Ascension St. Vincent's St. Johns County

2022 Community Health Needs Assessment
St. Johns County, Florida

Ascension

CEO Letter

“At Ascension St. Vincent's and across Ascension Florida and Gulf Coast, we are called to provide clinically excellent, 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. It 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.”

- Don King, President and CEO, Ascension Florida and Gulf Coast

Due to the timing of Ascension St. Vincent's St. Johns County (ASVSJ) hospital's opening July 6, 2022, 1 month after the finalization of Ascension St. Vincent's 2022 Community Health Needs Assessments, and after careful discernment, it was determined by the Ascension St. Vincent's St. Johns CHNA Steering Committee to use the 2022 Collaborative CHNA for the 2023 CHNA for ASVSJ, incorporating all requirements of Section 501(r)(3) of the Internal Revenue Code for a new hospital. The Primary Service Area was established using the first 3 months of patient data for those utilized medical services. The 2023 ASVSJ Community Health Needs Assessment report was approved by the Ascension Florida and Gulf Coast Board on May 16, 2023 (2022 tax year) and applies to the following three-year cycle: July 2022 to June 2024 (FY 2023 - FY 2025).

We value the community's voice and welcome feedback on this report. Please visit our public website (https://healthcare.ascension.org/chna) to submit your comments.

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Acknowledgements

The 2022 Community Health Needs Assessment for the Jacksonville Nonprofit Hospital Partnership is a collaborative approach to assessing the health status and needs across our community. The Jacksonville Nonprofit Hospital Partnership (the Partnership) consists of five health systems and 13 hospital campuses serving northeast Florida: Ascension St. Vincent's, Baptist Health/Wolfson Children's Hospital, Brooks Rehabilitation, Mayo Clinic in Florida, and UF Health Jacksonville. The Partnership comes together to facilitate the community needs assessment and evaluate opportunities to collectively support identified needs. To add to the richness of the report, residents, community health partners, and business associates in Baker, Clay, Duval, Nassau, and St. Johns counties provided valuable insights that contributed to the framing of this report for northeast Florida. The Partnership members extend their gratitude to all who participated in this community-wide assessment.

The Partnership first collaborated in 2011 to produce the area's first multi-hospital system Community Health Needs Assessment (CHNA). Though the Affordable Care Act requires that nonprofit hospitals conduct CHNAs to demonstrate their community benefit to maintain tax-exempt status, the Jacksonville Nonprofit Hospital Partnership is committed to working collaboratively to identify and address our community's most-pressing health needs.

The Health Planning Council of Northeast Florida (HPCNEF) assembled a multidisciplinary team to produce the 2022 Jacksonville Nonprofit Hospital Partnership Community Health Needs Assessment that also resulted in 12 hospital reports to meet IRS requirement 501(r)(3).

HPCNEF works towards improving health outcomes by serving as the primary source for impactful health information, analysis, and planning in northeast Florida. HPCNEF is one of 11 independent 501(c)(3) nonprofit Local/Regional Health Councils established in 1983 under Florida Statute 408.033 to act as a network of agencies to conduct regional health planning and subsequent implementation activities.

WGI, Inc. is a national design and professional services firm leading in technology-based engineering and planning solutions.

A. Introduction

The Affordable Care Act requires that nonprofit hospitals conduct Community Health Needs Assessments (CHNAs) to demonstrate their community benefit to maintain their tax-exempt status as per Section 501(r)(3) of the Internal Revenue Code. CHNAs allow hospitals to take an in-depth look at the communities they serve to identify and priorities the most significant and critical unmet health needs of the population using an evidence- based approach. IRS guidance for the CHNA outlines the approach for nonprofit hospitals to follow to meet compliance standards. The needs assessment process is a valuable opportunity for hospitals to collaborate with other health organizations, health systems, and most importantly, all people living in northeast Florida.

The Jacksonville Nonprofit Hospital Partnership (the Partnership) completed the 2022 Community Health Needs Assessment Report for the five-counties in northeast Florida (Baker, Clay, Duval, Nassau, and St. Johns) as will be referenced throughout the report to provide a consolidated view of community health to our community at large.

Ascension St. Vincent's St. Johns County is pleased to present the findings of this CHNA that details the community served with specific references to St. Johns and Duval County. The community served is inclusive of all populations some of which include those at risk of not receiving adequate medical care because they are uninsured or under insured, due to high cost of healthcare, transportation difficulties, stigma, or other barriers.

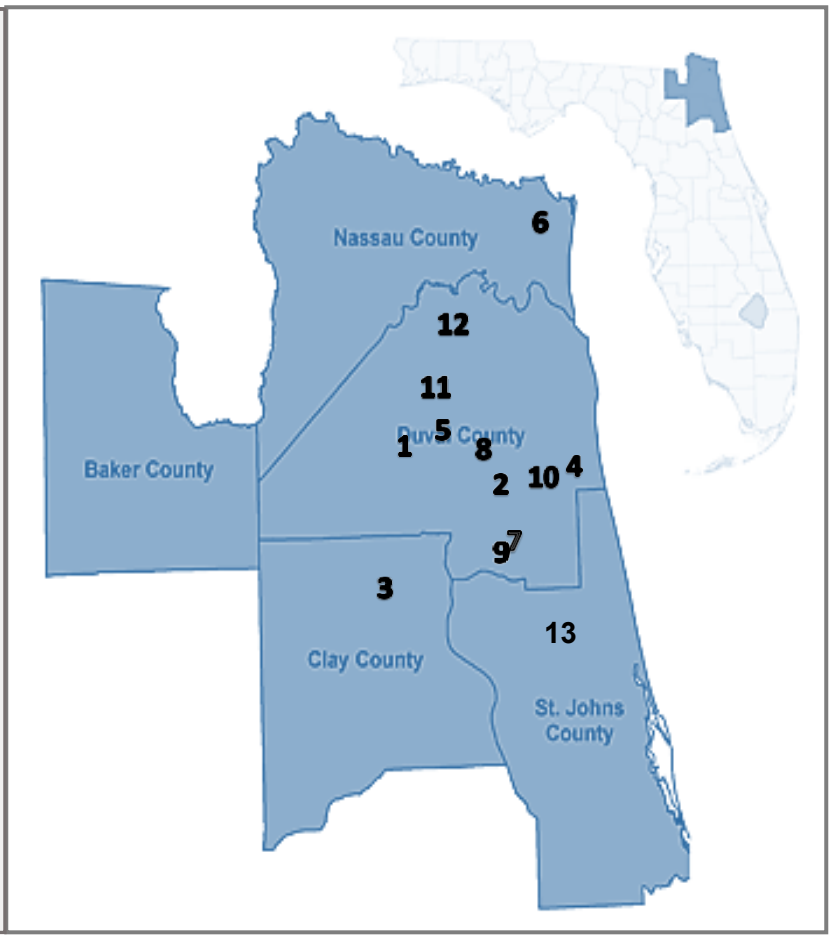
Figure 1: Hospital Location Map

Hospital Campus Map

The map shows generalized locations of each hospital campus for regional context.

LEGEND

1 Ascension St. Vincent's Riverside
2 Ascension St. Vincent's Southside
3 Ascension St. Vincent's Clay County
4 Baptist Medical Center Beaches
5 Baptist Medical Center Jacksonville
Wolfson Children's Hospital
6 Baptist Medical Center Nassau
7 Baptist Medical Center South
8 Brooks Rehabilitation University
9 Brooks Rehabilitation Bartram
10 Mayo Clinic Jacksonville
11 UF Health Jacksonville
12 UF Health North
13 Ascension St. Vincent's St. Johns County



Source: 2021, HPCNEF

Focus on Health Equity

In this CHNA process, the Partnership sought to better understand health disparities based on racial and ethnic inequities facing the region. Data demonstrates significant trends in health disparities between African Americans and other races/ethnicities. Other populations such as Asians, seniors, immigrants, persons with differing abilities, veterans, lesbian, gay, bisexual, transgender, and questioning (LGBTQ+), Hispanic, Muslim, and Jewish people are not immune from discriminatory practices. The CHNA process included efforts to better understand health disparities and differences in healthcare delivery among population groups. Health inequities resulting from racism and disparate social conditions are included in this report.

As the world has been fighting COVID-19, racial inequities and significant health disparities in urban, suburban, and rural communities have been highlighted throughout our region. Effectively addressing disparities in healthcare requires improved data systems, and new initiatives to appropriately train medical professionals and recruit providers who mirror the communities served. Through public dialogue, interagency collaboration, and resource sharing, members of the Partnership have identified and prioritized strategies to eliminate racial inequities in the provision of healthcare.

Community Served by ASVSJ

Ascension St. Vincent's St. Johns County is a hospital founded by Ascension St. Vincent's, which is based in Jacksonville, Florida, opened its doors on July 6, 2022. It offers 24/7 emergency care, provides surgical care, as well as specialty care with 56 licensed beds. Ascension St. Vincent's St. Johns County serves south Duval and St. Johns County delivering compassionate, high quality health care.

The SDOH indicators are established by the U.S. Department of Health and Human Services every ten years through the Healthy People initiative. Healthy People 2030 organizes the social determinants of health around five key domains:

1. Economic Stability
2. Education, Access, and Quality
3. Healthcare Access and Quality
4. Neighborhood and Built Environment
5. Social and Community Context

The SDOH national health priorities, referenced throughout this assessment, aim to provide a backdrop for understanding which factors contribute to the disparity in health outcomes experienced by various members of our community.

Persistent inequities among vulnerable populations significantly impact population health. The following presents a cross-section of health indicators from wide-ranging sources to validate the Partnership's approach to equity in population health and community wellness.

B. Community and Populations Served

Communities in northeast Florida served by the 13 hospital campuses vary by geography, population characteristics, economic opportunity, housing types, utility infrastructure support and technology, environmental issues, and availability of healthcare and wellness services. The collective service area of the five county region of northeast Florida is also known as the Jacksonville Metropolitan Statistical Area (MSA), a designation by the U.S. Office of Management and Budget (OMB) used for statistical purposes by the United States Census Bureau and other government agencies. The MSA had a total population of approximately 1,504,980 in 2017 and an estimated population of 1,559,514 in 2019, making it the 39th largest in the United States and the fourth largest MSA in the State of Florida. Tables 1 and 2 summarize the area and population characteristics of the five counties served by the Partnership and Table 3 distinguishes each hospital campus service area by county and zip code.

Table 1: Jacksonville MSA Characteristics 1 of 4

Jacksonville Metropolitan Statistical Area (MSA) Characteristics				
County	2017 Population	2019 Est. Population	% Growth	Land Area in Sq. Miles
Baker	28,283	29,210	3.28	589
Clay	212,230	219,252	3.31	644
Duval	937,934	957,755	2.11	918
Nassau	82,721	88,625	7.14	726
St. Johns	243,812	264,672	8.56	821
Total	1,504,980	1,559,514	3.62	3,698

Table 2: Jacksonville MSA Characteristics 2 of 4

Jacksonville Metropolitan Statistical Area (MSA) Characteristics						
	Percentage by Race & Ethnicity					
County	White	Black	Asian	Native American	Asian, Pacific Islander, other races two or more races	Hispanic or Latino of any race
Baker	82.5	13.6	.06	0.5	1.9	2.6
Clay	77.8	12.2	2.9	0.2	3.3	10.4
Duval	59.8	26.6	4.6	0.2	0.1	3.7
Nassau	90.3	6.1	1	0.5	1.2	1.2
St. Johns	88.1	5.7	2.4	0.4	2.9	7.5
Florida	79.7	13.44	2.3	.36	1.88	5.08

Table 3: Hospital Campus Service Areas

Service Area by Hospital Campus		
Hospital	**County**	**Zip Codes**
Ascension St. Vincent's Clay County	Clay	Clay: 32003, 32006, 32030, 32043, 32050, 32065, 32067, 32068, 32073, 32079, 32160, and 32656
Ascension St. Vincent's Riverside	Duval	Duval: 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
Ascension St. Vincent's Southside	Duval	Duval: 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
Baptist Medical Center Beaches	Duval St. Johns	Duval: 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 St. Johns: 32004, 32033, 32080, 32082, 32084, 32085, 32086, 32092, 32095, 32145, 32259, 32259,32259, and 32260
Baptist Medical Center Jacksonville	Duval	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
Baptist Medical Center Nassau	Nassau	Nassau: 32009, 32011,32034,32035, 32041, 32046, and 32097
Baptist Medical Center South	Duval, St. Johns	Duval: 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 St. Johns: 32004, 32033, 32080, 32082, 32084, 32085, 32086, 32092, 32095,

		32145, 32259, 32259,32259, and 32260
Brooks Rehabilitation Hospital University	Baker, Clay, Duval, Nassau, St. Johns	Brooks Rehabilitation (target population: persons with differing abilities) Baker: 32040, 32063 and 32087 Clay: 32003, 32006, 32030, 32043, 32050, 32065, 32067, 32068, 32073, 32079, 32160, and 32656 Duval: 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 Nassau: 32009, 32011,32034,32035, 32041, 32046, and 32097 St. Johns: 32004, 32033, 32080, 32082, 32084, 32085, 32086, 32092, 32095, 32145, 32259, 32259,32259, and 32260
Brooks Rehabilitation Hospital Bartram	Baker, Clay, Duval, Nassau, St. Johns	Brooks Rehabilitation (target population: persons with differing abilities) Baker: 32040, 32063 and 32087 Clay: 32003, 32006, 32030, 32043, 32050, 32065, 32067, 32068, 32073, 32079, 32160, and 32656 Duval: 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 Nassau: 32009, 32011,32034,32035, 32041, 32046, and 32097 St. Johns: 32004, 32033, 32080, 32082, 32084, 32085, 32086, 32092, 32095, 32145, 32259, 32259,32259, and 32260
Mayo Clinic in Florida	Duval, St. Johns	Duval: 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 St. Johns: 32004, 32033, 32080, 32082, 32084, 32085, 32086, 32092, 32095, 32145, 32259, 32259,32259, and 32260
UF Health Jacksonville	Duval	Duval: 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
UF Health North	Duval	Duval: 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
Ascension St. Vincent's St. Johns County	Lower Duval, St. Johns	Duval: 32223, 32224, 32256, 32257 and 32258 St. Johns: 32004, 32033, 32080, 32081, 32082, 32084, 32085, 32086, 32092, 32095, 32145, 32259, and 32260

Table 4: Jacksonville MSA Characteristics 3 of 4

Jacksonville Metropolitan Statistical Area (MSA) Characteristics				
	Children (by ages) as Percent of Population			
County	Under 5	5 to 9	10 to 14	15 to 19
Baker	6.3	6.4	6.9	6.3
Clay	5.4	6.6	6.4	7.1
Duval	6.8	6.2	6.2	5.8
Nassau	5.1	5.3	5.9	5.6
St. Johns	4.6	6.1	6.9	6.2

Source: U.S. Census

Almost a quarter of the population (22.2 percent) in northeast Florida are children under 18. Children's physical and emotional health, growth and development and their capacity to reach their full potential as adults are strongly associated with healthcare. Addressing childhood health across the lifespan, beginning with preconception to prenatal throughout all stages of childhood growth (early, middle childhood to adolescence), ensures a more vital and healthy community. Addressing the risk factors for chronic diseases is effective such as improving healthy food options and nutrition education in school, providing physical education and physical activity opportunities in school, and preventing all tobacco products.

Establishing healthy behaviors during childhood is a critical factor to improving the overall population health of a community.

Table 5: Jacksonville MSA Characteristics 4 of 4

Jacksonville Metropolitan Statistical Area (MSA) Characteristics								
		Persons with Differing Abilities	With a Hearing Difficulty	With a Vision Difficulty	With a Cognitive Difficulty	With an Ambulatory Difficulty	With a Self-care Difficulty	With an Independent Living Difficulty
County	Total Population	Percent	Percent	Percent	Percent	Percent	Percent	Percent
Baker	25,354	15.9	4.50	3.60	5.2	10.0	3.4	8.1
Clay	216,402	12.5	3.9	1.9	4.2	7.4	2.5	5.0
Duval	933,533	12.4	2.8	2.3	5.2	7.3	2.4	5.1
Nassau	81,175	18.9	4.7	4.9	6.6	10.5	3.8	6.3
St. Johns	263,093	10.8	3.4	1.8	4.3	7.5	1.8	4.8

Source: U.S. Census

Thirty years ago, the Americans with Disabilities Act (ADA) was signed into law to ensure that people with disabilities have the same rights and opportunities as everyone else by prohibiting discrimination in employment, education, transportation, and other aspects of public life including healthcare *(Source: American Psychological Association 2020., "Despite the ADA, equity is still out of reach", Stephanie Pappas, 2020).* In assessing the health inequities in population health, people with varying disabilities suffer inordinate barriers from system failures.

True equality remains elusive, especially for Black people with disabilities and for those whose socioeconomic position makes access to healthcare and other services more challenging. People with varying disabilities face systems that were not designed to accommodate all people, ranging from the healthcare system to the criminal justice system to employment and education.

C. Approach

This report meets the regulatory requirements of the Affordable Care Act and uses intentional and deliberate assessment methodologies. The IRS CHNA checklist is provided as Appendix A.

A modified version of the nationally recognized Mobilizing for Action through Planning and Partnerships (MAPP) model guided the CHNA. The MAPP tool, developed by the National Association of County and City Health Officials (NACCHO) in cooperation with the Public Health Practice Program Office, Centers for Disease Control and Prevention (CDC), is a public health standard assessment methodology. MAPP assessments work together to identify shared community health needs. This document is a health needs assessment, and its purpose is to uncover or substantiate the health needs and health issues in the service areas. Considerations derived from primary and secondary data provide a framework from which critical community health needs are prioritized.

Both primary and secondary data describe the health of the community. Primary data collection consisted of key stakeholder interviews, focus groups, and a population survey. Secondary data obtained from various entities provided statistics used to compare rates or trends of health outcomes. Secondary data compares demographic and socioeconomic characteristics and describes health status and health determinants such as behavior, social and physical environments, and healthcare utilization. Gaps in data availability, program descriptions, and services in the community are addressed where applicable.

Persistent inequities among vulnerable populations significantly impact population health. The primary and secondary data presents a cross-section of health indicators from wide-ranging sources to validate the Partnership's approach to equity in population health and community wellness.

Based on the analysis of the primary and secondary data sets, a list of priority themes was developed and used as the basis for the prioritization element of the CHNA. The prioritization work group is the culminating community outreach event. The work group was comprised of regional stakeholders that participated in an advisory capacity to assist the Partnership with prioritizing key themes. The workshop was hosted on May 11, 2021, with 49 participants familiar with the service area and special populations. Among those attending were leaders of local nonprofit organizations, representatives from various professional organizations, the Department of Health, healthcare clinics, social service organizations, insurance providers, and members of the Partnership. Key themes and recommendations are discussed in Section H. Prioritization of Significant Health Needs.

D. Primary Data

Primary Data Collection Methods

Obtaining community input is a critical component of the CHNA process and may increase the public's interest in successful program implementation after the conclusion of the assessment. Primary data gathered from various segments of the community with special knowledge and expertise in public health included residents, stakeholder organizations, and hospital staff. Significant changes from traditional methods of community engagement to virtual engagement platforms were necessary due to the COVID-19 pandemic. Primary data included virtual key stakeholder interviews, virtual focus groups, and a community survey. Table 6 provides a summary of the number of interviews, focus groups, and participants per county. What follows is a more detailed discussion of process and findings.

Table 6: Community Outreach Summary

Community Outreach Summary					
	Key Stakeholder Interviews	**Focus Groups**		**Community Survey**	**Totals**
	Number of Interviews	Number of Focus Groups	Number of Participants	Number of Respondents	Total Participants
Baker	2	1	12	20	34
Clay	4	5	25	109	138
Duval	7	13	114	527	648
Nassau	5	4	33	308	346
St. Johns	5	2	12	179	196
Other	8	2	8	5	21
Total Focus Groups		27			
Total Participants	31		204	1,148	1,362

Key Stakeholder Interviews

One-on-one interviews were conducted with thirty-one key stakeholders in the five county area between March and April of 2021. These interviews took place on a virtual meeting platform (Zoom) or over the phone; one interview was conducted in person once COVID-19 vaccinations allowed. Stakeholders were selected based on their knowledge of the health needs of particular communities. An effort was made to include participants whose organizations worked with minority, low-income, and underserved populations to gain insights into the needs of specific populations most at risk for health disparities. Key stakeholders included administrators of local health departments, directors of community agencies, social service organizations, behavioral health providers, and local government representatives. For a full list of interviewees, see Appendix B.

Focus Groups

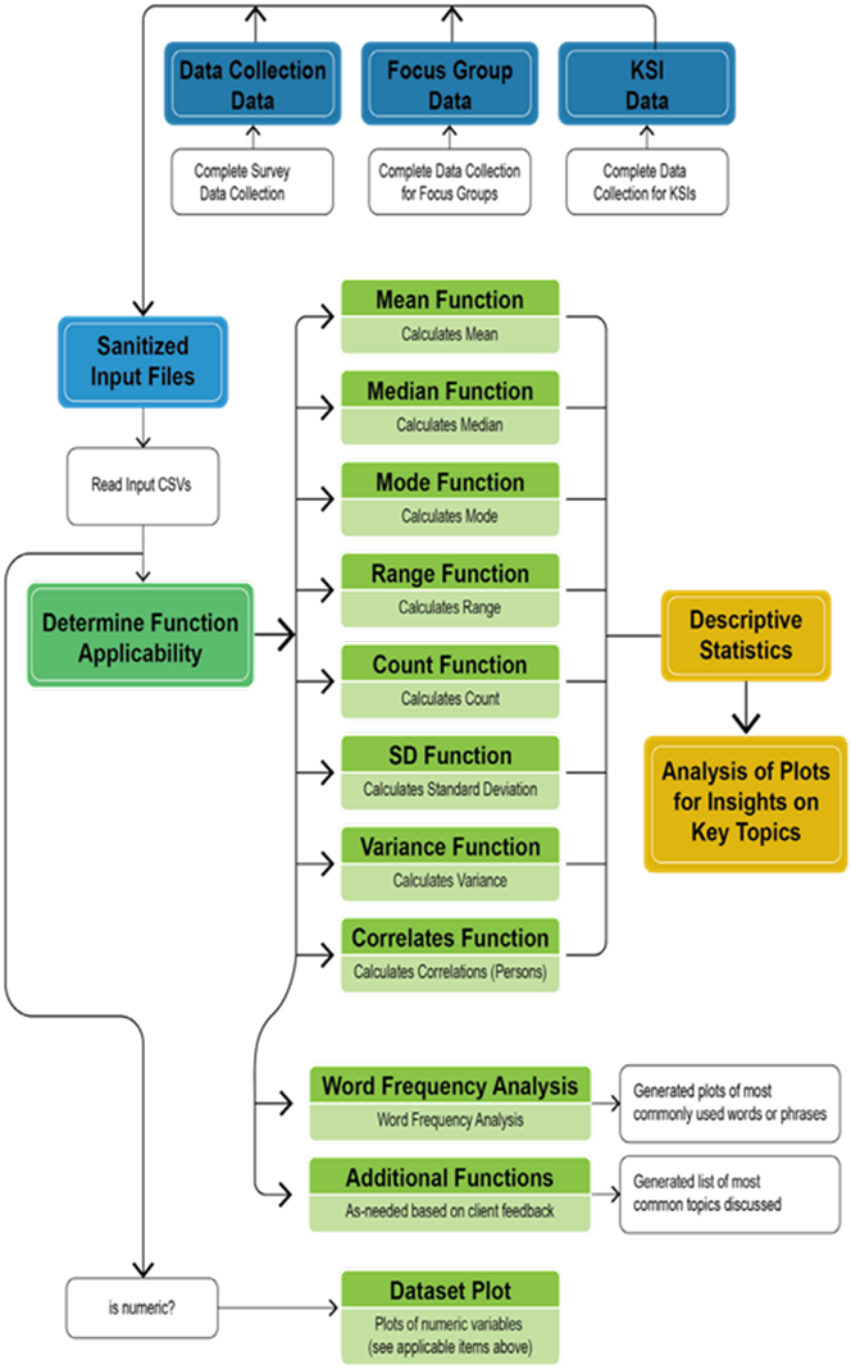
A total of 27 focus groups were conducted with 204 participants between March and April of 2021. All focus groups were conducted using a virtual meeting platform (Zoom). Efforts were made to recruit focus group participants in the five county area who represent minority, low-income, veterans, and medically underserved populations most at risk for health disparities and those experiencing challenges in accessing healthcare. Other focus groups included one with the LGBTQ+ population, and one group with people of differing abilities.

Community Survey

A community survey was disseminated between March and April of 2021 throughout the five county area of northeast Florida. The survey was distributed in English and in Spanish and paper surveys were also available. An electronic survey link and QR code were shared with members of the community in several ways including a press release, a featured segment on local public radio, various social media outlets, traditional broadcasts and other online media outlets. Five thousand postcards with the survey link and QR code were distributed throughout the five county area in hospital waiting rooms, vaccine sites and clinics, and via door-to-door canvassers.

Primary Data Analysis Methods

A correlation coefficient analysis was used to assess the strength of associations collected from key stakeholder interviews, focus groups, and the community survey. This analysis revealed any strong, positive associations between two variables as well as weak, negative associations. Figure 3 illustrates the process flow that was used to summarize data for key stakeholder interviews, focus groups, and the community surveys. Primary data analysis survey tools and participant lists are found in Appendix B.



Data for each of these primary data collection methods was input through an online survey platform to ensure responses followed a uniform format. Once the window for data collection closed, responses were exported from the survey platform to be cleaned and processed. Data cleaning consisted of amending typographic errors, removing special characters, and combining or separating variables as needed. Once the data was cleaned, it was passed through a series of scripts which calculated basic descriptive statistics for each variable depending on the question or data type. The three categories of data scripts developed for summary are numeric, categorical, and invalidated text as outlined below:

Numeric Data

Numeric data inputs generated histograms and summary statistics, namely mean, median, mode, range, standard deviation variance, and correlation matrices for each variable. Numeric data is derived from responses to questions containing quantitative data (data expressed in numbers). The purpose of plotting numeric data and calculating the statistics is to gain a general understanding of the responses and guide more in-depth analysis. Both numeric and categorical data was used in the analysis of correlations between variables.

Categorical Data

Categorical data inputs generated graphs, charts and counts of unique values. Categorical data is derived from responses to single or multiple-choice questions. Counts represented the totals and proportions of respondents who selected from a list of available responses.

Invalidated Text

Invalidated text refers to responses inputted into the form as paragraph text (e.g., long answer responses). Invalidated text inputs were conceptualized as Term Document Matrices, word clouds, and topics model bar plots. Term Document Matrices simply summarize the counts of unique terms used throughout an input dataset. Topic modeling is a machine learning method for analysis of text which provides more detailed information about the input dataset. Topic modeling can help find natural groups of words even in cases when natural groupings are not clear. For each question, three distinct topics were identified and used to supplement manual review of inputted responses to key stakeholder interviews and focus group questions.

Primary Data Outcomes

The following sections describe the results from the primary data collection. Results for key stakeholder interviews and focus groups are communicated for the entire service area, namely Baker County, Clay County, Duval County, Nassau County, and St. Johns County. It should be noted that survey results are communicated for each study's hospital service area, with occasional comparison to results for the entire study area.

The themes that came up in both the both key stakeholder interviews and focus groups were similar and revolved around access and transportation issues, disparities facing minority populations, mental health provider shortages, difficulty navigating the system, lack of cultural competency among providers, and cost of healthcare.

Key Stakeholder Interviews

The key stakeholders interviewed consisted of individuals who have worked in their respective counties for an average of 15 years. Among respondents, there was consensus that there are populations within each county that face barriers to gaining access to healthcare related to chronic diseases, and near consensus (97%) that there are populations within each county that

face barriers or challenges accessing primary and preventive care. By contrast, respondents were somewhat divided on whether there are populations in the county that face barriers or difficulties accessing immediate treatment for acute illnesses. The bar graphs displayed in the regional and county survey results section show the types of populations respondents believed were affected.

When asked to define the reasons why these populations face difficulties gaining access to healthcare related to chronic diseases, responses most often included: limited support for behavioral health issues, lack of transportation, and lack of providers. For acute illnesses, respondents discussed lack of insurance, lack of transportation providers, and limited support for behavioral health issues. The three most frequently selected primary/preventive services that respondents across all counties believed to be lacking were: (1) access to behavioral healthcare (including mental health and substance abuse services), (2) access to primary care, and (3) access to dental care. The most common causes of lack of access to primary and preventive healthcare cited were lack of insurance and difficulty accessing transportation to services. Solutions identified by respondents included making healthcare more affordable, providing transportation to clinics, and educating residents about health and healthcare access.

Figure 4: Barriers to Chronic Diseases

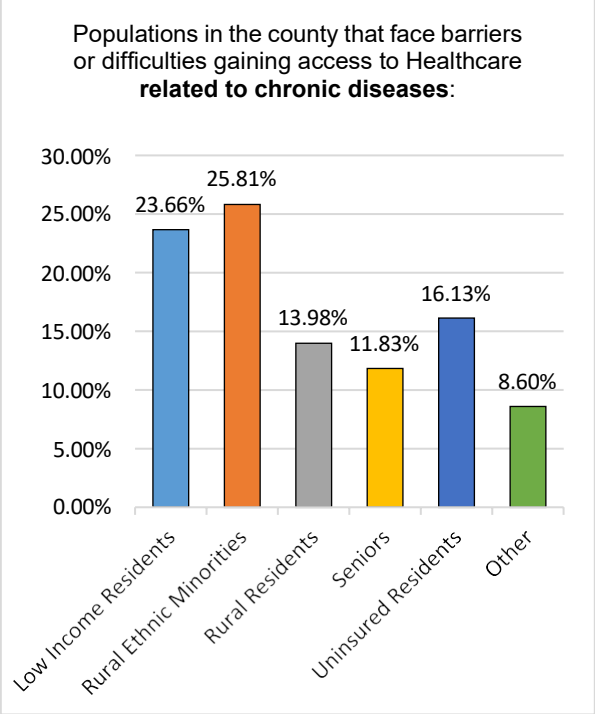


Figure 5: Barriers to Treatment for Acute Illness

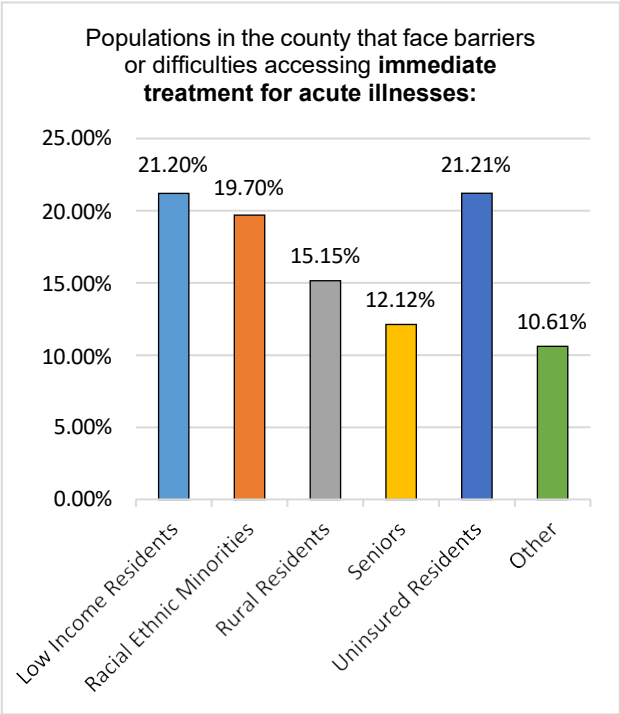
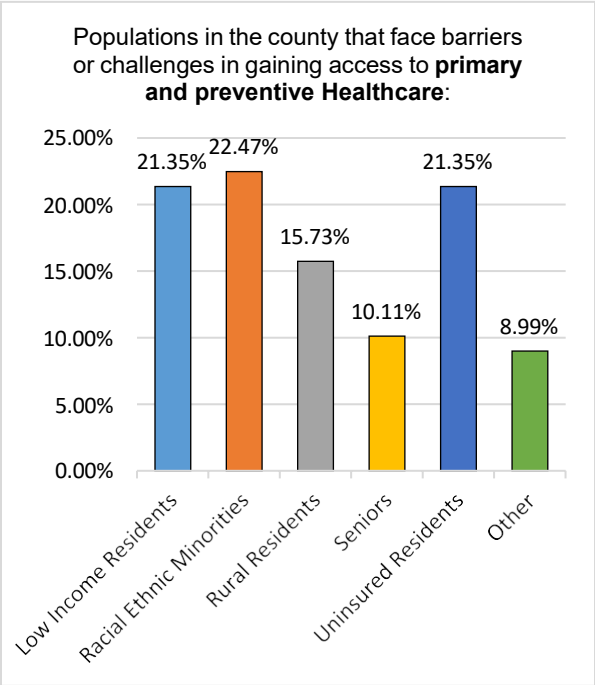


Figure 6: Barriers to Primary and Preventive Care



The findings from the key stakeholder interviews give a more complete picture of the health needs in our communities. The following list of themes emerged from the interviews, along with some quotes that highlight the types of answers that were heard repeatedly in these interviews.

❖ Disparities

Stakeholders interviewed were all aware of the **health disparities** of the region they serve.

> "Duval county is 46 out of 67 in life expectancy; 45 out of 67 in quality of life… next door to St. Johns."

> "Historically, we have not cared about certain populations and segments of our community. You spend money on what you think is important. That sends a message to entire groups of people, whether that's minority populations, those living in poverty, LGBTQ+ people."

> "The pandemic has highlighted underlying inequity in social determinants and access to care."

Minorities in particular carry a disproportionate burden.

> "One of the big barriers is how they [minorities] are treated when they actually show up to care. Clinics need to be trained in implicit bias. People of color might not get the best care because of assumptions. How they're dressed, if they're late, etc."

A solution proposed in several interviews was to invest in the neighborhoods experiencing the greatest barriers to health, including opening up community clinics in these areas (the most commonly cited solution), sending outreach workers, improving housing and infrastructure, increasing access to public transportation, or bringing in healthy and affordable food options. It was stressed by several key stakeholders that there needs to be collective strategizing; that the needs of our community will not be met by each hospital/agency/city working by themselves.

> "Stakeholders throughout the community coming together to work TOGETHER to plan solutions through one comprehensive plan that sustains itself for years rather than each hospital or nonprofit or city working on their own."

> "We need to not be afraid to go into those neighborhoods and invest in those neighborhoods in a real and sustainable way. I think it does more of a disservice to breeze in and breeze out. As a community we need to see value in those communities, because there is absolute value in those communities, and we don't treat them as such. You put your money in places that you care about and things you care about."

❖ Racism

Racism was commonly acknowledged among key stakeholders to be a major contributor to health inequities.

> "Racism is a public health issue. Toxic stress, the health outcomes of black babies versus white babies…we as a community need to acknowledge and work on this."

Lack of cultural competency among providers was noted in a number of interviews as a barrier to health for the Black population.

> "Not every black person who needs to access healthcare is uninsured or indigent. There're plenty of people out there who have the means and have insurance but they're still not going to go to somebody they don't trust."

❖ Social Determinants of Health

When asked what keeps people from being healthy, most key stakeholders cited social determinants of health. A confusing system, gaps in dental care, and lack of providers and awareness of services in certain areas were also noted.

> "I think that there needs to be more emphasis on determining social determinants of health with our patients – not just their broken arm, but what else is going on that is impacting their ability to be healthy. Housing, home environment."

> "Housing is healthcare."

> "Unless they have a health navigator or coordinator to help with this, most people don't know about FQHCs or community clinics."

> "The Northside and Westside [of Jacksonville] are under-served."

When asked what underserved members of the community need to improve access to resources and amenities that promote healthy living, interviewee responses centered around transportation, healthy food, parks, and community programs.

When asked to propose solutions to access issues, some common responses revolved around improving care coordination, working directly with underserved communities, and advocating for more funding of prevention and intervention services. Community-based and community-run clinics were a reoccurring theme that is summarized well by one key stakeholder response:

> "Increase access to affordable patient-centered primary and preventive healthcare which is holistic; assesses behavioral health, social needs, ACES; equitable; culturally and linguistically competent; and integrated with local resources that address the social determinants of health and population health: education, employment, transportation, housing, criminal justice, connections, and social support for healthier lifestyle habits and recovery."

Other quotes representative of comments:

> "I think that having health navigators or care coordinators reaching out into the communities educating, having community forums; also, I know it's expensive, but in home on-site services… It used to be that the doctor would come to your house, now we can do that through telehealth but some people don't have internet service or a computer… but any ways that we can reach in and make it as convenient as possible and give assistance when needed to navigate the system is *essential*."

> "I think care coordination is absolutely critical. It needs to be employed in every healthcare setting, whether it be behavioral health or physical health."

> "I think there's a ton of incredible organizations in our community that aren't all talking. If there was a way to better coordinate care so that the individual doesn't spend their time chasing solutions… [This would be helpful]."

❖ Mental Health

Mental Health was one of the most-mentioned health concerns during the Key Stakeholder Interviews. An already taxed system has been over-burdened during the COVID-19 pandemic. Lack of providers and issues navigating the system were cited as common barriers to treatment.

> "When you don't have adequate funding for mental health and substance abuse issues, it greatly impacts your physical healthcare because untreated – for example – depression, you're eight times more likely to get dementia, have other co-morbidities including cancer."

> "We need to have more clinicians trained in Trauma-Informed Care."

> "Mental health, from a pediatric perspective, our volume is up over 300% now." (A provider for the 8-county northeast Florida region)

> "There is a gap in the general population in understanding how you access [mental health] services. There's not enough providers, there's no reimbursement for it, but just understanding how you access services is a whole other challenge."

> "With mental illness navigating the healthcare system is not easy and if you're already struggling with a mental illness especially if it's a severe mental illness, you're just not going to be able to do that without someone's assistance."

> "Veterans die by suicide at a rate 1.5X that of civilians so what that tells me is that veterans do have particular mental health issues different from the civilization population that is distinctive."

> "We've seen an impact on the mental health of everybody because of this [COVID]. Anxiety, depression, worry and an increase in drug use, opioids just like we've seen it around the county we've seen it in Nassau County, and we've seen it a lot with our adolescents."

❖ Impact of COVID-19

The global pandemic increased the number of people in need of services in northeast Florida. Many of these individuals are not accustomed to seeking services, so issues around shame were noted.

> "During COVID what we really saw was people who have NEVER accessed care before, didn't even know how to access care – if I had a dollar for every time I heard, 'I used to be a donor here, used to give to your food pantry, and now I'm having to access your food pantry.' There are so many people just one disaster, one pandemic, and one car payment away. And so they're finding themselves in a very different situation. That's been I think the most eye-opening."

> "There's shame in accessing, fear in accessing, many people said I am not coming to your food pantry when it's open. I worry about what kind of gaps this is creating, not just in education, but in health as well."

Focus Groups

A total of 27 focus groups were held throughout the five county study area, with a total of 212 participants. The median number of participants in a focus group session was eight, the minimum was two and the maximum was 20. The racial breakdown of participants was about 50% Black, 40% White, 5% Hispanic, 3% Asian/Pacific Islander, and 2% Other.

Respondents were asked to describe areas within each county where residents had a difficult time gaining access to primary and preventive care services and activities, resources and amenities to promote healthy living. Responses to these questions were not a component of the analysis described in the methodology; these responses were used to corroborate findings from survey results. Generally, responses to focus group questions reflected responses to key stakeholder interview questions.

The findings from the focus groups give a picture of community concerns from an individual perspective.

❖ Access and Disparities

Access issues were the most mentioned barriers to healthcare, the most common being lack of access to mental healthcare, healthcare clinics, specialists, and public transportation. Social determinants such as economic instability, poor neighborhoods, and lack of access to quality food and healthcare threaten the health and well-being of a significant portion of our most vulnerable populations and disproportionately affect minorities. Findings of note:

- Across all five counties, those with access to public transportation report that it can be difficult to navigate or prohibitive due to the length of time it takes to get places.
- Undocumented residents reported additional barriers to seeking out preventative care due to time, money, and lack of translators.
- People with typical workday jobs need access to care in the evenings and on weekends; cannot accommodate weekday appointments.
- There are few nutritious food stores in certain zip codes, while cheap fast-food options are prevalent and convenient.
- Despite overall good health of many participants, most were aware of the challenges and disparities evident in lower socioeconomic neighborhoods in their region, and that these communities generally have higher rates of minority populations.
- Mental health services were frequently identified as a priority need, and lack of mental health providers was commonly noted. In a focus group of area hospital staff, underfunded mental health was said to cause poor retention of staff.
- Many neighborhoods do not have good areas to walk, run, or bike; makes it more difficult for residents to exercise. There is a lack of ADA friendly infrastructure and recreation resources such as sidewalk, paths, and parks.
- Residents in rural areas reported difficulty prioritizing preventative care and managing chronic diseases due to having to take off a full day of work to make appointments in Jacksonville (lack of specialists and PCPs locally). Many participants reported that limited broadband in these areas limits access to telehealth.

❖ Primary Care Physicians

Many focus group participants reported having a primary care physician. A common theme heard in the focus groups was that participants felt that their visits with their doctors are often

rushed, and they leave feeling confused about their diagnosis or health needs. This was most common among older participants, although participants of all ages agreed.

Among those most happy with their doctors, the two most common themes were that they felt listened to during their time with their physician and left the appointment with a summary or explanation of their provider's recommendations.

❖ Cultural Competency of Providers

A few participants mentioned wanting a doctor of their own race, but the need for culturally competent and sensitive care was brought up time and time again by participants in focus groups representing a variety of community members. The LGBTQ+ group, in particular, stressed that this is a regional problem experienced by most of their peers. According to one participant (and corroborated by others), in Duval County the number of doctors sensitive to the needs of the LGBTQ+ population is so small that their names are known and often passed around between peers. The lack of affirming and confident providers and trans-inclusive providers was corroborated by all in this group.

When asked about whether they've ever been discriminated against in a medical setting, those answering in the affirmative most often cited race as the reason for their discrimination. Competency in care also applied to people of varying abilities who indicated the lack of disability care training of primary care providers and the lack of preventative care services.

❖ Time, Cost, and Awareness

Cost of insurance, poor coverage, narrow networks of insurance, high co-pays and deductibles, high prescription costs, no insurance or being under insured, and the cost of getting emergency care were all themes that came up in nearly every focus group. Many also reported difficulty navigating the healthcare system and a general lack of awareness of available services. Lack of knowledge about healthy lifestyles, difficultly prioritizing healthy habits due to work and family, and lack of time to exercise and prepare healthy food due to busy lives were also commonly mentioned barriers to health.

> "It's the lack of time, lack of education, letting symptoms progress to the point there aren't many options. It's an economic issue, an income issue; people who don't have funds for the co-pay they may have to choose between medicine and food. There's a lack of quality food options, and people don't have access to preventative care, and they only treat symptoms. This is not a long-term plan for health and wellness."

> "People are hesitant to go for physicals and [preventative] healthcare because of the amounts of copay and risk that follow up visits will not be within their budget. Lack of time is an issue for people with 8-5 jobs, who need appointments in the evenings or on weekends."

❖ Language Barriers

Several issues were brought up regarding lack of translation services and Spanish-speakers feeling uncomfortable seeking care. A few examples:

> "My mother is Hispanic and speaks broken English. She went to an appointment and the office brought someone in who was Haitian to translate for my mom. The doctor made a degrading statement that this is America, and we speak English."

