COMMUNITY HEALTH NEEDS ASSESSMENT

WOLFSON CHILDREN'S HOSPITAL

2022

2022 COMMUNITY HEALTH NEEDS ASSESSMENT

WOLFSON CHILDREN'S HOSPITAL

Prepared For

Wolfson Children's Hospital

In collaboration with:

The Jacksonville Nonprofit Hospital Partnership

August 2021

> ***Disparity describes unfair or unequal differences people experience that can exist across many population dimensions such as race, ethnicity, gender, sexual orientation, age, disability status, socioeconomic position, and geographic location.***

Source: https://www.healthypeople.gov/

Acknowledgements

The 2022 Community Health Needs Assessment for the Jacksonville Nonprofit Hospital Partnership is a collaborative approach to assessing the health status and needs across our community. The Jacksonville Nonprofit Hospital Partnership (the Partnership) consists of five-health systems and 12 hospital campuses serving northeast Florida: Ascension St. Vincent's, Baptist Health/Wolfson Children's Hospital, Brooks Rehabilitation, Mayo Clinic in Florida, and UF Health Jacksonville. The Partnership comes together to facilitate the community needs assessment and evaluate opportunities to collectively support identified needs. To add to the richness of the report, residents, community health partners, and business associates in Baker, Clay, Duval, Nassau, and St. Johns Counties provided valuable insights that contributed to the framing of this report for northeast Florida. The Partnership members extend their gratitude to all who participated in this community-wide assessment.

The Partnership first collaborated in 2011 to produce the area's first multi-hospital system Community Health Needs Assessment (CHNA). Though the Affordable Care Act requires that nonprofit hospitals conduct CHNAs to demonstrate their community benefit to maintain tax-exempt status, the Jacksonville Nonprofit Hospital Partnership is committed to working collaboratively to identify and address our community's most-pressing health needs.

The Health Planning Council of Northeast Florida (HPCNEF) assembled a multidisciplinary team to produce the 2022 Jacksonville Nonprofit Hospital Partnership Community Health Needs Assessment that resulted in 13 hospital reports to meet IRS requirement 501(r)(3).

HPCNEF works towards improving health outcomes by serving as the primary source for impactful health information, analysis, and planning in northeast Florida. HPCNEF is one of 11 independent 501(c)3 nonprofit Local/Regional Health Councils established in 1983 under Florida Statute 408.033 to act as a network of agencies to conduct regional health planning and subsequent implementation activities. WGI, Inc. is a national design and professional services firm leading in technology-based engineering and planning solutions.

Prepared by

HEALTH PLANNING COUNCIL OF NORTHEAST FLORIDA

WGI

CEO Statement

Since 1955, Baptist Health has served as a source of healing and hope for all in Northeast Florida. Led by the community – for the community – we are committed to improving the health of all our residents, and the work of Social Responsibility and Community Health remains at the heart of our mission and values today.

We understand that a person's health and well-being is primarily influenced by what happens their everyday lives. That's why we work closely with local community and faith-based organizations to reach residents where they are.

Through the community health needs assessment, we're able to gain a deeper understanding of the most pressing health issues and to expand programming and partnerships to address those needs. Here are just a few examples of our ongoing investments in the community's health:

- Through JaxCareConnect, we're helping to expand pathways to ensure all adult residents find a primary care home, regardless of their insurance or financial status.
- We are providing additional support and resources for mothers after delivery through our WELLcome Home program, which offers a free home visit with a registered nurse who provides information, support and community referrals. This program supported 1,250 families in 2021 alone.
- Working with Project Save Lives, we are facilitating life-saving connections for those in need of mental health and substance use support. When patients arrive at Baptist Jacksonville and Baptist North emergency departments, they are met by peer recovery specialists who can assist with securing needed treatment once they are released.

Yet we know there is more work to be done. The 2022 Community Health Needs Assessment has illuminated our continued need to focus on mental health, maternal and child health, and access to care. We have renewed our commitment to these priorities for the next three years alongside an added focus on social determinants of health, including transportation and access to healthy food. We've begun work with Blue Zones, a research-based, long-term initiative designed to address social determinants of health in Jacksonville. In addition, we're integrating the work of our Congregational Health Network, which helps connect seniors with volunteers who can offer the health, faith and community support they need to maintain wellness.

Baptist Health is truly honored to serve our community as the only faith-based, locally governed, not-for-profit health system in Northeast Florida. On behalf of our team members, medical staff and Boards of Directors, allow me to express our heartfelt gratitude to all who share in our mission of improving the health and well-being of our community.

Sincerely,

Michael A. Mayo, DHA, FACHE
President and Chief Executive Officer
Baptist Health

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Wolfson
Children's
Hospital

1. Introduction

A. Purpose

The Affordable Care Act requires that non-profit hospitals conduct Community Health Needs Assessments (CHNAs) to demonstrate their benefit to the community and maintain their tax-exempt status. The CHNAs allow hospitals to take an in-depth look at the communities they serve to identify and prioritize the most significant and critical unmet health needs of the population using an evidence-based approach. The needs assessment process is a valuable opportunity for hospitals to collaborate with other health organizations, health systems, and most importantly, all people living in northeast Florida. IRS guidance for the CHNA outlines a five-step approach, as illustrated in Figure 1.1, for nonprofit hospitals to meet compliance standards.

Figure 1.1: CHNA 5-Step Approach

The Jacksonville Nonprofit Hospital Partnership (the Partnership) completed the 2022 Community Health Needs Assessment Report for the five hospital systems and 12 hospital campuses serving northeast Florida. The five-counties in northeast Florida (Baker, Clay, Duval, Nassau, and St. Johns) are referenced throughout each individual hospital report to provide a consolidated view of community health to our community at large.

Wolfson Children's Hospital is pleased to present the findings of the 2022 CHNA that details the community served with specific references to Duval County. The community served is inclusive of all populations including those at risk of receiving inadequate medical care because they are uninsured or underinsured, or due to the high cost of healthcare, transportation difficulties, stigma, or other barriers.

B. Wolfson Children's Hospital

Executive Statement

Michael A. Mayo, DHA, FACHE, President and CEO:

"Building a healthier community is core to our mission at Baptist Health. We understand the health needs affecting our community are significant, and that we can make an even greater impact by working together. The Community Health Needs Assessment guides the collective actions of the not-for-profit hospitals in our community so that we can be more effective in tackling the most pressing challenges. It's a privilege to continue this work to help create a healthier Northeast Florida for all, especially our most vulnerable residents."

About the Hospital

Wolfson Children's Hospital is the only hospital in Northeast Florida completely dedicated to children. In this unique, family-centered environment, nationally renowned pediatric physicians, researchers, nurses and staff work together to provide the region's highest level of specialized care for kids from birth to age 17. The hospital opened in 1955 and serves Baker, Clay, Columbia, Duval, Flagler, Nassau and St. Johns counties in Northeast Florida.

This 276-bed children's hospital is recognized nationally:

- Ranked among "America's Best Children's Hospitals" by *U.S. News & World Report*
- Magnet™-designated hospital
- Leapfrog Group "Top Children's Hospital," a patient safety and quality recognition

Wolfson Children's Hospital's services include:

- 24/7 Children's Emergency and Trauma Center plus ERs at Baptist Clay, South and North campuses, Oakleaf, and Town Center

- Behavioral Health Institute
- Cancer Institute
- C. Herman and Mary Virginia Terry Children's Heart Institute
- Community Asthma Partnership
- Early Autism Intervention Program
- Imaging in multiple locations around the area
- Kids Kare Mobile neonatal and pediatric transport program
- Highest level of Neonatal Intensive Care
- Northeast Florida Pediatric Diabetes Center
- Orthopedic/Sports Medicine Program
- Sleep Disorders Center
- Snyder Family Cleft and Craniofacial Center
- Snyder Family Burn and Wound Program
- Surgical Services
- THE PLAYERS Center for Child Health
- Walter and Michelle Stys Neuroscience Institute
- Wolfson Children's Rehabilitation

Wolfson Children's 13-person board of directors is led by Michael DuBow. Michael D. Aubin, FACHE, serves as hospital president. The board is comprised of community leaders and volunteers who ensure the hospital is meeting local community needs.

"As the region's only full-service children's hospital, Wolfson Children's is committed to providing the best possible care for every child and family we serve. By participating in the Community Health Needs Assessment, we not only uncover the greatest health needs for families in the area, but also the largest barriers to accessing our care. The latest report tells us access to care and particularly, access to mental health services, remain persisting concerns and top priorities to address. These results help us further focus our efforts to ensure all children have the resources and support they need to live healthy lives."

Michael D. Aubin, FACHE

President, Wolfson Children's Hospital, and Chief Philanthropy Officer, Baptist Health Foundation

C. Focus on Health Equity

In this CHNA process, the Partnership sought to better understand health disparities based on racial and ethnic inequities facing the region. Data demonstrates significant trends in health disparities between African Americans and other races/ethnicities. Other populations such as Asians, seniors, immigrants, persons with differing abilities, veterans, lesbian, gay, bisexual, transgender, and questioning (LGBTQ+), Hispanic, Muslim, and Jewish people are not immune from discriminatory practices, as well. The CHNA process included efforts to better understand health disparities and differences in healthcare delivery among population groups. Health inequities resulting from racism and disparate social conditions are included in this report.

As the world has been fighting COVID-19, racial inequities and significant health disparities in urban, suburban, and rural communities have been highlighted throughout our region. Effectively addressing disparities in healthcare requires improved data systems, and new initiatives to appropriately train medical professionals and recruit providers who mirror the communities served. Through public dialogue, interagency collaboration, and resource sharing, members of the Partnership have identified and prioritized strategies to eliminate racial inequities in the provisions of healthcare.

D. Community Served

Wolfson Children's Hospital opened in 1955 and is the only full-service tertiary hospital in northeast Florida completely dedicated to children from birth to age 17. Wolfson Children's Hospital has physicians in 34 specialties. Medical faculty includes pediatric subspecialists with Nemours Children's Specialty Care- Jacksonville, University of Florida College of Medicine – Jacksonville, UPMC Children's Hospital of Pittsburgh, and Mayo Clinic.

Wolfson Children's Hospital is part of Baptist Health and serves Baker, Clay, Duval, Nassau, and St Johns counties.

Figure 1.2 depicts Wolfson Children's Hospital profile. Wolfson Children's Hospital is dedicated to serving children, in all five counties. Table 1.1 summarizes children in the Metropolitan Statistical Area (MSA) by age as a percentage of the population. Figures 1.3 – 1.7 presents a sociodemographic overview of each county followed by an individual county summary that highlights the unique region of northeast Florida.

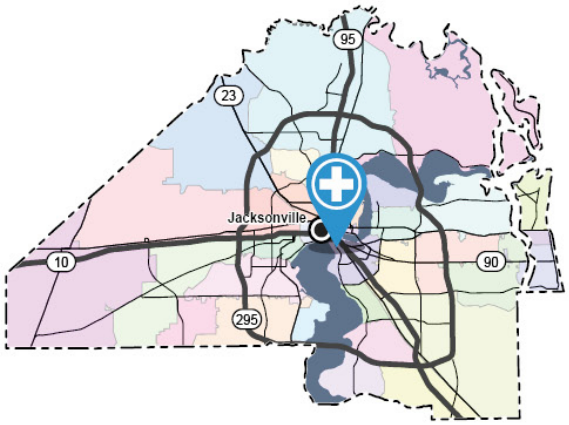
***Figure 1.2:** Hospital Profile (2019)*

WOLFSON CHILDREN'S HOSPITAL

202 Total Licensed Beds

24,412 Observation Admissions

9,037 Surgeries, both Inpatient & Outpatient



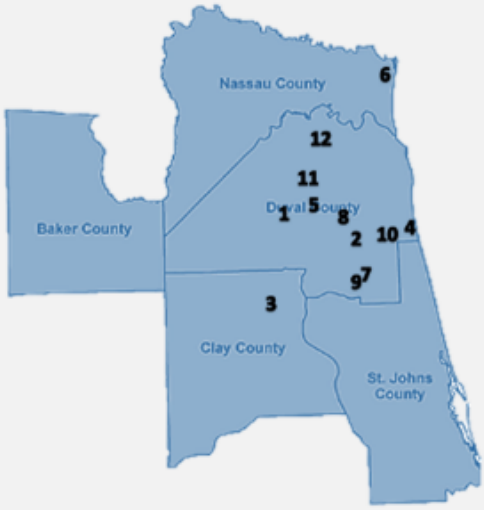
30,017 ED Visits

3,605 ED Patients Admitted as Inpatients

0 Births

HOSPITALS IN THE REGION

1 Ascension St. Vincent's Riverside
2 Ascension St. Vincent's Southside
3 Ascension St. Vincent's Clay
4 Baptist Medical Center Beaches
5 Baptist Medical Center Jacksonville
Wolfson Children's Hospital
6 Baptist Medical Center Nassau
7 Baptist Medical Center South
8 Brooks Rehabilitation University
9 Brooks Rehabilitation Bartram
10 Mayo Clinic Jacksonville
11 UF Health Jacksonville
12 UF Health North



Wolfson Children's Hospital's service population is children from birth to 17 years of age in the five-county region of northeast Florida. The collective area Wolfson serves is also known as the Jacksonville MSA, a designation by the U.S. Office of Management and Budget (OMB) used for statistical purposes by the United States Census Bureau and other government agencies. The MSA had a total population of approximately 1,504,980 in 2017 and an estimated population of 1,559,514 in 2019, making it the 39th largest in the United States and the fourth largest MSA in the State of Florida.

Baker County encompasses 589 square miles in northeast Florida. The County Seat is located in the incorporated City of Macclenny. The other incorporated City is Glen St. Mary, while the other major communities of Sanderson and Olustee remain unincorporated. Baker County is divided into three zip codes and four census tracts with an estimated population of 28,211. Baker County has a low population density residing in rural communities and some suburban enclaves.

Clay County covers 644 square miles in northeast Florida. Clay County is defined by 12 zip codes and 30 census tracts with a population of 219,252. The four incorporated municipalities are Green Cove Springs, Keystone Heights, Orange Park, and Penney Farms. Clay County is transitioning from

rural to urban, with large suburban communities developing south of Orange Park. Although the population of Clay County is relatively high, the majority of the county remains rural with extensive farming and agricultural activities.

Duval County became a consolidated city in 1968 when the county and city governmental functions merged, making Jacksonville one of the largest cities in the nation by landmass, not population. Duval County encompasses 918 square miles in northeast Florida. Duval County is defined by 53 zip codes and 173 census tracts with a population of 957,755. Jacksonville Beach, Atlantic Beach, Neptune Beach, and Baldwin opted out of consolidation and remain incorporated.

Downtown Jacksonville is the urban center of Duval County, with in-town neighborhoods radiating from the core to the inner-ring suburban development and exurban sprawling land-use patterns. Still, some outer bands of Duval County remain rural. As a consolidated government, providing and maintaining an equitable distribution of services to all communities is challenging.

Nassau County encompasses 726 square miles in northeast Florida. Nassau is defined by five zip codes and census tracts with a population of 88,625. The County Seat is located in the historic town of Fernandina Beach on Amelia Island. The towns of Callahan, Hilliard, and Bryceville are located in rural western Nassau. Yulee remains an unincorporated area between U.S. I-95 and the Amelia River. It is characterized by newly developed suburban enclaves and strip development along SR 200.

St. Johns County encompasses 821 square miles in northeast Florida, bordered by Duval County to the north, the Atlantic Ocean to the east, Flagler County to the south, and Putnam County to the west. St. Johns County is defined by ten zip codes and 41 census tracts with a population of 264,672. The County Seat is located in historic St. Augustine. Other cities include St. Augustine Beach, and the rural communities of Hastings, and Elkton. In contrast, St. Johns County is well-known for its premier planned communities like Julington Creek and Nocatee, and the exclusive beach community of Ponte Vedra.

Almost a quarter of the population (22.2 percent) in northeast Florida are children under age 18. Children's physical and emotional health, growth and development and their capacity to reach their full potential as adults are strongly associated with health. Addressing health across the lifespan, beginning with preconception to prenatal throughout all stages of childhood growth (early childhood to adolescence), ensures a more vital and healthy community.

Establishing healthy behaviors during childhood is a critical factor to improving the overall population health of a community. Some actions to take to address the risk factors for chronic diseases are improving healthy food options and nutrition education in school, providing physical education and physical activity opportunities in school, and preventing use of all tobacco products.

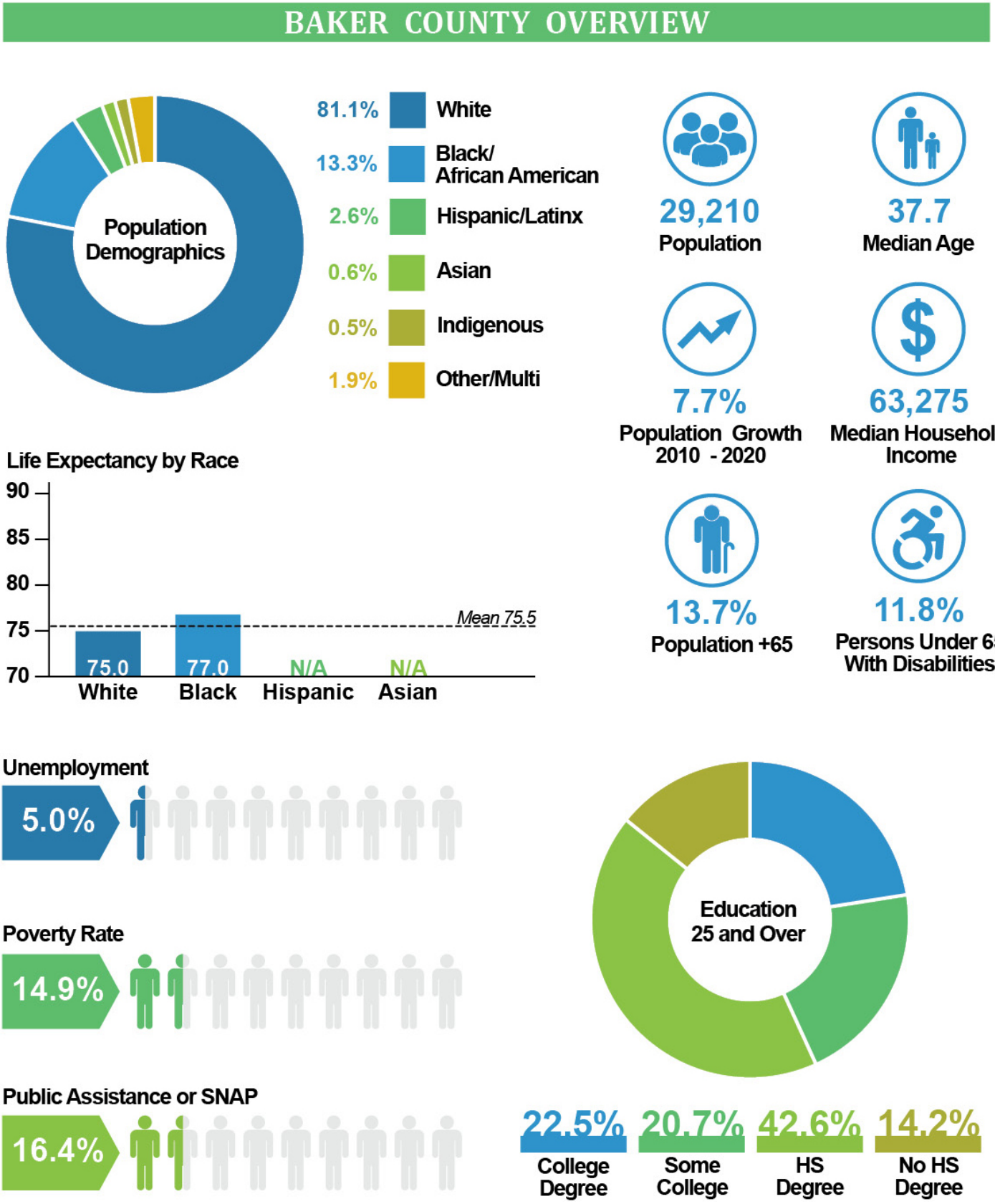
Table 1.1: Jacksonville MSA Characteristics

Children as Percent of Population

County	Under 5	5 to 9	10 to 14	15-19
Baker	6.3	6.4	6.9	6.3
Clay	5.4	6.6	6.4	7.1
Duval	6.8	6.2	6.2	5.8
Nassau	5.1	5.3	5.9	5.6
St. Johns	4.6	6.1	6.9	6.2

