Community Health Needs Assessment

Brooks Rehabilitation Hospital

Prepared for
The Jacksonville Metropolitan Community Benefit Partnership

By
Verité Healthcare Consulting, LLC

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ABOUT THE JACKSONVILLE METROPOLITAN COMMUNITY BENEFIT PARTNERSHIP

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

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

ABOUT VERITÉ HEALTHCARE CONSULTING

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

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

The community needs assessment prepared for Brooks Rehabilitation Hospital and The Partnership was directed by the firm's President and managed by the Vice President, with an associate and research analyst supporting the work. The firm's senior staff holds graduate degrees in relevant fields.

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

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

EXECUTIVE SUMMARY

Introduction

This community health needs assessment (CHNA) was conducted by Brooks Rehabilitation Hospital ("Brooks" or "the hospital") to identify community health needs and to inform development of an implementation strategy to address identified significant needs. The hospital's assessment of community health needs also responds to regulatory requirements.

Brooks has provided rehabilitation services for over 49 years to residents of Northeast Florida and beyond. The hospital currently operates 157 beds and provides a wide range of services, including inpatient rehabilitation, skilled nursing services, home care, outpatient therapy, and specialty programs.

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

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

- improving access to health services,
- enhancing public health,
- advancing increased general knowledge, and
- relief of a government burden to improve health.[1]

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

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

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

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

[1]Instructions for IRS form 990 Schedule H, 2014.

Methodology Summary

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

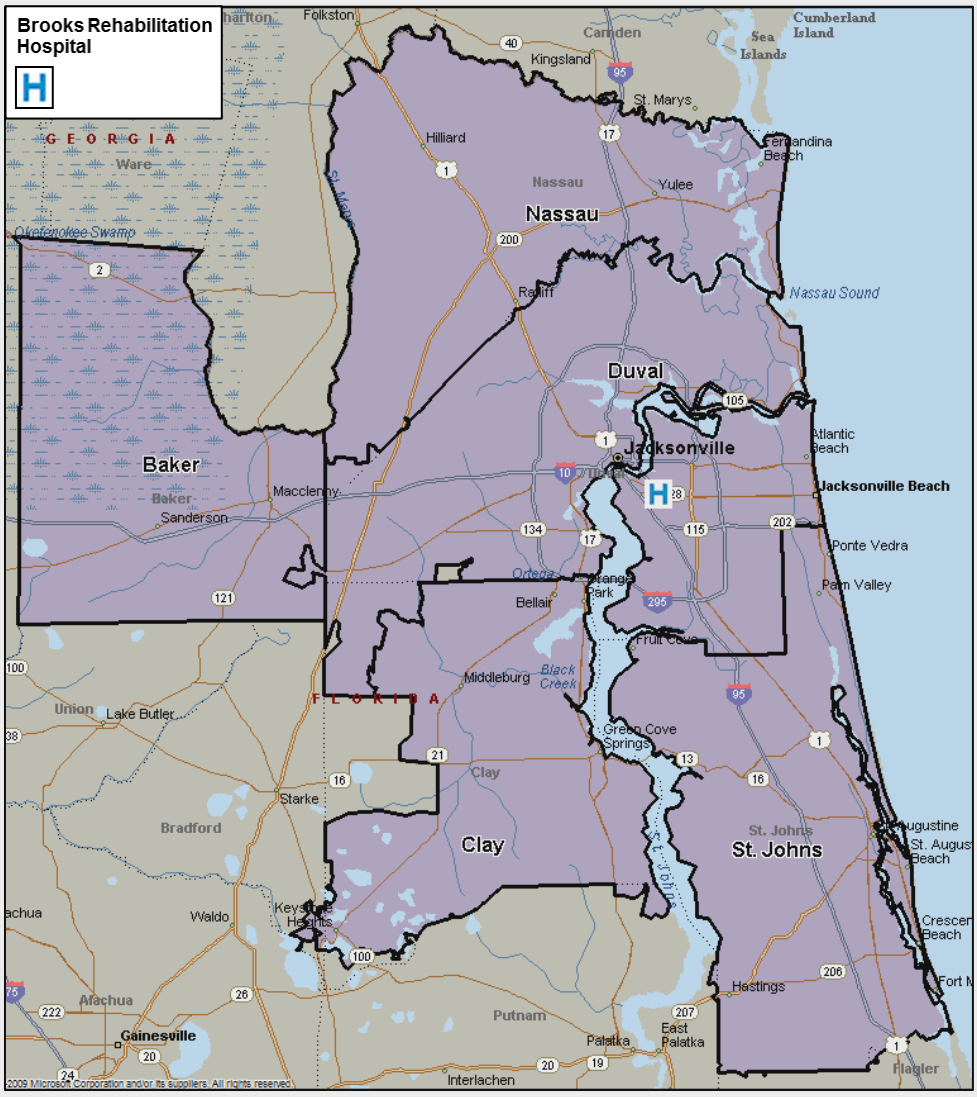
Federal regulations that govern the CHNA process allow hospital facilities to define the "community a hospital serves" based on "all of the relevant facts and circumstances," including the "geographic location" served by the hospital facility, "target populations served (e.g., children, women, or the aged), and/or the hospital facility's principal functions (e.g., focus on a particular specialty area such as rehabilitation services or targeted disease)."[2]

Input from persons representing the broad interests of the community, including individuals with special knowledge of or expertise in public health, was received from 340 individuals through key informant interviews, focus group meetings, and town hall meetings. All of these interactions included questions about rehabilitation-related community health needs in the region served by Brooks. Two focus group meetings and one key informant interview (with a total of 25 individuals) were focused specifically on rehabilitation services and needs met by Brooks.

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

[2] 501(r) Final Rule, 2014.

Community Served by Brooks Rehabilitation Hospital



Brooks Rehabilitation Hospital Community Summary Characteristics

- Community encompasses Baker, Clay, Duval, Nassau, and St. Johns counties
- About 79 percent of Brooks's inpatient discharges originated from these counties (2014)
- Total population in 2015: 1,416,703
- Projected population increase between 2015 and 2020: 5.5%
  - 22.9% for the 65+ population
  - 22.7% for Hispanic (or Latino) populations
- Eight significant community health needs have been identified through the CHNA

Prioritized List of Significant Community Health Needs

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

Access

- Virtually all of Brooks' inpatients are admitted for rehabilitative care via transfers from another acute care hospital (**Exhibit 3**). The hospital provides services needed by patients after they have been admitted to other hospitals due to injuries, strokes, treatment for heart disease or failure, orthopedic issues, and other acute medical/surgical conditions.
- Community members providing input into the CHNA reported that negative cultural beliefs exist regarding those with physical and mental disabilities in the region, and that there is an overall lack of understanding of the unique challenges faced by those with disabilities. They indicated that educational efforts with providers and the community at large would be beneficial.
- Community input also identified several barriers to accessing rehabilitation-related services. These include: a lack of knowledge about available services (particularly among those who are newly disabled), a lack of affordable dental care that is accessible to disabled individuals, significant transportation barriers, and a need for more physicians and specialists expert in serving the needs of disabled patients.
- Internal focus group participants cited the following as the most difficult services to access: mental health services, long term care for non-traditional individuals (e.g., those with disabilities), screenings for stroke risks, resources to check on at-risk and disabled individuals at home, and affordable housing for disabled persons.

Built Environment

- The Florida Department of Health Duval County in 2013 published "*Health: Place Matters 2013*."[3] The report assesses the health residents of six "Health Zones," or geographic subdivisions, in Duval County. Key findings included that infrastructure for healthy living is not equally distributed throughout the county.
- Community members and Brooks staff providing input into the CHNA described how the built environment impacts quality of life and ability to access medical care for those with disabilities. Participants noted that the built environment posed a barrier to accessing health care among those with disabilities, oftentimes due to a related concern regarding difficulties in accessing transportation. Concerns were raised regarding low quality sidewalks, lack of sidewalks, limited ramp access into raised buildings, narrow corridors, limited parking, parks that are inaccessible for disabled persons, and small handicapped parking spaces.

[3] Florida Department of Health Duval County. (2013) *Health: Place Matters 2013*. Retrieved 2015 from http://duval.floridahealth.gov/programs-and-services/community-health-planning-and-statistics/place-matters/_documents/place-matters-final-dec2014.pdf.

- Community members also stated that poor built environments limit the number of recreational and social activities those with disabilities are able to participate in, resulting in decreased quality of life.

Health Disparities

- Certain population cohorts with known, unique health needs are expected to grow rapidly between 2015 and 2020, namely: the Hispanic (Latino) population in the five county region that comprises the Brooks community (growth of 23 percent), and the population aged 65 years and older (growth of 23 percent). (**Exhibits 8 and 12**). In 2014, about 57 percent of Brooks' inpatients were 65 years of age and older.
- Disability rates for some populations and types of disabilities are higher than Florida average across the five county community, and are particularly high for the population 65 years and older in Baker County (**Exhibit 17**).
- The Duval County Health Department and Partnership for a Healthier Duval in 2012 published "*Community Health Assessment and Community Health Improvement Plan*."[4] Key findings included: Nearly 60,000 Duval residents aged 21 to 64 have a disability and these residents are less than half as likely to be employed compared to residents without a disability.
- Community health data highlight that certain health issues are highly problematic for low-income residents. These include inability to visit a doctor due to cost, and rates of obesity, asthma, stroke, heart disease, and poor mental health (**Exhibit 31**).

Mental Health/Depression

- In 2014, 21 percent of Brooks inpatients were diagnosed with one or more mental illnesses. Seventeen percent were diagnosed with diabetes. Four percent were diagnosed with both mental illness and diabetes (**Exhibit 4**).
- Data in the 2015 *County Health Rankings* indicate that the number of mental health providers available (on a per-capita basis) is well below U.S. averages in Baker, Clay, Nassau, and St. Johns counties.
- In 2014, the Jacksonville Community Council Inc. (JCCI) issued The Jacksonville Community Council Inc. (JCCI) in 2014 issued "*Unlocking the Pieces: Community Mental Health in Northeast Florida*." Findings include:
  - In 2012, Florida ranked 49th of the 50 states in per capita state mental health funding and Northeast Florida was the second-lowest funded region in Florida
  - The Duval County suicide rate in 2012 was the highest since 1991 and had increased 13.2 percent since 2008
  - More people in Duval County die from suicide than from homicide
  - There is an undersupply of mental health professionals in the community
- Most focus group participants mentioned poor mental health as a major concern among disabled populations and their caregivers. Access to mental health care providers, including psychiatrists is a related concern. The disabled population faces many barriers

[4] Duval County Health Department and Partnership for a Healthier Duval. (2012) *Community Health Assessment and Community Health Improvement Plan*. Retrieved 2015 from http://duval.floridahealth.gov/programs-and-services/community-health-planning-and-statistics/_documents/chip.pdf.

to seeking mental health services that are related to transportation issues, time management, cultural competency barriers, and the built environment.

