JANUARY 1, 2019

BAPTIST MEDICAL CENTER NASSAU
COMMUNITY HEALTH NEEDS ASSESSMENT

BAPTIST
Medical Center
Nassau

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BAPTIST HEALTH

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Baptist Medical Center Nassau - CHNA

Introduction & Purpose

The Jacksonville Nonprofit Hospital Partnership

In July 2011, leaders from Baptist Health, Brooks Rehabilitation, the Clay County Health Department, the Duval County Health Department, Mayo Clinic, the Nassau County Health Department, the Putnam County Health Department, UF Health Jacksonville (then Shands Jacksonville Medical Center), St. Vincent's HealthCare, and Wolfson Children's Hospital came together and formed the Jacksonville Metropolitan Community Benefit Partnership (the Partnership) to conduct the first-ever multi-hospital system and public health sector collaborative Community Health Needs Assessment (CHNA).

The Partnership's vision is to contribute to improvements in population health across the Northeast Florida Region by addressing gaps that prevent access to quality, integrating health care, and improving access to resources that support a healthy lifestyle. In 2015, partnership membership changed where only the non-profit hospitals were involved, as such, the group changed the named the Jacksonville Nonprofit Hospital Partnership, members continued their efforts to collaboratively assess the health needs of the Northeast Florida Region. Some of these collaborative efforts to address identified significant needs have included a museum exhibit at the Museum of Science and History that displayed real time local health data, a safe playground for children in a disadvantaged neighborhood, and offering Mental Health First Aid classes for the local community. The Partnership continues to explore opportunities to collaborate through small- and large-scale initiatives, improving the health and wellness of the region in a meaningful way.

This CHNA provides an overview of Nassau County and represents a summary of health and health-related needs in that geographic area.

The CHNAs were conducted to identify priority health needs within each community served by each hospital, and to inform development of implementation strategies to address the identified needs selected by each hospital based on their ability to impact the need. Additionally, the Partnership focuses collaborative efforts to include the five-county service area of Baker, Clay, Duval, Nassau, and St. Johns. The CHNAs were conducted to respond to federal regulatory requirements and 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 each hospital plans to address significant needs is the subject of separate implementation strategies that will be adopted by the Boards of each Partnership hospital member.

Collaborative Projects

The Partnership actively looks for collaborative projects with which they can leverage the reach and influence of their non-profit health systems within our community to make a significant impact, either across Northeast Florida or within specific disadvantaged neighborhoods. These projects have varied greatly but all initiatives were based on previous Community Health Needs Assessment data and the engagement of the residents that live in the communities. From the initial creation of the Partnership, the desire to improve the community was a shared Mission. Following the first CHNA in 2013, the Partnership, in collaboration with the Health Planning Council of Northeast Florida, funded and awarded scholarships to a local college student that was pursuing a Public Health degree to improve our Northeast Florida community.

Continuing with the alignment of knowledge being powerful when shared, the Partnership funded and was closely involved in the development and installation of an exhibit at the Museum of Science and History that focused on health and wellness education, specific to the local community. The Health In Motion exhibit teaches important lessons about health and the human body in a fun way through interactive play and movement. The exciting new exhibit was specifically designed to address the critical need of health education and investigates how environment and lifestyle impact individual and community health in Northeast Florida.

In the 2016 CHNA, Mental Health was a significant Identified need that was prioritized across the community. To address this need, the Partnership has made a substantial investment, both in dedication of time and financial resources, to train 10,000 local community members in Mental Health First Aid (MHFA). MHFA is an evidenced based training to give non-mental health professionals, practical training on how to identify, communicate, and connect people suffering with mental health issues to local resources. Currently, the Partnership is on track to train 10,000 Northeast Floridians in MHFA, including a commitment to train all employees of the Jacksonville Sheriff's Office. Furthermore, in February 2017, the CEOs of St. Vincent's HealthCare, Baptist Health, Brooks Rehabilitation, Flagler Hospital, Mayo Clinic and Memorial Hospital collectively and generously pledged over $900,000 to support the mental health nursing program at the University of North Florida. The funds established a non-endowed professorship in Mental Health Graduate Nursing for a five-year period, providing resources to pay the salary of an outstanding faculty member in the field of psychiatric/mental health nursing.

The Partnership has also used the Community Health Needs Assessment as a foundation to help provide community improvements to more specific disadvantaged neighborhoods. For example, several members of the Partnership helped to sponsor the construction of a playground at Eureka Gardens, a federally subsidized housing community that has been nationally recognized for the unsafe living conditions that the residents were subjected to. The playground was an intentional initiative to improve the health and safety of the children within the neighborhood. As well, many of the Partnership hospitals actively support the HealthyStart of Northeast Florida's work to decrease infant mortality.

Baptist Medical Center Nassau

Executive Statement

A. Hugh Greene, FACHE, President and Chief Executive Officer: The leaders of the not-for-profit health systems in northeast Florida share a commitment to improving the health of the communities we serve. We work together to identify and address pressing health needs. We have come together to train 10,000 Northeast Floridians in Mental Health First Aid. And we will use the information presented in this report to help us to improve the health of all, especially our most vulnerable neighbors.

About the Hospital

Located on beautiful Amelia Island, Baptist Medical Center Nassau serves Nassau County and Southeast Georgia with a wide range of medical and surgical services supported by the latest technologies.

This 62-bed community hospital provides high-quality care that is recognized nationally:

- Leapfrog A-Rated hospital for patient safety
- Magnet™-designation – the highest honor for patient care

Baptist Nassau's services include:

- 24/7 Emergency Center with Accredited Chest Pain Center and LifeFlight
- New, spacious patient suites and Intensive Care Unit
- Surgical Services (inpatient and outpatient)
- Orthopedics
- Maternity
- Advanced Imaging (64-channel CT, MRI)
- Breast Health Program with digital mammography
- Noninvasive Cardiology and Cardiac Rehab Center
- Radiation Oncology
- Endoscopy
- Sleep Disorders Center
- Rehabilitation Services
- Community Health Education

Baptist Nassau is part of Baptist Health, the only nonprofit, mission-driven and locally-governed health care system in Northeast Florida. Baptist Nassau's 12-person board of directors is comprised of local community leaders and volunteers who ensure the hospital is meeting community needs. Christine H. Bryan chairs the board and Edward T. Hubel, FACHE, serves as hospital president.

Baptist Health serves diverse areas throughout the region; providing financial support for programs that align with its goals, engaging employees in community programs, providing volunteer leadership for local organizations and initiatives, and bringing key players together to tackle tough problems.

Baptist Health's community commitment is data-driven and highly intentional. Specific community service goals call Baptist Health to partner with others to ensure:

- All children have health care
- Adults in need have access to quality health care
- Elderly people live independent, fulfilling lives
- The community's critical health needs are addressed

"Baptist Medical Center Nassau partners with the community and not-for-profit health care hospitals to provide comprehensive assessments, as well as contribute to planning and delivering the most effective care to those with the greatest needs. It is critical to identify and understand the local population to establish effective interventions to improve health within our community."

Edward T. Hubel
Hospital President, Baptist Medical Center Nassau

Consultants

The Partnership commissioned Conduent Healthy Communities Institute (HCI) to assist with its Community Health Needs Assessment and author this report.

Conduent Healthy Communities Institute is a multi-disciplinary team of public health experts, including healthcare information technology veterans, academicians and former senior government officials, all committed to help health-influencing organizations be successful with their projects. HCI uses collaborative approaches to improve community health and provides web-based information systems to public health, hospital and community development sectors, to help them assess population health.

Our team works with clients across 38 states to drive improved community health outcomes by assessing needs, developing focused strategies, identifying appropriate intervention programs, establishing progress monitoring systems, and implementing performance evaluation processes. Working with diverse clients nationwide has contributed to HCI's national knowledge base of population health solutions. In addition, by engaging directly with clients and communities through the primary data collection process and final workshops, HCI works on behalf of our clients to build trust between and among organizations and their communities.

To learn more about Conduent Healthy Communities Institute, please visit https://www.conduent.com/community-population-health/.

Community Health Needs Assessment (CHNA) Regulations & Requirements

With the legislative passing of the Affordable Care Act (ACA) on March 23, 2010, new requirements were added that hospital organizations must satisfy in order to be described in section 501(c)(3). This includes Community Health Needs Assessment (CHNA) requirements.

On December 31, 2014, the IRS issued final regulations for Community Health Needs Assessments completed by charitable hospitals, and these rules have not been officially updated since that date. There have been no changes in the federal regulations since the Partnership's and associated hospitals' last conducted CHNA.

A summary of the CHNA requirements are as follows:
- A definition of the community served by the hospital facility and a description of how the community was determined
- A description of the process and methods used to conduct the CHNA, including identification of information gaps that limit the hospital facility's ability to assess the community's health needs
- A description of how the hospital facility solicited and took into account input received from persons who represent the broad interests of the community it serves
- A prioritized description of the significant health needs of the community identified through the CHNA, along with a description of the process and criteria used in identifying certain health needs as significant and prioritizing those significant health needs
- A description of the resources potentially available to address the significant health needs identified through the CHNA
- An evaluation of the impact of any actions that were taken, since the hospital facility finished conducting its immediately preceding CHNA, to address the significant health needs identified in the hospital facility's prior CHNA(s)
- Board approval, or equivalent
- This document must be made widely available to the public

An evaluation of the impact since the prior CHNA was not included in the Partnership's nor associated hospital's prior CHNA report, because, due to the timing, they were not mandated to fulfil that requirement.

Evaluation of Impact Since Preceding CHNA

The CHNA process should be viewed as a three-year cycle. An important piece of that cycle is revisiting the progress made on priority health topics set forth in the preceding CHNA. By reviewing the actions taken to address a priority health issue and evaluating the impact those actions have made in the community, it is possible to better target resources and efforts during the next round of the CHNA cycle.

A detailed table describing the strategies/action steps and indicators of improvement for the hospital can be found in Appendix A.

Executive Summary

Baptist Medical Center Nassau is pleased to present its Community Health Needs Assessment (CHNA). As federally required by the Affordable Care Act, this report provides an overview of the methods and process used to identify and prioritize significant health needs in the hospital's service area. Baptist Medical Center Nassau hired Conduent Healthy Communities Institute (HCI) to conduct the CHNA.

The goal of this report is to offer a meaningful understanding of the most pressing health and health-related needs across the Baptist Medical Center Nassau service area, as well as to guide planning efforts to address those needs. Special attention has been given to the needs of vulnerable populations, unmet health needs or gaps in services, and input from the community.

Findings from this report will be used to identify, develop, and target initiatives to provide and connect community members with resources to improve these health challenges in their community.

Service Area

The area served by Baptist Medical Center Nassau includes Nassau County.

FIGURE 1. HOSPITAL MAP OF BAPTIST MEDICAL CENTER NASSAU
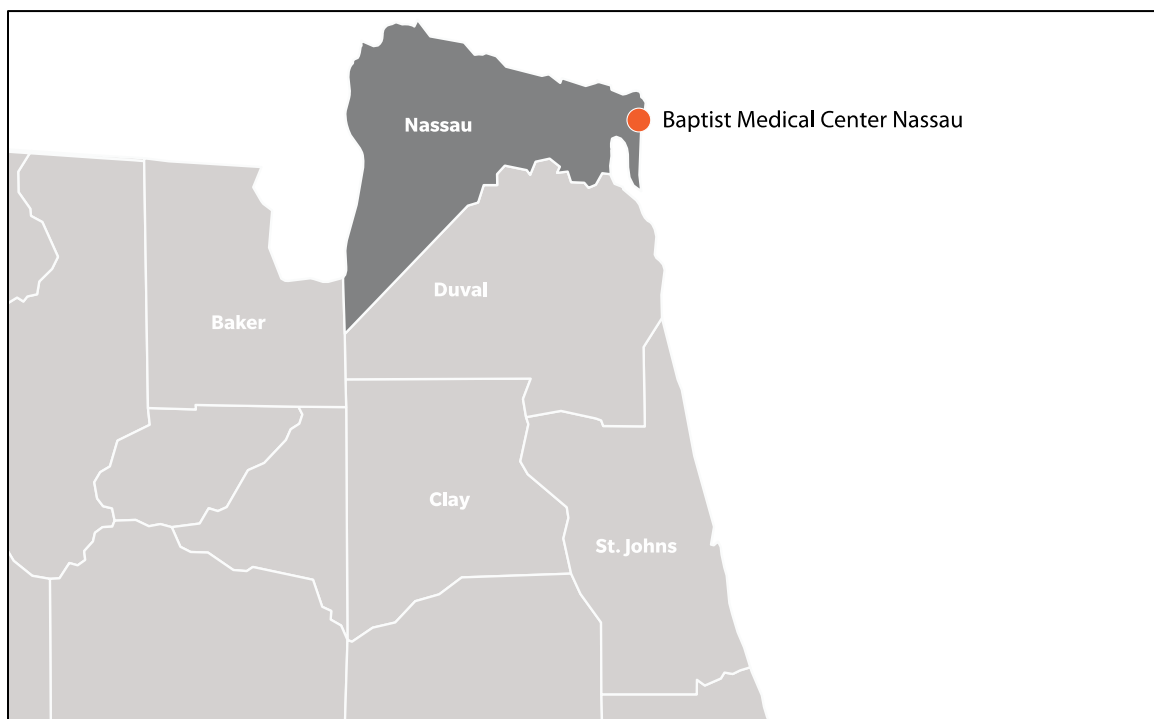
According to the U.S. Census Bureau's 2016 population estimates, Baptist Medical Center Nassau's service area had a population of 80,622. Residents of 32046, 32011, and 32009 have the highest socioeconomic need of all zip codes within the service area, based on indicators of

income, poverty, unemployment, occupation, educational attainment, and linguistic barriers. For more information on socioeconomic indicators analyzed, see the

SocioNeeds Index section of this report.

Methods for Identifying Community Health Needs

Two types of data were used in this assessment: primary and secondary data. Primary data are data that have been collected for the purposes of this community assessment. Primary data were obtained in the forms of interviews, group discussions, and a survey. Secondary data are health indicator data that have already been collected by public sources such as government health departments. Each type of data was analyzed using a unique methodology. Findings were organized by health and quality of life topic areas. These findings were then synthesized for a comprehensive overview of the health needs in Baptist Medical Center Nassau's service area.

Primary Data

The primary data used in this assessment consist of (1) key informant interviews conducted by phone by HCI, (2) focus group discussions facilitated by HCI and the Partnership, and (3) a community survey distributed throughout the service area through online and paper submissions. Over 216 community members contributed their input on the community's health and health-related needs, barriers, and opportunities for Nassau County, with special focus on needs of vulnerable and underserved populations.

TABLE 1: COMMUNITY INPUT PARTICIPATION

	Key Informant Interviews	Focus Groups	Focus Group Participants	Survey Respondents	Total Participants
Nassau County	12	11	117	87	216

The Partnership especially solicited input from members of or representatives of vulnerable and underserved populations through key informant interviews and focus group discussions. Of the 12 key informant interviews conducted, nine interviews were with community experts who either served or represented underserved communities (such as low-income individuals and groups experiencing disparities in health outcomes or health access). In addition, seven of the focus groups included community members and advocates who are members of underserved communities.

See Appendix B for all primary data collection tools used in this assessment.

Secondary Data

Secondary data used for this assessment were collected and analyzed from HCI's community indicator database. The database, maintained by researchers and analysts at HCI, includes over 150 community indicators from 29 state and national data sources such as Florida Department of Health, Florida Behavioral Risk Factor Surveillance System, and American Community Survey. See Appendix C1 for a full list of data sources used.

The indicators cover over 20 topics in the areas of health and quality of life:

- **Health**

- o Access to Health Services
- o Cancer
- o Children's Health
- o Diabetes
- o Disabilities
- o Environmental & Occupational Health
- o Exercise, Nutrition & Weight
- o Family Planning
- o Heart Disease & Stroke
- o Immunizations & Infectious Diseases
- o Maternal, Fetal & Infant Health
- o Men's Health
- o Mental Health & Mental Disorders
- o Older Adults & Aging
- o Oral Health
- o Other Chronic Diseases
- o Prevention & Safety
- o Respiratory Diseases
- o Substance Abuse
- o Teen & Adolescent Health
- o Women's Health
- **Quality of Life**
  - o Economy
  - o Education
  - o Environment
  - o Government & Politics
  - o Public Safety
  - o Social Environment
  - o Transportation

Indicator values for Nassau County were compared to other Florida counties and other U.S. counties to identify relative need. Other considerations in weighing relative areas of need included comparisons to Florida state values, comparisons to national values, trends over time, and Healthy People 2020 targets (as applicable). Based on these six different comparisons, indicators were systematically ranked from high to low need. For a detailed methodology of the analytic methods use to rank secondary data indicators see Appendix C2.

Summary of Findings

The CHNA findings are drawn from an analysis of an extensive set of secondary data (over 150 indicators from national and state data sources) and in-depth primary data from over 216 community members, community leaders, and health and non-health professionals who serve the community at large, vulnerable populations, and populations with unmet health needs.

Through a synthesis of the primary and secondary data the significant health needs were determined for the Partnership's service area. Synthesizing primary and secondary data ensures a representative and accurate picture of the community's needs. The identified significant health needs, listed in Table 2, were then used for prioritization.

The significant health need of Access refers to access issues across the spectrum of both health and quality of life topic areas, including access to health services, transportation, housing, and nutritious food. Access issues were compiled due to their inextricable nature in impacting health behaviors and health outcomes. Similarly, due to the interplay between mental health and substance abuse, these health issues were categorized together as behavioral health. Finally, though many of these health topics may include health disparities, due to significant and consistent findings in disparities of vulnerable populations in both secondary and primary data, this topic area emerged as a separate category in order to emphasize the unique needs of these populations.

TABLE 2. JACKSONVILLE NONPROFIT HOSPITAL PARTNERSHIP'S SIGNIFICANT HEALTH NEEDS

• Access (includes health care, transportation, housing, nutrition)	• Cancer	• Poverty
	• Diabetes	• Respiratory Diseases
	• Heart Disease	• Sexual Health
• Behavioral Health	• Maternal, Fetal & Infant Health	• Social Environment
• Built Environment & Safety	• Obesity & Physical Activity	• Vulnerable Populations

Results of the primary and secondary data for each of the significant health needs identified in the CHNA are presented in this report in the following sections:
- Prioritized Significant Health Needs
- Other Significant Health Needs

Prioritized Areas

To prioritize the significant health and health-related needs, the Partnership invited key hospital staff and community participants who had participated in key informant interviews to engage in multiple rounds of voting and discussion on May 17, 2018. Prioritization participants were asked to consider how each significant health need fared against the criteria in Table 3.

TABLE 3. PRIORITIZATION CRITERIA

Criteria for the Jacksonville Nonprofit Hospital Partnership Community Prioritization
• Importance of problem to community
• Opportunity to impact multiple problems
• Opportunity to intervene at prevention level
• Addresses disparities (age, race, gender, economic status)

Seven health and health-related areas were identified as priorities for the community.

Table 4 shows the selected priorities in order from highest to lowest priority followed by evidence of the health area as a significant need.

TABLE 4. PRIORITY HEALTH AREAS AND EVIDENCE FROM DATA COLLECTED

Priority Health Area [Ranked from highest to lowest priority]	Secondary Data Scores [score of 1.5 or above] [0 (good) – 3 (bad)]	Key Informant Interviews [issue cited by at least half of all 44 key informants]	Focus Group Discussions [issue cited in at least half of all 15 focus groups]	Community Survey [ranked order of importance by participants]
Access (includes access to health care, transportation, safe housing, and nutrition)	Transportation (X) Exercise, Nutrition & Weight (X)	X	X	X
Behavioral Health (Mental Health & Substance Abuse)	X	X	X	X
Poverty		X	X	
Obesity & Physical Activity	X	X	X	X
Maternal, Fetal & Infant Health	X			X
Cancer	X		X	X
Vulnerable Populations	X	X	X	X

Conclusion

This report describes the process and findings of a comprehensive health needs assessment for the residents of Nassau County, Florida. The prioritized health needs will guide the community health improvement efforts of Baptist Medical Center Nassau.

Following this process, Baptist Medical Center Nassau will outline which prioritized health needs it has the resources to address and how it plans to address them in its Implementation Strategy.

About this CHNA

Baptist Medical Center Nassau's Service Area

The service area is defined as the geographic boundary of Nassau County and includes all of the county's associated zip codes: 32009, 32011, 32034, 32046, and 32097.

FIGURE 2. HOSPITAL LOCATION
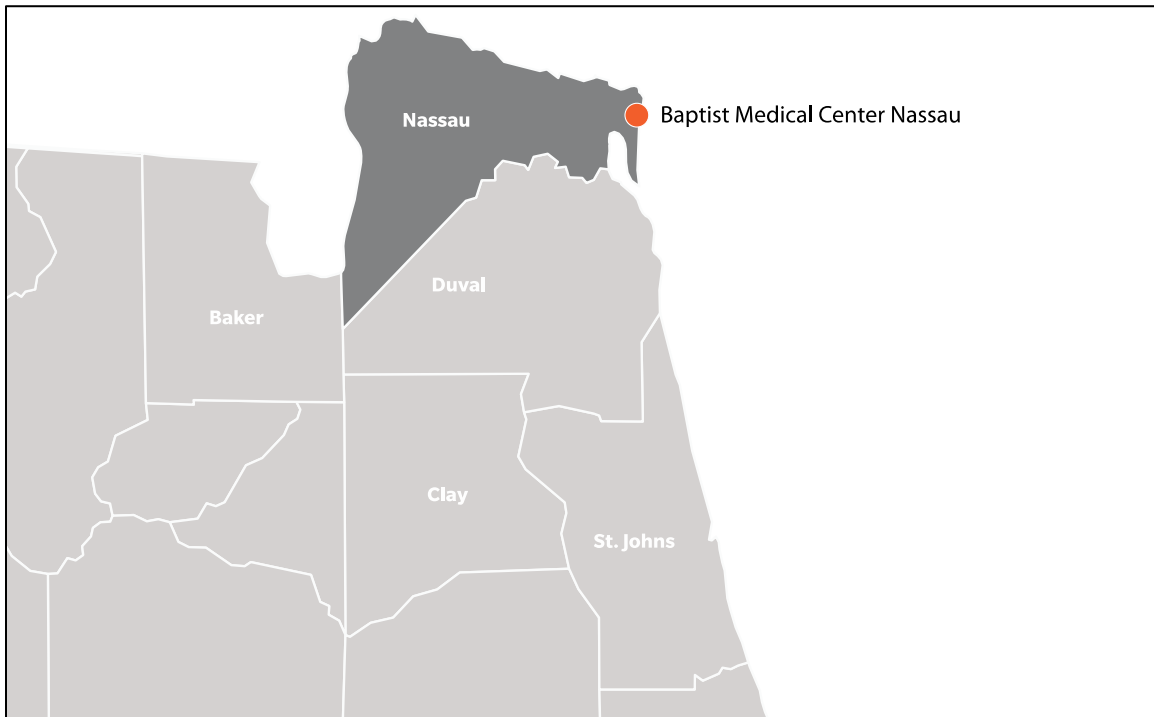
Table 5 shows the number of discharges by county for Baptist Medical Center Nassau.

TABLE 5. 2017 DISCHARGES BY COUNTY FOR BAPTIST MEDICAL CENTER NASSAU

Baptist Medical Center Nassau	Baker	Clay	Duval	Nassau	St. Johns	Grand Total	Percent of 5 Counties
	3	5	227	3,327	6	3,906	91.3%

Evaluation of Progress Since Prior CHNA

The CHNA process should be viewed as a three-year cycle. An important piece of that cycle is revisiting the progress made on priority health topics set forth in the preceding CHNA. By reviewing the actions taken to address a priority health issue and evaluating the impact those actions have made in the community, it is possible to better target resources and efforts during the next round of the CHNA cycle.

Priority Health Needs from Preceding CHNA

Baptist Medical Center Nassau's priority health areas for years 2016-2018 were:

- Access
- Cancer
- Health Disparities
- Mental Health

A detailed table describing the strategies/action steps and indicators of improvement for each of the preceding priority health topics can be found in Appendix A.

Analyze Data & Community Input

Prioritize Health Needs

CHNA Report

Implement

Evaluate Actions Taken

3 Year Cycle

Community Feedback from Preceding CHNA & Implementation Plan

Baptist Medical Center Nassau's 2016 CHNA and Implementation Plan were made available to the public and open for public comment via the website https://www.baptistjax.com/about-us/social-responsibility/assessing-community-health-needs. No comments were received on either document at the time this report was written.

Methodology

Overview

Two types of data were used in this assessment: primary and secondary data. Primary data are data that have been collected for the purposes of this community assessment. Primary data were obtained in the forms of interviews, group discussions, and a survey. Secondary data are health indicator data that have already been collected by public sources such as government health departments. Each type of data was analyzed using a unique methodology. Findings were organized by health and quality of life topic areas. These findings were then synthesized for a comprehensive overview of the health needs in Baptist Medical Center Nassau's service area.

Primary Data Methods & Analysis

The primary data used in this assessment consist of (1) key informant interviews conducted by phone by HCI, (2) focus group discussions facilitated by HCI and The Partnership, and (3) a community survey distributed through online and paper submissions.

Key Informant Interviews

TABLE 6. NUMBER OF KEY INFORMANT INTERVIEWS BY COUNTY

Nassau	Northeast Florida Region
4	8

Twelve key informant interviews were conducted by phone from March 13, 2018 through April 23, 2018. Participants were selected for their knowledge about community health needs, barriers, strengths, and opportunities (including the needs of vulnerable and underserved populations as required by IRS regulations). People with public health expertise; the ability to speak on the needs of low-income, underserved, or minority populations; and the ability to speak on the broad interests of the community were asked to participate in key informant interviews. Of the 12 key informant interviews conducted, nine interviews were with community experts who either served or represented underserved communities.

Interviews were transcribed and analyzed using the qualitative analytic tool Dedoose[1]. Interview excerpts were coded by relevant topic areas and key health themes. The frequency with which a topic area was discussed across key informant interviews was used to assess the relative importance of the need in the community. Figure 3 displays a word cloud of coded themes from the key informant interviews. Words or phrases that appear larger signify greater importance according to key informants.

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[1] Dedoose Version 8.0.35, web application for managing, analyzing, and presenting qualitative and mixed method research data (2018). Los Angeles, CA: SocioCultural Research Consultants, LLC www.dedoose.com

FIGURE 3. COMMON THEMES FROM KEY INFORMANT INTERVIEWS

The five most common issues from the key informant interviews were related to (1) Access to Health Services, (2) Mental Health & Mental Disorders, (3) Transportation, (4) Race/Ethnic Group Impact, and (5) Children's Health.

See Appendix B1 and Appendix B2 for a list of interview questions and a list of participating organizations, respectively.

Focus Groups

Eleven focus groups with 117 participants were facilitated by HCI or by the Partnership from March 28, 2018 through April 25, 2018. Participants were selected for their knowledge about community health needs and barriers. The focus groups were split into two categories: (1) focus groups of hospital staff associated with Baptist Health, and (2) focus groups of community members with wide backgrounds, including persons with disabilities, veterans, persons of limited income, communities of color, faith communities, and more. For a complete list of focus groups held with community members and with hospital staff, see Appendix B4. Completed Focus Groups. Of the 11 focus groups conducted, seven of the focus groups included community members of underserved communities or community advocates for underserved communities.

Focus groups were transcribed and analyzed by common theme. The frequency with which a topic area was discussed within and across focus groups was used to assess the relative importance of the need in the community. Figure 4 displays a word cloud of coded themes from focus group transcripts. Words or phrases that appear larger signify greater importance according to focus group participants.

FIGURE 4. COMMON THEMES FROM FOCUS GROUPS

The five most common issues from the focus groups were related to (1) Access to Health Services, (2) Mental Health & Mental Disorders, (3) Low-Income/Underserved Populations, (4) Community Resource Navigation, and (5) Economy.

Please see Appendix B3 and Appendix B4 for a list of focus group discussion questions, as well as completed focus groups, respectively.

Community Survey

The community survey was primarily distributed online through SurveyMonkey® from March 26, 2018 through April 16, 2018. The survey was also made available on paper, though paper distribution was limited. The survey elicited responses from 87 community members in Nassau County. The survey was a convenience sample survey, and thus the results are not representative of the community population as a whole. Another limitation is that the survey was only made available in English. Figure 5 breaks down the percent of survey participants by race/ethnicity for all 971 responses across the five-county region.

FIGURE 5. SURVEY PARTICIPANTS BY RACE/ETHNICITY
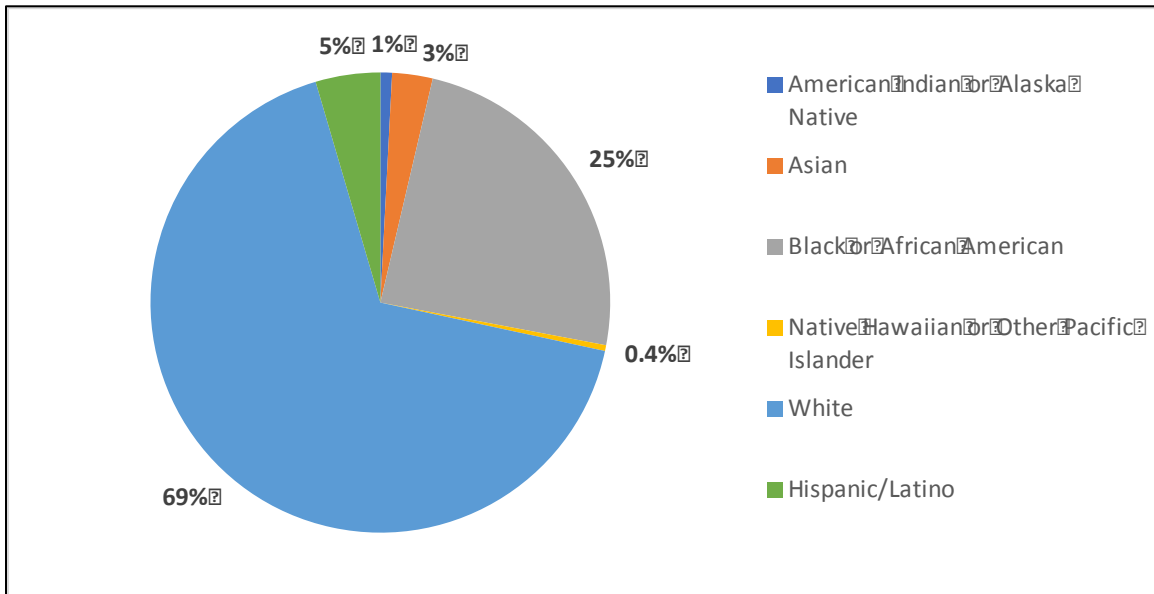
Survey respondents were asked about their views on the community's health needs, barriers, and most impacted populations. As seen in Figure 6, respondents ranked Mental Health and Mental Disorders, Substance Abuse, and Obesity/Overweight as the top three most pressing health needs in Nassau County, with 68%, 67%, and 61% of respondents, respectively, listing those topic areas as top health needs. Heart-Related Diseases was also ranked as a top need by over half of survey participants.

In terms of social determinants of health, Figure 7 shows that two-thirds of survey respondents ranked Access to Health Services as one of the most impactful conditions of life. Transportation; Diet, Food, and Nutrition; and Housing were the next three most selected social determinants by survey participants. Figures six and seven show the results of the community survey for the entire five county service area served by the Jacksonville Nonprofit Hospital Partnership.

FIGURE 6. MOST PRESSING HEALTH NEEDS ACCORDING TO SURVEY PARTICIPANTS

Category	Percentage
Mental Health and Mental Disorders	64%
Substance Abuse	57%
Obesity/Overweight	56%
Heart-Related Diseases	56%
Diabetes	46%
Cancer	41%
Preventive Care	31%
Oral Health	24%
Injuries and Safety	23%
Sexual Health	18%
Vision	13%
Respiratory/Lung Diseases	13%
Reproductive Health	12%
Infectious Diseases	9%
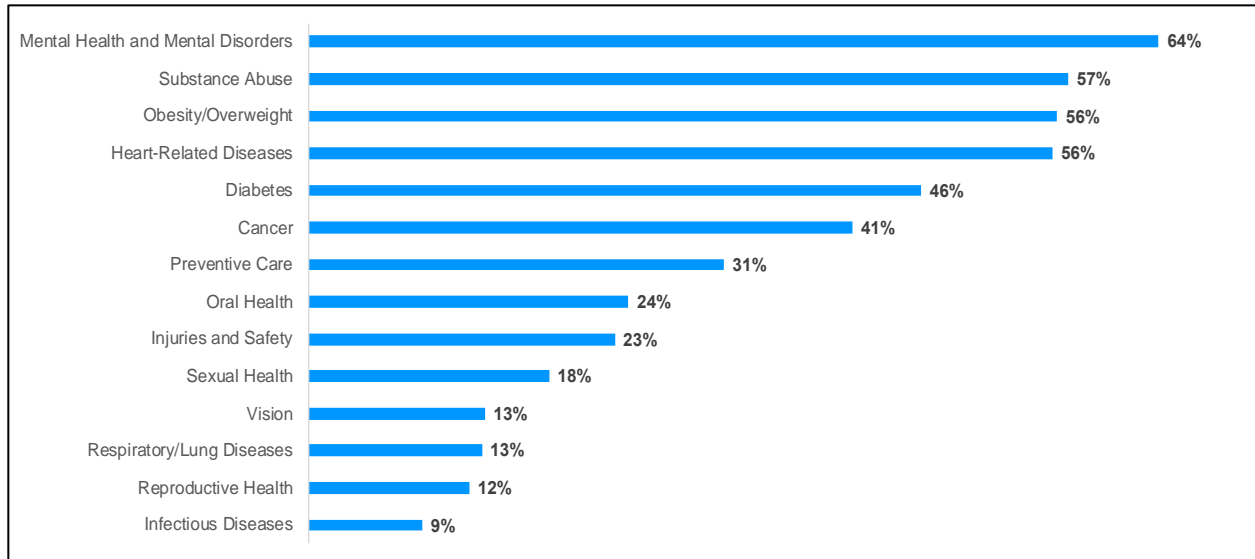
FIGURE 7. MOST IMPACTFUL CONDITIONS OF LIFE ACCORDING TO SURVEY PARTICIPANTS

Category	Percentage
Access to Health Services	61%
Diet, Food and Nutrition	50%
Employment	38%
Education	37%
Transportation	36%
Healthcare Navigation	35%
Poverty	34%
Housing	33%
Physical Activity and Exercise	29%
Social Environment	26%
Public Safety or Community Violence	25%
Discrimination	19%
Environmental Quality	11%
Language Barriers or Cultural Diversity	5%
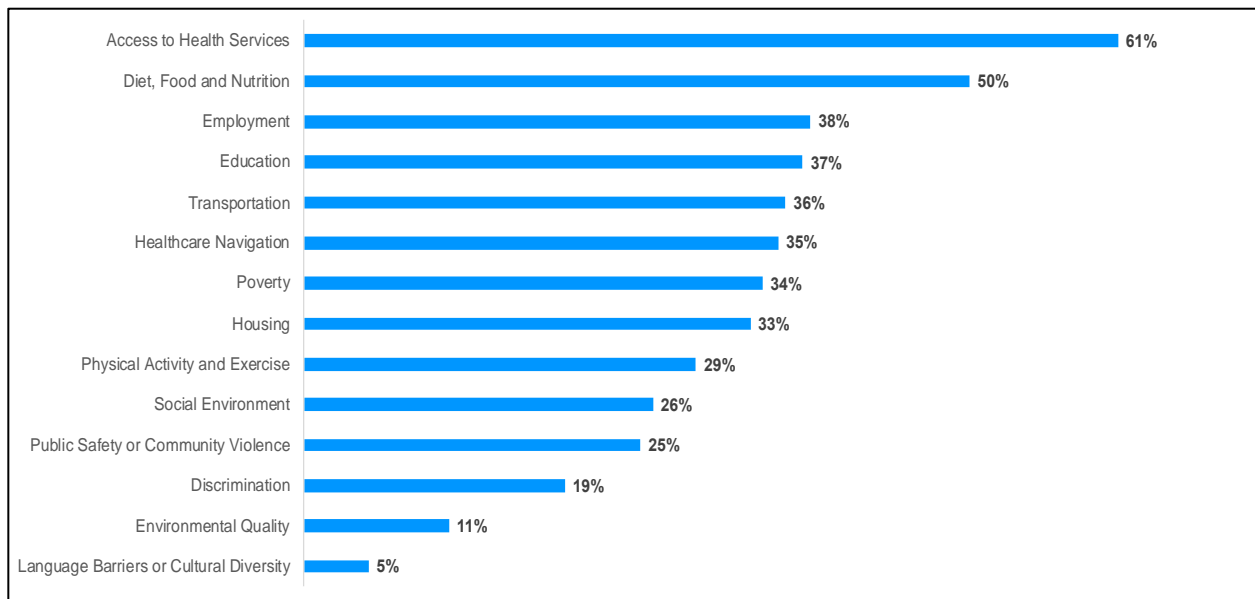
See Appendix B5 for the list of questions included in the survey.

