MAYO CLINIC

Community Health Needs Assessment

Mayo Clinic Hospital - Florida

2019

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Executive Summary

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

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

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

Enterprise Overview

Mayo Clinic is a nonprofit, worldwide leader in patient care, research and medical education, with nearly 150 years of expertise. Each year, Mayo Clinic serves more than 1 million patients from communities throughout the world, offering a full spectrum of care from health information, preventive and primary care to the most complex medical care possible. Mayo Clinic provides these services at its flagship campuses in Rochester, Minn., Jacksonville, Fla., and Phoenix, Ariz., and through the Mayo Clinic Health System in more than 70 communities across Minnesota, Wisconsin and Iowa.

A significant benefit that Mayo Clinic provides to all communities, local and global, is the results of its education and research endeavors. Mayo Clinic reinvests its net operating income to advance breakthroughs in treatments and cures for all types of human disease.

With its expertise and mission in integrated, multidisciplinary medicine and academic activities, Mayo Clinic is uniquely positioned to advance medicine and bring discovery to practice more efficiently and effectively. It quickly brings this new knowledge to patient care and helps solve complex problems, in part through the Mayo Clinic Network, a network of more than 40 health care organizations in the United States and internationally.

In addition, through its Centers for the Science of Health Care Delivery and Population Health Management, Mayo Clinic explores and advances affordable, effective models to improve quality, efficiency and accessibility in health care delivery to people everywhere.

Mayo Clinic is recognized for high-quality patient care more often than any other academic medical center in the nation. In its Best Hospitals Honor Roll, *U.S. News & World Report* ranked

Mayo Clinic's campus in Rochester as the top hospital in the nation and number one in more specialties than any other hospital in the U.S.

Mayo Clinic's greatest strength is translating idealism into action. It's what our staff does every day for our patients, and it's how we transform hope into healing.

Entity Overview

Mayo Clinic's campus in Florida is a destination of hope for thousands of patients seeking answers to complex medical questions, not only from Northeast Florida, but also from around the state, nation and world. Mayo Clinic in Florida is both a teaching and research hospital with an integrated approach to care. This consolidated team approach brings together specialty physicians, researchers and educators who collaborate to do what's best for patients.

Mayo Clinic is ranked #1 in Florida in the *U.S. News & World Report's* annual rankings of top hospitals, in addition to being nationally ranked in seven adult specialties (Cancer, Cardiology & Heart Surgery, ENT, GI & GI Surgery, Geriatrics, Neurology & Neurosurgery and Pulmonology).

Mayo Clinic Hospital in Florida has 304 beds and 22 operating rooms, offers care in over 40 adult medical and surgical specialties and has a full-service emergency department. The Florida site is an accredited campus of the Mayo Clinic College of Medicine and Science, with residents in 40-plus graduate medical education programs, and full-time medical school and allied health students in the Mayo School of Health Sciences.

Mayo Clinic's campus in Florida has one of the largest transplant programs in the country, with some of the highest volumes, lowest median wait times, and highest survival rates in the country based on data published by the Scientific Registry of Transplant Recipients. The Florida program includes liver, kidney, lung, heart, pancreas and multi-organ procedures.

Mayo Clinic was the first hospital in Florida to receive National Comprehensive Stroke Center Certification. The stroke care program includes a multidisciplinary team of physicians who specialize in emergency medicine, neurology, neurosurgery, interventional radiology, nursing, rehabilitation services, pharmacy, radiology and social work. The program participates in numerous clinical trials in stroke prevention, treatment and genetics.

The hospital has also earned designation from the National Cancer Institute (NCI) as a Comprehensive Cancer Center; National Institutes of Health (NIH) as an Alzheimer's Disease Center; and as a Florida Memory Disorder Center. All of these programs bring critical and unique resources to our local community.

Mayo Clinic's Florida campus actively identifies collaborative opportunities and how the unique expertise of our providers can serve the community's health needs. As noted throughout this report, the Jacksonville area experiences significant challenges for access to care. With this in

mind, Mayo Clinic focuses significant effort on improving access to care for citizens experiencing health disparities. Examples include:

Primary and specialty care support at I.M. Sulzbacher Center and Mission House homeless shelters. Services include: analysis of laboratory specimens, testing for human papillomavirus virus (HPV), and evaluation and treatment by cardiology, family medicine, internal medicine, mental health and neurology providers. This support allows the center and shelters to offer services to their clients that otherwise wouldn't be possible, given their limited capabilities and resources.

Surgical evaluations and treatment. As a member of the WeCare network of providers, Mayo Clinic commits to providing surgical treatment to patients who do not have health insurance, but require surgery in one of the following categories: gynecology oncology, general surgery and urology.

The Jacksonville Nonprofit Hospital Partnership

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

About the Partnership

The Partnership's vision is to improve population health across the Northeast Florida Region by addressing gaps that prevent access to quality, integrated health care and improve access to resources that support a healthy lifestyle. In 2015, its membership changed. Only the nonprofit hospitals remained involved, and it was renamed Jacksonville Nonprofit Hospital Partnership.

Collaborative Projects

The Partnership actively looks for collaborative projects that leverage the reach and influence of their nonprofit health systems to make a significant impact, either across Northeast Florida or within specific disadvantaged neighborhoods. These projects have varied greatly and were based on previous CHNA data and the engagement of the residents that live in the communities.

Some of these collaborative efforts have included:

- A safe playground for children in a disadvantaged neighborhood to promote healthy activities
- Mental Health First Aid classes for the local community to address mental health needs.

- Funding for the University of North Florida to defray student expenses for eligible Advanced Nurse Practitioners who were candidates for the Mental Health Certification Program

To empower community members, the Partnership (including resources through Mayo Clinic in Florida) funded and helped develop and install a permanent exhibit at the Museum of Science and History that focuses on health and wellness education specific to the local community. The "Health In Motion" exhibit teaches important lessons about health and the human body in a fun way through interactive play and movement. The exciting new exhibit was specifically designed to address the critical need for health education and investigate how environment and lifestyle affect individual and community health in Northeast Florida.

The 2016 CHNA identified and prioritized mental health across the community. In response, the Partnership has made a substantial investment, both in dedication of time, staff (facilitator and project manager) and financial resources ($32,000 from Mayo Clinic in Florida) to train local community members in Mental Health First Aid (MHFA). MHFA is an evidenced-based training to give non-mental health professionals practical training on how to identify, communicate with and connect people suffering mental health issues to local resources. Currently, the Partnership is on track to train 10,000 Northeast Floridians in MHFA, including all employees of the Jacksonville Sheriff's Office.

In February 2017, the CEOs of St. Vincent's HealthCare, Baptist Health, Brooks Rehabilitation, Flagler Hospital, Mayo Clinic and Memorial Hospital collectively pledged more than $900,000 to support the mental health nursing program at the University of North Florida. The funds established a non-endowed professorship in Mental Health Graduate Nursing for five years, providing resources to pay the salary of an outstanding faculty member in the field of psychiatric/mental health nursing.

The Partnership continues to explore opportunities to collaborate through small- and large-scale initiatives, improving the health and wellness of the region in a meaningful way.

About the CHNA

CHNAs were conducted to identify priority health needs within the communities served by each hospital and inform development of implementation strategies to address those needs. In addition, the Partnership focused collaborative efforts to include their services areas of Baker, Clay, Duval, Nassau and St. Johns counties. Mayo Clinic Hospital in Florida's CHNA report includes Duval and St. Johns counties. CHNAs were conducted to respond to federal regulatory requirements and identify significant health needs for particular geographic areas and populations by focusing on the following questions:

- Who in the community is most vulnerable in terms of health status or access to care?
- What are the unique health status and/or access needs for these populations?
- Where do these people live in our community?
- Why are these problems present?

How each hospital plans to address significant needs is the subject of separate implementation strategies that will be adopted by the boards of each Partnership hospital member.

This CHNA provides an overview of Duval and St. Johns counties only and represents a summary of their health and health-related needs.

Consultants

The Partnership commissioned Conduent Healthy Communities Institute (HCI) to conduct its CHNA and author this report.

HCI is a multi-disciplinary team of public health experts, including health care information technology veterans, academicians and former senior government officials, all committed to helping health-influencing organizations be successful with their projects. HCI uses collaborative approaches to improve community health and provides web-based information systems to public health, hospital and community development sectors for assessing population health.

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

Summary of Community Health Needs Assessment

Service Area

The area served by Mayo Clinic Hospital in Florida includes Duval and St. Johns counties. These service areas were selected based on inpatient discharge data. In 2017, 81.5% of patients were from the state of Florida. Of those patients, 69% were from Duval County, 15% from St. Johns County, less than 8% coming from Baker, Clay and Nassau counties, and the remaining patients were from various counties around the state.

According to the U.S. Census Bureau's 2016 population estimates, the service area for Mayo Clinic Hospital in Florida campus area had a population of 1.2 million. Residents in the 32209, 32254 and 32206 ZIP codes have the highest socioeconomic need within the service area, based on indicators of income, poverty, unemployment, occupation, educational attainment and linguistic barriers. For more information on socioeconomic indicators analyzed, see the SocioNeeds Index section.

Methods for Identifying Community Health Needs

Two types of data were used in this assessment: primary and secondary. Primary data is data collected for this community assessment. It was gathered through interviews, group discussions and a survey. Secondary data is health indicator data collected by public sources such as government health departments. Each type of data was analyzed using a unique methodology. Findings were organized by health and quality-of-life topics. These findings were then synthesized for a comprehensive overview of the health needs in the service area for Mayo Clinic Hospital in Florida.

Primary Data

The primary data used in this assessment consists of key informant interviews conducted by phone by HCI; focus group discussions facilitated by HCI and the Partnership; and a community survey distributed across the service area by online and paper submissions. Over 1,034 community members contributed their input on the community's health and health-related needs, barriers and opportunities for Duval and St. Johns counties, with special focus on needs of vulnerable and underserved populations.

TABLE 1: COMMUNITY INPUT PARTICIPATION

	Key Informant Interviews	Focus Groups	Focus Group Participants	Survey Respondents	Total Participants
Duval and St. Johns Counties	32	22	212	790	1,034

The Partnership especially solicited input from members of, or representatives of, vulnerable and underserved populations through key informant interviews and focus group discussions. Of the 32 key informant interviews conducted, 24 were with community experts who either served or represented underserved communities, such as low-income individuals and groups

experiencing disparities in health outcomes or health access. In addition, 10 of the focus groups included community members and advocates who are members of underserved communities.

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

Secondary Data

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

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

- **Health**
  - Access to health services
  - Cancer
  - Children's health
  - Diabetes
  - Disabilities
  - Environmental & occupational health
  - Exercise, nutrition & weight
  - Family planning
  - Heart disease & stroke
  - Immunizations & infectious diseases
  - Maternal, fetal & infant health
  - Men's health
  - Mental health & mental disorders
  - Older adults & aging
  - Oral health
  - Other chronic diseases
  - Prevention & safety
  - Respiratory diseases
  - Substance abuse
  - Teen & adolescent health
  - Women's health
- **Quality of Life**
  - Economy
  - Education
  - Environment
  - Government & politics
  - Public safety
  - Social environment
  - Transportation

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

Summary of Findings

The CHNA findings are drawn from analysis of an extensive set of secondary data (over 150 indicators from national and state data sources) and in-depth primary data from more than 1,034 community members, community leaders and health and non-health professionals who serve the community at large, vulnerable populations and populations with unmet health needs.

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

The "access" significant health need refers to access issues across the spectrum of both health and quality-of-life topics, including to health services, transportation, housing and nutritious food. Access issues were combined because of their role in health behaviors and outcomes. Similarly, mental health and substance abuse were categorized together as "behavioral health". Although many of these health topics included health disparities, due to significant and consistent findings of disparities in vulnerable populations by both secondary and primary data, "vulnerable populations" emerged as a separate category to emphasize the unique needs of these individuals.

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

• Access (includes health care, transportation, housing, nutrition)	• Cancer	• Poverty
• Behavioral health	• Diabetes	• Respiratory diseases
• Built environment & safety	• Heart disease	• Sexual health
	• Maternal, fetal & infant health	• Social environment
	• Obesity & physical activity	• Vulnerable populations

Results of the primary and secondary data for each of the significant health needs identified in the CHNA are presented in the Identified Health Needs section.

Prioritized Areas

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

TABLE 3. PRIORITIZATION CRITERIA

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

Seven health and health-related areas were identified as priorities for the community. Table 4 shows the selected priorities in order from highest to lowest priority followed by evidence of the health area as a significant need.

TABLE 4. PRIORITY HEALTH AREAS AND EVIDENCE FROM DATA COLLECTED

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

Conclusion

This report describes the process and findings of a CHNA for the residents of Duval and St. Johns counties in Florida. The prioritized health needs will guide the community health improvement efforts of Mayo Clinic's Florida campus.

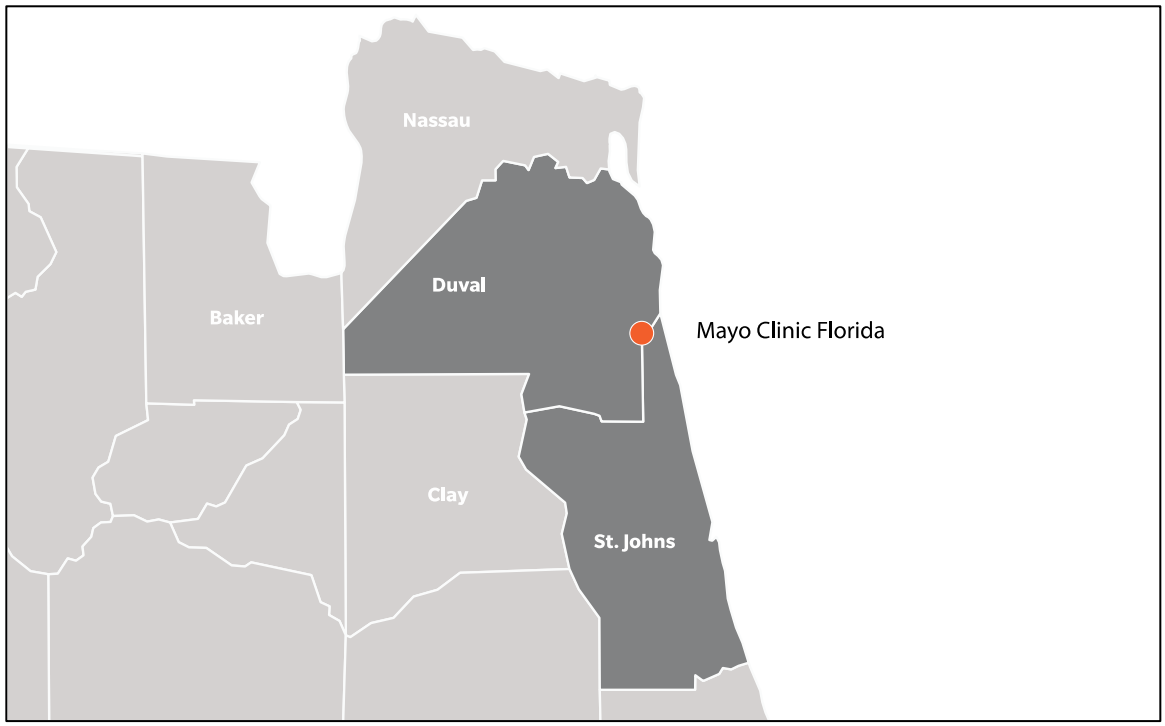
Following this process, Mayo Clinic Hospital in Florida will outline which prioritized health needs it has the resources to address and how it plans to address them in its implementation strategy.

Our Community

Service Area for Mayo Clinic's Florida campus

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

FIGURE 1. HOSPITAL LOCATION



Demographics & Community Context

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

Population

According to the U.S. Census Bureau's 2016 population estimates, the service area for Mayo Clinic's Florida campus had a population of 1,161,342.

Table 5 shows population estimates for Duval and St. Johns counties by year for 2013-2016. Both counties experienced population growth in the four-year period, but St. Johns County experienced a higher rate of growth at 12.2%.

TABLE 5. TOTAL POPULATION: PAST FOUR YEARS

Total Population					
County	**2013**	**2014**	**2015**	**2016**	**Percent Change 2013-2016**
Duval County	886,873	898,372	912,081	926,255	4.4%
St. Johns County	209,607	218,151	226,658	235,087	12.2%
Florida	19,582,022	19,888,741	20,244,914	20,612,439	5.3%
United States	316,204,908	318,563,456	320,896,618	323,127,513	2.2%

According to Figure 2 and Figure 3, in 2012-2016, four of the five ZIP codes with highest populations for the region —32210, 32244, 32218 and 32224 — are in Duval County. The ZIP code with the 5th largest population is in St. Johns County.

FIGURE 2. POPULATION PER ZIP CODE IN 2012-2016 (DUVAL)

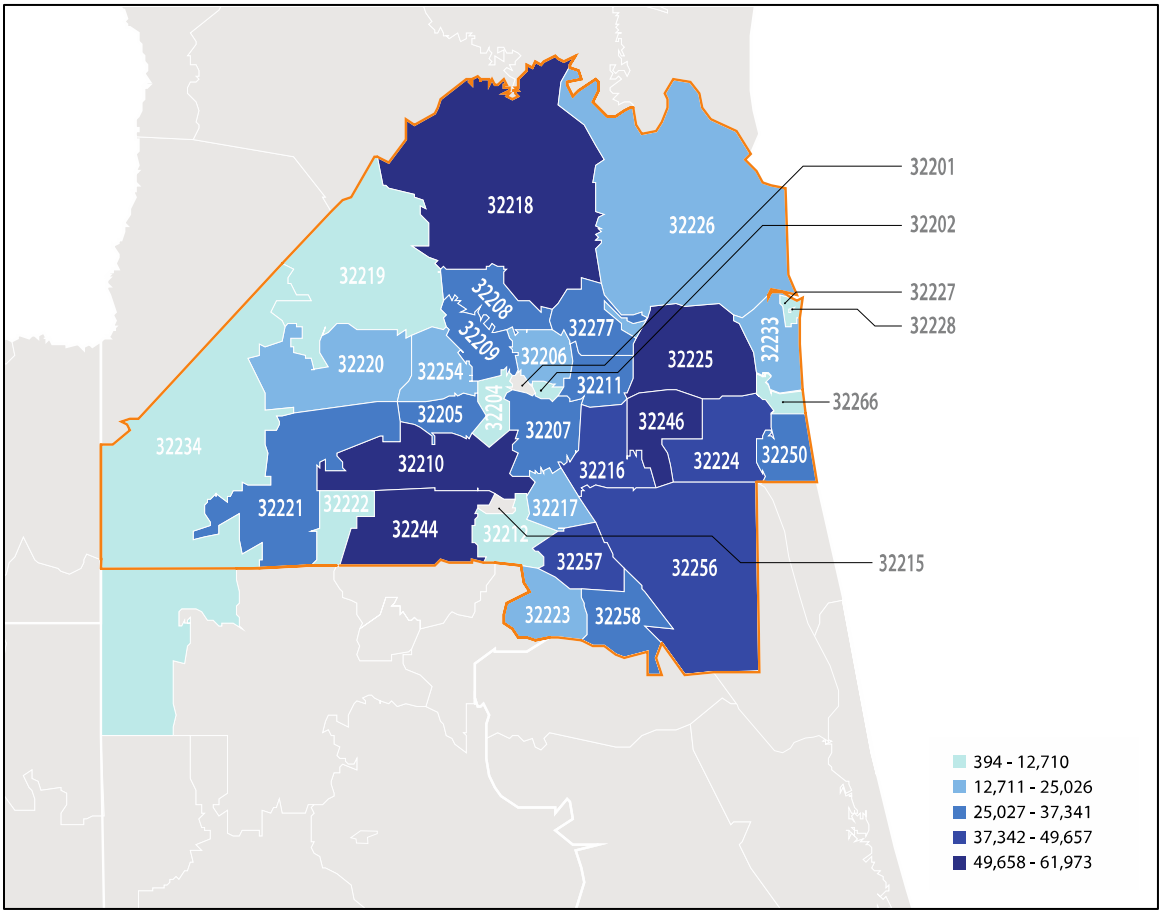


FIGURE 3. POPULATION PER ZIP CODE IN 2012-2016 (ST. JOHNS)

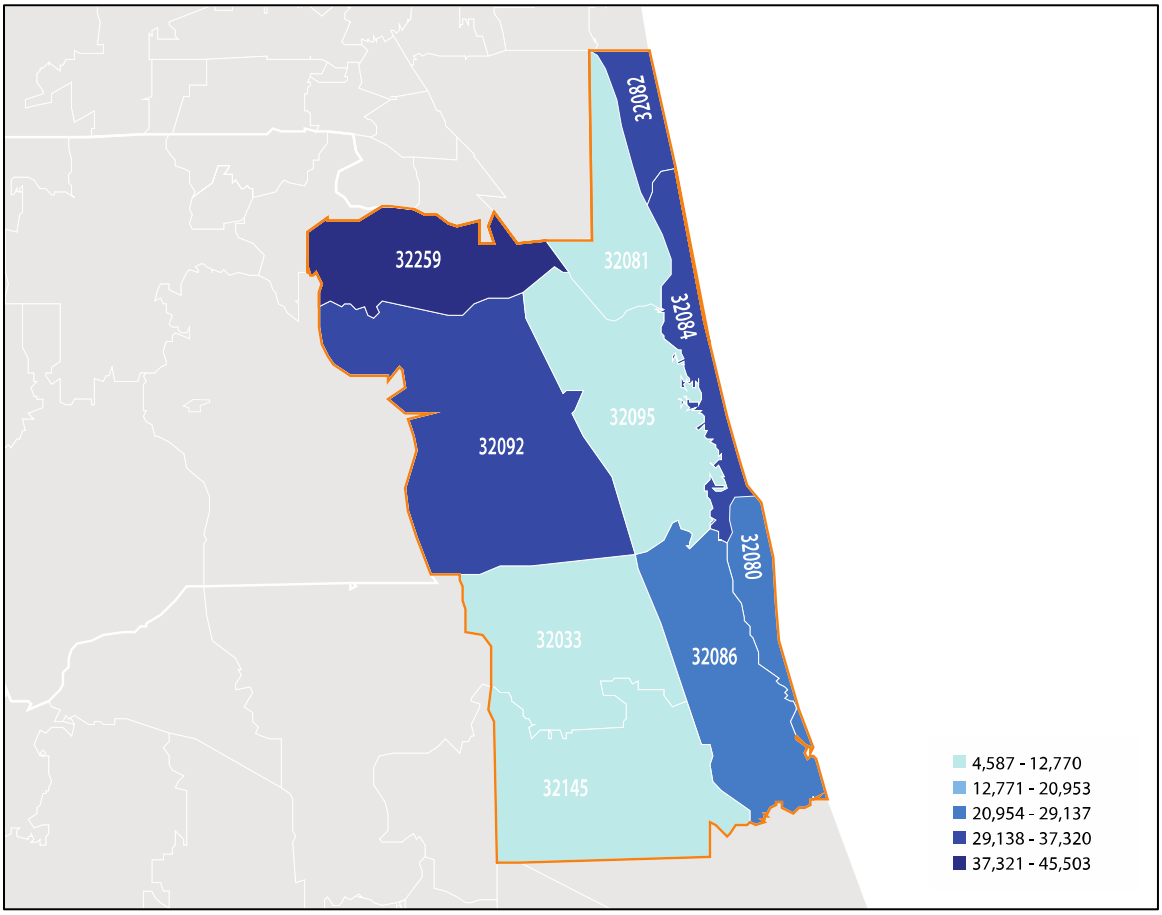


Table 6 shows the population projections through 2045 for the total population of Duval and St. Johns counties. St. Johns County is expected to have the largest growth rate compared to the other counties in the Partnership's service area.

TABLE 6. TOTAL POPULATION PROJECTIONS THROUGH 2045[14]

		2010 Census	2017	2025	2035	2045	% Change from 2017 - 2045
Total	Duval	864,263	936,811	1,042,012	1,135,492	1,215,908	29.8%
	St. Johns	190,039	229,715	295,768	359,628	412,681	79.6%
	Florida	18,802,847	20,484,142	23,061,892	25,485,553	27,423,577	33.9%

[14] Bureau of Economic and Business Research

Age

Figure 4 shows the Mayo Clinic's Florida campus' service area population by age as compared to the age distribution for the state of Florida and the U.S. Duval County has a larger share of adults aged 25-44; St. Johns County has a larger share of adults 65 or older.

FIGURE 4: POPULATION BY AGE, 2012-2016

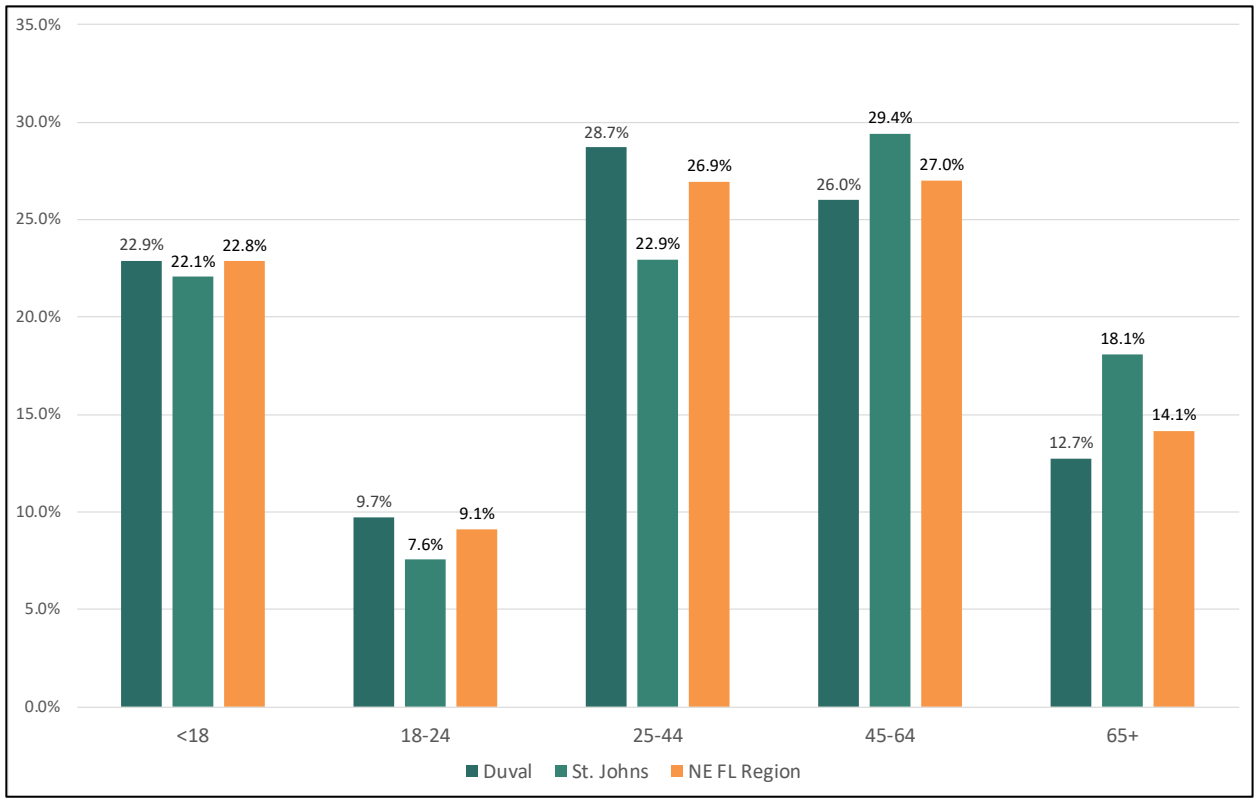


Table 7 shows the population projects by age group through 2045.

TABLE 7. POPULATION PROJECTIONS BY AGE-GROUP THROUGH 2045[14]

		2010 Census	2017	2025	2035	2045	% Change from 2017 - 2045
<18	Duval	203,514	214,321	237,381	253,697	265,757	**24.0%**
	St. Johns	43,851	49,843	62,237	76,243	85,409	**71.4%**
	Florida	4,002,096	4,180,677	4,636,008	5,053,630	5,323,927	**27.3%**
19 - 24	Duval	90,644	88,675	94,768	103,312	111,894	**26.2%**
	St. Johns	14,648	18,676	22,203	25,093	30,434	**63.0%**
	Florida	1,739,854	1,822,195	1,925,683	2,080,468	2,261,012	**24.1%**
25 - 44	Duval	245,803	265,938	291,509	298,291	316,861	**19.1%**
	St. Johns	44,304	52,804	73,052	92,217	99,154	**87.8%**
	Florida	4,721,819	5,063,560	5,769,128	6,208,579	6,463,905	**27.7%**

		2010 Census	2017	2025	2035	2045	% Change from 2017 - 2045
45 - 64	Duval	228,133	239,149	240,901	258,859	281,222	**17.6%**
	St. Johns	57,443	65,183	73,652	81,870	105,885	**62.4%**
	Florida	5,079,471	5,417,540	5,564,257	5,739,473	6,463,744	**19.3%**
65+	Duval	96,169	128,728	177,453	221,333	240,174	**86.6%**
	St. Johns	29,793	43,209	64,624	84,205	91,799	**112.5%**
	Florida	3,259,607	4,000,170	5,166,816	6,403,403	6,910,989	**72.8%**

Race/Ethnicity

Figure 5 and Figure 6 show the racial and ethnic distribution of the hospital's service are, as well as the Northeast Florida Region as a whole. Nearly 30% more of St. Johns County residents identified as White, non-Hispanic compared to Duval County residents. In contrast, a larger share of Duval County residents identified Black or African American, Asian and Hispanic or Latino.

FIGURE 5: POPULATION BY RACE/ETHNICITY, 2012-2016 (DUVAL)

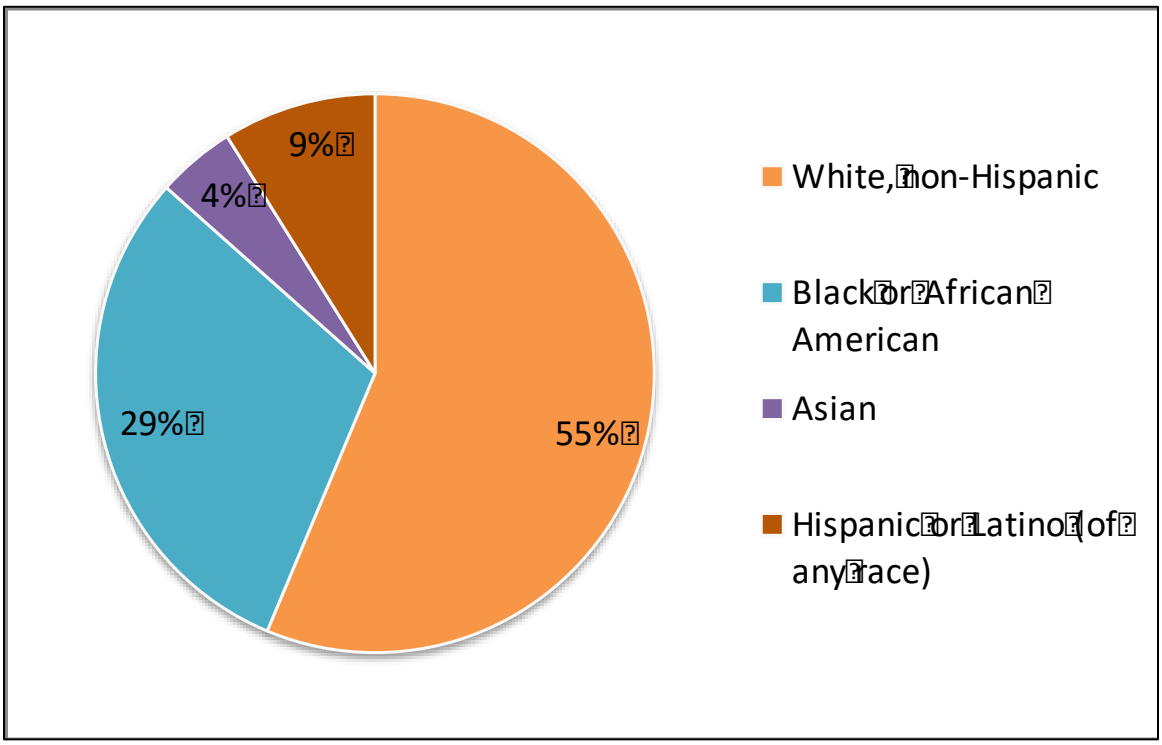


FIGURE 6: POPULATION BY RACE/ETHNICITY, 2012-2016 (ST. JOHNS)

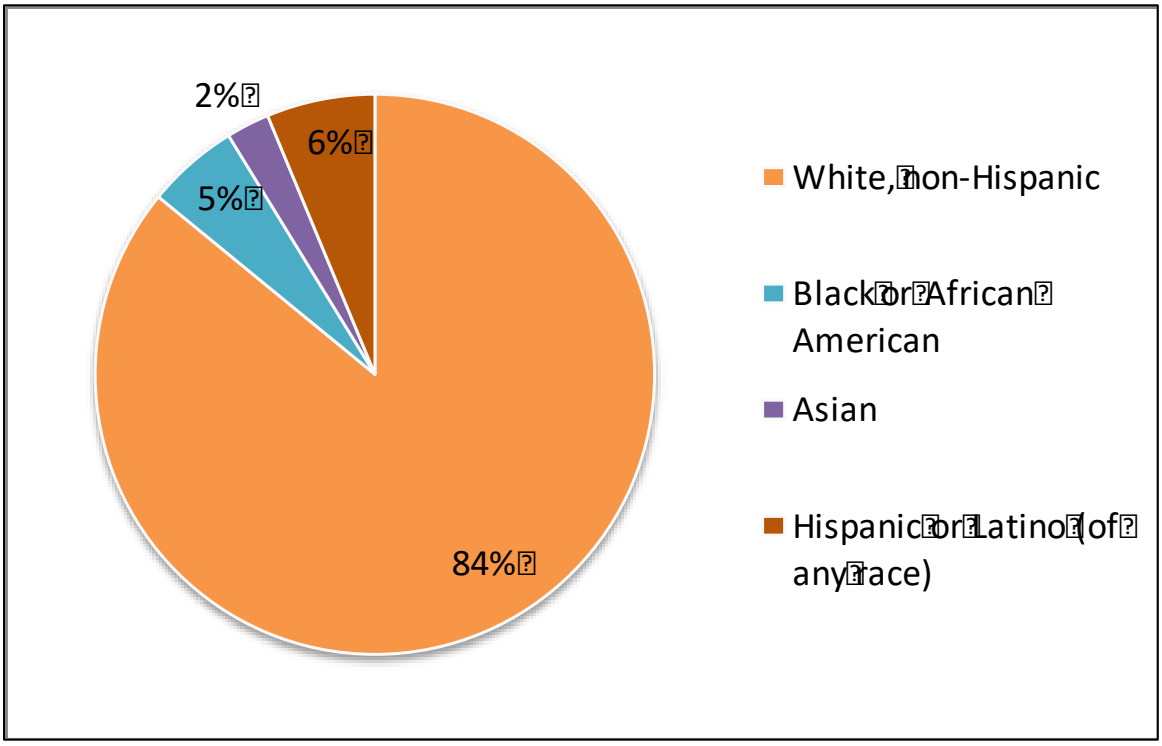


Table 8 presents a closer examination of population trends by county. In both counties, the share of residents identifying as White, non-Hispanic decreased from 2009-2013 and 2012-2016, while the share of residents identifying as either Asian or Hispanic or Latino increased.

TABLE 8. POPULATION BY RACE/ETHNICITY: PAST 4 YEARS

	2009-2013	2010-2014	2011-2015	2012-2016
Duval County				
White, non-Hispanic	55.4%	54.9%	54.4%	53.9%
Black or African American	30.1%	30.2%	30.2%	30.3%
Asian	4.6%	4.7%	4.8%	4.9%
Hispanic or Latino	8.3%	8.6%	8.9%	9.2%
St. Johns County				
White, non-Hispanic	84.6%	84.2%	83.8%	83.4%
Black or African American	5.6%	5.6%	5.5%	5.5%
Asian	2.4%	2.6%	2.7%	2.9%
Hispanic or Latino	5.8%	6.1%	6.3%	6.6%

Table 9 shows the population projections by race/ethnicity through 2045.

TABLE 9. POPULATION PROJECTIONS BY RACE/ETHNICITY THROUGH 2045[14]

		2010 Census	2017	2025	2035	2045	% Change from 2017 - 2045
Non-Hispanic White	Duval	499,104	504,169	510,068	513,021	516,953	**2.5%**
	St. Johns	164,166	193,820	245,169	293,702	334,011	**72.3%**
	Florida	11,066,181	11,313,436	11,774,342	12,214,956	12,561,838	**11.0%**
Non-Hispanic Black	Duval	257,352	289,118	338,179	382,335	420,295	**45.4%**
	St. Johns	10,935	13,480	17,571	21,593	24,994	**85.4%**
	Florida	2,950,583	3,319,150	3,890,098	4,420,638	4,835,615	**45.7%**
Hispanic	Duval	65,398	95,506	137,751	177,097	209,361	**119.2%**
	St. Johns	9,972	16,351	25,089	34,539	42,337	**158.9%**
	Florida	4,223,842	5,204,657	6,625,846	7,962,733	9,046,028	**73.8%**

[14] Bureau of Economic and Business Research

Within the service area, ZIP codes in Duval County have the highest share of race groups identifying as Black or African American, Asian and Hispanic or Latino, as shown in Table 10. ZIP codes 32209 and 32208 in Duval County have the largest proportion of residents identifying as Black or African American within the service area. Over 95% of residents in ZIP code 32209 identified as Black or African American in 2012-2016.

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

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

TABLE 10: POPULATION BY RACE/ETHNICITY PER ZIP CODE, 2012-2016

ZIP Code	White, non-Hispanic	Black or African American	Asian	Hispanic or Latino
Duval County				
32202	32.8%	57.7%	2.5%	7.1%
32204	67.0%	24.9%	0.5%	6.7%
32205	66.3%	24.7%	2.1%	4.3%
32206	20.3%	73.7%	0.7%	1.8%
32207	61.0%	17.9%	6.9%	12.4%

ZIP Code	White, non-Hispanic	Black or African American	Asian	Hispanic or Latino
Duval County (continued)				
32208	13.9%	82.3%	0.5%	1.8%
32209	2.4%	95.3%	0.1%	1.7%
32210	50.2%	34.8%	3.9%	8.8%
32211	49.9%	36.5%	3.0%	9.2%
32212	56.3%	21.6%	1.3%	13.4%
32216	61.8%	19.8%	6.5%	9.8%
32217	67.9%	11.6%	5.0%	12.5%
32218	39.9%	52.3%	1.1%	4.5%
32219	42.4%	47.4%	0.6%	8.3%
32220	82.2%	13.2%	0.5%	2.5%
32221	53.5%	29.9%	5.2%	7.4%
32222	43.9%	30.9%	4.8%	14.0%
32223	82.1%	5.2%	3.7%	6.5%
32224	74.3%	6.1%	4.5%	10.5%
32225	62.8%	17.1%	6.1%	9.1%
32226	72.0%	12.7%	2.5%	7.0%
32227	63.0%	9.4%	3.8%	16.2%
32228	62.9%	24.9%	1.0%	8.9%
32233	74.7%	11.8%	3.0%	9.1%
32234	74.1%	11.0%	0.8%	11.9%
32244	42.5%	37.2%	5.2%	11.9%
32246	57.1%	15.1%	9.0%	15.8%
32250	85.5%	3.2%	2.6%	5.9%
32254	35.5%	56.7%	0.5%	5.9%
32256	59.7%	14.1%	11.0%	10.6%
32257	71.6%	12.1%	3.8%	9.6%
32258	64.4%	8.6%	11.3%	12.3%
32266	88.5%	1.1%	2.6%	5.4%
32277	46.7%	39.2%	4.0%	7.9%
St. Johns County				
32033	76.6%	12.9%	0.5%	7.6%
32080	92.5%	0.3%	0.9%	4.9%
32081	90.1%	2.0%	3.8%	4.3%
32082	88.5%	2.2%	2.9%	4.4%
32084	75.8%	13.6%	1.2%	6.9%

32086	89.1%	2.4%	2.0%	5.2%
ZIP Code	White, non-Hispanic	Black or African American	Asian	Hispanic or Latino
St. Johns County (continued)				
32092	82.9%	3.6%	3.4%	7.6%
32095	90.7%	3.1%	2.2%	1.9%
32145	69.1%	21.5%	0.0%	9.0%
32259	81.0%	4.4%	3.6%	7.5%

Language Spoken at Home

Figure 7 shows the percentage of the population that speaks a language other than English at home, comparing the values for each county in the service area to the regional, state and national values. A smaller share of residents in both counties in the service area speak a language other than English at home compared to Florida (28%) and the U.S. (21%). Within the service area, Duval had the highest percentage at 13.5%; this measurement indicates where there may be language or cultural barriers to accessing health care.