Obesity/Nutrition/Lifestyle

- In the 2015 *Community Health Status Indicators,* Duval County ranked in the bottom quartile of peer counties for adult obesity rates and for "adult physical inactivity" (**Exhibit 29**).
- Food deserts are present in Duval County (in Health Zone 1, Atlantic Beach, and other areas in the central/southern areas of the county) and in Baker, Clay, and St. Johns counties (**Exhibit 37**).
- Focus group participants mentioned that disabled residents are not well informed about nutrition, and that in order to improve the health among disabled residents education specifically tailored to the nutritional needs of those with disabilities is required.
- Focus group participants also identified obesity as a concern within the community and the patients served by Brooks. Health behaviors of greatest concern include alcohol use, poor diet and nutrition, and limited physical activity. Unhealthy diets were attributed to limited access to healthy foods in many neighborhoods in combination with insufficient health education tailored to the needs of those with disabilities.

Stroke Prevention

- In 2011-2013, age-adjusted stroke mortality rates were above Florida averages for Baker, Clay, and Duval counties (**Exhibit 30**). Mortality from heart disease also is above average in Baker, Duval, and Nassau counties.
- In 2011-2013, age-adjusted stroke hospitalization rates were well above Florida averages for Baker, Clay, Duval, and Nassau counties (**Exhibit 32**). Hospitalization rates from from heart disease also were above average in these counties.

Transportation

- Individuals providing input expressed concern about how a lack of reliable public transportation makes it difficult to access health care services, particularly for low-income, elderly, and disabled residents, and those who travel long distances for care or live in the Northside of Jacksonville. Transportation barriers contribute to missed appointments and failure to seek care for health concerns. They recommended that JTA implement additional routes, an alternate transportation system, or taxi discount vouchers for the low income, elderly, or disabled populations.
- The North Florida Transportation Planning Organization recently published two studies, indicating that two-thirds of area residents do not consider mass transit services to be adequate, and highlighting limitations with transportation options.
- In its 2012 study, *Elder Services Needs Assessment*, Eldersource identified how many elders are unable to use public transportation for multiple reasons, including mobility limitations, cost, and scheduling requirements. The report also highlighted how a lack of transportation can impact access to prescription drugs.

Unintentional Injury Prevention

- The 2015 *County Health Rankings* data indicate that injury mortality rates in four of the five counties that comprise the Brooks community are above U.S. averages (in all but St. Johns County).
- The 2015 *Community Health Status Indicators* identify motor vehicle deaths in Clay, Duval, and Nassau counties as being well above rates in peer counties.
- In 2011-2013, age-adjusted mortality rates from motor vehicle crashes were above Florida averages for all five counties (**Exhibit 30**). The rate in Baker County was more than two-times the Florida average.
- Brooks staff highlighted how the repeal of requirements to wear motorcycle helmets has contributed to morbidty and mortality in the community and throughout Florida.

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

CHNA DATA AND ANALYSIS

METHODOLOGY

Data Sources and Analytic Methods

Community health needs were identified by collecting and analyzing data and information from multiple quantitative and qualitative sources. Considering information from a variety of sources is important when assessing community health needs, to ensure the assessment captures a wide range of facts and perspectives and to assist in identifying the highest-priority health needs.

Statistics for numerous health status, health care access, and related indicators were analyzed, including from local, state, and federal public agencies, local community service organizations, and hospital members of The Partnership. Comparisons to benchmarks were made where possible. Details from the quantitative data are presented in the CHNA Data and Analysis section of this report, followed by a review of the principal findings of health assessments and reports conducted by other organizations in the community in recent years.

Input from persons representing the broad interests of the community, including individuals with special knowledge of or expertise in public health, was received from 340 individuals through key informant interviews, focus group meetings, and town hall meetings. All of these interactions included questions about rehabilitation-related community health needs in the region served by Brooks. Two focus group meetings and one key informant interview (with a total of 25 individuals) were focused specifically on rehabilitation services and needs met by Brooks. Duval County Department of Health staff, working under subcontract with Verité, conducted and summarized results from the key informant interviews and community meetings.

Collaboration

In preparing this CHNA, Brooks Rehabilitation Hospital collaborated with the other hospital members of the Jacksonville Metropolitan Community Benefit Partnership.

Prioritization Process and Criteria

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

Information Gaps

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

DEFINITION OF COMMUNITY ASSESSED

This section identifies the community assessed by Brooks Rehabilitation Hospital and how it was determined.

Brooks Rehabilitation Hospital has provided rehabilitation services for over 49 years. The hospital currently operates 157 beds and provides a wide range of services, including inpatient rehabilitation, skilled nursing services, home care, outpatient therapy, and specialty programs. For the purposes of this CHNA, the community has been defined as Baker County, Clay County, Duval County, Nassau County, and St. Johns County. In 2014, just over 79 percent of the hospital's inpatient discharges originated from these five counties.

In 2015, the community was estimated to have a population of approximately 1,400,000 persons (**Exhibit 1**).

Exhibit 1: Community Population, 2015

City or Town	Total Population 2010	Total Population 2015	Percent of Total Population 2015
Baker County	**26,794**	**26,757**	**1.9%**
Glen Saint Mary	7,693	7,790	0.6%
Macclenny	13,266	13,086	0.9%
Sanderson	5,835	5,881	0.4%
Clay County	**188,057**	**196,070**	**13.8%**
Fleming Island	27,133	28,854	2.0%
Green Cove Springs	25,166	26,441	1.9%
Keystone Heights	13,928	14,093	1.0%
Middleburg	50,713	53,464	3.8%
Orange Park	71,117	73,218	5.2%
Duval County	**867,130**	**899,930**	**63.5%**
Atlantic Beach	23,665	23,778	1.7%
Jacksonville	809,080	840,749	59.4%
Jacksonville Beach	27,367	28,325	2.0%
Neptune Beach	7,018	7,078	0.5%
Nassau County	**73,155**	**76,775**	**5.1%**
Bryceville	3,308	3,365	0.2%
Callahan	13,547	13,856	0.9%
Fernandina Beach	30,490	32,244	2.2%
Hilliard	9,618	9,779	0.7%
Yulee	16,192	17,531	1.2%
St. Johns County	**190,161**	**217,171**	**15.3%**
Elkton	4,249	4,850	0.3%
Hastings	5,312	5,729	0.4%
Ponte Vedra	4,727	6,808	0.5%
Ponte Vedra Beach	28,943	31,647	2.2%
Saint Augustine	109,982	124,515	8.8%
Saint Johns	36,948	43,622	3.1%
Total	**1,345,297**	**1,416,703**	**100.0%**

Source: Claritas via UF Health, 2015.

The community definition was validated based on the geographic origins of the majority of Brooks Rehabilitation Hospital's inpatients (**Exhibit 2**).

Exhibit 2: Inpatient Discharges, 2014

	Baker County	Clay County	Duval County	Nassau County	St. Johns County	Other Counties	5 County Total	Total Discharges
Brooks Rehabilitation								
Inpatient Discharges	32	173	1,907	123	275	653	2,510	**3,163**
Percent of Total Discharges	1.0%	5.5%	60.3%	3.9%	8.7%	20.6%	79.4%	**100.0%**

Source: Verité analysis of inpatient discharge data provided by UF Health.

In 2014, nearly 80 percent of the inpatients discharged from Brooks Rehabilitation Hospital were residents of Baker, Clay, Duval, Nassau, or St. Johns counties.

Of the 3,163 patients discharged from Brooks Rehabilitation Hospital in 2014, almost 98 percent were admitted for rehabilitative care via transfers from another acute care hospital (**Exhibit 3**).

Exhibit 3: Inpatient Referral Source, 2014

Source	Count	Percent
Clinic Referral	13	0.4%
Transfer from another acute care hospital	3,089	97.7%
Transfer from another type of health care facility	45	1.4%
Transfer from SNF or ICF	16	0.5%
Total	**3,163**	**100.0%**

Source: Verité analysis of inpatient discharge data provided by UF Health.

Exhibit 3 demonstrates a primary way that Brooks meets community needs. Brooks itself does not operate an emergency room. The hospital provides services needed by patients after they have been admitted to other hospitals due to injuries, strokes, treatment for heart disease or failure, orthopedic issues, and other acute medical/surgical conditions.

Patients at Brooks are affected by community health problems. For the Brooks CHNA, Verité analyzed diagnosis codes for patients discharged in 2014. According to the analysis, 21 percent of Brooks inpatients were diagnosed with one or more mental illnesses. Seventeen percent were diagnosed with diabetes. Four percent were diagnosed with both mental illness and diabetes (**Exhibit 4**).

Exhibit 4: Prevalence of Mental Illness and Diabetes, Brooks Inpatients, 2014

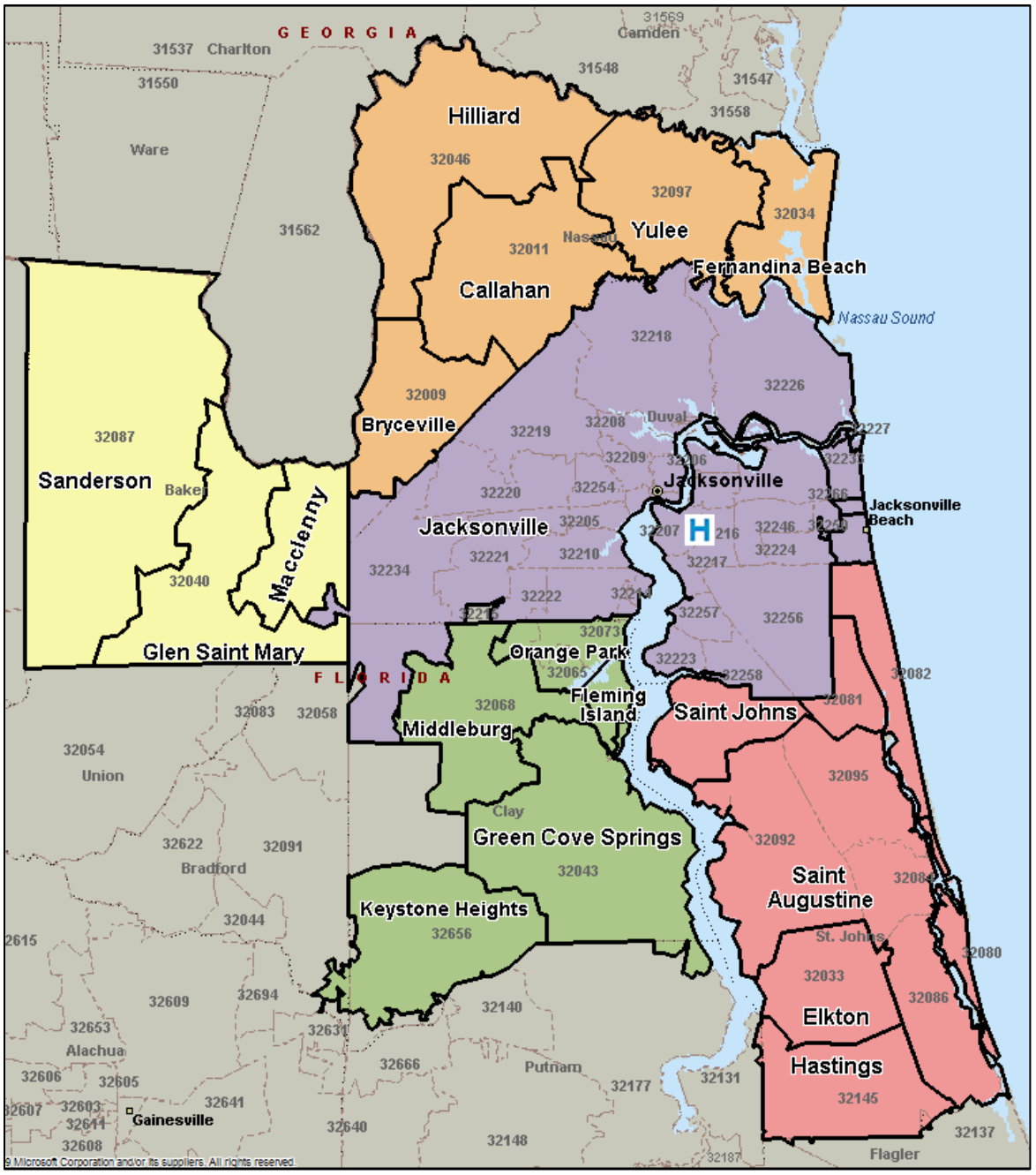
Diagnoses	Count	Percent
Mental Illness	677	21%
Diabetes	543	17%
Both mental illness and diabetes	115	4%
Other diagnoses	1,828	58%
Total	**3,163**	**100%**

