

JANUARY 1, 2019

BAPTIST MEDICAL CENTER SOUTH

COMMUNITY HEALTH NEEDS ASSESSMENT



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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 name to 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 Clay, Duval, and St. Johns counties 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 South

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 at Interstate 95 and Old St. Augustine Road, *Baptist Medical Center South* is Jacksonville's first hospital of the 21st century. This beautiful hospital serves southern Duval and northern St. Johns counties along I-95. The hospital opened in 2005 and features large private rooms with refrigerators and internet access in a setting that includes beautiful art, gardens, fountains, reflection areas and extra room for families.

The 311-bed hospital provides state-of-the-art medical care that is recognized nationally:

- Top 100 Hospital
- Magnet™-designated hospital

Baptist South's services include:

- 24/7 Emergency Center with Accredited Chest Pain Center,
- Advanced Primary Stroke Center and LifeFlight
- Maternity with expansive suites
 - Level II Newborn Intensive Care
- Baptist MD Anderson Cancer Center
- Surgical Services (inpatient and outpatient)
- Cardiology, including Catheterization Lab and Cardiac Rehab Center
- Orthopedics
- Medical and Radiation Oncology
- Endoscopy and Cystoscopy
- Advanced Imaging (64-channel CT, MRI)
- Breast Health Program with digital mammography

- Sleep Disorders Center
- Community Health Education

Baptist South is part of Baptist Health, the only nonprofit, mission-driven and locally-governed health care system in Northeast Florida. Baptist South's 11-person board of directors is comprised of local community leaders and volunteers who ensure the hospital is meeting community needs. Kristi Garside is the board chair and Nicole B. Thomas, 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



"We believe that disparities in health care can't be ignored. As the area's No. 1 health care provider, we are in a unique position to help close the gap by providing much-needed health care services to those in need. Our current focus is on disease management and prevention in the areas of cancer, communicable diseases, diabetes and mental health."

Nicole Thomas, FACHE
Hospital President Baptist Medical Center South

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 is 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 listed below can be found in [Appendix A](#).

Executive Summary

Baptist Medical Center South 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 Health hired Conduent Healthy Communities Institute (HCI) to conduct the CHNA.

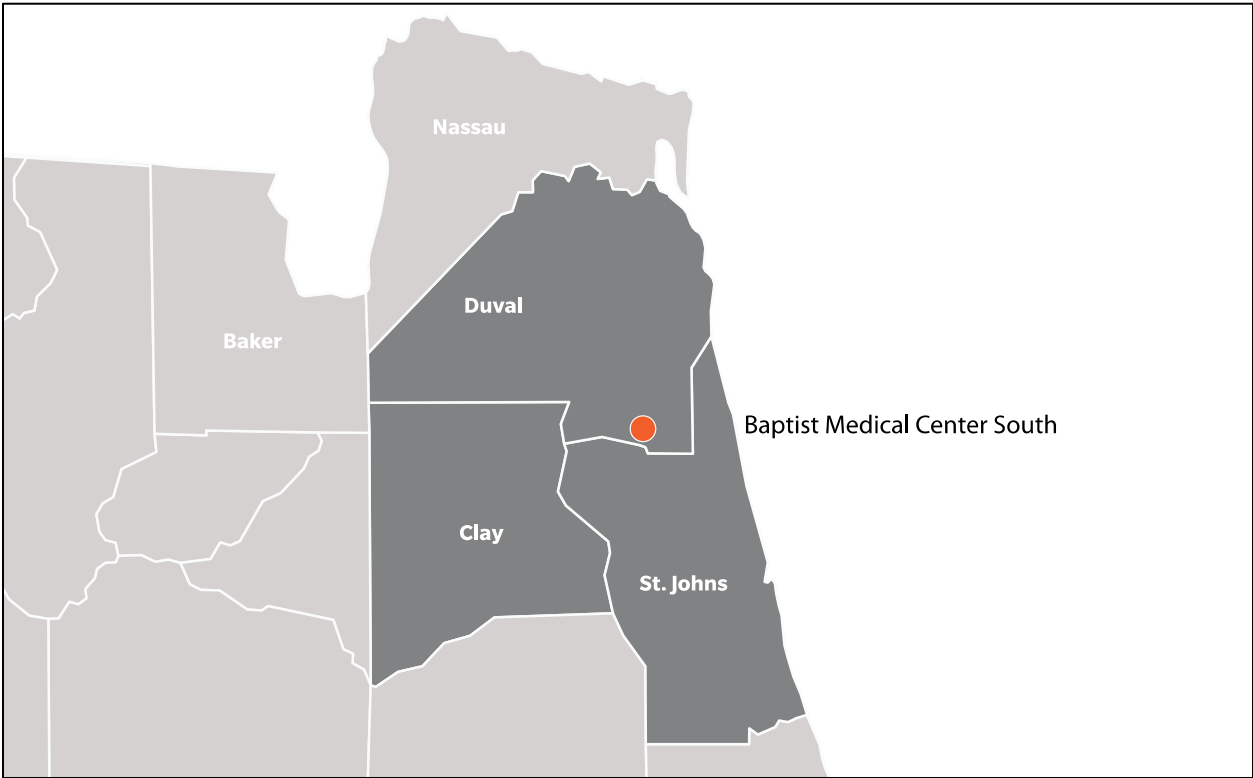
The goal of this report is to offer a meaningful understanding of the most pressing health and health-related needs across Baptist Medical Center South’s service area, as well as to guide planning efforts to address those needs. Special attention has been given to the needs of vulnerable populations, 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 South includes Clay, Duval, and St. Johns counties.

FIGURE 1. BAPTIST MEDICAL CENTER SOUTH



8 Baptist Medical Center South - CHNA

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 South'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 1,100 community members contributed their input on the community's health and health-related needs, barriers, and opportunities for the service area, 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
Clay, Duval, and St. Johns counties	36	24	224	830	1090

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 36 key informant interviews conducted, 28 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, 11 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**

- 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

Indicator values for Clay, Duval, and St. Johns counties 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 nearly 1,100 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 Baptist Medical Center South’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
• Behavioral Health	• Diabetes	• Respiratory Diseases
• Built Environment & Safety	• Heart Disease	• Sexual Health
	• Maternal, Fetal & Infant health	• Social Environment
	• 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 Clay, Duval, and St. Johns counties, Florida. The prioritized health needs will guide the community health improvement efforts of Baptist Medical Center South.

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

Introduction

Baptist Medical Center South's Service Area

The area served by Baptist Medical Center South includes Clay, Duval, and St. Johns counties.

This area served has a total population of 1,369,652 people.

FIGURE 3. BAPTIST MEDICAL CENTER SOUTH

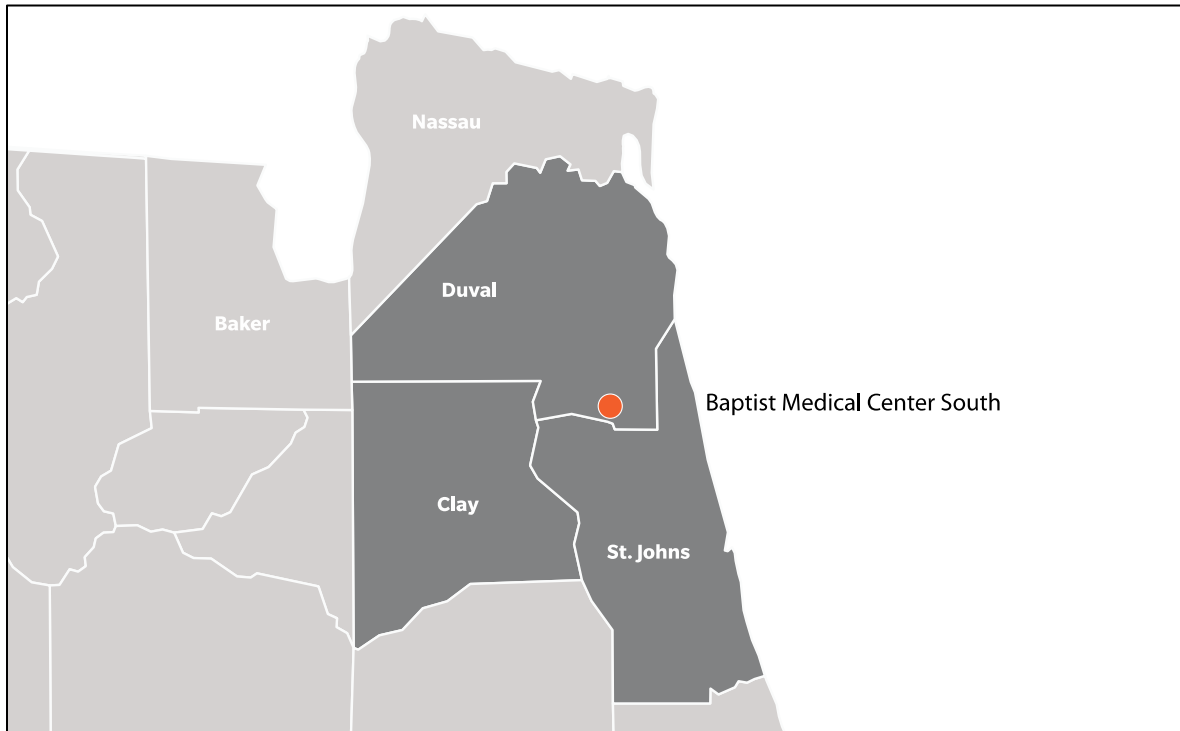


TABLE 5. 2017 DISCHARGES BY COUNTY FOR BAPTIST MEDICAL CENTER SOUTH

	Baker	Clay	Duval	Nassau	St. Johns	Total Discharges	% of five counties
Baptist Medical Center South	53	1,125	7,992	151	3,464	13,363	95.7%

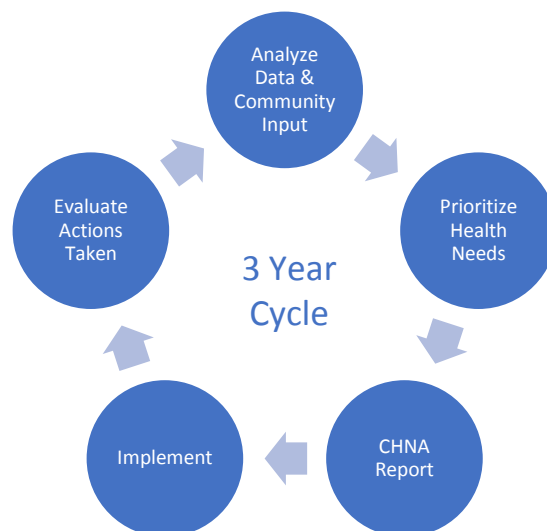
Evaluation of Progress Since Prior CHNA

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 South's priority health areas for years 2016-2018 were:

- Cancer
- Communicable Diseases
- Diabetes
- 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](#).

Community Feedback from Preceding CHNA & Implementation Plan

Baptist Medical Center South'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 South’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

Clay	Duval	St. Johns	Northeast Florida Region
4	21	3	8

Thirty-six 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 36 key informant interviews conducted, 28 interviews were with community experts who either served or represented underserved communities.

Interviews were transcribed and analyzed using the qualitative analytic tool Dedoose¹. 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 4 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.

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 4. 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) Low-Income/Underserved, and (5) Race/Ethnic Group Impact.

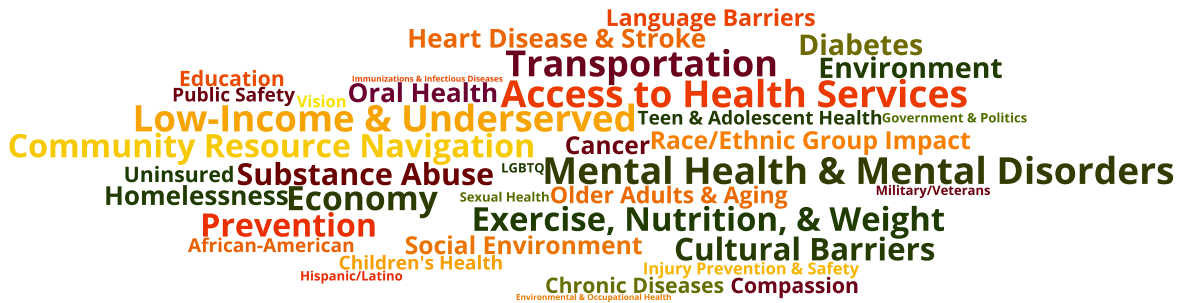
See [Appendix B1](#) & [Appendix B2](#) for a list of interview questions and a list of participating organizations, respectively.

Focus Groups

Twenty-four focus groups comprised of 224 focus group 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 twenty-four focus groups conducted, eleven 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 5 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 5. COMMON THEMES FROM FOCUS GROUPS



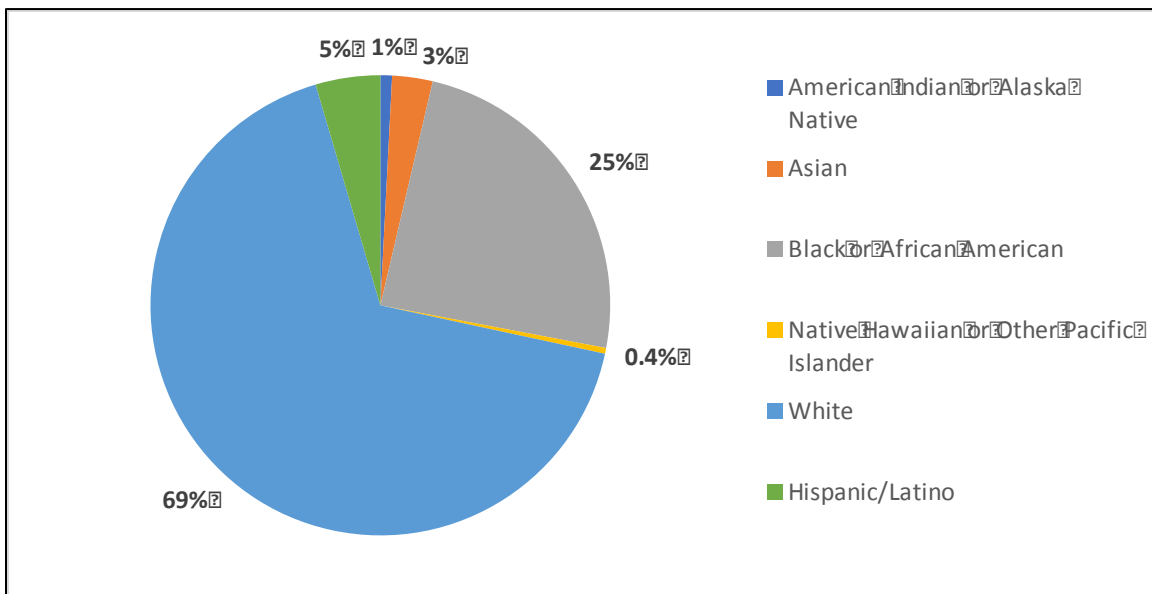
The five most common issues from the focus groups were related to (1) Access to Health Services, (2) Mental Health & Mental Disorders, (3) Low-income/Underserved, (4) Transportation, and (5) Economy.

Please see [Appendix B3](#) and [Appendix B4](#) for a list of completed focus groups as well as focus group discussion questions, 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 830 community members in Clay, Duval, and St. Johns counties. 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 6 breaks down the percent of survey participants by race/ethnicity for all 971 responses across the five-county region.

FIGURE 6. SURVEY PARTICIPANTS BY RACE/ETHNICITY



Survey respondents were asked about their views on the community’s health needs, barriers, and most impacted populations. A majority of survey participants chose Mental Health & Mental Disorders, Heart-Related Diseases, Obesity/Overweight, Substance Abuse, and Diabetes as the most pressing health needs in the community, illustrated in Figure 7. Additionally, respondents cited Access to Health Services and Diet, Food and Nutrition as the most impactful conditions of life (Figure 8). Figures seven and eight show the results of the community survey for the entire five county service area served by the Jacksonville Nonprofit Hospital Partnership.

FIGURE 7. MOST PRESSING HEALTH NEEDS ACCORDING TO SURVEY PARTICIPANTS

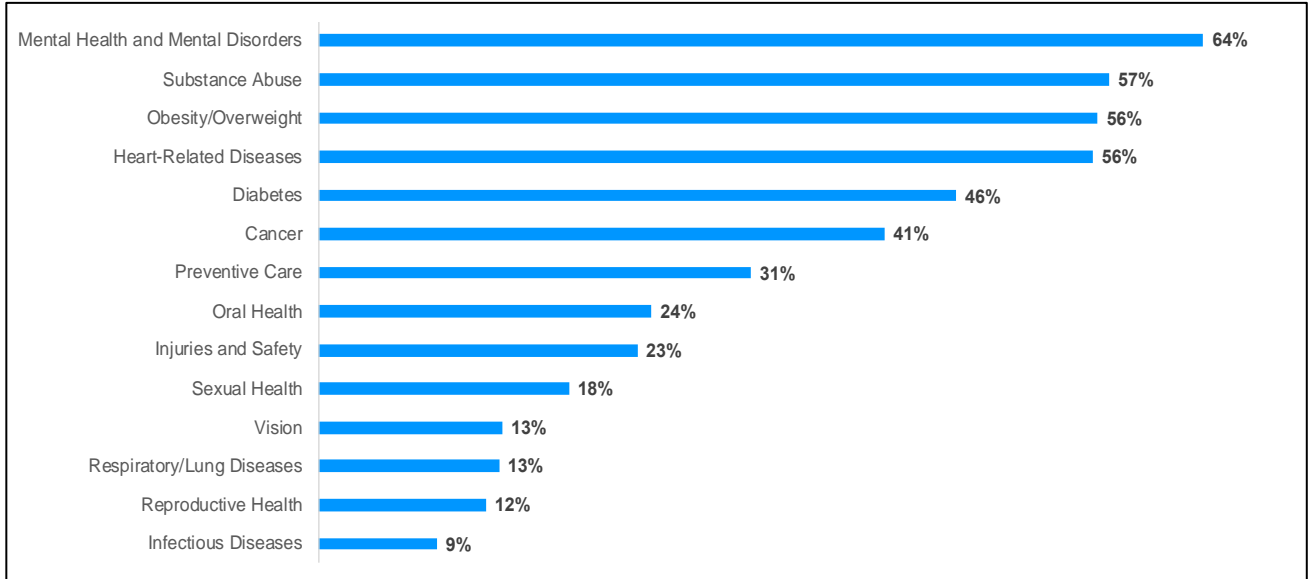
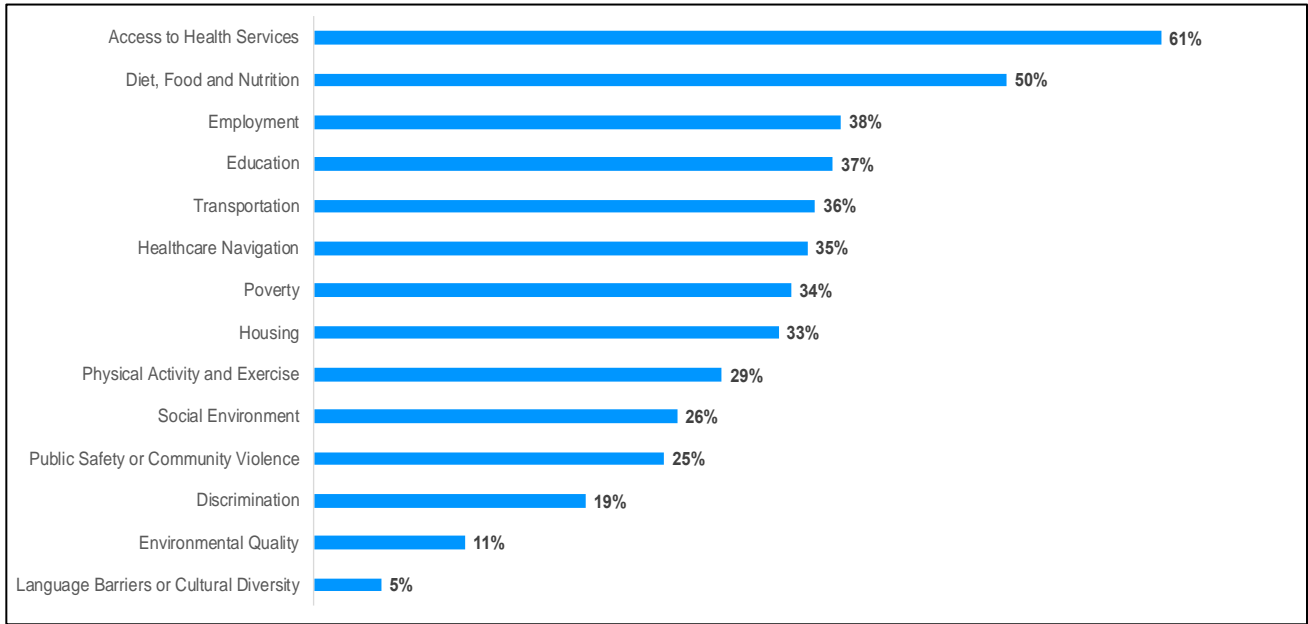


FIGURE 8. MOST IMPACTFUL CONDITIONS OF LIFE ACCORDING TO SURVEY PARTICIPANTS



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 Baptist Medical Center South's 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 9. 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 10.

FIGURE 9. INDICATOR SCORE RANGE

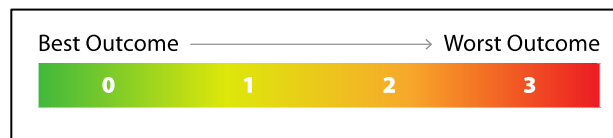
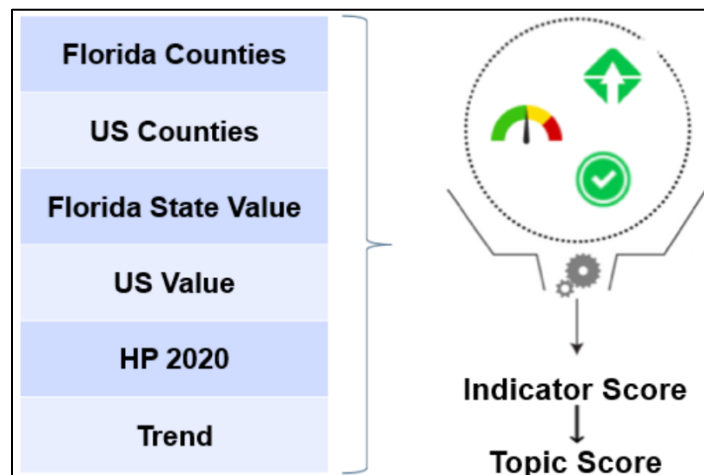


FIGURE 10. SUMMARY OF TOPIC SCORING ANALYSIS



See [Appendix C2](#) for a detailed methodology of HCl's Data Scoring Tool®, including the Mann-Kendall statistical test for trend methodology.

Table 7 shows the health topic scoring results for Baptist Medical Center South's service area, with Transportation and Prevention & Safety as the poorest performing topic areas for the service area.

TABLE 7: COLLATED DATA SCORING RESULTS FOR BAPTIST MEDICAL CENTER SOUTH'S SERVICE AREA

Transportation	1.98
Prevention & Safety	1.87
Other Chronic Diseases	1.78
Environmental & Occupational Health	1.70
Cancer	1.70
Older Adults & Aging	1.63
Men's Health	1.57
Women's Health	1.52
Respiratory Diseases	1.51
Exercise, Nutrition, & Weight	1.50

Please see [Appendix C3](#) for comprehensive list of indicators within each topic area and the respective data scores for Clay, Duval, & St. Johns counties.

Index of Disparity

The Index of Disparity² 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.

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

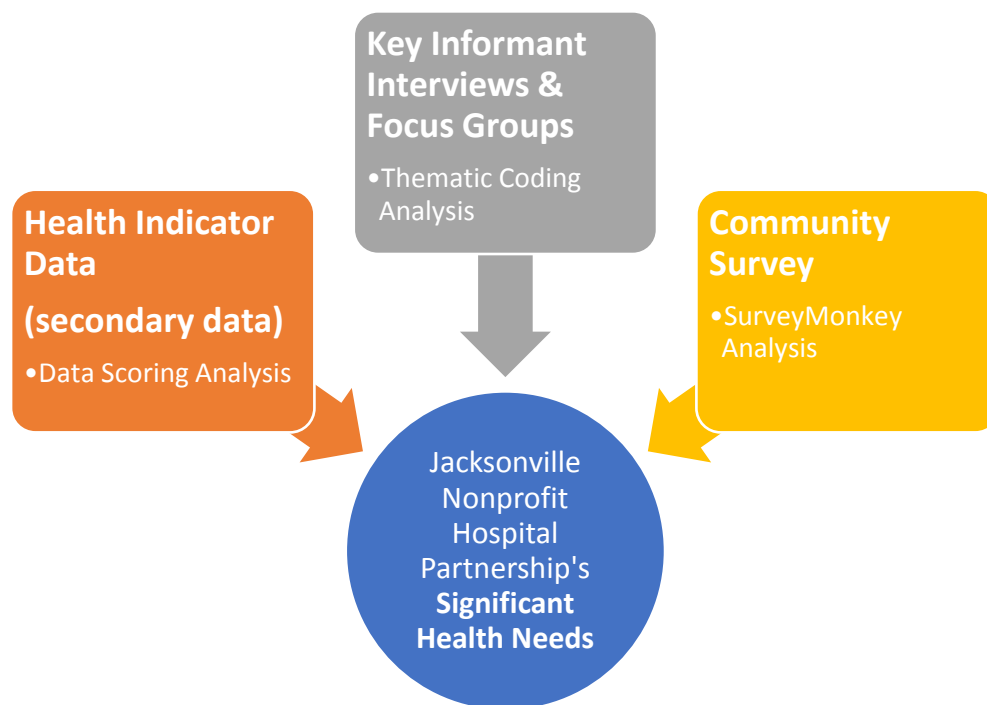
Data Synthesis Method

While this report focuses on the service area of Baptist Medical Center South, the data synthesis and prioritization were conducted to encompass the entire Partnership service area (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 needs of 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 11. VISUAL REPRESENTATION OF SYNTHESIS OF PRIMARY DATA & SECONDARY DATA



The top health needs identified from each data source were analyzed for areas of overlap with the other data sources, as depicted in Figure 11. 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

<ul style="list-style-type: none"> • Access (includes health care, transportation, housing, nutrition) • Behavioral Health • Built Environment & Safety 	<ul style="list-style-type: none"> • Cancer • Diabetes • Heart Disease • Maternal, Fetal & Infant health • Obesity & Physical Activity 	<ul style="list-style-type: none"> • Poverty • Respiratory Diseases • Sexual Health • Social Environment • Vulnerable Populations
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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 are 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 are 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
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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 that 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 services, 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 strategies for each hospital affiliated with the Partnership.

Demographics & Community Context

The following section explores the demographic profile of Baptist Medical Center South'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 South's service area had a population of 1,369,653.

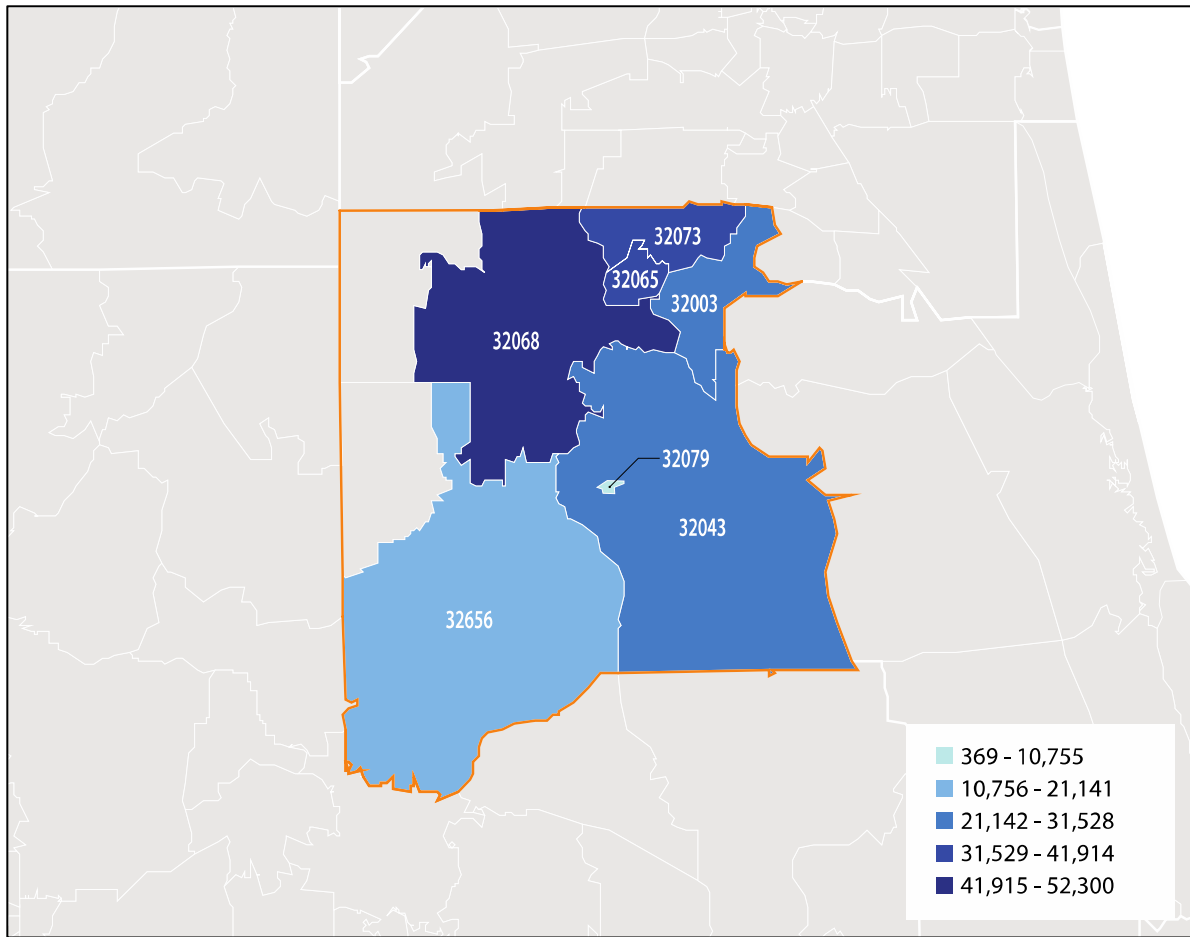
Table 12 presents the population estimates for Clay, Duval, and St. Johns counties by year for 2013, 2014, 2015, and 2016. All counties within the service area experienced population growth in the four-year time period, but St. Johns County experienced the highest rate of growth at 12.2%.

TABLE 12. TOTAL POPULATION: PAST FOUR YEARS

Total Population					
County	2013	2014	2015	2016	Percent Change 2013-2016
Clay County	196,276	199,501	203,383	208,311	6.1%
Duval County	886,873	898,372	912,081	926,255	4.4%
St. Johns County	209,607	218,151	226,658	235,087	12.2%
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%

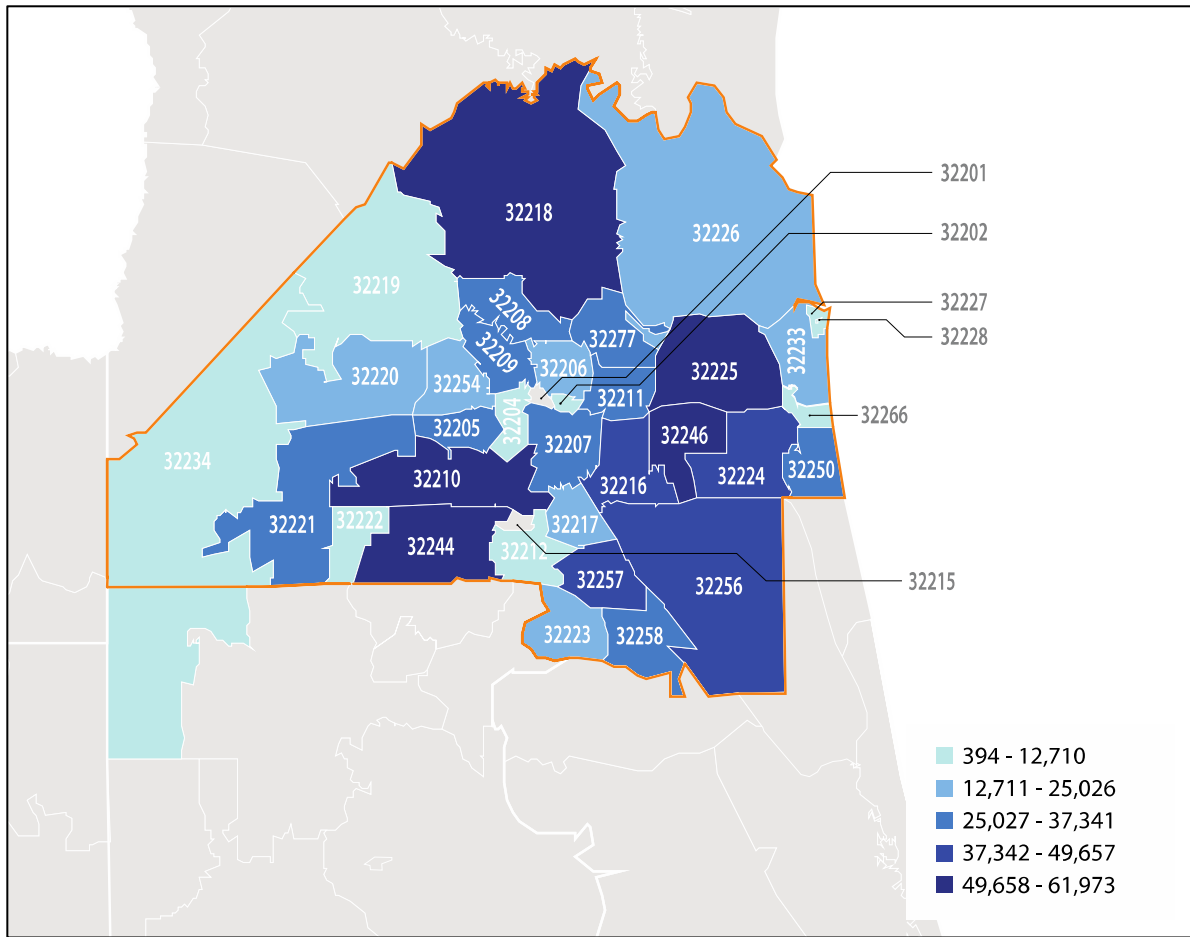
According to Figure 12, of the six most heavily populated zip codes in 2012-2016, five are in Duval County (32210, 32244, 32218, 32225, and 32246) and one is in Clay County (32068).

FIGURE 12. POPULATION PER ZIP CODE, 2012-2016 (CLAY COUNTY)



* Areas shaded grey within the orange border of Clay County indicate an area without a population according to the Census.

FIGURE 13 POPULATION PER ZIP CODE (DUVAL COUNTY)



* Areas shaded grey within the orange border of Duval County indicate an area without a population according to the Census.

FIGURE 14 POPULATION PER ZIP CODE (ST. JOHNS COUNTY)

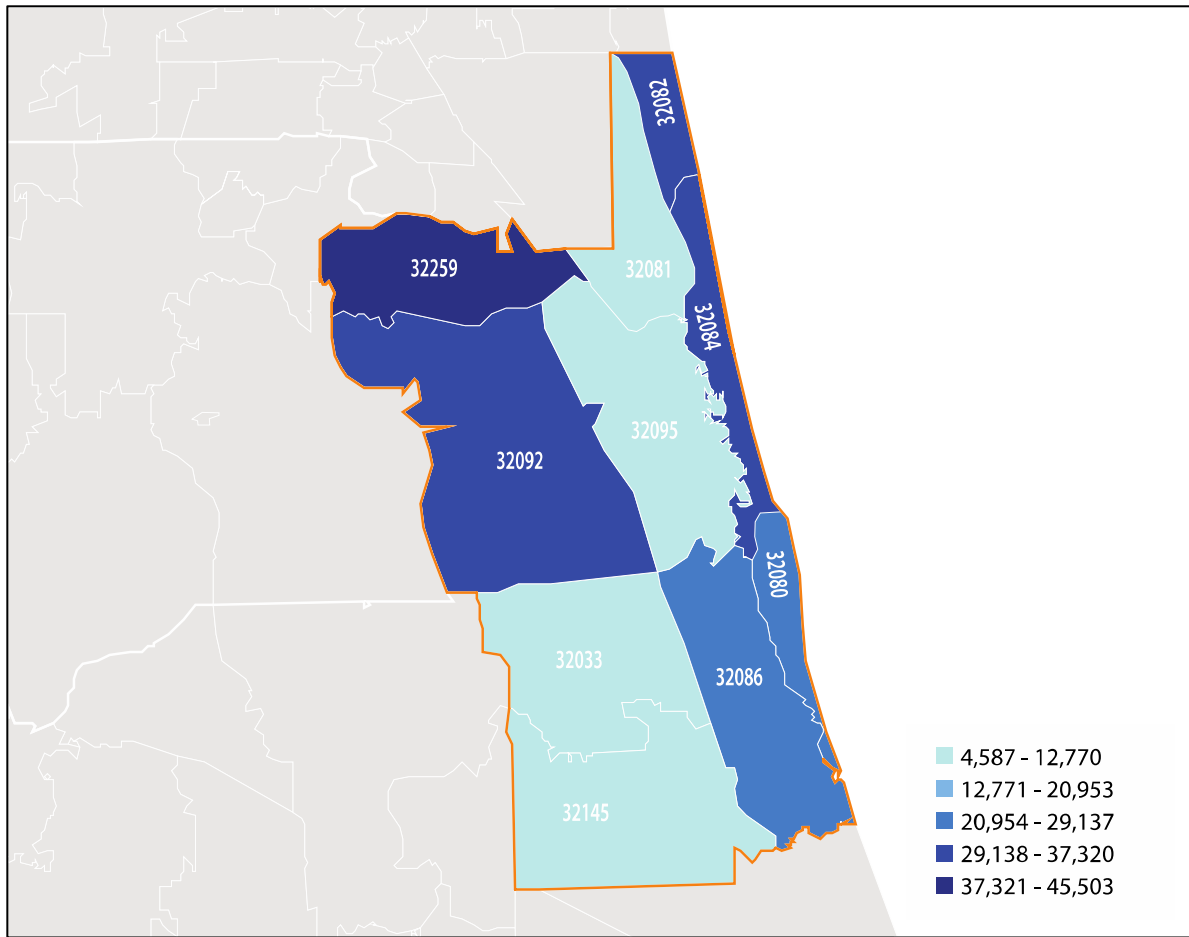


TABLE 13. TOTAL POPULATION PROJECTIONS THROUGH 2045¹⁴

		2010 Census	2017	2025	2035	2045	% Change from 2017 - 2045
Total	Clay	190,865	208,549	239,873	273,883	300,961	44.3%
	Duval	864,263	936,811	1,042,012	1,135,492	1,215,908	29.8%
	St. Johns	190,039	229,715	295,768	359,628	412,681	79.6%
	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 15 shows Baptist Medical Center South's service area population by age as compared to the age distribution for the state of Florida and the United States. Of the three counties, the largest share of children under 18 resides in Clay County, and the largest share of adults over 65 resides in St. Johns County.

FIGURE 15: POPULATION BY AGE, 2012-2016

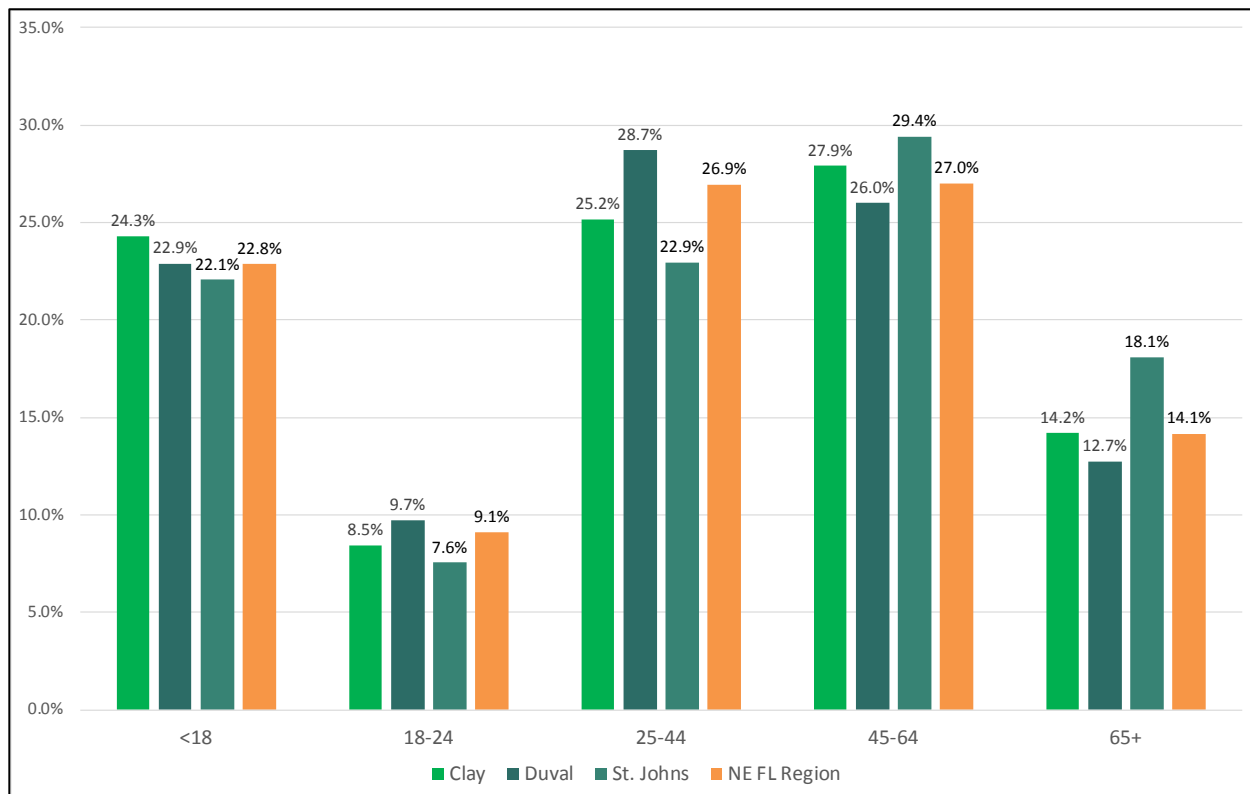


Table 14 shows the population projections by age-group through 2045. Across the service area, the age group that will have the greatest growth is older adults.

TABLE 14. POPULATION PROJECTIONS BY AGE-GROUP THROUGH 2045¹⁴

		2010 Census	2017	2025	2035	2045	% Change from 2017 - 2045
<18	Clay	50,170	51,327	56,894	63,369	67,465	31.4%
	Duval	203,514	214,321	237,381	253,697	265,757	24.0%
	St. Johns	43,851	49,843	62,237	76,243	85,409	71.4%
	Florida	4,002,096	4,180,677	4,636,008	5,053,630	5,323,927	27.3%
18 - 24	Clay	16,222	18,379	18,834	21,007	22,874	24.5%
	Duval	90,644	88,675	94,768	103,312	111,894	26.2%
	St. Johns	14,648	18,676	22,203	25,093	30,434	63.0%
	Florida	1,739,854	1,822,195	1,925,683	2,080,468	2,261,012	24.1%
25 - 44	Clay	49,068	51,888	62,010	71,130	73,245	41.2%
	Duval	245,803	265,938	291,509	298,291	316,861	19.1%
	St. Johns	44,304	52,804	73,052	92,217	99,154	87.8%
	Florida	4,721,819	5,063,560	5,769,128	6,208,579	6,463,905	27.7%
45 -64	Clay	53,113	56,314	59,341	62,248	74,871	33.0%
	Duval	228,133	239,149	240,901	258,859	281,222	17.6%
	St. Johns	57,443	65,183	73,652	81,870	105,885	62.4%
	Florida	5,079,471	5,417,540	5,564,257	5,739,473	6,463,744	19.3%
65+	Clay	22,292	30,641	42,794	56,129	62,506	104.0%
	Duval	96,169	128,728	177,453	221,333	240,174	86.6%
	St. Johns	29,793	43,209	64,624	84,205	91,799	112.5%
	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

Race/Ethnicity

Figure 16-18 show the racial and ethnic distribution of the hospital's service area. A larger share of residents in Clay and St. Johns counties identified as White, non-Hispanic compared to Duval County, while a larger share of residents in Duval County identified as Black or African American compared to Clay and St. Johns counties.

FIGURE 16: POPULATION BY RACE/ETHNICITY, 2012-2016 (CLAY)

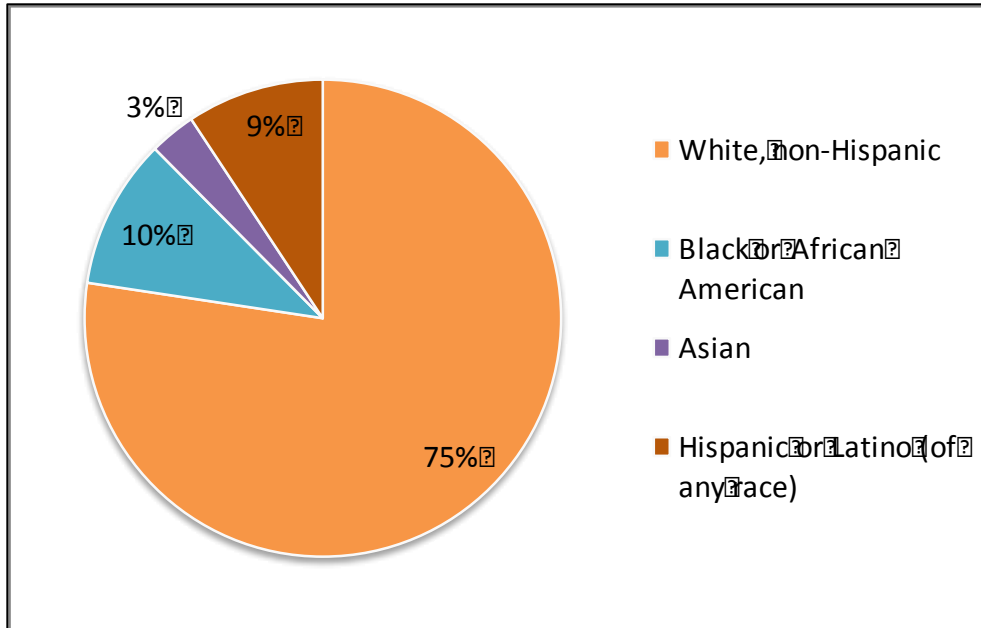


FIGURE 17 POPULATION BY RACE/ETHNICITY, 2012-2016 (DUVAL)

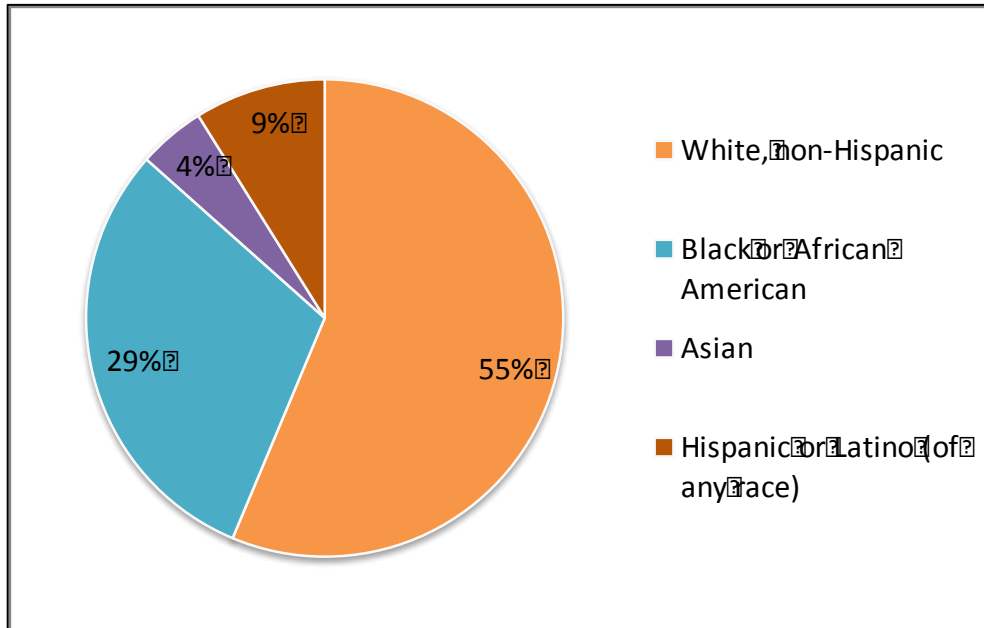


FIGURE 18 POPULATION BY RACE/ETHNICITY, 2012-2016 (ST. JOHNS COUNTY)

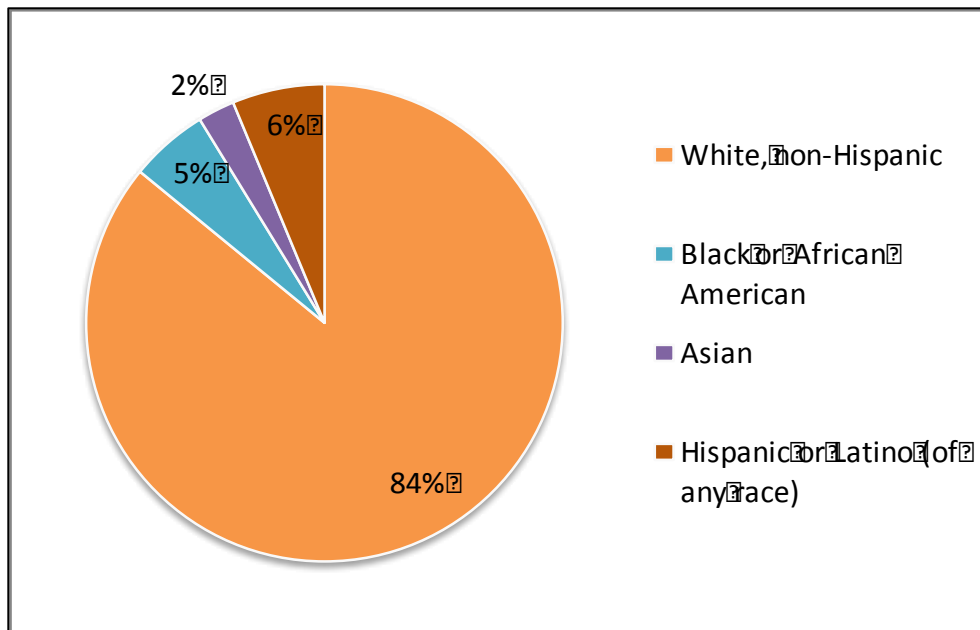


Table 15 shows the population projections by race/ethnicity through 2045. The Hispanic population is projected to have the highest rate of growth throughout Baptist Medical Center South's service area.

