

JACKSONVILLE METROPOLITAN COMMUNITY
BENEFIT PARTNERSHIP

COMMUNITY HEALTH
NEEDS ASSESSMENT

2012 REPORT



ShandsJacksonville



PUTNAM COUNTY HEALTH DEPARTMENT



COMMUNITY HEALTH NEEDS ASSESSMENT: 2012 REPORT



This comprehensive community health needs assessment conducted through the Health Planning Council of Northeast Florida has been an extremely worthwhile endeavor in helping us identify specific gaps in health care that currently exist in our community. Since we all share a common commitment to providing access to high quality health care beyond our own walls, we are pleased to now have this information that can be used as we move forward to develop solutions to improve the lives of Northeast Florida residents.

A. Hugh Greene
President and CEO
 Baptist Health



Brooks Rehabilitation is pleased to participate in this coordinated community health needs assessment. By working with the Health Planning Council on this effort, all of the health systems benefit from this comprehensive analysis of the needs in our community. This approach enables us to better address these needs in a collaborative manner and avoid duplication of efforts.

This assessment provides Brooks Rehabilitation with a road map to better serve people living with or at risk for disabilities and helps us determine how we can apply our resources to achieve maximum community impact, especially for those with the greatest need. It also allows us, together with our partners in the community, to focus on the most pressing concerns resulting in an improvement in the quality of life and makes Northeast Florida a healthier place to live.

Douglas M. Baer
President and CEO
 Brooks Rehabilitation



The community health needs assessment is representative of the shared values that exist among the hospitals and health systems that have come together to complete this very important work. It is demonstrative of the collaboration, commitment and excellence that exists and must prevail as we now take steps individually and collectively to address the most pressing health needs of the communities in which we live and serve. Mayo Clinic is proud to be part of this unprecedented and collaborative endeavor.

William C. Rupp, MD
CEO
 Mayo Clinic Florida

COMMUNITY HEALTH NEEDS ASSESSMENT: 2012 REPORT



Working collaboratively with other hospitals through the Health Planning Council of Northeast Florida to develop a comprehensive community needs assessment demonstrates a commitment to improving the health and well-being of our community. Identified health disparities and gaps will better guide our efforts and resources, which will have exponential benefits to the community. Shands Jacksonville Medical Center is committed to addressing these needs in conjunction with our other health care partners. This has been an excellent process and a great example of synergy.

Jim Burkhart, MHHA, D.Sc., FACHE
President and CEO
 Shands Jacksonville



Together, with other area hospitals, we have completed this community health needs assessment to determine if we are on target in meeting the needs of the most vulnerable within our community. The results of the assessment were no surprise, but rather served as affirmation that St. Vincent's has been, and continues to be, deeply integrated and in touch with the needs of the communities in which we serve.

We have selected some of the most critical health issues and have built corresponding measured action plans to provide care and a better quality of life for so many.

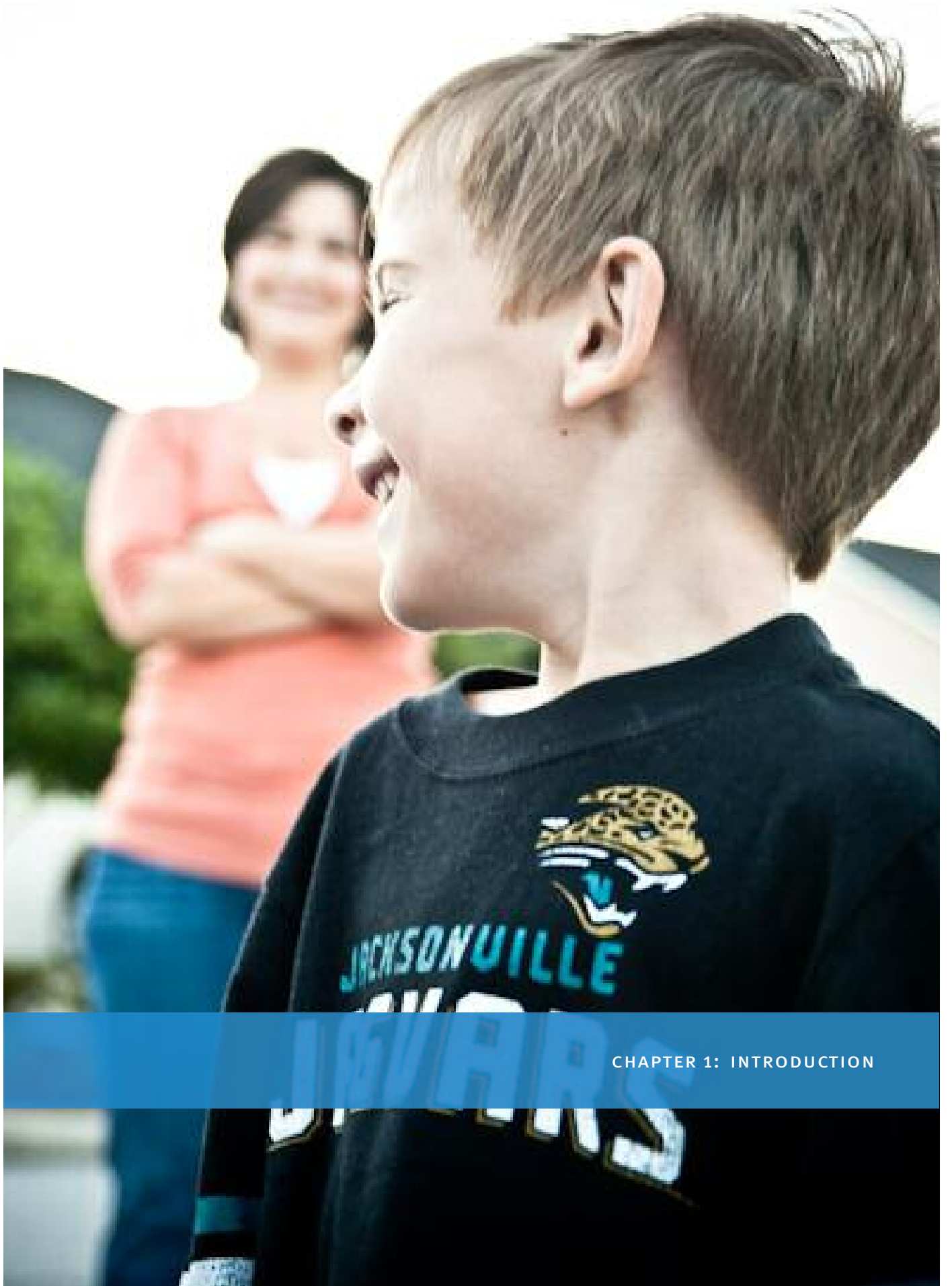
Moody Chisholm
President and CEO
 St. Vincent's HealthCare

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CHAPTER 1: INTRODUCTION

ABOUT THE JACKSONVILLE METROPOLITAN COMMUNITY BENEFIT PARTNERSHIP

Northeast Florida is home to several hospitals that are ranked in the nation's top 100 and is one of only three locations in the nation for the renowned Mayo Clinic. Also based in Jacksonville is the University of Florida Proton Therapy Institute (www.floridaproton.org), one of only 10 (in 2011) proton therapy cancer treatment centers located in the United States. The health care industry in Jacksonville contributes a total of nearly \$7.4 billion in direct economic impact. When accounting for related industries, the total is nearly \$25 billion.

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, 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. The Partnership consists of a network of five health care systems (nine nonprofit hospitals) and four public health departments that stand for a shared voice and vision of improving population health and wellness in the Jacksonville Metropolitan area. The Partnership's vision is to improve population health in the region by eliminating the gaps that prevent access to quality, integrated health care and to improve access to resources that support a healthy lifestyle.

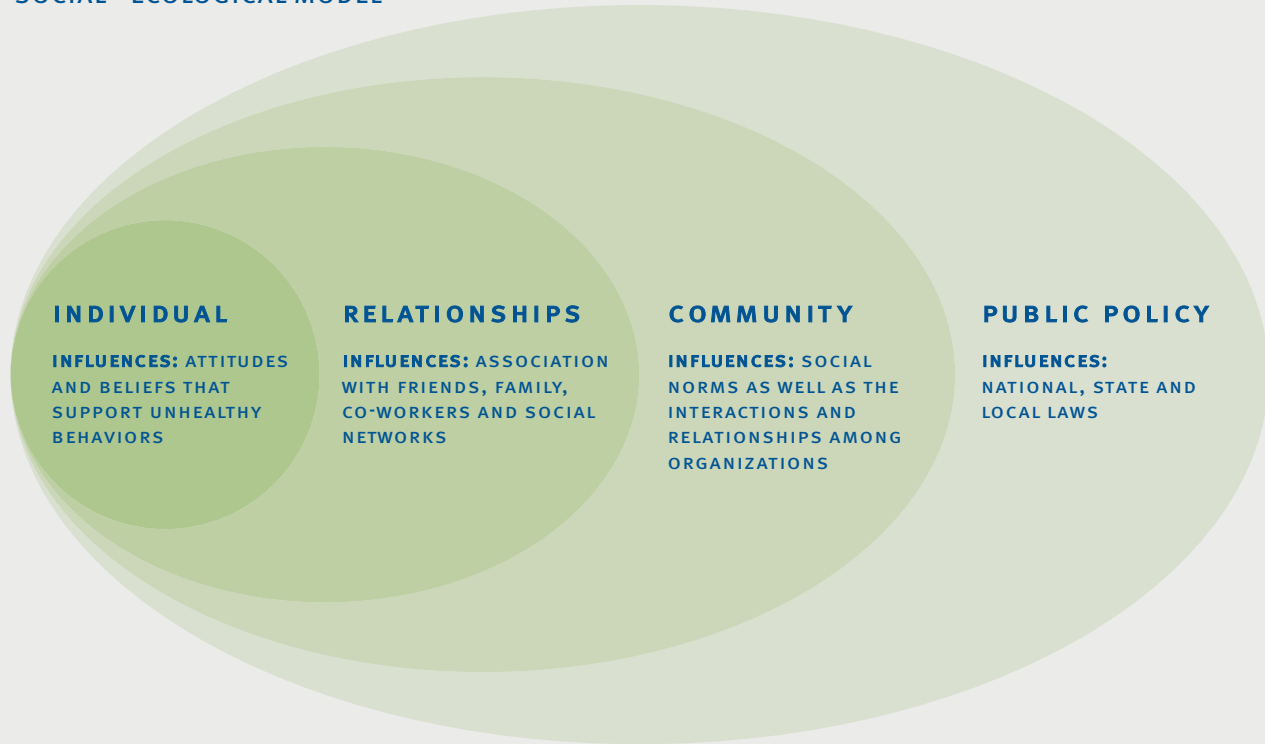


The Health Planning Council of Northeast Florida works for a better balance of public health policies directed at community development including the equitable provision of essential public health services; the protection of environmental resources; and the promotion of economic sustainability. Their role as an unbiased community convener affords them the ability to mobilize civic leaders, businesses and citizens to play a meaningful role in creating healthy communities that enrich people's lives.

In 1982, Florida State Statute Title XXIX Public Health Chapter 408.033, and 11 local health councils, including the Health Planning Council of Northeast Florida (Health Planning Council), were established. The Health Planning Council has served as a reliable and progressive agency serving Baker, Clay, Duval, Flagler, Nassau, St. Johns and Volusia Counties. The Health Planning Council is the only non-partisan, non-governmental planning organization in the region mandated to dedicate resources and expertise to regional health utilization data management; manage health-related quality of life indicators and health planning and research; conduct community connecting projects; and provide input on proposed land use and environmental development projects to local government.

The Health Planning Council conducts numerous community health planning/assessment and community connecting projects across Florida. Since each community is unique, our approach to better understanding a community's need is aligned with the Social-Ecological Model. The Social-Ecological Model is a comprehensive approach to health and urban planning that not only addresses a community's or individual's risk factors, but also the norms, beliefs, and social and economic systems that create the conditions for poor community health outcomes.

SOCIAL - ECOLOGICAL MODEL



In partnership with the Health Planning Council, Ulrich Research assisted with survey design, data analysis and the presentation of survey findings. Established in 1981, Ulrich Research has experience in a wide variety of research methods including telephone surveys, mail surveys, data processing, personal interviews, focus groups, database enhancement, market profiling and secondary research.

Participating Members of the Jacksonville Metropolitan Community Benefit Partnership:

Audrey Moran
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INTRODUCTION TO COMMUNITY BENEFIT

Community benefit programs and services are integral parts of the mission of nonprofit health care organizations and are the basis of tax exemption¹. They intend to 1) improve access to health care; 2) enhance the health of the community; 3) advance medical and health knowledge, and; 4) relieve or reduce the burden of government on other community efforts. The Affordable Care Act (2010) includes provisions that will increase insurance payments to hospitals, resulting in fewer patients relying on charity care. To ensure that nonprofit hospitals continue to provide community benefit, hospitals seeking to maintain tax-exempt status must:

- give increased attention to working with others to determine community health needs and take action to meet those needs, and
- implement financial assistance and billing and collection policies that protect consumers.²

Section 501(r), added to the tax code by the Affordable Care Act, imposes new requirements on hospital organizations. Each 501(c)(3) hospital organization is required to meet four general requirements on a facility-by-facility basis. The requirements are to:

- establish written financial assistance and emergency medical care policies,
- limit amounts charged for emergency or other medically necessary care to individuals eligible for assistance under the hospital's financial assistance policy,
- make reasonable efforts to determine whether an individual is eligible for assistance under the hospital's financial assistance policy before engaging in extraordinary collection actions against the individual, and
- conduct a community health needs assessment at least once every three years.³

Community health needs assessments enable practitioners, managers and policy makers to identify those individuals in greatest need and to ensure that health care resources are used to maximize health improvement. The assessment is not an end, but a process that:

- describes the health status within the defined geographic area,
- identifies the major risk factors and causes of illness, and
- allows for the formulation of actions needed to address those risk factors and causes.⁴

In addition to satisfying regulatory requirements of federal and state agencies and local funders, the community health needs assessment represents an unprecedented effort and key opportunity to bring together hospital data, population health, health-related quality of life indicators and community member input to provide a more detailed and complete profile of community health needs. The long-term goal is to achieve regional collaboration that will serve as an opportunity for optimal leverage of resources, setting (and managing) regional health priorities, and developing regional collective impact strategies among all health-related stakeholders.

The health of a community is determined by the physical, mental, environmental, spiritual and social well being of all community residents. Achieving such a complex state of being is one that requires an equally complex understanding of the determinants of each of these aspects of health. A community health needs assessment—driven by community input—is a systematic approach to collecting, analyzing and using this complex data and information to identify priority areas for health improvement efforts. This community health needs assessment report serves as a baseline of the health status of the five counties identified by The Partnership as the geography of focus: Duval, Nassau, Clay, Putnam and northern St. Johns Counties located in Northeast Florida.

¹ Catholic Health Association of the United States. *Community Benefit*. <http://www.chausa.org/CommunityBenefit/>

² The Hilltop Institute. (2011). *Hospital Community Benefits after the ACA: The Emerging Federal Framework*. <http://www.HillTopInstitute.org/publications/HospitalCommunityBenefitsAfterTheACA-HCBPIssueBrief-January2011.pdf>

³ Internal Revenue Service. (2012). *New Requirements for 501(c)(3) Hospitals Under the Affordable Care Act*. <http://www.irs.gov/charities/charitable/article/0,,id=236275,00.html>

⁴ World Health Organization. (2001). *Community Health Needs Assessment: An Introductory Guide for the Family Health Nurse in Europe*. http://www.euro.who.int/_data/assets/pdf_file/0018/102249/E73494.pdf

Using national strategies including *Healthy People 2020*, National Prevention Strategies and The Robert Wood Johnson Foundation's County Health Rankings as a framework for the community health needs assessment, data were compiled from the most up-to-date publicly available resources and primary research with targeted populations who face more challenges in receiving health care and maintaining optimum health and well being. Health status improvement and evidence-based interventions will be tracked and measured using the Northeast Florida Counts health-related quality of life indicator platform.

In Florida, all 67 county health departments are required to initiate a countywide, community health assessment that determines public health priorities for the next three to five years. MAPP, the acronym for "Mobilizing for Action through Planning and Partnerships," is recommended by many national and state public health organizations including the National Association for City and County Health Officials (NACCHO) and the Florida Department of Health as a best practice for health assessment and planning. MAPP is built on principles of broad community engagement and strategic planning, which prepare community partners to act together to address prioritized health issues and improve community health. All county health departments located in the five geographic focus areas targeted for the community health needs assessment have completed their MAPP priorities at the time of The Partnership's community health needs assessment. It was imperative that the health priorities identified in the five MAPP assessments be integrated and supported in this report to avoid the creation of duplicative or competing community health improvement plans.

The findings from The Partnership's community health needs assessment document the need for improvement in social determinants of health, health status, access to care and built environment elements across the five counties. The five-county area falls short of *Healthy People 2020* goals in multiple areas, and is worse than state and national statistics in many others. Disparities in access and preventive care as well as food access demonstrate the need for concerted action in order to achieve health equity and overall health improvement for the entire population. Health disparities are differences in health outcomes between groups that reflect social inequalities. According to the Centers for Disease Control and Prevention's (CDC) *2011 Health Disparities and Inequalities Report*, "Since the 1980s, our nation has made substantial progress in improving residents' health and reducing health disparities, but ongoing racial/ethnic, economic and other social disparities in health are both unacceptable and correctable."

Throughout this report, we will highlight health disparities in the identified community health needs assessment region. The report also acknowledges the expertise of the Health Planning Council for managing the assessment, including convening, data mining, facilitating and securing the technical and research resources to complete the project. The Health Planning Council is a regional nonprofit that develops regional, unbiased research and evidence-based initiatives that promote healthy communities and lifestyles, and improve accessible, quality health care.

The community needs assessment report will be publically accessible by way of Northeast Florida Counts and the Community Health Needs Assessment (CHNA) web-based platform located on each hospital's organizational website as well as this printed report. The CHNA system is a customizable, web-based information system that provides a continuously updated "living" needs assessment and provides each of the participating hospitals with a CHNA template/deliverable to help meet new Internal Revenue Code Section 501(r), for conducting community health needs assessments.

Fully embeddable within each hospital's existing website, the CHNA system will provide a dashboard of indicators that drive community health needs assessments and will contain a large database of promising practices that inform evidenced-based community benefit programs. The CHNA system is designed to work closely with the existing Northeast Florida Counts platform. Together, the CHNA system and Northeast Florida Counts provide hospitals access to high quality community health assessment data, improved health indicator tracking, best practice sharing and community development tools that function together to help improve the health and environmental sustainability of the community.

The implementation will include an embedded CHNA landing page configured specifically for: Brooks Rehabilitation, Mayo Clinic, St. Vincent's HealthCare – Riverside and Southside, Shands Jacksonville Medical Center, Baptist Health Jacksonville, Beaches, South and Nassau, and Wolfson Children's Hospital. These will include county- and selected sub-county level data views for Clay, Duval, Nassau, Putnam and St. Johns Counties in Florida.



CHAPTER 2: METHODOLOGY

DEFINING THE COMMUNITY

Through community health and utilization data, as well as internal-facility targeted service delivery geography, the Jacksonville Metropolitan Community Benefit Partnership (The Partnership) and the Health Planning Council recognized the disparity in health status and health risk between those in the highest income levels and the lowest, as well as between the insured and uninsured. Those in the lowest income level without insurance have the greatest health needs and are most challenged in gaining access to high quality, affordable health care. In addition, the community health needs assessment identified children and youth as the population most at risk for adopting poor health behaviors, but with the greatest opportunity for successful intervention. Each of the participating hospital's Implementation Strategy and Community Benefit Plan will address the health needs of the broader population with a special focus on those members of the population who demonstrate the greatest need.

Each of the participating hospitals in The Partnership discussed and agreed upon their respective targeted communities. Internal hospital patient census, existing community benefit programs, as well as a secondary data and community scans facilitated the specific community audiences to engage for the primary data collection. The targeted community audience for primary data collected included, but was not limited to, adults and children living below the poverty level, homeless/transient, unwed mothers, the disabled and their caregivers, children and adolescents, senior citizens, adults and children with a variety of education levels, adults and children from diverse racial identification, and health care professionals.

- Baptist Medical Center Jacksonville - Duval County
- Baptist Medical Center Beaches - Duval County (specifically, Atlantic, Neptune and Jacksonville Beaches)
- Baptist Medical Center Nassau - Nassau County
- Baptist Medical Center South - Duval County and Northern St. Johns County
- Brooks Rehabilitation - Duval County and St. Johns County
- Mayo Clinic - Duval County
- St. Vincent's Medical Center Riverside - Duval County, Clay County and Putnam County
- St. Vincent's Medical Center Southside - Duval County
- Shands Jacksonville Medical Center - Duval County
- Wolfson Children's Hospital - Duval County

PRIMARY RESEARCH

Community Health Survey

The Community Health Survey was developed and administered to a broad and varied range of residents living in the targeted five-county community. The survey contained questions regarding perceived quality of life and health of the community, barriers to health care, use of health care, health care needs and demographic information. The survey had two screening or "filter" questions to redirect two specific segments of population to a different set of questions if they qualified. The first filter question asked the respondent, "Do you have any children under the age of 18 in your home?" If they responded YES, the respondents were asked a separate set of survey questions that were child- or adolescent-focused. If they responded NO, they continued with the standard set of survey questions. A second filter question asked the respondent, "Do you take care of a person with disabilities or are you a person with disabilities?" If they responded YES, the respondents were asked a separate set of survey questions that focused on caregiving and disability needs. If they responded NO, they continued with the standard set of survey questions.

The Community Health Survey was completed between February 6, 2012, and March 6, 2012. The survey was conducted in two phases: 1) an Internet panel-based survey conducted from February 6 through February 8, 2012, and 2) a telephone survey completed between February 29 and March 6, 2012. A total of 935 persons in Northeast Florida participated in the survey. The survey included participants from Clay, Duval, Nassau and St. Johns Counties.

An Internet panel method was used in order to reach the largest possible number of qualified respondents within the limits of the project budget. The panel survey was conducted through Research Now, a global provider of pre-recruited consumer and business respondents who have agreed to participate in market research surveys. With more than six million panelists worldwide, Research Now can provide access to consumers at the MSA or county level for studies that have a relatively low incidence of qualification. A total of 822 respondents participated in the Internet panel survey.

Internet panel surveys do not reach households that do not have access to the Internet. Additionally, they tend to underrepresent lower-income, less educated and minority households. A randomized telephone survey sample was designed to address these gaps by targeting households with household incomes below \$25,000 and two age groups: 1) persons ages 18 to 34 and persons ages 75 and older. These age ranges were underrepresented in the online survey sample. A total of 113 interviews were completed by telephone.

The average length of the online version of the survey was 18 minutes, compared to 25 minutes on the telephone. A \$10.00 gift card was offered to the telephone survey respondents to encourage their cooperation and patience with the interview.

The final sample is not a true probability sample with known ranges of sampling error. It was designed to meet the objectives of the research in the most cost-effective and efficient manner possible. If the Community Health Survey had been based on a true probability sample, the range of sampling error would be plus or minus 3.2 percent at the 95 percent level of confidence. Because at least 28 percent of U.S. households now have no landline phone service, traditional RDD telephone samples do not provide coverage of all households. It has become more common to use multiple modes of sampling and interviewing, and then to statistically weight the combined survey samples to most closely represent the target population.

The Community Health Survey sample was statistically weighted to represent the population of adults ages 18 and older in Clay, Duval, Nassau and St. Johns Counties by age range. The following table shows 2012 estimates of population by age from Claritas, Inc., the unweighted distribution of respondents by age, the statistical weight applied and the weighted distribution of respondents. Putnam County residents were not included in the sample due to small sample sizes.

THE COMMUNITY HEALTH SURVEY SAMPLE

| AGE RANGE | CLARITAS ESTIMATES, 2012 | | RAW SURVEY DATA | | WEIGHT APPLIED | WEIGHT DISTRIBUTION* |
|--------------|--------------------------|-------------|-----------------|-------------|----------------|----------------------|
| | NUMBER | PERCENT* | NUMBER | PERCENT* | | |
| 18 TO 24 | 123,524 | 12% | 48 | 5% | 2.36640 | 12% |
| 25 TO 34 | 189,136 | 19% | 144 | 15% | 1.20778 | 19% |
| 35 TO 44 | 187,011 | 18% | 126 | 13% | 1.36482 | 18% |
| 45 TO 54 | 201,993 | 20% | 170 | 18% | 1.09261 | 20% |
| 55 TO 64 | 155,027 | 15% | 229 | 24% | 0.62251 | 15% |
| 65 TO 74 | 85,700 | 8% | 159 | 17% | 0.49563 | 8% |
| 75 AND OLDER | 74,406 | 7% | 59 | 6% | 1.15967 | 70% |
| TOTAL | 1,016,797 | 100% | 935 | 100% | | 100% |

*DATA ROUNDED

Focus Groups/Roundtable Discussions

After the completion of the surveys, focus groups/roundtable discussions were conducted in each of the five counties. Roundtable discussions are a participatory large-group approach (similar to focus groups) in which qualitative data are generated about an issue of importance through an interactive and collaborative process. The approach allows for the identification of needs and priorities among participants who have the knowledge and expertise to inform the research. A total of 148 individuals from communities located within Clay, Duval, Nassau, Putnam and St. Johns Counties gave their input on multiple dimensions of their communities, including (but not limited to):

- *Built Environment*: Does the community infrastructure encourage or inhibit healthy lifestyles?
- *Local Economy*: Are there adequate economic opportunities? How has the overall economic climate affected those in the community?
- *Barriers to Access*: Are there services that are not accessible? Do those with Medicaid and Medicare face more barriers than those with private insurance?
- *Motivation for Healthy Living*: What influences decisions about health?

SECONDARY RESEARCH

Health Care, Population Health, Health-Related Quality of Life Indicators

Secondary research consisted of gathering publicly available health-related data for the five counties. Whenever possible, data were collected at the county level. Sub-county level data were not a focus of this research but are provided where available.

An assessment of a community's health typically includes a profile of the community's population and characteristics. From there, mortality and morbidity indicators for the general population, as well as specific populations that experience a higher burden of disease and death, are reviewed. Prevention indicators are also an important component to consider.

County Health Rankings

A snapshot view of community health is provided by the County Health Rankings, an initiative of The Robert Wood Johnson Foundation and The University of Wisconsin Population Health Institute. Health rankings for each county in the nation are developed, using a variety of data for factors that impact the health of a community. These factors range from individual health behaviors to education to jobs to quality of health care to the environment.

| | CLAY | DUVAL | NASSAU | PUTNAM | ST. JOHNS |
|-----------------|------|-------|--------|--------|-----------|
| HEALTH OUTCOMES | #6 | #44 | #27 | #65 | #1 |
| HEALTH FACTORS | #18 | #32 | #17 | #61 | #1 |

Mobilizing for Action through Planning and Partnerships (MAPP)

Each county health department located in Clay, Duval, Nassau, Putnam and St. Johns Counties initiated a countywide, community health assessment that determined public health priorities for the next three to five years. The MAPP model was chosen to guide this comprehensive effort. MAPP is recommended by many national and state public health organizations including the National Association for City and County Health Officials (NACCHO) and the Florida Department of Health as a best practice for health assessment and planning. MAPP is built on principles of broad community engagement and strategic planning, which prepare community partners to act together to address prioritized health issues and improve community health. The Partnership's community health needs assessment reflects the priorities identified in the MAPP assessment and its corresponding community health improvement plan.

Other Community Data

The Jacksonville Metropolitan area is known for its accessible regional data and community studies and reports. In the spirit of utilizing these resources and avoiding the duplication of these existing reports, the community health needs assessment accessed and used data from the following sources:

- Florida Medical Quality Assurance Inc., (FMQAI) Medicare Claim Data for Clay, Duval, Nassau and St. Johns Counties
- ElderSource's Area Service Needs Assessment for Clay, Duval, Nassau and St. Johns Counties
- ER and Admission Rates for Youth Sports-Related Concussions Report for Clay, Duval, Nassau and St. Johns Counties
- Florida Youth Risk Behavior Survey for Clay, Duval, Nassau, Putnam and St. Johns Counties
- The Florida Department of Health's State Health Improvement Plan (SHIP)
- Hospital Charity Care Data



CHAPTER 3: COMMUNITY PROFILE

GEOGRAPHY

The Partnership's community health needs assessment includes Clay, Duval, Nassau, Putnam and St. Johns Counties. A list of health-related quality of life indicators were selected based on the Institute of Medicine, *Healthy People 2020*, National Prevention Strategy recommendations and local community priorities. The indicators below are the focus of data retrieval and include the following categories:

Socioeconomic Indicators

- Population Demographics
- Economics
- Poverty
- Housing Statistics
- Homelessness
- Education
- Unintentional Injuries
- Crime
- Access to Food
- Vital Statistics (mortality rates)

Health-Related Indicators

- Sports-Related Injuries
- Environmental Health
- Nutrition
- Health Care Access
- Health Economics
- Dental Health
- Healthy Lifestyle
- Vision
- Chronic Disease Conditions
- Health Status (physically and mentally unhealthy days)
- Behavioral Health
- Substance Abuse
- Infectious Disease
- Maternal Health
- Disabilities



DEMOGRAPHICS

Population

The five counties of The Partnership's community health needs assessment region have a population of approximately 1.4 million, ranging from Putnam and Nassau Counties, each with a population around 74,000, to Duval County, with a population of nearly 900,000 (see Chart 3-1). The population of all counties in the region grew between 2000 and 2010. Growth ranged from 5.6 percent in Putnam County to 54.3 percent in St. Johns County.

Age

In all five counties of The Partnership's community health needs assessment, the largest portion of the population falls between the ages of 18 to 44. The age distribution of all five counties roughly resembles that of the state of Florida (see Chart 3-4). Putnam County has the highest percentage of residents ages 65 and older (18 percent).

Gender

In all five counties, females make up more of the population than males, but not by more than three percent. Clay, Putnam and Nassau Counties are closest to 50/50 (see Chart 3-5).

Racial Demographics

Racial demographics vary across The Partnership's community health needs assessment. Nassau and St. Johns Counties are nearly 90 percent Caucasian, with African-American populations around six percent. Duval County has the assessment region's largest African-American population at close to 30 percent. The Partnership's community health needs assessment region's largest Asian population percentage is also in Duval County (4.2 percent). For a breakdown of the racial mix in the assessment region, see Chart 3-2.

Ethnicity

Ethnicity, which is measured separately from race, likewise varies across the region. Hispanic / Latino residents make up 3.2 percent of Nassau County's population and 5.2 percent of St. Johns County's population. The other counties in the assessment region have a Hispanic / Latino population between 7.5 and 9.0 percent. The Hispanic / Latino population in the assessment region is significantly lower than that of the state (22.5 percent). (See Chart 3-3.)

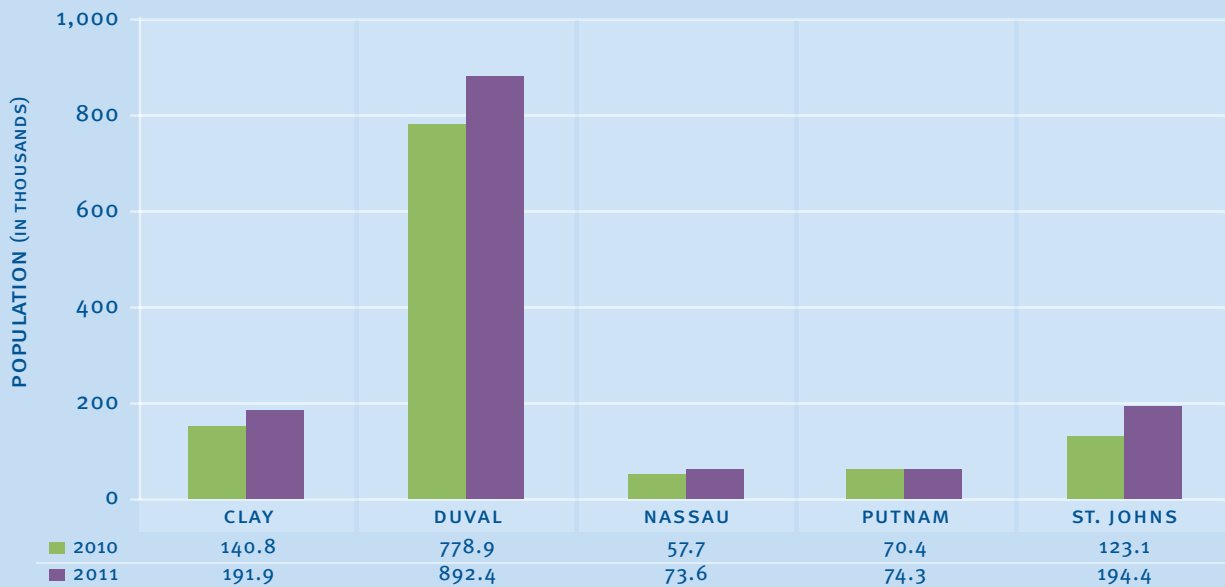
Language

The data gathered on languages other than English spoken at home includes residents ages five and older. The percentage for the state of Florida is 25.8, most likely a reflection of the large Hispanic / Latino population. Of the five counties in the assessment region, Duval County has the highest percentage (11.7 percent) and Nassau County has the lowest (4.2 percent). (See Chart 3-6.)

Key Findings

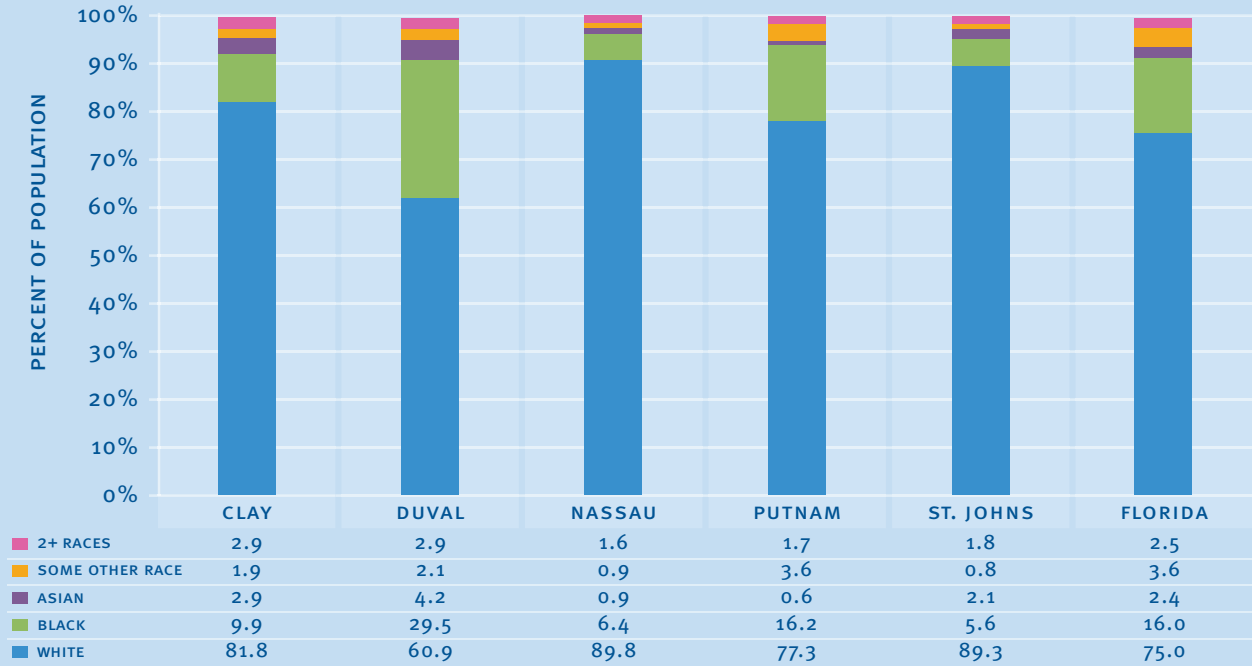
- From 2000 to 2010, the population in all five counties increased. The largest increase was seen in St. Johns County. Generally speaking, the age distribution of all counties is similar to that of the state of Florida overall. Additionally, the difference in the percentage of men and women is very small in every county of the assessment region.
- The racial diversity of the region is most evident in Duval County. The Hispanic / Latino population in the five-county region is much lower than that of the state of Florida, as is the percentage of those who speak languages other than English at home.

CHART 3-1 POPULATION ESTIMATES



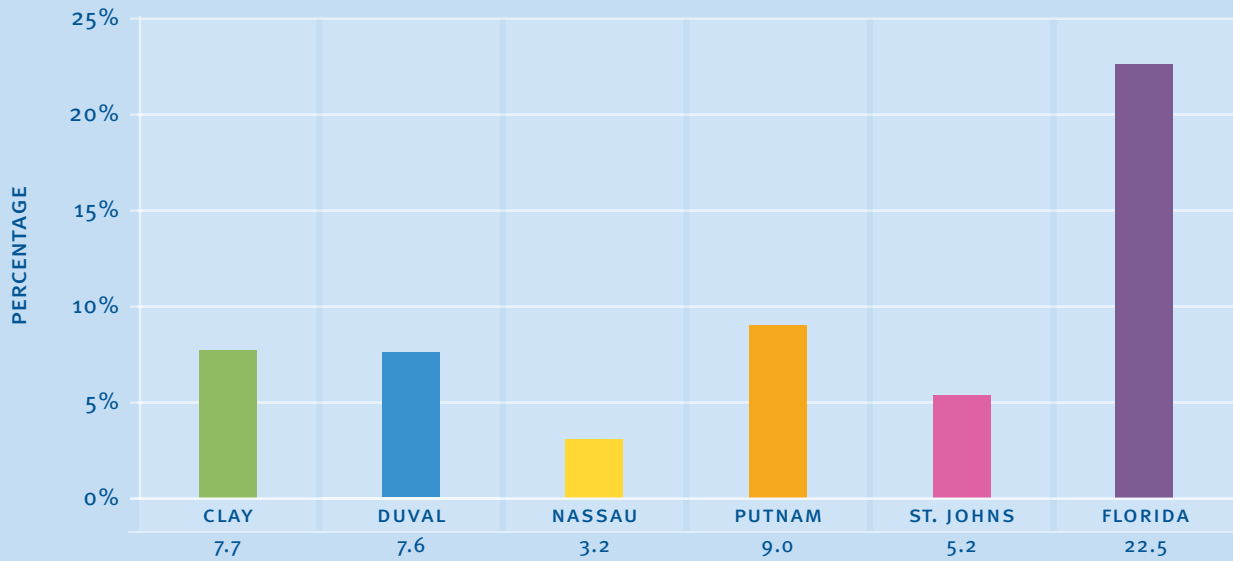
Source: U.S. Census Bureau, 2010.

CHART 3-2 POPULATION BY RACE



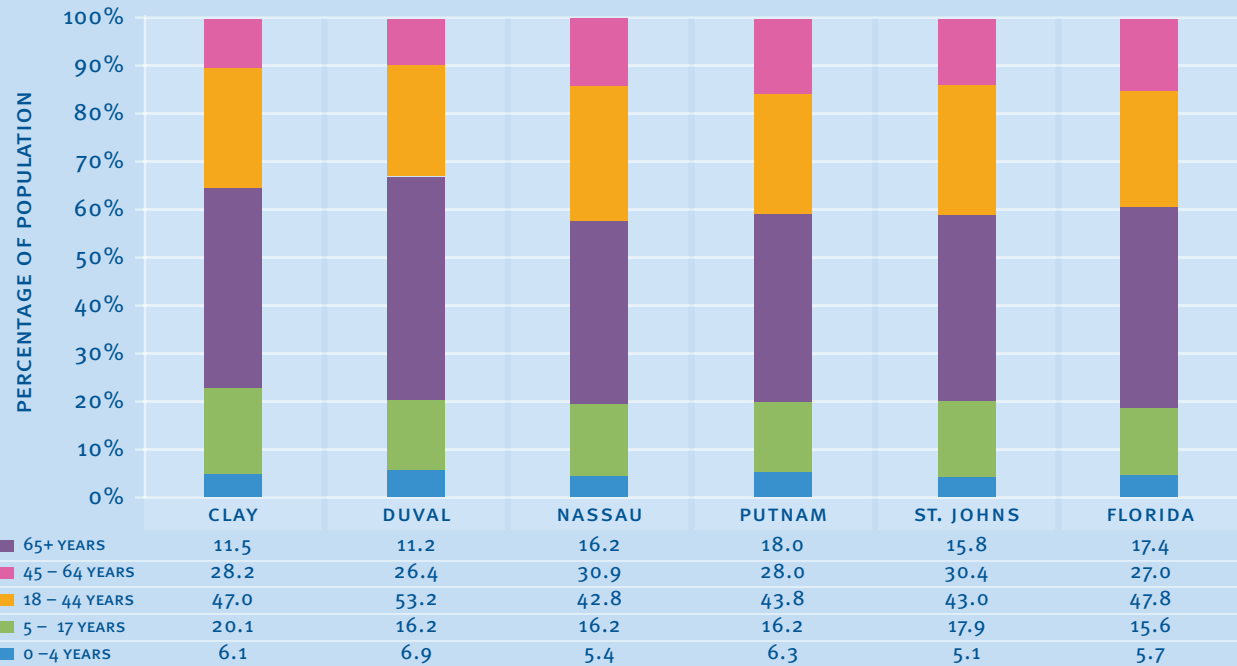
Source: U.S. Census Bureau, 2010.

CHART 3-3 HISPANIC / LATINO POPULATION



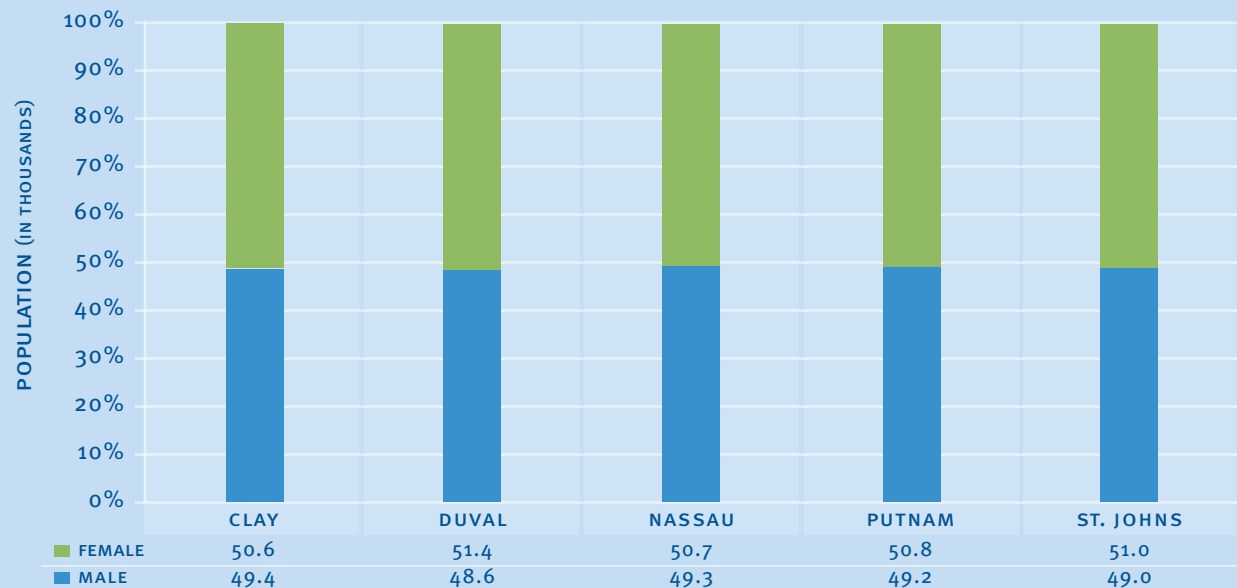
Source: U.S. Census Bureau, 2010.

CHART 3-4 POPULATION BY AGE



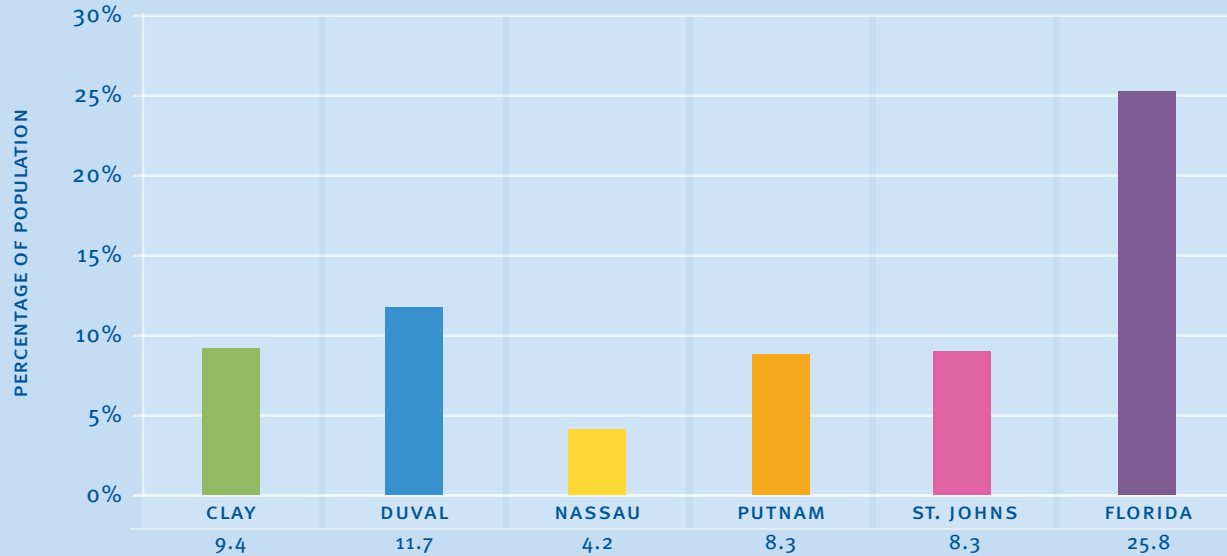
Source: U.S. Census Bureau – 2010 American Community Survey

CHART 3-5 POPULATION BY GENDER



Source: Florida Charts, Population Estimates from the Executive Office of the Governor

CHART 3-6 LANGUAGE OTHER THAN ENGLISH SPOKEN AT HOME



Source: U.S. Census Bureau, American Community Survey 2005-2009

ECONOMIC CONDITIONS

The economic downturn clearly had an effect on the economics of the region, as it did throughout the nation. Poverty increased, as did unemployment.

Income

Median household incomes in Clay, Nassau and St. Johns Counties are all around \$60,000. Putnam County has the lowest median family income at \$33,842 and is the only county with a median family income below the state average (\$44,409). There are stark differences in median family income between Black and White residents in all counties except for Clay (difference of less than \$4,000). See Chart 3-7 for median household income for all counties and by race.

Poverty

In 2010, nearly one in four residents of Putnam County (24.6 percent) lived in families with incomes below 100 percent of the Federal Poverty Guidelines (FPG). Additionally, more than one in three children in Putnam County (35.6 percent) live in poverty. Only Putnam County has percentages higher than the state level (12 percent for all families and 19.5 percent for children). Nassau County has the lowest family poverty rate in the assessment region at 8.0 percent, but Clay County has the lowest child poverty rate at 14 percent. See Chart 3-8 for county comparison of poverty rates for 2000 and 2010.

Employment

Unemployment rates have at least tripled for all five counties in the assessment region, as well as for the state of Florida since 2006. However, the growth of the unemployment rate has slowed. For five years, Putnam County has had the highest levels of unemployment and is the only county to consistently sit above the state average. In 2010, Putnam County's rate of 12.6 percent was followed by Duval at 11.7 percent. St. Johns County had the lowest unemployment rate at 9.5 percent. See Chart 3-9 for average annual unemployment rates from 2006 to 2010.

Focus group respondents were divided on the topic of economic opportunity. While some felt there was little to no opportunity, others felt that the city's colleges, hospitals and the port provide opportunities for residents. Additionally, the loss of employment in the area has led to subsequent loss of health insurance. Even those who have kept their jobs have seen an increase in premiums and co-pays.

Housing

Clay, Nassau and St. Johns Counties have homeownership rates of about 78 percent. Duval County is the only county in the assessment region with a homeownership rate lower than the state level. See Chart 3-10 for homeownership rates in all five counties and Florida. In all five counties, most residents spend 35 percent or more of their household income on rent. This level is highest in Putnam County and lowest in Nassau County. See Chart 3-11 for a description of gross rent as a percentage of household income by county.

Homelessness

The number of individuals who meet the federal definition for homelessness has increased in Duval County since 2008, while Putnam County has seen a decrease, and St. Johns County has stayed almost exactly the same. See Chart 3-12 for trends in all five counties. When considering the state of Florida's homeless definition, Duval County has the highest numbers. There is no data available for Putnam and St. Johns Counties. See Chart 3-13 for more information. The demographics of the homeless population in Duval, Clay and Nassau Counties are as follows:

- 91 percent of the individuals are between the ages of 18 and 60 years old
- 71 percent are male
- 57 percent are Black

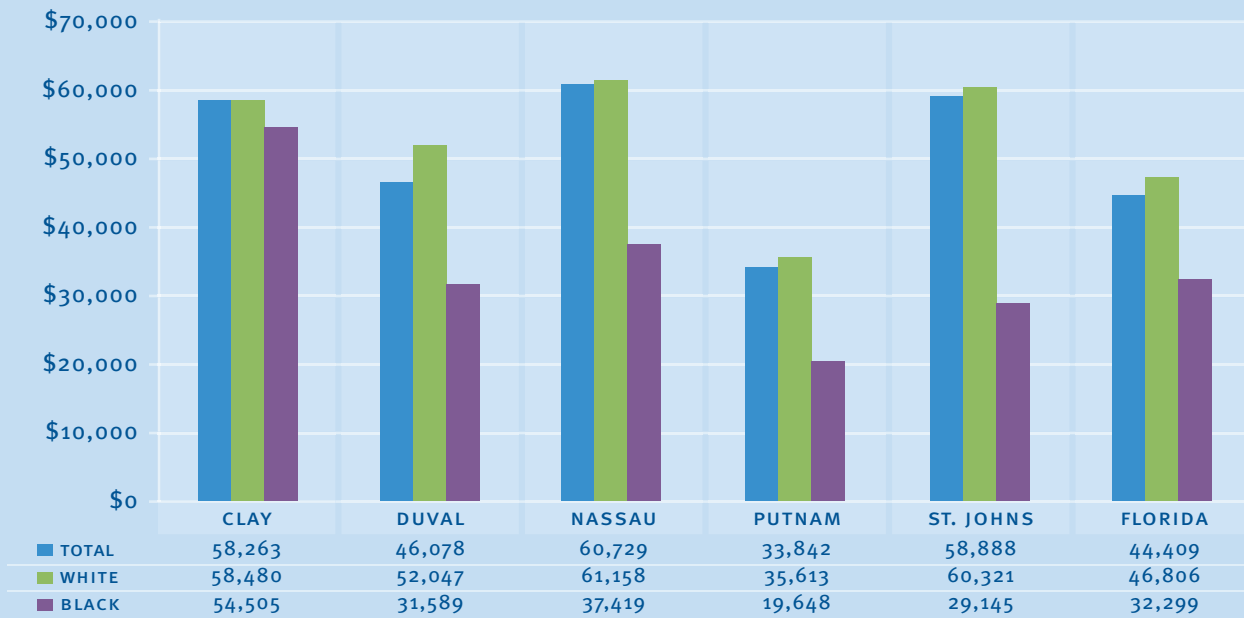
See Table 3-1 for characteristics of the homeless population.

Key Findings

- Poverty and unemployment increased from 2000 to 2010.
- Putnam County has very high poverty rates, both for families and children, as well as the highest unemployment rates for the past five years.
- In all five counties, unemployment is rising, but it is rising slower than over the past five years.
- Unemployment is lowest in St. Johns County.
- Most residents in the assessment region spend more than 35 percent of their income on rent.
- **Duval County has the highest number of homeless individuals.**

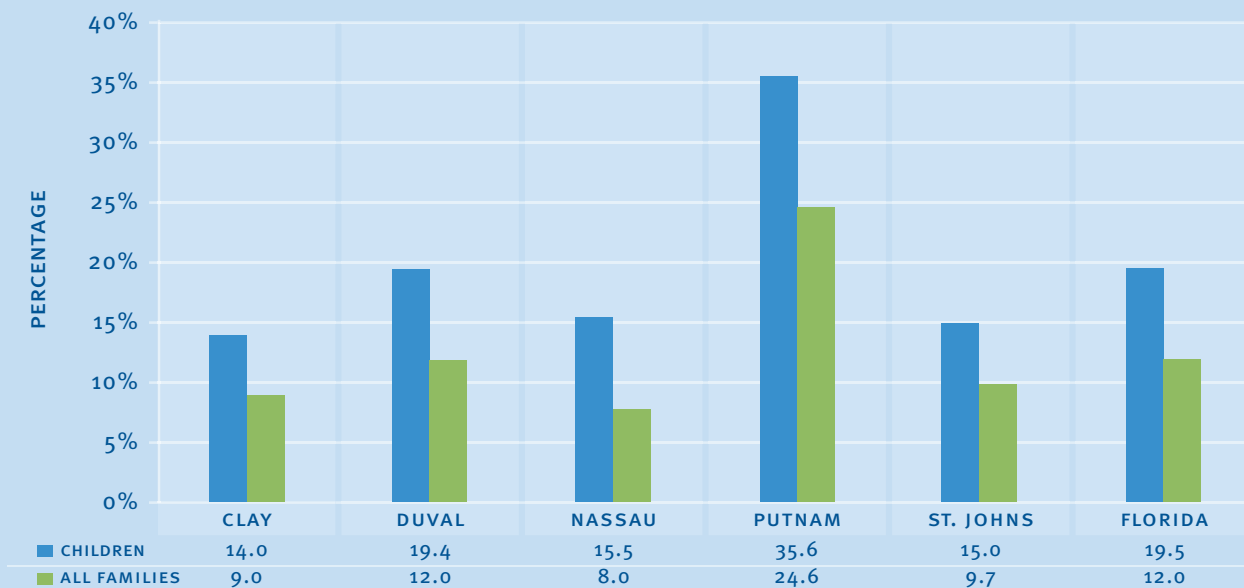


CHART 3-7 MEDIAN HOUSEHOLD INCOME



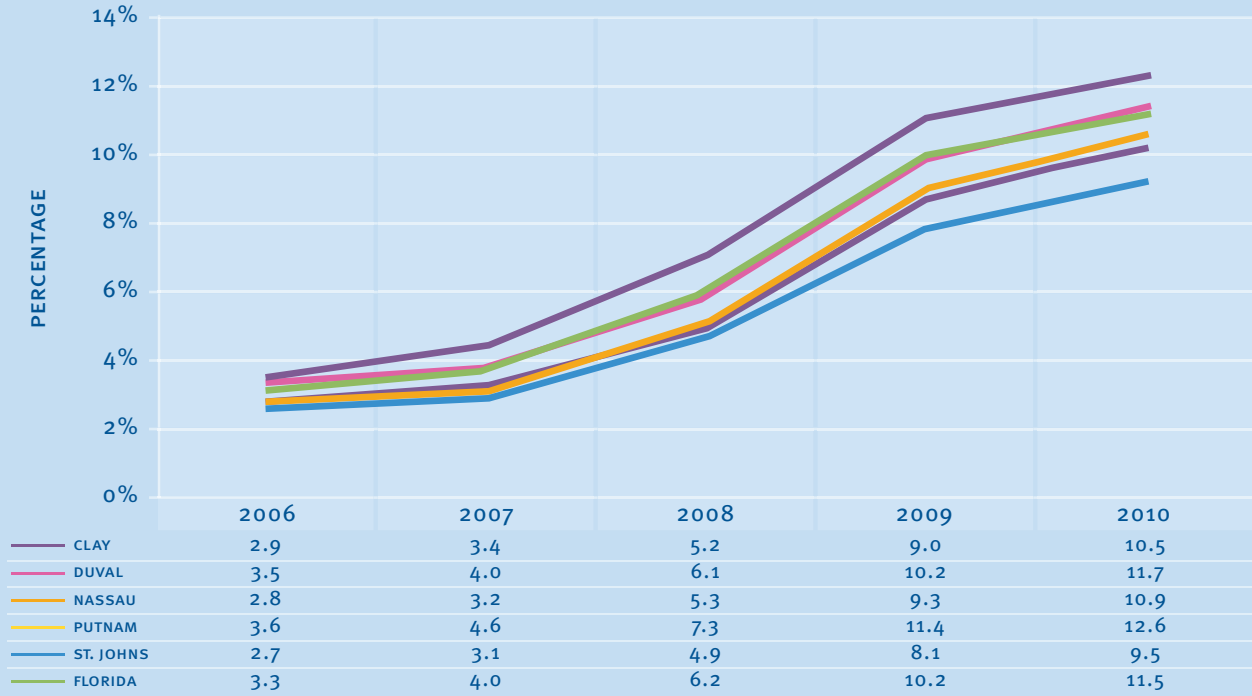
Source: U.S. Census Bureau – 2010 American Community Survey

CHART 3-8 CHILDREN AND FAMILIES LIVING BELOW POVERTY LEVEL



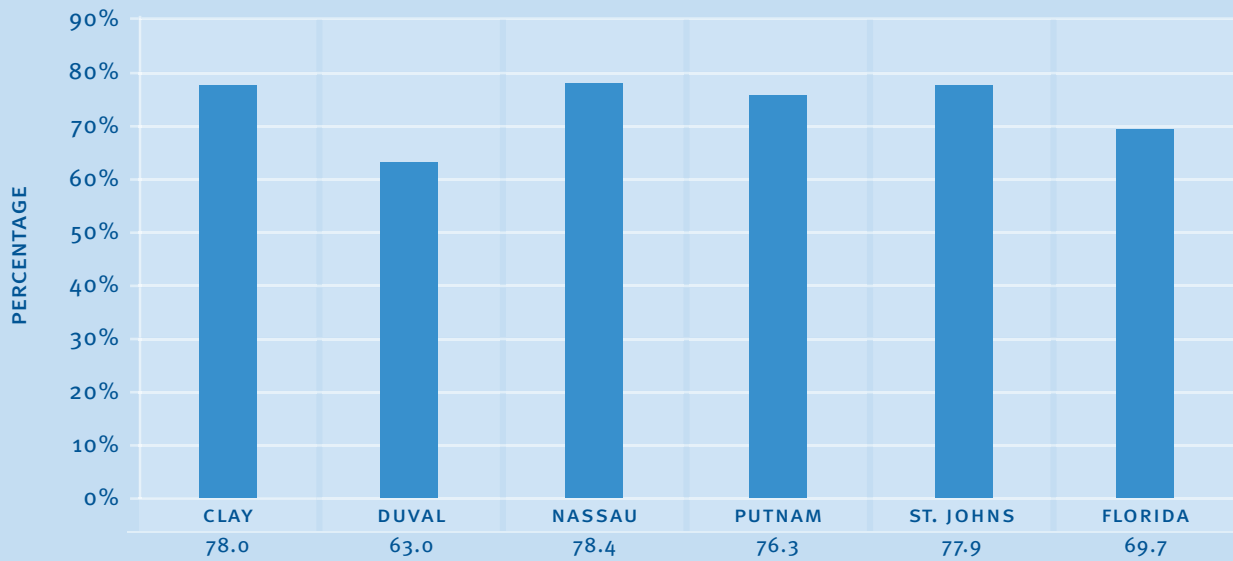
Source: U.S. Census Bureau – 2010 American Community Survey

CHART 3-9 AVERAGE ANNUAL UNEMPLOYMENT RATES



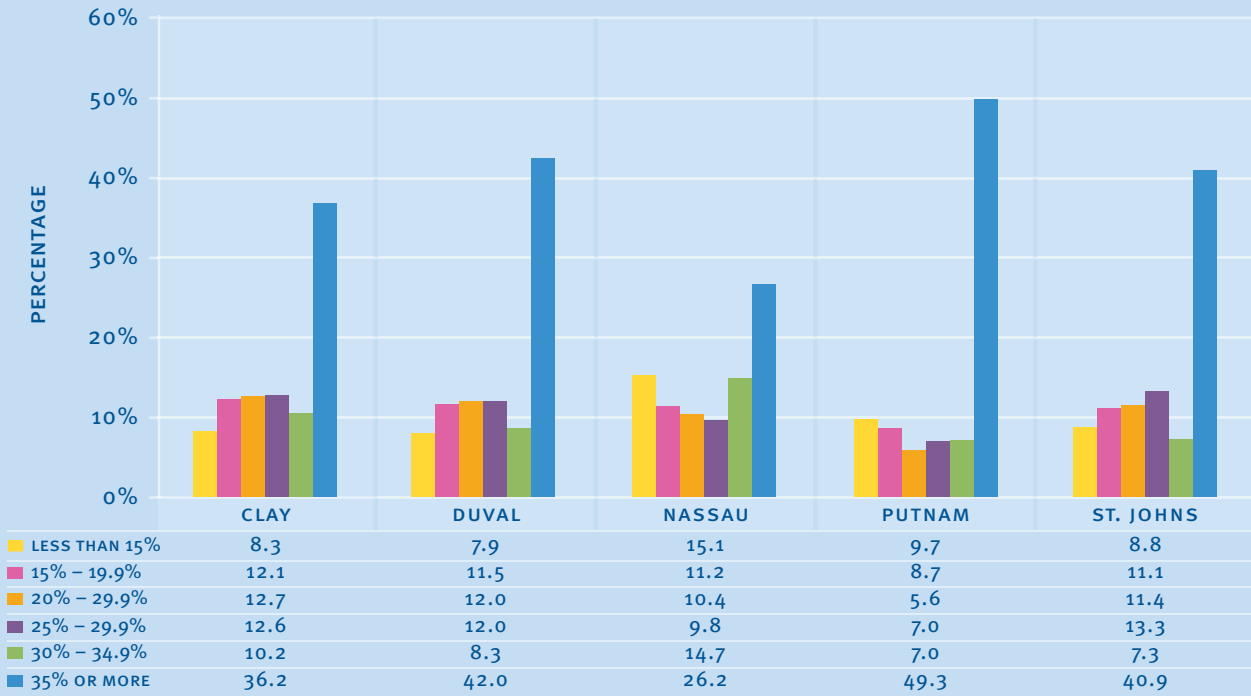
Source: Bureau of Labor Statistics, Local Area Unemployment Statistics, 2006-2010

CHART 3-10 HOMEOWNERSHIP RATES



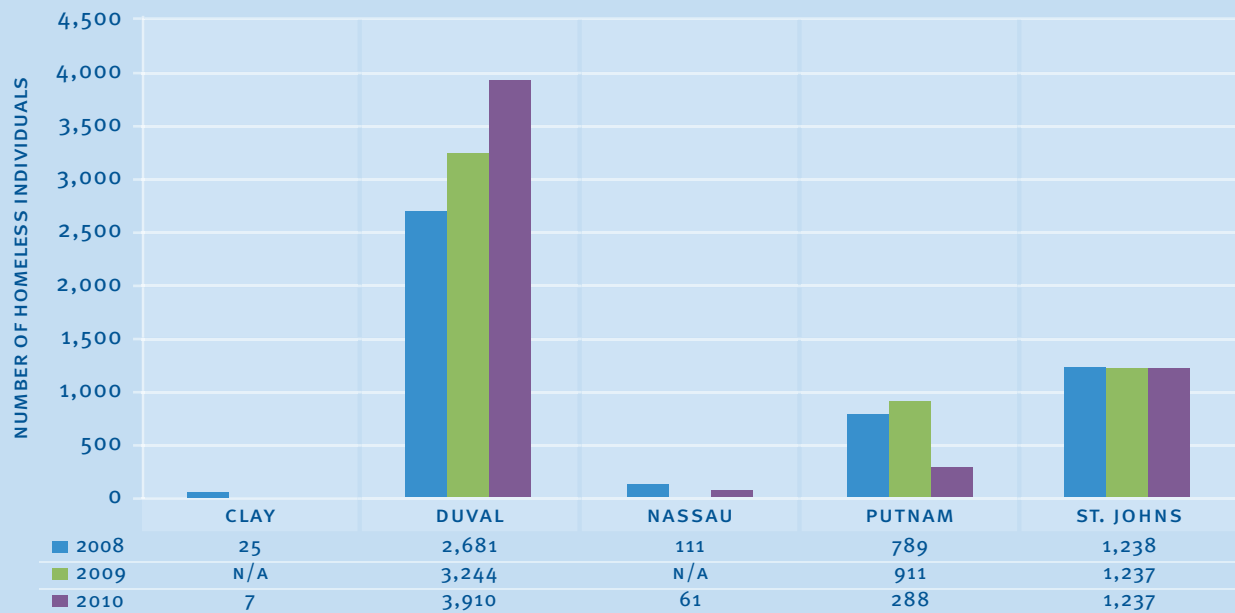
Source: U.S. Census Bureau, American Community Survey 2005-2009

CHART 3-11 GROSS RENT AS A PERCENT OF HOUSEHOLD INCOME



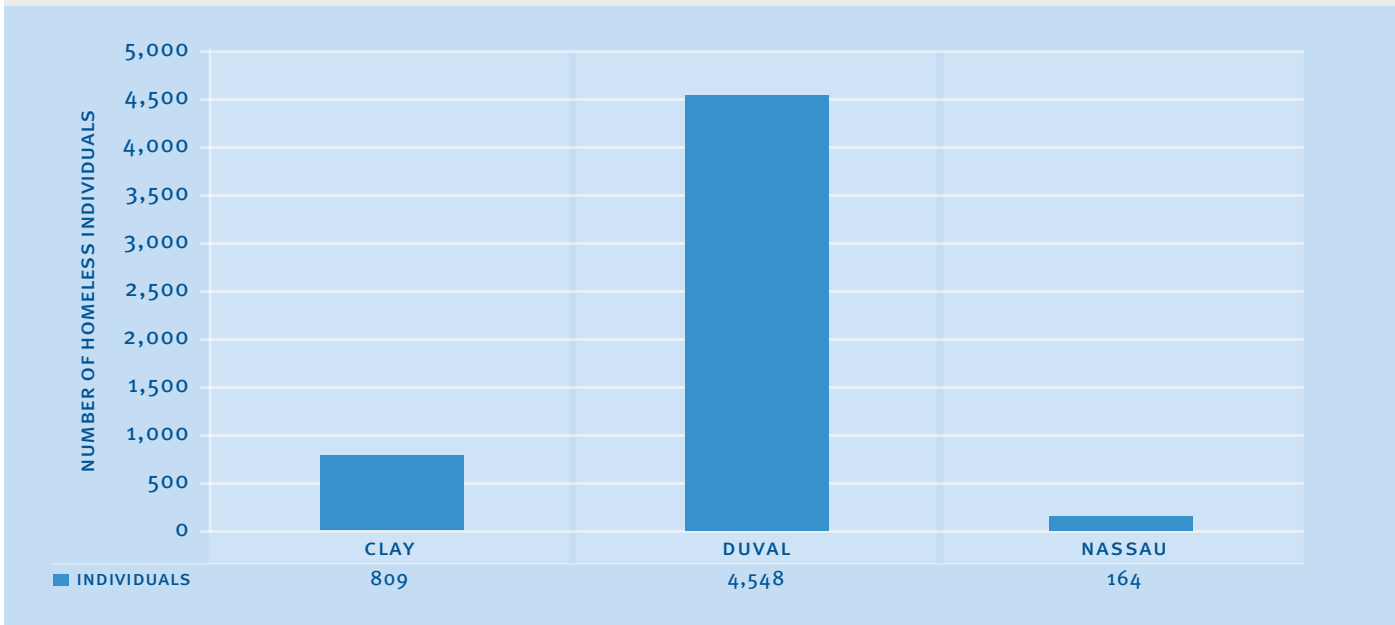
Source: U.S. Census Bureau, 2010

CHART 3-12 FEDERAL HOMELESS DEFINITION



Source: Department of Children and Families, Annual Report on Homeless Conditions in Florida 2010

CHART 3-13 STATE HOMELESS DEFINITION



Source: Department of Children and Families, Annual Report on Homeless Conditions in Florida 2010

TABLE 3-1 HOMELESS CHARACTERISTICS

| AGE | | | GENDER | | RACE / ETHNICITY | | |
|------------|---------------|------------|--------|--------|------------------|-------|----------|
| < 18 YEARS | 18 - 60 YEARS | > 60 YEARS | MALE | FEMALE | WHITE | BLACK | HISPANIC |
| 3% | 91% | 5% | 71% | 29% | 39% | 57% | 4% |

Source: Department of Children and Families, Annual Report on Homeless Conditions in Florida 2010

SCHOOL AND STUDENT POPULATION

Focus group participants are not very satisfied with Duval County Public Schools and acknowledge that education affects health. They mentioned they feel that, in Duval County, private schools are a better choice for a quality education.

Student Race and Ethnicity

Only in Duval County are there more Black students than White. In the other four counties, White students make up at least 50 percent of the student population. There are the fewest numbers of minority students in Nassau and St. Johns Counties. The breakdown for the state of Florida is much more even than any of the counties in the assessment region. See Chart 3-14 for student race and ethnicity by county.



Graduation Rates

Nassau County has the highest graduation rate at 93.8 percent, followed by St. Johns County at 92.2 percent. Duval and Putnam Counties are below the state average of 80.1 percent. See Chart 3-15 for a comparison of graduation rates across counties.

School Absence

The percentage of students absent more than 21 days is highest in Putnam County (17.1 percent). The only other county above the state average is Nassau County at 9.7 percent. Duval County has the lowest rate at 5.9 percent. See Chart 3-16 to compare the absence rates across counties.

Homeless Students

During 2009-2010, Duval County had the highest number of homeless students (947) while Nassau County had the lowest (145). This kind of variation is expected with actual numbers, as counties with larger overall populations are likely to have higher actual numbers of homeless students. In Duval and Putnam Counties the number of homeless students decreased between 2005-2006 and 2009-2010. See Chart 3-17 for more information about homeless students in the assessment region.

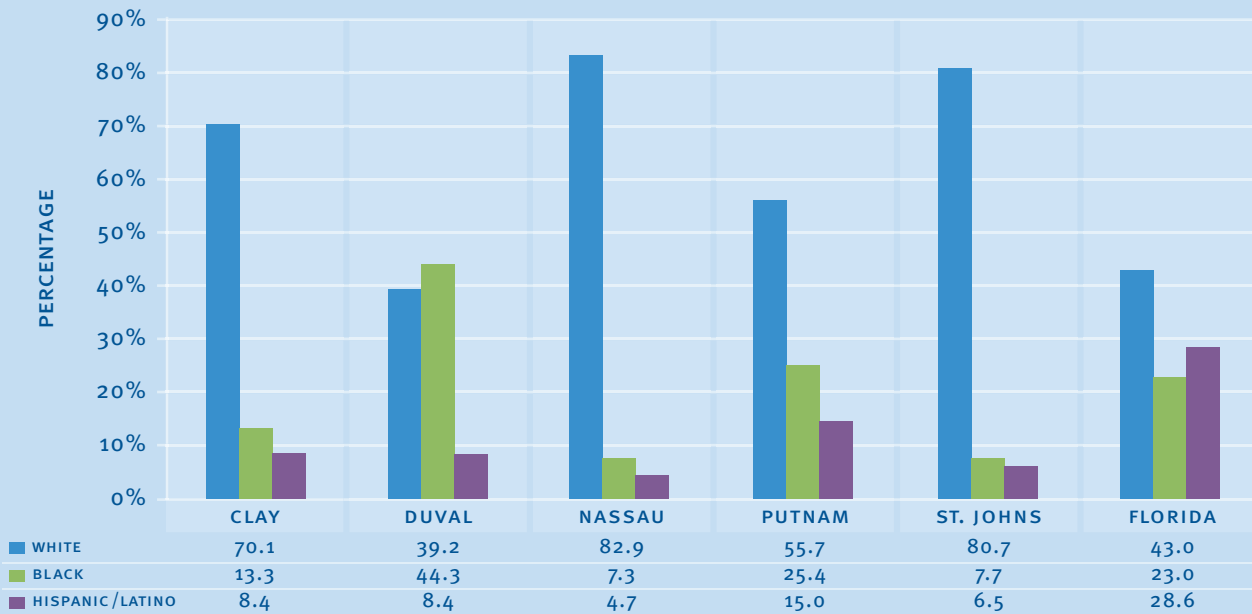
Gang Activity

Based on students ages 15 to 17 witnessing delinquent behaviors among gang members at school, fighting is the most common behavior in Duval, Clay, Putnam and St. Johns Counties. In Nassau County, drug sales and carrying weapons were most frequently reported. See Chart 3-18 for more information on gang activity.

Key Findings

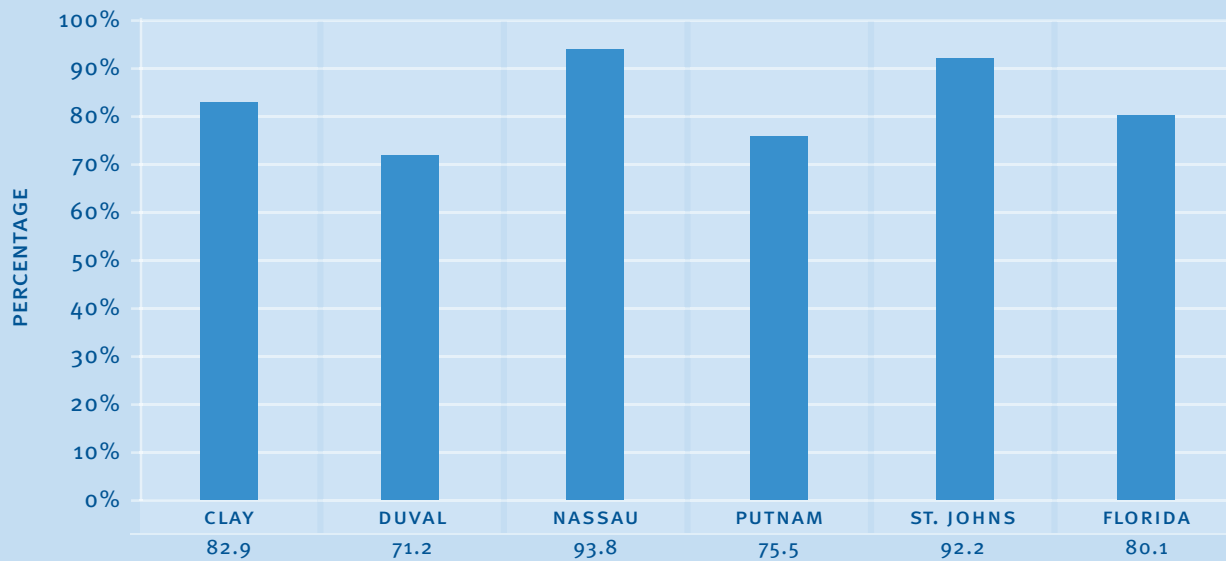
- White students make up more than 50 percent of the student body in all counties except for Duval, where there are more Black students than White.
- Nassau and St. Johns Counties have the highest graduation rates.

CHART 3-14 STUDENT RACE AND ETHNICITY



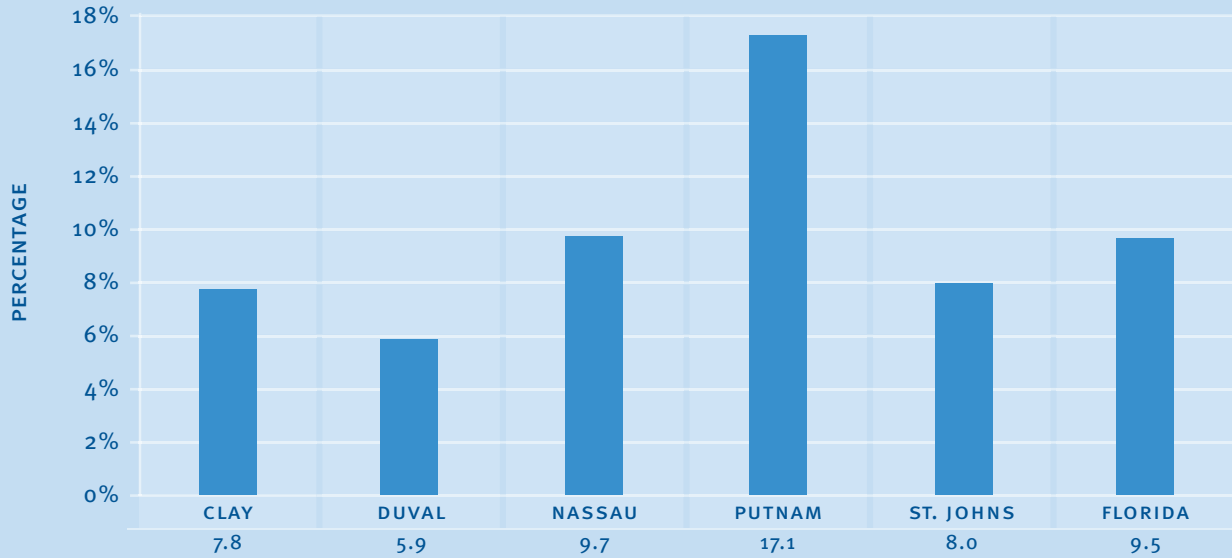
Source: Florida Department of Education, Membership by Grade/Race/Sex

CHART 3-15 GRADUATION RATES



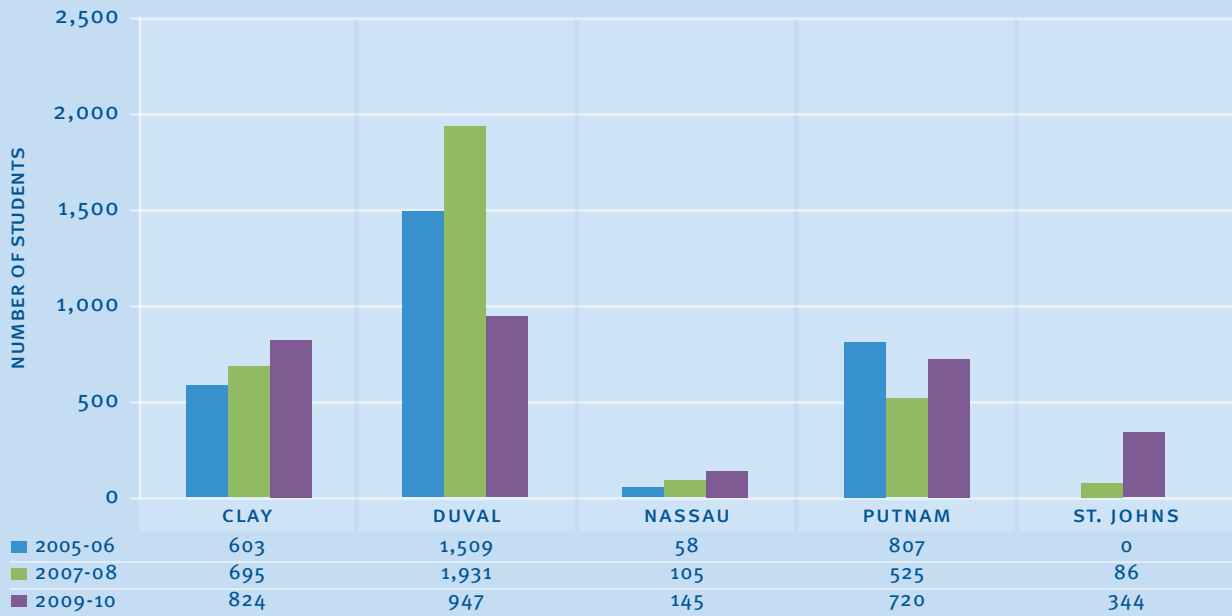
Source: Florida Department of Education

CHART 3-16 SCHOOL ABSENCE



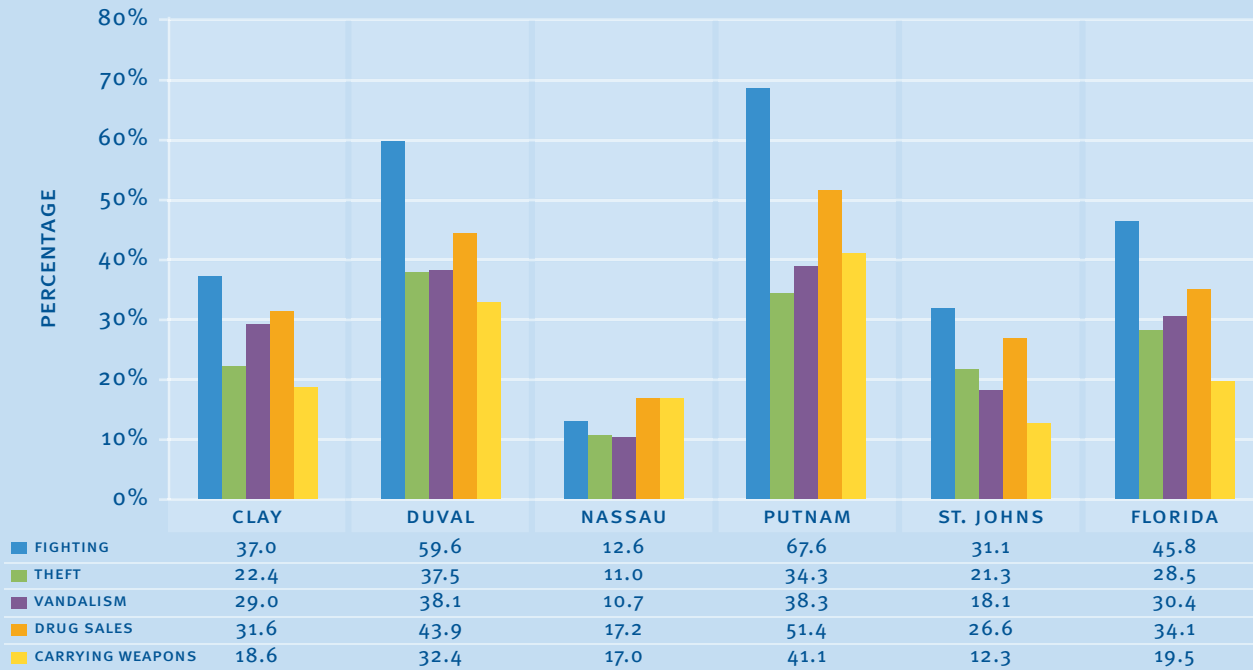
Source: Florida Department of Education (www.fldoe.org/eias/eiaspubs/0809fsir.asp)

CHART 3-17 HOMELESS STUDENTS



Source: Florida Department of Education, Survey 5 Student Demographic Format and Federal State Indicator Format

CHART 3-18 GANG ACTIVITY



Source: Florida Youth Substance Abuse Survey, 2010

PUBLIC SAFETY / CRIME

Focus group participants feel safe in most areas of Duval County, but acknowledge that there are some high-crime pockets in which they do not feel safe. Many participants expressed concern about safety and security at public schools.