> "Need a competent translator, not the person who cleans the floors or does other jobs."

❖ LGBTQ+

Lesbian, gay, bisexual, transgender, and questioning (LGBTQ+) focus group participants reported encountering significant barriers to healthcare. Nearly all the participants in the LGBTQ+ focus group have experienced discrimination in the healthcare settings, and all knew multiple others who had. This discrimination discourages them and their peers from seeking care – there was consensus that it is common among the LGBTQ+ community in our region to avoid or postpone needed medical care due to these prior experiences of disrespect or discrimination from healthcare staff. A few told stories of having had a doctor or other health care healthcare provider refuse to recognize their family or same-sex spouse.

Transgender focus group participants reported frustration at being repeatedly referred to by the wrong pronouns, even when explicitly asked at the beginning of an appointment how they identify. Exclusion in healthcare plans also presents a significant barrier in the Trans community for getting the healthcare they need.

Gender bias came up in several focus groups, with women saying they felt their concerns were not taken seriously by male physicians. This was corroborated by a participant in the LGBTQ+ focus group who has transitioned from female to male: he reported being taken more seriously by his doctors now than when he presented as female. He is often asked to accompany his female friends to appointments for this reason.

Community Survey

The online community survey included 25 questions and was completed by 1,143 respondents; Table 7 shows the number of responses by county. A core topic analysis presents survey results as they pertain to core topics identified in this report, namely access, mental health, chronic disease, and poverty. It also discusses in brief correlations identified between survey respondent characteristics and questions used for identification of community health needs.

Table 7: Survey Responses by County

Community Survey by Responses by County						
	Baker	**Clay**	**Duval**	**Nassau**	**St. Johns**	**Total**
Total	20	109	527	308	179	1,143
Percent	2	10	46	27	16	100

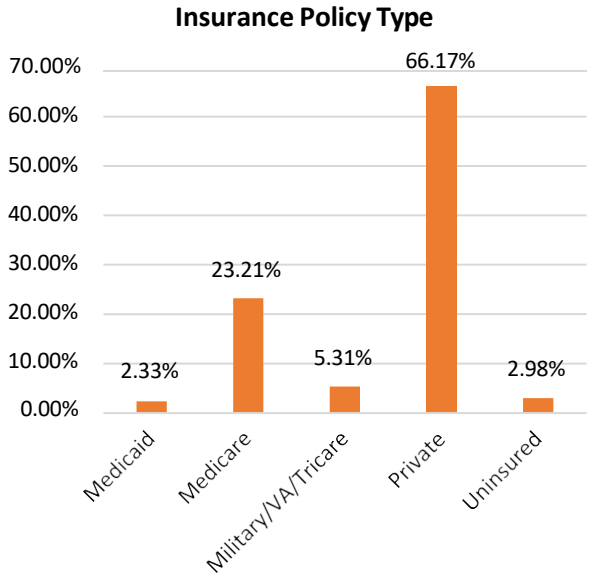
The following is a summary of the cumulative survey findings followed by county-level survey results. Each analysis is preceded by a figure that illustrates the population characteristics followed by a series of graphs displaying the results per survey question. Baker County only yielded 20 responses (2%) so it is accounted for in the cumulative summary but was not analyzed individually as were the other counties.

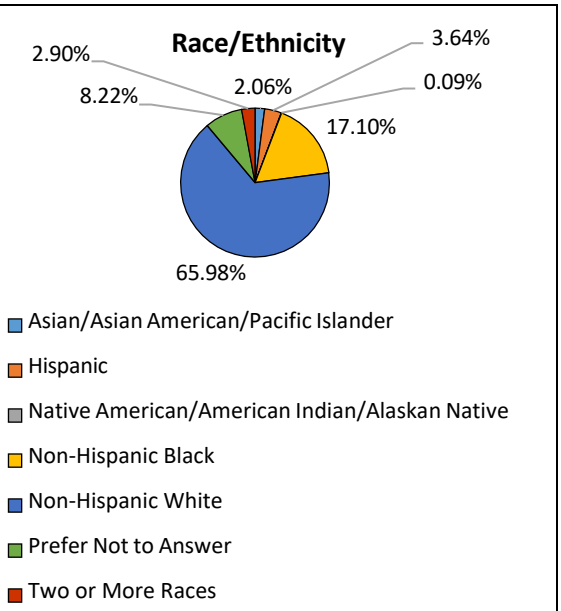
Four core topics emerged as primary health issues experienced by survey respondents:

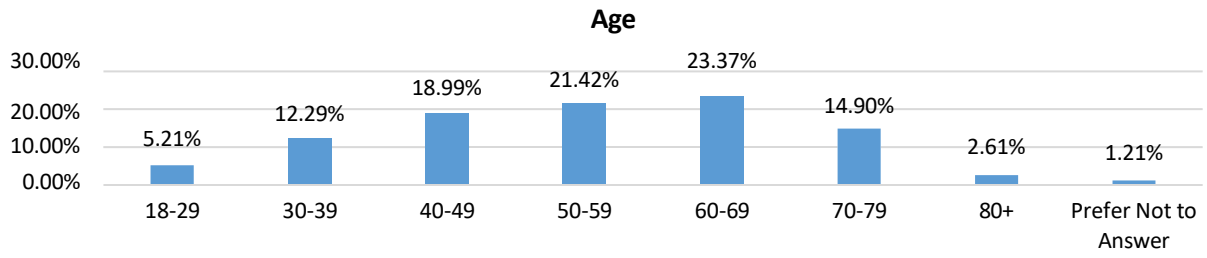
- Lack of Access
- Mental Health
- Chronic Diseases
- Poverty

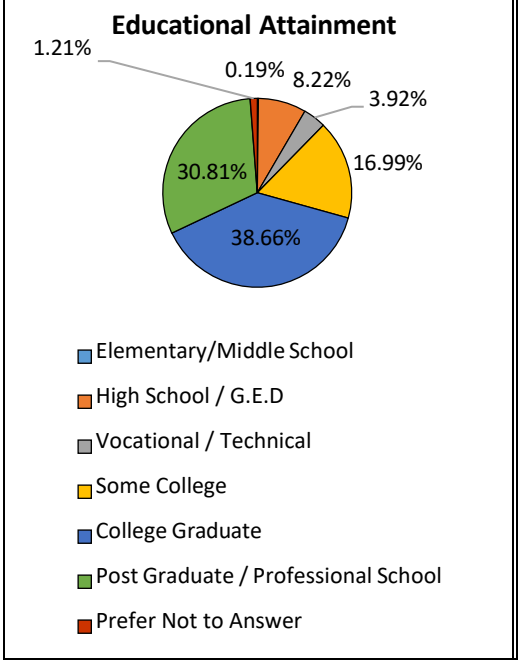
Regional Survey Results (Baker, Clay, Duval, Nassau, and St. Johns)

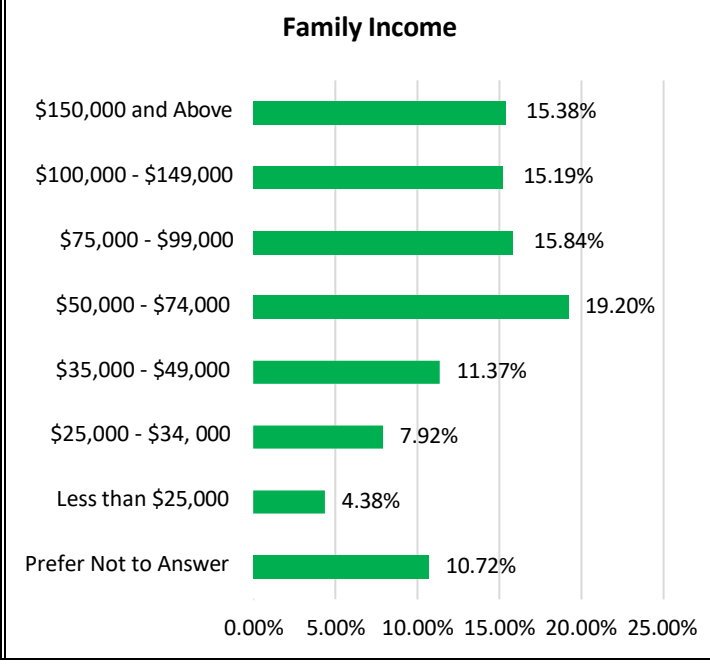
Respondent Population Characteristics





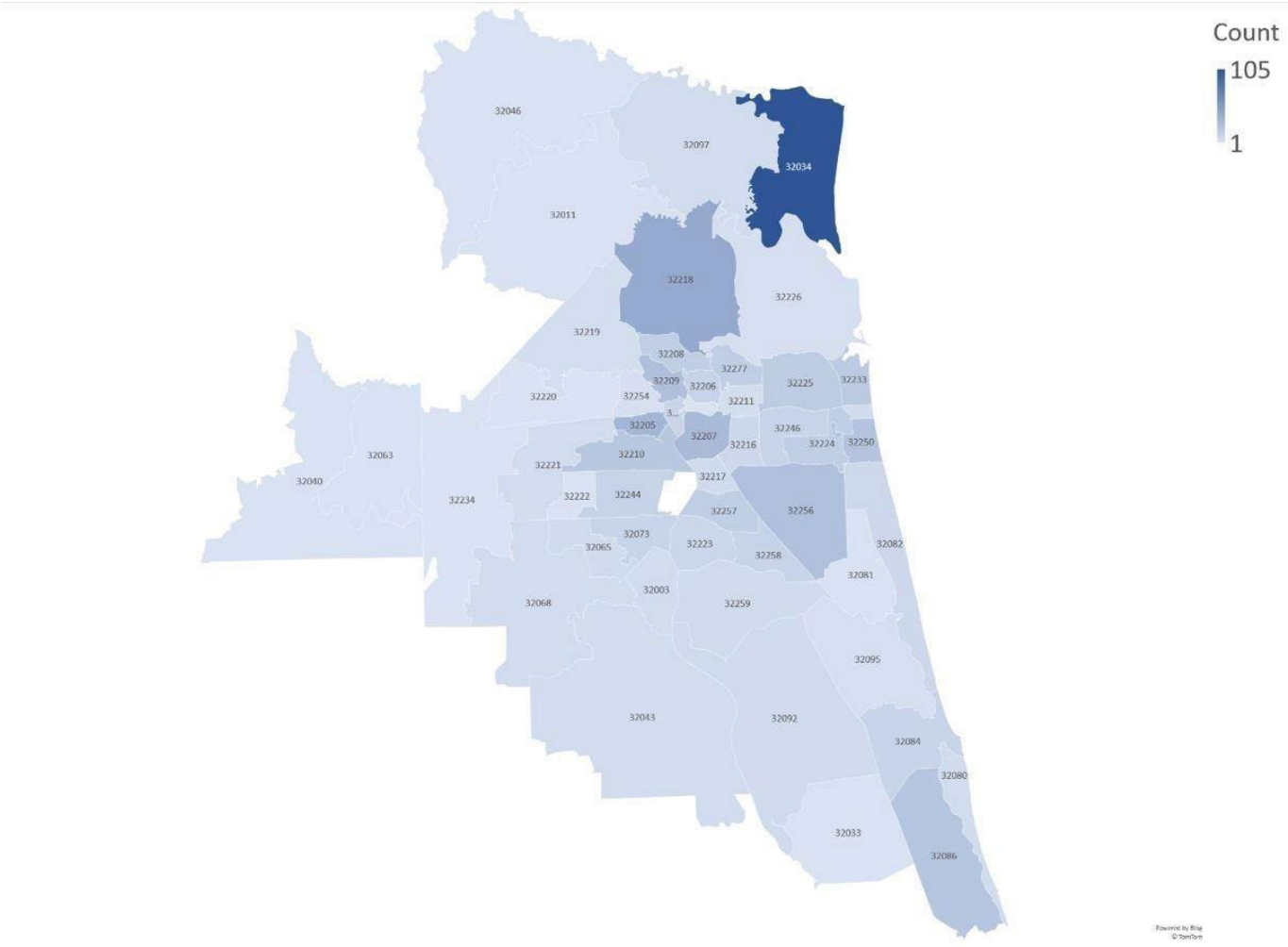






Access

Lack of access to public transportation appears to be a challenge for 62% of survey respondents (683 responses). Many respondents (16%; 105 responses) within the 32034-zip code indicated that they did not have access to public transportation. For reference, most responses to the survey came from residents of this zip code (20%; 226 responses); nearly 50% of respondents from this zip code indicated that they did not have access to public transportation, see map below.

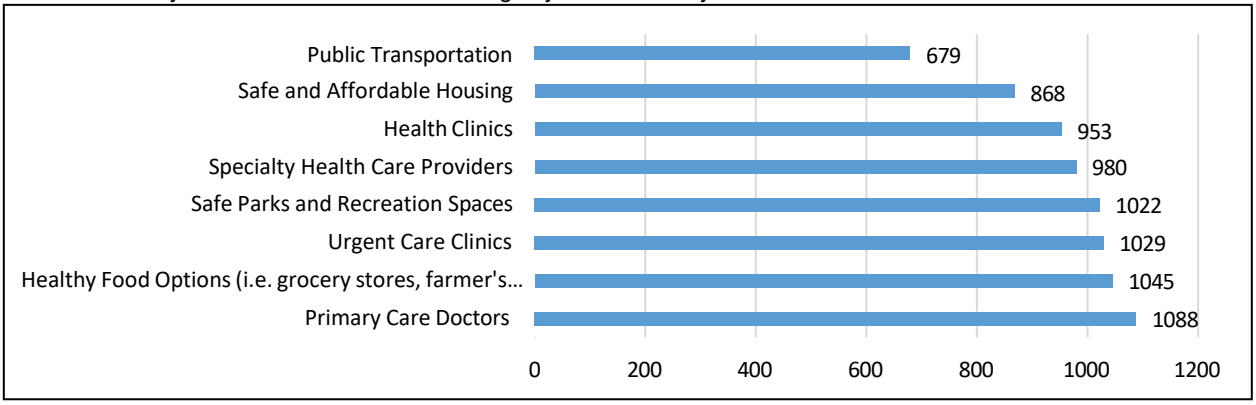


Map depicting zip codes of respondents who indicated they did not have access to public transportation

Many survey respondents indicated they have access to primary care doctors (1088 responses), healthy food options (1045 responses), and urgent care clinics (1029 responses). By comparison, few respondents indicated they have access to public transportation (679 responses). In addition, many respondents noted that they did not have trouble accessing medical services (664 responses), and 311 respondents noted they had trouble accessing medical services due to the cost of care. When asked about access to dental services, more respondents indicated they did not have trouble accessing services at all (606 responses) than

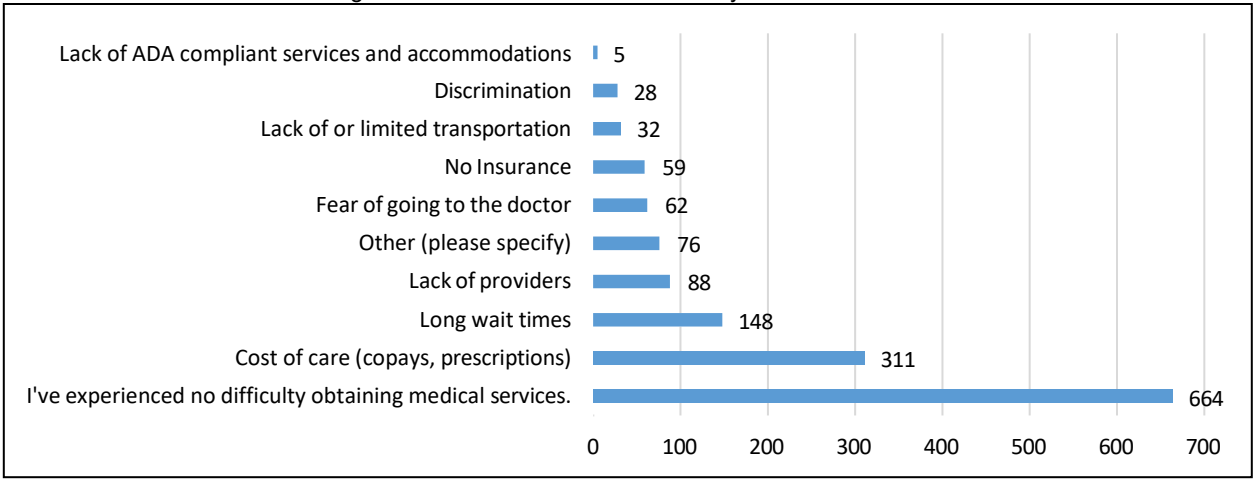
respondents who indicated they had difficulty accessing services due to cost of care (366 responses).

Question 4: Do you have access to the following in your community?

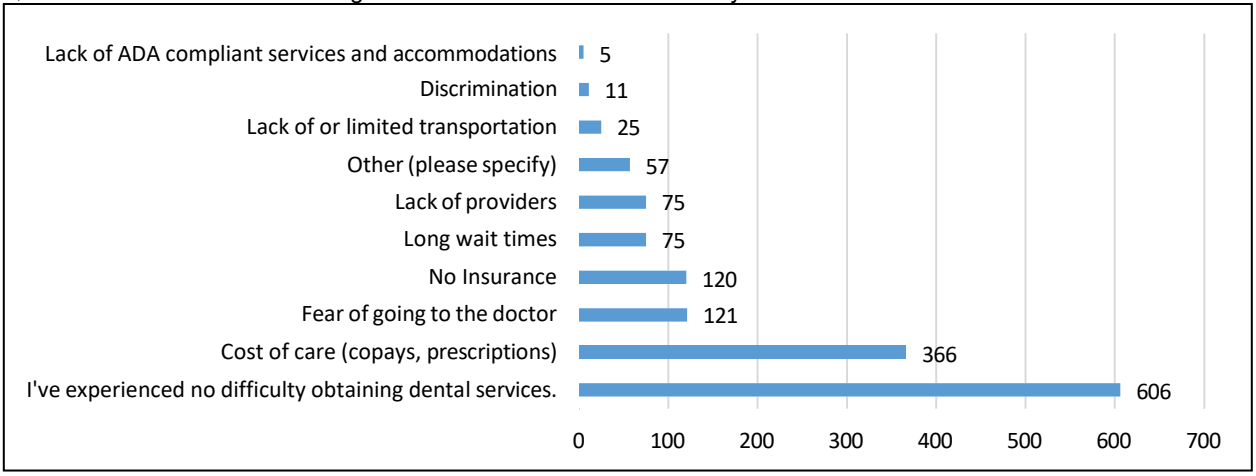


As noted, cost of care and long wait times were the two most frequently experienced barriers to obtaining medical services for respondents, and among those who chose "Other," the most reported barrier (nearly 30%), was difficulty scheduling around work hours, and the time spent away from work. In addition, 176 people indicated that "long wait times" made it difficult for them to obtain medical services. An additional 12 respondents that chose "Other" specified excessive wait times to get an appointment, especially with specialists, was their primary concern. Lack of adequate insurance coverage and high deductibles were also frequently mentioned.

Question 5: Which of the following conditions has made it difficult for you to obtain medical services?



Question 6: Which of the following conditions has made it difficult for you to obtain dental services?



Most frequently mentioned in "Other" is having to take time off work, difficulty getting an appointment, lack of dental services in their area, and lack of providers who accept Medicaid.

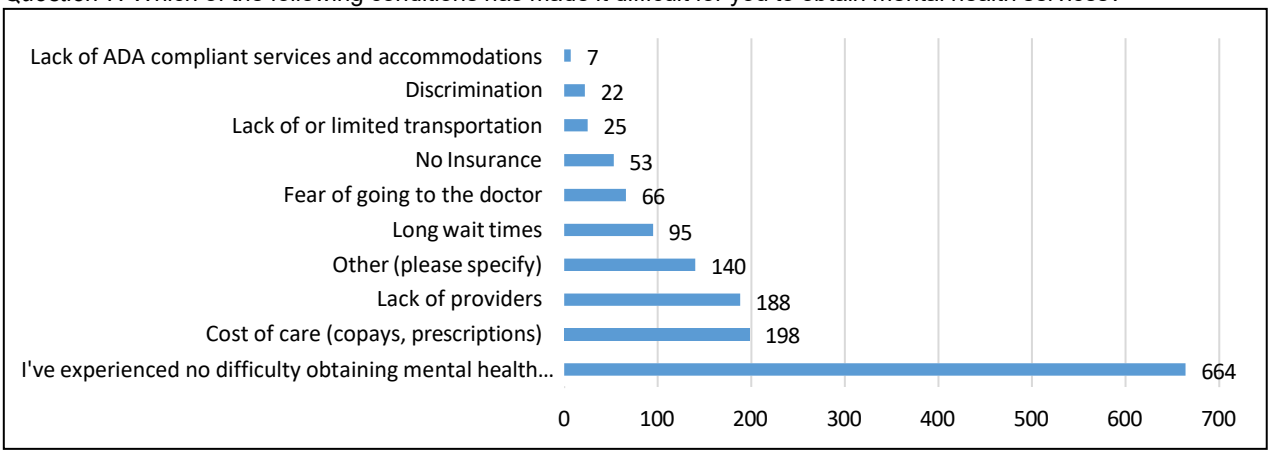
Mental Health

Many respondents in the five county study area indicated they had no difficulty accessing mental health services. Conditions making it difficult to access mental health services included cost of care (198 responses) and lack of providers (188 responses).

A limitation of the survey was that respondents were not given an option of "N/A", so it's unclear how many of the almost 60 percent of respondents who selected "I've experienced no difficulty in accessing services" have simply not needed to access these services, and how many successfully accessed services with no difficulties. A full twelve percent (159) of survey respondents chose "Other" when asked what made it difficult for them to obtain mental health services, and the majority (78%) wrote in that this was not applicable to them as they have not sought out mental health services. The rest of the "Other" responses ranged from limited provider or appointment availability (12%) to difficulty scheduling around work hours (8%). Four survey respondents who chose "Lack of providers" (which was tied with cost of care as the top issue in accessing mental health services) specified in the "Other" field that they meant specifically lack of Black providers:

> "When I say lack of providers, I mean lack of Black psychologists and mental health professionals that I need. I'd prefer and feel more comfortable with a culturally congruous and competent mental health professional."

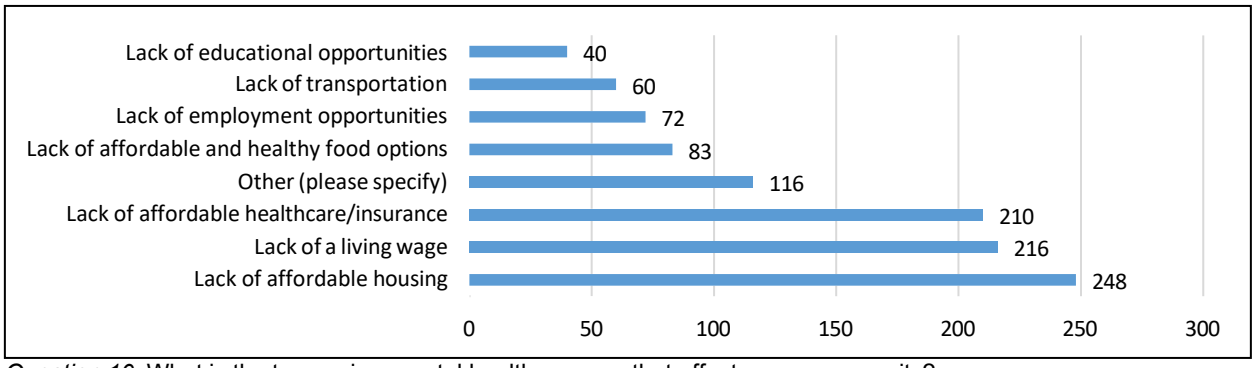
Question 7: Which of the following conditions has made it difficult for you to obtain mental health services?



Disclaimer: Due to the unavailability of Not Applicable response to Question 7, total represented in the graph above may include outliers.

Chronic Disease

Factors contributing to chronic disease include food deserts, level of access to physical activity, and indoor/outdoor air quality. Environmental health concerns most frequently selected are safety for pedestrians and bicyclists (401 responses). Other concerns such as housing conditions and water quality were selected less frequently. “Noise level” was the least frequent response (48 responses).

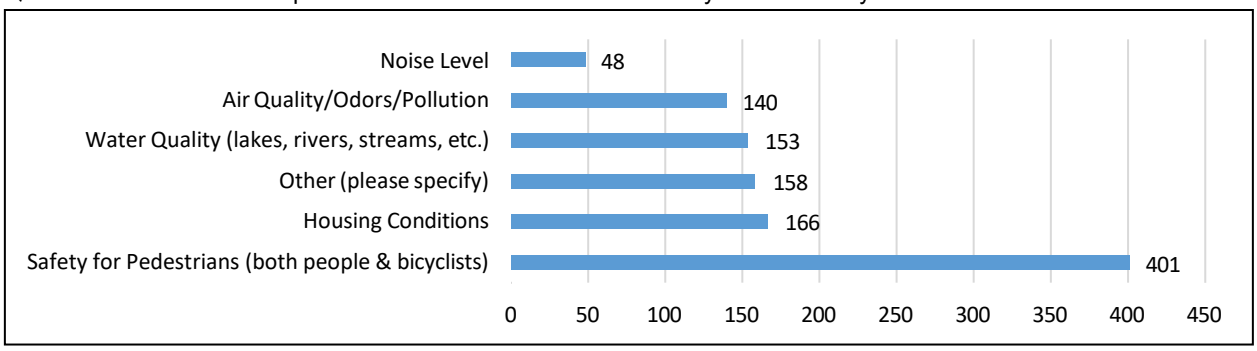


Question 10: What is the top environmental health concern that affects your community?

Poverty

Cost of care was the second most frequently cited obstacle for medical, dental, and mental health services. When respondents were asked about the top economic issue affecting health in the community, most cited lack of affordable housing, lack of a living wage, and lack of affordable healthcare/insurance.

Question 12: What is the top economic issue that affects health in your community?

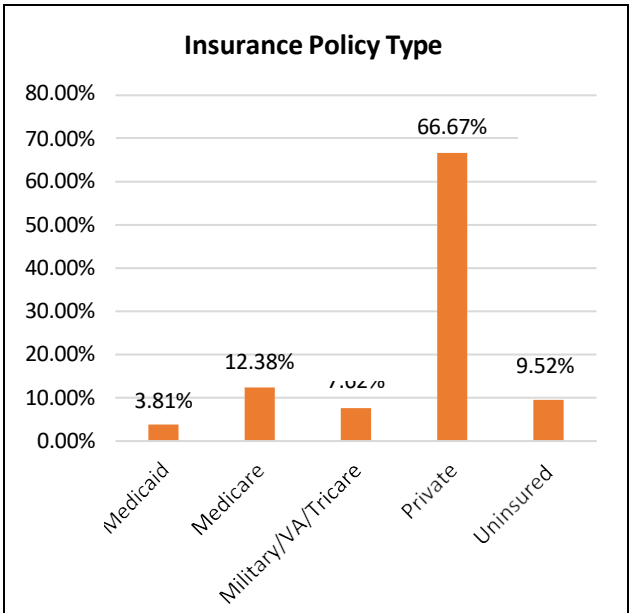


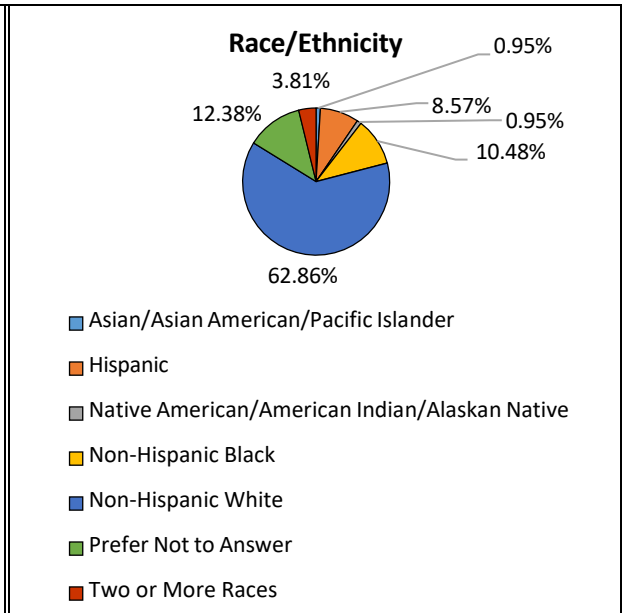
Baker County Survey Results

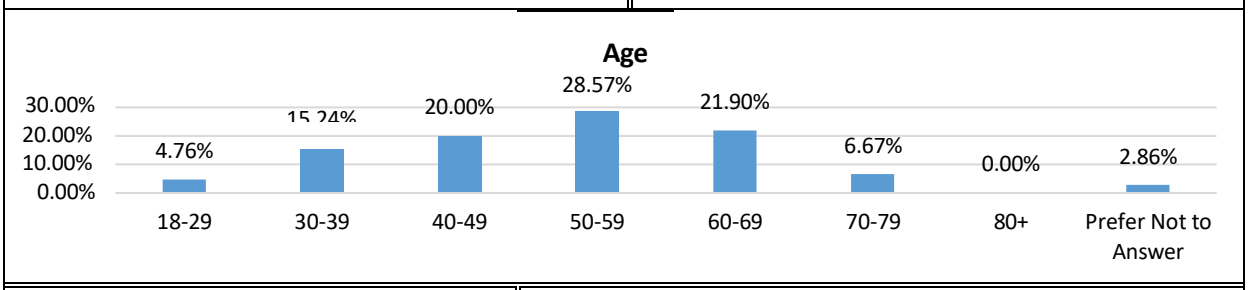
Baker County only yielded 20 responses (2%) and was not analyzed individually like the other counties. However, the responses for Baker County are accounted for in the regional survey results.

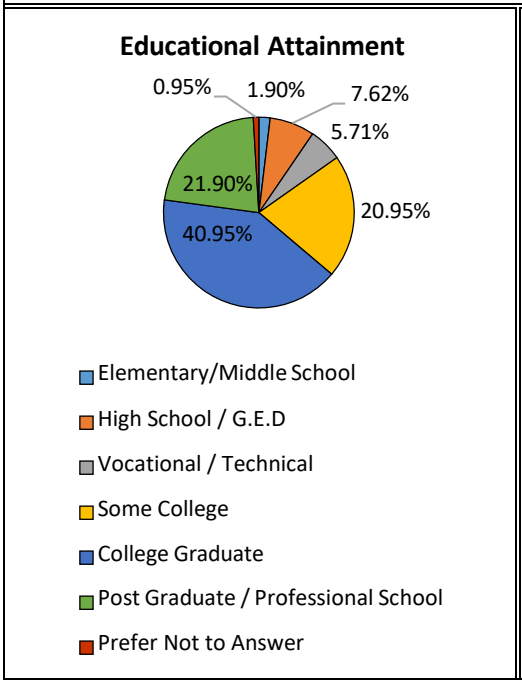
Clay County Survey Results

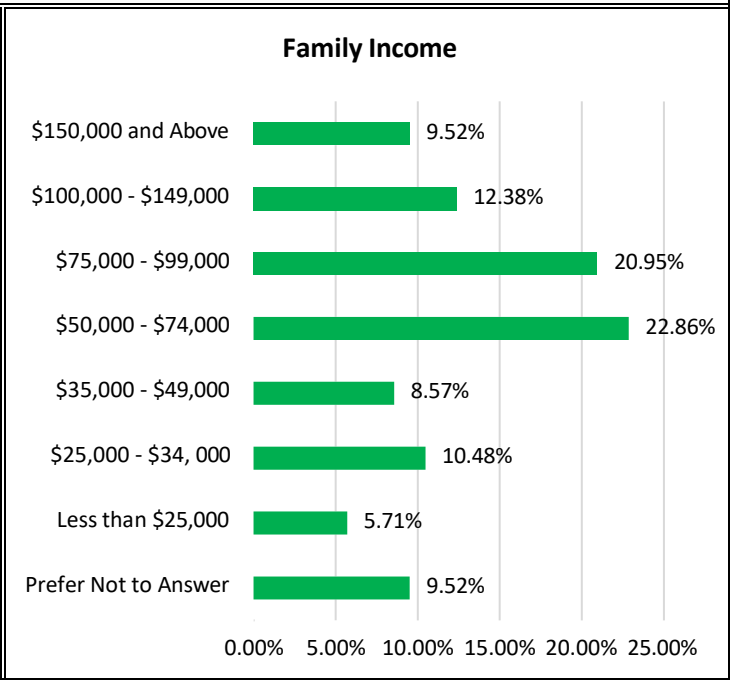
Respondent Population Characteristics





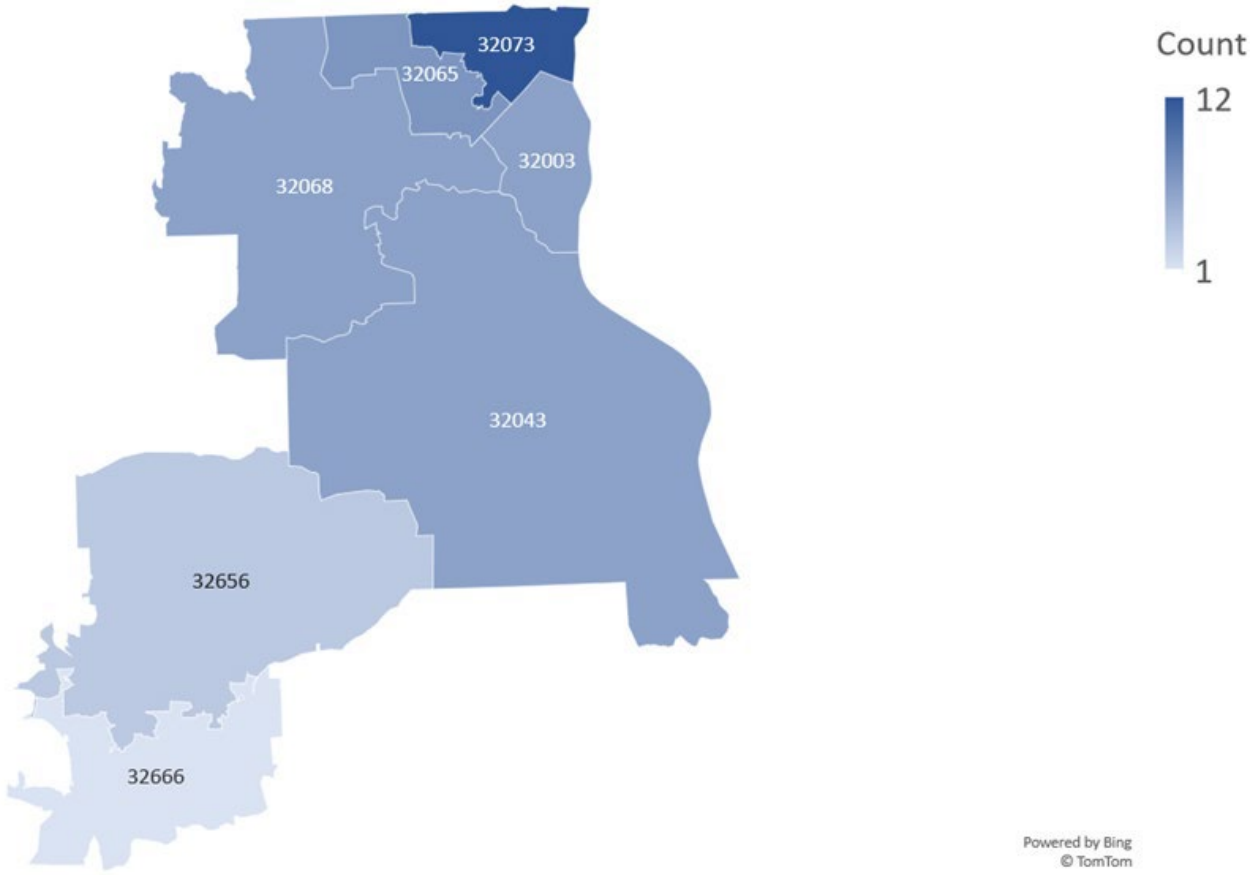






Access

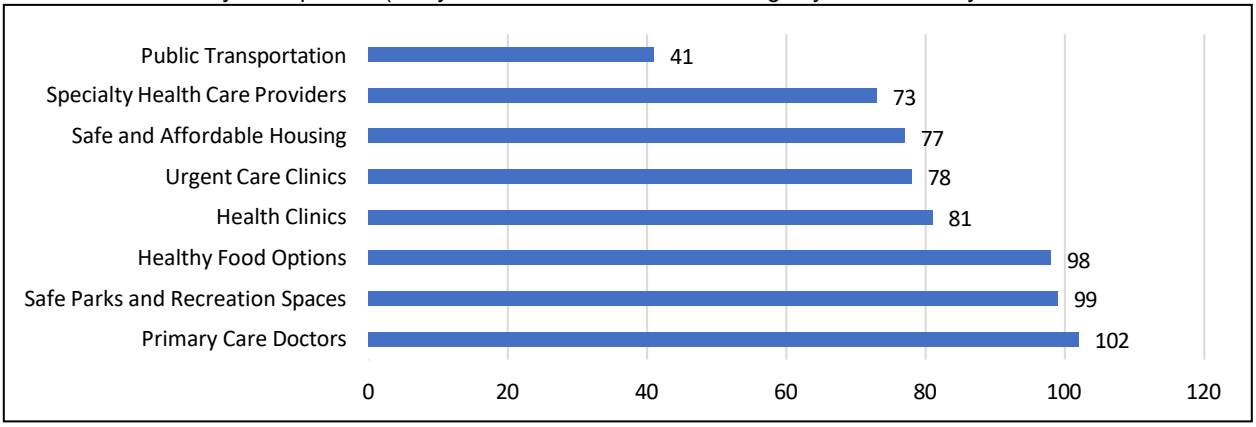
Lack of access to public transportation appears to be a common challenge for Clay County survey respondents. Many respondents (29%; 12 responses) within the 32073-zip code indicated that they did not have access to public transportation. For reference, most responses to the Survey came from residents of Clay County living within the 32656-zip code (25%; 7 responses); only 7% (3 responses) of respondents from this zip code indicated they did not have access to public transportation.



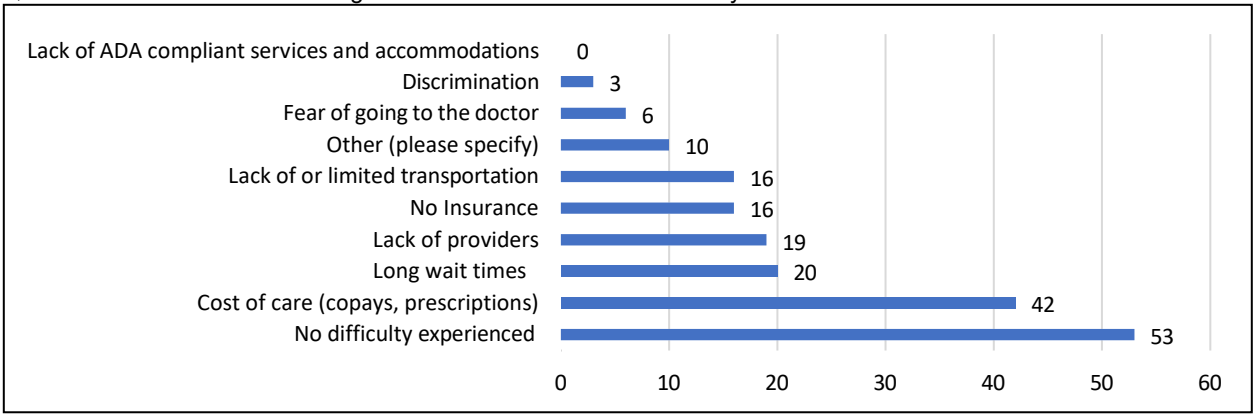
Map depicting zip codes of respondents who indicated they did not have access to public transportation

Many survey respondents in Clay County indicated that they have access to primary care doctors (102 responses), safe parks and recreation spaces (99 responses), and healthy food options (98 responses). By comparison, few survey respondents in Clay County indicated that they have access to public transportation. In addition, many respondents in Clay County noted that they did not have trouble accessing medical services (53 responses). When asked about access to dental services, however, more respondents indicated that they had difficulty accessing dental services due to cost of care (50 responses) than respondents who indicated that they did not have trouble accessing dental services at all (45 responses). Results for these questions are summarized below.

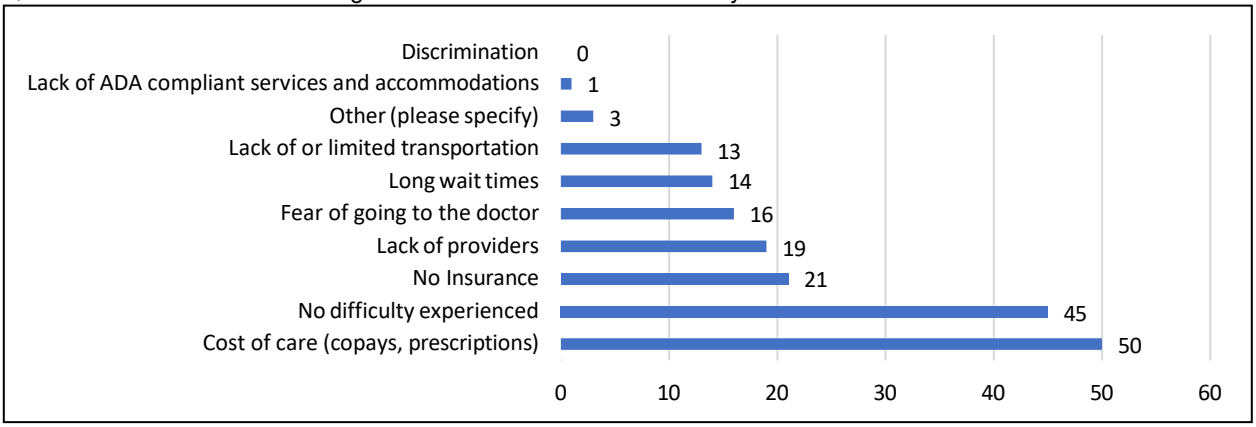
Question 4: Summary of responses ("Do you have access to the following in your community?



Question 5: Which of the following conditions has made it difficult for you to obtain medical services?



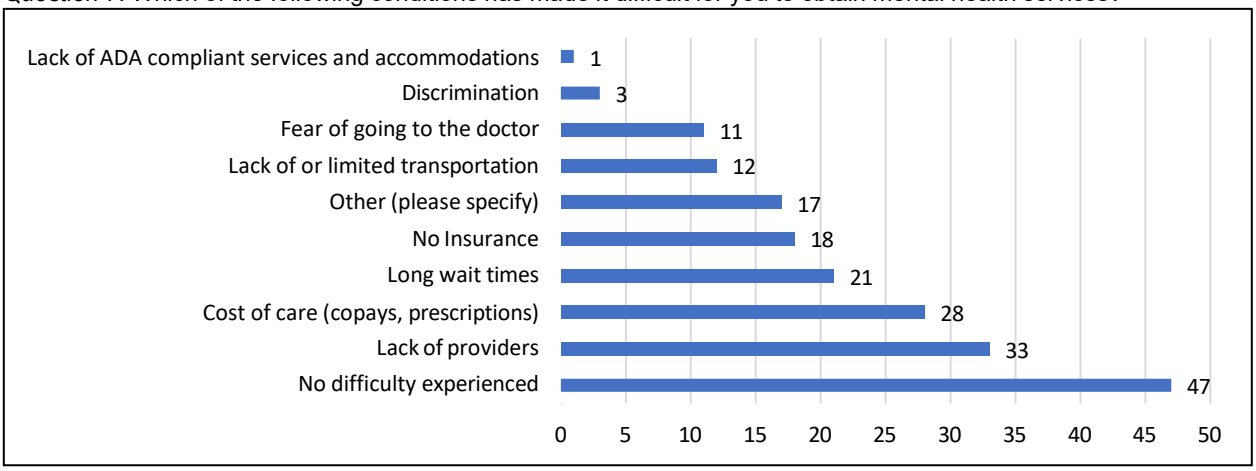
Question 6: Which of the following conditions has made it difficult for you to obtain dental services?



