



ASCENSION ST. VINCENT'S SOUTHSIDE

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), Ascension St. Vincent's, 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 Duval 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 Needs 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 being 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 members of the Jacksonville Sheriff's Office. In February 2017, the CEOs of St. Vincent's HealthCare, Baptist Health, Brooks Rehabilitation, Flagler Hospital, Mayo Clinic and Memorial Hospital collectively 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 Southside

Executive Statement

Tom VanOsdol, President & CEO, Ascension Florida

At Ascension St. Vincent's 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 St. Vincent's 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/>

Founded in 1873, Ascension St. Vincent's Southside (once known as St. Luke's) was the first private hospital in Jacksonville and is the oldest private hospital in Florida. Currently a 311-bed facility, Ascension St. Vincent's Southside joined the Ascension St. Vincent's family in 2008.

Ascension St. Vincent's Southside is the only community hospital in Jacksonville to receive the "baby-friendly" designation from the World Health Organization and UNICEF. It is also home to the area's only all-private neonatal intensive care (NICU) rooms. The Family Birth Place at Ascension St. Vincent's Southside was also one of only nine organizations in the country to receive a PRC Platinum Achievement Award in 2015.

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 the hospital can be found in [Appendix A](#).

Executive Summary

Ascension St. Vincent's Southside 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 Southside hired Conduent Healthy Communities Institute (HCI) to conduct the CHNA.

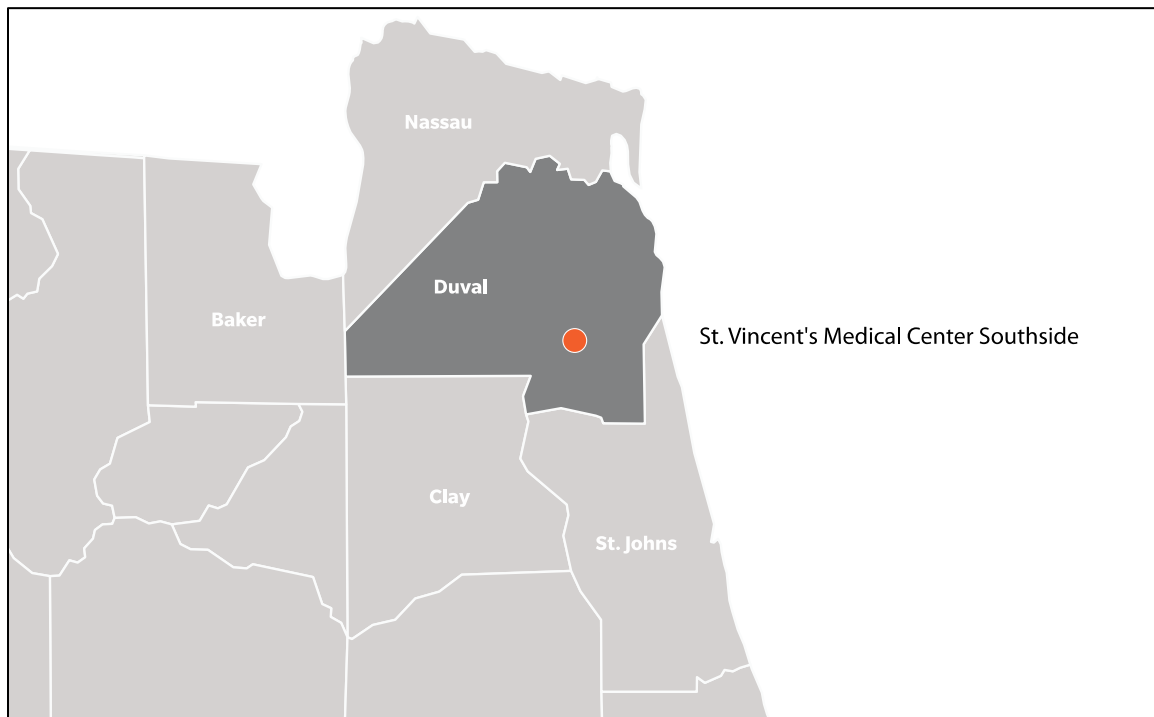
The goal of this report is to offer a meaningful understanding of the most pressing health and health-related needs across Ascension St. Vincent's Southside's service area, as well as to guide planning efforts to address those needs. Special attention has been given to the needs of vulnerable populations, 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 Southside includes Duval County.

FIGURE 1. MAP OF ASCENSION ST. VINCENT'S SOUTHSIDE



According to the U.S. Census Bureau’s 2016 population estimates, Ascension St. Vincent’s Southside’s service area had a population of 926,255. Residents of 32202, 32206, 32208, 32209, 32211, 32212, 32227, 32234 and 32254 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 Southside’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 930 community members contributed their input on the community’s health and health-related needs for Duval County, barriers, and opportunities, with special focus on needs of vulnerable and underserved populations.

TABLE 1: COMMUNITY INPUT PARTICIPATION

	Key Informant Interviews	Focus Groups	Focus Group Participants	Survey Respondents	Total Participants
Duval County	29	22	212	697	938

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 29 key informant interviews conducted, 21 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, 10 of the focus groups included community members and advocates who are members of underserved communities.

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

Secondary Data

Secondary data 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 C1](#) 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 Duval 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 930 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 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 3. 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 3. PRIORITIZATION CRITERIA

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

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

TABLE 4. PRIORITY HEALTH AREAS AND EVIDENCE FROM DATA COLLECTED

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

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

Conclusion

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

Following this process, Ascension St. Vincent's Southside 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 Southside's Service Area

The service area is defined as the geographic boundary of Duval County and includes all of the county's associated zip codes: 32099, 32201, 32202, 32203, 32204, 32205, 32206, 32207, 32208, 32209, 32210, 32211, 32212, 32214, 32215, 32216, 32217, 32218, 32219, 32220, 32221, 32222, 32223, 32224, 32225, 32226, 32227, 32228, 32229, 32230, 32231, 32232, 32233, 32234, 32235, 32236, 32237, 32238, 32239, 32240, 32241, 32244, 32245, 32246, 32247, 32250, 32254, 32255, 32256, 32257, 32258, 32266, and 32277.

FIGURE 2. MAP OF ASCENSION ST. VINCENT'S SOUTHSIDE

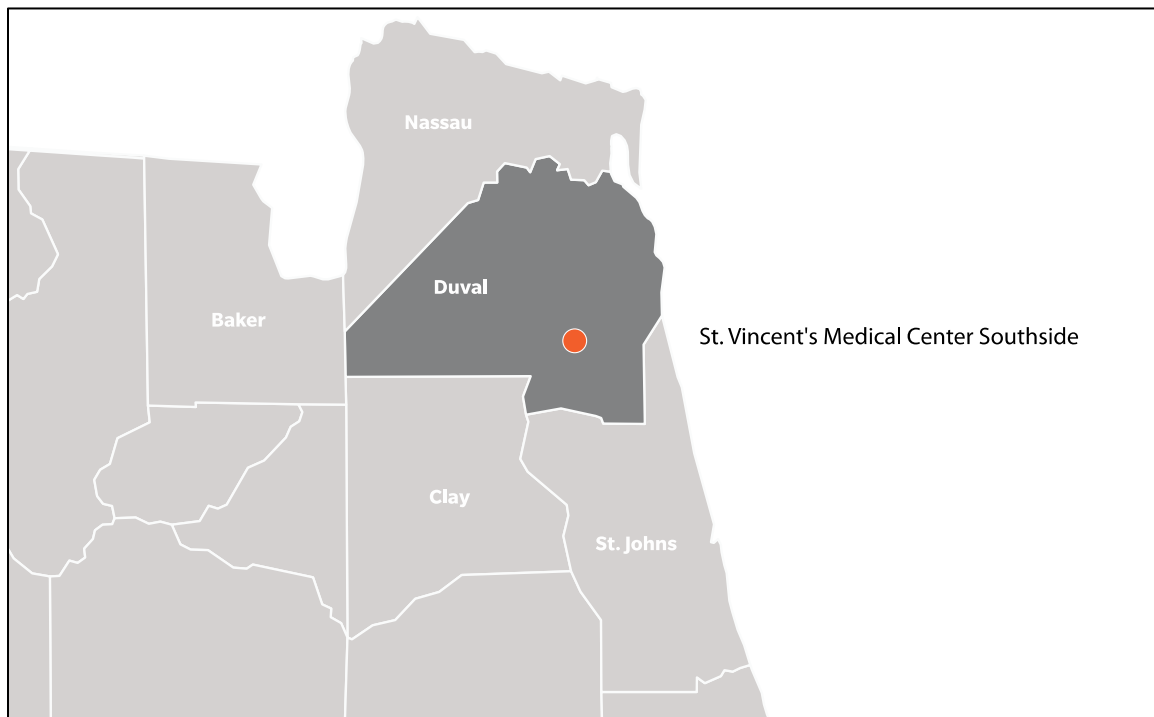
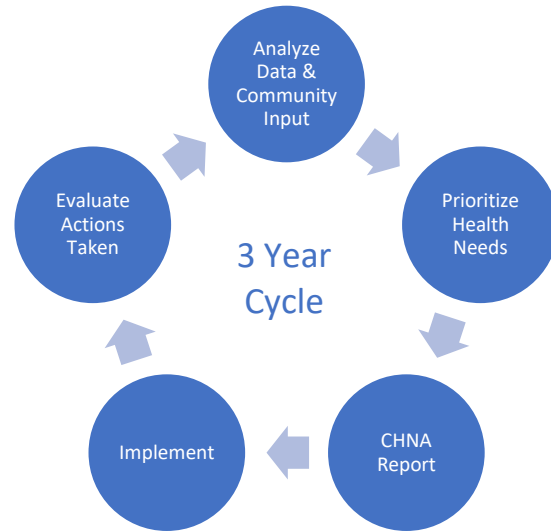


TABLE 5. 2017 DISCHARGES BY COUNTY FOR ASCENSION ST. VINCENT'S SOUTHSIDE

	Baker	Clay	Duval	Nassau	St. Johns	Total Discharges	% of 5 Counties
Ascension St. Vincent's Southside	99	673	9,041	234	738	11,365	94.9%

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 Southside's priority health areas for years 2016-2018 were:

- Access
- Diabetes
- Health Disparities
- Maternal/Child Health
- Mental Health
- Obesity/Nutrition/Lifestyle
- Smoking

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 Southside's 2016-2018 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 Southside'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 on paper submissions.

Key Informant Interviews

TABLE 6. NUMBER OF KEY INFORMANT INTERVIEWS BY COUNTY

Duval	Northeast Florida Region
29	8

Twenty-nine 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 twenty-nine key informant interviews conducted, twenty-one 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) Low-Income/Underserved, and (5) Race/Ethnic Group Impact.

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

Focus Groups

Twenty-two focus groups with a total of 212 participants were facilitated by HCI or by the Partnership from March 28, 2018 through April 25, 2018. Participants were selected for their knowledge about community health needs and barriers. The focus groups were split into two categories: (1) focus groups of hospital staff associated with Ascension St. Vincent's Southside, and (2) focus groups of community members with wide backgrounds, including persons with disabilities, veterans, persons of limited income, communities of color, the 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 the twenty-two focus groups conducted, ten of the focus groups included community members of underserved communities or community advocates for underserved communities.

Focus groups were transcribed and analyzed by common theme. The frequency with which a topic area was discussed within and across focus groups was used to assess the relative importance of the need in the community. Figure 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 key informant interviews were related to (1) Access to Health Services, (2) Mental Health & Mental Disorders, (3) Low-Income/Underserved Populations, (4) Transportation, and (5) Economy.

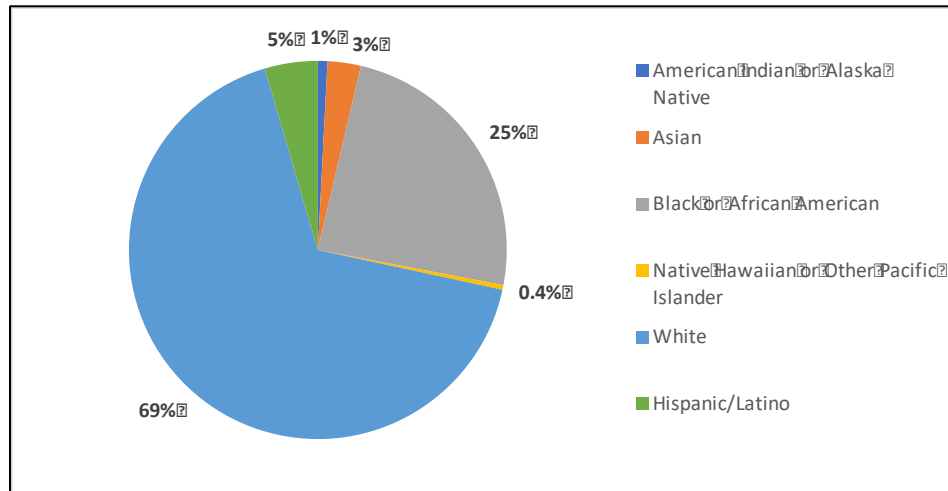
Please see [Appendix B3](#) and [Appendix B4](#) for focus group discussion questions as well as a list of completed focus groups, respectively.

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 697 community members in Duval County. The survey was a convenience sample survey, and thus the results are not representative of the community population as a whole. Another limitation is that the survey was only made available in English.

Survey respondents were asked about their views on the community's health needs, barriers, and most impacted populations. A majority of respondents chose Mental Health and Mental Disorders, Heart-Related Disorders, Substance Abuse, and Obesity/Overweight as the most pressing health needs in the community, illustrated in Figure 6. Additionally, respondents cited Access to Health Services and Diet, Food and Nutrition as the most impactful conditions of life (Figure 7). 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 5. SURVEY PARTICIPANTS BY RACE/ETHNICITY



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

FIGURE 6. MOST PRESSING HEALTH NEEDS ACCORDING TO SURVEY PARTICIPANTS

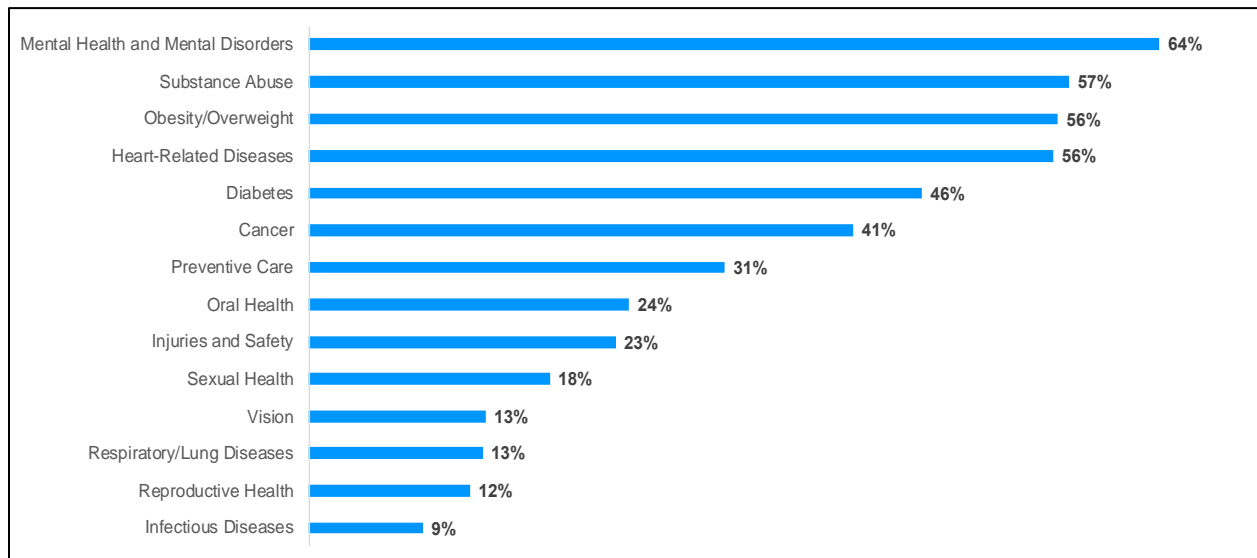
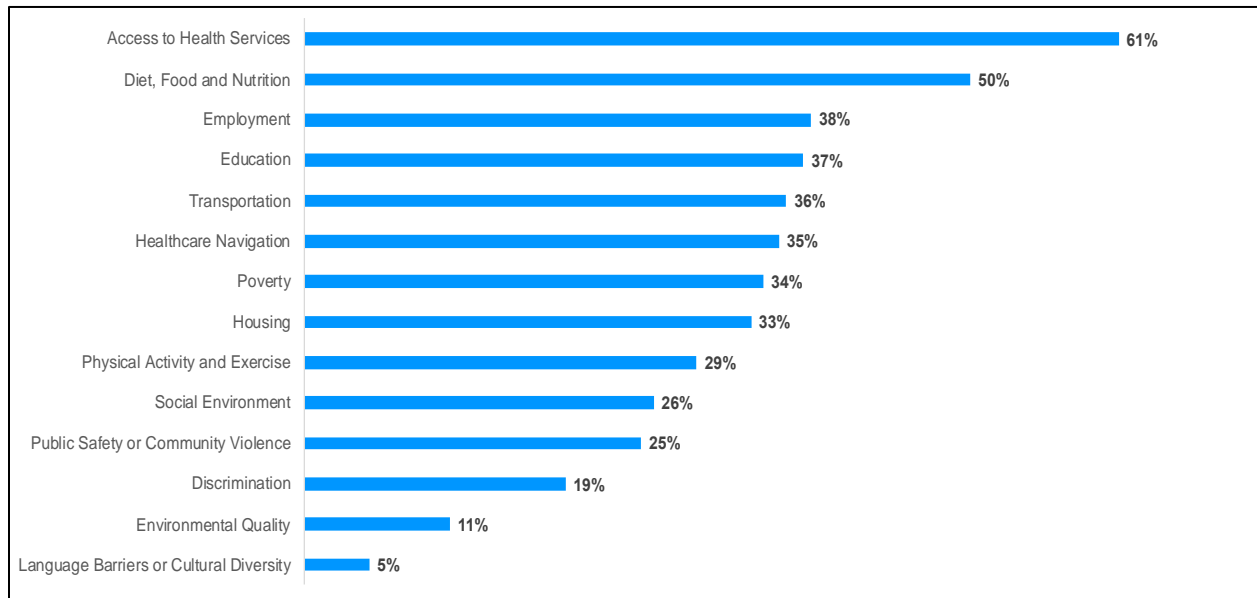


FIGURE 7. MOST IMPACTFUL CONDITIONS OF LIFE ACCORDING TO SURVEY PARTICIPANTS



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 each of the Ascension St. Vincent's Southside service area 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 8. 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 9.

FIGURE 8. INDICATOR SCORE RANGE

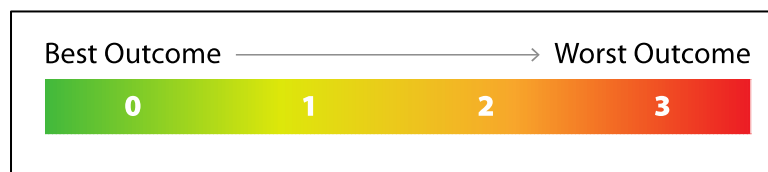
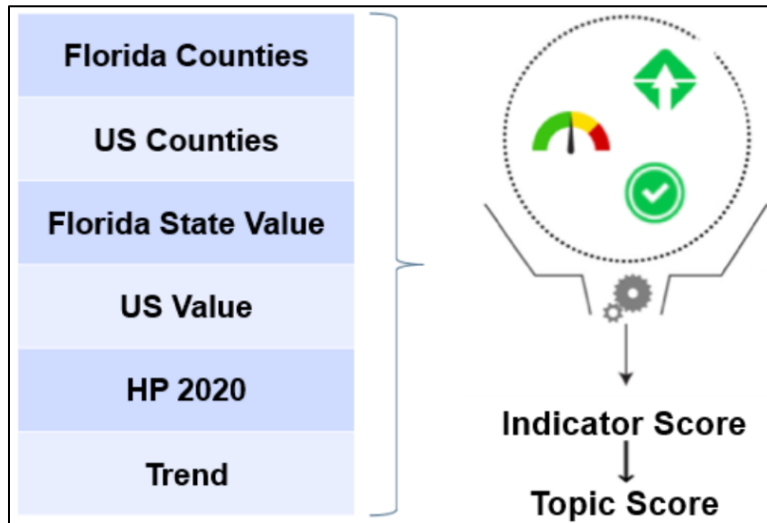


FIGURE 9. SUMMARY OF TOPIC SCORING ANALYSIS



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

Table 7 shows the health topic scoring results for the Ascension St. Vincent's Southside's service area, with Prevention & Safety as the poorest performing health topic for the service area.

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

Prevention & Safety	2.21
Other Chronic Diseases	2.07
Environmental & Occupational Health	1.94
Older Adults & Aging	1.94
Maternal, Fetal & Infant Health	1.93
Immunizations & Infectious Diseases	1.83
Public Safety	1.82
Mental Health & Mental Disorders	1.76
Mortality Data	1.75
Cancer	1.70

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

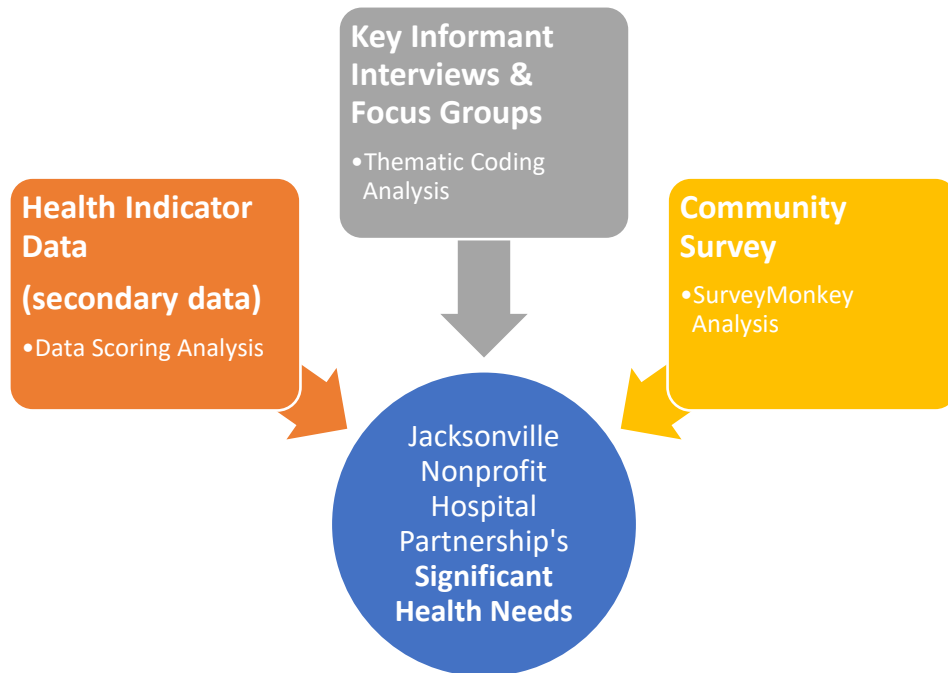
While this report focuses on the service area of Ascension St. Vincent's Southside, the data synthesis and prioritization were conducted to encompass the entire Partnership service area (Baker, Clay, Duval, Nassau, and St. Johns counties). The intention of considering the broader geographic area is to 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.

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 part of the prioritization session, participants were presented data 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 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 care, transportation, safe housing, and nutrition)		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 strategy for Ascension St. Vincent's Southside.

Demographics & Community Context

The following section explores the demographic profile of Ascension St. Vincent's Southside'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 Southside's service area had a population of 926,255.