Secondary Data Methods & Analysis

Secondary data used for this assessment were collected and analyzed from HCI's community indicator database. The database, maintained by researchers and analysts at HCI, includes over 150 community indicators from 29 state and national data sources such as Florida Department of Health, Florida Behavioral Risk Factor Surveillance System, and American Community Survey. HCI carefully evaluates sources based on the following three criteria: (1) the source has a

validated methodology for data collection and analysis, (2) the source has scheduled, regular publication of findings, and (3) the source has data values for small geographic areas, such as counties and postal codes that are available for all county-level locations in Florida or the United States (as appropriate per the source's geographic area of coverage).

See Appendix C1 for a full list of secondary data sources used for this assessment.

The indicators cover over 20 topics in the areas of health and quality of life:

- **Health**
    - Access to Health Services
    - Cancer
    - Children's Health
    - Diabetes
    - Disabilities
    - Environmental & Occupational Health
    - Exercise, Nutrition & Weight
    - Family Planning
    - Heart Disease & Stroke
    - Immunizations & Infectious Diseases
    - Maternal, Fetal & Infant Health
    - Men's Health
    - Mental Health & Mental Disorders
    - Older Adults & Aging
    - Oral Health
    - Other Chronic Diseases
    - Prevention & Safety
    - Respiratory Diseases
    - Substance Abuse
    - Teen & Adolescent Health
    - Women's Health
- **Quality of Life**
    - Economy
    - Education
    - Environment
    - Government & Politics
    - Public Safety
    - Social Environment
    - Transportation

Secondary Data Scoring

Health needs, as evidenced in the secondary data, were ranked using HCI's Data Scoring Tool®. Indicator values for the Baptist Medical Center Nassau service area were compared to other

Florida counties and other U.S. counties to determine relative need. Other considerations in weighing relative areas of need included comparisons to Florida state values, comparisons to the national values, trends over time, and Healthy People 2020 targets (as applicable). These indicator comparisons were given a score ranging from 0 to 3, where 0 indicates the best outcome and 3 the worst, shown in Figure 8. Availability of each type of comparison varies by indicator and is dependent upon the data source, comparability with data collected for other communities, and changes in methodology over time. The comparison scores were summarized for each indicator, and indicators were then grouped into topic areas for a systematic ranking of community health needs, illustrated in Figure 9.

FIGURE 8. INDICATOR SCORE RANGE
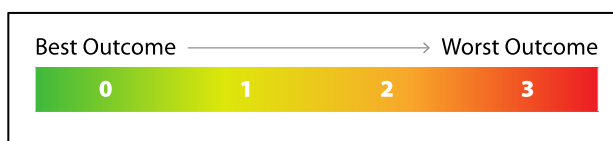
FIGURE 9. SUMMARY OF TOPIC SCORING ANALYSIS
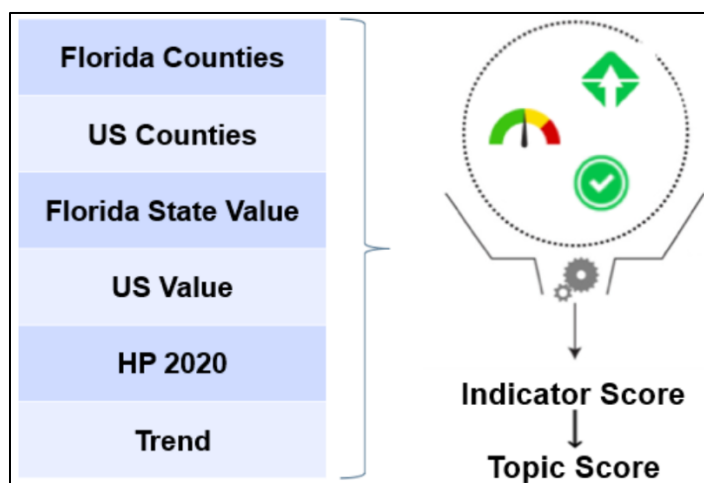
See Appendix C2 for a detailed methodology of HCI's Data Scoring Tool®, including the Mann-Kendall statistical test for trend methodology.

Table 7 shows the health topic scoring results for the Baptist Medical Center Nassau service area, with Children's Health and Oral Health as the poorest performing health topics for the service area.

Children's Health	1.85
Oral Health	1.84
Cancer	1.78
Mortality Data	1.72
Exercise, Nutrition, & Weight	1.68
Women's Health	1.66
Environmental & Occupational Health	1.65
Prevention & Safety	1.62
Other Chronic Diseases	1.52
Maternal, Fetal & Infant Health	1.52

Please see Appendix C3 for a comprehensive list of indicators within each topic area and the respective data scores for Nassau County.

Index of Disparity

The Index of Disparity[2] is an analysis method that quantifies gender or race/ethnicity disparities for all secondary data indicators with at least two gender-specific or race/ethnicity-specific values available. This index represents a standardized measure of how different each subpopulation value is compared to the overall population value. Indicators for which there is a higher Index of Disparity value are those where there is evidence of a large health disparity for a subpopulation.

External Data Reports

Finally, several health topic areas were supplemented with data collected from previously published reports. This additional content was not incorporated in secondary data scoring due to the limited number of comparisons possible, but is included in the narrative of this report for context and enrichment.

Data Synthesis Method

While this report focuses on the service area of Baptist Medical Center Nassau, the data synthesis and prioritization were conducted to encompass the entire Partnership service area

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[2] Pearcy JN, Keppel KG. A summary measure of health disparity. Public Health Reports. 2002;117(3):273-280.

(Baker, Clay, Duval, Nassau, and St. Johns counties). The intention of considering the broader geographic area is to achieve collective impact on improving outcomes for the entire Northeast Florida Region, utilizing the resources and expertise of each hospital in implementation.

All forms of data have their own strengths and limitations. In order to gain a comprehensive understanding of the significant health needs for the service area, the findings from both the primary data and the secondary data were compared and studied together.

The secondary data, key informant interviews and focus groups, and community survey were treated as three separate sources of data. Key informant interview and focus group results were combined because of their similarity in question topics and in the method used for analysis. The secondary data were analyzed using data scoring, which identified health topic areas of need based on the values of indicators making up those topic areas. Primary data were analyzed using thematic coding, utilizing a similar classification schematic as the secondary data.

FIGURE 10. VISUAL REPRESENTATION OF SYNTHESIS OF PRIMARY & SECONDARY DATA
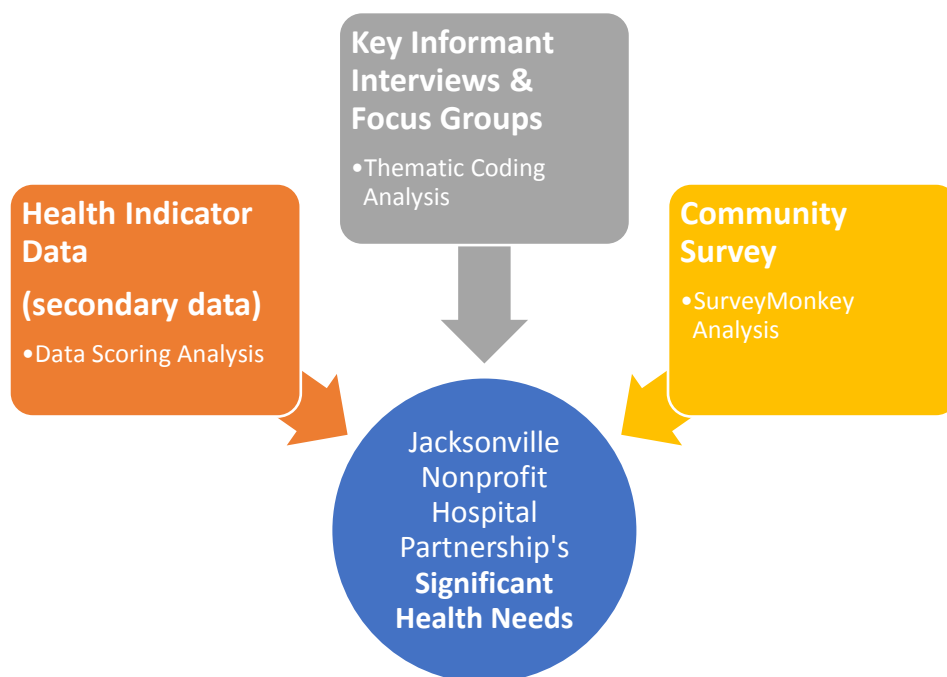
The top health needs identified from each data source were analyzed for areas of overlap with the other data sources. Many of these need areas are inter-connected, as well as being present across multiple data sources. The most significant health needs for the service area were then determined through this overlap analysis. If a topic area appeared as a need in more than one data source, then it was considered to be significant for the community. This synthesis method was used to ensure a representative and accurate picture of the community's needs, which necessitates accounting for many forms of data. The identified significant health needs, listed in Table 8 were then used for prioritization.

The significant health need of Access refers to access issues across the spectrum of both health and quality of life topic areas, including access to health services, transportation, housing, and nutritious food. Access issues were compiled due to their inextricable nature in impacting health behaviors and health outcomes. Similarly, due to the interplay between mental health and substance abuse, these health issues were categorized together as behavioral health. Finally, though many of these health topics may include health disparities, due to significant and consistent findings in disparities of vulnerable populations in both secondary and primary data, this topic area emerged as a separate category in order to emphasize the unique needs of these populations.

TABLE 8. JACKSONVILLE NONPROFIT HOSPITAL PARTNERSHIP'S SIGNIFICANT HEALTH NEEDS

• Access (includes health care, transportation, housing, nutrition)	• Cancer	• Poverty
	• Diabetes	• Respiratory Diseases
	• Heart Disease	• Sexual Health
• Behavioral Health	• Maternal, Fetal & Infant Health	• Social Environment
• Built Environment & Safety	• Obesity & Physical Activity	• Vulnerable Populations

Data Considerations

Several limitations of the data should be considered when reviewing the findings presented in this report. Although the topics by which data are organized cover a wide range of health and health-related areas, within each topic there is a varying scope and depth of data availability. In some topics there is a robust set of secondary data indicators, but in others there may be a limited number of indicators for which data are collected, or limited subpopulations covered by the indicators.

Data scores represent the relative community health need according to the secondary data that is available for each topic and should not be considered to be a comprehensive result on their own. In addition, these scores reflect what was found in the secondary data for the population as a whole, and do not factor in the health or socioeconomic need that is much greater for some subpopulations. In addition, many of the secondary data indicators included in the findings are collected by survey, and though methods are used to best represent the population at large, these measures are subject to instability—especially among smaller populations. The Index of Disparity is also limited by data availability: for some indicators, there is no subpopulation data, and for others, there are only values for a select number of race/ethnic groups.

The breadth of primary data findings is dependent on several factors. Key informant interview findings were limited by who was selected to be a key informant, as well as the availability of selected key informants to be interviewed during the time period of interview collection. Focus group discussion findings were limited by which community members and hospital staff were invited to and able to attend focus group discussions, as well as language barriers during discussion for individuals whose native language is not English. Because the survey was a

convenience sample survey, results are vulnerable to selection bias, making findings less generalizable for the population as whole. In addition, the survey was conducted only in English.

Race/Ethnic Groupings

The secondary data presented in this assessment come from multiple sources, which may present race and ethnicity breakout data using dissimilar nomenclature. For consistency with the data source, subpopulation data throughout the report may use different terms to describe the same or similar groups of community members. Table 9 shows the various terms that are used by the data sources and therefore may be used throughout this report to describe data findings.

TABLE 9. RACE AND ETHNIC BREAKOUT TERMS

American Indian/Alaska Native	Asian Asian/Pacific Islander	Black Non-Hispanic Black Black or African American	Hispanic Hispanic or Latino	White White, non-Hispanic Non-Hispanic White

Zip Codes and Zip Code Tabulation Areas

This assessment presents both ZIP Code and ZIP Code Tabulation Area (ZCTA) data. ZIP or Zone Improvement Plan Codes were created by the U.S. Postal Service to improve mail delivery service. They are based on postal routes, which factor in delivery-area, mail volume, and geographic location. They are not designed to hold population data and change frequently. Some ZIP Codes may only include P.O. boxes or cover large unpopulated areas. ZCTAs or ZIP Code Tabulation Areas were created by the U.S. Census Bureau and are generalized representations of ZIP Codes that have been assigned to census blocks. Therefore, ZCTAs are representative of geographic locations of populated areas. In most cases, the ZCTA will be the same as its ZIP Code. ZCTAs will not necessarily exist for ZIP Code areas with only businesses, for single or very few addresses, or for large unpopulated areas. Because ZCTAs are based on the most recent Census, they are more stable than ZIP Codes and do not change as frequently.

Demographics for this report are sourced from the United States Census Bureau, which presents ZCTA estimates. Tables and figures in the Demographics section of this report reference ZIP Codes in title (for purposes of familiarity) but show values for ZCTAs. Data from other sources is representative of ZIP Codes and is labeled as such.

Prioritization

To prioritize the significant needs of the Northeast Florida Region, 68 community members engaged in three rounds of voting and discussion on May 17, 2018. In the first round, prioritization participants had three votes; in the second round, two; and in the third and final round, one. Prioritization participants were asked to consider how each significant need fared

against the criteria in Table 10. As a part of the prioritization session, participants were presented findings from the primary and secondary data for each significant health need identified. After each round of voting, participants discussed results and eliminated health topics with no votes or the lowest number of votes.

TABLE 10. PRIORITIZATION CRITERIA

Criteria for the Jacksonville Nonprofit Hospital Partnership Community Prioritization
• Importance of problem to community
• Opportunity to impact multiple problems
• Opportunity to intervene at prevention level
• Addresses disparities (age, race, gender, economic status)

Seven health and health-related areas were identified as priorities for the community. Table 11 shows the selected priorities in order from highest to lowest priority followed by evidence of the health area as a significant need.

TABLE 11. PRIORITY HEALTH AREAS AND EVIDENCE FROM DATA COLLECTED

Priority Health Area [Ranked from highest to lowest priority]	Secondary Data Scores *[score of 1.5 or above]* *[0 (good) – 3 (bad)]*	Key Informant Interviews *[issue cited by at least half of all 44 key informants]*	Focus Group Discussions *[issue cited in at least half of all 15 focus groups]*	Community Survey *[ranked order of importance by participants]*
Access (includes access to health care, transportation, safe housing, and nutrition)	Transportation (X) Exercise, Nutrition & Weight (X)	X	X	X
Behavioral Health (Mental Health & Substance Abuse)	X	X	X	X
Poverty		X	X	
Obesity & Physical Activity	X	X	X	X
Maternal, Fetal & Infant Health	X			X
Cancer	X		X	X
Vulnerable Populations	X	X	X	X

Plans for addressing these prioritized health needs will be further considered in the implementation strategy for Baptist Medical Center Nassau.

Demographics & Community Context

The following section explores the demographic profile of Baptist Medical Center Nassau's service area. Demographics are an integral part of describing the community and its population, and critical to forming further insights into the health needs of the community in order to best plan for improvement. Different race/ethnic, age, and socioeconomic groups may have unique needs and require varied approaches to health improvement efforts. All demographic estimates are sourced from the U.S. Census Bureau's (a) 2016 population estimates or (b) 2012-2016 American Community Survey, unless otherwise indicated.

Population

According to the U.S. Census Bureau's 2016 population estimates, Baptist Medical Center Nassau's service area had a population of 80,622.

Table 12 presents the population estimates for Nassau County by year for 2013, 2014, 2015, and 2016. In the 4-year time period Nassau County experienced a higher population growth (6.6%) than the state of Florida (5.3%) and the United States (2.2%).

TABLE 12. TOTAL POPULATION: PAST FOUR YEARS

Total Population					
County	2013	2014	2015	2016	Percent Change 2013-2016
Nassau County	75,606	76,598	78,470	80,622	6.6%
Florida	19,582,022	19,888,741	20,244,914	20,612,439	5.3%
United States	316,204,908	318,563,456	320,896,618	323,127,513	2.2%

According to Figure 11, in 2012-2016, zip code 32034 had the largest population (33,189) in Nassau County and zip code 32009 had the smallest population (3,481).

FIGURE 11. POPULATION PER ZIP CODE IN 2012-2016 (NASSAU)
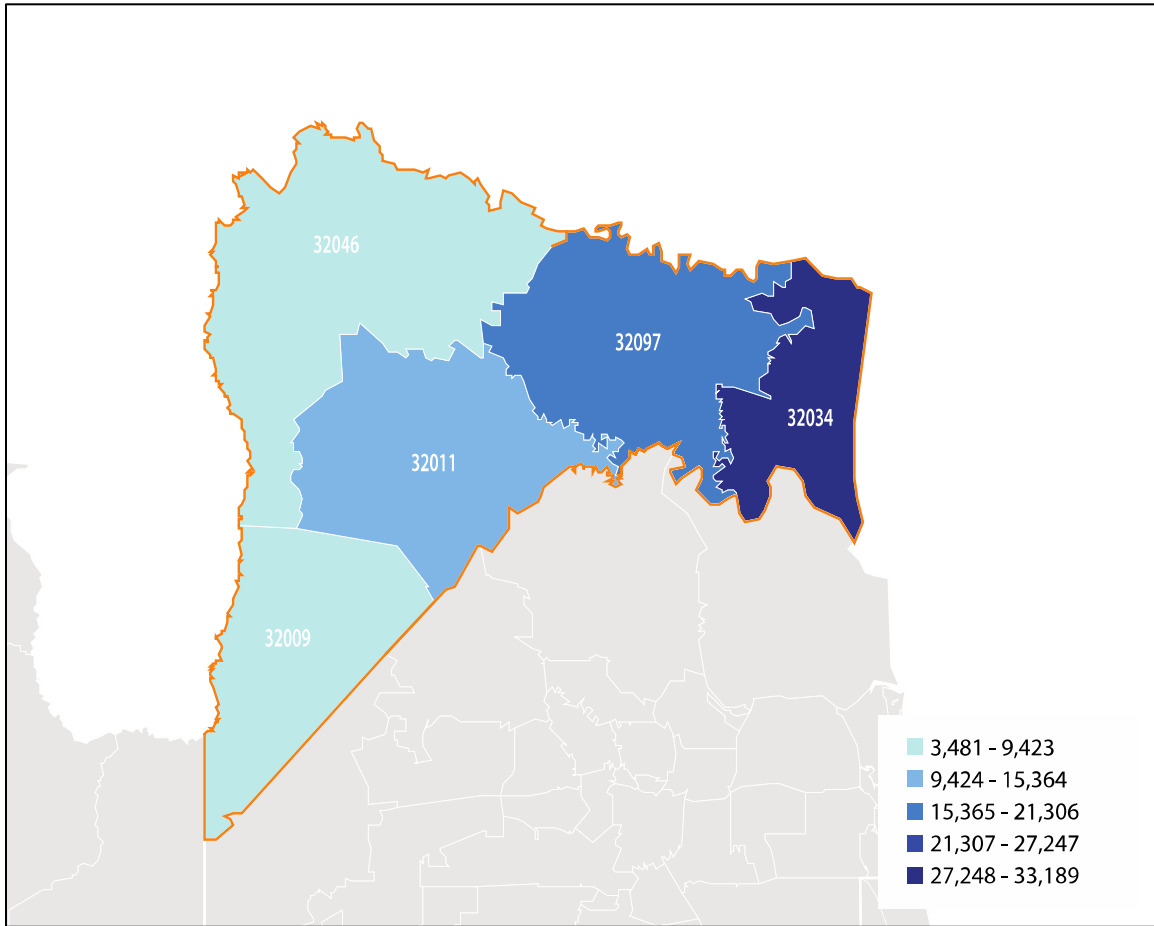
Table 13 shows the population projections through 2045 for the total population of Nassau County.

TABLE 13. TOTAL POPULATION PROJECTIONS THROUGH 2045[14]

		2010 Census	2017	2025	2035	2045	% Change from 2017 - 2045
Total	Nassau	73,314	80,456	93,844	107,020	117,191	45.7%
	Florida	18,802,847	20,484,142	23,061,892	25,485,553	27,423,577	33.9%

[14] Bureau of Economic and Business Research

Age

Figure 12 shows the Baptist Medical Center Nassau service area population by age as compared to the age distribution for the Northeast Florida Region. The percentage of population under 44 years of age is lower in Nassau County than the region, while the percentage of population 45 years old and above is higher in the county compared to the region.

FIGURE 12. POPULATION BY AGE, 2012-2016
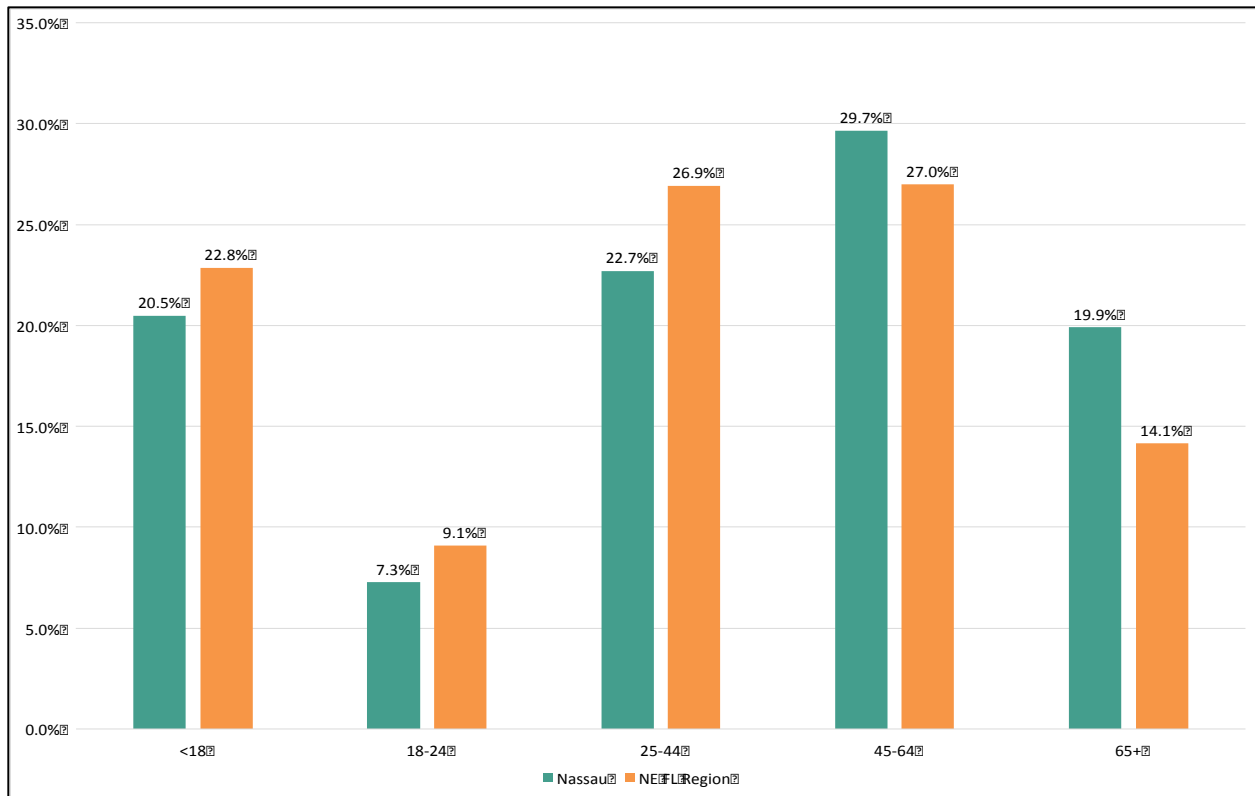
Table 14 shows the population projections by age-group through 2045.

TABLE 14. POPULATION PROJECTIONS BY AGE-GROUP THROUGH 2045[14]

		2010 Census	2017	2025	2035	2045	% Change from 2017 - 2045
<18	Nassau	15,919	16,255	18,394	20,791	22,146	**36.2%**
	Florida	4,002,096	4,180,677	4,636,008	5,053,630	5,323,927	**27.3%**
19 - 24	Nassau	5,728	6,143	6,334	7,292	8,137	**32.5%**
	Florida	1,739,854	1,822,195	1,925,683	2,080,468	2,261,012	**24.1%**
25 - 44	Nassau	17,103	17,550	20,445	22,658	24,052	**37.0%**
	Florida	4,721,819	5,063,560	5,769,128	6,208,579	6,463,905	**27.7%**
45 - 64	Nassau	22,656	23,670	24,524	25,153	28,874	**22.0%**
	Florida	5,079,471	5,417,540	5,564,257	5,739,473	6,463,744	**19.3%**
65+	Nassau	11,908	16,838	24,147	31,126	33,982	**101.8%**
	Florida	3,259,607	4,000,170	5,166,816	6,403,403	6,910,989	**72.8%**

[14] Bureau of Economic and Business Research

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Race/Ethnicity

Figure 13 shows the racial and ethnic distribution of the hospital's service area. At 87.5%, the percentage of the population that identifies as White, non-Hispanic is higher in Nassau County compared to the region (64.4%). The percentages of the population that are Black/African American, Hispanic or Latino (of any race) and Asian are lower in Nassau County than the region.

FIGURE 13. POPULATION BY RACE/ETHNICITY, 2012-2016 (NASSAU)
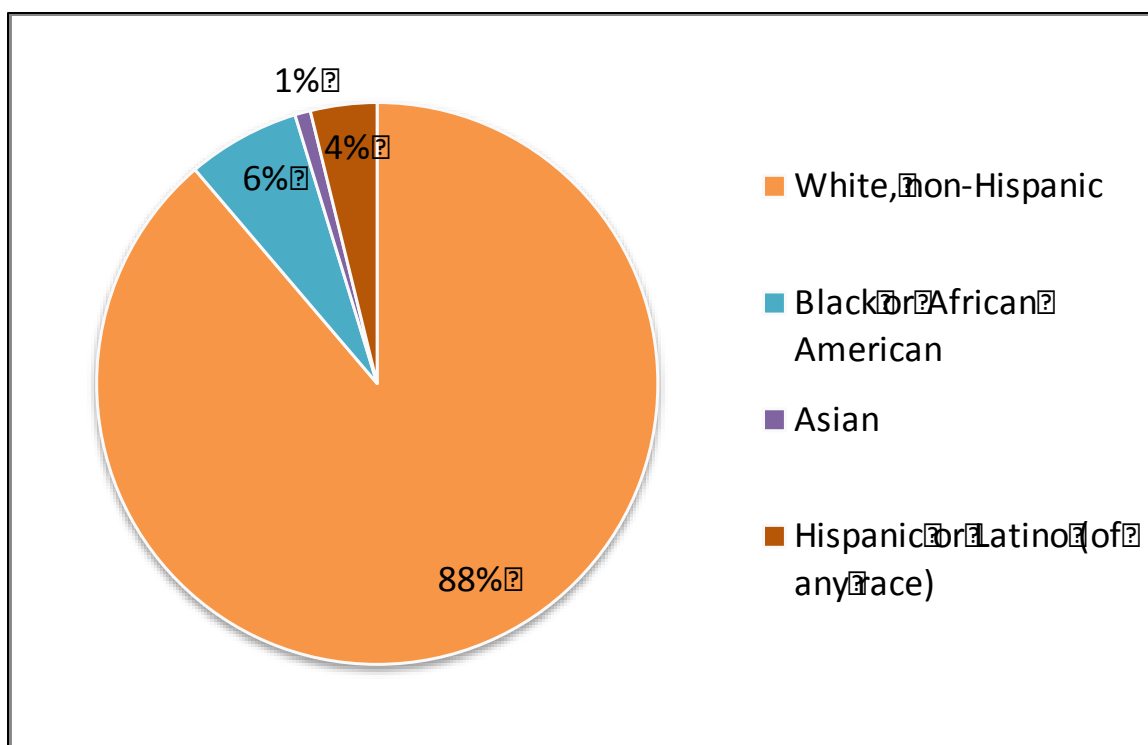
Table 15 presents a closer examination of population trends for the county. Nassau County experienced a slight increase in the proportion of residents identifying as Hispanic or Latino from 2009-2013 through 2012-2016.

TABLE 15. POPULATION BY RACE/ETHNICITY: PAST FOUR YEARS

	2009-2013	2010-2014	2011-2015	2012-2016
Nassau County				
White, non-Hispanic	87.7%	87.8%	87.6%	87.3%
Black or African American	6.3%	6.2%	6.1%	6.1%
Asian	0.9%	0.9%	0.9%	1.0%
Hispanic or Latino	3.6%	3.7%	3.9%	4.2%

Table 16 shows the population projections by race/ethnicity through 2045.

TABLE 16. POPULATION PROJECTIONS BY RACE/ETHNICITY THROUGH 2045[14]

		2010 Census	2017	2025	2035	2045	% Change from 2017 - 2045
Non-Hispanic White	Nassau	65,102	70,628	81,756	92,341	100,396	**42.1%**
	Florida	11,066,181	11,313,436	11,774,342	12,214,956	12,561,838	**11.0%**
Non-Hispanic Black	Nassau	4,791	5,165	5,712	6,322	6,863	**32.9%**
	Florida	2,950,583	3,319,150	3,890,098	4,420,638	4,835,615	**45.7%**
Hispanic	Nassau	2,380	3,543	5,147	6,984	8,439	**138.2%**
	Florida	4,223,842	5,204,657	6,625,846	7,962,733	9,046,028	**73.8%**

[14] Bureau of Economic and Business Research

The zip code with the highest proportion of residents identifying as Black or African American within the service area is 32034 as shown in Table 17.

The zip code with the highest proportion of residents identifying as Asian within the service area is 32034.

The zip code with the highest proportion of residents identifying as Hispanic or Latino within the service area is 32097 at 5.1%.

TABLE 17. POPULATION BY RACE/ETHNICITY PER ZIP CODE, 2012-2016

Zip Code	White, non-Hispanic	Black or African American	Asian	Hispanic or Latino
Nassau County				
32009	94.8%	0.9%	0.0%	2.6%
32011	92.4%	2.8%	0.1%	1.9%
32034	84.0%	8.4%	1.9%	4.8%
32046	92.0%	5.3%	0.0%	1.3%
32097	86.3%	7.1%	0.3%	5.1%

Language Spoken at Home

Figure 14 shows that 3.9% of the population in Nassau County speaks a language other than English at home, which is lower than the regional value, the Florida state value, and the national value.

FIGURE 14. POPULATION AGED 5+ SPEAKING LANGUAGE OTHER THAN ENGLISH AT HOME, 2012-2016
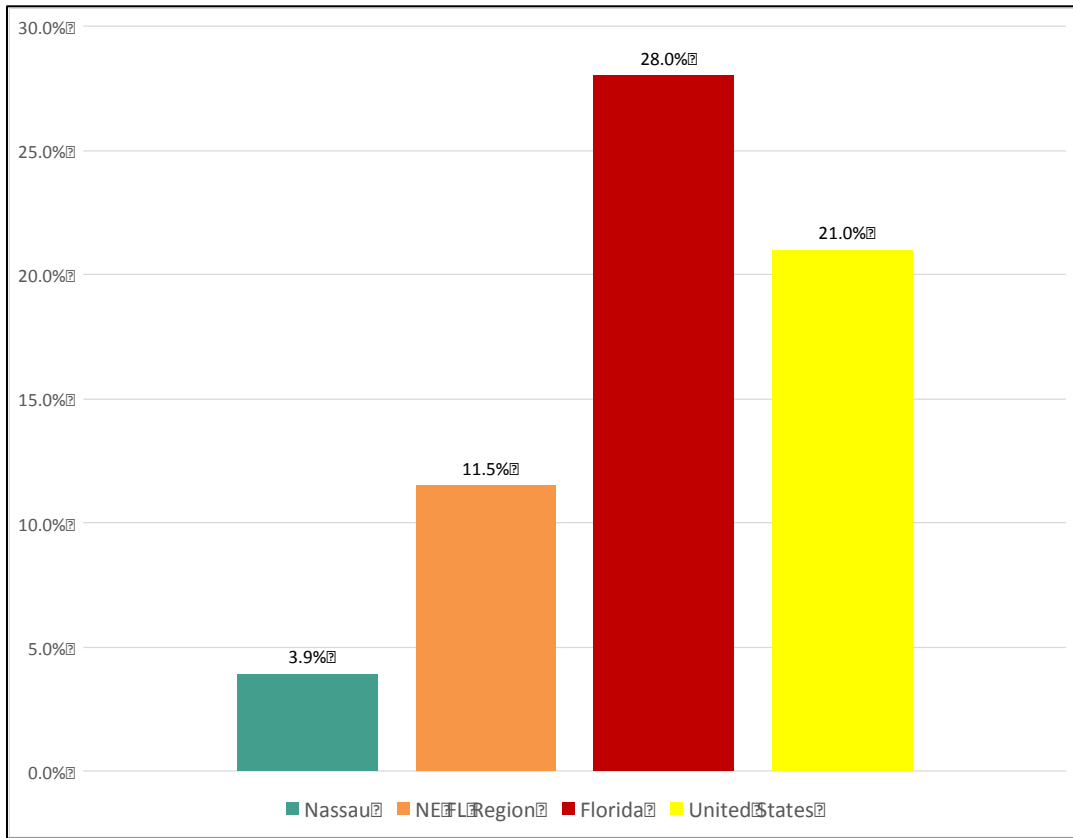
TABLE 18. TYPES OF LANGUAGES SPOKEN AT HOME, 2012-2016

	Nassau	Florida
English-only	70,327 (96.1%)	13,512,487 (71.7%)
Spanish	1,832 (2.5%)	3,936,129 (20.9%)
Other Indo-European Languages	627 (0.9%)	965,349 (5.1%)
Asian Pacific Islander Languages	322 (0.4%)	297,950 (1.6%)
Other Languages	99 (0.1%)	128,323 (0.7%)

Veterans

The veteran population is a significant part of the community. Figure 15 shows that 13.7% of Nassau County's residents are veterans, compared to 9.4% and 8.0% of residents of Florida and the United States, respectively. This is a crucial contextual figure when assessing regional health as there are barriers and challenges to access to care for that population. Further, veterans are

more prone to be affected by disabilities, inability to get or keep jobs and housing, and misinformation about or lack of insurance or benefits.
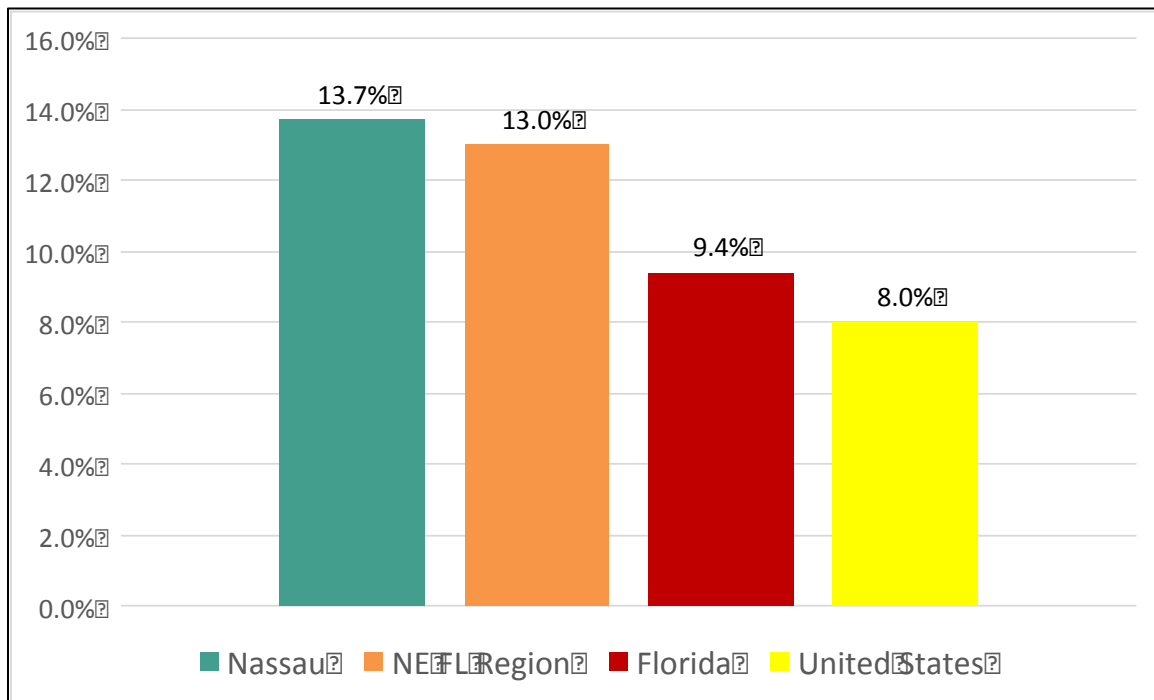
Disabilities

Figure 16 shows the share of persons with any type of disability living in Nassau County in the Northeast Florida Region, compared to the overall state value and the value of the entire United States. In comparison to the state and nation, Nassau County has a larger share of disabled populations at 16.3% (or 13,141 residents).

