



ASCENSION ST. VINCENT'S CLAY

2019 COMMUNITY HEALTH NEEDS ASSESSMENT

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Introduction & Purpose

The Jacksonville Nonprofit Hospital Partnership

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

The Partnership's vision is to contribute to improvements in population health across the Northeast Florida Region by addressing gaps that prevent access to quality, integrating health care, and improving access to resources that support a healthy lifestyle. In 2015, renamed the Jacksonville Nonprofit Hospital Partnership, members continued their efforts to collaboratively assess the health needs of the Northeast Florida Region. Some of these collaborative efforts to address identified significant needs have included a museum exhibit at the Museum of Science and History that displayed real time local health data, a safe playground for children in a disadvantaged neighborhood, and offering Mental Health First Aid classes for the local community. The Partnership continues to explore opportunities to collaborate through small- and large-scale initiatives, improving the health and wellness of the region in a meaningful way.

This CHNA provides an overview of Clay County and represents a summary of health and health-related needs in that geographic area.

The CHNAs were conducted to identify priority health needs within each community served by each hospital, and to inform development of implementation strategies to address the identified needs selected by each hospital based on their ability to impact the need. Additionally, the Partnership focuses collaborative efforts to include the five-county service area of Baker, Clay, Duval, Nassau, and St. Johns. The CHNAs were conducted to respond to federal regulatory requirements and seek to identify significant health needs for particular geographic areas and populations by focusing on the following questions:

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

The question of how each hospital plans to address significant needs is the subject of separate implementation strategies that will be adopted by the Boards of each Partnership hospital member.

Collaborative Projects

The Partnership actively looks for collaborative projects with which they can leverage the reach and influence of their non-profit health systems within our community to make a significant impact, either across Northeast Florida or within specific disadvantaged neighborhoods. These projects have varied greatly but all initiatives were based on previous Community Health Needs Assessment data and the engagement of the residents that live in the communities. From the initial creation of the Partnership, the desire to improve the community was a shared Mission. Following the first CHNA in 2013, the Partnership, in collaboration with the Health Planning Council of Northeast Florida, funded and awarded scholarships to a local college student that was pursuing a Public Health degree to improve our Northeast Florida community.

Continuing with the alignment of knowledge being powerful when shared, the Partnership funded and was closely involved in the development and installation of an exhibit at the Museum of Science and History that focused on health and wellness education, specific to the local community. The Health In Motion exhibit teaches important lessons about health and the human body in a fun way through interactive play and movement. The exciting new exhibit was specifically designed to address the critical need of health education and investigates how environment and lifestyle impact individual and community health in Northeast Florida.

In the 2016 CHNA, Mental Health was a significant Identified need that was prioritized across the community. To address this need, the Partnership has made a substantial investment, both in dedication of time and financial resources, to train 10,000 local community members in Mental Health First Aid (MHFA). MHFA is an evidenced based training to give non-mental health professionals, practical training on how to identify, communicate, and connect people suffering with mental health issues to local resources. Currently, the Partnership is on track to train 10,000 Northeast Floridians in MHFA, including a commitment to train all employees of the Jacksonville Sheriff's Office. Furthermore, in February 2017, the CEOs of St. Vincent's HealthCare, Baptist Health, Brooks Rehabilitation, Flagler Hospital, Mayo Clinic and Memorial Hospital collectively and generously pledged over \$900,000 to support the mental health nursing program at the University of North Florida. The funds established a non-endowed professorship in Mental Health Graduate Nursing for a five-year period, providing resources to pay the salary of an outstanding faculty member in the field of psychiatric/mental health nursing.

The Partnership has also used the Community Health Needs Assessment as a foundation to help provide community improvements to more specific disadvantaged neighborhoods. For example, several members of the Partnership helped to sponsor the construction of a playground at Eureka Gardens, a federally subsidized housing community that has been nationally recognized for the unsafe living conditions that the residents were subjected to. The playground was an intentional initiative to improve the health and safety of the children within the neighborhood. As well, many of the Partnership hospitals actively support the HealthyStart of Northeast Florida's work to decrease infant mortality.

Ascension St. Vincent's Clay

Executive Statement

Tom VanOsdol, President & CEO, Ascension Florida

At St. Vincent's HealthCare and across Ascension Florida, we are called to provide compassionate, personalized care to everyone, and the information gathered in the Community Health Needs Assessment helps us better understand the evolving needs of those we are so privileged to serve. As healthcare providers, we recognize that we must work together to meet the needs of our community. We must also work in both traditional and innovative ways to increase access to care. This assessment allows us to hear directly from members of our community about what they need most, but we must also demonstrate that we are listening by providing our patients with the care they need, when and where they need it. We look forward to our collaborative work to make this a better, healthier place for all people.



About the Hospital



In Jacksonville, Florida, Ascension's St. Vincent's HealthCare operates three hospitals in addition to dozens of healthcare facilities and employs more than 5,000 associates. Across the region, St. Vincent's provided more than \$73 million in community benefit and care of persons living in poverty in fiscal year 2017. Serving Jacksonville for more than 145 years, Ascension is a faith-based healthcare organization committed to delivering compassionate, personalized care to all, with

special attention to persons living in poverty and those most vulnerable. Ascension is the largest non-profit health system in the U.S. and the world's largest Catholic health system, operating more than 2,600 sites of care – including 151 hospitals and more than 50 senior living facilities – in 22 states and the District of Columbia. Visit <https://healthcare.ascension.org/>

Ascension St. Vincent's Clay, a 106-bed hospital, opened its doors to the community in 2013 and began an expansion that doubled its size in 2015.

The \$33.1 million expansion opened in late summer 2016. The expansion added maternity and women's services, 30 inpatient beds, 13 treatment rooms in the emergency department and a shell to add 30 additional beds in the future.

Consultants

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

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

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

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

Community Health Needs Assessment (CHNA) Regulations & Requirements

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

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

A summary of the CHNA requirements are as follows:

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

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

Evaluation of Impact Since Preceding CHNA

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

A detailed table describing the strategies/action steps and indicators of improvement for Ascension St. Vincent's Clay can be found in [Appendix A](#).

Executive Summary

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

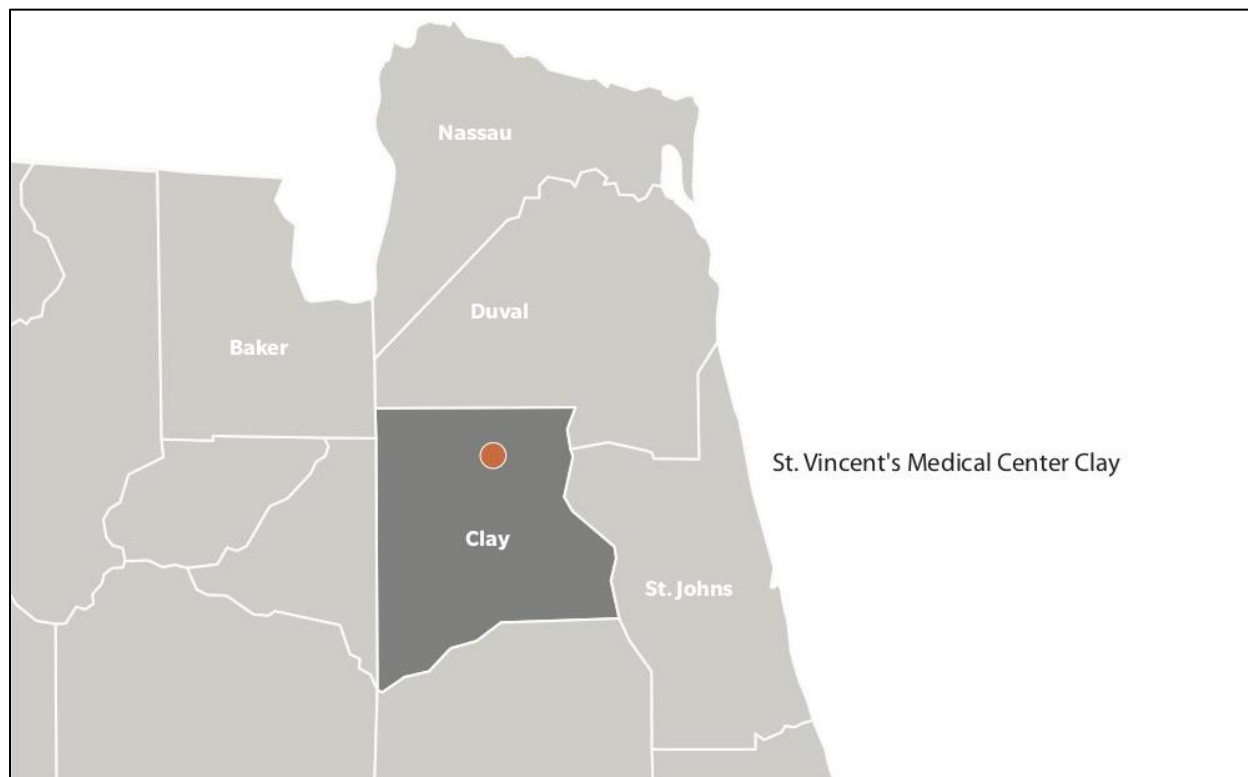
The goal of this report is to offer a meaningful understanding of the most pressing health and health-related needs across Ascension St. Vincent's Clay's service area, as well as to guide planning efforts to address those needs. Special attention has been given to the needs of vulnerable populations,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

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

Service Area

The area served by Ascension St. Vincent's Clay includes Clay County.

FIGURE 1: ASCENSION ST. VINCENT'S CLAY



According to the U.S. Census Bureau's 2016 population estimates, Ascension St. Vincent's Clay's service area had a population of 208,311. Residents of 32043, 32068, and 32656 have the highest socioeconomic need of all zip codes within the service area, based on indicators of income, poverty,

unemployment, occupation, educational attainment, and linguistic barriers. For more information on socioeconomic indicators analyzed, see the

SocioNeeds Index section of this report.

Methods for Identifying Community Health Needs

Two types of data were used in this assessment: primary and secondary data. Primary data are data that have been collected for the purposes of this community assessment. Primary data were obtained in the forms of interviews, group discussions, and a survey. Secondary data are health indicator data that have already been collected by public sources such as government health departments. Each type of data was analyzed using a unique methodology. Findings were organized by health and quality of life topic areas. These findings were then synthesized for a comprehensive overview of the health needs in Ascension St. Vincent's Clay's service area.

Primary Data

The primary data used in this assessment consist of (1) [key informant interviews](#) conducted by phone by HCI, (2) [focus group discussions](#) facilitated by HCI and the Partnership, and (3) a [community survey](#) distributed throughout the service area through online and paper submissions. Over 146 community members contributed their input on the community's health and health-related needs, barriers, and opportunities for Clay County, with special focus on needs of vulnerable and underserved populations.

TABLE 1: COMMUNITY INPUT PARTICIPATION

	Key Informant Interviews	Focus Groups	Focus Group Participants	Survey Respondents	Total Participants
Clay County	12	11	102	40	154

The Partnership especially solicited input from members of or representatives of vulnerable and underserved populations through key informant interviews and focus group discussions. Of the 12 key informant interviews conducted, nine interviews were with community experts who either served or represented underserved communities (such as low-income individuals and groups experiencing disparities in health outcomes or health access). In addition, eight of the focus groups included community members and advocates who are members of underserved communities.

See [Appendix B](#) for all primary data collection tools used in this assessment.

Secondary Data

Secondary data used for this assessment were collected and analyzed from HCI's community indicator database. The database, maintained by researchers and analysts at HCI, includes over 150 community indicators from 29 state and national data sources such as Florida Department of Health, Florida Behavioral Risk Factor Surveillance System, and American Community Survey.

See [Appendix C2](#) for a full list of data sources used.

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

- **Health**

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

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

Summary of Findings

The CHNA findings are drawn from an analysis of an extensive set of secondary data (over 150 indicators from national and state data sources) and in-depth primary data from over 146 community

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

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

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

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

<ul style="list-style-type: none"> • Access (includes health care, transportation, housing, nutrition) • Behavioral Health • Built Environment & Safety 	<ul style="list-style-type: none"> • Cancer • Diabetes Heart Disease • Maternal, Fetal & Infant Health • Obesity & Physical Activity 	<ul style="list-style-type: none"> • Poverty • Respiratory Diseases • Sexual Health • Social Environment • Vulnerable Populations
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Prioritized Areas

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

TABLE 3. PRIORITIZATION CRITERIA

Criteria for the Jacksonville Nonprofit Hospital Partnership Community Prioritization
<ul style="list-style-type: none"> • Importance of problem to community • Opportunity to impact multiple problems • Opportunity to intervene at prevention level • Addresses disparities (age, race, gender, economic status)

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

TABLE 4. PRIORITY HEALTH AREAS AND EVIDENCE FROM DATA COLLECTED

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

Conclusion

This report describes the process and findings of a comprehensive health needs assessment for the residents of Clay County, Florida. The prioritized health needs will guide the community health improvement efforts of Ascension St. Vincent's Clay.

Following this process, Ascension St. Vincent's Clay will outline which prioritized health needs it has the resources to address and how it plans to address them in its Implementation Strategy.

About this CHNA

Ascension St. Vincent's Clay's Service Area

The service area for St. Vincent Medical Center is defined as the geographical boundary of Clay County, Florida and includes the zip codes: 32003, 32006, 32030, 32043, 32050, 32065, 32067, 32068, 32073, 32079, 32160, 32656.

FIGURE 2. HOSPITAL LOCATION

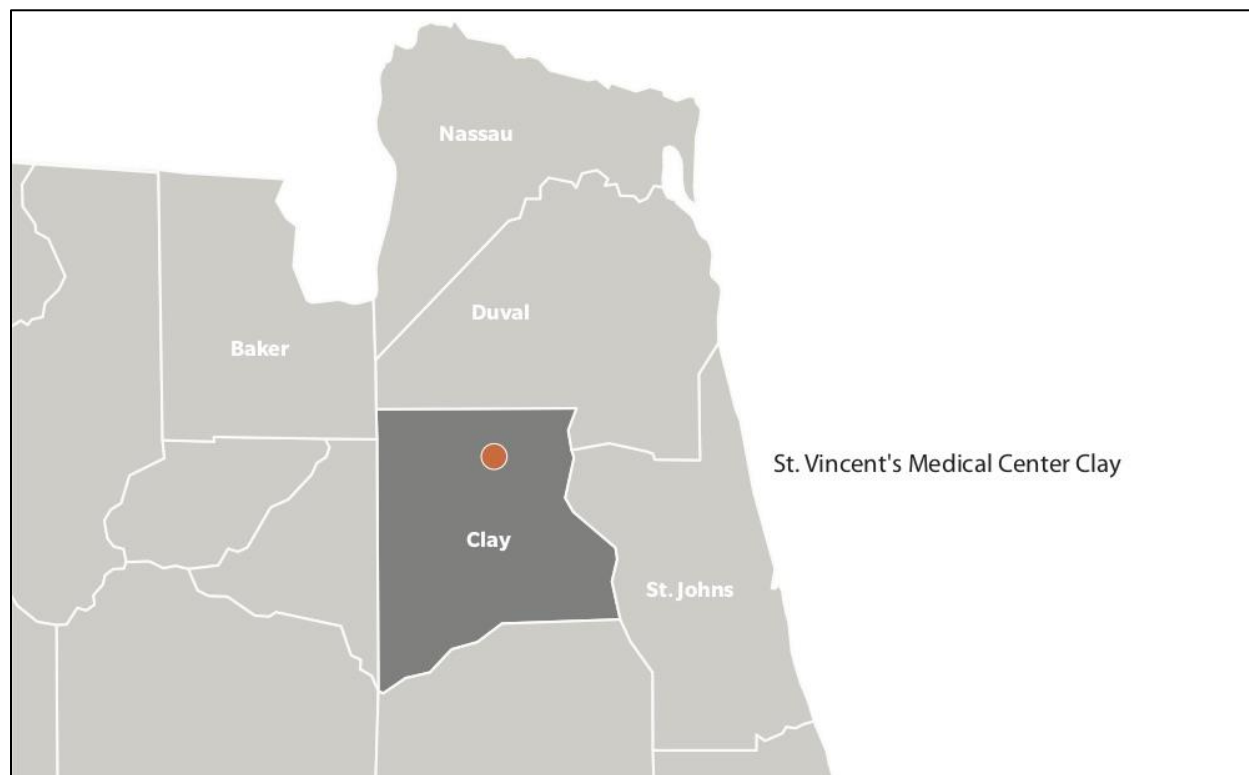


TABLE 5. 2017 DISCHARGES BY COUNTY FOR ASCENSION ST. VINCENT'S CLAY

Ascension St. Vincent's Clay	Baker	Clay	Duval	Nassau	St. Johns	Total Discharges	Percent of 5 counties
	111	5,124	1,222	26	33	7,003	93%

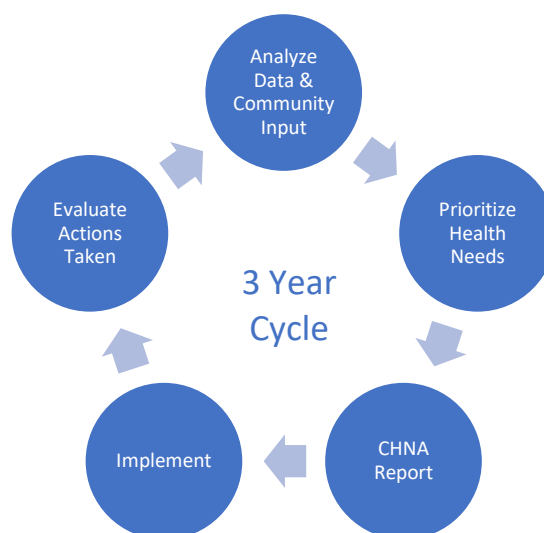
Evaluation of Progress Since Prior CHNA

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

Priority Health Needs from Preceding CHNA

Ascension St. Vincent's Clay's priority health areas for years 2016-2018 were:

- Access
- Diabetes
- Maternal/Child Health
- Obesity/Nutrition/Lifestyle



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

Community Feedback from Preceding CHNA & Implementation Plan

Ascension St. Vincent's Clay's 2015-2018 CHNA and Implementation Plan were made available to the public and open for public comment via the website: <https://healthcare.ascension.org/>. No comments were received on either document at the time this report was written.

Methodology

Overview

Two types of data were used in this assessment: primary and secondary data. Primary data are data that have been collected for the purposes of this community assessment. Primary data were obtained in the forms of interviews, group discussions, and a survey. Secondary data are health indicator data that have already been collected by public sources such as government health departments. Each type of data was analyzed using a unique methodology. Findings were organized by health and quality of life topic areas. These findings were then synthesized for a comprehensive overview of the health needs in Ascension St. Vincent’s Clay’s service area.

Primary Data Methods & Analysis

The primary data used in this assessment consist of (1) [key informant interviews](#) conducted by phone by HCI, (2) [focus group discussions](#) facilitated by HCI and The Partnership, and (3) a [community survey](#) distributed through online and paper submissions.

Key Informant Interviews

TABLE 6. NUMBER OF KEY INFORMANT INTERVIEWS BY COUNTY

Clay	Northeast Florida Region
4	8

Twelve key informant interviews were conducted by phone from March 13, 2018 through April 23, 2018. Participants were selected for their knowledge about community health needs, barriers, strengths, and opportunities (including the needs of vulnerable and underserved populations as required by IRS regulations). People with public health expertise; the ability to speak on the needs of low-income, underserved, or minority populations; and the ability to speak on the broad interests of the community were asked to participate in key informant interviews. Of the 12 key informant interviews conducted, nine interviews were with community experts who either served or represented underserved communities.

Interviews were transcribed and analyzed using the qualitative analytic tool Dedoose¹. Interview excerpts were coded by relevant topic areas and key health themes. The frequency with which a topic area was discussed across key informant interviews was used to assess the relative importance of the need in the community. Figure 3 displays a word cloud of coded themes from the key informant interviews. Words or phrases that appear larger signify greater importance according to key informants.

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

FIGURE 3. COMMON THEMES FROM KEY INFORMANT INTERVIEWS



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

See [Appendix B1](#) & [Appendix B2](#) for a list of interview questions and a list of participating organizations, respectively.

Focus Groups

Eleven focus groups with 102 participants were facilitated by HCI or by the Partnership from March 28, 2018 through April 25, 2018. Participants were selected for their knowledge about community health needs and barriers. The focus groups were split into two categories: (1) focus groups of hospital staff associated with Ascension St. Vincent's Clay, and (2) focus groups of community members with wide backgrounds, including persons with disabilities, veterans, persons of limited income, communities of color, faith communities, and more. For a complete list of focus groups held with community members and with hospital staff, see [Appendix B4. Completed Focus Groups](#). Of 11 focus groups conducted, 8 of the focus groups included community members and advocates for underserved communities.

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

FIGURE 4. COMMON THEMES FROM FOCUS GROUPS



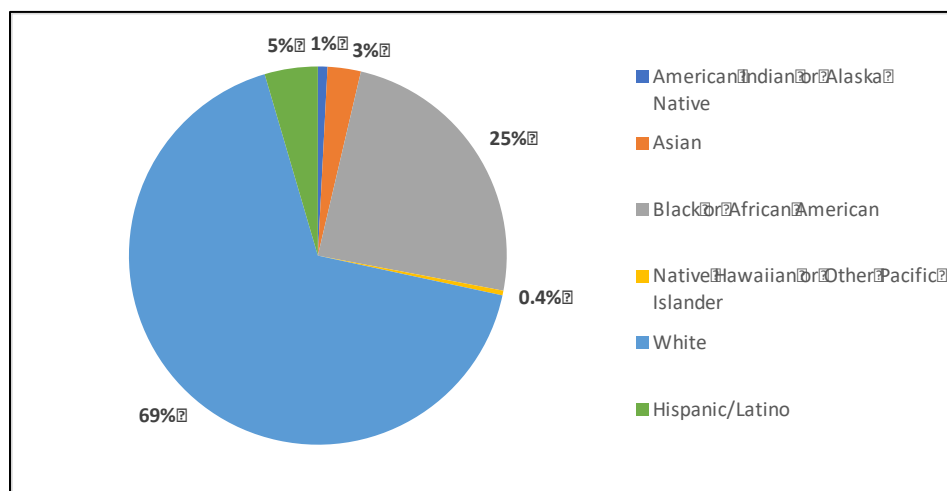
The five most common issues from the focus groups were related to (1) Access to Health Services, (2) Mental Health & Mental Disorders, (3) Low Income/Underserved, (4) Prevention, and (5) Transportation.

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

Community Survey

The community survey was primarily distributed online through SurveyMonkey® from March 26, 2018 through April 16, 2018. The survey was also made available on paper, though paper distribution was limited. The survey elicited responses from 40 community members in Clay County. The survey was a convenience sample survey, and thus the results are not representative of the community population as a whole. Figure 5 breaks down the percent of survey participants by race/ethnicity for all 971 responses across the five-county Partnership service area.

FIGURE 5. SURVEY PARTICIPANTS BY RACE/ETHNICITY



Survey respondents were asked about their views on the community's health needs, barriers, and most impacted populations. As seen in Figure 4 below, community survey respondents ranked Substance Abuse, Obesity/Overweight, Mental Health and Mental Disorders, Heart-Related Diseases, and Diabetes as the most pressing health needs. Figure 7 shows that community survey participants felt that Access to Health Services; Physical Activity and Exercise; Education; Diet, Food and Nutrition; and Healthcare Navigation were the top five most impactful conditions of life. Figures 6 and 7 show the results of the community survey for the entire five county service area served by the Jacksonville Nonprofit Hospital Partnership.

FIGURE 6. MOST PRESSING HEALTH NEEDS ACCORDING TO SURVEY PARTICIPANTS

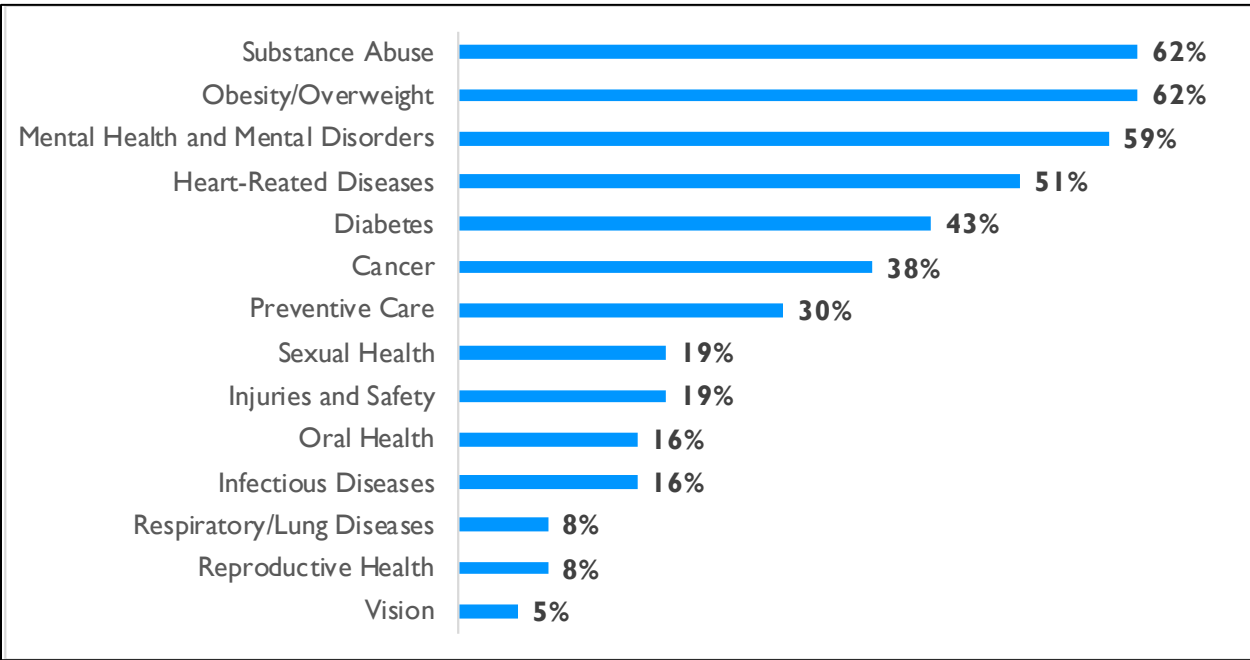
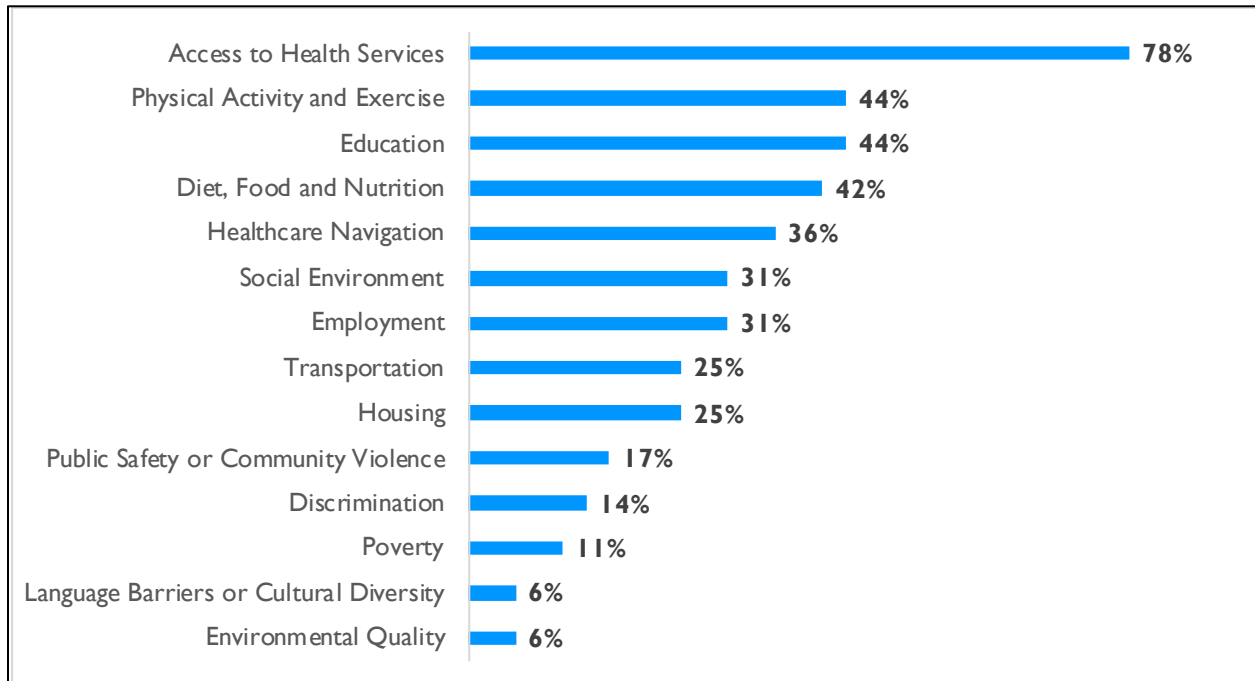


FIGURE 7. MOST IMPACTFUL CONDITIONS OF LIFE ACCORDING TO SURVEY PARTICIPANTS



See [Appendix B5](#) for the list of questions included in the survey.

