One of the many things I love about Northeast Florida is the spirit of partnership that exists among the not-for-profit health care systems serving our community. We all share a common commitment to improving health beyond our own walls. By coming together to identify gaps and prioritizing areas of greatest need, we will make a real difference in improving the health of our most vulnerable citizens.

A. Hugh Greene  
President and CEO  
Baptist Health

The Jacksonville Metropolitan Community Benefit Partnership has played an important role in identifying the gaps in healthcare that currently exist in our community through the recent collaborative Community Health Needs Assessment. By having a unified strategy, we provide great promise and exciting opportunities to be able to address the most urgent needs for people who face healthcare disparities. This effort embodies the mission of Brooks Rehabilitation and we are pleased to move forward together to develop solutions to improve the lives of Northeast Florida residents.

Doug Baer  
President and CEO  
Brooks Rehabilitation

Through collaboration, we achieve more. One of Mayo Clinic’s founders, Dr. Will Mayo, called this a “union of forces.” The Community Health Needs Assessment provides us with the opportunity to come together to advance the quality of life of the communities we serve. It is a privilege for Mayo Clinic to be part of this collective endeavor.

Gianrico Farrugia, MD  
CEO  
Mayo Clinic in Florida
Chapter 1: Introduction

Community Health Needs Assessment: 2016 Report

As always, this comprehensive assessment will allow us to better understand the needs and concerns of our community. Our Regional Health Ministry is called to promote the common good while addressing the needs of the whole person and eliminating gaps in services and care. As we celebrate our 100th year of compassionate, Mission-focused healthcare, we are fervently committed to advancing our system of person-centered value-based care, literally transforming the ways in which care is delivered. This study will help us target our efforts toward the needs of those who are struggling the most in Northeast Florida.

Mike Schatzlein, M.D.
President and CEO
St. Vincent’s HealthCare

Health needs assessments continue to play a vital role in finding the best solutions for the residents of our community, and we are proud to be a part of the Jacksonville Metropolitan Community Benefit Partnership, which has taken on this worthwhile endeavor to help identify specific gaps in health care in this region. Since we all share a common commitment to providing access to high quality health care, we are pleased to now have this information that can be used as we move forward to develop solutions to improve the lives of the citizens of northeast Florida.

Russ Armistead
President and CEO
UF Health Jacksonville
Community Health Needs Assessment

Baptist Medical Center Beaches

Prepared for
The Jacksonville Metropolitan Community Benefit Partnership

By
Verité Healthcare Consulting, LLC

June 30, 2015

Adopted by the Baptist Medical Center Beaches Governing Board on:
February 4, 2016
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ABOUT THE JACKSONVILLE METROPOLITAN COMMUNITY BENEFIT PARTNERSHIP

In July 2011, leaders from Baptist Health, Brooks Rehabilitation, the Clay County Health Department, the Duval County Health Department, Mayo Clinic, the Nassau County Health Department, the Putnam County Health Department, UF Health Jacksonville (then Shands Jacksonville Medical Center), St. Vincent’s HealthCare, and Wolfson Children’s Hospital came together and formed the Jacksonville Metropolitan Community Benefit Partnership (The Partnership) to conduct the first-ever multi-hospital system and public health sector collaborative community health needs assessment. In 2014, hospital members of the Partnership initiated this second community health needs assessment.

The Partnership’s vision is to improve population health in the region by addressing gaps that prevent access to quality, integrated health care and improving access to resources that support a healthy lifestyle.
ABOUT VERITÉ HEALTHCARE CONSULTING

Verité Healthcare Consulting, LLC (“Verité”) was founded in May 2006, and is located in Alexandria, Virginia. The firm serves as a national resource that helps health care providers conduct community health needs assessments and develop implementation strategies that address significant needs. Verité has conducted more than 40 needs assessments for hospitals, health systems, and community partnerships nationally since 2010.

The firm also helps hospitals, hospital associations, and policy makers with community benefit reporting, planning, program assessment, and policy and guidelines development. Verité is a recognized, national thought leader in community benefit and in the evolving expectations that tax-exempt healthcare organizations are required to meet.

The Community Health Needs Assessment prepared for Baptist Beaches and The Partnership was directed by the firm’s president and managed by a vice president, with an associate and research analyst supporting the work. The firm’s senior staff holds graduate degrees in relevant fields.

More information on the firm and its qualifications can be found at www.veriteconsulting.com.

Verité Healthcare Consulting’s work seeks to improve the health of communities and to strengthen the organizations that serve them.
EXECUTIVE SUMMARY

Introduction

This Community Health Needs Assessment (CHNA) was conducted by Baptist Medical Center Beaches (“Baptist Beaches” or “the hospital”) to identify community health needs and to inform development of an implementation strategy to address identified significant needs. The hospital’s assessment of community health needs also responds to regulatory requirements.

Baptist Medical Center Beaches is a multi-specialty medical center located in Jacksonville Beach, Florida, and a fully-owned, integral part of Baptist Health System, Inc., headquartered in Jacksonville, Florida. Baptist Health participates actively in The Partnership.

Federal regulations require that tax-exempt hospital facilities conduct a CHNA every three years and develop an implementation strategy that addresses significant community health needs. Tax-exempt hospitals also are required to report information about community benefits they provide on IRS Form 990, Schedule H. As specified in the instructions to Schedule H, community benefits are programs or activities that provide treatment and/or promote health and healing as a response to identified community needs.

Community benefit activities and programs seek to achieve objectives, including:

- Improving access to health services,
- Enhancing public health,
- Advancing increased general knowledge, and
- Relief of a government burden to improve health.\(^1\)

To be reported, community need for the activity or program must be established. Need can be established by conducting a community health needs assessment.

CHNAs seek to identify significant health needs for particular geographic areas and populations by focusing on the following questions:

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

The question of how the hospital can best address significant needs will be the subject of the separate implementation strategy.

\(^1\)Instructions for IRS form 990 Schedule H, 2014.
Methodology Summary

Significant community health needs were identified by collecting and analyzing data and information from multiple sources. Statistics for numerous health status, health care access, and related indicators were analyzed, including comparisons to benchmarks where possible. Findings from recent assessments of the community’s health needs conducted by other organizations were considered as well.

Federal regulations that govern the CHNA process allow hospital facilities to define the “community a hospital serves” based on “all of the relevant facts and circumstances,” including the “geographic location” served by the hospital facility, “target populations served (e.g., children, women, or the aged), and/or the hospital facility’s principal functions (e.g., focus on a particular specialty area or targeted disease).”

Input from persons representing the broad interests of the community, including individuals with special knowledge of or expertise in public health, was received from 195 individuals through 12 key informant interviews, nine focus groups, and four town hall meetings.

Verité applied a ranking methodology to help prioritize the identified community health needs. The frequency (and intensity) with which certain health needs were identified as problematic in secondary data sources and by community members who provided input was considered in identifying priority needs. Staff from the hospital and from The Partnership reviewed and confirmed the findings from this process.

---

Community Served by Baptist Medical Center Beaches

Baptist Medical Center Beaches Community Summary Characteristics

- Community encompasses Duval County and St. Johns County
- 95.4% of 2014 inpatients originated from the community
- Total population in 2015: 1,117,501
- Projected population increase between 2015 and 2020: 5.7%
  - 23.3% for the 65+ population
  - 22.1% for the Hispanic (or Latino) populations
- Duval County compares unfavorably and St. Johns compares favorably to Florida for poverty and unemployment rates
- In the 2015 County Health Rankings, Duval County ranked 43rd (out of 67 Florida counties) for health outcomes, while St. Johns ranked first
- Nine significant community health needs have been identified through the CHNA
Prioritized List of Significant Community Health Needs

Based on an assessment of secondary data (a broad range of health status and access to care indicators) and of primary data received through community input, the following nine issues have been identified as significant health needs in the community served by Baptist Beaches. The issues are presented in alphabetical order.

Access

- Community members providing input commonly expressed concern about the lack of knowledge about available services and resources that are available to assist them in reaching and maintaining positive health outcomes. Community residents, particularly those lacking English proficiency and the elderly are most likely to lack knowledge about available services.
- The most frequently mentioned barriers to accessing health care services include: lack of knowledge about services; lack of transportation; lack of affordable care and low usage of preventative care; and lack of access to and affordability of insurance.
- Key informants from St. Johns County reported difficulty accessing physicians and specialist services. For example, residents in Hastings reported having fewer specialists than surrounding areas, resulting in travel to surrounding areas for care. Specialist services reported as difficult to access in St. Johns County and in the Duval County-Beaches area include: dental care, rehabilitation services, vision services, hearing services, and dialysis.
- Residents of both counties appear to need additional resources devoted to address comparatively high rates of excessive alcohol consumption (Exhibits 26A and 26B, and community input).
- Access to primary care, dental care, and other services is more challenging for low-income members of the community (Exhibit 32). As of July 2015, Florida has not expanded Medicaid eligibility, as contemplated by provisions in the Patient Protection and Affordable Care Act (ACA, 2010). Access to care for low-income patients would be negatively affected if the “Low-Income Pool” (LIP) funds are substantially reduced or lost.
- The Dignity Health Community Need Index™, designed principally to identify ZIP codes for which residents are likely to be experiencing access challenges, identifies Health Zone 1 in Duval County, and one ZIP code in St. Johns County (32084, which is proximate to St. Augustine) as high need areas (Exhibit 36). Populations in these areas also are designated by the Health Resources and Services Administration as medically underserved (Exhibit 39).
- Interviewees and focus group participants also raised concerns about the stability of safety net providers (UF Health and Agapé), given threats to funding sources that support their ability to provide access to care for uninsured and low-income patients.
- Hospital staff members who participated in focus group meetings indicated that the services most difficult to access are: mental health services, dental care, primary care, and specialty care (particularly for uninsured individuals).
Communicable Diseases

- In County Health Rankings, Duval County ranked 63rd in 2012 and 62nd in 2015 (out of 67 Florida counties) for rates of sexually transmitted infections (“STIs”) (Exhibit 26A).
- The chlamydia rate in Duval County (606 per 100,000) exceeded the U.S. average by 32 percent (Exhibit 26B).
- In the 2015 Community Health Status Indicators, Duval County ranked in the bottom quartile of peer counties for HIV rates (Exhibit 27).
- Both Duval County and St. Johns County report age-adjusted rates of mortality from HIV/AIDS that far exceed Florida averages and Healthy People 2020 objectives (Exhibit 28). However, rates for new HIV infections only exceeded Florida averages for Duval County (Exhibit 30).
- In recent years, communicable disease incidence rates for Duval County far exceeded Florida averages (for chlamydia, gonorrhea, and tuberculosis) (Exhibit 30).
- The St. Johns County Health Leadership Council found in its 2014 Community Health Assessment & Community Health Improvement Plan that rates of STIs in St. Johns County appear to be increasing.
- More than 30 percent of respondents to a survey administered in high schools by the Duval County Public Schools indicated that they currently are sexually active.
- Individuals providing input often discussed an overall lack of health education as a major contributor to health issues in Duval and St. Johns counties. Many mentioned that residents of Duval and St. Johns counties are not provided adequate sex education.

Diabetes

- In County Health Rankings, Duval County ranked 49th in 2012 and 41st in 2015 (out of 67 Florida counties) for diabetic screening. St. Johns County ranked 44th in 2012, but its ranking improved to 15th in 2015 (Exhibit 26A).
- In the 2015 Community Health Status Indicators, Duval County ranked in the bottom quartile of peer counties for mortality due to diabetes and for adult diabetes rates (Exhibit 27).
- Mortality rates from diabetes significantly exceeded Florida averages in recent years (Exhibit 28).
- In Health: Place Matters 2013, the Duval County Department of Health found that the rate of preventable hospitalizations for diabetes in the county exceeded the Florida average by more than 50 percent.
- Chronic diseases were the most frequently raised health issues by interviewees in Duval and St. Johns counties. Overall, diabetes was the single most frequently mentioned condition, followed closely by hypertension, obesity or overweight, and cardiovascular disease.

Health Disparities

- Certain population cohorts with known, unique health needs are expected to grow rapidly between 2015 and 2020, namely: the Hispanic (Latino) population in the two counties (growth of 22 percent), and the population aged 65 years and older (growth of 23 percent). (Exhibits 6 and 10).
• The proportion of residents who are Black (African American) is highest in ZIP codes 32209, 32208, and 32206. All three ZIP codes are located in Health Zone 1 (which is comprised of six ZIP codes where poverty also is most prevalent in Duval County).

• Community health data highlight that certain health issues are highly problematic for low-income residents of both counties. These include heavy or binge drinking, smoking rates, inability to visit a doctor due to cost, asthma, stroke, and poor mental health (Exhibits 32A and 32B).

• Community health data highlight that certain health issues are highly problematic for Black and Hispanic (Latino) residents. For Black (African American) residents, these include inability to visit a doctor due to cost, obesity, asthma (Exhibit 32), and diabetes. For Hispanic (Latino) residents, these include asthma, heavy or binge drinking, and access to a personal doctor/regular checkups.

• In 2012, the Duval County Health Department developed a health assessment for Hispanic (Latino) residents which found higher than average uninsurance rates, and also risks for mortality from motor vehicle accidents, homicide, fire-arms, and suicide. Also that high school students were more likely than others to experience or perceive violence at school and consider or attempt suicide.

• In Health: Place Matters 2013, the Duval County Department of Health described how increasing diversity in Duval County will require more culturally and linguistically appropriate care.

• Health challenges experienced by minorities, including Black residents, Hispanic residents, and recent immigrants were frequently mentioned by community members providing input into the CHNA. Interviewees commented on barriers to care linked to affordability, transportation, knowledge, language, fear and a lack of trust, and cultural differences. Barriers to accessing health care among Duval County’s immigrant and minority population were often discussed in terms of limited proficiency in the English language, limited knowledge of the health care system, and distrust in the medical community. Racism was discussed as a contributing factor to the way African Americans are treated by medical providers.

**Maternal and Child Health**

• A number of maternal and child health indicators are comparatively unfavorable in Duval County: the percent of births that are preterm, teen birth rates, domestic violence offenses, low birthweight births, infant mortality, and middle school and high school students without sufficient vigorous physical activity (Exhibits 26B, 27, and 31).

• St. Johns County ranked in the bottom quartile of peer counties for teen births (Exhibit 27) and for the percent of kindergarten children fully immunized (Exhibit 31B). The St. Johns County Health Leadership Council had a similar finding regarding childhood immunization in its 2014 Community Health Assessment & Community Health Improvement Plan.

• Internal hospital staff members participating in focus group meetings identified premature births and infant mortality as among the most significant community health problems.
Mental Health

- In 2014, the Jacksonville Community Council Inc. (JCCI) issued “Unlocking the Pieces: Community Mental Health in Northeast Florida.” Findings include:
  - In 2012, Florida ranked 49th of the 50 states in per capita state mental health funding and Northeast Florida was the second-lowest funded region in Florida
  - The Duval County suicide rate in 2012 was the highest since 1991 and had increased 13.2 percent since 2008
  - More people in Duval County die from suicide than from homicide
  - There is an undersupply of mental health professionals in the community
- The St. Johns County Health Leadership Council found in its 2014 Community Health Assessment & Community Health Improvement Plan that St. Johns has a suicide rate above the Florida average.
- Surveys conducted by Duval County Public Schools indicate that mental health problems recently have increased for middle school students, including “serious considerations of suicide.”
- The vast majority of participants mentioned poor mental health and lack of mental health resources as major concerns. They identified adolescents, sexual minorities, those with limited English proficiency, low-income residents, the elderly, and veterans as groups that are more likely to suffer mental health concerns. In the Duval County-Beaches area, limited mental health resources for residents of all ages was raised as a concern, and cost, lack of insurance coverage, social stigma, and transportation were mentioned as barriers to seeking mental health care in this area. In St. Johns County, it was explained that there was a shortage of mental health professionals for the entire county. Residents living in rural areas and low income individuals faced the most difficulties when trying to access these services.
- Hospital staff members who participated in focus group meetings indicated that the services most difficult to access are: mental health services, dental care, primary care, and specialty care (particularly for uninsured individuals).

Nutrition, Physical Activity, and Obesity

- In the 2015 Community Health Status Indicators, Duval County ranked in the bottom quartile of peer counties for adult obesity rates and for “adult physical inactivity” (Exhibit 27).
- Food desserts are present in Duval County – in Health Zone 1, Atlantic Beach, and other areas in the central/southern areas of the county (Exhibit 37). They also are present in St. Johns County (St. Augustine).
- Participants often discussed an overall lack of health education as a major contributor to health issues in Duval and St. Johns counties. Many participants mentioned that residents of Duval and St. Johns counties are not informed about nutrition. In order to improve health, many of those interviewed suggested the need for education on healthy eating habits and the benefits of a nutritional diet.
- Across all interviews and meetings, the health behaviors of greatest concern were poor diet and nutrition and limited physical activity. Unhealthy diets were attributed to limited access to healthy foods in many neighborhoods in combination with cultural factors. Insufficient knowledge about nutrition was mentioned in many interviews as a contributing factor to health conditions. Poor parenting skills, particularly among young parents, were commonly cited as a contributing factor to unhealthy behaviors.
Specifically, family support, food security, quality time or interactions, and educational support were discussed as key elements that are often missing in young families in Duval County.

Poverty

- Many health needs are associated with poverty. In 2013, 16.6 percent of Duval County residents lived in poverty – a rate above Florida and national averages. In that period, 9.5 percent of St. Johns County residents were in poverty (Exhibit 16).
- The Duval County Department of Health has divided the county into “Health Zones.” Health Zone 1 is comprised of six ZIP codes in/around downtown Jacksonville. According to the U.S. Census: 107,897 people lived in Health Zone 1 in 2013 (about 12 percent of Duval County’s total population). About 34 percent of these persons were in poverty. Health Zone 1 thus is home to 12 percent of the county’s total population and to 25 percent of county residents living in poverty.
- While overall poverty rates in St. Johns County are below average, “pockets” of poverty are present in Elkton and Hastings (where poverty rates have been 19.4 percent and 17.0 percent respectively – Exhibit 17).
- Poverty rates are highest for Black (African American) residents of the two counties (Exhibit 18).
- Crime rates (for murder, forcible sex offenses, and other crimes) in Duval County also are well above Florida averages.
- Individuals providing input highlighted, poverty, lack of affordable housing, and youth unemployment as issues affecting quality of life, particularly in rural areas of St. Johns County.

Transportation

- Individuals providing input expressed concern about a lack of reliable public transportation that made it difficult to access health care services. Lack of reliable transportation significantly impacts low-income, elderly, and disabled residents, and those who travel long distances for care or live in the Northside of Jacksonville. Within the Duval County-Beaches area, the public transportation system has few routes, minimal drop off points, and infrequent pick-ups. This barrier to care is further complicated by a lack of convenient appointment times and, in many cases, long wait times for health care appointments. In areas of St. Johns County, such as Hastings, Armstrong, and West St. Augustine, this barrier to accessing health care was further impacted due to a lack of specialists that resulted in residents traveling to surrounding counties to receive care. Transportation barriers contribute to missed appointments and failure to seek care for health concerns.
- The North Florida Transportation Planning Organization recently published two studies indicating that two-thirds of area residents do not consider mass transit services to be adequate, and highlighting limitations with transportation options.
- In its 2012 study, Elder Services Needs Assessment, ElderSource identified how a lack of transportation can impact access to prescription drugs.