Source: Verité analysis of inpatient discharge data provided by UF Health.

Over 40 percent of patients admitted in 2014 were diagnosed with mental illness and/or diabetes, in addition to their primary diagnoses for rehabilitation-related illness.

Exhibit 5 illustrates the cities, towns, and ZIP codes within Brooks Rehabilitation Hospital's community.

Exhibit 5: Brooks Rehabilitation Community



Source: Microsoft MapPoint 2010.

SECONDARY DATA ASSESSMENT

This section presents an assessment of secondary data regarding health needs in the Brooks Rehabilitation Hospital community.

Demographics

Population characteristics and changes influence community health needs. Overall, the population living in the Brooks Rehabilitation Hospital community is expected to grow by 5.5 percent between 2015 and 2020 (**Exhibit 6**).

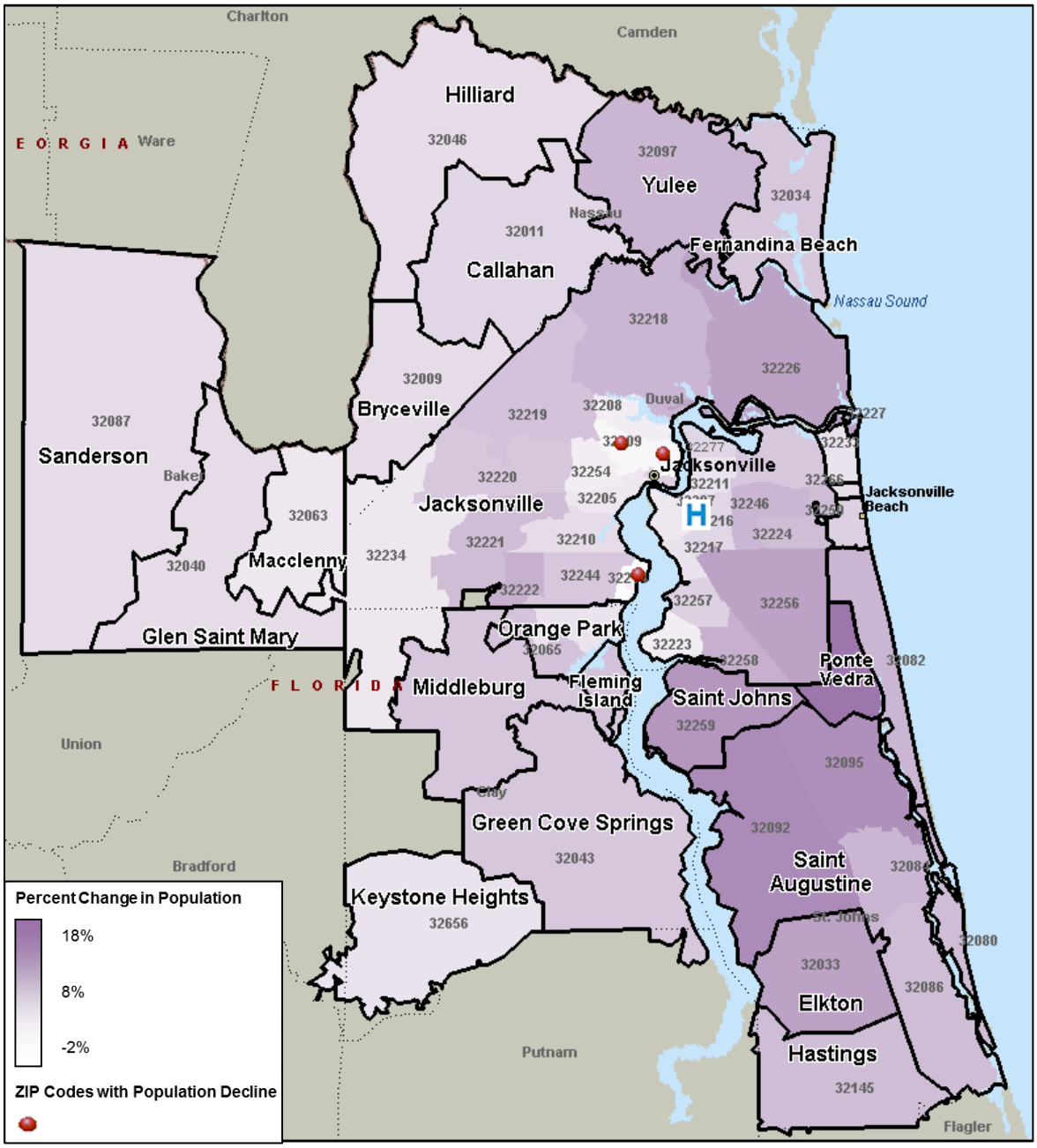
Exhibit 6: Percent Change in Population by City/Town, 2015-2020

City or Town	Total Population 2015	Total Population 2020	Percent Change in Total Population 2015-2020
Baker County	**26,757**	**27,214**	**1.7%**
Glen Saint Mary	7,790	8,021	3.0%
Macclenny	13,086	13,175	0.7%
Sanderson	5,881	6,018	2.3%
Clay County	**196,070**	**205,717**	**4.9%**
Fleming Island	28,854	30,764	6.6%
Green Cove Springs	26,441	27,919	5.6%
Keystone Heights	14,093	14,412	2.3%
Middleburg	53,464	56,577	5.8%
Orange Park	73,218	76,045	3.9%
Duval County	**899,930**	**941,470**	**4.6%**
Atlantic Beach	23,778	24,270	2.1%
Jacksonville	840,749	880,342	4.7%
Jacksonville Beach	28,325	29,609	4.5%
Neptune Beach	7,078	7,249	2.4%
Nassau County	**76,775**	**80,916**	**5.4%**
Bryceville	3,365	3,466	3.0%
Callahan	13,856	14,337	3.5%
Fernandina Beach	32,244	34,158	5.9%
Hilliard	9,779	10,069	3.0%
Yulee	17,531	18,886	7.7%
St. Johns County	**217,171**	**239,691**	**10.4%**
Elkton	4,850	5,351	10.3%
Hastings	5,729	6,143	7.2%
Ponte Vedra	6,808	7,947	16.7%
Ponte Vedra Beach	31,647	34,152	7.9%
Saint Augustine	124,515	136,962	10.0%
Saint Johns	43,622	49,136	12.6%
Total	**1,416,703**	**1,495,008**	**5.5%**

Source: Claritas via UF Health, 2015.

Rates of the projected population change by town and ZIP code are portrayed in **Exhibits 7 and 8.**

Exhibit 7: Population Change by ZIP Code, 2015-2020



Source: Microsoft MapPoint and Claritas, via UF Health, 2015.

The ZIP codes with the fastest growth are located in St. Johns County (32081, 32092, 32095, and 32259). Duval County ZIP codes (32206, 32209, and 32212) are projected to decrease in population size between 2015 and 2020.

Exhibit 8 portrays the number of residents living in the community population by age and sex in 2015 with projections for 2020.

Exhibit 8: Percent Change in Population by Age/Sex Cohort, 2015-2020

Age/Sex Cohort	Total Population 2015	Total Population 2020	Percent Change in Total Population 2015-2020
0-20	379,868	390,727	2.9%
Female 21-44	225,708	229,972	1.9%
Male 21-44	222,182	229,497	3.3%
45-64	386,162	395,661	2.5%
65+	202,783	249,151	22.9%
Total	1,416,703	1,495,008	5.5%

Source: Claritas via UF Health, 2015.

The 65+ Age Group is growing rapidly

At 22.9 percent, the number of residents aged 65 years and older is projected to have the highest growth of all age groups. The female 21-44 age group is expected to have the slowest growth. The projected growth of the 65+ age cohort will likely result in an increased demand for health services, because utilization of health care services by those in that age group typically far exceeds that of other cohorts.

According to discharge data analyzed by Verité, 57 percent of Brooks' 2014 inpatients were 65 years of age or older.

Exhibit 9 shows the distribution of each county's residents by age/sex cohort compared to Florida and U.S. averages.

