never or rarely wore a bicycle helmet	89.2%	89.9%	88.9%	89.4%	87.9%	90.5%	87.9%
	Never or rarely wore a seat belt	11.4%	8.4%	14.4%	8.3%	6.5%	9.9%	7.6%
	Rode with a driver who had been drinking alcohol	27.6%	26.7%	28.1%	22.9%	22.2%	23.2%	21.9%
	Drove when drinking alcohol	9.8%	8.2%	11.3%	9.9%	7.2%	12.3%	10.0%
	Texted or e-mailed while driving a car or other vehicle	35.9%	32.5%	39.1%	36.2%	34.7%	37.3%	41.4%
	Carried a weapon	19.0%	11.6%	26.9%	15.7%	7.4%	23.8%	17.9%
	Were threatened or injured with a weapon on school property	9.2%	6.4%	11.6%	7.1%	5.5%	8.6%	6.9%
	Were in a physical fight	29.1%	24.3%	34.0%	22.0%	15.2%	28.7%	24.7%
	Were injured in a physical fight	4.4%	2.9%	5.4%	3.1%	1.8%	4.2%	3.1%
	Were in a physical fight on school property	11.5%	7.8%	15.4%	8.1%	5.1%	11.0%	8.1%
	Did not go to school because they felt unsafe at school or on their way to or from school	10.8%	9.4%	11.7%	10.2%	10.8%	9.6%	7.1%
	Were electronically bullied	13.1%	16.0%	9.9%	12.3%	16.9%	7.8%	14.8%
	Were bullied on school property	19.3%	20.7%	17.4%	15.7%	18.7%	12.8%	19.6%
	Were ever physically forced to have sexual intercourse	11.5%	13.4%	9.4%	7.2%	8.9%	5.6%	7.3%
	Experienced physical dating violence	14.9%	16.4%	12.7%	9.9%	10.6%	9.1%	10.3%
	Felt sad or hopeless	28.5%	34.7%	21.7%	25.8%	34.1%	17.9%	29.9%
	Seriously considered attempting suicide	17.0%	21.1%	12.4%	13.9%	17.8%	10.0%	17.0%
	Made a plan about how they would attempt suicide	15.6%	17.3%	13.7%	10.4%	13.3%	7.4%	13.6%
	Attempted suicide	11.5%	11.6%	11.0%	7.7%	9.8%	5.4%	8.0%
	Attempted suicide that resulted in an injury, poisoning, or overdose that had to be treated by a doctor or nurse	4.2%	4.5%	3.6%	2.7%	3.1%	2.1%	2.7%
Tobacco Use	Smoked a whole cigarette before age 13 years	9.5%	7.1%	11.9%	8.3%	6.1%	10.2%	9.3%
	Currently smoked cigarettes	9.6%	8.0%	11.2%	10.8%	9.2%	12.2%	15.7%
	Currently smoked cigarettes frequently	3.3%	2.4%	4.2%	3.7%	2.7%	4.7%	5.6%
	Smoked cigarettes on all 30 days	2.5%	1.6%	3.5%	2.7%	1.7%	3.6%	4.0%

Exhibit 30: Youth Risk Behavior Surveillance System, 2013 (continued)

		Duval Total	Duval Female	Duval Male	Florida Total	Florida Female	Florida Male	US Total
Alcohol and Other Drug Use	Drank alcohol before age 13 years	20.8%	18.8%	22.7%	17.5%	15.3%	19.7%	18.6%
	Currently drank alcohol	33.5%	36.0%	30.5%	34.8%	34.0%	35.4%	34.9%
	Had five or more drinks of alcohol in a row	15.4%	14.9%	15.9%	16.6%	14.3%	18.5%	20.8%
	Ever used marijuana	43.5%	40.0%	47.1%	38.7%	35.8%	41.5%	40.7%
	Tried marijuana before age 13 years	12.0%	8.2%	15.9%	8.3%	5.4%	11.1%	8.6%
	Currently used marijuana	24.3%	21.6%	27.0%	22.0%	20.1%	23.9%	23.4%
	Ever used cocaine	7.1%	4.4%	9.2%	5.8%	3.8%	7.7%	5.5%
	Ever took steroids without a doctor's prescription	5.6%	3.2%	7.9%	4.0%	2.5%	5.3%	3.2%
	Were offered, sold, or given an illegal drug on school property	31.2%	26.4%	36.0%	20.0%	16.6%	23.3%	22.1%
Sexual Behaviors	Ever had sexual intercourse	45.6%	39.8%	52.3%	44.3%	39.6%	49.0%	46.8%
	Had sexual intercourse before age 13 years	7.5%	3.6%	11.9%	6.7%	3.8%	9.5%	5.6%
	Had sexual intercourse with four or more persons	15.5%	10.5%	21.1%	13.3%	8.7%	18.0%	15.0%
	Were currently sexually active	30.2%	27.2%	33.7%	30.6%	28.6%	32.7%	34.0%
	Did not use a condom	36.0%	40.7%	31.4%	37.6%	42.8%	33.1%	40.9%
	Did not use birth control pills	85.6%	84.4%	86.7%	84.4%	81.4%	87.2%	81.0%
	Did not use an IUD	97.8%	97.7%	97.8%	99.2%	99.0%	99.4%	98.4%
	Did not use a shot (e.g., Depo-Provera), patch (e.g., OrthoEvra), or birth control ring (e.g., NuvaRing)	95.9%	94.7%	97.0%	96.6%	95.6%	97.4%	95.3%
	Did not use birth control pills; an IUD or implant; or a shot, patch, or birth control ring	79.3%	76.9%	81.5%	80.2%	76.0%	83.9%	74.7%
	Did not use both a condom during and birth control pills; an IUD or implant; or a shot, patch, or birth control ring before last sexual intercourse	90.6%	89.2%	91.8%	92.8%	91.7%	93.8%	91.2%
	Did not use any method to prevent pregnancy (during last sexual intercourse among students who were currently sexually active)	15.2%	16.7%	13.6%	12.6%	14.9%	10.7%	13.7%
	Drank alcohol or used drugs before last sexual intercourse (among students who were currently sexually active)	26.1%	19.0%	32.6%	22.8%	18.5%	26.5%	22.4%
	Were never taught in school about AIDS or HIV infection	19.6%	17.2%	21.9%	16.9%	15.4%	18.4%	14.7%

Exhibit 30: Youth Risk Behavior Surveillance System, 2013 (continued)

