JANUARY 1, 2019

BAPTIST MEDICAL CENTER BEACHES
COMMUNITY HEALTH NEEDS ASSESSMENT

BAPTIST
Medical Center
Beaches

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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 named the Jacksonville Nonprofit Hospital Partnership, members continued their efforts to collaboratively assess the health needs of the Northeast Florida Region. Some of these collaborative efforts to address identified significant needs have included a museum exhibit at the Museum of Science and History that displayed real time local health data, a safe playground for children in a disadvantaged neighborhood, and offering Mental Health First Aid classes for the local community. The Partnership continues to explore opportunities to collaborate through small- and large-scale initiatives, improving the health and wellness of the region in a meaningful way.

This CHNA provides an overview of 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 Beaches

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
This full-service community hospital is located just a half-mile from the Atlantic Ocean, and a few blocks west of State Road A1A. Baptist Beaches serves residents in Atlantic, Neptune, Jacksonville and Ponte Vedra beaches, in addition to communities west of the Intracoastal Waterway. The hospital provides easy access to comprehensive, high-tech medical and surgical care close to home, and is the only hospital-based, 24-hour emergency service at the beach.

The 146-bed community hospital has been recognized nationally:
- Top 100 Hospital
- Magnet™ -designated hospital

The hospital's services include:
- 24/7 Emergency Center with Accredited Chest Pain Center,
- Primary Stroke Center and LifeFlight
- Surgical Services (inpatient and outpatient)
- Wilson Cancer Care Center
- AgeWell Advanced Care Unit for Seniors
- Center for Endoscopy
- Maternity with expansive patient suites
- Breast Health Program with digital mammography
- Cardiology, Catheterization Lab
- Neurological Diagnostics
- Orthopedics
- Center for Joint Replacement
- Advanced Imaging (64-channel CT, MRI, PET/CT)
- Sleep Disorders Center

- Bloodless Medicine and Surgery Program
- Rehabilitation Services
- Center for Wound Care and Hyperbaric Medicine
- Community Health Education

Baptist Beaches is part of Baptist Health, the only nonprofit, mission-driven and locally-governed health care system in Northeast Florida. Baptist Beaches' 15-person board of directors is comprised of local community leaders and volunteers who ensure the hospital is meeting community needs. Peter Ghiloni, president and chief executive officer of Swisher International, chairs the board and Joseph Mitrick, 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

"As the only hospital east of the Intracoastal Waterway, Baptist Medical Center Beaches has an important responsibility to provide for the unmet health needs in our community. Through our community health needs assessment, we are able to identify these needs and develop strategic programming to improve our community's health status. The assessment process also allows us to coordinate our efforts with other area healthcare providers and our community partners, creating even greater health benefits for the people who need it the most."

Joseph M. Mitrick, FACHE
Hospital President, Baptist Medical Center Beaches

Consultants

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

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

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

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

Community Health Needs Assessment (CHNA) Regulations & Requirements

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

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

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

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

Evaluation of Impact Since Preceding CHNA

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

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

Executive Summary

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

The goal of this report is to offer a meaningful understanding of the most pressing health and health-related needs across the Baptist Medical Center Beaches 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 Beaches includes Duval and St. Johns counties.

FIGURE 1. HOSPITAL MAP OF BAPTIST MEDICAL CENTER BEACHES
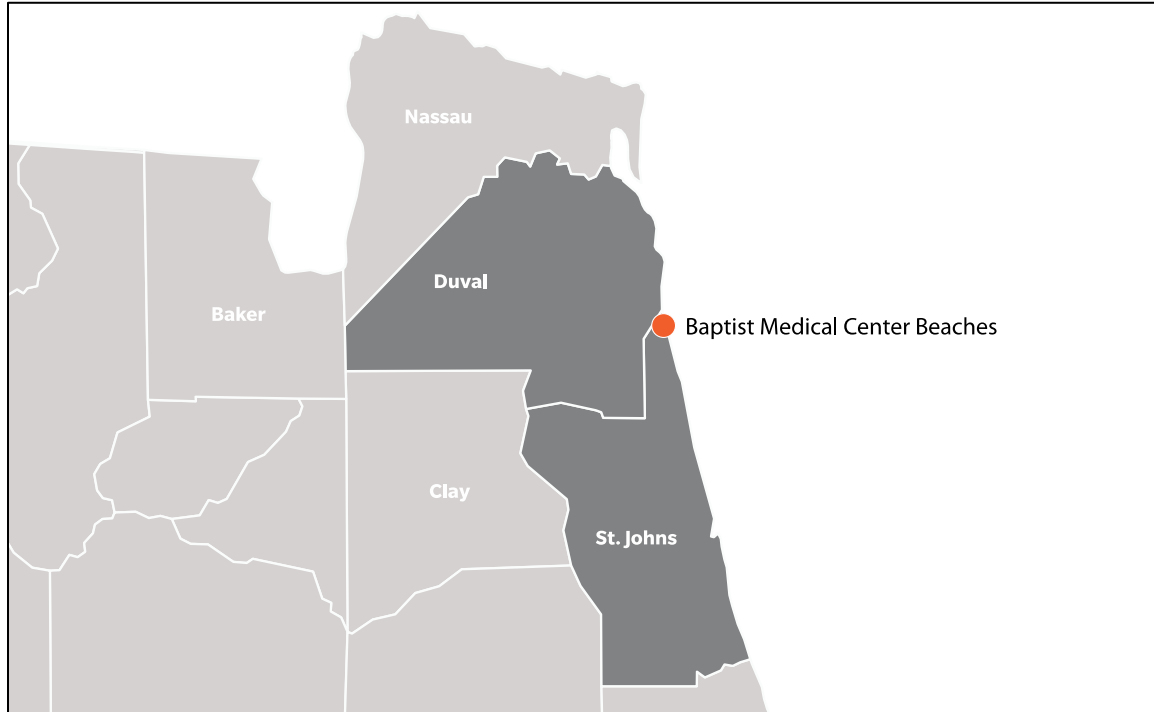
According to the U.S. Census Bureau's 2016 population estimates, Baptist Medical Center Beaches' service area had a population of 1,161,342. Residents of 32209, 32254, and 32206

have the highest socioeconomic need of all zip codes within the service area, based on indicators of income, poverty, unemployment, occupation, educational attainment, and linguistic barriers. For more information on socioeconomic indicators analyzed, see the

SocioNeeds Index section of this report.

Methods for Identifying Community Health Needs

Two types of data were used in this assessment: primary and secondary data. Primary data are data that have been collected for the purposes of this community assessment. Primary data were obtained in the forms of interviews, group discussions, and a survey. Secondary data are health indicator data that have already been collected by public sources such as government health departments. Each type of data was analyzed using a unique methodology. Findings were organized by health and quality of life topic areas. These findings were then synthesized for a comprehensive overview of the health needs in Baptist Medical Center Beaches' 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 1,034 community members contributed their input on the community's health and health-related needs, barriers, and opportunities for Duval and St. Johns counties, 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
Duval and St. Johns Counties	32	22	212	790	1,034

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 32 key informant interviews conducted, 24 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, 10 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 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 over 1,034

community members, community leaders, and health and non-health professionals who serve the community at large, vulnerable populations, and populations with unmet health needs.

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

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

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

• Access (includes health care, transportation, housing, nutrition) • Behavioral Health • Built Environment & Safety	• Cancer • Diabetes • Heart Disease • Maternal, Fetal & Infant Health • Obesity & Physical Activity	• Poverty • Respiratory Diseases • Sexual Health • Social Environment • 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 Duval County, Florida and St. Johns County, Florida. The prioritized health needs will guide the community health improvement efforts of Baptist Medical Center Beaches.

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

About this CHNA

Baptist Medical Center Beaches' Service Area

The service area is defined as the geographic boundaries of Duval County and St. Johns County in northeast Florida. The service area also includes all cities, zip codes, and census tracts within those two counties.

FIGURE 2. LOCATION OF BAPTIST MEDICAL CENTER BEACHES
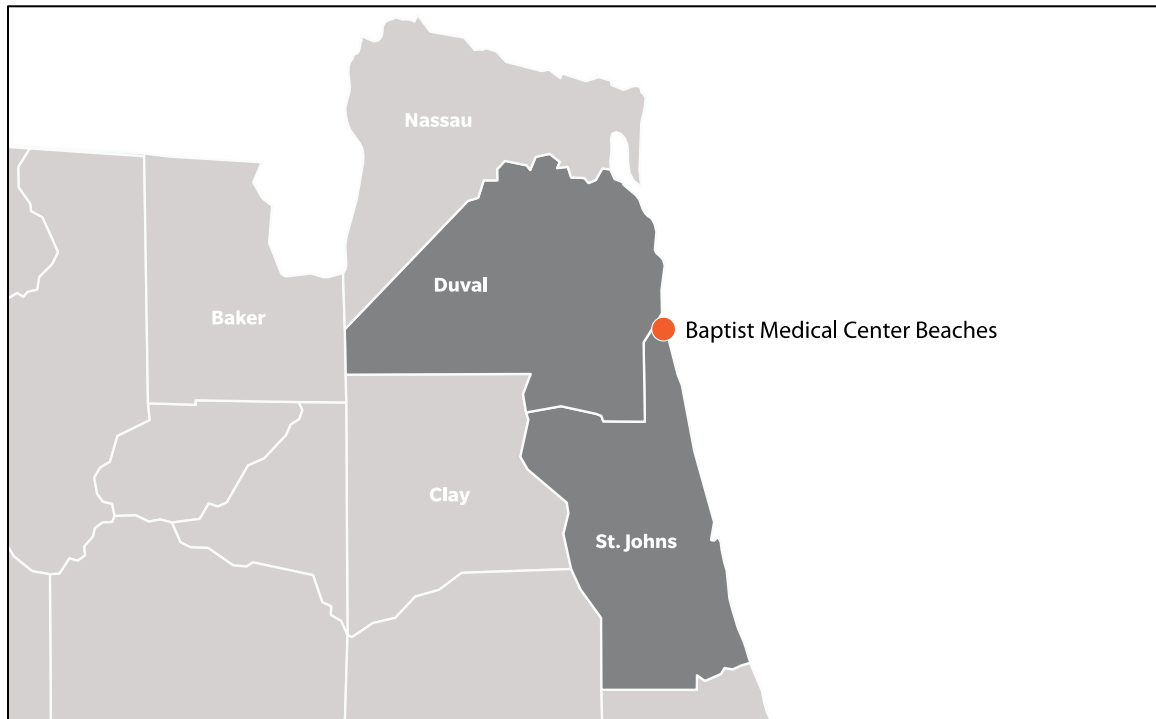
Table 5 shows the number of discharges by county for Baptist Medical Center Beaches. From the table, Duval and St. Johns counties have the highest proportion of discharges for Baptist Medical Center Beaches.

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

Baptist Medical Center Beaches	Baker	Clay	Duval	Nassau	St. Johns	Total Discharges	Percent of 5 Counties
	3	41	6,059	64	1,123	7,547	96.6%

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 Beaches' priority health areas for years 2016-2018 were:

- Communicable Diseases
- Health Disparities
- Mental Health
- Nutrition, Physical Activity, and Obesity

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 Beaches' 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 Beaches' 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

Duval	St. Johns	Northeast Florida Region
21	3	8

Thirty-two 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 32 key informant interviews conducted, 24 interviews were with community experts who either served or represented underserved communities.

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

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

Baptist Medical Center Beaches - CHNA

FIGURE 3. COMMON THEMES FROM KEY INFORMANT INTERVIEWS

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

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

Focus Groups

22 focus groups with 212 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 22 focus groups conducted, 10 of the focus groups included community members of underserved communities or community advocates for underserved communities.

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

FIGURE 4. COMMON THEMES FROM FOCUS GROUPS

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

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

Community Survey

The community survey was primarily distributed online through SurveyMonkey® from March 26, 2018 through April 16, 2018. The survey was also made available on paper, though paper distribution was limited. The survey elicited responses from 790 community members in 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 5 breaks down the percent of survey participants by race/ethnicity for all 971 responses across the five-county region.

FIGURE 5. SURVEY PARTICIPANTS BY RACE/ETHNICITY
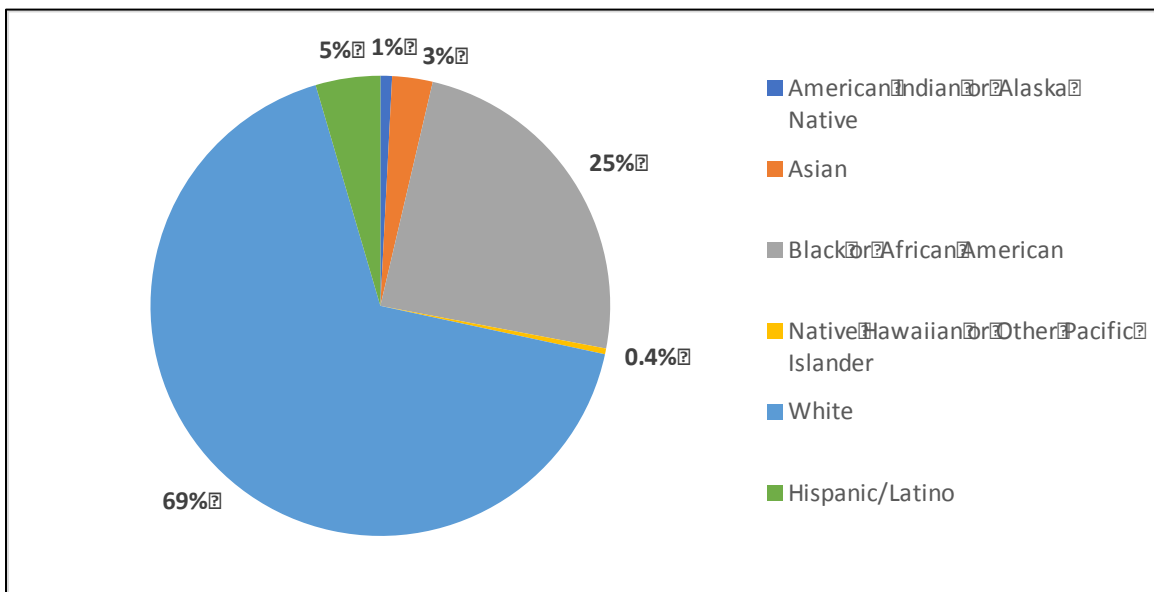
Survey respondents were asked about their views on the community's health needs, barriers, and most impacted populations. As seen in Figure 6, respondents ranked Mental Health and Mental Disorders, Heart-Related Diseases, and Obesity/Overweight as the top three most pressing health needs in the Duval and St. Johns counties' service area, with 64%, 56%, and 55% of respondents, respectively, listing those topic areas as top health needs. Substance Abuse was also ranked as a top need by over half of survey participants.

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

FIGURE 6. MOST PRESSING HEALTH NEEDS ACCORDING TO ALL SURVEY PARTICIPANTS

Category	Percentage
Mental Health and Mental Disorders	64%
Substance Abuse	57%
Obesity/Overweight	56%
Heart-Related Diseases	56%
Diabetes	46%
Cancer	41%
Preventive Care	31%
Oral Health	24%
Injuries and Safety	23%
Sexual Health	18%
Vision	13%
Respiratory/Lung Diseases	13%
Reproductive Health	12%
Infectious Diseases	9%

Condition	Percentage
Access to Health Services	61%
Diet, Food and Nutrition	50%
Employment	38%
Education	37%
Transportation	36%
Healthcare Navigation	35%
Poverty	34%
Housing	33%
Physical Activity and Exercise	29%
Social Environment	26%
Public Safety or Community Violence	25%
Discrimination	19%
Environmental Quality	11%
Language Barriers or Cultural Diversity	5%

See Appendix B5 for the list of questions included in the survey.

Secondary Data Methods & Analysis

Secondary data used for this assessment were collected and analyzed from HCI's community indicator database. The database, maintained by researchers and analysts at HCI, includes over 150 community indicators from 29 state and national data sources such as Florida Department of Health, Florida Behavioral Risk Factor Surveillance System, and American Community Survey. HCI carefully evaluates sources based on the following three criteria: (1) the source has a validated methodology for data collection and analysis, (2) the source has scheduled, regular publication of findings, and (3) the source has data values for small geographic areas, such as counties and postal codes that are available for all county-level locations in Florida or the United States (as appropriate per the source's geographic area of coverage).

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

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

- **Health**
  - Access to Health Services
  - Cancer
  - Children's Health
  - Diabetes
  - Disabilities
  - Environmental & Occupational Health

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

Secondary Data Scoring

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

FIGURE 8. INDICATOR SCORE RANGE

Best Outcome ⟶ Worst Outcome

0   1   2   3
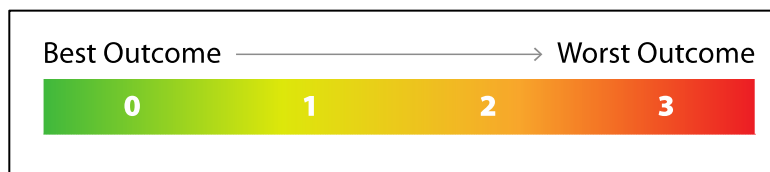
FIGURE 9. SUMMARY OF TOPIC SCORING ANALYSIS
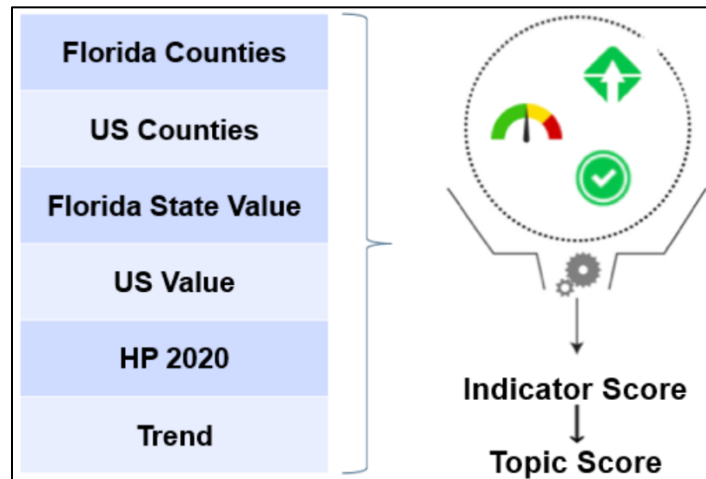
See Appendix C2 for a detailed methodology of HCI's Data Scoring Tool®, including the Mann-Kendall statistical test for trend methodology.

Table 7 shows the health topic scoring results for the Baptist Medical Center Beaches service area, with Prevention & Safety as the poorest performing health topic for the service area.

TABLE 7. DATA SCORING RESULTS FOR BAPTIST MEDICAL CENTER BEACHES' SERVICE AREA

Prevention & Safety	1.85
Other Chronic Diseases	1.71
Cancer	1.68
Older Adults & Aging	1.67
Environmental & Occupational Health	1.67
Immunizations & Infectious Diseases	1.58
Men's Health	1.58
Mortality Data	1.55
Respiratory Diseases	1.53
Women's Health	1.50

Please see Appendix C3 for comprehensive list of indicators within each topic area and the respective data scores for Duval and St. Johns counties.

Index of Disparity

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

External Data Reports

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

Data Synthesis Method

While this report focuses on the service area of Baptist Medical Center Beaches, 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 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 was 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.

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[2] Pearcy JN, Keppel KG. A summary measure of health disparity. Public Health Reports. 2002;117(3):273-280.
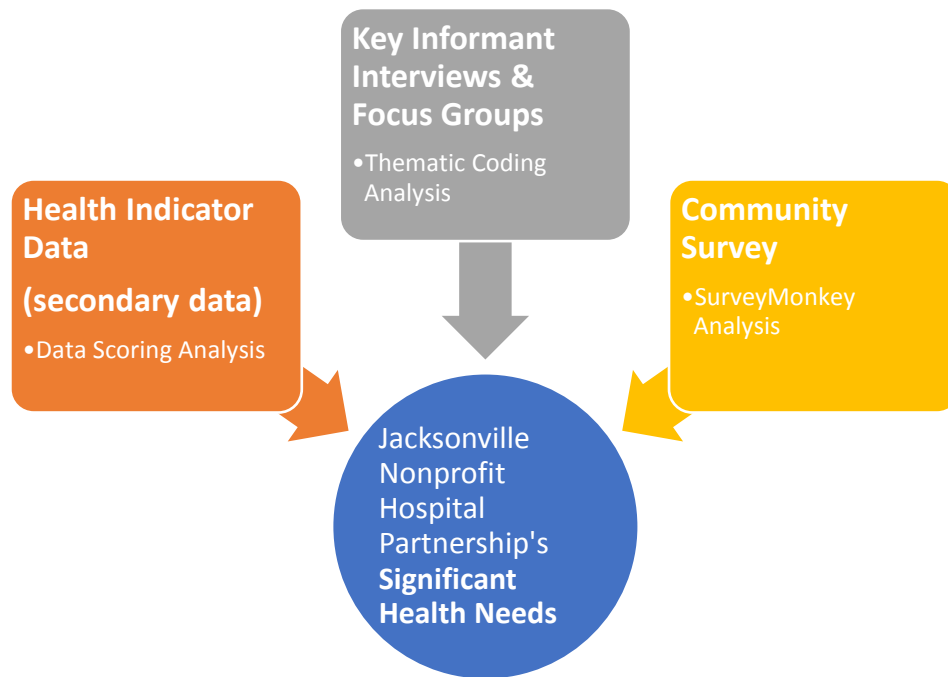
The top health needs identified from each data source were analyzed for areas of overlap with the other data sources. Many of these need areas are inter-connected, as well as being present across multiple data sources. The most significant health needs for the service area were then determined through this overlap analysis. If a topic area appeared as a need in more than one data source, then it was considered to be significant for the community. This synthesis method was used to ensure a representative and accurate picture of the community's needs, which necessitates accounting for many forms of data. The identified significant health needs, listed in Table 8 were then used for prioritization.

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

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

Data Considerations

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

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

The breadth of primary data findings is dependent on several factors. Key informant interview findings were limited by who was selected to be a key informant, as well as the availability of selected key informants to be interviewed during the time period of interview collection. Focus group discussion findings were limited by which community members and hospital staff were invited to and able to attend focus group discussions, as well as language barriers during discussion for individuals whose native language is not English. Because the survey was a convenience sample survey, results are vulnerable to selection bias, making findings less generalizable for the population as whole. In addition, the survey was conducted only in English.

Race/Ethnic Groupings

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

TABLE 9. RACE AND ETHNIC BREAKOUT TERMS

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

Zip Codes and Zip Code Tabulation Areas

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

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

Prioritization

To prioritize the significant needs of the Northeast Florida Region, 68 community members engaged in three rounds of voting and discussion on May 17, 2018. In the first round, prioritization participants had three votes; in the second round, two; and in the third and final round, one. Prioritization participants were asked to consider how each significant need fared against the criteria in Table 10. As a part of the prioritization session, participants were presented findings from the primary and secondary data for each significant health need identified. After each round of voting, participants discussed results and eliminated health topics with no votes or the lowest number of votes.