FIGURE 7: POPULATION AGE 5+ SPEAKING LANGUAGE OTHER THAN ENGLISH AT HOME, 2012-2016

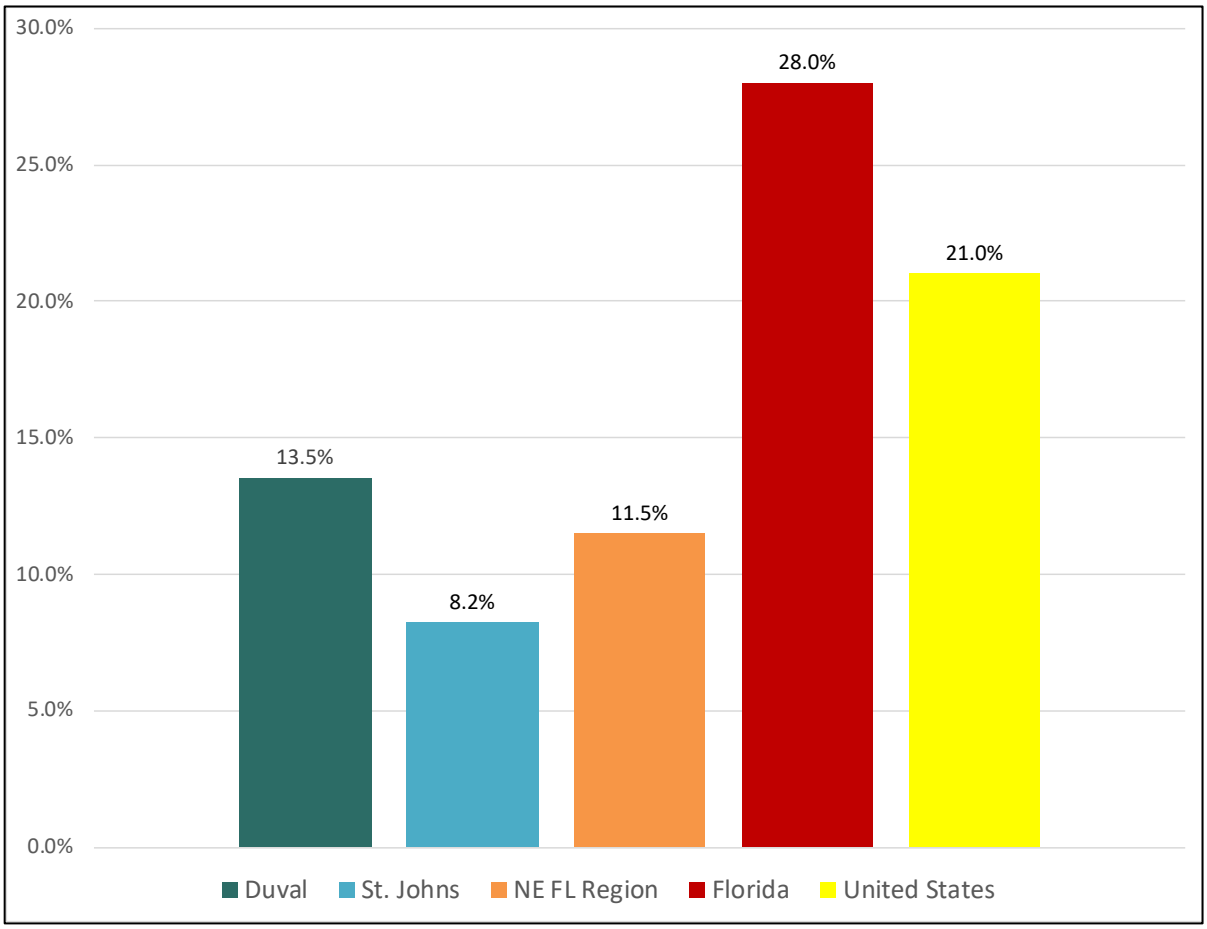


TABLE 11. TYPES OF LANGUAGES SPOKEN AT HOME, 2012-2016

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

Veterans

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

FIGURE 8: VETERAN POPULATION, 2012-2016

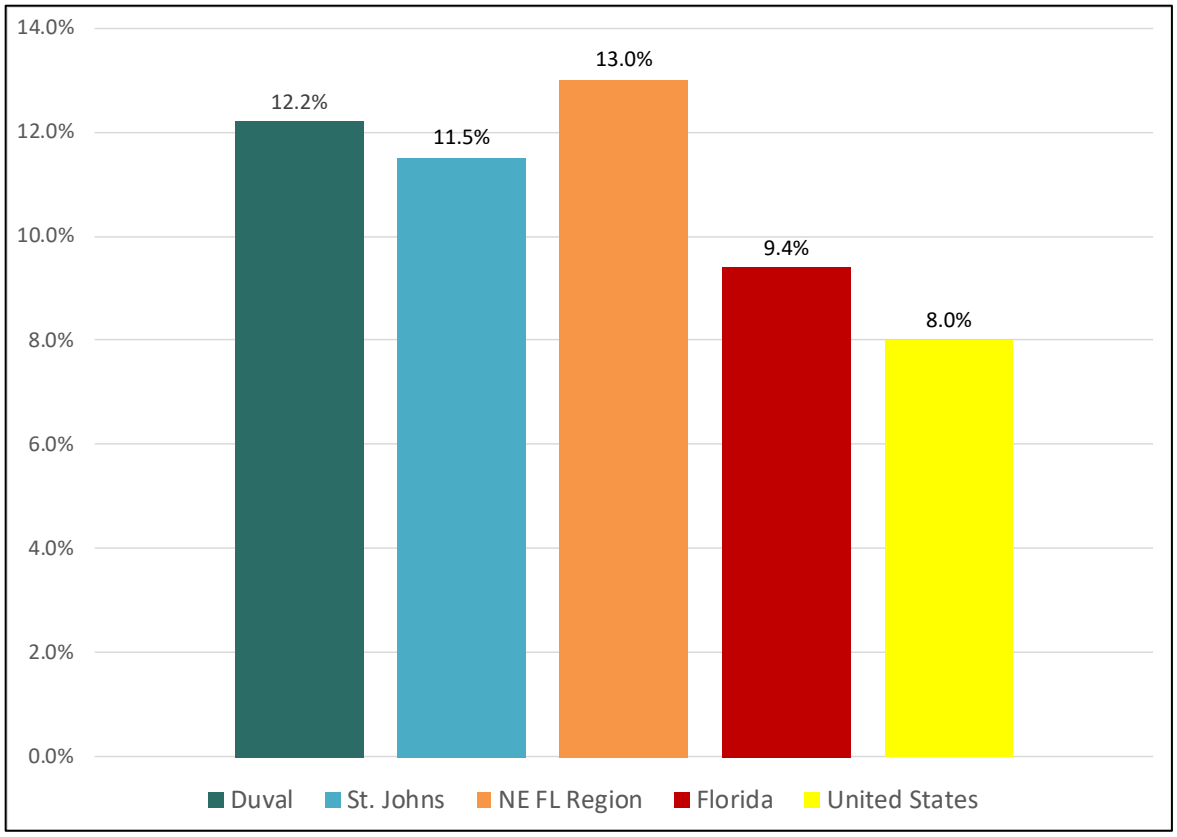


TABLE 12. VETERAN POPULATION BY WAR ERA, 2012-2016

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

Disabilities

Figure 9 shows the share of persons with any type of disability living in Duval and St. Johns counties compared to the state and U.S. values. In comparison, Duval County had a similar share of persons with a disability at 13.5%, while St. Johns County had a slightly smaller share at 11.5%.

FIGURE 9: PERSONS WITH A DISABILITY, 2012-2016

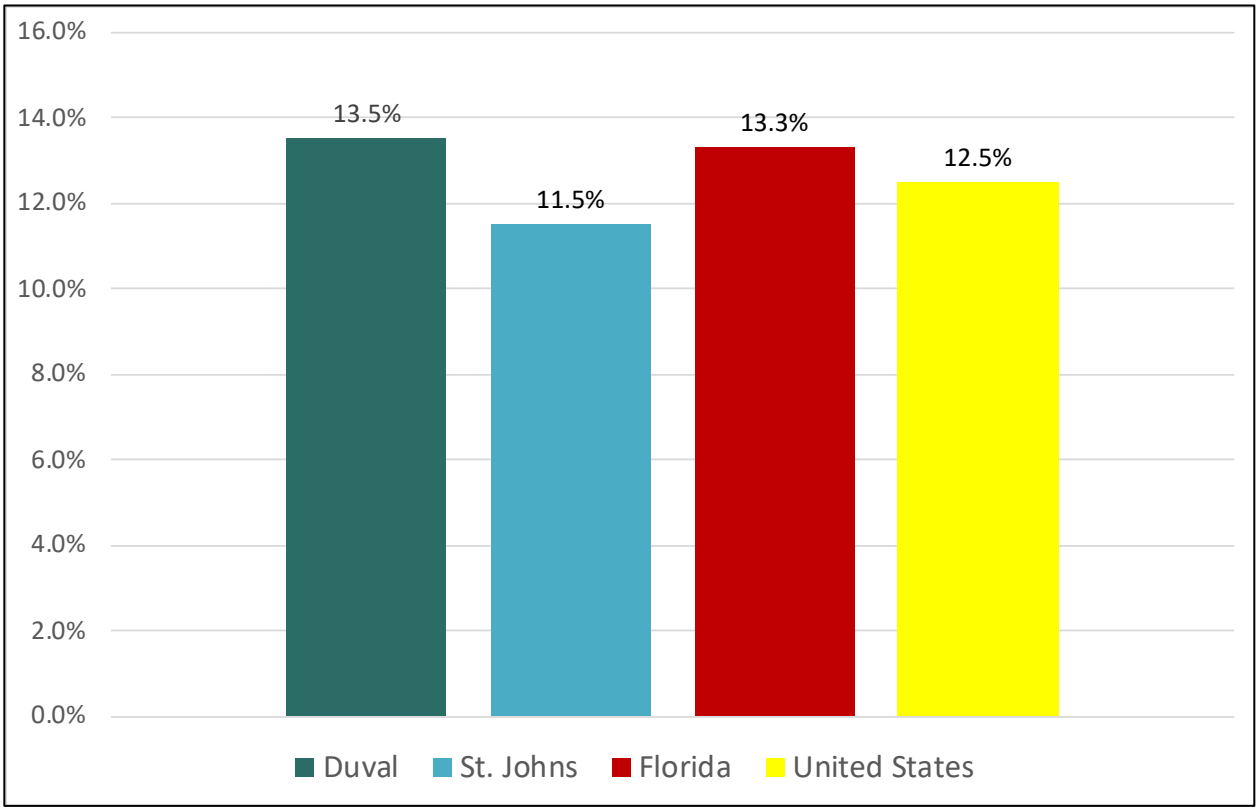


TABLE 13. ESTIMATED NUMBER OF PERSONS WITH A DISABILITY, 2012-2016

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

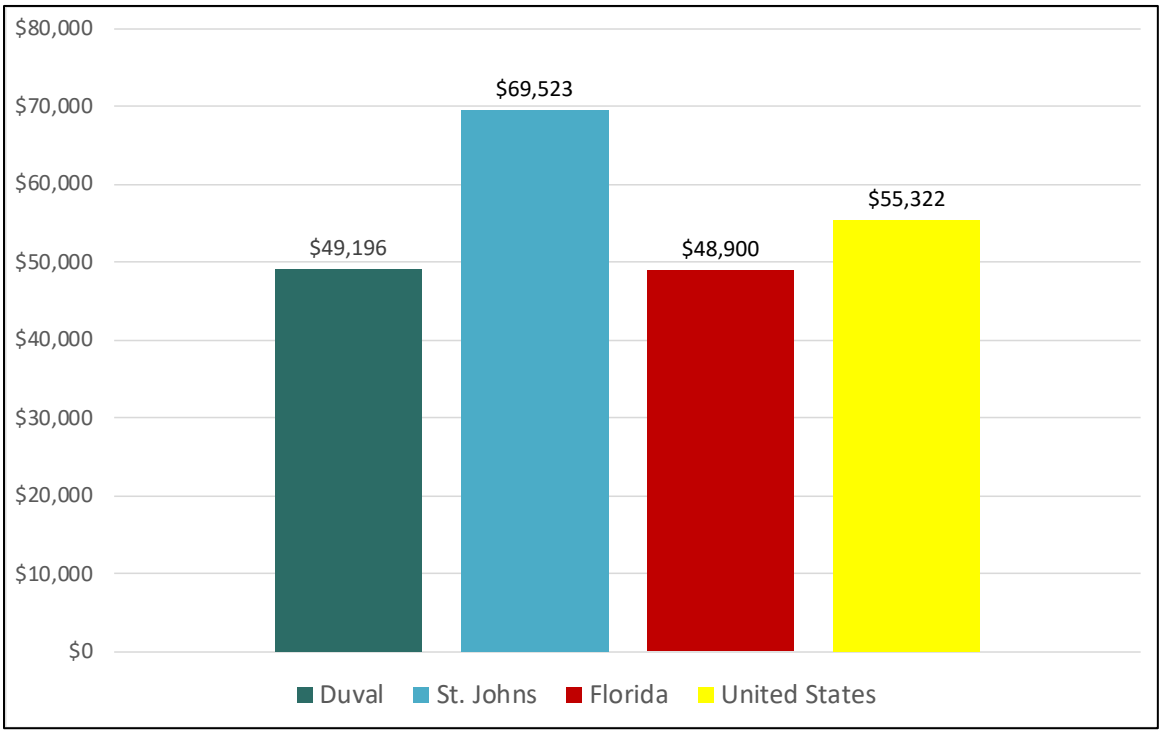
Social and Economic Determinants of Health

This section explores the social and economic determinants of health in the service area for Mayo Clinic's Florida campus. Social and economic determinants are the circumstances in which people are born, grow, work, live and age, and the wider set of forces and systems shaping the conditions of daily life. These social determinants and other factors help the service area better understand the results of both primary and secondary data.

Income & Poverty

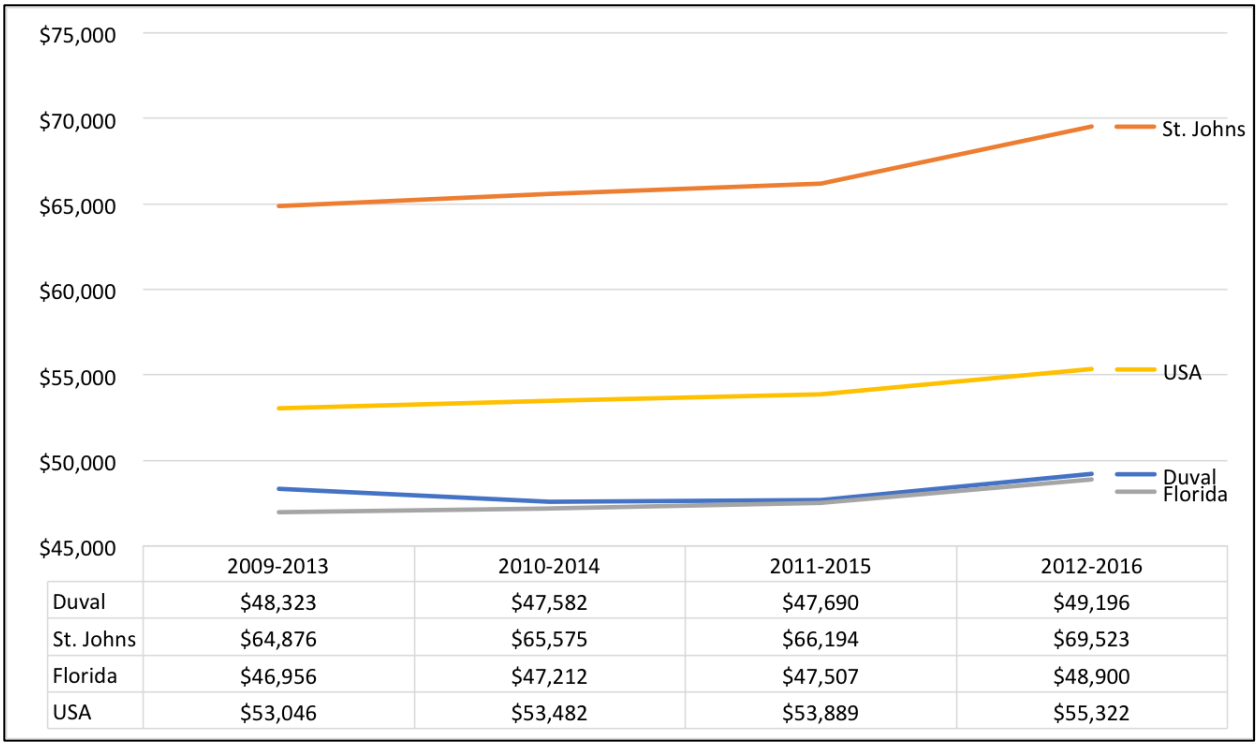
Figure 10 compares the median household income values for the hospital's service area to the median household income value for Florida and the U.S. Both counties have higher median household incomes compared to Florida, although the state's median household income is approximately $6,500 lower than median household income nationwide. Duval County's median household income is approximately $20,000 lower than St. Johns County's.

FIGURE 10: MEDIAN HOUSEHOLD INCOME, 2012-2016



A closer examination of the trend for the service area in Figure 11 reveals the median household income is generally increasing in these two counties.

FIGURE 11: MEDIAN HOUSEHOLD INCOME PER COUNTY: PAST FOUR TIME PERIODS



	2009-2013	2010-2014	2011-2015	2012-2016
Duval	$48,323	$47,582	$47,690	$49,196
St. Johns	$64,876	$65,575	$66,194	$69,523
Florida	$46,956	$47,212	$47,507	$48,900
USA	$53,046	$53,482	$53,889	$55,322

Across all ZIP codes in the service area, 32209, 32206 and 32202 in Duval County had the lowest median household incomes at $22,288, $24,418 and $26,250, respectively (Figure 12).

FIGURE 12. MEDIAN HOUSEHOLD INCOME BY ZIP CODE, 2012-2016 (DUVAL)

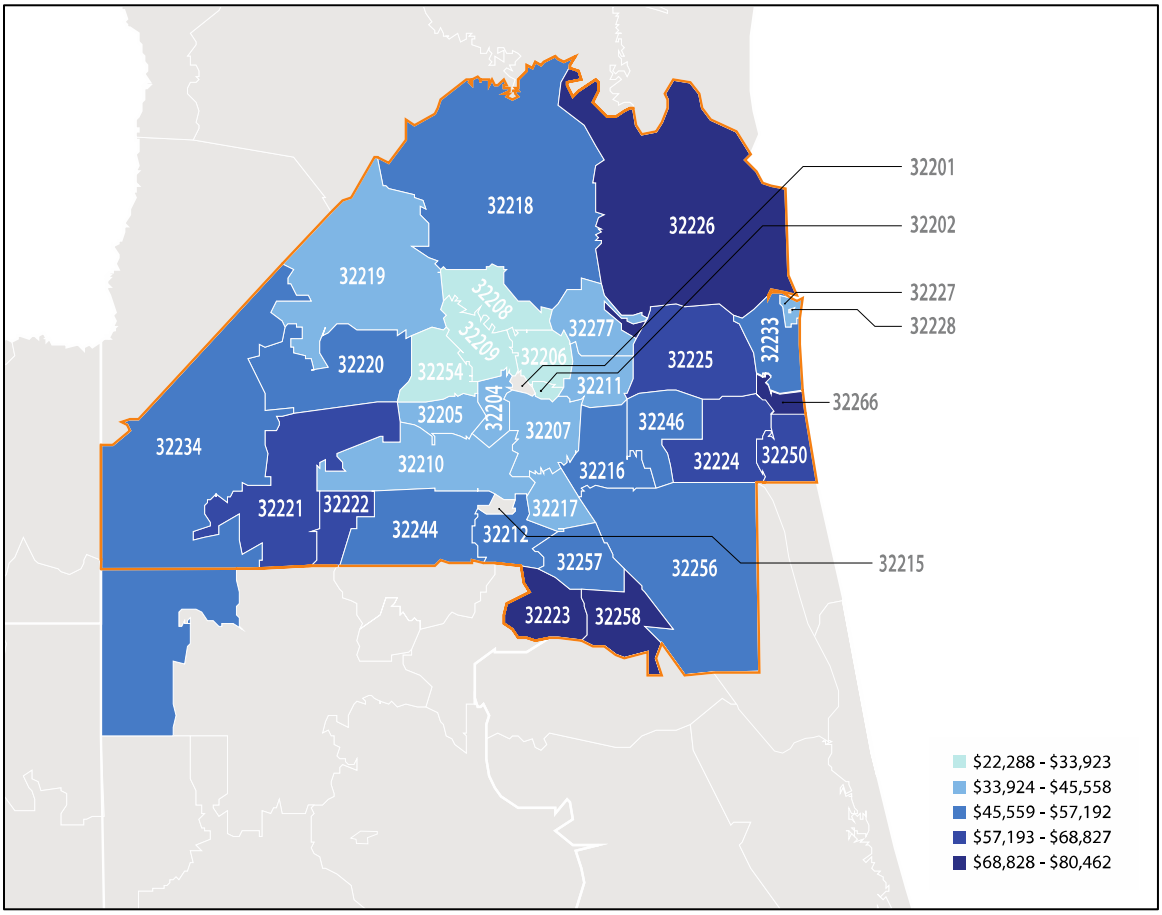
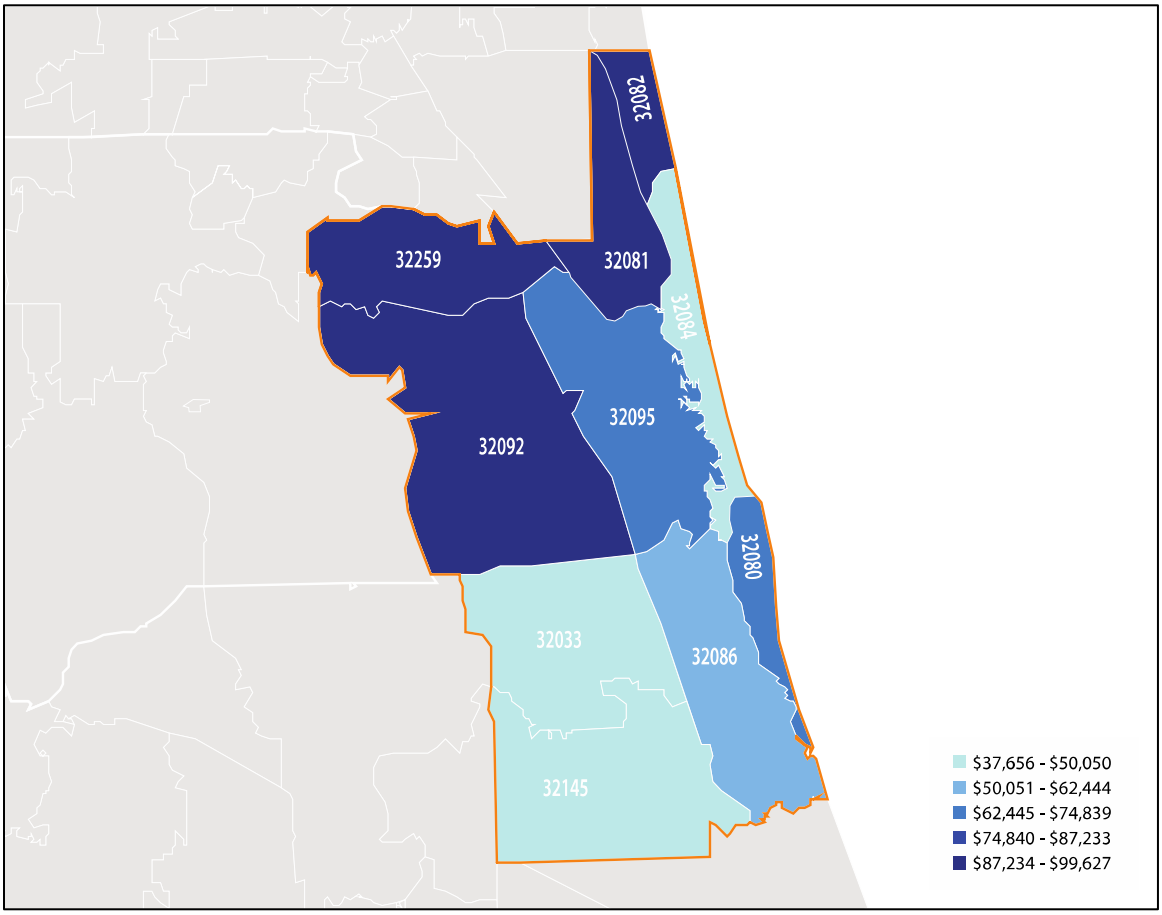
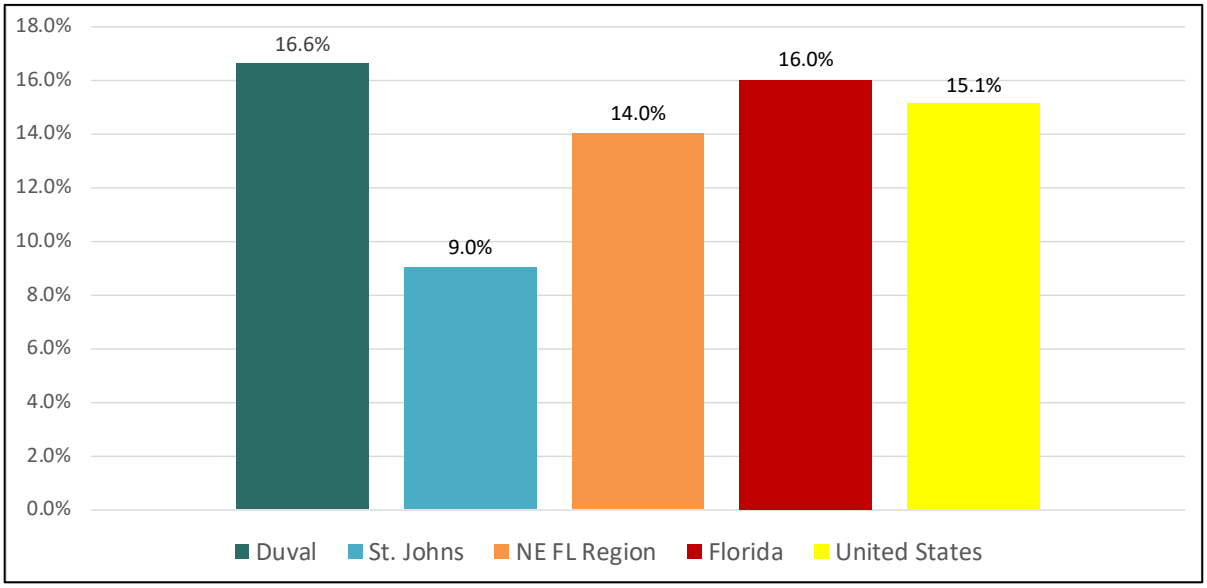


FIGURE 13. MEDIAN HOUSEHOLD INCOME BY ZIP CODE, 2012-2016 (ST. JOHNS)



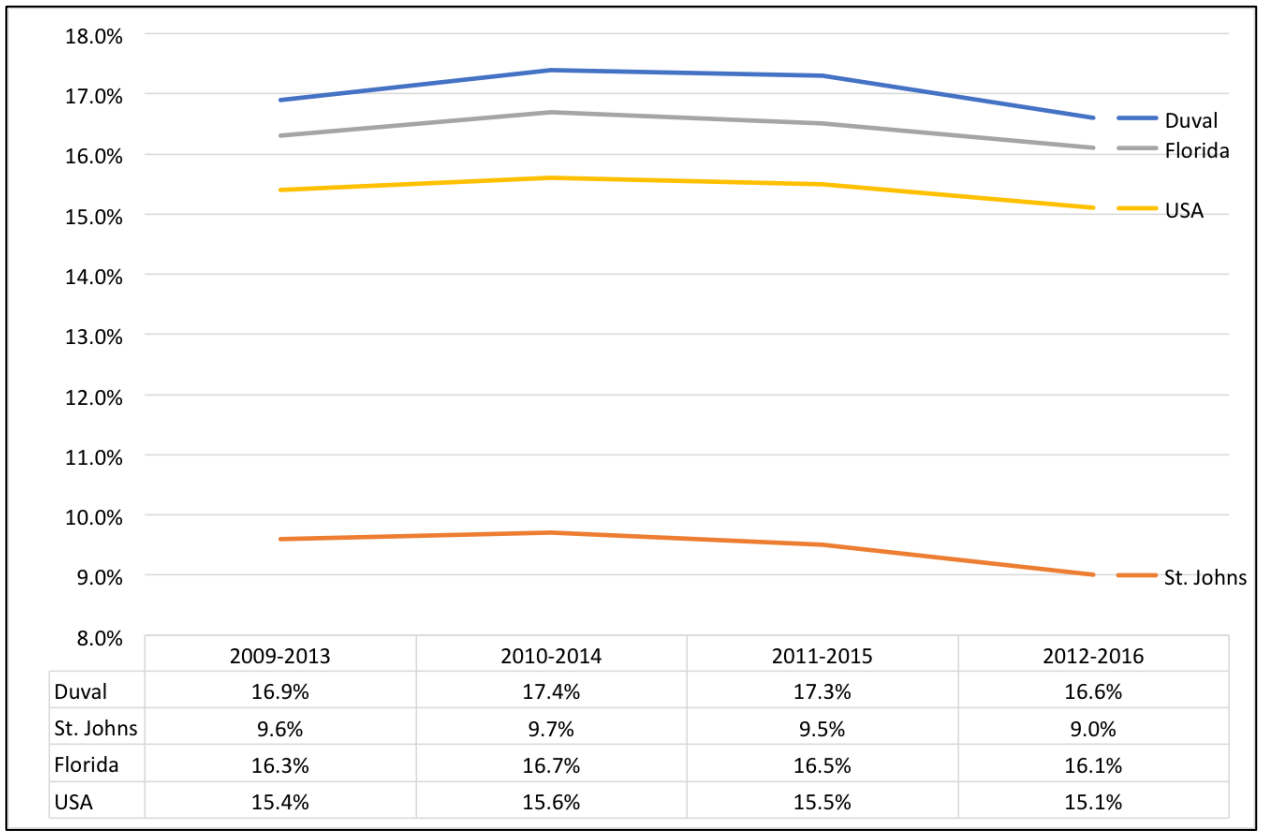
According to Figure 14, Duval County experienced higher rates of poverty compared to the regional and state poverty rates of 14.0% and 16.0, respectively. The rate in Duval County (16.6%) is nearly twice as high as in St. Johns County (9.0%).

FIGURE 14: PEOPLE LIVING BELOW POVERTY LEVEL, 2012-2016



According to Figure 15, the trend of people living below poverty level has fluctuated in the service area across the past four time periods. The share of people living below poverty level decreased slightly in both counties, reflecting the slightly decreasing trend at the state and national levels.

FIGURE 15: PEOPLE LIVING BELOW POVERTY LEVEL: PAST FOUR TIME PERIODS



	2009-2013	2010-2014	2011-2015	2012-2016
Duval	16.9%	17.4%	17.3%	16.6%
St. Johns	9.6%	9.7%	9.5%	9.0%
Florida	16.3%	16.7%	16.5%	16.1%
USA	15.4%	15.6%	15.5%	15.1%

Figure 16 shows the percentage of people living below the poverty level by race and ethnicity. Across all counties, Black or African American residents experience higher rates of poverty compared to their White, non-Hispanic peers. Duval County has the highest percentage of Black or African Americans (26.7%) living below the poverty level.

FIGURE 16: PEOPLE LIVING BELOW POVERTY LEVEL BY RACE/ETHNICITY, 2012-2016

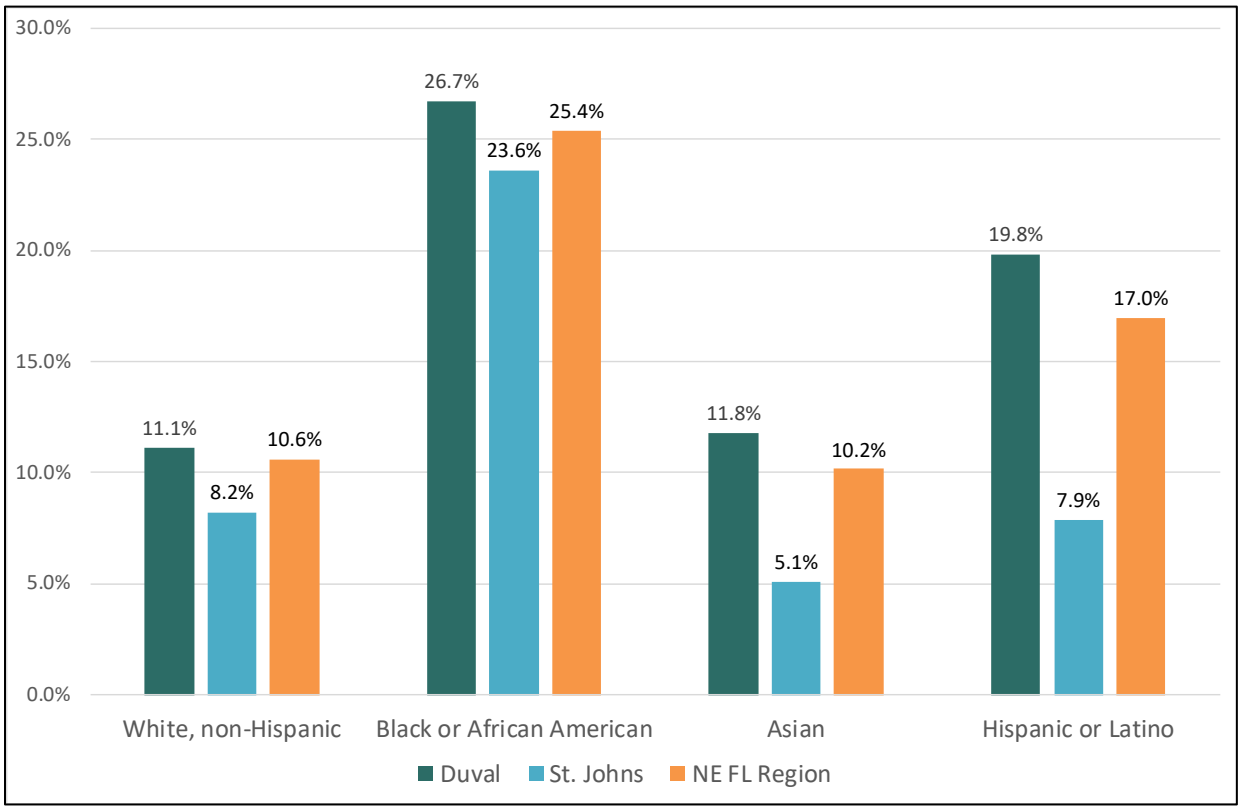
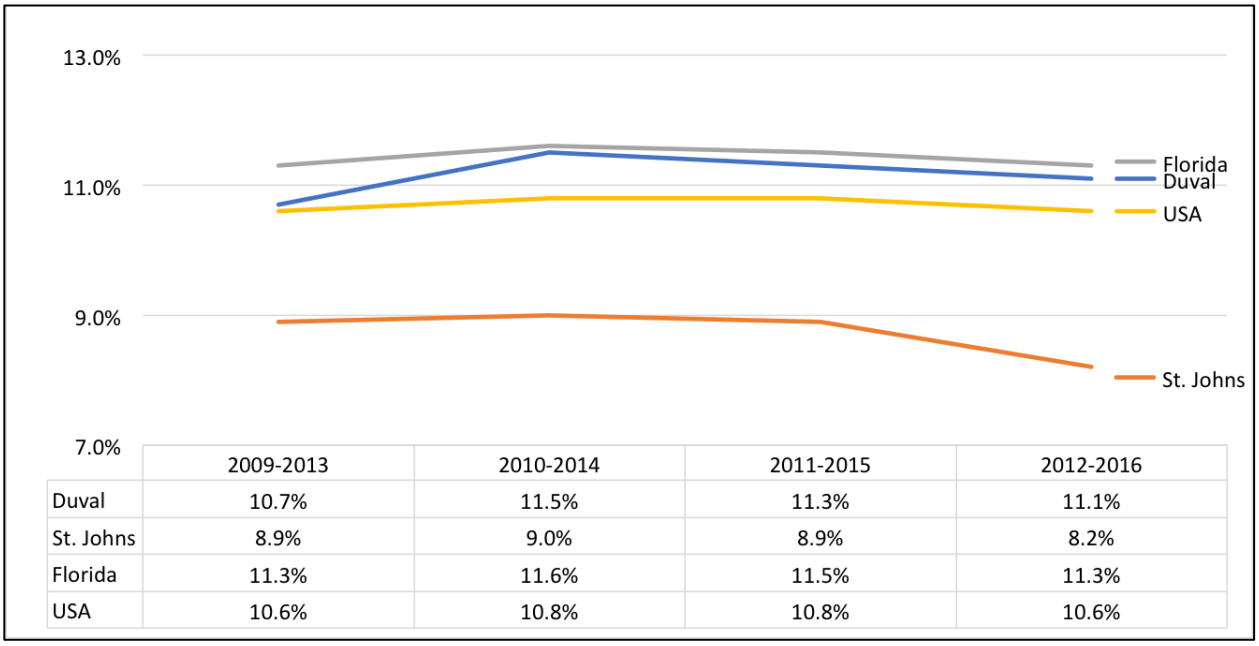


Figure 17 examine the trends for the White, non-Hispanic, Black or African American, and Hispanic or Latino populations in the service area.