Mental Health

Many respondents in Clay County indicated they had no difficulty accessing mental health services. Conditions making it difficult to access mental health services included lack of providers (33 responses), cost of care (28 responses), and long wait times (21 responses).

Question 7: Which of the following conditions has made it difficult for you to obtain mental health services?

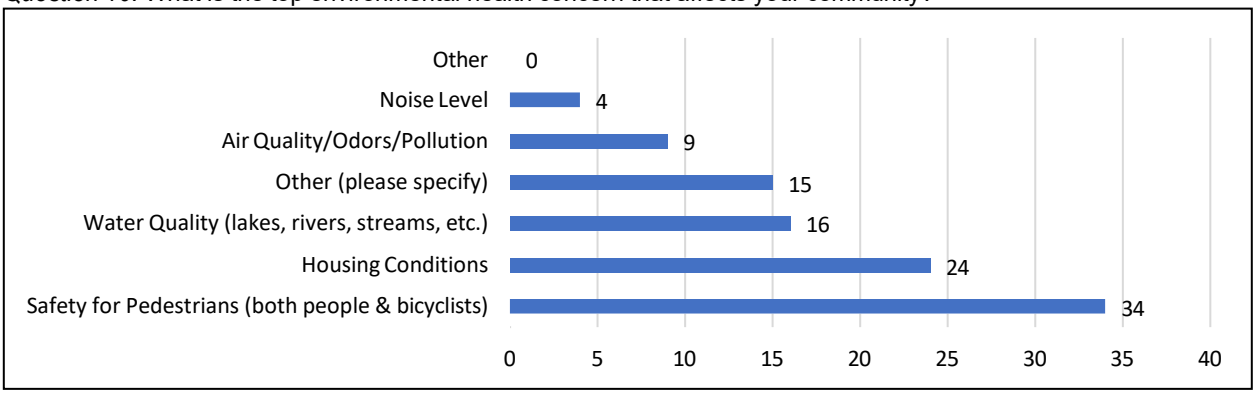


Disclaimer: Due to the unavailability of Not Applicable response to Question 7, total represented in the graph above may include outliers.

Chronic Disease

Factors contributing to the rate of chronic disease include the presence of food deserts, level of access to physical activity, and indoor/outdoor air quality. When asked about which environmental health concerns affect their community, survey respondents frequently selected safety for pedestrians and bicyclists (34 responses) and housing conditions (24 responses).

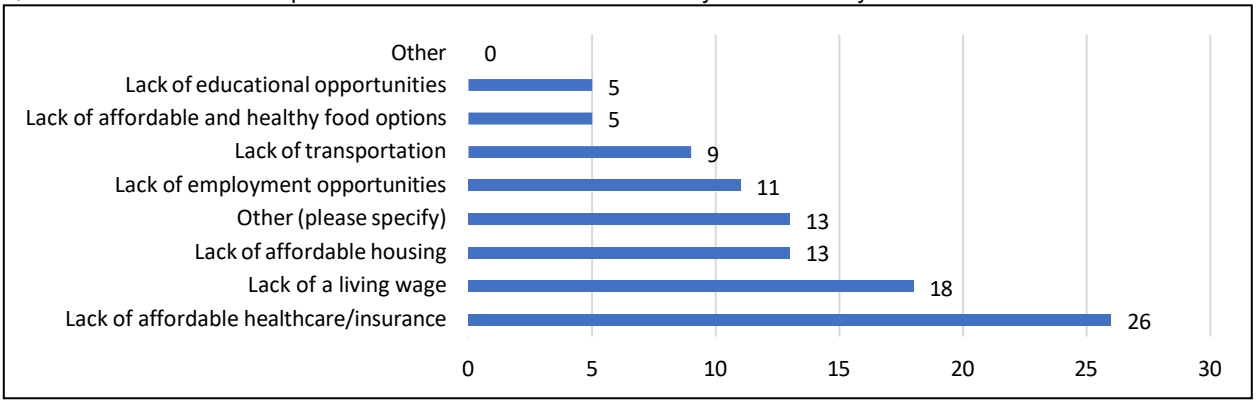
Question 10: What is the top environmental health concern that affects your community?



Poverty

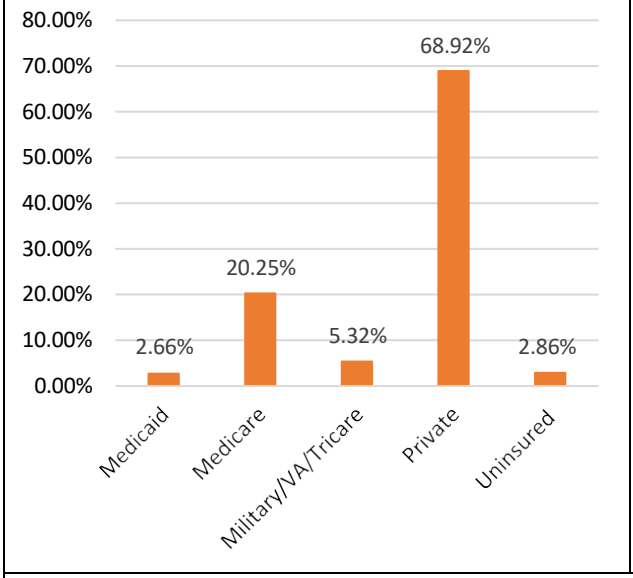
Many responses to question 12 below had a family income between $50,000 and $99,000. Cost of care is cited as a concern for medical, dental, and mental health services. They indicated the top economic issue affecting health in the community is lack of affordable healthcare or insurance. These observations are partly corroborated by two positive correlations between respondents with low family income ($25,000-$34,000) and noted difficulty obtaining medical and mental health services due to lack of insurance.

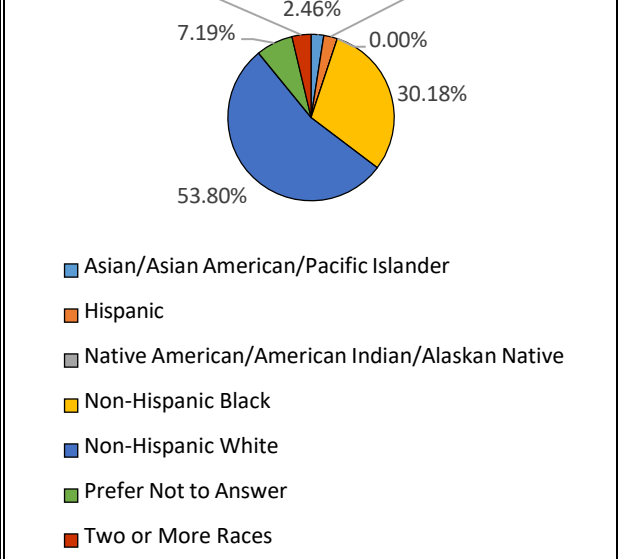
Question 12: What is the top economic issue that affects health in your community?

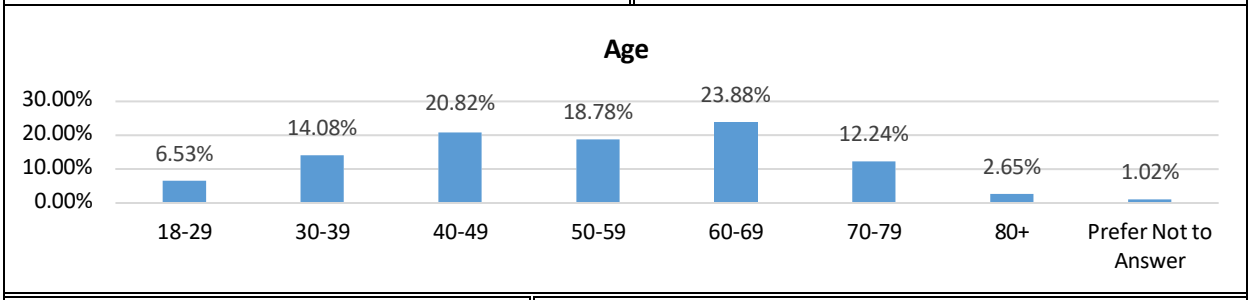


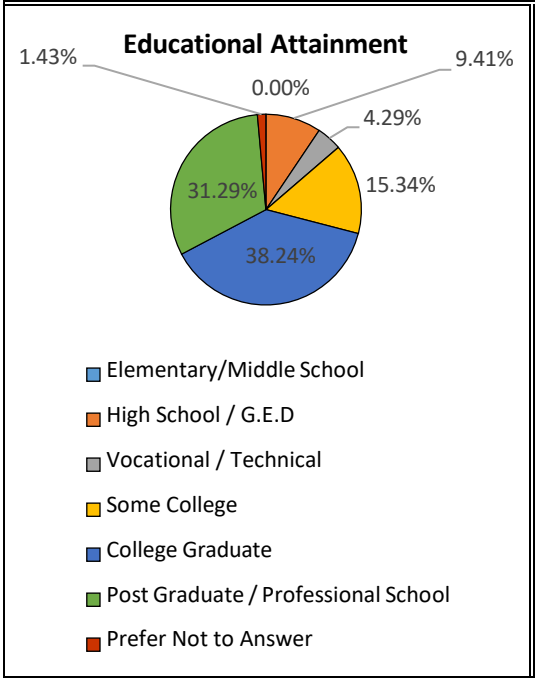
Duval County Survey Results

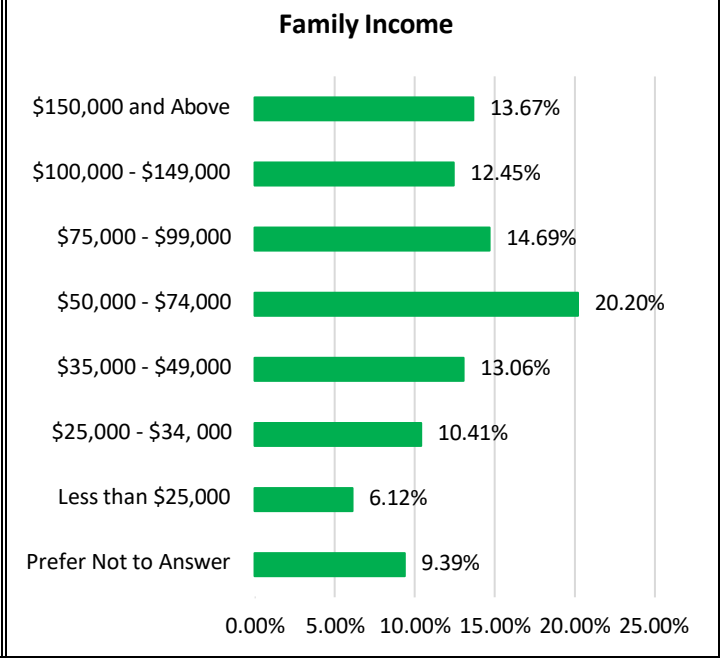
Respondent Population Characteristics





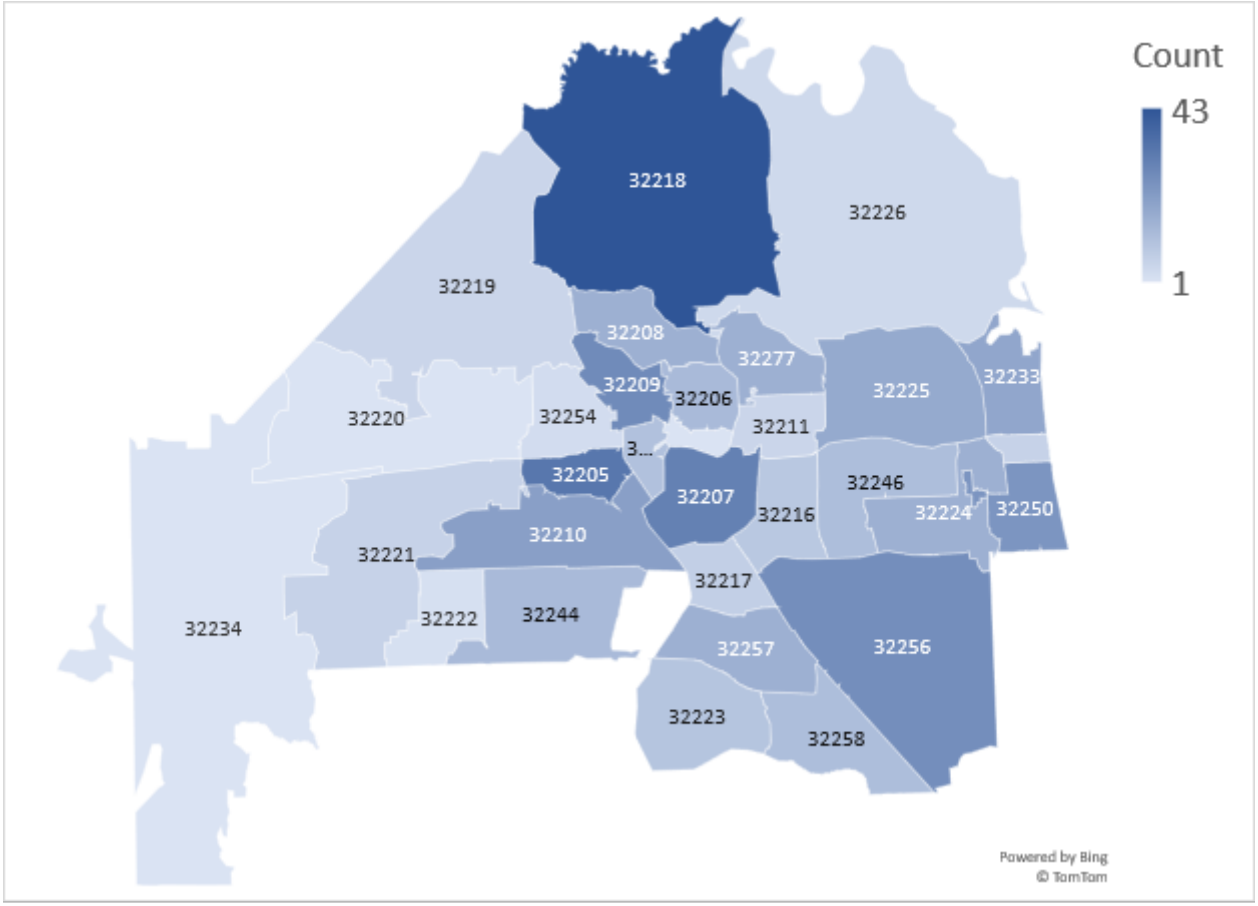






Access

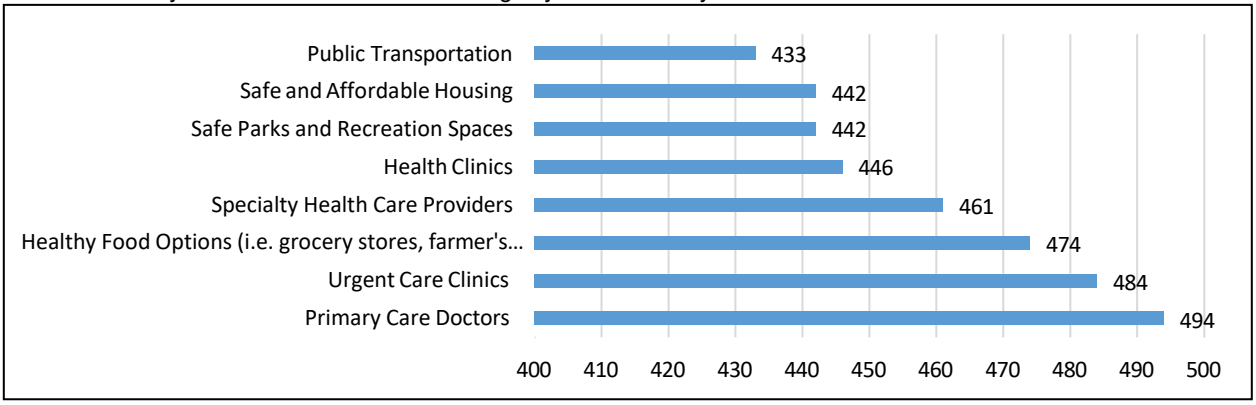
Lack of access to public transportation appears to be a common challenge for survey respondents. Respondents from all zip codes indicated that they did not have access to public transportation. For reference, most responses to the survey came from residents of Duval County living within the 32218 zip code (9%; 47 responses); 91% of respondents from this zip code indicated they did not have access to public transportation. See map below.



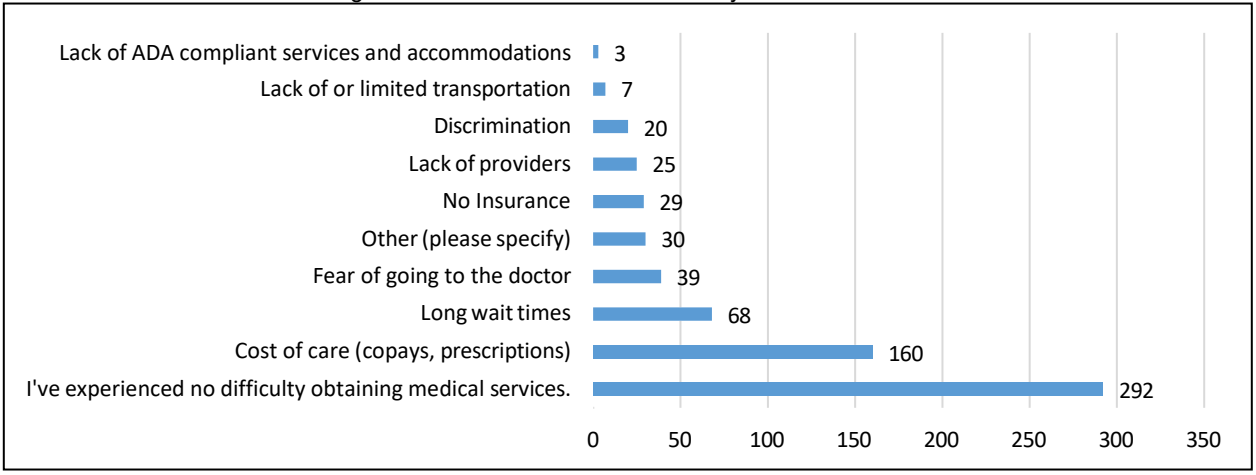
Map depicting zip codes of respondents who indicated they did not have access to public transportation

Many survey respondents in Duval County indicated that they have access to primary care doctors (494 responses), urgent care clinics (484 responses), and healthy food (474 responses). By comparison, fewer survey respondents in Duval County indicated that they have access to public transportation. In addition, many respondents in Duval County noted that they did not have trouble accessing medical services (292 responses). When asked about access to dental services, most respondents indicated that they experienced no difficulty accessing dental services. For respondents who indicated that they did have difficulty accessing both medical and dental services, cost of care was the most cited inhibiting factor (160 responses and 176 responses respectively). Results for these questions are summarized below.

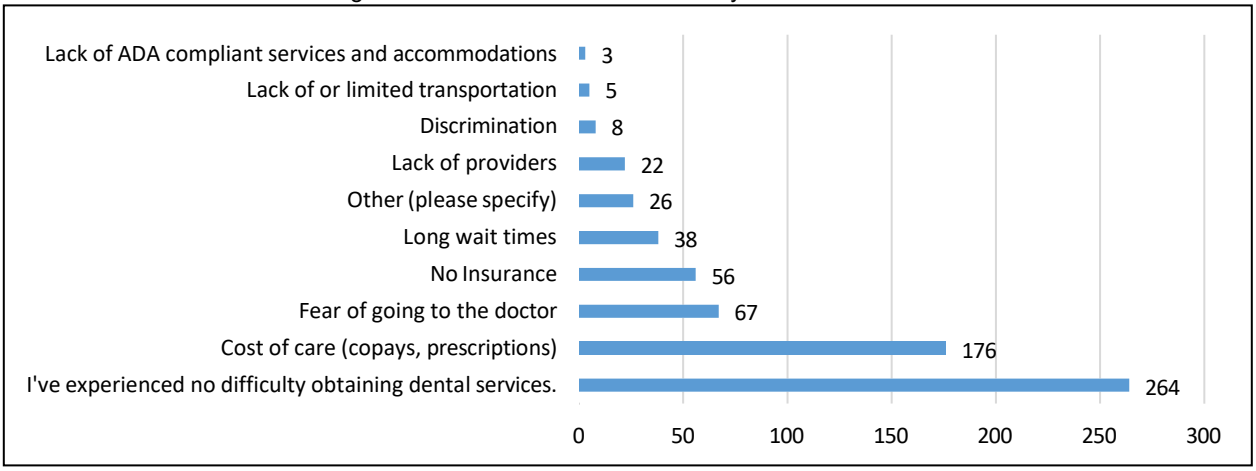
Question 4: Do you have access to the following in your community?



Question 5: Which of the following conditions has made it difficult for you to obtain medical services?



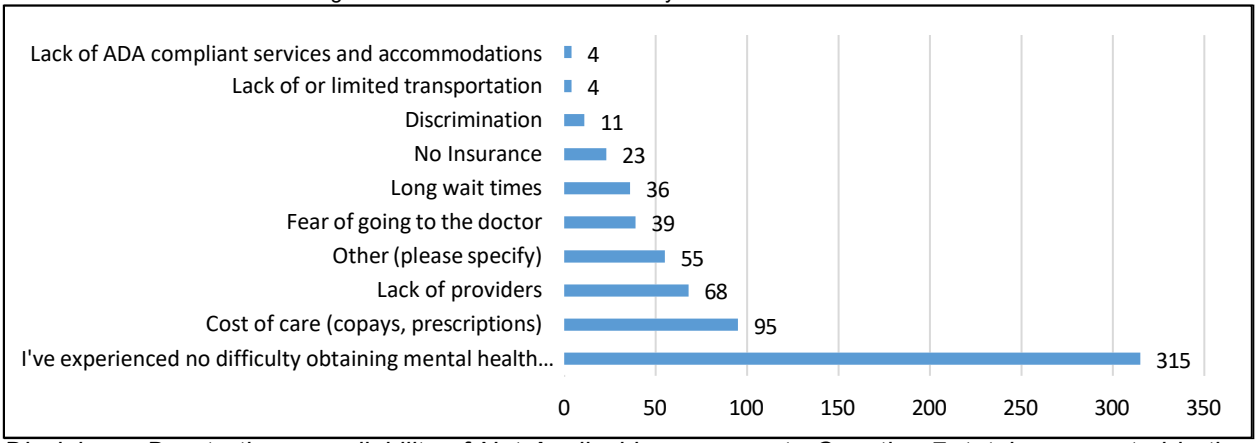
Question 6: Which of the following conditions has made it difficult for you to obtain dental services?



Mental Health

Many respondents in Duval County indicated they had no difficulty accessing mental health services. Conditions making it difficult to access mental health services included cost of care (95 responses), lack of providers (68 responses), and long wait times (36 responses).

Question 7: "Which of the following conditions has made it difficult for you to obtain mental health services?

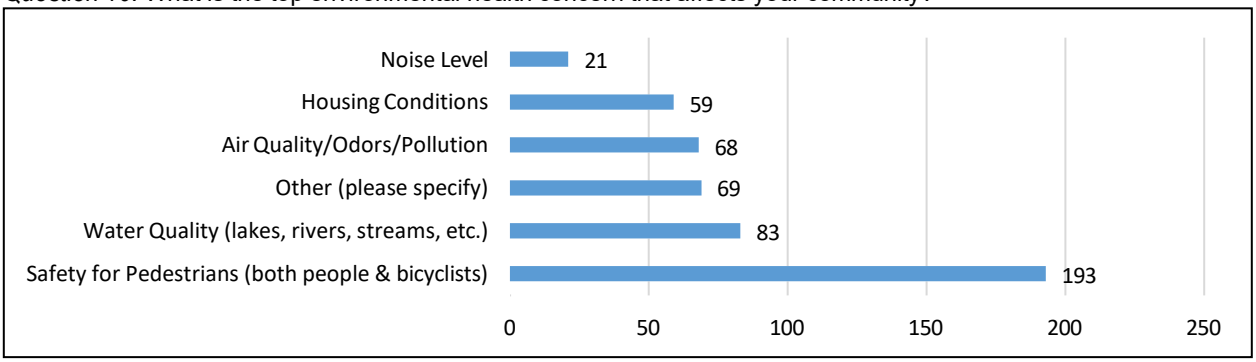


Disclaimer: Due to the unavailability of Not Applicable response to Question 7, total represented in the graph above may include outliers.

Chronic Disease

Factors contributing to chronic disease incidence are many and inclusive of the presence of food deserts, level of access to physical activity, and indoor/outdoor air quality. When asked about which environmental health concerns affect their community, survey respondents most frequently selected safety for pedestrians and bicyclists (193 responses) and water quality (83 responses).

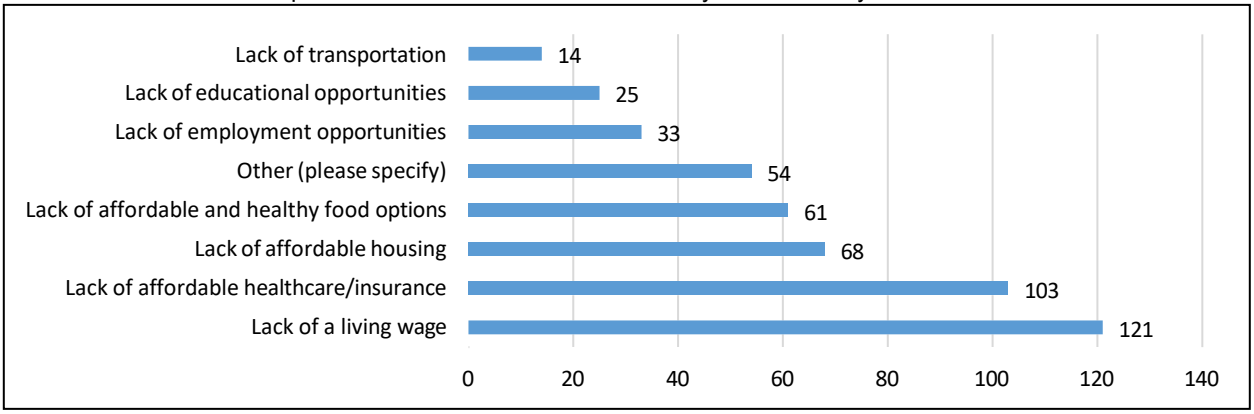
Question 10: What is the top environmental health concern that affects your community?



Poverty

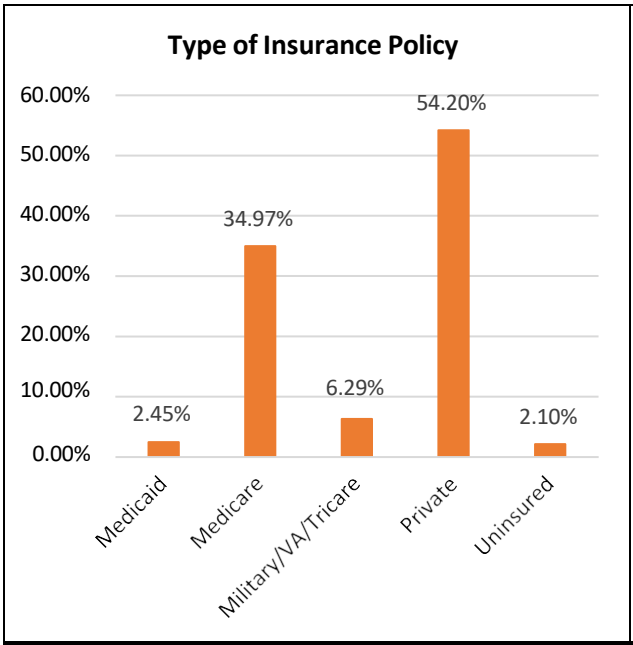
For many Duval County respondents, cost of care is cited as the primary concern for medical, dental, and mental health services. Furthermore, when respondents were asked about the top economic issue affecting health in the community, many selected lack of affordable healthcare or insurance (103 responses). Respondents identified "Lack of a living wage" as the top economic issue affecting health in their community (121 responses).

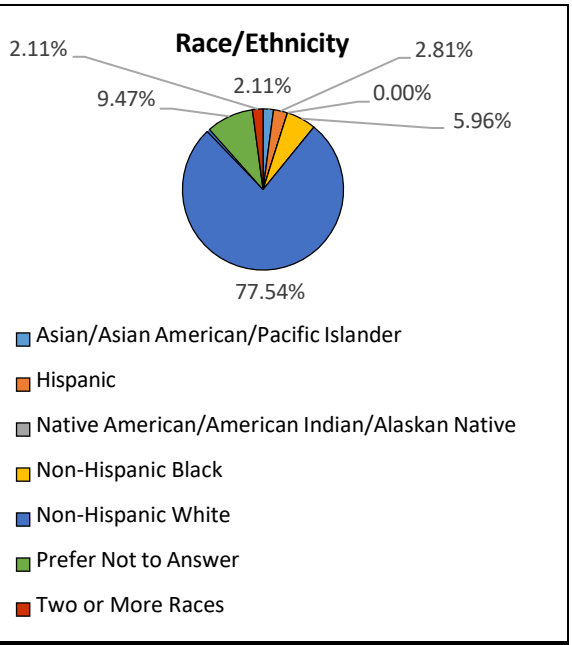
Question 12: What is the top economic issue that affects health in your community?

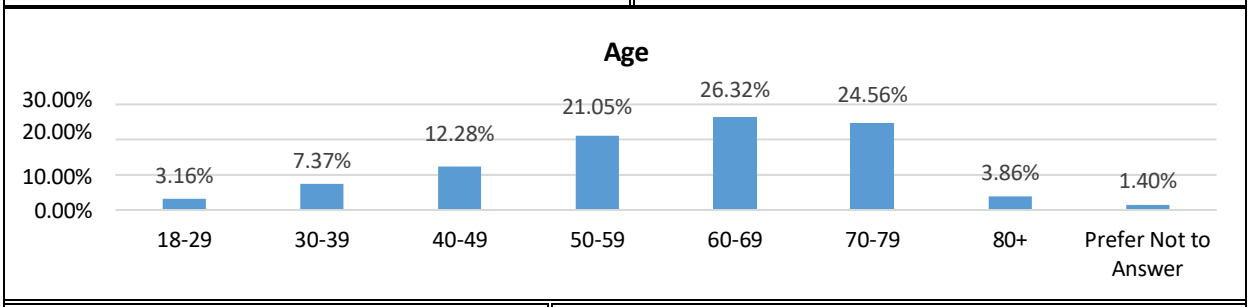


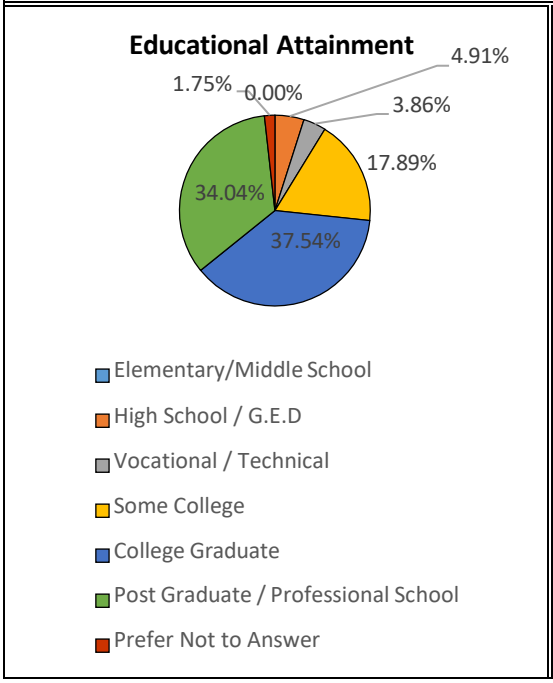
Nassau County Survey Results

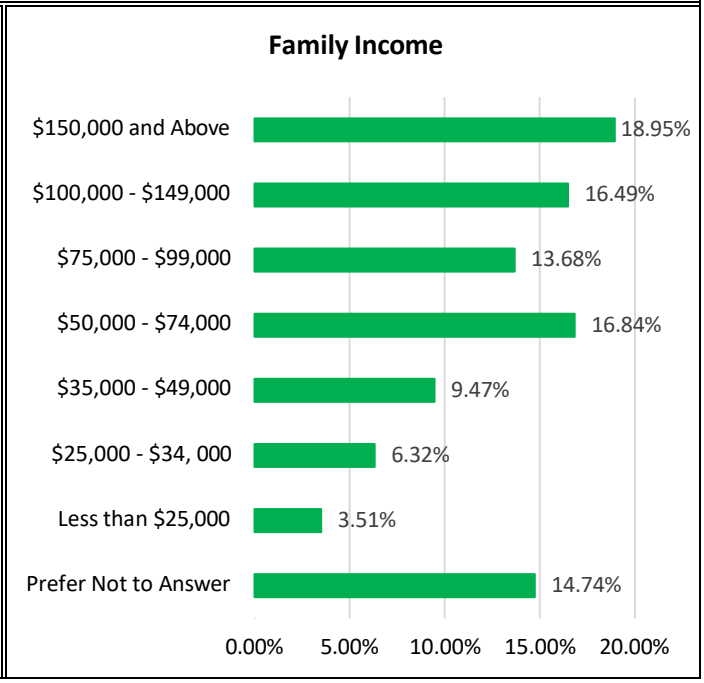
Respondent Population Characteristics





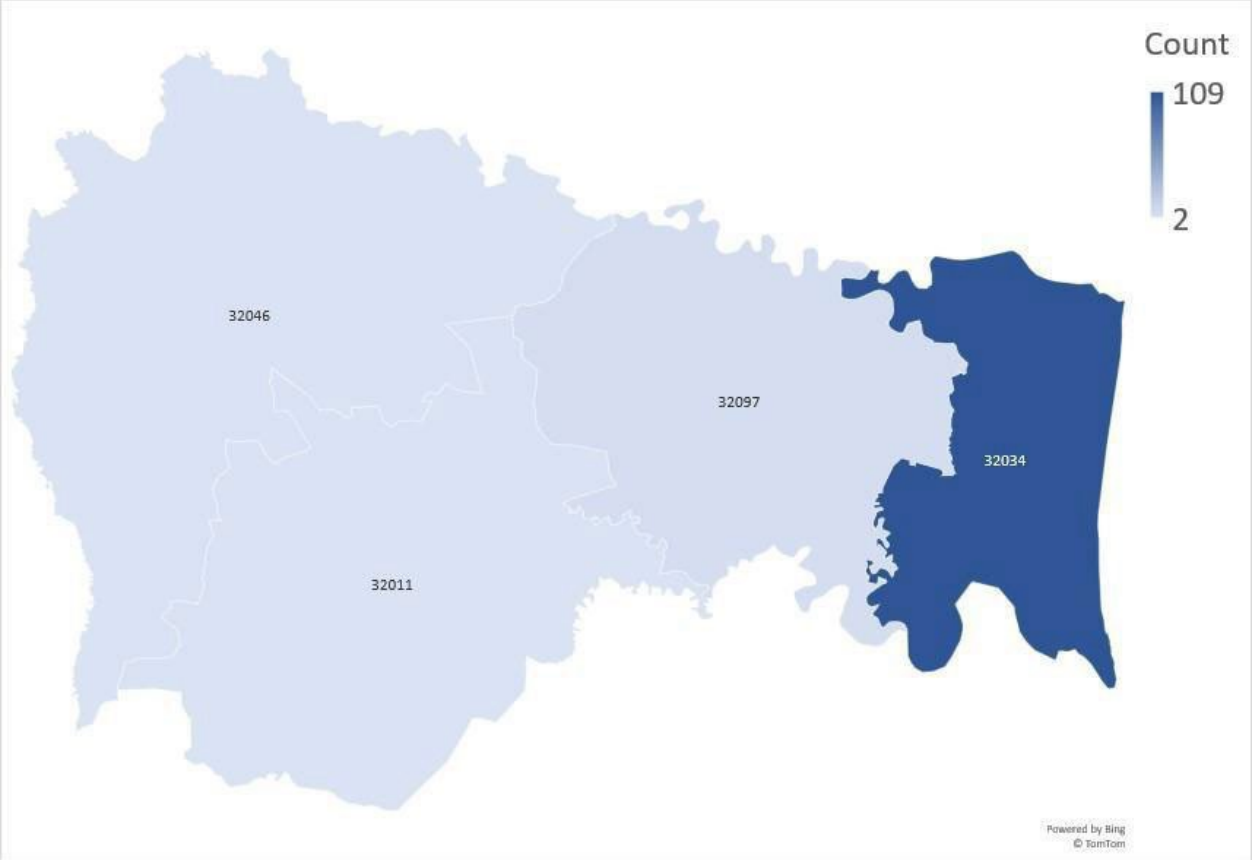






Access

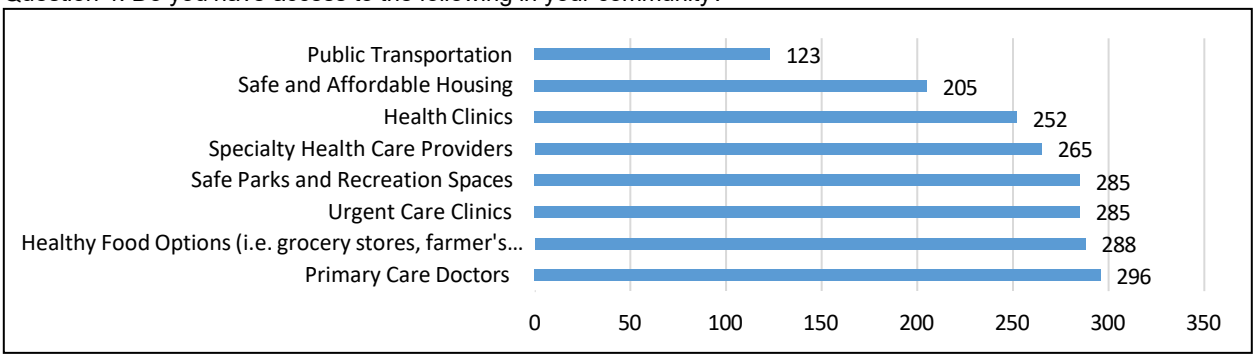
Lack of access to public transportation appears to be a common challenge for survey respondents. The zip codes with the greatest number of respondents, 32034 (47 responses total), had a large share of respondents who indicated they did not have access to public transportation (91%). In general, respondents in most zip codes in Nassau County indicated that they did not have access to public transportation. See map below.



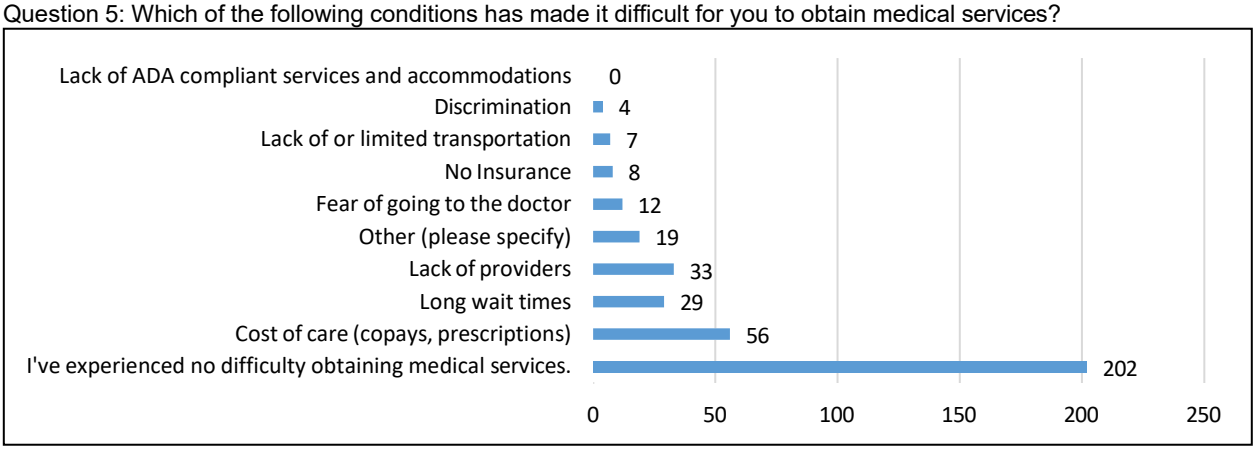
Map depicting zip codes of respondents who indicated they did not have access to public transportation

Survey respondents in Nassau County indicated that they have access to most resources (e.g., primary care doctors, healthy food options, and urgent care clinics). Compared to other resources, however, fewer respondents indicated they had access to public transportation. In addition, many respondents in Nassau County noted that they did not experience difficulty accessing medical services (202 responses). When asked about access to dental services, more respondents indicated that they did not have trouble accessing dental services at all (175 responses) than respondents who indicated that they had difficulty accessing dental services due to cost of care (88 responses). Results for these questions are summarized below.

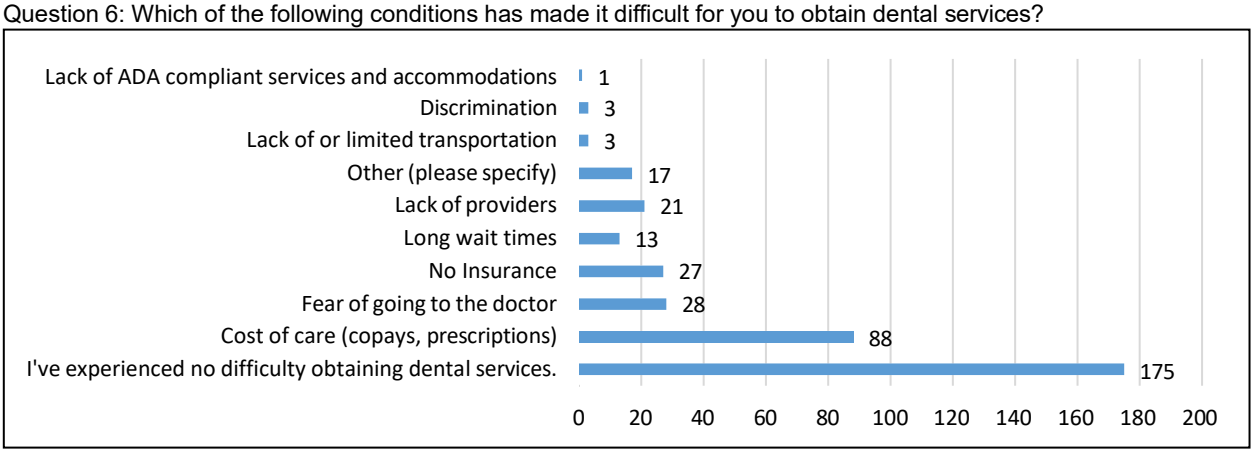
Question 4: Do you have access to the following in your community?