The next sections of this CHNA report present the assessment of secondary and community input data on which these findings are based.
CHNA DATA AND ANALYSIS
METHODOLOGY

Data Sources and Analytic Methods

Community health needs were identified by collecting and analyzing data and information from multiple quantitative and qualitative sources. Considering information from a variety of sources is important when assessing community health needs, to ensure the assessment captures a wide range of facts and perspectives and to assist in identifying the highest-priority health needs. Statistics for numerous health status, health care access, and related indicators were analyzed, including from local, state, and federal public agencies, local community service organizations, and hospital members of The Partnership. Comparisons to benchmarks were made where possible. Details from the quantitative data are presented in the CHNA Data and Analysis section of this report, followed by a review of the principal findings of health assessments and reports conducted by other organizations in the community in recent years.

Input from 195 persons representing the broad interests of the community was taken into account via 12 key informant interview sessions, nine focus groups, and four town hall meetings. Interviews included: individuals with special knowledge of or expertise in public health; the local public health department; agencies with current data or information about the health needs of the community; and leaders, representatives, and members of medically underserved, low-income, and minority populations, and populations with chronic disease needs. Duval County Department of Health staff, working under subcontract with Verité, conducted and summarized results from the key informant interviews and community meetings.

Collaboration

In preparing this CHNA, Baptist Beaches collaborated with other hospital facilities within the Baptist Health system, and also with the other hospital members of the Jacksonville Metropolitan Community Benefit Partnership.

Prioritization Process and Criteria

Verité applied a ranking methodology to help prioritize the community health needs identified by the assessment, incorporating both quantitative and qualitative data throughout. The methodology considered the frequency with which each community health need was identified as problematic in secondary data sources and by community members providing input into the assessment. The methodology also factored in the severity of the problem, the number of persons affected, and the extent to which health disparities appear to be present.

Information Gaps

To the best of Verité’s knowledge, no information gaps have affected the hospital’s ability to reach reasonable conclusions regarding the community’s health needs.
DEFINITION OF COMMUNITY ASSESSED

This section identifies the community assessed by Baptist Medical Center Beaches and how it was determined.

Baptist Beaches is a multi-specialty hospital facility that provides inpatient, outpatient, and 24-hour emergency care. For the purposes of this CHNA, the community has been identified as Duval County and St. Johns County, Florida. In 2014, more than 95 percent of the hospital’s inpatient discharges originated from these two counties.

Duval County includes four cities and towns and 35 ZIP codes. St. Johns County includes six cities and towns and 10 ZIP codes. The hospital is located in Jacksonville Beach. In 2015, the community is estimated to have a population of approximately 1,120,000 residents (Exhibit 1).

Exhibit 1: Community Population, 2015

<table>
<thead>
<tr>
<th>City or Town</th>
<th>Total Population 2010</th>
<th>Total Population 2015</th>
<th>Percent of Total Population 2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>Duval County</td>
<td>867,130</td>
<td>899,930</td>
<td>80.6%</td>
</tr>
<tr>
<td>Atlantic Beach</td>
<td>23,665</td>
<td>23,778</td>
<td>2.1%</td>
</tr>
<tr>
<td>Jacksonville</td>
<td>809,080</td>
<td>840,749</td>
<td>75.3%</td>
</tr>
<tr>
<td>Jacksonville Beach</td>
<td>27,367</td>
<td>28,325</td>
<td>2.5%</td>
</tr>
<tr>
<td>Neptune Beach</td>
<td>7,018</td>
<td>7,078</td>
<td>0.6%</td>
</tr>
<tr>
<td>St. Johns County</td>
<td>190,161</td>
<td>217,171</td>
<td>19.4%</td>
</tr>
<tr>
<td>Elkton</td>
<td>4,249</td>
<td>4,850</td>
<td>0.4%</td>
</tr>
<tr>
<td>Hastings</td>
<td>5,312</td>
<td>5,729</td>
<td>0.5%</td>
</tr>
<tr>
<td>Ponte Vedra</td>
<td>4,727</td>
<td>6,808</td>
<td>0.6%</td>
</tr>
<tr>
<td>Ponte Vedra Beach</td>
<td>28,943</td>
<td>31,647</td>
<td>2.8%</td>
</tr>
<tr>
<td>St. Augustine</td>
<td>109,982</td>
<td>124,515</td>
<td>11.1%</td>
</tr>
<tr>
<td>St. Johns</td>
<td>36,948</td>
<td>43,622</td>
<td>3.9%</td>
</tr>
<tr>
<td>Total</td>
<td>1,057,291</td>
<td>1,117,101</td>
<td>100.0%</td>
</tr>
</tbody>
</table>

Source: Claritas via UF Health, 2015.

The community definition was validated based on the geographic origins of Baptist Beaches inpatients in 2014 (Exhibit 2).

Exhibit 2: Inpatient Discharges, 2014

<table>
<thead>
<tr>
<th></th>
<th>Duval County/St. Johns County</th>
<th>Baker, Clay, Nassau Counties</th>
<th>Other Counties</th>
<th>Total Discharges</th>
</tr>
</thead>
<tbody>
<tr>
<td>Baptist Health Beaches</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Inpatient Discharges</td>
<td>8,218</td>
<td>119</td>
<td>276</td>
<td>8,613</td>
</tr>
<tr>
<td>Percent of Total Discharges</td>
<td>95.4%</td>
<td>1.4%</td>
<td>3.2%</td>
<td>100.0%</td>
</tr>
</tbody>
</table>

Source: Baptist Health, 2014.
Exhibit 3 illustrates the ZIP codes, cities, and towns within the community. The Duval County Department of Health has divided Duval County into “Health Zones.” Health Zone 1 is comprised of six ZIP codes in/around downtown Jacksonville (32202, 32204, 32206, 32208, 32209, and 32254). Exhibit 3B illustrates the ZIP codes of Health Zone 1.

Exhibit 3: Baptist Beaches Community

Source: Microsoft MapPoint 2010, Baptist Health, 2015
This section presents an assessment of secondary data regarding health needs in the Baptist Beaches community.

**Demographics**

Population characteristics and changes influence community health needs. Overall, the population living in the Baptist Beaches community is expected to grow by 5.7 percent between 2015 and 2020 (Exhibit 4).

**Exhibit 4: Percent Change in Population by City/Town, 2015-2020**

<table>
<thead>
<tr>
<th>City or Town</th>
<th>Total Population 2015</th>
<th>Total Population 2020</th>
<th>Percent Change in Total Population 2015-2020</th>
</tr>
</thead>
<tbody>
<tr>
<td>Duval County</td>
<td>899,930</td>
<td>941,470</td>
<td>4.6%</td>
</tr>
<tr>
<td>Atlantic Beach</td>
<td>23,778</td>
<td>24,270</td>
<td>2.1%</td>
</tr>
<tr>
<td>Jacksonville</td>
<td>840,749</td>
<td>880,342</td>
<td>4.7%</td>
</tr>
<tr>
<td>Jacksonville Beach</td>
<td>28,325</td>
<td>29,609</td>
<td>4.5%</td>
</tr>
<tr>
<td>Neptune Beach</td>
<td>7,078</td>
<td>7,249</td>
<td>2.4%</td>
</tr>
<tr>
<td><strong>St. Johns County</strong></td>
<td><strong>217,171</strong></td>
<td><strong>239,691</strong></td>
<td><strong>10.4%</strong></td>
</tr>
<tr>
<td>Elkton</td>
<td>4,850</td>
<td>5,351</td>
<td>10.3%</td>
</tr>
<tr>
<td>Hastings</td>
<td>5,729</td>
<td>6,143</td>
<td>7.2%</td>
</tr>
<tr>
<td>Ponte Vedra</td>
<td>6,808</td>
<td>7,947</td>
<td>16.7%</td>
</tr>
<tr>
<td>Ponte Vedra Beach</td>
<td>31,647</td>
<td>34,152</td>
<td>7.9%</td>
</tr>
<tr>
<td>St. Augustine</td>
<td>124,515</td>
<td>136,962</td>
<td>10.0%</td>
</tr>
<tr>
<td>St. Johns</td>
<td>43,622</td>
<td>49,136</td>
<td>12.6%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>1,117,101</strong></td>
<td><strong>1,181,161</strong></td>
<td><strong>5.7%</strong></td>
</tr>
</tbody>
</table>

Source: Claritas via UF Health, 2015.

The population in St. Johns County is expected to grow by more than 10 percent between 2010 and 2020.

Rates of projected population change by town and ZIP code are portrayed in Exhibits 5 and 6.
Populations in Ponte Vedra (32081) and St. Augustine (32092 and 32095) are anticipated to experience the greatest growth. ZIP codes 32206, 32209, and 32212 in Jacksonville are projected to lose population.
Exhibit 6 portrays the number of residents living in the community population by age and sex in 2015 with projections for 2020.

### Exhibit 6: Percent Change in Population by Age/Sex Cohort, 2015-2020

<table>
<thead>
<tr>
<th>Age/Sex Cohort</th>
<th>Total Population 2015</th>
<th>Total Population 2020</th>
<th>Percent Change in Total Population 2015-2020</th>
</tr>
</thead>
<tbody>
<tr>
<td>0-20</td>
<td>299,156</td>
<td>311,344</td>
<td>4.1%</td>
</tr>
<tr>
<td>Female 21-44</td>
<td>182,005</td>
<td>184,861</td>
<td>1.6%</td>
</tr>
<tr>
<td>Male 21-44</td>
<td>178,494</td>
<td>183,278</td>
<td>2.7%</td>
</tr>
<tr>
<td>45-64</td>
<td>301,255</td>
<td>309,127</td>
<td>2.6%</td>
</tr>
<tr>
<td>65+</td>
<td>156,191</td>
<td>192,551</td>
<td>23.3%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>1,117,101</strong></td>
<td><strong>1,181,161</strong></td>
<td><strong>5.7%</strong></td>
</tr>
</tbody>
</table>

Source: Claritas via UF Health, 2015.

At 23.3 percent, the number of residents aged 65 years and older is projected to have the highest growth of all age groups. The female 21-44 age group is expected to have the slowest growth. The projected growth of the 65+ age cohort will likely result in an increased demand for health services, because utilization of health care services by those in that age group typically far exceeds that of other cohorts.

Exhibit 7 shows the distribution of Duval and St. Johns residents by age/sex cohort compared to Florida and U.S. averages.

### Exhibit 7: Community Population by Age/Sex Cohort, 2013

<table>
<thead>
<tr>
<th>Age/Sex Cohort</th>
<th>Duval County</th>
<th>St. Johns County</th>
<th>Florida</th>
<th>United States</th>
</tr>
</thead>
<tbody>
<tr>
<td>0-19</td>
<td>26.0%</td>
<td>25.3%</td>
<td>23.5%</td>
<td>26.6%</td>
</tr>
<tr>
<td>Female 20-44</td>
<td>18.2%</td>
<td>14.6%</td>
<td>15.8%</td>
<td>16.7%</td>
</tr>
<tr>
<td>Male 20-44</td>
<td>17.9%</td>
<td>13.7%</td>
<td>15.9%</td>
<td>16.9%</td>
</tr>
<tr>
<td>45-64</td>
<td>26.4%</td>
<td>29.9%</td>
<td>27.0%</td>
<td>26.4%</td>
</tr>
<tr>
<td>65+</td>
<td>11.5%</td>
<td>16.3%</td>
<td>17.8%</td>
<td>13.4%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>872,598</strong></td>
<td><strong>197,115</strong></td>
<td><strong>19,091,156</strong></td>
<td><strong>311,536,594</strong></td>
</tr>
</tbody>
</table>


In Duval County, approximately 11.5 percent of the population in 2013 was over the age of 64, which is lower than both the state and U.S. averages. The 16.3 percent statistic for St. Johns County is comparable to Florida’s average and well above the national average.
Exhibit 8 illustrates the percent of the population 65 years of age and older in the community.

Exhibit 8: Percent of Population Aged 65+ by Zip Code, 2015

ZIP codes in St. Augustine (32080 and 32086), Elkton (32033) and Ponte Vedra Beach (32082) had the highest proportion of people 65 years and older in the community. Certain ZIP codes (32212, 32228, and 32227) in Jacksonville had the lowest proportions.
Exhibit 9 depicts the distribution of the population change in the Baptist Beaches community by race.

### Exhibit 9: Population Change by Race, 2015-2020

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>White</td>
<td>731,753</td>
<td>764,273</td>
<td>4.4%</td>
</tr>
<tr>
<td>Black</td>
<td>276,158</td>
<td>288,821</td>
<td>4.6%</td>
</tr>
<tr>
<td>American Indian/Alaska Native</td>
<td>4,155</td>
<td>4,362</td>
<td>5.0%</td>
</tr>
<tr>
<td>Asian</td>
<td>46,025</td>
<td>53,218</td>
<td>15.6%</td>
</tr>
<tr>
<td>Native HI/Pacific Islander</td>
<td>1034</td>
<td>1132</td>
<td>9.5%</td>
</tr>
<tr>
<td>Some Other Race</td>
<td>24,172</td>
<td>28,965</td>
<td>19.8%</td>
</tr>
<tr>
<td>Two or More Races</td>
<td>33,804</td>
<td>40,390</td>
<td>19.5%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>1,117,101</strong></td>
<td><strong>1,181,161</strong></td>
<td><strong>5.7%</strong></td>
</tr>
</tbody>
</table>

Source: Claritas via UF Health, 2015.

About 65 percent of the population in the community is estimated to be White in 2015. Non-White populations are projected to increase by approximately eight percent between 2015 and 2020. Increasing community diversity will affect community health needs.

Exhibit 10 depicts the distribution of the population in the Baptist Beaches community by ethnicity.

### Exhibit 10: Population Change by Ethnicity, 2015-2020

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Hispanic (or Latino)</td>
<td>93,367</td>
<td>114,000</td>
<td>22.1%</td>
</tr>
<tr>
<td>Not Hispanic/ Latino</td>
<td>1,023,734</td>
<td>1,067,161</td>
<td>4.2%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>1,117,101</strong></td>
<td><strong>1,181,161</strong></td>
<td><strong>5.7%</strong></td>
</tr>
</tbody>
</table>

Source: Claritas via UF Health, 2015.

Projections indicate that the Hispanic (or Latino) population is expected to grow much more rapidly than the non-Hispanic (or Latino) population, and to grow from approximately eight percent in 2015 to nearly ten percent of the community population by 2020.

Exhibits 11, 12, and 13 show the locations in the community where the percentages of the population that are Black, Other (non-Black, non-White), and Hispanic (or Latino) are highest.
Exhibit 11: Percent of Population – Black, 2013

ZIP codes 32209, 32208, and 32206 in Jacksonville had the highest proportions of Black residents

Exhibit 12: Percent of Population – Other Race (non-Black, non-White), 2013

ZIP codes 32227, 32207, and 32212 in Jacksonville and 32092 in St. Augustine had the highest percentages of Other Race (non-Black, non-White) residents

Exhibit 13: Percent of Population – Hispanic (or Latino), 2013


The proportion of residents who are Black is highest in central Jacksonville (including within Health Zone 1). The proportion of residents who identified as Hispanic (or Latino) is highest in southeast Jacksonville.

Duval County ZIP codes 32207, 32244, 32246, and 32258 had the highest percentages of Hispanic (or Latino) residents.
Other community demographic indicators are presented in **Exhibit 14**.

### Exhibit 14: Other Socioeconomic Indicators, 2009-2013

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Duval County</th>
<th>St. Johns County</th>
<th>Florida</th>
<th>United States</th>
</tr>
</thead>
<tbody>
<tr>
<td>Population 25+ without High School Diploma</td>
<td>12.1%</td>
<td>6.8%</td>
<td>13.9%</td>
<td>14.0%</td>
</tr>
<tr>
<td>Population with a Disability</td>
<td>12.3%</td>
<td>10.5%</td>
<td>12.9%</td>
<td>12.1%</td>
</tr>
<tr>
<td>Population Linguistically Isolated</td>
<td>5.0%</td>
<td>2.5%</td>
<td>11.7%</td>
<td>8.6%</td>
</tr>
</tbody>
</table>


These data indicate that:

- Duval had a slightly higher percentage of the population with a disability compared to United States, and a slightly lower percentage than Florida. St. Johns had a lower percentage than both Florida and U.S. averages;
- Duval and St. Johns counties had a lower percentage of the population aged five and older linguistically isolated compared to Florida and the United States. Linguistic isolation is defined as people who speak a language other than English and speak English less than “very well”; and,
- In 2013, Duval had 39,400 total Limited English Proficiency (LEP) individuals. There were 17,800 Spanish, 3,200 Tagalog, 2,500 Vietnamese, 2,400 Serbo-Croatian, 1,800 Arabic, 1,500 French Creole, 1,200 Other Indo, and 1,000 Korean speaking LEP individuals. St. Johns had approximately 4,800 LEP individuals, of whom 2,500 were Spanish.

---

3 Migration Policy Institute tabulations from the US Census Bureau’s pooled 2009-2011 American Community Survey
Exhibit 15 depicts the estimated percent of the community’s population with a disability by age cohort in the community.

Exhibit 15: Percent of Population with a Disability by Age Cohort, 2009-2013

<table>
<thead>
<tr>
<th></th>
<th>Duval County</th>
<th>St. Johns County</th>
<th>Florida</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Total civilian non-institutionalized population</strong></td>
<td>12.3%</td>
<td>10.5%</td>
<td>12.9%</td>
</tr>
<tr>
<td><strong>Population under 5 years</strong></td>
<td>0.6%</td>
<td>1.3%</td>
<td>0.7%</td>
</tr>
<tr>
<td>With a hearing difficulty</td>
<td>0.3%</td>
<td>1.2%</td>
<td>0.4%</td>
</tr>
<tr>
<td>With a vision difficulty</td>
<td>0.4%</td>
<td>0.1%</td>
<td>0.5%</td>
</tr>
<tr>
<td><strong>Population 5 to 17 years</strong></td>
<td>5.8%</td>
<td>3.6%</td>
<td>5.1%</td>
</tr>
<tr>
<td>With a hearing difficulty</td>
<td>0.6%</td>
<td>0.4%</td>
<td>0.6%</td>
</tr>
<tr>
<td>With a vision difficulty</td>
<td>0.8%</td>
<td>0.2%</td>
<td>0.8%</td>
</tr>
<tr>
<td>With a cognitive difficulty</td>
<td>4.7%</td>
<td>2.7%</td>
<td>4.0%</td>
</tr>
<tr>
<td>With an ambulatory difficulty</td>
<td>0.6%</td>
<td>0.5%</td>
<td>0.6%</td>
</tr>
<tr>
<td>With a self-care difficulty</td>
<td>1.0%</td>
<td>0.8%</td>
<td>0.9%</td>
</tr>
<tr>
<td><strong>Population 18 to 64 years</strong></td>
<td>10.7%</td>
<td>8.1%</td>
<td>9.9%</td>
</tr>
<tr>
<td>With a hearing difficulty</td>
<td>1.9%</td>
<td>1.8%</td>
<td>1.8%</td>
</tr>
<tr>
<td>With a vision difficulty</td>
<td>1.7%</td>
<td>1.1%</td>
<td>1.7%</td>
</tr>
<tr>
<td>With a cognitive difficulty</td>
<td>4.1%</td>
<td>3.1%</td>
<td>4.1%</td>
</tr>
<tr>
<td>With an ambulatory difficulty</td>
<td>5.9%</td>
<td>4.0%</td>
<td>5.3%</td>
</tr>
<tr>
<td>With a self-care difficulty</td>
<td>2.1%</td>
<td>1.4%</td>
<td>1.9%</td>
</tr>
<tr>
<td>With an independent living difficulty</td>
<td>3.8%</td>
<td>2.6%</td>
<td>3.6%</td>
</tr>
<tr>
<td><strong>Population 65 years and older</strong></td>
<td>37.7%</td>
<td>29.7%</td>
<td>34.0%</td>
</tr>
<tr>
<td>With a hearing difficulty</td>
<td>13.9%</td>
<td>12.5%</td>
<td>13.9%</td>
</tr>
<tr>
<td>With a vision difficulty</td>
<td>7.8%</td>
<td>4.1%</td>
<td>6.3%</td>
</tr>
<tr>
<td>With a cognitive difficulty</td>
<td>9.6%</td>
<td>7.0%</td>
<td>8.9%</td>
</tr>
<tr>
<td>With an ambulatory difficulty</td>
<td>25.7%</td>
<td>17.4%</td>
<td>21.8%</td>
</tr>
<tr>
<td>With a self-care difficulty</td>
<td>9.1%</td>
<td>5.8%</td>
<td>7.8%</td>
</tr>
<tr>
<td>With an independent living difficulty</td>
<td>16.8%</td>
<td>12.1%</td>
<td>14.3%</td>
</tr>
</tbody>
</table>


Vision, ambulatory, independent living, and self-care difficulties were more prevalent for those 65 years of age and older in Duval County than elsewhere in Florida. In St. Johns County, disability rates among children 0-4 were well above Florida averages.
Economic Indicators

The following categories of economic indicators with implications for health were assessed: (1) people in poverty; (2) household income; (3) unemployment rate; (4) insurance status; (5) crime; and (6) utilization of government assistance programs.