FIGURE 16. PERSONS WITH A DISABILITY, 2012-2016
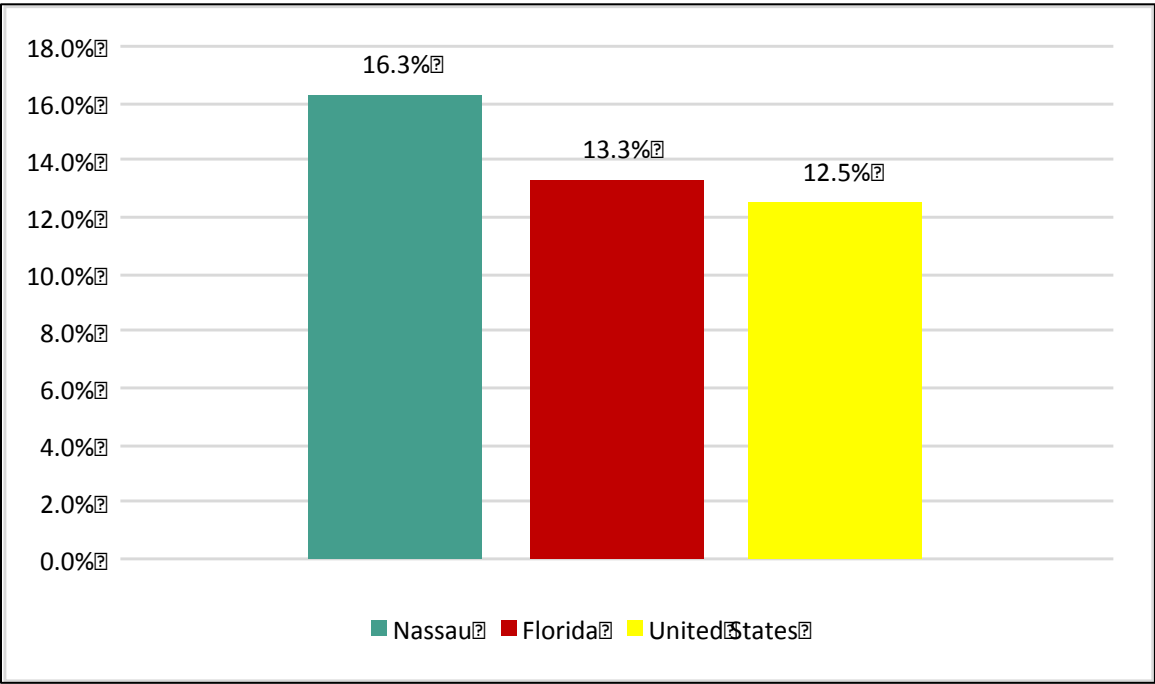
TABLE 19. ESTIMATED NUMBER OF PERSONS WITH A DISABILITY, 2012-2016

County	Persons with a Disability
Nassau	13,141

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Social and Economic Determinants of Health

This section explores the social and economic determinants of health in the Baptist Medical Center Nassau service area. Social and economic determinants are the conditions in which people are born, grow, work, live, and age, and the wider set of forces and systems shaping the conditions of daily life. These social determinants and other factors help build the context of the service area to allow for better understanding of the results of both primary and secondary data.

Income & Poverty

Figure 17 compares the median household income values for the hospital's service area to the median household income value for Florida and the United States. At $59,196, Nassau County's median household income is higher than the state and the national values.

FIGURE 17. MEDIAN HOUSEHOLD INCOME, 2012-2016

Baptist Medical Center Nassau - CHNA
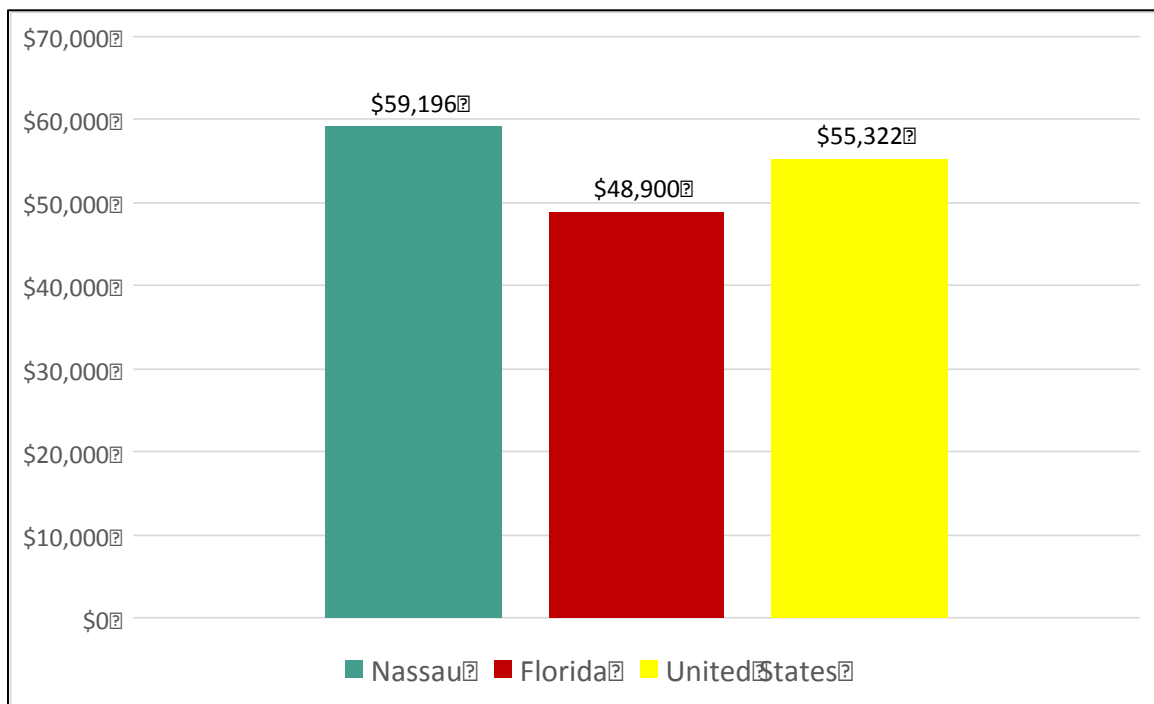
A closer examination of the trend for the service area in Figure 18 reveals that the median household income decreased slightly in 2010-2014 and 2011-2015, but increased in the most recent time period.

FIGURE 18. MEDIAN HOUSEHOLD INCOME PER COUNTY: PAST FOUR TIME PERIODS

	2009-2013	2010-2014	2011-2015	2012-2016
Nassau	$55,315	$55,256	$54,116	$59,196
Florida	$46,956	$47,212	$47,507	$48,900
USA	$53,046	$53,482	$53,889	$55,322
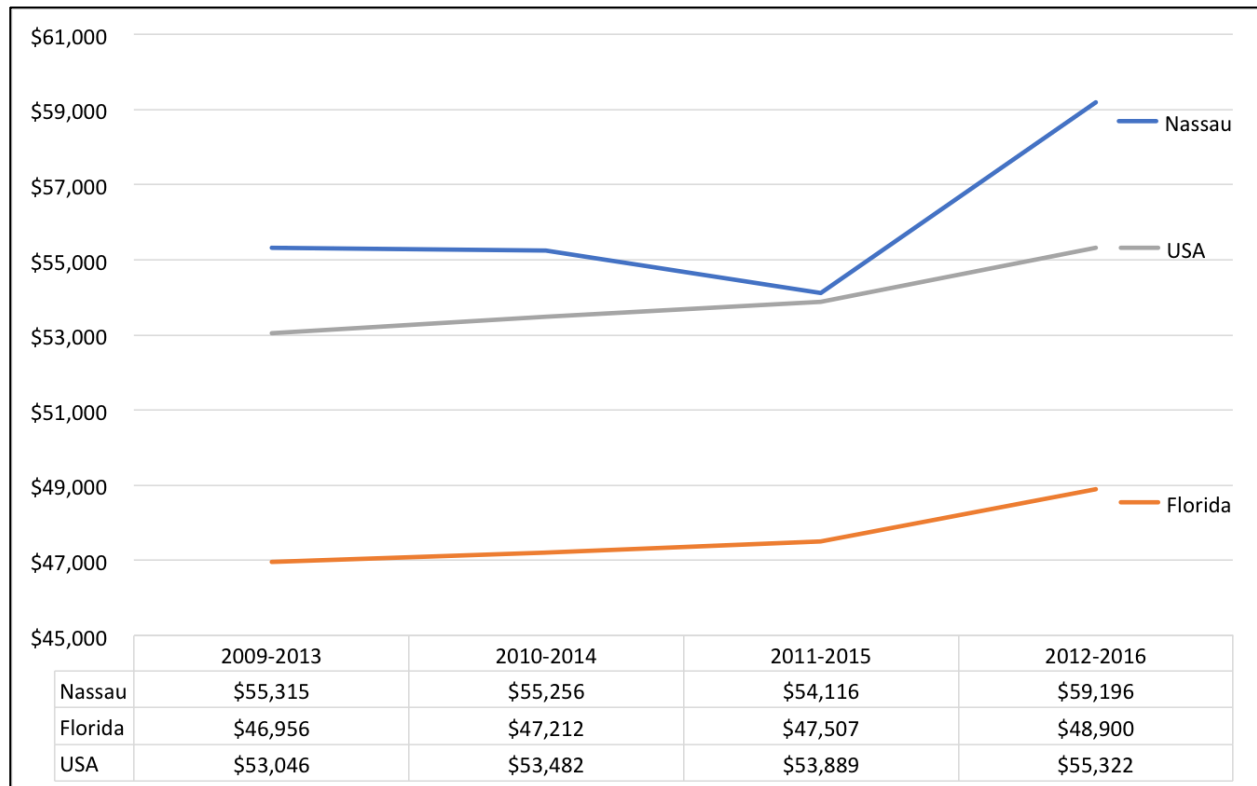
Across all five zip codes in the Nassau County service area, zip code 32046 had the lowest median household income at $54,418.

FIGURE 19. MEDIAN HOUSEHOLD INCOME BY ZIP CODE, 2012-2016 (NASSAU)

Baptist Medical Center Nassau - CHNA
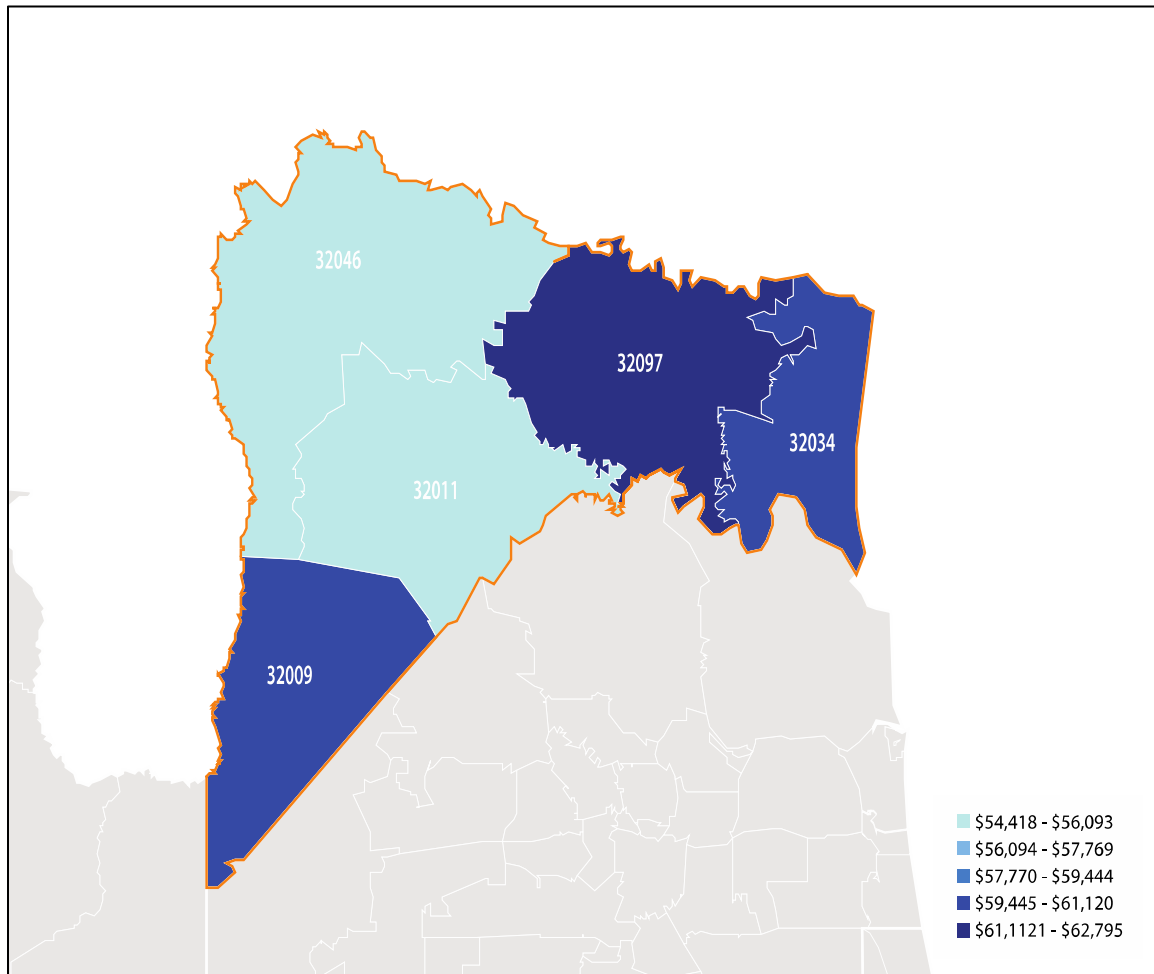
Figure 20 shows that the percentage of persons living below poverty level in 2012-2016 was lower in Nassau County compared to the region, state, and national values.

FIGURE 20. PEOPLE LIVING BELOW POVERTY LEVEL, 2012-2016

Baptist Medical Center Nassau - CHNA
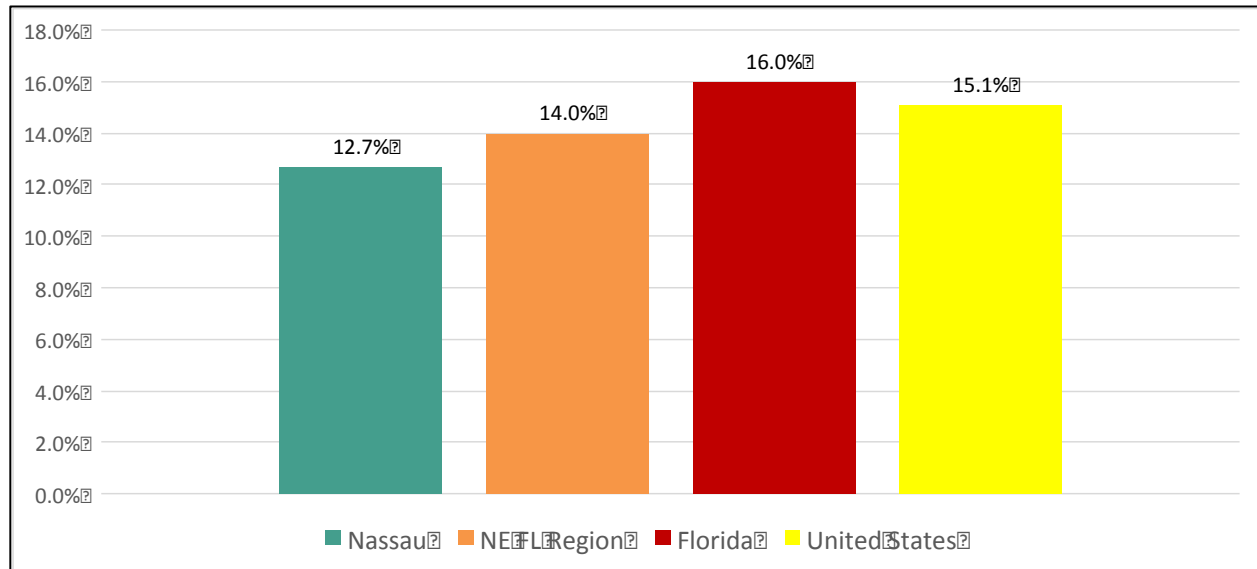
According to Figure 21, the trend of people living below poverty level has not fluctuated greatly in the service area across the past four time periods. The percentage of people living below poverty level increased very slightly in Nassau County between 2009-2013 and 2012-2016.

FIGURE 21. PEOPLE LIVING BELOW POVERTY LEVEL: PAST FOUR TIME PERIODS

	2009-2013	2010-2014	2011-2015	2012-2016
Nassau	12.6%	12.6%	12.9%	12.7%
Florida	16.3%	16.7%	16.5%	16.1%
USA	15.4%	15.6%	15.5%	15.1%

Baptist Medical Center Nassau - CHNA
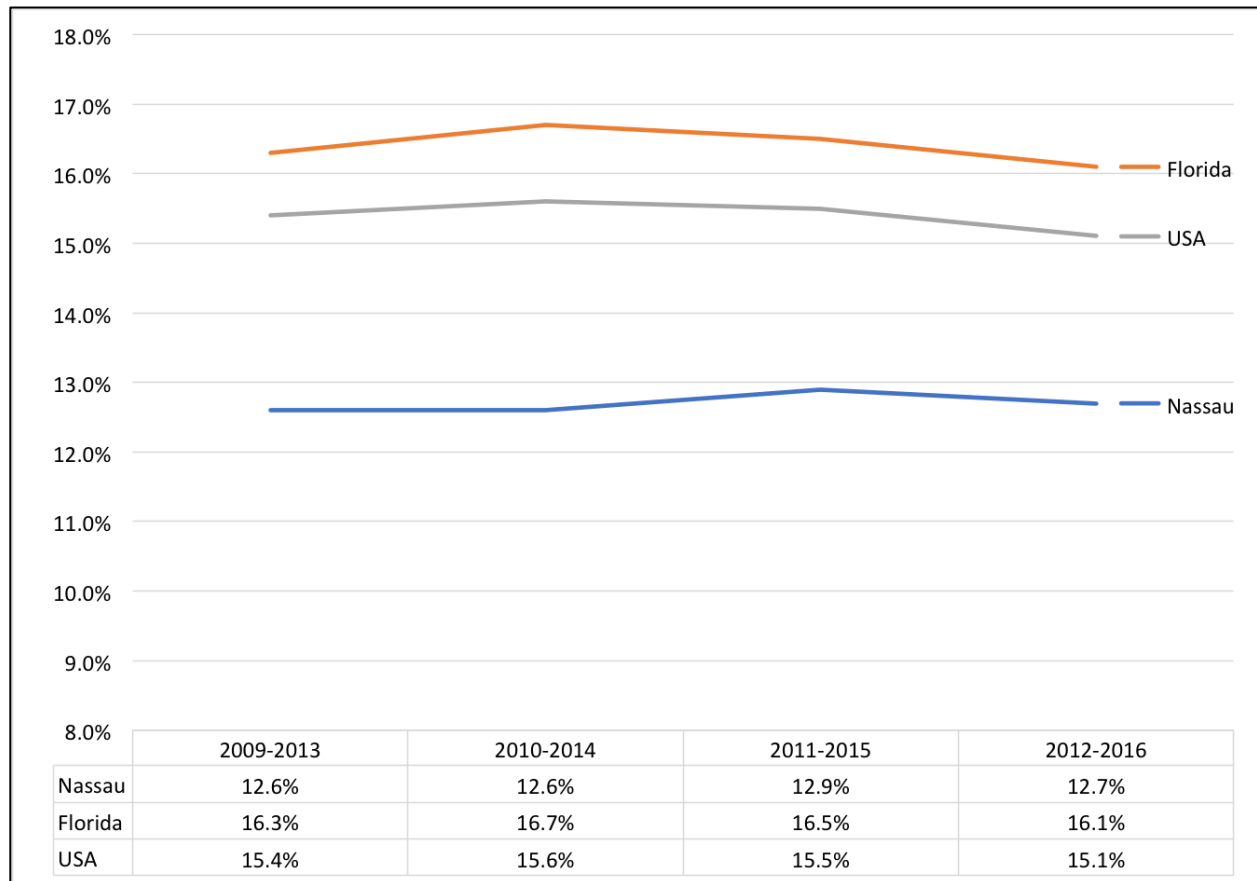
Examining the context of poverty more deeply, Figure 22 shows the percentage of people living below the poverty level by race and ethnicity in Nassau County as compared to those from the Northeast Florida Region. While there are smaller percentages of the Black or African American and Asian populations living in poverty, there is a much higher percentage of Hispanics or Latinos living below the poverty level in Nassau County compared to the region.

FIGURE 22. PEOPLE LIVING BELOW POVERTY LEVEL BY RACE/ETHNICITY, 2012-2016

Baptist Medical Center Nassau - CHNA
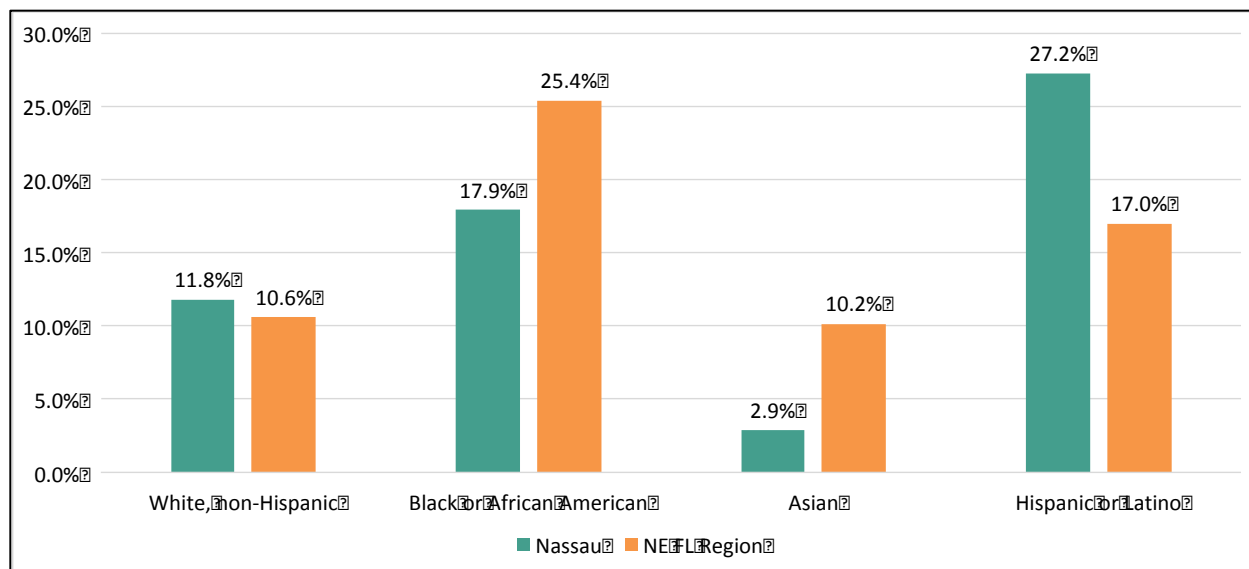
Figure 23, Figure 24, and Figure 25 examine the trends for the Nassau County service area: White, non-Hispanic, Black or African American, and Hispanic or Latino populations are all racial/ethnic groups that experience higher poverty than the overall population.

Figure 23 shows that White, non-Hispanic residents have experienced a decrease in poverty level in Nassau County between 2009-2013 and 2012-2016.

FIGURE 23. WHITE, NON-HISPANIC POPULATION LIVING BELOW POVERTY LEVEL: PAST FOUR TIME PERIODS

	2009-2013	2010-2014	2011-2015	2012-2016
Nassau	12.4%	12.0%	12.1%	11.8%
Florida	11.3%	11.6%	11.5%	11.3%
USA	10.6%	10.8%	10.8%	10.6%
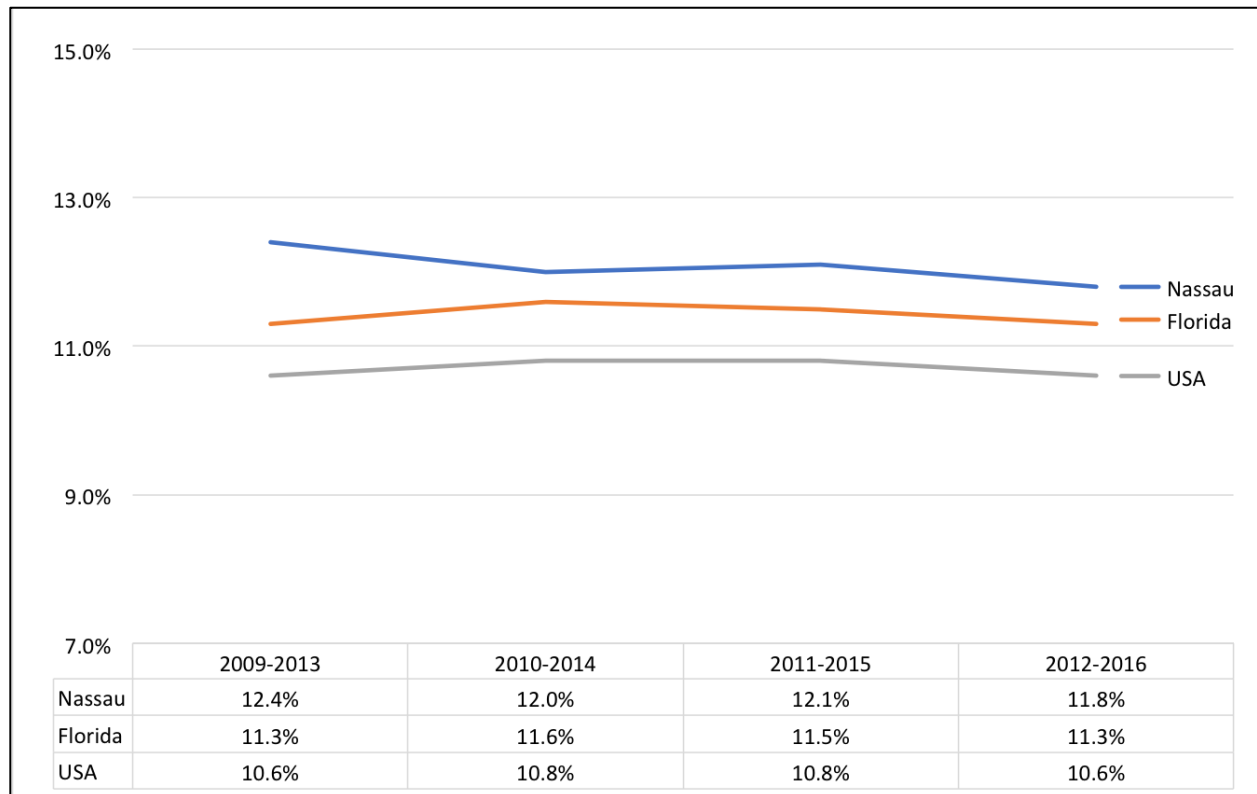
Figure 24 shows some fluctuation in the poverty level for Black or African American residents in Nassau County over the past four time periods. The percentage of Black or African American residents living below poverty has not changed significantly between the 2009-2013 and 2012-2016 time periods.

	2009-2013	2010-2014	2011-2015	2012-2016
Nassau	17.8%	18.8%	17.0%	17.9%
Florida	28.2%	28.1%	27.5%	26.2%
USA	27.1%	27.3%	27.0%	26.2%

Figure 25 shows that Hispanic or Latino residents experienced a large increase in levels of poverty in Nassau County over the past four time periods. The share of Hispanic or Latino residents living below poverty level increased by over threefold between the 2009-2013 and 2012-2016 time periods.

FIGURE 25. HISPANIC OR LATINO POPULATION LIVING BELOW POVERTY LEVEL: PAST FOUR TIME PERIODS

	2009-2013	2010-2014	2011-2015	2012-2016
Nassau	8.3%	14.7%	24.2%	27.2%
Florida	21.3%	21.8%	21.6%	20.9%
USA	24.7%	24.8%	24.3%	23.4%
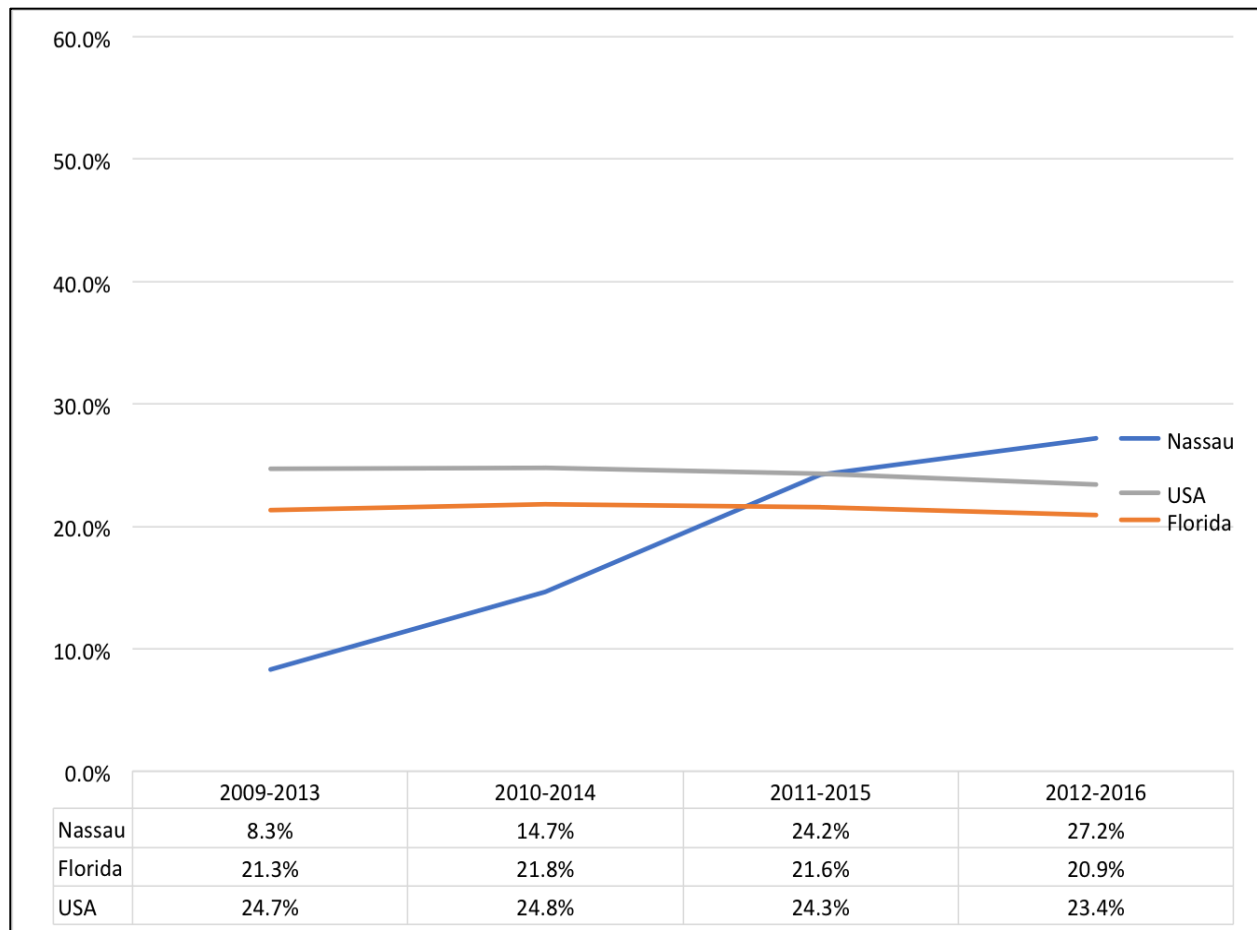
At the zip code level across the service area in Figure 26, zip code 32046 has the highest share of people living below poverty at 17.8%.

FIGURE 26. PEOPLE LIVING BELOW POVERTY LEVEL BY ZIP CODE, 2012-2016 (NASSAU)
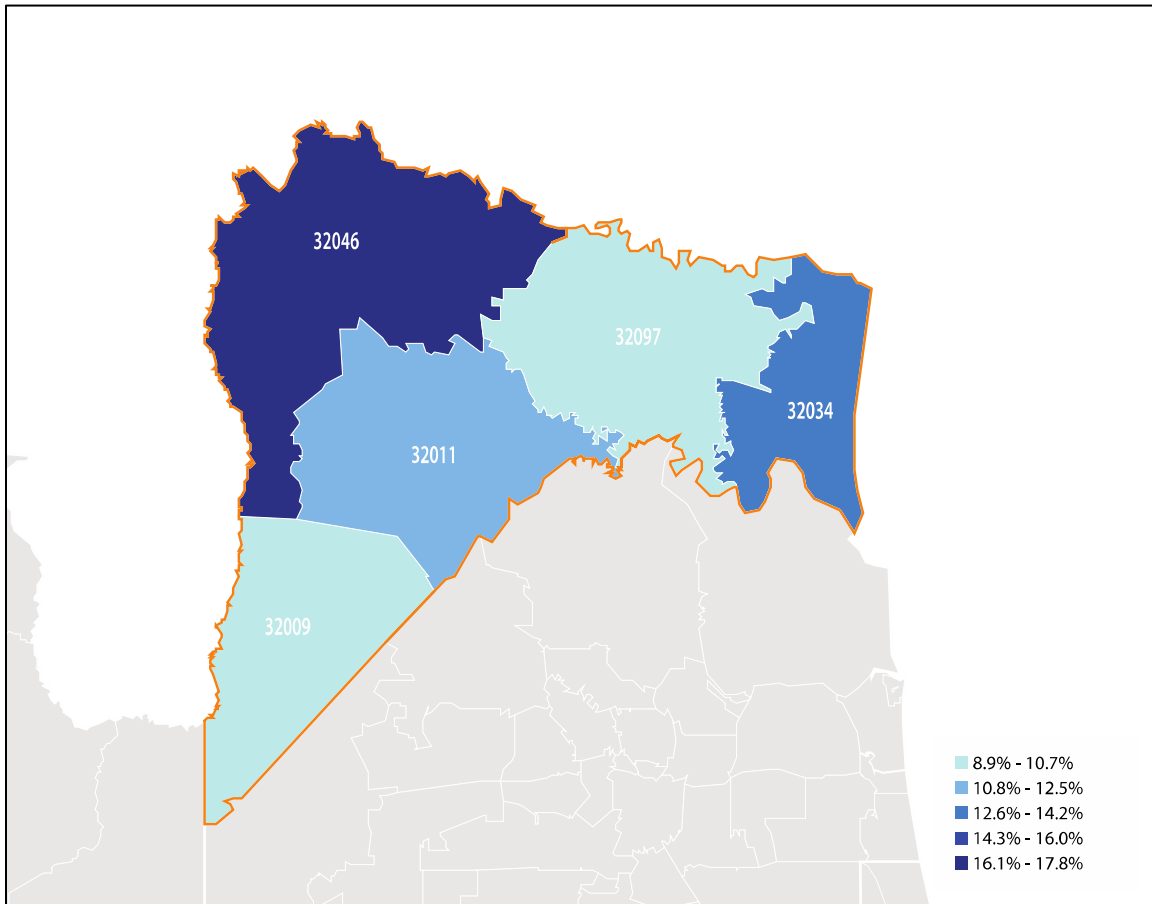
Employment

Table 20 shows the percent of civilians, 16 years of age and older, who are unemployed as a percent of the civilian labor force. A high rate of unemployment has personal and societal effects. During periods of unemployment, individuals are likely to feel severe economic strain and mental stress. Unemployment is also related to access to health care, as many individuals receive health insurance through their employer. A high unemployment rate places strain on financial support systems, as unemployed persons qualify for unemployment benefits and food stamp programs.