		Duval Total	Duval Female	Duval Male	Florida Total	Florida Female	Florida Male	US Total
Dietary Behaviors	Did not eat fruit or drink 100% fruit juices	8.6%	8.4%	8.8%	6.8%	6.6%	6.9%	5.0%
	Did not eat vegetables	9.1%	7.4%	10.9%	9.4%	8.1%	10.5%	6.6%
	Did not drink milk	27.9%	32.8%	22.4%	23.4%	29.2%	17.5%	19.4%
	Drank a can, bottle, or glass of soda or pop	77.2%	78.1%	76.3%	74.2%	72.2%	76.2%	77.7%
	Drank a can, bottle, or glass of soda or pop one or more times per day	23.3%	21.2%	25.3%	22.1%	19.0%	25.3%	27.0%
	Drank a can, bottle, or glass of soda or pop two or more times per day	16.2%	14.5%	18.0%	15.1%	12.6%	17.6%	19.4%
	Drank a can, bottle, or glass of soda or pop three or more times per day	9.9%	9.0%	11.0%	8.5%	6.8%	10.2%	11.2%
Physical Activity	Did not participate in at least 60 minutes of physical activity on at least 1 day	23.4%	27.7%	18.7%	18.7%	23.8%	13.5%	15.2%
	Were not physically active at least 60 minutes per day on 5 or more days	67.0%	75.1%	58.0%	56.1%	66.9%	45.3%	52.7%
	Were not physically active at least 60 minutes per day on all 7 days	81.2%	87.8%	74.1%	74.7%	83.6%	65.9%	72.9%
	Played video or computer games or used a computer 3 or more hours per day	38.9%	38.4%	39.7%	40.9%	40.3%	41.4%	41.3%
	Watched television 3 or more hours per day	37.4%	39.3%	35.4%	31.2%	30.8%	31.5%	32.5%
	Did not attend physical education classes on 1 or more days	54.5%	59.8%	48.6%	57.2%	66.8%	47.8%	52.0%
	Did not attend physical education classes on all 5 days	92.2%	93.7%	90.6%	75.8%	82.7%	69.1%	70.6%
	Did not play on at least one sports team	52.2%	57.1%	47.3%	49.5%	55.4%	43.6%	46.0%
Weight Control	Were obese	11.8%	9.4%	14.4%	11.6%	8.2%	14.9%	13.7%
	Were overweight	17.4%	18.1%	16.6%	14.7%	16.0%	13.4%	16.6%
	Described themselves as slightly or very overweight	26.8%	31.8%	21.4%	29.2%	34.1%	24.4%	31.1%
	Were not trying to lose weight	57.9%	46.1%	70.7%	56.4%	41.2%	71.2%	52.3%
	Did not eat for 24 or more hours to lose weight or keep from gaining weight	13.2%	15.1%	10.9%	10.9%	15.1%	6.6%	13.0%
	Took diet pills, powders, or liquids	6.7%	6.6%	6.7%	5.9%	6.6%	5.1%	5.0%
	Vomited or took laxatives to lose weight or to keep from gaining weight	8.3%	8.8%	7.2%	4.6%	6.0%	3.1%	4.4%
Other Health	Had ever been told by a doctor or nurse that they had asthma	26.3%	24.2%	28.5%	21.9%	20.8%	22.9%	21.0%

Topics								

Source: U.S. Centers for Disease Control and Prevention, Youth Risk Behavior Surveillance System, 2013.

The YRBSS data highlight a number of challenges for high school-aged persons in Duval County, including:

- High rates for behaviors associated with unsafe driving,
- Problems with violence and bullying, including on school property,
- High rates of forcible sexual intercourse and dating violence,
- High rates of attempted or considered suicide,
- High rates of alcohol and other drug use,
- Unsafe sexual behaviors,
- Poor nutrition and a lack of physical activity, and
- Higher than average asthma rates.

Ambulatory Care Sensitive Conditions

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

Pediatric ACSCs are measures that "screen for problems that pediatric patients experience as a result of exposure to the healthcare system and that may be amenable to prevention by changes at the system or provider level." 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: asthma, diabetes, gastroenteritis, perforated appendix, and urinary tract infection.

Disproportionately high rates of discharges for ACSC discharges 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 Level Analysis

Exhibit 31 indicates the discharges in the community that were for pediatric ACSCs by type.

Exhibit 31: Preventable Hospitalizations by Type, 0-17 Age Group, 2014

	Baker County	Clay County	Duval County	Nassau County	St. Johns County	Total
Asthma	16	86	1,008	30	68	1,208
Gastroenteritis	18	32	224	12	36	322
Urinary Tract Infection	2	22	170	28	36	258
Diabetes Short-Term Complications	2	10	94	10	12	128
Perforated Appendix	6	6	72	2	22	108
Total	**44**	**156**	**1,568**	**82**	**174**	**2,024**

Source: Verité Analysis of data from Baptist Medical Center Jacksonville, using AHRQ software, 2015.

About 60 percent of pediatric (0-17) ACSC discharges were for asthma.

Hospital-Level Analysis

Exhibit 32 shows that about 11 percent of Wolfson Children's discharges in 2014 were for ACSC conditions.

Exhibit 32: Discharges for ACSC by Condition and Age, Wolfson Children's Hospital, 2013-2014

Condition	0 to 17	Total
Asthma	6.0%	631
Gastroenteritis	1.7%	177
Urinary Tract Infection	1.3%	139
Diabetes Short-Term Complications	0.8%	81
Perforated Appendix	0.6%	68
Total	10.5%	1,096

Source: Verité Analysis using AHRQ software, 2015.

In 2014, ACSC discharges for asthma comprised about six percent of the hospital's total inpatient cases. ACSC discharges for all conditions represented almost 11 percent of total cases.

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.[9] The index is based on five social and economic indicators:

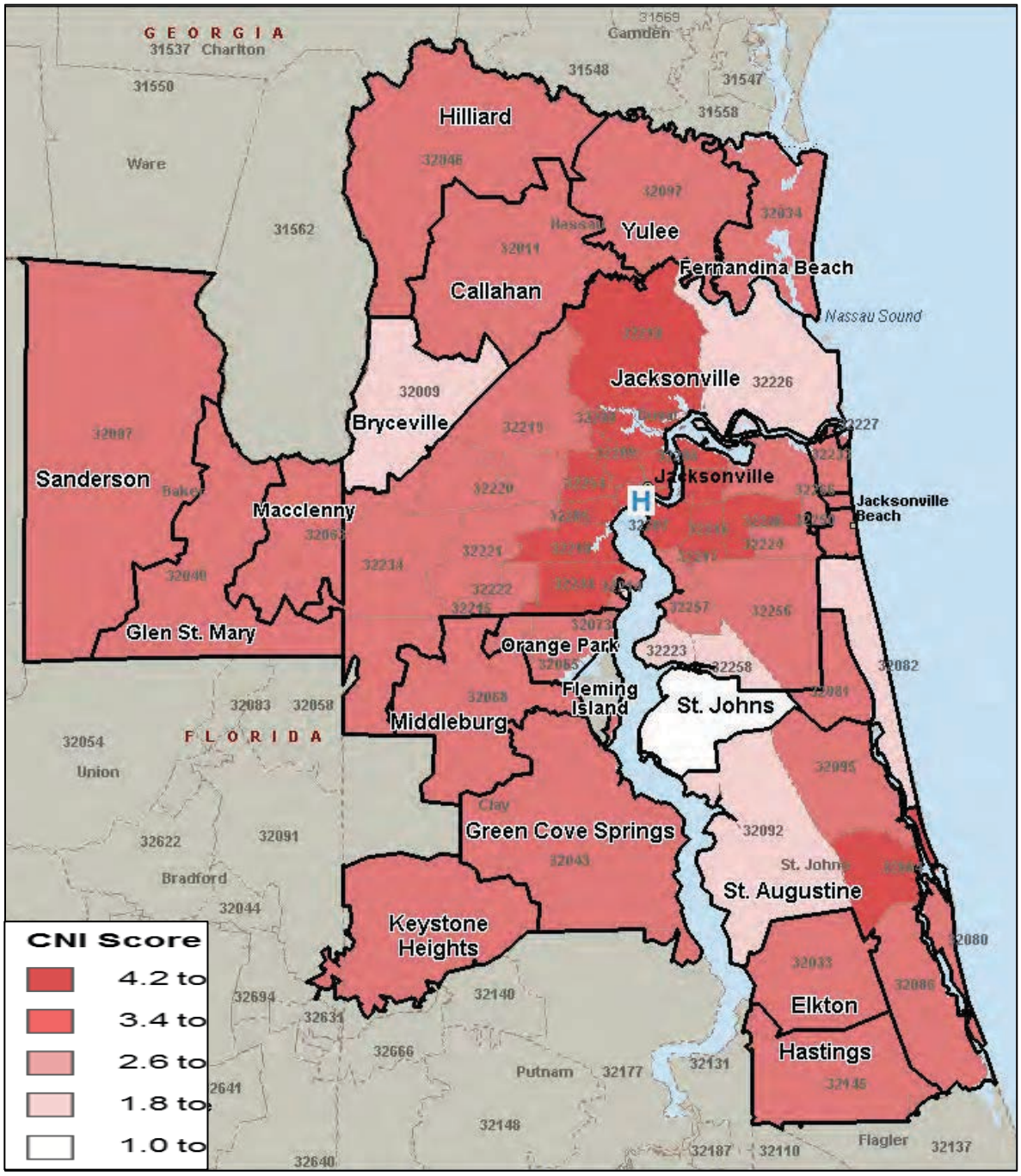
- The percentage of elders, children, and single parents living in poverty;
- The percentage of adults over the age of 25 with limited English proficiency, and the percentage of the population that is non-White;
- The percentage of the population without a high school diploma;
- The percentage of uninsured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

