



*Community Health*  
**NEEDS ASSESSMENT**  
2016 REPORT

COMMUNITY HEALTH NEEDS ASSESSMENT: **2016 REPORT**

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

**A. Hugh Greene**  
*President and CEO*  
Baptist Health



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

**Doug Baer**  
*President and CEO*  
Brooks Rehabilitation



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

**Gianrico Farrugia, MD**  
*CEO*  
Mayo Clinic in Florida

## COMMUNITY HEALTH NEEDS ASSESSMENT: 2016 REPORT



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

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



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

**Russ Armistead**  
*President and CEO*  
UF Health Jacksonville



# **Community Health Needs Assessment**

*Baptist Medical Center Jacksonville*

*Prepared for*

The Jacksonville Metropolitan  
Community Benefit Partnership

*By*

Verité Healthcare Consulting, LLC

June 30, 2015

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## **ABOUT THE JACKSONVILLE METROPOLITAN COMMUNITY BENEFIT PARTNERSHIP**

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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.

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

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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, 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 healthcare organizations are required to meet.

The Community Health Needs Assessment prepared for Baptist Health Medical Center Jacksonville and The Partnership was directed by the firm’s President and managed by the 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](http://www.veriteconsulting.com).

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

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# EXECUTIVE SUMMARY

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## Introduction

This Community Health Needs Assessment (CHNA) was conducted by Baptist Health Medical Center Jacksonville (Baptist Jacksonville or the hospital) to identify community health needs and to inform development of an implementation strategy to address identified significant needs. The hospital's assessment of community health needs also responds to regulatory requirements.

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

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

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

- Improving access to health services,
- Enhancing public health,
- Advancing increased general knowledge, and

- Relief of a government burden to improve health.<sup>1</sup>

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.

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<sup>1</sup>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 reviewed 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).”<sup>2</sup>

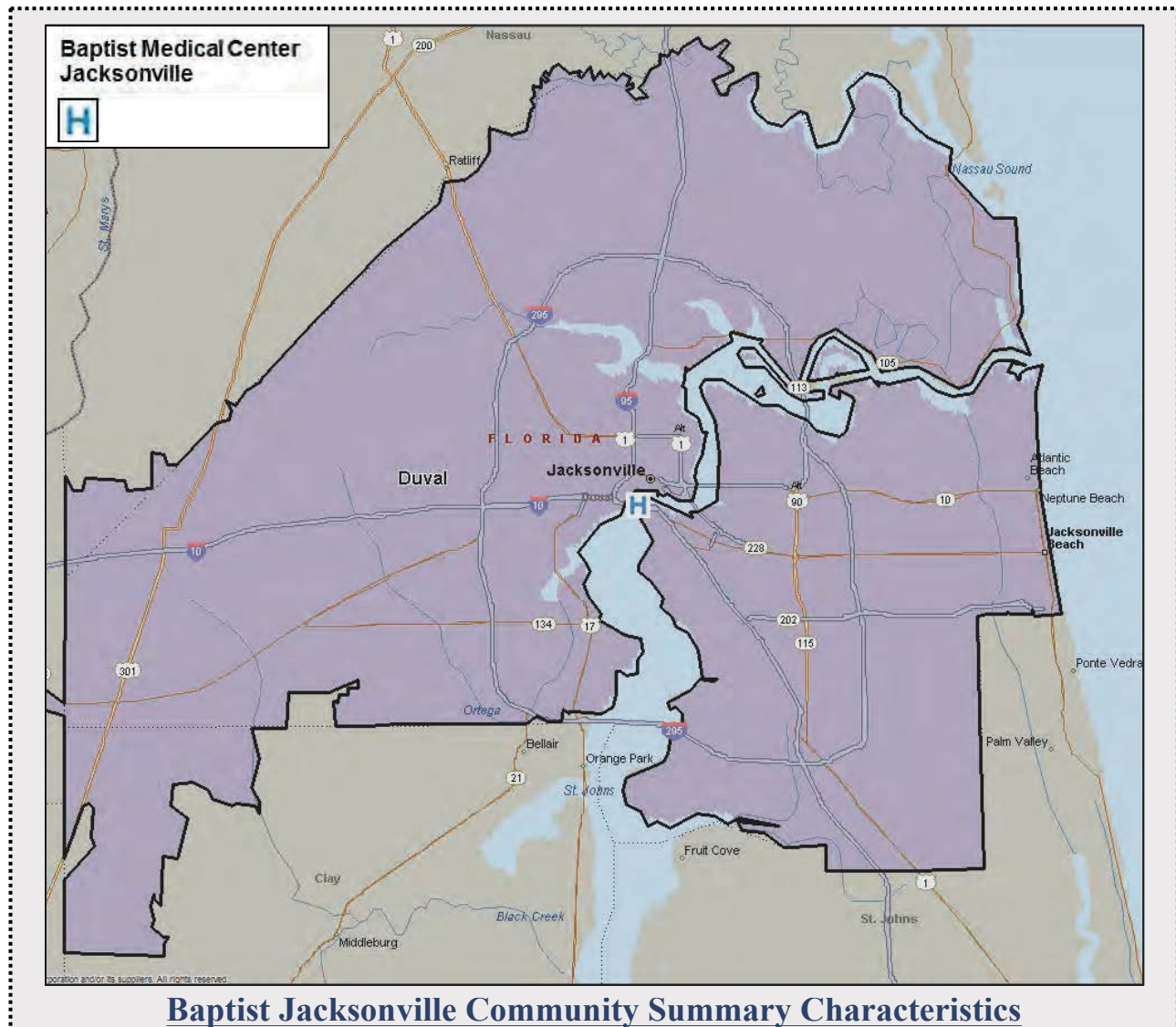
Input from persons representing the broad interests of the community, including individuals with special knowledge of or expertise in public health, was received from 185 individuals through eleven key informant interviews, seventeen focus groups, and four town hall meetings.

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

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<sup>2</sup> 501(r) Final Rule, 2014.

## Community Served by Baptist Jacksonville



- Community encompasses Duval County (35 ZIP codes)
- 69.2% of 2014 inpatients originated from the community
- Total population in 2015: 899,930
- Projected population increase between 2015 and 2020: 4.6%
  - 22.5% for the 65+ population
  - 20.9% for Hispanic (or Latino) population
- The community as a whole compares unfavorably to Florida for both poverty and unemployment
- In the 2015 County Health Rankings, Duval County ranked 43<sup>rd</sup> (out of 67 Florida counties) for health outcomes, and 28<sup>th</sup> for health factors
- Ten 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 10 issues have been identified as significant health needs in the community served by Baptist Jacksonville. The issues are presented in alphabetical order.

### Access

- Community members providing input commonly expressed concern about the lack of knowledge about available services. Duval County residents, particularly those lacking English proficiency and the elderly are most likely to lack knowledge about available services.
- A common theme throughout community interviews and meetings was concern about 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 that are low-income, working poor, uninsured or underinsured, immigrants, and those that are undocumented. Lack of access to affordable health care reportedly results in overuse of emergency rooms. Community members identified difficulty in accessing physician and specialist services, rehabilitative care, prenatal care, mental health care, and dental care.
- Access to primary care, dental care, and other services is more challenging for low-income members of the community (**Exhibit 32**). As of July 2015, Florida has not expanded Medicaid eligibility, as contemplated by provisions in the Patient Protection and Affordable Care Act (ACA, 2010). Access to care for low-income patients would be negatively affected if the “Low-Income Pool” (LIP) funds are substantially reduced or lost.
- Interviewees and focus group participants also raised concerns about the stability of safety net providers (UF Health and Agapé), given threats to funding sources that support their ability to provide access to care for uninsured and low-income patients.
- Hospital staff members who participated in focus group meetings indicated that the services most difficult to access are: mental health services, dental care, primary care, and specialty care (particularly for uninsured individuals).

### Communicable Diseases

- In *County Health Rankings*, Duval County ranked 63<sup>rd</sup> in 2012 and 62<sup>nd</sup> in 2015 (out of 67 Florida counties) for rates of sexually transmitted infections (“STIs”) (**Exhibit 26A**).
- The chlamydia rate in Duval County (606 per 100,000) exceeded the U.S. average by 32 percent (**Exhibit 26B**).
- In the 2015 *Community Health Status Indicators*, Duval County ranked in the bottom quartile of peer counties for HIV rates (**Exhibit 27**).
- In recent years, communicable disease incidence rates for Duval County far exceeded Florida averages (for chlamydia, gonorrhea, and tuberculosis) (**Exhibit 30**).
- Over 30 percent of respondents to a survey administered in high schools by the Duval County Public Schools indicated that they currently are sexually active.

## Diabetes

- In *County Health Rankings*, Duval County ranked 49<sup>th</sup> in 2012 and 41<sup>st</sup> in 2015 (out of 67 Florida counties) for diabetic screening (**Exhibit 26A**).
- In the 2015 *Community Health Status Indicators*, Duval County ranked in the bottom quartile of peer counties for mortality due to diabetes and for adult diabetes rates (**Exhibit 27**).
- Mortality rates from diabetes significantly exceeded Florida averages in recent years (**Exhibit 28**).
- In *Health: Place Matters 2013*, the Duval County Department of Health found that the rate of preventable hospitalizations for diabetes in the county exceeded the Florida average by more than 50 percent.
- Chronic diseases were the most frequently raised health issues by interviewees in Duval County. Overall, diabetes was the single most frequently mentioned condition, followed closely by hypertension, obesity or overweight, and cardiovascular disease.

## Health Disparities

- Certain population cohorts with known, unique health needs are expected to grow rapidly between 2015 and 2020, namely: the Hispanic (Latino) population in the County (growth of 21 percent), and the population aged 65 years and older (growth of 22.5 percent). (**Exhibits 6 and 10**).
- The proportion of residents who are Black (African American) is highest in ZIP codes 32209, 32208, and 32206. All three ZIP codes are located in Health Zone 1 (which is comprised of six ZIP codes where poverty also is most prevalent in Duval County).
- Community health data highlight that certain health issues are highly problematic for low-income residents. These include smoking rates, inability to visit a doctor due to cost, asthma, stroke, and poor mental health (**Exhibit 32**).
- Community health data highlight that certain health issues are highly problematic for Black and Hispanic (Latino) residents. For Black (African American) residents, these include inability to visit a doctor due to cost, obesity, asthma (**Exhibit 32**), and diabetes. For Hispanic (Latino) residents, these include asthma, heavy or binge drinking, and access to a personal doctor/regular checkups (**Exhibit 32**).
- In 2012, the Duval County Health Department developed a health assessment for Hispanic (Latino) residents which found higher than average uninsurance rates, and also risks for mortality from motor vehicle accidents, homicide, fire-arms, and suicide. Also that high school students were more likely than others to experience or perceive violence at school and consider or attempt suicide.
- In *Health: Place Matters 2013*, the Duval County Department of Health described how increasing diversity in Duval County will require more culturally and linguistically appropriate care.
- Health challenges experienced by minorities, including Black residents, Hispanic residents, and recent immigrants were frequently mentioned by community members providing input into the CHNA. Interviewees commented on barriers to care linked to affordability, transportation, knowledge, language, fear and a lack of trust, and cultural differences. Barriers to accessing health care among Duval County's immigrant and minority population were often discussed in terms of limited proficiency in the English language, limited knowledge of the health care system, and distrust in the medical

community. Racism was discussed as a contributing factor to the way African Americans are treated by medical providers.

### **Maternal and Child Health**

- A number of maternal and child health indicators are comparatively unfavorable in Duval County: the percent of births that are preterm, teen birth rates, domestic violence offenses, low birthweight births, infant mortality, and middle school and high school students without sufficient vigorous physical activity (**Exhibits 26B, 27, and 31**).
- Internal hospital staff members participating in focus group meetings identified premature births and infant mortality as among the most significant community health problems.

### **Mental Health**

- In 2014, the Jacksonville Community Council Inc. (JCCI) issued “*Unlocking the Pieces: Community Mental Health in Northeast Florida*.” Findings include:
  - In 2012, Florida ranked 49th of the 50 states in per capita state mental health funding and Northeast Florida was the second-lowest funded region in Florida
  - The Duval County suicide rate in 2012 was the highest since 1991 and had increased 13.2 percent since 2008
  - More people in Duval County die from suicide than from homicide
  - There is an undersupply of mental health professionals in the community
- Surveys conducted by Duval County Public Schools indicate that mental health problems recently have increased for middle school students, including “serious considerations of suicide.”
- The vast majority of participants mentioned poor mental health and lack of mental health resources as major concerns. They identified adolescents, sexual minorities, those with limited English proficiency, low-income residents, the elderly, and veterans as groups that are more likely to suffer mental health concerns.
- Hospital staff members who participated in focus group meetings indicated that the services most difficult to access are: mental health services, dental care, primary care, and specialty care (particularly for uninsured individuals).

### **Nutrition, Physical Activity, and Obesity**

- In the 2015 *Community Health Status Indicators*, Duval County ranked in the bottom quartile of peer counties for adult obesity rates and for “adult physical inactivity” (**Exhibit 27**).
- Food deserts are present in Duval County – in Health Zone 1, Atlantic Beach, and other areas in the central/southern areas of the county (**Exhibit 37**).
- Across all interviews the health behaviors of greatest concern were poor diet and nutrition and limited physical activity. Education on healthy eating habits and the benefits of a nutritional diet would be beneficial. Insufficient knowledge about nutrition was mentioned in many interviews as a contributing factor to health conditions. Poor parenting skills, particularly among young parents, were commonly cited as a contributing factor to unhealthy behaviors. Specifically, family support, food security, quality time or interactions, and educational support were discussed as key elements that are often missing in young families in Duval County.

## Poverty

- Many health needs are associated with poverty. In 2013, 16.6 percent of Duval County residents lived in poverty – a rate above Florida and national averages (**Exhibit 16**).
- The Duval County Department of Health has divided the county into “Health Zones.” Health Zone 1 is comprised of six ZIP codes in/around downtown Jacksonville. According to the U.S. Census: 107,897 people lived in Health Zone 1 in 2013 (about 12 percent of Duval County’s total population). About 34 percent of these 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.
- Unemployment rates in Duval County declined between 2010 and 2015; however, rates in Duval County consistently have been above Florida and U.S. averages.
- In *County Health Rankings*, Duval County ranked 38<sup>th</sup> in 2012 and 41<sup>st</sup> in 2015 (out of 67 Florida counties) for unemployment (**Exhibit 26A**).
- Crime rates (for murder, forcible sex offenses, and other crimes) in Duval County also are well above Florida averages.

## Smoking

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

## Transportation

- Individuals providing input expressed concern about how a lack of reliable public transportation makes it difficult to access health care services, particularly for low-income, elderly, and disabled residents, and those who travel long distances for care or live in the Northside of Jacksonville. Transportation barriers contribute to missed appointments and failure to seek care for health concerns. They recommended that JTA implement additional routes, an alternate transportation system, or taxi discount vouchers for the low income, elderly, or disabled populations.
- The North Florida Transportation Planning Organization recently published two studies, indicating that two-thirds of area residents do not consider mass transit services to be adequate, and highlighting limitations with transportation options.
- In its 2012 study, *Elder Services Needs Assessment*, ElderSource identified how a lack of transportation can impact access to prescription drugs.

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

## CHNA DATA AND ANALYSIS

# METHODOLOGY

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## 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 data provided by local, state, and federal public agencies, local community service organizations, and hospital members of The Partnership. Comparisons to benchmarks were made where possible. Detailed 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 185 persons representing the broad interests of the community was taken into account via eleven key informant interview sessions, seventeen focus groups, and four town hall meetings. Interviews included: individuals with special knowledge of or expertise in public health; the local public health department; agencies with current data or information about the health needs of the community; and leaders, representatives, and members of medically underserved, low-income, and minority populations, and populations with chronic disease needs. Duval County Department of Health staff, working under subcontract with Verité, conducted and summarized results from the key informant interviews and community meetings.