Secondary Data Methods & Analysis

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

See [Appendix C1](#) for a full list of secondary data sources used for this assessment.

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

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

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

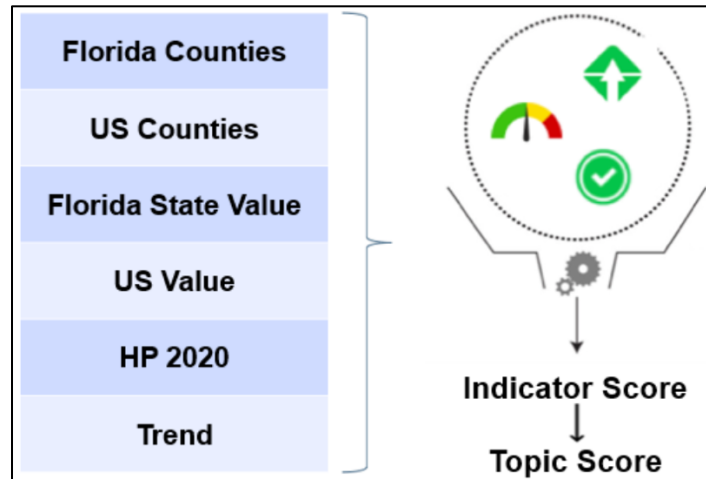
Secondary Data Scoring

Health needs, as evidenced in the secondary data, were ranked using HCI's Data Scoring Tool®. Indicator values for Clay County were compared to other Florida counties and other U.S. counties to determine relative need. Other considerations in weighing relative areas of need included comparisons to Florida state values, comparisons to the national values, trends over time, and Healthy People 2020 targets (as applicable). These indicator comparisons were given a score ranging from 0 to 3, where 0 indicates the best outcome and 3 the worst, shown in Figure 6. Availability of each type of comparison varies by indicator and is dependent upon the data source, comparability with data collected for other communities, and changes in methodology over time. The comparison scores were summarized for each indicator, and indicators were then grouped into topic areas for a systematic ranking of community health needs, illustrated in Figure 7.

FIGURE 8. INDICATOR SCORE RANGE



FIGURE 9. SUMMARY OF TOPIC SCORING ANALYSIS



See [Appendix C2](#) for a detailed methodology of HCl's Data Scoring Tool®, including the Mann-Kendall statistical test for trend methodology.

Table 7 shows the health topic scoring results for Ascension St. Vincent's Clay's service area, with Transportation as the poorest performing health topic for the service area.

TABLE 7. DATA SCORING RESULTS FOR ASCENSION ST. VINCENT'S CLAY'S SERVICE AREA

Transportation	2.32
Other Chronic Diseases	1.93
Prevention	1.91
Diabetes	1.87
Environmental & Occupational Health	1.78
Cancer	1.75
Mortality Data	1.74
Substance Abuse	1.65
Oral Health	1.64
Men's Health	1.57

Please see [Appendix C3](#) for comprehensive list of indicators within each topic area and their respective data scores for Clay County.

Index of Disparity

The Index of Disparity² is an analysis method that quantifies gender or race/ethnicity disparities for all secondary data indicators with at least two gender-specific or race/ethnicity-specific values available. This index represents a standardized measure of how different each subpopulation value is compared to the overall population value. Indicators for which there is a higher Index of Disparity value are those where there is evidence of a large health disparity for a subpopulation.

External Data Reports

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

Data Synthesis Method

While this report focuses on the service area of Ascension St. Vincent's Clay, the data synthesis and prioritization were conducted to encompass the entire Partnership service area (Baker, Clay, Duval, Nassau, and St. Johns counties). The intention of considering the broader geographic area is to achieve collective impact on improving outcomes for the needs of the entire Northeast Florida region, utilizing the resources and expertise of each hospital in implementation.

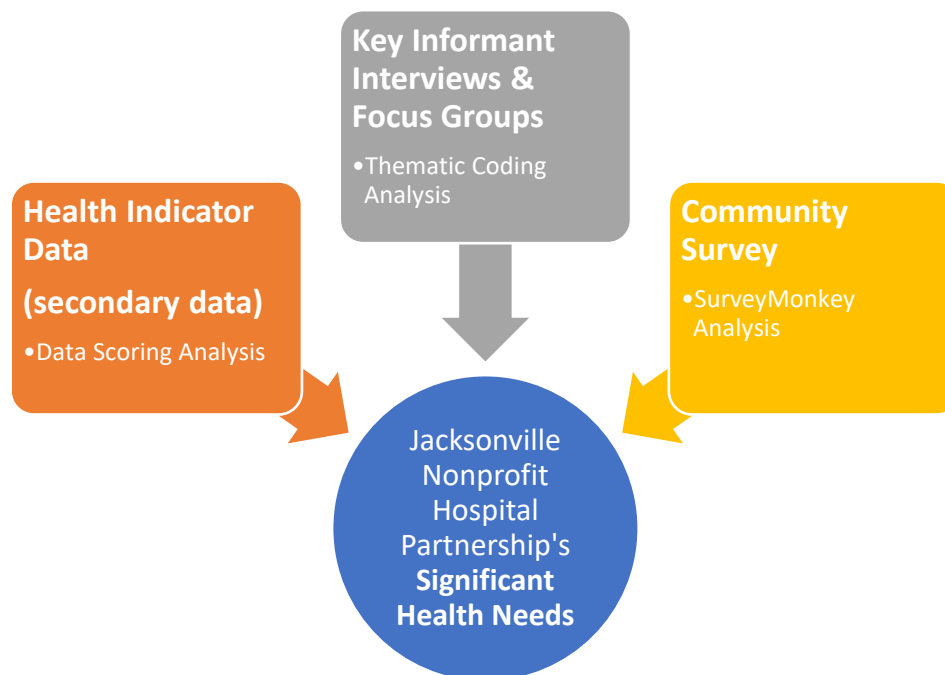
Data Synthesis Method

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

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

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

FIGURE 10. VISUAL REPRESENTATION OF SYNTHESIS OF PRIMARY & SECONDARY DATA



The top health needs identified from each data source were analyzed for areas of overlap with the other data sources. Many of these need areas are inter-connected, as well as being present across multiple data sources. The most significant health needs for the service area were then determined through this overlap analysis. If a topic area appeared as a need in more than one data source, then it was considered to be significant for the community. This synthesis method was used to ensure a representative and accurate picture of the community's needs, which necessitates accounting for many forms of data. The identified significant health needs, listed in Table 8, were then used for prioritization.

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

TABLE 8. JACKSONVILLE NONPROFIT HOSPITAL PARTNERSHIP'S SIGNIFICANT HEALTH NEEDS

<ul style="list-style-type: none"> • Access (includes health care, transportation, housing, nutrition) • Behavioral Health • Built Environment & Safety 	<ul style="list-style-type: none"> • Cancer • Diabetes Heart Disease • Maternal, Fetal & Infant Health • Obesity & Physical Activity 	<ul style="list-style-type: none"> • Poverty • Respiratory Diseases • Sexual Health • Social Environment • Vulnerable Populations
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Data Considerations

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

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

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

Race/Ethnic Groupings

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

TABLE 9. RACE AND ETHNIC BREAKOUT TERMS

American Indian/Alaska Native	Asian Asian/Pacific Islander	Black Non-Hispanic Black Black or African American	Hispanic Hispanic or Latino	White White, non- Hispanic Non-Hispanic White
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Zip Codes and Zip Code Tabulation Areas

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

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

Prioritization

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

TABLE 10. PRIORITIZATION CRITERIA

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

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

TABLE 11. PRIORITY HEALTH AREAS AND EVIDENCE FROM DATA COLLECTED

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

Plans for addressing these prioritized health needs will be further considered in the implementation strategies for each hospital affiliated with the Partnership.

Demographics & Community Context

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

Population

According to the U.S. Census Bureau's 2016 population estimates, Ascension St. Vincent's Clay's service area had a population of 208,311.

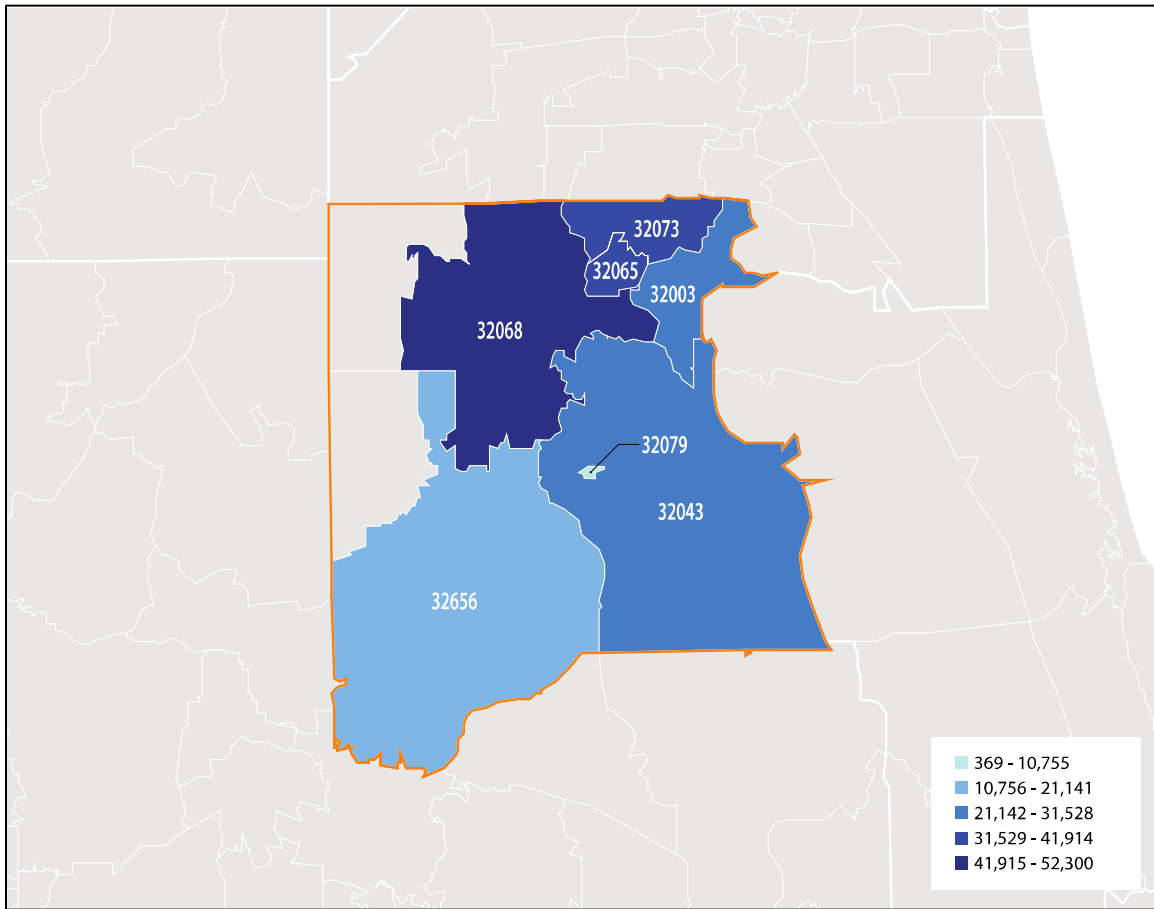
Table 12 presents the population estimates for Clay County by year for 2013, 2014, 2015, and 2016. Clay County experienced a growth rate of 6.1% in the four-year time period, which is higher than the state's growth rate of 5.3% and the national growth rate of 2.2%.

TABLE 12. TOTAL POPULATION: PAST FOUR YEARS

Total Population					
County	2013	2014	2015	2016	Percent Change 2013-2016
Clay County	196,276	199,501	203,383	208,311	6.1%
Florida	19,582,022	19,888,741	20,244,914	20,612,439	5.3%
United States	316,204,908	318,563,456	320,896,618	323,127,513	2.2%

According to Figure 11 in 2012-2016, zip code 32068 had the largest population of Clay County at 52,300, while zip code 32079 had the smallest population at 369.

FIGURE 11: POPULATION PER ZIP CODE IN 2012-2016 (CLAY)



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

TABLE 13. TOTAL POPULATION PROJECTIONS THROUGH 2045¹⁴

		2010 Census	2017	2025	2035	2045	% Change from 2017 - 2045
Total	Clay	190,865	208,549	239,873	273,883	300,961	44.3%
	Florida	18,802,847	20,484,142	23,061,892	25,485,553	27,423,577	33.9%

[14] Bureau of Economic and Business Research

Age

Figure 12 shows Ascension St. Vincent's Clay's service area population by age as compared to the age distribution for Northeast Florida. Clay County has a slightly higher proportion of residents under 18 years (24.3%) compared to Northeast Florida (22.8%).

FIGURE 12. POPULATION BY AGE, 2012-2016

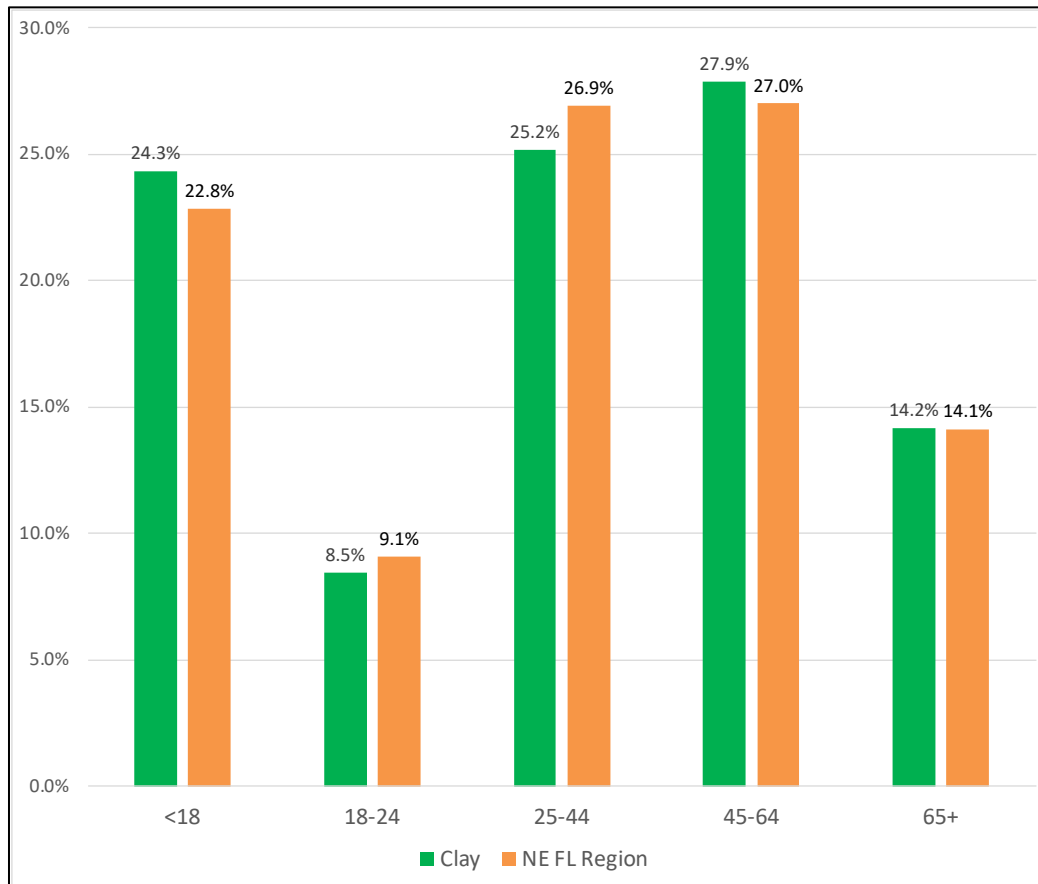


Table 14 shows the population projects by age-group through 2045. Across the service area, the age group that will have the greatest growth is older adults.

TABLE 14. POPULATION PROJECTIONS BY AGE-GROUP THROUGH 2045¹⁴

		2010 Census	2017	2025	2035	2045	% Change from 2017 - 2045
<18	Clay	50,170	51,327	56,894	63,369	67,465	31.4%
	Florida	4,002,096	4,180,677	4,636,008	5,053,630	5,323,927	27.3%
18 - 24	Clay	16,222	18,379	18,834	21,007	22,874	24.5%
	Florida	1,739,854	1,822,195	1,925,683	2,080,468	2,261,012	24.1%
25 - 44	Clay	49,068	51,888	62,010	71,130	73,245	41.2%
	Florida	4,721,819	5,063,560	5,769,128	6,208,579	6,463,905	27.7%
45 - 64	Clay	53,113	56,314	59,341	62,248	74,871	33.0%
	Florida	5,079,471	5,417,540	5,564,257	5,739,473	6,463,744	19.3%

		2010 Census	2017	2025	2035	2045	% Change from 2017 - 2045
65+	Clay	22,292	30,641	42,794	56,129	62,506	104.0%
	Florida	3,259,607	4,000,170	5,166,816	6,403,403	6,910,989	72.8%

[14] Bureau of Economic and Business Research

Race/Ethnicity

Figure 13 shows the racial and ethnic distribution of the hospital's service area as well as the Northeast Florida Region as a whole. Clay County had a higher proportion of White, non-Hispanic residents (74.9%) compared to Northeast Florida (64.4%). The Black or African American population comprised 9.9% of Clay County, compared to 21.4% in the Northeast Florida Region.

FIGURE 13: POPULATION BY RACE/ETHNICITY, 2012-2016 (CLAY)

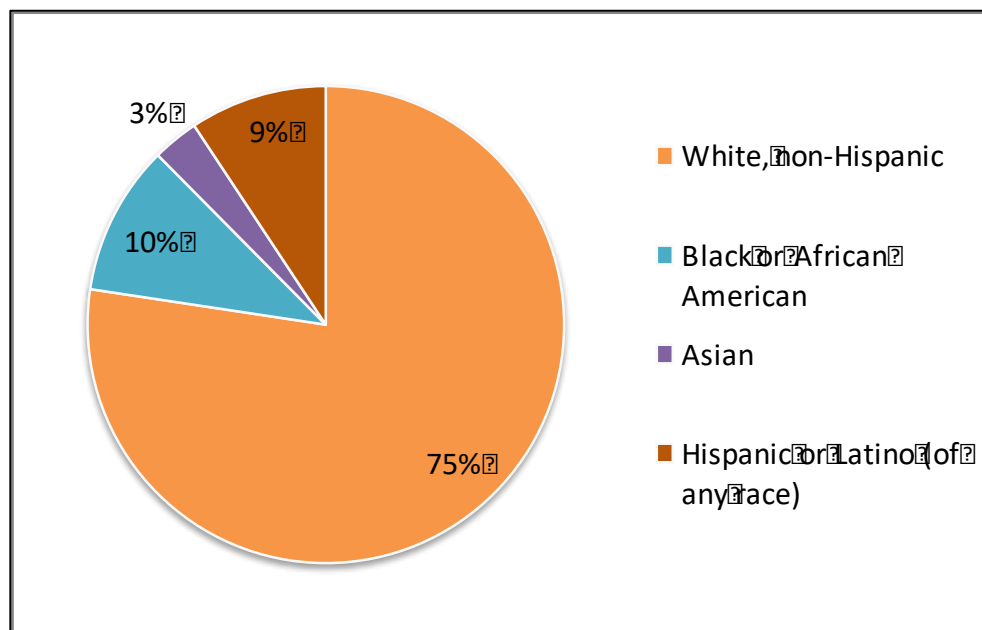


Table 15 presents a closer examination of population trends. Clay County experienced a slight increase in its share of residents identifying as Hispanic or Latino from 2010-2013 through 2013-2016.

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

	2009-2013	2010-2014	2011-2015	2012-2016
Clay County				
White, non-Hispanic	75.7%	75.2%	74.5%	73.8%
Black or African American	10.5%	10.7%	10.9%	11.3%
Asian	3.1%	3.1%	3.1%	3.1%
Hispanic or Latino	8.6%	9.0%	9.3%	9.6%

As shown in Table 16, the zip code with the highest proportion of residents identifying as Black or African American within Clay County is 32065 at 16.9%. Zip code 32065 also has the highest proportion of residents identifying as Asian at 6.0%. The zip code with the highest proportion of residents identifying as Hispanic or Latino is 32073 at 11.5%.

TABLE 16: POPULATION BY RACE/ETHNICITY PER ZIP CODE, 2012-2016

Zip Code	White, non-Hispanic	Black or African American	Asian	Hispanic or Latino
Clay County				
32003	82.6%	4.1%	2.7%	8.2%
32043	78.7%	8.3%	1.6%	9.1%
32065	63.4%	16.9%	6.0%	10.0%
32068	78.1%	7.2%	2.1%	8.4%
32073	66.7%	15.1%	3.3%	11.5%
32079	90.2%	9.8%	0.0%	0.0%
32656	91.6%	1.4%	1.1%	4.6%

Table 17 shows the population projections by race/ethnicity through 2045. The Hispanic population is projected to have the highest rate of growth throughout the Partnership's service area.

TABLE 17. POPULATION PROJECTIONS BY RACE/ETHNICITY THROUGH 2045¹⁴

		2010 Census	2017	2025	2035	2045	% Change from 2017 - 2045
Non-Hispanic White	Clay	149,966	156,252	171,195	186,703	199,219	27.5%
	Florida	11,066,181	11,313,436	11,774,342	12,214,956	12,561,838	11.0%
Non-Hispanic Black	Clay	19,177	23,585	30,451	38,099	43,898	86.1%
	Florida	2,950,583	3,319,150	3,890,098	4,420,638	4,835,615	45.7%
Hispanic	Clay	14,609	19,807	26,782	34,986	41,609	110.1%
	Florida	4,223,842	5,204,657	6,625,846	7,962,733	9,046,028	73.8%

[14] Bureau of Economic and Business Research

Language Spoken at Home

Figure 14 shows the percent of the population that speaks a language other than English at home. In Clay County, 10.1% of the population speaks a language other than English at home, which is lower than Northeast Florida (11.5%), the state value (28.0%) and the national value (21.0%). This measurement indicates where there may be language or cultural barriers to accessing health care.

FIGURE 14 POPULATION AGED 5+ SPEAKING LANGUAGE OTHER THAN ENGLISH AT HOME, 2012-2016

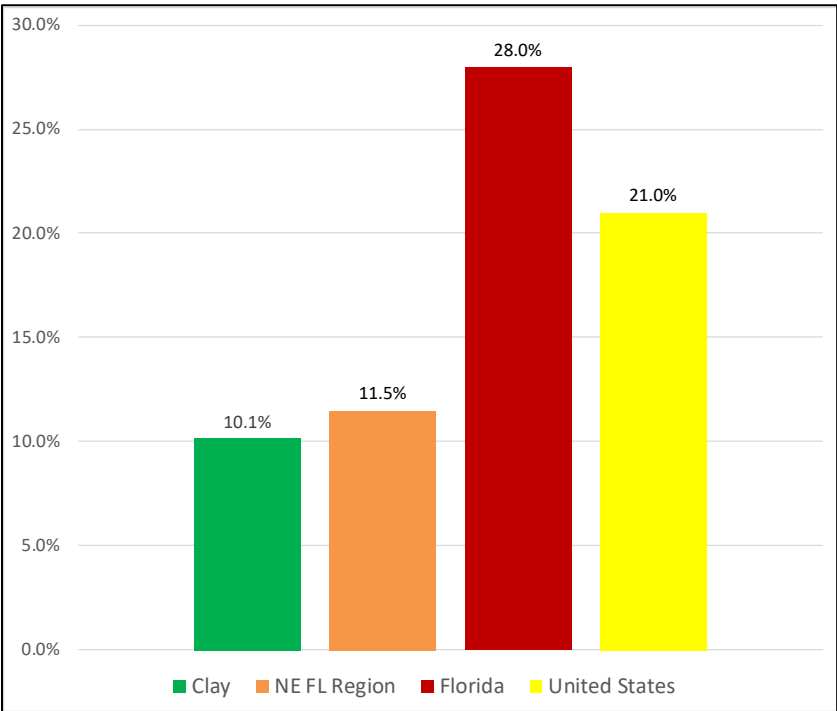


TABLE 18. TYPES OF LANGUAGES SPOKEN AT HOME, 2012-2016

	Clay	Florida
English-only	169,938 (89.9%)	13,512,487 (71.7%)
Spanish	9,826 (5.2%)	3,936,129 (20.9%)
Other Indo-European Languages	5,303 (2.8%)	965,349 (5.1%)
Asian Pacific Islander Languages	3,886 (2.1%)	297,950 (1.6%)
Other Languages	176 (0.1%)	128,323 (0.7%)

Veterans

The veteran population is a significant part of the community. Figure 15 shows that 17.1% of Clay County's residents are veterans, compared to 13.0%, 9.4% and 8.0% of residents of, respectively, the Northeast Florida Region, Florida and the United States. This is a crucial contextual figure when assessing regional health as there are barriers and challenges to access to care for that population. Further, veterans are more prone to be affected by disabilities, inability to get or keep jobs and housing, and misinformation about or lack of insurance or benefits.

FIGURE 15. VETERAN POPULATION, 2012-2016

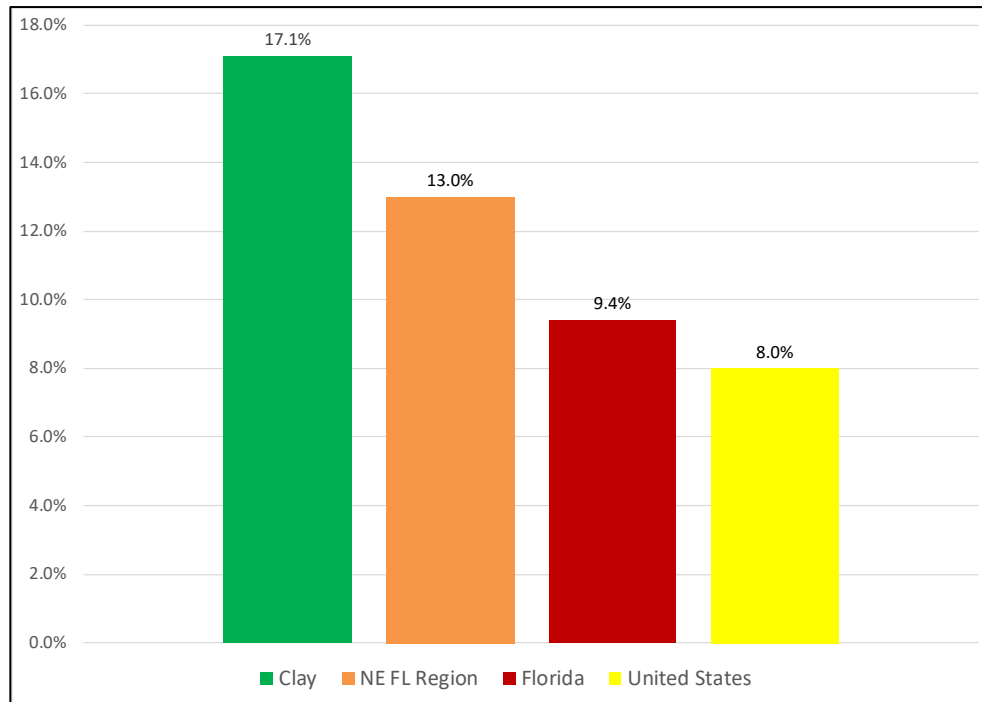


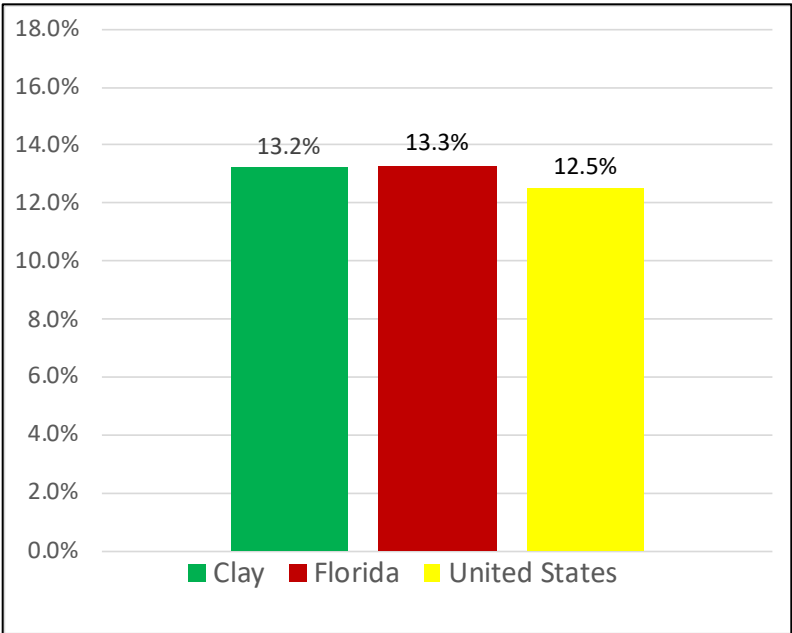
TABLE 19. VETERAN POPULATION BY WAR ERA, 2012-2016

	Florida	Clay
WWII	106,908 (7.2%)	788 (3.1%)
Korean War	181,464 (12.3%)	1,486 (5.8%)
Vietnam Era	522,695 (35.3%)	8,700 (34%)
Gulf War (8/1990 to 9/2001)	270,558 (18.3%)	10,302 (40.3%)
Gulf War (9/2001 or later)	199,719 (13.5%)	7,090 (27.7%)

Disabilities

Figure 16 shows the share of persons with any type of disability living in Clay County, compared to the overall state value and the value of the entire United States. In Clay County, 27,385 persons had a disability in 2016, or 13.2% of the population in 2012-2016. This is a smaller share compared to Florida, where 13.3% of persons had any type of disability, but a larger share compared to the United States, where 12.5% of persons had any type of disability.