People in Poverty

Many health needs are associated with poverty. According to the U.S. Census, in 2013 approximately 15 percent of people in the United States and 16 percent of people in Florida were living in poverty. Duval County had a higher proportion (and St. Johns a lower proportion) of people in poverty than Florida and the U.S. (Exhibit 16).

Exhibit 16: Percent of People in Poverty, 2009-2013

Exhibit 17 presents poverty rates by city/town.
Exhibit 17: Poverty Rates by City/Town, 2009-2013

<table>
<thead>
<tr>
<th>City/Town</th>
<th>Total Population</th>
<th>Percent of Population Below Poverty Level</th>
</tr>
</thead>
<tbody>
<tr>
<td>Duval County</td>
<td>874,227</td>
<td>16.6%</td>
</tr>
<tr>
<td>Atlantic Beach</td>
<td>23,240</td>
<td>12.7%</td>
</tr>
<tr>
<td>Jacksonville</td>
<td>818,391</td>
<td>16.9%</td>
</tr>
<tr>
<td>Jacksonville Beach</td>
<td>25,894</td>
<td>12.5%</td>
</tr>
<tr>
<td>Neptune Beach</td>
<td>6,702</td>
<td>6.9%</td>
</tr>
<tr>
<td>St. Johns County</td>
<td>197,082</td>
<td>9.5%</td>
</tr>
<tr>
<td>Elkton</td>
<td>4,679</td>
<td>19.4%</td>
</tr>
<tr>
<td>Hastings</td>
<td>4,904</td>
<td>17.0%</td>
</tr>
<tr>
<td>Ponte Vedra</td>
<td>4,670</td>
<td>7.5%</td>
</tr>
<tr>
<td>Ponte Vedra Beach</td>
<td>29,538</td>
<td>5.8%</td>
</tr>
<tr>
<td>St. Augustine</td>
<td>114,228</td>
<td>11.7%</td>
</tr>
<tr>
<td>St. Johns</td>
<td>39,063</td>
<td>4.0%</td>
</tr>
<tr>
<td>Florida</td>
<td>19,091,156</td>
<td>16.0%</td>
</tr>
<tr>
<td>United States</td>
<td>311,536,594</td>
<td>15.0%</td>
</tr>
</tbody>
</table>


Elkton in St. Johns County has the highest poverty rate at 19.4%.

In Duval County, the city of Jacksonville had above-average poverty rates. In St. Johns County, the towns of Elkton and Hastings had poverty rates well above the Florida average.

The Duval County Department of Health has divided the county into “Health Zones.” Health Zone 1 is comprised of six ZIP codes in/around downtown Jacksonville (32202, 32204, 32206, 32208, 32209, and 32254). According to the U.S. Census:

- 107,897 people lived in Health Zone 1 in 2013 (about 12 percent of Duval County’s total population), and.
- About 34 percent of these persons were in poverty.

Said another way, Health Zone 1 is home to 12 percent of Duval County’s total population and to 25 percent of county residents living in poverty.

Exhibit 18 presents Duval County, St. Johns County, Florida, and U.S. poverty rates by race and ethnicity.
Exhibit 18: Poverty Rates by Race and Ethnicity, 2009-2013

Poverty rates for Blacks are higher than for other racial/ethnic groups. The rate for Hispanics in St. Johns County is below average.

Eligibility for the National School Lunch Program

Schools participating in the National School Lunch Program are eligible to receive financial assistance from the United States Department of Agriculture (USDA) to provide free or reduced-price meals to low-income students. Schools with 40 percent or more of their student body receiving this assistance are eligible for school-wide Title I funding, designed to ensure that students meet grade-level proficiency standards.

Approximately 160 schools in Duval County and 40 schools in St. Johns County were eligible for Title 1 funds in 2014-2015. The highest concentration of schools with 80-100 percent of students eligible for this funding was located in central Jacksonville.

Exhibit 19 illustrates the locations of the schools with at least 40 percent of the students eligible for reduced-price or free lunch.
Exhibit 19: Public Schools with More than 40 Percent of Students Eligible for Free or Reduced-Price Lunches, School Year 2014-2015

Source: Microsoft MapPoint, Florida Department of Education and Florida SMART, 2015.
Household Income

Household income is assessed by many public and private agencies to determine eligibility for low-income assistance programs. In the Baptist Beaches community, 23.8 percent of households had incomes below $25,000 in 2013. Exhibit 20 depicts the percent of these households in the community by city or town.

Exhibit 20: Percent Lower-Income Households by City and Town, 2009-2013

<table>
<thead>
<tr>
<th>City/Town</th>
<th>Households 2009-2013</th>
<th>Average Median Household Income</th>
<th>Percent Less than $25,000</th>
</tr>
</thead>
<tbody>
<tr>
<td>Duval County</td>
<td>331,541</td>
<td>$49,246</td>
<td>25.2%</td>
</tr>
<tr>
<td>Atlantic Beach</td>
<td>9,047</td>
<td>$50,338</td>
<td>20.0%</td>
</tr>
<tr>
<td>Jacksonville</td>
<td>307,824</td>
<td>$48,766</td>
<td>26.0%</td>
</tr>
<tr>
<td>Jacksonville Beach</td>
<td>11,636</td>
<td>$56,466</td>
<td>20.6%</td>
</tr>
<tr>
<td>Neptune Beach</td>
<td>3,034</td>
<td>$67,045</td>
<td>12.7%</td>
</tr>
<tr>
<td>St. Johns County</td>
<td>75,541</td>
<td>$68,888</td>
<td>17.7%</td>
</tr>
<tr>
<td>Elkton</td>
<td>1,816</td>
<td>$49,257</td>
<td>20.2%</td>
</tr>
<tr>
<td>Hastings</td>
<td>1,801</td>
<td>$41,750</td>
<td>30.8%</td>
</tr>
<tr>
<td>Ponte Vedra</td>
<td>1,593</td>
<td>$85,354</td>
<td>13.8%</td>
</tr>
<tr>
<td>Ponte Vedra Beach</td>
<td>12,665</td>
<td>$87,878</td>
<td>10.8%</td>
</tr>
<tr>
<td>St. Augustine</td>
<td>45,058</td>
<td>$57,211</td>
<td>22.0%</td>
</tr>
<tr>
<td>St. Johns</td>
<td>12,608</td>
<td>$96,166</td>
<td>7.6%</td>
</tr>
<tr>
<td>Florida</td>
<td>7,158,980</td>
<td>$46,956</td>
<td>25.7%</td>
</tr>
<tr>
<td>United States</td>
<td>115,610,216</td>
<td>$53,046</td>
<td>23.4%</td>
</tr>
</tbody>
</table>


More than 30 percent of households in Hastings (in St. Johns County), and 26 percent of households in Jacksonville had incomes below $25,000. St. Johns and Ponte Vedra Beach had the lowest percentages.
Exhibit 21 illustrates the proportion, by ZIP code, of households in the community with incomes under $25,000.


The highest proportions of households with incomes less than $25,000 are located in central Jacksonville (ZIP codes 32206, 32209, and 32254) of Duval County. These ZIP codes are in Health Zone 1.
**Unemployment Rate**

**Exhibit 22** shows the unemployment rate for Duval and St. Johns counties, with Florida and national rates for comparison.

**Exhibit 22A: Unemployment Rates, 2010-2015**

![Unemployment Rates Graph](image)

*Data not available for the U.S. for 2015.*

Duval County reported higher than average (and St. Johns County lower than average) unemployment rates for all years from 2010 to 2015. Unemployment rates have been declining steadily since 2010.
Exhibit 22B: Unemployment Rates by Town, 2012-2013

<table>
<thead>
<tr>
<th>City/Town</th>
<th>Percent Unemployed 2012</th>
<th>Percent Unemployed 2013</th>
</tr>
</thead>
<tbody>
<tr>
<td>Duval Total</td>
<td>7.2%</td>
<td>7.6%</td>
</tr>
<tr>
<td>Atlantic Beach</td>
<td>6.5%</td>
<td>6.3%</td>
</tr>
<tr>
<td>Jacksonville</td>
<td>7.4%</td>
<td>7.8%</td>
</tr>
<tr>
<td>Jacksonville Beach</td>
<td>5.3%</td>
<td>4.4%</td>
</tr>
<tr>
<td>Neptune Beach</td>
<td>2.1%</td>
<td>2.8%</td>
</tr>
<tr>
<td>St. Johns Total</td>
<td>4.9%</td>
<td>4.9%</td>
</tr>
<tr>
<td>Elkton</td>
<td>1.4%</td>
<td>4.0%</td>
</tr>
<tr>
<td>Hastings</td>
<td>7.3%</td>
<td>7.1%</td>
</tr>
<tr>
<td>Ponte Vedra</td>
<td>4.3%</td>
<td>3.5%</td>
</tr>
<tr>
<td>Ponte Vedra Beach</td>
<td>3.6%</td>
<td>3.8%</td>
</tr>
<tr>
<td>St. Augustine</td>
<td>5.6%</td>
<td>5.3%</td>
</tr>
<tr>
<td>St. Johns</td>
<td>3.7%</td>
<td>4.2%</td>
</tr>
</tbody>
</table>

Source: U.S. Census ACS 5-year estimates 2012-2013.

Note that the data vary between Exhibit 22A (from Bureau of Labor Statistics), and Exhibit 22B, the American Community Survey (ACS) from the U.S. Census. BLS data are official estimates but assess unemployment across larger geographic areas. The ACS data are collected over multiple years and allow better comparisons of smaller geographic areas although specific data estimates may not be as accurate as the BLS.

Insurance Status

Exhibit 23A presents the percent of the population without health insurance for Duval and St. Johns counties, Florida, and the U.S.

Exhibit 23A: Percent of the Population without Health Insurance, 2010-2013

Exhibit 23B presents the estimated percent of the population without health insurance from 2010 through 2013 for Duval and St. Johns counties, Florida, and the U.S. by race/ethnicity.

**Exhibit 23B: Percent of the Population without Health Insurance, by Race/Ethnicity, 2013**

<table>
<thead>
<tr>
<th>Race/Ethnicity</th>
<th>Duval County</th>
<th>St. Johns County</th>
<th>Florida</th>
<th>United States</th>
</tr>
</thead>
<tbody>
<tr>
<td>White</td>
<td>15.7%</td>
<td>11.9%</td>
<td>18.8%</td>
<td>13.1%</td>
</tr>
<tr>
<td>Black</td>
<td>14.2%</td>
<td>17.5%</td>
<td>24.9%</td>
<td>18.6%</td>
</tr>
<tr>
<td>American Indian</td>
<td>13.5%</td>
<td>27.9%</td>
<td>33.3%</td>
<td>38.8%</td>
</tr>
<tr>
<td>Asian</td>
<td>10.2%</td>
<td>22.7%</td>
<td>21.6%</td>
<td>15.0%</td>
</tr>
<tr>
<td>Hispanic</td>
<td>18.0%</td>
<td>29.6%</td>
<td>26.8%</td>
<td>32.6%</td>
</tr>
</tbody>
</table>


Duval County’s “uninsurance rate” remained relatively stable from 2010 to 2013. The county’s rate was lower than Florida’s overall, but higher than the national average for all four years. St. Johns County’s “uninsurance rate” fell by more than two percent between 2010 and 2013, and was consistently below Florida and U.S. averages.

**Florida Public Policy Issues**

The uninsurance rate would have declined more rapidly in recent years, if Florida had expanded eligibility for Medicaid as originally contemplated by the Patient Protection and Affordable Care Act (ACA, 2010). Subsequent to the ACA’s passage, a June 2012 Supreme Court ruling provided states with discretion regarding or not to expand Medicaid eligibility. To date, Florida has been one of states that has not expanded Medicaid. As a result, Medicaid eligibility in Florida has remained very limited. Childless adults are ineligible. Parents are eligible if they have incomes at or below 35 percent of Federal Poverty Levels. Children in low-income households (up to 215 percent of FPL) are eligible for Medicaid benefits. In Florida, a “coverage gap” exists for approximately 750,000 uninsured adults whose incomes are too high to qualify for Medicaid, but too low to be eligible for subsided insurance through the health insurance marketplace created by the ACA.
Access to care for Medicaid recipients and uninsured individuals would be affected if “Low-Income Pool” (LIP) funds are reduced or lost. Certain Florida hospitals, like UF Health Jacksonville, receive substantial LIP funding, and as of mid-June 2015, the amount of such funding that would be available in the upcoming year was highly uncertain. Losing LIP funding would be particularly problematic if Florida remains one of the states that has not expanded Medicaid eligibility.

Exhibit 24 portrays discharges for residents of the community by City/Town and by source of insurance coverage (with uninsured being “self-pay/charity”).

**Exhibit 24: Inpatient Discharges by Payer and City or Town, 2013-2014**

<table>
<thead>
<tr>
<th>City/Town</th>
<th>Medicaid</th>
<th>Medicare</th>
<th>Commercial</th>
<th>Other</th>
<th>Self Pay/Charity</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Duval County</td>
<td>22.5%</td>
<td>39.9%</td>
<td>23.6%</td>
<td>3.5%</td>
<td>10.5%</td>
<td>128,676</td>
</tr>
<tr>
<td>Atlantic Beach</td>
<td>17.4%</td>
<td>44.6%</td>
<td>19.9%</td>
<td>7.2%</td>
<td>11.0%</td>
<td>2,959</td>
</tr>
<tr>
<td>Jacksonville</td>
<td>23.0%</td>
<td>39.6%</td>
<td>23.5%</td>
<td>3.5%</td>
<td>10.4%</td>
<td>121,539</td>
</tr>
<tr>
<td>Jacksonville Beach</td>
<td>11.5%</td>
<td>46.9%</td>
<td>27.6%</td>
<td>3.0%</td>
<td>10.9%</td>
<td>3,451</td>
</tr>
<tr>
<td>Neptune Beach</td>
<td>10.0%</td>
<td>37.6%</td>
<td>41.8%</td>
<td>2.8%</td>
<td>7.8%</td>
<td>727</td>
</tr>
<tr>
<td>St. Johns County</td>
<td>11.1%</td>
<td>47.6%</td>
<td>32.1%</td>
<td>2.4%</td>
<td>6.8%</td>
<td>21,078</td>
</tr>
<tr>
<td>Elkton</td>
<td>10.1%</td>
<td>54.9%</td>
<td>26.0%</td>
<td>1.8%</td>
<td>7.2%</td>
<td>597</td>
</tr>
<tr>
<td>Hastings</td>
<td>25.4%</td>
<td>47.8%</td>
<td>16.6%</td>
<td>0.9%</td>
<td>9.2%</td>
<td>763</td>
</tr>
<tr>
<td>Ponte Vedra</td>
<td>6.4%</td>
<td>31.4%</td>
<td>55.0%</td>
<td>2.3%</td>
<td>4.9%</td>
<td>596</td>
</tr>
<tr>
<td>Ponte Vedra Beach</td>
<td>3.7%</td>
<td>53.8%</td>
<td>35.2%</td>
<td>1.7%</td>
<td>5.6%</td>
<td>2,576</td>
</tr>
<tr>
<td>St. Augustine</td>
<td>13.8%</td>
<td>49.1%</td>
<td>27.3%</td>
<td>2.2%</td>
<td>7.6%</td>
<td>13,297</td>
</tr>
<tr>
<td>St. Johns</td>
<td>3.8%</td>
<td>38.0%</td>
<td>49.8%</td>
<td>4.2%</td>
<td>4.3%</td>
<td>3,249</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>20.9%</strong></td>
<td><strong>40.9%</strong></td>
<td><strong>24.8%</strong></td>
<td><strong>3.4%</strong></td>
<td><strong>9.9%</strong></td>
<td><strong>149,754</strong></td>
</tr>
</tbody>
</table>


Medicaid discharges were most prevalent in Jacksonville and Hastings, while Medicare discharges were most prevalent in Elkton and Ponte Vedra Beach.

http://health.wusf.usf.edu/post/lawmakers-agree-lip-funding
Crime

The Florida Department of Law Enforcement reports data on violent and property crimes in the state (Exhibit 25).

### Exhibit 25: Crime Rates by Type and County, Per 100,000, 2013

<table>
<thead>
<tr>
<th>Type</th>
<th>Duval</th>
<th>St. Johns</th>
<th>Florida</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Count</td>
<td>Rate</td>
<td>Count</td>
</tr>
<tr>
<td>Murder</td>
<td>263</td>
<td>10.1</td>
<td>16</td>
</tr>
<tr>
<td>Aggravated Assault</td>
<td>9,399</td>
<td>360.4</td>
<td>1,445</td>
</tr>
<tr>
<td>Forcible Sex Offenses</td>
<td>2,375</td>
<td>91.1</td>
<td>78</td>
</tr>
<tr>
<td>Robbery</td>
<td>4,583</td>
<td>175.7</td>
<td>191</td>
</tr>
<tr>
<td>Motor Vehicle Theft</td>
<td>5,360</td>
<td>205.5</td>
<td>540</td>
</tr>
<tr>
<td>Larceny</td>
<td>81,374</td>
<td>3,120.4</td>
<td>10,232</td>
</tr>
<tr>
<td>Burglary</td>
<td>24,477</td>
<td>938.6</td>
<td>2,747</td>
</tr>
</tbody>
</table>

Source: Florida Department of Health, Florida CHARTS

All crime rates were higher in Duval County than state averages. The murder rate for Duval was over 75 percent worse than the state average and the forcible sex crime rate was 50 to 75 percent worse. St. Johns had crime rates well below Florida averages.

### Local Health Status and Access Indicators

This section examines health status and access to care data for the community from several sources. The data include: (1) County Health Rankings, (2) Florida Department of Health, and (3) Behavioral Risk Factor Surveillance System. Indicators also were compared to Healthy People 2020 goals, as available.