TABLE 20. UNEMPLOYED WORKERS IN CIVILIAN LABOR FORCE, MAY 2018

County	Percent Unemployed
Nassau	3%

Education

In 2012-2016, 90.9% of residents aged 25 or older in the Nassau County service area had at least a high school degree or equivalent. High school degree attainment, or completion of high school or a general equivalency diploma (GED), is higher in Nassau County compared to the regional value (90.1%), Florida State value (87.2%) and the national value (87.0%).

FIGURE 27. EDUCATIONAL ATTAINMENT BY COUNTY, 2012-2016
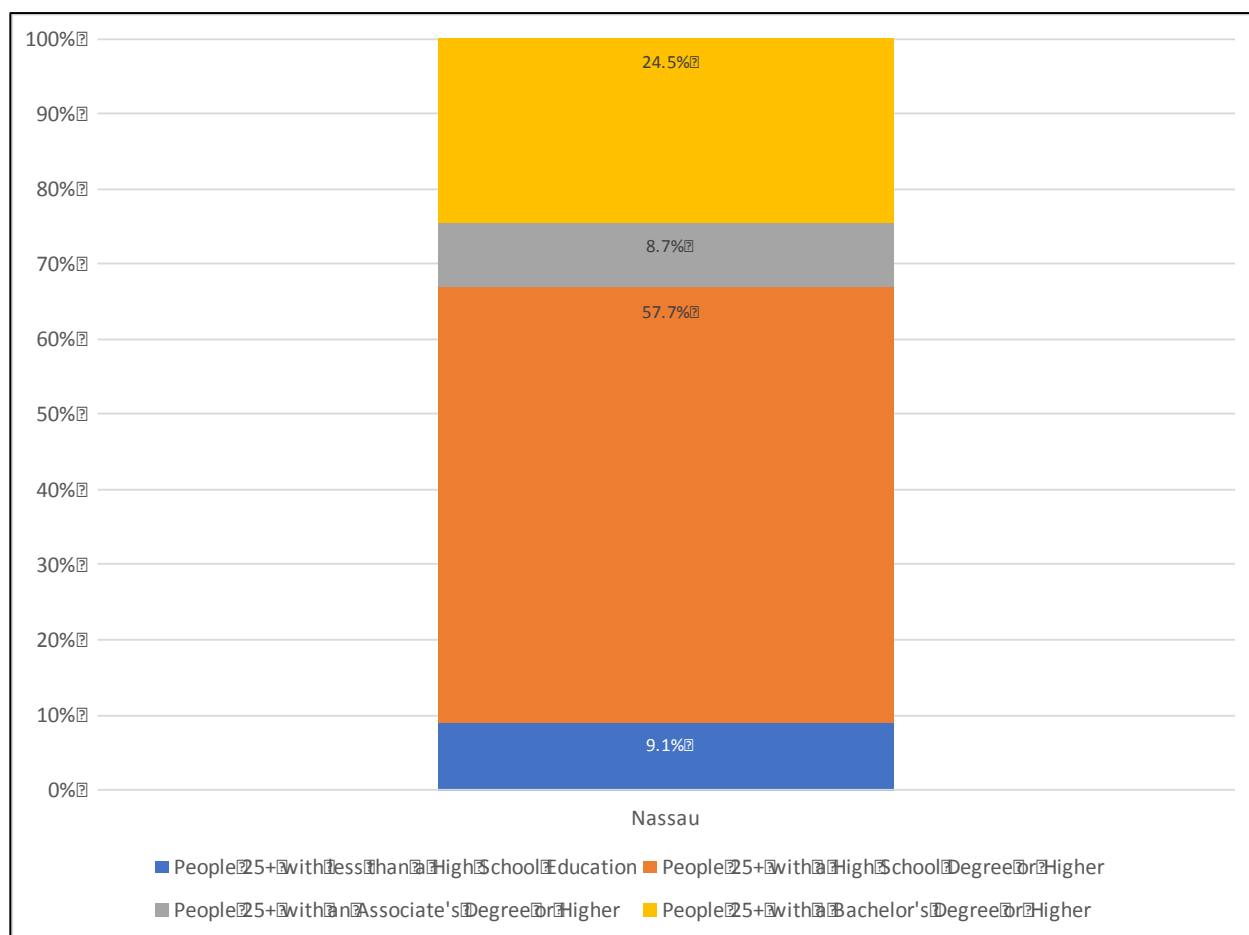
The share of residents aged 25 and older who have a high school degree increased for all past four time periods for Nassau County in Figure 28. This is consistent with the statewide and national trend of increased educational attainment across the population.

	2009-2013	2010-2014	2011-2015	2012-2016
Nassau	89.4%	89.5%	89.6%	90.9%
Florida	86.1%	86.5%	86.9%	87.2%
USA	86.0%	86.3%	86.7%	87.0%
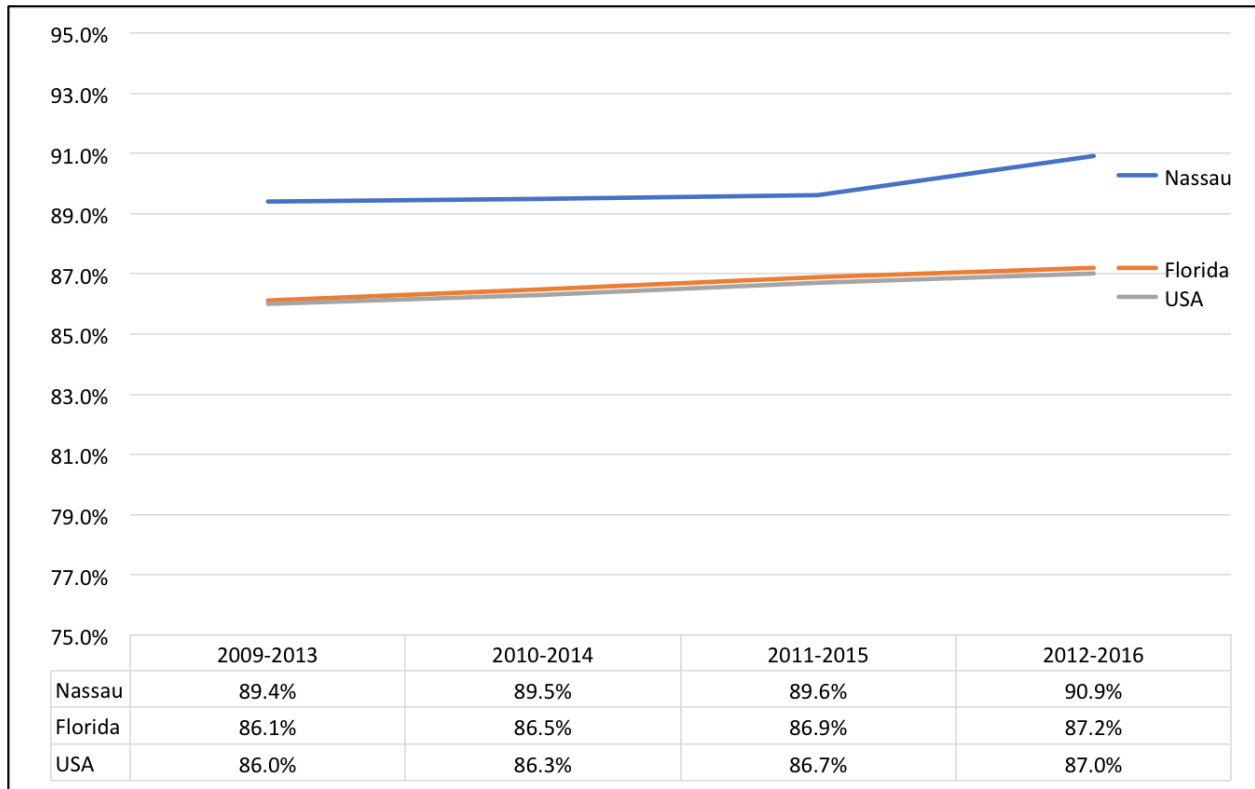
Across all zip codes in the service area, as presented by Figure 29, zip code 32011 had the lowest share of high school degree attainment at 86.2% in 2012-2016.

FIGURE 29. HIGH SCHOOL DEGREE ATTAINMENT BY ZIP CODE, 2012-2016 (NASSAU)

Baptist Medical Center Nassau - CHNA
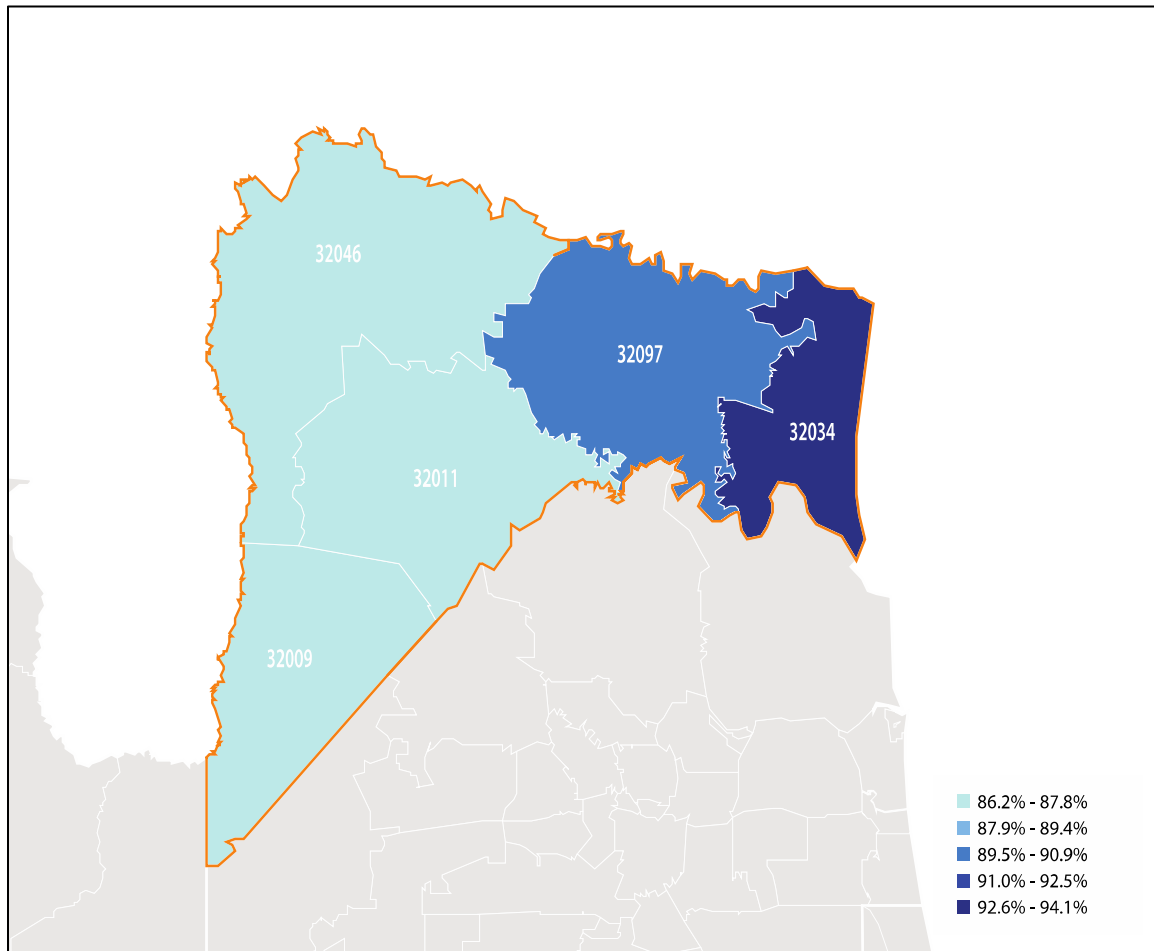
SocioNeeds Index

Conduent Healthy Communities Institute developed the SocioNeeds Index® to easily compare multiple socioeconomic factors across geographies. This index incorporates estimates for six different social and economic determinants of health that may impact health or access to care. Indicator estimates from Claritas®, covering income, poverty, unemployment, occupation, educational attainment, and linguistic barriers, are standardized and averaged to create one composite index value for every zip code in the United States with a population of at least 300. Zip codes have index values ranging from 0 to 100, where zip codes with higher values are estimated to have the highest socioeconomic need and are correlated with poor health outcomes, including preventable hospitalizations and premature death.

Within the Northeast Florida Region, zip codes are ranked based on their index value to identify the relative levels of need, as illustrated by Figure 30. Of the five zip codes in the Baptist Medical Center Nassau service area, zip code 32046 has the highest index value (68.7) signifying the highest socioeconomic need, while zip code 32034 has the lowest index value (37.9).

FIGURE 30. SOCIONEEDS INDEX FOR BAPTIST MEDICAL CENTER NASSAU'S SERVICE AREA (NASSAU)
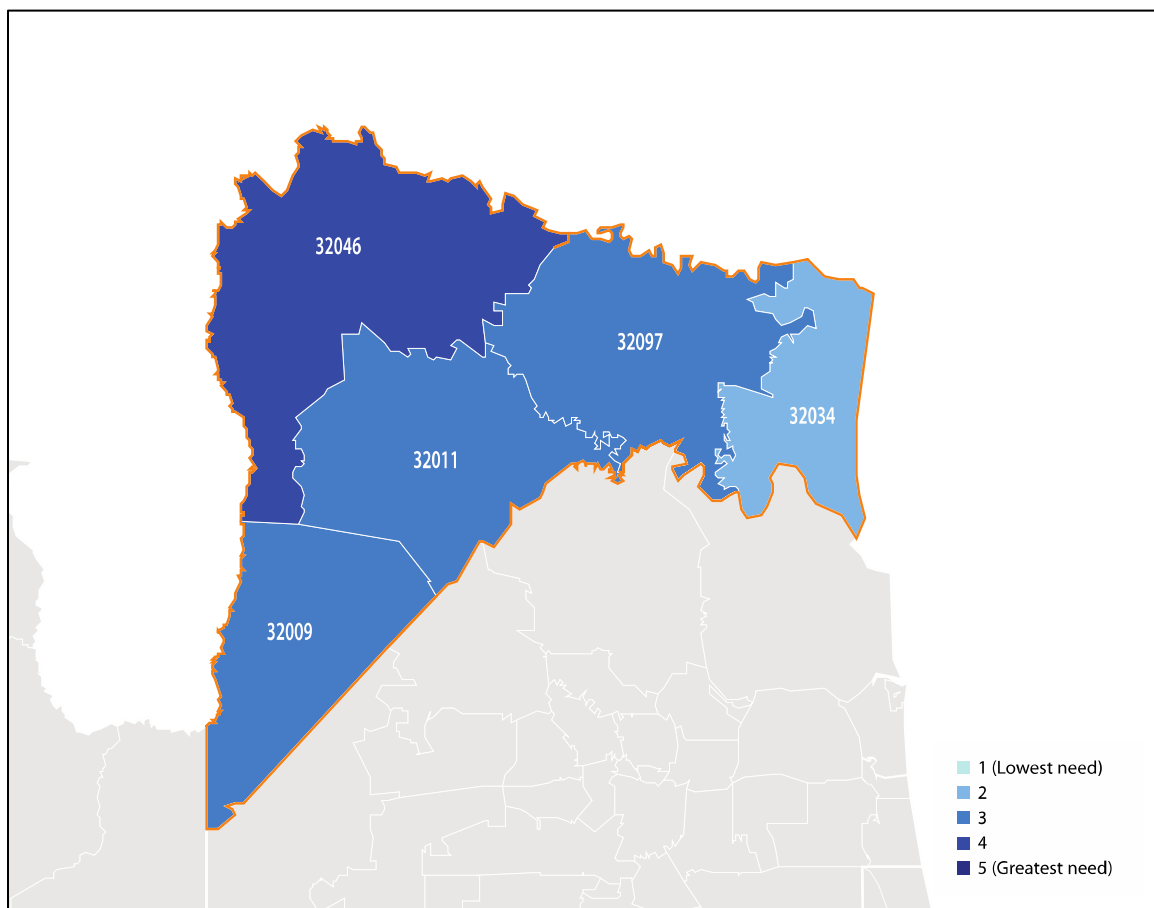
Prioritized Significant Health Needs

Upon completion of the group prioritization session, seven health needs were identified as priority health needs by the Jacksonville Nonprofit Hospital Partnership. These seven health needs are: (1) Access, (2) Behavioral Health, (3) Poverty, (4) Obesity & Physical Activity, (5) Maternal, Fetal & Infant Health, (6) Cancer, and (7) Vulnerable Populations.

The following section will dive deeper into each of these health topics to show how findings from the secondary and primary data led to each health topic becoming a priority health issue for the Jacksonville Nonprofit Hospital Partnership.

These prioritized health needs will guide the community health improvement efforts of Baptist Medical Center Nassau. Baptist Medical Center Nassau will determine which prioritized health needs it has the resources to address and how it plans to address them in its Implementation Strategy.

Access

Throughout the data collection process, it was clear that the term "access" carries many different meanings. Figure 26 shows the many different aspects of access that were identified as influencing factors for the service area during both the primary and secondary data collection and analysis. Most of the discussion around access focused on access to health services. However, reliable transportation, proper nutrition, and safe and affordable housing emerged as issues that impact one's access to health care. Access to health services and related issues ultimately informed the prioritization session discussion and the decision to prioritize access with focal points of access to health

FIGURE 31. FACTORS RELATED TO ACCESS

services including transportation, proper nutrition, and safe and affordable housing. The following section will dive into these issues within access as they relate to the primary and secondary data.
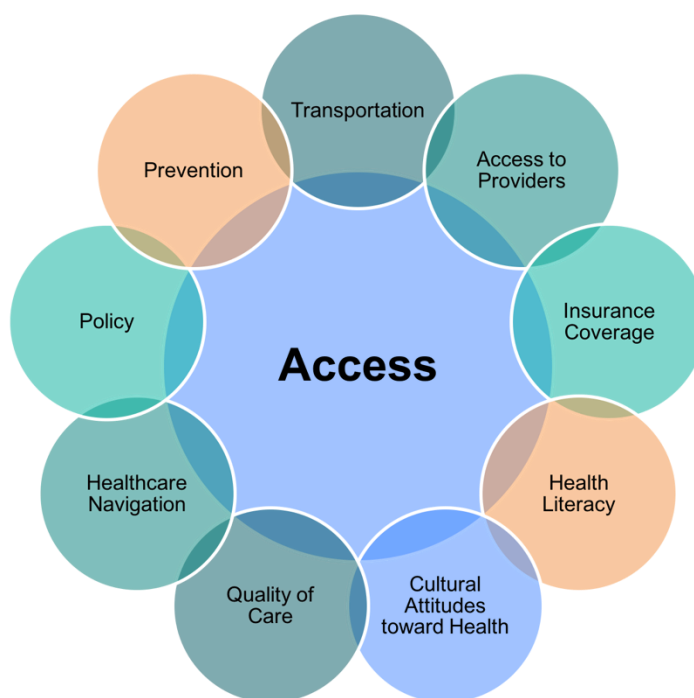
Key Issues
- Community input found that access to health services is the most important social determinant of health in Nassau County
- The dentist rate and primary care provider rate for Nassau County are both significantly lower than the Florida and U.S. rates
- There are very few mental health and substance abuse services in the county
- Transportation issues and the large, dispersed geography of the county exacerbate the access problem

Access to Health Services

Secondary Data

Secondary data showed that the rates of dentists, primary care providers, and non-physician primary care providers are an issue in Nassau County. The Nassau County rates of all three types of providers are much lower than the Florida state value and the United States national value. Additionally, the percentage of both children and adults with health insurance in Nassau County fail to meet the Healthy People 2020 target of one hundred percent coverage. Further, the percentage of adults with a usual source of health care in Nassau County also fails to meet the Healthy People 2020 target for those who have at least one person they think of as their personal doctor or health care provider.

Table 21 displays a complete list of secondary data indicators within the health topic of Access to Health Services.

Indicator	FL Value	County	County Value	County Data Score	FL Counties	FL Value	US Counties	US Value	HP2020	Trend
Adults who did not Visit a Dentist due to Cost [8] (2007)		Nassau	16.3%	1.25	0					
Adults with Health Insurance [1] (2016)	81.6%	Nassau	84.6%	1.33	0	1	3	2	3	0
Adults with a Usual Source of Health Care [8] (2016)	72.0%	Nassau	81.1%	0.97	0	0		1	2	
Children with Health Insurance [1] (2016)	93.8%	Nassau	94.9%	1.67	1	1	2	2	2	2
Clinical Care Ranking [4] (2018) *Ranking of the county in clinical care according to the County Health Rankings		Nassau	17	1.25	0					
Dentist Rate [4] (2016) *in dentists/100,000 population	57.7	Nassau	29.8	2.17	2	3	2	3		1.5
Non-Physician Primary Care Provider Rate [4] (2017) *in providers/100,000 population	87.8	Nassau	57.1	1.83	2	3	2	3		0
Median Monthly Medicaid Enrollment [7] (2017) *in enrollments/100,000 population	19607.4	Nassau	14541.7	1.11	0	0				2
Persons with Health Insurance [25] (2016)	84.60%	Nassau	88.2%	1.08	0	1	2		3	0
Primary Care Provider Rate [4] (2015) *in providers/100,000 population	72.7	Nassau	45.9	2.06	2	3	2	3		1

*Comparisons were given a score ranging from 0 (green) to 3 (red), where 0 indicates the best outcome and 3 the worst according to comparison values. Comparison scores of 0 or 3 are determined by the quartile of the indicator value when compared to a set of county values (FL counties or US counties), percent difference of 10% or greater when compared to a single value (FL value, US value, or HP2020 target), or a statistically significant Mann-Kendall test for trend. A trend score of 1.5 indicates the values are neither increasing nor decreasing over time. Availability of each type of comparison varies by

indicator and is dependent upon the data source, comparability with data collected for other communities, and changes in methodology over time. Please see Appendix B2 for a detailed description of data scoring methodology.
[1] American Community Survey
[4] County Health Rankings
[7] Florida Agency for Healthcare Administration
[8] Florida Behavioral Risk Factor Surveillance System
[25] Small Area Health Insurance Estimates

The Health Resources and Services Administration (HRSA) has designated areas, populations, and facilities as having a shortage of primary care, dental, and mental health providers and services. There are many of these designations in Baptist Medical Center Nassau's service area. Medically Underserved Areas (MUAs) and Medically Underserved Populations (MUPs) are geographic areas and populations with a lack of access to primary care services.

Another type of HRSA shortage designation, Health Professional Shortage Areas (HPSAs), indicates health care provider shortages in primary care, dental health, or mental health. These shortages may impact the entire population within a defined geographic area, a specific population within a geographic area, or certain types of facilities for which a shortage of providers has been identified. The majority of the HPSAs are in Duval County and are specific to the low-income population across various groupings of census tracts. However, there are HPSAs within all five counties of the Partnership's service area, including the entire area of Nassau County with a shortage of mental health providers for the low-income population.

TABLE 22. HEALTH PROFESSIONAL SHORTAGE AREAS AND POPULATIONS

County Name	Designation Type	Geographic Area	Primary Care	Dental Health	Mental Health
Nassau	Population - Low Income	entire county			x
Nassau	Population - Geographic	CT 00504.00, CT 00505.03, CT 00505.04	x		

[13] Health Resources and Services Administration

Primary Data
Community survey respondents ranked access to health services as the most important social determinant of health in Nassau County. Additionally, access to health services was the most mentioned topic area in both key informant interviews and focus group discussions. Clearly, access is the most significant issue according to community input.

Data collected from key informants and focus group participants specifically notes that Nassau County is very large geographically and includes many rural areas, preventing many residents from accessing care. Additionally, multiple key informants noted the limited number of Medicaid providers, especially those taking new patients, as a significant barrier to access. It was particularly noted that those who live on Amelia Island in Nassau County have extremely limited access to Medicaid or Medicare providers for pediatrics and psychiatry. In general, there is a lack of mental health providers or substance abuse services in the county, and it is often difficult for those in need of mental health care

to find appointments or have the ability to get to them. These problems are aggravating and compounding to issues faced by those suffering from mental health or substance abuse problems.

Access to Proper Nutrition

Secondary Data

Access to proper nutrition was qualified as an influencing factor in one's ability to access health services. Food insecurity is the state of being without reliable access to a sufficient quantity of affordable, nutritious food. According to the secondary data, food insecurity arose as an indicator of concern in Nassau County. The Child Food Insecurity Rate is higher for Nassau (22.9%) compared to the state of Florida (20.7%) and the United States (19.3%), and the Food Insecurity Rate indicator also scored above 1.50 in data scoring. A similar pattern is seen in Nassau for the percentage of the population who are food insecure. Table 23 displays secondary data indicators related to nutrition accessibility.

TABLE 23. NUTRITION RELATED INDICATORS*

Indicator	FL Value	County	County Value	County Data Score	FL Counties	FL Value	US Counties	US Value	HP2020	Trend
Child Food Insecurity Rate [6] (2015)	22.70%	Nassau	22.9%	1.94	1	2	2	3		2
Children with Low Access to a Grocery Store [28] (2018)		Nassau	4.7%	1.5	1		2			
Food Environment Index [4] (2018) *An assessment of food environment according to County Health Rankings*	6.7	Nassau	7.4	1.22	1	0	2	2		1
Food Insecure Children Likely Ineligible for Assistance [6] (2015)	29.0%	Nassau	36.0%	2.44	3	3	3	2		2
Food Insecurity Rate [6] (2015)	15.1%	Nassau	14.8%	1.61	1	1	2	2		2
Households with No Car and Low Access to a Grocery Store [28] (2015)		Nassau	2.4%	1.33	1		1			
People 65+ with Low Access to a Grocery Store [28] (2015)		Nassau	4.4%	1.83	2		3			
People with Low Access to a Grocery Store [28] (2015)		Nassau	24.2%	1.5	1		2			

*Comparisons were given a score ranging from 0 (green) to 3 (red), where 0 indicates the best outcome and 3 the worst according to comparison values. Comparison scores of 0 or 3 are determined by the quartile of the indicator value when compared to a set of county values (FL counties or US counties), percent difference of 10% or greater when compared to a single value (FL value, US value, or HP2020 target), or a statistically significant Mann-Kendall test for trend. A trend score of 1.5 indicates the values are neither increasing nor decreasing over time. Availability of each type of comparison varies by

indicator and is dependent upon the data source, comparability with data collected for other communities, and changes in methodology over time. Please see Appendix B2 for a detailed description of data scoring methodology.
[4] County Health Rankings
[6] Feeding America
[8] Florida Behavioral Risk Factor Surveillance System
[28] U.S. Department of Agriculture - Food Environment Atlas

Primary Data

Diet, food, and nutrition as a topic category was confirmed by 44% of community survey participants to be one of the most impactful conditions on health. Across key informant interviews and focus groups, discussions focused on how inaccessibility to healthy foods impacts the ability to manage health and chronic disease. Multiple key informants cited that families often have to make difficult choices when it comes to spending their income, and that they will often have to choose between putting food on the table and getting their health care needs met.

Access to Safe & Affordable Housing

Secondary Data

According to the secondary data, Nassau County has a median household gross rent higher than the Florida and United States medians. High housing and rent costs often prevents members of the population from being able to afford secure and acceptable housing or afford other expenses, such as their health care needs. The median household gross rent has increased over time in Nassau County. In addition, nearly half of the population in Nassau County spends at least 30% of household income on rent. Table 24 shows housing related indicators for Nassau County.

TABLE 24. HOUSING RELATED INDICATORS*

Indicator	FL Value	County	County Value	County Data Score	FL Counties	FL Value	US Counties	US Value	HP2020	Trend
Homeownership [1] (2012-2016)	52.30%	Nassau	61.5%	0.78	0	0	1	0		2
Median Household Gross Rent [1] (2012-2016)	$1,032	Nassau	$1,050	2.42	3	2		3		3
Median Housing Unit Value [1] (2012-2016)	$166,800	Nassau	$192,600	0.81	0	0		1		1
Median Monthly Owner Costs for Households without a Mortgage [1] (2012-2016)	$466	Nassau	$412	1.19	2	0		0		2
Mortgaged Owners Median Monthly Household Costs [1] (2012-2016)	$1,422	Nassau	$1,391	1.47	3	1		1		1

*Comparisons were given a score ranging from 0 (green) to 3 (red), where 0 indicates the best outcome and 3 the worst according to comparison values. Comparison scores of 0 or 3 are determined by the quartile of the indicator value when compared to a set of county values (FL counties or US counties), percent difference of 10% or greater when compared to a single value (FL value, US value, or HP2020 target), or a statistically significant Mann-Kendall test for trend. A trend score of 1.5 indicates the values are neither increasing nor decreasing over time. Availability of each type of comparison varies by indicator and is dependent upon the data source, comparability with data collected for other communities, and changes in methodology over time. Please see Appendix B2 for a detailed description of data scoring methodology.
[1] American Community Survey

Primary Data

Homelessness was discussed in six focus groups. Focus group participants mentioned that for homeless individuals, access to resources and health services can be a challenge. Additionally, key informants mentioned that there is a mental health crisis within the homeless population, and there are not enough providers available to see those patients. Housing and rental costs were mentioned as reasons an individual may forego health services.

Behavioral Health [Mental Health & Substance Abuse]

Key Issues
- Alcohol-related health issues are prevalent in Nassau County
- The death rate due to suicide in Nassau County is much higher than the state and national values and far exceeds the Healthy People 2020 target
- There are very few providers in the county that provide mental health or substance abuse services
- There is a dire lack of mental health services in schools
- The opioid epidemic has had an impact on the county and is becoming an increasing problem

Secondary Data

Behavioral health encompasses mental health and mental disorders, as well as substance abuse. Secondary data showed that suicide is a particular problem in the Nassau County service area. The death rate due to suicide is more than double both the Florida state rate and the national rate, and it is three times higher than the Healthy People 2020 target. The rate of 30.7 deaths per 100,000 population is nearly double the rate of every other county in the Northeast Florida Region. It is clearly the most significant mental health issue in the county according to the secondary data, and has one of the highest and worst data scores for any indicator across all topic areas.

As for substance abuse, the secondary data showed that alcohol-related health issues are most pressing in Nassau County. Alcohol-impaired driving deaths, the arrest rate due to driving under the influence, and high school students who binge drink are all indicators of concern. The driving under the influence arrest rate for Nassau County is almost double that of the state of Florida. The analysis done for Nassau County identified specific behavioral health indicators of concern across both the topic areas of mental health and substance abuse, as listed below.

When looking at trends over time, Nassau County has seen steadily rising rates of depression in the Medicare population over four periods of measurement from 2012 to 2015, with each year having a higher percentage of beneficiaries experiencing depression than the last. Additionally, there is a worsening trend of suicide death rate in Nassau County, with the rate increasing from 20.3 deaths per 100,000 population in 2013 to 30.7 deaths per 100,000 population in 2016.

Table 25 shows all the behavioral health indicators for Nassau County.

TABLE 25. BEHAVIORAL HEALTH INDICATORS*

Indicator	FL Value	County	County Value	County Data Score	FL Counties	FL Value	US Counties	US Value	HP2020	Trend
Adults who Drink Excessively [8] (2016)	17.5%	Nassau	12.2%	0.83	0	0			0	
Adults who Smoke [8] (2016)	15.5%	Nassau	12.8%	0.81	0	0		0	2	
Age-Adjusted Death Rate due to Suicide [17] (2016) *in deaths/100,000 population	14.2	Nassau	30.7	2.42	3	3		3	3	1.5
Alcohol-Impaired Driving Deaths [4] (2012-2016)	26.4%	Nassau	32.0%	2.11	2	3	2	2		2
Alzheimer's Disease or Dementia: Medicare Population (2015)	11.7%	Nassau	8.2%	0.67	0	0	1	0		1.5
Death Rate due to Drug Poisoning [4] (2014-2016) *in deaths/100,000 population	17.4	Nassau	16.1	1.22	2	1	1	1		1
Depression: Medicare Population [3] (2015)	17.5%	Nassau	15.7%	1.33	1	0	1	1		3
Driving Under the Influence Arrest Rate [19] (2016) *in arrests/100,000 population	173.9	Nassau	420.1	1.89	3	3				1
Frequent Mental Distress [4] (2016)	11.9%	Nassau	12.9%	1.33	1	2	2	0		
Health Behaviors Ranking [4] (2018) *Ranking of the county in health behaviors according to the County Health Rankings		Nassau	17	1.25	0					
Teens who Binge Drink: High School Students [21] (2016)	10.9%	Nassau	14.6%	1.5	2	3				0
Teens who have Used Methamphetamines [21] (2016)	0.8%	Nassau	1.2%	1.94	2	3				2
Teens who Smoke: High School Students [22] (2016)	3.0%	Nassau	5.0%	1.17	1	3			0	0
Teens who Use Alcohol [21] (2016)	25.5%	Nassau	25.7%	1.17	1	2				0

Indicator	FL Value	County	County Value	County Data Score	FL Counties	FL Value	US Counties	US Value	HP2020	Trend
Teens who Use Marijuana: High School Students [21] (2016)	17.0%	Nassau	13.6%	0.89	0	0				1

*Comparisons were given a score ranging from 0 (green) to 3 (red), where 0 indicates the best outcome and 3 the worst according to comparison values. Comparison scores of 0 or 3 are determined by the quartile of the indicator value when compared to a set of county values (FL counties or US counties), percent difference of 10% or greater when compared to a single value (FL value, US value, or HP2020 target), or a statistically significant Mann-Kendall test for trend. A trend score of 1.5 indicates the values are neither increasing nor decreasing over time. Availability of each type of comparison varies by indicator and is dependent upon the data source, comparability with data collected for other communities, and changes in methodology over time. Please see Appendix B2 for a detailed description of data scoring methodology.

[3] Centers for Medicare & Medicaid Services
[4] County Health Rankings
[8] Florida Behavioral Risk Factor Surveillance System
[17] Florida Department of Health, Bureau of Vital Statistics
[19] Florida Department of Law Enforcement
[21] Florida Youth Substance Abuse Survey
[22] Florida Youth Tobacco Survey

Primary Data

Community survey respondents ranked mental health and mental disorders as the most important health issue in the county, and they ranked substance abuse as the second most important. Additionally, mental health and mental disorders as a topic category was mentioned the second most times in both key informant interviews and focus group discussions. Substance abuse was one of the most mentioned topics in both types of qualitative community input as well. Data collected from key informants and focus group participants specifically noted that many people with mental health issues or backgrounds are discriminated against and there is a significant stigma surrounding mental health and mental disorders. Particularly, since Nassau County is overall an affluent community, there is often little willingness or desire to talk about mental health because of how it could affect perception of the area. Further, there was discussion of the problems caused by not having any inpatient services or crisis units for mental health in the county.

Key informants and focus group participants discussed the recent large spike in opioid overdoses in the county and the subsequent focus on an action plan for anti-drug kickback promotion. Three separate participants in interviews and focus groups explained this concept of community resistance to doctors overprescribing pharmaceuticals, in particular opioid painkillers, in the doctor's self-interest of getting kickback money from drug companies. Stopping over-prescription can help keep opioids out of the community and make them less available to those afflicted by substance abuse issues. Additionally, despite secondary data showing that teen use of methamphetamines is an issue in the county, key informants mentioned that there are no methadone clinics in Nassau County and that people must travel to Duval County for such care, which causes transportation and other compounding issues for those suffering from substance abuse.