## Collaboration

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

## Prioritization Process and Criteria

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

## Information Gaps

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

## DEFINITION OF COMMUNITY ASSESSED

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

Baptist Jacksonville is a multi-specialty hospital facility that provides inpatient, outpatient, and 24-hour emergency care. For the purposes of this CHNA, the community has been defined as Duval County; in 2014, more than 69 percent of the hospital's inpatient discharges originated from there.

Duval County includes four cities and towns and 35 ZIP codes. In 2015, the community was estimated to have a population of approximately 900,000 persons (**Exhibit 1**).

### Exhibit 1: Community Population, 2015

City or Town	Total Population 2010	Total Population 2015	Percent of Total Population 2015
Jacksonville	809,080	840,749	93.4%
Atlantic Beach	23,665	23,778	2.6%
Jacksonville Beach	27,367	28,325	3.1%
Neptune Beach	7,018	7,078	0.8%
<b>Total</b>	<b>867,130</b>	<b>899,930</b>	<b>100.0%</b>

Source: Claritas via UF Health, 2015.

*Duval County  
includes a population  
of approximately  
900,000 persons*

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

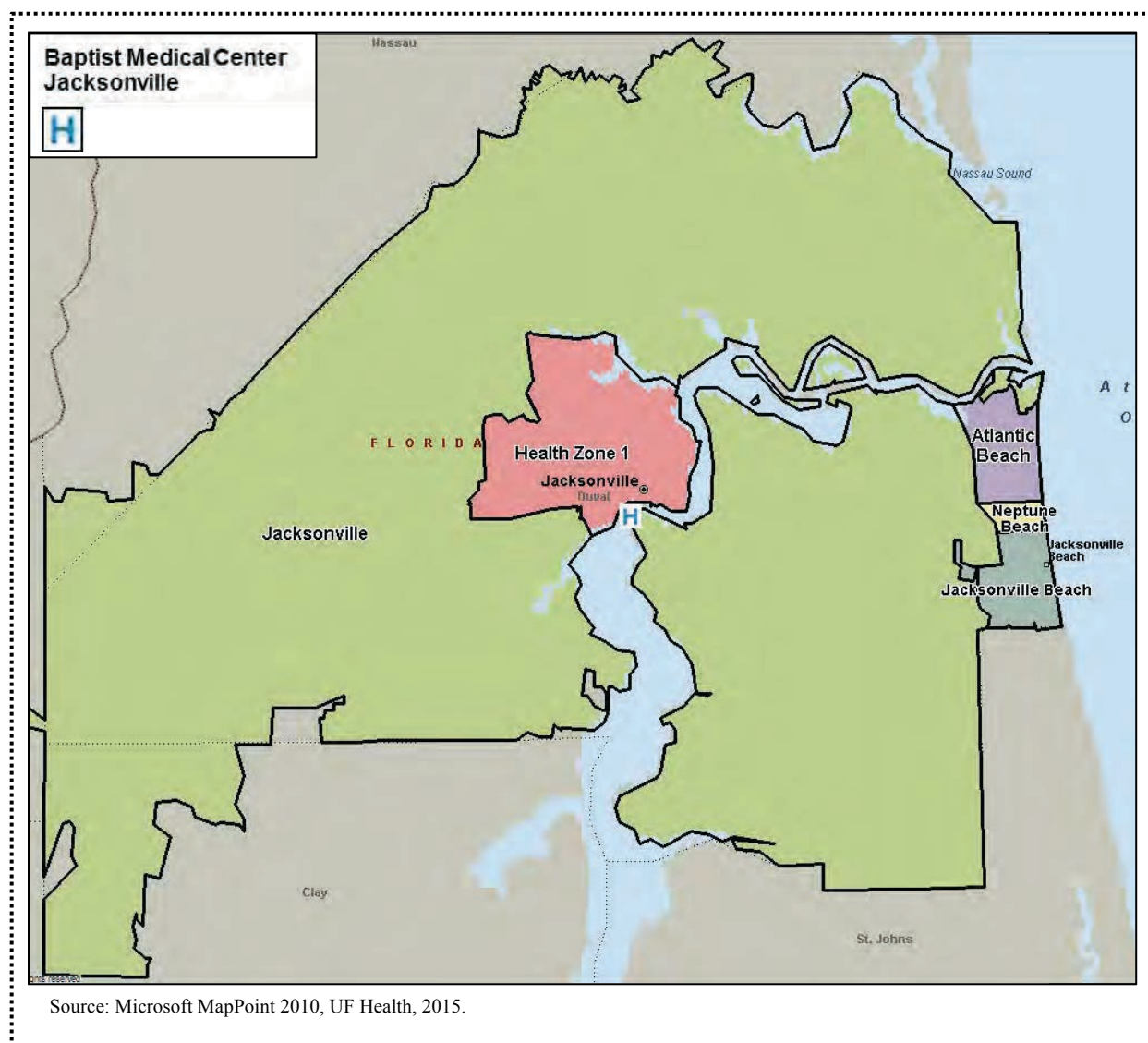
### Exhibit 2: Inpatient Discharges, 2014

	Duval County	Baker, Clay, Nassau, St. Johns Counties	Other Counties	Total Discharges
<b>Baptist Medical Center Jacksonville</b>				
Inpatient Discharges	24,051	7,473	3,253	<b>34,777</b>
Percent of Total Discharges	69.2%	21.5%	9.4%	<b>100.0%</b>

Source: Baptist Jacksonville, 2014.

**Exhibit 3** illustrates the ZIP Codes, cities, and towns within the community. 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).

### **Exhibit 3: Baptist Jacksonville Community**



## SECONDARY DATA ASSESSMENT

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

### Demographics

Population characteristics and changes influence community health needs. Overall, the population living in the Baptist Jacksonville community is expected to grow by 4.6 percent between 2015 and 2020 (**Exhibit 4**).

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

City or Town	Total Population 2015	Total Population 2020	Percent Change in Total Population 2015-2020
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%
<b>Total</b>	<b>899,930</b>	<b>941,470</b>	<b>4.6%</b>

Source: Claritas via UF Health, 2015.

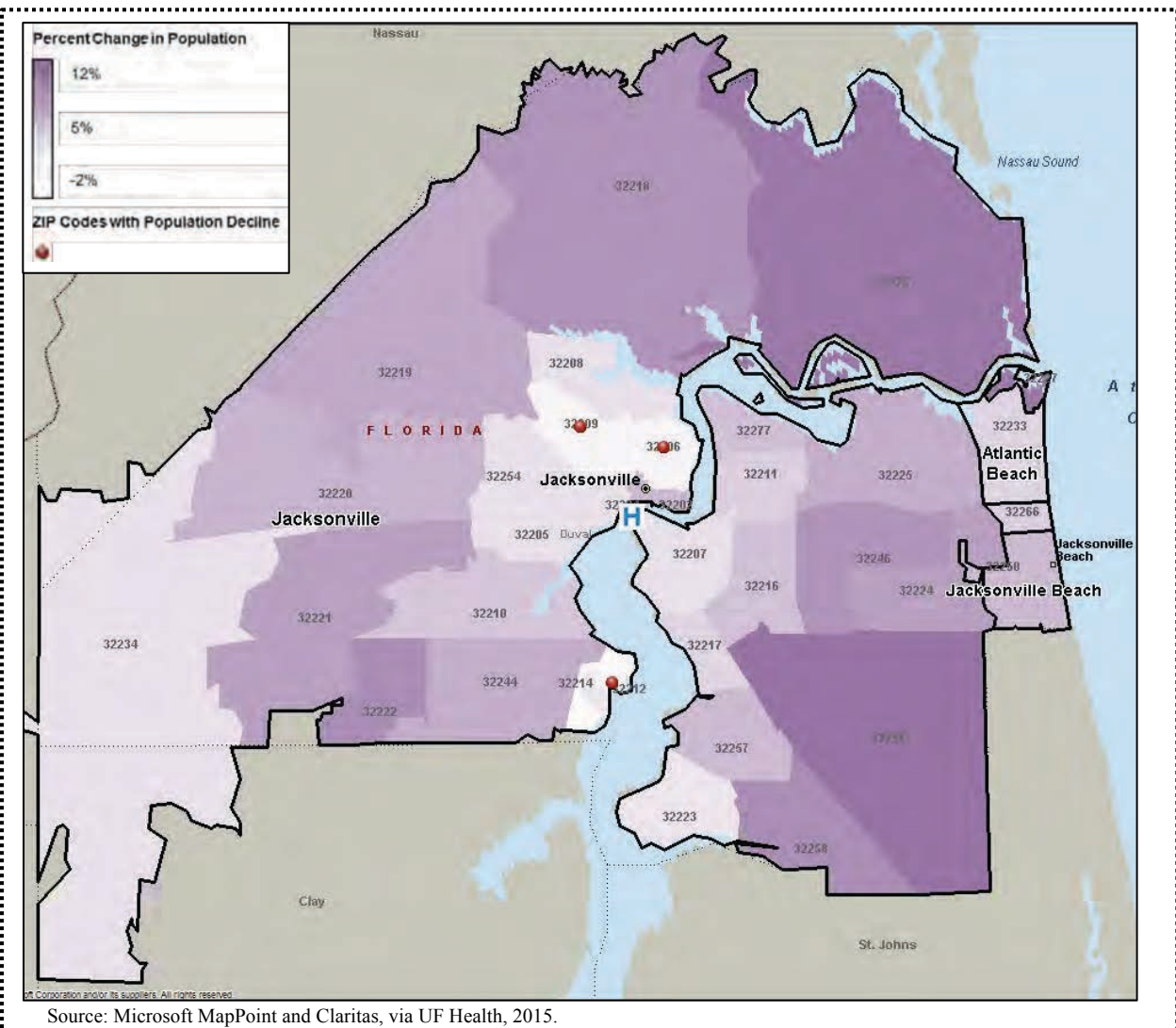
*The county population  
as a whole is expected  
to grow 4.6%*

...

*All cities/towns are  
expecting growth*

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

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



The ZIP codes with the highest change in population are 32226, 32258, 32222, and 32227. ZIP codes 32206, 32209, and 32212 are projected to lose population.

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

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

Age/Sex Cohort	Total Population 2015	Total Population 2020	Percent Change in Total Population 2015-2020
0-20	244,462	254,720	4.2%
Female 21-44	152,640	152,896	0.2%
Male 21-44	150,272	151,831	1.0%
45-64	236,079	239,395	1.4%
65+	116,477	142,628	22.5%
<b>Total</b>	<b>899,930</b>	<b>941,470</b>	<b>4.6%</b>

Source: Claritas via UF Health, 2015.

*The 65+ Age Group is Growing Rapidly*

At 22.5 percent, the number of residents aged 65 years and older is projected to have the highest growth of all age groups. The female 21-44 age group is expected to have the slowest growth. The projected growth of the 65+ age cohort will likely result in an increased demand for health services, because utilization of health care services by those in that age group typically far exceeds that of other cohorts.

**Exhibit 7** shows the distribution of Duval County residents by age/sex cohort compared to Florida and U.S. averages.

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

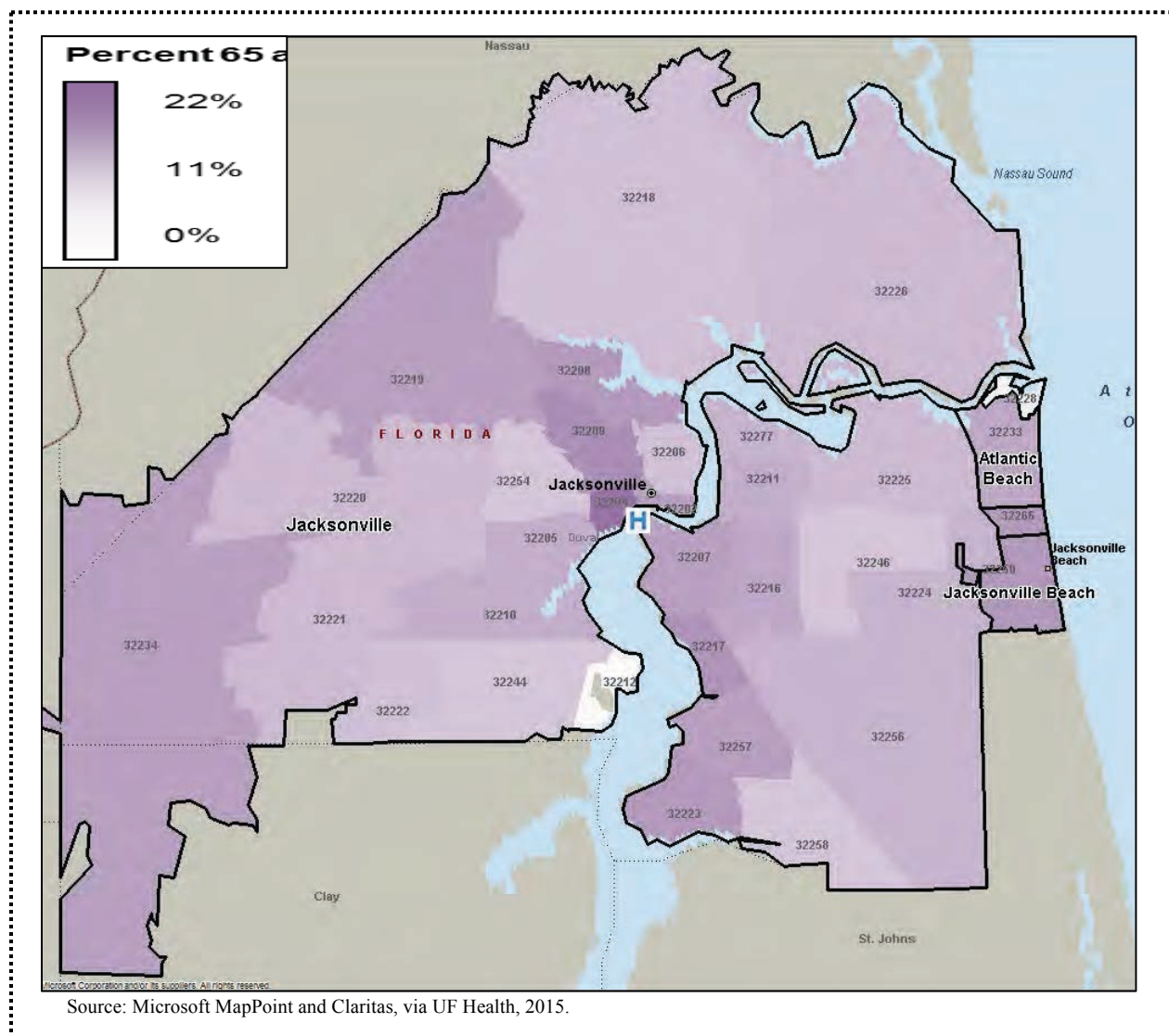
Age/Sex Cohort	Duval County	Florida	United States
0-19	26.0%	23.5%	26.6%
Female 20-44	18.2%	15.8%	16.7%
Male 20-44	17.9%	15.9%	16.9%
45-64	26.4%	27.0%	26.4%
65+	11.5%	17.8%	13.4%
<b>Total</b>	<b>872,598</b>	<b>19,091,156</b>	<b>311,536,594</b>

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

In Duval County, approximately 11.5 percent of the population in 2013 was over the age of 64, which was lower than both the Florida and U.S. averages.