Exhibit 9: Community Population by Age/Sex Cohort, 2013

Age/Sex Cohort	Baker County	Clay County	Duval County	Nassau County	St. Johns County	Florida	United States
0-19	28.4%	28.2%	26.0%	23.7%	25.3%	23.5%	26.6%
Female 20-44	15.2%	16.1%	18.2%	14.5%	14.6%	15.8%	16.7%
Male 20-44	18.2%	15.4%	17.9%	14.2%	13.7%	15.9%	16.9%
45-64	26.7%	27.9%	26.4%	30.4%	29.9%	27.0%	26.4%
65+	11.4%	12.4%	11.5%	17.3%	16.3%	17.8%	13.4%
Total	**27,069**	**192,665**	**872,598**	**74,163**	**197,115**	**19,091,156**	**311,536,594**

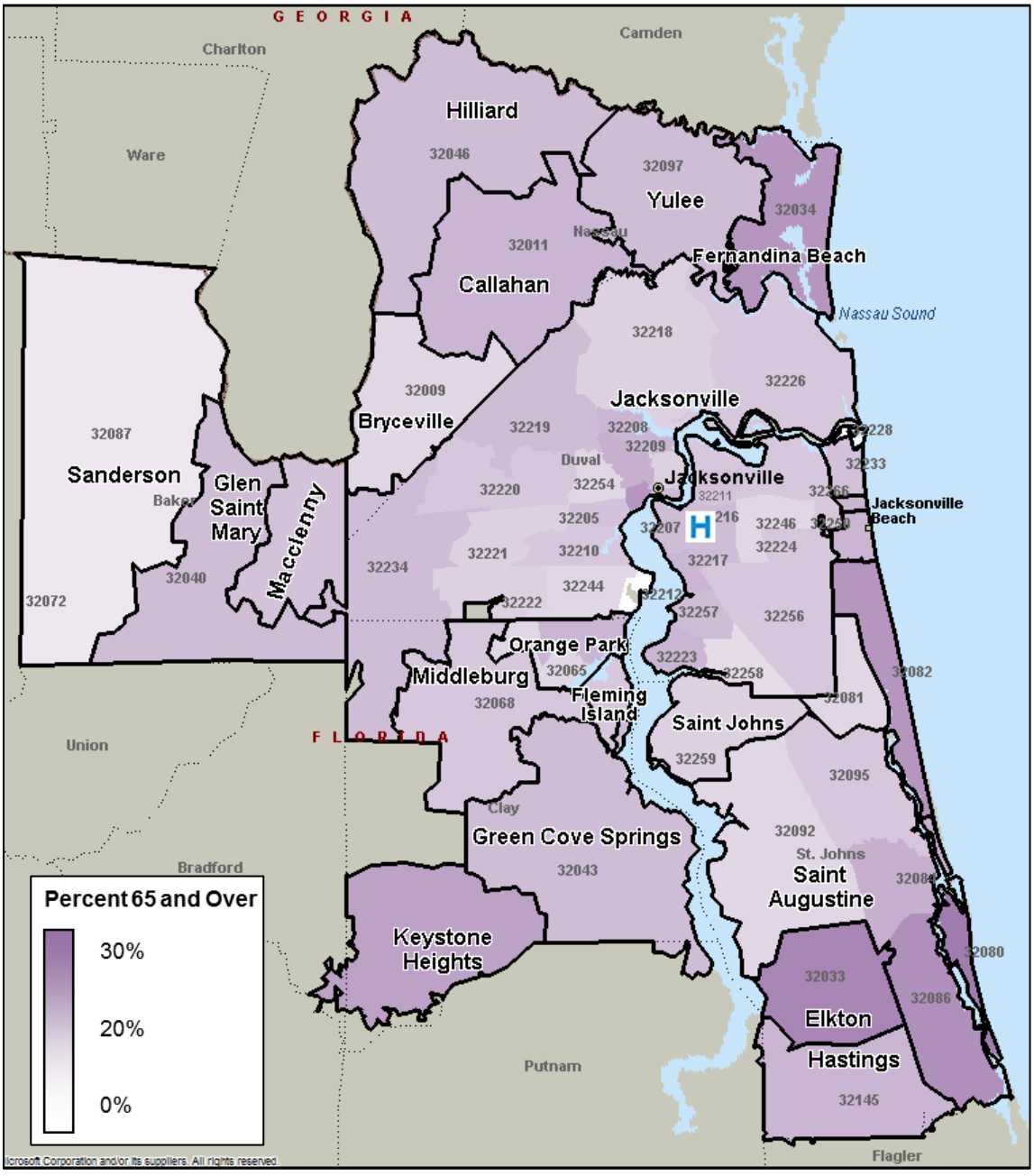
Source: U.S. Census Bureau ACS 5 Year Estimates, 2009-2013.

The percentages of the population aged 65 and older in Florida is considerably higher than the national percentage in Nassau and St. Johns counties, but similar to state averages. The

percentages of the population aged 65 and older populations are lower than state and national percentages for Baker, Clay and Duval counties.

Exhibit 10 illustrates the percent of the population 65 years of age and older in the community.

Exhibit 10: Percent of Population Aged 65+ by Zip Code, 2015



Source: Microsoft MapPoint and Claritas, via UF Health, 2015.

Exhibit 11 depicts the distribution of the population in the Brooks Rehabilitation Hospital community by race.

Exhibit 11: Population Change by Race, 2015-2020

Race	Total Population 2015	Total Population 2020	Percent Change in Total Population 2015-2020
White	979,240	1,019,516	4.1%
Black	305,189	320,062	4.9%
Amer. Indian/ AK Native	5,468	5,757	5.3%
Asian	53,031	61,020	15.1%
Native HI/ Pacific Islander	1,375	1,562	13.6%
Some Other Race	29,709	35,799	20.5%
Two or More Races	42,691	51,292	20.1%
Total	**1,416,703**	**1,495,008**	**5.5%**

Source: Claritas via UF Health, 2015.

Non-White populations are expected to grow the fastest

About 70 percent of the population in the community is estimated to be White in 2015. Non-White populations are projected to increase by approximately nine percent between 2015 and 2020. Increasing community diversity will affect community health needs.

Exhibit 12 depicts the distribution of the population in the Brooks Rehabilitation Hospital community by ethnicity.

Exhibit 12: Population Change by Ethnicity, 2015-2020

Ethnicity	Total Population 2015	Total Population 2020	Percent Change in Total Population 2015-2020
Hispanic (or Latino)	115,653	141,909	22.7%
Not Hispanic/ Latino	1,301,050	1,353,099	4.0%
Total	**1,416,703**	**1,495,008**	**5.5%**

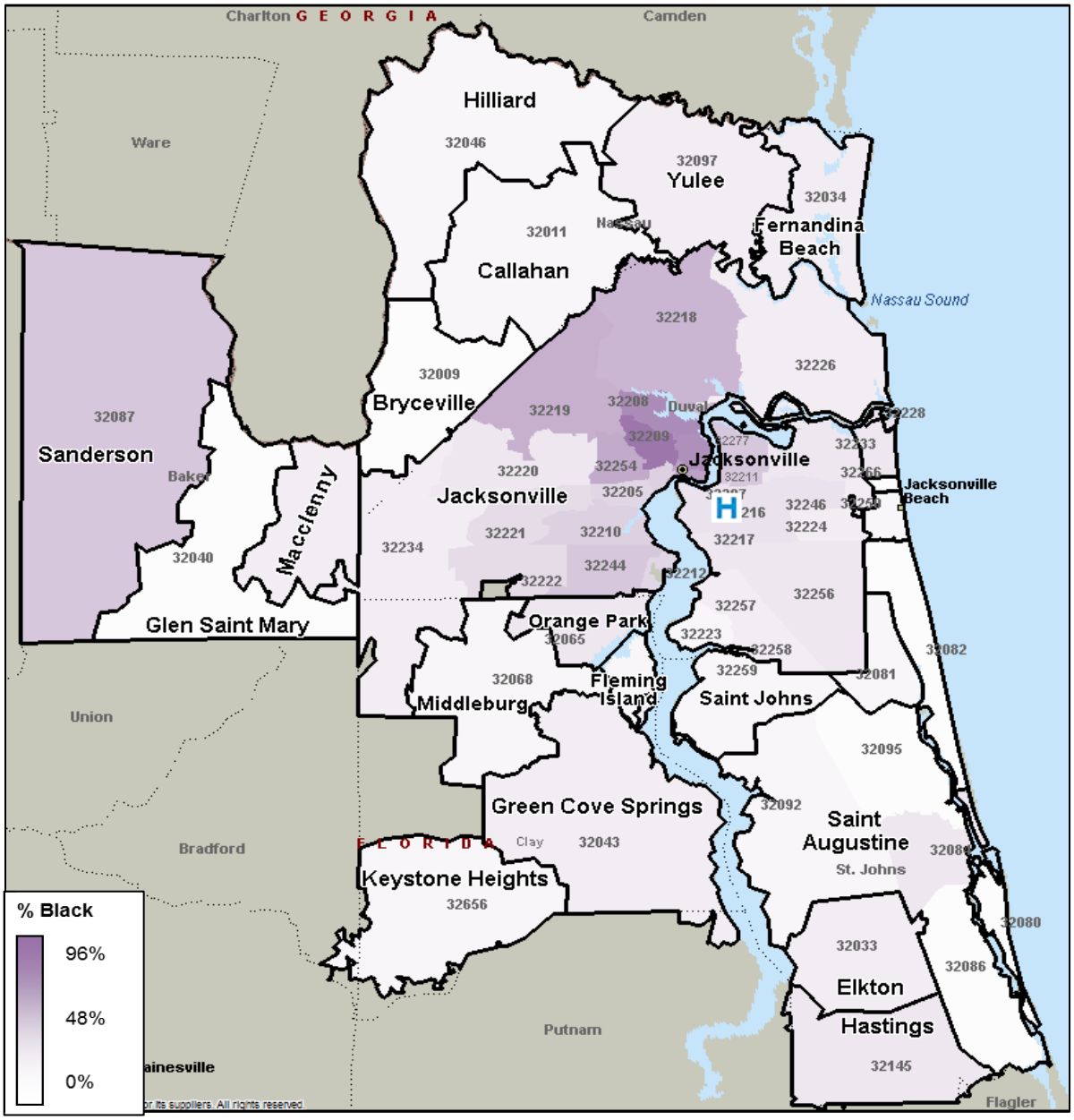
Source: Claritas via UF Health, 2015.

The Hispanic (or Latino) community is expected to grow 23%

Projections indicate that the Hispanic (or Latino) population is expected to grow more rapidly than the non-Hispanic (or Latino) population, and to grow from approximately eight percent in 2015 to almost ten percent of the community by 2020 (**Exhibit 12**).

Exhibits 13, 14, and 15 show locations in the community where the percentages of the population that are Black, Other (non-Black, non-White), and Hispanic (or Latino) are highest.