Poverty

Key Issues
- Poverty has a huge impact on health as there are very few providers with funding for indigent populations
- There is a gap in care for those who make too much money for Medicaid, but cannot purchase insurance on their own
- Food insecurity and lack of assistance for those who are food insecure is a problem in the community
- Rent for housing is higher in Nassau County than the state or national averages and leads to an inability to pay for healthcare and services

Secondary Data

Within the secondary data scoring results the economy topic, which includes poverty, ranked as the fifth highest quality of life topic area of need for the Nassau County service area. Indicators dealing with food insecurity scored poorly, signifying a need for increased affordable food availability. In particular, there is a higher percentage of food insecure children in Nassau County than the percentage for the whole state of Florida and the entire United States. Additionally, median household gross rent and renters spending high percentages of their household income on rent were also found to be indicators of need based on the secondary data analysis. Nassau County had a higher percentage of households with cash public assistance income, meaning they receive general assistance and Temporary Assistance to Needy Families (TANF), than Florida and the U.S.

TABLE 26. POVERTY-RELATED INDICATORS*

Indicator	FL Value	County	County Value	County Data Score	FL Counties	FL Value	US Counties	US Value	HP2020	Trend
Child Food Insecurity Rate [6] (2015)	22.7%	Nassau	22.9%	1.94	1	2	2	3		2
Children Living Below Poverty Level [1] (2012-2016)	23.3%	Nassau	18.9%	0.78	0	0	1	0		2
Families Living Below Poverty Level [1] (2012-2016)	11.7%	Nassau	9.3%	0.78	0	0	1	0		2
Female Population 16+ in Civilian Labor Force [1] (2012-2016)	54.3%	Nassau	49.8%	1.94	1	2	2	3		2
Food Insecure Children Likely Ineligible for Assistance [6] (2015)	29.0%	Nassau	36.0%	2.44	3	3	3	2		2
Food Insecurity Rate [6] (2015)	15.1%	Nassau	14.8%	1.61	1	1	2	2		2
Homeownership [1] (2012-2016)	52.3%	Nassau	61.5%	0.78	0	0	1	0		2

Baptist Medical Center Nassau - CHNA

Indicator	FL Value	County	County Value	County Data Score	FL Counties	FL Value	US Counties	US Value	HP2020	Trend
Households with Cash Public Assistance Income [1] (2012-2016)	2.2%	Nassau	2.8%	2.11	2	3	2	2		2
Low-Income and Low Access to a Grocery Store [28] (2015)		Nassau	7.4%	1.5	1		2			
Median Household Gross Rent [1] (2012-2016)	$1,032	Nassau	$1,050	2.42	3	2		3		3
Median Household Income [1] (2012-2016)	$48,900	Nassau	$59,196	0.67	0	0	0	1		1.5
Median Housing Unit Value [1] (2012-2016)	$166,800	Nassau	$192,600	0.81	0	0		1		1
Median Monthly Owner Costs for Households without a Mortgage [1] (2012-2016)	$466	Nassau	$412	1.19	2	0		0		2
Mortgaged Owners Median Monthly Household Costs (2012-2016)	$1,422	Nassau	$1,391	1.47	3	1		1		1
People 65+ Living Below Poverty Level [1] (2012-2016)	10.4%	Nassau	7.2%	0.39	0	0	0	0		1
People Living 200% Above Poverty Level [1] (2012-2016)	62.7%	Nassau	70.3%	0.33	0	0	0	1		0
People Living Below Poverty Level [1] (2012-2016)	16.1%	Nassau	12.7%	0.78	0	0	1	0		2
Per Capita Income [1] (2012-2016)	$27,598	Nassau	$31,141	0.56	0	0	0	1		1
Population 16+ in Civilian Labor Force [1] (2012-2016)	58.5%	Nassau	56.4%	1.94	1	2	2	3		2
Renters Spending 30% or More of Household Income on Rent [1] (2012-2016)	57.4%	Nassau	49.0%	1.67	2	0	3	2		1.5
Severe Housing Problems [4] (2010-2014)	21.5%	Nassau	14.9%	0.83	0	0	2	0		1.5
Social and Economic Factors Ranking [4] (2018) in *Ranking of the county in social and economic factors according to the County Health Rankings		Nassau	5	1.25	0					

Baptist Medical Center Nassau - CHNA

Indicator	FL Value	County	County Value	County Data Score	FL Counties	FL Value	US Counties	US Value	HP2020	Trend
Total Employment Change [27] (2014-2015)	4.5%	Nassau	3.2%	1.5	2	3	1	0		
Unemployed Workers in Civilian Labor Force [1] (February 2018)	3.8%	Nassau	3.4%	0.61	0	0	0	0		2

*Comparisons were given a score ranging from 0 (green) to 3 (red), where 0 indicates the best outcome and 3 the worst according to comparison values. Comparison scores of 0 or 3 are determined by the quartile of the indicator value when compared to a set of county values (FL counties or US counties), percent difference of 10% or greater when compared to a single value (FL value, US value, or HP2020 target), or a statistically significant Mann-Kendall test for trend. A trend score of 1.5 indicates the values are neither increasing nor decreasing over time. Availability of each type of comparison varies by indicator and is dependent upon the data source, comparability with data collected for other communities, and changes in methodology over time. Please see Appendix B2 for a detailed description of data scoring methodology.

[1] American Community Survey
[4] County Health Rankings
[6] Feeding America
[26] U.S. Bureau of Labor Statistics
[27] U.S. Census – County Business Patterns
[28] U.S. Department of Agriculture – Food Environment Atlas

Additionally, when examining trends over time, Nassau County has a statistically significant increase in median household gross rent over time according to the Mann-Kendall statistical test (Table 27). The percentage of households with cash public assistance income also has had a statistically significant upward trend over time for Nassau County.

TABLE 27. POVERTY-RELATED INDICATORS, TREND DATA

Households with Cash Public Assistance Income[1]			
	2009-2013	**2010-2014**	**2011-2015**	**2012-2016**
Nassau County	2.5%	3.0%	3.1%	2.8%
Median Household Gross Rent[1]			
	2009-2013	**2010-2014**	**2011-2015**	**2012-2016**
Nassau County	$958	$1,026	$1,046	$1,050

[1] American Community Survey
Note: Table 27 includes only indicators and data values over time for counties with a statistically significant trend in the harmful direction according to the Mann-Kendall test

Granular data reveal areas of the service area in particular need as it relates to poverty and the economy. Zip codes 32034 and 32046 stood out in Nassau County as having some of the highest percentages of children, families, people, and people 65 years of age and older living in poverty. Zip code 32011 also had notably high values for those indicators. These same zip codes also appeared on the low end of zip codes in terms of median household income and people living 200% above the poverty level. Table 28 shows the values for the zip codes with the most concerning values for relevant poverty-related indicators.

TABLE 28. ZIP CODE LEVEL DATA FOR POVERTY-RELATED INDICATORS

Children Living Below Poverty Level[1]			
Zip Code 32046	**Zip Code 32034**	**Zip Code 32009**	**Florida**
25.8%	22.6%	18.6%	23.3%
Families Living Below Poverty Level[1]			
Zip Code 32046	**Zip Code 32011**	**Zip Code 32034**	**Florida**
12.9%	12.2%	8.9%	11.7%
Median Household Income[1]			
Zip Code 32046	**Zip Code 32011**	**Zip Code 32034**	**Florida**
$54,418	$55,587	$60,755	$48,900
People 65+ Living Below Poverty Level[1]			
Zip Code 32011	**Zip Code 32034**	**Zip Code 32046**	**Florida**
9.6%	7.3%	7.0%	10.4%
People Living 200% Above Poverty Level[1]			
Zip Code 32046	**Zip Code 32011**	**Zip Code 32097**	**Florida**
64.1%	67.8%	70.7%	62.7%
People Living Below Poverty Level[1]			
Zip Code 32046	**Zip Code 32034**	**Zip Code 32011**	**Florida**
17.8%	13.6%	12.2%	16.1%

[1] American Community Survey

Primary Data

Community survey participants were asked to rank the most impactful conditions of daily life in their community. Poverty was ranked as the tenth most pressing social determinant of health issue in Nassau County. About one fifth of respondents listed poverty as a condition that most impacted their community. Further, the economy was the sixth most mentioned topic in key informant interviews and the fifth most mentioned topic in focus group discussions. Low-income or underserved persons, meanwhile, was the third most mentioned category in focus groups and the ninth most mentioned in interviews. Additionally, 87% of community survey respondents strongly agreed or agreed to the statement that someone they know has delayed seeking health care in the last year due to cost.

Key informants and focus group participants shed additional light on how poverty and the economy affect health in the region. Many participants discussed the underinsured "donut hole" that exists in

the region whereby many people make above the federal poverty level so they do not qualify for Medicaid, but their income is below that required for the basic costs of living including healthcare. This Asset Limited, Income Constrained, Employed (ALICE), as defined by the United Way, represents those who are working, but due to the high cost of living, including food, transportation, and other challenges, are living paycheck-to-paycheck.[3] They often cannot afford healthcare services and the cost of one major health issue could prevent them from being able to afford consistent food or housing. It is very difficult for people in this lower socioeconomic group to get out of the cycle. Further, Nassau County has a lack of affordable housing in the community for those who are in this low-income group.

Obesity & Physical Activity

Key Issues
- Obesity among children is an issue in the community
- Much of the patient population at clinics and hospitals in the county are obese and their condition has an impact on many other chronic diseases
- There is a lack of exercise opportunities in the county and adolescents in particular are failing to sufficiently exercise

Secondary Data

From the secondary data results, the topic of Obesity and Physical Activity was identified as a top health need in the Nassau County service area. Obesity and Physical Activity had the fourth highest data score of all health topic areas using the data scoring technique, with a score of 1.63, which is in the worse half of the 0-3 data score range.

TABLE 29. OBESITY & PHYSICAL ACTIVITY INDICATORS*

Indicator	FL Value	County	County Value	County Data Score	FL Counties	FL Value	US Counties	US Value	HP2020	Trend
Access to Exercise Opportunities [4] (2018)	87.1%	Nassau	68.6%	2	2	3	1	3		
Adult Fruit and Vegetable Consumption [8] (2013)	18.3%	Nassau	15.9%	1.67	1	3				
Adults who are Obese [8] (2016)	27.4%	Nassau	30.9%	1.81	1	3		2	2	
Adults who are Overweight or Obese [8] (2016)	63.2%	Nassau	66.1%	1.58	1	2		2		
Child Food Insecurity Rate [6] (2015)	22.7%	Nassau	22.9%	1.94	1	2	2	3		2
Children with Low Access to a Grocery Store [28] (2018)		Nassau	4.7%	1.5	1			2		

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[3] United Way ALICE Report: Florida. (February 2, 2017). Retrieved July 2, 2018, from http://www.uwof.org/sites/uwof.org/files/17UW%20ALICE%20Report_FL%20Update_2.14.17_Lowres_0.pdf

Indicator	FL Value	County	County Value	County Data Score	FL Counties	FL Value	US Counties	US Value	HP2020	Trend
Food Environment Index [4] (2018) *An assessment of food environment according to County Health Rankings	6.7	Nassau	7.4	1.22	1	0	2	2		1
Food Insecure Children Likely Ineligible for Assistance [6] (2015)	29.0%	Nassau	36.0%	2.44	3	3	3	2		2
Food Insecurity Rate [6] (2015)	15.1%	Nassau	14.8%	1.61	1	1	2	2		2
Health Behaviors Ranking [4] (2018) *Ranking of the county in health behaviors according to County Health Rankings		Nassau	17	1.25	0					
Households with No Car and Low Access to a Grocery Store [28] (2015)		Nassau	2.4%	1.33	1		1			
Low-Income and Low Access to a Grocery Store [28] (2015)		Nassau	7.4%	1.5	1		2			
People 65+ with Low Access to a Grocery Store [28] (2015)		Nassau	4.4%	1.83	2		3			
People with Low Access to a Grocery Store [28] (2015)		Nassau	24.2%	1.5	1		2			
Physical Environment Ranking [4] (2018) *Ranking of the county in physical environment according to County Health Rankings		Nassau	57	1.75	3					
Teens who are Obese: High School Students [12] (2012)	14.3%	Nassau	19.9%	2.11	3	3				2
Workers who Walk to Work [1] (2012-2016)	1.5%	Nassau	1.6%	1.33	0	1	2	3	3	0

*Comparisons were given a score ranging from 0 (green) to 3 (red), where 0 indicates the best outcome and 3 the worst according to comparison values. Comparison scores of 0 or 3 are determined by the quartile of the indicator value when compared to a set of county values (FL counties or US counties), percent difference of 10% or greater when compared to a single value (FL value, US value, or HP2020 target), or a statistically significant Mann-Kendall test for trend. A trend score of 1.5 indicates the values are neither increasing nor decreasing over time. Availability of each type of comparison varies by indicator and is dependent upon the data source, comparability with data collected for other communities, and changes in methodology over time. Please see Appendix B2 for a detailed description of data scoring methodology.

[1] American Community Survey
[4] County Health Rankings
[6] Feeding America
[8] Florida Behavioral Risk Factor Surveillance System
[12] Florida Department of Health, Bureau of Epidemiology
[28] U.S. Department of Agriculture - Food Environment Atlas

The percentages of adults who are obese and adults who are either overweight or obese are both higher in Nassau County than the Florida and United States percentages. Additionally, the Nassau County value of 30.9% of adults who are obese exceeds the Healthy People 2020 target of 30.5%. Additionally, the secondary data highlight two key areas of obesity and physical activity that negatively affect health. First, there is a significantly lower percentage of individuals in Nassau County who live close to a park or recreational facility than in the entire state of Florida or the nation. Secondly, adult fruit and vegetable consumption in Nassau County is much lower than it is throughout the entire state of Florida, alluding to the need for healthier foods and more reliably available healthy food options in the county.

Examining the data at a granular level, zip code 32097 had the highest percentage of children receiving SNAP, or supplemental nutrition assistance, at 70.6%, while zip code 32011 also had over two-thirds of children receiving SNAP (64.7%). This data may signify populations that are at risk for obesity or other diet-related issues due to lack of readily available nutritious food.

Zip codes 32009 (0.0%), 32011 (0.1%), and 32046 (0.8%) are also notable in that they all have less than one percent of workers who walk to work, another indication of a poor physical activity levels.

Primary Data

Community survey participants were asked to rank the most pressing health issues in their community. The topic of Obesity and Physical Activity was ranked as the third most pressing health issue in the Nassau County service area. Additionally, the topic area was mentioned seventh most of any topic area in key informant interviews and was mentioned ninth most of any topic in focus groups in the Nassau service area.

Discussion by key informants and focus group participants focused around lack of access to healthy food options and poor diets of community members. It was discussed how it is a cultural issue that is somewhat systemic, with children growing up in households where healthy food is not offered or available, and then obesity is not directly addressed once it is affecting the youth. It was also noted that, specifically, many people cannot afford to buy healthy foods or are uneducated about how healthy foods can be prepared for low cost. There was also discussion about the lack of motivation in the county to engage in physical activities. In particular, the African-American and Hispanic populations struggle with health issues related to obesity and physical activity, especially chronic health conditions.

Maternal, Fetal & Infant Health

Key Issues
- The teen birth rate in Nassau County exceeds the state and national averages
- African Americans are disproportionately negatively impacted by low birth weight babies and infant mortality
- Resources and education surrounding prenatal care are not common and often difficult to find

Secondary Data

From the secondary data scoring results, Maternal, Fetal & Infant Health was ranked as the ninth most pressing health issue for the Nassau County service area, with a topic score of 1.52, placing it in the worse half of the 0-3 data score range. Further analysis was done to determine indicators that are of particular concern in the topic area.

TABLE 30. MATERNAL, FETAL & INFANT HEALTH INDICATORS*

Indicator	FL Value	County	County Value	County Data Score	FL Counties	FL Value	US Counties	US Value	HP2020	Trend
Babies with Low Birth Weight [17] (2016)	8.7%	Nassau	8.0%	1.42	1	1		1	2	2
Infant Mortality Rate [17] (2014-2016) *in deaths/1,000 live births	6.1	Nassau	5.1	1.11	1	0			0	2
Infants Born to Mothers >18 Years Old with <12 Years Education [17] (2016)	10.8%	Nassau	10.1%	1.06	0	1				1
Mothers who Received Early Prenatal Care [17] (2016)	78.4%	Nassau	84.4%	1.14	0	1		1	1	2
Preterm Births [17] (2016)	10.1%	Nassau	11.0%	2.19	2	2		3	3	2
Teen Birth Rate: 15-19 [17] (2016) *in live births/1,000 females aged 15-19	19.5	Nassau	28.1	2.19	2	3		3		2

*Comparisons were given a score ranging from 0 (green) to 3 (red), where 0 indicates the best outcome and 3 the worst according to comparison values. Comparison scores of 0 or 3 are determined by the quartile of the indicator value when compared to a set of county values (FL counties or US counties), percent difference of 10% or greater when compared to a single value (FL value, US value, or HP2020 target), or a statistically significant Mann-Kendall test for trend. A trend score of 1.5 indicates the values are neither increasing nor decreasing over time. Availability of each type of comparison varies by indicator and is dependent upon the data source, comparability with data collected for other communities, and changes in methodology over time. Please see Appendix B2 for a detailed description of data scoring methodology.
[17] Florida Department of Health, Bureau of Vital Statistics

The percentage of preterm births in the Nassau County service area exceeds the percentage for both the Florida state value and the U.S. national value. Additionally, the county value of 11% fails to meet the Healthy People 2020 target of 9.4%. The percentage of babies who are born with a low birth

weight of under five pounds and eight ounces for Nassau County also fails to meet the Healthy People 2020 target of 7.8%.

In particular, disparities are seen by race/ethnicity for the percentage of babies with low birth weight and the infant mortality rate. In Nassau County, eight percent of all babies are born with low birth weight, however 26.5% of babies of Black race are born with low birth weight. This is compared to only 6.7% for White babies and 5.8% of Hispanic babies. Additionally, the overall infant mortality rate for Nassau County is 5.1%, while the rate for the Black population is 13.8%.

Granular data reveal areas of the service area in particular need as it relates to maternal, fetal, and infant health. In particular, zip codes with percentages of babies with low birth weight and preterm births that are higher than the service area average can be identified. Additionally, zip codes with a smaller proportion of mothers who received early prenatal care are also identified (Table 31).

TABLE 31. ZIP CODE LEVEL DATA FOR MATERNAL, FETAL & INFANT HEALTH INDICATORS

Babies with Low Birth Weight[17] (2016)			
Zip Code 32097	Zip Code 32034	Nassau	Florida
8.5%	7.4%	8.0%	8.7%
Mothers who Received Early Prenatal Care[17] (2016)			
Zip Code 32011	Zip Code 32097	Nassau	Florida
78.3%	84.3%	84.4%	78.4%
Preterm Births[17] (2016)			
Zip Code 32009	Zip Code 32046	Nassau	Florida
22.7%	13.8%	11.0%	10.1%

[17] Florida Department of Health, Bureau of Vital Statistics

Primary Data

Community members were asked to rank the most pressing health issues in their community, and according to the community survey results, the category of reproductive health is the thirteenth most pressing health issue in the Nassau County service area. Maternal, Fetal, and Infant health as a topic area was mentioned in four key informant interviews and two focus groups, with participants particularly focusing on the effect that maternal and parental substance abuse and mental health can have on infants and children. Specifically, it was discussed how stigma can also prevent mothers who have substance abuse issues from seeking or receiving proper prenatal care. Additionally, maternal substance abuse can lead to health complications for the infants, with risk of mental health issues for the children likely to increase as they grow older. Community input also suggested that race and ethnicity play a role in maternal and infant health, with African-Americans having negative disparities for birth-related services and outcomes.

Cancer

Key Issues
- Death rates due to all cancers, breast cancer, colorectal cancer, and lung cancer are all higher in the Nassau County service area than the state of Florida
- Cancer tests and screenings appear to not be prioritized or be known about
- The environment and culture, particularly in rural areas, can contribute to the onset of various types of cancers

Secondary Data

From the secondary data scoring results, cancer was identified to be a health topic area of need for the service area, scoring as the third worst topic area for Nassau County with a score of 1.78. Table 32 lists all indicators under the cancer topic area.

TABLE 32. CANCER INDICATORS*

Indicator	FL Value	County	County Value	County Data Score	FL Counties	FL Value	US Counties	US Value	HP2020	Trend
Age-Adjusted Death Rate due to Breast Cancer [17] (2014-2016) *in deaths/100,000 females*	19.8	Nassau	24	2.06	3	3			3	1
Age-Adjusted Death Rate due to Cancer [17] (2014-2016) *in deaths/100,000 population*	155.1	Nassau	181	1.89	2	3			3	1
Age-Adjusted Death Rate due to Colorectal Cancer [17] (2014-2016) *in deaths/100,000 population*	13.7	Nassau	14	1.56	1	2			1	2
Age-Adjusted Death Rate due to Lung Cancer [17] (2014-2016) *in deaths/100,000 population*	40.4	Nassau	52.7	1.89	2	3			3	1
Age-Adjusted Death Rate due to Prostate Cancer [17] (2014-2016) *in deaths/100,000 males*	17.1	Nassau	16	1.06	1	1			0	1
All Cancer Incidence Rate [29] (2012-2014) *in cases/100,000 population*	426.8	Nassau	481	2	3	3				1.5

Indicator	FL Value	County	County Value	County Data Score	FL Counties	FL Value	US Counties	US Value	HP2020	Trend
Breast Cancer Incidence Rate [29] (2012-2014) *in cases/100,000 females	117.8	Nassau	126.1	1.72	3	2				1
Cancer: Medicare Population [3] (2015)	9.6%	Nassau	10.0%	2.67	3	2	3	3		3
Cervical Cancer Incidence Rate [29] (2012-2014) *in cases/100,000 females	8.5	Nassau	6.1	0.5	0	0			0	0
Colon Cancer Screening: Blood Stool Test Past Year [8] (2016)	16.0%	Nassau	9.3%	2	3	3				
Colorectal Cancer Incidence Rate [29] (2012-2014) *in cases/100,000 population	36.9	Nassau	37.8	1.61	2	2			1	1.5
Lung and Bronchus Cancer Incidence Rate [29] (2012-2014) *in cases/100,000 population	61	Nassau	81.2	2	3	3				1.5
Mammogram: 40+ Past Year [8] (2016)	60.8%	Nassau	54.4%	1.94	2	3				2
Melanoma Incidence Rate [29] (2012-2014) *in cases/100,000 population	22.8	Nassau	31	1.89	3	3				1
Oral Cavity and Pharynx Cancer Incidence Rate [29] (2012-2014) *in cases/100,000 population	13.4	Nassau	17.8	2.11	3	3				2
Pap Test in Past Year [8] (2016)	48.4%	Nassau	39.2%	2	3	3				
Prostate Cancer Incidence Rate [29] (2012-2014) *in cases/100,000 males	90.5	Nassau	103.8	2	3	3				1.5
Prostate-Specific Antigen Test History [8] (2016)	54.9%	Nassau	58.8%	1.17	0	1				

*Comparisons were given a score ranging from 0 (green) to 3 (red), where 0 indicates the best outcome and 3 the worst according to comparison values. Comparison scores of 0 or 3 are determined by the quartile of the indicator value when compared to a set of county values (FL counties or US counties), percent difference of 10% or greater when compared to a single value (FL value, US value, or HP2020 target), or a statistically significant Mann-Kendall test for trend. A trend score of 1.5 indicates the values are neither increasing nor decreasing over time. Availability of each type of comparison varies by indicator and is dependent upon the data source, comparability with data collected for other communities, and changes in methodology over time. Please see Appendix B2 for a detailed description of data scoring methodology.

[3] Centers for Medicare & Medicaid Services

Baptist Medical Center Nassau - CHNA

[8] Florida Behavioral Risk Factor Surveillance System
[17] Florida Department of Health, Bureau of Vital Statistics
[29] University of Miami (FL) Medical School, Florida Cancer Data System

Indicators of note include Pap Test in Past Year and Colon Cancer Screening which both have a data score greater than or equal to 2.00 for Nassau County. Additionally, Nassau County fails to meet the Healthy People 2020 targets for deaths due to lung cancer and deaths due to breast cancer.

In terms of trends in secondary data over time, Nassau County has seen an increase over time in cancer in its Medicare population. When looking at prevention and screening, the most notable trend over time is the overall decrease since 2002 of mammogram screening in Nassau County. In Table 33, the trend for Nassau County for mammogram screening among women over 40 is trending in the harmful direction, but is not statistically significant; whereas the prevalence of cancer among the Medicare population displays a statistically significant increasing trend according to the Mann-Kendall statistical test.

TABLE 33. CANCER INDICATORS, TREND DATA

Cancer: Medicare Population[3]			
2012	**2013**	**2014**	**2015**
Nassau County 9.3%	9.5%	9.6%	10.0%
Mammogram: 40+ Past Year[8]			
2002	**2007**	**2010**	**2016**
Nassau County 62.9%	64.1%	63.6%	54.4%

[3] Centers for Medicare & Medicaid Services
[8] Florida Behavioral Risk Factor Surveillance System
Note: Table 33 includes indicators and data values over time for counties with a statistically significant trend in the harmful direction according to the Mann-Kendall test, except for where noted in the narrative

By examining granular data, zip codes with significantly high age-adjusted death rates due to cancer can be identified. In Nassau County, the zip codes 32011, 32034, 32046, and 32097 perform the worse for various cancer types (Table 34).

TABLE 34. ZIP CODE LEVEL DATA FOR CANCER INDICATORS

Age-Adjusted Death Rate due to Breast Cancer[17] (2014-2016)			
Zip Code 32097	**Zip Code 32011**	**Zip Code 32034**	**Florida**
43.6 deaths /100,000 females	39.4 deaths /100,000 females	24.1 deaths /100,000 females	19.8 deaths /100,000 females
Age-Adjusted Death Rate due to Cancer[17] (2014-2016)			
Zip Code 32097	**Zip Code 32046**	**Zip Code 32011**	**Florida**
274.1 deaths /100,000 population	241.6 deaths /100,000 population	224.7 deaths /100,000 population	155.1 deaths /100,000 population

Baptist Medical Center Nassau - CHNA

Age-Adjusted Death Rate due to Colorectal Cancer[17] (2014-2016)			
Zip Code 32034	**Zip Code 32046**	**Zip Code 32011**	**Florida**
15.7 deaths /100,000 population	14.6 deaths /100,000 population	14.5 deaths /100,000 population	13.7 deaths /100,000 population

[17] Florida Department of Health, Bureau of Vital Statistics

Primary Data

According to the community survey results, cancer ranked as the fifth most pressing health need in the Nassau County service area with 45.3% of respondents listing it as one of five issues most important in their community. Cancer was one of the most discussed topics across all focus groups, being talked about at length by participants in eight focus groups.

Analysis of primary data collected from key informants and focus group participants found that education about cancer is lacking in the region and most people do not understand how to take precautionary steps to identify cancers early on. Fast food, poor childhood diet, smoking and vaping, and environmental issues in rural areas were identified as factors in the service area that factor into cancer incidence and death rates. Focus group participants also discussed how cancer treatment is expensive and therefore unaffordable for much of the population, and four focus groups discussed the need for increased funding for the health topic area.

Vulnerable Populations

As a part of the IRS CHNA requirements, special attention should be made to vulnerable and marginalized communities in data gathering and analysis. The health needs of vulnerable and marginalized communities were identified through two methods in this CHNA process: (1) the analysis of secondary data indicators for any disparities by age, race/ethnicity, or gender (Index of Disparity analysis); and (2) community input participants were asked how health issues impacted particular communities. The following section presents the findings around these vulnerable populations and how they should be considered for future implementation planning.

African Americans

The Index of Disparity analysis evaluated secondary data indicators for statistically significant disparities amongst subpopulations. This section reports data findings for the African American population from primary and secondary data. Secondary data sources may use different terms for race subpopulation data, and for consistency with the source of the data, tables and figures may display multiple terms for the African American breakout group. The following terms are used by secondary data sources for this breakout category:

- Black or African American
- Black
- Non-Hispanic Black

Figure 32 and Table 35 display two indicators with a race disparity for the African American population. The AIDS Diagnosis Rate is disproportionately higher for Non-Hispanic Blacks in Nassau County

compared to the overall county value, and a similar disparity is seen for HIV Incidence Rate. As mentioned by primary data participants and further confirmed by the secondary data, Black or African American older adults are disproportionately affected by poverty in Nassau County.

FIGURE 32. AIDS DIAGNOSIS RATE (CASES/100,000 POPULATION) (2016)
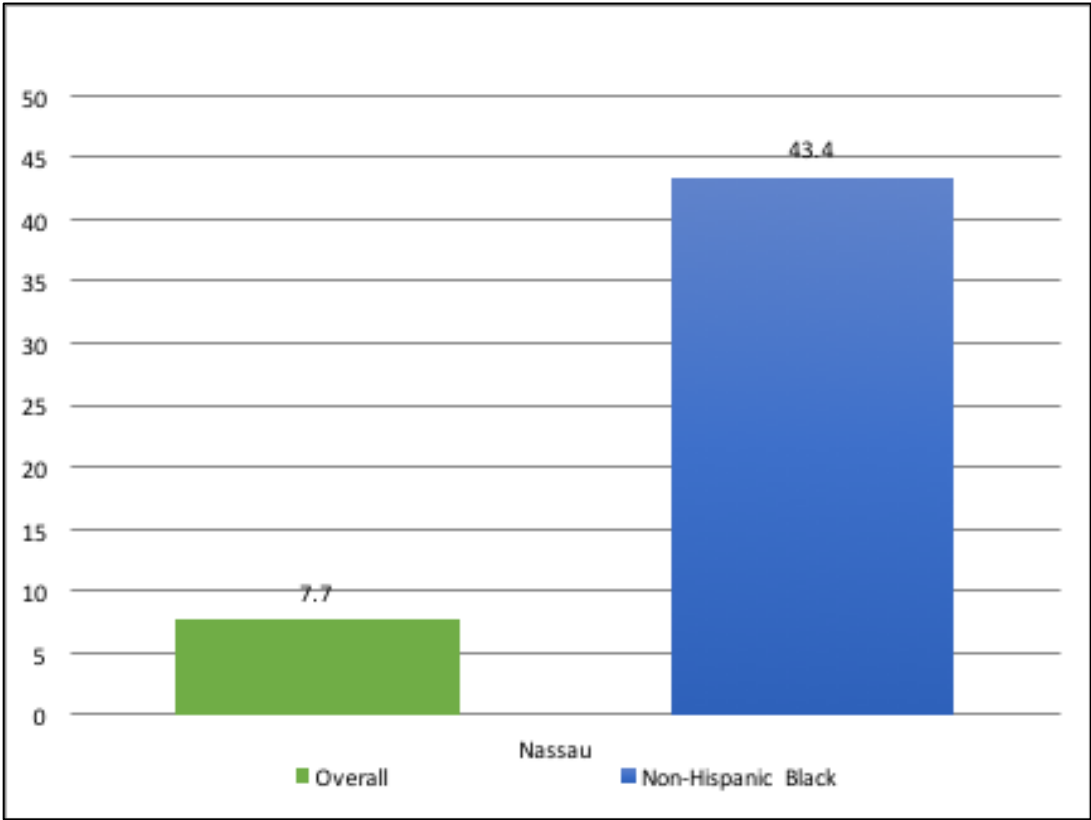
TABLE 35. PEOPLE 65+ LIVING BELOW POVERTY LEVEL (BLACK OR AFRICAN AMERICAN)

People 65+ Living Below Poverty Level[1] (2012-2016) (Percent)	
Nassau	
Overall 7.2%	Black or African American 11.1%

Primary data participants were asked which population groups are disproportionately impacted by negative health outcomes. African Americans were mentioned in seven key informant interviews and four focus groups as a population disproportionately impacted by negative health outcomes. Key informant and focus group discussions emphasized that there is hesitation within the African American community to access health services because of historical treatment by medical professionals. Focus group participants noted a lack of trust between medical professionals and African Americans. There was mention that "many in the Black community just expect diabetes to affect them" and that

therefore diabetes and other chronic conditions affect the African American population more negatively in Nassau.

Children

The health of children was mentioned by eight key informants and was a discussion item in three focus groups. All child-specific indicators had data scores greater than 1.50 for Nassau County, which is in the worst half of the 0-3 data score range.

Key informants discussed food security as an issue among children and related it to the problem of childhood obesity and diabetes. Additionally, within the context of Nassau County having a much higher child abuse rate than Florida as a whole, key informants and focus group participants mentioned concern with children growing up in and experiencing trauma and neglect in families with parents with untreated mental health issues and substance use issues. Table 36 is a summary table of children's health indicators from the secondary data.

TABLE 36. CHILDREN'S HEALTH INDICATORS*

Indicator	FL Value	County	County Value	County Data Score	FL Counties	FL Value	US Counties	US Value	HP2020	Trend
Child Abuse Rate [9] (2016) *in cases/1,000 children aged 5-11	901.3	Nassau	1154.8	1.94	2	3				2
Child Food Insecurity Rate [6] (2015)	22.7%	Nassau	22.9%	1.94	1	2	2	3		2
Children with Health Insurance [1] (2016)	93.8%	Nassau	94.9%	1.67	1	1	2	2	2	2
Children with Low Access to a Grocery Store [28] (2018)		Nassau	4.7%	1.5	1		2			
Food Insecure Children Likely Ineligible for Assistance [6] (2015)	29.0%	Nassau	36.0%	2.44	3	3	3	2		2
Kindergartners with Required Immunizations [14] (2017)	94.1%	Nassau	94.4%	1.61	2	1				2

*Comparisons were given a score ranging from 0 (green) to 3 (red), where 0 indicates the best outcome and 3 the worst according to comparison values. Comparison scores of 0 or 3 are determined by the quartile of the indicator value when compared to a set of county values (FL counties or US counties), percent difference of 10% or greater when compared to a single value (FL value, US value, or HP2020 target), or a statistically significant Mann-Kendall test for trend. A trend score of 1.5 indicates the values are neither increasing nor decreasing over time. Availability of each type of comparison varies by indicator and is dependent upon the data source, comparability with data collected for other communities, and changes in methodology over time. Please see Appendix B2 for a detailed description of data scoring methodology.
[1] American Community Survey
[6] Feeding America
[9] Florida Department of Children and Families
[14] Florida Department of Health, Bureau of Immunization
[28] U.S. Department of Agriculture – Food Environment Atlas

Hispanic/Latinx

For the purposes of this section of the report, the term Latinx is a gender-neutral term used in lieu of Latino/Latina.

The Index of Disparity analysis evaluated secondary data indicators for statistically significant disparities amongst subpopulations. This section reports data findings for the Hispanic/Latinx population from primary and secondary data. Secondary data sources may use different terms for race breakout data, and for consistency with the source of the data, tables and figures may use display multiple terms for the Hispanic/Latinx breakout group. The following terms are used by secondary data sources for this breakout category:

- Hispanic
- Hispanic or Latino

According to the secondary data, the older adult Hispanic/Latinx community of Nassau County is disproportionately affected by poverty. For Nassau County, the percentage of people over 65 living below the poverty level is 7.2% overall, but when we look closer at the Hispanic or Latino population the percent is 11.3%. An even greater disparity is seen when looking at overall families living in poverty, with the Nassau rate of 9.3% much lower than the Hispanic community rate of 27.6%.

For the Hispanic/Latinx community, language barriers were noted especially in accessing care in the more rural communities. It was mentioned it is often difficult to find a provider with language or translation services. Community survey results showed that only 37% of respondents knew someone or they themselves had difficulty understanding a health professional in the past year due to language barriers. Additionally, focus group participants noted cultural barriers and stigma around seeking mental health care in the Hispanic/Latinx community.

Homeless

Affordable and safe housing is critical to accessing health services. Focus group participants who have used shelters noted that access to mental health services is especially difficult because of the limited number of providers who will accept Medicaid. Additionally, homeless individuals cited transportation challenges to get to and from health services as a major barrier to seeking care. Finally, focus group participants noted that a lack of safety and compassion for their situation in the shelters limits the ability for their basic needs to be met.

Lesbian, Gay, Bisexual, Transgender, Queer or Questioning (LGBTQ)

Focus group and key informants were asked about the LGBTQ population and noted that there is a shortage of services, especially ones that are specific to the needs of the LGBTQ community (HIV, STD, hormonal therapies). There is an additional cultural dynamic that this group "is in the shadows" and "people are not paying a lot of attention to them", even though they have those specific health issues that they need help addressing. Additionally, it was noted by a key informant that those in the LGBTQ community who test positive for HIV in Nassau County often do not seek treatment due to stigma.