Unintentional Injury

2010 rates of unintentional injury were highest in Putnam County (86.9 per 100,000), a stark increase from the two years prior. In Duval County, the rate stayed around 40, and decreases were observed in Clay, Nassau and St. Johns Counties. The rate for the state also decreased. See Chart 3-19 for a comparison of rates across counties from 2008 to 2010. Chart 3-20 illustrates the trends in unintentional drowning rates in every county of the assessment region. The rate has changed very little in Clay and Duval Counties, as well as the state of Florida. The rates in Nassau and St. Johns Counties have been approximately cut in half, while Putnam County rates have more than doubled.

Motor Vehicle Crash

Motor vehicle crashes have steadily declined in all five counties of the assessment region, as well as in the state of Florida. The 2010 rate for Putnam County was the highest in the region at 36.5 per 100,000, while St. Johns County had the lowest at 8.3. Duval, Clay and St. Johns Counties had rates below the state average of 12.6. See Chart 3-21 for a comparison of rates across counties from 2008 to 2010.

Domestic Violence

Domestic violence rates vary greatly by county. Over the last three years, rates have increased in Putnam, Duval and Nassau Counties. Clay County rates have declined, while St. Johns County and the Florida average have stayed about the same. The 2010 rate for Putnam County is the highest in the assessment region and more than double the Florida average. St. Johns County rates are the lowest (364.5 per 100,000). See Chart 3-22 for a comparison of rates across counties from 2008 to 2010.

Aggravated Assault

Rates of aggravated assault have dropped across the board. The most dramatic decline was in Nassau County, where the 2010 rate of 221.2 was down from 808.3 in 2008. Nassau County had the lowest rate, while Putnam County had the highest at 754.1. Putnam and Duval Counties have consistently had rates above the state average. See Chart 3-23 for details.

Forcible Sex Offenses

Rates of forcible sex offenses have declined in Clay, Nassau and St. Johns Counties since 2008. Putnam County rates have leveled off since 2009. Duval County is the only county in the assessment region to see an increase, and had the highest rate in 2010 at 78.3 per 100,000. The rates in Nassau and St. Johns Counties are well below the state average of 52.6. See Chart 3-24 for more information about forcible sex offense rates.

Homicide

Homicide rates have stayed about the same in all counties except for Putnam, where there was a drop from 11.0 to 7.7. Duval and Putnam Counties lie above the state average, and Duval County has the highest rate in the assessment region at 12.2 per 100,000. See Chart 3-25 for age-adjusted death rates per 100,000.

Sports-Related Injuries⁵

Charts 3-26 to 3-38 outline sports-related head injury data. Be sure to note the difference between Emergency Department (ED) visits and hospital admission data. Chart 3-26 shows that Duval County has the highest number of visits for patients with traumatic brain injury (TBI) at 2,410. However, St. Johns County has the highest proportion of those visits stemming from sports-related TBI (24.7 percent). Duval County saw the highest number of hospital admissions for patients with TBI (111).

In Chart 3-28, there is a noticeable increase in the number of ED visits in 2009. Additionally, 2009 saw the largest percentage of ED visits resulting from TBI, at 2.15 percent. In 2006: 1.97 percent; in 2007: 2.09 percent; and in 2008: 1.85 percent. Chart 3-29 shows the noticeable decrease in the number of hospital admission visits in 2009. Additionally, 2009 saw the smallest percentage of hospital visits result from TBI, at 1.1 percent (in 2006: 1.4 percent; in 2007: 1.5 percent; and in 2008: 1.2 percent).

From 2006 to 2009, sports-related TBIs accounted for 15 percent of all TBIs reported during this timeframe. There was a 75 percent increase in the number of children ages 10 to 18 years who went to the ED for treatment of a sports-related TBI between 2006 and 2009 (from 154 to 269), but the overall number of TBI for this period also increased (see Chart 3-30). Chart 3-31 outlines hospital admissions for TBI, both sports-related and non-sports-related. From 2006 to 2009, TBI hospital admissions dropped by 15 patients. The percentage of those patients who had sports-related TBI increased slightly over the same timeframe (2006: 5.1; 2009: 5.5). Additionally, 2007 saw the highest number of admissions (99) and the highest percentage of sports-related TBI admissions (10.1 percent) from 2006 to 2009.

⁵ Data on sports-related head injuries include all five counties in the assessment region.

Charts 3-32 and 3-33 and Tables 3-3 and 3-4 break the data down by age. The number of ED visits from 2006 to 2009 for patients with TBI increases steadily with age. However, the percentages of those visits that are sports-related do not follow this pattern. Incidence of TBI hospital admissions increases overall with age. However, ages 12 and 14 have the highest proportion of sports-related TBI (15.8 percent and 15.4 percent, respectively). The numbers of sports-related TBI are very small, so these differences are somewhat irrelevant. When it comes to gender, males make many more ED visits for TBI (see Chart 3-34). Additionally, the percentage of visits that are sports-related for males (17.8 percent) is higher than for females (8.8 percent). This disagrees with Covassin et al.; their rate was higher in females. When the data is separated by race (Charts 3-36 and 3-37), White residents' ED visits with TBI are double that of Black and Other residents' combined, but they have the lowest value of sports-related TBI visits (14.3 percent): Black: 15.2 percent; Other: 16.4 percent. White residents' hospital admissions with TBI are double that of Black and Other residents' combined. Black patients have the lowest proportion of sports-related TBI visits (6.2 percent). Other patients have a very high percentage (22.2 percent).

Tables 3-6 and 3-7 show which hospitals see TBI patients. Shands sees the highest volume of patients with TBI (1,045), but Baptist Medical Center South sees the highest percentage of sports-related TBI patients (32.8 percent). Shands has the highest volume of hospital admissions for patients with TBI (181) but Baptist Medical Center Jacksonville serves the highest percentage of sports-related TBI patients (23.8 percent). Rates for the other hospitals were too small to report. Chart 3-38 outlines the average length of stay (LOS). Across each year between 2006 through 2009, sports-related TBI resulted in shorter LOS than non-sports-related TBI. Both types of TBI have decreased in LOS from 2006 (sports-related: -0.2; non-sports-related: -0.3).

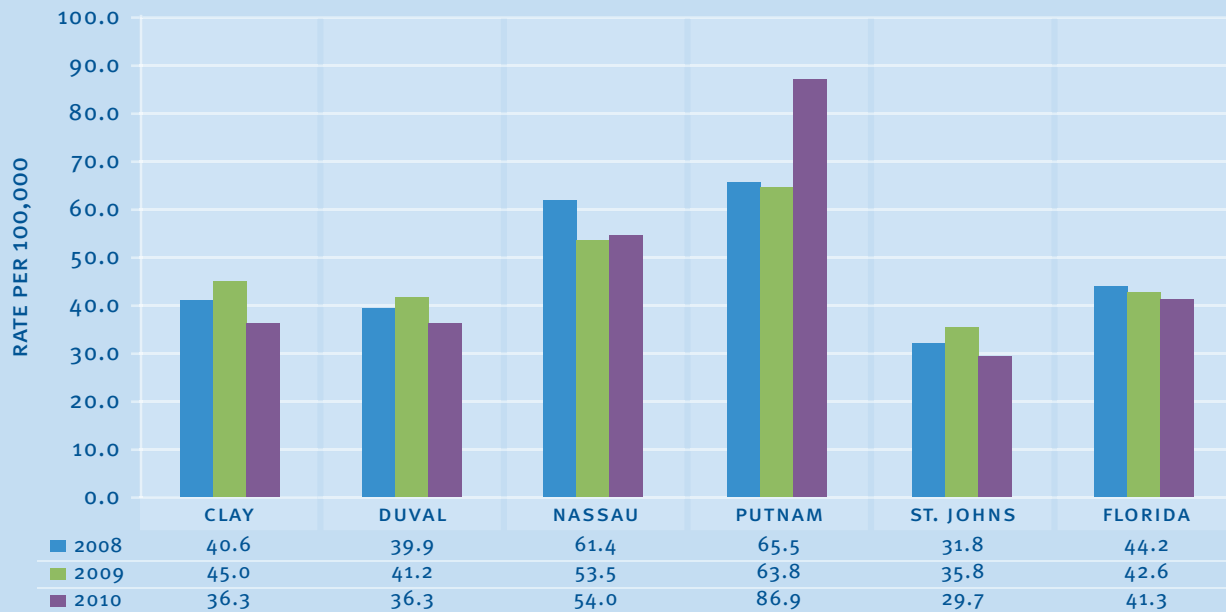
Juvenile Crime

Chart 3-39 shows the overall decline in juvenile arrests in the state of Florida since 1998. Table 3-8 provides self-reported data on violent behaviors both on and off school property. For all indicators, Duval County data was higher than the state level. County-level data was not available for the other counties of the assessment region. Thirty-two percent of students had been in a physical fight one or more times. Nearly 14 percent had been in a physical fight on school property. Nearly 19 percent had carried a weapon on at least one day, and 6.5 percent had done so on school property. See Table 3-8 or more data.

Key Findings

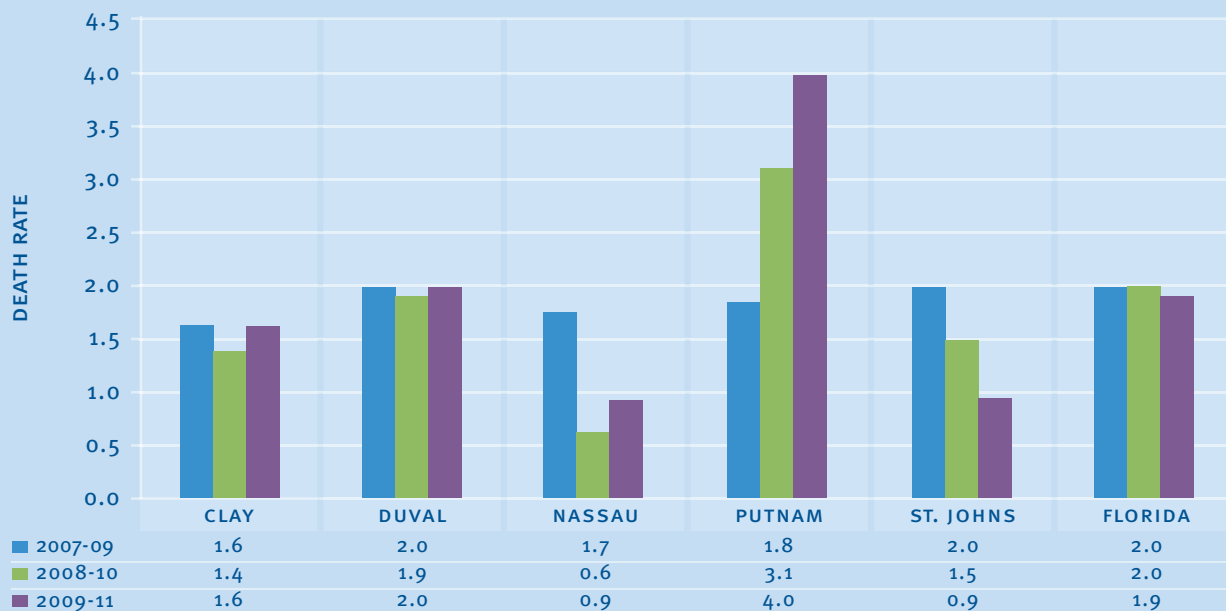
- Motor vehicle crashes have dropped in all of the counties in the region, as well as in the state.
- Unintentional injury and drownings in Putnam County are significantly higher compared to the other four counties and the state average.
- The rate of domestic violence in Putnam County is double that of the state average.
- Rates of aggravated assault have dropped throughout the assessment region.
- The rate of forcible sex offenses has increased in Duval County.
- Homicide rates have stayed about the same, with the exception of a small drop in Putnam County.
- Duval County has the highest number of visits for patients with TBI and St. Johns County has the highest proportion of those visits stemming from sports-related TBI.
- Incidence of TBI hospital admissions increases overall with age. However, ages 12 and 14 have the highest proportion of sports-related TBI.
- Males make many more ED visits for TBI.
- Shands sees the highest volume of patients with TBI, but Baptist Medical Center South sees the highest percentage of sports-related TBI patients.
- There has been an overall decline in juvenile arrests in the state of Florida, but for all indicators listed, Duval County percentages were higher than those at the state level.

CHART 3-19 UNINTENTIONAL INJURY



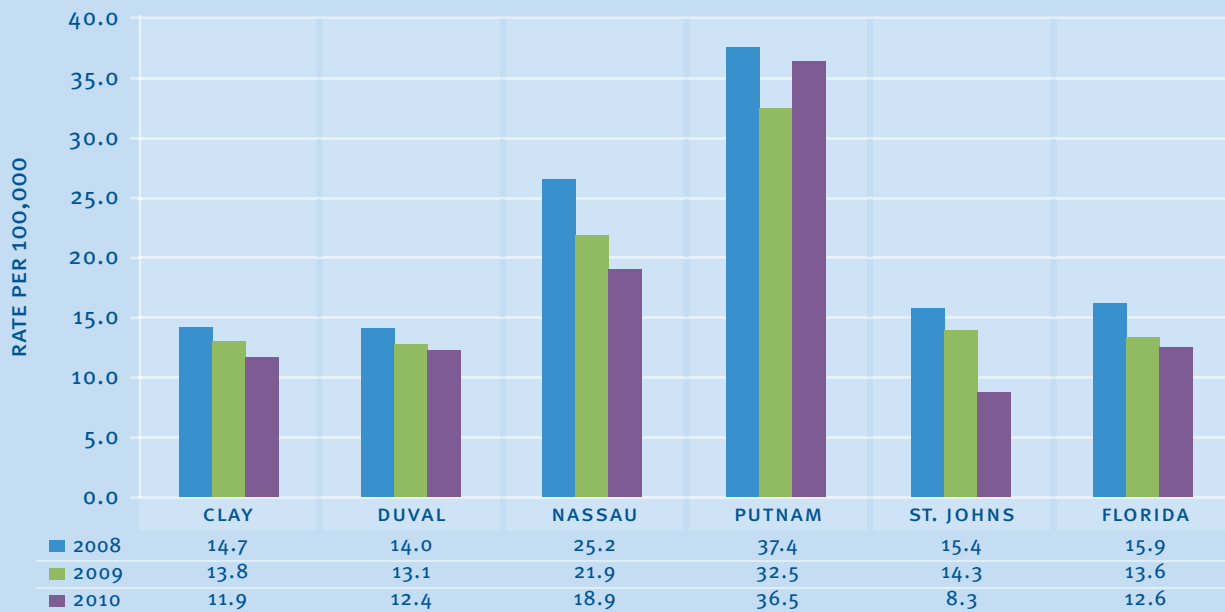
Source: Florida Department of Health, Office of Health Statistics and Assessment

CHART 3-20 UNINTENTIONAL DROWNINGS



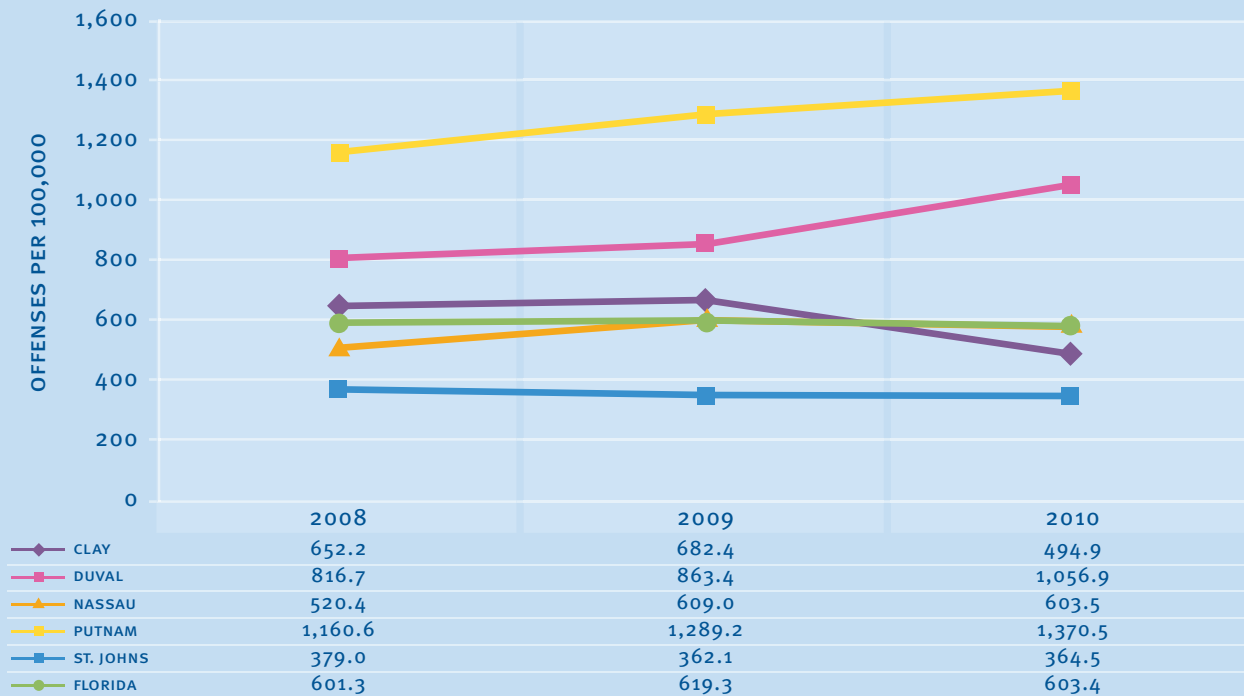
Source: Florida Department of Health, Bureau of Vital Statistics

CHART 3-21 MOTOR VEHICLE CRASH



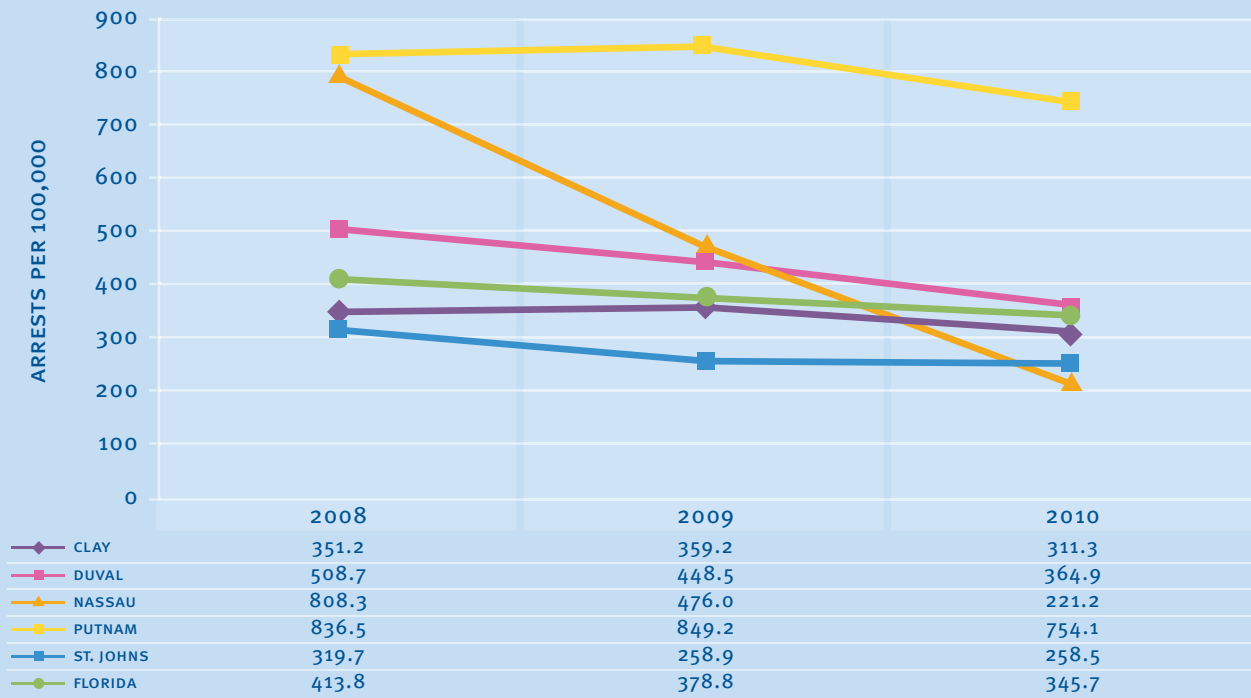
Source: Florida Department of Health, Office of Health Statistics and Assessment

CHART 3-22 DOMESTIC VIOLENCE



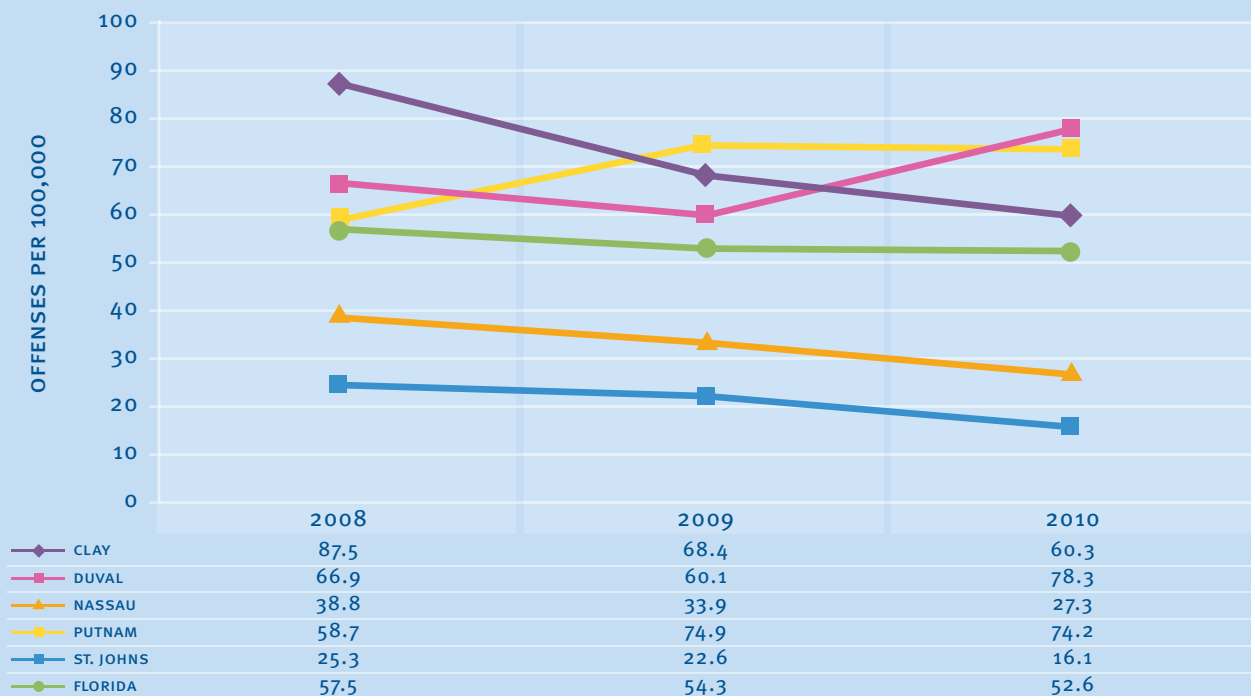
Source: Florida Department of Law Enforcement

CHART 3-23 AGGRAVATED ASSAULT



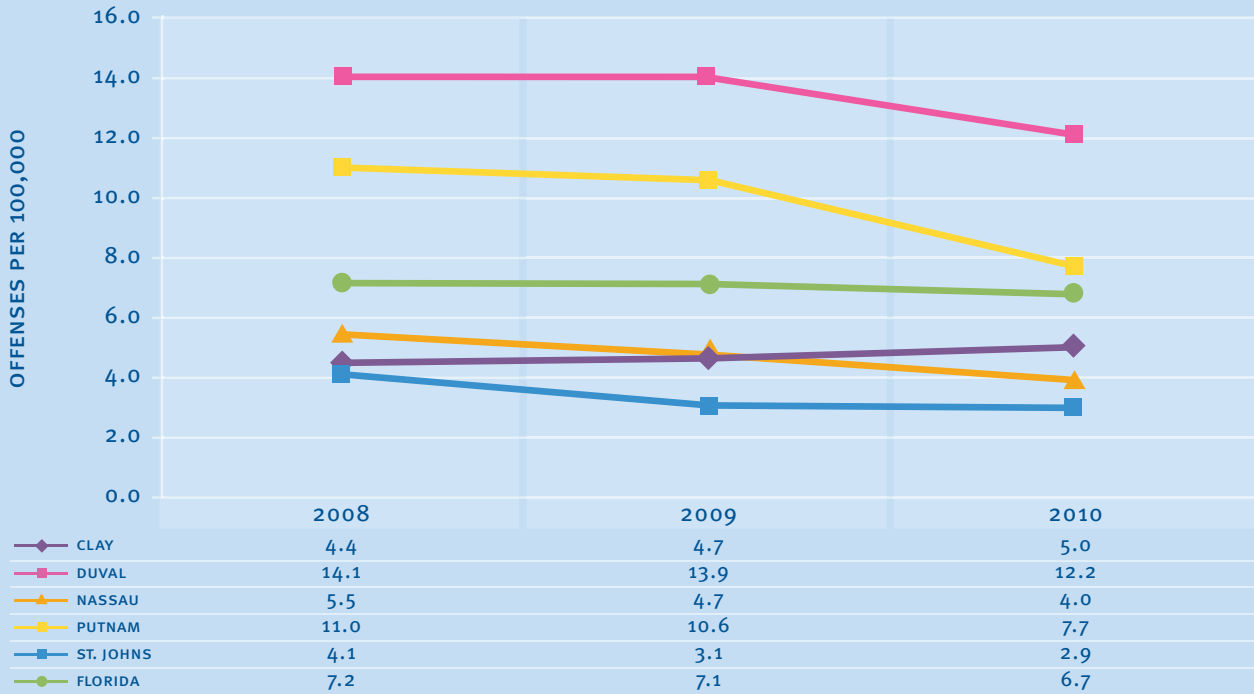
Source: Florida Department of Law Enforcement

CHART 3-24 FORCIBLE SEX OFFENSES



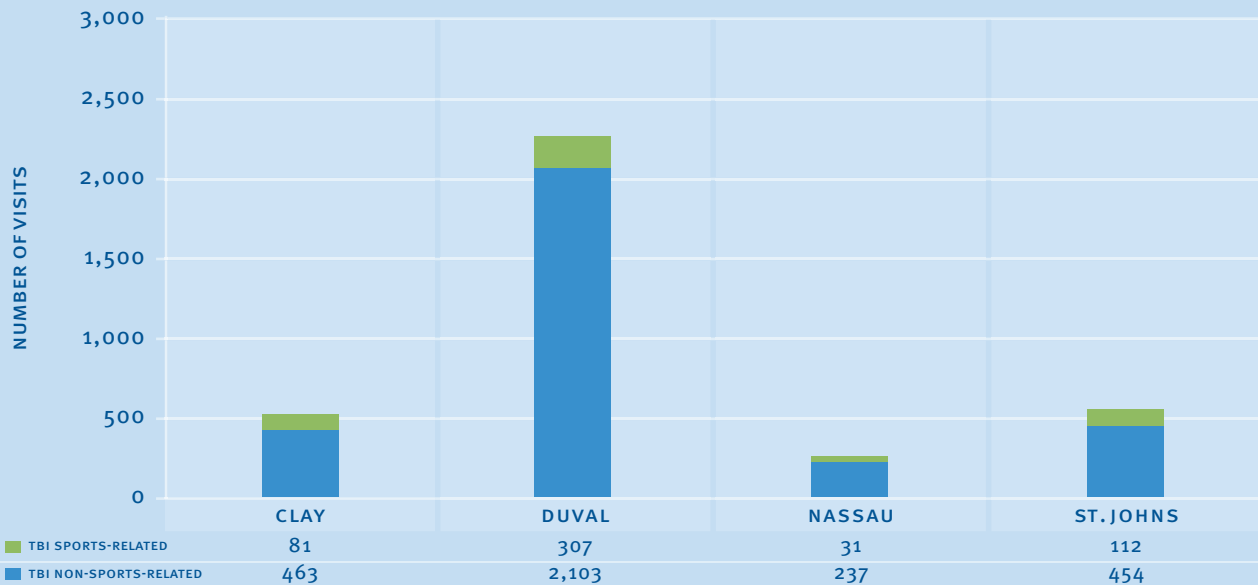
Source: Florida Department of Law Enforcement

CHART 3-25 HOMICIDE



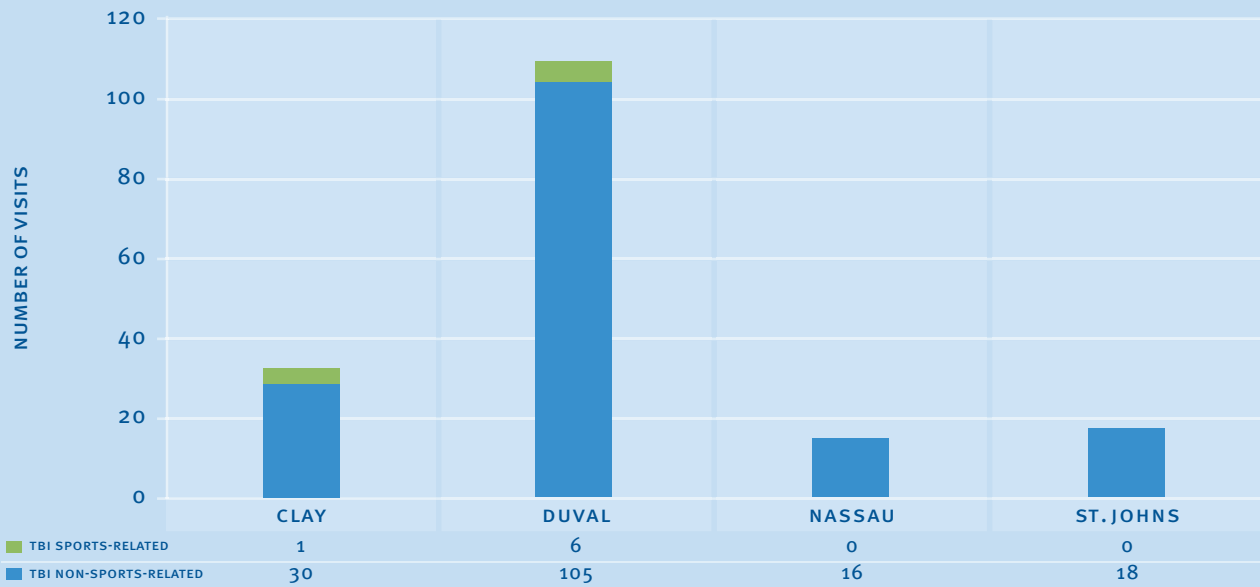
Source: Florida Department of Law Enforcement

CHART 3-26 ED VISITS FOR PATIENTS WITH SPORTS-RELATED TBI VS. NON-SPORTS-RELATED TBI, BY COUNTY



Source: Health Planning Council of Northeast Florida. (2011). *ER and Hospital Admissions from Youth Sports-Related Concussions or Head Injuries.*

CHART 3-27 HOSPITAL ADMISSIONS FOR PATIENTS WITH SPORTS-RELATED TBI VS. NON-SPORTS-RELATED TBI, BY COUNTY



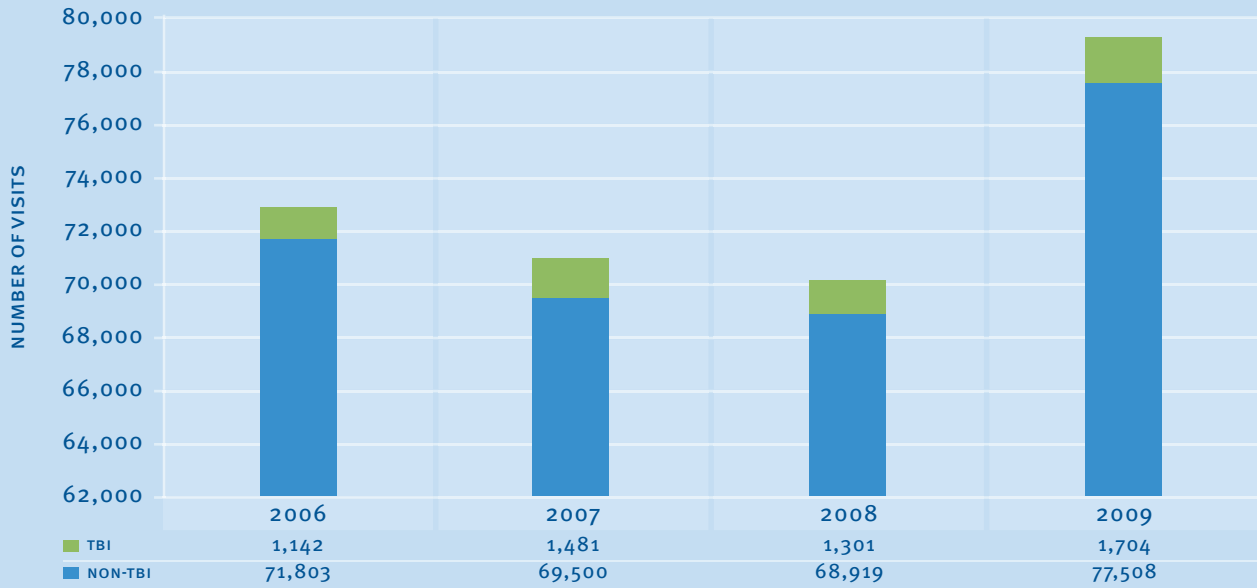
Source: Health Planning Council of Northeast Florida. (2011). *ER and Hospital Admissions from Youth Sports-Related Concussions or Head Injuries.*

TABLE 3-2

| COUNTY | PERCENTAGE OF SPORTS-RELATED TBI VISITS |
|-----------|---|
| DUVAL | 5.4% |
| ST. JOHNS | 0% |
| CLAY | 3.3% |
| NASSAU | 0% |

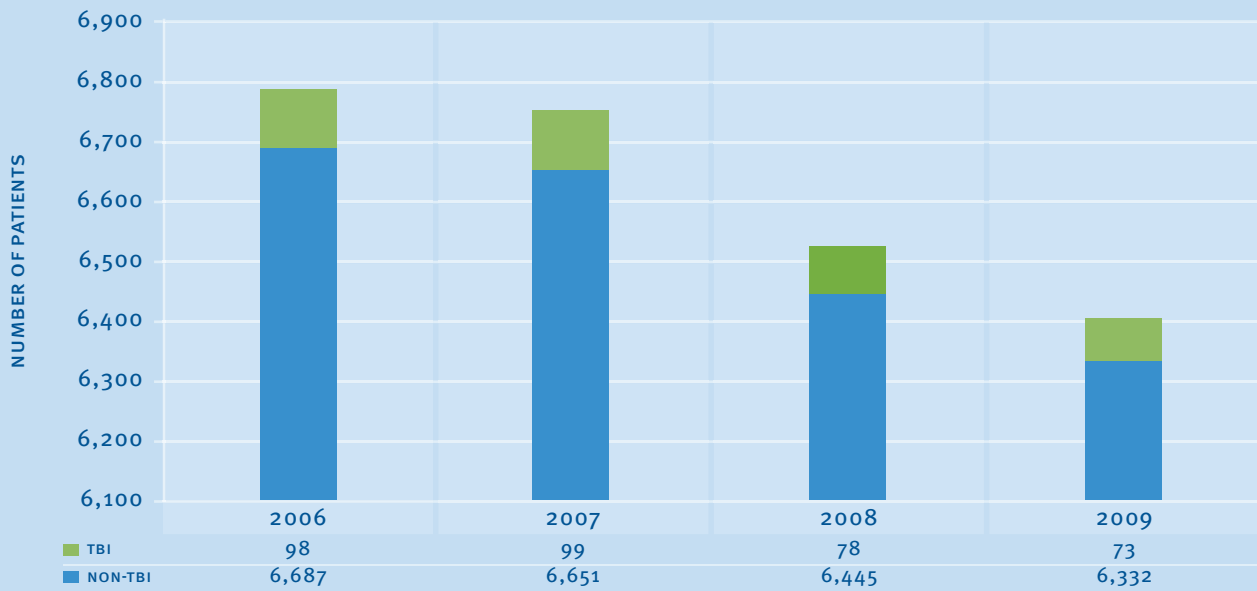
Source: Health Planning Council of Northeast Florida. (2011). *ER and Hospital Admissions from Youth Sports-Related Concussions or Head Injuries.*

CHART 3-28 ED VISITS FOR PATIENTS WITH TBI VS. NON-TBI



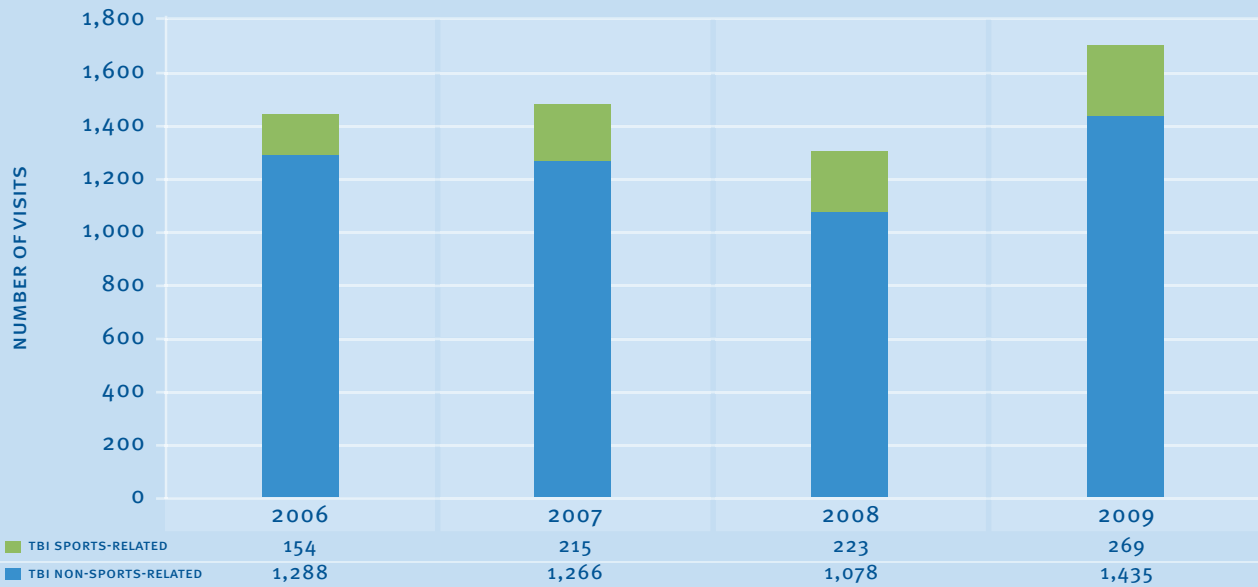
Source: Health Planning Council of Northeast Florida. (2011). *ER and Hospital Admissions from Youth Sports-Related Concussions or Head Injuries*.

CHART 3-29 HOSPITAL ADMISSIONS FOR PATIENTS WITH TBI VS. NON-TBI



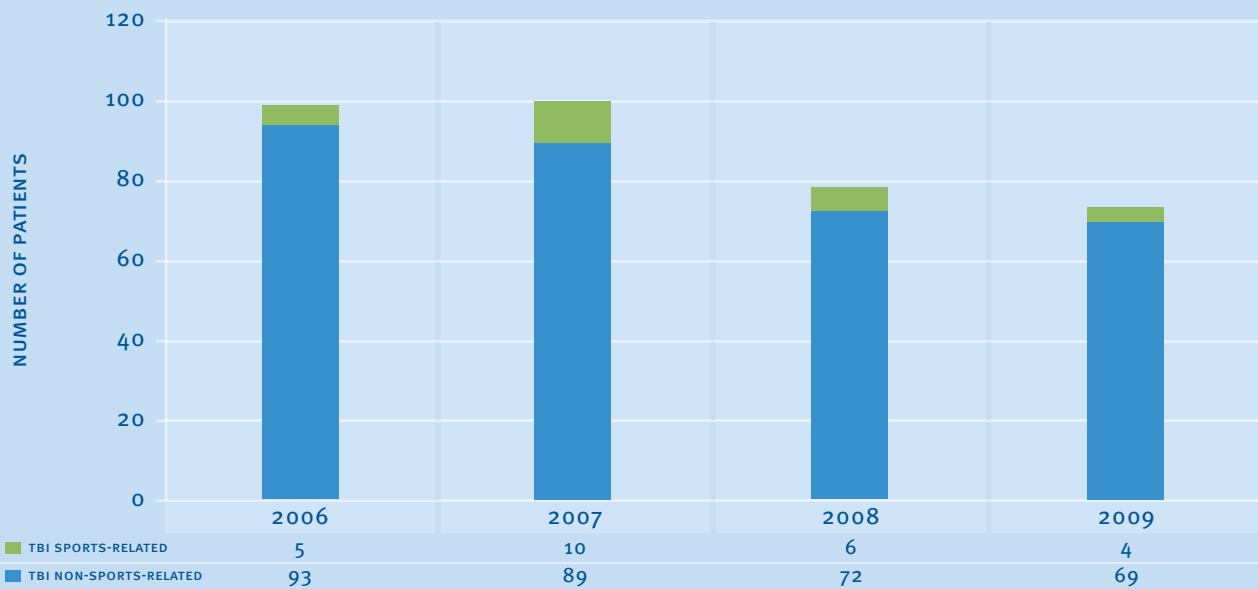
Source: Health Planning Council of Northeast Florida. (2011). *ER and Hospital Admissions from Youth Sports-Related Concussions or Head Injuries*.

CHART 3-30 ED VISITS FOR PATIENTS WITH TBI, SPORTS-RELATED VS. NON-SPORTS-RELATED



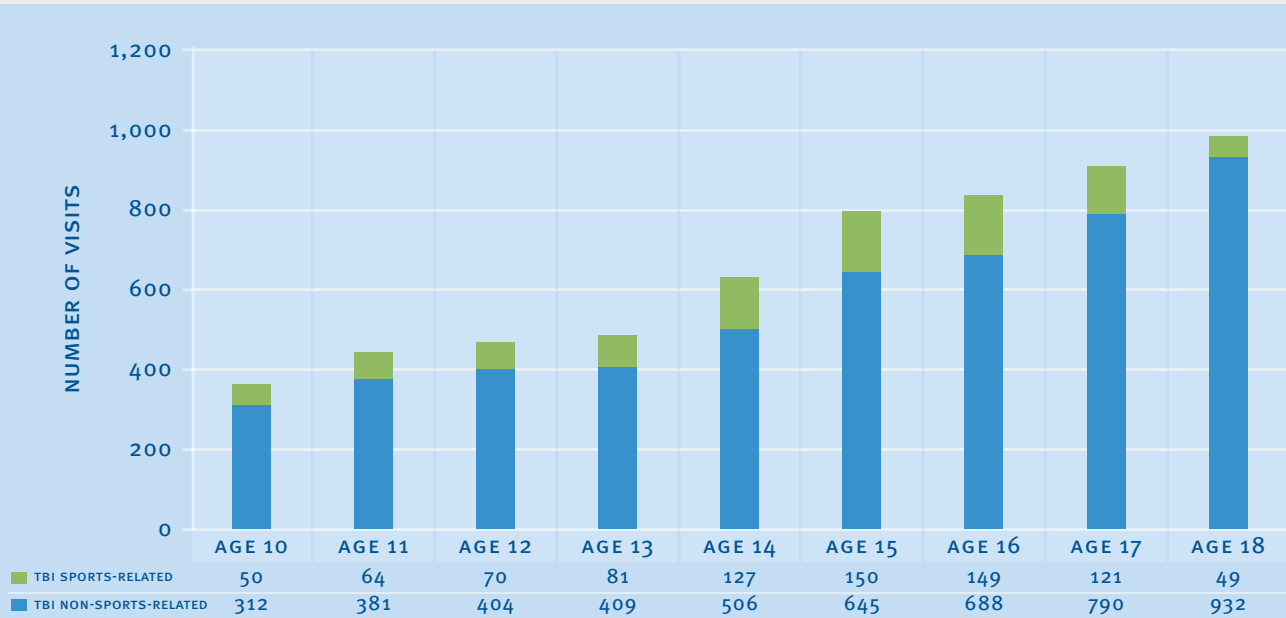
Source: Health Planning Council of Northeast Florida. (2011). *ER and Hospital Admissions from Youth Sports-Related Concussions or Head Injuries.*

CHART 3-31 HOSPITAL ADMISSIONS FOR PATIENTS WITH TBI, SPORTS-RELATED VS. NON-SPORTS-RELATED



Source: Health Planning Council of Northeast Florida. (2011). *ER and Hospital Admissions from Youth Sports-Related Concussions or Head Injuries.*

CHART 3-32 ED VISITS FOR PATIENTS WITH TBI, SPORTS-RELATED AND NON-SPORTS-RELATED, BY AGE



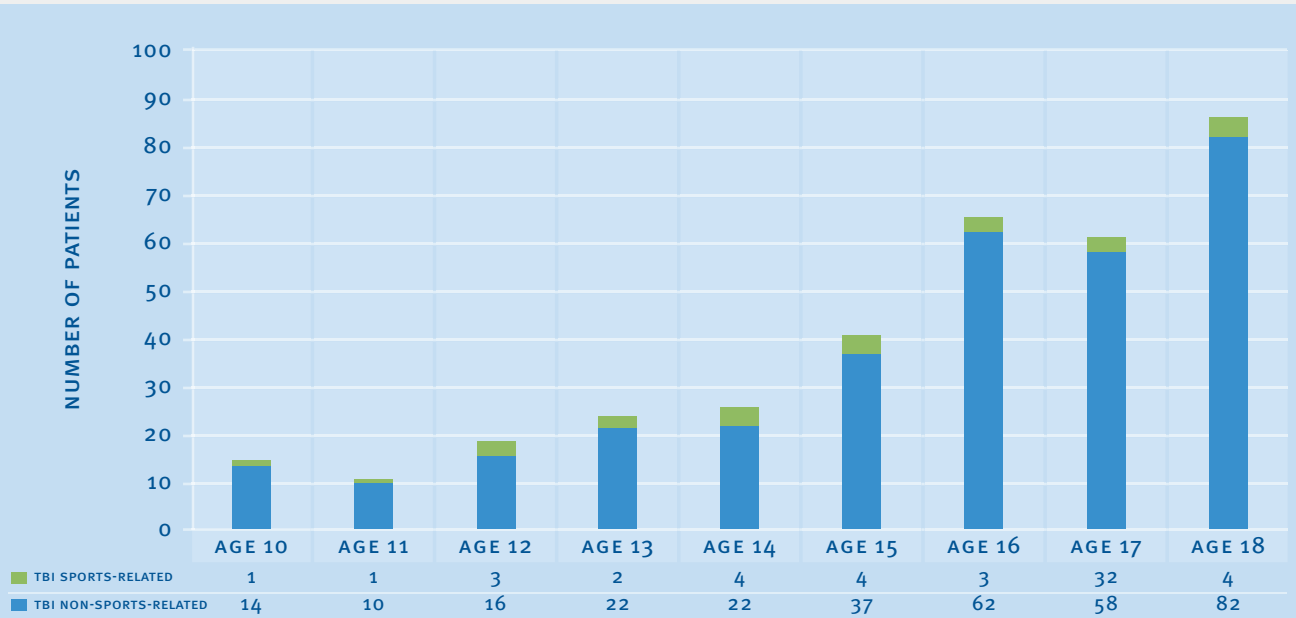
Source: Health Planning Council of Northeast Florida. (2011). *ER and Hospital Admissions from Youth Sports-Related Concussions or Head Injuries*.

TABLE 3-3

| AGE | PERCENTAGE OF TBI ED VISITS THAT ARE SPORTS-RELATED |
|-----|---|
| 10 | 13.8% |
| 11 | 14.8% |
| 12 | 14.8% |
| 13 | 16.5% |
| 14 | 20.1% |
| 15 | 18.9% |
| 16 | 19.8% |
| 17 | 13.3% |
| 18 | 5.0% |

Source: Health Planning Council of Northeast Florida. (2011). *ER and Hospital Admissions from Youth Sports-Related Concussions or Head Injuries*.

CHART 3-33 HOSPITAL ADMISSIONS FOR PATIENTS WITH TBI, SPORTS-RELATED AND NON-SPORTS-RELATED, BY AGE



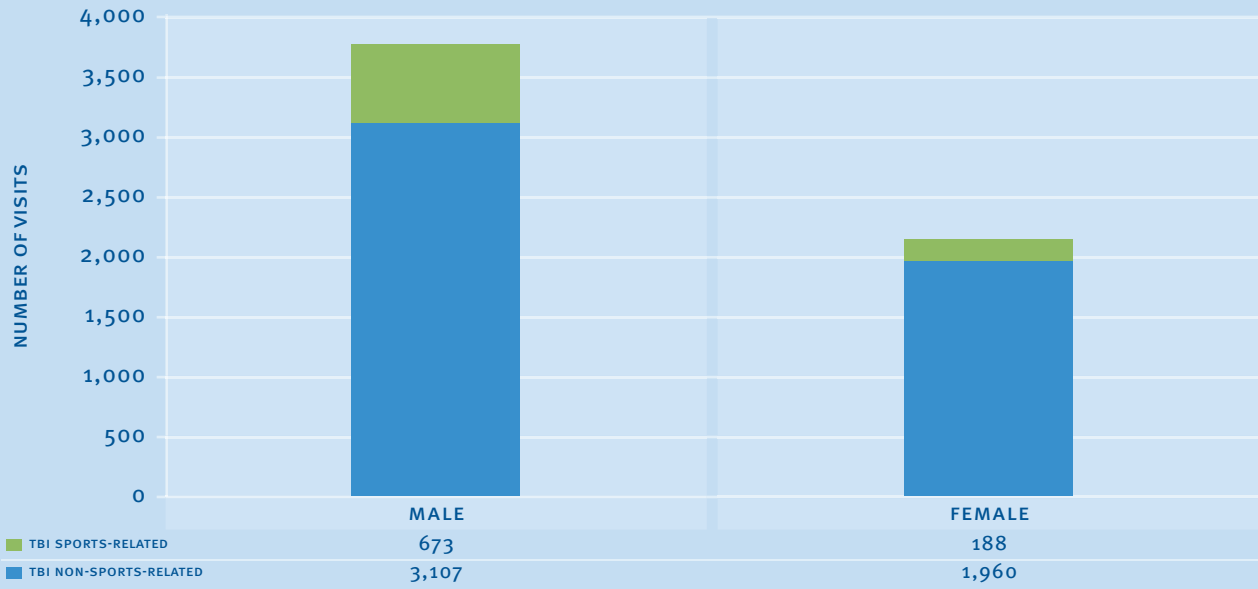
Source: Health Planning Council of Northeast Florida. (2011). *ER and Hospital Admissions from Youth Sports-Related Concussions or Head Injuries.*

TABLE 3-4

| AGE | PERCENTAGE OF TBI ADMISSIONS THAT ARE SPORTS-RELATED |
|-----|--|
| 10 | 6.7% |
| 11 | 9.1% |
| 12 | 15.8% |
| 13 | 8.3% |
| 14 | 15.4% |
| 15 | 9.8% |
| 16 | 4.6% |
| 17 | 4.9% |
| 18 | 1.2% |

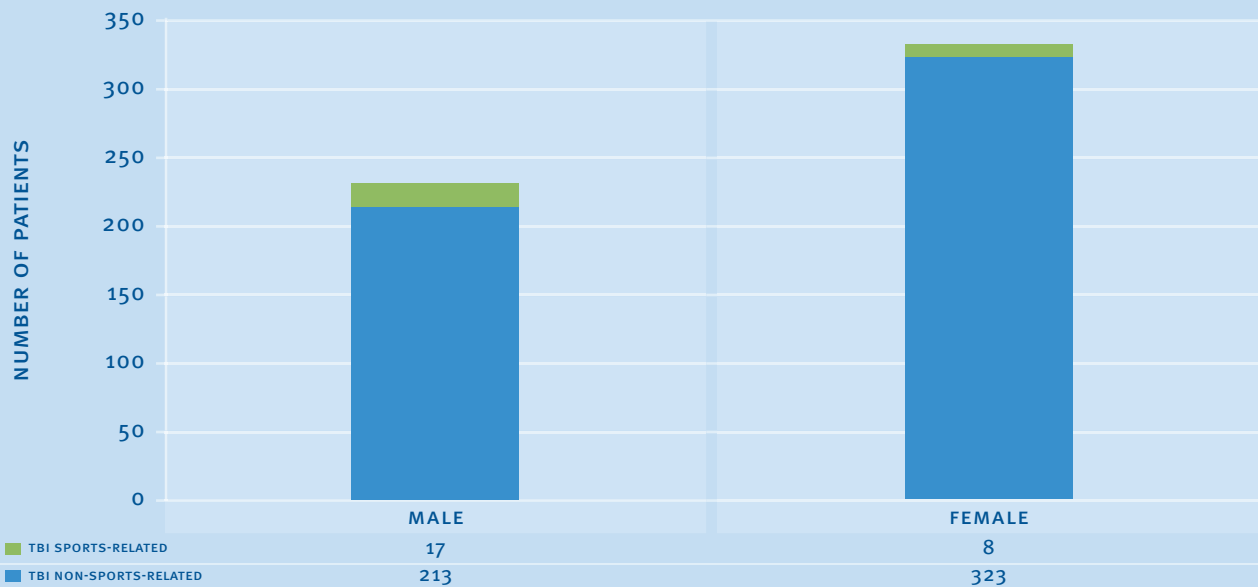
Source: Health Planning Council of Northeast Florida. (2011). *ER and Hospital Admissions from Youth Sports-Related Concussions or Head Injuries.*

CHART 3-34 ED VISITS FOR PATIENTS WITH TBI, SPORTS-RELATED AND NON-SPORTS-RELATED, BY GENDER



Source: Health Planning Council of Northeast Florida. (2011). *ER and Hospital Admissions from Youth Sports-Related Concussions or Head Injuries*.

CHART 3-35 HOSPITAL ADMISSIONS FOR PATIENTS WITH TBI, SPORTS-RELATED AND NON-SPORTS-RELATED, BY GENDER



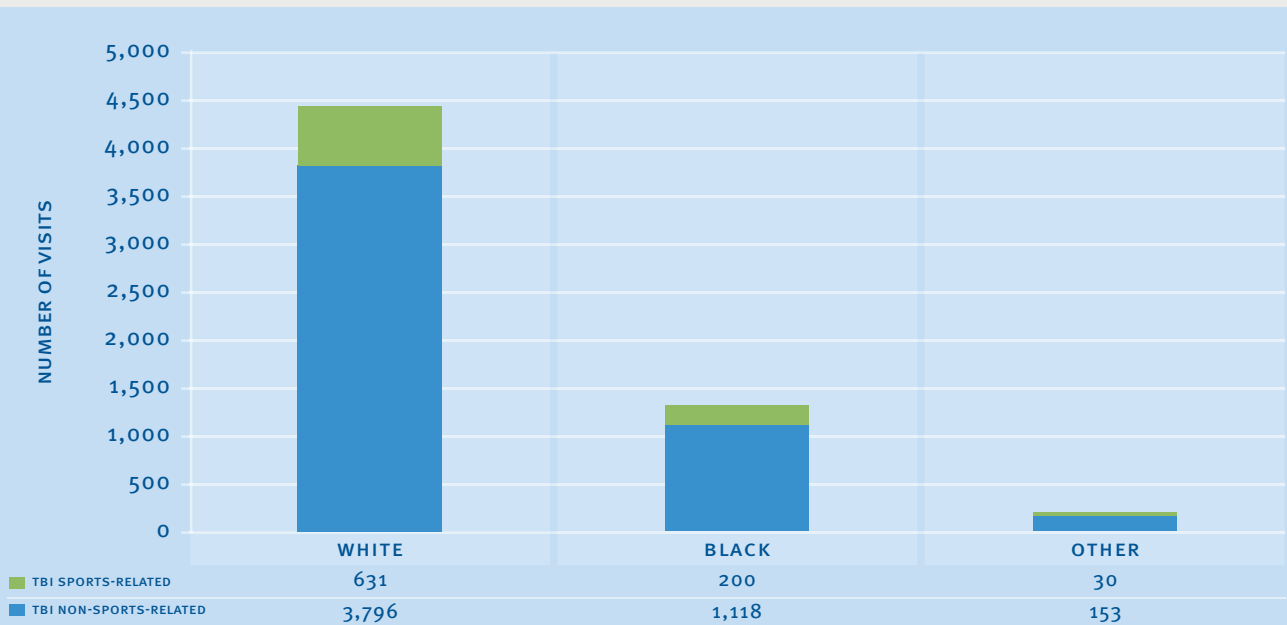
Source: Health Planning Council of Northeast Florida. (2011). *ER and Hospital Admissions from Youth Sports-Related Concussions or Head Injuries*.

TABLE 3-5

| GENDER | ED VISITS FOR SPORTS-RELATED TBI | ED VISITS FOR NON-SPORTS-RELATED TBI | HOSPITALIZATION FOR SPORTS-RELATED TBI | HOSPITALIZATION FOR NON-SPORTS-RELATED TBI |
|--------|----------------------------------|--------------------------------------|--|--|
| MALE | 673 | 3,107 | 17 | 213 |
| FEMALE | 188 | 1,960 | 8 | 323 |

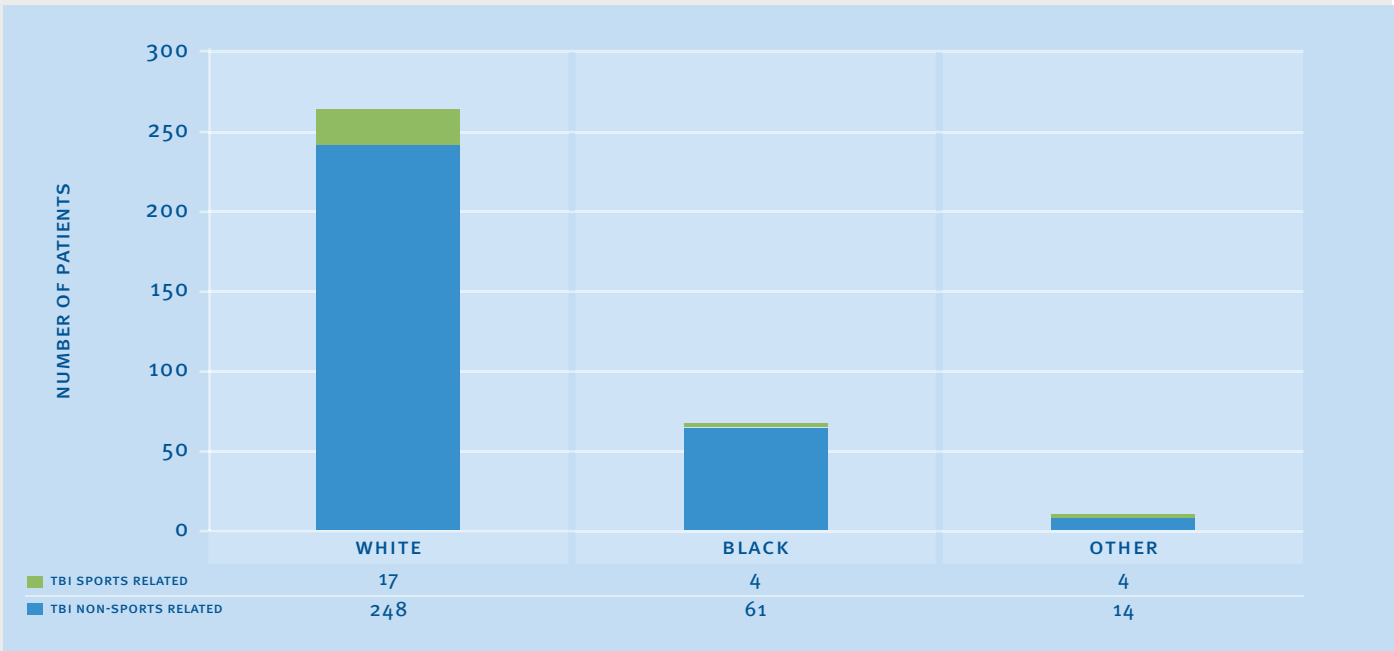
Source: Health Planning Council of Northeast Florida. (2011). *ER and Hospital Admissions from Youth Sports-Related Concussions or Head Injuries*.

CHART 3-36 ED VISITS TBI, SPORTS-RELATED VS. NON-SPORTS-RELATED, BY RACE



Source: Health Planning Council of Northeast Florida. (2011). *ER and Hospital Admissions from Youth Sports-Related Concussions or Head Injuries*.

CHART 3-37 HOSPITAL ADMISSIONS FOR PATIENTS WITH TBI, SPORTS-RELATED AND NON-SPORTS-RELATED, BY RACE



Source: Health Planning Council of Northeast Florida. (2011). *ER and Hospital Admissions from Youth Sports-Related Concussions or Head Injuries.*

TABLE 3-6 TBI SPORTS-RELATED AND NON-SPORTS-RELATED HOSPITAL DATA THROUGHOUT NORTHEAST FLORIDA

| HOSPITAL NAME | TBI SPORTS-RELATED | TBI NON-SPORTS-RELATED | % OF SPORTS-RELATED TBI |
|---|--------------------|------------------------|-------------------------|
| FLORIDA HOSPITAL, ORMOND HOSPITAL | 37 | 121 | 30.6% |
| BAPTIST MEDICAL CENTER NASSAU | 25 | 136 | 18.4% |
| FLORIDA HOSPITAL, FLAGLER | 39 | 169 | 23.1% |
| BAPTIST MEDICAL CENTER BEACHES | 49 | 195 | 25.1% |
| FLORIDA HOSPITAL – DELAND | 42 | 243 | 17.3% |
| BAPTIST MEDICAL CENTER SOUTH | 94 | 287 | 32.8% |
| FLAGLER HOSPITAL | 28 | 299 | 9.3% |
| FLORIDA HOSPITAL FISH MEMORIAL | 47 | 322 | 14.6% |
| HALIFAX HEALTH MEDICAL CENTER | 86 | 367 | 23.4% |
| ORANGE PARK MEDICAL CENTER | 60 | 377 | 15.9% |
| BAPTIST MEDICAL CENTER JACKSONVILLE | 143 | 592 | 24.2% |
| SHANDS JACKSONVILLE MEDICAL CENTER | 87 | 958 | 9.1% |
| OTHER (HOSPITALS, INCLUDING MAYO CLINIC, WITH COUNTS <25) | 124 | 1,001 | 12.4% |
| TOTAL | 861 | 5,067 | 17.0% |

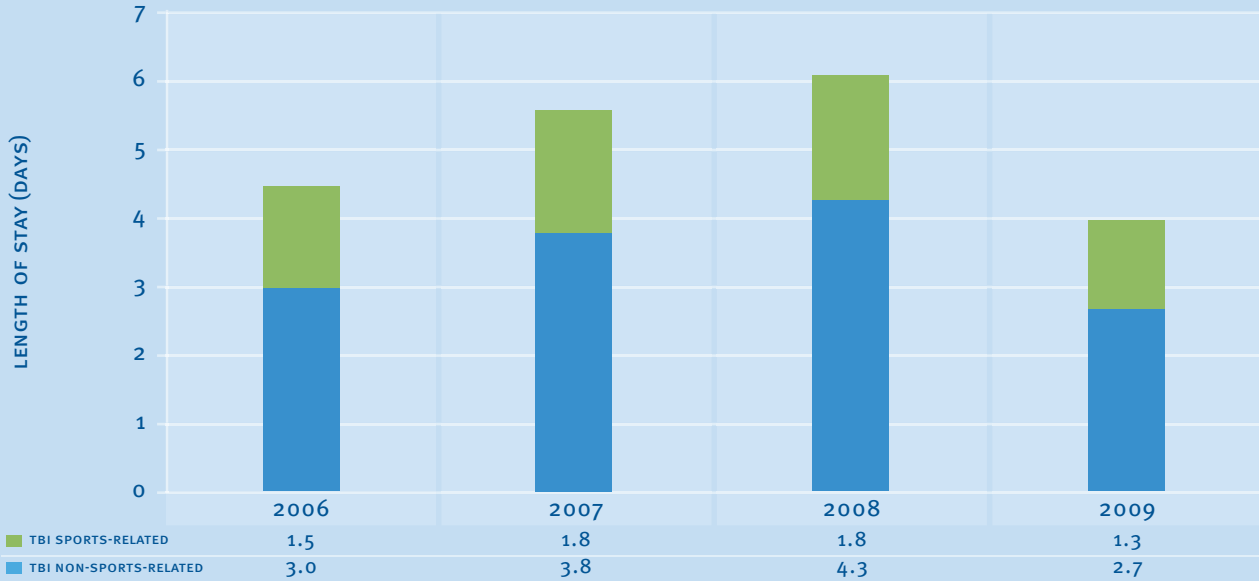
Source: Health Planning Council of Northeast Florida. (2011). *ER and Hospital Admissions from Youth Sports-Related Concussions or Head Injuries.*

TABLE 3-7

| HOSPITAL NAME | TBI SPORTS-RELATED | TBI NON-SPORTS-RELATED | % OF SPORTS-RELATED TBI |
|-------------------------------------|--------------------|------------------------|-------------------------|
| BAPTIST MEDICAL CENTER JACKSONVILLE | 5 | 16 | 23.8% |
| SHANDS HOSPITAL JACKSONVILLE | 4 | 177 | 2.2% |

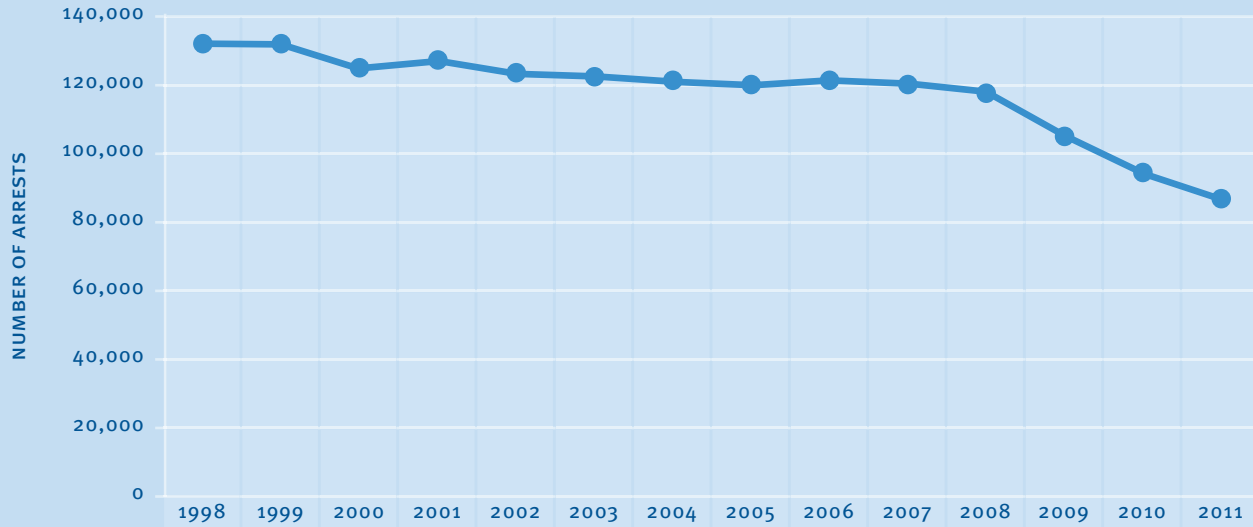
Source: Health Planning Council of Northeast Florida. (2011). *ER and Hospital Admissions from Youth Sports-Related Concussions or Head Injuries*.

CHART 3-38 HOSPITAL ADMISSIONS FOR PATIENTS WITH TBI, SPORTS-RELATED AND NON-SPORTS-RELATED, MEAN LENGTH OF STAY (LOS)



Source: Health Planning Council of Northeast Florida. (2011). *ER and Hospital Admissions from Youth Sports-Related Concussions or Head Injuries*.

CHART 3-39 JUVENILE ARRESTS IN FLORIDA



Source: Florida Department of Law Enforcement

TABLE 3-8 JUVENILE CRIME DATA

| | DUVAL COUNTY | STATE OF FLORIDA | UNITED STATES |
|---|--------------|------------------|---------------|
| CARRIED A WEAPON ON SCHOOL PROPERTY AT LEAST 1 DAY | 6.5 | N/A | 5.4 |
| DID NOT GO TO SCHOOL BECAUSE THEY FELT UNSAFE AT SCHOOL OR ON THEIR WAY TO/FROM SCHOOL AT LEAST 1 DAY | 11.0 | 6.5 | 5.9 |
| THREATENED OR INJURED WITH A WEAPON ON SCHOOL PROPERTY ONE OR MORE TIMES | 10.7 | 7.2 | 7.4 |
| IN A PHYSICAL FIGHT ON SCHOOL PROPERTY ONE OR MORE TIMES | 13.7 | 10.2 | 12.0 |
| IN A PHYSICAL FIGHT ONE OR MORE TIMES | 32.3 | 28.0 | 32.8 |
| CARRIED A GUN AT LEAST 1 DAY | 7.1 | N/A | 5.1 |
| CARRIED A WEAPON AT LEAST 1 DAY | 18.8 | 15.6 | 16.6 |

Source: Centers for Disease Control and Prevention – High School Youth Risk Behavior Survey

VITAL STATISTICS

Leading Causes of Death

Cancer is consistently the leading cause of death, responsible for nearly a quarter of deaths in each county of the assessment region. Heart disease, chronic lower respiratory disease and stroke also topped the list in every county. Suicide appeared on the list for St. Johns County, accountable for approximately three percent of deaths. Pneumonia is responsible for the same percentage of deaths in Nassau County. The following tables break down the leading causes of death for each county of the assessment region.

LEADING CAUSES OF DEATH – CLAY COUNTY (2010)

| CAUSE OF DEATH | NUMBER OF DEATHS | PERCENT OF TOTAL DEATHS | 2010 AGE-ADJUSTED DEATH RATE | 3-YEAR AGE-ADJUSTED DEATH RATE |
|-----------------------------------|------------------|-------------------------|------------------------------|--------------------------------|
| CANCER | 357 | 25.6% | 184.7 | 190.7 |
| HEART DISEASE | 272 | 19.5% | 146.0 | 149.5 |
| CHRONIC LOWER RESPIRATORY DISEASE | 98 | 7.0% | 54 | 56.5 |
| UNINTENTIONAL INJURIES | 66 | 4.7% | 36.3 | 40.6 |
| STROKE | 62 | 4.5% | 33.9 | 33.9 |
| DIABETES | 57 | 4.1% | 30.5 | 25.3 |

Source: Florida Department of Health, Vital Statistics Bureau

LEADING CAUSES OF DEATH – DUVAL COUNTY (2010)

| CAUSE OF DEATH | NUMBER OF DEATHS | PERCENT OF TOTAL DEATHS | 2010 AGE-ADJUSTED DEATH RATE | 3-YEAR AGE-ADJUSTED DEATH RATE |
|-----------------------------------|------------------|-------------------------|------------------------------|--------------------------------|
| CANCER | 1,611 | 23.2% | 180.2 | 183.8 |
| HEART DISEASE | 1,532 | 22.1% | 170.3 | 176.1 |
| CHRONIC LOWER RESPIRATORY DISEASE | 436 | 6.3% | 50.4 | 49.8 |
| UNINTENTIONAL INJURIES | 367 | 5.3% | 39.9 | 40.3 |
| STROKE | 288 | 4.1% | 32.1 | 35.7 |
| DIABETES | 237 | 3.4% | 26.6 | 28.2 |

Source: Florida Department of Health, Vital Statistics Bureau

LEADING CAUSES OF DEATH – NASSAU COUNTY (2010)

| CAUSE OF DEATH | NUMBER OF DEATHS | PERCENT OF TOTAL DEATHS | 2010 AGE-ADJUSTED DEATH RATE | 3-YEAR AGE-ADJUSTED DEATH RATE |
|-----------------------------------|------------------|-------------------------|------------------------------|--------------------------------|
| CANCER | 151 | 23.2% | 155.4 | 165.5 |
| HEART DISEASE | 139 | 21.3% | 159.2 | 168.7 |
| CHRONIC LOWER RESPIRATORY DISEASE | 44 | 6.7% | 48.9 | 52.2 |
| UNINTENTIONAL INJURIES | 42 | 6.4% | 54.0 | 56.3 |
| STROKE | 27 | 4.1% | 30.9 | 31.4 |
| PNEUMONIA / INFLUENZA | 15 | 2.3% | 18.6 | 20.4 |

Source: Florida Department of Health, Vital Statistics Bureau

LEADING CAUSES OF DEATH – PUTNAM COUNTY (2010)

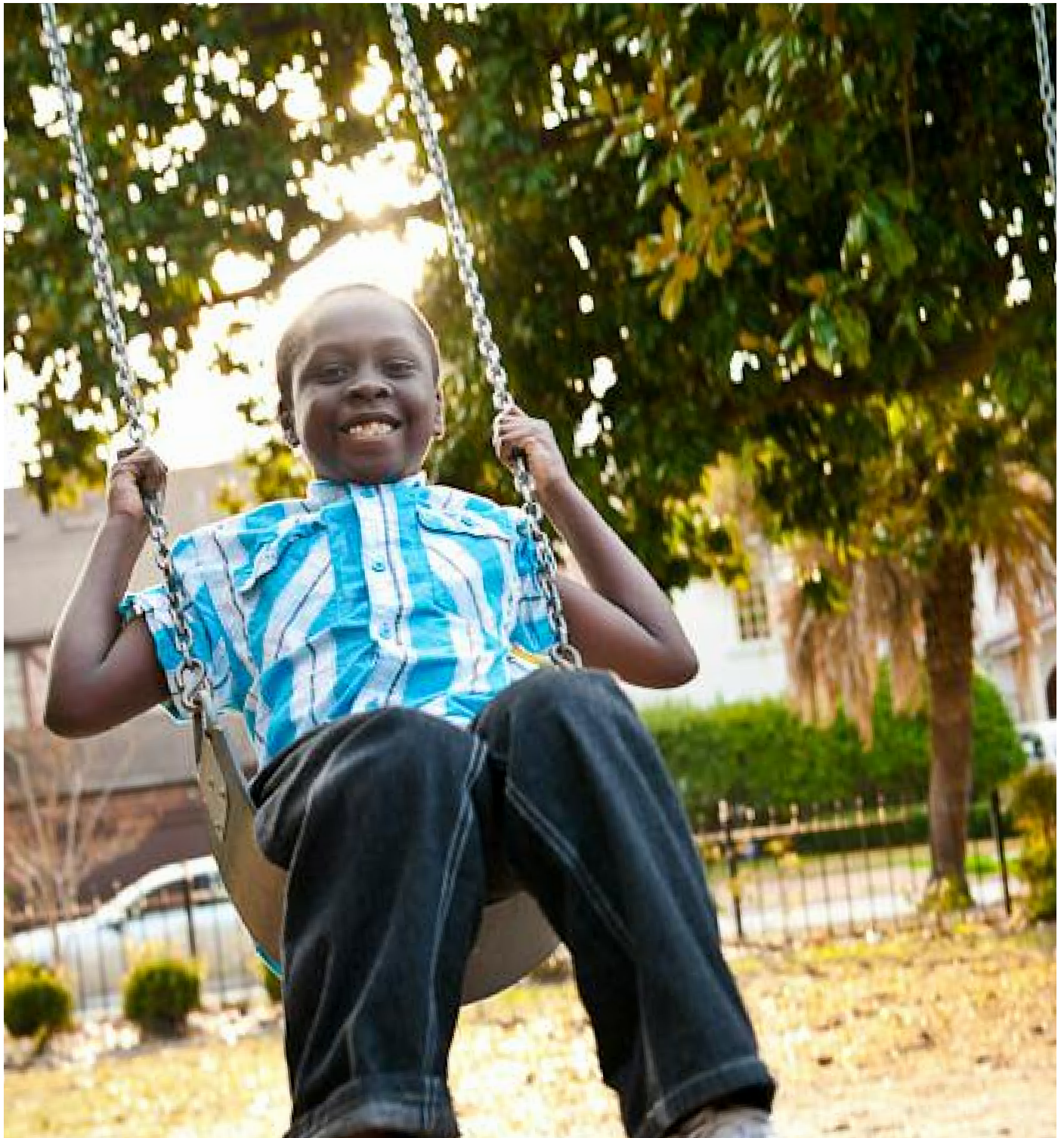
| CAUSE OF DEATH | NUMBER OF DEATHS | PERCENT OF TOTAL DEATHS | 2010 AGE-ADJUSTED DEATH RATE | 3-YEAR AGE-ADJUSTED DEATH RATE |
|-----------------------------------|------------------|-------------------------|------------------------------|--------------------------------|
| CANCER | 226 | 23.0% | 212.9 | 203.2 |
| HEART DISEASE | 198 | 20.1% | 184.3 | 163.5 |
| CHRONIC LOWER RESPIRATORY DISEASE | 73 | 7.4% | 64.6 | 66.7 |
| UNINTENTIONAL INJURIES | 62 | 6.3% | 86.9 | 72.0 |
| STROKE | 49 | 5.0% | 43.9 | 43.6 |
| DIABETES | 42 | 4.3% | 37.4 | 37.0 |

Source: Florida Department of Health, Vital Statistics Bureau

LEADING CAUSES OF DEATH – ST. JOHNS COUNTY (2010)

| CAUSE OF DEATH | NUMBER OF DEATHS | PERCENT OF TOTAL DEATHS | 2010 AGE-ADJUSTED DEATH RATE | 3-YEAR AGE-ADJUSTED DEATH RATE |
|-----------------------------------|------------------|-------------------------|------------------------------|--------------------------------|
| CANCER | 378 | 25.7% | 153.0 | 159.7 |
| HEART DISEASE | 290 | 19.7% | 113.3 | 109.2 |
| CHRONIC LOWER RESPIRATORY DISEASE | 85 | 5.8% | 34.3 | 35.2 |
| STROKE | 65 | 4.4% | 26.1 | 26.1 |
| UNINTENTIONAL INJURIES | 62 | 4.2% | 29.7 | 32.5 |
| SUICIDE | 42 | 2.9% | 19.8 | 15.9 |

Source: Florida Department of Health, Vital Statistics Bureau



CHAPTER 4: BUILT ENVIRONMENT



NATURAL AMENITIES SCALE

The natural amenities scale is a measure of the physical characteristics of a county area that enhance the location as a place to live. The scale was constructed by combining six measures of climate, topography and water area that reflect the environmental qualities most people prefer. These measures are warm winter, winter sun, temperate summer, low summer humidity, topographic variation and water area.⁶ Natural amenity rankings are given values “1” through “7,” with “7” representing the highest score.