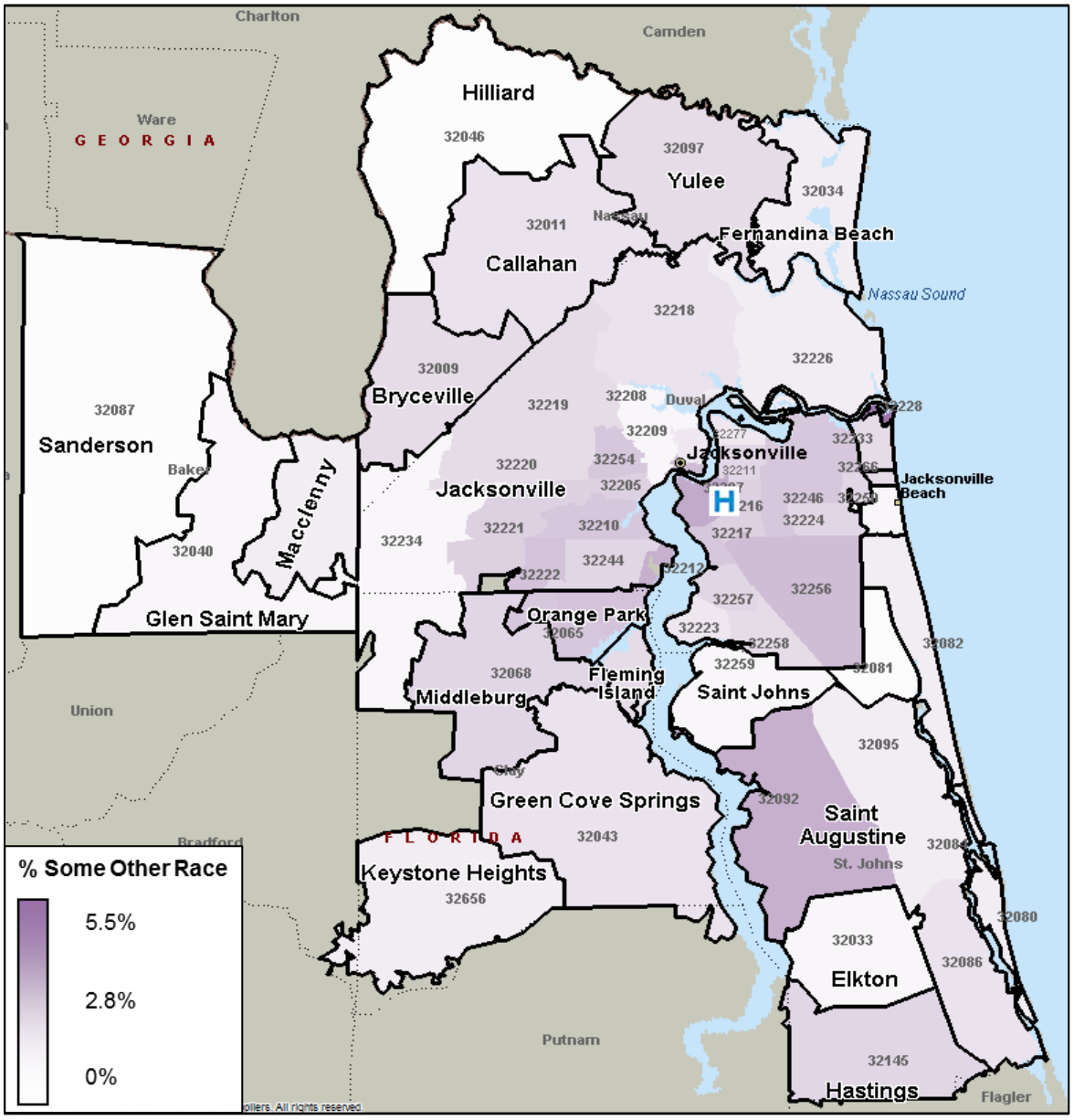
Exhibit 13: Percent of Population – Black, 2013



Source: Microsoft MapPoint and US Census, ACS 5-year Estimates, 2009-2013.

ZIP codes 32209, 32208, 32206, 32202, 32254, and 32219 in Jacksonville had the highest percentages of Black residents (over 50 percent)

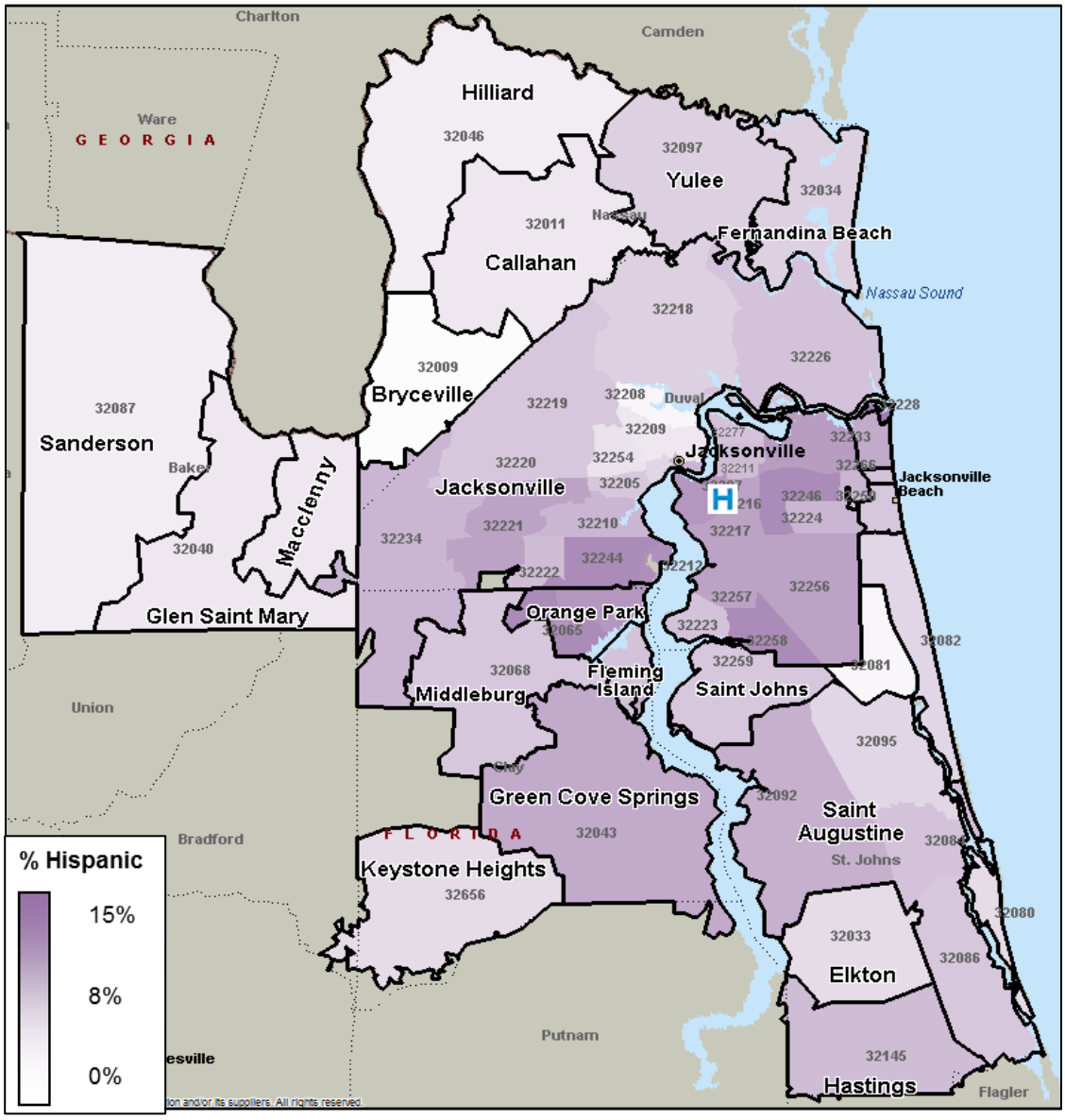
Exhibit 14: Percent of Population – Other Race (non-Black, non-White), 2013



Source: Microsoft MapPoint and US Census, ACS 5-year Estimates, 2009-2013.

ZIP codes 32227 and 32207 in Jacksonville had the highest percentage of Other Race (non-Black, non-White) residents

Exhibit 15: Percent of Population – Hispanic (or Latino), 2013



Source: Microsoft MapPoint and US Census, ACS 5-year Estimates, 2009-2013.

ZIP codes 32227, 32228, and 32246 in Duval County and ZIP code 32065 in Clay County had the highest percentages of Hispanic (or Latino) residents

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

Other community demographic indicators are presented in **Exhibit 16.**

Exhibit 16: Other Socioeconomic Indicators, 2009-2013

Indicator	Baker County	Clay County	Duval County	Nassau County	St. Johns County	Florida	United States
Population 25+ without High School Diploma	19.9%	9.8%	12.1%	10.6%	6.8%	13.9%	14.0%
Population with a Disability	13.7%	13.1%	12.3%	14.6%	10.5%	12.9%	12.1%
Population Linguistically Isolated	0.3%	3.4%	5.0%	0.5%	2.5%	11.7%	8.6%

Source: US Census, ACS 5-year Estimates, 2009-2013.

These data include that:

- Baker County compared unfavorably to both Florida and the United States for the percentage of adults 25 and over without a High School Diploma
- Baker, Clay, and Nassau counties had higher percentages of the population with a disability compared to the United States average; and Baker and Clay counties had higher percentages of the population with a disability compared to the Florida average
- Each of the five counties had a lower percentage of the linguistically isolated population aged five and older compared to Florida and the United States. Linguistic isolation is defined as people who speak a language other than English and speak English less than "very well."

Exhibit 17 depicts the estimated percent of the community's population with a disability by age cohort in the community.

Exhibit 17: Percent of Population with a Disability by Age, 2009-2013

	Baker County	Clay County	Duval County	Nassau County	St. Johns County	Florida
Total civilian noninstitutionalized population	**13.7%**	**13.1%**	**12.3%**	**14.6%**	**10.5%**	**12.9%**
Population under 5 years	**0.0%**	**1.7%**	**0.6%**	**0.7%**	**1.3%**	**0.7%**
With a hearing difficulty	0.0%	0.0%	0.3%	0.5%	1.2%	**0.4%**
With a vision difficulty	0.0%	1.7%	0.4%	0.2%	0.1%	**0.5%**
Population 5 to 17 years	**5.4%**	**7.4%**	**5.8%**	**4.6%**	**3.6%**	**5.1%**
With a hearing difficulty	0.6%	0.4%	0.6%	0.1%	0.4%	**0.6%**
With a vision difficulty	0.0%	0.8%	0.8%	1.0%	0.2%	**0.8%**
With a cognitive difficulty	3.5%	6.4%	4.7%	3.2%	2.7%	**4.0%**
With an ambulatory difficulty	1.3%	0.8%	0.6%	0.6%	0.5%	**0.6%**
With a self-care difficulty	0.2%	0.6%	1.0%	0.5%	0.8%	**0.9%**
Population 18 to 64 years	**11.9%**	**11.0%**	**10.7%**	**12.4%**	**8.1%**	**9.9%**
With a hearing difficulty	2.9%	2.4%	1.9%	2.6%	1.8%	**1.8%**
With a vision difficulty	2.5%	1.3%	1.7%	2.5%	1.1%	**1.7%**
With a cognitive difficulty	4.2%	3.9%	4.1%	3.7%	3.1%	**4.1%**
With an ambulatory difficulty	7.7%	5.6%	5.9%	7.1%	4.0%	**5.3%**
With a self-care difficulty	2.5%	1.5%	2.1%	2.6%	1.4%	**1.9%**
With an independent living difficulty	5.2%	4.1%	3.8%	4.0%	2.6%	**3.6%**
Population 65 years and over	**47.0%**	**38.2%**	**37.7%**	**36.2%**	**29.7%**	**34.0%**
With a hearing difficulty	17.3%	12.9%	13.9%	16.0%	12.5%	**13.9%**
With a vision difficulty	9.5%	4.8%	7.8%	7.7%	4.1%	**6.3%**
With a cognitive difficulty	12.0%	10.7%	9.6%	7.0%	7.0%	**8.9%**
With an ambulatory difficulty	31.7%	24.8%	25.7%	23.8%	17.4%	**21.8%**
With a self-care difficulty	7.4%	8.1%	9.1%	7.6%	5.8%	**7.8%**
With an independent living difficulty	17.6%	17.1%	16.8%	13.8%	12.1%	**14.3%**

Source: US Census, ACS 5-year Estimates, 2009-2013

Key	
Up to 10% worse than FL	
10-50% worse than FL	
50-75% worse than FL	
> 75% worse than FL	

Disability rates for some populations and types of disabilities are higher than Florida averages across the five county community, and are particularly high for the 65+ population in Baker County.