Question 5: Which of the following conditions has made it difficult for you to obtain medical services?



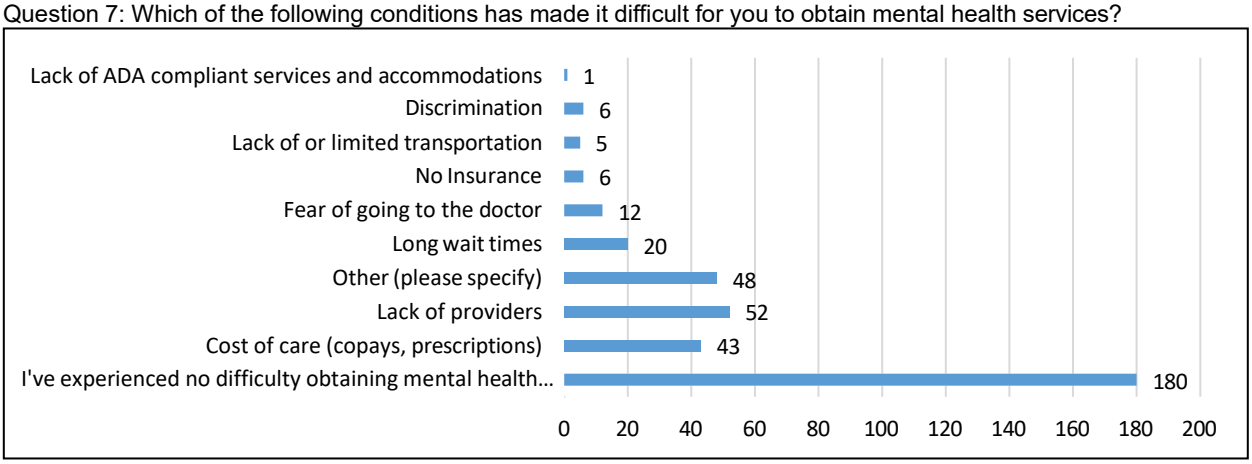
Question 6: Which of the following conditions has made it difficult for you to obtain dental services?



Mental Health

Many respondents in Nassau County indicated they had no difficulty accessing mental health services. Conditions making it difficult to access mental health services included lack of providers (52 responses), cost of care (43 responses), and long wait times (20 responses).

Question 7: Which of the following conditions has made it difficult for you to obtain mental health services?

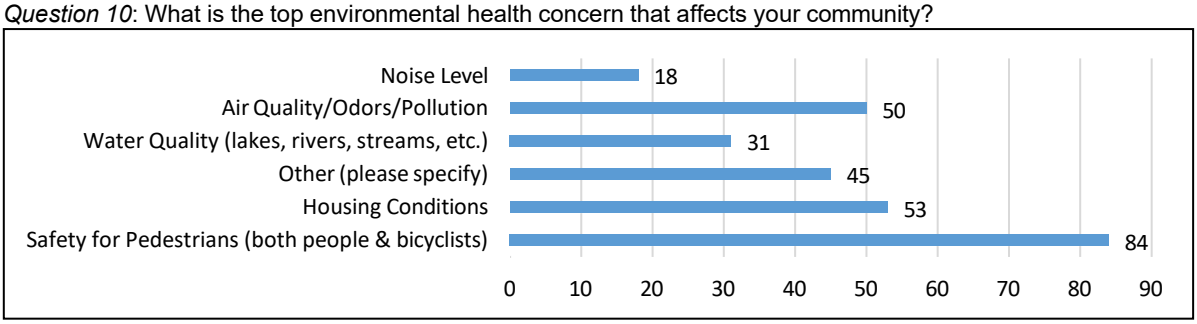


Disclaimer: Due to the unavailability of Not Applicable response to Question 7, total represented in the graph above may include outliers.

Chronic Disease

Factors contributing to chronic disease incidence include food deserts, level of access to physical activity, and indoor/outdoor air quality. When asked about which environmental health concerns affect their community, survey respondents most frequently selected safety for pedestrians and bicyclists (84 responses) and housing conditions (53 responses).

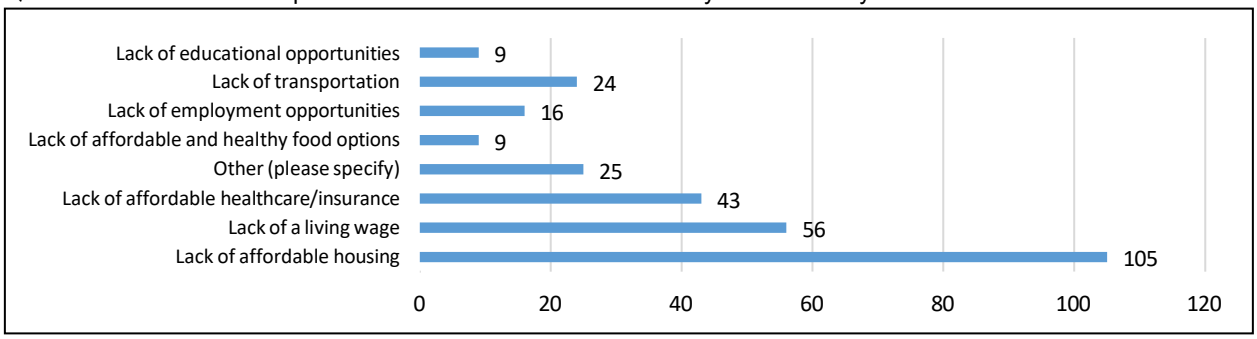
Question 10: What is the top environmental health concern that affects your community?



Poverty

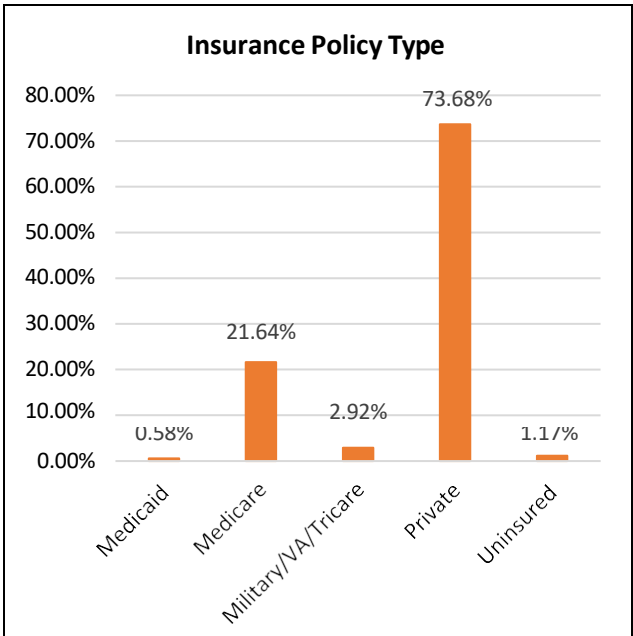
Many respondents had a family income greater than $100,000. Most respondents indicated they did not experience any difficulty obtaining access to care (both medical and dental). Of respondents that have difficulty accessing care, cost of care was the most frequently selected factor. Respondents regarded lack of affordable housing as the primary economic issue affecting health in their community by a large margin. Other factors cited were lack of a living wage and lack of affordable healthcare/insurance.

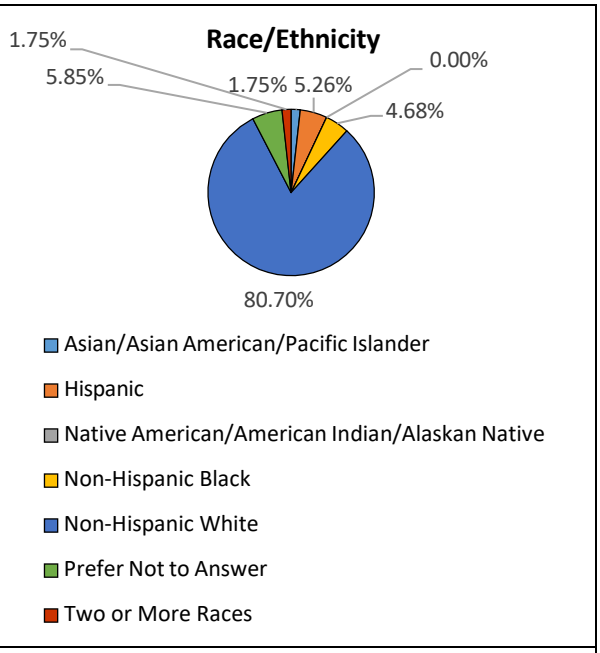
Question 12: What is the top economic issue that affects health in your community?

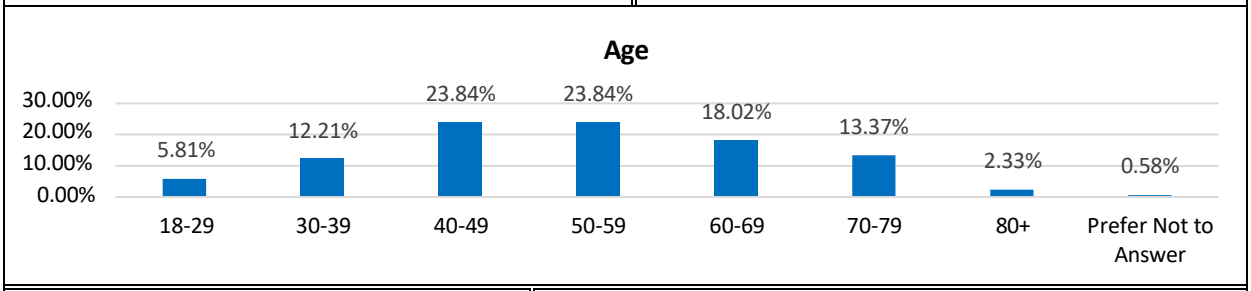


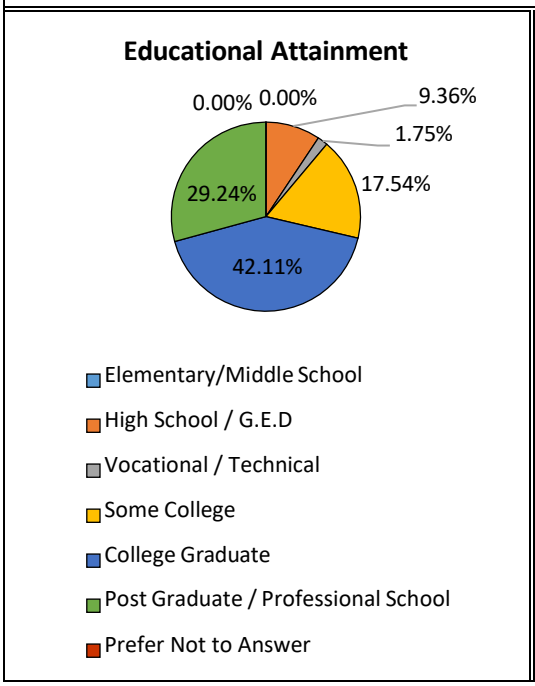
St. Johns County

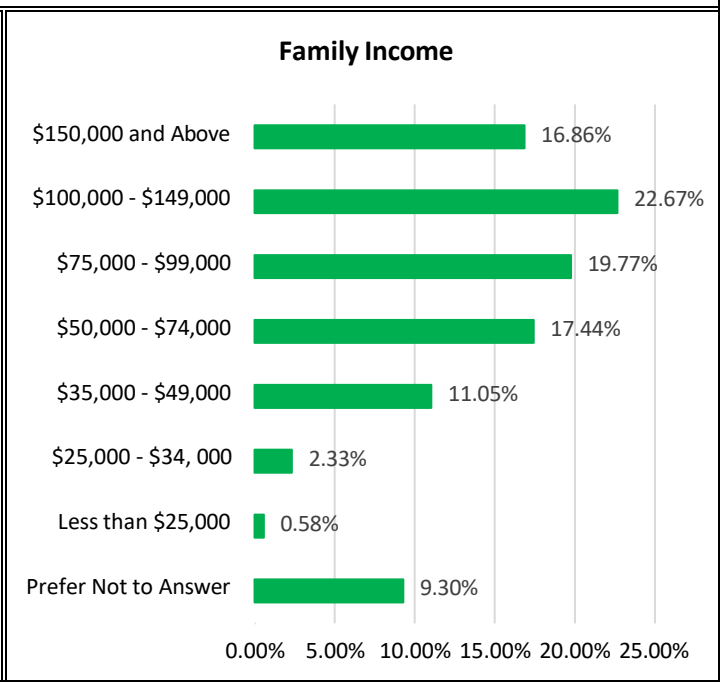
Respondent Population Characteristics





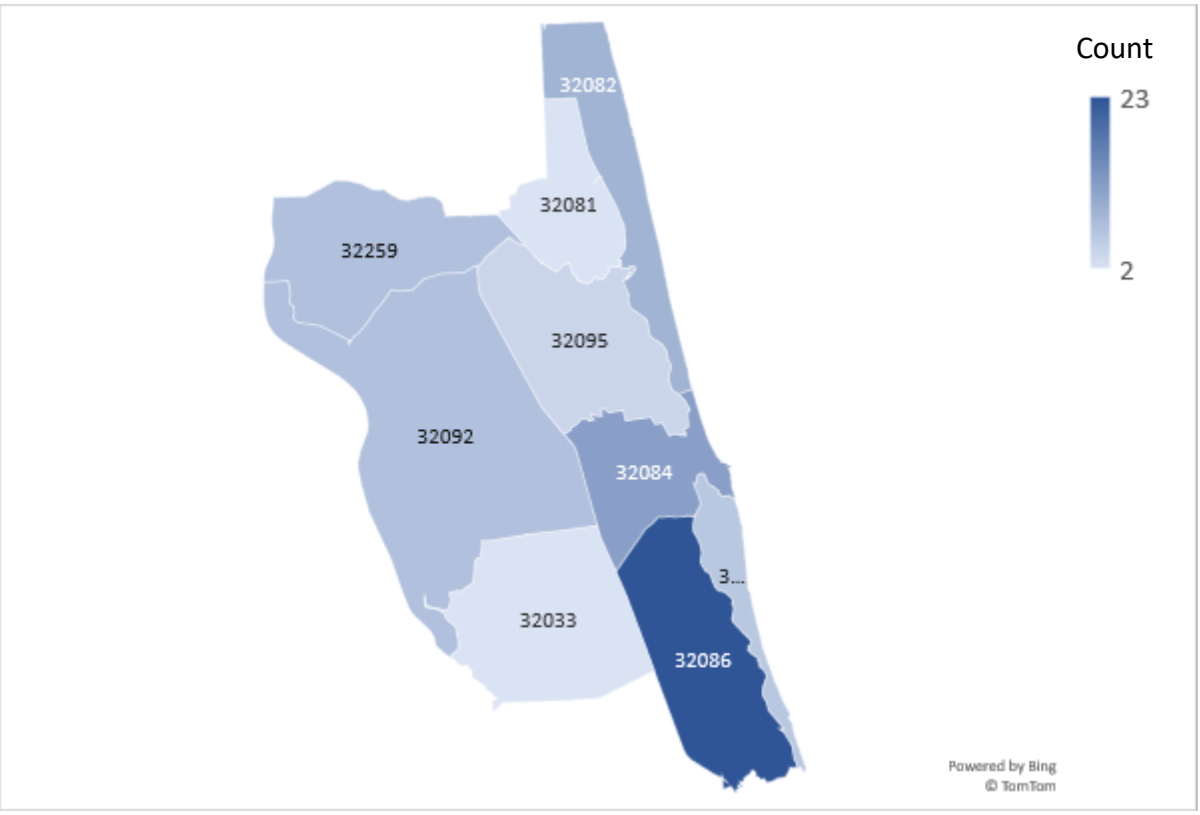






Access

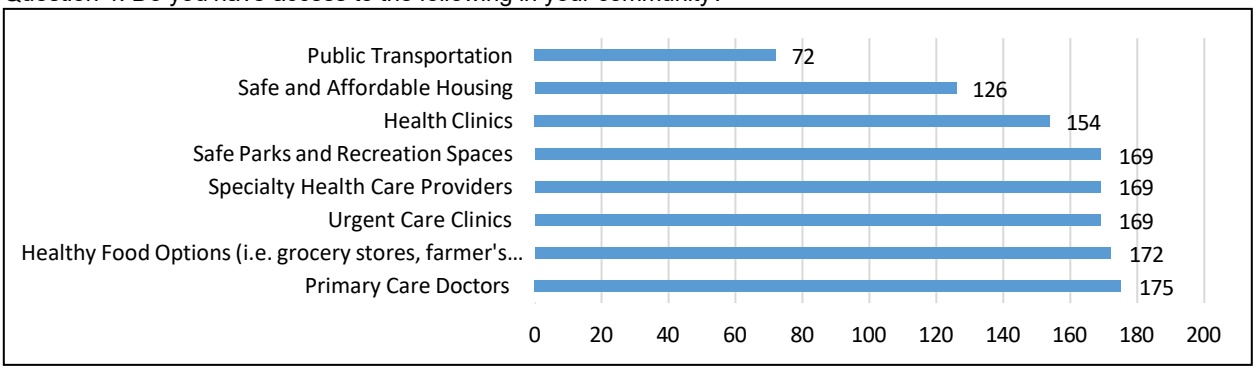
Lack of access to public transportation appears to be a common challenge for survey respondents. Many respondents (74%; 23 responses) within the 32086 zip code indicated that they did not have access to public transportation. For reference, most responses to the survey came from residents of St. Johns County living within the 32086 zip code see map below.



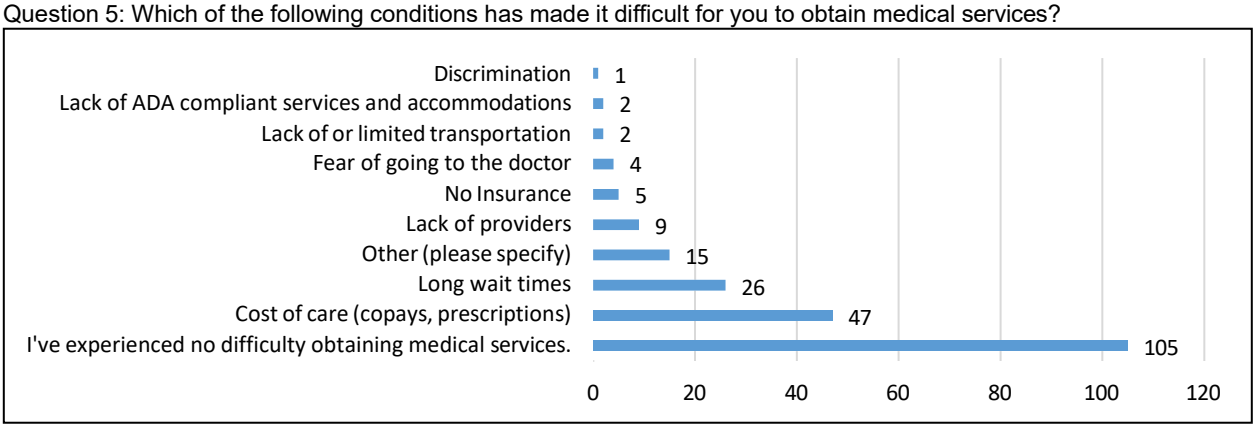
Map depicting zip codes of respondents who indicated they did not have access to public transportation

Many survey respondents in St. Johns County indicated that they have access to primary care doctors (175 responses), healthy food options (172 responses), urgent care clinics (169 responses), specialty healthcare providers (169 responses), safe parks and recreation spaces (169 responses), health clinics (154 responses), and safe and affordable housing (126 responses). Fewer survey respondents in St. Johns County indicated that they have access to public transportation (72 responses). In addition, many respondents in St. Johns County noted that they did not have trouble accessing medical or dental services (105 responses, and 110 responses respectively). For both medical and dental services, cost of care was cited as the primary reason for service being hard to access. Results for these questions are summarized below.

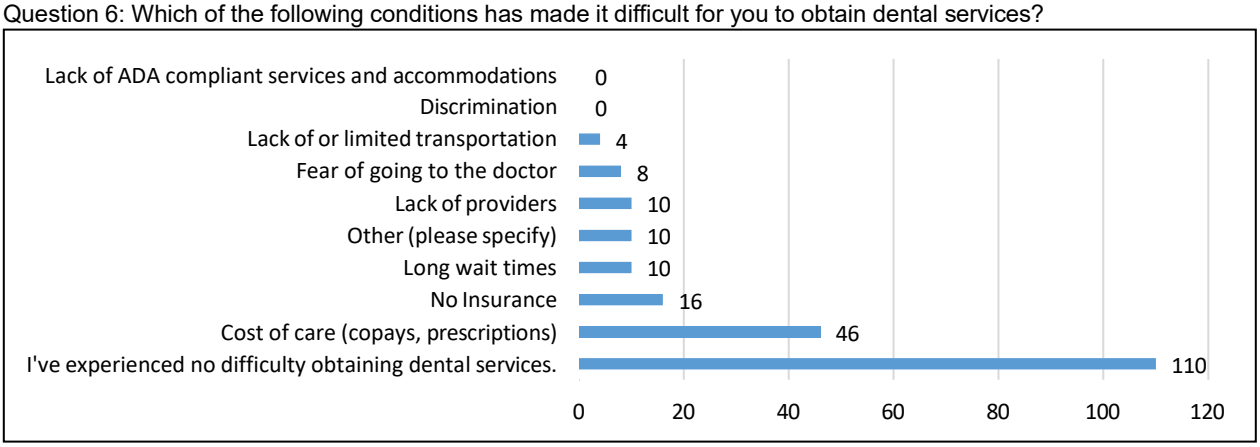
Question 4: Do you have access to the following in your community?



Question 5: Which of the following conditions has made it difficult for you to obtain medical services?



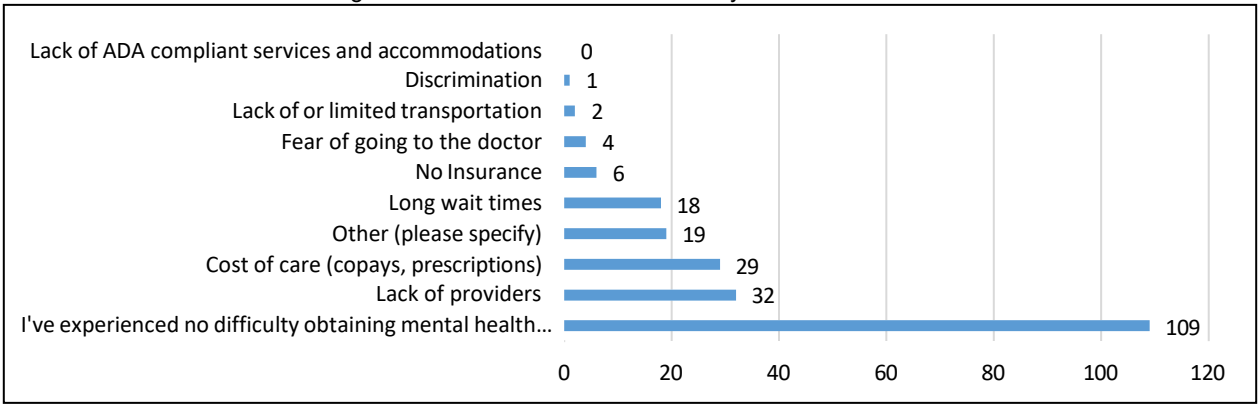
Question 6: Which of the following conditions has made it difficult for you to obtain dental services?



Mental Health

Many respondents in St. Johns County indicated they had no difficulty accessing mental health services. Conditions making it difficult to access mental health services included lack of providers (32 responses), cost of care (29 responses), and long wait times (18 responses).

Question 7: Which of the following conditions has made it difficult for you to obtain mental health services?

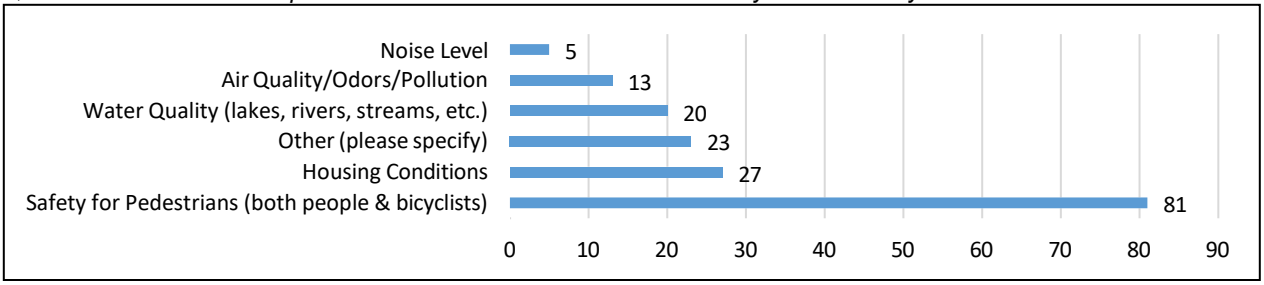


Disclaimer: Due to the unavailability of Not Applicable response to Question 7, total represented in the graph above may include outliers.

Chronic Disease

Factors contributing to chronic disease incidence are many and inclusive of the presence of food deserts, level of access to physical activity, and indoor/outdoor air quality. When asked about which environmental health concerns affect their community, survey respondents most frequently selected safety for pedestrians and bicyclists (81 responses).

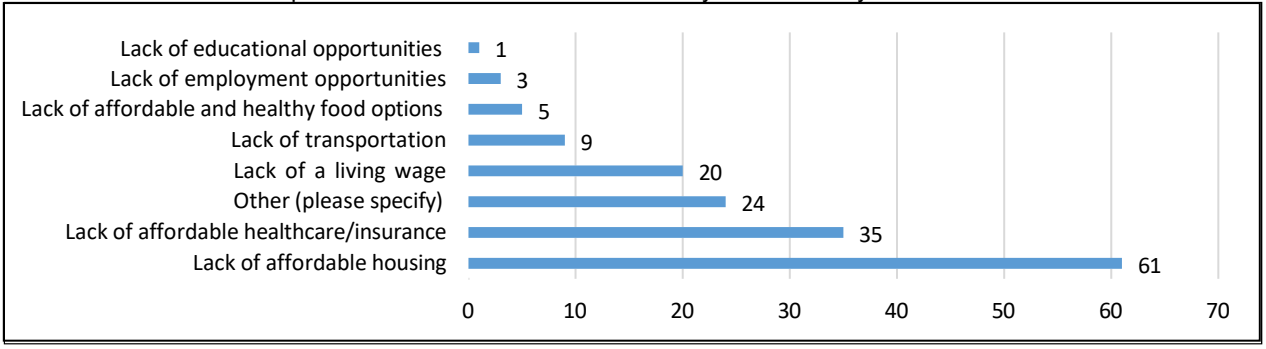
Question 10: What is the top environmental health concern that affects your community?



Poverty

Many respondents had a family income between $100,000 and $149,000. For many respondents, cost of care is cited as a concern for medical, dental, and mental health services. Furthermore, when respondents were asked about the top economic issue affecting health in the community, many selected lack of affordable healthcare or insurance.

Question 12: What is the top economic issue that affects health in your community?



E. Secondary Data

Secondary Data Collection Methods

Standards for collecting, reviewing, presenting, and analyzing secondary data are based on industry trends that assess health status and risk factors for population health and community wellness. Quantitative data for each county is obtained from the Behavioral Risk Factor Surveillance System (BRFSS), County Health Rankings and Roadmaps (CHR&R), Florida Charts, Florida Department of Health Local Community Health Assessments (CHA), Hospital Utilization Reports, U.S. Census, and the Youth Risk Behavior Surveillance System (YRBSS).

Population health measures the physical, mental, environmental, and social well-being of its residents. Collecting, assembling, and analyzing available data that includes statistics on health status, epidemiologic studies of health problems, healthcare utilization, service availability, and self-reported analytics helps to identify unmet needs and emerging needs.

Secondary Data Outcomes

Universal measures, recommended by Healthy People 2030 to assess the general health of the U.S. population, are the basis for the secondary data sets used in this CHNA to evaluate the health status of the communities and populations served by the Partnership.

Estimating life expectancy, or the average number of years a person lives, provides an overall community health indicator. Table 8 provides a breakdown by county as compared to the state. Low life expectancies can result from high infant mortality rates, high rates of drug overdose or suicide, barriers to high-quality healthcare, and other factors. This baseline, when combined with other health data, helps identify neighborhoods most in need of investment.

Table 8: Life Expectancy by County, Race, and Ethnicity

Life Expectancy by County, Race, and Ethnicity					
County	Total Population	Asian	Black	Hispanic	White
Baker	75.5	-	77.0	-	75.0
Clay	77.8	85.2	79.4	83.6	77.0
Duval	76.1	88.7	74.2	83.8	75.7
Nassau	77.6	-	73.4	84.2	77.5
St. Johns	81.9	101.4	77.4	86.9	81.7
Florida	80.0	86.1	76.1	82.1	79.9

Source: Florida Charts

In addition to life expectancy, mortality and morbidity rates are direct measures of population health and community well-being. The top five leading causes of death in the service areas are Cancer, Chronic Lower Respiratory Disease (CLRD), Heart Disease, Unintentional Injuries, and Stroke, which is consistent with the State of Florida as shown in Table 9. Each service area has a slight difference in rank order; however, heart disease and cancer are the top two in every county.

Table 9: Top Five Leading Causes of Death

Top Five Leading Causes of Death by County		
Baker County had 262 deaths in 2019 which is a 2.9% decrease compared to the number of deaths in 2017.		
Top Five	Number of deaths	% of Deaths
Heart Disease	55	20.99
Cancer	49	18.70
Unintentional Injury	19	7.20
Chronic Lower Respiratory Diseases (CLRD)	15	5.70
Stroke	14	5.00
Clay County had 1,938 deaths in 2019 which is a 6.1% increase compared to the number of deaths in 2017.		
Top Five	Number of deaths	% of Deaths
Cancer	405	20.90
Heart Disease	341	17.60
Chronic Lower Respiratory Diseases (CLRD)	141	7.30
Stroke	140	7.20
Unintentional Injury	137	7.10
Duval County had 8,781 deaths in 2019 which is a 2.7% increase compared to the number of deaths in 2017.		
Top Five	Number of deaths	% of Deaths
Cancer	1,787	20.35
Heart Disease	1,782	20.30
Unintentional Injury	710	8.10
Stroke	557	6.30
Chronic Lower Respiratory Diseases (CLRD)	445	5.20
Nassau County had 935 deaths in 2019 which is a 0.2% decrease compared to the number of deaths in 2017.		
Top Five	Number of deaths	% of Deaths
Cancer	235	25.13
Heart Disease	193	20.60
Stroke	67	7.20
Chronic Lower Respiratory Diseases (CLRD)	51	5.50
Unintentional Injury	47	5.00
St. Johns County had 2,120 deaths in 2019 which is a 5.1% increase compared to the number of deaths in 2017.		
Top Five	Number of deaths	% of Deaths
Cancer	508	23.96
Heart Disease	421	19.90
Unintentional Injury	117	5.50
Chronic Lower Respiratory Diseases (CLRD)	111	5.20
Stroke	109	5.10

Source: Florida Charts

The County Health Rankings & Roadmaps (CHR&R) initiative by the University of Wisconsin Population Health Institute School of Medicine and Public Health studies county-level data to

determine how health outcomes and health factors differ by place. **Health Outcomes** measure both length and quality of life. At the same time, **Health Factors** reveal the shape of the community's future based on availability and access to different resources and opportunities. There are 67 counties in Florida; the five counties in the service area listed in Table 10 reflect the numeric designation by health outcomes and factor indicators.

Table 10: County Health Rankings

2021 Florida County Health Ranking Total Florida Counties: 67						
			Breakdown of Health Factors Rankings			
County	**Health Outcomes Rank**	**Health Factors Rank**	**Health Behaviors** Tobacco Diet and Exercise Alcohol Use High-Risk Sex	**Clinical Care** Access to Care Quality of Care	**Socio-Economic** Education Employment Income Family/Social Support Community Safety	**Physical Environment** Air Quality Built Environment Access to Healthy Food Liquor Stores
Baker	52	41	58	38	32	28
Clay	21	15	29	20	7	48
Duval	46	27	25	17	30	46
Nassau	26	8	26	4	6	47
St. Johns	1	1	2	2	1	24

Source: University of Wisconsin Population Health Institute School of Medicine and Public Health

The model of population health in Figure 7 illustrates the relationship between social, economic, physical, clinical, and other factors that influence both length of life and quality of life. Looking at the CHR&R with some Healthy People 2030 indicators and social determinants of health provides a snapshot of current health conditions receiving increased attention from hospitals, healthcare systems, and governmental agencies interested in improving health outcomes.

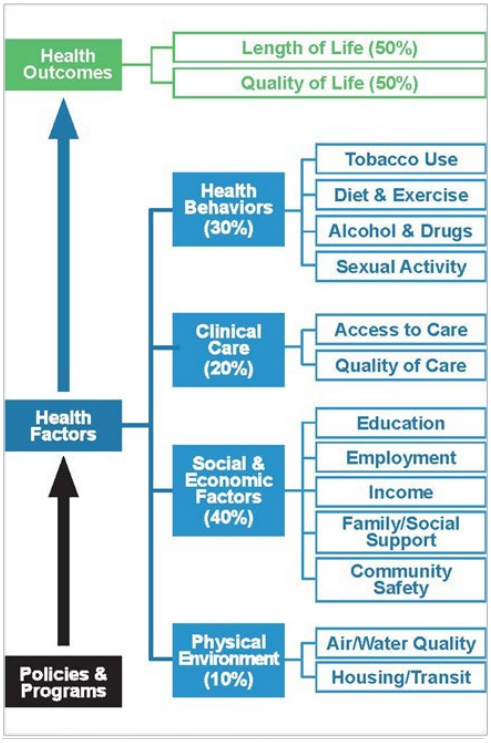


Figure 7: Model of Health Outcomes

COVID-19

Due to the impact COVID-19 has had and will continue to have on population health, it warrants a separate discussion as it correlates to equity and the need for future investment in population health. The pandemic has highlighted how community resources directly impact the health of its residents. Unsafe or unstable housing, income insecurity, lack of transportation, and underlying health inequities put some populations at higher risk during the pandemic. People at disproportionate risk for severe health impacts from COVID-19 are also more likely to suffer secondary consequences, such as loss of income or Healthcare.

Compounding social and economic conditions such as housing, employment, food security, and education contribute significantly to individual health outcomes over a lifetime. Table 11 summarizes COVID-19 cases by county and race, hospitalization, and deaths. Ongoing research and analytics will continue to reveal the magnitude of the pandemic in the nation, state, and local communities.

Table 11: COVID-19 Summary

COVID-19 Regional Impacts Summary *Please note this information was current as of May 2021*							
County	Positive Cases					Hospitalizations	Deaths
	Total	White	Black	Other	Unknown Race		
Baker	3,481	2274	441	134	632	184	60
Clay	18,623	12,281	2,364	1,369	2,609	944	340
Duval	96,806	41,558	27,717	11,298	16,233	2,133	1,408
Nassau	7,951	6,614	514	325	498	308	126
St. Johns	22,377	16,954	1,253	1,602	2,568	807	211
TOTAL	149,238	79,681	32,289	14,728	22,540	4,376	2,145
State	2,275,177	1,303,323	304,031	358,114	309,709	94,767	36,733

Source: Florida Department of Health

Infectious Diseases

Infectious diseases are illnesses caused by germs (such as bacteria, viruses, and fungi) that enter the body, multiply, and cause an infection. Some infectious diseases are contagious (or communicable), spread from one person to another. Other infectious diseases can spread by germs carried in the air, water, food, or soil. They can also be spread by vectors (like biting insects) or by animals.

Table 12: 2019 Infectious Disease Rates

Infectious Disease	**Baker**	**Clay**	**Duval**	**Nassau**	**St. Johns**	**State of Florida**
Indicator	Rate Per 100,000	Rate Per 100,000	Rate Per 100,000	Rate Per 100,000	Rate Per 100,000	Rate Per 100,000
Bacterial STDs Incidence	697.8	661.0	1306.4	421.7	347.2	758.0
White	317.5	265.8	394.0	250.2	163.4	268.3
Black	1,315.1	1,663.2	2,409.2	1,044.4	1,310.6	1,598.4
Hispanic	396.8	361.1	474.1	131.0	172.3	452.1
Non-Hispanic	490.2	445.9	1,067.2	307.4	234.3	624.5
Bacterial STDs Incidence (ages 15-19)	3,576.1	2,274.9	4,507.7	1,725.5	1,364.1	2,718.8
HIV Diagnoses	7.1	8.8	29.2	5.9	8.4	21.6
White	4.4	3.8	17.2	5.4	5.8	9.6

Black	---	40.7	58.3	---	30.7	53.2
Hispanic	132.3	8.9	20.3	26.2	16.7	29.2
Non-Hispanic	3.7	8.7	30.2	4.9	7.8	18.8
HIV Infection Cases (ages 15-19)	0.0	6.4	20.5	10.3	3.1	10.7
Tuberculosis Cases	0.0	0.9	2.5	0.0	1.1	1.9
Chronic Hepatitis C (including Perinatal)	149.5	74.6	116.5	119.8	78.9	93.7
NOTE:	*Indicates rate is higher than the state*					

Source: Florida Charts

Chronic Diseases and Cancer

The prevalence of chronic diseases reveals the current health status of the service area population. Hospitalization and incidence rankings derived from hospital utilization reports are presented in Table 13. Six in ten Americans live with at least one chronic disease, like heart disease, stroke, cancer, or diabetes. Chronic diseases are the leading cause of death and disability. Healthy behaviors (e.g., physical activity, avoiding cigarette use, and refraining from binge drinking) and preventive practices (e.g., visiting a doctor for a routine check-up, tracking blood pressure, and monitoring blood cholesterol) help prevent and manage these chronic conditions.

Table 13: Hospitalization and Incidence Rankings by County

Hospitalization and Incidence Ranking by County					
Rank	Baker	Clay	Duval	Nassau	St. Johns
1	Diabetes	Diabetes	Diabetes	Diabetes	Heart Failure
2	Heart Failure	Heart Failure	Heart Failure	Heart Failure	Asthma
3	Asthma	Asthma	Asthma	Asthma	Coronary Heart Disease
4	Chronic Lower Respiratory Disease	Coronary Heart Disease	Chronic Lower Respiratory Disease	Coronary Heart Disease	Stroke
5	Coronary Heart Disease	Chronic Lower Respiratory Disease	Stroke	Chronic Lower Respiratory Disease	Chronic Lower Respiratory Disease
6	Stroke	Stroke	Coronary Heart Disease	Stroke	Breast Cancer
7	Heart Attack	Heart Attack	Heart Attack	Heart Attack	Heart Attack
8	Breast Cancer	Breast Cancer	Breast Cancer	Breast Cancer	Prostate Cancer
9	Lung Cancer	Prostate Cancer	Prostate Cancer	Prostate Cancer	Lung Cancer
10	Prostate Cancer	Lung Cancer	Lung Cancer	Lung Cancer	Colorectal Cancer

11	Colorectal Cancer	Colorectal Cancer	Colorectal Cancer	Colorectal Cancer	Melanoma
12	Melanoma	Melanoma	Melanoma	Melanoma	Diabetes
13	Cervical Cancer	Cervical Cancer	Cervical Cancer	Cervical Cancer	Cervical Cancer

Source: Florida Charts

Table 14 shows the 2019 age-adjusted death and hospitalization rates for various chronic diseases: coronary heart disease, stroke, heart failure, diabetes, and asthma. These rates are also broken down by race and ethnicity to identify health disparities. These specific chronic diseases were chosen for further examination since they were ranked high in Table 13.

Age-adjusted rates ensure that differences in incidence or deaths from one year to another, or between geographic areas, are not due to differences in the age distribution of the populations that are being compared. Thus, age-adjusted rates are the rates that would have existed if the population under study had the same age distribution as the standard population. Age-adjusted rates are summary measures that adjust for differences in age distributions and help make fairer comparisons between groups that have different age distributions.

Table 14: 2019 Rates of Chronic Disease

Chronic Diseases	**Baker**	**Clay**	**Duval**	**Nassau**	**St. Johns**	**State of Florida**
Indicator	**Age-Adjusted Rate Per 100,000**	**Age-Adjusted Rate Per 100,000**	**Age-Adjusted Rate Per 100,000**	**Age-Adjusted Rate Per 100,000**	**Age-Adjusted Rate Per 100,000**	**Age-Adjusted Rate Per 100,000**
Coronary Heart Disease Deaths	109.9	81.6	94.5	89.4	76.4	88.6
White	112.9	82.7	93.9	91.5	78.2	88.6
Black	95.9	88.8	107.7	73.7	81.7	91.8
Hispanic	0.0	83.3	46.6	83.8	38.5	73.9
Non-Hispanic	107.6	79.2	95.6	89.0	77.9	91.5
Stroke Deaths	48.6	62.2	56.0	55.4	31.0	41.1
White	44.1	64.5	50.7	54.1	32.3	39.2
Black	103.4	57.6	75.3	105.8	19.0	60.9
Hispanic	0.0	24.5	58.5	166.5	14.8	40.1
Non-Hispanic	45.0	63.7	54.9	53.9	31.0	41.6
Heart Failure Hospitalizations	1,732.7	1,628.2	1,856.3	1,170.3	948.6	1,285.6
White	1,718.0	1,555.7	1,489.6	1,112.8	902.4	1,102.0
Black	1,993.9	2,172.5	2,837.9	2,343.5	1,634.6	2,133.5

Hispanic	356.2	913.4	904.9	427.1	642.3	1,106.6
Non-Hispanic	1,749.2	1,653.0	1,909.1	1,179.5	952.4	1,351.3
Diabetes Hospitalizations	2,969.1	2,784.6	3,188.4	2,086.5	1,459.0	2,314.2
White	2,904.2	2,633.6	2,477.4	1,961.2	1,347.5	1,915.1
Black	3,666.1	3,946.7	4,903.6	4,466.5	3,397.8	4,020.3
Hispanic	917.6	1,492.3	1,947.2	1,003.1	894.5	2,249.3
Non-Hispanic	2,983.7	2,842.7	3,257.1	2,105.9	1,476.8	2,344.7
Asthma Hospitalizations	41.0	45.9	77.8	31.8	35.4	62.4
White	39.1	39.8	43.1	28.4	23.2	42.1
Black	35.6	71.4	141.5	116.9	156.1	122.5
Hispanic	0.0	14.1	45.3	48.7	39.9	66.4
Non-Hispanic	42.2	48.9	81.9	30.2	35.4	62.2

Source: Florida Charts

Table 15 shows the 2017-2019 age-adjusted death rates for breast cancer, lung cancer, and prostate cancer. These rates are also broken down by race and ethnicity to identify health disparities. These three types of cancer were chosen for further examination since they were ranked the highest in Table 13.