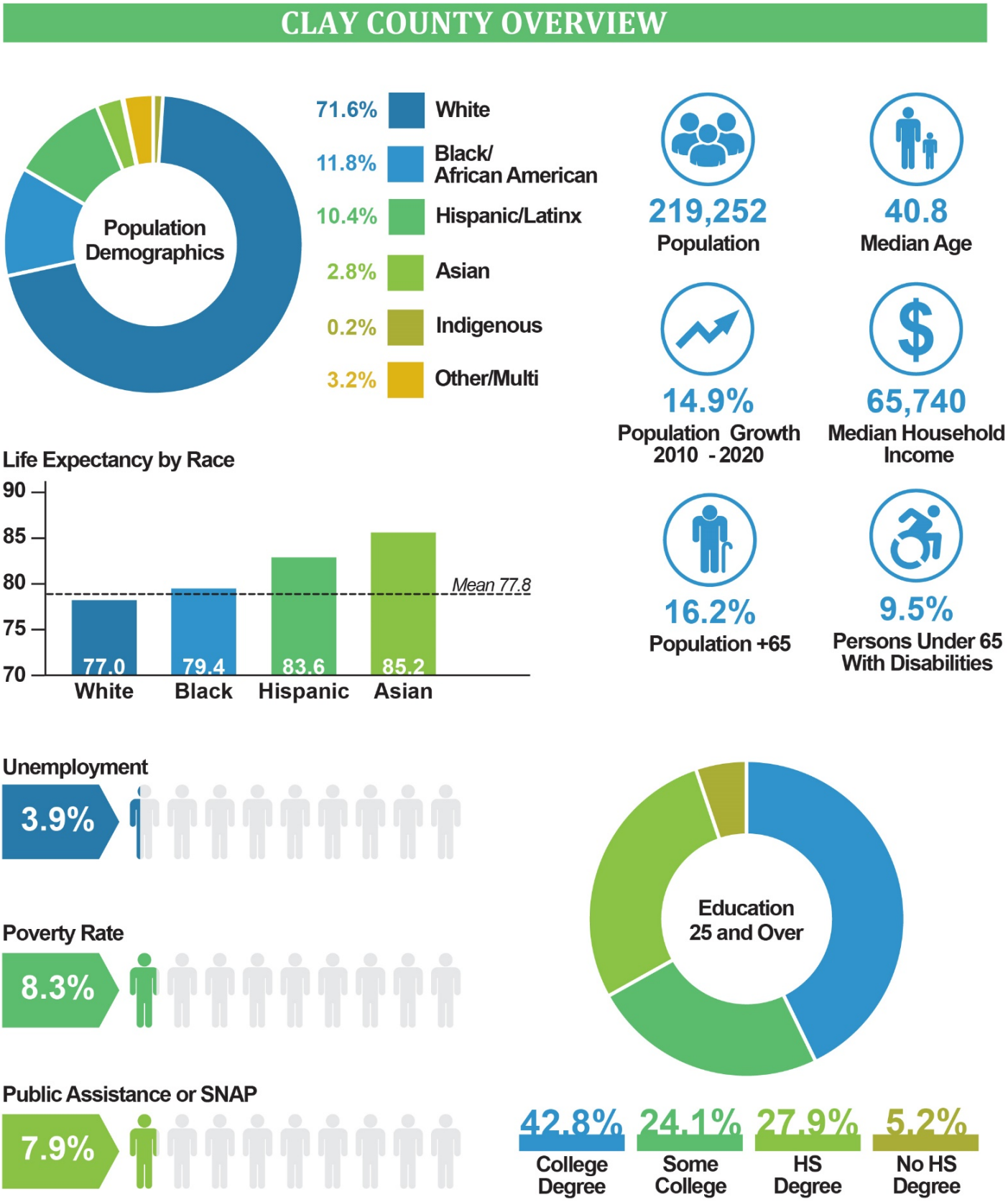
Source: US Census

Figure 1.3: Baker County Population Profile



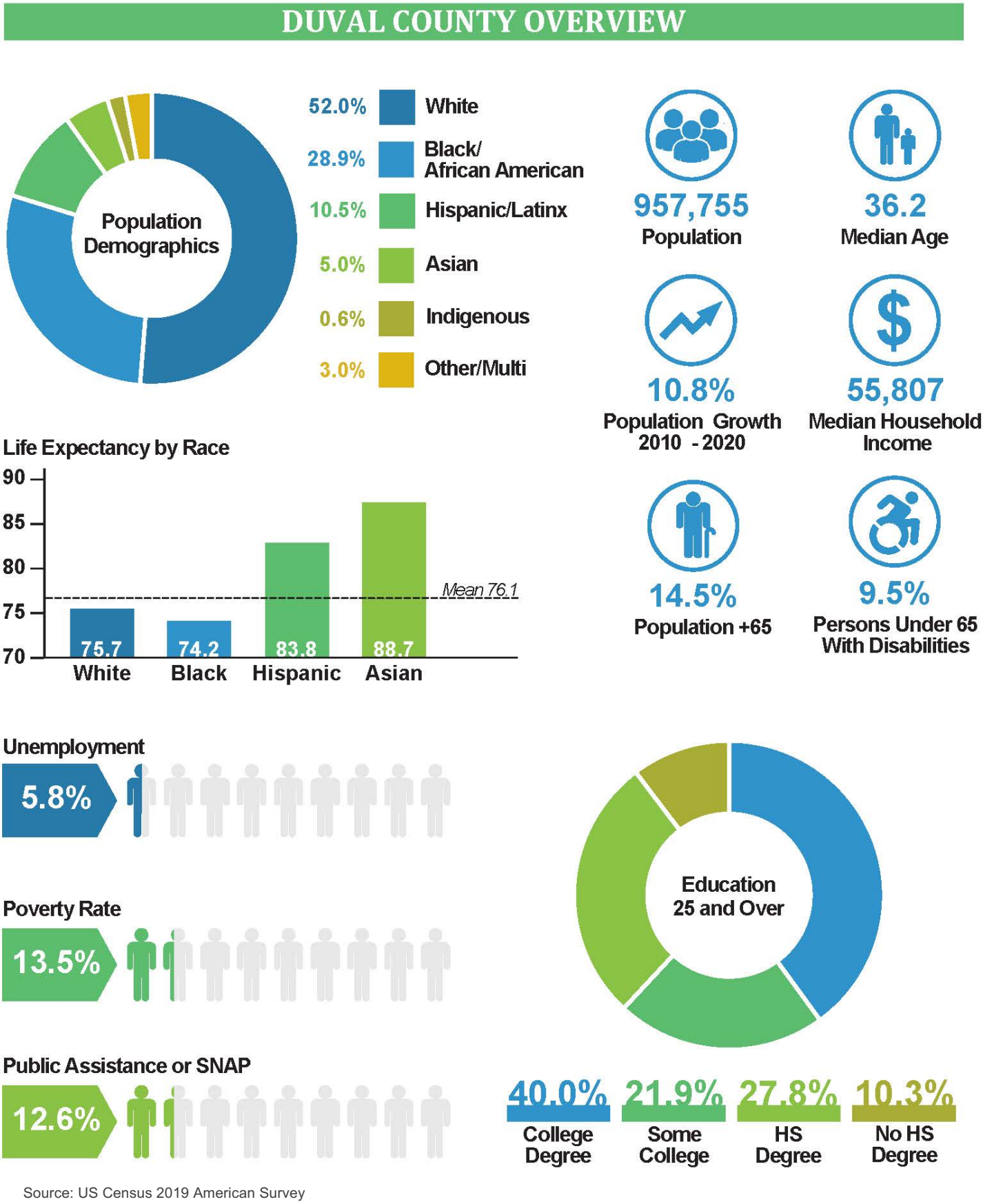
Source: US Census 2019 American Survey

Figure 1.4: Clay County Population Profile



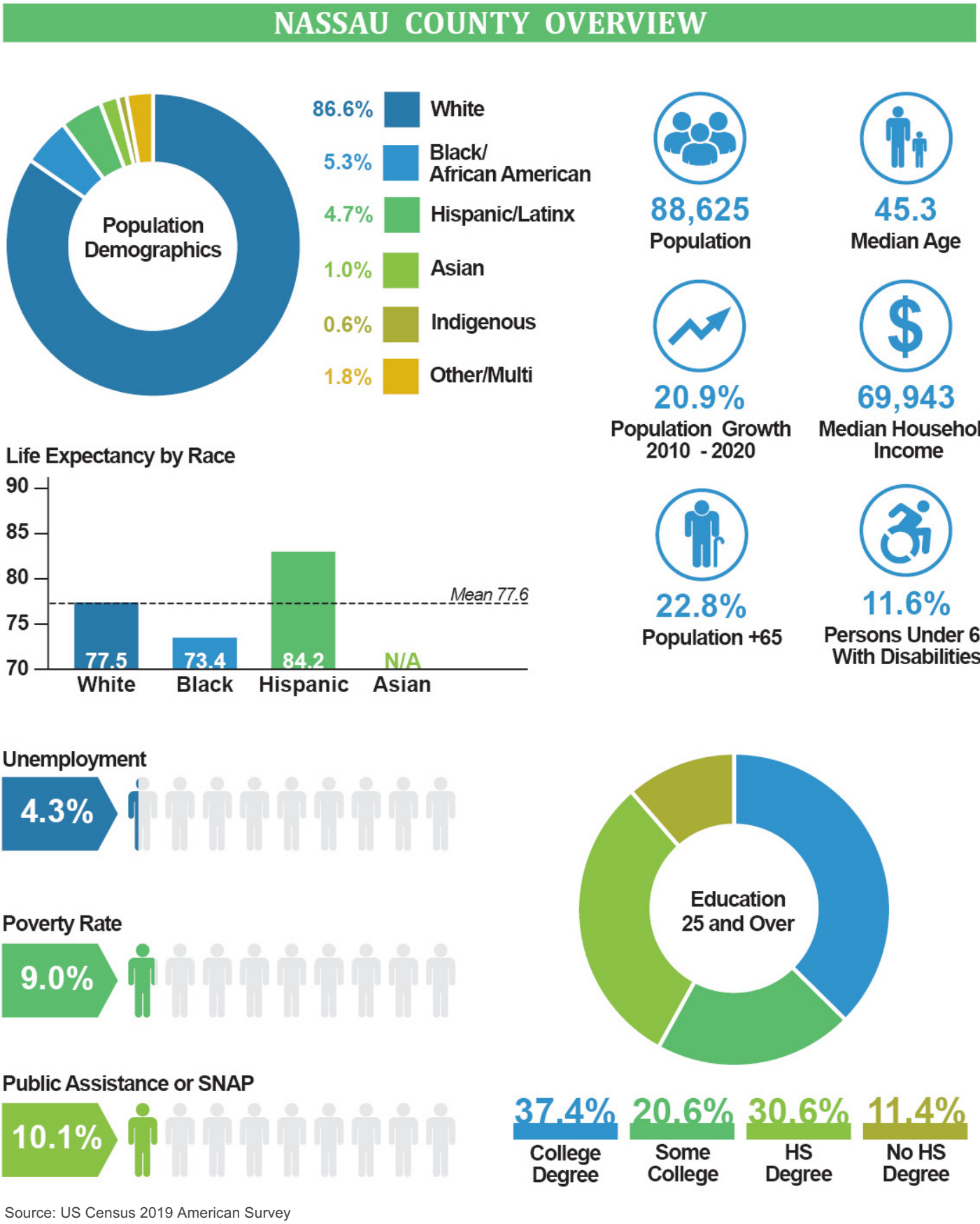
Source: US Census 2019 American Survey

Figure 1.5: Duval County Population Profile



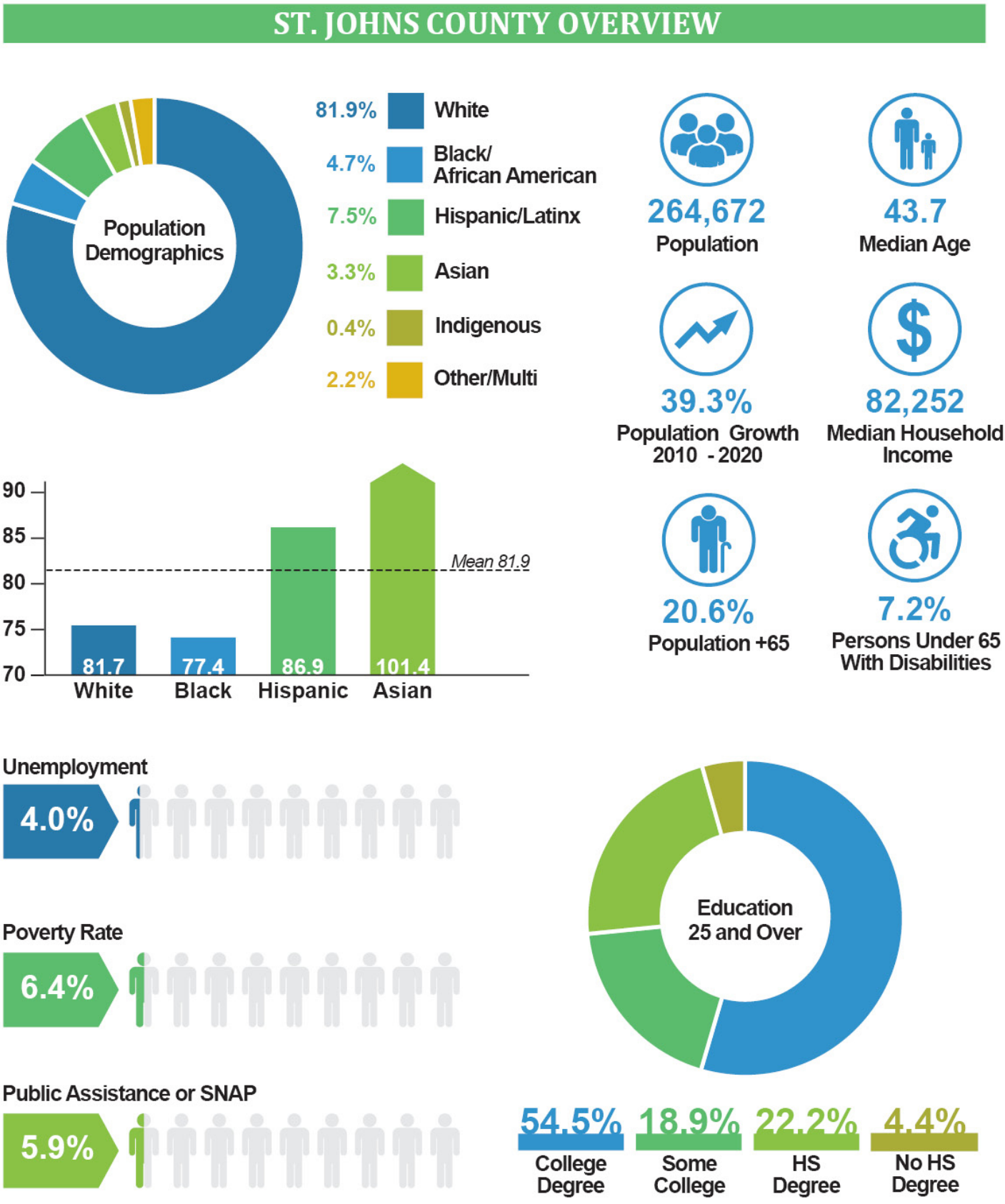
Source: US Census 2019 American Survey

Figure 1.6: Nassau County Population Profile



Source: US Census 2019 American Survey

Figure 1.7: St. Johns County Population Profile



Source: US Census 2019 American Survey

2. Methodology

A. Social Determinants of Health

While the traditional role of healthcare systems is to treat patients' physical symptoms and medical conditions, clinical care accounts for only about 20 percent of an individual's health outcomes. An individual's habits and behaviors account for about 30 percent of that person's quality and length of life. The social, economic, and environmental factors, also known as the Social Determinants of Health (SDOH), of a person's life determine a full 50 percent of their health outcomes. These circumstances affect an individual's ability to stay healthy and recover from illness, manage chronic conditions, and maintain overall well-being.

SDOH are established by the U.S. Department of Health and Human Services every ten years through the Healthy People initiative. Healthy People 2030 organizes the social determinants of health around five key domains:

1. Economic Stability
2. Education, Access, and Quality
3. Health Care Access and Quality
4. Neighborhood and Built Environment, and
5. Social and Community Context

Figure 2.1: Social Determinants of Health

Secondary data and health indicators measure health outcomes and social determinants of health that further contribute to understanding health disparities experienced by various members of our community. Compounding social and economic conditions such as housing, employment, food security, and education contribute significantly to individual health outcomes over a lifetime.

B. Approach

A modified version of the nationally recognized Mobilizing for Action through Planning and Partnerships (MAPP) model guided the CHNA. The MAPP tool, developed by the National Association of County and City Health Officials (NACCHO) in cooperation with the Public Health Practice Program Office, Centers for Disease Control and Prevention (CDC), is a public health standard assessment methodology. The MAPP assessments work together to identify shared community health needs. This document is a health needs assessment, and its purpose is to uncover or substantiate the health needs and health issues in the service areas. Considerations derived from primary and secondary data provide a framework from which critical community health needs are prioritized.

Both primary and secondary data describe the health of the community. Primary data collection consisted of key stakeholder interviews, focus groups, and population surveys. Secondary data obtained from various sources provide statistics used to compare rates or trends of health outcomes. Secondary data compares demographic and socioeconomic characteristics and describes health status and health determinants, such as behavior, social and physical environments, and healthcare utilization. Gaps in data availability and services in the community are addressed where applicable.

Persistent inequities among vulnerable populations significantly impact population health. The primary and secondary data presents a cross-section of health indicators from wide-ranging sources to validate the Partnership's approach to equity in population health and community wellness.

Based on the analysis of the primary and secondary data sets, a list of priority themes was developed and used as the basis for the prioritization element of the CHNA. The prioritization exercise is the culminating community event. A group of regional stakeholders participated in an advisory capacity to assist the Partnership with prioritizing key themes.

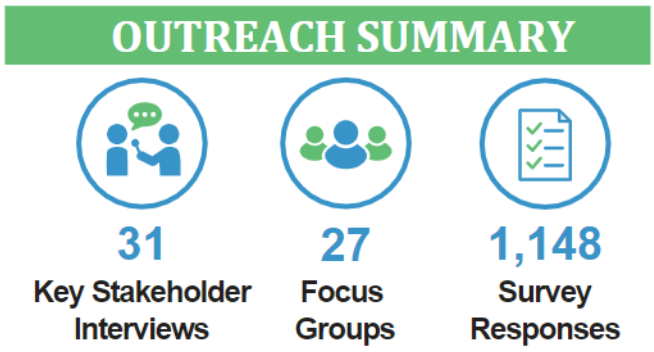
C. Analysis

This report meets the regulatory requirements of the Affordable Care Act and uses intentional and deliberate assessment methodologies. The Internal Revenue Service (IRS) CHNA checklist is provided in Appendix A.

Primary Data Collection Method

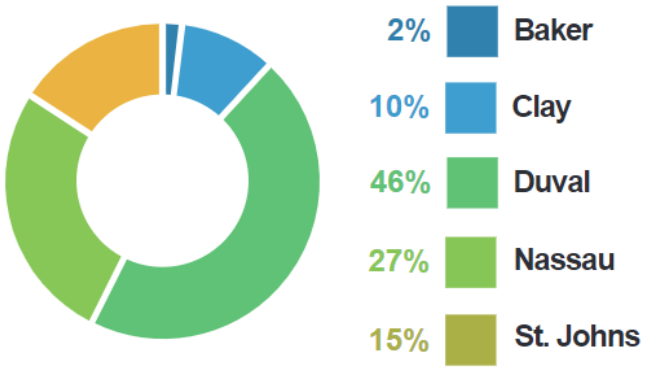
Obtaining community input is a critical component of the CHNA process and may increase the public's interest in successful program implementation after the conclusion of the assessment. Primary data was gathered from various segments of the community with special knowledge and expertise in public health including residents, stakeholder organizations, and hospital staff. Significant changes from traditional methods of community engagement to virtual engagement platforms were necessary due to the COVID-19 pandemic. Primary data included virtual key stakeholder interviews, virtual focus groups, and a community survey. Figure 2.2 provides a summary of the number of interviews, focus groups, and survey responses for all five counties. A breakdown of survey responses by county is summarized in Figure 2.3.

Figure 2.2: Outreach Summary for the Entire 5 County Area of Northeast Florida



Stakeholders in the five-county area were selected based on their knowledge of the health needs of particular communities. Thirty-one key stakeholder interviews were conducted in the five-county region. Participants represented organizations that work with populations most at risk for health disparities to gain insights into their specific needs. For a full list of interviewees, see Appendix B.

Figure 2.3: Community Survey Responses by County



A total of 27 focus groups were conducted with 204 participants between March and April of 2021. All focus groups were conducted using a virtual meeting platform (Zoom). Efforts were made to recruit focus group participants that represent minority, low-income, veterans, and medically underserved populations most at risk for health disparities and those experiencing challenges in accessing healthcare. Other focus groups were conducted that represented the regional population which included one with the LGBTQ+ population, and one group with people of differing abilities.

A community survey was disseminated between March and April of 2021 throughout the five-county area of northeast Florida. The survey was distributed in English and in Spanish, and paper surveys were also available. An electronic survey link and QR code were shared with members of the community in a number of ways including a press release, a featured segment on local public radio, various social media outlets, traditional broadcasts and other online media outlets. Five thousand postcards with the survey link and QR code were distributed throughout the five county area in hospital waiting rooms, vaccination sites and clinics, and via door-to-door canvassers.

A total number of 1,148 survey responses were received from residents in all five counties. The convenience survey was used in this assessment due to the availability of respondents, ease in deploying, and economic considerations. In many cases, a convenience sample is followed by probability sampling to mitigate bias, and intercept surveys to garner more robust data on issues that warrant more study.

Primary Data Analysis Methods

A correlation coefficient analysis was used to assess the strength of associations collected from key stakeholder interviews, focus groups, and the community survey. This analysis revealed any strong, positive associations between two variables as well as weak, negative associations. Figure 2.4 illustrates the process flow that was used to summarize data for key stakeholder interviews, focus groups, and the community surveys.

Primary Data Outcomes

Results for key stakeholder interviews and focus groups are presented for the entire service area, namely Baker, Clay, Duval, Nassau, and St. Johns Counties. The survey results are communicated for each individual hospital service area, with occasional comparison to results for the entire study area.

The themes that came up in both the key stakeholder interviews and focus groups were similar and revolved around access and transportation issues, disparities facing minority populations, mental health provider shortages, difficulty navigating the healthcare system, lack of cultural competency among providers, and cost of healthcare.

Themes that emerged from the key stakeholder interviews and focus groups corroborated the survey findings. Survey respondent population characteristics are summarized in Figure 2.5 for the five-county area.