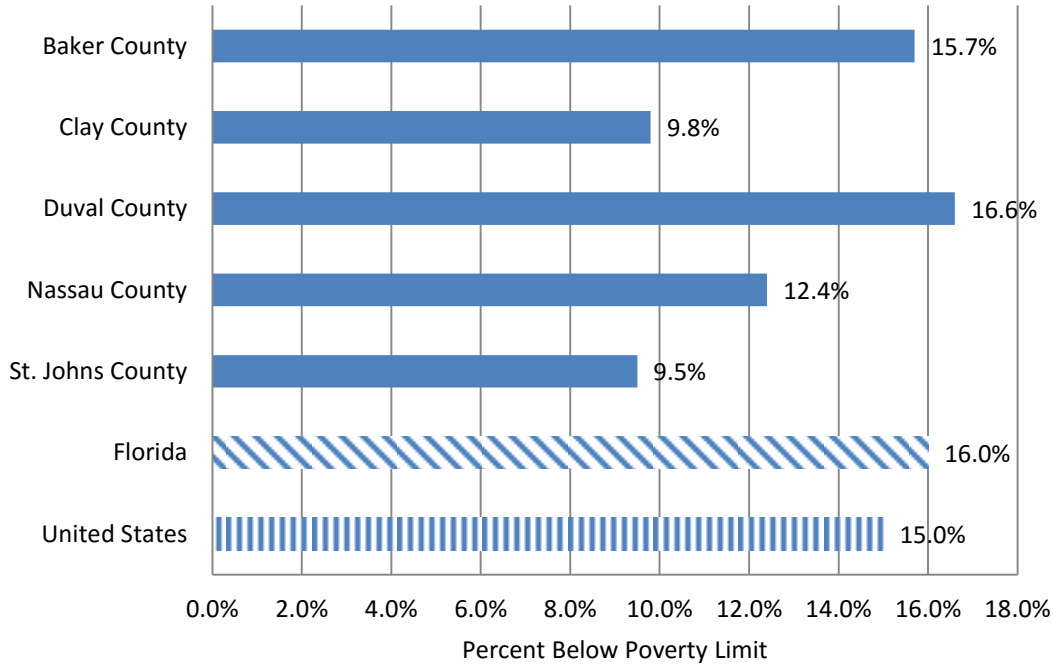
Economic indicators

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

People in Poverty

Many health needs are associated with poverty. According to the U.S. Census, in 2013 approximately 15 percent of people in the United States and 16 percent of people in Florida were living in poverty. Duval County had a higher proportion (and St. Johns a lower proportion) of people in poverty than Florida and the U.S. (**Exhibit 18**).

Exhibit 18: **Percent of People in Poverty, 2009-2013**



Source: US Census, ACS 5-year Estimates, 2009-2013.

Exhibit 19 presents poverty rates by city/town.

Exhibit 19: Poverty Rates by City/Town, 2009-2013

City/Town	Total Population	Percent of Population Below Poverty Level
Baker County	**26,921**	**15.7%**
Glen Saint Mary	6,981	11.3%
Macclenny	14,379	15.8%
Sanderson	5,561	21.5%
Clay County	**191,651**	**9.8%**
Green Cove Springs	25,160	11.0%
Keystone Heights	13,565	12.9%
Middleburg	48,490	12.2%
Orange Park	104,143	8.0%
Penney Farms	293	15.0%
Duval County	**874,227**	**16.6%**
Atlantic Beach	23,240	12.7%
Jacksonville	818,391	16.9%
Jacksonville Beach	25,894	12.5%
Neptune Beach	6,702	6.9%
Nassau County	**74,050**	**12.4%**
Bryceville	3,138	9.0%
Callahan	14,541	10.9%
Fernandina Beach	31,477	14.7%
Hilliard	9,129	16.0%
Yulee	15,765	7.9%
St. Johns County	**197,082**	**9.5%**
Elkton	4,679	19.4%
Hastings	4,904	17.0%
Ponte Vedra	4,670	7.5%
Ponte Vedra Beach	29,538	5.8%
Saint Augustine	114,228	11.7%
Saint Johns	39,063	4.0%
Florida	**19,091,156**	**16.0%**
United States	**311,536,594**	**15.0%**

Source: US Census, ACS 5-year Estimates, 2009-2013.

Duval County has the highest poverty rate at 16.6%

The poverty rates of Sanderson in Baker County, Elkton and Hastings in St. Johns County, and Jacksonville in Duval County are higher than the state average. The town of Saint Johns within St. Johns County has the lowest poverty rate at 4 percent (**Exhibit 19**).

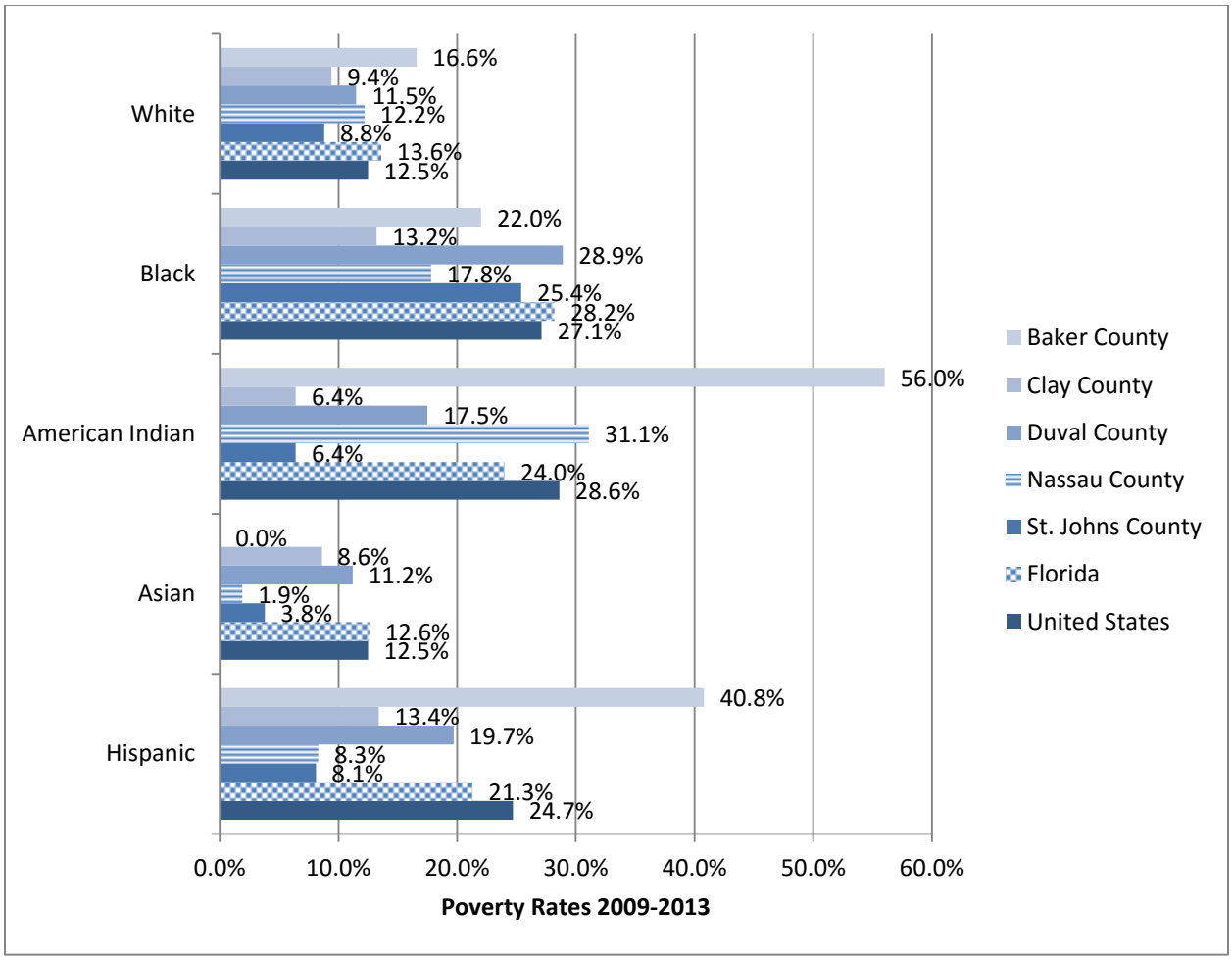
The Duval County Department of Health has divided the county into "Health Zones." Health Zone 1 is comprised of six ZIP codes in/around downtown Jacksonville (32202, 32204, 32206, 32208, 32209, and 32254). According to the U.S. Census:

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

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

Exhibit 20 presents poverty rates by race and ethnicity.

Exhibit 20: Poverty Rates by Race and Ethnicity, 2009-2013



Source: US Census, ACS 5-year Estimates, 2009-2013.

Poverty rates generally have been the highest for Black, Hispanic (Latino), and American Indian residents within the community.