### County Health Rankings

*County Health Rankings*, a University of Wisconsin Population Health Institute initiative funded by the Robert Wood Johnson Foundation, incorporates a variety of health status indicators into a system that ranks each county/city within each state in terms of “health factors” and “health outcomes.” These health factors and outcomes are composite measures based on several variables grouped into the following categories: health behaviors, clinical care,\(^6\) social and

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\(^6\) A composite measure of Access to Care, which examines the percent of the population without health insurance and ratio of population to primary care physicians, and Quality of Care, which examines the hospitalization rate for ambulatory care sensitive conditions, whether diabetic Medicare patients are receiving HbA1C screening, and percent of chronically ill Medicare enrollees in hospice care in the past eight months of life.
economic factors, and physical environment.\textsuperscript{7} \textit{County Health Rankings} is updated annually. \textit{County Health Rankings 2015} relies on data from 2006 to 2014, with most data originating in 2000 to 2013.

\textbf{Exhibit 26A} depicts rankings for Duval and St. Johns counties for each composite category in 2012 and 2015. Rankings indicate how each county ranked compared to the 67 counties in the state, with 1 indicating the most favorable rankings and 67 the least favorable. Indicators in the exhibit are shaded based on the county’s percentile for the state ranking. For example, Duval compared unfavorably to other counties in Florida for sexually transmitted infections (“STIs”). Its rank of 62 out of 67 counties placed it in the bottom 25\textsuperscript{th} percentile in 2015.

\textbf{Exhibit 26A: County Rank among 67 Florida Counties, 2015}

<table>
<thead>
<tr>
<th>Health Indicator</th>
<th>Duval County 2012</th>
<th>Duval County 2015</th>
<th>St. Johns County 2012</th>
<th>St. Johns County 2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health Outcomes</td>
<td>44</td>
<td>43</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Length of Life</td>
<td>48</td>
<td>45</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>Quality of Life</td>
<td>43</td>
<td>46</td>
<td>3</td>
<td>1</td>
</tr>
<tr>
<td>Health Factors</td>
<td>32</td>
<td>28</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Health Behaviors</td>
<td>31</td>
<td>43</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>Adult smoking</td>
<td>26</td>
<td>33</td>
<td>2</td>
<td>4</td>
</tr>
<tr>
<td>Adult obesity</td>
<td>24</td>
<td>33</td>
<td>7</td>
<td>8</td>
</tr>
<tr>
<td>Excessive drinking</td>
<td>55</td>
<td>40</td>
<td>66</td>
<td>63</td>
</tr>
<tr>
<td>STIs</td>
<td>63</td>
<td>62</td>
<td>6</td>
<td>6</td>
</tr>
<tr>
<td>Teen births</td>
<td>31</td>
<td>34</td>
<td>3</td>
<td>2</td>
</tr>
<tr>
<td>Clinical Care</td>
<td>12</td>
<td>14</td>
<td>4</td>
<td>2</td>
</tr>
<tr>
<td>Primary care physicians</td>
<td>3</td>
<td>4</td>
<td>7</td>
<td>3</td>
</tr>
<tr>
<td>Dentists</td>
<td>15</td>
<td>2</td>
<td>10</td>
<td>18</td>
</tr>
<tr>
<td>Mental health providers</td>
<td>15</td>
<td>12</td>
<td>9</td>
<td>19</td>
</tr>
<tr>
<td>Preventable hospital stays</td>
<td>42</td>
<td>33</td>
<td>27</td>
<td>18</td>
</tr>
<tr>
<td>Diabetic screening</td>
<td>49</td>
<td>41</td>
<td>44</td>
<td>15</td>
</tr>
<tr>
<td>Social &amp; Economic Factors</td>
<td>46</td>
<td>35</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Some college</td>
<td>12</td>
<td>11</td>
<td>3</td>
<td>2</td>
</tr>
<tr>
<td>Unemployment</td>
<td>38</td>
<td>40</td>
<td>16</td>
<td>5</td>
</tr>
<tr>
<td>Inadequate social support*</td>
<td>32</td>
<td>N/A</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Social associations</td>
<td>N/A</td>
<td>31</td>
<td>N/A</td>
<td>53</td>
</tr>
<tr>
<td>Injury deaths</td>
<td>N/A</td>
<td>23</td>
<td>N/A</td>
<td>6</td>
</tr>
<tr>
<td>Physical Environment</td>
<td>46</td>
<td>43</td>
<td>7</td>
<td>41</td>
</tr>
<tr>
<td>Air pollution*</td>
<td>N/A</td>
<td>52</td>
<td>N/A</td>
<td>37</td>
</tr>
<tr>
<td>Severe housing problems</td>
<td>N/A</td>
<td>39</td>
<td>N/A</td>
<td>29</td>
</tr>
</tbody>
</table>

Source: County Health Rankings, 2015.

\* Between 2012 and 2015 the methodology for ranking social support/associations and air pollution changed. Categories are presented separately as the rankings are no longer directly comparable.

\textsuperscript{7}A composite measure that examines Environmental Quality, which measures the number of air pollution-particulate matter days and air pollution-ozone days, and Built Environment, which measures access to healthy foods and recreational facilities and the percent of restaurants that are for fast food.
Overall, Duval County compared unfavorably in most indicator categories to the other Florida counties. Since 2012, Duval County rankings also dropped significantly for several indicators:

- Quality of life,
- Health behaviors,
- Adult smoking,
- Adult obesity,
- Teen births, and
- Air pollution.

With the exceptions of excessive drinking, inadequate social support, and air pollution, St. Johns County ranked favorably to other Florida counties.

**Exhibit 26B** provides data for each underlying indicator of the composite categories in the County Health Rankings.\(^8\) The exhibit also includes national averages. For example, Duval County’s percent of adults reporting poor health was 17.0 percent which was more than 10 percent worse than the U.S. average, and that indicator was shaded to reflect this. Cells in the exhibit are shaded if the indicator for the county exceeded the national average for that indicator by more than ten percent.

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\(^8\) County Health Rankings provides details about what each indicator measures, how it is defined, and data sources at http://www.countyhealthrankings.org/sites/default/files/resources/2013Measures_datasources_years.pdf
### Exhibit 26B: Duval County and St. Johns County Data Compared to U.S. Average, 2015

<table>
<thead>
<tr>
<th>Indicator Category</th>
<th>Data</th>
<th>Duval County</th>
<th>U.S.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Health Outcomes</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Length of Life</td>
<td>Years of potential life lost before age 75 per 100,000 population</td>
<td>8,607</td>
<td>6,811</td>
</tr>
<tr>
<td>Quality of Life</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Percent of adults reporting fair or poor health</td>
<td>17.0%</td>
<td>12.4%</td>
<td></td>
</tr>
</tbody>
</table>
| Average number of physically unhealthy days reported in past 30 days | 3.9 | 3.7
| Average number of mentally unhealthy days reported in past 30 days | 3.8 | 3.5
| Percent of live births with low birthweight (< 2500 grams) | 9.5% | 8.1%
| **Health Factors**         |                                                     |              |      |
| **Health Behaviors**       |                                                     |              |      |
| Adult smoking              | Percent of adults that report smoking >= 100 cigarettes and currently smoking | 20.0% | 18.1%
| Adult obesity              | Percent of adults that report a BMI >= 30          | 29.0% | 28.0%
| Excessive drinking         | Binge plus heavy drinking                          | 16.0% | 15.0%
| STDs                       | Chlamydia rate per 100,000 population               | 606.0 | 458.0|
| Teen births                | Teen birth rate per 1,000 female population, ages 15-19 | 46.0 | 31.0|
| **Clinical Care**          |                                                     |              |      |
| Primary care physicians    | Ratio of population to primary care physicians      | 1,189:1 | 1,355:1|
| Dentists                   | Ratio of population to dentists                     | 1,436:1 | 1,663:1|
| Mental health providers    | Ratio of population to mental health providers      | 686:1 | 753:1|
| Preventable hospital stays | Hospitalization rate for ambulatory-care sensitive conditions per 1,000 Medicare enrollees | 67.0 | 65.0|
| Diabetic screening         | Percent of diabetic Medicare enrollees that receive HbA1c monitoring | 84.0% | 84.0%
| **Social & Economic Factors** |                                                     |              |      |
| Some college               | Percent of adults aged 25-44 years with some post-secondary education | 63.9% | 63.0%
| Unemployment               | Percent of population age 16+ unemployed but seeking work | 7.4% | 8.1%
| Injury deaths              | Injury mortality per 100,000                         | 74.0  | 59.0 |
| Inadequate Social Support* | Percent of adults without social/emotional support  | 22.0% | 22.0%
| **Physical Environment**   |                                                     |              |      |
| Air pollution              | The average daily measure of fine particulate matter in micrograms per cubic meter (PM2.5) in a county | 12.0 | 11.1|
| Severe housing problems    | Percentage of households with at least 1 of 4 housing problems: overcrowding, high housing costs, or lack of kitchen or plumbing facilities | 19.0% | 19.0%

Exhibit 26B: Duval County and St. Johns County Data Compared to U.S. Average, 2015

<table>
<thead>
<tr>
<th>Indicator Category</th>
<th>Data</th>
<th>St. Johns County</th>
<th>U.S.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health Outcomes</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Length of Life</td>
<td>Years of potential life lost before age 75 per 100,000 population</td>
<td>5,407</td>
<td>6,811</td>
</tr>
<tr>
<td>Quality of Life</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Percent of adults reporting fair or poor health</td>
<td>11.6%</td>
<td>12.4%</td>
<td></td>
</tr>
<tr>
<td>Average number of physically unhealthy days reported in past 30 days</td>
<td>3.0</td>
<td>3.7</td>
<td></td>
</tr>
<tr>
<td>Average number of mentally unhealthy days reported in past 30 days</td>
<td>3.3</td>
<td>3.5</td>
<td></td>
</tr>
<tr>
<td>Percent of live births with low birthweight (&lt; 2500 grams)</td>
<td>6.6%</td>
<td>8.1%</td>
<td></td>
</tr>
<tr>
<td>Health Factors</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Adult smoking</td>
<td>Percent of adults that report smoking &gt;= 100 cigarettes and currently smoking</td>
<td>13.6%</td>
<td>18.1%</td>
</tr>
<tr>
<td>Adult obesity</td>
<td>Percent of adults that report a BMI &gt;= 30</td>
<td>23.0%</td>
<td>28.0%</td>
</tr>
<tr>
<td>Excessive drinking</td>
<td>Binge plus heavy drinking</td>
<td>20.8%</td>
<td>15.0%</td>
</tr>
<tr>
<td>STDs</td>
<td>Chlamydia rate per 100,000 population</td>
<td>210.7</td>
<td>458</td>
</tr>
<tr>
<td>Teen births</td>
<td>Teen birth rate per 1,000 female population, ages 15-19</td>
<td>19.8</td>
<td>31.0</td>
</tr>
<tr>
<td>Clinical Care</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Primary care physicians</td>
<td>Ratio of population to primary care physicians</td>
<td>1,155:1</td>
<td>1,355:1</td>
</tr>
<tr>
<td>Dentists</td>
<td>Ratio of population to dentists</td>
<td>2,035:1</td>
<td>1,663:1</td>
</tr>
<tr>
<td>Mental health providers</td>
<td>Ratio of population to mental health providers</td>
<td>833:1</td>
<td>753:1</td>
</tr>
<tr>
<td>Preventable hospital stays</td>
<td>Hospitalization rate for ambulatory-care sensitive conditions per 1,000 Medicare enrollees</td>
<td>54.4</td>
<td>65.0</td>
</tr>
<tr>
<td>Diabetic screening</td>
<td>Percent of diabetic Medicare enrollees that receive HbA1c monitoring</td>
<td>86.5%</td>
<td>84.0%</td>
</tr>
<tr>
<td>Social &amp; Economic Factors</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Some college</td>
<td>Percent of adults aged 25-44 years with some post-secondary education</td>
<td>75.5%</td>
<td>63.0%</td>
</tr>
<tr>
<td>Unemployment</td>
<td>Percent of population age 16+ unemployed but seeking work</td>
<td>5.6%</td>
<td>8.1%</td>
</tr>
<tr>
<td>Injury deaths</td>
<td>Injury mortality per 100,000</td>
<td>58.2</td>
<td>59.0</td>
</tr>
<tr>
<td>Inadequate Social Support*</td>
<td>Percent of adults without social/emotional support</td>
<td>13.5%</td>
<td>22.0%</td>
</tr>
<tr>
<td>Physical Environment</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Air pollution</td>
<td>The average daily measure of fine particulate matter in micrograms per cubic meter (PM2.5) in a county</td>
<td>11.7</td>
<td>11.1</td>
</tr>
<tr>
<td>Severe housing problems</td>
<td>Percentage of households with at least 1 of 4 housing problems: overcrowding, high housing costs, or lack of kitchen or plumbing facilities</td>
<td>18.0%</td>
<td>19.0%</td>
</tr>
</tbody>
</table>

Duval County reported rates of adult smoking, births with low birthweight, chlamydia, teen births, and injury mortality that were between 10 and 50 percent worse than U.S. averages. St. Johns County reported comparatively high rates of binge/heavy drinking and unfavorable population to provider ratios for dental care and mental health compared to U.S. averages.

**Community Health Status Indicators**

The Centers for Disease Control and Prevention’s *Community Health Status Indicators* provide health profiles for all 3,143 counties in the United States. Counties are evaluated using 44 metrics that influence health outcomes including health care access and quality, health behaviors, social factors, and the physical environment.

The *Community Health Status Indicators* allow for county comparison to “peer counties.. Peer counties are assigned based on 19 county-level equivalent variables, including population size, population growth, population density, household income, unemployment, percent children, percent elderly and poverty.

**Exhibit 27** compares Duval and St. Johns counties to peer counties and highlights community health issues found to rank in the bottom quartile of the counties included in the analysis.
### Exhibit 27: Community Health Status Indicators, 2015

<table>
<thead>
<tr>
<th>Category</th>
<th>Indicator</th>
<th>Duval County</th>
<th>St. Johns County</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Mortality</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Alzheimer’s Disease Deaths</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Cancer Deaths</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Chronic Kidney Disease Deaths</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Chronic Lower Respiratory Disease (CLRD) Deaths</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Coronary Heart Disease Deaths</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Diabetes Deaths</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Female Life Expectancy</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Male Life Expectancy</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Motor Vehicle Deaths</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Stroke Deaths</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Unintentional Injury (including motor vehicle)</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Morbidity</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Adult Diabetes</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Adult Obesity</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Adult Overall Health Status</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Alzheimer’s Disease/Dementia</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Cancer</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Gonorrhea</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>HIV</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Older Adult Asthma</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Older Adult Depression</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Preterm Births</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Syphilis</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Health Care Access and</strong></td>
<td>Cost Barrier to Care</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Quality</strong></td>
<td>Older Adult Preventable Hospitalizations</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Primary Care Provider Access</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Uninsured</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Health Behaviors</strong></td>
<td>Adult Binge Drinking</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Adult Female Routine Pap Tests</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Adult Physical Inactivity</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Adult Smoking</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Teen Births</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Social Factors</strong></td>
<td>Children in Single-Parent Households</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>High Housing Costs</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Inadequate Social Support</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>On Time High School Graduation</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Poverty</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Unemployment</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Violent Crime</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Physical Environment</strong></td>
<td>Access to Parks</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Annual Average PM2.5 Concentration</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Drinking Water Violations</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Housing Stress</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Limited Access to Healthy Food</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Living Near Highways</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Source: Community Health Status Indicators, 2015.
Duval County ranks in the bottom quartile for 22 of the 44 Community Health Status Indicators. Mortality rates are higher (and life expectancy is lower) for Duval County than for peer counties. Morbidity rates due to diabetes, obesity, cancer, HIV, older adult asthma, and premature births also benchmark unfavorably. Smoking and physical inactivity are problematic. In St. Johns County, teen birth, violent crime, and drinking water violation indicators rank in the bottom quartile among its peer counties.

Florida Department of Health FloridaCHARTS

The Florida Department of Health maintains FloridaCHARTS, a data warehouse that includes county-level data indicators regarding a number of health-related issues. Cells in the tables below are shaded if values exceeded the Florida average for that indicator by more than ten percent.

Exhibit 28 displays selected causes of death compared to the Florida average. It also displays, when available, the Healthy People 2020 goal for corresponding indicators.

<table>
<thead>
<tr>
<th></th>
<th>Duval County</th>
<th>St. Johns County</th>
<th>Florida</th>
<th>HP 2020 Goal</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cancer</td>
<td>187.9</td>
<td>148.1</td>
<td>159.6</td>
<td>160.6</td>
</tr>
<tr>
<td>Heart Disease</td>
<td>180.5</td>
<td>124.7</td>
<td>153.9</td>
<td>N/A</td>
</tr>
<tr>
<td>Chronic Lower Respiratory Disease</td>
<td>54.8</td>
<td>44.3</td>
<td>39.6</td>
<td>50.1</td>
</tr>
<tr>
<td>Stroke</td>
<td>38.6</td>
<td>28.2</td>
<td>31.3</td>
<td>33.8</td>
</tr>
<tr>
<td>Diabetes</td>
<td>27.7</td>
<td>14.4</td>
<td>19.6</td>
<td>65.8</td>
</tr>
<tr>
<td>Pneumonia/Influenza</td>
<td>16.1</td>
<td>14.2</td>
<td>12.2</td>
<td>N/A</td>
</tr>
<tr>
<td>Motor Vehicle Crashes</td>
<td>12.6</td>
<td>11.8</td>
<td>9.2</td>
<td>12.4</td>
</tr>
<tr>
<td>Homicide</td>
<td>11.3</td>
<td>2.7</td>
<td>6.4</td>
<td>5.5</td>
</tr>
<tr>
<td>Suicide</td>
<td>15.3</td>
<td>16.7</td>
<td>13.8</td>
<td>10.2</td>
</tr>
<tr>
<td>HIV/AIDS</td>
<td>11.5</td>
<td>9.7</td>
<td>4.7</td>
<td>3.3</td>
</tr>
<tr>
<td>Cirrhosis</td>
<td>7.8</td>
<td>1.7</td>
<td>10.8</td>
<td>8.2</td>
</tr>
</tbody>
</table>


All age-adjusted death rates for Duval County compared unfavorably, except for Cirrhosis. Duval County was more than 75 percent worse than Florida for homicide and for HIV/AIDS. St. Johns County had higher than average rates for CLRD, pneumonia/influenza, motor vehicle crashes, suicide, and HIV/AIDS.
Exhibit 29 displays cancer death rates and cancer incidence rates in Duval County and St. Johns County compared to state averages.