Exhibit 33 portrays *Community Need Index*™ (CNI) score ranges for each ZIP code in the community.

[9]Accessed online at http://cni.chw-interactive.org/ on June 28, 2013.

Exhibit 33: Community Need Index™ Score by ZIP Code



Source: Microsoft MapPoint and Dignity Health, 2015.

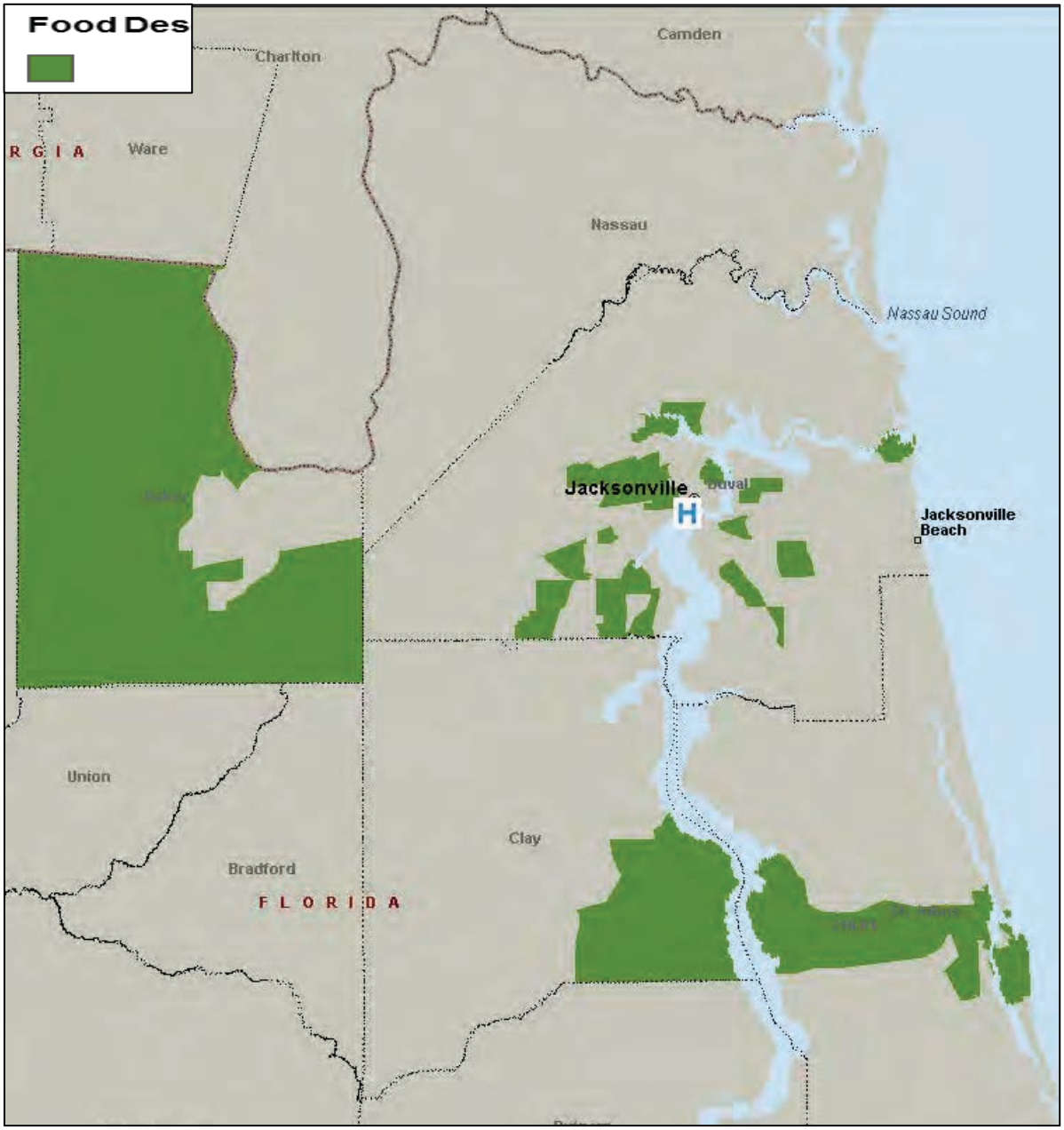
Locations with the highest CNI scores and level of need within the community are located in central Jacksonville and in ZIP code 32084 in St. Johns County.

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 34 illustrates the location of food deserts in the community.

Exhibit 34: Food Deserts



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

Food deserts are present in Sanderson and Glen St. Mary in Baker County, central Jacksonville in Duval County, Green Cove Springs in Clay County, and 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 over.[10] 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."[11]

Exhibit 36 (in the next section) depicts areas designated by HRSA as medically underserved. In Duval County, 11 census tracts in the Duval service area are designated as MUAs and the low-income populations of 29 census tracts in North Jacksonville are designated as MUPs. MUAs or MUPs are present in all five counties.