TABLE 15. POPULATION PROJECTIONS BY RACE/ETHNICITY THROUGH 2045¹⁴

		2010 Census	2017	2025	2035	2045	% Change from 2017 - 2045
Non-Hispanic White	Clay	149,966	156,252	171,195	186,703	199,219	27.5%
	Duval	499,104	504,169	510,068	513,021	516,953	2.5%
	St. Johns	164,166	193,820	245,169	293,702	334,011	72.3%
	Florida	11,066,181	11,313,436	11,774,342	12,214,956	12,561,838	11.0%
Non-Hispanic Black	Clay	19,177	23,585	30,451	38,099	43,898	86.1%
	Duval	257,352	289,118	338,179	382,335	420,295	45.4%
	St. Johns	10,935	13,480	17,571	21,593	24,994	85.4%
	Florida	2,950,583	3,319,150	3,890,098	4,420,638	4,835,615	45.7%
Hispanic	Clay	14,609	19,807	26,782	34,986	41,609	110.1%
	Duval	65,398	95,506	137,751	177,097	209,361	119.2%
	St. Johns	9,972	16,351	25,089	34,539	42,337	158.9%
	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

Table 16 presents a closer examination of population trends for the service area. In all three counties, the share of residents identifying as White, non-Hispanic decreased from 2009-2013 through 2012-2016, while the share of residents identifying as Hispanic or Latino increased.

TABLE 16. POPULATION BY RACE/ETHNICITY: PAST FOUR YEARS

	2009-2013	2010-2014	2011-2015	2012-2016
Clay County				
White, non-Hispanic	75.7%	75.2%	74.5%	73.8%
Black or African American	10.5%	10.7%	10.9%	11.3%
Asian	3.1%	3.1%	3.1%	3.1%
Hispanic or Latino	8.6%	9.0%	9.3%	9.6%
Duval County				
White, non-Hispanic	55.4%	54.9%	54.4%	53.9%
Black or African American	30.1%	30.2%	30.2%	30.3%
Asian	4.6%	4.7%	4.8%	4.9%
Hispanic or Latino	8.3%	8.6%	8.9%	9.2%

	2009-2013	2010-2014	2011-2015	2012-2016
St. Johns County				
White, non-Hispanic	84.6%	84.2%	83.8%	83.4%
Black or African American	5.6%	5.6%	5.5%	5.5%
Asian	2.4%	2.6%	2.7%	2.9%
Hispanic or Latino	5.8%	6.1%	6.3%	6.6%

Within the service area, zip codes in Duval County similarly have the highest share of race groups identifying as Black or African American, Asian, and Hispanic or Latino, as shown in Table 17. Zip codes 32209 and 32208 in Duval County have the largest proportion of residents identifying as Black or African American within the service area. Over 95% of residents in zip code 32209 identified as Black or African American in 2012-2016.

The zip codes with the highest proportion of residents identifying as Asian within the service area are zip codes 32258 and 32256 in Duval County. Over 11% of residents in zip code 32258 identified as Asian in 2012-2016.

Zip codes 32227 and 32246 in Duval County have the largest share of residents identifying as Hispanic or Latino within the service area at 16.2% and 15.8%, respectively.

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

Zip Code	White, non-Hispanic	Black or African American	Asian	Hispanic or Latino
Clay County				
32003	82.6%	4.1%	2.7%	8.2%
32043	78.7%	8.3%	1.6%	9.1%
32065	63.4%	16.9%	6.0%	10.0%
32068	78.1%	7.2%	2.1%	8.4%
32073	66.7%	15.1%	3.3%	11.5%
32079	90.2%	9.8%	0.0%	0.0%
32656	91.6%	1.4%	1.1%	4.6%
Duval County				
32202	32.8%	57.7%	2.5%	7.1%
32204	67.0%	24.9%	0.5%	6.7%
32205	66.3%	24.7%	2.1%	4.3%
32206	20.3%	73.7%	0.7%	1.8%
32207	61.0%	17.9%	6.9%	12.4%
32208	13.9%	82.3%	0.5%	1.8%
32209	2.4%	95.3%	0.1%	1.7%
32210	50.2%	34.8%	3.9%	8.8%
32211	49.9%	36.5%	3.0%	9.2%
32212	56.3%	21.6%	1.3%	13.4%
32216	61.8%	19.8%	6.5%	9.8%
32217	67.9%	11.6%	5.0%	12.5%
32218	39.9%	52.3%	1.1%	4.5%
32219	42.4%	47.4%	0.6%	8.3%
32220	82.2%	13.2%	0.5%	2.5%
32221	53.5%	29.9%	5.2%	7.4%
32222	43.9%	30.9%	4.8%	14.0%
32223	82.1%	5.2%	3.7%	6.5%
32224	74.3%	6.1%	4.5%	10.5%
32225	62.8%	17.1%	6.1%	9.1%
32226	72.0%	12.7%	2.5%	7.0%
32227	63.0%	9.4%	3.8%	16.2%
32228	62.9%	24.9%	1.0%	8.9%
32233	74.7%	11.8%	3.0%	9.1%
32234	74.1%	11.0%	0.8%	11.9%
32244	42.5%	37.2%	5.2%	11.9%

Zip Code	White, non- Hispanic	Black or African American	Asian	Hispanic or Latino
Duval County (continued)				
32246	57.1%	15.1%	9.0%	15.8%
32250	85.5%	3.2%	2.6%	5.9%
32254	35.5%	56.7%	0.5%	5.9%
32256	59.7%	14.1%	11.0%	10.6%
32257	71.6%	12.1%	3.8%	9.6%
32258	64.4%	8.6%	11.3%	12.3%
32266	88.5%	1.1%	2.6%	5.4%
32277	46.7%	39.2%	4.0%	7.9%
St. Johns County				
32033	76.6%	12.9%	0.5%	7.6%
32080	92.5%	0.3%	0.9%	4.9%
32081	90.1%	2.0%	3.8%	4.3%
32082	88.5%	2.2%	2.9%	4.4%
32084	75.8%	13.6%	1.2%	6.9%
32086	89.1%	2.4%	2.0%	5.2%
32092	82.9%	3.6%	3.4%	7.6%
32095	90.7%	3.1%	2.2%	1.9%
32145	69.1%	21.5%	0.0%	9.0%
32259	81.0%	4.4%	3.6%	7.5%

Language Spoken at Home

Figure 19 shows the percent of the population that speaks a language other than English at home, comparing the values for each county in the service area to the regional value, the Florida state value, and the national value. A smaller share of residents in the counties in the service area speaks a language other than English at home compared to Florida (28%) and the United States (21%). Within the service area, Duval had the highest proportion of residents speaking a language other than English at home at 13.5%. This measurement indicates where there may be language or cultural barriers to accessing health care.

FIGURE 19: POPULATION AGED 5+ SPEAKING LANGUAGE OTHER THAN ENGLISH AT HOME, 2012-2016

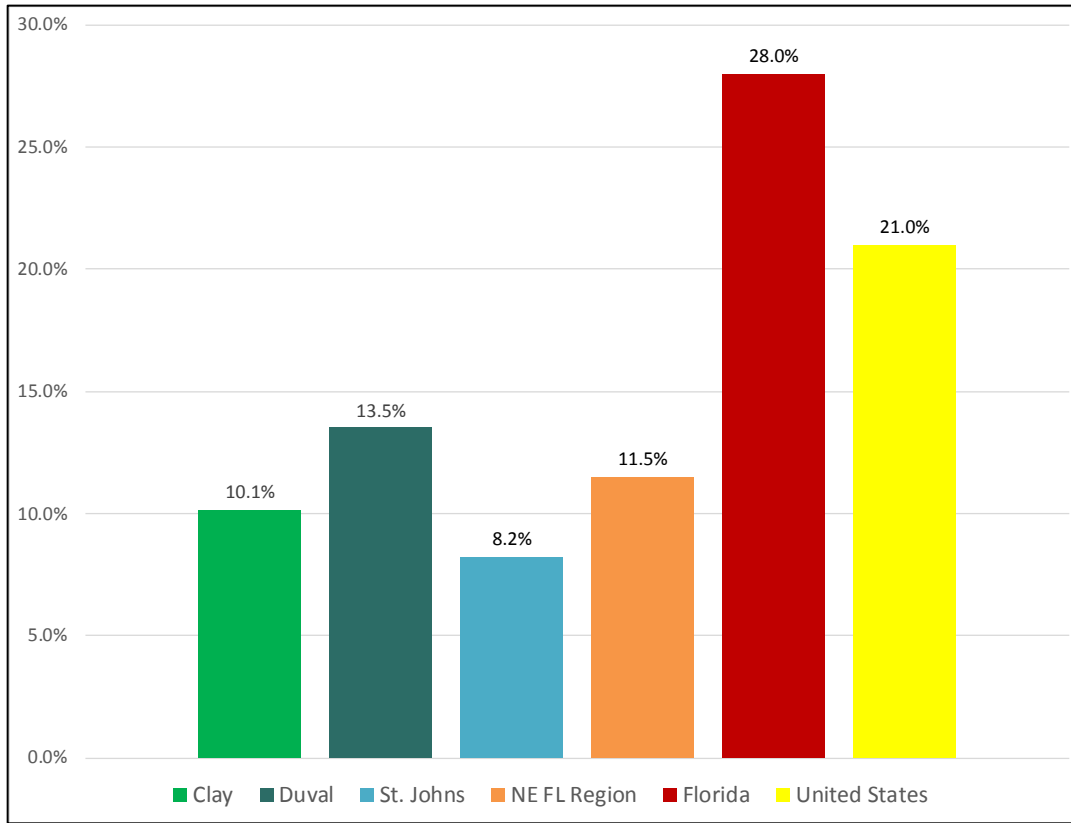


TABLE 18. TYPES OF LANGUAGES SPOKEN AT HOME, 2012-2016

	Clay	Duval	St. Johns	Florida
English-only	169,938 (89.9%)	726,412 (86.5%)	190,184 (91.8%)	13,512,487 (71.7%)
Spanish	9,826 (5.2%)	51,456 (6.1%)	8,266 (4%)	3,936,129 (20.9%)
Other Indo-European Languages	5,303 (2.8%)	27,397 (3.3%)	5,636 (2.7%)	965,349 (5.1%)
Asian Pacific Islander Languages	3,886 (2.1%)	27,296 (3.3%)	2,090 (1.0%)	297,950 (1.6%)
Other Languages	176 (0.1%)	7,269 (0.9%)	1,094 (0.5%)	128,323 (0.7%)

Veterans

The veteran population is a significant part of the community. All counties had a larger share of veterans compared to Florida and the United States at 9.4% and 8.0%, respectively. Clay County had the largest share of veterans compared to all of the counties at 17.1%. 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.

FIGURE 20: VETERAN POPULATION, 2012-2016

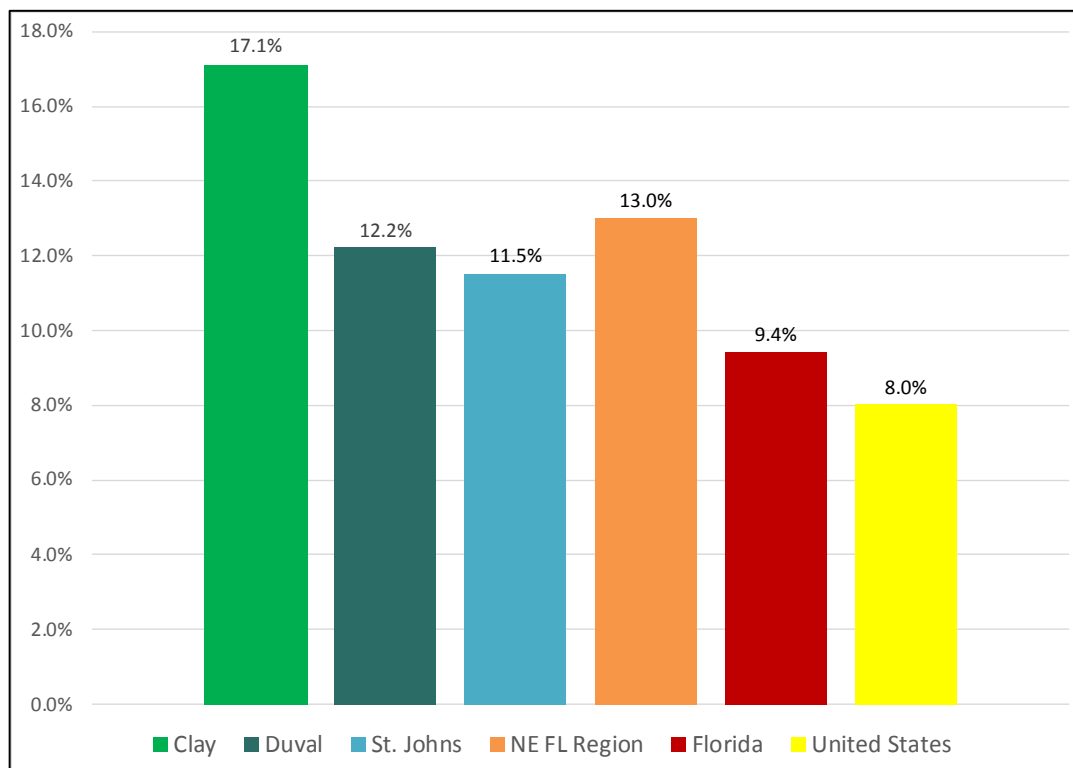


TABLE 19. VETERAN POPULATION BY WAR ERA, 2012-2016

	Florida	Clay	Duval	St. Johns
WWII	106,908 (7.2%)	788 (3.1%)	2,843 (3.4%)	1,473 (7.5%)
Korean War	181,464 (12.3%)	1,486 (5.8%)	5,257 (6.3%)	1,748 (8.9%)
Vietnam Era	522,695 (35.3%)	8,700 (34%)	26,050 (31.2%)	7,256 (37.1%)
Gulf War (8/1990 to 9/2001)	270,558 (18.3%)	10,302 (40.3%)	27,153 (32.5%)	4,454 (22.8%)
Gulf War (9/2001 or later)	199,719 (13.5%)	7,090 (27.7%)	21,234 (25.5%)	2,924 (15%)

Disabilities

Figure 21 shows the share of persons with any type of disability living in each county in the service area, compared to the overall state value and the value of the entire United States. In comparison to the state and nation, Clay and Duval counties had a similar share of disabled populations. St. Johns County had a slightly smaller share of persons with a disability at 11.5%.

FIGURE 21: PERSONS WITH A DISABILITY, 2012-2016

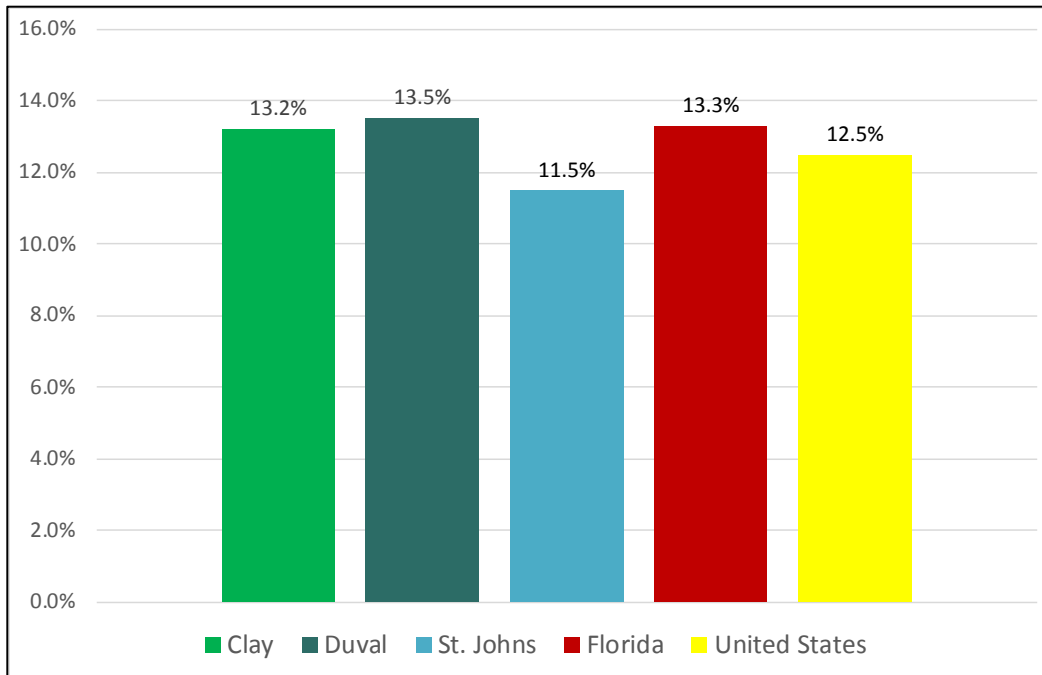


TABLE 20. ESTIMATED NUMBER OF PERSONS WITH A DISABILITY, 2012-2016

County	Persons with a Disability
Clay	27,385
Duval	119,021
St. Johns	27,746

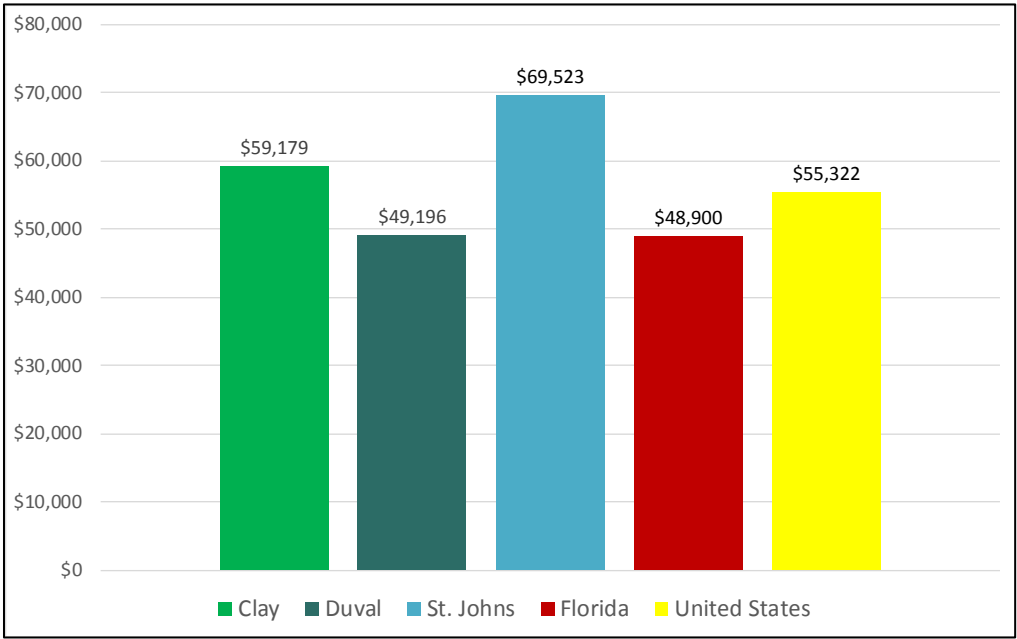
Social and Economic Determinants of Health

This section explores the social and economic determinants of health in Baptist Medical Center South’s 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

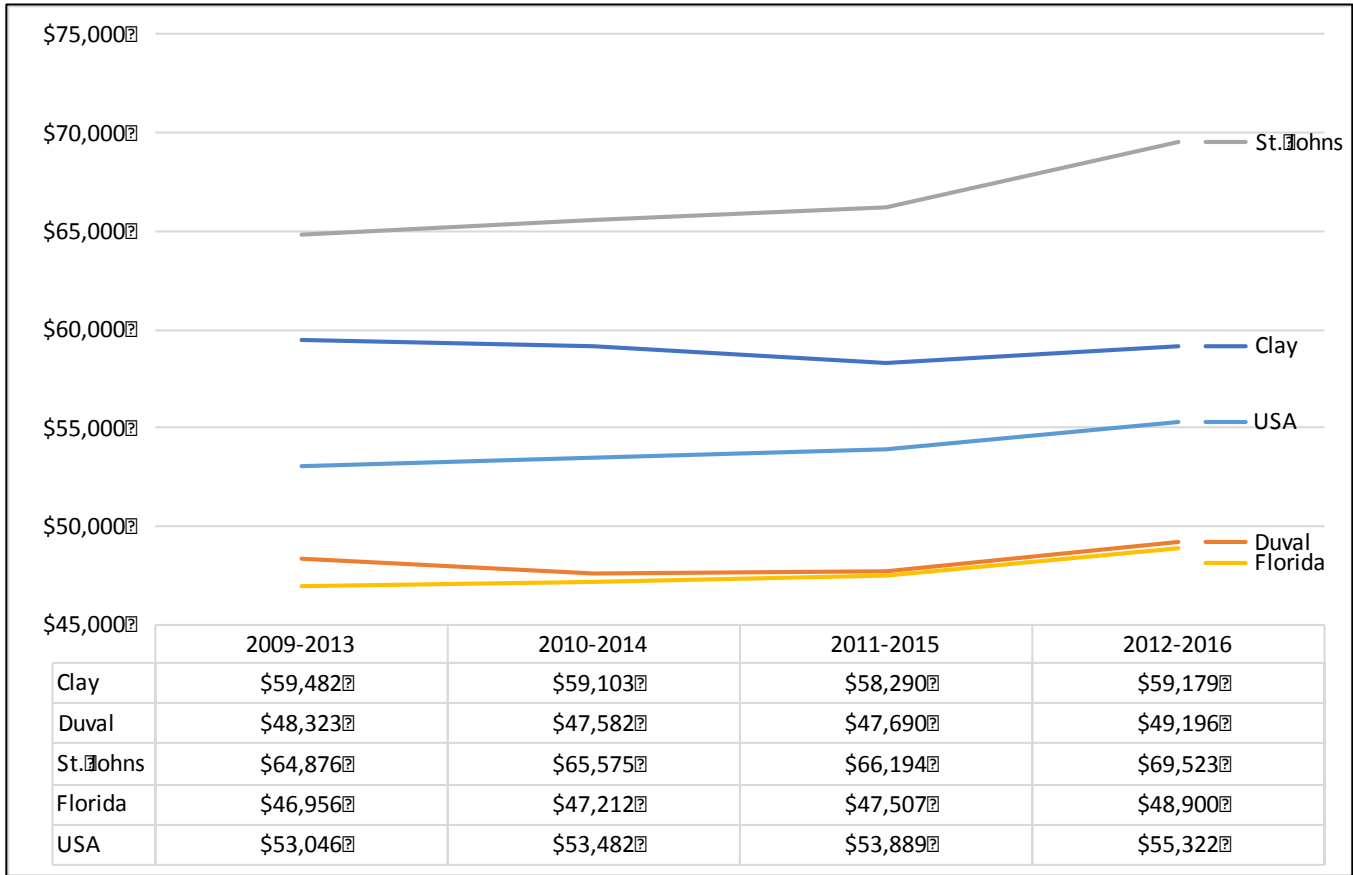
Figure 22 compares the median household income values for the hospital’s service area to the median household income value for Florida and the United States. All counties have higher median household incomes compared to the State, though the State’s median household income is approximately \$6,500 lower than the United States’ median household income. Duval County had the lowest median household income in the service area, at \$49,196, and St. Johns the highest at \$69,523.

FIGURE 22: MEDIAN HOUSEHOLD INCOME, 2012-2016



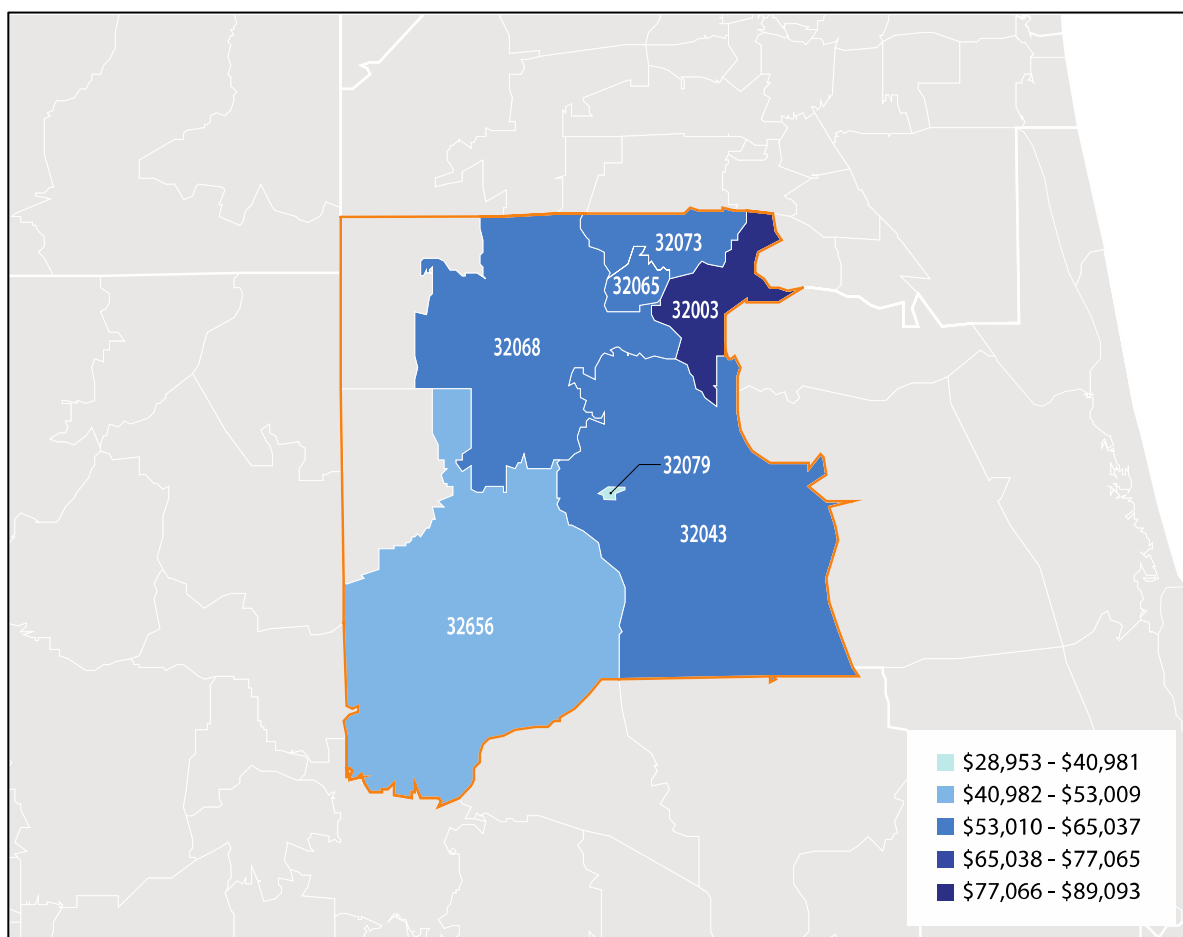
A closer examination of the trend for the service area in Figure 23 reveals that the median household income is generally increasing in Duval and St. Johns counties and decreasing in Clay County.

FIGURE 23: MEDIAN HOUSEHOLD INCOME PER COUNTY: PAST FOUR TIME PERIODS



Across all zip codes in the service area, zip codes 32202, 32206, 32208, 32209, 32211, and 32254 in Duval County, 32079 in Clay County, and 32145 in St. Johns County had the lowest median household income in the \$22,288 - \$37,756 range (Figure 24).

FIGURE 24. MEDIAN HOUSEHOLD INCOME BY ZIP CODE, 2012-2016 (CLAY)



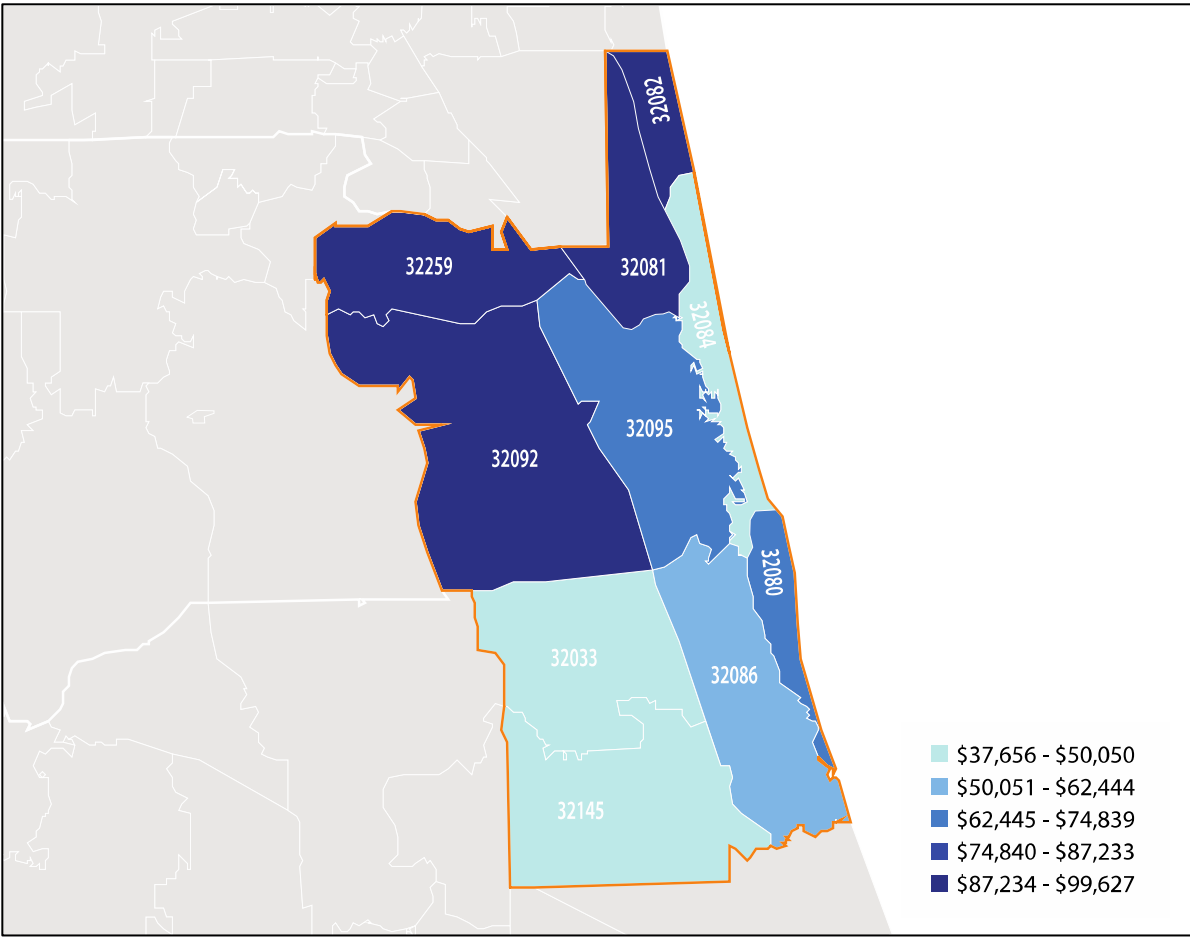
* Areas shaded grey within the orange border of Clay County indicate an area without a population according to the Census.

The map displays the following zip codes and their corresponding income ranges based on the color coding:

- \$22,288 - \$33,923 (Lightest Blue):** 32208, 32209, 32206, 32204, 32205, 32210, 32212, 32217, 32257, 32256, 32227, 32228, 32233, 32266, 32250.
- \$33,924 - \$45,558 (Medium Light Blue):** 32218, 32219, 32220, 32207, 32211, 32216, 32224, 32225, 32226, 32221, 32222, 32244, 32258.
- \$45,559 - \$57,192 (Medium Blue):** 32234, 32223, 32251, 32252, 32253, 32254, 32255, 32256, 32257, 32258, 32259, 32260, 32261, 32262, 32263, 32264, 32265, 32266, 32267, 32268, 32269, 32270, 32271, 32272, 32273, 32274, 32275, 32276, 32277, 32278, 32279, 32280, 32281, 32282, 32283, 32284, 32285, 32286, 32287, 32288, 32289, 32290, 32291, 32292, 32293, 32294, 32295, 32296, 32297, 32298, 32299, 32300.
- \$57,193 - \$68,827 (Dark Blue):** 32201, 32202, 32203, 32204, 32205, 32206, 32207, 32208, 32209, 32210, 32211, 32212, 32213, 32214, 32215, 32216, 32217, 32218, 32219, 32220, 32221, 32222, 32223, 32224, 32225, 32226, 32227, 32228, 32229, 32230, 32231, 32232, 32233, 32234, 32235, 32236, 32237, 32238, 32239, 32240, 32241, 32242, 32243, 32244, 32245, 32246, 32247, 32248, 32249, 32250, 32251, 32252, 32253, 32254, 32255, 32256, 32257, 32258, 32259, 32260, 32261, 32262, 32263, 32264, 32265, 32266, 32267, 32268, 32269, 32270, 32271, 32272, 32273, 32274, 32275, 32276, 32277, 32278, 32279, 32280, 32281, 32282, 32283, 32284, 32285, 32286, 32287, 32288, 32289, 32290, 32291, 32292, 32293, 32294, 32295, 32296, 32297, 32298, 32299, 32300.
- \$68,828 - \$80,462 (Darkest Blue):** 32201, 32202, 32203, 32204, 32205, 32206, 32207, 32208, 32209, 32210, 32211, 32212, 32213, 32214, 32215, 32216, 32217, 32218, 32219, 32220, 32221, 32222, 32223, 32224, 32225, 32226, 32227, 32228, 32229, 32230, 32231, 32232, 32233, 32234, 32235, 32236, 32237, 32238, 32239, 32240, 32241, 32242, 32243, 32244, 32245, 32246, 32247, 32248, 32249, 32250, 32251, 32252, 32253, 32254, 32255, 32256, 32257, 32258, 32259, 32260, 32261, 32262, 32263, 32264, 32265, 32266, 32267, 32268, 32269, 32270, 32271, 32272, 32273, 32274, 32275, 32276, 32277, 32278, 32279, 32280, 32281, 32282, 32283, 32284, 32285, 32286, 32287, 32288, 32289, 32290, 32291, 32292, 32293, 32294, 32295, 32296, 32297, 32298, 32299, 32300.

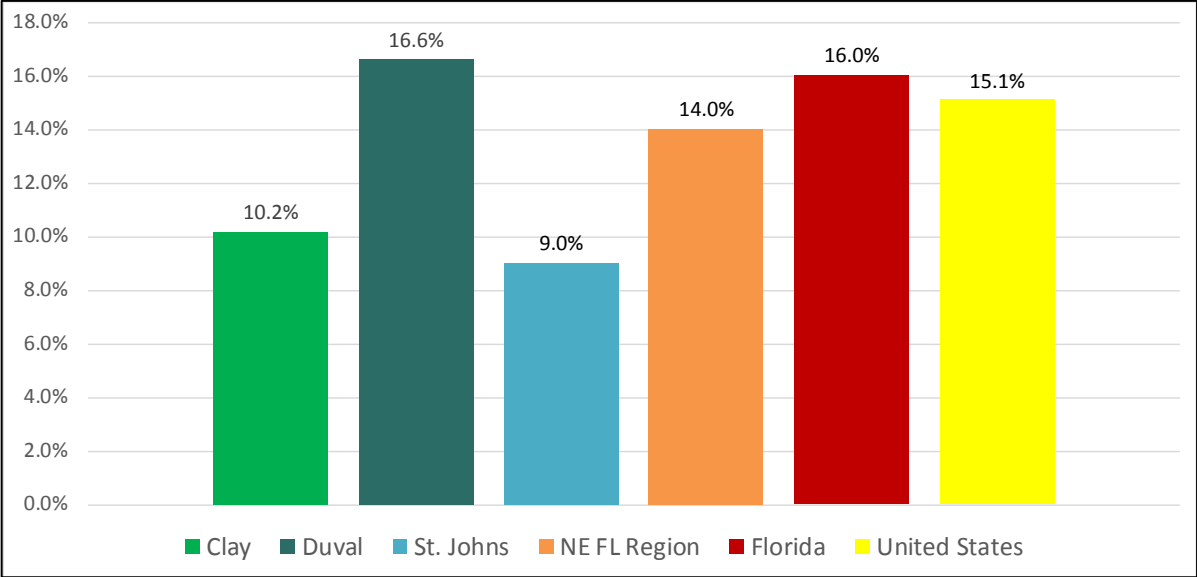
45 Baptist Medical Center South - CHNA

FIGURE 26 MEDIAN HOUSEHOLD INCOME BY ZIP CODE, 2012-2016 (ST. JOHNS)



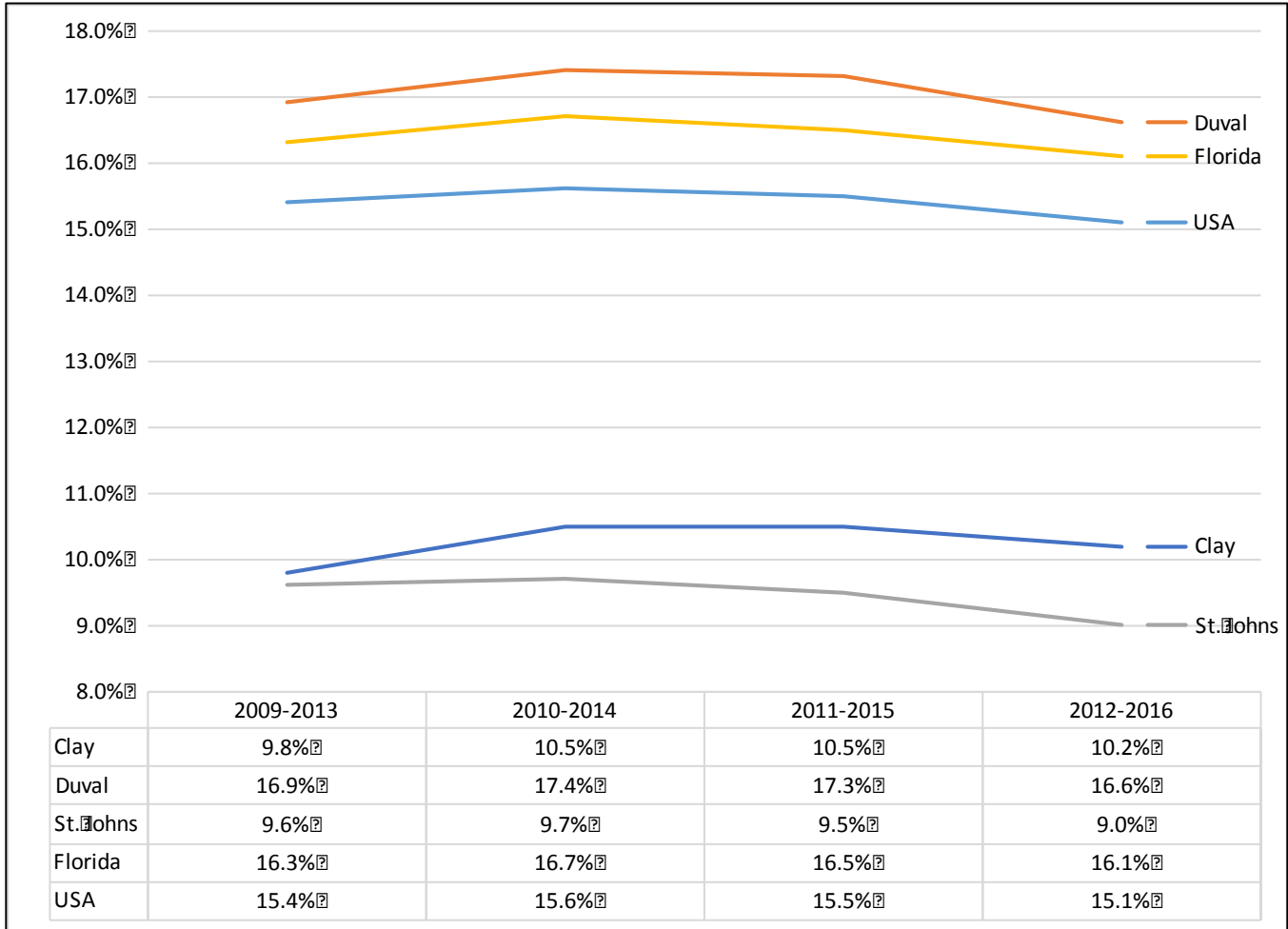
Duval County experiences a higher rate of poverty compared to the regional, state, and national poverty rates of 14.0%, 16.0%, and 15.1%, respectively. Similarly, as seen by examining the median household income metric, St. Johns is again the best performing county, with only 9.0% of the population living below the poverty level.

FIGURE 27: PEOPLE LIVING BELOW POVERTY LEVEL, 2012-2016



According to Figure 28, the trend of people living below poverty level has fluctuated slightly in the service area across the past four time periods. The share of people living below poverty level decreased in St. Johns County, but increased in Clay County.

FIGURE 28: PEOPLE LIVING BELOW POVERTY LEVEL: PAST FOUR TIME PERIODS



Examining the context of poverty more deeply, Figure 29 shows the percentage of people living below the poverty level by race and ethnicity. Across all counties, Black or African American residents experience higher rates of poverty compared to other race/ethnic groups. Duval County has the highest percentage of Black or African Americans living below the poverty level (26.7%).

FIGURE 29: PEOPLE LIVING BELOW POVERTY LEVEL BY RACE/ETHNICITY, 2012-2016

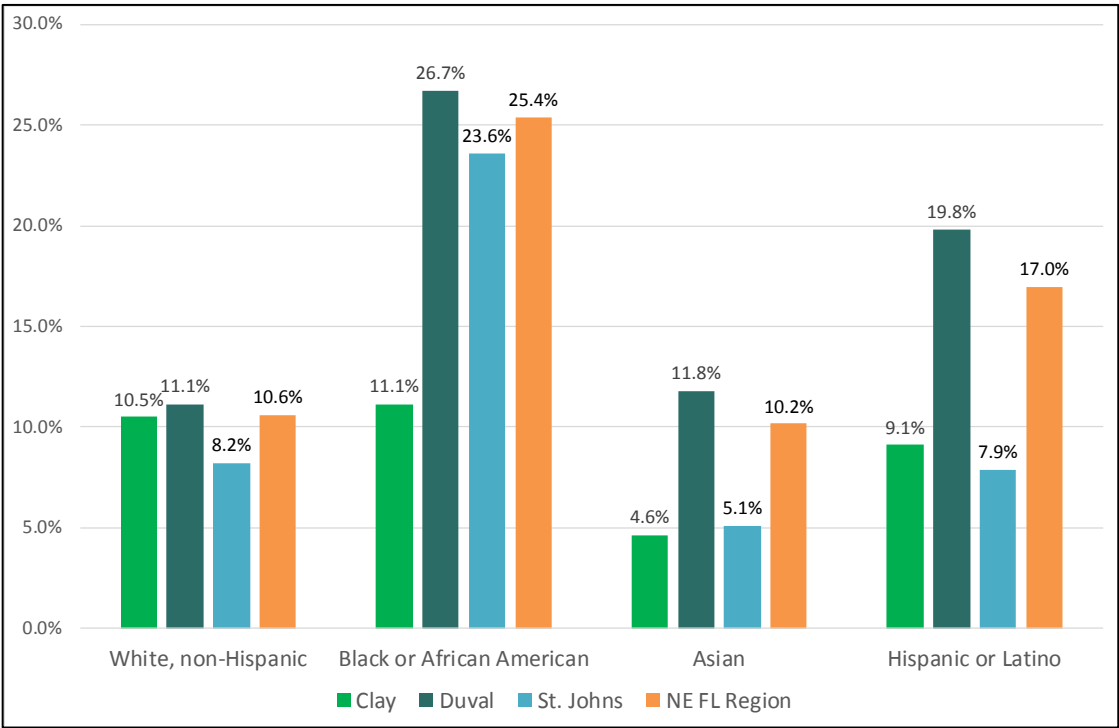
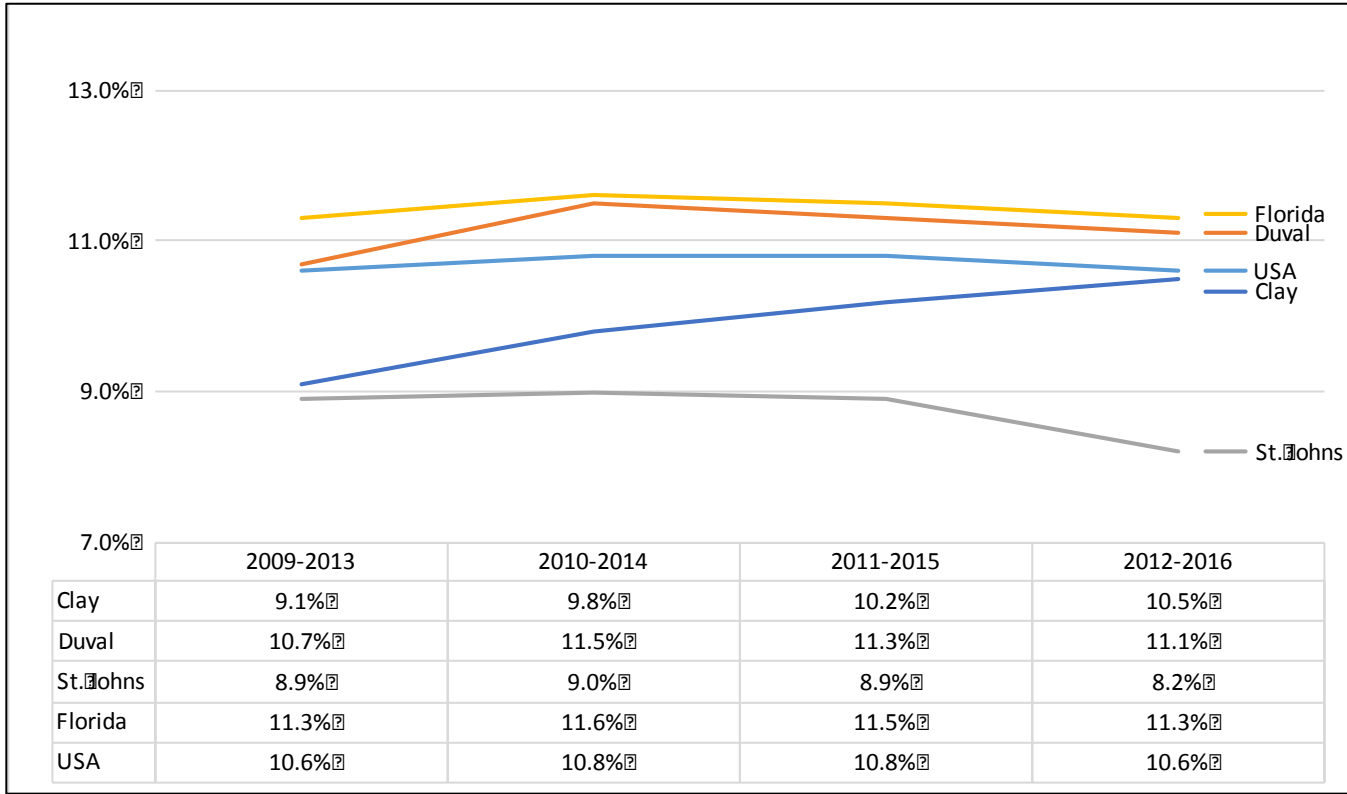


Figure 30, Figure 31, and Figure 32 examine the trends for the White, non-Hispanic, Black or African American, and Hispanic or Latino populations, all racial/ethnic groups that experience higher poverty rates than the overall population in at least one county.