Figure 2.4: Data Analysis Process Flow

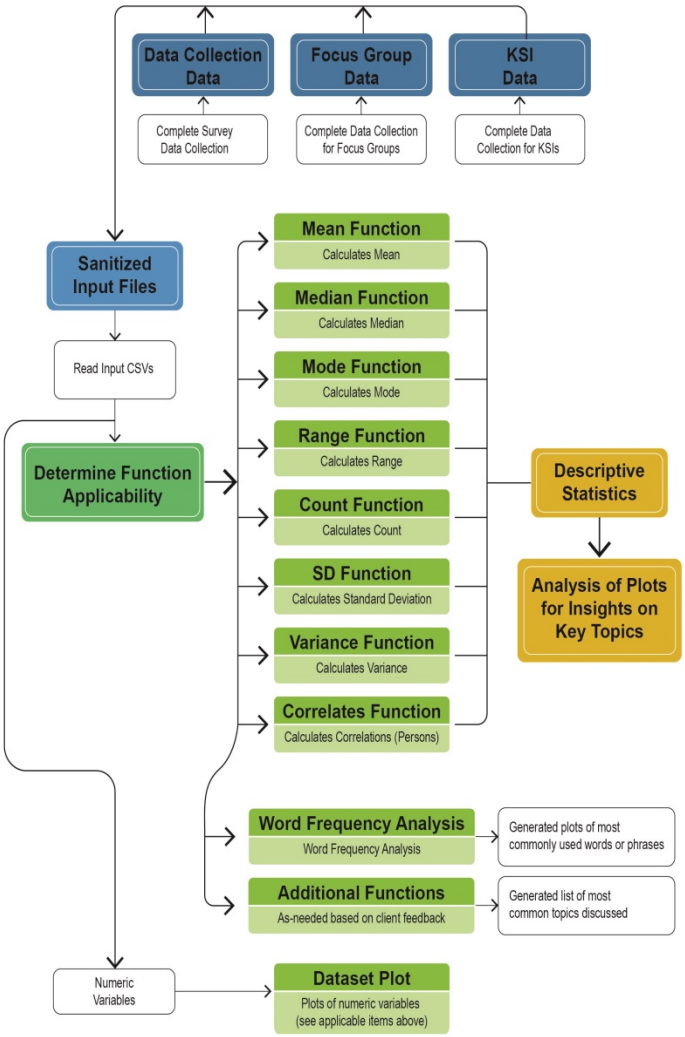


Figure 2.5: 5-County Respondent Population Characteristics

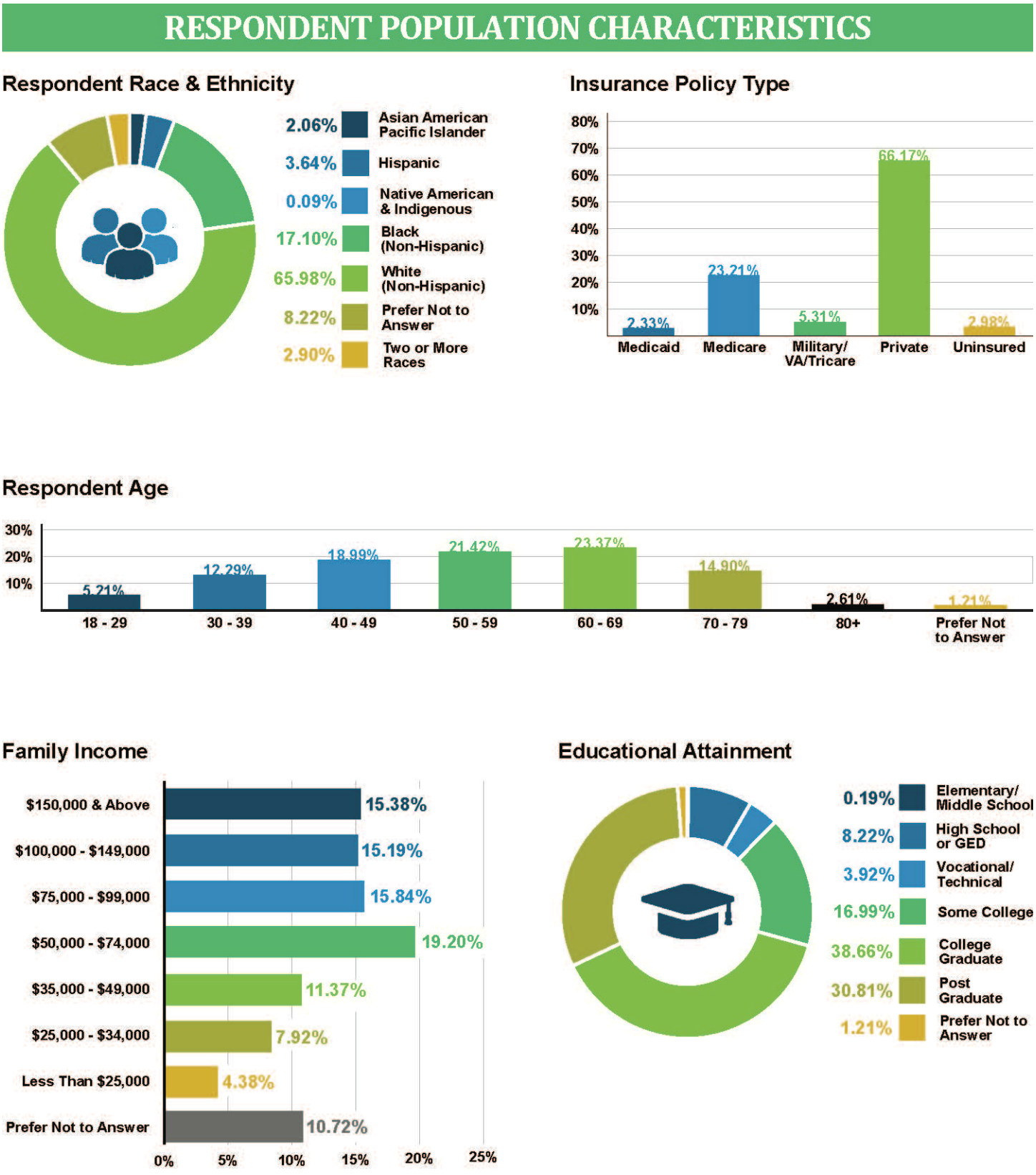
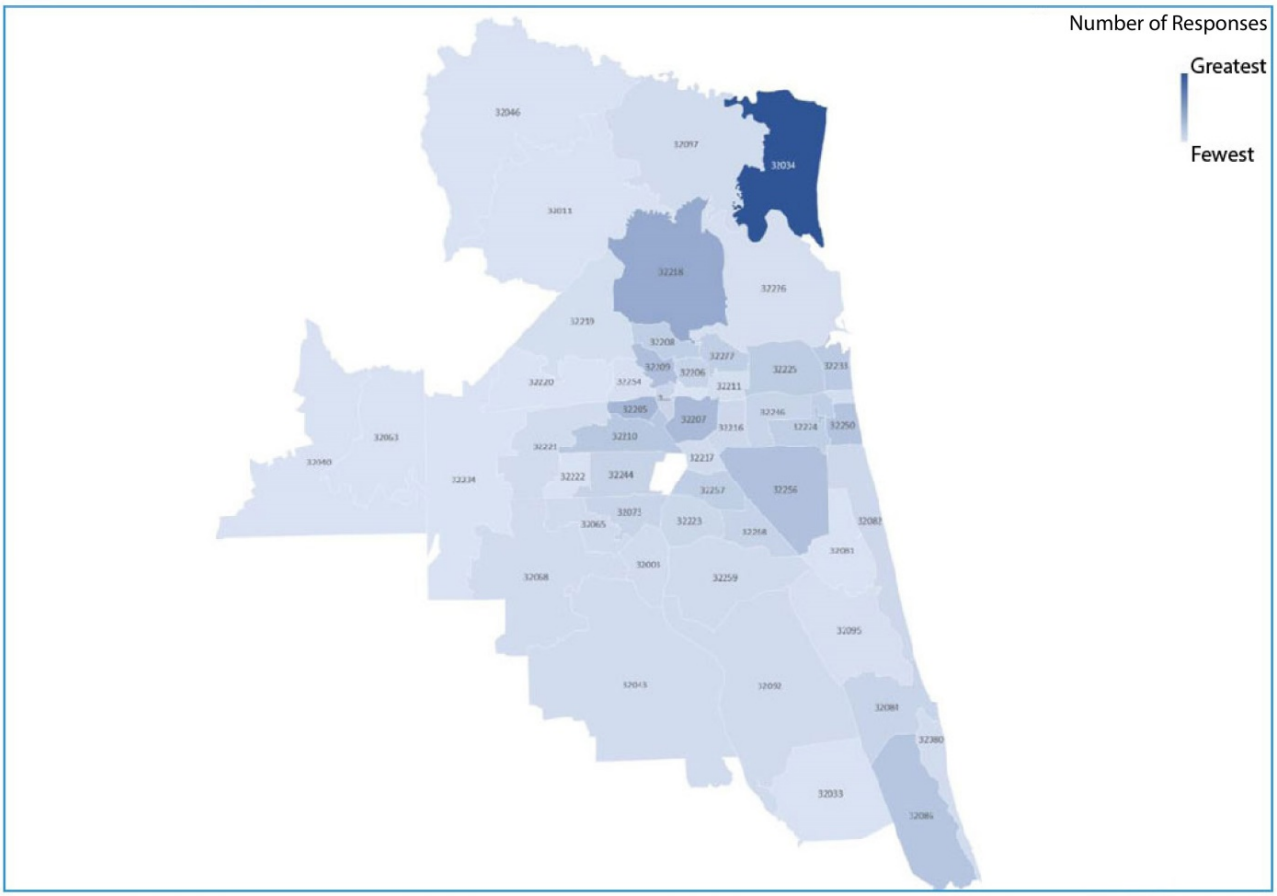


Figure 2.6: Survey Respondents who Indicated No Access to Public Transit



Access

Lack of access to public transportation is a challenge for 62% of survey respondents. Residents of 32034 made up a full 20% of all responses, and nearly 50% of respondents from this zip code indicated that they did not have access to public transportation. In Duval County, residents of 32218 had the most responses (47), and 91% of them indicated that they do not have access to public transportation. See map above for a visualization of the zip codes of respondents who indicated they did not have access to public transportation.

Access issues were the most commonly mentioned barriers to healthcare, the most common being lack of access to mental healthcare, healthcare clinics, specialists, and public transportation. Social determinants such as economic instability, poor neighborhoods, and lack of access to quality food and healthcare threaten the health and well-being of a significant portion of our most vulnerable populations and disproportionately affect minorities.

Findings of note:

- Across all five counties, those with access to public transportation report that it can be difficult to navigate or prohibitive due to the length of time it takes to get places.
- Undocumented residents reported additional barriers to seeking out preventative care due to time, money, and lack of translators.
- People with typical work day jobs need access to care in the evenings and on weekends; cannot accommodate weekday appointments.
- There are few nutritious food stores in certain zip codes, while cheap fast-food options are prevalent and convenient.
- Despite overall good health of many participants, most were aware of the challenges and disparities evident in lower socioeconomic neighborhoods in their region, and that these communities generally have higher rates of minority populations.

- Mental health services were frequently identified as a priority need, and lack of mental health providers was commonly noted. In a focus group of area hospital staff, underfunded mental health was said to cause poor retention of staff.
- Many neighborhoods do not have good areas to walk, run, or bike; making it more difficult for residents to exercise. There is a lack of Americans with Disabilities Act-friendly infrastructure and recreation resources such as sidewalks, paths, and parks.
- Residents in rural areas reported difficulty prioritizing preventative care and managing chronic diseases due to having to take off a full day of work to attend appointments in Jacksonville (lack of specialists and PCPs locally). Many participants reported that limited broadband in these areas limits access to telehealth.

Figure 2.7: "Do you have access to the following in your community?"

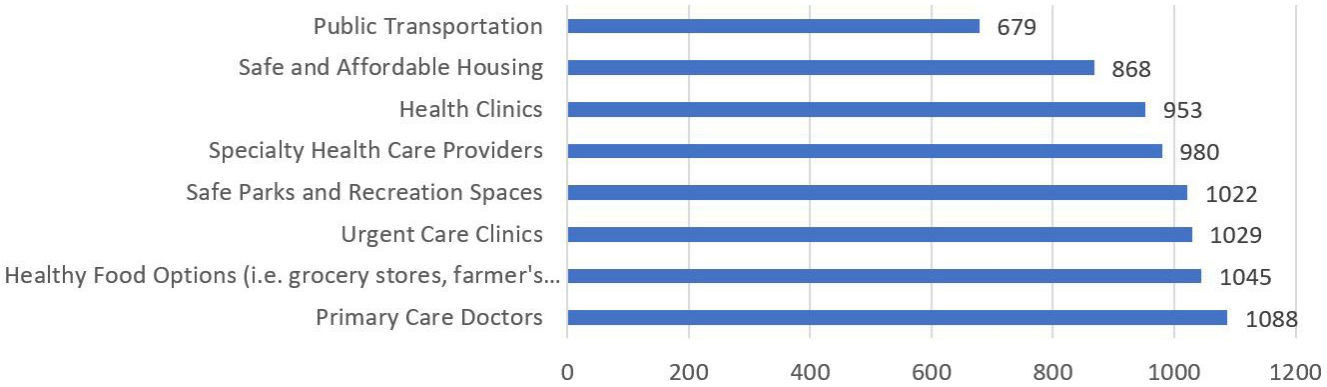


Figure 2.8: "Which of the following conditions has made it difficult for you to obtain medical services?"

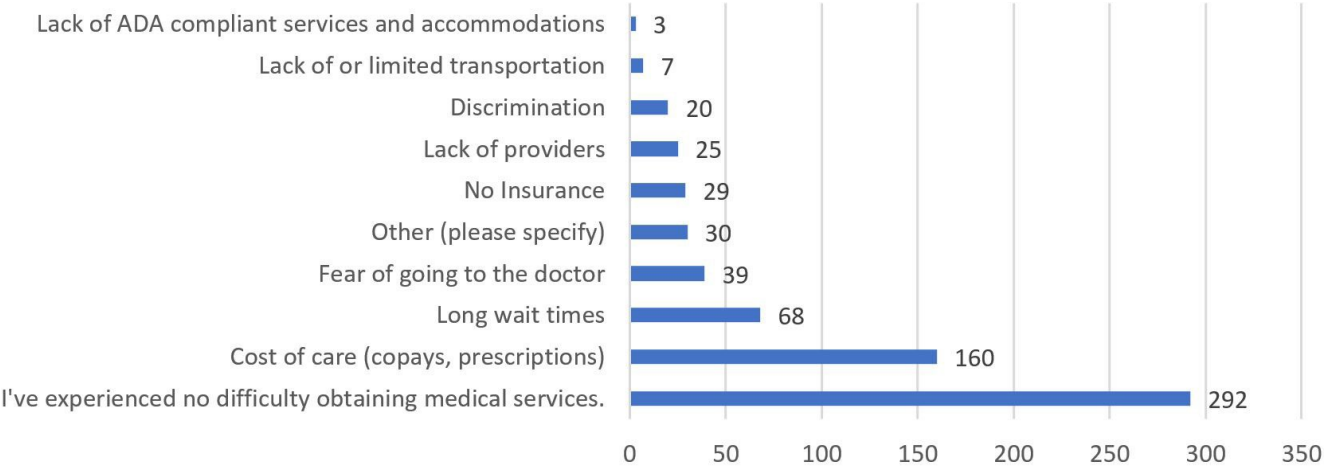
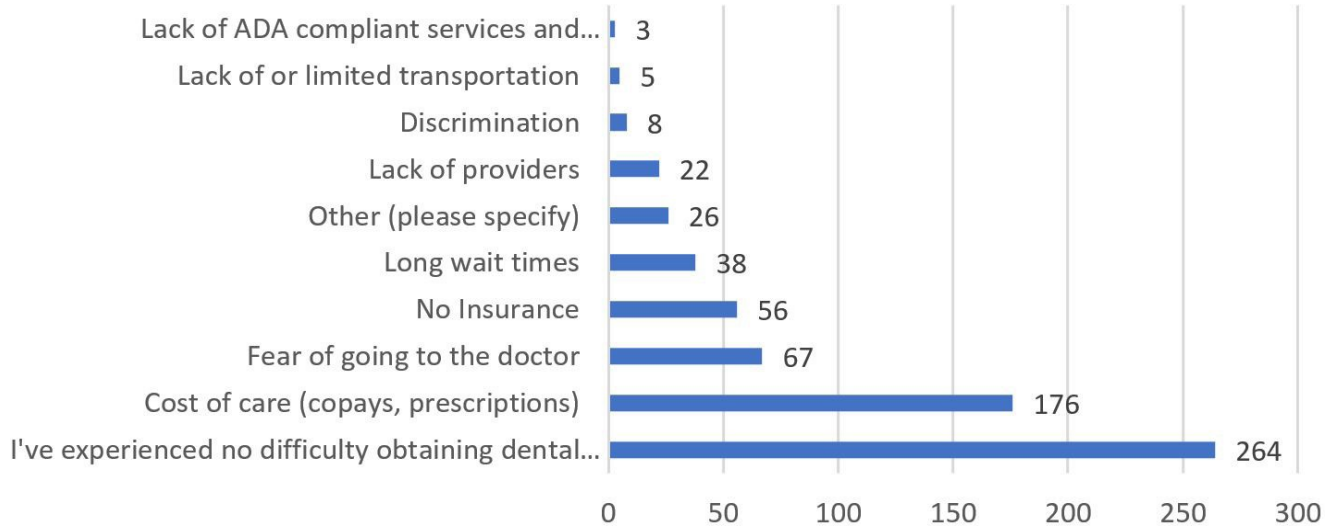


Figure 2.9: **"Which of the following conditions has made it difficult for you to obtain dental services?"**

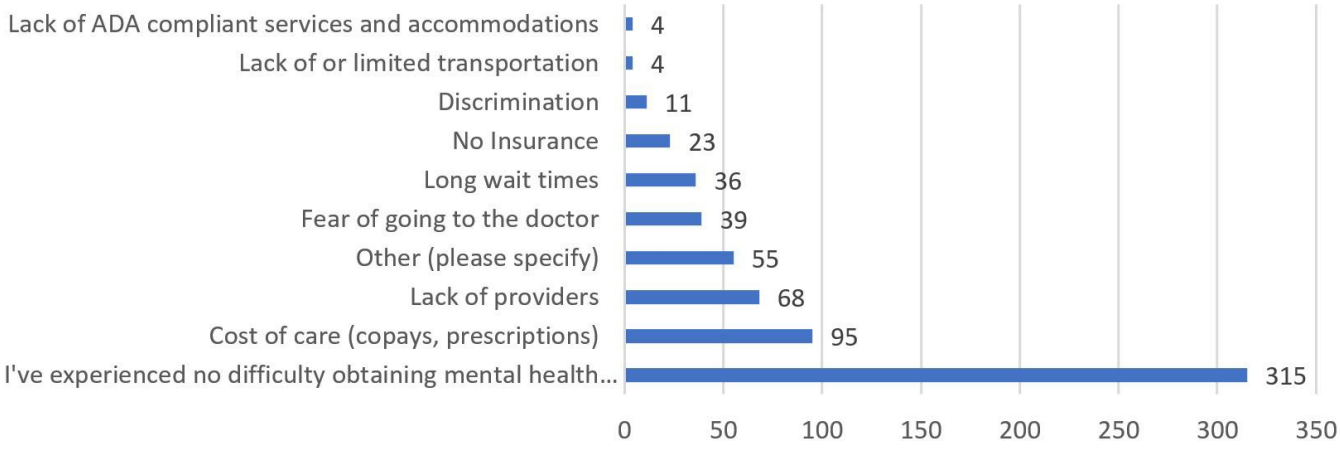


Mental Health

Many respondents in the five-county study area indicated they had no difficulty accessing mental health services. Conditions making it difficult to access mental health services included cost of care (198 responses) and lack of providers (188 responses).

A limitation of the survey was that respondents were not given an option of "N/A" so it's unclear how many of the almost 60 percent of respondents who selected "I've experienced no difficulty in accessing services" have simply not needed to access these services, and how many successfully accessed services with no difficulties. A full twelve percent (159) of survey respondents chose "Other" when asked what made it difficult for them to obtain mental health services, and the majority (78%) wrote in that this was not applicable to them as they have not sought out mental health services. The rest of the "Other" responses ranged from limited provider or appointment availability (12%) to difficulty scheduling around work hours (8%). Four survey respondents who chose "Lack of providers" (which was tied with Cost of Care as the top issue in accessing mental health services) specified in the "Other" field that they meant specifically lack of Black providers.

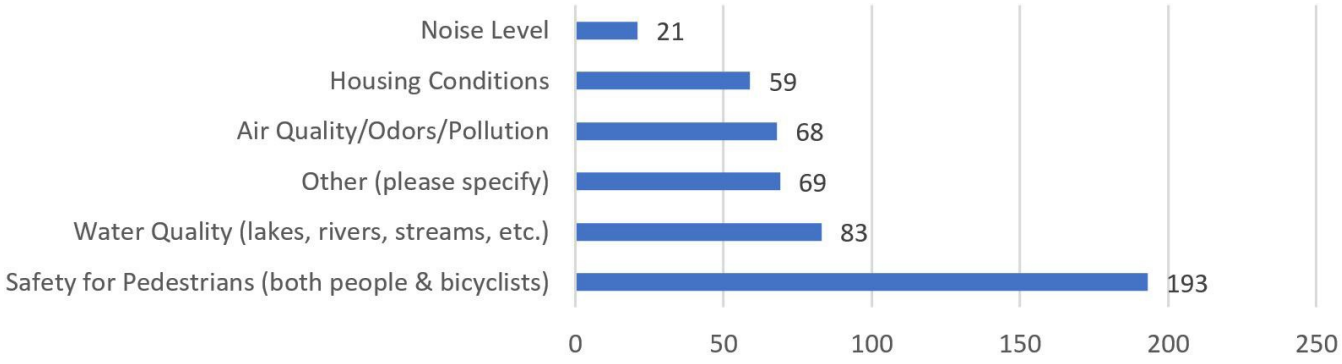
Figure 2.10: **"Which of the following conditions has made it difficult for you to obtain mental health services?"**



Chronic Disease

Factors contributing to chronic disease incidence include the presence of food deserts, level of access to physical activity, and indoor/outdoor air quality. When asked about which environmental health concerns affect their community, survey respondents most frequently selected safety for pedestrians and bicyclists (193 responses) and water quality (83 responses).

Figure 2.11: "What is the top environmental health concern that affects your community?"

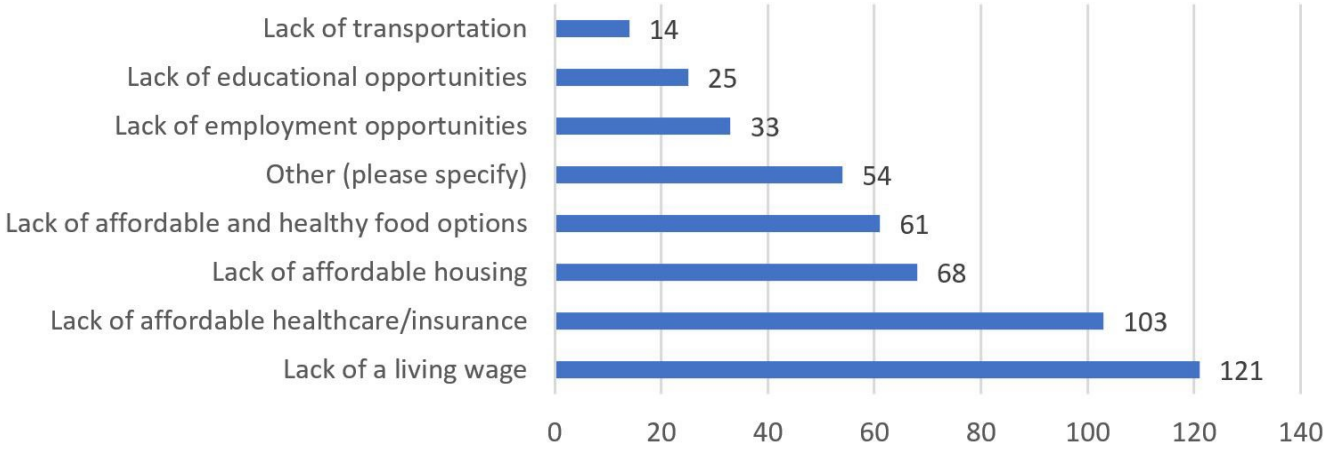


Poverty

Cost of care was the second most frequently-cited concern for medical, dental, and mental health services.

When respondents were asked about the top economic issue affecting health in the community, most cited lack of affordable housing, lack of a living wage, and lack of affordable healthcare/insurance.

Figure 2.12: "What is the top economic issue that affects health in your community?"



Secondary Data Collection Methods

Standards for collecting, reviewing, presenting, and analyzing secondary data are based on industry trends that assess health status and risk factors for population health and community wellness. Quantitative data for each county is obtained from the Behavioral Risk Factor Surveillance System (BRFSS), County Health Rankings and Roadmaps (CHR&R), Florida Charts, Florida Department of Health. Local Community Health Assessments (CHA), Hospital Utilization Reports, U.S. Census, and the Youth Risk Behavior Surveillance System (YRBSS).

Population health measures the physical, mental, environmental, and social well-being of a population. Collecting, assembling, and analyzing available data that includes statistics on health status, epidemiologic studies of health problems, healthcare utilization, service availability, and self-reported analytics help to identify unmet needs and emerging needs.

Secondary Data Outcomes

Universal measures, recommended by Healthy People 2030 to assess the general health of the U.S. population, are the basis for the secondary data sets used in this CHNA to evaluate the health status of the communities and populations served by the Partnership. Estimating life expectancy, or the average number of years a person lives, provides an overall community health indicator.

Low life expectancies can result from high infant mortality rates, high rates of drug overdose or suicide, barriers to high-quality healthcare, and other factors. This baseline, when combined with other health data, helps identify neighborhoods most in need of investment. Table 2.1 provides life expectancy rates by race and ethnicity for each of the five counties as compared to the state. Duval County has an average life expectancy of 76.1 which is lower than the state average and the fourth highest in the five-county region.