St. Johns and Putnam Counties were scored at a “5,” while the other counties in the assessment region all received a score of “4.” On a scale of “7,” a score of “3” would indicate an average score, as it falls exactly in the middle. Thus, while the county scores are not the highest possible, they are still above average. The standard deviations listed in Table 4-1 put these scores in context and provide a better idea of how high each score is.

AMERICAN LUNG ASSOCIATION: STATE REPORT CARD

The American Lung Association (ALA) assigns grades “A” through “F” based on average annual number of days that ozone levels exceeded U.S. standards during the three-year measurement period.⁷ The weighted average was derived by adding the three years of individual level data (2008 through 2010), multiplying the sums of each level by the assigned standard weights (i.e., “1” = orange, “1.5” = red, “2.0” = purple and “2.5” = maroon) and calculating the average. Grades are assigned based on the weighted averages as follows: “A” = 0.0, “B” = 0.3 to 0.9, “C” = 1.0 to 2.0, “D” = 2.1 to 3.2, “F” = 3.3+.⁸

Duval County is the only county in the assessment region for which the ALA reports data. As shown in Table 4-2, Duval County was given a grade of “B” for both ozone levels and particle pollution for the years of 2008 through 2010.

Blood Lead Levels

According to Florida’s definition of childhood lead poisoning, children ages 72 months or younger with confirmed lead levels greater than or equal to 10 micrograms per deciliter are considered lead poisoned. This is the same definition as the Centers for Disease Control and Prevention.⁹

The data available on the subject are provided in Table 4-3. Note that a very small sample of children from each county was tested. Even so, St. Johns County did not have any incidences of elevated blood lead levels. On the other hand, more than one percent of the children in Nassau County showed elevated levels.

Water Fluoridation

Fluoridating the public water supply is the most cost-effective means of preventing dental decay with positive effects ranging throughout all ages. The constant contact of low concentrations of fluoride in the oral cavity that occurs when people drink fluoridated water has been shown to significantly reduce dental caries.¹⁰

6 United States Department of Agriculture, Economic Research Service. <http://www.ers.usda.gov/data-products/natural-amenities-scale.aspx>

7 NE FL Counts. <http://www.nefloridacounts.org/modules.php?op=modload&name=NS-Indicator&file=indicator&iid=15887>

8 American Lung Association. <http://www.stateoftheair.org/2012/states/understanding-the-grades-and-tables.html>

9 Florida Department of Health. http://www.doh.state.fl.us/environment/learning/lead_prevention.htm

10 Florida Department of Health. *Community Water Fluoridation*. <http://www.doh.state.fl.us/family/dental/fluoridation/index.html>

Duval County has the largest percentage of both populations that receive fluoridated water (more than 90 percent). Clay County has the lowest levels (eight percent of water system population fluoridated). (See Chart 4-1.)

Key Findings

- All five counties in the assessment region scored higher than average in natural amenities, but Putnam and St. Johns Counties scored the highest at “5.”
- Duval County was given grades of “B” in both aspects of air quality.
- St. Johns County was the only county in the assessment region with no incidences of elevated blood lead levels.
- All counties provide fluoridated water, however only eight percent of the water system in Clay County is fluoridated, while more than 90 percent of the system in Duval County receives fluoridated water.

TABLE 4-1 NATURAL AMENITIES SCALE

| | SCALE SCORE | STANDARD DEVIATIONS |
|-----------|-------------|---------------------|
| ST. JOHNS | 5 | 2.98 |
| PUTNAM | 5 | 2.35 |
| DUVAL | 4 | 2.31 |
| NASSAU | 4 | 2.04 |
| CLAY | 4 | 2.01 |

Source: USDA Economic Research Service

TABLE 4-2 AIR QUALITY – DUVAL COUNTY

| OZONE | | PARTICLE POLLUTION | |
|-------|------------------|--------------------|------------------|
| GRADE | WEIGHTED AVERAGE | GRADE | WEIGHTED AVERAGE |
| B | 0.7 | B | 0.3 |

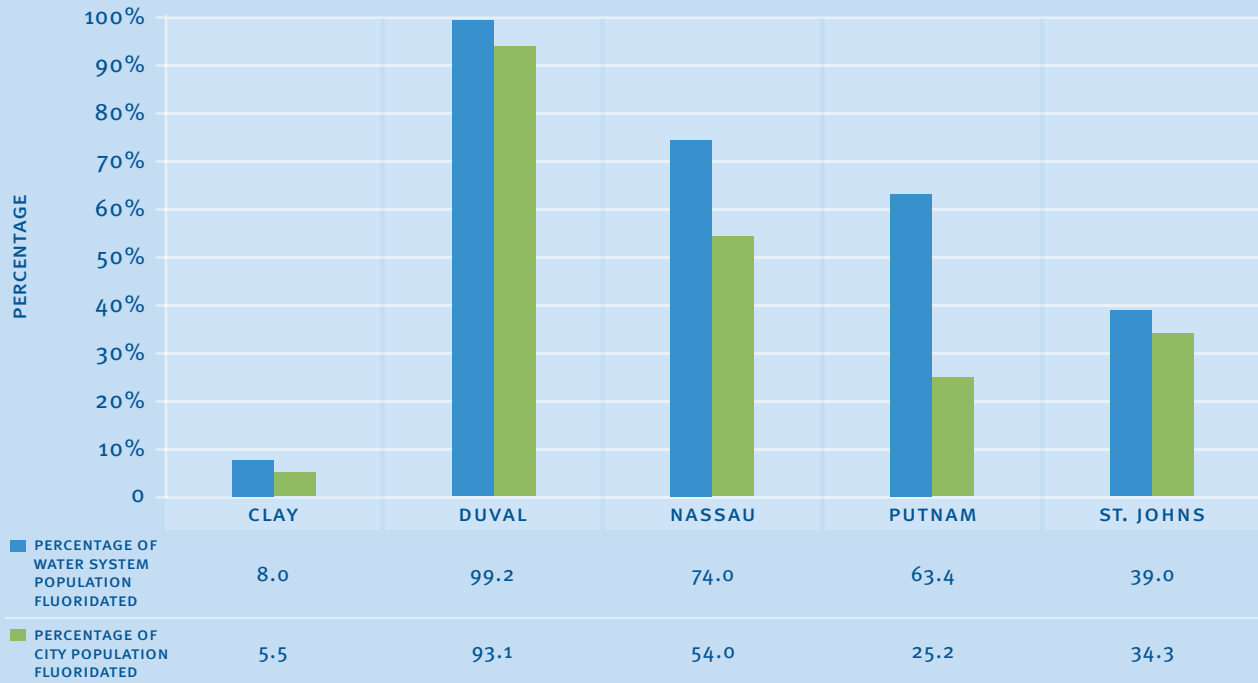
Source: American Lung Association, State Report Card

TABLE 4-3 BLOOD LEAD LEVELS

| COUNTY | PERCENT OF CHILDREN TESTED | PERCENT OF CHILDREN WITH ELEVATED BLOOD LEAD LEVELS |
|-----------|----------------------------|---|
| CLAY | 5.60% | 0.12% |
| DUVAL | 6.90% | 0.21% |
| NASSAU | 3.30% | 1.18% |
| PUTNAM | 9.10% | 0.55% |
| ST. JOHNS | 3.30% | 0.00% |

Source: CDC Blood Lead Surveillance Report

CHART 4-1 WATER FLUORIDATION



Source: Florida Department of Health <http://www.doh.state.fl.us/family/dental/fluoridation/optimally2007.pdf>



CHAPTER 5: ACCESS TO FOOD



SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM (SNAP)

The number of food stamp recipients climbed by about 10 million from 2007 to 2009.¹¹ Thus, the observed increase in SNAP-authorized stores is likely due to the increased demand for such establishments. All five counties in the assessment region have seen an increase in the rate of SNAP-authorized stores since 2008. In 2010, Putnam County had the highest rate at 1.48 stores per 1,000 individuals. St. Johns County had the lowest rate at 0.53 stores per 1,000 people (see Chart 5-1).

WOMEN, INFANTS AND CHILDREN (WIC)

While there are more SNAP-authorized stores, the rates of WIC-authorized stores have stayed the same. Chart 5-2 illustrates that the largest change in either direction was by 0.02. When the rates for SNAP- and WIC-authorized stores are viewed side-by-side, the low levels of WIC-authorized stores are put into perspective. In using the most optimistic numbers (from Putnam County), the rate equates to approximately one store for every 6,600 individuals. See Chart 5-3 for further comparison.

ACCESS TO FOOD SOURCES

The distribution of various food sources varies by county. In Nassau and St. Johns Counties, there are more full-service restaurants than fast food restaurants. However, in Clay and Duval Counties the opposite is true. All of the assessment region counties share a relatively low rate of farmers' markets (no higher than 0.2 markets per 1,000 people in any county). Additionally, convenience stores make up a large majority of the stores available to residents of all five counties. In Putnam County specifically, there are three times as many convenience stores than all other types of stores (supercenters, grocery stores, specialized food stores) combined. Charts 5-4 and 5-5 provide more information about the types of food sources available in each county. When considering access to food that is greater than one mile away, those individuals identified as low-income have less difficulty than those without a car; this is true for all five counties. **The data suggest that a lack of personal transportation is a greater barrier than a small income. This becomes more obvious when the distance radius is increased to 10 miles. See Charts 5-7 and 5-8 to compare. Note: the scales for the two charts are very different. Maps 5-1 through 5-4 help to visualize the food deserts in Clay, Duval, Putnam and St. Johns Counties.**

The percentage of students eligible for free or reduced school lunch is highest in Putnam County (nearly 75 percent). See Chart 5-6 for percentages in the rest of the assessment region.

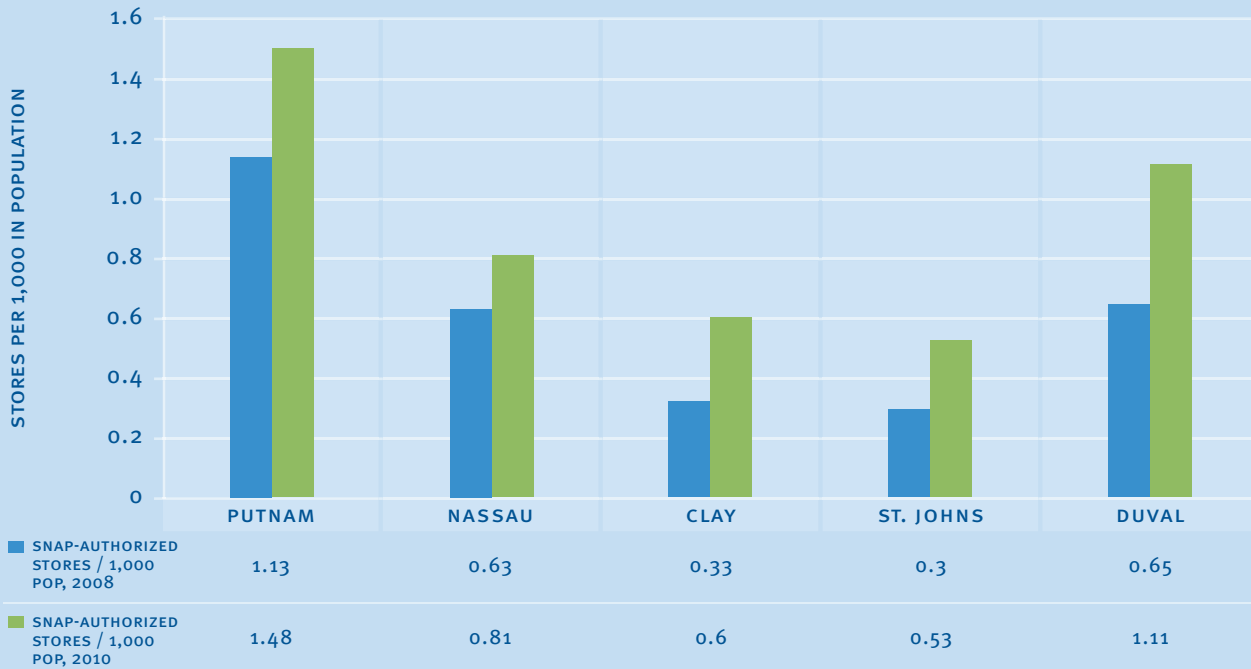
Focus group participants expressed their concerns about individual eating habits and choices. In the survey, 47 percent of respondents indicated that they had not consumed the recommended amount of fruit and 58 percent did not eat enough vegetables. Focus group participants have noticed many people skipping the produce aisle and heading for foods that are cheaper and easier to prepare. This type of decision-making extends beyond what they buy in the grocery store; when convenience stores are so prevalent, the decision becomes about where to go to buy food, not just what food to buy. They also expressed the desire to have more opportunities to educate the people in their community about the importance of nutrition and making good food choices.

11 The New York Times. *Food Stamp Usage Across the Country*. <http://www.nytimes.com/interactive/2009/11/28/us/20091128-foodstamps.html>

Key Findings

- SNAP-authorized stores have increased along with increased enrollment, but WIC-authorized store rates have stayed the same.
- Residents in all five counties have limited availability of local food sources (i.e., farmers' markets). Additionally, there are high rates of convenience stores which for many serve as food sources.
- In Putnam County specifically, there are three times as many convenience stores than all other types of stores (supercenters, grocery stores, specialized food stores) combined.
- The data imply that a lack of personal transportation is a greater barrier than being identified as "low-income."

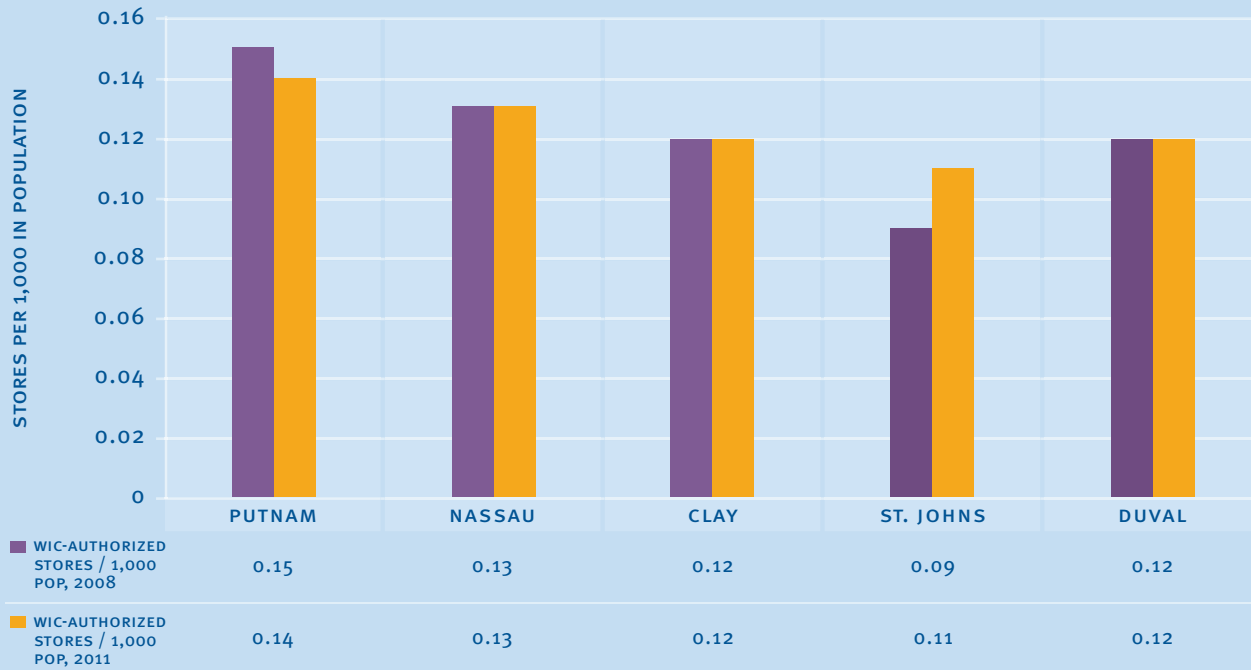
CHART 5-1 SNAP-AUTHORIZED STORES



Source: United States Department of Agriculture

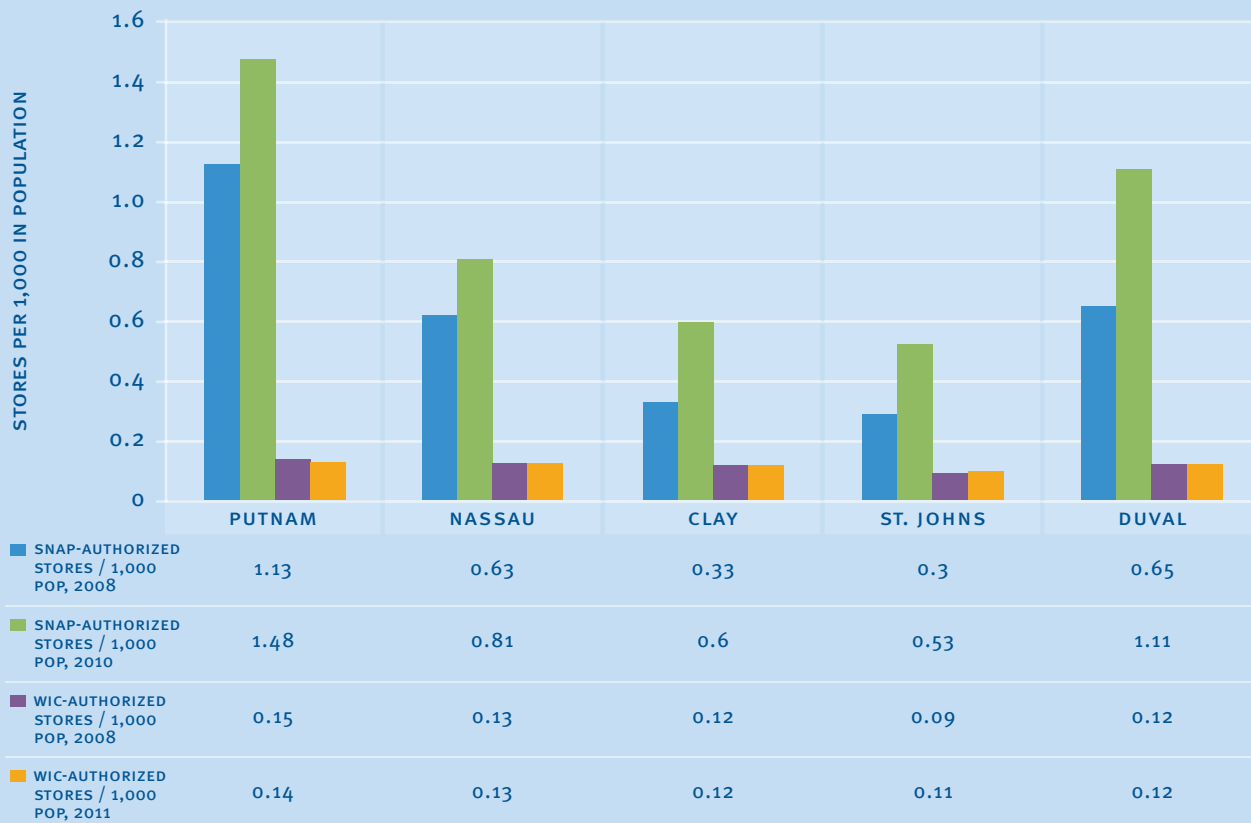
11 The New York Times. *Food Stamp Usage Across the Country*. <http://www.nytimes.com/interactive/2009/11/28/us/20091128-foodstamps.html>

CHART 5-2 WIC-AUTHORIZED STORES



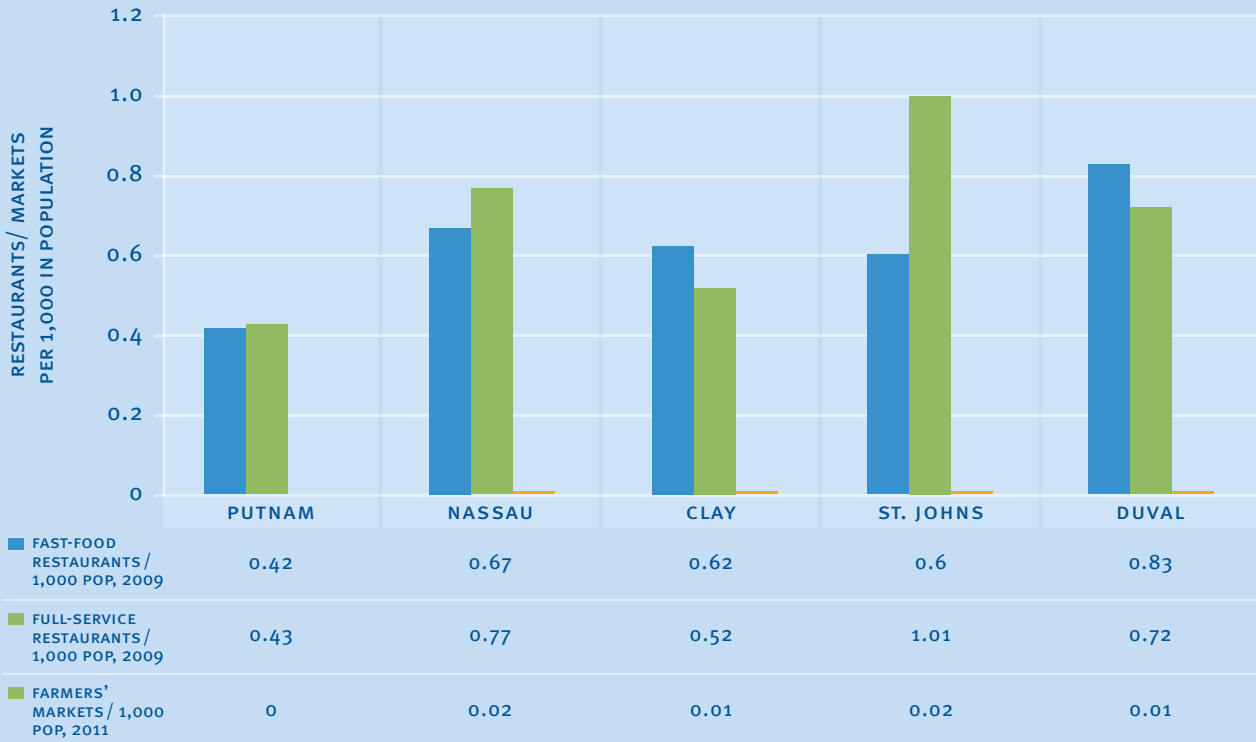
Source: United States Department of Agriculture

CHART 5-3 SNAP- AND WIC-AUTHORIZED STORES



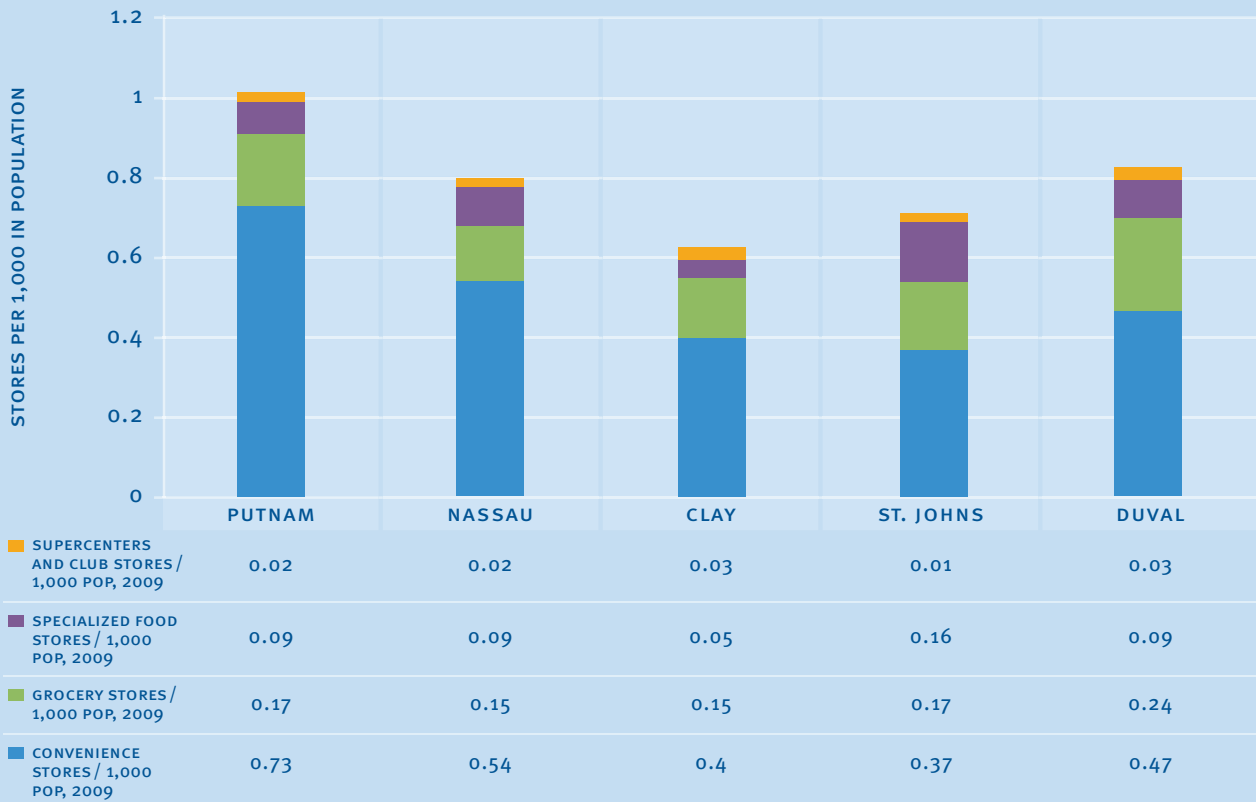
Source: United States Department of Agriculture

CHART 5-4 RESTAURANT AVAILABILITY



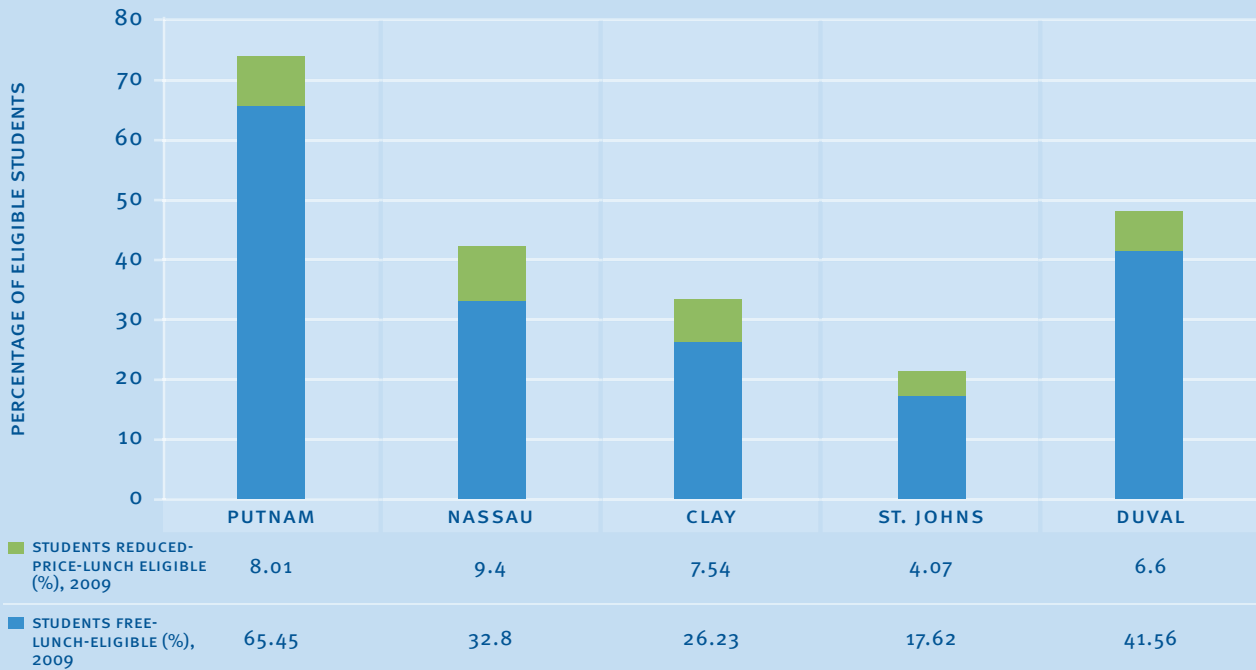
Source: United States Department of Agriculture

CHART 5-5 STORE AVAILABILITY



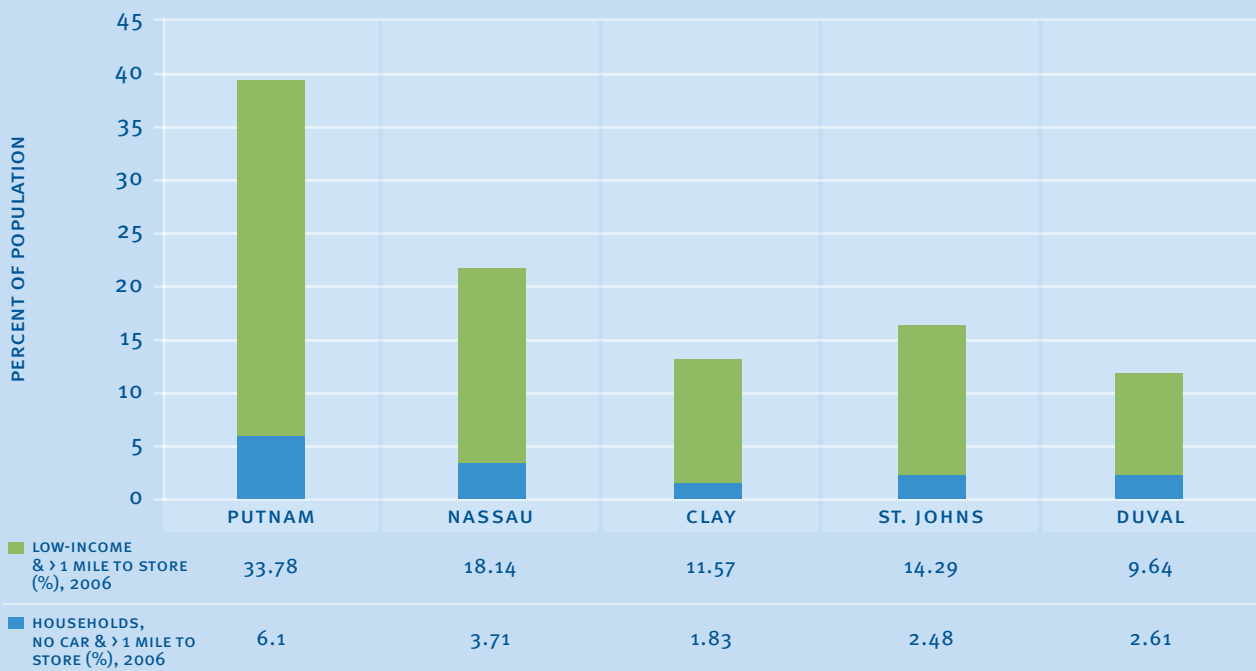
Source: United States Department of Agriculture

CHART 5-6 ELIGIBILITY FOR FREE AND REDUCED-PRICE LUNCHES



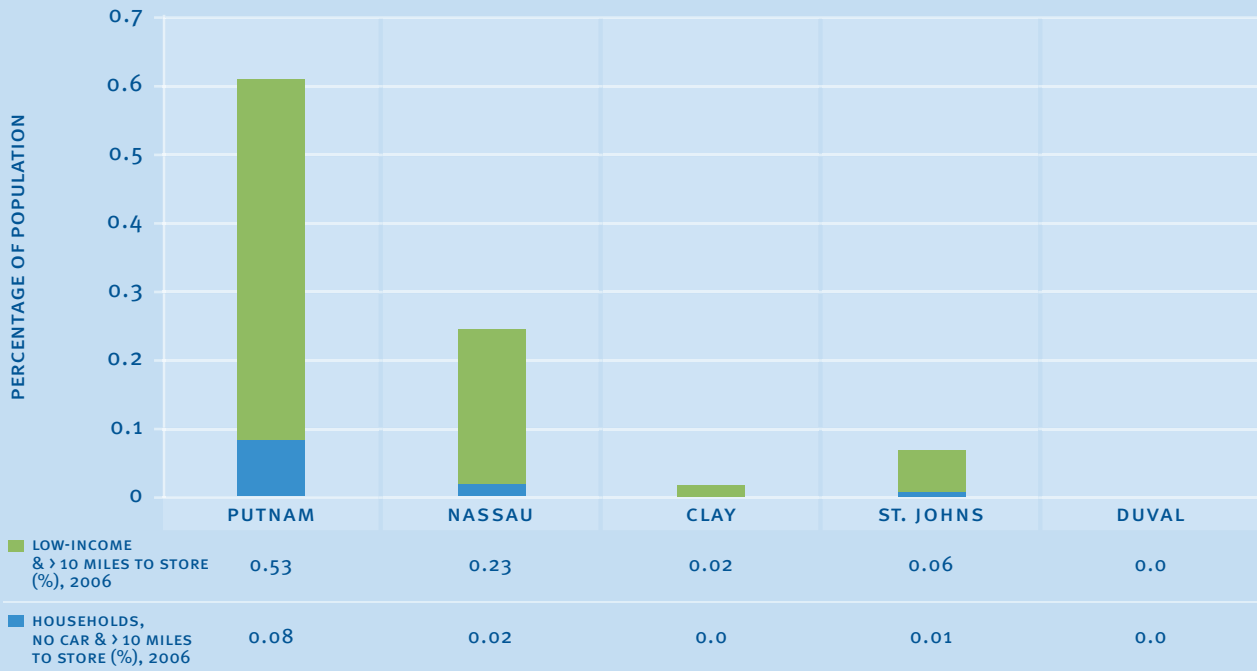
Source: United States Department of Agriculture

CHART 5-7 ACCESS TO FOOD, GREATER THAN ONE MILE



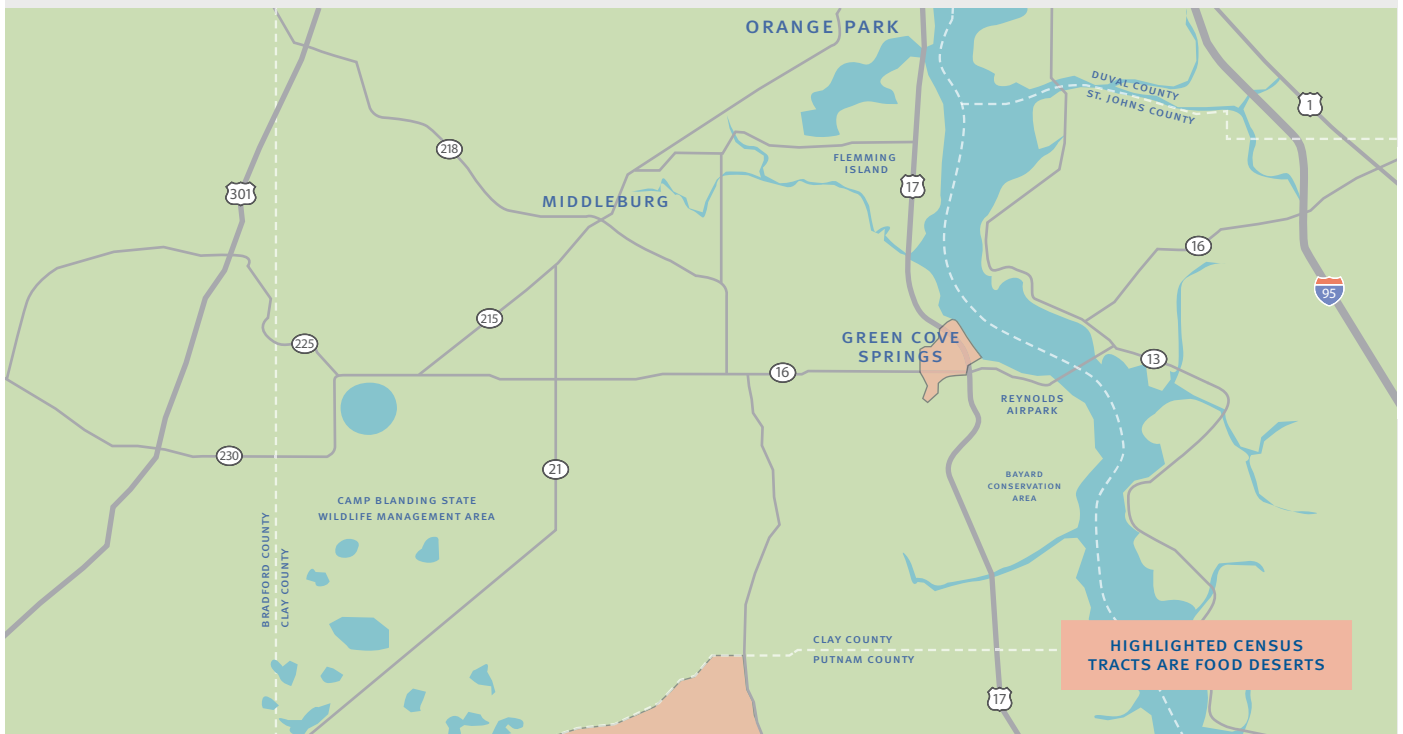
Source: United States Department of Agriculture

CHART 5-8 ACCESS TO FOOD, GREATER THAN 10 MILES



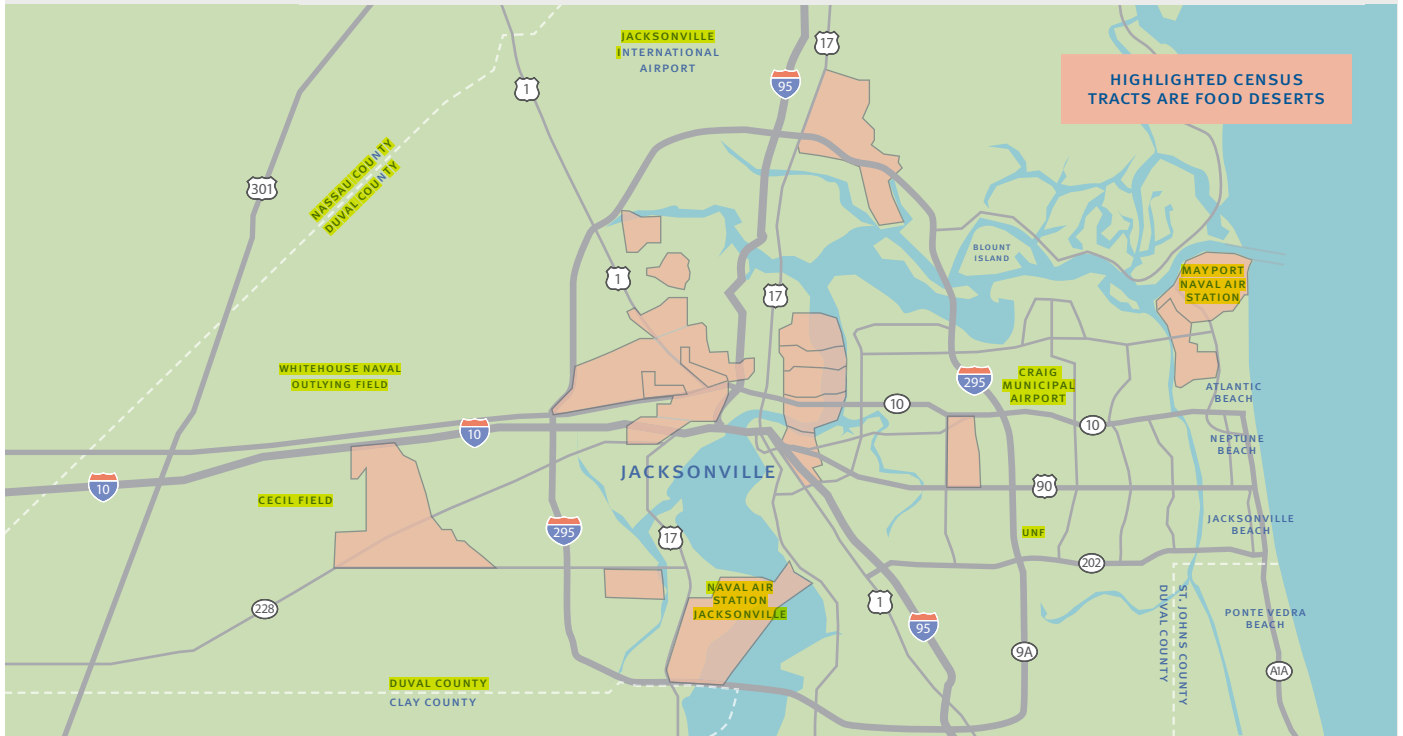
Source: United States Department of Agriculture

MAP 5-1 CLAY COUNTY



Source: USDA Economic Research Service, Food Desert Locator 2010

MAP 5-2 DUVAL COUNTY

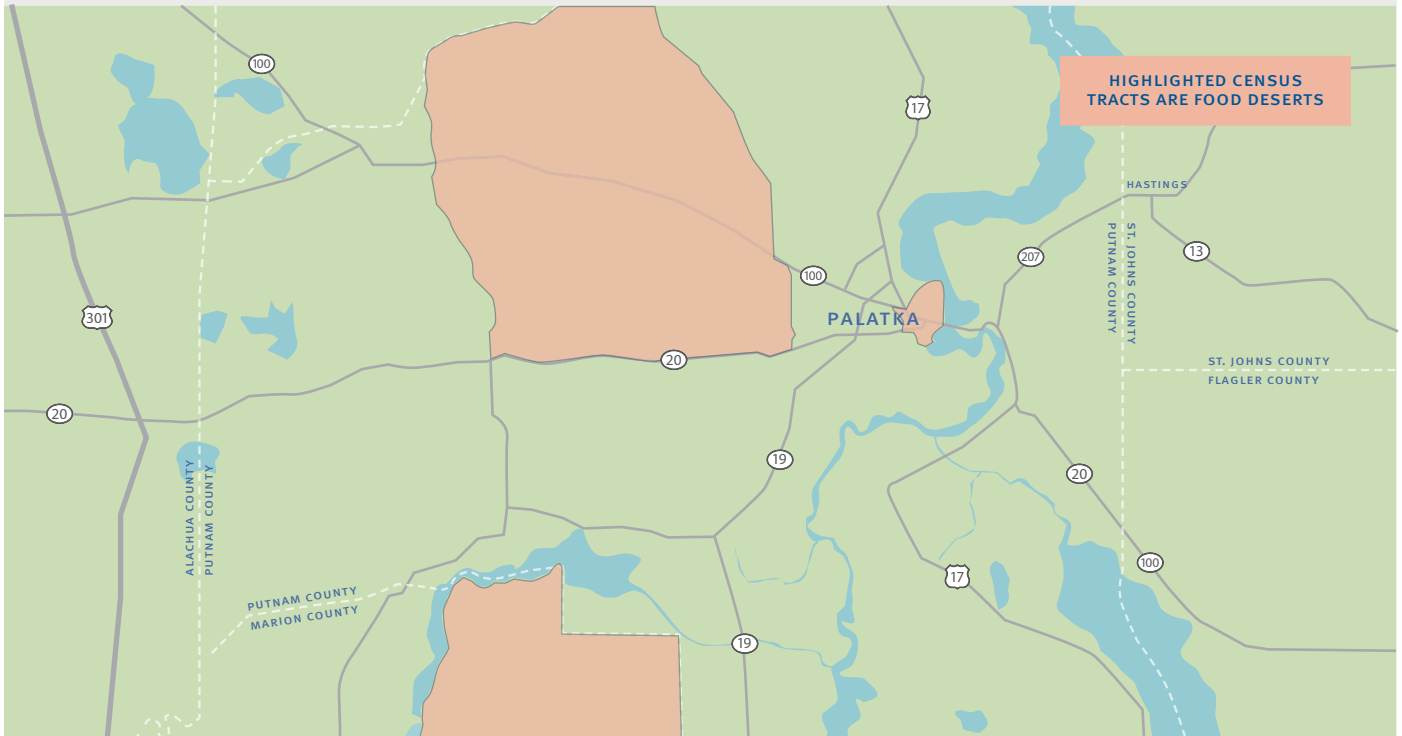


Source: USDA Economic Research Service, Food Desert Locator 2010

MAP 5-3 NASSAU COUNTY

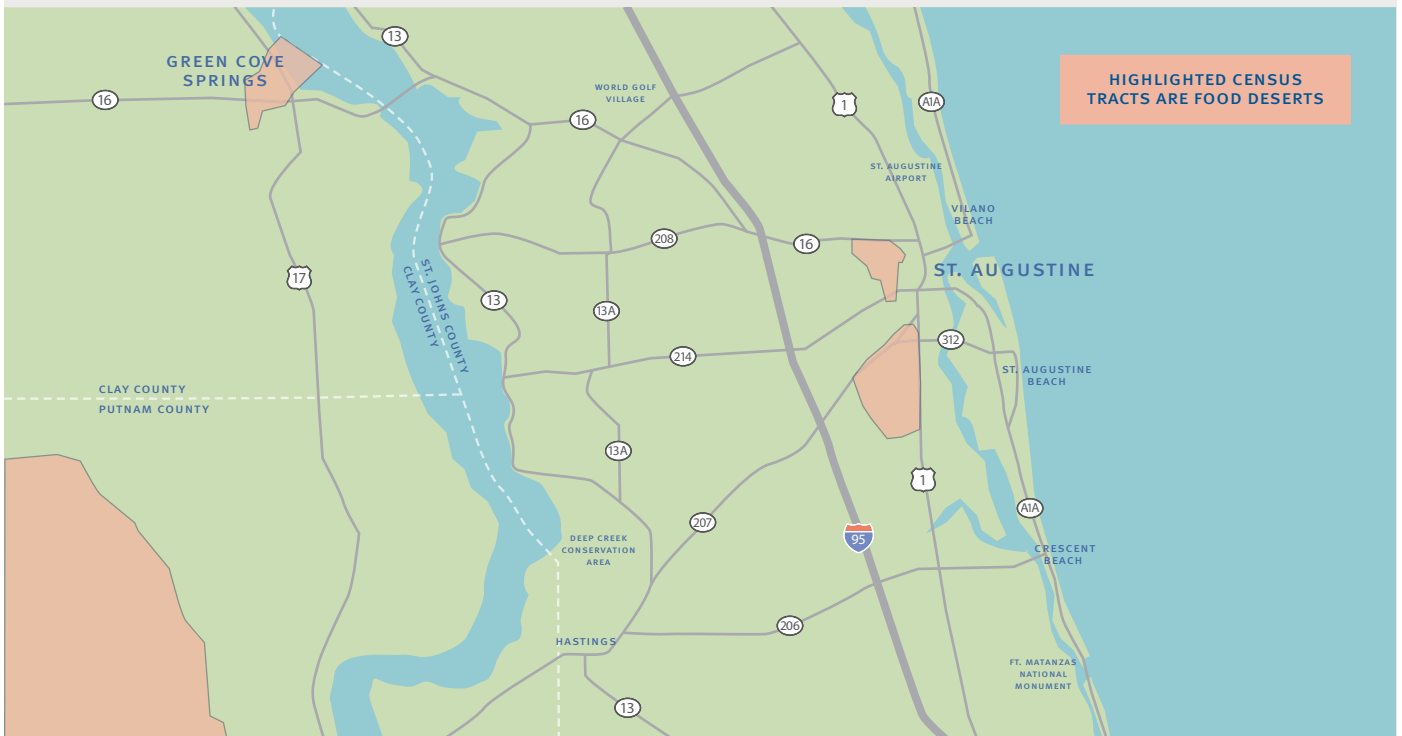
No food deserts were identified in Nassau County, Florida according to USDA Economic Research Services, Food Desert locator 2010.

MAP 5-4 PUTNAM COUNTY



Source: USDA Economic Research Service, Food Desert Locator 2010

MAP 5-5 ST. JOHNS COUNTY



Source: USDA Economic Research Service, Food Desert Locator 2010



CHAPTER 6: HEALTH CARE ACCESS



Access to health care services is an important determinant of health status and continues to be a central focus for health policy in Florida. The following summary provides a review of health coverage available to Clay, Duval, Nassau, Putnam and St. Johns County residents, health care providers practicing in the counties, health care facilities and services, and other community resources. An assessment of existing health care systems will help to identify the current status of care availability and significant gaps or challenges.

According to the Community Health Survey used for this assessment, access to health care is important to a majority of respondents (96 percent). Statistical tests showed that significant differences exist across gender and race/ethnicity. Female respondents (97 percent) found access to health care to be more important than males (94 percent). Females (84 percent) also responded “very important” more than males (67 percent). Other/Multi-Racial respondents placed the lowest level of importance on access to health care (73 percent), while Hispanic respondents unanimously answered “very important” or “somewhat important” (100 percent). A closer look at strictly “very important” responses shows that African-American respondents answered this way the most (93 percent). It is important to note that none of the respondents answered “not at all important.”

QUALITY OF CARE

Sixty-five percent of the respondents of the Community Health Survey rated the quality of health care services in their county as “excellent or good.” Forty-seven of those percent were “good” responses. Five percent of respondents rated the health care services as “poor.”

St. Johns County respondents were most satisfied with the health care services in their county (79 percent) and submitted the highest level of “excellent” ratings (30 percent). Duval County residents were least satisfied (61 percent) and gave the highest percentage of “poor” ratings. Respondents from Clay County gave the fewest “excellent” ratings (11 percent).

Males (71 percent) tended to rate the health care services in their counties higher than females (61 percent). They also gave more “excellent” ratings (22 percent) than women (16 percent).

Asian respondents were most satisfied with the health care services (78 percent). Interestingly, African-American respondents were the least satisfied overall (53 percent) but gave the highest level of “excellent” ratings. This signals a divide in beliefs; a high number of people rated their services as “excellent,” however an almost equally large number of people were displeased with the quality.

Ratings of health care services tend to improve as the age of the respondent increases, with a slight drop-off for those in the ages 75 and older group. Those respondents ages 18 to 24 gave their services the lowest rating (54 percent), but it was the ages 25 to 34 group that responded with the least percentage of “excellent” responses. Respondents ages 65 to 74 gave the highest ratings (87 percent), but individuals ages 75 and older responded with the highest “excellent” responses (46 percent).

Ratings of health care quality increased as income increased. Those in the Under \$15,000 bracket gave the lowest overall rating (46 percent), while those at the highest end of the income scale gave an 80 percent rating and the highest percentage of “excellent” ratings (27 percent). Those in the \$50,000 to \$74,999 income range gave the lowest amount of “excellent” ratings (12 percent).

Key Findings:

- Sixty-five percent of the survey respondents rated the quality of health care services in their county as “excellent or good.” Forty-seven percent of those were “good” responses.
- St. Johns County respondents were most satisfied with the health care services in their county (79 percent) and submitted the highest level of “excellent” ratings. Duval County residents were the least satisfied and gave the highest percentage of “poor” ratings. Respondents from Clay County gave the fewest “excellent” ratings.
- African-American respondents were the least satisfied overall (53 percent) but gave the highest level of “excellent” ratings. This signals a divide in beliefs; a high number of people rated their services as “excellent,” however an almost equally large number of people were displeased with the quality.

HEALTH CARE PROVIDERS AND FACILITIES

The Community Health Survey revealed several interesting findings regarding accessibility of health care, delays in treatment, routine care, and tests and screenings, insurance coverage and other barriers to care. Findings from the 22 consumer-based focus groups conducted across the selected counties supported much of the findings from the community needs assessment. The Department of Health and Human Services (HHS) has designated each of the low-income populations in Clay, Duval, Nassau, Putnam and St. Johns Counties as a Medically Underserved Population (MUP). In addition, Clay, Duval, Nassau, Putnam and St. Johns Counties are all designated as Health Professional Shortage Areas (HPSA) for the low-income population in the areas of Primary Care, Dental Care and Behavioral Health. I.M. Sulzbacher Center for the Homeless, the Duval County Health Department, Rural Healthcare, Inc., Sunrise Primary Care and Northeast Florida Health Services are currently funded to address health care access needs of the low-income population in Northeast Florida.

Accessing Health Care or Physicians

Eighty-one percent of survey respondents reported that they “did not have a time during the past 12 months when they or anyone in their household experienced difficulties getting or delayed receiving health care for any reason.”

Ten percent of respondents reported that they “had experienced a time during the past 12 months when they needed medical care, but had difficulty finding a doctor.” Five percent of respondents with children reported that they “had a time in the past 12 months when they needed medical care for a child in their care, but they could not receive it.”

When respondents were asked where they would most likely go if their children or dependents were sick, the majority of respondents (83 percent) said that they would be “most likely to go to the doctor’s or pediatrician’s office/clinic if their children or dependents were sick.” The next most common answer was the “hospital Emergency Room” (15 percent) followed by an “urgent care or walk-in clinic” (10 percent). No respondents said that they would “rely on a school nurse/clinic.”

Ninety-three percent of respondents who get a prescription for medications to treat an illness said that they “get their prescription(s) filled at a pharmacy.” Five percent reported that they “go without medicine” and an additional five percent reported that they “buy over-the-counter medicine instead.”

When disabled respondents were asked to identify the biggest issue they face regarding health care access, the four most common issues were, “don’t have/can’t get health insurance” (11 percent), “mobility,” in general, (10 percent), “walking” (eight percent) and “cost of care/medications/equipment” (eight percent).

Just under half of the respondents (49 percent), reported that their most recent visit to the dentist or dental clinic was within the past six months. Eleven percent of respondents reported that they had not made a visit to the dentist or dental clinic in five or more years.

Delays in Accessing Health Care or Physicians

Of those who had delayed health care services in the last 12 months, 73 percent had delayed a visit to a doctor or physician. The next most delayed service was medical test, exam or screening (42 percent). The third most delayed service was dental care (28 percent). Ten percent of respondents answered “other services.”

The types of doctor or physician visits that the respondent or a household member delayed most frequently in the past 12 months were “routine care” (54 percent), “chronic condition” (47 percent), “minor illness/injury” (36 percent) and “dental care” (35 percent). Sixteen percent of respondents answered “other visits.”

Forty-eight percent of respondents with children “visited a doctor for a routine checkup or general physical exam within the past six months.” The percentage of children who “had not visited a doctor for a routine checkup or general physical exam within the past six months in five or more years” was zero percent.

Delays in Tests and Screenings

The types of tests or exams most frequently delayed were “eye exam” (44 percent), “pap smear” (41 percent) and “mammogram” (34 percent). Twenty-seven percent of respondents specified “other tests.”

When parents were asked how long it had been since their child visited a dentist or dental clinic, the largest group of respondents answered “within the past six months” (43 percent). Sixteen percent of the respondents said that their “child has never visited a dentist or dental clinic.”

Reasons for Delays in Accessing Health Care

The three most frequently noted reasons for delaying health care treatment are “inability to pay” (38 percent), “no insurance” (35 percent) and “concerned about spending in current economy” (33 percent). Twenty-five percent of respondents answered “other reasons.”

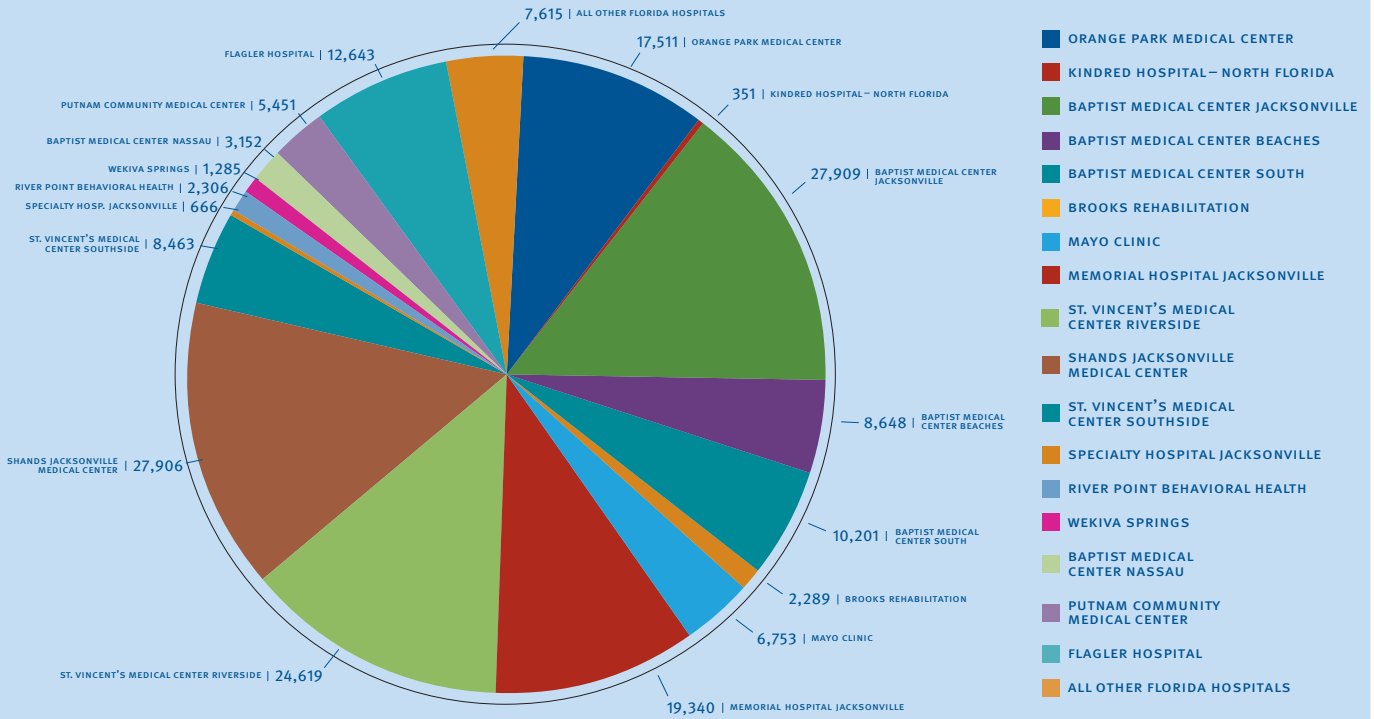
Respondents reported the main obstacle to getting medical care for children as “cost/no insurance/could not afford it” (67 percent). The next most common obstacle reported was “too long of a wait for an appointment” (10 percent).

According to the survey, 19 percent of respondents, or someone in their household, “needed a prescription medicine, but did not get it because they could not afford it.”

Key Findings:

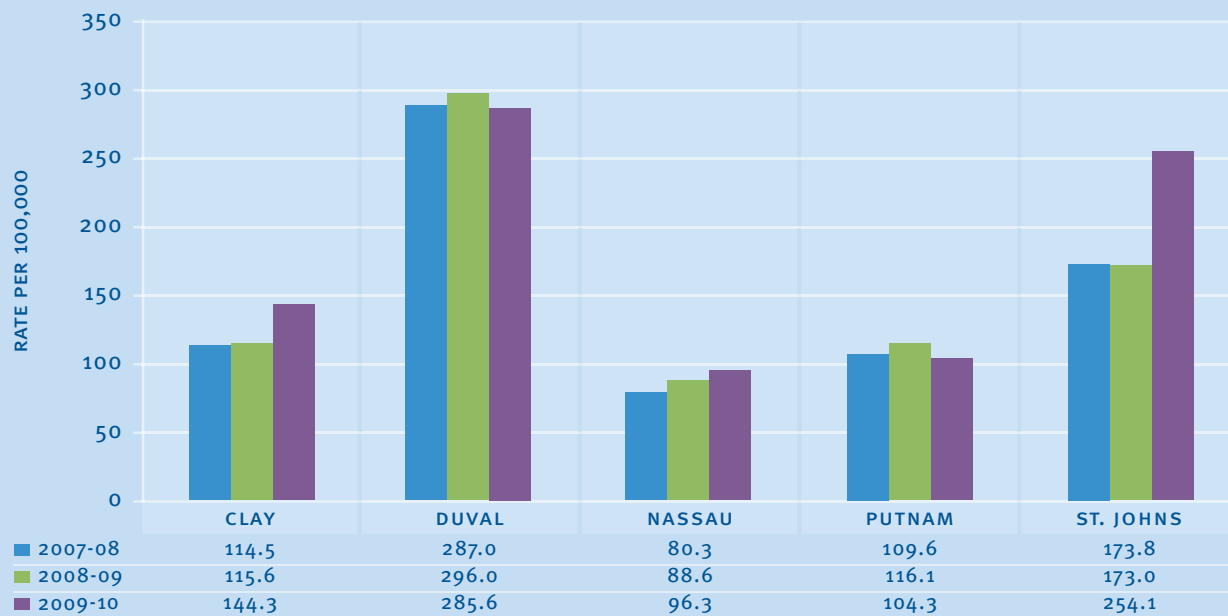
- Eighty-one percent of survey respondents did not have a time during the past 12 months when they or anyone in their household experienced difficulties getting or delayed receiving health care for any reason; 10 percent of respondents experienced a time during the past 12 months when they needed medical care but had difficulty finding a doctor. Five percent of respondents with children had a time in the past 12 months when they needed medical care for a child in their care but could not get it.
- When disabled respondents were asked to identify the biggest issue they face in accessing health care, the four most common answers were, “don’t have/can’t get health insurance” (11 percent), “mobility, in general” (10 percent), “walking” (eight percent) and “cost of care/medications/equipment” (eight percent).
- Just under half of the respondents (49 percent) reported that their most recent visit to the dentist or dental clinic was within the past six months. For 11 percent of respondents, this visit had not occurred in five or more years.
- Of those who had delayed health care services in the last 12 months, 73 percent had delayed a visit to a doctor or physician. The next most delayed service was medical test, exam or screening (42 percent). The third most delayed service was dental care (28 percent). Ten percent of respondents answered “other services.”
- The types of doctor or physician visits that respondents, or a member of their household, delayed most frequently in the past 12 months were “routine care” (54 percent), “chronic condition” (47 percent), “minor illness/injury” (36 percent) and “dental care” (35 percent). Sixteen percent of respondents answered “other visits”.
- Forty-eight percent of respondents with children “visited a doctor for a routine checkup or general physical exam within the past six months.” The percentage of children who “had not visited a doctor for a routine checkup or general physical exam within the past six months in five or more years” was zero percent.
- Sixteen percent of the survey respondents reported that their “child has never visited a dentist or dental clinic.”
- The three most frequently noted reasons for delaying health care treatment are, “inability to pay” (38 percent), “no insurance” (35 percent) and “concerned about spending in current economy” (33 percent). Twenty-five percent of respondents answered “other reasons.”
- The main obstacle to getting medical care for children was reported as “cost/no insurance/could not afford it” (67 percent). The next most common obstacle reported was “too long of a wait for an appointment” (10 percent).
- Nineteen percent of respondents, or someone in their household, “needed a prescription medicine but did not get it because they could not afford it.”

CHART 6-1 HOSPITALS OF CHOICE



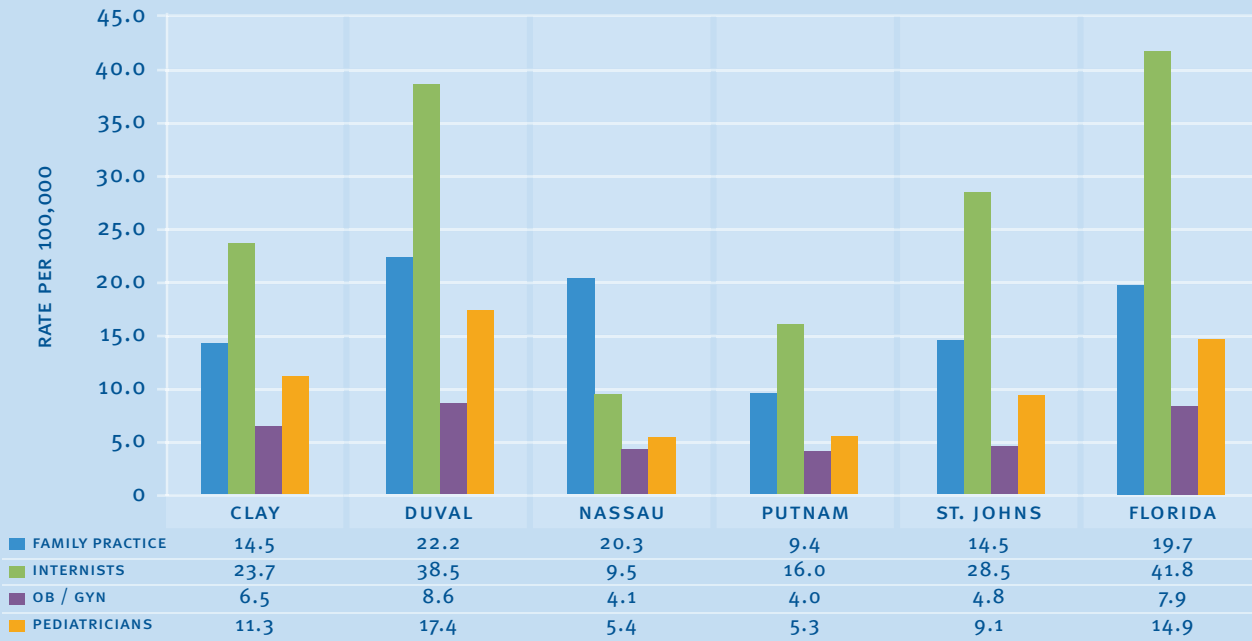
Source: AHCA Hospital Inpatient Data, CY 2010

CHART 6-2 TOTAL LICENSED PHYSICIANS



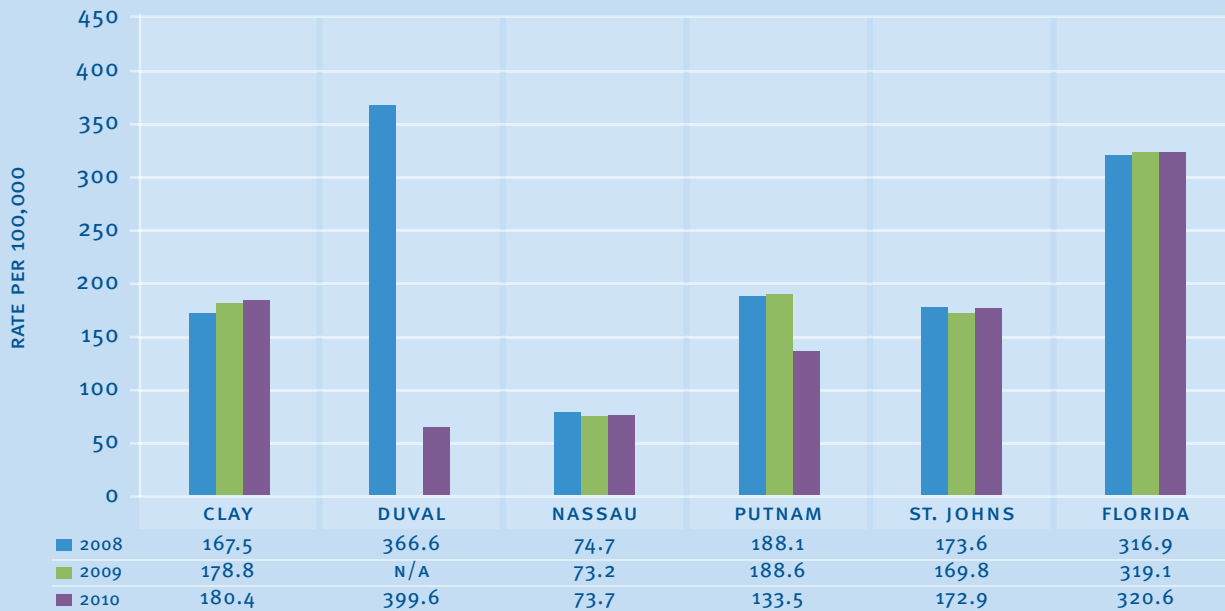
Source: Florida Department of Health, Division of Medical Quality Assurance

CHART 6-3 TOTAL LICENSED PRIMARY CARE PHYSICIANS



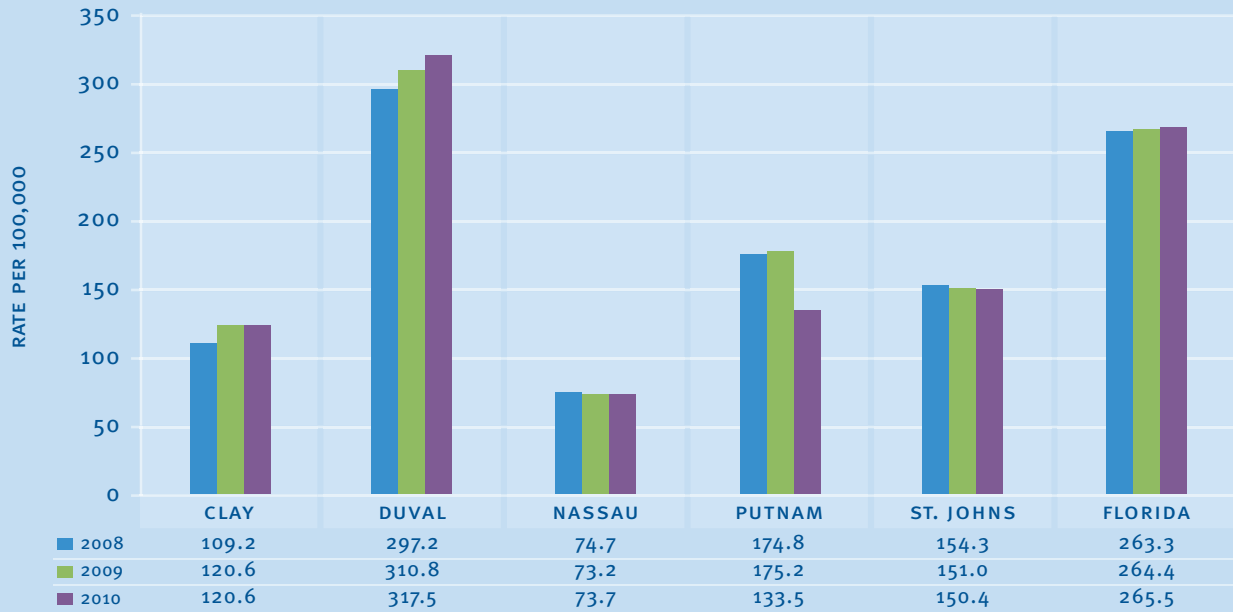
Source: Florida Department of Health, Division of Medical Quality Assurance

CHART 6-4 TOTAL HOSPITAL BEDS



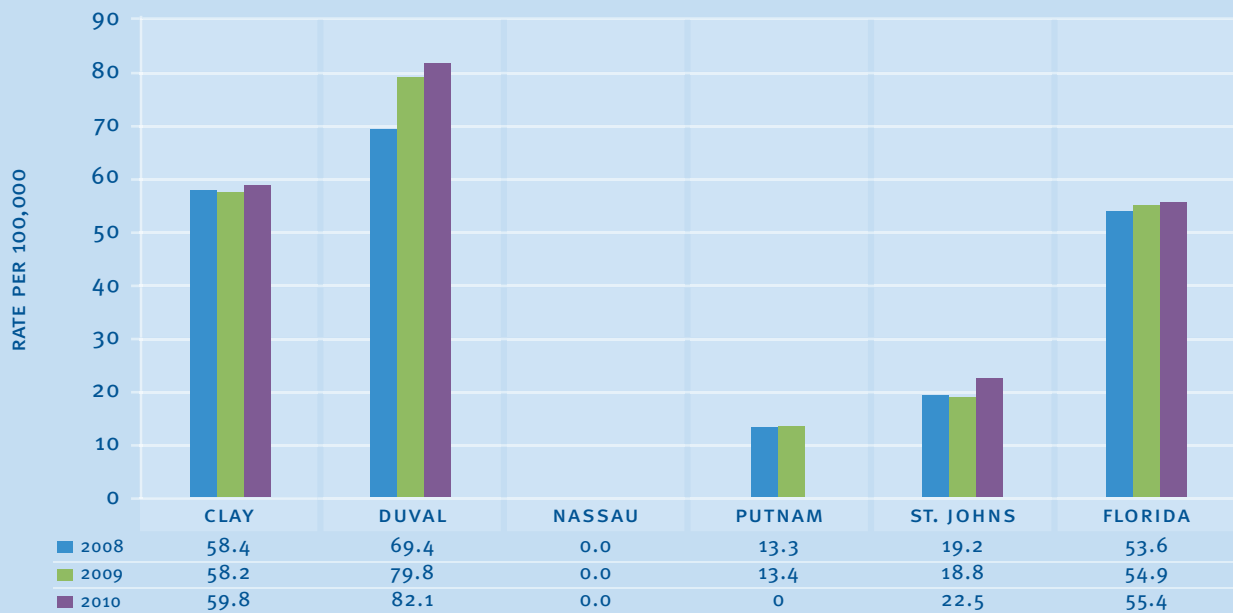
Source: Florida Agency for Health Care Administration (AHCA)

CHART 6-5 TOTAL ACUTE CARE BEDS



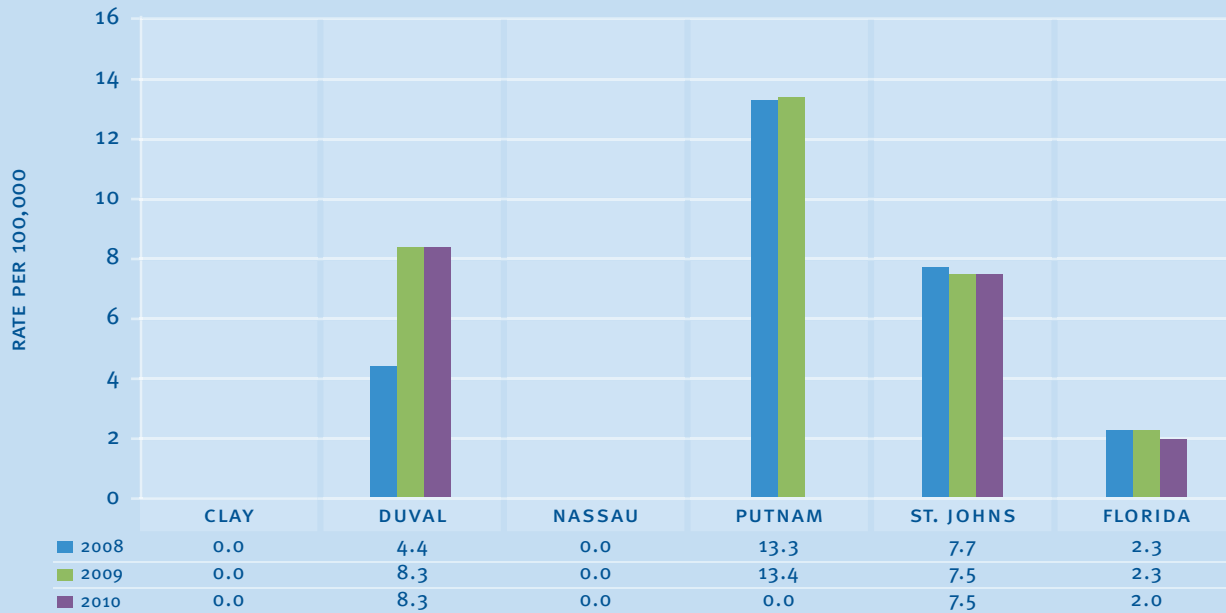
Source: Florida Agency for Health Care Administration (AHCA)

CHART 6-6 TOTAL SPECIALTY BEDS



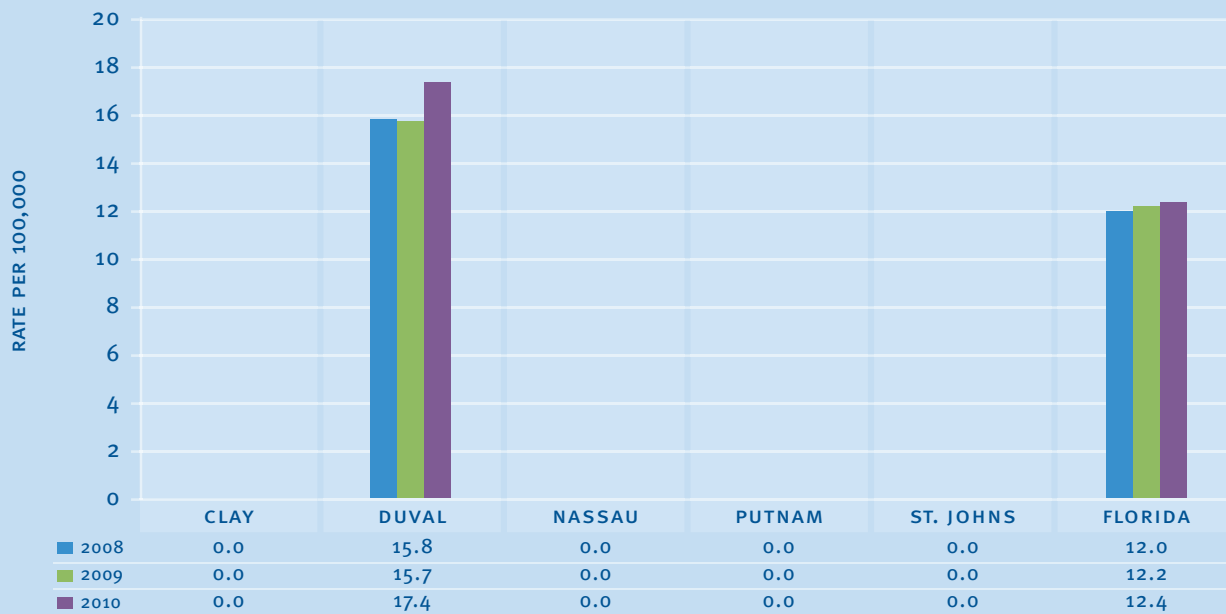
Source: Florida Agency for Health Care Administration (AHCA)

CHART 6-7 SKILLED NURSING UNIT (SNU) BEDS



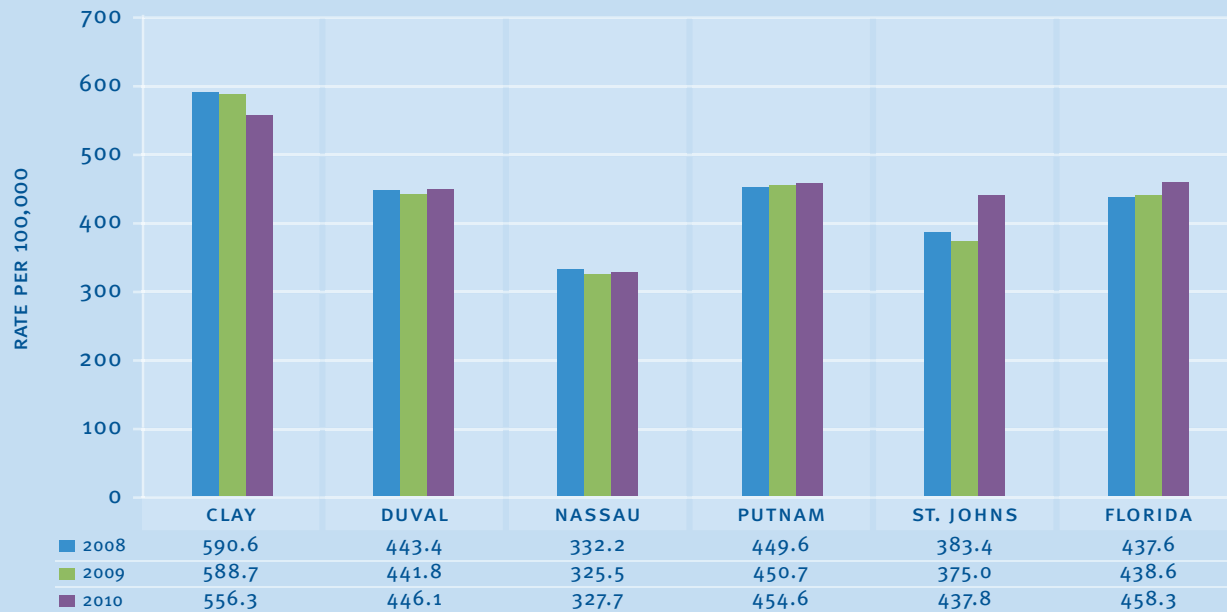
Source: Florida Agency for Health Care Administration (AHCA)

CHART 6-8 REHABILITATION BEDS



Source: Florida Agency for Health Care Administration (AHCA)

CHART 6-9 TOTAL NURSING HOME BEDS



Source: Florida Agency for Health Care Administration (AHCA)

HEALTH INSURANCE

Health care insurance coverage is critical to accessing medical care within the U.S. health care system. Coverage options vary dramatically in terms of which services are covered, which providers are covered, and what portion of the cost is the responsibility of the patient. As the national economic climate continues to fluctuate and costs of health care remain high, individuals and families are struggling to pay for adequate health care services. Most have health coverage through an employer (their own or their spouse's) or receive benefits through Medicaid or Medicare.