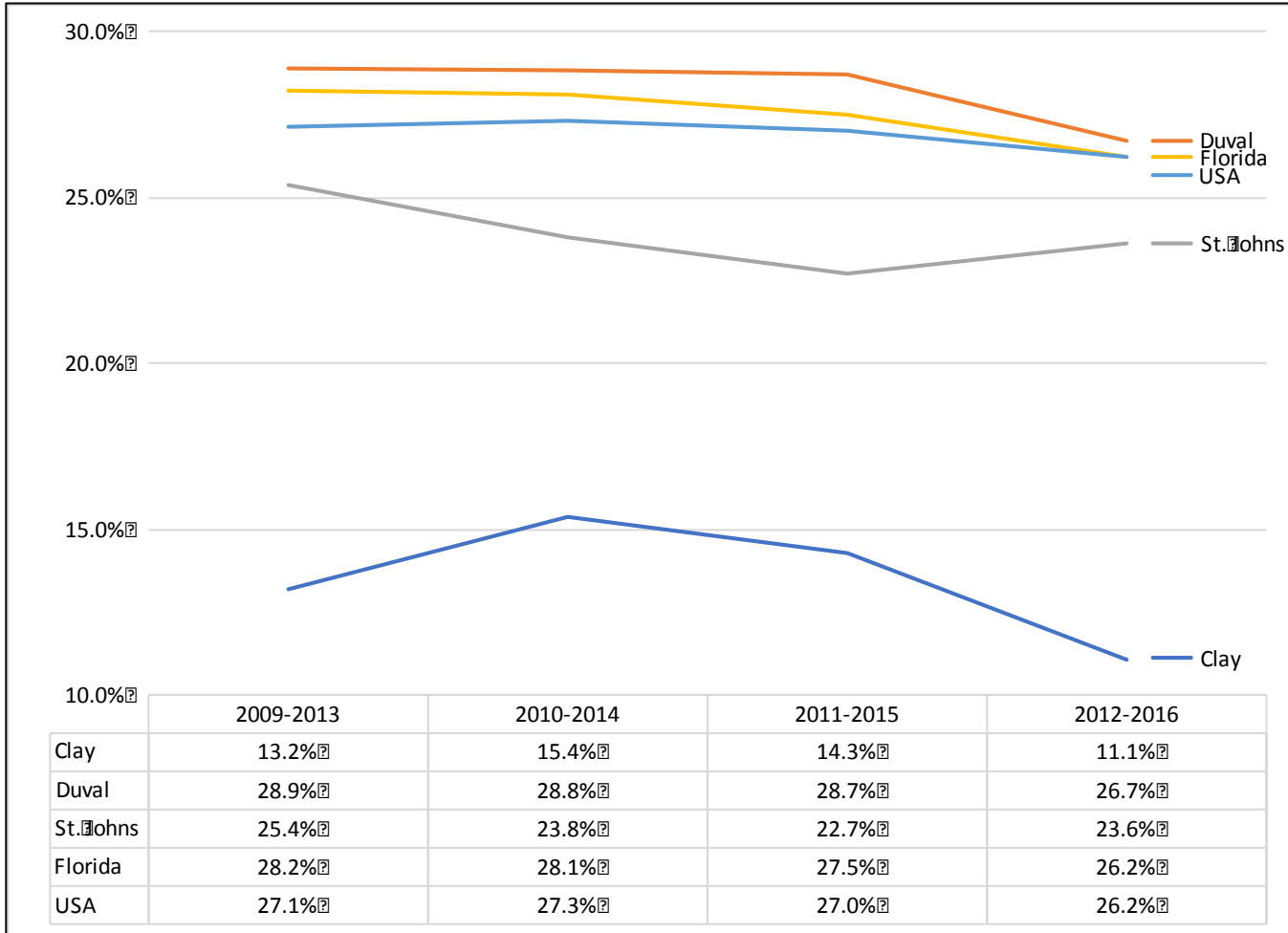
White, non-Hispanic residents experienced a slight increase in levels of poverty in both Clay and Duval counties in the past four time periods.

FIGURE 30: WHITE, NON-HISPANIC POPULATION LIVING BELOW POVERTY LEVEL: PAST FOUR TIME PERIODS



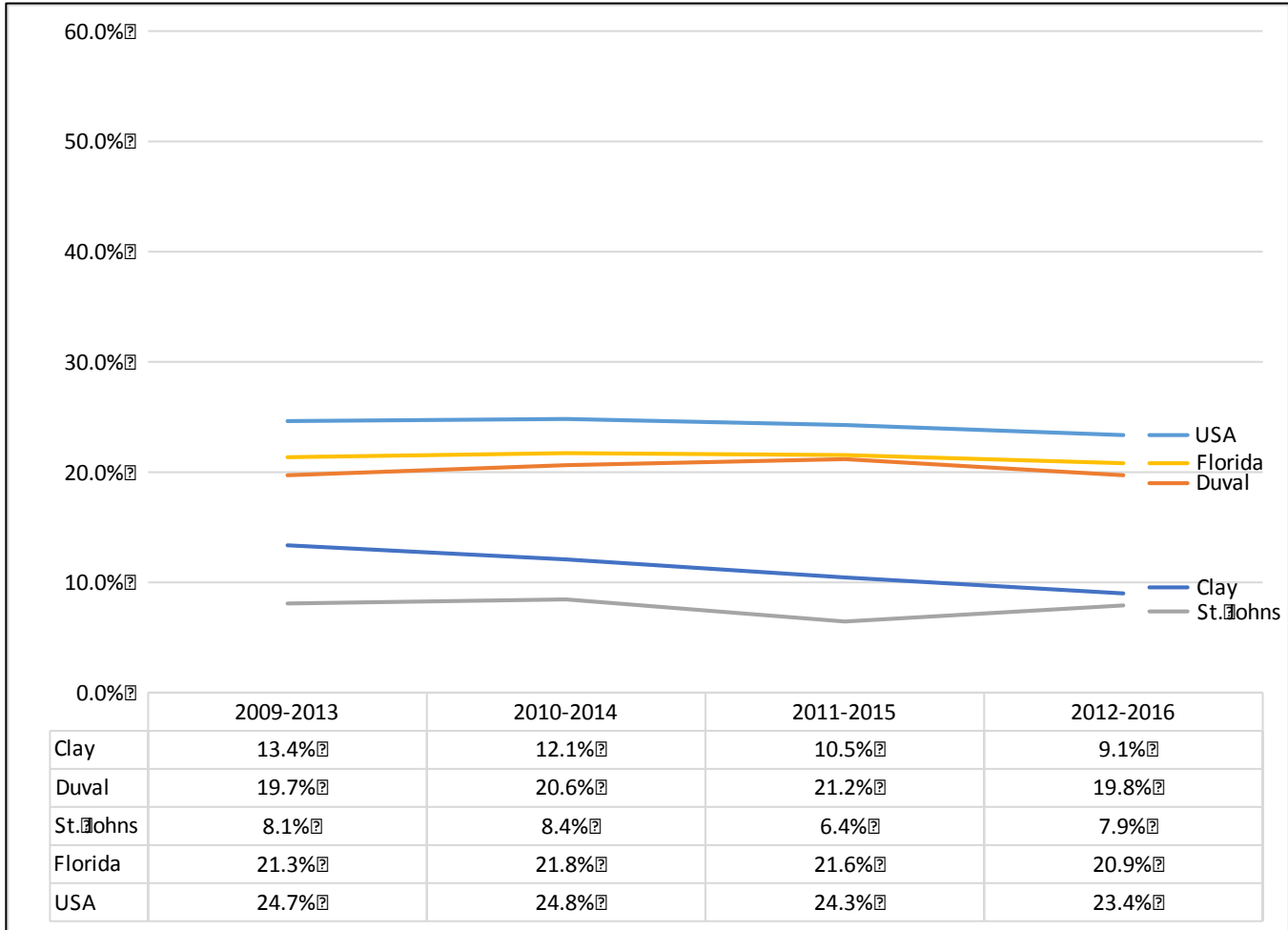
Generally, the rate of poverty for Black or African Americans decreased in all counties in the service area. Although Duval County had the highest rate of poverty for its Black or African American population, the trend has been steadily decreasing in the past four time periods, as presented in Figure 31.

FIGURE 31: BLACK OR AFRICAN AMERICAN POPULATION LIVING BELOW POVERTY LEVEL: PAST FOUR TIME PERIODS



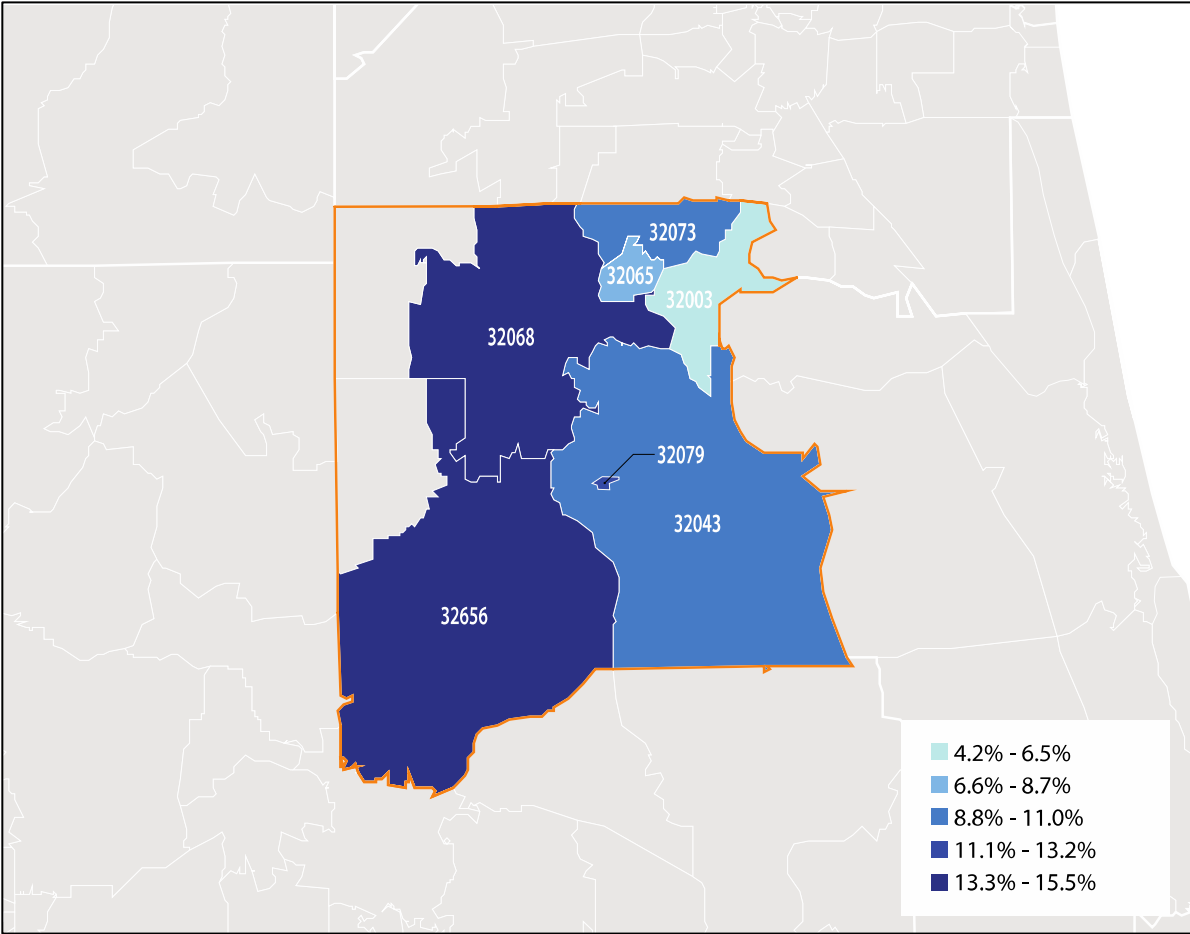
Hispanic or Latino residents experienced slight, but inconsistent decreases in levels of poverty across all counties in the service area in the past four time periods. Only in Clay County did levels of poverty for Hispanic or Latino residents decrease steadily, from 13.4% in 2009-2013 to 9.1% in 2012-2016.

FIGURE 32: HISPANIC OR LATINO POPULATION LIVING BELOW POVERTY LEVEL: PAST FOUR TIME PERIODS



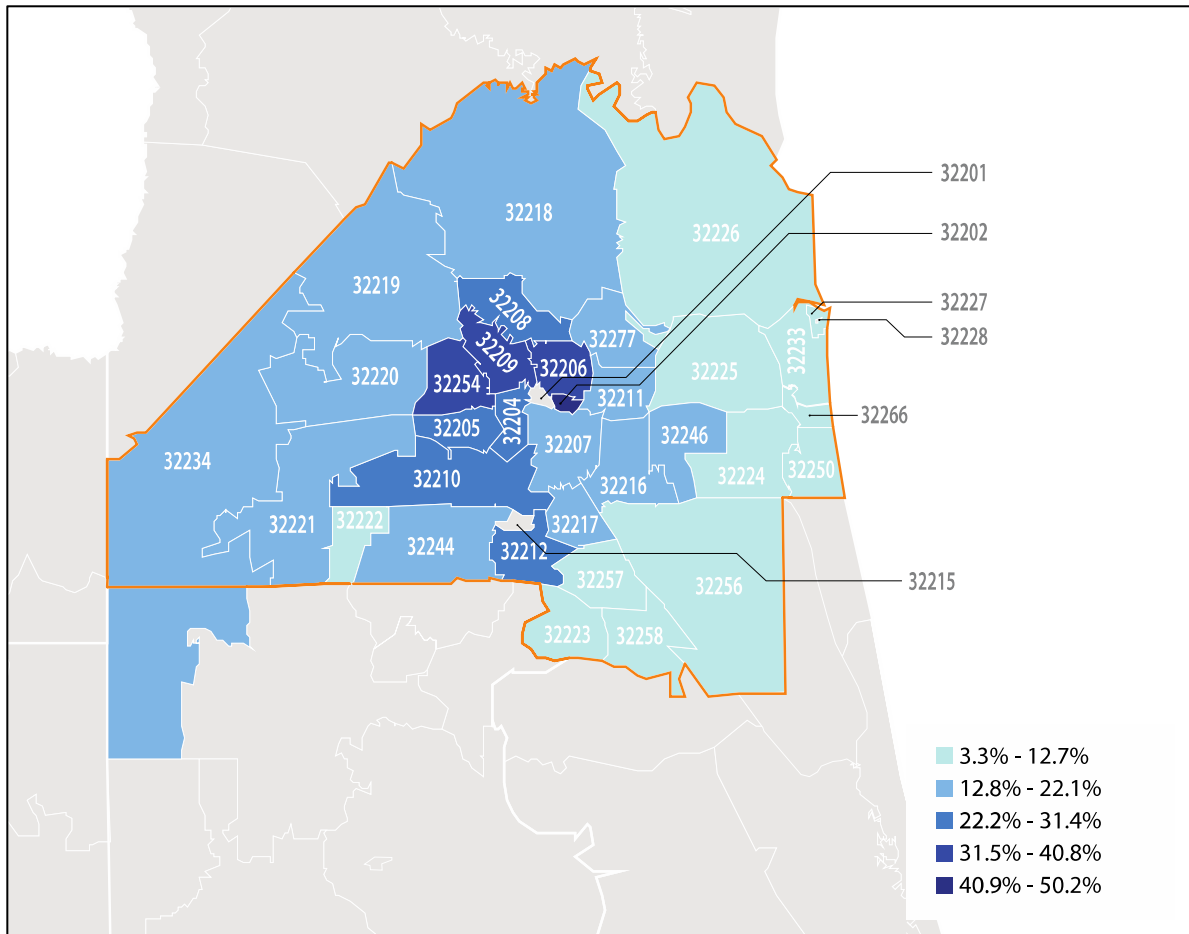
As seen in Figure 33 through Figure 35, zip codes 32202, 32206, 32209, and 32254 in Duval County emerged with the highest share of people living below poverty in the range of 40.7% - 50.2%.

FIGURE 33. PEOPLE LIVING BELOW POVERTY LEVEL BY ZIP CODE, 2012-2016 (CLAY)



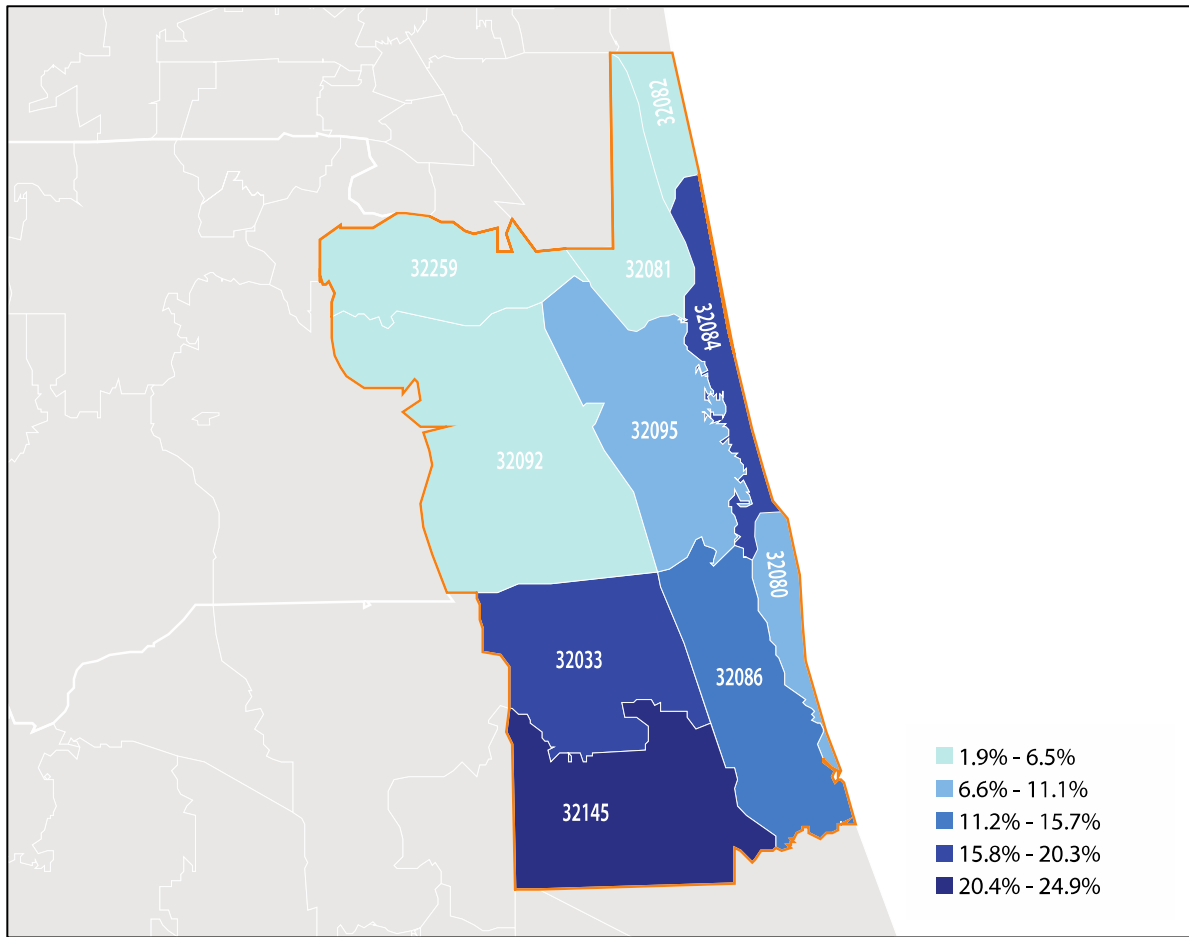
* Areas shaded grey within the orange border of Clay County indicate an area without a population according to the Census.

FIGURE 34. PEOPLE LIVING BELOW POVERTY LEVEL BY ZIP CODE, 2012-2016 (DUVAL)



* Areas shaded grey within the orange border of Duval County indicate an area without a population according to the Census.

FIGURE 35. PEOPLE LIVING BELOW POVERTY LEVEL BY ZIP CODE, 2012-2016 (ST. JOHNS)



Employment

Table 21 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 21. UNEMPLOYED WORKERS IN CIVILIAN LABOR FORCE, MAY 2018

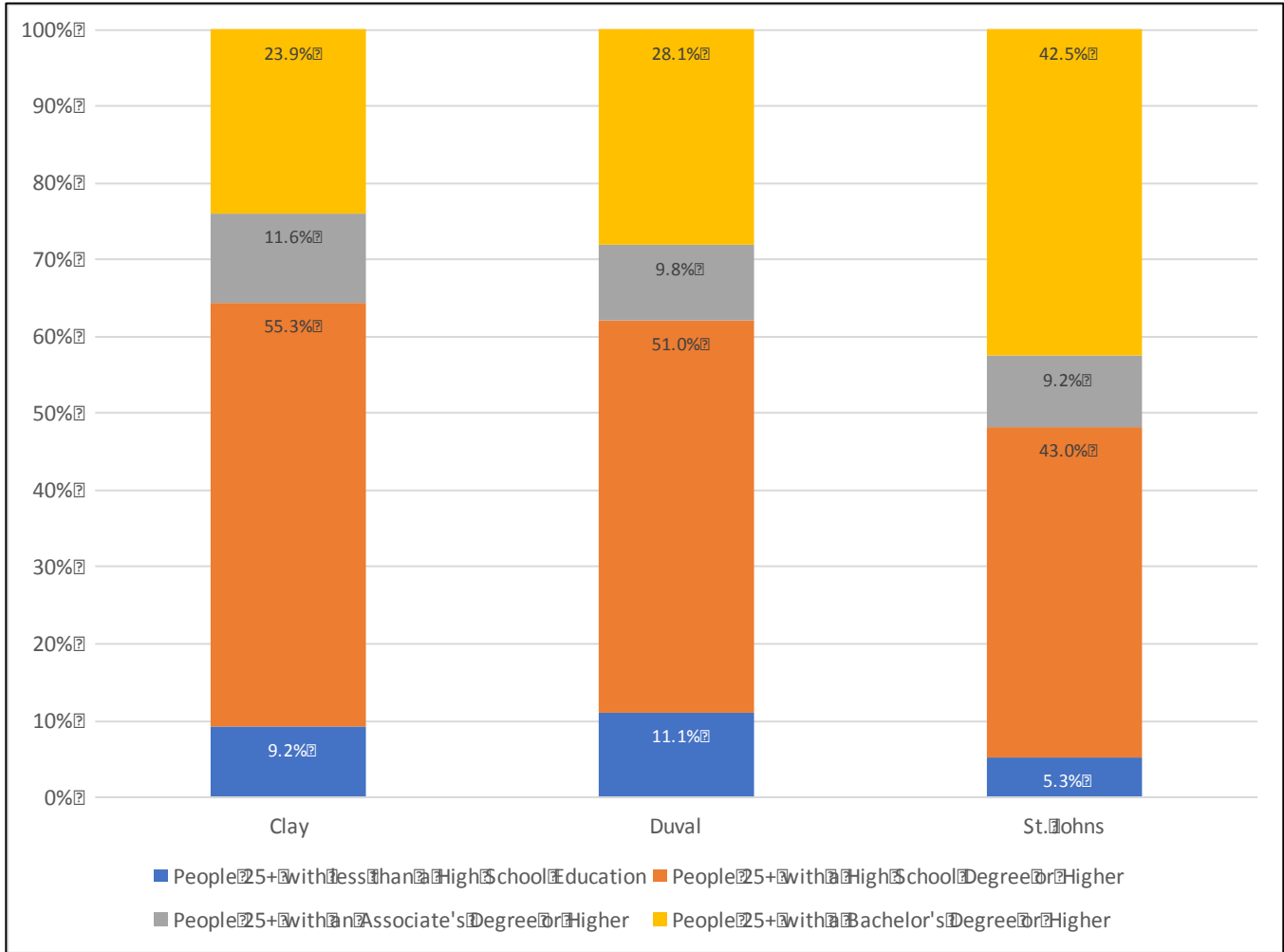
County	Percent Unemployed
Clay	3%
Duval	3.3%
St. Johns	2.6%

Education

In 2012-2016, the share of residents aged 25 or older with at least a high school degree or equivalent in the service area was higher for all counties in comparison to the Florida state value (87.2%) and the

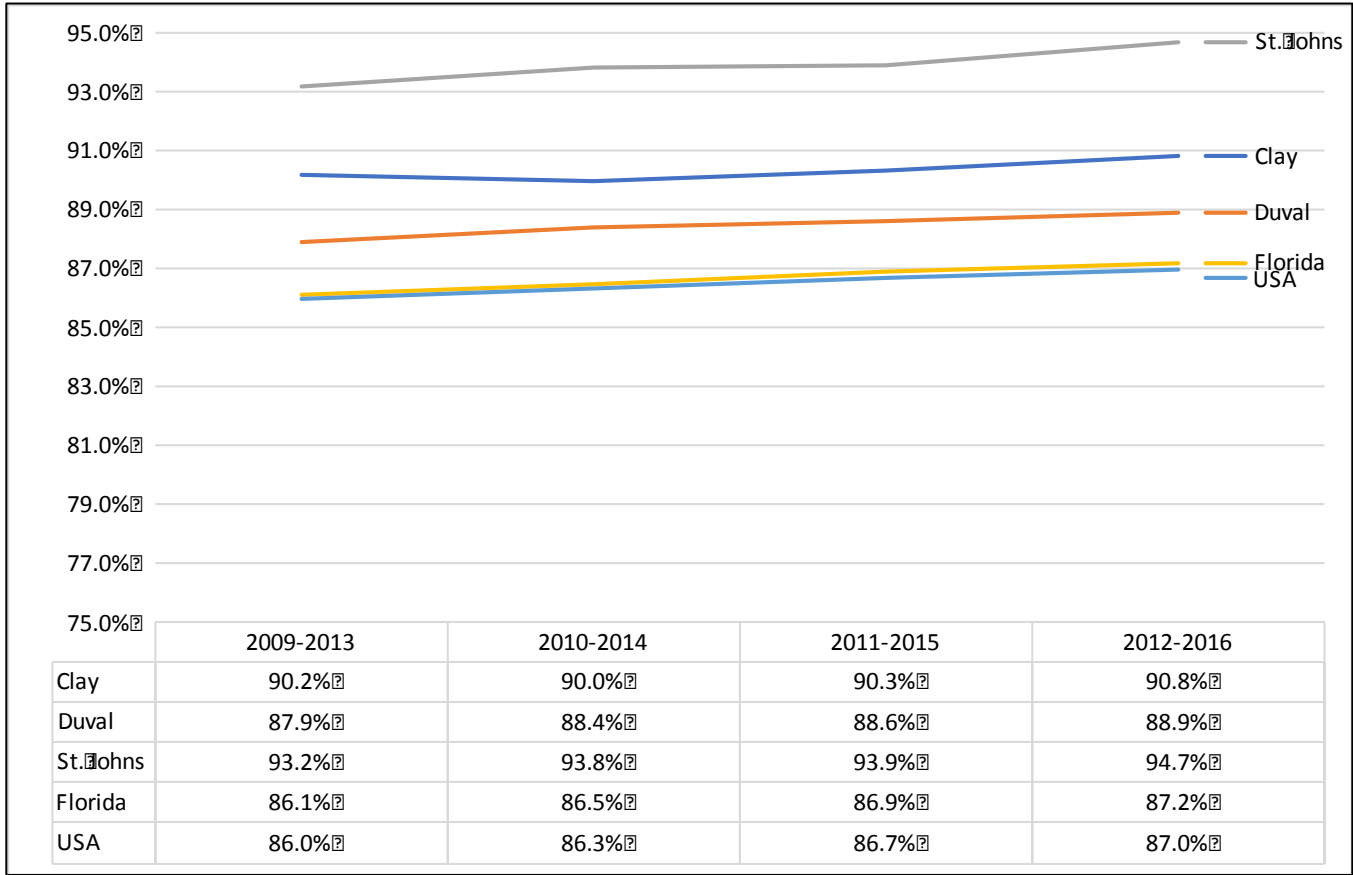
national value (87.0%), as presented in Figure 37. Within the service area, high school degree attainment, or completion of high school or a general equivalency diploma (GED), was the lowest in Duval County at 88.9% and the highest in St. Johns County at 94.7%.

FIGURE 36. EDUCATIONAL ATTAINMENT BY COUNTY, 2012-2016



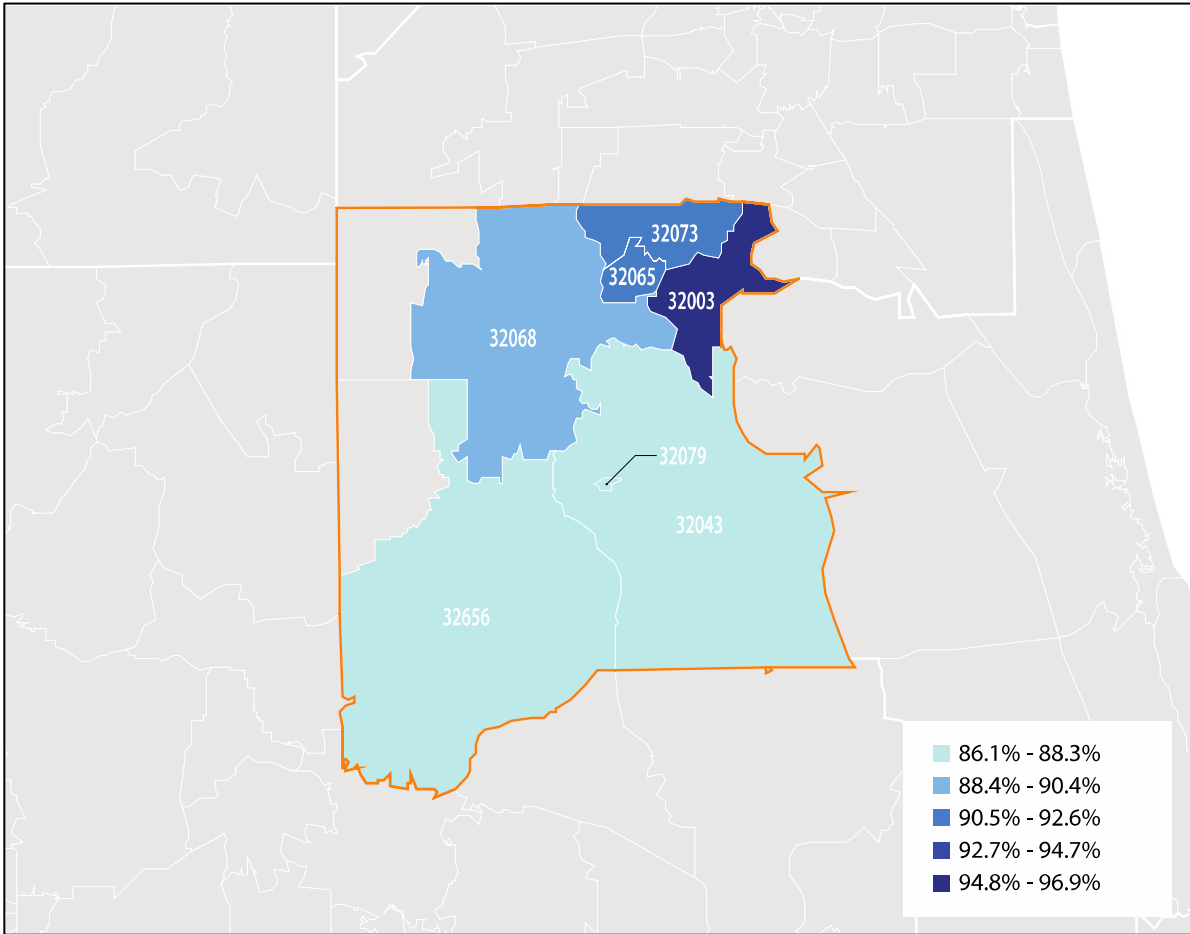
The share of residents aged 25 and older who have a high school degree increased for all past four time periods for Clay, Duval, and St. Johns counties (Figure 37). This is consistent with the statewide and national trend of increased educational attainment across the population.

FIGURE 37: POPULATION AGED 25+ WITH A HIGH SCHOOL DEGREE OR HIGHER: PAST FOUR TIME PERIODS



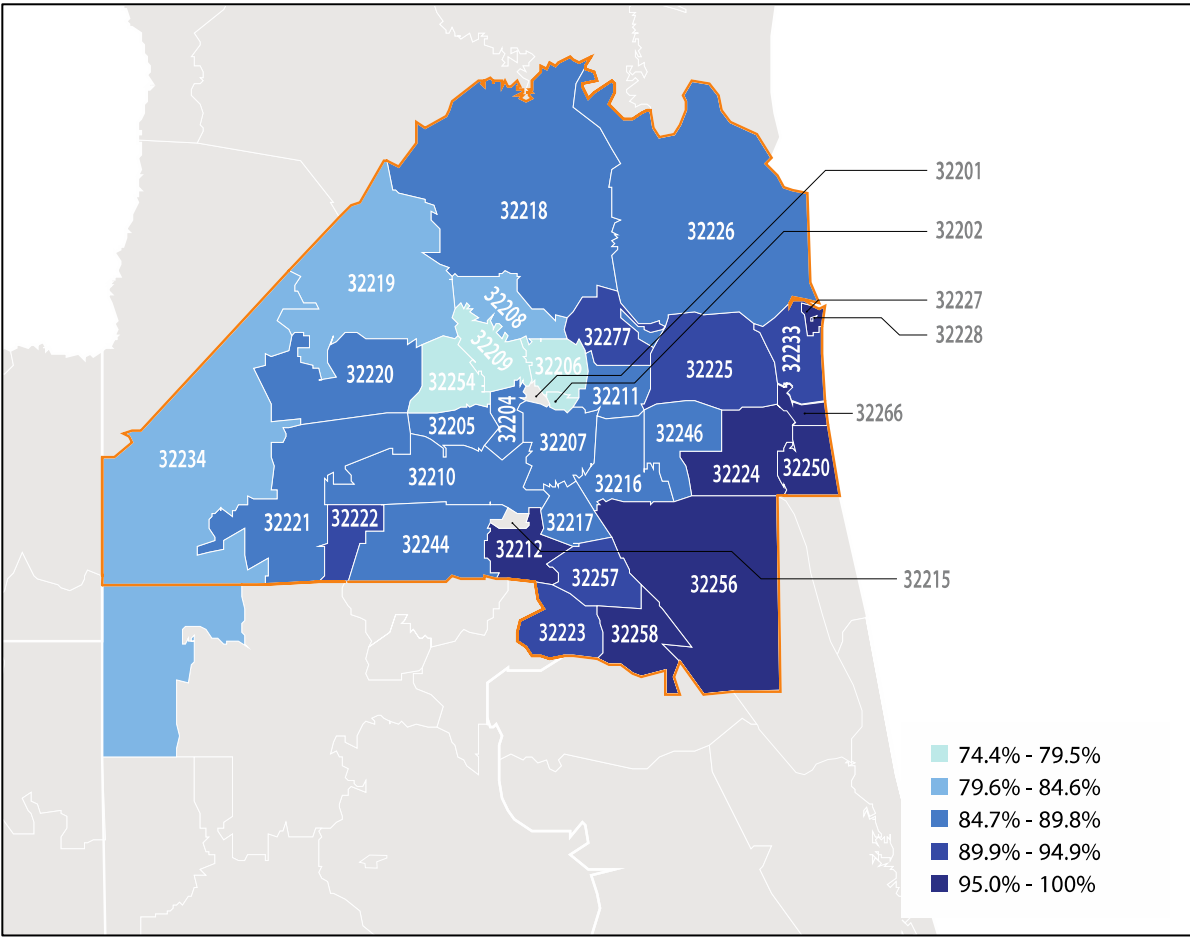
Across all zip codes in the service area as presented in Figure 38 through 40, zip codes 32202, 32206, 32209, and 32254 in Duval County had the lowest share of high school degree attainment in 2012-2016, all within the 74.4% - 79.5% range.

FIGURE 38. HIGH SCHOOL DEGREE ATTAINMENT BY ZIP CODE, 2012-2016 (CLAY)



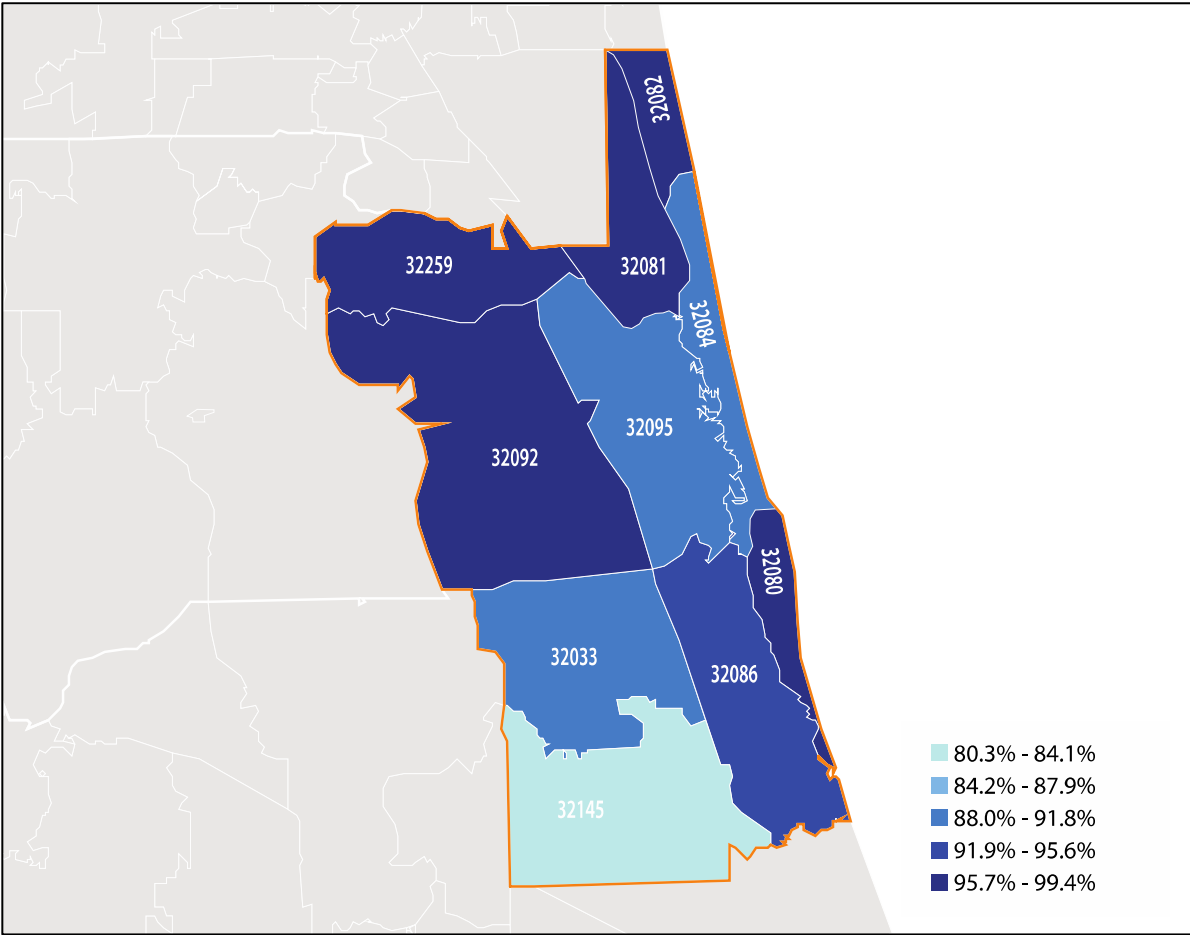
* Areas shaded grey within the orange border of Clay County indicate an area without a population according to the Census.

FIGURE 39. HIGH SCHOOL DEGREE ATTAINMENT BY ZIP CODE, 2012-2016 (DUVAL)



* Areas shaded grey within the orange border of Duval County indicate an area without a population according to the Census.

FIGURE 40. HIGH SCHOOL DEGREE ATTAINMENT BY ZIP CODE, 2012-2016 (ST. JOHNS)

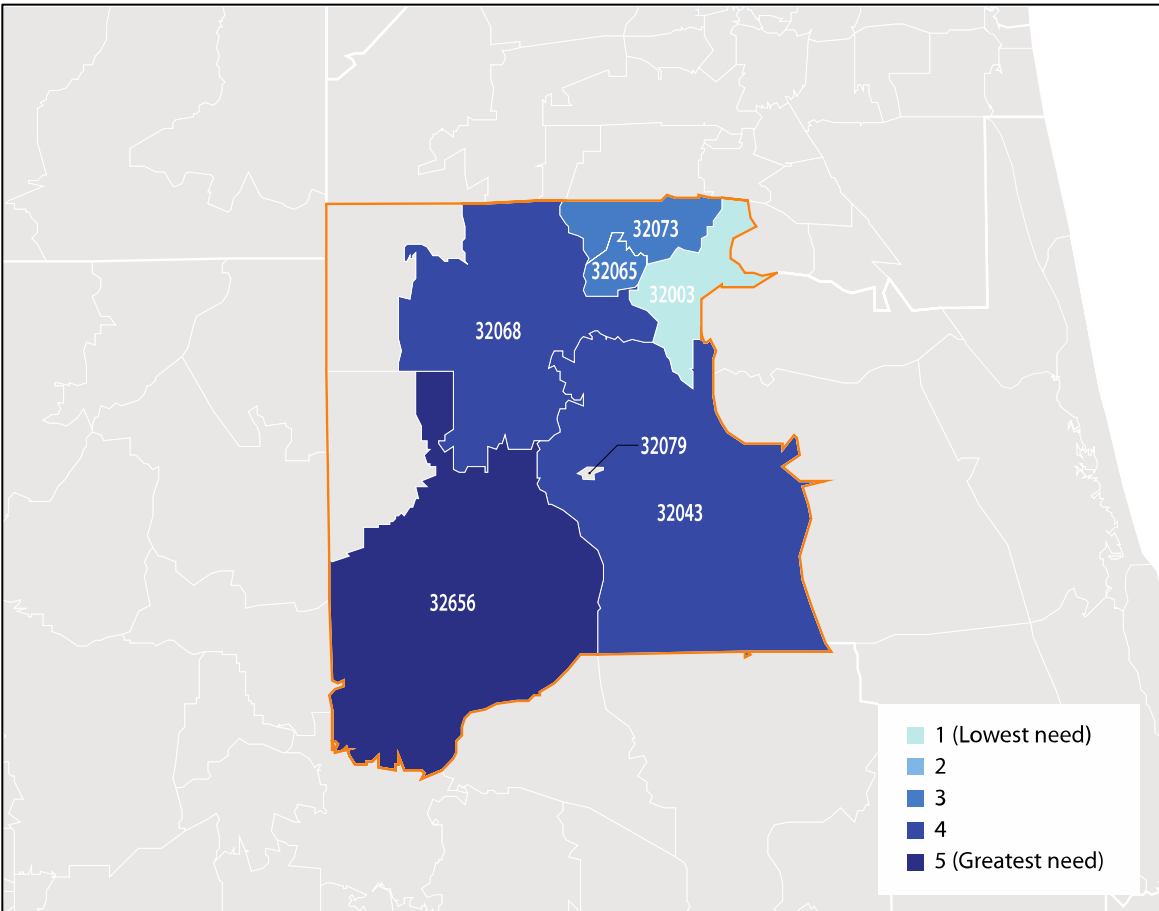


SocioNeeds Index

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.

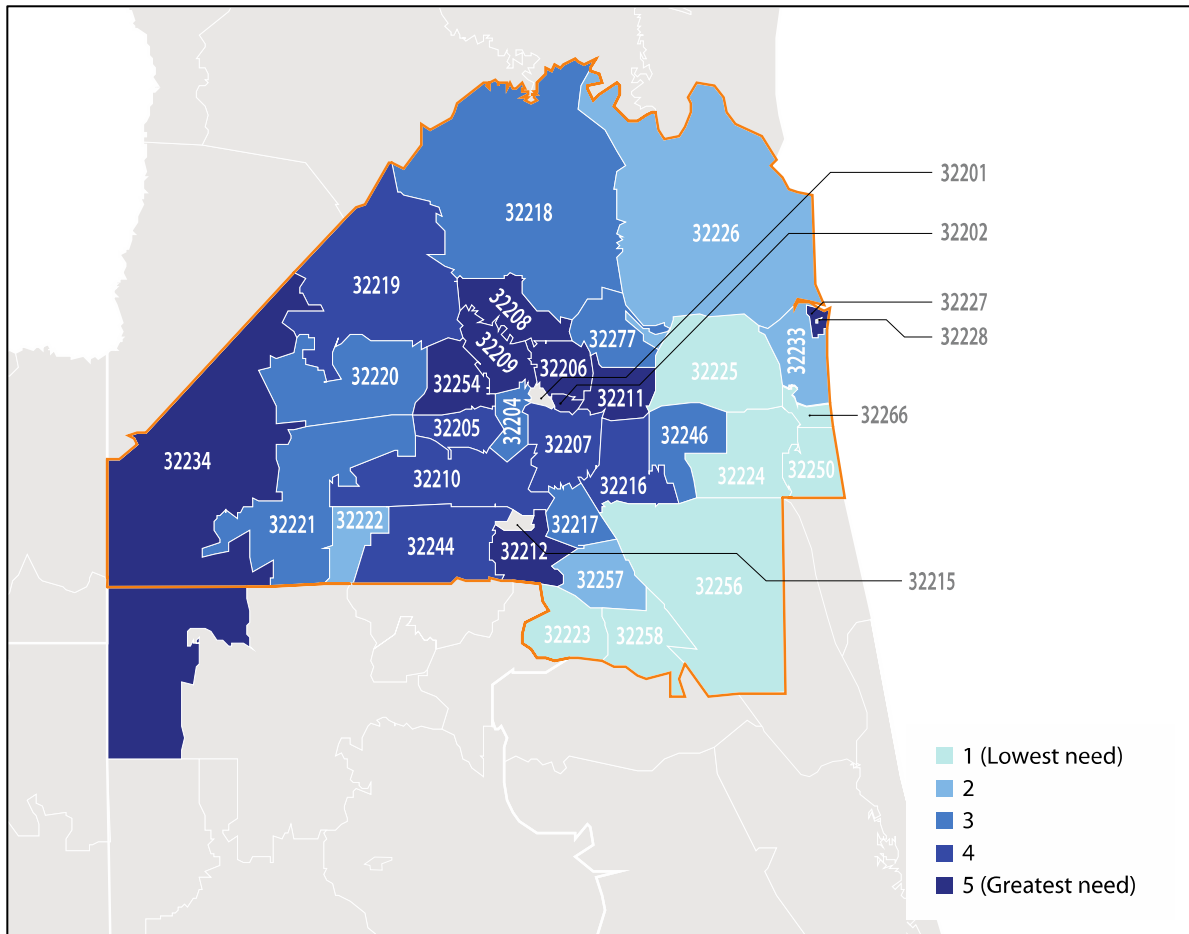
Within the Northeast Florida region, zip codes are ranked based on their index value to identify the relative levels of need, as illustrated by Figure 41. Compared to all zip codes within the region, the following zip codes within the service area of Clay, Duval, and St. Johns counties had the highest level of socioeconomic need (as indicated by the darkest shade of blue): 32656 in Clay County; 32202, 32206, 32208, 32209, 32211, 32212, 32227, 32234, and 32254 in Duval County; and 32145 in St. Johns County.