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

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



Downtown Jacksonville (ZIP codes 32204, 32209, 32217, and 32223) and Jacksonville Beach (32250) had the highest proportion of people aged 65 years and over. ZIP codes 32212, 32228, and 32227 had the lowest proportions.

**Exhibit 9** depicts the distribution of the population in the Baptist Jacksonville community by race.

### Exhibit 9: Population Change by Race, 2015-2020

Race	Total Population 2015	Total Population 2020	Percent Change in Total Population 2015-2020
White	539,664	554,488	2.7%
Black	263,817	275,068	4.3%
American Indian/Alaska Native	3,486	3,579	2.7%
Asian	40,624	46,193	13.7%
Native HI/Pacific Islander	843	901	6.9%
Some Other Race	22,086	26,337	19.2%
Two or More Races	29,410	34,904	18.7%
<b>Total</b>	<b>899,930</b>	<b>941,470</b>	<b>4.6%</b>

Source: Claritas via UF Health, 2015.

*Non-White populations are to grow the fastest*

About 60 percent of the population in the community is estimated to be White in 2015. Non-White populations are projected to increase by 7.4 percent between 2015 and 2020. Increasing community diversity also will affect community health needs.

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

### Exhibit 10: Population Change by Ethnicity, 2015-2020

Ethnicity	Estimated Total Population 2015	Projected Total Population 2020	Percent Change in Population 2015-2020
Hispanic (or Latino)	79,769	96,464	20.9%
Not Hispanic/Latino	820,161	845,006	3.0%
<b>Total</b>	<b>899,930</b>	<b>941,470</b>	<b>4.6%</b>

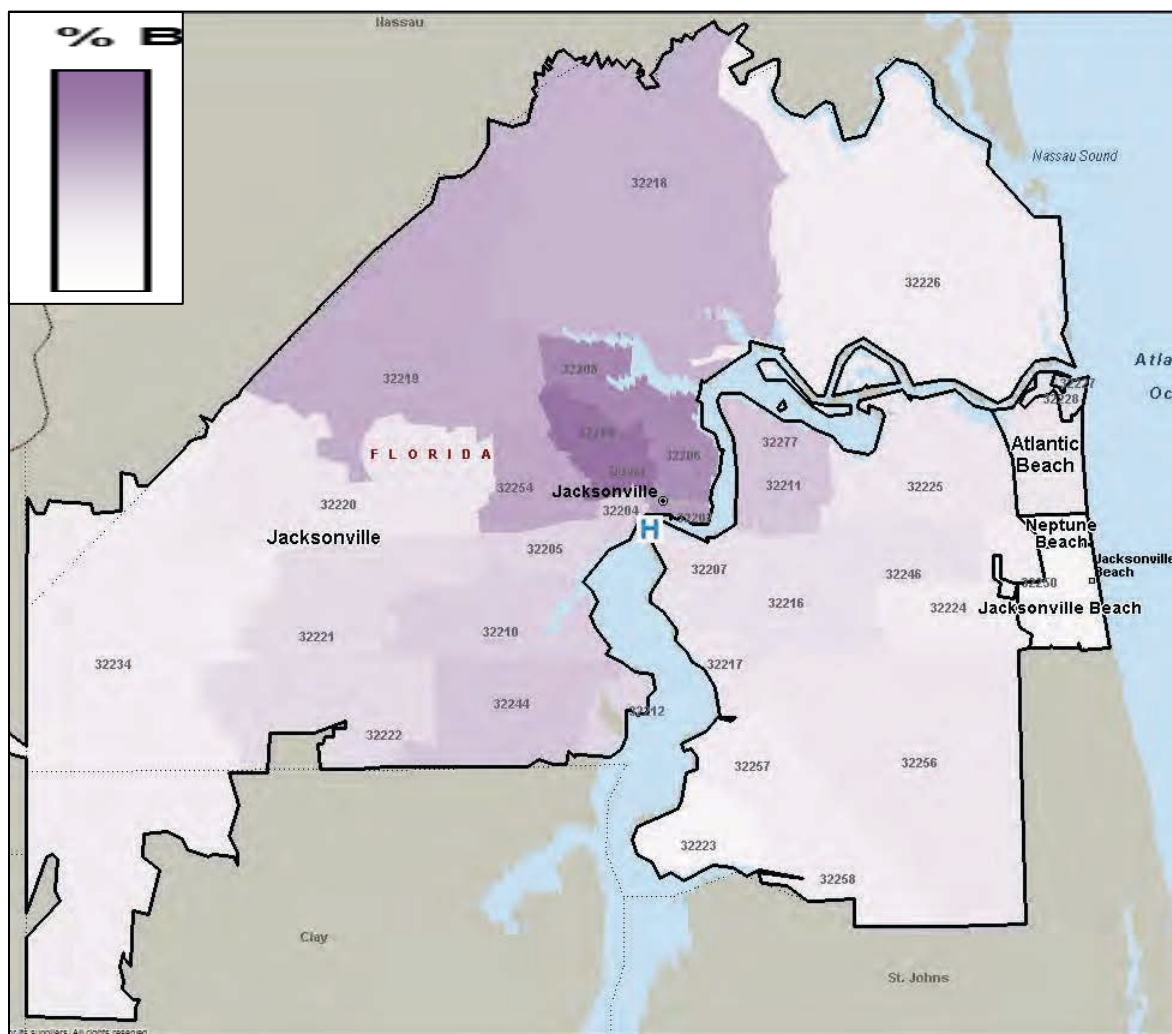
Source: Claritas via UF Health, 2015.

*The Hispanic (or Latino) community is expected to grow 21%*

Projections indicate that the Hispanic (or Latino) population is expected to grow more rapidly than the non-Hispanic (or Latino) population, and to grow from approximately nine percent in 2015 to more than 10 percent of the community by 2020.

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

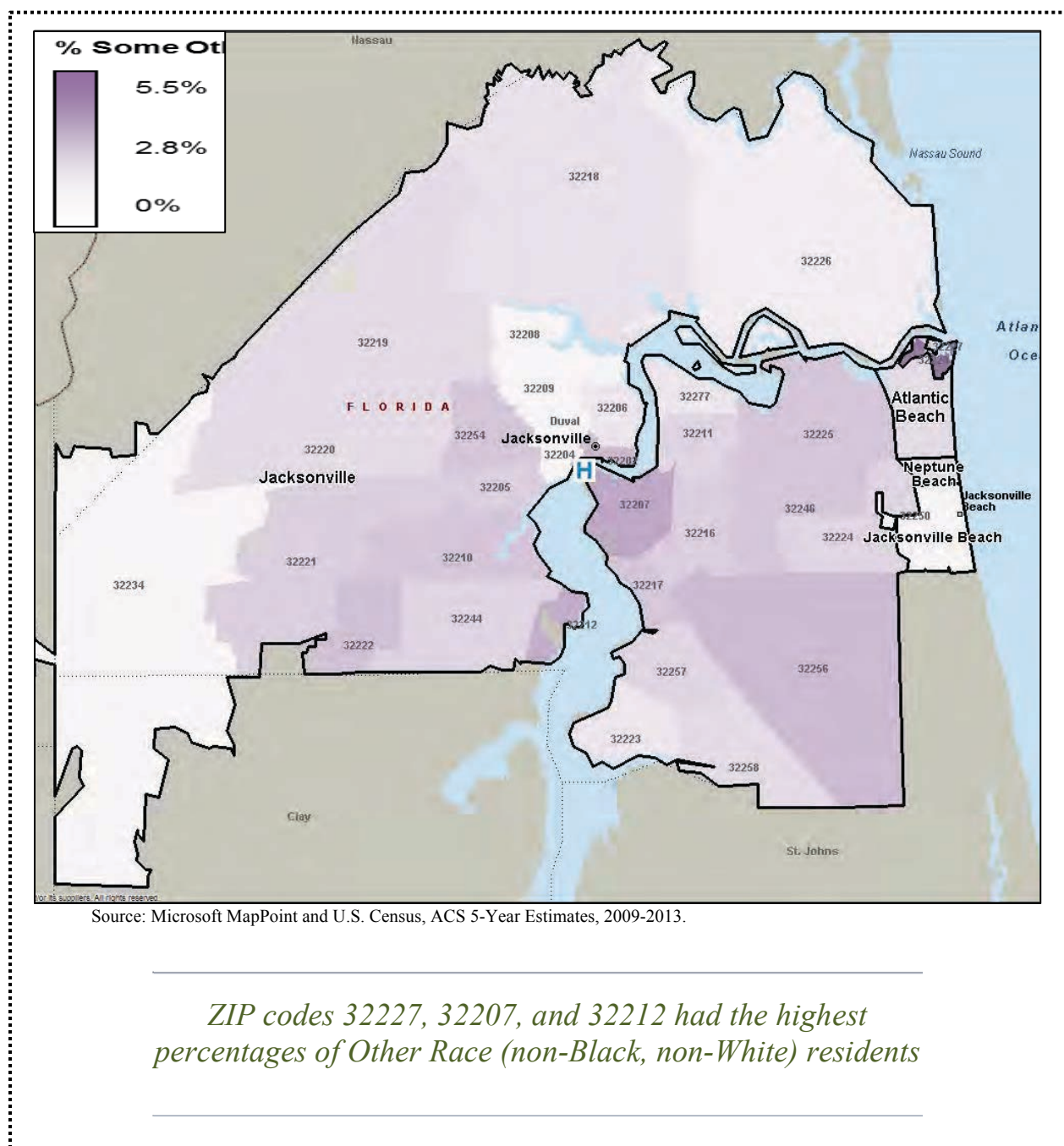
## Exhibit 11: Percent of Population – Black, 2013



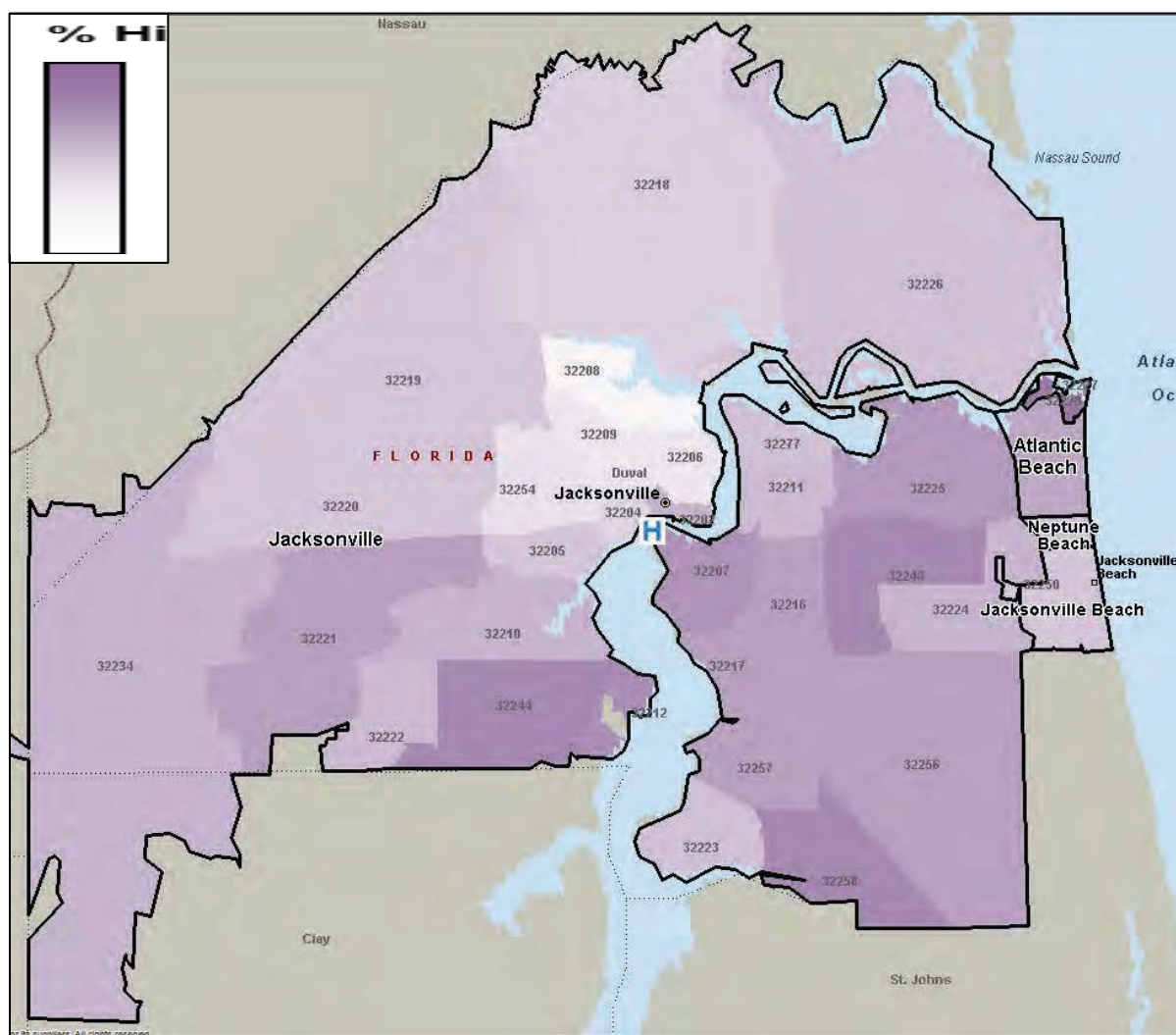
Source: Microsoft MapPoint and U.S. Census, ACS 5-Year Estimates, 2009-2013.

*ZIP codes 32209, 32208, and 32206 had the highest proportions of Black residents.*

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



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



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

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

The proportion of residents who are Black is highest in central Jacksonville (ZIP codes 32209, 32208, and 32206). The proportion of residents who identified as Hispanic (or Latino) is highest in the south eastern portion of the community (ZIP codes 32244, 32246, 32207, and 32258).

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

**Exhibit 14: Other Socioeconomic Indicators, 2009-2013**

Indicator	Duval County	Florida	United States
Population 25+ without High School Diploma	12.1%	13.9%	14.0%
Population with a Disability	12.3%	12.9%	12.1%
Population Linguistically Isolated	5.0%	11.7%	8.6%

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

These data indicate that:

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

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

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

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

	Duval County	Florida
<b>Total civilian non-institutionalized population</b>	<b>12.3%</b>	<b>12.9%</b>
<b>Population under 5 years</b>	<b>0.6%</b>	<b>0.7%</b>
With a hearing difficulty	0.3%	0.4%
With a vision difficulty	0.4%	0.5%
<b>Population 5 to 17 years</b>	<b>5.8%</b>	<b>5.1%</b>
With a hearing difficulty	0.6%	0.6%
With a vision difficulty	0.8%	0.8%
With a cognitive difficulty	4.7%	4.0%
With an ambulatory difficulty	0.6%	0.6%
With a self-care difficulty	1.0%	0.9%
<b>Population 18 to 64 years</b>	<b>10.7%</b>	<b>9.9%</b>
With a hearing difficulty	1.9%	1.8%
With a vision difficulty	1.7%	1.7%
With a cognitive difficulty	4.1%	4.1%
With an ambulatory difficulty	5.9%	5.3%
With a self-care difficulty	2.1%	1.9%
With an independent living difficulty	3.8%	3.6%
<b>Population 65 years and over</b>	<b>37.7%</b>	<b>34.0%</b>
With a hearing difficulty	13.9%	13.9%
With a vision difficulty	7.8%	6.3%
With a cognitive difficulty	9.6%	8.9%
With an ambulatory difficulty	25.7%	21.8%
With a self-care difficulty	9.1%	7.8%
With an independent living difficulty	16.8%	14.3%

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, ambulatory, independent living, and self-care difficulties are more prevalent for those 65 years of age and older in Duval County than elsewhere in Florida.