TABLE 10. PRIORITIZATION CRITERIA

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

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

TABLE 11. PRIORITY HEALTH AREAS AND EVIDENCE FROM DATA COLLECTED

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

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

Demographics & Community Context

The following section explores the demographic profile of Baptist Medical Center Beaches' 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 Beaches' service area had a population of 1,161,342.

Table 12 presents the population estimates for Duval and St. Johns counties by year for 2013, 2014, 2015, and 2016. Both counties experienced population growth in the 4-year time period, but St. Johns County experienced a higher rate of growth at 12.2%.

TABLE 12. TOTAL POPULATION: PAST FOUR YEARS

Total Population					
County	2013	2014	2015	2016	Percent Change 2013-2016
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 11 and Figure 12, in 2012-2016, four of the five zip codes with highest populations for the region, zip codes 32210, 32244, 32218, and 32224, are in Duval County. The zip code with the 5th largest population is in St. Johns County.

FIGURE 11. POPULATION PER ZIP CODE IN 2012-2016 (DUVAL)
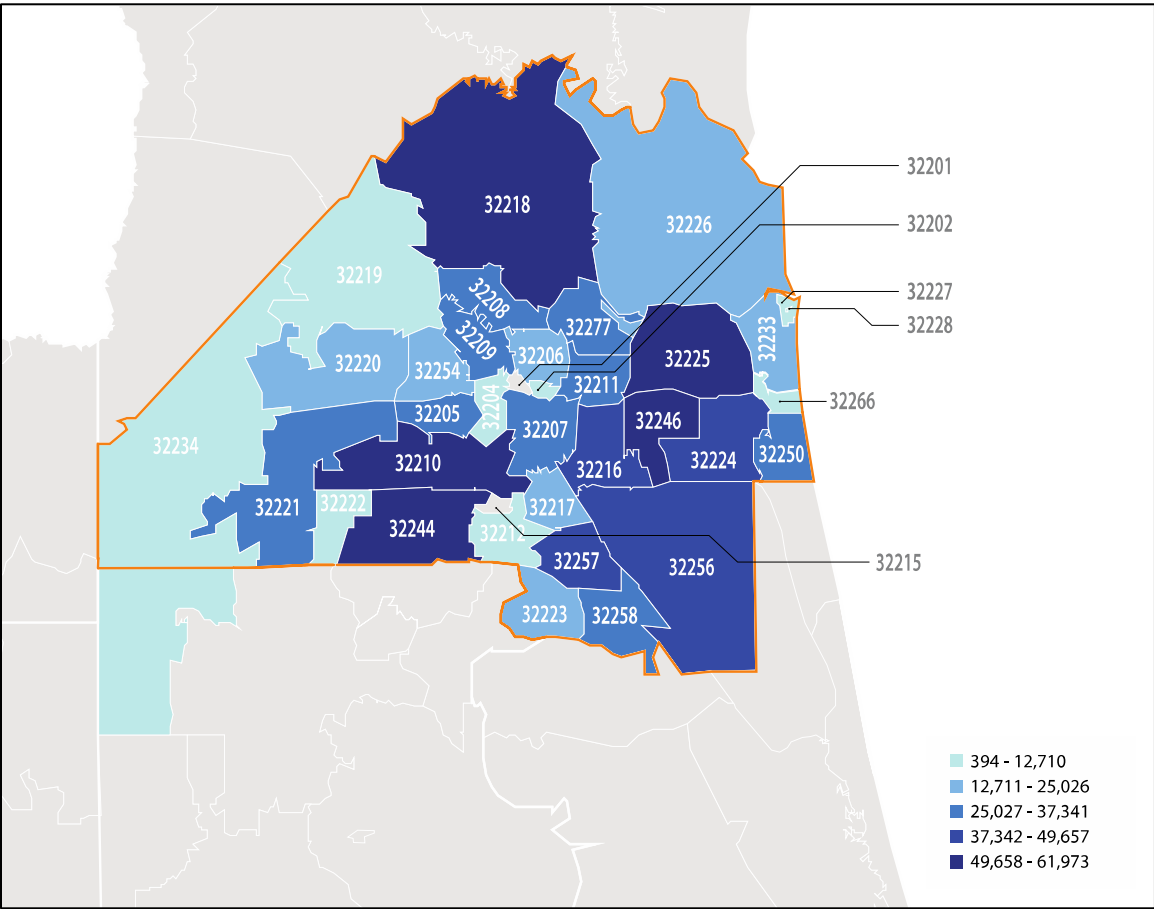
* Areas shaded grey within the orange border of Duval County indicate an area without a population according to the Census.

FIGURE 12. POPULATION PER ZIP CODE IN 2012-2016 (ST. JOHNS)
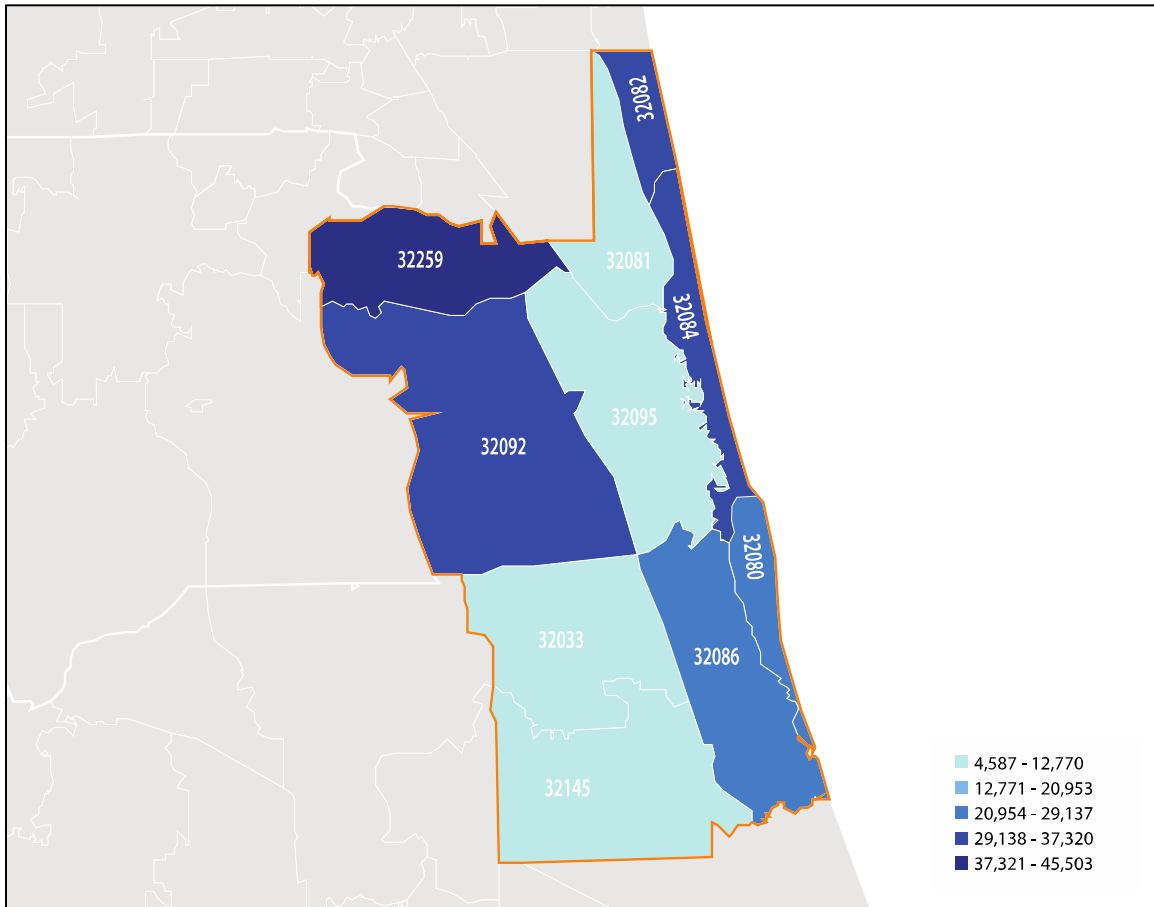
Table 13 shows the population projections through 2045 for the total population of Duval and St. Johns counties. St. Johns County is expected to have the largest growth rate compared to the other counties in the Partnership's service area.

TABLE 13. TOTAL POPULATION PROJECTIONS THROUGH 2045[14]

		2010 Census	2017	2025	2035	2045	% Change from 2017 - 2045
Total	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 13 shows the Baptist Medical Center Beaches service area population by age as compared to the age distribution for the Northeast Florida Region. Duval County has a larger share of adults aged 25-44, whereas St. Johns County has a larger share of adults 65 or older.
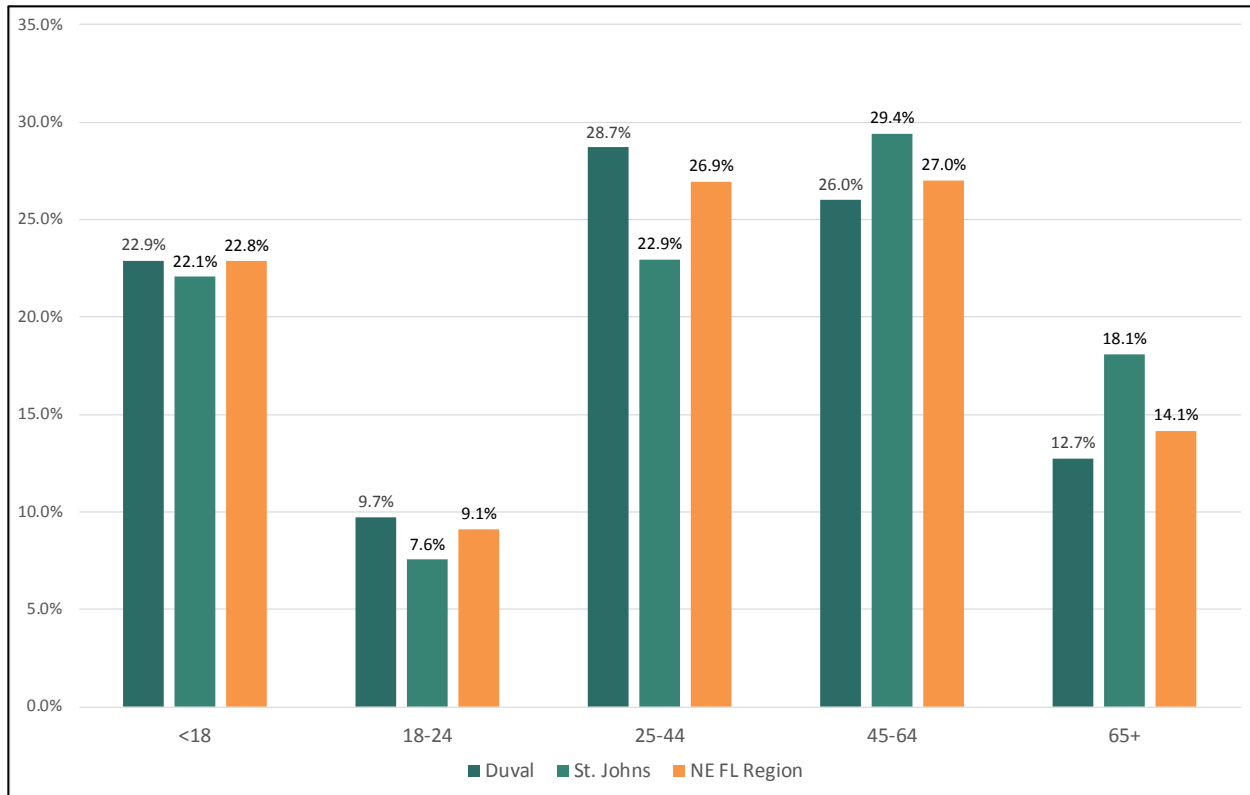
Table 14 shows the population projections by age-group through 2045.

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

		2010 Census	2017	2025	2035	2045	% Change from 2017 - 2045
<18	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%**
19 - 24	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	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%**

		2010 Census	2017	2025	2035	2045	% Change from 2017 - 2045
45 - 64	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+	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 14 and Figure 15 show the racial and ethnic distribution of the hospital's service area. Nearly 30% more of St. Johns County residents identified as White, non-Hispanic compared to Duval County residents. In contrast, a larger share of Duval County residents identified Black or African American, Asian, and Hispanic or Latino.

FIGURE 14: POPULATION BY RACE/ETHNICITY, 2012-2016 (DUVAL)

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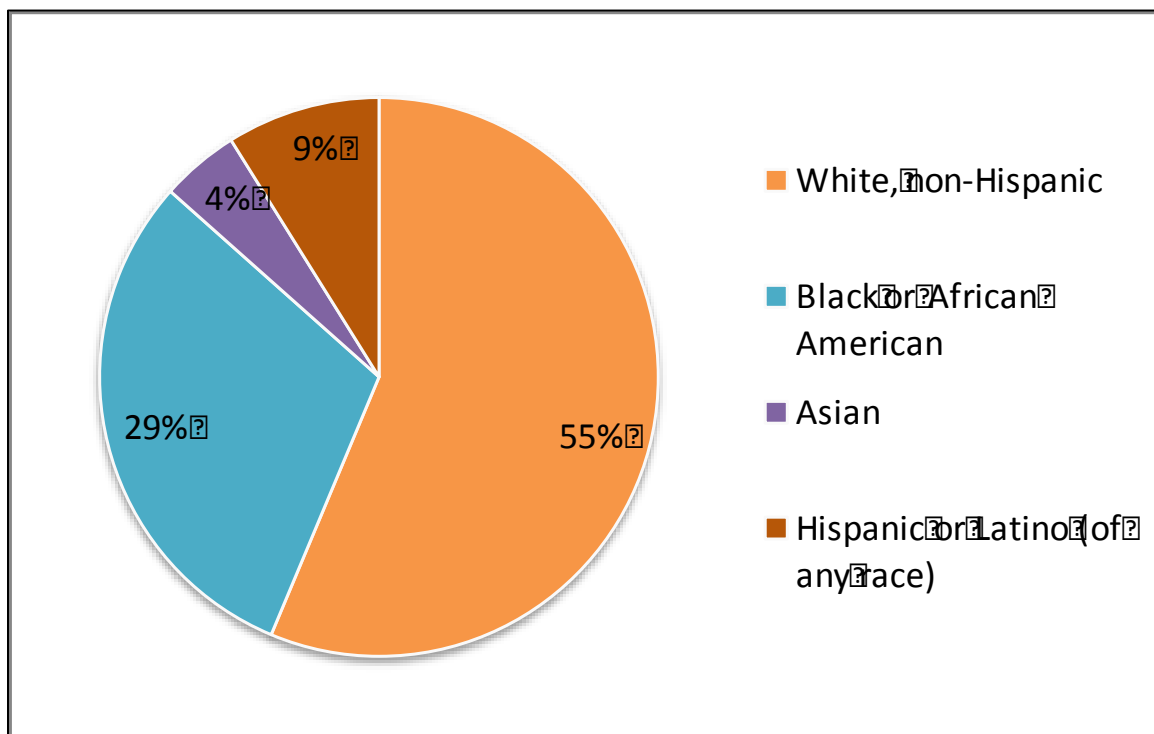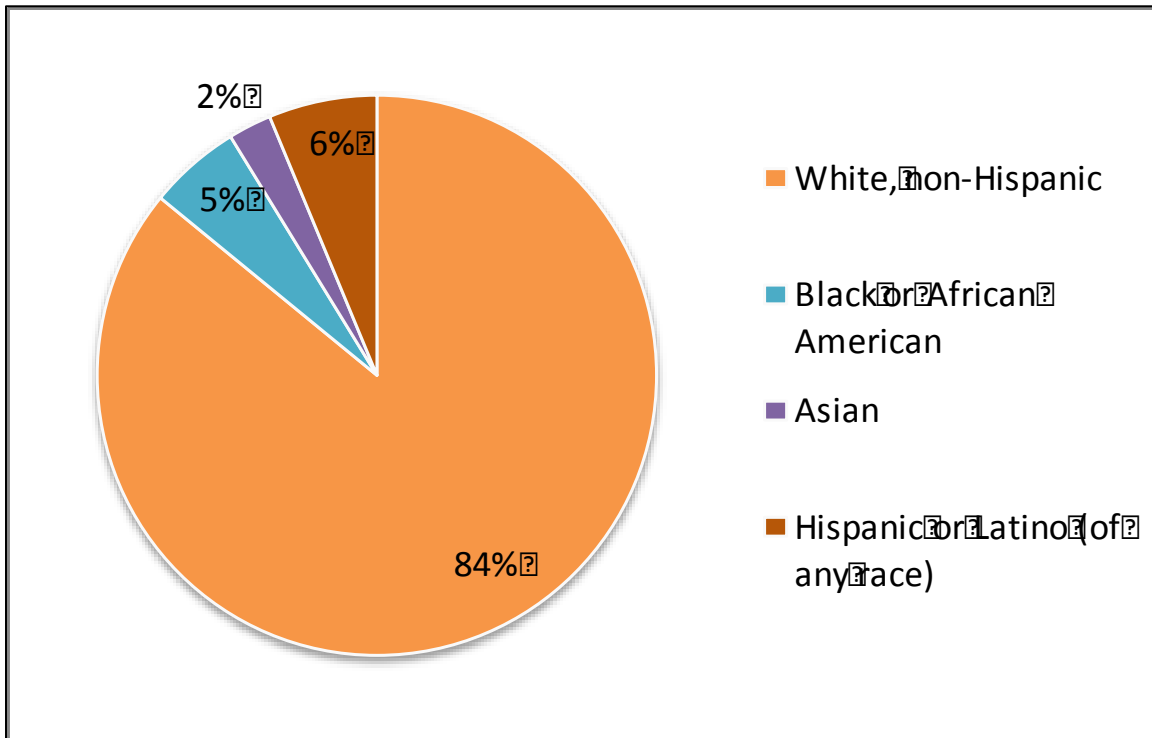
Table 15 presents a closer examination of population trends by county. In both counties, the share of residents identifying as White, non-Hispanic decreased from 2009-2013 through 2012-2016, while the share of residents identifying as either Asian or Hispanic or Latino increased.

TABLE 15. POPULATION BY RACE/ETHNICITY: PAST 4 YEARS

	2009-2013	2010-2014	2011-2015	2012-2016
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%
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%

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

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

		2010 Census	2017	2025	2035	2045	% Change from 2017 - 2045
Non-Hispanic White	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	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	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

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
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%

Zip Code	White, non-Hispanic	Black or African American	Asian	Hispanic or Latino
Duval County (continued)				
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%
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%

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Zip Code	White, non-Hispanic	Black or African American	Asian	Hispanic or Latino
St. Johns County (continued)				
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 16 shows the percentage 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 both counties in the service area speak 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 16: POPULATION AGED 5+ SPEAKING LANGUAGE OTHER THAN ENGLISH AT HOME, 2012-2016

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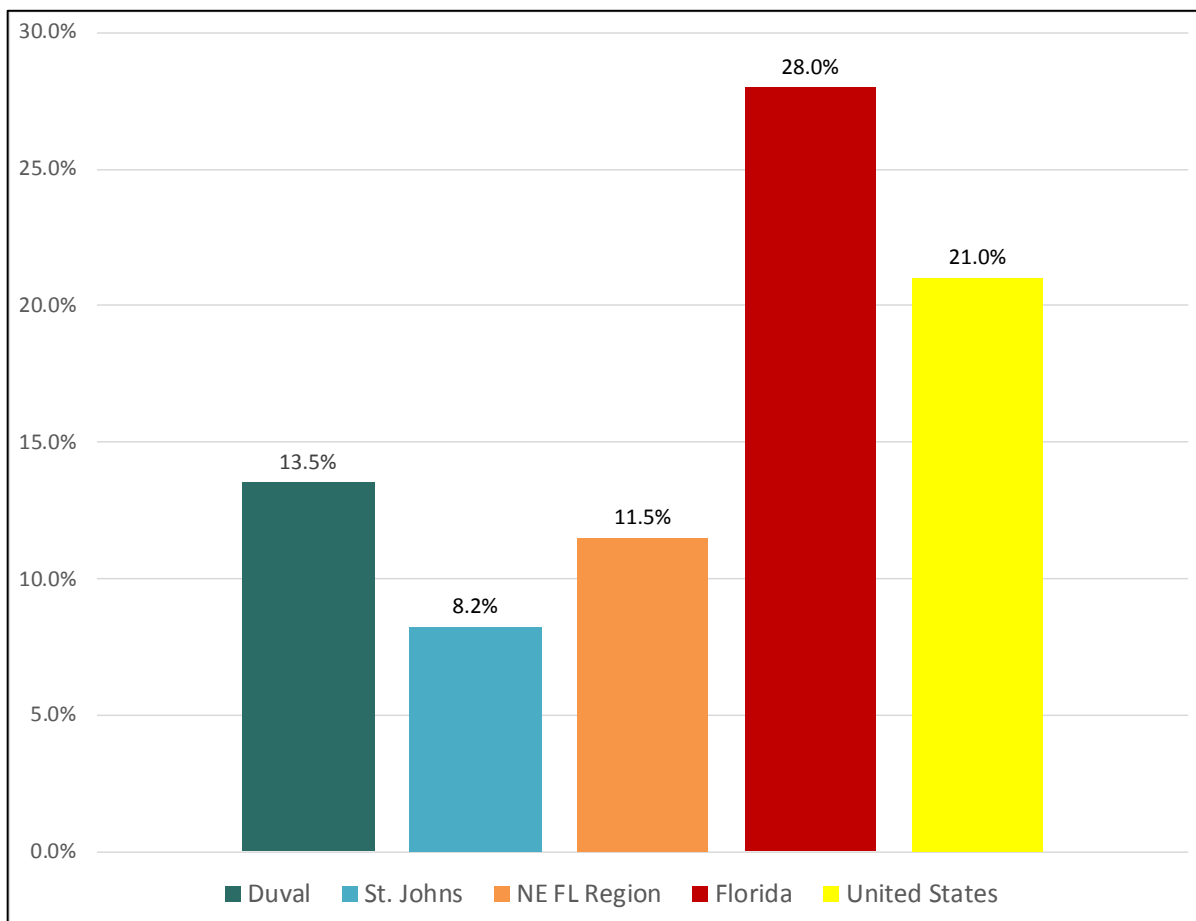
TABLE 18. TYPES OF LANGUAGES SPOKEN AT HOME, 2012-2016

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

Veterans

The veteran population is a significant part of the community. Both counties had a larger share of veteran population compared to the United States and Florida at 8.0% and 9.4%, respectively. This is a crucial contextual figure when assessing regional health as there are barriers and challenges to access to care for that population. Further, veterans are more prone to be affected by disabilities, inability to get or keep jobs and housing, and misinformation about or lack of insurance or benefits.