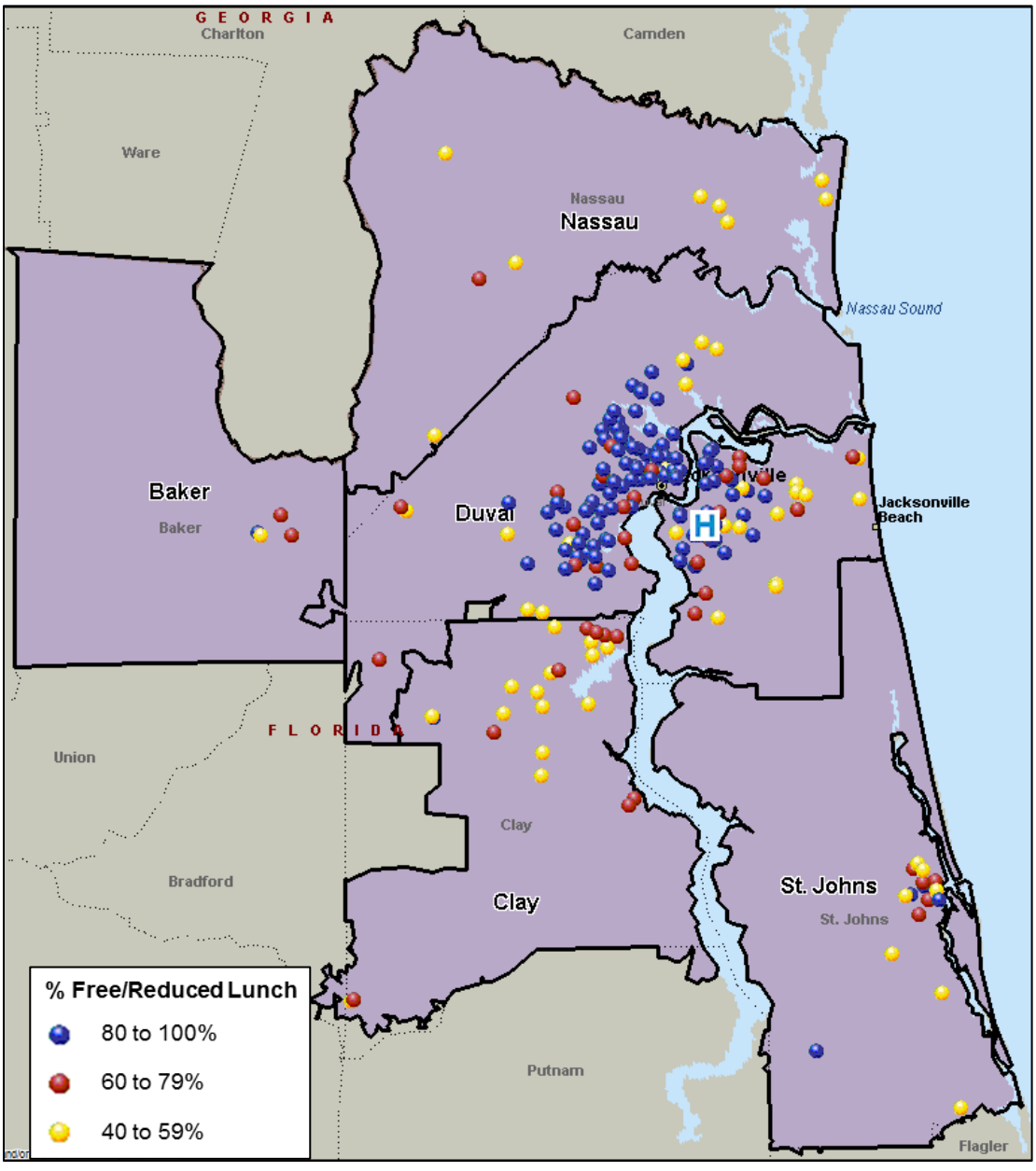
Eligibility for the National School Lunch Program

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

In the Brooks Rehabilitation community, approximately 220 schools were eligible for Title 1 funds.

Exhibit 21 illustrates the locations of the schools with at least 40 percent of the students eligible for reduced-price or free lunch. The exhibit also is useful to identifying where low-income households are most prevalent.

Exhibit 21: Public Schools with over 40 Percent of Students Eligible for Free or Reduced-Price Lunches, School Year 2014-2015



Source: Microsoft MapPoint, Florida Department of Education and FloridaSMART, 2015.

Household Income

Household income is assessed by many public and private agencies to determine household needs for low-income assistance programs. In the Brooks Rehabilitaion Hospital community, 22.5 percent of households had incomes below $25,000 in 2013. **Exhibit 22** depicts the percent of these households in the community by city or town.

Exhibit 22: Percent Lower-Income Households by City and Town, 2009-2013

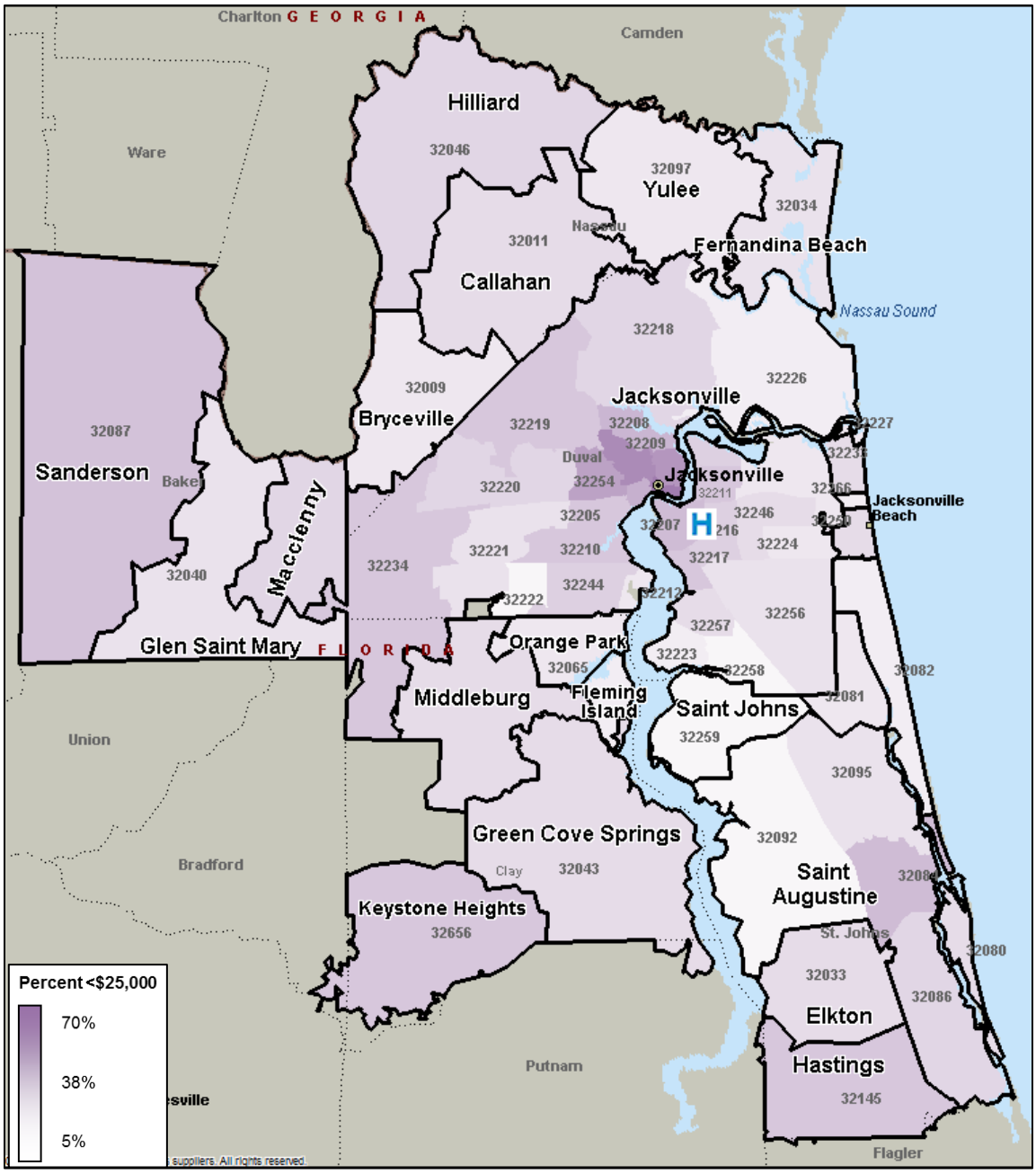
City/Town	Households 2009-2013	Average Median Household Income	Percent Less than $25,000
Baker	**8,157**	**$49,841**	**22.7%**
Glen Saint Mary	2,405	$60,881	16.8%
Macclenny	4,430	$47,823	23.3%
Sanderson	1,322	$35,509	33.0%
Clay	**67,290**	**$60,957**	**17.3%**
Green Cove Springs	8,990	$56,283	19.8%
Keystone Heights	5,264	$45,464	28.5%
Middleburg	16,582	$56,573	20.1%
Orange Park	36,298	$66,484	13.8%
Penney Farms	156	$33,056	23.1%
Duval	**331,541**	**$49,246**	**25.2%**
Atlantic Beach	9,047	$50,338	20.0%
Jacksonville	307,824	$48,766	26.0%
Jacksonville Beach	11,636	$56,466	20.6%
Neptune Beach	3,034	$67,045	12.7%
Nassau	**28,000**	**$57,241**	**18.2%**
Bryceville	992	$56,750	14.9%
Callahan	5,097	$52,509	19.5%
Fernandina Beach	13,028	$62,932	18.2%
Hilliard	3,169	$45,918	21.9%
Yulee	5,714	$54,851	15.7%
Saint Johns	**75,541**	**$68,888**	**17.7%**
Elkton	1,816	$49,257	20.2%
Hastings	1,801	$41,750	30.8%
Ponte Vedra	1,593	$85,354	13.8%
Ponte Vedra Beach	12,665	$87,878	10.8%
Saint Augustine	45,058	$57,211	22.0%
Saint Johns	12,608	$96,166	7.6%
Florida	**7,158,980**	**$46,956**	**25.7%**
United States	**115,610,216**	**$53,046**	**23.4%**

Source: US Census, ACS 5-year Estimates, 2009-2013.

Saint Johns in St. Johns County has the highest median household income at $96,166. Penney Farms in Clay County has the lowest median income at $33,056.

Exhibit 23 illustrates the prevalence, by ZIP code, of households in the community with incomes under $25,000.