Exhibit 29A: Cancer Death Rates, 2012-2014

<table>
<thead>
<tr>
<th>Cancer Type</th>
<th>Duval County</th>
<th>St. Johns County</th>
<th>Florida</th>
</tr>
</thead>
<tbody>
<tr>
<td>All Cancers</td>
<td>173.8</td>
<td>147.8</td>
<td>158.1</td>
</tr>
<tr>
<td>Bladder Cancer</td>
<td>5.1</td>
<td>4.4</td>
<td>4.5</td>
</tr>
<tr>
<td>Breast Cancer</td>
<td>22.8</td>
<td>17.6</td>
<td>20.2</td>
</tr>
<tr>
<td>Cervical Cancer</td>
<td>3.1</td>
<td>2.3</td>
<td>2.9</td>
</tr>
<tr>
<td>Colorectal Cancer</td>
<td>16.8</td>
<td>12.8</td>
<td>13.8</td>
</tr>
<tr>
<td>Esophageal Cancer</td>
<td>4.2</td>
<td>5.1</td>
<td>3.8</td>
</tr>
<tr>
<td>Hodgkin's Disease</td>
<td>0.2</td>
<td>0.1</td>
<td>0.3</td>
</tr>
<tr>
<td>Kidney and Renal/Pelvis Cancer</td>
<td>3.7</td>
<td>3.3</td>
<td>3.4</td>
</tr>
<tr>
<td>Leukemia</td>
<td>8.1</td>
<td>7.0</td>
<td>6.4</td>
</tr>
<tr>
<td>Liver Cancer</td>
<td>6.4</td>
<td>3.8</td>
<td>6.1</td>
</tr>
<tr>
<td>Lung Cancer</td>
<td>49.4</td>
<td>42.0</td>
<td>43.4</td>
</tr>
<tr>
<td>Lymphoid, Hematopoietic And Related Tissue Cancers</td>
<td>16.3</td>
<td>14.0</td>
<td>15.5</td>
</tr>
<tr>
<td>Melanoma</td>
<td>2.8</td>
<td>2.9</td>
<td>2.9</td>
</tr>
<tr>
<td>Central Nervous System Cancer</td>
<td>4.3</td>
<td>6.0</td>
<td>4.3</td>
</tr>
<tr>
<td>Non-Hodgkin’s Lymphoma</td>
<td>4.3</td>
<td>4.3</td>
<td>5.6</td>
</tr>
<tr>
<td>Oral Cancer</td>
<td>2.9</td>
<td>3.0</td>
<td>2.7</td>
</tr>
<tr>
<td>Ovarian Cancer</td>
<td>6.9</td>
<td>7.1</td>
<td>7.0</td>
</tr>
<tr>
<td>Pancreatic Cancer</td>
<td>10.7</td>
<td>9.9</td>
<td>10.4</td>
</tr>
<tr>
<td>Prostate Cancer</td>
<td>21.6</td>
<td>19.2</td>
<td>17.5</td>
</tr>
<tr>
<td>Stomach Cancer</td>
<td>2.6</td>
<td>2.3</td>
<td>2.9</td>
</tr>
<tr>
<td>Uterus Cancer</td>
<td>2.9</td>
<td>1.2</td>
<td>2.3</td>
</tr>
</tbody>
</table>

Source: Florida Department of Health, FloridaCHARTS.
Duval County had higher cancer incidence rates than the state for all cancer types. St. Johns County had above average rates for all types, except cervical, colorectal and lung cancer.

Exhibit 30A displays communicable disease incidence rates in the community.

**Exhibit 30A: Communicable Disease Incidence Rates, 2011-2013**

<table>
<thead>
<tr>
<th>Incidence</th>
<th>Duval County</th>
<th>St. Johns County</th>
<th>Florida</th>
</tr>
</thead>
<tbody>
<tr>
<td>HIV</td>
<td>38.2</td>
<td>7.9</td>
<td>27.1</td>
</tr>
<tr>
<td>Chlamydia</td>
<td>653.7</td>
<td>211.2</td>
<td>409.8</td>
</tr>
<tr>
<td>Congenital Syphilis</td>
<td>10.6</td>
<td>0.0</td>
<td>16.8</td>
</tr>
<tr>
<td>Infectious Syphilis</td>
<td>4.5</td>
<td>1.2</td>
<td>7.3</td>
</tr>
<tr>
<td>Gonorrhea</td>
<td>217.0</td>
<td>28.3</td>
<td>105.3</td>
</tr>
<tr>
<td>Tuberculosis</td>
<td>8.1</td>
<td>2.2</td>
<td>3.6</td>
</tr>
</tbody>
</table>

Source: Florida Department of Health, FloridaCHARTS.
Exhibit 30B displays communicable disease incidence rates in the community by age group.

Exhibit 30B: Communicable Disease Incidence Rates by Age, 2011-2013

<table>
<thead>
<tr>
<th>Disease</th>
<th>Age Group</th>
<th>Duval County</th>
<th>St. Johns County</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Cases</td>
<td>% of Total</td>
<td>Cases</td>
</tr>
<tr>
<td>Chlamydia</td>
<td>0-14</td>
<td>42</td>
<td>0.8%</td>
</tr>
<tr>
<td></td>
<td>15-24</td>
<td>3,596</td>
<td>67.3%</td>
</tr>
<tr>
<td></td>
<td>25-39</td>
<td>1,517</td>
<td>28.4%</td>
</tr>
<tr>
<td></td>
<td>40-64</td>
<td>182</td>
<td>3.4%</td>
</tr>
<tr>
<td></td>
<td>65+</td>
<td>5</td>
<td>0.1%</td>
</tr>
<tr>
<td>Gonorrhea</td>
<td>0-14</td>
<td>6</td>
<td>0.3%</td>
</tr>
<tr>
<td></td>
<td>15-24</td>
<td>950</td>
<td>55.3%</td>
</tr>
<tr>
<td></td>
<td>25-39</td>
<td>620</td>
<td>36.1%</td>
</tr>
<tr>
<td></td>
<td>40-64</td>
<td>140</td>
<td>8.2%</td>
</tr>
<tr>
<td></td>
<td>65+</td>
<td>1</td>
<td>0.1%</td>
</tr>
<tr>
<td>Syphilis</td>
<td>0-14</td>
<td>0</td>
<td>0.0%</td>
</tr>
<tr>
<td></td>
<td>15-24</td>
<td>32</td>
<td>28.1%</td>
</tr>
<tr>
<td></td>
<td>25-39</td>
<td>48</td>
<td>42.1%</td>
</tr>
<tr>
<td></td>
<td>40-64</td>
<td>32</td>
<td>28.1%</td>
</tr>
<tr>
<td></td>
<td>65+</td>
<td>2</td>
<td>1.8%</td>
</tr>
</tbody>
</table>

Source: Florida Department of Health, FloridaCHARTS.

Duval County compared unfavorably to the state for all indicators, except congenital and infectious syphilis. Gonorrhea and Tuberculosis rates were 50 to 75 percent worse than the state averages. St. Johns reported significantly lower than average rates for all communicable diseases.

Exhibit 31 provides maternal and child health indicators for Duval and St. Johns counties. It also includes, when available, a corresponding Healthy People 2020 objective. Shading is associated with indicators ranking in the bottom quartile of Florida counties or with values that compare very unfavorably with Healthy People 2020 objectives.
# Exhibit 31A: Maternal and Child Health Indicators (Duval County)

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Data Type</th>
<th>Data Year</th>
<th>County Quartile (4=least favorable)</th>
<th>Duval County</th>
<th>Duval County Rate / Percent</th>
<th>Florida</th>
<th>HP 2020 Goal</th>
</tr>
</thead>
<tbody>
<tr>
<td>Domestic violence offenses</td>
<td>Per 100,000 population</td>
<td>2011-2013</td>
<td>4</td>
<td>7,530</td>
<td>866.2</td>
<td>572.0</td>
<td>N/A</td>
</tr>
<tr>
<td>Births to mothers ages 15-19</td>
<td>Per 1,000 females 15-19</td>
<td>2011-2013</td>
<td>2</td>
<td>949</td>
<td>33.3</td>
<td>26.7</td>
<td>N/A</td>
</tr>
<tr>
<td>Births to mothers who report smoking during pregnancy</td>
<td>Percent of births</td>
<td>2011-2013</td>
<td>1</td>
<td>915</td>
<td>7.3%</td>
<td>6.6%</td>
<td>1.4%</td>
</tr>
<tr>
<td>Births with late or no prenatal care</td>
<td>Percent of births w/ known PNC status</td>
<td>2011-2013</td>
<td>3</td>
<td>8,422</td>
<td>6.1%</td>
<td>4.7%</td>
<td>N/A</td>
</tr>
<tr>
<td>Births &lt; 1500 grams (very low birth weight)</td>
<td>Percent of births</td>
<td>2011-2013</td>
<td>4</td>
<td>226</td>
<td>1.8%</td>
<td>1.6%</td>
<td>1.4%</td>
</tr>
<tr>
<td>Births &lt; 2500 grams (low birth weight)</td>
<td>Percent of births</td>
<td>2011-2013</td>
<td>4</td>
<td>1,165</td>
<td>9.3%</td>
<td>8.6%</td>
<td>7.8%</td>
</tr>
<tr>
<td>Mothers who initiate breastfeeding</td>
<td>Percent</td>
<td>2011-2013</td>
<td>1</td>
<td>10,029</td>
<td>80.4%</td>
<td>81.0%</td>
<td>81.9%</td>
</tr>
<tr>
<td>Infant deaths (0-364 days)</td>
<td>Per 1,000 live births</td>
<td>2011-2013</td>
<td>4</td>
<td>102</td>
<td>8.2</td>
<td>6.2%</td>
<td>6.0%</td>
</tr>
<tr>
<td>Children ages 1-5 receiving mental health services</td>
<td>Per 1,000 population 1-5</td>
<td>2009-2011</td>
<td>2</td>
<td>515</td>
<td>8.8</td>
<td>11.0</td>
<td>N/A</td>
</tr>
<tr>
<td>Kindergarten children fully immunized</td>
<td>Percent of KG students</td>
<td>2013</td>
<td>4</td>
<td>11,577</td>
<td>90.9%</td>
<td>93.2%</td>
<td>95%</td>
</tr>
<tr>
<td>Licensed child care centers and homes</td>
<td>Per 1,000 population &lt; 13</td>
<td>2011</td>
<td>1</td>
<td>598</td>
<td>4.1</td>
<td>2.9%</td>
<td>N/A</td>
</tr>
<tr>
<td>Middle school students without sufficient vigorous physical activity</td>
<td>Percent</td>
<td>2012</td>
<td>4</td>
<td>N/A</td>
<td>32.9%</td>
<td>29.9%</td>
<td>20.2%</td>
</tr>
<tr>
<td>High school students without sufficient vigorous physical activity</td>
<td>Percent</td>
<td>2012</td>
<td>4</td>
<td>N/A</td>
<td>43.2%</td>
<td>37.3%</td>
<td>20.2%</td>
</tr>
<tr>
<td>Middle school students overweight</td>
<td>Percent</td>
<td>2012</td>
<td>3</td>
<td>N/A</td>
<td>14.4%</td>
<td>11.1%</td>
<td>N/A</td>
</tr>
<tr>
<td>High school students overweight</td>
<td>Percent</td>
<td>2012</td>
<td>3</td>
<td>N/A</td>
<td>14.5%</td>
<td>14.3%</td>
<td>N/A</td>
</tr>
<tr>
<td>High school graduation rate</td>
<td>Percent</td>
<td>2012</td>
<td>2</td>
<td>N/A</td>
<td>72.1%</td>
<td>75.6%</td>
<td>82.4%</td>
</tr>
<tr>
<td>Children 5-11 experiencing child abuse</td>
<td>Per 1,000 5-11</td>
<td>2010-2012</td>
<td>2</td>
<td>968</td>
<td>12.5</td>
<td>12.1%</td>
<td>N/A</td>
</tr>
<tr>
<td>Children 5-11 experiencing sexual violence</td>
<td>Per 1,000 5-11</td>
<td>2009-2011</td>
<td>3</td>
<td>80</td>
<td>1.0</td>
<td>0.6%</td>
<td>N/A</td>
</tr>
</tbody>
</table>

### Exhibit 31B: Maternal and Child Health Indicators (St. Johns County)

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Data Type</th>
<th>Data Year</th>
<th>County Quartile (4=least favorable)</th>
<th>St. Johns County</th>
<th>St. Johns County Rate / Percent</th>
<th>Florida</th>
<th>HP 2020 Goal</th>
</tr>
</thead>
<tbody>
<tr>
<td>Domestic violence offenses</td>
<td>Per 100,000 population</td>
<td>2011-2013</td>
<td>1</td>
<td>787</td>
<td>398.2</td>
<td>572.0</td>
<td>N/A</td>
</tr>
<tr>
<td>Births to mothers ages 15-19</td>
<td>Per 1,000 females 15-19</td>
<td>2011-2013</td>
<td>1</td>
<td>94</td>
<td>14.7</td>
<td>26.7</td>
<td>N/A</td>
</tr>
<tr>
<td>Births to mothers who report smoking during pregnancy</td>
<td>Percent of births</td>
<td>2011-2013</td>
<td>2</td>
<td>153</td>
<td>8.1%</td>
<td>6.6%</td>
<td>1.4%</td>
</tr>
<tr>
<td>Births with late or no prenatal care</td>
<td>Percent of births w/ known PNC status</td>
<td>2011-2013</td>
<td>1</td>
<td>55</td>
<td>3.2%</td>
<td>4.7%</td>
<td>N/A</td>
</tr>
<tr>
<td>Births &lt; 1500 grams (very low birth weight)</td>
<td>Percent of births</td>
<td>2011-2013</td>
<td>1</td>
<td>22</td>
<td>1.1%</td>
<td>1.6%</td>
<td>1.4%</td>
</tr>
<tr>
<td>Births &lt; 2500 grams (low birth weight)</td>
<td>Percent of births</td>
<td>2011-2013</td>
<td>1</td>
<td>128</td>
<td>6.8%</td>
<td>8.6%</td>
<td>7.8%</td>
</tr>
<tr>
<td>Mothers who initiate breastfeeding</td>
<td>Percent</td>
<td>2011-2013</td>
<td>1</td>
<td>1,651</td>
<td>87.0%</td>
<td>81.0%</td>
<td>81.9%</td>
</tr>
<tr>
<td>Infant deaths (0-364 days)</td>
<td>Per 1,000 live births</td>
<td>2011-2013</td>
<td>1</td>
<td>8</td>
<td>4.0</td>
<td>6.2</td>
<td>6.0</td>
</tr>
<tr>
<td>Children ages 1-5 receiving mental health services</td>
<td>Per 1,000 population 1-5</td>
<td>2009-2011</td>
<td>1</td>
<td>41</td>
<td>4.0</td>
<td>11</td>
<td>N/A</td>
</tr>
<tr>
<td>Kindergarten children fully immunized</td>
<td>Percent of KG students</td>
<td>2013</td>
<td>4</td>
<td>2,332</td>
<td>90.3%</td>
<td>93.2%</td>
<td>95.0%</td>
</tr>
<tr>
<td>Licensed child care centers and homes</td>
<td>Per 1,000 population &lt; 13</td>
<td>2011</td>
<td>3</td>
<td>85</td>
<td>2.8</td>
<td>2.9</td>
<td>N/A</td>
</tr>
<tr>
<td>Middle school students without sufficient vigorous physical activity</td>
<td>Percent</td>
<td>2012</td>
<td>1</td>
<td>N/A</td>
<td>22.3%</td>
<td>29.9%</td>
<td>20.2%</td>
</tr>
<tr>
<td>High school students without sufficient vigorous physical activity</td>
<td>Percent</td>
<td>2012</td>
<td>2</td>
<td>N/A</td>
<td>33.9%</td>
<td>37.3%</td>
<td>20.2%</td>
</tr>
<tr>
<td>Middle school students overweight</td>
<td>Percent</td>
<td>2012</td>
<td>1</td>
<td>N/A</td>
<td>8.0%</td>
<td>11.1%</td>
<td>N/A</td>
</tr>
<tr>
<td>High school students overweight</td>
<td>Percent</td>
<td>2012</td>
<td>1</td>
<td>N/A</td>
<td>10.3%</td>
<td>14.3%</td>
<td>N/A</td>
</tr>
<tr>
<td>High school graduation rate</td>
<td>Percent</td>
<td>2012</td>
<td>4</td>
<td>N/A</td>
<td>86.7%</td>
<td>75.6%</td>
<td>82.4%</td>
</tr>
<tr>
<td>Children 5-11 experiencing child abuse</td>
<td>Per 1,000 5-11</td>
<td>2010-2012</td>
<td>1</td>
<td>195</td>
<td>11.0</td>
<td>12.1</td>
<td>N/A</td>
</tr>
<tr>
<td>Children 5-11 experiencing sexual violence</td>
<td>Per 1,000 5-11</td>
<td>2009-2011</td>
<td>1</td>
<td>7</td>
<td>0.5</td>
<td>0.6</td>
<td>N/A</td>
</tr>
</tbody>
</table>

Data presented as reported by the Florida Department of Health, St. Johns County actually ranks in the most favorable quartile for high school graduation rates.
Based on Exhibit 31, the following maternal and child health indicators are problematic in Duval County: domestic violence offenses, low and very low birthweight births, infant mortality, childhood immunization rates, and middle and high school students without sufficient vigorous physical activity. In St. Johns County, the percent of kindergarten children fully immunized is problematic.

**Behavioral Risk Factor Surveillance Survey**

The Centers for Disease Control and Prevention’s (CDC) Behavioral Risk Factor Surveillance System (BRFSS) gathers data through a telephone survey regarding health risk behaviors, healthcare access, and preventive health measures. Data are collected for the entire U.S. Analysis of BRFSS data can identify localized health issues, trends, and health disparities, and can enable county, state, or nation-wide comparisons.

**Exhibit 32** compares various BRFSS indicators for Duval and St. Johns counties with Florida averages. It also includes available U.S. averages and the Healthy People 2020 goal for corresponding indicators. Indicators are shaded if values exceeded Florida averages by more than ten percent.
## Exhibit 32A: BRFSS Indicators and Variation from Florida, 2013 (Duval County)