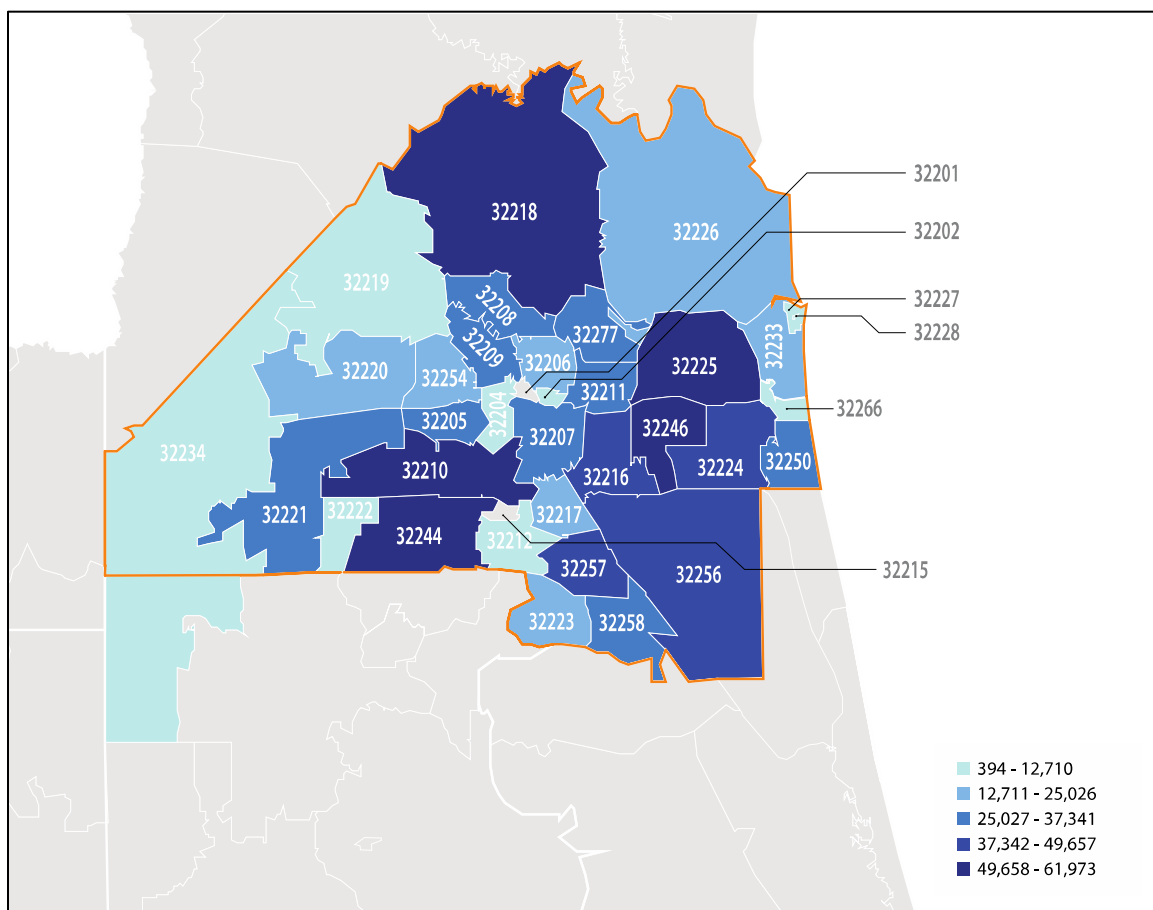
Table 12 presents the population estimates for Duval County by year for 2013, 2014, 2015, and 2016. Duval County's population growth in the 4-year time period (4.4%) was lower than the state of Florida (5.3%), but twice the rate of growth in the United States (2.2%).

TABLE 12. TOTAL POPULATION: PAST FOUR YEARS

Total Population					
County	2013	2014	2015	2016	Percent Change 2013-2016
Duval County	886,873	898,372	912,081	926,255	4.4%
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%

Figure 11 shows 34 zip codes in Duval County in 2012-2016, with zip code 32210 having the largest population (61,973) and zip code 32228 the lowest population (394).

FIGURE 11. POPULATION PER ZIP CODE IN 2012-2016 (DUVAL)



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

Table 13 shows the population projections through 2045 for the total population.

TABLE 13. TOTAL POPULATION PROJECTIONS THROUGH 2045¹⁴

		2010 Census	2017	2025	2035	2045	% Change from 2017 - 2045
Total	Duval	864,263	936,811	1,042,012	1,135,492	1,215,908	29.8%
	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 the Ascension St. Vincent's Southside service area population by age as compared to the age distribution for the Northeast Florida Region. The percentage of the population under 18 years of age in Duval County is almost equivalent to that of the Northeast Florida Region. Duval County's age distribution differs from the region for the population aged 18 and above. The percentage of population between 18 and 44 years of age is higher in Duval County compared to the Northeast Florida Region, while the county's percentage of population over 45 years of age is lower than the region.

FIGURE 12: POPULATION BY AGE, 2012-2016

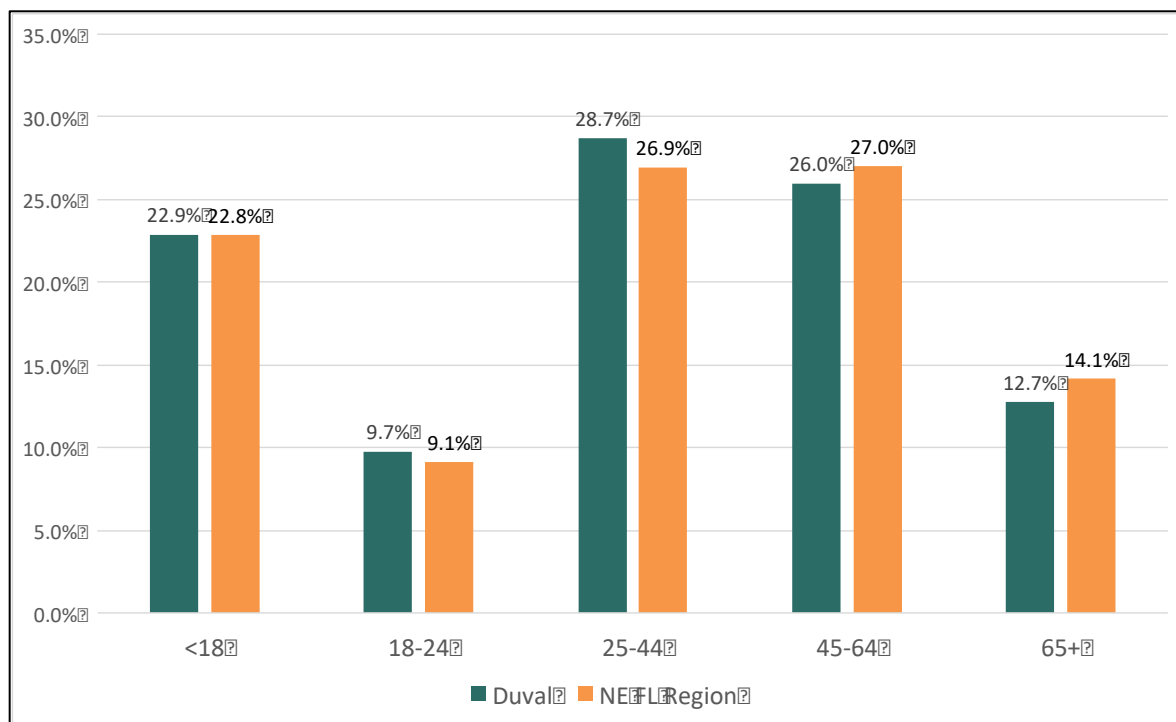


Table 14 shows the population projections by age-group through 2045. Across the service area, the age group that will have the greatest growth is older adults.

TABLE 14. POPULATION PROJECTIONS BY AGE-GROUP THROUGH 2045¹⁴

		2010 Census	2017	2025	2035	2045	% Change from 2017 - 2045
<18	Duval	203,514	214,321	237,381	253,697	265,757	24.0%
	Florida	4,002,096	4,180,677	4,636,008	5,053,630	5,323,927	27.3%
18 - 24	Duval	90,644	88,675	94,768	103,312	111,894	26.2%
	Florida	1,739,854	1,822,195	1,925,683	2,080,468	2,261,012	24.1%
25 - 44	Duval	245,803	265,938	291,509	298,291	316,861	19.1%
	Florida	4,721,819	5,063,560	5,769,128	6,208,579	6,463,905	27.7%
45 - 64	Duval	228,133	239,149	240,901	258,859	281,222	17.6%
	Florida	5,079,471	5,417,540	5,564,257	5,739,473	6,463,744	19.3%
65+	Duval	96,169	128,728	177,453	221,333	240,174	86.6%
	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. In Duval County, a smaller percentage of the population identified as White (non-Hispanic) and a larger percentage identified as Black or African American compared to the Northeast Florida Region. The White (non-Hispanic) population makes up 55% of the overall population, with Black/African American accounting for 29% of the population, followed by Hispanic or Latino (of any race) and then Asian at 9% and 4%, respectively.

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

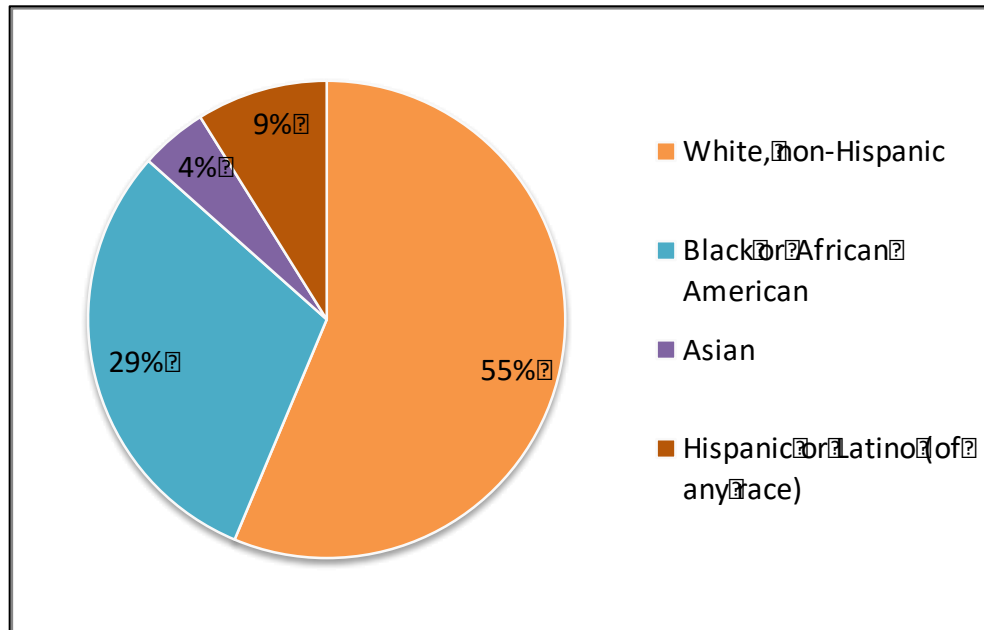


Table 15 presents a closer examination of population trends at the county level. From 2009-2013 through 2012-2016, Duval County experienced close to a 1% increase in the percentage of residents identifying as Hispanic or Latino and slighter increases in the percentage of residents identifying as Black or African American and Asian. There was a decrease in the percentage of county residents identifying as White, non-Hispanic between 2009-2013 and 2012-2016.

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

	2009-2013	2010-2014	2011-2015	2012-2016
Duval County				
White, non-Hispanic	55.4%	54.9%	54.4%	53.9%
Black or African American	30.1%	30.2%	30.2%	30.3%
Asian	4.6%	4.7%	4.8%	4.9%
Hispanic or Latino	8.3%	8.6%	8.9%	9.2%

The zip code with the highest proportion of residents identifying as Black or African American within the service area is 32209 as shown in Table 16.

The zip code with the highest proportion of residents identifying as Asian within the service area is 32258.

The zip code with the highest proportion of residents identifying as Hispanic or Latino within the service area is 32227 at 16.2%.

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

Zip Code	White, non-Hispanic	Black or African American	Asian	Hispanic or Latino
Duval County				
32202	32.8%	57.7%	2.5%	7.1%
32204	67.0%	24.9%	0.5%	6.7%
32205	66.3%	24.7%	2.1%	4.3%
32206	20.3%	73.7%	0.7%	1.8%
32207	61.0%	17.9%	6.9%	12.4%
32208	13.9%	82.3%	0.5%	1.8%
32209	2.4%	95.3%	0.1%	1.7%
32210	50.2%	34.8%	3.9%	8.8%
32211	49.9%	36.5%	3.0%	9.2%
32212	56.3%	21.6%	1.3%	13.4%
32216	61.8%	19.8%	6.5%	9.8%
32217	67.9%	11.6%	5.0%	12.5%
32218	39.9%	52.3%	1.1%	4.5%
32219	42.4%	47.4%	0.6%	8.3%
32220	82.2%	13.2%	0.5%	2.5%
32221	53.5%	29.9%	5.2%	7.4%
32222	43.9%	30.9%	4.8%	14.0%
32223	82.1%	5.2%	3.7%	6.5%
32224	74.3%	6.1%	4.5%	10.5%
32225	62.8%	17.1%	6.1%	9.1%
32226	72.0%	12.7%	2.5%	7.0%
32227	63.0%	9.4%	3.8%	16.2%
32228	62.9%	24.9%	1.0%	8.9%
32233	74.7%	11.8%	3.0%	9.1%
32234	74.1%	11.0%	0.8%	11.9%
32244	42.5%	37.2%	5.2%	11.9%
32246	57.1%	15.1%	9.0%	15.8%
32250	85.5%	3.2%	2.6%	5.9%
32254	35.5%	56.7%	0.5%	5.9%
32256	59.7%	14.1%	11.0%	10.6%
32257	71.6%	12.1%	3.8%	9.6%
32258	64.4%	8.6%	11.3%	12.3%
32266	88.5%	1.1%	2.6%	5.4%
32277	46.7%	39.2%	4.0%	7.9%

Zip Code	White, non- Hispanic	Black or African American	Asian	Hispanic or Latino
Duval County				
32097	86.3%	7.1%	0.3%	5.1%

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 hospital'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	Duval	499,104	504,169	510,068	513,021	516,953	2.5%
	Florida	11,066,181	11,313,436	11,774,342	12,214,956	12,561,838	11.0%
Non-Hispanic Black	Duval	257,352	289,118	338,179	382,335	420,295	45.4%
	Florida	2,950,583	3,319,150	3,890,098	4,420,638	4,835,615	45.7%
Hispanic	Duval	65,398	95,506	137,751	177,097	209,361	119.2%
	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, comparing the values for each county in the service area to the regional value, the Florida state value, and the national value. Duval County has a higher share of its population speaking a language other than English at home than the Northeast Florida Region, though its share is lower than those of the state of Florida and the United States. 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

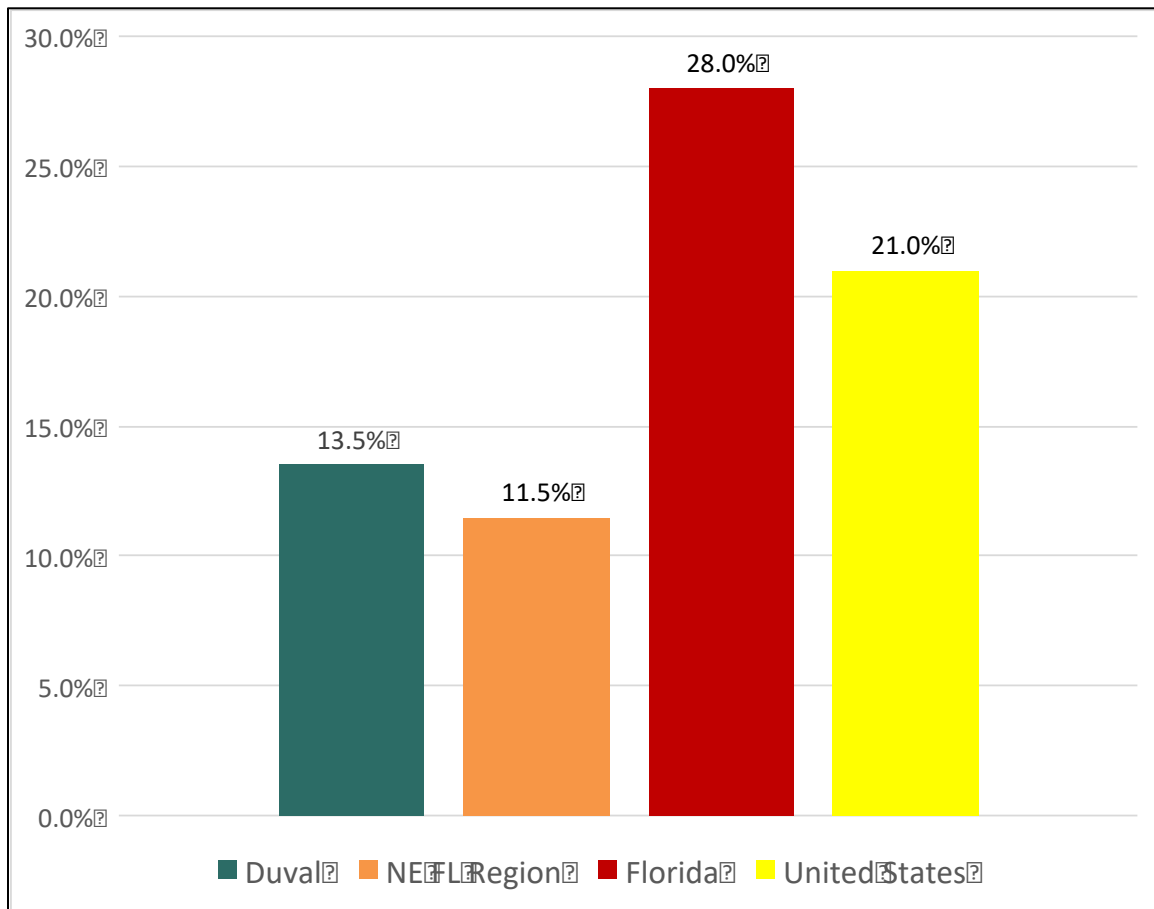


TABLE 18. TYPES OF LANGUAGES SPOKEN AT HOME, 2012-2016

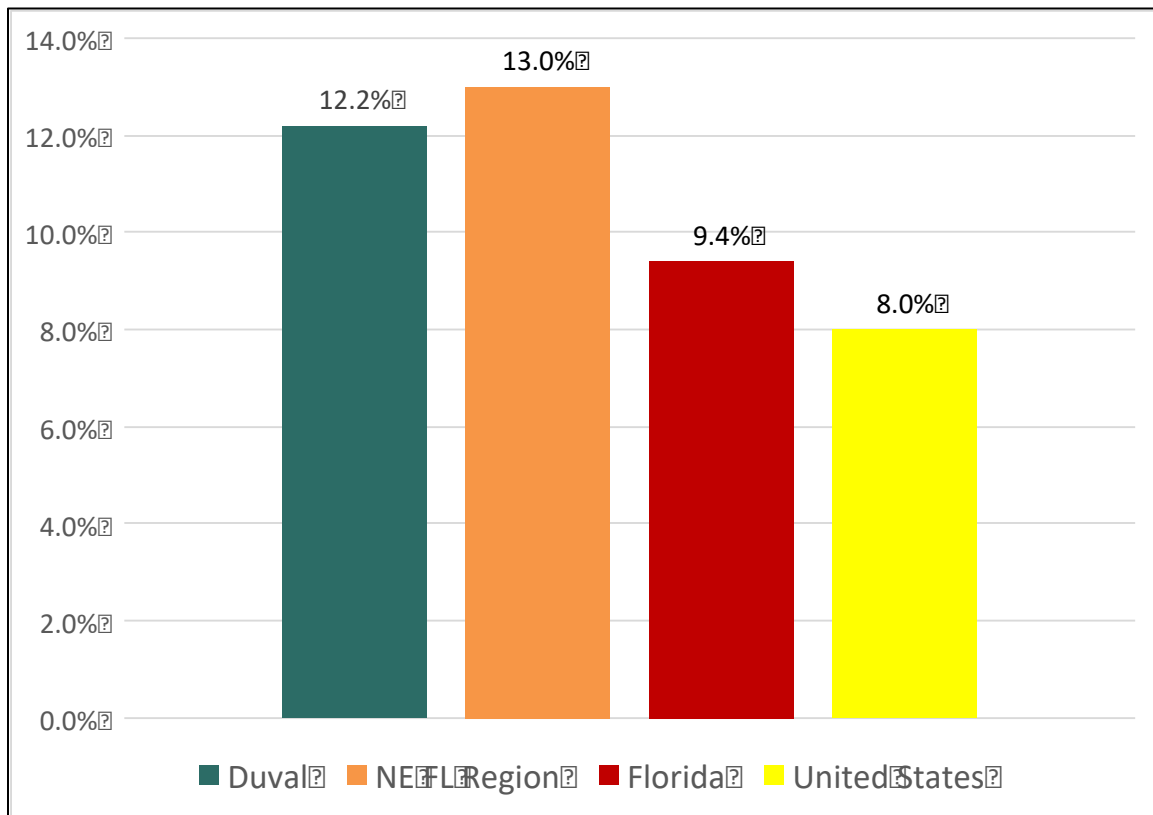
	Duval	Florida
English-only	726,412 (86.5%)	13,512,487 (71.7%)
Spanish	51,456 (6.1%)	3,936,129 (20.9%)
Other Indo-European Languages	27,397 (3.3%)	965,349 (5.1%)
Asian Pacific Islander Languages	27,296 (3.3%)	297,950 (1.6%)
Other Languages	7,269 (0.9%)	128,323 (0.7%)

Veterans

The veteran population is a significant part of the community. Figure 15 shows that 12.2% of Duval 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. 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



Disabilities

Figure 16 shows the share of persons with any type of disability living in Duval County, compared to the overall state value and the value of the entire United States. In comparison to the state and nation, Duval County has a larger share of disabled populations at 13.5% (or 119,021 persons).

FIGURE 16: PERSONS WITH A DISABILITY, 2012-2016

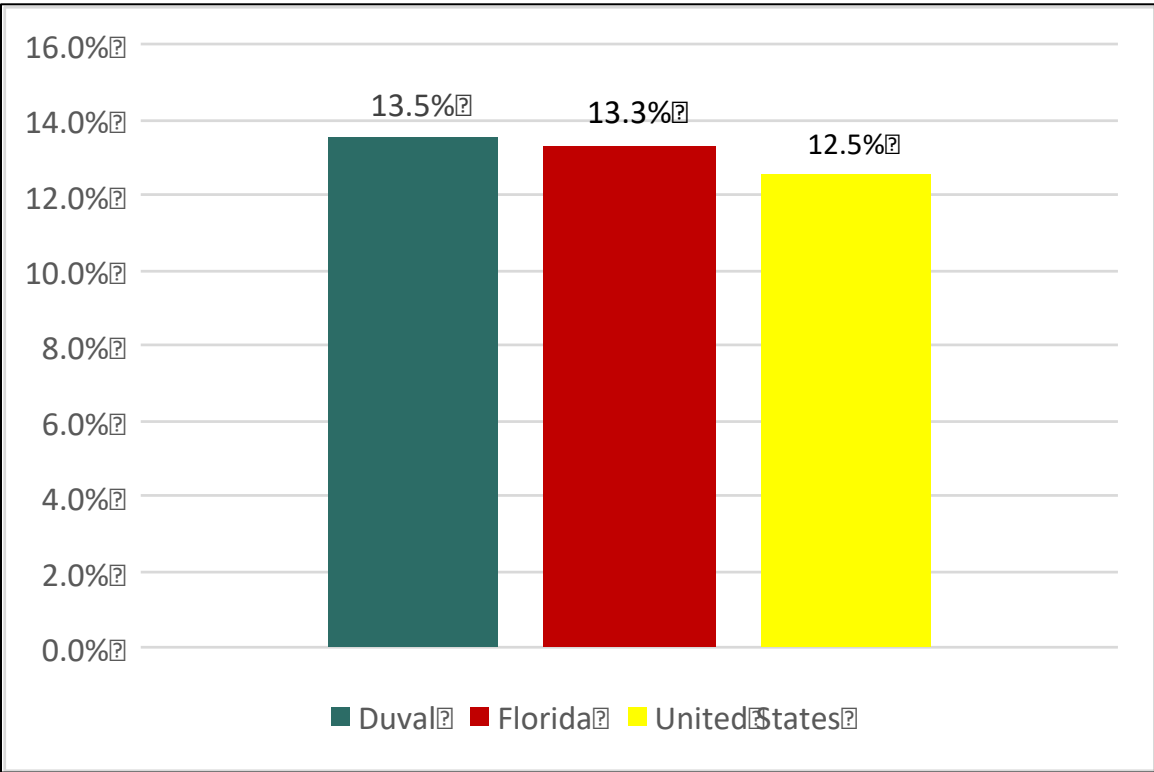


TABLE 19. ESTIMATED NUMBER OF PERSONS WITH A DISABILITY, 2012-2016

County	Persons with a Disability
Duval	119,021

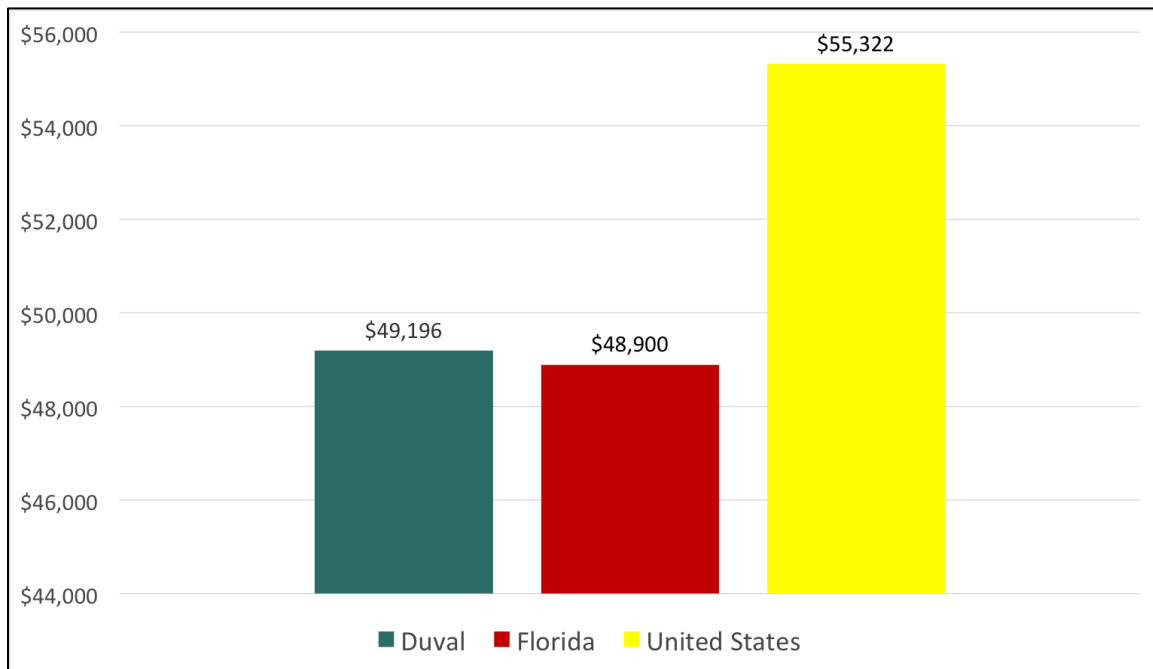
Social and Economic Determinants of Health