FIGURE 41. SOCIONEEDS INDEX FOR BAPTIST MEDICAL CENTER SOUTH’S SERVICE AREA (CLAY)



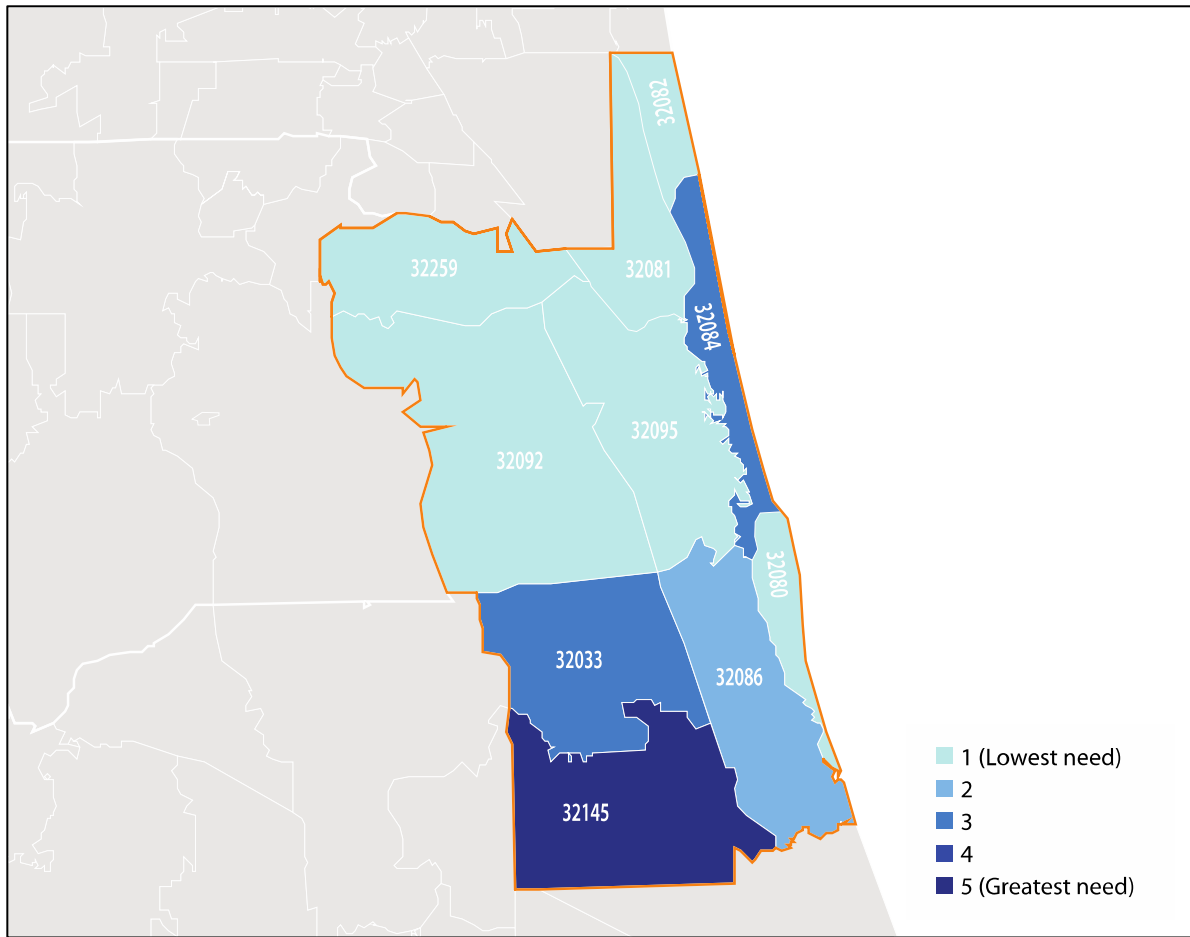
* Areas shaded grey within the orange border of Clay County indicate an area without a population according to the Census.

FIGURE 42. SOCIONEEDS INDEX FOR BAPTIST MEDICAL CENTER SOUTH'S SERVICE AREA (DUVAL)



* Areas shaded grey within the orange border of Duval County indicate an area without a population according to the Census.

FIGURE 43. SOCIONEEDS INDEX FOR BAPTIST MEDICAL CENTER SOUTH'S SERVICE AREA (ST. JOHNS)



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 South. Baptist Medical Center South 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 44 shows the many different aspects of access that were identified as influencing factors for the Partnership's 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 impacts 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

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.

FIGURE 44. FACTORS RELATED TO ACCESS



Key Issues

- There is a lack of adults with a usual source of health care in the service area
- There is a deficit of mental health services in the service area, with access being nearly impossible for those who are underinsured or uninsured
- There are language barriers and barriers due to transportation issues that affect access

Access to Health Services

Secondary Data

Secondary data showed that, while Clay, Duval, and St. Johns counties all have a higher percentage of adults with a usual source of health care than the overall state average, counties in Baptist Medical Center South's service area fail to meet the Healthy People 2020 target of 89.4% of adults who have at least one person they think of as their personal doctor or health care provider (Adults with Usual Source of Health Care). Additionally, the percent of children with health insurance in Clay and Duval counties were found to be lower than the average for the entire nation (95.5%). Among adults, Duval County only has a health insurance coverage rate of 84.3%, while Clay and St. Johns counties have a much higher rate of coverage at 88.7% and 89.4%, respectively.

In St. Johns and Clay counties, the rate of dentists per 100,000 members of the population was lower than the state and national rates, signifying a lack of providers. In Clay County and Duval County, there were nearly twenty percent of adults who could not see a dentist within the past year due to the cost. Analysis was done to identify specific indicators of concern for the area of access to health services in the service area, and they are listed in Table 22.

TABLE 22. ACCESS TO HEALTH SERVICES INDICATORS*

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)		Clay	23.2%	1.58	2					
		Duval	19.1%	1.42	1					
		St. Johns	10.1%	1.25	0					
Adults with Health Insurance [1] (2016)	81.6%	Clay	88.7%	1	0	1	2	1	3	0
		Duval	84.3%	1.56	0	1	3	2	3	1
		St. Johns	89.4%	1.22	0	1	2	1	3	1
Adults with a Usual Source of Health Care [8] (2016)	72.0%	Clay	77.7%	1.42	1	1		1	3	
		Duval	75.0%	1.75	2	1		2	3	
		St. Johns	78.5%	1.42	1	1		1	3	
Children with Health Insurance [1] (2016)	93.8%	Clay	94.6%	1.56	1	1	2	2	2	1.5
		Duval	95.0%	1.22	1	1	2	2	2	0
		St. Johns	97.1%	0.94	0	1	1	1	2	1
Clinical Care Ranking [4] (2018) <i>*Ranking of the county in clinical care according to the County Health Rankings</i>		Clay	29	1.42	1					
		Duval	13	1.25	0					
		St. Johns	2	1.25	0					
Dentist Rate [4] (2016) <i>*in dentists/100,000 population</i>	57.7	Clay	54.3	1.56	1	2	1	3		1
		Duval	78.9	0.17	0	0	0	0		0
		St. Johns	51	1.5	1	3	1	3		0
Non-Physician Primary Care Provider Rate [4] (2017) <i>*in providers/100,000 population</i>	87.8	Clay	94.1	0.33	0	1	0	0		0
		Duval	137.4	0.17	0	0	0	0		0
		St. Johns	58.3	2.06	2	3	2	3		1
Median Monthly Medicaid Enrollment [7] (2017) <i>*in enrollments/100,000 population</i>	19607.4	Clay	15192.1	1.33	0	0				3
		Duval	22171.3	1.83	2	3				1.5
		St. Johns	9037.3	0.89	0	0				1
Persons with Health Insurance [25] (2016)	84.60%	Clay	89.1%	1.08	0	1	2		3	0
		Duval	87.2%	1.08	0	1	2		3	0
		St. Johns	90.4%	0.81	0	1	1		2	0

Indicator	FL Value	County	County Value	County Data Score	FL Counties	FL Value	US Counties	US Value	HP2020	Trend
Primary Care Provider Rate [4] (2015) *in providers/100,000 population	72.7	Clay	56.9	2.17	1	3	1	3		3
		Duval	85.5	0.39	0	0	0	0		1
		St. Johns	90.5	0.39	0	0	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.

[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 the Baptist Medical Center South'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. Several sub-county areas in Clay and Duval counties have been designated as an MUA.

TABLE 23. MEDICALLY UNDERSERVED AREAS AND POPULATIONS

County Name	Service Area Name	Designation Type	Geographic Area
Clay	Penney Farms Service Area	Medically Underserved Area	Minor Civil Division (92678) Penney Farms Census County Division
Duval	Duval Service Area	Medically Underserved Area	CT 0138.00,CT 0139.01,CT 0139.02,CT 0139.05,CT 0139.06,CT 9900.00
Duval	Duval Service Area	Medically Underserved Area	CT 0142.03,CT 0142.04,CT 9900.00
Duval	Duval Service Area	Medically Underserved Area	CT 0142.02,CT 9900.00
Duval	Duval Service Area	Medically Underserved Area	CT 0163.00

County Name	Service Area Name	Designation Type	Geographic Area
Duval	Low Income - North Jacksonville	Medically Underserved Population - Low Income	CT 0001.00,CT 0002.00,CT 0003.00,CT 0011.00,CT 0012.00,CT 0013.00,CT 0014.00,CT 0015.00,CT 0016.00,CT 0028.01,CT 0028.02,CT 0029.01,CT 0029.02,CT 0104.01,CT 0104.02,CT 0107.00,CT 0108.00,CT 0109.00,CT 0110.00,CT 0111.00,CT 0112.00,CT 0113.00,CT 0114.00,CT 0115.00,CT 0116.00,CT 0172.00,CT 0174.00

[12] Health Resources and Services Administration

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 three counties of Baptist Medical Center South's service area, including the entire area of St. Johns County with a shortage of mental health providers for all residents.

TABLE 24. HEALTH PROFESSIONAL SHORTAGE AREAS AND POPULATIONS

County Name	Designation Type	Geographic Area	Primary Care	Dental Health	Mental Health
Clay	Population - Geographic	Keystone Heights Census County Division	x		
Clay	Population - Low Income	Green Cove Springs Census County Division	x		
Duval	Population - Low Income - Atlantic Beach	CT 0138.00, CT 0139.01, CT 0139.02, CT 0139.04	x	x	
Duval	Population - Low Income - Baldwin	CT 0137.21, CT 0137.23, CT 0173.00	x	x	
Duval	Population - Low Income - East Jacksonville	CT 0143.11, CT 0144.01, CT 0145.00, CT 0150.02, CT 0151.00, CT 0152.00, CT 0154.00, CT 0155.01, CT 0155.02, CT 0158.02	x	x	

County Name	Designation Type	Geographic Area	Primary Care	Dental Health	Mental Health
Duval	Population - Low Income - Jacksonville	CT 0001.00, CT 0010.00, CT 0102.01, CT 0102.02, CT 0103.01, CT 0103.03, CT 0103.04, CT 0104.01, CT 0104.02, CT 0105.00, CT 0107.00, CT 0108.00, CT 0109.00, CT 0011.00, CT 0110.00, CT 0111.00, CT 0112.00, CT 0113.00, CT 0114.00, CT 0115.00, CT 0116.00, CT 0012.00, CT 0013.00, CT 0014.00, CT 0147.01, CT 0147.02, CT 0148.00, CT 0015.00, CT 0153.00, CT 0156.00, CT 0016.00, CT 0172.00, CT 0174.00, CT 0002.00, CT 0028.01, CT 0028.02, CT 0029.01, CT 0029.02, CT 0003.00		x	
Duval	Population - Low Income - North Jacksonville	CT 0001.00, CT 0010.00, CT 0104.01, CT 0104.02, CT 0107.00, CT 0108.00, CT 0109.00, CT 0011.00, CT 0110.00, CT 0111.00, CT 0112.00, CT 0113.00, CT 0114.00, CT 0115.00, CT 0116.00, CT 0012.00, CT 0013.00, CT 0014.00, CT 0148.00, CT 0015.00, CT 0016.00, CT 0172.00, CT 0174.00, CT 0002.00, CT 0028.01, CT 0028.02, CT 0029.01, CT 0029.02, CT 0003.00	x		
Duval	Population - Low Income - South Jacksonville	CT 0153.00, CT 0156.00, CT 0157.00, CT 0160.00, CT 0161.00, CT 0162.00, CT 0163.00, CT 0166.01, CT 0006.00, CT 0008.00	x		
Duval	Population - Low Income - South Jacksonville	CT 0157.00, CT 0161.00, CT 0162.00, CT 0163.00, CT 0166.01, CT 0006.00, CT 0008.00		x	
Duval	Population - Low Income - West Jacksonville	CT 0117.00, CT 0118.00, CT 0119.01, CT 0120.00, CT 0121.00, CT 0122.00, CT 0123.00, CT 0124.00, CT 0125.00, CT 0126.01, CT 0126.02, CT 0127.02, CT 0127.03, CT 0127.04, CT 0128.00, CT 0129.00, CT 0133.00, CT 0134.02, CT 0134.03, CT 0134.04, CT 0135.21, CT 0135.22, CT 0171.00, CT 0025.01, CT 0025.02, CT 0026.00, CT 0027.01, CT 0027.02		x	

County Name	Designation Type	Geographic Area	Primary Care	Dental Health	Mental Health
Duval	Population - Low Income - West Jacksonville	CT 0117.00, CT 0118.00, CT 0119.01, CT 0119.02, CT 0119.03, CT 0120.00, CT 0121.00, CT 0122.00, CT 0123.00, CT 0124.00, CT 0125.00, CT 0126.01, CT 0126.02, CT 0127.02, CT 0127.03, CT 0127.04, CT 0128.00, CT 0129.00, CT 0133.00, CT 0134.02, CT 0134.03, CT 0134.04, CT 0135.21, CT 0135.22, CT 0171.00, CT 0025.01, CT 0025.02, CT 0026.00, CT 0027.01, CT 0027.02	x		
Duval	Low Income-Northwest Duval County	Baldwin CCD, Jacksonville North CCD, Jacksonville West CCD			x
Duval	Low Income-Southeast Duval County	Jacksonville Beaches CCD, Jacksonville East CCD			x
St. Johns	Population - Low Income - Western St. Johns	CT 00202.CT 00, CT 00203.CT 00, CT 00204.CT 00, CT 00209.01, CT 00209.02, CT 00210.02, CT 00210.03, CT 00210.04, CT 00211.01, CT 00211.02, CT 00211.03, CT 00212.03, CT 00212.04, CT 00213.01	x	x	
St. Johns	Population - Geographic	entire county			x

[13] Health Resources and Services Administration

There are six facilities in the Partnership's service area that have been designated as an HPSA Point. Of the three facilities with this designation in Baker County, two are rural health clinics. There are three comprehensive health centers across Duval and St. Johns counties with this designation.

TABLE 25. HEALTH PROFESSIONAL SHORTAGE AREA POINTS

County Name	HPSA Name	Designation Type	Primary Care	Dental Health	Mental Health
Duval	I.M. Sulzbacher Center for the Homeless	Comprehensive Health Center	x	x	x
Duval	Duval County Health Department	Comprehensive Health Center	x	x	x
St. Johns	Northeast Florida Health Services	Comprehensive Health Center			x

[13] Health Resources and Services Administration

Primary Data

Community input from key stakeholders and community members revealed that access to health services is at the forefront of the community's mind. Access to Health Services was the most commonly discussed topic area throughout all key informant interviews and all focus group discussions. Additionally, community survey respondents ranked Access to Health Services as the most important and pressing social determinant of health in the service area, with over half of respondents listing it as a condition of daily life that has the most impact on the community. Further, over eighty percent of respondents stated that they or someone they know has delayed seeking health care due to cost in the past year.

Informants and participants specifically discussed how the large geographic size of the service area makes access to care difficult, particularly for outlying areas of the counties. Compounding that is the issue of transportation, which is often lacking or expensive. Multiple key informants also noted that language and literacy are also problems that affect access to health services in this service area. Oftentimes, clinics or hospitals assume that every patient can read and write, but that is not always the case and it can prevent community members from being unable to learn about service options. Forty-six percent of community survey respondents stated that they disagreed with the statement that their community is knowledgeable about the health resources available to them, and almost one third of respondents noted that they or someone they know had difficulty understanding a health professional because of a language barrier in the past year.

Primary data results also showed that access to oral health and mental health services in particular is very limited, with a lack of providers and high expenses associated with receiving care. While some key informants brought up a lack of providers who accept Medicaid as a barrier to access, others noted that many providers in Clay County accept Medicaid patients. Many key informants discussed wait lists for some mental health services, as well as the added expense for dental care that impacts those with limited or no health insurance coverage, with 61% of community survey respondents stating that they know someone who delayed seeking health care due to wait times or limited appointment availability.

Access to Proper Nutrition

Secondary Data

Access to proper nutrition was qualified as an influencing factor in one's ability to live a healthy lifestyle. 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 is an indicator of concern in Duval County. The child food insecurity rate and the overall food insecurity rate are both higher for Duval (23.3% and 20.0%) compared to the state of Florida (20.7% and 13.9%) and the United States (19.3% and 12.9%). Finally, though not having as high of a rate of food insecurity or child food insecurity, approximately 39.0% and 52.0% of food insecure children in Clay and St. Johns counties are likely not income-eligible for federal nutrition assistance.

Barriers in access to a grocery store impact individual nutrition and overall health. As illustrated in the secondary data, more than one quarter of residents in St. Johns County has low access to a grocery store. Table 26 displays secondary data indicators related to nutrition accessibility.

TABLE 26. 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%	Clay	19.7%	1	0	0	1	2		1.5
		Duval	23.2%	1.94	1	2	2	3		2
		St. Johns	18.8%	0.72	0	0	1	1		1
Children with Low Access to a Grocery Store [28] (2018)		Clay	6.3%	1.67	2		2			
		Duval	6.1%	1.67	2		2			
		St. Johns	5.3%	1.67	2		2			
Food Environment Index [4] (2018) <i>*An assessment of food environment according to County Health Rankings</i>	6.7	Clay	7.6	1.11	0	0	1	2		2
		Duval	6.3	2.44	3	2	3	3		2
		St. Johns	7.8	0.72	0	0	1	1		1
Food Insecure Children Likely Ineligible for Assistance [6] (2015)	29.0%	Clay	39.0%	2.39	3	3	3	3		1
		Duval	29.0%	1.22	2	1	2	0		1
		St. Johns	52.0%	2.39	3	3	3	3		1
Food Insecurity Rate [6] (2015)	15.1%	Clay	13.8%	1.44	0	1	2	2		2
		Duval	20.0%	2.61	3	3	3	3		2
		St. Johns	12.8%	0.83	0	0	1	1		1.5
Households with No Car and Low Access to a Grocery Store [28] (2015)		Clay	1.9%	1.17	0		1			
		Duval	1.7%	1	0		0			
		St. Johns	2.4%	1.33	1		1			
People 65+ with Low Access to a Grocery Store [28] (2015)		Clay	2.8%	1.33	1		1			
		Duval	2.5%	1.33	1		1			
		St. Johns	4.3%	1.67	2		2			
People with Low Access to a Grocery Store [28] (2015)		Clay	24.4%	1.5	1		2			
		Duval	24.7%	1.67	2		2			
		St. Johns	25.4%	1.67	2		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 50% 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, particularly in Duval County.

One key informant mentioned that effective health teams are those that affect “whole health”, which includes setting up a patient with housing and nutrition resources if needed. This theme was further supported throughout the focus group discussions.

Access to Safe & Affordable Housing

Secondary Data

According to the secondary data, Clay, Duval, and St. Johns counties have median household gross rent higher than the United States national median of 949 dollars. High housing and rent costs often prevent 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 Clay, Duval and St. Johns counties. In addition, over half of the population in Duval County spends at least 30% of household income on rent, while just short of half do in Clay and St. Johns counties. Table 27 displays secondary data indicators related to housing accessibility.

TABLE 27. 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%	Clay	68.0%	0.61	0	0	0	0		2
		Duval	50.3%	2.67	3	2	3	3		3
		St. Johns	63.7%	0.67	0	0	1	0		1.5
Median Household Gross Rent [1] (2012-2016)	\$1,032	Clay	\$1,028	1.86	3	1		2		2
		Duval	\$962	1.92	2	1		2		3
		St. Johns	\$1,150	2.58	3	3		3		3
Median Housing Unit Value [1] (2012-2016)	\$166,800	Clay	\$157,600	1.86	1	2		3		2
		Duval	\$146,400	2.03	1	3		3		2
		St. Johns	\$259,900	0.64	0	0		0		1
Median Monthly Owner Costs for Households without a Mortgage [1] (2012-2016)	\$466	Clay	\$379	0.97	2	0		0		1
		Duval	\$445	1.08	2	1		1		0
		St. Johns	\$490	1.81	3	2		2		1
Mortgaged Owners Median Monthly Household Costs [1] (2012-2016)	\$1,422	Clay	\$1,359	1.08	2	1		1		0
		Duval	\$1,337	0.92	2	1		0		0
		St. Johns	\$1,746	1.92	3	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

Primary Data

Homelessness was discussed in 16 key informant interviews and 7 focus group discussions as an issue in the service area. Key informants mentioned that for homeless individuals, access to resources and health services is a challenge. Additionally, housing and rental costs were mentioned as reasons an individual may forego health services.

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. Furthermore, focus group participants cited that homeless individuals who receive housing support often end up on the streets again because they are not able to maintain their mental health or other medical issues.

Behavioral Health [Mental Health & Substance Abuse]

Key Issues

- Many clinics and other places of care and services are not equipped to deal with serious mental health illnesses
- There is a great need for psychiatrists for the underinsured and uninsured as services are expensive but mental health issues often affect those without coverage
- Smoking and drug use are prevalent in Duval County
- Alcohol use and health issues and outcomes related to it affect the entire service area

Secondary Data

Secondary data showed several areas of concern regarding substance abuse in the Baptist Medical Center South service area. The percent of adults who drink excessively in the service area exceeds the Florida state average. Approximately 22.2% of Clay County adult residents, or over 1 in 5 adults, drink excessively. Additionally, a problem with teen alcohol use is seen in Clay and St. Johns counties, where nearly 30% of teens reported using alcohol in the 30 days prior to being surveyed. Across the whole service area, the percent of adults who smoke is greater than the Healthy People 2020 target of 12%.

The death rate due to suicide rate is higher in both Clay and St. Johns counties compared to the overall Florida state value. In addition, depression among seniors is an emerging issue for the region. Duval 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 percent of depression than the last. St. Johns County has seen a similar rise year after year from 2013 to 2015 as seen in Table 28. Clay County has only seen a rise in depression among seniors in the most recent period of measurement.

Furthermore, the death rate due to drug poisoning rose in Clay, Duval and St. Johns counties from the rate measured for 2013-2015 to the rate measured for 2014-2016. Duval County has seen the biggest spike in recent years, with the rate jumping from 17.1 deaths per 100,000 population in the 2013-2015 time period to 26.2 deaths per 100,000 population in the 2014-2016 time period. The death rates for Clay and Duval counties for the current time period (2014-2016) exceed the overall Florida state rate of 17.4 deaths per 100,000 population.

TABLE 28. BEHAVIORAL HEALTH INDICATORS, TREND DATA

Depression: Medicare Population ³				
	2012	2013	2014	2015
Clay County	15.3%	15.3%	15.1%	16.3%
Duval County	16.4%	16.9%	17.5%	18.2%
St. Johns County	13.7%	13.5%	14.0%	14.4%

[3] Centers for Medicare and Medicaid Services

Additional analysis was done to determine all indicators of particular concern in the service area. Table 29 shows all behavioral health indicators.

TABLE 29. 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%	Clay	22.2%	1.83	3	3			0	
		Duval	19.4%	1.83	3	3			0	
		St. Johns	20.1%	1.83	3	3			0	
Adults who Smoke [8] (2016)	15.5%	Clay	18.7%	2.08	2	3		2	3	
		Duval	18.5%	2.08	2	3		2	3	
		St. Johns	12.2%	0.81	0	0		0	2	
Age-Adjusted Death Rate due to Suicide [17] (2016) <i>*in deaths/100,000 population</i>	14.2	Clay	18.4	2.36	2	3		3	3	2
		Duval	13.3	1.42	1	1		1	3	1.5
		St. Johns	16.2	2.14	2	3		3	3	1
Alcohol-Impaired Driving Deaths [4] (2012-2016)	26.4%	Clay	41.2%	2.39	3	3	3	3		1
		Duval	31.8%	1.89	2	3	2	2		1
		St. Johns	23.8%	0.5	0	1	1	0		0
Alzheimer's Disease or Dementia: Medicare Population (2015)	11.7%	Clay	9.4%	1	0	0	2	1		1.5
		Duval	11.3%	2.11	2	1	3	3		2
		St. Johns	9.3%	0.89	0	0	2	1		1
Death Rate due to Drug Poisoning [4] (2014-2016) <i>*in deaths/100,000 population</i>	17.4	Clay	23.9	2.67	3	3	2	3		3
		Duval	26.2	2.61	3	3	3	3		2
		St. Johns	12.2	0.61	0	0	0	0		2
Depression: Medicare Population [3] (2015)	17.5%	Clay	16.3%	1.28	1	1	1	1		2
		Duval	18.2%	2.17	2	2	2	2		3
		St. Johns	14.4%	0.78	0	0	1	0		2
Driving Under the Influence Arrest Rate [19] (2016) <i>*in arrests/100,000 population</i>	173.9	Clay	109.1	0.67	0	0				0
		Duval	189.2	1.56	2	2				1
		St. Johns	134.4	1.06	1	0				1

Indicator	FL Value	County	County Value	County Data Score	FL Counties	FL Value	US Counties	US Value	HP2020	Trend
Frequent Mental Distress [4] (2016)	11.9%	Clay	12.2%	1.17	0	2	2	0		
		Duval	12.6%	1.33	1	2	2	0		
		St. Johns	10.8%	0.67	0	1	0	0		
Health Behaviors Ranking [4] (2018) <i>*Ranking of the county in health behaviors according to the County Health Rankings</i>		Clay	32	1.42	1					
		Duval	41	1.58	2					
		St. Johns	6	1.25	0					
Teens who Binge Drink: High School Students [21] (2016)	10.9%	Clay	12.3%	1.33	1	3				0
		Duval	7.1%	0.67	0	0				0
		St. Johns	10.5%	1.06	0	1				1
Teens who have Used Methamphetamines [21] (2016)	0.8%	Clay	1.2%	1.72	2	3				1
		Duval	0.9%	1.56	1	3				1
		St. Johns	0.4%	0.89	0	0				1
Teens who Smoke: High School Students [22] (2016)	3.0%	Clay	4.5%	1.33	2	3			0	0
		Duval	2.5%	0.5	0	0			0	0
		St. Johns	3.5%	1.17	1	3			0	0
Teens who Use Alcohol [21] (2016)	25.5%	Clay	29.6%	1.67	3	3				0
		Duval	24.4%	1	1	1				0
		St. Johns	28.3%	1.72	2	3				1
Teens who Use Marijuana: High School Students [21] (2016)	17.0%	Clay	16.6%	1	1	1				0
		Duval	16.6%	1.22	1	1				1
		St. Johns	18.7%	1.56	2	2				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

Further understanding of the behavioral health issues for youth can be seen in the results of the 2017 Youth Risk Behavior Survey for Duval County Middle and High School students. In 2017, 28.6% of middle school students report lifetime alcohol use, a 21% decrease since 2013.³ Similar patterns are seen amongst Duval County high schools; lifetime alcohol use has decreased from 65.2% in 2011 to

³ Youth Risk Behavior Survey, Duval County Middle School Students. Alcohol, Tobacco, and Other Drug Use Behaviors. (2017). Retrieved May 17, 2018.

53.3% in 2017.⁴ Current alcohol use was more common among female students (28.3%) than male students (22.6%), and more common among lesbian, gay, and bisexual students (40.5%). 13.8% of middle school students report marijuana use at least once in their lifetime. The 2017 report shows there is a 30% increase since 2015 in the percent of middle school students who have used synthetic marijuana (6.1%). Approximately 25% of Duval County high school students report current marijuana use. Finally, regarding misuse of prescription drugs, about 1 in 10 middle school students have used a prescription drug without a doctor's prescription at least once in their lifetime. Of particular concern in Duval County is illegal substance use by high school students. 4.9% of high school students have used methamphetamines at least once in their lifetime, 17.2% report current use of prescription drugs without a doctor's prescription, and high school students in Duval County were more likely to have been offered, sold, or given an illegal drug by someone on school property when compared to the state of Florida (27.4% and 17.0%, respectively).

Tobacco use and use of electronic vapor products amongst Duval County middle and high school students have declined over time. In 2017, about 1 in 14 middle school students have used cigarettes at least once in their lifetime, which is a 58% decrease since 2013. For Duval County high school students, current cigarette use has decreased from 12.4% in 2011 to 5.1% in 2017. 9.3% of Duval County middle school students currently use vapor products, a 12% decrease since 2015.

Regarding violence, suicide, and safety behaviors, 43.4% of Duval County middle school students report being bullied on school property, a 12% increase since 2013.⁵ Female middle school students (49.9%) were more likely to have been bullied than their male peers (37.3%). 20.3% of middle school students report ever having been electronically bullied. High school students experienced similar trends. During the last 30 days before the survey approximately 19.9% of high school students in Duval County reported being bullied at school, which is higher than the state of Florida average (14.3%).⁶

Approximately 25.9% of middle school students reported they had seriously contemplated suicide at the time of the survey, and female students were more likely to have thought about suicide compared to their male peers (33.9% and 18.2%, respectively). There has been a 21% increase since 2013 in the percent of students who have attempted suicide. Depression and suicide-related behaviors were more common among Duval County high school students compared to Florida students. Among Duval County high school students, 35% report being depressed, 21% seriously considered suicide, 19% made a plan to commit suicide, and 19% attempted suicide. Female high school students are more likely to have contemplated suicide. Trend data show a 19% increase in the percent of students who have made a plan to attempt suicide since 2013. Finally, suicide risk behaviors were more common among lesbian, gay, and bisexual high school students.

⁴ Youth Risk Behavior Survey, Duval County High School Students. Alcohol, Tobacco, and Other Drug Use Behaviors. (2017). Retrieved May 17, 2018.

⁵ Youth Risk Behavior Survey, Duval County Middle School Students. Violence, Suicide, and Safety Behaviors (2017). Retrieved May 17, 2018.

⁶ Youth Risk Behavior Survey, Duval County High School Students. Violence, Suicide, and Safety Behaviors. (2017). Retrieved May 17, 2018.

Primary Data

Sixty-four percent of community survey respondents ranked Mental Health and Mental Disorders as the top most pressing health need in the service area. Substance Abuse was ranked as a pressing health need in the service area by 55% of community survey participants. Additionally, Mental Health and Mental Disorders was the second most commonly discussed topic area in both key informant interviews and focus group discussions. Substance Abuse, meanwhile, was the ninth most discussed topic area by key informants and the tenth most discussed topic area by focus group discussion participants.

Multiple key informants and focus group participants specifically discussed how Florida ranks in the bottom two states in terms of mental health funding from the state government that is given to communities. It was discussed how there needs to be a strong push for policy advocacy that is directly related to mental health.

Primary data also showed that another area of concern is the interplay between physical and behavioral health issues, with problems of self-treating and self-medicating physical health issues with substances. Additionally, the effect that mental health has on physical health issues was discussed, with one example being that people struggling with depression are less likely to be worried about or able to stick to their diabetes treatment regimen. More specifically, primary data findings show that racism and poverty are key factors that contribute to mental health and mental disorders. Those who have experienced traumatic events or situations, or those who have faced oppression due to their race or economic status, are more likely to have poor mental health outcomes. In particular, African-Americans in Duval County were discussed as having negative health disparities in this topic area.

In terms of substance abuse issues, key informants from Duval County discussed the interplay between the opioid epidemic and other health issues or diseases. In particular, it was noted that the rates of opioid use and HIV incidence are rising together. Additionally, parental substance abuse and mental health issues are affecting the physical and mental health of children, which is creating a group of young people in the service area that are growing up with health issues that need to be addressed but without the means to do so. This is one of the ways in which behavioral health is a particularly structural and systemic issue. Lastly, it was discussed in multiple focus groups that the veterans and homeless populations are particularly affected by mental health issues and that more needs to be done to provide these subgroups of the population with the care and support they need.

Poverty

Key Issues

- High housing-related costs in the service area exacerbate the issue of poverty in the community and affect health
- There is food insecurity and a lack of access to healthy and affordable foods in the counties of the service area
- Structural racism in the service area contributes to negative health outcomes and disparities among the African American community

Secondary Data

Analysis was done to determine which specific poverty-related indicators were of most concern across the service area.

TABLE 30. 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%	Clay	19.7%	1	0	0	1	2		1.5
		Duval	23.2%	1.94	1	2	2	3		2
		St. Johns	18.8%	0.72	0	0	1	1		1
Children Living Below Poverty Level [1] (2012-2016)	23.3%	Clay	12.2%	0.61	0	0	0	0		2
		Duval	24.8%	1.94	1	2	2	3		2
		St. Johns	9.5%	0.39	0	0	0	0		1
Families Living Below Poverty Level [1] (2012-2016)	11.7%	Clay	7.9%	1	0	0	1	0		3
		Duval	12.7%	1.89	2	2	2	3		1
		St. Johns	5.9%	0.39	0	0	0	0		1
Female Population 16+ in Civilian Labor Force [1] (2012-2016)	54.3%	Clay	57.2%	1.5	0	1	1	2		3
		Duval	60.4%	1	0	0	0	1		3
		St. Johns	53.3%	2	1	2	2	2		3
Food Insecure Children Likely Ineligible for Assistance [6] (2015)	29.0%	Clay	39.0%	2.39	3	3	3	3		1
		Duval	29.0%	1.22	2	1	2	0		1
		St. Johns	52.0%	2.39	3	3	3	3		1
Food Insecurity Rate [6] (2015)	15.1%	Clay	13.8%	1.44	0	1	2	2		2
		Duval	20.0%	2.61	3	3	3	3		2
		St. Johns	12.8%	0.83	0	0	1	1		1.5
Homeownership [1] (2012-2016)	52.3%	Clay	68.0%	0.61	0	0	0	0		2
		Duval	50.3%	2.67	3	2	3	3		3
		St. Johns	63.7%	0.67	0	0	1	0		1.5
Households with Cash Public Assistance Income [1] (2012-2016)	2.2%	Clay	1.7%	0.56	0	0	1	0		1
		Duval	2.8%	2.11	2	3	2	2		2
		St. Johns	1.6%	0.78	0	0	1	0		2
Low-Income and Low Access to a Grocery Store [28] (2015)		Clay	6.9%	1.5	1		2			
		Duval	8.6%	1.67	2		2			
		St. Johns	6.6%	1.5	1		2			
Median Household Gross Rent [1] (2012-2016)	\$1,032	Clay	\$1,028	1.86	3	1		2		2
		Duval	\$962	1.92	2	1		2		3
		St. Johns	\$1,150	2.58	3	3		3		3
Median Household Income [1] (2012-2016)	\$48,900	Clay	\$59,179	0.78	0	0	0	1		2
		Duval	\$49,196	1.39	1	1	1	3		1
		St. Johns	\$69,523	0.17	0	0	0	0		0

Indicator	FL Value	County	County Value	County Data Score	FL Counties	FL Value	US Counties	US Value	HP2020	Trend
Median Housing Unit Value [1] (2012-2016)	\$166,800	Clay	\$157,600	1.86	1	2		3		2
		Duval	\$146,400	2.03	1	3		3		2
		St. Johns	\$259,900	0.64	0	0		0		1
Median Monthly Owner Costs for Households without a Mortgage [1] (2012-2016)	\$466	Clay	\$379	0.97	2	0		0		1
		Duval	\$445	1.08	2	1		1		0
		St. Johns	\$490	1.81	3	2		2		1
Mortgaged Owners Median Monthly Household Costs (2012-2016)	\$1,422	Clay	\$1,359	1.08	2	1		1		0
		Duval	\$1,337	0.92	2	1		0		0
		St. Johns	\$1,746	1.92	3	3		3		0
People 65+ Living Below Poverty Level [1] (2012-2016)	10.4%	Clay	6.2%	0.5	0	0	0	0		1.5
		Duval	10.1%	1.78	2	1	2	2		2
		St. Johns	6.1%	0.39	0	0	0	0		1
People Living 200% Above Poverty Level [1] (2012-2016)	62.7%	Clay	72.4%	0.78	0	0	0	1		2
		Duval	63.4%	1.22	1	1	1	2		1
		St. Johns	78.2%	0.17	0	0	0	0		0
People Living Below Poverty Level [1] (2012-2016)	16.1%	Clay	10.2%	0.61	0	0	0	0		2
		Duval	16.6%	1.56	1	2	2	2		1
		St. Johns	9.0%	0.39	0	0	0	0		1
Per Capita Income [1] (2012-2016)	\$27,598	Clay	\$27,159	1.5	1	2	1	2		1.5
		Duval	\$27,235	1.17	1	2	1	2		0
		St. Johns	\$38,362	0.17	0	0	0	0		0
Population 16+ in Civilian Labor Force [1] (2012-2016)	58.5%	Clay	62.1%	1.5	0	1	1	2		3
		Duval	63.9%	1.11	0	1	1	1		2
		St. Johns	60.2%	1.5	0	1	1	2		3
Renters Spending 30% or More of Household Income on Rent [1] (2012-2016)	57.4%	Clay	42.7%	1.06	1	0	2	1		1
		Duval	50.1%	1.56	2	0	3	2		1
		St. Johns	47.9%	1.33	2	0	3	2		0
Severe Housing Problems [4] (2010-2014)	21.5%	Clay	14.9%	0.83	0	0	2	0		1.5
		Duval	20.1%	2.33	3	1	3	2		3
		St. Johns	16.6%	0.89	1	0	2	0		1
Social and Economic Factors Ranking [4] (2018) <i>in *Ranking of the county in social and economic factors according to the County Health Rankings</i>		Clay	6	1.25	0					
		Duval	32	1.42	1					
		St. Johns	1	1.25	0					
Total Employment Change [27] (2014-2015)	4.5%	Clay	2.7%	1.67	2	3	1	1		
		Duval	0.2%	2.33	3	3	2	3		
		St. Johns	8.4%	0.5	0	0	0	0		

Indicator	FL Value	County	County Value	County Data Score	FL Counties	FL Value	US Counties	US Value	HP2020	Trend
Unemployed Workers in Civilian Labor Force [1] (February 2018)	3.8%	Clay	3.4%	0.61	0	0	0	0		2
		Duval	3.7%	1.11	1	1	1	0		2
		St. Johns	3.0%	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

The median household gross rent in St. Johns is higher than the Florida and United States medians, and the monthly household costs for homeowners also exceed the state and national values. These secondary data results reveal the need for a high income in order to live in St. Johns and signify that county residents who are low-income are likely struggling to afford general living costs.

In Duval County about one fifth of all households experiences at least one of the following four problems: overcrowding, high housing costs, lack of kitchen, or lack of plumbing facilities (Severe Housing Problems). Additionally, in Duval County the food insecurity rate and the child food insecurity rate are both higher in the county than the state and U.S. averages, with one fifth of the population in Duval County experiencing food insecurity at some point in the year.

Clay and St. Johns counties have the highest percentage of food insecure children likely ineligible for assistance, which measures food insecure children in households with incomes at a threshold above the federal poverty level and who are therefore likely not income-eligible for federal nutrition assistance. There has been an upward trend for Duval and St. Johns counties in the percentage of households with cash public assistance income.

When examining other trends over time, it can be seen that the female population in the civilian labor force is trending down for the service area. A statistically significant downward trend for this measure exists over four-time periods in Clay, Duval, and St. Johns counties. While these values include both those who are employed and those who are unemployed, this decrease in the percent of people in the labor force indicates a growing number of females who are unable to potentially work to earn money and boost the economy. Table 31 shows poverty-related indicator values for the last four-time periods of measurement for counties that had a statistically significant trend in the harmful direction according to the Mann-Kendall statistical test.

TABLE 31. POVERTY-RELATED INDICATORS, TREND DATA

Families Living Below Poverty Level ¹				
	2009-2013	2010-2014	2011-2015	2012-2016
Clay County	6.9%	7.6%	7.7%	7.9%
Female Population 16+ in Civilian Labor Force ¹				
	2009-2013	2010-2014	2011-2015	2012-2016
Clay County	59.3%	57.9%	57.6%	57.2%
Duval County	61.5%	60.9%	60.8%	60.4%
St. Johns County	55.6%	54.7%	54.3%	53.3%
Median Household Gross Rent ¹				
	2009-2013	2010-2014	2011-2015	2012-2016
Duval County	\$935	\$941	\$943	\$962
St. Johns County	\$1,073	\$1,105	\$1,119	\$1,150
Population 16+ in Civilian Labor Force ¹				
	2009-2013	2010-2014	2011-2015	2012-2016
Clay County	63.8%	62.7%	62.3%	62.1%
Families Living Below Poverty Level ¹				
	2009-2013	2010-2014	2011-2015	2012-2016
Clay County	6.9%	7.6%	7.7%	7.9%
Female Population 16+ in Civilian Labor Force ¹				
	2009-2013	2010-2014	2011-2015	2012-2016
Clay County	59.3%	57.9%	57.6%	57.2%
Duval County	61.5%	60.9%	60.8%	60.4%
St. Johns County	55.6%	54.7%	54.3%	53.3%
Median Household Gross Rent ¹				
	2009-2013	2010-2014	2011-2015	2012-2016
Duval County	\$935	\$941	\$943	\$962
St. Johns County	\$1,073	\$1,105	\$1,119	\$1,150
Population 16+ in Civilian Labor Force ¹				
	2009-2013	2010-2014	2011-2015	2012-2016
Clay County	63.8%	62.7%	62.3%	62.1%

[1] American Community Survey

Note: Table 36 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 particular need as it relates to poverty and the economy. Zip codes 32202, 32206, and 32209, all in Duval County, perform the worst of all zip codes in the service area among poverty indicators. Those zip codes have the highest percentages of children living in poverty, families living in poverty, and persons living in poverty. Zip code 32202 also has the second highest percentage of older adults 65 years of age and older living in poverty. The same three zip codes have the lowest median household incomes among all zip codes in the service area. Table 32 shows the values for these zip codes for the relevant poverty-related indicators.

TABLE 32. ZIP CODE LEVEL DATA FOR POVERTY RELATED INDICATORS

Children Living Below Poverty Level ¹			
Zip Code 32202	Zip Code 32206	Zip Code 32209	Florida
67.3%	55.5%	63.3%	23.3%
Families Living Below Poverty Level ¹			
Zip Code 32202	Zip Code 32206	Zip Code 32209	Florida
30.5%	32.6%	37.1%	11.7%
Median Household Income ¹			
Zip Code 32202	Zip Code 32206	Zip Code 32209	Florida
\$26,250	\$24,418	\$22,288	\$48,900
People Living Below Poverty Level ¹			
Zip Code 32202	Zip Code 32206	Zip Code 32209	Florida
50.2%	38.9%	40.3%	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 fifth most important, with over one third of respondents listing it as an impactful condition. Additionally, 82% of respondents agreed or strongly agreed with the statement that they or someone they know have delayed seeking health care due to cost in the past twelve months.

In key informant interviews in the service area, economy was the sixth most commonly discussed theme, and low-income and underserved populations were discussed the fourth most. For focus groups, a similar pattern was seen, with the economy the fifth most common topic area and low-income and underserved populations the third most discussed.

Community input participants, especially those from Duval County, frequently cited the concept of the underinsured “donut hole” in which people make above the federal poverty level and thus do not qualify for Medicaid, yet are underinsured and income-constrained and therefore cannot afford most health services. Since the 2008 recession and subsequent economic recovery, this gap has increased, according to primary data participants.

Further, multiple key informants and focus group participants discussed the effect of race and ethnicity on poverty. Key informants and focus group participants cited that structural racism and a systemic cycle of economic hardship negatively affect the African-American population, as well as other racial and ethnic minority groups in the service area. The secondary data support these primary data findings. The percent of families living below the poverty level in Duval County is 12.7 percent, however the rate among the African-American population is 23.3%, the rate is 26.3% for American

Indian/Alaskan Native race, and 17.1% for Hispanics. In St. Johns County, the percent of children living below the poverty level is 9.5% overall, but 32% for African Americans.

Obesity & Physical Activity

Key Issues

- Issues with a lack of physical activity are seen in the workers who walk to work, as well as the fact that over one-third of teens in the service area are without sufficient physical activity
- Duval County has a low food environment index score and a high percentage of adults who are obese
- There are many food deserts in the service area with people who have low access to grocery stores and healthy or affordable food options

Secondary Data

From the secondary data results, the topic of Obesity and Physical Activity was identified as a health need in the service area.

TABLE 33. OBESITY & PHYSICAL ACTIVITY-RELATED 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%	Clay	83.9%	1.17	1	2	0	1		
		Duval	88.5%	0.83	0	1	0	1		
		St. Johns	88.2%	0.83	0	1	0	1		
Adult Fruit and Vegetable Consumption [8] (2013)	18.3%	Clay	14.8%	1.83	2	3				
		Duval	17.3%	1.5	1	2				
		St. Johns	19.2%	1.17	0	1				
Adults who are Obese [8] (2016)	27.4%	Clay	31.1%	1.81	1	3		2	2	
		Duval	30.7%	1.81	1	3		2	2	
		St. Johns	19.0%	0.58	0	0		0	0	
Adults who are Overweight or Obese [8] (2016)	63.2%	Clay	67.8%	1.75	2	2		2		
		Duval	65.4%	1.58	1	2		2		
		St. Johns	56.8%	0.75	0	0		0		
Child Food Insecurity Rate [6] (2015)	22.7%	Clay	19.7%	1	0	0	1	2		1.5
		Duval	23.2%	1.94	1	2	2	3		2
		St. Johns	18.8%	0.72	0	0	1	1		1
Children with Low Access to a Grocery Store [28] (2018)		Clay	6.3%	1.67	2		2			
		Duval	6.1%	1.67	2		2			
		St. Johns	5.3%	1.67	2		2			
Food Environment Index [4] (2018) <i>*An assessment of food environment according to County Health Rankings</i>	6.7	Clay	7.6	1.11	0	0	1	2		2
		Duval	6.3	2.44	3	2	3	3		2
		St. Johns	7.8	0.72	0	0	1	1		1

Indicator	FL Value	County	County Value	County Data Score	FL Counties	FL Value	US Counties	US Value	HP2020	Trend
Food Insecure Children Likely Ineligible for Assistance [6] (2015)	29.0%	Clay	39.0%	2.39	3	3	3	3		1
		Duval	29.0%	1.22	2	1	2	0		1
		St. Johns	52.0%	2.39	3	3	3	3		1
Food Insecurity Rate [6] (2015)	15.1%	Clay	13.8%	1.44	0	1	2	2		2
		Duval	20.0%	2.61	3	3	3	3		2
		St. Johns	12.8%	0.83	0	0	1	1		1.5
Health Behaviors Ranking [4] (2018) <i>*Ranking of the county in health behaviors according to County Health Rankings</i>		Clay	32	1.42	1					
		Duval	41	1.58	2					
		St. Johns	6	1.25	0					
Households with No Car and Low Access to a Grocery Store [28] (2015)		Clay	1.9%	1.17	0		1			
		Duval	1.7%	1	0		0			
		St. Johns	2.4%	1.33	1		1			
Low-Income and Low Access to a Grocery Store [28] (2015)		Clay	6.9%	1.5	1		2			
		Duval	8.6%	1.67	2		2			
		St. Johns	6.6%	1.5	1		2			
People 65+ with Low Access to a Grocery Store [28] (2015)		Clay	2.8%	1.33	1		1			
		Duval	2.5%	1.33	1		1			
		St. Johns	4.3%	1.67	2		2			
People with Low Access to a Grocery Store [28] (2015)		Clay	24.4%	1.5	1		2			
		Duval	24.7%	1.67	2		2			
		St. Johns	25.4%	1.67	2		2			
Physical Environment Ranking [4] (2018) <i>*Ranking of the county in physical environment according to County Health Rankings</i>		Clay	39	1.58	2					
		Duval	60	1.75	3					
		St. Johns	54	1.75	3					
Teens who are Obese: High School Students [12] (2012)	14.3%	Clay	13.1%	1.28	0	1				2
		Duval	14.5%	1.61	1	2				2
		St. Johns	10.3%	1.11	0	0				2
Workers who Walk to Work [1] (2012-2016)	1.5%	Clay	0.9%	2.61	2	3	3	3	3	2
		Duval	1.5%	1.72	1	1	2	3	3	1
		St. Johns	1.0%	2.61	2	3	3	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.

communities, and changes in methodology over time. Please see Appendix C2 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

While St. Johns County scored well on obesity metrics, Clay and Duval counties failed to meet the Healthy People 2020 target for percent of adults who are obese and also exceeded the state and national values. Comparing to the state of Florida average and Duval and St. Johns counties, Clay County had the highest percent of adults who are obese and adults who are overweight or obese. Similarly, access to exercise opportunities and fruit and vegetable consumption is lowest amongst Clay County residents. The service area as a whole does not meet the Healthy People 2020 target of 3.1% of workers who walk to work.