Table 15: 2017-2019 Cancer Death Rates

Cancer	**Baker**	**Clay**	**Duval**	**Nassau**	**St. Johns**	**State of Florida**
Indicator	Age-Adjusted Rate Per 100,000	Age-Adjusted Rate Per 100,000	Age-Adjusted Rate Per 100,000	Age-Adjusted Rate Per 100,000	Age-Adjusted Rate Per 100,000	Age-Adjusted Rate Per 100,000
Breast Cancer Deaths (Females)	18.9	11.2	12.9	14.0	8.8	10.6
White	21.8	11.2	11.1	12.9	8.3	9.9
Black	0.0	4.2	19.1	36.8	18.1	14.6
Hispanic	0.0	6.4	12.4	34.4	0.0	8.0
Non-Hispanic	19.3	11.7	13.1	13.8	9.2	11.3
Lung Cancer Deaths (Females and Males)	37.0	40.6	38.9	52.0	30.3	33.4
White	39.6	43.2	43.8	53.2	31.2	34.8

Black	21.9	15.2	27.7	56.1	10.7	24.9
Hispanic	0.0	32.1	21.7	62.3	25.5	18.8
Non-Hispanic	37.7	40.9	39.7	51.6	30.3	36.4
Prostate Cancer Deaths (Males)	7.0	5.9	8.4	2.0	7.3	7.2
White	7.9	6.2	6.9	2.1	6.5	6.7
Black	0.0	0.0	14.9	0.0	22.3	13.0
Hispanic	0.0	0.0	2.6	0.0	9.0	6.3
Non-Hispanic	7.0	5.9	8.7	2.0	7.2	7.4
NOTE:		*Indicates rate is higher than the state*				

Source: Florida Charts

Maternal, Infant, Child, and Adolescent Health

Maternal health refers to the health of women during pregnancy, childbirth, and the postnatal period. Each stage should be a positive experience, ensuring women and their babies reach their full potential for health and well-being. Pregnancy can provide an opportunity to identify existing health risks in women and to prevent future health problems for women and their children. These health risks may include hypertension and heart disease, diabetes, depression, intimate partner violence, genetic conditions, sexually transmitted diseases (STDs), tobacco, alcohol, substance use, inadequate nutrition, and unhealthy weight. Infant health refers to the health of a baby from birth until 2 years of age. Premature births, unsafe sleeping practices, and bottle-feeding can contribute to poorer infant health.

Table 16: 2019 Maternal and Infant Health Indicators

Maternal and Infant Health	**Baker**	**Clay**	**Duval**	**Nassau**	**St. Johns**	**State of Florida**
Indicator	Rate Per 1,000 Live Births	Rate Per 1,000 Live Births	Rate Per 1,000 Live Births	Rate Per 1,000 Live Births	Rate Per 1,000 Live Births	Rate Per 1,000 Live Births
Neonatal Mortality	2.8	4.5	5.4	4.7	3.2	4.2
White	3.3	4.0	3.4	5.3	1.6	3.1
Black	0.0	3.1	9.4	0.0	27.0	7.4
Hispanic	0.0	0.0	6.5	0.0	0.0	3.5
Non-Hispanic	2.9	4.5	5.1	5.1	3.4	4.3
Infant Mortality	11.0	6.7	7.9	4.7	4.5	6.0
White	6.5	5.7	5.1	5.3	2.7	4.4
Black	24.4	9.4	13.2	0.0	33.8	10.9

Hispanic	0.0	0.0	4.3	0.0	0.0	4.9
Non-Hispanic	11.6	7.1	7.5	5.1	4.9	6.3
Post neonatal Mortality	8.3	2.2	2.5	0.0	1.4	1.8
White	3.3	1.7	1.7	0.0	1.1	1.3
Black	24.4	6.3	3.8	0.0	6.8	3.4
Hispanic	0.0	0.0	1.8	0.0	0.0	1.4
Non-Hispanic	8.7	2.5	2.4	0.0	1.5	2.0
Maternal Mortality	2.8	0.4	0.5	0.0	0.5	0.3
White	3.3	0.6	0.6	0.0	0.5	0.2
Black	0.0	0.0	0.2	0.0	0.0	0.5
Hispanic	0.0	0.0	0.0	0.0	0.0	0.1
Non-Hispanic	2.9	0.5	0.5	0.0	0.5	0.3
NOTE:		*Indicates rate is higher than the state*				

Source: Florida Charts

Children's health is the extent to which individual children or groups of children are able or enabled to develop and realize their potential, satisfy their needs, and develop the capacities that allow them to interact successfully with their biological, physical, and social environments. Child health is the foundation to adult health and overall well-being. Physical and mental abuse and other childhood traumas lead to poor child health and may cause chronic physical and mental health problems. In 2019, there were 1,776 children aged 1-5 living in Baker County, 12,542 in Clay County, 65,335 in Duval County, 4,440 in Nassau County, and 13,162 in St. Johns County.

Table 17: Pediatric Health Indicators

Pediatric Health	**Baker**	**Clay**	**Duval**	**Nassau**	**St. Johns**	**State of Florida**
Indicator	Rate Per 100,000	Rate Per 100,000	Rate Per 100,000	Rate Per 100,000	Rate Per 100,000	Rate Per 100,000
Deaths ages 1-5	18.7	24.0	26.6	38.6	13.0	24.4
Unintentional injury deaths ages 1-5	18.7	5.3	9.4	30.9	2.6	9.4
Cancer deaths ages 1-5	0.0	8.0	2.1	0.0	0.0	2.4
Heart Diseases deaths ages 1-5	0.0	0.0	0.0	0.0	0.0	0.7

Hospitalizations ages 1-5 for all non-fatal unintentional injuries	149.9	183.9	173.4	162.1	135.0	137.8
…Near drownings	0.0	21.3	6.8	15.4	13.0	8.6
…Traumatic brain injuries	0.0	29.3	31.2	30.9	15.6	27.0
ER visits for non-fatal unintentional poisonings ages 1-5	412.3	389.2	355.6	470.8	275.3	345.1
…Unintentional falls	4,479.0	5,893.5	5,004.4	5,765.7	5,105.4	4,674.8
…Motor vehicle traffic related injuries	468.5	661.1	753.4	517.1	220.7	461.6
Overall cancer incidence rate ages 1-5	0.0	24.9	20.5	33.0	28.0	21.3
Children in foster care	174.7	255.4	234.8	269.0	104.9	220.4
	Rate Per 1,000	Rate Per 1,000	Rate Per 1,000	Rate Per 1,000	Rate Per 1,000	Rate Per 1,000
Children Ages 1-5 Receiving Mental Health Treatment Services	3.4	6.0	0.3	6.4	4.6	0.1
NOTE:	*Indicates rate is higher than the state*					

Source: Florida Charts

In 2019, there were 2,593 children aged 5-11 living in Baker County, 19,750 in Clay County, 85,292 in Duval County, 6,614 in Nassau County, and 21,673 in St. Johns County.

Table 18: Child Health Indicators

Child Health	**Baker**	**Clay**	**Duval**	**Nassau**	**St. Johns**	**State of Florida**
Indicator	Rate Per 100,000	Rate Per 100,000	Rate Per 100,000	Rate Per 100,000	Rate Per 100,000	Rate Per 100,000
Child Mortality	36.3	28.4	38.3	31.6	24.0	26.0
(ages 5-19)						

ED Visits (ages 5-19)	46,300.6	39,175.4	45,442.7	38,943.6	23,267.5	37,303.6
Children experiencing Child Abuse (ages 5-11)	878.9	974.2	911.3	267.8	648.7	765.9
Children experiencing Sexual Violence (ages 5-11)	64.6	92.0	78.3	10.3	40.0	58.5
Children in Foster Care (ages 5-11)	462.7	470.9	454.9	453.6	226.1	453.7
	Percent	Percent	Percent	Percent	Percent	Percent
Child Food Insecurity Rate	12.43	17.1	20.6	17.9	13.7	19.4
Children in Schools Grades K-12 With Emotional/Behavioral Disability	0.4	1.3	0.7	0.4	0.5	0.5

NOTE: Indicates rate is higher than the state

Source: Florida Charts

Adolescence is an important time to focus on overall well-being and to promote health and prevent disease. In 2019, there were 134,305 adolescents living in Clay, Baker, Duval, Nassau, and St. Johns Counties combined. Adolescents are at the risk-taking stage and may engage in risky sexual behaviors, substance use, and smoking; although, there have been recent declines in these behaviors. During this time, adolescents can face mental health issues, self-harm, and risk of developing dependence on cigarettes or drugs. In 2019, there were 2,609 adolescents aged 12-18 living in Baker County, 21,208 in Clay County, 80,673 in Duval County, 6,720 in Nassau County, and 23,095 in St. Johns County.

Table 19: Adolescent Health Indicators

Adolescent Health	**Baker**	**Clay**	**Duval**	**Nassau**	**St. Johns**	**State of Florida**
Indicator	Rate Per 100,000	Rate Per 100,000	Rate Per 100,000	Rate Per 100,000	Rate Per 100,000	Rate Per 100,000
Hospitalizations for self-harm injuries (ages 12-18)	90.1	105.1	77.3	80.5	101.2	68.1

Hospitalizations for eating disorders (ages 12-18)	25.7	67.5	78.1	50.3	92.1	36.5
Suicide deaths (ages 12-18)	12.9	12.5	6.8	20.1	10.6	6.0
Children in Foster Care (ages 12-17)	310.2	284.5	357.1	201.7	174.3	366.3

NOTE: *Indicates rate is higher than the state*

Source: Florida Charts

The CDC's Youth Risk Behavior Surveillance System (YRBSS) only provides select district prevalence estimates; therefore, only the estimates for Duval County are shown below.

Table 20: Adolescent Health Data from the 2019 Youth Risk Behavior Surveillance System Survey

YRBSS Data	Duval County	State of Florida	United States
Question	Percentage	Percentage	Percentage
Unintentional Injuries and Violence			
Rarely or never wore a seat belt	13.8	7.9	6.5
Rode with a driver who had been drinking alcohol	20.9	16.7	16.7
Drove when they had been drinking alcohol	7.6	5.6	5.4
Texted or e-mailed while driving a car or other vehicle	36.0	35.6	39.0
Carried a weapon	15.6	12.7	13.2
Carried a weapon on school property	4.1	2.3	2.8
Were bullied on school property	17.5	14.9	19.5
Were electronically bullied	14.8	11.3	15.7
Were ever physically forced to have sexual intercourse	11.3	7.2	7.3
Experienced sexual violence by anyone	14.5	10.8	10.8
Seriously considered attempting suicide	22.7	15.6	18.8
Actually attempted suicide	18.9	7.9	8.9
Tobacco Use			
Ever tried cigarette smoking	--	16.8	24.1
First tried cigarette smoking before age 13 years	11.7	5.4	7.9
Currently smoked cigarettes daily	--	1.1	1.1

Alcohol and Other Drug Use			
Currently drank alcohol	25.0	26.1	29.2
Ever used marijuana	--	34.5	36.8
Ever took prescription pain medicine without a doctor's prescription or differently than how a doctor told them to use it	22.3	13.9	14.3
Ever used cocaine	9.1	4.1	3.9
Sexual Behaviors			
Ever had sexual intercourse	--	36.6	38.4
Did not use a condom during last sexual intercourse	48.0	41.5	45.7
Did not use birth control pills before last sexual intercourse	83.3	82.2	77.0
Were never tested for human immunodeficiency virus (HIV)	83.8	86.7	90.6
Dietary Behaviors			
Did not eat fruit or drink 100% fruit juices	11.3	9.0	6.3
Did not eat vegetables	12.1	12.3	7.9
Obesity, Overweight, and Weight Control			
Had obesity	15.4	14.0	15.5
Were overweight	16.7	16.1	16.1
Described themselves as slightly or very overweight	29.5	32.1	32.4
Other Health Topics			
Never saw a dentist	3.7	4.3	1.9
Did not get 8 or more hours of sleep	83.0	79.8	77.9

NOTE: *Indicates rate is higher than the state*

Source: High School YRBSS Florida 2019 and United States 2019 Results

Veterans

Florida is considered the most veteran-friendly state in the US with 1.5 million veterans (Florida Department of Veterans' Affairs). The FDVA offers services, benefits, and support to veterans to assist them in the transition from being an active-duty member to going back to their "normal" life. Stress from being in combat and away from family puts service members at risk for various mental health problems such as post-traumatic stress disorder (PTSD), depression, substance abuse, and suicidal thoughts. Veterans not only come home with mental health problems, but sometimes even with physical disabilities. In 2016, the county in northeast Florida with the

highest percentage of veterans in their population was Clay County at 13.1%, followed by Nassau County at 11.1%, Duval County at 9.9%, St. Johns County at 8.5%, and Baker County at 7.5%. The percentage of veterans by county was obtained from the Florida Institute for County Government.

Table 21: Overview of the Veteran Population by County

Veterans	Baker	Clay	Duval	Nassau	St. Johns	State of Florida
Indicator	Estimate	Estimate	Estimate	Estimate	Estimate	Estimate
Gender	2,063	26,414	82,283	8,727	20,491	1,440,338
Male	1,919	23,121	70,649	8,068	18,358	1,306,985
Female	144	3,293	11,634	659	2,133	133,353
Age	2,063	26,414	82,283	8,727	20,491	1,440,338
18 to 34 years	163	2,324	10,600	554	1,053	106,230
35 to 54 years	634	8,983	25,438	2,106	5,276	300,862
55 to 64 years	618	6,074	18,539	1,768	3,447	254,727
65 to 74 years	461	5,776	16,792	2,275	5,661	378,423
75 years+	187	3,257	10,914	2,024	5,054	400,096
Race	2,063	26,414	82,283	8,727	20,491	1,440,338
White	1,782	21,176	53,233	8,115	18,414	1,225,113
Black/African-American	226	3,446	23,581	408	1,244	157,369
American Indian/ Alaskan Native	0	36	408	141	129	5,828
Asian	0	729	1,988	33	266	13,627
Native Hawaiian/ Other Pacific Islander	0	29	106	0	11	1,139
Some other race	37	371	798	9	68	14,347
≥ 2 races	18	627	2,169	21	359	22,888
Hispanic / Latino	24	1,791	5,004	148	982	123,892
Educational attainment	2,063	26,414	82,283	8,727	20,491	1,440,338
Less than high school	87	681	3,662	496	560	74,885
High school graduate (includes equivalency)	683	7,275	20,021	2,473	4,533	378,956
Some college or associate's degree	921	10,560	33,584	2,495	6,571	527,953
Bachelor's degree or higher	334	7,747	23,381	3,175	8,744	444,144
Poverty Status	2,063	26,414	82,283	8,727	20,491	1,440,338
Income below poverty level	109	1,966	6,780	664	1,369	99,709
Income above poverty level	1,708	24,372	74,857	8,001	19,087	1,321,017

Source: American Community Survey, 5-year estimates Table S2101

Table 22: 2019 Veterans Administration Disability Compensation by County

Veterans Disability Compensation	Baker	Clay	Duval	Nassau	St. Johns	State of Florida
Indicator	Count	Count	Count	Count	Count	Count
Total Disability Compensation	464	7,926	25,984	1,982	4,742	384,363
Age 17-44	85	1,920	7,243	420	984	87,649
Age 45-64	186	3,715	11,609	746	1,896	133,920
Age 65 and older	193	2,291	7,132	816	1,862	162,791
Male	420	6,733	22,006	1.790	4,183	340,754
Female	44	1,193	3,978	192	559	43,409
Service Connected Disability Rating	464	7,926	25,984	1,982	4,742	384,363
0% to 20%	161	2,133	7,445	556	1,426	110,456
30% to 40%	73	1,524	4,746	395	800	63,006
50% to 60%	70	1,323	4,294	327	732	56,872
70% to 90%	102	2,085	6,599	456	1,146	98,568
100%	58	861	2,900	248	638	55,440

Source: Department of Veterans Affairs, Office of Enterprise Integration, United States Veterans Eligibility Trends & Statistics (USVETS) 2019

Disabilities

Disabilities are conditions of the body or mind that make it difficult for individuals to participate in certain activities and interact with their environment. There are many types of disabilities that fall into four broad categories: physical, intellectual, sensory, and mental. Around five million adults in Florida live with a disability; this is equal to one in four adults or 28 percent of adults (CDC). Table 23 shows percentages of individuals living with different types of abilities in the five county service area and the entire state of Florida.

Table 23: 2019 Disability Data

Disabilities	Baker	Clay	Duval	Nassau	St. Johns	State of Florida
Indicator	Percent of Census Population 18-64	Percent of Census Population 18-64	Percent of Census Population 18-64	Percent of Census Population 18-64	Percent of Census Population 18-64	Percent of Census Population 18-64
With a disability	15.5	11.4	11.2	13.6	8.5	10.0

Individuals with Hearing Difficulty	2.2	2.6	1.7	2.7	1.9	1.7
Individuals with Vision Difficulty	3.8	1.4	2.2	3.4	1.8	1.9
Individuals with an Independent Living Disability	5.1	3.5	3.9	3.3	2.7	3.5
	Overall Percent	Overall Percent	Overall Percent	Overall Percent	Overall Percent	Overall Percent
Adults who have a mobility disability	24.2	16.2	16.7	21.1	13.6	16.2
Adults who are limited in any way in any activities because of physical, mental, or emotional problems	26.4	26.1	23.5	29.3	18.8	21.2
Percent of adults who use special equipment because of a health problem	18.1	13.5	9.7	13.2	4.9	9.9
	Count	Count	Count	Count	Count	Count
Developmentally disabled persons	60	557	3,116	256	682	61,105
Clients with a brain and/or spinal cord injury	4	10	77	7	14	2,230
Seriously mentally ill adults	838	6,502	29,248	2,661	7,629	664,111

NOTE: *Indicates rate is higher than the state*

Source: Florida Charts

Mental Health

Mental health is an integral and essential component of health. Mental health is a state of well-being in which individuals realize their abilities, cope with the everyday stresses of life, work productively, and contribute to their community.

Table 24: 2019 Mental Health Rates

Mental Health	**Baker**	**Clay**	**Duval**	**Nassau**	**St. Johns**	**State of Florida**
Indicator	Age – Adjusted Rate Per 100,000	Age – Adjusted Rate Per 100,000	Age – Adjusted Rate Per 100,000	Age – Adjusted Rate Per 100,000	Age – Adjusted Rate Per 100,000	Age – Adjusted Rate Per 100,000
Suicide Deaths	16.1	18.1	17.4	20.0	18.3	14.5
White	19.6	20.5	21.8	20.6	19.1	16.5

Black	0.0	6.8	9.1	20.2	20.9	5.9
Hispanic	0.0	13.1	16.3	27.1	11.4	7.7
Non-Hispanic	16.5	18.5	16.9	16.8	18.7	16.6
Hospitalizations for Mood and Depressive Disorders	213.4	548.3	524.8	294.2	414.5	499.4
White	225.5	573.5	588.7	287.1	407.3	495.7
Black	160.8	422.3	452.1	275.1	503.7	475.1
Hispanic	357.1	184.4	246.7	269.7	203.2	301.4
Non-Hispanic	212.4	585.0	551.8	292.9	425.4	566.7
Hospitalizations for Mental Disorders	525.7	1015.1	1149.7	698.8	822.0	1026.6
White	523.0	1,030.2	1,173.3	683.0	807.2	949.4
Black	537.5	924.4	1,226.2	808.8	1,138.2	1,283.9
Hispanic	1,034.1	344.2	492.4	437.7	311.8	605.5
Non-Hispanic	511.0	1,077.8	1,213.2	709.0	849.9	1,173.4
NOTE:	*Indicates rate is higher than the state*					

Source: Florida Charts

Substance Use and Abuse

Substance use and abuse refer to illegal drugs or prescription or over-the-counter drugs or alcohol used for purposes other than intended or in excessive amounts. Substance Use Disorders (SUD) are defined as the recurrent use of alcohol and/or drugs that cause clinically significant impairment, including health problems, disability, and failure to meet primary responsibilities at work, school, or home.

Table 25: 2019 Drug Use/Abuse Rates

Drug Use/Abuse	Baker	Clay	Duval	Nassau	St. Johns	State of Florida
Indicator	**Age – Adjusted Rate Per 100,000**	**Age – Adjusted Rate Per 100,000**	**Age – Adjusted Rate Per 100,000**	**Age – Adjusted Rate Per 100,000**	**Age – Adjusted Rate Per 100,000**	**Age – Adjusted Rate Per 100,000**
Opioid Overdose Deaths	**4.5**	**27.7**	**37.8**	**13.5**	**8.5**	**21.4**

Drug Overdose Deaths	7.0	32.8	43.7	18.5	10.7	27.1

NOTE: Indicates rate is higher than the state

Source: Florida Charts

Table 26: 2016 Alcohol Use/Abuse

Alcohol Use/Abuse	Baker	Clay	Duval	Nassau	St. Johns	State of Florida
Indicator	Percent	Percent	Percent	Percent	Percent	Percent
Adults who engage in heavy or binge drinking	12.0	22.2	19.4	12.2	20.1	17.5

NOTE: Indicates rate is higher than the state

Source: Florida Charts

Injury

Injury is defined as physical harm or damage to someone's body. Injuries and violence are leading causes of death for children and adults ages one to forty-five in the United States. Whether intentional or unintentional, injuries can be predicted and prevented. Unintentional injuries include those that result from motor vehicle collisions (including those that involve pedestrians and bicyclists), drownings, falls, firearms, and recreational and sports-related activities. Intentional injuries result from interpersonal or self-inflicted violence. They include homicide, assaults, suicide and suicide attempts, child abuse and neglect (including child sexual abuse), intimate partner violence, elder abuse, and sexual assault. Poisonings are deaths due to external causes such as drugs, medications and biological substances. These rates include drug overdose deaths.

Table 27: 2019 Fatal Injuries Rates

Fatal Injuries	Baker	Clay	Duval	Nassau	St. Johns	State of Florida
Indicator	Age – Adjusted Rate Per 100,000	Age – Adjusted Rate Per 100,000	Age – Adjusted Rate Per 100,000	Age – Adjusted Rate Per 100,000	Age – Adjusted Rate Per 100,000	Age – Adjusted Rate Per 100,000
Firearm	18.61	15.96	22.4	7.9	10.13	12.79
Fall	19.7	12.14	10.52	7.69	11.0	10.46

Motor Vehicle Traffic – Motorcyclist	1.6	4.67	3.14	1.38	4.34	2.71
Motor Vehicle Traffic – Occupant	6.4	9.14	7.18	15.46	5.59	6.67
Motor Vehicle Traffic – Pedestrian	4.20	1.95	3.79	1.69	1.21	2.99
Poisoning includes drug overdoses	12.43	30.51	41.48	22.99	15.15	26.24

NOTE: *Indicates rate is higher than the state*

Source: Florida Charts

Healthcare Utilization

Healthcare utilization refers to the use of healthcare services by the need for assistance (i.e., levels of illness and disability), the availability of services, and the resources available for providing and paying for service. People use healthcare for many reasons, including preventing and treating health problems, promoting health and well-being, or obtaining information about their health status and prognosis. Utilization reports for each health system can be found in Appendix C.

Accessing Healthcare Services/Resources

Access to healthcare refers to the ease with which an individual can obtain needed medical services. Many people face barriers that prevent or limit access to needed healthcare services, which may increase the risk of poor health outcomes and health disparities. Barriers to healthcare may include lack of health insurance, poor access to transportation, and limited healthcare resources.

Table 28: Health Resources Availability

Health Resources Availability	**Baker**	**Clay**	**Duval**	**Nassau**	**St. Johns**	**State of Florida**
Indicator	Rate Per 100,000	Rate Per 100,000	Rate Per 100,000	Rate Per 100,000	Rate Per 100,000	Rate Per 100,000
Total Licensed Florida Physicians	31.5	181.9	412.9	152.2	423.1	314.0
Total Licensed Florida Pediatricians	0.0	15.0	27.6	9.2	24.8	21.9
Total Licensed Florida OB/GYN	0.0	5.0	12.0	4.6	7.5	9.2
Total Licensed Florida Internists	3.5	22.3	62.0	17.2	58.2	47.3
Total Licensed Florida Family Practice Physicians	3.5	19.1	24.7	22.9	35.7	19.2

NOTE:	Indicates rate is higher than the state which is a positive indicator for the counties

Source: Florida Chart

F. Data Synthesis through the Lens of Health Equity

Health data is primarily available by state, county, and zip code level, while socio-economic data is available by census tract. A cursory review of sociodemographic data at the census tract level by poverty indicators provides greater insight into the health of a neighborhood on a micro-scale. When these indicators overlay zip code data such as hospital utilization statistics, food security, environmental conditions, prevalence of chronic diseases, and access to public transportation, a pattern of inequity and exclusion emerges. The inequity is often by race, ethnicity, and/or socioeconomic status. It is, therefore, necessary to assess the health impact of policies and activities whose primary purpose is not health, but which may result in adverse health outcomes. Actions to optimize the positive effects and eliminate or reduce those that are undesired may involve policy and systems changes that go beyond treating disease.

Census tract summaries for each county compare selected sociodemographic indicators that show a high probability that these communities experience higher rates of chronic diseases, infant mortality, childhood hunger, adverse childhood experiences, and prevalence of mental health disorders. This analysis provides a method for aligning the key themes that surfaced during both primary and secondary data analysis.

The summary tables below show the census tracts in each county that are designated as Medically Underserved Areas (MUA) by the Health Resources and Services Administration (HRSA), an agency of the U.S. Department of Health and Human Services. MUAs are designated based on few primary care providers, high infant mortality, high poverty, and/or a high elderly population. Appendix D provides census tract tables by county and corresponding census tract maps for further comparison and future assessment.

Poverty indicators used for this analysis are based on census definitions and linked to source data gleaned from many resources. Median household income determines eligibility for specific programs, such as nutrition assistance or need-based financial aid. The following median household income data in Table 29, based on the nationwide population in 2018, shows median income for African American populations is the lowest.

Table 29: Median Household Income Comparisons by Race for the Five County Area

	Baker County	Clay County	Duval County	Nassau County	St. Johns County
Race and Ethnicity	Median household income				
Asian Americans	--	74,400	74,400	86,200	138,400
White Americans	66,200	67,000	64,500	72,200	83,200
African American	35,300	59,100	40,900	41,600	47,500

American Indian or Alaskan Native	--	50,800	49,500	88,000	85,100
Hispanic or Latino	--	59,100	52,200	60,400	77,900

Source: 2019 Small Area Income and Poverty Estimates (SAIPE) Program within the US Census

The U.S. Census Bureau's poverty threshold for a family with two adults and one child was $20,578 in 2019. This is used as the official measurement of poverty by the federal government and the measure for most poverty-based data. The Department of Health and Human Services (HHS) produces simplified - but very similar - versions of these poverty thresholds called "poverty guidelines" used to assess eligibility for income-based programs such as Medicaid.

While many other socio-demographic characteristics also demonstrate poverty, the selected indicators below (life expectancy, median income, number per household, etc.) demonstrate the correlations between healthy places and healthy people based on health factors and social determinants of health. The percentage of Black residents in each census tract is used as a base data point to identify areas that may be experiencing racial inequity, the lens through which this CHNA is focused. Shortened life expectancy is linked to vulnerable populations, and Black communities typically experience more risk factors and poorer health outcomes. The following summary of MUAs and socio-economic characteristics by census tract begins to look at population health at a more granular level. This helps to focus on specific areas facing disproportionate disparities that negatively impact population health and community wellness. This type of analysis, combined with the county health indicators summarized in previous sections, corroborate the data analysis findings discussed in the prioritization exercise.

Baker County

Baker County encompasses 585 square miles in northeastern Florida bordered by Georgia to the north, Nassau and Duval Counties to the east, Bradford, and Union Counties to the south, and Columbia County to the west. The County Seat is in the incorporated City of Macclenny. The other incorporated City is Glen St. Mary, while the other major communities of Sanderson and Olustee remain unincorporated. Baker County is divided into three zip codes and four census tracts with an estimated population of 28,211 people (ACS, 2019).

Baker County has a low population density residing in rural communities and some suburban enclaves. The county is predominantly White at 84%, with a Black population of 14%. The county is defined by three zip codes and four census tracts, all of which all are designated as MUAs. Although the highest poverty level at 18.4% is in CT 402.02, only 5% of the Black population lives there. The highest black population in Baker County is in CT 402.1 with a 13.10 percent poverty level, an average income of $55,946 for a household of 3 people. Regardless of race, Baker County residents experience factors that contribute to disparities in health outcomes. Although there was limited participation from Baker County residents in primary data collection, some of the key themes identified in the prioritization process aligned with the input received from the key stakeholder interviews and the focus group.

Baker County Poverty Indicators

County/ Census Tract	Population	Black % of Population	Average Life Expectancy Age	Median Income	% Below Poverty Line	House-holds	Persons Per Household	Median Home Price	MUA
Baker County	**28,211**	**13**	**75.9**	**63,275**	**12**	**8,693**	**2.9**	**138,900**	
401.01	6,852	13	74.4	64,732	10.30	2,234	3	151,000	Designated
401.02	7,141	9	78.5	70,747	6.70	2,398	2.6	171,000	Designated
402.01	8,181	24	75.2	55,946	13.10	2,123	3	69,800	Designated
402.02	6,037	5	75.7	60,139	18.40	1,938	3.1	155,200	Designated

All hospitals in the Partnership serve Baker County and try to reach these MUAs to ensure that all community members have access to healthcare services. These hospitals consist of Baptist Medical Center Beaches, Baptist Medical Center Jacksonville, Baptist Medical Center Nassau, Baptist Medical Center South, Brooks Rehabilitation Hospital University, Brooks Rehabilitation Hospital Bartram, Mayo Clinic in Florida, Ascension St. Vincent's Clay County, Ascension St. Vincent's Riverside, Ascension St. Vincent's Southside, UF Health Jacksonville, UF Health North, and Wolfson Children's Hospital. The rate of healthcare professionals (physicians, pediatricians, OB/GYN, internists, and family practice physicians) per 100,000 population in Baker County is much lower than the state rate, and the lowest in northeast Florida. This low availability of health resources in the community was heard in the Baker County Key Stakeholder Interviews:

> "Baker County is just so rural they don't have those extra services; they're not going to have specialists out there – they don't have a birthing hospital out there. It's a medically underserved community."
>
> "Access to primary care and prevention is a county wide issue in Baker County, not specific to a zip code or neighborhood, people in rural parts of the county may have more issues related to transportation but the issue affects everyone in the county."

An issue of note that came up in the primary data analysis that may warrant further review was the need for internet access in the region:

> "We talk about telehealth, but if there's not broadband – if people don't have access to internet – how are they supposed to use telehealth? And right now, because of our emergency order we're able to reimburse/be reimbursed for telehealth, but what does that look like in the future? I think there's legislative solutions for some of this."

The average life expectancy in Baker County is 75.5 years, which is relatively low; Black individuals have the highest average life expectancy at 77.0 years, followed by 75.0 years for White individuals. There are some significant racial and ethnic health disparities that exist in Baker County and can be seen in the secondary data outcomes. These disparities are highlighted below.

Chronic Diseases

- The age-adjusted rate for deaths due to stroke is over two times higher for Black individuals than White individuals.

- The age-adjusted rate for heart failure hospitalizations is almost five times higher among non-Hispanic individuals than Hispanic individuals.

- The age-adjusted rate for diabetes hospitalizations is over three times higher among Non-Hispanic individuals than Hispanic individuals.
- The age-adjusted rate for deaths due to lung cancer is almost two times higher for White individuals than Black individuals.

Maternal, Infant, and Child Health

- The infant mortality rate per 1,000 live births is almost four times higher among Black babies than White babies.
- The post neonatal mortality rate per 1,000 live births is over seven times higher among Black babies than White babies.
- Baker County has the highest rate of ED visits for children aged 5-19 in northeast Florida (46,300.6 per 100,000).

Mental Health

- The age-adjusted rate of hospitalizations for mental disorders is over two times higher for Hispanic individuals than non-Hispanic individuals.

Infectious Diseases

- Black individuals have an incidence rate of bacterial STDs over four times higher than the bacterial STDs incidence rate for White individuals.
- The rate of HIV diagnoses for Hispanic individuals is over 35 times the rate for non-Hispanic individuals.

Clay County

Clay County encompasses 644 square miles in northeast Florida, bordered by Duval County to the north, St. Johns County to the east, Putnam County to the south, and Bradford County to the west. Clay County is defined by 12 zip codes and 30 census tracts with a population of 219,252. The four incorporated municipalities are Green Cove Springs, Keystone Heights, Orange Park, and Penney Farms. Clay County is transitioning from rural to urban, with large suburban communities developing south of Orange Park. Although the population of Clay County is relatively high, much of the county remains rural with extensive farming and agricultural activities. As one Clay County key stakeholder put it, access is an issue for many Clay County residents:

> "There's not a pediatrician close by, there's not dental care close by. Transportation is a real barrier, just because it's so rural."

The only MUA is CT 312, situated in the middle of the county east of Camp Blanding and south of Middleburg (ACS, 2019).

Clay Poverty Indicators

County/ Census Tract	Population	Black % of Population	Average Life Expectancy Age	Median Income	% Below Poverty Line	House-holds	Persons Per Household	Median Home Price	MUA
Clay County	**219,252**	**12**	**74.6**	**76,687**	**8.50**	**75,793**	**2.9**	**214,500**	
312	15,742	7	83.7	76,846	11.90	5,517	2.8	206,600	Designated

All hospitals in the Partnership serve Clay County and try to reach these MUAs to ensure that all community members have access to healthcare services. These hospitals consist of Baptist Medical Center Beaches, Baptist Medical Center Jacksonville, Baptist Medical Center Nassau, Baptist Medical Center South, Brooks Rehabilitation Hospital University, Brooks Rehabilitation Hospital Bartram, Mayo Clinic in Florida, Ascension St. Vincent's Clay, Ascension St. Vincent's Riverside, Ascension St. Vincent's Southside, UF Health Jacksonville, UF Health North, and Wolfson Children's Hospital.

The average life expectancy in Clay County is 77.8 years; Asian individuals have the highest average life expectancy at 85.2 years, followed by 83.6 years for Hispanic individuals, 79.4 years for Black individuals, and 77.0 years for White individuals. There are significant racial and ethnic health disparities that exist in Clay County and can be seen in the secondary data outcomes. These disparities are highlighted below.

Chronic Diseases

- The age-adjusted rate for deaths due to stroke is over two times higher for Non-Hispanic individuals than Hispanic individuals.
- The age-adjusted rate for heart failure hospitalizations is almost two times higher among Non-Hispanic individuals than Hispanic individuals.
- The age-adjusted rate for diabetes hospitalizations is over two times higher among Non-Hispanic individuals than Hispanic individuals.
- The age-adjusted rate for deaths due to breast cancer is almost three times higher for White females than Black females.
- The age-adjusted rate for deaths due to lung cancer is almost three times higher for White individuals than Black individuals.

Maternal, Infant, and Child Health

- The infant mortality rate per 1,000 live births is almost two times higher among Black babies than White babies.
- The post neonatal mortality rate per 1,000 live births is almost four times higher among Black babies than White babies.
- Clay County has the highest rate of children aged 5-11 experiencing child abuse in northeast Florida.
- Clay County has the highest rate of children aged 5-11 experiencing sexual violence in northeast Florida.

Mental Health

- The age-adjusted rate of suicide deaths is over two times higher for White individuals

than Black individuals.
- The age-adjusted rate of hospitalizations for mood and depressive disorders is over three times higher for non-Hispanic individuals than Hispanic individuals.
- The age-adjusted rate of hospitalizations for mental disorders is over two times higher for non-Hispanic individuals than Hispanic individuals.

Infectious Diseases
- Black individuals have an incidence rate of bacterial STDs over six times higher than the bacterial STDs incidence rate for White individuals.
- The rate of HIV diagnoses for Black individuals is over ten times the rate for White individuals.

Duval County

Duval County encompasses 918 square miles in northeastern Florida, bordered by Nassau County to the north, the Atlantic Ocean to the east, St. Johns County to the south, and Baker County to the west. Duval County is defined by 53 zip codes and 173 CTs with a population of 957,755 (ACS, 2019).

Jacksonville became a consolidated city in 1968 when the county and city governmental functions merged, making Jacksonville one of the largest cities in the nation by landmass, not population. Jacksonville Beach, Atlantic Beach, Neptune Beach, and Baldwin opted out of consolidation and remain incorporated. Downtown Jacksonville is the urban center of Duval County, with in-town neighborhoods radiating from the core to the inner-ring suburban development and exurban sprawling land-use patterns. Still, some outer bands of Duval County remain rural. As a consolidated government, providing and maintaining an equitable distribution of services to all communities is challenging. The consequences are apparent in population health outcomes and community wellness factors. There are 30 CTs designated as MUAs.

. Duval Poverty Indicators									
County	Population	Black % of	Average Life	Median	% Below	House	Persons Per	Median	MUA
Census Tract		Population	Expectancy Age	Income	Poverty Line	holds	Household	Home Price	
Duval County	**957,755**	**29**	**73.2**	**58,415**	**13.60**	**368,668**	**2.5**	**207,600**	
1	5,443	63	67.6	25,386	33	2,315	2.4	74,100	Designated
2	2,310	89	71.2	25,082	39.1	913	2.5	73,700	Designated
3	2,227	60	71.5	23,438	43.9%	794	2.6	53,700	Designated
11	1,889	31	69.8	49,524	14.40	798	2.3	230,900	Designated
12	1,783	36	76.1	39,453	26.60	777	2.3	156,300	Designated
13	3,846	84	70.4	25,281	35.10	1,598	2.4	74,700	Designated
14	5,044	79	67.3	31,494	27.70	2,185	2.3	69,300	Designated
15	4,321	91	67.2	22,197	48.60	1,654	2.6	57,200	Designated

16	1,497	87	61.7	15,183	47.10	588	2.6	45,200	Designated
28.01	4,461	97	68	30,509	26.60	1,821	2.5	54,100	Designated
28.02	4,652	89	68.9	26,716	28.50	1,860	2.4	50,800	Designated
29.01	3,672	90	69.8	27,283	43.30	1,212	3	41,500	Designated
29.02	3,408	90	67.1	24,855	35.60	1,257	2.5	54,500	Designated
104.01	3,399	55	73.6	46,590	16.20	1,207	2.8	92,500	Designated
104.02	4,138	55	70	30,341	34.80	1,639	2.5	54,300	Designated
107	5,244	91	69.3	34,352	26.70	1,856	2.8	96,900	Designated
108	4,862	93	73.5	38,551	20.50	1,875	2.6	71,000	Designated
109	3,351	81	73.4	42,949	7	1,511	2.2	84,700	Designated
110	4,155	69	72.2	39,605	24.30	1,390	3	92,700	Designated
111	3,092	74	71.8	31,616	24	1,227	2.5	63,600	Designated
112	3,176	90	69.6	42,857	30.60	1,176	2.7	77,900	Designated
113	2,964	96	76.1	31,038	29.20	1,125	2.6	97,600	Designated
114	2,243	98	68.9	31,339	17.90	835	2.7	90,100	Designated
115	4,118	93	67	26,837	40.80	1,592	2.5	70,200	Designated
116	3,668	91	71.8	26,771	34.50	1,484	2.5	62,700	Designated
138	4,183	10	72.7	58,705	5.90	523	4	87,300	Designated
139.01	5,971	14	73.8	52,054	11.10	1,515	2.7	165,300	Designated
139.02	5,602	16	N/A	53,837	6	2,219	2.5	181,900	Designated
139.05	4,057	4	82.9	123,250	4.60	1,920	2.1	623,300	Designated
139.06	4,461	3	79.5	81,840	4.70	2,091	2.1	355,100	Designated
140.02	2,477	2	83.4	99,018	3.80	1,009	2.5	382,100	Designated
142.03	4,989	1	80.5	95,476	7.40	2,478	2	2,986	Designated
142.04	4,851	0	79.5	109,688	2.20	2,098	2.3	355,200	Designated
163	2,073	26	72.2	35,491	27	791	2.6	109,500	Designated
172	2,165	47	76.2	42,702	38.60	1,190	1.5	162,500	Designated
174	2,643	83	69.1	27,521	50.50	863	2.9	75,700	Designated

All hospitals in the Partnership serve Duval County and try to reach these MUAs to ensure that all community members have access to healthcare services. These hospitals consist of Baptist Medical Center Beaches, Baptist Medical Center Jacksonville, Baptist Medical Center Nassau, Baptist Medical Center South, Brooks Rehabilitation Hospital University, Brooks Rehabilitation Hospital Bartram, Mayo Clinic in Florida, Ascension St. Vincent's Clay County, Ascension St. Vincent's Riverside, Ascension St. Vincent's Southside, UF Health Jacksonville, UF Health North, and Wolfson Children's Hospital. The rate of healthcare professionals (physicians,

pediatricians, OB/GYN, internists, and family practice physicians) per 100,000 population in Duval County is higher than the state rate, showing the great availability of healthcare resources to the community.

Substance use and abuse continues to be at the forefront of public health concerns. Synthetic opioids (primarily fentanyl) are the most common drugs involved in overdose deaths in the United States. Between 2015 and 2019, overdose deaths from the fentanyl increased by 250% in Florida, and numbers continued to rise sharply during the pandemic. Duval County has been one of the hardest hit by the opioid epidemic. The need for additional funding for mental health and substance abuse treatment were themes heard in the key stakeholder interviews in Duval County. A few examples are noted below:

> "Increase funding for mental health and substance abuse services."
>
> "When you don't have adequate funding for mental health and substance abuse issues, it greatly impacts your physical healthcare because untreated – for example – depression, you're eight times more likely to get dementia, have other co-morbidities including cancer."
>
> "There needs to be more use of Certified Recovery Peer Specialists, those with lived experience who can really speak from the heart to people with mental health and substance use disorders."

The need for care coordination also came up in the primary data analysis:

> "I think care coordination is absolutely critical. It needs to be employed in every healthcare setting, whether it be behavioral health or physical health."
>
> "Unless they have a health navigator or coordinator to help with this, most people don't know about FQHCs or community clinics."

The average life expectancy in Duval County is 76.1 years; Asian individuals have the highest average life expectancy at 88.7 years, followed by 83.8 years for Hispanic individuals, 75.7 years for White individuals, and 74.2 years for Black individuals. There are other significant racial and ethnic health disparities that exist in Duval County and can be seen in the secondary data outcomes. These disparities are highlighted below.

Chronic Diseases

- The age-adjusted rate for heart failure hospitalizations is almost two times higher among Black individuals than White individuals.
- The age-adjusted rate for diabetes hospitalizations is almost two times higher among Black individuals than White individuals.
- The age-adjusted rate for deaths due to breast cancer is almost two times higher for Black females than White females.
- The age-adjusted rate for deaths due to prostate cancer is over two times higher for Black males than White males.
- The age-adjusted rate for deaths due to prostate cancer is almost four times higher for non-Hispanic males than Hispanic males.

Maternal, Infant, and Child Health

- The neonatal mortality rate per 1,000 live births is almost three times higher among

Black babies than White babies.
- The infant mortality rate per 1,000 live births is over two times higher among Black babies than White babies.
- The child mortality rate in Duval County (38.3 per 100,000 population aged 5-19) is the highest in northeast Florida and well over the state rate.

Mental Health
- The age-adjusted rate of suicide deaths is over two times higher for White individuals than Black individuals.
- The age-adjusted rate of hospitalizations for mental disorders is almost three times higher for non-Hispanic individuals than Hispanic individuals.

Drug Use / Abuse
- Duval County has the highest age-adjusted rates for opioid overdose deaths and drug overdose deaths in northeast Florida.

Infectious Diseases
- Black individuals have an incidence rate of bacterial STDs over six times higher than the bacterial STDs incidence rate for White individuals.
- Non-Hispanic individuals have a bacterial STDs incidence rate over two times higher than the incidence rate among Hispanic individuals.
- The rate of HIV diagnoses for Black individuals is over three times the rate for White individuals.