FIGURE 16. PERSONS WITH A DISABILITY, 2012-2016



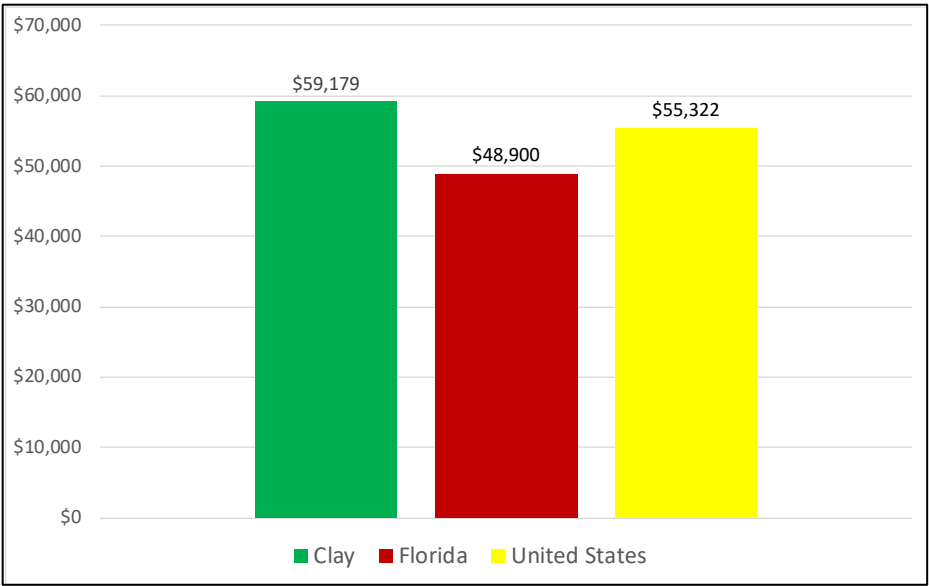
Social and Economic Determinants of Health

This section explores the social and economic determinants of health in Clay County. Social and economic determinants are the conditions in which people are born, grow, work, live, and age, and the wider set of forces and systems shaping the conditions of daily life. These social determinants and other factors help build the context of the service area to allow for better understanding of the results of both primary and secondary data.

Income & Poverty

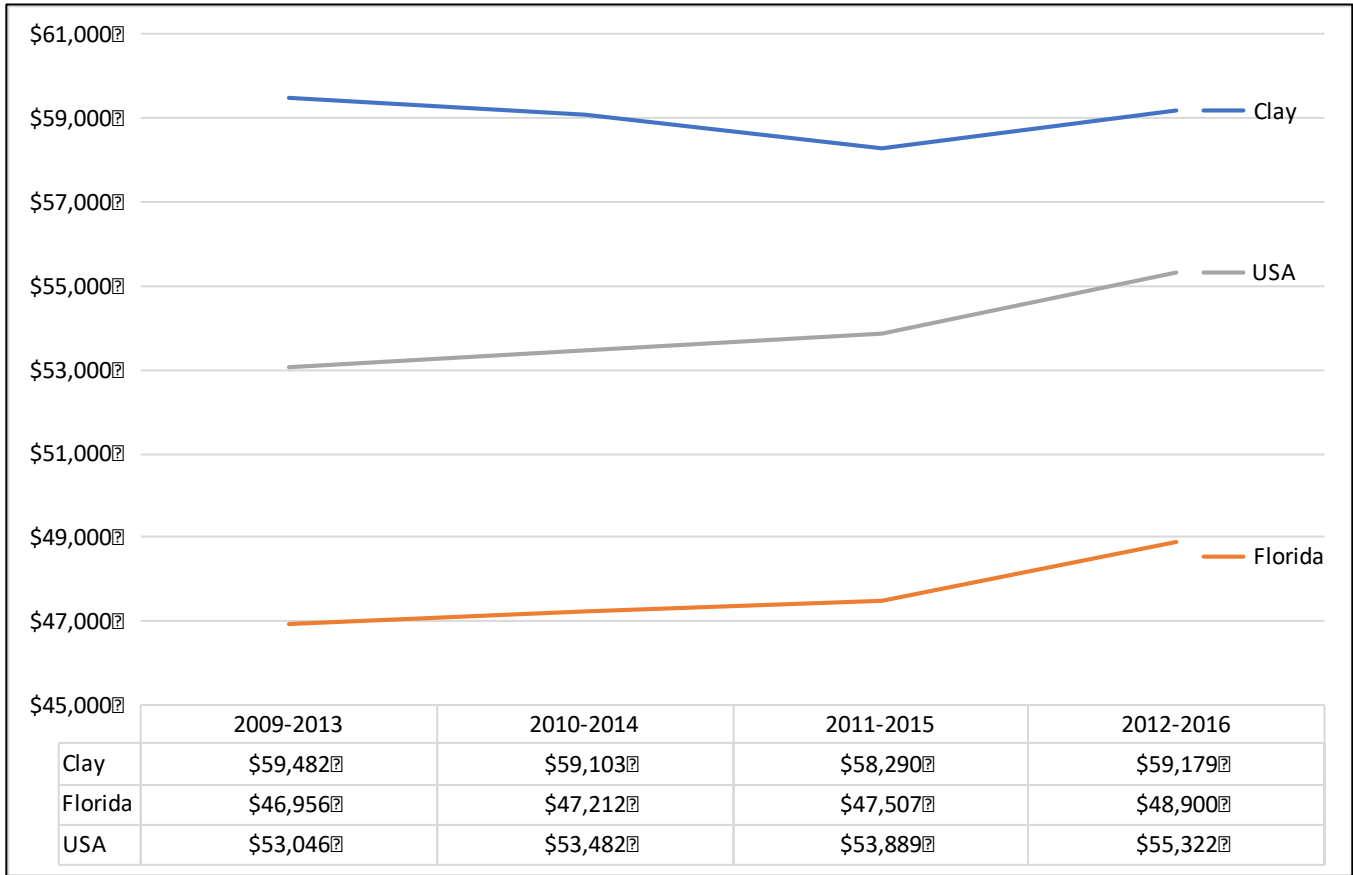
Figure 17 compares the median household income value for the hospital’s service area to the median household income value for Florida and the United States. The median household income of Clay County was \$59,179, which was higher than the median household income of both Florida at \$48,900 and the United States at \$55,322.

FIGURE 17. MEDIAN HOUSEHOLD INCOME, 2012-2016



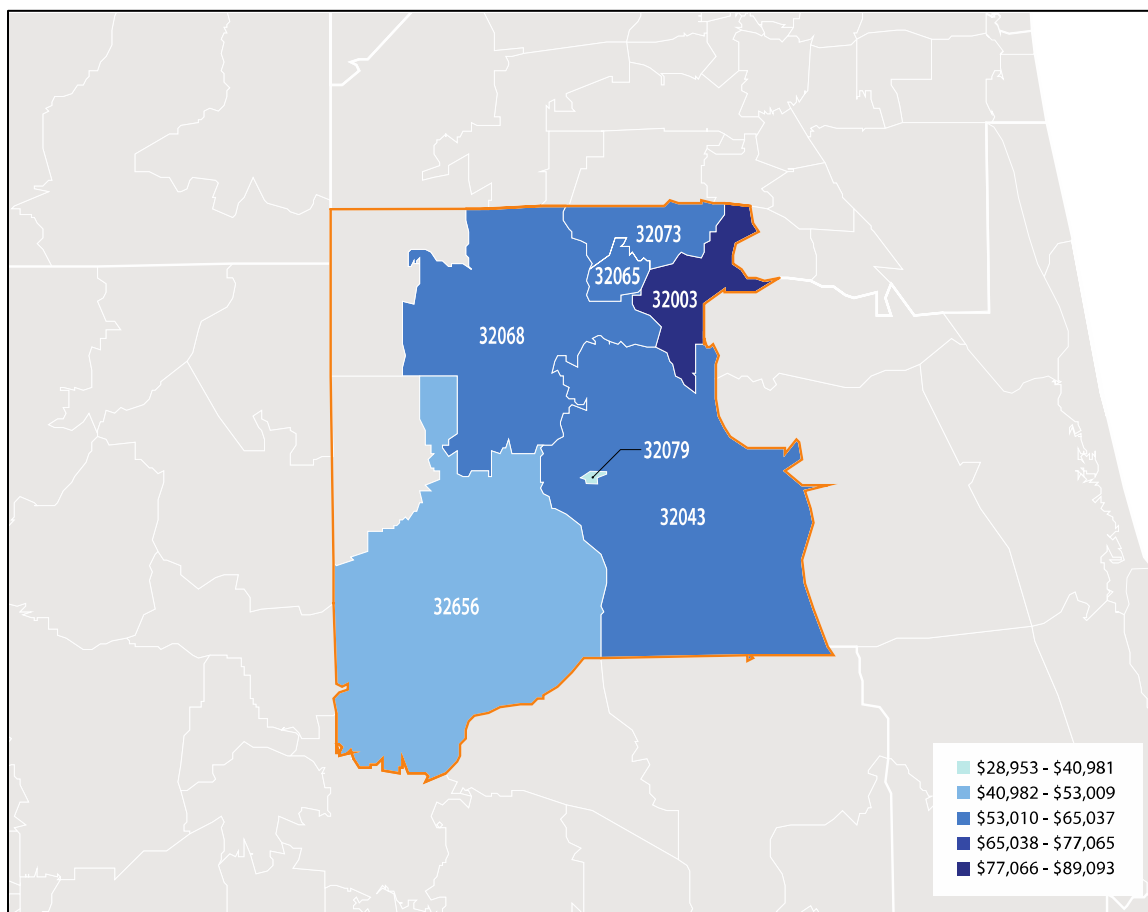
A closer examination of the trend in Figure 18 reveals that the median household income is slightly decreasing in Clay County but increasing in Florida and the United States.

FIGURE 18. MEDIAN HOUSEHOLD INCOME: PAST FOUR TIME PERIODS



Across all zip codes in Clay County, zip code 32079 had the lowest median household income at \$28,953 (Figure 19).

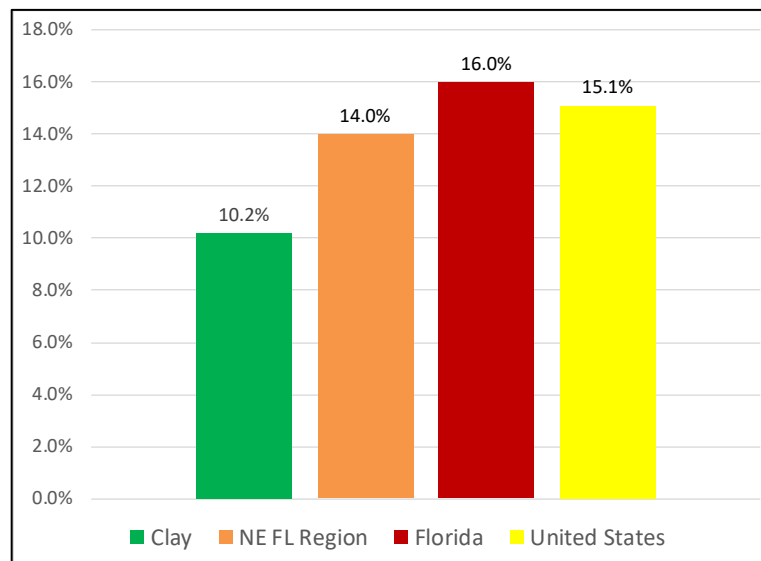
FIGURE 19. MEDIAN HOUSEHOLD INCOME BY ZIP CODE, 2012-2016 (CLAY)



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

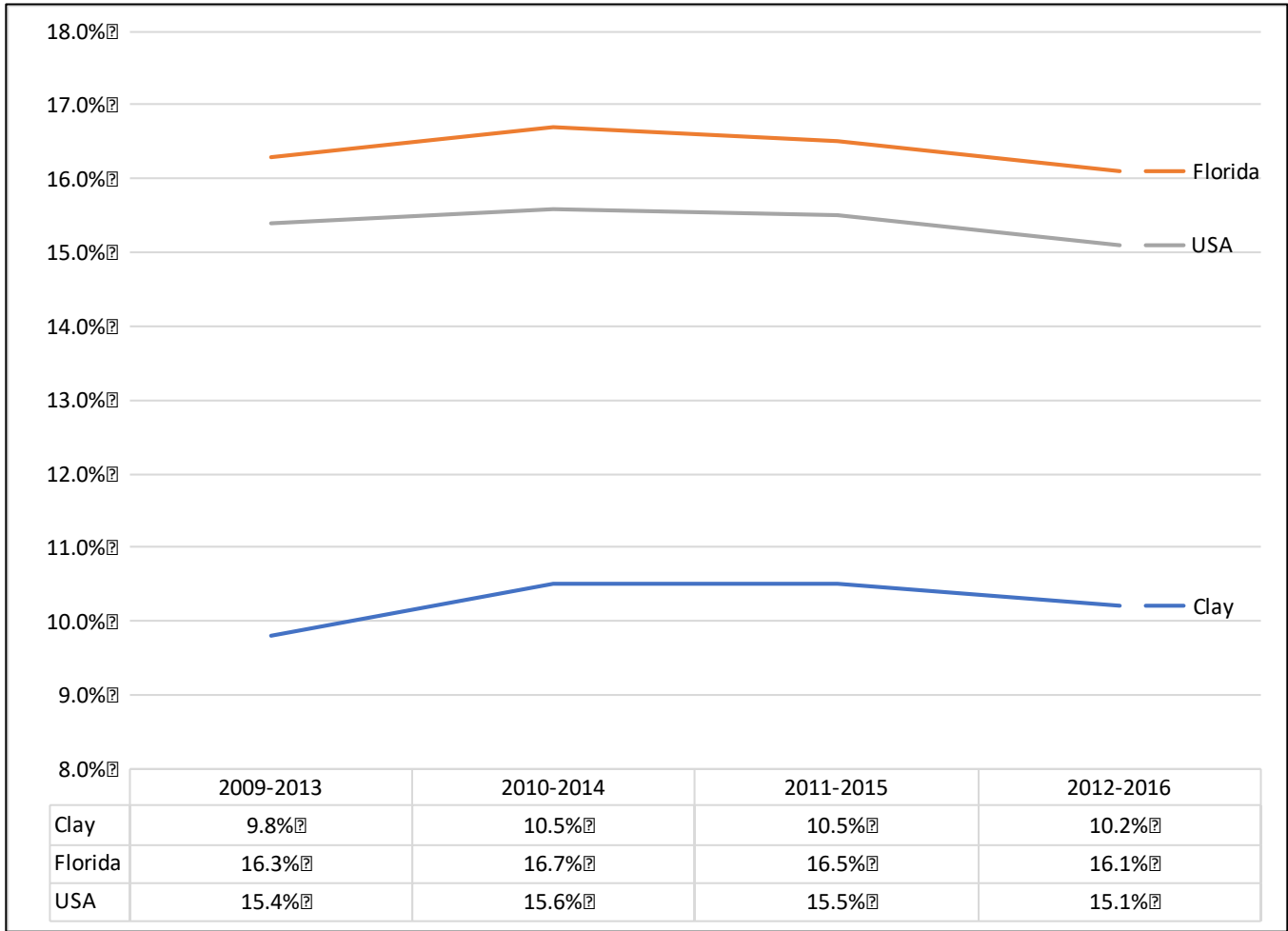
Figure 20 shows the percent of people living below the poverty level. A smaller share of Clay County residents (10.2%) live below the poverty level as compared to the Northeast Florida Region (14.0%), Florida (16.0%) and the United States (15.1%).

FIGURE 20. PEOPLE LIVING BELOW POVERTY LEVEL, 2012-2016



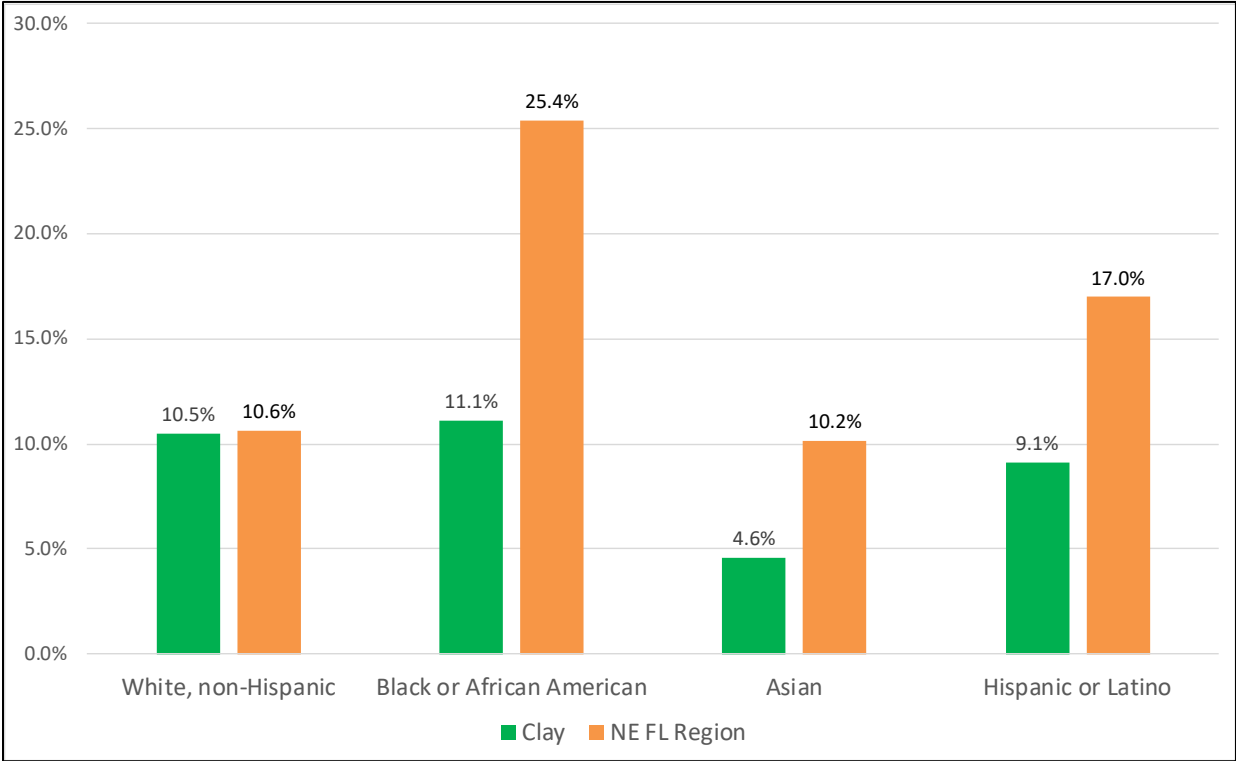
According to Figure 21, the trend of people living below poverty level has slightly increased in Clay County across the past four time periods.

FIGURE 21. PEOPLE LIVING BELOW POVERTY LEVEL: PAST FOUR TIME PERIODS



Examining the context of poverty more deeply, Figure 22 shows the percentage of people living below the poverty level by race and ethnicity. All four race/ethnicity population subgroups (White, non-Hispanic, Black or African American, Asian and Hispanic or Latino) have a smaller share of people living below the poverty level in Clay County as compared to the Northeast Florida Region.

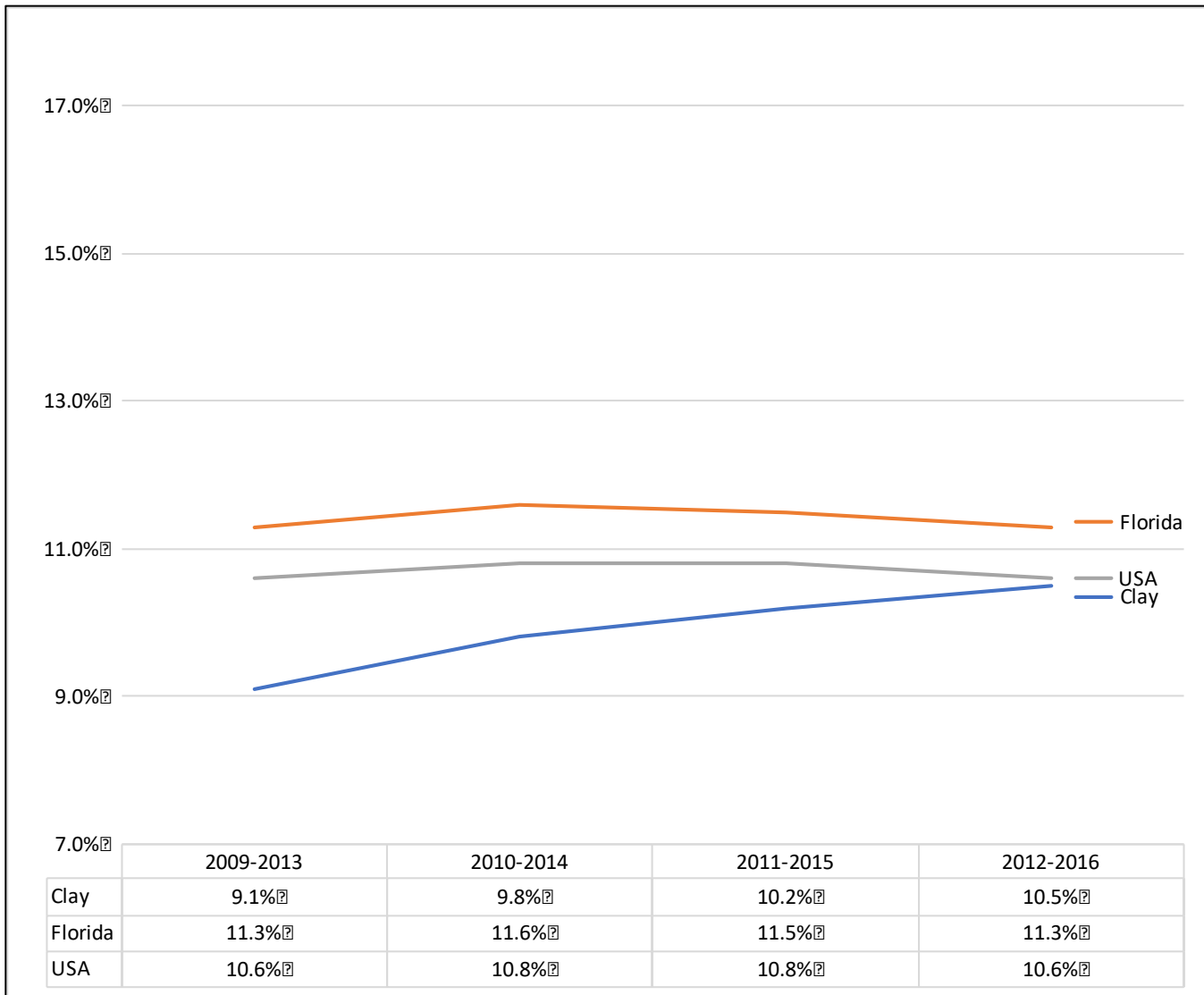
FIGURE 22. PEOPLE LIVING BELOW POVERTY LEVEL BY RACE/ETHNICITY, 2012-2016



Figures 11, 12, and 13 examine poverty trends for the White, non-Hispanic, Black or African American, and Hispanic or Latino populations.

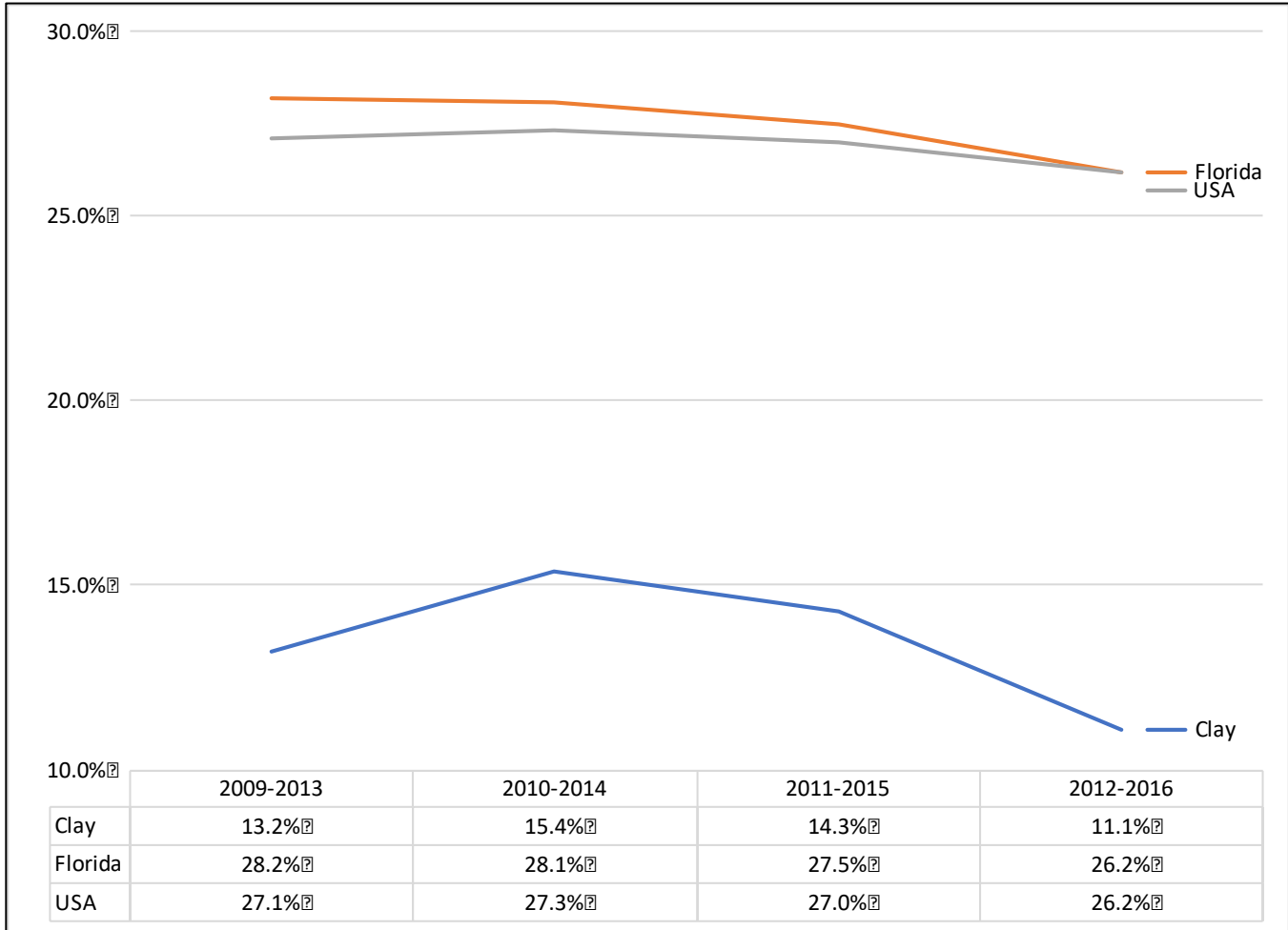
As shown in Figure 23, White, non-Hispanic residents in Clay County experienced a slight increase in levels of poverty over the past four time periods.