This section explores the social and economic determinants of health in the hospital's service area. 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

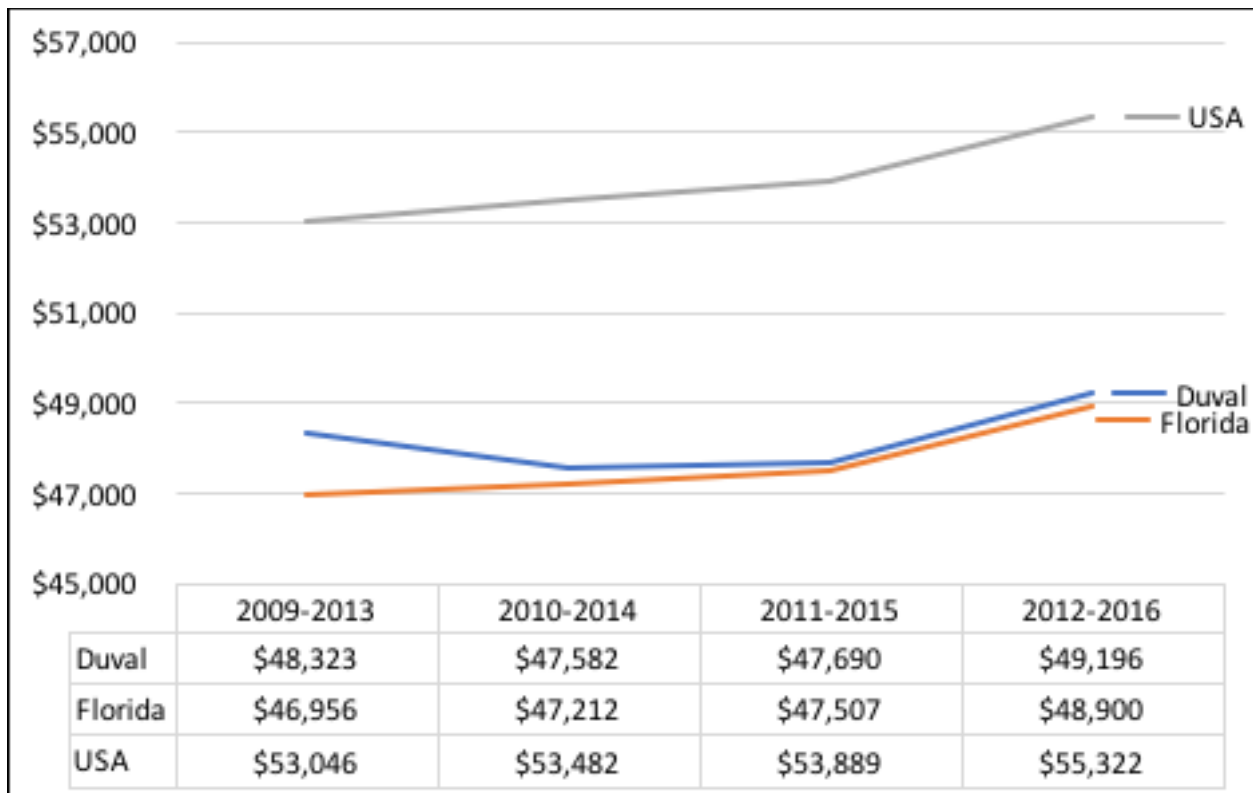
Figure 17 compares the median household income values for Duval County to the median household income values for Florida and the United States. With a value of \$49,196, Duval County has a similar median household income to the state of Florida, however a lower value as compared to the United States as whole. Of all the counties in the Northeast Florida Region, Duval County has the lowest median household income.

FIGURE 17: MEDIAN HOUSEHOLD INCOME, 2012-2016



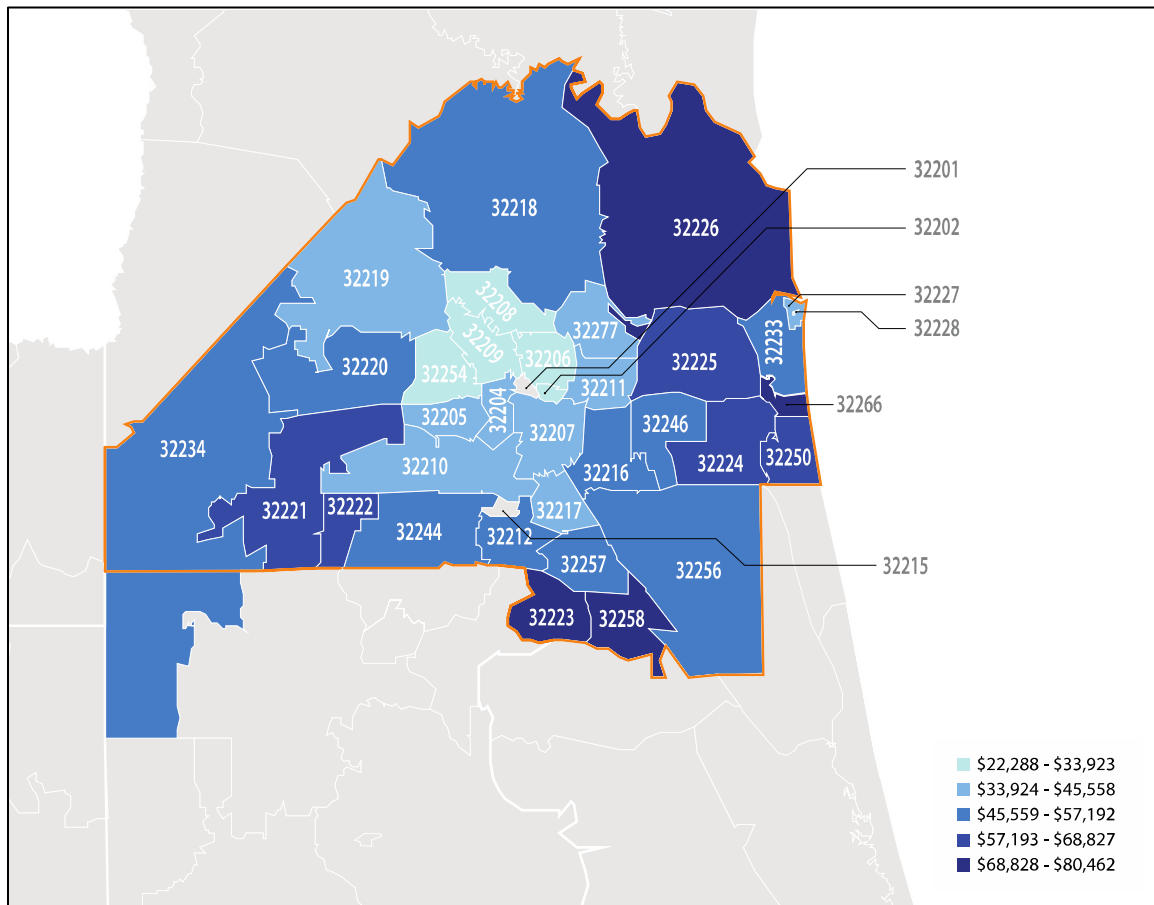
A closer examination of the trend of the service area in Figure 18 reveals that the median household income has been generally increasing in Duval County after a decrease from 2009-2013 to 2010-2014.

FIGURE 18: MEDIAN HOUSEHOLD INCOME PER COUNTY: PAST FOUR TIME PERIODS



Across all zip codes in the Duval County service area, zip codes 32209, 32206, 32202, 32254, and 32208 had the lowest median household income, with values ranging between \$22,288 and \$33,923 (Figure 19).

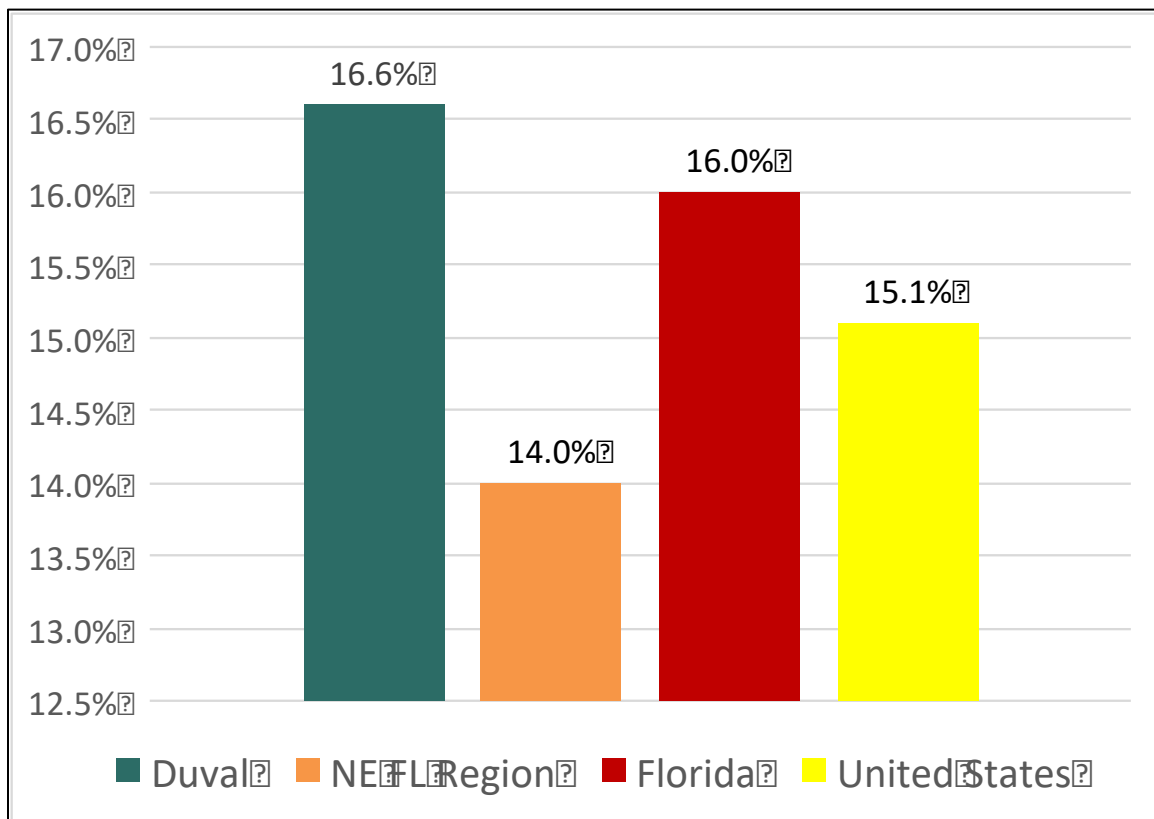
FIGURE 19. MEDIAN HOUSEHOLD INCOME BY ZIP CODE, 2012-2016 (DUVAL)



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

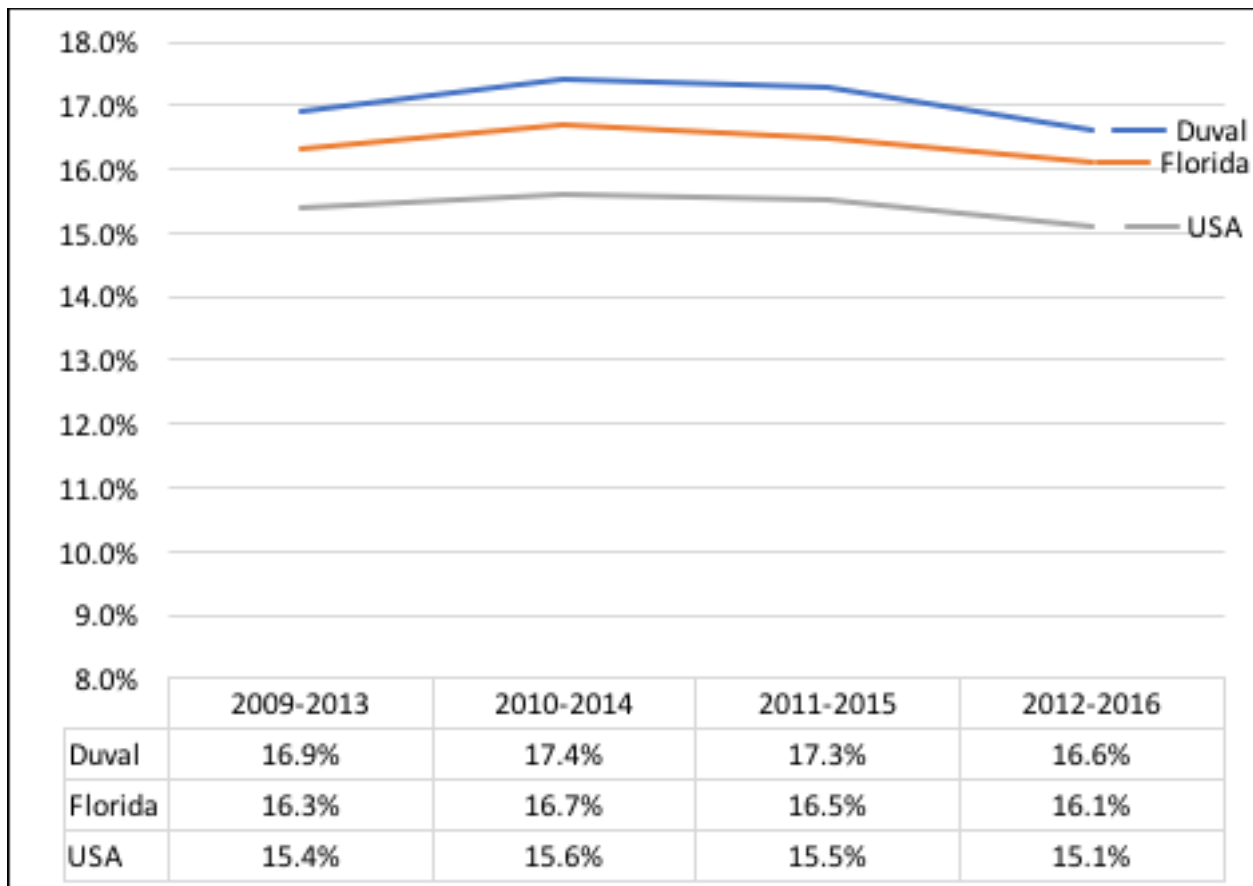
Figure 20 shows the percent of persons living below the poverty level in the Duval County service area, compared to the value for the entire Northeast Florida Region, the Florida state value and the United States value. With 16.6%, the service area has a higher percentage of persons living in poverty than the region, the state and the country.

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



According to Figure 21, the trend of people living below poverty level has fluctuated in the service area across the past four time periods. The share of people living below poverty level has decreased slightly in Duval County during the most recent time period.

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. The percentages of different races/ethnicities living below the poverty level in the Duval County service area are compared to those from the region. The values are higher across all races/ethnicities in Duval County compared to those of the region.

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

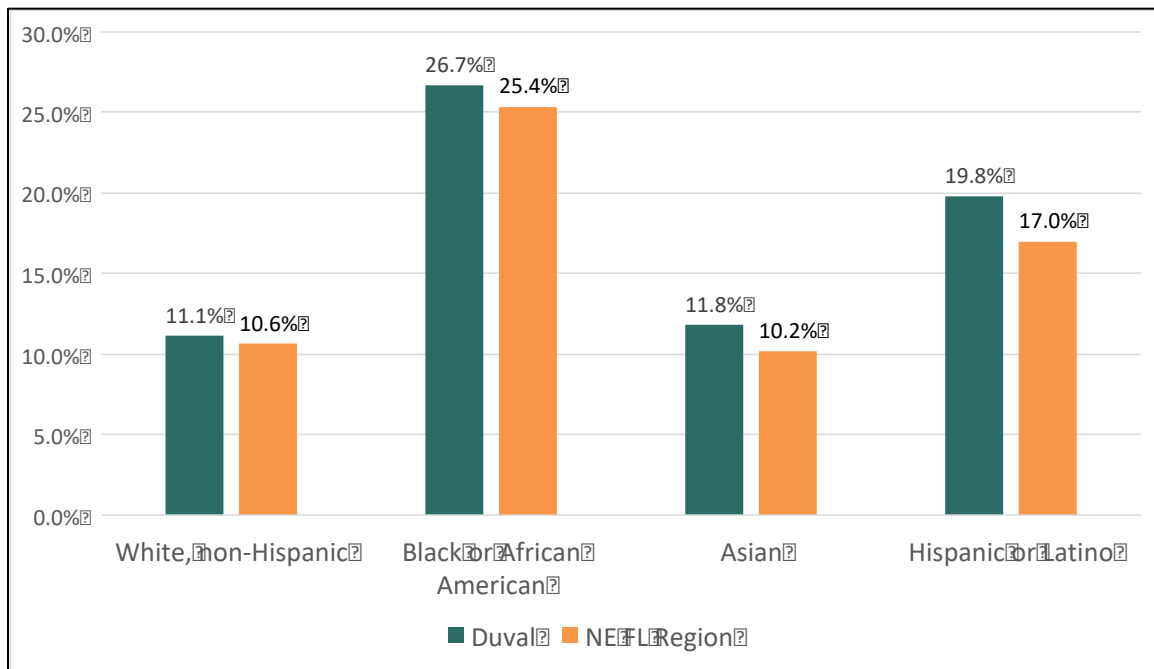
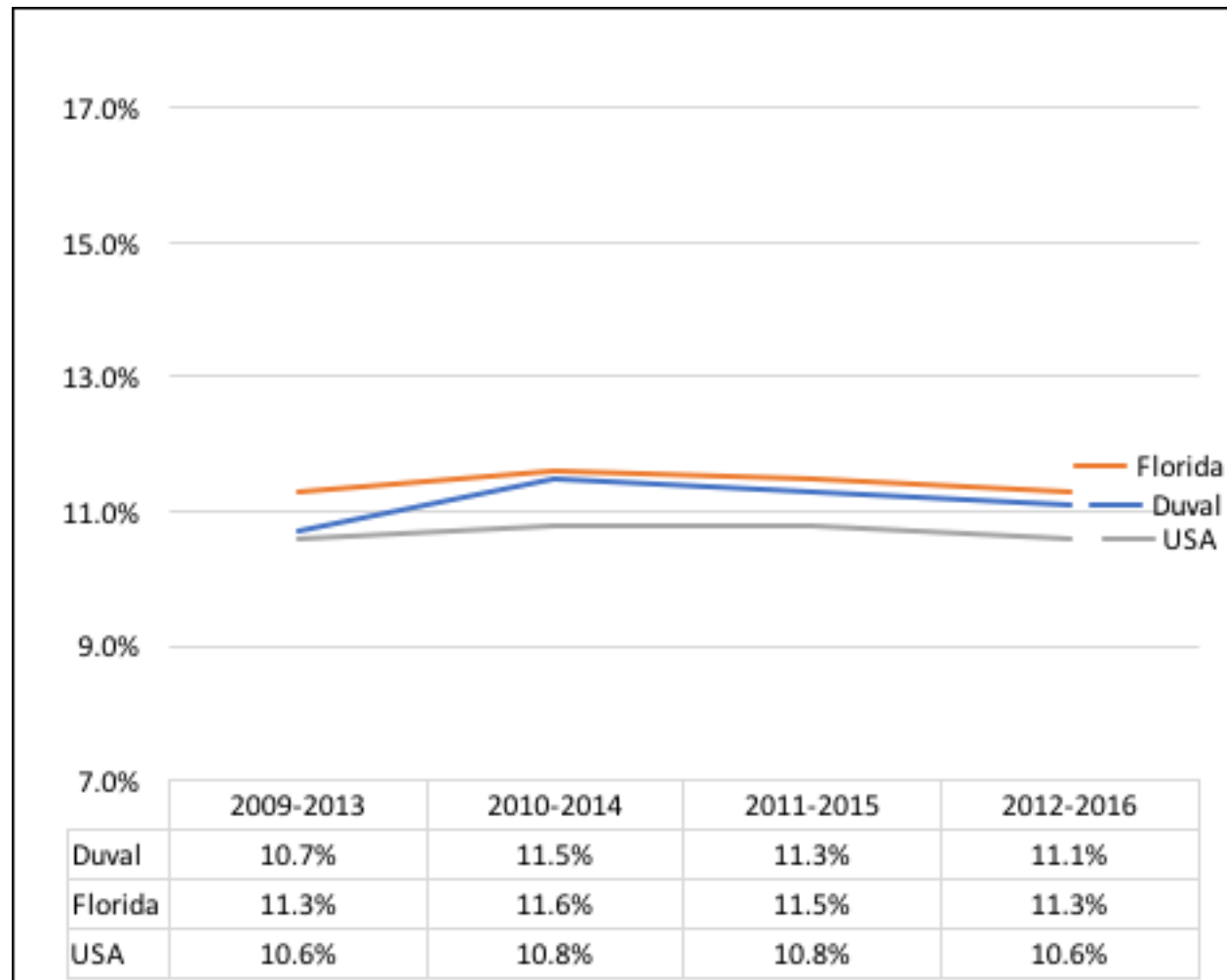


Figure 23, Figure 24, and Figure 25 examine the trends for the Duval County service area: White, non-Hispanic, Black or African American, and Hispanic or Latino populations, all racial/ethnic groups that experience higher poverty than the overall population.

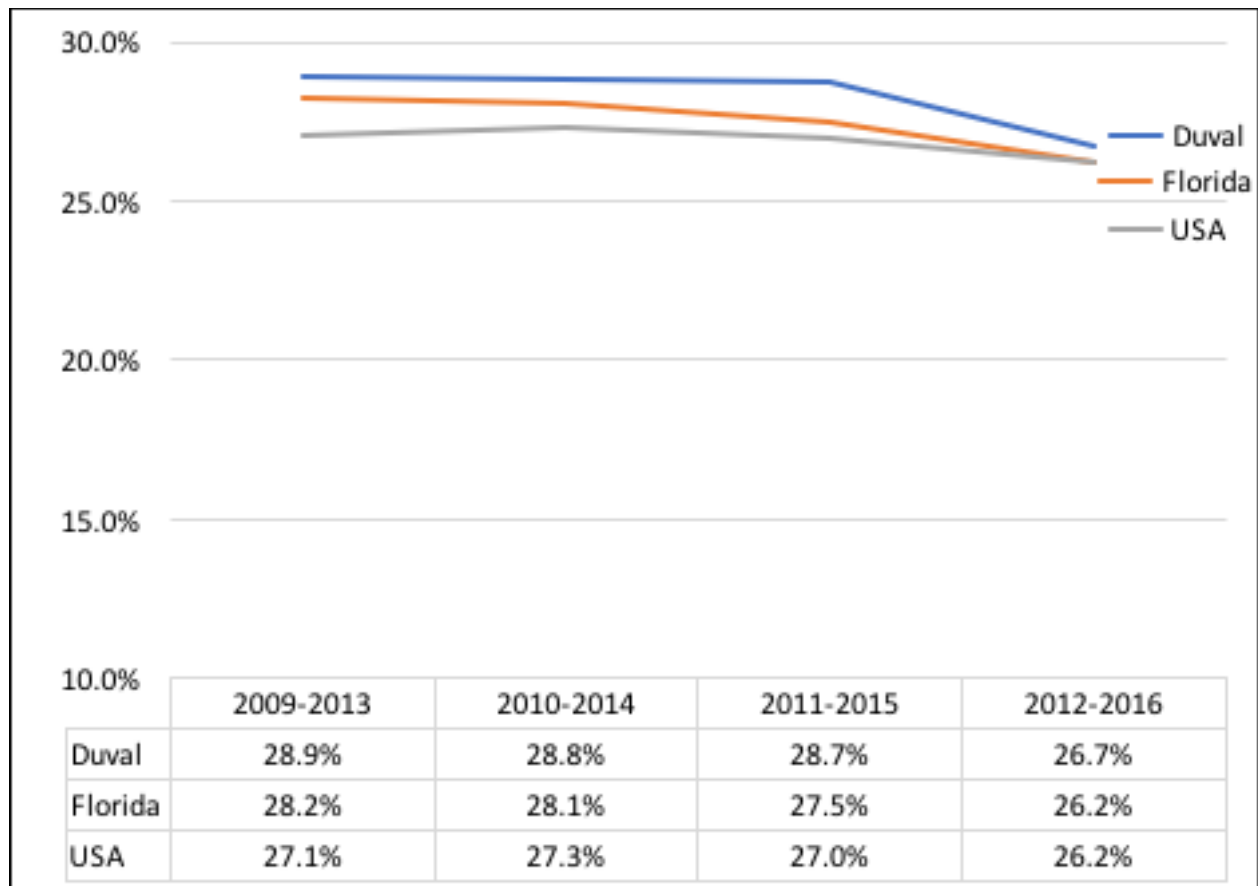
Figure 23 shows that White, non-Hispanic residents experienced a slight increase in levels of poverty in Duval County in the past four time periods, although the trend has been decreasing over the past 3 time periods.