Hospital services are known to be extremely expensive, making health insurance coverage almost a necessity when seeking acute care services.

According to the Community Health Survey, 92 percent of households have at least one member covered by any form of insurance or health plan. When asked why no one in their household had some form of insurance, 69 percent said that it was because they can't afford the cost of insurance. Thirty-eight percent gave unemployment as the reason. Additionally, 11 percent can't buy insurance due to a pre-existing condition.

Fifty-one percent of respondents said their household's health care coverage comes from their own employer health insurance. Twenty-five percent utilize any kind of government-assistance health care coverage. The third most frequent source of health care coverage is from another family member's job (24 percent).

Sixty-two percent of respondents have insurance that covers behavioral health services. It is important to note that 31 percent of respondents answered "not sure."

Sixty-seven percent of respondents have dental insurance coverage.

Medicare and Medicaid

Medicare is provided to people ages 65 and older, some disabled people under the age of 65, and people of all ages with end-stage renal disease (permanent kidney failure treated with dialysis or a transplant). Charts 6-13 and 6-14 provide summaries of the Medicare beneficiaries and Medicare Advantage (MA) enrollees living in the five-county assessment area, which includes the private health plans such as HMOs, PPOs, and Private Fee for Service (PFFS) plans contracted to provide Medicare services. Chart 6-10 depicts the median monthly Medicaid enrollment for the five assessment counties and Florida.

Florida KidCare

Federal government provisions for children's health coverage include Medicaid and Title XXI of the Social Security Act. The states use Title XXI block grants to fund child health care coverage through an expansion of the Medicaid program, health insurance or a combination of the two. The KidCare Act of 1997 expanded Medicaid eligibility and the Healthy Kids Program, and initiated the MediKids program. Currently, there are four KidCare programs available to augment health care for children (listed below). Enrollment data are provided in Table 6-5.

- **Healthy Kids Program** – The Healthy Kids Program provides subsidized health insurance for children ages five through 18 who reside in households where income is between 100 to 200 percent of the federal poverty level (FPL). Full-pay options are also available to families with incomes above 200 percent of FPL.
- **MediKids** – MediKids covers children ages one through four with income levels at 133 to 200 percent of FPL.
- **Children's Medical Services (CMS)** – CMS covers children from birth through age 18 who have special behavioral or physical health needs or chronic medical conditions.
- **Medicaid** – Medicaid provides health insurance for children from birth through age 18, with eligibility based on the age of the child and household income. Children under the age of one are covered, if the household income is below 200 percent of FPL; children ages one through four, if the household income is less than 133 percent of FPL; and children ages six through 19, if household income is below 100 percent of FPL.

Key Findings:

- Overall, the vast majority of residents living in the five assessment counties have some form of health insurance.
- According to the Community Health Survey, 92 percent of households have at least one member covered by any form of insurance or health plan. When asked why no one in their household had some form of insurance, 69 percent said that it was because they can't afford the cost of insurance. Thirty-eight percent gave unemployment as the reason. Additionally, 11 percent can't buy insurance due to a pre-existing condition.
- Fifty-one percent of respondents said their household's health care coverage comes from their own employer health insurance. Twenty-five percent utilize any kind of government assistance health care coverage. The third most frequent source of health care coverage is from another family member's job (24 percent).
- The total number of children enrolled in KidCare in the assessment counties is considerably lower than the state average.

TABLE 6-1 HEALTH INSURANCE COVERAGE BY AGE

| | CLAY | DUVAL | NASSAU | PUTNAM | ST. JOHNS | FLORIDA | U.S. |
|--------------|------|-------|--------|--------|-----------|---------|------|
| TOTAL | 86.5 | 82.7 | 85.7 | 80.4 | 86.8 | 78.7 | 84.5 |
| UNDER 18 | 94.4 | 90.2 | 90.6 | 87.6 | 89.0 | 87.3 | 92.0 |
| 18 – 44 | 77.4 | 73.0 | 71.6 | 64.4 | 79.3 | 61.5 | 74.0 |
| 45 – 64 | 84.5 | 83.4 | 88.8 | 80.0 | 87.1 | 77.3 | 84.8 |
| 65 AND OLDER | 99.4 | 98.2 | 100.0 | 99.2 | 97.7 | 98.6 | 99.0 |

Source: U.S. Census Bureau - 2010 American Community Survey

TABLE 6-2 PERCENT OF ADULTS WITH ANY TYPE OF COVERAGE

| | CLAY | DUVAL | NASSAU | PUTNAM | ST. JOHNS | FLORIDA |
|---------------------|-------|-------|--------|--------|-----------|---------|
| ALL | 88.0% | 88.1% | 88.8% | 82.1% | 92.1% | 83.0% |
| RACE/ETHNICITY | | | | | | |
| NON-HISPANIC WHITE | 87.1% | 90.0% | 88.6% | 82.5% | 93.0% | 87.3% |
| NON-HISPANIC BLACK | 96.7% | 86.4% | N/A | 89.5% | N/A | 76.1% |
| EDUCATION LEVEL | | | | | | |
| < HIGH SCHOOL | N/A | N/A | 78.3% | 66.3% | N/A | 64.4% |
| HIGH SCHOOL/GED | 81.6% | 88.7% | 85.6% | 83.0% | 88.7% | 76.5% |
| > HIGH SCHOOL | 91.1% | 89.8% | 92.0% | 87.9% | 93.8% | 87.9% |
| ANNUAL INCOME | | | | | | |
| < \$25,000 | 65.8% | 83.0% | 78.9% | 75.6% | 73.6% | 64.2% |
| \$25,001 - \$49,999 | 85.5% | 85.0% | 89.0% | 87.8% | 88.6% | 81.7% |
| \$50,000 OR MORE | 94.6% | 96.4% | 93.3% | 94.4% | 96.6% | 95.4% |

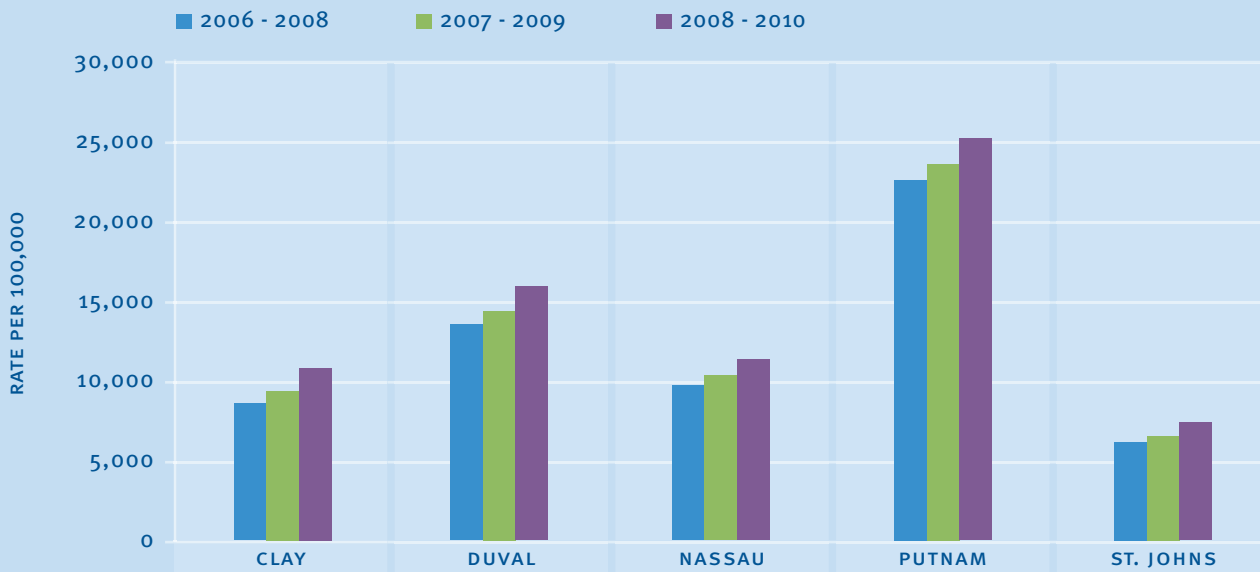
Source: Florida County-Level BRPSS Survey, Florida Department of Health, Bureau of Epidemiology

TABLE 6-3 NUMBER OF ENROLLED AND PERCENT OF POPULATION

| PROGRAM | CLAY | DUVAL | NASSAU | PUTNAM | ST. JOHNS | FLORIDA |
|----------------|----------------|-----------------|----------------|----------------|----------------|-------------------|
| MEDICARE | 27,678 (14.8%) | 117,639 (13.0%) | 13,657 (18.5%) | 16,415 (22.2%) | 33,188 (17.5%) | 3,390,801 (18.0%) |
| MEDICARE HMO | 1,461 (0.8%) | 15,619 (1.7%) | 1,543 (2.1%) | 1,113 (1.5%) | 2,569 (1.4%) | 804,893 (4.3%) |
| MEDICAID | 21,758 (11.7%) | 153,324 (17.0%) | 8,897 (12.1%) | 19,006 (25.7%) | 14,561 (7.7%) | 2,966,294 (15.7%) |
| MEDICAID HMO | 11,866 (6.4%) | 53,513 (5.9%) | 1,934 (2.6%) | 5,381 (7.3%) | 62 (0.03%) | 1,117,567 (5.9%) |
| COMMERCIAL HMO | 14,119 (7.6%) | 59,049 (6.5%) | 5,046 (6.8%) | 802 (1.1%) | 10,195 (5.4%) | 1,348,751 (7.2%) |

Source: Florida Medical Quality Assurance (FMQAI), AHCA, CMS, and Florida Demographic Estimating Conference, 2011

CHART 6-10 MEDIAN MONTHLY MEDICAID ENROLLMENT



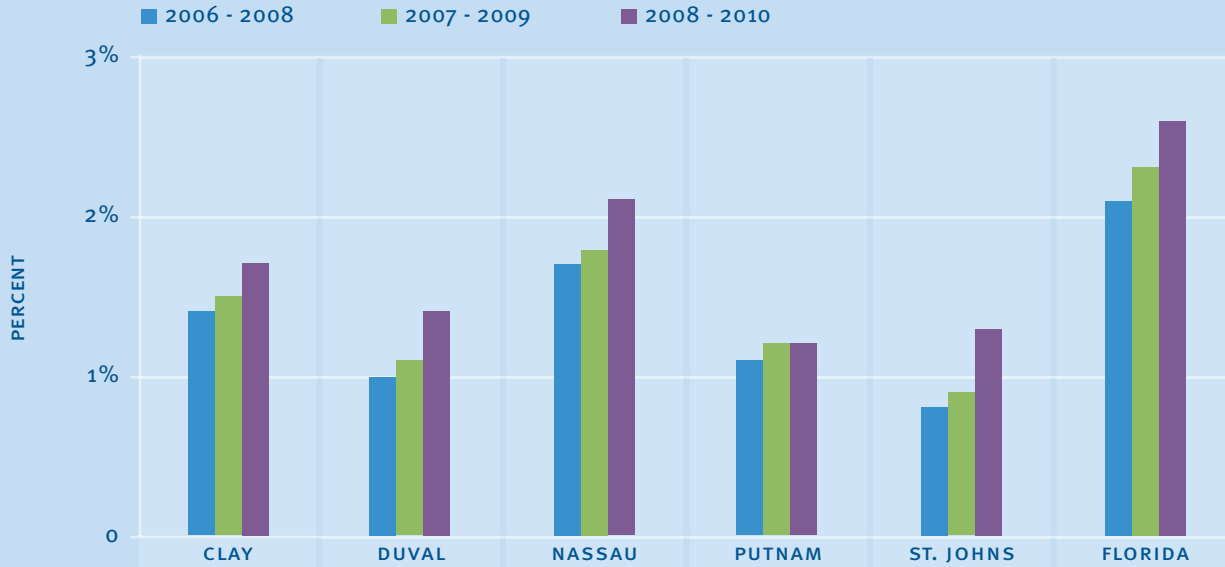
Source: Florida Agency for Health Care Administration (AHCA)

TABLE 6-4 KIDCARE ENROLLMENT BY PROGRAM (NOT INCLUDING MEDICAID)

| PROGRAM | CLAY | DUVAL | NASSAU | PUTNAM | ST. JOHNS | FLORIDA |
|--|---------------|---------------|-------------|-------------|-------------|-----------------|
| MEDIKIDS (AGES 1-4) | 234 (10.9%) | 1,156 (14.3%) | 67 (11.1%) | 119 (14.7%) | 181 (13.1%) | 34,732 (12.6%) |
| HEALTHY KIDS (AGES 5-18) | 1,682 (78.3%) | 6,088 (75.3%) | 462 (76.5%) | 596 (73.9%) | 1,076 (78%) | 219,296 (79.2%) |
| CHILDREN'S MEDICAL SERVICES (BIRTH-18 FOR SPECIAL NEEDS) | 233 (10.8%) | 837 (10.4%) | 75 (12.4%) | 92 (11.4%) | 123 (8.9%) | 22,692 (8.2%) |
| TOTAL ACTIVE CHILDREN | 2,149 | 8,081 | 604 | 807 | 1,380 | 276,720 |

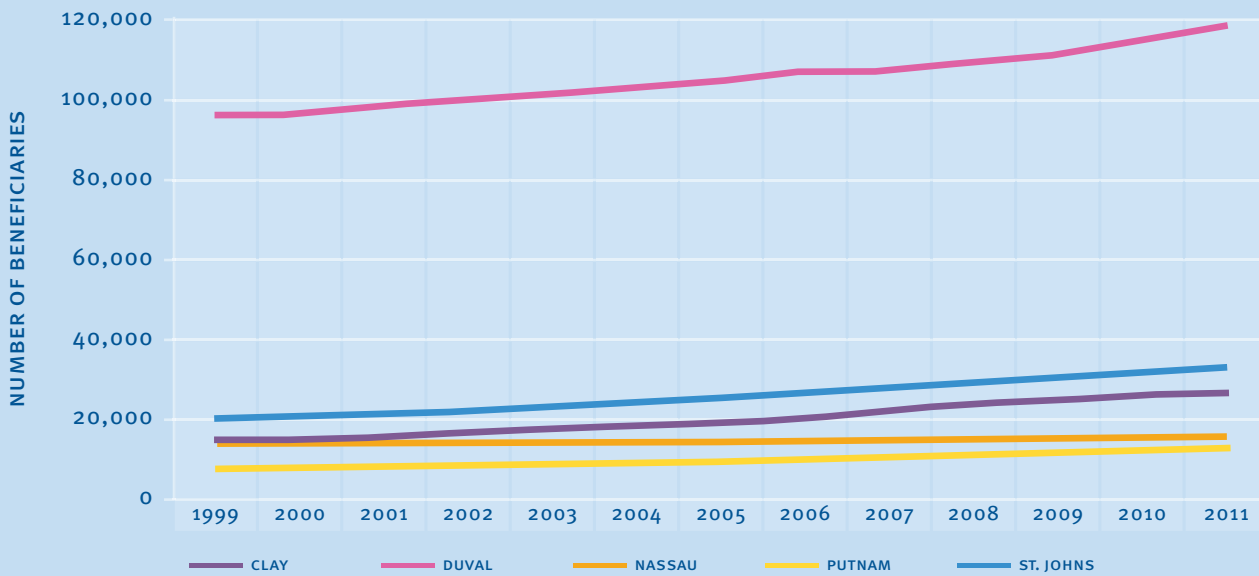
Source: Florida Agency for Health Care Administration (AHCA)

CHART 6-11 KIDCARE ENROLLMENT – MEDIKIDS AND MEDICAID, CHILDREN UNDER AGE 5



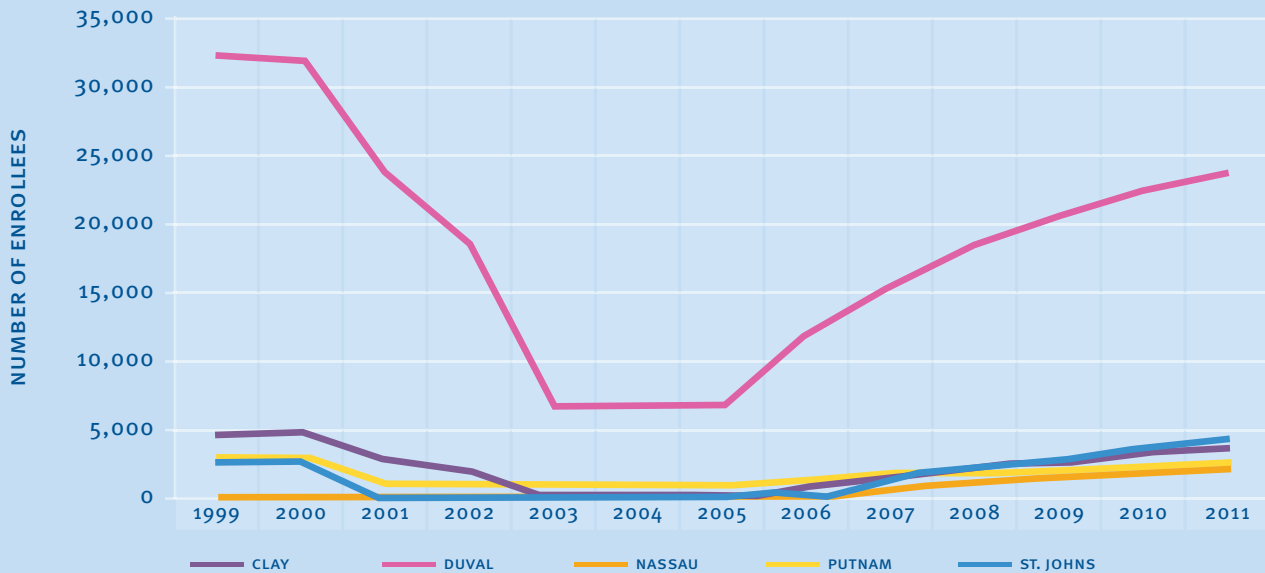
Source: Florida Agency for Health Care Administration (AHCA)

CHART 6-12 TOTAL NUMBER OF MEDICARE BENEFICIARIES



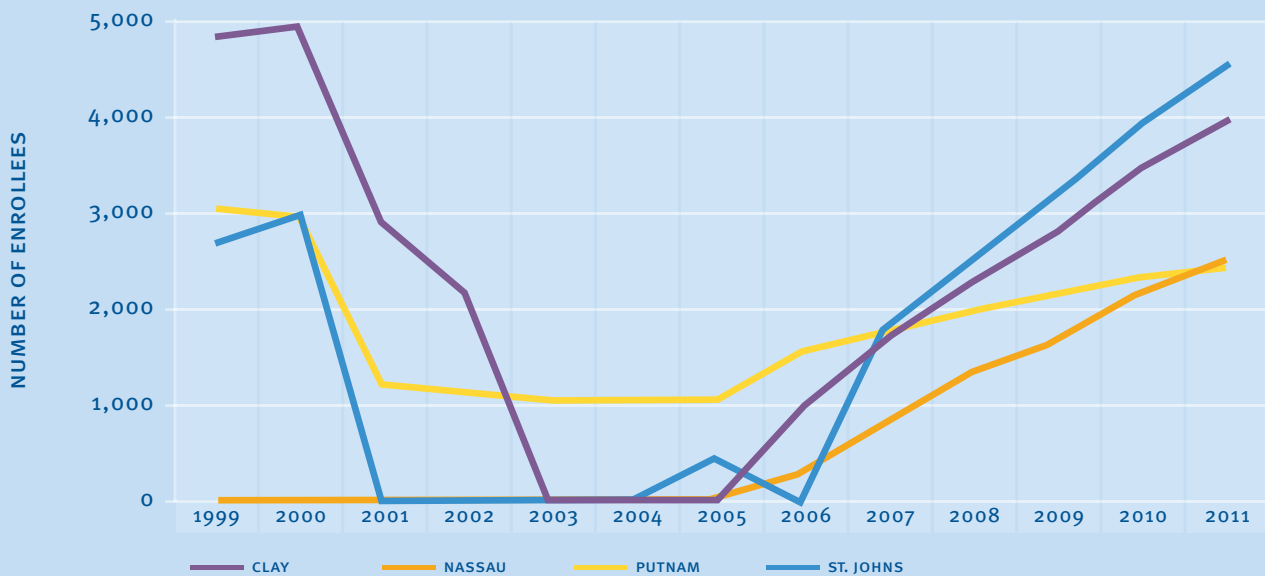
Source: Centers for Medicare and Medicaid Services (CMS), Kaiser Family Foundation

CHART 6-13 NUMBER OF MEDICARE ADVANTAGE ENROLLEES



Source: Centers for Medicare and Medicaid Services (CMS), Kaiser Family Foundation

CHART 6-14 NUMBER OF MEDICARE ADVANTAGE ENROLLEES (WITHOUT DUVAL)



Source: Centers for Medicare and Medicaid Services (CMS), Kaiser Family Foundation

EMERGENCY DEPARTMENT VISITS

Local hospital Emergency Department (ED) utilization can be a good indicator of the availability and accessibility of area health care services. Equally important, is the patient's payor source when visiting an emergency room (ER). Chart 6-16 provides insight into the diversity of inpatient (ER admissions) ER payor source in each of the counties targeted in this community needs assessment.

Of all of the residents visiting an ER in the assessment region, at least 30 percent and no more than 35 percent are self-pay. Approximately 36 percent have Medicare or Medicaid. Only 27 percent of ER patients have commercial insurance. Nassau County has the most self-pay and Clay County has the fewest self-pay.

In Putnam County, approximately 45 percent of all hospital inpatient visits were from Medicare beneficiaries and 19 percent were Medicaid beneficiaries. Outpatient ER payor source reveals that at least 36 percent of all patients have Medicare, Medicare HMO, Medicaid or Medicaid HMO. A minimum of 30 percent of all outpatient visits are self-pay.

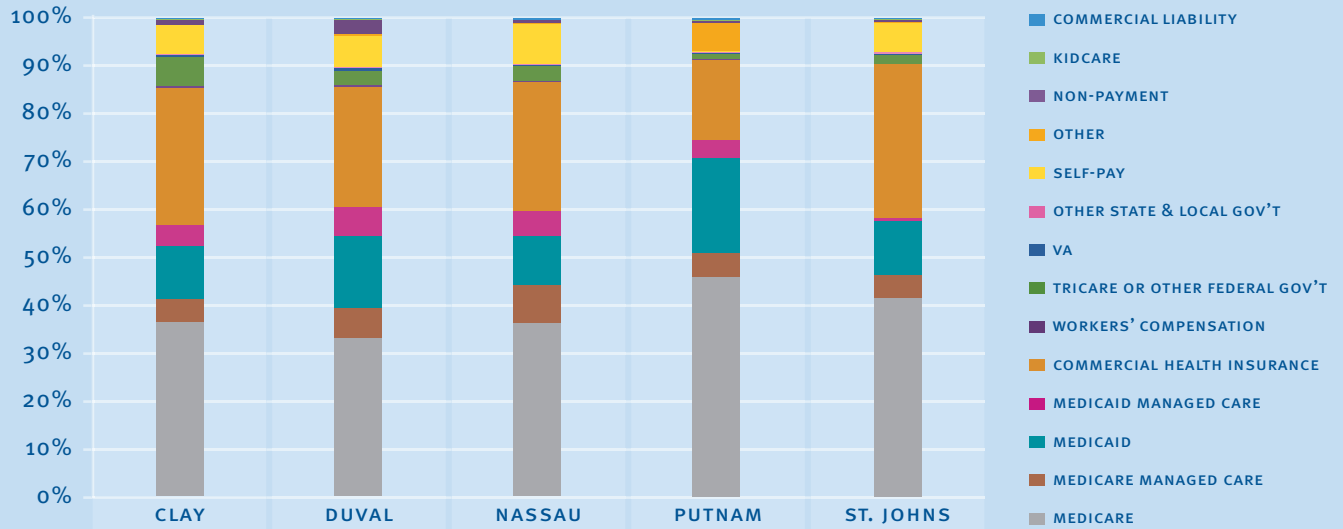
Payor source characteristics for ER visits for children look considerably different compared to adults visiting the ER. Of all of the children visiting an ER in the assessment region, at least 10 percent and no more than 15 percent are self-pay. However, a minimum of 45 percent (St. Johns County) and a maximum of 75 percent (Putnam County) of all children visiting an ER have some form of Medicaid. More children have commercial insurance compared to adults. Nassau County has the most self-pay and Putnam County has the fewest self-pay.

Finally, the Community Health Survey revealed the top three most utilized health care services: 50 percent of adult respondents, or their household members, used a hospital ER; outpatient testing or treatment was utilized by 45 percent of respondents or a household member, the third most frequent response was admittance to a hospital (41 percent).

Key Findings

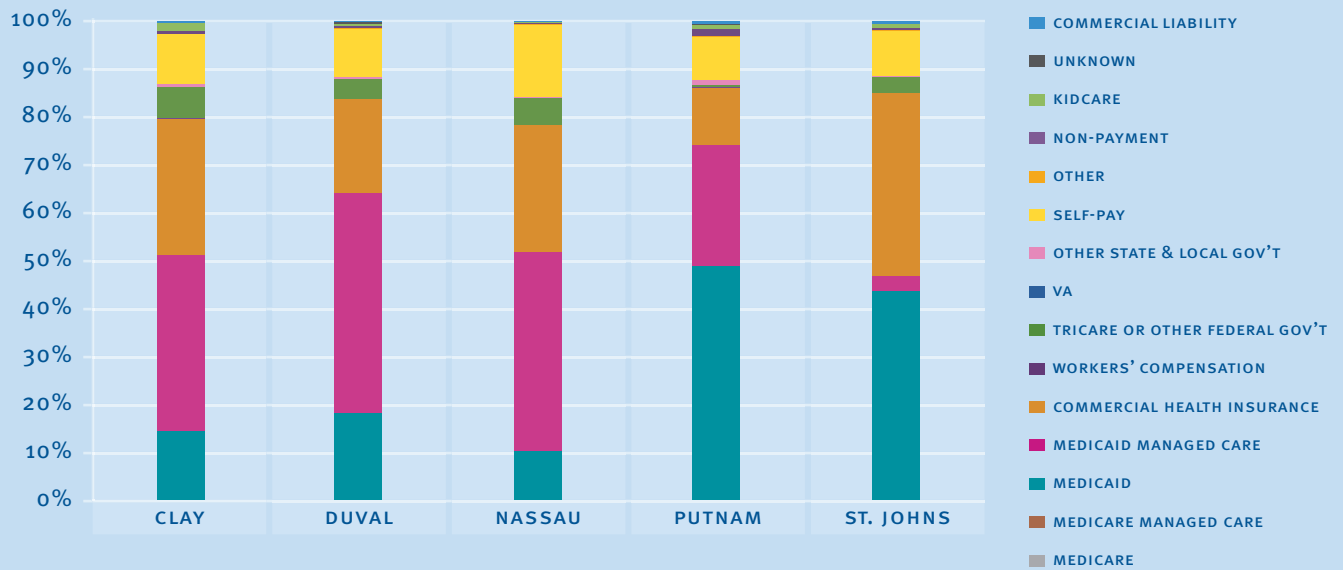
- Of all of the residents visiting an ER in the assessment region, at least 30 percent and no more than 35 percent are self-pay. Approximately 36 percent have Medicare or Medicaid. Only 27 percent of ER patients have commercial insurance. Nassau County has the most self-pay and Clay County has the fewest self-pay.
- In Putnam County, approximately 45 percent of all hospital inpatient visits were from Medicare beneficiaries and 19 percent were Medicaid beneficiaries. Outpatient ER payor source reveal that at least 36 percent of all patients have Medicare, Medicare HMO, Medicaid or Medicaid HMO. A minimum of 30 percent of all outpatient visits are self-pay.
- Payor source characteristics for children's ER visits look considerably different compared to adults visiting the ER. Of all of the children visiting an ER in the assessment region, at least 10 percent and no more than 15 percent are self-pay. However, a minimum of 45 percent (St. Johns County) and a maximum of 75 percent (Putnam County) of all children visiting an ER have some form of Medicaid. More children have commercial insurance compared to adults. Nassau County has the most self-pay and Putnam County has the fewest self-pay.

CHART 6-15 HOSPITAL INPATIENTS PAYOR SOURCE



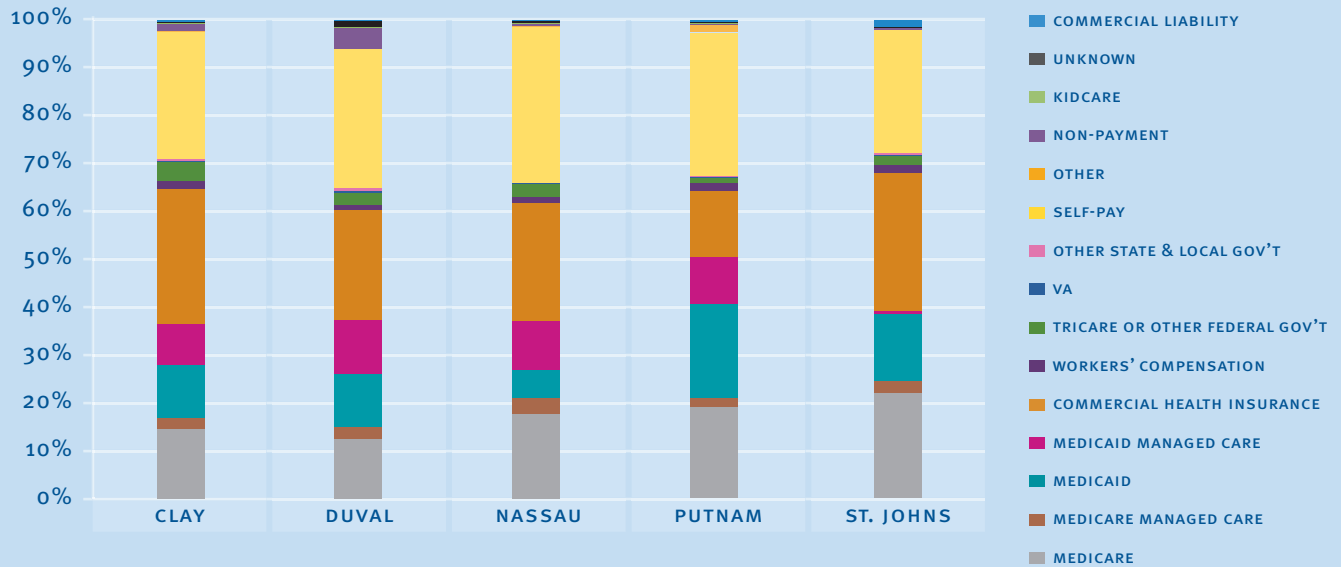
Source: AHCA Hospital Inpatient Data, CY 2010

CHART 6-16 OUTPATIENT ED VISITS BY PAYOR SOURCE PEDIATRICS AGES 17 AND UNDER



Source: AHCA Emergency Department Data Report, CY 2010

**CHART 6-17 OUTPATIENT ED VISITS BY PAYOR SOURCE
AGES 18 AND OLDER**



Source: AHCA Emergency Department Data Report, CY 2010

DENTAL COVERAGE AND PROVIDER SUPPLY

During 2010 to 2011, the rate of licensed dentists per 100,000 population in all five counties was much lower than the state (Chart 6-19). Generally, access to dental care declines as income declines. While the percentage of low-income persons with access to dental care in all five counties is considered low, the percentage of low-income persons accessing dental services is above the rate for the state of Florida (Chart 6-20).

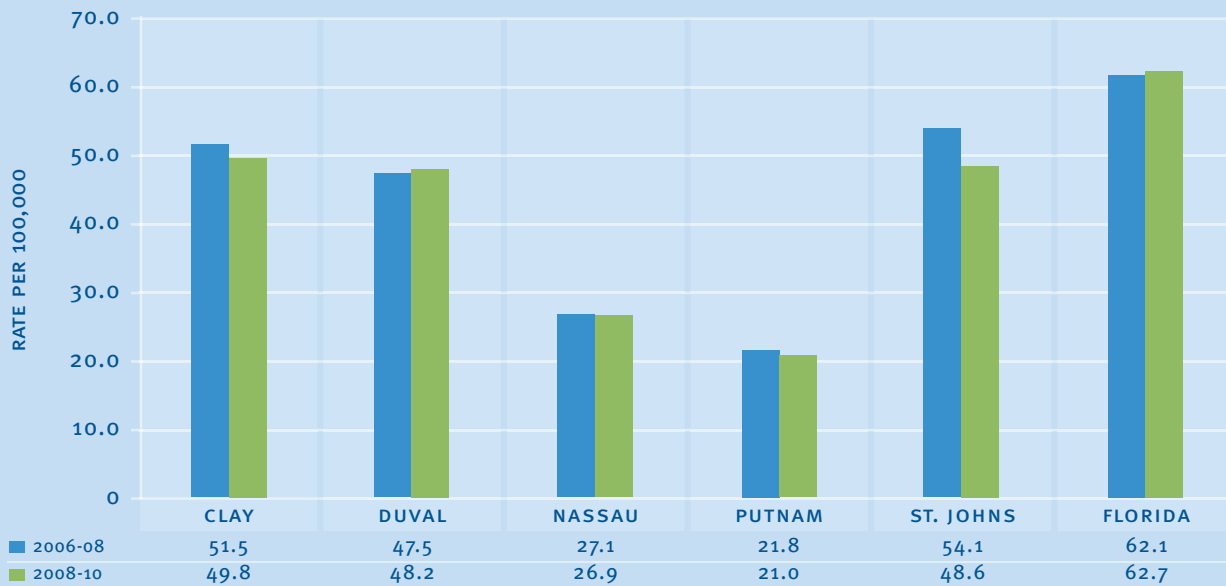
Survey respondents indicated that dental care is the third most frequently delayed service (behind “visit to doctor” and “medical test, exam or screening”). Additionally, 63 percent of respondents received a dental exam in the last 12 months. Forty-nine percent reported that their most recent visit to the dentist was within the past six months. However, 11 percent have not seen a dentist in five or more years. The same type of pattern exists for the children of respondents. The largest group of respondents answered “within the past six months” (43 percent). However, 16 percent of the respondents said their child has never visited a dentist or dental clinic.

All five counties in the assessment region are below the state average for rate of total licensed dentists. The levels have stayed about the same in all counties except for St. Johns where there was a decrease (See Chart 6-19). While the number of dentists does play a part in the accessibility of dental care, focus group participants feel that insurance coverage dictates which health services are accessible to each person, especially dentists. According to the survey data, two-thirds (67 percent) of survey respondents have dental insurance coverage. This type of coverage is likely not as common among low-income residents. Access to dental services for low-income individuals has increased marginally since 2008, except in Nassau County. Even with the decline, Nassau County’s levels are still much higher than the state level. See Chart 6-20 for more information on access to dental services for low-income residents.

Key Findings:

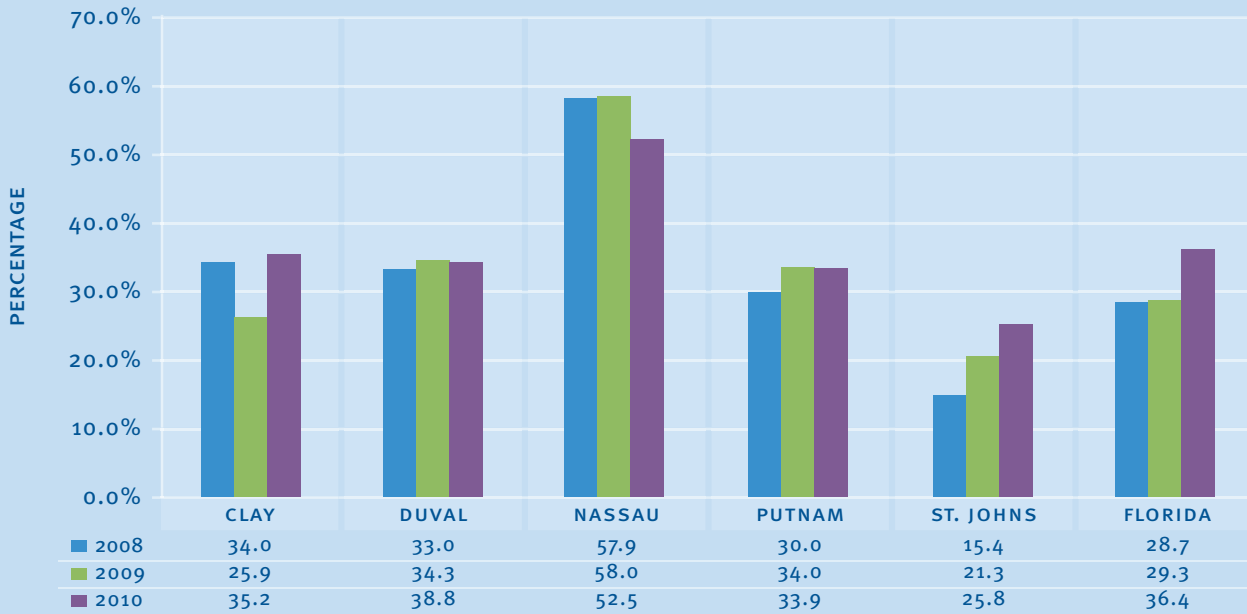
- Generally, access to dental care declines as income declines. While the percentage of low-income persons with access to dental care in all five counties is considered low, the percentage of low-income persons accessing dental services is higher than the state of Florida's percentage.
- Survey respondents indicated that dental care is the third most frequently delayed service (behind "visit to doctor" and "medical test, exam or screening").
- 11 percent of the survey respondents have not seen a dentist in five or more years.
- While the number of dentists does play a part in the accessibility of dental care, focus group participants feel that insurance coverage dictates which health services are accessible to each person, especially dentists.
- According to the survey data, two-thirds (67 percent) of survey respondents have dental insurance coverage.

CHART 6-18 TOTAL LICENSED DENTISTS



Source: Florida Department of Health, Division of Medical Quality Assurance

CHART 6-19 ACCESS TO DENTAL CARE BY LOW-INCOME PERSONS



Source: Florida Department of Health, Public Health Dental Program

TABLE 6-5 DESIGNATED HEALTH PROFESSIONAL SHORTAGE AREAS (HPSA)

| DUVAL COUNTY | PUTNAM COUNTY | ST. JOHNS COUNTY |
|---------------------------------|--|-----------------------------|
| LOW-INCOME – ATLANTIC BEACH | LOW-INCOME/MIGRANT FARMWORKER – PUTNAM | LOW-INCOME – WEST ST. JOHNS |
| LOW-INCOME – BALDWIN | | |
| LOW-INCOME – EAST JACKSONVILLE | | |
| LOW-INCOME – SOUTH JACKSONVILLE | | |
| LOW-INCOME – WEST JACKSONVILLE | | |

Source: HRSA, Dental Care HPSAs Designated on 09/01/2011

HEARING AND VISION PROVIDER SUPPLY

Focus group participants did not mention difficulty in receiving hearing or vision services. However, the most commonly delayed test or exam among survey respondents was an eye exam (44 percent). On the other hand, 62 percent had received an eye exam in the last 12 months. Seventeen percent of respondents, or someone in their household, have been told that they need eyeglasses, but did not purchase them because of the cost. See Tables 6-7 and 6-8 for the numbers of vision and hearing practitioners in each county.

TABLE 6-6 NUMBER OF PRACTITIONERS AND OFFICES

| | CLAY | DUVAL | NASSAU | PUTNAM | ST. JOHNS |
|------------------------------|------|-------|--------|--------|-----------|
| OPTOMETRIST | 32 | 137 | 10 | 3 | 40 |
| OPTICIAN | 50 | 121 | 9 | 12 | 50 |
| OPTICAL ESTABLISHMENT PERMIT | 15 | 58 | 2 | 3 | 3 |
| OPTOMETRY BRANCH OFFICE | 14 | 38 | 0 | 8 | 19 |

Source: Florida Department of Health, License Verification

TABLE 6-7 NUMBER OF AUDIOLOGISTS

| CLAY | DUVAL | NASSAU | PUTNAM | ST. JOHNS |
|------|-------|--------|--------|-----------|
| 9 | 51 | 5 | 2 | 21 |

Source: Florida Department of Health, License Verification

BARRIERS TO CARE

Affordability

Affordability and time constraints were two common barriers mentioned in the focus groups. The economy has led to many people losing their jobs and, in turn, their health benefits. Aside from job loss, coverage is decreasing while premiums and co-pays are on the rise, as well as the cost of prescription medication. In the survey, for the eight percent of uninsured households (determined by answers to question 17), 69 percent said that it was because they can't afford the cost of insurance and 38 percent gave unemployment as the reason. As one participant said, "Without health insurance, it is difficult to get services unless you go to the emergency room." Of those survey respondents who stated they had delayed health care services, the three most frequently noted reasons for delaying health care treatment were "inability to pay" (38 percent), "no insurance" (35 percent) and "concerned about spending in current economy" (33 percent). As people attempt to compensate for the dismal economy, dual-income families are becoming more common. But in dual-earner families, finding time to get to the doctor is difficult.

Transportation as a Barrier

A common theme in the focus groups was the challenges presented by a lack of transportation, especially when trying to obtain health care. A handful of participants mentioned that transportation needs extend beyond getting to and from medical centers, but that is all the public transportation assists them with. Upon initial evaluation of the survey data, it seems that access to public transportation is not as important as many of the other attributes of a healthy community. However, when the crosstabs were analyzed, it became evident that while it isn't important for everyone, it is very important for some. Residents of Duval County placed the most importance on access to public transportation (51 percent responded "very important"). Additionally, African-American respondents gave access to public transportation the most "very important" answers (75 percent). As might be expected, the importance placed on access to public transportation decreases overall with rise in income. The importance is highest for those making less than \$15,000 (96 percent) and lowest for those making \$100,000 or more (70 percent).

Key Findings:

- Affordability (a barrier to care) plays a role in the decisions that residents make to take care of their health; of those survey respondents who stated they had delayed health care services, the three most frequently noted reasons for delaying health care treatment were “inability to pay” (38 percent), “no insurance” (35 percent) and “concerned about spending in the current economy” (33 percent).
- A common theme in the focus groups was the challenges presented by a lack of transportation, especially when trying to obtain health care. A handful of participants mentioned that transportation needs extend beyond getting to and from medical centers, but that is all that the public transportation provides. Upon initial evaluation of the survey data, it seems that access to public transportation is not as important as many of the other attributes of a healthy community. However, when the crosstabs were analyzed, it became evident that while it isn’t important for everyone, it is very important for some.
- The importance placed on access to public transportation decreases overall with a rise in income. The importance is highest for those making less than \$15,000 (96 percent) and lowest for those making \$100,000 or more (70 percent).

CAREGIVERS¹²

Additional help with caregiving (at all stages of disease) is the greatest need for caregivers. There seems to be confusion among caregivers as to what resources are available to them, and how to secure and/or qualify for the resources. This does not seem to be as much of an issue in the earlier stages of disease. Caregivers have difficulty asking for help, particularly in the early stages of the disease. They often do not ask for help until an emergency situation arises. When physicians use the term Alzheimer’s, all agreed that seeking help seems easier. Overnight help, while sometimes available, did not seem to be a high priority with caregivers. Many caregivers believe that leaving their spouse or parent overnight is not worth it because of the setbacks they often experience. Additional daycare hours would be used. Participants mentioned drop-in care, late afternoon hours and early evening hours as being very beneficial. Participants discussed starting mini-support groups or informal get-togethers with caregivers and their loved ones.

Spouses and children often become caregivers out of necessity. Many quit jobs and move. Many caregivers have financial problems because of these unexpected changes.

Caregivers want more information from doctors. Some doctors don’t provide even basic information and resources. Dental problems were identified as the major health problem, particularly with patients whose disease was more progressed. The patient tends to be non-cooperative, not liking someone in their mouth. Preventive dental care is difficult for caregivers. Dental care is expensive; many dentists don’t accept Medicaid.

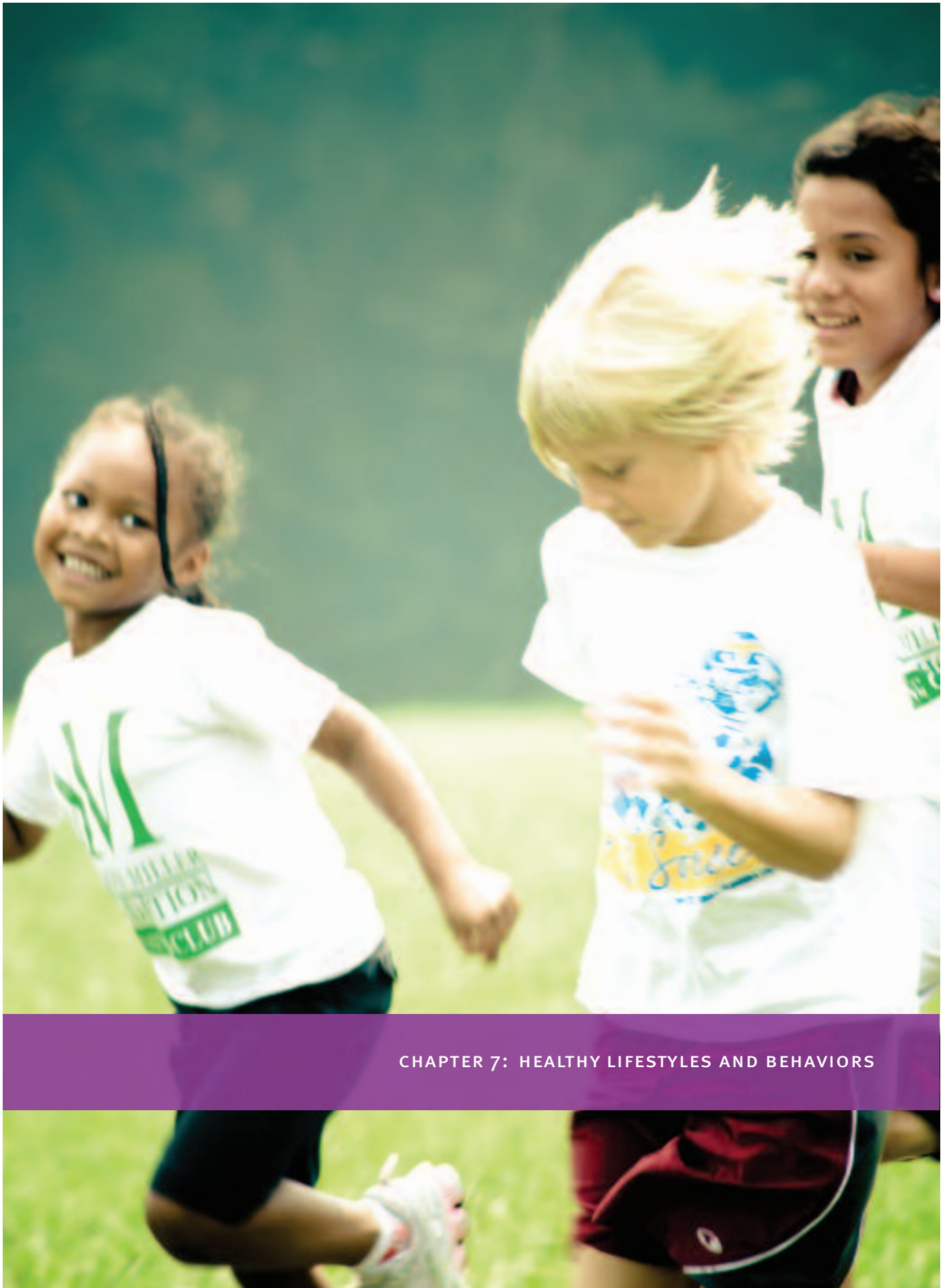
Caregivers have difficulty staying healthy. Injuries suffered when transporting their loved ones are common. In addition, many caregivers, particularly those with loved ones who are newly diagnosed, suffer from issues of fear and guilt. Many caregivers don’t have the time or finances to take care of their own health.

Children of caregivers play varying roles in helping a parent provide care, depending on where they live, their job and family responsibilities, etc. Children do not always understand the severity of a parent’s disease. Caregivers are hesitant to ask their children for help; they would be more willing to ask for help if they could pay their child.

¹² The information on caregivers comes from caregiver focus groups conducted by The Health Planning Council in 2011 for another assessment.

Key Findings:

- Participants mentioned drop-in care, late afternoon hours and early evening hours as being very beneficial.
- Participants discussed starting mini-support groups or informal get-togethers with caregivers and their loved ones.
- Dental problems were identified as the major health problem, particularly with patients whose disease was more progressed. The patient tends to be non-cooperative, not liking someone in their mouth. Preventive dental care is difficult for caregivers. Dental care is expensive; many dentists don't accept Medicaid.



CHAPTER 7: HEALTHY LIFESTYLES AND BEHAVIORS

PHYSICAL ACTIVITY

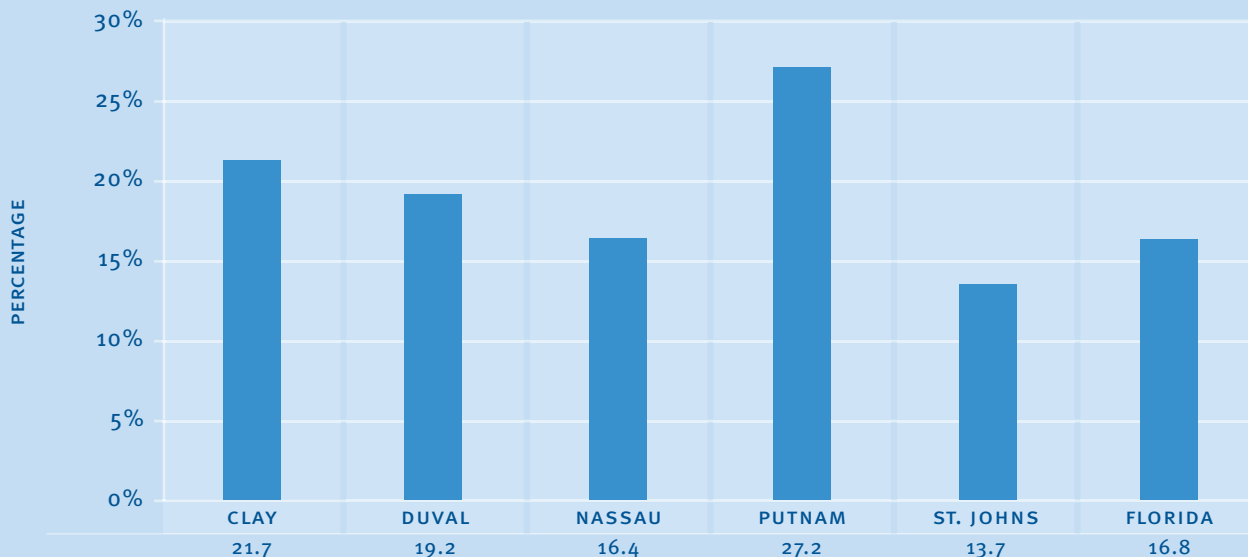
It is well known that regular physical activity can help people manage their weight as well as reduce their risk for chronic disease. However, most people do not get the recommended amount of daily activity. According to guidelines set by the Centers for Disease Control and Prevention, children and adolescents should get 60 minutes or more of physical activity per day, and adults 18 years and older should get 150 minutes of physical activity per week.

For some, physical barriers (i.e., disability, injury) or behavioral health difficulties make physical activity challenging. This is the case for more than 25 percent of Putnam County residents. The percentages in Clay and Duval Counties lie above the state average of 16.8 percent. St. Johns County residents have the least amount of challenges in this area. (See Chart 7-1 for details.) Physical activity among youth is a salient topic, with efforts such as *Let's Move* and *Play 60* receiving recognition. Despite the efforts of our nation's leaders, children still do not get the exercise they should. Chart 7-2 describes the number of students who do not get adequate exercise. Nearly 40 percent of Putnam County middle and high school students do not get enough physical activity. St. Johns County students in both middle and high school beat the state average. Refer to Chart 7-2 for further comparison.

Key Findings

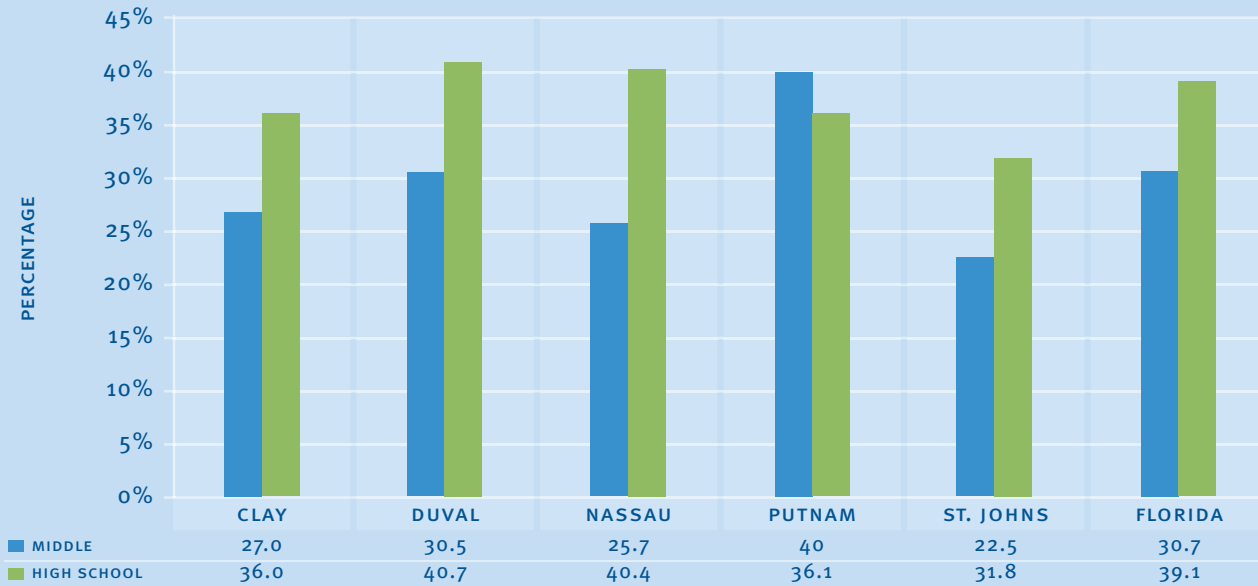
- Physical or behavioral health act as barriers to physical activity in all counties of the region, but especially in Putnam.
- Children in middle and high school do not get enough physical activity, especially in Putnam County.
- High school physical activity levels are low across the board.

CHART 7-1 PHYSICAL OR BEHAVIORAL HEALTH AS A BARRIER TO PHYSICAL ACTIVITY



Source: 2010 Florida Behavioral Risk Factor Surveillance System (BRFSS) Data Report

CHART 7-2 STUDENTS WITHOUT SUFFICIENT PHYSICAL ACTIVITY



Source: Florida Department of Health, School-aged Child and Adolescent Profile

IMMUNIZATIONS AND SCREENINGS

Secondary data analyses have concluded the following regarding immunizations and screenings, excluding vision which was primary data from respondent survey:

Vision

Within the past 12 months, approximately 56 percent of Clay County respondents reported that they had delayed eye care visits, while Duval and Nassau Counties reported lower rates of 21 and 22 percent, respectively. St. Johns County reported the lowest amount at four percent.

Oral Health

Within the past year, St. Johns County had the highest percentage of White adults to visit a dentist or dental clinic at 76.9 percent, which was higher than the state rate of 68.2 percent. Putnam County demonstrated the lowest percentage of White adults at 51.2 percent and only 25.4 percent of Black adults. Clay, Duval and Nassau Counties exhibited results similar to the state percentage for White adults, but higher for Black adults in Clay and Duval Counties at 69.1 and 65.0 percent, respectively. As previously stated in this report, Nassau and St. Johns Counties have relatively small Black populations. This was represented by the lack of reportable percentages for Black adults in these counties.

The rate of adults who had permanent tooth removal due to tooth decay or gum disease was highest in Putnam County for both White and Black adults at 64.8 and 74.6 percent to the state percentage of 52.1 and 62.4, respectively. Clay, Duval, Nassau and St. Johns Counties reported lower than state percentages for White and Black adults. In parallel to this result, the percentages of adults who had their teeth cleaned in the past year was higher in these same counties.

As previously stated in this report, Nassau and St. Johns Counties have a relatively low amount of Black residents; this was represented by the lack of reportable percentages for Black adults in these counties.

Putnam and St. Johns Counties reported significant decreases for diseases of hard tissues of teeth from 2008 to 2010, while all counties reported a decrease in pediatric diseases of hard tissues of teeth. Nassau County displayed a significant decrease in adult disease of pulp and periapical tissue (down from 207 to 98 from 2008 to 2010), while Putnam County displayed a dramatic decrease in pediatric diseases of pulp and periapical tissue at the same time, dropping from 13 to four percent.

Childhood Immunizations

Rates in 2010 for immunization levels in kindergarten-aged children were, on average, higher than the state rate of 91.3 percent for Clay, Duval, Nassau and Putnam Counties. The rates for St. Johns County were slightly lower than the state rate, at 91.2. Duval marked the highest rate of 95.8 percent by comparison. St. Johns County had a high improvement between 2008 and 2010 from 88.6 to 91.2., but still remains the lowest rate for the region.

Influenza and Pneumonia

Percentages of adults ages 65 years and older who have ever received a pneumonia vaccination were comparatively lower than the state rate of 69.9 percent; excluding Nassau County at 70.8 percent and St. Johns County at 76.4 percent. Duval County demonstrated the lowest percentage (59.6 percent).

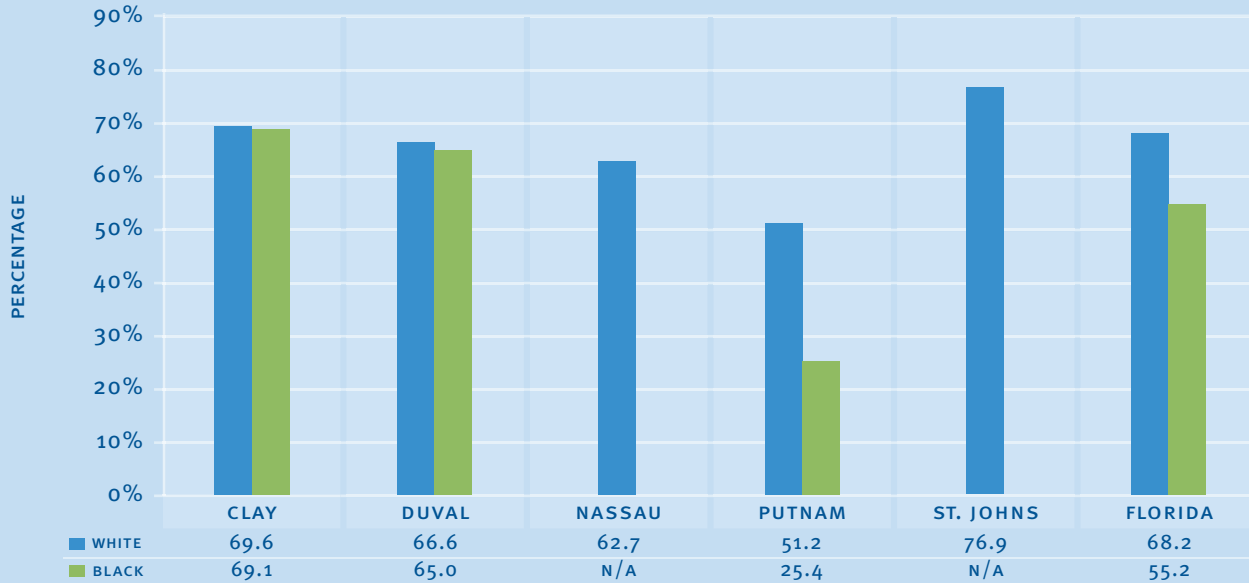
In addition, percentages of adults ages 65 years and older who received a flu shot in the past year remain close to the state percentage of 65.3 percent. Duval and Putnam Counties remain the lowest at 60.9 and 54.9 percent respectively, while St. Johns County has the highest percentage (70.1 percent).

Percentages for both vaccinations remain similar in the 65 years and older demographic for all counties. However, race had an effect, as a higher percentage of White respondents reported to have been vaccinated compared to Black and Hispanic adult respondents in all counties.

Key Findings

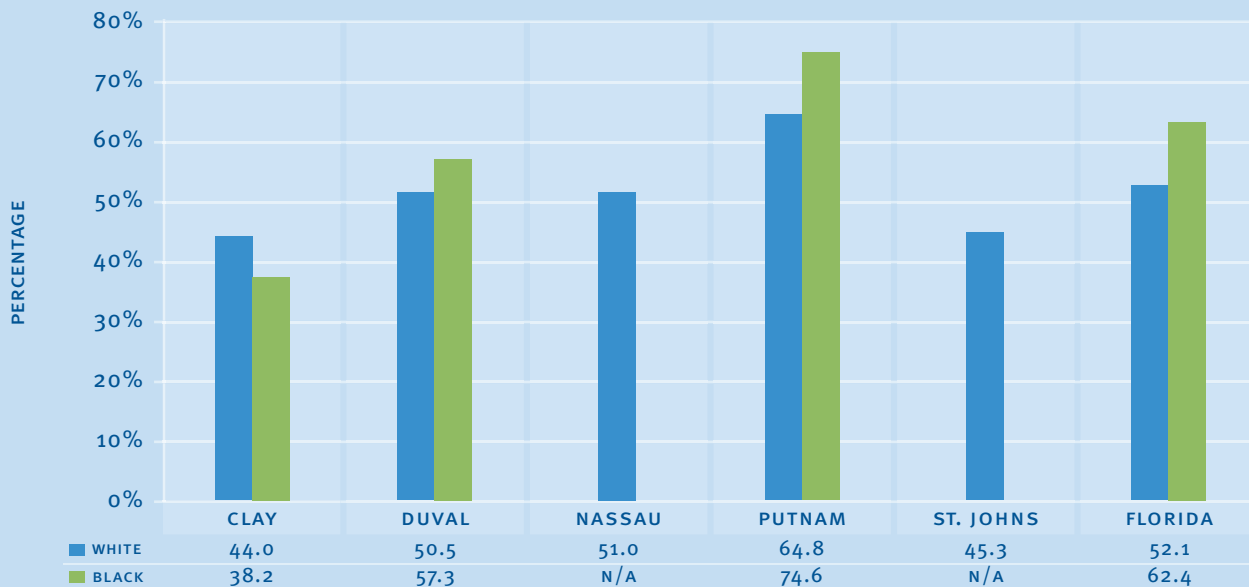
- Whites demonstrated high percentages of dental care and dental visits, while Blacks had higher percentages of tooth removal due to tooth decay and gum disease.
- Putnam County had the highest marked percentage of permanent tooth removal (because of tooth decay or gum disease) for both White and Black adult respondents, and had the lowest percentages for dental visits and teeth cleanings.
- Putnam County displayed a high rate of improvement for tooth decay and gum disease for both adults and pediatrics.
- Many of the counties displayed a decrease in dental and gum problems in 2009, but increased the following year.
- Duval marked the highest rate of immunization in kindergarten-aged children.
- St. Johns County reported an improvement for immunizations in kindergarten-aged children from 88.6 to 91.2 percent between 2008 and 2010, but continued to be the lowest rate for the region.
- Duval County demonstrated the lowest percentage of adults ages 65 years and older who have ever received a pneumonia vaccination.
- Duval and Putnam Counties had the lowest percentage of adults ages 65 years and older who have ever received a flu shot in the past year, while St. Johns County remained the highest.
- All counties reported that a higher percentage of White adult respondents are vaccinated compared to Black and Hispanic adult respondents.

CHART 7-3 PERCENTAGE OF ADULTS WHO VISITED A DENTIST OR DENTAL CLINIC IN THE PAST YEAR



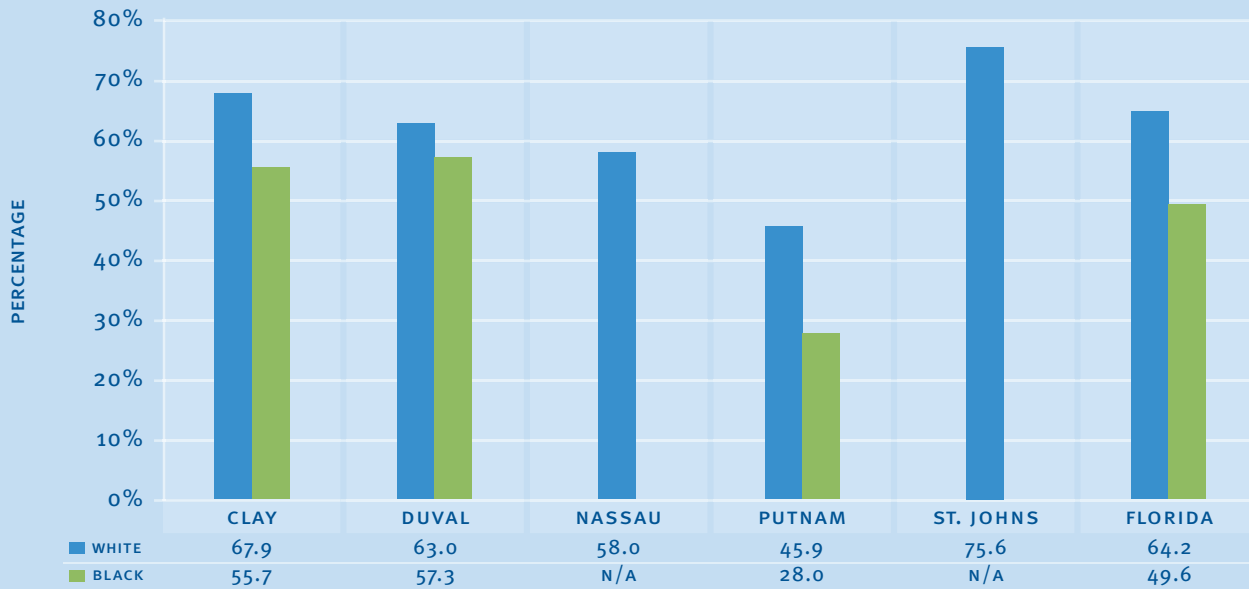
Source: 2010 Florida Behavioral Risk Factor Surveillance System (BRFSS) Data Report

CHART 7-4 ADULTS WHO HAD A PERMANENT TOOTH REMOVED BECAUSE OF TOOTH DECAY OR GUM DISEASE



Source: 2010 Florida Behavioral Risk Factor Surveillance System (BRFSS) Data Report

CHART 7-5 PERCENTAGE OF ADULTS WHO HAD THEIR TEETH CLEANED IN THE PAST YEAR



Source: 2010 Florida Behavioral Risk Factor Surveillance System (BRFSS) Data Report

TABLE 7-1 DISEASES OF HARD TISSUES OF TEETH – ADULTS 18+

| | CLAY | DUVAL | NASSAU | PUTNAM | ST. JOHNS |
|------|------|-------|--------|--------|-----------|
| 2008 | 301 | 2,129 | 152 | 434 | 650 |
| 2009 | 394 | 2,620 | 164 | 162 | 537 |
| 2010 | 303 | 2,166 | 183 | 374 | 400 |

Source: AHCA Emergency Department Database Files CY 2008, 2009 & 2010

TABLE 7-2 DISEASES OF HARD TISSUES OF TEETH – PEDIATRIC (17 AND YOUNGER)

| | CLAY | DUVAL | NASSAU | PUTNAM | ST. JOHNS |
|------|------|-------|--------|--------|-----------|
| 2008 | 27 | 142 | 6 | 19 | 23 |
| 2009 | 26 | 146 | 11 | 5 | 14 |
| 2010 | 19 | 122 | 2 | 16 | 20 |

Source: AHCA Emergency Department Database Files CY 2008, 2009 & 2010

TABLE 7-3 DISEASES OF PULP AND PERIAPICAL TISSUES – ADULTS 18+

| | CLAY | DUVAL | NASSAU | PUTNAM | ST. JOHNS |
|------|------|-------|--------|--------|-----------|
| 2008 | 173 | 1,676 | 207 | 194 | 243 |
| 2009 | 192 | 1,733 | 164 | 180 | 174 |
| 2010 | 266 | 1,891 | 98 | 122 | 169 |

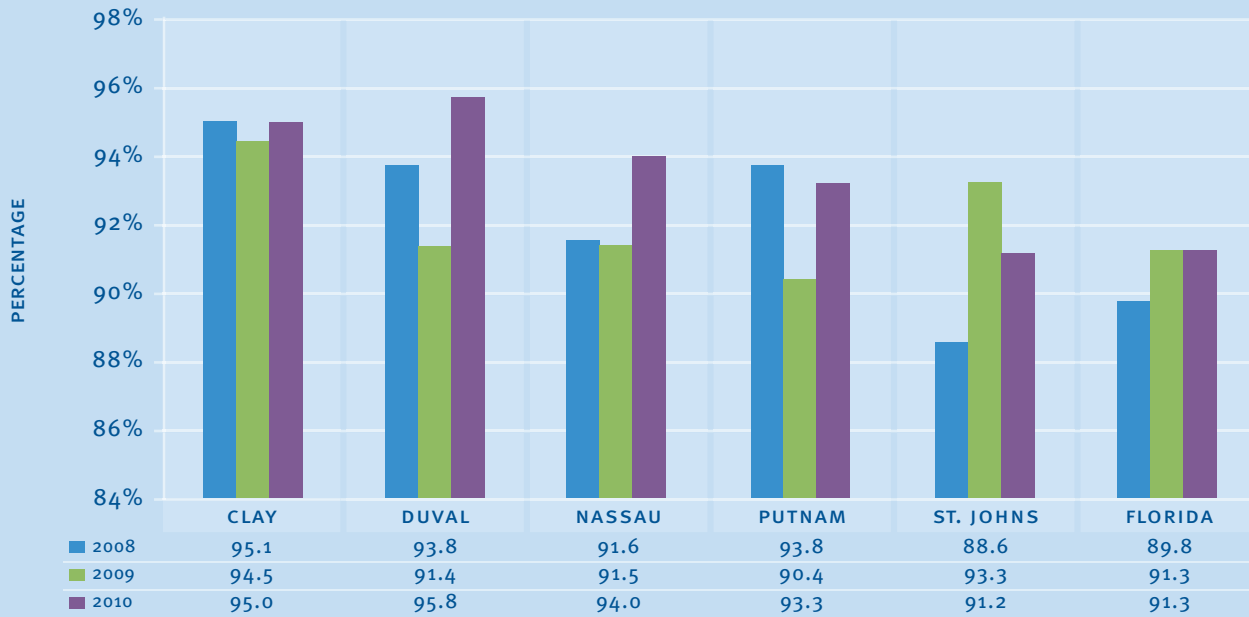
Source: AHCA Emergency Department Database Files CY 2008, 2009 & 2010

TABLE 7-4 DISEASES OF PULP AND PERIAPICAL TISSUES – PEDIATRIC (17 AND YOUNGER)

| | CLAY | DUVAL | NASSAU | PUTNAM | ST. JOHNS |
|------|------|-------|--------|--------|-----------|
| 2008 | 21 | 155 | 8 | 13 | 11 |
| 2009 | 16 | 164 | 9 | 7 | 16 |
| 2010 | 10 | 168 | 8 | 4 | 10 |

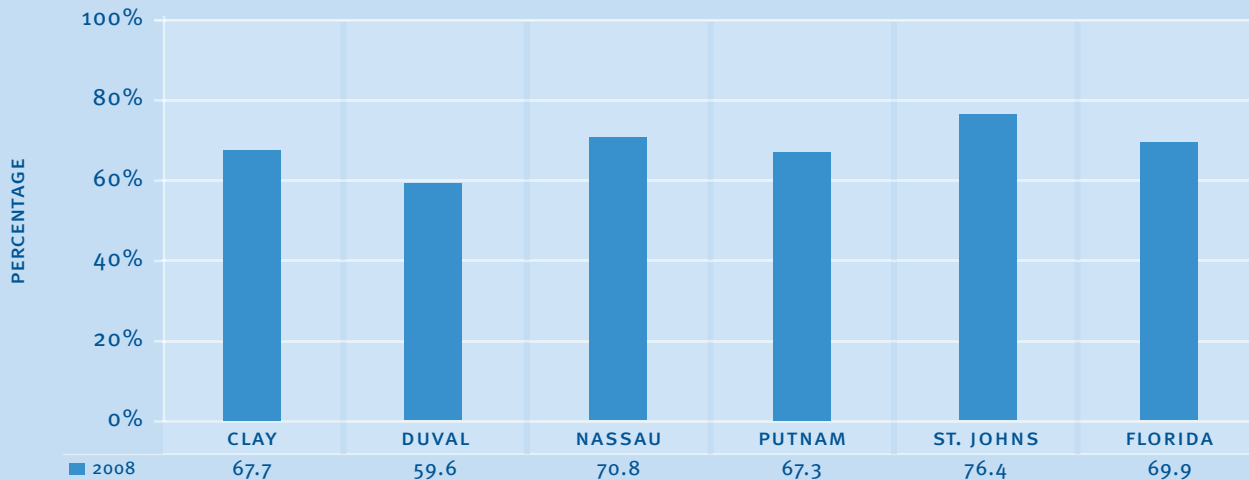
Source: AHCA Emergency Department Database Files CY 2008, 2009 & 2010

CHART 7-6 IMMUNIZATION LEVELS IN KINDERGARTEN



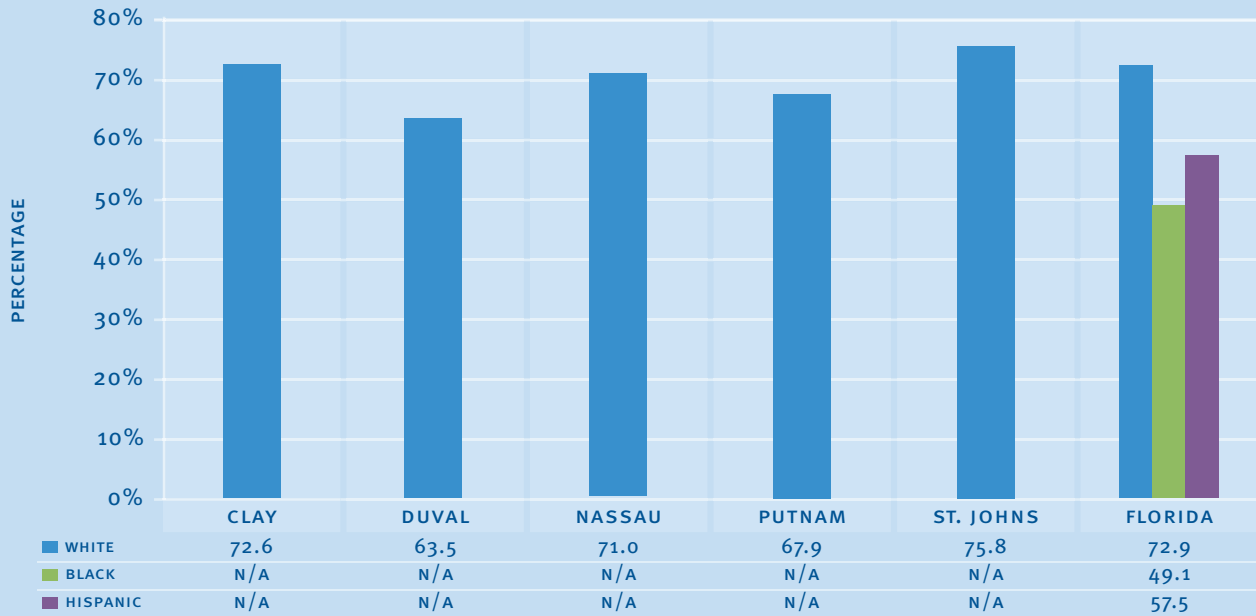
Source: Florida Department of Health, Bureau of Immunization

CHART 7-7 ADULTS AGES 65+ WHO HAVE EVER RECEIVED A PNEUMONIA VACCINATION



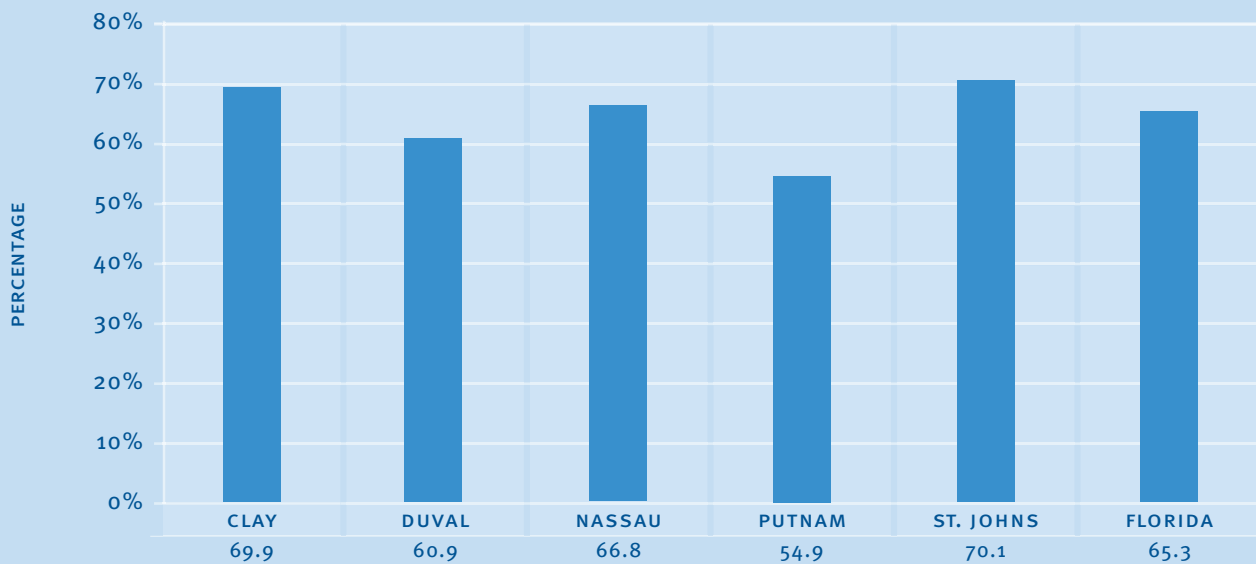
Source: Florida Behavioral Risk Factor Surveillance System (CHARTS)

CHART 7-8 ADULTS AGES 65+ WHO HAVE EVER RECEIVED A PNEUMONIA VACCINATION, BY RACE



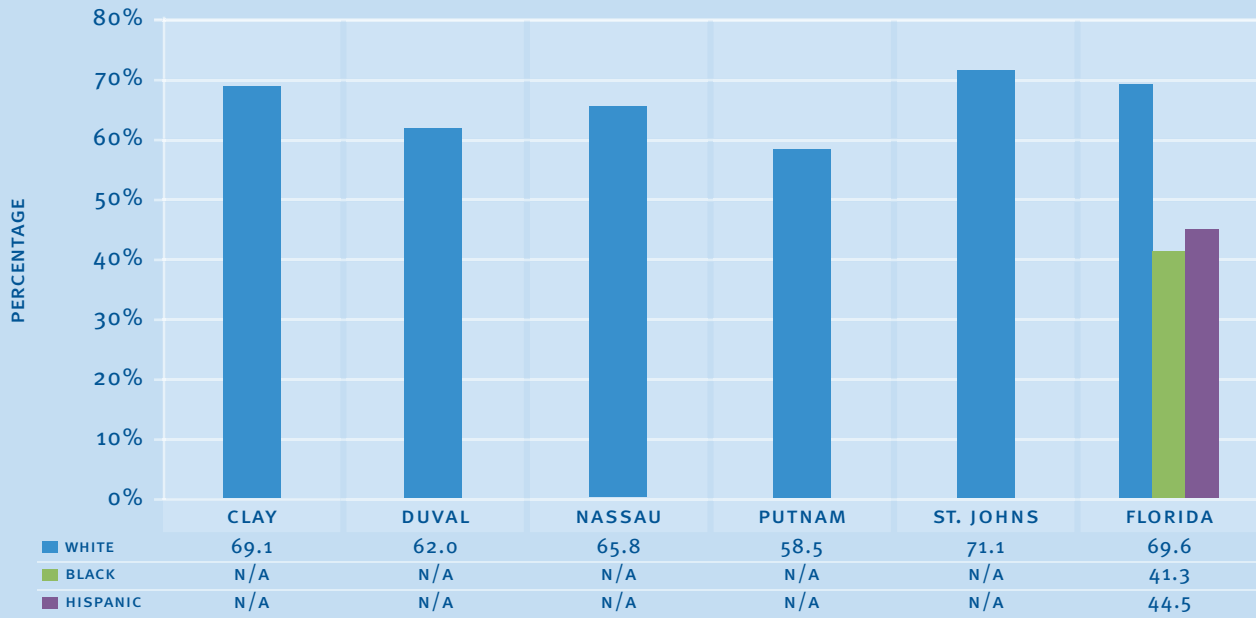
Source: Florida Behavioral Risk Factor Surveillance System (CHARTS)

CHART 7-9 ADULTS AGES 65+ WHO RECEIVED A FLU SHOT IN THE PAST YEAR



Source: Florida Behavioral Risk Factor Surveillance System (CHARTS)

CHART 7-10 ADULTS AGES 65+ WHO RECEIVED A FLU SHOT IN THE PAST YEAR, BY RACE



Source: Florida Behavioral Risk Factor Surveillance System (CHARTS)



CHAPTER 8: HEALTH CONDITIONS AND DISEASES

CHRONIC DISEASES

Cancer

Overall, cancer rates have fallen since 2008 in all counties except for Putnam. Clay, Duval and Putnam Counties' rates in 2010 were above the state rate of 159.2. See Chart 8-1 for comparisons of cancer rates for each county. Survey data indicate that respondents are not very concerned about cancer. In focus groups, respondents with cancer notice the absence of alternative medicine options in the area.