FIGURE 23. WHITE, NON-HISPANIC POPULATION LIVING BELOW POVERTY LEVEL: PAST FOUR TIME PERIODS



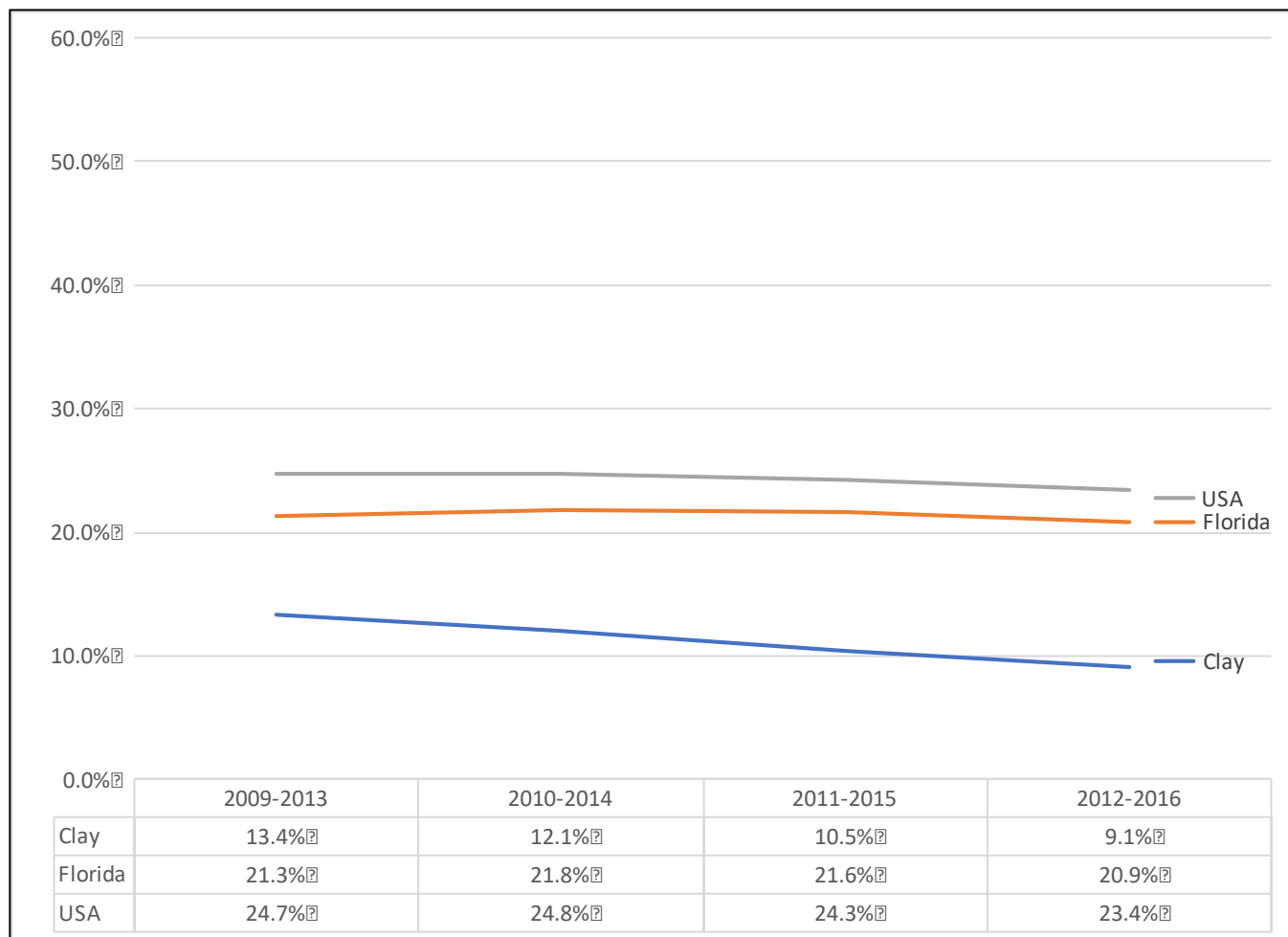
As shown in Figure 24, the rate of poverty for the Black or African American population in Clay County increased from 2009-2013 to 2010-2014; however, the rate has decreased since the 2010-2014 measurement period.

FIGURE 24. BLACK OR AFRICAN AMERICAN POPULATION LIVING BELOW POVERTY LEVEL: PAST FOUR TIME PERIODS



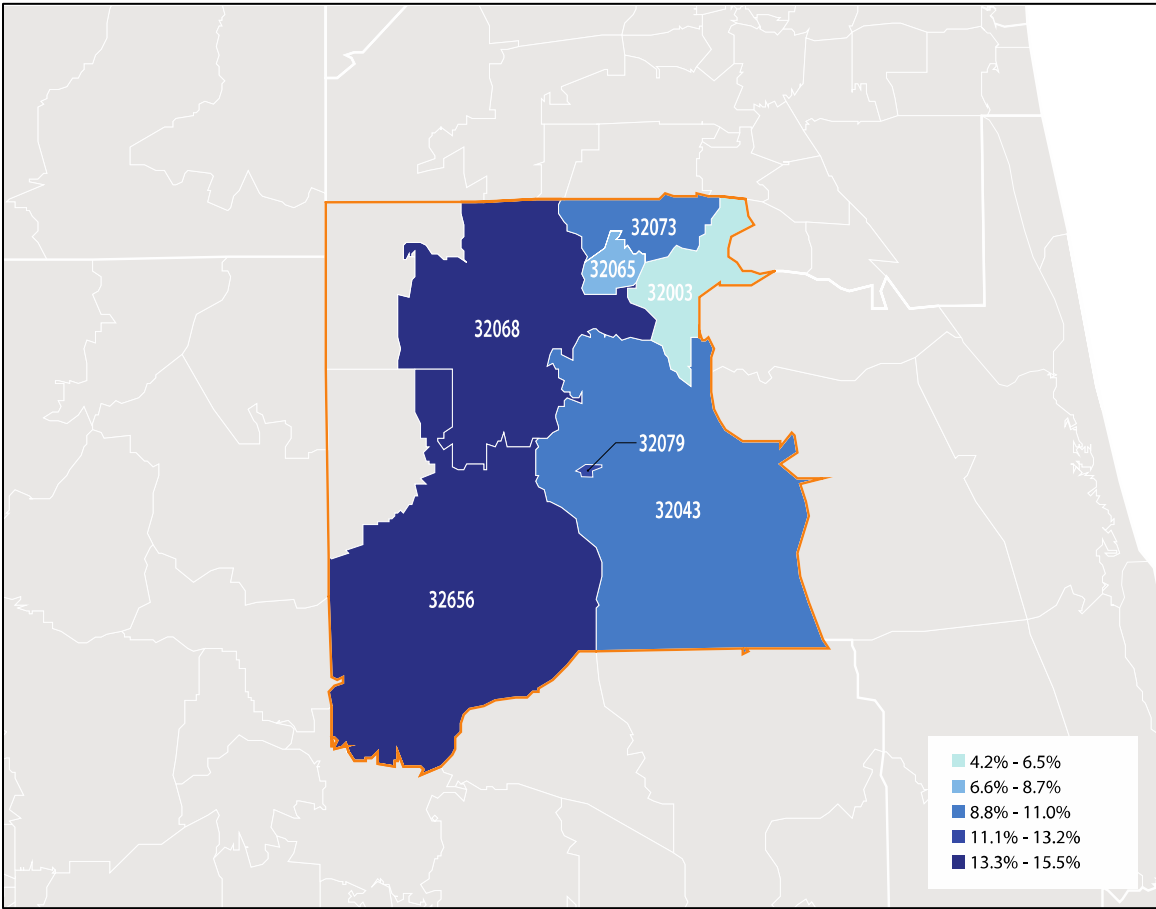
As shown in Figure 25, Hispanic or Latino residents experienced a decrease in the level of poverty in Clay County in the past four time periods.

FIGURE 25. HISPANIC OR LATINO POPULATION LIVING BELOW POVERTY LEVEL: PAST FOUR TIME PERIODS



At the zip code level across Clay County in Figure 23, zip code 32656 emerged with the highest share of people living below poverty at 15.5%.

FIGURE 26. PEOPLE LIVING BELOW POVERTY LEVEL BY COUNTY, 2012-2016 (CLAY)



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

Employment

Table 20 shows the percent of civilians, 16 years of age and older, who are unemployed as a percent of the civilian labor force. A high rate of unemployment has personal and societal effects. During periods of unemployment, individuals are likely to feel severe economic strain and mental stress.

Unemployment is also related to access to health care, as many individuals receive health insurance through their employer. A high unemployment rate places strain on financial support systems, as unemployed persons qualify for unemployment benefits and food stamp programs.

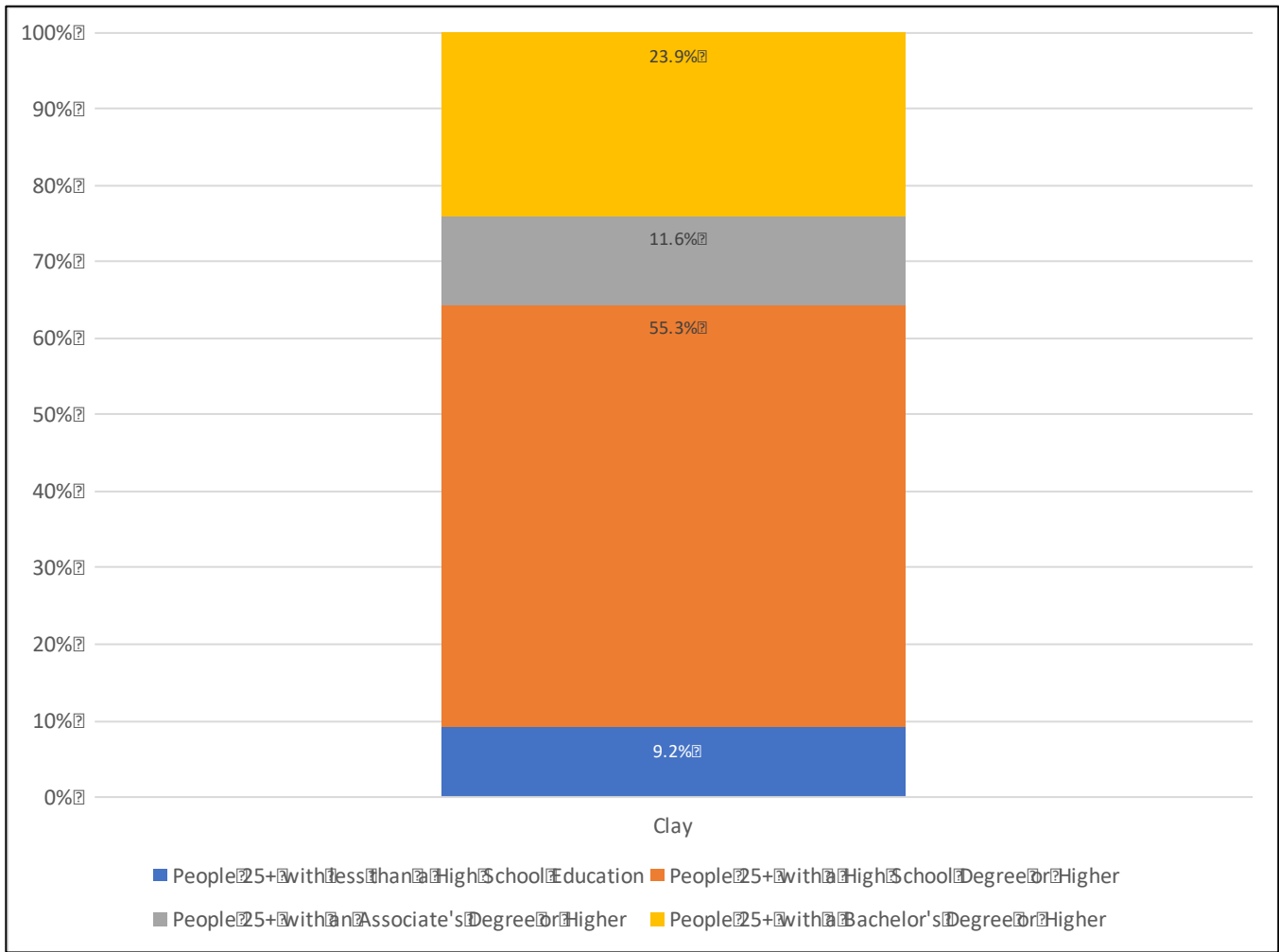
TABLE 20. UNEMPLOYED WORKERS IN CIVILIAN LABOR FORCE, MAY 2018

County	Percent Unemployed
Clay	3%

Education

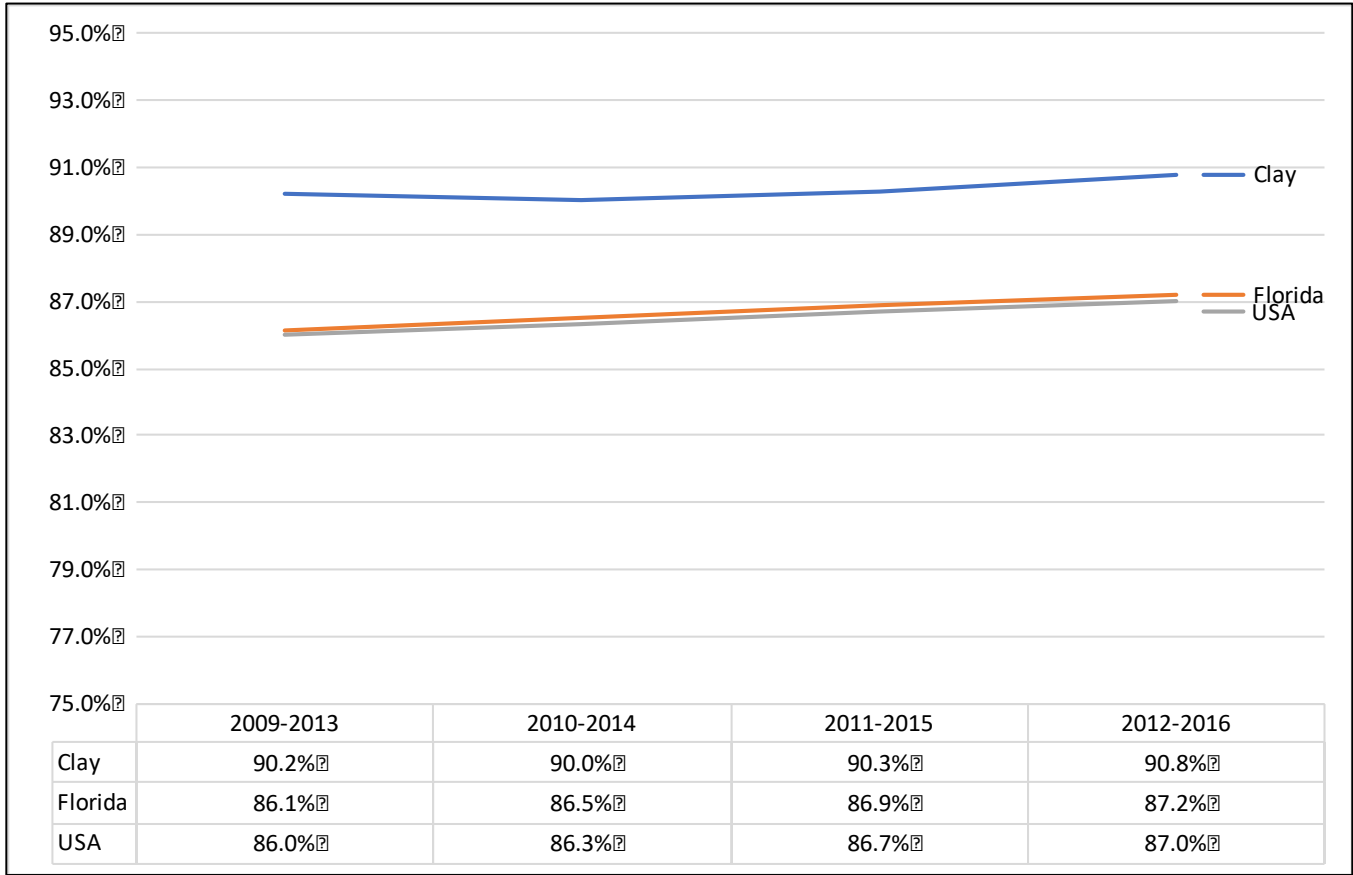
In 2012-2016, 90.8% of residents aged 25 or older in Clay County had at least a high school degree, as presented in Figure 27. The rate of high school degree attainment, or completion of high school or a general equivalency diploma (GED), was higher in Clay County than the Northeast Florida Region (90.1%), Florida (87.2%) and the United States (87.0%).

FIGURE 27. EDUCATIONAL ATTAINMENT BY COUNTY, 2012-2016



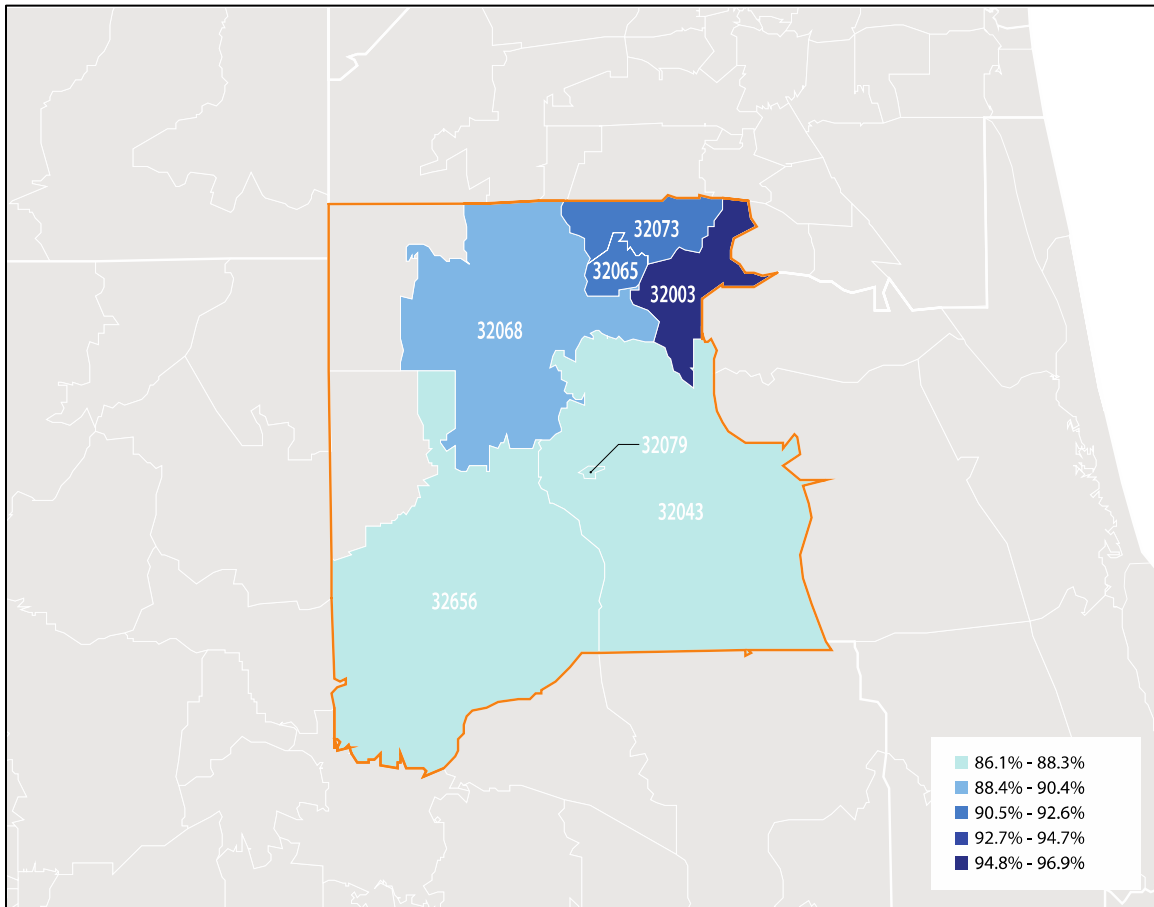
The share of residents aged 25 and older who have a high school degree increased slightly over the past three time periods for Clay County, as shown in Figure 28. This reflects the statewide and national trend of increased education across the population.

FIGURE 28. POPULATION AGED 25+ WITH A HIGH SCHOOL DEGREE OR HIGHER: PAST FOUR TIME PERIODS



Across all zip codes in the service area, as presented by Figure 29, zip code 32656 had the lowest share of high school degree attainment at 86.1% in 2012-2016.

FIGURE 29. HIGH SCHOOL DEGREE ATTAINMENT BY ZIP CODE, 2012-2016 (CLAY COUNTY)



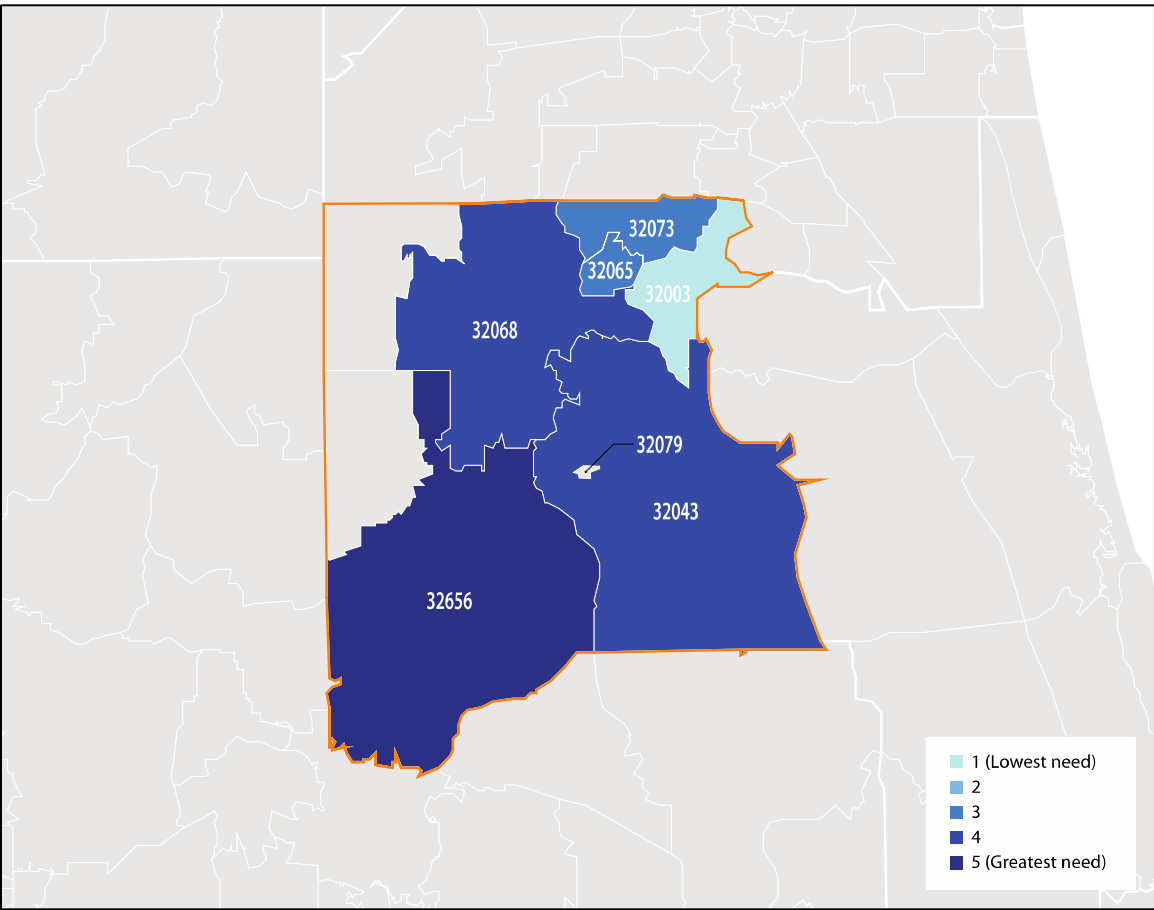
*Areas shaded grey within the orange border of Clay County indicate an area without a population according to the Census.

SocioNeeds Index

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

Within the Northeast Florida region, zip codes are ranked based on their index value to identify the relative levels of need, as illustrated by Figure 27. Compared to all zip codes within the region, zip code 32656 within Clay County had the highest level of socioeconomic need (as indicated by the darkest shade of blue) in Ascension St. Vincent’s Clay’s service area.

FIGURE 30. SOCIONEEDS INDEX FOR ASCENSION ST. VINCENT'S CLAY'S SERVICE AREA (ZIP CODE)



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

Prioritized Significant Health Needs

Upon completion of the group prioritization session, seven health needs were identified as priority health needs by the Jacksonville Nonprofit Hospital Partnership. These seven health needs are: (1) Access, (2) Behavioral Health, (3) Poverty, (4) Obesity & Physical Activity, (5) Maternal, Fetal & Infant Health, (6) Cancer, and (7) Vulnerable Populations.

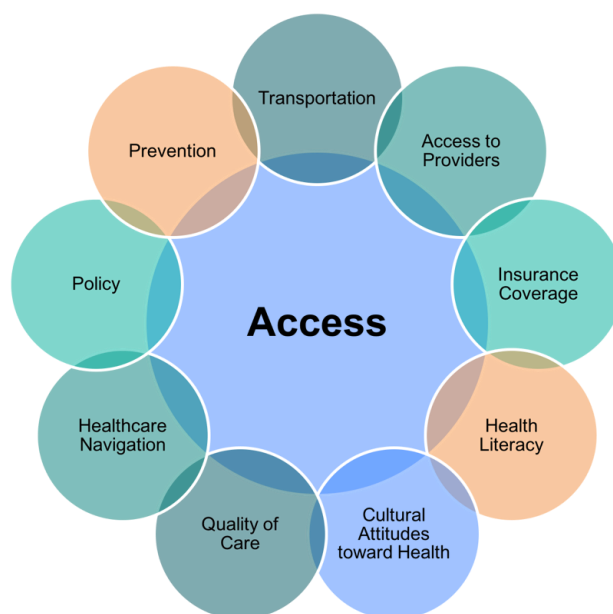
The following section will dive deeper into each of these health topics to show how findings from the secondary and primary data led to each health topic becoming a priority health issue for the Jacksonville Nonprofit Hospital Partnership.

These prioritized health needs will guide the community health improvement efforts of Ascension St. Vincent's Clay. Ascension St. Vincent's Clay will determine which prioritized health needs it has the resources to address and how it plans to address them in its Implementation Strategy.

Access

Throughout the data collection process, it was clear that the term "access" carries many different meanings. Figure 31 shows the many different aspects of access that were identified as influencing factors for the Partnership's service area during both the primary and secondary data collection and analysis. Most of the discussion around access focused on access to health services. However, reliable transportation, proper nutrition and safe and affordable housing emerged as issues that impacts one's access to health care. Access to health services and related issues ultimately informed the prioritization session discussion and the decision to prioritize access with focal points of access to health services including transportation, proper nutrition, and safe and affordable housing. The following section will dive into these issues within access as they relate to the primary and secondary data.

FIGURE 31. FACTORS RELATED TO ACCESS



Key Issues

- Primary data revealed that access to health services is the most important social determinant of health in Clay County.
- The primary care provider rate for Clay County is significantly lower than the Florida and United States rates.
- Community input conveyed that the need for increased access to public transportation is a pressing issue in Clay County.

Access to Health Services

Secondary Data

Secondary data showed that the rates of primary care providers, dentists, and children with health insurance are an issue in Clay County. The Clay County primary care provider and dentist rates are both significantly lower than the Florida and United States values. Nearly a fifth of Clay County adults did not visit a dentist due to cost.

TABLE 21. ACCESS TO HEALTH SERVICES INDICATORS*

Indicator	FL Value	County	County Value	County Data Score	FL Counties	FL Value	US Counties	US Value	HP2020	Trend
Adults who did not Visit a Dentist due to Cost [8] (2007)		Clay	19.1%	1.42	1					
Adults with Health Insurance [1] (2016)	81.6%	Clay	88.7%	1	0	1	2	1	3	0
Adults with a Usual Source of Health Care [8] (2016)	72.0%	Clay	77.7%	1.42	1	1		1	3	
Children with Health Insurance [1] (2016)	93.8%	Clay	94.6%	1.56	1	1	2	2	2	1.5
Clinical Care Ranking [4] (2018) <i>*Ranking of the county in clinical care according to the County Health Rankings</i>		Clay	29	1.42	1					
Dentist Rate [4] (2016) <i>*in dentists/100,000 population</i>	57.7	Clay	54.3	1.56	1	2	1	3		1
Non-Physician Primary Care Provider Rate [4] (2017) <i>*in providers/100,000 population</i>	87.8	Clay	94.1	0.33	0	1	0	0		0
Median Monthly Medicaid Enrollment [7] (2017) <i>*in enrollments/100,000 population</i>	19607.4	Clay	15192.1	1.33	0	0				3
Persons with Health Insurance [25] (2016)	84.60%	Clay	89.1%	1.08	0	1	2		3	0
Primary Care Provider Rate [4] (2015) <i>*in providers/100,000 population</i>	72.7	Clay	56.9	2.17	1	3	1	3		3

*Comparisons were given a score ranging from 0 (green) to 3 (red), where 0 indicates the best outcome and 3 the worst according to comparison values.