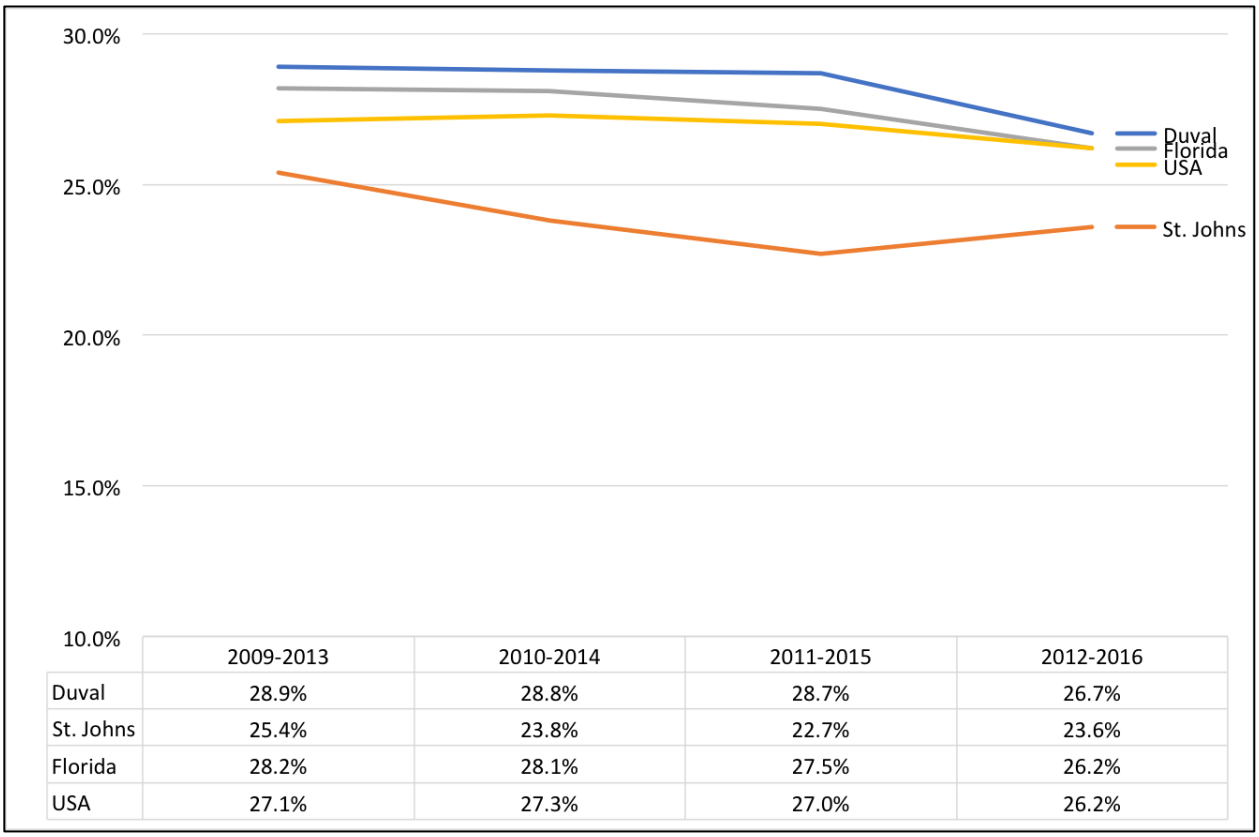
FIGURE 17. WHITE, NON-HISPANIC POPULATION LIVING BELOW POVERTY LEVEL: PAST FOUR TIME PERIODS



	2009-2013	2010-2014	2011-2015	2012-2016
Duval	10.7%	11.5%	11.3%	11.1%
St. Johns	8.9%	9.0%	8.9%	8.2%
Florida	11.3%	11.6%	11.5%	11.3%
USA	10.6%	10.8%	10.8%	10.6%

Generally, the rate of poverty for Black or African Americans decreased in both counties, as presented in Figure 18.

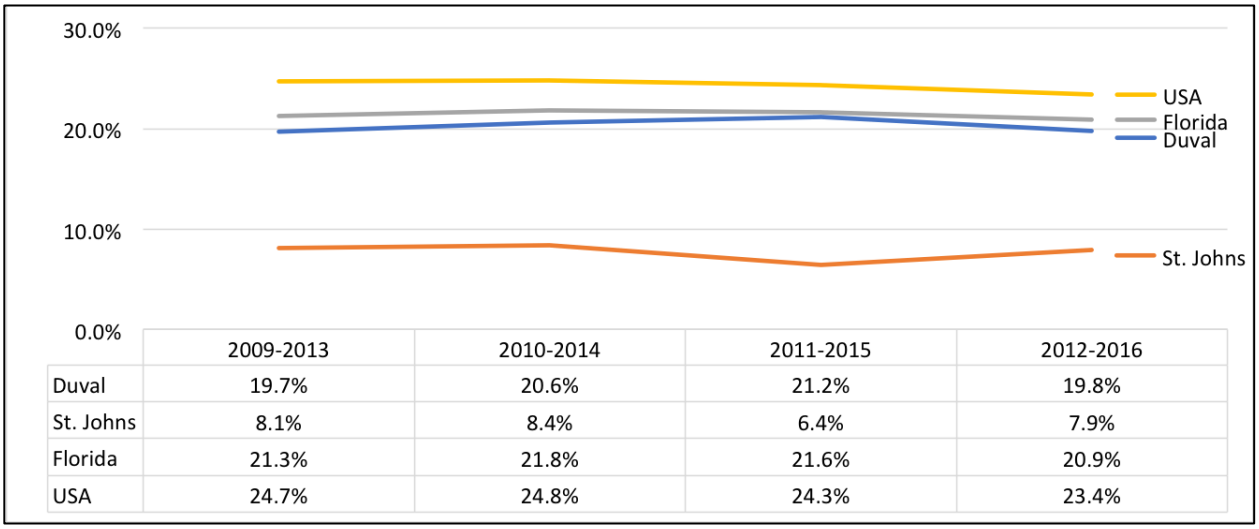
FIGURE 18: BLACK OR AFRICAN AMERICAN POPULATION LIVING BELOW POVERTY LEVEL: PAST FOUR TIME PERIODS



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

Hispanic or Latino residents experienced slight decreases in levels of poverty across Duval and St. Johns counties in the past four time periods.

FIGURE 19: HISPANIC OR LATINO POPULATION LIVING BELOW POVERTY LEVEL: PAST FOUR TIME PERIODS



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

At the ZIP code level, in Figure 20, ZIP codes 32202, 32209 and 32206 in Duval County emerged with the highest share of people living below poverty at, respectively, 50.2%, 40.3% and 38.9%.

FIGURE 20. PEOPLE LIVING BELOW POVERTY LEVEL BY ZIP CODE, 2012-2016 (DUVAL)

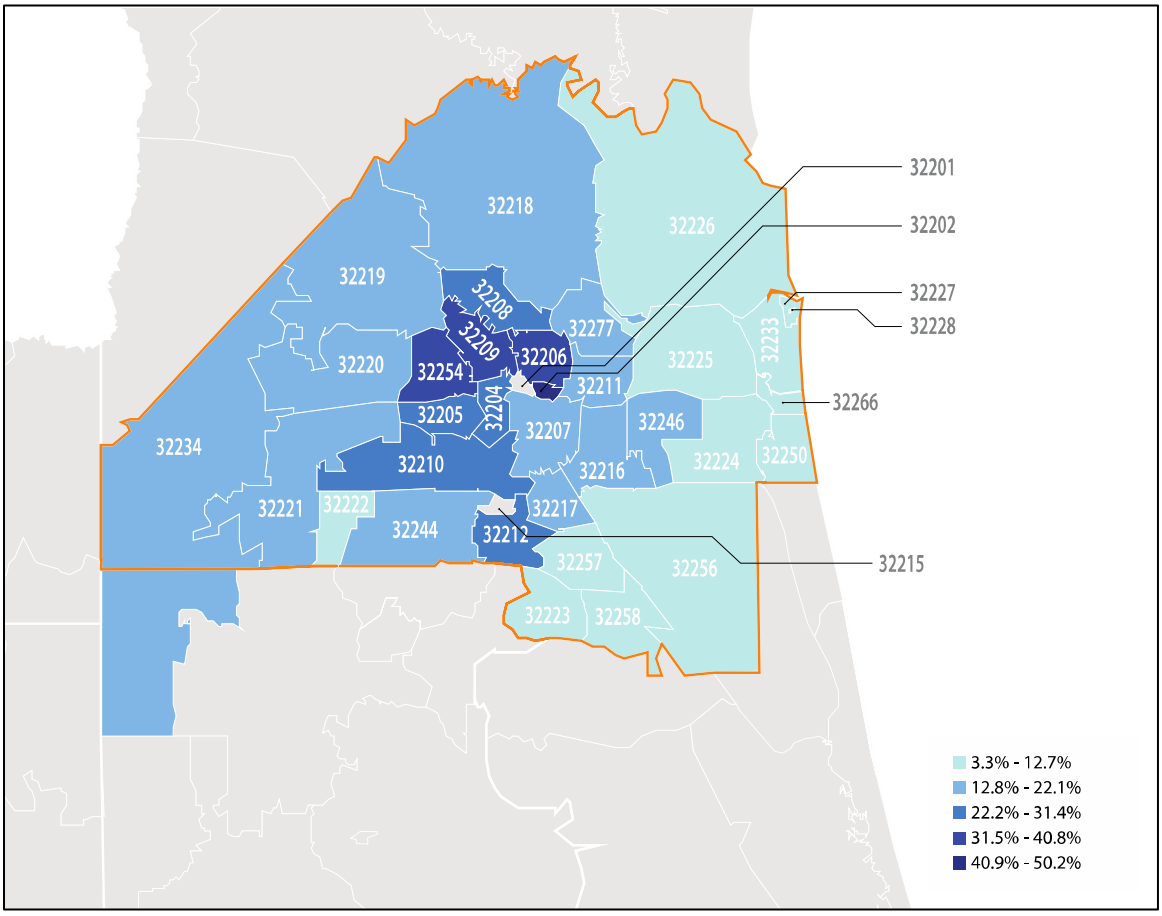
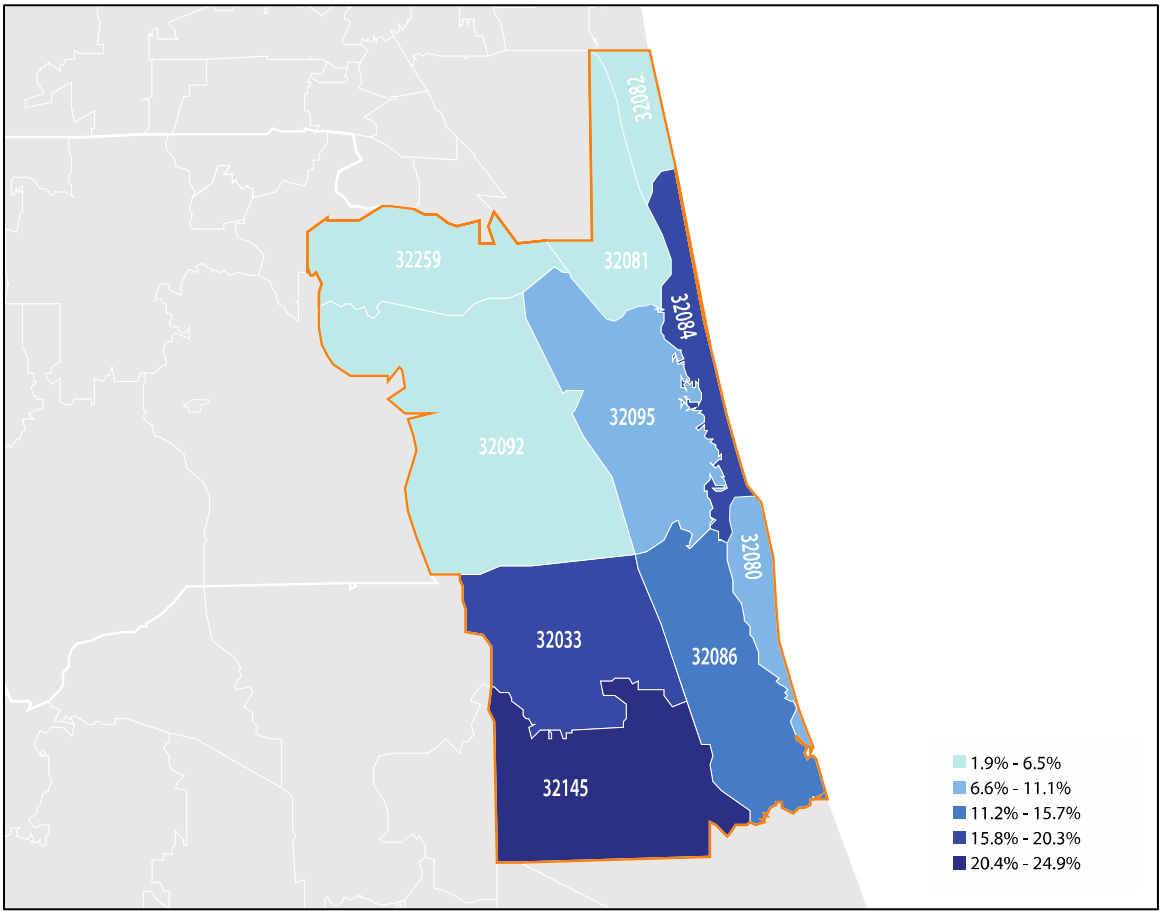


FIGURE 21. PEOPLE LIVING BELOW POVERTY LEVEL BY ZIP CODE, 2012-2016 (ST. JOHNS)



Employment

Table 14 shows the percent of civilians, 16 years of age and older, who are unemployed as a percent of the civilian labor force. A high rate of unemployment has personal and societal effects. During periods of unemployment, individuals are likely to feel severe economic strain and mental stress. Unemployment is also related to access to health care since many individuals receive health insurance through their employer. A high unemployment rate places strain on financial support systems because unemployed individuals qualify for unemployment benefits and food stamp programs.

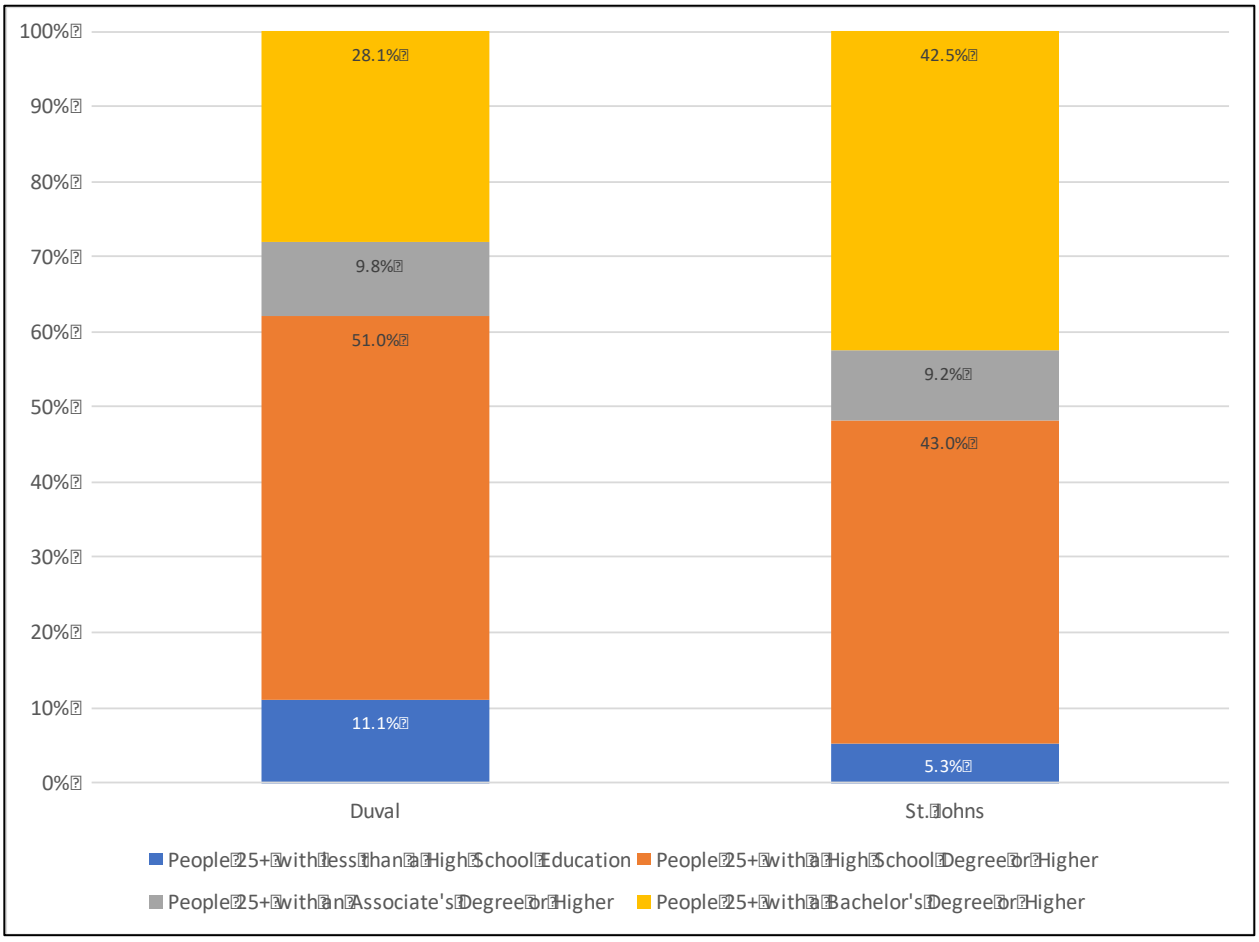
TABLE 14. UNEMPLOYED WORKERS IN CIVILIAN LABOR FORCE, MAY 2018

County	Percent Unemployed
Duval	3.3%
St. Johns	2.6%

Education

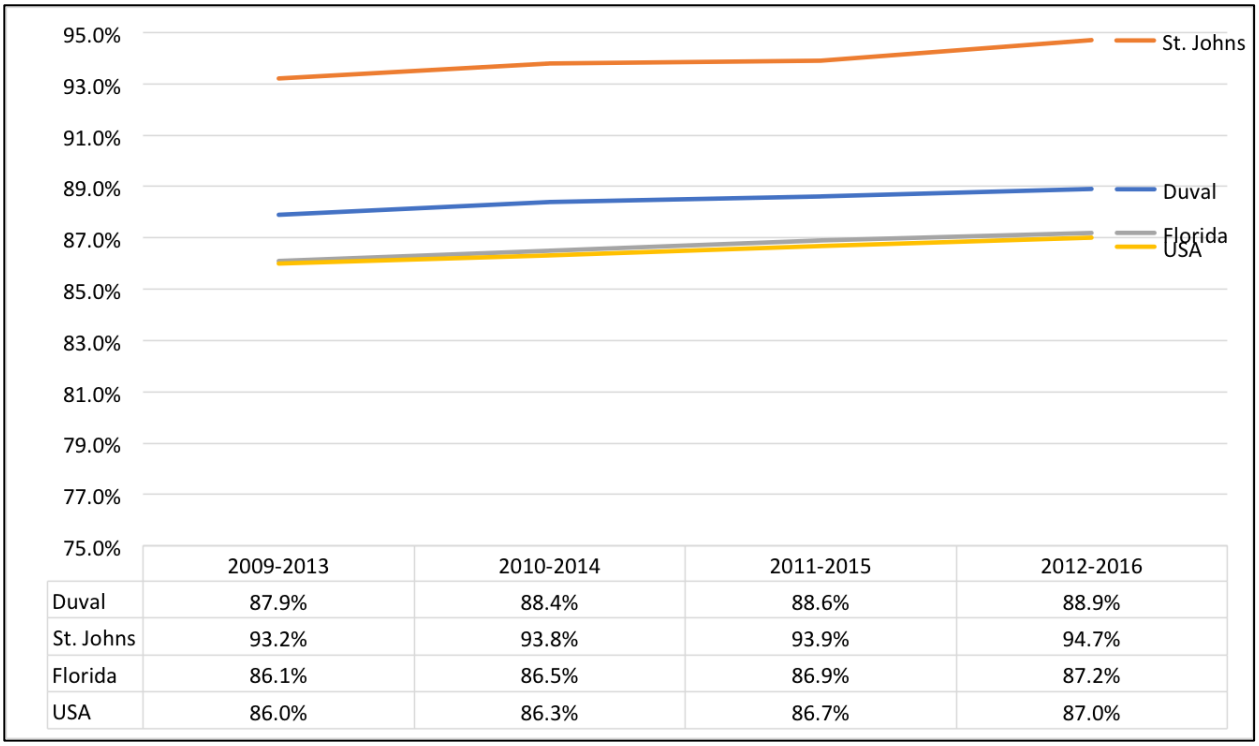
In 2012-2016, the share of residents age 25 or older, with at least a high school degree or equivalent, in each of the service area counties was higher than values at the state (87.2%) and national (87.0%) levels. Within the service area, approximately 6 percentage points separated Duval County (88.9%) and St. Johns County (94.7%) in high school degree attainment or completion of high school or a general equivalency diploma (GED).

FIGURE 22. EDUCATION ATTAINMENT BY COUNTY, 2012-2016



The share of residents age 25 and older who have a high school degree increased for all past four time periods for Duval and St. Johns counties (Figure 23). This reflects the statewide and national trend of increased education across the population.

FIGURE 23: POPULATION AGED 25+ WITH A HIGH SCHOOL DEGREE OR HIGHER: PAST FOUR TIME PERIODS



	2009-2013	2010-2014	2011-2015	2012-2016
Duval	87.9%	88.4%	88.6%	88.9%
St. Johns	93.2%	93.8%	93.9%	94.7%
Florida	86.1%	86.5%	86.9%	87.2%
USA	86.0%	86.3%	86.7%	87.0%

Across all ZIP codes in the service area, as shown in Figure 24 codes 32254 and 32202 in Duval County follow, at 74.4% and 75.8%.

FIGURE 24. HIGH SCHOOL DEGREE ATTAINMENT BY ZIP CODE, 2012-2016 (DUVAL)

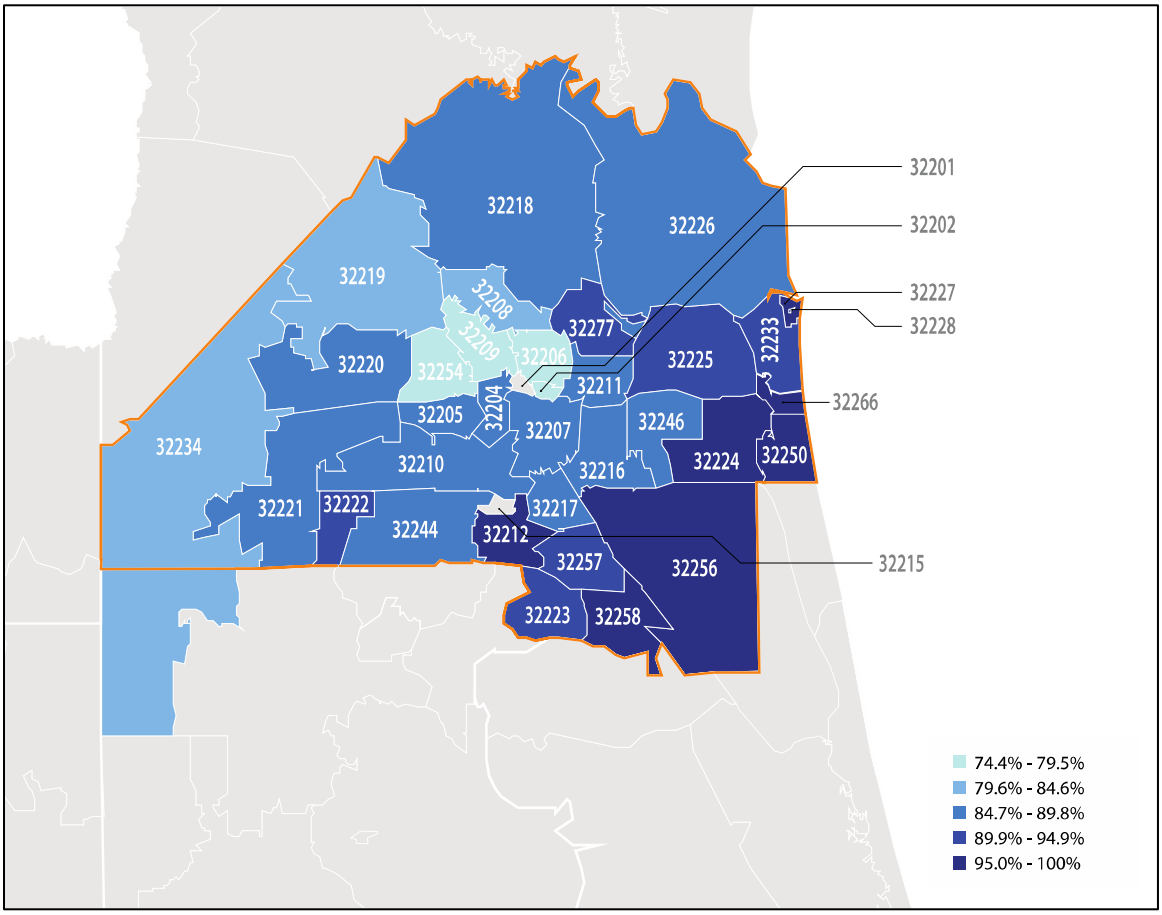
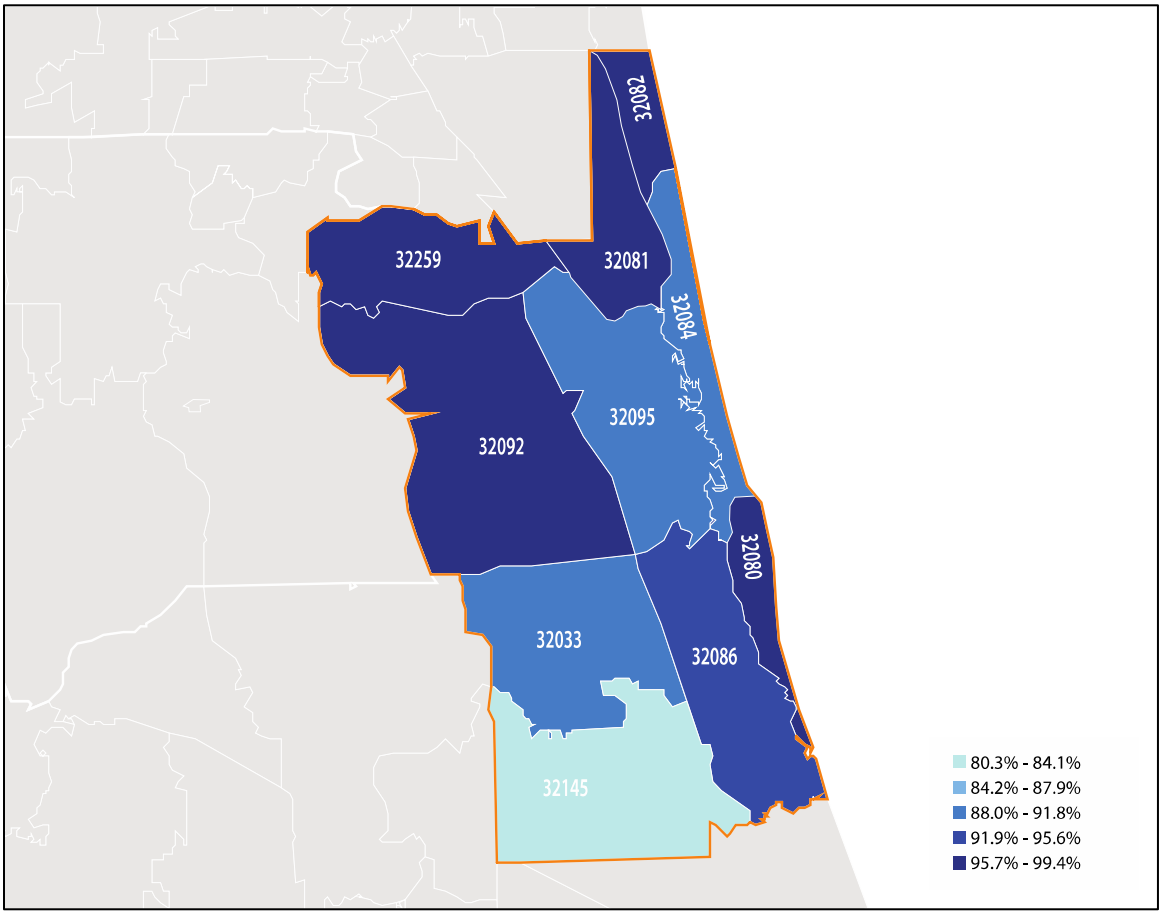


FIGURE 25. HIGH SCHOOL DEGREE ATTAINMENT BY ZIP CODE, 2012-2016 (ST. JOHNS)



SocioNeeds Index

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

Within the Northeast Florida Region, ZIP codes are ranked based on their index value to identify the relative levels of need, as illustrated by Figure 26 and Figure 27. Compared to all ZIP codes in the region, the following codes in Duval and St. Johns counties had the highest level of socioeconomic need (as indicated by the darkest shade of blue): 32209, 32254, 32206, 32202, 32208, 32227, 32212, 32211 and 32234 in Duval County, and 32145 in St. Johns County.

FIGURE 26. SOCIONEEDS INDEX FOR MAYO CLINIC'S FLORIDA CAMPUS SERVICE AREA (DUVAL)

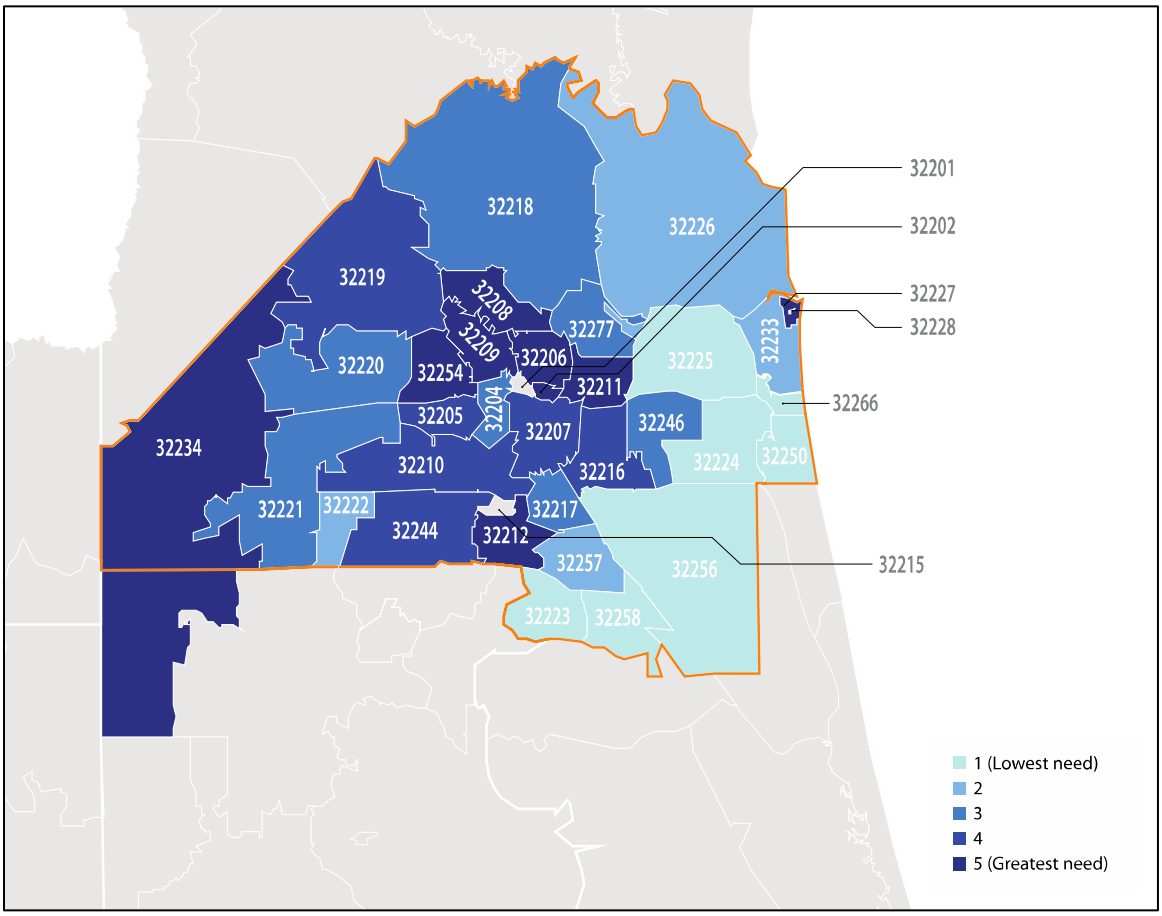
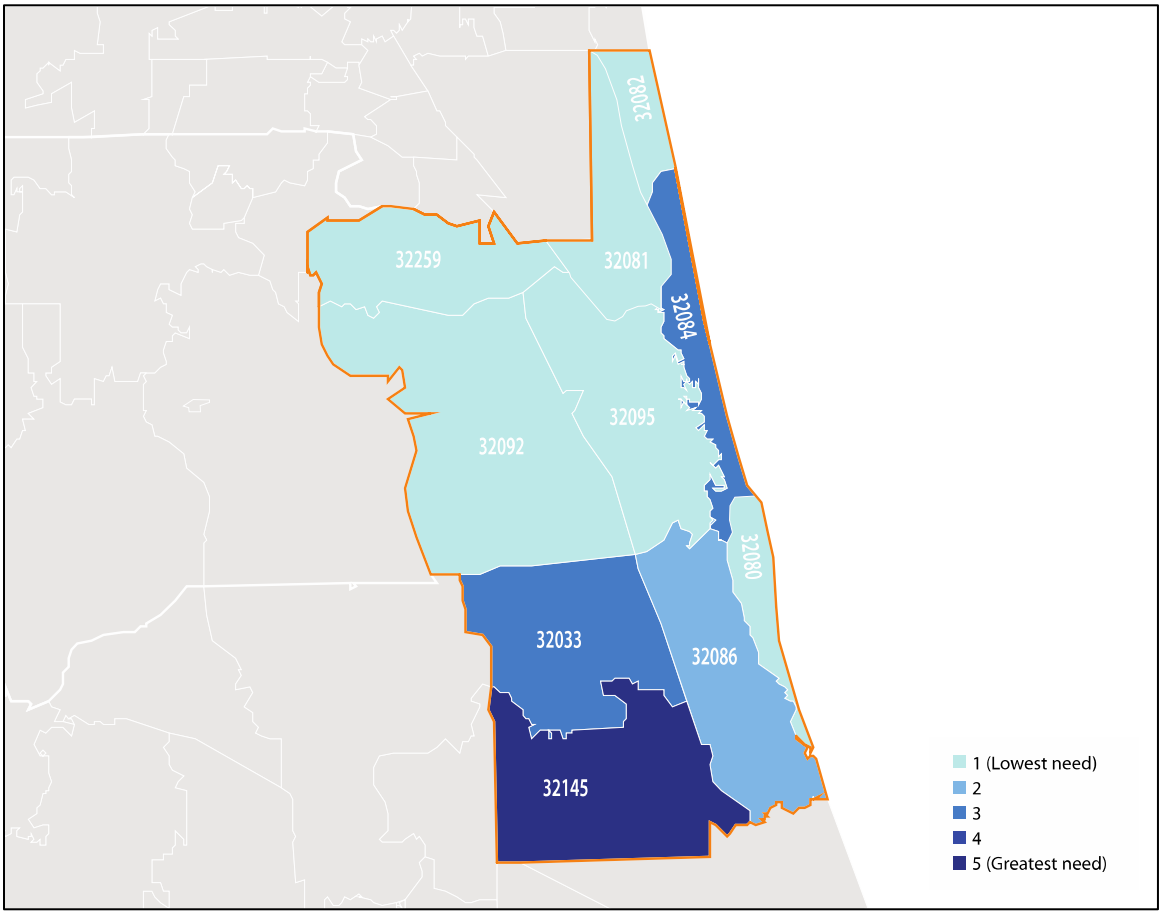


FIGURE 27. SOCIONEEDS INDEX FOR MAYO CLINIC'S FLORIDA CAMPUS SERVICE AREA (ST. JOHNS)



Assessing the Needs of the Community

Community Input

The primary data used in this assessment consists of key informant interviews conducted by phone by HCI, focus group discussions facilitated by HCI and the Partnership and a community survey distributed through online and paper.

Key Informant Interviews

TABLE 15. NUMBER OF KEY INFORMANT INTERVIEWS BY COUNTY

Duval	St. Johns	Northeast Florida Region
21	3	8

Thirty-two key informant interviews were conducted by phone from March 13, 2018 through April 23, 2018. Participants were selected for their knowledge about community health needs, barriers, strengths and opportunities, including the needs of vulnerable and underserved populations, as required by IRS regulations. People with public health expertise; the ability to speak on the needs of low-income, underserved or minority populations; and the ability to speak on the broad interests of the community were asked to participate. Of the 32 key informant interviews conducted, 24 were with community experts who either served or represented underserved communities.

Interviews were transcribed and analyzed using the qualitative analytic tool Dedoose[1]. Interview excerpts were coded by relevant topic areas and key health themes. The frequency with which a topic area was discussed across key informant interviews was used to assess the relative importance of the need in the community. Figure 28 displays a word cloud of coded themes from the key informant interviews. Words or phrases that appear larger signify greater importance, according to key informants.

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

FIGURE 28. COMMON THEMES FROM KEY INFORMANT INTERVIEWS

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

See Appendices B1 and B2 for lists of interview questions and participating organizations.

Focus Groups

Twenty-two focus groups with 212 participants were facilitated by HCI or by the Partnership from March 28, 2018 through April 25, 2018. Participants were selected for their knowledge about community health needs and barriers. The focus groups were split almost evenly into two categories: focus groups of hospital staff associated with the Florida campus and focus groups of community members with wide backgrounds, including persons with disabilities, veterans, persons of limited income, communities of color, faith communities and more. Of the 22 focus groups conducted, 10 included community members of underserved communities or community advocates for underserved communities.

Focus groups were transcribed and analyzed by common theme. The frequency with which a topic area was discussed within and across focus groups was used to assess the relative importance of the need in the community. Figure 29 displays a word cloud of coded themes from focus group transcripts. Words or phrases that appear larger signify greater importance, according to focus group participants.

FIGURE 29. COMMON THEMES FROM FOCUS GROUPS

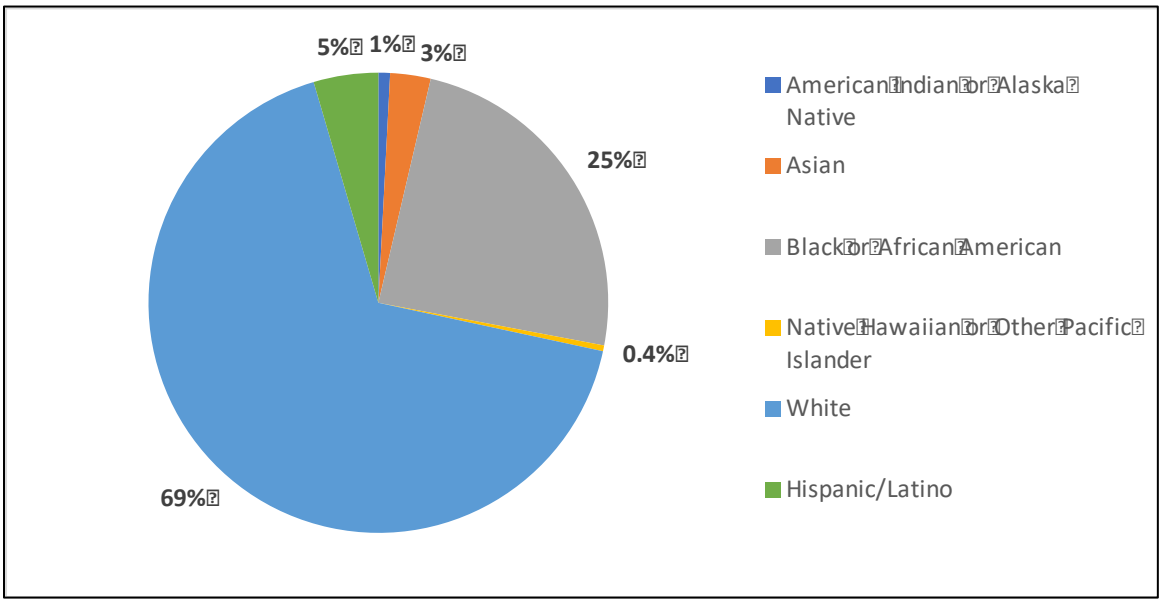
The five most common issues from the focus groups were related to Access to Health Services, Mental Health & Mental Disorders, Low-Income/Underserved, Transportation and Economy.