FIGURE 17: VETERAN POPULATION, 2012-2016
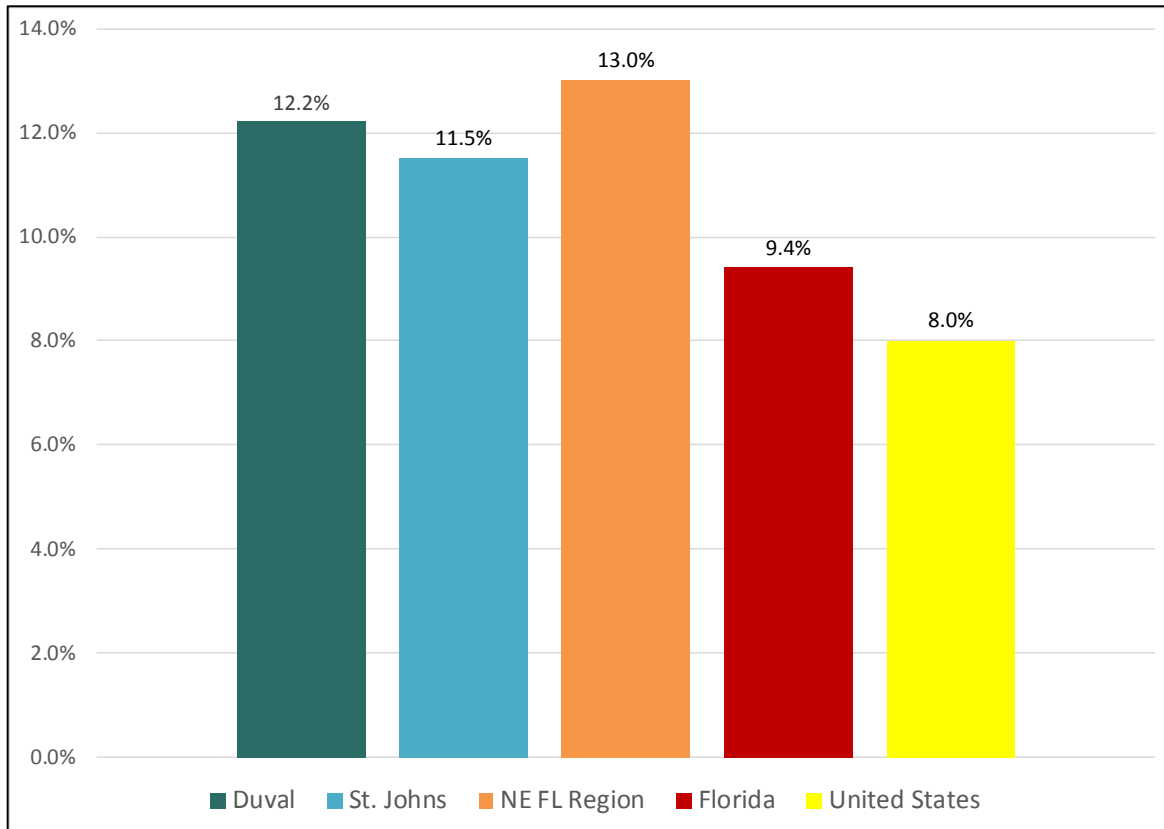
TABLE 19. VETERAN POPULATION BY WAR ERA, 2012-2016

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

Disabilities

Figure 18 shows the share of persons with any type of disability living in Duval and St. Johns counties compared to the overall state value and the value of the entire United States. In comparison to the state and nation, Duval County had a similar share of persons with a disability at 13.5%, while St. Johns County had a slightly smaller share of persons with a disability at 11.5%.

FIGURE 18: PERSONS WITH A DISABILITY, 2012-2016
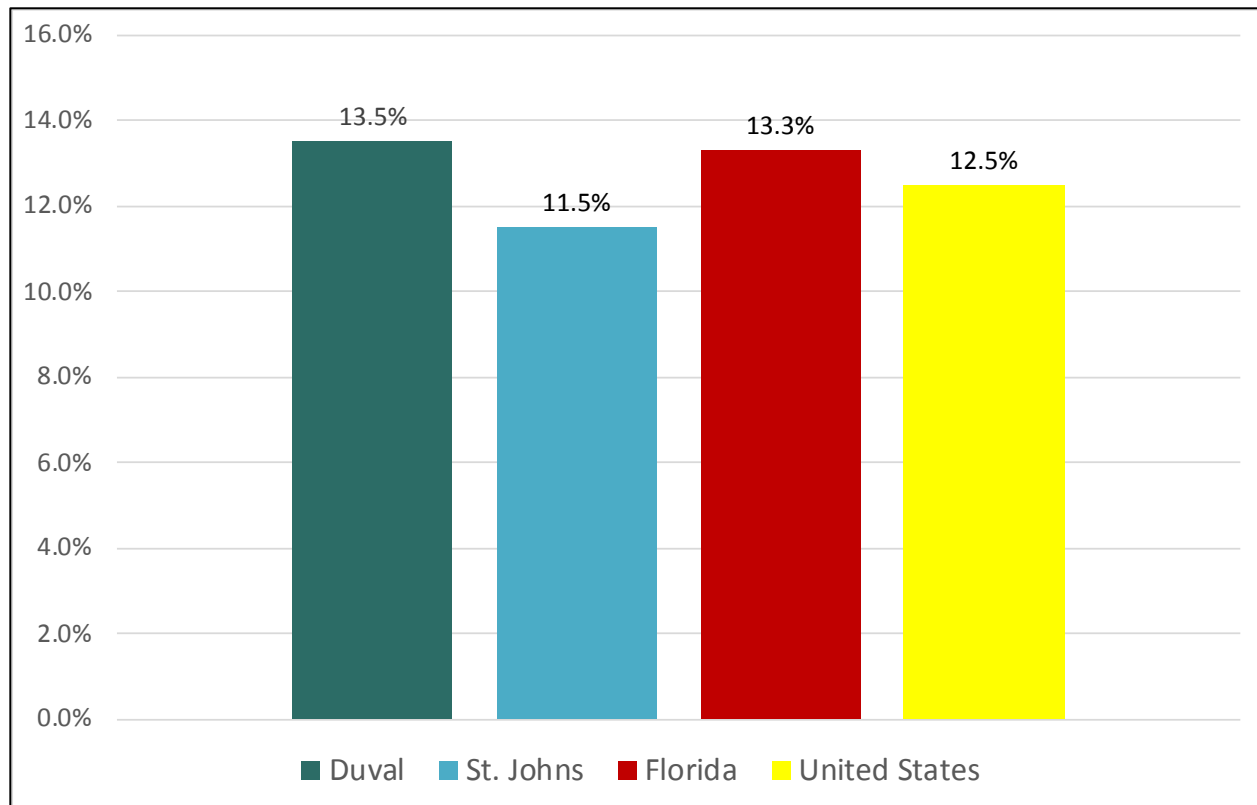
TABLE 20. ESTIMATED NUMBER OF PERSONS WITH A DISABILITY, 2012-2016

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

Social and Economic Determinants of Health

This section explores the social and economic determinants of health in the Baptist Medical Center Beaches 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 19 compares the median household income values for the hospital's service area to the median household income value for Florida and the United States. Both counties have higher median household incomes compared to Florida, though Florida's median household income is approximately $6,500 lower than the United States' median household income. Duval County's median household income is approximately $20,000 lower than St. Johns County's median household income.

FIGURE 19: MEDIAN HOUSEHOLD INCOME, 2012-2016
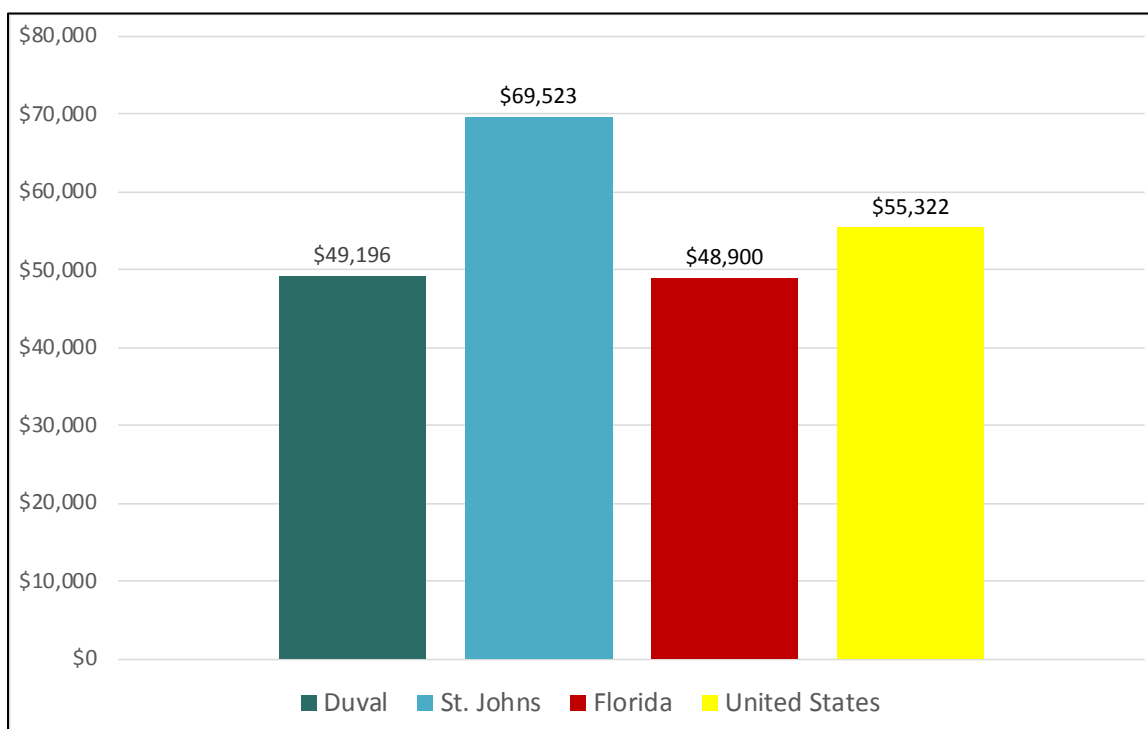
A closer examination of the trend for the service area in Figure 20 and reveals that the median household income is generally increasing in Duval and St. Johns counties.

FIGURE 20: MEDIAN HOUSEHOLD INCOME PER COUNTY: PAST FOUR TIME PERIODS

	2009-2013	2010-2014	2011-2015	2012-2016
Duval	$48,323	$47,582	$47,690	$49,196
St. Johns	$64,876	$65,575	$66,194	$69,523
Florida	$46,956	$47,212	$47,507	$48,900
USA	$53,046	$53,482	$53,889	$55,322
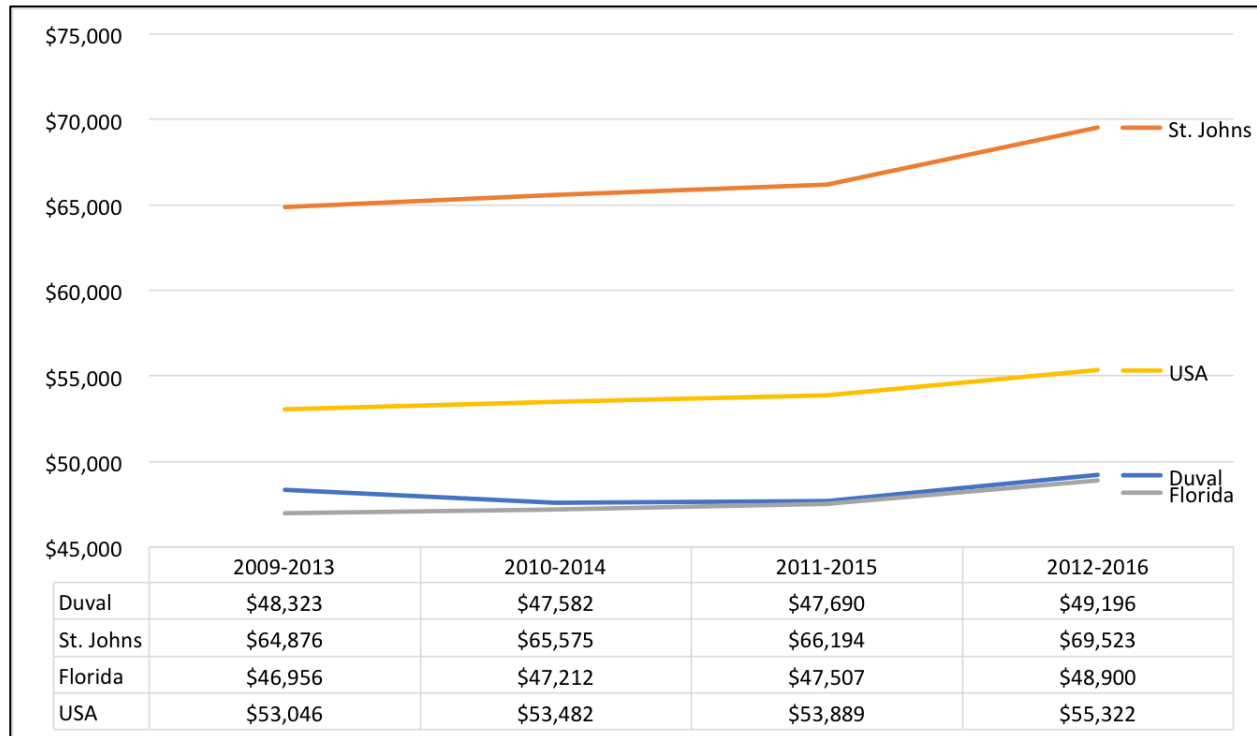
Across all zip codes in the service area zip codes 32209, 32206, and 32202 in Duval County had the lowest median household incomes at $22,288, $24,418, and $26,250, respectively (Figure 21).

FIGURE 21. MEDIAN HOUSEHOLD INCOME BY ZIP CODE, 2012-2016 (DUVAL)
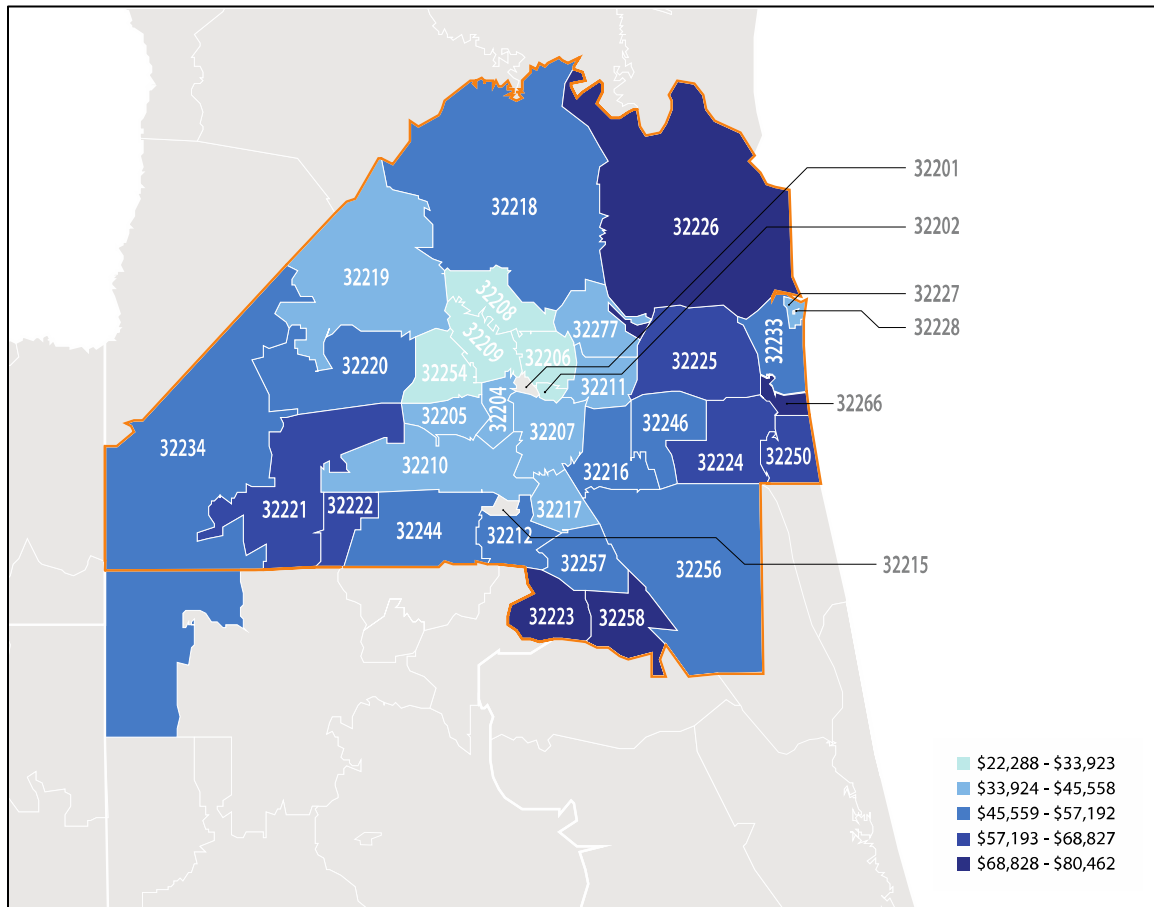
* Areas shaded grey within the orange border of Duval County indicate an area without a population according to the Census.

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FIGURE 22. MEDIAN HOUSEHOLD INCOME BY ZIP CODE, 2012-2016 (ST. JOHNS)

FIGURE 22. MEDIAN HOUSEHOLD INCOME BY ZIP CODE, 2012-2016 (ST. JOHNS)
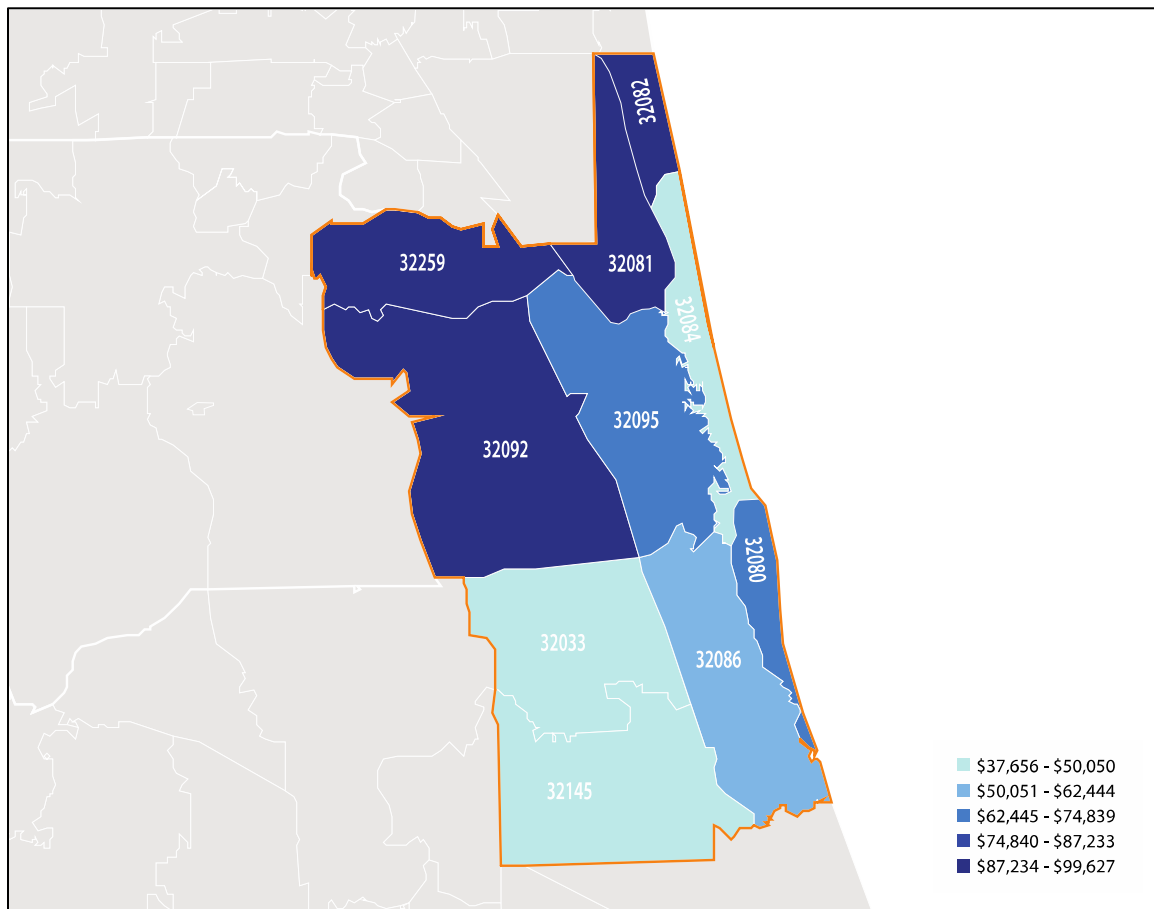
According to Figure 23, Duval County experienced higher rates of poverty compared to the regional and state poverty rates of 14.0% and 16.0% respectively. The rate of poverty in Duval County (16.6%) is nearly twice as high as the rate of poverty in St. Johns County (9.0%).

FIGURE 23: PEOPLE LIVING BELOW POVERTY LEVEL, 2012-2016

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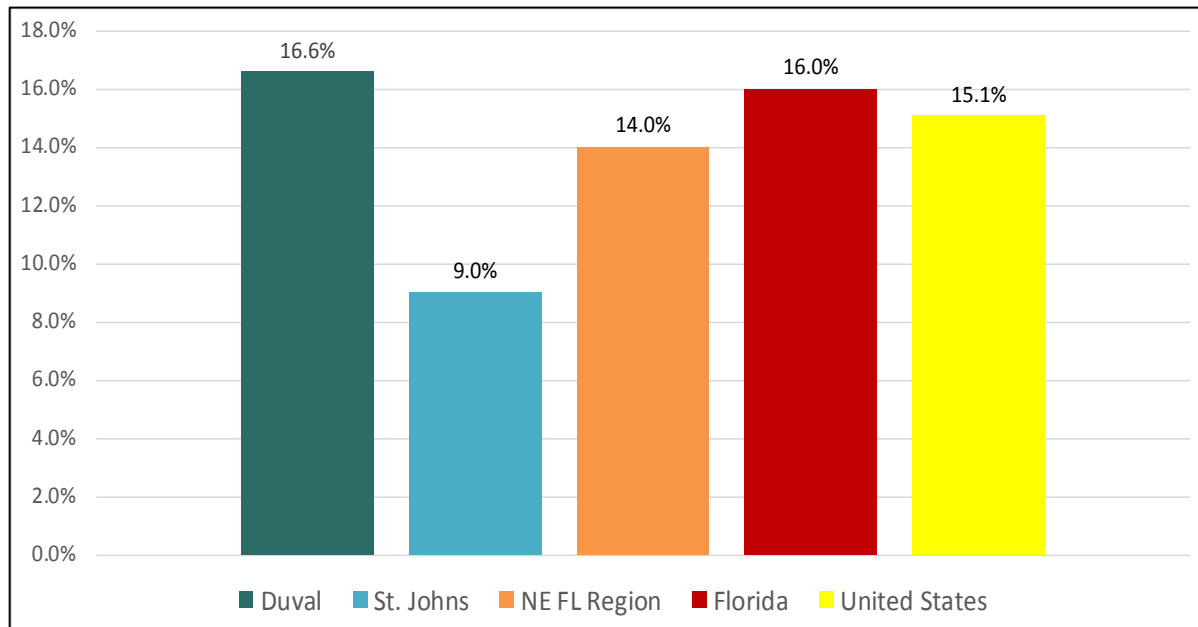
According to Figure 24, the trend of people living below poverty level has fluctuated in the service area across the past four time periods. The share of people living below poverty level decreased slightly in both counties, reflecting the slightly decreasing trend at the state and national level.