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

[1] American Community Survey

[4] County Health Rankings

[7] Florida Agency for Healthcare Administration

[8] Florida Behavioral Risk Factor Surveillance System

[25] Small Area Health Insurance Estimates

Primary Data

Community survey respondents ranked Access to Health Services as the most important social determinant of health in Clay County. 23.5% of community survey respondents answered that they either disagreed or strongly disagreed that public transportation and other transit opportunities made accessing health services manageable.

Data collected from key informant interviews and focus group participants noted that those living in outlying areas have the largest problem accessing health care due to transportation. This is specifically a concern in the Middleburg Area, an unincorporated area within Clay County.

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

TABLE 22. MEDICALLY UNDERSERVED AREAS AND POPULATIONS

County Name	Service Area Name	Designation Type	Geographic Area
Clay	Penney Farms Service Area	Medically Underserved Area	Minor Civil Division (92678) Penney Farms Census County Division

[12] Health Resources and Services Administration

Another type of HRSA shortage designation, Health Professional Shortage Areas (HPSAs), indicates health care provider shortages in primary care, dental health, or mental health. These shortages may impact the entire population within a defined geographic area, a specific population within a geographic area, or certain types of facilities for which a shortage of providers has been identified.

TABLE 23. HEALTH PROFESSIONAL SHORTAGE AREAS AND POPULATIONS

County Name	Designation Type	Geographic Area	Primary Care	Dental Health	Mental Health
Clay	Population - Geographic	Keystone Heights Census County Division	x		
Clay	Population - Low Income	Green Cove Springs Census County Division	x		

[13] Health Resources and Services Administration

Access to Proper Nutrition

Secondary Data

Access to proper nutrition is an influencing factor in one's ability to access health services. Food insecurity is defined as not having reliable access to a sufficient quantity of affordable, nutritious food.

According to the secondary data, Clay County's percentage of children who are likely ineligible for assistance is considerably higher than the Florida state value.

Barriers in accessibility to a grocery store impact individual nutrition and overall health. As illustrated in the secondary data, over a fifth of residents in Clay County have low access to a grocery store. Table 24 below displays secondary data indicators related to nutrition accessibility.

TABLE 24. NUTRITION RELATED INDICATORS*

Indicator	FL Value	County	County Value	County Data Score	FL Counties	FL Value	US Counties	US Value	HP2020	Trend
Child Food Insecurity Rate [6] (2015)	22.70%	Clay	19.7%	1	0	0	1	2		1.5
Children with Low Access to a Grocery Store [28] (2018)		Clay	6.3%	1.67	2		2			
Food Environment Index [4] (2018) <i>*An assessment of food environment according to County Health Rankings</i>	6.7	Clay	7.6	1.11	0	0	1	2		2
Food Insecure Children Likely Ineligible for Assistance [6] (2015)	29.0%	Clay	39.0%	2.39	3	3	3	3		1
Food Insecurity Rate [6] (2015)	15.1%	Clay	13.8%	1.44	0	1	2	2		2
Households with No Car and Low Access to a Grocery Store [28] (2015)		Clay	1.9%	1.17	0		1			
People 65+ with Low Access to a Grocery Store [28] (2015)		Clay	2.8%	1.33	1		1			
People with Low Access to a Grocery Store [28] (2015)		Clay	24.4%	1.5	1		2			

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

[4] County Health Rankings

[6] Feeding America

[8] Florida Behavioral Risk Factor Surveillance System

[28] U.S. Department of Agriculture - Food Environment Atlas

Primary Data

Diet, food, and nutrition was confirmed by 50% of community survey participants to be one of the most impactful conditions on health. Across seven key informant interviews and six focus groups, discussions focused on how inaccessibility to healthy foods impacts the ability to manage health and chronic disease.

One key informant mentioned that effective health services are those that affect “whole health”, which includes setting up a patient with housing and nutrition resources if needed. This theme was further supported throughout the focus group discussions.

Access to Safe & Affordable Housing

Secondary Data

According to the secondary data, Clay County is doing relatively well in this domain. There are only two indicators with a data score showing above average need. Clay County has a higher homeownership percentage than the state of Florida value. Additionally, Clay County’s values for median household rent, median housing unit value, household costs without a mortgage, and mortgaged owners monthly household costs are all lower than Florida values. Though Clay County is doing better relative to the state of Florida, the median household rent and housing unit value indicators still received a data score over 1.5, which is in the worst half of the 0-3 data score range. High housing and rent costs often prevent members of the population from being able to afford secure and acceptable housing or afford other expenses, such as their health care needs.

TABLE 25. HOUSING RELATED INDICATORS*

Indicator	FL Value	County	County Value	County Data Score	FL Counties	FL Value	US Counties	US Value	HP2020	Trend
Homeownership [1] (2012-2016)	52.30%	Clay	68.0%	0.61	0	0	0	0		2
Median Household Gross Rent [1] (2012-2016)	\$1,032	Clay	\$1,028	1.86	3	1		2		2
Median Housing Unit Value [1] (2012-2016)	\$166,800	Clay	\$157,600	1.86	1	2		3		2
Median Monthly Owner Costs for Households without a Mortgage [1] (2012-2016)	\$466	Clay	\$379	0.97	2	0		0		1
Mortgaged Owners Median Monthly Household Costs [1] (2012-2016)	\$1,422	Clay	\$1,359	1.08	2	1		1		0

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

[1] American Community Survey

Primary Data

Homelessness was discussed in four out of 12 key informant interviews as an issue. Key informants mentioned that for homeless individuals, access to resources and health services can be a challenge. Additionally, key informants mentioned that there is a mental health crisis within the homeless population, and there are not enough providers available to see those patients. Furthermore, focus group participants cited that homeless individuals who receive housing support often end up on the streets again because they are not able to maintain their mental health or other medical issues.

Affordability was another theme brought up in all but one of the focus groups. Housing and rental costs were mentioned as reasons an individual may forego health services.

Behavioral Health [Mental Health & Substance Abuse]

Key Issues

- Substance-related health issues are prevalent in Clay County
- Death rate due to drug poisoning in Clay County is much higher than the state and national values and exceeds the Healthy People 2020 target
- Mental health issues as they relate to substance abuse are becoming increasingly critical for consideration on the opioid epidemic

Secondary Data

Substance Abuse received a data score of 1.65, making it the eighth highest scoring among all health topic indicators in Clay County. Secondary data showed that drug use is of particular concern in Clay County. The death rate due to drug poisoning is considerably higher than both the Florida and United States values. Additionally, alcohol-impaired driving deaths is a significant problem by exceeding the state and United States values by at least 12%. Adults who smoke and teens who binge drink are also higher than the other values in consideration.

The death rate due to drug poisoning rose in Clay County from the rate measured for 2013-2015 to the rate measured for 2014-2016. In Clay County, the rate has been steadily rising over time since 2012.

Teen use of alcohol or drugs is defined as having used the substance at least once during the 30 days prior to the survey.

TABLE 26. BEHAVIORAL HEALTH INDICATORS*

Indicator	FL Value	County	County Value	County Data Score	FL Counties	FL Value	US Counties	US Value	HP2020	Trend
Adults who Drink Excessively [8] (2016)	17.5%	Clay	22.2%	1.83	3	3			0	
Adults who Smoke [8] (2016)	15.5%	Clay	18.7%	2.08	2	3		2	3	

Indicator	FL Value	County	County Value	County Data Score	FL Counties	FL Value	US Counties	US Value	HP2020	Trend
Age-Adjusted Death Rate due to Suicide [17] (2016) <i>*in deaths/100,000 population</i>	14.2	Clay	18.4	2.36	2	3		3	3	2
Alcohol-Impaired Driving Deaths [4] (2012-2016)	26.4%	Clay	41.2%	2.39	3	3	3	3		1
Alzheimer's Disease or Dementia: Medicare Population (2015)	11.7%	Clay	9.4%	1	0	0	2	1		1.5
Death Rate due to Drug Poisoning [4] (2014-2016) <i>*in deaths/100,000 population</i>	17.4	Clay	23.9	2.67	3	3	2	3		3
Depression: Medicare Population [3] (2015)	17.5%	Clay	16.3%	1.28	1	1	1	1		2
Driving Under the Influence Arrest Rate [19] (2016) <i>*in arrests/100,000 population</i>	173.9	Clay	109.1	0.67	0	0				0
Frequent Mental Distress [4] (2016)	11.9%	Clay	12.2%	1.17	0	2	2	0		
Health Behaviors Ranking [4] (2018) <i>*Ranking of the county in health behaviors according to the County Health Rankings</i>		Clay	32	1.42	1					
Teens who Binge Drink: High School Students [21] (2016)	10.9%	Clay	12.3%	1.33	1	3				0
Teens who have Used Methamphetamines [21] (2016)	0.8%	Clay	1.2%	1.72	2	3				1
Teens who Smoke: High School Students [22] (2016)	3.0%	Clay	4.5%	1.33	2	3			0	0
Teens who Use Alcohol [21] (2016)	25.5%	Clay	29.6%	1.67	3	3				0
Teens who Use Marijuana: High School Students [21] (2016)	17.0%	Clay	16.6%	1	1	1				0

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

[3] Centers for Medicare & Medicaid Services

[4] County Health Rankings

[8] Florida Behavioral Risk Factor Surveillance System

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

[19] Florida Department of Law Enforcement

[21] Florida Youth Substance Abuse Survey

[22] Florida Youth Tobacco Survey

Primary Data

There were 62% of community survey respondents that ranked Substance Abuse as the most important health issue in Clay County. Mental Health and Mental Disorders was ranked as the third most important health issue, with 59% of community survey participants selecting the topic as a pressing health need.

Data collected from 11 key informant interviews and 11 focus groups specifically noted that many community members struggling with their mental health cannot access resources or afford to receive care, as many insurance companies do not cover mental health services. These same discussions touched on the premise that many of those afflicted by mental health or substance abuse issues are often homeless, unable to hold jobs, or otherwise debilitated in other aspects of their lives due to their illness. They are therefore already a subset of the population less likely to have insurance coverage or ability to access care and services.

Further, there is still substantial stigma in the region surrounding mental health, as well as substance abuse. This stigma often prevents individuals from seeking out resources and care because they do not want their conditions to be known by others in the community or they are fearful that they may lose housing or jobs because of them.

Lastly, the emerging opioid crisis was also explored in key informant interviews and focus groups. It was also a problem that many participants believe needs to be quickly addressed, and many ranked it as one of their top health issues of concern. Notably, it was mentioned that opioids and prescription drug abuse is a “real health equalizer”, as it is one of the few things that affects the rich, poor, and everyone in between.

Poverty

Key Issues

- Poverty has a huge impact on health as there are very few providers with funding for low-income populations
- There is a gap in care for those who make too much money for Medicaid, but cannot purchase insurance on their own
- Food insecurity for those who are ineligible for assistance is a problem in the Clay community

Secondary Data

From the secondary data scoring results, the economy, which includes poverty, received a data score of 1.14, making it the second lowest ranked topic in the service area.

TABLE 27. POVERTY-RELATED INDICATORS*

Indicator	FL Value	County	County Value	County Data Score	FL Counties	FL Value	US Counties	US Value	HP2020	Trend
Child Food Insecurity Rate [6] (2015)	22.7%	Clay	19.7%	1	0	0	1	2		1.5
Children Living Below Poverty Level [1] (2012-2016)	23.3%	Clay	12.2%	0.61	0	0	0	0		2
Families Living Below Poverty Level [1] (2012-2016)	11.7%	Clay	7.9%	1	0	0	1	0		3
Female Population 16+ in Civilian Labor Force [1] (2012-2016)	54.3%	Clay	57.2%	1.5	0	1	1	2		3
Food Insecure Children Likely Ineligible for Assistance [6] (2015)	29.0%	Clay	39.0%	2.39	3	3	3	3		1
Food Insecurity Rate [6] (2015)	15.1%	Clay	13.8%	1.44	0	1	2	2		2
Homeownership [1] (2012-2016)	52.3%	Clay	68.0%	0.61	0	0	0	0		2
Households with Cash Public Assistance Income [1] (2012-2016)	2.2%	Clay	1.7%	0.56	0	0	1	0		1
Low-Income and Low Access to a Grocery Store [28] (2015)		Clay	6.9%	1.5	1		2			
Median Household Gross Rent [1] (2012-2016)	\$1,032	Clay	\$1,028	1.86	3	1		2		2

Indicator	FL Value	County	County Value	County Data Score	FL Counties	FL Value	US Counties	US Value	HP2020	Trend
Median Household Income [1] (2012-2016)	\$48,900	Clay	\$59,179	0.78	0	0	0	1		2
Median Housing Unit Value [1] (2012-2016)	\$166,800	Clay	\$157,600	1.86	1	2		3		2
Median Monthly Owner Costs for Households without a Mortgage [1] (2012-2016)	\$466	Clay	\$379	0.97	2	0		0		1
Mortgaged Owners Median Monthly Household Costs (2012-2016)	\$1,422	Clay	\$1,359	1.08	2	1		1		0
People 65+ Living Below Poverty Level [1] (2012-2016)	10.4%	Clay	6.2%	0.5	0	0	0	0		1.5
People Living 200% Above Poverty Level [1] (2012-2016)	62.7%	Clay	72.4%	0.78	0	0	0	1		2
People Living Below Poverty Level [1] (2012-2016)	16.1%	Clay	10.2%	0.61	0	0	0	0		2
Per Capita Income [1] (2012-2016)	\$27,598	Clay	\$27,159	1.5	1	2	1	2		1.5
Population 16+ in Civilian Labor Force [1] (2012-2016)	58.5%	Clay	62.1%	1.5	0	1	1	2		3
Renters Spending 30% or More of Household Income on Rent [1] (2012-2016)	57.4%	Clay	42.7%	1.06	1	0	2	1		1
Severe Housing Problems [4] (2010-2014)	21.5%	Clay	14.9%	0.83	0	0	2	0		1.5
Social and Economic Factors Ranking [4] (2018) <i>in *Ranking of the county in social and economic factors according to the County Health Rankings</i>		Clay	6	1.25	0					
Total Employment Change [27] (2014-2015)	4.5%	Clay	2.7%	1.67	2	3	1	1		
Unemployed Workers in Civilian Labor Force [1] (February 2018)	3.8%	Clay	3.4%	0.61	0	0	0	0		2

*Comparisons were given a score ranging from 0 (green) to 3 (red), where 0 indicates the best outcome and 3 the worst according to comparison values. Comparison scores of 0 or 3 are determined by the quartile of the indicator value when compared to a set of county values (FL counties or US counties), percent difference of 10% or greater when compared to a single value (FL value, US value, or HP2020 target), or a statistically significant Mann-Kendall test for trend. A trend score of 1.5 indicates the values are neither increasing nor decreasing over time. Availability of each type of comparison varies by

indicator and is dependent upon the data source, comparability with data collected for other communities, and changes in methodology over time. Please see Appendix B2 for a detailed description of data scoring methodology.

[1] American Community Survey

[4] County Health Rankings

[6] Feeding America

[26] U.S. Bureau of Labor Statistics

[27] U.S. Census – County Business Patterns

[28] U.S. Department of Agriculture – Food Environment Atlas

Additionally, when examining trends over time, it can be seen that the population in the civilian labor force and the female population in the civilian labor force is trending down. In the most recent time period of 2012-2016, Clay County has had lower percentages of these populations in the civilian labor force than the Florida state average. While these values include both those who are employed and those who are unemployed, this decrease in the percent of people in the labor force indicates a growing number of people who are unable to potentially work to earn money and boost the economy. Lastly, the percentage of families living below the poverty level has been increasing over time in Clay County. Table 28 below shows poverty-related indicator values for the last four time periods of measurement for counties that had a statistically significant trend in the harmful direction according to the Mann-Kendall statistical test.

TABLE 28. POVERTY-RELATED INDICATORS, TREND DATA

Families Living Below Poverty Level ¹				
	2009-2013	2010-2014	2011-2015	2012-2016
Clay County	6.9%	7.6%	7.7%	7.9%
Female Population 16+ in Civilian Labor Force ¹				
	2009-2013	2010-2014	2011-2015	2012-2016
Clay County	59.3%	57.9%	57.6%	57.2%
Population 16+ in Civilian Labor Force ¹				
	2009-2013	2010-2014	2011-2015	2012-2016
Clay County	63.8%	62.7%	62.3%	62.1%

¹ American Community Survey

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

Granular data reveals areas of the service area in particular need as it relates to poverty and the economy. Zip codes 32068, 32073, 32079, and 32656 stood out in Clay County as having some of the highest percentages of children, families, people, and people 65 years of age and older living in poverty. These same zip codes also appeared on the low end of zip codes in terms of median household income and people living 200% above the poverty level, with zip code 32079 standing out with a median household income barely half of the state median. Table 29 shows the values for the most concerning performing zip codes for relevant poverty-related indicators.

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

Children Living Below Poverty Level ¹			
Zip Code 32656	Zip Code 32068	Zip Code 32073	Florida
20.2%	18.2%	15.6%	23.3%

Families Living Below Poverty Level ¹			
Zip Code 32079	Zip Code 32068	Zip Code 32656	Florida
13.0%	12.6%	12.2%	11.7%
Median Household Income ¹			
Zip Code 32079	Zip Code 32656	Zip Code 32073	Florida
\$28,953	\$48,789	\$54,661	\$48,900
People 65+ Living Below Poverty Level ¹			
Zip Code 32656	Zip Code 32068	Zip Code 32043	Florida
9.3%	8.8%	7.7%	10.4%
People Living 200% Above Poverty Level ¹			
Zip Code 32656	Zip Code 32068	Zip Code 32043	Florida
62.6%	66.1%	68.6%	62.7%
People Living Below Poverty Level ¹			
Zip Code 32656	Zip Code 32068	Zip Code 32079	Florida
15.5%	13.8%	11.3%	16.1%

¹ American Community Survey

Primary Data

Community survey participants were asked to rank the most impactful conditions of daily life in their community, and poverty was ranked as the twelfth most impactful for the service area with 11% of respondents listing it as an impactful condition.

Six key informants and eight focus group participants shed additional light on how poverty and the economy affect health in Clay County. One focus group discussed the underinsured gap in coverage that exists in the Clay County for the working poor, or families that earn too much to qualify for Medicaid, but earn inadequate amounts to afford healthcare. One key informant interview insinuated that it would be easier for parents with very low-incomes to not work and instead take advantage of the benefits of the system for unemployed and those in poverty.

Obesity & Physical Activity

Key Issues

- The percentage of the adult population who are obese or overweight is higher than the Florida and United States values.
- Lifestyle behaviors are contributing factors to other chronic diseases such as diabetes, heart disease, and cancer
- Nearly a quarter of the Clay County population has low access to a grocery store.

Secondary Data

The topic of Obesity and Physical Activity was identified as a top health need in the Clay County area. Obesity and Physical Activity had the thirteenth highest data score of all health topic areas using the data scoring technique, with a score of 1.54, landing in the worst half of the 0-3 data score range.

Compared to the state average, the percentage of obese adults is higher in Clay County. With regards to nutrition, Clay County has a fewer percentage of adults eating five or more servings of fruits and vegetables per day than Florida state overall. Additionally, less than 1% of the Clay County population walks to work.

Access to exercise opportunities also informs the prioritization of Obesity and Physical Activity as a top health issue for Clay County, which has a lower percentage of its population with access than both statewide and national averages. Additionally, Clay County is in the worse half for the Physical Environment Ranking measure, as can be seen in Table 30.

TABLE 30. OBESITY & PHYSICAL ACTIVITY-RELATED INDICATORS*

Indicator	FL Value	County	County Value	County Data Score	FL Counties	FL Value	US Counties	US Value	HP2020	Trend
Access to Exercise Opportunities [4] (2018)	87.1%	Clay	83.9%	1.17	1	2	0	1		
Adult Fruit and Vegetable Consumption [8] (2013)	18.3%	Clay	14.8%	1.83	2	3				
Adults who are Obese [8] (2016)	27.4%	Clay	31.1%	1.81	1	3		2	2	
Adults who are Overweight or Obese [8] (2016)	63.2%	Clay	67.8%	1.75	2	2		2		
Child Food Insecurity Rate [6] (2015)	22.7%	Clay	19.7%	1	0	0	1	2		1.5
Children with Low Access to a Grocery Store [28] (2018)		Clay	6.3%	1.67	2		2			
Food Environment Index [4] (2018) <i>*An assessment of food environment according to County Health Rankings</i>	6.7	Clay	7.6	1.11	0	0	1	2		2
Food Insecure Children Likely Ineligible for Assistance [6] (2015)	29.0%	Clay	39.0%	2.39	3	3	3	3		1
Food Insecurity Rate [6] (2015)	15.1%	Clay	13.8%	1.44	0	1	2	2		2
Health Behaviors Ranking [4] (2018) <i>*Ranking of the county in health behaviors according to County Health Rankings</i>		Clay	32	1.42	1					

Indicator	FL Value	County	County Value	County Data Score	FL Counties	FL Value	US Counties	US Value	HP2020	Trend
Households with No Car and Low Access to a Grocery Store [28] (2015)		Clay	1.9%	1.17	0		1			
Low-Income and Low Access to a Grocery Store [28] (2015)		Clay	6.9%	1.5	1		2			
People 65+ with Low Access to a Grocery Store [28] (2015)		Clay	2.8%	1.33	1		1			
People with Low Access to a Grocery Store [28] (2015)		Clay	24.4%	1.5	1		2			
Physical Environment Ranking [4] (2018) <i>*Ranking of the county in physical environment according to County Health Rankings</i>		Clay	39	1.58	2					
Teens who are Obese: High School Students [12] (2012)	14.3%	Clay	13.1%	1.28	0	1				2
Workers who Walk to Work [1] (2012-2016)	1.5%	Clay	0.9%	2.61	2	3	3	3	3	2

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

[1] American Community Survey

[4] County Health Rankings

[6] Feeding America

[8] Florida Behavioral Risk Factor Surveillance System

[12] Florida Department of Health, Bureau of Epidemiology

[28] U.S. Department of Agriculture - Food Environment Atlas

Examining the data at a granular level, zip code 32068 had the highest percentage of children receiving SNAP, or supplemental nutrition assistance, at 63.7 percent, while zip code 32065, 32073, and 32043 also had over half of children receiving SNAP. This data may signify populations that are at risk for obesity or other diet-related issues due to lack of readily available nutritious food.

Zip codes 32003 (0.2 percent), 32068 (0.3 percent), 32656 (0.4 percent), and 32043 (0.5 percent) are also notable in that they all have less than one percent of workers who walk to work, another indication of a lack of physical activity.

Primary Data

The topic of Obesity and Physical Activity was ranked as the second highest pressing health issue by 62% of respondents from the community survey.

Discussion by key informants and focus group participants focused around access to healthy food options as well as environmental factors relating to general wellness. Half of the key informants discussed the topic of Exercise, Weight & Nutrition in their interview. Community concern is mainly focused on low-income and geographically isolated families. Key informants and focus group participants mentioned that food pantries, nutrition programs in schools, and similar services cannot keep up with demand. Families are further inhibited from getting proper nutrition due to their living in food deserts, which are urban areas in which it is difficult to access affordable, healthy foods.

The built environment was mentioned as a barrier to proper nutrition and exercise in the Clay County area. Additionally, grocery store access was discussed as a major barrier for many families and older adults. Key informants and focus group participants noted that the rural area within the defined service area are isolated from grocery stores that offer affordable, healthy food options including fruits and vegetables. Families and older adults who are on a fixed income do not have the financial ability to pay for a transportation service to get to the grocery stores for fresh food.

Maternal, Fetal & Infant Health

Key Issues

- The percentage of mothers who received early prenatal care is considerably lower than the Florida and United States values.
- African Americans are disproportionately negatively impacted by infant mortality.

Secondary Data

Maternal, Fetal, and Infant Health received a data score of 1.23, which places it in the better half of the 0-3 data score range. The indicators which arose as higher scoring, indicating higher need, include Mothers Who Receive Early Prenatal Care, Preterm Births, Babies with Low Birth Weight, Infant Mortality Rate, and Teen Birth Rate.

Clay County does not meet the Healthy People 2020 target for mothers who received early prenatal care, and the county performs worse than the state and nation for this indicator. Clay County is in the worst quartile for early prenatal care compared to all counties in Florida. Additionally, Clay does not meet the Healthy People 2020 target for preterm births.

Further analysis was done to identify specific indicators of concern across the region, and individual indicators with high data scores within the topic area are listed below in Table 31.

TABLE 31. MATERNAL, FETAL, & INFANT HEALTH-RELATED INDICATORS*

Indicator	FL Value	County	County Value	County Data Score	FL Counties	FL Value	US Counties	US Value	HP2020	Trend
Babies with Low Birth Weight [17] (2016)	8.7%	Clay	7.8%	1.14	1	0		1	1	2
Infant Mortality Rate [17] (2014-2016) <i>*in deaths/1,000 live births</i>	6.1	Clay	5.5	1.39	1	1			1	2
Infants Born to Mothers >18 Years Old with <12 Years Education [17] (2016)	10.8%	Clay	6.4%	0.67	0	0				0
Mothers who Received Early Prenatal Care [17] (2016)	78.4%	Clay	72.4%	1.92	2	2		2	2	2
Preterm Births [17] (2016)	10.1%	Clay	10.1%	1.36	1	1		2	2	1
Teen Birth Rate: 15-19 [17] (2016) <i>*in live births/1,000 females aged 15-19</i>	19.5	Clay	17.7	0.92	0	1		0		1.5

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

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

According to the Mann-Kendall Test for Statistical Significance, there is a favorable trend over the past four time periods of measurement for the number of preterm births in Clay County (Table 32).

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

Preterm Births ¹⁷ (2016) (Percent)				
	2013	2014	2014	2016
Clay County	11.1%	11.7%	10.9%	10.1%

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

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

Granular data reveals areas of the service area in particular need as it relates to maternal, fetal, and infant health. In particular, zip codes with percentages of babies with low birth weight and preterm births, as well as infant mortality rates, which are higher than the county service area average can be identified (Table 33).

TABLE 33. ZIP CODE LEVEL DATA FOR MATERNAL, FETAL & INFANT HEALTH INDICATORS

Babies with Low Birth Weight ¹⁷			
Zip Code 32065	Zip Code 32073	Clay	Florida
9.0%	8.8%	7.8%	8.7%
Infant Mortality Rate ¹⁷			
Zip Code 32043	Zip Code 32065	Nassau	Florida
10.0	5.7	5.5	6.1
Preterm Births ¹⁷			
Zip Code 32009	Zip Code 32046	Nassau	Florida
12.7%	11.9%	10.1%	10.1%

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

Primary Data

Maternal, Fetal & Infant Health was discussed in approximately one-third of both key informant interviews and focus groups. Additionally, Sexual Health and Reproductive Health as a topic area was chosen by 19% of community respondents as one of the most pressing health needs in their community.

Four key informants cited higher rates of fetal and infant mortality as a consequence of limited access to prenatal care, proper diet, and related resources during pregnancy.

Lastly, as of June 2018, Clay County public schools are not required to offer comprehensive sex education, which incorporates sex education and disease prevention while emphasizing the benefits of abstinence. This could potentially lead to increasing problems with many sexual health related issues in the community.

Cancer

Key Issues

- There is a high incidence of Cancer in Clay County, while the care and treatment of Cancer is burdened by financial challenges and lack of access to services.
- The death rates due to various types of cancer, including colorectal, lung, and prostate, are of particular concern in Clay County
- Prostate cancer disproportionately affects the Black population at a significantly higher rate.

Secondary Data

From the secondary data results, cancer was identified to be a health topic area of need for Clay County, scoring as the sixth highest topic area with a data score of 1.75 placing it in the worst half of the 0-3 data score range.