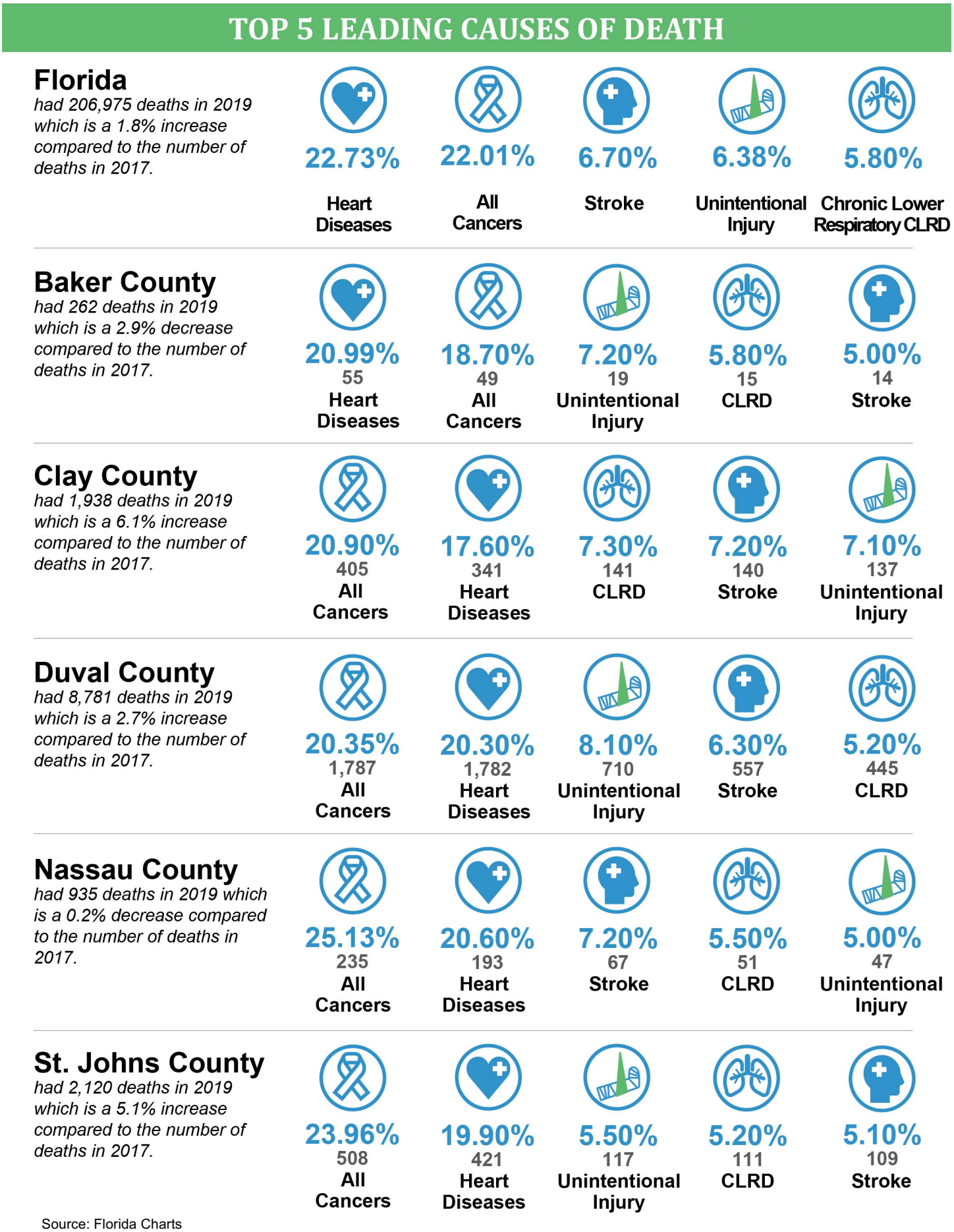
In addition to life expectancy, mortality and morbidity rates are direct measures of population health and community well-being. The top five leading causes of death in the service areas are Cancer, Chronic Lower Respiratory Disease (CLRD), Heart Disease, Unintentional Injuries, and Stroke, consistent with the State of Florida as shown in Table 3.1 on page 20. Each service area has a slight difference in rank order; however, heart disease and cancer are the top two in every county. Duval County had 8,781 deaths in 2019 which is a 2.7% increase compared to 2017.

Table 2.1: Life Expectancy by County, Race, and Ethnicity

County	Total Population	Asian	Black	Hispanic	White
Baker	75.5	-	77.0	-	75.0
Clay	77.8	85.2	79.4	83.6	77.0
Duval	76.1	88.7	74.2	83.8	75.7
Nassau	77.6	-	73.4	84.2	77.5
St. Johns	81.9	101.4	77.4	86.9	81.7
Florida	80.0	86.1	76.1	82.1	79.9

Source: Florida Charts

Figure 2.13: Top 5 Leading Causes of Death



Source: Florida Charts

3. HEALTH STATUS

A. Population Health & Wellness

Population health and community wellness are shaped by the conditions in which people live, learn, work and play. Hospital systems must understand the characteristics of the community they serve in order to align their priorities with the needs of the people in their service area. The County Health Rankings & Roadmaps (CHR&R) initiative by the University of Wisconsin Population Health Institute School of Medicine and Public Health studies county level data to determine how health outcomes and health factors differ by place. Health Outcomes measure both length and quality of life, while Health Factors reveal the shape of the future of the community based on availability and access to different resources and opportunities. There are 67 counties in Florida; the five counties in the service area are listed in Table 3.1 reflect the numeric designation by health outcomes and factor indicators.

The model of population health in Figure 3.1 illustrates the relationship between social, economic, physical, clinical, and other factors that influence both length and quality of life. Looking at the CHR&R with several Healthy People 2030 indicators and social determinants of health provides a snapshot of current health conditions receiving increased attention from hospitals, healthcare systems, and governmental agencies interested in improving health outcomes.

Figure 3.1: Model of Population Health

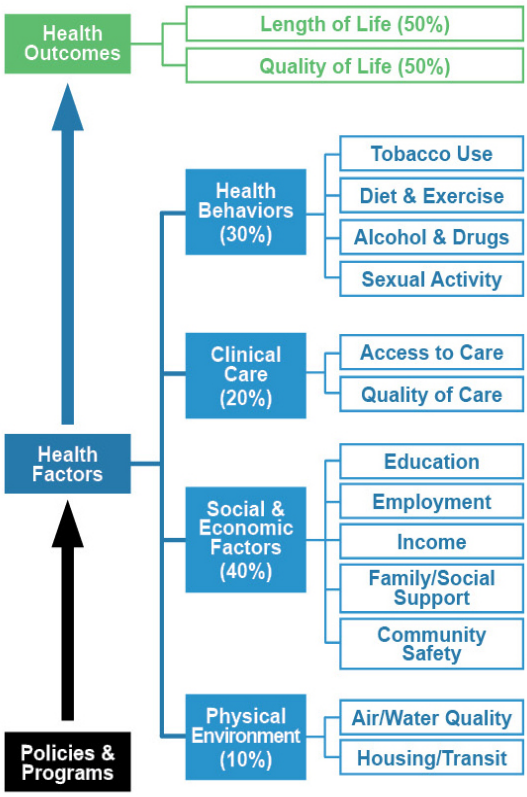


Table 3.1: 2021 Florida County Health Ranking Total Florida Counties: 67

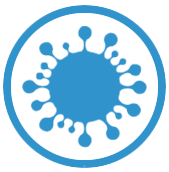
County	Health Outcomes Rank	Health Factors Rank	Health Behaviors	Clinical Care	Socio-Economic	Physical Environment
Baker	52	41	58	38	32	28
Clay	21	15	29	20	7	48
Duval	46	27	25	17	30	46
Nassau	26	8	26	4	6	47
St. Johns	1	1	2	2	1	24

Source: University of Wisconsin Population Health Institute School of Medicine and Public Health

B. Health Indicators

Introduction

Secondary data health indicators measure health outcomes and determinants to further contribute to a comprehensive understanding of prevention and control of the factors that impact population health and community wellness. These factors or indicators include COVID-19, chronic diseases, infectious diseases, maternal, infant, child and adolescent health, veterans, mental health, disabilities, substance use and abuse, and injury.



COVID-19

Because of the impact COVID-19 has had and will continue to have on population health, it warrants a separate discussion as it correlates to equity and its effect on future investment in population health. The pandemic has highlighted how community resources directly impact the health of its residents. Unsafe or unstable housing, income insecurity, lack of transportation, and underlying health inequities put some populations at higher risk during the pandemic.

Table 3.2 summarizes the number of COVID-19 hospitalizations and deaths by county and race. Ongoing research and analytics will continue to reveal the magnitude of the pandemic in the nation, state, and local communities. Duval County had a total of 96,806 positive cases of COVID-19 and 1,408 deaths as of May 2021.

Data and indicator analyses provide descriptive information on demographic and socioeconomic characteristics, monitor progress, and determine if interventions have the desired effect. They also characterize important parts of health status and health determinants such as behavior, social and physical environments, and healthcare use.

The health indicators illustrated in Figure 3.2 provide a brief description of the factors used to analyze and compare data that was collected during the assessment. It is meant to provide context to the secondary data discussion that follows.

Table 3.2: COVID-19 Regional Impacts Summary

County	Positive Cases					Hospitalizations	Deaths
	Total	White	Black	Other	Unknown		
Baker	3,481	2,274	441	134	632	184	60
Clay	18,623	12,281	2,364	1,369	2,609	944	340
Duval	96,806	41,558	27,717	11,298	16,233	2,133	1,408
Nassau	7,951	6,614	514	325	498	308	126
St. Johns	22,377	16,954	1,253	1,602	2,568	807	211
TOTAL	**149,238**	**79,681**	**32,289**	**14,728**	**22,540**	**4,376**	**2,145**
Florida	2,275,177	1,303,323	304,031	358,114	309,709	94,767	36,733

** Information current as of May 2021*

Source: Florida Department of Health

Figure 3.2: Health Indicator Definition

TOP 8 HEALTH INDICATOR DEFINITIONS

Appendix C provides a comprehensive comparison of secondary data by county of the following health indicators: Chronic diseases, infectious diseases, maternal, infant, child and adolescent health, veterans, disabilities, mental health, substance use and abuse, and injury.

Chronic Diseases are defined broadly as conditions that last one year or more and require ongoing medical attention or limit activities of daily living or both. Chronic diseases are the leading cause of death and disability in the United States. Six in ten Americans live with at least one chronic disease such as heart disease, cancer, and diabetes.

Infectious Disease are illnesses caused by germs (such as bacteria, viruses, and fungi) that enter the body, multiply, and cause an infection. Some infectious diseases are contagious (or communicable), spread from one person to another. Other infectious diseases can spread by germs carried in the air, water and food, or soil. They can also be spread by vectors (like biting insects) or by animals.

Maternal, Infant, Child, and Adolescent Health refers to the health of women during pregnancy, childbirth, and the postnatal period. Each stage should be a positive experience, ensuring women and their babies reach their full potential for health and well-being. Pregnancy can provide an opportunity to identify existing health risks in women and to prevent future health problems for women and their children.

Veterans Services through the Florida Department of Veterans' Affairs (FDVA) offers services, benefits, and support to approximately 1.5 million veterans living in Florida. The FDVA assists with the transition returning from active duty to resuming "normal" life. Stress from being in combat and away from family puts service members at risk for various mental health problems such as post-traumatic stress disorder (PTSD), depression, substance abuse, and suicide. Veterans may return home with mental health problems and physical disabilities.

Mental Health is an integral and essential component of health. Mental health is a state of well-being in which individuals realize their abilities, cope with the everyday stresses of life, work productively, and contribute to their community.

Disabilities are conditions of the body or mind that make it difficult for individuals to participate in certain activities and interact with their environment. There are many types of disabilities that fall into four broad categories: physical, intellectual, sensory, and mental. Around five million adults in Florida live with a disability; this is equal to one in four adults or 28 percent of adults (CDC).

Substance Use and Abuse refer to illegal drugs or prescription or over-the-counter drugs or alcohol used for purposes other than those that are meant to be used or in excessive amounts. Substance Use Disorders (SUD) are defined as the recurrent use of alcohol and/or drugs that cause clinically significant impairment, including health problems, disability, and failure to meet primary responsibilities at work, school, or home.

Injury is defined as physical harm or damage to someone's body. Injuries and violence are leading causes of death for children and adults ages one to forty-five in the United States. Whether intentional or unintentional, injuries can be predicted and prevented. Unintentional injuries include those that result from motor vehicle collisions (including those that involve pedestrians and bicyclists), drownings, falls, firearms, and recreational and sports-related activities. Intentional injuries result from interpersonal or self-inflicted violence. They include homicide, assaults, suicide and suicide attempts, child abuse and neglect (including child sexual abuse), intimate partner violence, elder abuse, and sexual assault.

Table 3.3: Pediatric Health Indicators

Pediatric Health	Baker	Clay	Duval	Nassau	St Johns	Florida
Indicator	Rate Per 100,000	Rate Per 100,000	Rate Per 100,000	Rate Per 100,000	Rate Per 100,000	Rate Per 100,000
Deaths ages 1-5	18.7	24.0	26.6	38.6	13.0	24.4
Unintentional injury deaths ages 1-5	18.7	5.3	9.4	30.9	2.6	9.4
Cancer deaths ages 1-5	0.0	8.0	2.1	0.0	0.0	2.4
Heart Diseases deaths ages 1-5	0.0	0.0	0.0	0.0	0.0	0.7
Hospitalizations ages 1-5 for all non-fatal unintentional injuries	149.9	183.9	173.4	162.1	135.0	137.8
Near drownings	0.0	21.3	6.8	15.4	13.0	8.6
Traumatic brain injuries	0.0	29.3	31.2	30.9	15.6	27.0
ER visits for non-fatal unintentional poisonings ages 1-5	412.3	389.2	355.6	470.8	275.3	345.1
Unintentional falls	4,479.0	5,893.5	5,004.4	5,765.7	5,105.4	4,674.8
Motor vehicle traffic related injuries	468.5	661.1	753.4	517.1	220.7	461.6
Overall cancer incidence rate ages 1-5	0.0	24.9	20.5	33.0	28.0	21.3
Children in foster care	174.7	255.4	234.8	269.0	104.9	220.4
Children Ages 1-5 Receiving Mental Health Treatment Services	3.4	6.0	0.3	6.4	4.6	0.1

*Note: *Indicates rate is higher than the state (Source: Florida Charts)*

Children's health is the extent to which individual children or groups of children are able or enabled to develop and realize their potential, satisfy their needs, and develop the capacities that allow them to interact successfully with their biological, physical, and social environments. Child health is considered to be the foundation to adult health and overall well-being. Physical and mental abuse and other childhood traumas lead to poor child health and may cause chronic physical and mental health problems. In 2019, there were 1,776 children aged 1-5 living in Baker County, 12,542 in Clay County, 65,335 in Duval County, 4,440 in Nassau County, and 13,162 in St. Johns County.

In 2019, there were 2,593 children aged 5-11 living in Baker County, 19,750 in Clay County, 85,292 in Duval County, 6,614 in Nassau County, and 21,673 in St. Johns County.

Adolescence is an important time to focus on overall well-being and to promote health and prevent disease. In 2019, there were 134,305 adolescents living in Clay, Baker, Duval, Nassau, and St. Johns Counties combined. Adolescents are at a risk-taking stage and may engage in risky sexual behaviors, substance use, and smoking; although, there have been recent declines in these behaviors. During this time, adolescents can face mental health issues, self-harm, and risk of developing dependence on cigarettes or drugs. In 2019, there were 2,609 adolescents aged 12-18 living in Baker County, 21,208 in Clay County, 80,673 in Duval County, 6,720 in Nassau County, and 23,095 in St. Johns County.

Table 3.4: Child Health Indicators

Child Health	Baker	Clay	Duval	Nassau	St Johns	Florida
Indicator	Rate Per 100,000	Rate Per 100,000	Rate Per 100,000	Rate Per 100,000	Rate Per 100,000	Rate Per 100,000
Child Mortality (ages 5-19)	36.3	28.4	38.3	31.6	24.0	26.0
ED Visits (ages 5-19)	46,300.6	39,175.4	45,442.7	38,943.6	23,267.5	37,303.6
Children experiencing Child Abuse (ages 5-11)	878.9	974.2	911.3	267.8	648.7	765.9
Children experiencing Sexual Violence (ages 5-11)	64.6	92.0	78.3	10.3	40.0	58.5
Children in Foster Care (ages 5-11)	462.7	470.9	454.9	453.6	226.1	453.7
Indicator	Percentage	Percentage	Percentage	Percentage	Percentage	Percentage
Child Food Insecurity Rate	12.43	17.1	20.6	17.9	13.7	19.4
Children in Schools Grades K-12 With Emotional/Behavioral Disability	0.4	1.3	0.7	0.4	0.5	0.5

*Note: *Indicates rate is higher than the state (Source: Florida Charts)*

Table 3.5: Adolescent Health Indicators

Adolescent Health	Baker	Clay	Duval	Nassau	St Johns	Florida
Indicator	Rate Per 100,000	Rate Per 100,000	Rate Per 100,000	Rate Per 100,000	Rate Per 100,000	Rate Per 100,000
Hospitalizations for self-harm injuries (ages 12-18)	90.1	105.1	77.3	80.5	101.2	68.1
Hospitalizations for eating disorders (ages 12-18)	25.7	67.5	78.1	50.3	92.1	36.5
Suicide deaths (ages 12-18)	12.9	12.5	6.8	20.1	10.6	6.0
Children in Foster Care (ages 12-17)	310.2	284.5	357.1	201.7	174.3	366.3

*Note: *Indicates rate is higher than the state (Source: Florida Charts)*

The CDC's Youth Risk Behavior Surveillance System (YRBSS) only provides select district prevalence estimates; therefore, only the estimates for Duval County are shown on the following page.

Table 3.6: 2019 Youth Risk Behavior Surveillance System Survey

YRBSS Data	Duval	Florida	USA
Indicator	Percentage	Percentage	Percentage
Unintentional Injuries and Violence			
Rarely or never wore a seat belt	13.8	7.9	6.5
Rode with a driver who had been drinking alcohol	20.9	16.7	16.7
Drove when they had been drinking alcohol	7.6	5.6	5.4
Texted or e-mailed while driving a car or other vehicle	36.0	35.6	39.0
Carried a weapon	15.6	12.7	13.2
Carried a weapon on school property	4.1	2.3	2.8
Were bullied on school property	17.5	14.9	19.5
Were electronically bullied	14.8	11.3	15.7
Were ever physically forced to have sexual intercourse	11.3	7.2	7.3
Experienced sexual violence by anyone	14.5	10.8	10.8
Seriously considered attempting suicide	22.7	15.6	18.8
Actually attempted suicide	18.9	7.9	8.9
Tobacco Use			
Ever tried cigarette smoking	--	16.8	24.1
First tried cigarette smoking before age 13 years	11.7	5.4	7.9
Currently smoked cigarettes daily	--	1.1	1.1
Alcohol and Other Drug Use			
Currently drank alcohol	25.0	26.1	29.2
Ever used marijuana	--	34.5	36.8
Ever took prescription pain medicine without a doctor's prescription or differently than how a doctor told them to use it	22.3	13.9	14.3
Ever used cocaine	9.1	4.1	3.9
Sexual Behaviors			
Ever had sexual intercourse	--	36.6	38.4
Did not use a condom during last sexual intercourse	48.0	41.5	45.7
Did not use birth control pills before last sexual intercourse	83.3	82.2	77.0
Were never tested for human immunodeficiency virus (HIV)	83.8	86.7	90.6
Dietary Behaviors			
Did not eat fruit or drink 100% fruit juices	11.3	9.0	6.3
Did not eat vegetables	12.1	12.3	7.9
Obesity, Overweight, and Weight Control			
Had obesity	15.4	14.0	15.5
Were overweight	16.7	16.1	16.1
Described themselves as slightly or very overweight	29.5	32.1	32.4
Other Health Topics			
Never saw a dentist	3.7	4.3	1.9
Did not get 8 or more hours of sleep	83.0	79.8	77.9

*Note: *Indicates rate is higher than the state*

Source: High School YRBSS Florida 2019 and United States 2019 Results

C. Data Synthesis & Health Equity

Throughout the CHNA process, the Partnership sought to better understand health disparities based on racial and ethnic inequities. Primary and secondary data and analysis reveals health disparities that exist throughout northeast Florida. These disparities are highlighted below for Maternal, Infant, Child, and Adolescent Health by county.

Baker County

- The infant mortality rate per 1,000 live births is almost four times higher among Black babies than White babies.
- The post neonatal mortality rate per 1,000 live births is over seven times higher among Black babies than White babies.
- Baker County has the highest rate of ED visits for children aged 5-19 in northeast Florida (46,300.6 per 100,000).

Clay County

- The infant mortality rate per 1,000 live births is almost two times higher among Black babies than White babies.
- The post neonatal mortality rate per 1,000 live births is almost four times higher among Black babies than White babies.
- Clay County has the highest rate of children aged 5-11 experiencing child abuse in northeast Florida.
- Clay County has the highest rate of children aged 5-11 experiencing sexual violence in northeast Florida.

Duval County

- The neonatal mortality rate per 1,000 live births is almost three times higher among Black babies than White babies.
- The infant mortality rate per 1,000 live births is over two times higher among Black babies than White babies.
- The child mortality rate in Duval County (38.3 per 100,000 population aged 5-19) is the highest in northeast Florida and well over the state rate.

Nassau County

- The age-adjusted rate for all deaths ages 1-5 is 38.6 and higher than the state rate of 24.4
- The age-adjusted rate for unintentional injury deaths is 30.9 compared to a state rate of 9.4.
- The rate of children in foster care is 269.0, the highest rate in the five-county region and higher than the state rate of 220.4.

St. Johns County

- The neonatal mortality rate per 1,000 live births is almost 17 times higher among Black babies than White babies.
- The infant mortality rate per 1,000 live births is over 12 times higher among Black babies than White babies.
- The post neonatal mortality rate per 1,000 live births is over six times higher among Black babies than White babies.

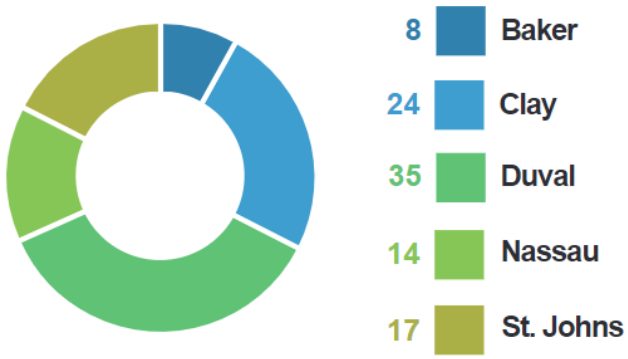
4. HEALTH NEEDS AND THEMES

Nine key themes emerged from primary and secondary data analysis. Listed alphabetically, they are:

- Access (clinics, food, cost, dental, etc.)
- Areas of Poverty
- Cancer
- Chronic Disease
- Drug Abuse
- Housing
- Maternal and Child Health
- Mental Health
- Transportation

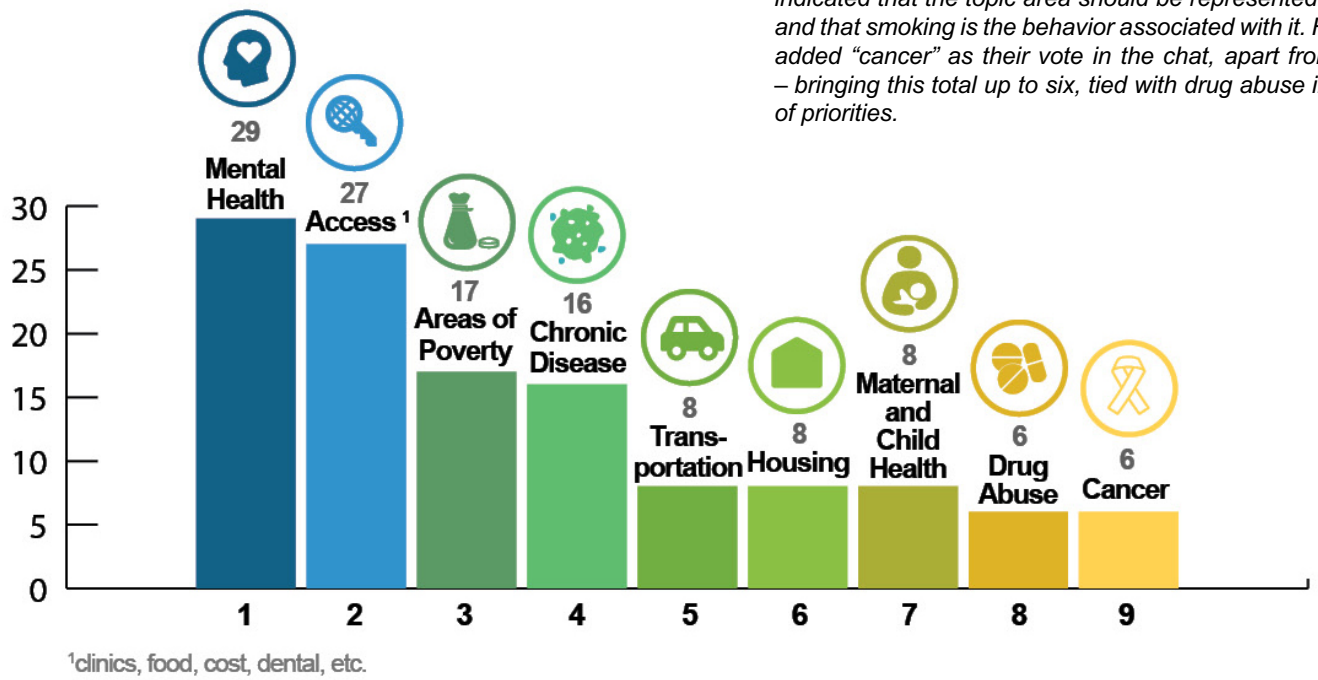
The data supporting each of the nine areas was presented and discussed during a prioritization workshop hosted by the Partnership on May 11, 2021. Forty-nine community leaders ranked the nine themes in priority order as shown in Figure 4.1, below. The top themes that emerged were Mental Health, Access, Poverty and Chronic Disease. As a key component of the community assessment, the prioritization process provides the Partnership with information about what leaders believe should be the focus to improve population health and community wellness.