[10] Heath Resources and Services Administration. See http://www.hrsa.gov/shortage/mua/index.html
[11] *Ibid.*

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

Exhibit 35: Health Professionals Rates per 100,000 Population, 2013

	Baker County		Clay County		Duval County		Nassau County		St. Johns County		Florida
Provider Type	Count	Rate	Count	Rate	Count	Rate	Count	Rate	Count	Rate	Rate
Physicians	36	131.6	318	163.0	3,523	402.0	83	111.0	391	194.0	267.2
Mental Health Providers	24	88.6	123	63.3	1,027	116.8	50	67.0	219	108.3	112.3
Family Physicians	7	25.6	46	23.5	328	37.4	23	30.8	63	31.2	24.5
Internal Medicine	2	7.3	58	29.7	675	76.9	12	16.1	66	32.7	49.7
OB GYN	0	0.0	12	6.1	122	13.9	4	5.4	14	6.9	9.8
Pediatrician	0	0.0	30	15.3	306	34.9	4	5.4	30	14.8	21.3
Dentists	8	29.3	94	98.1	465	56.4	25	33.5	106	52.5	53.8

Source: FloridaCHARTS, 2015

In 2013, Duval County reported more providers per 100,000 for all categories than the Florida average. The other counties reported fewer pediatricians and physicians overall per 100,000 than average. The supply of providers has been well below average in Baker, Clay, and Nassau counties for mental health and OB/GYN services. The supply of dentists also has been comparatively low in Baker and Nassau counties.

Health Professional Shortage Areas (HPSA)

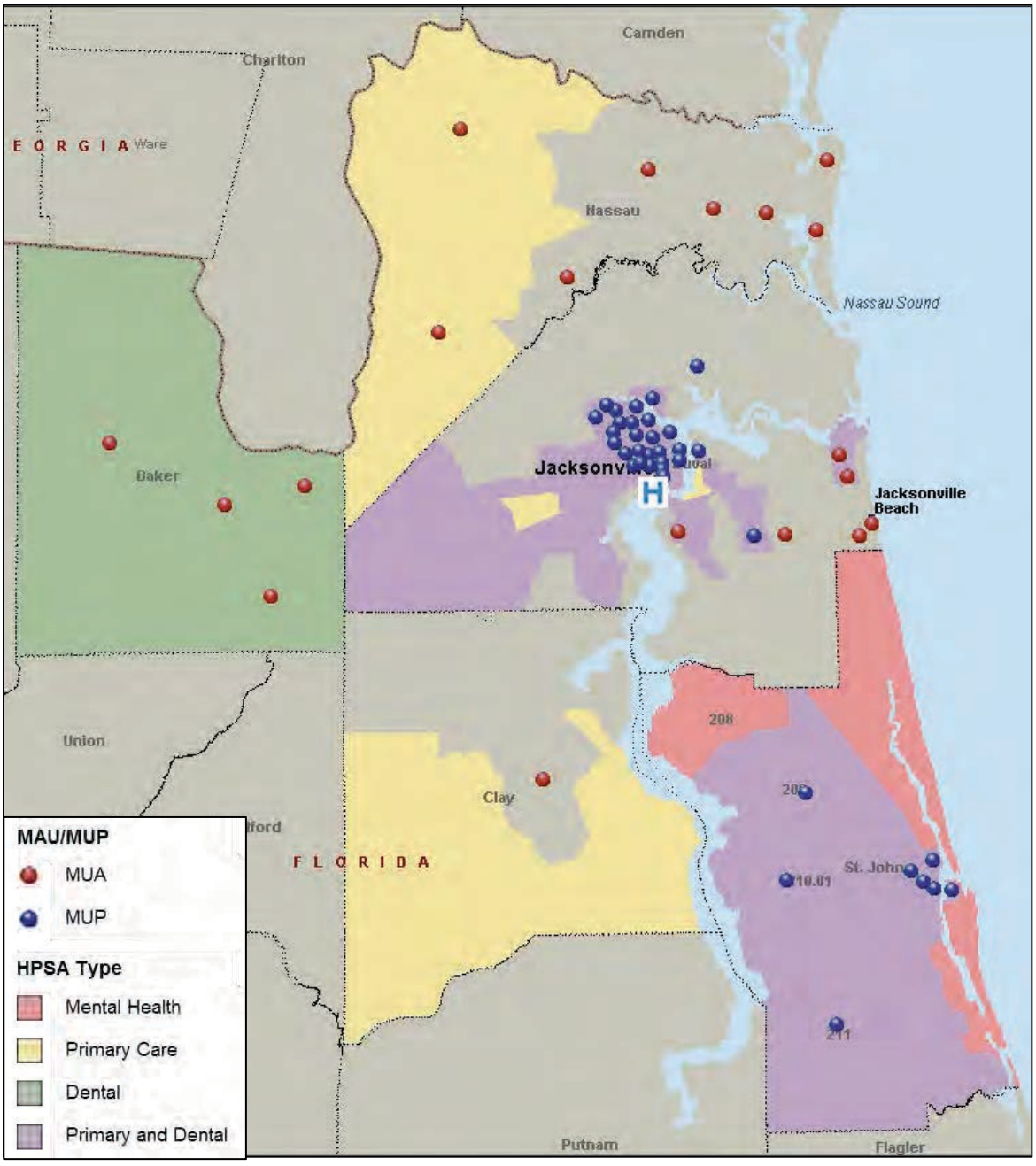
A geographic area can receive a federal Health Professional Shortage Area (HPSA) designation if a shortage of primary medical care, dental care, or mental health care professionals is found to be present. In addition to areas and populations that can be designated as HPSAs, a health care facility can 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."[12]

Exhibit 36 illustrates the locations of Medically Underserved Areas and Populations and of the federally designated HPSAs.

[12]U.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 36: MUAs, MUPs and HPSA Areas, 2015



Source: Health Resources and Services Administration, 2015.

According to HRSA, primary care and dental health professional shortage areas exist throughout most of St. Johns County and the western half of Duval County. The southern half of Clay County and the western half of Nassau County are primary care health professional shortage areas and all of Baker County is a dental health professional shortage area.

Medically underserved populations are clustered north of the city of Jacksonville and in the southern portion of St. Johns County, while the medically underserved areas exist throughout

Baker and Nassau counties. Atlantic Beach and Jacksonville Beach in Duval County and Green Cove Springs in Clay County are also medically underserved areas.

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. [13]

Data show that Florida's current physician supply is not adequate to serve rising demand for medical services.[14] To maintain status quo, there will need to be an increase in PCPs by 38 percent.[15] Approximately 13.4 percent of physicians in Florida are aged 40 or younger, while 29.4 percent are over the age of 60.[16] In Duval County, between 6.8 and17.9 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.[17]
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 over is expected to grow by about 75 percent. [18]

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."[19]

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

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[13] 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
[14] *Ibid.*
[15] 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-wrkfrc-proj-intro/state-wrkfrc-proj.html
[16] 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/
[17] Herrick and Gorman (2013). An Economic and Policy Analysis of Florida Medicaid Expansion. Retrieved from: http://www.ncpa.org/pub/st347
[18] *Ibid.*
[19] 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/

24.7 students per 100,000 population enrolled in either medical school or osteopathic school, 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.[20]

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.[21]

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 are currently 10 clinic sites operated by FQHCs in the community (**Exhibit 37**).