A recent Jacksonville-area community assessment survey focused on the LGBTQ population revealed negative disparities for this population with regards to both health and socio-economic factors, as well as other interesting factors and demographics of that sub-population.

Of respondents to the LGBTQ survey for the Jacksonville region, 56.4% of respondents held a bachelor's degree or higher.[4] This is higher than the general population percentages for every county in the Northeast Florida Region, and much higher than the 24.5% of the general population in the Jacksonville MSA that have a bachelor's degree or higher.[1] Additionally, in terms of employment, 74.3% of LGBTQ survey respondents indicated that they were in the paid workforce, while only 57.1% of the general population residents of Jacksonville MSA were employed for wages or self-employed. In terms of income, 10% of LGBTQ survey respondents were living in poverty, as defined as having income below one hundred percent of the federal poverty level.

Other potential negative health disparities identified for the LGBTQ community in the Northeast Florida Region deal with food insecurity, binge drinking, and health insurance. 21.8% of LGBTQ survey respondents had food insecurity within the last twelve months, while for the general population each county in the region had a rate of 19% or less. In terms of risky behaviors, 40% of the LGBTQ population reported binge drinking in the past 30 days, while the general population figure for Jacksonville city is only 15%.[5] Smoking rates for the LGBTQ population are roughly the same as the general population for the region. For health insurance, the percentages of the LGBTQ population with health insurance (85.8%) were lower than the percent of persons with health insurance for the general population in each county (87% or higher for each county). Additionally, the African-American LGBTQ population had particular disparities for health insurance with only 77.8% of survey respondents having health insurance.

Additionally, gender minorities had particularly negative disparities as compared to cisgender populations (those whose gender identity matches the sex that they were assigned at birth) when it came to depression and attempted suicide. 11.1% of gender minority respondents attempted suicide in the past year, while 65% met the criteria for moderate to severe depression and poor mental or physical health that kept them from doing usual activities in the past month. While not a direct comparison, for the general population of Jacksonville city, only 13.7% had poor physical health in the past two weeks and only 14.4% had poor mental health in the past two weeks.

Lastly, there are disparities for the LGBTQ population when it comes to experiencing discrimination, being treated unfairly in jobs and by police, and feeling accepted. Three quarters of LGBTQ survey respondents reported experiencing everyday discrimination in the past twelve months, with 53.6% of those indicating the discrimination was due to their sexual orientation. The African-American LGBTQ population was more likely than the white LGBTQ population to be unfairly treated in firing from a job, being denied a promotion or bank loan, or being stopped and searched by police. Finally, only 17% of

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[4] The Williams Institute, UCLA School of Law. Community Assessment of LGBTI Adults in Northeast Florida. (June 26, 2018). Retrieved June 26, 2018, from https://williamsinstitute.law.ucla.edu/research/community-assessment-of-lgbti-adults-in-jacksonville-florida/

[5] Centers for Disease Control and Prevention. 500 Cities Project. (n.d.) Retrieved May 22, 2018, from https://www.cdc.gov/500cities/

survey respondents agree that the Northeast Florida Region as a whole embraces diversity, particularly with regards to the LGBTQ population.

Low-Income

Primary data discussion around low-income and poverty-stricken populations occurred in 10 focus groups and seven interviews. 87% of community survey respondents agreed or strongly agreed with the statement that they or someone they know delayed seeking health care due to cost in the last twelve months. Key informants and focus group participants' discussions around the low-income subpopulation focused on concerns of poverty, stress, and nutrition-related issues. Concerns crossed issues of housing and access to healthy foods, to mental health, diabetes and heart disease. Low-income individuals and families are more likely to forego necessary health services in order to prioritize food and housing.

Older Adults

According to the secondary data, the Medicare population has high rates of chronic diseases and injuries; specifically, atrial fibrillation, cancer, hyperlipidemia, hypertension, rheumatoid arthritis, and stroke. As presented in Table 37, the Age-Adjusted Death Rate due to Falls is higher than the state of Florida average for Nassau County.

TABLE 37. OLDER ADULT SECONDARY INDICATORS*

Indicator	FL Value	County	County Value	County Data Score	FL Counties	FL Value	US Counties	US Value	HP2020	Trend
Adults 65+ with Influenza Vaccination [8] (2016)	57.6%	Nassau	60.0%	1.25	1	1		1		
Adults 65+ with Pneumonia Vaccination [8] (2016)	65.6%	Nassau	71.2%	1.42	0	1		2	3	
Age-Adjusted Death Rate due to Falls [17] (2016) *in deaths/100,000 population*	10.3	Nassau	10.7	2.03	1	2		3	3	2
Alzheimer's Disease or Dementia: Medicare Population [3] (2015)	11.7%	Nassau	8.2%	0.67	0	0	1	0		1.5
Asthma: Medicare Population [3] (2015)	9.1%	Nassau	8.2%	1.28	0	0	2	2		2
Atrial Fibrillation: Medicare Population [3] (2015)	9.7%	Nassau	9.2%	2.33	2	1	3	3		3
Cancer: Medicare Population [3] (2015)	9.6%	Nassau	10.0%	2.67	3	2	3	3		3

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Indicator	FL Value	County	County Value	County Data Score	FL Counties	FL Value	US Counties	US Value	HP2020	Trend
Chronic Kidney Disease: Medicare Population [3] (2015)	21.3%	Nassau	16.5%	1.17	0	0	1	1		3
COPD: Medicare Population [3] (2015)	13.2%	Nassau	11.5%	0.89	0	0	1	2		1
Depression: Medicare Population [3] (2015)	17.5%	Nassau	15.7%	1.33	1	0	1	1		3
Diabetes: Medicare Population [3] (2015)	28.0%	Nassau	25.0%	0.72	0	0	1	1		1
Heart Failure: Medicare Population [3] (2015)	14.2%	Nassau	11.6%	0.39	0	0	0	0		1
Hyperlipidemia: Medicare Population [3] (2015)	55.6%	Nassau	50.7%	1.72	1	1	3	3		1
Hypertension: Medicare Population [3] (2015)	60.5%	Nassau	60.7%	2.28	2	2	3	3		2
Ischemic Heart Disease: Medicare Population [3] (2015)	34.0%	Nassau	28.0%	0.83	0	0	2	2		0
Osteoporosis: Medicare Population [3] (2015)	7.9%	Nassau	4.4%	0.78	0	0	1	0		2
People 65+ Living Below Poverty Level [1] (2012-2016)	10.4%	Nassau	7.2%	0.39	0	0	0	0		1
People 65+ with Low Access to a Grocery Store [28] (2015)		Nassau	4.4%	1.83	2		3			
Rheumatoid Arthritis or Osteoarthritis: Medicare Population [3] (2015)	34.6%	Nassau	38.2%	2.61	3	3	3	3		2
Stroke: Medicare Population [3] (2015)	4.8%	Nassau	4.4%	1.72	1	1	3	3		1

*Comparisons were given a score ranging from 0 (green) to 3 (red), where 0 indicates the best outcome and 3 the worst according to comparison values. Comparison scores of 0 or 3 are determined by the quartile of the indicator value when compared to a set of county values (FL counties or US counties), percent difference of 10% or greater when compared to a single value (FL value, US value, or HP2020 target), or a statistically significant Mann-Kendall test for trend. A trend score of 1.5 indicates the values are neither increasing nor decreasing over time. Availability of each type of comparison varies by indicator and is dependent upon the data source, comparability with data collected for other communities, and changes in methodology over time. Please see Appendix B2 for a detailed description of data scoring methodology.

[1] American Community Survey
[3] Centers for Medicare & Medicaid Services
[8] Florida Behavioral Risk Factor Surveillance System
[17] Florida Department of Health, Bureau of Vital Statistics
[28] U.S. Department of Agriculture – Food Environment Atlas

Focus group participants noted that since the peak of the recession, older adults are disproportionately financially burdened. Focus group participants mentioned that medication costs are very high, and adherence for the elderly is a challenge. Furthermore, older adults and their caregivers reported that older adults are often prescribed a cocktail of costly drugs from multiple providers. Caretakers stressed their concern over a lack of prescription navigation assistance for older adults. Other issues cited by community input participants for the older adult population include: growing mental health needs, rising substance abuse, and food insecurity. Secondary data back this up with People 65+ with Low Access to a Grocery Store scoring higher than 1.50 in data scoring, which is in the worst half of the 0-3 data score range.

Persons with Disabilities

Figure 33 shows the percentage of persons with a disability across Northeast Florida, including Nassau County's value of 16.3%, which is the highest of all counties in the region. Nassau County also has a higher percentage of persons with a disability than the state and national values. People with an ambulatory difficulty experience serious difficulty walking or climbing stairs. These difficulties may in turn limit their physical activity, leading to a further decline in health. Persons with an ambulatory difficulty may have unique requirements for accessibility, such as ramps or elevators. Nassau County has the highest proportion of persons with an ambulatory disability (8.2%), and that proportion is higher than the state of Florida's average (7.8%).

FIGURE 33. PERSONS WITH A DISABILITY, 2016
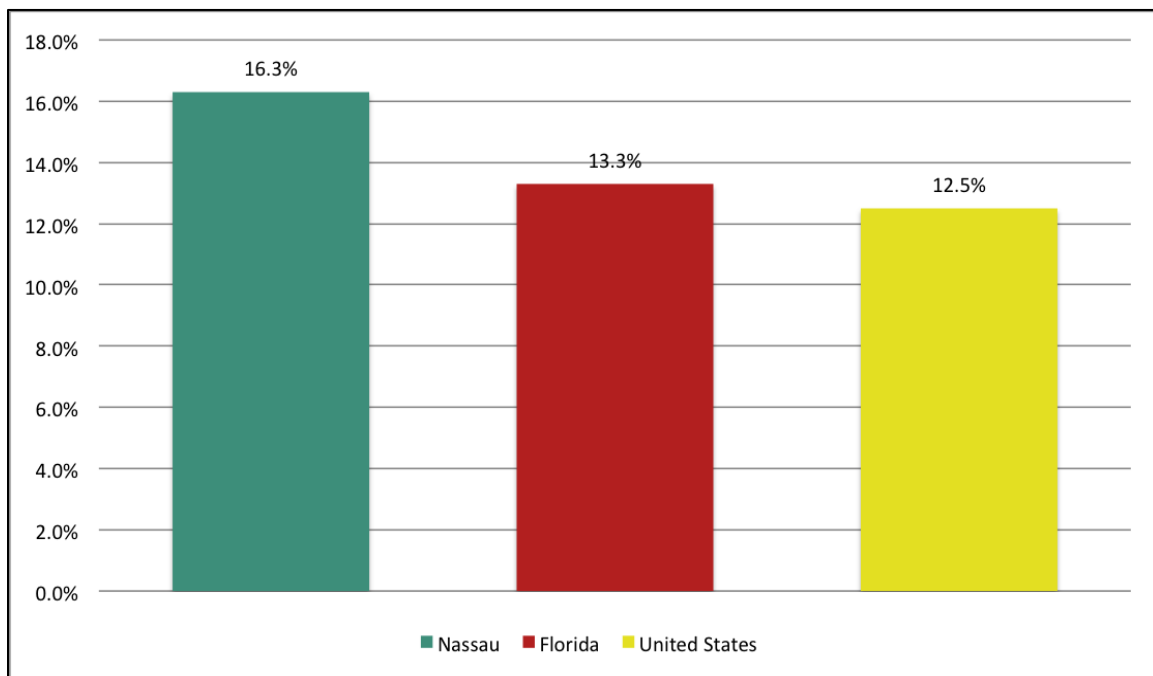
For persons with disabilities, major issues cited by community input participants include a lack of healthcare coverage, gaps in specialized providers or providers who have accessible facilities, and community awareness and advocacy for disability rights.

Veterans

The veteran population is a significant part of the Nassau County service area. 13.7% of the service area's residents are veterans, compared to 8.0% and 9.4% of residents of the United States and Florida, respectively. This is a crucial contextual figure when assessing the service area's health, as there are barriers and challenges to access to care for the veteran population.

FIGURE 34. VETERAN POPULATION, 2012-2016
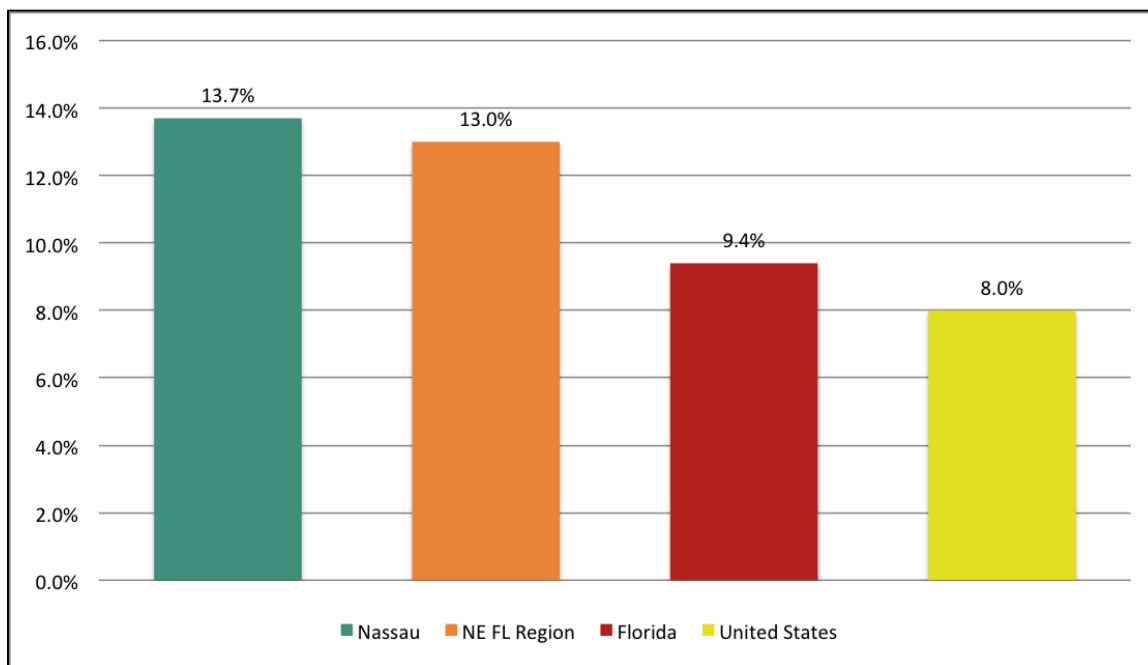
According to focus group participants, the veteran population doesn't receive proper recognition by health care and social services organizations, and they often lack insurance due to their discharge status. Specifically, in Nassau County, community input participants noted that veterans affairs care is "essentially not available in Nassau County" and that veterans often have to travel outside the service area for specialized care. Focus group participants also referenced other issues experienced by the veteran community, which include homelessness, mental health, substance use, and food insecurity.

Other Significant Health Needs

The following significant health needs emerged from a review of the primary and secondary data. While these topics were not explicitly prioritized, they are related with the selected priority areas and provide further context to the health needs of the community.

Diabetes

From the secondary data scoring results, Diabetes had a topic score of 1.22 for Nassau County, which places it in the better half of the 0-3 data score range. The prevalence rate of diabetes among adults in Nassau County is higher than the overall Florida state value (Table 38).

TABLE 38. DIABETES INDICATORS*

Indicator	FL Value	County	County Value	County Data Score	FL Counties	FL Value	US Counties	US Value	HP2020	Trend
Adults with Diabetes [8] (2016)	11.8%	Nassau	15.1%	2.08	2	3		3		
Age-Adjusted Death Rate due to Diabetes [17] (2016) *in deaths/100,000 population*	20.6	Nassau	14	0.86	0	0		0		2
Diabetes: Medicare Population (2015)	28.0%	Nassau	25.0%	0.72	0	0	1	1		1

*Comparisons were given a score ranging from 0 (green) to 3 (red), where 0 indicates the best outcome and 3 the worst according to comparison values. Comparison scores of 0 or 3 are determined by the quartile of the indicator value when compared to a set of county values (FL counties or US counties), percent difference of 10% or greater when compared to a single value (FL value, US value, or HP2020 target), or a statistically significant Mann-Kendall test for trend. A trend score of 1.5 indicates the values are neither increasing nor decreasing over time. Availability of each type of comparison varies by indicator and is dependent upon the data source, comparability with data collected for other communities, and changes in methodology over time. Please see Appendix B2 for a detailed description of data scoring methodology.
[3] Centers for Medicare & Medicaid Services
[8] Florida Behavioral Risk Factor Surveillance System
[17] Florida Department of Health, Bureau of Vital Statistics

Community survey participants who were asked to rank the most pressing health issues in their community ranked diabetes as the sixth most pressing health issue in Nassau County, with 40% of respondents listing it as a top health need. Further, diabetes was mentioned in four key informant interviews and discussed in three focus groups.

As mentioned by community participants, a significant portion of patients in the region suffer from chronic health diseases including diabetes due to poor diet, inability to afford healthy foods, and lack of motivation to engage in physical activities. Participants also cited the prevalence of fast food chains in areas of low socioeconomic status and an "indoor culture" that has increased significantly over recent years. Additionally, three participants discussed the generational habits of families and the culture in the region of poor eating and lack of physical activity that continually exacerbates the problems seen in the secondary data.

Heart Disease

In secondary data scoring results, Heart Disease was the tenth highest scoring health topic in the Nassau County service area, with a data score of 1.50 (which is the midpoint of the 0-3 data score range). Specific indicators of need across the service area include death rate due to hypertensive heart disease and high blood pressure prevalence. Four of the six indicators pertaining to the Medicare population scored above 1.50 for the Nassau County service area (or in the worst half of the data score range), indicating a need for heart disease treatment and care for older adults.

TABLE 39. HEART DISEASE INDICATORS*

Indicator	FL Value	County	County Value	County Data Score	FL Counties	FL Value	US Counties	US Value	HP2020	Trend
Age-Adjusted Death Rate due to Cerebrovascular Disease (Stroke) [17] (2016) *in deaths/100,000 population	39.7	Nassau	38.1	1.58	1	1		2	2	2
Age-Adjusted Death Rate due to Coronary Heart Disease [17] (2016) *in deaths/100,000 population	98.5	Nassau	98.9	1.42	1	2		2	1	1
Age-Adjusted Death Rate due to Hypertensive Heart Disease [17] (2016) *in deaths/100,000 population	11	Nassau	12.3	1.72	2	3				1
Age-Adjusted Death Rate due to Major Cardiovascular Diseases [17] (2016) *in deaths/100,000 population	209.7	Nassau	221.8	1.39	1	2				1
Atrial Fibrillation: Medicare Population (2015)	9.7%	Nassau	9.2%	2.33	2	1	3	3		3
Cholesterol Test History (2013)	73.2%	Nassau	80.7%	1	0	0				
Heart Failure: Medicare Population (2015)	14.2%	Nassau	11.6%	0.39	0	0	0	0		1
High Blood Pressure Prevalence (2013)	34.6%	Nassau	36.3%	1.92	1	2		3	3	
High Cholesterol Prevalence (2013)	33.4%	Nassau	31.6%	1.25	1	1		0	3	

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Indicator	FL Value	County	County Value	County Data Score	FL Counties	FL Value	US Counties	US Value	HP2020	Trend
Hyperlipidemia: Medicare Population (2015)	55.6%	Nassau	50.7%	1.72	1	1	3	3		1
Hypertension: Medicare Population (2015)	60.5%	Nassau	60.7%	2.28	2	2	3	3		2
Ischemic Heart Disease: Medicare Population (2015)	34.0%	Nassau	28.0%	0.83	0	0	2	2		0
Stroke: Medicare Population (2015)	4.8%	Nassau	4.4%	1.72	1	1	3	3		1

*Comparisons were given a score ranging from 0 (green) to 3 (red), where 0 indicates the best outcome and 3 the worst according to comparison values. Comparison scores of 0 or 3 are determined by the quartile of the indicator value when compared to a set of county values (FL counties or US counties), percent difference of 10% or greater when compared to a single value (FL value, US value, or HP2020 target), or a statistically significant Mann-Kendall test for trend. A trend score of 1.5 indicates the values are neither increasing nor decreasing over time. Availability of each type of comparison varies by indicator and is dependent upon the data source, comparability with data collected for other communities, and changes in methodology over time. Please see Appendix B2 for a detailed description of data scoring methodology.
[3] Centers for Medicare & Medicaid Services
[8] Florida Behavioral Risk Factor Surveillance System
[17] Florida Department of Health, Bureau of Vital Statistics

In addition to the data in Table 39, granular data reveal that zip code 32009 in Nassau County performed the worst for death rates due to stroke and cardiovascular diseases.

Community survey participants were asked to rank the most pressing health issues in their community, and for the service area they ranked heart-related diseases as the fourth most pressing need. 57.3% of survey respondents listed heart-related diseases as one of the top five most important health issues in their community. Additionally, nearly half (44%) of respondents listed diet, food, and nutrition as one of the top conditions that impact their community, and 28% responded that physical activity and exercise were a top factor.

The topic area of heart disease and stroke was discussed in five key informant interviews and was a topic of conversation in three focus groups. Participants specifically discussed how many heart conditions are particularly seen in low-income and uninsured populations. One set of focus group participants and two key informants also talked about the need to focus on contributing risk factors, particularly smoking; a healthy, nutritious, and balanced diet; and physical exercise.

Social Environment
Social Environment refers to social, cultural, and civic factors that influence a person's neighborhood. According to secondary data scoring, Social Environment ranked as the fourth highest quality of life topic area of need in Nassau County with a data score of 1.30. However, there were individual indicators that scored poorly across the service area, notably Child Abuse Rate and People 25+ with a Bachelor's Degree or Higher (Table 40).

TABLE 40. SOCIAL ENVIRONMENT INDICATORS*

Indicator	FL Value	County	County Value	County Data Score	FL Counties	FL Value	US Counties	US Value	HP2020	Trend
Child Abuse Rate [9] (2016) *in cases/1,000 children aged 5-11	901.3	Nassau	1154.8	1.94	2	3				2
Children Living Below Poverty Level [1] (2012-2016)	23.3%	Nassau	18.9%	0.78	0	0	1	0		2
Female Population 16+ in Civilian Labor Force [1] (2012-2016)	54.3%	Nassau	49.8%	1.94	1	2	2	3		2
Homeownership [1] (2012-2016)	52.3%	Nassau	61.5%	0.78	0	0	1	0		2
Juvenile Justice Referral Rate [18] (2013) *in referrals/100,000 population	448.7	Nassau	339.5	1	0	0				
Linguistic Isolation [1] (2012-2016)	6.8%	Nassau	0.7%	1	0	0	1	0		3
Mean Travel Time to Work [1] (2012-2016)	26.7	Nassau	29.4	2.61	3	3	3	3		2
Median Household Gross Rent [1] (2012-2016)	$1,032	Nassau	$1,050	2.42	3	2		3		3
Median Household Income [1] (2012-2016)	$48,900	Nassau	$59,196	0.67	0	0	0	1		1.5
Median Housing Unit Value [1] (2012-2016)	$166,800	Nassau	$192,600	0.81	0	0		1		1
Median Monthly Owner Costs for Households without a Mortgage [1] (2012-2016)	$466	Nassau	$412	1.19	2	0		0		2
Mortgaged Owners Median Monthly Household Costs [1] (2012-2016)	$1,422	Nassau	$1,391	1.47	3	1		1		1
People 25+ with a Bachelor's Degree or Higher [1] (2012-2016)	27.9%	Nassau	24.5%	1.72	1	3	1	3		1
People 25+ with a High School Degree or Higher [1] (2012-2016)	87.2%	Nassau	90.9%	0.5	0	1	0	1		0
People Living Below Poverty Level [1] (2012-2016)	16.1%	Nassau	12.7%	0.78	0	0	1	0		2
Per Capita Income [1] (2012-2016)	$27,598	Nassau	$31,141	0.56	0	0	0	1		1

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Indicator	FL Value	County	County Value	County Data Score	FL Counties	FL Value	US Counties	US Value	HP2020	Trend
Persons with Health Insurance [25] (2016)	84.6%	Nassau	88.2%	1.08	0	1	2		3	0
Population 16+ in Civilian Labor Force [1] (2012-2016)	58.5%	Nassau	56.4%	1.94	1	2	2	3		2
Single-Parent Households [1] (2012-2016)	38.5%	Nassau	33.3%	1.11	0	0	2	1		2
Social and Economic Factors Ranking [4] (2018) *Ranking of the county in social and economic factors according to County Health Rankings*		Nassau	5	1.25	0					
Total Employment Change [24] (2014-2015)	4.5%	Nassau	3.2%	1.5	2	3	1	0		
Voter Turnout: Presidential Election [20] (2016)	74.5%	Nassau	77.1%	1.44	1	1				2

*Comparisons were given a score ranging from 0 (green) to 3 (red), where 0 indicates the best outcome and 3 the worst according to comparison values. Comparison scores of 0 or 3 are determined by the quartile of the indicator value when compared to a set of county values (FL counties or US counties), percent difference of 10% or greater when compared to a single value (FL value, US value, or HP2020 target), or a statistically significant Mann-Kendall test for trend. A trend score of 1.5 indicates the values are neither increasing nor decreasing over time. Availability of each type of comparison varies by indicator and is dependent upon the data source, comparability with data collected for other communities, and changes in methodology over time. Please see Appendix B2 for a detailed description of data scoring methodology.
[1] American Community Survey
[4] County Health Rankings
[9] Florida Department of Children and Families
[18] Florida Department of Juvenile Justice
[20] Florida Department of State
[24] National Center for Education Statistics
[25] Small Area Health Insurance Estimates

Community survey participants ranked social environment as the ninth most impactful condition of daily life on their community, with over one in five participants believing that social environment has the most impact on their community. Further, only 46% of community survey respondents agree or strongly agree that their community supports a healthy lifestyle.

The social environment was mentioned in five key informant interviews and five focus groups. The generational impact of poverty, mental health issues, trauma, and knowledge and attitudes toward nutrition and health contribute to the social environment need in the region. Adverse childhood experiences and childhood trauma, particularly due to the high child abuse rate in Nassau County, are important factors influencing the effect of the social environment's impact on community health.

Respiratory Diseases

Respiratory diseases ranked as the eleventh highest scoring health topic area for Nassau County, with a data score of 1.50 (which is the midpoint of the 0-3 data score range). In particular, the percentage of adults with asthma and the death rate due to influenza and pneumonia in Nassau County are nearly

double the Florida state values for those indicators. Additionally, lung cancer death and incidence rates are of concern in the service area.

TABLE 41. RESPIRATORY HEALTH INDICATORS*

Indicator	FL Value	County	County Value	County Data Score	FL Counties	FL Value	US Counties	US Value	HP2020	Trend
Adults 65+ with Influenza Vaccination [8] (2016)	57.6%	Nassau	60.0%	1.25	1	1		1		
Adults 65+ with Pneumonia Vaccination [8] (2016)	65.60%	Nassau	71.2%	1.42	0	1		2	3	
Adults with Current Asthma [8] (2016)	6.70%	Nassau	12.6%	2.25	3	3		3		
Age-Adjusted Death Rate due to Influenza and Pneumonia [17] (2014) *in deaths/100,000 population	9.7	Nassau	19.1	2.14	3	3		3		1
Age-Adjusted Death Rate due to Lung Cancer [17] (2014-2016) *in deaths/100,000 population	40.4	Nassau	52.7	1.89	2	3			3	1
Asthma: Medicare Population [3] (2015)	9.1%	Nassau	8.2%	1.28	0	0	2	2		2
COPD: Medicare Population [3] (2015)	13.2%	Nassau	11.5%	0.89	0	0	1	2		1
Lung and Bronchus Cancer Incidence Rate [29] (2012-2014) *in cases/100,000 population	61	Nassau	81.2	2	3	3				1.5
Teens with Asthma [22] (2014)	20.8%	Nassau	20.0%	1.33	1	1				1.5
Tuberculosis Incidence Rate [16] (2016) *in cases/100,000 population	3.2	Nassau	0	0.58	0	0		0	0	1.5

*Comparisons were given a score ranging from 0 (green) to 3 (red), where 0 indicates the best outcome and 3 the worst according to comparison values. Comparison scores of 0 or 3 are determined by the quartile of the indicator value when compared to a set of county values (FL counties or US counties), percent difference of 10% or greater when compared to a single value (FL value, US value, or HP2020 target), or a statistically significant Mann-Kendall test for trend. A trend score of 1.5 indicates the values are neither increasing nor decreasing over time. Availability of each type of comparison varies by indicator and is dependent upon the data source, comparability with data collected for other communities, and changes in methodology over time. Please see Appendix B2 for a detailed description of data scoring methodology.
[3] Centers for Medicare & Medicaid Services
[8] Florida Behavioral Risk Factor Surveillance System
[16] Florida Department of Health, Bureau of TB & Refugee Health
[17] Florida Department of Health, Bureau of Vital Statistics
[22] Florida Youth Tobacco Survey
[29] University of Miami (FL) Medical School, Florida Cancer Data System

Key informants and focus group participants cited asthma as a community concern. Focus group participants noted that asthma amongst children frequently leads to school absences and poor school performance. Community members attributed high rates of lung cancer in Nassau County to high rates of smoking. 17% of survey participants ranked respiratory diseases as a top community health issue.

Sexual Health

Sexual health also emerged as a significant health need for the service area. In particular, the teen birth rate for females ages 15-19 in Nassau County is much higher than the rate for the state of Florida. Community input participants further corroborated that teen births are an issue in the community.

TABLE 42. SEXUAL HEALTH INDICATORS*

Indicator	FL Value	County	County Value	County Data Score	FL Counties	FL Value	US Counties	US Value	HP2020	Trend
AIDS Diagnosis Rate [13] (2016) *in cases/100,000 population	10.5	Nassau	7.7	1.22	2	0				1
Chlamydia Incidence Rate [15] (2016) *in cases/100,000 population	468.2	Nassau	243	0.86	0	0		0		2
Chlamydia Incidence Rate: Females 15-19 [15] (2016) *in cases/100,000 females aged 15-19	3175.6	Nassau	1993.7	1	0	0				1.5
Gonorrhea Incidence Rate [15] (2016) *in cases/100,000 population	139.2	Nassau	66.5	1.25	1	0		0		3
Gonorrhea Incidence Rate: Females 15-19 [15] (2016) *in cases/100,000 females aged 15-19	496.6	Nassau	181.2	0.67	0	0				0
HIV Incidence Rate [13] (2016) *in cases/100,000 population	24.6	Nassau	10.2	1.28	1	0				2
Syphilis Incidence Rate [15] (2016) *in cases/100,000 population	11.9	Nassau	0	1	0	0				1.5
Teen Birth Rate: 15-19 [17] (2016) *in cases/1,000 females aged 15-19	19.5	Nassau	28.1	2.19	2	3		3		2

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Key informants and focus group participants shared input about specific issues within sexual health, most notably that there is a gap in safe sex education. Four separate focus groups discussed the problem whereby adolescents are not learning about sexual health in school or at home from their parents. It was noted that adolescents are not receiving the right information about sex, there are limitations about what can be covered in schools, or that children are not being taught anything at all due to the culture and politics of the area.

Built Environment & Safety

According to secondary data analysis, the Built Environment & Safety emerged as critical issues, with Environment ranked as the third highest scoring quality of life topic area for Nassau County. Additionally, Prevention & Safety scored a 1.62 in data scoring, which is in the worst half of the 0-3 data score range.

This topic area includes indicators that connect the physical space that people live in to nutrition and physical activity, and indicators that connect physical space to transportation safety. Indicators of greatest concern from the secondary data include death rates due to motor vehicle collisions, including pedestrian deaths, and due to unintentional injuries. Additionally, as seen in Table 43, there is limited access to parks and recreational facilities in Nassau County.

TABLE 43. BUILT ENVIRONMENT & SAFETY INDICATORS*

Indicator	FL Value	County	County Value	County Data Score	FL Counties	FL Value	US Counties	US Value	HP2020	Trend
Access to Exercise Opportunities [4] (2018)	87.1%	Nassau	68.6%	2	2	3	1	3		
Age-Adjusted Death Rate due to Motor Vehicle Collisions [17] (2016) *in deaths/100,000 population*	15.4	Nassau	35	2.11	3	3				2
Age-Adjusted Death Rate due to Unintentional Injuries [17] (2016) *in deaths/100,000 population*	56.3	Nassau	85.8	2.53	3	3		3	3	2

Indicator	FL Value	County	County Value	County Data Score	FL Counties	FL Value	US Counties	US Value	HP2020	Trend
Children with Low Access to a Grocery Store [28] (2015) *Percent of children living more than 1 mile from a grocery store in an urban area or more than 10 miles from a grocery store in a rural area*		Nassau	4.7%	1.5	1		2			
Food Environment Index [4] (2018) *An index ranking from 0 (worst) to 10 (best) weighting the percent of those with low-income and loss access to a grocery store and the percent of those without access to a reliable food source*	6.7	Nassau	7.4	1.22	1	0	2	2		1
Households with No Car and Low Access to a Grocery Store [28] (2015)		Nassau	2.4%	1.33	1		1			
Low-Income and Low Access to a Grocery Store [28] (2015)		Nassau	7.4%	1.5	1		2			
Pedestrian Death Rate [5] (2013) *in deaths/100,000 population*	2.6	Nassau	4	2.78	3	3	3	3	3	2
People 65+ with Low Access to a Grocery Store [28] (2015)		Nassau	4.4%	1.83	2		3			
People with Low Access to a Grocery Store [28] (2015)		Nassau	24.2%	1.5	1		2			
Severe Housing Problems [4] (2010-2014)	21.50%	Nassau	14.9%	0.83	0	0	2	0		1.5

*Comparisons were given a score ranging from 0 (green) to 3 (red), where 0 indicates the best outcome and 3 the worst according to comparison values. Comparison scores of 0 or 3 are determined by the quartile of the indicator value when compared to a set of county values (FL counties or US counties), percent difference of 10% or greater when compared to a single value (FL value, US value, or HP2020 target), or a statistically significant Mann-Kendall test for trend. A trend score of 1.5 indicates the values are neither increasing nor decreasing over time. Availability of each type of comparison varies by indicator and is dependent upon the data source, comparability with data collected for other communities, and changes in methodology over time. Please see Appendix B2 for a detailed description of data scoring methodology.

[4] County Health Rankings
[5] Fatality Analysis Reporting System
[17] Florida Department of Health, Bureau of Vital Statistics
[28] U.S. Department of Agriculture – Food Environment Atlas

The primary data similarly support the secondary data results. While injuries and safety were mentioned as a pressing health need by 17.3% of community survey respondents, key informants and focus group participants also discussed the built environment, focusing on a lack of safe places to walk or be outside. Sidewalks and outdoor community safety were cited as critical concerns, especially for persons with disabilities.

Baptist Medical Center Nassau - CHNA

Conclusion

The Community Health Needs Assessment for Baptist Medical Center Nassau utilized a comprehensive set of secondary data indicators measuring the health and quality of life needs for the service area. The assessment was further informed with community input from knowledgeable persons representing the broad interests of the community.

The prioritization process identified seven focus areas: (1) Access, (2) Behavioral Health, (3) Poverty, (4) Obesity & Physical Activity, (5) Maternal, Fetal & Infant Health, (6) Cancer, and (7) Vulnerable Populations. Using the results from this process, Baptist Medical Center Nassau will outline which prioritized health needs it has the resources to address and how it plans to address them in its Implementation Strategy.

Appendix A. Prior CHNA Impact Report & Comments

Significant Health Need Identified in Preceding CHNA	Planned Activities to Address Health Needs Identified in Preceding Implementation Strategy	Was Activity Implemented (Yes/No)	Results, Impact & Data Sources
Access to Care	Assure that the hospital's financial assistance programs comply fully with state and federal requirements.	Yes	Baptist Health reviewed the financial assistance policies for all hospitals including BMCN. Updated policies were posted in all hospitals and on our website and sent to partners who are likely to have clients who qualify for financial assistance.
	Partner with Barnabas to provide access to care for diabetes and mental illness for people with low incomes.	Yes	BMCN established and implemented procedures to refer uninsured patients discharged from the hospital or who seek care at the emergency department to Barnabas Center Provided funding to Barnabas Center to provide primary and specialty care services for Nassau residents who are un- or under-insured. 557 patients received primary care for a total of 1,792 visits. 64% of adults with diabetes improved and stabilized their HgA1c levels; 98% of adults with hypertension improved and stabilized their blood pressure levels; 64% of Dyslipidemia patients reached their goal LDL. 129 adults received free eye screenings with 94 receiving free eye exams and eye glasses. 19 adults were provided free hearing screenings and referred for hearing aids if needed. 249 patients were provided free medications.