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Total Population</th>
<th>Non-Hisp White</th>
<th>Non-Hisp Black</th>
<th>Hispanic</th>
<th>&lt;$25,000</th>
<th>Florida</th>
<th>HP 2020 Goal</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Health Behaviors</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Heavy or binge drinking</td>
<td>16.4%</td>
<td>16.7%</td>
<td>14.4%</td>
<td>22.6%</td>
<td>22.2%</td>
<td>17.6%</td>
<td>25.4%</td>
</tr>
<tr>
<td>Current smoker</td>
<td>18.1%</td>
<td>18.8%</td>
<td>17.2%</td>
<td>11.6%</td>
<td>30.4%</td>
<td>16.8%</td>
<td>12.0%</td>
</tr>
<tr>
<td>Adults with a medical checkup in past year</td>
<td>68.3%</td>
<td>66.2%</td>
<td>75.5%</td>
<td>56.4%</td>
<td>64.1%</td>
<td>70.3%</td>
<td>N/A</td>
</tr>
<tr>
<td>Adults who always, or nearly always wear a seatbelt</td>
<td>94.0%</td>
<td>94.1%</td>
<td>91.8%</td>
<td>97.8%</td>
<td>92.3%</td>
<td>94.2%</td>
<td>N/A</td>
</tr>
<tr>
<td><strong>Prevention Variables</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Adults 50+ with sigmoidoscopy or colonoscopy in past 5 years</td>
<td>61.6%</td>
<td>48.0%</td>
<td>61.6%</td>
<td>N/A</td>
<td>51.5%</td>
<td>55.3%</td>
<td>29.5%</td>
</tr>
<tr>
<td>Men 50+ with a PSA test in past 2 years*</td>
<td>63.4%</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>72.6%</td>
<td>N/A</td>
</tr>
<tr>
<td>Women 40+ who received a mammogram in past year</td>
<td>58.5%</td>
<td>55.9%</td>
<td>63.4%</td>
<td>N/A</td>
<td>58.9%</td>
<td>57.5%</td>
<td>N/A</td>
</tr>
<tr>
<td>Women 18+ who received a Pap test in the past year</td>
<td>57.2%</td>
<td>48.0%</td>
<td>67.7%</td>
<td>N/A</td>
<td>58.7%</td>
<td>51.4%</td>
<td>N/A</td>
</tr>
<tr>
<td><strong>Access</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Unable to visit doctor due to cost</td>
<td>20.0%</td>
<td>15.5%</td>
<td>25.1%</td>
<td>34.3%</td>
<td>36.6%</td>
<td>20.8%</td>
<td>N/A</td>
</tr>
<tr>
<td>Adults with a personal doctor</td>
<td>78.5%</td>
<td>80.2%</td>
<td>79.6%</td>
<td>62.9%</td>
<td>67.2%</td>
<td>73.2%</td>
<td>N/A</td>
</tr>
<tr>
<td>Adults with health insurance coverage</td>
<td>80.8%</td>
<td>83.8%</td>
<td>78.2%</td>
<td>65.7%</td>
<td>62.9%</td>
<td>77.1%</td>
<td>100.0</td>
</tr>
<tr>
<td>Adults who visited a dentist or dental clinic in past</td>
<td>65.6%</td>
<td>66.6%</td>
<td>65.0%</td>
<td>N/A</td>
<td>44.8%</td>
<td>64.7%</td>
<td>N/A</td>
</tr>
<tr>
<td><strong>Health Conditions</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Adults who are obese</td>
<td>31.1%</td>
<td>25.6%</td>
<td>48.0%</td>
<td>21.2%</td>
<td>32.9%</td>
<td>26.4%</td>
<td>30.5%</td>
</tr>
<tr>
<td>Ever told have asthma</td>
<td>17.6%</td>
<td>16.5%</td>
<td>18.0%</td>
<td>24.3%</td>
<td>26.6%</td>
<td>13.5%</td>
<td>N/A</td>
</tr>
<tr>
<td>Ever had a stroke</td>
<td>4.4%</td>
<td>4.3%</td>
<td>3.2%</td>
<td>0.6%</td>
<td>6.6%</td>
<td>3.7%</td>
<td>N/A</td>
</tr>
<tr>
<td>Ever had coronary heart disease or angina</td>
<td>3.8%</td>
<td>5.4%</td>
<td>1.5%</td>
<td>2.2%</td>
<td>4.1%</td>
<td>5.0%</td>
<td>N/A</td>
</tr>
<tr>
<td>Told have diabetes</td>
<td>12.1%</td>
<td>13.1%</td>
<td>10.7%</td>
<td>7.6%</td>
<td>11.6%</td>
<td>11.2%</td>
<td>7.2%</td>
</tr>
<tr>
<td><strong>Mental Health</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Adults who always or usually receive necessary social and emotional support*</td>
<td>81.3%</td>
<td>81.7%</td>
<td>80.6%</td>
<td>N/A</td>
<td>62.6%</td>
<td>79.5%</td>
<td>N/A</td>
</tr>
<tr>
<td>Poor mental health on 14+ days in past 30 days</td>
<td>13.1%</td>
<td>13.3%</td>
<td>12.5%</td>
<td>11.8%</td>
<td>22.9%</td>
<td>12.7%</td>
<td>N/A</td>
</tr>
<tr>
<td><strong>Overall Health</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Limited by physical, mental, or emotional problems</td>
<td>22.9%</td>
<td>23.9%</td>
<td>21.4%</td>
<td>18.7%</td>
<td>35.6%</td>
<td>21.2%</td>
<td>N/A</td>
</tr>
<tr>
<td>Reported poor or fair health</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>19.5%</td>
</tr>
</tbody>
</table>

Source: Florida Department of Health, 2013 Florida BRFSS Data Report.*Data from 2010 BRFSS.
### Exhibit 32B: BRFSS Indicators and Variation from Florida, 2013 (St. Johns County)

<table>
<thead>
<tr>
<th>Indicator</th>
<th>St. Johns County</th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Total Population</td>
<td>Non-Hisp White</td>
<td>Non-Hisp Black</td>
<td>Hispanic</td>
<td>&lt;$25,000</td>
<td>Florida</td>
</tr>
<tr>
<td><strong>Health Behaviors</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Heavy or binge drinking</td>
<td>23.2%</td>
<td>23.1%</td>
<td>N/A</td>
<td>N/A</td>
<td>34.3%</td>
<td>17.6%</td>
</tr>
<tr>
<td>Current smoker</td>
<td>14.7%</td>
<td>16.5%</td>
<td>N/A</td>
<td>N/A</td>
<td>32.8%</td>
<td>16.8%</td>
</tr>
<tr>
<td>Adults with a medical checkup in past year</td>
<td>72.0%</td>
<td>72.8%</td>
<td>N/A</td>
<td>N/A</td>
<td>62.1%</td>
<td>70.3%</td>
</tr>
<tr>
<td>Adults who always, or nearly always wear a seatbelt</td>
<td>95.1%</td>
<td>95.2%</td>
<td>N/A</td>
<td>N/A</td>
<td>93.6%</td>
<td>94.2%</td>
</tr>
<tr>
<td><strong>Prevention Variables</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Adults 50+ with sigmoidoscopy or colonoscopy in past 5 years</td>
<td>59.9%</td>
<td>60.9%</td>
<td>N/A</td>
<td>N/A</td>
<td>47.7%</td>
<td>55.3%</td>
</tr>
<tr>
<td>Men 50+ with a PSA test in past 2 years*</td>
<td>79.3%</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>72.6%</td>
</tr>
<tr>
<td>Women 40+ who received a mammogram in past year</td>
<td>62.6%</td>
<td>64.5%</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>57.5%</td>
</tr>
<tr>
<td>Women 18+ who received a Pap test in the past year</td>
<td>60.3%</td>
<td>58.4%</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>51.4%</td>
</tr>
<tr>
<td><strong>Access</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Unable to visit doctor due to cost</td>
<td>14.4%</td>
<td>13.3%</td>
<td>N/A</td>
<td>N/A</td>
<td>48.4%</td>
<td>20.8%</td>
</tr>
<tr>
<td>Adults with a personal doctor</td>
<td>82.8%</td>
<td>86.4%</td>
<td>N/A</td>
<td>N/A</td>
<td>66.9%</td>
<td>73.2%</td>
</tr>
<tr>
<td>Adults with health insurance coverage</td>
<td>88.6%</td>
<td>91.0%</td>
<td>N/A</td>
<td>N/A</td>
<td>65.7%</td>
<td>77.1%</td>
</tr>
<tr>
<td>Adults who visited a dentist or dental clinic in past year*</td>
<td>76.1%</td>
<td>76.9%</td>
<td>N/A</td>
<td>N/A</td>
<td>55.4%</td>
<td>64.7%</td>
</tr>
<tr>
<td><strong>Health Conditions</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Adults who are obese</td>
<td>20.1%</td>
<td>20.2%</td>
<td>N/A</td>
<td>N/A</td>
<td>16.3%</td>
<td>26.4%</td>
</tr>
<tr>
<td>Ever told have asthma</td>
<td>13.4%</td>
<td>12.3%</td>
<td>N/A</td>
<td>N/A</td>
<td>20.4%</td>
<td>13.5%</td>
</tr>
<tr>
<td>Ever had a stroke</td>
<td>2.7%</td>
<td>3.1%</td>
<td>N/A</td>
<td>N/A</td>
<td>0.9%</td>
<td>3.7%</td>
</tr>
<tr>
<td>Ever had coronary heart disease or angina</td>
<td>5.3%</td>
<td>6.2%</td>
<td>N/A</td>
<td>N/A</td>
<td>7.2%</td>
<td>5.0%</td>
</tr>
<tr>
<td>Told have diabetes</td>
<td>7.9%</td>
<td>8.0%</td>
<td>N/A</td>
<td>N/A</td>
<td>15.1%</td>
<td>11.2%</td>
</tr>
<tr>
<td><strong>Mental Health</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Adults who always or usually receive necessary social and emotional support*</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>79.5%</td>
</tr>
<tr>
<td>Poor mental health on 14+ days in past 30 days</td>
<td>15.4%</td>
<td>13.0%</td>
<td>N/A</td>
<td>N/A</td>
<td>18.1%</td>
<td>12.7%</td>
</tr>
<tr>
<td><strong>Overall Health</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Limited by physical, mental, or emotional problems</td>
<td>21.6%</td>
<td>22.6%</td>
<td>N/A</td>
<td>N/A</td>
<td>33.2%</td>
<td>21.2%</td>
</tr>
<tr>
<td>Reported poor or fair health</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>19.5%</td>
</tr>
</tbody>
</table>

Source: Florida Department of Health, 2013 Florida BRFSS Data Report.*Data from 2010 BRFSS.
In Duval County, rates for smoking, obesity, asthma, and stroke exceeded Florida averages. In St. Johns County, heavy/binge drinking and mental health status were problematic.

The BRFSS data allow assessing the extent to which certain health disparities are present. The data indicate that in Duval County:

- Obesity is particularly prevalent within the county’s Black population.
- Asthma is more prevalent within the Hispanic (Latino) population. This group also is less likely to have a personal doctor and to be insured.

Several health problems are more prevalent for low-income households in both counties, namely: smoking, alcohol abuse, inability to visit a doctor due to cost, uninsured, obesity, asthma, stroke, and poor mental health.

**Ambulatory Care Sensitive Conditions**

This section examines the frequency of discharges for Ambulatory Care Sensitive Conditions (ACSCs) throughout the community and from the hospital.

ACSCs are 16 health “conditions for which good outpatient care can potentially prevent the need for hospitalization or for which early intervention can prevent complications or more severe disease.” As such, rates of hospitalization for these conditions can “provide insight into the quality of the health care system outside of the hospital,” including the accessibility and utilization of primary care, preventive care and health education. Among these conditions are: diabetes, perforated appendixes, chronic obstructive pulmonary disease (COPD), hypertension, congestive heart failure, dehydration, bacterial pneumonia, urinary tract infection, and asthma.

Disproportionately high rates of discharges for ACSC indicate potential problems with the availability or accessibility of ambulatory care and preventive services and can suggest areas for improvement in the health care system and ways to improve outcomes.

**County/City Level Analysis**

**Exhibit 33** indicates the percentage of all hospital discharges in the Baptist Beaches community that were for ACSCs by payer source.

---

Exhibit 33: ACSC (Preventable) Hospitalizations by Payer Category, 2014

<table>
<thead>
<tr>
<th></th>
<th>Duval County/St. Johns County</th>
<th>Five County Region</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>ACSC Discharges</td>
<td>All Discharges</td>
</tr>
<tr>
<td>Self Pay/Charity</td>
<td>2,151</td>
<td>14,968</td>
</tr>
<tr>
<td>Medicaid</td>
<td>2,924</td>
<td>31,479</td>
</tr>
<tr>
<td>Medicare</td>
<td>10,820</td>
<td>61,841</td>
</tr>
<tr>
<td>Commercial</td>
<td>2,602</td>
<td>37,414</td>
</tr>
<tr>
<td>Other</td>
<td>444</td>
<td>5,083</td>
</tr>
<tr>
<td>Total</td>
<td>18,941</td>
<td>150,785</td>
</tr>
</tbody>
</table>

Source: Verité analysis of 2014 Florida discharge data provided via UF Health.

In 2014, 12.6 percent of discharges for residents of the two counties were for ACSC conditions – a proportion slightly above the average across the five-county region assessed by the Partnership (Baker, Clay, Duval, Nassau, and St. Johns counties). This finding holds across all payer categories.

Florida also publishes data on preventable hospitalizations. Exhibit 34 shows the rate of these hospitalizations by type during the 2011-2013 timeframe.

Exhibit 34: Preventable Hospitalizations under 65 per 100,000 Population, 2011-2013

<table>
<thead>
<tr>
<th>Rate</th>
<th>Duval County</th>
<th>St. Johns County</th>
<th>Florida</th>
</tr>
</thead>
<tbody>
<tr>
<td>Angina</td>
<td>5.6</td>
<td>3.4</td>
<td>5.7</td>
</tr>
<tr>
<td>Congestive Heart Failure</td>
<td>132.7</td>
<td>54.7</td>
<td>101.1</td>
</tr>
<tr>
<td>Hypertension</td>
<td>62</td>
<td>19.6</td>
<td>40.4</td>
</tr>
<tr>
<td>Iron Deficiency Anemia</td>
<td>33</td>
<td>14.5</td>
<td>24.2</td>
</tr>
<tr>
<td>Asthma</td>
<td>182.8</td>
<td>81.6</td>
<td>135</td>
</tr>
<tr>
<td>Chronic Obstructive Pulmonary Disease</td>
<td>138.9</td>
<td>88.3</td>
<td>123.9</td>
</tr>
<tr>
<td>Diabetes</td>
<td>195.2</td>
<td>90.7</td>
<td>131.1</td>
</tr>
<tr>
<td>Nutritional Deficiencies</td>
<td>50.1</td>
<td>15.8</td>
<td>22.1</td>
</tr>
<tr>
<td>Kidney/Urinary Infections</td>
<td>61.1</td>
<td>38.2</td>
<td>59.7</td>
</tr>
<tr>
<td>Vaccine Preventable Conditions</td>
<td>4.9</td>
<td>-</td>
<td>3.7</td>
</tr>
</tbody>
</table>

Source: Florida Department of Health, FloridaCHARTS.

Duval County compared unfavorably to the state for all preventable hospitalizations except angina. Preventable hospitalizations due to hypertension and nutritional deficiencies were 50 to 75 percent worse than the state rate.
Hospital-Level Analysis

Exhibit 35 provides discharges for Baptist Beaches for ACSCs by condition. These ACSC discharges were assessed from 8,613 total discharges from the hospital.

Exhibit 35: Discharges for ACSC by Condition, Baptist Beaches, 2013-2014

<table>
<thead>
<tr>
<th>Condition</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bacterial Pneumonia Admission</td>
<td>283</td>
</tr>
<tr>
<td>Heart Failure Admission</td>
<td>215</td>
</tr>
<tr>
<td>Chronic Obstructive Pulmonary Disease (COPD) or Asthma in Older Adults Admission</td>
<td>196</td>
</tr>
<tr>
<td>Urinary Tract Infection Admission</td>
<td>138</td>
</tr>
<tr>
<td>Dehydration Admission</td>
<td>110</td>
</tr>
<tr>
<td>Diabetes Long-Term Complications Admission</td>
<td>87</td>
</tr>
<tr>
<td>Diabetes Short-Term Complications Admission</td>
<td>61</td>
</tr>
<tr>
<td>Hypertension Admission</td>
<td>53</td>
</tr>
<tr>
<td>Low Birth Weight</td>
<td>26</td>
</tr>
<tr>
<td>Perforated Appendix Admission</td>
<td>16</td>
</tr>
<tr>
<td>Angina Without Procedure Admission</td>
<td>15</td>
</tr>
<tr>
<td>Uncontrolled Diabetes Admission</td>
<td>10</td>
</tr>
<tr>
<td>Lower-Extremity Amputation among Patients with Diabetes</td>
<td>10</td>
</tr>
<tr>
<td>Asthma in Younger Adults Admission</td>
<td>9</td>
</tr>
</tbody>
</table>

Source: Verité analysis of 2014 Florida discharge data provided via UF Health.

The top five discharges for ACSCs at Baptist Beaches were: bacterial pneumonia, heart failure, COPD or asthma, urinary tract infection, and dehydration.

Community Need Index™ and Food Deserts

Dignity Health Community Need Index

Dignity Health, a California-based hospital system, developed and has made widely available for public use a Community Need Index™ that measures barriers to health care access by county/city and ZIP code. The index is based on five social and economic indicators:

- The percentage of elders, children, and single parents living in poverty;
- The percentage of adults over the age of 25 with limited English proficiency, and the percentage of the population that is non-White;
- The percentage of the population without a high school diploma;
- The percentage of uninsured and unemployed residents; and
- The percentage of the population renting houses.

The Community Need Index™ calculates a score for each ZIP code based on these indicators. Scores range from “Lowest Need” (1.0-1.7) to “Highest Need” (4.2-5.0).

10Accessed online at http://cni.chw-interactive.org/.
Exhibit 36 presents the Community Need Index™ (CNI) score of each ZIP code in the community.

**Exhibit 36: Community Need Index™ Score by ZIP Code**

The highest need areas in Duval County are located in central Jacksonville. Five of the six ZIP codes in Health Zone 1 have a CNI of 5.0 (the highest possible value for the index). The highest need area in St. Johns County is ZIP code 32084 (proximate to St. Augustine).
Food Deserts

The U.S. Department of Agriculture’s Economic Research Service estimates the number of people in each census tract that live in a “food desert,” defined as low-income areas more than one mile from a supermarket or large grocery store in urban areas and more than 10 miles from a supermarket or large grocery store in rural areas. Many government-led initiatives aim to increase the availability of nutritious and affordable foods to people living in these food deserts.

Exhibit 37 illustrates the location of food deserts in the community.

Exhibit 37: Food Deserts

Food deserts are present in the center of Jacksonville and in Atlantic Beach in Duval County and also in St. Augustine in St. Johns County.
Medically Underserved Areas and Populations

Medically Underserved Areas and Populations (MUA/Ps) are designated by the Health Resources and Services Administration (HRSA) based on an “Index of Medical Underservice.” The index includes the following variables: ratio of primary medical care physicians per 1,000 population, infant mortality rate, percentage of the population with incomes below the poverty level, and percentage of the population age 65 or over. Areas with a score of 62 or less are considered “medically underserved.”

Populations receiving MUP designation include groups within a geographic area with economic barriers or cultural and/or linguistic access barriers to receiving primary care. If a population group does not qualify for MUP status based on the IMU score, Public Law 99-280 allows MUP designation if “unusual local conditions which are a barrier to access to or the availability of personal health services exist and are documented, and if such a designation is recommended by the chief executive officer and local officials of the state where the requested population resides.”

Exhibit 39 (in next section) depicts areas and populations designated by HRSA as medically underserved. In Duval County, 11 census tracts are designated as MUAs and the low-income populations of 29 census tracts in North Jacksonville are designated as MUPs. Several MUPs also are present in St. Johns County.

Provider Supply

Access to care is affected by the availability of health professionals. This section includes information on provider supply.

Health Professional Rates per 100,000 Population

Exhibit 38 presents the number of dentists, mental health providers, and physicians per 100,000 population.

Exhibit 38: Health Professionals Rates per 100,000 Population, 2013

<table>
<thead>
<tr>
<th>Provider Type</th>
<th>Duval</th>
<th>St. Johns</th>
<th>Florida</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Count</td>
<td>Rate</td>
<td>Count</td>
</tr>
<tr>
<td>Physicians</td>
<td>3,523</td>
<td>402.0</td>
<td>391</td>
</tr>
<tr>
<td>Mental Health Providers*</td>
<td>1,292</td>
<td>156.7</td>
<td>219</td>
</tr>
<tr>
<td>Family Physicians</td>
<td>328</td>
<td>37.4</td>
<td>63</td>
</tr>
<tr>
<td>Internal Medicine</td>
<td>675</td>
<td>76.9</td>
<td>66</td>
</tr>
<tr>
<td>OB GYN</td>
<td>122</td>
<td>13.9</td>
<td>14</td>
</tr>
<tr>
<td>Pediatrician</td>
<td>306</td>
<td>34.9</td>
<td>30</td>
</tr>
<tr>
<td>Dentists</td>
<td>465</td>
<td>56.4</td>
<td>106</td>
</tr>
</tbody>
</table>

Source: FloridaCHARTS, 2015. *Data from CMS, National Provider Identification, 2013; rate imputed

11 Health Resources and Services Administration. See http://www.hrsa.gov/shortage/mua/index.html
12 Ibid.
Compared to Florida, Duval County reports more providers per 100,000 for all categories.

**Health Professional Shortage Areas (HPSA)**

A geographic area can receive a federal Health Professional Shortage Area (HPSA) designation if a shortage of primary medical care, dental care, or mental health care professionals is found to be present. In addition to areas and populations that can be designated as HPSAs, a health care facility can receive federal HPSA designation and an additional Medicare payment if it provides primary medical care services to an area or population group identified as having inadequate access to primary care, dental, or mental health services.