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

Community Survey

The community survey was primarily distributed online through SurveyMonkey® from March 26, 2018 through April 16, 2018. The survey was also made available on paper, although paper distribution was limited. The survey elicited responses from 790 community members in Duval and St. Johns counties. As a convenience sample survey, the results are not representative of the community population as a whole. Another limitation is the survey was made available only in English. Figure 30 breaks down the percentage of survey participants by race/ethnicity for all 971 responses across the five-county region.

FIGURE 30. SURVEY PARTICIPANTS BY RACE/ETHNICITY



Survey respondents were asked about their views on the community's health needs, barriers and most impacted populations. As seen in Figure 31, respondents ranked Mental Health and Mental Disorders, Heart-Related Diseases and Obesity/Overweight as the top three most-pressing health needs in the Duval and St. Johns counties' service area, with 64%, 56% and 55% of respondents, respectively, listing those topic areas as top health needs. Substance Abuse was also ranked as a top need by over half of survey participants.

In terms of social determinants of health, Figure 32 shows that two-thirds of survey respondents ranked Access to Health Services as one of the most impactful conditions of life. Transportation, Diet and Food, and Housing were the next three most-selected social determinants by survey participants.

FIGURE 31. MOST-PRESSING HEALTH NEEDS ACCORDING TO SURVEY PARTICIPANTS

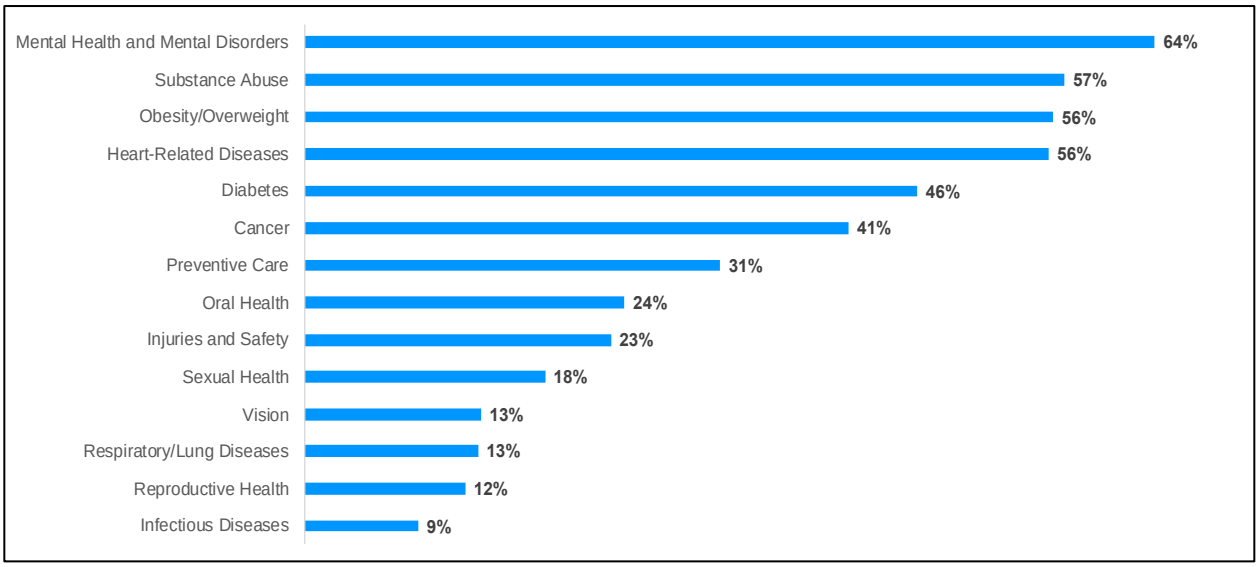
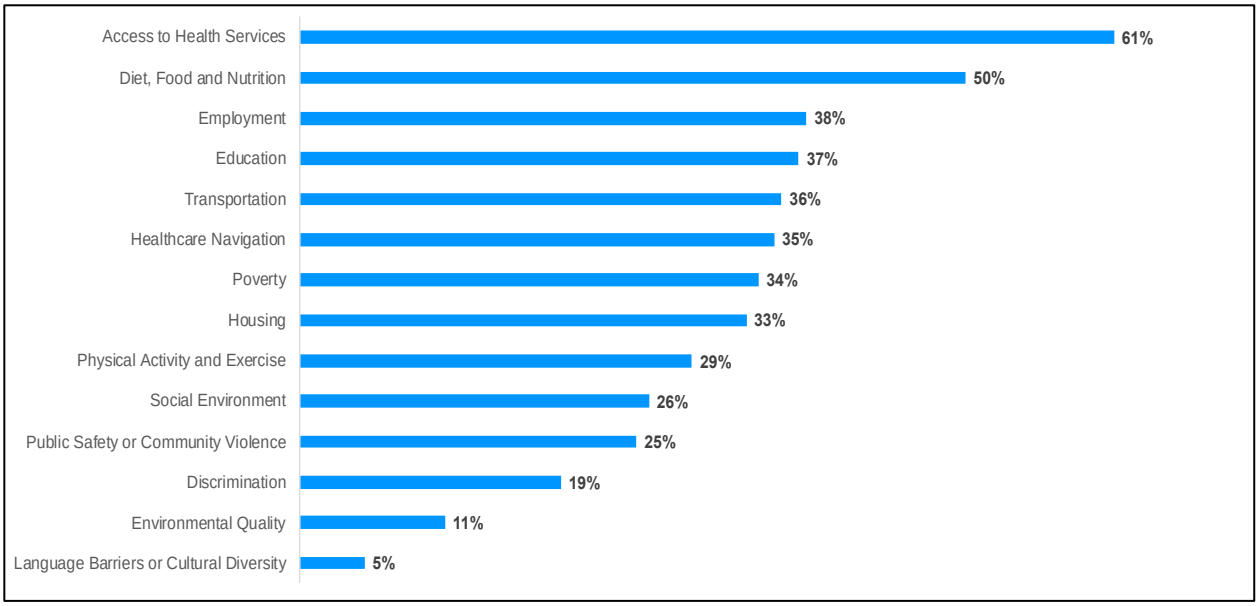


FIGURE 32. MOST-IMPACTFUL CONDITIONS OF LIFE ACCORDING TO SURVEY PARTICIPANTS



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

Process and Methods

Overview

Two types of data were used in this assessment: primary and secondary. Primary data was collected for the purposes of this community assessment through interviews, group discussions and a survey. Secondary data are health-indicator data already collected by public sources, such as government health departments. Each type of data was analyzed using a unique methodology. Findings were organized by health and quality-of-life topics and synthesized for a comprehensive overview of the health needs in the service area for Mayo Clinic's Florida campus.

Primary Data Methods & Analysis

The primary data used in this assessment consists of key informant interviews conducted by phone by HCI, focus group discussions facilitated by HCI and the Partnership and a community survey distributed online and on paper.

Secondary Data Methods & Analysis

Secondary data used for this assessment was collected and analyzed from HCI's community indicator database. The database, maintained by researchers and analysts at HCI, includes more than 150 community indicators from 29 state and national data sources, such as Florida Department of Health, Florida Behavioral Risk Factor Surveillance System and American Community Survey. HCI carefully evaluates sources based on the following criteria: the source has a validated methodology for data collection and analysis; scheduled, regular publication of findings; and data values for small geographic areas, such as counties and postal codes,

available for all county-level locations in Florida or the U.S. as appropriate for the source's geographic area of coverage.

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

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

- **Health**
  - Access to health services
  - Cancer
  - Children's health
  - Diabetes
  - Disabilities
  - Environmental & occupational health
  - Exercise, nutrition & weight
  - Family planning
  - Heart Disease & stroke
  - Immunizations & infectious diseases
  - Maternal, fetal & infant health
  - Men's health
  - Mental health & mental disorders
  - Older adults & aging
  - Oral health
  - Other chronic diseases
  - Prevention & safety
  - Respiratory diseases
  - Substance abuse
  - Teen & adolescent health
  - Women's health
- **Quality of life**
  - Economy
  - Education
  - Environment
  - Government & politics
  - Public safety
  - Social environment
  - Transportation

Secondary Data Scoring

Health needs, as shown in the secondary data, were ranked using HCI's Data Scoring Tool®. Indicator values for the service area of Mayo Clinic's Florida campus were compared to other Florida and other U.S. counties to determine relative need. Other considerations in weighing relative areas of need included comparisons to Florida state and national values, trends over time, and Healthy People 2020 targets (as applicable). These indicator comparisons were given

a score ranging from 0 to 3, where 0 indicates the best outcome and 3 the worst, shown in Figure 33. Availability of each type of comparison varies by indicator and is dependent on the data source, comparability with data collected for other communities, and changes in methodology over time. The comparison scores were summarized for each indicator; indicators were then grouped into topic areas for a systematic ranking of community health needs, illustrated in Figure 34.

FIGURE 33. INDICATOR SCORE RANGE

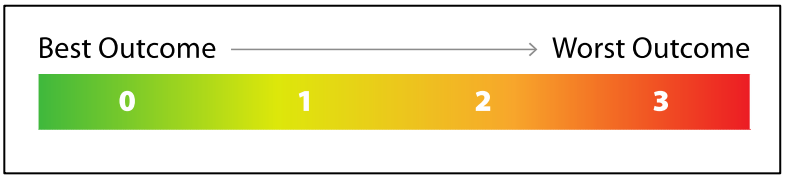
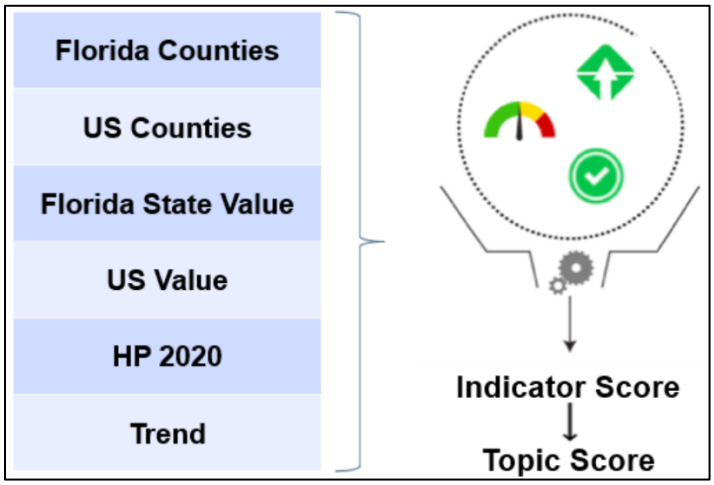


FIGURE 34. SUMMARY OF TOPIC SCORING ANALYSIS



See Appendix C2 for the detailed methodology of HCI's Data Scoring Tool®, including the Mann-Kendall statistical test for trend methodology.

Table 16 shows the health-topic scoring results for the Florida campus' service area, with prevention & safety as the poorest performing health topic for the service area.

TABLE 16. DATA SCORING RESULTS FOR MAYO CLINIC'S FLORIDA CAMPUS SERVICE AREA

Prevention & safety	1.85
Other chronic diseases	1.71
Cancer	1.68
Older adults & aging	1.67
Environmental & occupational health	1.67
Immunizations & infectious diseases	1.58
Men's health	1.58
Mortality data	1.55
Respiratory diseases	1.53
Women's health	1.50

Please see Appendix C3 for comprehensive indicator data scoring results for Duval and St. Johns counties.

Index of Disparity

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

External Data Reports

Finally, several health topics were supplemented with data collected from previously published reports. This additional content wasn't included in secondary data scoring due to the limited number of comparisons possible, but appears in the narrative of this report for context and enrichment.

Data Synthesis Method

While this report focuses on the service area for Mayo Clinic's Florida campus, the data synthesis and prioritization were conducted to encompass the entire Partnership service area (Baker, Clay, Duval, Nassau and St. Johns counties). Considering the broader geographic area

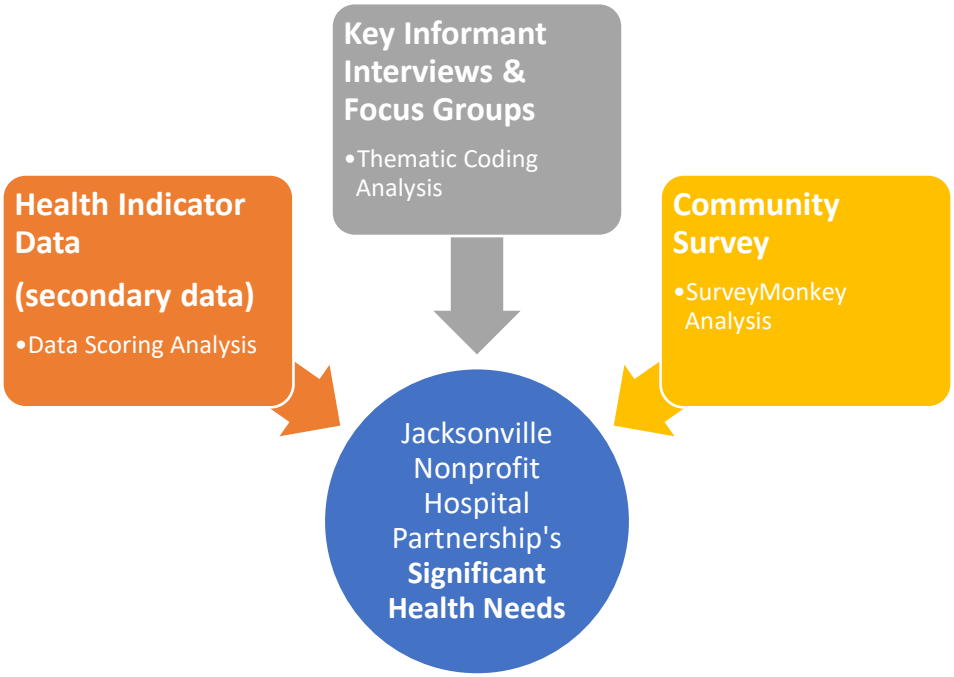
[2] Pearcy JN, Keppel KG. A summary measure of health disparity. Public Health Reports. 2002;117(3):273-280.

was designed to achieve collective impact on improving outcomes for the entire Northeast Florida region, using the resources and expertise of each hospital.

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

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

FIGURE 35. VISUAL REPRESENTATION OF SYNTHESIS OF PRIMARY & SECONDARY DATA



The top health needs identified from each data source were analyzed for areas of overlap with the other data sources. Many of these need areas are interconnected, as well as being present across multiple data sources. The most-significant health needs for the service area were then determined through this overlap analysis. If a topic appeared as a need in more than one data source, then it was considered to be significant for the community. This synthesis method was used to ensure a representative and accurate picture of the community's needs, which necessitates accounting for many forms of data. The identified significant health needs, listed in Table 17 were then used for prioritization.

The significant health need of access refers to access issues across the spectrum of both health and quality-of-life topics, including access to health services, transportation, housing and nutritious food. Access issues were compiled because of their impact on health behaviors and outcomes. Due to the interplay between mental health and substance abuse, these health issues were categorized together as behavioral health. Although many of these health topics may include health disparities, due to significant and consistent findings in disparities of vulnerable populations in both secondary and primary data, disparities emerged as a separate category to emphasize the unique needs of these populations.

TABLE 17. JACKSONVILLE NONPROFIT HOSPITAL PARTNERSHIP'S SIGNIFICANT HEALTH NEEDS

• Access (includes health care, transportation, housing, nutrition)	• Cancer	• Poverty
• Behavioral health	• Diabetes	• Respiratory diseases
• Built environment & safety	• Heart disease	• Sexual health
	• Maternal, fetal & infant health	• Social environment
	• Obesity & physical activity	• Vulnerable populations

Data Considerations

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

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

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

Race/Ethnic Groupings

The secondary data presented in this assessment comes from multiple sources, which may present race and ethnicity breakout data using dissimilar nomenclature. For consistency with the data source, subpopulation data throughout the report may use different terms to describe the same or similar groups of community members. Table 18 shows the various terms used by the data sources and may be used in this report to describe data findings.

TABLE 18. RACE AND ETHNIC BREAKOUT TERMS

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

ZIP Codes and ZIP Code Tabulation Areas

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

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

Addressing the Needs of the Community

Identified Health Needs

Access

FIGURE 36. FACTORS RELATED TO ACCESS

Throughout the data collection process, it was clear that "access" carries many different meanings. Figure 37 shows those identified as influencing factors for Mayo Clinic's service area in Florida for primary and secondary data collection and analysis. Most of the discussion around access focused on health services. However, reliable transportation, proper nutrition and safe and affordable housing emerged as issues that also impact access to health care. These issues ultimately informed the prioritization-session discussion and the decision to prioritize access with an emphasis on each of them. The following section will dive into these issues within access as they relate to the primary and secondary data.

Key Issues

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

Access to Health Services

Secondary Data

Secondary data showed that, while Duval County and St. Johns County both have a higher percentage of adults with a usual source of health care than the overall state average, both counties fail to meet the Healthy People 2020 target of 89.4% of adults who have at least one person they think of as their personal doctor or health care provider. In addition, the percentage of adults and children in Duval County with health insurance was found to be lower than the U.S. average. In particular, only has 84.3% of its adult population has health insurance, while St. Johns County has a much higher rate of adult coverage, at 89.4%.

In St. Johns County, the rate of dentists per 100,000 people was lower than the state and national rates, signifying a lack of providers, while in Duval County, nearly 20% of adults did not see a dentist within the past year due to the cost. Table 19 shows the results of analysis done to identify specific indicators of concern for the service area.

TABLE 19. ACCESS TO HEALTH SERVICES INDICATORS*

Indicator	FL Value	County	County Value	County Data Score	FL Counties	FL Value	US Counties	US Value	HP2020	Trend
Adults who did not visit a dentist due to cost [8] (2007)		Duval	19.8%	1.42	1					
		St. Johns	10.1%	1.25	0					
Adults with health insurance [1] (2016)	81.6%	Duval	84.3%	1.56	0	1	3	2	3	1
		St. Johns	89.4%	1.22	0	1	2	1	3	1
Adults with a usual source of health care [8] (2016)	72.0%	Duval	75.0%	1.75	2	1		2	3	
		St. Johns	78.5%	1.42	1	1		1	3	
Children with health insurance [1] (2016)	93.8%	Duval	95.0%	1.22	1	1	2	2	2	0
		St. Johns	97.1%	0.94	0	1	1	1	2	1
Clinical care ranking [4] (2018) * *according to the County Health Rankings*		Duval	13	1.25	0					
		St. Johns	2	1.25	0					
Dentist rate [4] (2016) **dentists/100,000 population*	57.7	Duval	78.9	0.17	0	0	0	0		0
		St. Johns	51	1.5	1	3	1	3		0
Non-physician primary care provider rate [4] (2017) * *providers/100,000 population*	87.8	Duval	137.4	0.17	0	0	0	0		0
		St. Johns	58.3	2.06	2	3	2	3		1
Median monthly Medicaid enrollment [7] (2017) **enrollments/100,000 population*	19,607.4	Duval	22171.3	1.83	2	3				1.5
		St. Johns	9037.3	0.89	0	0				1
Persons with health insurance [25] (2016)	84.60%	Duval	87.2%	1.08	0	1	2		3	0
		St. Johns	90.4%	0.81	0	1	1		2	0

Indicator	FL Value	County	County Value	County Data Score	FL Counties	FL Value	US Counties	US Value	HP2020	Trend
Primary care provider rate [4] (2015) *providers/100,000 population	72.7	Duval	85.5	0.39	0	0	0	0		1
		St. Johns	90.5	0.39	0	0	0	0		1

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

[1] American Community Survey
[4] County Health Rankings
[7] Florida Agency for Healthcare Administration
[8] Florida Behavioral Risk Factor Surveillance System
[25] Small Area Health Insurance Estimates

The Health Resources and Services Administration (HRSA) has designated areas, populations and facilities having a shortage of primary care, dental and mental health providers and services. There are many of these designations in Mayo Clinic's service area in Florida. Medically Underserved Areas (MUAs) and Medically Underserved Populations (MUPs) are geographic areas and populations that lack access to primary care services. Several sub-county areas in Duval County have been designated as MUAs.

TABLE 20. MEDICALLY UNDERSERVED AREAS AND POPULATIONS

County Name	Service Area Name	Designation Type	Geographic Area
Duval	Duval Service Area	Medically Underserved Area (MUA)	CT 0138.00,CT 0139.01,CT 0139.02,CT 0139.05,CT 0139.06,CT 9900.00
Duval	Duval Service Area	MUA	CT 0142.03,CT 0142.04,CT 9900.00
Duval	Duval Service Area	MUA	CT 0142.02,CT 9900.00
Duval	Duval Service Area	MUA	CT 0163.00
Duval	Low Income - North Jacksonville	Medically Underserved Population - Low Income	CT 0001.00,CT 0002.00,CT 0003.00,CT 0011.00,CT 0012.00,CT 0013.00,CT 0014.00,CT 0015.00,CT 0016.00,CT 0028.01,CT 0028.02,CT 0029.01,CT 0029.02,CT 0104.01,CT 0104.02,CT 0107.00,CT 0108.00,CT 0109.00,CT 0110.00,CT 0111.00,CT 0112.00,CT 0113.00,CT 0114.00,CT 0115.00,CT 0116.00,CT 0172.00,CT 0174.00

[12] Health Resources and Services Administration

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

TABLE 21. HEALTH PROFESSIONAL SHORTAGE AREAS AND POPULATIONS

County Name	Designation Type	Geographic Area	Primary Care	Dental Health	Mental Health
Duval	Population - Low Income (PLI) - Atlantic Beach	CT 0138.00, CT 0139.01, CT 0139.02, CT 0139.04	x	x	
Duval	PLI - Baldwin	CT 0137.21, CT 0137.23, CT 0173.00	x	x	
Duval	PLI - East Jacksonville	CT 0143.11, CT 0144.01, CT 0145.00, CT 0150.02, CT 0151.00, CT 0152.00, CT 0154.00, CT 0155.01, CT 0155.02, CT 0158.02	x	x	
Duval	PLI - Jacksonville	CT 0001.00, CT 0010.00, CT 0102.01, CT 0102.02, CT 0103.01, CT 0103.03, CT 0103.04, CT 0104.01, CT 0104.02, CT 0105.00, CT 0107.00, CT 0108.00, CT 0109.00, CT 0011.00, CT 0110.00, CT 0111.00, CT 0112.00, CT 0113.00, CT 0114.00, CT 0115.00, CT 0116.00, CT 0012.00, CT 0013.00, CT 0014.00, CT 0147.01, CT 0147.02, CT 0148.00, CT 0015.00, CT 0153.00, CT 0156.00, CT 0016.00, CT 0172.00, CT 0174.00, CT 0002.00, CT 0028.01, CT 0028.02, CT 0029.01, CT 0029.02, CT 0003.00		x	

County Name	Designation Type	Geographic Area	Primary Care	Dental Health	Mental Health
Duval	PLI - North Jacksonville	CT 0001.00, CT 0010.00, CT 0104.01, CT 0104.02, CT 0107.00, CT 0108.00, CT 0109.00, CT 0011.00, CT 0110.00, CT 0111.00, CT 0112.00, CT 0113.00, CT 0114.00, CT 0115.00, CT 0116.00, CT 0012.00, CT 0013.00, CT 0014.00, CT 0148.00, CT 0015.00, CT 0016.00, CT 0172.00, CT 0174.00, CT 0002.00, CT 0028.01, CT 0028.02, CT 0029.01, CT 0029.02, CT 0003.00	x		
Duval	PLI - South Jacksonville	CT 0153.00, CT 0156.00, CT 0157.00, CT 0160.00, CT 0161.00, CT 0162.00, CT 0163.00, CT 0166.01, CT 0006.00, CT 0008.00	x		
Duval	PLI - South Jacksonville	CT 0157.00, CT 0161.00, CT 0162.00, CT 0163.00, CT 0166.01, CT 0006.00, CT 0008.00		x	
Duval	PLI - West Jacksonville	CT 0117.00, CT 0118.00, CT 0119.01, CT 0120.00, CT 0121.00, CT 0122.00, CT 0123.00, CT 0124.00, CT 0125.00, CT 0126.01, CT 0126.02, CT 0127.02, CT 0127.03, CT 0127.04, CT 0128.00, CT 0129.00, CT 0133.00, CT 0134.02, CT 0134.03, CT 0134.04, CT 0135.21, CT 0135.22, CT 0171.00, CT 0025.01, CT 0025.02, CT 0026.00, CT 0027.01, CT 0027.02		x	
Duval	PLI - West Jacksonville	CT 0117.00, CT 0118.00, CT 0119.01, CT 0119.02, CT 0119.03, CT 0120.00, CT 0121.00, CT 0122.00, CT 0123.00, CT 0124.00, CT 0125.00, CT 0126.01, CT 0126.02, CT 0127.02, CT 0127.03, CT 0127.04, CT 0128.00, CT 0129.00, CT 0133.00, CT 0134.02, CT 0134.03, CT 0134.04, CT 0135.21, CT 0135.22, CT 0171.00, CT 0025.01, CT 0025.02, CT 0026.00, CT 0027.01, CT 0027.02	x		
Duval	Low Income-Northwest Duval County	Baldwin CCD, Jacksonville North CCD, Jacksonville West CCD			x
Duval	Low Income-Southeast Duval County	Jacksonville Beaches CCD, Jacksonville East CCD			x
County Name	**Designation Type**	**Geographic Area**	**Primary Care**	**Dental Health**	**Mental Health**

St. Johns	Population - Low Income (PLI) - Western St. Johns	CT 00202.CT 00, CT 00203.CT 00, CT 00204.CT 00, CT 00209.01, CT 00209.02, CT 00210.02, CT 00210.03, CT 00210.04, CT 00211.01, CT 00211.02, CT 00211.03, CT 00212.03, CT 00212.04, CT 00213.01	x	x	
St. Johns	Population - Geographic	Entire county			x

[13] Health Resources and Services Administration

There are three comprehensive health centers across Duval and St. Johns counties designated as HSPA Points.

TABLE 22. HEALTH PROFESSIONAL SHORTAGE AREA POINTS

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

[13] Health Resources and Services Administration

Primary Data

Community input from key stakeholders and community members revealed that access to health services is at the forefront of the community's mind. Access to health services was the most commonly discussed topic at all key informant interviews and focus group discussions. Community survey respondents also ranked access to health services as the most important and pressing social determinant of health in the service area, with over half of respondents listing it as a condition of daily life that has the most impact on the community. More than 80% of respondents said they or someone they know has delayed seeking health care in the past year due to cost.

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

income level plays a critical role in access, since many people in the service area are in day-to-day survival mode and spending their limited funds on health care is not always possible.

Primary data results also showed that access to oral health and mental health services, in particular, is very limited, with a lack of providers and enhanced expenses. Many key informants discussed wait lists for some mental health services, as well as the added expense for dental care, which affects those with limited or no health insurance coverage. Sixty percent of community survey respondents said they know someone who delayed seeking health care due to wait times or limited appointment availability.

Access to Proper Nutrition

Secondary Data

Access to proper nutrition was qualified as an influencing factor in the ability to access health services. Food insecurity means being without reliable access to a sufficient quantity of affordable, nutritious food. According to the secondary data, food insecurity arose as a concern for Duval County. The Child Food Insecurity Rate and the overall Food Insecurity Rate are both higher for Duval (23.3% and 20.0%) compared to the state of Florida (20.7% and 15.1%) and the U.S. (19.3% and 12.9%). Although St. Johns County did not have as high a rate of food insecurity or child food insecurity, approximately 52% food-insecure children are not income-eligible for federal nutrition assistance.

Access to a grocery store affects individual nutrition and overall health. As illustrated in the secondary data, more than one-quarter of residents in Duval and St. Johns counties have low access to a grocery store. Table 23 shows secondary data indicators related to nutrition accessibility.

TABLE 23. NUTRITION RELATED INDICATORS*

Indicator	FL Value	County	County Value	County Data Score	FL Counties	FL Value	US Counties	US Value	HP2020	Trend
Child food insecurity rate [6] (2015)	22.70%	Duval	23.2%	1.94	1	2	2	3		2
		St. Johns	18.8%	0.72	0	0	1	1		1
Children with low access to a grocery store [28] (2018)		Duval	6.1%	1.67	2		2			
		St. Johns	5.3%	1.67	2		2			
Food Environment Index [4] (2018) *Assessment of food environment, according to County Health Rankings*	6.7	Duval	6.3	2.44	3	2	3	3		2
		St. Johns	7.8	0.72	0	0	1	1		1

Indicator	FL Value	County	County Value	County Data Score	FL Counties	FL Value	US Counties	US Value	HP2020	Trend
Food insecure children likely ineligible for assistance [6] (2015)	29.0%	Duval	29.0%	1.22	2	1	2	0		1
		St. Johns	52.0%	2.39	3	3	3	3		1
Food insecurity rate [6] (2015)	15.1%	Duval	20.0%	2.61	3	3	3	3		2
		St. Johns	12.8%	0.83	0	0	1	1		1.5
Households with no car and low access to a grocery store [28] (2015)		Duval	1.7%	1	0		0			
		St. Johns	2.4%	1.33	1		1			
People 65+ with low access to a grocery store [28] (2015)		Duval	2.5%	1.33	1		1			
		St. Johns	4.3%	1.67	2		2			
People with low access to a grocery store [28] (2015)		Duval	24.7%	1.67	2		2			
		St. Johns	25.4%	1.67	2		2			

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

[4] County Health Rankings
[6] Feeding America
[8] Florida Behavioral Risk Factor Surveillance System
[28] U.S. Department of Agriculture - Food Environment Atlas

Primary Data

The topic of diet, food and nutrition was confirmed by 50% of community survey participants to be one of the most impactful conditions on health. Across key informant interviews and focus groups, discussions focused on how inaccessibility to healthy foods affects the ability to manage health and chronic disease. Multiple key informants cited that families often have to make difficult choices when it comes to spending their income, and they will often have to choose between putting food on the table and getting their health care needs met, particularly in Duval County.

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

Access to Safe & Affordable Housing

Secondary Data

According to the secondary data, both Duval County and St. Johns counties have median household gross rent higher than the U.S. median of $949. High housing and rent costs often prevent individuals from being able to afford secure and acceptable housing or other expenses, such as their health care costs. In the two counties, the median household gross rent has

increased in Duval from $48,323 for the four-year period of 2009-2013 to $49,196 from 2012-2016 and St. Johns from $64,876 from 2009-2013 to $69,523 from 2012-2016. Over half the population of Duval County spends at least 30% of household income on rent, while just short of half do in St. Johns County.

TABLE 24. HOUSING RELATED INDICATORS*

Indicator	FL Value	County	County Value	County Data Score	FL Counties	FL Value	US Counties	US Value	HP2020	Trend
Home ownership [1] (2012-2016)	52.30%	Duval	50.3%	2.67	3	2	3	3		3
		St. Johns	63.7%	0.67	0	0	1	0		1.5
Median household gross rent [1] (2012-2016)	$1,032	Duval	$962	1.92	2	1		2		3
		St. Johns	$1,150	2.58	3	3		3		3
Median housing unit value [1] (2012-2016)	$166,800	Duval	$146,400	2.03	1	3		3		2
		St. Johns	$259,900	0.64	0	0		0		1
Median monthly owner costs for households without a mortgage [1] (2012-2016)	$466	Duval	$445	1.08	2	1		1		0
		St. Johns	$490	1.81	3	2		2		1
Mortgaged owners' median monthly household costs [1] (2012-2016)	$1,422	Duval	$1,337	0.92	2	1		0		0
		St. Johns	$1,746	1.92	3	3		3		0

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

[1] American Community Survey

Primary Data

Homelessness was discussed in 14 key informant interviews and seven focus groups as an issue in the service area. Key informants mentioned that for homeless individuals, access to resources and health services is a challenge. Housing and rental costs also were mentioned as reasons an individual may forego health services.

Key informants mentioned there is a mental health crisis in the homeless population, and there aren't enough providers available to see those patients. Focus group participants cited that homeless individuals who receive housing support often end up on the streets again because they aren't able to maintain their mental health or other medical issues.

Behavioral Health (Mental Health & Substance Abuse)

Key Issues

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

Secondary Data

Secondary data showed that alcohol use affected health in multiple ways in Duval and St. Johns counties. The percentage of adults who drink excessively in the service area exceeds the Florida state average. A problem with teen alcohol use is also seen in St. Johns County. In Duval County, the death rate due to drug poisoning is much higher than both the Florida and U.S. rates. Across the whole service area, the percentage of adults who smoke and the age-adjusted death rate due to suicide are greater than the Healthy People 2020 targets of 12% and 10.2%, respectively.

The suicide death rate is higher in both Duval and St. Johns counties than the Healthy People 2020 target. The St. Johns value of 16.2 deaths per 100,000 people also exceeds the overall Florida state value with a data score above 1.50. In addition to suicide, depression among seniors is an emerging issue for the region. Duval County has seen steadily rising rates of depression in the Medicare population over four periods of measurement from 2012 to 2015, with each year having a higher percentage of depression than the last. St. Johns County has seen a similar rise year after year from 2013 to 2015 (Table 25).

The death rate due to drug poisoning rose in Duval and St. Johns counties from the rate measured in 2013-2015 to that for 2014-2016. Duval County has seen the biggest spike in recent years, with the rate jumping from 17.1 deaths per 100,000 people in 2013-2015 to 26.2 deaths per 100,000 during 2014-2016. The death rate for Duval County for the current period also exceeds the overall Florida state rate.

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

TABLE 25. BEHAVIORAL HEALTH INDICATORS, TREND DATA

Depression: Medicare Population[3]				
	2012	2013	2014	2015
Duval County	16.4%	16.9%	17.5%	18.2%
St. Johns County	13.7%	13.5%	14.0%	14.4%

[3] Centers for Medicare and Medicaid Services

Additional analysis was done to determine all indicators of particular concern in the service area. Table 26 shows all behavioral health indicators.

TABLE 26. BEHAVIORAL HEALTH INDICATORS*

Indicator	FL Value	County	County Value	County Data Score	FL Counties	FL Value	US Counties	US Value	HP2020	Trend
Adults who drink excessively [8] (2016)	17.5%	Duval	19.4%	1.83	3	3			0	
		St. Johns	20.1%	1.83	3	3			0	
Adults who smoke [8] (2016)	15.5%	Duval	18.5%	2.08	2	3		2	3	
		St. Johns	12.2%	0.81	0	0		0	2	
Age-adjusted death rate due to suicide [17] (2016) *deaths/100,000 population*	14.2	Duval	13.3	1.42	1	1		1	3	1.5
		St. Johns	16.2	2.14	2	3		3	3	1
Alcohol-Impaired driving deaths [4] (2012-2016)	26.4%	Duval	31.8%	1.89	2	3	2	2		1
		St. Johns	23.8%	0.5	0	1	1	0		0
Alzheimer's disease or dementia: Medicare population (2015)	11.7%	Duval	11.3%	2.11	2	1	3	3		2
		St. Johns	9.3%	0.89	0	0	2	1		1
Death rate due to drug poisoning [4] (2014-2016) *deaths/100,000 population*	17.4	Duval	26.2	2.61	3	3	3	3		2
		St. Johns	12.2	0.61	0	0	0	0		2
Depression: Medicare population [3] (2015)	17.5%	Duval	18.2%	2.17	2	2	2	2		3
		St. Johns	14.4%	0.78	0	0	1	0		2
Driving under the influence arrest rate [19] (2016) *arrests/100,000 population*	173.9	Duval	189.2	1.56	2	2				1
		St. Johns	134.4	1.06	1	0				1
Frequent mental distress [4] (2016)	11.9%	Duval	12.6%	1.33	1	2	2	0		
		St. Johns	10.8%	0.67	0	1	0	0		

Indicator			County Value	County Data Score	FL Counties	FL Value	US Counties	US Value	HP2020	Trend
Health behaviors ranking [4] (2018) **Ranking of the county in health behaviors according to the County Health Rankings*		Duval	41	1.58	2					
		St. Johns	6	1.25	0					
Teens who binge drink: High school students [21] (2016)	10.9%	Duval	7.1%	0.67	0	0				0
		St. Johns	10.5%	1.06	0	1				1
Teens who have used methamphetamines [21] (2016)	0.8%	Duval	0.9%	1.56	1	3				1
		St. Johns	0.4%	0.89	0	0				1
Teens who smoke: High school students [22] (2016)	3.0%	Duval	2.5%	0.5	0	0			0	0
		St. Johns	3.5%	1.17	1	3			0	0
Teens who use alcohol [21] (2016)	25.5%	Duval	24.4%	1	1	1				0
		St. Johns	28.3%	1.72	2	3				1
Teens who use marijuana: High school students [21] (2016)	17.0%	Duval	16.6%	1.22	1	1				1
		St. Johns	18.7%	1.56	2	2				1

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

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

The following data is from the 2017 Youth Risk Behavior Survey for Duval County Middle and High School Students. In 2017, 28.6% of middle school students report lifetime alcohol use, a 21% decrease since 2013.[3] Similar patterns are seen among Duval County high schools; lifetime alcohol use has decreased from 65.2% in 2011 to 53.3% in 2017.[4] Current alcohol use was more common among female students (28.3%) than male students (22.6%), and more common among lesbian, gay and bisexual students (40.5%). Of middle school students, 13.8% report marijuana use at least once in their lifetime. The 2017 report shows there is a 30% increase

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

since 2015 in the percentage of middle school students who have used synthetic marijuana (6.1%). Approximately 25% of Duval County high school students report current marijuana use. Regarding misuse of prescription drugs, about one in 10 middle school students have used a prescription drug without a doctor's prescription at least once in their lifetime. Of particular concern in Duval County is illegal substance use by high school students. Of high school students, 4.9% have used methamphetamines at least once in their lifetime and 17.2% report current use of prescription drugs without a doctor's prescription. High school students in the county were more likely to have been offered, sold or given an illegal drug by someone on school property when compared to state figures (27.4% and 17.0%, respectively).

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

Regarding violence, suicide and safety behaviors, 43.4% of Duval County middle school students report being bullied on school property, a 12% increase since 2013.[5] Female middle school students (49.9%) were more likely to have been bullied than their male peers (37.3%). Of middle school students, 20.3% report ever having been electronically bullied. High school students experienced similar trends. During the last 30 days before the survey, approximately 19.9% of high school students in Dual County reported being bullied at school, which is higher than the state average (14.3%).[6]

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

Primary Data

Community survey respondents ranked mental health and mental disorders as the most-pressing health need in the service area, with substance abuse ranked as the fourth most

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

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

pressing. Of respondents, 64% and 55%, respectively, named these two topics as health issues most important to their community. Mental health and mental disorders was the second most commonly discussed topics in both key informant interviews and focus groups. Substance abuse was the ninth most discussed topic by key informants and the 10th most discussed topic by focus group participants.

Multiple key informants and focus group participants specifically discussed how Florida ranks in the bottom two of states in terms of state mental-health funding to communities. Florida as a whole does not put money toward mental health services, and this often results in limited availability and lower-quality treatment for those in need. It was discussed how there needs to be a strong push for policy advocacy directly related to mental health.

Primary data also showed another area of concern is the connection between physical and behavioral health issues and the problem of using substances to self-treat and self-medicate physical issues. The effect that mental health has on physical health was discussed; one example given was people struggling with depression are less likely to be worried about or able to stick to their diabetes treatment regimen. Primary data findings show that racism and poverty are key factors that contribute to mental health and mental disorders. Those who have experienced traumatic events or situations, or have faced oppression due to their race or economic status, are more likely to have poor mental-health outcomes. It was brought up that African Americans in Duval County have negative health disparities in this area.