Cancer rates across races vary by county. In Clay County, the rate for White residents is far higher than that of Black residents. In Duval County, Black and White individuals have similar rates of cancer, and the Hispanic rate is less than half of that. Nassau and St. Johns Counties see higher rates in the Black population. The rates across race are much more even at the state level. See Chart 8-2 for cancer rates by race.

Charts 8-3 through 8-5 detail trends in rates for lung, colorectal and breast cancers. 2010 rates for lung cancer are higher than the state level in all counties except St. Johns. Additionally, rates in all counties have decreased since 2008. The data for colorectal cancer paint a different story. The rate is highest in Putnam County and had increased in Duval County since 2008. Breast cancer rates have increased drastically in Putnam and St. Johns Counties. Only Nassau County has a rate below the state level of 21 per 100,000.

Heart Disease and Stroke

Hypertension rates are outlined by race and gender in Charts 8-6 and 8-7. Duval County has the highest rate for Black residents, while Putnam County has the highest affected White population. Nassau and St. Johns Counties did not have data to report for their Black populations. Additionally, in all counties and throughout the state of Florida, men have higher rates than women.

Putnam County is the only one in the region to see an increase in the rate of coronary heart disease from 2008-2010. See Chart 8-8 for trend data for each county. Overall, rates of coronary heart disease are higher for Black individuals than for White and Hispanic residents. Minority data was not available for St. Johns County and Hispanic data was missing for Nassau and Putnam Counties. See Chart 8-9 for rates by race.

In most counties, the 2010 rate for stroke is higher than the state level of 29.8 per 100,000. However, most counties have seen a decrease since 2008. See Chart 8-10 for a comparison of stroke rates across counties from 2008 through 2010. As Charts 8-11 and 8-12 show, Black residents have higher levels of stroke than their White and Hispanic counterparts. Note the lack of data for minorities in most counties. The distribution of strokes across gender varies by county. In Duval and Clay Counties, female percentages are higher than male.

Respiratory Diseases

Rates of chronic lower respiratory disease have declined in all counties, but most still lie above the state level. Comparisons of asthma rates across race are difficult due to the lack of data for Black residents in some counties and no data for Hispanic populations in any of the counties. For middle and high school students, the trends vary by county. Some counties have seen an increase and others have improved. Additionally, some counties lie above the state average and others are lower. See Charts 8-16 and 8-17 for data on asthma in middle and high school students. Chart 8-18 illustrates that asthma hospitalizations have increased since 2008 in every county and throughout the state. Charts 8-19 and 8-20 detail hospitalizations for children of varying ages.

Diabetes

Diabetes death rates are higher than the state level (19.3 per 100,000) in Clay, Duval and Putnam Counties (see Chart 8-21). When this indicator is broken down by race, the rates for Black residents are far higher than those of White residents. (See Chart 8-22 for more details.) Note the lack of data for the Hispanic population. Chart 8-23 outlines a slight increase in all counties in the rate of hospitalizations from or with diabetes. Diabetes

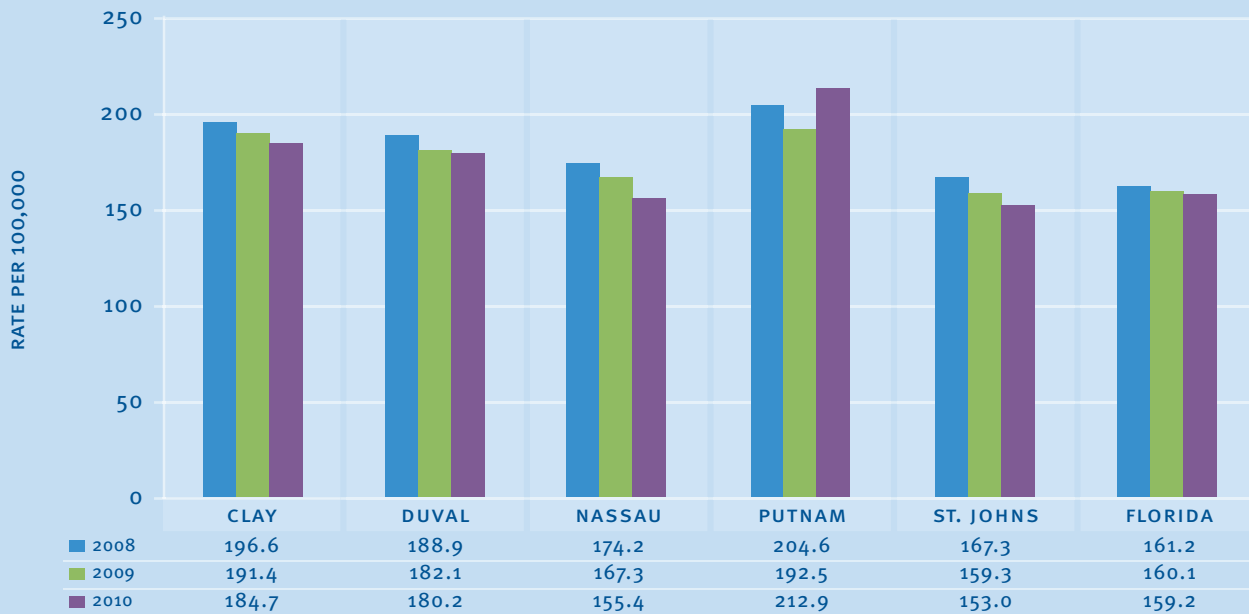
hospitalizations are far higher for children ages 12 to 18 than those ages five to 11 in all counties. See Chart 8-24 to see how these rates compare to the state level.

Putnam County has the highest percentage of adults with diagnosed diabetes. Those adults ages 65 and older have the highest percentage. Racially, Black residents generally have higher rates. Charts 8-25 to 8-27 detail these indicators. Chart 8-28 shows that males have higher rates than women in all counties and throughout the state. Hospitalizations from amputation of a lower extremity attributable to diabetes have increased in all counties.

Key Findings

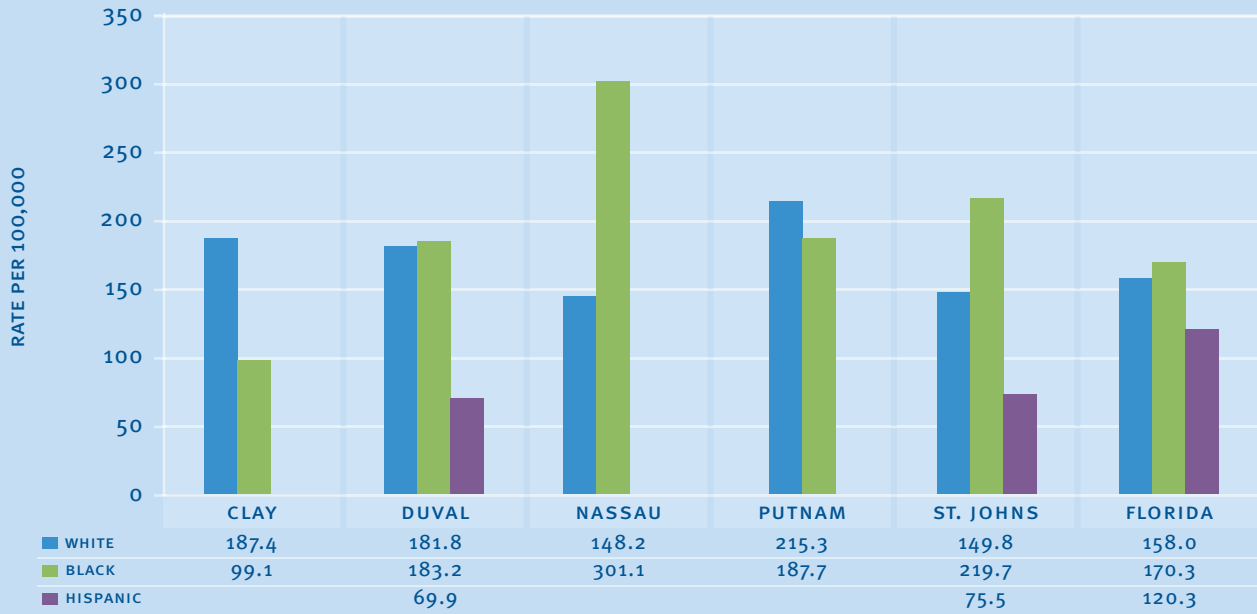
- Cancer rates have fallen since 2008 in all counties except for Putnam. Survey data indicate that respondents are not very concerned about cancer.
- Cancer rates across races vary by county.
- Putnam County is the only county in the region to see an increase in the rate of coronary heart disease from 2008 to 2010.
- Rates of coronary heart disease are higher for Black individuals than for White and Hispanic residents.
- Rates of chronic lower respiratory disease have declined in all counties, but most still lie above the state level.
- Diabetes death rates are higher than the state level in Clay, Duval and Putnam Counties. The rates for Black residents are far higher than those of White residents.
- Putnam County experienced the highest rates of hospitalizations from amputation of lower extremities and was significantly higher compared to the state averages.

CHART 8-1 CANCER



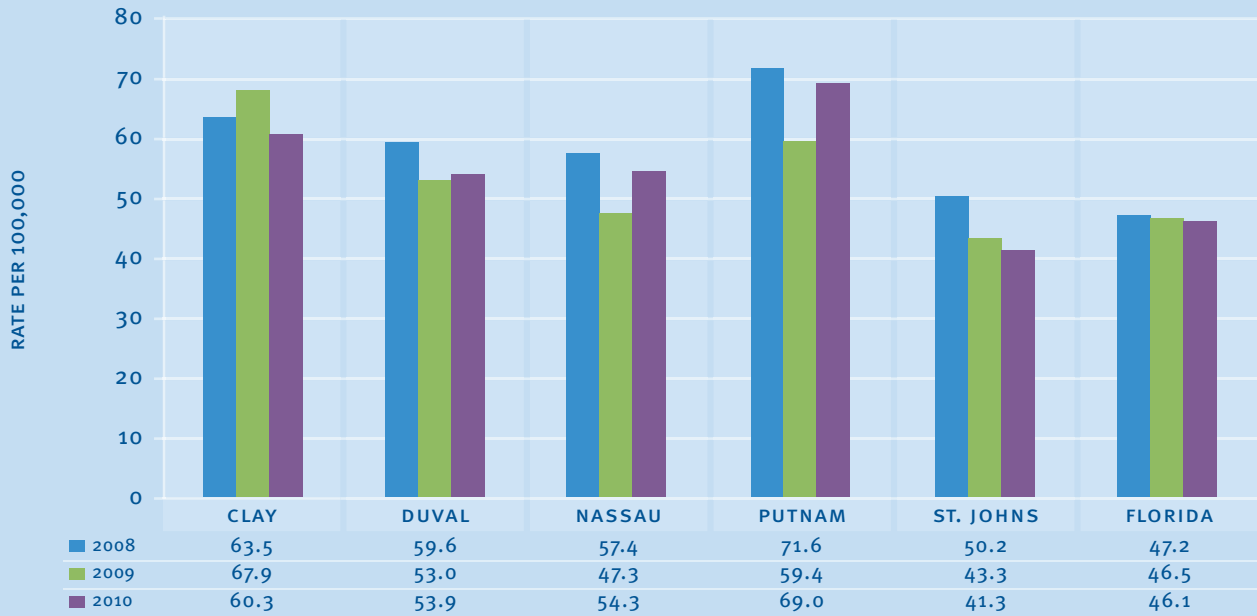
Source: Florida Department of Health, Bureau of Vital Statistics

CHART 8-2 CANCER, BY RACE



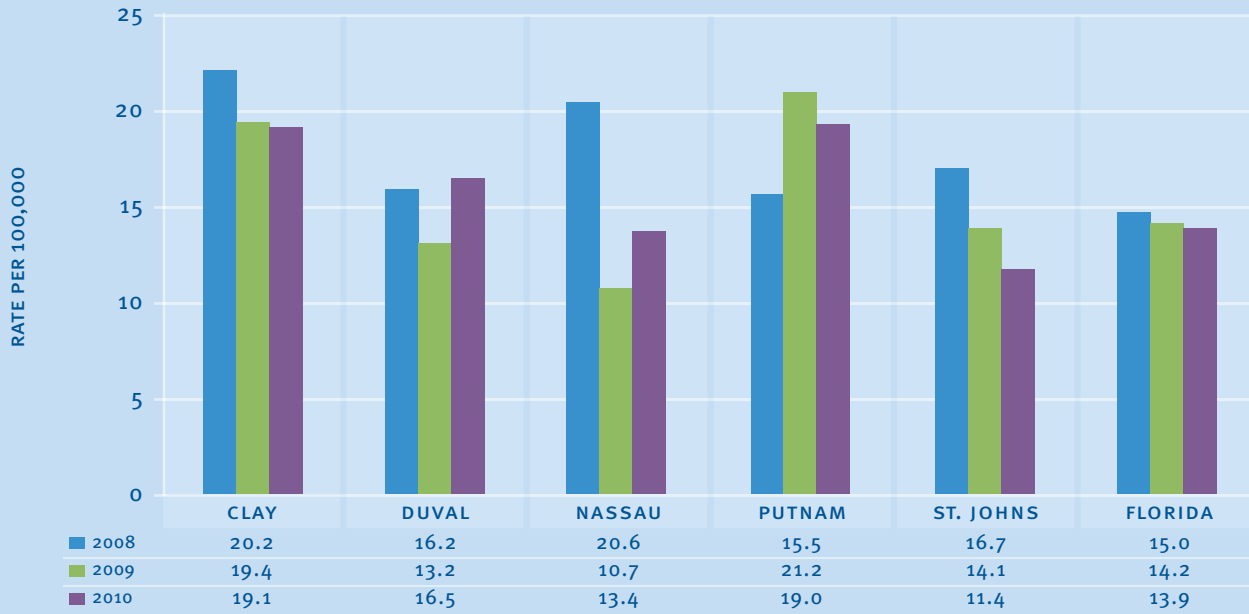
Source: Florida Department of Health, Bureau of Vital Statistics

CHART 8-3 LUNG CANCER



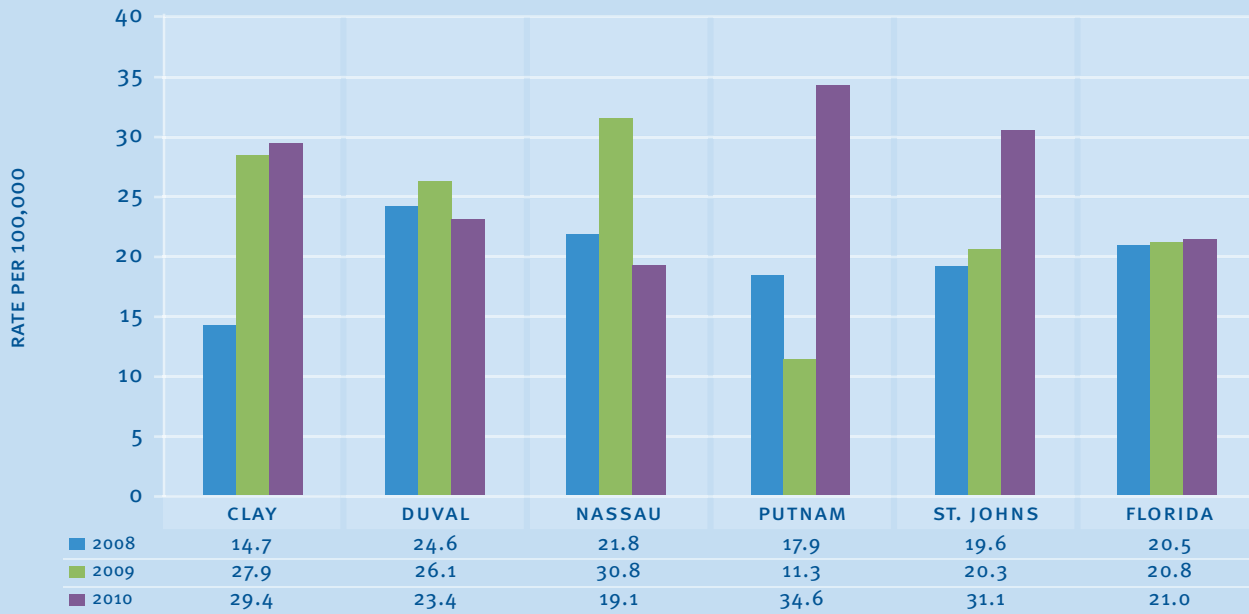
Source: Florida Department of Health, Bureau of Vital Statistics

CHART 8-4 COLORECTAL CANCER



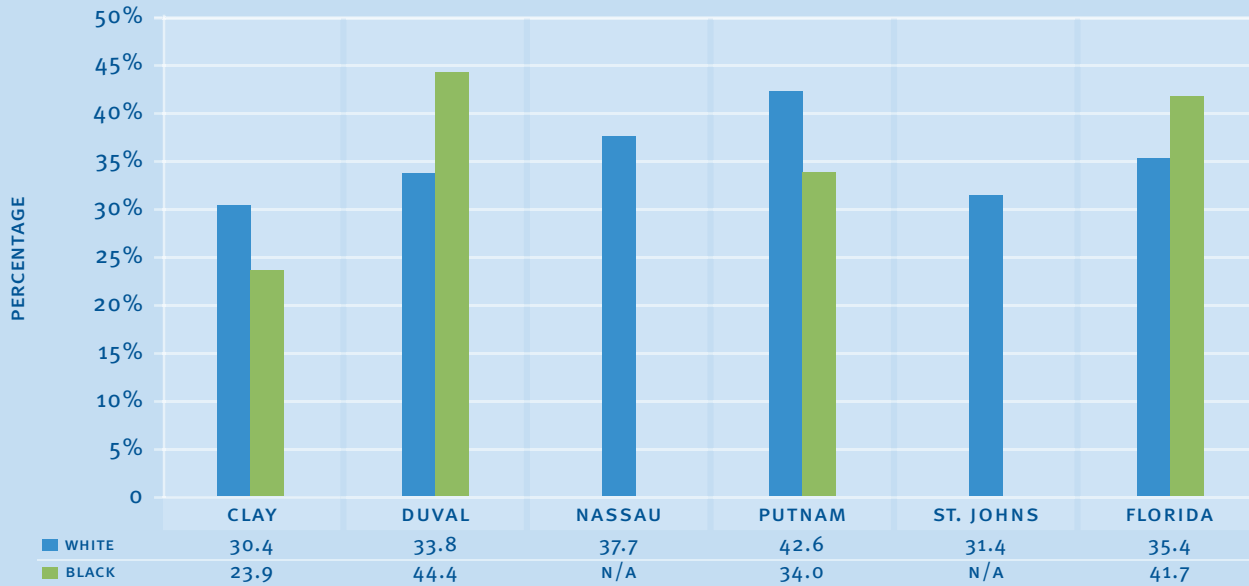
Source: Florida Department of Health, Bureau of Vital Statistics

CHART 8-5 BREAST CANCER



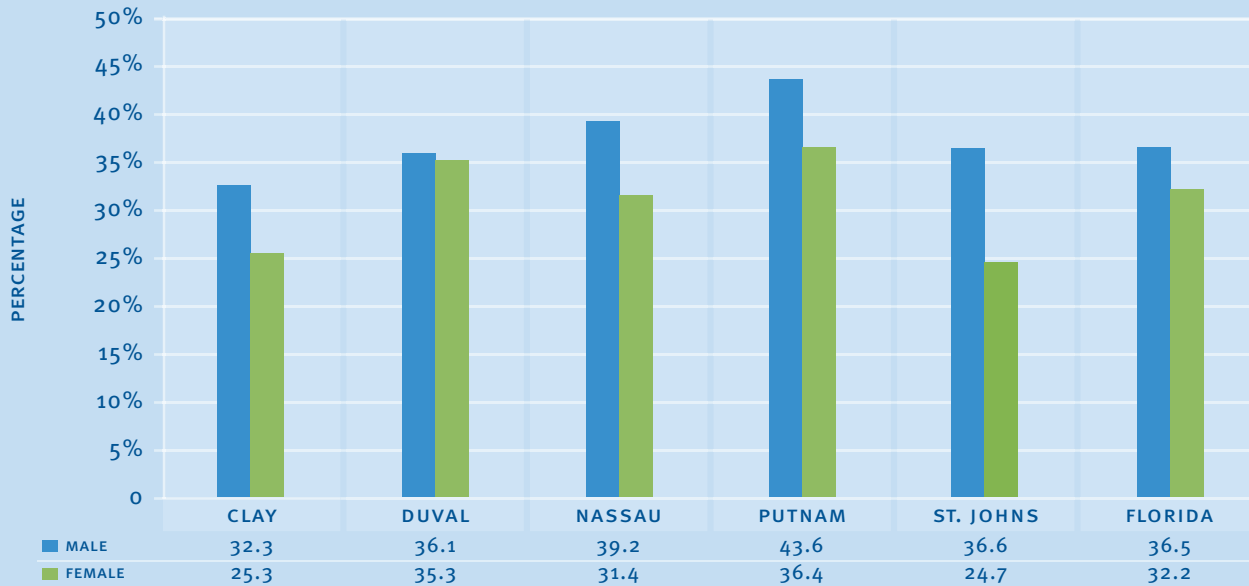
Source: Florida Department of Health, Bureau of Vital Statistics

CHART 8-6 ADULTS WITH DIAGNOSED HYPERTENSION, BY RACE



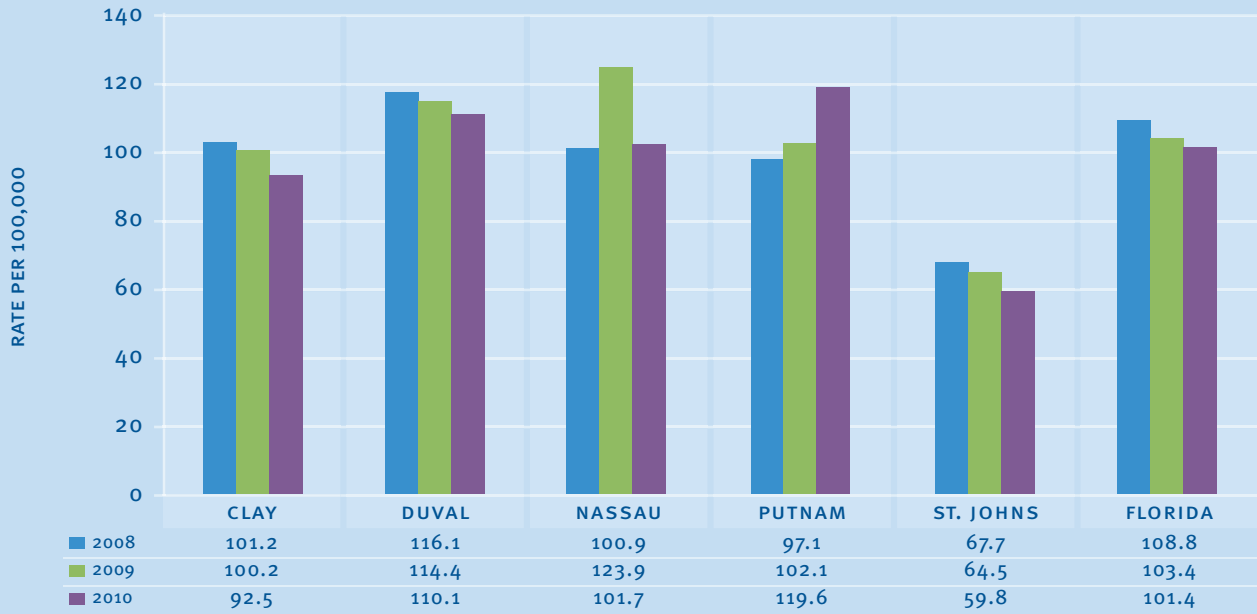
Source: Florida Department of Health, 2010 Florida Behavioral Risk Factor Surveillance System (BRFSS) Data Report

CHART 8-7 ADULTS WITH DIAGNOSED HYPERTENSION, BY GENDER



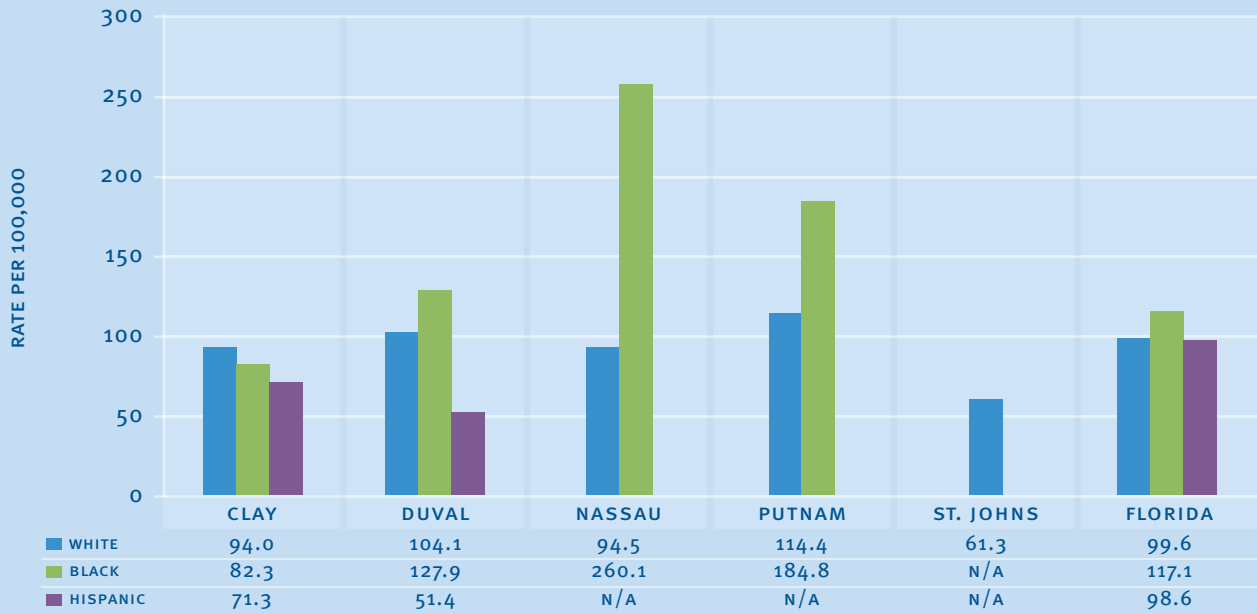
Source: Florida Department of Health, 2010 Florida Behavioral Risk Factor Surveillance System (BRFSS) Data Report

CHART 8-8 CORONARY HEART DISEASE



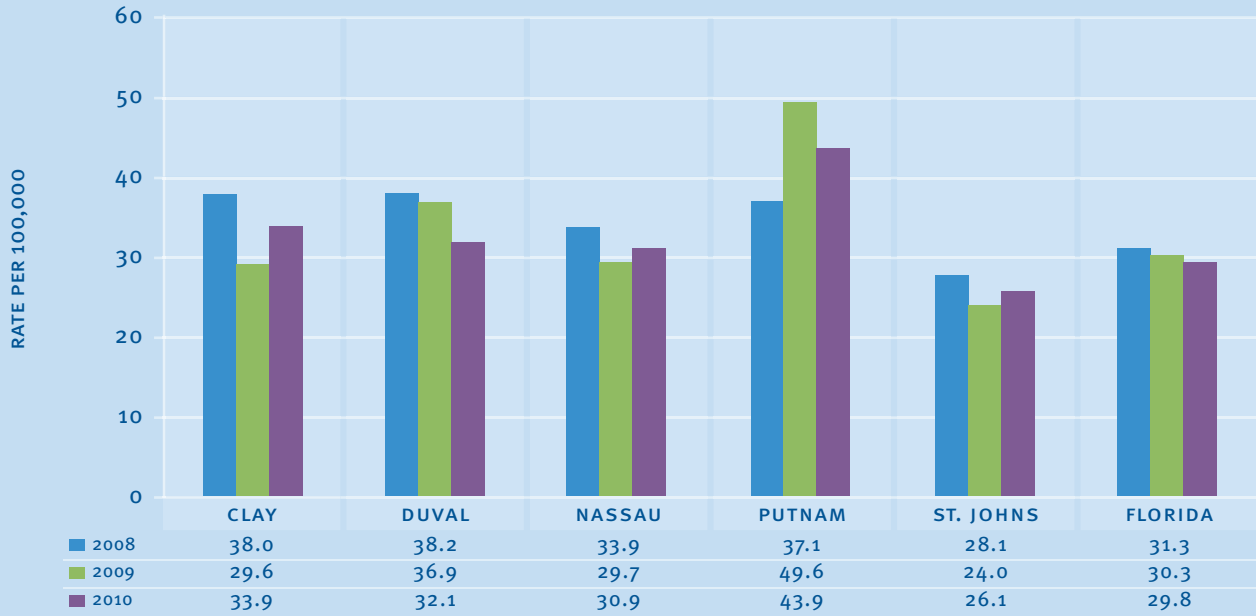
Source: Florida Department of Health, Bureau of Vital Statistics

CHART 8-9 CORONARY HEART DISEASE, BY RACE



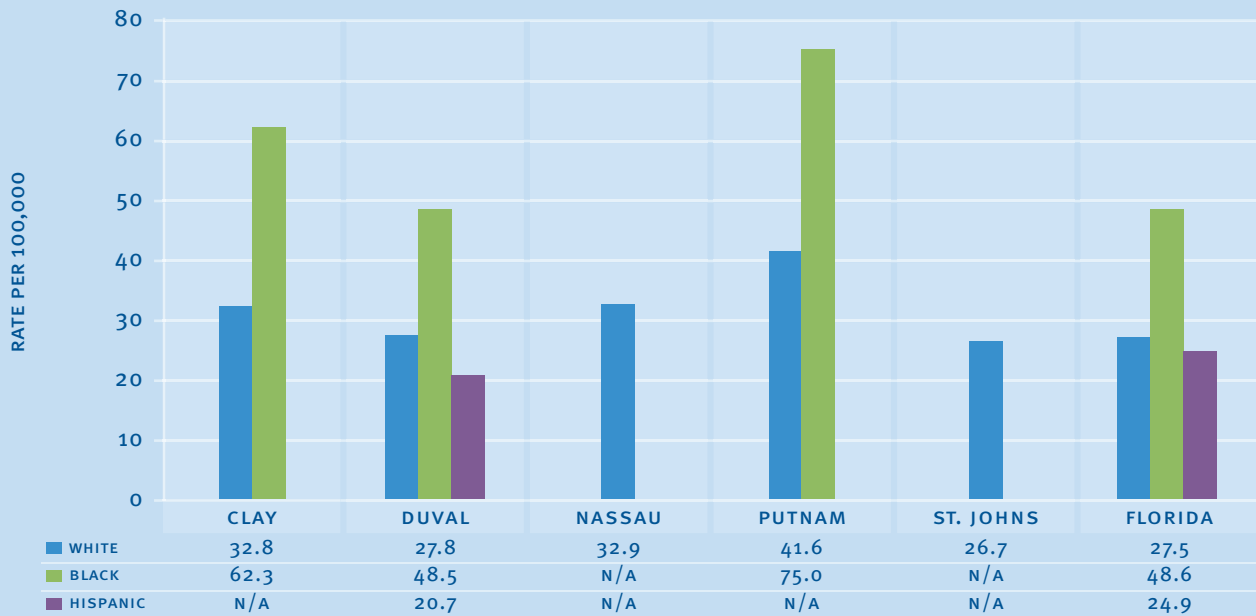
Source: Florida Department of Health, Bureau of Vital Statistics

CHART 8-10 STROKE



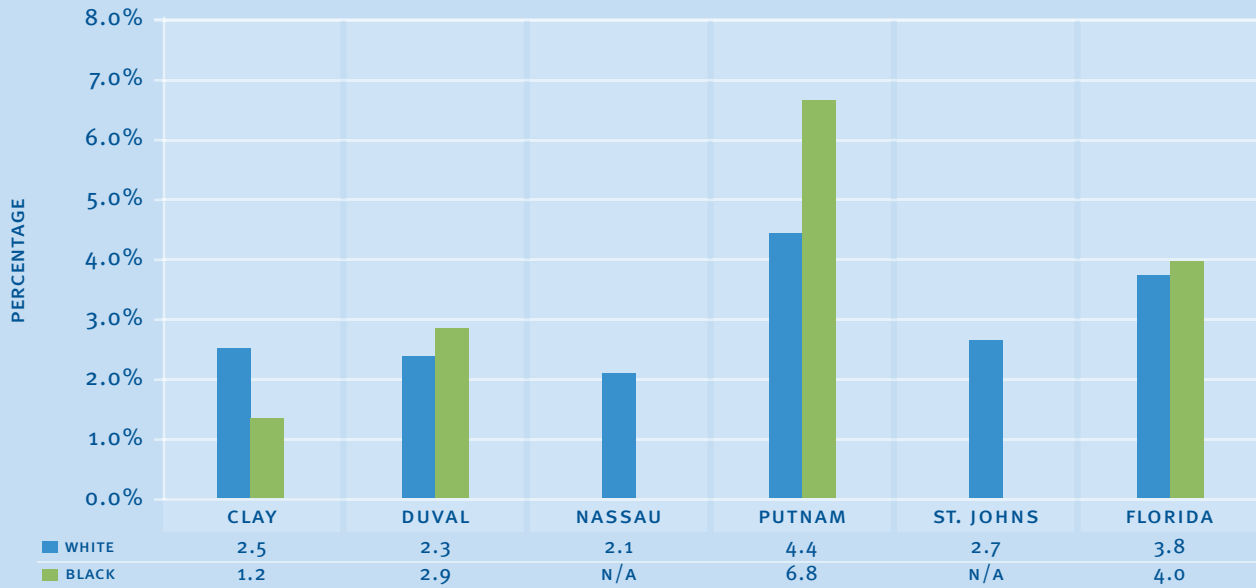
Source: Florida Department of Health, Bureau of Vital Statistics

CHART 8-11 STROKE, BY RACE



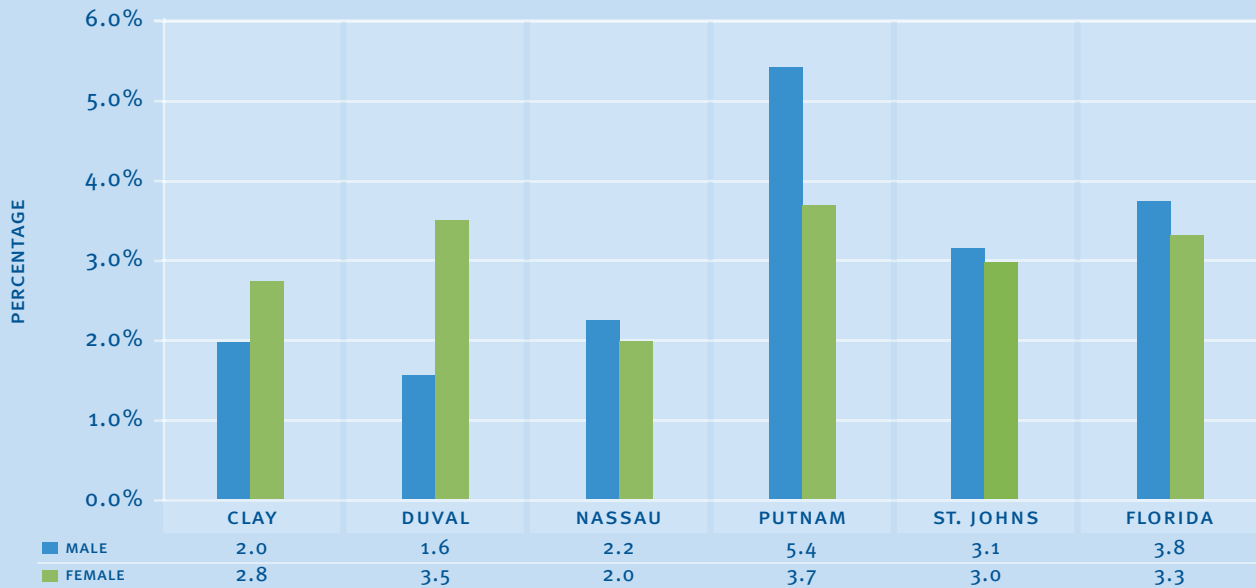
Source: Florida Department of Health, Bureau of Vital Statistics

CHART 8-12 ADULTS WHO HAVE EVER HAD STROKE, BY RACE



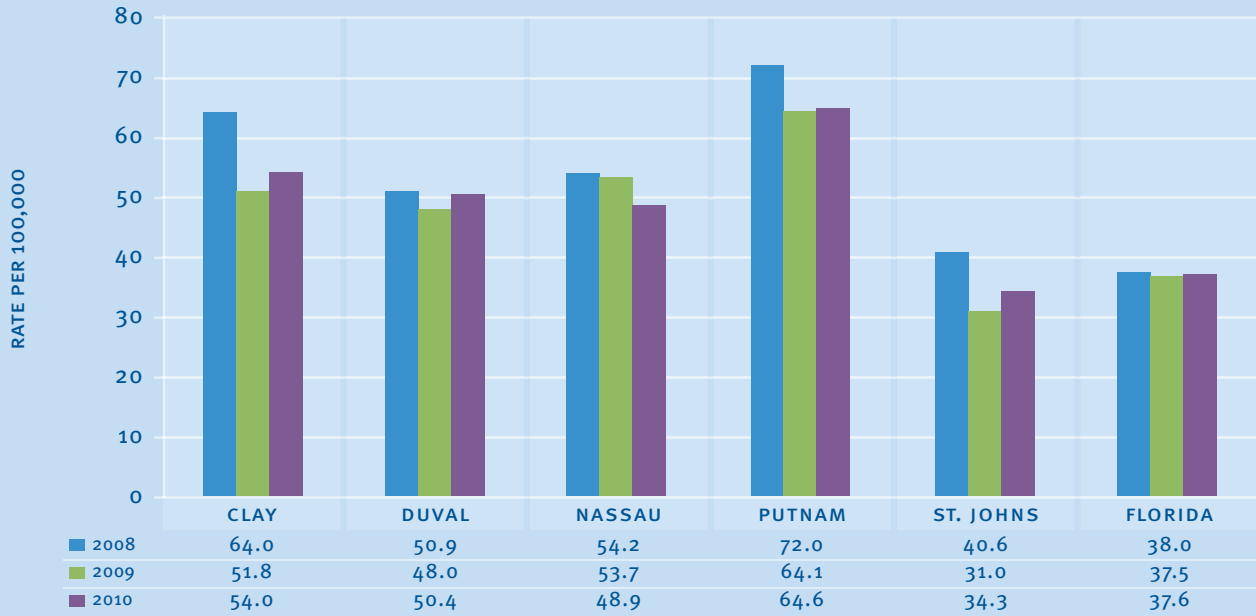
Source: Florida Department of Health, 2010 Florida Behavioral Risk Factor Surveillance System (BRFSS) Data Report

CHART 8-13 ADULTS WHO HAVE EVER HAD STROKE, BY GENDER



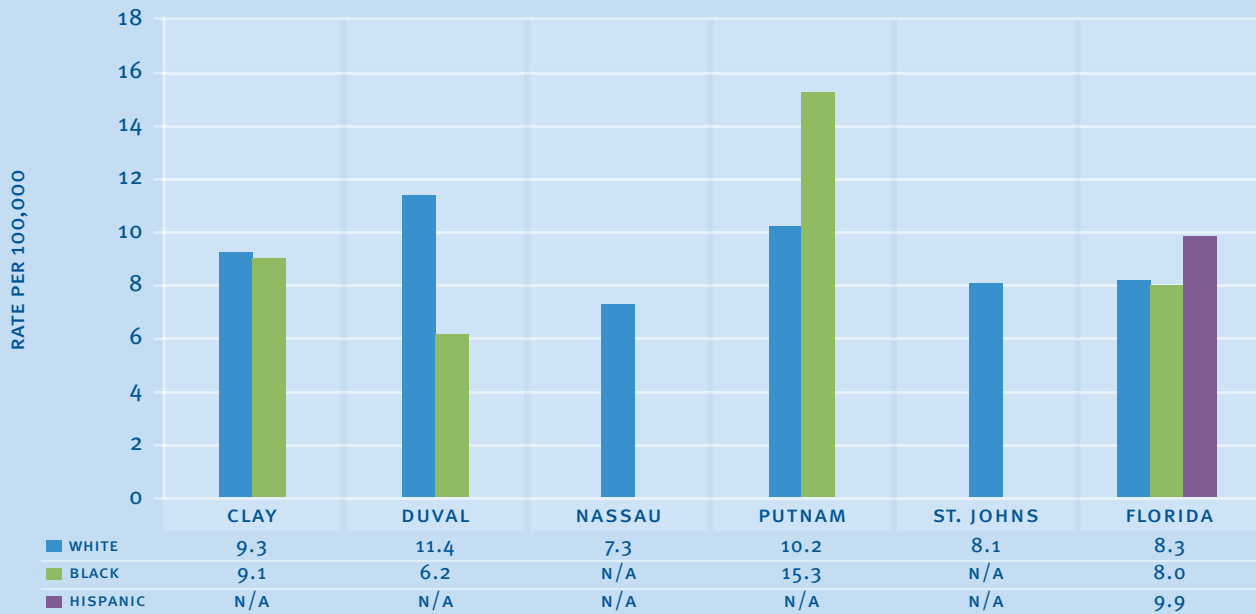
Source: Florida Department of Health, 2010 Florida Behavioral Risk Factor Surveillance System (BRFSS) Data Report

CHART 8-14 CHRONIC LOWER RESPIRATORY DISEASE



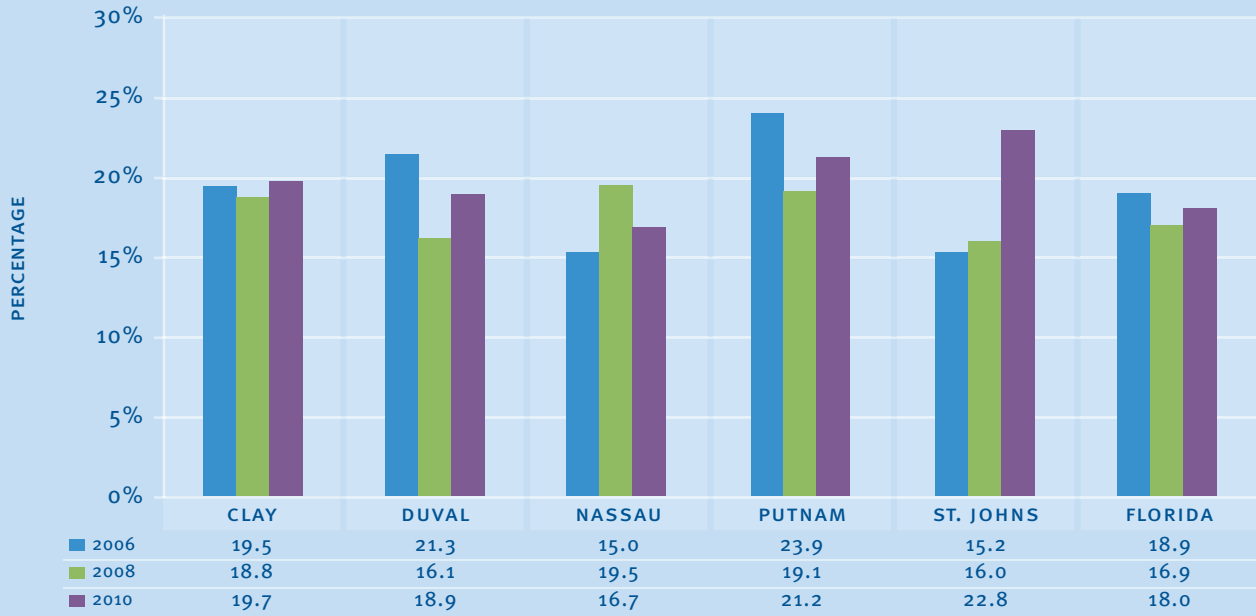
Source: Florida Department of Health, Bureau of Vital Statistics

CHART 8-15 ADULTS WHO CURRENTLY HAVE ASTHMA, BY RACE



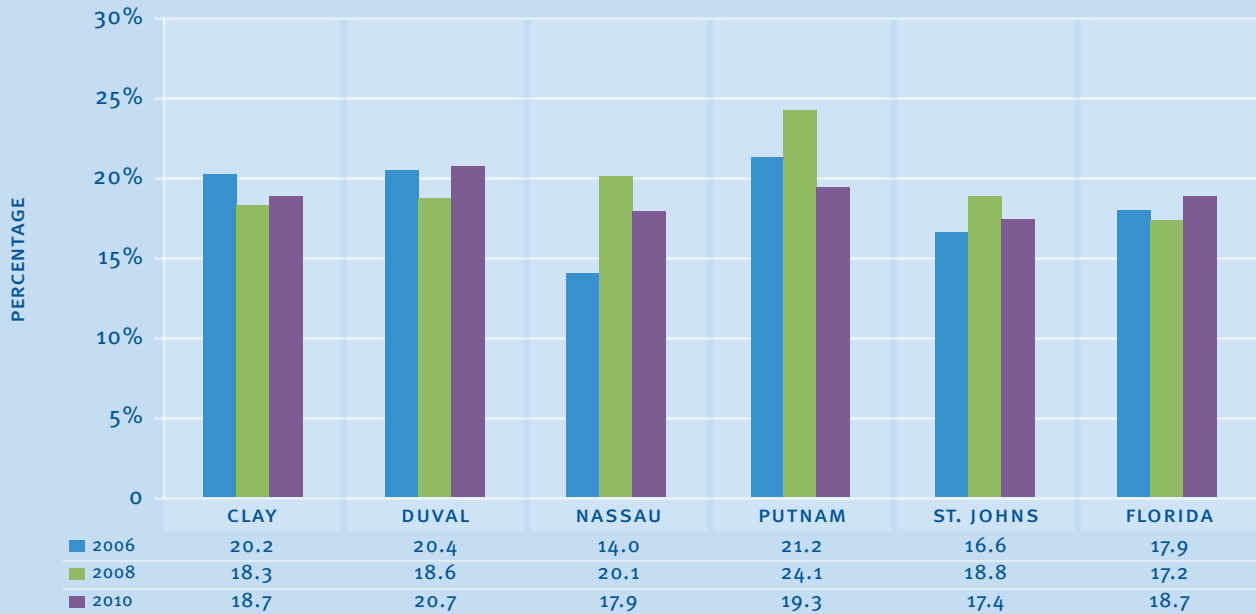
Source: Florida Department of Health, Florida Behavioral Risk Factor Surveillance System

CHART 8-16 MIDDLE SCHOOL STUDENTS WITH ASTHMA



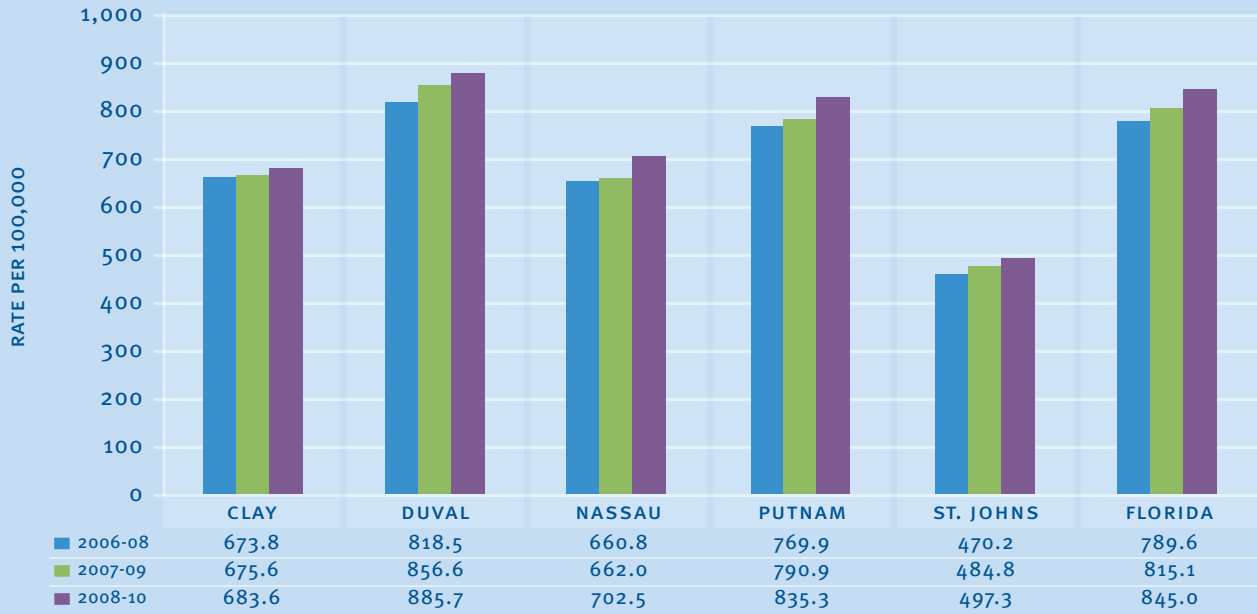
Source: Florida Department of Health, Florida Youth Tobacco Survey

CHART 8-17 HIGH SCHOOL STUDENTS WITH ASTHMA



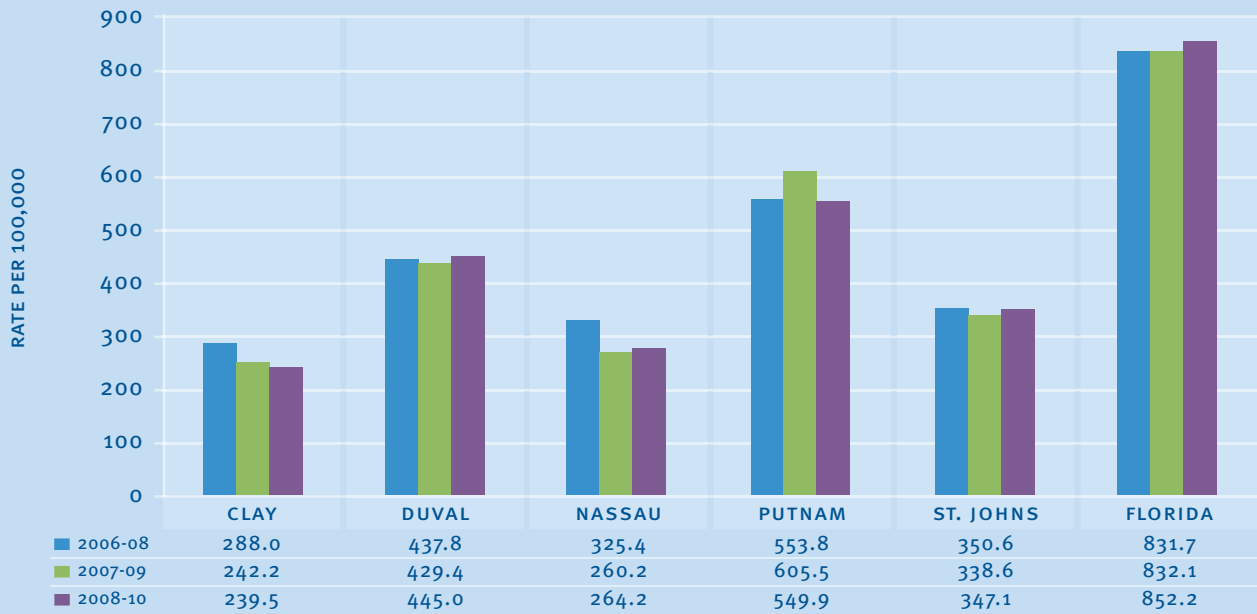
Source: Florida Department of Health, Florida Youth Tobacco Survey

CHART 8-18 ASTHMA HOSPITALIZATIONS



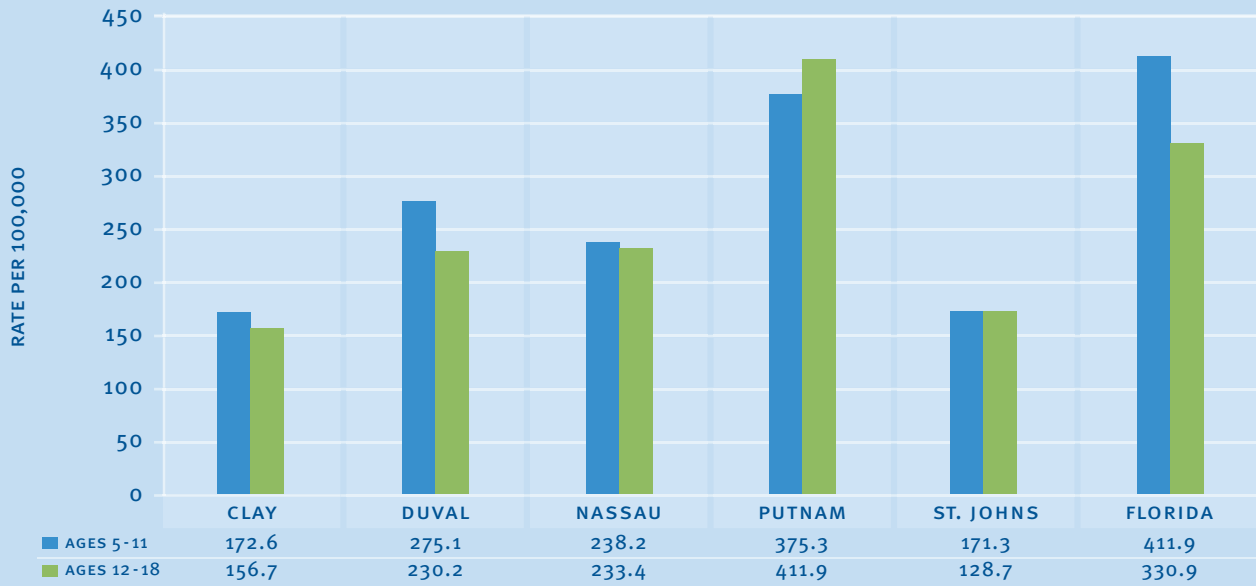
Source: Florida Agency for Health Care Administration (AHCA)

CHART 8-19 ASTHMA HOSPITALIZATIONS – AGES 1 THROUGH 5



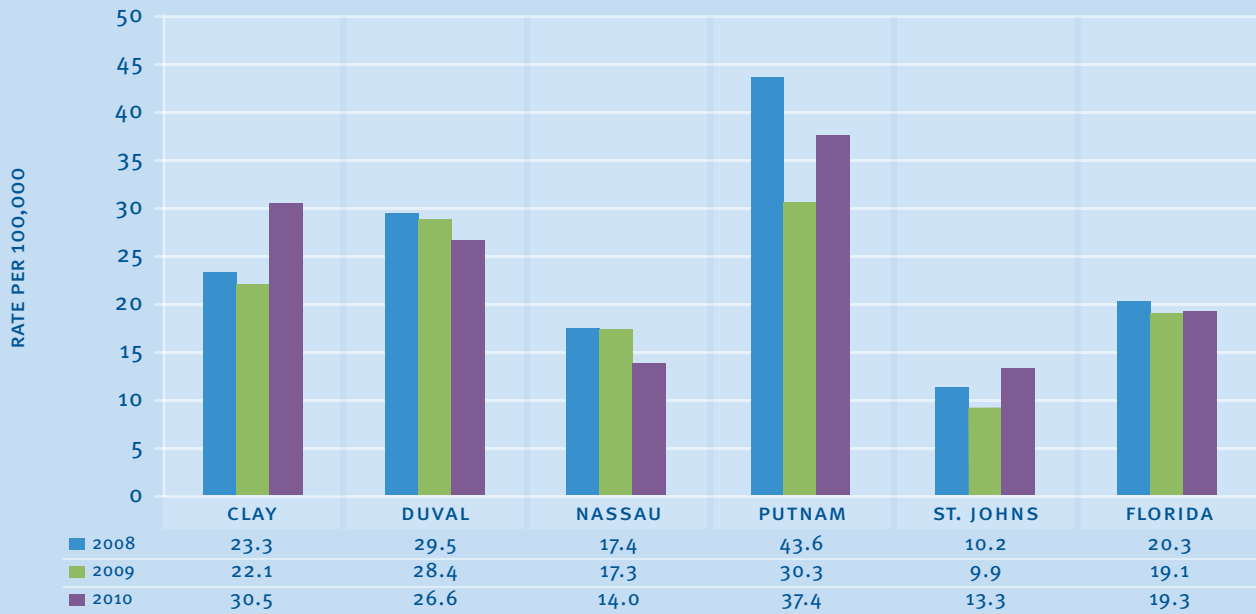
Source: Florida Department of Health, Pregnancy and Young Child Profile

CHART 8-20 ASTHMA HOSPITALIZATIONS – CHILDREN



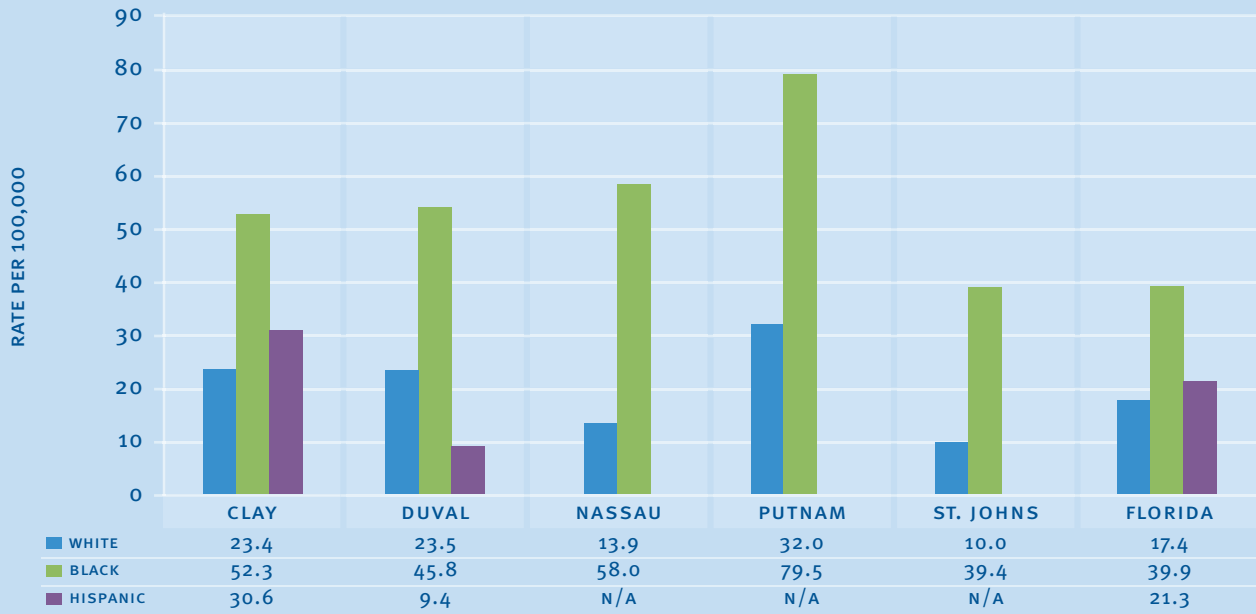
Source: Florida Department of Health, School-aged Child and Adolescent Profile

CHART 8-21 DIABETES – DEATH RATES



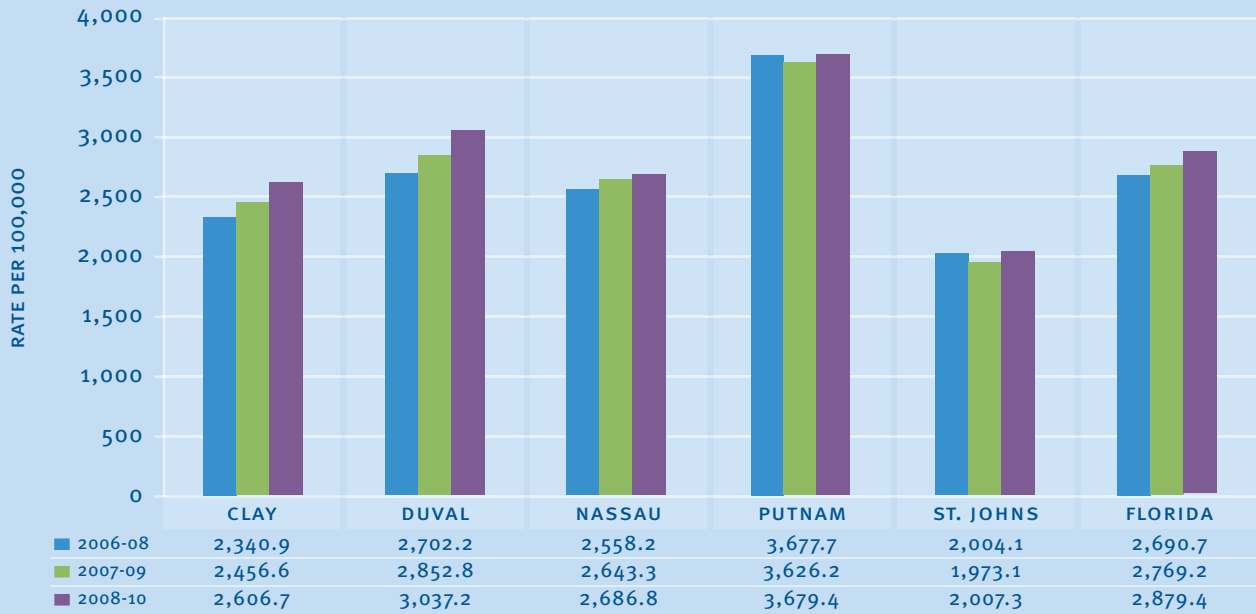
Source: Florida Department of Health, Bureau of Vital Statistics

CHART 8-22 DIABETES – DEATH RATES, BY RACE



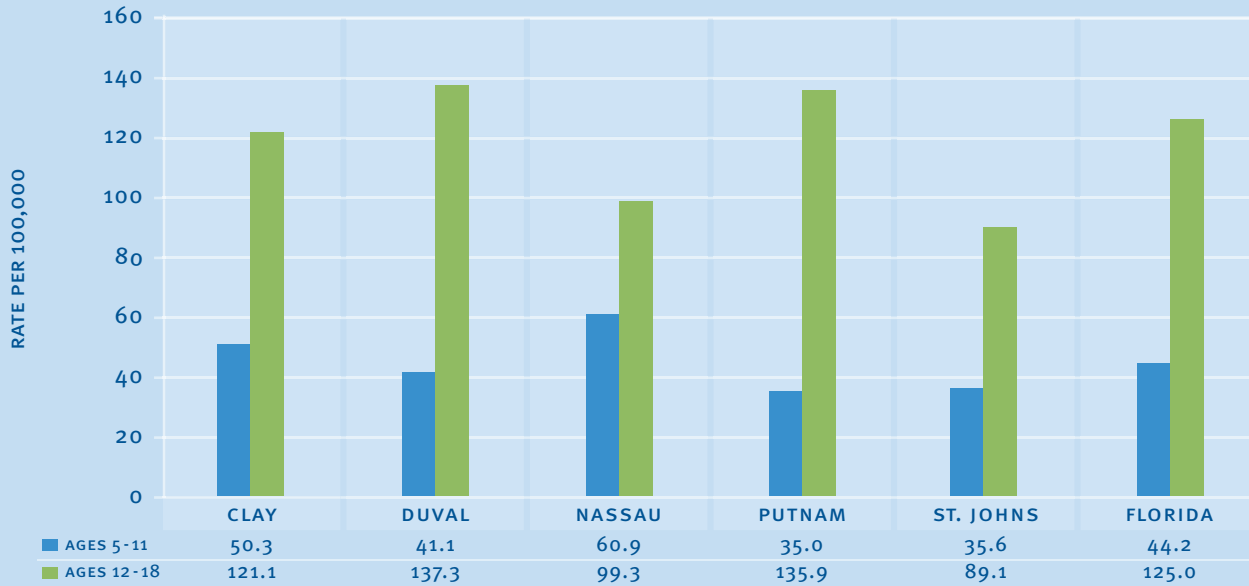
Source: Florida Department of Health, Bureau of Vital Statistics

CHART 8-23 HOSPITALIZATIONS FROM OR WITH DIABETES



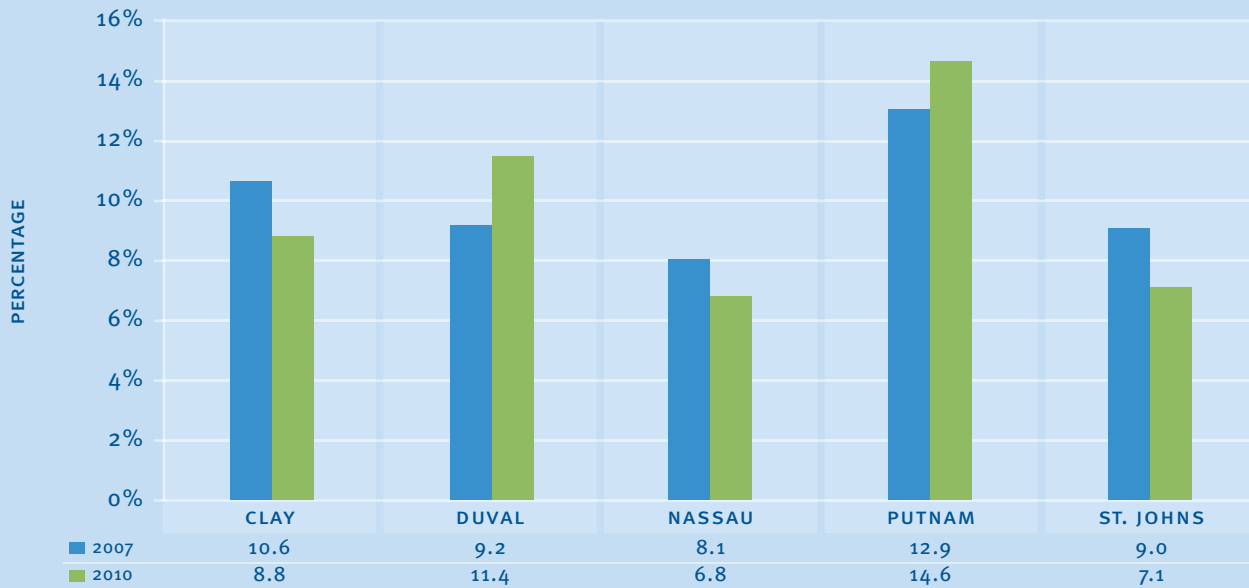
Source: Florida Agency for Health Care Administration (AHCA)

CHART 8-24 DIABETES HOSPITALIZATIONS – CHILDREN



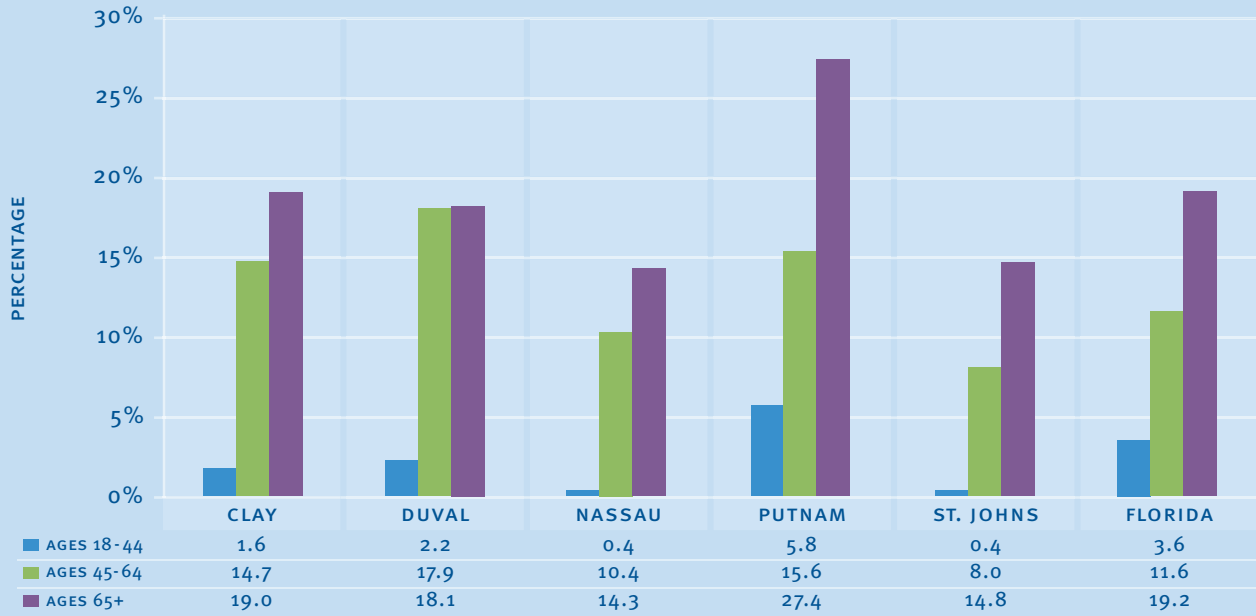
Source: Florida Department of Health, School-aged Child and Adolescent Profile

CHART 8-25 ADULTS WITH DIAGNOSED DIABETES



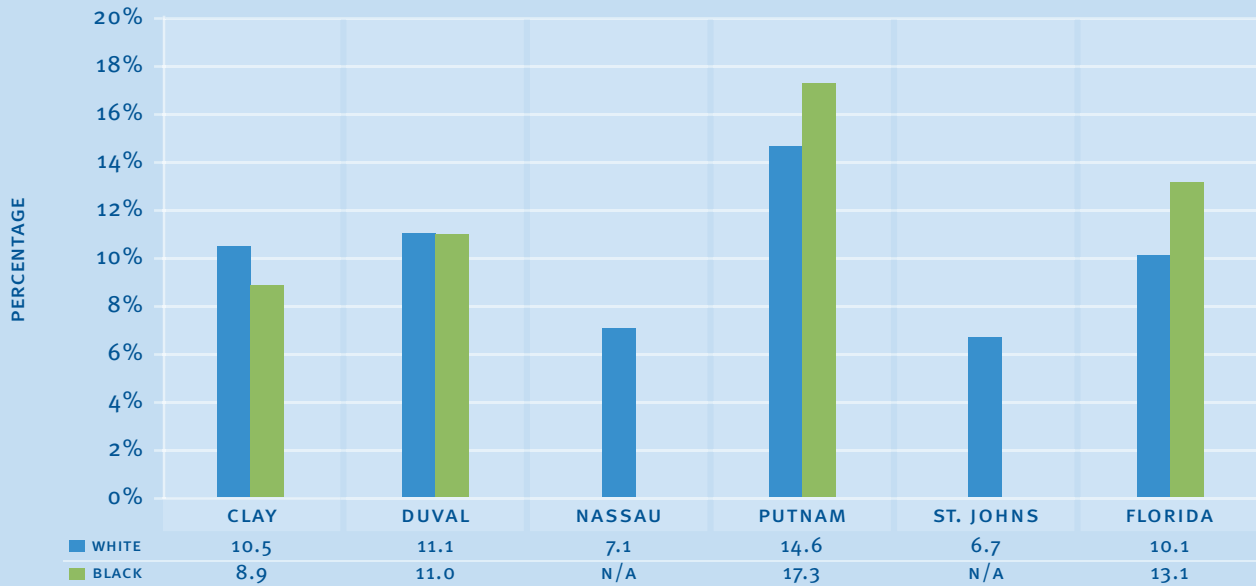
Source: Florida Behavioral Risk Factor Surveillance System

CHART 8-26 ADULTS WITH DIAGNOSED DIABETES, BY AGE



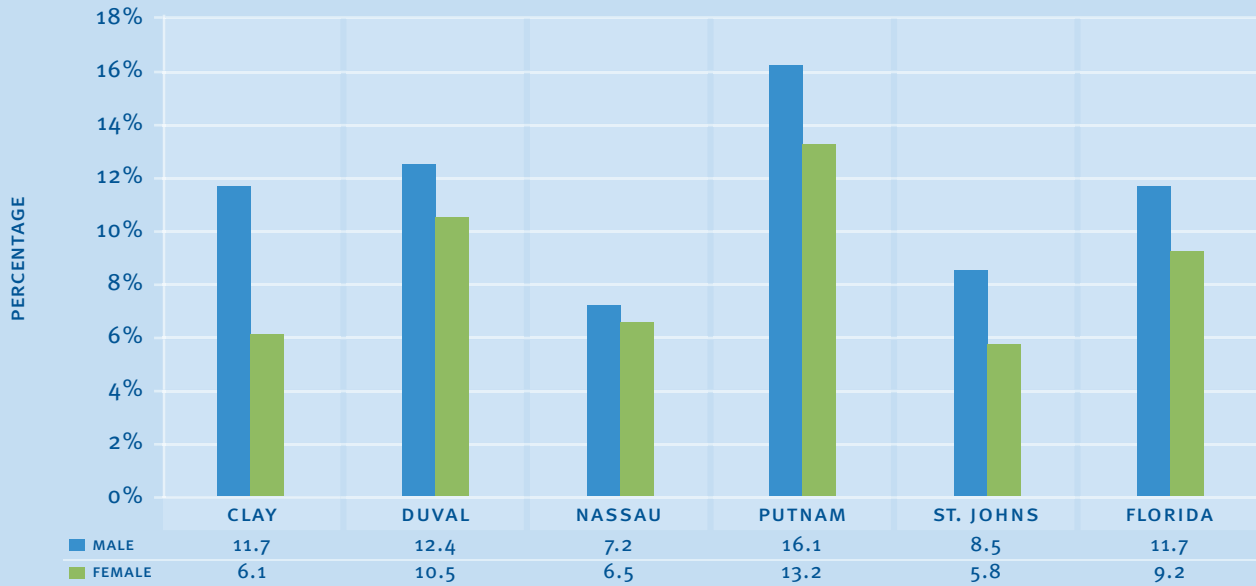
Source: Florida Department of Health, 2010 Florida Behavioral Risk Factor Surveillance System (BRFSS) Data Report

CHART 8-27 ADULTS WITH DIAGNOSED DIABETES, BY RACE



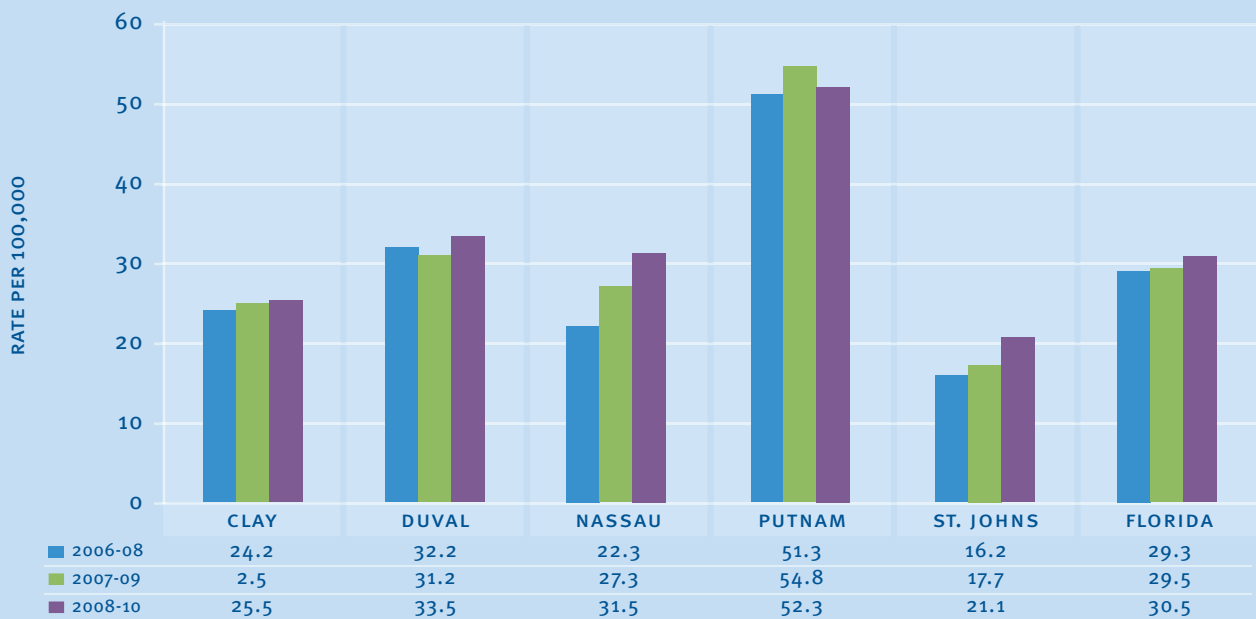
Source: Florida Department of Health, 2010 Florida Behavioral Risk Factor Surveillance System (BRFSS) Data Report

CHART 8-28 ADULTS WITH DIAGNOSED DIABETES, BY GENDER



Source: Florida Department of Health, 2010 Florida Behavioral Risk Factor Surveillance System (BRFSS) Data Report

CHART 8-29 HOSPITALIZATIONS FROM AMPUTATION OF A LOWER EXTREMITY, ATTRIBUTABLE TO DIABETES



Source: Florida Agency for Health Care Administration (AHCA)

TABLE 8-1 DEATHS FROM HYPERTENSION (PER 100,000)

| LOCATION | WHITE | BLACK | HISPANIC |
|-----------|-------|-------|----------|
| CLAY | 13.3 | 15.1 | N/A |
| DUVAL | 7.4 | 15.8 | N/A |
| NASSAU | 4.1 | N/A | N/A |
| PUTNAM | 12.6 | 25.6 | N/A |
| ST. JOHNS | 7 | 17.4 | N/A |
| FLORIDA | 5.5 | 15.4 | 4.5 |

Source: Florida Department of Health, Bureau of Vital Statistics

TABLE 8-2 ADULTS WITH DIAGNOSED HYPERTENSION

| LOCATION | WHITE | BLACK | HISPANIC |
|-----------|-------|-------|----------|
| CLAY | 30.4% | 23.9% | N/A |
| DUVAL | 33.8% | 44.4% | N/A |
| NASSAU | 37.7% | N/A | N/A |
| PUTNAM | 42.6% | 34.0% | N/A |
| ST. JOHNS | 31.4% | N/A | N/A |
| FLORIDA | 35.4% | 41.7% | 24.8% |

Source: Florida Department of Health, 2010 Florida Behavioral Risk Factor Surveillance System (BRFSS) Data Report

BEHAVIORAL HEALTH

For decades, behavioral health disciplines have existed alongside primary health care. However, in recent years there has been greater recognition of the link between good behavioral health and good overall health. The relationship between mental and physical health is bidirectional: mental disorders can have an effect on physical health and many physical ailments can induce more behavioral health issues.¹³ Thus, it is crucial to include behavioral health indicators in this assessment.