FIGURE 24: PEOPLE LIVING BELOW POVERTY LEVEL: PAST FOUR TIME PERIODS

	2009-2013	2010-2014	2011-2015	2012-2016
Duval	16.9%	17.4%	17.3%	16.6%
St. Johns	9.6%	9.7%	9.5%	9.0%
Florida	16.3%	16.7%	16.5%	16.1%
USA	15.4%	15.6%	15.5%	15.1%
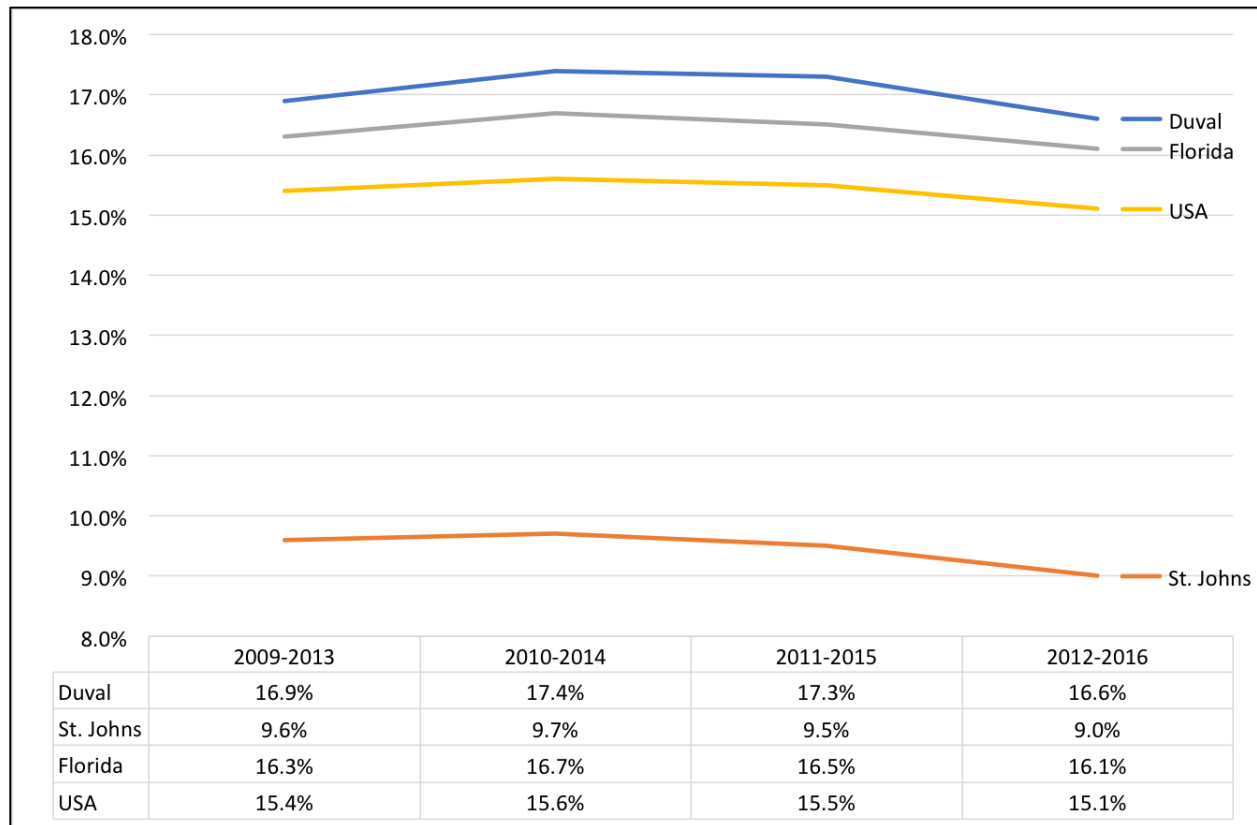
Examining the context of poverty more deeply, Figure 25 shows the percentage of people living below the poverty level by race and ethnicity. Across all counties, Black or African American residents experience higher rates of poverty compared to their White, non-Hispanic peers. Duval County has the highest percentage of Black or African Americans (26.7%) living below the poverty level.

FIGURE 25: PEOPLE LIVING BELOW POVERTY LEVEL BY RACE/ETHNICITY, 2012-2016

Baptist Medical Center Beaches - CHNA
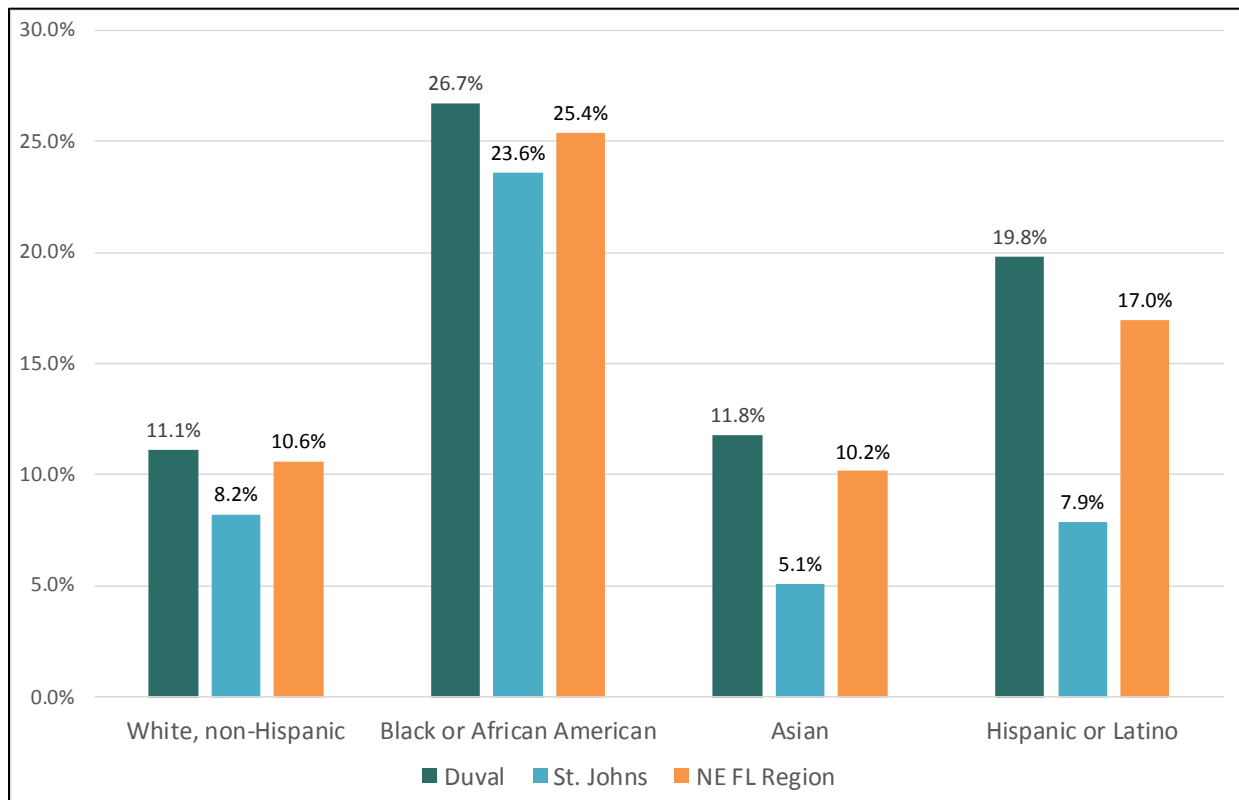
Figure 26, Figure 27, and Figure 28 examine the trends for the White, non-Hispanic, Black or African American, and Hispanic or Latino populations in the service area.

FIGURE 26. WHITE, NON-HISPANIC POPULATION LIVING BELOW POVERTY LEVEL: PAST FOUR TIME PERIODS

	2009-2013	2010-2014	2011-2015	2012-2016
Duval	10.7%	11.5%	11.3%	11.1%
St. Johns	8.9%	9.0%	8.9%	8.2%
Florida	11.3%	11.6%	11.5%	11.3%
USA	10.6%	10.8%	10.8%	10.6%
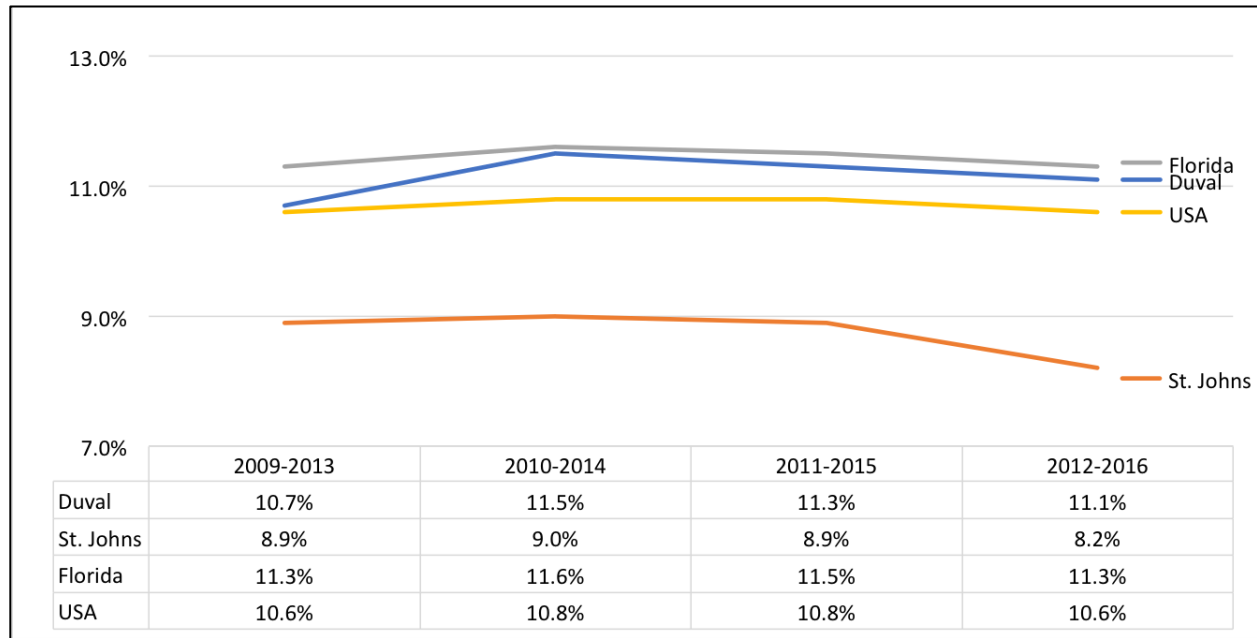
Generally, the rate of poverty for Black or African Americans decreased in both counties in the service area, as presented in Figure 27.

FIGURE 27: BLACK OR AFRICAN AMERICAN POPULATION LIVING BELOW POVERTY LEVEL: PAST FOUR TIME PERIODS

	2009-2013	2010-2014	2011-2015	2012-2016
Duval	28.9%	28.8%	28.7%	26.7%
St. Johns	25.4%	23.8%	22.7%	23.6%
Florida	28.2%	28.1%	27.5%	26.2%
USA	27.1%	27.3%	27.0%	26.2%

Baptist Medical Center Beaches - CHNA
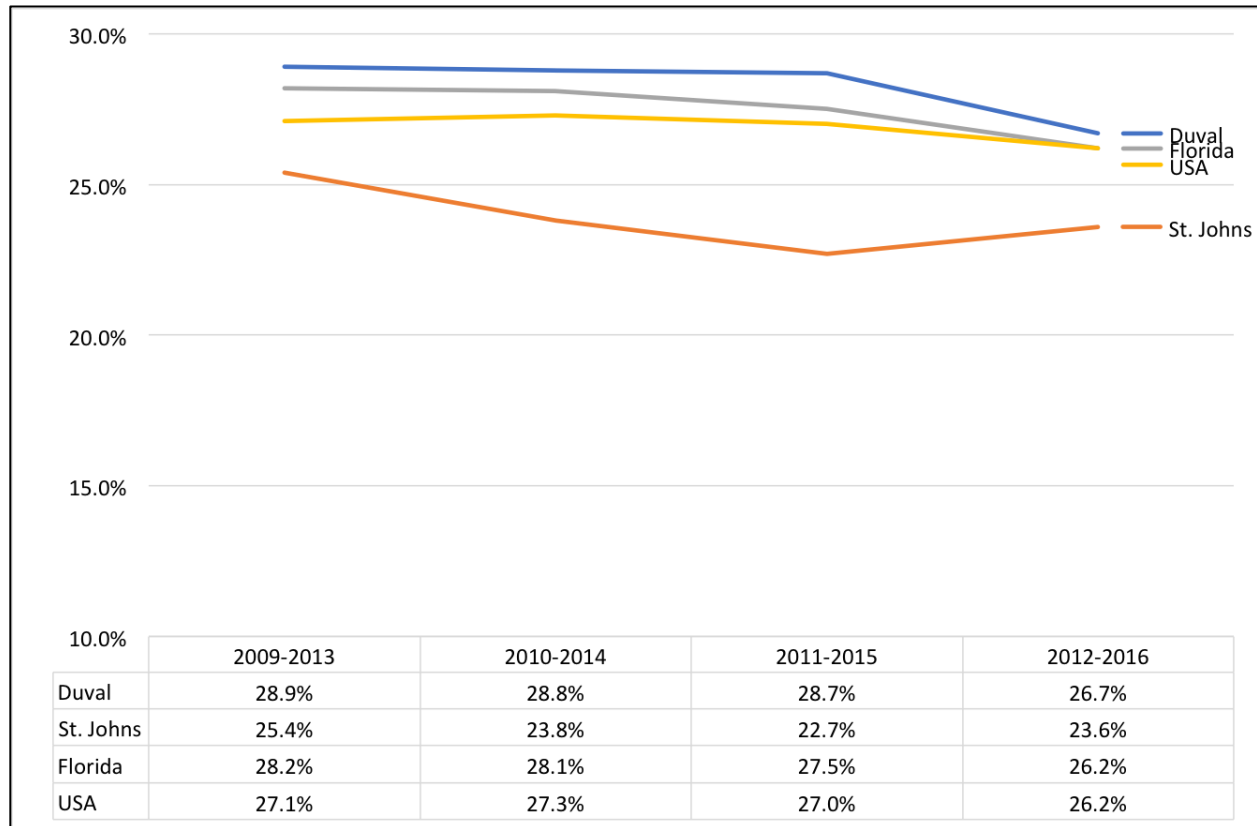
Hispanic or Latino residents experienced slight decreases in levels of poverty across counties in the service area in the past four time periods.

	2009-2013	2010-2014	2011-2015	2012-2016
Duval	19.7%	20.6%	21.2%	19.8%
St. Johns	8.1%	8.4%	6.4%	7.9%
Florida	21.3%	21.8%	21.6%	20.9%
USA	24.7%	24.8%	24.3%	23.4%

At the zip code level across the service area in Figure 29, zip codes 32202, 32209, and 32206 in Duval County emerged with the highest share of people living below poverty at, respectively, 50.2%, 40.3% and 38.9%.

FIGURE 29. 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.

Baptist Medical Center Beaches - CHNA

Legend:
- 1.9% - 6.5%
- 6.6% - 11.1%
- 11.2% - 15.7%
- 15.8% - 20.3%
- 20.4% - 24.9%
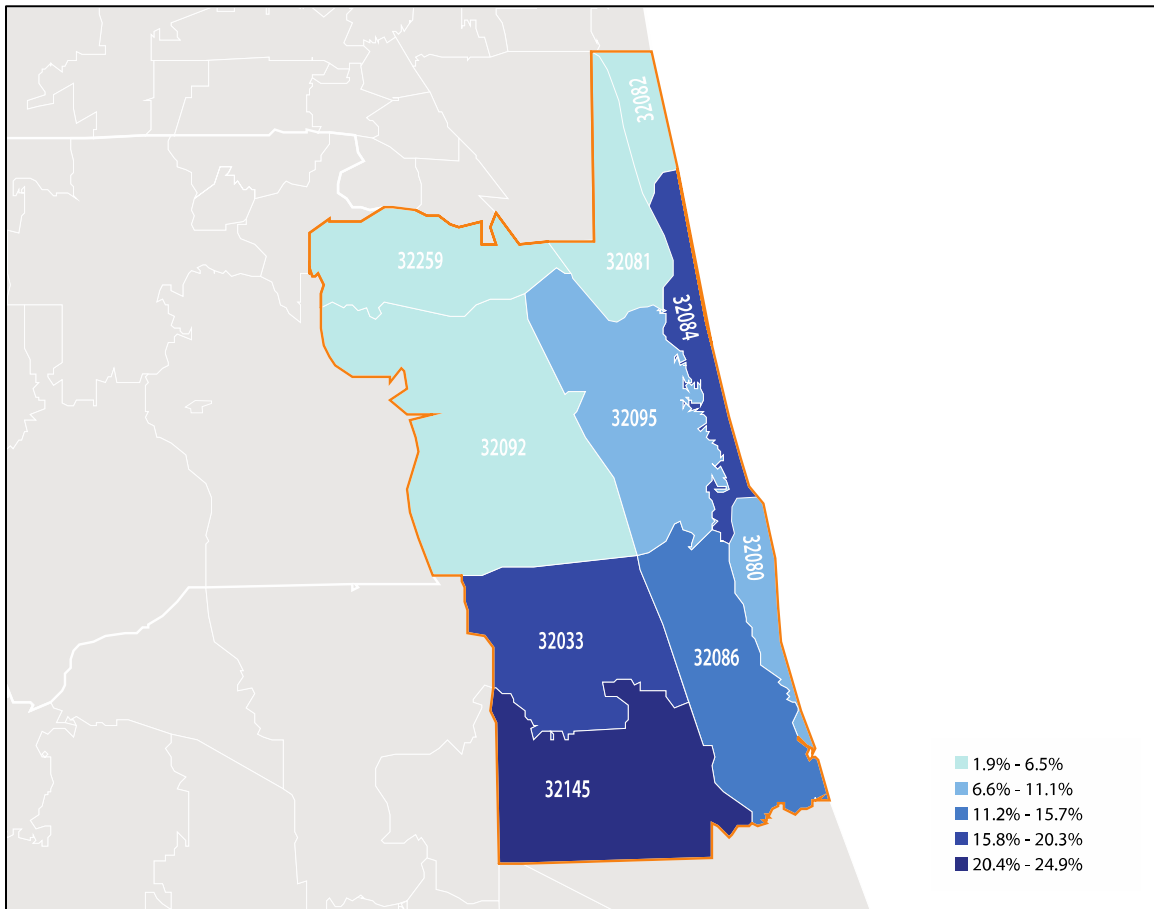
Employment

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
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 each of the service area counties was higher than the Florida State value (87.2%) and the national value (87.0%). Within the service area, approximately 6 percentage points separated Duval County (88.9%) and St. Johns County (94.7%) in high school degree attainment, or completion of high school or a general equivalency diploma (GED).

FIGURE 31. EDUCATIONAL ATTAINMENT BY COUNTY, 2012-2016

Legend:
- People 25+ with less than a High School Education
- People 25+ with a High School Degree or Higher
- People 25+ with an Associate's Degree or Higher
- People 25+ with a Bachelor's Degree or Higher

Duval: 28.1%, 9.8%, 51.0%, 11.1%
St. Johns: 42.5%, 9.2%, 43.0%, 5.3%
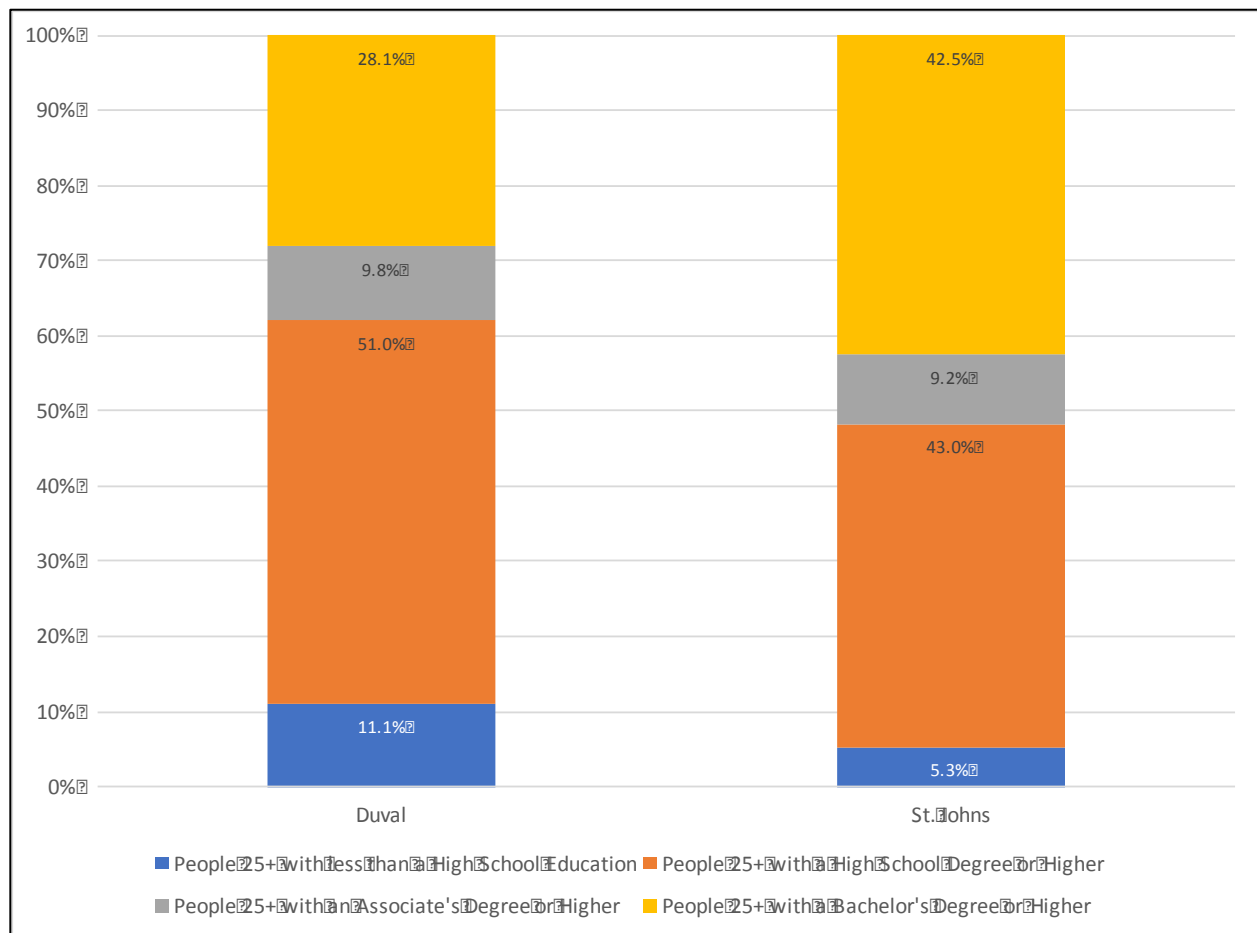
The share of residents aged 25 and older who have a high school degree increased for all past 4 time periods for Duval, and St. Johns counties in in Figure 32. This reflects the statewide and national trend of increased education across the population.