In terms of substance abuse issues, key informants from Duval County discussed the connection between the opioid epidemic and other health issues or diseases. It was noted that the rates of opioid use and HIV incidence are rising together. Parental substance abuse and mental health issues also are affecting the physical and mental health of children, creating a group of young people growing up with health issues without the means to address them. This is one way in which behavioral health is both a structural and systemic issue. Multiple focus groups in Duval and St. Johns counties noted that mental health issues particularly affect veterans and homeless populations; more should to be done to provide these subgroups with the care and support they need.

Poverty

Key Issues

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

Secondary Data

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

County, with data scores of 1.67 and 1.00, respectively. Further analysis was done to determine the specific poverty-related indicators of most concern across the service area (Table 27).

TABLE 27. POVERTY-RELATED INDICATORS*

Indicator	FL Value	County	County Value	County Data Score	FL Counties	FL Value	US Counties	US Value	HP2020	Trend
Child food insecurity rate [6] (2015)	22.7%	Duval	23.2%	1.94	1	2	2	3		2
		St. Johns	18.8%	0.72	0	0	1	1		1
Children living below poverty level [1] (2012-2016)	23.3%	Duval	$0	1.94	1	2	2	3		2
		St. Johns	$0	0.39	0	0	0	0		1
Families living below poverty level [1] (2012-2016)	11.7%	Duval	12.7%	1.89	2	2	2	3		1
		St. Johns	5.9%	0.39	0	0	0	0		1
Female population 16+ in civilian labor force [1] (2012-2016)	54.3%	Duval	60.4%	1	0	0	0	1		3
		St. Johns	53.3%	2	1	2	2	2		3
Food insecure children likely ineligible for assistance [6] (2015)	29.0%	Duval	29.0%	1.22	2	1	2	0		1
		St. Johns	52.0%	2.39	3	3	3	3		1
Food insecurity rate [6] (2015)	15.1%	Duval	20.0%	2.61	3	3	3	3		2
		St. Johns	12.8%	0.83	0	0	1	1		1.5
Home ownership [1] (2012-2016)	52.3%	Duval	50.3%	2.67	3	2	3	3		3
		St. Johns	63.7%	0.67	0	0	1	0		1.5
Households with cash public assistance income [1] (2012-2016)	2.2%	Duval	2.8%	2.11	2	3	2	2		2
		St. Johns	1.6%	0.78	0	0	1	0		2
Low-Income and low access to a grocery store [28] (2015)		Duval	8.6%	1.67	2		2			
		St. Johns	6.6%	1.5	1		2			
Median household gross rent [1] (2012-2016)	$1,032	Duval	$962	1.92	2	1		2		3
		St. Johns	$1,150	2.58	3	3		3		3
Median household income [1] (2012-2016)	$48,900	Duval	$49,196	1.39	1	1	1	3		1
		St. Johns	$69,523	0.17	0	0	0	0		0
Median housing unit value [1] (2012-2016)	$166,800	Duval	$146,400	2.03	1	3		3		2
		St. Johns	$259,900	0.64	0	0		0		1

Indicator	FL Value	County	County Value	County Data Score	FL Counties	FL Value	US Counties	US Value	HP2020	Trend
Median monthly owner costs for households without a mortgage [1] (2012-2016)	$466	Duval	$445	1.08	2	1		1		0
		St. Johns	$490	1.81	3	2		2		1
Mortgaged owners median monthly household costs (2012-2016)	$1,422	Duval	$1,337	0.92	2	1		0		0
		St. Johns	$1,746	1.92	3	3		3		0
People 65+ living below poverty level [1] (2012-2016)	10.4%	Duval	10.1%	1.78	2	1	2	2		2
		St. Johns	6.1%	0.39	0	0	0	0		1
People living 200% above poverty level [1] (2012-2016)	62.7%	Duval	63.4%	1.22	1	1	1	2		1
		St. Johns	78.2%	0.17	0	0	0	0		0
People living below poverty level [1] (2012-2016)	16.1%	Duval	16.6%	1.56	1	2	2	2		1
		St. Johns	9.0%	0.39	0	0	0	0		1
Per capita income [1] (2012-2016)	$27,598	Duval	$27,235	1.17	1	2	1	2		0
		St. Johns	$38,362	0.17	0	0	0	0		0
Population 16+ in civilian labor force [1] (2012-2016)	58.5%	Duval	63.9%	1.11	0	1	1	1		2
		St. Johns	60.2%	1.5	0	1	1	2		3
Renters spending 30% or more of household income on rent [1] (2012-2016)	57.4%	Duval	50.1%	1.56	2	0	3	2		1
		St. Johns	47.9%	1.33	2	0	3	2		0
Severe housing problems [4] (2010-2014)	21.5%	Duval	20.1%	2.33	3	1	3	2		3
		St. Johns	16.6%	0.89	1	0	2	0		1
Social and economic factors ranking [4] (2018) **ranking of the county in social and economic factors according to the County Health Rankings*		Duval	32	1.42	1					
		St. Johns	1	1.25	0					
Total employment change [27] (2014-2015)	4.5%	Duval	0.2%	2.33	3	3	2	3		
		St. Johns	8.4%	0.5	0	0	0	0		
Unemployed workers in civilian labor force [1] (February 2018)	3.8%	Duval	3.7%	1.11	1	1	1	0		2
		St. Johns	3.0%	0.61	0	0	0	0		2

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

[1] American Community Survey
[4] County Health Rankings
[6] Feeding America
[26] U.S. Bureau of Labor Statistics

[27] U.S. Census – County Business Patterns
[28] U.S. Department of Agriculture – Food Environment Atlas

The topic of poverty is of particular concern in Duval County. In St. Johns County, the main concerns related to poverty are housing expenses, which aligns with St. Johns County's status as the wealthiest county in northeast Florida. The median household gross rent in St. Johns is higher than Florida and U.S. medians; monthly household costs for homeowners also exceed state and national values. These secondary data results underscore the necessity of being high income in order to live in St. Johns County; residents who are low income are likely struggling to afford general living costs.

Duval County has a high proportion, about one-fifth, of all households with at least one of the following four problems: overcrowding, high housing costs, lack of kitchen or lack of plumbing facilities. In Duval County the food insecurity rate and child food insecurity rates are both higher than the state and U.S. averages, with one-fifth of the population in Duval County experiencing food insecurity at some point in the year.

St. Johns County also has the highest percentage of food insecure children likely ineligible for assistance among the counties in the region. These are children in households with incomes at a threshold above the federal poverty level so are likely not income-eligible for federal nutrition assistance. The percentage of households with cash public assistance income has had an upward trend over time for Duval and St. Johns counties. From 2005-2009 to 2012-2016, Duval County's value went from 1.4% to 2.8%; St. Johns County's went from 0.9% to 1.6%.

Trends show the female population in the civilian labor force is trending down for the service area. Statistically significant downward movement for this measure exists over four time periods in both Duval and St. Johns counties. While these values include both employed and unemployed individuals, this decrease indicates a growing number of females who are unable to potentially work to earn money and boost the economy. In terms of median household gross rent, Duval and St. Johns counties both have a significant increase over time. Table 28 shows poverty-related indicator values for the last four time periods of measurement for counties that had a statistically significant trend in the harmful direction, according to the Mann-Kendall statistical test.

TABLE 28. POVERTY-RELATED INIDCATORS, TREND DATA

Female Population 16+ in Civilian Labor Force[1]				
	2009-2013	**2010-2014**	**2011-2015**	**2012-2016**
Duval County	61.5%	60.9%	60.8%	60.4%
St. Johns County	55.6%	54.7%	54.3%	53.3%
Median Household Gross Rent[1]				
	2009-2013	**2010-2014**	**2011-2015**	**2012-2016**
Duval County	$935	$941	$943	$962
St. Johns County	$1,073	$1,105	$1,119	$1,150

[1] American Community Survey

Data also reveals areas of particular need as it relates to poverty and the economy. ZIP codes 32202, 32206, and 32209, all in Duval County, perform the worst of all ZIP codes in the service area for poverty indicators. These codes have the highest percentages of children living in poverty, families living in poverty and persons living in poverty. ZIP code 32202 also has the second-highest percentage of older adults 65 years of age and above living in poverty. The same three ZIP codes have the lowest median household incomes among all codes in the service area. Table 29 shows the values for these ZIP codes for the relevant poverty-related indicators.

TABLE 29. ZIP CODE-LEVEL DATA FOR POVERTY-RELATED INDICATORS

Children Living Below Poverty Level[1]			
32202	**32206**	**32209**	**Florida**
67.3%	55.5%	63.3%	23.3%
Families Living Below Poverty Level[1]			
32202	**32206**	**32209**	**Florida**
30.5%	32.6%	37.1%	11.7%
Median Household Income[1]			
32202	**32206**	**32209**	**Florida**
$26,250	$24,418	$22,288	$48,900
People Living Below Poverty Level[1]			
32202	**32206**	**32209**	**Florida**
50.2%	38.9%	40.3%	16.1%

[1] American Community Survey

Primary Data

Community survey participants were asked to rank the most impactful conditions of daily life in their community. Poverty was ranked as the fourth most important, with over one-third of respondents listing it. Also, 82% of respondents agreed or strongly agreed with the statement that they, or someone they know, have delayed seeking health care due to cost in the past twelve months.

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

The concept of the underinsured “donut hole” is prevalent in the service area. Many key informants, especially in Duval County, discussed this in which people earn above the federal poverty level and so don’t qualify for Medicaid, yet they are underinsured and income-

constrained and can't afford most health services. Since the 2008 recession and subsequent economic recovery, this gap seems to have increased.

Multiple key informants and focus group participants discussed the effect of race and ethnicity on the topic of poverty. Structural racism and a systemic cycle of economic hardship negatively affect the African-American population, as well as other racial and ethnic minority groups in the service area. The secondary data back up these primary data findings. The percentage of families living below the poverty level in Duval County is 12.7%, however the rate among the African American population is 23.3% and 26.3% for American Indian/Alaskan Native and 17.1% for Hispanic or Latino residents. In St. Johns County, the overall rate is 5.9%; for African Americans it's 22.5% and 25.3% for those of multiple races. The percentage of children living below the poverty level is 9.5% overall, but 32.0% for African Americans.

Obesity & Physical Activity

Key Issues

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

Secondary Data

From the secondary data results, the topic of obesity and physical activity was identified as a health need in the service area. The topic, which includes exercise, nutrition and weight, had the 11th highest data score of all health topics in Duval County and the 13th highest topic score in St. Johns County.

TABLE 30. OBESITY & PHYSICAL ACTIVITY INDICATORS*

Indicator	FL Value	County	County Value	County Data Score	FL Counties	FL Value	US Counties	US Value	HP2020	Trend
Access to exercise opportunities [4] (2018)	87.1%	Duval	88.5%	0.83	0	1	0	1		
		St. Johns	88.2%	0.83	0	1	0	1		
Adult fruit and vegetable consumption [8] (2013)	18.3%	Duval	17.3%	1.5	1	2				
		St. Johns	19.2%	1.17	0	1				
Adults who are Obese [8] (2016)	27.4%	Duval	30.7%	1.81	1	3		2	2	
		St. Johns	19.0%	0.58	0	0		0	0	
Adults who are overweight or obese [8] (2016)	63.2%	Duval	65.4%	1.58	1	2		2		
		St. Johns	56.8%	0.75	0	0		0		
Child food insecurity rate [6] (2015)	22.7%	Duval	23.2%	1.94	1	2	2	3		2
		St. Johns	18.8%	0.72	0	0	1	1		1
Indicator	FL Value	County	County	County	FL	FL Value	US	US Value	HP2020	Trend

			Value	Data Score	Counties		Counties			
Children with low access to a grocery store [28] (2018)		Duval	6.1%	1.67	2		2			
		St. Johns	5.3%	1.67	2		2			
Food Environment Index [4] (2018) *An assessment of food environment, according to County Health Rankings	6.7	Duval	6.3	2.44	3	2	3	3		2
		St. Johns	7.8	0.72	0	0	1	1		1
Food insecure children likely ineligible for assistance [6] (2015)	29.0%	Duval	29.0%	1.22	2	1	2	0		1
		St. Johns	52.0%	2.39	3	3	3	3		1
Food insecurity rate [6] (2015)	15.1%	Duval	20.0%	2.61	3	3	3	3		2
		St. Johns	12.8%	0.83	0	0	1	1		1.5
Health Behaviors Ranking [4] (2018) *Ranking of the county in health behaviors, according to County Health Rankings		Duval	41	1.58	2					
		St. Johns	6	1.25	0					
Households with no car and low access to a grocery store [28] (2015)		Duval	1.7%	1	0		0			
		St. Johns	2.4%	1.33	1		1			
Low-income and low access to a grocery store [28] (2015)		Duval	8.6%	1.67	2		2			
		St. Johns	6.6%	1.5	1		2			
People 65+ with low access to a grocery store [28] (2015)		Duval	2.5%	1.33	1		1			
		St. Johns	4.3%	1.67	2		2			
People with low access to a grocery store [28] (2015)		Duval	24.7%	1.67	2		2			
		St. Johns	25.4%	1.67	2		2			
Physical Environment Ranking [4] (2018) *Ranking of the county in physical environment, according to County Health Rankings		Duval	60	1.75	3					
		St. Johns	54	1.75	3					

Indicator	FL Value	County	County Value	County Data Score	FL Counties	FL Value	US Counties	US Value	HP2020	Trend
Teens who are obese: High school students [12] (2012)	14.3%	Duval	14.5%	1.61	1	2				2
		St. Johns	10.3%	1.11	0	0				2
Workers who walk	1.5%	Duval	1.5%	1.72	1	1	2	3	3	1

to work [1] (2012-2016)		St. Johns	1.0%	2.61	2	3	3	3	3	2

*Comparisons were given a score ranging from 0 (green) to 3 (red), where 0 indicates the best outcome and 3 the worst, according to comparison values. Comparison scores of 0 or 3 are determined by the quartile of the indicator value when compared to a set of county values (Florida or U.S. counties), percent difference of 10% or greater when compared to a single value (Florida or U.S. value or HP2020 target) or a statistically significant Mann-Kendall test for trend. A trend score of 1.5 indicates the values are neither increasing nor decreasing over time. Availability of each type of comparison varies by indicator and is dependent upon the data source, comparability with data collected for other communities and changes in methodology over time. Please see Appendices B2 and C2 for a detailed description of data scoring methodology. communities and changes in methodology over time.

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

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

In addition, indicators were identified that showed worrying trends over time. Indicators dealing with food insecurity rates came up frequently in the analysis for Duval County, where many people don't have access to food or can't afford it. While the trends seem to be potentially reversing course in recent years, Duval County's 20.0% rate for food insecurity is much higher than the Florida average of 15.1% and the national average of 13.7%. Duval's 23.2% rate for child food insecurity is greater than the Florida average (22.7%) and the national average (19.3%).

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

In Duval County, 26.2% of middle school students described themselves as slightly or very overweight. In 2017, more Duval County high school students were obese compared to Florida high school students overall. Among the county's high school students, 14.2% and 14.7% were obese or overweight, respectively, at the time of the survey. More than one-quarter of high

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

school students reported being teased for their weight or appearance. An estimated 42.9% of middle school students were trying to lose weight at the time of the survey.

Primary Data

Obesity and physical activity was ranked as a pressing health issue in the service area by community survey respondents. Respondents (397 or 55.1%) named obesity/overweight as one of the most-important health issues in their community. They (201 or 28.4%) also listed physical activity and exercise as a condition of daily life that has the most impact on their community. Only 37% of survey respondents agreed or strongly agreed that their community supports a healthy lifestyle.

Discussion by key informants and focus group participants focused around access to healthy food options, as well as environmental factors relating to general wellness. Twenty of 32 key informants discussed exercise, weight and nutrition in their interview; this topic was also discussed among participants in 16 focus groups. Community concern focuses mainly on low-income and geographically isolated families. Community members noted the cost of simply getting to a grocery store with fresh and healthy foods can cost as much as the food itself. Key informants and focus group participants mentioned that food pantries, nutrition programs in schools, and similar services can't keep up with demand. Families are further inhibited from getting proper nutrition by living in food deserts, which are urban areas where it's difficult to access affordable, healthy foods. Nine separate key informants discussed food deserts, with particular attention given to Health Zones 1 and 4 in Duval County.

These problems are negatively affecting children because they're growing up without proper nutrition, affecting their ability to pay attention in school and causing obesity-related health issues later in life. Community members said that for children, wellness and exercise is especially difficult because there are limited, safe outdoor recreation locations, especially in some parts of Duval County.

The built environment was mentioned as a barrier to proper nutrition and exercise. Community input showed there are limited outdoor walking and biking opportunities, and two key informants specifically noted the lack of safe spaces to exercise or play in Duval County. Both Duval and St. Johns counties have fewer than 2% of individuals walking to work. Grocery store access was discussed as a major barrier for many families and older adults. Families and older adults on a fixed income don't have the financial ability to pay for transportation to get to the grocery stores for fresh food. Instead, as four key informants noted, the fast food or convenience store option is the choice most commonly made. Transportation was discussed in 13 key informant interviews.

Maternal, Fetal & Infant Health

Key Issues

- Duval County struggles with maternal, fetal and infant health.
- Adverse birth outcomes are prevalent as a result of substance abuse and smoking among pregnant women.

- The environment in which many people live, particularly those who are low-income or underserved, is not conducive to good fetal and infant health.

Secondary Data

From the secondary data scoring results, maternal, fetal and infant health was ranked as the fifth most-pressing health issue for the Duval County, but it was one of the lowest, or best, scoring topic areas for St. Johns County. Women's health ranked in the top-10 poorest-performing health topics for the service area.

TABLE 31. MATERNAL, FETAL & INFANT HEALTH INDICATORS*

Indicator	FL Value	County	County Value	County Data Score	FL Counties	FL Value	US Counties	US Value	HP2020	Trend
Babies with low birth weight [17] (2016)	8.7%	Duval	10.0%	2.53	3	3		3	3	2
		St. Johns	7.1%	0.58	0	0		0	1	1
Infant mortality rate [17] (2014-2016) **deaths/1,000 live births*	6.1	Duval	8.3	2	2	3			3	1.5
		St. Johns	5.4	1.11	1	0			0	2
Infants born to mothers >18 years old with <12 years education [17] (2016)	10.8%	Duval	11.1%	1.39	1	2				1
		St. Johns	4.5%	1.11	0	0				2
Mothers who received early prenatal care [17] (2016)	78.4%	Duval	66.1%	2.75	3	3		3	3	3
		St. Johns	84.8%	1.14	0	1		1	1	2
Preterm births [17] (2016)	10.1%	Duval	11.3%	2.36	2	3		3	3	2
		St. Johns	9.1%	0.92	0	1		1	1	1

Indicator	FL Value	County	County Value	County Data Score	FL Counties	FL Value	US Counties	US Value	HP2020	Trend
Teen birth rate: 15-19 [17] (2016) **live births/1,000 females age 15-19*	19.5	Duval	27.3	1.97	2	3		3		1
		St. Johns	8.4	0.64	0	0		0		1

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

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

Mothers who received early prenatal care scored as the worst indicator for this topic in both counties, with data scores of 2.75 for Duval County and 1.14 for St. Johns County. Particularly in Duval County, there is cause for concern, since only 66.1% of mothers received early prenatal care compared to the state average of 78.4% and the national average of 77.1%. The value falls well short of the Healthy People 2020 target of 77.9% and signifies a need for education, availability and affordability surrounding prenatal care. Although St. Johns County had a low percentage of babies with low birth weight (7.1%), Duval County's value of 10% far exceeds the Florida (8.7%) and U.S. values (8.2%) and the Healthy People 2020 target (7.8%). The Duval County values for percentage of preterm births and the rate of infant mortality both fail to meet the Healthy People 2020 target, while the St. Johns County values fall right under the target thresholds.

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

According to the Mann-Kendall Test for Statistical Significance, the trends related to the rate of births to mothers age 15 to 19 in Duval and St. Johns counties (Table 32) are both improving downward. However, a significant decrease in mothers receiving early prenatal care is also seen in Duval County (Table 33).

TABLE 32. MATERNAL, FETAL & INFANT HEALTH INDICATORS, FAVORABLE TREND DATA

Preterm Births[17] (2016)				
	2013	**2014**	**2014**	**2016**
Duval County	10.7%	11.1%	11.5%	11.3%

Teen Birth Rate: 15-19[17]				
	2013	**2014**	**2014**	**2016**
Duval County	30.3	27.3	25.5	27.3
St. Johns County	13.4	10.5	11.8	8.4

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

Note: Table 32 includes only indicators and data values over time for counties with a statistically significant trend in the favorable direction according to the Mann-Kendall test.

TABLE 33. MATERNAL, FETAL & INFANT HEALTH INDICATORS, HARMFUL TREND DATA

Mothers who Received Early Prenatal Care[17]				
	2013	**2014**	**2015**	**2016**
Duval County	71.9%	70.1%	68.3%	66.1%

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

Note: Table 33 includes only indicators and data values over time for counties with a statistically significant trend in the harmful direction according to the Mann-Kendall test.

On closer examination of the data, ZIP codes of highest concern in the service area were identified for various maternal, fetal and infant health indicators. Table 34 shows the ZIP codes most in need for babies with low birth weight, infant mortality rate and preterm births.

TABLE 34. ZIP CODE LEVEL DATA FOR MATERNAL, FETAL & INFANT HEALTH INDICATORS

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

[17] Florida Department of Health, Bureau of Vital Statistics
* Indicates unstable value, as declared by source

Primary Data

Sexual Health and Reproductive Health ranked as the 10th and 13th most important health issues in the community for Duval and St. Johns counties, respectively. Of respondents, 9.0% and 13.0% listed those issues as some of the most important in their community.

Community input reflected concern surrounding substance abuse and smoking, and their relation to adverse birth outcomes such as preterm births or low birth weight. These substance issues were discussed in three key informant interviews and focus groups. Lack of prenatal care was also discussed as a major health issue affecting maternal, fetal and infant health, particularly in Duval County, where participants echoed secondary data showing an unfavorable trend in mothers receiving prenatal care. Some community members associated substance abuse with a mother's choice to avoid seeking prenatal care, since many are frightened to be identified as a drug user. Overall for the service area, maternal, fetal and infant health came up in eight key informant interviews, while sexual health was discussed in four.

Cancer

Key Issues

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

Secondary Data

From the secondary data results, cancer was identified to be a top health need in the service area, ranking as the third-highest scoring topic. It also scored as the highest health topic in St. Johns County. Topic area indicators are shown in Table 35.

TABLE 35. CANCER INDICATORS*

Indicator	FL Value	County	County Value	County Data Score	FL Counties	FL Value	US Counties	US Value	HP2020	Trend
Age-adjusted death rate due to breast cancer [17] (2014-2016) **deaths/100,000 females*	19.8	Duval	21.6	1.39	2	2			2	0
		St. Johns	22.4	2.17	3	3			2	2
Age-adjusted death rate due to cancer [17] (2014-2016) **deaths/100,000 population*	155.1	Duval	170.2	1.22	1	2			2	0
		St. Johns	160.4	1.56	1	2			1	2
Age-adjusted death rate due to colorectal cancer [17] (2014-2016) **deaths/100,000 population*	13.7	Duval	14.9	1.39	2	2			2	0
		St. Johns	13.6	1.61	1	1			1	3

Indicator	FL Value	County	County Value	County Data Score	FL Counties	FL Value	US Counties	US Value	HP2020	Trend
Age-adjusted death rate due to lung cancer [17] (2014-2016) **deaths/100,000 population*	40.4	Duval	46.2	1.39	1	3			2	0
		St. Johns	46.7	1.83	1	3			2	2
Age-adjusted death rate due to prostate cancer [17] (2014-2016) **deaths/100,000 males*	17.1	Duval	19.3	1.56	2	3			0	1
		St. Johns	19.6	1.78	2	3			0	2
All-cancer incidence rate [29] (2012-2014) **cases/100,000 population*	426.8	Duval	494.2	2	3	3				1.5
		St. Johns	447.5	1.56	2	2				1
Breast- cancer incidence rate [29] (2012-2014) **in cases/100,000 females*	117.8	Duval	134.6	2	3	3				1.5
		St. Johns	136.5	2	3	3				1.5
Cancer: Medicare population [3] (2015)	9.6%	Duval	9.2%	2	2	1	3	3		1.5
		St. Johns	9.3%	1.89	2	1	3	3		1
Cervical-cancer incidence rate [29] (2012-2014) **cases/100,000 females*	8.5	Duval	9.8	2.11	2	3			3	2
		St. Johns	4.8	0.72	0	0			0	1
Colon-cancer screening: Blood stool test past year [8] (2016)	16.0%	Duval	10.6%	2	3	3				
		St. Johns	7.2%	2	3	3				
Colorectal-cancer incidence rate [29] (2012-2014) **cases/100,000 population*	36.9	Duval	43.8	2.06	3	3			2	1.5
		St. Johns	32.9	1.11	1	0			0	2
Lung and bronchus-cancer incidence rate [29] (2012-2014) **cases/100,000 population*	61	Duval	76.2	1.72	2	3				1
		St. Johns	66.8	1.61	1	2				2

Mammogram: 40+ past year [8] (2016)	60.8%	Duval	57.7%	1.67	2	2				1.5
		St. Johns	61.2%	1.44	1	1				2
Melanoma-incidence rate [29] (2012-2014) **cases/100,000 population*	22.8	Duval	22.1	1.67	1	1				3
		St. Johns	30.7	2.33	3	3				3
Oral cavity and pharynx-cancer incidence rate [29] (2012-2014) **cases/100,000 population*	13.4	Duval	15.8	1.83	2	3				1.5
		St. Johns	16.4	1.94	2	3				2
Pap test in past year [8] (2016)	48.4%	Duval	54.7%	1	0	0				
		St. Johns	54.7%	1	0	0				
Prostate-cancer incidence rate [29] (2012-2014) **cases/100,000 males*	90.5	Duval	111.4	2	3	3				1.5
		St. Johns	97.3	1.83	3	2				1.5
Prostate-Specific Antigen test history [8] (2016)	54.9%	Duval	50.9%	1.67	2	2				
		St. Johns	55.3%	1.33	1	1				

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

[3] Centers for Medicare & Medicaid Services
[8] Florida Behavioral Risk Factor Surveillance System
[17] Florida Department of Health, Bureau of Vital Statistics
[29] University of Miami (FL) Medical School, Florida Cancer Data System

The Duval County portion of the service area fails to meet the Healthy People 2020 targets for the following measures: age-adjusted death rate due to cancer, age-adjusted death rate due to colorectal cancer, colorectal-cancer incidence rate and cervical-cancer incidence rate.

Trends in secondary data over time show Duval County with a statistically significant decrease in death rates due to breast, colorectal, lung and prostate cancers since the 2011-2013 time period. Along with St. Johns County, Duval also has seen an increase in the incidence of melanoma, with the trends in Duval and St. Johns counties being in a statistically significant

upward direction, according to the Mann-Kendall test. There has been a cervical-cancer incidence increase in Duval County, and St. Johns has seen an increase for death rate due to colorectal cancer, although neither of these increases is statistically significant (Table 36).

TABLE 36. CANCER INDICATORS, TREND DATA

Age-Adjusted Death Rate Due to Colorectal Cancer[17]				
	2011-2013	**2012-2014**	**2013-2015**	**2014-2016**
St. Johns County	10.9 deaths/100,000 population	12.8 deaths/100,000 population	13.4 deaths/100,000 population	13.6 deaths/100,000 population
Cervical-Cancer Incidence Rate[29]				
	2009-2011	**2010-2012**	**2011-2013**	**2012-2014**
Duval County	8.6 cases/100,000 females	7.4 cases/100,000 females	7.4 cases/100,000 females	9.8 cases/100,000 females
Melanoma Incidence Rate[29]				
	2009-2011	**2010-2012**	**2011-2013**	**2012-2014**
Duval County	17.6 cases/100,000 population	19.2 cases/100,000 population	21.4 cases/100,000 population	22.1 cases/100,000 population
St. Johns County	23.2 cases/100,000 population	24.6 cases/100,000 population	26.8 cases/100,000 population	30.7 cases/100,000 population

[29] University of Miami (FL) Medical School, Florida Cancer Data System
[8] Florida Behavioral Risk Factor Surveillance System

Note: Table 36 includes indicators and data values over time for counties with a statistically significant trend in the harmful direction according to the Mann-Kendall test, except for where noted in the narrative

By examining granular data, ZIP codes with significantly high age-adjusted death rates due to cancer can be identified. The codes with the highest rates for breast cancer, overall cancer and colorectal cancer in Duval and St. Johns counties have nearly double or more than double the Florida state rates. ZIP codes of concern for these cancer types are noted in Table 37.

TABLE 37. ZIP CODE-LEVEL DATA FOR CANCER INDICATORS

Age-Adjusted Death Rate Due to Breast Cancer[17] (2014-2016)			
32033 (St. Johns)	**32206 (Duval)**	**32219 (Duval)**	**Florida**
42.8 deaths/100,000 females	37.8 deaths/100,000 females	37.6 deaths/100,000 females	19.8 deaths/100,000 females

Age-Adjusted Death Rate due to Cancer[17] (2014-2016)			
32227 (Duval)	**32095 (St. Johns)**	**32234 (Duval)**	**Florida**
423.1 deaths/100,000 population	338.7 deaths/100,000 population	279.9 deaths/100,000 population	155.1 deaths/100,000 population
Age-Adjusted Death Rate Due to Colorectal Cancer[17] (2014-2016)			
32234 (Duval)	**32095 (St. Johns)**	**32208 (Duval)**	**Florida**
30.6 deaths/100,000 population	27.4 deaths/100,000 population	25.4 deaths/100,000 population	13.7 deaths/100,000 population

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

Primary Data

According to the community survey results, cancer ranked as the sixth most-pressing health need in the service area with 39.9% of respondents listing it as one of five issues most important in their community. Cancer was one of the top 15 most-discussed topics across all focus groups, being talked about at length by participants in eight focus groups. Four key informants specifically addressed the topic area of cancer during their interviews.

Analysis of primary data collected from key informants and focus group participants found that education about cancer is lacking in the region, and most people don't understand how to take precautionary steps to prevent and identify various cancers early on. It was noted that screenings are being provided in the community more often, but this is still something the community as a whole must look into further, since not all people are being reached. Ideas were provided to increase knowledge via education campaigns, encouraging screenings by doctors and awareness activities, such as fundraising walks.

Vulnerable Populations

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

African Americans

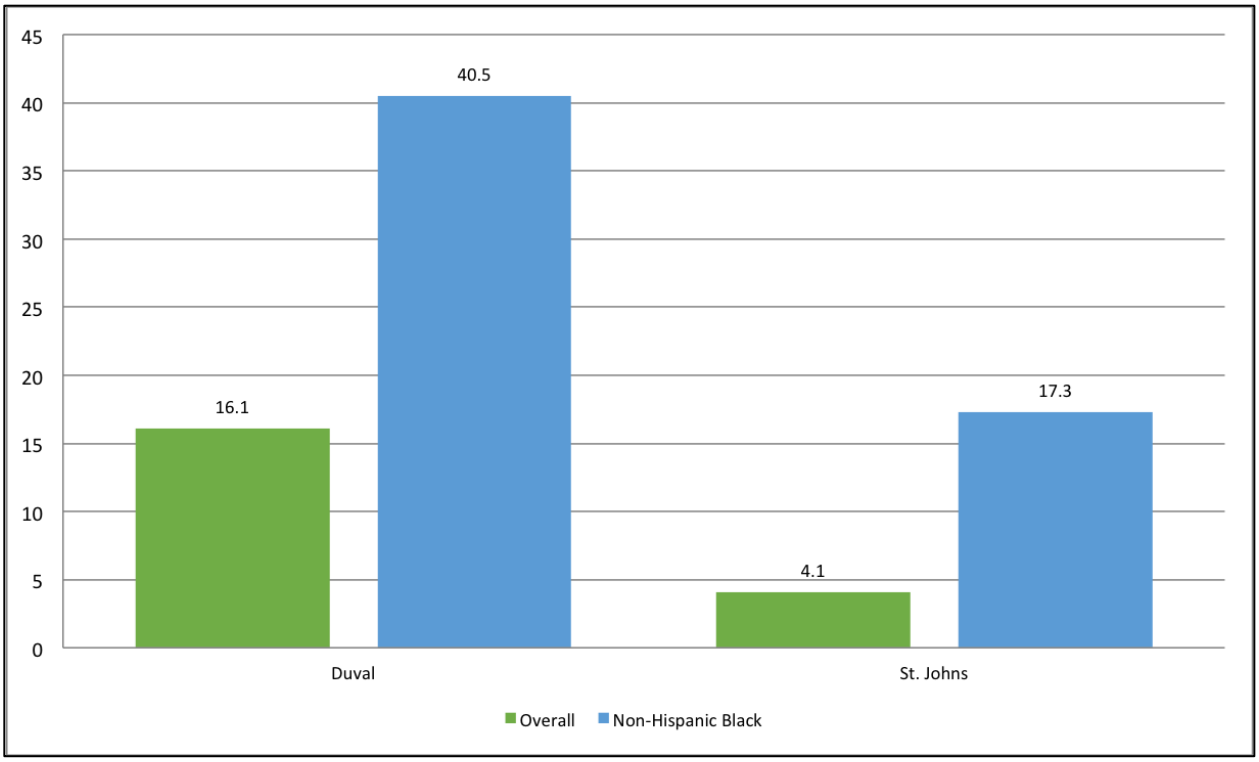
The Index of Disparity analysis evaluated secondary data indicators for statistically significant disparities among subpopulations. This section reports data findings for the African American population from primary and secondary data. Secondary data sources may use different terms

for race subpopulation data. For consistency with the source of the data, tables and figures may use multiple terms for the African American breakout group. These terms are used by secondary data sources:

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

Figure 37 displays a race disparity for the African American population for the Duval and St. Johns counties service area. The AIDS Diagnosis Rate is disproportionately higher for Non-Hispanic Blacks in Duval and St. Johns counties compared to overall county values.

FIGURE 37. AIDS DIAGNOSIS RATE (CASES/100,000 POPULATION)



Primary data participants were asked which population groups are disproportionately affected by negative health outcomes. African Americans were mentioned in 20 of 32 key informant interviews and five focus groups. Of community survey respondents, 21% said discrimination is one of the most important social determinants of health. Key informant and focus group discussions also emphasized hesitation within the African American community to access health services because of historical treatment by medical professionals. Focus group participants noted a lack of trust between medical professionals and African Americans. Focus groups and key informants cited stigma against seeking mental health treatment as a leading reason why many African Americans may delay needed mental health care.

Children

The health of children was mentioned by 16 of 32 key informants and was a discussion item in two focus groups. Key informants discussed food security as an issue for children and related it to the problem of childhood obesity and diabetes.

Key informants and focus group participants were concerned with children growing up, and experiencing trauma and neglect, in families with parents who have untreated mental health and substance use issues. Duval County has a high rate of child abuse for children ages five to 11, exceeding the Florida state value. Both Duval and St. Johns counties had data scores above 1.50 for the indicator children with low access to a grocery store, indicating an above-average need in the service area on the scale of 0-3. Table 38 is a summary of children's health indicators from the secondary data.

TABLE 38. CHILDREN'S HEALTH INDICATORS*

Indicator	FL Value	County	County Value	County Data Score	FL Counties	FL Value	US Counties	US Value	HP2020	Trend
Child abuse rate [9] (2016) **cases/1,000 children age 5-11*	901.3	Duval	994.5	1.67	1	3				1.5
		St. Johns	625.9	1	0	0				1.5
Child food insecurity rate [6] (2015)	22.7%	Duval	23.2%	1.94	1	2	2	3		2
		St. Johns	18.8%	0.72	0	0	1	1		1
Children with health insurance [1] (2016)	93.8%	Duval	95.0%	1.22	1	1	2	2	2	0
		St. Johns	97.1%	0.94	0	1	1	1	2	1
Children with low access to a grocery store [28] (2018)		Duval	6.1%	1.67	2		2			
		St. Johns	5.3%	1.67	2		2			
Food insecure children likely ineligible for assistance [6] (2015)	29.0%	Duval	29.0%	1.22	2	1	2	0		1
		St. Johns	52.0%	2.39	3	3	3	3		1
Kindergartners with required immunizations [14] (2017)	94.1%	Duval	93.8%	1.72	3	2				1
		St. Johns	94.6%	1.39	2	1				1

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

[1] American Community Survey
[6] Feeding America
[9] Florida Department of Children and Families
[14] Florida Department of Health, Bureau of Immunization
[28] U.S. Department of Agriculture – Food Environment Atlas

Hispanic/Latinx

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

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

- Hispanic
- Hispanic or Latino

According to the secondary data for Duval County, the Hispanic population has a disparate AIDS diagnosis rate. In 2016, the county's overall value was 16.1 cases per 100,000 population; the value for the Hispanic population was 19.4 cases/100,000 population.

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

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

TABLE 39. DIFFERENCES IN SOCIAL DETERMINANTS OF HEALTH, DUVAL COUNTY (2015)

	Non-Hispanic White	Hispanic
% Unemployed	5.2%	7.4%
Median household income	$56,694	$44,642
% Below poverty line	6.3%	19.3%
% Uninsured	10.4%	17.6%
% Did not see doctor due to cost	15.5%	34.3%
% with less than high school diploma	7.9%	21.1%
% with language other than English spoken at home	5.4%	60.4%

[34] Duval County Hispanic Health Report

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

Homeless

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

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

Focus group and key informants were asked about the LGBTQ population. They noted there is a shortage of services, especially ones specific to the needs of the LGBTQ community (HIV, STD, hormonal therapies). There is an additional cultural dynamic that this group "is in the shadows" and "people are not paying a lot of attention to them", even though they have specific health issues they need help addressing. Key informants noted the elderly LGBTQ population has unique difficulties getting access to care. The LGBTQ population generally has difficulty getting care, but older adults are of a generation where they were subjected to abuse, maltreatment or other past traumas that may not be widely accepted by their peers. They're more likely to avoid open conversations with their physicians and need the support of the medical and public health community.

A recent Jacksonville-area community assessment survey focused on the LGBTQ population revealed negative disparities regarding health and socio-economic factors, as well as other interesting factors and demographics of that subpopulation.

Of respondents to the LGBTQ survey for the Jacksonville region, 56.4% held a bachelor's degree or higher.[9] This is higher than the general population for every county in the Northeast Florida Region and much higher than the 24.5% of the general population in the Jacksonville metropolitan statistical area that have a bachelor's degree or higher.[1] In terms of employment, 74.3% of LGBTQ survey respondents indicated they were in the paid workforce, while only 57.1% of the general population of Jacksonville were employed for wages or self-employed. Concerning income, 10.0% percent of LGBTQ survey respondents were living in poverty, as defined as having income below 100% of the federal poverty level.

Other potential negative health disparities identified for the LGBTQ community deal with food insecurity, binge drinking and health insurance. Of the survey respondents, 21.8% had food

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

insecurity within the past 12 months, while for the general population each county in the region had a rate of 19.0% or less. In terms of risky behaviors, 40.0% of the LGBTQ population reported binge drinking in the past 30 days, while the general population figure for Jacksonville city was only 15.0%.[10] Smoking rates for the LGBTQ population are roughly the same as for the region's general population. For health insurance, the percentages of the LGBTQ population with health insurance (85.8%) were lower than the percentage of persons with health insurance for the general population in each county (87.0% or higher). The African American LGBTQ population had particular disparities for health insurance with only 77.8% of survey respondents being insured.

Gender minorities had particularly negative disparities compared to cisgender populations (those whose gender identity matches the sex they were assigned at birth) when it came to depression and attempted suicide. Of gender minority respondents, 11.1% ttempted suicide in the past year, while 65.0% met the criteria for moderate to severe depression and poor mental or physical health that kept them from doing usual activities in the past month. While not a direct comparison, for the general population of Jacksonville city only 13.7% had poor physical health in the past two weeks and only 14.4% had poor mental health in the past two weeks.