In addition, there were also indicators identified that showed unfavorable trends over time. In particular, indicators of food insecurity rates came up frequently in the analysis for the Duval County area where many people do not have access to food or cannot afford it. While the trends seem to potentially be reversing course in recent years, Duval County's 20.0% rate of food insecurity is much higher than the Florida average of 15.1% and the national average of 13.7%. Further, Duval's 23.2% for child food insecurity rate is greater than the Florida average of 20.7% and the national average of 19.3%.

The following data come from the 2017 Florida Youth Risk Behavior Survey report for Duval County middle school and high school students. Approximately two in five middle school students had sufficient physical activity in 2017 and this value has not improved over time.⁷ For high school students, 28% were sufficiently physically active in Duval County compared to 40% for high school students in the state of Florida overall.⁸ Regarding health behaviors amongst middle school students, about one in three students watched three or more hours of TV per day. 23.5% of middle school students and 28.6% of high school students reported eating at least one meal from a fast food restaurant during the seven days before the survey. Only one in four students ate three or more servings of fruit on the day before the survey. Compared to the state of Florida average for high school students, Duval County high school students eat fewer vegetables and fewer fruits.

26.2% of middle school students in Duval County described themselves as slightly or very overweight. In 2017, more Duval County high school students were obese compared to Florida high school students overall. Among Duval County high school students 14.2% and 14.7% were obese or overweight, respectively, at the time of the survey. Over a quarter of high school students reported being teased for their weight or appearance. An estimated 42.9% of middle school students were trying to lose weight at the time of the survey.

⁷ Youth Risk Behavior Survey, Duval County Middle School Students. Physical Activity and Dietary Behaviors. (2017). Retrieved May 17, 2018.

⁸ Youth Risk Behavior Survey, Duval County High School Students. Physical Activity and Dietary Behaviors. (2017). Retrieved May 17, 2018.

Primary Data

The topic of Obesity and Physical Activity was ranked as a pressing health issue in the service area by respondents of the community survey. 420 (55.5%) respondents named Obesity/Overweight as one of the most important health issues in their community. Additionally, 217 (29.2%) respondents also listed Physical Activity and Exercise as a condition of daily life that has the most impact on their community. Further, only 37% of survey respondents agreed or strongly agreed that their community supports a healthy lifestyle.

Discussion by key informants and focus group participants focused around access to healthy food options as well as environmental factors relating to general wellness. 22 of 36 key informants discussed the topic of Exercise, Weight, & Nutrition in their interview, and this topic was also discussed amongst participants in seven focus groups. Community concern is mainly focused on low-income and geographically isolated families. Community members cited that the cost of simply getting to a grocery store with fresh and healthy foods can cost just as much as the food itself. Key informants and focus group participants mentioned that food pantries, nutrition programs in schools, and similar services cannot keep up with demand. Families are further inhibited from getting proper nutrition due to their living in food deserts, urban areas in which it is difficult to access affordable, healthy foods. Key informants also cited that many adolescents habitually eat fast food because it is inexpensive and they may not have food provided at home. Nine separate key informants discussed this issue of food deserts in the service area. These problems are affecting children negatively because they are growing up without proper nutrition, thus impacting their ability to pay attention in school and causing obesity-related health issues later in life. Community members stated that for children, wellness and exercise is especially difficult because there are limited outdoor recreation locations deemed to be safe, especially in some parts of Duval County.

The built environment was mentioned as a barrier to proper nutrition and exercise in the service area. Community input showed that there are limited outdoor walking and biking opportunities, and two key informants specifically noted the lack of safe spaces to exercise or play in Duval County. Clay, Duval, and St. Johns counties have fewer than two percent of individuals walking as their commute to work. Additionally, grocery store access was discussed as a major barrier for many families and older adults. Families and older adults who are on a fixed income do not have the financial ability to pay for a transportation service to get to the grocery stores for fresh food. Instead, as four key informants noted, the fast food or convenience store option is the choice most commonly made. Transportation was discussed as a barrier to accessing healthy foods in eight focus groups and 30 key informant interviews.

Maternal, Fetal & Infant Health

Key Issues

- Duval County in particular struggles in the topic area of Maternal, Fetal & Infant Health
- Adverse birth outcomes are prevalent as a result of substance abuse and smoking among pregnant women
- The environment that many people live in, particularly those who are low-income or underserved, is not conducive to good fetal and infant health

Secondary Data

Secondary data indicators show that Duval County is doing especially poorly in the topic area of Maternal, Fetal and Infant Health. Table 34 shows secondary data indicators for Maternal, Fetal, and Infant health.

TABLE 34. MATERNAL, FETAL, & INFANT HEALTH-RELATED 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%	Clay	7.8%	1.14	1	0		1	1	2
		Duval	10.0%	2.53	3	3		3	3	2
		St. Johns	7.1%	0.58	0	0		0	1	1
Infant Mortality Rate [17] (2014-2016) <i>*in deaths/1,000 live births</i>	6.1	Clay	5.5	1.39	1	1			1	2
		Duval	8.3	2	2	3			3	1.5
		St. Johns	5.4	1.11	1	0			0	2
Infants Born to Mothers >18 Years Old with <12 Years Education [17] (2016)	10.8%	Clay	6.4%	0.67	0	0				0
		Duval	11.1%	1.39	1	2				1
		St. Johns	4.5%	1.11	0	0				2
Mothers who Received Early Prenatal Care [17] (2016)	78.4%	Clay	72.4%	1.92	2	2		2	2	2
		Duval	66.1%	2.75	3	3		3	3	3
		St. Johns	84.8%	1.14	0	1		1	1	2
Preterm Births [17] (2016)	10.1%	Clay	10.1%	1.36	1	1		2	2	1
		Duval	11.3%	2.36	2	3		3	3	2
		St. Johns	9.1%	0.92	0	1		1	1	1
Teen Birth Rate: 15-19 [17] (2016) <i>*in live births/1,000 females aged 15-19</i>	19.5	Clay	17.7	0.92	0	1		0		1.5
		Duval	27.3	1.97	2	3		3		1
		St. Johns	8.4	0.64	0	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.

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

In Duval County, only 66.1% of mothers received early prenatal care in 2016 compared to the state average of 78.4% and the national average of 77.1%. The value falls short of the Healthy People 2020 target of 77.9% and signifies a need for education, availability, and affordability surrounding prenatal care. The Duval County values for percent of preterm births and the rate of infant mortality both also fail to meet the Healthy People 2020 targets. Clay County also did not meet the Healthy People 2020 target for preterm births.

Additionally, according to the Mann-Kendall test for statistical significance, the trends related to the rate of births to teenagers aged 15 to 19 in Duval and St. Johns counties (Table 35) are both moving downward. For Clay County, teen birth rate trends have had a non-statistically significant trend downward. However, a significant decrease in mothers receiving early prenatal care is also seen in Duval County (Table 36).

TABLE 35. MATERNAL, FETAL, & INFANT HEALTH-RELATED INDICATORS, FAVORABLE TREND DATA

Preterm Births ¹⁷ (2016) (Percent)				
	2013	2014	2014	2016
Clay County	11.1%	11.7%	10.9%	10.1%
Duval County	10.7%	11.1%	11.5%	11.3%
Teen Birth Rate: 15-19 ¹⁷ (Live births per 1,000 females aged 15-19)				
	2013	2014	2014	2016
Duval County	30.3	27.3	25.5	27.3
St. Johns County	13.4	10.5	11.8	8.4

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

Note: Table 35 includes only indicators and data values over time for counties with a statistically significant trend in the favorable direction according to the Mann-Kendall test.

TABLE 36. MATERNAL, FETAL, & INFANT HEALTH-RELATED INDICATORS, HARMFUL TREND DATA

Mothers who Received Early Prenatal Care (Percent)				
	2013	2014	2015	2016
Duval County	71.9%	70.1%	68.3%	66.1%

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

Note: Table 25 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.

By examining the data more granularly, zip codes of highest concern in the service area were identified for various Maternal, Fetal, & Infant Health indicators.

Table 37 shows the zip codes most in need of improvement for rates of low birth weight, preterm births, and infant mortality.

TABLE 37. ZIP CODE LEVEL DATA FOR MATERNAL, FETAL, & INFANT HEALTH INDICATORS

Babies with Low Birth Weight ¹⁷ (2016)			
Zip Code 32145 (St. Johns)	Zip Code 32209 (Duval)	Zip Code 32202 (Duval)	Florida
19.4%	17.0%	16.2%	8.7%
Infant Mortality Rate ¹⁷ (2014-2016)			
Zip Code 32033 (St. Johns)	Zip Code 32208 (Duval)	Zip Code 32210 (Duval)	Florida
19.7* deaths per 1,000 live births	16.2 deaths per 1,000 live births	14.4 deaths per 1,000 live births	6.1 deaths per 1,000 live births
Preterm Births ¹⁷ (2016)			
Zip Code 32145 (St. Johns)	Zip Code 32212 (Duval)	Zip Code 32204 (Duval)	Florida
19.4%	17.8%	17.5%	10.1%

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

* Indicates unstable value, as declared by source

Primary Data

Community input reflected concern surrounding substance abuse and smoking, and their relation to adverse birth outcomes such as preterm births or low birth weight. These substance issues were discussed in three key informant interviews and focus groups. Lack of prenatal care was also discussed as a major health issue that affected maternal, fetal, and infant health, particularly in Duval County, where participants echoed the secondary data that show an unfavorable trend in mothers receiving

prenatal care. Some community members associated substance abuse with a mother's choice to avoid seeking prenatal care, as many mothers are frightened to be identified as a drug user. One key informant noted an increase in Neonatal Abstinence Syndrome within Clay County, and a need to intervene with expectant mothers who are also drug users. Overall for the service area, Maternal, Fetal & Infant Health came up as an issue in ten key informant interviews.

Cancer

Key Issues

- Engrained cultural behaviors, such as not visiting a doctor until symptoms worsen, exacerbate the issues surrounding cancer in the service area
- Breast cancer, oral cavity and pharynx cancer, and lung and bronchus cancer incidence rates are all higher in the service area than the Florida average
- Colon cancer screening rates are lower in the service area than the rest of the state

Secondary Data

From the secondary data results, Cancer was identified to be a top health need in the service area. Further analysis revealed individual indicators with high data scores, which were categorized as indicators of most concern, and are highlighted in red in Table 38.

TABLE 38. 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) <i>*in deaths/100,000 females</i>	19.8	Clay	19.3	1.17	1	1			1	1
		Duval	21.6	1.39	2	2			2	0
		St. Johns	22.4	2.17	3	3			2	2
Age-Adjusted Death Rate due to Cancer [17] (2014-2016) <i>*in deaths/100,000 population</i>	155.1	Clay	181.8	2.11	2	3			3	2
		Duval	170.2	1.22	1	2			2	0
		St. Johns	160.4	1.56	1	2			1	2
Age-Adjusted Death Rate due to Colorectal Cancer [17] (2014-2016) <i>*in deaths/100,000 population</i>	13.7	Clay	16.4	2	2	3			3	1.5
		Duval	14.9	1.39	2	2			2	0
		St. Johns	13.6	1.61	1	1			1	3
Age-Adjusted Death Rate due to Lung Cancer [17] (2014-2016) <i>*in deaths/100,000 population</i>	40.4	Clay	54.7	1.67	2	3			3	0
		Duval	46.2	1.39	1	3			2	0
		St. Johns	46.7	1.83	1	3			2	2

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 Prostate Cancer [17] (2014-2016) <i>*in deaths/100,000 males</i>	17.1	Clay	21.4	2.06	3	3			1	2
		Duval	19.3	1.56	2	3			0	1
		St. Johns	19.6	1.78	2	3			0	2
All Cancer Incidence Rate [29] (2012-2014) <i>*in cases/100,000 population</i>	426.8	Clay	466.1	1.83	3	2				1.5
		Duval	494.2	2	3	3				1.5
		St. Johns	447.5	1.56	2	2				1
Breast Cancer Incidence Rate [29] (2012-2014) <i>*in cases/100,000 females</i>	117.8	Clay	116.6	1.39	2	1				1
		Duval	134.6	2	3	3				1.5
		St. Johns	136.5	2	3	3				1.5
Cancer: Medicare Population [3] (2015)	9.6%	Clay	8.7%	1.89	2	1	3	3		1
		Duval	9.2%	2	2	1	3	3		1.5
		St. Johns	9.3%	1.89	2	1	3	3		1
Cervical Cancer Incidence Rate [29] (2012-2014) <i>*in cases/100,000 females</i>	8.5	Clay	11.8	2.28	3	3			3	2
		Duval	9.8	2.11	2	3			3	2
		St. Johns	4.8	0.72	0	0			0	1
Colon Cancer Screening: Blood Stool Test Past Year [8] (2016)	16.0%	Clay	9.1%	2	3	3				
		Duval	10.6%	2	3	3				
		St. Johns	7.2%	2	3	3				
Colorectal Cancer Incidence Rate [29] (2012-2014) <i>*in cases/100,000 population</i>	36.9	Clay	39.7	1.61	2	2			1	1.5
		Duval	43.8	2.06	3	3			2	1.5
		St. Johns	32.9	1.11	1	0			0	2
Lung and Bronchus Cancer Incidence Rate [29] (2012-2014) <i>*in cases/100,000 population</i>	61	Clay	77.8	1.83	2	3				1.5
		Duval	76.2	1.72	2	3				1
		St. Johns	66.8	1.61	1	2				2
Mammogram: 40+ Past Year [8] (2016)	60.8%	Clay	62.6%	1.06	0	1				1
		Duval	57.7%	1.67	2	2				1.5
		St. Johns	61.2%	1.44	1	1				2

Indicator	FL Value	County	County Value	County Data Score	FL Counties	FL Value	US Counties	US Value	HP2020	Trend
Melanoma Incidence Rate [29] (2012-2014) <i>*in cases/100,000 population</i>	22.8	Clay	27.8	1.94	2	3				2
		Duval	22.1	1.67	1	1				3
		St. Johns	30.7	2.33	3	3				3
Oral Cavity and Pharynx Cancer Incidence Rate [29] (2012-2014) <i>*in cases/100,000 population</i>	13.4	Clay	15.4	1.94	2	3				2
		Duval	15.8	1.83	2	3				1.5
		St. Johns	16.4	1.94	2	3				2
Pap Test in Past Year [8] (2016)	48.4%	Clay	42.0%	1.83	2	3				
		Duval	54.7%	1	0	0				
		St. Johns	54.7%	1	0	0				
Prostate Cancer Incidence Rate [29] (2012-2014) <i>*in cases/100,000 males</i>	90.5	Clay	96.8	1.83	3	2				1.5
		Duval	111.4	2	3	3				1.5
		St. Johns	97.3	1.83	3	2				1.5
Prostate-Specific Antigen Test History [8] (2016)	54.9%	Clay	63.2%	1	0	0				
		Duval	50.9%	1.67	2	2				
		St. Johns	55.3%	1.33	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

[29] University of Miami (FL) Medical School, Florida Cancer Data System

Clay and Duval counties fail to meet the Healthy People 2020 targets for the following measures: Age-Adjusted Death Rate due to Cancer, Age-Adjusted Death Rate due to Colorectal Cancer, Colorectal Cancer Incidence Rate, and Cervical Cancer Incidence Rate.

In terms of trends in secondary data over time, Duval County has seen a statistically significant decrease in death rates due to breast, colorectal, lung, and prostate cancers since the 2009 to 2011 time period. Clay County has seen a statistically significant decrease in the death rates due to breast and lung cancers. According to the Mann-Kendall statistical test for trend, Duval and St. Johns counties are trending upward in melanoma incidence (Table 39).

TABLE 39. CANCER INDICATORS, TREND DATA

Cervical Cancer Incidence Rate ²⁹				
	2009-2011	2010-2012	2011-2013	2012-2014
Duval County	8.6 cases/100,000 females	7.4 cases/100,000 females	7.4 cases/100,000 females	9.8 cases/100,000 females
Melanoma Incidence Rate ²⁹				
	2009-2011	2010-2012	2011-2013	2012-2014
Duval County	17.6 cases/100,000 population	19.2 cases/100,000 population	21.4 cases/100,000 population	22.1 cases/100,000 population
St. Johns County	23.2 cases/100,000 population	24.6 cases/100,000 population	26.8 cases/100,000 population	30.7 cases/100,000 population

[29] University of Miami (FL) Medical School, Florida Cancer Data System

[8] Florida Behavioral Risk Factor Surveillance System

Note: Table 39 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. The zip codes in Duval and St. Johns counties with the highest death rates for breast cancer, all cancer, and colorectal cancer greatly exceed the corresponding rate for the state of Florida. Zip codes of concern for these cancer types are noted in Table 40.

TABLE 40. ZIP CODE LEVEL DATA FOR CANCER INDICATORS

Age-Adjusted Death Rate due to Breast Cancer ¹⁷ (2014-2016)			
Zip Code 32033 (St. Johns)		Florida	
42.8 deaths /100,000 females		19.8 deaths /100,000 females	
Age-Adjusted Death Rate due to Cancer ¹⁷ (2014-2016)			
Zip Code 32227 (Duval)	Zip Code 32095 (St. Johns)	Zip Code 32234 (Duval)	Florida
423.1 deaths /100,000 population	338.7 deaths /100,000 population	279.9 deaths /100,000 population	155.1 deaths /100,000 population
Age-Adjusted Death Rate due to Colorectal Cancer ¹⁷ (2014-2016)			
Zip Code 32234 (Duval)		Florida	
30.6 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 sixth most pressing health need in the service areas with 39.7% of respondents listing it as one of the most pressing issues in their community. Cancer was one of the top fifteen most discussed topics across all focus groups and was brought up as a health topic of concern in eight focus groups. Five key informants specifically addressed the topic area of cancer during their interviews.

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 prevent and identify various cancers early on. It was noted that screenings are being provided in the community more and more often, but that it is still something the community as a whole must look further into since not all people are being reached. Ideas were provided to increase knowledge via education campaigns, encouragement of screenings by doctors, and awareness activities such as fundraising walks. Smoking was brought up as a community concern by key informants in reference to being a behavior that is accepted by the community.

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.

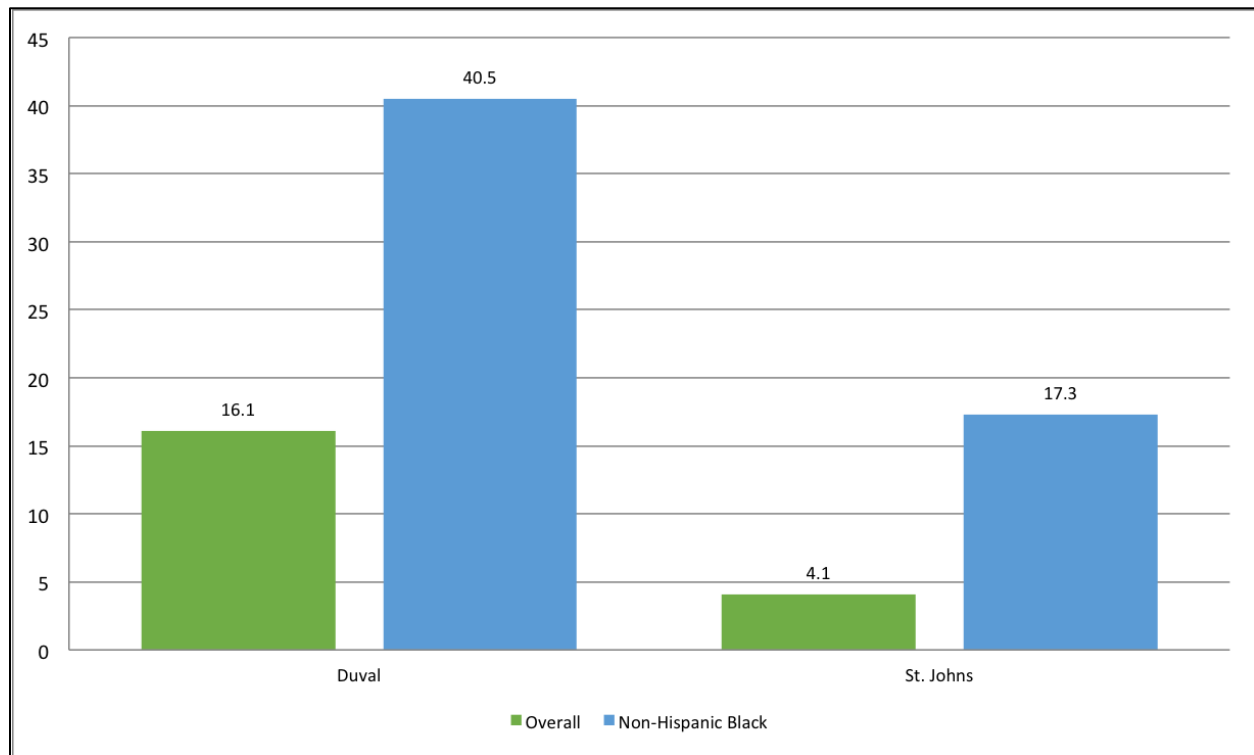
African Americans

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 45 displays a race disparity according to the Index of Disparity analysis for the African American population. The AIDS Diagnosis Rate is disproportionately higher for Non-Hispanic Blacks in Duval and St. Johns counties compared to the overall county values.

FIGURE 45. AIDS DIAGNOSIS RATE (CASES/100,000 POPULATION)



Primary data participants were asked which population groups are disproportionately impacted by negative health outcomes. African Americans were mentioned in 20 of 36 key informant interviews and 5 focus groups as a population disproportionately impacted by negative health outcomes. Twenty-one percent of community survey respondents said that discrimination is one of the most important social determinants of health. Additionally, 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. Finally, focus groups and key informants cited stigma against seeking mental health treatment as a leading reason that many African Americans may delay needed mental health care.

Children

The health of children was mentioned by 18 of 36 key informants and was a discussion item in two focus groups. Key informants discussed food security as an issue among children and related it to the problem of childhood obesity and diabetes.

Key informants and focus group participants were concerned with children growing up in and experiencing trauma and neglect in families with parents with untreated mental health issues and substance use issues. Furthermore, Duval County has a high rate of child abuse for children ages 5-11, exceeding the Florida state value. Clay County has the lowest rate of children with health insurance for the Baptist Medical Center South service area. Table 41 is a summary table of children's health indicators from the secondary data.

TABLE 41. 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) <i>*in cases/1,000 children aged 5-11</i>	901.3	Clay	787	1.11	0	0				2
		Duval	994.5	1.67	1	3				1.5
		St. Johns	625.9	1	0	0				1.5
Child Food Insecurity Rate [6] (2015)	22.7%	Clay	19.7%	1	0	0	1	2		1.5
		Duval	23.2%	1.94	1	2	2	3		2
		St. Johns	18.8%	0.72	0	0	1	1		1
Children with Health Insurance [1] (2016)	93.8%	Clay	94.6%	1.56	1	1	2	2	2	1.5
		Duval	95.0%	1.22	1	1	2	2	2	0
		St. Johns	97.1%	0.94	0	1	1	1	2	1
Children with Low Access to a Grocery Store [28] (2018)		Clay	6.3%	1.67	2		2			
		Duval	6.1%	1.67	2		2			
		St. Johns	5.3%	1.67	2		2			
Food Insecure Children Likely Ineligible for Assistance [6] (2015)	29.0%	Clay	39.0%	2.39	3	3	3	3		1
		Duval	29.0%	1.22	2	1	2	0		1
		St. Johns	52.0%	2.39	3	3	3	3		1
Kindergartners with Required Immunizations [14] (2017)	94.1%	Clay	96.5%	1.22	1	1				1
		Duval	93.8%	1.72	3	2				1
		St. Johns	94.6%	1.39	2	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

[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 for Duval County, the Hispanic population has a disparate AIDS Diagnosis Rate. In 2016, the overall Duval County value is 16.1 cases per 100,000 population, and the value for the Hispanic population is 19.4 cases/100,000 population.

For the Hispanic/Latinx community, language barriers were noted especially in accessing care in the more rural communities. It was mentioned that in central Jacksonville, most health service organizations have language translators, but once you get out of Jacksonville it is much more difficult to find a provider with language services. Additionally, focus group participants noted cultural barriers and stigma around seeking mental health care in the Hispanic/Latinx community.

From the community survey distributed throughout the Partnership's service area, 42 of the 971 responses were from individuals who identify as Hispanic or Latinx. Of the 42 responses, 75% live in Duval County. Hispanic/Latinx respondents had a similar age distribution and gender ratio compared to the overall group of community survey respondents. Compared to the overall group of community survey participants, Hispanic/Latinx respondents had a lower household income. Top health concerns by Hispanic/Latinx community survey participants include (1) mental health & mental disorders, (2) substance abuse, and (3) overweight and obesity. The fourth top health concern listed was oral health and dental caries, which was not a top health concern from the analysis of all survey responses. Similar to the responses by all community survey participants, Hispanic/Latinx participants cited access and diet/nutrition as the top social determinants of health. Approximately 53% of Hispanic/Latinx survey participants responded that they themselves or someone they know have had difficulty understanding a health professional due to a language barrier in the last 12 months.

From the 2017 Duval County Hispanic Health Report, the zip codes with the largest population of Hispanic/Latinx community members (within Duval County) are 32212, 32244, 32207, 32216, and 32246. Looking closely at the top countries or regions of origin within the Hispanic/Latinx community, 33% identify as Puerto Rican, 17% identify as Mexican, 14% identify as South American, and 12% identify as Cuban. Social determinants disproportionately impact the Hispanic/Latinx community in Duval County compared to the White, non-Hispanic population. Hispanic/Latinx community members have higher rates of unemployment, lower median household income, higher rates of families living in poverty, higher rates of insurance, lower overall education attainment, and English-language barriers for a greater proportion of the population compared to White, non-Hispanic community members.

TABLE 42. DIFFERENCES IN SOCIAL DETERMINANTS OF HEALTH, DUVAL COUNTY (2015)

	Non-Hispanic White	Hispanic
% Unemployed	5.2%	7.4%
Median Household Income	\$56,694	\$44,642
% Below Poverty Line	6.3%	19.3%
% Uninsured	10.4%	17.6%
% Did Not see Doctor due to Cost	15.5%	34.3%
% with Less than High School Diploma	7.9%	21.1%
% with Language other than English Spoken at Home	5.4%	60.4%

[34] Duval County Hispanic Health Report

Comparing the population of Hispanic/Latinx to non-Hispanic Whites in terms of health outcomes, we see lower death rates for most of the top 10 leading causes of death. However, Hispanics are more likely to die from diabetes, kidney diseases, high blood pressure, and bloodstream infections.³⁴

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, although one key informant mentioned that there is a number of providers in Clay County who 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 specific health issues that they need help addressing. Key informants noted that the elderly LGBTQ population has unique difficulties getting access to care. The LGBTQ population generally has difficulty getting care, but older adults are of a generation where they were subjected to abuse, maltreatment, or other past traumas as part of this population that may not be widely accepted by their peers. Therefore, they’re more likely to avoid open conversations with their physicians and need the support of the medical and public health community.

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.⁹ 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, ten percent of LGBTQ survey respondents were living in poverty, as defined as having income below one hundred percent of the federal poverty level.

⁹ 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/>

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 19.0% or less. In terms of risky behaviors, 40.0% of the LGBTQ population reported binge drinking in the past 30 days, while the general population figure for Jacksonville city is only 15.0%.¹⁰ 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 percentage of persons with health insurance for the general population in each county (87.0% 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 65.0% 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 17.0% of survey respondents agree that the Northeast Florida Region as a whole embraces diversity, particularly with regards to the LGBTQ population.

Low-Income

Primary data discussions around low-income and poverty-stricken populations occurred in nine focus groups and 23 interviews. 265 community survey respondents (35.6%) listed poverty as one of the most important social determinants of health for the service area. Key informants and focus group participants' discussions around the low-income subpopulation focused on concerns of poverty, stress, and nutrition-related issues. Low-income individuals and families are more likely to forego necessary health services in order to prioritize food and housing. Concerns included issues of housing and access to healthy foods, to mental health, diabetes, and heart disease.

According to the secondary data, zip codes 32202, 32206, and 32209, all in Duval County, perform the worst of all zip codes in the region among poverty indicators. Those zip codes have the highest percentages of children living in poverty, families living in poverty, and persons living in poverty. Zip

¹⁰ Centers for Disease Control and Prevention. 500 Cities Project. (n.d.) Retrieved May 22, 2018, from <https://www.cdc.gov/500cities/>

code 32202 also has the second highest percentage of adults 65 years of age and older living in poverty.

Older Adults

According to the secondary data, the Medicare population in the service area has high rates of chronic diseases and injuries; specifically, atrial fibrillation, cancer, hyperlipidemia, rheumatoid arthritis, and stroke. As presented in Table 43, the Age-Adjusted Death Rate due to Falls in the service area is higher across the service area compared to the state of Florida.

TABLE 43. OLDER ADULT RELATED 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%	Clay	68.3%	0.75	0	0		0		
		Duval	57.6%	1.42	1	1		2		
		St. Johns	55.6%	1.75	2	2		2		
Adults 65+ with Pneumonia Vaccination [8] (2016)	65.6%	Clay	73.8%	1.08	0	0		1	3	
		Duval	66.7%	1.75	2	1		2	3	
		St. Johns	63.3%	2.08	2	2		3	3	
Age-Adjusted Death Rate due to Falls [17] (2016) <i>*in deaths/100,000 population</i>	10.3	Clay	13.4	2.36	2	3		3	3	2
		Duval	12.7	2.36	2	3		3	3	2
		St. Johns	9.3	1.69	1	1		2	3	2
Alzheimer's Disease or Dementia: Medicare Population [3] (2015)	11.7%	Clay	9.4%	1	0	0	2	1		1.5
		Duval	11.3%	2.11	2	1	3	3		2
		St. Johns	9.3%	0.89	0	0	2	1		1
Asthma: Medicare Population [3] (2015)	9.1%	Clay	10.1%	2.44	2	3	3	3		2
		Duval	10.1%	2.44	2	3	3	3		2
		St. Johns	7.8%	0.94	0	0	1	1		2
Atrial Fibrillation: Medicare Population [3] (2015)	9.7%	Clay	9.7%	2.5	2	2	3	3		3
		Duval	9.4%	2.33	2	1	3	3		3
		St. Johns	10.2%	2.44	3	2	3	3		2
Cancer: Medicare Population [3] (2015)	9.6%	Clay	8.7%	1.89	2	1	3	3		1
		Duval	9.2%	2	2	1	3	3		1.5
		St. Johns	9.3%	1.89	2	1	3	3		1
Chronic Kidney Disease: Medicare Population [3] (2015)	21.3%	Clay	20.6%	2.17	1	1	3	3		3
		Duval	22.8%	2.67	3	2	3	3		3
		St. Johns	17.4%	1.33	0	0	2	1		3
COPD: Medicare Population [3] (2015)	13.2%	Clay	14.2%	1.72	1	2	2	3		1
		Duval	12.8%	1.56	1	1	2	3		1
		St. Johns	11.4%	0.67	0	0	1	2		0

Indicator	FL Value	County	County Value	County Data Score	FL Counties	FL Value	US Counties	US Value	HP2020	Trend
Depression: Medicare Population [3] (2015)	17.5%	Clay	16.3%	1.28	1	1	1	1		2
		Duval	18.2%	2.17	2	2	2	2		3
		St. Johns	14.4%	0.78	0	0	1	0		2
Diabetes: Medicare Population [3] (2015)	28.0%	Clay	29.5%	2.06	2	2	3	3		1
		Duval	30.8%	2.06	2	2	3	3		1
		St. Johns	22.2%	0.39	0	0	0	0		1
Heart Failure: Medicare Population [3] (2015)	14.2%	Clay	12.0%	0.33	0	0	1	0		0
		Duval	14.6%	1.72	2	2	2	2		1
		St. Johns	11.2%	0.17	0	0	0	0		0
Hyperlipidemia: Medicare Population [3] (2015)	55.6%	Clay	49.9%	1.56	1	0	3	3		1
		Duval	50.7%	1.5	1	1	3	3		0
		St. Johns	54.5%	1.89	2	1	3	3		1
Hypertension: Medicare Population [3] (2015)	60.5%	Clay	58.8%	1.17	1	1	2	2		0
		Duval	62.1%	2.06	2	2	3	3		1
		St. Johns	57.4%	1.22	0	1	2	2		1
Ischemic Heart Disease: Medicare Population [3] (2015)	34.0%	Clay	29.7%	1	0	0	2	3		0
		Duval	30.1%	1.17	0	0	3	3		0
		St. Johns	31.2%	1.5	1	1	3	3		0
Osteoporosis: Medicare Population [3] (2015)	7.9%	Clay	6.0%	1.44	1	0	2	2		2
		Duval	5.9%	1.06	1	0	2	1		1
		St. Johns	5.8%	1.06	1	0	2	1		1
People 65+ Living Below Poverty Level [1] (2012-2016)	10.4%	Clay	6.2%	0.5	0	0	0	0		1.5
		Duval	10.1%	1.78	2	1	2	2		2
		St. Johns	6.1%	0.39	0	0	0	0		1
People 65+ with Low Access to a Grocery Store [28] (2015)		Clay	2.8%	1.33	1		1			
		Duval	2.5%	1.33	1		1			
		St. Johns	4.3%	1.67	2		2			
Rheumatoid Arthritis or Osteoarthritis: Medicare Population [3] (2015)	34.6%	Clay	33.6%	2.17	1	1	3	3		3
		Duval	34.6%	2.5	2	2	3	3		3
		St. Johns	32.7%	1.61	1	1	2	2		2
Stroke: Medicare Population [3] (2015)	4.8%	Clay	4.5%	2.11	2	1	3	3		2
		Duval	5.2%	2.44	3	2	3	3		2
		St. Johns	4.4%	1.94	1	1	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.

[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

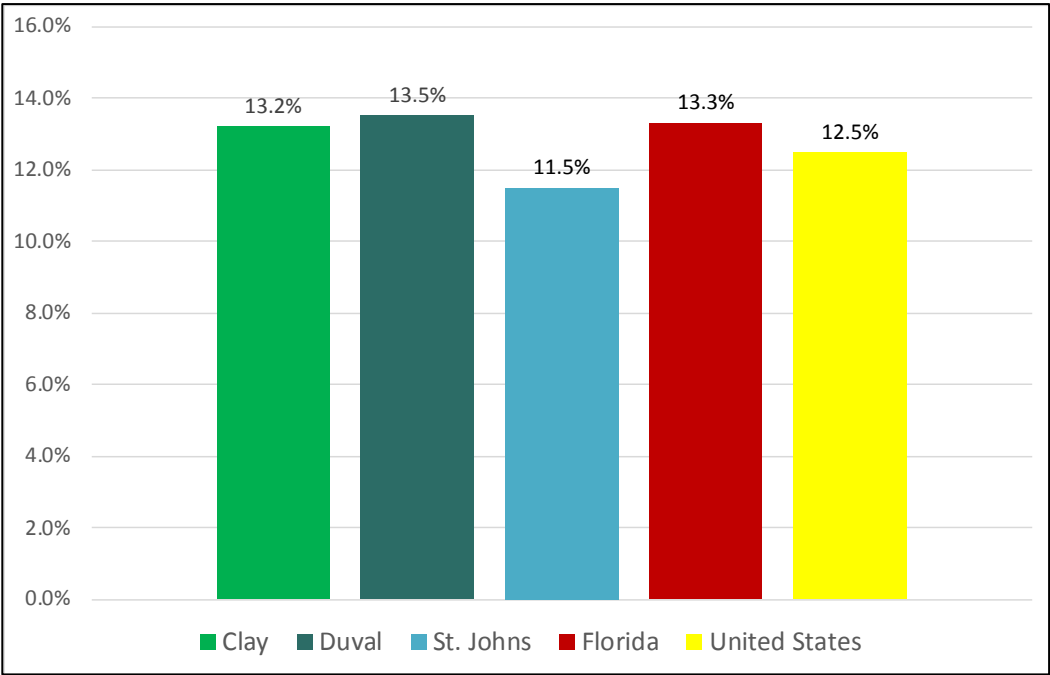
Focus group participants noted that since the peak of the recession, older adults are disproportionately financially burdened. Focus group participants mentioned that medication costs are very high, and adherence for the elderly is a challenge. Furthermore, older adults and their caregivers reported that older adults are often prescribed a cocktail of costly drugs from multiple providers. Caregivers stressed 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.

Persons with Disabilities

Figure 46 shows the percent of persons with a disability across Northeast Florida, including Clay County, (13.2%), Duval County (13.5%) and St. Johns County (11.5%). Duval County’s proportion of Persons with a Disability is greater than the state and national values.

Duval County has the highest proportion of people with a reported cognitive disability in all of Northeast Florida (5.4%). People with a cognitive difficulty experience serious difficulty concentrating, remembering, or making decisions due to a physical, mental, or emotional condition. Cognitive difficulties can have a large impact in everyday activities and may lead to challenges at school or work.

FIGURE 46. PERSONS WITH A DISABILITY, 2012-2016

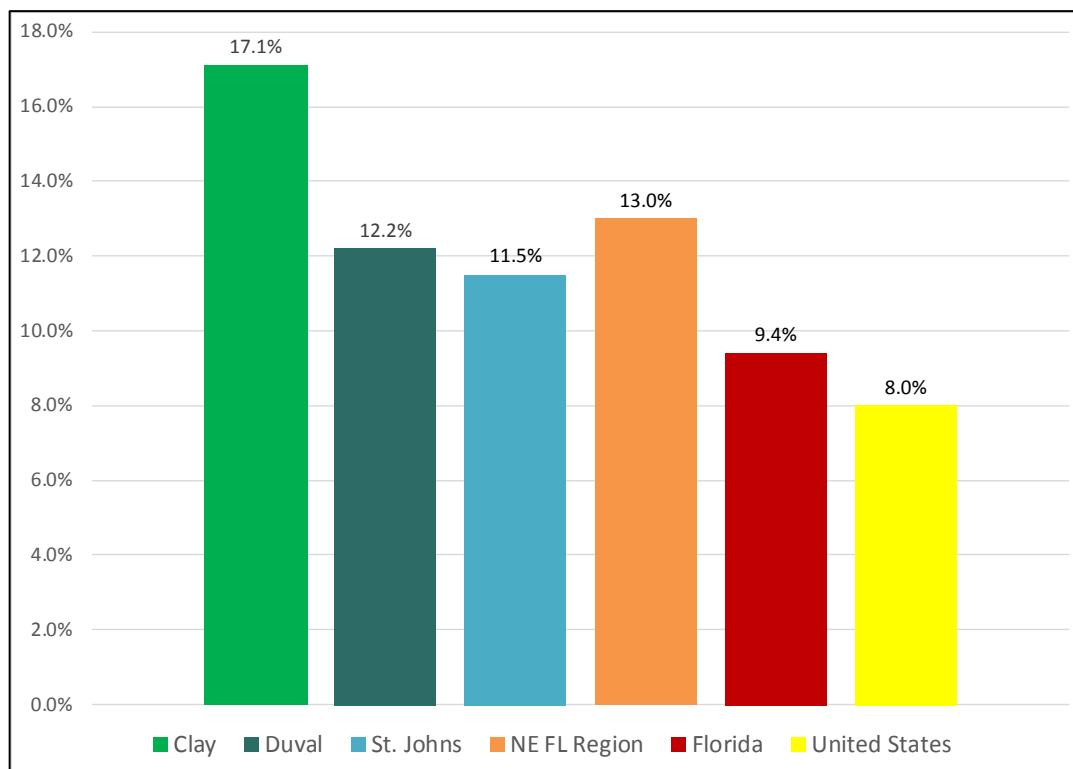


For persons with disabilities, major issues cited by community input participants include a lack of healthcare coverage, gaps in specialized providers or providers who have accessible facilities, and community awareness and advocacy for disability rights. During a focus group of individuals with disabilities and caregivers, the discussion focused on community accessibility: safe sidewalks, proper table heights, and wheelchair-accessible and affordable housing.

Veterans

The veteran population is a significant part of the Northeast Florida Region and Baptist Medical Center South's service area. Clay County has the highest proportion of veterans (17.1%), which more than double the national value and nearly double the Florida state value. Both Duval and St. Johns counties have higher proportions of veterans compared to the state of Florida and the United States. This is a crucial contextual figure when assessing the health of the service area as there are barriers and challenges to accessing care for this population.

FIGURE 47. VETERAN POPULATION, 2012-2016



According to focus group participants, currently enlisted men and women do not make enough money to make ends meet. As one focus group participant noted, “Veterans are a silent group that don’t want to complain yet they experience incredible needs (food, clothing for children), especially when one parent is deployed.” Community input participants noted that this population doesn’t receive proper recognition by health care and social services organizations. Veterans who were a part of the community input process said that veterans often forego their benefits due to challenges navigating the veterans care system. Focus group participants 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 ranked as 4th highest need in Clay County and the 10th highest need in Duval County. In contrast, Diabetes ranked lowest in St. Johns County, displaying less relative need compared to all other needs. Table 44 shows all indicators included in this topic area. Indicators that scored highest on this scale for the service area include: Adults with Diabetes, Diabetes: Medicare Population, and Age-Adjusted Death Rate due to Diabetes.

TABLE 44. 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%	Clay	12.9%	1.75	1	2		3		
		Duval	11.3%	1.25	0	1		2		
		St. Johns	6.4%	0.75	0	0		0		
Age-Adjusted Death Rate due to Diabetes [17] (2016) <i>*in deaths/100,000 population</i>	20.6	Clay	23.8	1.81	1	3		3		1
		Duval	23.3	1.81	1	3		3		1
		St. Johns	16	0.86	0	0		0		2
Diabetes: Medicare Population (2015)	28.0%	Clay	29.5%	2.06	2	2	3	3		1
		Duval	30.8%	2.06	2	2	3	3		1
		St. Johns	22.2%	0.39	0	0	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

[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 fifth most pressing health issue in the service area. 353 out of 757, or 47% of respondents who answered the question, listed it as a top health need. Further, it was discussed in 15 of 36 key informant interviews and 11 out of 24 focus group discussions.

Community input participants attributed high rates of diabetes to poor diet, inability to afford healthy foods, and lack of motivation to engage in physical activities. Additionally, they discussed accessibility of diabetes medication and treatment, and education and knowledge about diabetes screening and management as areas for improvement. Community input participants expressed particular concern for diabetes among lower socioeconomic status groups, older adults, children, and African Americans.

Heart Disease

According to secondary data, heart disease was a relative need for Duval County with a data score of 1.64, which is in the worst half of the 0-3 data score range. In contrast, heart disease was not a high-ranking need for either Clay or St. Johns County. Table 45 shows all indicators included in this topic area. Across all counties, atrial fibrillation, hyperlipidemia and stroke prevalence in the Medicare population was reflected as a high concern in the data scoring results. The high prevalence of heart disease-related illness may signify a need to improve health behaviors that can help prevent chronic illness.

TABLE 45. 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) <i>*in deaths/100,000 population</i>	39.7	Clay	36.6	0.97	1	1		1	2	0
		Duval	40.1	1.81	2	2		2	3	1
		St. Johns	33.9	0.97	0	0		1	1	2
Age-Adjusted Death Rate due to Coronary Heart Disease [17] (2016) <i>*in deaths/100,000 population</i>	98.5	Clay	83.5	0.47	0	0		0	0	1
		Duval	94.9	1.03	1	1		2	1	0
		St. Johns	74.5	0.47	0	0		0	0	1
Age-Adjusted Death Rate due to Hypertensive Heart Disease [17] (2016) <i>*in deaths/100,000 population</i>	11	Clay	8.5	1.06	1	0				1
		Duval	12.6	1.72	2	3				1
		St. Johns	5.3	1.11	0	0				2
Age-Adjusted Death Rate due to Major Cardiovascular Diseases [17] (2016) <i>*in deaths/100,000 population</i>	209.7	Clay	218.2	1.5	1	2				1.5
		Duval	224.9	1.17	1	2				0
		St. Johns	173	1	0	0				1.5
Atrial Fibrillation: Medicare Population (2015)	9.7%	Clay	9.7%	2.5	2	2	3	3		3
		Duval	9.4%	2.33	2	1	3	3		3
		St. Johns	10.2%	2.44	3	2	3	3		2
Cholesterol Test History (2013)	73.2%	Clay	72.8%	1.67	2	2				
		Duval	72.4%	1.67	2	2				
		St. Johns	73.9%	1.33	1	1				
Heart Failure: Medicare Population (2015)	14.2%	Clay	12.0%	0.33	0	0	1	0		0
		Duval	14.6%	1.72	2	2	2	2		1
		St. Johns	11.2%	0.17	0	0	0	0		0

Indicator	FL Value	County	County Value	County Data Score	FL Counties	FL Value	US Counties	US Value	HP2020	Trend
High Blood Pressure Prevalence (2013)	34.6%	Clay	32.4%	1.42	0	1		2	3	
		Duval	34.4%	1.42	0	1		2	3	
		St. Johns	32.5%	1.42	0	1		2	3	
High Cholesterol Prevalence (2013)	33.4%	Clay	25.3%	0.92	0	0		0	3	
		Duval	33.1%	1.25	1	1		0	3	
		St. Johns	30.4%	1.08	0	1		0	3	
Hyperlipidemia: Medicare Population (2015)	55.6%	Clay	49.9%	1.56	1	0	3	3		1
		Duval	50.7%	1.5	1	1	3	3		0
		St. Johns	54.5%	1.89	2	1	3	3		1
Hypertension: Medicare Population (2015)	60.5%	Clay	58.8%	1.17	1	1	2	2		0
		Duval	62.1%	2.06	2	2	3	3		1
		St. Johns	57.4%	1.22	0	1	2	2		1
Ischemic Heart Disease: Medicare Population (2015)	34.0%	Clay	29.7%	1	0	0	2	3		0
		Duval	30.1%	1.17	0	0	3	3		0
		St. Johns	31.2%	1.5	1	1	3	3		0
Stroke: Medicare Population (2015)	4.8%	Clay	4.5%	2.11	2	1	3	3		2
		Duval	5.2%	2.44	3	2	3	3		2
		St. Johns	4.4%	1.94	1	1	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.

[3] Centers for Medicare & Medicaid Services

[8] Florida Behavioral Risk Factor Surveillance System

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

Granular data reveal that zip code 32254 in Duval County had the highest death rates due to stroke and major cardiovascular diseases compared to all zip codes in the three counties. The age-adjusted death rate due to stroke in zip code 32254 is 80.4 deaths per 100,000 population, more than double the Florida state value. For the age-adjusted death rate due to cardiovascular diseases, the value is 406.1 deaths per 100,000 population for zip code 32254, nearly twice the rate of 209.7 deaths per 100,000 population for the state of Florida.

On the community survey, 56% of respondents ranked heart-related diseases as the one of the community's most important health issues. Additionally, half of respondents listed diet, food, and nutrition as one of the top conditions that impact their community, and 29% responded that physical activity and exercise were a top factor.

The topic area of heart disease and stroke was discussed in 6 of 36 key informant interviews and was a topic of conversation in 9 of 24 focus groups. Community input participants discussed the need to focus on contributing risk factors, particularly smoking; a healthy, nutritious, and balanced diet; and physical exercise. Participants also noted that heart-related diseases and hypertension, or high blood

pressure, are of particular concern for the low-income population and the African-American population.

Social Environment

Social environment refers to social, cultural, and civic factors that influence a person's neighborhood. Table 46 shows all indicators included in this topic area. Indicators of concern include: Mean Travel Time to Work, Median Household Gross Rent, and Total Employment Change. Duval County, notably, has more indicators of concern than the other two counties.