Significant Health Need Identified in Preceding CHNA	Planned Activities to Address Health Needs Identified in Preceding Implementation Strategy	Was Activity Implemented (Yes/No)	Results, Impact & Data Sources
Access to Care (continued)			In 2017, Barnabas provided mental health and/or substance abuse counseling services to 53 adults through 228 visits; 48% of adults with diabetes improved and stabilized their HgA1c levels over the year; 60% of adults with hypertension improved and stabilized their blood pressure levels over the year; 19% of patients who smoked tobacco stopped smoking; 768 unduplicated adults received dental care through 2,484 visits and of those, 78% received dental hygiene; 279 patients were provided specialty care at no cost to them by volunteer practitioners (this included 14 patients who were diagnosed with cancer and were treated); 122 adults were provided free eye screenings and were referred for eye exams; 367 female patients were provided a well-woman exam and/or free screening mammograms. Barnabas increased access to healthier food for chronic disease patients by offering more fresh and frozen foods through its on-site food pantry (75% of food provided meets this criteria), and our medical providers write a "prescription" for appropriate foods for chronic disease patients that can be "filled" by our food pantry.
	Partner with Nassau County Council on Aging to provide transportation for low-income and indigent individuals to reach medical appointments.	Yes	Provided funding to Nassau County Council on Aging to provide transportation to indigent Nassau County residents including transportation to medical appointments. 532 people received transportation assistance. A stop to Barnabas Center was added to the transit program.

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Significant Health Need Identified in Preceding CHNA	Planned Activities to Address Health Needs Identified in Preceding Implementation Strategy	Was Activity Implemented (Yes/No)	Results, Impact & Data Sources
Access to Care (continued)	Provide health screenings in low income, African American and Hispanic communities and follow-up on abnormal results with action items including connection to a medical home.	In Process	Collaborated with Nassau County Interfaith Health Ministry and the Florida Department of Health to provide health education and screenings in low income, African American neighborhoods. The screening event was scheduled for February 2018, but was cancelled because of the lack of participation by local faith organizations.

Significant Health Need Identified in Preceding CHNA	Planned Activities to Address Health Needs Identified in Preceding Implementation Strategy	Was Activity Implemented (Yes/No)	Results, Impact & Data Sources
Cancer	Provide education and screenings in low income, African American and Hispanic communities and follow-up on abnormal results with action items including connection to a medical home.	In Process	Collaborated with Nassau County Interfaith Health Ministry and the Florida Department of Health to provide health education and screenings in low income, African American neighborhoods. The screening event was scheduled for February 2018, but was cancelled because of the lack of participation by local faith organizations.
	Offer prostate specific antigen (PSA) screenings at community events. Follow up phone calls will be made to patients with abnormal results to encourage patients to visit their primary care physician or connect them to a free or low-cost clinic.	Yes	In August 2017, During the Senior Expo in Nassau County, 21 men were screened for prostate specific antigen (PSA). Participants found to have abnormal results were referred to their primary care physician for follow up care.

| | Increase the amount of inpatient and outpatient referrals to Northeast Florida AHEC for smoking cessation by educating Baptist Primary Care physicians about the referral process. Train Baptist Health Social Responsibility PRN registered nurses in motivational interviewing to identify and refer people who are interested in quitting smoking to AHEC for classes. | Yes | Four Baptist Health Social Responsibility nurses were trained in motivational interviewing. |

Significant Health Need Identified in Preceding CHNA	Planned Activities to Address Health Needs Identified in Preceding Implementation Strategy	Was Activity Implemented (Yes/No)	Results, Impact & Data Sources
Cancer (continued)	Work with NACDAC to educate teens on the importance of HPV vaccine in preventing cervical cancer.	Alternate Strategy	Florida Department of Health Nassau provides educational brochures on HPV during community events.
	Facilitate classes on the dangers of tobacco products and smoking cessation resources in middle and high schools.	Yes	Middle and high school students were educated on the dangers of tobacco products, modes of delivery and cessation by Nassau Alcohol Drug Abatement Coalition (NACDAC). • FY 2017: 513 • YTD FY 2018: 686

	Provide information at health fairs and other community events about the health risks associated with smoking and resources for smoking cessation.	Yes	Tobacco use and Smoking Cessation resource information provided during Nassau Council on Aging Senior Expo. 564 screened for tobacco use and 95 were treated. The health effect of tobacco use and resources were provided for all participants of the Council on Aging Senior Expo. Participants that use tobacco spoke with a nurse counselor who provided smoking cessation resources, handouts and brochures.
	Register eligible women at community events for mammograms from the Florida Breast and Cervical Cancer Early Detection Program offered through the Florida Department of Health.	Yes	Through the Florida Breast and Cervical Cancer Early Detection Program (FBCCEDP), Florida Department of Health referred 115 people for mammogram. 91 of those referred were screened at Baptist Nassau. Funding was provided to Barnabas Center to provide primary and specialty care services for Nassau residents who are un- or under-insured. 672 women were provided a well-woman exam and/or free screening mammograms and 122 were provided free diagnostic mammograms. 24 patients were screened and treated for other cancers.

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Significant Health Need Identified in Preceding CHNA	Planned Activities to Address Health Needs Identified in Preceding Implementation Strategy	Was Activity Implemented (Yes/No)	Results, Impact & Data Sources
Cancer (continued)	Offer community education sessions on various forms of cancer.	Yes	Breast cancer education session provided by Dr. Patel. 22 participants present.

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Significant Health Need Identified in Preceding CHNA	Planned Activities to Address Health Needs Identified in Preceding Implementation Strategy	Was Activity Implemented (Yes/No)	Results, Impact & Data Sources
Health Disparities	Provide education and screenings in low income, African American and Hispanic communities and follow-up on abnormal results with action items including connection to a medical home.	In process	Collaborated with Nassau County Interfaith Health Ministry and the Florida Department of Health to provide health education and screenings in low income, African American neighborhoods. The screening event was scheduled for February 2018, but was cancelled because of the lack of participation by local faith organizations.
	Partner with Barnabas to provide access to care for diabetes and mental illness for people with low incomes.	Yes	BMCN and Barnabas Center established and implemented procedures to refer uninsured patients who need primary care services. Provided funding to Barnabas Center to provide primary and specialty care services for Nassau residents who are un- or under-insured. 557 patients received primary care for a total of 1,792 visits. 64% of adults with diabetes improved and stabilized their HgA1c levels; 98% of adults with hypertension improved and stabilized their blood pressure levels; 64% of Dyslipidemia patients reached their goal LDL. 14 diabetic patents completed a 6-week nutrition education class to help them learn how to cook healthy meals on a budget. Barnabas medical providers write prescriptions for healthy foods that are filled at Barnabas' on-site pantry which increased its availability of healthy fresh and frozen offerings. Eight households participated in a community garden initiative during which they learned how to grow and harvest their own vegetables.

BAPTIST HEALTH

Significant Health Need Identified in Preceding CHNA	Planned Activities to Address Health Needs Identified in Preceding Implementation Strategy	Was Activity Implemented (Yes/No)	Results, Impact & Data Sources
Health Disparities (continued)			In 2017, Barnabas provided mental health and/or substance abuse counseling services to 53 adults through 228 visits; 48% of adults with diabetes improved and stabilized their HgA1c levels over the year; 60% of adults with hypertension improved and stabilized their blood pressure levels over the year; 19% of patients who smoked tobacco stopped smoking; 768 unduplicated adults received dental care through 2,484 visits and of those, 78% received dental hygiene; 279 patients were provided specialty care at no cost to them by volunteer practitioners (this included 14 patients who were diagnosed with cancer and were treated); 122 adults were provided free eye screenings and were referred for eye exams; 367 female patients were provided a well-woman exam and/or free screening mammograms.
	Offer 8 Weeks to Healthy Living program through faith-based and community organizations.	In Process	BMCN staff participates in NCHIC and Inter-Faith Health meetings.

Provided funding to Boys and Girls Club of Nassau to implement Tipping the Scale youth mentoring and development program. Youth were educated in health prevention. |
| | Train Baptist Health Social Responsibility PRN team members in motivational interviewing to identify and refer people who are interested in quitting smoking to AHEC for classes and support. | Yes | Social Responsibility PRN team members completed the on-line motivational interviewing training offered by the CDC. |

Significant Health Need Identified in Preceding CHNA	Planned Activities to Address Health Needs Identified in Preceding Implementation Strategy	Was Activity Implemented (Yes/No)	Results, Impact & Data Sources
Health Disparities (continued)	Partner with Northeast Florida AHEC to provide smoking cessation classes in the community in low-income neighborhoods.	Yes	Smoking Cessation classes provided by American Health Education Centers (AHEC) in partnership with Baptist Nassau. 6 smoking cessation classes held with 37 total participants.
	Facilitate classes on the dangers of tobacco products and smoking cessation resources in middle and high schools	Yes	Middle and high school students were educated on the dangers of tobacco products, modes of delivery and cessation by Nassau Alcohol Drug Abatement Coalition (NACDAC). • FY 2017: 513 • YTD FY 2018: 686
	Partner with Barnabas to provide mammograms for women without insurance.	Yes	Funding was provided to Barnabas Center to provide primary and specialty care services for Nassau residents who are un- or under-insured. 672 women were provided a well-woman exam and/or free screening mammograms and 122 were provided free diagnostic mammograms. 24 patients were screened and treated for other cancers.
	Register eligible women at community events for mammograms from the Florida Breast and Cervical Cancer Early Detection Program offered through the Florida Department of Health.	Yes	Through the Florida Breast and Cervical Cancer Early Detection Program (FBCCEDP), Florida Department of Health referred 115 people for mammogram. 91 of those referred were screened at Baptist Nassau.

Significant Health Need Identified in Preceding CHNA	Planned Activities to Address Health Needs Identified in Preceding Implementation Strategy	Was Activity Implemented (Yes/No)	Results, Impact & Data Sources
Health Disparities (continued)	Implement training for community members in low-income areas on the warning signs of mental illness in adults and children and how to intervene when necessary.	Yes	Provided funding to Starting Point Behavioral Health to train residents in Nassau and Duval County in Mental Health First Aid. 1,240 people received training and were certified as Mental Health First Aiders.

Significant Health Need Identified in Preceding CHNA	Planned Activities to Address Health Needs Identified in Preceding Implementation Strategy	Was Activity Implemented (Yes/No)	Results, Impact & Data Sources
Mental Health	Partner with United Way of Northeast Florida to develop and implement a community-wide effort to reduce stigma associated with mental illness and increase access to care.	In Process	Baptist Health provided funding to the United Way for a stigma reduction campaign. Research was conducted on effective campaigns. Baptist staff participated in stigma reduction committee meetings in FY16 and FY 17, and a plan is being developed. Baptist Medical Center Nassau hosted the Inside Out art exhibit to decrease stigma related to mental illness. The goal of the exhibit is to bring awareness to mental health issues and that it is okay to "come out" about mental illness. Artist names and quotes are proudly displayed next to their artwork. The exhibit was on display during July and August 2016.
	Baptist Health has trained facilitators who will implement training for community members on the warning signs of mental illness and what to do to help young people, including the Youth Mental Health First Aid training.	Yes	Provided funding to Starting Point Behavioral Health to train residents in Nassau and Duval County in Mental Health First Aid. 1,240 people received training and were certified as Mental Health First Aiders.

	Baptist Health trained facilitators will implement training for community members on the warning signs or mental illness and what to do to help adults, including the Adult Mental Health First Aid training.	Yes	Provided funding to Starting Point Behavioral Health to train residents in Nassau and Duval County in Mental Health First Aid. 1,240 people received training and were certified as Mental Health First Aiders. Provided funding to the National Council on Behavioral Health to train 26 people as instructors in Adult Mental Health First Aid.

Significant Health Need Identified in Preceding CHNA	Planned Activities to Address Health Needs Identified in Preceding Implementation Strategy	Was Activity Implemented (Yes/No)	Results, Impact & Data Sources
Mental Health (continued)	Partner with faith-based organizations to offer Faith and Mental Health education.	Yes	On November 4, 2016, Baptist Health held our annual Faith and Mental Health Conference. 129 clergy, community members and mental health professionals attended. 150 clergy, lay people, mental health professionals and community members attended the Faith and Mental Health conference held in April 2018.
	Train adults in the community on recognizing the warning signs of mental illness and suicide among youth.	Yes	Provided funding to Starting Point Behavioral Health to train residents in Nassau and Duval County in Mental Health First Aid. 1,240 people received training and were certified as Mental Health First Aiders.

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	Collaborate with other community providers to develop integrated pediatric care clinic that will provide additional mental health resources in the community.	Yes	Provided staff support and funding to develop and implement Starting Point's Care Coordinator program in Baptist Medical Center Nassau's Emergency Room. Funding was provided to Barnabas Center to provide primary and specialty care services for Nassau residents who are un- or under-insured. 77 adults accessed mental health and/or substance abuse counseling services through 199 visits. Provided funding to Barnabas Center for medical services to un- and under-insured residents of Nassau County. 564 adults accessed mental health and/or substance abuse counseling services through 316 treated.

Appendix B. Primary Data

1. Key Informant Interview Questions

1. Could you tell me a little about yourself, your background, and your organization?

2. What are the major health needs/issues you see in the community?

3. Who in your community appears to struggle the most with these issues you've identified and how does it impact their lives?

4. What are the barriers to receiving care and for building a healthy community?

5. Could you tell me about some of the strengths and resources in your community that address these issues, such as groups, initiatives, services, or programs? Please name them.

6. As a part of the Community Health Needs Assessment process, we are analyzing quantitative data for the region. We have found that there is limited publicly available data around some health topics, which may make it difficult to assess the extent of the community need. Could you please help us fill this information in by telling us about any observations, anecdotes, or knowledge you have around these topic areas?
   - Diabetes
   - Disabilities
   - Environmental & Occupational Health
   - Family Planning
   - Food Safety
   - Mental Health & Mental Disorders
   - Men's Health
   - Oral Health
   - Other Chronic Diseases
   - Vision

7. What advice do you have for a group developing a plan to address the needs you've mentioned today?

8. Given all that we have discussed so far, what are the top 3 health needs that should be addressed in your community? Please list them in order of $1^{st} – 2^{nd} – 3^{rd}$.

9. Lastly, what is your vision for a healthy community?

10. Is there anything additional that should be considered for this Community Health Needs Assessment?

2. Organizations Participating in Key Informant Interviews

AETNA	Barnabas Center	Children's Home Society	Clinton Health Matters Initiative
Department of Children and Families	Florida Department of Health, Nassau	Feeding Northeast Florida	Health Planning Council of Northeast Florida
Lutheran Services Florida	Nassau County Crime and Drug Abatement Coalition	Starting Point	Vision Is Priceless

3. Focus Group Discussion Questions

1. What is your vision for a healthy community?

2. Is there something missing in your neighborhood or community that could help make your community healthier? Fill in this sentence: My community could be healthier if…

3. How would you rate the health status of the community: Excellent, Very Good, Good, Fair, Poor, or Don't Know/Not Sure? Why did you give it this rating?

4. *Sticky Note Question*: Now we'd like to discuss health concerns more specifically in the community. What are the community's most critical health needs/issues?

5. How do these issues impact different types of people/populations?

6. What are the barriers to receiving services in the community?

7. What do you see as the community's best resources?

8. [select either A or B]
   A. What are the top 3 priorities for this community in terms of health needs and why?
   B. [Activity] Each person has received $1000. Each person should distribute their money to the issues they think are the most important for improving the health of the community.

4. Completed Focus Groups

HCI Conducted Interviews

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Date Conducted	Focus Group Title/Location	Number of Focus Group Participants
4/4/18	Mission House	11
4/4/18	Sulzbacher/BEAM	11
4/5/18	City Rescue/Sulzbacher/Clara White	11
4/9/18	People with Differing Abilities at Brooks	7
4/11/18	Barnabas	13
4/11/18	Tipping the Scale at BMC Nassau	14
4/11/18	Nassau County Council of Aging	9
4/13/18	NE FL Women Veterans	10
Partnership Conducted Interviews		
4/4/18	Brooks Rehab	9
4/23/18	JASMYN	12
4/19/18	Baptist Nassau	10

5. Community Survey Questionnaire

Welcome to the Jacksonville Regional Community Survey

The Jacksonville Nonprofit Hospital Partnership wants to understand the health needs of the Jacksonville region. This region covers Baker, Clay, Duval, Nassau, and St. Johns County.

In this survey, you can tell us what issues are important. Your thoughts will help to tell The Partnership how it should help the community.

This survey will take about 15 minutes to complete.

Thank you for your thoughts and your time! If you have questions about this survey, please contact us at [email].

I. First, tell us a little bit about yourself...

1. What county do you reside in?

☐ Baker County

☐ Clay County

☐ Duval County

☐ Nassau County

☐ St. Johns County

2. What is your zip code?

ZIP/Postal Code

3. What is your profession?

☐ Current U.S. service member

☐ Currently unemployed

☐ Currently retired

☐ Agriculture, forestry, fishing & hunting, and mining

☐ Arts, entertainment, & recreation, and accommodation & food services

☐ Construction

☐ Educational services, and social assistance

☐ Finance & insurance, and real estate, rental & leasing

☐ Healthcare

☐ Homemaker

☐ Information

☐ Manufacturing

☐ Professional, scientific & management, and administrative & waste management services

☐ Public administration

☐ Other services, except public administration

☐ Retail trade

☐ Transportation & warehousing, and utilities

☐ Wholesale trade

☐ Other *(please specify):*

_____

4. What is your age?

☐ 17 or younger   ☐ 45-54

☐ 18-24   ☐ 55-64

☐ 25-34   ☐ 65-74

☐ 35-44   ☐ 75+

5. What is your gender identity?

☐ Female

☐ Male

☐ Other *(please specify):*

_____

6. What is your ethnicity? *(Select one)*

☐ Hispanic/Latino(a)

☐ Non-Hispanic/Latino(a)

☐ Other *(please specify):*

_____

7. What is your race? *(Select all that apply)*

☐ American Indian or Alaska Native   ☐ White

☐ Asian   ☐ Other *(please specify):*

☐ Black or African American

☐ Native Hawaiian or Other Pacific Islander   _____

8. Select the highest level of education you have achieved.

☐ Less than High School   ☐ Technical Certificate

☐ High School Diploma or GED   ☐ Associate's Degree

☐ Some College   ☐ Bachelor's Degree

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☐ Professional or Advanced Degree

9. **Write the number of individuals in your household (including yourself).**

<div style="border:1px solid black; width:120px; height:100px;"></div>

10. **Are there any children (persons younger than age 18) in your household?**

☐ No

☐ Yes *(if yes, please specify the number of children in your household):*

_____

11. **Select your total household income level.**

☐ Less than $25,000

☐ $25,000-$49,999

☐ $50,000-$74,999

☐ $75,000 or more

12. **Is English the primary language spoken in your home?**

☐ Yes

☐ No *(please specify the primary language spoken in your home.):*

_____

II. Next, we'd like to hear your thoughts and opinions about the community's health. Please answer the next questions with your county of residence in mind.

13. How would you rate the health of you community? *(Select one)*

☐ Very good

☐ Good

☐ OK

☐ Poor

☐ Very poor

☐ Don't know/not sure

Please Continue to Next Page

14. What are the most important health issues in your community? (Select up to 5)

Select Five [x]	Health Issue	Rank the selected five *(1 being the most important)*
	Cancer	
	Diabetes	
	Eye Health (vision)	
	Heart Disease, Stroke, High Blood Pressure, and Heart Failure	
	Infectious Diseases (tuberculosis, measles, mumps, rubella, flu, pneumonia, Lyme disease, etc.)	
	Injuries and Safety (falls, motor vehicle safety, pedestrian safety,	

	domestic violence, assault, etc.)	
	Mental Health and Mental Disorders (depression, anxiety, trauma, crisis, etc.)	
	Obesity/Overweight	
	Oral, Dental, or Mouth Health (tooth decay, gum disease, etc.)	
	Preventive Care (wellness visits, mammograms, Pap smears, flu shots, colonoscopy, etc.)	
	Reproductive Health (contraceptives, planned or unintended pregnancy, family planning/counseling, prenatal care, etc.)	
	Respiratory/Lung Diseases (asthma, COPD, etc.)	
	Sexual Health (sexual health education, safe sexual experiences, HIV, gonorrhea, syphilis, chlamydia, HPV, etc.)	
	Substance Abuse (alcohol, tobacco, e-cigarettes, drugs, opioids, prescription drugs, etc.)	
	Other *(please specify):* _____	

15. What conditions of daily life have the most impact on your community? (Select up to 5)

Select Five [x]	Conditions of Daily Life	Rank those Five *(1 having greatest impact on the community)*
	Access to Health Services (getting health insurance, paying for healthcare, etc.)	
	Diet, Food, and Nutrition (lack of affordable healthy foods, fast food, knowledge of healthy diet, etc.)	
	Discrimination (by gender, race, age, etc.)	
	Education	
	Employment (jobs, etc.)	
	Environmental Quality (poor air quality, lead exposure, exposure to secondhand smoke, etc.)	
	Healthcare Navigation (understanding health issues or health insurance, finding doctors, etc.)	
	Housing	
	Language Barriers or Cultural Diversity	
	Physical Activity and Exercise (time to exercise, safe parks and spaces to exercise, etc.)	
	Poverty	
	Public Safety or Community Violence (crime, public violence, etc.)	
	Transportation (public buses, access to car,	

	ability to move freely in your community)	
	Social Environment (social ties, community resources, family relations, faith community, etc.)	
	Other *(please specify):* _____	

16. Who in your community is most affected by poor health outcomes (Select up to 5)

Select Five [x]	Population	Rank those Five *(1 is most negatively affected)*
	Children	
	Teen and Adolescents	
	Older Adults	
	Mothers with infants	
	Men	
	Women	
	Low Income	
	Lesbian, Gay, Bisexual, Transgender, and Queer	
	Military and Veterans	
	Persons with Disabilities	
	Racial or Ethnic Populations	
	Refugees	
	Other *(please specify):* _____	

17. Which racial or ethnic group is most affected by poor health outcomes in your community?
   (Select one)

☐ White

☐ Black or African American

☐ American Indian or Alaska Native

☐ Asian

☐ Native Hawaiian and Other Pacific Islander

☐ Hispanic or Latino

☐ Multi-racial

☐ Other *(please specify):*

_____

18. Please tell us whether you: "Strongly Agree", "Agree", "Feel Neutral", "Disagree", or "Strongly Disagree" with the following statements about your community.

Statement	Strongly Agree	Agree	Feel Neutral	Disagree	Strongly Disagree
Public transportation and other transit opportunities make accessing health services manageable.					
I, or someone I know, have delayed seeking health care due to cost in the last 12 months.					
My community is knowledgeable of the health resources available to them.					
I, or someone I know, have delayed seeking health care due to wait times or limited appointment opportunity.					
My community supports a healthy lifestyle.					
I, or someone I know, have had difficulty understanding a health professional because of a language barrier in the last 12 months.					
There is a lack of resources related to health improvement in this community.					
I and members of my community feel we have a voice in our community					
I consider my community to be safe.					

19. What does your community need more information on? (*Select all that apply*)

☐ **Alcohol and substance abuse** (alcohol, tobacco, e-cigarettes, drugs, opioids, prescription drugs, etc.)

☐ **Alternative medicine** (acupuncture, cupping, etc.)

☐ **Chronic disease management** (diabetes, high blood pressure management, etc.)

☐ **Emotional wellness**

☐ **Family planning**

☐ **Fitness and physical activity**

☐ **Mental health** (depression, anxiety, trauma, crisis, etc.)

☐ **Nutrition and healthy diet**

☐ **Pain management**

☐ **Pregnancy and new baby**

☐ **Preventive care** (wellness visits, mammograms, Pap smears, flu shots, colonoscopy, etc.)

☐ **Quitting smoking**

☐ **Senior health**

☐ **Stress reduction**

☐ **Transportation**

☐ Other *(please specify):*

_____

20. Where do you get most of your health related resource information? *(Select all that apply)*

☐ 211 lines

☐ Books/Magazines

☐ Doctor

☐ Faith/Community

☐ Friends and Family

☐ Grocery Stores

☐ Health and Fitness Facilities

☐ Health Department

☐ Hospital

☐ Internet

☐ Pharmacist

☐ School

☐ Social Media (Facebook, Twitter, etc.)

☐ Television

☐ Other *(please specify):*

_____

21. Is it hard for you to obtain good information about your health?

☐ No

☐ Yes

22. Is there something in your neighborhood/community that makes you healthier?

23. (Optional) Is there anything else you would like us to know about your community? Please feel free to tell us below.

Thank you for your participation!

Appendix C. Secondary Data

1. Secondary Data Sources

The data sources used in the secondary data analysis, including secondary data scoring and index of disparity, for the service area of Baptist Medical Center Nassau are listed as follows:

1. US Census Bureau: American Community Survey (ACS). Retrieved from https://www.census.gov/programs-surveys/acs/

2. American Lung Association.® Retrieved from http://www.lung.org/

3. Centers for Medicare & Medicaid Services. Retrieved from https://www.cms.gov/Medicare/Medicare.html

4. County Health Rankings. Retrieved from http://www.countyhealthrankings.org/

5. Fatality Analysis Reporting System (FARS). Retrieved from https://www.nhtsa.gov/research-data/fatality-analysis-reporting-system-fars

6. Feeding America. (Retrieved from http://www.feedingamerica.org/

7. Florida Agency for Health Care Administration. Retrieved from http://www.fdhc.state.fl.us/

8. Florida Behavioral Risk Factor Surveillance System. Retrieved from http://www.floridahealth.gov/statistics-and-data/survey-data/behavioral-risk-factor-surveillance-system/index.html

9. Florida Department of Children and Families. Retrieved from http://www.myflorida.com/accessflorida/

10. Florida Department of Education. Retrieved October 16, 2015, from http://www.fldoe.org/

11. Florida Department of Education, Office of Early Learning. Retrieved from http://www.floridaearlylearning.com/

12. Florida Department of Health, Bureau of Epidemiology. Retrieved from http://www.floridahealth.gov/diseases-and-conditions/aids/surveillance/epi-profiles/index.html

13. Florida Department of Health, Bureau of HIV/AIDS. Retrieved from http://www.floridahealth.gov/diseases-and-conditions/aids/index.html

14. Florida Department of Health, Bureau of Immunization. Retrieved from http://www.floridahealth.gov/programs-and-services/immunization/

15. Florida Department of Health, Bureau of STD Prevention & Control. Retrieved from http://www.floridahealth.gov/diseases-and-conditions/sexually-transmitted-diseases/index.html

16. Florida Department of Health, Bureau of TB & Refugee Health. Retrieved from http://www.floridahealth.gov/programs-and-services/community-health/refugee-health/index.html

17. Florida Department of Health, Bureau of Vital Statistics. Retrieved from http://www.floridahealth.gov/certificates/certificates/index.html

18. Florida Department of Juvenile Justice. Retrieved from http://www.djj.state.fl.us/
19. Florida Department of Law Enforcement. Retrieved from http://www.fdle.state.fl.us/
20. Florida Department of State. Retrieved from http://dos.myflorida.com/
21. Florida Youth Substance Abuse Survey (FYSAS). Retrieved from http://myflfamilies.com/service-programs/substance-abuse/fysas
22. Florida Youth Tobacco Survey. Retrieved from http://www.floridahealth.gov/statistics-and-data/survey-data/florida-youth-survey/florida-youth-tobacco-survey/index.html
23. Institute for Health Metrics and Evaluation. Retrieved from http://www.healthdata.org/
24. National Center for Education Statistics (NCES), part of the U.S. Department of Education. Retrieved from http://nces.ed.gov/
25. Small Area Health Insurance Estimates (SAHIE) Program. Retrieved from https://www.census.gov/programs-surveys/sahie.html
26. U.S. Bureau of Labor Statistics. Retrieved from https://www.bls.gov/
27. US Census Bureau, County Business Patterns (CBP). Retrieved from https://www.census.gov/programs-surveys/cbp.html
28. U.S. Department of Agriculture - Food Environment Atlas. Retrieved from https://www.ers.usda.gov/data-products/food-environment-atlas.aspx
29. The Florida Cancer Data System Home Page. Retrieved from https://fcds.med.miami.edu/inc/welcome.shtml

In order to enrich the report, several health topic areas were supplemented with data collected from previously published reports. This additional content was not incorporated in secondary data scoring due to the limited number of comparisons possible, but is included in the narrative of this report for context. These supplemental reports cover:

1. United Way ALICE Report: Florida. (February 2, 2017). Retrieved July 2, 2018, from http://www.uwof.org/sites/uwof.org/files/17UW%20ALICE%20Report_FL%20Update_2.14.17_Lowres_0.pdf
2. The Williams Institute, UCLA School of Law. Community Assessment of LGBTI Adults in Northeast Florida. (June 26, 2018). Retrieved June 26, 2018, from https://williamsinstitute.law.ucla.edu/research/community-assessment-of-lgbti-adults-in-jacksonville-florida/
3. Centers for Disease Control and Prevention. 500 Cities Project. (n.d.) Retrieved May 22, 2018, from https://www.cdc.gov/500cities/

2. Secondary Data Scoring Detailed Methodology
Data scoring is done in three stages:

Comparisons
- Quantitatively score all possible comparisons

Indicators
- Summarize comparison scores for each indicator

Topics
- Summarize indicator scores by topic area

Figure 8. Indicator Score Range

Best Outcome ⟶ Worst Outcome

| 0 | 1 | 2 | 3 |
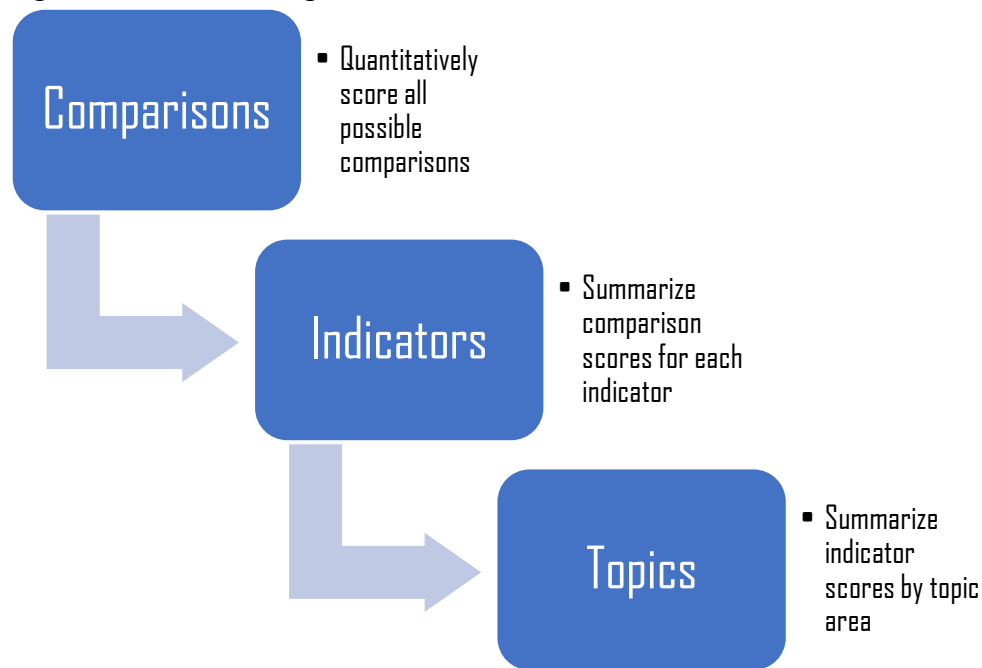
For each indicator, Nassau County is assigned a score based on its comparison to other communities, whether health targets have been met, and the trend of the indicator value over time. These comparison scores range from 0-3, where 0 indicates the best outcome and 3 the worst. Availability of each type of comparison varies by indicator and is dependent upon the data source, comparability with data collected for other communities, and changes in methodology over time.

Indicators are categorized into topic areas and each topic area receives a score. Indicators may be categorized in more than one topic area. Topic scores are determined by the comparisons of all indicators within the topic.

Comparison to a Distribution of County Values: Within State and Nation
For ease of interpretation and analysis, indicator data on the Community Dashboard are visually represented as a green-yellow-red gauge showing how the community is faring against a distribution of counties in the state or the United States. A distribution is created by taking all county values within the state or nation, ordering them from low to high, and dividing them into three groups (green, yellow, red) based on their order. Indicators with the poorest comparisons ("in the red") scored high, whereas indicators with good comparisons ("in the

green") scored low.

Comparison to Values: State, National, and Targets
Each county is compared to the state value, the national value, and target values. Target values include the nation-wide Healthy People 2020 (HP2020) goals. Healthy People 2020 goals are national objectives for improving the health of the nation set by the Department of Health and Human Services' (DHHS) Healthy People Initiative. For all value comparisons, the scoring depends on whether the county value is better or worse than the comparison value, as well as how close the county value is to the target value.

Trend Over Time
The Mann-Kendall statistical test for trend was used to assess whether the county value is increasing over time or decreasing over time, and whether the trend is statistically significant. The trend comparison uses the four most recent comparable values for the county, and statistical significance is determined at the 90% confidence level. For each indicator with values available for four time periods, scoring was determined by direction of the trend and statistical significance.

Missing Values
Indicator scores are calculated using the comparison scores, availability of which depends on the data source. If the comparison type is possible for an adequate proportion of indicators on the community dashboard, it will be included in the indicator score. After exclusion of comparison types with inadequate availability, all missing comparisons are substituted with a neutral score for the purposes of calculating the indicator's weighted average. When information is unknown due to lack of comparable data, the neutral value assumes that the missing comparison score is neither good nor bad.

Indicator Scoring
Indicator scores are calculated as a weighted average of all included comparison scores. If none of the included comparison types are possible for an indicator, no score is calculated and the indicator is excluded from the data scoring results.

Topic Scoring
Indicator scores are averaged by topic area to calculate topic scores. Each indicator may be included in up to three topic areas if appropriate. Resulting scores range from 0-3, where a higher score indicates a greater level of need as evidenced by the data. A topic score is only calculated if it includes at least three indicators.

3. Secondary Data Scores

Source numbers correspond to the list of secondary data sources in Appendix C1.