There are disparities for the LGBTQ population when it comes to experiencing discrimination, being treated unfairly in jobs and by police, and feeling accepted. Three quarters of LGBTQ survey respondents reported experiencing everyday discrimination in the past 12 months, with 53.6% of those indicating the discrimination was due to their sexual orientation. The African American LGBTQ population was more likely than the white LGBTQ population to be unfairly treated in being fired from a job, denied a promotion or bank loan, or stopped and searched by police. Only 17.0% of survey respondents agree that the Northeast Florida Region as a whole embraces diversity, particularly with regard to the LGBTQ population.

Low-Income

Primary data discussions around low-income and poverty-stricken populations occurred in eight focus groups and 22 interviews. Community survey respondents (261 or 36.9%) listed poverty as one of the most important social determinants of health for the service area. Key informants and focus group participants' discussions around the low-income subpopulation focused on poverty, stress and nutrition-related issues. Low-income individuals and families are more likely to forego necessary health services in order to prioritize food and housing. Concerns ranged from housing and access to healthy foods, to mental health, diabetes and heart disease.

According to the secondary data, ZIP codes 32202, 32206 and 32209, all in Duval County, perform the worst of all codes in the region among poverty indicators. Those ZIP codes have the highest percentages of children living in poverty, families living in poverty and persons living in poverty. ZIP code 32202 also has the second-highest percentage of adults 65 years of age and older living in poverty.

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

Older Adults

According to the secondary data, the Medicare population has high rates of chronic diseases and injuries; specifically, atrial fibrillation, cancer, hyperlipidemia, rheumatoid arthritis and stroke. The age-adjusted death rate due to falls (Table 40) is higher than the state of Florida average in Duval County, while the percentages of older adults over age 65 with influenza and pneumonia vaccinations are both lower than the state average.

TABLE 40. OLDER ADULT SECONDARY INDICATORS*

Indicator	FL Value	County	County Value	County Data Score	FL Counties	FL Value	US Counties	US Value	HP2020	Trend
Adults 65+ with influenza vaccination [8] (2016)	57.6%	Duval	57.6%	1.42	1	1		2		
		St. Johns	55.6%	1.75	2	2		2		
Adults 65+ with pneumonia vaccination [8] (2016)	65.6%	Duval	66.7%	1.75	2	1		2	3	
		St. Johns	63.3%	2.08	2	2		3	3	
Age-adjusted death rate due to falls [17] (2016) **deaths/100,000 population*	10.3	Duval	12.7	2.36	2	3		3	3	2
		St. Johns	9.3	1.69	1	1		2	3	2
Alzheimer's disease or dementia: Medicare population [3] (2015)	11.7%	Duval	11.3%	2.11	2	1	3	3		2
		St. Johns	9.3%	0.89	0	0	2	1		1
Asthma: Medicare population [3] (2015)	9.1%	Duval	10.1%	2.44	2	3	3	3		2
		St. Johns	7.8%	0.94	0	0	1	1		2
Atrial fibrillation: Medicare population [3] (2015)	9.7%	Duval	9.4%	2.33	2	1	3	3		3
		St. Johns	10.2%	2.44	3	2	3	3		2
Cancer: Medicare population [3] (2015)	9.6%	Duval	9.2%	2	2	1	3	3		1.5
		St. Johns	9.3%	1.89	2	1	3	3		1
Chronic kidney disease: Medicare population [3] (2015)	21.3%	Duval	22.8%	2.67	3	2	3	3		3
		St. Johns	17.4%	1.33	0	0	2	1		3
COPD: Medicare population [3] (2015)	13.2%	Duval	12.8%	1.56	1	1	2	3		1
		St. Johns	11.4%	0.67	0	0	1	2		0
Depression: Medicare population [3] (2015)	17.5%	Duval	18.2%	2.17	2	2	2	2		3
		St. Johns	14.4%	0.78	0	0	1	0		2
Diabetes: Medicare population [3] (2015)	28.0%	Duval	30.8%	2.06	2	2	3	3		1
		St. Johns	22.2%	0.39	0	0	0	0		1
Heart failure: Medicare population [3] (2015)	14.2%	Duval	14.6%	1.72	2	2	2	2		1
		St. Johns	11.2%	0.17	0	0	0	0		0

Indicator	FL Value	County	County Value	County Data Score	FL Counties	FL Value	US Counties	US Value	HP2020	Trend
Hyperlipidemia: Medicare population [3] (2015)	55.6%	Duval	50.7%	1.5	1	1	3	3		0
		St. Johns	54.5%	1.89	2	1	3	3		1
Hypertension: Medicare population [3] (2015)	60.5%	Duval	62.1%	2.06	2	2	3	3		1
		St. Johns	57.4%	1.22	0	1	2	2		1
Ischemic heart disease: Medicare population [3] (2015)	34.0%	Duval	30.1%	1.17	0	0	3	3		0
		St. Johns	31.2%	1.5	1	1	3	3		0
Osteoporosis: Medicare population [3] (2015)	7.9%	Duval	5.9%	1.06	1	0	2	1		1
		St. Johns	5.8%	1.06	1	0	2	1		1
People 65+ living below poverty level [1] (2012-2016)	10.4%	Duval	10.1%	1.78	2	1	2	2		2
		St. Johns	6.1%	0.39	0	0	0	0		1
People 65+ with low access to a grocery store [28] (2015)		Duval	2.5%	1.33	1		1			
		St. Johns	4.3%	1.67	2		2			
Rheumatoid arthritis or osteoarthritis: Medicare population [3] (2015)	34.6%	Duval	34.6%	2.5	2	2	3	3		3
		St. Johns	32.7%	1.61	1	1	2	2		2
Stroke: Medicare population [3] (2015)	4.8%	Duval	5.2%	2.44	3	2	3	3		2
		St. Johns	4.4%	1.94	1	1	3	3		2

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

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

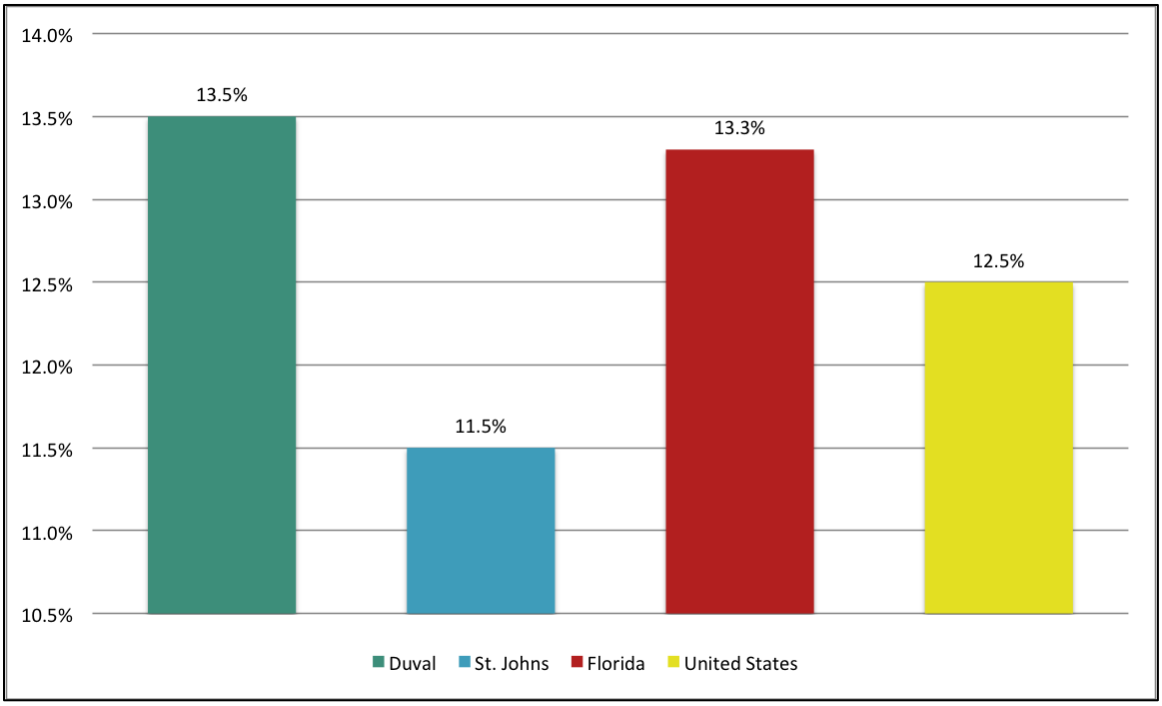
Focus group participants noted that since the peak of the recession, older adults are disproportionately financially burdened. They also mentioned that medication costs are very high and adherence for the elderly is a challenge. Older adults and their caretakers reported they are often prescribed a cocktail of costly drugs from multiple providers. Caretakers stressed their concern over a lack of prescription navigation assistance for older adults. Other issues cited by community input participants for this population include: growing mental health needs, rising substance abuse and food insecurity.

Persons with Disabilities

Figure 38 shows the percentage of persons with a disability across Northeast Florida, including Duval County (13.5%) and St. Johns County (11.5%). Duval County's proportion is greater than the state and national values, while St. Johns' falls below both of those thresholds.

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

FIGURE 38. PERSONS WITH A DISABILITY, 2016



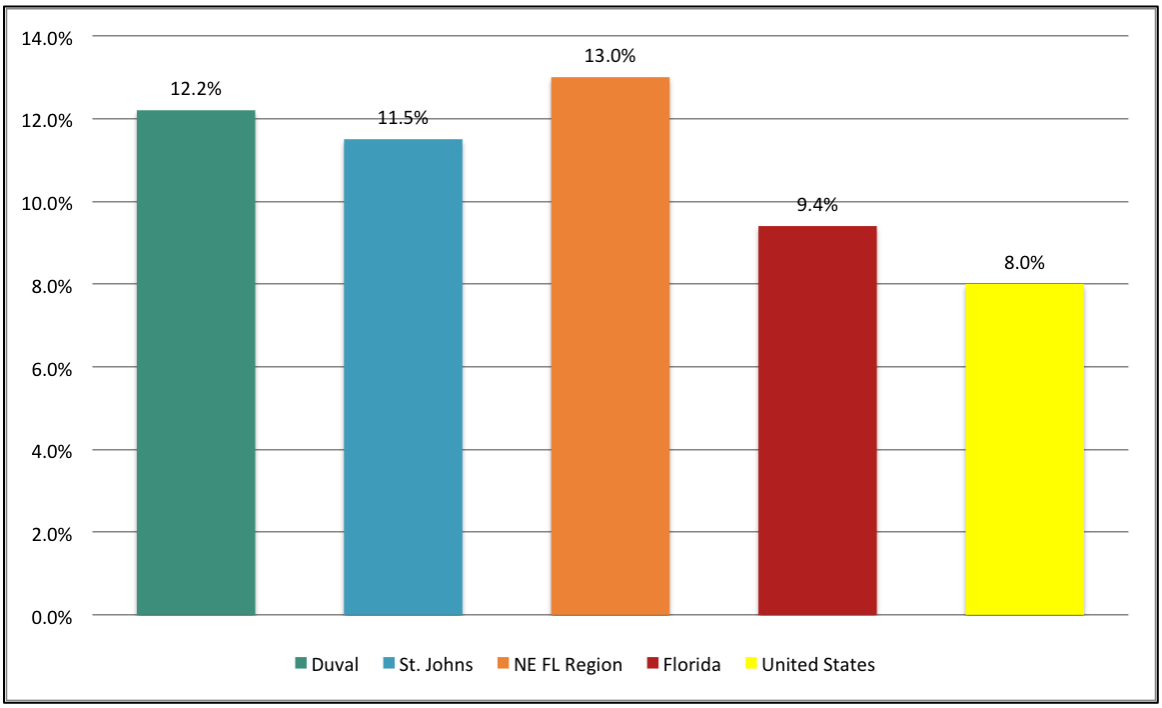
For persons with disabilities, major issues cited by community input participants include a lack of health care coverage, gaps in specialized providers or providers who have accessible facilities, and community awareness and advocacy for disability rights. During a focus group of individuals with disabilities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

Veterans

The veteran population is a significant part of the Northeast Florida Region, as well as the Duval and St. Johns service area. Duval County's proportion of veterans (17.1%) is more than double the national value and nearly double the state value. Even though veterans make up only 11.5% of St. Johns' population, it's still higher than national and state values. This is a crucial figure

when assessing the health of the service area, since there are barriers and challenges to health-care access for this population.

FIGURE 39. VETERAN POPULATION, 2012-2016



According to focus group participants, currently enlisted men and women don't make enough money to make ends meet. As one focus group participant noted, "Veterans are a silent group that doesn't want to complain, yet they experience incredible needs (food, clothing for children), especially when one parent is deployed." Community input participants noted this population doesn't receive proper recognition by health-care and social-services organizations. Veterans who were part of the community input process said that veterans often forego their benefits due to challenges navigating the veterans' care system. Focus group participants referenced other issues experienced by the veteran community, including homelessness, mental health, substance use and food insecurity.

Diabetes

From the secondary data scoring results, diabetes ranked as the ninth-greatest health need in Duval County, while less of a need was shown in St. Johns County. Top related indicators for the service area, particularly Duval County, include: diabetes: Medicare population and age-adjusted death rate due to diabetes.

TABLE 41. DIABETES INDICATORS*

Indicator	FL Value	County	County Value	County Data Score	FL Counties	FL Value	US Counties	US Value	HP2020	Trend
Adults with diabetes [8] (2016)	11.8%	Duval	11.3%	1.25	0	1		2		
		St. Johns	6.4%	0.75	0	0		0		
Age-adjusted death rate due to diabetes [17] (2016) *deaths/100,000 population*	20.6	Duval	23.3	1.81	1	3		3		1
		St. Johns	16	0.86	0	0		0		2
Diabetes: Medicare population (2015)	28.0%	Duval	30.8%	2.06	2	2	3	3		1
		St. Johns	22.2%	0.39	0	0	0	0		1

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

[3] Centers for Medicare & Medicaid Services
[8] Florida Behavioral Risk Factor Surveillance System
[17] Florida Department of Health, Bureau of Vital Statistics

Community survey participants ranked diabetes as the fifth most-pressing health issue in the Duval and St. Johns counties service area, with 46.8% of respondents listing it as a top health need. Diabetes was mentioned in 14 key informant interviews and discussed in 11 focus groups.

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

Heart Disease

The secondary data scoring results found heart disease to be the 14th-highest health topic in the entire service area. Duval County had a score of 1.64 on the scale of 0 to 3, while St. Johns County scored 1.27. Specific indicators of need across the service area include: stroke: Medicare population; atrial fibrillation: Medicare population; hyperlipidemia: Medicare population; High blood pressure prevalence; and cholesterol test history. All three Medicare population indicators scored above 1.50 for the entire service area, indicating a need for treatment and care for older adults.

TABLE 42. HEART DISEASE INDICATORS*

Indicator	FL Value	County	County Value	County Data Score	FL Counties	FL Value	US Counties	US Value	HP2020	Trend
Age-adjusted death rate due to cerebrovascular disease (stroke) [17] (2016) *deaths/100,000 population	39.7	Duval	40.1	1.81	2	2		2	3	1
		St. Johns	33.9	0.97	0	0		1	1	2
Age-adjusted death rate due to coronary heart disease [17] (2016) *deaths/100,000 population	98.5	Duval	94.9	1.03	1	1		2	1	0
		St. Johns	74.5	0.47	0	0		0	0	1
Age-adjusted death rate due to hypertensive heart disease [17] (2016) *deaths/100,000 population	11	Duval	12.6	1.72	2	3				1
		St. Johns	5.3	1.11	0	0				2
Age-adjusted death rate due to major cardiovascular diseases [17] (2016) *deaths/100,000 population	209.7	Duval	224.9	1.17	1	2				0
		St. Johns	173	1	0	0				1.5
Atrial fibrillation: Medicare population (2015)	9.7%	Duval	9.4%	2.33	2	1	3	3		3
		St. Johns	10.2%	2.44	3	2	3	3		2
Cholesterol test history (2013)	73.2%	Duval	72.4%	1.67	2	2				
		St. Johns	73.9%	1.33	1	1				
Heart failure: Medicare population (2015)	14.2%	Duval	14.6%	1.72	2	2	2	2		1
		St. Johns	11.2%	0.17	0	0	0	0		0
High blood pressure prevalence (2013)	34.6%	Duval	34.4%	1.42	0	1		2	3	
		St. Johns	32.5%	1.42	0	1		2	3	
High cholesterol prevalence (2013)	33.4%	Duval	33.1%	1.25	1	1		0	3	
		St. Johns	30.4%	1.08	0	1		0	3	
Hyperlipidemia: Medicare population (2015)	55.6%	Duval	50.7%	1.5	1	1	3	3		0
		St. Johns	54.5%	1.89	2	1	3	3		1
Hypertension: Medicare population (2015)	60.5%	Duval	62.1%	2.06	2	2	3	3		1
		St. Johns	57.4%	1.22	0	1	2	2		1
Ischemic heart disease: Medicare Population (2015)	34.0%	Duval	30.1%	1.17	0	0	3	3		0
		St. Johns	31.2%	1.5	1	1	3	3		0

Indicator	FL Value	County	County Value	County Data Score	FL Counties	FL Value	US Counties	US Value	HP2020	Trend
Stroke: Medicare population (2015)	4.8%	Duval	5.2%	2.44	3	2	3	3		2
		St. Johns	4.4%	1.94	1	1	3	3		2

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

[3] Centers for Medicare & Medicaid Services
[8] Florida Behavioral Risk Factor Surveillance System
[17] Florida Department of Health, Bureau of Vital Statistics

Community survey participants ranked heart-related diseases as the second most-pressing need, with 56.3% of survey respondents listing heart-related diseases as one of the top-five most important health issues in their community. Half of respondents listed diet, food and nutrition as one of the top conditions that affect their community, and 28.4% responded that physical activity and exercise were a top factor.

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

Social Environment

Social Environment refers to social, cultural and civic factors that influence a person's neighborhood. According to secondary data scoring, social environment ranked as the fourth-highest quality-of-life area of need in Duval County and the sixth highest in St. Johns County, with scores of 1.49 and 1.00, respectively. However, individual indicators scored poorly across the whole service area, notably median household gross rent. Mean travel time to work stood out as an indicator of concern in St. Johns County; single-parent households stood out in Duval County.

TABLE 43. SOCIAL ENVIRONMENT INDICATORS*

Indicator	FL Value	County	County Value	County Data Score	FL Counties	FL Value	US Counties	US Value	HP2020	Trend
Child abuse rate [9] (2016) **cases/1,000 children age 5-11*	901.3	Duval	994.5	1.67	1	3				1.5
		St. Johns	625.9	1	0	0				1.5
Children living below poverty level [1] (2012-2016)	23.3%	Duval	$0	1.94	1	2	2	3		2
		St. Johns	$0	0.39	0	0	0	0		1

Indicator	FL Value	County	County Value	County Data Score	FL Counties	FL Value	US Counties	US Value	HP2020	Trend
Female population 16+ in civilian labor force [1] (2012-2016)	54.3%	Duval	60.4%	1	0	0	0	1		3
		St. Johns	53.3%	2	1	2	2	2		3
Home ownership [1] (2012-2016)	52.3%	Duval	50.3%	2.67	3	2	3	3		3
		St. Johns	63.7%	0.67	0	0	1	0		1.5
Juvenile justice referral rate [18] (2013) **referrals/100,000 population*	448.7	Duval	392.6	1.17	1	0				
		St. Johns	308.1	1	0	0				
Linguistic isolation [1] (2012-2016)	6.8%	Duval	2.8%	1.44	2	0	3	0		2
		St. Johns	0.8%	0.56	0	0	1	0		1
Mean travel time to work [1] (2012-2016)	26.7	Duval	24.2	1.44	1	1	2	1		2
		St. Johns	27	2.11	2	2	3	2		2
Median household gross rent [1] (2012-2016)	$1,032	Duval	$962	1.92	2	1		2		3
		St. Johns	$1,150	2.58	3	3		3		3
Median household income [1] (2012-2016)	$48,900	Duval	$49,196	1.39	1	1	1	3		1
		St. Johns	$69,523	0.17	0	0	0	0		0
Median housing unit value [1] (2012-2016)	$166,800	Duval	$146,400	2.03	1	3		3		2
		St. Johns	$259,900	0.64	0	0		0		1
Median monthly owner costs for households without a mortgage [1] (2012-2016)	$466	Duval	$445	1.08	2	1		1		0
		St. Johns	$490	1.81	3	2		2		1
Mortgaged owners median monthly household costs [1] (2012-2016)	$1,422	Duval	$1,337	0.92	2	1		0		0
		St. Johns	$1,746	1.92	3	3		3		0
People 25+ with a bachelor's degree or higher [1] (2012-2016)	27.9%	Duval	28.1%	0.67	0	1	0	2		0
		St. Johns	42.5%	0.39	0	0	0	0		1
People 25+ with a high school degree or higher [1] (2012-2016)	87.2%	Duval	88.9%	0.83	1	1	1	1		0
		St. Johns	94.7%	0.5	0	1	0	1		0
People living below poverty level [1] (2012-2016)	16.1%	Duval	16.6%	1.56	1	2	2	2		1
		St. Johns	9.0%	0.39	0	0	0	0		1
Per capita income [1] (2012-2016)	$27,598	Duval	$27,235	1.17	1	2	1	2		0
		St. Johns	$38,362	0.17	0	0	0	0		0
Persons with health insurance [25] (2016)	84.6%	Duval	87.2%	1.08	0	1	2		3	0
		St. Johns	90.4%	0.81	0	1	1		2	0
Population 16+ in civilian labor force [1] (2012-2016)	58.5%	Duval	63.9%	1.11	0	1	1	1		2
		St. Johns	60.2%	1.5	0	1	1	2		3
Single-parent households [1] (2012-2016)	38.5%	Duval	42.7%	2.61	3	3	3	3		2
		St. Johns	20.7%	0.39	0	0	0	0		1

Indicator	FL Value	County	County Value	County Data Score	FL Counties	FL Value	US Counties	US Value	HP2020	Trend
Social and Economic Factors Ranking [4] (2018) *Ranking of the county in social and economic factors according to County Health Rankings*	Not Available	Duval	32	1.42	1					
		St. Johns	1	1.25	0					
Total employment change [24] (2014-2015)	4.5%	Duval	0.2%	2.33	3	3	2	3		
		St. Johns	8.4%	0.5	0	0	0	0		
Voter turnout: Presidential election [20] (2016)	74.5%	Duval	74.6%	1.22	1	1				1
		St. Johns	80.1%	1.17	0	1				1.5

*Comparisons were given a score ranging from 0 (green) to 3 (red), where 0 indicates the best outcome and 3 the worst, according to comparison values. Comparison scores of 0 or 3 are determined by the quartile of the indicator value when compared to a set of county values (Florida or U.S. counties), percent difference of 10% or greater when compared to a single value (Florida or U.S. value or HP2020 target) or a statistically significant Mann-Kendall test for trend. A trend score of 1.5 indicates the values are neither increasing nor decreasing over time. Availability of each type of comparison varies by indicator and is dependent on the data source, comparability with data collected for other communities and changes in methodology over time. Please see Appendix C2 for a detailed description of data scoring methodology.

[1] American Community Survey
[4] County Health Rankings
[9] Florida Department of Children and Families
[18] Florida Department of Juvenile Justice
[20] Florida Department of State
[24] National Center for Education Statistics
[25] Small Area Health Insurance Estimates

Community survey participants ranked social environment as the 11th most-impactful condition of daily life on their community, with over one quarter of participants believing it has the most impact. Only 37% of community survey respondents agree or strongly agree that their community supports a healthy lifestyle.

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

Respiratory Diseases

Respiratory diseases showed to be a top concern from the secondary data for the service area. It ranked as the ninth-highest scoring topic (1.53). Broken down by individual counties, it was the fifth-worst scoring health topic for St. Johns County and the 13th-worst for Duval County. For the entire service area, health indicator data showed that lung and bronchus cancer incidence and older adults vaccinated for pneumonia are of concern. Both counties fell far short of the Healthy People 2020 target of 90% vaccination for adults 65 years of age and older for pneumonia; both also failed to meet the target for death rate due to lung cancer. In Duval County, asthma for all ages stood out as an area that needed more focus, while St. Johns

County struggled in areas related to vaccinations for respiratory diseases and lung-specific disease and death rates.

TABLE 44. RESPIRATORY HEALTH DISEASES INDICATORS*

Indicator	FL Value	County	County Value	County Data Score	FL Counties	FL Value	US Counties	US Value	HP2020	Trend
Adults 65+ with influenza vaccination [8] (2016)	57.6%	Duval	57.6%	1.42	1	1		2		
		St. Johns	55.6%	1.75	2	2		2		
Adults 65+ with pneumonia vaccination [8] (2016)	65.60%	Duval	66.7%	1.75	2	1		2	3	
		St. Johns	63.3%	2.08	2	2		3	3	
Adults with current asthma [8] (2016)	6.70%	Duval	6.8%	1.25	1	2		0		
		St. Johns	7.4%	1.42	1	3		0		
Age-adjusted death rate due to influenza and pneumonia [17] (2014) **deaths/100,000 population*	9.7	Duval	15.6	2.14	3	3		3		1
		St. Johns	11	1.47	2	3		0		1
Age-adjusted death rate due to lung cancer [17] (2014-2016) **deaths/100,000 population*	40.4	Duval	46.2	1.39	1	3			2	0
		St. Johns	46.7	1.83	1	3			2	2
Asthma: Medicare population [3] (2015)	9.1%	Duval	10.1%	2.44	2	3	3	3		2
		St. Johns	7.8%	0.94	0	0	1	1		2
COPD: Medicare population [3] (2015)	13.2%	Duval	12.8%	1.56	1	1	2	3		1
		St. Johns	11.4%	0.67	0	0	1	2		0
Lung and bronchus cancer incidence rate [29] (2012-2014) **in cases/100,000 population*	61	Duval	76.2	1.72	2	3				1
		St. Johns	66.8	1.61	1	2				2
Teens with asthma [22] (2014)	20.8%	Duval	23.8%	2.33	3	3				3
		St. Johns	19.6%	1.44	1	1				2
Tuberculosis incidence rate [16] (2016) **cases/100,000 population*	3.2	Duval	0	0.47	0	0		0	0	1
		St. Johns	1.5	0.97	1	0		0	3	1

*Comparisons were given a score ranging from 0 (green) to 3 (red), where 0 indicates the best outcome and 3 the worst, according to comparison values. Comparison scores of 0 or 3 are determined by the quartile of the indicator value when compared to a set of county values (Florida or U.S. counties), percent difference of 10% or greater when compared to a single value (Florida or U.S. value or HP2020 target) or a statistically significant Mann-Kendall test for trend. A trend score of 1.5 indicates the values are neither increasing nor decreasing over time. Availability of each type of comparison varies by indicator and is dependent on the data source, comparability with data collected for other communities and changes in methodology over time. Please see Appendix C2 for a detailed description of data scoring methodology.

[3] Centers for Medicare & Medicaid Services
[8] Florida Behavioral Risk Factor Surveillance System
[16] Florida Department of Health, Bureau of TB & Refugee Health
[17] Florida Department of Health, Bureau of Vital Statistics
[22] Florida Youth Tobacco Survey
[29] University of Miami (FL) Medical School, Florida Cancer Data System

Key informants and focus group participants cited asthma as a community concern. Focus groups noted that asthma among children frequently leads to school absences and poor school performance. Community members attributed high rates of lung cancer in both Duval and St. Johns counties to high rates and a culture of smoking. Of survey participants, 12.6% ranked respiratory diseases as a top community health issue.

Sexual Health

The secondary data for sexual health showed this topic area is a significant need, particularly in Duval County. All sexual health indicators scored greater than 1.50 for the county, indicating above average need. Incidence rates in Duval County for gonorrhea, chlamydia, HIV and gonorrhea and chlamydia among teenage females are all higher than the respective state and national averages. The teen birth rate of 27.3 births per 1,000 teen females in the county far exceeds the Florida (19.5) and U.S. rates (20.3).

TABLE 45. SEXUAL HEALTH INDICATORS*

Indicator	FL Value	County	County Value	County Data Score	FL Counties	FL Value	US Counties	US Value	HP2020	Trend
AIDS diagnosis rate [13] (2016) *cases/100,000 population*	10.5	Duval	16.1	1.67	3	3				0
		St. Johns	4.1	1.06	1	0				1
Chlamydia incidence rate [15] (2016) *cases/100,000 population*	468.2	Duval	714.3	2.36	3	3		3		2
		St. Johns	269.8	0.86	0	0		0		2
Chlamydia incidence rate: Females 15-19 [15] (2016) *cases/100,000 females aged 15-19*	3175.6	Duval	4556.4	2.11	3	3				2
		St. Johns	1709.9	1	0	0				1.5
Gonorrhea incidence rate [15] (2016) *cases/100,000 population*	139.2	Duval	292.1	2.58	3	3		3		3
		St. Johns	55	0.86	0	0		0		2
Gonorrhea incidence rate: Females 15-19 [15] (2016) *cases/100,000 females aged 15-19*	496.6	Duval	911.3	2.33	3	3				3
		St. Johns	159.4	1.11	0	0				2
HIV incidence rate [13] (2016) *cases/100,000 population*	24.6	Duval	30.6	1.89	3	3				1
		St. Johns	6.8	0.89	0	0				1
Syphilis incidence rate [15] (2016) *cases/100,000 population*	11.9	Duval	11	2	3	1				3
		St. Johns	0.9	1.11	0	0				2

Indicator	FL Value	County	County Value	County Data Score	FL Counties	FL Value	US Counties	US Value	HP2020	Trend
Teen birth rate: 15-19 [17] (2016) *cases/1,000 females aged 15-19*	19.5	Duval	27.3	1.97	2	3		3		1
		St. Johns	8.4	0.64	0	0		0		1

*Comparisons were given a score ranging from 0 (green) to 3 (red), where 0 indicates the best outcome and 3 the worst, according to comparison values. Comparison scores of 0 or 3 are determined by the quartile of the indicator value when compared to a set of county values (Florida or U.S. counties), percent difference of 10% or greater when compared to a single value (Florida or U.S. value or HP2020 target) or a statistically significant Mann-Kendall test for trend. A trend score of 1.5 indicates the values are neither increasing nor decreasing over time. Availability of each type of comparison varies by indicator and is dependent upon the data source, comparability with data collected for other communities and changes in methodology over time. Please see Appendix C2 for a detailed description of data scoring methodology.

[13] Florida Department of Health, Bureau of HIV/AIDS
[15] Florida Department of Health, Bureau of STD Prevention & Control
[17] Florida Department of Health, Bureau of Vital Statistics

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

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

Built Environment & Safety

According to secondary data analysis, the built environment and safety are issues in the service area, with prevention and safety scoring as the worst health topic area for the whole service area. In Duval County, prevention and safety was also the highest scoring health topic area. This was the third highest scoring health topic in St. Johns County.

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

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

This topic includes indicators that connect the physical space people live in to nutrition and physical activity, and those that connect age-adjusted death rate due to unintentional injuries and age-adjusted death rate due to falls. For Duval County, pedestrian and bicycle death rates also were areas of concern, and in St. Johns, death rate from motor vehicle collisions scored poorly (Table 46).

TABLE 46. BUILT ENVIRONMENT & SAFETY INDICATORS*

Indicator	FL Value	County	County Value	County Data Score	FL Counties	FL Value	US Counties	US Value	HP2020	Trend
Access to exercise opportunities [4] (2018)	87.1%	Duval	88.5%	0.83	0	1	0	1		
		St. Johns	88.2%	0.83	0	1	0	1		
Age-adjusted death rate due to motor vehicle collisions [17] (2016) ** deaths/100,000 population*	15.4	Duval	15.2	1.44	1	1				2
		St. Johns	18.6	2	1	3				3
Age-adjusted death rate due to unintentional injuries [17] (2016) **deaths/100,000 population*	56.3	Duval	81.1	2.53	3	3		3	3	2
		St. Johns	50.6	1.75	1	0		2	3	3
Children with low access to a grocery store [28] (2015) **percent of children living more than one mile from a grocery store in an urban area or more than 10 miles from a grocery store in a rural area*		Duval	6.1%	1.67	2		2			
		St. Johns	5.3%	1.67	2		2			
Food Environment Index [4] (2018) ** index ranking from 0 (worst) to 10 (best) weighting the percent of those with low-income and low access to a grocery store and the percent of those without access to a reliable food source*	6.7	Duval	6.3	2.44	3	2	3	3		2
		St. Johns	7.8	0.72	0	0	1	1		1
Households with no car and low access to a grocery store [28] (2015)		Duval	1.7%	1	0		0			
		St. Johns	2.4%	1.33	1		1			

Indicator	FL Value	County	County Value	County Data Score	FL Counties	FL Value	US Counties	US Value	HP2020	Trend
Low-income and low access to a grocery store [28] (2015)		Duval	8.6%	1.67	2		2			
		St. Johns	6.6%	1.5	1		2			
Pedestrian death rate [5] (2013) *deaths/100,000 population	2.6	Duval	3.8	2.78	3	3	3	3	3	2
		St. Johns	1.4	1.11	1	0	2	1	2	1
People 65+ with low access to a grocery store [28] (2015)		Duval	2.5%	1.33	1		1			
		St. Johns	4.3%	1.67	2		2			
People with low access to a grocery store [28] (2015)		Duval	24.7%	1.67	2		2			
		St. Johns	25.4%	1.67	2		2			
Severe housing problems [4] (2010-2014)	21.50%	Duval	20.1%	2.33	3	1	3	2		3
		St. Johns	16.6%	0.89	1	0	2	0		1

*Comparisons were given a score ranging from 0 (green) to 3 (red), where 0 indicates the best outcome and 3 the worst, according to comparison values. Comparison scores of 0 or 3 are determined by the quartile of the indicator value when compared to a set of county values (Florida or U.S. counties), percent difference of 10% or greater when compared to a single value (Florida or U.S. value or HP2020 target) or a statistically significant Mann-Kendall test for trend. A trend score of 1.5 indicates the values are neither increasing nor decreasing over time. Availability of each type of comparison varies by indicator and is dependent upon the data source, comparability with data collected for other communities and changes in methodology over time. Please see Appendix C2 for a detailed description of data scoring methodology.

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

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

Prioritization Process and Criteria

To prioritize the significant needs of the Northeast Florida Region, 68 community members, including those from Duval and St Johns counties, engaged in three rounds of voting and discussion on May 17, 2018. In the first round, prioritization participants had three votes; in the second round, two; and in the third and final round, one. Prioritization participants were asked to consider how each significant need fared against the criteria in Table 47. As a part of the prioritization session, participants were presented findings from the primary and secondary data for each of the identified significant health needs. After each round of voting, participants discussed results and eliminated health topics with no votes or the lowest number of votes.

TABLE 47. PRIORITIZATION CRITERIA

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

Seven health and health-related areas were identified as priorities for the community. Table 48 shows the selected priorities in order from highest to lowest priority, followed by evidence of the health area as a significant need.

TABLE 48. PRIORITY HEALTH AREAS AND EVIDENCE FROM DATA COLLECTED

Priority Health Area Ranked from highest to lowest priority	Secondary Data Scores *Score of 1.5 or above* *0 (good) – 3 (bad)*	Key Informant Interviews *Issue cited by at least half of all 44 key informants*	Focus Group Discussions *Issue cited in at least half of all 15 focus groups*	Community Survey *Ranked order of importance by participants*
Access (includes access to health care, transportation, safe housing, and nutrition)	Transportation (X) Exercise, nutrition & weight (X)	X	X	X
Behavioral health (mental health & substance abuse)	X	X	X	X
Poverty		X	X	
Obesity & physical activity	X	X	X	X
Maternal, fetal & infant health	X			X
Cancer	X		X	X
Vulnerable populations	X	X	X	X

Plans for addressing these prioritized health needs will be considered further in the implementation strategy for Mayo Clinic's Florida campus.

These prioritized health needs will guide the community health improvement efforts of the Florida campus. Mayo Clinic's Florida campus will determine which prioritized health needs it has the resources to address and how it plans to address them in its Implementation Strategy.

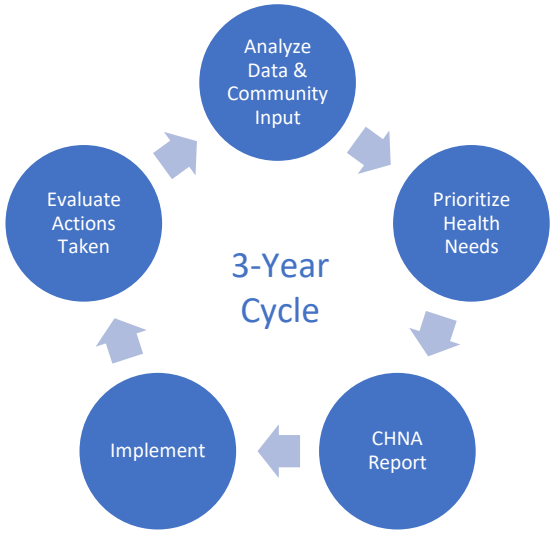
Available Resources within the Community to Address Identified Needs

During the community input collection process, participants were asked to identify key community assets and resources being used in the community, as well as any organizations that could be future partners in implementing the priority health needs. Appendix D lists all the community resources mentioned by community input participants to help address the significant health needs identified through this CHNA.

Evaluation of Prior CHNA and Implementation Strategy

Evaluation of Progress Since Prior CHNA

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



Priority Health Needs from Preceding CHNA

Priority health needs for the Florida campus for 2016-2018 were:

1. Mental illness & limited access to mental illness health care resources
2. Health disparities & obesity/nutrition/lifestyle
3. Access to care, health disparities, & mental health

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

Community Feedback from Preceding CHNA & Implementation Plan

The 2016 CHNA for Mayo Clinic's Florida campus was made available to the public and open for public comment via the website https://www.mayoclinic.org/documents/2016-fl-chna/doc-20302596. No comments were received on either document at the time this report was written.

Conclusion

The Community Health Needs Assessment for Mayo Clinic's campus in Florida used a comprehensive set of secondary data indicators measuring the health and quality of life needs for the service area. The assessment was further informed with community input from knowledgeable persons representing broad interests of the community.

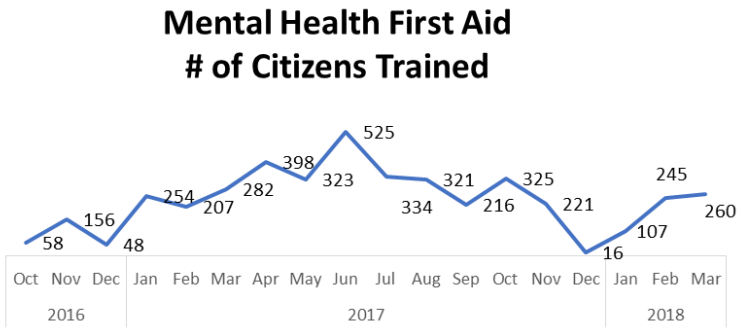
The prioritization process identified seven focus areas:

1. Access
2. Behavioral health
3. Poverty
4. Obesity & physical activity
5. Maternal, fetal & infant health
6. Cancer

7. Vulnerable populations

Using the results from this process, Mayo Clinic's campus in Florida will outline which prioritized health needs it has the resources to address and how it plans to address them in its Implementation Strategy.