Figure 4.2: Poll Respondents by Familiar County



Community leaders who participated in the prioritization workshop were selected based on their experience and familiarity with the service area and special populations. Figure 4.2 represents the breakdown by county of workshop participants. Workshop participants included leaders of nonprofit organizations, representatives from various professional organizations, the Florida Department of Health, healthcare clinics, insurance providers, and members of the Partnership.

Figure 4.1: Prioritized Key Themes



[1]clinics, food, cost, dental, etc.

Prioritization Process Limitation: During the presentation "smoking" was misrepresented as a theme. Participants indicated that the topic area should be represented as Cancer and that smoking is the behavior associated with it. Five people added "cancer" as their vote in the chat, apart from smoking – bringing this total up to six, tied with drug abuse in the order of priorities.

Prioritizing key health issues within the communities served by the hospital systems is also a way to help assign resources and pinpoint critical starting points. In addition to ranking the nine areas identified, participants were presented with specific issue areas within each of the top priority areas to review and rank relative to the main theme. This provided additional insight within each of the top five priority areas. Table 4.1 is a summary of sub-themes within each priority area. In addition, Appendix D provides an extensive list of best practices and interventions for reference.

Table 4.1: Summary of Sub-Themes

Rank	Issue	Score
Mental Health		
1	Lack of Providers	33
2	Cost	20
3	Stigma Youth Mental Health	18
4	Telehealth Suicide	11
5	LGBTQ Mental Health	5
Access		
1	Shortage of Providers that Represent the Community	26
2	Affordability of Care	23
3	Community Clinics in Areas of Need	21
4	Healthy Food Access	15
5	Broadband Access	13
6	Dental Care Shortage	12
7	Access to active living (parks, trails, playgrounds)	8
Poverty		
1	Living Wage	25
2	Homelessness	23
3	Living Conditions Job Training/Education	20
4	Unemployment	10
5	Job Opportunities	9
Chronic Disease		
1	Food Deserts	21
2	Nutrition	20
3	Adult Obesity	19
4	Childhood Obesity	18
5	Access to Physical Activity	17
6	Indoor Air Quality (asthma)	7
7	Outdoor Air Quality (asthma)	2

5. NEXT STEPS

With the Prioritized Key Themes identified, over the next year, each health system will review the CHNA, and develop Implementation Plans of initiatives to be tracked and measured for the next three years in the CHNA process cycle. While it is not expected or possible for any health system to address all Prioritized Key Themes, through the collective impact of our community, with the overlying focus of health equity, the Partnership will continue to deliberate and work towards identifying best practices that support and improve the health and well-being of those they serve in northeast Florida. Previous CHNA hospital strategies and a self-evaluation of the impact of these strategies are provided in Appendix E. No comments were received on the 2019 CHNA for any of the hospital systems.

The CHNA is instructional for nonprofit health systems in analyzing, reporting, and addressing community health needs, as evident from the community input process. The Partnership views the CHNA as an important way to hear the voices of the community. They will listen, and use the thoughts, quotes, and data contained within this CHNA to collaborate among health systems and within the community to improve the lives of all individuals. Collaborating with trusted partners is a crucial and foundational step in addressing the health and equity of northeast Florida and driving sustained improvement through large scale impact of long-term intentional changes.

APPENDIX A

Community Health Needs Assessment Checklist
1.1 Define the community
1.2 Define geography
1.3 Define target population
1.4 Take into account principal function of hospital
2.1 Assess the health needs of the community
2.2 Describe the process and methods used to conduct the CHNA
2.2.1 Describe methods of collecting and analyzing the data and information
2.2.2 Identify any parties with whom the hospital facility collaborated or with whom it contracted for assistance in conducting the CHNA
2.3 CHNA report: cite source material
3.1 Gather input from those with a broad interest in the community
3.2 Gather information from at least one representative of the state, regional, or local health department
3.3 Gather input from members of the medically underserved, low income, and minority populations (or people who can speak on their behalf)
3.4 Take into account written comments from the previous CHNA
3.5 The CHNA *may* also gather input from other organizations including, but not limited to: community health organizations, government entities, and for-profit hospitals
4.1 Prioritize the community's health needs
4.2 Include a prioritized description of significant health needs of CHNA along with a description of the process and criteria used to identify certain health needs as significant and prioritizing those significant health needs
5.0 Describe resources potentially available to address the significant health needs identified through CHNA
6.0 Evaluate the impact of any actions taken since the hospital's last CHNA report
7.1 The CHNA is considered complete when it is documented and:
7.2 Contains the definition of the community served by the hospital facility
7.3 Describes the needs identified
7.4 Contains the prioritization of requirements and criteria used to set the priorities
7.5 Contains the description of resources available to meet the needs of the community
7.6 Contains an evaluation of the impact of any action taken to address community health needs since the last CHNA
7.7 Approved by the hospital facility
7.8 Made available to the public
8.0 The hospital facility must make the CHNA and the previous two preceding CHNAs widely available to the public on a website
Implementation Strategy
1.1 The hospital implementation strategy should address each significant need in the CHNA
1.2 The hospital must describe how it plans to address the health need or
1.3 The hospital must provide an explanation of why it will not address the health need
2.1 Discuss how the hospital plans to address the health need
2.2 Describes the actions the hospital facility intends to take to address the health need and the anticipated impact
2.3 Identifies resources the hospital will commit to address the health need
2.4 Describes any planned collaboration

APPENDIX B

Key Stakeholder Interview Participants		
Agency	**Sector**	**County**
Starting Point Behavioral Health	Behavioral Health	Nassau
SPBH, NAMI, Homeless Coalition	Housing/Homelessness	Nassau
JASMYN	LGBTQ	Duval
Lutheran Services	Behavioral Health	Duval
Ability Housing	Housing/Homelessness	Duval
Fire Watch	Veterans	Regional
Clay County Behavioral Health	Behavioral Health	Clay
We Care	Patient Advocates	Duval
Mercy Services	Housing/Homelessness	Clay
St. Johns Housing Partnership	Housing/Homelessness	St. Johns
The Way Clinic	Healthcare	Clay
Feeding Northeast Florida	Food Insecurity	Region
ACLU Regional Organizer	Social Service	Nassau
Baker Prevention Coalition	Behavioral Health	Baker
Pie in the Sky	Social Service	St. Johns
Northeast Florida Healthy Start	Maternal Health	Region
Wildflower Clinic	Healthcare	St. Johns
Barnabas Center	Social Service	Nassau
Council of Aging	Seniors	Baker
CIL Jacksonville	Disability	Regional
Safe Kids NEFL	Child Health	Regional
Stewart Marchman	Behavioral Health	St. Johns
YMCA	Active Living	Regional
FDOH-Nassau	Public Health	Nassau
Healthy Start Coalition of NE FL	Maternal/Child Health	Regional
FDOH-Duval	Public Health	Duval
FDOH-Clay	Public Health	Clay

Agency	Sector	County
FDOH-St. Johns	Public Health	St. Johns
Sulzbacher Center for the Homeless	Housing/Homeless/FQHC/Dental	Duval
Jewish Family and Community Social Services	Social Services	Regional
Volunteers in Medicine	Healthcare	Duval

Key Stakeholder Interview Questions

1. How many years have you worked in the county?
2. What do you think prevents people in the county from being healthy, or from having optimal health and wellness?
3. Are there populations in the county that face barriers or difficulties gaining access to healthcare related to chronic diseases? If yes, which populations?
4. Why do you think the populations you mentioned face difficulties getting or accessing healthcare for chronic disease (such as asthma, heart disease, cancer, diabetes, or mental illness)?
5. Are there populations in the county that face barriers or difficulties accessing immediate treatment for acute illnesses? If yes, which populations?
6. Why do you think the populations you mentioned face difficulties accessing services or immediate treatment for acute illness?
7. Are there populations in the county that face barriers or challenges in gaining access to primary and preventive healthcare? If yes, which populations?
8. What primary or preventive healthcare services do the populations you mentioned have difficulty accessing?
9. Why do you think the populations you mentioned face difficulties accessing primary or preventive care?
10. What actions can be taken, or do you see as necessary, to address access to primary healthcare?
11. If you could change one thing in the county to improve the health and quality of life for county residents, what would it be?
12. How has your county been most impacted by COVID-19?
13. Based on our discussion today, what do you feel are the top health issues or needs in the county that should be addressed?

Focus Group Summary		
Date	**Number of participants**	**County**
3/29/2021	3	Duval
3/31/2021	3	Clay
4/2/2021	8	Duval
4/7/2021	2	Nassau
4/7/2021	8	St Johns
4/11/2021	4	St Johns
4/12/2021	8	Clay
4/15/2021	5	Duval County
4/15/2021	2	Clay
4/15/2021	3	Clay
4/15/2021	4	Duval
4/20/2021	10	Nassau
4/26/2021	12	Baker
4/26/2021	13	Nassau
4/28/2021	8	Duval
4/29/2021	8	Nassau
4/30/2021	8	Duval
4/30/2021	9	Duval (8), St. Johns (1)
4/30/2021	10	Duval
4/30/2021	8	Baker (1), Duval (4), St. Johns (3)
4/30/2021	11	Duval (7), Clay (2) St Johns (2)
4/30/2021	6	Clay, Duval, St Johns
4/30/2021	9	Clay
4/30/2021	10	Duval (9), St Johns
5/4/2021	40	Duval

Focus Group Questions

1. What do you think prevents people in the county from being healthy (or from having optimal health and wellness?)
2. What do you love about your neighborhood?
3. What things are missing in your neighborhood that you would like to have to stay healthy?
4. What things are you worried about in your neighborhood that prevent you from being safe and healthy?
5. What barriers or difficulties do you or others face gaining access to care for chronic disease?
6. What barriers or difficulties do you or others face gaining treatment for acute illnesses?
7. What barriers or difficulties do you or others face gaining access to primary and preventative healthcare?
8. What health services do you need in your neighborhood that are not available?
9. Why or why not? (Do you have a primary care doctor?)
10. Where do you get information about health?
11. Think back to your last visit with your doctor. Which of the following should they do to improve communication with you? Select all that apply.
12. If yes, why do you think you were mistreated? (Have you ever experienced discrimination while accessing healthcare services?)
13. What do you feel was the reason for the mistreatment?
14. How has your community been most impacted by COVID-19?
15. You may have heard about place matters, how where you live can affect your health. Let's say you are in charge for a day and have $1 million to spend to help the community, what would you do?

Prioritization Workshop Participants		
Organization	**County**	**Sector**
UF Health	Duval; Nassau	Hospital
Mayo Clinic in Florida	Duval; St. Johns	Hospital
FDOH-Nassau	Nassau	Department of Health
Baptist	Duval; St. Johns	Professional Society
Players Center for Child Health	Clay; Duval; St. Johns	Hospital
St. Johns Housing Partnership	Clay; St. Johns	Other
Duval County Medical Society	Duval	Professional Society
Eighth & Whitner	Duval	Other
Lutheran Services Florida	Baker; Clay; Duval; Nassau; St. Johns	Other
IM Sulzbacher Center for Homeless	Duval	Clinic
Potentiae	Clay; Duval; Nassau; St. Johns	Hospital
The Way Clinic	Clay	Clinic
Family Practice	Duval	Professional Society
Three Grains of Rice	Duval; St. Johns	Social Services
NEFL Healthy Start Coalition	Baker; Clay; Duval; Nassau; St. Johns	Social Services
Clay County Behavioral Health	Clay	Other
Volunteers in Medicine	Duval; St. Johns	Clinic
Brooks Rehabilitation	Baker; Clay; Duval; St. Johns	Hospital
Turner Alliance Consulting	Duval	Other
Hispanic Health Council of Jacksonville	Clay; Duval; St. Johns	Other
Hispanic Health Council of Jacksonville	Duval	Other
Florida Blue	Baker; Clay; Duval; Nassau; St. Johns	Healthcare/Insurance
Feeding Northeast Florida	Duval	Social Services
ElderSource	Baker; Clay; Duval; Nassau; St. Johns	Social Services
FDOH-Nassau	Nassau	Department of Health
Players Center for Child Health	Duval	Hospital
Baptist Health	Clay; Duval; Nassau	Hospital

FDOH-Nassau	Nassau	Department of Health
Pastor	Duval; Nassau	Other
Humana	Clay; Duval	Healthcare/Insurance
Ascension St. Vincent's	Clay; Duval	Hospital
JAX Chamber	Duval	Professional Society
Ability Housing	Duval	Other
Jax Area Legal Aid	Duval	Social Services
AGAPE Community Health Centers	Duval	Clinic
CIL Jacksonville	Baker; Clay; Duval; Nassau; St. Johns	Social Services
Health Planning Council of Northeast Florida	Baker; Clay; Duval; Nassau; St. Johns	Other

Survey Questions	
Full Text	**Answer Choices (if applicable)**
1. County	
2. Zip	
3. Where do you go for most of your healthcare? Please select one.	Emergency Department
	Health Department
	Other (please specify)
	Primary Care Physician
	Specialist
	Urgent Care
4. Do you have access to the following in your community?	Primary Care Doctors
	Health Clinics
	Specialty Healthcare Providers
	Urgent Care Clinics
	Safe Parks and Recreation Spaces
	Healthy Food Options (i.e. grocery stores, farmer's markets, healthy restaurants)
	Safe and Affordable Housing
	Public Transportation
5. Which of the following conditions has made it difficult for you to obtain medical services? Please select all that apply.	I've experienced no difficulty obtaining medical services.
	Fear of going to the doctor
	Cost of care (copays, prescriptions)
	Discrimination

	No Insurance
	Long wait times
	Lack of or limited transportation
	Lack of providers
	Lack of ADA compliant services and accommodations
	Other (please specify)
6. Which of the following conditions has made it difficult for you to obtain dental services? Please select all that apply.	I've experienced no difficulty obtaining dental services.
	Fear of going to the doctor
	Cost of care (copays, prescriptions)
	Discrimination
	No Insurance
	Long wait times
	Lack of or limited transportation
	Lack of providers
	Lack of ADA compliant services and accommodations
	Other (please specify)
7. Which of the following conditions has made it difficult for you to obtain mental health services? Please select all that apply.	I've experienced no difficulty obtaining mental health services.
	Fear of going to the doctor
	Cost of care (copays, prescriptions)
	Discrimination
	No Insurance
	Long wait times
	Lack of providers
	Lack of or limited transportation
	Lack of ADA compliant services and accommodations
	Other (please specify)
8. How would you rank your knowledge of what a person needs for optimal health? (5 being the best, 1 being the least)	
9. Do any of the following limit your ability to live a healthy lifestyle? Select all that apply.	Access to healthcare services
	My income
	Limited opportunities for career advancement
	Affordable housing
	Access to public transportation
	Access to safe places for recreation (recreation centers, parks, trails, playgrounds, etc.)
	My neighborhood
	Access to healthy foods
	Limitations associated with the pandemic

	Other (please specify)
10. What is the top environmental health concern that affects your community? Select one.	Safety for Pedestrians (both people & bicyclists)
	Air Quality/Odors/Pollution
	Water Quality (lakes, rivers, streams, etc.)
	Noise Level
	Other (please specify)
	Housing Conditions
	OTHER RESPONSES
11. What is the top social issue that affects health in your community? Select one.	Alcohol/Drug Abuse
	Bullying
	Criminal Activity
	Discrimination/Racism
	Domestic Violence
	Other (please specify)
	Poverty
	Safety in Public Spaces
	OTHER RESPONSES
12. What is the top economic issue that affects health in your community? Select one.	Lack of a living wage
	Lack of affordable and healthy food options
	Lack of affordable healthcare/insurance
	Lack of affordable housing
	Lack of educational opportunities
	Lack of employment opportunities
	Lack of transportation
	Other (please specify)
	OTHER RESPONSES
13. Have you ever experienced discrimination in any of the following places? Check all that apply.	I do not feel I have ever been discriminated against in any of these places.
	Doctor's office
	Health clinic
	Hospital
	On transportation to a healthcare appointment (such as bus, shuttle, taxi, Uber/Lyft)
	Store, picking up medicine or healthcare products
	Gym or recreation center
	Park or outdoor recreation space
	While helping someone else get healthcare
	Other (please specify)

14. Do you think the discrimination was due to: (Check all that apply)	Race
	Ethnicity
	Language barrier
	Sexual or gender identity
	Other (please specify)
15. Did you feel the discrimination was most often: (Select one)	Unsure
	The individual was unaware of their action
	Other (please specify)
	On purpose
16. In your opinion, is your community a healthy place to live and spend time?	Yes
	No
17. Do you feel safe in your community?	Yes
	No
18. Please specify your current insurance type.	Medicaid
	Medicare
	Military/VA/Tricare
	Private (BCBS, Cigna, United Healthcare, ACA Health Insurance Marketplace, etc.)
	Uninsured/None
19. Which of the following best describes your race?	Asian/Asian American/Pacific Islander
	Hispanic
	Native American/American Indian/Alaskan Native
	Non-Hispanic Black
	Non-Hispanic White
	Prefer Not to Answer
	Two or More Races
20. What is your gender?	Female
	Male
	Prefer Not to Answer
21. What is your current age? Please pick the corresponding age group.	18-29
	30-39
	40-49
	50-59
	60-69
	70-79
	80 & Older
	Prefer Not to Answer

22. What is your current relationship status?	Married/ Partnered
	Prefer Not to Answer
	Single
	Widowed
23. What is your total family income?	$100,000 - $149,000
	$150,000 and Above
	$25,000 - $34, 000
	$35,000 - $49,000
	$50,000 - $74,000
	$75,000 - $99,000
	Less than $25,000
	Prefer Not to Answer
24. What is your highest completed level of education?	College Graduate
	Elementary/Middle School
	High School / G.E.D
	Postgraduate / Professional School
	Prefer Not to Answer
	Some College
	Vocational / Technical
25. Almost done! Please select the choice that best reflects your current employment.	Disabled
	Employed
	Homemaker
	Prefer Not to Answer
	Retired
	Self-employed
	Student
	Unemployed

APPENDIX C

Secondary Data

Standards for collecting, reviewing, presenting, and analyzing secondary data are based on industry trends that assess health status and risk factors for population health and community wellness. Quantitative data for each county is obtained from the Behavioral Risk Factor Surveillance System (BRFSS), County Health Rankings and Roadmaps (CHR&R), Florida Charts, Florida Department of Health Local Community Health Assessments (CHA), Hospital Utilization Reports, U.S. Census, and the Youth Risk Behavior Surveillance System (YRBSS).

Population health measures the physical, mental, environmental, and social well-being of a population. Collecting, assembling, and analyzing available data that includes statistics on health status, epidemiologic studies of health problems, healthcare utilization, service availability, and self-reported analytics helps to identify unmet needs and emerging needs.

Secondary Data Outcomes

Universal measures, recommended by Healthy People 2030 to assess the general health of the U.S. population are the basis for the secondary data sets used in this CHNA to evaluate the health status of the communities and populations served by the Partnership.

Estimating life expectancy, or the average number of years a person lives, provides an overall community health indicator. Table 1 provides a breakdown by county as compared to the state. Low life expectancies can result from high infant mortality rates, high rates of drug overdose or suicide, barriers to high-quality healthcare, and other factors. This baseline, when combined with other health data, helps identify neighborhoods most in need of investment.

Table 1: Life Expectancy by County, Race, and Ethnicity

Life Expectancy by County, Race, and Ethnicity					
County	Total Population	Asian	Black	Hispanic	White
Baker	75.5	-	77.0	-	75.0
Clay	77.8	85.2	79.4	83.6	77.0
Duval	76.1	88.7	74.2	83.8	75.7
Nassau	77.6	-	73.4	84.2	77.5
St. Johns	81.9	101.4	77.4	86.9	81.7
Florida	80.0	86.1	76.1	82.1	79.9

Source: Florida Charts

In addition to life expectancy, mortality and morbidity rates are direct measures of population health and community well-being. The top five leading causes of death in the service areas are Cancer, Chronic Lower Respiratory Disease (CLRD), Heart Disease, Unintentional Injuries, and Stroke, which is consistent with the State of Florida as shown in Table 2. Each service area has a slight difference in rank order; however, heart disease and cancer are the top two in every county.

Table 2: Top Five Leading Causes of Death

Top Five Leading Causes of Death by County		
Baker County had 262 deaths in 2019 which is a 2.9% decrease compared to the number of deaths in 2017.		
Top Five	Number of deaths	% of Deaths
Heart Disease	55	20.99
Cancer	49	18.70
Unintentional Injury	19	7.20
Chronic Lower Respiratory Diseases (CLRD)	15	5.70
Stroke	14	5.00
Clay County had 1,938 deaths in 2019 which is a 6.1% increase compared to the number of deaths in 2017.		
Top Five	Number of deaths	% of Deaths
Cancer	405	20.90
Heart Disease	341	17.60
Chronic Lower Respiratory Diseases (CLRD)	141	7.30
Stroke	140	7.20
Unintentional Injury	137	7.10
Duval County had 8,781 deaths in 2019 which is a 2.7% increase compared to the number of deaths in 2017.		
Top Five	Number of deaths	% of Deaths
Cancer	1,787	20.35
Heart Disease	1,782	20.30
Unintentional Injury	710	8.10
Stroke	557	6.30
Chronic Lower Respiratory Diseases (CLRD)	445	5.20
Nassau County had 935 deaths in 2019 which is a 0.2% decrease compared to the number of deaths in 2017.		
Top Five	Number of deaths	% of Deaths
Cancer	235	25.13
Heart Disease	193	20.60
Stroke	67	7.20
Chronic Lower Respiratory Diseases (CLRD)	51	5.50
Unintentional Injury	47	5.00
St. Johns County had 2,120 deaths in 2019 which is a 5.1% increase compared to the number of deaths in 2017.		
Top Five	Number of deaths	% of Deaths
Cancer	508	23.96
Heart Disease	421	19.90
Unintentional Injury	117	5.50
Chronic Lower Respiratory Diseases (CLRD)	111	5.20
Stroke	109	5.10

Source: Florida Charts

The County Health Rankings & Roadmaps (CHR&R) initiative by the University of Wisconsin Population Health Institute School of Medicine and Public Health studies county-level data to determine how health outcomes and health factors differ by place. **Health Outcomes** measure both length and quality of life. At the same time, **Health Factors** reveal the shape of the community's future based on availability and access to different resources and opportunities.

There are 67 counties in Florida; the five counties in the service area listed in Table 3 reflect the numeric designation by health outcomes and factor indicators.