Cervical Cancer Incidence Rate was the highest scoring cancer topic indicator in Clay County via data scoring. Additionally, Clay County failed to meet the Healthy People 2020 target of 45.5 deaths per 100,000 people for death rate due to lung cancer. The rate of throat and mouth cancer in Clay County is higher than the Florida state value of 13.4 cases per 100,000 population, indicating a potential cultural and behavioral problem of smoking and tobacco use in the service area, which is supported by primary data findings.

TABLE 34. CANCER INDICATORS*

Indicator	FL Value	County	County Value	County Data Score	FL Counties	FL Value	US Counties	US Value	HP2020	Trend
Age-Adjusted Death Rate due to Breast Cancer [17] (2014-2016) <i>*in deaths/100,000 females</i>	19.8	Clay	19.3	1.17	1	1			1	1
Age-Adjusted Death Rate due to Cancer [17] (2014-2016) <i>*in deaths/100,000 population</i>	155.1	Clay	181.8	2.11	2	3			3	2
Age-Adjusted Death Rate due to Colorectal Cancer [17] (2014-2016) <i>*in deaths/100,000 population</i>	13.7	Clay	16.4	2	2	3			3	1.5
Age-Adjusted Death Rate due to Lung Cancer [17] (2014-2016) <i>*in deaths/100,000 population</i>	40.4	Clay	54.7	1.67	2	3			3	0

Indicator	FL Value	County	County Value	County Data Score	FL Counties	FL Value	US Counties	US Value	HP2020	Trend
Age-Adjusted Death Rate due to Prostate Cancer [17] (2014-2016) <i>*in deaths/100,000 males</i>	17.1	Clay	21.4	2.06	3	3			1	2
All Cancer Incidence Rate [29] (2012-2014) <i>*in cases/100,000 population</i>	426.8	Clay	466.1	1.83	3	2				1.5
Breast Cancer Incidence Rate [29] (2012-2014) <i>*in cases/100,000 females</i>	117.8	Clay	116.6	1.39	2	1				1
Cancer: Medicare Population [3] (2015)	9.6%	Clay	8.7%	1.89	2	1	3	3		1
Cervical Cancer Incidence Rate [29] (2012-2014) <i>*in cases/100,000 females</i>	8.5	Clay	11.8	2.28	3	3			3	2
Colon Cancer Screening: Blood Stool Test Past Year [8] (2016)	16.0%	Clay	9.1%	2	3	3				
Colorectal Cancer Incidence Rate [29] (2012-2014) <i>*in cases/100,000 population</i>	36.9	Clay	39.7	1.61	2	2			1	1.5
Lung and Bronchus Cancer Incidence Rate [29] (2012-2014) <i>*in cases/100,000 population</i>	61	Clay	77.8	1.83	2	3				1.5
Mammogram: 40+ Past Year [8] (2016)	60.8%	Clay	62.6%	1.06	0	1				1
Melanoma Incidence Rate [29] (2012-2014) <i>*in cases/100,000 population</i>	22.8	Clay	27.8	1.94	2	3				2
Oral Cavity and Pharynx Cancer Incidence Rate [29] (2012-2014) <i>*in cases/100,000 population</i>	13.4	Clay	15.4	1.94	2	3				2
Pap Test in Past Year [8] (2016)	48.4%	Clay	42.0%	1.83	2	3				
Prostate Cancer Incidence Rate [29] (2012-2014) <i>*in cases/100,000 males</i>	90.5	Clay	96.8	1.83	3	2				1.5

Indicator	FL Value	County	County Value	County Data Score	FL Counties	FL Value	US Counties	US Value	HP2020	Trend
Prostate-Specific Antigen Test History [8] (2016)	54.9%	Clay	63.2%	1	0	0				

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

[3] Centers for Medicare & Medicaid Services

[8] Florida Behavioral Risk Factor Surveillance System

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

[29] University of Miami (FL) Medical School, Florida Cancer Data System

In terms of trends in secondary data over time, Cervical Cancer Incidence Rate also stands out, as the county has seen an increase in cervical cancer incidence over the past four time periods of measure. Table 35 shows this trend, which is trending in the harmful direction, but is not statistically significant per the Mann-Kendall statistical test.

TABLE 35. CANCER INDICATORS, TREND DATA

Cervical Cancer Incidence Rate ²⁹				
	2009-2011	2010-2012	2011-2013	2012-2014
Clay County	7.6 cases/100,000 females	5.4 cases/100,000 females	8.7 cases/100,000 females	11.8 cases/100,000 females

²⁹ University of Miami (FL) Medical School, Florida Cancer Data System

By examining granular data, zip codes with significantly high age-adjusted death rates due to cancer can be identified. In Clay County, the zip codes 32068, 32656, 32003, and 32065 perform the worse for various cancer types. In particular, zip code 32068 has the highest death rate of all zip codes for each cancer in Table 36, which shows zip code rates higher than the Florida state value.

TABLE 36. ZIP CODE LEVEL DATA FOR CANCER INDICATORS

Age-Adjusted Death Rate due to Breast Cancer ¹⁷ (2014-2016)			
Zip Code 32068	Zip Code 32003	Zip Code 32065	Florida
29.6 deaths /100,000 females	27.1 deaths /100,000 females	27.1 deaths /100,000 females	19.8 deaths /100,000 females
Age-Adjusted Death Rate due to Cancer ¹⁷ (2014-2016)			
Zip Code 32068	Zip Code 32656	Zip Code 32065	Florida
258.6 deaths /100,000 population	228.2 deaths /100,000 population	210.3 deaths /100,000 population	155.1 deaths /100,000 population

Age-Adjusted Death Rate due to Colorectal Cancer ¹⁷ (2014-2016)			
Zip Code 32068	Zip Code 32656	Zip Code 32065	Florida
26.5	22.6	20.6	13.7
deaths /100,000 population	deaths /100,000 population	deaths /100,000 population	deaths /100,000 population

¹⁷ Florida Department of Health, Bureau of Vital Statistics

Primary Data

According to the community survey results, cancer ranked as the sixth most pressing health need in Clay County with 38 percent of respondents listing it as one of five issues most important in the health of their community. Cancer was mentioned in one of the key informant interviews and in five of the focus groups.

Analysis of primary data collected from key informants and focus group participants found that education about cancer is lacking in the region. Many people do not understand how to take precautionary steps to prevent cancers through decreasing risky behaviors, or they do not know about screening or tests that can identify various cancers early on while they are more manageable. Focus group participants also discussed how cancer treatment is expensive and therefore unaffordable for much of the population.

Vulnerable Populations

As a part of the IRS CHNA requirements, special attention should be made to vulnerable and marginalized communities in data gathering and analysis. The health needs of vulnerable and marginalized communities were identified through two methods in this CHNA process: (1) the analysis of secondary data indicators for any disparities by age, race/ethnicity, or gender; and (2) community input participants were asked how health issues impacted particular communities. The following section presents the findings around these vulnerable populations and how they should be considered for future implementation planning.

African Americans

The Index of Disparity analysis evaluated secondary data indicators for statistically significant disparities amongst subpopulations. This section reports data findings for the African American population from primary and secondary data. Secondary data sources may use different terms for race subpopulation data, and for consistency with the source of the data, tables and figures may use display multiple terms for the African American breakout group. The following terms are used by secondary data sources for this breakout category:

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

In Clay County, the Black population has higher age-adjusted death rates of prostate cancer (80.0 deaths per 100,000 population) and diabetes (76.9 deaths per 100,000 population) compared to the overall county values (21.4 deaths per 100,000 population and 23.8 deaths per 100,000 population, respectively).

Focus group discussions emphasized that there is hesitation within the African American community to access health services because of historical treatment by medical professionals. Focus group participants noted a lack of trust between medical professionals and African Americans. Finally, focus groups and key informants cited stigma against seeking mental health treatment as a leading reason that many African Americans may delay needed health care.

Children

The health of children was mentioned by every single key informant. Key informants discussed food security as an issue among children and related it to the problem of childhood obesity and diabetes. Key informants and focus group participants were concerned with children growing up in and experiencing trauma and neglect in families with parents with untreated mental health issues and substance use issues. Table 37 is a summary table of children's health indicators from the secondary data.

TABLE 37. CHILDREN'S HEALTH INDICATORS*

Indicator	FL Value	County	County Value	County Data Score	FL Counties	FL Value	US Counties	US Value	HP2020	Trend
Child Abuse Rate [9] (2016) <i>*in cases/1,000 children aged 5-11</i>	901.3	Clay	787	1.11	0	0				2
Child Food Insecurity Rate [6] (2015)	22.7%	Clay	19.7%	1	0	0	1	2		1.5
Children with Health Insurance [1] (2016)	93.8%	Clay	94.6%	1.56	1	1	2	2	2	1.5
Children with Low Access to a Grocery Store [28] (2018)		Clay	6.3%	1.67	2		2			
Food Insecure Children Likely Ineligible for Assistance [6] (2015)	29.0%	Clay	39.0%	2.39	3	3	3	3		1
Kindergartners with Required Immunizations [14] (2017)	94.1%	Clay	96.5%	1.22	1	1				1

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

[1] American Community Survey

[6] Feeding America

[9] Florida Department of Children and Families

[14] Florida Department of Health, Bureau of Immunization

[28] U.S. Department of Agriculture – Food Environment Atlas

Hispanic/Latinx

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

- Hispanic
- Hispanic or Latino

As evidenced in Table 17, Clay County expected to see significant growth in the Hispanic/Latinx community through 2045.

From the community survey distributed throughout the Partnership's service area, 42 of the 971 responses were from individuals who identify as Hispanic or Latinx. Of the 42 responses, 75% live in Duval County. Hispanic/Latinx respondents had a similar age distribution and gender ratio compared to the overall group of community survey respondents. Compared to the overall group of community survey participants, Hispanic/Latinx respondents had a lower household income. Top health concerns by Hispanic/Latinx community survey participants include (1) mental health & mental disorders, (2) substance abuse, and (3) overweight and obesity. The fourth top health concern listed was oral health and dental caries, which was not a top health concern from the analysis of all survey responses. Similar to the responses by all community survey participants, Hispanic/Latinx participants cited access and diet/nutrition has the top social determinants of health. Approximately 53% of Hispanic/Latinx survey participants responded that they themselves or someone they know have had difficulty understanding a health professional due to a language barrier in the last 12 months.

For the Hispanic/Latinx community, language barriers were noted especially in accessing care in the more rural communities of the service area. It was mentioned that in central Jacksonville, most health service organizations have language translators, but once you get out of Jacksonville it is much more difficult to find a provider with language services. Additionally, focus group participants noted cultural barriers and stigma around seeking mental health care in the Hispanic/Latinx community.

Homeless

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

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

A recent Jacksonville-area community assessment survey focused on the LGBTQ population revealed negative disparities for this population with regards to both health and socio-economic factors, as well as other interesting factors and demographics of that sub-population.

Of respondents to the LGBTQ survey for the Jacksonville region, 56.4 percent of respondents held a bachelor's degree or higher.³ This is higher than the general population percentages for every county in the Northeast Florida Region, and much higher than the 24.5 percent of the general population in the Jacksonville MSA that have a bachelor's degree or higher¹. Additionally, in terms of employment, 74.3 percent of LGBTQ survey respondents indicated that they were in the paid workforce, while only 57.1 percent of the general population residents of Jacksonville MSA were employed for wages or self-employed. In terms of income, ten percent of LGBTQ survey respondents were living in poverty, as defined as having income below one hundred percent of the federal poverty level.

Other potential negative health disparities identified for the LGBTQ community in the Northeast Florida Region deal with food insecurity, binge drinking, and health insurance. 21.8 percent of LGBTQ survey respondents had food insecurity within the last twelve months, while for the general population each county in the region had a rate of 19 percent or less. In terms of risky behaviors, 40 percent of the LGBTQ population reported binge drinking in the past 30 days, while the general population figure for Jacksonville city is only 15 percent.⁴ Smoking rates for the LGBTQ population are roughly the same as the general population for the region. For health insurance, the percentages of the LGBTQ population with health insurance (85.8 percent) were lower than the percent of persons with health insurance for the general population in each county (87 percent or higher for each county). Additionally, the African-American LGBTQ population had particular disparities for health insurance with only 77.8 percent of survey respondents having health insurance.

Additionally, gender minorities had particularly negative disparities as compared to other populations (those whose gender identity matches the sex that they were assigned at birth) when it came to depression and attempted suicide. 11.1 percent of gender minority respondents attempted suicide in the past year, while 65 percent met the criteria for moderate to severe depression and poor mental or physical health that kept them from doing usual activities in the past month. While not a direct comparison, for the general population of Jacksonville city, only 13.7 percent had poor physical health in the past two weeks and only 14.4 percent had poor mental health in the past two weeks.

Lastly, there are disparities for the LGBTQ population when it comes to experiencing discrimination, being treated unfairly in jobs and by police, and feeling accepted. Three quarters of LGBTQ survey respondents reported experiencing everyday discrimination in the past twelve months, with 53.6 percent of those indicating the discrimination was due to their sexual orientation. The African-American LGBTQ population was more likely than the white LGBTQ population to be unfairly treated in

³ The Williams Institute, UCLA School of Law. Community Assessment of LGBTI Adults in Northeast Florida. (June 26, 2018). Retrieved June 26, 2018, from <https://williamsinstitute.law.ucla.edu/research/community-assessment-of-lgbti-adults-in-jacksonville-florida/>

⁴ Centers for Disease Control and Prevention. 500 Cities Project. (n.d.) Retrieved May 22, 2018, from <https://www.cdc.gov/500cities/>

firing from a job, being denied a promotion or bank loan, or being stopped and searched by police. Finally, only 17 percent of survey respondents agree that the Northeast Florida Region as a whole embraces diversity, particularly with regards to the LGBTQ population.

Low-Income

Key informants and focus group participants' discussions around the low-income subpopulation focused on concerns of poverty, stress, and nutrition-related issues. Concerns crossed issues of housing and access to healthy foods, to mental health, to diabetes and heart disease. Low-income individuals and families are more likely to forego necessary health services in order to prioritize food and housing.

Older Adults

According to the secondary data, the Medicare population has high rates of chronic diseases and injuries; specifically, asthma, atrial fibrillation, cancer, chronic kidney disease, COPD, diabetes, hyperlipidemia, rheumatoid arthritis, and stroke. Each of these prevalence percentages scored over 1.50 for Clay County based on the data scoring, landing them in the worst half of the 0-3 data score range. As presented Table 38, the Age-Adjusted Death Rate due to Falls is also higher than the state of Florida average in Clay County.

TABLE 38. OLDER ADULT SECONDARY INDICATORS*

Indicator	FL Value	County	County Value	County Data Score	FL Counties	FL Value	US Counties	US Value	HP2020	Trend
Adults 65+ with Influenza Vaccination [8] (2016)	57.6%	Clay	68.3%	0.75	0	0		0		
Adults 65+ with Pneumonia Vaccination [8] (2016)	65.6%	Clay	73.8%	1.08	0	0		1	3	
Age-Adjusted Death Rate due to Falls [17] (2016) <i>*in deaths/100,000 population</i>	10.3	Clay	13.4	2.36	2	3		3	3	2
Alzheimer's Disease or Dementia: Medicare Population [3] (2015)	11.7%	Clay	9.4%	1	0	0	2	1		1.5
Asthma: Medicare Population [3] (2015)	9.1%	Clay	10.1%	2.44	2	3	3	3		2
Atrial Fibrillation: Medicare Population [3] (2015)	9.7%	Clay	9.7%	2.5	2	2	3	3		3
Cancer: Medicare Population [3] (2015)	9.6%	Clay	8.7%	1.89	2	1	3	3		1
Chronic Kidney Disease: Medicare Population [3] (2015)	21.3%	Clay	20.6%	2.17	1	1	3	3		3

Indicator	FL Value	County	County Value	County Data Score	FL Counties	FL Value	US Counties	US Value	HP2020	Trend
COPD: Medicare Population [3] (2015)	13.2%	Clay	14.2%	1.72	1	2	2	3		1
Depression: Medicare Population [3] (2015)	17.5%	Clay	16.3%	1.28	1	1	1	1		2
Diabetes: Medicare Population [3] (2015)	28.0%	Clay	29.5%	2.06	2	2	3	3		1
Heart Failure: Medicare Population [3] (2015)	14.2%	Clay	12.0%	0.33	0	0	1	0		0
Hyperlipidemia: Medicare Population [3] (2015)	55.6%	Clay	49.9%	1.56	1	0	3	3		1
Hypertension: Medicare Population [3] (2015)	60.5%	Clay	58.8%	1.17	1	1	2	2		0
Ischemic Heart Disease: Medicare Population [3] (2015)	34.0%	Clay	29.7%	1	0	0	2	3		0
Osteoporosis: Medicare Population [3] (2015)	7.9%	Clay	6.0%	1.44	1	0	2	2		2
People 65+ Living Below Poverty Level [1] (2012-2016)	10.4%	Clay	6.2%	0.5	0	0	0	0		1.5
People 65+ with Low Access to a Grocery Store [28] (2015)		Clay	2.8%	1.33	1		1			
Rheumatoid Arthritis or Osteoarthritis: Medicare Population [3] (2015)	34.6%	Clay	33.6%	2.17	1	1	3	3		3
Stroke: Medicare Population [3] (2015)	4.8%	Clay	4.5%	2.11	2	1	3	3		2

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

[1] American Community Survey

[3] Centers for Medicare & Medicaid Services

[8] Florida Behavioral Risk Factor Surveillance System

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

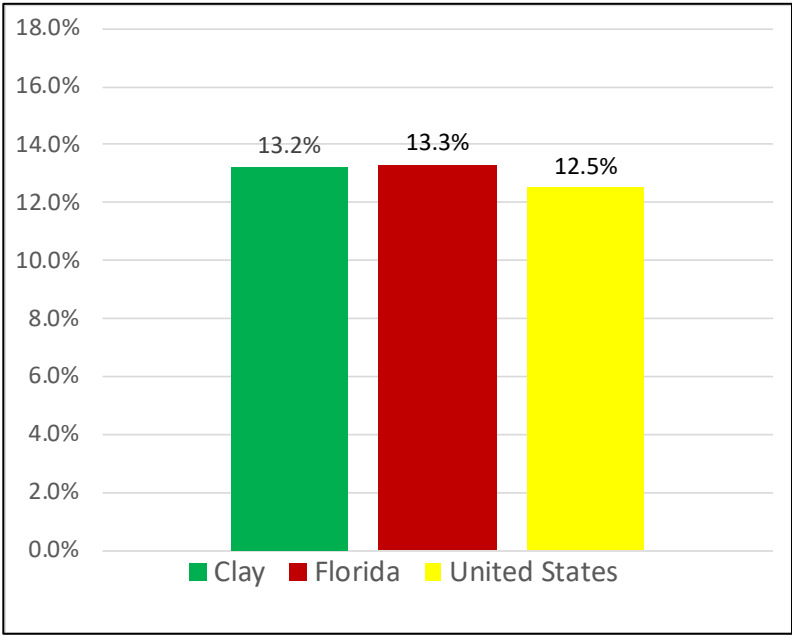
[28] U.S. Department of Agriculture – Food Environment Atlas

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

Persons with Disabilities

Figure 32 shows the percent of persons with a disability across the service area. Clay County has a nearly identical percentage as compared to the state with 13.2% of the population having a disability. People with an ambulatory difficulty experience serious difficulty walking or climbing stairs. These difficulties may in turn limit their physical activity, leading to a further decline in health. Persons with an ambulatory difficulty may have unique requirements for accessibility, such as ramps or elevators. Another secondary data indicator is Persons with Cognitive Disability. People with a cognitive difficulty experience serious difficulty concentrating, remembering, or making decisions due to a physical, mental, or emotional condition. Cognitive difficulties can have a large impact in everyday activities and may lead to challenges at school or work.

FIGURE 32. PERSONS WITH A DISABILITY, 2012-2016



Veterans

The veteran population is a significant part of the Northeast Florida Region and community. 10.2% of Clay County’s residents are veterans, compared to 8.0% and 9.4% of residents of the United States and

Florida, respectively. This is a crucial contextual figure when assessing regional health as there are barriers and challenges to access to care for that population.

FIGURE 33. VETERAN POPULATION, 2012-2016

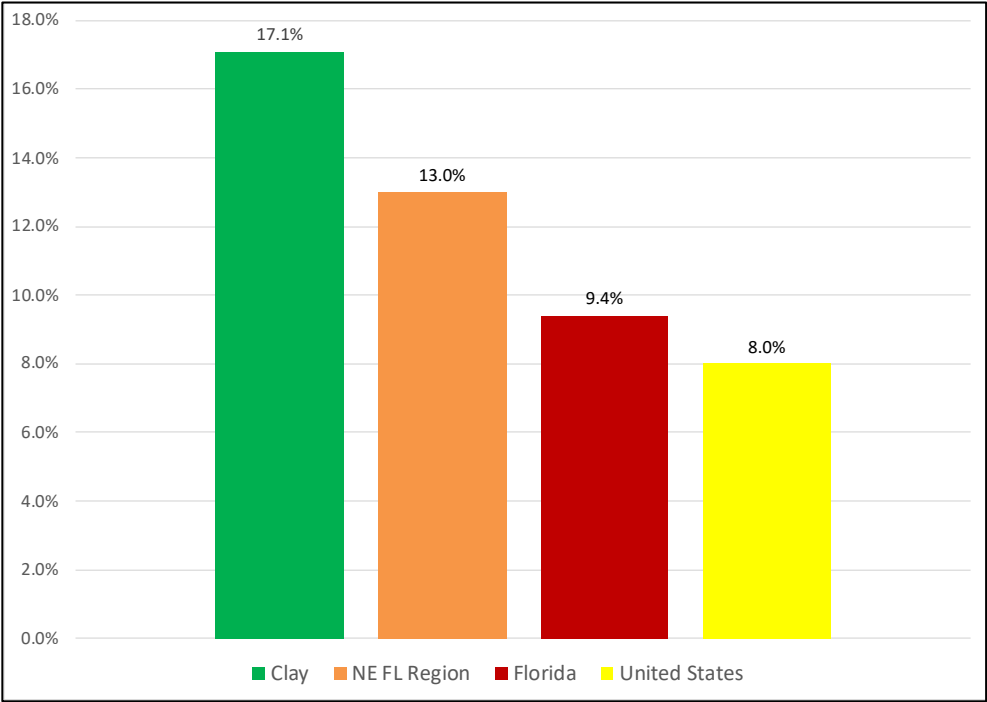


TABLE 39. VETERAN POPULATION BY WAR ERA, 2012-2016

	Clay	Florida
WWII	788 (3.1%)	106,908 (7.2%)
Korean War	1,486 (5.8%)	181,464 (12.3%)
Vietnam Era	8,700 (34%)	522,695 (35.3%)
Gulf War (8/1990 to 9/2001)	10,302 (40.3%)	270,558 (18.3%)
Gulf War (9/2001 or later)	7,090 (27.7%)	2,924 (15%)

Other Significant Health Needs

The following significant health needs emerged from a review of the primary and secondary data. While these topics were not explicitly prioritized, they are related with the selected priority areas and provide further context to the health needs of the community.

Diabetes

From the secondary data scoring results, diabetes ranked as the fourth highest need compared to other topics with a 1.87 topic score for Clay County, which is in the worse half of the 0-3 data score range. Top related indicators for Clay County include Diabetes: Medicare Population, Age-Adjusted Death Rate due to Diabetes, and Adults with Diabetes, for which Clay County has particularly high rates. Values can be seen in Table 40.

TABLE 40. DIABETES INDICATORS*

Indicator	FL Value	County	County Value	County Data Score	FL Counties	FL Value	US Counties	US Value	HP2020	Trend
Adults with Diabetes [8] (2016)	11.8%	Clay	12.9%	1.75	1	2		3		
Age-Adjusted Death Rate due to Diabetes [17] (2016) <i>*in deaths/100,000 population</i>	20.6	Clay	23.8	1.81	1	3		3		1
Diabetes: Medicare Population (2015)	28.0%	Clay	29.5%	2.06	2	2	3	3		1

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

[3] Centers for Medicare & Medicaid Services

[8] Florida Behavioral Risk Factor Surveillance System

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

Community survey participants who were asked to rank the most pressing health issues in their community ranked diabetes as the fifth most pressing health issue in Clay County. 14 out of 37, or 38% of respondents who answered the question, listed it as a top health need in their community.

As mentioned by community participants, a significant portion of patients in the service area suffer from chronic health diseases, specifically diabetes, due to poor diet, inability to afford healthy foods, and lack of motivation to engage in physical activities. Participants also cited the prevalence of fast food chains in areas of low socioeconomic status and an “indoor culture” that has increased significantly over recent years.

Additionally, participants discussed the generational habits of families and the culture in the region of poor eating and lack of physical activity that continually exacerbates the problems seen in the

secondary data. Lastly, themes around the need to increase education and knowledge about diabetes screening and management and the lack of continuum of care for diabetes patients were mentioned.

Heart Disease

In secondary data scoring results, heart disease was only the twenty-third highest scoring health topic area of need for Clay County. However, across Clay County, Atrial Fibrillation, Cholesterol Test history, Hyperlipidemia, and Stroke Prevalence in the Medicare population were reflected as a high concern in the data scoring results. The Age-Adjusted Death Rate due to Major Cardiovascular Diseases is of particular concern with it being the only indicator to have a value higher than the state. Table 41 shows the values for all heart disease indicators for Clay County.

TABLE 41. HEART DISEASE INDICATORS*

Indicator	FL Value	County	County Value	County Data Score	FL Counties	FL Value	US Counties	US Value	HP2020	Trend
Age-Adjusted Death Rate due to Cerebrovascular Disease (Stroke) [17] (2016) <i>*in deaths/100,000 population</i>	39.7	Clay	36.6	0.97	1	1		1	2	0
Age-Adjusted Death Rate due to Coronary Heart Disease [17] (2016) <i>*in deaths/100,000 population</i>	98.5	Clay	83.5	0.47	0	0		0	0	1
Age-Adjusted Death Rate due to Hypertensive Heart Disease [17] (2016) <i>*in deaths/100,000 population</i>	11	Clay	8.5	1.06	1	0				1
Age-Adjusted Death Rate due to Major Cardiovascular Diseases [17] (2016) <i>*in deaths/100,000 population</i>	209.7	Clay	218.2	1.5	1	2				1.5
Atrial Fibrillation: Medicare Population (2015)	9.7%	Clay	9.7%	2.5	2	2	3	3		3
Cholesterol Test History (2013)	73.2%	Clay	72.8%	1.67	2	2				
Heart Failure: Medicare Population (2015)	14.2%	Clay	12.0%	0.33	0	0	1	0		0

Indicator	FL Value	County	County Value	County Data Score	FL Counties	FL Value	US Counties	US Value	HP2020	Trend
High Blood Pressure Prevalence (2013)	34.6%	Clay	32.4%	1.42	0	1		2	3	
High Cholesterol Prevalence (2013)	33.4%	Clay	25.3%	0.92	0	0		0	3	
Hyperlipidemia: Medicare Population (2015)	55.6%	Clay	49.9%	1.56	1	0	3	3		1
Hypertension: Medicare Population (2015)	60.5%	Clay	58.8%	1.17	1	1	2	2		0
Ischemic Heart Disease: Medicare Population (2015)	34.0%	Clay	29.7%	1	0	0	2	3		0
Stroke: Medicare Population (2015)	4.8%	Clay	4.5%	2.11	2	1	3	3		2

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

[3] Centers for Medicare & Medicaid Services

[8] Florida Behavioral Risk Factor Surveillance System

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

Social Environment

Social environment ranked as the sixth highest quality of life topic area of need in the data scoring analysis. Social environment refers to social, cultural, and civic factors that influence a person's neighborhood. Further analysis was done to identify specific indicators of concern across Clay County, and individual indicators with high data scores within the topic area are listed in Table 42. Indicators of concern, for which the Clay County value was worse than the state value include: Mean Travel Time to Work, People 25+ with a Bachelor's Degree or Higher, Per Capita Income, Median Household Gross Rent, Total Employment Change, and Voter Turnout.