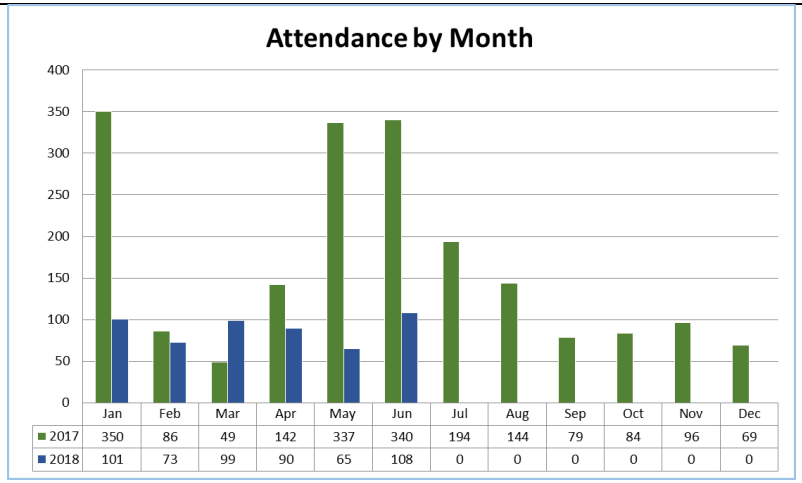
Appendix A. Prior CHNA Impact Report & Comments

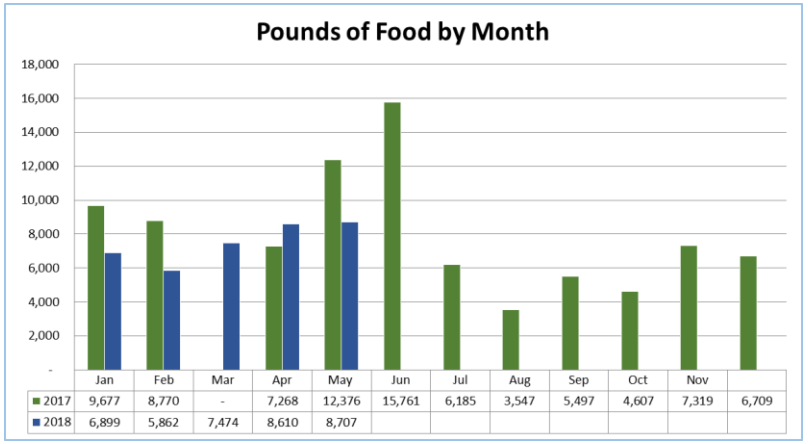
Significant Health Need Identified in Preceding CHNA	Planned Activities to Address Health Needs Identified in Preceding Implementation Strategy	Was Activity Implemented (Yes/No)	Results, Impact & Data Sources
Mental illness Limited access to mental illness health care resources	Training 10,000 citizens in Mental Health First Aid in North East Florida in three years	Yes	At the time of compiling this report, the effort completed 15 months of the 36-month plan. Based on the three-year timeline, our target for the training is 4,166. The project is actually above the target at 4,296, with steady results forthcoming. 

Significant Health Need Identified in Preceding CHNA	Planned Activities to Address Health Needs Identified in Preceding Implementation Strategy	Was Activity Implemented (Yes/No)	Results, Impact & Data Sources
Health Disparities & Obesity/Nutrition/ Lifestyle In Duval County there is a significant disparity between the health status of the general population and citizens who reside on the north side of the community. Common indicators with a significant variation include diabetes, hypertension, obesity, nutrition and stroke.	Wellness Rx is a community-led wellness program designed to empower and educate New Town residents with information to improve their overall health. Through civic engagement, New Town Success Zone (NTSZ) has created a model of engagement that encourages self-responsibility, accountability and community-driven action around health and wellness priorities. NTSZ and Mayo Clinic have partnered with the community to deliver this programming initiative. The program, delivered at the Center for the Prevention of Health Disparities on the Edward Waters College campus, consists of two to three educational program days monthly. Program days are designed to provide health and wellness education based upon health disparity topics outlined in the CHNA. Participants were encouraged to share their top health and	Yes	Results are measured through a variety of perspectives and priorities. First, output measures are assessed. These include the number of residents attending the educational programming, the frequency of that attendance, the number of pounds of food and equivalent number of meals provided (this community is in a food desert). Charts 2 and 3 and Tables 1 and 2 illustrate the results so far. Second, outcome measures for the project will include an assessment of changes in behavior and understanding of health risk factors. These will be measured by assessing pre/post program surveys and adherence to pledged efforts to improve self-reported health challenges. In 2017, there were over 1,100 attendees for the programming; some attendees participated in multiple education sessions. Frequent attendance is a measure of success for the effort. While providing health education to 1,100 is extremely valuable, we are confident success will be realized particularly by those who participated in three or more events. With this in mind, we assessed the data to identify the residents who attended at least three events. Those 116 residents are now classified as our “star” participants and are provided with more intimate encouragement around their health and wellness pledges. 2018 data are year-to-date through May 2018.

wellness goals, which in turn are followed to assist them with improvements. These goals will be reassessed at the end of the goal to determine if there were health improvements and/or if their health status improved.

During the Wellness Rx program, being located in a community that is classified as a food desert, fresh fruits and vegetables are distributed to the community monthly during the program activities,





Participation Summary 2017	
Lowest # of Attendees:	10
Average # of Attendees:	86
Highest # of Attendees:	350
# of Educational Sessions Held:	23
Pounds of Food Distributed:	87,716
Average Pounds per Family:	55

Participation Summary 2018 (Through May)	
Lowest # of Attendees:	8
Average # of Attendees:	49
Highest # of Attendees:	101
# of Educational Sessions Held:	22
Pounds of Food Distributed:	37,552
Average Pounds per Family:	84

Significant Health Need Identified in Preceding CHNA	Planned Activities to Address Health Needs Identified in Preceding Implementation Strategy	Was Activity Implemented (Yes/No)	Results, Impact & Data Sources
Access to Care Health Disparities Mental Health	Citizens without health insurance are at a significant disadvantage when it comes to access to healthcare resources. Mayo Clinic not only provides access to healthcare resources through its charity care program, but it also contributes to access to care by providing healthcare at area federally qualified health clinics and other nonprofit clinics. These clinics include; the Sulzbacher Center, Volunteers in Medicine, Mission House and We Care, a system of specialty care resources.	Yes	Overall, Mayo Clinic's Florida campus physicians provided over 340 off-site appointments/medical procedures and 120 on-campus consultations and surgical procedures, at no expense to patients who receive care at these agencies.

Appendix B. Primary Data

1. Key Informant Interview Questions

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

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

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

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

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

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

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

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

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

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

2. Organizations Participating in Key Informant Interviews

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

3. Focus Group Discussion Questions

1. What is your vision for a healthy community?

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

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

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

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

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

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

8. [select either A or B]
    A. What are the top 3 priorities for this community in terms of health needs and why?

B. (Activity) Each person has received $1,000. Each person should distribute their money to the issues they think are the most important for improving the health of the community.

4. Completed Focus Groups

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

5. Community Survey Questionnaire

Welcome to the Jacksonville Regional Community Survey

The Jacksonville Nonprofit Hospital Partnership wants to understand the health needs of the Jacksonville region. This region covers Baker, Clay, Duval, Nassau and St. Johns County. In this survey, you can tell us what issues are important. Your thoughts will help to tell the Partnership how it should help the community. This survey will take about 15 minutes to complete.

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

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

1. What county do you reside in?

- ☐ Baker County
- ☐ Clay County
- ☐ Duval County
- ☐ Nassau County
- ☐ St. Johns County

2. What is your ZIP code?

ZIP/Postal Code ☐

3. What is your profession?

- ☐ Current U.S. service member
- ☐ Currently unemployed
- ☐ Currently retired
- ☐ Agriculture, forestry, fishing & hunting, and mining
- ☐ Arts, entertainment, & recreation, and accommodation & food services
- ☐ Construction
- ☐ Educational services, and social assistance
- ☐ Finance & insurance, and real estate, rental & leasing
- ☐ Health care
- ☐ Homemaker
- ☐ Information
- ☐ Manufacturing
- ☐ Professional, scientific & management, and administrative & waste management services
- ☐ Public administration
- ☐ Other services, except public administration
- ☐ Retail trade
- ☐ Transportation & warehousing, and utilities
- ☐ Wholesale trade
- ☐ Other *(please specify):*

_____

4. **What is your age?**

- ☐ 17 or younger
- ☐ 18-24
- ☐ 25-34
- ☐ 35-44
- ☐ 45-54
- ☐ 55-64
- ☐ 65-74
- ☐ 75+

5. **What is your gender identity?**

- ☐ Female
- ☐ Male
- ☐ Other *(please specify):*

_____

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

- ☐ Hispanic/Latino(a)
- ☐ Non-Hispanic/Latino(a)
- ☐ Other *(please specify):*

_____

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

- ☐ American Indian or Alaska Native
- ☐ Asian
- ☐ Black or African American
- ☐ Native Hawaiian or Other Pacific Islander
- ☐ White
- ☐ Other *(please specify):*

_____

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

- ☐ Less than High School
- ☐ High School Diploma or GED
- ☐ Some College
- ☐ Technical Certificate
- ☐ Associate's Degree
- ☐ Bachelor's Degree
- ☐ Professional or Advanced Degree

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

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

- ☐ No
- ☐ Yes *(if yes, please specify the number of children in your household):*

_____

11. Select your total household income level.

- ☐ Less than $25,000
- ☐ $25,000-$49,999
- ☐ $50,000-$74,999
- ☐ $75,000 or more

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

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

_____

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

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

☐ Very good
☐ Good
☐ OK
☐ Poor
☐ Very poor
☐ Don't know/not sure

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

Select Five ***[x]***	**Health Issue**	**Rank the selected five** ***(1 being the most important)***
	Cancer	
	Diabetes	
	Eye Health (vision)	
	Heart Disease, Stroke, High Blood Pressure, and Heart Failure	
	Infectious Diseases (tuberculosis, measles, mumps, rubella, flu, pneumonia, Lyme disease, etc.)	
	Injuries and Safety (falls, motor vehicle safety, pedestrian safety, domestic violence, assault, etc.)	
	Mental Health and Mental Disorders (depression, anxiety, trauma, crisis, etc.)	
	Obesity/Overweight	
	Oral, Dental, or Mouth Health (tooth decay, gum disease, etc.)	
	Preventive Care (wellness visits, mammograms, Pap smears, flu shots, colonoscopy, etc.)	
	Reproductive Health (contraceptives, planned or unintended pregnancy, family planning/counseling, prenatal care, etc.)	
	Respiratory/Lung Diseases (asthma, COPD, etc.)	
	Sexual Health (sexual health education, safe sexual experiences, HIV, gonorrhea, syphilis, chlamydia, HPV, etc.)	
	Substance Abuse (alcohol, tobacco, e-cigarettes, drugs, opioids, prescription drugs, etc.)	
	Other *(please specify):*	

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

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

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

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

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

- ☐ White
- ☐ Black or African American
- ☐ American Indian or Alaska Native
- ☐ Asian
- ☐ Native Hawaiian and Other Pacific Islander
- ☐ Hispanic or Latino
- ☐ Multi-racial
- ☐ Other *(please specify):*

_____

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

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

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

- ☐ **Alcohol and substance abuse** (alcohol, tobacco, e-cigarettes, drugs, opioids, prescription drugs, etc.)
- ☐ **Alternative medicine** (acupuncture, cupping, etc.)
- ☐ **Chronic disease management** (diabetes, high blood pressure management, etc.)
- ☐ **Emotional wellness**
- ☐ **Family planning**
- ☐ **Fitness and physical activity**
- ☐ **Mental health** (depression, anxiety, trauma, crisis, etc.)
- ☐ **Nutrition and healthy diet**
- ☐ **Pain management**
- ☐ **Pregnancy and new baby**
- ☐ **Preventive care** (wellness visits, mammograms, Pap smears, flu shots, colonoscopy, etc.)
- ☐ **Quitting smoking**
- ☐ **Senior health**
- ☐ **Stress reduction**
- ☐ **Transportation**
- ☐ Other *(please specify):*

_____

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

- ☐ 211 lines
- ☐ Books/Magazines
- ☐ Doctor
- ☐ Faith/Community
- ☐ Friends and Family
- ☐ Grocery Stores
- ☐ Health and Fitness Facilities
- ☐ Health Department
- ☐ Hospital
- ☐ Internet
- ☐ Pharmacist
- ☐ School
- ☐ Social Media (Facebook, Twitter, etc.)
- ☐ Television
- ☐ Other *(please specify):*

_____

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

☐ No

☐ Yes

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

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

Thank you for your participation!

Appendix C. Secondary Data

1. Secondary Data Sources

Sources used in the secondary data analysis, including secondary data scoring and index of disparity, for Mayo Clinic's service area in Florida are:

1. U.S. Census Bureau: American Community Survey (ACS). Retrieved from https://www.census.gov/programs-surveys/acs/
2. American Lung Association. Retrieved from http://www.lung.org/
3. Centers for Medicare & Medicaid Services. Retrieved from https://www.cms.gov/Medicare/Medicare.html
4. County Health Rankings. Retrieved from http://www.countyhealthrankings.org/
5. Fatality Analysis Reporting System (FARS). Retrieved from https://www.nhtsa.gov/research-data/fatality-analysis-reporting-system-fars
6. Feeding America. (Retrieved from http://www.feedingamerica.org/
7. Florida Agency for Health Care Administration. Retrieved from http://www.fdhc.state.fl.us/
8. Florida Behavioral Risk Factor Surveillance System. Retrieved from http://www.floridahealth.gov/statistics-and-data/survey-data/behavioral-risk-factor-surveillance-system/index.html
9. Florida Department of Children and Families. Retrieved from http://www.myflorida.com/accessflorida/
10. Florida Department of Education. Retrieved October 16, 2015, from http://www.fldoe.org/
11. Florida Department of Education, Office of Early Learning. Retrieved from http://www.floridaearlylearning.com/
12. Florida Department of Health, Bureau of Epidemiology. Retrieved from http://www.floridahealth.gov/diseases-and-conditions/aids/surveillance/epi-profiles/index.html
13. Florida Department of Health, Bureau of HIV/AIDS. Retrieved from http://www.floridahealth.gov/diseases-and-conditions/aids/index.html
14. Florida Department of Health, Bureau of Immunization. Retrieved from http://www.floridahealth.gov/programs-and-services/immunization/
15. Florida Department of Health, Bureau of STD Prevention & Control. Retrieved from http://www.floridahealth.gov/diseases-and-conditions/sexually-transmitted-diseases/index.html
16. Florida Department of Health, Bureau of TB & Refugee Health. Retrieved from http://www.floridahealth.gov/programs-and-services/community-health/refugee-health/index.html
17. Florida Department of Health, Bureau of Vital Statistics. Retrieved from http://www.floridahealth.gov/certificates/certificates/index.html

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

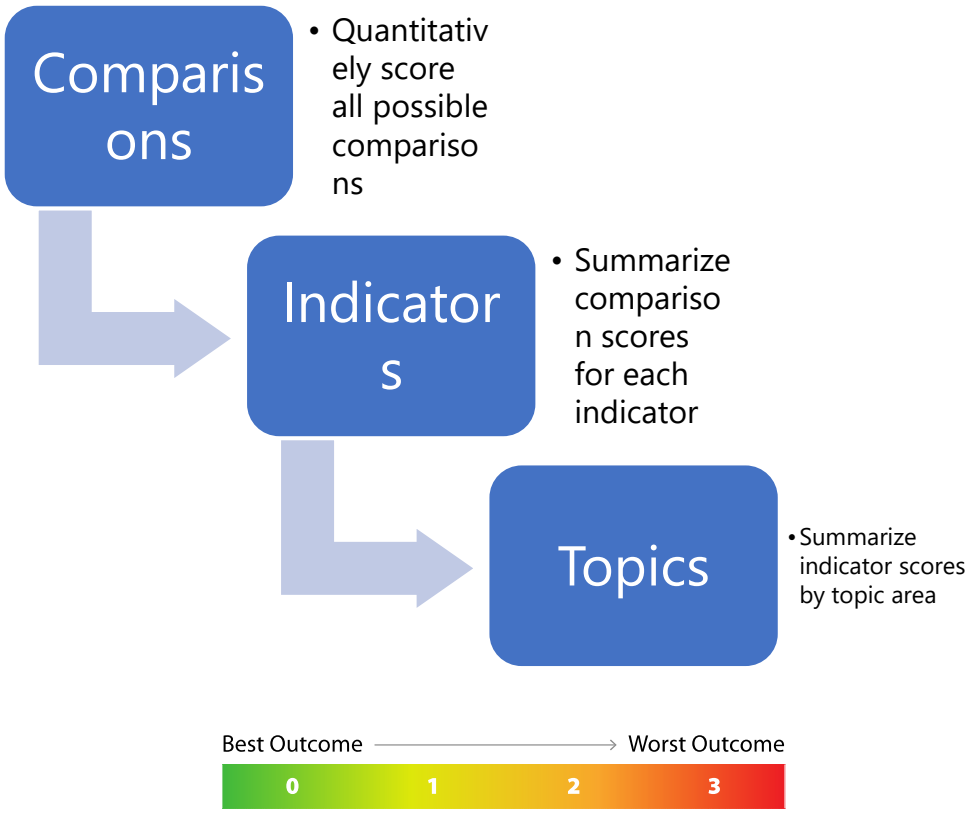
In order to enrich the report, several health topic areas were supplemented with data collected from previously published reports. This additional content was not incorporated in secondary data scoring due to the limited number of comparisons possible, but is included in the narrative of this report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

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

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

2. Secondary Data Scoring Detailed Methodology

Data scoring is done in three stages:



For each indicator, every county in Mayo Clinic's Florida campus' service area was assigned a score based on its comparison to other communities, whether health targets have been met and the trend of the indicator value over time. These comparison scores range from 0-3, where 0 indicates the best outcome and 3 the worst. Availability of each type of comparison varies by indicator and is dependent on the data source, comparability with data collected for other communities and changes in methodology over time.

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

Comparison to a Distribution of County Values: Within State and Nation

For ease of interpretation and analysis, indicator data on the community dashboard is visually represented as a green-yellow-red gauge showing how it fares against a distribution of counties in the state or the U.S. A distribution is created by taking all county values within the state or nation, ordering them from low to high and dividing them into three groups (green, yellow, red) based on their order. Indicators with the poorest comparisons ("in the red") scored high; indicators with good comparisons ("in the green") scored low.

Comparison to Values: State, National and Targets

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

Trend Over Time

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

Missing Values

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

Indicator Scoring

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

Topic Scoring

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

3. Secondary Data Scores

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

Duval County

SCORE	**ACCESS TO HEALTH SERVICES**	UNITS	DUVAL COUNTY	HP2020	FLORIDA	U.S.	MEASUREMENT PERIOD	SOURCE
1.83	Median Monthly Medicaid Enrollment	*enrollments/100,000 population*	22171.3		19607.4		*2017*	7
1.75	Adults with a Usual Source of Health Care	*percent*	75	89.4	72	77.1	*2016*	8
1.56	Adults with Health Insurance	*percent*	84.3	100	81.6	88	*2016*	1
1.42	Adults Who did not Visit a Dentist due to Cost	*percent*	19.8				*2007*	8
1.25	Clinical Care Ranking* **County Health Ranking is based on a summary composite score calculated from the following measures: uninsured, primary care physicians, mental health providers, dentists, preventable hospital stays, diabetic monitoring and mammography screening.*		13				*2018*	4
1.22	Children with Health Insurance	*percent*	95	100	93.8	95.5	*2016*	1
1.08	Persons with Health Insurance	*percent*	87.2	100	84.6		*2016*	25
0.39	Primary Care Provider Rate	*providers/100,000 population*	86		73	76	*2015*	4
0.17	Dentist Rate	*dentists/100,000 population*	79		58	67	*2016*	4
0.17	Non-Physician Primary Care Provider Rate	*providers/100,000 population*	137		88	81	*2017*	4

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

2.06	Colorectal Cancer Incidence Rate	*cases/100,000 population*	43.8	39.9	36.9		*2012-2014*	29
2.00	All Cancer Incidence Rate	*cases/100,000 population*	494.2		426.8		*2012-2014*	29
2.00	Breast Cancer Incidence Rate	*cases/100,000 females*	134.6		117.8		*2012-2014*	29
2.00	Cancer: Medicare Population	*percent*	9.2		9.6	7.8	*2015*	3
2.00	Colon Cancer Screening: Blood Stool Test Past Year	*percent*	10.6		16		*2016*	8
2.00	Prostate Cancer Incidence Rate	*cases/100,000 males*	111.4		90.5		*2012-2014*	29
1.83	Oral Cavity and Pharynx Cancer Incidence Rate	*cases/100,000 population*	15.8		13.4		*2012-2014*	29
1.72	Lung and Bronchus Cancer Incidence Rate	*cases/100,000 population*	76.2		61		*2012-2014*	29
1.67	Mammogram: 40+ Past Year	*percent*	57.7		60.8		*2016*	8
1.67	Melanoma Incidence Rate	*cases/100,000 population*	22.1		22.8		*2012-2014*	29
1.67	Prostate-Specific Antigen Test History	*percent*	50.9		54.9		*2016*	8
1.56	Age-Adjusted Death Rate due to Prostate Cancer	*deaths/100,000 males*	19.3	21.8	17.1		*2014-2016*	17
1.39	Age-Adjusted Death Rate due to Breast Cancer	*deaths/100,000 females*	21.6	20.7	19.8		*2014-2016*	17
1.39	Age-Adjusted Death Rate due to Colorectal Cancer	*deaths/100,000 population*	14.9	14.5	13.7		*2014-2016*	17
1.39	Age-Adjusted Death Rate due to Lung Cancer	*deaths/100,000 population*	46.2	45.5	40.4		*2014-2016*	17
1.22	Age-Adjusted Death Rate due to Cancer	*deaths/100,000 population*	170.2	161.4	155.1		*2014-2016*	17

1.00	Pap Test in Past Year	*percent*	54.7		48.4		*2016*	8

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

SCORE	**COUNTY HEALTH RANKINGS**	UNITS	DUVAL COUNTY	HP2020	FLORIDA	U.S.	MEASUREMENT PERIOD	SOURCE
1.75	Physical Environment Ranking* **County Health Ranking is based on a summary composite score calculated from the following measures: daily fine particulate matter, drinking water violations, severe housing problems, driving alone to work and long commute while driving alone.*		60				*2018*	4
1.58	Health Behaviors Ranking* **County Health Ranking is based on a summary composite score calculated from the following measures: adult smoking, adult obesity, physical inactivity, access to exercise opportunities, excessive drinking, alcohol-impaired driving deaths, sexually transmitted infections, teen births and a food environment index.*		41				*2018*	4
1.58	Morbidity Ranking* **County Health Ranking is based on a summary composite score calculated from the following measures: poor or fair health, poor physical health days, poor mental health days and low birthweight.*		38				*2018*	4

1.58	Mortality Ranking* **County Health Ranking is based on a measure of premature death.*	47				*2018*	4
1.42	Social and Economic Factors Ranking* **County Health Ranking is based on a summary composite score calculated from the following measures: high school graduation, some college, unemployment, children in poverty, income inequality, children in single-parent households, social associations, violent crime rate and injury death rate.*	32				*2018*	4
1.25	Clinical Care Ranking* **County Health Ranking is based on a summary composite score calculated from the following measures: uninsured, primary care physicians, mental health providers, dentists, preventable hospital stays, diabetic monitoring and mammography screening.*	13				*2018*	4

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

SCORE	**ECONOMY**	UNITS	DUVAL COUNTY	HP2020	FLORIDA	U.S.	MEASUREMENT PERIOD	SOURCE
2.67	Homeownership	*percent*	50.3		52.3	55.9	*2012-2016*	1
2.61	Food Insecurity Rate	*percent*	20		15.1	13.7	*2015*	6
2.33	Severe Housing Problems* **Percentage of households with at least one of the following four housing problems: overcrowding, high housing costs, lack of kitchen or lack of plumbing facilities*	*percent*	20.1		21.5	18.8	*2010-2014*	4
2.33	Total Employment Change	*percent*	0.2		4.5	2.5	*2014-2015*	27

2.11	Households with Cash Public Assistance Income	*percent*	2.8	2.2	2.7	*2012-2016*	1
2.03	Median Housing Unit Value	*dollars*	146400	166800	184700	*2012-2016*	1
1.94	Child Food Insecurity Rate	*percent*	23.2	22.7	19.3	*2015*	6
1.94	Children Living Below Poverty Level	*percent*	24.8	23.3	21.2	*2012-2016*	1
1.92	Median Household Gross Rent	*dollars*	962	1032	949	*2012-2016*	1
1.89	Families Living Below Poverty Level	*percent*	12.7	11.7	11	*2012-2016*	1
1.78	People 65+ Living Below Poverty Level	*percent*	10.1	10.4	9.3	*2012-2016*	1
1.67	Low-Income and Low Access to a Grocery Store	*percent*	8.6			*2015*	28
1.56	People Living Below Poverty Level	*percent*	16.6	16.1	15.1	*2012-2016*	1
1.56	Renters Spending 30% or More of Household Income on Rent	*percent*	50.1	57.4	47.3	*2012-2016*	1
1.42	Social and Economic Factors Ranking* **County Health Ranking is based on a summary composite score calculated from the following measures: high school graduation, some college, unemployment, children in poverty, income inequality, children in single-parent households, social associations, violent crime rate and injury death rate.*		32			*2018*	4
1.39	Median Household Income	*dollars*	49196	48900	55322	*2012-2016*	1
1.22	Food Insecure Children Likely Ineligible for Assistance	*percent*	29	29	34.1	*2015*	6
1.22	People Living 200% Above Poverty Level	*percent*	63.4	62.7	66.4	*2012-2016*	1
1.17	Per Capita Income	*dollars*	27235	27598	29829	*2012-2016*	1
1.11	Population 16+ in Civilian Labor Force	*percent*	63.9	58.5	63.1	*2012-2016*	1

1.11	Unemployed Workers in Civilian Labor Force	*percent*	3.7	3.8	4.4	*February 2018*	26
1.08	Median Monthly Owner Costs for Households without a Mortgage	*dollars*	445	466	462	*2012-2016*	1
1.00	Female Population 16+ in Civilian Labor Force	*percent*	60.4	54.3	58.3	*2012-2016*	1
0.92	Mortgaged Owners Median Monthly Household Costs	*dollars*	1337	1422	1491	*2012-2016*	1

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

SCORE	**ENVIRONMENT**	UNITS	DUVAL COUNTY	HP2020	FLORIDA	U.S.	MEASUREMENT PERIOD	SOURCE
2.44	Food Environment Index		6.3		6.7	7.7	*2018*	4
2.33	Severe Housing Problems* **Percentage of households with at least one of the following four housing problems: overcrowding, high housing costs, lack of kitchen or lack of plumbing facilities*	*percent*	20.1		21.5	18.8	*2010-2014*	4
1.83	Recognized Carcinogens Released into Air	*pounds*	42139				*2016*	28
1.75	Physical Environment Ranking* **County Health Ranking is based on a summary composite score calculated from the following measures: daily fine particulate matter, drinking water violations, severe housing problems, driving alone to work and long commute while driving alone.*		60				*2018*	4
1.67	Children with Low Access to a Grocery Store	*percent*	6.1				*2015*	28
1.67	Low-Income and Low Access to a Grocery Store	*percent*	8.6				*2015*	28
1.67	People with Low Access to a Grocery Store	*percent*	24.7				*2015*	28
1.53	Annual Ozone Air Quality* **This indicator gives a grade to each county in the U.S. based on the annual number of high ozone days.*	*grade*	C				*2013-2015*	2
1.47	Annual Particle Pollution* **This indicator gives a grade to each county in the U.S. based on the average annual number of days that exceed U.S. particle pollution standards (PM2.5).*	*grade*	B				*2013-2015*	2
1.42	Drinking Water Violations	*percent*	3.1		6.2		*FY 2013-14*	4

1.33	People 65+ with Low Access to a Grocery Store	*percent*	2.5				*2015*	28
1.00	Households with No Car and Low Access to a Grocery Store	*percent*	1.7				*2015*	28
0.83	Access to Exercise Opportunities	*percent*	88.5		87.1	83.1	*2018*	4

SCORE	**ENVIRONMENTAL & OCCUPATIONAL HEALTH**	UNITS	DUVAL COUNTY	HP2020	FLORIDA	U.S.	MEASUREMENT PERIOD	SOURCE
2.44	Asthma: Medicare Population	*percent*	10.1		9.1	8.2	*2015*	3
2.33	Teens with Asthma	*percent*	23.8		20.8		*2014*	22
1.75	Physical Environment Ranking* **County Health Ranking is based on a summary composite score calculated from the following measures: daily fine particulate matter, drinking water violations, severe housing problems, driving alone to work and long commute while driving alone.*		60				*2018*	4
1.25	Adults with Current Asthma	*percent*	6.8		6.7	9.3	*2016*	8

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

1.83	Teen Fruit Consumption	*percent*	18		22.5	20	*2015*	29
1.81	Adults Who are Obese	*percent*	30.7	30.5	27.4	29.9	*2016*	8
1.75	Teens Without Sufficient Physical Activity	*percent*	43.2				*2012*	12
1.72	Workers Who Walk to Work	*percent*	1.5	3.1	1.5	2.8	*2012-2016*	1
1.67	Children with Low Access to a Grocery Store	*percent*	6.1				*2015*	28
1.67	Low-Income and Low Access to a Grocery Store	*percent*	8.6				*2015*	28
1.67	People with Low Access to a Grocery Store	*percent*	24.7				*2015*	28
1.61	Teens Who are Obese: High School Students	*percent*	14.5		14.3		*2012*	12
1.58	Adults Who are Overweight or Obese	*percent*	65.4		63.2	65.2	*2016*	8
1.58	Health Behaviors Ranking* **County Health Ranking: the ranking is based on a summary composite score calculated from the following measures: adult smoking, adult obesity, physical inactivity, access to exercise opportunities, excessive drinking, alcohol-impaired driving deaths, sexually transmitted infections, teen births and a food environment index.*		41				*2018*	4
1.50	Adult Fruit and Vegetable Consumption	*percent*	17.3		18.3		*2013*	8
1.50	Teens Who are Overweight or Obese	*percent*	27.8		26.8	29.9	*2015*	29
1.33	People 65+ with Low Access to a Grocery Store	*percent*	2.5				*2015*	28
1.22	Food Insecure Children Likely Ineligible for Assistance	*percent*	29		29	34.1	*2015*	6
1.00	Households with No Car and Low Access to a Grocery Store	*percent*	1.7				*2015*	28

0.83	Access to Exercise Opportunities	*percent*	88.5		87.1	83.1	*2018*	4

SCORE	**HEART DISEASE & STROKE**	UNITS	DUVAL COUNTY	HP2020	FLORIDA	U.S.	MEASUREMENT PERIOD	SOURCE
2.44	Stroke: Medicare Population	*percent*	5.2		4.8	4	*2015*	3
2.33	Atrial Fibrillation: Medicare Population	*percent*	9.4		9.7	8.1	*2015*	3
2.06	Hypertension: Medicare Population	*percent*	62.1		60.5	55	*2015*	3
1.81	Age-Adjusted Death Rate due to Cerebrovascular Disease (Stroke)	*deaths/100,000 population*	40.1	34.8	39.7	37.3	*2016*	17
1.72	Age-Adjusted Death Rate due to Hypertensive Heart Disease	*deaths/100,000 population*	12.6		11		*2016*	17
1.72	Heart Failure: Medicare Population	*percent*	14.6		14.2	13.5	*2015*	3
1.67	Cholesterol Test History	*percent*	72.4		73.2		*2013*	8
1.50	Hyperlipidemia: Medicare Population	*percent*	50.7		55.6	44.6	*2015*	3
1.42	High Blood Pressure Prevalence	*percent*	34.4	26.9	34.6	31.4	*2013*	8
1.25	High Cholesterol Prevalence	*percent*	33.1	13.5	33.4	38.4	*2013*	8
1.17	Age-Adjusted Death Rate due to Major Cardiovascular Diseases	*deaths/100,000 population*	224.9		209.7		*2016*	17
1.17	Ischemic Heart Disease: Medicare Population	*percent*	30.1		34	26.5	*2015*	3
1.03	Age-Adjusted Death Rate due to Coronary Heart Disease	*deaths/100,000 population*	94.9	103.4	98.5	94.3	*2016*	17

SCORE	**IMMUNIZATIONS & INFECTIOUS DISEASES**	UNITS	DUVAL COUNTY	HP2020	FLORIDA	U.S.	MEASUREMENT PERIOD	SOURCE
2.58	Gonorrhea Incidence Rate	*cases/100,000 population*	292.1		139.2	145.8	*2016*	15
2.36	Chlamydia Incidence Rate	*cases/100,000 population*	714.3		468.2	497.3	*2016*	15
2.33	Gonorrhea Incidence Rate: Females 15-19	*cases/100,000 females age 15-19*	911.3		496.6		*2016*	15
2.14	Age-Adjusted Death Rate due to Influenza and Pneumonia	*deaths/100,000 population*	15.6		9.8	13.5	*2016*	17
2.11	Chlamydia Incidence Rate: Females 15-19	*cases/100,000 females age 15-19*	4556.4		3175.6		*2016*	15
2.00	Syphilis Incidence Rate	*cases/100,000 population*	11		11.9		*2016*	15
1.89	HIV Incidence Rate	*cases/100,000 population*	30.6		24.6		*2016*	13
1.89	Salmonella Infection Incidence Rate	*cases/100,000 population*	33.3	11.4	27.8		*2016*	12
1.75	Adults 65+ with Pneumonia Vaccination	*percent*	66.7	90	65.6	73.4	*2016*	8
1.72	Kindergartners with Required Immunizations	*percent*	93.8		94.1		*2017*	14
1.67	AIDS Diagnosis Rate	*cases/100,000 population*	16.1		10.5		*2016*	13
1.42	Adults 65+ with Influenza Vaccination	*percent*	57.6		57.6	58.6	*2016*	8
1.33	E. coli Infection Incidence Rate	*cases/100,000 population*	0.3		0.6		*2014*	12
0.47	Tuberculosis Incidence Rate	*cases/100,000 population*	0	1	3.2	2.9	*2016*	16

SCORE	**MATERNAL, FETAL & INFANT HEALTH**	UNITS	DUVAL COUNTY	HP2020	FLORIDA	U.S.	MEASUREMENT PERIOD	SOURCE

2.75	Mothers who Received Early Prenatal Care	*percent*	66.1	77.9	78.4	77.1	*2016*	17
2.53	Babies with Low Birth Weight	*percent*	10	7.8	8.7	8.2	*2016*	17
2.36	Preterm Births	*percent*	11.3	9.4	10.1	9.8	*2016*	17
2.00	Infant Mortality Rate	*deaths/1,000 live births*	8.3	6	6.1		*2014-2016*	17
1.97	Teen Birth Rate: 15-19	*live births/1,000 females age 15-19*	27.3		19.5	20.3	*2016*	17
1.61	Sudden Unexpected Infant Death (SUID) Rate	*deaths/1,000 live births*	1.4				*2015*	20
1.39	Congenital Anomaly/Birth Defect Death Rate	*deaths/1,000 live births*	1.2				*2015*	20
1.39	Infants Born to Mothers >18 Years Old with <12 Years Education	*percent*	11.1		10.8		*2016*	17
1.39	Prematurity/Low Birth Weight Death Rate	*deaths/1,000 live births*	1.7				*2015*	20

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

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

SCORE	**OLDER ADULTS & AGING**	UNITS	DUVAL COUNTY	HP2020	FLORIDA	U.S.	MEASUREMENT PERIOD	SOURCE
2.67	Chronic Kidney Disease: Medicare Population	*percent*	22.8		21.3	18.1	*2015*	3
2.50	Rheumatoid Arthritis or Osteoarthritis: Medicare Population	*percent*	34.6		34.6	30	*2015*	3
2.44	Asthma: Medicare Population	*percent*	10.1		9.1	8.2	*2015*	3
2.44	Stroke: Medicare Population	*percent*	5.2		4.8	4	*2015*	3
2.36	Age-Adjusted Death Rate due to Falls	*deaths/100,000 population*	12.7	7.2	10.3	9.1	*2016*	17
2.33	Atrial Fibrillation: Medicare Population	*percent*	9.4		9.7	8.1	*2015*	3
2.17	Depression: Medicare Population	*percent*	18.2		17.5	16.7	*2015*	3
2.17	Hospitalization Rate due to Hip Fractures Among Females 65+	*hospitalizations/100,000 females 65+ years*	868.4	741.2	743.8		*2013-2015*	7
2.11	Alzheimer's Disease or Dementia: Medicare Population	*percent*	11.3		11.7	9.9	*2015*	3

2.06	Diabetes: Medicare Population	*percent*	30.8		28	26.5	*2015*	3
2.06	Hospitalization Rate due to Hip Fractures Among Males 65+	*hospitalizations/100,000 males 65+ years*	442	418.4	393.1		*2013-2015*	7
2.06	Hypertension: Medicare Population	*percent*	62.1		60.5	55	*2015*	3
2.00	Cancer: Medicare Population	*percent*	9.2		9.6	7.8	*2015*	3
1.78	People 65+ Living Below Poverty Level	*percent*	10.1		10.4	9.3	*2012-2016*	1
1.75	Adults 65+ with Pneumonia Vaccination	*percent*	66.7	90	65.6	73.4	*2016*	8
1.72	Heart Failure: Medicare Population	*percent*	14.6		14.2	13.5	*2015*	3
1.56	COPD: Medicare Population	*percent*	12.8		13.2	11.2	*2015*	3
1.50	Hyperlipidemia: Medicare Population	*percent*	50.7		55.6	44.6	*2015*	3
1.42	Adults 65+ with Influenza Vaccination	*percent*	57.6		57.6	58.6	*2016*	8
1.33	People 65+ with Low Access to a Grocery Store	*percent*	2.5				*2015*	28
1.17	Ischemic Heart Disease: Medicare Population	*percent*	30.1		34	26.5	*2015*	3
1.06	Osteoporosis: Medicare Population	*percent*	5.9		7.9	6	*2015*	3

SCORE	**ORAL HEALTH**	UNITS	DUVAL COUNTY	HP2020	FLORIDA	U.S.	MEASUREMENT PERIOD	SOURCE
1.83	Oral Cavity and Pharynx Cancer Incidence Rate	*cases/100,000 population*	15.8		13.4		*2012-2014*	29
1.42	Adults Who did not Visit a Dentist due to Cost	*percent*	19.8				*2007*	8

0.17	Dentist Rate	*dentists/100,000 population*	79		58	67	*2016*	4

SCORE	**OTHER CHRONIC DISEASES**	UNITS	DUVAL COUNTY	HP2020	FLORIDA	U.S.	MEASUREMENT PERIOD	SOURCE
2.67	Chronic Kidney Disease: Medicare Population	*percent*	22.8		21.3	18.1	*2015*	3
2.50	Rheumatoid Arthritis or Osteoarthritis: Medicare Population	*percent*	34.6		34.6	30	*2015*	3
1.06	Osteoporosis: Medicare Population	*percent*	5.9		7.9	6	*2015*	3

SCORE	**PREVENTION & SAFETY**	UNITS	DUVAL COUNTY	HP2020	FLORIDA	U.S.	MEASUREMENT PERIOD	SOURCE
2.78	Pedestrian Death Rate* **Number of pedestrians killed in traffic collisions per 100,000 population*	*deaths/100,000 population*	3.8	1.4	2.6	1.5	*2013*	5
2.61	Death Rate due to Drug Poisoning	*deaths/100,000 population*	26.2		17.4	16.9	*2014-2016*	4
2.53	Age-Adjusted Death Rate due to Unintentional Injuries	*deaths/100,000 population*	81.1	36.4	56.3	46.9	*2016*	17
2.36	Age-Adjusted Death Rate due to Falls	*deaths/100,000 population*	12.7	7.2	10.3	9.1	*2016*	17
2.33	Severe Housing Problems* **Percentage of households with at least one of the following four housing problems: overcrowding, high housing costs, lack of kitchen or lack of plumbing facilities*	*percent*	20.1		21.5	18.8	*2010-2014*	4
2.17	Hospitalization Rate due to Hip Fractures Among Females 65+	*hospitalizations/100,000 females 65+ years*	868.4	741.2	743.8		*2013-2015*	7