Table 3: County Health Rankings

2021 Florida County Health Ranking Total Florida Counties: 67						
			Breakdown of Health Factors Rankings			
County	**Health Outcomes Rank**	**Health Factors Rank**	**Health Behaviors** Tobacco Diet and Exercise Alcohol Use High-Risk Sex	**Clinical Care** Access to Care Quality of Care	**Socio-Economic** Education Employment Income Family/Social Support Community Safety	**Physical Environment** Air Quality Built Environment Access to Healthy Food Liquor Stores
Baker	52	41	58	38	32	28
Clay	21	15	29	20	7	48
Duval	46	27	25	17	30	46
Nassau	26	8	26	4	6	47
St. Johns	1	1	2	2	1	24

Source: University of Wisconsin Population Health Institute School of Medicine and Public Health

The model of population health in Figure 1 illustrates the relationship between social, economic, physical, clinical, and other factors that influence both length of life and quality of life. Looking at the CHR&R with several Healthy People 2030 indicators and social determinants of health provides a snapshot of current health conditions receiving increased attention from hospitals, healthcare systems, and governmental agencies interested in improving health outcomes.

COVID-19

Due to the impact COVID-19 has had and will continue to have on population health, it warrants a separate discussion as it correlates to equity and the need for future investment in population health. The pandemic has highlighted how community resources directly impact the health of its residents. Unsafe or unstable housing, income insecurity, lack of transportation, and underlying health inequities put some populations at higher risk during the pandemic. People at disproportionate risk for severe health impacts from COVID-19 are also more likely to suffer secondary consequences, such as loss of income or housing.

Compounding social and economic conditions such as housing, employment, food security, and education contribute significantly to individual health outcomes over a lifetime. Table 4 summarizes COVID-19 cases by county and race, hospitalization, and deaths. Ongoing research and analytics will continue to reveal the magnitude of the pandemic in the nation, state, and local communities.

Figure 1: Model of Population Health

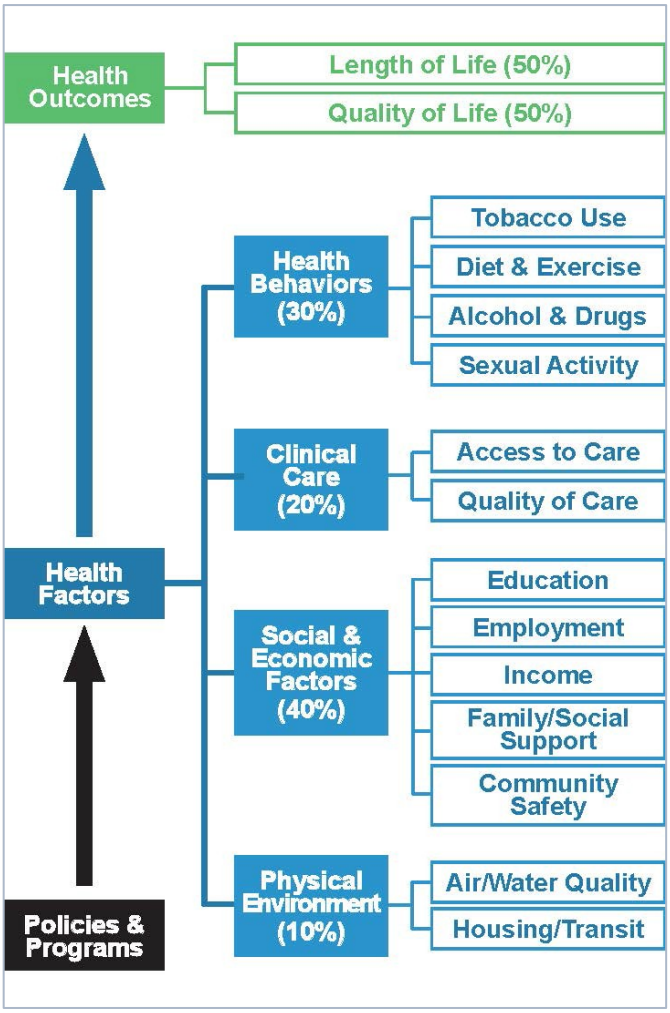


Table 4: COVID-19 Summary

COVID-19 Regional Impacts Summary *Please note this information was current as of May 2021*							
County	Positive Cases					Hospitalizations	Deaths
	Total	White	Black	Other	Unknown Race		
Baker	3,481	2274	441	134	632	184	60
Clay	18,623	12,281	2,364	1,369	2,609	944	340
Duval	96,806	41,558	27,717	11,298	16,233	2,133	1,408
Nassau	7,951	6,614	514	325	498	308	126
St. Johns	22,377	16,954	1,253	1,602	2,568	807	211
TOTAL	149,238	79,681	32,289	14,728	22,540	4,376	2,145
State	2,275,177	1,303,323	304,031	358,114	309,709	94,767	36,733

Source: Florida Department of Health

Infectious Diseases

Infectious diseases are illnesses caused by germs (such as bacteria, viruses, and fungi) that enter the body, multiply, and cause an infection. Some infectious diseases are contagious (or communicable), spread from one person to another. Other infectious diseases can spread by germs carried in the air, water, food, or soil. They can also be spread by vectors (like biting insects) or by animals.

Table 5: 2019 Infectious Disease Rates

Infectious Disease	Baker	Clay	Duval	Nassau	St. Johns	State of Florida
Indicator	Rate Per 100,000	Rate Per 100,000	Rate Per 100,000	Rate Per 100,000	Rate Per 100,000	Rate Per 100,000
Bacterial STDs Incidence	697.8	661.0	1306.4	421.7	347.2	758.0
White	317.5	265.8	394.0	250.2	163.4	268.3
Black	1,315.1	1,663.2	2,409.2	1,044.4	1,310.6	1,598.4
Hispanic	396.8	361.1	474.1	131.0	172.3	452.1
Non-Hispanic	490.2	445.9	1,067.2	307.4	234.3	624.5
Bacterial STDs Incidence (ages 15-19)	3,576.1	2,274.9	4,507.7	1,725.5	1,364.1	2,718.8
HIV Diagnoses	7.1	8.8	29.2	5.9	8.4	21.6
White	4.4	3.8	17.2	5.4	5.8	9.6
Black	---	40.7	58.3	---	30.7	53.2
Hispanic	132.3	8.9	20.3	26.2	16.7	29.2
Non-Hispanic	3.7	8.7	30.2	4.9	7.8	18.8
HIV Infection Cases (ages 15-19)	0.0	6.4	20.5	10.3	3.1	10.7
Tuberculosis Cases	0.0	0.9	2.5	0.0	1.1	1.9
Chronic Hepatitis C (including Perinatal)	149.5	74.6	116.5	119.8	78.9	93.7
NOTE:	*Indicates rate is higher than the state*					

Source: Florida Charts

Chronic Diseases and Cancer

The prevalence of chronic diseases reveals the current health status of the service area population. Hospitalization and incidence rankings derived from hospital utilization reports are presented in Table 6. Six in ten Americans live with at least one chronic disease, like heart disease, stroke, cancer, or diabetes. Chronic diseases are the leading cause of death and disability. Healthy behaviors (e.g., physical activity, avoiding cigarette use, and refraining from binge drinking) and preventive practices (e.g., visiting a doctor for a routine check-up, tracking blood pressure, and monitoring blood cholesterol) help prevent and manage these chronic conditions.

Table 6: Hospitalization and Incidence Rankings by County

Hospitalization and Incidence Ranking by County					
Rank	Baker	Clay	Duval	Nassau	St. Johns
1	Diabetes	Diabetes	Diabetes	Diabetes	Heart Failure
2	Heart Failure	Heart Failure	Heart Failure	Heart Failure	Asthma
3	Asthma	Asthma	Asthma	Asthma	Coronary Heart Disease
4	Chronic Lower Respiratory Disease	Coronary Heart Disease	Chronic Lower Respiratory Disease	Coronary Heart Disease	Stroke
5	Coronary Heart Disease	Chronic Lower Respiratory Disease	Stroke	Chronic Lower Respiratory Disease	Chronic Lower Respiratory Disease
6	Stroke	Stroke	Coronary Heart Disease	Stroke	Breast Cancer
7	Heart Attack	Heart Attack	Heart Attack	Heart Attack	Heart Attack
8	Breast Cancer	Breast Cancer	Breast Cancer	Breast Cancer	Prostate Cancer
9	Lung Cancer	Prostate Cancer	Prostate Cancer	Prostate Cancer	Lung Cancer
10	Prostate Cancer	Lung Cancer	Lung Cancer	Lung Cancer	Colorectal Cancer
11	Colorectal Cancer	Colorectal Cancer	Colorectal Cancer	Colorectal Cancer	Melanoma
12	Melanoma	Melanoma	Melanoma	Melanoma	Diabetes
13	Cervical Cancer	Cervical Cancer	Cervical Cancer	Cervical Cancer	Cervical Cancer

Source: Florida Charts

Table 7 shows the 2019 age-adjusted death and hospitalization rates for various chronic diseases: coronary heart disease, stroke, heart failure, diabetes, and asthma. These rates are also broken down by race and ethnicity to look for health disparities. These specific chronic diseases were chosen for further examination since they were ranked high in Table 6.

Age-adjusted rates ensure that differences in incidence or deaths from one year to another, or between geographic areas, are not due to differences in the age distribution of the populations that are being compared. Thus, age-adjusted rates are the rates that would have existed if the population under study had the same age distribution as the standard population. Age-adjusted rates are summary measures that adjust for differences in age distributions and help make fairer comparisons between groups that have different age distributions.

Table 7: 2019 Rates of Chronic Disease

Chronic Diseases	**Baker**	**Clay**	**Duval**	**Nassau**	**St. Johns**	**State of Florida**
Indicator	**Age-Adjusted Rate Per 100,000**	**Age-Adjusted Rate Per 100,000**	**Age-Adjusted Rate Per 100,000**	**Age-Adjusted Rate Per 100,000**	**Age-Adjusted Rate Per 100,000**	**Age-Adjusted Rate Per 100,000**
Coronary Heart Disease Deaths	109.9	81.6	94.5	89.4	76.4	88.6
White	112.9	82.7	93.9	91.5	78.2	88.6
Black	95.9	88.8	107.7	73.7	81.7	91.8
Hispanic	0.0	83.3	46.6	83.8	38.5	73.9
Non-Hispanic	107.6	79.2	95.6	89.0	77.9	91.5
Stroke Deaths	48.6	62.2	56.0	55.4	31.0	41.1
White	44.1	64.5	50.7	54.1	32.3	39.2
Black	103.4	57.6	75.3	105.8	19.0	60.9
Hispanic	0.0	24.5	58.5	166.5	14.8	40.1
Non-Hispanic	45.0	63.7	54.9	53.9	31.0	41.6
Heart Failure Hospitalizations	1,732.7	1,628.2	1,856.3	1,170.3	948.6	1,285.6
White	1,718.0	1,555.7	1,489.6	1,112.8	902.4	1,102.0
Black	1,993.9	2,172.5	2,837.9	2,343.5	1,634.6	2,133.5
Hispanic	356.2	913.4	904.9	427.1	642.3	1,106.6
Non-Hispanic	1,749.2	1,653.0	1,909.1	1,179.5	952.4	1,351.3
Diabetes Hospitalizations	2,969.1	2,784.6	3,188.4	2,086.5	1,459.0	2,314.2

Chronic Diseases	Baker	Clay	Duval	Nassau	St. Johns	State of Florida
Indicator	Age-Adjusted Rate Per 100,000	Age-Adjusted Rate Per 100,000	Age-Adjusted Rate Per 100,000	Age-Adjusted Rate Per 100,000	Age-Adjusted Rate Per 100,000	Age-Adjusted Rate Per 100,000
White	2,904.2	2,633.6	2,477.4	1,961.2	1,347.5	1,915.1
Black	3,666.1	3,946.7	4,903.6	4,466.5	3,397.8	4,020.3
Hispanic	917.6	1,492.3	1,947.2	1,003.1	894.5	2,249.3
Non-Hispanic	2,983.7	2,842.7	3,257.1	2,105.9	1,476.8	2,344.7
Asthma Hospitalizations	41.0	45.9	77.8	31.8	35.4	62.4
White	39.1	39.8	43.1	28.4	23.2	42.1
Black	35.6	71.4	141.5	116.9	156.1	122.5
Hispanic	0.0	14.1	45.3	48.7	39.9	66.4
Non-Hispanic	42.2	48.9	81.9	30.2	35.4	62.2

Source: Florida Charts

Table 8 shows the 2017-2019 age-adjusted death rates for breast cancer, lung cancer, and prostate cancer. These rates are also broken down by race and ethnicity to look for health disparities. These three types of cancer were chosen for further examination since they were ranked the highest in Table 6.

Table 8: 2017-2019 Cancer Death Rates

Cancer	Baker	Clay	Duval	Nassau	St. Johns	State of Florida
Indicator	Age-Adjusted Rate Per 100,000	Age-Adjusted Rate Per 100,000	Age-Adjusted Rate Per 100,000	Age-Adjusted Rate Per 100,000	Age-Adjusted Rate Per 100,000	Age-Adjusted Rate Per 100,000
Breast Cancer Deaths (Females)	18.9	11.2	12.9	14.0	8.8	10.6
White	21.8	11.2	11.1	12.9	8.3	9.9
Black	0.0	4.2	19.1	36.8	18.1	14.6
Hispanic	0.0	6.4	12.4	34.4	0.0	8.0
Non-Hispanic	19.3	11.7	13.1	13.8	9.2	11.3
Lung Cancer Deaths (Females and Males)	37.0	40.6	38.9	52.0	30.3	33.4
White	39.6	43.2	43.8	53.2	31.2	34.8
Black	21.9	15.2	27.7	56.1	10.7	24.9
Hispanic	0.0	32.1	21.7	62.3	25.5	18.8
Non-Hispanic	37.7	40.9	39.7	51.6	30.3	36.4
Prostate Cancer Deaths (Males)	7.0	5.9	8.4	2.0	7.3	7.2
White	7.9	6.2	6.9	2.1	6.5	6.7
Black	0.0	0.0	14.9	0.0	22.3	13.0
Hispanic	0.0	0.0	2.6	0.0	9.0	6.3
Non-Hispanic	7.0	5.9	8.7	2.0	7.2	7.4
NOTE:	*Indicates rate is higher than the state*					

Source: Florida Charts

Maternal, Infant, Child, and Adolescent Health

Maternal health refers to the health of women during pregnancy, childbirth, and the postnatal period. Each stage should be a positive experience, ensuring women and their babies reach their full potential for health and well-being. Pregnancy can provide an opportunity to identify existing health risks in women and to prevent future health problems for women and their children. These health risks may include hypertension and heart disease, diabetes, depression, intimate partner violence, genetic conditions, sexually transmitted diseases (STDs), tobacco, alcohol, substance use, inadequate nutrition, and unhealthy weight. Infant health refers to the health of a baby from birth until 2 years of age. Premature births, unsafe sleeping practices, and bottle-feeding can contribute to poorer infant health.

Table 9: 2019 Maternal and Infant Health Indicators

Maternal and Infant Health	Baker	Clay	Duval	Nassau	St. Johns	State of Florida
Indicator	Rate Per 1,000 Live Births	Rate Per 1,000 Live Births	Rate Per 1,000 Live Births	Rate Per 1,000 Live Births	Rate Per 1,000 Live Births	Rate Per 1,000 Live Births
Neonatal Mortality	2.8	4.5	5.4	4.7	3.2	4.2
White	3.3	4.0	3.4	5.3	1.6	3.1
Black	0.0	3.1	9.4	0.0	27.0	7.4
Hispanic	0.0	0.0	6.5	0.0	0.0	3.5
Non-Hispanic	2.9	4.5	5.1	5.1	3.4	4.3
Infant Mortality	11.0	6.7	7.9	4.7	4.5	6.0
White	6.5	5.7	5.1	5.3	2.7	4.4
Black	24.4	9.4	13.2	0.0	33.8	10.9
Hispanic	0.0	0.0	4.3	0.0	0.0	4.9
Non-Hispanic	11.6	7.1	7.5	5.1	4.9	6.3
Post neonatal Mortality	8.3	2.2	2.5	0.0	1.4	1.8
White	3.3	1.7	1.7	0.0	1.1	1.3
Black	24.4	6.3	3.8	0.0	6.8	3.4
Hispanic	0.0	0.0	1.8	0.0	0.0	1.4
Non-Hispanic	8.7	2.5	2.4	0.0	1.5	2.0
Maternal Mortality	2.8	0.4	0.5	0.0	0.5	0.3
White	3.3	0.6	0.6	0.0	0.5	0.2
Black	0.0	0.0	0.2	0.0	0.0	0.5
Hispanic	0.0	0.0	0.0	0.0	0.0	0.1
Non-Hispanic	2.9	0.5	0.5	0.0	0.5	0.3
NOTE:	*Indicates rate is higher than the state*					

Source: Florida Charts

Children's health is the extent to which individual children or groups of children are able or enabled to develop and realize their potential, satisfy their needs, and develop the capacities that allow them to interact successfully with their biological, physical, and social environments. Child health is the foundation to adult health and overall well-being. Physical and mental abuse and other childhood traumas lead to poor child health and may cause chronic physical and mental health problems. In 2019, there were 1,776 children aged 1-5 living in Baker County, 12,542 in Clay County, 65,335 in Duval County, 4,440 in Nassau County, and 13,162 in St. Johns County.

Table 10: Pediatric Health Indicators

Pediatric Health	Baker	Clay	Duval	Nassau	St. Johns	State of Florida
Indicator	Rate Per 100,000	Rate Per 100,000	Rate Per 100,000	Rate Per 100,000	Rate Per 100,000	Rate Per 100,000
Deaths ages 1-5	18.7	24.0	26.6	38.6	13.0	24.4
Unintentional injury deaths ages 1-5	18.7	5.3	9.4	30.9	2.6	9.4
Cancer deaths ages 1-5	0.0	8.0	2.1	0.0	0.0	2.4
Heart Diseases deaths ages 1-5	0.0	0.0	0.0	0.0	0.0	0.7
Hospitalizations ages 1-5 for all non-fatal unintentional injuries	149.9	183.9	173.4	162.1	135.0	137.8
Near drownings	0.0	21.3	6.8	15.4	13.0	8.6
Traumatic brain injuries	0.0	29.3	31.2	30.9	15.6	27.0
ER visits for non-fatal unintentional poisonings ages 1-5	412.3	389.2	355.6	470.8	275.3	345.1

Pediatric Health	Baker	Clay	Duval	Nassau	St. Johns	State of Florida
Indicator	Rate Per 100,000	Rate Per 100,000	Rate Per 100,000	Rate Per 100,000	Rate Per 100,000	Rate Per 100,000
Unintentional falls	4,479.0	5,893.5	5,004.4	5,765.7	5,105.4	4,674.8
Motor vehicle traffic related injuries	468.5	661.1	753.4	517.1	220.7	461.6
Overall cancer incidence rate ages 1-5	0.0	24.9	20.5	33.0	28.0	21.3
Children in foster care	174.7	255.4	234.8	269.0	104.9	220.4
	Rate Per 1,000	Rate Per 1,000	Rate Per 1,000	Rate Per 1,000	Rate Per 1,000	Rate Per 1,000
Children Ages 1-5 Receiving Mental Health Treatment Services	3.4	6.0	0.3	6.4	4.6	0.1
NOTE:	*Indicates rate is higher than the state*					

Source: Florida Charts

In 2019, there were 2,593 children aged 5-11 living in Baker County, 19,750 in Clay County, 85,292 in Duval County, 6,614 in Nassau County, and 21,673 in St. Johns County.

Table 11: Child Health Indicators

Child Health	Baker	Clay	Duval	Nassau	St. Johns	State of Florida
Indicator	Rate Per 100,000	Rate Per 100,000	Rate Per 100,000	Rate Per 100,000	Rate Per 100,000	Rate Per 100,000
Child Mortality (ages 5-19)	36.3	28.4	38.3	31.6	24.0	26.0
ED Visits (ages 5-19)	46,300.6	39,175.4	45,442.7	38,943.6	23,267.5	37,303.6
Children experiencing Child Abuse (ages 5-11)	878.9	974.2	911.3	267.8	648.7	765.9
Children experiencing Sexual Violence (ages 5-11)	64.6	92.0	78.3	10.3	40.0	58.5
Children in Foster Care (ages 5-11)	462.7	470.9	454.9	453.6	226.1	453.7
	Percent	**Percent**	**Percent**	**Percent**	**Percent**	**Percent**
Child Food Insecurity Rate	12.43	17.1	20.6	17.9	13.7	19.4
Children in Schools Grades K-12 With Emotional/Behavioral Disability	0.4	1.3	0.7	0.4	0.5	0.5
NOTE:	*Indicates rate is higher than the state*					

Source: Florida Charts

Adolescence is an important time to focus on overall well-being and to promote health and prevent disease. In 2019, there were 134,305 adolescents living in Clay, Baker, Duval, Nassau, and St. Johns Counties combined. Adolescents are at the risk-taking stage and may engage in risky sexual behaviors, substance use, and smoking; although, there have been recent declines in these behaviors. During this time, adolescents can face mental health issues, self-harm, and risk of developing dependence on cigarettes or drugs. In 2019, there were 2,609 adolescents aged 12-18 living in Baker County, 21,208 in Clay County, 80,673 in Duval County, 6,720 in Nassau County, and 23,095 in St. Johns County.

Table 12: Adolescent Health Indicators

Adolescent Health	Baker	Clay	Duval	Nassau	St. Johns	State of Florida
Indicator	Rate Per 100,000	Rate Per 100,000	Rate Per 100,000	Rate Per 100,000	Rate Per 100,000	Rate Per 100,000
Hospitalizations for self-harm injuries (ages 12-18)	90.1	105.1	77.3	80.5	101.2	68.1
Hospitalizations for eating disorders (ages 12-18)	25.7	67.5	78.1	50.3	92.1	36.5
Suicide deaths (ages 12-18)	12.9	12.5	6.8	20.1	10.6	6.0
Children in Foster Care (ages 12-17)	310.2	284.5	357.1	201.7	174.3	366.3
NOTE:		Indicates rate is higher than the state				

Source: Florida Charts

The CDC's Youth Risk Behavior Surveillance System (YRBSS) only provides select district prevalence estimates; therefore, only the estimates for Duval County are shown below.