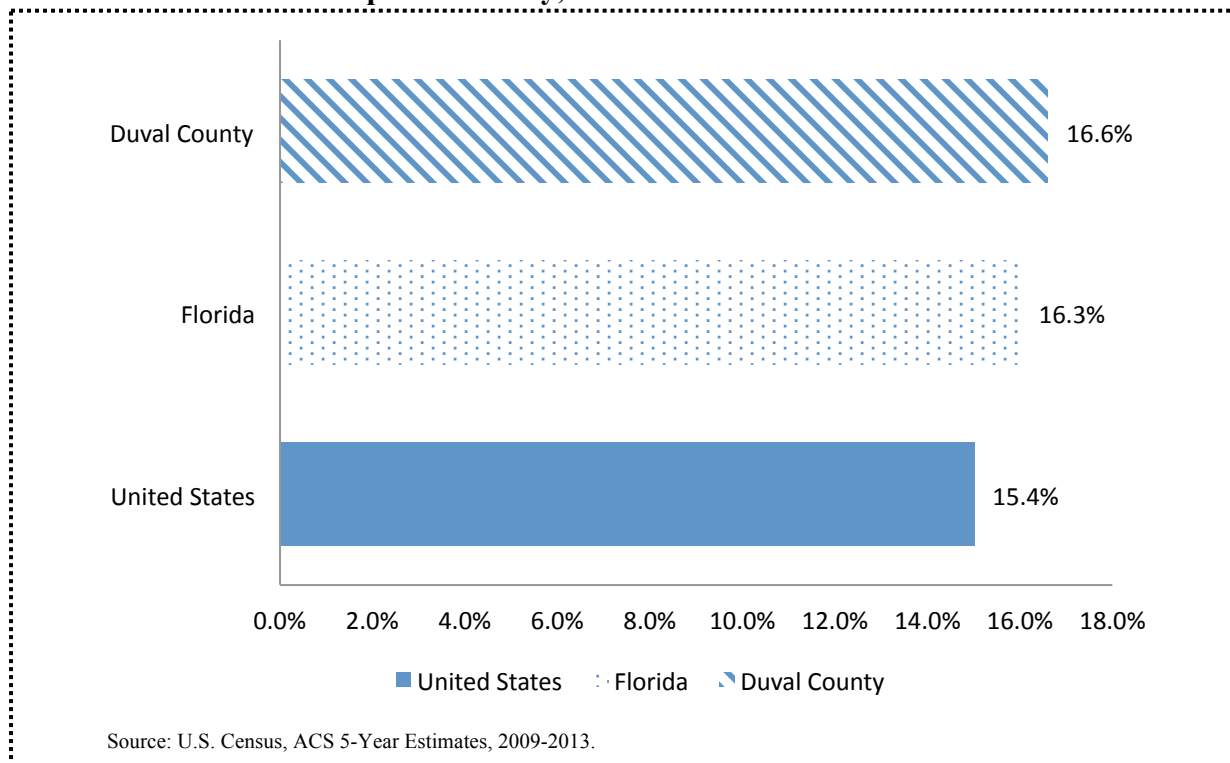
## Economic indicators

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 15.4 percent of people in the United States and 16.3 percent of people in Florida were living in poverty. Duval County had a higher proportion of people in poverty than Florida and the U.S.

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



In Duval County, the city of Jacksonville had higher poverty rates than the County average (**Exhibit 17**).

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

City/Town	Total Population	Percent of Population Below Poverty Level
Atlantic Beach	23,240	12.7%
Jacksonville	818,391	16.9%
Jacksonville Beach	25,894	12.5%
Neptune Beach	6,702	6.9%
<b>Duval County</b>	<b>874,227</b>	<b>16.6%</b>
<b>Florida</b>	<b>19,091,156</b>	<b>16.0%</b>
<b>United States</b>	<b>311,536,594</b>	<b>15.0%</b>

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

*Jacksonville has the highest poverty rate at 16.9%*

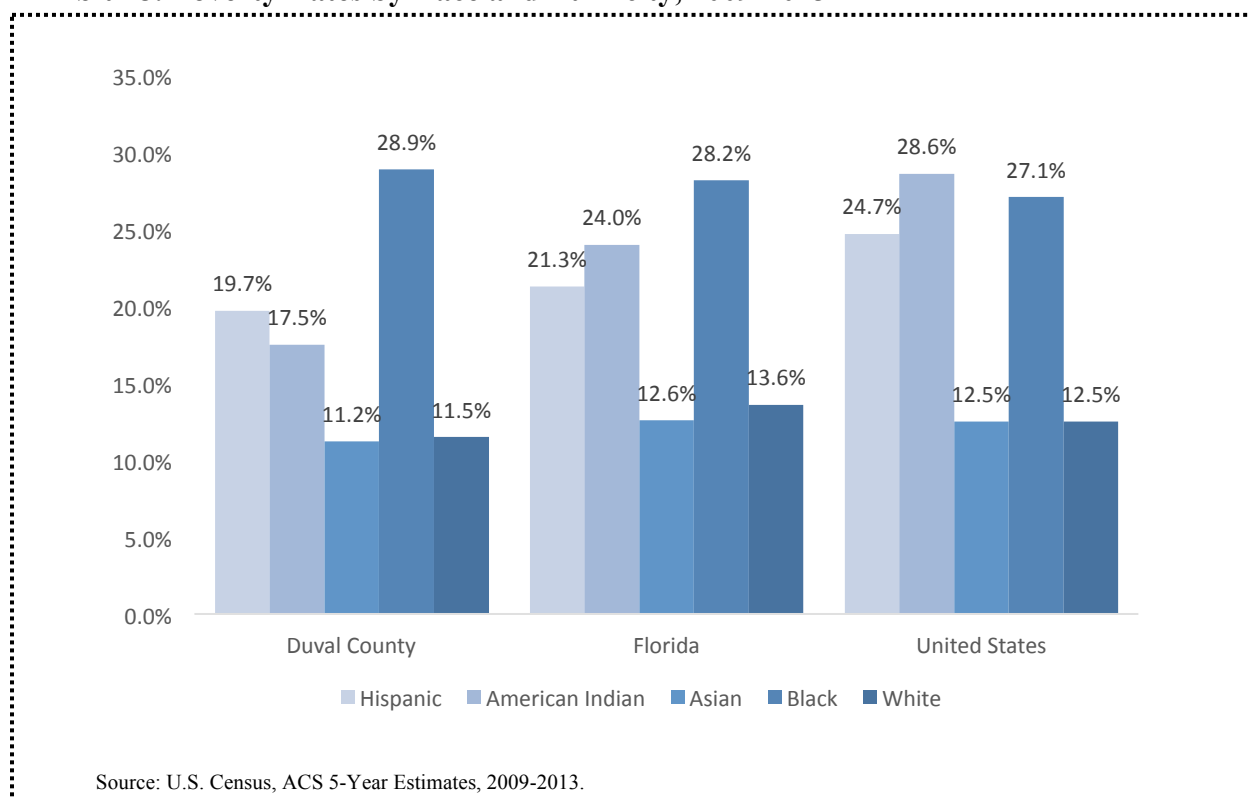
The Duval County Department of Health has divided the county into “Health Zones.” Health Zone 1 is comprised of six ZIP codes in/around downtown Jacksonville (32202, 32204, 32206, 32208, 32209, and 32254). According to the U.S. Census:

- 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 the county’s total population and to 25 percent of county residents living in poverty.

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

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



Duval County's poverty rates follow a similar pattern to those of Florida, with the highest poverty rate seen for Blacks, followed by Hispanics and American Indians. Both Whites and Asians have comparable, lower rates. Poverty rates for both American Indians and Hispanics were lower than the U.S. averages. Rates for Blacks in Duval County have been above both the Florida and the U.S. averages.

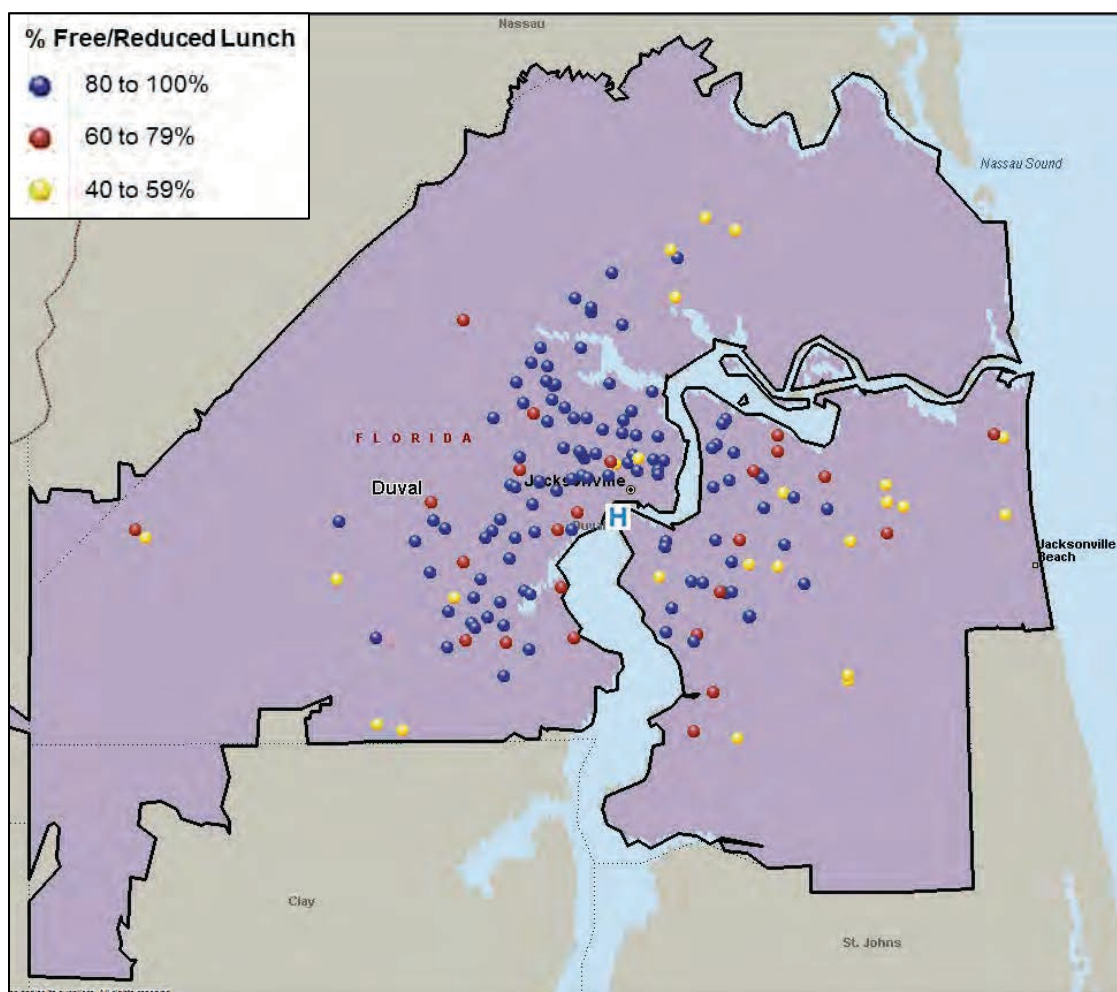
### Eligibility for the National School Lunch Program

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 Duval County, approximately 160 schools were eligible for Title 1 funds in 2014-2015.

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

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



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

### Household Income

Household income is assessed by many public and private agencies to determine eligibility for low-income assistance programs. In the Baptist Jacksonville community, 25.2 percent of households had incomes below \$25,000 in 2013. **Exhibit 20** depicts the percent of these households in the community by city or town.

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

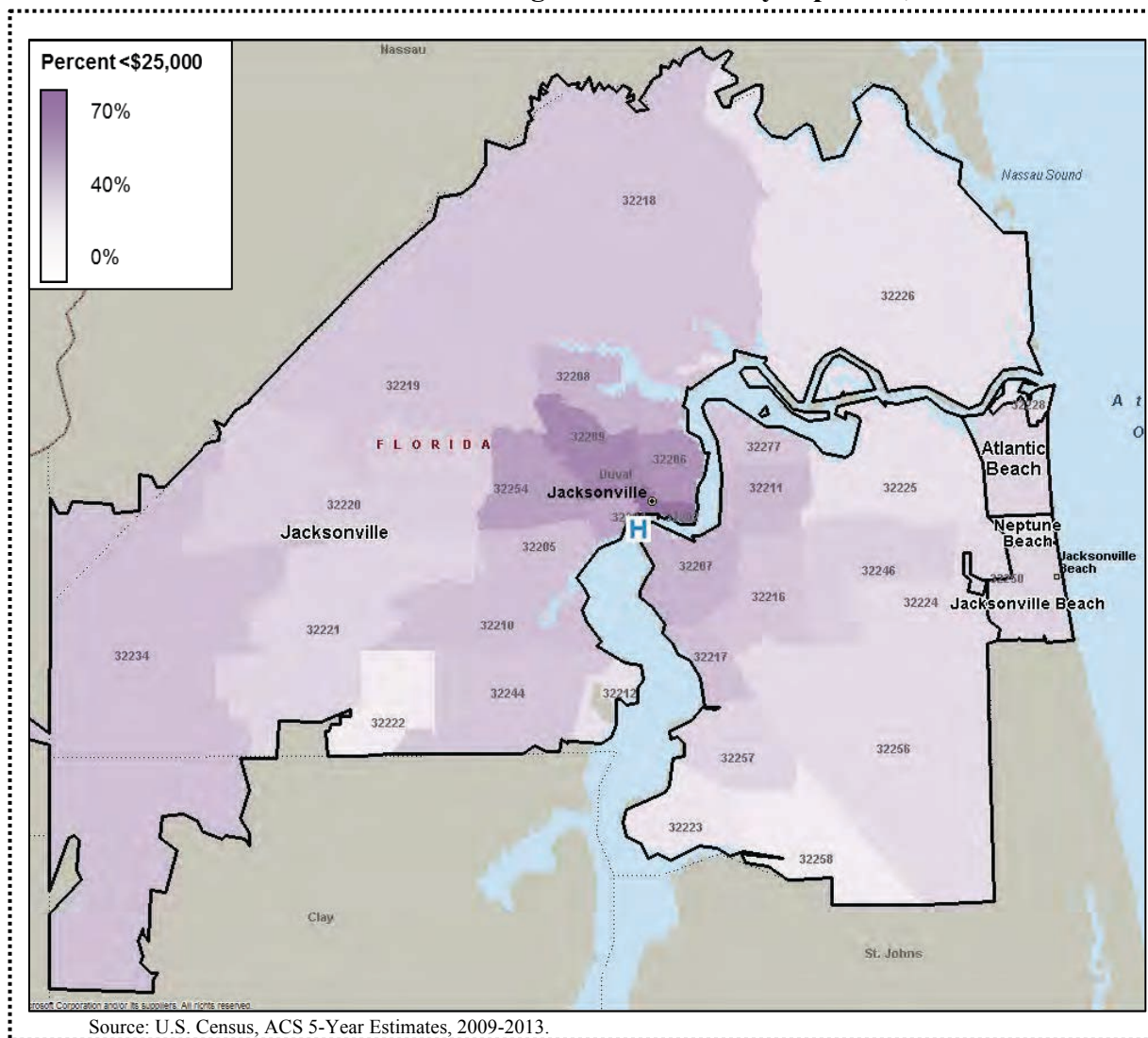
City or Town	Households 2009-2013	Median Household Income	Percent Less than \$25,000
Atlantic Beach	9,047	\$50,338	20.0%
Jacksonville	307,824	\$48,766	26.0%
Jacksonville Beach	11,636	\$56,466	20.6%
Neptune Beach	3,034	\$67,045	12.7%
<b>Total</b>	<b>331,541</b>	<b>\$49,246</b>	<b>25.2%</b>

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

Approximately 26 percent of the households in Jacksonville had incomes below \$25,000. Neptune Beach had the lowest percentage of low-income households.