TABLE 42. SOCIAL ENVIRONMENT INDICATORS*

Indicator	FL Value	County	County Value	County Data Score	FL Counties	FL Value	US Counties	US Value	HP2020	Trend
Child Abuse Rate [9] (2016) *in cases/1,000 children aged 5-11	901.3	Clay	787	1.11	0	0				2
Children Living Below Poverty Level [1] (2012-2016)	23.3%	Clay	12.2%	0.61	0	0	0	0		2

Indicator	FL Value	County	County Value	County Data Score	FL Counties	FL Value	US Counties	US Value	HP2020	Trend
Female Population 16+ in Civilian Labor Force [1] (2012-2016)	54.3%	Clay	57.2%	1.5	0	1	1	2		3
Homeownership [1] (2012-2016)	52.3%	Clay	68.0%	0.61	0	0	0	0		2
Juvenile Justice Referral Rate [18] (2013) <i>*in referrals/100,000 population</i>	448.7	Clay	351.2	1.17	1	0				
Linguistic Isolation [1] (2012-2016)	6.8%	Clay	1.5%	1	1	0	2	0		1.5
Mean Travel Time to Work [1] (2012-2016)	26.7	Clay	33.4	2.83	3	3	3	3		3
Median Household Gross Rent [1] (2012-2016)	\$1,032	Clay	\$1,028	1.86	3	1		2		2
Median Household Income [1] (2012-2016)	\$48,900	Clay	\$59,179	0.78	0	0	0	1		2
Median Housing Unit Value [1] (2012-2016)	\$166,800	Clay	\$157,600	1.86	1	2		3		2
Median Monthly Owner Costs for Households without a Mortgage [1] (2012-2016)	\$466	Clay	\$379	0.97	2	0		0		1
Mortgaged Owners Median Monthly Household Costs [1] (2012-2016)	\$1,422	Clay	\$1,359	1.08	2	1		1		0
People 25+ with a Bachelor's Degree or Higher [1] (2012-2016)	27.9%	Clay	23.9%	1.83	1	3	1	3		1.5
People 25+ with a High School Degree or Higher [1] (2012-2016)	87.2%	Clay	90.8%	0.72	0	1	0	1		1
People Living Below Poverty Level [1] (2012-2016)	16.1%	Clay	10.2%	0.61	0	0	0	0		2
Per Capita Income [1] (2012-2016)	\$27,598	Clay	\$27,159	1.5	1	2	1	2		1.5
Persons with Health Insurance [25] (2016)	84.6%	Clay	89.1%	1.08	0	1	2		3	0
Population 16+ in Civilian Labor Force [1] (2012-2016)	58.5%	Clay	62.1%	1.5	0	1	1	2		3
Single-Parent Households [1] (2012-2016)	38.5%	Clay	28.6%	0.56	0	0	1	0		1

Indicator	FL Value	County	County Value	County Data Score	FL Counties	FL Value	US Counties	US Value	HP2020	Trend
Social and Economic Factors Ranking [4] (2018) <i>*Ranking of the county in social and economic factors according to County Health Rankings</i>		Clay	6	1.25	0					
Total Employment Change [24] (2014-2015)	4.5%	Clay	2.7%	1.67	2	3	1	1		
Voter Turnout: Presidential Election [20] (2016)	74.5%	Clay	73.5%	1.78	2	2				2

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

[1] American Community Survey

[4] County Health Rankings

[9] Florida Department of Children and Families

[18] Florida Department of Juvenile Justice

[20] Florida Department of State

[24] National Center for Education Statistics

[25] Small Area Health Insurance Estimates

Community survey participants ranked social environment as the sixth most impactful condition of daily life on their community, with 11 out of 36 participants who answered, believing that social environment has the most impact on their community. Further, only 28% of community survey respondents agree or strongly agree that their community supports a healthy lifestyle.

Respiratory Diseases

Respiratory diseases emerged as a health need for Clay County, with a data score of 1.47. The death rate due to lung cancer, lung and bronchus cancer incidence rate, COPD and asthma in the Medicare population, and teens with asthma were of particular note with values higher than the state average and scoring greater than 1.50 on the 0-3 data scoring scale.

TABLE 43. RESPIRATORY HEALTH INDICATORS*

Indicator	FL Value	County	County Value	County Data Score	FL Counties	FL Value	US Counties	US Value	HP2020	Trend
Adults 65+ with Influenza Vaccination [8] (2016)	57.6%	Clay	68.3%	0.75	0	0		0		
Adults 65+ with Pneumonia Vaccination [8] (2016)	65.60%	Clay	73.8%	1.08	0	0		1	3	

Indicator	FL Value	County	County Value	County Data Score	FL Counties	FL Value	US Counties	US Value	HP2020	Trend
Adults with Current Asthma [8] (2016)	6.70%	Clay	6.7%	1.08	1	1		0		
Age-Adjusted Death Rate due to Influenza and Pneumonia [17] (2014) <i>*in deaths/100,000 population</i>	9.7	Clay	9.9	1.14	1	2		0		1
Age-Adjusted Death Rate due to Lung Cancer [17] (2014-2016) <i>*in deaths/100,000 population</i>	40.4	Clay	54.7	1.67	2	3			3	0
Asthma: Medicare Population [3] (2015)	9.1%	Clay	10.1%	2.44	2	3	3	3		2
COPD: Medicare Population [3] (2015)	13.2%	Clay	14.2%	1.72	1	2	2	3		1
Lung and Bronchus Cancer Incidence Rate [29] (2012-2014) <i>*in cases/100,000 population</i>	61	Clay	77.8	1.83	2	3				1.5
Teens with Asthma [22] (2014)	20.8%	Clay	21.5%	2	2	2				3
Tuberculosis Incidence Rate [16] (2016) <i>*in cases/100,000 population</i>	3.2	Clay	1.5	0.97	1	0		0	3	1

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

[3] Centers for Medicare & Medicaid Services

[8] Florida Behavioral Risk Factor Surveillance System

[16] Florida Department of Health, Bureau of TB & Refugee Health

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

[22] Florida Youth Tobacco Survey

[29] University of Miami (FL) Medical School, Florida Cancer Data System

Respiratory diseases were mentioned in two of the key informant interviews, but was not brought up once in any of the Clay County focus group discussions.

Sexual Health

Sexual health also emerged as a significant health need for Clay County. Community input participants further corroborated that syphilis is an issue in the community. Although the syphilis incidence rate in Clay County is not higher than the state's value, it is still a concern with a data score of 1.67.

TABLE 44. SEXUAL HEALTH INDICATORS*

Indicator	FL Value	County	County Value	County Data Score	FL Counties	FL Value	US Counties	US Value	HP2020	Trend
AIDS Diagnosis Rate [13] (2016) <i>*in cases/100,000 population</i>	10.5	Clay	6.8	1.28	1	0				2
Chlamydia Incidence Rate [15] (2016) <i>*in cases/100,000 population</i>	468.2	Clay	424	1.36	2	1		0		2
Chlamydia Incidence Rate: Females 15-19 [15] (2016) <i>*in cases/100,000 females aged 15-19</i>	3175.6	Clay	2706.9	1.28	1	0				2
Gonorrhea Incidence Rate [15] (2016) <i>*in cases/100,000 population</i>	139.2	Clay	124.5	1.19	2	0		0		2
Gonorrhea Incidence Rate: Females 15-19 [15] (2016) <i>*in cases/100,000 females aged 15-19</i>	496.6	Clay	279.1	1.17	1	0				1.5
HIV Incidence Rate [13] (2016) <i>*in cases/100,000 population</i>	24.6	Clay	9.7	1.28	1	0				2
Syphilis Incidence Rate [15] (2016) <i>*in cases/100,000 population</i>	11.9	Clay	6.3	1.67	2	0				3
Teen Birth Rate: 15-19 [17] (2016) <i>*in cases/1,000 females aged 15-19</i>	19.5	Clay	17.7	0.92	0	1		0		1.5

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

[13] Florida Department of Health, Bureau of HIV/AIDS

[15] Florida Department of Health, Bureau of STD Prevention & Control

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

As of June 2018, Clay County public schools in Florida are not required to offer comprehensive sex education, which key informant interviews indicate contribute to sexual health as an issue within the community.

Built Environment & Safety

According to secondary data analysis, the Built Environment & Safety emerged as critical issue. This topic area includes indicators that connect the physical space that people live in to nutrition and physical activity, and indicators that connect physical space to transportation safety. Indicators of greatest concern from the secondary data include: Age-Adjusted Death Rate due to Motor Vehicle Collisions, Age-Adjusted Death Rate due to Unintentional Injuries and indicators related to the population having low access to a grocery stores. Table 45 lists all secondary data indicators within the Built Environment & Safety topic.

TABLE 45. BUILT ENVIRONMENT & SAFETY INDICATORS*

Indicator	FL Value	County	County Value	County Data Score	FL Counties	FL Value	US Counties	US Value	HP2020	Trend
Access to Exercise Opportunities [4] (2018)	87.1%	Clay	83.9%	1.17	1	2	0	1		
Age-Adjusted Death Rate due to Motor Vehicle Collisions [17] (2016) <i>*in deaths/100,000 population</i>	15.4	Clay	23.8	2.17	2	3				3
Age-Adjusted Death Rate due to Unintentional Injuries [17] (2016) <i>*in deaths/100,000 population</i>	56.3	Clay	78.2	2.53	3	3		3	3	2
Children with Low Access to a Grocery Store [28] (2015) <i>*Percent of children living more than 1 mile from a grocery store in an urban area or more than 10 miles from a grocery store in a rural area</i>		Clay	6.3%	1.67	2		2			
Food Environment Index [4] (2018) <i>*An index ranking from 0 (worst) to 10 (best) weighting the percent of those with low-income and loss access to a grocery store and the percent of those without access to a reliable food source</i>	6.7	Clay	7.6	1.11	0	0	1	2		2

Indicator	FL Value	County	County Value	County Data Score	FL Counties	FL Value	US Counties	US Value	HP2020	Trend
Households with No Car and Low Access to a Grocery Store [28] (2015)		Clay	1.9%	1.17	0		1			
Low-Income and Low Access to a Grocery Store [28] (2015)		Clay	6.9%	1.5	1		2			
Pedestrian Death Rate [5] (2013) <i>*in deaths/100,000 population</i>	2.6	Clay	1	0.94	1	0	2	0	0	2
People 65+ with Low Access to a Grocery Store [28] (2015)		Clay	2.8%	1.33	1		1			
People with Low Access to a Grocery Store [28] (2015)		Clay	24.4%	1.5	1		2			
Severe Housing Problems [4] (2010-2014)	21.50%	Clay	14.9%	0.83	0	0	2	0		1.5

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

[4] County Health Rankings

[5] Fatality Analysis Reporting System

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

[28] U.S. Department of Agriculture – Food Environment Atlas

Conclusion

The Community Health Needs Assessment for Ascension St. Vincent's Clay utilized a comprehensive set of secondary data indicators measuring the health and quality of life needs for the service area. The assessment was further informed with community input from knowledgeable persons representing the broad interests of the community.

Appendix A. Prior CHNA Impact Report & Comments (Ascension St. Vincent's Clay)

Significant Health Need Identified in Preceding CHNA	Planned Activities to Address Health Needs Identified in Preceding Implementation Strategy	Was Activity Implemented (Yes/No)	Results, Impact & Data Sources
Access	<ul style="list-style-type: none"> •Build and enhance local partnerships •Seek additional community support •Expand outlets for medical services for target population using Mobile Health 	<p>Yes</p> <p>Yes</p> <p>Yes</p>	<p>Collaborative partnerships established</p> <p>Acquired through St. Vincent's Foundation</p> <p>Medical services expanded within Clay and St. Johns County targeting medically underserved. (+654 served through March 2018)</p>
Diabetes	<ul style="list-style-type: none"> •Oversee development and adoption of standards/norms for the diagnosis/treatment of diabetes, complications and risk factors within health system •Promote and contribute to diabetes screening to reduce the prevalence of diabetes •Promote living well with diabetes and disease management via education •Advocate for prevention and control of diabetes in vulnerable populations 	<p>Yes</p> <p>Yes</p> <p>Yes</p> <p>Yes</p>	<p>Program enacted</p> <p>Screening program initiated to include blood pressure, A1C, nephropathy and vision</p> <p>ADA approved education implemented (+ 550 patients through March 2018)</p> <p>Community partnerships established</p>

Significant Health Need Identified in Preceding CHNA	Planned Activities to Address Health Needs Identified in Preceding Implementation Strategy	Was Activity Implemented (Yes/No)	Results, Impact & Data Sources
Maternal/Child Health	<ul style="list-style-type: none"> •Expand Ascension St. Vincent's Clay's maternity and women's service with 30 inpatient beds •Increase access to Medicaid deliveries 	Yes	Labor and Delivery expansion completed
		Yes	Clay County Medicaid deliveries (+486 through March 2018)
Obesity/Nutrition/Lifestyle	<ul style="list-style-type: none"> •Offer 10-week community based behavior and nutritional program to youth 9-14 in Clay County schools •Augment a voluntary after-school program for youth 9-14 •Conduct an annual school fitness event for youth 9-14 •Augment a voluntary summer fitness curriculum for afterschool youth 9-14 •Implement an electronic app for patient and parental use •Partner with two local middle schools to implement Momentum Fitness 	Yes	Condensed to 9-week program offered in Clay and Duval County (+2,619 children through March 2018)
		Yes	Program assessed and improved
		Yes	Annual participation by Mobile Health Outreach Ministry
		Yes	Program assessed and improved
		Yes	Implemented a digital application for patient and parental use
		Yes	Momentum implemented in 8 locations, 3 schools, a museum and 4 local not-for-profit community youth programs

Appendix B. Primary Data

1. Key Informant Interview Questions

1. Could you tell me a little about yourself, your background, and your organization?
2. What are the major health needs/issues you see in the community?
3. Who in your community appears to struggle the most with these issues you've identified and how does it impact their lives?
4. What are the barriers to receiving care and for building a healthy community?
5. Could you tell me about some of the strengths and resources in your community that address these issues, such as groups, initiatives, services, or programs? Please name them.
6. As a part of the Community Health Needs Assessment process, we are analyzing quantitative data for the region. We have found that there is limited publicly available data around some health topics, which may make it difficult to assess the extent of the community need. Could you please help us fill this information in by telling us about any observations, anecdotes, or knowledge you have around these topic areas?
 - Diabetes
 - Disabilities
 - Environmental & Occupational Health
 - Family Planning
 - Food Safety
 - Mental Health & Mental Disorders
 - Men's Health
 - Oral Health
 - Other Chronic Diseases
 - Vision
7. What advice do you have for a group developing a plan to address the needs you've mentioned today?
8. Given all that we have discussed so far, what are the top 3 health needs that should be addressed in your community? Please list them in order of 1st – 2nd – 3rd.

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

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

2. Organizations Participating in Key Informant Interviews

AETNA	Children's Home Society	Clay Behavioral Health	Clinton Health Matters Initiative
Department of Children and Families	Florida Department of Health, Clay	Feeding Northeast Florida	Health Planning Council of Northeast Florida
Lutheran Services Florida	Pace Center for Girls	The Way Free Clinic	Vision Is Priceless

3. Focus Group Discussion Questions

1. What is your vision for a healthy community?
2. Is there something missing in your neighborhood or community that could help make your community healthier? Fill in this sentence: My community could be healthier if...
3. How would you rate the health status of the community: Excellent, Very Good, Good, Fair, Poor, or Don't Know/Not Sure? Why did you give it this rating?
4. *Sticky Note Question*: Now we'd like to discuss health concerns more specifically in the community. What are the community's most critical health needs/issues?
5. How do these issues impact different types of people/populations?
6. What are the barriers to receiving services in the community?
7. What do you see as the community's best resources?
8. [select either A or B]
 - A. What are the top 3 priorities for this community in terms of health needs and why?
 - B. [Activity] Each person has received \$1000. Each person should distribute their money to the issues they think are the most important for improving the health of the community.

4. Completed Focus Groups

HCI Conducted Interviews		
Date Conducted	Focus Group Title/Location	Number of Focus Group Participants
4/4/18	Mission House	11
4/4/18	Sulzbacher/BEAM	11

4/5/18	City Rescue/Sulzbacher/Clara White	11
4/5/18	Duval Faith Community & Nursing	10
4/5/18	The Way Free Clinic	7
4/9/18	People with Differing Abilities at Brooks	7
4/13/18	NE FL Women Veterans	10
Partnership Conducted Interviews		
3/28/18	Ascension St. Vincent's Clay	5
4/4/18	Brooks Rehab	9
4/23/18	JASMYN	12
4/25/18	Baptist South	9

5. Community Survey Questionnaire

Welcome to the Jacksonville Regional Community Survey

The Jacksonville Nonprofit Hospital Partnership wants to understand the health needs of the Jacksonville region. This region covers Baker, Clay, Duval, Nassau, and St. Johns County.

In this survey, you can tell us what issues are important. Your thoughts will help to tell The Partnership how it should help the community.

This survey will take about 15 minutes to complete.

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

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

1. What county do you reside in?

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

2. What is your zip code?

ZIP/Postal Code

3. What is your profession?

- | | |
|---|--|
| <input type="checkbox"/> Current U.S. service member | <input type="checkbox"/> Manufacturing |
| <input type="checkbox"/> Currently unemployed | <input type="checkbox"/> Professional, scientific & management, and administrative & waste management services |
| <input type="checkbox"/> Currently retired | <input type="checkbox"/> Public administration |
| <input type="checkbox"/> Agriculture, forestry, fishing & hunting, and mining | <input type="checkbox"/> Other services, except public administration |
| <input type="checkbox"/> Arts, entertainment, & recreation, and accommodation & food services | <input type="checkbox"/> Retail trade |
| <input type="checkbox"/> Construction | <input type="checkbox"/> Transportation & warehousing, and utilities |
| <input type="checkbox"/> Educational services, and social assistance | <input type="checkbox"/> Wholesale trade |
| <input type="checkbox"/> Finance & insurance, and real estate, rental & leasing | <input type="checkbox"/> Other (<i>please specify</i>): |
| <input type="checkbox"/> Healthcare | |
| <input type="checkbox"/> Homemaker | |
| <input type="checkbox"/> Information | |

4. What is your age?

- | | |
|--|--------------------------------|
| <input type="checkbox"/> 17 or younger | <input type="checkbox"/> 45-54 |
| <input type="checkbox"/> 18-24 | <input type="checkbox"/> 55-64 |
| <input type="checkbox"/> 25-34 | <input type="checkbox"/> 65-74 |
| <input type="checkbox"/> 35-44 | <input type="checkbox"/> 75+ |

5. What is your gender identity?

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

6. What is your ethnicity? (Select one)

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

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

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

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

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

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

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

☐ No

☐ Yes *(if yes, please specify the number of children in your household):*

11. Select your total household income level.

☐ Less than \$25,000

☐ \$25,000-\$49,999

☐ \$50,000-\$74,999

☐ \$75,000 or more

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

☐ Yes

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

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

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

☐ Very good

☐ Good

☐ OK

☐ Poor

☐ Very poor

☐ Don't know/not sure

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

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

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

Select Five [x]	Conditions of Daily Life	Rank those Five (1 having greatest impact on the community)
	Access to Health Services (getting health insurance, paying for healthcare, etc.)	
	Diet, Food, and Nutrition (lack of affordable healthy foods, fast food, knowledge of healthy diet, etc.)	
	Discrimination (by gender, race, age, etc.)	
	Education	
	Employment (jobs, etc.)	

	Environmental Quality (poor air quality, lead exposure, exposure to secondhand smoke, etc.)	
	Healthcare Navigation (understanding health issues or health insurance, finding doctors, etc.)	
	Housing	
	Language Barriers or Cultural Diversity	
	Physical Activity and Exercise (time to exercise, safe parks and spaces to exercise, etc.)	
	Poverty	
	Public Safety or Community Violence (crime, public violence, etc.)	
	Transportation (public buses, access to car, ability to move freely in your community)	
	Social Environment (social ties, community resources, family relations, faith community, etc.)	
	Other (please specify): _____	

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

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

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

☐ White

☐ American Indian or Alaska Native

☐ Black or African American

☐ Asian

☐ Native Hawaiian and Other Pacific Islander

☐ Other (please specify):

☐ Hispanic or Latino

☐ Multi-racial

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

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

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

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

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

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

☐ **Emotional wellness**

☐ **Family planning**

☐ **Fitness and physical activity**

- ☐ **Mental health** (depression, anxiety, trauma, crisis, etc.)
- ☐ **Nutrition and healthy diet**
- ☐ **Pain management**
- ☐ **Pregnancy and new baby**
- ☐ **Preventive care** (wellness visits, mammograms, Pap smears, flu shots, colonoscopy, etc.)

- ☐ **Quitting smoking**
- ☐ **Senior health**
- ☐ **Stress reduction**
- ☐ **Transportation**
- ☐ **Other (please specify):**

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

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

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

- ☐ No
- ☐ Yes

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

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

Thank you for your participation!

Appendix C. Secondary Data

1. Secondary Data Sources

The data sources used in the secondary data analysis, including secondary data scoring and index of disparity, for St. Vincent's Clay are listed as follows:

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

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

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

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

2. Secondary Data Scoring Detailed Methodology

Data scoring is done in three stages:

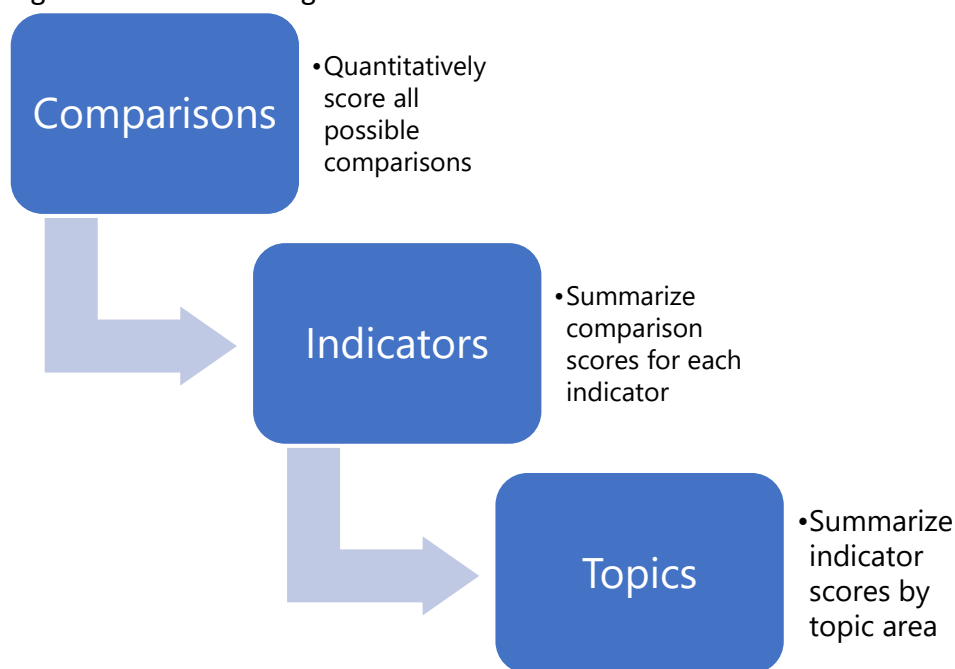


FIGURE 34. INDICATOR SCORE RANGE



For each indicator, Clay County is assigned a score based on its comparison to other communities, whether health targets have been met, and the trend of the indicator value over time. These comparison scores range from 0-3, where 0 indicates the best outcome and 3 the worst. Availability of each type of comparison varies by indicator and is dependent upon the data source, comparability with data collected for other communities, and changes in methodology over time.

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

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

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

Comparison to Values: State, National, and Targets

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

Trend Over Time

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

Missing Values

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

Indicator Scoring

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

Topic Scoring

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

3. Secondary Data Scores

Source numbers correspond to the list of secondary data sources in [Appendix C1](#).

Clay County

SCORE	ACCESS TO HEALTH SERVICES	UNITS	CLAY COUNTY	HP2020	FLORIDA	U.S.	MEASUREMENT PERIOD	SOURCE #
2.17	Primary Care Provider Rate	providers/ 100,000 population	57		73	76	2015	4
1.56	Children with Health Insurance	percent	94.6	100	93.8	95.5	2016	1
1.56	Dentist Rate	dentists/ 100,000 population	54		58	67	2016	4
1.42	Adults who did not Visit a Dentist due to Cost	percent	19.1				2007	8
1.42	Adults with a Usual Source of Health Care	percent	77.7	89.4	72	77.1	2016	8
1.42	Clinical Care Ranking* *County Health Ranking: the ranking is based on a summary composite score calculated from the following measures: uninsured, primary care physicians, mental health providers, dentists, preventable hospital stays, diabetic monitoring, and mammography screening.		29				2018	4
1.33	Median Monthly Medicaid Enrollment	enrollments/ 100,000 population	15192.1		19607.4		2017	7
1.08	Persons with Health Insurance	percent	89.1	100	84.6		2016	25
1.00	Adults with Health Insurance	percent	88.7	100	81.6	88	2016	1
0.33	Non-Physician Primary Care Provider Rate	providers/ 100,000 population	94		88	81	2017	4

SCORE	CANCER	UNITS	CLAY COUNTY	HP2020	FLORIDA	U.S.	MEASUREMENT PERIOD	SOURCE #
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2.28	Cervical Cancer Incidence Rate	<i>cases/ 100,000 females</i>	11.8	7.3	8.5	2012-2014	29	
2.11	Age-Adjusted Death Rate due to Cancer	<i>deaths/ 100,000 population</i>	181.8	161.4	155.1	2014-2016	17	
2.06	Age-Adjusted Death Rate due to Prostate Cancer	<i>deaths/ 100,000 males</i>	21.4	21.8	17.1	2014-2016	17	
2.00	Age-Adjusted Death Rate due to Colorectal Cancer	<i>deaths/ 100,000 population</i>	16.4	14.5	13.7	2014-2016	17	
2.00	Colon Cancer Screening: Blood Stool Test Past Year	<i>percent</i>	9.1		16	2016	8	
1.94	Melanoma Incidence Rate	<i>cases/ 100,000 population</i>	27.8		22.8	2012-2014	29	
1.94	Oral Cavity and Pharynx Cancer Incidence Rate	<i>cases/ 100,000 population</i>	15.4		13.4	2012-2014	29	
1.89	Cancer: Medicare Population	<i>percent</i>	8.7		9.6	7.8	2015	3
1.83	All Cancer Incidence Rate	<i>cases/ 100,000 population</i>	466.1		426.8	2012-2014	29	
1.83	Lung and Bronchus Cancer Incidence Rate	<i>cases/ 100,000 population</i>	77.8		61	2012-2014	29	
1.83	Pap Test in Past Year	<i>percent</i>	42		48.4	2016	8	
1.83	Prostate Cancer Incidence Rate	<i>cases/ 100,000 males</i>	96.8		90.5	2012-2014	29	
1.67	Age-Adjusted Death Rate due to Lung Cancer	<i>deaths/ 100,000 population</i>	54.7	45.5	40.4	2014-2016	17	
1.61	Colorectal Cancer Incidence Rate	<i>cases/ 100,000 population</i>	39.7	39.9	36.9	2012-2014	29	
1.39	Breast Cancer Incidence Rate	<i>cases/ 100,000 females</i>	116.6		117.8	2012-2014	29	

1.17	Age-Adjusted Death Rate due to Breast Cancer	deaths/ 100,000 females	19.3	20.7	19.8		2014-2016	17
1.06	Mammogram: 40+ Past Year	percent	62.6		60.8		2016	8
1.00	Prostate-Specific Antigen Test History	percent	63.2		54.9		2016	8

SCORE	CHILDREN'S HEALTH	UNITS	CLAY COUNTY	HP2020	FLORIDA	U.S.	MEASUREMENT PERIOD	SOURCE #
2.39	Food Insecure Children Likely Ineligible for Assistance	percent	39		29	34.1	2015	6
1.67	Children with Low Access to a Grocery Store	percent	6.3				2015	28
1.56	Children with Health Insurance	percent	94.6	100	93.8	95.5	2016	1
1.22	Kindergartners with Required Immunizations	percent	96.5		94.1		2017	14
1.11	Child Abuse Rate	cases/ 1,000 children aged 5-11	787		901.3		2016	9
1.00	Child Food Insecurity Rate	percent	19.7		22.7	19.3	2015	6

SCORE	COUNTY HEALTH RANKINGS	UNITS	CLAY COUNTY	HP2020	FLORIDA	U.S.	MEASUREMENT PERIOD	SOURCE #
1.58	Physical Environment Ranking* *County Health Ranking: the ranking is based on a summary composite score calculated from the following measures: daily fine particulate matter, drinking water violations, severe housing problems, driving alone to work, and long commute while driving alone.		39				2018	4

1.42	Clinical Care Ranking* <i>*County Health Ranking: the ranking is based on a summary composite score calculated from the following measures: uninsured, primary care physicians, mental health providers, dentists, preventable hospital stays, diabetic monitoring, and mammography screening.</i>	29	2018	4
1.42	Health Behaviors Ranking* <i>* County Health Ranking: the ranking is based on a summary composite score calculated from the following measures: adult smoking, adult obesity, physical inactivity, access to exercise opportunities, excessive drinking, alcohol-impaired driving deaths, sexually transmitted infections, teen births, and a food environment index.</i>	32	2018	4
1.42	Mortality Ranking* <i>* County Health Ranking: the ranking is based on a measure of premature death.</i>	18	2018	4
1.25	Morbidity Ranking* <i>*County Health Ranking: the ranking is based on a summary composite score calculated from the following measures: poor or fair health, poor physical health days, poor mental health days, and low birthweight.</i>	11	2018	4
1.25	Social and Economic Factors Ranking* <i>* County Health Ranking: the ranking is based on a summary composite score calculated from the following measures: high school graduation, some college, unemployment, children in poverty, income inequality, children in single-parent households, social associations, violent crime rate, and injury death rate.</i>	6	2018	4