Exhibit 37: 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

[20] 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/
[21] *Ibid.*

HPSA Facilities

There are six HPSA designated facilities within the community **(Exhibit 38)**.

Exhibit 38: HPSA Designated Facilities, 2015

HPSA Name	Facility Type	HPSA Type	County	Zip code
Baker Correctional Institution	Correctional Facility	Primary, Dental	Baker County	32087
Children's Medical Center of Macclenny	Rural Health Clinic	Primary	Baker County	32063-4624
Children's Medical Center-Glen St. Mary	Rural Health Clinic	Primary, Dental, Mental	Baker County	32040-5050
Duval County Health Department	Comprehensive Health Center	Primary, Dental, Mental	Duval County	32208-7209
I.M. Sulzbacher Center for the Homeless	Comprehensive Health Center	Primary, Dental, Mental	Duval County	32202-2847
Northeast Florida Health Services	Comprehensive Health Center	Mental	St. Johns County	32086-3101

Source: Health Resources Administration, 2015.

Hospitals

Exhibit 39 lists hospitals located in the community.

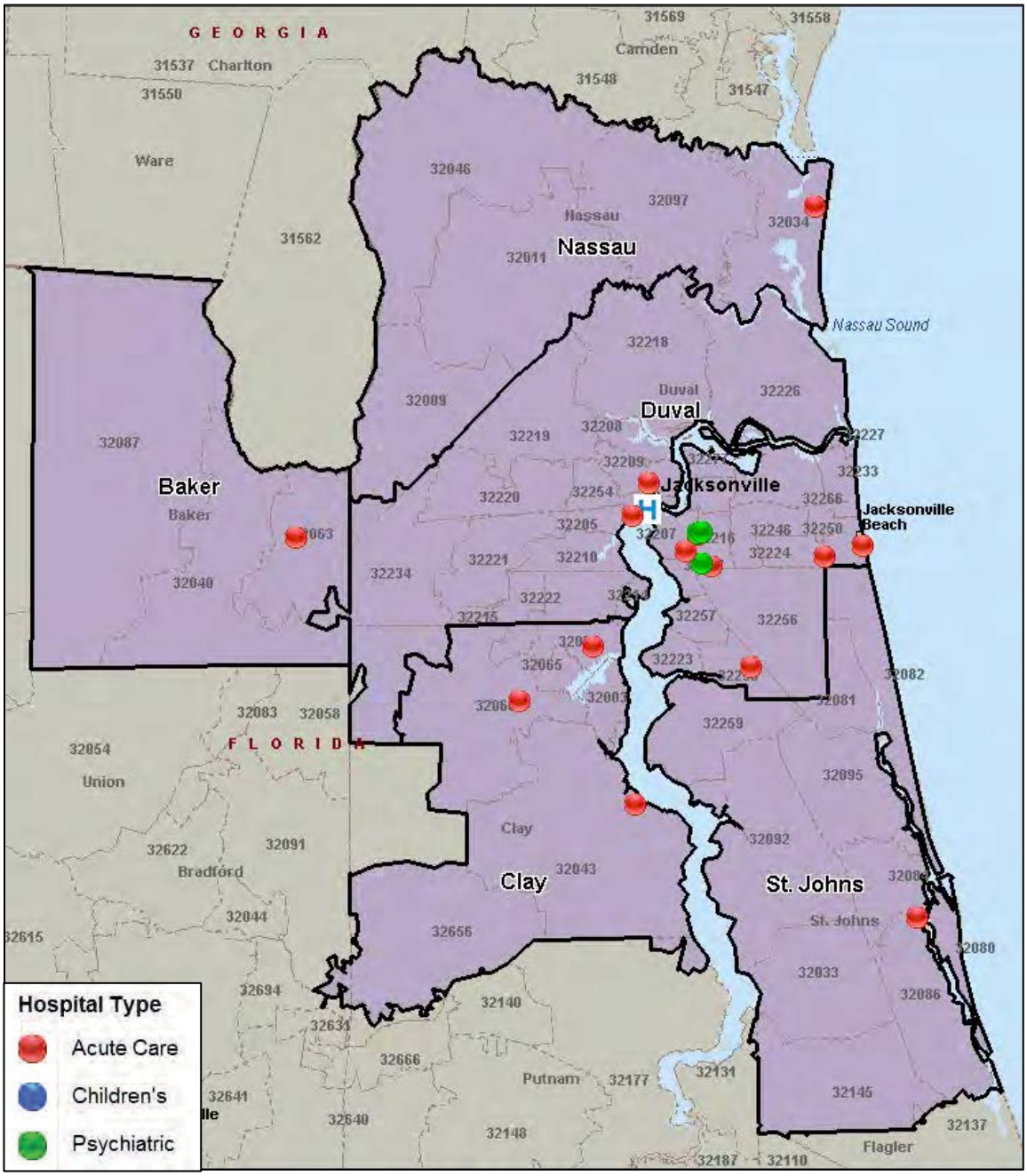
Exhibit 39: Hospitals, 2015

County	Hospital Name	Type	Licensed Beds
Baker	Ed Fraser Memorial Hospital	Acute Care	25
Clay	Kindred Hospital - North Florida	Acute Care	80
	Orange Park Medical Center	Acute Care	297
	St. Vincent's Medical Center Clay County	Acute Care	64
Duval	Baptist Medical Center Beaches	Acute Care	146
	Baptist Medical Center Jacksonville	Acute Care	676
	Baptist Medical Center South	Acute Care	245
	Mayo Clinic Hospital	Acute Care	304
	Memorial Hospital Jacksonville	Acute Care	418
	St. Vincent's Medical Center Riverside	Acute Care	528
	St. Vincent's Medical Center Southside	Acute Care	311
	UF Health Jacksonville	Acute Care	695
	Wolfson Children's Hospital	Children's	213
	Specialty Hospital Jacksonville	Acute Care	107
	Wekiva Springs Hospital	Psychiatric	120
	Brooks Rehabilitation Hospital	Rehabilitation	157
	River Point Behavioral Health	Psychiatric	93
Nassau	Baptist Medical Center Nassau	Acute Care	62
St. Johns	Flagler Hospital	Acute Care	335

Source: FloridaHealthFinder.gov.

Exhibit 40 portrays the locations of these facilities across the region.

Exhibit 40: Hospitals in Duval County by Zip Code and Hospital Type, 2015



Source: Microsoft MapPoint and Florida Health Finder, 2015.

There are 10 acute care hospitals in Duval County, including Wolfson. In addition, there are two psychiatric hospitals and one rehabilitation hospital. Clay County has three additional acute care hospitals and Baker, Nassau, and St. Johns counties each have one.

There are a total of 36 ambulatory surgery centers in the community; 24 are freestanding and 12 are hospital-based.