Nassau County

SCORE	ACCESS TO HEALTH SERVICES	UNITS	NASSAU COUNTY	HP2020	FLORIDA	U.S.	MEASUREMENT PERIOD	SOURCE
2.17	Dentist Rate	*dentists/ 100,000 population*	30		58	67	*2016*	4
2.06	Primary Care Provider Rate	*providers/ 100,000 population*	46		73	76	*2015*	4
1.83	Non-Physician Primary Care Provider Rate	*providers/ 100,000 population*	57		88	81	*2017*	4
1.67	Children with Health Insurance	*percent*	94.9	100	93.8	95.5	*2016*	1
1.33	Adults with Health Insurance	*percent*	84.6	100	81.6	88	*2016*	1
1.25	Adults who did not Visit a Dentist due to Cost	*percent*	16.3				*2007*	8
1.25	Clinical Care Ranking* *County Health Ranking: the ranking is based on a summary composite score calculated from the following measures: uninsured, primary care physicians, mental health providers, dentists, preventable hospital stays, diabetic monitoring, and mammography screening.*		17				*2018*	4
1.11	Median Monthly Medicaid Enrollment	*enrollments/ 100,000 population*	14541.7		19607.4		*2017*	7
1.08	Persons with Health Insurance	*percent*	88.2	100	84.6		*2016*	25
0.97	Adults with a Usual Source of Health Care	*percent*	81.1	89.4	72	77.1	*2016*	8

SCORE	CANCER	UNITS	NASSAU COUNTY	HP2020	FLORIDA	U.S.	MEASUREMENT PERIOD	SOURCE

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Score	Indicator	Units					Period	Count
2.67	Cancer: Medicare Population	*percent*	10		9.6	7.8	*2015*	3
2.11	Oral Cavity and Pharynx Cancer Incidence Rate	*cases/ 100,000 population*	17.8		13.4		*2012-2014*	29
2.06	Age-Adjusted Death Rate due to Breast Cancer	*deaths/ 100,000 females*	24	20.7	19.8		*2014-2016*	17
2.00	All Cancer Incidence Rate	*cases/ 100,000 population*	481		426.8		*2012-2014*	29
2.00	Colon Cancer Screening: Blood Stool Test Past Year	*percent*	9.3		16		*2016*	8
2.00	Lung and Bronchus Cancer Incidence Rate	*cases/ 100,000 population*	81.2		61		*2012-2014*	29
2.00	Pap Test in Past Year	*percent*	39.2		48.4		*2016*	8
2.00	Prostate Cancer Incidence Rate	*cases/ 100,000 males*	103.8		90.5		*2012-2014*	29
1.94	Mammogram: 40+ Past Year	*percent*	54.4		60.8		*2016*	8
1.89	Age-Adjusted Death Rate due to Cancer	*deaths/ 100,000 population*	181	161.4	155.1		*2014-2016*	17
1.89	Age-Adjusted Death Rate due to Lung Cancer	*deaths/ 100,000 population*	52.7	45.5	40.4		*2014-2016*	17
1.89	Melanoma Incidence Rate	*cases/ 100,000 population*	31		22.8		*2012-2014*	29
1.72	Breast Cancer Incidence Rate	*cases/ 100,000 females*	126.1		117.8		*2012-2014*	29
1.61	Colorectal Cancer Incidence Rate	*cases/ 100,000 population*	37.8	39.9	36.9		*2012-2014*	29
1.56	Age-Adjusted Death Rate due to Colorectal Cancer	*deaths/ 100,000 population*	14	14.5	13.7		*2014-2016*	17
1.17	Prostate-Specific Antigen Test History	*percent*	58.8		54.9		*2016*	8

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SCORE		UNITS						
1.06	Age-Adjusted Death Rate due to Prostate Cancer	deaths/ 100,000 males	16	21.8	17.1		2014-2016	17
0.50	Cervical Cancer Incidence Rate	cases/ 100,000 females	6.1	7.3	8.5		2012-2014	29

SCORE	CHILDREN'S HEALTH	UNITS	NASSAU COUNTY	HP2020	FLORIDA	U.S.	MEASUREMENT PERIOD	SOURCE
2.44	Food Insecure Children Likely Ineligible for Assistance	percent	36		29	34.1	2015	6
1.94	Child Abuse Rate	cases/ 1,000 children aged 5-11	1154.8		901.3		2016	9
1.94	Child Food Insecurity Rate	percent	22.9		22.7	19.3	2015	6
1.67	Children with Health Insurance	percent	94.9	100	93.8	95.5	2016	1
1.61	Kindergartners with Required Immunizations	percent	94.4		94.1		2017	14
1.50	Children with Low Access to a Grocery Store	percent	4.7				2015	28

SCORE	COUNTY HEALTH RANKINGS	UNITS	NASSAU COUNTY	HP2020	FLORIDA	U.S.	MEASUREMENT PERIOD	SOURCE
1.75	Physical Environment Ranking* *County Health Ranking: the ranking is based on a summary composite score calculated from the following measures: daily fine particulate matter, drinking water violations, severe housing problems, driving alone to work, and long commute while driving alone.		57				2018	4
1.42	Morbidity Ranking* *County Health Ranking: the ranking is based on a summary composite score calculated from the following measures: poor or fair health, poor physical health days, poor mental health days, and low birth weight.		19				2018	4

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			NASSAU COUNTY	HP2020				
1.42	Mortality Ranking* *County Health Ranking: the ranking is based on a measure of premature death.*	24					2018	4
1.25	Clinical Care Ranking* *County Health Ranking: the ranking is based on a summary composite score calculated from the following measures: uninsured, primary care physicians, mental health providers, dentists, preventable hospital stays, diabetic monitoring, and mammography screening.*	17					2018	4
1.25	Health Behaviors Ranking* *County Health Ranking: the ranking is based on a summary composite score calculated from the following measures: adult smoking, adult obesity, physical inactivity, access to exercise opportunities, excessive drinking, alcohol-impaired driving deaths, sexually transmitted infections, teen births, and a food environment index.*	17					2018	4
1.25	Social and Economic Factors Ranking* *County Health Ranking: the ranking is based on a summary composite score calculated from the following measures: high school graduation, some college, unemployment, children in poverty, income inequality, children in single-parent households, social associations, violent crime rate, and injury death rate.*	5					2018	4

SCORE	DIABETES	UNITS	NASSAU COUNTY	HP2020	FLORIDA	U.S.	MEASUREMENT PERIOD	SOURCE
2.08	Adults with Diabetes	*percent*	15.1		11.8	10.5	2016	8
0.86	Age-Adjusted Death Rate due to Diabetes	*deaths/ 100,000 population*	14		20.6	21	2016	17
0.72	Diabetes: Medicare Population	*percent*	25		28	26.5	2015	3

SCORE	ECONOMY	UNITS	NASSAU COUNTY	HP2020	FLORIDA	U.S.	MEASUREMENT PERIOD	SOURCE
2.44	Food Insecure Children Likely Ineligible for Assistance	*percent*	36		29	34.1	2015	6
2.42	Median Household Gross Rent	*dollars*	1050		1032	949	2012-2016	1

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2.11	Households with Cash Public Assistance Income	*percent*	2.8	2.2	2.7	*2012-2016*	1
1.94	Child Food Insecurity Rate	*percent*	22.9	22.7	19.3	*2015*	6
1.94	Female Population 16+ in Civilian Labor Force	*percent*	49.8	54.3	58.3	*2012-2016*	1
1.94	Population 16+ in Civilian Labor Force	*percent*	56.4	58.5	63.1	*2012-2016*	1
1.67	Renters Spending 30% or More of Household Income on Rent	*percent*	49	57.4	47.3	*2012-2016*	1
1.61	Food Insecurity Rate	*percent*	14.8	15.1	13.7	*2015*	6
1.50	Low-Income and Low Access to a Grocery Store	*percent*	7.4			*2015*	28
1.50	Total Employment Change	*percent*	3.2	4.5	2.5	*2014-2015*	27
1.47	Mortgaged Owners Median Monthly Household Costs	*dollars*	1391	1422	1491	*2012-2016*	1
1.25	Social and Economic Factors Ranking* ** County Health Ranking: the ranking is based on a summary composite score calculated from the following measures: high school graduation, some college, unemployment, children in poverty, income inequality, children in single-parent households, social associations, violent crime rate, and injury death rate.*		5			*2018*	4
1.19	Median Monthly Owner Costs for Households without a Mortgage	*dollars*	412	466	462	*2012-2016*	1
0.83	Severe Housing Problems* ** Percentage of households with at least one of the following four housing problems: overcrowding, high housing costs, lack of kitchen, or lack of plumbing facilities*	*percent*	14.9	21.5	18.8	*2010-2014*	4
0.81	Median Housing Unit Value	*dollars*	192600	166800	184700	*2012-2016*	1

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SCORE		UNITS				MEASUREMENT PERIOD	SOURCE
0.78	Children Living Below Poverty Level	percent	18.9	23.3	21.2	2012-2016	1
0.78	Families Living Below Poverty Level	percent	9.3	11.7	11	2012-2016	1
0.78	Homeownership	percent	61.5	52.3	55.9	2012-2016	1
0.78	People Living Below Poverty Level	percent	12.7	16.1	15.1	2012-2016	1
0.67	Median Household Income	dollars	59196	48900	55322	2012-2016	1
0.61	Unemployed Workers in Civilian Labor Force	percent	3.4	3.8	4.4	February 2018	26
0.56	Per Capita Income	dollars	31141	27598	29829	2012-2016	1
0.39	People 65+ Living Below Poverty Level	percent	7.2	10.4	9.3	2012-2016	1
0.33	People Living 200% Above Poverty Level	percent	70.3	62.7	66.4	2012-2016	1

SCORE	EDUCATION	UNITS	NASSAU COUNTY	HP2020	FLORIDA	U.S.	MEASUREMENT PERIOD	SOURCE
2.08	Student-to-Teacher Ratio	students/ teacher	16.9		15.5		2012-2013	24
1.72	People 25+ with a Bachelor's Degree or Higher	percent	24.5		27.9	30.3	2012-2016	1
1.22	School Readiness at Kindergarten Entry	percent	95.3		93.7		2016	11
1.11	8th Grade Students Proficient in Math	percent	54		46		2017	10
1.08	High School Graduation	percent	90.9	87			2016-2017	10

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SCORE		UNITS	NASSAU COUNTY		FLORIDA	U.S.	MEASUREMENT PERIOD	SOURCE
1.06	Infants Born to Mothers >18 Years Old with <12 Years Education	percent	10.1		10.8		2016	17
0.89	4th Grade Students Proficient in Math	percent	78		64		2017	10
0.89	4th Grade Students Proficient in Reading	percent	68		56		2017	10
0.67	8th Grade Students Proficient in Reading	percent	67		55		2017	10
0.50	People 25+ with a High School Degree or Higher	percent	90.9		87.2	87	2012-2016	1

SCORE	ENVIRONMENT	UNITS	NASSAU COUNTY	HP2020	FLORIDA	U.S.	MEASUREMENT PERIOD	SOURCE
2.00	Access to Exercise Opportunities	percent	68.6		87.1	83.1	2018	4
1.83	People 65+ with Low Access to a Grocery Store	percent	4.4				2015	28
1.75	Physical Environment Ranking* *County Health Ranking: the ranking is based on a summary composite score calculated from the following measures: daily fine particulate matter, drinking water violations, severe housing problems, driving alone to work, and long commute while driving alone.		57				2018	4
1.50	Children with Low Access to a Grocery Store	percent	4.7				2015	28
1.50	Low-Income and Low Access to a Grocery Store	percent	7.4				2015	28
1.50	People with Low Access to a Grocery Store	percent	24.2				2015	28

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SCORE		UNITS	NASSAU COUNTY	HP2020	FLORIDA	U.S.	MEASUREMENT PERIOD	SOURCE
1.39	PBT Released* *Total net pounds of reported PBT (Persistent, Bioaccumulative, and Toxic Chemicals) released.	pounds	3346				2016	28
1.33	Households with No Car and Low Access to a Grocery Store	percent	2.4				2015	28
1.22	Food Environment Index		7.4		6.7	7.7	2018	4
1.17	Recognized Carcinogens Released into Air	pounds	103551				2016	28
1.08	Drinking Water Violations	percent	0.4		6.2		FY 2013-14	4
0.83	Severe Housing Problems* * Percentage of households with at least one of the following four housing problems: overcrowding, high housing costs, lack of kitchen, or lack of plumbing facilities	percent	14.9		21.5	18.8	2010-2014	4

SCORE	ENVIRONMENTAL & OCCUPATIONAL HEALTH	UNITS	NASSAU COUNTY	HP2020	FLORIDA	U.S.	MEASUREMENT PERIOD	SOURCE
2.25	Adults with Current Asthma	percent	12.6		6.7	9.3	2016	8
1.75	Physical Environment Ranking* *County Health Ranking: the ranking is based on a summary composite score calculated from the following measures: daily fine particulate matter, drinking water violations, severe housing problems, driving alone to work, and long commute while driving alone.		57				2018	4
1.33	Teens with Asthma	percent	20		20.8		2014	22
1.28	Asthma: Medicare Population	percent	8.2		9.1	8.2	2015	3

SCORE	EXERCISE, NUTRITION, & WEIGHT	UNITS	NASSAU COUNTY	HP2020	FLORIDA	U.S.	MEASUREMENT PERIOD	SOURCE

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2.44	Food Insecure Children Likely Ineligible for Assistance	*percent*	36		29	34.1	*2015*	6
2.11	Teens who are Obese: High School Students	*percent*	19.9		14.3		*2012*	12
2.00	Access to Exercise Opportunities	*percent*	68.6		87.1	83.1	*2018*	4
1.94	Child Food Insecurity Rate	*percent*	22.9		22.7	19.3	*2015*	6
1.86	Teens without Sufficient Physical Activity	*percent*	45.7				*2012*	12
1.83	People 65+ with Low Access to a Grocery Store	*percent*	4.4				*2015*	28
1.81	Adults who are Obese	*percent*	30.9	30.5	27.4	29.9	*2016*	8
1.67	Adult Fruit and Vegetable Consumption	*percent*	15.9		18.3		*2013*	8
1.61	Food Insecurity Rate	*percent*	14.8		15.1	13.7	*2015*	6
1.58	Adults who are Overweight or Obese	*percent*	66.1		63.2	65.2	*2016*	8
1.50	Children with Low Access to a Grocery Store	*percent*	4.7				*2015*	28
1.50	Low-Income and Low Access to a Grocery Store	*percent*	7.4				*2015*	28
1.50	People with Low Access to a Grocery Store	*percent*	24.2				*2015*	28
1.33	Households with No Car and Low Access to a Grocery Store	*percent*	2.4				*2015*	28
1.33	Workers who Walk to Work	*percent*	1.6	3.1	1.5	2.8	*2012-2016*	1

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| 1.25 | Health Behaviors Ranking*
*County Health Ranking: the ranking is based on a summary composite score calculated from the following measures: adult smoking, adult obesity, physical inactivity, access to exercise opportunities, excessive drinking, alcohol-impaired driving deaths, sexually transmitted infections, teen births, and a food environment index. | | 17 | | | | 2018 | 4 |
| 1.22 | Food Environment Index | | 7.4 | | 6.7 | 7.7 | 2018 | 4 |

SCORE	HEART DISEASE & STROKE	UNITS	NASSAU COUNTY	HP2020	FLORIDA	U.S.	MEASUREMENT PERIOD	SOURCE
2.33	Atrial Fibrillation: Medicare Population	percent	9.2		9.7	8.1	2015	3
2.28	Hypertension: Medicare Population	percent	60.7		60.5	55	2015	3
1.92	High Blood Pressure Prevalence	percent	36.3	26.9	34.6	31.4	2013	8
1.72	Age-Adjusted Death Rate due to Hypertensive Heart Disease	deaths/ 100,000 population	12.3		11		2016	17
1.72	Hyperlipidemia: Medicare Population	percent	50.7		55.6	44.6	2015	3
1.72	Stroke: Medicare Population	percent	4.4		4.8	4	2015	3
1.58	Age-Adjusted Death Rate due to Cerebrovascular Disease (Stroke)	deaths/ 100,000 population	38.1	34.8	39.7	37.3	2016	17
1.42	Age-Adjusted Death Rate due to Coronary Heart Disease	deaths/ 100,000 population	98.9	103.4	98.5	94.3	2016	17
1.39	Age-Adjusted Death Rate due to Major Cardiovascular Diseases	deaths/ 100,000 population	221.8		209.7		2016	17
1.25	High Cholesterol Prevalence	percent	31.6	13.5	33.4	38.4	2013	8
1.00	Cholesterol Test History	percent	80.7		73.2		2013	8

SCORE		UNITS	NASSAU COUNTY	HP2020	FLORIDA	U.S.	MEASUREMENT PERIOD	SOURCE
0.83	Ischemic Heart Disease: Medicare Population	*percent*	28		34	26.5	*2015*	3
0.39	Heart Failure: Medicare Population	*percent*	11.6		14.2	13.5	*2015*	3

SCORE	IMMUNIZATIONS & INFECTIOUS DISEASES	UNITS	NASSAU COUNTY	HP2020	FLORIDA	U.S.	MEASUREMENT PERIOD	SOURCE
2.14	Age-Adjusted Death Rate due to Influenza and Pneumonia	*deaths/ 100,000 population*	19.1		9.8	13.5	*2016*	17
2.06	Salmonella Infection Incidence Rate	*cases/ 100,000 population*	40.9	11.4	27.8		*2016*	12
1.61	Kindergartners with Required Immunizations	*percent*	94.4		94.1		*2017*	14
1.42	Adults 65+ with Pneumonia Vaccination	*percent*	71.2	90	65.6	73.4	*2016*	8
1.28	HIV Incidence Rate	*cases/ 100,000 population*	10.2		24.6		*2016*	13
1.25	Adults 65+ with Influenza Vaccination	*percent*	60		57.6	58.6	*2016*	8
1.25	Gonorrhea Incidence Rate	*cases/ 100,000 population*	66.5		139.2	145.8	*2016*	15
1.22	AIDS Diagnosis Rate	*cases/ 100,000 population*	7.7		10.5		*2016*	13
1.00	Chlamydia Incidence Rate: Females 15-19	*cases/ 100,000 females aged 15-19*	1993.7		3175.6		*2016*	15
1.00	Syphilis Incidence Rate	*cases/ 100,000 population*	0		11.9		*2016*	15
0.89	E. coli Infection Incidence Rate	*cases/ 100,000 population*	0		0.6		*2014*	12
0.86	Chlamydia Incidence Rate	*cases/ 100,000 population*	243		468.2	497.3	*2016*	15

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SCORE		UNITS						
0.67	Gonorrhea Incidence Rate: Females 15-19	*cases/ 100,000 females aged 15-19*	181.2		496.6		*2016*	15
0.58	Tuberculosis Incidence Rate	*cases/ 100,000 population*	0	1	3.2	2.9	*2016*	16

SCORE	MATERNAL, FETAL & INFANT HEALTH	UNITS	NASSAU COUNTY	HP2020	FLORIDA	U.S.	MEASUREMENT PERIOD	SOURCE
2.19	Preterm Births	*percent*	11	9.4	10.1	9.8	*2016*	17
2.19	Teen Birth Rate: 15-19	*live births/ 1,000 females aged 15-19*	28.1		19.5	20.3	*2016*	17
1.42	Babies with Low Birth Weight	*percent*	8	7.8	8.7	8.2	*2016*	17
1.14	Mothers who Received Early Prenatal Care	*percent*	84.4	77.9	78.4	77.1	*2016*	17
1.11	Infant Mortality Rate	*deaths/ 1,000 live births*	5.1	6	6.1		*2014-2016*	17
1.06	Infants Born to Mothers >18 Years Old with <12 Years Education	*percent*	10.1		10.8		*2016*	17

SCORE	MEN'S HEALTH	UNITS	NASSAU COUNTY	HP2020	FLORIDA	U.S.	MEASUREMENT PERIOD	SOURCE
2.00	Prostate Cancer Incidence Rate	*cases/ 100,000 males*	103.8		90.5		*2012-2014*	29
1.39	Life Expectancy for Males	*years*	75.8		76.9	76.7	*2014*	23
1.17	Prostate-Specific Antigen Test History	*percent*	58.8		54.9		*2016*	8

SCORE		UNITS	NASSAU COUNTY	HP2020	FLORIDA	U.S.	MEASUREMENT PERIOD	SOURCE
1.06	Age-Adjusted Death Rate due to Prostate Cancer	deaths/ 100,000 males	16	21.8	17.1		2014-2016	17

SCORE	MENTAL HEALTH & MENTAL DISORDERS	UNITS	NASSAU COUNTY	HP2020	FLORIDA	U.S.	MEASUREMENT PERIOD	SOURCE
2.42	Age-Adjusted Death Rate due to Suicide	deaths/ 100,000 population	30.7	10.2	14.2	13.5	2016	17
1.33	Depression: Medicare Population	percent	15.7		17.5	16.7	2015	3
1.33	Frequent Mental Distress	percent	12.9		11.9	15	2016	4
0.67	Alzheimer's Disease or Dementia: Medicare Population	percent	8.2		11.7	9.9	2015	3

SCORE	OLDER ADULTS & AGING	UNITS	NASSAU COUNTY	HP2020	FLORIDA	U.S.	MEASUREMENT PERIOD	SOURCE
2.67	Cancer: Medicare Population	percent	10		9.6	7.8	2015	3
2.61	Rheumatoid Arthritis or Osteoarthritis: Medicare Population	percent	38.2		34.6	30	2015	3
2.33	Atrial Fibrillation: Medicare Population	percent	9.2		9.7	8.1	2015	3
2.28	Hypertension: Medicare Population	percent	60.7		60.5	55	2015	3
2.03	Age-Adjusted Death Rate due to Falls	deaths/ 100,000 population	10.7	7.2	10.3	9.1	2016	17
1.83	People 65+ with Low Access to a Grocery Store	percent	4.4				2015	28
1.72	Hyperlipidemia: Medicare Population	percent	50.7		55.6	44.6	2015	3

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	Indicator	Units					Year	
1.72	Stroke: Medicare Population	*percent*	4.4		4.8	4	*2015*	3
1.42	Adults 65+ with Pneumonia Vaccination	*percent*	71.2	90	65.6	73.4	*2016*	8
1.33	Depression: Medicare Population	*percent*	15.7		17.5	16.7	*2015*	3
1.28	Asthma: Medicare Population	*percent*	8.2		9.1	8.2	*2015*	3
1.28	Hospitalization Rate due to Hip Fractures Among Females 65+	*hospitalizations/ 100,000 females 65+ years*	688.3	741.2	743.8		*2013-2015*	7
1.25	Adults 65+ with Influenza Vaccination	*percent*	60		57.6	58.6	*2016*	8
1.17	Chronic Kidney Disease: Medicare Population	*percent*	16.5		21.3	18.1	*2015*	3
1.00	Hospitalization Rate due to Hip Fractures Among Males 65+	*hospitalizations/ 100,000 males 65+ years*	335.6	418.4	393.1		*2013-2015*	7
0.89	COPD: Medicare Population	*percent*	11.5		13.2	11.2	*2015*	3
0.83	Ischemic Heart Disease: Medicare Population	*percent*	28		34	26.5	*2015*	3
0.78	Osteoporosis: Medicare Population	*percent*	4.4		7.9	6	*2015*	3
0.72	Diabetes: Medicare Population	*percent*	25		28	26.5	*2015*	3
0.67	Alzheimer's Disease or Dementia: Medicare Population	*percent*	8.2		11.7	9.9	*2015*	3
0.39	Heart Failure: Medicare Population	*percent*	11.6		14.2	13.5	*2015*	3
0.39	People 65+ Living Below Poverty Level	*percent*	7.2		10.4	9.3	*2012-2016*	1

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SCORE	ORAL HEALTH	UNITS	NASSAU COUNTY	HP2020	FLORIDA	U.S.	MEASUREMENT PERIOD	SOURCE
2.17	Dentist Rate	dentists/ 100,000 population	30		58	67	2016	4
2.11	Oral Cavity and Pharynx Cancer Incidence Rate	cases/ 100,000 population	17.8		13.4		2012-2014	29
1.25	Adults who did not Visit a Dentist due to Cost	percent	16.3				2007	8

SCORE	OTHER CHRONIC DISEASES	UNITS	NASSAU COUNTY	HP2020	FLORIDA	U.S.	MEASUREMENT PERIOD	SOURCE
2.61	Rheumatoid Arthritis or Osteoarthritis: Medicare Population	percent	38.2		34.6	30	2015	3
1.17	Chronic Kidney Disease: Medicare Population	percent	16.5		21.3	18.1	2015	3
0.78	Osteoporosis: Medicare Population	percent	4.4		7.9	6	2015	3

SCORE	PREVENTION & SAFETY	UNITS	NASSAU COUNTY	HP2020	FLORIDA	U.S.	MEASUREMENT PERIOD	SOURCE
2.78	Pedestrian Death Rate* * Number of pedestrians killed in traffic collisions per 100,000 population	deaths/ 100,000 population	4	1.4	2.6	1.5	2013	5
2.53	Age-Adjusted Death Rate due to Unintentional Injuries	deaths/ 100,000 population	85.8	36.4	56.3	46.9	2016	17
2.11	Age-Adjusted Death Rate due to Motor Vehicle Collisions	deaths/ 100,000 population	35		15.4		2016	17

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SCORE		UNITS	NASSAU COUNTY	HP2020	FLORIDA	U.S.	MEASUREMENT PERIOD	SOURCE
2.03	Age-Adjusted Death Rate due to Falls	deaths/ 100,000 population	10.7	7.2	10.3	9.1	2016	17
1.28	Hospitalization Rate due to Hip Fractures Among Females 65+	hospitalizations/ 100,000 females 65+ years	688.3	741.2	743.8		2013-2015	7
1.22	Death Rate due to Drug Poisoning	deaths/ 100,000 population	16.1		17.4	16.9	2014-2016	4
1.00	Hospitalization Rate due to Hip Fractures Among Males 65+	hospitalizations/ 100,000 males 65+ years	335.6	418.4	393.1		2013-2015	7
0.83	Age-Adjusted Death Rate due to Unintentional Drowning	deaths/ 100,000 population	1.6		2		2016	17
0.83	Severe Housing Problems* *Percentage of households with at least one of the following four housing problems: overcrowding, high housing costs, lack of kitchen, or lack of plumbing facilities*	percent	14.9		21.5	18.8	2010-2014	4

SCORE	PUBLIC SAFETY	UNITS	NASSAU COUNTY	HP2020	FLORIDA	U.S.	MEASUREMENT PERIOD	SOURCE
2.78	Pedestrian Death Rate* *Number of pedestrians killed in traffic collisions per 100,000 population*	deaths/ 100,000 population	4	1.4	2.6	1.5	2013	5
2.11	Age-Adjusted Death Rate due to Motor Vehicle Collisions	deaths/ 100,000 population	35		15.4		2016	17
2.11	Alcohol-Impaired Driving Deaths	percent	32		26.4	29.3	2012-2016	4
1.94	Child Abuse Rate	cases/ 1,000 children aged 5-11	1154.8		901.3		2016	9
1.89	Driving Under the Influence Arrest Rate	arrests/ 100,000 population	420.1		173.9		2016	19
1.22	Domestic Violence Offense Rate	offenses/ 100,000 population	513.9		524.3		2016	19

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SCORE		UNITS	NASSAU COUNTY	HP2020	FLORIDA	U.S.	MEASUREMENT PERIOD	SOURCE
1.08	Violent Crime Rate	*crimes/ 100,000 population*	219.7		439.2	386.3	*2016*	19
1.00	Juvenile Justice Referral Rate	*referrals/ 100,000 population*	339.5		448.7		*2013*	18

SCORE	**RESPIRATORY DISEASES**	UNITS	NASSAU COUNTY	HP2020	FLORIDA	U.S.	MEASUREMENT PERIOD	SOURCE
2.25	Adults with Current Asthma	*percent*	12.6		6.7	9.3	*2016*	8
2.14	Age-Adjusted Death Rate due to Influenza and Pneumonia	*deaths/ 100,000 population*	19.1		9.8	13.5	*2016*	17
2.00	Lung and Bronchus Cancer Incidence Rate	*cases/ 100,000 population*	81.2		61		*2012-2014*	29
1.89	Age-Adjusted Death Rate due to Lung Cancer	*deaths/ 100,000 population*	52.7	45.5	40.4		*2014-2016*	17
1.42	Adults 65+ with Pneumonia Vaccination	*percent*	71.2	90	65.6	73.4	*2016*	8
1.33	Teens with Asthma	*percent*	20		20.8		*2014*	22
1.28	Asthma: Medicare Population	*percent*	8.2		9.1	8.2	*2015*	3
1.25	Adults 65+ with Influenza Vaccination	*percent*	60		57.6	58.6	*2016*	8
0.89	COPD: Medicare Population	*percent*	11.5		13.2	11.2	*2015*	3
0.58	Tuberculosis Incidence Rate	*cases/ 100,000 population*	0	1	3.2	2.9	*2016*	16

SCORE	**SOCIAL ENVIRONMENT**	UNITS	NASSAU COUNTY	HP2020	FLORIDA	U.S.	MEASUREMENT PERIOD	SOURCE
2.61	Mean Travel Time to Work	*minutes*	29.4		26.7	26.1	*2012-2016*	1

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Score	Indicator	Units	Value 1	Value 2	Value 3	Value 4	Year	Rank
2.42	Median Household Gross Rent	*dollars*	1050		1032	949	*2012-2016*	1
1.94	Child Abuse Rate	*cases/ 1,000 children aged 5-11*	1154.8		901.3		*2016*	9
1.94	Female Population 16+ in Civilian Labor Force	*percent*	49.8		54.3	58.3	*2012-2016*	1
1.94	Population 16+ in Civilian Labor Force	*percent*	56.4		58.5	63.1	*2012-2016*	1
1.72	People 25+ with a Bachelor's Degree or Higher	*percent*	24.5		27.9	30.3	*2012-2016*	1
1.50	Total Employment Change	*percent*	3.2		4.5	2.5	*2014-2015*	27
1.47	Mortgaged Owners Median Monthly Household Costs	*dollars*	1391		1422	1491	*2012-2016*	1
1.44	Voter Turnout: Presidential Election	*percent*	77.1		74.5		*2016*	20
1.25	Social and Economic Factors Ranking* ** County Health Ranking: the ranking is based on a summary composite score calculated from the following measures: high school graduation, some college, unemployment, children in poverty, income inequality, children in single-parent households, social associations, violent crime rate, and injury death rate.*		5				*2018*	4
1.19	Median Monthly Owner Costs for Households without a Mortgage	*dollars*	412		466	462	*2012-2016*	1
1.11	Single-Parent Households	*percent*	33.3		38.5	33.6	*2012-2016*	1
1.08	Persons with Health Insurance	*percent*	88.2	100	84.6		*2016*	25
1.00	Juvenile Justice Referral Rate	*referrals/ 100,000 population*	339.5		448.7		*2013*	18
1.00	Linguistic Isolation	*percent*	0.7		6.8	4.5	*2012-2016*	1
0.81	Median Housing Unit Value	*dollars*	192600		166800	184700	*2012-2016*	1

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Score		Units	Nassau County	HP2020	Florida	U.S.	Measurement Period	Source
0.78	Children Living Below Poverty Level	percent	18.9		23.3	21.2	2012-2016	1
0.78	Homeownership	percent	61.5		52.3	55.9	2012-2016	1
0.78	People Living Below Poverty Level	percent	12.7		16.1	15.1	2012-2016	1
0.67	Median Household Income	dollars	59196		48900	55322	2012-2016	1
0.56	Per Capita Income	dollars	31141		27598	29829	2012-2016	1
0.50	People 25+ with a High School Degree or Higher	percent	90.9		87.2	87	2012-2016	1

SCORE	SUBSTANCE ABUSE	UNITS	NASSAU COUNTY	HP2020	FLORIDA	U.S.	MEASUREMENT PERIOD	SOURCE
2.11	Alcohol-Impaired Driving Deaths	percent	32		26.4	29.3	2012-2016	4
1.94	Teens who have Used Methamphetamines	percent	1.2		0.8		2016	21
1.89	Driving Under the Influence Arrest Rate	arrests/ 100,000 population	420.1		173.9		2016	19
1.50	Teens who Binge Drink: High School Students	percent	14.6		10.9		2016	21
1.25	Health Behaviors Ranking* * County Health Ranking: the ranking is based on a summary composite score calculated from the following measures: adult smoking, adult obesity, physical inactivity, access to exercise opportunities, excessive drinking, alcohol-impaired driving deaths, sexually transmitted infections, teen births, and a food environment index.		17				2018	4
1.22	Death Rate due to Drug Poisoning	deaths/ 100,000 population	16.1		17.4	16.9	2014-2016	4
1.17	Teens who Smoke: High School Students	percent	5	16	4.3		2014	22

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SCORE		UNITS	NASSAU COUNTY	HP2020	FLORIDA	U.S.	MEASUREMENT PERIOD	SOURCE
1.17	Teens who Use Alcohol	percent	25.7		25.5		2016	21
0.89	Teens who Use Marijuana: High School Students	percent	13.6		17		2016	21
0.83	Adults who Drink Excessively	percent	12.2	25.4	17.5		2016	8
0.81	Adults who Smoke	percent	12.8	12	15.5	17.1	2016	8

SCORE	TEEN & ADOLESCENT HEALTH	UNITS	NASSAU COUNTY	HP2020	FLORIDA	U.S.	MEASUREMENT PERIOD	SOURCE
2.19	Teen Birth Rate: 15-19	live births/ 1,000 females aged 15-19	28.1		19.5	20.3	2016	17
2.11	Teens who are Obese: High School Students	percent	19.9		14.3		2012	12
1.94	Teens who have Used Methamphetamines	percent	1.2		0.8		2016	21
1.86	Teens without Sufficient Physical Activity	percent	45.7				2012	12
1.50	Teens who Binge Drink: High School Students	percent	14.6		10.9		2016	21
1.33	Teens with Asthma	percent	20		20.8		2014	22
1.17	Teens who Smoke: High School Students	percent	5	16	4.3		2014	22
1.17	Teens who Use Alcohol	percent	25.7		25.5		2016	21
1.00	Chlamydia Incidence Rate: Females 15-19	cases/ 100,000 females aged 15-19	1993.7		3175.6		2016	15

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SCORE		UNITS	NASSAU COUNTY	HP2020	FLORIDA	U.S.	MEASUREMENT PERIOD	SOURCE
0.89	Teens who Use Marijuana: High School Students	*percent*	13.6	17			*2016*	21
0.67	Gonorrhea Incidence Rate: Females 15-19	*cases/ 100,000 females aged 15-19*	181.2	496.6			*2016*	15

SCORE	TRANSPORTATION	UNITS	NASSAU COUNTY	HP2020	FLORIDA	U.S.	MEASUREMENT PERIOD	SOURCE
2.61	Mean Travel Time to Work	*minutes*	29.4		26.7	26.1	*2012-2016*	1
2.44	Workers Commuting by Public Transportation	*percent*	0.2	5.5	2.1	5.1	*2012-2016*	1
2.39	Solo Drivers with a Long Commute	*percent*	49.6		39.5	34.7	*2012-2016*	4
2.11	Workers who Drive Alone to Work	*percent*	82.1		79.5	76.4	*2012-2016*	1
1.33	Households with No Car and Low Access to a Grocery Store	*percent*	2.4				*2015*	28
1.33	Workers who Walk to Work	*percent*	1.6	3.1	1.5	2.8	*2012-2016*	1

SCORE	WOMEN'S HEALTH	UNITS	NASSAU COUNTY	HP2020	FLORIDA	U.S.	MEASUREMENT PERIOD	SOURCE
2.06	Age-Adjusted Death Rate due to Breast Cancer	*deaths/ 100,000 females*	24	20.7	19.8		*2014-2016*	17
2.00	Pap Test in Past Year	*percent*	39.2		48.4		*2016*	8
1.94	Mammogram: 40+ Past Year	*percent*	54.4		60.8		*2016*	8

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1.72	Breast Cancer Incidence Rate	*cases/ 100,000 females*	126.1		117.8		*2012-2014*	29
1.72	Life Expectancy for Females	*years*	79.9		82	81.5	*2014*	23
0.50	Cervical Cancer Incidence Rate	*cases/ 100,000 females*	6.1	7.3	8.5		*2012-2014*	29

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Appendix D. Community Resources

During the community input collection process, participants were asked to identify key community assets and resources being utilized throughout the community as well as identify any organizations for potential future partnership in implementing on the priority health needs. The following lists all the community resources mentioned by community input participants:

- Agape
- AGE WELL
- American Civility Association
- ATT Pioneers
- Azalea Hospital
- Baker County School District
- Baptist Health
- Barnabas Center
- BEAM
- Brooks Rehabilitation
- Children's Home Society of Florida
- Clay Behavioral
- Coalition for the Homeless
- COIN (Collaborative improvement in Innovation Network)
- Communities in Schools
- Community Foundation for Northeast Florida
- Community on King Street
- Compassionate Fernandina
- Cooking with Diabetes
- Dopson Family Practice
- Duval County Medical Society
- Early Steps
- Elder Source

- Families of Slain Children
- Family Service Center
- First Baptist Church of Macclenny
- Flagler Hospital
- Gateway
- Habitat for Humanity
- Head Start
- Healthy Start
- Hubbard House
- Jacksonville System of Care Collaborative
- Kids Hope Alliance
- Lutheran Food Services
- Mayo Clinic Florida
- Mental Health First Aid
- Mercy Support Services
- Micha's Place
- Mission House
- NACDAC
- Nassau City Council on Aging
- NE FL Cancer Group
- Pace Center
- Planning Council of Northeast Florida
- Positively You
- Psychological Associates
- Publix

- Quest Diagnostics
- Safebeat.org
- Saint Francis House
- Salvation Army
- SHINE (Serving Health Insurance Needs of Elders)
- St. Vincent's Healthcare
- St. Johns County Partnership
- Starting Point
- Strength of Clay
- Sulzbacher Center
- SWAT (Students Working Against Tobacco)
- Teens for Change
- Tipping the Scale
- UF Health Jacksonville
- United Way
- University of Florida
- Volunteers in Medicine
- WeCare
- Wildflower Clinic
- Women's Center of Jacksonville
- Wounded Warrior Project
- YCC
- YMCA

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