The Duval County Department of Health has recognized the significant health disparities faced by their residents and is continuing to take action to improve health equity in the community. One of Duval County Department of Health's most recent efforts was creating a community health improvement plan for 2017-2019 that targeted some of the health disparities listed above, with a larger focus on Maternal and Infant Health.

Nassau County

Nassau County encompasses 726 square miles in northeastern Florida, bordered by Georgia to the north, the Atlantic Ocean to the east, Duval County to the south, and Baker County to the west. Nassau is defined by five zip codes and 12 CTs, all of which are designated as MUAs with a population of 88,625 (ACS, 2019).

The County Seat is in Fernandina Beach on Amelia Island. The towns of Callahan, Hilliard, and Bryceville are in rural western Nassau. Yulee remains an unincorporated area between U.S. I-95 and the Amelia River. It is characterized by newly developed suburban enclaves and strip development along SR 200.

Nassau County Poverty Indicators

County/ Census Tract	Population	Black % of Population	Average Life Expectancy Age	Median Income	% Below Poverty Line	House-holds	Persons Per Household	Median Home Price	MUA
Nassau County	88,625	6	78.4	70,939	9.90	35,212	2.5	244,800	

501.01	7,408	13	79.4	52,122	15.80	3,372	2.1	292,900	Designated
501.02	2,888	8	82.2	61,889	8.40	1,351	2.1	249,100	Designated
502.01	1,850	1	80.4	164,821	3.30	991	1.9	853,200	Designated
502.02	7,163	3	82.2	82,832	6.50	3,007	2.4	333,700	Designated
502.03	3,842	2	81.4	74,788	5.80	1,833	2.1	479,500	Designated
503.01	10,517	10	75.7	80,528	8.10	3,809	2.7	209,800	Designated
503.02	7,705	10	74.9	63,816	22.60	2,643	2.9	172,500	Designated
503.03	14,452	5	78.1	84,171	9.60	5,679	2.5	283,900	Designated
504	8,909	5	77.1	60,599	13.10	3,204	2.7	143,300	Designated
505.02	7,546	2	75.2	70,334	4.90	2,811	2.7	187,500	Designated
505.03	6,661	6	79.1	56,777	14.80	2,473	2.7	161,800	Designated
505.04	4,157	0	75.7	68,140	4.30	1,430	2.9	158,700	Designated

All hospitals in the Partnership serve Nassau County, particularly the hospitals located in or adjacent to Nassau County, which are Baptist Nassau and UF Health North, try to reach these MUAs to ensure that all community members have access to healthcare services. While not located in Nassau County, Brooks Rehabilitation and Wolfson Children's Hospital serve the specialty populations of people with differing abilities and children, respectively, who live in Nassau County.

Several issues were highlighted in the primary data analysis of Nassau County. Among them were transportation, mental health, alcohol use, disproportionate distribution of resources, and lack of provider diversity.

> "We have no public transportation in Nassau County… if you can't walk or ride your bike or catch a ride somewhere then you aren't going to be able to get to where you need to go, and the West side of the county makes that more difficult because there's less resources."
>
> "We've seen an impact on the mental health of everybody because of this. Anxiety, depression, worry and an increase in drug use, opioids just like we've seen it around the country we've seen it in Nassau County, and we've seen it a lot with our adolescents."
>
> "Western census tracts they have a lower poverty level… they are in a healthcare professional shortage area, there's a long commute time they're very spread out more rural."
>
> "On the west side of the community our school health nurses tell us that the school health room is the urgent care center for those kids… their parents don't often have resources, so they use the school health rooms as their clinics. Come in Monday morning they've had minor injuries over the weekend or been ill they go see the school health nurse… and again I don't know if that's transportation or lack of access, parents have to work."
>
> "Once you go north or south of the A1A corridor to the more remote areas you're not going to have access to as healthy foods."
>
> "Any census tract other than Amelia Island has limited resources"

> "Alcohol is the most widely used drug in Nassau County and its very generational I would see 3 generations of families that came in with DUI… throughout all those generations… it was almost something that was expected, it wasn't unusual."
>
> "It's being able to see someone who looks like you. So, you want to access healthcare, you want to go see someone, but you want to see someone who's going to understand your issues and what does the access look like in the county for someone that looks like you? If you are African American – very limited options."

The average life expectancy in Nassau County is 77.6 years; Hispanic individuals have the highest average life expectancy at 84.2 years, followed by 77.5 years for White individuals, and 73.4 years for Black individuals. There are significant racial and ethnic health disparities that exist in Nassau County and can be seen in the secondary data outcomes. These disparities are highlighted below.

Chronic Diseases

- The age-adjusted rate for heart failure hospitalizations is over two times higher among Black individuals than White individuals.
- The age-adjusted rate for heart failure hospitalizations is over two times higher among non-Hispanic individuals than Hispanic individuals.
- The age-adjusted rate for diabetes hospitalizations is over two times higher among Black individuals than White individuals.
- The age-adjusted rate for deaths due to stroke is over two times higher for Black individuals than White individuals.
- The age-adjusted rate for deaths due to stroke is over three times higher for Hispanic individuals than non-Hispanic individuals.
- The age-adjusted rate for deaths due to breast cancer is almost three times higher for Black females than White females.
- The age-adjusted rate for deaths due to breast cancer is over two times higher for Hispanic females than non-Hispanic females.

Mental Health

- The age-adjusted rate of suicide deaths is almost two times higher for Hispanic individuals than non-Hispanic individuals.

Infectious Diseases

- Black individuals have an incidence rate of bacterial STDs over four times higher than the bacterial STDs incidence rate for White individuals.
- Non-Hispanic individuals have a bacterial STDs incidence rate over two times higher than the incidence rate among Hispanic individuals.
- The rate of HIV diagnoses for Hispanic individuals is over five times the rate for non-Hispanic individuals.

St. Johns County

St. Johns County encompasses 822 square miles in northeastern Florida, bordered by Duval County to the north, the Atlantic Ocean to the east, Flagler County to the south, and Putnam County to the west. The County Seat is in St. Augustine.

St. Johns County's cities are St. Augustine, St. Augustine Beach, Hastings, and Elkton. It is

known for its premier planned communities like Julington Creek and Nocatee and the exclusive beach community of Ponte Vedra. St. Johns County is defined by ten zip codes and 41 CTs of which 11 are designated as MUAs with a population of 264,672 (ACS, 2019). There are interesting anomalies when analyzing poverty indicators. For instance, CT 209.02 has the largest Black population with 33,907 people (however, the Black population makes up only 4% of the CT population), a median income of 93,322.00, and a low poverty rate of 5.8 %. This area is in central St. Johns County, just north of St. Augustine.

St. Johns County Poverty Indicators									
County/ Census Tract	**Population**	**Black % of Population**	**Average Life Expectancy Age**	**Median Income**	**% Below Poverty Line**	**House-holds**	**Persons Per Household**	**Median Home Price**	**MUA**
St. Johns County	**264,672**	**5**	**80.4**	**90,356**	**6.40**	**94,761**	**2.8**	**338,700**	
202	2,493	5	81.9	49,851	16.40	1,229	2	274,800	Designated
203	4,335	20	75.2	36,190	28	1,606	2.7	158,100	Designated
204	3,417	14	N/A	62,536	32.70	897	2.5	281,500	Designated
209.01	11,077	9	78.6	57,571	14.30	3,841	2.9	219,200	Designated
209.02	33,907	4	80.8	93,322	5.80	11,305	3	282,700	Designated
210.02	4,812	22	74.2	42,772	27.80	1,721	2.8	156,800	Designated
210.03	5,963	27	74.8	45,521	20.90	2,032	2.9	97,400	Designated
210.04	2,723	1	78.5	57,336	11.90	990	2.8	170,800	Designated
211.01	5,723	18	77.4	43,153	22.60	1,951	2.8	88,800	Designated
211.02	5,060	16	80.8	60,341	21.80	1,985	2.5	189,100	Designated
211.03	2,122	2	80.4	58,676	8.50	808	2.6	198,500	Designated

All hospitals in the Partnership serve St. Johns County and try to reach these MUAs to ensure that all community members have access to healthcare services. These hospitals consist of Baptist Medical Center Beaches, Baptist Medical Center Jacksonville, Baptist Medical Center Nassau, Baptist Medical Center South, Brooks Rehabilitation Hospital University, Brooks Rehabilitation Hospital Bartram, Mayo Clinic in Florida, Ascension St. Vincent's Clay County, Ascension St. Vincent's Riverside, Ascension St. Vincent's Southside, UF Health Jacksonville, UF Health North, and Wolfson Children's Hospital.

Despite ranking number one in the County Health Ranking, resources are not equitably distributed in St. Johns County. The following two quotes from key stakeholders summarize a theme of health disparities heard in our primary data collection in St. Johns County:

> "St. Johns is County Health Rankings #1, but there's definitely pockets of St. Johns, like towards the area just a little west of downtown there are multiple schools that we support

> that have a ton of homeless kids there."
>
> "The hospitals are generally located near centers of population so West Augustine has been ignored the past 40 or 50 years and it's a predominately African American neighborhood. Elwood and Armstrong both are predominantly rural African American neighborhoods that are about 15 to 20 miles from downtown… Flagler Estates it's working class black and white families… there's no healthcare facilities out there... they are 25 to 30 miles away… they don't even have decent access to the internet."

The average life expectancy in St. Johns County is 81.9 years, which is over the average for the state; Asian individuals have the highest average life expectancy at 101.4 years, followed by 86.9 years for Hispanic individuals, 81.7 years for White individuals, and 77.4 years for Black individuals. There are other significant racial and ethnic health disparities that exist in St. Johns County and can be seen in the secondary data outcomes. These disparities are highlighted below.

Chronic Diseases

- The age-adjusted rate for deaths due to coronary heart disease is almost two times higher among non-Hispanic individuals than Hispanic individuals.
- The age-adjusted rate for deaths due to stroke is over two times higher for non-Hispanic individuals than Hispanic individuals.
- The age-adjusted rate for heart failure hospitalizations is almost two times higher among Black individuals than White individuals.
- The age-adjusted rate for diabetes hospitalizations is over two times higher among Black individuals than White individuals.
- The age-adjusted rate for deaths due to breast cancer is over two times higher for Black females than White females.
- The age-adjusted rate for deaths due to lung cancer is almost three times higher for White individuals than Black individuals.
- The age-adjusted rate for deaths due to prostate cancer is almost four times higher for Black males than White males.

Maternal, Infant, and Child Health

- The neonatal mortality rate per 1,000 live births is almost 17 times higher among Black babies than White babies.
- The infant mortality rate per 1,000 live births is over 12 times higher among Black babies than White babies.
- The post neonatal mortality rate per 1,000 live births is over six times higher among Black babies than White babies.

Mental Health

- The age-adjusted rate of hospitalizations for mental disorders is over two times higher for non-Hispanic individuals than Hispanic individuals.
- The age-adjusted rate of hospitalizations for mood and depressive disorders is over two times higher for non-Hispanic individuals than Hispanic individuals.

Infectious Diseases

- Black individuals have an incidence rate of bacterial STDs over eight times higher than

the bacterial STDs incidence rate for White individuals.
- The rate of HIV diagnoses for Black individuals is over five times the rate for White individuals.
- The rate of HIV diagnoses for Hispanic individuals is over two times the rate for non-Hispanic individuals.

G. Significant Health Needs Identified by Themes

Analysis of the preceding primary and secondary data identified several gaps that leave certain populations in our community vulnerable to health inequities. Many in our region live in isolated, rural areas with limited access to preventative care, mental health services, and access to healthy and affordable food. Inadequate public transit means that most residents must rely on cars to travel, and even those living in urban areas may not be able to access clinics or other services. Social Determinants of Health such as poverty, housing affordability and healthy food create the conditions necessary for a healthy lifestyle.

The intersecting community health needs that emerged during the CHNA process revealed the following nine key themes for the Partnership to consider in the next three-year CHNA implementation cycle. These themes provided the framework for prioritization. What follows is the summary of primary and secondary data findings that support each theme; these were presented to community stakeholders during the Prioritization Workshop. The themes are listed in the order they were discussed at the Prioritization Workshop.

Mental Health

- Crisis calls, Baker Acts, and mental health admissions to the ER rose by 200% in northeast Florida due to the pandemic.
- Continued comparative lack of mental health resources in Florida, and in northeast Florida in particular.
- It is estimated that people with mental illness die 25 years earlier than the general population due to largely treatable chronic diseases.
- Discrimination against individuals in the LGBTQ community is associated with high rates of psychiatric disorders, substance use, and suicide (Healthy People 2020).
- Many veterans live with severe mental health conditions such as PTSD and anxiety (National League of Cities).
- Veterans are more likely to commit suicide than nonveterans (National League of Cities).
- Youth: Prevalence of mental health concerns in middle schools (YRBSS).
    - About 1 in 6 students in northeast Florida seriously considered suicide in 2019.
    - Female students were nearly twice as likely as male students to make a suicide plan.
    - About 8% of northeast Florida high school students reported attempting suicide one or more times during the past year.
    - “Mental health, from a pediatric perspective, our volume is up over 300% now.” (8-county NEFL region).
    - LGBTQ teens are more likely to experience symptoms of depression (Anxiety & Depression Association of America).
    - LGBTQ youth are more likely to feel suicidal and attempt suicide (Human Rights Campaign Foundation).

Access to Healthcare (clinics, food, cost, dental, etc.)

- Community concerns about the lack of access to:
  - Inclusive community clinics that accept Medicaid, with hours to accommodate working people.
  - Affordable care, particularly for low-income, working poor, uninsured or underinsured, immigrants, and undocumented residents.
- Difficulty accessing specialist services
  - Dental care
  - Prenatal care (Baker County)
- Cost - copays & insurance
- Broadband access in rural communities
- Lack of providers that mirror the population
- Individuals apart of the LGBTQ community are often denied needed healthcare (National Women's Law Center).
- Sexual minorities face several barriers to care, including their exclusion from a partner's health insurance, provider-related discrimination, psychosocial barriers (e.g., fear of disclosing sexual orientation or gender identity), and poor matches between the needs of LGBT people and the kinds of services that are available (HHS, 2011).
- Individuals with disabilities may struggle to receive healthcare due to inaccessible healthcare facilities and equipment (CDC).
- People with disabilities have varying access issues with respect to buildings not being ADA compliant and medical offices and staff not prepared to properly assist people who are hearing and vison impaired.

Poverty

- Over one-third of urban core residents live in poverty in Duval County.
- While Black residents of Duval County make up less than 30% of the population, they account for over 44% of those living in poverty (904WARD).
- "Until there are affordable grocery stores and healthcare providers who are willing to take Medicaid and take the time to build community trust there is going to continue to be an accessibility and sustainability problem."
- Individuals with disabilities have higher poverty rates (CDC).

Chronic Diseases – Diabetes, Heart Disease, Asthma; Obesity/Nutrition/Lifestyle

- High rates of diabetes hospitalizations in 4 of 5 counties (Baker, Clay, Duval, and Nassau)
- Comparatively high rates of adult obesity and physical inactivity
- Food deserts
- Community concerns about poor diet and nutrition and limited physical activity
- People with disabilities also report higher rates of obesity, lack of physical activity, and smoking, and three to four times higher rate of cardiovascular disease versus people without disabilities (CDC).

Transportation

- Lack of access to public transportation was a challenge for the majority of survey respondents and came up repeatedly in both key stakeholder interviews and most focus groups.
- Injury prevention – pedestrian, bicycle, motor vehicle safety
- Infrastructure – lack of sidewalks, crosswalks, bike lanes, lighting
- Traveling to receive healthcare services can be difficult for individuals with disabilities (CDC).
- Paratransit services are not always reliable and can take an inordinate amount of time

Housing

- Community concern about lack of safe and affordable housing
- The average price for homeownership is $240,000 (Northeast Florida Association of Realtors).
- A person working a full-time, minimum wage job has to work 73 hours per week to afford a one-bedroom apartment; a single parent who needs a two-bedroom apartment would have to work 88 hours per week.
- In order to afford a two-bedroom apartment without paying more than 30% of income on housing, a person must work the following number of full-time jobs at minimum wage:
    - Baker – 1.8
    - Clay, Duval, Nassau, and St Johns – 2.4

Maternal and Child Health

- Persistent maternal and child health issues: preterm births, domestic violence offenses, low birthweight births, infant mortality.
- There is a high percentage of middle school and high school students without sufficient vigorous physical activity.
- Some children only receive meals at school.

Drug Abuse & Misuse/Overdoses

- Florida saw a 38.4% increase in overdose deaths from 2019 – 2020, higher that the national increase of 24.2% (*Source: Florida Charts)*
- Drug-related deaths are the leading cause of death to mothers during pregnancy or within one year afterwards in 2017, accounting for 1 in 4 of these deaths in Florida.
- Many overdose deaths continue to be tied to poly-drug use, with the cause of death in most cases linked to fentanyl or fentanyl analogs.
- Increases in substances among middle school students in Duval County (Florida Youth Substance Abuse Survey - FYSAS).
- Poor mental health often leads veterans to substance abuse (National League of Cities).

Cancer

- Cancer is the leading cause of death in the region, and cancer rates exceeded northeast Florida averages in recent years.

H. Prioritization of Significant Health Needs

Figure 8: Poll Respondents by Familiar County

Poll Respondents by Familiar County	
County	# of Respondents
Baker	8
Clay	24
Duval	35
Nassau	14
St. Johns	17

The Partnership hosted the prioritization workshop virtually on May 11, 2021, with 49 participants familiar with the service area and special populations. Among those attending were leaders of local nonprofit organizations, representatives from various professional organizations, the Department of Health, healthcare clinics, social service organizations, insurance providers, and members of the Jacksonville Nonprofit Hospital Partnership.

Staff of the Health Planning Council of Northeast Florida (HPCNEF) reviewed the CHNA process and presented the nine areas of significant health needs that resulted from the primary and secondary data analysis. The data supporting each need was presented, and then participants were asked to choose the top three issue areas they believe The Partnership should use to guide their implementation strategies for the next three-year CHNA process. The three key themes that emerged were Mental Health, Access, and Poverty. Chronic Disease closely followed Poverty as a key theme as shown in Table 30, below.

Table 30: Priority Themes

Prioritized Key Themes		
Rank	**Issue**	**Score**
1	Mental Health	29
2	Access (clinics, food, cost, dental, etc.)	27
3	Areas of Poverty	17
4	Chronic Disease	16
5	Transportation	8
5	Housing	8
5	Maternal and Child Health	8
8	Drug Abuse	6
9	Cancer	1*
*Five people added in “cancer” as their vote in the chat, apart from smoking – bringing this total up to six, tied with drug abuse in the order of priorities		

Participants were presented with specific issue areas within each of the top five priority areas to

review and rank relative to the main theme. Table 31 outlines the subthemes within each priority area.

Table 31: Priority Area Subthemes

Mental Health			
Rank	Issue	Score	Best Practices
1	Lack of Providers	33	See Appendix E
2	Cost	20	
3	Stigma	18	
3	Youth Mental Health	18	
5	Telehealth	11	
5	Suicide	11	
7	LGBTQ Mental Health	5	
Access			
Rank	Issue	Score	Best Practices
1	Shortage of Providers that Represent the Community	26	See Appendix E
2	Affordability of Care	23	
3	Community Clinics in Areas of Need	21	
4	Healthy Food Access	15	
5	Broadband Access	13	
6	Dental Care Shortage	12	
7	Community clinics in areas of need	8	
8	Access to active living (parks, trails, playgrounds)	8	
Poverty			
Rank	Issue	Score	Best Practices
1	Living Wage	25	See Appendix E
2	Homelessness	23	
3	Living Conditions	20	
3	Job Training/Education	20	
5	Unemployment	10	
6	Job Opportunities	9	

Chronic Disease			
Rank	Issue	Score	Best Practices
1	Food Deserts	21	See Appendix E
2	Nutrition	20	
3	Adult Obesity	19	
4	Childhood Obesity	18	
5	Access to Physical Activity	17	
6	Indoor Air Quality (asthma)	7	
7	Outdoor Air Quality (asthma)	2	

Transportation			
Rank	Issue	Score	Best Practices
1	Infrastructure/Safety (lack of sidewalks, crosswalks, bike lanes, lighting)	27	See Appendix E
2	Lack of Reliable Existing Public Transportation	26	
3	Regional Transportation System	23	
4	Injury Prevention (pedestrian and bicycle safety)	9	

The chat feature was used throughout the Prioritization Workshop to get additional insights into the issue areas from participants. Many comments pointed out the interconnectedness of the health needs, with examples like:

- "It is estimated that people with mental illness die 25 years earlier than the general population due to largely treatable chronic diseases"
- "Even if medical access is available, in pediatrics we see children going back to homes that are unhealthy"
- "Access is often linked to transportation limitations"
- "There is no health without mental health"
- "Again, mental health is not a stand-alone issue. It is definitely impacted by your overall health"
- More students seem to be experiencing stress and anxiety as COVID forced school shutdowns and virtual learning"
- "Mental health is a disability"

During the discussion on mental health, lack of funding for mental health was brought up as a barrier numerous times in the chat, with one participant pointing out that, "Florida is last in funding for behavioral healthcare in the nation."

During the discussion on poverty, living conditions emerged as a topic of consensus in the chat, as did living wage. Many voiced their agreement with how the Partnership might use its collective voice for community impact:

- "I believe the partnership can be a leading voice in changing awareness and policy -

use your position to change the systems that impact health outcomes"
- "The partnership can't do it alone. But it can be a leader. Someone must step up and start leading for change. The partners are impacted greatly by the current system. And are community leaders with a unique voice to lead community conversations."

The closing remarks of the Prioritization Workshop that seemed to best capture the spirit of the group were made by a participant:

"I think this really demonstrates the need for all of us to work together – that this is a larger issue than the Hospital Partnership or the different organizations that are doing things – that this needs to be tackled as an entire community."

I. Next Steps

With the Prioritized Key Themes identified, over the next year, each health system will review the CHNA, and develop Implementation Plans of initiatives to be tracked and measured for the next three years in the CHNA process cycle. While it is not expected or possible for any health system to address all Prioritized Key Themes, through the collective impact of our community, with the overlying focus of health equity, the Partnership will continue to deliberate and work towards identifying best practices that support and improve the health and well-being of those they serve in northeast Florida. Previous CHNA hospital strategies and a self-evaluation of the impact of these strategies are provided in Appendix E. No comments were received on the 2019 CHNA for any of the hospital systems.

The CHNA is instructional for nonprofit health systems in analyzing, reporting, and addressing community health needs, as evident from the community input process. The Partnership views the CHNA as an important way to hear the voices of the community. They will listen, and use the thoughts, quotes, and data contained within this CHNA to collaborate among health systems and within the community to improve the lives of all individuals. Collaborating with trusted partners is a crucial and foundational step in addressing the health and equity of northeast Florida and driving sustained improvement through large scale impact of long-term intentional changes.

A consolidated summary of thoughts and quotes from community leaders and residents leads to a greater understanding of issues relative to the region and individual counties.

REGION

"There is a gap in the general population in understanding how you access [mental health] services. There are not enough providers, there's no reimbursement for it, but just understanding how you access services is a whole other challenge… Can you just go to your pediatrician when you're in a mental health crisis? Well, some pediatricians are equipped to handle it – you don't have to go to the emergency room. So, part of it is health literacy."

"I think there's a ton of incredible organizations in our community that aren't all talking. If there was a way to better coordinate care so that the individual doesn't spend their time chasing solutions…"

BAKER

"Baker County is just so rural they don't have those extra services; they're not going to have specialists out there – they don't have a birthing hospital out there. It's a medically underserved community."

CLAY

"There's not a pediatrician close by, there's not dental care close by. Transportation is a real barrier, just because it's so rural."

"We talk about telehealth, but if there's not broadband – if people don't have access to internet – how are they supposed to use telehealth? And right now, because of our emergency order we're able to reimburse/be reimbursed for telehealth, but what does that look like in the future? I think there's legislative solutions for some of this."

DUVAL

"The Northside and Westside [of Jacksonville] are under-served."

"Until there are affordable grocery stores and healthcare providers who are willing to take Medicaid and take the time to build community trust there is going to continue to be an accessibility and sustainability problem."

"Finding a dentist that takes Medicaid, forget about it. It's impossible."

"Unless they have a health navigator or coordinator to help with this, most people don't know about FQHCs or community clinics."

"Increase funding for mental health and substance abuse services."

"When you don't have adequate funding for mental health and substance abuse issues, it greatly impacts your physical healthcare because untreated – for example – depression, you're eight times more likely to get dementia, have other co-morbidities including cancer."

"There needs to be more use of Certified Recovery Peer Specialists, those with lived experience who can really speak from the heart to people with mental health and substance use disorders."

"I think care coordination is absolutely critical. It needs to be employed in every healthcare setting, whether it be behavioral health or physical health."

NASSAU

"Alcohol is the most widely used drug in Nassau County and its very generational I would see 3 generations of families that came in with DUI… throughout all those generations… it was almost something that was expected, it wasn't unusual."

"We've seen an impact on the mental health of everybody because of this [COVID]. Anxiety, depression, worry and an increase in drug use, opioids just like we've seen it around the county we've seen it in Nassau County, and we've seen it a lot with our adolescents."

"It's being able to see someone who looks like you. So, you want to access Healthcare, you want to go see someone but you want to see someone who's going to understand your issues and what does the access look like in the county for someone that looks like you? If you are African American – very limited options."

"We have no public transportation in Nassau County… if you can't walk or ride your bike or catch a ride somewhere then you aren't going to be able to get to where you need to go, and the West side of the county makes that more difficult because there's less resources."

"Because they've always been there and you've always had access to them but it was something that said 'you know we aren't supposed to go there' so you have to know about this place in a historical context for many, many years this town was sectioned off from the white and the black so you had your white beach and you had your black beach, you had your white rec and your black rec and I still think that's ingrained even in this generations mentality… they've never been restricted from these communities it was just in their mind 'this is not where I'm supposed to go." (On recreational centers, parks, etc. why communities aren't using them)

"Western census tracts they have a lower poverty level… they are in a healthcare professional shortage area, there's a long commute time they're very spread out more rural."

"On the west side of the community our school health nurses tell us that the school health room is the urgent care center for those kids… their parents don't often have resources, so they use the school health rooms as their clinics. Come in Monday morning they've had minor injuries over the weekend or been ill they go see the school health nurse… and again I don't know if that's transportation or lack of access, parents have to work."

"We are getting more general grocery stores more than those food dessert type areas… along the central A1A corridor but once you go north or south of that corridor to the more remote areas, you're not going to have access to as healthy foods."

"Any census tract other than Amelia Island has limited resources."

ST. JOHNS

"St. Johns is County Health Rankings #1, but there's definitely pockets of St. Johns, like towards area, just a little west of downtown there are multiple schools that we support that have a ton of homeless kids there."

"The hospitals are generally located near centers of population so West Augustine has been ignored the past 40 or 50 years and it's a predominately African American neighborhood. Elwood and Armstrong both are predominantly rural African American neighborhoods that are about 15 to 20 miles from downtown… Flagler Estates it's working class black and white families… there's no healthcare facilities out there... they are 25 to 30 miles away… they don't even have decent access to the internet."

Appendix A – IRS Checklist

Community Health Needs Assessment Checklist		
Task		
1.0	Define the community	
	1.1	Define geography
	1.2	Define target population
	1.3	Take into account principal function of hospital
2.0	Assess the health needs of the community	
	2.1	Describe the process and methods used to conduct the CHNA
	2.1.1	Describe methods of collecting and analyzing the data and information
	2.1.2	Identify any parties with whom the hospital facility collaborated or with whom it contracted for assistance in conducting the CHNA
	2.2	CHNA report: cite source material
3.0	Gather input from those with a broad interest in the community	
	3.1	Gather information from at least one representative of the state, regional, or local health department
	3.2	Gather input from members of the medically underserved, low income, and minority populations (or people who can speak on their behalf)
	3.3	Take into account written comments from the previous CHNA
	3.4	The CHNA *may* also gather input from other organizations including, but not limited to: community health organizations, government entities, and for-profit hospitals
4.0	Prioritize the community's health needs	
	4.1	Include a prioritized description of significant health needs of CHNA along with a description of the process and criteria used to identify certain health needs as significant and prioritizing those significant health needs
5.0	Describe resources potentially available to address the significant health needs identified through CHNA	
6.0	Evaluate the impact of any actions taken since the hospital's last CHNA report	
7.0	The CHNA is considered complete when it is documented and:	
	7.1	Contains the definition of the community served by the hospital facility
	7.2	Describes the needs identified
	7.3	Contains the prioritization of requirements and criteria used to set the priorities
	7.4	Contains the description of resources available to meet the needs of the community

	7.5	Contains an evaluation of the impact of any action taken to address community health needs since the last CHNA
	7.6	Approved by the hospital facility
	7.7	Made available to the public
8.0	The hospital facility must make the CHNA and the previous two preceding CHNAs widely available to the public on a website	

Implementation Strategy		
1.0	The hospital implementation strategy should address each significant need in the CHNA	
	1.1	The hospital must describe how it plans to address the health need or
	1.2	The hospital must provide an explanation of why it will not address the health need
2.0	Discuss how the hospital plans to address the health need	
	2.1	Describes the actions the hospital facility intends to take to address the health need and the anticipated impact
	2.2	Identifies resources the hospital will commit to address the health need
	2.3	Describes any planned collaboration

Appendix B – Primary Data & Analysis

Key Stakeholder Interview Participants		
Agency	**Sector**	**County**
Starting Point Behavioral Health	Behavioral Health	Nassau
SPBH, NAMI, Homeless Coalition	Housing/Homelessness	Nassau
JASMYN	LGBTQ	Duval
Lutheran Services	Behavioral Health	Duval
Ability Housing	Housing/Homelessness	Duval
Fire Watch	Veterans	Regional
Clay County Behavioral Health	Behavioral Health	Clay
We Care	Patient Advocates	Duval
Mercy Services	Housing/Homelessness	Clay
St. Johns Housing Partnership	Housing/Homelessness	St. Johns
The Way Clinic	Healthcare	Clay
Feeding Northeast Florida	Food Insecurity	Region
ACLU Regional Organizer	Social Service	Nassau

Baker Prevention Coalition	Behavioral Health	Baker
Pie in the Sky	Social Service	St. Johns
Northeast Florida Healthy Start	Maternal Health	Region
Wildflower Clinic	Healthcare	St. Johns
Barnabas Center	Social Service	Nassau
Council of Aging	Seniors	Baker
CIL Jacksonville	Disability	Regional
Safe Kids NEFL	Child Health	Regional
Stewart Marchman	Behavioral Health	St. Johns
YMCA	Active Living	Regional
FDOH-Nassau	Public Health	Nassau
Healthy Start Coalition of NE FL	Maternal/Child Health	Regional
FDOH-Duval	Public Health	Duval
FDOH-Clay	Public Health	Clay
FDOH-St. Johns	Public Health	St. Johns
Sulzbacher Center for the Homeless	Housing/Homeless/FQHC/ Dental	Duval
Jewish Family and Community Social Services	Social Services	Regional
Volunteers in Medicine	Healthcare	Duval

Key Stakeholder Interview Questions

1. How many years have you worked in the county?
2. What do you think prevents people in the county from being healthy, or from having optimal health and wellness?
3. Are there populations in the county that face barriers or difficulties gaining access to healthcare related to chronic diseases? If yes, which populations?
4. Why do you think the populations you mentioned face difficulties getting or accessing healthcare for chronic disease (such as asthma, heart disease, cancer, diabetes, or mental illness)?
5. Are there populations in the county that face barriers or difficulties accessing immediate treatment for acute illnesses? If yes, which populations?
6. Why do you think the populations you mentioned face difficulties accessing services or immediate treatment for acute illness?
7. Are there populations in the county that face barriers or challenges in gaining access to primary and preventive healthcare? If yes, which populations?
8. What primary or preventive healthcare services do the populations you mentioned have difficulty accessing?
9. Why do you think the populations you mentioned face difficulties accessing primary or preventive care?
10. What actions can be taken, or do you see as necessary, to address access to primary healthcare?
11. If you could change one thing in the county to improve the health and quality of life for county residents, what would it be?
12. How has your county been most impacted by COVID-19?
13. Based on our discussion today, what do you feel are the top health issues or needs in the county that should be addressed?

Focus Group Summary		
Date	**Number of participants**	**County**

3/29/2021	3	Duval
3/31/2021	3	Clay
4/2/2021	8	Duval
4/7/2021	2	Nassau
4/7/2021	8	St Johns
4/11/2021	4	St Johns
4/12/2021	8	Clay
4/15/2021	5	Duval County
4/15/2021	2	Clay
4/15/2021	3	Clay
4/15/2021	4	Duval
4/20/2021	10	Nassau
4/26/2021	12	Baker
4/26/2021	13	Nassau
4/28/2021	8	Duval
4/29/2021	8	Nassau
4/30/2021	8	Duval
4/30/2021	9	Duval (8), St. Johns (1)
4/30/2021	10	Duval
4/30/2021	8	Baker (1), Duval (4), St. Johns (3)
4/30/2021	11	Duval (7), Clay (2) St Johns (2)
4/30/2021	6	Clay, Duval, St Johns
4/30/2021	9	Clay
4/30/2021	10	Duval (9), St Johns
5/4/2021	40	Duval

Focus Group Questions

1. What do you think prevents people in the county from being healthy (or from having optimal health and wellness?)
2. What do you love about your neighborhood?
3. What things are missing in your neighborhood that you would like to have to stay healthy?
4. What things are you worried about in your neighborhood that prevent you from being safe and healthy?
5. What barriers or difficulties do you or others face gaining access to care for chronic disease?
6. What barriers or difficulties do you or others face gaining treatment for acute illnesses?
7. What barriers or difficulties do you or others face gaining access to primary and preventative healthcare?
8. What health services do you need in your neighborhood that are not available?
9. Why or why not? (Do you have a primary care doctor?)
10. Where do you get information about health?
11. Think back to your last visit with your doctor. Which of the following should they do to improve communication with you? Select all that apply.
12. If yes, why do you think you were mistreated? (Have you ever experienced discrimination while accessing healthcare services?)
13. What do you feel was the reason for the mistreatment?
14. How has your community been most impacted by COVID-19?
15. You may have heard about place matters, how where you live can affect your health. Let's say you are in charge for a day and have $1 million to spend to help the community, what would you do?

Prioritization Workshop Participants		
Organization	**County**	**Sector**
UF Health	Duval; Nassau	Hospital
Mayo Clinic in Florida	Duval; St. Johns	Hospital
FDOH-Nassau	Nassau	Department of Health
Baptist	Duval; St. Johns	Professional Society
Players Center for Child Health	Clay; Duval; St. Johns	Hospital

St. Johns Housing Partnership	Clay; St. Johns	Other
Duval County Medical Society	Duval	Professional Society
Eighth & Whitner	Duval	Other
Lutheran Services Florida	Baker; Clay; Duval; Nassau; St. Johns	Other
IM Sulzbacher Center for Homeless	Duval	Clinic
Potentiae	Clay; Duval; Nassau; St. Johns	Hospital
The Way Clinic	Clay	Clinic
Family Practice	Duval	Professional Society
Three Grains of Rice	Duval; St. Johns	Social Services
NEFL Healthy Start Coalition	Baker; Clay; Duval; Nassau; St. Johns	Social Services
Clay County Behavioral Health	Clay	Other
Volunteers in Medicine	Duval; St. Johns	Clinic
Brooks Rehabilitation	Baker; Clay; Duval; St. Johns	Hospital
Turner Alliance Consulting	Duval	Other
Hispanic Health Council of Jacksonville	Clay; Duval; St. Johns	Other
Hispanic Health Council of Jacksonville	Duval	Other
Florida Blue	Baker; Clay; Duval; Nassau; St. Johns	Healthcare/Insurance
Feeding Northeast Florida	Duval	Social Services
ElderSource	Baker; Clay; Duval; Nassau; St. Johns	Social Services
FDOH-Nassau	Nassau	Department of Health
Players Center for Child Health	Duval	Hospital
Baptist Health	Clay; Duval; Nassau	Hospital
FDOH-Nassau	Nassau	Department of Health
Pastor	Duval; Nassau	Other
Humana	Clay; Duval	Healthcare/Insurance

Ascension St. Vincent's	Clay; Duval	Hospital
JAX Chamber	Duval	Professional Society
Ability Housing	Duval	Other
Jax Area Legal Aid	Duval	Social Services
AGAPE Community Health Centers	Duval	Clinic
CIL Jacksonville	Baker; Clay; Duval; Nassau; St. Johns	Social Services
Health Planning Council of Northeast Florida	Baker; Clay; Duval; Nassau; St. Johns	Other

Survey Questions	
Full Text	**Answer Choices (if applicable)**
1. County	
2. Zip	
3. Where do you go for most of your healthcare? Please select one.	Emergency Department
	Health Department
	Other (please specify)
	Primary Care Physician
	Specialist
	Urgent Care
4. Do you have access to the following in your community?	Primary Care Doctors
	Health Clinics
	Specialty Healthcare Providers
	Urgent Care Clinics
	Safe Parks and Recreation Spaces
	Healthy Food Options (i.e. grocery stores, farmer's markets, healthy restaurants)
	Safe and Affordable Housing
	Public Transportation
	I've experienced no difficulty obtaining medical services.
	Fear of going to the doctor
	Cost of care (copays, prescriptions)

5. Which of the following conditions has made it difficult for you to obtain medical services? Please select all that apply.	Discrimination
	No Insurance
	Long wait times
	Lack of or limited transportation
	Lack of providers
	Lack of ADA compliant services and accommodations
	Other (please specify)
6. Which of the following conditions has made it difficult for you to obtain dental services? Please select all that apply.	I've experienced no difficulty obtaining dental services.
	Fear of going to the doctor
	Cost of care (copays, prescriptions)
	Discrimination
	No Insurance
	Long wait times
	Lack of or limited transportation
	Lack of providers
	Lack of ADA compliant services and accommodations
	Other (please specify)
7. Which of the following conditions has made it difficult for you to obtain mental health services? Please select all that apply.	I've experienced no difficulty obtaining mental health services.
	Fear of going to the doctor
	Cost of care (copays, prescriptions)
	Discrimination
	No Insurance
	Long wait times
	Lack of providers
	Lack of or limited transportation
	Lack of ADA compliant services and accommodations
	Other (please specify)
8. How would you rank your knowledge of what a person needs for optimal health? (5 being the best, 1 being the least)	

9. Do any of the following limit your	Access to healthcare services
	My income
	Limited opportunities for career advancement
	Affordable housing
	Access to public transportation

ability to live a healthy lifestyle? Select all that apply.	Access to safe places for recreation (recreation centers, parks, trails, playgrounds, etc.)
	My neighborhood
	Access to healthy foods
	Limitations associated with the pandemic
	Other (please specify)
10. What is the top environmental health concern that affects your community? Select one.	Safety for Pedestrians (both people & bicyclists)
	Air Quality/Odors/Pollution
	Water Quality (lakes, rivers, streams, etc.)
	Noise Level
	Other (please specify)
	Housing Conditions
	OTHER RESPONSES
11. What is the top social issue that affects health in your community? Select one.	Alcohol/Drug Abuse
	Bullying
	Criminal Activity
	Discrimination/Racism
	Domestic Violence
	Other (please specify)
	Poverty
	Safety in Public Spaces
	OTHER RESPONSES
12. What is the top economic issue that affects health in your community? Select one.	Lack of a living wage
	Lack of affordable and healthy food options
	Lack of affordable healthcare/insurance
	Lack of affordable housing
	Lack of educational opportunities
	Lack of employment opportunities

	Lack of transportation
	Other (please specify)
	OTHER RESPONSES
	I do not feel I have ever been discriminated against in any of these places.
	Doctor's office

13. Have you ever experienced discrimination in any of the following places? Check all that apply.	Health clinic
	Hospital
	On transportation to a healthcare appointment (such as bus, shuttle, taxi, Uber/Lyft)
	Store, picking up medicine or healthcare products
	Gym or recreation center
	Park or outdoor recreation space
	While helping someone else get healthcare
	Other (please specify)
14. Do you think the discrimination was due to: (Check all that apply)	Race
	Ethnicity
	Language barrier
	Sexual or gender identity
	Other (please specify)
15. Did you feel the discrimination was most often: (Select one)	Unsure
	The individual was unaware of their action
	Other (please specify)
	On purpose
16. In your opinion, is your community a healthy place to live and spend time?	Yes
	No
17. Do you feel safe in your community?	Yes
	No
18. Please specify your current insurance type.	Medicaid
	Medicare
	Military/VA/Tricare
	Private (BCBS, Cigna, United Healthcare, ACA Health Insurance Marketplace, etc.)
	Uninsured/None

19. Which of the following best describes your race?	Asian/Asian American/Pacific Islander
	Hispanic
	Native American/American Indian/Alaskan Native
	Non-Hispanic Black
	Non-Hispanic White
	Prefer Not to Answer

	Two or More Races
20. What is your gender?	Female
	Male
	Prefer Not to Answer
21. What is your current age? Please pick the corresponding age group.	18-29
	30-39
	40-49
	50-59
	60-69
	70-79
	80 & Older
	Prefer Not to Answer
22. What is your current relationship status?	Married/ Partnered
	Prefer Not to Answer
	Single
	Widowed
23. What is your total family income?	$100,000 - $149,000
	$150,000 and Above
	$25,000 - $34, 000
	$35,000 - $49,000
	$50,000 - $74,000
	$75,000 - $99,000
	Less than $25,000
	Prefer Not to Answer
24. What is your highest completed level of education?	College Graduate
	Elementary/Middle School

	High School / G.E.D
	Postgraduate / Professional School
	Prefer Not to Answer
	Some College
	Vocational / Technical
	Disabled

25. Almost done! Please select the choice that best reflects your current employment.	Employed
	Homemaker
	Prefer Not to Answer
	Retired
	Self-employed
	Student
	Unemployed

Appendix C – Hospital Utilization Reports

Patient Statistics Comparison 2019-2020								
MEDICAL AND SURGICAL	2019				2020			
	Beds open for Use	Admissions	Length of stay	AVG Daily Census	Beds open for Use	Admissions	Length of stay	AVG Daily Census
Baptist Medical Center Jacksonville: Duval	420	22073	5.1	310	420	20325	5.4	307
Baptist Medical Center Beaches: Duval	119	6745	3.8	70	120	5962	4.3	75
Baptist Medical Center South: Duval, St. Johns	228	13006	4.4	157	248	13400	4.7	173
Mayo Clinic in Florida: Duval, St. Johns	281	16511	5.2	231	296	15007	5.5	225
Ascension St. Vincent's Southside: Duval	233	7790	3.5	78	233	7412	4.7	77
Ascension St. Vincent's Riverside: Duval	448	19239	4.7	249	448	16806	5.1	237
Ascension St. Vincent's Clay County: Clay	94	6449	3.5	64	94	6153	4.2	72
Baptist Medical Center: Nassau	48	2993	3.6	30	48	2612	3.9	28
UF Health Jacksonville: Duval	348	15854	6.4	280	351	14238	6.9	273
UF Health North: Duval	72	4573	3.7	49	72	4379	3.9	53
OBSTETRICAL	2019				2020			
	Beds open for Use	Admissions	Length of stay	AVG Daily Census	Beds open for Use	Admissions	Length of stay	AVG Daily Census
Baptist Medical Center Jacksonville: Duval	30	2245	3.5	22	30	2247	3.3	20