Exhibit 41: Ambulatory Surgery Centers by County and Facility Type, 2015

County	Freestanding Ambulatory Surgery Center	Hospital Based Ambulatory Surgery Center	Total
Baker	0	1	1
Clay	3	1	4
Duval	14	8	22
Nassau	0	1	1
St. Johns	7	1	8

Source: 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[22]

- 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 final 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 are estimated numbers of resources that are available to serve residents of Baker County (although these resources may be located in a different county):

- Basic Needs - 70
- Consumer Services - 23
- Criminal Justice and Legal - 34
- Education - 37
- Environmental/Public Health/Public Safety - 10
- Health Care - 126

[22] United Way 211 Community Resource Guide, 2015. http://www.mycommunitypt.com/nefin/index.php/component/cpx/

- Income Support and Employment - 39
- Mental Health and Substance Abuse - 105
- Individual and Family Life - 161
- Organizational, Community, and International – 77

Below are estimated numbers of resources that are available to 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
- Mental Health and Substance Abuse - 116
- Individual and Family Life - 203
- Organizational, Community, and International – 103

Below are estimated numbers of resources that are available to 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 Nassau County (although these resources may be located in a different county):

- Basic Needs - 85
- Consumer Services - 25
- Criminal Justice and Legal - 42
- Education - 46
- Environmental/Public Health/Public Safety - 11
- Health Care - 143
- Income Support and Employment - 42
- Mental Health and Substance Abuse - 113

- Individual and Family Life - 191
- Organizational, Community, and International – 97

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 the United Way of Northeast Florida, which is available by phone, text, and online to help provide assistance to members of the community.[23] Several other organizations including, but not limited to: County Health Departments[24], Episcopal Children's Services[25], Health Impacts for Florida[26], and Early Learning Coalition[27] 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. [28]

[23] United Way of NE Florida. 2-1-1 Service. http://nefl211.org/
[24] Florida Health Departments. http://www.floridahealth.gov/
[25] Episcopal Children's Services. Community Resource Guides. http://www.ecs4kids.org/parent_com_recs
[26] Health IMPACTS for Florida. http://healthimpactsflorida.org/studies/hra/information-for-parentsteens/
[27] Early Learning Coalition of Duval. Community Resource Guide. http://elcofduval.org/
[28] 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 analyzed the findings of several health needs assessments and related reports conducted in or covering parts of the community and published between 2010 and 2014. Highlights and summary points from each assessment are below.

North Florida Transportation Planning Organization (2012 Report)

The North Florida Transportation Study Commission published its 2012 final report, *Connecting Regionally for Success*.[29] This commission was charged with developing a strategy survey to implement a long-term transportation vision. 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 report elements are as follows:

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

Nassau County Department of Health

The Nassau County Department of Health published a 2010 health needs assessment, *Community Health Profile in Nassau County*,[30] an update to its a 2000 and 2005 assessments. This report was intended to inform health improvement efforts in the county.

Key findings include:

- Cancer, heart disease, chronic lower respiratory disease, and unintentional injuries are the four leading causes of death in 2008
- The non-White death rate for lung cancer was higher than the White death rate (83.8 and 69.4 per 100,000 in 2008, respectively)
- The death rate for chronic lower respiratory disease (including asthma) was higher than the rate for Florida (63.7 and 54.0 per 100,000 in 2008, respectively)
- The death rate from suicides was higher than the rate for Florida (23.5 and 14.5 per 100,000 in 2008, respectively)

[29] 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

[30] Nassau County Department of Health and Health Planning Council of Northeast Florida. (2010) *Community Health Profile in Nassau County*. Retrieved 2015, from http://www.hpcnef.org/files/health-needs-assesments/Nassau_County_Health_Needs_Assessment_3.pdf

- 19.1 percent of inpatient discharges were for the MS-DRG for psychoses, the leading single MS-DRG [NOTE: Single MS-DRG not MS-DRG groups, such as all delivery/caesarian MS-DRGs]
- The western portion of Nassau County is rural and accounts for about one-third of the county population while the eastern portion is beach and resort communities
- Public transportation services are not available in Nassau County but the Council on Aging does provide some transportation services
- Between 8-14th Street (Amelia Island) was identified by community representatives as a geographic area in need.

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 with the Florida Department of Health Duval County.[31]

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 with the Florida Department of Health Duval County. [32]

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.

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[31] 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.

[32] 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.

- 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 reside 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 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)
- 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*."[33] 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 US
- 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

[33] 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

- Hispanic/Latino residents in 2010 were less likely than other residents to have health insurance coverage

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*[34] in 2014. This study was an update of its 2012 report.

Key findings are as follows:

- 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 services 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

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*."[35] 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

[34] 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.
[35] 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-assesments/NEFL_Childrens_Community_Mental_Health_Assessment_9-20-06.pdf.

Florida Department of Health Duval County

The Florida Department of Health Duval County in 2013 published "*Health: Place Matters 2013*."[36] 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.
- 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*."[37] The Partnership was comprised of tax-exempt hospitals with participation from the Duval County Health Department. The report sought to describe the health status of the community, identify major risk factors and causes of illness, and support efforts to improve the health of residents. The community included in the 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 10survey 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.

[36] 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.
[37] 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.

- 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.
- Birth rates 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.

St. Johns County Health Leadership Council

The St. Johns County Health Leadership Council in 2014 published "*2014 Community Health Assessment & Community Health Improvement Plan*."[38] 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.

Baker County Health Department

The Baker County Health Department in 2012 published "*County Health Assessment 2011*."[39] The study used quantitative and qualitative methods to understand health needs within Baker.

Key findings are as follows:

[38] 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.
[39] Baker County Health Department. (2012) *County Health Assessment 2011*. Retrieved 2015 from http://baker.floridahealth.gov/programs-and-services/community-health-planning-and-statistics/_documents/Baker%20CHD%20Updated%20CHA.pdf.

- The life expectancy for residents of Baker County is 70.2 years compared to 76.5 for the U.S. overall.
- The average per capita income of Baker County residents in 2008 was 27 percent lower that the per capita income of Florida residents.
- The death rates in Baker County for cancer, heart disease, respiratory disease, diabetes, and stroke exceed overall state rates by 43 percent.
- Baker County residents in 2007 received routine screenings less frequently than Florida residents.
- The mortality rate for diabetes is 2.6 times than the state rate.
- Baker County residents are diagnosed with diabetes nearly twice as frequently as Florida residents.
- The rate of adult smoking is higher than the state average.
- Two-thirds of Baker County residents are overweight or obese.

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*."[40] 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 have declined from five in 2007 to one in 2014.
- Approximately 10percent 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.

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

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*."[41] The report presented results from the study of key elements for health development of children aged 0-3.

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.

Clay County Health Department

The Clay County Health Department in 2010 published *2010 Community Health Assessment*,[42] 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 higher 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).

[41] 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.
[42] 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.

- The Alzheimer's mortality rate in Clay County was nearly twice the rate of Florida (32.8 and 16.5 per 100,000, respectively)

PRIMARY DATA ASSESSMENT

Primary data were obtained through key informant interviews, focus groups, and town hall meetings. Below are results from this community input process.

Community Input Methodology

For the Partnership CHNA project, community input was gathered through a total of 53 key informant interviews, focus groups, and town hall meetings. 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 340 individuals. All of these participants were asked one or more questions about community health needs associated with pediatric services.