SCORE	DIABETES	UNITS	CLAY COUNTY	HP2020	FLORIDA	U.S.	MEASUREMENT PERIOD	SOURCE #
2.06	Diabetes: Medicare Population	percent	29.5		28	26.5	2015	3
1.81	Age-Adjusted Death Rate due to Diabetes	deaths/ 100,000 population	23.8		20.6	21	2016	17
1.75	Adults with Diabetes	percent	12.9		11.8	10.5	2016	8

SCORE	ECONOMY	UNITS	CLAY COUNTY	HP2020	FLORIDA	U.S.	MEASUREMENT PERIOD	SOURCE #
2.39	Food Insecure Children Likely Ineligible for Assistance	percent	39		29	34.1	2015	6
1.86	Median Household Gross Rent	dollars	1028		1032	949	2012-2016	1
1.86	Median Housing Unit Value	dollars	157600		166800	184700	2012-2016	1
1.67	Total Employment Change	percent	2.7		4.5	2.5	2014-2015	27
1.50	Female Population 16+ in Civilian Labor Force	percent	57.2		54.3	58.3	2012-2016	1
1.50	Low-Income and Low Access to a Grocery Store	percent	6.9				2015	28
1.50	Per Capita Income	dollars	27159		27598	29829	2012-2016	1
1.50	Population 16+ in Civilian Labor Force	percent	62.1		58.5	63.1	2012-2016	1
1.44	Food Insecurity Rate	percent	13.8		15.1	13.7	2015	6
1.25	Social and Economic Factors Ranking* * County Health Ranking: the ranking is based on a summary composite score calculated from the following measures: high school graduation, some college, unemployment, children in poverty, income inequality, children in single-parent households, social associations, violent crime rate, and injury death rate.		6				2018	4
1.08	Mortgaged Owners Median Monthly Household Costs	dollars	1359		1422	1491	2012-2016	1
1.06	Renters Spending 30% or More of Household Income on Rent	percent	42.7		57.4	47.3	2012-2016	1

1.00	Child Food Insecurity Rate	<i>percent</i>	19.7	22.7	19.3	2015	6
1.00	Families Living Below Poverty Level	<i>percent</i>	7.9	11.7	11	2012-2016	1
0.97	Median Monthly Owner Costs for Households without a Mortgage	<i>dollars</i>	379	466	462	2012-2016	1
0.83	Severe Housing Problems	<i>percent</i>	14.9	21.5	18.8	2010-2014	4
0.78	Median Household Income	<i>dollars</i>	59179	48900	55322	2012-2016	1
0.78	People Living 200% Above Poverty Level	<i>percent</i>	72.4	62.7	66.4	2012-2016	1
0.61	Children Living Below Poverty Level	<i>percent</i>	12.2	23.3	21.2	2012-2016	1
0.61	Homeownership	<i>percent</i>	68	52.3	55.9	2012-2016	1
0.61	People Living Below Poverty Level	<i>percent</i>	10.2	16.1	15.1	2012-2016	1
0.61	Unemployed Workers in Civilian Labor Force	<i>percent</i>	3.4	3.8	4.4	February 2018	26
0.56	Households with Cash Public Assistance Income	<i>percent</i>	1.7	2.2	2.7	2012-2016	1
0.50	People 65+ Living Below Poverty Level	<i>percent</i>	6.2	10.4	9.3	2012-2016	1

SCORE	EDUCATION	UNITS	CLAY COUNTY	HP2020	FLORIDA	U.S.	MEASUREMENT PERIOD	SOURCE #
1.83	People 25+ with a Bachelor's Degree or Higher	<i>percent</i>	23.9		27.9	30.3	2012-2016	1
1.44	4th Grade Students Proficient in Math	<i>percent</i>	65		64		2017	10

1.28	4th Grade Students Proficient in Reading	percent	61	56		2017	10
1.28	Student-to-Teacher Ratio	students/ teacher	15.1	15.8	17.7	2015-2016	24
1.11	8th Grade Students Proficient in Math	percent	55	46		2017	10
1.06	8th Grade Students Proficient in Reading	percent	59	55		2017	10
0.86	High School Graduation	percent	88.4	87		2016-2017	10
0.83	School Readiness at Kindergarten Entry	percent	97.3	93.7		2016	11
0.72	People 25+ with a High School Degree or Higher	percent	90.8	87.2	87	2012-2016	1
0.67	Infants Born to Mothers >18 Years Old with <12 Years Education	percent	6.4	10.8		2016	17

SCORE	ENVIRONMENT	UNITS	CLAY COUNTY	HP2020	FLORIDA	U.S.	MEASUREMENT PERIOD	SOURCE #
1.83	PBT Released* *Total net pounds of reported PBT (Persistent, Bioaccumulative, and Toxic Chemicals) released.	pounds	44855				2016	28
1.67	Children with Low Access to a Grocery Store	percent	6.3				2015	28
1.58	Physical Environment Ranking* *County Health Ranking: the ranking is based on a summary composite score calculated from the following measures: daily fine particulate matter, drinking water violations, severe housing problems, driving alone to work, and long commute while driving alone.		39				2018	4
1.50	Low-Income and Low Access to a Grocery Store	percent	6.9				2015	28

1.50	People with Low Access to a Grocery Store	percent	24.4				2015	28
1.39	Recognized Carcinogens Released into Air	pounds	30				2016	28
1.33	People 65+ with Low Access to a Grocery Store	percent	2.8				2015	28
1.17	Access to Exercise Opportunities	percent	83.9	87.1	83.1		2018	4
1.17	Households with No Car and Low Access to a Grocery Store	percent	1.9				2015	28
1.11	Food Environment Index		7.6	6.7	7.7		2018	4
1.08	Drinking Water Violations	percent	0.7	6.2			FY 2013-14	4
0.83	Severe Housing Problems	percent	14.9	21.5	18.8		2010-2014	4

SCORE	ENVIRONMENTAL & OCCUPATIONAL HEALTH	UNITS	CLAY COUNTY	HP2020	FLORIDA	U.S.	MEASUREMENT PERIOD	SOURCE
2.44	Asthma: Medicare Population	percent	10.1		9.1	8.2	2015	3
2.00	Teens with Asthma	percent	21.5		20.8		2014	22
1.58	Physical Environment Ranking* *County Health Ranking: the ranking is based on a summary composite score calculated from the following measures: daily fine particulate matter, drinking water violations, severe housing problems, driving alone to work, and long commute while driving alone.		39				2018	4
1.08	Adults with Current Asthma	percent	6.7		6.7	9.3	2016	8

SCORE	EXERCISE, NUTRITION, & WEIGHT	UNITS	CLAY COUNTY	HP2020	FLORIDA	U.S.	MEASUREMENT PERIOD	SOURCE
2.61	Workers who Walk to Work	percent	0.9	3.1	1.5	2.8	2012-2016	1
2.39	Food Insecure Children Likely Ineligible for Assistance	percent	39		29	34.1	2015	6
1.83	Adult Fruit and Vegetable Consumption	percent	14.8		18.3		2013	8
1.81	Adults who are Obese	percent	31.1	30.5	27.4	29.9	2016	8
1.75	Adults who are Overweight or Obese	percent	67.8		63.2	65.2	2016	8
1.67	Children with Low Access to a Grocery Store	percent	6.3				2015	28
1.50	Low-Income and Low Access to a Grocery Store	percent	6.9				2015	28
1.50	People with Low Access to a Grocery Store	percent	24.4				2015	28
1.44	Food Insecurity Rate	percent	13.8		15.1	13.7	2015	6
1.42	Health Behaviors Ranking* * County Health Ranking: the ranking is based on a summary composite score calculated from the following measures: adult smoking, adult obesity, physical inactivity, access to exercise opportunities, excessive drinking, alcohol-impaired driving deaths, sexually transmitted infections, teen births, and a food environment index.		32				2018	4
1.33	People 65+ with Low Access to a Grocery Store	percent	2.8				2015	28
1.28	Teens who are Obese: High School Students	percent	13.1		14.3		2012	12

1.17	Access to Exercise Opportunities	percent	83.9	87.1	83.1	2018	4
1.17	Households with No Car and Low Access to a Grocery Store	percent	1.9			2015	28
1.14	Teens without Sufficient Physical Activity	percent	29.7			2012	12
1.11	Food Environment Index		7.6	6.7	7.7	2018	4
1.00	Child Food Insecurity Rate	percent	19.7	22.7	19.3	2015	6

SCORE	HEART DISEASE & STROKE	UNITS	CLAY COUNTY	HP2020	FLORIDA	U.S.	MEASUREMENT PERIOD	SOURCE
2.50	Atrial Fibrillation: Medicare Population	percent	9.7		9.7	8.1	2015	3
2.11	Stroke: Medicare Population	percent	4.5		4.8	4	2015	3
1.67	Cholesterol Test History	percent	72.8		73.2		2013	8
1.56	Hyperlipidemia: Medicare Population	percent	49.9		55.6	44.6	2015	3
1.50	Age-Adjusted Death Rate due to Major Cardiovascular Diseases	deaths/ 100,000 population	218.2		209.7		2016	17
1.42	High Blood Pressure Prevalence	percent	32.4	26.9	34.6	31.4	2013	8
1.17	Hypertension: Medicare Population	percent	58.8		60.5	55	2015	3
1.06	Age-Adjusted Death Rate due to Hypertensive Heart Disease	deaths/ 100,000 population	8.5		11		2016	17

1.00	Ischemic Heart Disease: Medicare Population	percent	29.7		34	26.5	2015	3
0.97	Age-Adjusted Death Rate due to Cerebrovascular Disease (Stroke)	deaths/ 100,000 population	36.6	34.8	39.7	37.3	2016	17
0.92	High Cholesterol Prevalence	percent	25.3	13.5	33.4	38.4	2013	8
0.47	Age-Adjusted Death Rate due to Coronary Heart Disease	deaths/ 100,000 population	83.5	103.4	98.5	94.3	2016	17
0.33	Heart Failure: Medicare Population	percent	12		14.2	13.5	2015	3

SCORE	IMMUNIZATIONS & INFECTIOUS DISEASES	UNITS	CLAY COUNTY	HP2020	FLORIDA	U.S.	MEASUREMENT PERIOD	SOURCE
2.06	Salmonella Infection Incidence Rate	cases/ 100,000 population	37.3	11.4	27.8		2016	12
1.67	Syphilis Incidence Rate	cases/ 100,000 population	6.3		11.9		2016	15
1.36	Chlamydia Incidence Rate	cases/ 100,000 population	424		468.2	497.3	2016	15
1.28	AIDS Diagnosis Rate	cases/ 100,000 population	6.8		10.5		2016	13
1.28	Chlamydia Incidence Rate: Females 15-19	cases/ 100,000 females aged 15-19	2706.9		3175.6		2016	15
1.28	HIV Incidence Rate	cases/ 100,000 population	9.7		24.6		2016	13
1.22	Kindergartners with Required Immunizations	percent	96.5		94.1		2017	14
1.19	Gonorrhea Incidence Rate	cases/ 100,000 population	124.5		139.2	145.8	2016	15

1.17	Gonorrhea Incidence Rate: Females 15-19	<i>cases/ 100,000 females aged 15-19</i>	279.1		496.6		2016	15
1.14	Age-Adjusted Death Rate due to Influenza and Pneumonia	<i>deaths/ 100,000 population</i>	9.9		9.8	13.5	2016	17
1.08	Adults 65+ with Pneumonia Vaccination	<i>percent</i>	73.8	90	65.6	73.4	2016	8
0.97	Tuberculosis Incidence Rate	<i>cases/ 100,000 population</i>	1.5	1	3.2	2.9	2016	16
0.89	E. coli Infection Incidence Rate	<i>cases/ 100,000 population</i>	0		0.6		2014	12
0.75	Adults 65+ with Influenza Vaccination	<i>percent</i>	68.3		57.6	58.6	2016	8

SCORE	MATERNAL, FETAL & INFANT HEALTH	UNITS	CLAY COUNTY	HP2020	FLORIDA	U.S.	MEASUREMENT PERIOD	SOURCE
1.92	Mothers who Received Early Prenatal Care	<i>percent</i>	72.4	77.9	78.4	77.1	2016	17
1.39	Infant Mortality Rate	<i>deaths/ 1,000 live births</i>	5.5	6	6.1		2014-2016	17
1.36	Preterm Births	<i>percent</i>	10.1	9.4	10.1	9.8	2016	17
1.14	Babies with Low Birth Weight	<i>percent</i>	7.8	7.8	8.7	8.2	2016	17
0.92	Teen Birth Rate: 15-19	<i>live births/ 1,000 females aged 15-19</i>	17.7		19.5	20.3	2016	17
0.67	Infants Born to Mothers >18 Years Old with <12 Years Education	<i>percent</i>	6.4		10.8		2016	17

SCORE	MEN'S HEALTH	UNITS	CLAY COUNTY	HP2020	FLORIDA	U.S.	MEASUREMENT PERIOD	SOURCE
2.06	Age-Adjusted Death Rate due to Prostate Cancer	deaths/ 100,000 males	21.4	21.8	17.1		2014-2016	17
1.83	Prostate Cancer Incidence Rate	cases/ 100,000 males	96.8		90.5		2012-2014	29
1.39	Life Expectancy for Males	years	76.1		76.9	76.7	2014	23
1.00	Prostate-Specific Antigen Test History	percent	63.2		54.9		2016	8

SCORE	MENTAL HEALTH & MENTAL DISORDERS	UNITS	CLAY COUNTY	HP2020	FLORIDA	U.S.	MEASUREMENT PERIOD	SOURCE
2.36	Age-Adjusted Death Rate due to Suicide	deaths/ 100,000 population	18.4	10.2	14.2	13.5	2016	17
1.28	Depression: Medicare Population	percent	16.3		17.5	16.7	2015	3
1.17	Frequent Mental Distress	percent	12.2		11.9	15	2016	4
1.00	Alzheimer's Disease or Dementia: Medicare Population	percent	9.4		11.7	9.9	2015	3

SCORE	OLDER ADULTS & AGING	UNITS	CLAY COUNTY	HP2020	FLORIDA	U.S.	MEASUREMENT PERIOD	SOURCE
2.50	Atrial Fibrillation: Medicare Population	percent	9.7		9.7	8.1	2015	3
2.44	Asthma: Medicare Population	percent	10.1		9.1	8.2	2015	3

2.36	Age-Adjusted Death Rate due to Falls	<i>deaths/ 100,000 population</i>	13.4	7.2	10.3	9.1	2016	17
2.17	Chronic Kidney Disease: Medicare Population	<i>percent</i>	20.6		21.3	18.1	2015	3
2.17	Hospitalization Rate due to Hip Fractures Among Females 65+	<i>hospitalizations/ 100,000 females 65+ years</i>	944	741.2	743.8		2013-2015	7
2.17	Rheumatoid Arthritis or Osteoarthritis: Medicare Population	<i>percent</i>	33.6		34.6	30	2015	3
2.11	Stroke: Medicare Population	<i>percent</i>	4.5		4.8	4	2015	3
2.06	Diabetes: Medicare Population	<i>percent</i>	29.5		28	26.5	2015	3
1.89	Cancer: Medicare Population	<i>percent</i>	8.7		9.6	7.8	2015	3
1.72	COPD: Medicare Population	<i>percent</i>	14.2		13.2	11.2	2015	3
1.56	Hyperlipidemia: Medicare Population	<i>percent</i>	49.9		55.6	44.6	2015	3
1.44	Osteoporosis: Medicare Population	<i>percent</i>	6		7.9	6	2015	3
1.33	People 65+ with Low Access to a Grocery Store	<i>percent</i>	2.8				2015	28
1.28	Depression: Medicare Population	<i>percent</i>	16.3		17.5	16.7	2015	3
1.17	Hospitalization Rate due to Hip Fractures Among Males 65+	<i>hospitalizations/ 100,000 males 65+ years</i>	364	418.4	393.1		2013-2015	7
1.17	Hypertension: Medicare Population	<i>percent</i>	58.8		60.5	55	2015	3
1.08	Adults 65+ with Pneumonia Vaccination	<i>percent</i>	73.8	90	65.6	73.4	2016	8

1.00	Alzheimer's Disease or Dementia: Medicare Population	percent	9.4	11.7	9.9	2015	3
1.00	Ischemic Heart Disease: Medicare Population	percent	29.7	34	26.5	2015	3
0.75	Adults 65+ with Influenza Vaccination	percent	68.3	57.6	58.6	2016	8
0.50	People 65+ Living Below Poverty Level	percent	6.2	10.4	9.3	2012-2016	1
0.33	Heart Failure: Medicare Population	percent	12	14.2	13.5	2015	3

SCORE	ORAL HEALTH	UNITS	CLAY COUNTY	HP2020	FLORIDA	U.S.	MEASUREMENT PERIOD	SOURCE
1.94	Oral Cavity and Pharynx Cancer Incidence Rate	cases/ 100,000 population	15.4		13.4		2012-2014	29
1.56	Dentist Rate	dentists/ 100,000 population	54		58	67	2016	4
1.42	Adults who did not Visit a Dentist due to Cost	percent	19.1				2007	8

SCORE	OTHER CHRONIC DISEASES	UNITS	CLAY COUNTY	HP2020	FLORIDA	U.S.	MEASUREMENT PERIOD	SOURCE
2.17	Chronic Kidney Disease: Medicare Population	percent	20.6		21.3	18.1	2015	3
2.17	Rheumatoid Arthritis or Osteoarthritis: Medicare Population	percent	33.6		34.6	30	2015	3

1.44	Osteoporosis: Medicare Population	percent	6		7.9	6	2015	3
SCORE	PREVENTION & SAFETY	UNITS	CLAY COUNTY	HP2020	FLORIDA	U.S.	MEASUREMENT PERIOD	SOURCE
2.67	Death Rate due to Drug Poisoning	deaths/ 100,000 population	23.9		17.4	16.9	2014-2016	4
2.53	Age-Adjusted Death Rate due to Unintentional Injuries	deaths/ 100,000 population	78.2	36.4	56.3	46.9	2016	17
2.36	Age-Adjusted Death Rate due to Falls	deaths/ 100,000 population	13.4	7.2	10.3	9.1	2016	17
2.33	Age-Adjusted Death Rate due to Unintentional Drowning	deaths/ 100,000 population	3.4		2		2016	17
2.17	Age-Adjusted Death Rate due to Motor Vehicle Collisions	deaths/ 100,000 population	23.8		15.4		2016	17
2.17	Hospitalization Rate due to Hip Fractures Among Females 65+	hospitalizations/ 100,000 females 65+ years	944	741.2	743.8		2013-2015	7
1.17	Hospitalization Rate due to Hip Fractures Among Males 65+	hospitalizations/ 100,000 males 65+ years	364	418.4	393.1		2013-2015	7
0.94	Pedestrian Death Rate	deaths/ 100,000 population	1	1.4	2.6	1.5	2013	5
0.83	Severe Housing Problems	percent	14.9		21.5	18.8	2010-2014	4

SCORE	PUBLIC SAFETY	UNITS	CLAY COUNTY	HP2020	FLORIDA	U.S.	MEASUREMENT PERIOD	SOURCE
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2.39	Alcohol-Impaired Driving Deaths	<i>percent</i>	41.2		26.4	29.3	2012-2016	4
2.17	Age-Adjusted Death Rate due to Motor Vehicle Collisions	<i>deaths/ 100,000 population</i>	23.8		15.4		2016	17
1.17	Juvenile Justice Referral Rate	<i>referrals/ 100,000 population</i>	351.2		448.7		2013	18
1.11	Child Abuse Rate	<i>cases/ 1,000 children aged 5-11</i>	787		901.3		2016	9
1.06	Domestic Violence Offense Rate	<i>offenses/ 100,000 population</i>	398.4		524.3		2016	19
0.94	Pedestrian Death Rate	<i>deaths/ 100,000 population</i>	1	1.4	2.6	1.5	2013	5
0.81	Violent Crime Rate	<i>crimes/ 100,000 population</i>	269.8		439.2	386.3	2016	19
0.67	Driving Under the Influence Arrest Rate	<i>arrests/ 100,000 population</i>	109.1		173.9		2016	19

SCORE	RESPIRATORY DISEASES	UNITS	CLAY COUNTY	HP2020	FLORIDA	U.S.	MEASUREMENT PERIOD	SOURCE
2.44	Asthma: Medicare Population	<i>percent</i>	10.1		9.1	8.2	2015	3
2.00	Teens with Asthma	<i>percent</i>	21.5		20.8		2014	22
1.83	Lung and Bronchus Cancer Incidence Rate	<i>cases/ 100,000 population</i>	77.8		61		2012-2014	29
1.72	COPD: Medicare Population	<i>percent</i>	14.2		13.2	11.2	2015	3
1.67	Age-Adjusted Death Rate due to Lung Cancer	<i>deaths/ 100,000 population</i>	54.7	45.5	40.4		2014-2016	17
1.14	Age-Adjusted Death Rate due to Influenza and Pneumonia	<i>deaths/ 100,000 population</i>	9.9		9.8	13.5	2016	17

1.08	Adults 65+ with Pneumonia Vaccination	percent	73.8	90	65.6	73.4	2016	8
1.08	Adults with Current Asthma	percent	6.7		6.7	9.3	2016	8
0.97	Tuberculosis Incidence Rate	cases/ 100,000 population	1.5	1	3.2	2.9	2016	16
0.75	Adults 65+ with Influenza Vaccination	percent	68.3		57.6	58.6	2016	8

SCORE	SOCIAL ENVIRONMENT	UNITS	CLAY COUNTY	HP2020	FLORIDA	U.S.	MEASUREMENT PERIOD	SOURCE
2.83	Mean Travel Time to Work	minutes	33.4		26.7	26.1	2012-2016	1
1.86	Median Household Gross Rent	dollars	1028		1032	949	2012-2016	1
1.86	Median Housing Unit Value	dollars	157600		166800	184700	2012-2016	1
1.83	People 25+ with a Bachelor's Degree or Higher	percent	23.9		27.9	30.3	2012-2016	1
1.78	Voter Turnout: Presidential Election	percent	73.5		74.5		2016	20
1.67	Total Employment Change	percent	2.7		4.5	2.5	2014-2015	27
1.50	Female Population 16+ in Civilian Labor Force	percent	57.2		54.3	58.3	2012-2016	1
1.50	Per Capita Income	dollars	27159		27598	29829	2012-2016	1
1.50	Population 16+ in Civilian Labor Force	percent	62.1		58.5	63.1	2012-2016	1
1.25	Social and Economic Factors Ranking* * County Health Ranking: the ranking is based on a summary composite score calculated from the following measures: high school graduation, some college, unemployment, children in poverty,		6				2018	4

	<i>income inequality, children in single-parent households, social associations, violent crime rate, and injury death rate.</i>							
1.17	Juvenile Justice Referral Rate	<i>referrals/ 100,000 population</i>	351.2		448.7		2013	18
1.11	Child Abuse Rate	<i>cases/ 1,000 children aged 5-11</i>	787		901.3		2016	9
1.08	Mortgaged Owners Median Monthly Household Costs	<i>dollars</i>	1359		1422	1491	2012-2016	1
1.08	Persons with Health Insurance	<i>percent</i>	89.1	100	84.6		2016	25
1.00	Linguistic Isolation	<i>percent</i>	1.5		6.8	4.5	2012-2016	1
0.97	Median Monthly Owner Costs for Households without a Mortgage	<i>dollars</i>	379		466	462	2012-2016	1
0.78	Median Household Income	<i>dollars</i>	59179		48900	55322	2012-2016	1
0.72	People 25+ with a High School Degree or Higher	<i>percent</i>	90.8		87.2	87	2012-2016	1
0.61	Children Living Below Poverty Level	<i>percent</i>	12.2		23.3	21.2	2012-2016	1
0.61	Homeownership	<i>percent</i>	68		52.3	55.9	2012-2016	1
0.61	People Living Below Poverty Level	<i>percent</i>	10.2		16.1	15.1	2012-2016	1
0.56	Single-Parent Households	<i>percent</i>	28.6		38.5	33.6	2012-2016	1

SCORE	SUBSTANCE ABUSE	UNITS	CLAY COUNTY	HP2020	FLORIDA	U.S.	MEASUREMENT PERIOD	SOURCE
2.67	Death Rate due to Drug Poisoning	<i>deaths/ 100,000 population</i>	23.9		17.4	16.9	2014-2016	4

2.39	Alcohol-Impaired Driving Deaths	percent	41.2		26.4	29.3	2012-2016	4
2.08	Adults who Smoke	percent	18.7	12	15.5	17.1	2016	8
1.83	Adults who Drink Excessively	percent	22.2	25.4	17.5		2016	8
1.72	Teens who have Used Methamphetamines	percent	1.2		0.8		2016	21
1.67	Teens who Use Alcohol	percent	29.6		25.5		2016	21
1.42	Health Behaviors Ranking* * County Health Ranking: the ranking is based on a summary composite score calculated from the following measures: adult smoking, adult obesity, physical inactivity, access to exercise opportunities, excessive drinking, alcohol-impaired driving deaths, sexually transmitted infections, teen births, and a food environment index		32				2018	4
1.33	Teens who Binge Drink: High School Students	percent	12.3		10.9		2016	21
1.33	Teens who Smoke: High School Students	percent	4.5	16	3		2016	22
1.00	Teens who Use Marijuana: High School Students	percent	16.6		17		2016	21
0.67	Driving Under the Influence Arrest Rate	arrests/ 100,000 population	109.1		173.9		2016	19

SCORE	TEEN & ADOLESCENT HEALTH	UNITS	CLAY COUNTY	HP2020	FLORIDA	U.S.	MEASUREMENT PERIOD	SOURCE
2.00	Teens with Asthma	percent	21.5		20.8		2014	22
1.72	Teens who have Used Methamphetamines	percent	1.2		0.8		2016	21

1.67	Teens who Use Alcohol	percent	29.6		25.5		2016	21
1.33	Teens who Binge Drink: High School Students	percent	12.3		10.9		2016	21
1.33	Teens who Smoke: High School Students	percent	4.5	16	3		2016	22
1.28	Chlamydia Incidence Rate: Females 15-19	cases/ 100,000 females aged 15-19	2706.9		3175.6		2016	15
1.28	Teens who are Obese: High School Students	percent	13.1		14.3		2012	12
1.17	Gonorrhea Incidence Rate: Females 15-19	cases/ 100,000 females aged 15-19	279.1		496.6		2016	15
1.14	Teens without Sufficient Physical Activity	percent	29.7				2012	12
1.00	Teens who Use Marijuana: High School Students	percent	16.6		17		2016	21
0.92	Teen Birth Rate: 15-19	live births/ 1,000 females aged 15-19	17.7		19.5	20.3	2016	17

SCORE	TRANSPORTATION	UNITS	CLAY COUNTY	HP2020	FLORIDA	U.S.	MEASUREMENT PERIOD	SOURCE
2.83	Mean Travel Time to Work	minutes	33.4		26.7	26.1	2012-2016	1
2.61	Solo Drivers with a Long Commute	percent	56.4		39.5	34.7	2012-2016	4
2.61	Workers Commuting by Public Transportation	percent	0.1	5.5	2.1	5.1	2012-2016	1

2.61	Workers who Walk to Work	percent	0.9	3.1	1.5	2.8	2012-2016	1
2.11	Workers who Drive Alone to Work	percent	83.8		79.5	76.4	2012-2016	1
1.17	Households with No Car and Low Access to a Grocery Store	percent	1.9				2015	28

SCORE	WOMEN'S HEALTH	UNITS	CLAY COUNTY	HP2020	FLORIDA	U.S.	MEASUREMENT PERIOD	SOURCE
2.28	Cervical Cancer Incidence Rate	cases/ 100,000 females	11.8	7.3	8.5		2012-2014	29
1.83	Pap Test in Past Year	percent	42		48.4		2016	8
1.72	Life Expectancy for Females	years	80.2		82	81.5	2014	23
1.39	Breast Cancer Incidence Rate	cases/ 100,000 females	116.6		117.8		2012-2014	29
1.17	Age-Adjusted Death Rate due to Breast Cancer	deaths/ 100,000 females	19.3	20.7	19.8		2014-2016	17
1.06	Mammogram: 40+ Past Year	percent	62.6		60.8		2016	8

Appendix D. Community Resources

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

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