TABLE 46. 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) <i>*in cases/1,000 children aged 5-11</i>	901.3	Clay	787	1.11	0	0				2
		Duval	994.5	1.67	1	3				1.5
		St. Johns	625.9	1	0	0				1.5
Children Living Below Poverty Level [1] (2012-2016)	23.3%	Clay	12.2%	0.61	0	0	0	0		2
		Duval	24.8%	1.94	1	2	2	3		2
		St. Johns	9.5%	0.39	0	0	0	0		1
Female Population 16+ in Civilian Labor Force [1] (2012-2016)	54.3%	Clay	57.2%	1.5	0	1	1	2		3
		Duval	60.4%	1	0	0	0	1		3
		St. Johns	53.3%	2	1	2	2	2		3
Homeownership [1] (2012-2016)	52.3%	Clay	68.0%	0.61	0	0	0	0		2
		Duval	50.3%	2.67	3	2	3	3		3
		St. Johns	63.7%	0.67	0	0	1	0		1.5
Juvenile Justice Referral Rate [18] (2013) <i>*in referrals/100,000 population</i>	448.7	Clay	351.2	1.17	1	0				
		Duval	392.6	1.17	1	0				
		St. Johns	308.1	1	0	0				
Linguistic Isolation [1] (2012-2016)	6.8%	Clay	1.5%	1	1	0	2	0		1.5
		Duval	2.8%	1.44	2	0	3	0		2
		St. Johns	0.8%	0.56	0	0	1	0		1
Mean Travel Time to Work [1] (2012-2016)	26.7	Clay	33.4	2.83	3	3	3	3		3
		Duval	24.2	1.44	1	1	2	1		2
		St. Johns	27	2.11	2	2	3	2		2
Median Household Gross Rent [1] (2012-2016)	\$1,032	Clay	\$1,028	1.86	3	1		2		2
		Duval	\$962	1.92	2	1		2		3
		St. Johns	\$1,150	2.58	3	3		3		3
Median Household Income [1] (2012-2016)	\$48,900	Clay	\$59,179	0.78	0	0	0	1		2
		Duval	\$49,196	1.39	1	1	1	3		1
		St. Johns	\$69,523	0.17	0	0	0	0		0
Median Housing Unit Value [1] (2012-2016)	\$166,800	Clay	\$157,600	1.86	1	2		3		2
		Duval	\$146,400	2.03	1	3		3		2
		St. Johns	\$259,900	0.64	0	0		0		1

Indicator	FL Value	County	County Value	County Data Score	FL Counties	FL Value	US Counties	US Value	HP2020	Trend
Median Monthly Owner Costs for Households without a Mortgage [1] (2012-2016)	\$466	Clay	\$379	0.97	2	0		0		1
		Duval	\$445	1.08	2	1		1		0
		St. Johns	\$490	1.81	3	2		2		1
Mortgaged Owners Median Monthly Household Costs [1] (2012-2016)	\$1,422	Clay	\$1,359	1.08	2	1		1		0
		Duval	\$1,337	0.92	2	1		0		0
		St. Johns	\$1,746	1.92	3	3		3		0
People 25+ with a Bachelor's Degree or Higher [1] (2012-2016)	27.9%	Clay	23.9%	1.83	1	3	1	3		1.5
		Duval	28.1%	0.67	0	1	0	2		0
		St. Johns	42.5%	0.39	0	0	0	0		1
People 25+ with a High School Degree or Higher [1] (2012-2016)	87.2%	Clay	90.8%	0.72	0	1	0	1		1
		Duval	88.9%	0.83	1	1	1	1		0
		St. Johns	94.7%	0.5	0	1	0	1		0
People Living Below Poverty Level [1] (2012-2016)	16.1%	Clay	10.2%	0.61	0	0	0	0		2
		Duval	16.6%	1.56	1	2	2	2		1
		St. Johns	9.0%	0.39	0	0	0	0		1
Per Capita Income [1] (2012-2016)	\$27,598	Clay	\$27,159	1.5	1	2	1	2		1.5
		Duval	\$27,235	1.17	1	2	1	2		0
		St. Johns	\$38,362	0.17	0	0	0	0		0
Persons with Health Insurance [25] (2016)	84.6%	Clay	89.1%	1.08	0	1	2		3	0
		Duval	87.2%	1.08	0	1	2		3	0
		St. Johns	90.4%	0.81	0	1	1		2	0
Population 16+ in Civilian Labor Force [1] (2012-2016)	58.5%	Clay	62.1%	1.5	0	1	1	2		3
		Duval	63.9%	1.11	0	1	1	1		2
		St. Johns	60.2%	1.5	0	1	1	2		3
Single-Parent Households [1] (2012-2016)	38.5%	Clay	28.6%	0.56	0	0	1	0		1
		Duval	42.7%	2.61	3	3	3	3		2
		St. Johns	20.7%	0.39	0	0	0	0		1
Social and Economic Factors Ranking [4] (2018) <i>*Ranking of the county in social and economic factors according to County Health Rankings</i>		Clay	6	1.25	0					
		Duval	32	1.42	1					
		St. Johns	1	1.25	0					
Total Employment Change [24] (2014-2015)	4.5%	Clay	2.7%	1.67	2	3	1	1		
		Duval	0.2%	2.33	3	3	2	3		
		St. Johns	8.4%	0.5	0	0	0	0		
Voter Turnout: Presidential Election [20] (2016)	74.5%	Clay	73.5%	1.78	2	2				2
		Duval	74.6%	1.22	1	1				1
		St. Johns	80.1%	1.17	0	1				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 or 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 C2 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

One in four survey participants regarded social environment as one of the most important social determinants of health in their community. The social environment was mentioned in 10 out of 26 key informant interviews and 8 out of 24 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 service area. Adverse childhood experiences and childhood trauma, as well as the effects of parental mental health issues on children, are important factors influencing the effect of the social environment's impact on community health and children.

Respiratory Diseases

Respiratory diseases emerged as a relative area of need for St. Johns County, ranking sixth of all needs considered in data scoring. The health indicator data showed that incidence rates and death rates of lung and bronchus cancer are of concern for both Clay and St. Johns counties. Additionally, none of the counties in the service area met the Healthy People 2020 target of 90% vaccination for adults 65 years of age and older for pneumonia.

TABLE 47. 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%	Clay	68.3%	0.75	0	0		0		
		Duval	57.6%	1.42	1	1		2		
		St. Johns	55.6%	1.75	2	2		2		
Adults 65+ with Pneumonia Vaccination [8] (2016)	65.60%	Clay	73.8%	1.08	0	0		1	3	
		Duval	66.7%	1.75	2	1		2	3	
		St. Johns	63.3%	2.08	2	2		3	3	
Adults with Current Asthma [8] (2016)	6.70%	Clay	6.7%	1.08	1	1		0		
		Duval	6.8%	1.25	1	2		0		
		St. Johns	7.4%	1.42	1	3		0		
Age-Adjusted Death Rate due to Influenza and Pneumonia [17] (2014) <i>*in deaths/100,000 population</i>	9.7	Clay	9.9	1.14	1	2		0		1
		Duval	15.6	2.14	3	3		3		1
		St. Johns	11	1.47	2	3		0		1
Age-Adjusted Death Rate due to Lung Cancer [17] (2014-2016) <i>*in deaths/100,000 population</i>	40.4	Clay	54.7	1.67	2	3			3	0
		Duval	46.2	1.39	1	3			2	0
		St. Johns	46.7	1.83	1	3			2	2

Indicator	FL Value	County	County Value	County Data Score	FL Counties	FL Value	US Counties	US Value	HP2020	Trend
Asthma: Medicare Population [3] (2015)	9.1%	Clay	10.1%	2.44	2	3	3	3		2
		Duval	10.1%	2.44	2	3	3	3		2
		St. Johns	7.8%	0.94	0	0	1	1		2
COPD: Medicare Population [3] (2015)	13.2%	Clay	14.2%	1.72	1	2	2	3		1
		Duval	12.8%	1.56	1	1	2	3		1
		St. Johns	11.4%	0.67	0	0	1	2		0
Lung and Bronchus Cancer Incidence Rate [29] (2012-2014) <i>*in cases/100,000 population</i>	61	Clay	77.8	1.83	2	3				1.5
		Duval	76.2	1.72	2	3				1
		St. Johns	66.8	1.61	1	2				2
Teens with Asthma [22] (2014)	20.8%	Clay	21.5%	2	2	2				3
		Duval	23.8%	2.33	3	3				3
		St. Johns	19.6%	1.44	1	1				2
Tuberculosis Incidence Rate [16] (2016) <i>*in cases/100,000 population</i>	3.2	Clay	1.5	0.97	1	0		0	3	1
		Duval	0	0.47	0	0		0	0	1
		St. Johns	1.5	0.97	1	0		0	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 or 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 C2 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 leads to school absences and poor school performance. Community members attributed high rates of lung cancer in Clay and St. Johns counties to high rates of smoking. Respiratory diseases were not considered a top health need from the community survey as only 12% of survey participants ranked it as a community health issue.

Sexual Health

Sexually transmitted infections are a key concern in this health area, especially for Duval County: the chlamydia incidence rate amongst adults and teens is greater in Duval County compared to the state of Florida and to the United States, as displayed in Table 48. Additionally, the gonorrhea incidence rate of Duval County (292.1 cases/100,000 people) is more than twice the rate of the state of Florida and the United States. Duval County had high teen birth rates compared to the state of Florida. Community input participants further corroborated that teen births are an issue in the community.

TABLE 48. 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) <i>*in cases/100,000 population</i>	10.5	Clay	6.8	1.28	1	0				2
		Duval	16.1	1.67	3	3				0
		St. Johns	4.1	1.06	1	0				1
Chlamydia Incidence Rate [15] (2016) <i>*in cases/100,000 population</i>	468.2	Clay	424	1.36	2	1		0		2
		Duval	714.3	2.36	3	3		3		2
		St. Johns	269.8	0.86	0	0		0		2
Chlamydia Incidence Rate: Females 15-19 [15] (2016) <i>*in cases/100,000 females aged 15-19</i>	3175.6	Clay	2706.9	1.28	1	0				2
		Duval	4556.4	2.11	3	3				2
		St. Johns	1709.9	1	0	0				1.5
Gonorrhea Incidence Rate [15] (2016) <i>*in cases/100,000 population</i>	139.2	Clay	124.5	1.19	2	0		0		2
		Duval	292.1	2.58	3	3		3		3
		St. Johns	55	0.86	0	0		0		2
Gonorrhea Incidence Rate: Females 15-19 [15] (2016) <i>*in cases/100,000 females aged 15-19</i>	496.6	Clay	279.1	1.17	1	0				1.5
		Duval	911.3	2.33	3	3				3
		St. Johns	159.4	1.11	0	0				2
HIV Incidence Rate [13] (2016) <i>*in cases/100,000 population</i>	24.6	Clay	9.7	1.28	1	0				2
		Duval	30.6	1.89	3	3				1
		St. Johns	6.8	0.89	0	0				1
Syphilis Incidence Rate [15] (2016) <i>*in cases/100,000 population</i>	11.9	Clay	6.3	1.67	2	0				3
		Duval	11	2	3	1				3
		St. Johns	0.9	1.11	0	0				2
Teen Birth Rate: 15-19 [17] (2016) <i>*in cases/1,000 females aged 15-19</i>	19.5	Clay	17.7	0.92	0	1		0		1.5
		Duval	27.3	1.97	2	3		3		1
		St. Johns	8.4	0.64	0	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 or 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 C2 for a detailed description of data scoring methodology

[13] Florida Department of Health, Bureau of HIV/AIDS

[15] Florida Department of Health, Bureau of STD Prevention & Control

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

Community survey participants ranked sexual health as the tenth most pressing health need for the Partnership's service area. Key informants and focus group participants shared input about specific issues within sexual health, most notably that there are high rates of HIV among African Americans and that there is a gap in safe sex education for teens. Community input participants cited that adolescents are neither learning about sexual health in school nor at home from their parents. Adolescent

community input participants raised two other issues as critical in their community: (1) sexually transmitted infections (STIs) among youths, and (2) lack of sexual health resource awareness in the community.

The following data come from the 2017 Youth Risk Behavior Survey for Duval County middle and high school students. Compared to 2013, 23% fewer high school students and 25% fewer middle school students reported having ever had sex.^{11,12} Male high school students were more likely to report ever having sex compared to female students (42.0% and 33.0%, respectively) in 2017. Among high school students that were sexually active, only 57.7% used a condom the last time they had sex. Only 60.1% of Duval County middle school students reported using a condom the last time they had sex, which is an 8% decrease from 2013. Approximately 50% of middle school students reported that their parents or other adults in their family talked with them about expectations regarding sexual behavior. Nearly one in five, or 18.2%, of Duval County high school students used alcohol or drugs before the last time they had sex.

Duval County high school students reported high rates of dating and sexual activity compared to the state of Florida. 12.3% of Duval County high school students experienced physical dating violence in the past year compared to 8.4% in Florida. 10.8% of high school students reported forced sexual intercourse; female Duval County high school students were more likely to report forced sexual activity than male students (13.5% compared to 7.8%). Lesbian, Gay and Bisexual students experienced physical dating violence at a higher rate (23.3%) compared to their heterosexual peers (8.7%).

Built Environment & Safety

The Built Environment and Safety emerged as a critical issue from the data synthesis. This topic area includes indicators that connect the physical space in which people live to nutrition and physical activity, and indicators that connect physical space to transportation safety. The areas of concern for this topic area were more extensive for Duval County, though there are also areas of need for Clay and St. Johns counties. Indicators of concern for all three counties include the age-adjusted death rate due to unintentional injuries and low access to a grocery store for children and low-income individuals. For Duval County, pedestrian and bicycle death rates also presented as areas of concern.

Table 49 lists all secondary data indicators within the Built Environment & Safety topic.

TABLE 49. 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%	Clay	83.9%	1.17	1	2	0	1		
		Duval	88.5%	0.83	0	1	0	1		
		St. Johns	88.2%	0.83	0	1	0	1		

¹¹ Youth Risk Behavior Survey, Duval County High School Students. Sexual Behaviors. (2017). Retrieved May 17, 2018

¹² Youth Risk Behavior Survey, Duval County Middle School Students. Sexual Behaviors. (2017). Retrieved May 17, 2018.

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 Motor Vehicle Collisions [17] (2016) <i>*in deaths/100,000 population</i>	15.4	Clay	23.8	2.17	2	3				3
		Duval	15.2	1.44	1	1				2
		St. Johns	18.6	2	1	3				3
Age-Adjusted Death Rate due to Unintentional Injuries [17] (2016) <i>*in deaths/100,000 population</i>	56.3	Clay	78.2	2.53	3	3		3	3	2
		Duval	81.1	2.53	3	3		3	3	2
		St. Johns	50.6	1.75	1	0		2	3	3
Children with Low Access to a Grocery Store [28] (2015) <i>*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</i>		Clay	6.3%	1.67	2		2			
		Duval	6.1%	1.67	2		2			
		St. Johns	5.3%	1.67	2		2			
Food Environment Index [4] (2018) <i>*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</i>	6.7	Clay	7.6	1.11	0	0	1	2		2
		Duval	6.3	2.44	3	2	3	3		2
		St. Johns	7.8	0.72	0	0	1	1		1
Households with No Car and Low Access to a Grocery Store [28] (2015)		Clay	1.9%	1.17	0		1			
		Duval	1.7%	1	0		0			
		St. Johns	2.4%	1.33	1		1			
Low-Income and Low Access to a Grocery Store [28] (2015)		Clay	6.9%	1.5	1		2			
		Duval	8.6%	1.67	2		2			
		St. Johns	6.6%	1.5	1		2			
Pedestrian Death Rate [5] (2013) <i>*in deaths/100,000 population</i>	2.6	Clay	1	0.94	1	0	2	0	0	2
		Duval	3.8	2.78	3	3	3	3	3	2
		St. Johns	1.4	1.11	1	0	2	1	2	1
People 65+ with Low Access to a Grocery Store [28] (2015)		Clay	2.8%	1.33	1		1			
		Duval	2.5%	1.33	1		1			
		St. Johns	4.3%	1.67	2		2			
People with Low Access to a Grocery Store [28] (2015)		Clay	24.4%	1.5	1		2			
		Duval	24.7%	1.67	2		2			
		St. Johns	25.4%	1.67	2		2			

Indicator	FL Value	County	County Value	County Data Score	FL Counties	FL Value	US Counties	US Value	HP2020	Trend
Severe Housing Problems [4] (2010-2014)	21.50%	Clay	14.9%	0.83	0	0	2	0		1.5
		Duval	20.1%	2.33	3	1	3	2		3
		St. Johns	16.6%	0.89	1	0	2	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 or 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 C2 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

Key informants and focus group discussions around the built environment focused on a lack of safe places to walk or be outside, corroborating the secondary data results around pedestrian safety. Sidewalk and outdoor community safety was cited as a critical concern.

Conclusion

The Community Health Needs Assessment for Baptist Medical Center South 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 by 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 South 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
Cancer	Use BMCS' partnership with MD Anderson to increase awareness about lifestyle and other risk factors linked to cancer and provide resources and information on wellness and prevention within the Baptist MD Anderson Cancer Center.	Yes	<p>BMCS participated in the Pink Ribbon Symposium on October 3, 2015 at the Thrasher Horne Center. Attendees were taught how to properly self-examine their breasts and more than 200 Buddy Check cards were distributed</p> <p>BMCS participated in the Pink Ribbon Symposium on October 1, 2016 at the Thrasher Horne Center in Orange Park. Attendees were taught how to properly self-examine their breasts and more than 300 Buddy Check cards were distributed.</p>
	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.	Yes	<p>53 people attended cancer education at the Williams Family Y Healthy Living Center.</p> <p>BMCS attended the Sweetwater Community health fair on September 24, 2016 during which Buddy Check cards were distributed and Nurse Navigators answered questions about breast cancer.</p> <p>Baptist Medical Center South hosted a free lunch & learn for the community in October 2015 on Hereditary Breast Cancer. The presenters taught the group on which genetic markers indicate a higher risk of breast cancer. Of the 11 attendees present, 100% stated they learned something new and 91% plan to make a lifestyle change as a result of the presentation.</p> <p>BMCS hosted a free lunch & learn for the community on June 15, 2017 on Lung Cancer presented by Carolyn Baggett. There were 14 attendees in the talk and 100% of them said they learned something new and plan to make a lifestyle change.</p>

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 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	BMCS attended Clay County Council on Aging's annual health fair on May 8, 2016 and provided 8 PSA exams during the health fair.
	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 Alternate strategy included	Connected underserved and uninsured women with the Florida Department of Health to receive mammograms. Also, provided funding to Volunteers in Medicine to provide primary care for people who live or work in Duval County and do not have health insurance. In 2016 and 2017, 788 patients received breast exams and 428 received a mammogram.
	Educate young adults and parents on the importance of the HPV vaccine in preventing cervical cancer.	Yes	On April 28, 2017, BMCS participated in the annual Clay County Student Health Fair. This year's fair was held at Clay High School in Green Cove Springs, FL. At our booth, we educated over 800 students on the importance of safe sex practices and the importance of receiving the HPV vaccine

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)			Every summer, BMCS provides high school students an opportunity to volunteer at the hospital to get a better understanding of how a hospital is run. One of the requirements to volunteer at the hospital is a current vaccination record indicating which students had received the HPV vaccine. Educational topics include the importance of good mental, physical, and sexual health. In FY 16, 66 volunteers were urged to get vaccinated for HPV if they had not yet done so and informed of the importance of safe sex. In FY 17, 85 students were educated on the importance of good mental, physical, and sexual health. The students were also urged to receive the HPV vaccine if they had not already.
	Offer community education sessions on various forms of cancer.	Yes	BMCS participated in the Pink Ribbon Symposium on October 3, 2015 at the Thrasher Horne Center. Attendees were taught how to properly self-examine their breasts and more than 200 Buddy Check cards were distributed
	Provide information at health fairs and other community events about the health risks associated with smoking and resources for smoking cessation.	Yes	BMCS participated in the Pink Ribbon Symposium on October 1, 2016 at the Thrasher Horne Center in Orange Park. Attendees were taught how to properly self-examine their breasts and more than 300 Buddy Check cards were distributed. 53 people attended cancer education at the Williams Family Y Healthy Living Center. BMCS attended the Sweetwater Community health fair on September 24, 2016 during which Buddy Check cards were distributed and Nurse Navigators answered questions about breast cancer.

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)			<p>Baptist Medical Center South hosted a free lunch & learn for the community in October 2015 on Hereditary Breast Cancer. The presenters taught the group on which genetic markers indicate a higher risk of breast cancer. Of the 11 attendees present, 100% stated they learned something new and 91% plan to make a lifestyle change as a result of the presentation.</p> <p>BMCS hosted a free lunch & learn for the community on June 15, 2017 on Lung Cancer presented by Carolyn Baggett. There were 14 attendees in the talk and 100% of them said they learned something new and plan to make a lifestyle change.</p>
	Partner with local organizations in order to better educate women on the risks of smoking while pregnant.	Yes	<p>Provided funding to Sulzbacher to provide primary care for people living or working in Duval County who are un- or under-insured. In 2016 and 2017, 8,079 patients were screened for services to quit smoking, all were educated about the harmful effects of smoking and 3,057 smokers were provided smoking cessation education and support.</p> <p>Provided funding to The Way Free clinic to provide primary care for people living in Clay County. 10 patients screened for smoking cessation services and three were treated.</p>
	Facilitate classes on the dangers of tobacco products in middle schools, high schools, colleges and universities.	Yes	<p>BMCS hosted AHEC's Tools to Quit class on August 2, 2016 and on July 17, 2016 each separate occasion attended by 3 individuals from the community.</p> <p>Baptist South's Respiratory Therapy team identified inpatient individuals who were smokers and counseled them on smoking cessation. Therapists referred patients who had a desire to stop smoking to AHEC's Tools to Quit classes.</p>

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)			Baptist South's Community Relations Coordinator presented on smoking cessation at Mandarin High School on November 30, 2016. There were 67 students in the interactive presentation.

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
Communicable Diseases	Offer community education sessions on STIs.	Yes	On November 11, 2016, eleven Baptist Health team members were trained to teach Duval County Public School curriculum. We have been teaching in HOPE classes in Duval middle and high schools across the county. Over 1200 students have been educated in safe sex practices thus far.
	Partner with local colleges and universities to enhance STI education programs.	Yes	The Clinton Health Matters Initiative (CHMI) invited Baptist Health to participate in its College Health Program; CHMI is convening local colleges and universities with community partners to identify health needs of college students in the realms of sexual health, mental health and physical health (nutrition and physical activity) and to work together to develop strategies to address these needs. Baptist Health staff attended the first workshop held in June 2017 and will continue this work in FY18, when the colleges will identify which specific areas they want to prioritize.
	Offer STI prevention and safe sex education at community events and health fairs.	Yes	On April 28, 2017, BMCS participated in the annual Clay County Student Health Fair. This year's fair was held at Clay High School in Green Cove Springs, FL. At our booth, we educated over 800 students on the importance of safe sex practices and the importance of receiving the HPV vaccine
	Partner with Duval County, St. John's County, and Clay County Public Schools to enhance STI education and awareness.	Yes	Every summer, BMCS provides high school students an opportunity to volunteer at the hospital to get a better understanding of how a hospital is run. One of the requirements to volunteer at the hospital is a current vaccination record indicating which students had received the HPV vaccine. Educational topics include the importance of good mental, physical, and sexual health. 66 volunteers were urged to get vaccinated for HPV if they had not yet done so and informed of the importance of safe sex. In FY 17, 85 students were educated on the importance of good mental, physical, and sexual health. The students were also urged to receive the HPV vaccine if they had not already.

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
Communicable Diseases (continued)			On November 11, 2016, eleven Baptist Health team members were trained to teach Duval County Public School curriculum. We have been teaching in HOPE classes in Duval middle and high schools across the county. Over 1200 students have been educated in safe sex practices thus far.
	Partner with local agencies to increase awareness of existing HIV and STI testing and treatment sites and help grow additional HIV and STI testing sites in the community.	Yes	<p>On July 3, 2016, BrdsNBz text messaging service was shared with the Leadership Jacksonville Collegiate class of 2017 including 36 youth and 2 adults.</p> <p>Provided funding to JASMYN Sexual Health Clinic to offer testing and treatment for sexually transmitted diseases. 939 young people participated in the clinic in 2016 and 2017.</p> <p>Provided funding to Volunteers in Medicine to provide primary care for people who live or work in Duval County and do not have health insurance. 1,393 patients were screened for communicable diseases, none required treatment</p> <p>Provided funding to The Way Free clinic to provide primary care for people living in Clay County. 141 patients were screened communicable diseases, and 3 were treated.</p> <p>Funded PACE Center for Girls to provide a Straight Talk Clinic. 130 girls were served with basic health services. 98% did not become pregnant and 98% remained STI free during the year.</p> <p>Provided funding to Sulzbacher to provide primary care for people living or working in Duval County who are un- or under-insured. 4,798 patients were screened for communicable diseases with 209 receiving treatment.</p>

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
Diabetes	Offer community education sessions on diabetes, obesity, nutrition, and lifestyle education.	Yes	<p>October 25, 2015 - Eagle Harbor's fall extravaganza distributed literature on heart disease and diabetes</p> <p>January 23, 2016, Early Learning Coalition Conference at the Thrasher Horne Center in Orange Park – distributed diabetes literature and pedometers</p> <p>On August 24, 2016, BMCS participated in the Clay County Senior Expo at the Thrasher Horne Center. We provided literature on diabetes as well as a variety of health disparities. Dr. Powell attended the event to answer questions about diabetes and general health.</p> <p>On March 16, 2017, Baptist South hosted a lunch & learn on Kidney Health in honor of World Kidney Day. Dr. Chataut was the presenter and talked about kidney health and how it can affect the rest of your overall health. Dr. Chataut stated that poor kidney health can bring about diabetes along with other ailments. There were 12 attendees in the class and 83% of them stated they learned something new and plan to make a lifestyle change based upon the presentation.</p> <p>Provided funding to University of North Florida's College of Health to fund dietetic interns to provide diabetes and nutrition education, cooking demonstrations and support for community gardens in partnership with YMCAs. A program with ARC Jacksonville for Village residents began in September.</p> <p>Provided funding to MOSH to develop a health educational exhibit. The interactive exhibit includes information about the endocrine system and prevention information. More than 6,309 people attended the exhibit and/or educational programming in 2016 and 2017.</p>

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
Diabetes (continued)	Provide glucose and BMI screenings at community events and health fairs and provide follow-up resources to people found to be high-risk for developing diabetes.	Yes	<p>April 1, 2016, Mandarin Senior Center's annual health fair – screened 55 individuals for BMI, blood pressure, glucose, and cholesterol. Of the 220 screenings, there were 55 abnormal readings. Follow up calls were performed after the health fair to those with abnormal screenings.</p> <p>May 18, 2016, Clay Council on Aging's health fair - screened 33 individuals for BMI, blood pressure, glucose, and cholesterol. Of the 132 screenings, there were 27 abnormal screenings. Follow up calls were performed after the health fair to those with abnormal screenings.</p> <p>BMCS participated in the Westminster Woods annual health fair on August 7, 2017. Baptist South participated in the Episcopal Children's Services Health Fair in Orange Park, FL on November 15, 2016. We screened 32 individuals and performed a total of 96 screenings including BMI, blood pressure, and glucose. Of the 96 screenings, 8 of the results were abnormal. Those with abnormal results received a follow up phone call after the health fair.</p> <p>April 30, 2016, Calvary United Methodist's health fair - screened 23 individuals for BMI, blood pressure, glucose, and cholesterol. Of the 92 screenings, there were 18 abnormal readings. Follow up calls were performed after the health fair to those with abnormal screenings.</p> <p>On May 22, 2016, BMCS participated in the Hindu Society health fair; we were able to screen 152 individuals and performed a total of 295 screenings including BMI, blood pressure, glucose, and cholesterol. Of the 295 screenings, we found 63 abnormal screenings. Follow up calls were performed after the health fair to those with abnormal screenings.</p>

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
Diabetes (continued)			<p>BMCS participated in Orange Park Christian Center's health fair on July 23, 2016. We screened 15 individuals and performed a total of 60 screenings including BMI, blood pressure, glucose, and cholesterol. Of the 60 screenings, 9 of the results were abnormal. Those with abnormal results received a follow up phone call after the health fair.</p> <p>March 19, 2016, Hopewell Church's health fair; - screened 59 individuals for BMI, blood pressure, glucose, and cholesterol. Of the 236 screenings, there were 41 abnormal readings. Follow up phone calls were performed after the health fair to those with abnormal screenings.</p> <p>122 people received free biometric screenings at the Williams Family Y Healthy Living Center. Everyone receiving screenings participated in health coaching provided by the Healthy Living Center.</p> <p>May 20, 2016, Orange Park High School Student health fair – distributed information on diabetes and heart disease and pedometers screened 92 students for BMI (4 were underweight, 66 were at a normal weight, 13 were overweight, and 9 were obese).</p> <p>On July 29, 2017, BMCS participated in the Salvation Army Back to School Bash Health Fair in Middleburg, FL. We screened 114 individuals and performed a total of 342 screenings including BMI, blood pressure, and glucose. Of the 342 screenings, 41 of the results were abnormal. Those with abnormal results received a follow up phone call after the health fair.</p> <p>Provided funding to Muslim American Social Services to provide primary care for people living in Duval County who do not have health insurance. In 2016 and 2017, MASS provided health services to 3,501 patients 14 of whom received diet counseling, 263 received endocrinology services, 60 received disease management services and 1,761 received primary care.</p>

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
Diabetes (continued)	Offer "8 Weeks to Healthy Living" program to local faith-based and community organizations.	Yes	Facilitated and funded two sessions of 8 Weeks to Healthy Living at First Church Hopewell of people completed the program, 18 of 30 (60%) completed the program, 97 pounds collectively were lost, 71% decreased their BMI, Participants with normal glucose levels increased from 93% to 100%
	Provide care coordination services for pre-diabetic and diabetic patients in primary care offices.	Yes	<p>Provided funding to The Way Free clinic to provide primary care for people living in Clay County. 571 patients screened for diabetes and 52 received treatment.</p> <p>Provided funding to Volunteers in Medicine to provide primary care for people who live or work in Duval County and do not have health insurance. 1,493 people were screened for diabetes, 314 were treated and 72% improved of 42 patients with three-month follow-up.</p> <p>Provided funding to Sulzbacher to provide primary care for people living or working in Duval County who are un- or under-insured. 5,397 patients were screened for diabetes with 2,612 receiving treatment.</p>
	Provide education to adults and children on healthy eating habits, obesity, nutrition, and lifestyle.	Yes	In August of 2016, BMCS held a lunch & learn on "Weight Management" presented by Dr. Casey Bonaquist. Dr. Bonaquist stressed the importance of maintaining a healthy weight to avoid diseases such as diabetes and high blood pressure. We hosted 16 attendees at the lunch & learn; 100% stated they learned something new and 100% plan to make a lifestyle change from the talk.

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
Diabetes (continued)			<p>For our April 2016 lunch & learn, Kory Graybeal, RN, LD/N, presented on “Dining with Diabetes”. Mrs. Graybeal provided healthy examples of meal substitutions to keep your glucose in a normal range for those with diabetes. We had 18 attendees in the presentation; 100% of them stated they learned something new and 100% plan to make a lifestyle change from the information learned.</p> <p>March 2016, “Diabetes: Prevention and Treatment” presented by Dr. Colin Lacroix. The 16 attendees learned vital skills to prevent diabetes and how to treat it if diagnosed. 94% stated they learned something new and 94% of attendees plan to make a lifestyle change as a result of the presentation. On September 21, 2017, BMCS held a lunch & learn on the Mediterranean Diet presented by Dr. Denton. Attendees learned about healthy eating habits and the importance of a balanced diet to avoid obesity and the risk factors associated with obesity including diabetes. There were 25 individuals present for the talk and 92% of them stated they learned something new and plan to make a lifestyle change based on the talk. On January 9, 2017, BMCS participated in the Kemper Health Fair.</p>
	Increase awareness of the resources provided by YMCA Healthy Living Centers and JCA Health Connexions.	Yes	<p>78 people participated in healthy eating, physical activity and diabetes education at the Williams Family Y Healthy Living Center.</p> <p>11/9/15 Diabetes Management class by Baptist Health Registered Dietician – 6 attendees at JCA Wellness Connexions.</p> <p>269 people received free health screenings through JCA Wellness Connexions.</p>

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
Diabetes (continued)			<p>85 people received free biometric screenings at the Williams Family Y Healthy Living Center and all individuals screened participated in health coaching provided by the Healthy Living Center.</p> <p>254 people received free biometric screenings at the Jewish Community Alliance and all individuals screened participated in health coaching provided by the Healthy Living Center.</p> <p>34 people participated in healthy eating, physical activity and diabetes education at the Williams Family Y Healthy Living Center.</p> <p>15 people participated in healthy eating, physical activity and diabetes education at the Williams Family Y Healthy Living Center.</p> <p>113 people received free health screenings through Williams Family Y Healthy Living Center</p>
	Partner with Duval, St. John's, and Clay counties Public School Districts to enhance diabetes, obesity, nutrition, and lifestyle education.	Yes	<p>On August 6, 2016, BMCS participated in the Salvation Army Back to School Community Event in Middleburg. We provided attendees with diabetes literature and pedometers to encourage more physical activity.</p> <p>On July 29, 2017, BMCS participated in the Salvation Army Back to School Bash Health Fair in Middleburg, FL. We screened 114 individuals and performed a total of 342 screenings including BMI, blood pressure, and glucose. Of the 342 screenings, 41 of the results were abnormal. Those with abnormal results received a follow up phone call after the health fair.</p> <p>Baptist South participated in the Episcopal Children's Services Health Fair in Orange Park.</p>

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 South 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 and was pictured in the Mandarin News Line.
	Offer Mental Health education sessions and information to the community.	Yes	On August 8, 2017, Baptist South hosted a lunch & learn on “Making Yourself a Priority” presented by Nancy Crain, PA-C. Nancy stressed the importance of good mental health. There were 19 attendees present for the talk and 95% of them stated they learned something new and plan to make a lifestyle change based on information presented to them.
	Provide mindfulness training and coaching through Y Healthy Living Centers and JCA Health Connexions.	Yes	BH Wellness RN facilitated stress management session at JCA Health Connexions attended by 13 people. BH Wellness RN facilitated session on sleep at JCA Health Connexions attended by 18 people. 142 people participated in brain and mental health education and exercises at the Williams Family Y Healthy Living Center. 2 individuals were trained in Adult Mental Health First Aid at the Williams Family Y Healthy Living Center.

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)	Offer Youth Mental Health First Aid training for community members on the warning signs of mental illness and what to do to help young people.	Yes	BH Mental Health First Aid certified instructors trained 143 community members in Youth Mental Health First Aid. Baptist Medical Center South hosted an Adult Mental Health First Aid eight-hour training class on July 30, 2016. We had 13 attendees in the course and all attendees were extremely responsive to the material presented. As a focus to train 10,000 individuals in the community by 2018, we continued to host Adult Mental Health First Aid classes. For South's area, Baptist Health trained 358 individuals (32063 had 26 individuals, 32068 had 65 individuals, 32073 had 43 individuals, 32082 had 40 individuals, 32084 had 17 individuals, 32257 had 35 individuals, 32256 had 112 individuals, and 32258 had 20 individuals).
	Partner with faith-based organizations to offer Faith and Mental Health education.	Yes	129 participants attended Faith & Mental Health conference held in November 2016. 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	BMCS attended the Teacher Appreciation Expo at the Thrasher Horne Center on August 8, 2016. We provided the teachers that visited our booth literature on mindfulness in hopes that they could apply the information to their classrooms. On July 24, 2016, Baptist Health hosted "Clay Healthy Minds, Healthy Kids: It Takes a Community" which was a mental health community conversation. Speakers presented on ending the stigma associated with mental health and the physiology behind mental illness. The event was attended by 40 community members.

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)	Collaborate with other community providers to develop integrated pediatric care clinic that will provide additional mental health resources in the community.	Yes	<p>In partnership with the University of Florida College of Medicine – Jacksonville, Wolfson Children’s Center for Behavioral Health, the Partnership for Child Health and additional community resources, we are able to provide a compassionate and comprehensive system of care to support children and youth with medical, mental and behavioral health needs. This integrated approach to the care of children and youth reflects our commitment to fulfill the rights of all children to achieve and maintain mind-body wellness.</p> <p>In FY 2016, Baptist Health:</p> <ul style="list-style-type: none"> • Provided funding to Volunteers in Medicine to provide primary care for people who live or work in Duval County and do not have health insurance. 373 people were screened for behavioral health services and 78 received treatment. • Provided funding to Muslim American Social Services to provide primary care for people living in Duval County who do not have health insurance. MASS provided health services to 2,168 patients 73 of whom received behavioral health services. • Funded Postpartum Support International to provide an educational session attended by 190 community members. • Provided funding to YMCA for staffing to provide specialized activities for 45 adults with disabilities enhancing their quality of life and providing respite services for their caregivers. • Provided funding for pastoral care conference on spiritual care and mental health attended by ____ community members.

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)			<ul style="list-style-type: none"> • Provided funding to the National Council for Behavioral Health to train 26 community members as Mental Health First Aid facilitators. • Provided funding to Mental Health America of Northeast Florida to increase awareness of and advocacy for additional mental health services in our community resulting in increased funding and legislation that expands the capacity of mental health services in northeast Florida. \$52M in additional state funding for mental health services was appropriated and key legislation was approved to increase access to services. • Provided funding to The Women's Center of Jacksonville to provide mental health counseling for women who cannot afford counseling. 146 women were provided therapy. • Provided funding to ElderSource to provide one-on-one coaching to seniors who are exhibiting mild depression symptoms. 28 seniors were screened for the program with 11 seniors completing the program and 4 in progress at the end of the grant year. • Provided funding to Northwest Behavioral Health Center to support the 2016 Mental Health in the African American Community conference. • Provided funding to support mental health services at the ARC Village, a unique independent living community for adults with disabilities. 53 residents received services with 31 residents receiving individual counseling and 22 residents in group counseling. • Provided funding to Seniors on a Mission to engage seniors in local mission trips to reduce isolation and increase mental wellbeing. 158 seniors participated, and 100% of survey respondents indicated that Seniors on a Mission helps combat loneliness.

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)			<ul style="list-style-type: none"> • Provided funding to MOSH to develop a health educational exhibit. The interactive exhibit includes information about the brain and mental illness. More than 5,000 people attended the exhibit. • Provided funding to The Way Free clinic to provide primary care for people living in Clay County. 774 patients were screened for mental health services and 103 were treated. <p>In FY 2017, Baptist Health:</p> <ul style="list-style-type: none"> • Provided funding to The Women's Center of Jacksonville to provide mental health counseling for women who cannot afford counseling. 165 women were provided therapy. • Provided funding to the National Council for Behavioral Health to train 26 community members as Mental Health First Aid facilitators. • Providing funding to support mental health services at the ARC Village, a unique independent living community for adults with disabilities. 90 residents received services with 58 residents in group counseling. • Provided funding to Pine Castle for a clinical site nurse who served 280 individuals in Pine Castle's Adult Day Training program, 24 of whom participated in psycho-social rehabilitation with 1 successfully completing the program. • Provided funding to Volunteers in Medicine to provide primary care for people who live or work in Duval County and do not have health insurance. 390 people were screened for behavioral health services and 50 received treatment.

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)			<ul style="list-style-type: none"> • Provided funding to YMCA for staffing to provide specialized activities for 30 adults with disabilities enhancing their quality of life and providing respite services for their caregivers. • Provided funding to Museum of Science and History to develop a health educational exhibit. The interactive exhibit includes information about the brain and mental illness. 1,309 students and adults toured the exhibit and/or participated in health education programming. • Provided funding to Sulzbacher to provide primary care for people living or working in Duval County who are un- or under-insured. 5,483 patients were screened for diabetes with 654 receiving treatment. • Provided funding to Project for Healing to provide mental health case management for 78 refugees who resettled in Duval County. • Provided funding to UNF to initiate a mental health nurse practitioner graduate program. • Provided funding to Seniors on A Mission to provide volunteer opportunities to 8 seniors. • Provided funding to Mental Health America of Northeast Florida to increase awareness of and advocacy for additional mental health services in our community resulting in increased funding and legislation that expands the capacity of mental health services in northeast Florida.

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 1st – 2nd – 3rd.

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

5 Star Veterans	AETNA	Azalea Health	Children's Home Society
Clay Behavioral Health	Clinton Health Matters Initiative	Communities in Schools	Department of Children and Families
Florida Department of Health, Clay	Florida Department of Health, Duval	Florida Department of Health, St. Johns	
Drug Free Duval	Duval County Medical Society	Duval County Public Schools	Early Learning Coalition of Duval
Early Steps	ElderSource	Feeding Northeast Florida	Health Planning Council of Northeast Florida
Institute of Healthcare Excellence	JASMYN	Jewish Family and Community Social Services	Lutheran Services Florida
Muslim American Social Services	Pace Center for Girls	St. Vincent De Paul Society at Blessed Trinity	Sulzbacher Center
The Way Free Clinic	UF College of Medicine	United Way of Northeast Florida	United Way of St. Johns County
Vision Is Priceless	War on Poverty	We Care Jacksonville	YMCA

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		
Date Conducted	Focus Group Title/Location	Number of Focus Group Participants
4/3/18	New Town	10
4/3/18	Tippling the Scale (BMC Jacksonville)	11
4/4/18	Mission House	11
4/4/18	Sulzbacher/BEAM	11
4/5/18	City Rescue/Sulzbacher/Clara White	11
4/5/18	Duval Faith Community & Nursing	10
4/5/18	The Way Free Clinic	7
4/9/18	People with Differing Abilities at Brooks	7
4/10/18	FSCJ Students	9
4/13/18	NE FL Women Veterans	10
Partnership Conducted Interviews		
4/5/18	St. Vincent's Riverside	11
4/3/18	St. Vincent's Southside	8
4/17/18	Mayo Clinic	10
4/9/18	Baptist Winston Y	9
4/4/18	Brooks Rehab	9
4/23/18	JASMYN	12
4/19/18	Baptist Beaches	4
4/25/18	Baptist Mandarin JCA	11
4/18/18	Wolfson Children's	8
4/16/18	Baptist Johnson Y Healthy Living Center	11
4/24/18	UF Health	11
4/23/18	Baptist Jacksonville	10
4/17/18	Baptist Y Healthy Living Center	10
4/25/18	Baptist South	9
4/19/18	Baptist Mandarin Healthy Living Center	8

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].

1. 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?

- | | |
|---|--|
| <input type="checkbox"/> Current U.S. service member | <input type="checkbox"/> Manufacturing |
| <input type="checkbox"/> Currently unemployed | <input type="checkbox"/> Professional, scientific & management, and administrative & waste management services |
| <input type="checkbox"/> Currently retired | <input type="checkbox"/> Public administration |
| <input type="checkbox"/> Agriculture, forestry, fishing & hunting, and mining | <input type="checkbox"/> Other services, except public administration |
| <input type="checkbox"/> Arts, entertainment, & recreation, and accommodation & food services | <input type="checkbox"/> Retail trade |
| <input type="checkbox"/> Construction | <input type="checkbox"/> Transportation & warehousing, and utilities |
| <input type="checkbox"/> Educational services, and social assistance | <input type="checkbox"/> Wholesale trade |
| <input type="checkbox"/> Finance & insurance, and real estate, rental & leasing | <input type="checkbox"/> Other (<i>please specify</i>): |
| <input type="checkbox"/> Healthcare | |
| <input type="checkbox"/> Homemaker | |
| <input type="checkbox"/> Information | |

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

☐ Professional or Advanced Degree

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

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)

- | | |
|------------------------------------|--|
| <input type="checkbox"/> Very good | <input type="checkbox"/> Poor |
| <input type="checkbox"/> Good | <input type="checkbox"/> Very poor |
| <input type="checkbox"/> OK | <input type="checkbox"/> 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 (<i>please specify</i>):	

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 (<i>please specify</i>): _____	

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 (<i>please specify</i>): _____	

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

- | | |
|---|---|
| <input type="checkbox"/> White | <input type="checkbox"/> Hispanic or Latino |
| <input type="checkbox"/> Black or African American | <input type="checkbox"/> Multi-racial |
| <input type="checkbox"/> American Indian or Alaska Native | <input type="checkbox"/> Other (<i>please specify</i>): |
| <input type="checkbox"/> Asian | _____ |
| <input type="checkbox"/> Native Hawaiian and Other Pacific Islander | |

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)

- | | |
|--|---|
| <input type="checkbox"/> Alcohol and substance abuse (alcohol, tobacco, e-cigarettes, drugs, opioids, prescription drugs, etc.) | <input type="checkbox"/> Mental health (depression, anxiety, trauma, crisis, etc.) |
| <input type="checkbox"/> Alternative medicine (acupuncture, cupping, etc.) | <input type="checkbox"/> Nutrition and healthy diet |
| <input type="checkbox"/> Chronic disease management (diabetes, high blood pressure management, etc.) | <input type="checkbox"/> Pain management |
| <input type="checkbox"/> Emotional wellness | <input type="checkbox"/> Pregnancy and new baby |
| <input type="checkbox"/> Family planning | <input type="checkbox"/> Preventive care (wellness visits, mammograms, Pap smears, flu shots, colonoscopy, etc.) |
| <input type="checkbox"/> Fitness and physical activity | <input type="checkbox"/> Quitting smoking |
| | <input type="checkbox"/> Senior health |

- ☐ Stress reduction
- ☐ Transportation
- ☐ Other (please specify):

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

- | | |
|--|---|
| <input type="checkbox"/> 211 lines | <input type="checkbox"/> Internet |
| <input type="checkbox"/> Books/Magazines | <input type="checkbox"/> Pharmacist |
| <input type="checkbox"/> Doctor | <input type="checkbox"/> School |
| <input type="checkbox"/> Faith/Community | <input type="checkbox"/> Social Media (Facebook, Twitter, etc.) |
| <input type="checkbox"/> Friends and Family | <input type="checkbox"/> Television |
| <input type="checkbox"/> Grocery Stores | <input type="checkbox"/> Other (please specify): |
| <input type="checkbox"/> Health and Fitness Facilities | |
| <input type="checkbox"/> Health Department | |
| <input type="checkbox"/> Hospital | |

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 South 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>

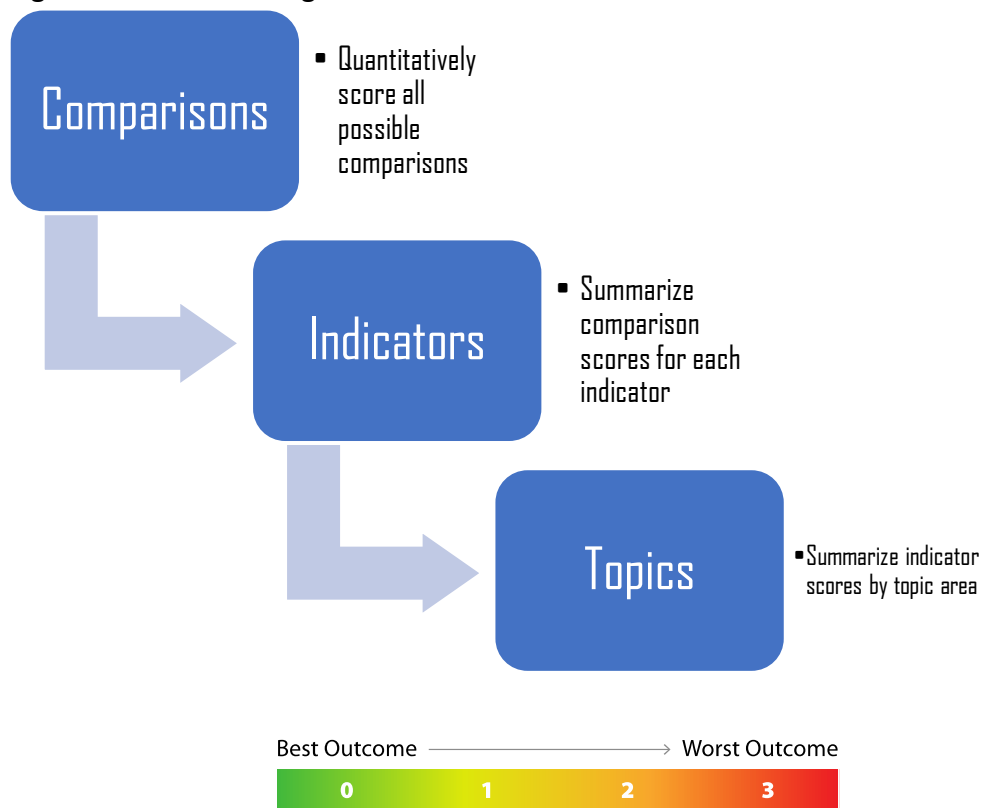
28. U.S. Department of Agriculture - Food Environment Atlas. Retrieved from <https://www.ers.usda.gov/data-products/food-environment-atlas.aspx>
29. The Florida Cancer Data System Home Page. Retrieved from <https://fcds.med.miami.edu/inc/welcome.shtml>

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/>
4. Youth Risk Behavior Survey, Duval County High School Students. Alcohol, Tobacco, and Other Drug Use Behaviors. (2017). Retrieved May 17, 2018.
5. Youth Risk Behavior Survey, Duval County Middle School Students. Alcohol, Tobacco, and Other Drug Use Behaviors. (2017). Retrieved May 17, 2018.
6. Youth Risk Behavior Survey, Duval County High School Students. Physical Activity and Dietary Behaviors. (2017). Retrieved May 17, 2018.
7. Youth Risk Behavior Survey, Duval County Middle School Students. Physical Activity and Dietary Behaviors. (2017). Retrieved May 17, 2018.
8. Youth Risk Behavior Survey, Duval County High School Students. Sexual Behaviors. (2017). Retrieved May 17, 2018.
9. Youth Risk Behavior Survey, Duval County Middle School Students. Sexual Behaviors. (2017). Retrieved May 17, 2018.
10. Youth Risk Behavior Survey, Duval County High School Students. Violence, Suicide, and Safety Behaviors. (2017). Retrieved May 17, 2018.
30. Youth Risk Behavior Survey, Duval County Middle School Students. Violence, Suicide, and Safety Behaviors (2017). Retrieved May 17, 2018.