Table 13 Adolescent Health Data from the 2019 Youth Risk Behavior Surveillance System Survey

YRBSS Data	Duval County	State of Florida	United States
Question	Percentage	Percentage	Percentage
Unintentional Injuries and Violence			
Rarely or never wore a seat belt	13.8	7.9	6.5
Rode with a driver who had been drinking alcohol	20.9	16.7	16.7
Drove when they had been drinking alcohol	7.6	5.6	5.4
Texted or e-mailed while driving a car or other vehicle	36.0	35.6	39.0
Carried a weapon	15.6	12.7	13.2
Carried a weapon on school property	4.1	2.3	2.8
Were bullied on school property	17.5	14.9	19.5
Were electronically bullied	14.8	11.3	15.7
Were ever physically forced to have sexual intercourse	11.3	7.2	7.3
Experienced sexual violence by anyone	14.5	10.8	10.8
Seriously considered attempting suicide	22.7	15.6	18.8
Actually attempted suicide	18.9	7.9	8.9
Tobacco Use			
Ever tried cigarette smoking	--	16.8	24.1
First tried cigarette smoking before age 13 years	11.7	5.4	7.9
Currently smoked cigarettes daily	--	1.1	1.1
Alcohol and Other Drug Use			
Currently drank alcohol	25.0	26.1	29.2
Ever used marijuana	--	34.5	36.8
Ever took prescription pain medicine without a doctor's prescription or differently than how a doctor told them to use it	22.3	13.9	14.3
Ever used cocaine	9.1	4.1	3.9
Sexual Behaviors			
Ever had sexual intercourse	--	36.6	38.4
Did not use a condom during last sexual intercourse	48.0	41.5	45.7
Did not use birth control pills before last sexual intercourse	83.3	82.2	77.0
Were never tested for human immunodeficiency virus (HIV)	83.8	86.7	90.6
Dietary Behaviors			

YRBSS Data	Duval County	State of Florida	United States
Question	Percentage	Percentage	Percentage
Did not eat fruit or drink 100% fruit juices	11.3	9.0	6.3
Did not eat vegetables	12.1	12.3	7.9
Obesity, Overweight, and Weight Control			
Had obesity	15.4	14.0	15.5
Were overweight	16.7	16.1	16.1
Described themselves as slightly or very overweight	29.5	32.1	32.4
Other Health Topics			
Never saw a dentist	3.7	4.3	1.9
Did not get 8 or more hours of sleep	83.0	79.8	77.9

NOTE: *Indicates rate is higher than the state*

Source: High School YRBSS Florida 2019 and United States 2019 Results

Veterans

Florida is considered the most veteran-friendly state in the US with 1.5 million veterans (Florida Department of Veterans' Affairs). The FDVA offers services, benefits, and support to veterans to assist them in the transition from being an active-duty member to going back to their "normal" life. Stress from being in combat and away from family puts service members at risk for various mental health problems such as post-traumatic stress disorder (PTSD), depression, substance abuse, and suicidal thoughts. Veterans not only come home with mental health problems, but sometimes even with physical disabilities. In 2016, the county in northeast Florida with the highest percentage of veterans in their population was Clay County at 13.1%, followed by Nassau County at 11.1%, Duval County at 9.9%, St. Johns County at 8.5%, and Baker County at 7.5%. The percentage of veterans by county was obtained from the Florida Institute for County Government.

Table 14: Overview of the Veteran Population by County

Veterans	Baker	Clay	Duval	Nassau	St. Johns	State of Florida
Indicator	Estimate	Estimate	Estimate	Estimate	Estimate	Estimate
Gender	2,063	26,414	82,283	8,727	20,491	1,440,338
Male	1,919	23,121	70,649	8,068	18,358	1,306,985
Female	144	3,293	11,634	659	2,133	133,353
Age	2,063	26,414	82,283	8,727	20,491	1,440,338
18 to 34 years	163	2,324	10,600	554	1,053	106,230
35 to 54 years	634	8,983	25,438	2,106	5,276	300,862
55 to 64 years	618	6,074	18,539	1,768	3,447	254,727
65 to 74 years	461	5,776	16,792	2,275	5,661	378,423
75 years+	187	3,257	10,914	2,024	5,054	400,096
Race	2,063	26,414	82,283	8,727	20,491	1,440,338
White	1,782	21,176	53,233	8,115	18,414	1,225,113
Black/African-American	226	3,446	23,581	408	1,244	157,369
American Indian/ Alaskan Native	0	36	408	141	129	5,828
Asian	0	729	1,988	33	266	13,627
Native Hawaiian/ Other Pacific Islander	0	29	106	0	11	1,139
Some other race	37	371	798	9	68	14,347
≥ 2 races	18	627	2,169	21	359	22,888
Hispanic / Latino	24	1,791	5,004	148	982	123,892
Educational attainment	2,063	26,414	82,283	8,727	20,491	1,440,338

Veterans	Baker	Clay	Duval	Nassau	St. Johns	State of Florida
Indicator	Estimate	Estimate	Estimate	Estimate	Estimate	Estimate
Less than high school	87	681	3,662	496	560	74,885
High school graduate (includes equivalency)	683	7,275	20,021	2,473	4,533	378,956
Some college or associate's degree	921	10,560	33,584	2,495	6,571	527,953
Bachelor's degree or higher	334	7,747	23,381	3,175	8,744	444,144
Poverty Status	2,063	26,414	82,283	8,727	20,491	1,440,338
Income below poverty level	109	1,966	6,780	664	1,369	99,709
Income above poverty level	1,708	24,372	74,857	8,001	19,087	1,321,017

Source: American Community Survey, 5-year estimates Table S2101

Table 15: 2019 Veterans Administration Disability Compensation by County

Veterans Disability Compensation	Baker	Clay	Duval	Nassau	St. Johns	State of Florida
Indicator	Count	Count	Count	Count	Count	Count
Total Disability Compensation	464	7,926	25,984	1,982	4,742	384,363
Age 17-44	85	1,920	7,243	420	984	87,649
Age 45-64	186	3,715	11,609	746	1,896	133,920
Age 65 and older	193	2,291	7,132	816	1,862	162,791
Male	420	6,733	22,006	1.790	4,183	340,754
Female	44	1,193	3,978	192	559	43,409
Service Connected Disability Rating	464	7,926	25,984	1,982	4,742	384,363
0% to 20%	161	2,133	7,445	556	1,426	110,456
30% to 40%	73	1,524	4,746	395	800	63,006
50% to 60%	70	1,323	4,294	327	732	56,872
70% to 90%	102	2,085	6,599	456	1,146	98,568
100%	58	861	2,900	248	638	55,440

Source: Department of Veterans Affairs, Office of Enterprise Integration, United States Veterans Eligibility Trends & Statistics (USVETS) 2019

Disabilities

Disabilities are conditions of the body or mind that make it difficult for individuals to participate in certain activities and interact with their environment. There are many types of disabilities that fall into four broad categories: physical, intellectual, sensory, and mental. Around five million adults in Florida live with a disability; this is equal to one in four adults or 28 percent of adults (CDC). Table 16 shows percentages of individuals living with different types of abilities in the five county service area and the entire state of Florida.

Table 16: 2019 Disability Data

Disabilities	Baker	Clay	Duval	Nassau	St. Johns	State of Florida
Indicator	Percent of Census Population 18-64	Percent of Census Population 18-64	Percent of Census Population 18-64	Percent of Census Population 18-64	Percent of Census Population 18-64	Percent of Census Population 18-64
With a disability	15.5	11.4	11.2	13.6	8.5	10.0
Individuals with Hearing Difficulty	2.2	2.6	1.7	2.7	1.9	1.7
Individuals with Vision Difficulty	3.8	1.4	2.2	3.4	1.8	1.9

Disabilities	Baker	Clay	Duval	Nassau	St. Johns	State of Florida
Indicator	Percent of Census Population 18-64	Percent of Census Population 18-64	Percent of Census Population 18-64	Percent of Census Population 18-64	Percent of Census Population 18-64	Percent of Census Population 18-64
Individuals with an Independent Living Disability	5.1	3.5	3.9	3.3	2.7	3.5
	Overall Percent	Overall Percent	Overall Percent	Overall Percent	Overall Percent	Overall Percent
Adults who have a mobility disability	24.2	16.2	16.7	21.1	13.6	16.2
Adults who are limited in any way in any activities because of physical, mental, or emotional problems	26.4	26.1	23.5	29.3	18.8	21.2
Percent of adults who use special equipment because of a health problem	18.1	13.5	9.7	13.2	4.9	9.9
	Count	Count	Count	Count	Count	Count
Developmentally disabled persons	60	557	3,116	256	682	61,105
Clients with a brain and/or spinal cord injury	4	10	77	7	14	2,230
Seriously mentally ill adults	838	6,502	29,248	2,661	7,629	664,111
NOTE:	*Indicates rate is higher than the state*					

Source: Florida Charts

Mental Health

Mental health is an integral and essential component of health. Mental health is a state of well-being in which individuals realize their abilities, cope with the everyday stresses of life, work productively, and contribute to their community.

Table 17: 2019 Mental Health Rates

Mental Health	Baker	Clay	Duval	Nassau	St. Johns	State of Florida
Indicator	Age – Adjusted Rate Per 100,000	Age – Adjusted Rate Per 100,000	Age – Adjusted Rate Per 100,000	Age – Adjusted Rate Per 100,000	Age – Adjusted Rate Per 100,000	Age – Adjusted Rate Per 100,000
Suicide Deaths	16.1	18.1	17.4	20.0	18.3	14.5
White	19.6	20.5	21.8	20.6	19.1	16.5
Black	0.0	6.8	9.1	20.2	20.9	5.9
Hispanic	0.0	13.1	16.3	27.1	11.4	7.7
Non-Hispanic	16.5	18.5	16.9	16.8	18.7	16.6
Hospitalizations for Mood and Depressive Disorders	213.4	548.3	524.8	294.2	414.5	499.4
White	225.5	573.5	588.7	287.1	407.3	495.7
Black	160.8	422.3	452.1	275.1	503.7	475.1
Hispanic	357.1	184.4	246.7	269.7	203.2	301.4
Non-Hispanic	212.4	585.0	551.8	292.9	425.4	566.7
Hospitalizations for Mental Disorders	525.7	1015.1	1149.7	698.8	822.0	1026.6
White	523.0	1,030.2	1,173.3	683.0	807.2	949.4
Black	537.5	924.4	1,226.2	808.8	1,138.2	1,283.9
Hispanic	1,034.1	344.2	492.4	437.7	311.8	605.5
Non-Hispanic	511.0	1,077.8	1,213.2	709.0	849.9	1,173.4
NOTE:	*Indicates rate is higher than the state*					

Source: Florida Charts

Substance Use and Abuse

Substance use and abuse refer to illegal drugs or prescription or over-the-counter drugs or alcohol used for purposes other than intended or in excessive amounts. Substance Use Disorders (SUD) are defined as the recurrent use of alcohol and/or drugs that cause clinically significant impairment, including health problems, disability, and failure to meet primary responsibilities at work, school, or home.

Table 18: 2019 Drug Use/Abuse Rates

Drug Use/Abuse	Baker	Clay	Duval	Nassau	St. Johns	State of Florida
Indicator	Age – Adjusted Rate Per 100,000	Age – Adjusted Rate Per 100,000	Age – Adjusted Rate Per 100,000	Age – Adjusted Rate Per 100,000	Age – Adjusted Rate Per 100,000	Age – Adjusted Rate Per 100,000
Opioid Overdose Deaths	4.5	27.7	37.8	13.5	8.5	21.4
Drug Overdose Deaths	7.0	32.8	43.7	18.5	10.7	27.1
NOTE:	*Indicates rate is higher than the state*					

Source: Florida Charts

Table 19: 2016 Alcohol Use/Abuse

Alcohol Use/Abuse	Baker	Clay	Duval	Nassau	St. Johns	State of Florida
Indicator	Percent	Percent	Percent	Percent	Percent	Percent
Adults who engage in heavy or binge drinking	12.0	22.2	19.4	12.2	20.1	17.5
NOTE:	*Indicates rate is higher than the state*					

Source: Florida Charts

Injury

Injury is defined as physical harm or damage to someone's body. Injuries and violence are leading causes of death for children and adults ages one to forty-five in the United States. Whether intentional or unintentional, injuries can be predicted and prevented. Unintentional injuries include those that result from motor vehicle collisions (including those that involve pedestrians and bicyclists), drownings, falls, firearms, and recreational and sports-related activities. Intentional injuries result from interpersonal or self-inflicted violence. They include homicide, assaults, suicide and suicide attempts, child abuse and neglect (including child sexual abuse), intimate partner violence, elder abuse, and sexual assault. Poisonings are deaths due to external causes such as drugs, medications, and biological substances. These rates include drug overdose deaths.

Table 20: 2019 Fatal Injuries Rates

Fatal Injuries	Baker	Clay	Duval	Nassau	St. Johns	State of Florida
Indicator	Age – Adjusted Rate Per 100,000	Age – Adjusted Rate Per 100,000	Age – Adjusted Rate Per 100,000	Age – Adjusted Rate Per 100,000	Age – Adjusted Rate Per 100,000	Age – Adjusted Rate Per 100,000
Firearm	18.61	15.96	22.4	7.9	10.13	12.79
Fall	19.7	12.14	10.52	7.69	11.0	10.46
Motor Vehicle Traffic – Motorcyclist	1.6	4.67	3.14	1.38	4.34	2.71
Motor Vehicle Traffic – Occupant	6.4	9.14	7.18	15.46	5.59	6.67
Motor Vehicle Traffic – Pedestrian	4.20	1.95	3.79	1.69	1.21	2.99
Poisoning includes drug overdoses	12.43	30.51	41.48	22.99	15.15	26.24
NOTE:	*Indicates rate is higher than the state*					

Source: Florida Charts

Healthcare Utilization

Healthcare utilization refers to the use of healthcare services by the need for assistance (i.e., levels of illness and disability), the availability of services, and the resources available for providing and paying for service. People use healthcare for many reasons, including preventing and treating health problems, promoting health and well-being, or obtaining information about their health status and prognosis. Appendix F contains the hospital utilization tables.

Accessing Healthcare Services/Resources

Access to healthcare refers to the ease with which an individual can obtain needed medical services. Many people face barriers that prevent or limit access to needed healthcare services, which may increase the risk of poor health outcomes and health disparities. Barriers to healthcare may include lack of health insurance, poor access to transportation, and limited healthcare resources.

Table 21: Health Resources Availability

Health Resources Availability	Baker	Clay	Duval	Nassau	St. Johns	State of Florida
Indicator	Rate Per 100,000	Rate Per 100,000	Rate Per 100,000	Rate Per 100,000	Rate Per 100,000	Rate Per 100,000
Total Licensed Florida Physicians	31.5	181.9	412.9	152.2	423.1	314.0
Total Licensed Florida Pediatricians	0.0	15.0	27.6	9.2	24.8	21.9
Total Licensed Florida OB/GYN	0.0	5.0	12.0	4.6	7.5	9.2
Total Licensed Florida Internists	3.5	22.3	62.0	17.2	58.2	47.3
Total Licensed Florida Family Practice Physicians	3.5	19.1	24.7	22.9	35.7	19.2
NOTE:	*Indicates rate is higher than the state which is a positive indicator for the counties*					

Source: Florida Charts

APPENDIX D

Health Care Facilities and Community Resources
As part of the CHNA process, Baptist Health has cataloged resources available in northeast Florida that address the significant needs identified in this CHNA. Resources may include acute care facilities (hospitals), primary and specialty care clinics and practices, mental health providers, and other non-profit services. Also, a listing of Best Practices and Interventions to help support identified needs helping to develop community initiatives.

The resources listed are not intended to be exhaustive.

Acute Care Facilities

Organization Name	Phone	Website
Ascension St.Vincent's Clay County	904-602-1000	https://healthcare.ascension.org
Ascension St.Vincent's Riverside	904-308-7300	https://healthcare.ascension.org
Ascension St.Vincent's Southside	904-296-3700	https://healthcare.ascension.org
Baptist Medical Center Jacksonville	904-202-2000	https://www.baptistjax.com
Baptist Medical Center South	904-271-6000	https://www.baptistjax.com
Baptist Medical Center Beaches	904-627-2900	https://www.baptistjax.com
Baptist Medical Center Nassau	904-321-3500	https://www.baptistjax.com
Mayo Clinic Florida	904-953-2000	https://www.mayoclinic.org
Memorial Hospital	904-702-6111	https://memorialhospitaljax.com
Orange Park Medical Center	904-639-8500	https://orangeparkmedical.com
UF Health Jacksonville	904-244-0411	https://ufhealthjax.org
UF Health North	904-244-0411	https://ufhealthjax.org

Primary Care Free and Charitable Clinics

Organization Name	Phone	Website
AGAPE Family Health	904-760-4904	https://agapefamilyhealth.org
Azalea Health	904-284-5904	https://azahealth.org
Clay County Department of Health Bear Run Clinic	904-272-3177	http://clay.floridahealth.gov
Community Health Outreach	904-573-1333	https://chojax.org
Duval Department of Health Jacksonville Family Health Center	904-253-2555	http://duval.floridahealth.gov
JaxCareConnect	904-595-7770	https://jaxcareconnect.org

Organization Name	Phone	Website
Mission House	904-241-6767	https://www.missionhousejax.org
Muslim American Social Services (MASS Clinic)	904-419-8006	http://massclinic.org
Palms Medical Group	904-688-3000	http://www.palmsmg.org
The Way Free Clinic	904-561-6504	https://www.thewayclinic.org
Volunteers In Medicine	904-399-2766	https://vim-jax.org
Sulzbacher Center	904-359-0457	https://sulzbacherjax.org

Mental Health Providers

Organization Name	Phone	Website
Baptist Medical Center Jacksonville	904-202-2000	https://www.baptistjax.com
Clay Behavioral Health Center	904-291-5561	https://ccbhc.org/
Gateway Community Services	904-387-4661	http://www.gatewaycommunity.com
Memorial Hospital	904-702-6111	https://memorialhospitaljax.com
Mental Health Resource Center	904-695-9145	http://www.mhrcflorida.com
Orange Park Medical Center	904-639-8500	https://orangeparkmedical.com
River Point Behavioral Health	904-724-9202	https://www.riverpointbehavioral.com
UF Health Jacksonville	904-244-0411	https://ufhealthjax.org
Wekiva Springs Center	904-296-3533	https://wekivacenter.com/

Additional Community Resource Lists

Organization Name	Phone	Website
Neighborhood Resources		https://healthcare.ascension.org/neighborhood-resources
United Way of North Florida	211	211.org

Best Practices and Interventions			
Issue	**Practice or Intervention**	**Type**	**Source**
Asthma	Asthma: School-Based Self-Management Interventions for Children and Adolescents with Asthma	Systematic Review	Asthma: School-Based Self- Management | The Community Guide
Chronic Disease	Weekly Home Monitoring and Pharmacist Feedback Improve Blood Pressure Control in Hypertensive Patients	Evidence-Based (Strong)	CDC Community Health Improvement Navigator: Weekly Home Monitoring and Pharmacist Feedback Improve Blood Pressure Control in Hypertensive Patients
Chronic Disease	Help Educate to Eliminate Diabetes (HEED) A culturally appropriate and community based peer-led lifestyle interventions promoted and encouraged healthier life- style changes amongst the participants of the study by educating them in portion control, physical activities, and healthier and affordable food options	Effective Practice	Health Communities Institute: Help Educate to Eliminate Diabetes (HEED)
Chronic Disease	A Community Referral Liaisons Help Patients Reduce Risky Behaviors, Leading to Improvements in Health Status The Community Health Educator Referral Liaisons project helped patients to reduce risky health behaviors (e.g., drinking, smoking, physical inactivity) by linking them with community resources, offering counseling and encouragement over the telephone and providing feedback to referring physicians.	Evidence-Based (Moderate)	CDC Community Health Improvement Navigator: Diabetes Educators Provide Counseling at Worksites, Leading to Enhanced Knowledge, Improved Outcomes, and Reduced Absenteeism
Cultural Competency	Think Cultural Health Communication Guide The Guide will help your organization communicate in a way that considers the cultural, health literacy, and language needs of your patients. Please note that the Guide does not offer continuing education credits nor a certificate of completion.	Systematic Review	Health and Human Services: Think Cultural Health Communication Guide

Best Practices and Interventions			
Issue	**Practice or Intervention**	**Type**	**Source**
Cultural Competency	National Cultural Linguistic and Appropriate Services Intended to advance health equity, improve quality, and help eliminate healthcare disparities.	Systematic Review	Health and Human Services: National Cultural Linguistic and Appropriate Services
Dental Health	Preventing Dental Caries: School-Based Dental Sealant Delivery Programs The Community Preventive Services Task Force recommends school-based sealant delivery programs based on strong evidence of effectiveness in preventing dental caries (tooth decay) among children.	Evidence-Based	The Community Guide: Preventing Dental Caries: School-Based Dental Sealant Delivery Programs
Dental Health	Preventing Dental Caries: Community Water Fluoridation The Community Preventive Services Task Force recommends community water fluoridation based on strong evidence of effectiveness in reducing dental carries across populations.	Systematic Review	The Community Guide: Preventing Dental Caries: Community Water Fluoridation
Distracted Driving	Evidence-Based Strategies/Interventions Review for Distracted Driving Literature review of peer-reviewed journals, government resources, injury prevention organizations and private corporations/ publications. Focus is limited to interventions to reduce distracted driving.	Systematic Review	Texas Governor's EMS and Trauma Advisory Council, Injury Prevention Committee: Evidence-Based Strategies/Interventions Review for Distracted Driving
Health Communication	Health Communication and Social Marketing: Campaigns That Include Mass Media and Health-Related Product Distribution Based on strong evidence of effectiveness for producing intended behavior changes. Communication campaigns that use multiple channels, one of which must be mass media, combined with the distribution of free or reduced-price health-related products	Systematic Review	The Community Guide: Health Communication and Social Marketing: Campaigns That Include Mass Media and Health-Related Product Distribution

Best Practices and Interventions			
Issue	**Practice or Intervention**	**Type**	**Source**
Health Equity	Health Equity: School-Based Health Centers The Community Preventive Services Task Force (CPSTF) recommends the implementation and maintenance of school-based health centers (SBHCs) in low-income communities to improve educational and health outcomes.	Systematic Review	The Community Guide: Health Equity: School-Based Health Centers
Health Information Technology	Health Information Technology: Comprehensive Telehealth Interventions to Improve Diet Among Patient with Chronic Diseases Comprehensive telehealth interventions to supplement the care of adults who have chronic diseases affected by diet, such as cardiovascular disease and diabetes. This finding is based on evidence that shows comprehensive telehealth interventions improve patients' diets.	Systematic Review	The Community Guide: Health Information Technology: Comprehensive Telehealth Interventions to Improve Diet Among Patient with Chronic Diseases
Infant Mortality and Maternal Child Health	Psychosocial Interventions for Supporting Women to Stop Smoking in Pregnancy Smoking while pregnant increases the risk of complications during pregnancy and of the baby having a low birth weight. This systematic review aimed to assess the effectiveness of the various psychosocial interventions to support pregnant women to stop smoking.	Systematic Review	Cochrane Library of Systematic Reviews Psychosocial Interventions for Supporting Women to Stop Smoking in Pregnancy
Mental Health	Interventions to Reduce Depression Among Older Adults: Home-Based Depression Care Management - Depression care management at home for older adults with depression is recommended on the basis of strong evidence of effectiveness in improving short-term depression outcomes.	Systematic Review	The Community Guide: Interventions to Reduce Depression Among Older Adults: Home-Based Depression Care Management

Best Practices and Interventions			
Issue	**Practice or Intervention**	**Type**	**Source**
Mental Health	School-Based Programs to Reduce Violence Universal school-based programs to reduce violence are designed to teach all students in a given school or grade about the problem of violence and its prevention or about one or more of the following topics or skills intended to reduce aggressive or violent behavior: emotional self- awareness, emotional control, self-esteem, positive social skills, social problem solving, conflict resolution, or team work. In this review, violence refers to both	Systematic Review	The Community Guide: https://www.thecommunityguide.org/findings/violence- prevention-school-based- programs
Nutrition	Mind, Exercise, Nutrition...Do it! (MEND) Program The goal of MEND is to reduce global obesity levels by offering free healthy living programs through communities and allowing families to learn about weight management. The MEND program focuses on educating children at an early age about healthy living and providing parents with solutions on how to promote good habits at home.	Evidence-Based	CDC Community Health Improvement Navigator: Mind, Exercise, Nutrition...Do it! (MEND) Program
Nutrition	Video Game Play This program utilized two videogames called “Escape from Diab” (Diab) and “Nanoswarm: Invasion from Inner Space” (Nano) to promote healthier behavior changes to reduce adverse health effects such as obesity and cardiovascular diseases among youth aged 10-12.	Evidence-Based	Healthy Communities Institute: Video Game Play
Nutrition	Community Coalition Supports Schools in Helping Students Increase Physical Activity and Make Better Food Choices HEALTHY (Healthy Eating Active Lifestyles Together Helping Youth) Armstrong, a community-based coalition in rural Armstrong County, PA, adopted elements of the national We Can! Ways to Enhance Children’s Activity & Nutrition program to help children improve their nutritional habits and get more physical activity.	Evidence-Based (Moderate)	CDC Community Health Improvement Navigator: Community Coalition Supports Schools in Helping Students Increase Physical Activity and Make Better Food Choices