FIGURE 32: POPULATION AGED 25+ WITH A HIGH SCHOOL DEGREE OR HIGHER: PAST FOUR TIME PERIODS

	2009-2013	2010-2014	2011-2015	2012-2016
Duval	87.9%	88.4%	88.6%	88.9%
St. Johns	93.2%	93.8%	93.9%	94.7%
Florida	86.1%	86.5%	86.9%	87.2%
USA	86.0%	86.3%	86.7%	87.0%
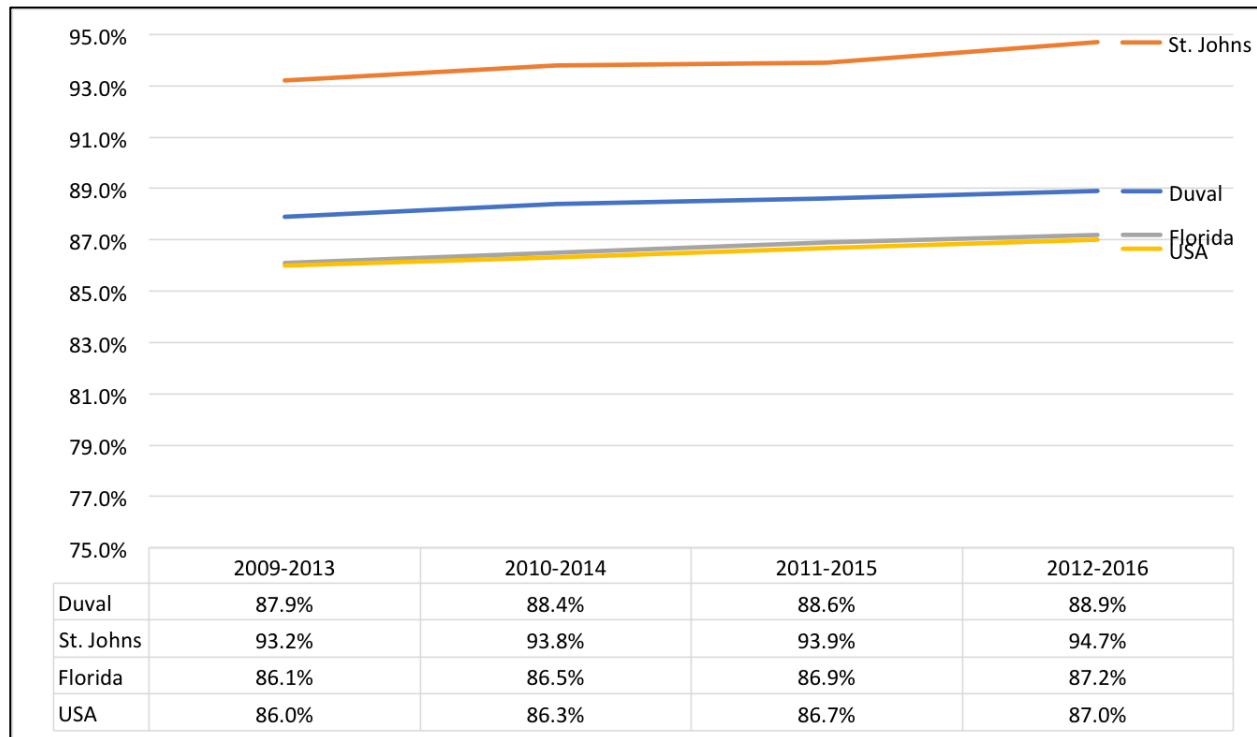
Across all zip codes in the service area, as presented by Figure 33 and Figure 34, zip codes 32254 and 32202, in Duval County, follow at 74.4% and 75.8%.

FIGURE 33. 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.

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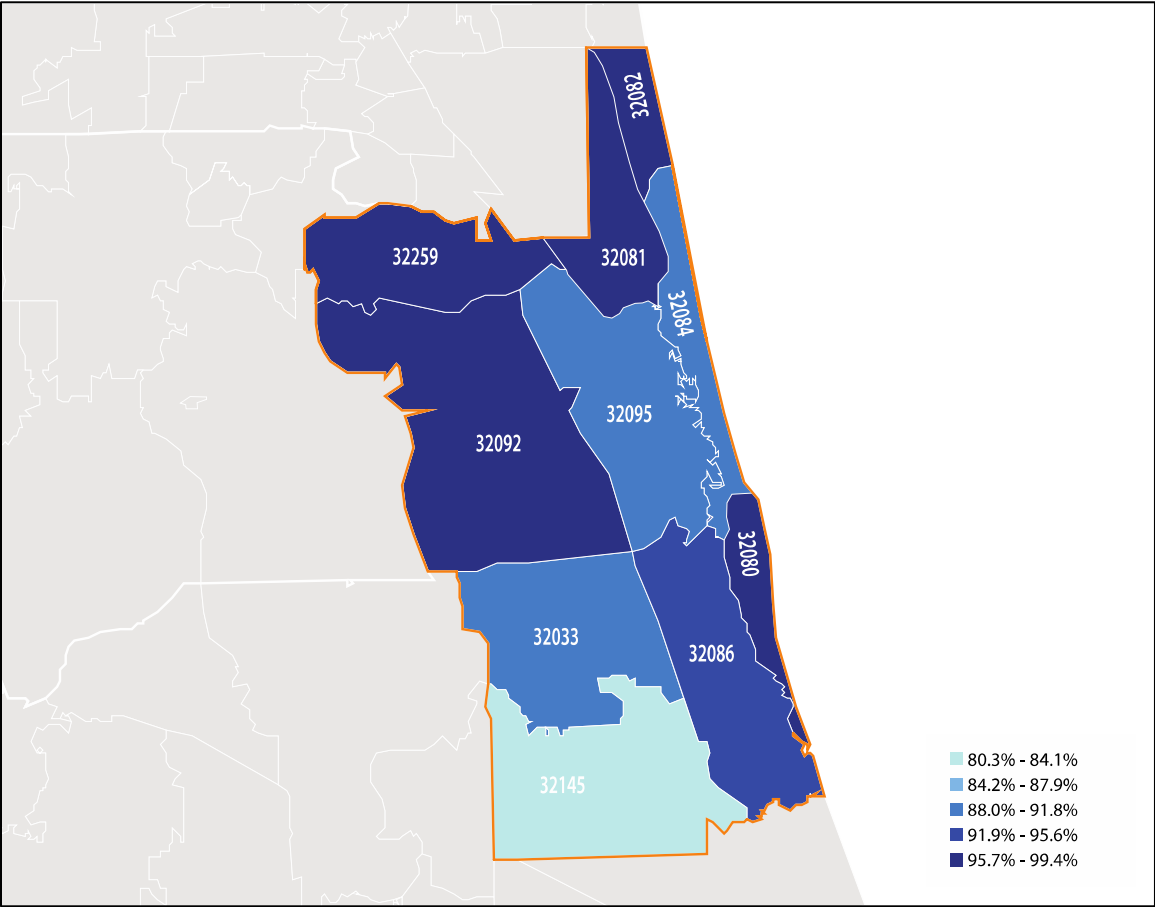
SocioNeeds Index

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 35 and Figure 36. Compared to all zip codes within the region, the following zip codes within the service area of Duval and St. Johns counties had the highest level of socioeconomic need (as indicated by the darkest shade of blue): 32209, 32254, 32206, 32202, 32208, 32227, 32212, 32211, and 32234 in Duval County; and 32145 in St. Johns County.

FIGURE 35. SOCIONEEDS INDEX FOR BAPTIST MEDICAL CENTER BEACHES' SERVICE AREA (DUVAL)

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

Baptist Medical Center Beaches - CHNA
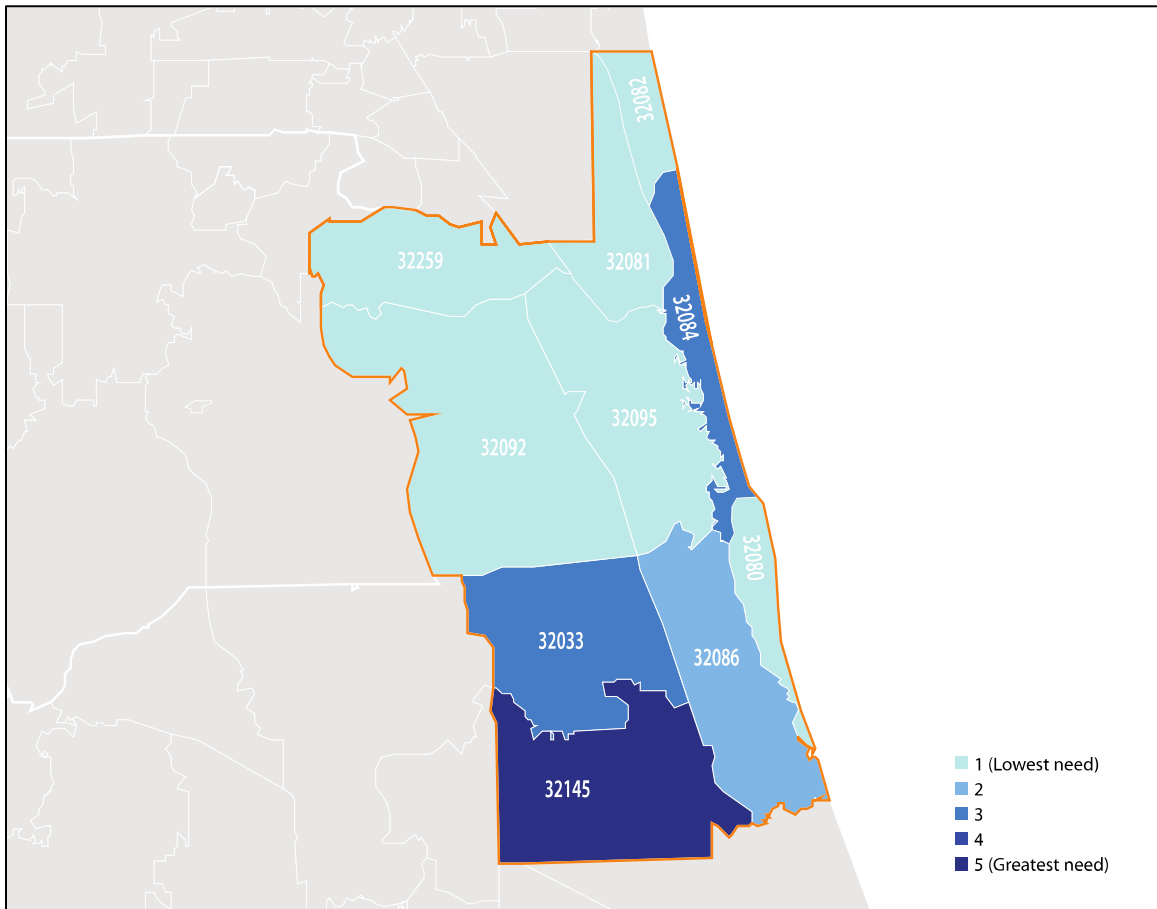
Prioritized Significant Health Needs

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 Beaches. Baptist Medical Center Beaches 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 37 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 impact one's access to health care. Access to health services and related issues ultimately informed the prioritization session discussion

FIGURE 37. FACTORS RELATED TO ACCESS

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.

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

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Access to Health Services
Secondary Data

Secondary data showed that, while Duval County and St. Johns County both have a higher percentage of adults with a usual source of health care than the overall state average, both counties in the 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. Additionally, the percentage of adults and children in Duval County with health insurance was found to be lower than the average for the entire nation. In particular, Duval County only has 84.3% of its adult population with health insurance, while St. Johns County has a much higher rate of adult coverage, at 89.4%.

In St. Johns County, the rate of dentists per 100,000 members of the population was smaller than the state and national rates, signifying a lack of providers, while in Duval County, there were nearly 20% 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 service area, and they are listed below.

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)		Duval	19.8%	1.42	1					
		St. Johns	10.1%	1.25	0					
Adults with Health Insurance [1] (2016)	81.6%	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%	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%	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) *Ranking of the county in clinical care according to the County Health Rankings		Duval	13	1.25	0					
		St. Johns	2	1.25	0					
Dentist Rate [4] (2016) in *dentists/100,000 population	57.7	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) *in providers/100,000 population	87.8	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) *in enrollments/100,000 population	19607.4	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%	Duval	87.2%	1.08	0	1	2		3	0
		St. Johns	90.4%	0.81	0	1	1		2	0
Primary Care Provider Rate [4] (2015) *in providers/100,000 population	72.7	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

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 Beaches' 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 Duval County have been designated an MUA.

TABLE 23. MEDICALLY UNDERSERVED AREAS AND POPULATIONS

County Name	Service Area Name	Designation Type	Geographic Area
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
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 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
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	
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	

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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 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	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 three comprehensive health centers across Duval and St. Johns counties with designation as an HSPA Point.

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

County Name	HPSA Name	Designation Type	Primary Care	Dental Health	Mental Health
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 80% 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. In fact, nearly half 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. Additionally, key informants noted that income-level plays a critical role in access, as many people in the service area are immersed in day-to-day survival mode so spending their limited funds on health care is not always possible.

Primary data results also showed that access to oral health and mental health services in particular are very limited, with a lack of providers and enhanced expenses. 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 60% 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 access health services. Food insecurity is the state of being without reliable access to a sufficient quantity of affordable, nutritious food. According to the secondary data, food insecurity arose as an indicator of concern for 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 15.1%) 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 52% food insecure children in St. Johns County are likely not income-eligible for federal nutrition assistance.

Barriers in accessibility to a grocery store impact individual nutrition and overall health. As illustrated in the secondary data, more than one quarter of residents in Duval and St. Johns counties have 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%	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)		Duval	6.1%	1.67	2		2			
		St. Johns	5.3%	1.67	2		2			
Food Environment Index [4] (2018) *An assessment of food environment according to County Health Rankings	6.7	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%	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%	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)		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)		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)		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 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, both Duval County and St. Johns County have median household gross rent higher than the United States national median of $949. High housing and rent costs often prevents members of the population from being able to afford secure and acceptable housing or afford other expenses, such as their health care needs. The median household gross rent has increased over time in Duval (from $48,323 in the 2009-2013 time period to $49,196 in the 2012-2016 time period) and St. Johns (from $64,876 in 2009-2013 to $69,523 in 2012-2016) 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 St. Johns County.

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%	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	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	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	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	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 14 key informant interviews and seven 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 that alcohol use affected health in multiple ways in the Duval and St. Johns counties service area. The percentage of adults who drink excessively in the service area exceeds the Florida state average. Additionally, a problem with teen alcohol use is seen in St. Johns County. Meanwhile, in Duval County, the death rate due to drug poisoning is much higher than the Florida state rate and the U.S. rate. Across the whole service area, the percentage of adults who smoke and the age-adjusted death rate due to suicide are greater than the Healthy People 2020 targets of 12% and 10.2%, respectively.

The death rate due to suicide rate is higher in both Duval and St. Johns counties than the Healthy People 2020 target, with the St. Johns value of 16.2 deaths per 100,000 population also exceeding the overall Florida state value with a data score above 1.50. In addition to suicide, 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 percentage of depression than the last. St. Johns County has seen a similar rise year after year from 2013 to 2015 (Table 28).

Further, the death rate due to drug poisoning rose in 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 rate for Duval County for the current time period also exceeds the overall Florida state rate.

The area of mental health ranked higher compared to all other topics for Duval County than the other counties in the region, landing as the seventh highest scoring topic area for Duval. St. Johns County, on the other hand, had topic scores below 1.50 for both the areas of mental health and substance abuse.

TABLE 28. BEHAVIORAL HEALTH INDICATORS, TREND DATA

Depression: Medicare Population[3]				
	2012	2013	2014	2015
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%	Duval	19.4%	1.83	3	3			0	
		St. Johns	20.1%	1.83	3	3			0	
Adults who Smoke [8] (2016)	15.5%	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) *in deaths/100,000 population	14.2	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%	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%	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) *in deaths/100,000 population	17.4	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%	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) *in arrests/100,000 population	173.9	Duval	189.2	1.56	2	2				1
		St. Johns	134.4	1.06	1	0				1
Frequent Mental Distress [4] (2016)	11.9%	Duval	12.6%	1.33	1	2	2	0		
		St. Johns	10.8%	0.67	0	1	0	0		

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Indicator	FL Value	County	County Value	County Data Score	FL Counties	FL Value	US Counties	US Value	HP2020	Trend
Health Behaviors Ranking [4] (2018) *Ranking of the county in health behaviors according to the County Health Rankings*		Duval	41	1.58	2					
		St. Johns	6	1.25	0					
Teens who Binge Drink: High School Students [21] (2016)	10.9%	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%	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%	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%	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%	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

The following data is from 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 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 percentage of middle school students who have used synthetic marijuana (6.1%). Approximately 25% of Duval County high school

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

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 has 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 Dual 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 percentage 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. Females high school students are more likely to have contemplated suicide. Trend data shows a 19% increase in the percentage 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.

Primary Data

Community Survey respondents ranked Mental Health and Mental Disorders as the top most pressing health need in the service area, with Substance Abuse ranked as the fourth most pressing. 64% and 55% of respondents, respectively, named these two topic areas as health issues most important to their community. 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,

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[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.

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meanwhile, was the ninth most discussed topic area by key informants and the tenth most discussed topic area by 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. Essentially, Florida as a whole does not put money toward mental health services and this often results in limited availability and lower quality treatment for those in need. 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 affect 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 had to experience 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. Parental substance abuse and mental health issues are affecting the physical and mental health of children, fostering a group of young people growing up with health issues without the means to address them. 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 in Duval County and St. Johns County that mental health issues particularly affect the veterans and homeless populations, and that more needs to be done to provide that subgroup 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

From the secondary data scoring results, the economy, including the topic of poverty, ranked as the second highest quality of life topic area of need in Duval County and the fifth highest in St. Johns

County, with data scores of 1.67 and 1.00 respectively. Further analysis was done to determine which specific poverty-related indicators were of most concern across the service area (Table 30).

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%	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%	Duval	$0	1.94	1	2	2	3		2
		St. Johns	$0	0.39	0	0	0	0		1
Families Living Below Poverty Level [1] (2012-2016)	11.7%	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%	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%	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%	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%	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%	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)		Duval	8.6%	1.67	2		2			
		St. Johns	6.6%	1.5	1		2			
Median Household Gross Rent [1] (2012-2016)	$1,032	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	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	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	Duval	$445	1.08	2	1		1		0
		St. Johns	$490	1.81	3	2		2		1

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Indicator	FL Value	County	County Value	County Data Score	FL Counties	FL Value	US Counties	US Value	HP2020	Trend
Mortgaged Owners Median Monthly Household Costs (2012-2016)	$1,422	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%	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%	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%	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	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%	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%	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%	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) in *Ranking of the county in social and economic factors according to the County Health Rankings		Duval	32	1.42	1					
		St. Johns	1	1.25	0					
Total Employment Change [27] (2014-2015)	4.5%	Duval	0.2%	2.33	3	3	2	3		
		St. Johns	8.4%	0.5	0	0	0	0		
Unemployed Workers in Civilian Labor Force [1] (February 2018)	3.8%	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 topic area of Poverty is of particular concern in the Duval County part of the service area. In St. Johns County, the main indicator concerns related to poverty are surrounding housing expenses, which

aligns with St. Johns County's status as the wealthiest county in the Northeast Florida Region. 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 indicate the necessity of being high-income in order to live in St. Johns County and signify that residents in the county who are low-income are likely struggling to afford general living costs.

Duval County has a high proportion, about one-fifth, of all households with at least one of the following four problems: overcrowding, high housing costs, lack of kitchen, or lack of plumbing facilities. 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.

St. Johns County also has the highest percentage of food insecure children likely ineligible for assistance among the counties in the region, 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. The percentage of households with cash public assistance income has had an upward trend over time for Duval and St. Johns counties. From the 2005-2009 time period to the 2012-2016 time period, Duval County's value went from 1.4% to 2.8% and St. Johns County's value went from 0.9% to 1.6%.

When examining additional trends over time, it can be seen that the female population in the civilian labor force is trending down for the service area. Statistically significant downward trend for this measure exist over four time periods in both Duval and St. Johns counties. While these values include both those who are employed and those who are unemployed, this decrease in the percentage 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. Additionally, in terms of median household gross rent, Duval and St. Johns counties both have a significant increase over time. 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 INIDCATORS, TREND DATA

Female Population 16+ in Civilian Labor Force[1]			
	2009-2013	2010-2014	2011-2015	2012-2016
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

[1] American Community Survey
Note: Table 31 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 reveals 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 above 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 fourth 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 seventh 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 category.

Examining the primary data results more closely, it is seen that the concept of the underinsured "donut hole" is prevalent in the service area. Many key informants, especially in Duval County, discussed the concept of the "donut hole" in which people earn above the federal poverty level and thus do not qualify for Medicaid, yet they are underinsured and income-constrained and therefore cannot afford most health services. Since the 2008 recession and subsequent economic recovery, this gap seems to have increased.

Furthermore, multiple key informants and focus group participants discussed the effect of race and ethnicity on the topic area of poverty. 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 back up these primary data findings. The percentage of families living below the poverty level in Duval County is 12.7%, 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 Hispanic or Latino residents. Similarly, in St. Johns County, the overall rate is 5.9%, but it is 22.5% in the African-American population and 25.3% for those of multiple races. Even more strikingly in St. Johns County, the percent of children living below the poverty level is 9.5% overall, but 32.0% 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. Obesity and Physical Activity, including exercise, nutrition, and weight, had the eleventh highest data score of all health topic areas in Duval County and the thirteenth highest topic score in St. Johns County.

TABLE 33. OBESITY & PHYSICAL ACTIVITY INDICATORS*

Indicator	FL Value	County	County Value	County Data Score	FL Counties	FL Value	US Counties	US Value	HP2020	Trend
Access to Exercise Opportunities [4] (2018)	87.1%	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%	Duval	17.3%	1.5	1	2				
		St. Johns	19.2%	1.17	0	1				
Adults who are Obese [8] (2016)	27.4%	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%	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%	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)		Duval	6.1%	1.67	2			2		
		St. Johns	5.3%	1.67	2			2		

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Indicator	FL Value	County	County Value	County Data Score	FL Counties	FL Value	US Counties	US Value	HP2020	Trend
Food Environment Index [4] (2018) *An assessment of food environment according to County Health Rankings	6.7	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%	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%	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) *Ranking of the county in health behaviors according to County Health Rankings		Duval	41	1.58	2					
		St. Johns	6	1.25	0					
Households with No Car and Low Access to a Grocery Store [28] (2015)		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)		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)		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)		Duval	24.7%	1.67	2		2			
		St. Johns	25.4%	1.67	2		2			
Physical Environment Ranking [4] (2018) *Ranking of the county in physical environment according to County Health Rankings		Duval	60	1.75	3					
		St. Johns	54	1.75	3					
Teens who are Obese: High School Students [12] (2012)	14.3%	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%	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.

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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

The service area as a whole fails to meet the Healthy People 2020 target of 3.1% of workers who walk to work. While St. Johns County scored well on obesity metrics, Duval County failed to meet the Healthy People 2020 target for percentage of adults who are obese and exceeded the state and national values.