2. Secondary Data Scoring Detailed Methodology

Data scoring is done in three stages:



For each indicator, each county in Baptist Medical Center South’s service area 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 B1.](#)

Clay County

SCORE	ACCESS TO HEALTH SERVICES	UNITS	CLAY COUNTY	HP2020	FLORIDA	U.S.	MEASUREMENT PERIOD	SOURCE #
2.17	Primary Care Provider Rate	providers/ 100,000 population	57		73	76	2015	4
1.56	Children with Health Insurance	percent	94.6	100	93.8	95.5	2016	1
1.56	Dentist Rate	dentists/ 100,000 population	54		58	67	2016	4
1.42	Adults who did not Visit a Dentist due to Cost	percent	19.1				2007	8
1.42	Adults with a Usual Source of Health Care	percent	77.7	89.4	72	77.1	2016	8
1.42	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.		29				2018	4
1.33	Median Monthly Medicaid Enrollment	enrollments/ 100,000 population	15192.1		19607.4		2017	7
1.08	Persons with Health Insurance	percent	89.1	100	84.6		2016	25
1.00	Adults with Health Insurance	percent	88.7	100	81.6	88	2016	1
0.33	Non-Physician Primary Care Provider Rate	providers/ 100,000 population	94		88	81	2017	4

SCORE	CANCER	UNITS	CLAY COUNTY	HP2020	FLORIDA	U.S.	MEASUREMENT PERIOD	SOURCE #
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2.28	Cervical Cancer Incidence Rate	<i>cases/ 100,000 females</i>	11.8	7.3	8.5	2012-2014	29	
2.11	Age-Adjusted Death Rate due to Cancer	<i>deaths/ 100,000 population</i>	181.8	161.4	155.1	2014-2016	17	
2.06	Age-Adjusted Death Rate due to Prostate Cancer	<i>deaths/ 100,000 males</i>	21.4	21.8	17.1	2014-2016	17	
2.00	Age-Adjusted Death Rate due to Colorectal Cancer	<i>deaths/ 100,000 population</i>	16.4	14.5	13.7	2014-2016	17	
2.00	Colon Cancer Screening: Blood Stool Test Past Year	<i>percent</i>	9.1		16	2016	8	
1.94	Melanoma Incidence Rate	<i>cases/ 100,000 population</i>	27.8		22.8	2012-2014	29	
1.94	Oral Cavity and Pharynx Cancer Incidence Rate	<i>cases/ 100,000 population</i>	15.4		13.4	2012-2014	29	
1.89	Cancer: Medicare Population	<i>percent</i>	8.7		9.6	7.8	2015	3
1.83	All Cancer Incidence Rate	<i>cases/ 100,000 population</i>	466.1		426.8	2012-2014	29	
1.83	Lung and Bronchus Cancer Incidence Rate	<i>cases/ 100,000 population</i>	77.8		61	2012-2014	29	
1.83	Pap Test in Past Year	<i>percent</i>	42		48.4	2016	8	
1.83	Prostate Cancer Incidence Rate	<i>cases/ 100,000 males</i>	96.8		90.5	2012-2014	29	
1.67	Age-Adjusted Death Rate due to Lung Cancer	<i>deaths/ 100,000 population</i>	54.7	45.5	40.4	2014-2016	17	
1.61	Colorectal Cancer Incidence Rate	<i>cases/ 100,000 population</i>	39.7	39.9	36.9	2012-2014	29	
1.39	Breast Cancer Incidence Rate	<i>cases/ 100,000 females</i>	116.6		117.8	2012-2014	29	
1.17	Age-Adjusted Death Rate due to Breast	<i>deaths/ 100,000 females</i>	19.3	20.7	19.8	2014-2016	17	

	Cancer					
1.06	Mammogram: 40+ Past Year	percent	62.6	60.8	2016	8
1.00	Prostate-Specific Antigen Test History	percent	63.2	54.9	2016	8

SCORE	CHILDREN'S HEALTH	UNITS	CLAY COUNTY	HP2020	FLORIDA	U.S.	MEASUREMENT PERIOD	SOURCE #
2.39	Food Insecure Children Likely Ineligible for Assistance	percent	39		29	34.1	2015	6
1.67	Children with Low Access to a Grocery Store	percent	6.3				2015	28
1.56	Children with Health Insurance	percent	94.6	100	93.8	95.5	2016	1
1.22	Kindergartners with Required Immunizations	percent	96.5		94.1		2017	14
1.11	Child Abuse Rate	cases/ 1,000 children aged 5-11	787		901.3		2016	9
1.00	Child Food Insecurity Rate	percent	19.7		22.7	19.3	2015	6

SCORE	COUNTY HEALTH RANKINGS	UNITS	CLAY COUNTY	HP2020	FLORIDA	U.S.	MEASUREMENT PERIOD	SOURCE #
1.58	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.		39				2018	4

1.42	Clinical Care Ranking* <i>*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.</i>	29	2018	4
1.42	Health Behaviors Ranking* <i>* 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.</i>	32	2018	4
1.42	Mortality Ranking* <i>* County Health Ranking: the ranking is based on a measure of premature death.</i>	18	2018	4
1.25	Morbidity Ranking* <i>*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.</i>	11	2018	4
1.25	Social and Economic Factors Ranking* <i>* 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.</i>	6	2018	4

SCORE	DIABETES	UNITS	CLAY COUNTY	HP2020	FLORIDA	U.S.	MEASUREMENT PERIOD	SOURCE #
2.06	Diabetes: Medicare Population	percent	29.5		28	26.5	2015	3
1.81	Age-Adjusted Death Rate due to Diabetes	deaths/ 100,000 population	23.8		20.6	21	2016	17
1.75	Adults with Diabetes	percent	12.9		11.8	10.5	2016	8

SCORE	ECONOMY	UNITS	CLAY COUNTY	HP2020	FLORIDA	U.S.	MEASUREMENT PERIOD	SOURCE #
2.39	Food Insecure Children Likely Ineligible for Assistance	percent	39		29	34.1	2015	6
1.86	Median Household Gross Rent	dollars	1028		1032	949	2012-2016	1
1.86	Median Housing Unit Value	dollars	157600		166800	184700	2012-2016	1
1.67	Total Employment Change	percent	2.7		4.5	2.5	2014-2015	27
1.50	Female Population 16+ in Civilian Labor Force	percent	57.2		54.3	58.3	2012-2016	1
1.50	Low-Income and Low Access to a Grocery Store	percent	6.9				2015	28
1.50	Per Capita Income	dollars	27159		27598	29829	2012-2016	1
1.50	Population 16+ in Civilian Labor Force	percent	62.1		58.5	63.1	2012-2016	1
1.44	Food Insecurity Rate	percent	13.8		15.1	13.7	2015	6
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.		6				2018	4
1.08	Mortgaged Owners Median Monthly Household Costs	dollars	1359		1422	1491	2012-2016	1
1.06	Renters Spending 30% or More of Household Income on Rent	percent	42.7		57.4	47.3	2012-2016	1

1.00	Child Food Insecurity Rate	percent	19.7	22.7	19.3	2015	6
1.00	Families Living Below Poverty Level	percent	7.9	11.7	11	2012-2016	1
0.97	Median Monthly Owner Costs for Households without a Mortgage	dollars	379	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
0.78	Median Household Income	dollars	59179	48900	55322	2012-2016	1
0.78	People Living 200% Above Poverty Level	percent	72.4	62.7	66.4	2012-2016	1
0.61	Children Living Below Poverty Level	percent	12.2	23.3	21.2	2012-2016	1
0.61	Homeownership	percent	68	52.3	55.9	2012-2016	1
0.61	People Living Below Poverty Level	percent	10.2	16.1	15.1	2012-2016	1
0.61	Unemployed Workers in Civilian Labor Force	percent	3.4	3.8	4.4	February 2018	26
0.56	Households with Cash Public Assistance Income	percent	1.7	2.2	2.7	2012-2016	1
0.50	People 65+ Living Below Poverty Level	percent	6.2	10.4	9.3	2012-2016	1

SCORE	EDUCATION	UNITS	CLAY COUNTY	HP2020	FLORIDA	U.S.	MEASUREMENT PERIOD	SOURCE #
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1.83	People 25+ with a Bachelor's Degree or Higher	percent	23.9	27.9	30.3	2012-2016	1
1.44	4th Grade Students Proficient in Math	percent	65	64		2017	10
1.28	4th Grade Students Proficient in Reading	percent	61	56		2017	10
1.28	Student-to-Teacher Ratio	students/ teacher	15.1	15.8	17.7	2015-2016	24
1.11	8th Grade Students Proficient in Math	percent	55	46		2017	10
1.06	8th Grade Students Proficient in Reading	percent	59	55		2017	10
0.86	High School Graduation	percent	88.4	87		2016-2017	10
0.83	School Readiness at Kindergarten Entry	percent	97.3	93.7		2016	11
0.72	People 25+ with a High School Degree or Higher	percent	90.8	87.2	87	2012-2016	1
0.67	Infants Born to Mothers >18 Years Old with <12 Years Education	percent	6.4	10.8		2016	17

SCORE	ENVIRONMENT	UNITS	CLAY COUNTY	HP2020	FLORIDA	U.S.	MEASUREMENT PERIOD	SOURCE #
1.83	PBT Released* *Total net pounds of reported PBT (Persistent, Bioaccumulative, and Toxic Chemicals) released.	pounds	44855				2016	28
1.67	Children with Low Access to a Grocery Store	percent	6.3				2015	28
1.58	Physical Environment Ranking* *County Health Ranking: the ranking is based on a summary composite score calculated from the		39				2018	4

	<i>following measures: daily fine particulate matter, drinking water violations, severe housing problems, driving alone to work, and long commute while driving alone.</i>						
1.50	Low-Income and Low Access to a Grocery Store	percent	6.9			2015	28
1.50	People with Low Access to a Grocery Store	percent	24.4			2015	28
1.39	Recognized Carcinogens Released into Air	pounds	30			2016	28
1.33	People 65+ with Low Access to a Grocery Store	percent	2.8			2015	28
1.17	Access to Exercise Opportunities	percent	83.9	87.1	83.1	2018	4
1.17	Households with No Car and Low Access to a Grocery Store	percent	1.9			2015	28
1.11	Food Environment Index		7.6	6.7	7.7	2018	4
1.08	Drinking Water Violations	percent	0.7	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	CLAY COUNTY	HP2020	FLORIDA	U.S.	MEASUREMENT PERIOD	SOURCE
2.44	Asthma: Medicare Population	percent	10.1		9.1	8.2	2015	3
2.00	Teens with Asthma	percent	21.5		20.8		2014	22

1.58	Physical Environment Ranking*		39				2018	4
	*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.							
1.08	Adults with Current Asthma	percent	6.7		6.7	9.3	2016	8
SCORE	EXERCISE, NUTRITION, & WEIGHT	UNITS	CLAY COUNTY	HP2020	FLORIDA	U.S.	MEASUREMENT PERIOD	SOURCE
2.61	Workers who Walk to Work	percent	0.9	3.1	1.5	2.8	2012-2016	1
2.39	Food Insecure Children Likely Ineligible for Assistance	percent	39		29	34.1	2015	6
1.83	Adult Fruit and Vegetable Consumption	percent	14.8		18.3		2013	8
1.81	Adults who are Obese	percent	31.1	30.5	27.4	29.9	2016	8
1.75	Adults who are Overweight or Obese	percent	67.8		63.2	65.2	2016	8
1.67	Children with Low Access to a Grocery Store	percent	6.3				2015	28
1.50	Low-Income and Low Access to a Grocery Store	percent	6.9				2015	28
1.50	People with Low Access to a Grocery Store	percent	24.4				2015	28
1.44	Food Insecurity Rate	percent	13.8		15.1	13.7	2015	6
1.42	Health Behaviors Ranking*		32				2018	4
	* 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.

1.33	People 65+ with Low Access to a Grocery Store	<i>percent</i>	2.8			2015	28
1.28	Teens who are Obese: High School Students	<i>percent</i>	13.1	14.3		2012	12
1.17	Access to Exercise Opportunities	<i>percent</i>	83.9	87.1	83.1	2018	4
1.17	Households with No Car and Low Access to a Grocery Store	<i>percent</i>	1.9			2015	28
1.14	Teens without Sufficient Physical Activity	<i>percent</i>	29.7			2012	12
1.11	Food Environment Index		7.6	6.7	7.7	2018	4
1.00	Child Food Insecurity Rate	<i>percent</i>	19.7	22.7	19.3	2015	6

SCORE	HEART DISEASE & STROKE	UNITS	CLAY COUNTY	HP2020	FLORIDA	U.S.	MEASUREMENT PERIOD	SOURCE
2.50	Atrial Fibrillation: Medicare Population	<i>percent</i>	9.7		9.7	8.1	2015	3
2.11	Stroke: Medicare Population	<i>percent</i>	4.5		4.8	4	2015	3
1.67	Cholesterol Test History	<i>percent</i>	72.8		73.2		2013	8
1.56	Hyperlipidemia: Medicare Population	<i>percent</i>	49.9		55.6	44.6	2015	3
1.50	Age-Adjusted Death Rate due to Major Cardiovascular Diseases	<i>deaths/ 100,000 population</i>	218.2		209.7		2016	17

1.42	High Blood Pressure Prevalence	percent	32.4	26.9	34.6	31.4	2013	8
1.17	Hypertension: Medicare Population	percent	58.8		60.5	55	2015	3
1.06	Age-Adjusted Death Rate due to Hypertensive Heart Disease	deaths/ 100,000 population	8.5		11		2016	17
1.00	Ischemic Heart Disease: Medicare Population	percent	29.7		34	26.5	2015	3
0.97	Age-Adjusted Death Rate due to Cerebrovascular Disease (Stroke)	deaths/ 100,000 population	36.6	34.8	39.7	37.3	2016	17
0.92	High Cholesterol Prevalence	percent	25.3	13.5	33.4	38.4	2013	8
0.47	Age-Adjusted Death Rate due to Coronary Heart Disease	deaths/ 100,000 population	83.5	103.4	98.5	94.3	2016	17
0.33	Heart Failure: Medicare Population	percent	12		14.2	13.5	2015	3

SCORE	IMMUNIZATIONS & INFECTIOUS DISEASES	UNITS	CLAY COUNTY	HP2020	FLORIDA	U.S.	MEASUREMENT PERIOD	SOURCE
2.06	Salmonella Infection Incidence Rate	cases/ 100,000 population	37.3	11.4	27.8		2016	12
1.67	Syphilis Incidence Rate	cases/ 100,000 population	6.3		11.9		2016	15
1.36	Chlamydia Incidence Rate	cases/ 100,000 population	424		468.2	497.3	2016	15
1.28	AIDS Diagnosis Rate	cases/ 100,000 population	6.8		10.5		2016	13
1.28	Chlamydia Incidence Rate: Females 15-19	cases/ 100,000 females aged 15-19	2706.9		3175.6		2016	15

1.28	HIV Incidence Rate	<i>cases/ 100,000 population</i>	9.7		24.6		2016	13
1.22	Kindergartners with Required Immunizations	<i>percent</i>	96.5		94.1		2017	14
1.19	Gonorrhea Incidence Rate	<i>cases/ 100,000 population</i>	124.5		139.2	145.8	2016	15
1.17	Gonorrhea Incidence Rate: Females 15-19	<i>cases/ 100,000 females aged 15-19</i>	279.1		496.6		2016	15
1.14	Age-Adjusted Death Rate due to Influenza and Pneumonia	<i>deaths/ 100,000 population</i>	9.9		9.8	13.5	2016	17
1.08	Adults 65+ with Pneumonia Vaccination	<i>percent</i>	73.8	90	65.6	73.4	2016	8
0.97	Tuberculosis Incidence Rate	<i>cases/ 100,000 population</i>	1.5	1	3.2	2.9	2016	16
0.89	E. coli Infection Incidence Rate	<i>cases/ 100,000 population</i>	0		0.6		2014	12
0.75	Adults 65+ with Influenza Vaccination	<i>percent</i>	68.3		57.6	58.6	2016	8

SCORE	MATERNAL, FETAL & INFANT HEALTH	UNITS	CLAY COUNTY	HP2020	FLORIDA	U.S.	MEASUREMENT PERIOD	SOURCE
1.92	Mothers who Received Early Prenatal Care	<i>percent</i>	72.4	77.9	78.4	77.1	2016	17
1.39	Infant Mortality Rate	<i>deaths/ 1,000 live births</i>	5.5	6	6.1		2014-2016	17
1.36	Preterm Births	<i>percent</i>	10.1	9.4	10.1	9.8	2016	17
1.14	Babies with Low Birth Weight	<i>percent</i>	7.8	7.8	8.7	8.2	2016	17

0.92	Teen Birth Rate: 15-19	<i>live births/ 1,000 females aged 15-19</i>	17.7	19.5	20.3	2016	17
0.67	Infants Born to Mothers >18 Years Old with <12 Years Education	<i>percent</i>	6.4	10.8		2016	17

SCORE	MEN'S HEALTH	UNITS	CLAY COUNTY	HP2020	FLORIDA	U.S.	MEASUREMENT PERIOD	SOURCE
2.06	Age-Adjusted Death Rate due to Prostate Cancer	<i>deaths/ 100,000 males</i>	21.4	21.8	17.1		2014-2016	17
1.83	Prostate Cancer Incidence Rate	<i>cases/ 100,000 males</i>	96.8		90.5		2012-2014	29
1.39	Life Expectancy for Males	<i>years</i>	76.1		76.9	76.7	2014	23
1.00	Prostate-Specific Antigen Test History	<i>percent</i>	63.2		54.9		2016	8

SCORE	MENTAL HEALTH & MENTAL DISORDERS	UNITS	CLAY COUNTY	HP2020	FLORIDA	U.S.	MEASUREMENT PERIOD	SOURCE
2.36	Age-Adjusted Death Rate due to Suicide	<i>deaths/ 100,000 population</i>	18.4	10.2	14.2	13.5	2016	17
1.28	Depression: Medicare Population	<i>percent</i>	16.3		17.5	16.7	2015	3
1.17	Frequent Mental Distress	<i>percent</i>	12.2		11.9	15	2016	4
1.00	Alzheimer's Disease or Dementia: Medicare Population	<i>percent</i>	9.4		11.7	9.9	2015	3

SCORE	OLDER ADULTS & AGING	UNITS	CLAY COUNTY	HP2020	FLORIDA	U.S.	MEASUREMENT PERIOD	SOURCE
2.50	Atrial Fibrillation: Medicare Population	percent	9.7		9.7	8.1	2015	3
2.44	Asthma: Medicare Population	percent	10.1		9.1	8.2	2015	3
2.36	Age-Adjusted Death Rate due to Falls	deaths/ 100,000 population	13.4	7.2	10.3	9.1	2016	17
2.17	Chronic Kidney Disease: Medicare Population	percent	20.6		21.3	18.1	2015	3
2.17	Hospitalization Rate due to Hip Fractures Among Females 65+	hospitalizations/ 100,000 females 65+ years	944	741.2	743.8		2013-2015	7
2.17	Rheumatoid Arthritis or Osteoarthritis: Medicare Population	percent	33.6		34.6	30	2015	3
2.11	Stroke: Medicare Population	percent	4.5		4.8	4	2015	3
2.06	Diabetes: Medicare Population	percent	29.5		28	26.5	2015	3
1.89	Cancer: Medicare Population	percent	8.7		9.6	7.8	2015	3
1.72	COPD: Medicare Population	percent	14.2		13.2	11.2	2015	3
1.56	Hyperlipidemia: Medicare Population	percent	49.9		55.6	44.6	2015	3
1.44	Osteoporosis: Medicare Population	percent	6		7.9	6	2015	3
1.33	People 65+ with Low Access to a Grocery Store	percent	2.8				2015	28
1.28	Depression: Medicare Population	percent	16.3		17.5	16.7	2015	3

1.17	Hospitalization Rate due to Hip Fractures Among Males 65+	<i>hospitalizations/ 100,000 males 65+ years</i>	364	418.4	393.1		2013-2015	7
1.17	Hypertension: Medicare Population	<i>percent</i>	58.8		60.5	55	2015	3
1.08	Adults 65+ with Pneumonia Vaccination	<i>percent</i>	73.8	90	65.6	73.4	2016	8
1.00	Alzheimer's Disease or Dementia: Medicare Population	<i>percent</i>	9.4		11.7	9.9	2015	3
1.00	Ischemic Heart Disease: Medicare Population	<i>percent</i>	29.7		34	26.5	2015	3
0.75	Adults 65+ with Influenza Vaccination	<i>percent</i>	68.3		57.6	58.6	2016	8
0.50	People 65+ Living Below Poverty Level	<i>percent</i>	6.2		10.4	9.3	2012-2016	1
0.33	Heart Failure: Medicare Population	<i>percent</i>	12		14.2	13.5	2015	3

SCORE	ORAL HEALTH	UNITS	CLAY COUNTY	HP2020	FLORIDA	U.S.	MEASUREMENT PERIOD	SOURCE
1.94	Oral Cavity and Pharynx Cancer Incidence Rate	<i>cases/ 100,000 population</i>	15.4		13.4		2012-2014	29
1.56	Dentist Rate	<i>dentists/ 100,000 population</i>	54		58	67	2016	4
1.42	Adults who did not Visit a Dentist due to Cost	<i>percent</i>	19.1				2007	8

SCORE	OTHER CHRONIC DISEASES	UNITS	CLAY COUNTY	HP2020	FLORIDA	U.S.	MEASUREMENT PERIOD	SOURCE
2.17	Chronic Kidney Disease: Medicare Population	percent	20.6		21.3	18.1	2015	3
2.17	Rheumatoid Arthritis or Osteoarthritis: Medicare Population	percent	33.6		34.6	30	2015	3
1.44	Osteoporosis: Medicare Population	percent	6		7.9	6	2015	3
SCORE	PREVENTION & SAFETY	UNITS	CLAY COUNTY	HP2020	FLORIDA	U.S.	MEASUREMENT PERIOD	SOURCE
2.67	Death Rate due to Drug Poisoning	deaths/ 100,000 population	23.9		17.4	16.9	2014-2016	4
2.53	Age-Adjusted Death Rate due to Unintentional Injuries	deaths/ 100,000 population	78.2	36.4	56.3	46.9	2016	17
2.36	Age-Adjusted Death Rate due to Falls	deaths/ 100,000 population	13.4	7.2	10.3	9.1	2016	17
2.33	Age-Adjusted Death Rate due to Unintentional Drowning	deaths/ 100,000 population	3.4		2		2016	17
2.17	Age-Adjusted Death Rate due to Motor Vehicle Collisions	deaths/ 100,000 population	23.8		15.4		2016	17
2.17	Hospitalization Rate due to Hip Fractures Among Females 65+	hospitalizations/ 100,000 females 65+ years	944	741.2	743.8		2013-2015	7
1.17	Hospitalization Rate due to Hip Fractures Among Males 65+	hospitalizations/ 100,000 males 65+ years	364	418.4	393.1		2013-2015	7

0.94	Pedestrian Death Rate* <i>* Number of pedestrians killed in traffic collisions per 100,000 population</i>	<i>deaths/ 100,000 population</i>	1	1.4	2.6	1.5	2013	5
0.83	Severe Housing Problems* <i>* 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.</i>	<i>percent</i>	14.9		21.5	18.8	2010-2014	4
SCORE	PUBLIC SAFETY	UNITS	CLAY COUNTY	HP2020	FLORIDA	U.S.	MEASUREMENT PERIOD	SOURCE
2.39	Alcohol-Impaired Driving Deaths	<i>percent</i>	41.2		26.4	29.3	2012-2016	4
2.17	Age-Adjusted Death Rate due to Motor Vehicle Collisions	<i>deaths/ 100,000 population</i>	23.8		15.4		2016	17
1.17	Juvenile Justice Referral Rate	<i>referrals/ 100,000 population</i>	351.2		448.7		2013	18
1.11	Child Abuse Rate	<i>cases/ 1,000 children aged 5-11</i>	787		901.3		2016	9
1.06	Domestic Violence Offense Rate	<i>offenses/ 100,000 population</i>	398.4		524.3		2016	19
0.94	Pedestrian Death Rate* <i>* Number of pedestrians killed in traffic collisions per 100,000 population</i>	<i>deaths/ 100,000 population</i>	1	1.4	2.6	1.5	2013	5
0.81	Violent Crime Rate	<i>crimes/ 100,000 population</i>	269.8		439.2	386.3	2016	19
0.67	Driving Under the Influence Arrest Rate	<i>arrests/ 100,000 population</i>	109.1		173.9		2016	19

SCORE	RESPIRATORY DISEASES	UNITS	CLAY COUNTY	HP2020	FLORIDA	U.S.	MEASUREMENT PERIOD	SOURCE
2.44	Asthma: Medicare Population	percent	10.1		9.1	8.2	2015	3
2.00	Teens with Asthma	percent	21.5		20.8		2014	22
1.83	Lung and Bronchus Cancer Incidence Rate	cases/ 100,000 population	77.8		61		2012-2014	29
1.72	COPD: Medicare Population	percent	14.2		13.2	11.2	2015	3
1.67	Age-Adjusted Death Rate due to Lung Cancer	deaths/ 100,000 population	54.7	45.5	40.4		2014-2016	17
1.14	Age-Adjusted Death Rate due to Influenza and Pneumonia	deaths/ 100,000 population	9.9		9.8	13.5	2016	17
1.08	Adults 65+ with Pneumonia Vaccination	percent	73.8	90	65.6	73.4	2016	8
1.08	Adults with Current Asthma	percent	6.7		6.7	9.3	2016	8
0.97	Tuberculosis Incidence Rate	cases/ 100,000 population	1.5	1	3.2	2.9	2016	16
0.75	Adults 65+ with Influenza Vaccination	percent	68.3		57.6	58.6	2016	8

SCORE	SOCIAL ENVIRONMENT	UNITS	CLAY COUNTY	HP2020	FLORIDA	U.S.	MEASUREMENT PERIOD	SOURCE
2.83	Mean Travel Time to Work	minutes	33.4		26.7	26.1	2012-2016	1
1.86	Median Household Gross Rent	dollars	1028		1032	949	2012-2016	1
1.86	Median Housing Unit Value	dollars	157600		166800	184700	2012-2016	1

1.83	People 25+ with a Bachelor's Degree or Higher	percent	23.9	27.9	30.3	2012-2016	1
1.78	Voter Turnout: Presidential Election	percent	73.5	74.5		2016	20
1.67	Total Employment Change	percent	2.7	4.5	2.5	2014-2015	27
1.50	Female Population 16+ in Civilian Labor Force	percent	57.2	54.3	58.3	2012-2016	1
1.50	Per Capita Income	dollars	27159	27598	29829	2012-2016	1
1.50	Population 16+ in Civilian Labor Force	percent	62.1	58.5	63.1	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.		6			2018	4
1.17	Juvenile Justice Referral Rate	referrals/ 100,000 population	351.2	448.7		2013	18
1.11	Child Abuse Rate	cases/ 1,000 children aged 5-11	787	901.3		2016	9
1.08	Mortgaged Owners Median Monthly Household Costs	dollars	1359	1422	1491	2012-2016	1
1.08	Persons with Health Insurance	percent	89.1	100	84.6	2016	25
1.00	Linguistic Isolation	percent	1.5	6.8	4.5	2012-2016	1
0.97	Median Monthly Owner Costs for Households without a Mortgage	dollars	379	466	462	2012-2016	1
0.78	Median Household Income	dollars	59179	48900	55322	2012-2016	1

0.72	People 25+ with a High School Degree or Higher	percent	90.8	87.2	87	2012-2016	1
0.61	Children Living Below Poverty Level	percent	12.2	23.3	21.2	2012-2016	1
0.61	Homeownership	percent	68	52.3	55.9	2012-2016	1
0.61	People Living Below Poverty Level	percent	10.2	16.1	15.1	2012-2016	1
0.56	Single-Parent Households	percent	28.6	38.5	33.6	2012-2016	1

SCORE	SUBSTANCE ABUSE	UNITS	CLAY COUNTY	HP2020	FLORIDA	U.S.	MEASUREMENT PERIOD	SOURCE
2.67	Death Rate due to Drug Poisoning	deaths/ 100,000 population	23.9		17.4	16.9	2014-2016	4
2.39	Alcohol-Impaired Driving Deaths	percent	41.2		26.4	29.3	2012-2016	4
2.08	Adults who Smoke	percent	18.7	12	15.5	17.1	2016	8
1.83	Adults who Drink Excessively	percent	22.2	25.4	17.5		2016	8
1.72	Teens who have Used Methamphetamines	percent	1.2		0.8		2016	21
1.67	Teens who Use Alcohol	percent	29.6		25.5		2016	21
1.42	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		32				2018	4
1.33	Teens who Binge Drink: High School Students	percent	12.3		10.9		2016	21

1.33	Teens who Smoke: High School Students	percent	4.5	16	3	2016	22
1.00	Teens who Use Marijuana: High School Students	percent	16.6		17	2016	21
0.67	Driving Under the Influence Arrest Rate	arrests/ 100,000 population	109.1		173.9	2016	19

SCORE	TEEN & ADOLESCENT HEALTH	UNITS	CLAY COUNTY	HP2020	FLORIDA	U.S.	MEASUREMENT PERIOD	SOURCE
2.00	Teens with Asthma	percent	21.5		20.8		2014	22
1.72	Teens who have Used Methamphetamines	percent	1.2		0.8		2016	21
1.67	Teens who Use Alcohol	percent	29.6		25.5		2016	21
1.33	Teens who Binge Drink: High School Students	percent	12.3		10.9		2016	21
1.33	Teens who Smoke: High School Students	percent	4.5	16	3		2016	22
1.28	Chlamydia Incidence Rate: Females 15-19	cases/ 100,000 females aged 15-19	2706.9		3175.6		2016	15
1.28	Teens who are Obese: High School Students	percent	13.1		14.3		2012	12
1.17	Gonorrhea Incidence Rate: Females 15-19	cases/ 100,000 females aged 15-19	279.1		496.6		2016	15
1.14	Teens without Sufficient Physical Activity	percent	29.7				2012	12

1.00	Teens who Use Marijuana: High School Students	<i>percent</i>	16.6	17		2016	21
0.92	Teen Birth Rate: 15-19	<i>live births/ 1,000 females aged 15-19</i>	17.7	19.5	20.3	2016	17

SCORE	TRANSPORTATION	UNITS	CLAY COUNTY	HP2020	FLORIDA	U.S.	MEASUREMENT PERIOD	SOURCE
2.83	Mean Travel Time to Work	<i>minutes</i>	33.4		26.7	26.1	2012-2016	1
2.61	Solo Drivers with a Long Commute	<i>percent</i>	56.4		39.5	34.7	2012-2016	4
2.61	Workers Commuting by Public Transportation	<i>percent</i>	0.1	5.5	2.1	5.1	2012-2016	1
2.61	Workers who Walk to Work	<i>percent</i>	0.9	3.1	1.5	2.8	2012-2016	1
2.11	Workers who Drive Alone to Work	<i>percent</i>	83.8		79.5	76.4	2012-2016	1
1.17	Households with No Car and Low Access to a Grocery Store	<i>percent</i>	1.9				2015	28

SCORE	WOMEN'S HEALTH	UNITS	CLAY COUNTY	HP2020	FLORIDA	U.S.	MEASUREMENT PERIOD	SOURCE
2.28	Cervical Cancer Incidence Rate	<i>cases/ 100,000 females</i>	11.8	7.3	8.5		2012-2014	29
1.83	Pap Test in Past Year	<i>percent</i>	42		48.4		2016	8

1.72	Life Expectancy for Females	years	80.2	82	81.5	2014	23
1.39	Breast Cancer Incidence Rate	cases/ 100,000 females	116.6	117.8		2012-2014	29
1.17	Age-Adjusted Death Rate due to Breast Cancer	deaths/ 100,000 females	19.3	20.7	19.8	2014-2016	17
1.06	Mammogram: 40+ Past Year	percent	62.6	60.8		2016	8

Duval County

SCORE	ACCESS TO HEALTH SERVICES	UNITS	DUVAL COUNTY	HP2020	FLORIDA	U.S.	MEASUREMENT PERIOD	SOURCE
1.83	Median Monthly Medicaid Enrollment	enrollments/ 100,000 population	22171.3		19607.4		2017	7
1.75	Adults with a Usual Source of Health Care	percent	75	89.4	72	77.1	2016	8
1.56	Adults with Health Insurance	percent	84.3	100	81.6	88	2016	1
1.42	Adults who did not Visit a Dentist due to Cost	percent	19.8				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.		13				2018	4
1.22	Children with Health Insurance	percent	95	100	93.8	95.5	2016	1
1.08	Persons with Health Insurance	percent	87.2	100	84.6		2016	25
0.39	Primary Care Provider Rate	providers/ 100,000 population	86		73	76	2015	4
0.17	Dentist Rate	dentists/ 100,000 population	79		58	67	2016	4

0.17	Non-Physician Primary Care Provider Rate	<i>providers/ 100,000 population</i>	137		88	81	2017	4
SCORE	CANCER	UNITS	DUVAL COUNTY	HP2020	FLORIDA	U.S.	MEASUREMENT PERIOD	SOURCE
2.11	Cervical Cancer Incidence Rate	<i>cases/ 100,000 females</i>	9.8	7.3	8.5		2012-2014	29
2.06	Colorectal Cancer Incidence Rate	<i>cases/ 100,000 population</i>	43.8	39.9	36.9		2012-2014	29
2.00	All Cancer Incidence Rate	<i>cases/ 100,000 population</i>	494.2		426.8		2012-2014	29
2.00	Breast Cancer Incidence Rate	<i>cases/ 100,000 females</i>	134.6		117.8		2012-2014	29
2.00	Cancer: Medicare Population	<i>percent</i>	9.2		9.6	7.8	2015	3
2.00	Colon Cancer Screening: Blood Stool Test Past Year	<i>percent</i>	10.6		16		2016	8
2.00	Prostate Cancer Incidence Rate	<i>cases/ 100,000 males</i>	111.4		90.5		2012-2014	29
1.83	Oral Cavity and Pharynx Cancer Incidence Rate	<i>cases/ 100,000 population</i>	15.8		13.4		2012-2014	29
1.72	Lung and Bronchus Cancer Incidence Rate	<i>cases/ 100,000 population</i>	76.2		61		2012-2014	29
1.67	Mammogram: 40+ Past Year	<i>percent</i>	57.7		60.8		2016	8
1.67	Melanoma Incidence Rate	<i>cases/ 100,000 population</i>	22.1		22.8		2012-2014	29
1.67	Prostate-Specific Antigen Test History	<i>percent</i>	50.9		54.9		2016	8

1.56	Age-Adjusted Death Rate due to Prostate Cancer	deaths/ 100,000 males	19.3	21.8	17.1	2014-2016	17
1.39	Age-Adjusted Death Rate due to Breast Cancer	deaths/ 100,000 females	21.6	20.7	19.8	2014-2016	17
1.39	Age-Adjusted Death Rate due to Colorectal Cancer	deaths/ 100,000 population	14.9	14.5	13.7	2014-2016	17
1.39	Age-Adjusted Death Rate due to Lung Cancer	deaths/ 100,000 population	46.2	45.5	40.4	2014-2016	17
1.22	Age-Adjusted Death Rate due to Cancer	deaths/ 100,000 population	170.2	161.4	155.1	2014-2016	17
1.00	Pap Test in Past Year	percent	54.7		48.4	2016	8

SCORE	CHILDREN'S HEALTH	UNITS	DUVAL COUNTY	HP2020	FLORIDA	U.S.	MEASUREMENT PERIOD	SOURCE
1.94	Child Food Insecurity Rate	percent	23.2		22.7	19.3	2015	6
1.72	Kindergartners with Required Immunizations	percent	93.8		94.1		2017	14
1.67	Child Abuse Rate	cases/ 1,000 children aged 5-11	994.5		901.3		2016	9
1.67	Children with Low Access to a Grocery Store	percent	6.1				2015	28
1.22	Children with Health Insurance	percent	95	100	93.8	95.5	2016	1
1.22	Food Insecure Children Likely Ineligible for Assistance	percent	29		29	34.1	2015	6

SCORE	COUNTY HEALTH RANKINGS	UNITS	DUVAL COUNTY	HP2020	FLORIDA	U.S.	MEASUREMENT PERIOD	SOURCE
1.75	Physical Environment Ranking* <i>*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.</i>		60				2018	4
1.58	Health Behaviors Ranking* <i>* 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.</i>		41				2018	4
1.58	Morbidity Ranking* <i>*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.</i>		38				2018	4
1.58	Mortality Ranking* <i>* County Health Ranking: the ranking is based on a measure of premature death.</i>		47				2018	4
1.42	Social and Economic Factors Ranking* <i>* 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.</i>		32				2018	4
1.25	Clinical Care Ranking* <i>*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.</i>		13				2018	4

SCORE	DIABETES	UNITS	DUVAL COUNTY	HP2020	FLORIDA	U.S.	MEASUREMENT PERIOD	SOURCE
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2.06	Diabetes: Medicare Population	<i>percent</i>	30.8	28	26.5	2015	3
1.81	Age-Adjusted Death Rate due to Diabetes	<i>deaths/ 100,000 population</i>	23.3	20.6	21	2016	17
1.25	Adults with Diabetes	<i>percent</i>	11.3	11.8	10.5	2016	8

SCORE	ECONOMY	UNITS	DUVAL COUNTY	HP2020	FLORIDA	U.S.	MEASUREMENT PERIOD	SOURCE
2.67	Homeownership	<i>percent</i>	50.3		52.3	55.9	2012-2016	1
2.61	Food Insecurity Rate	<i>percent</i>	20		15.1	13.7	2015	6
2.33	Severe Housing Problems* <i>* 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.</i>	<i>percent</i>	20.1		21.5	18.8	2010-2014	4
2.33	Total Employment Change	<i>percent</i>	0.2		4.5	2.5	2014-2015	27
2.11	Households with Cash Public Assistance Income	<i>percent</i>	2.8		2.2	2.7	2012-2016	1
2.03	Median Housing Unit Value	<i>dollars</i>	146400		166800	184700	2012-2016	1
1.94	Child Food Insecurity Rate	<i>percent</i>	23.2		22.7	19.3	2015	6
1.94	Children Living Below Poverty Level	<i>percent</i>	24.8		23.3	21.2	2012-2016	1
1.92	Median Household Gross Rent	<i>dollars</i>	962		1032	949	2012-2016	1
1.89	Families Living Below Poverty Level	<i>percent</i>	12.7		11.7	11	2012-2016	1

1.78	People 65+ Living Below Poverty Level	percent	10.1	10.4	9.3	2012-2016	1
1.67	Low-Income and Low Access to a Grocery Store	percent	8.6			2015	28
1.56	People Living Below Poverty Level	percent	16.6	16.1	15.1	2012-2016	1
1.56	Renters Spending 30% or More of Household Income on Rent	percent	50.1	57.4	47.3	2012-2016	1
1.42	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.		32			2018	4
1.39	Median Household Income	dollars	49196	48900	55322	2012-2016	1
1.22	Food Insecure Children Likely Ineligible for Assistance	percent	29	29	34.1	2015	6
1.22	People Living 200% Above Poverty Level	percent	63.4	62.7	66.4	2012-2016	1
1.17	Per Capita Income	dollars	27235	27598	29829	2012-2016	1
1.11	Population 16+ in Civilian Labor Force	percent	63.9	58.5	63.1	2012-2016	1
1.11	Unemployed Workers in Civilian Labor Force	percent	3.7	3.8	4.4	February 2018	26
1.08	Median Monthly Owner Costs for Households without a Mortgage	dollars	445	466	462	2012-2016	1
1.00	Female Population 16+ in Civilian Labor Force	percent	60.4	54.3	58.3	2012-2016	1

0.92	Mortgaged Owners Median Monthly Household Costs	dollars	1337		1422	1491	2012-2016	1
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SCORE	EDUCATION	UNITS	DUVAL COUNTY	HP2020	FLORIDA	U.S.	MEASUREMENT PERIOD	SOURCE
2.28	Student-to-Teacher Ratio	students/ teacher	17.6		15.8	17.7	2015-2016	2
1.94	8th Grade Students Proficient in Math	percent	32		46		2017	10
1.78	4th Grade Students Proficient in Reading	percent	52		56		2017	10
1.72	School Readiness at Kindergarten Entry	percent	91.1		93.7		2016	11
1.67	8th Grade Students Proficient in Reading	percent	50		55		2017	10
1.39	Infants Born to Mothers >18 Years Old with <12 Years Education	percent	11.1		10.8		2016	17
1.31	High School Graduation	percent	80.8	87			2016-2017	10
1.22	4th Grade Students Proficient in Math	percent	64		64		2017	10
0.83	People 25+ with a High School Degree or Higher	percent	88.9		87.2	87	2012-2016	1
0.67	People 25+ with a Bachelor's Degree or Higher	percent	28.1		27.9	30.3	2012-2016	1

SCORE	ENVIRONMENT	UNITS	DUVAL COUNTY	HP2020	FLORIDA	U.S.	MEASUREMENT PERIOD	SOURCE
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2.44	Food Environment Index		6.3	6.7	7.7	2018	4
2.33	Severe Housing Problems* <i>* 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.</i>	percent	20.1	21.5	18.8	2010-2014	4
1.83	Recognized Carcinogens Released into Air	pounds	42139			2016	28
1.75	Physical Environment Ranking* <i>*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.</i>		60			2018	4
1.67	Children with Low Access to a Grocery Store	percent	6.1			2015	28
1.67	Low-Income and Low Access to a Grocery Store	percent	8.6			2015	28
1.67	People with Low Access to a Grocery Store	percent	24.7			2015	28
1.53	Annual Ozone Air Quality* <i>* This indicator gives a grade to each county in the U.S. based on the annual number of high ozone days.</i>	grade	C			2013-2015	2
1.47	Annual Particle Pollution* <i>* This indicator gives a grade to each county in the U.S. based on the average annual number of days that exceed U.S. particle pollution standards (PM2.5).</i>	grade	B			2013-2015	2
1.42	Drinking Water Violations	percent	3.1	6.2		FY 2013-14	4
1.33	People 65+ with Low Access to a Grocery Store	percent	2.5			2015	28

1.00	Households with No Car and Low Access to a Grocery Store	percent	1.7				2015	28
0.83	Access to Exercise Opportunities	percent	88.5		87.1	83.1	2018	4

SCORE	ENVIRONMENTAL & OCCUPATIONAL HEALTH	UNITS	DUVAL COUNTY	HP2020	FLORIDA	U.S.	MEASUREMENT PERIOD	SOURCE
2.44	Asthma: Medicare Population	percent	10.1		9.1	8.2	2015	3
2.33	Teens with Asthma	percent	23.8		20.8		2014	22
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.		60				2018	4
1.25	Adults with Current Asthma	percent	6.8		6.7	9.3	2016	8

SCORE	EXERCISE, NUTRITION, & WEIGHT	UNITS	DUVAL COUNTY	HP2020	FLORIDA	U.S.	MEASUREMENT PERIOD	SOURCE
2.61	Food Insecurity Rate	percent	20		15.1	13.7	2015	6
2.44	Food Environment Index		6.3		6.7	7.7	2018	4
2.00	Teen Vegetable Consumption	percent	12		15.5	14.8	2015	29
2.00	Teens who Engage in Regular Physical Activity: High School Students	percent	29.5		41.9	48.6	2015	29
1.94	Child Food Insecurity Rate	percent	23.2		22.7	19.3	2015	6

1.83	Teen Fruit Consumption	percent	18		22.5	20	2015	29
1.81	Adults who are Obese	percent	30.7	30.5	27.4	29.9	2016	8
1.75	Teens without Sufficient Physical Activity	percent	43.2				2012	12
1.72	Workers who Walk to Work	percent	1.5	3.1	1.5	2.8	2012-2016	1
1.67	Children with Low Access to a Grocery Store	percent	6.1				2015	28
1.67	Low-Income and Low Access to a Grocery Store	percent	8.6				2015	28
1.67	People with Low Access to a Grocery Store	percent	24.7				2015	28
1.61	Teens who are Obese: High School Students	percent	14.5		14.3		2012	12
1.58	Adults who are Overweight or Obese	percent	65.4		63.2	65.2	2016	8
1.58	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.		41				2018	4
1.50	Adult Fruit and Vegetable Consumption	percent	17.3		18.3		2013	8
1.50	Teens who are Overweight or Obese	percent	27.8		26.8	29.9	2015	29
1.33	People 65+ with Low Access to a Grocery Store	percent	2.5				2015	28

1.22	Food Insecure Children Likely Ineligible for Assistance	percent	29	29	34.1	2015	6	
1.00	Households with No Car and Low Access to a Grocery Store	percent	1.7			2015	28	
0.83	Access to Exercise Opportunities	percent	88.5	87.1	83.1	2018	4	
SCORE	HEART DISEASE & STROKE	UNITS	DUVAL COUNTY	HP2020	FLORIDA	U.S.	MEASUREMENT PERIOD	SOURCE
2.44	Stroke: Medicare Population	percent	5.2		4.8	4	2015	3
2.33	Atrial Fibrillation: Medicare Population	percent	9.4		9.7	8.1	2015	3
2.06	Hypertension: Medicare Population	percent	62.1		60.5	55	2015	3
1.81	Age-Adjusted Death Rate due to Cerebrovascular Disease (Stroke)	deaths/ 100,000 population	40.1	34.8	39.7	37.3	2016	17
1.72	Age-Adjusted Death Rate due to Hypertensive Heart Disease	deaths/ 100,000 population	12.6		11		2016	17
1.72	Heart Failure: Medicare Population	percent	14.6		14.2	13.5	2015	3
1.67	Cholesterol Test History	percent	72.4		73.2		2013	8
1.50	Hyperlipidemia: Medicare Population	percent	50.7		55.6	44.6	2015	3
1.42	High Blood Pressure Prevalence	percent	34.4	26.9	34.6	31.4	2013	8
1.25	High Cholesterol Prevalence	percent	33.1	13.5	33.4	38.4	2013	8

1.17	Age-Adjusted Death Rate due to Major Cardiovascular Diseases	deaths/ 100,000 population	224.9		209.7		2016	17
1.17	Ischemic Heart Disease: Medicare Population	percent	30.1		34	26.5	2015	3
1.03	Age-Adjusted Death Rate due to Coronary Heart Disease	deaths/ 100,000 population	94.9	103.4	98.5	94.3	2016	17
SCORE	IMMUNIZATIONS & INFECTIOUS DISEASES	UNITS	DUVAL COUNTY	HP2020	FLORIDA	U.S.	MEASUREMENT PERIOD	SOURCE
2.58	Gonorrhea Incidence Rate	cases/ 100,000 population	292.1		139.2	145.8	2016	15
2.36	Chlamydia Incidence Rate	cases/ 100,000 population	714.3		468.2	497.3	2016	15
2.33	Gonorrhea Incidence Rate: Females 15-19	cases/ 100,000 females aged 15-19	911.3		496.6		2016	15
2.14	Age-Adjusted Death Rate due to Influenza and Pneumonia	deaths/ 100,000 population	15.6		9.8	13.5	2016	17
2.11	Chlamydia Incidence Rate: Females 15-19	cases/ 100,000 females aged 15-19	4556.4		3175.6		2016	15
2.00	Syphilis Incidence Rate	cases/ 100,000 population	11		11.9		2016	15
1.89	HIV Incidence Rate	cases/ 100,000 population	30.6		24.6		2016	13
1.89	Salmonella Infection Incidence Rate	cases/ 100,000 population	33.3	11.4	27.8		2016	12
1.75	Adults 65+ with Pneumonia Vaccination	percent	66.7	90	65.6	73.4	2016	8

1.72	Kindergartners with Required Immunizations	percent	93.8		94.1		2017	14
1.67	AIDS Diagnosis Rate	cases/ 100,000 population	16.1		10.5		2016	13
1.42	Adults 65+ with Influenza Vaccination	percent	57.6		57.6	58.6	2016	8
1.33	E. coli Infection Incidence Rate	cases/ 100,000 population	0.3		0.6		2014	12
0.47	Tuberculosis Incidence Rate	cases/ 100,000 population	0	1	3.2	2.9	2016	16