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



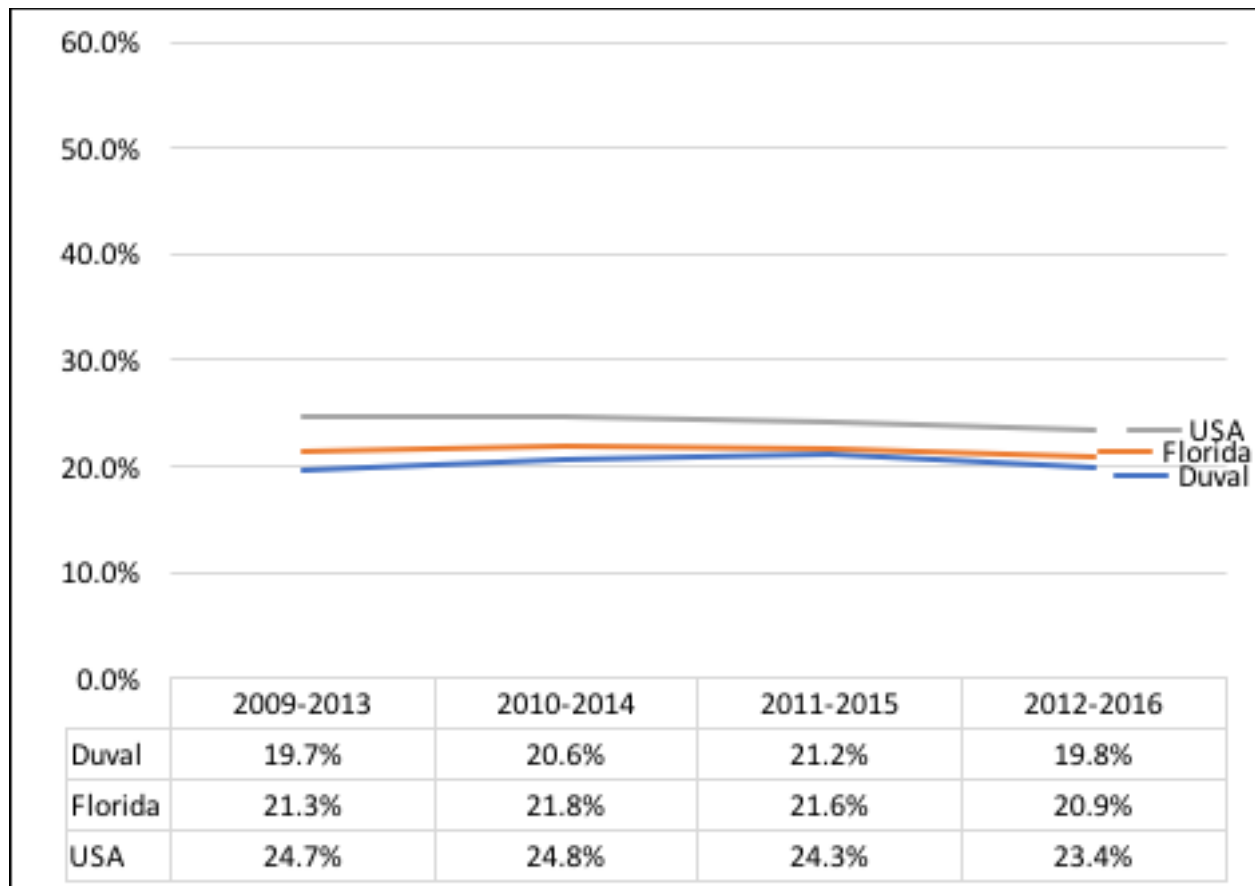
Although Duval County had the highest rate of poverty in the Northeast Florida Region for their Black or African American population (Figure 24), the trend has been steadily decreasing in the past four time periods.

FIGURE 24. BLACK OR AFRICAN AMERICAN POPULATION LIVING BELOW POVERTY LEVEL (2012-2016)



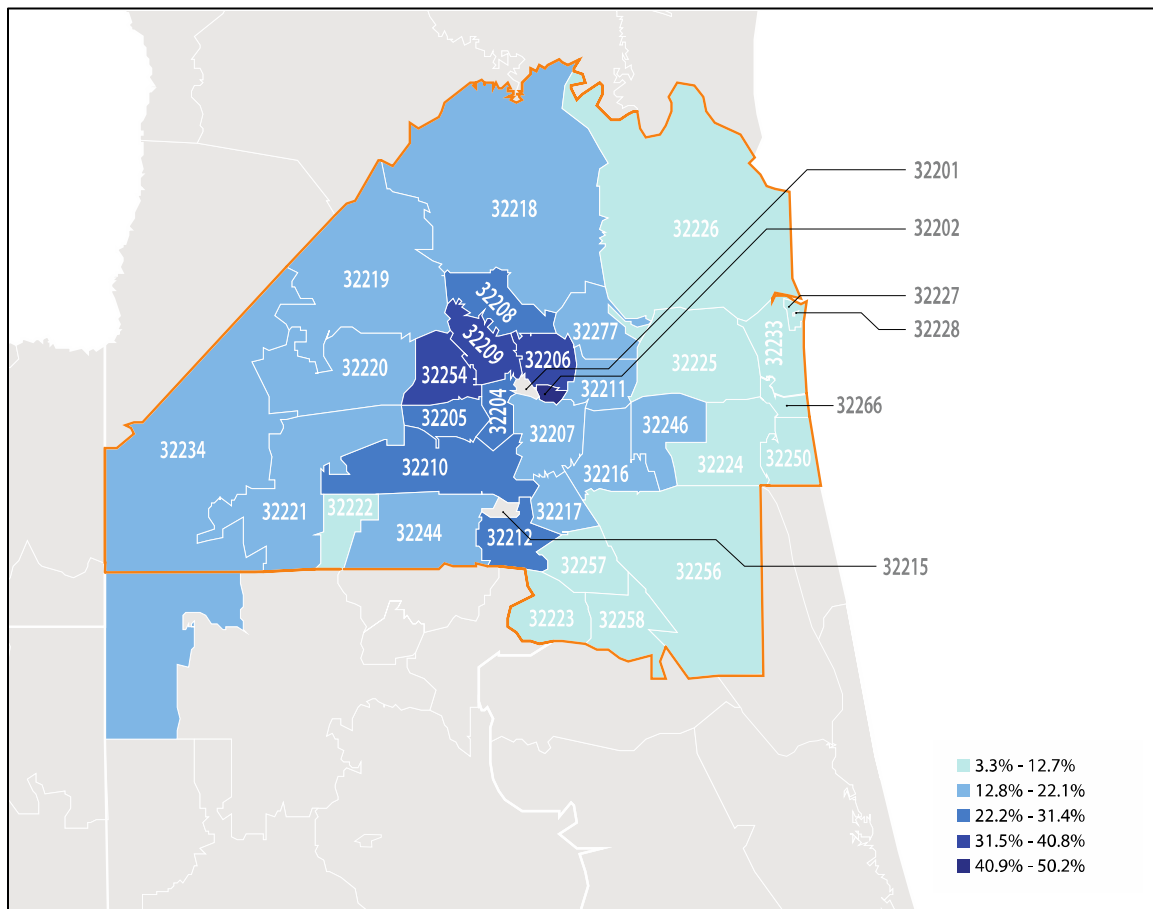
As shown in Figure 25, Hispanic or Latino residents experienced increases in levels of poverty in Duval County in the past four time periods, although the trend decreased in the last time period.

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



At the zip code level across the service area in Figure 26, zip code 32202 emerged with the highest share of people living below poverty at 50.2%.

FIGURE 26. PEOPLE LIVING BELOW POVERTY LEVEL BY ZIP CODE, 2012-2016 (DUVAL)



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.

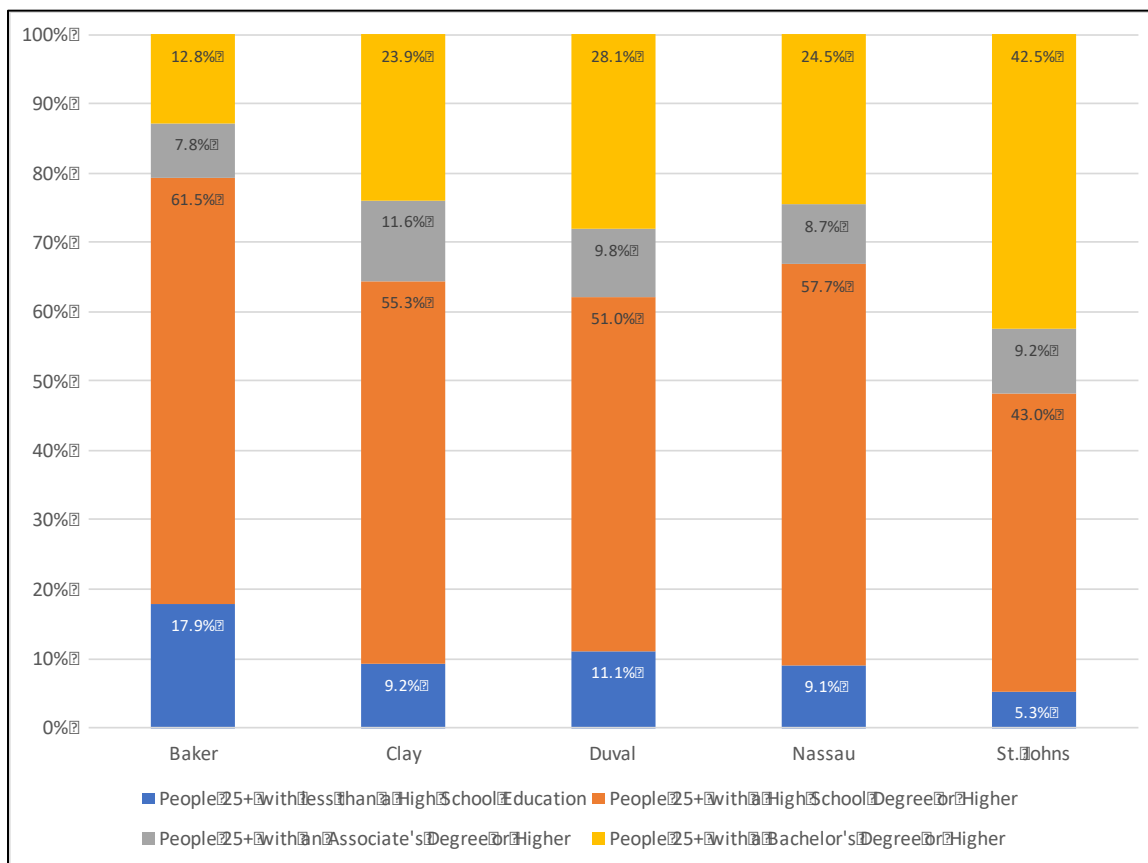
TABLE 20. UNEMPLOYED WORKERS IN CIVILIAN LABOR FORCE, MAY 2018

County	Percent Unemployed
Duval	3.3%

Education

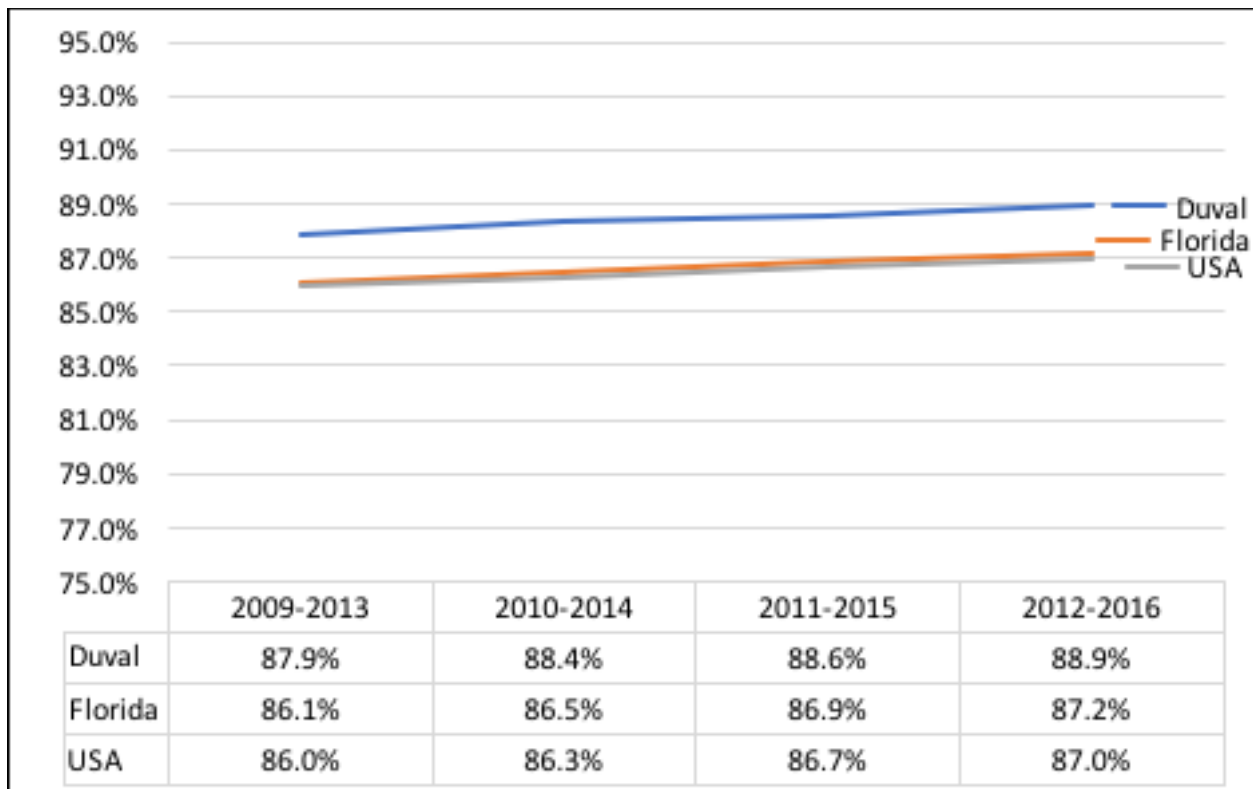
In 2012-2016, 88.9% of residents aged 25 or older in the Duval County service area had at least a high school degree or equivalent, as presented in Figure 27. High school degree attainment, or completion of high school or a general equivalency diploma (GED), in Duval County is higher than the Florida value (87.2%) and the national value (87.0%).

FIGURE 27. EDUCATIONAL ATTAINMENT BY COUNTY, 2012-2016



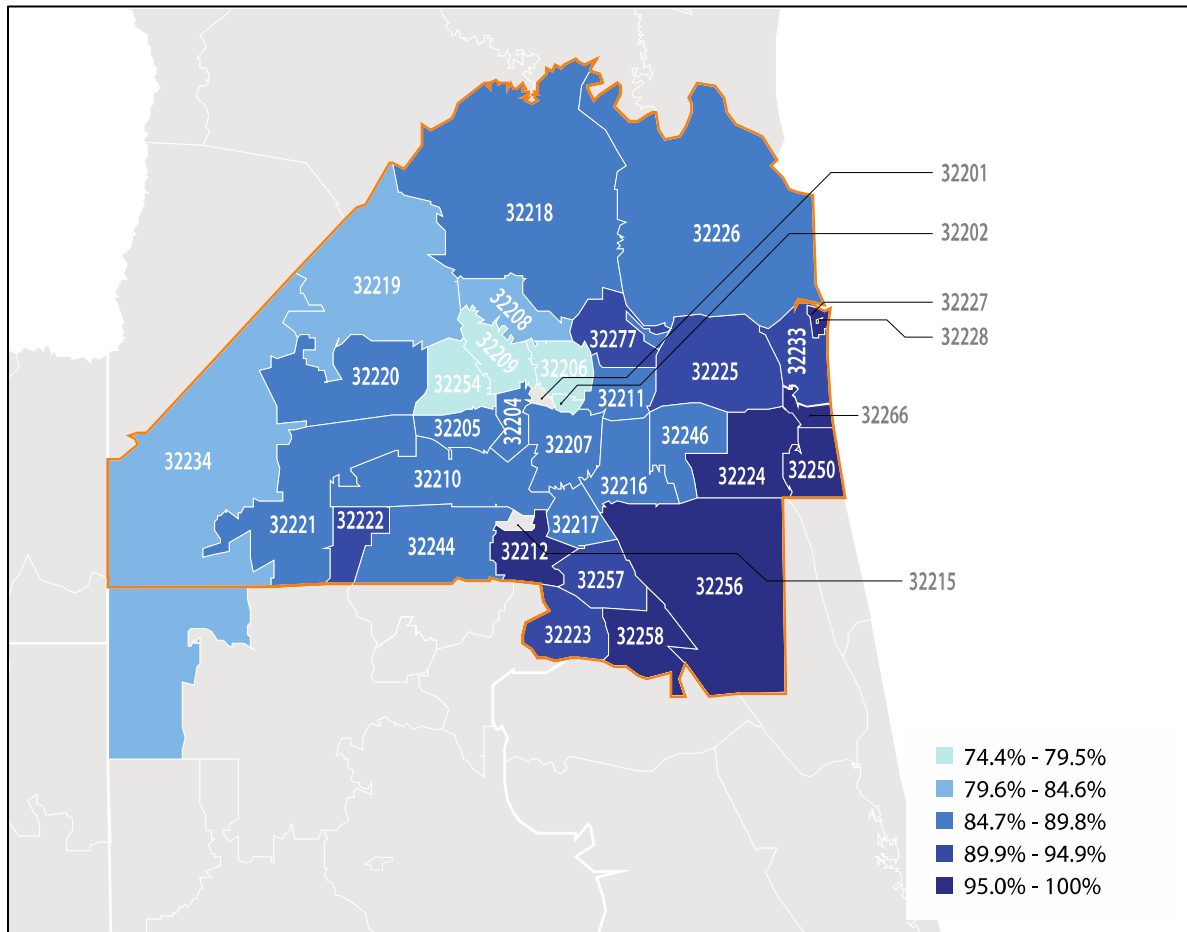
The share of residents aged 25 and older who have a high school degree increased for all past four time periods for Duval County in Figure 28. This reflects the statewide and national trend of increased education across the population.

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 codes 32202, 32206, 32209, and 32254 all had the lowest rates of high school degree attainment.

FIGURE 29. HIGH SCHOOL DEGREE ATTAINMENT BY ZIP CODE, 2012-2016



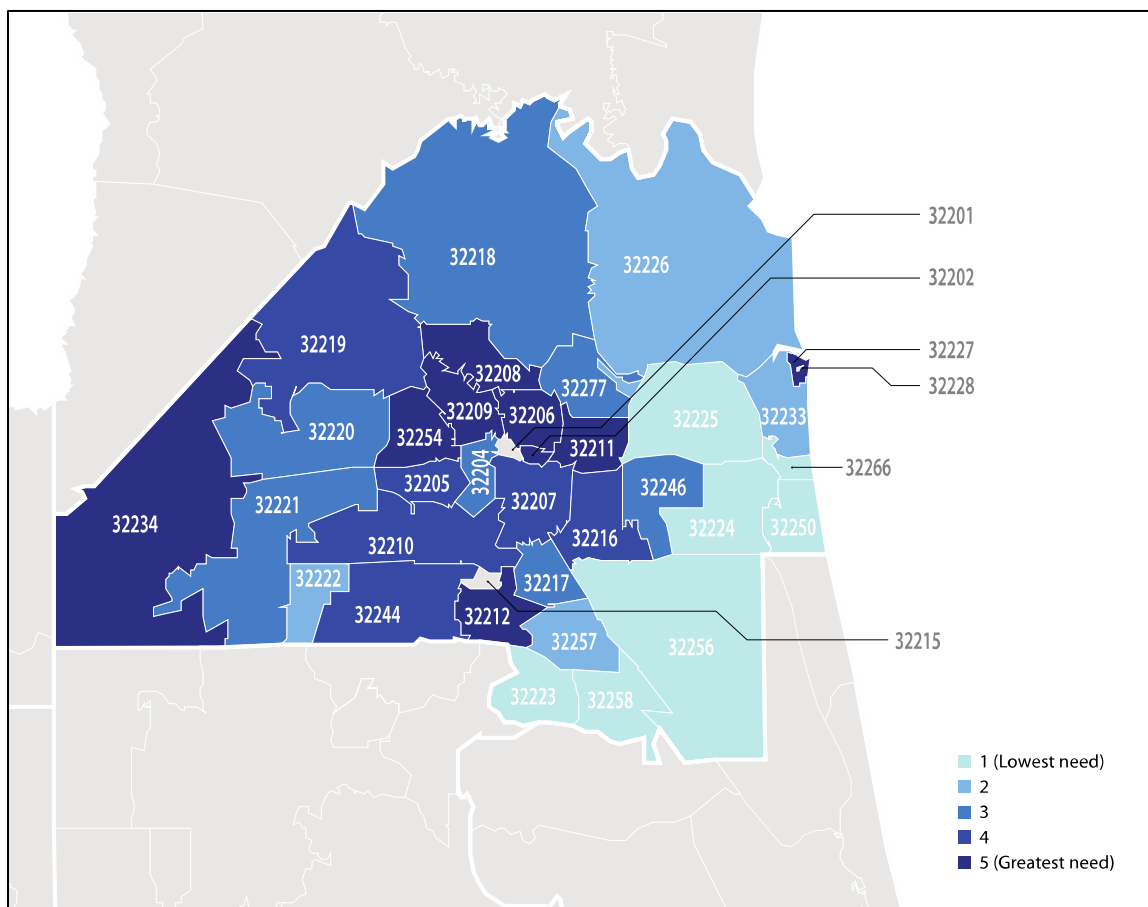
*Areas shaded grey within the orange border of Duval County indicate an area without a population according to the Census.

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 30. Compared to all zip codes within the region, the following zip codes within the service area of Duval County had the highest level of socioeconomic need (as indicated by the darkest shade of blue): 32202, 32206, 32208, 32209, 32211, 32212, 32227, 32234 and 32254.

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



*Areas shaded grey within the orange border of Duval 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 Southside. Ascension St. Vincent's Southside 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 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 impact 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. RELATED FACTORS TO ACCESS



Key Issues

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

Access to Health Services

Secondary Data

Table 21 displays a complete list of secondary data indicators within the health topic of Access to Health Services. According to the secondary data, the percent of adults with health insurance, children with health insurance, and persons with health insurance in Duval County is higher than the state of Florida. However, there is much room for improvement in coverage: only 84.3% of adults in Duval County have health insurance, which does not meet the Healthy People 2020 target of 100% for health insurance coverage rates across the country.

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)		Duval	19.8%	1.42	1					
Adults with Health Insurance [1] (2016)	81.6%	Duval	84.3%	1.56	0	1	3	2	3	1
Adults with a Usual Source of Health Care [8] (2016)	72.0%	Duval	75.0%	1.75	2	1		2	3	
Children with Health Insurance [1] (2016)	93.8%	Duval	95.0%	1.22	1	1	2	2	2	0
Clinical Care Ranking [4] (2018) <i>*Ranking of the county in clinical care according to the County Health Rankings</i>		Duval	13	1.25	0					
Dentist Rate [4] (2016) <i>*in dentists/100,000 population</i>	57.7	Duval	78.9	0.17	0	0	0	0		0
Non-Physician Primary Care Provider Rate [4] (2017) <i>*in providers/100,000 population</i>	87.8	Duval	137.4	0.17	0	0	0	0		0
Median Monthly Medicaid Enrollment [7] (2017) <i>*in enrollments/100,000 population</i>	19607.4	Duval	22171.3	1.83	2	3				1.5
Persons with Health Insurance [25] (2016)	84.60%	Duval	87.2%	1.08	0	1	2		3	0
Primary Care Provider Rate [4] (2015) <i>*in providers/100,000 population</i>	72.7	Duval	85.5	0.39	0	0	0	0		1

*Comparisons were given a score ranging from 0 (green) to 3 (red), where 0 indicates the best outcome and 3 the worst according to comparison values. Comparison scores of 0 or 3 are determined by the quartile of the indicator value when compared to a set of county values (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 or decreasing over time. Availability of each type of comparison varies by indicator and is dependent upon the data source, comparability with data collected for other communities, and changes in methodology over time. Please see Appendix C2 for a detailed description of data scoring methodology

[1] American Community Survey

[4] County Health Rankings

[7] Florida Agency for Healthcare Administration

[8] Florida Behavioral Risk Factor Surveillance System

[25] Small Area Health Insurance Estimates

The Health Resources and Services Administration (HRSA) has designated areas, populations, and facilities as having a shortage of primary care, dental, and mental health providers and services. There are many of these designations in Ascension St. Vincent's Southside'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. The entire area of Baker County has been designated an MUA, as have several sub-county areas in Clay and Duval counties.

TABLE 22. MEDICALLY UNDERSERVED AREAS AND POPULATIONS

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

[12] Health Resources and Services Administration

Another type of HRSA shortage designation, Health Professional Shortage Areas (HPSAs), indicates health care provider shortages in primary care, dental 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. The majority of the HPSAs are in Duval County and are specific to the low-income population across various groupings of census tracts.