In addition, indicators were identified that showed worrying trends over time. In particular, indicators that deal with 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 be potentially reversing course in recent years, Duval County's 20.0% rate for 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 22.7% and the national average of 19.3%.

The following data comes 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.

Primary Data

The topic of Obesity and Physical Activity was ranked as a pressing health issue in the service area by community survey respondents. 397 (55.1%) respondents named Obesity/Overweight as one of the most important health issues in their community. Additionally, 201 (28.4%) respondents also listed

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[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.

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. 20 of 32 key informants discussed the topic of Exercise, Weight, & Nutrition in their interview, and this topic was also discussed amongst participants in 16 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, which are urban areas in which it is difficult to access affordable, healthy foods. 9 separate key informants discussed this issue of food deserts in the service area, with particular attention given by these informants to Health Zones 1 and 4 in Duval County. 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. Both Duval and St. Johns counties have fewer than 2% 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 in 13 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
From the secondary data scoring results, Maternal, Fetal & Infant Health was ranked as the fifth most pressing health issue for the Duval County, but it was one of the lowest, or best, scoring topic areas for St. Johns County. Women's Health ranked in the top ten poorest performing health topic areas for the service area.

TABLE 34. MATERNAL, FETAL & INFANT HEALTH INDICATORS*

Indicator	FL Value	County	County Value	County Data Score	FL Counties	FL Value	US Counties	US Value	HP2020	Trend
Babies with Low Birth Weight [17] (2016)	8.7%	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) *in deaths/1,000 live births	6.1	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%	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%	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%	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) *in live births/1,000 females aged 15-19	19.5	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

Mothers who Received Early Prenatal Care scored as the worst indicator for this topic area for both counties in the service area, with data scores of 2.75 for Duval County and 1.14 for St. Johns County. Particularly in Duval County, there is cause for concern as only 66.1% of mothers received early prenatal care compared to the state average of 78.4% and the national average of 77.1%. The value falls well short of the Healthy People 2020 target of 77.9% and signifies a need for education, availability, and affordability surrounding prenatal care. Similarly, although St. Johns County had a low percentage of babies with low birth weight (7.1%), Duval County's value of ten percent far exceeds the Florida value (8.7%), the U.S. value (8.2%), and the Healthy People 2020 target (7.8%). The Duval County values for percentage of preterm births and the rate of infant mortality both also fail to meet the Healthy People 2020 target, while the St. Johns County values fall right under the target thresholds.

Despite scoring very well in the topic area overall, St. Johns County has seen some negative trends for indicators over time, although the most recent time period has shown a potential reversal of the trend moving forward. These indicators include Infant Mortality Rate, which has increased over time from 4.0 deaths per 1,000 live births in 2011 to 2013 to 5.4 deaths per 1,000 live births in 2014 to 2016, as well as the Sudden Unexpected Infant Death Rate which has increased from 1.1 to 1.4 from 2012 to 2015. St. Johns has also seen some worrying trends over time in the decrease over the years of mothers who are receiving early prenatal care (87.1% in 2013 to 84.8% in 2016).

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 improving 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 INDICATORS, FAVORABLE TREND DATA

Preterm Births[17] (2016)				
	2013	**2014**	**2014**	**2016**
Duval County	10.7%	11.1%	11.5%	11.3%
Teen Birth Rate: 15-19[17]				
	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 INDICATORS, HARMFUL TREND DATA

Mothers who Received Early Prenatal Care[17]				
	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 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.

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 for Babies with Low Birth Weight, Infant Mortality Rate, and Preterm Births.

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

Sexual Health and Reproductive Health ranked as the tenth and thirteenth most important health issues, respectively, in the Duval and St. Johns counties service area on the list of most pressing health issues in the community. 19.0% and 13.0% of respondents listed those issues as some of the most important in their community.

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 shows 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. Overall for the service area, Maternal, Fetal & Infant Health came up in eight key informant interviews, while Sexual Health was discussed in four.

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, ranking as the third highest scoring topic area. Additionally, it scored as the highest health topic area in St. Johns County alone. Topic area indicators are shown in Table 38.

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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) *in deaths/100,000 females*	19.8	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) *in deaths/100,000 population*	155.1	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) *in deaths/100,000 population*	13.7	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) *in deaths/100,000 population*	40.4	Duval	46.2	1.39	1	3			2	0
		St. Johns	46.7	1.83	1	3			2	2
Age-Adjusted Death Rate due to Prostate Cancer [17] (2014-2016) *in deaths/100,000 males*	17.1	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) *in cases/100,000 population*	426.8	Duval	494.2	2	3	3				1.5
		St. Johns	447.5	1.56	2	2				1
Breast Cancer Incidence Rate [29] (2012-2014) *in cases/100,000 females*	117.8	Duval	134.6	2	3	3				1.5
		St. Johns	136.5	2	3	3				1.5
Cancer: Medicare Population [3] (2015)	9.6%	Duval	9.2%	2	2	1	3	3		1.5
		St. Johns	9.3%	1.89	2	1	3	3		1

Indicator	FL Value	County	County Value	County Data Score	FL Counties	FL Value	US Counties	US Value	HP2020	Trend
Cervical Cancer Incidence Rate [29] (2012-2014) *in cases/100,000 females*	8.5	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%	Duval	10.6%	2	3	3				
		St. Johns	7.2%	2	3	3				
Colorectal Cancer Incidence Rate [29] (2012-2014) *in cases/100,000 population*	36.9	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) *in cases/100,000 population*	61	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%	Duval	57.7%	1.67	2	2				1.5
		St. Johns	61.2%	1.44	1	1				2
Melanoma Incidence Rate [29] (2012-2014) *in cases/100,000 population*	22.8	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) *in cases/100,000 population*	13.4	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%	Duval	54.7%	1	0	0				
		St. Johns	54.7%	1	0	0				
Prostate Cancer Incidence Rate [29] (2012-2014) *in cases/100,000 males*	90.5	Duval	111.4	2	3	3				1.5
		St. Johns	97.3	1.83	3	2				1.5

Indicator	FL Value	County	County Value	County Data Score	FL Counties	FL Value	US Counties	US Value	HP2020	Trend
Prostate-Specific Antigen Test History [8] (2016)	54.9%	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

Furthermore, the Duval County portion of the service area fails 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 2011 to 2013 time period. However, along with St. Johns County, Duval also has seen an increase in the incidence of melanoma, with the trends in Duval and St. Johns counties being in a statistically significant upward direction according to the Mann-Kendall test. There has been a cervical cancer incidence increase Duval County, as well, and St. Johns has similarly seen an increase for death rate due to colorectal cancer, although neither of these increases is statistically significant (Table 39).

TABLE 39. CANCER INDICATORS, TREND DATA

Age-Adjusted Death Rate due to Colorectal Cancer[17]				
	2011-2013	**2012-2014**	**2013-2015**	**2014-2016**
St. Johns County	10.9 deaths/100,000 population	12.8 deaths/100,000 population	13.4 deaths/100,000 population	13.6 deaths/100,000 population
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

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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 with the highest rates for breast cancer, overall cancer, and colorectal cancer in Duval and St. Johns counties all have nearly double or over double the Florida state rates. 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)	**Zip Code 32206 (Duval)**	**Zip Code 32219 (Duval)**	**Florida**
42.8 deaths /100,000 females	37.8 deaths /100,000 females	37.6 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)	**Zip Code 32095 (St. Johns)**	**Zip Code 32208 (Duval)**	**Florida**
30.6 deaths /100,000 population	27.4 deaths /100,000 population	25.4 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 39.9% of respondents listing it as one of five issues most important in their community. Cancer was one of the top fifteen most discussed topics across all focus groups, being

talked about at length by participants in eight focus groups. Four key informants also 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.

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 use 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 38 displays a race disparity for the African American population for the Duval and St. Johns counties service area. The AIDS Diagnosis Rate is disproportionately higher for Non-Hispanic Blacks in Duval and St. Johns counties compared to the overall county values.

FIGURE 38. AIDS DIAGNOSIS RATE (CASES/100,000 POPULATION)
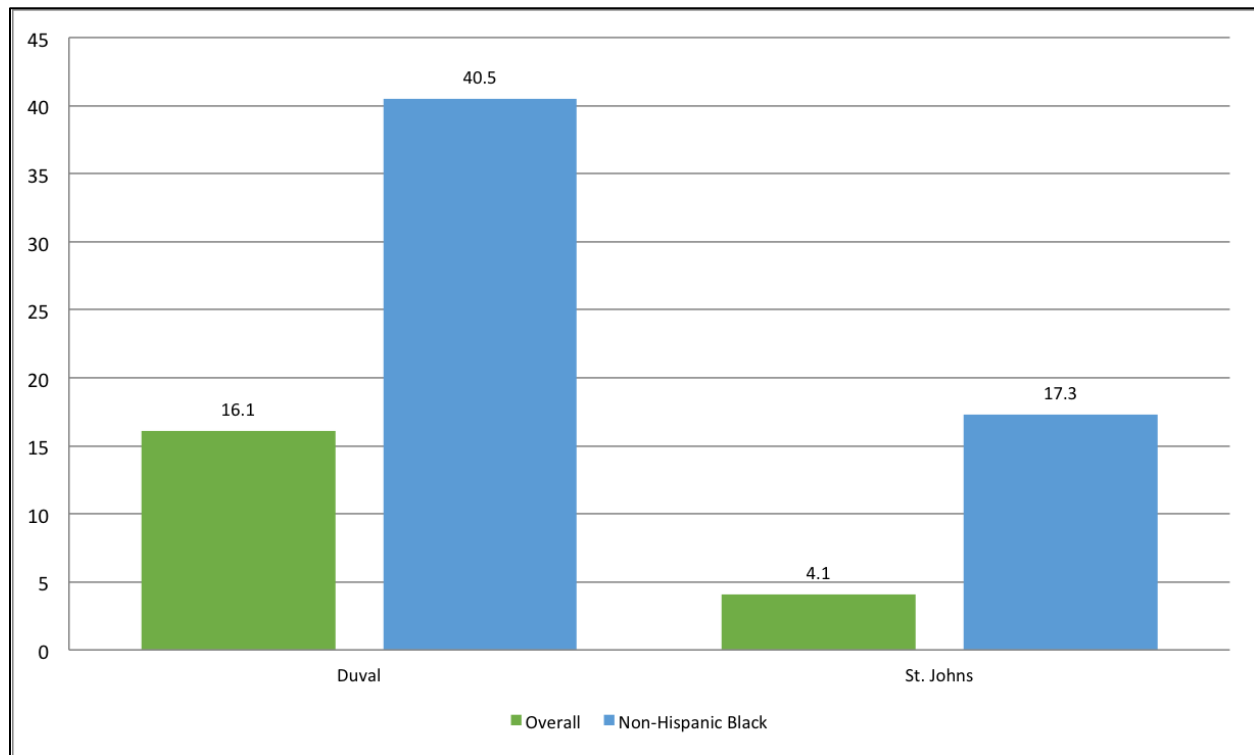
Primary data participants were asked which population groups are disproportionately impacted by negative health outcomes. African Americans were mentioned in 20 of 32 key informant interviews and 5 focus groups as a population disproportionately impacted by negative health outcomes. 21% of community 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 16 of 32 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. Both Duval and St. Johns counties had data scores above 1.50 for the indicator Children with Low Access to a Grocery Store, indicating an above average need in the service

area on the scale of 0-3. 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) *in cases/1,000 children aged 5-11	901.3	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%	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%	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)		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%	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%	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 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
As mentioned in the Access section, affordable and safe housing is critical to accessing health services. Focus group participants who have used shelters noted that access to mental health services is especially difficult because of the limited number of providers who will accept Medicaid. Additionally, homeless individuals cited transportation challenges to get to and from health services as a major barrier to seeking care. Finally, focus group participants noted that a lack of safety and compassion for their situation in the shelters limits the ability for their basic needs to be met.

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

Focus group and key informants were asked about the LGBTQ population and noted that there is a shortage of services, especially ones that are specific to the needs of the LGBTQ community (HIV, STD, hormonal therapies). There is an additional cultural dynamic that this group "is in the shadows" and "people are not paying a lot of attention to them", even though they have 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.

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

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[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/

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

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 8 focus groups and 22 interviews. 261 community survey respondents (36.9%) 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 crossed 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 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 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 is higher than the state of Florida average in Duval County, while the percentages of older adults over age 65 with influenza and pneumonia vaccinations are both lower than the state average.

TABLE 43. OLDER ADULT SECONDARY INDICATORS*

Indicator	FL Value	County	County Value	County Data Score	FL Counties	FL Value	US Counties	US Value	HP2020	Trend
Adults 65+ with Influenza Vaccination [8] (2016)	57.6%	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%	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) *in deaths/100,000 population*	10.3	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%	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%	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%	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%	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%	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%	Duval	12.8%	1.56	1	1	2	3		1
		St. Johns	11.4%	0.67	0	0	1	2		0
Depression: Medicare Population [3] (2015)	17.5%	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%	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%	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%	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%	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%	Duval	30.1%	1.17	0	0	3	3		0
		St. Johns	31.2%	1.5	1	1	3	3		0

Baptist Medical Center Beaches - CHNA

Indicator	FL Value	County	County Value	County Data Score	FL Counties	FL Value	US Counties	US Value	HP2020	Trend
Osteoporosis: Medicare Population [3] (2015)	7.9%	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%	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)		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%	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%	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 caretakers reported that older adults are often prescribed a cocktail of costly drugs from multiple providers. Caretakers stressed their concern over a lack of prescription navigation assistance for older adults. Other issues cited by community input participants for the older adult population include: growing mental health needs, rising substance abuse, and food-insecurity.

Persons with Disabilities
Figure 39 shows the percentage of persons with a disability across Northeast Florida, including Duval County (13.5%) and St. Johns County (11.5%). Duval County's proportion is greater than the state and national values, while St. Johns falls below both of those thresholds.

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. Duval County has the highest proportion of people with a reported cognitive disability in all of Northeast Florida (5.4%).

FIGURE 39. PERSONS WITH A DISABILITY, 2016
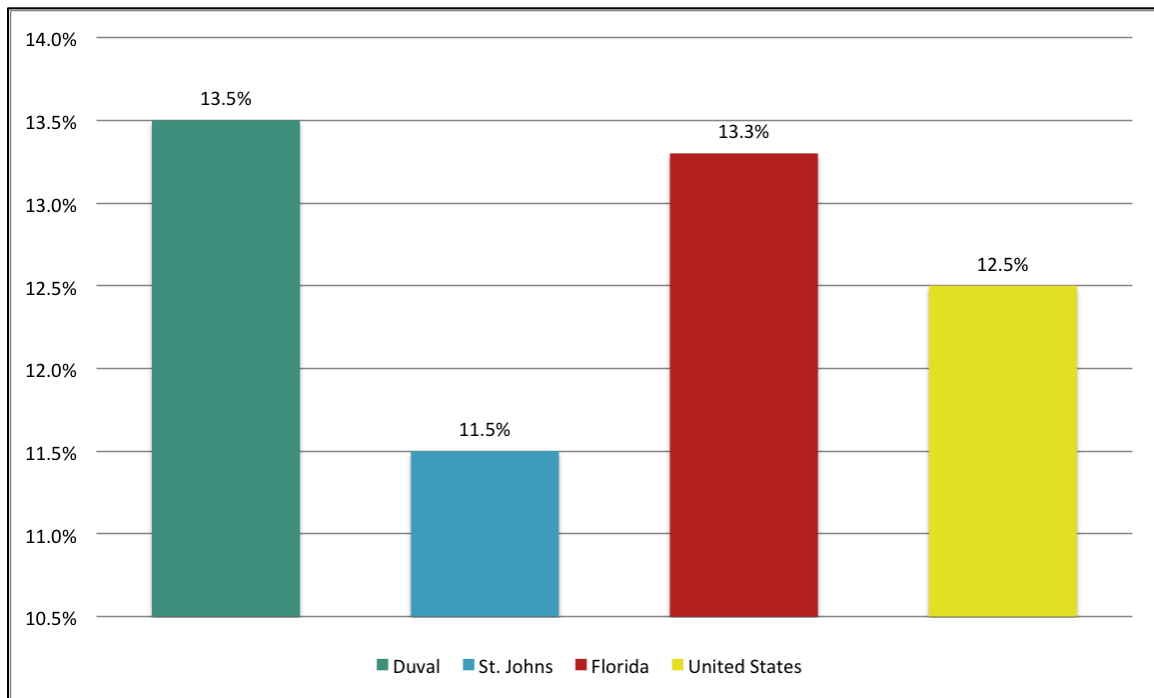
For persons with disabilities, major issues cited by community input participants include a lack of healthcare coverage, gaps in specialized providers or providers who have accessible facilities, and community awareness and advocacy for disability rights. During a focus group of individuals with disabilities 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, as well as the Duval and St. Johns service area. Duval County has a proportion of veterans (17.1%) that is more than double the national value and nearly double the Florida state value. Even though St. Johns only has 11.5% of its population holding veteran status, that figure is still higher than the United States and state values. This is a crucial contextual figure when assessing the health of the service area as there are barriers and challenges to access to care for this population.

FIGURE 40. VETERAN POPULATION, 2012-2016
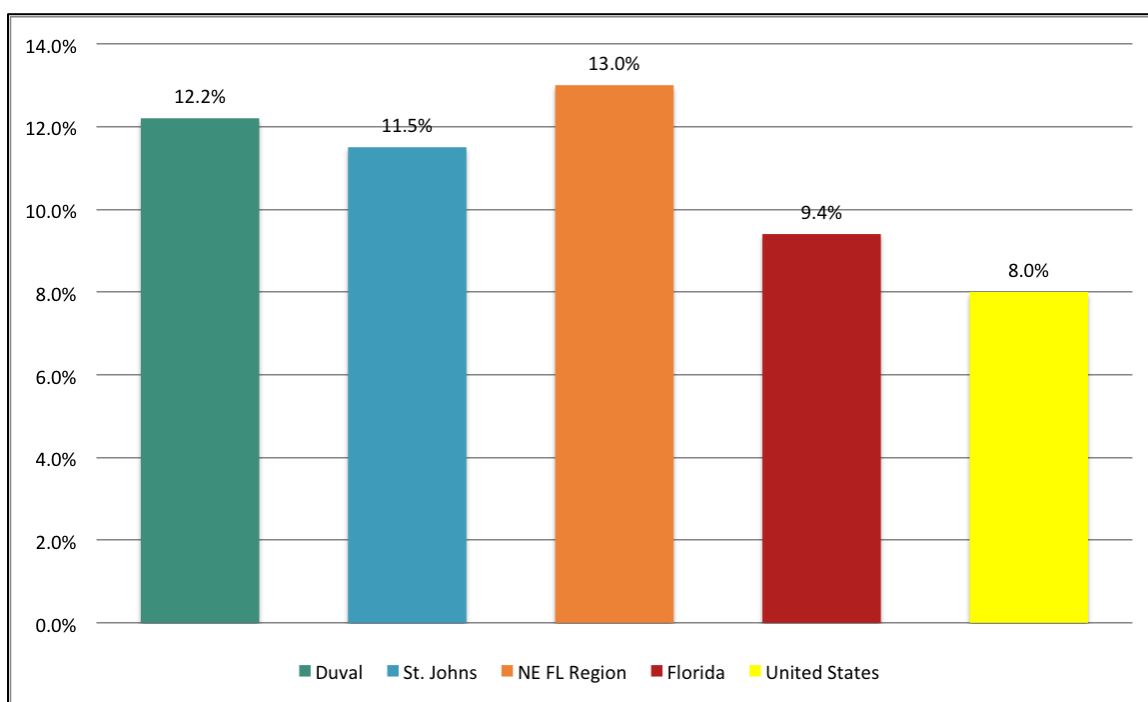
According to focus group participants, currently enlisted men and women do not make enough money to make ends meet. As one focus group participant noted, "Veterans are a silent group that don't want to complain yet they experience incredible needs (food, clothing for children), especially when one parent 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 the ninth greatest health need in the Duval County portion of the service area, while less of a need was shown when focusing on St. Johns County. Top related indicators for the service area, particularly Duval County include: 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%	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) *in deaths/100,000 population*	20.6	Duval	23.3	1.81	1	3		3		1
		St. Johns	16	0.86	0	0		0		2
Diabetes: Medicare Population (2015)	28.0%	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 Duval and St. Johns counties service area, with 46.8% of respondents listing it as a top health need. Further, diabetes mentioned in 14 key informant interviews and discussed in 11 focus groups.

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

Heart Disease

The secondary data scoring results found Heart Disease to be the fourteenth highest health topic in the entire service area. Duval County had a score of 1.64 on the scale of 0 to 3, while St. Johns County scored 1.27. Specific indicators of need across the service area include: Stroke: Medicare Population, Atrial Fibrillation: Medicare Population, Hyperlipidemia: Medicare Population, High Blood Pressure Prevalence, and Cholesterol Test History. All three Medicare population indicators scored above 1.50 for the entire service area, indicating a need for treatment and care for older adults.

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) *in deaths/100,000 population*	39.7	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) *in deaths/100,000 population*	98.5	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) *in deaths/100,000 population*	11	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) *in deaths/100,000 population*	209.7	Duval	224.9	1.17	1	2				0
		St. Johns	173	1	0	0				1.5
Atrial Fibrillation: Medicare Population (2015)	9.7%	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%	Duval	72.4%	1.67	2	2				
		St. Johns	73.9%	1.33	1	1				
Heart Failure: Medicare Population (2015)	14.2%	Duval	14.6%	1.72	2	2	2	2		1
		St. Johns	11.2%	0.17	0	0	0	0		0
High Blood Pressure Prevalence (2013)	34.6%	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%	Duval	33.1%	1.25	1	1		0	3	
		St. Johns	30.4%	1.08	0	1		0	3	

Baptist Medical Center Beaches - CHNA

Indicator	FL Value	County	County Value	County Data Score	FL Counties	FL Value	US Counties	US Value	HP2020	Trend
Hyperlipidemia: Medicare Population (2015)	55.6%	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%	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%	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%	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

Community survey participants were asked to rank the most pressing health issues in their community, and for the service area, they ranked heart-related diseases as the second most pressing need with 56.3% of survey respondents listing heart-related diseases as one of the top five most important health issues in their community. Additionally, half of respondents listed diet, food, and nutrition as one of the top conditions that impact their community, and 28.4% responded that physical activity and exercise were a top factor.

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

Social Environment
Social Environment refers to social, cultural, and civic factors that influence a person's neighborhood. According to secondary data scoring, Social Environment ranked as the fourth highest quality of life topic area of need in Duval County and the sixth highest in St. Johns County, with scores of 1.49 and 1.00, respectively. However, there were individual indicators that scored poorly across the whole service area, notably Median Household Gross Rent, while Mean Travel Time to Work stood out as an indicator of concern in St. Johns County, and Single-Parent Households stood out in Duval County.