Best Practices and Interventions			
Issue	**Practice or Intervention**	**Type**	**Source**
Nutrition	County, City, and Community Agencies Support Childcare Centers and Parents in Improving Nutrition and Physical Activity Habits of Preschoolers Over a 2-year period, the Wayne County Health Department, the Partnership for Children of Wayne County, and the Goldsboro Parks and Recreation Department worked with several nonprofit groups to promote better nutrition and increased physical activity among preschoolers who attend eight local childcare centers.	Evidence-Based (Moderate)	CDC Community Health Improvement Navigator: County, City, and Community Agencies Support Childcare Centers and Parents in Improving Nutrition and Physical Activity Habits of Preschoolers
Nutrition	A community intervention reduces BMI z-score in children: Shape Up Somerville first year results The objective was to test the hypothesis that a community-based environmental change intervention could prevent weight gain in young children (7.6 +/- 1.0 years).	Evidence-Based	CDC Community Health Improvement Navigator: A community intervention reduces BMI z-score in children: Shape Up Somerville first year results
Obesity	Statewide Collaborative Combines Social Marketing and Sector-Specific Support to Produce Positive Behavior Changes, Halt Increase in Childhood Obesity	Evidence-Based (Moderate)	CDC Community Health Improvement Navigator: Statewide Collaborative Combines Social Marketing and Sector-Specific Support to Produce Positive Behavior Changes, Halt Increase in Childhood Obesity
Obesity	Text4Diet: A Text Message-based Intervention for Weight Loss Text4Diet™is a mobile phone-based intervention tool that addresses dietary, physical activity and sedentary behaviors with the goal of promoting and sustaining weight loss.	Evidence-Based	CDC Community Health Improvement Navigator: Text4Diet: A Text Message-based Intervention for Weight Loss

Best Practices and Interventions			
Issue	**Practice or Intervention**	**Type**	**Source**
Obesity	Health Education to Reduce Obesity (HERO) The mobile program brings hands-on nutrition education, health screenings, fitness training, and healthy lifestyle promotion to local elementary schools in Jacksonville, Florida, and the surrounding area.	Promising Practice/Good Idea	Healthy Communities Institute: Health Education to Reduce Obesity (HERO)
Obesity	Healthy Eating Lifestyle Program (HELP) Healthy Eating Lifestyle Program's (HELP) main goal was to help overweight children aged 5-12 years and their families adopt healthier eating habits and increase physical activity. The program intervened with children before they reach adolescence and focused on long-term lifestyle changes in order to prevent the most long-term morbidity	Effective Practice	Healthy Communities Institute: Healthy Eating Lifestyle Program (HELP)
Obesity	Pounds Off Digitally (POD) Pounds Off Digitally offers weight loss intervention via a podcast (audio files for a portable music player or computer) has the advantage of being user controlled, easily accessible to those with the internet, and mobile. Over the course of 12 weeks overweight adults receive 24 episodes of a weight loss podcast based on social cognitive theory.	Effective Practice	Healthy Communities Institute: Obesity: Worksite Programs
Obesity	Obesity Prevention and Control: Worksite Programs Worksite nutrition and physical activity programs are designed to improve health-related behaviors and health outcomes.	Systematic Review	The Community Guide: https://www.thecommunityguide.org/findings/obesity-worksite- programs
Obesity	Obesity Prevention and Control: Behavioral Interventions to Reduce Screen Time Behavioral interventions aimed at reducing screen time are recommended for obesity prevention and control based on sufficient evidence of effectiveness for reducing measured screen time and improving weight-related outcomes.	Systematic Review	Health People 2020: Obesity Prevention and Control: Behavioral Interventions to Reduce Screen Time

Best Practices and Interventions			
Issue	**Practice or Intervention**	**Type**	**Source**
Opioid Use	CDC Guideline for Prescribing Opioid for Chronic Pain This guideline provides recommendations for primary care clinicians who are prescribing opioids for chronic pain outside of active cancer treatment, palliative care, and end-of-life care. The guideline addresses 1) when to initiate or continue opioids for chronic pain; 2) opioid selection, dosage, duration, follow-up, and discontinuation; and 3) assessing risk and addressing harms of opioid use.	Systematic Review	The Centers for Disease Control: CDC Guideline for Prescribing Opioid for Chronic Pain
Opioid Use	Improving Opioid Prescribing Implementation of opioid prescribing guidelines can save lives. Clinical practice guidelines promote safer, more effective chronic pain treatment while reducing the number of people who misuse opioids, develop an opioid use disorder, or overdose from these powerful drugs.	Systematic Review	National Institute on Drug Abuse: Improving Opioid Prescribing
Physical Activity	Community Coalition Supports Schools in Helping Students Increase Physical Activity and Make Better Food Choices HEALTHY (Healthy Eating Active Lifestyles Together Helping Youth) Armstrong, a community-based coalition in rural Armstrong County, PA, adopted elements of the national We Can! Ways to Enhance Children's Activity & Nutrition) program to help children improve their nutritional habits and get more physical activity.	Evidence-Based (Moderate)	CDC Community Health Improvement Navigator: Community Coalition Supports Schools in Helping Students Increase Physical Activity and Make Better Food Choices
Physical Activity	County, City, and Community Agencies Support Childcare Centers and Parents in Improving Nutrition and Physical Activity Habits of Preschoolers Over a 2-year period, the Wayne County Health Department, the Partnership for Children of Wayne County, and the Goldsboro Parks and Recreation Department worked with several nonprofit groups to promote better nutrition and increased physical activity among preschoolers who attend eight local childcare centers.	Evidence-Based (Moderate)	CDC Community Health Improvement Navigator: County, City, and Community Agencies Support Childcare Centers and Parents in Improving Nutrition and Physical Activity

Best Practices and Interventions			
Issue	**Practice or Intervention**	**Type**	**Source**
Physical Activity	The effectiveness of urban design and land use and transport policies and practices to increase physical activity: a systematic review. Urban design and land use policies and practices that support physical activity in small geographic areas (generally a few blocks) are recommended based on sufficient evidence of their effectiveness in increasing physical activity.	Systematic Review	Community Guide The effectiveness of urban design and land use and transport policies and practices to increase physical activity: a systematic review
Physical Activity	Activity Bursts in the Classroom (ABC) Fitness Program Activity Bursts in the Classroom (ABC) Fitness Program is a classroom-based physical activity program for elementary school children. The program combines brief bursts of classroom- based activity with parental education and community involvement.	Evidence-Based	Healthy Communities Institute: Activity Bursts in the Classroom (ABC) Fitness Program
Physical Activity	Behavioral and Social Approaches to Increase Physical Activity: Enhanced School-Based Physical Education Enhanced school-based physical education (PE) involves curricular and practice- based changes that increase the amount of time that K-12 students engage in moderate- or vigorous- intensity physical activity during PE classes.	Systematic Review	The Community Guide: Behavioral and Social Approaches to Increase Physical Activity: Enhanced School-Based Physical Education
Poverty	Policies to Address Poverty in America: Collective evidence on successful interventions that are designed to address specific aspects of poverty. The included proposals are put forward with the goal of making economic prosperity a more broadly shared promise for all who live in the United States.	Systematic Review	The Hamilton Project: Policies to Address Poverty in America

Best Practices and Interventions			
Issue	**Practice or Intervention**	**Type**	**Source**
Poverty	Social Programs That Work: Employment and Welfare This site seeks to identify social interventions shown in rigorous studies to produce sizeable, sustained benefits to participants and/or society.	Evidence-Based	Coalition for Evidence-Based Policy: Social Programs That Work: Employment and Welfare
Poverty	What works? Proven approaches to alleviating poverty The resulting *What Works* report examines innovations in poverty measurement, explores in detail the programs that work for poverty alleviation, and highlights supportive infrastructure and capacity- building frameworks that jurisdictions are employing to better understand and address the complex factors of poverty.	Evidence-Based	University of Toronto, School of Public Policy & Governance: What works? Proven approaches to alleviating poverty
Substance Abuse	Principles of Drug Addiction Treatment: A Research-Based Guide This section provides examples of treatment approaches and components that have an evidence base supporting their use.	Evidence-Based	National Institute of Health: Principles of Drug Addiction Treatment: A Research-Based Guide
Substance Abuse	Brief Interventions and Brief Therapies for Substance Abuse: Treatment Improvement Protocols (TIPs) Series TIPs draw on the experience and knowledge of clinical, research, and administrative experts of various forms of treatment and prevention.	Best Practice	U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration: Brief Interventions and Brief Therapies for Substance Abuse
Substance Abuse	Principles of Adolescent Substance Use Disorder Treatment: A Research-based Guide Examples of specific evidence-based approaches are described, including behavioral and family-based interventions as well as medications. Each approach is designed to address specific aspects of adolescent drug use and its consequences for the individual, family, and society.	Evidence-Based	National Institutes of Health, National Institute on Drug Abuse: Principles of Adolescent Substance Use Disorder Treatment: A Research-Based Guide

Best Practices and Interventions			
Issue	**Practice or Intervention**	**Type**	**Source**
Tobacco Use	Cell Phone-based Tobacco Cessation Interventions Review of interventions that generally include cessation advice, motivational messages, or content to distract from cravings.	Evidence-Based	University of Wisconsin Population Health Institute, County Health Rankings: Cell phone-based tobacco cessation interventions
Tobacco Use	Mass Media Campaigns Against Tobacco Use Media campaigns use television, print, digital, social media, radio broadcasts or other displays to share messages with large audiences. Tobacco- specific campaigns educate current and potential tobacco users about the dangers of tobacco	Evidence-Based	University of Wisconsin Population Health Institute, County Health Rankings: Mass media campaigns against tobacco use
Vaccination	Vaccination Programs Home Visits to Increase Vaccination Rates home visits to increase vaccination rates in children and adults. The CPSTF notes, however, that economic evidence shows home visits can be resource- intensive and costly relative to other options.	Systematic Review	The Community Guide: Vaccination Programs Home Visits to Increase Vaccination Rates

APPENDIX E

DISCLAIMER
At the time of the writing of this report, hospital systems within the Partnership were still in the process of working toward their strategic goals as they are on various implementation plan schedules; thus, the impacts achieved by each activity implemented could not be fully evaluated until each hospital reached the end of their implementation plan schedule. Also, the COVID-19 pandemic affected the implementation of some planned strategies. The impact of some activities/strategies were not achieved, and some were not able to be implemented due to the pandemic.

Wolfson Children's Hospital

Wolfson Children's Hospital opened in 1955 and is the only full-service tertiary hospital in Northeast Florida completely dedicated to children from birth to age 17. Wolfson Children's Hospital has physicians in 34 specialties. Medical faculty includes pediatric subspecialists with Nemour's Children's Specialty Care- Jacksonville, University of Florida College of Medicine – Jacksonville, UPMC Children's Hospital of Pittsburg, and Mayo Clinic in Florida. Wolfson Children's Hospital is part of Baptist Health.

SUMMARY

Wolfson Children's Hospital (WCH) prioritized addressing access to care; behavioral health; and maternal, fetal, and infant health. WCH partners with Sulzbacher Center to provide access to primary and behavioral healthcare. THE PLAYERS Center for Child Health, is working with community partners to identify and help families complete Florida KidCare applications. In addition, outreach educators train and educate the community on the importance of coverage. Last, Baptist Health worked with the Duval County School System, Sulzbacher Center, UF Health Jacksonville, and the Department of Health-Duval to open a school health center for children in underserved areas.

Regarding behavioral health services, WCH partners with The Community Foundation for Northeast Florida to address access to care, to reduce stigma, and to increase advocacy. Mental Health First Aid trainings continue to reduce the stigma of mental illness and increase the likelihood that people will access care, and the Calm Classroom has been implemented throughout Duval public elementary schools. Other educational opportunities and supports are provided through an annual community-wide Mental Health Conference.

WCH also partnered with the Jacksonville Jaguars Foundation to implement PLAY 60, a nutrition and physical activity program targeted to 6th grade students. WCH partnered with Northeast Florida Healthy Start Coalition to research infant mortality and implement solutions such as home visits by nurses. Duval Healthy Start and Duval County Public Schools help provide safe sleep education to mothers to reduce infant mortality, as well. In partnership with Northeast Florida Healthy Start Coalition, WCH also developed the WELLcome Home visiting program which focuses on newborn and maternal education for families in Duval County.

Prior CHNA Impact Report (Wolfson Children's Hospital)				
Priority Health Area	**Goal**	**Strategy**	**Was Strategy Implemented (Yes/No)**	**Was the expected impact achieved?**
Access to Care	Every Child in Northeast Florida has healthcare.	Continue operating health centers in schools in the Ribault and Raines feeder pattern in Duval County.	Yes	Yes
		Provide enrollment assistance to children eligible for Florida KidCare.	Yes	Yes
		Provide asthma education to children diagnosed with the chronic disease.	Yes	Yes
		Partner with Children's Home Society, Clay Public Schools and Azalea Health to assess the feasibility of offering health services in the Clay County Community Schools and developing a plan if determined to be feasible.	Yes	Yes
Behavioral Health	Increase access to behavioral health services.	Continue offering Mental Health First Aid, a proven best practice to reduce stigma of mental illness which increases the likelihood that people will access care.	Yes	Yes
		Continue offering Youth Mental Health First Aid, a proven best practice to reduce stigma of mental illness which increases the likelihood that people will access care.	Yes	Yes
		Support implementation of Calm Classroom in Northeast Florida.	Yes	Yes
		Provide funding to innovative efforts to reduce stigma, advocate for increased services and increase access to care.	Yes	Yes
		Provide screenings of The Ripple Effect to reduce stigma, the screenings will include a local resource guide.	Yes	No
Maternal, Fetal, and Infant Health	Decrease the number of preterm births, babies with low birth weight and infant mortality.	Partner with the Northeast Florida Healthy Start Coalition to study the cause of every infant death in Northeast Florida in a 12-month period.	Yes	Yes
		Partner with Northeast Florida Healthy Start Coalition to develop a community plan to reduce the number of infant deaths.	Yes	Yes
		Offer Ready, Set, Sleep class focused on increasing awareness of safe sleep practices and CPR to expectants mothers.	Yes	Yes
		Continue partnering with Duval County Public Schools to provide safe sex education through health curriculum.	Yes	Yes

APPENDIX F

Hospital Utilization: Patient Statistics Comparison 2019-2020								
MEDICAL AND SURGICAL	2019				2020			
	Beds open for Use	Admissions	Length of stay	AVG Daily Census	Beds open for Use	Admissions	Length of stay	AVG Daily Census
Baptist Medical Center Jacksonville: Duval	420	22073	5.1	310	420	20325	5.4	307
Baptist Medical Center Beaches: Duval	119	6745	3.8	70	120	5962	4.3	75
Baptist Medical Center South: Duval, St. Johns	228	13006	4.4	157	248	13400	4.7	173
Mayo Clinic in Florida: Duval, St. Johns	281	16511	5.2	231	296	15007	5.5	225
Ascension St. Vincent's Southside: Duval	233	7790	3.5	78	233	7412	4.7	77
Ascension St. Vincent's Riverside: Duval	448	19239	4.7	249	448	16806	5.1	237
Ascension St. Vincent's Clay: Clay	94	6449	3.5	64	94	6153	4.2	72
Baptist Medical Center: Nassau	48	2993	3.6	30	48	2612	3.9	28
UF Health Jacksonville: Duval	348	15854	6.4	280	351	14238	6.9	273
UF Health North: Duval	72	4573	3.7	49	72	4379	3.9	53

OBSTETRICAL	2019				2020			
	Beds open for Use	Admissions	Length of stay	AVG Daily Census	Beds open for Use	Admissions	Length of stay	AVG Daily Census
Baptist Medical Center Jacksonville: Duval	30	2245	3.5	22	30	2247	3.3	20
Baptist Medical Center Beaches: Duval	16	1002	2.6	7	16	959	2.5	20
Baptist Medical Center South: Duval, St. Johns	27	2821	2.5	19	30	2560	2.5	17
Ascension St. Vincent's Southside: Duval	17	1613	2.7	11	17	1360	2.3	9
Ascension St. Vincent's Riverside: Duval	21	1797	2.6	13	21	1818	2.4	12
Ascension St. Vincent's Clay: Clay	12	653	2.1	41	12	947	2	5
Baptist Medical Center Nassau: Nassau	4	365	2	2	4	51	1.9	2
UF Health Jacksonville: Duval	24	3054	2.8	21	24	2991	2.8	20
UF Health North: Duval	20	1075	2.3	7	20	1056	2.1	6

PEDIATRICS	2019				2020			
	Beds open for Use	Admissions	Length of stay	AVG Daily Census	Beds open for Use	Admissions	Length of stay	AVG Daily Census
Wolfson Children's Hospital (target population children)	128	6186	4.7	79	128	4773	4.5	58
UF Health Jacksonville: Duval	8	381	3.5	3	8	310	4.2	4

NICU Level II	2019				2020			
	Beds open for Use	Admissions	Length of stay	AVG Daily Census	Beds open for Use	Admissions	Length of stay	AVG Daily Census
Wolfson Children's Hospital (target population children)	24	43	21.1	20	24	27	20.5	19
Baptist Medical Center South: Duval, St. Johns	14	296	10.9	9	14	287	6.2	8
Ascension St. Vincent's Southside: Duval	10	144	9.9	5	10	110	8.5	3
Ascension St. Vincent's Riverside: Duval	10	148	11.6	5	10	161	12.8	6
UF Health Jacksonville: Duval	16	44	12.5	1	16	492	20.6	7

NICU Level III	2019				2020			
	Beds open for Use	Admissions	Length of stay	AVG Daily Census	Beds open for Use	Admissions	Length of stay	AVG Daily Census
Wolfson Children's Hospital (target population children)	32	625	43.5	38	32	632	38.2	35
UF Health Jacksonville: Duval	32	90	12.5	2	32	186	14.7	25

Mental Health Services: Adult Psych	2019				2020			
	Beds open for Use	Admissions	Length of stay	AVG Daily Census	Beds open for Use	Admissions	Length of stay	AVG Daily Census
Baptist Medical Center Jacksonville: Duval	34	1833	4.2	21	34	1711	5.5	26
UF Health Jacksonville: Duval	34	1332	7.8	30	34	1283	8.1	30

Mental Health Services: Child Psych	2019				2020			
	Beds open for Use	Admissions	Length of stay	AVG Daily Census	Beds open for Use	Admissions	Length of stay	AVG Daily Census
Wolfson Children's Hospital (target population children)	14	858	4.8	11	14	840	5	11

COMPREHENSIVE MEDICAL REHABILITATION	2019				2020			
	Beds open for Use	Admissions	Length of stay	AVG Daily Census	Beds open for Use	Admissions	Length of stay	AVG Daily Census
Brooks Rehabilitation University	160	3049	16.1	139	160	2736	17.8	133

TOTAL LICENSED BEDS	2019				2020			
	Beds open for Use	Admissions	Length of stay	AVG Daily Census	Beds open for Use	Admissions	Length of stay	AVG Daily Census
Baptist Medical Center Jacksonville: Duval	489	26151	4.9	353	489	24283	5.2	353
Wolfson Children's Hospital (target population children)	202	7712	7	148	202	6272	7.2	123
Baptist Medical Center Beaches: Duval	146	7747	3.6	77	146	6921	4.1	82
Baptist Medical Center South: Duval, St. Johns	269	16123	4.2	185	269	16247	4.4	199
Mayo Clinic in Florida: Duval, St. Johns	304	16511	5.2	231	304	15007	5.5	225
Ascension St. Vincent's Southside: Duval	273	9547	3.5	93	273	8882	3.6	89
Ascension St. Vincent's Riverside: Duval	528	21184	4.6	268	528	18758	4.9	254
Ascension St. Vincent's Clay: Clay	106	7102	3.4	67	106	7100	3.9	77
Baptist Medical Center Nassau: Nassau	62	3358	3.5	32	62	2933	3.7	30
Brooks Rehabilitation Baker	160	3049	16.1	139	160	2736	17.8	133
UF Health Jacksonville: Duval	547	20755	6.1	337	603	19500	6.8	359
UF Health North: Duval	92	5648	3.4	56	92	5435	3.6	59

ICU-CCU	2019		2020		Total	
	Beds open for Use	AVG Daily Census	Beds open for Use	AVG Daily Census	Beds open for Use	AVG Daily Census
Baptist Medical Center Jacksonville: Duval	84	39	84	40	168	79
Wolfson Children's Hospital (target population children)	32	24	32	18	64	42
Baptist Medical Center Beaches: Duval	24	8	24	9	48	17
Baptist Medical Center South: Duval, St. Johns	36	11	41	11	77	22
Mayo Clinic in Florida: Duval, St. Johns	54	39	54	38	108	77
Ascension St. Vincent's Southside: Duval	18	6	18	9	36	15
Ascension St. Vincent's Riverside: Duval	51	38	51	42	102	80
Ascension St. Vincent's Clay: Clay	8	5	8	6	16	11
Baptist Medical Center Nassau: Nassau	8	3	8	3	16	6
UF Health Jacksonville: Duval	105	84	105	79	210	163
UF Health North: Duval	24	18	24	20	48	38

Newborn	2019			2020			Total		
	Bassinets	Live Births	Length of Stay	Bassinets	Live Births	Length of Stay	Bassinets	Live Births	Length of Stay
Baptist Medical Center Jacksonville: Duval	43	3458	1.1	43	3060	1.3	86	6518	1.2
Baptist Medical Center Beaches: Duval	16	966	2.1	16	986	2.2	32	1952	2.2
Baptist Medical Center South: Duval, St. Johns	27	2503	2.1	30	2485	1.9	57	4988	2.0
Ascension St. Vincent's Southside: Duval	17	1524	1.7	17	1322	1.6	34	2846	1.7
Ascension St. Vincent's Riverside: Duval	17	1704	1.9	17	1787	1.7	34	3491	1.8
Ascension St. Vincent's Clay: Clay	13	649	1.8	13	918	1.8	26	1567	1.8
Baptist Medical Center Nassau: Nassau	10	373	1.7	10	332	1.7	20	705	1.7
UF Health Jacksonville: Duval	50	2752	2.0	50	2843	1.9	100	5595	2.0
UF Health North: Duval	25	894	1.9	25	915	1.8	50	1809	1.9

Transplants	2019			2020			Total		
	Liver	Heart	Lungs	Liver	Heart	Lungs	Liver	Heart	Lungs
Mayo Clinic in Florida: Duval, St. Johns	159	38	48	142	51	39	301	89	87

Surgeries	2019		2020	
	Inpatient	Outpatient	Inpatient	Outpatient
Baptist Medical Center Jacksonville: Duval	8801	10378	8173	9578
Wolfson Children's Hospital (target population children)	2363	8800	2135	6902
Baptist Medical Center Beaches: Duval	1392	3275	1531	3272
Baptist Medical Center South: Duval, St. Johns	2771	5717	2995	5425
Mayo Clinic in Florida: Duval, St. Johns	7123	10407	6590	11617
Ascension St. Vincent's Southside: Duval	3037	3793	2460	3872
Ascension St. Vincent's Riverside: Duval	6245	7920	5326	7386
Ascension St. Vincent's Clay: Clay	1499	2809	1155	2573
Baptist Medical Center Nassau: Nassau	800	3070	456	2880
UF Health Jacksonville: Duval	6857	9948	7133	9532
UF Health North: Duval	1446	4273	1637	4389