TABLE 23. HEALTH PROFESSIONAL SHORTAGE AREAS AND POPULATIONS

County Name	Designation Type	Geographic Area	Primary Care	Dental Health	Mental Health
Duval	Population - Low Income - Atlantic Beach	CT 0138.00, CT 0139.01, CT 0139.02, CT 0139.04	x	x	

County Name	Designation Type	Geographic Area	Primary Care	Dental Health	Mental Health
Duval	Population - Low Income - Baldwin	CT 0137.21, CT 0137.23, CT 0173.00	x	x	
Duval	Population - Low Income - East Jacksonville	CT 0143.11, CT 0144.01, CT 0145.00, CT 0150.02, CT 0151.00, CT 0152.00, CT 0154.00, CT 0155.01, CT 0155.02, CT 0158.02	x	x	
Duval	Population - Low Income - Jacksonville	CT 0001.00, CT 0010.00, CT 0102.01, CT 0102.02, CT 0103.01, CT 0103.03, CT 0103.04, CT 0104.01, CT 0104.02, CT 0105.00, CT 0107.00, CT 0108.00, CT 0109.00, CT 0011.00, CT 0110.00, CT 0111.00, CT 0112.00, CT 0113.00, CT 0114.00, CT 0115.00, CT 0116.00, CT 0012.00, CT 0013.00, CT 0014.00, CT 0147.01, CT 0147.02, CT 0148.00, CT 0015.00, CT 0153.00, CT 0156.00, CT 0016.00, CT 0172.00, CT 0174.00, CT 0002.00, CT 0028.01, CT 0028.02, CT 0029.01, CT 0029.02, CT 0003.00		x	
Duval	Population - Low Income - North Jacksonville	CT 0001.00, CT 0010.00, CT 0104.01, CT 0104.02, CT 0107.00, CT 0108.00, CT 0109.00, CT 0011.00, CT 0110.00, CT 0111.00, CT 0112.00, CT 0113.00, CT 0114.00, CT 0115.00, CT 0116.00, CT 0012.00, CT 0013.00, CT 0014.00, CT 0148.00, CT 0015.00, CT 0016.00, CT 0172.00, CT 0174.00, CT 0002.00, CT 0028.01, CT 0028.02, CT 0029.01, CT 0029.02, CT 0003.00	x		
Duval	Population - Low Income - South Jacksonville	CT 0153.00, CT 0156.00, CT 0157.00, CT 0160.00, CT 0161.00, CT 0162.00, CT 0163.00, CT 0166.01, CT 0006.00, CT 0008.00	x		
Duval	Population - Low Income - South Jacksonville	CT 0157.00, CT 0161.00, CT 0162.00, CT 0163.00, CT 0166.01, CT 0006.00, CT 0008.00		x	

County Name	Designation Type	Geographic Area	Primary Care	Dental Health	Mental Health
Duval	Population - Low Income - West Jacksonville	CT 0117.00, CT 0118.00, CT 0119.01, CT 0120.00, CT 0121.00, CT 0122.00, CT 0123.00, CT 0124.00, CT 0125.00, CT 0126.01, CT 0126.02, CT 0127.02, CT 0127.03, CT 0127.04, CT 0128.00, CT 0129.00, CT 0133.00, CT 0134.02, CT 0134.03, CT 0134.04, CT 0135.21, CT 0135.22, CT 0171.00, CT 0025.01, CT 0025.02, CT 0026.00, CT 0027.01, CT 0027.02		x	
Duval	Population - Low Income - West Jacksonville	CT 0117.00, CT 0118.00, CT 0119.01, CT 0119.02, CT 0119.03, CT 0120.00, CT 0121.00, CT 0122.00, CT 0123.00, CT 0124.00, CT 0125.00, CT 0126.01, CT 0126.02, CT 0127.02, CT 0127.03, CT 0127.04, CT 0128.00, CT 0129.00, CT 0133.00, CT 0134.02, CT 0134.03, CT 0134.04, CT 0135.21, CT 0135.22, CT 0171.00, CT 0025.01, CT 0025.02, CT 0026.00, CT 0027.01, CT 0027.02	x		
Duval	Low Income- Northwest Duval County	Baldwin CCD, Jacksonville North CCD, Jacksonville West CCD			x
Duval	Low Income- Southeast Duval County	Jacksonville Beaches CCD, Jacksonville East CCD			x

[13] Health Resources and Services Administration

There are six facilities in the Partnership's service area that have been designated as an HPSA Point. There are two comprehensive health centers in Duval County with this designation.

TABLE 24. HEALTH PROFESSIONAL SHORTAGE AREA POINTS

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

[13] Health Resources and Services Administration

Primary Data

Access to health services was mentioned as a community issue in every key informant interview and during every focus group in Duval County. It also ranked first as the most important social determinant of health in the community survey. Primary data discussions around access to health services focused on the following major themes:

- **Transportation:** Transportation was mentioned as barrier to accessing health care in 24 of the 29 key informant interviews and 19 of the 22 focus groups completed. Community input participants described public transit as unreliable and time-consuming to use, preventing residents without a car from being able to make appointments.
- **Access to Healthcare Providers:** Focus group participants cited a lack of diversity in healthcare providers available, especially for residents with Medicaid or Medicare insurance policies. Community input participants described the ER as a primary provider of healthcare for uninsured, uninsured, and geographically isolated populations.
- **Insurance Coverage & Policy:** Focus group participants and key informants stated that insurance is not affordable for the older adult population, especially supplemental insurance. Challenges finding providers who are accepting new patients emerged as an issue when discussing safety net insurance programs.
- **Health Literacy:** Health literacy as a function of one's ability to manage care was presented as a barrier to accessing health services. Additionally, the lack of resource awareness was referenced as a barrier.
- **Cultural Attitudes & Language:** Key informants noted that within the undocumented population there is great fear of deportation and thus avoidance of services. Within the Hispanic community, there is profound stigma toward accessing mental health services and getting treatment for mental health illness. When asked whether language was a barrier to accessing health services, key informants stated that in Duval County, health forms are often available in other languages and translators are available.
- **Quality of Care:** For community members of low socioeconomic status and who qualify for Medicaid, key informants referenced not having many options for their health provider team because many physicians will not accept Medicaid. Many focus group participants recounted challenges having their symptoms and health concerns understood and validated by their healthcare provider.
- **Prevention:** Community input participants discussed that a culture of seeking screenings or well visits amongst the adult population is rare. Rather, adults and families seek emergency care as a first step. They further noted that if screenings were better advertised or brought to the communities in greater need, there would be greater participation.

Access to Proper Nutrition

Secondary Data

Access to proper nutrition was qualified as an influencing factor in one's ability to access health services. Food insecurity is the state of being without reliable access to a sufficient quantity of affordable, nutritious food. According to the secondary data, food insecurity arose as an indicator of concern for Duval County. The Child Food Insecurity Rate is higher for Duval (23.3%) compared to the state of Florida (20.7%) and the U.S. (19.3%). A similar pattern is seen across the county for the percent of the overall population who are food insecure. Approximately 20% of Duval County residents are food insecure.

Barriers in accessibility to a grocery store impact individual nutrition and overall health. As illustrated in the secondary data, one quarter of residents in Duval County have low access to a grocery store. Table 25 displays secondary data indicators related to nutrition accessibility.

TABLE 25. NUTRITION RELATED INDICATORS*

Indicator	FL Value	County	County Value	County Data Score	FL Counties	FL Value	US Counties	US Value	HP2020	Trend
Child Food Insecurity Rate [6] (2015)	22.70%	Duval	23.2%	1.94	1	2	2	3		2
Children with Low Access to a Grocery Store [28] (2018)		Duval	6.1%	1.67	2		2			
Food Environment Index [4] (2018) <i>*An assessment of food environment according to County Health Rankings</i>	6.7	Duval	6.3	2.44	3	2	3	3		2
Food Insecure Children Likely Ineligible for Assistance [6] (2015)	29.0%	Duval	29.0%	1.22	2	1	2	0		1
Food Insecurity Rate [6] (2015)	15.1%	Duval	20.0%	2.61	3	3	3	3		2
Households with No Car and Low Access to a Grocery Store [28] (2015)		Duval	1.7%	1	0		0			
People 65+ with Low Access to a Grocery Store [28] (2015)		Duval	2.5%	1.33	1		1			
People with Low Access to a Grocery Store [28] (2015)		Duval	24.7%	1.67	2		2			

*Comparisons were given a score ranging from 0 (green) to 3 (red), where 0 indicates the best outcome and 3 the worst according to comparison values. Comparison scores of 0 or 3 are determined by the quartile of the indicator value when compared to a set of county values (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 or decreasing over time.

Availability of each type of comparison varies by indicator and is dependent upon the data source, comparability with data collected for other communities, and changes in methodology over time. Please see Appendix C2 for a detailed description of data scoring methodology

[4] County Health Rankings

[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 52% of community survey participants to be one of the most important social determinants of health. The topic was also discussed in 19 of 29 key informant interviews and 16 of 22 focus groups. Across key informant interviews and focus groups, discussions focused on how inaccessibility to healthy foods impacts the ability to manage health and chronic disease. Health Zone 1 in Duval County was specifically cited by key informants as a food desert, which is an urban area in which it is difficult to buy affordable or good-quality fresh food. Multiple key informants cited that families often have to make difficult choices when it comes to spending their income, and that they will often have to choose between putting food on the table and getting their health care needs met.

One key informant mentioned that effective health teams 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, Duval County has a median household gross rent higher than the United States national median. High housing and rent costs often prevents members of the population from being able to afford secure and acceptable housing or afford other expenses, such as their health care needs. The median household gross rent has increased over time in Duval County and these trends over time can be seen in Table 26. In addition, over half of the population in Duval County spends at least 30 percent of household income on rent.

TABLE 26. 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%	Duval	50.3%	2.67	3	2	3	3		3
Median Household Gross Rent [1] (2012-2016)	\$1,032	Duval	\$962	1.92	2	1		2		3
Median Housing Unit Value [1] (2012-2016)	\$166,800	Duval	\$146,400	2.03	1	3		3		2
Median Monthly Owner Costs for Households without a Mortgage [1] (2012-2016)	\$466	Duval	\$445	1.08	2	1		1		0

Indicator	FL Value	County	County Value	County Data Score	FL Counties	FL Value	US Counties	US Value	HP2020	Trend
Mortgaged Owners Median Monthly Household Costs [1] (2012-2016)	\$1,422	Duval	\$1,337	0.92	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 or decreasing over time. Availability of each type of comparison varies by indicator and is dependent upon the data source, comparability with data collected for other communities, and changes in methodology over time. Please see Appendix C2 for a detailed description of data scoring methodology [1] American Community Survey

Primary Data

Homelessness was discussed in 11 out of 29 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 by many primary data participants. Housing and rental costs were mentioned as reasons an individual may forego health services.

Behavioral Health [Mental Health & Substance Abuse]

Key Issues

- Despite the emergence of other drugs, alcohol use continues to negatively affect the region
- Stigma related to mental health and substance abuse often prevents those affected from seeking help and improving their health
- Depression and substance abuse issues among seniors in the region are growing
- Deaths due to drugs are a concern in the region due in part to the emerging opioid crisis, which often leads to accidental or unintentional use and poisoning

Secondary Data

Secondary data showed that suicide is a problem in the service area. Duval County has a death rate due to suicide higher rate than the Healthy People 2020 target.

In addition to suicide, depression among seniors is an emerging issue for the region. Duval County has seen steadily rising rates of depression in the Medicare population over four periods of measurement from 2012 to 2015, with each year having a higher percent of depression than the last.

Alcohol use continues to pose challenges for Duval County. The percent of alcohol-impaired driving deaths in the county is greater than both the Florida state and US national values. The county also exceeds the Florida value for both percent of adults who drink excessively and driving under the influence arrest rate. Drinking excessively is defined as self-reported heavy drinking within the past 30 days or binge drinking on at least one occasion in the past 30 days.

The death rate due to drug poisoning rose in Duval County from 17.1 deaths per 100,000 population in the 2013-2015 time period to 26.2 deaths per 100,000 population in the 2014-2016 time period. This death rate exceeds the overall Florida state rate.

The topic area of mental health ranked as the eighth highest scoring topic area for Duval County (1.76), according to the secondary data scoring. Further analysis was done to identify specific indicators of concern across the region, and individual indicators with high data scores in the mental health and substance abuse topic areas are listed in Table 27. 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 27. BEHAVIORAL HEALTH INDICATORS*

Indicator	FL Value	County	County Value	County Data Score	FL Counties	FL Value	US Counties	US Value	HP2020	Trend
Adults who Drink Excessively [8] (2016)	17.5%	Duval	19.4%	1.83	3	3			0	
Adults who Smoke [8] (2016)	15.5%	Duval	\$0	2.08	2	3		2	3	
Age-Adjusted Death Rate due to Suicide [17] (2016) <i>*in deaths/100,000 population</i>	14.2	Duval	13.3	1.42	1	1		1	3	1.5
Alcohol-Impaired Driving Deaths [4] (2012-2016)	26.4%	Duval	31.8%	1.89	2	3	2	2		1
Alzheimer's Disease or Dementia: Medicare Population (2015)	11.7%	Duval	11.3%	2.11	2	1	3	3		2
Death Rate due to Drug Poisoning [4] (2014-2016) <i>*in deaths/100,000 population</i>	17.4	Duval	26.2	2.61	3	3	3	3		2
Depression: Medicare Population [3] (2015)	17.5%	Duval	18.2%	2.17	2	2	2	2		3
Driving Under the Influence Arrest Rate [19] (2016) <i>*in arrests/100,000 population</i>	173.9	Duval	189.2	1.56	2	2				1

Indicator	FL Value	County	County Value	County Data Score	FL Counties	FL Value	US Counties	US Value	HP2020	Trend
Frequent Mental Distress [4] (2016)	11.9%	Duval	12.6%	1.33	1	2	2	0		
Health Behaviors Ranking [4] (2018) <i>*Ranking of the county in health behaviors according to the County Health Rankings</i>		Duval	41	1.58	2					
Teens who Binge Drink: High School Students [21] (2016)	10.9%	Duval	7.1%	0.67	0	0				0
Teens who have Used Methamphetamines [21] (2016)	0.8%	Duval	0.9%	1.56	1	3				1
Teens who Smoke: High School Students [22] (2016)	3.0%	Duval	2.5%	0.5	0	0			0	0
Teens who Use Alcohol [21] (2016)	25.5%	Duval	24.4%	1	1	1				0
Teens who Use Marijuana: High School Students [21] (2016)	17.0%	Duval	16.6%	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 or decreasing over time. Availability of each type of comparison varies by indicator and is dependent upon the data source, comparability with data collected for other communities, and changes in methodology over time. Please see Appendix C2 for a detailed description of data scoring methodology

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

The following data is from 2017 Youth Risk Behavior Survey for Duval County Middle and High School students. In 2017, 28.6% of middle school students report lifetime alcohol use, a 21% decrease since 2013.³ Similar patterns are seen amongst Duval County high schools; lifetime alcohol use has decreased from 65.2% in 2011 to 53.3% in 2017.⁴ Current alcohol use was more common among female students (28.3%) than male students (22.6%), and more common among lesbian, gay, and bisexual students (40.5%). 13.8% of middle school students report

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

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

marijuana use at least once in their lifetime. The 2017 report shows there is a 30% increase since 2015 in the percent of middle school students who have used synthetic marijuana (6.1%). Approximately 25% of Duval County high school students report current marijuana use. Finally, regarding misuse of prescription drugs, about 1 in 10 middle school students have used a prescription drug without a doctor's prescription at least once in their lifetime. Of particular concern in Duval County is illegal substance use by high school students. 4.9% of high school students have used methamphetamines at least once in their lifetime, 17.2% report current use of prescription drugs without a doctor's prescription, and high school students in Duval County were more likely to have been offered, sold, or given an illegal drug by someone on school property when compared to the state of Florida (27.4% and 17.0%, respectively).

Tobacco use and use of electronic vapor products amongst Duval County middle and high school students has declined over time. In 2017, about 1 in 14 middle school students have used cigarettes at least once in their lifetime, which is a 58% decrease since 2013. For Duval County high school students, current cigarette use has decreased from 12.4% in 2011 to 5.1% in 2017. 9.3% of Duval County middle school students currently use vapor products, a 12% decrease since 2015.

Regarding violence, suicide, and safety behaviors, 43.4% of Duval County middle school students report being bullied on school property, a 12% increase since 2013.⁵ Female middle school students (49.9%) were more likely to have been bullied than their male peers (37.3%). 20.3% of middle school students report ever having been electronically bullied. High school students experienced similar trends. During the last 30 days before the survey approximately 19.9% of high school students in Duval County reported being bullied at school, which is higher than the state of Florida average (14.3%).⁶

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

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

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

Primary Data

Community survey respondents ranked mental health and substance abuse as the first and third most important health issues, respectively, in Duval County. The topic of mental health and mental disorders was discussed in 27 of 29 key informant interviews and all 22 focus groups while substance abuse was mentioned in 14 of 29 key informant interviews and 13 of 22 focus groups.

Data collected from key informant interviews and 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. Ten key informants and focus group participants specifically discussed this lack of insurance coverage for behavioral health as a primary concern for Duval County. 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. Seven separate key informants and focus group participants discussed this stigma, adding that the concept of seeking therapy for mental health or substance abuse has a particularly negative stigma and that individuals often resort to isolation or denial instead of seeking help for this reason.

Multiple key informants also mentioned that substance abuse is becoming a growing issue among seniors in the region. It was hypothesized by one of these key informants that, given the growing depression rate among seniors, many in that population are self-medicating their depression with substances. Another key informant added that many older adults were never properly diagnosed for their behavioral health issues at a younger age and are now suffering more because of it.

Lastly, the emerging opioid crisis was also explored in twenty separate 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 issues include unaffordable and sub-standard housing, food insecurity, and unemployment
- The lack of persons in the civilian labor force and the minimal positive employment change in the region indicate that many persons are unable to work to stay out of poverty
- Low-wage earners living paycheck-to-paycheck are threatened by any health complication that affects their ability to pay rent and be food-secure
- Poverty is one of the biggest drivers in health disparities and education levels

Secondary Data

From the secondary data scoring results, the economy, which includes poverty, ranked as the second highest quality of life topic area of need for the Duval County with a data scoring topic score of 1.67. Further analysis was done to determine which specific poverty-related indicators were of most concern across hospital service area (Table 28).

TABLE 28. POVERTY RELATED INDICATORS*

Indicator	FL Value	County	County Value	County Data Score	FL Counties	FL Value	US Counties	US Value	HP2020	Trend
Child Food Insecurity Rate [6] (2015)	22.7%	Duval	23.2%	1.94	1	2	2	3		2
Children Living Below Poverty Level [1] (2012-2016)	23.3%	Duval	\$0	1.94	1	2	2	3		2
Families Living Below Poverty Level [1] (2012-2016)	11.7%	Duval	12.7%	1.89	2	2	2	3		1
Female Population 16+ in Civilian Labor Force [1] (2012-2016)	54.3%	Duval	60.4%	1	0	0	0	1		3
Food Insecure Children Likely Ineligible for Assistance [6] (2015)	29.0%	Duval	29.0%	1.22	2	1	2	0		1
Food Insecurity Rate [6] (2015)	15.1%	Duval	20.0%	2.61	3	3	3	3		2
Homeownership [1] (2012-2016)	52.3%	Duval	50.3%	2.67	3	2	3	3		3
Households with Cash Public Assistance Income [1] (2012-2016)	2.2%	Duval	2.8%	2.11	2	3	2	2		2

Indicator	FL Value	County	County Value	County Data Score	FL Counties	FL Value	US Counties	US Value	HP2020	Trend
Low-Income and Low Access to a Grocery Store [28] (2015)	0.0%	Duval	8.6%	1.67	2		2			
Median Household Gross Rent [1] (2012-2016)	\$1,032	Duval	\$962	1.92	2	1		2		3
Median Household Income [1] (2012-2016)	\$48,900	Duval	\$49,196	1.39	1	1	1	3		1
Median Housing Unit Value [1] (2012-2016)	\$166,800	Duval	\$146,400	2.03	1	3		3		2
Median Monthly Owner Costs for Households without a Mortgage [1] (2012-2016)	\$466	Duval	\$445	1.08	2	1		1		0
Mortgaged Owners Median Monthly Household Costs (2012-2016)	\$1,422	Duval	\$1,337	0.92	2	1		0		0
People 65+ Living Below Poverty Level [1] (2012-2016)	10.4%	Duval	10.1%	1.78	2	1	2	2		2
People Living 200% Above Poverty Level [1] (2012-2016)	62.7%	Duval	63.4%	1.22	1	1	1	2		1
People Living Below Poverty Level [1] (2012-2016)	16.1%	Duval	16.6%	1.56	1	2	2	2		1
Per Capita Income [1] (2012-2016)	\$27,598	Duval	\$27,235	1.17	1	2	1	2		0
Population 16+ in Civilian Labor Force [1] (2012-2016)	58.5%	Duval	63.9%	1.11	0	1	1	1		2
Renters Spending 30% or More of Household Income on Rent [1] (2012-2016)	57.4%	Duval	50.1%	1.56	2	0	3	2		1
Severe Housing Problems [4] (2010-2014)	21.5%	Duval	20.1%	2.33	3	1	3	2		3
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>		Duval	32	1.42	1					
Total Employment Change [27] (2014-2015)	4.5%	Duval	0.2%	2.33	3	3	2	3		

Indicator	FL Value	County	County Value	County Data Score	FL Counties	FL Value	US Counties	US Value	HP2020	Trend
Unemployed Workers in Civilian Labor Force [1] (February 2018)	3.8%	Duval	3.7%	1.11	1	1	1	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 or decreasing over time. Availability of each type of comparison varies by indicator and is dependent upon the data source, comparability with data collected for other communities, and changes in methodology over time. Please see Appendix C2 for a detailed description of data scoring methodology

[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

Based on the secondary data results, it is seen that the cost of housing plays an integral role in the economy and potential poverty in the region. Duval County has a median household gross rent higher than the United States national median. High housing and rent costs often prevents members of the population from being able to afford secure and acceptable housing or afford other expenses, such as health care and services. The median household gross rent has increased over time in Duval County, a trend over time that can be seen in Table 29. In addition, over half of the population in Duval County spends at least 30% of household income on rent.

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 for much of the region. The statistically significant downward trend for females exists over time in Duval County. 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.

TABLE 29. POVERTY RELATED INDICATORS, TREND DATA

Female Population 16+ in Civilian Labor Force ¹				
	2009-2013	2010-2014	2011-2015	2012-2016
Duval County	61.5%	60.9%	60.8%	60.4%
Median Household Gross Rent ¹				
	2009-2013	2010-2014	2011-2015	2012-2016
Duval County	\$935	\$941	\$943	\$962

¹ American Community Survey

Note: The 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

For the indicator Households with Cash Public Assistance Income, Duval County has higher values than the state and national percentages. The county also experiences a higher percentage of Child Food Insecurity than the state, with the same value for Food Insecure Children Likely Ineligible for Assistance (29.0%). The latter indicator measures food insecure children in households with incomes at a threshold above the federal poverty level and who are

therefore likely not income-eligible for federal nutrition assistance. The percentage of households with cash public assistance income has had a statistically significant upward trend over time for the county. In Duval County, the value increased from 1.4% in the 2005 to 2009 time period to 2.8% in the 2012 to 2016 time period.

Granular data reveals areas of particular need as it relates to poverty and the economy. Zip codes 32202, 32206, and 32209 in Duval County perform the worst of all zip codes among poverty indicators. Those zip codes have the highest percentages of children living in poverty, families living in poverty, and persons living in poverty. Zip code 32202 also has the second highest percentage of older adults 65 years of age and older living in poverty. The same three zip codes have the lowest median household incomes among all zip codes in the region. Table 30 shows the values for these zip codes for the relevant poverty-related indicators.

TABLE 30. ZIP CODE LEVEL DATA FOR POVERTY-RELATED INDICATORS

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

¹ American Community Survey

Primary Data

Community survey participants were asked to rank the most impactful conditions of daily life in their community, and poverty was ranked as the third most impactful for Duval County. 248 respondents, over one third of total survey participants, selected poverty as one of the top five conditions that impact their community.

Key informants and focus group participants shed additional light on how poverty and the economy affect health in the region. Multiple key informants, as well as one focus group,

discussed the underinsured gap in coverage that exists in the region and is harming the community. This coverage gap is defined by people who have income above the federal poverty level so they do not qualify for Medicaid, but their income is below that required for the basic costs of living, including healthcare. This Asset Limited, Income Constrained, Employed (ALICE) population, as defined by the United Way, represents those who are working, but due to high cost of living, including food, transportation, and other challenges, are living paycheck-to-paycheck.⁷ They often cannot afford healthcare services and the cost of one major health issue could prevent them from being able to afford consistent food or housing. Multiple interviews and focus groups also discussed that many health care services in the region, as well as other items that play a role in health, are cost-prohibitive. This means that even when services are deemed as "available," it takes money for transportation, service fees, appointments, or specialized care in order to access services. Additionally, other parts of life that affect health or one's ability to be healthy are also cost-prohibitive, such as nutrition and a healthy diet, education, clean and safe housing, and prescriptions.

Overall, the economy as a topic was discussed in 16 of 22 focus groups and in 17 of 29 key informant interviews. It was the fifth most common topic in focus groups and the eighth in key informant interviews. Additionally, discussion of the low-income and poverty-stricken population occurred in 20 focus groups and 21 interviews.

Obesity & Physical Activity

Key Issues

- There is limited access to safe outdoor exercise opportunities.
- Access and availability of healthy foods (i.e. grocery stores) is a concern for low-income adults and those living in both rural and urban parts of the service area.
- Lack of knowledge about healthy lifestyle behaviors, especially around proper nutrition, leads to obesity as well as diabetes.

Secondary Data

The topic of Obesity & Physical Activity was identified as a top health need in Duval County. Obesity & Physical Activity had the sixth highest data score of all health topic areas using the data scoring technique.