HPSAs can be: “(1) An urban or rural area (which need not conform to the geographic boundaries of a political subdivision and which is a rational area for the delivery of health services); (2) a population group; or (3) a public or nonprofit private medical facility.”

**Exhibit 39** illustrates the locations of Medically Underserved Areas and Populations and of the federally-designated HPSAs.

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Areas across both counties are considered HPSAs by the federal government.

Medically Underserved Populations are clustered in Health Zone 1 and in St. Augustine. Medically Underserved Areas are located in Atlantic Beach, Jacksonville Beach, and south of Jacksonville.
Projected Physician Supply Relative to Needs

According to the Association of American Medical Colleges, physician shortage issues are expected to intensify in coming years. Current estimates predict a national shortage of between 46,100 and 90,400 active patient care physicians by 2025. For primary care alone, a deficit of between 12,500 and 31,100 physicians is expected by 2025. Various factors contribute to the anticipated shortages, including an increase in insurance coverage due to the Affordable Care Act, higher demand from an aging population, and a large proportion of the current workforce reaching retirement age. The projected shortfalls are actually less than the projected numbers in the previous study due to a rapid increase in supply of advance practice physicians who are playing a bigger role in patient care, and the downward revision by the U.S. Census Bureau of its 2025 population projections.\footnote{14 Association for American Medical Colleges Center for Workforce Studies (March 2015). *The Complexities of Physician Supply and Demand: Projections from 2013 to 2025.* Retrieved 2015 from https://www.aamc.org/download/426242/data/ihsreportdownload.pdf}

Data show that Florida’s current physician supply is not adequate to serve rising demand for medical services.\footnote{15 Ibid.} To maintain status quo, there will need to be an increase in PCPs by 38 percent.\footnote{16 Petterson, SM., Cai, A., Moore, M., Bazemore, (September 2013) A. *State-Level Projections of Primary Care Workforce, 2010-2013.* Retrieved 2015 from http://www.graham-center.org/online/graham/home/tools-resources/state-wrkfrc-proj-intro/state-wrkfrc-proj.html} Approximately 13.4 percent of physicians in Florida are aged 40 or younger, while 29.4 percent are over the age of 60.\footnote{17 Center for Workforce Studies, Association of American Medical Colleges (2013). 2013 State Physician Workforce Data Report. Retrieved 2015 from https://www.aamc.org/data/workforce/reports/} In Duval County, between 6.8 and 17.9 percent of physicians are expected to retire within the next five years. Additionally, Florida physicians have little capacity to treat additional patients due to current patient loads.\footnote{18 Herrick and Gorman (2013). *An Economic and Policy Analysis of Florida Medicaid Expansion.* Retrieved from: http://www.ncpa.org/pub/st347} In addition, increased demand for health services is expected between 2013 and 2030 as Florida’s population is projected to grow by 25 percent, and the population aged 65 and over is expected to grow by about 75 percent.\footnote{19 Ibid.}

In 2007, the Florida Department of Health completed a comprehensive evaluation of Florida’s physician workforce and how it could impact access to quality care in the state. One of the report’s recommendations for offsetting the physician shortage was “to pursue a policy of creating and expanding medical residency positions in Florida.”\footnote{20 Center for Workforce Studies, Association of American Medical Colleges. (Oct 2012). Recent Studies and Reports on Physician Shortages in the U.S. Retrieved from: https://www.aamc.org/download/100598/data/}

The plan to create and expand medical residency programs in Florida is further supported by Florida’s relatively low rates of enrollment in medical and osteopathic schools and graduate medical education. During the academic year 2012-2013 in Florida, there were approximately 24.7 students per 100,000 population enrolled in either medical school or osteopathic school,
ranking Florida 33rd among the 50 states. However, there has been a 109.1 percent increase in the number of students enrolled in medical or osteopathic schools from 2002 to 2012.\textsuperscript{21}

The rate of residents/fellows in Accreditation Council for Graduate Medical Education (ACGME) programs was 19.0 residents/fellows per 100,000 population, ranking Florida as 42\textsuperscript{nd}, while the rate of residents/fellows in primary care ACGME programs was 6.6 residents/fellows per 100,000 population, ranking Florida as 45\textsuperscript{th}.\textsuperscript{22}

**Description of Other Facilities and Resources within the Community**

**Federally Qualified Health Centers**

Federally Qualified Health Centers (FQHCs) are established to promote access to ambulatory care in areas designated as “medically underserved.” These clinics receive enhanced reimbursement for Medicaid and Medicare services and most also receive federal grant funds under Section 330 of the Public Health Service Act. There currently are six FQHC sites in Duval County and two in St. Johns County (Exhibit 40).

**Exhibit 40: Federally Qualified Health Centers**

<table>
<thead>
<tr>
<th>FQHC Name</th>
<th>County</th>
<th>City</th>
<th>Zip Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>AGAPE/South JAX Community Health Center</td>
<td>Duval County</td>
<td>Jacksonville</td>
<td>32216</td>
</tr>
<tr>
<td>AGAPE/Wesconnett Community Health Center</td>
<td>Duval County</td>
<td>Jacksonville</td>
<td>32210</td>
</tr>
<tr>
<td>AGAPE/West Jacksonville Community Health Center</td>
<td>Duval County</td>
<td>Jacksonville</td>
<td>32204</td>
</tr>
<tr>
<td>Beaches Community Healthcare - A Sulzbacher Center Clinic</td>
<td>Duval County</td>
<td>Jacksonville</td>
<td>32250</td>
</tr>
<tr>
<td>I.M. Sulzbacher Center for the Homeless</td>
<td>Duval County</td>
<td>Jacksonville</td>
<td>32202</td>
</tr>
<tr>
<td>I.M. Sulzbacher Center Beach HOPE Mobile Outreach Van</td>
<td>Duval County</td>
<td>Jacksonville</td>
<td>32250</td>
</tr>
<tr>
<td>Azalea Health</td>
<td>St. Johns County</td>
<td>Hastings</td>
<td>32145</td>
</tr>
<tr>
<td>Azalea Health</td>
<td>St. Johns County</td>
<td>St. Augustine</td>
<td>32086</td>
</tr>
</tbody>
</table>

Source: Health Resources Administration, 2015.


\textsuperscript{22} Ibid.
HPSA Facilities

There are two HPSA designated facilities in Duval County and one in St. Johns County (Exhibit 41).

### Exhibit 41: HPSA Designated Facilities, 2015

<table>
<thead>
<tr>
<th>HPSA Name</th>
<th>Facility Type</th>
<th>HPSA Type</th>
<th>County</th>
<th>Zip code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Duval County Health Department</td>
<td>Comprehensive Health Center</td>
<td>Primary, Dental, Mental</td>
<td>Duval County</td>
<td>32208</td>
</tr>
<tr>
<td>I.M. Sulzbacher Center for the Homeless</td>
<td>Comprehensive Health Center</td>
<td>Primary, Dental, Mental</td>
<td>Duval County</td>
<td>32202</td>
</tr>
<tr>
<td>Northeast Florida Health Services</td>
<td>Comprehensive Health Center</td>
<td>Mental</td>
<td>St. Johns County</td>
<td>32086</td>
</tr>
</tbody>
</table>

Source: Health Resources Administration, 2015.

Hospitals

### Exhibit 42 depicts hospital beds and per-capita rates in Duval County and St. Johns County compared to the Florida averages.

### Exhibit 42: Hospital Bed Rate, per 100,000 Population, 2013

<table>
<thead>
<tr>
<th>Bed Type</th>
<th>Duval County</th>
<th>St. Johns County</th>
<th>Florida Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Count</td>
<td>Rate</td>
<td>Count</td>
</tr>
<tr>
<td>Total Hospital Beds</td>
<td>3,728</td>
<td>425.0</td>
<td>335</td>
</tr>
<tr>
<td>Total Acute Care Beds</td>
<td>2,951</td>
<td>336.4</td>
<td>307</td>
</tr>
<tr>
<td>Total Specialty Beds</td>
<td>777</td>
<td>88.6</td>
<td>28</td>
</tr>
<tr>
<td>Rehabilitation Beds</td>
<td>157</td>
<td>17.9</td>
<td>0</td>
</tr>
<tr>
<td>Adult Psychiatric Beds</td>
<td>242</td>
<td>27.6</td>
<td>21</td>
</tr>
<tr>
<td>Adult Substance Abuse Beds</td>
<td>28</td>
<td>3.2</td>
<td>0</td>
</tr>
<tr>
<td>Child and Adolescent Psychiatric Beds</td>
<td>11</td>
<td>1.3</td>
<td>0</td>
</tr>
<tr>
<td>Neonatal Intensive Care Unit (NICU) Level III Beds</td>
<td>56</td>
<td>6.4</td>
<td>0</td>
</tr>
</tbody>
</table>


In 2013, Duval County had 425 hospital beds per 100,000 population, higher than the Florida average. Compared to the Florida average, Duval has more beds per 100,000 within every category - except for child and adolescent psychiatric beds. Fewer beds per 100,000 are present in St. Johns County.

Patients are referred to hospitals located in Duval County from across northern Florida and southern Georgia, including from Baker, Clay, Duval, Nassau, and St. John’s counties.
Exhibit 43 presents the locations of the acute care, psychiatric, and rehabilitation hospitals located in Duval and St. Johns counties.

**Exhibit 43: Hospitals in Duval County by Type, 2015**

![Map of Duval County showing hospitals by type](image)

Source: Microsoft MapPoint and Florida Health Finder, 2015.

There are 10 acute care hospitals in Duval County, one of which is a children’s specialty hospital. In addition, there are two psychiatric hospitals and one rehabilitation hospital.

There also are 14 freestanding, and eight hospital-based ambulatory surgery centers in Duval County.23

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23 Florida Health Finder. 2015
Other Community Resources

A wide range of agencies, coalitions, and organizations is available in the region served by the Partnership to assist in meeting community health and social services needs. There are several different types of community resources available to help community members:

- Basic Needs (including food, housing/shelters, material goods, transportation, and utilities)
- Consumer Services (including consumer assistance and protection, consumer regulation, money management, and tax services).
- Criminal Justice and Legal (including courts, correctional system, judicial services, law enforcement agencies and services, legal assistance, legal education and information, and legal services and organizations).
- Education (including educational institutions and schools, educational programs and support services).
- Environmental/Public Health/Public Safety (including environmental protection and improvement, public health, and public safety).
- Health Care (including emergency and general medical services, screening and diagnostic services, health care support services, reproductive services, inpatient and outpatient facilities, rehabilitation facilities, specialized treatment, and specialty services).
- Income Support and Employment – (including employment services, public assistance and social insurance programs, and temporary final assistance).
- Mental Health and Substance Abuse (including counseling approaches and settings, mental health care facilities, mental health evaluation and treatment programs, mental health support services, and substance abuse services).
- Individual and Family Life (volunteer programs and services, recreation and leisure activities, spiritual enrichment, individual and family support services, domestic animal services, and death certification and burial arrangements).
- Organizational, Community, and International (including arts and culture, community facilities and centers, disaster services, donor services, community planning and public works, community economic development and finance, occupational and professional associations, organization development and management services, military services, and international affairs).

Below is a selection of agencies and the number of resources available that serve residents of Duval County (although these resources may be located in a different county):

- Basic Needs - 180
- Consumer Services - 31
- Criminal Justice and Legal - 59
- Education - 80
- Environmental/Public Health/Public Safety - 17
- Health Care - 239

Below are estimated numbers of resources that are available to serve residents of St. Johns County (although these resources may be located in a different county):

- Basic Needs - 114
- Consumer Services - 28
- Criminal Justice and Legal - 40
- Education - 42
- Environmental/Public Health/Public Safety - 15
- Health Care - 160
- Income Support and Employment - 51
- Mental Health and Substance Abuse - 118
- Individual and Family Life - 215
- Organizational, Community, and International – 116

A comprehensive 2-1-1 service is available through United Way of Northeast Florida, which is available by phone, text, and online to help provide assistance to members of the community.25 Several other organizations including, but not limited to: County Health Departments26, Episcopal Children’s Services27, Health IMPACTS for Florida,28 and Early Learning Coalition of Duval29 also provide community resource guides to assist community members with their needs. Florida Medicaid also provides a guide to health care safety net resources by county for the uninsured.30

**Findings of Other Community Health Needs Assessments**

In identifying significant community health needs, Verité considered the findings of several other health needs assessments and related reports regarding the community that were published between 2010 and 2014. Highlights and summary points from these assessments are below.

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25 United Way of NE Florida. 2-1-1 Service. [http://nefl211.org/](http://nefl211.org/)
28 Health IMPACTS for Florida. [http://healthimpactsflorida.org/studies/hra/information-for-parentsteen](http://healthimpactsflorida.org/studies/hra/information-for-parentsteen)
30 Florida Medicaid. “Florida’s Health Care Safety Net: A comprehensive list of State and County based resources for the uninsured”. July 2010
ElderSource

ElderSource, an Area Agency on Aging, published a 2011-2012 report, *Elder Services Needs Assessment*, for Planning Service Area 4 (PSA 4), which is comprised of Baker, Clay, Duval, Flagler, Nassau, St. Johns, and Volusia counties. This assessment was intended to inform ElderSource on the needs of elders and caregivers.31

Key findings for PSA 4 include:

- Approximately 430,000 adults over 60 lived in PSA 4 in 2010, and nearly one-third (approximately 150,000) were over the age of 75
- 35 percent of survey respondents did not have an emergency preparedness plan
- Many elders cannot use public transportation, if available, for multiple reasons, including mobility limitations, financial inability, and scheduling requirements
- Lack of transportation can impact prescription-drug access
- Processes for applying for assistance can be overwhelming
- Some assisted-living facilities have waiting lists
- Yard and household maintenance were most cited by survey participants as areas for which assistance was needed
- Cost concerns may delay some elders from getting new eyeglasses as insurance covers exams but not glasses
- Most elders, 85 percent, rarely or never visit a senior center
- Survey respondents would like a check-in service for elders that live alone as well as a service to match elders of similar interests
- More than 30 percent of elders admitted to a hospital for inpatient services are discharged to another medical facility, such as a skilled-nursing facility
- Elders and caregivers may not know what services are available and how to request assistance
- Elders living in rural settings vary by county (54.1 percent in Baker, 25.2 percent in Clay, 3.5 percent in Duval, 42.5 in Nassau, and 18.0 in St. Johns)
- Roughly one-third of elders did not receive an influenza vaccination within the past 12 months or a pneumococcal vaccination ever

North Florida Transportation Planning Organization (Community Survey, 2008)

The North Florida Transportation Planning Organization published results of a survey by Ulrich Research entitled *A Survey of Residents of Clay, Duval, Nassau and St. Johns Counties.*32 The survey was conducted to inform development of transportation resources in the Jacksonville, Florida MSA. The purpose of the survey was to provide information to be used in the

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development of the North Florida Transportation Planning Organization’s Long Range Transportation Plan.

Key findings are as follows:

- Two-thirds of survey respondents did not consider that mass transit services were “adequate”
- Respondents were more concerned with reducing traffic congestion than on improving mass transit

North Florida Transportation Planning Organization (2012 Report)

The North Florida Transportation Study Commission published its 2012 final report, Connecting Regionally for Success. This commission was charged with developing a Long Range Transportation Plan.

Key report elements are as follows:

- Cross-county commutes are experienced by many residents
- Limited transportation options exist
- Over two-thirds of recent population growth was outside of Duval County

Duval County Public Schools (YRBS, Middle School Students)

The Duval County Public Schools conducted the Youth Risk Behavior Survey (YRBS) of middle school students in 2009, 2011, and 2013. Summaries of findings were published by the Florida Department of Health Duval County.

Key findings include:

- Bullying increased by more than 20 percent between 2009 and 2013
- Serious considerations of suicide increased by more than 10 percent, with increases in serious consideration and attempts by females increasing by more than 25 percent
- More than 25 percent of students report being slightly or very overweight
- One-third of middle school students having sex are not using condoms

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Duval County Public Schools

The Duval County Public Schools conducted the Youth Risk Behavior Survey (YRBS) of high school students in 2009, 2011, and 2013. Summaries of findings were published by the Florida Department of Health Duval County. 35

Key findings include:

• Bullying increased by more than 15 percent between 2009 and 2013
• More than 25 percent of students report being slightly or very overweight
• Nearly 10 percent of respondents smoke tobacco
• More than 10 percent of students report currently having asthma
• Almost 25 percent of respondents currently use marijuana
• More than 30 percent of respondents are currently sexually active

Agape Community Health Network

The Agape Community Health Network prepared a Needs Assessment for Duval County (ZIP Codes 32202, 32204, 32205, 32206, 32207, 32208, 32209, 32210, 32211 32216, 32217, 32244, and 32254). In addition to reporting secondary data about the community, information about services to community members was provided.

Key information about services by Agape in 2013 is as follows:

• 41,871 visits were provided to 17,923 patients
• 76 percent of patients reside in service area ZIP codes
• Females accounted for approximately 70 percent of patients and visits
• About 45 percent of visits were for pediatric services and about 28 percent of visits were to women for obstetric services
• The most frequent primary diagnoses related to infectious and parasitic diseases (14.0 percent), diseases of the respiratory system (13.0 percent), and diseases of the circulatory system (12.8 percent)
• 2,262 patients received dental services and about 95 percent were for pediatric dental services

Duval County Health Department

The Duval County Health Department (DCHD) worked with the Hispanic/Latino Advisory Council to DCHD on the June 2012 report, “2012: State of Hispanic Health in Duval County.” 36

The report assesses the health of Hispanic/Latino residents of Duval County.
Key findings are as follows:

- Hispanic/Latino residents totaled 65,398 in 2010, an increase of 104 percent from 2000
- Hispanic/Latino residents were 7.6 percent of all residents in 2010
- A language other than English is spoken at home for 67.1 percent of Hispanic/Latino residents
- Nearly 1 in 3 Hispanic residents, 29.4 percent, was born outside the U.S.
- Hispanic/Latino residents between 2008 and 2010, were more likely than other residents to die from motor vehicle crashes, homicide, firearms, and suicide
- Hispanic/Latino high school students in 2011 were more likely than other students to experience or perceive violence at school, consider or attempt suicide, operate a car while drinking, and ride in a car with an impaired driver
- Hispanic/Latino residents in 2010 were less likely than other residents to have health insurance coverage

**Children’s Mental Health Task Force**

The Northeast Florida Children’s Mental Health Task Force published a 2006 report, “Northeast Florida Children’s Community Mental Health Assessment.” This report was part of the Task Force’s goal to identify a comprehensive system for the delivery of mental health services in Duval County.

Key findings are as follows:

- One in five children experience symptoms of mental health disorders each year
- Mental health services need to be culturally relevant
- Access to care is especially needed in rural and underserved areas
- Parents need to be taught how to identify issues
- Primary care providers may be responsible for providing interventions for which they are not adequately trained

**Jacksonville Community Council Inc.**

The Jacksonville Community Council Inc. (JCCI) in 2009 issued “Community Engagement: Understanding the GLBT Community Experience with Discrimination.” The report presented results from surveys and focus groups designed to better understand discrimination encountered by gay, lesbian, bisexual, and transgendered (GLBT) residents of Jacksonville.

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Relevant key findings are as follows:

- 16 percent of survey respondents encountered discrimination at a physician office
- 10 percent of survey respondents encountered discrimination at a hospital
- 9 percent of survey respondents encountered housing discrimination, including poor treatment, neglect, refusal to renew leases, and threats of eviction

Florida Department of Health Duval County

The Florida Department of Health Duval County in 2013 published “Health: Place Matters 2013.” The report assesses the health residents of six “Health Zones,” or geographic subdivisions, in Duval County.