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) *in cases/1,000 children aged 5-11	901.3	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%	Duval	$0	1.94	1	2	2	3		2
		St. Johns	$0	0.39	0	0	0	0		1
Female Population 16+ in Civilian Labor Force [1] (2012-2016)	54.3%	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%	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) *in referrals/100,000 population	448.7	Duval	392.6	1.17	1	0				
		St. Johns	308.1	1	0	0				
Linguistic Isolation [1] (2012-2016)	6.8%	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	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	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	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	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	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	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%	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%	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%	Duval	16.6%	1.56	1	2	2	2		1
		St. Johns	9.0%	0.39	0	0	0	0		1

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Indicator	FL Value	County	County Value	County Data Score	FL Counties	FL Value	US Counties	US Value	HP2020	Trend
Per Capita Income [1] (2012-2016)	$27,598	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%	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%	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%	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) *Ranking of the county in social and economic factors according to County Health Rankings*	Not Available	Duval	32	1.42	1					
		St. Johns	1	1.25	0					
Total Employment Change [24] (2014-2015)	4.5%	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%	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

Community survey participants ranked social environment as the eleventh most impactful condition of daily life on their community, with over one quarter of participants believing that social environment has the most impact on their community. Further, only 37% of community survey respondents agree or strongly agree that their community supports a healthy lifestyle.

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

Respiratory Diseases

Respiratory diseases showed to be a top concern from the secondary data for the service area. It ranked as the ninth highest scoring topic area for the service area, with a score of 1.53. Broken down by individual counties, it was the fifth worst scoring health topic area for St. Johns County and the thirteenth worst for Duval County. For the entire service area, the health indicator data showed that lung and bronchus cancer incidence and older adults vaccinated for pneumonia are of concern. Both counties in the service area fell far short of the Healthy People 2020 target of 90% vaccination for adults 65 years of age and older for pneumonia, and both also failed to meet the target for death rate due to lung cancer. Specifically, in Duval County, asthma for all ages stood out as an area that needed to be focused on, while St. Johns County struggled in areas related to vaccinations for respiratory diseases and lung-specific disease and death rates.

TABLE 47. RESPIRATORY HEALTH DISEASES 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%	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%	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%	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) *in deaths/100,000 population*	9.7	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) *in deaths/100,000 population*	40.4	Duval	46.2	1.39	1	3			2	0
		St. Johns	46.7	1.83	1	3			2	2
Asthma: Medicare Population [3] (2015)	9.1%	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%	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) *in cases/100,000 population*	61	Duval	76.2	1.72	2	3				1
		St. Johns	66.8	1.61	1	2				2
Teens with Asthma [22] (2014)	20.8%	Duval	23.8%	2.33	3	3				3
		St. Johns	19.6%	1.44	1	1				2

Indicator	FL Value	County	County Value	County Data Score	FL Counties	FL Value	US Counties	US Value	HP2020	Trend
Tuberculosis Incidence Rate [16] (2016) *in cases/100,000 population*	3.2	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 frequently leads to school absences and poor school performance. Community members attributed high rates of lung cancer in both Duval and St. Johns counties to high rates and a culture of smoking. 12.6% of survey participants ranked respiratory diseases as a top community health issue.

Sexual Health

The secondary data for Sexual Health showed that this topic area is of significant need particularly in the Duval County part of the service area. All sexual health indicators scored greater than 1.50 for Duval County, indicating above average need. Specifically, the incidence rates in Duval County for gonorrhea, chlamydia, HIV, and gonorrhea and chlamydia amongst teenage females are all higher than the respective state and national averages. Additionally, the teen birth rate of 27.3 births per 1,000 teen females in Duval County far exceeds the Florida rate of 19.5 and the U.S. rate of 20.3.

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) *in cases/100,000 population*	10.5	Duval	16.1	1.67	3	3				0
		St. Johns	4.1	1.06	1	0				1
Chlamydia Incidence Rate [15] (2016) *in cases/100,000 population*	468.2	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) *in cases/100,000 females aged 15-19*	3175.6	Duval	4556.4	2.11	3	3				2
		St. Johns	1709.9	1	0	0				1.5

Indicator	FL Value	County	County Value	County Data Score	FL Counties	FL Value	US Counties	US Value	HP2020	Trend
Gonorrhea Incidence Rate [15] (2016) *in cases/100,000 population*	139.2	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) *in cases/100,000 females aged 15-19*	496.6	Duval	911.3	2.33	3	3				3
		St. Johns	159.4	1.11	0	0				2
HIV Incidence Rate [13] (2016) *in cases/100,000 population*	24.6	Duval	30.6	1.89	3	3				1
		St. Johns	6.8	0.89	0	0				1
Syphilis Incidence Rate [15] (2016) *in cases/100,000 population*	11.9	Duval	11	2	3	1				3
		St. Johns	0.9	1.11	0	0				2
Teen Birth Rate: 15-19 [17] (2016) *in cases/1,000 females aged 15-19*	19.5	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

The following data comes 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

[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.

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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

According to secondary data analysis, the Built Environment & Safety are issues in the service area, with Prevention & Safety scoring as the worst health topic area for the whole service area. Specifically, in Duval County, Prevention & Safety was also the highest scoring health topic area. Additionally, Prevention & Safety was the third highest scoring health topic area in St. Johns County.

This topic area includes indicators that connect the physical space that people live in to nutrition and physical activity, and indicators that connect physical space to transportation safety. Indicators of greatest concern from the analysis include: Age-Adjusted Death Rate due to Unintentional Injuries and Age-Adjusted Death Rate due to Falls. For Duval County, pedestrian and bicycle death rates also presented as areas of concern, and in St. Johns, death rate from motor vehicle collisions scored poorly (Table 49).

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%	Duval	88.5%	0.83	0	1	0	1		
		St. Johns	88.2%	0.83	0	1	0	1		
Age-Adjusted Death Rate due to Motor Vehicle Collisions [17] (2016) *in deaths/100,000 population	15.4	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) *in deaths/100,000 population	56.3	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) *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		Duval	6.1%	1.67	2		2			
		St. Johns	5.3%	1.67	2		2			

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Indicator	FL Value	County	County Value	County Data Score	FL Counties	FL Value	US Counties	US Value	HP2020	Trend
Food Environment Index [4] (2018) *An index ranking from 0 (worst) to 10 (best) weighting the percent of those with low-income and loss access to a grocery store and the percent of those without access to a reliable food source	6.7	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)		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)		Duval	8.6%	1.67	2		2			
		St. Johns	6.6%	1.5	1		2			
Pedestrian Death Rate [5] (2013) *in deaths/100,000 population	2.6	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)		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)		Duval	24.7%	1.67	2		2			
		St. Johns	25.4%	1.67	2		2			
Severe Housing Problems [4] (2010-2014)	21.50%	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

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

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Conclusion

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

The prioritization process identified seven focus areas: (1) Access, (2) Behavioral Health, (3) Poverty, (4) Obesity & Physical Activity, (5) Maternal, Fetal & Infant Health, (6) Cancer, and (7) Vulnerable Populations. Using the results from this process, Baptist Medical Center Beaches 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
Communicable Diseases	Community education sessions on STIs.	Yes	Funded BrdsNBz sexual health text messaging service enabling more than 80 young people to anonymously receive answers to their sexual health questions in a six-month period. BrdsNBz sexual health text messaging service shared with Leadership Jacksonville Collegiate class of 2017 – 36 youth and 2 adults attended.
	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.

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)	Offer STI prevention and safe sex education at community events and health fairs.	Yes	08/06/2016 – Beaches Health Jam at Carver Center – 400 participants. Partnered with City of Jacksonville Beach and local Rotary clubs at Beaches Health Jam to provide health education information on nutrition, Florida Breast and Cervical Cancer Early Detection Program services, communicable disease prevention and screening services, smoking cessation, and local free and reduced-cost healthcare providers. Partnered with AIDS Health Foundation at Beaches Health Jam to provide communicable disease prevention info and screenings to over 10 participants
	Partner with Duval County and St. John's County Public Schools to enhance STI education and awareness.	Yes	Baptist Beaches Emergency Department RN attended system-wide training for clinicians on STI prevention curriculum in the DCPS. Team members led communicable disease prevention instruction in HOPE classes at Duval middle and high schools across the county. Over 1200 students have been educated in safe sex practices thus far.

Significant Health Need Identified in Preceding CHNA	Planned Activities to Address Health Needs Identified in Preceding Implementation Strategy	Was Activity Implemented (Yes/No)	Results, Impact & Data Sources
Health Disparities	Provide education and health screenings in low-income, African American and Hispanic communities and follow up on abnormal results with action items including connection to a medical home.	Yes	BMC Beaches provided the following biometric screenings: • 10/03/2015 - Wiley Foundation Health Fair – 15 individuals screened for BMI, blood pressure, glucose and cholesterol. Yielded 3 abnormal blood pressure results. Follow up calls to participants with abnormal results were completed. • 10/07/2015 – Neptune Beach Senior Activity Center Health Fair – 12 individuals screened for BMI, blood pressure, glucose and cholesterol. Follow up calls to participants with abnormal results were completed. • 10/17/2015 – Sonrise Christian Church Health Fair – 24 individuals screened for BMI, blood pressure, glucose and cholesterol. Yielded 7 abnormal blood pressure results, 1 abnormal glucose result, 7 abnormal cholesterol results. Follow up calls to participants with abnormal results were completed. • 10/29/2015 – Neptune Beach Senior Activity Center blood pressure check – 13 individuals screened for blood pressure. Yielded 1 abnormal result. Follow up call to participant with abnormal result was completed. • 02/28/2016 – Palms Presbyterian Health Fair – 64 individuals screened for BMI, blood pressure, glucose and cholesterol. Yielded 13 abnormal blood pressure results, 0 abnormal glucose results, 8 abnormal cholesterol results. Follow up calls to participants with abnormal results were completed. • 05/25/2016 – Fleet Landing Health Fair – 64 individuals screened for BMI, blood pressure, glucose and cholesterol. Yielded 14 abnormal blood pressure results, 1 abnormal glucose result, 4 abnormal cholesterol results. Follow up calls to participants with abnormal results were completed.

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Significant Health Need Identified in Preceding CHNA	Planned Activities to Address Health Needs Identified in Preceding Implementation Strategy	Was Activity Implemented (Yes/No)	Results, Impact & Data Sources
Health Disparities (continued)	Provide education and health screenings in low-income, African American and Hispanic communities and follow up on abnormal results with action items including connection to a medical home.	Yes	• 09/13/2016 – Avante Health Fair – 27 individuals screened for BMI, blood pressure, glucose and cholesterol. Yielded 5 abnormal blood pressure results, 1 abnormal glucose result, 1 abnormal cholesterol result. Follow up calls to participants with abnormal results were completed. • 09/24/2016 – St. John the Baptist Church Health Fair – 33 individuals screened for BMI, blood pressure, glucose and cholesterol. Yielded 5 abnormal blood pressure results, 1 abnormal glucose result, 2 abnormal cholesterol results. Follow up calls to participants with abnormal results were completed. BMC Beaches provided the following outreach related to health disparities: • 10/05/2015 – Breast Cancer Awareness Event – 100 participants. Event included speakers on breast health and distribution of information on Florida Breast and Cervical Cancer Early Detection Program. • 10/22/2015 – Breast Cancer Awareness Event at Our Lady of the Sea Church – 30 participants. Event included speaker on breast health and distribution of information on Florida Breast and Cervical Cancer Early Detection Program. • 08/06/2016 – Beaches Health Jam at Carver Center – 400 participants. Partnered with City of Jacksonville Beach and local Rotary clubs at Beaches Health Jam to provide health education information on nutrition, Florida Breast and Cervical Cancer Early Detection Program services, communicable disease prevention and screening services, smoking cessation, and local free and reduced-cost healthcare providers.

Significant Health Need Identified in Preceding CHNA	Planned Activities to Address Health Needs Identified in Preceding Implementation Strategy	Was Activity Implemented (Yes/No)	Results, Impact & Data Sources
Health Disparities (continued)	Provide education and health screenings in low-income, African American and Hispanic communities and follow up on abnormal results with action items including connection to a medical home.	Yes	In fiscal year 2017 BMC Beaches • Partnered with local agencies at Beaches Health Jam providing health information over 150 attendees • 221 individuals screened for BMI and blood pressure at a total of 11 community outreach events – all participants received nutrition counseling and those with abnormal results received follow-up calls Provided blood pressure screenings and healthy recipes at the Atlantic Beach Farmer's Market (USDA food desert) and Beaches Health Jam event (low-mod neighborhood) - 6 total events with 102 participants
	Support and partner with the Beaches Wellness Project, which provides access to health care for cardiac, mental, diabetes and other illnesses.	Yes	BMCB provides access to the staff of the Beaches Wellness partnership to meet with patients prior to discharge to schedule follow-up appointments. • BMCB clinicians provide information and referrals to the Beaches Wellness Project. Baptist Health provides funding to support the Beaches Wellness Project. In 2016, 99 people were helped resulting in a decrease in ER visits of 37% and a decrease in hospital admissions of 250%. In 2017, 286 people helped.
	Offer 8 Weeks to Healthy Living program through faith-based and community organizations.	Yes	8 Weeks to Healthy Living was offered at Palms Presbyterian Church in Jacksonville Beach (September – November 2016). A total of 44.2 lbs. was lost by the 20 participants completing the program.

Significant Health Need Identified in Preceding CHNA	Planned Activities to Address Health Needs Identified in Preceding Implementation Strategy	Was Activity Implemented (Yes/No)	Results, Impact & Data Sources
Health Disparities (continued)	Train Baptist Health Social Responsibility PRN team members in motivational interviewing to identify and refer people who are interested in quitting tobacco to AHEC for classes and support.	Yes	100% of Baptist Health Social Responsibility PRN team members completed training in motivational interviewing.
	Partner with Northeast Florida AHEC to provide smoking cessation classes in the community in low-income neighborhoods.	Yes	The AHEC tobacco cessation referral process was developed for implementation effective 12/2016 for all COPD admissions at Baptist Beaches. Respiratory therapists are conducting the patient interviews and acquiring consent for AHEC to contact the patient about available smoking cessation resources. 98 referrals to AHEC smoking cessation classes – established smoking cessation classes at Baptist Medical Center Beaches and majority of referrals are hospital inpatients
	Partner with Mission House to provide mammograms for women without insurance.	Yes	Provided funding to Mission House to provide medical care to people who are homeless. In 2017, 1,092 people received care. In 2016, 834 people received care.

Significant Health Need Identified in Preceding CHNA	Planned Activities to Address Health Needs Identified in Preceding Implementation Strategy	Was Activity Implemented (Yes/No)	Results, Impact & Data Sources
Health Disparities (continued)	At community events, register eligible women 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 Sulzbacher Beaches clinic to provide primary care for people who live or work in the beaches community and are under- or un-insured. In 2016 and 2017, 596 patients received mammograms.
	Implement training for community members in low-income areas on the warning signs of mental illness in adults and children and how to intervene necessary.	Yes	13 community members were certified in Adult Mental Health First Aid in a training held at Baptist Beaches.
	Support the efforts of 7north, which includes mental health counseling, food distribution center for food pantries in the area and a thrift shop.	Yes	Baptist Health Social Responsibility team member chaired the committee to hire a director for 7north mental health services.

Baptist Medical Center Beaches - CHNA

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 Progress	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 Beaches 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.
	Offer Mental Health education sessions and information to the community.	Yes	Provided funding to the National Council for Behavioral Health to train 26 community members as Mental Health First Aid facilitators. 13 community members were certified in Adult Mental Health First Aid in a training held at Baptist Beaches. In 2016, BMC Beaches: • 11/12/2015 - Hosted "Mind, Body, Spirit and Cardiac Health" presentation by Mona Shah, MD – 42 participants. • 11/18/2015 - Hosted "Mind, Body, Spirit and Cardiac Health" presentation at Neptune Beach Senior Activity Center with Mona Shah, MD – 6 participants. • 11/18/2015 – Hosted Mindfulness training with Kristen Kelley, PsyD at Palms Presbyterian Church in Jacksonville Beach – 12 participants • 06/25/2016 – Adult Mental Health First Aid training at Baptist Beaches – 13 participants. • Baptist and community meditation sessions information flyer distributed during Global Wellness Day event on June 11 at Unity Plaza. • Baptist Health Social Responsibility team member chaired the committee to hire a director for 7north mental health services.

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)			• Meditation offered onsite at Baptist Beaches for community and team members at no-charge once a week – 126 total participants (average of 1-4 people per weekly session). • 17 educational sessions on mental wellness were held at the Ponte Vedra Y Healthy Living Center with 292 people attending. • Funded Postpartum Support International to provide an educational session attended by 190 community members. In 2017, BMC Beaches: Held weekly meditation sessions on campus with 102 total participants 63 moms attended Post-Partum Support Group at Riverside and Beaches locations combined
	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	87 total participants trained in Mental Health First Aid for Youth and Mental Health First Aid for Adults
	Offer Adult Mental Health First Aid training for community members on the warning signs of mental illness and what to do to help adults.	Yes	87 total participants trained in Mental Health First Aid for Youth and Mental Health First Aid for Adults

Significant Health Need Identified in Preceding CHNA	Planned Activities to Address Health Needs Identified in Preceding Implementation Strategy	Was Activity Implemented (Yes/No)	Results, Impact & Data Sources
Mental Health (continued)	Partner with faith-based organizations to offer Faith and Mental Health education.	Yes	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	87 total participants trained in Mental Health First Aid for Youth and Mental Health First Aid for Adults
	Collaborate with other community providers to develop integrated care clinic that will provide additional pediatric mental health resources in the community.	Yes	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. Provided funding to ElderSource to provide one-on-one coaching to seniors who are exhibiting mild depression symptoms. 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 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.

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)			Sulzbacher Center funded for Beaches Clinic to provide medical care for people who are un- or under-insured people living in the Beaches community. 3,370 people received health care including 1,516 who were screened for mental health needs with 306 receiving treatment. 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.
	Support the efforts of 7north which includes mental health counseling.	Yes	Baptist Health Social Responsibility team member chaired the committee to hire a director for 7north mental health services.

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
Obesity Nutrition Lifestyle	Offer 8 Weeks to Healthy Living through faith organizations and other community organizations.	Yes	8 Weeks to Healthy Living was offered at Palms Presbyterian Church in Jacksonville Beach. A total of 44.2 lbs. was lost by the 20 participants completing the program.
	12-month pre-diabetes classes (CDC) with gym membership	Yes	Held 24 education sessions on healthy living at the PV YHLC. 113 biometric screenings provided free through the PV YHLC. All received coaching to improve health Free biometric screenings were held at the Ponte Vedra Y Healthy Living Center serving 114 people, and health coaching sessions were held with 283 people.
	Educate parents and children on healthy eating habits.	Yes	252 individuals screened for BMI, glucose, blood pressure and cholesterol and received nutrition counseling Held 13 education sessions on healthy living at the PV YHLC attended by 142 people 114 individuals screened for cholesterol and received nutrition counseling. 587 individuals screened for BMI and blood pressure – all received nutrition counseling. Hosted 9 education lectures promoting healthy lifestyle choices - 263 total attendance.

Baptist Medical Center Beaches - CHNA

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
Obesity Nutrition Lifestyle (continued)	Support for dietitian at BEAM Prescriptive Nutrition Program.	Yes	BEAM funded to provide nutrition counseling and access to healthy food to people who are un- or under-insured. 59 clients participated in the prescriptive therapy program with 39 successfully participating in the program. Half of participants reduced their blood glucose by more than 25% and a total of 151 pounds was lost by participants.

Appendix B. Primary Data

1. Key Informant Interview Questions

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

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

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

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

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

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

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

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

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

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

2. Organizations Participating in Key Informant Interviews

5 Star Veterans	AETNA	Azalea Health	Children's Home Society
Clinton Health Matters Initiative	Communities in Schools	Department of Children and Families	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	St. Vincent De Paul Society at Blessed Trinity	Sulzbacher Center
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
4/9/18	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
4/16/18	Baptist Johnson Y Healthy Living Center	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].

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

1. What county do you reside in?

☐ Baker County

☐ Clay County

☐ Duval County

☐ Nassau County

☐ St. Johns County

2. What is your zip code?

ZIP/Postal Code

3. What is your profession?

☐ Current U.S. service member

☐ Currently unemployed

☐ Currently retired

☐ Agriculture, forestry, fishing & hunting, and mining

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

☐ Construction

☐ Educational services, and social assistance

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

☐ Healthcare

☐ Homemaker

☐ Information

☐ Manufacturing

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

☐ Public administration

☐ Other services, except public administration

☐ Retail trade

☐ Transportation & warehousing, and utilities

☐ Wholesale trade

☐ Other *(please specify):*

_____

4. What is your age?

☐ 17 or younger ☐ 45-54

☐ 18-24 ☐ 55-64

☐ 25-34 ☐ 65-74

☐ 35-44 ☐ 75+

5. What is your gender identity?

☐ Female

☐ Male

☐ Other *(please specify):*

_____

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

☐ Hispanic/Latino(a)

☐ Non-Hispanic/Latino(a)

☐ Other *(please specify):*

_____

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

☐ American Indian or Alaska Native ☐ White

☐ Asian ☐ Other *(please specify):*

☐ Black or African American

☐ Native Hawaiian or Other Pacific _____
   Islander

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

☐ Less than High School ☐ Technical Certificate

☐ High School Diploma or GED ☐ Associate's Degree

☐ Some College ☐ Bachelor's Degree

☐ 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)*

☐ Very good   ☐ Poor

☐ Good   ☐ Very poor

☐ OK   ☐ Don't know/not sure

Please Continue to Next Page

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

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

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

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

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

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

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

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

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

☐ White

☐ Black or African American

☐ American Indian or Alaska Native

☐ Asian

☐ Native Hawaiian and Other Pacific Islander

☐ Hispanic or Latino

☐ Multi-racial

☐ Other *(please specify):*

_____

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

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

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

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

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

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

☐ **Emotional wellness**

☐ **Family planning**

☐ **Fitness and physical activity**

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

☐ **Nutrition and healthy diet**

☐ **Pain management**

☐ **Pregnancy and new baby**

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

☐ **Quitting smoking**

☐ **Senior health**

☐ **Stress reduction**

☐ **Transportation**

☐ Other *(please specify):* _____

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

☐ 211 lines   ☐ Internet

☐ Books/Magazines   ☐ Pharmacist

☐ Doctor   ☐ School

☐ Faith/Community   ☐ Social Media (Facebook, Twitter, etc.)

☐ Friends and Family   ☐ Television

☐ Grocery Stores   ☐ Other *(please specify):*

☐ Health and Fitness Facilities

☐ Health Department   _____

☐ 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?

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

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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 Baptist Medical Center Beaches' service area 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. Retrievedfrom 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. Retrievedfrom http://www.floridahealth.gov/programs-and-services/immunization/

15. Florida Department of Health, Bureau of STD Prevention & Control. Retrievedfrom 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. Retrievedfrom 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.