Compared to the state average, the percentage of obese adults is higher in Duval County. The county also has a high data score, for Physical Environment Ranking, as you can see in Table 31. The Child Food Insecurity Rate is a poorly performing indicator for Duval County at 23.2%, meaning that just under a quarter of the children in the county are food insecure. This rate is

⁷ 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

higher than the state and national values. Child food insecurity was further discussed among community input participants as a main factor in children's inability to be focused and do well in school.

Further analysis was done to identify specific indicators of concern across the region, and individual indicators with high data scores in the obesity and physical activity topic areas are listed in Table 31. Indicators of concern include Adults who are Obese, Child Food Insecurity Rate, Food Insecurity Rate, and Workers who Walk to Work.

TABLE 31. 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%	Duval	88.5%	0.83	0	1	0	1		
Adult Fruit and Vegetable Consumption [8] (2013)	18.3%	Duval	17.3%	1.5	1	2				
Adults who are Obese [8] (2016)	27.4%	Duval	30.7%	1.81	1	3		2	2	
Adults who are Overweight or Obese [8] (2016)	63.2%	Duval	65.4%	1.58	1	2		2		
Child Food Insecurity Rate [6] (2015)	22.7%	Duval	23.2%	1.94	1	2	2	3		2
Children with Low Access to a Grocery Store [28] (2018)		Duval	6.1%	1.67	2		2			
Food Environment Index [4] (2018) <i>*An assessment of food environment according to County Health Rankings</i>	6.7	Duval	6.3	2.44	3	2	3	3		2
Food Insecure Children Likely Ineligible for Assistance [6] (2015)	29.0%	Duval	29.0%	1.22	2	1	2	0		1
Food Insecurity Rate [6] (2015)	15.1%	Duval	20.0%	2.61	3	3	3	3		2
Health Behaviors Ranking [4] (2018) <i>*Ranking of the county in health behaviors according to County Health Rankings</i>		Duval	41	1.58	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)		Duval	1.7%	1	0		0			
Low-Income and Low Access to a Grocery Store [28] (2015)		Duval	8.6%	1.67	2		2			
People 65+ with Low Access to a Grocery Store [28] (2015)		Duval	2.5%	1.33	1		1			
People with Low Access to a Grocery Store [28] (2015)		Duval	24.7%	1.67	2		2			
Physical Environment Ranking [4] (2018) <i>*Ranking of the county in physical environment according to County Health Rankings</i>		Duval	60	1.75	3					
Teens who are Obese: High School Students [12] (2012)	14.3%	Duval	14.5%	1.61	1	2				2
Workers who Walk to Work [1] (2012-2016)	1.5%	Duval	1.5%	1.72	1	1	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 or decreasing over time. Availability of each type of comparison varies by indicator and is dependent upon the data source, comparability with data collected for other communities, and changes in methodology over time. Please see Appendix C2 for a detailed description of data scoring methodology

[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

The following data comes from the 2017 Florida Youth Risk Behavior Survey report for Duval County middle school and high school students. Approximately two in five middle school students had sufficient physical activity in 2017 and this value has not improved over time.⁸ For high school students, 28% were sufficiently physically active in Duval County compared to 40% for high school students in the state of Florida overall.⁹ Regarding health behaviors amongst middle school students, about one in three students watched three or more hours of TV per

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

⁹ Youth Risk Behavior Survey, Duval County High School Students. Physical Activity and Dietary Behaviors. (2017). Retrieved May 17, 2018.

day. 23.5% of middle school students and 28.6% of high school students reported eating at least one meal from a fast food restaurant during the seven days before the survey. Only one in four students ate three or more servings of fruit on the day before the survey. Compared to the state of Florida average for high school students, Duval County high school students eat fewer vegetables and fewer fruits.

26.2% of middle school students in Duval County described themselves as slightly or very overweight. In 2017, more Duval County high school students were obese compared to Florida high school students overall. Among Duval County high school students 14.2% and 14.7% were obese or overweight, respectively, at the time of the survey. Over a quarter of high school students reported being teased for their weight or appearance. An estimated 42.9% of middle school students were trying to lose weight at the time of the survey.

Primary Data

The topic of Obesity & Physical Activity was ranked as a pressing health issue in Duval County by respondents of 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. 19 of 29 key informants discussed the topic of Exercise, Weight & Nutrition in their interview, and this topic was also discussed amongst participants in 16 of 22 focus groups. Community concern is mainly focused on low-income and geographically isolated families. Community members cited that the cost of simply getting to a grocery store with fresh and healthy foods can cost just as much as the food itself. 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. This is affecting children negatively because they are growing up without proper nutrition, thus impacting their ability to pay attention in school. Community members stated that for children, wellness and exercise is especially difficult because there are limited outdoor recreation locations deemed to be safe.

The built environment was mentioned as a barrier to proper nutrition and exercise in Duval County. Community input showed that there are limited outdoor walking and biking opportunities. 1.5% of individuals in Duval County walk as their commute to work. Additionally, grocery store access was discussed as a major barrier for many families and older adults. 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. Instead, community members noted, the fast food or convenience store option is the choice most commonly made. Transportation was discussed in 19 of 22 focus groups and 24 of 29 key informant interviews.

Maternal, Fetal & Infant Health

Key Issues

- There are high rates of adverse health outcomes in the Jacksonville Nonprofit Hospital Partnership service area.
- A large proportion of mothers do not receive early prenatal care.
- Adverse birth outcomes are prevalent as a result of substance abuse among pregnant women.

Secondary Data

Maternal, Fetal & Infant Health ranked as a pressing health issue for the hospital service area. Related indicators of concern include: Mothers Who Receive Early Prenatal Care, Preterm Births, Babies with Low Birth Weight, Infant Mortality Rate, and Teen Birth Rate.

Duval County consistently has worse outcomes than state and national averages, regardless of indicator. Duval County does not meet the Healthy People 2020 target for mothers who've received early prenatal care and performs worse than the state and nation for this indicator. Mothers who receive prenatal care during their first trimester are less likely to have negative birth outcomes such as low birth weight and infant death. Furthermore, Duval County does not meet the Healthy People 2020 target for preterm births and performs worse than the state as a whole. Finally, Duval County experiences a higher birth rates among teens aged 15 to 19 than Florida and the nation overall. Further analysis was done to identify specific indicators of concern across the service area, and individual indicators are listed in Table 32.

TABLE 32. 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%	Duval	10.0%	2.53	3	3		3	3	2
Infant Mortality Rate [17] (2014-2016) <i>*in deaths/1,000 live births</i>	6.1	Duval	8.3	2	2	3			3	1.5
Infants Born to Mothers >18 Years Old with <12 Years Education [17] (2016)	10.8%	Duval	11.1%	1.39	1	2				1

Indicator	FL Value	County	County Value	County Data Score	FL Counties	FL Value	US Counties	US Value	HP2020	Trend
Mothers who Received Early Prenatal Care [17] (2016)	78.4%	Duval	66.1%	2.75	3	3		3	3	3
Preterm Births [17] (2016)	10.1%	Duval	11.3%	2.36	2	3		3	3	2
Teen Birth Rate: 15-19 [17] (2016) <i>*in live births/1,000 females aged 15-19</i>	19.5	Duval	27.3	1.97	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 or decreasing over time. Availability of each type of comparison varies by indicator and is dependent upon the data source, comparability with data collected for other communities, and changes in methodology over time. Please see Appendix C2 for a detailed description of data scoring methodology [17] Florida Department of Health, Bureau of Vital Statistics

Additionally, according to the Mann-Kendall Test for Statistical Significance, the trend related to the rate of births to teenagers aged 15 to 19 in Duval County is improving downward (Table 33). However, a significant decrease in mothers receiving early prenatal care is also seen in Duval County, indicating potential need for increased education and services around prenatal care (Table 34).

TABLE 33. MATERNAL, FETAL & INFANT HEALTH-RELATED INDICATORS, FAVORABLE TREND DATA

Teen Birth Rate: 15-19 ¹⁷ (Live births per 1,000 females aged 15-19)				
	2013	2014	2014	2016
Duval County	30.3	27.3	25.5	27.3

¹⁷ Florida Department of Health, Bureau of Vital Statistics

Note: Table 21 includes only indicators and data values over time for counties with a statistically significant trend in the favorable direction according to the Mann-Kendall test.

TABLE 34. MATERNAL, FETAL & INFANT HEALTH-RELATED INDICATORS, HARMFUL TREND DATA

Mothers who Received Early Prenatal Care ¹⁷ (Percent)				
	2013	2014	2015	2016
Duval County	71.9%	70.1%	68.3%	66.1%

¹⁷ Florida Department of Health, Bureau of Vital Statistics

Note: Table 22 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.

Primary Data

Sexual Health and Reproductive Health ranked as the tenth and twelfth most pressing health issues, respectively, in Duval County based on community input.

Community input reflected concern surrounding substance abuse and its relation to adverse birth outcomes such as fetal alcohol syndrome and preterm births. Key informants and focus group participants noted an increase in substance abuse among pregnant women, which they associated with mental health issues in children. Lack of prenatal care was also discussed as a major health issue that affected maternal, fetal, and infant health. Community members associated substance abuse with a mother's choice to avoid seeking prenatal care, as many mothers are frightened to be identified as a drug user.

Maternal, Fetal & Infant Health came up in 8 of 29 key informant interviews. 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. As of June 2018, county public schools in Florida are not required to offer comprehensive sex education; Duval County Public Schools offers comprehensive sex education known as Abstinence-Plus, which incorporates sex education and disease prevention while emphasizing the benefits of abstinence.

Cancer

Key Issues

- Cancer screenings are not prioritized or known about, with the percent of persons having received screenings much lower for most tests across the region than the overall state average
- Most counties in the region fail to meet the HP2020 targets for death rates due to various cancers
- There are many behaviors, such as smoking and vaping, which are contributing to the onset of cancer later in life

Secondary Data

From the secondary data results, cancer was identified to be a health topic area of need for Duval County, scoring as the ninth highest topic area via data scoring. Further analysis was done to identify specific indicators of need.

TABLE 35. CANCER INDICATORS*

Indicator	FL Value	County	County Value	County Data Score	FL Counties	FL Value	US Counties	US Value	HP2020	Trend
Age-Adjusted Death Rate due to Breast Cancer [17]	19.8	Duval	21.6	1.39	2	2			2	0

(2014-2016) *in deaths/100,000 females										
Age-Adjusted Death Rate due to Cancer [17] (2014-2016) *in deaths/100,000 population	155.1	Duval	170.2	1.22	1	2			2	0
Age-Adjusted Death Rate due to Colorectal Cancer [17] (2014-2016) *in deaths/100,000 population	13.7	Duval	14.9	1.39	2	2			2	0
Age-Adjusted Death Rate due to Lung Cancer [17] (2014-2016) *in deaths/100,000 population	40.4	Duval	46.2	1.39	1	3			2	0
Age-Adjusted Death Rate due to Prostate Cancer [17] (2014-2016) *in deaths/100,000 males	17.1	Duval	19.3	1.56	2	3			0	1
All Cancer Incidence Rate [29] (2012-2014) *in cases/100,000 population	426.8	Duval	494.2	2	3	3				1.5
Breast Cancer Incidence Rate [29] (2012-2014) *in cases/100,000 females	117.8	Duval	134.6	2	3	3				1.5
Cancer: Medicare Population [3] (2015)	9.6%	Duval	9.2%	2	2	1	3	3		1.5

Indicator	FL Value	County	County Value	County Data Score	FL Counties	FL Value	US Counties	US Value	HP2020	Trend
Cervical Cancer Incidence Rate [29] (2012-2014) *in cases/100,000 females	8.5	Duval	9.8	2.11	2	3			3	2
Colon Cancer Screening: Blood Stool Test Past Year [8] (2016)	16.0%	Duval	10.6%	2	3	3				
Colorectal Cancer Incidence Rate [29] (2012-2014) *in cases/100,000 population	36.9	Duval	43.8	2.06	3	3			2	1.5
Lung and Bronchus Cancer Incidence Rate [29] (2012-2014) *in cases/100,000 population	61	Duval	76.2	1.72	2	3				1
Mammogram: 40+ Past Year [8] (2016)	60.8%	Duval	57.7%	1.67	2	2				1.5
Melanoma Incidence Rate [29] (2012-2014) *in cases/100,000 population	22.8	Duval	22.1	1.67	1	1				3
Oral Cavity and Pharynx Cancer Incidence Rate [29] (2012-2014) *in cases/100,000 population	13.4	Duval	15.8	1.83	2	3				1.5
Pap Test in Past Year [8] (2016)	48.4%	Duval	54.7%	1	0	0				
Prostate Cancer Incidence Rate [29] (2012-2014) *in cases/100,000 males	90.5	Duval	111.4	2	3	3				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%	Duval	50.9%	1.67	2	2				

*Comparisons were given a score ranging from 0 (green) to 3 (red), where 0 indicates the best outcome and 3 the worst according to comparison values. Comparison scores of 0 or 3 are determined by the quartile of the indicator value when compared to a set of county values (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 or decreasing over time. Availability of each type of comparison varies by indicator and is dependent upon the data source, comparability with data collected for other communities, and changes in methodology over time. Please see Appendix C2 for a detailed description of data scoring methodology

[3] Centers for Medicare & Medicaid Services

[8] Florida Behavioral Risk Factor Surveillance System

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

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

The following indicators scored greater than or equal to 1.50 via the data scoring metric, signifying areas of particular concern: Age-Adjusted Death Rate due to Prostate Cancer, All Cancer Incidence Rate, Breast Cancer Incidence Rate, Cancer: Medicare Population, Cervical Cancer Incidence Rate, Colorectal Cancer Incidence Rate, Lung Cancer Incidence Rate, Melanoma Incidence Rate, Oral Cancer Incidence Rate, and Prostate Cancer Incidence Rate.

Other indicators related to cancer screening also scored higher than 1.50 via the data scoring metric: Colon Cancer Screening and Mammogram: 40+ Past Year. Taking this into account, the secondary data indicates that overall prevention and screening may be an issue in Duval County.

Duval County does not meet the Healthy People 2020 targets for lung and breast cancer death rates. The rate of throat and mouth cancer in the county (15.8 cases per 100,000 population) is higher than the Florida state value of 13.4 cases per 100,000 population, pointing to a cultural and behavioral problem of smoking and tobacco use in the region, which is supported by primary data findings.

In terms of trends in secondary data over time, Duval County has seen a statistically significant decrease in death rates due to breast, colorectal, lung, and prostate cancers since the 2011 to 2013 time period. However, Duval also has an increase in the incidence of melanoma, with the trend being in a statistically significant upward direction. There has been a cervical cancer incidence increase in Duval County.

TABLE 36. CANCER INDICATORS, TREND DATA

Cervical Cancer Incidence Rate ²⁹				
	2009-2011	2010-2012	2011-2013	2012-2014
Duval County	8.6 cases/100,000 females	7.4 cases/100,000 females	7.4 cases/100,000 females	9.8 cases/100,000 females

Melanoma Incidence Rate ²⁹				
	2009-2011	2010-2012	2011-2013	2012-2014
Duval County	17.6 cases/100,000 population	19.2 cases/100,000 population	21.4 cases/100,000 population	22.1 cases/100,000 population

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

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

By examining granular data, zip codes with significantly high age-adjusted death rates due to cancer can be identified. Overall, Duval County zip codes have some of the highest rates of death due to cancer overall. Zip codes of concern for various cancer types are noted in Table 37.

TABLE 37. ZIP CODE LEVEL DATA FOR CANCER INDICATORS

Age-Adjusted Death Rate due to Breast Cancer ¹⁷ (2014-2016)			
Zip Code 32206	Zip Code 32219	Zip Code 32227	Florida
37.8 deaths /100,000 females	37.6 deaths /100,000 females	37.0 deaths /100,000 females	19.8 deaths /100,000 females
Age-Adjusted Death Rate due to Cancer ¹⁷ (2014-2016)			
Zip Code 32227	Zip Code 32234	Zip Code 32254	Florida
423.1 deaths /100,000 population	279.9 deaths /100,000 population	258.6 deaths /100,000 population	155.1 deaths /100,000 population
Age-Adjusted Death Rate due to Colorectal Cancer ¹⁷ (2014-2016)			
Zip Code 32234 (Duval)	Zip Code 32208	Zip Code 32209	Florida
30.6 deaths /100,000 population	25.4 deaths /100,000 population	25.0 deaths /100,000 population	13.7 deaths /100,000 population

¹⁷ Florida Department of Health, Bureau of Vital Statistics

Primary Data

According to the community survey results, cancer ranked as the sixth most pressing health need in Duval County. Cancer was discussed in 8 of 22 focus groups and 4 of 29 key informant interviews.

Analysis of primary data collected from key informants and focus group participants found that education about cancer is lacking in the region and most people do not understand how to take precautionary steps to prevent and identify various cancers early on. Focus group participants

also discussed how cancer treatment is expensive and therefore unaffordable for much of the population. Additionally, it was discussed in multiple interviews and focus groups that much of the population lacks knowledge about screenings and tests that can help prevent cancer from spreading or becoming costlier in the future. Ideas were provided to increase knowledge via education campaigns, encouragement by doctors, awareness activities such as fundraising walks, and availability and affordability of screenings for those who do not regularly visit a doctor.

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 (Index of Disparity analysis); 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

Figure 32 and

Table 38 display some indicators with a race disparity for the African American population. The HIV Incidence Rate and AIDS Diagnosis Rate are disproportionately higher for Non-Hispanic Blacks in Duval County compared to the overall county values. As mentioned by primary data participants and further confirmed by the secondary data, Black or African American older adults are disproportionately affected by poverty in Duval County. The African American population also experiences worse outcomes related to maternal, fetal & infant health, including Teen Birth Rate, Infant Mortality Rate, and Babies with Low Birth Weight (Table 39).

FIGURE 32. HIV INCIDENCE RATE & AIDS DIAGNOSIS RATE (CASES PER 100,000 POPULATION)

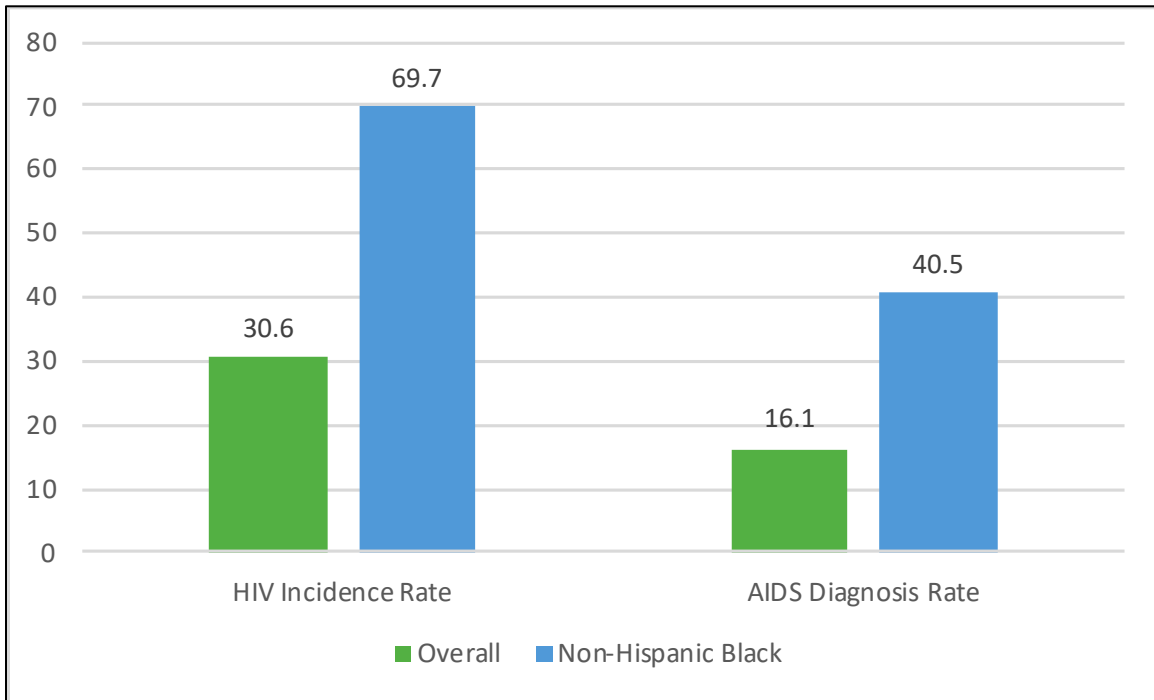


TABLE 38. PEOPLE 65+ LIVING BELOW POVERTY LEVEL (BLACK OR AFRICAN AMERICAN)

People 65+ Living Below Poverty Level ¹ (2012-2016) (Percent)	
Duval	
Overall	Black or African American
10.1%	19.4%

¹ American Community Survey

TABLE 39. MATERNAL, FETAL & INFANT HEALTH INDICATORS (BLACK OR AFRICAN AMERICAN)

Teen Birth Rate: 15-19 (2016) (Live births per 1,000 females aged 15-19)		Infant Mortality Rate (2014- 2016) (Deaths per 1,000 live births)		Babies with Low Birth Weight (2016) (Percent)	
Duval					
Overall	Black or African American	Overall	Black or African American	Overall	Black or African American
27.3 live births per 1,000 females aged 15-19	36.7 live births per 1,000 females aged 15-19	8.3 deaths per 1,000 live births	13.7 deaths per 1,000 live births	10.0%	14.6%

Children

The health of children was mentioned by 14 of 29 key informants and was a discussion item in 5 of 22 focus groups. Key informants discussed food security as an issue among children and related it to the problem of childhood obesity and diabetes. Several key informants and one focus group referenced the large number of students qualifying for the free and reduced lunch program as an indicator of food insecurity throughout the community.

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. Furthermore, Duval County has a high rate of child abuse for children ages 5-11. Table 40 is a summary table of children's health indicators from the secondary data.

TABLE 40. 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	Duval	994.5	1.67	1	3				1.5
Child Food Insecurity Rate [6] (2015)	22.7%	Duval	23.2%	1.94	1	2	2	3		2
Children with Health Insurance [1] (2016)	93.8%	Duval	95.0%	1.22	1	1	2	2	2	0
Children with Low Access to a Grocery Store [28] (2018)		Duval	6.1%	1.67	2		2			
Food Insecure Children Likely Ineligible for Assistance [6] (2015)	29.0%	Duval	29.0%	1.22	2	1	2	0		1
Kindergartners with Required Immunizations [14] (2017)	94.1%	Duval	93.8%	1.72	3	2				1

*Comparisons were given a score ranging from 0 (green) to 3 (red), where 0 indicates the best outcome and 3 the worst according to comparison values. Comparison scores of 0 or 3 are determined by the quartile of the indicator value when compared to a set of county values (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 or decreasing over time.

Availability of each type of comparison varies by indicator and is dependent upon the data source, comparability with data collected for other communities, and changes in methodology over time. Please see Appendix C2 for a detailed description of data scoring methodology

[1] American Community Survey

[6] Feeding America

[9] Florida Department of Children and Families

[14] Florida Department of Health, Bureau of Immunization

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

Hispanic/Latinx

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

The Index of Disparity analysis evaluated secondary data indicators for statistically significant disparities 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 ethnicity breakout data, and for consistency with the source of the data, tables and figures may 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

Duval County has a higher Hispanic/Latinx proportion of its population compared to the other counties in the region (9%). Additionally, this population has a greater growth rate compared to the other race/ethnicities. In Duval County, the Hispanic population also has a disparate AIDS Diagnosis Rate. In 2016, the overall Duval County value is 16.1 cases/100,000 population, and the value for the Hispanic population is 19.4 cases/100,000 population.

In the primary data, for the Hispanic/Latinx community, language barriers were noted especially in accessing care in the more rural communities. 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. Key informants cited specific concern around access to health services for the undocumented Hispanic/Latinx population. Specifically, fear of deportation and lack of education around community health resources were named as major barriers to accessing health services within this population.

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

TABLE 41. DIFFERENCES IN SOCIAL DETERMINANTS OF HEALTH, DUVAL COUNTY (2015)

	Non-Hispanic White	Hispanic
% Unemployed	5.2%	7.4%
Median Household Income	\$56,694	\$44,642
% Below Poverty Line	6.3%	19.3%
% Uninsured	10.4%	17.6%

	Non-Hispanic White	Hispanic
% Did Not see Doctor due to Cost	15.5%	34.3%
% with Less than High School Diploma	7.9%	21.1%
% with Language other than English Spoken at Home	5.4%	60.4%

[34] Duval County Hispanic Health Report

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

Homeless

As mentioned in the Access section, affordable and safe housing is critical to accessing health services. Focus group participants who have used shelters noted that access to mental health services is especially difficult because of the limited number of providers who will accept Medicaid. 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)

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

A recent Jacksonville-area community assessment survey focused on the LGBTQ population revealed negative disparities 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% of respondents held a bachelor's degree or higher.¹⁰ This is higher than the general population percentages for every county in the Northeast Florida Region, and much higher than the 24.5% of the general population in the Jacksonville MSA that have a bachelor's degree or higher.¹ Additionally, in terms of employment, 74.3% of LGBTQ survey respondents indicated that they were in the paid workforce, while only 57.1% 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% 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% or less. In terms of risky behaviors, 40% of the LGBTQ population reported binge drinking in the past 30 days, while the general population figure for Jacksonville city is only 15%.¹¹ 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%) were lower than the percent of persons with health insurance for the general population in each county (87% or higher for each county). Additionally, the African-American LGBTQ population had particular disparities for health insurance with only 77.8% 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% of gender minority respondents attempted suicide in the past year, while 65% met the criteria for moderate to severe depression and poor mental or physical health that kept them from doing usual activities in the past month. While not a direct comparison, for the general population of Jacksonville city, only 13.7% had poor physical health in the past two weeks and only 14.4% had poor mental health in the past two weeks.