Baptist Medical Center Beaches: Duval	16	1002	2.6	7	16	959	2.5	20
Baptist Medical Center South: Duval, St. Johns	27	2821	2.5	19	30	2560	2.5	17
Ascension St. Vincent's Southside: Duval	17	1613	2.7	11	17	1360	2.3	9
Ascension St. Vincent's Riverside: Duval	21	1797	2.6	13	21	1818	2.4	12
Ascension St. Vincent's Clay County: Clay	12	653	2.1	41	12	947	2	5
Baptist Medical Center Nassau: Nassau	4	365	2	2	4	51	1.9	2
UF Health Jacksonville: Duval	24	3054	2.8	21	24	2991	2.8	20
UF Health North: Duval	20	1075	2.3	7	20	1056	2.1	6

PEDIATRICS	2019				2020			
	Beds open for Use	Admissions	Length of stay	AVG Daily Census	Beds open for Use	Admissions	Length of stay	AVG Daily Census
Wolfson Children's Hospital (target population children)	128	6186	4.7	79	128	4773	4.5	58
UF Health Jacksonville: Duval	8	381	3.5	3	8	310	4.2	4

NICU Level II	2019				2020			
	Beds open for Use	Admissions	Length of stay	AVG Daily Census	Beds open for Use	Admissions	Length of stay	AVG Daily Census
Wolfson Children's Hospital (target population children)	24	43	21.1	20	24	27	20.5	19
Baptist Medical Center South: Duval, St. Johns	14	296	10.9	9	14	287	6.2	8
Ascension St. Vincent's Southside: Duval	10	144	9.9	5	10	110	8.5	3
Ascension St. Vincent's Riverside: Duval	10	148	11.6	5	10	161	12.8	6
UF Health Jacksonville: Duval	16	44	12.5	1	16	492	20.6	7
NICU Level III	2019				2020			
	Beds open for Use	Admissions	Length of stay	AVG Daily Census	Beds open for Use	Admissions	Length of stay	AVG Daily Census
Wolfson Children's Hospital (target population children)	32	625	43.5	38	32	632	38.2	35
UF Health Jacksonville: Duval	32	90	12.5	2	32	186	14.7	25
Mental Health Services: Adult Psych	2019				2020			
	Beds open for Use	Admissions	Length of stay	AVG Daily Census	Beds open for Use	Admissions	Length of stay	AVG Daily Census
Baptist Medical Center Jacksonville: Duval	34	1833	4.2	21	34	1711	5.5	26

UF Health Jacksonville: Duval	34	1332	7.8	30	34	1283	8.1	30
Mental Health Services: Child Psych	2019				2020			
	Beds open for Use	Admissions	Length of stay	AVG Daily Census	Beds open for Use	Admissions	Length of stay	AVG Daily Census
Wolfson Children's Hospital (target population children)	14	858	4.8	11	14	840	5	11
COMPREHENSIVE MEDICAL REHABILITATION	2019				2020			
	Beds open for Use	Admissions	Length of stay	AVG Daily Census	Beds open for Use	Admissions	Length of stay	AVG Daily Census
Brooks Rehabilitation University	160	3049	16.1	139	160	2736	17.8	133

TOTAL LICENSED BEDS	2019				2020			
	Beds open for Use	Admissions	Length of stay	AVG Daily Census	Beds open for Use	Admissions	Length of stay	AVG Daily Census
Baptist Medical Center Jacksonville: Duval	489	26151	4.9	353	489	24283	5.2	353
Wolfson Children's Hospital (target population children)	202	7712	7	148	202	6272	7.2	123
Baptist Medical Center Beaches: Duval	146	7747	3.6	77	146	6921	4.1	82
Baptist Medical Center South: Duval, St. Johns	269	16123	4.2	185	269	16247	4.4	199
Mayo Clinic in Florida: Duval, St. Johns	304	16511	5.2	231	304	15007	5.5	225
Ascension St. Vincent's Southside: Duval	273	9547	3.5	93	273	8882	3.6	89
Ascension St. Vincent's Riverside: Duval	528	21184	4.6	268	528	18758	4.9	254
Ascension St. Vincent's Clay County: Clay	106	7102	3.4	67	106	7100	3.9	77
Baptist Medical Center Nassau: Nassau	62	3358	3.5	32	62	2933	3.7	30
Brooks Rehabilitation Baker	160	3049	16.1	139	160	2736	17.8	133
UF Health Jacksonville: Duval	547	20755	6.1	337	603	19500	6.8	359
UF Health North: Duval	92	5648	3.4	56	92	5435	3.6	59

ICU-CCU	2019		2020		Total	
	Beds open for Use	AVG Daily Census	Beds open for Use	AVG Daily Census	Beds open for Use	AVG Daily Census
Baptist Medical Center Jacksonville: Duval	84	39	84	40	168	79
Wolfson Children's Hospital (target population children)	32	24	32	18	64	42
Baptist Medical Center Beaches: Duval	24	8	24	9	48	17
Baptist Medical Center South: Duval, St. Johns	36	11	41	11	77	22
Mayo Clinic in Florida: Duval, St. Johns	54	39	54	38	108	77
Ascension St. Vincent's Southside: Duval	18	6	18	9	36	15

Ascension St. Vincent's Riverside: Duval	51	38	51	42	102	80
Ascension St. Vincent's Clay County: Clay	8	5	8	6	16	11
Baptist Medical Center Nassau: Nassau	8	3	8	3	16	6
UF Health Jacksonville: Duval	105	84	105	79	210	163
UF Health North: Duval	24	18	24	20	48	38

Newborn	2019			2020			Total		
	Bassinets	Live Births	Length of Stay	Bassinets	Live Births	Length of Stay	Bassinets	Live Births	Length of Stay
Baptist Medical Center Jacksonville: Duval	43	3458	1.1	43	3060	1.3	86	6518	1.2
Baptist Medical Center Beaches: Duval	16	966	2.1	16	986	2.2	32	1952	2.2
Baptist Medical Center South: Duval, St. Johns	27	2503	2.1	30	2485	1.9	57	4988	2.0
Ascension St. Vincent's Southside: Duval	17	1524	1.7	17	1322	1.6	34	2846	1.7
Ascension St. Vincent's Riverside: Duval	17	1704	1.9	17	1787	1.7	34	3491	1.8
Ascension St. Vincent's Clay County: Clay	13	649	1.8	13	918	1.8	26	1567	1.8
Baptist Medical Center Nassau: Nassau	10	373	1.7	10	332	1.7	20	705	1.7
UF Health Jacksonville: Duval	50	2752	2.0	50	2843	1.9	100	5595	2.0
UF Health North: Duval	25	894	1.9	25	915	1.8	50	1809	1.9

Transplants	2019			2020			Total		
	Liver	Heart	Lungs	Liver	Heart	Lungs	Liver	Heart	Lungs
Mayo Clinic in Florida: Duval, St. Johns	159	38	48	142	51	39	301	89	87

Surgeries	2019		2020	
	Inpatient	Outpatient	Inpatient	Outpatient
Baptist Medical Center Jacksonville: Duval	8801	10378	8173	9578
Wolfson Children's Hospital (target population children)	2363	8800	2135	6902
Baptist Medical Center Beaches: Duval	1392	3275	1531	3272
Baptist Medical Center South: Duval, St. Johns	2771	5717	2995	5425
Mayo Clinic in Florida: Duval, St. Johns	7123	10407	6590	11617
Ascension St. Vincent's Southside: Duval	3037	3793	2460	3872
Ascension St. Vincent's Riverside: Duval	6245	7920	5326	7386
Ascension St. Vincent's Clay County: Clay	1499	2809	1155	2573
Baptist Medical Center Nassau: Nassau	800	3070	456	2880
UF Health Jacksonville: Duval	6857	9948	7133	9532
UF Health North: Duval	1446	4273	1637	4389

Appendix D – Census Tract Tables

Baker County Poverty Indicators									
County/ Census Tract	Population	Black % of Population	Average Life Expectancy Age	Median Income	% Below Poverty Line	House-holds	Persons Per Household	Median Home Price	MUA
Baker County	**28,211**	**13%**	**75.9**	**63,275**	**12%**	**8,693**	**2.9**	**138,900**	
401.01	6,852	13%	74.4	64,732	10.30%	2,234	3	151,000	Designated
401.02	7,141	9%	78.5	70,747	6.70%	2,398	2.6	171,000	Designated
402.01	8,181	24%	75.2	55,946	13.10%	2,123	3	69,800	Designated
402.02	6,037	5%	75.7	60,139	18.40%	1,938	3.1	155,200	Designated

Clay County Poverty Indicators									
County/ Census Tract	Population	Black % of Population	Average Life Expectancy Age	Median Income	% Below Poverty Line	House-holds	Persons Per Household	Median Home Price	MUA
Clay County	**219,252**	**12%**	**74.6**	**76,687**	**8.50%**	**75,793**	**2.9**	**214,500**	
301.02	8,665	4%	75.9	52,137	15.40%	3,076	2.8	94,500	
301.03	5,544	1%	73.7	58,357	17.60%	1,912	2.9	124,400	
301.04	3,860	7%	73.8	49,083	13.70%	1,354	2.9	104,100	
302.01	20,669	17%	79.5	73,724	7.90%	6,601	3.1	237,500	
302.02	8,849	6%	77.4	60,732	12.60%	3,224	2.7	157,600	
302.03	19,039	22%	77.8	88,255	5.90%	5,524	3.4	196,800	
303.01	8,960	20%	80	59,236	13.70%	3,324	2.7	169,800	
303.03	3,329	20%	79	58,597	7.30%	1,297	2.5	146,800	
303.04	4,563	10%	74.6	59,205	14.20%	1,684	2.7	157,300	
304	2,442	21%	71.9	39,527	34.50%	792	3	106,800	
305	2,500	19%	74.7	52,414	18.30%	916	2.6	168,400	
306	4,471	12%	74.5	56,988	3.20%	1,916	2.2	198,000	
307.01	8,051	2%	80	87,854	1.90%	2,949	2.7	245,600	
307.02	14,262	9%	79	71,090	5%	5,164	2.8	184,600	
307.03	12,516	4%	84.9	115,446	4.60%	4,178	3	296,600	
308.01	5,723	8%	77.6	72,344	10.50%	2,001	2.9	211,200	

308.02	6,320	5%	79.5	60,469	5.10%	2,547	2.5	184,600	
309.02	10,342	13%	78	65,786	9.70%	3,746	2.8	141,700	
309.03	4,273	3%	77.5	57,608	14%	1,615	2.7	162,900	
309.04	4,252	17%	77.1	69,861	14.10%	2,666	2.7	174,900	
311.01	3,395	1%	77.5	69,709	9.10%	1,152	3	170,900	
311.04	3,904	1%	80.4	50,189	10.80%	1,457	2.7	150,900	
311.05	2,001	1%	76.5	57,014	14.10%	740	2.7	121,900	
311.06	7,775	0%	73.3	44,698	16%	2,679	2.9	92,500	
311.07	365	1%	N/A	72,000	11.80%	166	2.1	N/A	
311.08	1,372	0%	75.7	42,147	15.50%	627	2.2	156,600	
312	15,742	7%	83.7	76,846	11.90%	5,517	2.8	206,600	Designated
313	7,005	9%	76.4	66,984	10.20%	2,516	2.8	251,900	
314	5,083	19%	74.4	46,875	20.10%	1,755	2.6	114,400	
315	3,133	1%	74.1	53,214	10.60%	1,238	2.5	116,400	

Duval County Poverty Indicators									
County/ Census Tract	**Population**	**Black % of Population**	**Average Life Expectancy Age**	**Median Income**	**% Below Poverty Line**	**House holds**	**Persons Per Household**	**Median Home Price**	**MUA**
Duval County	**957,755**	**29%**	**73.2**	**58,415**	**13.60%**	**368,668**	**2.5**	**207,600**	
1	5,443	63%	67.6	25,386	33%	2,315	2.4	74,100	Designated
2	2,310	89%	71.2	25,082	39.1%	913	2.5	73,700	Designated
3	2,227	60%	71.5	23,438	43.9%	794	2.6	53,700	Designated
6	5,375	29%	75.6	43,573	33.50%	1,983	2.6	129,100	
7	4,451	12%	78.2	70,969	13.70%	1,746	2.5	388,400	
8	2,786	7%	80.2	62,298	11.80%	1,699	1.6	277,800	
10	4,207	62%	72.1	13,739	49.50%	753	1.5	65,600	
11	1,889	31%	69.8	49,524	14.40%	798	2.3	230,900	Designated
12	1,783	36%	76.1	39,453	26.60%	777	2.3	156,300	Designated
13	3,846	84%	70.4	25,281	35.10%	1,598	2.4	74,700	Designated
14	5,044	79%	67.3	31,494	27.70%	2,185	2.3	69,300	Designated
15	4,321	91%	67.2	22,197	48.60%	1,654	2.6	57,200	Designated
16	1,497	87%	61.7	15,183	47.10%	588	2.6	45,200	Designated

21.01	3,166	9%	79	58,958	13.10%	1,630	1.9	250,500	
21.02	2,575	3%	78.5	78,922	5.50%	1,194	2.1	434,300	
22	4,277	4%	77.1	73,670	9%	2,064	2.1	296,800	
23	1,632	3%	77.3	68,977	3%	801	2	269,700	
24	1,903	0%	80.2	86,813	5.70%	789	2.4	359,800	
25.01	3,871	36%	71	27,741	26.20%	1,783	2.1	88,200	
25.02	3,772	8%	71.4	52,826	12%	1,550	2.4	143,000	
26	3,485	78%	70.6	20,446	48.20%	1,236	2.7	59,600	
27.01	3,233	81%	67.8	33,557	25.30%	1,189	2.7	63,800	
27.02	4,198	71%	71.8	30,923	35.20%	1,469	2.9	47,800	
28.01	4,461	97%	68	30,509	26.60%	1,821	2.5	54,100	Designated
28.02	4,652	89%	68.9	26,716	28.50%	1,860	2.4	50,800	Designated
29.01	3,672	90%	69.8	27,283	43.30%	1,212	3	41,500	Designated
29.02	3,408	90%	67.1	24,855	35.60%	1,257	2.5	54,500	Designated
101.01	8,745	19%	73.7	79,873	5.60%	3,055	2.8	200,800	
101.02	10,169	17%	76.1	80,479	6.50%	3,544	2.9	217,700	
101.03	6,045	11%	77.4	85,643	5.50%	2,167	2.8	263,300	
102.01	10,301	23%	73.1	54,167	10.50%	3,822	2.7	163,400	
102.02	3,368	12%	76.1	67,778	4.70%	1,268	2.7	155,700	
103.01	5,877	32%	76.5	62,959	9%	2,074	2.7	216,400	
103.03	7,973	71%	77.9	52,821	13.90%	2,644	3	149,500	
103.04	7,523	89%	71.6	55,744	14.90%	2,739	2.7	156,600	
104.01	3,399	55%	73.6	46,590	16.20%	1,207	2.8	92,500	Designated
104.02	4,138	55%	70	30,341	34.80%	1,639	2.5	54,300	Designated
105	16,844	68%	76.7	54,287	17.60%	5,265	3.1	176,000	
106	5,841	30%	75.1	60,313	11.30%	2,033	2.9	184,000	
107	5,244	91%	69.3	34,352	26.70%	1,856	2.8	96,900	Designated
108	4,862	93%	73.5	38,551	20.50%	1,875	2.6	71,000	Designated
109	3,351	81%	73.4	42,949	7%	1,511	2.2	84,700	Designated
110	4,155	69%	72.2	39,605	24.30%	1,390	3	92,700	Designated
111	3,092	74%	71.8	31,616	24%	1,227	2.5	63,600	Designated
112	3,176	90%	69.6	42,857	30.60%	1,176	2.7	77,900	Designated
113	2,964	96%	76.1	31,038	29.20%	1,125	2.6	97,600	Designated

114	2,243	98%	68.9	31,339	17.90%	835	2.7	90,100	Designated
115	4,118	93%	67	26,837	40.80%	1,592	2.5	70,200	Designated
116	3,668	91%	71.8	26,771	34.50%	1,484	2.5	62,700	Designated
117	2,752	31%	73	51,167	9.30%	942	2.9	140,400	
118	2,938	37%	70.1	32,971	31.10%	1,027	2.7	65,200	
119.01	7,643	16%	72.4	54,349	18%	2,704	2.8	122,900	
119.02	10,899	24%	79.7	64,836	12.30%	3,509	3.1	168,600	
119.03	5,468	25%	76.7	71,406	7.60%	1,863	2.9	144,000	
120	4,961	26%	77.1	52,644	13.40%	1,885	2.6	111,200	
121	1,844	34%	69.2	37,125	28.20%	607	3	83,800	
122	8,121	45%	71.5	31,979	30.30%	3,015	2.7	90,600	
123	3,990	26%	73.7	40,679	18.60%	1,673	2.4	114,600	
124	2,788	7%	N/A	46,250	19.20%	1,209	2.3	109,300	
125	4,143	29%	69.6	50,804	20.70%	1,645	2.5	119,200	
126.01	3,144	55%	73.8	32,845	23%	1,380	2.3	163,300	
126.02	6,132	59%	68.5	40,087	18.90%	2,253	2.7	120,800	
127.02	6,139	44%	73.9	53,382	12.60%	1,910	3.2	142,800	
127.03	5,520	35%	76	54,936	15.10%	1,831	3	100,900	
127.04	5,559	54%	74.7	51,276	16.60%	1,948	2.8	138,300	
128	7,228	46%	77.8	45,413	23.80%	2,435	3	99,700	
129	2,840	17%	73.6	50,909	20.40%	1,010	2.8	103,100	
130	2,352	0%	83.2	12,595	3.10%	908	2.6	415,600	
131	2,157	9%	77.2	77,614	10.40%	883	2.4	245,700	
132	2,801	17%	N/A	44,688	10.20%	365	3.4	102,800	
133	7,378	29%	75.8	47,708	15.40%	2,821	2.6	97,300	
134.02	5,137	27%	72.7	38,658	31.30%	1,877	2.7	103,900	
134.03	3,329	38%	77	40,046	17.10%	1,529	2.2	171,400	
134.04	3,064	40%	N/A	35,755	7.40%	1,362	2.3	149,300	
135.02	3,504	46%	75	53,305	17.60%	1,199	2.9	125,400	
135.03	8,639	37%	76.4	51,750	13%	3,116	2.8	133,500	
135.04	5,585	38%	75.6	53,576	10.40%	1,982	2.8	101,300	
135.21	12,739	41%	74.8	42,977	19.70%	4,801	2.6	134,200	
135.22	3,413	40%	74.4	60,670	11.50%	1,277	2.7	132,100	

137.21	12,018	47%	76.4	63,546	13.90%	3,972	3	204,700	
137.23	8,459	39%	79	62,734	16.20%	2,959	2.9	210,700	
137.26	8,791	27%	76.8	63,209	8.80%	2,997	2.9	146,000	
137.27	7,836	26%	77.5	72,833	9.40%	2,766	2.8	157,300	
138	4,183	10%	72.7	58,705	5.90%	523	4	87,300	Designated
139.01	5,971	14%	73.8	52,054	11.10%	1,515	2.7	165,300	Designated
139.02	5,602	16%	N/A	53,837	6%	2,219	2.5	181,900	Designated
139.04	4,512	13%	73.3	50,152	14.30%	1,800	2.5	158,100	
139.05	4,057	4%	82.9	123,250	4.60%	1,920	2.1	623,300	Designated
139.06	4,461	3%	79.5	81,840	4.70%	2,091	2.1	355,100	Designated
140.01	4,624	0%	82.7	79,656	12%	2,039	2.3	417,000	
140.02	2,477	2%	83.4	99,018	3.80%	1,009	2.5	382,100	Designated
141.01	4,650	0%	79.9	103,578	7.30%	1,795	2.6	344,100	
141.02	4,340	2%	79.5	78,750	3.20%	2,282	1.9	403,900	
142.02	4,650	0%	78.2	1,035,778	7.30%	1,795	2.6	344,100	
142.03	4,989	1%	80.5	95,476	7.40%	2,478	2	2,986	Designated
142.04	4,851	0%	79.5	109,688	2.20%	2,098	2.3	355,200	Designated
143.11	5,399	16%	74.9	37,860	17.60%	2,060	2.6	104,000	
143.12	6,167	18%	74.9	65,375	18.30%	2,311	2.7	193,500	
143.26	8,590	11%	78.8	89,375	5.50%	2,873	3	246,300	
143.28	7,192	9%	78.8	77,731	3.40%	2,360	3.1	242,600	
143.29	3,273	4%	79.2	82,589	3.40%	1,132	2.9	180,300	
143.30	4,948	7%	82.4	113,529	7.6%	1,750	2.8	442,800	
143.31	4,982	7%	74.8	62,526	14.90%	1,840	2.7	189,400	
143.32	8,711	15%	81.9	61,382	7.60%	3,781	2.3	320,000	
143.33	3,554	18%	77.5	73,709	5.40%	1,387	2.6	181,600	
143.34	5,031	22%	83.2	80,625	6.30%	1,702	3	233,700	
143.35	8,266	14%	84.5	87,237	5.20%	2,870	2.9	235,600	
143.36	6,859	12%	N/A	86,615	5.40%	2,275	3	216,100	
143.37	10,221	22%	79.8	66,094	12.90%	3,648	2.8	224,600	
143.38	4,308	21%	79.5	51,694	14.60%	1,683	2.6	129,200	
144.01	13,643	11%	79.9	59,866	13.40%	6,373	2.1	146,300	
144.04	9,686	16%	79.4	81,190	5.10%	2,200	2.6	254,500	

144.06	7,986	8%	81.9	76,049	6.80%	3,625	2.2	362,100	
144.08	4,747	9%	77.9	66,801	10.40%	1,813	2.6	412,500	
144.09	11,573	3%	82.9	94,393	5.60%	4,521	2.6	315,000	
144.1	8,028	4%	82.6	78,950	4.20%	3,649	2.2	335,700	
144.11	8,057	14%	81.8	66,158	8.50%	3,710	2.2	293,100	
144.12	20,123	12%	80.1	87,327	5.50%	7,645	2.6	271,800	
144.13	5,535	9%	78.2	83,317	2.30%	2,097	2.6	344,800	
145	4,037	16%	76.3	52,228	9.70%	1,533	2.6	156,700	
146.01	5,501	9%	78.7	106,937	6.60%	2,148	2.6	284,300	
146.03	5,278	13%	70.9	53,676	10.10%	2,083	2.5	159,500	
146.04	5,441	33%	74	38,301	15.80%	2,591	2.1	173,200	
147.01	8,824	50%	N/A	55,513	7.80%	3,231	2.7	172,400	
147.02	2,558	36%	78	65,156	9.70%	975	2.6	182,200	
148	5,414	44%	77.5	35,022	20.20%	2,069	2.1	171,800	
149.01	6,332	36%	76.5	57,340	11.30%	2,095	3	155,800	
149.02	7,541	41%	75.8	53,092	11.90%	2,954	2.6	150,600	
150.01	5,346	32%	77.8	50,634	15.20%	1,990	2.7	127,200	
150.02	4,731	50%	77	65,737	10.10%	1,383	3.4	172,100	
151	4,343	28%	74.3	41,060	7.30%	1,597	2.7	99,900	
152	3,280	33%	74	44,023	13.90%	1,294	2.5	124,500	
153	3,444	42%	79.7	37,660	17.40%	1,408	2.5	114,400	
154	2,371	38%	73.1	38,446	23.10%	942	2.5	100,300	
155.01	3,478	34%	73.1	41,167	18%	1,306	2.5	112,700	
155.02	4,867	54%	72.5	30,313	30.90%	1,895	2.6	73,700	
156	3,924	22%	77.2	62,260	8.50%	1,717	2.3	194,800	
157	5,075	18%	74.9	36,986	22.80%	2,112	2.4	158,300	
158.01	6,941	11%	77.7	62,788	8.80%	2,737	2.5	184,800	
158.02	7,967	32%	76.4	50,010	21.90%	3,315	2.4	124,900	
159.22	3,423	25%	77.7	44,280	11.30%	1,850	1.9	171,700	
159.23	9,353	26%	80	68,116	26%	4,350	2.1	181,600	
159.24	4,762	18%	76.1	60,060	16.50%	1,849	2.3	146,900	
159.25	5,396	14%	76.9	47,857	27.50%	2,456	2.2	99,400	
159.26	7,155	28%	77.6	54,848	8.30%	3,279	2.1	143,900	

160	7,600	15%	75	34,933	24.60%	3,034	2.4	134,200	
161	8,715	16%	75.5	46,322	22.40%	2,921	3	139,500	
162	2,331	12%	70.4	41,425	22%	983	2.4	115,800	
163	2,073	26%	72.2	35,491	27%	791	2.6	109,500	Designated
164	5,850	9%	78.3	64,389	8.70%	2,487	2.4	243,800	
165	5,124	6%	78.7	95,078	6.80%	2,023	2.5	330,100	
166.01	6,319	25%	74.4	35,352	20.70%	2,832	2.1	140,100	
166.03	3,544	4%	79.2	62,917	7.90%	1,528	2.3	192,600	
166.04	4,280	6%	81.2	53,500	13.20%	1,836	2.3	164,200	
167.11	4,321	1%	78.7	94,293	6.10%	1,772	2.4	295,900	
167.22	8,295	17%	79.9	53,307	7.90%	3,314	2.5	201,500	
167.24	4,926	18%	76	42,532	14%	2,493	1.9	213,300	
167.25	4,362	28%	77	51,569	9.10%	1,725	2.5	228,300	
167.26	4,296	8%	77.6	54,238	9.20%	1,589	2.7	152,700	
167.27	3,245	7%	77	44,688	9.20%	1,434	2.1	191,200	
167.28	4,893	7%	76.9	80,341	3.10%	1,741	2.8	226,500	
167.29	6,524	13%	81.5	73,125	8.40%	2,464	2.7	189,100	
168.01	2,450	3%	79.6	97,768	5.70%	899	2.7	308,400	
168.03	7,096	3%	78.9	94,006	3.20%	2,774	2.5	276,500	
168.04	7,228	4%	80.9	108,113	3.90%	2,932	2.5	327,700	
168.05	7,700	11%	82	90,048	5.60%	2,620	2.9	265,400	
168.06	16,254	11%	79.4	72,813	7.10%	6,671	2.4	205,400	
168.07	4,125	3%	78.5	56,969	11.50%	1,493	2.8	171,400	
168.08	3,672	4%	87	47,147	8.40%	1,687	2.2	169,000	
171	6,275	12%	76.7	54,340	17.80%	3,454	1.7	238,700	
172	2,165	47%	76.2	42,702	38.60%	1,190	1.5	162,500	Designated
173	7,042	17%	74.6	58,397	15.30%	2,656	2.7	128,900	
174	2,643	83%	69.1	27,521	50.50%	863	2.9	75,700	Designated

Nassau County Poverty Indicators									
County/ Census Tract	**Population**	**Black % of Population**	**Average Life Expectancy Age**	**Median Income**	**% Below Poverty Line**	**House-holds**	**Persons Per Household**	**Median Home Price**	**MUA**
Nassau County	**88,625**	**6%**	**78.4**	**70,939**	**9.90%**	**35,212**	**2.5**	**244,800**	

501.01	7,408	13%	79.4	52,122	15.80%	3,372	2.1	292,900	Designated
501.02	2,888	8%	82.2	61,889	8.40%	1,351	2.1	249,100	Designated
502.01	1,850	1%	80.4	164,821	3.30%	991	1.9	853,200	Designated
502.02	7,163	3%	82.2	82,832	6.50%	3,007	2.4	333,700	Designated
502.03	3,842	2%	81.4	74,788	5.80%	1,833	2.1	479,500	Designated
503.01	10,517	10%	75.7	80,528	8.10%	3,809	2.7	209,800	Designated
503.02	7,705	10%	74.9	63,816	22.60%	2,643	2.9	172,500	Designated
503.03	14,452	5%	78.1	84,171	9.60%	5,679	2.5	283,900	Designated
504	8,909	5%	77.1	60,599	13.10%	3,204	2.7	143,300	Designated
505.02	7,546	2%	75.2	70,334	4.90%	2,811	2.7	187,500	Designated
505.03	6,661	6%	79.1	56,777	14.80%	2,473	2.7	161,800	Designated
505.04	4,157	0%	75.7	68,140	4.30%	1,430	2.9	158,700	Designated

St. Johns County Poverty Indicators									
County/ Census Tract	**Population**	**Black % of Population**	**Average Life Expectancy Age**	**Median Income**	**% Below Poverty Line**	**House-holds**	**Persons Per Household**	**Median Home Price**	**MUA**
St. Johns County	**264,672**	**5%**	**80.4**	**90,356**	**6.40%**	**94,761**	**2.8**	**338,700**	
202	2,493	5%	81.9	49,851	16.40%	1,229	2	274,800	Designated
203	4,335	20%	75.2	36,190	28%	1,606	2.7	158,100	Designated
204	3,417	14%	N/A	62,536	32.70%	897	2.5	281,500	Designated
205	4,118	3%	78.5	78,007	10.30%	1,781	2.2	383,700	
206.01	4,921	0%	79.5	107,721	1.80%	2,121	2.3	433,600	
206.02	22,550	3%	81.3	99,265	2.50%	7,746	2.9	364,900	
207.04	3,417	3%	85.4	138,894	3.40%	1,313	2.6	483,000	
207.05	6,097	1%	80.9	84,193	4.30%	2,843	2.1	426,600	
207.06	3,390	2%	N/A	155,000	1.70%	992	3.4	549,400	
207.07	5,236	1%	81.8	64,542	5.80%	2,369	2.2	246,900	
207.08	5,626	3%	80.9	169,191	4%	1,772	3.2	828,100	
207.1	2,351	0%	84.3	178,500	8.30%	870	2.7	1,040,700	
207.11	4,841	1%	N/A	89,700	6.10%	2,286	2.1	529,900	
208.01	8,609	4%	85.4	98,125	1.80%	2,936	2.9	338,600	

208.02	4,043	1%	81.1	95,550	1.60%	1,451	2.8	269,500	
208.03	4,539	2%	80.6	100,987	2.10%	1,645	2.8	341,400	
208.04	4,560	3%	N/A	118,071	4.10%	1,354	3.4	343,600	
208.05	18,593	7%	83.4	131,734	2.50%	5,436	3.4	362,800	
208.06	8,960	5%	N/A	122,980	3.50%	2,688	3.3	355,500	
208.07	2,481	1%	82	125,357	0.80%	846	2.9	422,400	
209.01	11,077	9%	78.6	57,571	14.30%	3,841	2.9	219,200	Designated
209.02	33,907	4%	80.8	93,322	5.80%	11,305	3	282,700	Designated
210.02	4,812	22%	74.2	42,772	27.80%	1,721	2.8	156,800	Designated
210.03	5,963	27%	74.8	45,521	20.90%	2,032	2.9	97,400	Designated
210.04	2,723	1%	78.5	57,336	11.90%	990	2.8	170,800	Designated
211.01	5,723	18%	77.4	43,153	22.60%	1,951	2.8	88,800	Designated
211.02	5,060	16%	80.8	60,341	21.80%	1,985	2.5	189,100	Designated
211.03	2,122	2%	80.4	58,676	8.50%	808	2.6	198,500	Designated
212.03	9,243	2%	78	57,664	8.50%	3,615	2.5	246,000	
212.04	861	1%	80.5	86,250	4%	343	2.4	329,400	
212.05	1,380	1%	79.4	56,625	10.10%	685	2	385,200	
212.06	6,894	2%	81.8	48,989	11.90%	3,044	2.3	210,700	
213.01	7,354	3%	75	52,283	11.90%	2,631	2.7	253,600	
213.02	5,750	3%	80.3	67,212	6%	2,139	2.7	209,400	
214.03	1,610	0%	86	97,500	5.90%	886	1.8	388,300	
214.04	3,018	0%	80.5	72,604	13.60%	1,365	2.2	333,100	
214.05	5,914	0%	N/A	82,963	10.80%	2,205	2.7	399,300	
214.06	5,104	1%	83.6	64,153	9.20%	2,354	2.2	378,300	
214.07	1,582	1%	79.6	64,167	7.40%	692	2.3	337,500	
9901	-	N/A	N/A	N/A	N/A	N/A	N/A	N/A	
9902	-	N/A	N/A	N/A	N/A	N/A	N/A	N/A	

Appendix E – Resources

Health Care Facilities and Community Resources

As part of the CHNA process, Ascension St. Vincent's has cataloged resources available in northeast Florida that address the significant needs identified in this CHNA. Resources may include acute care facilities (hospitals), primary and specialty care clinics and practices, mental health providers, and other non-profit services. Also, a listing of Best Practices and Interventions to help support identified needs helping to develop community initiatives.

The resources listed are not intended to be exhaustive.

Acute Care Facilities

Organization Name	Phone	Website
Ascension St.Vincent's Clay County	904-602-1000	https://healthcare.ascension.org
Ascension St.Vincent's Riverside	904-308-7300	https://healthcare.ascension.org
Ascension St.Vincent's Southside	904-296-3700	https://healthcare.ascension.org
Baptist Medical Center Jacksonville	904-202-2000	https://www.baptistjax.com
Baptist Medical Center South	904-271-6000	https://www.baptistjax.com
Baptist Medical Center Beaches	904-627-2900	https://www.baptistjax.com
Baptist Medical Center Nassau	904-321-3500	https://www.baptistjax.com
Mayo Clinic Florida	904-953-2000	https://www.mayoclinic.org
Memorial Hospital	904-702-6111	https://memorialhospitaljax.com
Orange Park Medical Center	904-639-8500	https://orangeparkmedical.com
UF Health Jacksonville	904-244-0411	https://ufhealthjax.org
UF Health North	904-244-0411	https://ufhealthjax.org
Ascension St.Vincent's St. Johns County	904-450-8120	https://healthcare.ascension.org

Primary Care Free and Charitable Clinics

Organization Name	Phone	Website
AGAPE Family Health	904-760-4904	https://agapefamilyhealth.org

Azalea Health	904-284-5904	https://azahealth.org
Clay County Department of Health Bear Run Clinic	904-272-3177	http://clay.floridahealth.gov
Community Health Outreach	904-573-1333	https://chojax.org
Duval Department of Health Jacksonville Family Health Center	904-253-2555	http://duval.floridahealth.gov
Jax Care Connect	904-595-7770	https://jaxcareconnect.org
Mission House	904-241-6767	https://www.missionhousejax.org
Muslim American Social Services (MASS Clinic)	904-419-8006	http://massclinic.org
Palms Medical Group	904-688-3000	http://www.palmsmg.org
The Way Free Clinic	904-561-6504	https://www.thewayclinic.org
Volunteers In Medicine	904-399-2766	https://vim-jax.org
Sulzbacher Center	904-359-0457	https://sulzbacherjax.org

Mental Health Providers

Organization Name	Phone	Website
Baptist Medical Center Jacksonville	904-202-2000	https://www.baptistjax.com
Clay Behavioral Health Center	904-291-5561	https://ccbhc.org/
Gateway Community Services	904-387-4661	http://www.gatewaycommunity.com
Memorial Hospital	904-702-6111	https://memorialhospitaljax.com
Mental Health Resource Center	904-695-9145	http://www.mhrcflorida.com

Orange Park Medical Center	904-639-8500	https://orangeparkmedical.com
River Point Behavioral Health	904-724-9202	https://www.riverpointbehavioral.com
UF Health Jacksonville	904-244-0411	https://ufhealthjax.org
Wekiva Springs Center	904-296-3533	https://wekivacenter.com/

Additional community resource lists

Organization Name	Phone	Website
Neighborhood Resources		https://healthcare.ascension.org/neighborhood-resources
United Way of North Florida	211	211.org

Appendix F – Previous CHNA Impact Reports

At the time of the writing of this report, hospital systems within the Partnership were still in the process of working toward their strategic goals as they are on various implementation plan schedules; thus, the impacts achieved by each activity implemented could not be fully evaluated until each hospital reached the end of their implementation plan schedule. Also, the COVID-19 pandemic affected the implementation of some planned strategies. The impact of some activities/strategies were not achieved, and some were not able to be implemented due to the pandemic.

No public written comments on the CHNA were noted as received at the time of this reports publishing.

DISCLAIMER

At the time of the writing of this report, hospital systems within the Partnership were still in the process of working toward their strategic goals as they are on various implementation plan schedules; thus, the impacts achieved by each activity implemented could not be fully evaluated until each hospital reached the end of their implementation plan schedule. Also, the COVID-19 pandemic affected the implementation of some planned strategies. The impact of some activities/strategies were not achieved, and some were not able to be implemented due to the pandemic.

Ascension St. Vincent’s Clay County

Ascension St. Vincent’s Clay County is a full-service hospital built in 2013 and is part of the nation’s largest Catholic and non-profit healthcare system. Ascension St. Vincent’s Clay County is located in Middleburg, Florida and offers 24/7 emergency care and as well as provides advanced surgical care for serious and life-threatening injuries and illnesses. Specialty care includes brain and spine, cardiology, digestive health, pediatrics, wound care and hyperbaric medicine and women’s health. OB-GYN maternity care teams at our Family Birth Place deliver a personalized birthing experience. A wide range of minimally invasive procedures, imaging and lab tests and rehabilitation services are available at the hospital campus.

Ascension St Vincent’s Riverside

Ascension St. Vincent’s Riverside is a full-service hospital founded by the Daughters of Charity in 1916. Ascension St. Vincent's Riverside is located in Jacksonville, Florida and offers 24/7 emergency care as well as provides advanced surgical care for serious and life-threatening injuries and illnesses. Ascension St. Vincent's Riverside is a destination for specialty care including heart and vascular, stroke, brain and spine, lung health, cancer, orthopedics, weight-loss surgery, and women's health. OB-GYN maternity care teams at our Family Birth Place deliver a personalized birthing experience. A wide range of minimally invasive procedures, imaging and lab tests and rehabilitation services are available at the hospital campus.

Ascension St Vincent’s Southside

Ascension St. Vincent's Southside is a full-service hospital founded in 1873 as St. Luke’s, the first private hospital in Jacksonville and was the oldest private hospital in Florida. The campus joined the St. Vincent’s HealthCare family in 2008 and was renamed Ascension St. Vincent’s Southside in 2019. Ascension St. Vincent’s Southside delivers surgical care for serious and life-threatening injuries and illnesses. Ascension St. Vincent's Southside also offers 24/7 emergency care and is a destination for specialty care including orthopedic and spine surgery, heart and vascular care, stroke and emergency care, lung health, brain and spine care, cancer services, weight-loss surgery, and women’s health. OB-GYN maternity care teams at our Family Birth Place deliver a personalized birthing experience. A wide range of minimally invasive procedures, imaging and lab tests and rehabilitation services are available at the hospital campus.

Prior CHNA Impact Report (Ascension St. Vincent's – Clay County, Riverside, and Southside)				
Significant Health Need Prioritized in Preceding CHNA	**Strategy**	**Planned Activities to Address Health Needs Identified in Preceding Implementation Strategy ❖ Anticipated Impact**	**Was Activity Implemented (Yes/No)**	**What was the impact achieved?**
Access	Implement Social Determinants of Health (SDOH) screening for patients at St. Pius Clinic, then introduce a service to address and improve social needs for that population.	Develop and implement a screening tool for SDOH.	Yes	Screening Tool was developed and implemented; data was analyzed. An additional service is being discerned to address an unmet need for the community. Final summary and impact expected in July 2022.
		Develop a process to analyze and report patient's additional unmet needs.	Yes	
		Implement an additional service to address an identified unmet need(s) specifically for the patients of the St. Pius Clinic.	In Progress	
Behavioral Health	Increase access to behavioral health services by incorporating telehealth and integrating behavioral health into other specialty care areas.	Coordinate with St. Pius Clinic to purchase telehealth technology.	Yes	Behavioral health services were expanded to tele psych capabilities and integrated into specialty care services, exceeding goal of engaged services lines to improve patient outcomes and continuum of care. Integration of behavioral health with pain management did not happen due to effects of the COVID-19 Pandemic and it was decided to discontinue this metric and increase total number of AMG behavioral health providers by June 2022.
		Hire and train staff.	Yes	
		Increase access to telepsych services using telehealth capabilities.	Yes	
		Integrate BH into specialty care ❖ Increased referrals from specialty care services.	Yes	
		Integrate treatment of pain management ❖ Increased visits from pain management patients.	No	
Cancer	Increase number of cancer screenings, with special attention to disparate populations	Increase number of Low Dose CT (LDCT) lung screening.	Yes	LDCT Lung screenings met and exceeded goal to help early detection and treatment of lung cancer, improving patient outcomes. AMG is increasing screening rate for Breast and Colorectal Cancer and will measure through June 2022.
		Conduct and measure cancer screenings in alignment with AMG's 2021 selected pathology ❖ Increased screening rate for AMG selected cancer pathology.	In Progress	

Baptist Medical Center Beaches

Baptist Medical Center Beaches was acquired by Baptist Health in 1993 and is in Jacksonville Beach, Florida. Baptist Medical Center Beaches is the only full-service hospital-based, 24-hour emergency service at the beach and provides beach's residents comprehensive, high-tech medical and surgical care. Medical staff includes highly trained physicians in different specialties who practice locally. As part of the Baptist Health system, Baptist Medical Center Beaches has access to many additional specialized physicians, services, and resources, including Baptist MD Anderson Cancer Center.

Prior CHNA Impact Report (Baptist Medical Center – Beaches)				
Priority Health Area	**Goal**	**Strategy**	**Was Strategy Implemented (Yes/No)**	**Was the expected impact achieved?**
Access to Care	Increase access to health services for un- and underinsured people in the BMCB service area.	Continue participation in the Beaches Health and Wellness initiative.	Yes	Yes
		Support Duval free medical clinics and Federally Qualified Health Centers in collaborative efforts to increase access to care.	Yes	Yes
		Partner with area faith partners and civic groups to offer health education.	Yes	Yes
		Continue partnerships to offer free smoking cessation classes.	Yes	No
		Develop resource catalog for transportation, prescription assistance, nutrition, and health services to better connect people to available resources.	Yes	No
		Connect healthcare professionals to volunteer opportunities at community health events and clinics.	Yes	No
	Increase access to nutritious food to frail seniors.	Partner with Meals on Wings to provide nutritional meals to seniors on the state waiting list for services.	Yes	Yes
Behavioral Health	Increase access to behavioral health services.	Continue offering Mental Health First Aid, a proven best practice to reduce stigma of mental illness which increases the likelihood that people will access care.	Yes	Yes
		Provide funding to innovative efforts to reduce stigma, advocate for increased services and increase access to care.	Yes	Yes
		Continue offering free post-partum support and meditation programs.	Yes	Yes
		Continue hosting behavioral health support groups.	Yes	Yes

		Host a community-wide conference on mental health to reduce stigma and barriers to care.	Yes	Yes
		Provide education and prevention programming in the community.	Yes	Yes
Vulnerable Population: Seniors	Reduce isolation of frail seniors and proactively identify health needs.	Partner with Meals on Wings to provide nutritional meals to seniors on the state waiting list for services.	Yes	Yes
	Provide educational, therapeutic, and exercise opportunities for seniors and caregivers to improve the health of seniors.	Expand ENRICH enhancement programs for seniors experiencing moderately severe cognitive impairment and their care partners.	No	No (due to COVID-19)
		Partner with area faith partners, civic groups and AHEC to offer senior programming to address health needs.	Yes	Yes

SUMMARY

Baptist Medical Center Beaches (BMCB) prioritized addressing access to care, behavioral health, and seniors. Partnerships with Sulzbacher Center's Federally Qualified Health Center, Mission House, Muslim American Social Services, We Care Jacksonville, and Volunteers in Medicine provide access to primary healthcare for uninsured and underinsured people in the Beaches community. Health education is also provided in support of these partnerships through the Baptist Y Healthy Living Center.