All five counties reported satisfaction with quality of life above 85 percent (“satisfied” or “very satisfied”). Putnam County residents reported the lowest satisfaction with quality of life, with 88.2 percent responding “satisfied” or “very satisfied.” Nassau County residents gave the highest percentage of these responses (96.4 percent). Putnam County also showed the lowest levels of overall positive perception of their health and behavioral health. Respondents from St. Johns County had the highest percentages in these two indicators. See Chart 8-30 for levels of residents from every county in the assessment region. Chart 8-31 shows adults with good behavioral health by race. Overall, Black respondents had higher behavioral health satisfaction than White

13 World Federation for Mental Health. *World Mental Health Day*. <http://www.wfmh.org/WMHD%2009%20Languages/ENGLISH%20WMHD09.pdf>

respondents, but this is not the case in Nassau County. St. Johns County did not have data to report for Black respondents. Additionally, survey respondents overwhelmingly rated their behavioral health as positive (80 percent rated “good” or “excellent”). Twenty-eight percent of respondents said they have had two years or more in their life when they felt depressed or sad most days, even if they felt okay sometimes. Suicide rates have increased across the board. Nassau County has seen the most drastic increase and has the highest rate in the region. Chart 8-32 outlines the differences in the increases across counties and in the state of Florida.

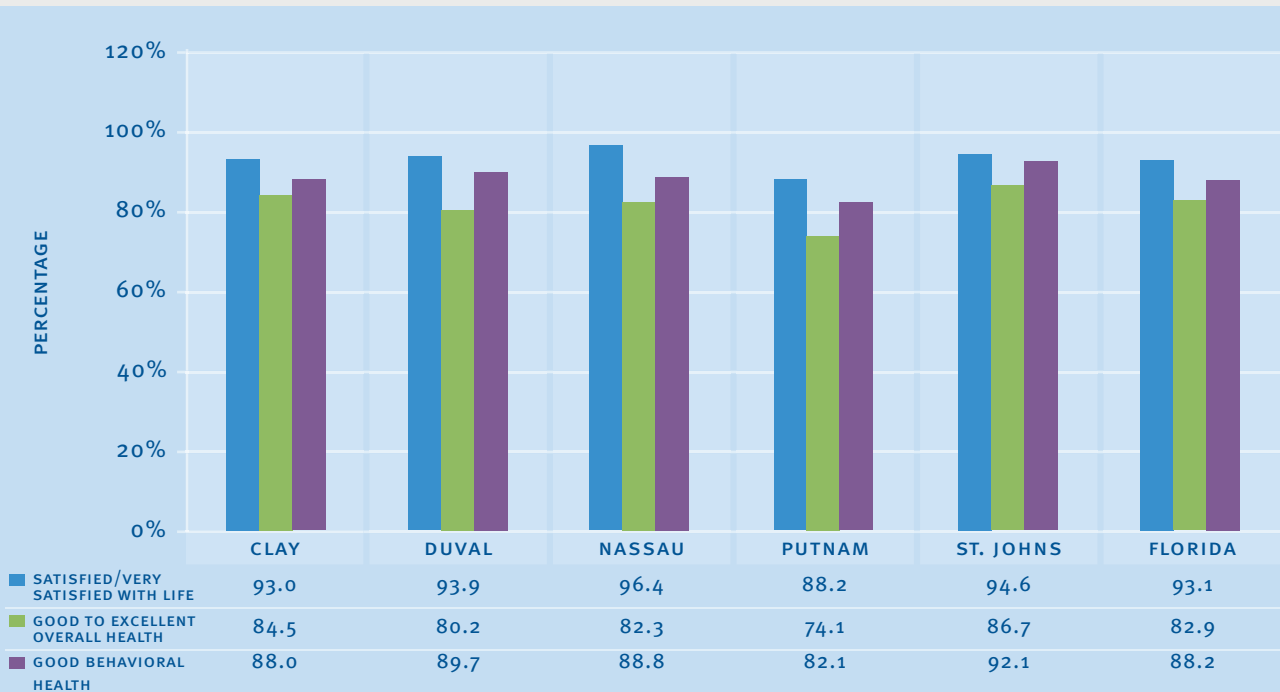
Psychiatric beds for adults have stayed about the same in Duval and St. Johns Counties, as well as the state of Florida. Clay County is the only county to show an increase. Nassau and Putnam Counties reported no adult psychiatric beds (see Chart 8-33). Duval County is the only county that provides child and adolescent psychiatric beds, and they do so at a rate similar to that of the state (see Chart 8-34).

Sixty-two percent of survey respondents have insurance that covers behavioral health services. It is important to note that 31 percent of respondents were “not sure” if their insurance covers behavioral health services. Behavioral health services were listed (albeit less frequently than other services) as being delayed in the last 12 months.

Key Findings

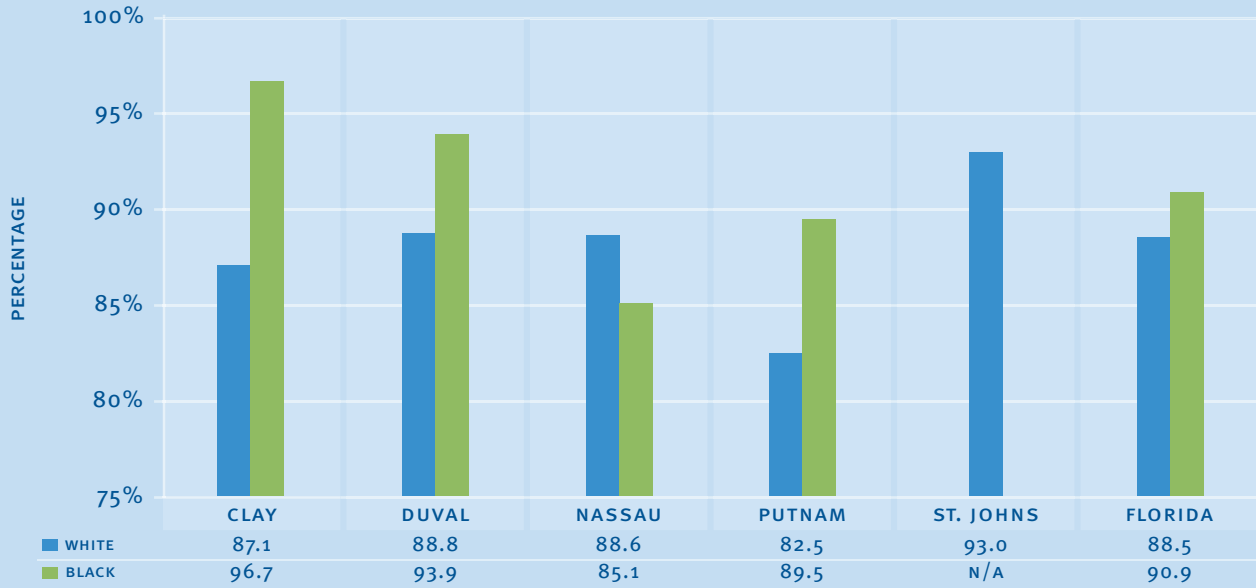
- All five counties reported satisfaction with life above 85 percent (“satisfied” or “very satisfied”). Putnam County residents reported the lowest satisfaction with quality of life, with 88.2 percent responding “satisfied” or “very satisfied.” Nassau County residents gave the highest percentage of these responses (96.4 percent).
- Twenty-eight percent of survey respondents said they have had two years or more in their life when they felt depressed or sad most days, even if they felt okay sometimes.
- Suicide rates have increased across the board. Nassau County has seen the most drastic increase and has the highest rate in the region; Nassau and Putnam Counties reported no adult psychiatric beds.

CHART 8-30 ADULTS REPORTING POSITIVE QUALITY OF LIFE



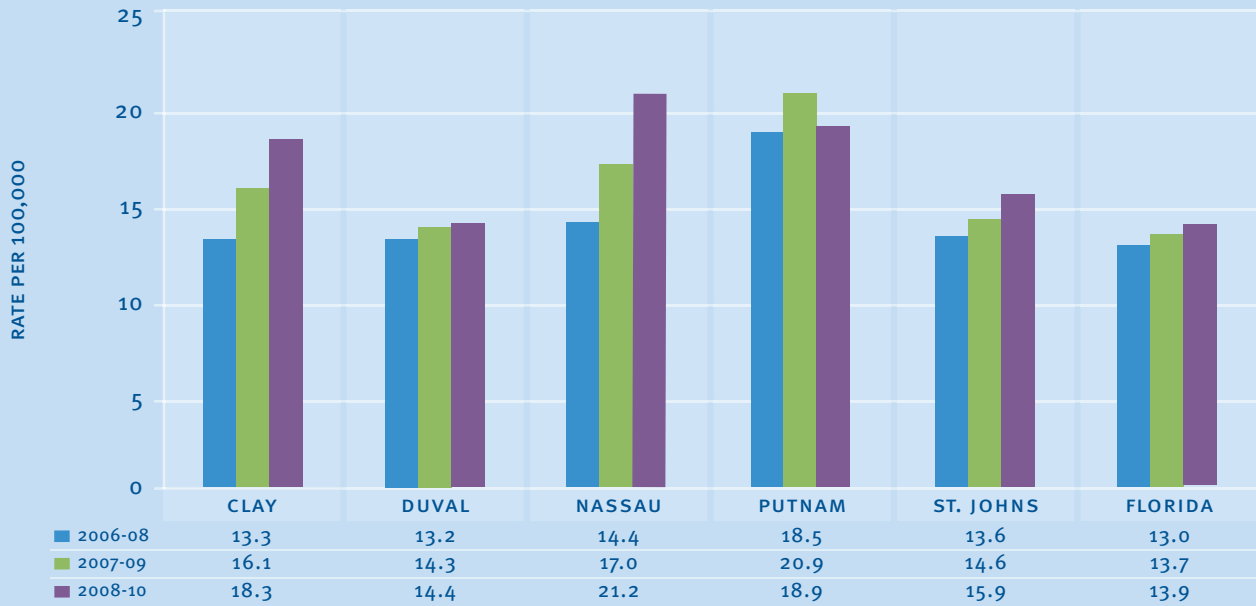
Source: Florida Department of Health, 2010 Florida Behavioral Risk Factor Surveillance Survey (BRFSS)

CHART 8-31 ADULTS WITH GOOD BEHAVIORAL HEALTH



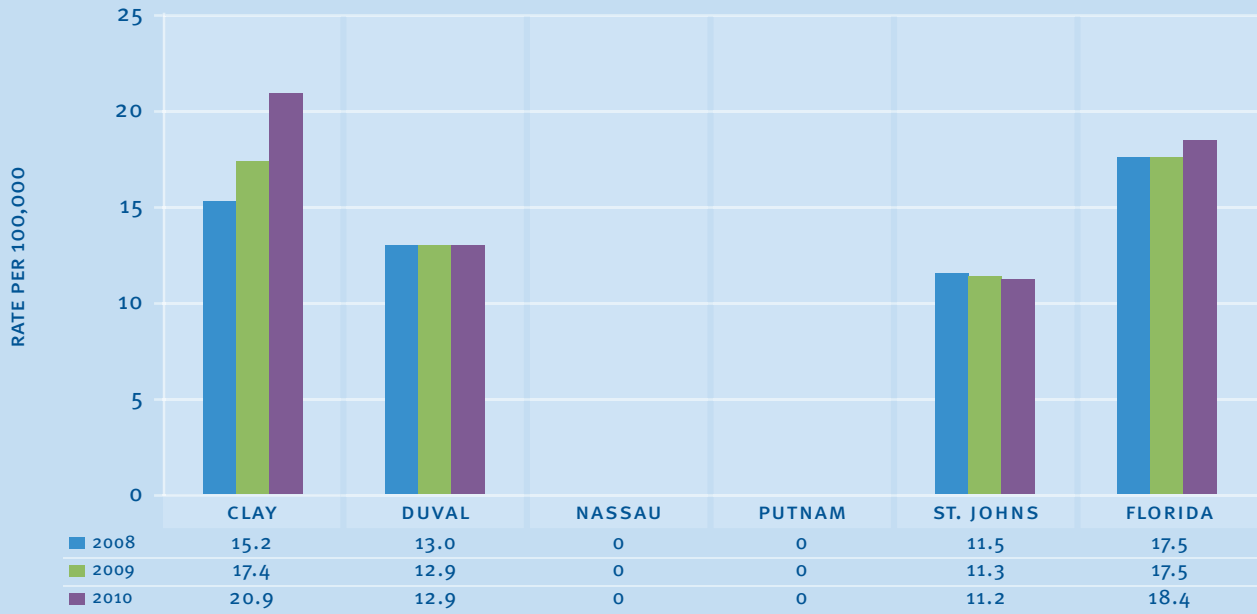
Source: 2010 Florida Behavioral Risk Factor Surveillance Survey (BRFSS)

CHART 8-32 SUICIDE



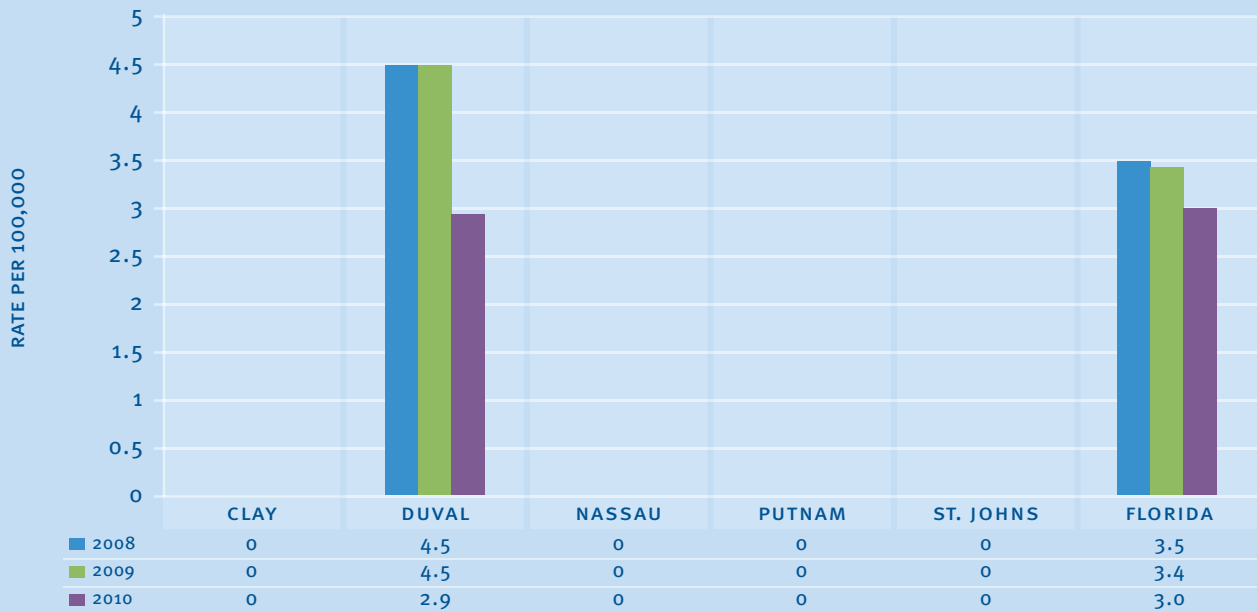
Source: Florida Department of Health, Bureau of Vital Statistics

CHART 8-33 ADULT PSYCHIATRIC BEDS



Source: Florida Agency for Health Care Administration (AHCA)

CHART 8-34 CHILD AND ADOLESCENT PSYCHIATRIC BEDS



Source: Florida Agency for Health Care Administration (AHCA)

SUBSTANCE ABUSE

Substance abuse is defined as a maladaptive pattern of substance use leading to clinically significant impairment or distress.¹⁴ Survey respondents listed drug abuse as a concerning unhealthy behavior with the second highest percentage of “very concerned” responses. However, the number of substance abuse beds does not mirror the concern of residents. In fact, only Duval County provides any of these beds (see Chart 8-35).

Smoking

Putnam County has the highest percentage of current smokers in the assessment region (23.6 percent). Percentages for males are higher than for females in Putnam and Duval Counties. In all other counties, the difference between genders is very small. See Chart 8-36 for details. Survey respondents were not too concerned with tobacco use, and gave the third lowest percentage of “very concerned” responses (38 percent “very concerned” responses). Thirteen percent of survey respondents smoke cigarettes “every day” or “some days.” Nine percent of respondents smoke every day.

Student cigarette use is higher among high school students than middle school students in all counties. The middle school percentage is highest in Putnam County (12 percent) and the highest percentage of high school smokers are in Clay County (19.4 percent). High school cigarette use has increased since 2008 in Clay and Duval Counties, but has decreased in all other counties in the assessment region and the state of Florida (see Chart 8-38). High school students use smokeless tobacco less than cigarettes, however the percentages in Clay and Nassau Counties are nearly double that of the state level (Chart 8-39).

Alcohol

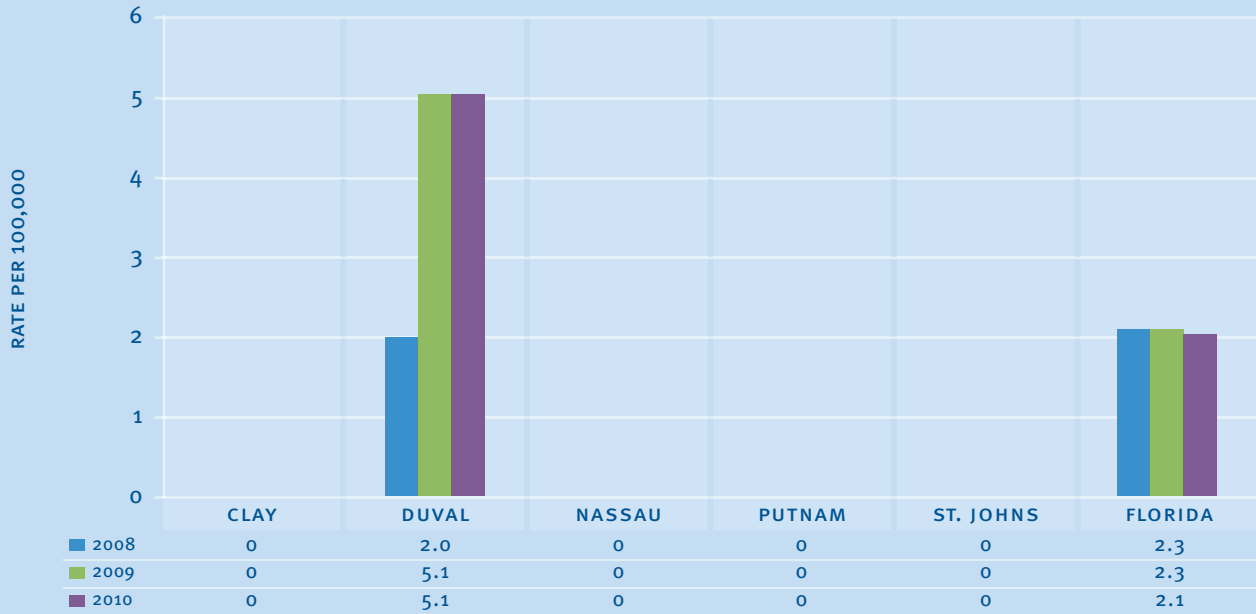
Binge drinking among adults had declined in all counties except for St. Johns. The levels in Clay, Duval and St. Johns Counties are above the state level of 15 percent (Chart 8-40). In the survey, binge drinking was defined as five or more drinks in one sitting for males and four or more drinks in one sitting for females. Nineteen percent of respondents binge drank at least once in the past month. Eight percent did so three or more times. Eighty percent of respondents did not binge drink in the past month.

Key Findings

- The percentage of current smokers is high in comparison to the state level in nearly every county in the assessment region.
- High school cigarette use has increased since 2008 in Clay and Duval Counties, but has decreased in all other counties in the assessment region and the state of Florida.
- High school students use smokeless tobacco less than cigarettes, however its use has almost doubled in Clay, Nassau and St. Johns Counties.
- Binge drinking among adults has declined in all counties except for St. Johns County. The levels in Clay, Duval and St. Johns Counties are above the state level of 15 percent.

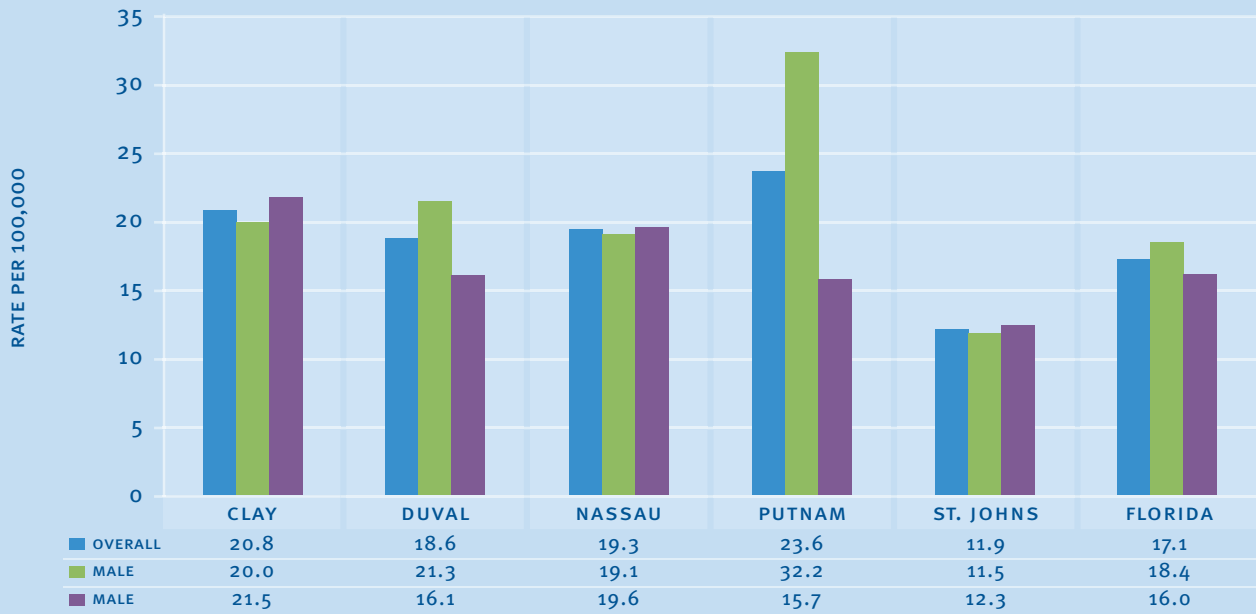
14 University of Indiana. *DMS-IV Substance Abuse Criteria*. <http://www.sis.indiana.edu/DSM-IV-Criteria.aspx>

CHART 8-35 ADULT SUBSTANCE ABUSE BEDS



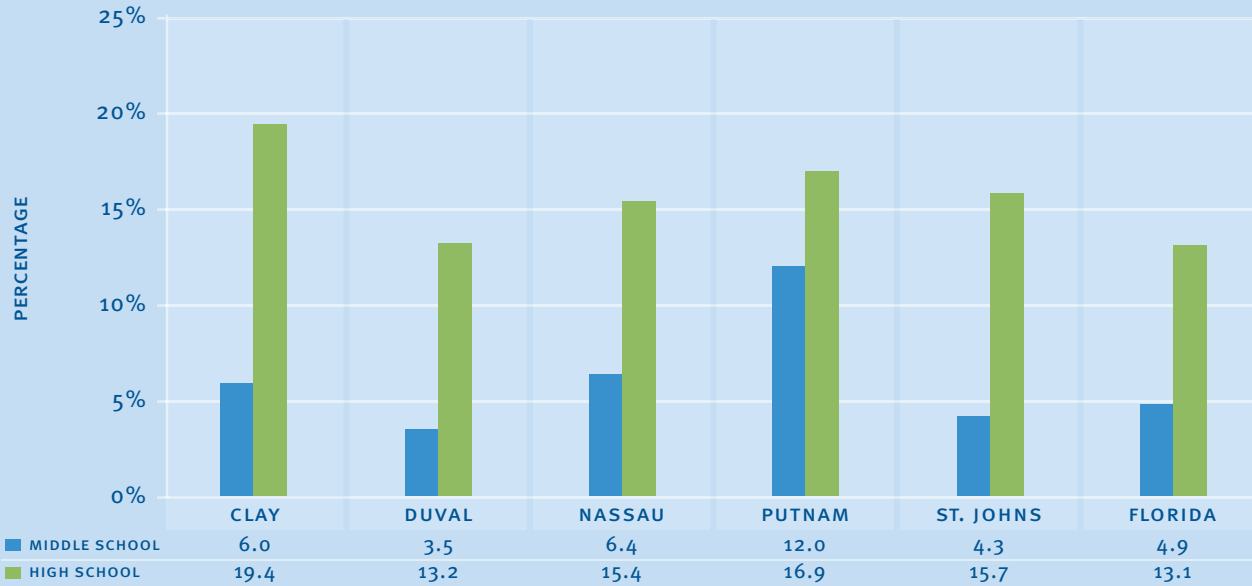
Source: Florida Agency for Health Care Administration (AHCA)

CHART 8-36 CURRENT SMOKERS, BY GENDER



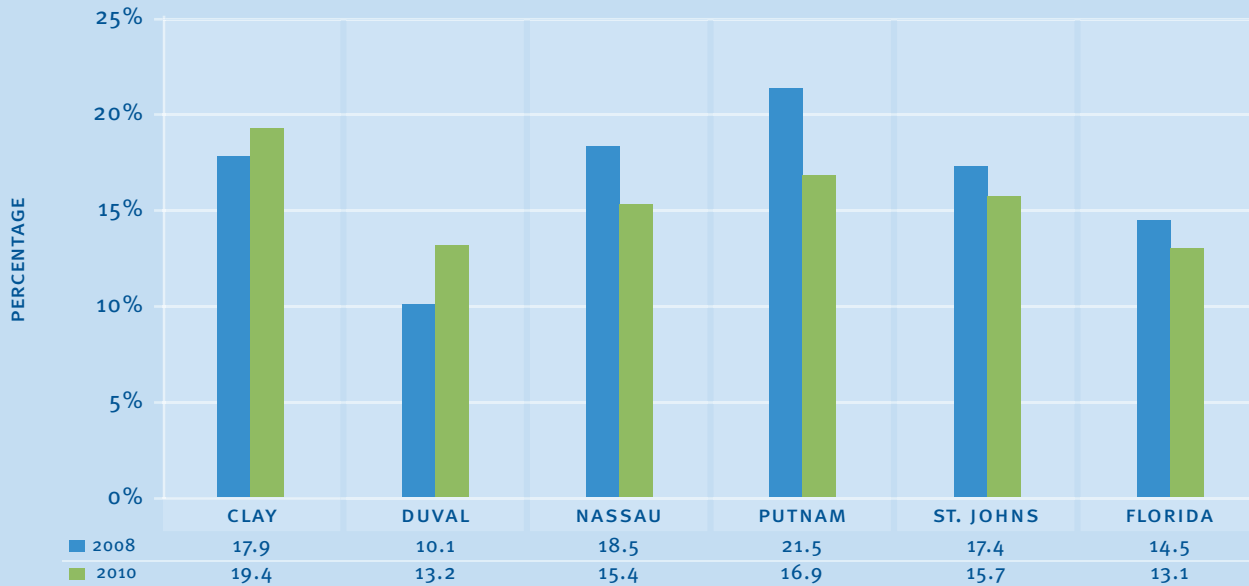
Source: Florida Department of Health, 2010 Florida BRFSS Data Report

CHART 8-37 STUDENT CIGARETTE USE



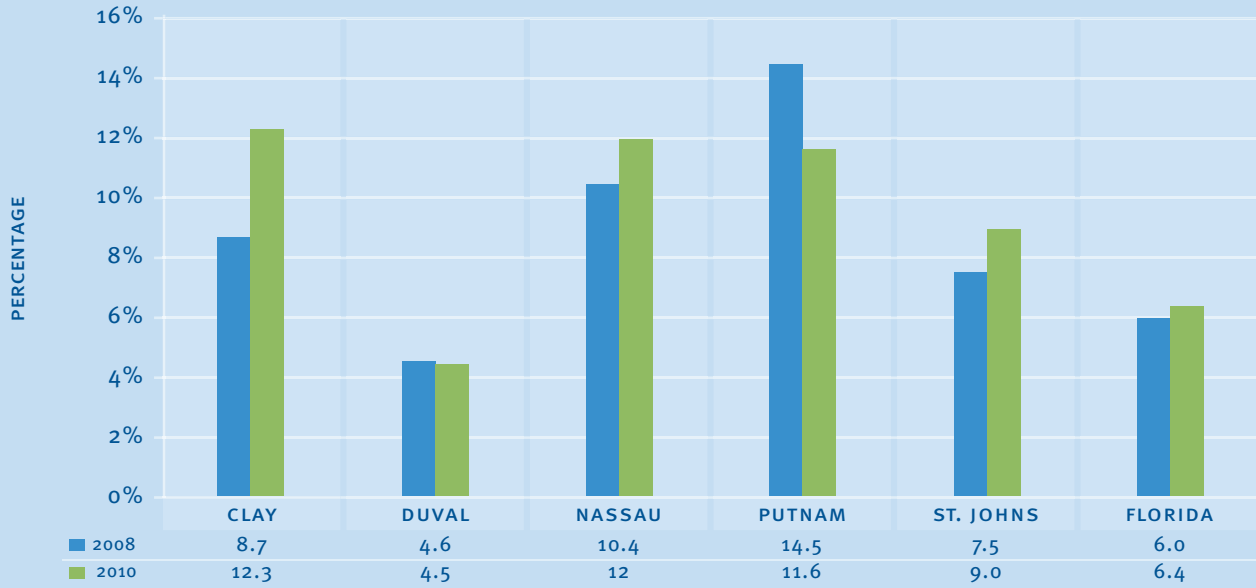
Source: Florida Department of Health, Florida Youth Tobacco Survey

CHART 8-38 HIGH SCHOOL STUDENT CIGARETTE USE



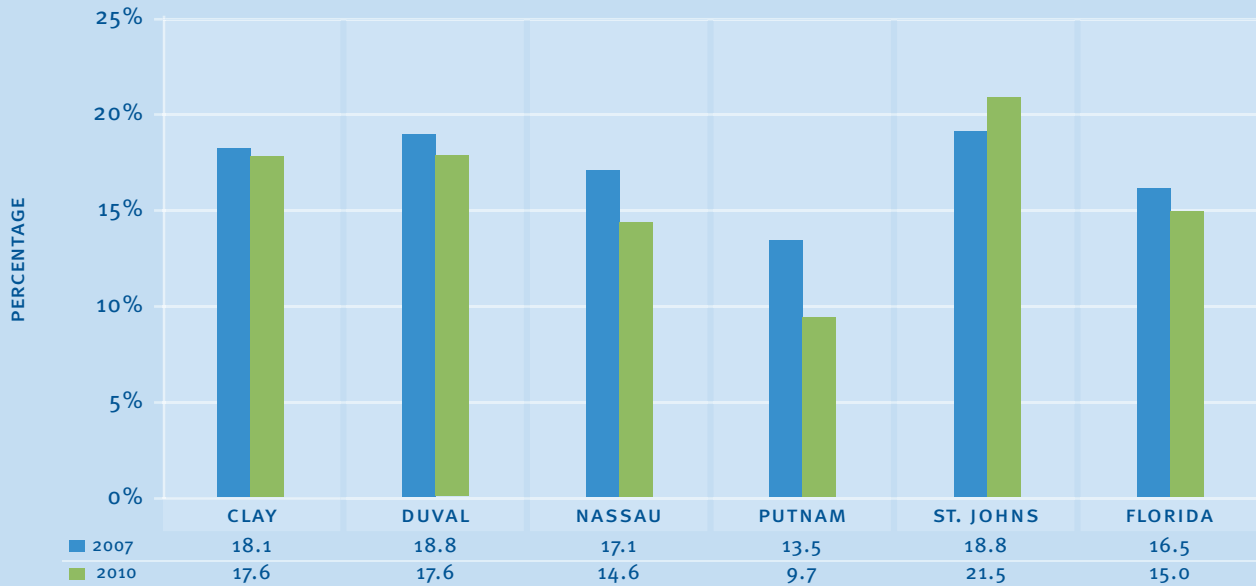
Source: Florida Youth Tobacco Survey

CHART 8-39 HIGH SCHOOL STUDENT SMOKELESS TOBACCO USE



Source: Florida Youth Tobacco Survey

CHART 8-40 BINGE DRINKING AMONG ADULTS



Source: Florida Department of Health, 2007 and 2010 Florida Behavioral Risk Factor Surveillance Survey (BRFSS)

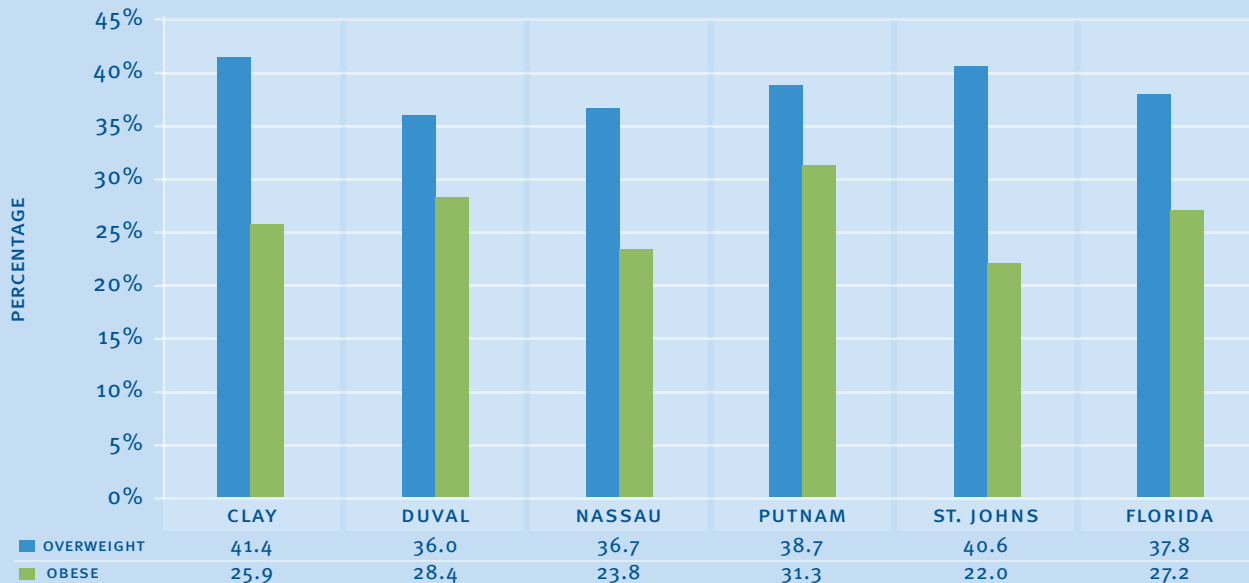
OBESITY

Percentages of overweight individuals are higher than those of obese residents across the board. The levels of overweight people in Clay, Putnam and St. Johns Counties are above the state level of 37.8 percent. When analyzing obesity levels, Duval and Putnam Counties have percentages above the state level of 27.2 percent (see Chart 8-41). Survey data shows that respondents viewed obesity as the most serious health problem in their communities. Obesity data for non-White residents is not available for all counties in the assessment region, but in the counties that do provide this data, Black residents have higher rates, with the exception of Putnam County (Chart 8-42). In the region and in the state, percentages of teens at or above the 95th percentile in BMI fall between 10 and 15 percent. St. Johns County is the exception with percentages much lower (see Chart 8-43). These rates are high despite focus group participants listing eating right and exercising (at the gym, walking the track at local schools, etc.) as ways that people in their communities stay healthy.

Key Findings

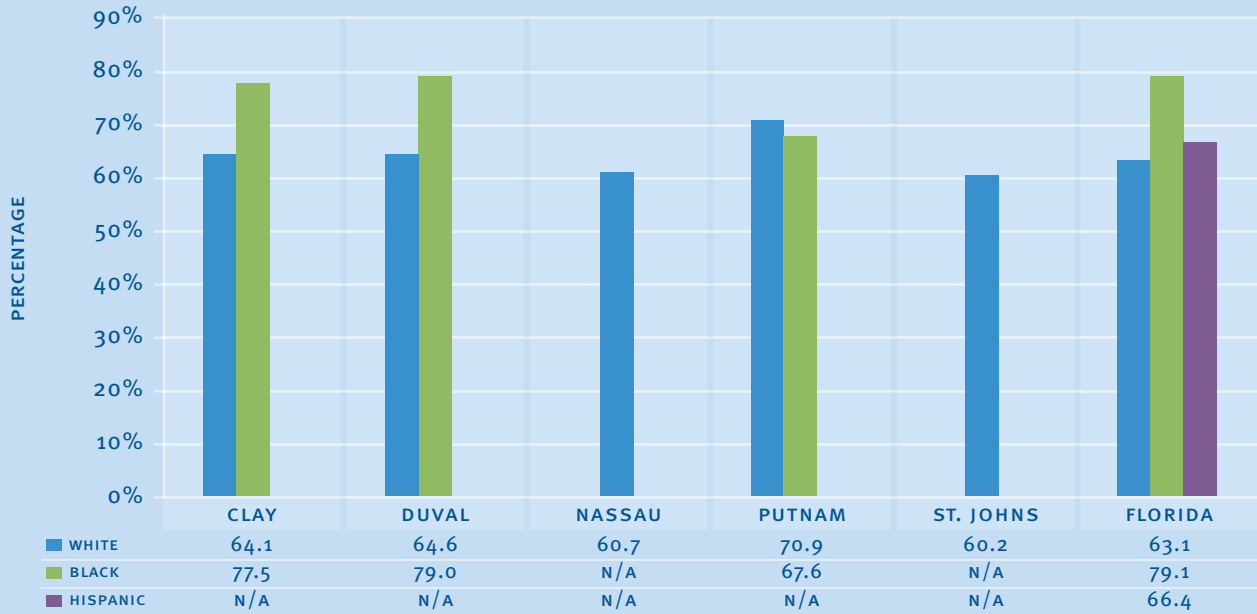
- The levels of overweight people in Clay, Putnam and St. Johns Counties are above the state level of 37.8 percent.
- Duval and Putnam Counties have obesity levels above the state level of 27.2 percent (28.4 and 31.3 percent, respectively).
- Survey respondents viewed obesity as the most serious health problem in their communities.
- In the region and in the state, percentages of teens at or above the 95th percentile in BMI fall between 10 and 15 percent. St. Johns County is the exception with percentages much lower.
- Although focus group participants list eating right and exercising as ways people in their communities stay healthy, overweight and obesity rates are still greater than the state averages.

CHART 8-41 OVERWEIGHT AND OBESE ADULTS



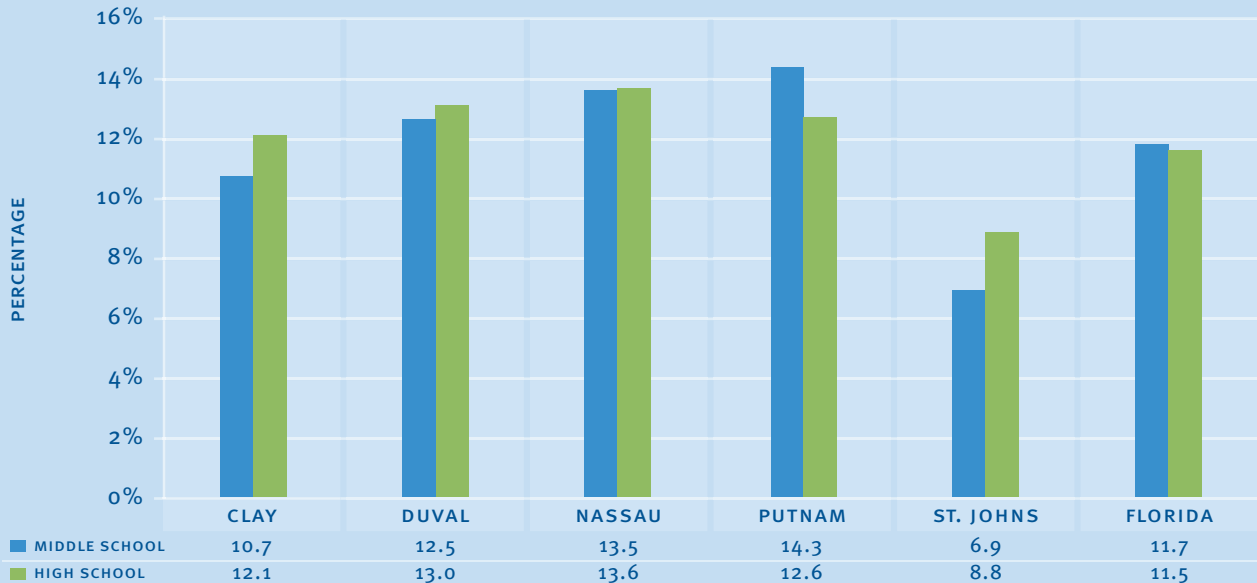
Source: Florida Department of Health, 2010 Florida BRFSS Data Report

CHART 8-42 OVERWEIGHT AND OBESE ADULTS, BY RACE



Source: Florida Department of Health, 2010 Florida BRFSS Data Report

CHART 8-43 OVERWEIGHT TEENS – BMI AT OR ABOVE 95TH PERCENTILE



Source: Florida Department of Health, School-aged Child and Adolescent Profile

SEXUALLY TRANSMITTED DISEASES

Syphilis, Gonorrhea, Chlamydia

The rate per 100,000 for infectious syphilis is well below the state level in all but Duval County. In fact, the Duval County rate has been higher than the state level since 2008 and has been increasing. Levels of syphilis have dropped in Nassau, Putnam and St. Johns Counties (see Chart 8-44). Chart 8-45 illustrates the overall decline in gonorrhea cases reported in all counties in the assessment region. Still, rates in Duval and Putnam Counties lie above the state level. Chlamydia rates have been on the rise in all counties, and the 2010 rates in Duval and Putnam Counties are higher than the state level (see Chart 8-46).

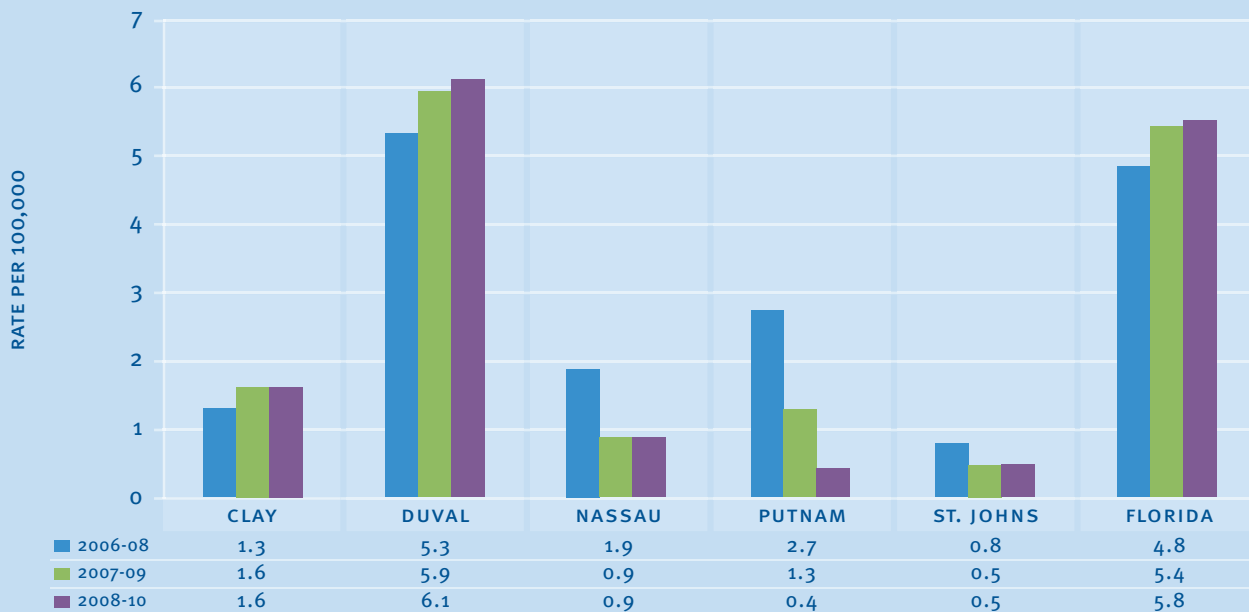
HIV/AIDS

Charts 8-47 and 8-48 outline the rates of new HIV and AIDS cases. For both new HIV and new AIDS cases, Duval County is the only county in the assessment region that has rates higher than the state of Florida. Clay, Nassau and St. Johns Counties have new HIV case rates under 15 percent. The rates of new AIDS cases in Clay and Putnam Counties have increased, while St. Johns County has decreased. Nassau County did not have data to report prior to the rolling rate for 2008 through 2010. The HIV/AIDS death rates have fallen or stayed the same in every county of the assessment region. See Chart 8-49 to compare county rates to the state’s rate.

Key Findings

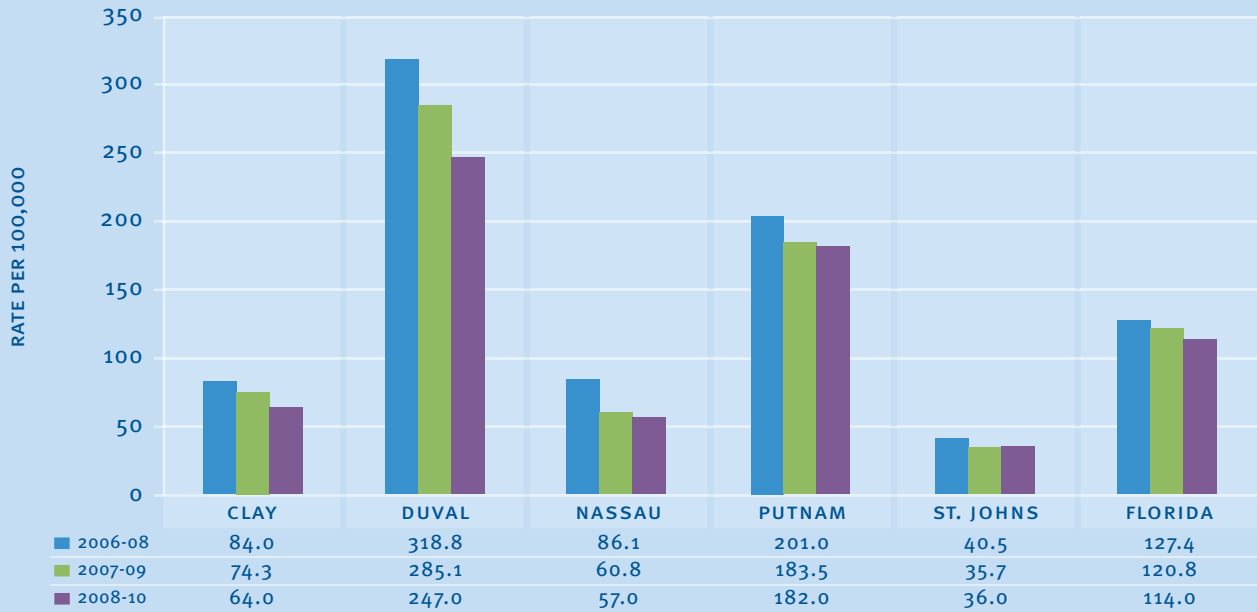
- The Duval County rate for infectious syphilis has been higher than the state level since 2008 and has been increasing. Levels of syphilis have dropped in Nassau, Putnam and St. Johns Counties.
- Chlamydia rates have been on the rise in all counties.
- The HIV/AIDS death rates have fallen or stayed the same in every county of the assessment region.

CHART 8-44 INFECTIOUS SYPHILIS CASES REPORTED



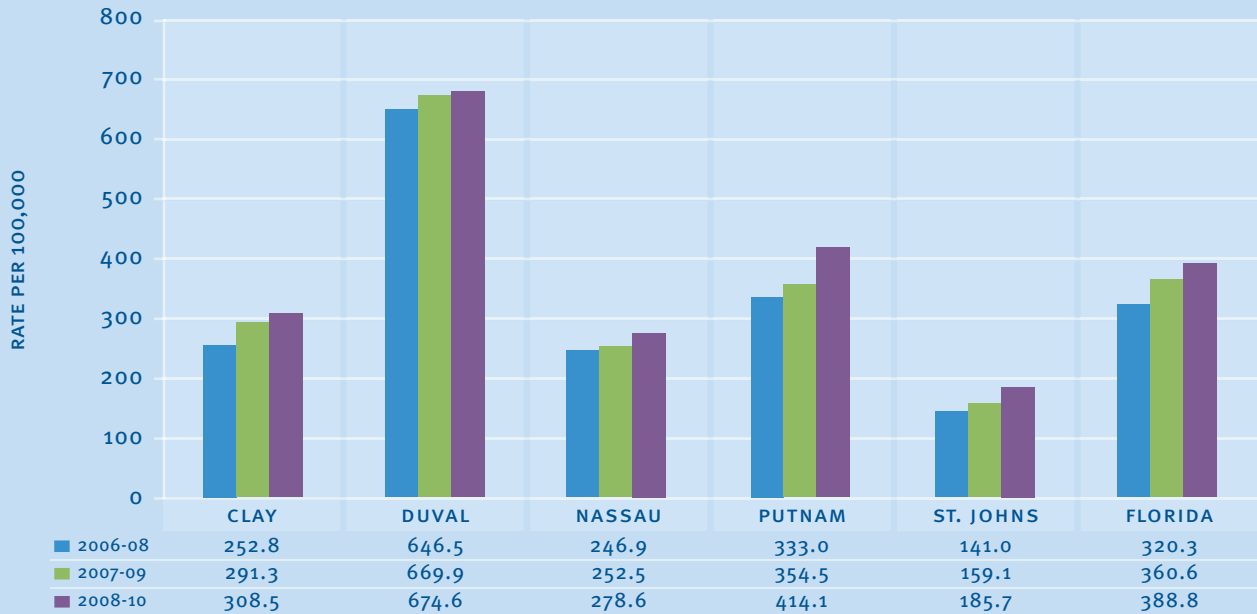
Source: Florida Department of Health, Bureau of STD Prevention & Control (CHARTS)

CHART 8-45 GONORRHEA CASES REPORTED



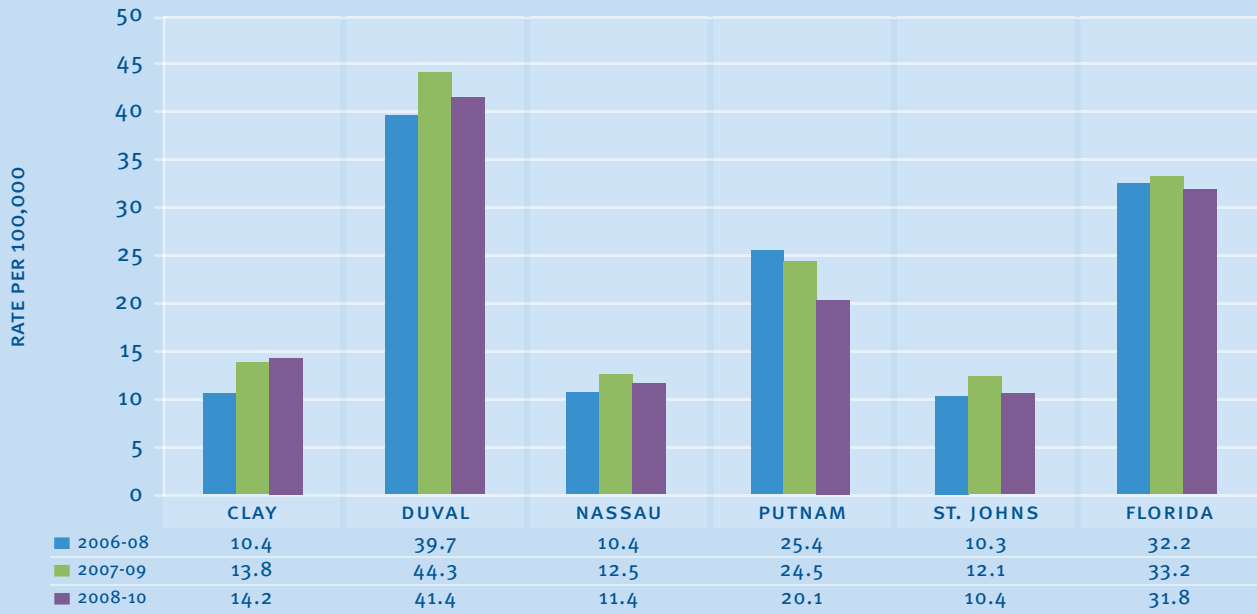
Source: Florida Department of Health, Bureau of STD Prevention & Control (CHARTS)

CHART 8-46 CHLAMYDIA CASES REPORTED



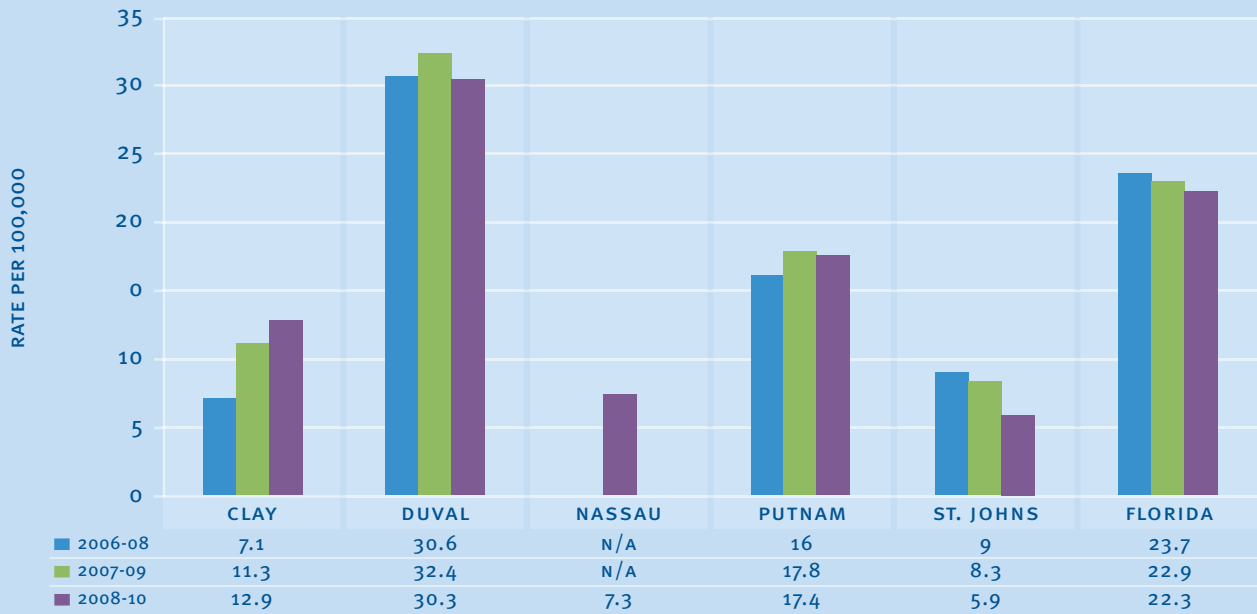
Source: Florida Department of Health, Bureau of STD Prevention & Control (CHARTS)

CHART 8-47 NEW HIV CASES REPORTED



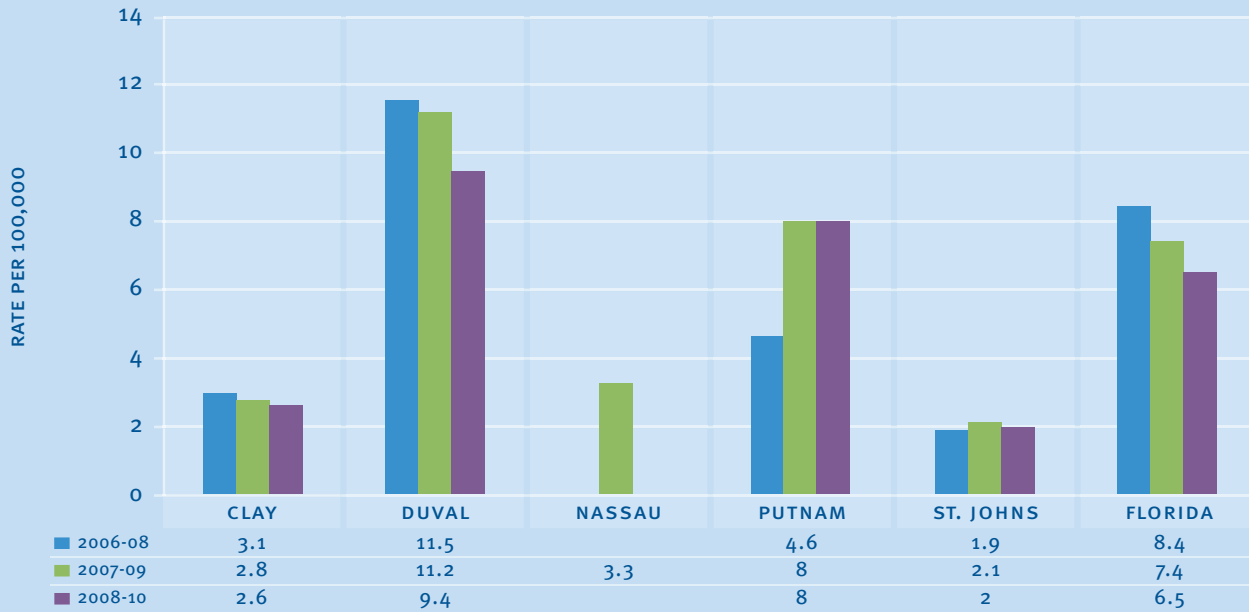
Source: Florida Department of Health, Bureau of HIV/AIDS

CHART 8-48 NEW AIDS CASES REPORTED



Source: Florida Department of Health, Bureau of HIV/AIDS

CHART 8-49 HIV/AIDS DEATH RATE

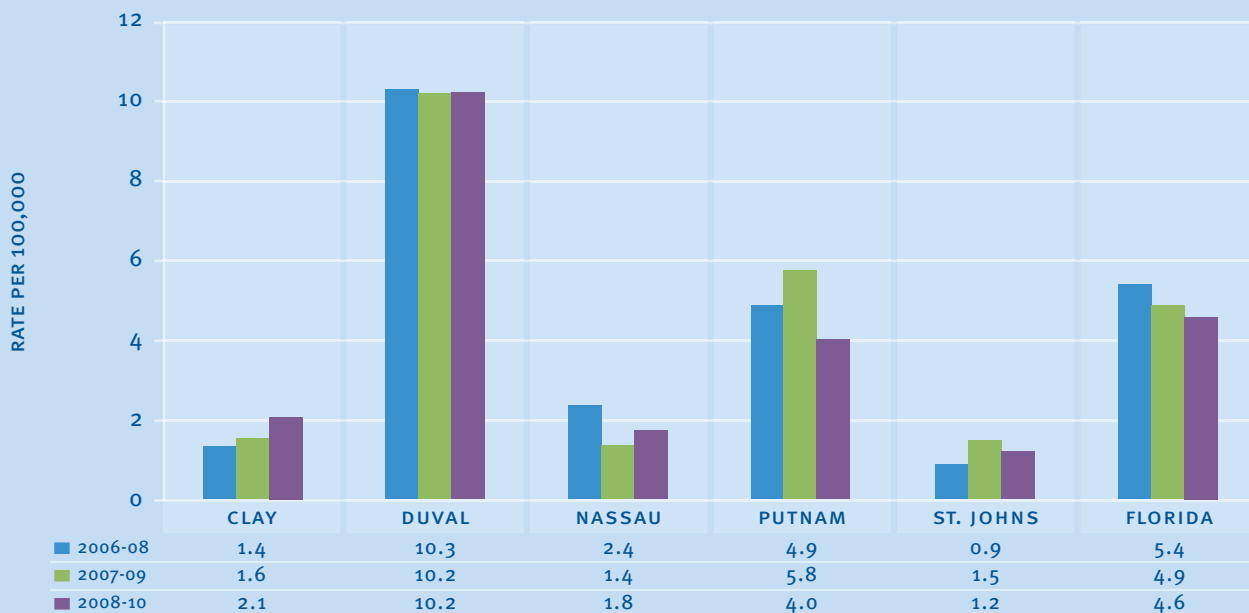


Source: Florida Department of Health, Bureau of Vital Statistics

Infectious Diseases

The rate per 100,000 of tuberculosis in Duval County is more than double that of the state level (4.6 percent). The rates in Clay and St. Johns Counties have increased, while Duval, Nassau and Putnam Counties mirror the state in their decline. See Chart 8-50 for more information.

CHART 8-50 TUBERCULOSIS



Source: Florida Department of Health, Bureau of TB & Refugee Health (CHARTS)

MATERNAL AND INFANT HEALTH

Maternal and infant health are significant indicators of health and societal progression for future generations. Florida's statewide infant mortality rates (6.9 per 1,000 live births) for 2010 are slightly higher than the baseline rates indicated by *Healthy People 2020* objectives (6.7 infant deaths per 1,000 live births). The following data are from secondary data analysis for maternal and infant health.

Early Prenatal Care

The region's rate of births with prenatal care during the first trimester is comparable to the state percentage of 78.1 percent for 2010. Putnam County had the lowest percentage of 69.2 percent and also yielded the lowest percentage for Hispanic residents (60 percent). In addition, Duval County had the lowest percentage among Black residents (62.3 percent), which is much lower than the state rate of 70.1 percent.

Births with late or no prenatal care were the highest in Duval and Putnam Counties (6.7 and 6.9 percent, respectively) between 2008 and 2010 compared to the state percentage of 5.1 percent. All other counties were below the state percentage. Putnam County's rate of Hispanic births with late or no prenatal care was more than 70 percent higher than that of the state (9.5 and 5.5, respectively).

Infant Mortality

Infant mortality for the region remained relatively constant from 2006 through 2010 with only mild fluctuations. While Putnam County had higher percentages of births with little or no prenatal care, Duval County had the highest infant mortality rate for 2010 (8.8 per 1,000 live births) as compared to the state (6.9 per 1,000 live births). St. Johns and Clay Counties had the lowest rates (5.4 and 5.6 per 1,000 live births, respectively). In addition, infant mortality racial differences for the region were reported in Duval County only (13.1 Black and 7.5 Hispanic, respectively) and were higher than state rates (12.6 Black and 5.5 Hispanic, respectively). However, a decrease in infant mortality was reported from 2006 to 2010, with rates dropping from 9.7 to 7.5 for Hispanic residents in Duval County.

Preterm Births

Duval County has a high rate of neonatal intensive care beds compared to the state. All other counties remain lower than the state rate (or had none reported). The per capita numbers of Level II and III beds for Duval County (9.3 and 6.2 per 100,000, respectively) are significantly higher than those of the state rate (5.0 and 3.7 per 100,000, respectively) for 2010.

Low Birth Weight Babies

The rate of low birth weight (less than 2,500g) babies was the highest in Duval and Putnam Counties (9.5 and 9.6 percent, respectively) between 2008 and 2010 and was higher than the state rate of 8.7 percent. St. Johns County had the lowest rate for the same time period (6.5 percent). In conjunction, highest percentages were reported in Black residents for all counties and were significantly higher in Nassau County (19.4 percent) compared to the state (13.6 percent).

Teen Mothers

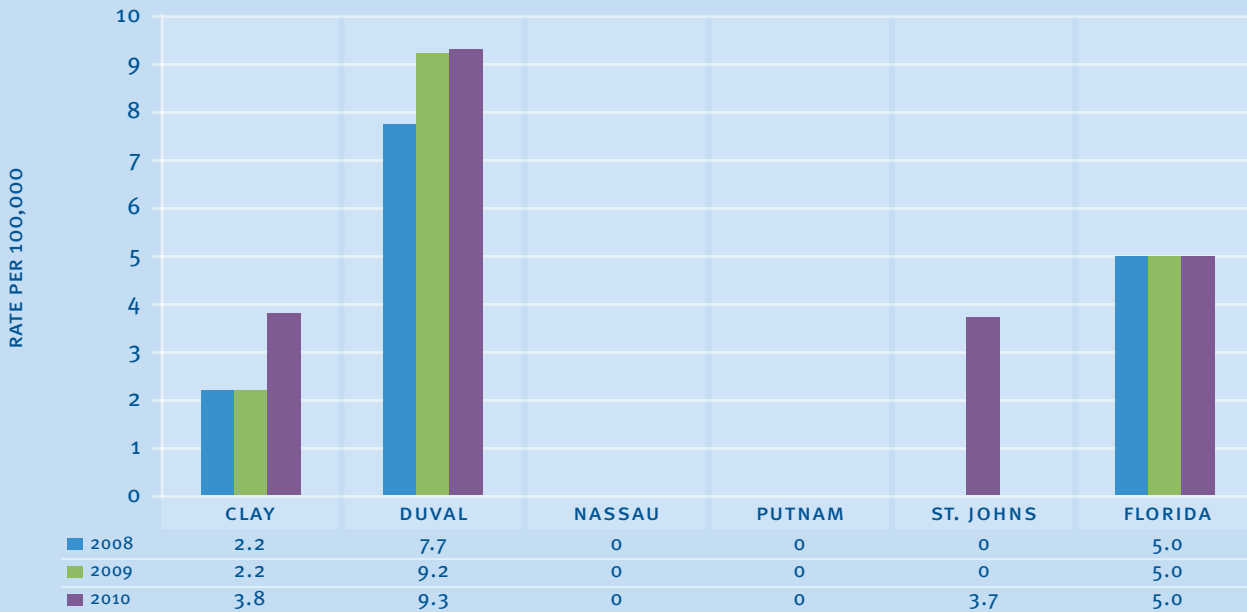
Putnam County had the highest rate of births to young mothers ages 15 to 19 between 2008 and 2010 (71.3 rate per 1,000 females), and was nearly double that of the state rate (37 rate per 1,000). In addition, Black and Hispanic residents showed the highest rates (98.1 and 85.8 per 1,000 females, respectively) and were also on the approximate order of double the state rates (57.2 and 42.2 rate per 1,000 females, respectively).

The rate of births to mothers ages 10 to 14 in Putnam County (1.7 rate per 1,000 females) was more than three times that of the state rate (0.5 rate per 1,000 females).

Key Findings

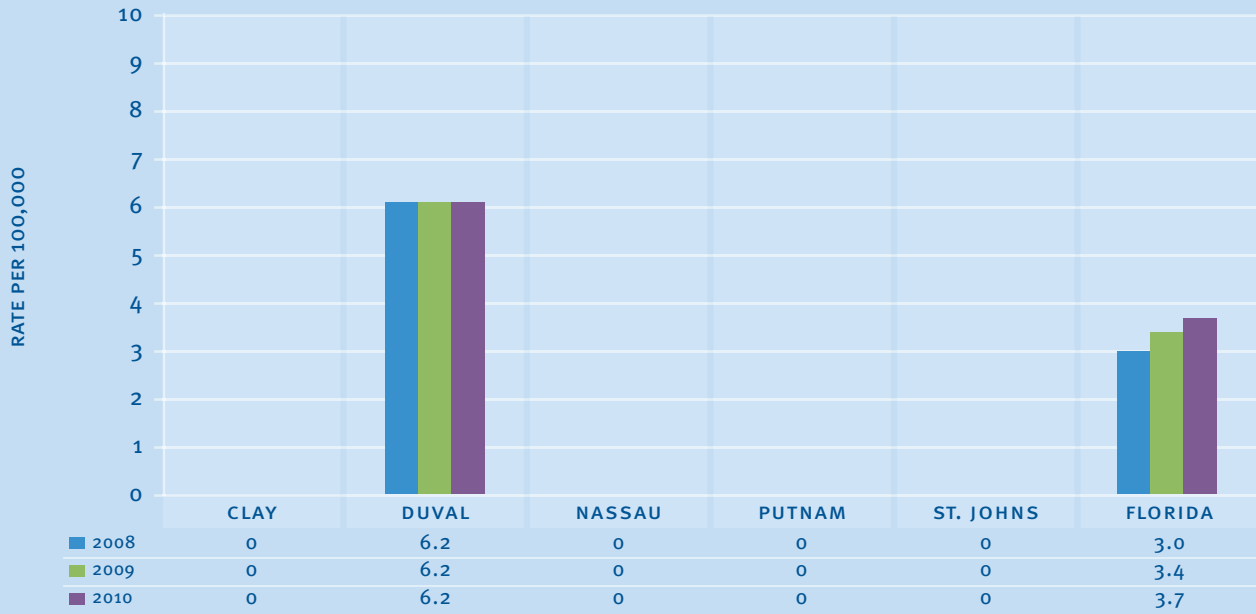
- The region's rate of births with prenatal care during the first trimester is comparable to the state percentage.
- Putnam County had the lowest percentage of births with prenatal care in the first trimester.
- Putnam County had the lowest percentage of births with prenatal care for Hispanic residents.
- Duval County had the lowest percentage of births with prenatal care among Black residents.
- Duval County had the highest infant mortality rate for 2010.
- St. Johns and Clay Counties had the lowest infant mortality rate for 2010.
- Infant mortality racial differences for the region were reported in Duval County only.
- A decrease in infant mortality was reported from 2006 to 2010 for Hispanic residents in Duval County.
- Duval County has a high rate of neonatal intensive care beds compared to the state.
- The rate of low birth weight (less than 2,500g) babies was the highest in Duval and Putnam Counties
- The rate of low birth weight (less than 2,500g) babies was the greatest in Black residents for all counties.
- The rate of low birth weight (less than 2,500g) babies was highest in Nassau County for Black residents.
- Putnam County had the highest rate of births to young mothers ages 15 to 19 between 2008 and 2010.
- Putnam County had the highest rate of births to young mothers ages 15 to 19 between 2008 and 2010 for Black and Hispanic residents.
- Putnam County had the highest rate of births to young mothers ages 10 to 14.