**Exhibit 21** illustrates the proportion, by ZIP code, of households in the community with incomes under \$25,000.

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

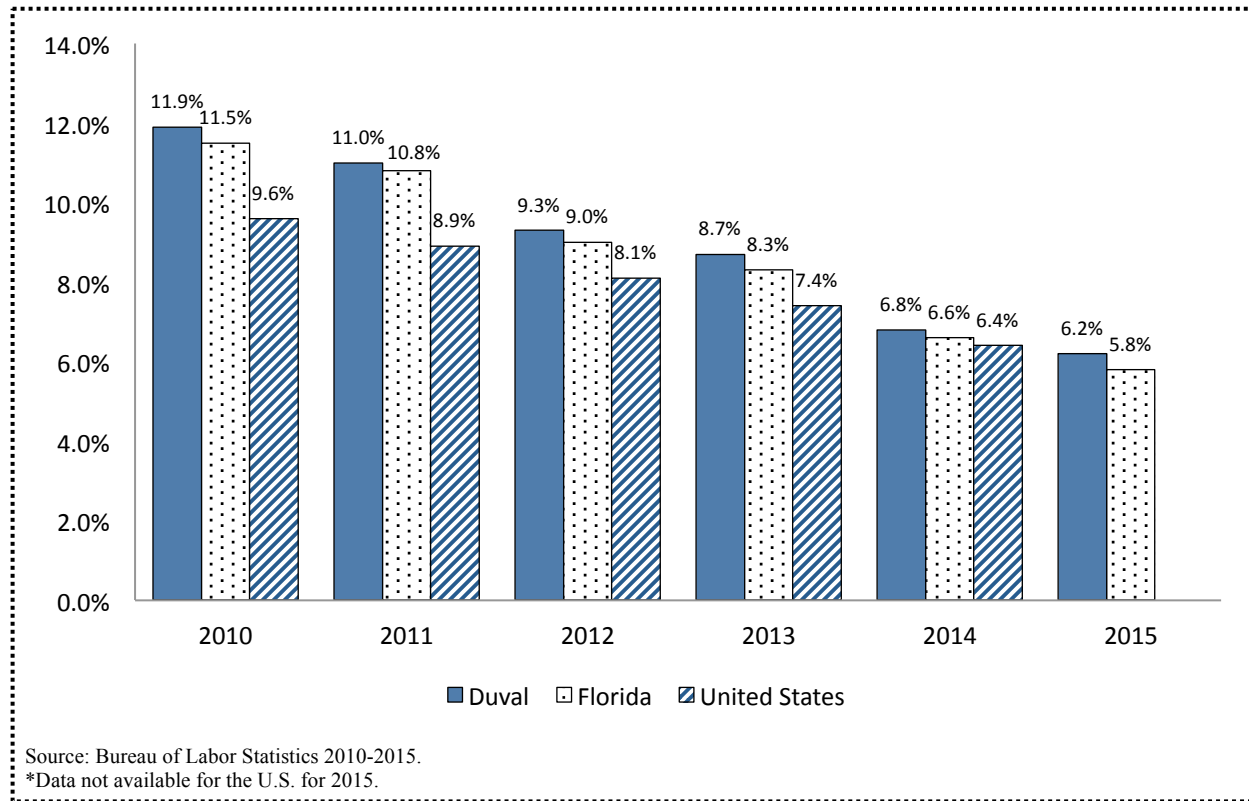


The highest proportions of households with incomes less than \$25,000 are located in central Jacksonville (ZIP codes 32206, 32209, and 32254). These ZIP codes are in Health Zone 1.

## Unemployment Rate

**Exhibit 22** shows the unemployment rate for Duval County, with Florida and national rates for comparison.

### Exhibit 22A: Unemployment Rates, 2010-2015



Duval County reported higher than average unemployment rates for all years from 2010 to 2015. The county's rate has been steadily declining since 2010.

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

City/Town	Percent Unemployed	
	2012	2013
Atlantic Beach	6.5%	6.3%
Jacksonville	7.4%	7.8%
Jacksonville Beach	5.3%	4.4%
Neptune Beach	2.1%	2.8%
<b>Total</b>	<b>7.2%</b>	<b>7.6%</b>

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

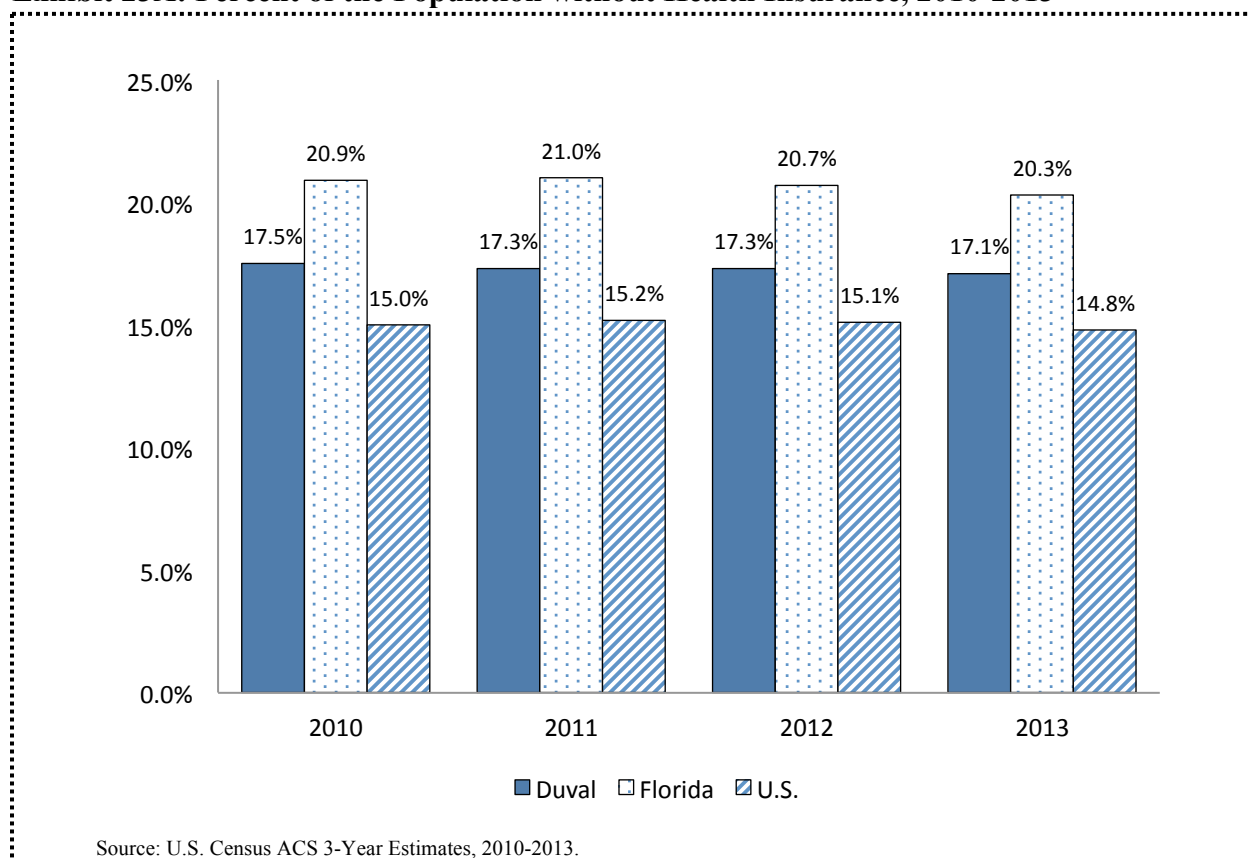
Note that the data vary between Exhibit 22A (from Bureau of Labor Statistics), and Exhibit 22B, the American Community Survey (ACS) from the U.S. Census. BLS data are official estimates but assess unemployment across larger geographic areas. The ACS data are collected over

multiple years and allow better comparisons of smaller geographic areas although specific data estimates may not be as accurate as the BLS.

### Insurance Status

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

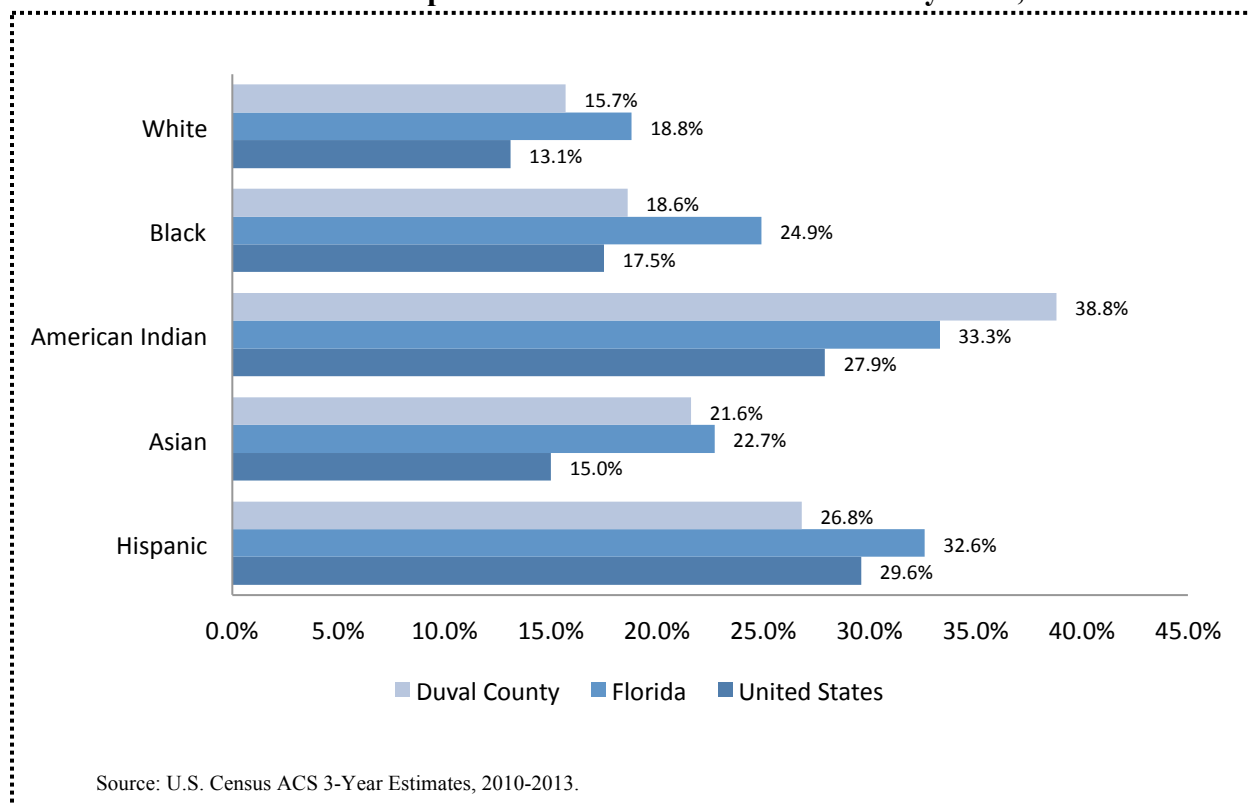
**Exhibit 23A: Percent of the Population without Health Insurance, 2010-2013**



Duval County’s “uninsurance rate” remained relatively stable from 2010 to 2013. The County’s uninsured rate was lower than Florida’s overall, but was higher than the national average for all four years.

**Exhibit 23B** presents the percent of the population without health insurance by race/ethnicity.

**Exhibit 23B: Percent of the Population without Health Insurance by Race, 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.<sup>4</sup> In Florida, a "coverage gap" thus exists for approximately 750,000 uninsured adults whose incomes are too high to qualify for Medicaid, but too low to be eligible for subsidized insurance through the health insurance marketplace created by the ACA.

Access to care for Medicaid recipients and uninsured individuals would be affected if "Low-Income Pool" (LIP) funds are reduced or lost. Certain Florida hospitals, like UF Health Jacksonville, receive substantial LIP funding, and as of mid-June 2015, the amount of such funding that would be available in the upcoming year was highly uncertain<sup>5</sup>. Losing LIP funding would be particularly problematic if Florida remains one of the states that has not expanded Medicaid eligibility.

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

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

City or Town	Commercial	Medicaid	Medicare	Other	Self Pay/Charity	Total
Atlantic Beach	19.9%	17.4%	44.6%	7.2%	11.0%	2,959
Jacksonville	23.5%	23.0%	39.6%	3.5%	10.4%	121,539
Jacksonville Beach	27.6%	11.5%	46.9%	3.0%	10.9%	3,451
Neptune Beach	41.8%	10.0%	37.6%	2.8%	7.8%	727
<b>Total</b>	<b>23.6%</b>	<b>22.5%</b>	<b>39.9%</b>	<b>3.5%</b>	<b>10.5%</b>	<b>128,676</b>

Source: UF Health, 2015.

Medicaid discharges were most prevalent in Jacksonville, followed by Atlantic Beach. Medicare and self-pay discharges were most prevalent in Jacksonville Beach and Atlantic Beach, as were commercial discharges in Neptune Beach.

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

## Crime

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

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

Type	Duval County		Florida Rate
	Count	Rate	
Murder	263	10.1	5.2
Aggravated Assault	9,399	360.4	311.3
Forcible Sex Offenses	2,375	91.1	52.2
Robbery	4,583	175.7	126.8
Motor Vehicle Theft	5,360	205.5	195.1
Larceny	81,374	3,120.4	2,332.1
Burglary	24,477	938.6	806.7

Source: Florida Department of Health, FloridaCHARTS

*Duval County's  
crime rates are  
well above  
state averages*

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

All crime rates were higher in Duval County than state averages. The murder rate for Duval is more than 75 percent worse than the state average and the forcible sex crime rate is 50 to 75 percent worse.

## Local Health Status and Access Indicators

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

### County Health Rankings

*County Health Rankings*, a University of Wisconsin Population Health Institute initiative funded by the Robert Wood Johnson Foundation, incorporates a variety of health status indicators into a system that ranks each county/city within each state in terms of “health factors” and “health outcomes.” These health factors and outcomes are composite measures based on several variables grouped into the following categories: health behaviors, clinical care,<sup>6</sup> social and

<sup>6</sup>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.

economic factors, and physical environment.<sup>7</sup> *County Health Rankings* is updated annually. *County Health Rankings 2015* relies on data from 2006 to 2014, with most data originating in 2000 to 2013.

**Exhibit 26A** depicts Duval County’s ranking for each composite category 2012 and 2015. Rankings indicate how the 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 25<sup>th</sup> percentile in 2015.