Behavioral health services have seen success with Mental Health First Aid trainings which teach participants a five-step action plan to assess a situation, select and implement interventions, and secure appropriate care for an individual showing signs of mental illness or substance abuse disorders. Other educational opportunities and supports are provided through an annual community-wide Mental Health Conference, First Coast YMCA programming, and free post-partum support and mediation programming.

For the vulnerable population of seniors, AgeWell provides educational, therapeutic, and exercise opportunities. BMCB also addressed isolation of frail seniors by providing food for meals in partnership with the University of North Florida's Meals on Wings program, and a Friendly Caller Program was also initiated to reduce feelings of loneliness and isolation in community seniors

Baptist Medical Center Jacksonville

Baptist Medical Center Jacksonville is a full-service hospital that opened in 1955. Centrally located in Jacksonville on the south bank of the St. Johns River, Baptist Medical Center Jacksonville is the flagship hospital of the Baptist Health system and provides patients with the highest level of medical and surgical care as well as comprehensive specialty care. Highly specialized tertiary services, such as neurosurgery and Baptist MD Cancer Anderson are available to residents of North Florida and South Georgia.

Prior CHNA Impact Report (Baptist Medical Center – Jacksonville)				
Priority Health Area	**Goal**	**Strategy**	**Was Strategy Implemented (Yes/No)**	**Was the expected impact achieved?**
Behavioral Health	Increase access to behavioral health services	Continue offering Mental Health First Aid, a proven best practice to reduce stigma of mental illness which increases the likelihood that people will access care.	Yes	Yes
		Provide funding to innovative efforts to reduce stigma, advocate for increased services and increase access to care	Yes	Yes
		Participate in Project Save Lives to provide access to peer support for ED patients with mental health and substance use disorder for the purpose of getting them into treatment.	Yes	Yes
		Implement support groups for LGBT+ populations to address addictions, mental health, advocacy, community resources, etc.	Yes	Yes
		Host a community-wide conference on mental health to reduce stigma and barriers to care.	Yes	Yes
		Provide education and prevention programming in the community.	Yes	Yes
Maternal, Fetal, and Infant Health	Decrease number of pre-term births, babies with low birth weight and infant mortality	Partner with the Northeast Florida Healthy Start Coalition to study the cause of every infant death in Northeast Florida in a 12-month period.	Yes	Yes
		Partner with Northeast Florida Healthy Start Coalition to develop a community plan to reduce the number of infant deaths.	Yes	Yes
		Offer Ready, Set, Sleep class focused on increasing awareness of safe sleep practices and CPR to expectants mothers. (added)	Yes	Yes
		Continue partnering with Duval County Public Schools to provide safe sex education through health curriculum	Yes	Yes
	Support parents with perinatal mood disorders.	Provide a continuum of care including psychology and psychiatry support on an inpatient and outpatient basis.	Yes	Yes
		Provide education on perinatal mood disorder to clinicians	Yes	Yes
		Provide support groups to new mothers experiencing perinatal mood disorder	Yes	No
	Reduce isolation of frail seniors and proactively identify health needs.	Partner with organizations to reduce senior isolation.	Yes	Yes
		Partner with Meals on Wings to provide nutritional meals to seniors on the state waiting list for services.	Yes	Yes

Vulnerable Population: Seniors	Provide educational, therapeutic, and exercise opportunities for seniors and caregivers to improve the health of seniors.	Implement ENRICH Outreach cognitive enhancement program for seniors experiencing moderate to moderately severe cognitive impairment and their care partners.	Yes	No (due to COVID-19)
		Partner with health education organizations to offer senior programming to address health needs.	Yes	Yes
		Implement Congregational Health Network to provide care and support to seniors through key, trained volunteers within churches. (added)	Yes	In progress (delayed due to COVID-19)
		Address the social needs of patients with chronic conditions that are not being optimally managed by performing skilled and non-skilled services in the home. (added)	Yes	No
		Collaborate with the Caregiver Coalition, a formal network of area senior care providers to enhance the resource network available to seniors and caregivers of older adults through financial sponsorship/membership and team member involvement. (added)	Yes	Yes
Vulnerable Population: LGBT+	Increase access to support services.	Implement support groups for LGBT+ populations to address addictions, mental health, advocacy, community resources, etc.	Yes	Yes
		Partner with JASMYN to provide support to parents and family members of LGBT+ people.	Yes	Yes
		Partner with health education organizations to provide health education specific to LGBT+ populations.	Yes	No

SUMMARY

Baptist Medical Center Jacksonville (BMCJ) prioritized addressing behavioral health; maternal, fetal, and infant health; seniors; and the LGBT+ community. BMCJ partners with The Women's Center of Jacksonville to provide access to mental health services and with The Community Foundation for Northeast Florida to address access to care, reduce stigma, and increase advocacy and prevention efforts. Mental Health First Aid trainings continue to reduce the stigma of mental illness and increase the likelihood that people will access care, as well. BMCJ partners with Delta Research Foundation, Florida's First Coast YMCA and Jewish Community Alliance to provide mental health support services to keep seniors and youth mentally healthy, and a partnership with JASMYN provides support in addressing the mental health concerns of LGBT+ residents.

For maternal, fetal, and infant health services, BMCJ partnered with the Northeast Florida Healthy Start Coalition to research infant mortality and implement solutions such as home visits by nurses. And working with Duval Healthy Start and Duval County Public Schools, BMCJ provided safe sleep education to mothers to reduce infant mortality. In partnership with Northeast Florida Healthy Start Coalition, BMCJ also developed the WELLcome Home visiting program which focuses on newborn and maternal education for families in Duval County.

Regarding the vulnerable populations of seniors and the LGBT+ community, BMCJ partners with Aging True to address the social needs seniors have that prevent them from remaining healthy. BMCB also addressed isolation of frail seniors by providing food for meals in partnership with the University of North Florida's Meals on Wings program, and a Friendly Caller Program was also initiated to reduce feelings of loneliness and isolation in community seniors. A partnership with JASMYN and other LGBT+ community partners work to implement support groups to connect LGBT+ adults with other community members and to provide educational resources that address mental health.

Baptist Medical Center Nassau

Baptist Medical Center Nassau was acquired by Baptist Health in 1994 and is in Fernandina Beach, FL. Baptist Medical Center Nassau is a community hospital that provides a full spectrum of in and outpatient services and 24-hour emergency care to coastal communities in northeast Florida and southeast Georgia. Medical staff includes highly trained physicians in 27 different specialties. As part of the Baptist Health system, Baptist Nassau has access to many additional specialized physicians, services, and resources, including Baptist MD Anderson Cancer Center.

Prior CHNA Impact Report (Baptist Medical Center – Nassau)				
Priority Health Area	**Goal**	**Strategy**	**Was Strategy Implemented (Yes/No)**	**Was the expected impact achieved?**
Access to Care	Increase access to health services for un- and underinsured people in the BMCN service area.	Continue partnership with organizations to increase access to care.	Yes	Yes
		Continue partnership with Starting Point to increase access to behavioral health treatment.	Yes	Yes
Behavioral Health	Increase access to behavioral health services.	Continue offering Mental Health First Aid, a proven best practice to reduce stigma of mental illness which increases the likelihood that people will access care.	Yes	Yes
		Provide funding to innovative efforts to reduce stigma, advocate for increased services and increase access to care.	Yes	Yes
		Continue partnership with Starting Point to increase access to behavioral health treatment.	Yes	Yes
		Host a community-wide conference on mental health to reduce stigma and barriers to care.	Yes	Yes
Vulnerable Population: Seniors	Decrease the number of Nassau County seniors who experience falls.	Develop and implement a falls prevention initiative for Nassau seniors.	In Progress	In Progress
	Ensure Nassau County seniors have access to care.	Continue partnership with Nassau County Council on Aging to provide transportation to doctor's appointments and errands.	Yes	Yes
	Decrease isolation of seniors. (added)	Engage Baptist Health's team of volunteers and Auxiliary Members in a Friendly Calling program to reduce feelings of loneliness and isolation in community seniors with social phone calls to offer friendship, encouragement, and support. (added)	Yes	Yes

SUMMARY

Baptist Medical Center Nassau (BMCN) prioritized addressing access to care, behavioral health, and seniors. A partnership with Barnabas Center provides access to primary healthcare for people who are uninsured and underinsured. In addition to providing funding for Barnabas Center operations, BMCN employs the medical director and provides lab and other medical services in-kind for the center. The Nassau County Council on

Aging also supports home health services for seniors and the provision of transportation for elderly and people without transportation options.

Regarding behavioral health, a partnership with Starting Point Behavioral Health increased access to mental health treatment for individuals assigned a care coordinator and provided access to treatment for uninsured and underinsured patients who are addicted to and abusing substances. BMCN also provides funding and referrals for permitted ED patients to receive services. Mental Health First Aid trainings continue to reduce the stigma of mental illness and increase the likelihood that people will access care, and the Behavioral Health Conference provides educational opportunities for the community. Other educational opportunities and supports are provided through an annual community-wide Mental Health Conference

For the vulnerable population of seniors, in addition to providing transportation to the elderly for access to care and essential services through a partnership with Nassau County Council on Aging, BMCN continued efforts with the Council on Aging and the Fernandina Beach Fire and Rescue on falls prevention initiatives for Nassau County residents. The Jacksonville Nonprofit Hospital Partnership also began working with Ames Productions to increase awareness of fall prevention strategies with seniors and caregivers. Last, a Friendly Caller Program was initiated to reduce feelings of loneliness and isolation for community seniors.

Baptist Medical Center South

Baptist Medical Center South opened in 2005 and is a full-service hospital serving the rapidly growing neighborhoods in southern Duval and northern St. Johns Counties. Baptist Medical Center South offers residents convenient access to this full-service healthcare facility at Interstate 95 and Old St. Augustine Road. As part of the Baptist Health system, Baptist South has access to many additional specialized physicians and resources, including Baptist MD Anderson Cancer Center and the Stroke & Cerebrovascular Center.

Prior CHNA Impact Report (Baptist Medical Center – South)				
Priority Health Area	**Goal**	**Strategy**	**Was Strategy Implemented (Yes/No)**	**Was the expected impact achieved?**
Access to Care	Increase access to health services for un- and underinsured people in the BMCS service area.	Continue partnering with organizations who provide access to care for Duval and Clay residents who do not have health insurance.	Yes	Yes
		Support Duval free medical clinics and Federally Qualified Health Centers in collaborative efforts to increase access to care.	Yes	Yes
		Continue partnering with organizations to provide referrals for and increase access to smoking cessation classes and assistive medication.	Yes	No
		Continue providing screenings and health coaching through Y healthy Living Centers and JCA Health Connexions.	Yes	Yes

	Every Child in Northeast Florida has healthcare. (added)	Partner with CHS, Clay Public Schools and Aza Health to assess the feasibility of offering health services in Wilkinson and Keystone Heights and developing a plan if determined feasible. (added)	Yes	Yes
Behavioral Health	Increase access to behavioral health services.	Continue offering Mental Health First Aid, a proven best practice to reduce stigma of mental illness which increases the likelihood that people will access care.	Yes	Yes
		Provide funding to innovative efforts to reduce stigma, advocate for increased services and increase access to care.	Yes	Yes
		Host a community-wide conference on mental health to reduce stigma and barriers to care.	Yes	Yes
		Provide education and prevention programming in the community.	Yes	Yes
Maternal, Fetal, and Infant Health	Decrease the number of preterm births, babies with low birth weight and infant mortality.	Partner with the Northeast Florida Healthy Start Coalition to study the cause of every infant death in Northeast Florida in a 12-month period.	Yes	Yes
		Partner with Northeast Florida Healthy Start Coalition to develop a community plan to reduce the number of infant deaths.	Yes	Yes
		Continue partnering with Duval County Public Schools to provide safe sex education through health curriculum.	Yes	Yes
		Offer Ready, Set, Sleep class focused on increasing awareness of safe sleep practices and CPR to expectants mothers. (added)	Yes	Yes
	Support parents with perinatal mood disorders.	Provide a continuum of care including psychology and psychiatry support on an in-patient and out-patient basis.	Yes	Yes
		Provide education on perinatal mood disorder to clinicians.	Yes	Yes
		Provide support groups to new mothers experiencing perinatal mood disorder.	Yes	Yes

SUMMARY

Baptist Medical Center South (BMCS) prioritized addressing access to care; behavioral health; and maternal, fetal, and infant health. Partnerships with Sulzbacher Center's Federally Qualified Health Center, Mission House, Muslim American Social Services, We Care Jacksonville, Volunteers in Medicine, and The Way provide access to primary and specialty healthcare for uninsured and underinsured people in the community. Florida's First Coast YMCA and the Jewish Community Alliance also support these efforts by providing screenings and health coaching

BMCS partners with The Community Foundation for Northeast Florida to address access to care, reduce stigma, and increase advocacy and prevention efforts. Mental Health First Aid trainings teach participants a five-step action plan to assess a situation, select and implement interventions, and secure appropriate care for an individual showing signs of mental illness or substance abuse disorders. Other educational

opportunities and supports are provided through an annual community-wide Mental Health Conference and First Coast YMCA programming.

For maternal, fetal, and infant health services, BMCS partnered with the Northeast Florida Healthy Start Coalition to research infant mortality and implement solutions such as home visits by nurses. Working with Duval Healthy Start and Duval County Public Schools, BMCS provided safe sleep education to mothers to reduce infant mortality. In partnership with Northeast Florida Healthy Start Coalition, BMCS also developed the WELLcome Home visiting program which focuses on newborn and maternal education for families in Duval County.

Wolfson Children's Hospital

Wolfson Children's Hospital opened in 1955 and is the only full-service tertiary hospital in Northeast Florida completely dedicated to children from birth to age 17. Wolfson Children's Hospital has physicians in 34 specialties. Medical faculty includes pediatric subspecialists with Nemour's Children's Specialty Care- Jacksonville, University of Florida College of Medicine – Jacksonville, UPMC Children's Hospital of Pittsburg, and Mayo Clinic in Florida. Wolfson Children's Hospital is part of Baptist Health.

Prior CHNA Impact Report (Wolfson Children's Hospital)				
Priority Health Area	**Goal**	**Strategy**	**Was Strategy Implemented (Yes/No)**	**Was the expected impact achieved?**
Access to Care	Every Child in Northeast Florida has healthcare.	Continue operating health centers in schools in the Ribault and Raines feeder pattern in Duval County.	Yes	Yes
		Provide enrollment assistance to children eligible for Florida KidCare.	Yes	Yes
		Provide asthma education to children diagnosed with the chronic disease.	Yes	Yes
		Partner with Children's Home Society, Clay Public Schools and Azalea Health to assess the feasibility of offering health services in the Clay County Community Schools and developing a plan if determined to be feasible.	Yes	Yes
Behavioral Health	Increase access to behavioral health services.	Continue offering Mental Health First Aid, a proven best practice to reduce stigma of mental illness which increases the likelihood that people will access care.	Yes	Yes
		Continue offering Youth Mental Health First Aid, a proven best practice to reduce stigma of mental illness which increases the likelihood that people will access care.	Yes	Yes
		Support implementation of Calm Classroom in Northeast Florida.	Yes	Yes
		Provide funding to innovative efforts to reduce stigma, advocate for increased services and increase access to care.	Yes	Yes

		Provide screenings of The Ripple Effect to reduce stigma, the screenings will include a local resource guide.	Yes	No
Maternal, Fetal, and Infant Health	Decrease the number of preterm births, babies with low birth weight and infant mortality.	Partner with the Northeast Florida Healthy Start Coalition to study the cause of every infant death in Northeast Florida in a 12-month period.	Yes	Yes
		Partner with Northeast Florida Healthy Start Coalition to develop a community plan to reduce the number of infant deaths.	Yes	Yes
		Offer Ready, Set, Sleep class focused on increasing awareness of safe sleep practices and CPR to expectants mothers.	Yes	Yes
		Continue partnering with Duval County Public Schools to provide safe sex education through health curriculum.	Yes	Yes

SUMMARY

Wolfson Children's Hospital (WCH) prioritized addressing access to care; behavioral health; and maternal, fetal, and infant health. WCH partners with Sulzbacher Center to provide access to primary and behavioral healthcare. THE PLAYERS Center for Child Health is working with community partners to identify and help families complete Florida KidCare applications. In addition, outreach educators train and educate the community on the importance of coverage. Last, Baptist Health worked with the Duval County School System, Sulzbacher Center, UF Health Jacksonville, and the Department of Health-Duval to open a school health center for children in underserved areas.

Regarding behavioral health services, WCH partners with The Community Foundation for Northeast Florida to address access to care, to reduce stigma, and to increase advocacy. Mental Health First Aid trainings continue to reduce the stigma of mental illness and increase the likelihood that people will access care, and the Calm Classroom has been implemented throughout Duval public elementary schools. Other educational opportunities and supports are provided through an annual community-wide Mental Health Conference.

WCH also partnered with the Jacksonville Jaguars Foundation to implement PLAY 60, a nutrition and physical activity program targeted to 6th grade students. WCH partnered with Northeast Florida Healthy Start Coalition to research infant mortality and implement solutions such as home visits by nurses. Duval Healthy Start and Duval County Public Schools help provide safe sleep education to mothers to reduce infant mortality, as well. In partnership with Northeast Florida Healthy Start Coalition, WCH also developed the WELLcome Home visiting program which focuses on newborn and maternal education for families in Duval County.

Brooks Rehabilitation

Brooks is a nonprofit organization based in Jacksonville, Florida. It operates one of the nation's largest inpatient rehabilitation hospitals, one of the region's largest home healthcare agencies, 32 outpatient rehabilitation clinics, a skilled nursing unit dedicated to orthopedic rehabilitation, Brooks Rehabilitation Medical Group, two skilled nursing facilities, assisted living and memory care. In addition, Brooks operates the Clinical Research Center, which specializes in research for stroke, brain injury, spinal cord injury and more, to advance the science of rehabilitation. Brooks also provides many low or no cost community programs and services such as the Brooks Clubhouse, Brooks Aphasia Center and Brooks Adaptive Sports and Recreation to improve the quality of life for people living with physical disabilities.

Brooks Rehabilitation Hospital is an acute, inpatient rehabilitation hospital offering a full continuum of services. Patients receive 24-hour medical care with daily physician oversight and nursing care in addition to physical, occupational, and speech therapies. Cognitive rehabilitation, neuropsychology, psychology, and recreation therapy are also provided as appropriate to meet patient and family needs.

Prior CHNA Impact Report (Brooks Rehabilitation)				
Priority Health Area	**Anticipated Impacts**	**Program Initiatives**	**Was Initiative Implemented (Yes/No)**	**Was the expected impact achieved?**
Access	(1) Maintain healthy lifestyle through quantifiable outcome measures can lead to better overall health and wellness. (2) Increased participation in Brooks Community Benefit Programs.	Assess the viability of providing community transportation to Brooks Rehabilitation Community Benefit Programs.	Yes	Brooks provides two community transport vehicles.
		Utilizing rural outpatient clinics for health screenings during therapy and non-therapy hours.	No	COVID did not allow Brooks to fully capitalize on using clinics for rural healthcare.
		Expand the Brooks Rehabilitation Aphasia Center to St. Johns County.	Yes	Brooks provides services to Aphasia patients in two counties, while recognizing the need for more, expansion is a possibility.
		Partner with Children's Home Society, Clay Public Schools and Azalea Health to assess the feasibility of offering health services in the Clay County Community Schools and developing a plan if determined to be feasible.	Yes	Feasibility was assessed, however, due to COVID an operational plan could not be developed.
Behavioral Health (Mental Health and Substance Abuse)	(1)Improvement in quality of life.	Provide ongoing community benefit programming (addressing physical well-being, social interaction, mental well-being, education needs, and purpose of life) including: • Brooks Rehabilitation Adaptive Sports & Recreation • Brooks Rehabilitation Aphasia Center • Brooks Rehabilitation Neuro Recovery Center • Brooks Rehabilitation Brain Injury Clubhouse • Brooks Rehabilitation Wellness Programs • Brooks Rehabilitation Pediatric Recreation	Yes	Each of the outlined programs provided meaningful opportunities to improve quality of life for local persons with a differing ability.
		• Brooks Rehabilitation Motion Analysis Center • Brooks School Re-entry Program		

Obesity and Physical Activity	(1) Increase in physical activity for adult and pediatric populations. (2) Maintain healthy lifestyle through quantifiable outcome measures. (3) Increase children's confidence with the goal to restore a child's confidence in play activities with their peers, promote a healthy body image, and provide education for healthy nutrition and body weight as a child grows.	The Brooks Rehabilitation Adaptive Sports & Recreation offers weekly activities designed to meet the needs and interests of our diverse community along age, ability, lifestyle, and personal interest parameters.	Yes	Annually the Brooks Adaptive Sports and Recreation program provides programming for over 600 individuals.
		The Brooks Rehabilitation Stroke Wellness Program offers supervised individual exercise program designed for persons who are recovering from the effects of a stroke.	Yes	The Brooks Wellness program annually provided 200 individuals 10,000 sessions to assist with physical activity. During the pandemic a virtual option was provided to individuals.
		The Brooks Rehabilitation Brain Injury Wellness Program offers supervised individual exercise program designed for persons living with a brain injury.	Yes	The Brooks Wellness program annually provided 200 individuals 10,000 sessions to assist with physical activity. During the pandemic a virtual option was provided to individuals.
		The Brooks Rehabilitation Parkinson's Wellness Program offers supervised individual exercise program designed for persons living with Parkinson's disease.	Yes	The Brooks Wellness program annually provided 200 individuals 10,000 sessions to assist with physical activity. During the pandemic a virtual option was provided to individuals.
		The Brooks Rehabilitation Multiple Sclerosis Wellness Program offers group exercise class adapted for persons living with multiple sclerosis. The chair class focuses on balance, flexibility, strength, and coordination through exercises that can be completed seated or standing.	Yes	The Brooks Wellness program annually provided 200 individuals 10,000 sessions to assist with physical activity. During the pandemic a virtual option was provided to individuals.
		The Brooks Rehabilitation Brain Injury Clubhouse provides members participation in exercise activities for Brain Injury and stroke survivors.	Yes	The Brooks Rehabilitation Brain Injury Clubhouse provides members the opportunity to utilize experts to exercise in the pool and/or small gym.
		The Brooks Rehabilitation Pediatric Recreation offers weekly activities designed to meet the needs and interests of the pediatric population with differing abilities.	Yes	The Brooks Rehabilitation Pediatric Recreation offers programming to nearly 200 individuals annually.
		Brooks Rehabilitation will investigate, promote, and provide heart healthy snack options for employees and visitors in the vending machines and onsite dining at Brooks Rehabilitation Hospital.	Yes	In partnership with the American Heart Association, the vending machines carried heart healthy snacks and a logo indicating the better options. The same indications were added to cafeteria food options.
		Identified walking routes of varying distances will be promoted to employees and visitors around the Brooks Rehabilitation Hospital.	No	Attending to the needs of the patients and employees did not allow for the Brooks Wellness Coordinator to accomplish this goal.

		Through an internal marketing campaign, employees will be encouraged to utilize the stairs as they are able.	Yes	Large (3'x6') vinyl signs were placed in stairwells. In addition, a video was sent out to all employees encouraging stair use.
		Brooks Rehabilitation will provide employees and patients with a video library of general health and wellness materials.	Yes	Implemented in 2020, patients have a library of wellness videos to access while recovering at Brooks Rehabilitation Hospital.
Vulnerable Populations	(1) Improved knowledge among school aged children regarding Brain Injury and Spinal Cord injury prevention. (2) A reduction in the prevalence of falls among the Florida residents that complete participation in the program in Duval and St. Johns counties. (3) A reduction in the number of emergency room visits due to a fall related injury among Florida residents that complete the Program in Duval and St. Johns counties. (4) Regular education sessions with assessments on effectiveness at the Y Healthy Living Center. (5) Maintain healthy lifestyle through quantifiable outcome measures can lead to secondary benefits of decreased falls, prevention of a second stroke, increased	Participate in Think First, a nationwide injury prevention program that focuses on reducing the number of brain injury and spinal cord injury by educating youth.	Yes	Brooks focused on the adolescent programming of ThinkFirst, specifically helmet safety. This program was taken to lower income areas while distributing appropriately fitting helmets.
		Stepping On/Falls Prevention is an evidence-based program which through superior outcomes and research has been proven to reduce the rate of falls in community dwelling older adults. This program will be offered in Duval & St. Johns Counties.	Yes	Brooks offered this vital programming with an in-person and virtual option for residents of all counties.
		Y Healthy Living – work with partners in the healthy living facility to provide education and information on a variety of topics to the community.	Yes	Brooks partnered with the YMCA to offer these programs both in-person and in a virtual format during the height of the pandemic.

	mobility, weight control, and better mental health. (6) Increase physical activity. (7) Raise awareness of disease prevention and recovery.	The Brooks Rehabilitation Stroke Wellness Program offers supervised individual exercise program designed for persons who are recovering from the effects of a stroke.	Yes	The Brooks Wellness program annually provided 200 individuals 10,000 sessions to assist with physical activity. During the pandemic a virtual option was provided to individuals.
		Provide multilingual informational brochures and materials for the growing Hispanic communities.	Yes	Brooks has recently started transitioning select brochures and materials into Spanish.

Mayo Clinic in Florida

Mayo Clinic in Florida opened in 1986 and is a destination of hope for thousands of patients seeking answers to complex medical questions, not only from Northeast Florida, but also from around the state, nation, and world. Mayo Clinic in Florida is both a teaching and research hospital with an integrated approach to care. This consolidated team approach brings together specialty physicians, researchers and educators who collaborate to do what's best for patients.

Mayo Clinic Hospital, Jacksonville, Florida opened in 2008 and is located on Mayo Clinic's campus in Jacksonville, Florida. Mayo Clinic Hospital has 304 beds and 26 operating rooms, offers care in over 49 adult medical and surgical specialties, and has a full-service emergency department. Mayo Clinic in Florida is an accredited campus of the Mayo Clinic College of Medicine and Science, with residents in 40-plus graduate medical education programs, and full-time medical school and allied health students in the Mayo School of Health Sciences.

Prior CHNA Impact Report (Mayo Clinic in Florida)				
Priority Health Area	**Objective**	**Strategies**	**Was Strategy Implemented (Yes/No)**	**Progress of Strategy Implemented**
Obesity, Nutrition, and Physical Activity	Provide Mayo Clinic in Florida expertise and support to increase awareness and inspire healthy habits among community residents.	Advance community-engaged research efforts that bring greater understanding for obesity prevention and treatment, in partnership with Mayo Clinic in Florida's Center for Health Equity and Community Engagement Research (CHECER) and Employee Resource Group. *Continue Wellness Rx initiatives and* expansion into Arlington	Yes	Continued the Wellness Rx program that was initiated in 2017. In 2020, Mayo Clinic in Florida provided over 350 Facebook educational videos and have created Wellness Rx blog educational flyers and videos. Each month Wellness Rx had a specific health topic assigned with educational material provided. In 2020 the program distributed 119,549 lbs. Of food and at each event we had consistently over 100 participants. In 2021 Mayo Clinic in Florida expanded Wellness Rx into Arlington and Brentwood and increased community partnerships. Wellness Rx rotates the grocery give away and

				health education locations through Woodland Acres Elementary, Jacksonville University and Terry Parker High School. For the first Quarter of 2021, Mayo Clinic served 260 families and provided 23,300 lbs of food.
		Increase the knowledge and awareness of obesity prevention and risk reduction through targeted community outreach and education efforts in predominantly Spanish-speaking communities, in partnership with Mayo Clinic's Center for Health Equity and Community Engagement Research (CHECER) and Employee Resource Groups. HOPE Para La Communidad initiative	Yes	In 2020, Mayo Clinic in Florida launched efforts under Hope Para la Communidad which included Mayo Clinic hosting food distribution within the Hispanic communities (230 families served) and hosting its first virtual Hispanic conference (200 registered community members & 475 non-unique logons were recorded).
		Preserve a long-standing relationship with the American Heart Association (AHA) in support of optimal heart health achieved through physical activity.	Yes	Mayo Clinic in Florida continues to partner with AHA in support of signature events and collaboration with AHA for heart health education efforts at Wellness Rx and community heart health talks.
		Develop and continue to support wellness initiatives and healthy food option opportunities at Mayo Clinic in Florida. - Heritage Classic – an annual 5K run/walk. - Nutrition and cooking courses. - On-site weekly fitness classes. - Healthy food offerings for patient/visitors/employees.	Yes	Mayo Clinic due to COVID-19 hosted virtual wellness initiatives for staff and continued to have healthy food options for patients/visitors and employees
		Provide educational material throughout the community during activities in which Mayo Clinic has a presence, in partnership with the Office of Patient Education.	Yes	Much of our events in 2020 were virtual due to COVID-19; electronic

				education materials were provided through events and presentations.
Cancer	In partnership with community-based cancer organizations, we will increase knowledge and awareness of information and resources available along the entire cancer continuum.	Provide up to date and innovative information about cancer risk reduction, treatment, and survivorship through interactive community placed sessions ("Cancer Breakthroughs: A Town Hall Series").	Yes	In 2020, Mayo Clinic in Florida launched its cancer breakthroughs: a town hall series completely virtual through the zoom platform (program launched virtually rather than in-person due to the pandemic). This program focuses on providing information to communities via interactive sessions with cancer providers, researchers, advocates, and survivors, in partnership with Mayo Clinic's Center for Health Equity and Community Engagement Research (CHECER). These sessions directly connect community members with information and resources. Topics covered in the series focus on up to date information throughout the cancer continuum from cancer etiology to cancer survivorship. The first town hall was in June of 2020 and the Program topic was managing cancer through COVID 19. The second town hall was in October of 2020 and the program topic was serving breast cancer. The latter was in partnership with agape family health (a federally qualified health center in Jacksonville) and Ascension St. Vincent's Cancer Center to bring together Breast Cancer survivors and medical professionals to share life lessons, information on healthy

				lifestyles, early screening, research and resources available. The town halls continue to be held quarterly with various cancer topics. As of Q2 in 2021, Mayo Clinic has held 4 Cancer Town Halls with community members in attendance virtually from Baker, Clay, Duval, Putnam, St. Johns Counties and extended to Minnesota and Arizona
		Preserve long-standing relationships with and provide financial resources to organizations in support of their mission to free the world from cancer (American Cancer Society, American Lung Association, The DONNA Foundation, Funk-Zitiello Foundation, Leukemia & Lymphoma Society, Pancreatic Cancer Action Network, and in partnership with others as opportunities arise).	Yes	Mayo Clinic in Florida continued to preserve long-standing relationships and partnerships with and provided financial resources to cancer organizations in support of their mission to free the world from cancer.
		Provide educational material throughout the community during activities in which Mayo Clinic has a presence, in partnership with the Office of Patient Education.	Yes	Much of our events in 2020 were virtual due to COVID19; electronic education materials were provided through events and presentations.
Access	Increase health care resources for individuals and families with limited or no means in the community.	Increase access to health care resources through the provision of primary and specialty care services.	Yes	See Below
		Sulzbacher Center – continue funding an after-hours clinic (Beaches), providing in-kind rotational services, such as mental health and addiction (Dr. Rummans), a minor procedure clinic (Dr. Willis, Family Medicine staff & residents), and other supplementary primary care and specialty care consultative needs.	Yes	Mayo Clinic in Florida contributed supplemental care in Behavioral Health, Cardiology, Family Medicine and Gastroenterology which resulted in 107 patients seen and 119 Mayo Clinic staff hours at Sulzbacher Center
		Volunteers in Medicine (VIM) – continue providing in-kind services, such as oncology and gastroenterology, at the	Yes	In 2020, the following donated services resulted in a total of 260

		center and referring high-risk cases to Mayo Clinic in Florida for continued care. Continue funding an HPV lab and vaccination access through a Research program.		staff hours at Volunteers in Medicine with 6 new additional clinical volunteers from our clinicians at VIM. Mayo Clinic in Florida contributed access to care for vulnerable populations by providing specialty lab processing, inoculation and testing for Human Papillomavirus (HPV) at VIM and partnership with research through Mayo Clinic's Center for Health Equity and Community Engagement Research. Supplemented VIM clinic staff with services including Cardiology, Gastroenterology, Gynecology and Internal Medicine.
		We Care Jacksonville – continue as a participating provider agreeing to provide specialty care for complex patient needs, such as oncology, general surgery, and gastroenterology.	Yes	Mayo Clinic in Florida provided general surgery, gynecology, oncology, and urological surgeries for complex patient needs.
		AGAPE Community Health Center – continue providing financial contributions, such as through their awards program, and evaluate alignment to provide gynecological services (aiming for Q4 2020), in partnership with Mayo Clinic's Center for Health Equity and Community Engagement Research (CHECER).	Yes	Mayo Clinic in Florida partnered with Agape Family Health and local African American and Hispanic faith based and community organizations to provide COVID19 testing to over 400 underserved and underrepresented community members. Mayo Clinic in Florida also provided family medicine services to Agape Family Health clinic. Continuing to grow partnership with programs in collaboration with Mayo Center for Health Equity and Community Engagement Research.
		Pace Center for Girls – provide financial contributions to initiatives, such as the Straight Talk Health Services program that provides health screenings and case management services.	Yes	138 girls served through Straight Talk Health Services Program with Mayo Clinic's contributions to Pace Center for Girls initiatives.

		Mission House – continue providing clinical services, such as through Family Medicine physicians.	Yes	In 2020, Mayo Clinic supplemented Mission House with staff with Internal Medicine and Neurology providers resulting in 26.2 hours and 8 visits at Mission House.
		Wildflower Healthcare – provide financial contributions to initiatives, such as a new program to increase access for underserved residents of St. Johns County by creating a technological infrastructure to provide telemedicine care virtually.	Yes	Wildflower Healthcare | Good Samaritan Health Centers, Inc. was awarded $9,000 by Mayo Clinic in support of the Healthy You! Program, partnered with Wildflower Healthcare. In addition to support of the Healthy You! Program, Mayo Clinic and the Nonprofit Hospital Partnership partnered with Wildflower to provide flu vaccines through #FluVaxJax Community initiative.
		No Borders for Hope – provide in-kind services and financial contributions to create healthcare connections for those in underserved communities, facilitate health screenings, and deliver nourishment.	Yes	Grant Funding from Mayo Clinic to No Borders for Hope provided support for NH4H Event in November to provide toiletries to distribute to community members. In addition to toiletries provided No Borders for Hope provided 8,782 lbs of food donated from Feeding Northeast Florida to distribute during the event. Total number of families = 152 Volunteers for the event = 18 Volunteers from Mayo Clinic= 7
		Continue offering a number of in-kind/free services in a range of subspecialties at Mayo Clinic in Florida through Charity Care.	In-Process	Impact Achieved, on-going support each year.
		Provide educational material throughout the community during activities in which Mayo Clinic in Florida has a presence, in partnership with the Office of Patient Education. On-campus	Yes	Much of our events in 2020 were virtual due to COVID19; electronic education materials were provided through events and presentations.

		classes to address gaps in senior patient's usability of on-line tools and resources.		

UF Health Jacksonville

UF Health Jacksonville is a private, not-for-profit hospital affiliated with the University of Florida. It is part of UF Health, the Southeast's most comprehensive academic health center, with campuses in Jacksonville and Gainesville. The hospital's origins date to 1870 as Florida's first nonmilitary hospital, known then as Duval Hospital and Asylum. In addition to the main campus located in downtown Jacksonville, UF Health has more than 60 primary care and specialty practices throughout the region. UF Health physicians collectively offer more than 100 advanced specialty and subspecialty services as well as a wide range of inpatient and outpatient healthcare services.

UF Health North

UF Health North, part of UF Health, is the only full-service hospital in North Jacksonville and opened in 2017. UF Health North provides 24/7 adult and pediatric emergency center, an outpatient surgery center, and a birth center. The facility offers convenient access to more than 30 specialty services offered by top University of Florida and community physicians.

Prior CHNA Impact Report (UF Jacksonville & UF North)				
Significant Health Need Prioritized in Preceding CHNA	**Goal**	**Anticipated Impact/Metrics**	**Was Activity Implemented (Yes/No)**	**What was the impact achieved?**
Behavioral Health	Increase the connection of Jacksonville community members with mental health needs to mental health resources.	10,000 Northeast Florida residents trained in Mental Health First Aid ○ Total # of individuals trained by month ○ Total # trained by group (community member, hospital, JSO) ○ Total % trained by county (Baker, Clay, Duval, Nassau, St. Johns, other)	Yes	A total of 10,140 people trained in Mental Health First Aid (MHFA) community wide over 3 years, exceeding the collaboration project goal of 10,000 community members trained in 3 years. UF Health training: 12 - 8 hour MHFA

				10 -2 hour lunch and learn 12 -2 hour MHFA stress paint class 4 - 4 hour Community emergency response team - MHFA
Cancer	Decrease the percent of employees and Jacksonville community members who smoke.	Number of people referred to cessation programs/resources.		189 patients were enrolled in a smoking cessation program. 30 patients completed the program (28 successful – no longer smoking) 9 employees enrolled 30 patients completed program (28 successful – no longer smoking) 8 employees successfully completed an employee smoking cessation program offered through Employee Wellness Department. program
		Number of people attending community cessation courses.	Yes	
		Rate of completion of cessation program.	Yes	
Poverty	Decrease social isolation and food insecurity among underserved and/or low-income Jacksonville Seniors.	Number of program participants.	Yes	The Health-Smart Holistic Health Program targets seniors in Health Zone 1 of Jacksonville. This program achieved success in the following areas: • Reduced food insecurities • Increased social connection • Reduced loneliness, depression, and stress
		Number and percent of program participants placed into a job.		
		Number and percent of family members of participants placed into a job.		
		Food security metrics (USDA Food Security Screening Questionnaire).	Yes	
Priority Populations	Increase the access to specialty care and health promoting programs to	Increased food security for families and individuals involved in the Humana Health-Smart initiative.		

	marginalized, underserved Populations.	At least 20 percent of unemployed individuals involved in the Humana Health-Smart initiative to have job placement.		• Improved physical and psychological quality of life Program Components: • Health-Smart Behavior Program™ adapted for seniors (9 weeks) • Church-based food pantry program (10 pantries) • Monthly mental, physical, spiritual, and social health promotion events • Smartphone-use training program for seniors • Food Security and Social Connection Online App • Insurance consultation program • Job training and placement program • Financial literacy and asset security program Year 1 (2019): 442 participants Year 2 (2020): 500 participants
		Increased care coordination for patients with specialty care needs through the HIV Telemedicine Project, the Epilepsy Wellness Center, and the Comprehensive Multiple Sclerosis Program.	Yes	UF CARES began using Best Practice Alert (BPA) offering virtual visits in Sept. 2018. first patient seen in Jan. 2019 <u>Jan. 2019 - Sept. 2020</u> Eligible patients - 767
		Increased participation in support groups amongst patients, caregivers, and community members	Yes	

		through the Epilepsy Wellness Center and the Comprehensive Multiple Sclerosis Program.		Accepted and Scheduled - 169 Completed - 111 <u>Epilepsy Support Group</u> 2019 - 2020 (due to COVID - no sessions after 2/2020) • 247 patients attended a class (memory, medication, diary, stress) • 101 patients completed the program <u>Multiple Sclerosis Support Group</u> 2019 - 180 participant 2020 - 42 participants
Obesity and Physical Activity	Increase the number of Jacksonville community members with diabetes self-management skills.	Pre-test and provider assessment of the following metrics (throughout the program entirety) o Improved knowledge of diabetes o Better self-management skills o Record of maintaining good control	Yes	Patients managed by the pharmacotherapy clinic from July 2019 through June 2020 were included in this analysis to assess the outcome of their diabetes medication management related to their A1c goals. Total number of encounters - 891 (148 total patients) Of the total 148 patients, 108 were included for further A1c analysis.
		Improved control over their diabetes through the biannual evaluation of clinical indicators – HgbA1C and lipid values.	Yes	
Maternal, Fetal, and Infant Health	Improve access to healthcare and pregnancy outcomes; support early childhood development.	Increased access to prenatal and infant care within Jacksonville.	Yes	
		Reduction in infant mortality in Jacksonville to 7.5 percent.	Yes	

		Improved pregnancy outcomes, improved child health and development, increased family and child safety procedures, and increased economic self-sufficiency of the family for women and children who receive services.	Yes	Reasons for exclusion included only one A1c available for review (n = 40). Baseline average A1c was 9.3% which decreased to 8.6% (average decrease of 0.7%). Of the 108 patients, 72 patients (66.7%) had a decrease or no change in A1c with an average decrease of 1.6%. Initially, 19% of patients were at A1c goal. Post intervention this increased to 25% of patients being at goal.
		Percent of women with an inter-pregnancy interval of at least 18 months to increase to 70%.		
		Prenatal screening rate to increase to 70%.	Yes	
		Infant screening rate to increase to 85%.	Yes	<u>Little Miracles Program</u> Community program that provides pregnancy tests, prenatal and infant care access assistance and maternity and childbirth education. Nurses schedule first prenatal and newborn care appointment within the UF Health Jacksonville network. • Pregnancy test shifted to the OB/GYN clinic in 2020 • 7 Families completed Childbirth Classes prior to the 2020 COVID hospital closures • 165 Pregnancy Medicaid Applications were completed • 578 Pediatric Well-Check appointments (baby's first pediatric appointment) <u>Healthy Start Program</u> Community based, nurse led, prenatal case management for high risk women. Inter-conception case management for

				three to six months post-delivery. Program provides childbirth classes, breastfeeding classes, parenting classes and assistance with Medicaid enrollment. • 93% of women consented to the prenatal risk screening (2,617 pregnant women consented/2,825 pregnant women) source NEFHSC • 98% of postpartum women consented to the infant risk (2801 deliveries/2766 consented) source FL Charts • 97% of infants were screened for developmental milestones and delays using the appropriate Ages and Stages Questionnaire –source WFS Annual Report • .007 % infant mortality among program participants & .03% of program participants with a poor birth outcome (stillborn or miscarriage)-source WFS Data List <u>Nurse Family Partnership</u> Evidence-based program that provides nurse-led, prenatal case management, infant health and development home visitation until child turns two. • 87% of mothers initiated breastfeeding • 73% had a pregnancy interval of at least 18 months

				• Workforce participation at Intake-50% • Workforce participation at 24 months-60% <u>Trauma Prevention Program</u> Community program that educates children and parents in the Jacksonville community on important safety topics in an effort to reduce the number and severity of injuries. <u>2019 - participants in educational programs:</u> Bicycle Safety - 1504 Motor Vehicle Safety - 2401 Fall prevention - 20 Sports Injuries - 1500 Injury Prevention presentations - 1718 <u>2020 - participants (drop due to COVID)</u> Bicycle Safety - 26 Motor Vehicle Injuries - 1192 Sports injuries - 500 Injury Prevention - 204