CHART 8-51 NEONATAL INTENSIVE CARE UNIT LEVEL II BEDS



Source: Florida Agency for Health Care Administration (AHCA)

CHART 8-52 NEONATAL INTENSIVE CARE UNIT LEVEL III BEDS



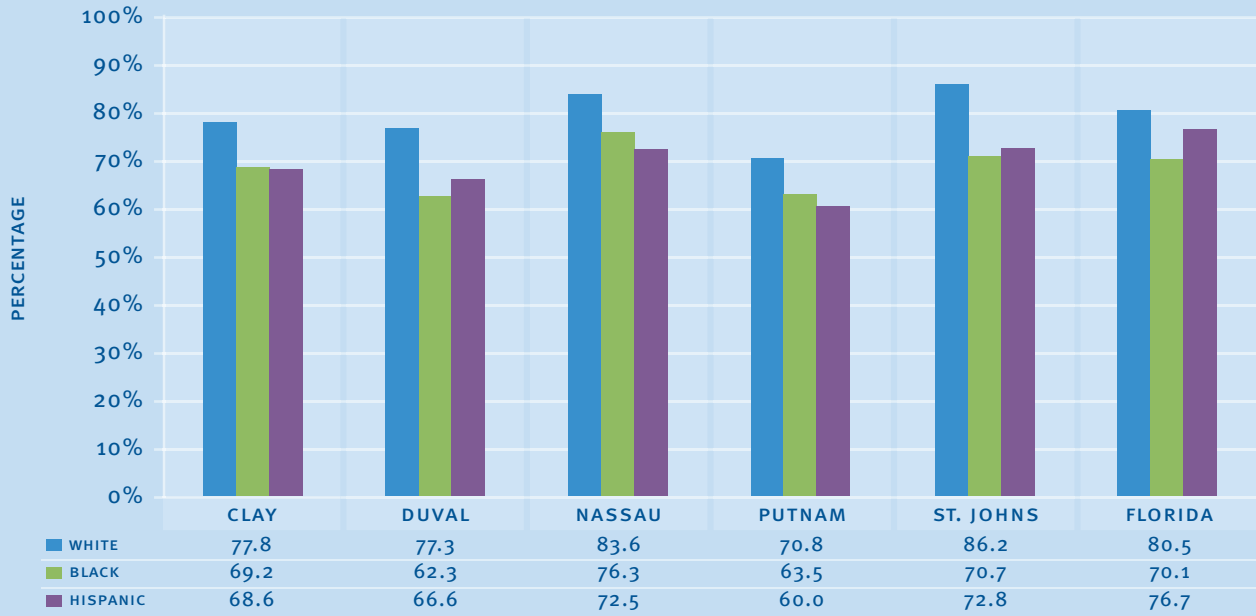
Source: Florida Agency for Health Care Administration (AHCA)

CHART 8-53 BIRTHS WITH FIRST TRIMESTER PRENATAL CARE



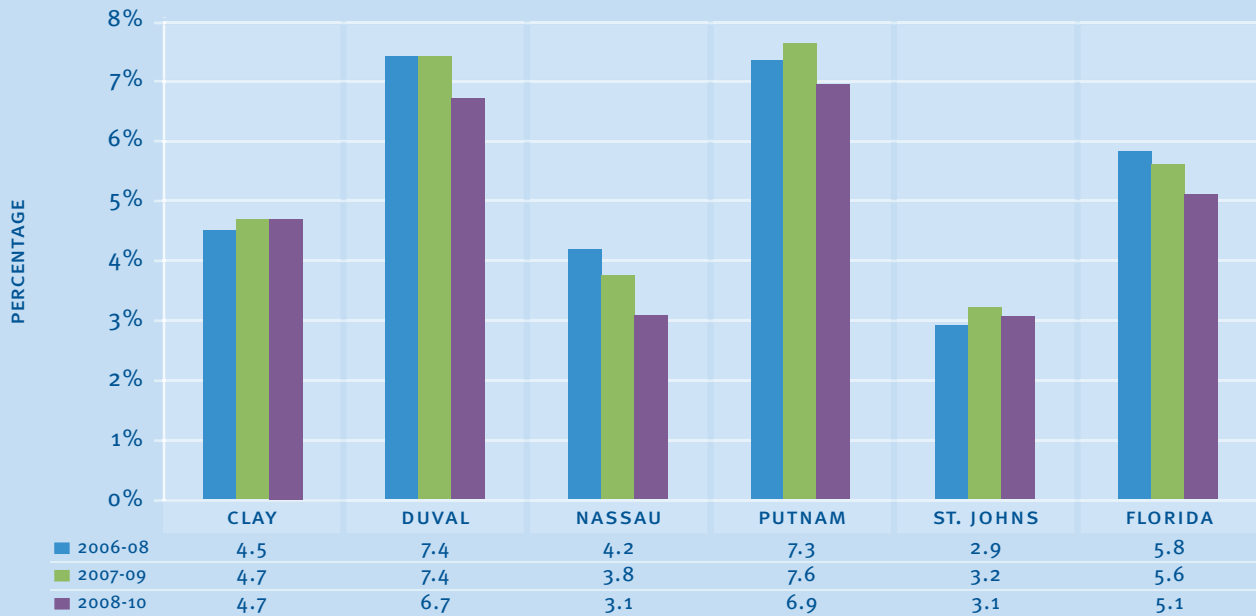
Source: Florida Department of Health, Office of Vital Statistics, 2006-2010

CHART 8-54 BIRTHS WITH FIRST TRIMESTER PRENATAL CARE, BY RACE



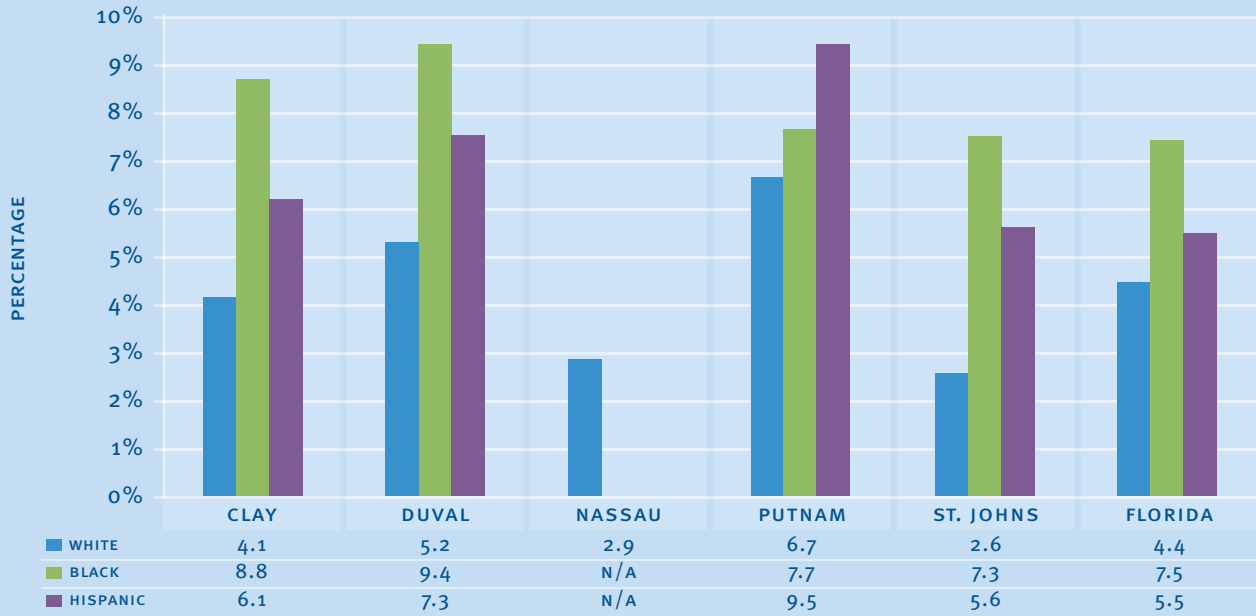
Source: Florida Department of Health, Office of Vital Statistics, 2008-2010

CHART 8-55 BIRTHS WITH LATE OR NO PRENATAL CARE



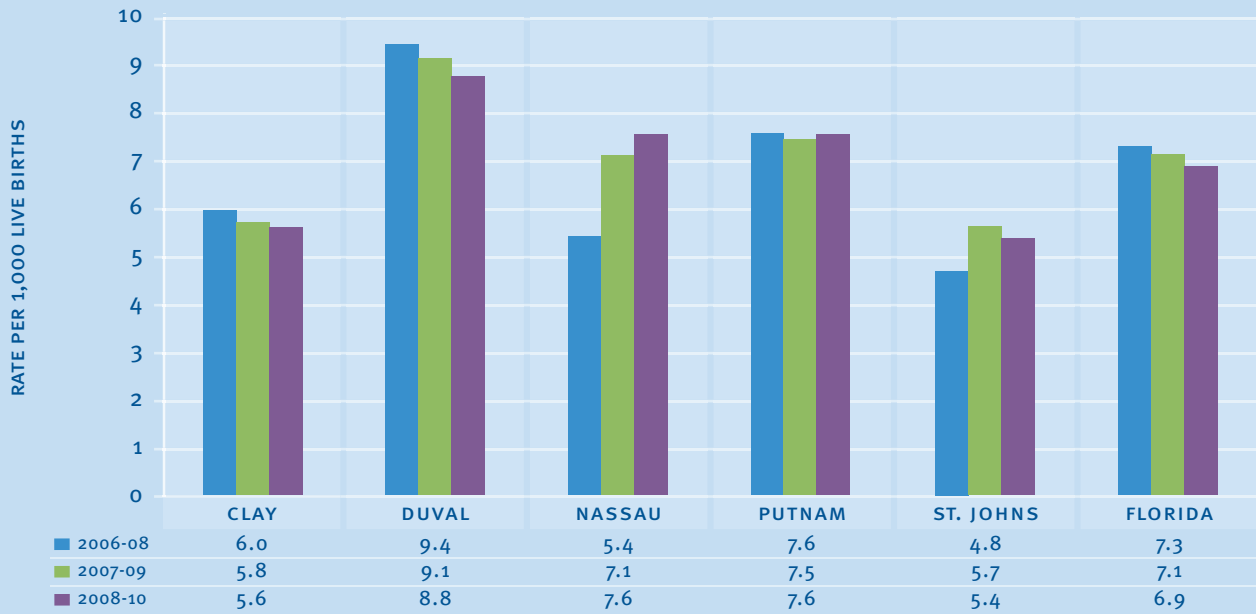
Source: Florida Department of Health, Office of Vital Statistics, 2006-2010

CHART 8-56 BIRTHS WITH LATE OR NO PRENATAL CARE, BY RACE



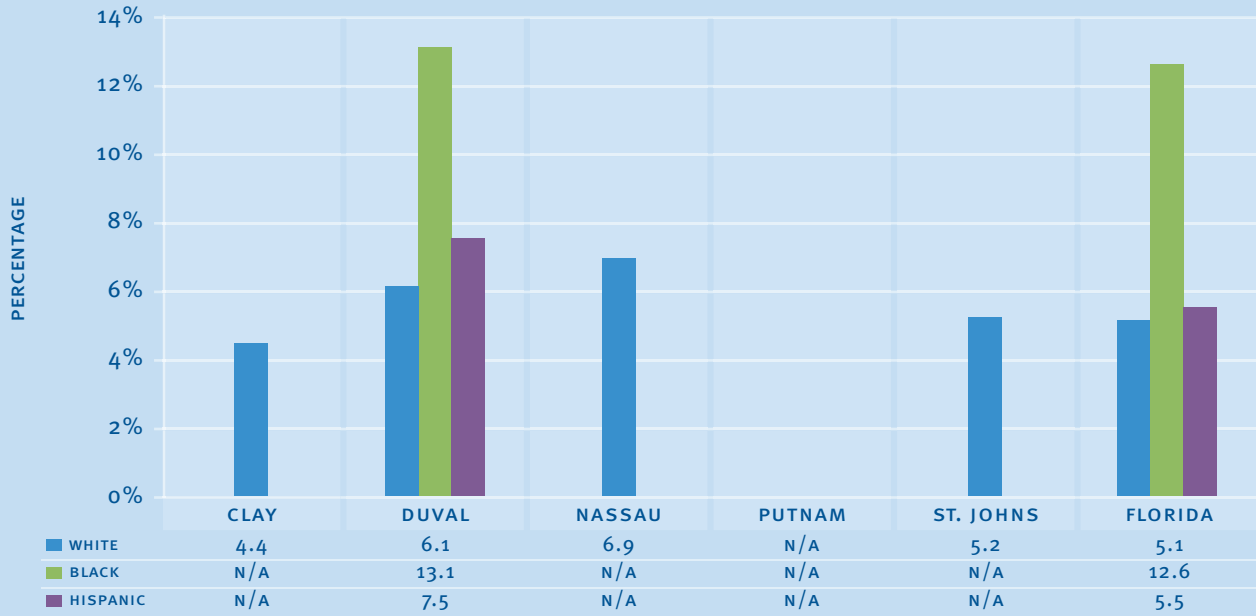
Source: Florida Department of Health, Office of Vital Statistics, 2008-2010

CHART 8-57 INFANT MORTALITY



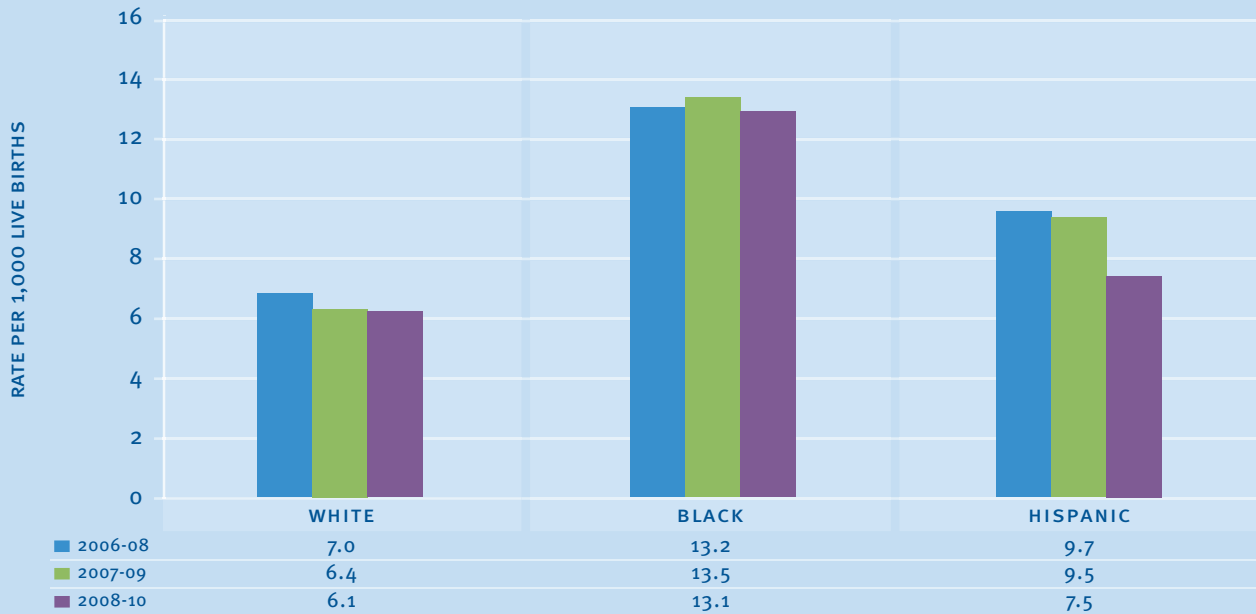
Source: Florida Department of Health, Office of Vital Statistics, 2006-2010

CHART 8-58 INFANT MORTALITY, BY RACE



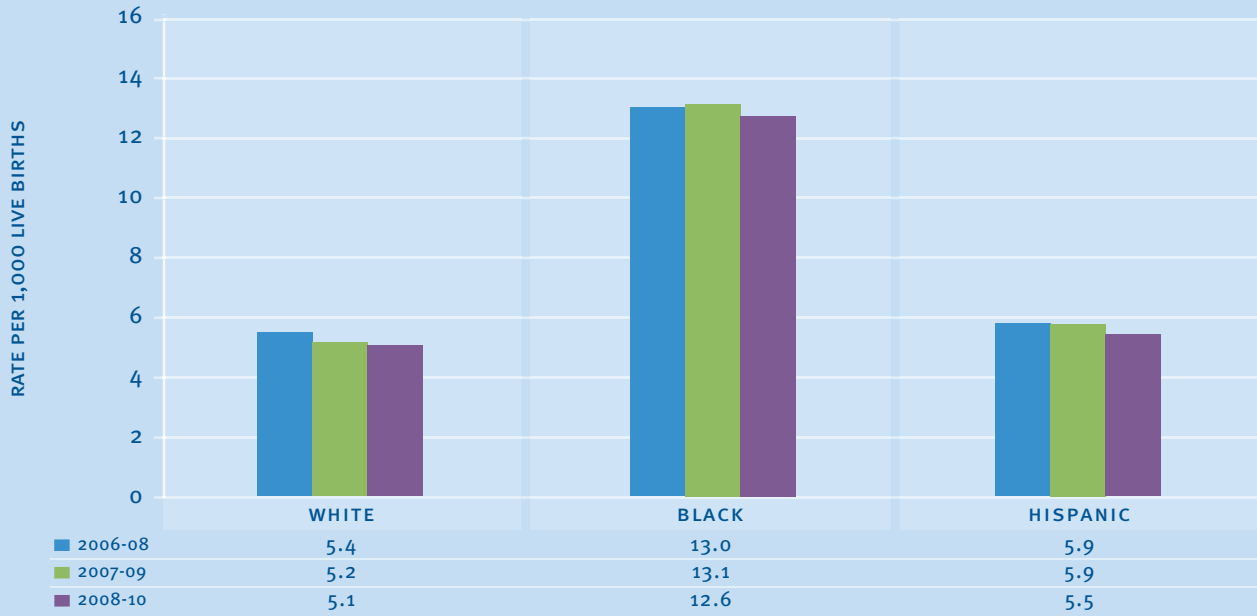
Source: Florida Department of Health, Office of Vital Statistics, 2008-2010

CHART 8-59 INFANT MORTALITY, BY RACE – DUVAL



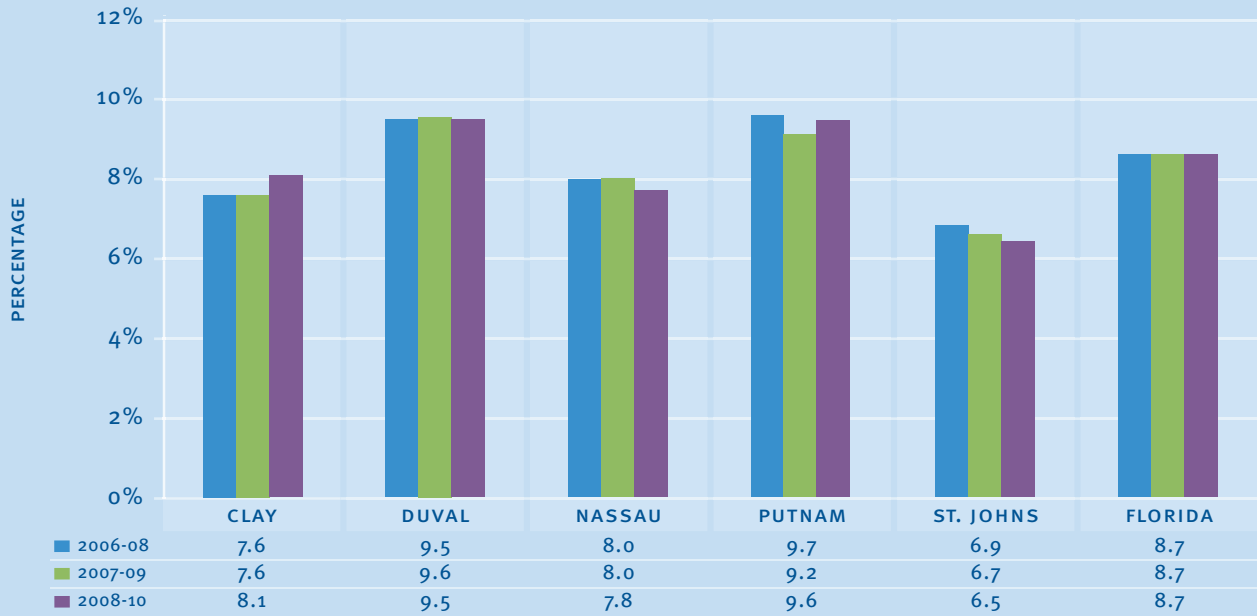
Source: Florida Department of Health, Office of Vital Statistics, 2006-2010

CHART 8-60 INFANT MORTALITY, BY RACE – FLORIDA



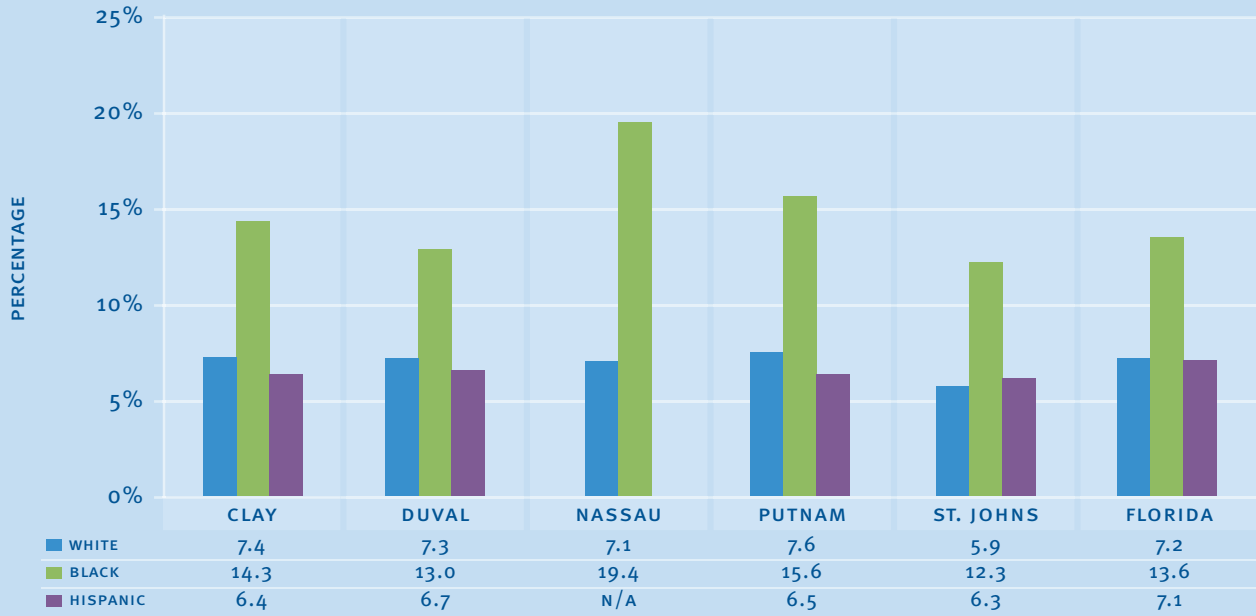
Source: Florida Department of Health, Office of Vital Statistics, 2006-2010

CHART 8-61 LOW BIRTH WEIGHT (LESS THAN 2,500G)



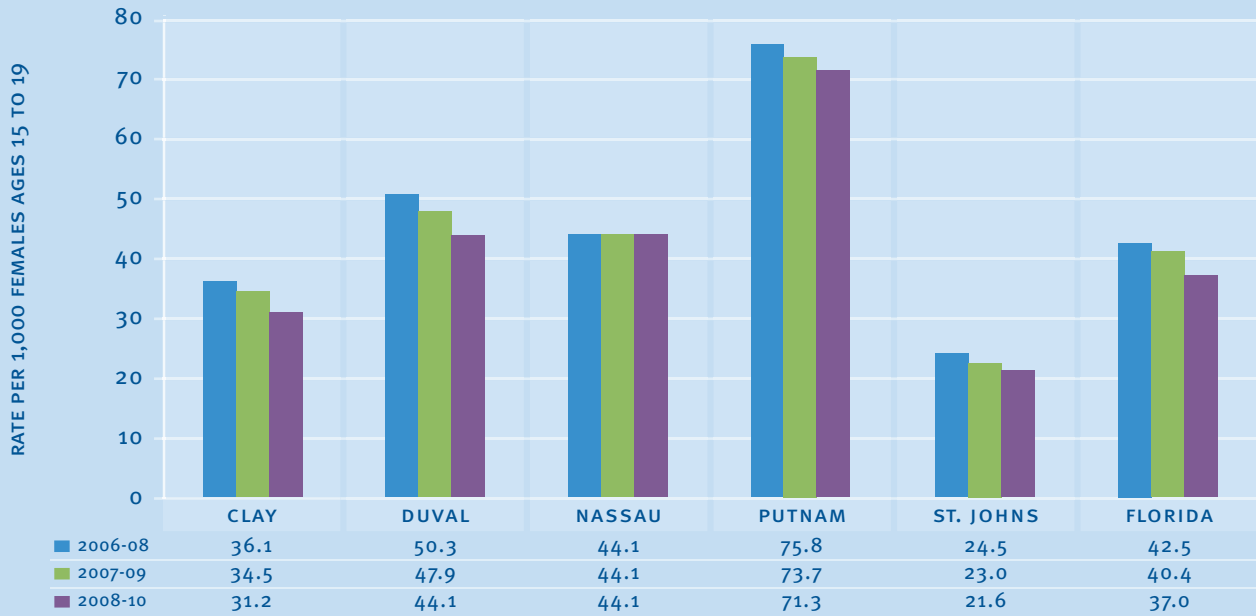
Source: Florida Department of Health, Office of Vital Statistics, 2006-2010

CHART 8-62 LOW BIRTH WEIGHT (LESS THAN 2,500G), BY RACE



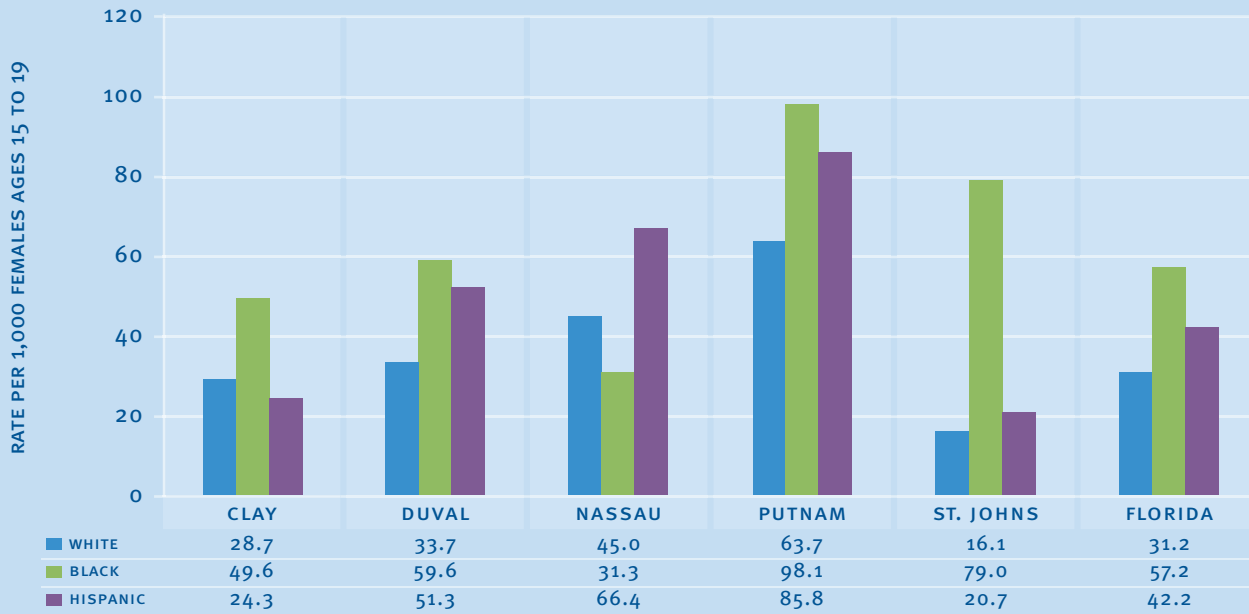
Source: Florida Department of Health, Office of Vital Statistics, 2008-2010

CHART 8-63 BIRTHS TO MOTHERS AGES 15 TO 19



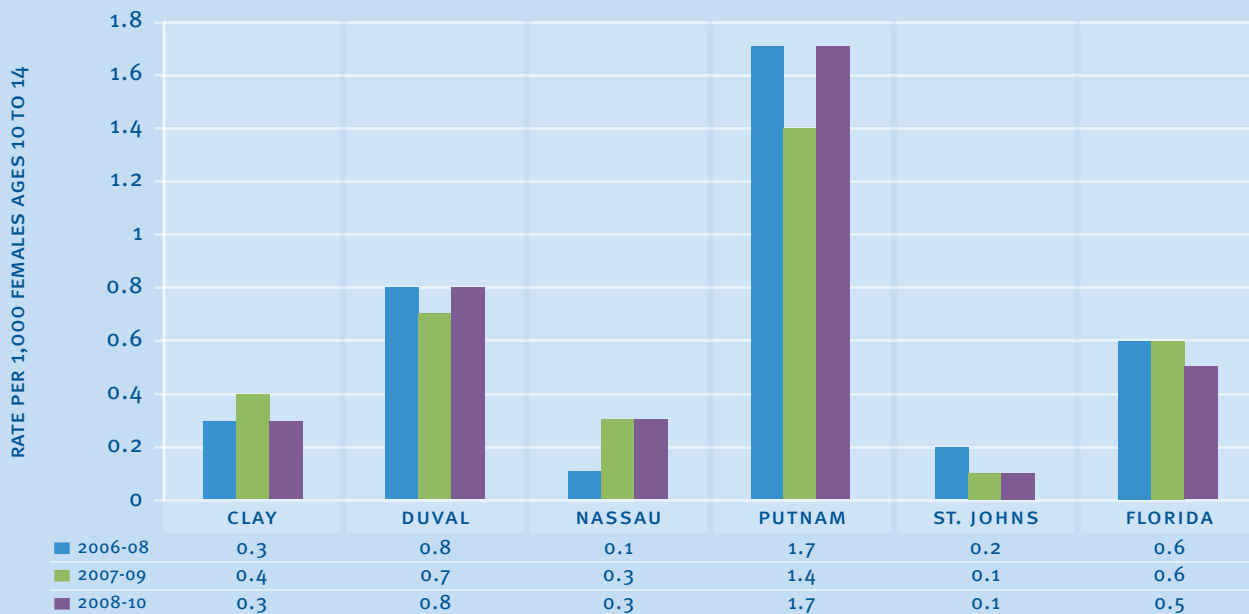
Source: Florida Department of Health, Office of Vital Statistics, 2006-2010

CHART 8-64 BIRTHS TO MOTHERS AGES 15 TO 19, BY RACE

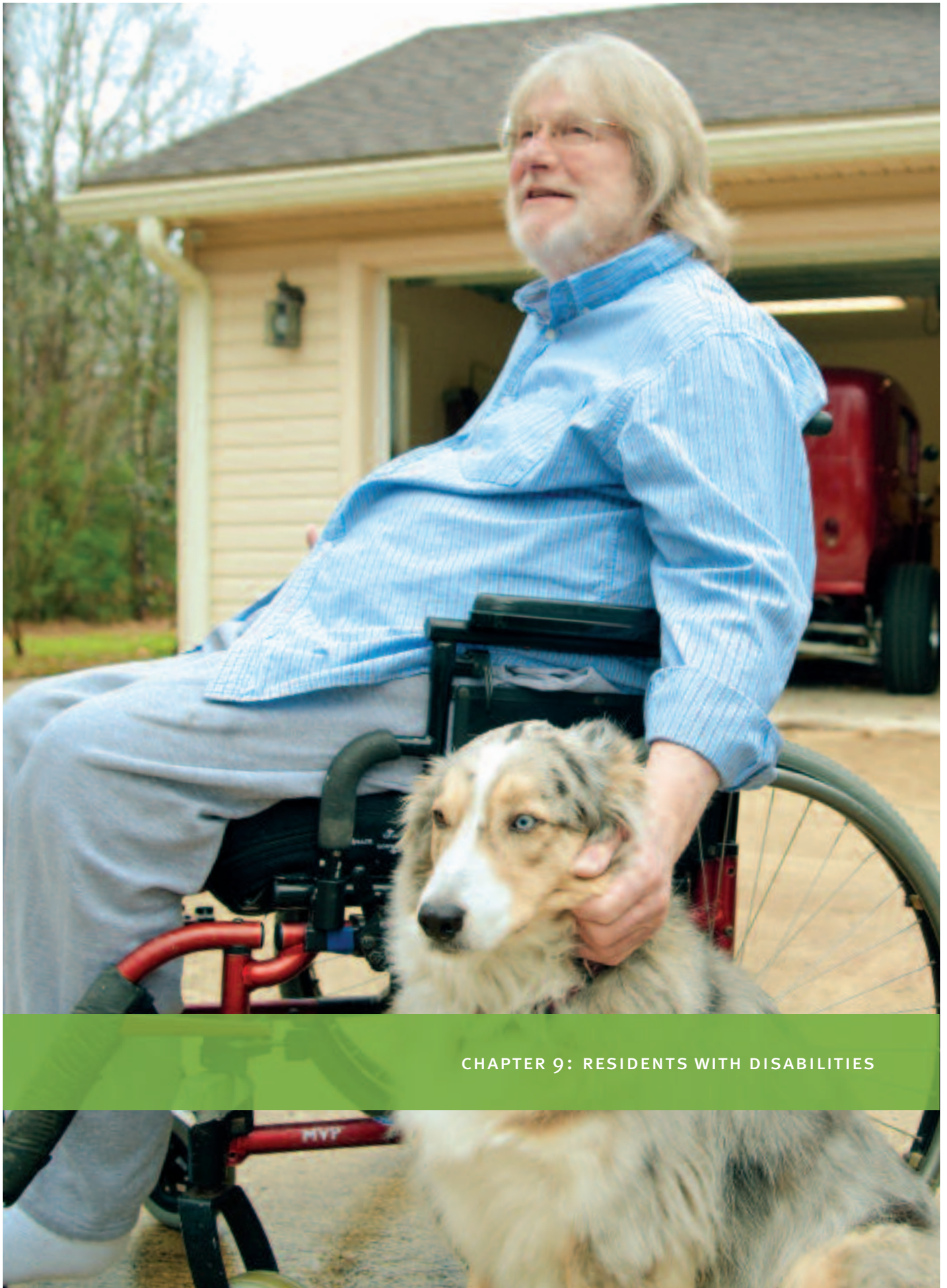


Source: Florida Department of Health, Office of Vital Statistics, 2008-2010

CHART 8-65 BIRTHS TO MOTHERS AGES 10 TO 14



Source: Florida Department of Health, Office of Vital Statistics, 2006-2010



CHAPTER 9: RESIDENTS WITH DISABILITIES

RESIDENTS WITH DISABILITIES

The *Healthy People 2020* goal to promote health and well being of people with disabilities begins in our region with an analysis of our region's disabled population. Individuals with disabilities vary greatly in their need for assistance and level of independence. The following data are from a secondary data analysis for residents with disabilities.

Adults with Disability

The percentage of adults with disabilities is the greatest in Putnam County (16.4 percent) as compared to the state percentage (12.9 percent). St. Johns County had the lowest percentage (10.9 percent), followed closely by Duval County (11.7 percent). In addition, the percentage of people with disabilities living in poverty is highest in Putnam County (26.1 percent) compared to the state (21.3 percent). Duval County is the only other county with a percentage higher than the state level (25.9 percent). See Charts 9-1 and 9-2 for more detailed information on these indicators.

The percentage of adults who use special equipment due to a health problem was highest in Putnam County (13.0 percent), followed closely by Duval County (11.3 percent), as compared to the state percentage (9.3 percent). All other counties reported less than the state percentage (see Chart 9-3).

Persons with Various Difficulties

The percentage of persons with cognitive difficulty was highest in St. Johns and Duval Counties (10.1 percent and 8.8 percent, respectively). Only Nassau County (3.9 percent) reported a percentage lower than the state level of 4.4 percent (see Chart 9-4).

The percentage of persons with self-care difficulty was more than double the state level of 4.4 percent in both St. Johns and Duval Counties (10.4 percent and 8.7 percent, respectively). Only Nassau County (3.8 percent) reported a percentage lower than the state level (see Chart 9-5).

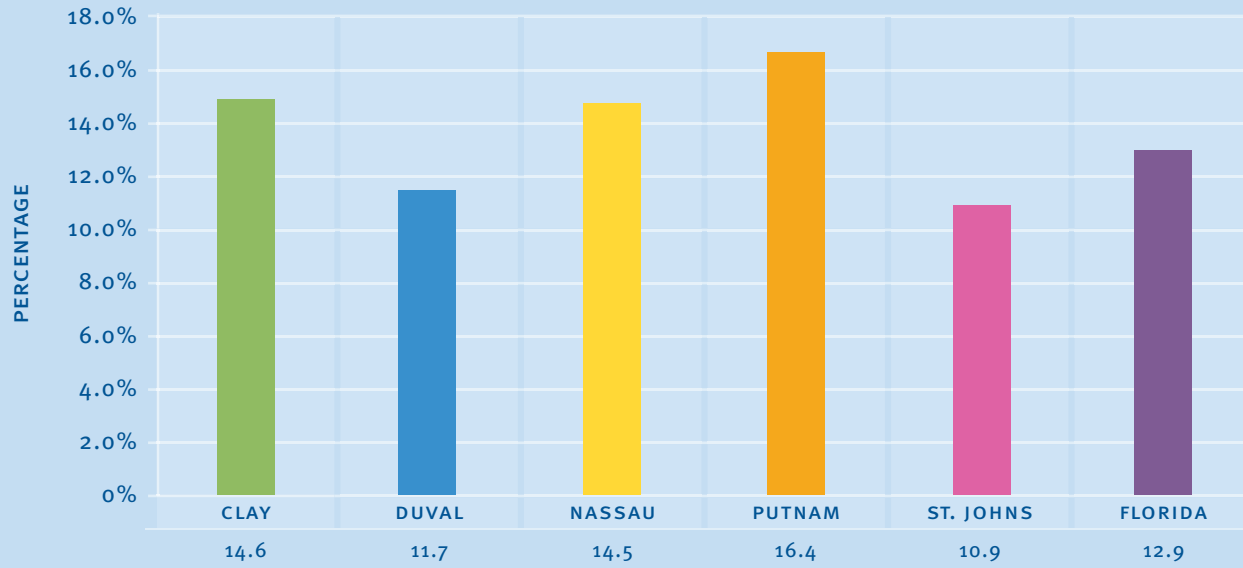
Similar to the aforementioned indicators, St. Johns and Duval Counties had the highest percentage of persons with ambulatory difficulty (10.2 percent and 8.7 percent, respectively). Nassau County (3.9 percent) reported the lowest level (see Chart 9-6).

St. Johns and Duval Counties had the highest levels for both persons with hearing difficulty and persons with vision difficulty. In both counties, the levels were at least double the state level. Keeping with the pattern, Nassau County reported the lowest levels for hearing and vision difficulties (3.5 percent and 3.4 percent, respectively) (see Charts 9-7 and 9-8).

Key Findings

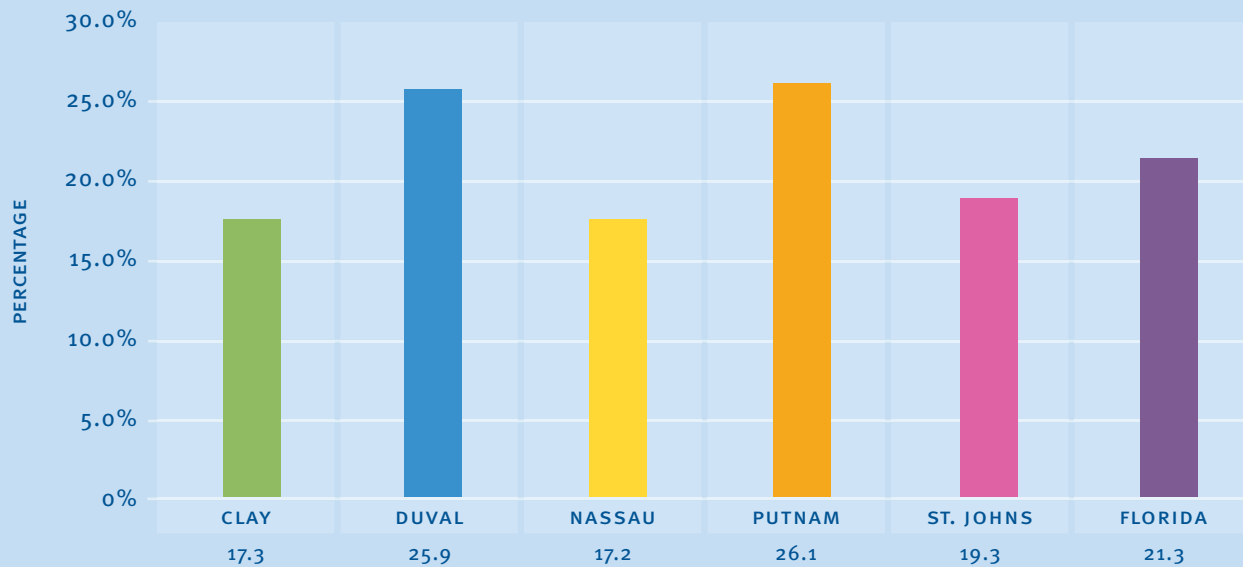
- Putnam County has the largest percentage of adults with disabilities and people with disabilities living in poverty.
- Putnam County has the highest percentage of adults who use special equipment due to health problems.
- St. Johns County has the highest percentages of all disability difficulty indicators (cognitive, self-care, ambulatory, hearing and vision), with levels nearly three times the state average. Duval County consistently has the second highest levels—double the state levels. (See Chart 9-9 for a comparison of all indicators across counties.)

CHART 9-1 PERCENTAGE OF POPULATION WITH DISABILITY



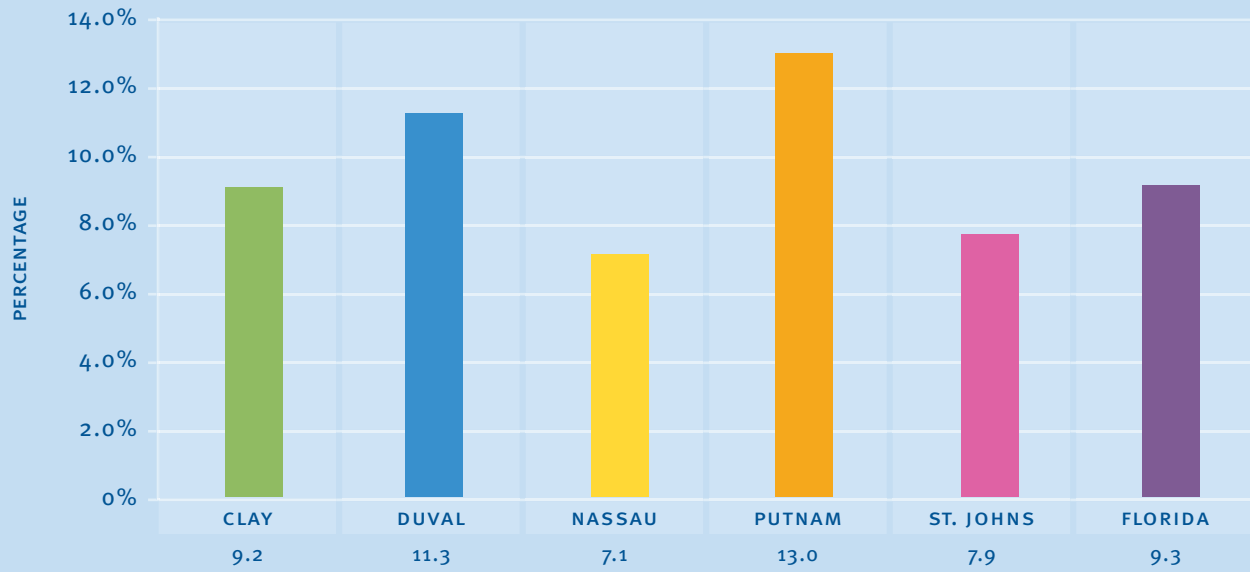
Source: U.S. Census Bureau, 2011 American Community Survey

CHART 9-2 PERCENTAGE OF PEOPLE WITH DISABILITY LIVING IN POVERTY



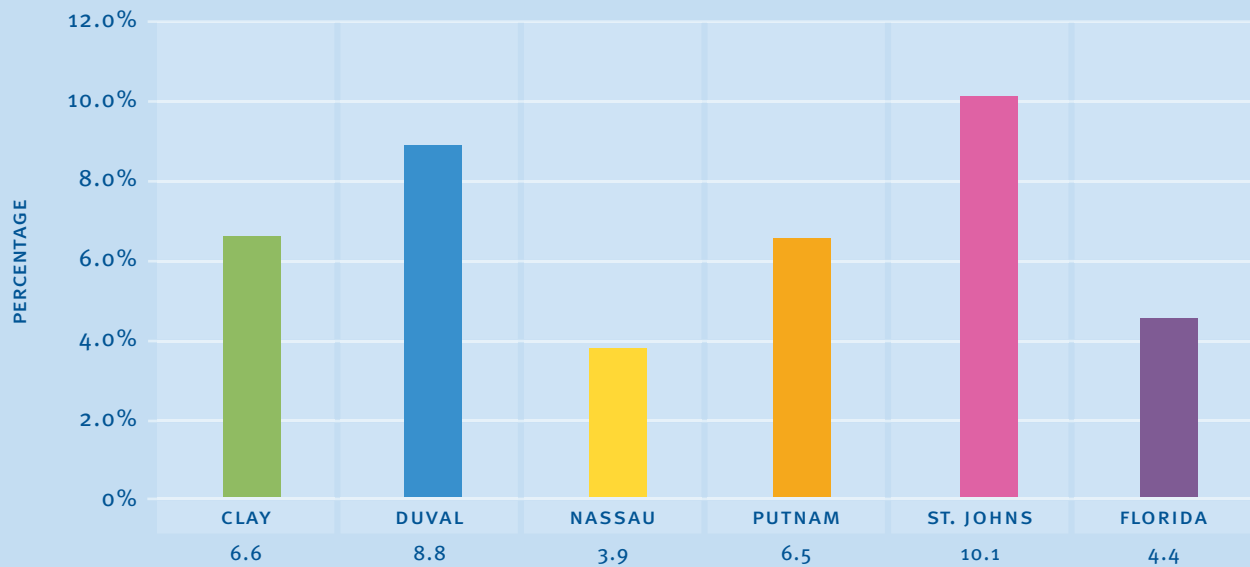
Source: U.S. Census Bureau, 2011 American Community Survey

CHART 9-3 PERCENTAGE OF ADULTS WHO USE SPECIAL EQUIPMENT DUE TO A HEALTH PROBLEM



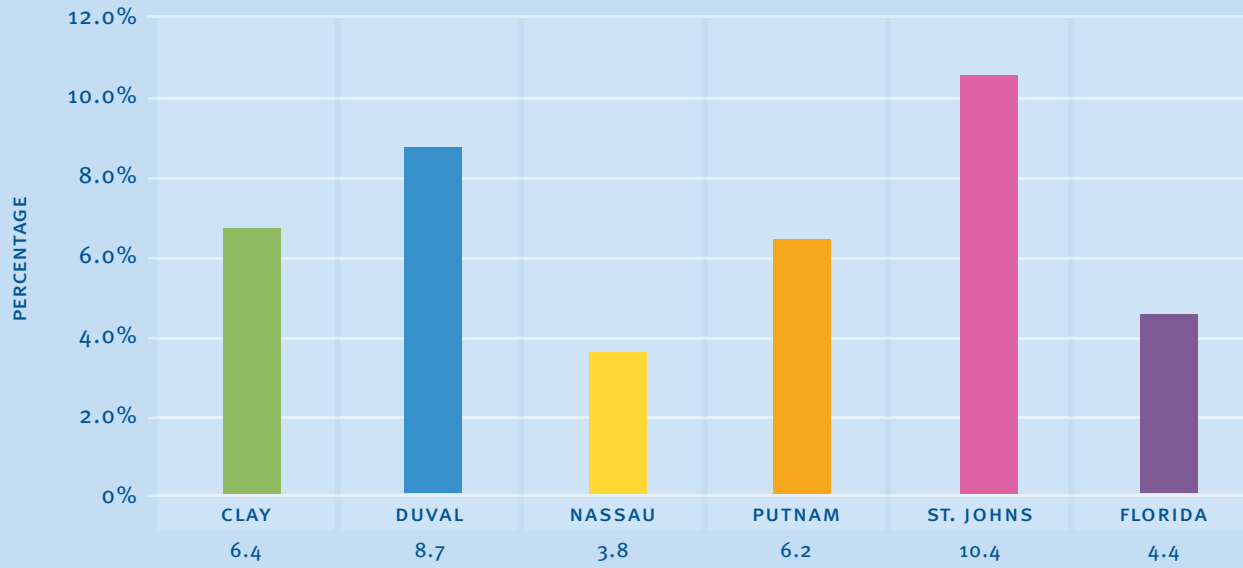
Source: 2010 Florida County-level Behavioral Risk Factors Surveillance Telephone Survey conducted by the Florida Department of Health, Bureau of Epidemiology

CHART 9-4 PERCENTAGE OF PERSONS WITH COGNITIVE DIFFICULTY



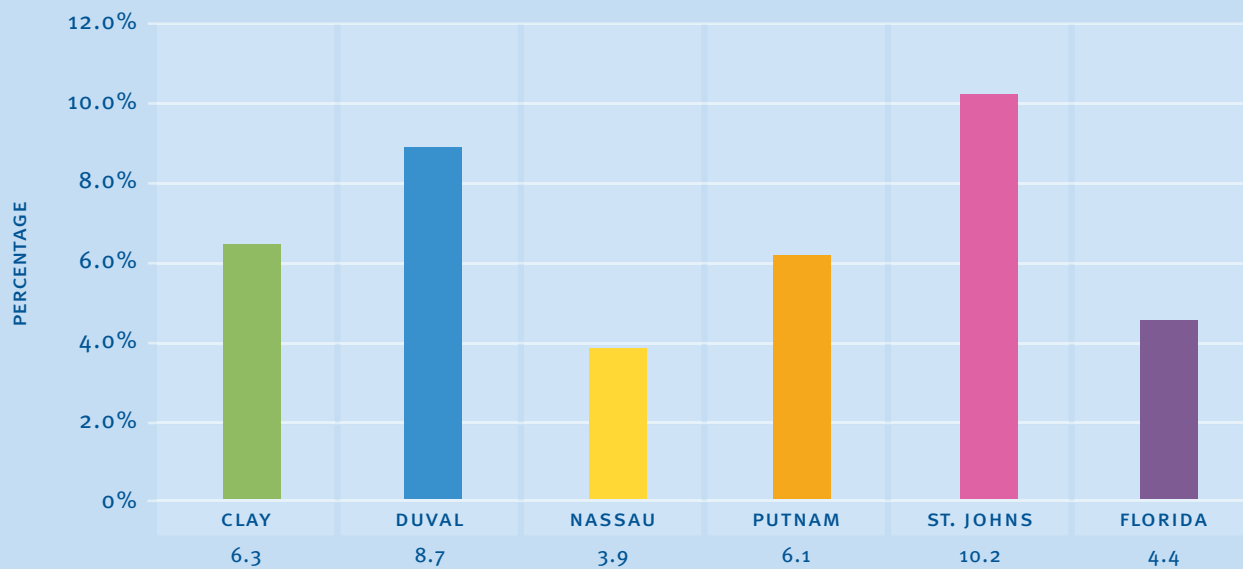
Source: U.S. Census Bureau, 2011 American Community Survey

CHART 9-5 PERCENTAGE OF PERSONS WITH SELF-CARE DIFFICULTY



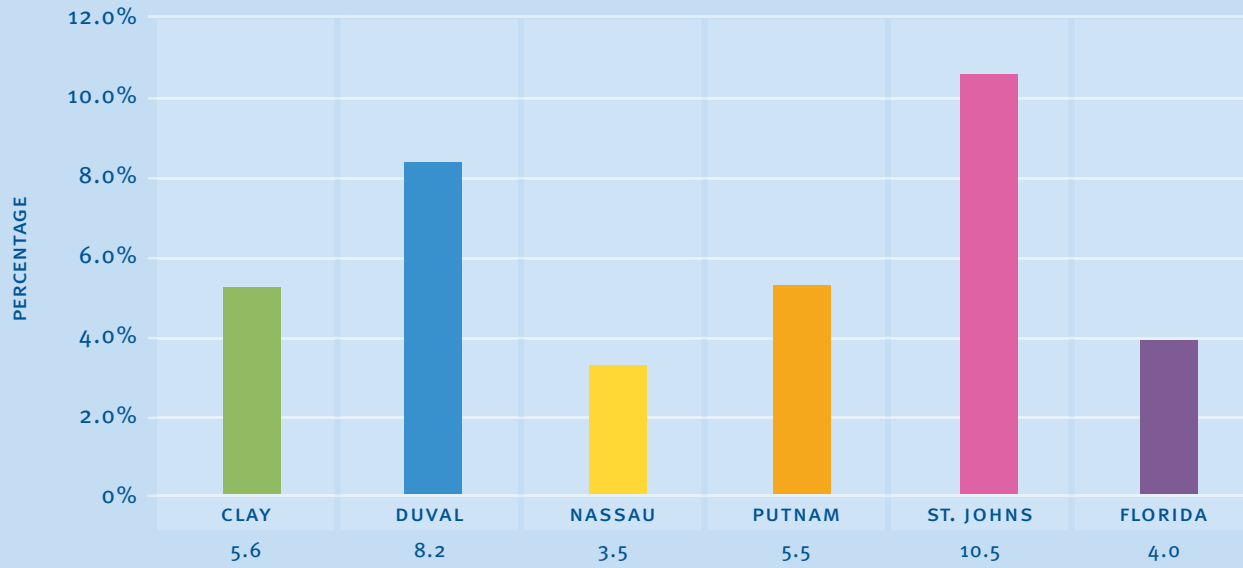
Source: U.S. Census Bureau, 2011 American Community Survey

CHART 9-6 PERCENTAGE OF PERSONS WITH AMBULATORY DIFFICULTY



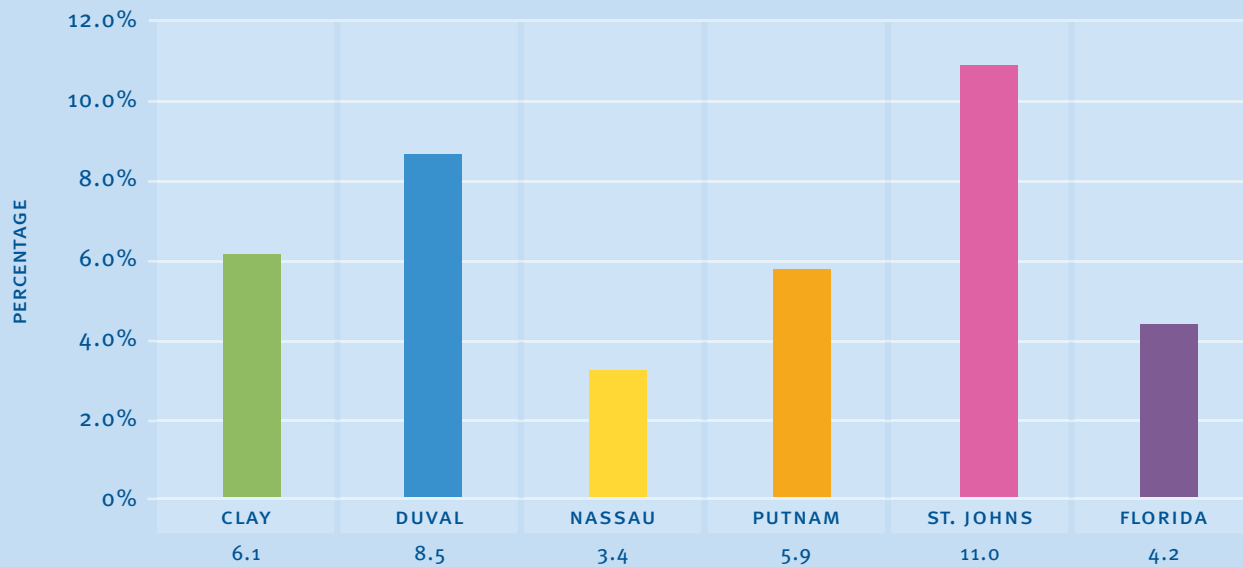
Source: U.S. Census Bureau, 2011 American Community Survey

CHART 9-7 PERCENTAGE OF PERSONS WITH HEARING DIFFICULTY



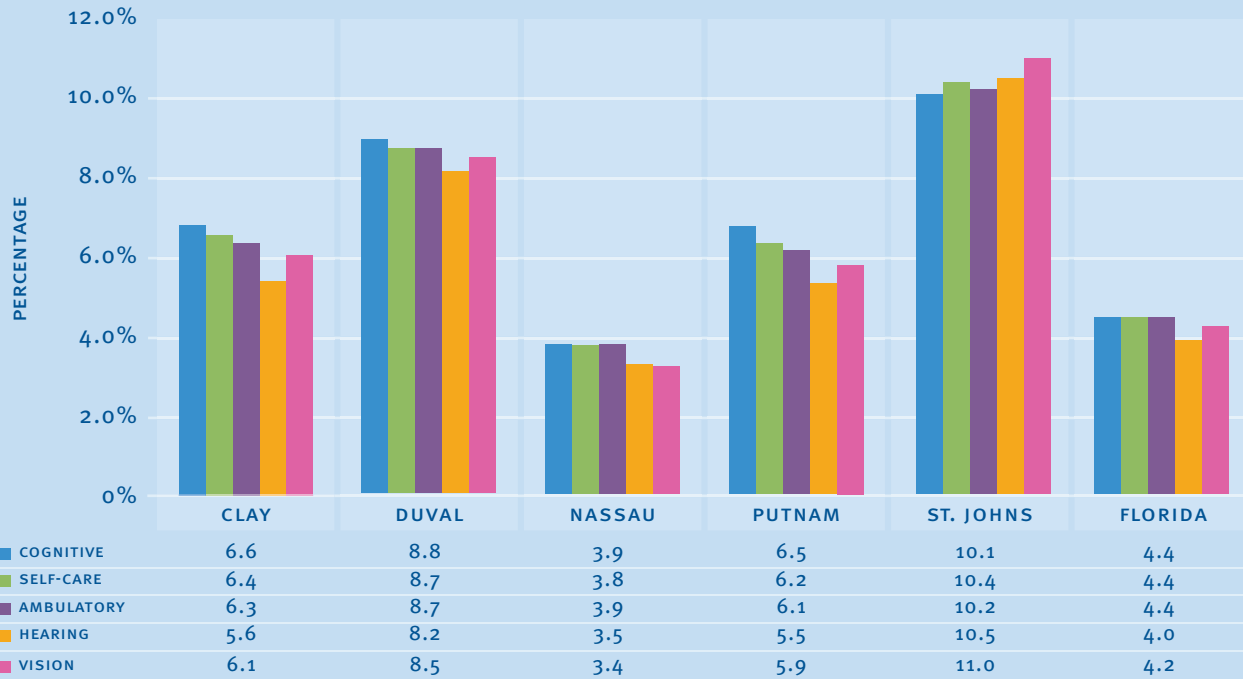
Source: U.S. Census Bureau, 2011 American Community Survey

CHART 9-8 PERCENTAGE OF PERSONS WITH VISION DIFFICULTY

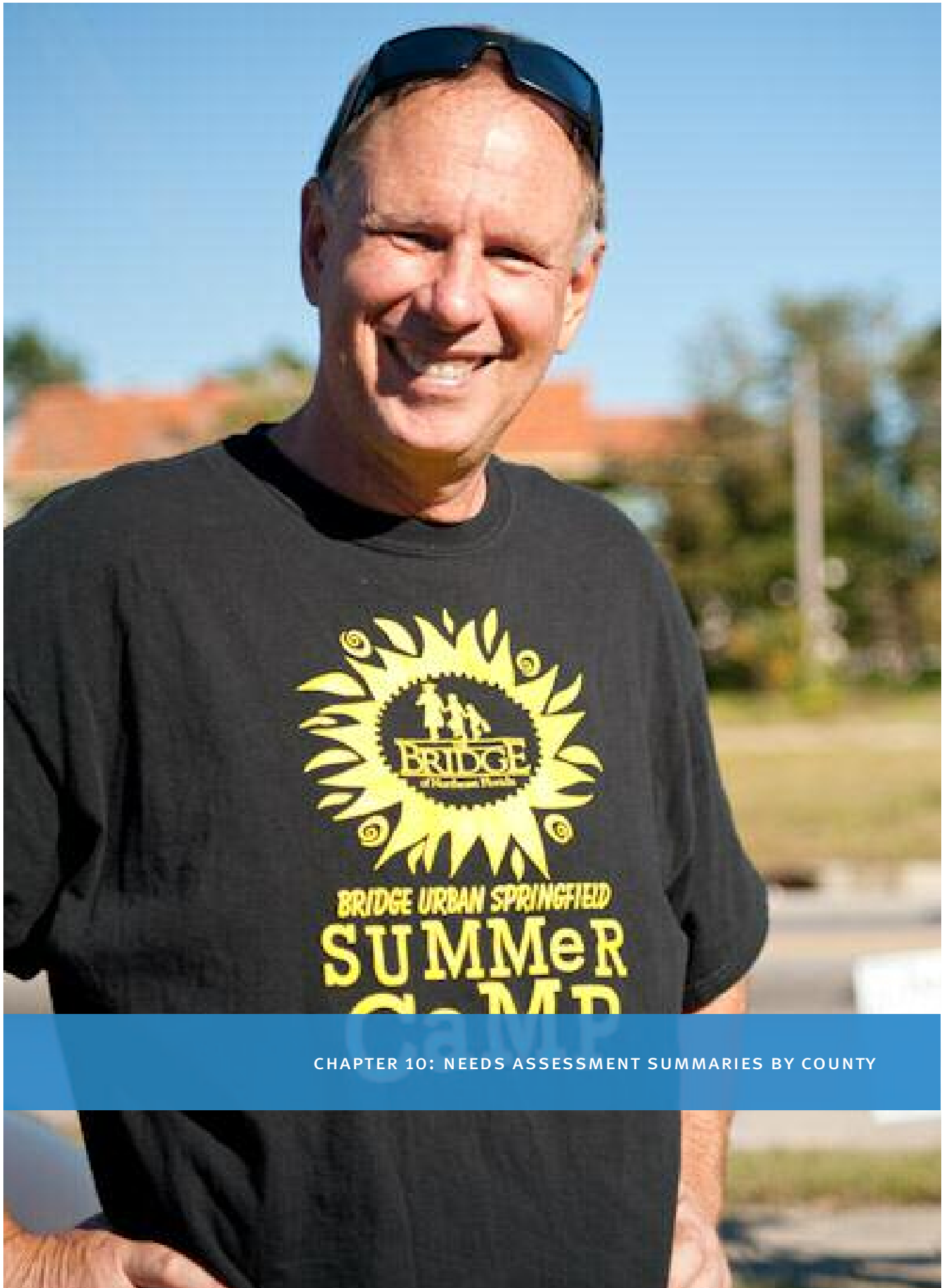


Source: U.S. Census Bureau, 2011 American Community Survey

CHART 9-9 PERCENTAGE OF PERSONS WITH VARIOUS DIFFICULTIES



Source: U.S. Census Bureau, 2011 American Community Survey



CHAPTER 10: NEEDS ASSESSMENT SUMMARIES BY COUNTY

CLAY COUNTY

CLAY COUNTY SELECTED STATISTICS*

* ADDITIONAL COUNTY INFORMATION IN RELATIONSHIP TO OTHER COUNTIES CAN BE FOUND THROUGHOUT THE COMMUNITY HEALTH NEEDS ASSESSMENT REPORT.

COUNTY HEALTH RANKINGS

| | |
|-----------------|-----|
| HEALTH OUTCOMES | #6 |
| HEALTH FACTORS | #18 |

| MEASURE | COUNTY | FLORIDA |
|--|----------|----------|
| POPULATION OVERVIEW | | |
| TOTAL POPULATION | 191,900 | -- |
| RACE | | |
| WHITE | 81.8% | -- |
| BLACK | 9.9% | -- |
| ASIAN | 2.9% | -- |
| 2+ RACES | 2.9% | -- |
| OTHER | 1.9% | -- |
| ETHNICITY | | |
| HISPANIC | 7.7% | -- |
| MEDIAN HOUSEHOLD INCOME | \$58,263 | \$44,409 |
| UNEMPLOYMENT RATE (2010) | 10.5% | 11.5% |
| PUBLIC SAFETY | | |
| FORCIBLE SEXUAL OFFENSES (PER 100,000) | 60.3 | 52.6 |
| HOMICIDE (PER 100,000) | 5.0 | 6.7 |
| LEADING CAUSES OF DEATH (AGE-ADJUSTED RATE) | | |
| CANCER | 184.7 | -- |
| HEART DISEASE | 146.0 | -- |
| CHRONIC LOWER RESPIRATORY DISEASE | 54.0 | -- |
| ACCESS TO FOOD | | |
| SNAP-AUTHORIZED STORES (PER 1,000 POPULATION) | 0.60 | -- |
| WIC-AUTHORIZED STORES (PER 1,000 POPULATION) | 0.12 | -- |
| FAST FOOD RESTAURANTS (PER 1,000 POPULATION) | 0.62 | -- |
| FARMERS' MARKETS (PER 1,000 POPULATION) | 0.01 | -- |
| HEALTH CARE ACCESS | | |
| LICENSED PRIMARY CARE PHYSICIANS (RATE PER 100,000) | | |
| FAMILY PRACTICE | 14.5 | 19.7 |
| INTERNISTS | 23.7 | 41.8 |
| OB/GYN | 6.5 | 7.9 |
| PEDIATRICIANS | 11.3 | 14.9 |
| TOTAL HOSPITAL BEDS (RATE PER 100,000) | 180.4 | 320.6 |
| POPULATION ENROLLED IN MEDICARE | 14.8% | 18.0% |
| POPULATION ENROLLED IN MEDICAID | 11.7% | 15.7% |
| HEALTH CONDITIONS AND DISEASES | | |
| DIABETES – DEATHS (RATE PER 100,000) | 30.5 | 19.3 |
| OVERWEIGHT HIGH SCHOOL STUDENTS | 12.10% | 11.50% |
| BEHAVIORAL HEALTH AND SUBSTANCE USE | | |
| SUICIDE (RATE PER 100,000) | 18.3 | 13.9 |
| ADULT PSYCHIATRIC BEDS (RATE PER 100,000) | 20.9 | 18.4 |
| CHILD/ADOLESCENT PSYCHIATRIC BEDS (RATE PER 100,000) | 0.0 | 3.0 |
| HIGH SCHOOL STUDENT CIGARETTE USE | 19.40% | 13.10% |

CLAY COUNTY (CONTINUED)**HEALTH DISPARITIES**

Health insurance coverage varied greatly across demographic groups. For example, nearly a quarter of Clay County residents between the ages of 18 to 44 are uninsured, while nearly all residents ages 65 and older are insured. Non-Hispanic Black residents have a higher percentage of insured individuals than non-Hispanic White residents. Additionally, as income and education levels increase, so do levels of insured individuals.

Cancer rates in Clay County are much higher for White residents than for their Black counterparts. Hypertension rates are higher for White residents, as well as for males. However, the stroke rate is much higher among Black individuals than White individuals. Across gender, a higher percentage of females have ever had a stroke. Asthma in adults is almost identical between Black and White residents. The diabetes death rate for Black individuals is more than double that of White residents. However, the percentage of White individuals with diagnosed diabetes is higher than for Black individuals. This may be a sign of disparities in disease management. The same pattern is seen in hypertension rates. Males are also far more likely to have diabetes than women.

Overweight and obese adults are more often Black than White.

Generally, access to dental care declines as income declines. Whites demonstrated high percentages of dental care and dental visits, while Blacks had higher percentages of tooth removal due to tooth decay and gum disease.

A higher percentage of Black individuals reported good behavioral health than White individuals. In Clay County, the percentage of female tobacco smokers is slightly higher than that of males.

Hispanic residents are least likely to receive first trimester prenatal care. Black mothers have the highest percentage of births with late or no prenatal care, as well as the highest percentage of low birth weight babies. Clay County did not have minority data for infant mortality. Teenage mothers (ages 15 to 19) are most frequently Black.

PREVENTIVE HEALTH CARE

In 2010, unintentional injuries in Clay County were lower than the state rate, as was the death rate from unintentional drowning. Motor vehicle crashes have declined since 2008, and in 2010 were less than the Florida rate. While the numbers for these indicators are relatively low, unintentional injuries are the fourth leading cause of death in Clay County, accounting for nearly five percent of total deaths — more than stroke and diabetes.

Clay County has seen a recent increase in the rate of total licensed physicians, but the level is much lower than the state level. In Clay County, 86.5 percent of residents have some type of health insurance. This is higher than both the state and national average. Since 2006, the median monthly Medicaid enrollment rate has increased. The same pattern is seen in KidCare enrollment.

During 2010 through 2011, the rate of licensed dentists (per 100,000 population) was much lower than the state. While the percentage of low-income persons with access to dental care is considered low, the percentage of low-income residents accessing dental services is above the percentage for the state of Florida. Survey respondents indicated that dental care is the third most frequently delayed service (behind “visit to doctor” and “medical test, exam or screening”). While the number of dentists does play a part in the accessibility of dental care, focus group participants feel that insurance coverage dictates which health services are accessible to each person, especially dentists. Focus group participants did not mention difficulty in receiving hearing or vision services. However, the most commonly delayed tests or exams among survey respondents were eye exams (44 percent).

CLAY COUNTY (CONTINUED)

Affordability (a barrier to care) plays a role in the decisions for residents to take care of their health. Of those survey respondents who stated that they had delayed health care services, the three most frequently noted reasons for delaying health care treatment were “inability to pay” (38 percent), “no insurance” (35 percent) and “concerned about spending in current economy” (33 percent).

For some, physical barriers (i.e., disability, injury) or behavioral health difficulties make physical activity challenging. This is the case for more than 20 percent of Clay County residents. Within the past 12 months approximately 56 percent of Clay County respondents reported that they had delayed eye care visits. Rates in 2010 for immunization levels in kindergarten-aged children were, on average, higher than the state rate of 91.3 percent for Clay County. Percentages of adults age 65 years and older who have ever received a pneumonia vaccination were comparatively lower than the state rate of 69.9 percent.

Suicide rates have increased since 2006.

The highest percentage of high school-age smokers is in Clay County (19.4 percent). The level of overweight people in Clay County is above the state level, as is the level of overweight high school students.

In the overall Community Health Needs Assessment region, the types of tests or exams most frequently delayed were eye exams, pap smears and mammograms.

BUILT ENVIRONMENT

Residents in Clay County have limited access to local food sources (e.g., farmers’ markets). Fast food restaurants are far more available.

Only eight percent of the water system population has fluoridated water. While Clay County received a four (out of five) on the Natural Amenities Scale, it had the lowest rating of the five counties. No air quality data was reported for Clay County. Levels of asthma indicators (hospitalization and diagnosis rates) were at or better than the state levels.

Eighty-three percent of Clay County high school students graduate.

The domestic violence rate is well below the Florida average. Levels of homicide and aggravated assault are also below the state level. However, Clay County has a forcible sex offense rate that is higher than the state level.

DISABILITY

In Clay County, 32.6 percent of residents ages 65 and older have a disability; this is lower than the state average of 34.2 percent. The percentage of people with disabilities living in poverty is 20.1 percent, slightly less than the state level (20.7 percent). Approximately nine percent (9.2 percent) of adults use special equipment due to a health problem, which is about the same as the Florida average of 9.3 percent.

The percentage of persons with cognitive difficulty is 5.9 percent, higher than the state level of 4.8 percent. The rate of persons with self-care difficulty (2.0 percent) is slightly lower than the state average of 2.6 percent. The rate of individuals with ambulatory difficulty is 7.1 percent, nearly the same as the Florida average of 6.9 percent.

DUVAL COUNTY

DUVAL COUNTY SELECTED STATISTICS*

* ADDITIONAL COUNTY INFORMATION IN RELATIONSHIP TO OTHER COUNTIES CAN BE FOUND THROUGHOUT THE COMMUNITY HEALTH NEEDS ASSESSMENT REPORT.

COUNTY HEALTH RANKINGS

| | |
|-----------------|-----|
| HEALTH OUTCOMES | #44 |
| HEALTH FACTORS | #32 |

| MEASURE | COUNTY | FLORIDA |
|--|---------------|----------|
| POPULATION OVERVIEW | | |
| TOTAL POPULATION | 892,400 | -- |
| RACE | | |
| WHITE | 60.9% | -- |
| BLACK | 29.5% | -- |
| ASIAN | 4.2% | -- |
| 2+ RACES | 2.9% | -- |
| OTHER | 2.1% | -- |
| ETHNICITY | | |
| HISPANIC | 7.6% | -- |
| MEDIAN HOUSEHOLD INCOME | \$46,078 | \$44,409 |
| UNEMPLOYMENT RATE (2010) | 11.7% | 11.5% |
| SCHOOL AND STUDENT POPULATION | | |
| GRADUATION RATE | 71.2% | 80.1% |
| GANG ACTIVITY | | |
| FIGHTING | 59.6% | 45.8% |
| THEFT | 37.5% | 28.5% |
| VANDALISM | 38.1% | 30.4% |
| DRUG SALES | 43.9% | 34.1% |
| CARRYING WEAPONS | 32.4% | 19.5% |
| PUBLIC SAFETY | | |
| DOMESTIC VIOLENCE OFFENSES (PER 100,000) | 1,056.9 | 603.4 |
| FORCIBLE SEX OFFENSES (PER 100,000) | 78.3 | 52.6 |
| HOMICIDE (PER 100,000) | 12.2 | 6.7 |
| LEADING CAUSES OF DEATH (AGE-ADJUSTED RATE) | | |
| CANCER | 180.2 | -- |
| HEART DISEASE | 170.3 | -- |
| CHRONIC LOWER RESPIRATORY DISEASE | 50.4 | -- |
| BUILT ENVIRONMENT | | |
| AIR QUALITY | | |
| OZONE | 0.7 (B GRADE) | |
| PARTICLE POLLUTION | 0.3 (B GRADE) | |
| PERCENTAGE OF WATER SYSTEM FLUORIDATED | 99.2% | |
| ACCESS TO FOOD | | |
| SNAP-AUTHORIZED STORES (PER 1,000 POPULATION) | 1.11 | |
| WIC-AUTHORIZED STORES (PER 1,000 POPULATION) | 0.12 | |
| FAST FOOD RESTAURANTS (PER 1,000 POPULATION) | 0.83 | |
| FARMERS' MARKETS (PER 1,000 POPULATION) | 0.01 | |
| HEALTH CARE ACCESS | | |
| TOTAL LICENSED PHYSICIANS (RATE PER 100,000) | 285.6 | -- |
| TOTAL HOSPITAL BEDS (RATE PER 100,000) | 399.6 | 320.6 |
| REHABILITATION BEDS (RATE PER 100,000) | 17.4 | 12.4 |
| POPULATION ENROLLED IN MEDICARE | 13.0% | 18.0% |
| POPULATION ENROLLED IN MEDICAID | 17.0% | 15.7% |

DUVAL COUNTY (CONTINUED)

| HEALTH CONDITIONS AND DISEASES | | |
|---|-------|-------|
| ASTHMA HOSPITALIZATIONS (RATE PER 100,000) | | |
| AGES 5 TO 11 | 275.1 | 411.9 |
| AGES 12 TO 18 | 230.2 | 330.9 |
| DIABETES DEATHS (RATE PER 100,000) | 26.6 | 19.3 |
| BEHAVIORAL HEALTH AND SUBSTANCE USE | | |
| ADULT SUBSTANCE ABUSE BEDS (RATE PER 100,000) | 5.1 | 2.1 |
| SEXUALLY TRANSMITTED DISEASES | | |
| GONORRHEA (RATE PER 100,000) | 247 | 114 |
| CHLAMYDIA (RATE PER 100,000) | 674.6 | 388.8 |
| NEW HIV CASES (RATE PER 100,000) | 41.4 | 31.8 |
| NEW AIDS CASES (RATE PER 100,000) | 30.3 | 22.3 |
| INFECTIOUS DISEASES | | |
| TUBERCULOSIS (RATE PER 100,000) | 10.2 | 4.6 |
| DESIGNATED HEALTH PROFESSIONAL SHORTAGE AREAS | | |
| LOW-INCOME – ATLANTIC BEACH | | |
| LOW-INCOME – BALDWIN | | |
| LOW-INCOME – EAST JACKSONVILLE | | |
| LOW-INCOME – SOUTH JACKSONVILLE | | |
| LOW-INCOME – WEST JACKSONVILLE | | |

HEALTH DISPARITIES

Overall, 82.7 percent of Duval County residents have health insurance of some type. The 18- to 44-year-old age group had the lowest percentage of insured individuals, while nearly all residents ages 65 and older were insured. While White individuals have a higher insured percentage, the gap between them and Black residents is smaller than in other counties and the state as a whole. The differences across education level are similar, with those with a higher education having a slightly higher percentage of insured individuals. Income appears to make a large difference.

When it comes to accessing health care services, affordability and time constraints were two common barriers mentioned in the focus groups.

When asked about the quality of the health care services in their area, Duval County residents were least satisfied and gave the highest percentage of “poor” ratings. Additionally, Duval County has the highest rate of licensed physicians, pediatricians, OB/GYNs, internists and family practitioners.

In Duval County, Black and White individuals have similar rates of cancer, and the Hispanic rate is less than half of that. Duval County has the highest rate of hypertension for Black residents. Strokes are far more common among Black individuals and women. The percentage of adults with diagnosed diabetes between Black and White residents is nearly identical. However, the death rate for diabetes is much higher for Black individuals. This could signal a disparity in disease management and treatment. White adults have a higher percentage of individuals with asthma.

DUVAL COUNTY (CONTINUED)

Duval County has the highest number of homeless individuals. The homeless are more often Black, male and between the ages of 18 to 60.

PREVENTIVE HEALTH CARE

Black residents reported good behavioral health more often than their White counterparts. Duval County is the only county that provides child and adolescent psychiatric beds, and they do so at a rate similar to that of the state.

Smoking percentages for males are higher than for females in Duval County. Nearly 19 percent of Duval County residents smoke tobacco, including 3.5 percent of middle school students and 13.2 percent of high school students; 4.5 percent of high school students use smokeless tobacco. Binge drinking among adults is slightly higher than the state level.

The rate of obesity in Duval County is 28.4 percent; this is higher than the state rate of 27.2 percent. The percentage of overweight and obese adults is higher for Black residents than White residents.

Births with late or no prenatal care were the highest in Duval County. Duval County had the highest infant mortality rate for 2010 (8.8 per 1,000 live births) as compared to the state (6.9 per 1,000 live births). The rate of low birth weight (less than 2,500g) babies was the highest in Duval County. The largest group of births with late or no prenatal care came from Black women. Infant mortality and low birth weight were also highest among this group. The largest group of teenage mothers (ages 15 to 19) came from the Black community.

The unintentional injury rate in Duval County is lower than the state level, while the unintentional drowning rate is almost exactly the same. The motor vehicle crash rate is just below the state rate.

Duval County sees the highest number of patients on all traumatic brain injury indicators. However, because rates are measured in number of patients and Duval County has the largest population, this is to be expected.

The percentage of adults who visited a dentist or dental clinic in the past year only differed by 1.5 percent across race. However, Black residents were far more likely to have a permanent tooth removed because of tooth decay or gum disease. White residents were more likely to have had their teeth cleaned in the past year.

Survey respondents indicated that dental care is the third most frequently delayed service (behind “visit to doctor” and “medical test, exam or screening”). All five counties in the assessment region are below the state average for rate of total licensed dentists. While the number of dentists does play a part in the accessibility of dental care, focus group participants feel that insurance coverage dictates which health services are accessible to each person, especially dentists. Access to dental care by low-income persons has increased in Duval County since 2008. Duval County has the largest number of vision practitioners and audiologists. However, because these indicators are measured in numbers and Duval County has the largest population, this is expected. Within the past 12 months, approximately 21 percent of Duval County respondents reported that they had delayed eye care visits.

Duval County marked the highest rate of childhood immunization. Duval County demonstrated the lowest percentage of adults age 65 and older who have ever received a pneumonia vaccination.

The Duval County rate for infectious syphilis has been higher than the state level since 2008, and has been increasing. **Duval County is the only county in the assessment region that has new HIV/AIDS case rates higher than the state of Florida.** The tuberculosis level in Duval County is more than double that of the state.

DUVAL COUNTY (CONTINUED)**BUILT ENVIRONMENT**

Duval County's aggravated assault rates are consistently above the state average. Duval County is the only county in the assessment region to see an increase in forcible sex offenses, and had the highest rate in 2010 at 78.3 per 100,000. Duval County has the highest homicide rate in the assessment region at 12.2 per 100,000. Focus group participants feel safe in most areas of Duval County, but acknowledge that there are some high-crime pockets that do not feel safe. Many participants expressed concern about safety and security at public schools. Fighting is the most common juvenile crime behavior.

Only in Duval County are there more Black students than White. The Duval County high school graduation rate is below the state level. However, Duval County has the lowest rate of school absence at 5.9 percent.

Duval County received a score of four out of five on the Natural Amenities Scale. On both measures of air quality (ozone and particle pollution), the county was given a grade of "B." Even still, the percentages of students (middle and high school), as well as adults, with asthma are all above the state average.

Nearly all of the water system population receives fluoridated water.

Duval County has more fast food restaurants than either full-service restaurants or farmers' markets. Convenience stores make up close to half of the available stores. More than 40 percent of Duval County students were eligible for free lunch in 2009. Access to food greater than one mile away is difficult; when the food is more than 10 miles away, it is nearly impossible. There are numerous pockets of Duval County that qualify as food deserts. Most of them are in the urban core of Jacksonville.

Residents of Duval County placed the most importance on access to public transportation (51 percent responded "very important"). Additionally, African-American respondents gave access to public transportation the most "very important" answers (75 percent). As might be expected, the importance placed on access to public transportation decreases overall with rise in income. The importance is highest for those making less than \$15,000 (96 percent) and lowest for those making \$100,000 or more (70 percent).

DISABILITY

In Duval County, 35.7 percent of residents ages 65 and older have a disability; this is higher than the state average of 34.2 percent. The percentage of people with disabilities living in poverty is 22.0 percent, slightly more than the state level (20.7 percent). The rate of adults who use special equipment due to a health problem is 11.3 percent, higher than the Florida average of 9.3 percent.

The percentage of persons with cognitive difficulty in Duval County is exactly the same as the state level (4.8 percent). The rate of persons with self-care difficulty (2.6 percent) is also exactly the same as the state average. The percentage of individuals with ambulatory difficulty is 7.1 percent, nearly the same as the Florida level of 6.9 percent.

NASSAU COUNTY

NASSAU COUNTY SELECTED STATISTICS*

* ADDITIONAL COUNTY INFORMATION IN RELATIONSHIP TO OTHER COUNTIES CAN BE FOUND THROUGHOUT THE COMMUNITY HEALTH NEEDS ASSESSMENT REPORT.

COUNTY HEALTH RANKINGS

| | |
|-----------------|-----|
| HEALTH OUTCOMES | #27 |
| HEALTH FACTORS | #17 |

| MEASURE | COUNTY | FLORIDA |
|---|----------|----------|
| POPULATION OVERVIEW | | |
| TOTAL POPULATION | 73,600 | -- |
| RACE | | |
| WHITE | 89.8% | -- |
| BLACK | 6.4% | -- |
| ASIAN | 0.9% | -- |
| 2+ RACES | 1.6% | -- |
| OTHER | 0.9% | -- |
| ETHNICITY | | |
| HISPANIC | 3.2% | -- |
| MEDIAN HOUSEHOLD INCOME | \$60,729 | \$44,409 |
| UNEMPLOYMENT RATE (2010) | 10.9% | 11.5% |
| SCHOOL AND STUDENT POPULATION | | |
| GRADUATION RATE | 93.8% | 80.1% |
| GANG ACTIVITY | | |
| FIGHTING | 12.6% | 45.8% |
| THEFT | 11.0% | 28.5% |
| VANDALISM | 10.7% | 30.4% |
| DRUG SALES | 17.2% | 34.1% |
| CARRYING WEAPONS | 17.0% | 19.5% |
| PUBLIC SAFETY | | |
| UNINTENTIONAL INJURY (PER 100,000) | 54 | 41.3 |
| LEADING CAUSES OF DEATH (AGE-ADJUSTED RATE) | | |
| CANCER | 155.4 | -- |
| HEART DISEASE | 159.2 | -- |
| CHRONIC LOWER RESPIRATORY DISEASE | 48.9 | -- |
| ACCESS TO FOOD | | |
| SNAP-AUTHORIZED STORES (PER 1,000 POPULATION) | 0.81 | |
| WIC-AUTHORIZED STORES (PER 1,000 POPULATION) | 0.13 | |
| FAST FOOD RESTAURANTS (PER 1,000 POPULATION) | 0.42 | |
| FARMERS' MARKETS (PER 1,000 POPULATION) | 0.02 | |
| HEALTH CARE ACCESS | | |
| LICENSED PRIMARY CARE PHYSICIANS (RATE PER 100,000) | | |
| FAMILY PRACTICE | 20.3 | 19.7 |
| INTERNISTS | 9.5 | 41.8 |
| OB/GYN | 4.1 | 7.9 |
| PEDIATRICIANS | 5.4 | 14.9 |
| TOTAL HOSPITAL BEDS (RATE PER 100,000) | 73.7 | 320.6 |
| TOTAL SPECIALTY BEDS (RATE PER 100,000) | 0.0 | 55.4 |
| POPULATION ENROLLED IN MEDICARE | 18.5% | 18.0% |
| POPULATION ENROLLED IN MEDICAID | 12.1% | 15.7% |
| TOTAL LICENSED DENTISTS (RATE PER 100,000) | 26.9 | 62.7 |
| HEALTH CONDITIONS AND DISEASES | | |
| DIABETES DEATHS (RATE PER 100,000) | 26.6 | 19.3 |
| DIABETES HOSPITALIZATIONS IN CHILDREN – AGES 5 TO 11 (RATE PER 100,000) | 60.9 | 44.2 |

NASSAU COUNTY (CONTINUED)

| HEALTH CONDITIONS AND DISEASES (CONTINUED) | | |
|--|--------|-------|
| OVERWEIGHT TEENS (BMI AT OR ABOVE 95 TH PERCENTILE) | | |
| MIDDLE SCHOOL | 13.5 | 11.7 |
| HIGH SCHOOL | 13.6 | 11.5 |
| BEHAVIORAL HEALTH AND SUBSTANCE USE | | |
| SUICIDE (RATE PER 100,000) | 21.2 | 13.9 |
| ADULT PSYCHIATRIC BEDS (RATE PER 100,000) | 0.0 | 18.4 |
| CHILD/ADOLESCENT PSYCHIATRIC BEDS (RATE PER 100,000) | 0.0 | 3.0 |
| HIGH SCHOOL STUDENT SMOKELESS TOBACCO USE | 12.00% | 6.40% |

HEALTH DISPARITIES

The percentage of the population that has health insurance varies by age. Residents ages 18 to 44 have the lowest level of insurance, while 100 percent of residents ages 65 and older are covered. Nassau County did not have insurance percentages to report for Black residents. Education and income levels both related positively to percentage of insured residents; as they increase, so does the percentage of insured individuals.

Nassau County did not report data on disparities across race for dental services. This was also true for percentages of adults with hypertension, rate of stroke, obesity and percentage of adults with asthma.

Cancer rates among Blacks are higher than those of Whites in Nassau County. A higher percentage of men have hypertension than women. The rate of coronary heart disease for Black individuals is almost triple that of White residents. The death rate from diabetes for Black residents is more than three times that of their White counterparts.

The levels of asthma in adults, middle school and high school students are lower than the state level. The same is true for the diabetes death rate.

Infant mortality has increased since 2006 and is currently higher than the state level.

The highest percentages of low birth weight babies were reported in Black residents and were significantly higher in Nassau County. White mothers were more likely to have first trimester prenatal care than Black or Hispanic mothers. Births to mothers ages 15 to 19 occurred most frequently in the Hispanic community.

PREVENTIVE HEALTH CARE

Nassau County was the only county in the Community Health Needs Assessment (CHNA) region with more White residents reporting good behavioral health than Black residents.

The unintentional injury rates in Nassau County have declined, but are still higher than the state level. The death rate from unintentional drowning has essentially been cut in half, and is now the lowest in the region. The rate of motor vehicle crashes has declined, but is still higher than the state level.

Nineteen percent of traumatic brain injury visits at Baptist Medical Center Nassau were sports-related.

Of those who had delayed health care services in the last 12 months, 73 percent had delayed a visit to a doctor or physician. The next most delayed service was medical test, exam or screening (42 percent). The third most

NASSAU COUNTY (CONTINUED)

frequently delayed service was dental care (28 percent). The types of tests or exams most frequently delayed were eye exams (44 percent), pap smears (41 percent) and mammograms (34 percent). The three most frequently noted reasons for delaying health care treatment were “inability to pay” (38 percent), “no insurance” (35 percent) and “concerned about spending in current economy” (33 percent). Nassau County has the lowest number of licensed physicians in the region. Affordability and time constraints were two common barriers mentioned in the focus groups.

Access to dental services for low-income individuals has decreased since 2008 in Nassau County. Even with the decline, Nassau levels are still much higher than the state level. Nassau County displayed a significant decrease in adult disease of pulp and periapical tissue.

The 2010 rates for immunization levels in kindergarten-aged children were, on average, higher than the state rate of 91.3 for Nassau County.

Suicide rates have increased markedly since 2006 and sit well above the state average.

Nearly 20 percent of Nassau County residents smoke tobacco. High school student use of smokeless tobacco occurs at a level that is nearly double that of the state average.

BUILT ENVIRONMENT

There are the fewest numbers of minority students in Nassau County. Nassau County has the highest graduation rate at 93.8 percent.

Drug sales and carrying weapons are the most frequently reported gang activity. The most dramatic decline in aggravated assault was in Nassau County. Nassau now has the lowest rate in the CHNA region. The rate of forcible sex offenses in Nassau County is well below the state average.

More than one percent of the children in Nassau County showed elevated blood lead levels. Approximately three-quarters of the water system population receive fluoridated water.