Key findings are as follows:

- Infrastructure for healthy living is not equally distributed throughout the county
- Infrastructure challenges include public transportation, inadequate school funding, and affordable training/post-secondary education
- Health Zone 1, the urban core of Duval County, has the greatest unmet needs including the lowest household incomes, most residents living in poverty, and shorter life expectancy
- More than 25 percent of children in Duval County live in poverty, including 43 percent of children in Health Zone 1
- The rate of preventable hospitalizations for diabetes is more than 50 percent greater in Duval County than Florida overall
- Increasing diversity in Duval County will require more culturally and linguistically appropriate care

Jacksonville Metropolitan Community Benefit Partnership

The Jacksonville Metropolitan Community Benefit Partnership in 2012 published “Community Health Needs Assessment: 2012 Report.” The report sought to describe the health status of the community, identify major risk factors and causes of illness, and support efforts to improve the health of residents. The community for assessment was Clay, Duval, Nassau, Putnam, and St. Johns counties.

Key findings are as follows:

- The population of each county increased between 2000 and 2010

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• Duval County had the greatest racial diversity among the counties, a home ownership rate lower than the overall Florida rate, and a graduation rate lower than the Florida rate
• Clay and Duval counties have more fast-food than full-service restaurants
• More than one in 10 survey respondents had not visited a dentist in five or more years and about one in six reported that their child had never visited a dentist
• One in 10 survey respondents go without prescription medicine or substitute over-the-counter medication
• Approximately one-third of all ER visits across the region are for self-pay patients
• Caregivers do not know what services are available and how to access services
• The percentage of adults aged 65 and older who received a pneumonia vaccination was lower than Florida overall for Clay and Duval counties
• Diabetes death rates are higher than the overall Florida rate for Clay and Duval counties and the rates for Black residents are higher than the rates for white residents
• Rates of overweight residents in Clay and St. Johns counties are higher than Florida rates and the rate of obesity for Duval County is higher than the Florida rate
• Births with no prenatal care were higher in Duval County than the Florida rate
• Cognitive disability rates were higher in St. Johns and Duval counties
• The percentage of residents with self-care difficulty was twice the state rate in St. Johns and Duval counties
• The rates of disability difficulty indicators in St. Johns County are nearly three times than the rates of Florida overall
• The highest percentage of high-school-aged smoking is in Clay County

Duval County Health Department and Partnership for a Healthier Duval

The Duval County Health Department and Partnership for a Healthier Duval in 2012 published “Community Health Assessment and Community Health Improvement Plan.” The report summarizes the collaborative approach to understand and develop responses to health needs in Duval County. The study used Mobilizing for Action through Planning and Partnerships (MAPP) model.

Key findings are as follows:

• The majority of residents are aged 25 to 64
• More than half of households, 53.3 percent, made $50,000 or less in 2010 and more than one quarter, 27.1% made less than $25,000
• Nearly 60,000 Duval residents aged 21 to 64 have a disability and these residents are less than half as likely to be employed compared to residents without a disability
• There are fewer physician specialists per capita in Duval than in Florida overall
• More than 1 in 8 emergency room visits were related to mental health problems
• Rates of vaccination for influenza and pneumonia for individuals 65 and older than are lower in Duval County than Florida

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Jacksonville Community Council Inc. (Mental Health Study)

The Jacksonville Community Council Inc. (JCCI) in 2014 issued “Unlocking the Pieces: Community Mental Health in Northeast Florida.” The report presented results from an eight-month study into the mental health and organizations responding to needs in Northeast Florida.

Relevant key findings are as follows:

- Approximately one in four Americans lives with a mental health illness and approximately half of Americans will experience mental illness during their lives
- Four percent of Americans live with a serious mental illness
- Stigmas, both societally and self-imposed, keep individuals from seeking services
- Arrested youth may be assessed for mental illness after arrest, but the number of assessors have declined from five in 2007 to one in 2014
- Approximately 10 percent of inmates at the Duval County jail have severe and persistent mental health illnesses
- Most individuals with severe mental illness, 85 percent, are unemployed
- The number of assessments for involuntary hospitalization for mental illness under the Florida Baker Act increased in Duval County from 4,458 in 1999 to 6,751 in 2012
- In 2012, Florida ranked 49th of the 50 states in per capita state mental health funding and Northeast Florida was the second-lowest funded region in Florida
- Elders in Northeast Florida are more likely to commit suicide than others in the community
- The Duval County suicide rate in 2012 was the highest since 1991 and had increased 13.2 percent since 2008
- More people in Duval County die from suicide than from homicide
- There is an undersupply of mental health professionals in the community

Jacksonville Community Council Inc. (Child Development Issues)


Relevant key findings are as follows:

- 30 percent of children are unprepared for kindergarten
- Poverty is correlated with developmental vulnerability but it is not the only factor
- Children are particularly at risk of developmental delays in neighborhoods where public schools are low performing, adults have low levels of educational attainment, and unemployment rates are high

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Many services are targeted to geographic areas with concentrated need, such as Health Zone 1, but reaching at-risk populations geographically dispersed throughout the community is more difficult. A lack of funding was the most pronounced barrier to improving services to children.

**St. Johns County Health Leadership Council**

The St. Johns County Health Leadership Council in 2014 published “2014 Community Health Assessment & Community Health Improvement Plan.” Objectives of the assessment included accurately depicting the health status of St. Johns County and identifying key strategic issues.

Key findings are as follows:

- The St. Johns population increased by almost 65 percent between 2000 and 2012
- More than one in six residents, 16.9 percent, are aged 65 and older
- Nearly one in 10 residents has a median household income below the Federal Poverty Level
- Death rates in St. Johns from chronic lower respiratory disease, unintentional injuries, suicide, septicemia, and melanoma cancer are higher than overall Florida rates
- Immunization coverage for kindergartners in 2011-2013, 79.7 percent, was lower than the Florida overall coverage, 92.6 percent
- Rates of STDs appear to be increasing
- The binge drinking rate in St. Johns for 2013 was higher than the Florida rate

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PRIMARY DATA ASSESSMENT

Community input was gathered through key informant interviews, focus groups, and town hall meetings in Baker, Clay, Duval, Nassau, and St. Johns counties. Below are results summarizing the health needs and challenges faced by the residents of Duval and St. Johns counties. In addition, community input regarding health concerns relevant to the Duval County-Beaches area are highlighted. The results of the analysis are compared to the overall findings regarding across the region served by the Partnership.

Community Input Methodology

Community input was gathered through a total of 64 key informant interviews, focus groups, and town hall meetings conducted across the five counties served by the Partnership. Both external, local community health experts and internal hospital staff members were identified and selected to participate as key informants. Through these interactions, input was received from 340 individuals. Additionally, community health experts assisted in the design, marketing, and implementation of focus groups and town hall meetings to promote participation from the target populations identified. Selected topics and questions were designed for each interview type.

Twenty-five key informant interviews, focus groups, and town hall meetings were conducted in Duval and St. Johns counties. The 124 external participants in this process provided insight on a wide range of community health issues, including barriers to access to health services, prevalence of certain health conditions, social determinants of health, and health disparities faced by the residents of Duval and St. Johns counties.

Nine focus group meetings were held at Partnership hospitals located in Duval County. Seventy one (71) hospital staff participated in this discussion, including representatives from emergency departments, physicians, nursing, case management, and social services.

Input received was coded to assess the frequency with which community health issues were mentioned. In addition, severity ratings were also assigned on a scale ranging from 0 (Doing well) to 4 (High severity) using the following criteria.
Focus groups and town hall meetings provided the opportunity to gain insight from individuals who represent the broad interests of Duval and St. Johns counties. The demographic characteristics of the external participants are summarized in Exhibit 45. Key informant interviews were conducted to gather input from external, public health experts. Exhibit 46 depicts the various public health professions and target populations represented through the external key informant interviews.
### Exhibit 45: Demographic Characteristics of Focus Group and Town Hall Meeting Participants

<table>
<thead>
<tr>
<th>Type of Interview</th>
<th>Duval and St. Johns Counties (N)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Race/Ethnicity</strong></td>
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<tr>
<td>Caucasian</td>
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<tr>
<td>Black</td>
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<tr>
<td>Hispanic</td>
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<tr>
<td>Other</td>
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<tr>
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<tr>
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<tr>
<td>Spanish</td>
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<td>Other</td>
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<tr>
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</tr>
<tr>
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<tr>
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<tr>
<td>Bachelor’s degree</td>
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<td>Master’s degree</td>
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<tr>
<td>Doctorate degree</td>
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<tr>
<td>Not reported</td>
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<tr>
<td><strong>Area</strong></td>
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<td><strong>Parent</strong></td>
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<tr>
<td>Not reported</td>
<td>14</td>
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</table>
### Exhibit 46: Description of Key Informant Population Representation

<table>
<thead>
<tr>
<th>Organization</th>
<th>Positions</th>
<th>Populations Represented</th>
</tr>
</thead>
<tbody>
<tr>
<td>DOH-Duval</td>
<td>CHIP-Staff</td>
<td>General population</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Minorities</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Low income</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Underinsured/Uninsured</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Rural populations</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Chronically ill</td>
</tr>
<tr>
<td>City of Jacksonville Disabled Services</td>
<td>Staff Member</td>
<td>Disabled</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Children</td>
</tr>
<tr>
<td>Private Practice</td>
<td>Medical Doctors, and Nurses</td>
<td>General population</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Low income, elderly</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Mental Health</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Minorities</td>
</tr>
<tr>
<td>Hispanic Ministries</td>
<td>Social Services Staff</td>
<td>Immigrants</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Hispanics</td>
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<tr>
<td></td>
<td></td>
<td>Low income</td>
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<tr>
<td></td>
<td></td>
<td>Underinsured/Uninsured</td>
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<tr>
<td></td>
<td></td>
<td>Faith base</td>
</tr>
<tr>
<td>University of North Florida</td>
<td>Professor and Community Activist</td>
<td>General population</td>
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<tr>
<td></td>
<td></td>
<td>College students</td>
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<td></td>
<td></td>
<td>Multiple cultures</td>
</tr>
<tr>
<td>Nemours</td>
<td>Pediatrics Researcher</td>
<td>General Population, Children</td>
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<tr>
<td>Sulzbacher Center</td>
<td>Homeless/Low Income Health Coordinators, nurse</td>
<td>Low income</td>
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<tr>
<td></td>
<td></td>
<td>Homeless</td>
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<tr>
<td></td>
<td></td>
<td>Mentally ill</td>
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<td></td>
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<td>Men’s health</td>
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<td>Family health</td>
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<td></td>
<td>Uninsured</td>
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<tr>
<td></td>
<td></td>
<td>Children</td>
</tr>
<tr>
<td>Northwest Jacksonville Community Development Corporation</td>
<td>Community Organizer</td>
<td>Minorities</td>
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<td></td>
<td></td>
<td>Low income</td>
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<tr>
<td></td>
<td></td>
<td>General population</td>
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<tr>
<td>Jacksonville Fire &amp; Rescue Department</td>
<td>Rescue Personnel</td>
<td>General population</td>
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<td>Low income</td>
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<td></td>
<td></td>
<td>Elderly</td>
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<td></td>
<td>Youth</td>
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<td></td>
<td>Uninsured/Underinsured</td>
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<tr>
<td></td>
<td></td>
<td>Mentally ill, all ages</td>
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<td>Minorities</td>
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<tr>
<td></td>
<td></td>
<td>Cultural competency</td>
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<td>DOH-Duval</td>
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<td>Elderly</td>
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<tr>
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<td>Uninsured/Underinsured</td>
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<tr>
<td>Private Practice and DOH-Duval Staff</td>
<td>Mental Health Professionals</td>
<td>Mentally ill, all ages</td>
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<tr>
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<td>Low income</td>
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<td>DOH-St. Johns</td>
<td>CHIP-Staff</td>
<td>General Population</td>
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<td>Low income</td>
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<tr>
<td></td>
<td></td>
<td>Uninsured/Underinsured</td>
</tr>
</tbody>
</table>
Summary of Findings: External Community Input

Based on the methodology described above, the following issues were identified by external informants as those of greatest concern to community health in Duval and St. Johns counties, and are presented in general order of importance.

Access Issues. One of the chief barriers to improving community-wide health outcomes is the inability to access available resources. Causes of inaccessibility include, but are not limited to, lack of knowledge of available services, transportation, lack of affordable care, and unaffordable health insurance. The interviews and meetings revealed that these social determinants of health disproportionately affect low socio-economic status groups, elderly populations, and minority populations.

• Lack of Knowledge about Services. A common theme throughout the interviews and meetings was that Duval and St. Johns County residents often lack knowledge of the services and resources that are available to assist them in reaching and maintaining positive health outcomes. Although this was identified as a concern for residents in general, those lacking English proficiency and the elderly were more likely to have low knowledge of available services. Moreover, lack of knowledge about available services was identified as an issue not only for those seeking services, but also among providers and others involved in the healthcare system. Overall, there was consensus for the need for a centralized resource center in the community that focuses on connecting people to services.

• Lack of Transportation. Individuals providing input expressed concern about a lack of reliable public transportation that made it difficult to access health care services. Lack of reliable transportation significantly impacts low-income, elderly, and disabled residents, and those who travel long distances for care or live in the Northside of Jacksonville. Within the Duval County-Beaches area, the public transportation system has few routes, minimal drop off points, and infrequent pick-ups. This barrier to care is further complicated by a lack of convenient appointment times and, in many cases, long wait times for health care appointments. In areas of St. Johns County, such as Hastings, Armstrong, and West St. Augustine, this barrier to accessing health care was further impacted due to a lack of specialists that resulted in residents traveling to surrounding counties to receive care. Transportation barriers contribute to missed appointments and failure to seek care for health concerns.

• Lack of Affordable Care and Low Usage of Preventative Care. A common theme throughout the interviews and meetings was concern about both the cost of health services for primary care and low usage of preventative care services. Lack of access to affordable care was reported to greatly impact residents that are low-income, lower-middle class, uninsured or underinsured, immigrants, and those that are undocumented. It was reported that lack of access to affordable health care commonly results in overuse of the emergency room. An associated concern was related to difficulty accessing physicians and specialist services. For example, residents in Hastings reported having fewer specialists than the surrounding areas, resulting in travel to surrounding areas for
care. Specialist services reported as difficult to access in St. Johns County and in the Duval County-Beaches area were dental care, rehabilitation services, vision services, hearing services, and ancillary services. Dental care for children and adults was reported as difficult to access in St. Johns County, due to the lack of available providers and an even greater deficit in affordable dental care services. Dialysis was specifically mentioned as a service that was difficult to access in St. Johns County. Affordability, transportation, and insurance limitations continuously appeared as primary barriers to seeking the aforementioned services.

- **Lack of Access to and Affordability of Insurance.** Lack of access to affordable insurance was described as a major concern in Duval and St. Johns counties, particularly for lower-income, lower-middle class, and elderly residents. Minority populations, recent immigrants, and undocumented people were also described as being greatly impacted by unaffordable insurance.

**Insufficient Health Education and Low Health Literacy.** Participants often discussed an overall lack of health education as a major contributor to health issues in Duval and St. Johns counties. Many participants mentioned that residents of Duval and St. Johns counties are not informed about nutrition, correct usage of medication, or provided adequate sex education. In order to improve health, many of those interviewed suggested the need for education on healthy eating habits and the benefits of a nutritional diet.

**Poor Mental Health and Lack of Access to Mental Health Services.** Poor mental health and lack of mental health resources were mentioned as major concerns in a number of interviews and meetings. Within Duval County, adolescents, sexual minorities, the elderly, and veterans were discussed as groups that are more likely to suffer mental health concerns. Concerns were also raised regarding specific groups that experience significant challenges when accessing mental health services, such as those with limited English proficiency, children, and those of low-income. In the Duval County-Beaches area, limited mental-health resources for residents of all ages was raised as a concern, and cost, lack of insurance coverage, social stigma, and transportation were mentioned as barriers to seeking mental health care in this area. In St. Johns County, it was explained that there was a shortage of mental health professionals for the entire county. Residents living in rural areas and low-income individuals faced the most difficulties when trying to access these services.

**Chronic Diseases.** Chronic diseases were the most frequently raised health issues by the individuals providing input in Duval and St. Johns counties. Overall, diabetes was the single most frequently mentioned condition, followed closely by hypertension, obesity or overweight, and cardiovascular disease.

**Health Behaviors.** Across all interviews and meetings the health behaviors of greatest concern were poor diet and nutrition and limited physical activity. Unhealthy diets were attributed to limited access to healthy foods in many neighborhoods in combination with cultural factors. Insufficient knowledge about nutrition was mentioned in many interviews as a contributing factor to health conditions. Drug and alcohol use were discussed as health concerns in the Duval County-Beaches area, particularly among youth.
Minority Health Needs and Disparities. Participants discussed the health challenges experienced by minorities, including Black residents, Hispanic residents, and recent immigrants. Health disparities were discussed, and participants commented on barriers to care linked to affordability, transportation, knowledge, language, fear and a lack of trust, and cultural differences. Barriers to accessing health care among Duval County’s immigrant and minority populations was often discussed in terms of limited proficiency in the English language, limited knowledge of the health care system, and distrust in the medical community. Racism was discussed as a contributing factor to the way African Americans are treated by medical providers in Duval County, who commonly felt that they were perceived as lacking knowledge or financial resources based on their race.

Quality of Life Concerns. Lack of access to needed services, poverty, lack of affordable housing, and unemployment in the youth were revealed as issues affecting quality of life, particularly in rural areas of St. Johns County. Fewer resources, services, and lack of access to health care were provided as explanations for the reduced quality of life among residents living in rural areas.

Comparison to Regional Needs. Overall, the health needs of greatest concern to residents of Duval and St. Johns counties mirrored those found to be present throughout the region assessed by the Partnership. For example, the region assessed by the Partnership faces many of the same barriers to improving health outcomes related to the inability to access available resources, including lack of knowledge of available services, transportation, lack of affordable care, and unaffordable health insurance. However, residents of Duval and St. Johns counties more frequently discussed low usage of preventive care services as a major contributor to health issues when compared to overall regional needs. In addition, Duval County in particular, more frequently discussed cultural barriers to health care. In St. Johns County, lack of affordable care and prevention services, lack of reliable transportation, and reduced quality of life were major concerns. Strategies to address these concerns should be considered when addressing various barriers that impact the health of Duval and St. Johns County residents.

Summary of Findings: Internal Hospital Staff Input

In addition to interviews, focus groups, and town hall meetings with external representatives and informants, nine focus group meetings were held with internal staff at Partnership hospitals that serve Duval County residents. Seventy-one hospital staff from the hospitals’ emergency, nursing, case management, and social services departments participated, along with medical staff members. Internal staff members were asked the same questions that were raised with external, community informants.

Most Significant Community Health Problems. Internal focus group participants highlighted the following as the most significant community health concerns: mental health (including the need for additional services and integration with medical treatment services), obesity and unhealthy eating, drug and alcohol abuse, smoking, diabetes, dental care, and barriers to access to primary care and specialty care physician services.
Reasons for These Concerns. Participants cited the following reasons for these various concerns: poverty and unemployment, inadequate transportation, poor health literacy, uninsurance, lack of health education (e.g., regarding sexually transmitted infections and about available resources), and homelessness in the community. Certain types of post-discharge care (rehabilitation and assisted living services) were highlighted as problematic for lower-income individuals.

Services Most Difficult to Access. Participants cited the following as the most difficult services to access: mental health services, dental care, primary care, and specialty care (particularly for uninsured individuals).
SOURCES


UF Health Jacksonville. (2014). Discharge Data