Input specific to pediatric services was gathered from one external focus group, one internal focus group, and seven key informant interviews. The 13 participants in the external focus group were residents from multiple counties. The nine participants in the internal focus group included Wolfson staff from the hospital's Behavioral Health, Nursing, Social Work, Diabetes Education, and NICU departments. The participants in this process provided insight on a wide range of community health issues, including barriers to accessing health services, prevalence of certain health conditions, and social determinants of health.

Exhibit 42: Total Interviews and Meetings Included in Qualitative Analysis

Type of Interview	Number of Interviews
Pediatric Care	**9**
Focus group - External	1
Focus group - Internal	1
Key informant	7
Community-Wide	**53**
Focus group - External	19
Key informant	26
Town hall	8

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 43: Scaling Description

Scale	Description
Doing well (0)	• 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)	• 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)	• 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)	• 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)	• 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 key informant interview provided the opportunity to gain insight from individuals who represent the broad interests of community members, especially children. The demographic characteristics of the external participants are summarized in **Exhibit 44**. Key informant interviews were conducted to gather input from external, public health experts. **Exhibit 44** depicts the various public health professions and target populations represented through the external key informant interviews.

Exhibit 44: Demographic Characteristics of External Focus Group Participants

Participant Characteristic	Partnership Service Area (*N*)
Race/Ethnicity	
Asian	1
Caucasian	3
Black	2
Hispanic	0
Not reported	1
Race/Ethnicity	
Asian	1
Caucasian	3
Black	2
Hispanic	0
Education	
GED	0
High school graduate	0
Associate's degree	1
Bachelor's degree	3
Master's degree	1
Not reported	2
Area	
Metropolitan	3
Rural	0
Suburban	1
Urban	2
Not reported	1
Insured	
Yes	6
No	0
Not reported	1
Employed in Public Health	
Yes	6
No	0
Not reported	1
Parent	
Yes	5
No	1
Not Reported	1

Exhibit 45: Description of Key Informant Interviewees

Organization	Public Health Professions	Populations Represented
DOH-Duval	Staff Pediatricians	Pediatrics Poor mental health General population Low income Inner-city
Jacksonville Area Sexual Minority Youth Network (JASMYN)	Senior Staff Member	Pediatrics Teens Young adults LGBT General population Family challenged
Nassau Alcohol Crime Drug Abatement Coalition (NACDAC)	Staff	Pediatrics Low income Poor mental health Teens Parents Drug-affected youth population
Challenge Enterprise Lighthouse Learning	Coordinator	Pediatrics Disabled Mentally ill Behaviorally challenged Developmentally delayed
Nassau County School District	Senior Staff	Pediatrics General population
Duval County Public Schools	Senior Management	Pediatrics General population Parents Mentally and behaviorally challenged

Summary of Findings: External Community Input

Based on the methodology described above, the following issues related to pediatric care were identified as those of greatest concern in the region served by the Partnership, and are presented in order of importance. Many of the concerns discussed by the individuals providing input were factors related to the inability to access available resources, a chief barrier to improving community-wide health outcomes. These concerns affect individuals accessing pediatric care in the Partnership service area, particularly among low-income populations, those living in rural areas, and LGBT youth.

Lack of 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 preteens and teens that rely on caregivers for transportation to medical appointments, as well as low-income populations, and those who travel long distances for care or live in rural areas. Transportation barriers contribute to missed appointments and failure to seek care for health concerns.

Poor Mental Health and Lack of Access to Mental Health Resources. The vast majority of participants mentioned poor mental health as a major concern among youth. Many participants noted that children and youth experience trauma in their lives and witness violence in their community, and expressed concern over how experiencing high levels of trauma impacts mental health. Concerns over increasing levels of specific mental health issues, such as of ADHD and depression, were discussed by several interviewees. Youth that have experienced trauma or that have limited family support were identified as populations at particular risk for mental illness. Limited access to and long wait times to see mental health providers were discussed as a related concern. The pediatric population faces many barriers to seeking mental health services that are related to transportation issues and stigma associated with mental illness.

Health Behaviors. The health behaviors of greatest concern were poor diet or nutrition and limited physical activity. Drug use and smoking were also mentioned as health behaviors of concern among pediatric population in the Partnership service area, as well as high rates of teen pregnancy and unsafe sex. Unhealthy diets were attributed to limited access to healthy foods in many neighborhoods in combination with cultural factors. 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. Increasing access to parental education classes was offered as a solution to this barrier to community health. Drug and alcohol use were attributed to mental health issues, such as depression, particularly among youth with limited family support.

Poor Community Safety. Concerns related to poor community safety and the impact that this has on health was discussed by many participants. As previously mentioned, participants were acutely aware of the impact that growing up in violent neighborhoods has on the mental well-being of children and youth. It was also noted that living in unsafe communities places numerous restrictions on the ability of residents to engage in physical activity.

Lack of Affordable Care and Low Usage of Preventative Care. A common theme throughout the interviews and meetings was concern about both 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, working poor, 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. Participants described difficulty accessing services for mental health care and dental care. Although school health nurses were commonly identified as a community resource, connecting families to affordable care options available and assisting with providing preventive care health education for the pediatric population, it was acknowledged that current school health services funding limited its ability to adequately support the community's needs.

Lack of Access to and Affordability of Insurance. Lack of access to affordable health insurance was described as a major concern in the Partnership service region, particularly for lower-income and lower-middle class residents, as well as youth without family support. Minority, recent immigrant, and undocumented families were also described as being greatly impacted by unaffordable insurance.

Health Issues and Concerns. Overall, concern about childhood obesity was the single most frequently mentioned health issue. However, individuals providing input frequently discussed concerns with childhood diabetes, uncontrolled asthma, allergies, immunization status, and high rates of STDs.

Basic Needs Insecurity. The relation between low-income status and health was mentioned by many individuals providing input. Although low-income status is related to affordability of insurance and health care, as well as other barriers previously mentioned, additional factors were also noted in the interviews and meetings. An overall lack of job opportunities, low wages, and increased demand at food pantries were stated to be elements of basic needs insecurity, and impacted the ability of individuals' and families' to maintain health. Basic needs insecurity among youth without family support was described as a major contributing factor to health risk behaviors.

Insufficient Health Education and Low Health Literacy. Interviewees often discussed an overall lack of health education as a major contributor to health issues among the area's pediatric population. Many interviews mentioned that families are not informed about nutrition, HIV/STD prevention, or pregnancy prevention. In order to improve the health of residents, many interviewees suggested the need for education on healthy eating habits and the benefits of a nutritional diet. Additionally, numerous interviewees expressed concern that parents lacked knowledge about how to effectively navigate the health care system. Long wait times to speak with insurance representatives, care coordinators, and reoccurring loops in procedures to apply for assistance programs presented as barriers to seeking care and delays in receiving care. 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.

Cultural Barriers. Participants discussed the challenges experienced by minority families, including Hispanic residents and recent immigrants, when accessing pediatric care in the Partnership service region. Barriers to accessing health care among the area's immigrant and minority population was often discussed in terms of limited proficiency in the English language, limited knowledge of the health care system, and distrust in the medical community.

Poorly Built Environment. A major concern expressed by those providing input was how the built environment impacted both the quality of life and health status of the pediatric population in the Partnership service area. It was noted that many areas, both rural and metropolitan, lack walkability. Participants further noted that there is an overall lack of recreational activities for youth, such as safe park access, thereby reducing opportunities for physical activity.