11.   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:

Comparisons — • Quantitatively score all possible comparisons

Indicators — • Summarize comparison scores for each indicator

Topics — • Summarize indicator scores by topic area

Figure 8. Indicator Score Range

Best Outcome ⟶ Worst Outcome

| 0 | 1 | 2 | 3 |
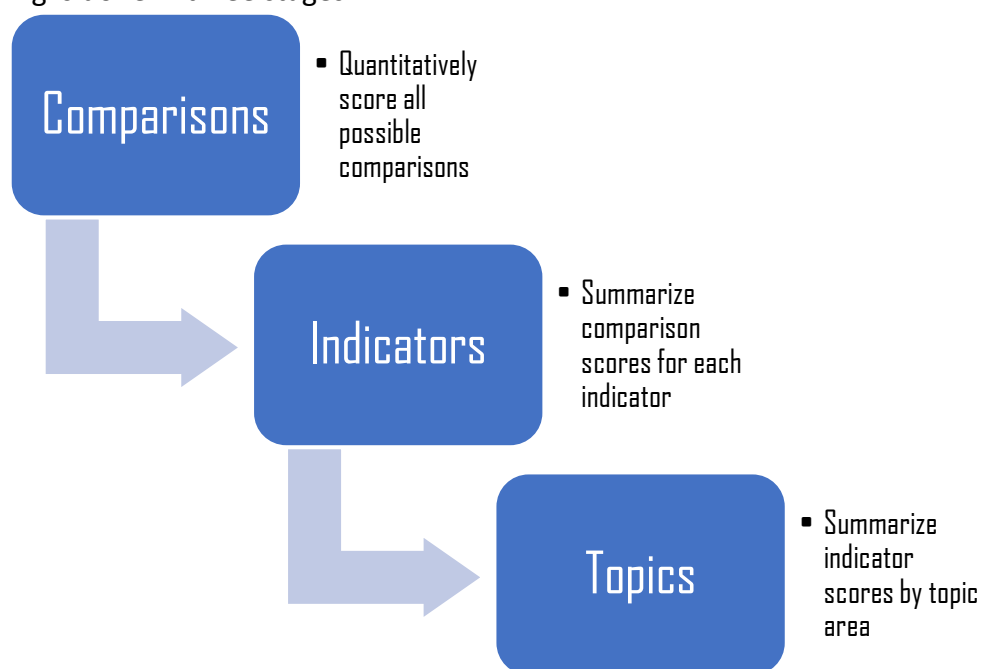
For each indicator, each county in Baptist Medical Center Beaches' service area is assigned a score based on its comparison to other communities, whether health targets have been met, and the trend of the indicator value over time. These comparison scores range from 0-3, where 0 indicates the best outcome 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 is visually represented as a green-yellow-red gauge showing how the community is faring against a distribution of counties in the state or the United States. A distribution is created by taking all county values within the state or nation, ordering them from low to high, and dividing them into three groups (green, yellow, red) based on their order. Indicators with the poorest comparisons ("in the red") scored high, whereas indicators with good comparisons ("in the

green") scored low.

Comparison to Values: State, National, and Targets

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

Trend Over Time

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

Missing Values

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

Indicator Scoring

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

Topic Scoring

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

3. Secondary Data Scores

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

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	providers/ 100,000 population	137		88	81	2017	4

SCORE	CANCER	UNITS	DUVAL COUNTY	HP2020	FLORIDA	U.S.	MEASUREMENT PERIOD	SOURCE
2.11	Cervical Cancer Incidence Rate	cases/ 100,000 females	9.8	7.3	8.5		2012-2014	29

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2.06	Colorectal Cancer Incidence Rate	*cases/ 100,000 population*	43.8	39.9	36.9		*2012-2014*	29
2.00	All Cancer Incidence Rate	*cases/ 100,000 population*	494.2		426.8		*2012-2014*	29
2.00	Breast Cancer Incidence Rate	*cases/ 100,000 females*	134.6		117.8		*2012-2014*	29
2.00	Cancer: Medicare Population	*percent*	9.2		9.6	7.8	*2015*	3
2.00	Colon Cancer Screening: Blood Stool Test Past Year	*percent*	10.6		16		*2016*	8
2.00	Prostate Cancer Incidence Rate	*cases/ 100,000 males*	111.4		90.5		*2012-2014*	29
1.83	Oral Cavity and Pharynx Cancer Incidence Rate	*cases/ 100,000 population*	15.8		13.4		*2012-2014*	29
1.72	Lung and Bronchus Cancer Incidence Rate	*cases/ 100,000 population*	76.2		61		*2012-2014*	29
1.67	Mammogram: 40+ Past Year	*percent*	57.7		60.8		*2016*	8
1.67	Melanoma Incidence Rate	*cases/ 100,000 population*	22.1		22.8		*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
1.39	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

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SCORE		UNITS	DUVAL COUNTY	HP2020	FLORIDA	U.S.	MEASUREMENT PERIOD	SOURCE
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* *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
1.58	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
1.58	Morbidity Ranking* *County Health Ranking: the ranking is based on a summary composite score calculated from the following measures: poor or fair health, poor physical health days, poor mental health days, and		38				2018	4

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SCORE								
	low birthweight.							
1.58	Mortality Ranking* * County Health Ranking: the ranking is based on a measure of premature death.		47				2018	4
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
1.25	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

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

SCORE	ECONOMY	UNITS	DUVAL COUNTY	HP2020	FLORIDA	U.S.	MEASUREMENT PERIOD	SOURCE
2.67	Homeownership	percent	50.3		52.3	55.9	2012-2016	1
2.61	Food Insecurity Rate	percent	20		15.1	13.7	2015	6
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

2.33	Total Employment Change	*percent*	0.2	4.5	2.5	*2014-2015*	27
2.11	Households with Cash Public Assistance Income	*percent*	2.8	2.2	2.7	*2012-2016*	1
2.03	Median Housing Unit Value	*dollars*	146400	166800	184700	*2012-2016*	1
1.94	Child Food Insecurity Rate	*percent*	23.2	22.7	19.3	*2015*	6
1.94	Children Living Below Poverty Level	*percent*	24.8	23.3	21.2	*2012-2016*	1
1.92	Median Household Gross Rent	*dollars*	962	1032	949	*2012-2016*	1
1.89	Families Living Below Poverty Level	*percent*	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

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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

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

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SCORE		UNITS	DUVAL COUNTY	HP2020	FLORIDA	U.S.	MEASUREMENT PERIOD	SOURCE
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
2.44	Food Environment Index		6.3		6.7	7.7	2018	4
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
1.83	Recognized Carcinogens Released into Air	pounds	42139				2016	28
1.75	Physical Environment Ranking* *County Health Ranking: the ranking is based on a summary composite score calculated from the following measures: daily fine particulate matter, drinking water violations, severe housing problems, driving alone to work, and long commute while driving alone.		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* *This indicator gives a grade to each county in the U.S. based on the annual number of high ozone days	grade	C				2013-2015	2
1.47	Annual Particle Pollution* *This indicator gives a grade to each county in the U.S. based on average number of days that exceed U.S. particle pollution standards (PM2.5)	grade	B				2013-2015	2

SCORE		UNITS	DUVAL COUNTY	HP2020	FLORIDA	U.S.	MEASUREMENT PERIOD	SOURCE
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

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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

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SCORE		UNITS					MEASUREMENT PERIOD	SOURCE
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

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SCORE		UNITS					MEASUREMENT PERIOD	SOURCE
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

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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

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

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SCORE		UNITS	DUVAL COUNTY	HP2020	FLORIDA	U.S.	MEASUREMENT PERIOD	SOURCE
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
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

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

SCORE	**ORAL HEALTH**	UNITS	DUVAL COUNTY	HP2020	FLORIDA	U.S.	MEASUREMENT PERIOD	SOURCE

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SCORE		UNITS	DUVAL COUNTY	HP2020	FLORIDA	U.S.	MEASUREMENT PERIOD	SOURCE
1.83	Oral Cavity and Pharynx Cancer Incidence Rate	cases/ 100,000 population	15.8		13.4		2012-2014	29
1.42	Adults who did not Visit a Dentist due to Cost	percent	19.8				2007	8
0.17	Dentist Rate	dentists/ 100,000 population	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	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
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 100,00 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,	percent	20.1		21.5	18.8	2010-2014	4

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SCORE		UNITS						
	high housing costs, lack of kitchen, or lack of plumbing facilities							
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 100,00 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

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SCORE		UNITS	DUVAL COUNTY	HP2020	FLORIDA	U.S.	MEASUREMENT PERIOD	SOURCE
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	percent	23.8		20.8		2014	22
2.14	Age-Adjusted Death Rate due to Influenza and Pneumonia	deaths/ 100,000 population	15.6		9.8	13.5	2016	17
1.75	Adults 65+ with Pneumonia Vaccination	percent	66.7	90	65.6	73.4	2016	8
1.72	Lung and Bronchus Cancer Incidence Rate	cases/ 100,000 population	76.2		61		2012-2014	29
1.56	COPD: Medicare Population	percent	12.8		13.2	11.2	2015	3
1.42	Adults 65+ with Influenza Vaccination	percent	57.6		57.6	58.6	2016	8
1.39	Age-Adjusted Death Rate due to Lung Cancer	deaths/ 100,000 population	46.2	45.5	40.4		2014-2016	17
1.25	Adults with Current Asthma	percent	6.8		6.7	9.3	2016	8
0.47	Tuberculosis Incidence Rate	cases/ 100,000 population	0	1	3.2	2.9	2016	16

SCORE	SOCIAL ENVIRONMENT	UNITS	DUVAL COUNTY	HP2020	FLORIDA	U.S.	MEASUREMENT PERIOD	SOURCE
2.67	Homeownership	percent	50.3		52.3	55.9	2012-2016	1
2.61	Single-Parent Households	percent	42.7		38.5	33.6	2012-2016	1

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2.33	Total Employment Change	*percent*	0.2		4.5	2.5	*2014-2015*	27
2.03	Median Housing Unit Value	*dollars*	146400		166800	184700	*2012-2016*	1
1.94	Children Living Below Poverty Level	*percent*	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* ** 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	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

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SCORE		UNITS					MEASUREMENT PERIOD	SOURCE
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

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SCORE		UNITS	DUVAL COUNTY	HP2020	FLORIDA	U.S.	MEASUREMENT PERIOD	SOURCE
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	cases/ 100,000 females aged 15-19	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	cases/ 100,000 females aged 15-19	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	live births/ 1,000 females aged 15-19	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

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SCORE		UNITS	DUVAL COUNTY	HP2020	FLORIDA	U.S.	MEASUREMENT PERIOD	SOURCE
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	cases/ 100,000 females	9.8	7.3	8.5		2012-2014	29

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SCORE		UNITS					MEASUREMENT PERIOD	SOURCE
2.00	Breast Cancer Incidence Rate	cases/ 100,000 females	134.6		117.8		2012-2014	29
1.72	Life Expectancy for Females	years	79.2		82	81.5	2014	23
1.67	Mammogram: 40+ Past Year	percent	57.7		60.8		2016	8
1.39	Age-Adjusted Death Rate due to Breast Cancer	deaths/ 100,000 females	21.6	20.7	19.8		2014-2016	17
1.00	Pap Test in Past Year	percent	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	providers/ 100,000 population	58		88	81	2017	4
1.50	Dentist Rate	dentists/ 100,000 population	51		58	67	2016	4
1.42	Adults with a Usual Source of Health Care	percent	78.5	89.4	72	77.1	2016	8
1.25	Adults who did not Visit a Dentist due to Cost	percent	10.1				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.		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

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SCORE		UNITS						
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	cases/ 100,000 population	30.7		22.8		2012-2014	29
2.17	Age-Adjusted Death Rate due to Breast Cancer	deaths/ 100,000 females	22.4	20.7	19.8		2014-2016	17
2.00	Breast Cancer Incidence Rate	cases/ 100,000 females	136.5		117.8		2012-2014	29
2.00	Colon Cancer Screening: Blood Stool Test Past Year	percent	7.2		16		2016	8
1.94	Oral Cavity and Pharynx Cancer Incidence Rate	cases/ 100,000 population	16.4		13.4		2012-2014	29
1.89	Cancer: Medicare Population	percent	9.3		9.6	7.8	2015	3
1.83	Age-Adjusted Death Rate due to Lung Cancer	deaths/ 100,000 population	46.7	45.5	40.4		2014-2016	17
1.83	Prostate Cancer Incidence Rate	cases/ 100,000 males	97.3		90.5		2012-2014	29
1.78	Age-Adjusted Death Rate due to Prostate Cancer	deaths/ 100,000 males	19.6	21.8	17.1		2014-2016	17
1.61	Age-Adjusted Death Rate due to Colorectal Cancer	deaths/ 100,000 population	13.6	14.5	13.7		2014-2016	17
1.61	Lung and Bronchus Cancer Incidence Rate	cases/ 100,000 population	66.8		61		2012-2014	29
1.56	Age-Adjusted Death Rate due to Cancer	deaths/ 100,000 population	160.4	161.4	155.1		2014-2016	17

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Score		Units	St. Johns County	HP2020	Florida	U.S.	Measurement Period	Source
1.56	All Cancer Incidence Rate	cases/ 100,000 population	447.5		426.8		2012-2014	29
1.44	Mammogram: 40+ Past Year	percent	61.2		60.8		2016	8
1.33	Prostate-Specific Antigen Test History	percent	55.3		54.9		2016	8
1.11	Colorectal Cancer Incidence Rate	cases/ 100,000 population	32.9	39.9	36.9		2012-2014	29
1.00	Pap Test in Past Year	percent	54.7		48.4		2016	8
0.72	Cervical Cancer Incidence Rate	cases/ 100,000 females	4.8	7.3	8.5		2012-2014	29

SCORE	CHILDREN'S HEALTH	UNITS	ST. JOHNS COUNTY	HP2020	FLORIDA	U.S.	MEASUREMENT PERIOD	SOURCE
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*		54				2018	4

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	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.			
1.25	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.*	2	*2018*	4
1.25	Health Behaviors Ranking* * County Health Ranking: the ranking is based on a summary composite score calculated from the following measures: adult smoking, adult obesity, physical inactivity, access to exercise opportunities, excessive drinking, alcohol-impaired driving deaths, sexually transmitted infections, teen births, and a food environment index.*	6	*2018*	4
1.25	Morbidity Ranking* *County Health Ranking: the ranking is based on a summary composite score calculated from the following measures: poor or fair health, poor physical health days, poor mental health days, and low birthweight.*	1	*2018*	4
1.25	Mortality Ranking* * County Health Ranking: the ranking is based on a measure of premature death	4	*2018*	4
1.25	Social and Economic Factors Ranking* * County Health Ranking: the ranking is based on a summary composite score calculated from the following measures: high school graduation, some college, unemployment, children in poverty, income inequality, children in single-parent households, social associations, violent crime rate, and injury death rate.*	1	*2018*	4

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

SCORE		UNITS	ST. JOHNS COUNTY	HP2020	FLORIDA	U.S.	MEASUREMENT PERIOD	SOURCE
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	percent	3		3.8	4.4	February 2018	26
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	Families Living Below Poverty Level	percent	5.9		11.7	11	2012-2016	1
0.39	People 65+ Living Below Poverty Level	percent	6.1		10.4	9.3	2012-2016	1
0.39	People Living Below Poverty Level	percent	9		16.1	15.1	2012-2016	1
0.17	Median Household Income	dollars	69523		48900	55322	2012-2016	1
0.17	People Living 200% Above Poverty Level	percent	78.2		62.7	66.4	2012-2016	1
0.17	Per Capita Income	dollars	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	percent	93.1		93.7		2016	11
2.11	Student-to-Teacher Ratio	students/ teacher	17.1		15.8	17.7	2015-2016	24

Baptist Medical Center Beaches CHNA

SCORE		UNITS	ST. JOHNS COUNTY	HP2020	FLORIDA	U.S.	MEASUREMENT PERIOD	SOURCE
1.11	4th Grade Students Proficient in Reading	percent	74		56		2017	10
1.11	Infants Born to Mothers >18 Years Old with <12 Years Education	percent	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

Baptist Medical Center Beaches CHNA

SCORE		UNITS	ST. JOHNS COUNTY	HP2020	FLORIDA	U.S.	MEASUREMENT PERIOD	SOURCE
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

Baptist Medical Center Beaches CHNA

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

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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	deaths/ 100,000 population	5.3		11		2016	17
1.08	High Cholesterol Prevalence	percent	30.4	13.5	33.4	38.4	2013	8

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SCORE		UNITS	ST. JOHNS COUNTY	HP2020	FLORIDA	U.S.	MEASUREMENT PERIOD	SOURCE
1.00	Age-Adjusted Death Rate due to Major Cardiovascular Diseases	deaths/ 100,000 population	173		209.7		2016	17
0.97	Age-Adjusted Death Rate due to Cerebrovascular Disease (Stroke)	deaths/ 100,000 population	33.9	34.8	39.7	37.3	2016	17
0.47	Age-Adjusted Death Rate due to Coronary Heart Disease	deaths/ 100,000 population	74.5	103.4	98.5	94.3	2016	17
0.17	Heart Failure: Medicare Population	percent	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	cases/ 100,000 population	2.4		0.6		2014	12
2.08	Adults 65+ with Pneumonia Vaccination	percent	63.3	90	65.6	73.4	2016	8
1.89	Salmonella Infection Incidence Rate	cases/ 100,000 population	35.6	11.4	27.8		2016	12
1.75	Adults 65+ with Influenza Vaccination	percent	55.6		57.6	58.6	2016	8
1.47	Age-Adjusted Death Rate due to Influenza and Pneumonia	deaths/ 100,000 population	11		9.8	13.5	2016	17
1.39	Kindergartners with Required Immunizations	percent	94.6		94.1		2017	14
1.11	Gonorrhea Incidence Rate: Females 15-19	cases/ 100,000 females aged 15-19	159.4		496.6		2016	15
1.11	Syphilis Incidence Rate	cases/ 100,000 population	0.9		11.9		2016	15
1.06	AIDS Diagnosis Rate	cases/ 100,000 population	4.1		10.5		2016	13
1.00	Chlamydia Incidence Rate: Females 15-	cases/ 100,000 females aged	1709.9		3175.6		2016	15

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	19	*15-19*						
0.97	Tuberculosis Incidence Rate	*cases/ 100,000 population*	1.5	1	3.2	2.9	*2016*	16
0.89	HIV Incidence Rate	*cases/ 100,000 population*	6.8		24.6		*2016*	13
0.86	Chlamydia Incidence Rate	*cases/ 100,000 population*	269.8		468.2	497.3	*2016*	15
0.86	Gonorrhea Incidence Rate	*cases/ 100,000 population*	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	*percent*	84.8	77.9	78.4	77.1	*2016*	17
1.11	Infant Mortality Rate	*deaths/ 1,000 live births*	5.4	6	6.1		*2014-2016*	17
1.11	Infants Born to Mothers >18 Years Old with <12 Years Education	*percent*	4.5		10.8		*2016*	17
0.92	Preterm Births	*percent*	9.1	9.4	10.1	9.8	*2016*	17
0.64	Teen Birth Rate: 15-19	*live births/ 1,000 females aged 15-19*	8.4		19.5	20.3	*2016*	17
0.58	Babies with Low Birth Weight	*percent*	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	*cases/ 100,000 males*	97.3		90.5		*2012-2014*	29
1.78	Age-Adjusted Death Rate due to Prostate Cancer	*deaths/ 100,000 males*	19.6	21.8	17.1		*2014-2016*	17

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SCORE		UNITS	ST. JOHNS COUNTY	HP2020	FLORIDA	U.S.	MEASUREMENT PERIOD	SOURCE
1.33	Prostate-Specific Antigen Test History	*percent*	55.3		54.9		*2016*	8
0.94	Life Expectancy for Males	*years*	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	*deaths/ 100,000 population*	16.2	10.2	14.2	13.5	*2016*	17
0.89	Alzheimer's Disease or Dementia: Medicare Population	*percent*	9.3		11.7	9.9	*2015*	3
0.78	Depression: Medicare Population	*percent*	14.4		17.5	16.7	*2015*	3
0.67	Frequent Mental Distress	*percent*	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

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

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

SCORE	OTHER CHRONIC DISEASES	UNITS	ST. JOHNS COUNTY	HP2020	FLORIDA	U.S.	MEASUREMENT PERIOD	SOURCE
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

SCORE		UNITS	ST. JOHNS COUNTY	HP2020	FLORIDA	U.S.	MEASUREMENT PERIOD	SOURCE
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 100,00 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 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
0.61	Death Rate due to Drug Poisoning	deaths/ 100,000 population	12.2		17.4	16.9	2014-2016	4

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	deaths/ 100,000 population	18.6		15.4		2016	17
1.11	Pedestrian Death Rate* *Number of pedestrians killed in traffic collisions per 100,00 population	deaths/ 100,000 population	1.4	1.4	2.6	1.5	2013	5
1.06	Driving Under the Influence Arrest Rate	arrests/ 100,000 population	134.4		173.9		2016	19
1.00	Child Abuse Rate	cases/ 1,000 children aged 5-11	625.9		901.3		2016	9

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SCORE		UNITS						
1.00	Domestic Violence Offense Rate	offenses/ 100,000 population	362.3		524.3		2016	19
1.00	Juvenile Justice Referral Rate	referrals/ 100,000 population	308.1		448.7		2013	18
0.64	Violent Crime Rate	crimes/ 100,000 population	208.8		439.2	386.3	2016	19
0.50	Alcohol-Impaired Driving Deaths	percent	23.8		26.4	29.3	2012-2016	4

SCORE	RESPIRATORY DISEASES	UNITS	ST. JOHNS COUNTY	HP2020	FLORIDA	U.S.	MEASUREMENT PERIOD	SOURCE
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

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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

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SCORE		UNITS					MEASUREMENT PERIOD	SOURCE
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

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SCORE		UNITS	ST. JOHNS COUNTY	HP2020	FLORIDA	U.S.	MEASUREMENT PERIOD	SOURCE
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

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SCORE		UNITS						
1.06	Teens who Binge Drink: High School Students	percent	10.5		10.9		2016	21
1.00	Chlamydia Incidence Rate: Females 15-19	cases/ 100,000 females aged 15-19	1709.9		3175.6		2016	15
0.89	Teens who have Used Methamphetamines	percent	0.4		0.8		2016	21
0.64	Teen Birth Rate: 15-19	live births/ 1,000 females aged 15-19	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	percent	43.8		39.5	34.7	2012-2016	4
2.61	Workers who Walk to Work	percent	1	3.1	1.5	2.8	2012-2016	1
2.33	Workers Commuting by Public Transportation	percent	0.2	5.5	2.1	5.1	2012-2016	1
2.11	Mean Travel Time to Work	minutes	27		26.7	26.1	2012-2016	1
1.94	Workers who Drive Alone to Work	percent	81.6		79.5	76.4	2012-2016	1
1.33	Households with No Car and Low Access to a Grocery Store	percent	2.4				2015	28

SCORE	WOMEN'S HEALTH	UNITS	ST. JOHNS COUNTY	HP2020	FLORIDA	U.S.	MEASUREMENT PERIOD	SOURCE

2.17	Age-Adjusted Death Rate due to Breast Cancer	*deaths/ 100,000 females*	22.4	20.7	19.8		*2014-2016*	17
2.00	Breast Cancer Incidence Rate	*cases/ 100,000 females*	136.5		117.8		*2012-2014*	29
1.44	Mammogram: 40+ Past Year	*percent*	61.2		60.8		*2016*	8
1.00	Pap Test in Past Year	*percent*	54.7		48.4		*2016*	8
0.72	Cervical Cancer Incidence Rate	*cases/ 100,000 females*	4.8	7.3	8.5		*2012-2014*	29
0.72	Life Expectancy for Females	*years*	83		82	81.5	*2014*	29

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Appendix D. Community Resources

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

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

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

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

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