SCORE	MATERNAL, FETAL & INFANT HEALTH	UNITS	DUVAL COUNTY	HP2020	FLORIDA	U.S.	MEASUREMENT PERIOD	SOURCE
2.75	Mothers who Received Early Prenatal Care	percent	66.1	77.9	78.4	77.1	2016	17
2.53	Babies with Low Birth Weight	percent	10	7.8	8.7	8.2	2016	17
2.36	Preterm Births	percent	11.3	9.4	10.1	9.8	2016	17
2.00	Infant Mortality Rate	deaths/ 1,000 live births	8.3	6	6.1		2014-2016	17
1.97	Teen Birth Rate: 15-19	live births/ 1,000 females aged 15-19	27.3		19.5	20.3	2016	17
1.61	Sudden Unexpected Infant Death (SUID) Rate	Deaths per 1,000 Live Births	1.4				2015	20
1.39	Congenital Anomaly/Birth Defect Death Rate	Deaths per 1,000 Live Births	1.2				2015	20
1.39	Infants Born to Mothers >18 Years Old with <12 Years Education	percent	11.1		10.8		2016	17

1.39	Prematurity/Low Birth Weight Death Rate	Deaths per 1,000 Live Births	1.7				2015	20
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SCORE	MEN'S HEALTH	UNITS	DUVAL COUNTY	HP2020	FLORIDA	U.S.	MEASUREMENT PERIOD	SOURCE
2.00	Prostate Cancer Incidence Rate	cases/ 100,000 males	111.4		90.5		2012-2014	29
1.67	Prostate-Specific Antigen Test History	percent	50.9		54.9		2016	8
1.56	Age-Adjusted Death Rate due to Prostate Cancer	deaths/ 100,000 males	19.3	21.8	17.1		2014-2016	17
1.50	Life Expectancy for Males	years	74.1		76.9	76.7	2014	23

SCORE	MENTAL HEALTH & MENTAL DISORDERS	UNITS	DUVAL COUNTY	HP2020	FLORIDA	U.S.	MEASUREMENT PERIOD	SOURCE
2.17	Depression: Medicare Population	percent	18.2		17.5	16.7	2015	3
2.11	Alzheimer's Disease or Dementia: Medicare Population	percent	11.3		11.7	9.9	2015	3
1.42	Age-Adjusted Death Rate due to Suicide	deaths/ 100,000 population	13.3	10.2	14.2	13.5	2016	17
1.33	Frequent Mental Distress	percent	12.6		11.9	15	2016	4

SCORE	OLDER ADULTS & AGING	UNITS	DUVAL COUNTY	HP2020	FLORIDA	U.S.	MEASUREMENT PERIOD	SOURCE
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2.67	Chronic Kidney Disease: Medicare Population	percent	22.8		21.3	18.1	2015	3
2.50	Rheumatoid Arthritis or Osteoarthritis: Medicare Population	percent	34.6		34.6	30	2015	3
2.44	Asthma: Medicare Population	percent	10.1		9.1	8.2	2015	3
2.44	Stroke: Medicare Population	percent	5.2		4.8	4	2015	3
2.36	Age-Adjusted Death Rate due to Falls	deaths/ 100,000 population	12.7	7.2	10.3	9.1	2016	17
2.33	Atrial Fibrillation: Medicare Population	percent	9.4		9.7	8.1	2015	3
2.17	Depression: Medicare Population	percent	18.2		17.5	16.7	2015	3
2.17	Hospitalization Rate due to Hip Fractures Among Females 65+	hospitalizations/ 100,000 females 65+ years	868.4	741.2	743.8		2013-2015	7
2.11	Alzheimer's Disease or Dementia: Medicare Population	percent	11.3		11.7	9.9	2015	3
2.06	Diabetes: Medicare Population	percent	30.8		28	26.5	2015	3
2.06	Hospitalization Rate due to Hip Fractures Among Males 65+	hospitalizations/ 100,000 males 65+ years	442	418.4	393.1		2013-2015	7
2.06	Hypertension: Medicare Population	percent	62.1		60.5	55	2015	3
2.00	Cancer: Medicare Population	percent	9.2		9.6	7.8	2015	3
1.78	People 65+ Living Below Poverty Level	percent	10.1		10.4	9.3	2012-2016	1
1.75	Adults 65+ with Pneumonia Vaccination	percent	66.7	90	65.6	73.4	2016	8

1.72	Heart Failure: Medicare Population	<i>percent</i>	14.6	14.2	13.5	2015	3
1.56	COPD: Medicare Population	<i>percent</i>	12.8	13.2	11.2	2015	3
1.50	Hyperlipidemia: Medicare Population	<i>percent</i>	50.7	55.6	44.6	2015	3
1.42	Adults 65+ with Influenza Vaccination	<i>percent</i>	57.6	57.6	58.6	2016	8
1.33	People 65+ with Low Access to a Grocery Store	<i>percent</i>	2.5			2015	28
1.17	Ischemic Heart Disease: Medicare Population	<i>percent</i>	30.1	34	26.5	2015	3
1.06	Osteoporosis: Medicare Population	<i>percent</i>	5.9	7.9	6	2015	3

SCORE	ORAL HEALTH	UNITS	DUVAL COUNTY	HP2020	FLORIDA	U.S.	MEASUREMENT PERIOD	SOURCE
1.83	Oral Cavity and Pharynx Cancer Incidence Rate	<i>cases/ 100,000 population</i>	15.8		13.4		2012-2014	29
1.42	Adults who did not Visit a Dentist due to Cost	<i>percent</i>	19.8				2007	8
0.17	Dentist Rate	<i>dentists/ 100,000 population</i>	79		58	67	2016	4

SCORE	OTHER CHRONIC DISEASES	UNITS	DUVAL COUNTY	HP2020	FLORIDA	U.S.	MEASUREMENT PERIOD	SOURCE
2.67	Chronic Kidney Disease: Medicare Population	<i>percent</i>	22.8		21.3	18.1	2015	3

2.50	Rheumatoid Arthritis or Osteoarthritis: Medicare Population	percent	34.6		34.6	30	2015	3
1.06	Osteoporosis: Medicare Population	percent	5.9		7.9	6	2015	3
SCORE	PREVENTION & SAFETY	UNITS	DUVAL 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	3.8	1.4	2.6	1.5	2013	5
2.61	Death Rate due to Drug Poisoning	deaths/ 100,000 population	26.2		17.4	16.9	2014-2016	4
2.53	Age-Adjusted Death Rate due to Unintentional Injuries	deaths/ 100,000 population	81.1	36.4	56.3	46.9	2016	17
2.36	Age-Adjusted Death Rate due to Falls	deaths/ 100,000 population	12.7	7.2	10.3	9.1	2016	17
2.33	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	20.1		21.5	18.8	2010-2014	4
2.17	Hospitalization Rate due to Hip Fractures Among Females 65+	hospitalizations/ 100,000 females 65+ years	868.4	741.2	743.8		2013-2015	7
2.06	Hospitalization Rate due to Hip Fractures Among Males 65+	hospitalizations/ 100,000 males 65+ years	442	418.4	393.1		2013-2015	7
1.61	Age-Adjusted Death Rate due to Unintentional Drowning	deaths/ 100,000 population	1.9		2		2016	17

1.44	Age-Adjusted Death Rate due to Motor Vehicle Collisions	deaths/ 100,000 population	15.2		15.4		2016	17
SCORE	PUBLIC SAFETY	UNITS	DUVAL 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	3.8	1.4	2.6	1.5	2013	5
2.14	Violent Crime Rate	crimes/ 100,000 population	623.1		439.2	386.3	2016	19
1.89	Alcohol-Impaired Driving Deaths	percent	31.8		26.4	29.3	2012-2016	4
1.89	Bicyclist Death Rate	deaths/ 100,000 population	0.8	0.22	0.6		2013	5
1.89	Domestic Violence Offense Rate	offenses/ 100,000 population	766.7		524.3		2016	19
1.67	Child Abuse Rate	cases/ 1,000 children aged 5-11	994.5		901.3		2016	9
1.56	Driving Under the Influence Arrest Rate	arrests/ 100,000 population	189.2		173.9		2016	19
1.44	Age-Adjusted Death Rate due to Motor Vehicle Collisions	deaths/ 100,000 population	15.2		15.4		2016	17
1.17	Juvenile Justice Referral Rate	referrals/ 100,000 population	392.6		448.7		2013	18
SCORE	RESPIRATORY DISEASES	UNITS	DUVAL COUNTY	HP2020	FLORIDA	U.S.	MEASUREMENT PERIOD	SOURCE
2.44	Asthma: Medicare Population	percent	10.1		9.1	8.2	2015	3

2.33	Teens with Asthma	<i>percent</i>	23.8		20.8		2014	22
2.14	Age-Adjusted Death Rate due to Influenza and Pneumonia	<i>deaths/ 100,000 population</i>	15.6		9.8	13.5	2016	17
1.75	Adults 65+ with Pneumonia Vaccination	<i>percent</i>	66.7	90	65.6	73.4	2016	8
1.72	Lung and Bronchus Cancer Incidence Rate	<i>cases/ 100,000 population</i>	76.2		61		2012-2014	29
1.56	COPD: Medicare Population	<i>percent</i>	12.8		13.2	11.2	2015	3
1.42	Adults 65+ with Influenza Vaccination	<i>percent</i>	57.6		57.6	58.6	2016	8
1.39	Age-Adjusted Death Rate due to Lung Cancer	<i>deaths/ 100,000 population</i>	46.2	45.5	40.4		2014-2016	17
1.25	Adults with Current Asthma	<i>percent</i>	6.8		6.7	9.3	2016	8
0.47	Tuberculosis Incidence Rate	<i>cases/ 100,000 population</i>	0	1	3.2	2.9	2016	16

SCORE	SOCIAL ENVIRONMENT	UNITS	DUVAL COUNTY	HP2020	FLORIDA	U.S.	MEASUREMENT PERIOD	SOURCE
2.67	Homeownership	<i>percent</i>	50.3		52.3	55.9	2012-2016	1
2.61	Single-Parent Households	<i>percent</i>	42.7		38.5	33.6	2012-2016	1
2.33	Total Employment Change	<i>percent</i>	0.2		4.5	2.5	2014-2015	27
2.03	Median Housing Unit Value	<i>dollars</i>	146400		166800	184700	2012-2016	1
1.94	Children Living Below Poverty Level	<i>percent</i>	24.8		23.3	21.2	2012-2016	1

1.92	Median Household Gross Rent	dollars	962		1032	949	2012-2016	1
1.67	Child Abuse Rate	cases/ 1,000 children aged 5-11	994.5		901.3		2016	9
1.56	People Living Below Poverty Level	percent	16.6		16.1	15.1	2012-2016	1
1.44	Linguistic Isolation	percent	2.8		6.8	4.5	2012-2016	1
1.44	Mean Travel Time to Work	minutes	24.2		26.7	26.1	2012-2016	1
1.42	Social and Economic Factors Ranking* <i>* 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.</i>		32				2018	4
1.39	Median Household Income	dollars	49196		48900	55322	2012-2016	1
1.22	Voter Turnout: Presidential Election	percent	74.6		74.5		2016	20
1.17	Juvenile Justice Referral Rate	referrals/ 100,000 population	392.6		448.7		2013	18
1.17	Per Capita Income	dollars	27235		27598	29829	2012-2016	1
1.11	Population 16+ in Civilian Labor Force	percent	63.9		58.5	63.1	2012-2016	1
1.08	Median Monthly Owner Costs for Households without a Mortgage	dollars	445		466	462	2012-2016	1
1.08	Persons with Health Insurance	percent	87.2	100	84.6		2016	25
1.00	Female Population 16+ in Civilian Labor Force	percent	60.4		54.3	58.3	2012-2016	1
0.92	Mortgaged Owners Median Monthly Household Costs	dollars	1337		1422	1491	2012-2016	1

0.83	People 25+ with a High School Degree or Higher	percent	88.9		87.2	87	2012-2016	1
0.67	People 25+ with a Bachelor's Degree or Higher	percent	28.1		27.9	30.3	2012-2016	1
SCORE	SUBSTANCE ABUSE	UNITS	DUVAL COUNTY	HP2020	FLORIDA	U.S.	MEASUREMENT PERIOD	SOURCE
2.61	Death Rate due to Drug Poisoning	deaths/ 100,000 population	26.2		17.4	16.9	2014-2016	4
2.08	Adults who Smoke	percent	18.5	12	15.5	17.1	2016	8
1.89	Alcohol-Impaired Driving Deaths	percent	31.8		26.4	29.3	2012-2016	4
1.83	Adults who Drink Excessively	percent	19.4	25.4	17.5		2016	8
1.58	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.		41				2018	4
1.56	Driving Under the Influence Arrest Rate	arrests/ 100,000 population	189.2		173.9		2016	19
1.56	Teens who have Used Methamphetamines	percent	0.9		0.8		2016	21
1.22	Teens who Use Marijuana: High School Students	percent	16.6		17		2016	21
1.00	Teens who Use Alcohol	percent	24.4		25.5		2016	21
0.67	Teens who Binge Drink: High School Students	percent	7.1		10.9		2016	21

0.50	Teens who Smoke: High School Students	percent	2.5	16	3		2016	22
SCORE	TEEN & ADOLESCENT HEALTH	UNITS	DUVAL COUNTY	HP2020	FLORIDA	U.S.	MEASUREMENT PERIOD	SOURCE
2.33	Gonorrhea Incidence Rate: Females 15-19	<i>cases/ 100,000 females aged 15-19</i>	911.3		496.6		2016	15
2.33	Teens with Asthma	percent	23.8		20.8		2014	22
2.11	Chlamydia Incidence Rate: Females 15-19	<i>cases/ 100,000 females aged 15-19</i>	4556.4		3175.6		2016	15
2.00	Teen Vegetable Consumption	percent	12		15.5	14.8	2015	29
2.00	Teens who Engage in Regular Physical Activity: High School Students	percent	29.5		41.9	48.6	2015	29
1.97	Teen Birth Rate: 15-19	<i>live births/ 1,000 females aged 15-19</i>	27.3		19.5	20.3	2016	17
1.83	Teen Fruit Consumption	percent	18		22.5	20	2015	29
1.75	Teens without Sufficient Physical Activity	percent	43.2				2012	12
1.61	Teens who are Obese: High School Students	percent	14.5		14.3		2012	12
1.56	Teens who have Used Methamphetamines	percent	0.9		0.8		2016	21
1.50	Teens who are Overweight or Obese	percent	27.8		26.8	29.9	2015	29

1.22	Teens who Use Marijuana: High School Students	percent	16.6	17		2016	21
1.17	Teens who are Sexually Active	percent	36.7	40.3	41.2	2015	29
1.00	Teens who Use Alcohol	percent	24.4	25.5		2016	21
0.67	Teens who Binge Drink: High School Students	percent	7.1	10.9		2016	21
0.50	Teens who Smoke: High School Students	percent	2.5	16	3	2016	22

SCORE	TRANSPORTATION	UNITS	DUVAL COUNTY	HP2020	FLORIDA	U.S.	MEASUREMENT PERIOD	SOURCE
1.89	Bicyclist Death Rate	deaths/ 100,000 population	0.8	0.22	0.6		2013	5
1.72	Workers who Walk to Work	percent	1.5	3.1	1.5	2.8	2012-2016	1
1.44	Mean Travel Time to Work	minutes	24.2		26.7	26.1	2012-2016	1
1.39	Workers Commuting by Public Transportation	percent	1.9	5.5	2.1	5.1	2012-2016	1
1.39	Workers who Drive Alone to Work	percent	80.2		79.5	76.4	2012-2016	1
1.28	Solo Drivers with a Long Commute	percent	31.6		39.5	34.7	2012-2016	4
1.00	Households with No Car and Low Access to a Grocery Store	percent	1.7				2015	28

SCORE	WOMEN'S HEALTH	UNITS	DUVAL COUNTY	HP2020	FLORIDA	U.S.	MEASUREMENT PERIOD	SOURCE
2.11	Cervical Cancer Incidence Rate	<i>cases/ 100,000 females</i>	9.8	7.3	8.5		2012-2014	29
2.00	Breast Cancer Incidence Rate	<i>cases/ 100,000 females</i>	134.6		117.8		2012-2014	29
1.72	Life Expectancy for Females	<i>years</i>	79.2		82	81.5	2014	23
1.67	Mammogram: 40+ Past Year	<i>percent</i>	57.7		60.8		2016	8
1.39	Age-Adjusted Death Rate due to Breast Cancer	<i>deaths/ 100,000 females</i>	21.6	20.7	19.8		2014-2016	17
1.00	Pap Test in Past Year	<i>percent</i>	54.7		48.4		2016	8

St. Johns

SCORE	ACCESS TO HEALTH SERVICES	UNITS	ST. JOHNS COUNTY	HP2020	FLORIDA	U.S.	MEASUREMENT PERIOD	SOURCE
2.06	Non-Physician Primary Care Provider Rate	<i>providers/ 100,000 population</i>	58		88	81	2017	4
1.50	Dentist Rate	<i>dentists/ 100,000 population</i>	51		58	67	2016	4
1.42	Adults with a Usual Source of Health Care	<i>percent</i>	78.5	89.4	72	77.1	2016	8
1.25	Adults who did not Visit a Dentist due to Cost	<i>percent</i>	10.1				2007	8

1.25	Clinical Care Ranking* <i>*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.</i>						2	2018	4
1.22	Adults with Health Insurance	percent	89.4	100	81.6	88	2016	1	
0.94	Children with Health Insurance	percent	97.1	100	93.8	95.5	2016	1	
0.89	Median Monthly Medicaid Enrollment	enrollments/ 100,000 population	9037.3		19607.4		2017	7	
0.81	Persons with Health Insurance	percent	90.4	100	84.6		2016	25	
0.39	Primary Care Provider Rate	providers/ 100,000 population	91		73	76	2015	4	

SCORE	CANCER	UNITS	ST. JOHNS COUNTY	HP2020	FLORIDA	U.S.	MEASUREMENT PERIOD	SOURCE
2.33	Melanoma Incidence Rate	<i>cases/ 100,000 population</i>	30.7		22.8		2012-2014	29
2.17	Age-Adjusted Death Rate due to Breast Cancer	<i>deaths/ 100,000 females</i>	22.4	20.7	19.8		2014-2016	17
2.00	Breast Cancer Incidence Rate	<i>cases/ 100,000 females</i>	136.5		117.8		2012-2014	29
2.00	Colon Cancer Screening: Blood Stool Test Past Year	<i>percent</i>	7.2		16		2016	8
1.94	Oral Cavity and Pharynx Cancer Incidence Rate	<i>cases/ 100,000 population</i>	16.4		13.4		2012-2014	29
1.89	Cancer: Medicare Population	<i>percent</i>	9.3		9.6	7.8	2015	3

1.83	Age-Adjusted Death Rate due to Lung Cancer	<i>deaths/ 100,000 population</i>	46.7	45.5	40.4	2014-2016	17
1.83	Prostate Cancer Incidence Rate	<i>cases/ 100,000 males</i>	97.3		90.5	2012-2014	29
1.78	Age-Adjusted Death Rate due to Prostate Cancer	<i>deaths/ 100,000 males</i>	19.6	21.8	17.1	2014-2016	17
1.61	Age-Adjusted Death Rate due to Colorectal Cancer	<i>deaths/ 100,000 population</i>	13.6	14.5	13.7	2014-2016	17
1.61	Lung and Bronchus Cancer Incidence Rate	<i>cases/ 100,000 population</i>	66.8		61	2012-2014	29
1.56	Age-Adjusted Death Rate due to Cancer	<i>deaths/ 100,000 population</i>	160.4	161.4	155.1	2014-2016	17
1.56	All Cancer Incidence Rate	<i>cases/ 100,000 population</i>	447.5		426.8	2012-2014	29
1.44	Mammogram: 40+ Past Year	<i>percent</i>	61.2		60.8	2016	8
1.33	Prostate-Specific Antigen Test History	<i>percent</i>	55.3		54.9	2016	8
1.11	Colorectal Cancer Incidence Rate	<i>cases/ 100,000 population</i>	32.9	39.9	36.9	2012-2014	29
1.00	Pap Test in Past Year	<i>percent</i>	54.7		48.4	2016	8
0.72	Cervical Cancer Incidence Rate	<i>cases/ 100,000 females</i>	4.8	7.3	8.5	2012-2014	29

SCORE	CHILDREN'S HEALTH	UNITS	ST. JOHNS COUNTY	HP2020	FLORIDA	U.S.	MEASUREMENT PERIOD	SOURCE
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2.39	Food Insecure Children Likely Ineligible for Assistance	percent	52	29	34.1	2015	6	
1.67	Children with Low Access to a Grocery Store	percent	5.3			2015	28	
1.39	Kindergartners with Required Immunizations	percent	94.6	94.1		2017	14	
1.00	Child Abuse Rate	cases/ 1,000 children aged 5-11	625.9	901.3		2016	9	
0.94	Children with Health Insurance	percent	97.1	100	93.8	95.5	2016	1
0.72	Child Food Insecurity Rate	percent	18.8	22.7	19.3	2015	6	

SCORE	COUNTY HEALTH RANKINGS	UNITS	ST. JOHNS COUNTY	HP2020	FLORIDA	U.S.	MEASUREMENT PERIOD	SOURCE
1.75	Physical Environment Ranking* <i>*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.</i>		54				2018	4
1.25	Clinical Care Ranking* <i>*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.</i>		2				2018	4
1.25	Health Behaviors Ranking* <i>* 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.</i>		6				2018	4
1.25	Morbidity Ranking* <i>*County Health Ranking: the ranking is based on a summary composite score calculated from</i>		1				2018	4

	the following measures: poor or fair health, poor physical health days, poor mental health days, and low birth weight.						
1.25	Mortality Ranking*		4			2018	4
	* County Health Ranking: the ranking is based on a measure of premature death						
1.25	Social and Economic Factors Ranking*						4
	* 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.						
			1			2018	

SCORE	DIABETES	UNITS	ST. JOHNS COUNTY	HP2020	FLORIDA	U.S.	MEASUREMENT PERIOD	SOURCE
0.86	Age-Adjusted Death Rate due to Diabetes	deaths/ 100,000 population	16		20.6	21	2016	17
0.75	Adults with Diabetes	percent	6.4		11.8	10.5	2016	8
0.39	Diabetes: Medicare Population	percent	22.2		28	26.5	2015	3

SCORE	ECONOMY	UNITS	ST. JOHNS COUNTY	HP2020	FLORIDA	U.S.	MEASUREMENT PERIOD	SOURCE
2.58	Median Household Gross Rent	dollars	1150		1032	949	2012-2016	1
2.39	Food Insecure Children Likely Ineligible for Assistance	percent	52		29	34.1	2015	6
2.00	Female Population 16+ in Civilian Labor Force	percent	53.3		54.3	58.3	2012-2016	1

1.92	Mortgaged Owners Median Monthly Household Costs	dollars	1746	1422	1491	2012-2016	1
1.81	Median Monthly Owner Costs for Households without a Mortgage	dollars	490	466	462	2012-2016	1
1.50	Low-Income and Low Access to a Grocery Store	percent	6.6			2015	28
1.50	Population 16+ in Civilian Labor Force	percent	60.2	58.5	63.1	2012-2016	1
1.33	Renters Spending 30% or More of Household Income on Rent	percent	47.9	57.4	47.3	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.		1			2018	4
0.89	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	16.6	21.5	18.8	2010-2014	4
0.83	Food Insecurity Rate	percent	12.8	15.1	13.7	2015	6
0.78	Households with Cash Public Assistance Income	percent	1.6	2.2	2.7	2012-2016	1
0.72	Child Food Insecurity Rate	percent	18.8	22.7	19.3	2015	6
0.67	Homeownership	percent	63.7	52.3	55.9	2012-2016	1
0.64	Median Housing Unit Value	dollars	259900	166800	184700	2012-2016	1

0.61	Unemployed Workers in Civilian Labor Force	<i>percent</i>	3	3.8	4.4	February 2018	26
0.50	Total Employment Change	<i>percent</i>	8.4	4.5	2.5	2014-2015	27
0.39	Children Living Below Poverty Level	<i>percent</i>	9.5	23.3	21.2	2012-2016	1
0.39	Families Living Below Poverty Level	<i>percent</i>	5.9	11.7	11	2012-2016	1
0.39	People 65+ Living Below Poverty Level	<i>percent</i>	6.1	10.4	9.3	2012-2016	1
0.39	People Living Below Poverty Level	<i>percent</i>	9	16.1	15.1	2012-2016	1
0.17	Median Household Income	<i>dollars</i>	69523	48900	55322	2012-2016	1
0.17	People Living 200% Above Poverty Level	<i>percent</i>	78.2	62.7	66.4	2012-2016	1
0.17	Per Capita Income	<i>dollars</i>	38362	27598	29829	2012-2016	1

SCORE	EDUCATION	UNITS	ST. JOHNS COUNTY	HP2020	FLORIDA	U.S.	MEASUREMENT PERIOD	SOURCE
2.17	School Readiness at Kindergarten Entry	<i>percent</i>	93.1		93.7		2016	11
2.11	Student-to-Teacher Ratio	<i>students/ teacher</i>	17.1		15.8	17.7	2015-2016	24
1.11	4th Grade Students Proficient in Reading	<i>percent</i>	74		56		2017	10
1.11	Infants Born to Mothers >18 Years Old with <12 Years Education	<i>percent</i>	4.5		10.8		2016	17

1.08	High School Graduation	percent	90.9	87			2016-2017	10
0.89	4th Grade Students Proficient in Math	percent	82		64		2017	10
0.89	8th Grade Students Proficient in Math	percent	75		46		2017	10
0.89	8th Grade Students Proficient in Reading	percent	74		55		2017	10
0.50	People 25+ with a High School Degree or Higher	percent	94.7		87.2	87	2012-2016	1
0.39	People 25+ with a Bachelor's Degree or Higher	percent	42.5		27.9	30.3	2012-2016	1

SCORE	ENVIRONMENT	UNITS	ST. JOHNS 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.		54				2018	4
1.67	Children with Low Access to a Grocery Store	percent	5.3				2015	28
1.67	People 65+ with Low Access to a Grocery Store	percent	4.3				2015	28
1.67	People with Low Access to a Grocery Store	percent	25.4				2015	28
1.61	PBT Released* *Total net pounds of reported PBT (Persistent, Bioaccumulative, and Toxic Chemicals) released.	pounds	91				2016	28

1.61	Recognized Carcinogens Released into Air	pounds	90			2016	28
1.50	Low-Income and Low Access to a Grocery Store	percent	6.6			2015	28
1.42	Drinking Water Violations	percent	3.6	6.2		FY 2013-14	4
1.33	Households with No Car and Low Access to a Grocery Store	percent	2.4			2015	28
0.89	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	16.6	21.5	18.8	2010-2014	4
0.83	Access to Exercise Opportunities	percent	88.2	87.1	83.1	2018	4
0.72	Food Environment Index		7.8	6.7	7.7	2018	4

SCORE	ENVIRONMENTAL & OCCUPATIONAL HEALTH	UNITS	ST. JOHNS 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.		54				2018	4
1.44	Teens with Asthma	percent	19.6		20.8		2014	22
1.42	Adults with Current Asthma	percent	7.4		6.7	9.3	2016	8
0.94	Asthma: Medicare Population	percent	7.8		9.1	8.2	2015	3

SCORE	EXERCISE, NUTRITION, & WEIGHT	UNITS	ST. JOHNS COUNTY	HP2020	FLORIDA	U.S.	MEASUREMENT PERIOD	SOURCE
2.61	Workers who Walk to Work	percent	1	3.1	1.5	2.8	2012-2016	1
2.39	Food Insecure Children Likely Ineligible for Assistance	percent	52		29	34.1	2015	6
1.67	Children with Low Access to a Grocery Store	percent	5.3				2015	28
1.67	People 65+ with Low Access to a Grocery Store	percent	4.3				2015	28
1.67	People with Low Access to a Grocery Store	percent	25.4				2015	28
1.50	Low-Income and Low Access to a Grocery Store	percent	6.6				2015	28
1.33	Households with No Car and Low Access to a Grocery Store	percent	2.4				2015	28
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.		6				2018	4
1.17	Adult Fruit and Vegetable Consumption	percent	19.2		18.3		2013	8
1.14	Teens without Sufficient Physical Activity	percent	33.9				2012	12

1.11	Teens who are Obese: High School Students	percent	10.3	14.3	2012	12		
0.83	Access to Exercise Opportunities	percent	88.2	87.1	83.1	2018	4	
0.83	Food Insecurity Rate	percent	12.8	15.1	13.7	2015	6	
0.75	Adults who are Overweight or Obese	percent	56.8	63.2	65.2	2016	8	
0.72	Child Food Insecurity Rate	percent	18.8	22.7	19.3	2015	6	
0.72	Food Environment Index		7.8	6.7	7.7	2018	4	
0.58	Adults who are Obese	percent	19	30.5	27.4	29.9	2016	8

SCORE	HEART DISEASE & STROKE	UNITS	ST. JOHNS COUNTY	HP2020	FLORIDA	U.S.	MEASUREMENT PERIOD	SOURCE
2.44	Atrial Fibrillation: Medicare Population	percent	10.2		9.7	8.1	2015	3
1.94	Stroke: Medicare Population	percent	4.4		4.8	4	2015	3
1.89	Hyperlipidemia: Medicare Population	percent	54.5		55.6	44.6	2015	3
1.50	Ischemic Heart Disease: Medicare Population	percent	31.2		34	26.5	2015	3
1.42	High Blood Pressure Prevalence	percent	32.5	26.9	34.6	31.4	2013	8
1.33	Cholesterol Test History	percent	73.9		73.2		2013	8
1.22	Hypertension: Medicare Population	percent	57.4		60.5	55	2015	3

1.11	Age-Adjusted Death Rate due to Hypertensive Heart Disease	<i>deaths/ 100,000 population</i>	5.3		11		2016	17
1.08	High Cholesterol Prevalence	<i>percent</i>	30.4	13.5	33.4	38.4	2013	8
1.00	Age-Adjusted Death Rate due to Major Cardiovascular Diseases	<i>deaths/ 100,000 population</i>	173		209.7		2016	17
0.97	Age-Adjusted Death Rate due to Cerebrovascular Disease (Stroke)	<i>deaths/ 100,000 population</i>	33.9	34.8	39.7	37.3	2016	17
0.47	Age-Adjusted Death Rate due to Coronary Heart Disease	<i>deaths/ 100,000 population</i>	74.5	103.4	98.5	94.3	2016	17
0.17	Heart Failure: Medicare Population	<i>percent</i>	11.2		14.2	13.5	2015	3

SCORE	IMMUNIZATIONS & INFECTIOUS DISEASES	UNITS	ST. JOHNS COUNTY	HP2020	FLORIDA	U.S.	MEASUREMENT PERIOD	SOURCE
2.11	E. coli Infection Incidence Rate	<i>cases/ 100,000 population</i>	2.4		0.6		2014	12
2.08	Adults 65+ with Pneumonia Vaccination	<i>percent</i>	63.3	90	65.6	73.4	2016	8
1.89	Salmonella Infection Incidence Rate	<i>cases/ 100,000 population</i>	35.6	11.4	27.8		2016	12
1.75	Adults 65+ with Influenza Vaccination	<i>percent</i>	55.6		57.6	58.6	2016	8
1.47	Age-Adjusted Death Rate due to Influenza and Pneumonia	<i>deaths/ 100,000 population</i>	11		9.8	13.5	2016	17
1.39	Kindergartners with Required Immunizations	<i>percent</i>	94.6		94.1		2017	14

1.11	Gonorrhea Incidence Rate: Females 15-19	<i>cases/ 100,000 females aged 15-19</i>	159.4		496.6		2016	15
1.11	Syphilis Incidence Rate	<i>cases/ 100,000 population</i>	0.9		11.9		2016	15
1.06	AIDS Diagnosis Rate	<i>cases/ 100,000 population</i>	4.1		10.5		2016	13
1.00	Chlamydia Incidence Rate: Females 15-19	<i>cases/ 100,000 females aged 15-19</i>	1709.9		3175.6		2016	15
0.97	Tuberculosis Incidence Rate	<i>cases/ 100,000 population</i>	1.5	1	3.2	2.9	2016	16
0.89	HIV Incidence Rate	<i>cases/ 100,000 population</i>	6.8		24.6		2016	13
0.86	Chlamydia Incidence Rate	<i>cases/ 100,000 population</i>	269.8		468.2	497.3	2016	15
0.86	Gonorrhea Incidence Rate	<i>cases/ 100,000 population</i>	55		139.2	145.8	2016	15

SCORE	MATERNAL, FETAL & INFANT HEALTH	UNITS	ST. JOHNS COUNTY	HP2020	FLORIDA	U.S.	MEASUREMENT PERIOD	SOURCE
1.14	Mothers who Received Early Prenatal Care	<i>percent</i>	84.8	77.9	78.4	77.1	2016	17
1.11	Infant Mortality Rate	<i>deaths/ 1,000 live births</i>	5.4	6	6.1		2014-2016	17
1.11	Infants Born to Mothers >18 Years Old with <12 Years Education	<i>percent</i>	4.5		10.8		2016	17
0.92	Preterm Births	<i>percent</i>	9.1	9.4	10.1	9.8	2016	17
0.64	Teen Birth Rate: 15-19	<i>live births/ 1,000 females aged 15-19</i>	8.4		19.5	20.3	2016	17

0.58	Babies with Low Birth Weight	<i>percent</i>	7.1	7.8	8.7	8.2	2016	17
SCORE	MEN'S HEALTH	UNITS	ST. JOHNS COUNTY	HP2020	FLORIDA	U.S.	MEASUREMENT PERIOD	SOURCE
1.83	Prostate Cancer Incidence Rate	<i>cases/ 100,000 males</i>	97.3		90.5		2012-2014	29
1.78	Age-Adjusted Death Rate due to Prostate Cancer	<i>deaths/ 100,000 males</i>	19.6	21.8	17.1		2014-2016	17
1.33	Prostate-Specific Antigen Test History	<i>percent</i>	55.3		54.9		2016	8
0.94	Life Expectancy for Males	<i>years</i>	78.4		76.9	76.7	2014	23
SCORE	MENTAL HEALTH & MENTAL DISORDERS	UNITS	ST. JOHNS COUNTY	HP2020	FLORIDA	U.S.	MEASUREMENT PERIOD	SOURCE
2.14	Age-Adjusted Death Rate due to Suicide	<i>deaths/ 100,000 population</i>	16.2	10.2	14.2	13.5	2016	17
0.89	Alzheimer's Disease or Dementia: Medicare Population	<i>percent</i>	9.3		11.7	9.9	2015	3
0.78	Depression: Medicare Population	<i>percent</i>	14.4		17.5	16.7	2015	3
0.67	Frequent Mental Distress	<i>percent</i>	10.8		11.9	15	2016	4
SCORE	OLDER ADULTS & AGING	UNITS	ST. JOHNS COUNTY	HP2020	FLORIDA	U.S.	MEASUREMENT PERIOD	SOURCE

2.44	Atrial Fibrillation: Medicare Population	percent	10.2		9.7	8.1	2015	3
2.17	Hospitalization Rate due to Hip Fractures Among Females 65+	hospitalizations/ 100,000 females 65+ years	893.5	741.2	743.8		2013-2015	7
2.17	Hospitalization Rate due to Hip Fractures Among Males 65+	hospitalizations/ 100,000 males 65+ years	488.8	418.4	393.1		2013-2015	7
2.08	Adults 65+ with Pneumonia Vaccination	percent	63.3	90	65.6	73.4	2016	8
1.94	Stroke: Medicare Population	percent	4.4		4.8	4	2015	3
1.89	Cancer: Medicare Population	percent	9.3		9.6	7.8	2015	3
1.89	Hyperlipidemia: Medicare Population	percent	54.5		55.6	44.6	2015	3
1.75	Adults 65+ with Influenza Vaccination	percent	55.6		57.6	58.6	2016	8
1.69	Age-Adjusted Death Rate due to Falls	deaths/ 100,000 population	9.3	7.2	10.3	9.1	2016	17
1.67	People 65+ with Low Access to a Grocery Store	percent	4.3				2015	28
1.61	Rheumatoid Arthritis or Osteoarthritis: Medicare Population	percent	32.7		34.6	30	2015	3
1.50	Ischemic Heart Disease: Medicare Population	percent	31.2		34	26.5	2015	3
1.33	Chronic Kidney Disease: Medicare Population	percent	17.4		21.3	18.1	2015	3
1.22	Hypertension: Medicare Population	percent	57.4		60.5	55	2015	3

1.06	Osteoporosis: Medicare Population	<i>percent</i>	5.8	7.9	6	2015	3
0.94	Asthma: Medicare Population	<i>percent</i>	7.8	9.1	8.2	2015	3
0.89	Alzheimer's Disease or Dementia: Medicare Population	<i>percent</i>	9.3	11.7	9.9	2015	3
0.78	Depression: Medicare Population	<i>percent</i>	14.4	17.5	16.7	2015	3
0.67	COPD: Medicare Population	<i>percent</i>	11.4	13.2	11.2	2015	3
0.39	Diabetes: Medicare Population	<i>percent</i>	22.2	28	26.5	2015	3
0.39	People 65+ Living Below Poverty Level	<i>percent</i>	6.1	10.4	9.3	2012-2016	1
0.17	Heart Failure: Medicare Population	<i>percent</i>	11.2	14.2	13.5	2015	3

SCORE	ORAL HEALTH	UNITS	ST. JOHNS COUNTY	HP2020	FLORIDA	U.S.	MEASUREMENT PERIOD	SOURCE
1.94	Oral Cavity and Pharynx Cancer Incidence Rate	<i>cases/ 100,000 population</i>	16.4		13.4		2012-2014	29
1.50	Dentist Rate	<i>dentists/ 100,000 population</i>	51		58	67	2016	4
1.25	Adults who did not Visit a Dentist due to Cost	<i>percent</i>	10.1				2007	8

SCORE	OTHER CHRONIC DISEASES	UNITS	ST. JOHNS COUNTY	HP2020	FLORIDA	U.S.	MEASUREMENT PERIOD	SOURCE
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1.61	Rheumatoid Arthritis or Osteoarthritis: Medicare Population	percent	32.7		34.6	30	2015	3
1.33	Chronic Kidney Disease: Medicare Population	percent	17.4		21.3	18.1	2015	3
1.06	Osteoporosis: Medicare Population	percent	5.8		7.9	6	2015	3
SCORE	PREVENTION & SAFETY	UNITS	ST. JOHNS COUNTY	HP2020	FLORIDA	U.S.	MEASUREMENT PERIOD	SOURCE
2.17	Hospitalization Rate due to Hip Fractures Among Females 65+	hospitalizations/ 100,000 females 65+ years	893.5	741.2	743.8		2013-2015	7
2.17	Hospitalization Rate due to Hip Fractures Among Males 65+	hospitalizations/ 100,000 males 65+ years	488.8	418.4	393.1		2013-2015	7
2.00	Age-Adjusted Death Rate due to Motor Vehicle Collisions	deaths/ 100,000 population	18.6		15.4		2016	17
1.75	Age-Adjusted Death Rate due to Unintentional Injuries	deaths/ 100,000 population	50.6	36.4	56.3	46.9	2016	17
1.69	Age-Adjusted Death Rate due to Falls	deaths/ 100,000 population	9.3	7.2	10.3	9.1	2016	17
1.11	Pedestrian Death Rate* * Number of pedestrians killed in traffic collisions per 100,000 population	deaths/ 100,000 population	1.4	1.4	2.6	1.5	2013	5
1.06	Age-Adjusted Death Rate due to Unintentional Drowning	deaths/ 100,000 population	1.1		2		2016	17
0.89	Severe Housing Problems* * Percentage of households with at least one of	percent	16.6		21.5	18.8	2010-2014	4

the following four housing problems:
overcrowding, high housing costs, lack of
kitchen, or lack of plumbing facilities.

0.61	Death Rate due to Drug Poisoning	<i>deaths/ 100,000 population</i>	12.2		17.4	16.9	2014-2016	4
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SCORE	PUBLIC SAFETY	UNITS	ST. JOHNS COUNTY	HP2020	FLORIDA	U.S.	MEASUREMENT PERIOD	SOURCE
2.00	Age-Adjusted Death Rate due to Motor Vehicle Collisions	<i>deaths/ 100,000 population</i>	18.6		15.4		2016	17
1.11	Pedestrian Death Rate* * Number of pedestrians killed in traffic collisions per 100,000 population	<i>deaths/ 100,000 population</i>	1.4	1.4	2.6	1.5	2013	5
1.06	Driving Under the Influence Arrest Rate	<i>arrests/ 100,000 population</i>	134.4		173.9		2016	19
1.00	Child Abuse Rate	<i>cases/ 1,000 children aged 5-11</i>	625.9		901.3		2016	9
1.00	Domestic Violence Offense Rate	<i>offenses/ 100,000 population</i>	362.3		524.3		2016	19
1.00	Juvenile Justice Referral Rate	<i>referrals/ 100,000 population</i>	308.1		448.7		2013	18
0.64	Violent Crime Rate	<i>crimes/ 100,000 population</i>	208.8		439.2	386.3	2016	19
0.50	Alcohol-Impaired Driving Deaths	<i>percent</i>	23.8		26.4	29.3	2012-2016	4

SCORE	RESPIRATORY DISEASES	UNITS	ST. JOHNS COUNTY	HP2020	FLORIDA	U.S.	MEASUREMENT PERIOD	SOURCE
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2.08	Adults 65+ with Pneumonia Vaccination	percent	63.3	90	65.6	73.4	2016	8
1.83	Age-Adjusted Death Rate due to Lung Cancer	deaths/ 100,000 population	46.7	45.5	40.4		2014-2016	17
1.75	Adults 65+ with Influenza Vaccination	percent	55.6		57.6	58.6	2016	8
1.61	Lung and Bronchus Cancer Incidence Rate	cases/ 100,000 population	66.8		61		2012-2014	29
1.47	Age-Adjusted Death Rate due to Influenza and Pneumonia	deaths/ 100,000 population	11		9.8	13.5	2016	17
1.44	Teens with Asthma	percent	19.6		20.8		2014	22
1.42	Adults with Current Asthma	percent	7.4		6.7	9.3	2016	8
0.97	Tuberculosis Incidence Rate	cases/ 100,000 population	1.5	1	3.2	2.9	2016	16
0.94	Asthma: Medicare Population	percent	7.8		9.1	8.2	2015	3
0.67	COPD: Medicare Population	percent	11.4		13.2	11.2	2015	3

SCORE	SOCIAL ENVIRONMENT	UNITS	ST. JOHNS COUNTY	HP2020	FLORIDA	U.S.	MEASUREMENT PERIOD	SOURCE
2.58	Median Household Gross Rent	dollars	1150		1032	949	2012-2016	1
2.11	Mean Travel Time to Work	minutes	27		26.7	26.1	2012-2016	1
2.00	Female Population 16+ in Civilian Labor Force	percent	53.3		54.3	58.3	2012-2016	1

1.92	Mortgaged Owners Median Monthly Household Costs	dollars	1746		1422	1491	2012-2016	1
1.81	Median Monthly Owner Costs for Households without a Mortgage	dollars	490		466	462	2012-2016	1
1.50	Population 16+ in Civilian Labor Force	percent	60.2		58.5	63.1	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.		1				2018	4
1.17	Voter Turnout: Presidential Election	percent	80.1		74.5		2016	20
1.00	Child Abuse Rate	cases/ 1,000 children aged 5-11	625.9		901.3		2016	9
1.00	Juvenile Justice Referral Rate	referrals/ 100,000 population	308.1		448.7		2013	18
0.81	Persons with Health Insurance	percent	90.4	100	84.6		2016	25
0.67	Homeownership	percent	63.7		52.3	55.9	2012-2016	1
0.64	Median Housing Unit Value	dollars	259900		166800	184700	2012-2016	1
0.56	Linguistic Isolation	percent	0.8		6.8	4.5	2012-2016	1
0.50	People 25+ with a High School Degree or Higher	percent	94.7		87.2	87	2012-2016	1
0.50	Total Employment Change	percent	8.4		4.5	2.5	2014-2015	27
0.39	Children Living Below Poverty Level	percent	9.5		23.3	21.2	2012-2016	1

0.39	People 25+ with a Bachelor's Degree or Higher	percent	42.5	27.9	30.3	2012-2016	1
0.39	People Living Below Poverty Level	percent	9	16.1	15.1	2012-2016	1
0.39	Single-Parent Households	percent	20.7	38.5	33.6	2012-2016	1
0.17	Median Household Income	dollars	69523	48900	55322	2012-2016	1
0.17	Per Capita Income	dollars	38362	27598	29829	2012-2016	1

SCORE	SUBSTANCE ABUSE	UNITS	ST. JOHNS COUNTY	HP2020	FLORIDA	U.S.	MEASUREMENT PERIOD	SOURCE
1.83	Adults who Drink Excessively	percent	20.1	25.4	17.5		2016	8
1.72	Teens who Use Alcohol	percent	28.3		25.5		2016	21
1.56	Teens who Use Marijuana: High School Students	percent	18.7		17		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.		6				2018	4
1.17	Teens who Smoke: High School Students	percent	3.5	16	3		2016	22
1.06	Driving Under the Influence Arrest Rate	arrests/ 100,000 population	134.4		173.9		2016	19
1.06	Teens who Binge Drink: High School Students	percent	10.5		10.9		2016	21

0.89	Teens who have Used Methamphetamines	percent	0.4		0.8		2016	21
0.81	Adults who Smoke	percent	12.2	12	15.5	17.1	2016	8
0.61	Death Rate due to Drug Poisoning	deaths/ 100,000 population	12.2		17.4	16.9	2014-2016	4
0.50	Alcohol-Impaired Driving Deaths	percent	23.8		26.4	29.3	2012-2016	4

SCORE	TEEN & ADOLESCENT HEALTH	UNITS	ST. JOHNS COUNTY	HP2020	FLORIDA	U.S.	MEASUREMENT PERIOD	SOURCE
1.72	Teens who Use Alcohol	percent	28.3		25.5		2016	21
1.56	Teens who Use Marijuana: High School Students	percent	18.7		17		2016	21
1.44	Teens with Asthma	percent	19.6		20.8		2014	22
1.17	Teens who Smoke: High School Students	percent	3.5	16	3		2016	22
1.14	Teens without Sufficient Physical Activity	percent	33.9				2012	12
1.11	Gonorrhea Incidence Rate: Females 15-19	cases/ 100,000 females aged 15-19	159.4		496.6		2016	15
1.11	Teens who are Obese: High School Students	percent	10.3		14.3		2012	12
1.06	Teens who Binge Drink: High School Students	percent	10.5		10.9		2016	21

1.00	Chlamydia Incidence Rate: Females 15-19	<i>cases/ 100,000 females aged 15-19</i>	1709.9		3175.6		2016	15
0.89	Teens who have Used Methamphetamines	<i>percent</i>	0.4		0.8		2016	21
0.64	Teen Birth Rate: 15-19	<i>live births/ 1,000 females aged 15-19</i>	8.4		19.5	20.3	2016	17

SCORE	TRANSPORTATION	UNITS	ST. JOHNS COUNTY	HP2020	FLORIDA	U.S.	MEASUREMENT PERIOD	SOURCE
2.67	Solo Drivers with a Long Commute	<i>percent</i>	43.8		39.5	34.7	2012-2016	4
2.61	Workers who Walk to Work	<i>percent</i>	1	3.1	1.5	2.8	2012-2016	1
2.33	Workers Commuting by Public Transportation	<i>percent</i>	0.2	5.5	2.1	5.1	2012-2016	1
2.11	Mean Travel Time to Work	<i>minutes</i>	27		26.7	26.1	2012-2016	1
1.94	Workers who Drive Alone to Work	<i>percent</i>	81.6		79.5	76.4	2012-2016	1
1.33	Households with No Car and Low Access to a Grocery Store	<i>percent</i>	2.4				2015	28

SCORE	WOMEN'S HEALTH	UNITS	ST. JOHNS COUNTY	HP2020	FLORIDA	U.S.	MEASUREMENT PERIOD	SOURCE
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2.17	Age-Adjusted Death Rate due to Breast Cancer	<i>deaths/ 100,000 females</i>	22.4	20.7	19.8	2014-2016	17
2.00	Breast Cancer Incidence Rate	<i>cases/ 100,000 females</i>	136.5		117.8	2012-2014	29
1.44	Mammogram: 40+ Past Year	<i>percent</i>	61.2		60.8	2016	8
1.00	Pap Test in Past Year	<i>percent</i>	54.7		48.4	2016	8
0.72	Cervical Cancer Incidence Rate	<i>cases/ 100,000 females</i>	4.8	7.3	8.5	2012-2014	29
0.72	Life Expectancy for Females	<i>years</i>	83		82	81.5 2014	29

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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