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% 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 firing from a job, being denied a promotion or bank loan, or being stopped and searched by police. Finally, only 17% of survey respondents agree that the

¹⁰ 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/>

¹¹ Centers for Disease Control and Prevention. 500 Cities Project. (n.d.) Retrieved May 22, 2018, from <https://www.cdc.gov/500cities/>

Northeast Florida Region as a whole embraces diversity, particularly with regards to the LGBTQ population.

Low-Income

Primary data discussion around low-income and poverty-stricken populations occurred in 9 focus groups and 21 interviews. 248 community survey respondents (40%) listed poverty as the third most impactful condition of life. 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, diabetes and heart disease.

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

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, atrial fibrillation, cancer, hyperlipidemia, rheumatoid arthritis, and stroke. As presented in Table 42, Duval County residents aged 65 and above have worse outcomes than the corresponding population for the state of Florida as a whole when it comes to pneumonia vaccination and age-adjusted death rate due to falls. Among the Medicare population, Duval County residents see worse outcomes than of the state of Florida as a whole for asthma, chronic kidney disease, depression, diabetes, and stroke.

TABLE 42. OLDER ADULT INDICATORS*

Indicator	FL Value	County	County Value	County Data Score	FL Counties	FL Value	US Counties	US Value	HP2020	Trend
Adults 65+ with Influenza Vaccination [8] (2016)	57.6%	Duval	57.6%	1.42	1	1		2		
Adults 65+ with Pneumonia Vaccination [8] (2016)	65.6%	Duval	66.7%	1.75	2	1		2	3	
Age-Adjusted Death Rate due to Falls [17] (2016) <i>*in deaths/100,000 population</i>	10.3	Duval	12.7	2.36	2	3		3	3	2

Indicator	FL Value	County	County Value	County Data Score	FL Counties	FL Value	US Counties	US Value	HP2020	Trend
Alzheimer's Disease or Dementia: Medicare Population [3] (2015)	11.7%	Duval	11.3%	2.11	2	1	3	3		2
Asthma: Medicare Population [3] (2015)	9.1%	Duval	10.1%	2.44	2	3	3	3		2
Atrial Fibrillation: Medicare Population [3] (2015)	9.7%	Duval	9.4%	2.33	2	1	3	3		3
Cancer: Medicare Population [3] (2015)	9.6%	Duval	9.2%	2	2	1	3	3		1.5
Chronic Kidney Disease: Medicare Population [3] (2015)	21.3%	Duval	22.8%	2.67	3	2	3	3		3
COPD: Medicare Population [3] (2015)	13.2%	Duval	12.8%	1.56	1	1	2	3		1
Depression: Medicare Population [3] (2015)	17.5%	Duval	18.2%	2.17	2	2	2	2		3
Diabetes: Medicare Population [3] (2015)	28.0%	Duval	30.8%	2.06	2	2	3	3		1
Heart Failure: Medicare Population [3] (2015)	14.2%	Duval	14.6%	1.72	2	2	2	2		1
Hyperlipidemia: Medicare Population [3] (2015)	55.6%	Duval	50.7%	1.5	1	1	3	3		0
Hypertension: Medicare Population [3] (2015)	60.5%	Duval	62.1%	2.06	2	2	3	3		1
Ischemic Heart Disease: Medicare Population [3] (2015)	34.0%	Duval	30.1%	1.17	0	0	3	3		0
Osteoporosis: Medicare Population [3] (2015)	7.9%	Duval	5.9%	1.06	1	0	2	1		1
People 65+ Living Below Poverty Level [1] (2012-2016)	10.4%	Duval	10.1%	1.78	2	1	2	2		2
People 65+ with Low Access to a Grocery Store [28] (2015)		Duval	2.5%	1.33	1		1			

Indicator	FL Value	County	County Value	County Data Score	FL Counties	FL Value	US Counties	US Value	HP2020	Trend
Rheumatoid Arthritis or Osteoarthritis: Medicare Population [3] (2015)	34.6%	Duval	34.6%	2.5	2	2	3	3		3
Stroke: Medicare Population [3] (2015)	4.8%	Duval	5.2%	2.44	3	2	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 or decreasing over time. Availability of each type of comparison varies by indicator and is dependent upon the data source, comparability with data collected for other communities, and changes in methodology over time. Please see Appendix C2 for a detailed description of data scoring methodology

[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

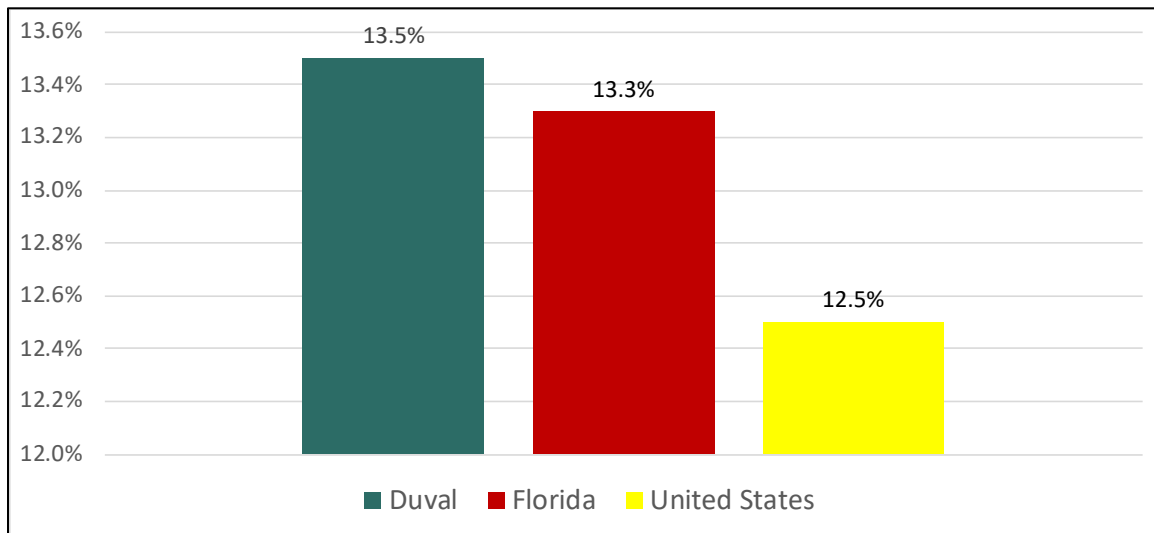
[28] U.S. Department of Agriculture – Food Environment Atlas

Focus group participants noted that since the peak of the recession, older adults are disproportionately financially burdened. Focus group participants also 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. Caretakers 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 33 shows the percent of persons with disabilities in Duval County, the state of Florida, and the United States. 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. 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. Duval County has a relatively high proportion of people with a reported cognitive disability at 5.4%.

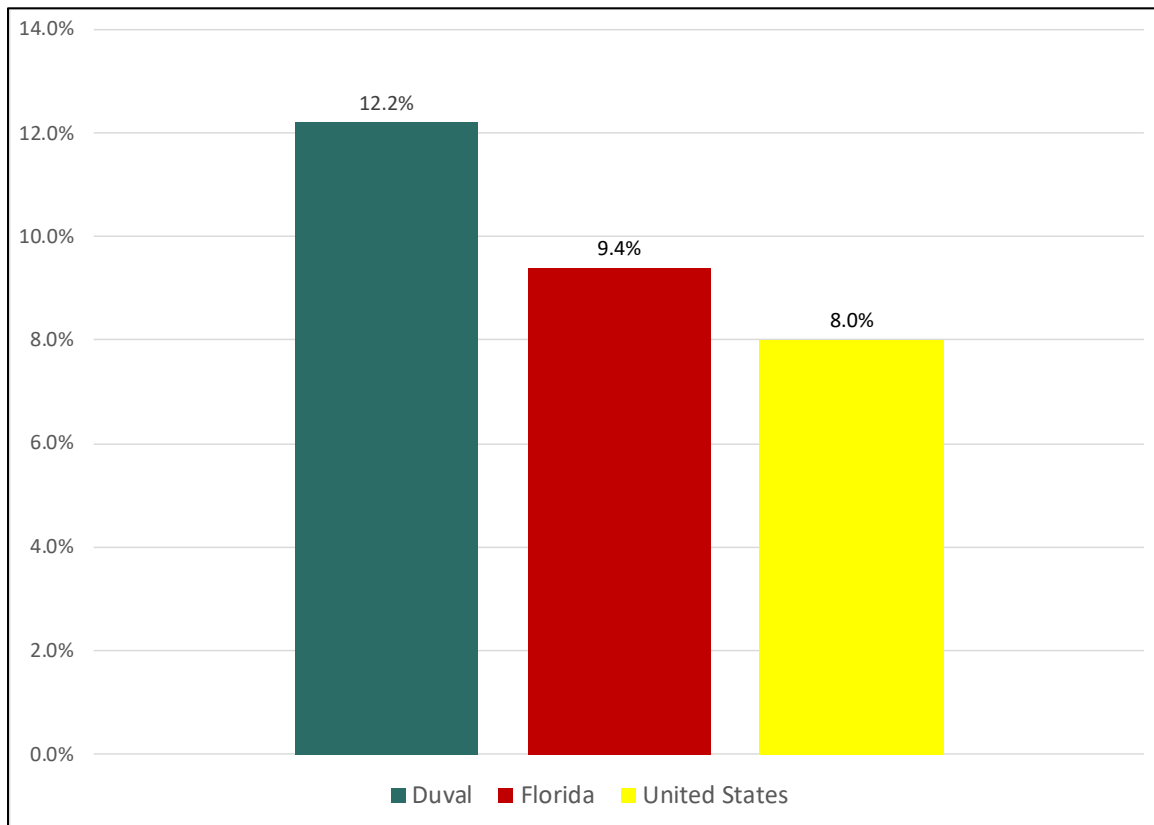
FIGURE 33. PERSONS WITH A DISABILITY, 2012-2016



Veterans

The veteran population is a significant part of Duval County. At 12.2%, Duval County has a larger veteran population than both the state of Florida (9.4%) and the United States as a whole (8.0%). This is a crucial contextual figure when assessing regional health as there are barriers and challenges to access to care for that population.

FIGURE 34. VETERAN POPULATION, 2012-2016



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

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 a high need compared to other topics with a 1.70 topic score for Duval County, which is in the worst half of the 0-3 data score range. Top related indicators across the region include Diabetes: Medicare Population and Age-Adjusted Death Rate due to Diabetes.

TABLE 43. DIABETES RELATED INDICATORS*

Indicator	FL Value	County	County Value	County Data Score	FL Counties	FL Value	US Counties	US Value	HP2020	Trend
Adults with Diabetes [8] (2016)	11.8%	Duval	11.3%	1.25	0	1		2		
Age-Adjusted Death Rate due to Diabetes [17] (2016) <i>*in deaths/100,000 population</i>	20.6	Duval	23.3	1.81	1	3		3		1
Diabetes: Medicare Population (2015)	28.0%	Duval	30.8%	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 or decreasing over time. Availability of each type of comparison varies by indicator and is dependent upon the data source, comparability with data collected for other communities, and changes in methodology over time. Please see Appendix C2 for a detailed description of data scoring methodology

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

Heart Disease

In secondary data scoring results, heart disease was the fourteenth highest scoring health topic area of need in Duval County with a score of 1.64. Hyperlipidemia, hypertension, and stroke prevalence in the Medicare population was reflected as a high concern in the data scoring results. The high prevalence of heart disease-related illness may signify a need to improve health behaviors that can help prevent chronic illness. Death rates, including the notably high rate due to stroke in Duval County, may also have potential to be reduced through improved access to care and health literacy. Table 44 shows the values for all heart disease indicators for Duval County.

TABLE 44. HEART DISEASE RELATED 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	Duval	40.1	1.81	2	2		2	3	1
Age-Adjusted Death Rate due to Coronary Heart Disease [17] (2016) <i>*in deaths/100,000 population</i>	98.5	Duval	94.9	1.03	1	1		2	1	0
Age-Adjusted Death Rate due to Hypertensive Heart Disease [17] (2016) <i>*in deaths/100,000 population</i>	11	Duval	12.6	1.72	2	3				1
Age-Adjusted Death Rate due to Major Cardiovascular Diseases [17] (2016) <i>*in deaths/100,000 population</i>	209.7	Duval	224.9	1.17	1	2				0
Atrial Fibrillation: Medicare Population (2015)	9.7%	Duval	9.4%	2.33	2	1	3	3		3
Cholesterol Test History (2013)	73.2%	Duval	72.4%	1.67	2	2				
Heart Failure: Medicare Population (2015)	14.2%	Duval	14.6%	1.72	2	2	2	2		1
High Blood Pressure Prevalence (2013)	34.6%	Duval	34.4%	1.42	0	1		2	3	
High Cholesterol Prevalence (2013)	33.4%	Duval	33.1%	1.25	1	1		0	3	
Hyperlipidemia: Medicare Population (2015)	55.6%	Duval	50.7%	1.5	1	1	3	3		0
Hypertension: Medicare Population (2015)	60.5%	Duval	62.1%	2.06	2	2	3	3		1
Ischemic Heart Disease: Medicare Population (2015)	34.0%	Duval	30.1%	1.17	0	0	3	3		0

Indicator	FL Value	County	County Value	County Data Score	FL Counties	FL Value	US Counties	US Value	HP2020	Trend
Stroke: Medicare Population (2015)	4.8%	Duval	5.2%	2.44	3	2	3	3		2

*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 or decreasing over time. Availability of each type of comparison varies by indicator and is dependent upon the data source, comparability with data collected for other communities, and changes in methodology over time. Please see Appendix C2 for a detailed description of data scoring methodology

[3] Centers for Medicare & Medicaid Services

[8] Florida Behavioral Risk Factor Surveillance System

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

In addition to the data in Table 44, granular data reveals that zip codes 32219, 32226, and 32254 perform the worst for death rates due to stroke and cardiovascular diseases. The value for zip code 32254 for Age-Adjusted Death Rate due to Stroke is 80.4 deaths per 100,000 population, more than double the Florida state value. For Age-Adjusted Death Rate due to Cardiovascular Diseases, the zip code's value is 406.1 deaths per 100,000 population, nearly twice the rate of 209.7 deaths per 100,000 population for the state of Florida.

Community survey participants were asked to rank the most pressing health issues in their community, and for Duval County, they ranked heart-related diseases as the second most pressing need with 56 percent of survey respondents listing heart-related diseases as one of the top five most important health issues in their community. Additionally, half of respondents listed diet, food, and nutrition as one of the top conditions that impact their community, and 28% responded that physical activity and exercise were a top factor.

Social Environment

Social environment ranked as the fourth 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 the service area, and individual indicators within the topic area are listed in Table 45. Indicators of concern include: Child Abuse Rate, Children and People Living Below Poverty Level, Female Populations 16+ in Civilian Labor Force, Mean Travel Time to Work, Median Household Gross Rent, Median Housing Unit Value, and Total Employment Change.

TABLE 45. 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	Duval	994.5	1.67	1	3				1.5
Children Living Below Poverty Level [1] (2012-2016)	23.3%	Duval	\$0	1.94	1	2	2	3		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%	Duval	60.4%	1	0	0	0	1		3
Homeownership [1] (2012-2016)	52.3%	Duval	50.3%	2.67	3	2	3	3		3
Juvenile Justice Referral Rate [18] (2013) <i>*in referrals/100,000 population</i>	448.7	Duval	392.6	1.17	1	0				
Linguistic Isolation [1] (2012-2016)	6.8%	Duval	2.8%	1.44	2	0	3	0		2
Mean Travel Time to Work [1] (2012-2016)	26.7	Duval	24.2	1.44	1	1	2	1		2
Median Household Gross Rent [1] (2012-2016)	\$1,032	Duval	\$962	1.92	2	1		2		3
Median Household Income [1] (2012-2016)	\$48,900	Duval	\$49,196	1.39	1	1	1	3		1
Median Housing Unit Value [1] (2012-2016)	\$166,800	Duval	\$146,400	2.03	1	3		3		2
Median Monthly Owner Costs for Households without a Mortgage [1] (2012-2016)	\$466	Duval	\$445	1.08	2	1		1		0
Mortgaged Owners Median Monthly Household Costs [1] (2012-2016)	\$1,422	Duval	\$1,337	0.92	2	1		0		0
People 25+ with a Bachelor's Degree or Higher [1] (2012-2016)	27.9%	Duval	28.1%	0.67	0	1	0	2		0
People 25+ with a High School Degree or Higher [1] (2012-2016)	87.2%	Duval	88.9%	0.83	1	1	1	1		0
People Living Below Poverty Level [1] (2012-2016)	16.1%	Duval	16.6%	1.56	1	2	2	2		1
Per Capita Income [1] (2012-2016)	\$27,598	Duval	\$27,235	1.17	1	2	1	2		0
Persons with Health Insurance [25] (2016)	84.6%	Duval	87.2%	1.08	0	1	2		3	0
Population 16+ in Civilian Labor Force [1] (2012-2016)	58.5%	Duval	63.9%	1.11	0	1	1	1		2
Single-Parent Households [1] (2012-2016)	38.5%	Duval	42.7%	2.61	3	3	3	3		2

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>		Duval	32	1.42	1					
Total Employment Change [24] (2014-2015)	4.5%	Duval	0.2%	2.33	3	3	2	3		
Voter Turnout: Presidential Election [20] (2016)	74.5%	Duval	74.6%	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 or decreasing over time. Availability of each type of comparison varies by indicator and is dependent upon the data source, comparability with data collected for other communities, and changes in methodology over time. Please see Appendix C2 for a detailed description of data scoring methodology

[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 eleventh most impactful condition of daily life on their community, with over 20% of participants believing that social environment has the most impact on their community. Further, only 35% of community survey respondents agree or strongly agree that their community supports a healthy lifestyle. The social environment was mentioned in 7 out of 29 key informant interviews and 8 out of 22 focus groups. The generational impact of poverty, mental health issues, trauma, and knowledge and attitudes toward nutrition and health contribute to the social environment need in the region. Adverse childhood experiences and childhood trauma, as well as the effects of parental mental health issues on children, are important factors influencing the effect of the social environment's impact on community health.

Respiratory Diseases

Respiratory diseases emerged as a significant health need from the secondary data for Duval County with a data score of 1.65. Duval County has notably worse outcomes than the state of Florida for the following indicators: Age-Adjusted Death Rate due to Influenza and Pneumonia, Age-Adjusted Death Rate due to Lung Cancer, Lung and Bronchus Cancer Incidence Rate, and Teens with Asthma. Finally, particularly amongst older adults, vaccination rates for influenza and pneumonia did not meet the Healthy People 2020 targets in 2016.

TABLE 46. 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%	Duval	57.6%	1.42	1	1		2		
Adults 65+ with Pneumonia Vaccination [8] (2016)	65.60%	Duval	66.7%	1.75	2	1		2	3	
Adults with Current Asthma [8] (2016)	6.70%	Duval	6.8%	1.25	1	2		0		
Age-Adjusted Death Rate due to Influenza and Pneumonia [17] (2014) <i>*in deaths/100,000 population</i>	9.7	Duval	15.6	2.14	3	3		3		1
Age-Adjusted Death Rate due to Lung Cancer [17] (2014-2016) <i>*in deaths/100,000 population</i>	40.4	Duval	46.2	1.39	1	3			2	0
Asthma: Medicare Population [3] (2015)	9.1%	Duval	10.1%	2.44	2	3	3	3		2
COPD: Medicare Population [3] (2015)	13.2%	Duval	12.8%	1.56	1	1	2	3		1
Lung and Bronchus Cancer Incidence Rate [29] (2012-2014) <i>*in cases/100,000 population</i>	61	Duval	76.2	1.72	2	3				1
Teens with Asthma [22] (2014)	20.8%	Duval	23.8%	2.33	3	3				3
Tuberculosis Incidence Rate [16] (2016) <i>*in cases/100,000 population</i>	3.2	Duval	0	0.47	0	0		0	0	1

*Comparisons were given a score ranging from 0 (green) to 3 (red), where 0 indicates the best outcome and 3 the worst according to comparison values. Comparison scores of 0 or 3 are determined by the quartile of the indicator value when compared to a set of county values (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 or decreasing over time.

Availability of each type of comparison varies by indicator and is dependent upon the data source, comparability with data collected for other communities, and changes in methodology over time. Please see Appendix C2 for a detailed description of data scoring methodology

[3] Centers for Medicare & Medicaid Services

[8] Florida Behavioral Risk Factor Surveillance System

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

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

[22] Florida Youth Tobacco Survey

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

Key informants and focus group participants cited asthma as a community concern. Focus group participants noted that asthma amongst children frequently leads to school absences and

poor school performance. Community members attributed high rates of lung cancer to high rates of smoking. Respiratory diseases were not considered a top health need from the community survey as only 13% of survey participants ranked it as a community health issue.

Sexual Health

Sexual health also emerged as a significant health need for the service area for Duval County. Sexually transmitted infections are a key concern in this health area: the chlamydia and gonorrhea incidence rates amongst adults and teens is greater in the county compared to the state of Florida, as displayed in Table 47. In fact, the gonorrhea incidence rate of Duval County (292.1 cases/100,000 people) is more than twice the rate of the state of Florida and the United States. The teen birth rate for females ages 15-19 in Duval County is also higher than the state value. Community input participants further corroborated that teen births are an issue in the community. Further analysis was done to identify specific indicators of concern across the region, and individual indicators are listed in Table 47.

TABLE 47. 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	Duval	16.1	1.67	3	3				0
Chlamydia Incidence Rate [15] (2016) <i>*in cases/100,000 population</i>	468.2	Duval	714.3	2.36	3	3		3		2
Chlamydia Incidence Rate: Females 15-19 [15] (2016) <i>*in cases/100,000 females aged 15-19</i>	3175.6	Duval	4556.4	2.11	3	3				2
Gonorrhea Incidence Rate [15] (2016) <i>*in cases/100,000 population</i>	139.2	Duval	292.1	2.58	3	3		3		3
Gonorrhea Incidence Rate: Females 15-19 [15] (2016) <i>*in cases/100,000 females aged 15-19</i>	496.6	Duval	911.3	2.33	3	3				3
HIV Incidence Rate [13] (2016) <i>*in cases/100,000 population</i>	24.6	Duval	30.6	1.89	3	3				1
Syphilis Incidence Rate [15] (2016) <i>*in cases/100,000 population</i>	11.9	Duval	11	2	3	1				3

Indicator	FL Value	County	County Value	County Data Score	FL Counties	FL Value	US Counties	US Value	HP2020	Trend
Teen Birth Rate: 15-19 [17] (2016) <i>*in cases/1,000 females aged 15-19</i>	19.5	Duval	27.3	1.97	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 or decreasing over time. Availability of each type of comparison varies by indicator and is dependent upon the data source, comparability with data collected for other communities, and changes in methodology over time. Please see Appendix C2 for a detailed description of data scoring methodology

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

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

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

Community survey participants ranked sexual health as the tenth most pressing health need for Duval County. Key informants and focus group participants shared input about specific issues within sexual health. Community input participants cited that adolescents are neither learning about sexual health in school nor at home from their parents. Adolescent community input participants raised two other issues as critical in their community: (1) sexually transmitted infections (STIs) among youths, and (2) lack of sexual health resource awareness in the community.

The following data comes from the 2017 Youth Risk Behavior Survey for Duval County middle and high school students. Compared to 2013, 23% fewer high school students and 25% fewer middle school students reported having ever had sex.^{12,13} Male high school students were more likely to report ever having sex compared to female students (42.0% and 33.0%, respectively) in 2017. Among high school students that were sexually active, only 57.7% used a condom the last time they had sex. Only 60.1% of Duval County middle school students reported using a condom the last time they had sex, which is an 8% decrease from 2013. Approximately 50% of middle school students reported that their parents or other adults in their family talked with them about expectations regarding sexual behavior. Nearly one in five, or 18.2%, of Duval County high school students used alcohol or drugs before the last time they had sex.

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

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

¹³ Youth Risk Behavior Survey, Duval County Middle School Students. Sexual Behaviors. (2017). Retrieved May 17, 2018.

Built Environment & Safety

According to secondary data analysis, the Built Environment and Safety emerged as critical issues. 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: Food Environment Index, which measures both geographical access to a grocery store and food insecurity; Access to Exercise Opportunities, which measures geographical accessibility to parks; Children with Low Access to a Grocery Store, and the Pedestrian Death Rate. Table 48 lists all secondary data indicators within the Built Environment & Safety topic.