2.06	Hospitalization Rate due to Hip Fractures Among Males 65+	*hospitalizations/100,000 males 65+ years*	442	418.4	393.1		*2013-2015*	7
1.61	Age-Adjusted Death Rate due to Unintentional Drowning	*deaths/100,000 population*	1.9		2		*2016*	17
1.44	Age-Adjusted Death Rate due to Motor Vehicle Collisions	*deaths/100,000 population*	15.2		15.4		*2016*	17

SCORE	**PUBLIC SAFETY**	UNITS	DUVAL COUNTY	HP2020	FLORIDA	U.S.	MEASUREMENT PERIOD	SOURCE
2.78	Pedestrian Death Rate* **Number of pedestrians killed in traffic collisions per 100,000 population*	*deaths/100,000 population*	3.8	1.4	2.6	1.5	*2013*	5
2.14	Violent Crime Rate	*crimes/100,000 population*	623.1		439.2	386.3	*2016*	19
1.89	Alcohol-Impaired Driving Deaths	*percent*	31.8		26.4	29.3	*2012-2016*	4
1.89	Bicyclist Death Rate	*deaths/100,000 population*	0.8	0.22	0.6		*2013*	5
1.89	Domestic Violence Offense Rate	*offenses/100,000 population*	766.7		524.3		*2016*	19
1.67	Child Abuse Rate	*cases/1,000 children age 5-11*	994.5		901.3		*2016*	9
1.56	Driving Under the Influence Arrest Rate	*arrests/100,000 population*	189.2		173.9		*2016*	19
1.44	Age-Adjusted Death Rate due to Motor Vehicle Collisions	*deaths/100,000 population*	15.2		15.4		*2016*	17
1.17	Juvenile Justice Referral Rate	*referrals/100,000 population*	392.6		448.7		*2013*	18

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

2.44	Asthma: Medicare Population	*percent*	10.1		9.1	8.2	*2015*	3
2.33	Teens with Asthma	*percent*	23.8		20.8		*2014*	22
2.14	Age-Adjusted Death Rate due to Influenza and Pneumonia	*deaths/100,000 population*	15.6		9.8	13.5	*2016*	17
1.75	Adults 65+ with Pneumonia Vaccination	*percent*	66.7	90	65.6	73.4	*2016*	8
1.72	Lung and Bronchus Cancer Incidence Rate	*cases/100,000 population*	76.2		61		*2012-2014*	29
1.56	COPD: Medicare Population	*percent*	12.8		13.2	11.2	*2015*	3
1.42	Adults 65+ with Influenza Vaccination	*percent*	57.6		57.6	58.6	*2016*	8
1.39	Age-Adjusted Death Rate due to Lung Cancer	*deaths/100,000 population*	46.2	45.5	40.4		*2014-2016*	17
1.25	Adults with Current Asthma	*percent*	6.8		6.7	9.3	*2016*	8
0.47	Tuberculosis Incidence Rate	*cases/100,000 population*	0	1	3.2	2.9	*2016*	16

SCORE	**SOCIAL ENVIRONMENT**	UNITS	DUVAL COUNTY	HP2020	FLORIDA	U.S.	MEASUREMENT PERIOD	SOURCE
2.67	Home ownership	*percent*	50.3		52.3	55.9	*2012-2016*	1
2.61	Single-Parent Households	*percent*	42.7		38.5	33.6	*2012-2016*	1
2.33	Total Employment Change	*percent*	0.2		4.5	2.5	*2014-2015*	27
2.03	Median Housing Unit Value	*dollars*	146400		166800	184700	*2012-2016*	1
1.94	Children Living Below Poverty Level	*percent*	24.8		23.3	21.2	*2012-2016*	1
1.92	Median Household Gross Rent	*dollars*	962		1032	949	*2012-2016*	1

1.67	Child Abuse Rate	*cases/1,000 children age 5-11*	994.5		901.3	*2016*	9
1.56	People Living Below Poverty Level	*percent*	16.6		16.1	15.1	*2012-2016*	1
1.44	Linguistic Isolation	*percent*	2.8		6.8	4.5	*2012-2016*	1
1.44	Mean Travel Time to Work	*minutes*	24.2		26.7	26.1	*2012-2016*	1
1.42	Social and Economic Factors Ranking* **County Health Ranking is based on a summary composite score calculated from the following measures: high school graduation, some college, unemployment, children in poverty, income inequality, children in single-parent households, social associations, violent crime rate and injury death rate.*		32				*2018*	4
1.39	Median Household Income	*dollars*	49196		48900	55322	*2012-2016*	1
1.22	Voter Turnout: Presidential Election	*percent*	74.6		74.5		*2016*	20
1.17	Juvenile Justice Referral Rate	*referrals/100,000 population*	392.6		448.7		*2013*	18
1.17	Per Capita Income	*dollars*	27235		27598	29829	*2012-2016*	1
1.11	Population 16+ in Civilian Labor Force	*percent*	63.9		58.5	63.1	*2012-2016*	1
1.08	Median Monthly Owner Costs for Households without a Mortgage	*dollars*	445		466	462	*2012-2016*	1
1.08	Persons with Health Insurance	*percent*	87.2	100	84.6		*2016*	25
1.00	Female Population 16+ in Civilian Labor Force	*percent*	60.4		54.3	58.3	*2012-2016*	1
0.92	Mortgaged Owners Median Monthly Household Costs	*dollars*	1337		1422	1491	*2012-2016*	1
0.83	People 25+ with a High School Degree or Higher	*percent*	88.9		87.2	87	*2012-2016*	1
0.67	People 25+ with a Bachelor's Degree or Higher	*percent*	28.1		27.9	30.3	*2012-2016*	1

SCORE	**SUBSTANCE ABUSE**	UNITS	DUVAL COUNTY	HP2020	FLORIDA	U.S.	MEASUREMENT PERIOD	SOURCE
2.61	Death Rate due to Drug Poisoning	*deaths/100,000 population*	26.2		17.4	16.9	*2014-2016*	4
2.08	Adults Who Smoke	*percent*	18.5	12	15.5	17.1	*2016*	8
1.89	Alcohol-Impaired Driving Deaths	*percent*	31.8		26.4	29.3	*2012-2016*	4
1.83	Adults Who Drink Excessively	*percent*	19.4	25.4	17.5		*2016*	8
1.58	Health Behaviors Ranking* **County Health Ranking is based on a summary composite score calculated from the following measures: adult smoking, adult obesity, physical inactivity, access to exercise opportunities, excessive drinking, alcohol-impaired driving deaths, sexually transmitted infections, teen births and a food environment index.*		41				*2018*	4
1.56	Driving Under the Influence Arrest Rate	*arrests/100,000 population*	189.2		173.9		*2016*	19
1.56	Teens Who have Used Methamphetamines	*percent*	0.9		0.8		*2016*	21
1.22	Teens Who Use Marijuana: High School Students	*percent*	16.6		17		*2016*	21
1.00	Teens Who Use Alcohol	*percent*	24.4		25.5		*2016*	21
0.67	Teens Who Binge Drink: High School Students	*percent*	7.1		10.9		*2016*	21
0.50	Teens Who Smoke: High School Students	*percent*	2.5	16	3		*2016*	22

SCORE	**TEEN & ADOLESCENT HEALTH**	UNITS	DUVAL COUNTY	HP2020	FLORIDA	U.S.	MEASUREMENT PERIOD	SOURCE

2.33	Gonorrhea Incidence Rate: Females 15-19	*cases/100,000 females age 15-19*	911.3	496.6		*2016*	15
2.33	Teens with Asthma	*percent*	23.8	20.8		*2014*	22
2.11	Chlamydia Incidence Rate: Females 15-19	*cases/100,000 females age 15-19*	4556.4	3175.6		*2016*	15
2.00	Teen Vegetable Consumption	*percent*	12	15.5	14.8	*2015*	29
2.00	Teens Who Engage in Regular Physical Activity: High School Students	*percent*	29.5	41.9	48.6	*2015*	29
1.97	Teen Birth Rate: 15-19	*live births/1,000 females age 15-19*	27.3	19.5	20.3	*2016*	17
1.83	Teen Fruit Consumption	*percent*	18	22.5	20	*2015*	29
1.75	Teens Without Sufficient Physical Activity	*percent*	43.2			*2012*	12
1.61	Teens Who are Obese: High School Students	*percent*	14.5	14.3		*2012*	12
1.56	Teens Who have Used Methamphetamines	*percent*	0.9	0.8		*2016*	21
1.50	Teens Who are Overweight or Obese	*percent*	27.8	26.8	29.9	*2015*	29
1.22	Teens Who Use Marijuana: High School Students	*percent*	16.6	17		*2016*	21
1.17	Teens Who are Sexually Active	*percent*	36.7	40.3	41.2	*2015*	29
1.00	Teens Who Use Alcohol	*percent*	24.4	25.5		*2016*	21
0.67	Teens Who Binge Drink: High School Students	*percent*	7.1	10.9		*2016*	21
0.50	Teens Who Smoke: High School Students	*percent*	2.5	16	3	*2016*	22

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

SCORE	**WOMEN'S HEALTH**	UNITS	DUVAL COUNTY	HP2020	FLORIDA	U.S.	MEASUREMENT PERIOD	SOURCE
2.11	Cervical Cancer Incidence Rate	*cases/100,000 females*	9.8	7.3	8.5		*2012-2014*	29
2.00	Breast Cancer Incidence Rate	*cases/100,000 females*	134.6		117.8		*2012-2014*	29
1.72	Life Expectancy for Females	*years*	79.2		82	81.5	*2014*	23
1.67	Mammogram: 40+ Past Year	*percent*	57.7		60.8		*2016*	8

1.39	Age-Adjusted Death Rate due to Breast Cancer	*deaths/100,000 females*	21.6	20.7	19.8		*2014-2016*	17
1.00	Pap Test in Past Year	*percent*	54.7		48.4		*2016*	8

St. Johns

SCORE	**ACCESS TO HEALTH SERVICES**	UNITS	ST. JOHNS COUNTY	HP2020	FLORIDA	U.S.	MEASUREMENT PERIOD	SOURCE
2.06	Non-Physician Primary Care Provider Rate	*providers/100,000 population*	58		88	81	*2017*	4
1.50	Dentist Rate	*dentists/100,000 population*	51		58	67	*2016*	4
1.42	Adults with a Usual Source of Health Care	*percent*	78.5	89.4	72	77.1	*2016*	8
1.25	Adults who did not Visit a Dentist due to Cost	*percent*	10.1				*2007*	8
1.25	Clinical Care Ranking* **County Health Ranking is based on a summary composite score calculated from the following measures: uninsured, primary care physicians, mental health providers, dentists, preventable hospital stays, diabetic monitoring and mammography screening.*		2				*2018*	4
1.22	Adults with Health Insurance	*percent*	89.4	100	81.6	88	*2016*	1
0.94	Children with Health Insurance	*percent*	97.1	100	93.8	95.5	*2016*	1
0.89	Median Monthly Medicaid Enrollment	*enrollments/100,000 population*	9037.3		19607.4		*2017*	7
0.81	Persons with Health Insurance	*percent*	90.4	100	84.6		*2016*	25
0.39	Primary Care Provider Rate	*providers/100,000 population*	91		73	76	*2015*	4

SCORE	**CANCER**	UNITS	ST. JOHNS COUNTY	HP2020	FLORIDA	U.S.	MEASUREMENT PERIOD	SOURCE
2.33	Melanoma Incidence Rate	*cases/100,000 population*	30.7		22.8		*2012-2014*	29
2.17	Age-Adjusted Death Rate due to Breast Cancer	*deaths/100,000 females*	22.4	20.7	19.8		*2014-2016*	17
2.00	Breast Cancer Incidence Rate	*cases/100,000 females*	136.5		117.8		*2012-2014*	29
2.00	Colon Cancer Screening: Blood Stool Test Past Year	*percent*	7.2		16		*2016*	8
1.94	Oral Cavity and Pharynx Cancer Incidence Rate	*cases/100,000 population*	16.4		13.4		*2012-2014*	29
1.89	Cancer: Medicare Population	*percent*	9.3		9.6	7.8	*2015*	3
1.83	Age-Adjusted Death Rate due to Lung Cancer	*deaths/100,000 population*	46.7	45.5	40.4		*2014-2016*	17
1.83	Prostate Cancer Incidence Rate	*cases/100,000 males*	97.3		90.5		*2012-2014*	29
1.78	Age-Adjusted Death Rate due to Prostate Cancer	*deaths/100,000 males*	19.6	21.8	17.1		*2014-2016*	17
1.61	Age-Adjusted Death Rate due to Colorectal Cancer	*deaths/100,000 population*	13.6	14.5	13.7		*2014-2016*	17
1.61	Lung and Bronchus Cancer Incidence Rate	*cases/100,000 population*	66.8		61		*2012-2014*	29
1.56	Age-Adjusted Death Rate due to Cancer	*deaths/100,000 population*	160.4	161.4	155.1		*2014-2016*	17
1.56	All Cancer Incidence Rate	*cases/100,000 population*	447.5		426.8		*2012-2014*	29
1.44	Mammogram: 40+ Past Year	*percent*	61.2		60.8		*2016*	8

1.33	Prostate-Specific Antigen Test History	*percent*	55.3		54.9		*2016*	8
1.11	Colorectal Cancer Incidence Rate	*cases/100,000 population*	32.9	39.9	36.9		*2012-2014*	29
1.00	Pap Test in Past Year	*percent*	54.7		48.4		*2016*	8
0.72	Cervical Cancer Incidence Rate	*cases/100,000 females*	4.8	7.3	8.5		*2012-2014*	29

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

SCORE	**COUNTY HEALTH RANKINGS**	UNITS	ST. JOHNS COUNTY	HP2020	FLORIDA	U.S.	MEASUREMENT PERIOD	SOURCE
1.75	Physical Environment Ranking* **County Health Ranking is based on a summary composite score calculated from the following measures: daily fine particulate matter, drinking water violations, severe housing problems, driving alone to work and long commute while driving alone.*		54				*2018*	4
1.25	Clinical Care Ranking* **County Health Ranking is based on a summary composite score calculated from the following*		2				*2018*	4

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

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

SCORE	**ECONOMY**	UNITS	ST. JOHNS COUNTY	HP2020	FLORIDA	U.S.	MEASUREMENT PERIOD	SOURCE
2.58	Median Household Gross Rent	*dollars*	1150		1032	949	*2012-2016*	1

2.39	Food Insecure Children Likely Ineligible for Assistance	*percent*	52	29	34.1	*2015*	6
2.00	Female Population 16+ in Civilian Labor Force	*percent*	53.3	54.3	58.3	*2012-2016*	1
1.92	Mortgaged Owners Median Monthly Household Costs	*dollars*	1746	1422	1491	*2012-2016*	1
1.81	Median Monthly Owner Costs for Households without a Mortgage	*dollars*	490	466	462	*2012-2016*	1
1.50	Low-Income and Low Access to a Grocery Store	*percent*	6.6			*2015*	28
1.50	Population 16+ in Civilian Labor Force	*percent*	60.2	58.5	63.1	*2012-2016*	1
1.33	Renters Spending 30% or More of Household Income on Rent	*percent*	47.9	57.4	47.3	*2012-2016*	1
1.25	Social and Economic Factors Ranking* **County Health Ranking is based on a summary composite score calculated from the following measures: high school graduation, some college, unemployment, children in poverty, income inequality, children in single-parent households, social associations, violent crime rate and injury death rate.*		1			*2018*	4
0.89	Severe Housing Problems* **Percentage of households with at least one of the following four housing problems: overcrowding, high housing costs, lack of kitchen or lack of plumbing facilities*	*percent*	16.6	21.5	18.8	*2010-2014*	4
0.83	Food Insecurity Rate	*percent*	12.8	15.1	13.7	*2015*	6
0.78	Households with Cash Public Assistance Income	*percent*	1.6	2.2	2.7	*2012-2016*	1
0.72	Child Food Insecurity Rate	*percent*	18.8	22.7	19.3	*2015*	6
0.67	Homeownership	*percent*	63.7	52.3	55.9	*2012-2016*	1

0.64	Median Housing Unit Value	*dollars*	259900	166800	184700	*2012-2016*	1
0.61	Unemployed Workers in Civilian Labor Force	*percent*	3	3.8	4.4	*February 2018*	26
0.50	Total Employment Change	*percent*	8.4	4.5	2.5	*2014-2015*	27
0.39	Children Living Below Poverty Level	*percent*	9.5	23.3	21.2	*2012-2016*	1
0.39	Families Living Below Poverty Level	*percent*	5.9	11.7	11	*2012-2016*	1
0.39	People 65+ Living Below Poverty Level	*percent*	6.1	10.4	9.3	*2012-2016*	1
0.39	People Living Below Poverty Level	*percent*	9	16.1	15.1	*2012-2016*	1
0.17	Median Household Income	*dollars*	69523	48900	55322	*2012-2016*	1
0.17	People Living 200% Above Poverty Level	*percent*	78.2	62.7	66.4	*2012-2016*	1
0.17	Per Capita Income	*dollars*	38362	27598	29829	*2012-2016*	1

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

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

SCORE	**ENVIRONMENT**	UNITS	ST. JOHNS COUNTY	HP2020	FLORIDA	U.S.	MEASUREMENT PERIOD	SOURCE
1.75	Physical Environment Ranking* **County Health Ranking is based on a summary composite score calculated from the following measures: daily fine particulate matter, drinking water violations, severe housing problems, driving alone to work and long commute while driving alone.*		54				*2018*	4
1.67	Children with Low Access to a Grocery Store	*percent*	5.3				*2015*	28
1.67	People 65+ with Low Access to a Grocery Store	*percent*	4.3				*2015*	28
1.67	People with Low Access to a Grocery Store	*percent*	25.4				*2015*	28
1.61	PBT Released* **Total net pounds of reported PBT (Persistent, Bioaccumulative and Toxic Chemicals) released.*	*pounds*	91				*2016*	28
1.61	Recognized Carcinogens Released into Air	*pounds*	90				*2016*	28

1.50	Low-Income and Low Access to a Grocery Store	*percent*	6.6				*2015*	28
1.42	Drinking Water Violations	*percent*	3.6		6.2		*FY 2013-14*	4
1.33	Households with No Car and Low Access to a Grocery Store	*percent*	2.4				*2015*	28
0.89	Severe Housing Problems* **Percentage of households with at least one of the following four housing problems: overcrowding, high housing costs, lack of kitchen or lack of plumbing facilities*	*percent*	16.6		21.5	18.8	*2010-2014*	4
0.83	Access to Exercise Opportunities	*percent*	88.2		87.1	83.1	*2018*	4
0.72	Food Environment Index		7.8		6.7	7.7	*2018*	4

SCORE	**ENVIRONMENTAL & OCCUPATIONAL HEALTH**	UNITS	ST. JOHNS COUNTY	HP2020	FLORIDA	U.S.	MEASUREMENT PERIOD	SOURCE
1.75	Physical Environment Ranking* **County Health Ranking is based on a summary composite score calculated from the following measures: daily fine particulate matter, drinking water violations, severe housing problems, driving alone to work and long commute while driving alone.*		54				*2018*	4
1.44	Teens with Asthma	*percent*	19.6		20.8		*2014*	22
1.42	Adults with Current Asthma	*percent*	7.4		6.7	9.3	*2016*	8
0.94	Asthma: Medicare Population	*percent*	7.8		9.1	8.2	*2015*	3

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

2.61	Workers Who Walk to Work	*percent*	1	3.1	1.5	2.8	*2012-2016*	1
2.39	Food Insecure Children Likely Ineligible for Assistance	*percent*	52		29	34.1	*2015*	6
1.67	Children with Low Access to a Grocery Store	*percent*	5.3				*2015*	28
1.67	People 65+ with Low Access to a Grocery Store	*percent*	4.3				*2015*	28
1.67	People with Low Access to a Grocery Store	*percent*	25.4				*2015*	28
1.50	Low-Income and Low Access to a Grocery Store	*percent*	6.6				*2015*	28
1.33	Households with No Car and Low Access to a Grocery Store	*percent*	2.4				*2015*	28
1.25	Health Behaviors Ranking* **County Health Ranking is based on a summary composite score calculated from the following measures: adult smoking, adult obesity, physical inactivity, access to exercise opportunities, excessive drinking, alcohol-impaired driving deaths, sexually transmitted infections, teen births and a food environment index.*		6				*2018*	4
1.17	Adult Fruit and Vegetable Consumption	*percent*	19.2		18.3		*2013*	8
1.14	Teens Without Sufficient Physical Activity	*percent*	33.9				*2012*	12
1.11	Teens Who are Obese: High School Students	*percent*	10.3		14.3		*2012*	12
0.83	Access to Exercise Opportunities	*percent*	88.2		87.1	83.1	*2018*	4
0.83	Food Insecurity Rate	*percent*	12.8		15.1	13.7	*2015*	6

0.75	Adults Who are Overweight or Obese	*percent*	56.8		63.2	65.2	*2016*	8
0.72	Child Food Insecurity Rate	*percent*	18.8		22.7	19.3	*2015*	6
0.72	Food Environment Index		7.8		6.7	7.7	*2018*	4
0.58	Adults Who are Obese	*percent*	19	30.5	27.4	29.9	*2016*	8

SCORE	**HEART DISEASE & STROKE**	UNITS	ST. JOHNS COUNTY	HP2020	FLORIDA	U.S.	MEASUREMENT PERIOD	SOURCE
2.44	Atrial Fibrillation: Medicare Population	*percent*	10.2		9.7	8.1	*2015*	3
1.94	Stroke: Medicare Population	*percent*	4.4		4.8	4	*2015*	3
1.89	Hyperlipidemia: Medicare Population	*percent*	54.5		55.6	44.6	*2015*	3
1.50	Ischemic Heart Disease: Medicare Population	*percent*	31.2		34	26.5	*2015*	3
1.42	High Blood Pressure Prevalence	*percent*	32.5	26.9	34.6	31.4	*2013*	8
1.33	Cholesterol Test History	*percent*	73.9		73.2		*2013*	8
1.22	Hypertension: Medicare Population	*percent*	57.4		60.5	55	*2015*	3
1.11	Age-Adjusted Death Rate due to Hypertensive Heart Disease	*deaths/100,000 population*	5.3		11		*2016*	17
1.08	High Cholesterol Prevalence	*percent*	30.4	13.5	33.4	38.4	*2013*	8
1.00	Age-Adjusted Death Rate due to Major Cardiovascular Diseases	*deaths/100,000 population*	173		209.7		*2016*	17
0.97	Age-Adjusted Death Rate due to Cerebrovascular Disease (Stroke)	*deaths/100,000 population*	33.9	34.8	39.7	37.3	*2016*	17

0.47	Age-Adjusted Death Rate due to Coronary Heart Disease	*deaths/100,000 population*	74.5	103.4	98.5	94.3	*2016*	17
0.17	Heart Failure: Medicare Population	*percent*	11.2		14.2	13.5	*2015*	3

SCORE	**IMMUNIZATIONS & INFECTIOUS DISEASES**	UNITS	ST. JOHNS COUNTY	HP2020	FLORIDA	U.S.	MEASUREMENT PERIOD	SOURCE
2.11	E. coli Infection Incidence Rate	*cases/100,000 population*	2.4		0.6		*2014*	12
2.08	Adults 65+ with Pneumonia Vaccination	*percent*	63.3	90	65.6	73.4	*2016*	8
1.89	Salmonella Infection Incidence Rate	*cases/100,000 population*	35.6	11.4	27.8		*2016*	12
1.75	Adults 65+ with Influenza Vaccination	*percent*	55.6		57.6	58.6	*2016*	8
1.47	Age-Adjusted Death Rate due to Influenza and Pneumonia	*deaths/100,000 population*	11		9.8	13.5	*2016*	17
1.39	Kindergartners with Required Immunizations	*percent*	94.6		94.1		*2017*	14
1.11	Gonorrhea Incidence Rate: Females 15-19	*cases/100,000 females age 15-19*	159.4		496.6		*2016*	15
1.11	Syphilis Incidence Rate	*cases/100,000 population*	0.9		11.9		*2016*	15
1.06	AIDS Diagnosis Rate	*cases/100,000 population*	4.1		10.5		*2016*	13
1.00	Chlamydia Incidence Rate: Females 15-19	*cases/100,000 females age 15-19*	1709.9		3175.6		*2016*	15
0.97	Tuberculosis Incidence Rate	*cases/100,000 population*	1.5	1	3.2	2.9	*2016*	16
0.89	HIV Incidence Rate	*cases/100,000 population*	6.8		24.6		*2016*	13

0.86	Chlamydia Incidence Rate	*cases/100,000 population*	269.8		468.2	497.3	*2016*	15
0.86	Gonorrhea Incidence Rate	*cases/100,000 population*	55		139.2	145.8	*2016*	15

SCORE	**MATERNAL, FETAL & INFANT HEALTH**	UNITS	ST. JOHNS COUNTY	HP2020	FLORIDA	U.S.	MEASUREMENT PERIOD	SOURCE
1.14	Mothers who Received Early Prenatal Care	*percent*	84.8	77.9	78.4	77.1	*2016*	17
1.11	Infant Mortality Rate	*deaths/1,000 live births*	5.4	6	6.1		*2014-2016*	17
1.11	Infants Born to Mothers >18 Years Old with <12 Years Education	*percent*	4.5		10.8		*2016*	17
0.92	Preterm Births	*percent*	9.1	9.4	10.1	9.8	*2016*	17
0.64	Teen Birth Rate: 15-19	*live births/1,000 females age 15-19*	8.4		19.5	20.3	*2016*	17
0.58	Babies with Low Birth Weight	*percent*	7.1	7.8	8.7	8.2	*2016*	17

SCORE	**MEN'S HEALTH**	UNITS	ST. JOHNS COUNTY	HP2020	FLORIDA	U.S.	MEASUREMENT PERIOD	SOURCE
1.83	Prostate Cancer Incidence Rate	*cases/100,000 males*	97.3		90.5		*2012-2014*	29
1.78	Age-Adjusted Death Rate due to Prostate Cancer	*deaths/100,000 males*	19.6	21.8	17.1		*2014-2016*	17
1.33	Prostate-Specific Antigen Test History	*percent*	55.3		54.9		*2016*	8
0.94	Life Expectancy for Males	*years*	78.4		76.9	76.7	*2014*	23

SCORE	MENTAL HEALTH & MENTAL DISORDERS	UNITS	ST. JOHNS COUNTY	HP2020	FLORIDA	U.S.	MEASUREMENT PERIOD	SOURCE
2.14	Age-Adjusted Death Rate due to Suicide	*deaths/100,000 population*	16.2	10.2	14.2	13.5	*2016*	17
0.89	Alzheimer's Disease or Dementia: Medicare Population	*percent*	9.3		11.7	9.9	*2015*	3
0.78	Depression: Medicare Population	*percent*	14.4		17.5	16.7	*2015*	3
0.67	Frequent Mental Distress	*percent*	10.8		11.9	15	*2016*	4

SCORE	OLDER ADULTS & AGING	UNITS	ST. JOHNS COUNTY	HP2020	FLORIDA	U.S.	MEASUREMENT PERIOD	SOURCE
2.44	Atrial Fibrillation: Medicare Population	*percent*	10.2		9.7	8.1	*2015*	3
2.17	Hospitalization Rate due to Hip Fractures Among Females 65+	*hospitalizations/100,000 females 65+ years*	893.5	741.2	743.8		*2013-2015*	7
2.17	Hospitalization Rate due to Hip Fractures Among Males 65+	*hospitalizations/100,000 males 65+ years*	488.8	418.4	393.1		*2013-2015*	7
2.08	Adults 65+ with Pneumonia Vaccination	*percent*	63.3	90	65.6	73.4	*2016*	8
1.94	Stroke: Medicare Population	*percent*	4.4		4.8	4	*2015*	3
1.89	Cancer: Medicare Population	*percent*	9.3		9.6	7.8	*2015*	3
1.89	Hyperlipidemia: Medicare Population	*percent*	54.5		55.6	44.6	*2015*	3
1.75	Adults 65+ with Influenza Vaccination	*percent*	55.6		57.6	58.6	*2016*	8
1.69	Age-Adjusted Death Rate due to Falls	*deaths/100,000 population*	9.3	7.2	10.3	9.1	*2016*	17

1.67	People 65+ with Low Access to a Grocery Store	*percent*	4.3			*2015*	28
1.61	Rheumatoid Arthritis or Osteoarthritis: Medicare Population	*percent*	32.7	34.6	30	*2015*	3
1.50	Ischemic Heart Disease: Medicare Population	*percent*	31.2	34	26.5	*2015*	3
1.33	Chronic Kidney Disease: Medicare Population	*percent*	17.4	21.3	18.1	*2015*	3
1.22	Hypertension: Medicare Population	*percent*	57.4	60.5	55	*2015*	3
1.06	Osteoporosis: Medicare Population	*percent*	5.8	7.9	6	*2015*	3
0.94	Asthma: Medicare Population	*percent*	7.8	9.1	8.2	*2015*	3
0.89	Alzheimer's Disease or Dementia: Medicare Population	*percent*	9.3	11.7	9.9	*2015*	3
0.78	Depression: Medicare Population	*percent*	14.4	17.5	16.7	*2015*	3
0.67	COPD: Medicare Population	*percent*	11.4	13.2	11.2	*2015*	3
0.39	Diabetes: Medicare Population	*percent*	22.2	28	26.5	*2015*	3
0.39	People 65+ Living Below Poverty Level	*percent*	6.1	10.4	9.3	*2012-2016*	1
0.17	Heart Failure: Medicare Population	*percent*	11.2	14.2	13.5	*2015*	3

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

1.94	Oral Cavity and Pharynx Cancer Incidence Rate	*cases/100,000 population*	16.4		13.4		*2012-2014*	29
1.50	Dentist Rate	*dentists/100,000 population*	51		58	67	*2016*	4
1.25	Adults Who did not Visit a Dentist due to Cost	*percent*	10.1				*2007*	8

SCORE	**OTHER CHRONIC DISEASES**	UNITS	ST. JOHNS COUNTY	HP2020	FLORIDA	U.S.	MEASUREMENT PERIOD	SOURCE
1.61	Rheumatoid Arthritis or Osteoarthritis: Medicare Population	*percent*	32.7		34.6	30	*2015*	3
1.33	Chronic Kidney Disease: Medicare Population	*percent*	17.4		21.3	18.1	*2015*	3
1.06	Osteoporosis: Medicare Population	*percent*	5.8		7.9	6	*2015*	3

SCORE	**PREVENTION & SAFETY**	UNITS	ST. JOHNS COUNTY	HP2020	FLORIDA	U.S.	MEASUREMENT PERIOD	SOURCE
2.17	Hospitalization Rate due to Hip Fractures Among Females 65+	*hospitalizations/100,000 females 65+ years*	893.5	741.2	743.8		*2013-2015*	7
2.17	Hospitalization Rate due to Hip Fractures Among Males 65+	*hospitalizations/100,000 males 65+ years*	488.8	418.4	393.1		*2013-2015*	7
2.00	Age-Adjusted Death Rate due to Motor Vehicle Collisions	*deaths/100,000 population*	18.6		15.4		*2016*	17
1.75	Age-Adjusted Death Rate due to Unintentional Injuries	*deaths/100,000 population*	50.6	36.4	56.3	46.9	*2016*	17

1.69	Age-Adjusted Death Rate due to Falls	*deaths/100,000 population*	9.3	7.2	10.3	9.1	*2016*	17
1.11	Pedestrian Death Rate* **Number of pedestrians killed in traffic collisions per 100,000 population*	*deaths/100,000 population*	1.4	1.4	2.6	1.5	*2013*	5
1.06	Age-Adjusted Death Rate due to Unintentional Drowning	*deaths/100,000 population*	1.1		2		*2016*	17
0.89	Severe Housing Problems* **Percentage of households with at least one of the following four housing problems: overcrowding, high housing costs, lack of kitchen or lack of plumbing facilities*	*percent*	16.6		21.5	18.8	*2010-2014*	4
0.61	Death Rate due to Drug Poisoning	*deaths/100,000 population*	12.2		17.4	16.9	*2014-2016*	4

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

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

SCORE	**SOCIAL ENVIRONMENT**	UNITS	ST. JOHNS COUNTY	HP2020	FLORIDA	U.S.	MEASUREMENT PERIOD	SOURCE
2.58	Median Household Gross Rent	*dollars*	1150		1032	949	*2012-2016*	1
2.11	Mean Travel Time to Work	*minutes*	27		26.7	26.1	*2012-2016*	1

2.00	Female Population 16+ in Civilian Labor Force	*percent*	53.3		54.3	58.3	*2012-2016*	1
1.92	Mortgaged Owners Median Monthly Household Costs	*dollars*	1746		1422	1491	*2012-2016*	1
1.81	Median Monthly Owner Costs for Households without a Mortgage	*dollars*	490		466	462	*2012-2016*	1
1.50	Population 16+ in Civilian Labor Force	*percent*	60.2		58.5	63.1	*2012-2016*	1
1.25	Social and Economic Factors Ranking* **County Health Ranking is based on a summary composite score calculated from the following measures: high school graduation, some college, unemployment, children in poverty, income inequality, children in single-parent households, social associations, violent crime rate and injury death rate.*		1				*2018*	4
1.17	Voter Turnout: Presidential Election	*percent*	80.1		74.5		*2016*	20
1.00	Child Abuse Rate	*cases/1,000 children age 5-11*	625.9		901.3		*2016*	9
1.00	Juvenile Justice Referral Rate	*referrals/100,000 population*	308.1		448.7		*2013*	18
0.81	Persons with Health Insurance	*percent*	90.4	100	84.6		*2016*	25
0.67	Homeownership	*percent*	63.7		52.3	55.9	*2012-2016*	1
0.64	Median Housing Unit Value	*dollars*	259900		166800	184700	*2012-2016*	1
0.56	Linguistic Isolation	*percent*	0.8		6.8	4.5	*2012-2016*	1
0.50	People 25+ with a High School Degree or Higher	*percent*	94.7		87.2	87	*2012-2016*	1
0.50	Total Employment Change	*percent*	8.4		4.5	2.5	*2014-2015*	27
0.39	Children Living Below Poverty Level	*percent*	9.5		23.3	21.2	*2012-2016*	1

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

SCORE	**SUBSTANCE ABUSE**	UNITS	ST. JOHNS COUNTY	HP2020	FLORIDA	U.S.	MEASUREMENT PERIOD	SOURCE
1.83	Adults Who Drink Excessively	*percent*	20.1	25.4	17.5		*2016*	8
1.72	Teens Who Use Alcohol	*percent*	28.3		25.5		*2016*	21
1.56	Teens Who Use Marijuana: High School Students	*percent*	18.7		17		*2016*	21
1.25	Health Behaviors Ranking* **County Health Ranking is based on a summary composite score calculated from the following measures: adult smoking, adult obesity, physical inactivity, access to exercise opportunities, excessive drinking, alcohol-impaired driving deaths, sexually transmitted infections, teen births and a food environment index.*		6				*2018*	4
1.17	Teens Who Smoke: High School Students	*percent*	3.5	16	3		*2016*	22
1.06	Driving Under the Influence Arrest Rate	*arrests/100,000 population*	134.4		173.9		*2016*	19
1.06	Teens Who Binge Drink: High School Students	*percent*	10.5		10.9		*2016*	21
0.89	Teens Who have Used Methamphetamines	*percent*	0.4		0.8		*2016*	21

0.81	Adults Who Smoke	*percent*	12.2	12	15.5	17.1	*2016*	8
0.61	Death Rate due to Drug Poisoning	*deaths/100,000 population*	12.2		17.4	16.9	*2014-2016*	4
0.50	Alcohol-Impaired Driving Deaths	*percent*	23.8		26.4	29.3	*2012-2016*	4

SCORE	**TEEN & ADOLESCENT HEALTH**	UNITS	ST. JOHNS COUNTY	HP2020	FLORIDA	U.S.	MEASUREMENT PERIOD	SOURCE
1.72	Teens Who Use Alcohol	*percent*	28.3		25.5		*2016*	21
1.56	Teens Who Use Marijuana: High School Students	*percent*	18.7		17		*2016*	21
1.44	Teens with Asthma	*percent*	19.6		20.8		*2014*	22
1.17	Teens Who Smoke: High School Students	*percent*	3.5	16	3		*2016*	22
1.14	Teens Without Sufficient Physical Activity	*percent*	33.9				*2012*	12
1.11	Gonorrhea Incidence Rate: Females 15-19	*cases/100,000 females age 15-19*	159.4		496.6		*2016*	15
1.11	Teens Who are Obese: High School Students	*percent*	10.3		14.3		*2012*	12
1.06	Teens Who Binge Drink: High School Students	*percent*	10.5		10.9		*2016*	21
1.00	Chlamydia Incidence Rate: Females 15-19	*cases/100,000 females age 15-19*	1709.9		3175.6		*2016*	15
0.89	Teens Who have Used Methamphetamines	*percent*	0.4		0.8		*2016*	21

0.64	Teen Birth Rate: 15-19	*live births/1,000 females age 15-19*	8.4		19.5	20.3	*2016*	17

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

SCORE	**WOMEN'S HEALTH**	UNITS	ST. JOHNS COUNTY	HP2020	FLORIDA	U.S.	MEASUREMENT PERIOD	SOURCE
2.17	Age-Adjusted Death Rate due to Breast Cancer	*deaths/100,000 females*	22.4	20.7	19.8		*2014-2016*	17
2.00	Breast Cancer Incidence Rate	*cases/100,000 females*	136.5		117.8		*2012-2014*	29
1.44	Mammogram: 40+ Past Year	*percent*	61.2		60.8		*2016*	8

1.00	Pap Test in Past Year	*percent*	54.7		48.4		*2016*	8
0.72	Cervical Cancer Incidence Rate	*cases/100,000 females*	4.8	7.3	8.5		*2012-2014*	29
0.72	Life Expectancy for Females	*years*	83		82	81.5	*2014*	29

Appendix D. Community Resources

During the process of collecting community input, participants were asked to identify key community assets and resources being used throughout the community, as well as any organizations that could be potential partners in implementing the priority health needs. These are all the community resources mentioned by community input participants:

- Agape
- AGE WELL
- American Civility Association
- ATT Pioneers
- Azalea Hospital
- Baker County School District
- Baptist Health
- Barnabas Center
- BEAM
- Brooks Rehabilitation
- Children's Home Society of Florida
- Clay Behavioral
- Coalition for the Homeless
- COIN (Collaborative improvement in Innovation Network)
- Communities in Schools
- Community Foundation for Northeast Florida
- Community on King Street
- Compassionate Fernandina
- Cooking with Diabetes
- Dopson Family Practice
- Duval County Medical Society
- Early Steps
- Elder Source
- Families of Slain Children
- Family Service Center
- First Baptist Church of Macclenny
- Flagler Hospital
- Gateway
- Habitat for Humanity
- Head Start
- Healthy Start
- Hubbard House
- Jacksonville System of Care Collaborative
- Kids Hope Alliance
- Lutheran Food Services
- Mayo Clinic's Florida campus
- Mental Health First Aid
- Mercy Support Services
- Micha's Place
- Mission House
- NACDAC
- Nassau City Council on Aging
- NE FL Cancer Group
- Pace Center
- Planning Council of Northeast Florida
- Positively You
- Psychological Associates
- Publix
- Quest Diagnostics
- Safebeat.org
- Saint Francis House
- Salvation Army
- SHINE (Serving Health Insurance Needs of Elders)
- St. Vincent's Healthcare
- St. Johns County Partnership
- Starting Point
- Strength of Clay
- Sulzbacher Center
- SWAT (Students Working Against Tobacco)
- Teens for Change
- Tipping the Scale
- UF Health Jacksonville
- United Way
- University of Florida
- Volunteers in Medicine
- WeCare
- Wildflower Clinic
- Women's Center of Jacksonville
- Wounded Warrior Project
- YCC
- YMCA