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

Health Indicator	County Ranking: 2012	County Ranking: 2015
<b>Health Outcomes</b>	<b>44</b>	<b>43</b>
Length of Life	48	45
Quality of Life	43	46
<b>Health Factors</b>	<b>32</b>	<b>28</b>
<b>Health Behaviors</b>	<b>31</b>	<b>43</b>
Adult smoking	26	33
Adult obesity	24	33
Excessive drinking	55	40
STIs	63	62
Teen births	31	34
<b>Clinical Care</b>	<b>12</b>	<b>14</b>
Primary care physicians	3	4
Dentists	15	2
Mental health providers	15	12
Preventable hospital stays	42	33
Diabetic screening	49	41
<b>Social &amp; Economic Factors</b>	<b>46</b>	<b>35</b>
Some college	12	11
Unemployment	38	40
Inadequate social support*	32	N/A
Social associations*	N/A	31
Injury deaths	N/A	23
<b>Physical Environment</b>	<b>46</b>	<b>43</b>
Air pollution*	N/A	52
Severe housing problems	N/A	39

Source: County Health Rankings, 2015.  
 \* 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.

<sup>7</sup>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.

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

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

**Exhibit 26B** provides data for each underlying indicator of the composite categories in the County Health Rankings.<sup>8</sup> The exhibit also includes national averages. For example, Duval County's percent of adults reporting poor health was 17.0 percent which was over ten 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.

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<sup>8</sup> 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](http://www.countyhealthrankings.org/sites/default/files/resources/2013Measures_datasources_years.pdf)

## Exhibit 26B: Duval County Data Compared to U.S. Average, 2015

Indicator Category	Data	Duval County	U.S.
<b>Health Outcomes</b>			
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%
<b>Health Factors</b>			
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	458
Teen births	Teen birth rate per 1,000 female population, ages 15-19	46	31
<b>Clinical Care</b>			
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	65
Diabetic screening	Percent of diabetic Medicare enrollees that receive HbA1c monitoring	84.0%	84.0%
<b>Social &amp; Economic Factors</b>			
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	59
Inadequate Social Support*	Percent of adults without social/emotional support	22.0%	20.0%
<b>Physical Environment</b>			
Air pollution	The average daily measure of fine particulate matter in micrograms per cubic meter (PM2.5)	12.0	11.1
Severe housing problems	Percentage of households with at least 1 of 4 housing problems: overcrowding, high housing costs, or lack of kitchen or plumbing facilities	19.0%	19.0%

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

The county reported rates of adult smoking, births with low birthweight, chlamydia, teen births, and injury mortality that were between 10 and 50 percent worse than U.S. averages.

### 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 assessed using 44 metrics associated with health outcomes including health care access and quality, health behaviors, social factors, and the physical environment.

The *Community Health Status Indicators* allow comparing a given county to other "peer counties." Peer counties are assigned based on 19 variables including population size, population growth, population density, household income, unemployment, percent children, percent elderly and poverty rates.

**Exhibit 27** compares Duval County to peer counties and highlights community health issues found to rank in the bottom quartile of the counties included in the analysis.

## Exhibit 27: Community Health Status Indicators, 2015

Category	Indicator	Duval
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.

\* PM 2.5 represents the average daily amount of fine particulate matter in micrograms per cubic meter (PM2.5) in a county

Duval County ranks in the bottom quartile for 22 of the 44 Community Health Status Indicators. Mortality rates are higher (and life expectancy is lower) for Duval County than for peer counties.

Morbidity rates due to diabetes, obesity, cancer, HIV, older adult asthma, and premature births also benchmark unfavorably. Smoking and physical inactivity are problematic.

### Florida Department of Health FloridaCHARTS

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

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

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

Mortality Indicator	Duval County	Florida	HP 2020 Goal
Cancer	187.9	159.6	160.6
Heart Disease	180.5	153.9	N/A
Chronic Lower Respiratory Disease	54.8	39.6	50.1
Stroke	38.6	31.3	33.8
Diabetes	27.7	19.6	66.6
Pneumonia/Influenza	16.1	12.2	N/A
Motor Vehicle Crashes	12.6	9.2	12.4
Homicide	11.3	6.4	5.5
Suicide	15.3	13.8	10.2
HIV/AIDS	11.5	4.7	3.3
Cirrhosis	7.8	10.8	8.2

Source: Florida Department of Health, FloridaCHARTS, 2013.

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

All age-adjusted death rates for Duval County compared unfavorably, except for Cirrhosis. Duval County was over 75 percent worse than Florida for homicide and for HIV/AIDS.

**Exhibit 29** displays cancer death rates and cancer incidence rates in Duval County compared to state averages.

### Exhibit 29A: Cancer Death Rates, 2012-2014

Cancer Type	Duval County	Florida
All Cancers	173.8	<b>158.1</b>
Bladder Cancer	5.1	<b>4.5</b>
Breast Cancer	22.8	<b>20.2</b>
Cervical Cancer	3.1	<b>2.9</b>
Colorectal Cancer	16.8	<b>13.8</b>
Esophagus Cancer	4.2	<b>3.8</b>
Hodgkin's Disease	0.2	<b>0.3</b>
Kidney and Renal/Pelvis Cancer	3.7	<b>3.4</b>
Leukemia	8.1	<b>6.4</b>
Liver Cancer	6.4	<b>6.1</b>
Lung Cancer	49.4	<b>43.4</b>
Lymphoid, Hematopoietic And Related Tissue Cancers	16.3	<b>15.5</b>
Melanoma	2.8	<b>2.9</b>
Central Nervous System Cancer	4.3	<b>4.3</b>
Non-Hodgkin's Lymphoma	4.3	<b>5.6</b>
Oral Cancer	2.9	<b>2.7</b>
Ovarian Cancer	6.9	<b>7.0</b>
Pancreatic Cancer	10.7	<b>10.4</b>
Prostate Cancer	21.6	<b>17.5</b>
Stomach Cancer	2.6	<b>2.9</b>
Uterus Cancer	2.9	<b>2.3</b>

Source: Florida Department of Health, FloridaCHARTS.

Rates are per 100,000 population and age-adjusted.

### Exhibit 29B: Cancer Incidence Rates, 2011-2013

Incidence	Duval County	Florida
All Cancer	514.8	<b>447.0</b>
Breast Cancer	129.6	<b>113.4</b>
Cervical Cancer	9.2	<b>8.9</b>
Colorectal Cancer	44.3	<b>38.0</b>
Kidney/Renal/Pelvis Cancer	16.7	<b>13.9</b>
Lung Cancer	77.2	<b>63.4</b>
Ovarian Cancer	11.9	<b>11.4</b>
Prostate Cancer	150.0	<b>115.8</b>

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

Source: Florida Department of Health, FloridaCHARTS.

Rates are per 100,000 population and age-adjusted.

Duval County reported higher cancer incidence rates than the state for all cancer types.

**Exhibit 30A** compares communicable disease incidence rates for Duval County to Florida averages.

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

Incidence	Duval County	Florida
HIV	38.2	27.1
Chlamydia	653.7	409.8
Congenital Syphilis	10.6	16.8
Infectious Syphilis	4.5	7.3
Gonorrhea	217.0	105.3
Tuberculosis	8.1	3.6

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

Source: Florida Department of Health, FloridaCHARTS.

Duval County compared unfavorably to the state for all communicable disease indicators except congenital and infectious syphilis. Gonorrhea and Tuberculosis rates were 50 to 75 percent worse than the Florida averages.

**Exhibit 30B** displays communicable disease incidence in Duval County by age group.

### Exhibit 30B: Communicable Disease Incidence by Age, 2011-2013

Disease	Age Group	Duval County	
		Cases	% of Total
Chlamydia	0-14	42	0.8%
	15-24	3,596	67.3%
	25-39	1,517	28.4%
	40-64	182	3.4%
	65+	5	0.1%
Gonorrhea	0-14	6	0.3%
	15-24	950	55.3%
	25-39	620	36.1%
	40-64	140	8.2%
	65+	1	0.1%
Syphilis	0-14	0	0.0%
	15-24	32	28.1%
	25-39	48	42.1%
	40-64	32	28.1%
	65+	2	1.8%

Source: Florida Department of Health, FloridaCHARTS.

**Exhibit 31** displays maternal and child health indicators for Duval County. 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 31: Maternal and Child Health Indicators

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%
Licensed child care centers and homes	Per 1,000 population < 13	2011	1	598	4.1	2.9	N/A
Middle school students without sufficient vigorous physical activity	Percent	2012	4	N/A	32.9%	29.9%	20.2%
High school students without sufficient vigorous physical activity	Percent	2012	4	N/A	43.2%	37.3%	20.2%
Middle school students overweight	Percent	2012	3	N/A	14.4%	11.1%	N/A
High school students overweight	Percent	2012	3	N/A	14.5%	14.3%	N/A
High school graduation rate	Percent	2012	2	N/A	72.1%	75.6%	82.4%
Children 5-11 experiencing child abuse	Per 1,000 5-11	2010-2012	2	968	12.5	12.1	N/A
Children 5-11 experiencing sexual violence	Per 1,000 5-11	2009-2011	3	80	1.0	0.6	N/A

Source: Florida Department of Health, FloridaCHARTS, 2013.

Based on **Exhibit 31**, the following maternal and child health indicators are problematic in Duval County: domestic violence offenses, low and very low birthweight births, infant mortality, childhood immunization rates, and middle and high school students without sufficient vigorous physical activity.

### **Behavioral Risk Factor Surveillance Survey**

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

**Exhibit 32** compares various BRFSS indicators for Duval County with Florida averages. It also includes available U.S. averages and the Healthy People 2020 goal for corresponding indicators. Indicators are shaded if values exceeded Florida averages by more than ten percent.

### Exhibit 32: BRFSS Indicators and Variation from Florida, 2013

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

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

\*Data from 2010 BRFSS.

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

In Duval County, rates for smoking, obesity, asthma, and stroke exceeded Florida averages. The BRFSS data allow assessing the extent to which certain health disparities are present. The data indicate that:

- Obesity is particularly prevalent within the county's Black population.
- Asthma is more prevalent within the Hispanic (Latino) population. This group also is less likely to have a personal doctor and to be insured.
- Several health problems are more prevalent for low-income households, namely: smoking, inability to visit a doctor due to cost, uninsurance, obesity, asthma, stroke, and poor mental health.

## Ambulatory Care Sensitive Conditions

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

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

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

### County/City Level Analysis

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

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

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

Payer Category	Duval County			Five County Region
	ACSC Discharges	All Discharges	ACSC %	ACSC %
Self-Pay/Charity	1,988	13,526	14.7%	14.2%
Medicaid	2,727	29,118	9.4%	9.0%
Medicare	9,025	51,621	17.5%	17.3%
Commercial	2,240	30,595	7.3%	6.8%
Other	416	4,573	9.1%	8.6%
Total	16,396	129,433	12.7%	12.4%

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

In 2014, 12.7 percent of discharges for residents of Duval County were for ACSC conditions – a proportion slightly above the average across the five county region assessed by the Partnership (Baker, Clay, Duval, Nassau, and St. Johns counties). This finding holds across all payer categories.

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

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

Rate	Duval County	Florida
Angina	5.6	5.7
Congestive Heart Failure	132.7	101.1
Hypertension	62.0	40.4
Iron Deficiency Anemia	33.0	24.2
Asthma	182.8	135.0
COPD	138.9	123.9
Diabetes	195.2	131.1
Nutritional Deficiencies	50.1	22.1
Kidney/Urinary Infections	61.1	59.7
Vaccine Preventable Conditions	4.9	3.7

Source: Florida Department of Health, FloridaCHARTS.

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

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

### Hospital-Level Analysis

**Exhibit 35** provides discharges for Baptist Jacksonville for ACSCs by condition. These ACSC discharges were assessed from 34,777 total discharges from the hospital.

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

Condition	Total
Heart Failure Admission	608
Bacterial Pneumonia Admission	499
Chronic Obstructive Pulmonary Disease (COPD) or Asthma in Older Adults Admission	489
Urinary Tract Infection Admission	357
Diabetes Long-Term Complications Admission	304
Low Birth Weight	253
Diabetes Short-Term Complications Admission	177
Dehydration Admission	170
Hypertension Admission	149
Asthma in Younger Adults Admission	46
Uncontrolled Diabetes Admission	39
Perforated Appendix Admission	34
Angina Without Procedure Admission	29
Lower-Extremity Amputation among Patients with Diabetes	22
<b>Total</b>	<b>3,176</b>

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

The top five discharges for ACSCs at Baptist Jacksonville were: heart failure, bacterial pneumonia, COPD or asthma, urinary tract infection, and diabetes long-term complications.

## 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.<sup>10</sup> 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 36** presents the *Community Need Index*™ (CNI) score of each ZIP code in the Baptist Jacksonville community.

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

**CNI Score**

- 4.2 to 4.9
- 3.4 to 4.1
- 2.6 to 3.3
- 1.8 to 2.5
- 1.0 to 1.7

Map labels: Nassau, Nassau Sound, Jacksonville, Jacksonville Beach, Neptune Beach, Atlantic Beach, Clay, St. Johns, FLORIDA.

Source: Microsoft MapPoint and Dignity Health, 2015.

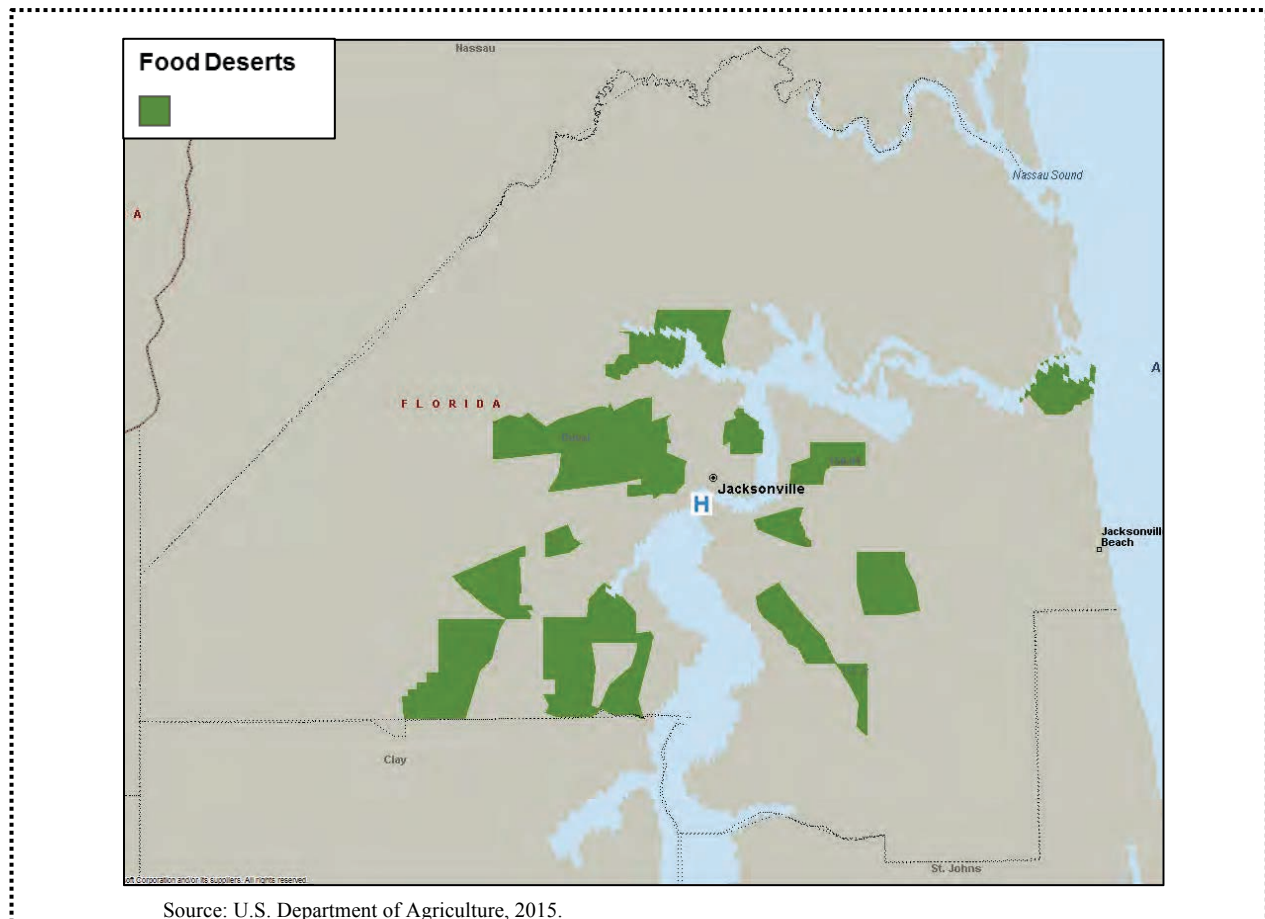
Baptist Jacksonville  
Community Health Needs Assessment

## Food Deserts

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

**Exhibit 37** illustrates the location of food deserts in the community.

**Exhibit 37: Food Deserts**



The food deserts in the community are clustered in the center of the county, on both sides of the river. There also is a food desert in Atlantic Beach.