In Nassau County, there are more full-service restaurants than fast food restaurants. More than half of the stores available are convenience stores.

DISABILITY

In Nassau County, 36 percent of residents ages 65 and older have a disability; this is higher than the state average of 34.2 percent. The percentage of people with disabilities living in poverty is 19.8 percent, slightly less than the state level (20.7 percent). The percentage of adults who use special equipment due to a health problem is 7.1 percent, lower than the Florida average of 9.3 percent.

The percentage of persons with cognitive difficulty in Nassau County is 3.8 percent, less than the state level of 4.8 percent. The rate of persons with self-care difficulty (3.2 percent) is slightly higher than the state average (2.6 percent). The rate of individuals with ambulatory difficulty is 9.2 percent, higher than the Florida level of 6.9 percent.

PUTNAM COUNTY

PUTNAM COUNTY SELECTED STATISTICS*

* ADDITIONAL COUNTY INFORMATION IN RELATIONSHIP TO OTHER COUNTIES CAN BE FOUND THROUGHOUT THE COMMUNITY HEALTH NEEDS ASSESSMENT REPORT.

COUNTY HEALTH RANKINGS

| | |
|-----------------|-----|
| HEALTH OUTCOMES | #65 |
| HEALTH FACTORS | #61 |

| MEASURE | COUNTY | FLORIDA |
|---|------------|----------|
| POPULATION OVERVIEW | | |
| TOTAL POPULATION | 74,300 | -- |
| RACE | | |
| WHITE | 77.3% | -- |
| BLACK | 16.2% | -- |
| ASIAN | 0.6% | -- |
| 2+ RACES | 1.7% | -- |
| OTHER | 3.6% | -- |
| ETHNICITY | | |
| HISPANIC | 9.0% | -- |
| MEDIAN HOUSEHOLD INCOME | \$33,842 | \$44,409 |
| POVERTY LEVELS | | |
| CHILDREN | 35.6% | 19.5% |
| ALL FAMILIES | 24.6% | 12.0% |
| UNEMPLOYMENT RATE (2010) | 12.6% | 11.5% |
| SCHOOL AND STUDENT POPULATION | | |
| SCHOOL ABSENCE | 17.1% | 9.5% |
| GANG ACTIVITY | | |
| FIGHTING | 67.6% | 45.8% |
| THEFT | 34.3% | 28.5% |
| VANDALISM | 38.3% | 30.4% |
| DRUG SALES | 51.4% | 34.1% |
| CARRYING WEAPONS | 41.1% | 19.5% |
| PUBLIC SAFETY | | |
| UNINTENTIONAL INJURY (RATE PER 100,000) | 86.9 | 41.3 |
| UNINTENTIONAL DROWNINGS – DEATH RATE | 4 | 1.9 |
| MOTOR VEHICLE CRASH (RATE PER 100,000) | 36.5 | 12.6 |
| DOMESTIC VIOLENCE (OFFENSES PER 100,000) | 1,370.5 | 603.4 |
| AGGRAVATED ASSAULT (ARRESTS PER 100,000) | 754.1 | 345.7 |
| LEADING CAUSES OF DEATH (AGE-ADJUSTED RATE) | | |
| CANCER | 212.9 | -- |
| HEART DISEASE | 184.3 | -- |
| CHRONIC LOWER RESPIRATORY DISEASE | 64.6 | -- |
| BUILT ENVIRONMENT | | |
| NATURAL AMENITIES SCALE | 5 OUT OF 5 | |
| ACCESS TO FOOD | | |
| SNAP-AUTHORIZED STORES (PER 1,000 POPULATION) | 1.48 | -- |
| WIC-AUTHORIZED STORES (PER 1,000 POPULATION) | 0.14 | -- |
| FARMERS' MARKETS (PER 1,000 POPULATION) | 0.00 | -- |
| STUDENTS FREE-LUNCH ELIGIBLE | 65.45% | -- |
| HEALTH CARE ACCESS | | |
| LICENSED PRIMARY CARE PHYSICIANS (RATE PER 100,000) | | |
| FAMILY PRACTICE | 9.4 | 19.7 |
| INTERNISTS | 16.0 | 41.8 |
| OB/GYN | 4.0 | 7.9 |
| PEDIATRICIANS | 5.3 | 14.9 |

PUTNAM COUNTY (CONTINUED)

| HEALTH CARE ACCESS (CONTINUED) | | |
|---|---------|---------|
| TOTAL HOSPITAL BEDS (RATE PER 100,000) | 133.5 | 320.6 |
| TOTAL SPECIALTY BEDS (RATE PER 100,000) | 0.0 | 55.4 |
| POPULATION ENROLLED IN MEDICARE | 22.2% | 18.0% |
| POPULATION ENROLLED IN MEDICAID | 25.7% | 15.7% |
| TOTAL LICENSED DENTISTS (RATE PER 100,000) | 21.0 | 62.7 |
| HEALTHY LIFESTYLES AND BEHAVIORS | | |
| PHYSICAL OR BEHAVIORAL HEALTH AS A BARRIER TO PHYSICAL ACTIVITY | 27.2% | 16.8% |
| MIDDLE SCHOOL STUDENTS WITHOUT SUFFICIENT PHYSICAL ACTIVITY | 40.0% | 30.7% |
| OVERWEIGHT MIDDLE SCHOOL STUDENTS (BMI AT OR ABOVE 95 TH PERCENTILE) | 14.3% | 11.7% |
| HEALTH CONDITIONS AND DISEASES | | |
| ASTHMA HOSPITALIZATIONS – AGES 12 TO 18 (RATE PER 100,000) | 411.9 | 330.9 |
| DIABETES DEATHS (RATE PER 100,000) | 37.4 | 19.3 |
| HOSPITALIZATIONS FROM OR WITH DIABETES (RATE PER 100,000) | 3,679.4 | 2,879.4 |
| HOSPITALIZATIONS FROM AMPUTATION OF A LOWER EXTREMITY ATTRIBUTABLE TO DIABETES (RATE PER 100,000) | 52.3 | 30.5 |
| BEHAVIORAL HEALTH AND SUBSTANCE USE | | |
| SUICIDE (RATE PER 100,000) | 18.9 | 13.9 |
| ADULT PSYCHIATRIC BEDS (RATE PER 100,000) | 0 | 18.4 |
| CURRENT SMOKERS | 23.60% | 17.10% |
| MIDDLE SCHOOL STUDENT CIGARETTE USE | 12.00% | 4.90% |
| HIGH SCHOOL SMOKELESS TOBACCO USE | 11.60% | 6.40% |
| MATERNAL AND INFANT HEALTH | | |
| BIRTHS WITH LATE OR NO PRENATAL CARE | 6.90% | 5.10% |
| BIRTHS TO MOTHERS AGES 15 TO 19 (RATE PER 1,000 FEMALES AGE 15-19) | 71.3 | 37.0 |
| BIRTHS TO MOTHERS AGES 10 TO 14 (RATE PER 1,000 FEMALES AGE 15-19) | 1.7 | 0.5 |
| DESIGNATED HEALTH PROFESSIONAL SHORTAGE AREAS | | |
| LOW-INCOME / MIGRANT FARM WORKER | | |

HEALTH DISPARITIES

The percentage of the population that has health insurance of any kind varies greatly across age groups. In Putnam County, residents ages 18 to 44 have a far lower percentage of insured individuals than any other group. Residents ages 65 and older are insured at a rate of more than 99 percent. Percentages of the population that are insured also vary by race, education and income levels. Black individuals are more likely to be insured, as are those with at least a high school diploma and those who make \$50,000 or more.

Overall, cancer rates are higher among White individuals than Black; Hispanic data not provided. Hypertension rates also follow this pattern. Across genders, hypertension, stroke and diabetes occur in a higher percentage of men than women. Black residents have a higher rate of coronary heart disease, stroke and diabetes than their White counterparts. Respiratory diseases, especially asthma, are highest in the Black community.

Cancer rates have fallen since 2008 in all counties except for Putnam. Putnam County is the only one in the region to see an increase in the rate of coronary heart disease from 2008 to 2010. Putnam County has the highest percentage of adults with diagnosed diabetes.

PUTNAM COUNTY (CONTINUED)

The percentage of obese individuals is highest in Putnam County. The Black community has a slightly smaller percentage of overweight or obese individuals. Nearly 40 percent of Putnam County middle and high school students do not get enough physical activity.

Putnam County had the lowest percentage of births with early prenatal care at 69.2 percent. Births with late or no prenatal care were the highest in Putnam County. Black and Hispanic women were less likely to have first trimester prenatal care, and Hispanic women were most likely to have late or no prenatal care at all. Black women were most likely to have a low birth weight baby. Putnam County's rate of Hispanic births with late or no prenatal care was more than 70 percent higher than that of the state (9.5 and 5.5, respectively).

Putnam County had the highest rate of births to young mothers ages 15 to 19 between 2008 and 2010 (71.3 rate per 1,000 females) and was nearly double that of the state rate (37 rate per 1,000). Black and Hispanic residents showed the highest rates of births to mothers ages 15 to 19 (98.1 and 85.8 per 1,000 females, respectively) and were also on the approximate order of double the state rates (57.2 and 42.2 rate per 1,000 females, respectively). The rate of births to mothers ages 10 to 14 in Putnam County (1.7 rate per 1,000 females) was more than three times that of the state rate (0.5 rate per 1,000 females).

PREVENTIVE HEALTH CARE

Generally, access to dental care declines as income declines. While the percentage of low-income persons with access to dental care in all five counties is considered low, the percentage of low-income residents accessing dental services is near the percentage for the state of Florida. The rate of adults who had permanent tooth removal due to tooth decay or gum disease was highest in Putnam County for both White and Black adults at 64.8 and 74.6 percent to the state percentages of 52.1 and 62.4, respectively. Putnam County also had the lowest percentages for dental visits and teeth cleanings; White residents visited a dentist or dental clinic and had their teeth cleaned more often than Black residents.

Survey respondents indicated that dental care is the third most frequently delayed service (behind "visit to doctor" and "medical test, exam or screening"). Putnam County has the lowest rate of licensed dentists in the Community Health Needs Assessment (CHNA) region, and only one-third of the state level. In a county of close to 75,000 people, there are only three optometrists and two audiologists. Black residents reported higher levels of good behavioral health than their White counterparts.

Rates of unintentional injury during 2010 were highest in Putnam County (86.9 per 100,000), a stark increase from the two years prior. The unintentional drowning rate is double that of the state level. The 2010 rate for motor vehicle crashes in Putnam County was the highest in the region at 36.5 per 100,000.

Immunization levels for kindergarten-aged children sat just above the state level in 2010.

Putnam County has the highest percentage of current smokers in the assessment region (23.6 percent). The percentage of middle school-age smokers is highest in Putnam County (12 percent). A much larger percentage of men smoke than women.

For some, physical barriers (i.e., disability, injury) or behavioral health difficulties make physical activity challenging. This is the case for more than a quarter of Putnam County residents.

PUTNAM COUNTY (CONTINUED)**BUILT ENVIRONMENT**

The graduation rate for Putnam County students is 75.5 percent. This is less than the state level of 80.1 percent. Additionally, the school absence data are much higher than the rest of the CHNA region, as well as the state of Florida. Gang activity (i.e., fighting, theft, vandalism, drug sales, carrying weapons) in Putnam County is overall higher than the rest of the CHNA region and the state of Florida.

Domestic violence rates in Putnam County have increased since 2008 and are double that of the state rate. The rate of aggravated assault in Putnam County is consistently above the state average. Homicide rates have stayed about the same in all counties except for Putnam, where there was a drop from 11.0 to 7.7. However, this is still above the state level.

Putnam County was given a score of “5” (out of “5”) on the Natural Amenities Scale. In Putnam County there are three times as many convenience stores than all of the other types of stores (supercenters, grocery stores, specialized food stores) combined. The percentage of students eligible for free or reduced school lunch is highest in Putnam County (nearly 75 percent).

DISABILITY

The percentage of adults with disabilities is greatest in Putnam County.

ST. JOHNS COUNTY

ST. JOHNS COUNTY SELECTED STATISTICS*

* ADDITIONAL COUNTY INFORMATION IN RELATIONSHIP TO OTHER COUNTIES CAN BE FOUND THROUGHOUT THE COMMUNITY HEALTH NEEDS ASSESSMENT REPORT.

COUNTY HEALTH RANKINGS

| | |
|-----------------|----|
| HEALTH OUTCOMES | #1 |
| HEALTH FACTORS | #1 |

| MEASURE | COUNTY | FLORIDA |
|--|------------|----------|
| POPULATION OVERVIEW | | |
| TOTAL POPULATION | 194,400 | -- |
| RACE | | |
| WHITE | 89.3% | -- |
| BLACK | 5.6% | -- |
| ASIAN | 2.1% | -- |
| 2+ RACES | 1.8% | -- |
| OTHER | 0.8% | -- |
| ETHNICITY | | |
| HISPANIC | 5.2% | -- |
| MEDIAN HOUSEHOLD INCOME | \$58,888 | \$44,409 |
| UNEMPLOYMENT RATE (2010) | 9.5% | 11.5% |
| PUBLIC SAFETY | | |
| FORCIBLE SEXUAL OFFENSES (PER 100,000) | 16.1 | 52.6 |
| HOMICIDE (PER 100,000) | 2.9 | 6.7 |
| LEADING CAUSES OF DEATH (AGE-ADJUSTED RATE) | | |
| CANCER | 153.0 | -- |
| HEART DISEASE | 113.3 | -- |
| CHRONIC LOWER RESPIRATORY DISEASE | 34.3 | -- |
| BUILT ENVIRONMENT | | |
| NATURAL AMENITIES SCALE | 5 OUT OF 5 | |
| ACCESS TO FOOD | | |
| SNAP-AUTHORIZED STORES (PER 1,000 POPULATION) | 0.53 | -- |
| WIC-AUTHORIZED STORES (PER 1,000 POPULATION) | 0.11 | -- |
| FAST FOOD RESTAURANTS (PER 1,000 POPULATION) | 0.60 | -- |
| FARMERS' MARKETS (PER 1,000 POPULATION) | 0.02 | -- |
| HEALTH CARE ACCESS | | |
| LICENSED PRIMARY CARE PHYSICIANS (RATE PER 100,000) | | |
| FAMILY PRACTICE | 14.5 | 19.7 |
| INTERNISTS | 28.5 | 41.8 |
| OB/GYN | 4.8 | 7.9 |
| PEDIATRICIANS | 9.1 | 14.9 |
| TOTAL HOSPITAL BEDS (RATE PER 100,000) | 172.9 | 320.6 |
| SKILLED NURSING UNIT BEDS (RATE PER 100,000) | 7.5 | 2 |
| POPULATION ENROLLED IN MEDICARE | 17.5% | 18.0% |
| POPULATION ENROLLED IN MEDICAID | 7.7% | 15.7% |
| HEALTH CONDITIONS AND DISEASES | | |
| MIDDLE SCHOOL STUDENTS WITH ASTHMA | 22.80% | 18.00% |
| BEHAVIORAL HEALTH AND SUBSTANCE USE | | |
| SUICIDE (RATE PER 100,000) | 15.9 | 13.9 |
| CHILD/ADOLESCENT PSYCHIATRIC BEDS (RATE PER 100,000) | 0.0 | 3.0 |
| HIGH SCHOOL STUDENT CIGARETTE USE | 15.70% | 13.10% |
| BINGE DRINKING AMONG ADULTS | 21.50% | 15.00% |
| MATERNAL AND INFANT HEALTH | | |
| BIRTHS WITH FIRST TRIMESTER PRENATAL CARE | 84.90% | 78.10% |

ST. JOHNS COUNTY (CONTINUED)**DESIGNATED HEALTH PROFESSIONAL SHORTAGE AREAS****LOW-INCOME – WEST ST. JOHNS COUNTY****HEALTH DISPARITIES**

St. Johns County respondents were most satisfied with the health care services in their county (79 percent) and submitted the highest level of “excellent” ratings (30 percent).

The percentage of the population that has health insurance of any kind varies greatly across age groups. In St. Johns County, adults ages 18 to 44 have a lower percentage of insured individuals than any other group. Residents ages 65 and older are more than 98 percent insured. Percentages of the population that are insured also vary by education and income levels. Data for Black individuals was not reported.

St. Johns County has seen a decrease in the number of licensed dentists. While the number of dentists does play a part in the accessibility of dental care, focus group participants feel that insurance coverage dictates which health services are accessible to each person, especially dentists. Residents of St. Johns County had the highest percentage of recent dental visits and the lowest percentage of having a permanent tooth removed. Data for their Black counterparts was not provided.

Affordability (a barrier to care) plays a role in the decisions for residents to take care of their health. Of those survey respondents who stated that they had delayed health care services, the three most frequently noted reasons for delaying health care treatment were “inability to pay” (38 percent), “no insurance” (35 percent) and “concerned about spending in current economy” (33 percent).

Black residents of St. Johns County present higher rates of cancer, diabetes deaths and hypertension deaths.

Males exhibit higher levels of hypertension, stroke and diabetes.

St. Johns County has the lowest infant mortality rate and lowest rate of low birth weight babies. White mothers are most likely to receive first trimester prenatal care, while Black mothers are most likely to receive little or no prenatal care. Black women are also more likely to have a low birth weight baby. Teenage mothers (ages 15 to 19) are usually Black in St. Johns County.

PREVENTIVE HEALTH CARE

St. Johns County has the lowest rate of unintentional injury, unintentional drowning and motor vehicle crashes. Levels of all three of these indicators are below the state average.

St. Johns County residents have the least amount of trouble with mental or physical barriers to physical activity. This county also sees the lowest number of students without sufficient physical activity; it is the only county that lies below the state level.

St. Johns County showed the highest levels of overall positive perception of their health and behavioral health. Binge drinking among adults had declined in all counties except for St. Johns.

ST. JOHNS COUNTY (CONTINUED)

Females are slightly more likely to smoke tobacco.

St. Johns County reported the lowest levels of overweight middle and high school students.

St. Johns County reported an improvement for immunizations in kindergarten-aged children from 88.6 to 91.2 percent in 2008, but continued to be lowest rate for the region. Seniors in St. Johns County boast the highest percentage of pneumonia and flu vaccinations.

BUILT ENVIRONMENT

St. Johns County has the second highest graduation rate and the second lowest level of gang activity.

Domestic violence, aggravated assault, forcible sex offenses and homicide levels are all substantially lower than the state level.

St. Johns County scored a “5” (out of “5”) on the Natural Amenities Scale. Additionally, it was the only county to report zero percent of children with elevated blood lead levels. Only 39 percent of the water system population gets fluoridated water.

There are substantially more full-service restaurants than fast food restaurants in St. Johns County. However, there are still only 0.02 farmers’ markets per 1,000 people and convenience stores are more common than grocery stores, specialized food stores or supercenters.

A common theme in the focus groups was the challenges presented by a lack of transportation, especially when trying to obtain health care. A handful of participants mentioned that transportation needs extend beyond getting to and from medical centers, but that is all that is provided by the public transportation system.

DISABILITY

In St. Johns County, 31.7 percent of residents ages 65 and older have a disability; this is lower than the state average of 34.2 percent and the lowest in the Community Health Needs Assessment region. The percentage of people with disabilities living in poverty is 20.7 percent, exactly the same as the state level. The percentage of adults who use special equipment due to a health problem is 7.9 percent, lower than the Florida average of 9.3 percent.

The percentage of persons with cognitive difficulty in St. Johns County is 3.1 percent, less than the state level of 4.8 percent. The rate of persons with self-care difficulty (2.6 percent) is exactly the same as the state average. The percentage of individuals with ambulatory difficulty is 5.9 percent, lower than the Florida level of 6.9 percent.



CHAPTER 11: PRIORITIZING THE NEEDS

After a thorough review and analysis of both the primary and secondary data along with the integration of the county health departments' MAPP strategic priorities, County Health Rankings and other community data, three major themes and specific community needs were identified for each hospital sector (Acute, Pediatric and Comprehensive Rehabilitation) participating in the assessment: Health Disparities, Preventive Health Care and the Built Environment. The three assessment themes reflect the collection and analysis of extensive data and are consistent with the *Healthy People 2020* National Goals and the National Prevention Strategy:

PEDIATRIC OUTCOMES

Health Disparities

(Race, Socio-Economic and Sexual Orientation)

- Infant Mortality
- Childhood Obesity
- Childhood Asthma
- Sports-Related Concussions
- Sexually Transmitted Diseases (STDs)
- Immunizations

Built Environment

- Access to Food/Food Deserts
- Education Outcomes
- Physical Activity
- Childhood Obesity
- Air Quality/Asthma
- Crime/Homicide

Preventive Health Care

- Access to KidCare
- Dental Exams and Treatment
- Eye Exams and Glasses
- Behavioral Health
 - Suicide
 - Substance Abuse
 - Marijuana
 - Binge drinking
 - Smoking and smokeless tobacco
- Unintentional Injuries
 - Drowning
 - Automobile Crashes
- Type II Childhood Diabetes
- Head Injuries

COMPREHENSIVE REHABILITATION OUTCOMES

Health Disparities

(Race, Socio-Economic and Sexual Orientation)

- Communicable Diseases
 - Influenza and Pneumonia
- Chronic Diseases
 - Prostate Cancer
 - Heart Disease
 - Hypertension
 - Congestive heart failure
 - Diabetes
 - Stroke
- Adult Obesity
- Behavioral Health

Preventive Health Care

- Health Insurance Coverage
- Prescription Assistance
- Head and Spinal Cord Injuries
- Nutrition
- Chronic Disease Health Screening
 - Hypertension
 - Diabetes
 - Heart Disease
- Unintentional Injuries
 - Motor Vehicle Crashes
- Dental Exams and Treatment
- Eye Exams and Glasses
- Behavioral Health Screening
 - Substance Abuse
 - Suicide

COMPREHENSIVE REHABILITATION OUTCOMES, CONT'D.

Built Environment

- Mobility
- Walkable Neighborhoods/Communities
- Handicapped/Disabled Person Parking Accessibility
- Access to Food/Food Deserts
- Physical Activity/Obesity

ACUTE CARE OUTCOMES

Health Disparities

(Race, Socio-Economic and Sexual Orientation)

- Infant Mortality
- Communicable Diseases
 - Sexually Transmitted Diseases (STDs), including HIV
 - Influenza and Pneumonia
 - Hepatitis
- Chronic Diseases
 - Prostate Cancer
 - Heart Disease
 - Hypertension
 - Congestive heart failure
 - Diabetes
 - Stroke
- Adult Obesity
- Substance Abuse

Built Environment

- Access to Food/Food Deserts
- Clean and Healthy Environment
 - Air and Water Quality
 - Asthma
 - Respiratory Illness
- Physical Activity
 - Obesity
- Transportation
- Housing
- Childhood Obesity
- Crime/Homicide

Preventive Health Care

- Smoking and Smokeless Tobacco
- Nutrition
- Unintentional Injuries
 - Motor Vehicle Crashes
- Dental Exams and Treatment
- Eye Exams and Glasses
- Pap Smear Screenings
- Prostate Screening
- Mammography
- Behavioral Health
 - Substance Abuse
 - Suicide

PRIORITY-SETTING AND RANKING

Members of The Partnership participated in the priority-setting process using the “Ranking” methodology. Members were asked to rank the identified themes and their respective community needs with a numerical score based on a scale of one to five (one being the most pressing need and five being the least pressing need). This exercise helped members of The Partnership develop a more complete picture of the needs and assets compared to the existing community resources dedicated to addressing each need identified.

The rankings of each hospital’s priorities were placed in a comprehensive “Priorities” table and shared with each member of The Partnership. Finally, the members of The Partnership discussed their rationale behind their respective rankings. After much discussion, negotiations on collective impact opportunities occurred as well as gaps in the community. Participants were given a chance to change their rankings accordingly.

In the end, each hospital identified and agreed upon two to five strategic health needs as their highest priority and worthy of inclusion in their respective Strategic Implementation Plans. Each hospital then engaged and/or developed employee/staff/community “implementation teams” to vet and accept the selected priorities.

Baptist Medical Center Jacksonville, Duval County

Heart Disease, Stroke, Diabetes, Nutrition, Mammogram, Infant Mortality, Behavioral Health, Smoking Cessation, Access to Food and Physical Activity

Baptist Medical Center Beaches, Duval County (specifically Atlantic, Neptune and Jacksonville Beaches)

Heart Disease, Stroke, Diabetes, Nutrition, Mammogram, Smoking Cessation, Access to Food and Physical Activity

Baptist Medical Center Nassau, Nassau County

Heart Disease, Stroke, Diabetes, Nutrition, Mammogram, Smoking Cessation, Access to Food and Physical Activity

Baptist Medical Center South, Duval and Northern St. Johns Counties

Heart Disease, Stroke, Diabetes, Nutrition, Mammogram, Infant Mortality, Smoking Cessation, Access to Food and Physical Activity

Brooks Rehabilitation, Duval and St. Johns Counties

Stroke, Head and Spinal Cord Injuries, Behavioral Health/Depression and Physical Activity

Mayo Clinic, Duval County

Adult Obesity

St. Vincents Medical Center Riverside, Duval, Clay and Putnam Counties

Infant Mortality, Heart Disease, Diabetes, Childhood and Adult Immunizations, KidCare, Mammogram, Type II Diabetes Screening, Access to Food, Childhood Obesity

St. Vincents Medical Center Southside, Duval County

Infant Mortality, Heart Disease, Childhood and Adult Immunizations, KidCare, Mammogram, Type II Diabetes Screening, Access to Food, Childhood Obesity

UF/Shands, Duval County

Infant Mortality, Heart Disease, Stroke, Diabetes, Nutrition, Mammogram, Smoking Cessation, Unintentional Injuries, Behavioral Health, Pap Smear Screening, Access to Food, Childhood Obesity

Wolfson Children's Hospital, Duval

Infant Mortality, Childhood Obesity, Asthma, Head Injury/Concussions, Sexually Transmitted Infections, Immunizations, KidCare, Eye Exams/Glasses, Behavioral Health, Unintentional Injuries, Type II Diabetes Screening, Access to Food, Childhood Obesity, Physical Activity, Crime

COMMUNITY ASSETS TO ADDRESS THE NEEDS

The five counties that comprise The Partnership's service area have many resources already in place to address the health needs of the population not included in The Partnership's priority list. The Partnership recognizes the strengths of each community in the service area, and will work to support and complement organizations that are also working to improve the health and well being of the population.

Duval County Health Department, Clay County Health Department, Nassau County Health Department, Putnam County Health Department and St. Johns County Health Department each provide leadership and coordination of public health services and data collection. All five county health departments produce a Comprehensive Health Improvement Plan (CHIP) that unites service providers from across the counties in collecting and analyzing data, setting objectives and priorities, and coordinating services to reduce duplication of effort. Representatives from all five health care systems are active members on each of these CHIP community coalitions.

The Healthy Jacksonville Coalition, Partnership for a Healthier Nassau, Clay County Health Assessment Task Force, Healthy Putnam County and the St. Johns County Health Leadership Council are each working to develop comprehensive wellness plans to address the public health needs of their communities. Representatives from all five health care systems are active members on each of these coalitions.

Large and small local organizations dedicated to serving low-income and medically-underserved populations provide food, emergency financial and housing assistance, social support, and access to free or reduced-cost medical, dental, vision, hearing and behavioral health care. These organizations include, but are not limited to, the following (see next page):

| CLAY | DUVAL | NASSAU | PUTNAM | ST. JOHNS |
|--|---------------------------------|---------------------------------|--------------------------------------|--|
| AGAPE HOUSE | AGAPE FQHC | BARNABAS CLINIC | A WOMEN'S RESOURCE CENTER OF PALATKA | ADMINISTRATION SERVING THE DEAF |
| CLAY BEHAVIORAL HEALTH CENTER | DUVAL COUNTY HEALTH DEPARTMENT | NASSAU COUNTY HEALTH DEPARTMENT | ARC OF PUTNAM COUNTY, INC. | CARING HANDS CARING COMMUNITY |
| CLAY CTY. COUNCIL ON AGING (CCOA) | UNITED WAY OF NORTHEAST FLORIDA | UNITED WAY OF NORTHEAST FLORIDA | COMMUNITIES IN SCHOOLS OF NE FL | CELEBRATION OF HOPE |
| CCOA - ADULT DAY HEALTH CARE | | | ELC OF PUTNAM AND ST. JOHNS COUNTIES | CHILDREN'S NUTRITION OF FL |
| CLAY CTY. HABITAT FOR HUMANITY | | | KIWANIS CLUB OF PALATKA FOUNDATION | COMMUNITIES IN SCHOOLS OF SJC |
| CLAY COUNTY HEALTH DEPARTMENT | | | MT. CARMEL COMM. RESOURCE CTR. | EMERGENCY SVCS & HOMELESS COALITION OF SJC |
| CLAY CTY. POLICE ACTIVITIES LEAGUE | | | PALATKA POLICE ATHLETIC LEAGUE | EPIC COMMUNITY SERVICES, INC. |
| CLAY CTY. SCHOOL BOARD, PROJECT REACH KIDS PROGRAM | | | PALATKA MAIN STREET, INC. | FALCON REGIMENT BOOSTER ASSOC. |
| CLAY CTY. VICTIMS SERVICES | | | PUTNAM CTY. AIDS TASK FORCE, INC. | FLAGLER HEALTH CARE FOUNDATION |
| CLAY TRANSIT | | | PUTNAM CARE COALITION | FLAGLER HOSPITAL |
| DENTAL CLINIC | | | PUTNAM CTY. ALCOHOL & DRUG COUNCIL | FLORIDA COUNCIL OF TEACHERS OF ENGLISH |
| DIGNITY U WEAR FOUNDATION | | | PUTNAM CTY. ANTI-DRUG COALITION | FLORIDA GANG INVESTIGATORS ASSOC. |
| DOMESTIC VIOLENCE HOTLINE | | | PUTNAM COUNTY HEALTH DEPARTMENT | FRIENDS OF ADULT DAY SERVICES |
| EPISCOPAL CHILDREN'S SERVICES | | | PUTNAM CTY. ENVIRONMENTAL COUNCIL | HABITAT FOR HUMANITY INT'L. |
| FIRST COAST WOMEN'S SERVICES | | | UNITED WAY OF PUTNAM COUNTY | HEAL FOUNDATION |
| FLORIDA CONSUMER ACTION COUNCIL FOR MENTAL HEALTH | | | | NORTH FLORIDA LAND TRUST |
| PROJECT S.O.S. | | | | PGA TOUR CHARITIES |
| QUIGLEY HOUSE | | | | ROTARY YOUTH EXCHANGE FLORIDA |
| ST. VINCENT'S HEALTHCARE | | | | SAFE PET RESCUE |
| VISION IS PRICELESS COUNCIL | | | | SAFETY SHELTER OF SJC |
| THE WAY FREE CLINIC | | | | SENIORS ON A MISSION |
| UNITED WAY OF NORTHEAST FLORIDA | | | | SHILOH SPIRITUAL CENTER |
| YMCA OF FLORIDA'S FIRST COAST | | | | SJC COUNCIL ON AGING |
| | | | | ST. JOHNS COUNTY HEALTH DEPARTMENT |
| | | | | ST. JOHNS HOUSING PARTNERSHIP |
| | | | | THE ARC OF ST. JOHNS COUNTY |
| | | | | UNITED WAY OF SJC |

NEEDS NOT ADDRESSED IN ASSESSMENT

One of the top priority risk factors identified in the community health assessment—Built Environment—will not be addressed directly by hospital-led initiatives. The community health survey showed that many residents in the hospital service areas do not have pedestrian paths or grocery stores in their neighborhood. Walk-ability and ease of access to grocery stores can be major barriers to regular participation in physical activity and access to fresh fruits and vegetables. That said, none of the participating hospital partners are in a position to directly impact these issues. However, all of the partners are committed to improving the health and wellness of our communities, and fully support local government and wellness coalitions in their efforts to positively impact these issues.

Transportation effects access to care, particularly among the low-income and medically-underserved populations. Other local organizations such as the Area Agency on Aging, Council on Aging and local transportation systems are already working to address transportation needs in the area. Therefore, the participating partners will not directly address this issue with any new initiatives.

COMMUNITY NEEDS ASSESSMENT TAKEAWAYS

The Jacksonville Metropolitan Community Benefit Partnership’s community health assessment includes a wealth of data from both primary and secondary sources about the health and well being of residents of the five-county area covered by the community health needs assessment. It also identifies a number of areas of concern, which should lead to further investigation and continued collaborative action among the Partners. Participants of this multi-system Partnership developed transformative and unprecedented takeaways from this collaborative assessment process. Throughout the assessment, The Partnership discovered areas for future community benefit collaboration: they identified areas of overlap and duplication among the systems and county health departments, community-based organizations and local government; areas where additional services are needed; and areas primed for intense “collective impact” strategies such as addressing the epidemic of obesity.

Further Takeaways:

- The Northeast Florida’s health, human service, aging, disability, environmental and philanthropic community should align community benefit programs and funding patterns with the priorities and key findings of The Partnership’s community needs assessment.
- The Northeast Florida’s population health status should be tracked, measured and monitored through the Northeast Florida Counts health-related quality of life indicator platform.
- *Access to Health Care was identified by The Partnership as the single most important issue in Northeast Florida.
- Health care and community health should evolve from a system of sick care to one based on wellness and prevention.
- The Northeast Florida health community should embrace a holistic approach (physical, emotional, place, mind and spirit) to improve individual health outcomes.

* Access to Health Care is defined as: Any person who is insured, underinsured or uninsured who has a disruption or barrier to obtaining information on community resources, obtaining affordable health, dental, behavioral health insurance coverage, obtaining durable medical equipment, obtaining transportation, filling prescriptions or securing a primary care physician.

APPENDICES

COMMUNITY HEALTH SURVEY 2012 DEMOGRAPHICS

| RESPONDENTS | TOTAL | COUNTY | | | |
|-------------|-------|--------|-------|--------|-----------|
| | | CLAY | DUVAL | NASSAU | ST. JOHNS |
| NUMBER | 934 | 123 | 605 | 49 | 157 |
| PERCENT | 100% | 13.2% | 64.8% | 5.2% | 16.8% |

NUMBERS TAKEN FROM "HOW LONG HAVE YOU LIVED IN YOUR COUNTY?"

| GENDER | TOTAL | COUNTY | | | |
|--------|-----------|-----------|-----------|----------|-----------|
| | | CLAY | DUVAL | NASSAU | ST. JOHNS |
| | (N = 930) | (N = 121) | (N = 605) | (N = 49) | (N = 155) |
| MALE | 34 | 32 | 33 | 33 | 41 |
| FEMALE | 66 | 68 | 67 | 67 | 59 |
| TOTAL | 100% | 100% | 100% | 100% | 100% |

| AGE | TOTAL | COUNTY | | | |
|--------------|-----------|-----------|-----------|----------|-----------|
| | | CLAY | DUVAL | NASSAU | ST. JOHNS |
| | (N = 935) | (N = 124) | (N = 605) | (N = 49) | (N = 157) |
| 18 TO 24 | 12 | 10 | 13 | 15 | 7 |
| 25 TO 34 | 19 | 12 | 22 | 8 | 12 |
| 35 TO 44 | 18 | 18 | 19 | 15 | 16 |
| 45 TO 54 | 20 | 26 | 19 | 17 | 21 |
| 55 TO 64 | 15 | 18 | 14 | 19 | 18 |
| 65 TO 74 | 8 | 12 | 6 | 12 | 15 |
| 75 TO 84 | 6 | 4 | 5 | 15 | 8 |
| 85 AND OLDER | 1 | 1 | 1 | 0 | 3 |
| TOTAL | 100% | 100% | 100% | 100% | 100% |

*DATA ROUNDED

COMMUNITY HEALTH SURVEY 2012 DEMOGRAPHICS (CONTINUED)

| RACE/ETHNIC IDENTIFICATION | TOTAL | COUNTY | | | |
|----------------------------|-------------|-------------|-------------|-------------|-------------|
| | | CLAY | DUVAL | NASSAU | ST. JOHNS |
| | | (N = 121) | (N = 604) | (N = 47) | (N = 157) |
| | (N = 929) | | | | |
| WHITE | 75 | 88 | 68 | 93 | 93 |
| AFRICAN-AMERICAN | 16 | 5 | 22 | 5 | 1 |
| ASIAN | 3 | 2 | 4 | 0 | 1 |
| OTHER/MULTI-RACIAL | 2 | 2 | 3 | 0 | 2 |
| HISPANIC | 3 | 2 | 3 | 2 | 4 |
| TOTAL | 100% | 100% | 100% | 100% | 100% |

*DATA ROUNDED

| HISPANIC HERITAGE | TOTAL | COUNTY | | | |
|-------------------|-------------|-------------|-------------|-------------|-------------|
| | | CLAY | DUVAL | NASSAU | ST. JOHNS |
| | | (N = 121) | (N = 605) | (N = 48) | (N = 157) |
| | (N = 931) | | | | |
| YES | 3 | 2 | 3 | 2 | 4 |
| NO | 97 | 98 | 97 | 98 | 96 |
| TOTAL | 100% | 100% | 100% | 100% | 100% |

COMMUNITY HEALTH SURVEY 2012 DEMOGRAPHICS (CONTINUED)

| EMPLOYMENT | TOTAL | COUNTY | | | |
|--|-------------|-------------|-------------|-------------|-------------|
| | | CLAY | DUVAL | NASSAU | ST. JOHNS |
| | | (N = 123) | (N = 605) | (N = 49) | (N = 156) |
| | (N = 933) | | | | |
| EMPLOYED – FULL-TIME | 43 | 38 | 45 | 29 | 40 |
| EMPLOYED – PART-TIME | 10 | 13 | 9 | 17 | 8 |
| RETIRED | 19 | 23 | 15 | 31 | 27 |
| FULL-TIME HOMEMAKER | 6 | 5 | 6 | 6 | 9 |
| DISABLED | 4 | 3 | 4 | 3 | 3 |
| NOT EMPLOYED AND LOOKING FOR WORK | 9 | 10 | 10 | 3 | 4 |
| NOT EMPLOYED AND NOT LOOKING FOR WORK | 1 | 0 | 1 | 1 | 2 |
| FULL-TIME STUDENT | 6 | 2 | 9 | 10 | 4 |
| MILITARY | 1 | 3 | 1 | 0 | 0 |
| OTHER | 1 | 2 | 1 | 0 | 3 |
| TOTAL | 100% | 100% | 100% | 100% | 100% |

DATA ROUNDED

| INCOME | TOTAL | COUNTY | | | |
|----------------------|-------------|-------------|-------------|-------------|-------------|
| | | CLAY | DUVAL | NASSAU | ST. JOHNS |
| | | (N = 118) | (N = 591) | (N = 46) | (N = 150) |
| | (N = 905) | | | | |
| LESS THAN \$15,000 | 9 | 4 | 10 | 7 | 4 |
| \$15,000 TO \$24,999 | 11 | 10 | 13 | 12 | 5 |
| \$25,000 TO \$34,999 | 11 | 9 | 11 | 19 | 8 |
| \$35,000 TO \$49,999 | 18 | 11 | 21 | 8 | 12 |
| \$50,000 TO \$74,999 | 24 | 33 | 22 | 15 | 31 |
| \$75,000 TO \$99,999 | 12 | 11 | 12 | 14 | 14 |
| \$100,000 OR MORE | 15 | 22 | 11 | 26 | 25 |
| TOTAL | 100% | 100% | 100% | 100% | 100% |

DATA ROUNDED

COMMUNITY HEALTH SURVEY 2012 DEMOGRAPHICS (CONTINUED)

| HIGHEST GRADE OF SCHOOL COMPLETED | TOTAL (N = 933) | COUNTY | | | |
|---|--------------------|---|--------------------|--------------------|------------------------|
| | | CLAY (N = 123) | DUVAL (N = 604) | NASSAU (N = 49) | ST. JOHNS (N = 157) |
| | | NEVER ATTENDED SCHOOL OR ONLY ATTENDED KINDERGARTEN | 0 | 0 | 0 |
| GRADES 1 THROUGH 8 (ELEMENTARY) | 0 | 0 | 0 | 0 | 0 |
| GRADES 9 THROUGH 11 (SOME HIGH SCHOOL) | 2 | 2 | 2 | 3 | 0 |
| GRADE 12 OR GED (HIGH SCHOOL GRADUATE) | 17 | 15 | 19 | 14 | 10 |
| COLLEGE 1 YEAR TO 3 YEARS, NO DEGREE (SOME COLLEGE OR TECHNICAL SCHOOL) | 25 | 25 | 26 | 30 | 21 |
| TWO-YEAR COLLEGE DEGREE (AA, AS) | 11 | 15 | 11 | 8 | 13 |
| COLLEGE, 4 YEARS OR MORE WITH DEGREE (BA, BS) | 29 | 31 | 28 | 26 | 34 |
| GRADUATE DEGREE (MASTERS OR PHD) | 14 | 10 | 13 | 19 | 21 |
| OR OTHER | 1 | 2 | 0 | 0 | 1 |
| TOTAL | 100% | 100% | 100% | 100% | 100% |

DATA ROUNDED

| FORECLOSURES IN THE LAST YEAR | TOTAL (N = 930) | COUNTY | | | |
|-------------------------------|--------------------|-------------------|--------------------|--------------------|------------------------|
| | | CLAY (N = 123) | DUVAL (N = 601) | NASSAU (N = 49) | ST. JOHNS (N = 157) |
| | | YES | 3 | 7 | 3 |
| NO | 96 | 93 | 96 | 100 | 98 |
| NOT SURE | 0 | 0 | 0 | 0 | 0 |
| REFUSED | 0 | 0 | 0 | 0 | 0 |
| TOTAL | 100% | 100% | 100% | 100% | 100% |

DATA ROUNDED

COMMUNITY HEALTH SURVEY 2012 DEMOGRAPHICS (CONTINUED)

| SEXUAL ORIENTATION | TOTAL (N = 813) | COUNTY | | | |
|--------------------------|--------------------|-------------------|--------------------|--------------------|------------------------|
| | | CLAY (N = 112) | DUVAL (N = 516) | NASSAU (N = 42) | ST. JOHNS (N = 143) |
| | | GAY OR LESBIAN | 3 | 0 | 4 |
| BISEXUAL | 3 | 2 | 4 | 0 | 1 |
| HETEROSEXUAL OR STRAIGHT | 95 | 98 | 92 | 100 | 99 |
| TOTAL | 100% | 100% | 100% | 100% | 100% |

DATA ROUNDED

COMMUNITY HEALTH FOCUS GROUP 2012 DEMOGRAPHICS

| RESPONDENTS | TOTAL | COUNTY | | | |
|-------------|-------|--------|-------|--------|-----------|
| | | CLAY | DUVAL | NASSAU | ST. JOHNS |
| NUMBER | 148 | 6 | 122 | 7 | 13 |
| PERCENT | 100% | 4% | 82% | 5% | 9% |

| GENDER | TOTAL (N = 148) | COUNTY | | | |
|--------|--------------------|-----------------|--------------------|-------------------|-----------------------|
| | | CLAY (N = 6) | DUVAL (N = 122) | NASSAU (N = 7) | ST. JOHNS (N = 13) |
| | | MALE | 43% | 33% | 41% |
| FEMALE | 57% | 67% | 60% | 57% | 46% |

| AGE | TOTAL (N = 148) | COUNTY | | | |
|--------------|--------------------|-----------------|--------------------|-------------------|-----------------------|
| | | CLAY (N = 6) | DUVAL (N = 122) | NASSAU (N = 7) | ST. JOHNS (N = 13) |
| | | UNDER 18 | 1% | 0% | 6% |
| 18 TO 29 | 13% | 0% | 7% | 29% | 15% |
| 30 TO 46 | 34% | 33% | 37% | 14% | 54% |
| 47 TO 65 | 48% | 67% | 35% | 57% | 31% |
| 66 TO 84 | 4% | 0% | 16% | 0% | 0% |
| 85 AND OLDER | 0% | 0% | 0% | 0% | 0% |

COMMUNITY HEALTH FOCUS GROUP 2012 DEMOGRAPHICS (CONTINUED)

| RACE | TOTAL | COUNTY | | | |
|----------------------------------|-----------|---------|-----------|---------|-----------|
| | | CLAY | DUVAL | NASSAU | ST. JOHNS |
| | | (N = 6) | (N = 122) | (N = 6) | (N = 13) |
| | (N = 147) | | | | |
| BLACK, AFRICAN AMERICAN | 10% | 17% | 14% | 0% | 8% |
| WHITE, CAUCASIAN | 68% | 67% | 79% | 50% | 77% |
| AMERICAN INDIAN OR ALASKA NATIVE | 0% | 0% | 0% | 0% | 0% |
| ASIAN OR PACIFIC ISLANDER | 0% | 0% | 1% | 0% | 0% |
| OTHER | 22% | 17% | 7% | 50% | 15% |

DATA ROUNDED

| SPANISH/ HISPANIC/LATINO | TOTAL | COUNTY | | | |
|-----------------------------|-----------|---------|-----------|---------|-----------|
| | | CLAY | DUVAL | NASSAU | ST. JOHNS |
| | | (N = 6) | (N = 121) | (N = 7) | (N = 13) |
| | (N = 147) | | | | |
| YES | 25% | 33% | 8% | 57% | 0% |
| NO | 74% | 67% | 92% | 43% | 96% |

DATA ROUNDED

| SEXUAL ORIENTATION | TOTAL | COUNTY | | | |
|--------------------------|-----------|---------|-----------|---------|-----------|
| | | CLAY | DUVAL | NASSAU | ST. JOHNS |
| | | (N = 6) | (N = 116) | (N = 7) | (N = 13) |
| | (N = 142) | | | | |
| HETEROSEXUAL OR STRAIGHT | 100% | 100% | 100% | 100% | 100% |
| GAY OR LESBIAN | 0% | 0% | 0% | 0% | 0% |
| BISEXUAL | 0% | 0% | 0% | 0% | 0% |

| HOUSEHOLD INCOME | TOTAL | COUNTY | | | |
|----------------------|-----------|---------|-----------|---------|-----------|
| | | CLAY | DUVAL | NASSAU | ST. JOHNS |
| | | (N = 6) | (N = 112) | (N = 7) | (N = 13) |
| | (N = 138) | | | | |
| LESS THAN \$15,000 | 40% | 50% | 13% | 29% | 69% |
| \$15,000 TO \$24,999 | 29% | 17% | 12% | 57% | 31% |
| \$25,000 TO \$49,999 | 15% | 33% | 25% | 0% | 0% |
| \$50,000 TO \$74,999 | 8% | 0% | 18% | 14% | 0% |
| \$75,000 TO \$99,999 | 3% | 0% | 11% | 0% | 0% |
| \$100,000 OR MORE | 6% | 0% | 22% | 0% | 0% |

DATA ROUNDED

COMMUNITY HEALTH FOCUS GROUP 2012 DEMOGRAPHICS (CONTINUED)

| MARITAL STATUS | TOTAL | COUNTY | | | |
|------------------------------|-------|---------|-----------|---------|-----------|
| | | CLAY | DUVAL | NASSAU | ST. JOHNS |
| | | (N = 6) | (N = 118) | (N = 7) | (N = 13) |
| SINGLE | 15% | 0% | 22% | 29% | 8% |
| MARRIED | 63% | 67% | 59% | 71% | 54% |
| DIVORCED | 17% | 33% | 13% | 0% | 23% |
| WIDOWED | 3% | 0% | 4% | 0% | 8% |
| LIVING TOGETHER, NOT MARRIED | 3% | 0% | 3% | 0% | 8% |

DATA ROUNDED

| EMPLOYMENT | TOTAL | COUNTY | | | |
|-----------------------------------|-------|---------|-----------|---------|-----------|
| | | CLAY | DUVAL | NASSAU | ST. JOHNS |
| | | (N = 6) | (N = 113) | (N = 7) | (N = 13) |
| FULLY RETIRED | 19% | 0% | 20% | 0% | 54% |
| WORKING FULL-TIME FOR PAY | 13% | 0% | 40% | 14% | 0% |
| WORKING PART-TIME FOR PAY | 18% | 33% | 18% | 14% | 8% |
| UNEMPLOYED, LOOKING FOR PAID WORK | 31% | 50% | 9% | 43% | 23% |
| NOT LOOKING FOR WORK | 19% | 17% | 13% | 29% | 15% |

| HEALTH INSURANCE | TOTAL | COUNTY | | | |
|-------------------|-------|---------|-----------|---------|-----------|
| | | CLAY | DUVAL | NASSAU | ST. JOHNS |
| | | (N = 5) | (N = 117) | (N = 7) | (N = 13) |
| PRIVATE INSURANCE | 32% | 0% | 52% | 0% | 77% |
| MEDICARE | 7% | 0% | 29% | 0% | 0% |
| MEDICAID | 10% | 17% | 9% | 0% | 15% |
| OTHER | 46% | 67% | 15% | 100% | 0% |

DATA ROUNDED

**JACKSONVILLE METROPOLITAN COMMUNITY BENEFIT PARTNERSHIP
SHANDS MINORITY FOCUS GROUP – THEMES AND SUMMARY**

1. **What do people in your community do to stay healthy? For example, to exercise, where they get information about health, checkups, health screenings, safety, biking, walking, where they get access to healthy foods, and those types of things.**
 - Information is transgenerational – it comes from mothers, home remedies, etc.
 - Exercise is not a real priority, but the jobs that those in the community hold are labor intensive (i.e., construction, cleaning)
 - Those who take the bus do a lot of walking.
 - Some people exercise by walking in the park.
 - Medical assistance is very limited for those without papers.
 - Access to healthy foods provided by WIC.

2. **Is this a good place to raise children: school quality, daycare, after-school care, recreation, natural environment, that kind of thing?**
 - Conflicting ideas about safety: one says it feels safe and another says the community does not feel safe – high crime and violence.
 - Schools are seen in a positive light because they are free and can provide meals for children.
 - Language barrier is an issue for parents. They do not know what their children are learning and cannot be involved.

3. **What about daycare, when both parents have to work and the kids are not old enough for school?**
 - Little to no access to free daycare or subsidized formal daycare.
 - Latino community works together to help take care of children. There is “a lot of cohesiveness.”

4. **Do you feel that there’s economic opportunity in the community: locally-owned and operated businesses, jobs with career growth and job training, higher educational opportunities, affordable housing options?**
 - Limited economic opportunity. Free English classes are the extent of services.
 - Not having proper documentation is a problem for even the most basic things such as renting housing.

5. **Where do you or most of your neighbors go for health care services: doctors, emergency rooms, health clinic, health department, home health care services, etc.?**
 - Pregnant women and most Hispanic individuals go to the Health Department.
 - If they are not pregnant, they simply do not go because there are not many free services. Most of the free clinics that do exist require a social security number.

6. **Are there health services that you need that are not available to you? You could consider primary care, specialty care, dental/oral care, family planning, birth control, behavioral health, prescription medications, substance abuse — any services that are not available to you.**
 - Access to all services is limited, but the two most significant are dental and behavioral health services.

7. **Have you personally experienced any trouble with doctors not accepting Medicaid or self-pay?**
 - It does not seem as though people have trouble finding a doctor that will accept self-pay. However, due to the low income of most residents, paying for a visit alone (without any tests/lab work) is too expensive.

SHANDS MINORITY FOCUS GROUP – THEMES AND SUMMARY

8. How do you or your neighbors pay for their health care services?

- Cash.
- Without insurance, they simply do not go to the doctor.

9. How has the local economy affected you or your neighbors' health?

- Because most people work in construction, the decline in work in that field has really affected the community.
- Many people will wait until the last 40 days of pregnancy to see a doctor so that they can use Medicaid benefits (you can get Medicaid for 45 days if you are pregnant).
- They do not go to the doctor unless it is a real emergency because they cannot pay.

10. What prevents you or your neighbors, friends and family members in your community from taking care of yourselves and staying healthy in general?

- The price of health food, especially without WIC.
- Price in general.

11. What influences your decision to take care of your health: money, doctor, family members, health insurance, transportation, church, etc.?

- Transportation and money. Even with a car, gas prices are very high. The majority of the Hispanic population lacks transportation, so the bus is the usual mode of transportation.
- Access to and price of healthy foods.
- Cultural influences on diet choices (i.e., high levels of carbohydrates in Latino cultural foods such as tortillas, rice, corn).

12. Do you feel like your neighborhood is easy to get around in by bicycle or on foot; do you have destinations to go to without using a car?

- Walking distance (i.e., from the hospital to Publix).

13. The physical environment, do you feel that the air is clean, the water is clean, those sorts of things?

- Yes, it is clean.

14. Do you think there's education being provided to children about what their healthy food choices are, education about diet and nutrition? Do you feel like that's accessible to the community?

- The children receive education in schools, but the parents do not receive it.

Conclusions

- Lack of documentation of legal status is a major barrier to all aspects of life, especially access to health care.
- Opportunities for healthy diet choices are limited, even with WIC. Education about food is present in schools, but the parents are not being educated. Additionally, cultural food norms play a part in food choices.
- Job losses and the economic climate have put health care services even further out of reach, so much so that many people choose not to see a doctor at all.
- The lack of transportation leads to an increase in the amount of walking that individuals do, however, that benefit is outweighed by the fact that it also serves as a major barrier to access to health care.
- The most pervasive theme is cost of care.

HEALTH NEEDS ASSESSMENT FOCUS GROUP BROOKS REHABILITATION – SUMMARY AND CONCLUSIONS

BLUE = DISABILITY RED = STROKE ORANGE = BRAIN INJURY

1. What do people in your community do to stay healthy? It could be your neighborhood, county, define it as you like?

- Since 2007, the Brooks sports program has provided opportunities for individuals to stay active (i.e., rowing, soccer, bowling, hand cycle).
- Getting active, especially with others with disabilities, has had a positive impact on their behavioral health as well. They no longer feel like they are alone and have something to occupy their time. Keeping busy lifts their spirits.
- That being said, aside from Brooks, Jacksonville is not the ideal place for someone new to a disability. The city is very large and public transportation is not very accessible.
- **YMCA and Brooks for exercise.**
- **If they live near schools, many people walk the track. Parks are too far away.**
- Walking, especially with their dogs.
- Private gyms and the YMCA
- Feel safe walking, but not biking due to lack of bike-friendly infrastructure.
- **Shop at health food stores (i.e., Whole Foods, Native Sun, GNC).**
- **Lifting weights.**
- **Walking/running.**
- **Cooking healthy meals.**

2. Are there any additional elements that you would add to the Brooks recreation program?

- More staff and more money. Services seek to expand, but the staff does not expand in sync so resources get spread thin. As more and more people with disabilities find out about the program and the things they can be involved in, more and more people participate, but this requires additional staff or volunteers.
- The activities are held at different locations throughout the city. If there was one centralized facility, transportation would be easier.
- Transportation services are frustrating. The individual is given a two-hour wait span, but the driver does not wait at all if you are not there right when they arrive.

3. Where do you seek health information to find out about health or health services?

- The Internet (i.e., Google).
- Sharing information with others met through the activities.

4. I heard mention of the pattern of going to work and coming home and the weight gain. When you talk about nutrition, do you feel that you have access to healthy food stores, and where do you get nutrition information?

- Sometimes reaching things on store shelves is difficult.
- Cooking at home is a challenge. It is difficult to get something off of the stove or out of the oven.
- Often it is much easier and less time-consuming to purchase something that is pre-made.
- Due to low income, money is always a concern. Unfortunately, the cheapest food is usually not the healthiest.
- Weight gain is a concern for those with limited mobility. The standard 2,000 calories a day is more than they need and can lead to weight gain.
- Some believe that Brooks should spend more time on education about these issues.

BROOKS REHABILITATION – SUMMARY AND CONCLUSIONS

5. So, about how many individuals are part of your community here in Jacksonville?

- In Duval County there are approximately 60,000 people with disabilities.
- That includes ADA disabilities. The numbers for physical or mobility impairments are self-disclosed so they could be higher.

6. How large is your group here at Brooks?

- The program served about 1,000 people last year (50 people per week across 14 activities).

7. Do you feel there is economic opportunity in the Jacksonville community in terms of job growth, opportunity to start your own business, higher education opportunities, affordable housing?

- Not enough. Jobs are growing, but not at the same rate for working-age people with disabilities.
- With limited income comes limited housing opportunity. Paired with accessibility issues, this issue is very difficult.
- The lack of transitional housing plays a part as well. There is a large gap between limited income and getting a job to increase their income.
- Housing is affordable and job opportunities reflect the economy, but are not too limited.
- There are not as many jobs with career growth and job training as there used to be.
- Good higher education opportunities (UNF, JU).
- There is a lot of affordable housing, but it depends on how you define affordable.
- If you are willing to work hard, there are plenty of opportunities (in reference to higher education).
- There is affordable housing, but not in the best areas.

8. Do you feel the community is a safe place to live?

- Yes, for the most part, but there are some exceptions by location (i.e., Regency Mall).
- For the most part, neighbors look out for each other.
- Yes, in the areas that they reside. Other areas are not the same (i.e., Regency).
- The neighbors in their community watch after each other since most of them are retired.
- Overall, yes.
- Neighbors look out for one another.

9. What about educational opportunities here in Jacksonville?

- There are quality higher education options, but DCPS is “not that good.”
- The university systems offer a satisfactory amount of disabled services. UNF in particular has a new resource center.

10. Where do you or most of your neighbors go for health care services, primary care and specialty care?

- Memorial Hospital.
- Primary care physician.
- Solantic, especially if the reason for going is unrelated to their disability.
- Wait times play a part. Additionally, they have to find someone who is not only in their insurance network, but is familiar with their disability.
- The Internet does not provide much guidance on finding a doctor. They rely heavily on word of mouth within the community.

BROOKS REHABILITATION – SUMMARY AND CONCLUSIONS

- A disability directory (broken down by insurance and/or location) would be very helpful.
- Most respondents had a primary care physician that they would see. Emergency room used for emergencies, not because they do not have doctors.
- Urgent care centers are used after-hours, but the wait is very long.
- Private doctors. Nobody that they know uses a health clinic or the Health Department. Do not know anyone that would go to the emergency room for a non-emergency. Solantic on Sundays.
- Most have private physicians and specialists affiliated with hospitals.

11. What about emergency room care; which ERs do you go to?

- It depends on whether the emergency is based on their disability or not. Memorial and Shands for spinal injuries. Many of the doctors that Brooks patients see are affiliated with Memorial.
- St. Luke's and Baptist.
- Baptist, St. Vincent's, St. Luke's.
- Baptist, Shands, Mayo, Orange Park.

12. What are some of the reasons that you've visited the emergency room?

- Pressure sores.
- Heart condition.
- Staph infection.
- These issues are not always related to their disability.
- Some see others use the ER for emergencies only and others know of people who go for non-emergency reasons.

13. What about home health services?

- It would be nice, but insurance does not pay for it.

14. Are there health services that you need that are not available to you; can be primary care, specialty care, dental, family planning?

- Yes, all of the above.
- Exam rooms are not accessible/disability-friendly (tables too high off the ground, no trained personnel to help get you on the table).
- "No problems at all."
- "None that [they] need."
- Occupational and physical therapy (because they do not accept Medicaid).
- Dental health.

15. Have you personally ever experienced any trouble with doctors accepting Medicaid or not accepting you because you did not have insurance?

- Medicaid restricts patients from seeing the doctors they want to see. Even once they decided on a doctor, their wait-time was anywhere from one to three hours.
- Frustration that their insurance won't allow them to go to Brooks, but an unemployed individual could.
- It is nearly impossible to find a doctor that will let you pay out of pocket because they want to charge the insurance company.
- In general, no. Medicare advantage requires that they do a bit more searching to find a doctor that will accept it.
- Yes, for physical and occupational therapy.

BROOKS REHABILITATION – SUMMARY AND CONCLUSIONS

16. How do you or your neighbors pay for health care services?

- Mostly private insurance (employer-provided).
- Typically, through private insurance and Medicare.
- Private insurance and/or Medicare Advantage.

17. Has the local economy affected your ability to cover your health care expenses, and in what way?

- Yes. Most of them are living on a fixed income (disability check).
- It is common for a medical item to be more expensive, if purchased through insurance versus paying out-of-pocket.
- Durable medical equipment is extremely overpriced.
- They feel a double-squeeze: when the economy is bad, they feel the same economic pressures as everyone else, but they also have to face increasing costs of medical equipment.
- Some job loss but overall, relatively unaffected.
- Personally, unaffected. Has seen issues with decline in military health service.
- Fewer jobs, hard to compete after sustaining a brain injury.

18. Do you feel that the economy prevents you from taking care of yourself the way that you would want to?

- Yes. Reusing catheters is a common example.
- Simple, but necessary things, often are not covered i.e. shower chairs.

19. Think about you, your neighbors, friends, and family members in your community. What prevents you from taking care of yourselves (or staying healthy)?

- Independence (or lack thereof); if you are scared of injury (i.e. falling), you tend to stay put.
- Transportation: JTA “can be a problem.” The wait-times are long and the workers do not do much to ensure that you get the services you have requested. Some have been denied use of the services because they own a car, even though doctors have said they cannot drive.
- Nothing but ourselves. We have all of the resources; we just have to use them.
- Lack of mobility due to brain injury.

20. In thinking about you, your neighbors, family and friends, what influences your decisions to take care of your health?

- Cost.
- Availability.
- Support system (family, friends, church members) and the will to get better.
- Family members (some who are doctors) and information about screenings in the newspaper.
- Support system (family, friends, doctors).

21. In terms of decisions you make about your health care, is it usually a shared decision, not individual, for those of you who are married or have a partner?

- Definitely a shared decision.

22. What about your faith, religion, church, God, if that is your spiritual path; does that in any way influence your health care decision-making?

- Prayer plays a big part.

BROOKS REHABILITATION – SUMMARY AND CONCLUSIONS

23. Is there anything else you'd like to tell us or talk about?

- Transportation is a huge obstacle. People either do not have a ramp to leave their house, or do not have reliable transportation. Brooks has a small budget for this, but it is not enough, and JTA “is not the answer.”
- Family doctors are very important.
- Public transportation from Clay County to Jacksonville should be improved.

CONCLUSIONS

Both similarities and differences exist in themes across respondent type.

Commonalities:

- Transportation is a large barrier to health care services and overall well being. Public transportation (JTA) does not provide adequate assistance.
- Overall, people feel the community is safe. The exceptions lie in pockets of the community (i.e., Regency).
- Nearly all respondents acknowledged the quality opportunities for higher education.
- Most respondents utilized a private physician, but knew of individuals who sought care from emergency rooms for non-emergencies. Solantic was also mentioned frequently, but mostly utilized during off-peak times (nights and weekends).
- In addition, most respondents stated that they or their neighbors typically used private insurance or Medicare to cover their health care expenses.
- Support systems play a crucial role in health care decision-making. Respondents pointed most frequently to family members (either they urge them to be healthy or are the motivation for personal choices), friends/social pressures to be healthy and doctors.

Differences:

- Those with disabilities face not only low income, but expensive medical equipment and accessibility issues in housing, transportation and even exam rooms.
- Those with disabilities have formed a community where they share medical information with each other and form a de facto support group.
- Those who have suffered brain injury would like more assistance when it comes to occupational and physical therapy.
- All respondent types with the exception of those with disabilities viewed the local economy as having minimal impact on opportunity and availability of affordable housing. They believe that the job market has gotten slightly smaller, and that affordable housing is available. However, they note that “affordable” means different things to different people, and affordable housing typically is not in the best areas of town.
- Those affected by stroke, as well as caregivers, did not feel that they had health needs that were not being met.

HEALTH NEEDS ASSESSMENT FOCUS GROUP

MAYO CLINIC — SUMMARY AND CONCLUSIONS

BLACK — GENERAL

RED — CANCER

GREEN — LIVER/KIDNEY

1. What do people in your community do to stay healthy; for example, exercising, or wherever they get information about their health, health screenings, etc.?

- Gardening.
- Golfing and riding bikes.
- Water sports.
- Walking/jogging/running.
- It is easy to be healthy. There is a community sentiment that being healthy is important.
- Not everyone has the advantage of seeing their physicians/dentists as often as they should.
- Exercising by going to the gym, walking, jogging.
- Regular doctor appointments.
- YMCA, walking dogs and walking on the beach for exercise.
- Health information comes from television (Dr. Oz) and the Internet.

2. Do you feel like your community is a good place to live and raise children, does it feel safe to raise children?

- Yes, in guarded (not gated) community.
- Good community events (community-wide picnic).
- St. Johns County provides quality schools and is a safe place.
- The schools here are not as high-quality as ones up North.
- Duval County does not have very good schools, so you have to use private schools.
- The quality of education affects health (i.e., nutritional choices, job opportunities).
- Very safe place, but there are pockets that are not so safe (i.e., Springfield, NW Duval County).
- Mandarin, Sawgrass and Ponte Vedra are all considered safe.
- Putnam County sees high robberies/vandalism, but still feel safe walking around the neighborhood.
- Wildlife is a concern (snakes and alligators).
- Yes.

3. And do you have any criticisms about where you live?

- Increase in taxes due to addition of LPGA.

4. Do you feel that there is economic opportunity in your communities?

- No, not in Duval or St. Johns County.
- Jacksonville is better off than a lot of other places (e.g., colleges, hospitals, constant construction, the port).

5. Where do most of your neighbors or you go for health care services? For example, a doctor, emergency room, health care clinic, home health care services, that type of thing?

- Mayo or Baptist.
- Mayo, Memorial and Baptist.
- For non-hospital services, people go to Solantic or primary care physicians.
- The one respondent who does everything at Mayo enjoys having all of their information in one system.

MAYO CLINIC — SUMMARY AND CONCLUSIONS

- Mayo Clinic.
 - Urgent care facilities are convenient and much less expensive.
- 6. Do you feel that there are any health services that are not accessible to you? For example, dental, primary care, any sort of specialty care, behavioral health, substance abuse, prescription meds?**
- Volusia County behavioral health services are not sufficient. The people who want help don't have the opportunity to get it because all facilities are filled with court-mandated individuals.
 - Alternative medicine (i.e., holistic center, massage, acupuncture, meditation).
 - Insurance coverage dictates these things, especially dentists.
 - Mammograms require that you wait a couple of months, unless you have special circumstances.
 - When you first come to town it can be difficult, but the service providers are here.
- 7. Do you feel that you could use more, in terms of capacity, that there could be more services for behavioral health; or do you feel it's part of that system of who they are serving?**
- Frustrated with having to go into Downtown Jacksonville from the beaches for things like courthouse services.
- 8. Have you or anyone you know ever experienced any trouble with doctors accepting Medicaid, Medicare or self-pay?**
- Without health insurance, it is difficult to get services anywhere for anybody unless you go to the emergency room.
 - Mayo does not accept Medicare.
 - Yes, Mayo is often not in the network for Medicare.
 - Finding a doctor in the Medicare network takes some searching.
 - Often switch to generic drugs to save money.
- 9. How has the local economy affected you or your neighbors' health?**
- View high uninsured rate as being direct consequence of loss of jobs.
 - Those with insurance notice decrease in coverage and increase in premiums and co-pays.
 - There are a lot of people who make too much to qualify for Medicaid, but can't afford premiums.
 - Most respondents have fared well, but they have noticed an increase in stress (e.g., higher cost of food, finances troubles leading to divorce, suicide).
 - Many people struggle with job loss and/or increased premiums.
 - The cost of transportation is increasing, so the cost of healthy food is increasing.
 - Health insurance has gone up. The health care isn't the problem, it's the insurance.
- 10. How do you or your neighbors pay for your health care services?**
- Private insurance (mostly employer-provided).
 - Medicare.
 - VA.
- 11. Do you think that someone having insurance would make them go to a family doctor more often?**
- Unanimous "yes".

MAYO CLINIC — SUMMARY AND CONCLUSIONS

12. Thinking about you, your neighbors, friends and family, what would prevent you from taking care of yourself and staying healthy?

- Accessibility and transportation. Because there is no bus system, they must rely on taxis. Additionally, they must use taxis if they don't have a caregiver during recovery from a procedure.
- People do without health care because they can't get Medicaid or Medicare.
- Transportation needs extend beyond getting to and from medical centers, and that's all that JTA covers.
- Lack of insurance.
- Time constraints of dual-earner family with children.
- Lack of time.
- Having to hunt for service providers in your insurance network.
- Affordability; especially if the patient is young, they will put off seeing a doctor if they have to pay.
- The older people are more conscious of being healthy.

13. Thinking again about you, your neighbors, friends and family, what influences your decision to take care of your health? Another person, doctors, a pastor, if you have insurance, other family members, money, things like that?

- What your insurance covers.
- The cost of medication.
- Knowledge of health issues and symptoms.
- Knowing your body and knowing when something is wrong.
- Social pressures from family and doctors.
- Personal values/emphasis on personal wellness.
- Seeing others around you getting sick and not recovering well.
- Being a role model and being around to see children/grandchildren grow up.

14. Is there anything else that we haven't hit on that would address the health and wellness of your community?

- Very few people in the produce section at the supermarket. With time constraints, everyone makes their way to the freezer section.
- Plenty of outreach to elderly, but not screenings and prevention for parents with kids.
- There should be more education for young families on things such as nutrition and preventive screenings.
- One respondent acknowledged that their responses are based on their environment in a wealthy community and are likely not an accurate reflection of the greater Jacksonville community.
- Paperwork is complicated. Suggestions included making the process simpler and educating those who fill it out.
- Education is the way to change people's minds about what cheap food is.

CONCLUSIONS

- Respondents live in a community that places an emphasis on regular exercise. Not only do the people encourage it, but the built environment allows for it, too.
- For the most part, respondents felt that their community was safe. Many lived on golf courses or in gated communities.
- Some feel that there are not economic opportunities, but others see the economic conditions in Jacksonville as more resilient than most other places.
- Many people go to Mayo or urgent care centers.
- Insurance coverage dictates the services one receives, especially when it comes to dental care.
- Cancer patients notice the absence of alternative medicine options.
- Loss of employment paired with the increased costs associated with insurance lead people to struggle.
- The fact that Mayo does not accept Medicare came up quite often.
- Time constraints, transportation and affordability (especially when uninsured) are the major barriers.
- Social relationships strongly influence decisions about health.

JACKSONVILLE METROPOLITAN COMMUNITY BENEFIT PARTNERSHIP BAPTIST HEALTH – SUMMARY AND CONCLUSIONS

1. What do people do in your community to stay healthy?

- Go to the gym.
- Walking at local parks/at the school track.
- YMCA.
- Childhood immunizations.
- Eating right and exercising.
- Visit the doctor regularly for checkups.
- Try to shop at health food stores, but they are expensive. Farmers' markets are good for produce, but they require a separate trip.
- To get information, they go to seminars, receive information from their doctors, the Internet and from each other.
- Relax on the weekend to decrease stress.
- Healthy food from gardens/markets.

2. Is this a good place to raise children?

- There are many issues with the schools (e.g., lack of funding for school activities, after-school programs, and transportation; lack of positive reinforcement). Magnet schools are good.
- Yes, dependent on the neighborhood. NW Jacksonville is not a safe area to raise children.
- Children with special needs don't have many options.
- It depends on the age of your child; the elementary schools are good, but the middle and high schools lose quality, mostly due to the number of children per school.

3. Do you feel there is economic opportunity in the community?

- The job market is rough, especially in the manual labor intensive jobs (i.e., construction).
- Higher education opportunities exist with the universities.
- Affordable housing is available because of all the foreclosures. The problem is getting loans.
- There is wide variation in answering this question because Jacksonville is so large; there are pockets of good and bad.
- There are not many small businesses. They are generally tucked away and word-of-mouth is the only way to find them.
- The big companies are pushing out small businesses.
- Yes and no to affordable housing. The housing market is now cheaper, but rental prices have gone up and assisted living is not affordable.
- The jobs that are available pay minimum wage and provide no benefits.

4. Do you feel that your community is a safe place to live?

- The neighbors don't look out for one another. And in neighborhoods where they do, the schools are not safe (low security in a high-crime area).
- Overall, yes. However, there are a lot of pockets of unsafe areas.
- While some areas might be worse than others, some issues are everywhere (i.e., sex offenders).
- Even with neighbors you can trust, you still never know when someone may try to break into your house.
- Yes, they feel safe where they live and work, but not at the schools that their children attend. Schools in high-crime areas (i.e., magnet schools) do not make them feel safe.
- Overall, they feel safe in parks, but would not let their children go unsupervised.

BAPTIST HEALTH – SUMMARY AND CONCLUSIONS

- For the most part, people felt that their neighbors looked out for them.
- Gateway and Regency Malls are not considered safe, while the Avenues and Town Center are.
- They feel safe at the beach because you get to know your neighbors more than in other areas. Their neighbors look out for them.
- They feel safe at home and sometimes at school. Some schools are in high-crime areas or lack the security measures to keep danger out of the school.

5. Where do you or most of your neighbors go for health care services?

- When people don't have insurance, they go to the emergency room. At Shands, they can apply for a clinic card.
- Many people also go to the Health Department, if they have the right paperwork.
- If you are from here, are poor, and have papers, you get Medicaid.
- Private physician or urgent care center, if needed.
- Wolfson is the hospital of choice for children. They prefer Baptist hospitals for themselves, partly because they are employed there, and partly due to proximity.
- They do not go to the ER for non-emergency issues, except one respondent who said they know someone who does because they do not have insurance.

6. Are there health services you need that are not available to you?

- There are resources out there, but not everybody knows about them. Suggested that a guide be compiled.
- If you have insurance, your needs are almost always met. But without insurance, it is hard to get services.
- Cost of medications, even with private insurance, can strain someone's finances.
- It is difficult to take care of a special needs child. Providing everything they need is hard.
- Dental services.
- Prescriptions are so expensive that you have to choose which ones to take or even choose not to take any at all.
- There is not any specialist care for those who do not have insurance.
- Many groups said that they feel everything they need is covered.

7. Have you personally ever experienced any trouble with doctors accepting Medicaid or self-pay (uninsured)?

- Medicaid coverage doesn't include many doctors.
- Yes; many people with disabled children have applied for Medicaid and can't get it.
- They were told that the hospital would help them pay their bills, but they never did, causing their credit to take a hit. Additionally, if you do not have insurance, you must wait much longer than insured people to see a doctor, which often times turns a minor issue into a major one.
- Not personally, but they know that Mayo has a reputation for practices that discourage Medicaid patients (i.e., charging up front and making reimbursement difficult).

8. How do you or your neighbors pay for health care services?

- Variety of answers (e.g., employer-provided private insurance, out-of-pocket, HAS, Medicaid and Medicare).
- Respondents acknowledged that people with insurance are more likely to go to the doctor and only go to the emergency room if they really had to go.
- Some expenses covered, then out-of-pocket.
- They don't think having insurance would make someone go to their family doctor or ER more.

BAPTIST HEALTH – SUMMARY AND CONCLUSIONS

9. How has the local economy affected you or your neighbors' health?

- Behavioral health has suffered, due to increased stress levels.
- Don't tend to issues until they are life-threatening.
- Things cost more, but wages are not increasing. You start having to choose which medicines to buy.
- There is less work, which means less money and access to insurance.
- The economy has resulted in a loss of funding, so the prices for things like vaccinations from the Health Department have gone up.
- Co-pays and the cost of prescriptions have increased.
- It has affected many baby-boomers because Medicare and Medicaid are getting cut.

10. Think about you, your neighbors, friends and family members in your community. What prevents you from taking care of yourselves (or staying healthy)?

- Money (affording healthy food, cost of medication). Education about how to live healthy on a budget would be helpful.
- Transportation, both individual and public. Gas prices are high for those with cars and public transportation is not very user-friendly.
- Access to good food is a problem (food desert).
- Not everyone is educated on nutrition.
- Lack of insurance.
- Time management issues – work is time-consuming.
- Self-motivation/laziness.

11. Again, thinking about you, your neighbors, friends and family members. What influences your decisions to take care of your health?

- Seeing/taking care of sick relatives
- Wanting to be around for their children.
- Being a role model for their children.
- Advice from doctors.
- Monetary incentives for healthy lifestyles from insurance.
- Children, doctors and church members all encourage healthy choices.
- Healthy peer pressure from co-workers at the hospital.
- Independence and the ability to take care of yourself.

12. Is there anything else you'd like to tell us or talk about?

- Providing more activities for the kids.
- Behavioral problems in children.
- They would like to see a place established where immigrants and migrant workers can go to get the help they need.
- They like the fact that Wolfson and Nemours are next to each other.
- There is a lot of communication technology, but very little actual communication.
- Specialty care for people without a lot of money is a big issue. Community meetings (such as the focus groups) are very valuable.

JACKSONVILLE METROPOLITAN COMMUNITY BENEFIT PARTNERSHIP ST. VINCENT'S HEALTHCARE — SUMMARY AND CONCLUSIONS

1. What do people in your community do to stay healthy?

- Come to the clinic.
- Eat well.
- Exercise (e.g., going to the gym, walking, biking, in-home gym).
- Health information comes from many different places (e.g., television, advertisements, other people).
- They would like the school playgrounds and tracks to be open more so that they don't have to drive all the way to the park.

2. Is this a good place to raise children? (only ask parent groups)

- N/A

3. Do you feel there is economic opportunity in the community?

- There are not economic opportunities for locally owned businesses.
- There is not an opportunity for on-the-job training. Most employers want someone with prior experience, but aren't willing to train, so getting hired is difficult.
- There are some educational opportunities, if you have the qualifications i.e. high school diploma or GED.
- Some do not feel there is affordable housing and others have experienced the opposite.

4. Do you feel your community is a safe place to live?

- Overall, yes. They feel safe at home, at work, at schools, playgrounds and parks. (Clay County)
- The older children make it unsafe for young children at the park.
- No, only if you have a gun. Don't feel safe living alone. (Putnam County)
- Schools are safe.
- Neighbors do look out for each other. They feel they have to in the rough environment.

5. Where do you or most of your neighbors go for health care services?

- Way Free Clinic.
- Primary care physician.
- There was debate over using emergency rooms for non-emergency issues. Some argue that it isn't right and others argue that it's their only choice under special circumstances (no insurance/money, odd hours of the day).
- Family medical and Gainesville/Shands for emergency room care. They do not use the emergency room for non-emergency care. (Putnam County)

6. Are there health services you need that are not available to you?

- Dental and optical services.
- Women's health services (mammogram, pap smear).
- Behavioral health/substance abuse.
- Prescription medication assistance.

7. Have you personally ever experienced any trouble with doctors accepting Medicaid or self-pay (uninsured)?

- Yes. A couple of people had issues getting an interpreter for a deaf child.
- It is hit or miss. Some places turn down self-pay because patients were trying to get pain pills from multiple doctors.

ST. VINCENT'S HEALTHCARE — SUMMARY AND CONCLUSIONS

8. How do you or your neighbors pay for health care services?

- Most respondents don't have insurance and pay when they can.
- They speculate that their neighbors get insurance through their employers.
- Social Security and Medicare (Putnam County).

9. How has the local economy affected you or your neighbors' health?

- People have high blood pressure and heart trouble from the stress.
- Many people have lost their insurance or are living on wages that do not allow them to buy insurance.

10. Think about you, your neighbors, friends and family members in your community. What prevents you from taking care of yourselves (or staying healthy)?

- Money and insurance. You can exercise all you want but if you get sick, you're out of luck.
- The cost of medicine.
- Transportation.
- Stress.
- Cost of healthy foods.

11. Again, thinking about you, your neighbors, friends and family members. What influences your decisions to take care of your health?

- Family (i.e., children and grandchildren, parents, spouses).
- "Myself." Individual motivation to stay healthy.
- Neighbors.
- Doctors.

12. Is there anything else you'd like to tell us or talk about?

- Respondents suggested more readily available information about free and low-cost services.
- Also suggested a mobile dental service.
- They would like to have a place that they can make a payment plan with a doctor.

CONCLUSIONS

- Many people exercise by walking and biking. More may bike if they felt like the infrastructure supported it.
- Health information comes from a variety of places, mainly television, Internet and doctors.
- Overall, respondents did not feel like there was economic opportunity in any of the four areas they were asked about.
- Respondents from Clay County felt safe but those in Putnam County did not feel safe at all. They even mentioned that they only feel safe with a gun.
- Most respondents have primary care physicians and only go to the emergency room when absolutely necessary.
- Dental services were mentioned across the board. Behavioral health was a concern as well.
- Most respondents don't have insurance, so they pay when they can.
- The economy has resulted in lost wages and insurance. This has led to a spike in stress levels. The lack of money for health services / healthy foods and stress levels are negatively affecting people's health.
- People are motivated by those around them, most frequently children and grandchildren, as they want to be around to see them grow up.



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