Comparison to Overall Regional Needs. Overall, the health needs faced by those seeking pediatric care in the region assessed by the Partnership were similar to the health concerns found to be present in the community-wide interviews and meetings conducted in this service area. For example, pediatric populations and their caregivers face many of the same barriers to improving health outcomes related to the inability to access available resources, including lack of health education, transportation, and lack of affordable care. However, specific challenges related to poor mental health, lack of mental health services and poor community safety were more frequently mentioned when compared to the overall regional needs. Strategies to address these concerns should be considered when addressing various barriers that impact the health of those seeking pediatric care in the Partnership service region.

Summary of Findings: Internal Hospital Staff Input

One focus group meeting including nine internal staff members was held at Wolfson Children's. These internal participants included staff from the hospital's Behavioral Health, Nursing, Social Work, Diabetes Education, and NICU departments.

Most Significant Community Health Problems. Internal focus group participants highlighted the following as the most significant community health concerns:

- Obesity within the pediatric population and families
- Mental health status within the pediatric population, and a lack of timely access to services. Concerns were raised about wait times for pediatric patients, which average three to four months. Challenging home environments undermine treatment and lead to recidivism.
- Smoking and child exposure to second-hand smoke
- Prevalence of women who have not received prenatal care
- Drug abuse
- Access to care for children, particularly: a lack of pediatricians, other primary care providers, and dentists who accept Medicaid
- Prevalence of car accidents and other preventable childhood injuries
- Mortality/morbidity associated with sleep and water safety
- Prevalence of inadequate housing for lower-income people
- Child abuse in the community

- Prevalence of asthma

Reasons for These Concerns. Participants cited the following reasons for these various concerns:

- A lack of funding for programs and services (for case management, housing, transportation, mental health, and others)
- Cultural barriers to addressing various concerns, such as mental health
- Poverty within the patient population and their families
- Inadequate transportation
- Unfavorable dynamics within families
- Lack of education (health-related and other.
- Overuse of hospital emergency rooms
- Challenges with the Medicaid program: not "user-friendly," gaps in prenatal coverage, long wait times for services
- Lack of community awareness of available services and need for additional outreach
- Lack of child abuse prevention services; overworked public services. Lack of foster homes.

Services Most Difficult to Access. Participants cited the following as the most difficult services to access: mental health services, dental care, primary care physicians and dentists willing to accept Medicaid, primary care services on weekends and during evening hours, and school-based health providers. Internal focus group members also mentioned that wait times to see pediatric specialists are problematic.

SOURCES

Agency for Health Care Administration. (July 2010). *Florida's Health Care Safety Net: A comprehensive list of State and County based resources for the uninsured.* Retrieved 2015, from http://ahca.myflorida.com/medicaid/pdffiles/alternative_medica_resources_july_2010.pdf

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

Barnabas Health. (n.d.). Retrieved 2015, from http://barnabasnassau.org/barnabas-expands-health-services/

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/

Center for Workforce Studies, Association of American Medical Colleges. (Oct 2012). *Recent Studies and Reports on Physician Shortages in the U.S.* Retrieved 2015, from https://www.aamc.org/download/100598/data/

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/

Claritas, Inc. (2015). Demographic and Households Data.

Dignity Health. (n.d.). *Community Need Index*. Retrieved 2015, from http://cni.chw-interactive.org/

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.

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

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.

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.

Early Learning Coalition of Duval. (n.d.). *Community Resource Guide*. Retrieved 2015, from http://elcofduval.org/

ElderSource (2012). Elder Services Needs Assessment: Baker, Clay, Duval, Flagler, Nassau, St. Johns, Volusia. Retrieved 2015, from https://www.myeldersource.org/florida-state-senior-help-database-documents-resources/

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.

Episcopal Children's Services. (n.d.). *Community Resource Guides*. Retrieved 2015, from http://www.ecs4kids.org/parent_com_recs

Florida Department of Education. (2015). National School Lunch Program Data.

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.

Florida Department of Health. (2015).

Florida Department of Health. (2015). FloridaCHARTS.

Florida Health Finder. (n.d.). Facility Locator. Retrieved 2015, from http://www.floridahealthfinder.gov/index.html

Health IMPACTS for Florida. (n.d.). Retrieved 2015, from http://healthimpactsflorida.org/studies/hra/information-for-parentsteens/

Herrick and Gorman. (2013). *An Economic and Policy Analysis of Florida Medicaid Expansion.* Retrieved 2015, from: http://www.ncpa.org/pub/st347

Internal Revenue Service. (2015). Instructions for Schedule H (Form 990).

Jacksonville Community Council Inc. (2009) Community Engagement: Understanding the LBGT Community Experience with Discrimination. Retrieved 2015, from https://issuu.com/jcci/docs/09-glbt-discrimination

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.

Mayo, M. *Floridians Have Huge Stake in Supreme Court Case.* Mar 2015. http://www.sun-sentinel.com/news/michael-mayo-blog/sfl-mayo-obamacare-20150303-story.html

Migration Policy Institue. (December 2011). *"Limited English Proficient Individuals in the United States: Number, Share, Growth, and Linguistic Diversity."* Retrieved 2015, from migrationpolicy.org.

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

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-assesments/NEFL_Childrens_Community_Mental_Health_Assessment_9-20-06.pdf.

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-wrkfrc-proj-intro/state-wrkfrc-proj.html

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.

U.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

U.S. Bureau of Labor Statistics. (n.d.). Retrieved 2015, from http://www.bls.gov/

U.S. Census Bureau. (n.d.). Retrieved 2015, from http://www.census.gov/

U.S. Centers for Disease Control and Prevention. (n.d.). *Behavioral Risk Factor Surveillance System*. Retrieved 2015, from http://www.cdc.gov/brfss/

U.S. Department of Agriculture. (n.d.). Retrieved 2015, from http://www.ers.usda.gov/Data/FoodDesert/

U.S. Department of Health and Human Services. (n.d.). *Community Health Status Indicators Project*. Retrieved 2015, from http://www.cdc.gov/communityhealth

U.S. Health Resources and Services Administration, Bureau of Health Professionals. (n.d.). *Health Professional Shortage Area Designation Criteria*. Retrieved 2015, from http://bhpr.hrsa.gov/shortage/hpsas/designationcriteria/index.html

U.S. Health Resources and Services Administration. (n.d.) *Guidelines for Medically Underserved Area and Population Designation*. Retrieved 2015, from http://bhpr.hrsa.gov/shortage/muaps/index.html.

U.S. Health Resources and Services Administration. (n.d.). Retrieved 2015, from http://www.hrsa.gov/index.html

UF Health Jacksonville. (2014). Discharge Data

United Way 2-1-1 of Northeast Florida (n.d.).*Community Resource Guide*. Retrieved 2015, from http://www.mycommunitypt.com/nefin/index.php/component/cpx/

University of Wisconsin Public Health Institute and Robert Wood Johnson Foundation. (n.d.). *County Health Rankings: Mobilizing Action Toward Community Health*. Retrieved 2015, from http://www.countyhealthrankings.org/