## 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.<sup>11</sup> 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.”<sup>12</sup>

**Exhibit 39** (in the next section) depicts areas and populations designated by HRSA as medically underserved. In Duval County, 11 census tracts are designated as MUAs and the low-income populations of 29 census tracts in North Jacksonville are designated as MUPs.

## Provider Supply

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

### Health Professional Rates per 100,000 Population

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

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

<sup>12</sup> *Ibid.*

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

Provider Type	Count	Rate	Florida Rate
Dentists	465	56.4	53.8
Mental Health Providers*	1,292	156.7	112.3
Physicians	3,523	401.6	267.2
Family Physicians	328	37.4	24.5
Internal Medicine	675	76.9	49.7
OB GYN	122	13.9	9.8
Pediatrician	306	34.9	21.3

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

Duval County reports more providers per 100,000 for all categories. Most notably, the rates for total physicians and internists are significantly above the Florida averages.

### Health Professional Shortage Areas (HPSA)

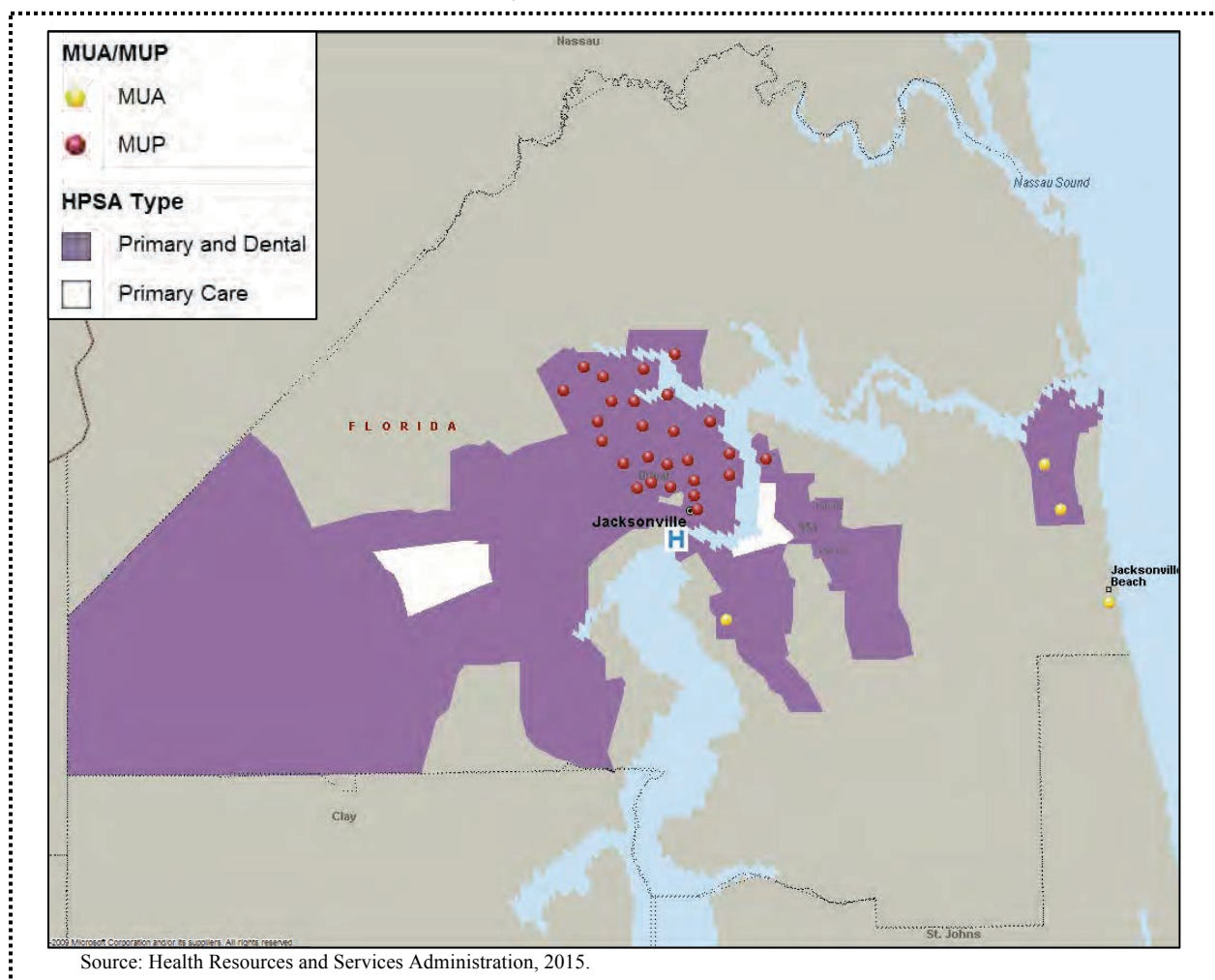
A geographic area can receive a federal Health Professional Shortage Area (HPSA) designation if a shortage of primary medical care, dental care, or mental health care professionals is found to be present. In addition to areas and populations that can be designated as HPSAs, a health care facility can 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.”<sup>13</sup>

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

<sup>13</sup>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 39: MUA/Ps and HPSA Areas, 2015



The southwestern area of Duval County, central Jacksonville, and Atlantic Beach are designated as dental health professional shortage areas. The southwestern area of Duval County, central Jacksonville, and Atlantic Beach are designated as primary care health professional shortage areas.

Medically Underserved Populations are clustered in Health Zone 1. Medically Underserved Areas are located in Atlantic Beach, Jacksonville Beach, and south of Jacksonville.

### Projected Physician Supply Relative to Needs

According to the Association of American Medical Colleges, physician shortage issues are expected to intensify in coming years. Current estimates predict a national shortage of between 46,100 and 90,400 active patient care physicians by 2025. For primary care alone, a deficit of between 12,500 and 31,100 physicians is expected by 2025. Various factors contribute to the anticipated shortages, including an increase in insurance coverage due to the Affordable Care Act, higher demand from an aging population, and a large proportion of the current workforce

reaching retirement age. The projected shortfalls are actually less than the projected numbers in the previous study due to a rapid increase in supply of advance practice physicians who are playing a bigger role in patient care, and the downward revision by the U.S. Census Bureau of its 2025 population projections.<sup>14</sup>

Data show that Florida's current physician supply is not adequate to serve rising demand for medical services.<sup>15</sup> To maintain status quo, there will need to be an increase in PCPs by 38 percent.<sup>16</sup> Approximately 13.4 percent of physicians in Florida are aged 40 or younger, while 29.4 percent are over the age of 60.<sup>17</sup> In Duval County, between 6.8 and 17.9 percent of physicians are expected to retire within the next five years. Additionally, Florida physicians have little capacity to treat additional patients due to current patient loads.<sup>18</sup>

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.<sup>19</sup>

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."<sup>20</sup>

The plan to create and expand medical residency programs in Florida is further supported by Florida's relatively low rates of enrollment in medical and osteopathic school and graduate medical education. During the academic year 2012-2013 in Florida, there were approximately 24.7 students per 100,000 population enrolled in either medical school or osteopathic school, ranking Florida 33<sup>rd</sup> 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.<sup>21</sup>

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 42<sup>nd</sup>,

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<sup>14</sup> 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>

<sup>15</sup> *Ibid.*

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

<sup>17</sup> 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/>

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

<sup>19</sup> *Ibid.*

<sup>20</sup> 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/>

<sup>21</sup> 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/>

while the rate of residents/fellows in primary care ACGME programs was 6.6 residents/fellows per 100,000 population, ranking Florida as 45<sup>th</sup>.<sup>22</sup>

## Description of Other Facilities and Resources within the Community

### Federally Qualified Health Centers

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

#### Exhibit 40: Federally Qualified Health Centers

FQHC Name	County	City	Zip Code
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

Source: Health Resources Administration, 2015

### HPSA Facilities

There are two HPSA designated facilities in Duval County (**Exhibit 41**).

#### Exhibit 41: HPSA Designated Facilities, 2015

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

Source: Health Resources Administration, 2015.

<sup>22</sup> *Ibid.*

## Hospitals

**Exhibit 42** depicts the hospital beds per-capita rates in Duval County compared to Florida averages.

### **Exhibit 42: Hospital Bed Rate by Type, per 100,000 Population, 2013**

Bed Type	Duval County		Florida Rate
	Count	Rate	
Total Hospital Beds	3,728	425.0	320.3
Total Acute Care Beds	2,951	336.4	263.6
Total Specialty Beds	777	88.6	56.7
Rehabilitation Beds	157	17.9	12.6
Adult Psychiatric Beds	242	27.6	20.0
Adult Substance Abuse Beds	28	3.2	1.5
Child and Adolescent Psychiatric Beds	11	1.3	2.7
Neonatal Intensive Care Unit (NICU) Level III Beds	56	6.4	4.0

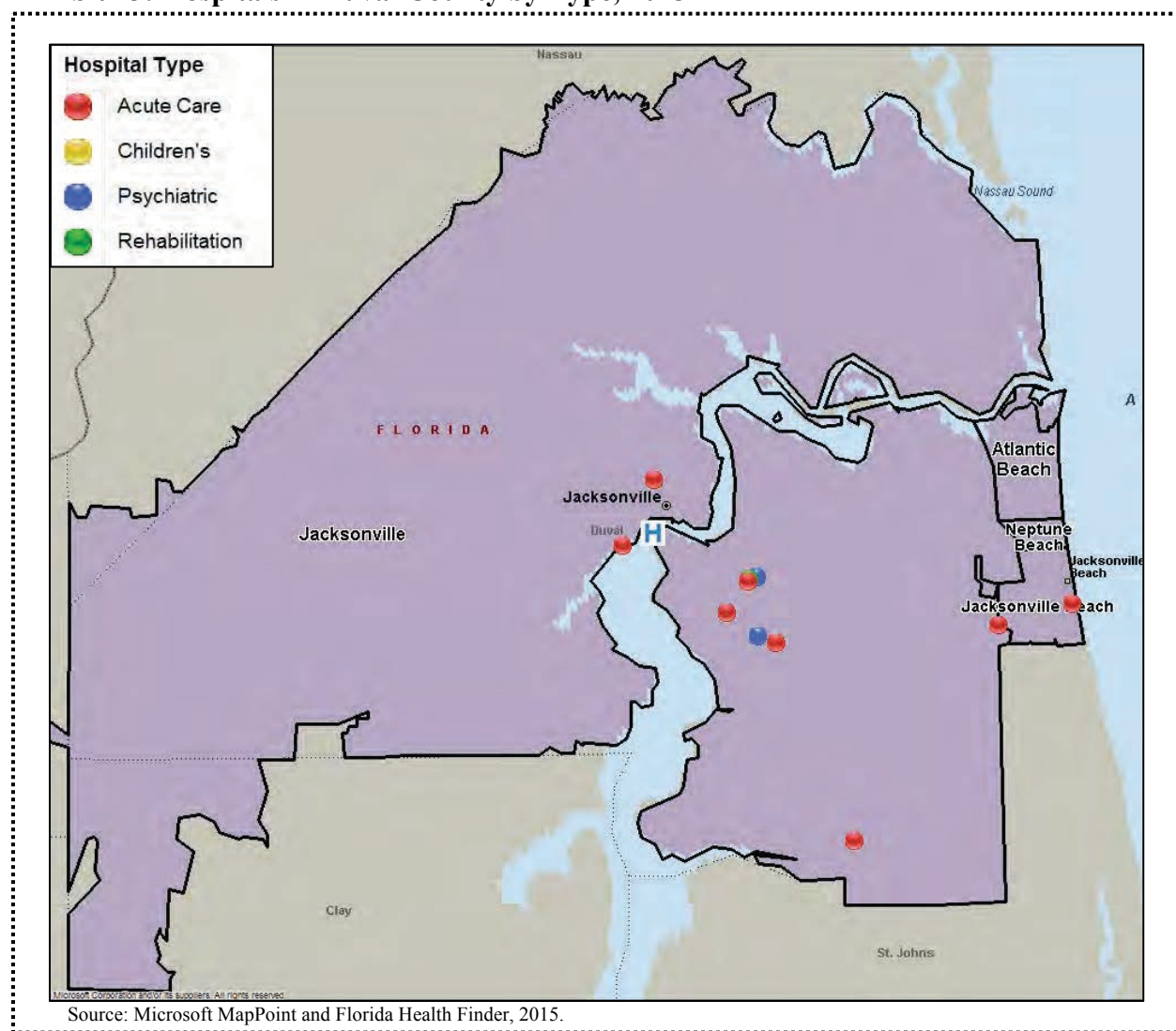
Source: Florida Department of Health, FloridaCHARTS, 2015.

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

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

**Exhibit 43** presents the locations of Duval County hospitals.

### Exhibit 43: Hospitals in Duval County by Type, 2015



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

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

### Other Community Resources

There is a wide range of agencies, coalitions, and organizations available in the region served by the Jacksonville Metropolitan Community Benefit Partnership to assist in meeting community

<sup>23</sup> Florida Health Finder. 2015

health and social services needs. There are several different types of community resources available to help community members:<sup>24</sup>

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

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

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

- Organizational, Community, and International - 197

A comprehensive 2-1-1 service is available through United Ways of Northeast Florida, which is available by phone, text, and online to help provide assistance to members of the community.<sup>25</sup> Several other organizations including, but not limited to: County Health Departments<sup>26</sup>, Episcopal Children's Services<sup>27</sup>, Health Impacts for Florida<sup>28</sup>, and Early Learning Coalition<sup>29</sup> 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.<sup>30</sup>

## Findings of Other Community Health Needs Assessments

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

### ElderSource

ElderSource, an Area Agency on Aging, published a 2011-2012 report, *Elder Services Needs Assessment*, for Planning Service Area 4 (PSA 4), which is comprised of Baker, Clay, Duval, Flagler, Nassau, St. Johns, and Volusia counties. This assessment was intended to inform ElderSource on the needs of elders and caregivers.<sup>31</sup>

Key findings for PSA 4 include:

- Approximately 430,000 adults over 60 lived in PSA 4 in 2010 and nearly one-third (approximately 150,000) were over the age of 75
- 35 percent of survey respondents did not have an emergency preparedness plan
- Many elders cannot use public transportation, if available, for multiple reasons including mobility limitations, financial inability, and scheduling requirements
- Lack of transportation can impact prescription drug access
- Processes for applying for assistance can be overwhelming
- Some assisted living facilities have waiting lists
- Yard and household maintenance were most cited by survey participants as areas for which assistance was needed

<sup>25</sup> United Way of NE Florida. 2-1-1 Service. <http://nefl211.org/>

<sup>26</sup> Florida Health Departments. <http://www.floridahealth.gov/>

<sup>27</sup> Episcopal Children's Services. Community Resource Guides. [http://www.ecs4kids.org/parent\\_com\\_recs](http://www.ecs4kids.org/parent_com_recs)

<sup>28</sup> Health IMPACTS for Florida. <https://www.ctsi.ufl.edu/research-initiatives/completed-projects/uf-fsu-community-research-collaborative-program/>

<sup>29</sup> Early Learning Coalition of Duval. Community Resource Guide.