TABLE 48. BUILT ENVIRONMENT & SAFETY INDICATORS*

Indicator	FL Value	County	County Value	County Data Score	FL Counties	FL Value	US Counties	US Value	HP2020	Trend
Access to Exercise Opportunities [4] (2018)	87.1%	Duval	88.5%	0.83	0	1	0	1		
Age-Adjusted Death Rate due to Motor Vehicle Collisions [17] (2016) <i>*in deaths/100,000 population</i>	15.4	Duval	15.2	1.44	1	1				2
Age-Adjusted Death Rate due to Unintentional Injuries [17] (2016) <i>*in deaths/100,000 population</i>	56.3	Duval	81.1	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>		Duval	6.1%	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	Duval	6.3	2.44	3	2	3	3		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)		Duval	1.7%	1	0		0			
Low-Income and Low Access to a Grocery Store [28] (2015)		Duval	8.6%	1.67	2		2			
Pedestrian Death Rate [5] (2013) <i>*in deaths/100,000 population</i>	2.6	Duval	3.8	2.78	3	3	3	3	3	2
People 65+ with Low Access to a Grocery Store [28] (2015)		Duval	2.5%	1.33	1		1			
People with Low Access to a Grocery Store [28] (2015)		Duval	24.7%	1.67	2		2			
Severe Housing Problems [4] (2010-2014)	21.50%	Duval	20.1%	2.33	3	1	3	2		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 or decreasing over time. Availability of each type of comparison varies by indicator and is dependent upon the data source, comparability with data collected for other communities, and changes in methodology over time. Please see Appendix C2 for a detailed description of data scoring methodology

[4] County Health Rankings

[5] Fatality Analysis Reporting System

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

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

The primary data similarly support the secondary data results. While not mentioned as a top issue in the community survey, key informants and focus group discussion around the built environment focused on a lack of safe places to walk or be outside, corroborating the secondary data results around pedestrian safety. Sidewalk and outdoor community safety were cited as a critical concern, especially for persons with disabilities.

Conclusion

The Community Health Needs Assessment for Ascension St. Vincent's Southside 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.

The prioritization process identified seven focus areas: (1) Access, (2) Behavioral Health, (3) Poverty, (4) Obesity & Physical Activity, (5) Maternal, Fetal & Infant Health, (6) Cancer, and (7) Vulnerable Populations. Using the results from this process, Ascension St. Vincent's Southside will outline which prioritized health needs it has the resources to address and how it plans to address them in its Implementation Strategy.

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

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"> •Develop partnership with Alignment Healthcare to assist older individuals accessing Medicare •Create an advanced clinical model to support Medicare beneficiaries, lower costs and increase the availability of health care for seniors 	Yes	Individuals enrolled in Alignment Healthcare's program (monthly Enrollees Tracking)
		Yes	Clinical model created
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 	Yes	Program enacted
		Yes	Screening program initiated to include blood pressure, A1C, nephropathy and vision
		Yes	ADA approved education implemented (+ 550 patients through March 2018)
		Yes	Community partnerships established
Significant Health Need Identified in Preceding CHNA	Planned Activities to Address Health Needs Identified in Preceding Implementation Strategy	Was Activity Implemented (Yes/No)	Results, Impact & Data Sources
Health Disparities	<ul style="list-style-type: none"> •Coordinating with Ascension Health coordinate an annual Medical Mission at Home. •Develop a system wide support team •Establish supportive partnerships from local business, health providers and organizations. •Implement an event. 	Yes	Medical Mission at Home coordinated
		Yes	Developed
		Yes	Multiple community partnerships developed to support MMAH

		Yes	Annual Event enacted (serving +1,624 through April 2018)
Maternal/Child Health	<ul style="list-style-type: none"> •Educate the staff of St. Vincent's Family Birth Place and physicians on the requirements for safe sleep environments as recognized by Cribs for Kids Program. •Gain National Safe Sleep Hospital Certification. •Educate and distribute Safe Sleep materials, sleep sacks and pack-n-plays (if no safe sleep environment available) to St. Vincent's maternity patients. •Promote collaborative partnerships 	Yes Yes Yes Yes	Staff and physician training completed National Safe Sleep Hospital Certifications Education and distribution implemented, parents benefitted from safe sleep education (+2,848 through March 2018) Partnerships developed and maintained
Significant Health Need Identified in Preceding CHNA	Planned Activities to Address Health Needs Identified in Preceding Implementation Strategy	Was Activity Implemented (Yes/No)	Results, Impact & Data Sources
Mental Health	<ul style="list-style-type: none"> •Develop and implement a system to identify potential participants •Track participants and compare data from baseline year of 2015 	Yes Yes	Identification and eligibility process implemented Program active and serving participants (53% through March 2018)
Obesity/Nutrition/Lifestyle	<ul style="list-style-type: none"> •Develop partnership with Duval County Schools •Develop partnerships with local youth organizations •Implement a pediatric nutrition and fitness program 	Yes Yes Yes	Partnership established and maintained Multiple partnerships implemented Program implemented (+700 children through March 18)
Smoking	<ul style="list-style-type: none"> •Coordinate with AHEC to provide smoking cessation opportunities to the public •Conduct 5 classes annually 	Yes Yes	Partnership developed and ongoing Cessation classes conducted (+23 through March 18)

Appendix B. Primary Data

1. Key Informant Interview Questions

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

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

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

2. Organizations Participating in Key Informant Interviews

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

3. Focus Group Discussion Questions

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

- B. [Activity] Each person has received \$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
4/3/18	New Town	10
4/3/18	Tippling the Scale (BMC Jacksonville)	11
4/4/18	Mission House	11
4/4/18	Sulzbacher/BEAM	11
4/5/18	City Rescue/Sulzbacher/Clara White	11
4/5/18	Duval Faith Community & Nursing	10
4/9/18	People with Differing Abilities at Brooks	7
4/10/18	FSCJ Students	9
4/13/18	NE FL Women Veterans	10
Partnership Conducted Interviews		
4/5/18	St. Vincent's Riverside	11
4/3/18	St. Vincent's Southside	8
4/17/18	Mayo Clinic	10
4/9/18	Baptist Winston Y	9
4/4/18	Brooks Rehab	9
4/23/18	JASMYN	12
4/19/18	Baptist Beaches	4
4/25/18	Baptist Mandarin JCA	11
4/16/18	Baptist Johnson Y Healthy Living Center	11
4/23/18	Baptist Jacksonville	10
4/17/18	Baptist Y Healthy Living Center	10
4/19/18	Baptist Mandarin Healthy Living Center	8

5. Community Survey Questionnaire

Welcome to the Jacksonville Regional Community Survey

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

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

This survey will take about 15 minutes to complete.

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

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

1. What county do you reside in?

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

2. What is your zip code?

ZIP/Postal Code

3. What is your profession?

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

4. What is your age?

☐ 17 or younger

☐ 18-24

☐ 25-34

☐ 35-44

☐ 45-54

☐ 55-64

☐ 65-74

☐ 75+

5. What is your gender identity?

☐ Female

☐ Male

☐ Other (*please specify*):

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

☐ Hispanic/Latino(a)

☐ Non-Hispanic/Latino(a)

☐ Other (*please specify*):

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

☐ American Indian or Alaska Native

☐ Asian

☐ Black or African American

☐ Native Hawaiian or Other Pacific
Islander

☐ White

☐ Other (*please specify*):

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

☐ Less than High School

☐ High School Diploma or GED

☐ Some College

☐ Bachelor's Degree

☐ Technical Certificate

☐ Professional or Advanced Degree

☐ Associate's 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)

- | | |
|------------------------------------|--|
| <input type="checkbox"/> Very good | <input type="checkbox"/> Poor |
| <input type="checkbox"/> Good | <input type="checkbox"/> Very poor |
| <input type="checkbox"/> OK | <input type="checkbox"/> 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)

- | | |
|---|--|
| <input type="checkbox"/> White | <input type="checkbox"/> Hispanic or Latino |
| <input type="checkbox"/> Black or African American | <input type="checkbox"/> Multi-racial |
| <input type="checkbox"/> American Indian or Alaska Native | <input type="checkbox"/> Other (please specify): |
| <input type="checkbox"/> Asian | |
| <input type="checkbox"/> Native Hawaiian and Other Pacific Islander | |

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)

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

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

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

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 Ascension St. Vincent's Southside's service area 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/>
4. Youth Risk Behavior Survey, Duval County High School Students. Alcohol, Tobacco, and Other Drug Use Behaviors. (2017). Retrieved May 17, 2018.

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

2. Secondary Data Scoring Detailed Methodology

Data scoring is done in three stages:

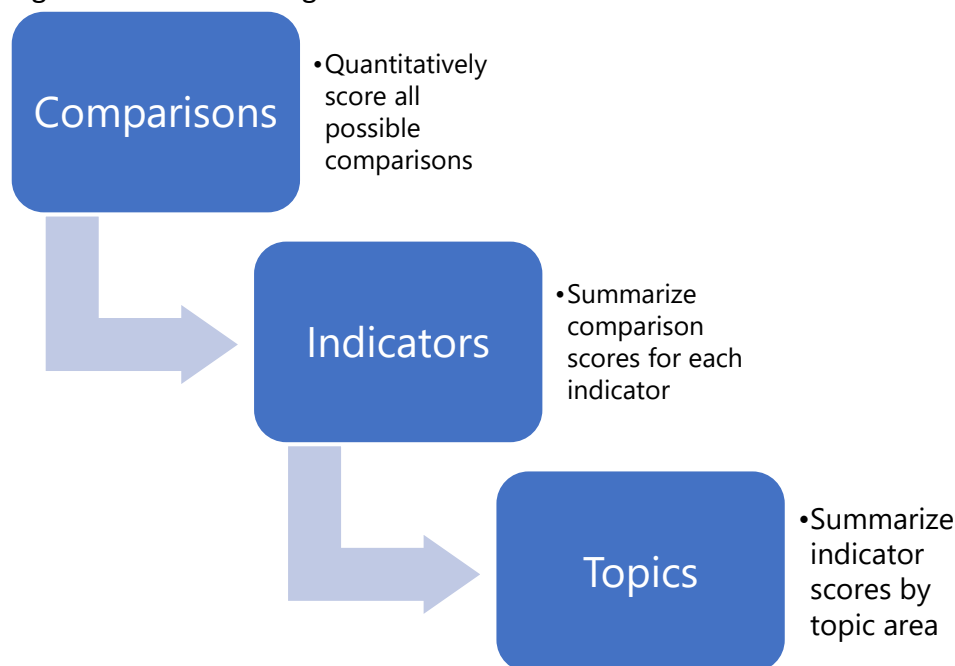


FIGURE 35. INDICATOR SCORE RANGE



For each indicator, Duval 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](#).

Duval County

SCORE	ACCESS TO HEALTH SERVICES	UNITS	DUVAL COUNTY	HP2020	FLORIDA	U.S.	MEASUREMENT PERIOD	SOURCE
1.83	Median Monthly Medicaid Enrollment	<i>enrollments/ 100,000 population</i>	22171.3		19607.4		2017	7
1.75	Adults with a Usual Source of Health Care	<i>percent</i>	75	89.4	72	77.1	2016	8
1.56	Adults with Health Insurance	<i>percent</i>	84.3	100	81.6	88	2016	1
1.42	Adults who did not Visit a Dentist due to Cost	<i>percent</i>	19.8				2007	8
1.25	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>		13				2018	4
1.22	Children with Health Insurance	<i>percent</i>	95	100	93.8	95.5	2016	1
1.08	Persons with Health Insurance	<i>percent</i>	87.2	100	84.6		2016	25
0.39	Primary Care Provider Rate	<i>providers/ 100,000 population</i>	86		73	76	2015	4
0.17	Dentist Rate	<i>dentists/ 100,000 population</i>	79		58	67	2016	4
0.17	Non-Physician Primary Care Provider Rate	<i>providers/ 100,000 population</i>	137		88	81	2017	4
SCORE	CANCER	UNITS	DUVAL COUNTY	HP2020	FLORIDA	U.S.	MEASUREMENT PERIOD	SOURCE
2.11	Cervical Cancer Incidence Rate	<i>cases/ 100,000 females</i>	9.8	7.3	8.5		2012-2014	29

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

1.00	Pap Test in Past Year	percent	54.7	48.4	2016	8		
SCORE	CHILDREN'S HEALTH	UNITS	DUVAL COUNTY	HP2020	FLORIDA	U.S.	MEASUREMENT PERIOD	SOURCE
1.94	Child Food Insecurity Rate	percent	23.2		22.7	19.3	2015	6
1.72	Kindergartners with Required Immunizations	percent	93.8		94.1		2017	14
1.67	Child Abuse Rate	cases/ 1,000 children aged 5-11	994.5		901.3		2016	9
1.67	Children with Low Access to a Grocery Store	percent	6.1				2015	28
1.22	Children with Health Insurance	percent	95	100	93.8	95.5	2016	1
1.22	Food Insecure Children Likely Ineligible for Assistance	percent	29		29	34.1	2015	6
SCORE	COUNTY HEALTH RANKINGS	UNITS	DUVAL COUNTY	HP2020	FLORIDA	U.S.	MEASUREMENT PERIOD	SOURCE
1.75	Physical Environment Ranking* *County Health Ranking: 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.		60				2018	4
1.58	Health Behaviors Ranking* * County Health Ranking: the ranking is based on a summary composite score calculated from the following measures: adult smoking, adult obesity, physical inactivity, access to exercise opportunities, excessive drinking, alcohol-impaired driving deaths, sexually transmitted infections, teen births, and a food environment index.		41				2018	4
1.58	Morbidity Ranking* *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		38				2018	4

	low birthweight.							
1.58	Mortality Ranking* <i>* County Health Ranking: the ranking is based on a measure of premature death.</i>	47				2018		4
1.42	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>	32				2018		4
1.25	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>	13				2018		4

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

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

2.33	Total Employment Change	percent	0.2	4.5	2.5	2014-2015	27
2.11	Households with Cash Public Assistance Income	percent	2.8	2.2	2.7	2012-2016	1
2.03	Median Housing Unit Value	dollars	146400	166800	184700	2012-2016	1
1.94	Child Food Insecurity Rate	percent	23.2	22.7	19.3	2015	6
1.94	Children Living Below Poverty Level	percent	24.8	23.3	21.2	2012-2016	1
1.92	Median Household Gross Rent	dollars	962	1032	949	2012-2016	1
1.89	Families Living Below Poverty Level	percent	12.7	11.7	11	2012-2016	1
1.78	People 65+ Living Below Poverty Level	percent	10.1	10.4	9.3	2012-2016	1
1.67	Low-Income and Low Access to a Grocery Store	percent	8.6			2015	28
1.56	People Living Below Poverty Level	percent	16.6	16.1	15.1	2012-2016	1
1.56	Renters Spending 30% or More of Household Income on Rent	percent	50.1	57.4	47.3	2012-2016	1
1.42	Social and Economic Factors Ranking* * County Health Ranking: 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.		32			2018	4
1.39	Median Household Income	dollars	49196	48900	55322	2012-2016	1
1.22	Food Insecure Children Likely Ineligible for Assistance	percent	29	29	34.1	2015	6
1.22	People Living 200% Above Poverty Level	percent	63.4	62.7	66.4	2012-2016	1
1.17	Per Capita Income	dollars	27235	27598	29829	2012-2016	1

1.11	Population 16+ in Civilian Labor Force	percent	63.9	58.5	63.1	2012-2016	1
1.11	Unemployed Workers in Civilian Labor Force	percent	3.7	3.8	4.4	February 2018	26
1.08	Median Monthly Owner Costs for Households without a Mortgage	dollars	445	466	462	2012-2016	1
1.00	Female Population 16+ in Civilian Labor Force	percent	60.4	54.3	58.3	2012-2016	1
0.92	Mortgaged Owners Median Monthly Household Costs	dollars	1337	1422	1491	2012-2016	1

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

0.67	People 25+ with a Bachelor's Degree or Higher	percent	28.1	27.9	30.3	2012-2016	1	
SCORE	ENVIRONMENT	UNITS	DUVAL COUNTY	HP2020	FLORIDA	U.S.	MEASUREMENT PERIOD	SOURCE
2.44	Food Environment Index		6.3		6.7	7.7	2018	4
2.33	Severe Housing Problems	percent	20.1		21.5	18.8	2010-2014	4
1.83	Recognized Carcinogens Released into Air	pounds	42139				2016	28
1.75	Physical Environment Ranking* *County Health Ranking: 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.		60				2018	4
1.67	Children with Low Access to a Grocery Store	percent	6.1				2015	28
1.67	Low-Income and Low Access to a Grocery Store	percent	8.6				2015	28
1.67	People with Low Access to a Grocery Store	percent	24.7				2015	28
1.53	Annual Ozone Air Quality *This indicator gives a grade to each county in the U.S. based on the annual number of high ozone days.	grade	C				2013-2015	2
1.47	Annual Particle Pollution *This indicator gives a grade to each county in the U.S. based on the average annual number of days that exceed U.S. particle pollution standards (PM2.5).	grade	B				2013-2015	2
1.42	Drinking Water Violations	percent	3.1		6.2		FY 2013-14	4

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

SCORE	ENVIRONMENTAL & OCCUPATIONAL HEALTH	UNITS	DUVAL COUNTY	HP2020	FLORIDA	U.S.	MEASUREMENT PERIOD	SOURCE
2.44	Asthma: Medicare Population	percent	10.1		9.1	8.2	2015	3
2.33	Teens with Asthma	percent	23.8		20.8		2014	22
1.75	Physical Environment Ranking* *County Health Ranking: 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.		60				2018	4
1.25	Adults with Current Asthma	percent	6.8		6.7	9.3	2016	8

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

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

0.83	Access to Exercise Opportunities	percent	88.5	87.1	83.1	2018	4	
SCORE	HEART DISEASE & STROKE	UNITS	DUVAL COUNTY	HP2020	FLORIDA	U.S.	MEASUREMENT PERIOD	SOURCE
2.44	Stroke: Medicare Population	percent	5.2		4.8	4	2015	3
2.33	Atrial Fibrillation: Medicare Population	percent	9.4		9.7	8.1	2015	3
2.06	Hypertension: Medicare Population	percent	62.1		60.5	55	2015	3
1.81	Age-Adjusted Death Rate due to Cerebrovascular Disease (Stroke)	deaths/ 100,000 population	40.1	34.8	39.7	37.3	2016	17
1.72	Age-Adjusted Death Rate due to Hypertensive Heart Disease	deaths/ 100,000 population	12.6		11		2016	17
1.72	Heart Failure: Medicare Population	percent	14.6		14.2	13.5	2015	3
1.67	Cholesterol Test History	percent	72.4		73.2		2013	8
1.50	Hyperlipidemia: Medicare Population	percent	50.7		55.6	44.6	2015	3
1.42	High Blood Pressure Prevalence	percent	34.4	26.9	34.6	31.4	2013	8
1.25	High Cholesterol Prevalence	percent	33.1	13.5	33.4	38.4	2013	8
1.17	Age-Adjusted Death Rate due to Major Cardiovascular Diseases	deaths/ 100,000 population	224.9		209.7		2016	17
1.17	Ischemic Heart Disease: Medicare Population	percent	30.1		34	26.5	2015	3
1.03	Age-Adjusted Death Rate due to Coronary Heart Disease	deaths/ 100,000 population	94.9	103.4	98.5	94.3	2016	17

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

SCORE	MATERNAL, FETAL & INFANT HEALTH	UNITS	DUVAL COUNTY	HP2020	FLORIDA	U.S.	MEASUREMENT PERIOD	SOURCE
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134 Ascension St. Vincent's Southside - CHNA



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

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

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

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

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

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

0.17	Dentist Rate	dentists/ 100,000 population	79		58	67	2016	4
SCORE	OTHER CHRONIC DISEASES	UNITS	DUVAL COUNTY	HP2020	FLORIDA	U.S.	MEASUREMENT PERIOD	SOURCE
2.67	Chronic Kidney Disease: Medicare Population	percent	22.8		21.3	18.1	2015	3
2.50	Rheumatoid Arthritis or Osteoarthritis: Medicare Population	percent	34.6		34.6	30	2015	3
1.06	Osteoporosis: Medicare Population	percent	5.9		7.9	6	2015	3
SCORE	PREVENTION & SAFETY	UNITS	DUVAL COUNTY	HP2020	FLORIDA	U.S.	MEASUREMENT PERIOD	SOURCE
2.78	Pedestrian Death Rate <i>*Number of pedestrians killed in traffic collisions per 100,000 population</i>	deaths/ 100,000 population	3.8	1.4	2.6	1.5	2013	5
2.61	Death Rate due to Drug Poisoning	deaths/ 100,000 population	26.2		17.4	16.9	2014-2016	4
2.53	Age-Adjusted Death Rate due to Unintentional Injuries	deaths/ 100,000 population	81.1	36.4	56.3	46.9	2016	17
2.36	Age-Adjusted Death Rate due to Falls	deaths/ 100,000 population	12.7	7.2	10.3	9.1	2016	17
2.33	Severe Housing Problems	percent	20.1		21.5	18.8	2010-2014	4
2.17	Hospitalization Rate due to Hip Fractures Among Females 65+	hospitalizations/ 100,000 females 65+ years	868.4	741.2	743.8		2013-2015	7
2.06	Hospitalization Rate due to Hip Fractures Among Males 65+	hospitalizations/ 100,000 males 65+ years	442	418.4	393.1		2013-2015	7

1.61	Age-Adjusted Death Rate due to Unintentional Drowning	deaths/ 100,000 population	1.9	2	2016	17
1.44	Age-Adjusted Death Rate due to Motor Vehicle Collisions	deaths/ 100,000 population	15.2	15.4	2016	17

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

SCORE	RESPIRATORY DISEASES	UNITS	DUVAL COUNTY	HP2020	FLORIDA	U.S.	MEASUREMENT PERIOD	SOURCE
2.44	Asthma: Medicare Population	percent	10.1		9.1	8.2	2015	3

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

SCORE	SOCIAL ENVIRONMENT	UNITS	DUVAL COUNTY	HP2020	FLORIDA	U.S.	MEASUREMENT PERIOD	SOURCE
2.67	Homeownership	percent	50.3		52.3	55.9	2012-2016	1
2.61	Single-Parent Households	percent	42.7		38.5	33.6	2012-2016	1
2.33	Total Employment Change	percent	0.2		4.5	2.5	2014-2015	27
2.03	Median Housing Unit Value	dollars	146400		166800	184700	2012-2016	1
1.94	Children Living Below Poverty Level	percent	24.8		23.3	21.2	2012-2016	1
1.92	Median Household Gross Rent	dollars	962		1032	949	2012-2016	1
1.67	Child Abuse Rate	cases/ 1,000 children aged 5-	994.5		901.3		2016	9

1.56	People Living Below Poverty Level	percent	16.6	16.1	15.1	2012-2016	1
1.44	Linguistic Isolation	percent	2.8	6.8	4.5	2012-2016	1
1.44	Mean Travel Time to Work	minutes	24.2	26.7	26.1	2012-2016	1
1.42	Social and Economic Factors Ranking* * County Health Ranking: 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.		32			2018	4
1.39	Median Household Income	dollars	49196	48900	55322	2012-2016	1
1.22	Voter Turnout: Presidential Election	percent	74.6	74.5		2016	20
1.17	Juvenile Justice Referral Rate	referrals/ 100,000 population	392.6	448.7		2013	18
1.17	Per Capita Income	dollars	27235	27598	29829	2012-2016	1
1.11	Population 16+ in Civilian Labor Force	percent	63.9	58.5	63.1	2012-2016	1
1.08	Median Monthly Owner Costs for Households without a Mortgage	dollars	445	466	462	2012-2016	1
1.08	Persons with Health Insurance	percent	87.2	100	84.6	2016	25
1.00	Female Population 16+ in Civilian Labor Force	percent	60.4	54.3	58.3	2012-2016	1
0.92	Mortgaged Owners Median Monthly Household Costs	dollars	1337	1422	1491	2012-2016	1
0.83	People 25+ with a High School Degree or Higher	percent	88.9	87.2	87	2012-2016	1
0.67	People 25+ with a Bachelor's Degree or Higher	percent	28.1	27.9	30.3	2012-2016	1

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

SCORE	TEEN & ADOLESCENT HEALTH	UNITS	DUVAL COUNTY	HP2020	FLORIDA	U.S.	MEASUREMENT PERIOD	SOURCE
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2.33	Gonorrhea Incidence Rate: Females 15-19	<i>cases/ 100,000 females aged 15-19</i>	911.3	496.6	2016	15	
2.33	Teens with Asthma	<i>percent</i>	23.8	20.8	2014	22	
2.11	Chlamydia Incidence Rate: Females 15-19	<i>cases/ 100,000 females aged 15-19</i>	4556.4	3175.6	2016	15	
2.00	Teen Vegetable Consumption	<i>percent</i>	12	15.5	14.8	2015	29
2.00	Teens who Engage in Regular Physical Activity: High School Students	<i>percent</i>	29.5	41.9	48.6	2015	29
1.97	Teen Birth Rate: 15-19	<i>live births/ 1,000 females aged 15-19</i>	27.3	19.5	20.3	2016	17
1.83	Teen Fruit Consumption	<i>percent</i>	18	22.5	20	2015	29
1.75	Teens without Sufficient Physical Activity	<i>percent</i>	43.2			2012	12
1.61	Teens who are Obese: High School Students	<i>percent</i>	14.5	14.3		2012	12
1.56	Teens who have Used Methamphetamines	<i>percent</i>	0.9	0.8		2016	21
1.50	Teens who are Overweight or Obese	<i>percent</i>	27.8	26.8	29.9	2015	29
1.22	Teens who Use Marijuana: High School Students	<i>percent</i>	16.6	17		2016	21
1.17	Teens who are Sexually Active	<i>percent</i>	36.7	40.3	41.2	2015	29
1.00	Teens who Use Alcohol	<i>percent</i>	24.4	25.5		2016	21
0.67	Teens who Binge Drink: High School Students	<i>percent</i>	7.1	10.9		2016	21
0.50	Teens who Smoke: High School Students	<i>percent</i>	2.5	16	3	2016	22

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

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

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