[http://elcofduval.org/ccrr\\_communityresourceguide.asp](http://elcofduval.org/ccrr_communityresourceguide.asp)

<sup>30</sup> Florida Medicaid. "Florida's Health Care Safety Net: A comprehensive list of State and County based resources for the uninsured". July 2010

<sup>31</sup> 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/>

- Cost concerns may delay some elders from getting new eyeglasses as insurance covers exams but not glasses
- Most elders, 85 percent, rarely or never visit a senior center
- Survey respondents would like a check-in service for elders that live alone as well as a service to match elders of similar interests
- Over 30 percent of elders admitted to a hospital for inpatient services are discharged to another medical facility, such as a skilled nursing facility
- Elders and caregivers may not know what services are available and how to request assistance
- Elders living in rural settings vary by county (54.1 percent in Baker, 25.2 percent in Clay, 3.5 percent in Duval, 42.5 in Nassau, and 18.0 in St. Johns)
- Roughly one-third of elders did not receive an influenza vaccination within the last twelve months or a pneumococcal vaccination ever

### **North Florida Transportation Planning Organization (Community Survey, 2008)**

The North Florida Transportation Planning Organization published results of a survey by Ulrich Research entitled *A Survey of Residents of Clay, Duval, Nassau and St. Johns Counties*.<sup>32</sup> The survey was conducted to inform development of transportation resources in the Jacksonville, Florida MSA. The purpose of the survey was to provide information to be used in the development of the North Florida Transportation Planning Organization's Long Range Transportation Plan.

Key findings are as follows:

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

### **North Florida Transportation Planning Organization (2012 Report)**

The North Florida Transportation Study Commission published its 2012 final report, *Connecting Regionally for Success*.<sup>33</sup> This commission was charged with developing a Long Range Transportation Plan.

Key report elements are as follows:

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<sup>32</sup> 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>

<sup>33</sup> 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>

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

### **Duval County Public Schools (YRBS, Middle School Students)**

The Duval County Public Schools conducted the Youth Risk Behavior Survey (YRBS) of middle school students in 2009, 2011, and 2013. Summaries of findings were published by the Florida Department of Health Duval County.<sup>34</sup>

Key findings include:

- Bullying increased by over 20 percent between 2009 and 2013
- Serious considerations of suicide increased by over 10 percent, with increases in serious consideration and attempts by females increasing by over 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 (YRBS, High School Students)**

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

Key findings include:

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

<sup>34</sup> 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>.

<sup>35</sup> 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>.

## 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*.”<sup>36</sup> 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 1 in 3 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
- Hispanic/Latino residents in 2010 were less likely than other residents to have health insurance coverage

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<sup>36</sup> Duval County Public Health Duval and Hispanic/Latino Advisory Council to DCHD. (2012) *2012: State of Hispanic Health in Duval County*. Retrieved 2015 from [http://www.coj.net/esmivida/docs/hispanic-health-report-single-pages-small-\(2\).aspx](http://www.coj.net/esmivida/docs/hispanic-health-report-single-pages-small-(2).aspx)

## 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*."<sup>37</sup> 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

## Florida Department of Health Duval County

The Florida Department of Health Duval County in 2013 published "*Health: Place Matters 2013*."<sup>38</sup> The report assesses the health residents of six "Health Zones," or geographic subdivisions, in Duval County.

Key findings are as follows:

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

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<sup>37</sup> 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](http://www.hpcnef.org/files/health-needs-assesments/NEFL_Childrens_Community_Mental_Health_Assessment_9-20-06.pdf).

<sup>38</sup> 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](http://duval.floridahealth.gov/programs-and-services/community-health-planning-and-statistics/place-matters/_documents/place-matters-final-dec2014.pdf).

## Jacksonville Metropolitan Community Benefit Partnership

The Jacksonville Metropolitan Community Benefit Partnership in 2012 published “*Community Health Needs Assessment: 2012 Report*.”<sup>39</sup> 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 for assessment was Clay, Duval, Nassau, Putnam, and St. Johns counties.

Key findings are as follows:

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

## Duval County Health Department and Partnership for a Healthier Duval

The Duval County Health Department and Partnership for a Healthier Duval in 2012 published “*Community Health Assessment and Community Health Improvement Plan*.”<sup>40</sup> The report summarizes the collaborative approach to understand and develop responses to health needs in

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<sup>39</sup> 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](http://shands.thehcn.net/content/sites/hpcnef/2012_CHNA_REPORT_FINAL.pdf).

<sup>40</sup> 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](http://duval.floridahealth.gov/programs-and-services/community-health-planning-and-statistics/_documents/chip.pdf).

Duval County. The study used Mobilizing for Action through Planning and Partnerships (MAPP) model.

Key findings are as follows:

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

#### **Jacksonville Community Council Inc. (Mental Health Study)**

The Jacksonville Community Council Inc. (JCCI) in 2014 issued “*Unlocking the Pieces: Community Mental Health in Northeast Florida*.”<sup>41</sup> 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 ten percent of inmates at the Duval County jail have severe and persistent mental health illnesses
- Most individuals with severe mental illness, 85 percent, are unemployed
- The number of assessments for involuntary hospitalization for mental illness under the Florida Baker Act increased in Duval County from 4,458 in 1999 to 6,751 in 2012
- In 2012, Florida ranked 49th of the 50 states in per capita state mental health funding and Northeast Florida was the second-lowest funded region in Florida
- Elders in Northeast Florida are more likely to commit suicide than others in the community
- The Duval County suicide rate in 2012 was the highest since 1991 and had increased 13.2 percent since 2008
- More people in Duval County die from suicide than from homicide
- There is an undersupply of mental health professionals in the community

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<sup>41</sup> Jacksonville Community Council Inc. (2014) *Unlocking the Pieces: Community Mental Health in Northeast Florida*. Retrieved 2015 from [http://issuu.com/jcci/docs/mhi\\_report](http://issuu.com/jcci/docs/mhi_report).

### Jacksonville Community Council Inc. (Child Developmental Issues)

The Jacksonville Community Council Inc. (JCCI) in 2012 issued “*Children: 1-2-3: A Community Inquiry on Creating Early Learning Success.*”<sup>42</sup> The report presented results from the study of key elements for healthy 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

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<sup>42</sup> 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](http://issuu.com/jcci/docs/children_1-2-3_inquiry_final_report/1).

## PRIMARY DATA ASSESSMENT

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

### Community Input Methodology

Community input was gathered through a total of 64 key informant interviews, focus groups, and town hall meetings conducted across the five counties served by the Partnership. Both external, local community health experts and internal hospital staff members were identified and selected to participate as key informants. Through these interactions, input was received from 340 individuals. Additionally, community health experts assisted in the design, marketing, and implementation of focus groups and town hall meetings to promote participation from the target populations identified. Selected topics and questions were designed for each interview type.

Twenty-three key informant interviews, focus groups, and town hall meetings were conducted in Duval County. The 114 external 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, social determinants of health, and health disparities faced by the residents of Duval County.

Nine focus group meetings were held at Partnership hospitals located in Duval County. Seventy one (71) hospital staff participated in this discussion, including representatives from emergency departments, physicians, nursing, case management, and social services.

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

## Exhibit 44: Scaling Description

Scale	Description
<b>Doing well (0)</b>	<ul style="list-style-type: none"> <li>The topic is mentioned.</li> <li>The topic is not perceived as an issue in the community (e.g., Health topic is described as performing well against benchmarks).</li> </ul>
<b>Low severity (1)</b>	<ul style="list-style-type: none"> <li>The topic may be mentioned several times.</li> <li>Although the health topic could perform better when compared to benchmarks, there are other more urgent health concerns in the community.</li> <li>Existing resources or interventions to address the issue are adequate to meet the health needs of the community.</li> </ul>
<b>Medium-low (2)</b>	<ul style="list-style-type: none"> <li>The topic is mentioned several times.</li> <li>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.</li> <li>Resources or interventions are needed address this health concern.</li> </ul>
<b>Medium-high (3)</b>	<ul style="list-style-type: none"> <li>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).</li> <li>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.</li> <li>Resources or interventions to address the health issue are needed.</li> </ul>
<b>High severity (4)</b>	<ul style="list-style-type: none"> <li>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 as performing poorly against benchmarks).</li> <li>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.</li> <li>Although there is great concern about this issue, no or very limited resources are dedicated to the issue.</li> </ul>

Focus groups and town hall meetings provided the opportunity to gain insight from individuals who represent the broad interests of Duval County. The demographic characteristics of the external participants are summarized in **Exhibit 45**. Key informant interviews were conducted to gather input from external, public health experts. **Exhibit 46** depicts the various public health professions and target populations represented through the external key informant interviews.

## Exhibit 45: Demographic Characteristics of Focus Group and Town Hall Meeting Participants

Participant Characteristic	Duval County (N)
<b>Race/Ethnicity</b>	
Caucasian	37
Black	53
Hispanic	5
Other	6
Not reported	2
<b>Language Other than English</b>	
German	1
Spanish	11
Other	1
None	85
Not reported	5
<b>Education</b>	
GED	3
High school graduate	22
Associate's degree	20
Bachelor's degree	23
Master's degree	11
Doctorate degree	6
Not reported	18
<b>Area</b>	
Metropolitan	22
Rural	18
Suburban	3
Urban	52
Unsure	2
Unreported	4
<b>Insured</b>	
Yes	99
No	4
Not reported	0
<b>Employed in Public Health</b>	
Yes	54
No	47
Not reported	2
<b>Parent</b>	
Yes	56
No	33
Not reported	14

## Exhibit 46: Description of Key Informant Population Representation

Organization	Public Health Professions	Populations Represented
City of Jacksonville Disabled Services	Staff Member	Disabled Children
Private Practice	Medical Doctors, and Nurses	General population Low income, elderly Mental Health Minorities
Hispanic Ministries	Social Services Staff	Immigrants Hispanics Low income Underinsured/uninsured Faith base
University of North Florida	Professor and Community Activist	General population College students Multiple cultures
Nemours	Pediatrics Researcher	General population, children
Sulzbacher Center	Homeless/Low Income Health Coordinators, nurse	Low income Homeless Mentally ill Men's health Family health Uninsured Children
Northwest Jacksonville Community Development Corporation	Community Organizer	Minorities Low income General population
Jacksonville Fire & Rescue Department	Rescue Personnel	General population Low income Elderly Youth Uninsured/underinsured Mentally ill, Minorities Cultural competency
DOH-Duval	Senior Leader	General population Low income Youth Elderly Uninsured/Underinsured
Private Practice and DOH-Duval Staff	Mental Health Professionals	Mentally ill, all ages Low income

## Summary of Findings: External Community Input

Based on the methodology described above, the following issues were identified by external informants as those of greatest concern to community health in Duval County, and are presented in general order of importance.

**Insufficient Health Education.** Individuals providing input often discussed an overall lack of health education as a major contributor to health issues in Duval County. Many mentioned that Duval County residents are not informed about nutrition, correct usage of medication, or provided adequate sex education. In order to improve the health of Duval County residents, many participants suggested the need for education on healthy eating habits and the benefits of a nutritional diet. Additionally, many expressed concern that residents 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.

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

- **Lack of Knowledge about Services.** A common theme throughout the interviews and meetings was that Duval County residents often lack knowledge of the services and resources that are available to assist them in reaching and maintaining positive health outcomes. Although this was identified as a concern for residents in general, those lacking English proficiency and the elderly were reported as populations more likely to have low knowledge of available services. Moreover, lack of knowledge about available services was identified as an issue not only for those seeking services, but also among providers and others involved in the healthcare system. Overall, there was consensus for the need for a centralized resource center in the community that focuses on connecting people to services.
- **Lack of Transportation.** Individuals providing input expressed concern about a lack of reliable public transportation that made it difficult to access health care services. Lack of reliable transportation significantly impacts low-income, elderly, and disabled residents, and those who travel long distances for care or live in the Northside of Jacksonville. Transportation barriers contribute to missed appointments and failure to seek care for health concerns. In order to overcome transportation barriers to accessing health care, it was recommended that JTA implement additional routes, an alternate transportation system, or taxi discount vouchers for the low income, elderly, or disabled populations.

- **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 rehabilitative care, prenatal care, mental health care, and dental care.
- **Lack of Access to and Affordability of Insurance.** Lack of access to affordable health insurance was described as a major concern in Duval County, particularly for lower-income, lower-middle class, and elderly residents. Minority populations, recent immigrants, and undocumented people were also described as being greatly impacted by unaffordable insurance.

**Poor Mental Health and Lack of Access to Mental Health Services.** The vast majority of participants mentioned poor mental health and lack of mental health resources as a major concern. A number of those participating mentioned that within Duval County, adolescents, sexual minorities, the elderly, and veterans are groups that are more likely to suffer mental health concerns. Concerns were also raised regarding specific groups that experience significant challenges when accessing mental health services, such as those with limited English proficiency, children, and those of low-income.

**Chronic Diseases.** Chronic diseases were the most frequently raised health issues by the interviewees in Duval County. Overall, diabetes was the single most frequently mentioned condition, followed closely by hypertension, obesity or overweight, and cardiovascular disease.

**Health Behaviors.** Across all interviews the health behaviors of greatest concern were poor diet and nutrition and limited physical activity. Drug and alcohol use, smoking, and unsafe sex also were also mentioned, although these were not reported as major health concerns in Duval County. Unhealthy diets were attributed to limited access to healthy foods in many neighborhoods in combination with cultural factors. Insufficient knowledge about nutrition was mentioned in many interviews as a contributing factor to health conditions. Poor parenting skills, particularly among young parents, were commonly cited as a contributing factor to unhealthy behaviors. Specifically, family support, food security, quality time or interactions, and educational support were discussed as key elements that are often missing in young families in Duval County. Increasing access to parental education classes was offered as a solution to this barrier to community health.

**Minority Health Needs and Disparities.** Health challenges experienced by minorities, including Black residents, Hispanic residents, and recent immigrants were frequently mentioned. Health disparities were discussed, and interviewees commented on barriers to care linked to affordability, transportation, knowledge, language, fear and a lack of trust, and cultural differences. Barriers to accessing health care among Duval County's immigrant and minority population 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. Racism was discussed as a contributing factor to the way African Americans are treated by medical providers, who commonly felt that they were perceived as lacking knowledge or financial resources based on their race.

**Comparison to Overall Regional Needs.** Overall, the health needs of greatest concern to residents of Duval County mirrored those found to be present throughout the region assessed by the Partnership. For example, the region assessed by the Partnership faces many of the same barriers to improving health outcomes related to the inability to access available resources, including lack of knowledge of available services, transportation, lack of affordable care, and unaffordable health insurance. However, residents of Duval County more frequently discussed an overall lack of health education as a major contributor to health issues, and also discussed more frequently cultural barriers to health care more when compared to the overall regional needs. Strategies to address these concerns should be considered when addressing various barriers that impact the health of Duval County residents.

### Summary of Findings: Internal Hospital Staff Input

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

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

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

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

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