Exhibit 23: Percent of Households Making Less than 25K by Zip Code, 2009-2013



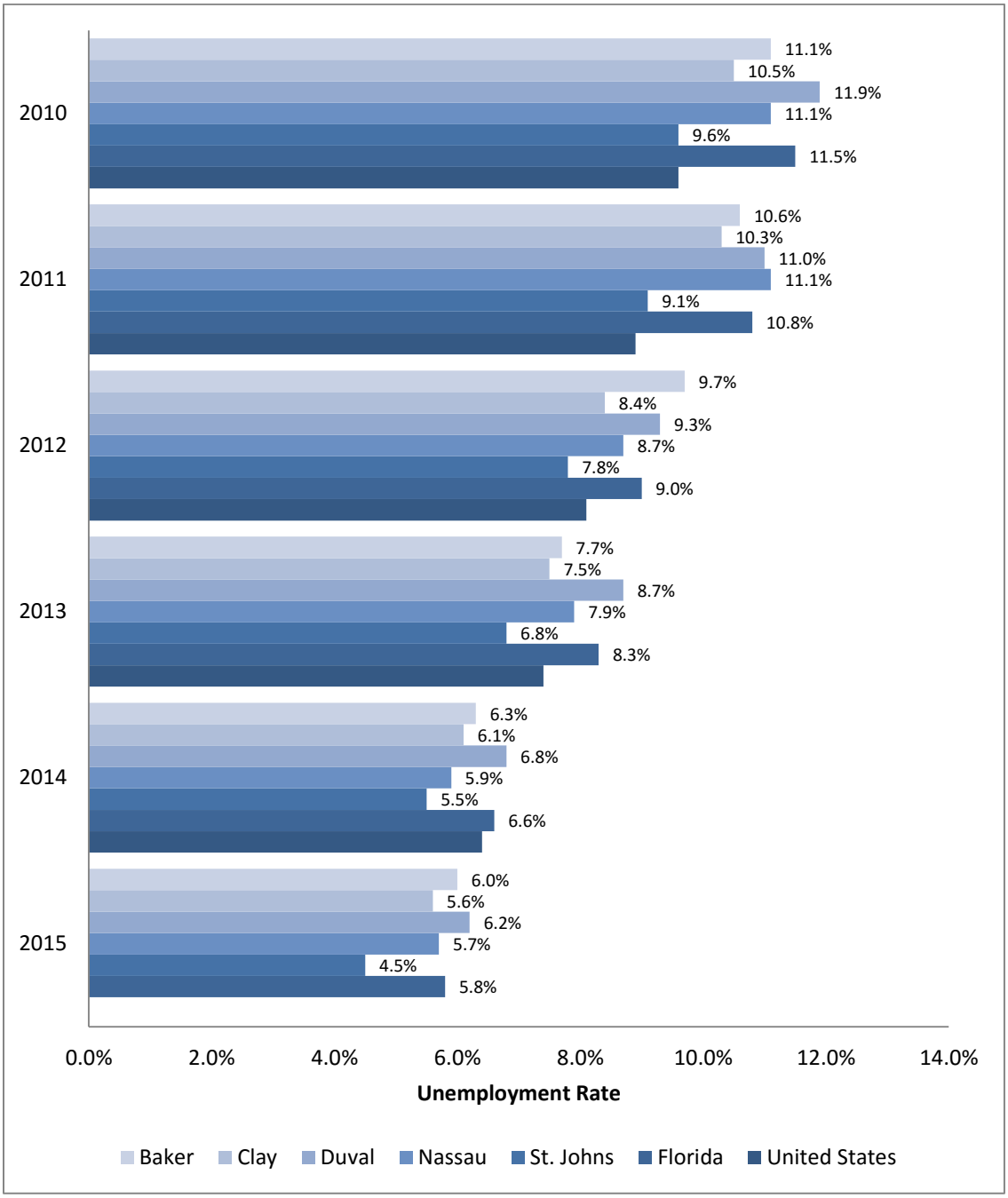
Source: US Census, ACS 5-year Estimates, 2009-2013.

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

Unemployment Rates

Exhibit 24 shows unemployment rates for each county for 2010 through 2015, with Florida and national rates for comparison.

Exhibit 24: Percent of Population 16 and Older Unemployed, 2010-2015



Source: Bureau of Labor Statistics 2010-2015.

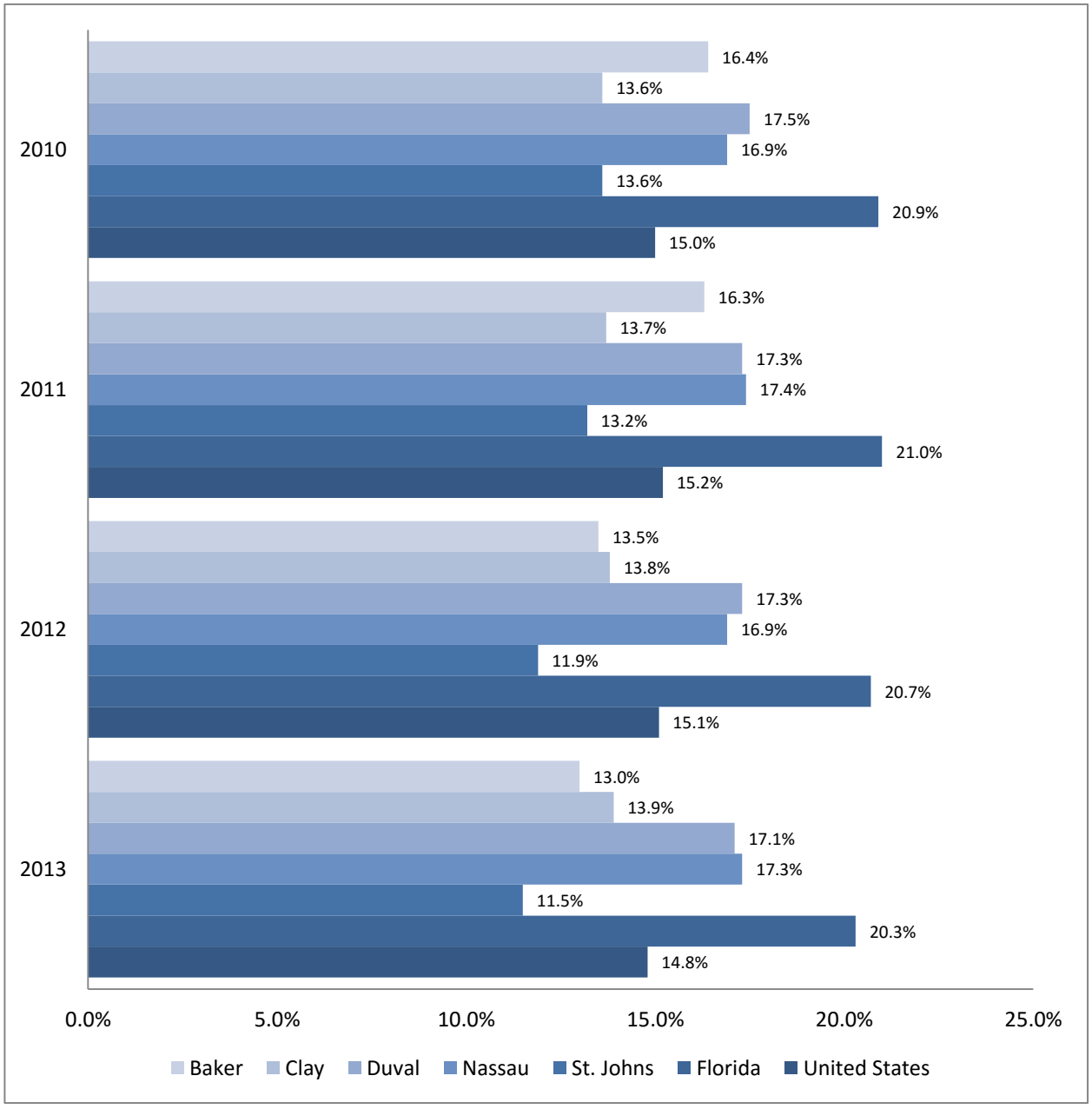
*Data not available for the U.S. for 2015.

Unemployment rates in the five counties fell significantly between 2010 and 2015.

Insurance Status

Exhibit 25 presents the percent of the population without health insurance.

Exhibit 25: Percent of the Population without Health Insurance, 2010-2013



Source: U.S. Census ACS 3-Year Estimates, 2010-2013.

Between 2010 and 2013, all five counties had lower "uninsurance rates" each year than the state of Florida. During this same time period, only St. Johns County consistently compared favorably to national percentages.

Florida Public Policy Issues

The uninsurance rate would have declined more rapidly in recent years, if Florida had expanded eligibility for Medicaid as originally contemplated by the Patient Protection and Affordable Care Act (ACA, 2010). Subsequent to the ACA's passage, a June 2012 Supreme Court ruling provided states with discretion regarding whether or not to expand Medicaid eligibility. To date, Florida has been one of states that has not expanded Medicaid. As a result, Medicaid eligibility in Florida has remained very limited. Childless adults are ineligible. Parents are eligible if they have incomes at or below 35 percent of Federal Poverty Levels. Children in low-income households (up to 215 percent of FPL) are eligible for Medicaid benefits.[5] In Florida, a "coverage gap" thus exists for approximately 750,000 uninsured adults whose incomes are too high to qualify for Medicaid, but too low to be eligible for subsided insurance through the health insurance marketplace created by the ACA.

Access to care for Medicaid recipients and uninsured individuals would be affected if "Low-Income Pool" (LIP) funds are reduced or lost. Certain Florida hospitals, like UF Health Jacksonville, receive substantial LIP funding, and as of mid-June 2015, the amount of such funding that would be available in the upcoming year was highly uncertain[6]. Losing LIP funding would be particularly problematic if Florida remains one of the states that has not expanded Medicaid eligibility.

Exhibit 26 portrays discharges for residents of the community by county and by source of insurance coverage (with uninsured being "self-pay/charity").

Exhibit 26: Inpatient Discharges by Payer, 2013-2014

	Medicaid	Medicare	Commercial	Other	Self Pay/Charity	Total
Baker County	21.8%	41.7%	29.0%	1.6%	5.8%	3,256
Clay County	16.5%	42.4%	26.4%	6.7%	7.9%	22,349
Duval County	22.5%	39.9%	23.6%	3.5%	10.5%	128,676
Nassau County	15.5%	46.2%	27.4%	3.2%	7.7%	9,381
St. Johns	11.1%	47.6%	32.1%	2.4%	6.8%	21,078

Source: UF Health, 2015.

Medicaid discharges were most prevalent in in Duval and Baker counties, while Medicare discharges were most prevalent in St. Johns and Nassau counties.

[6] http://health.wusf.usf.edu/post/lawmakers-agree-lip-funding

Crime

The Florida Department of Law Enforcement reports data on violent and property crimes in the state (**Exhibit 27)**.

Exhibit 27: Crime Rates by Type and County, Per 100,000, 2013

	Baker		Clay		Duval		Nassau		St. Johns		Florida
	Count	Rate	Count	Rate	Count	Rate	Count	Rate	Count	Rate	Rate
Murder	0	0	15	2.6	263	10.1	2	0.9	16	2.7	**5.2**
Aggravated Assault	153	188.1	1,591	274.4	9,399	360.4	256	114.8	1,445	243.6	**311.3**
Forcible Sex Offenses	32	39.3	339	58.5	2,375	91.1	34	15.2	78	13.2	**52.2**
Robbery	19	23.4	287	49.5	4,583	175.7	46	20.6	191	32.2	**126.8**
Motor Vehicle Theft	42	51.6	435	75.0	5,360	205.5	197	88.3	540	91.0	**195.1**
Larceny	746	917.3	10,052	1,733.8	81,374	3,120.4	2,775	1,244.1	10,232	1,725.1	**2,332.1**
Burglary	192	236.1	2,585	445.9	24,477	938.6	1,140	511.1	2,747	463.1	**806.7**

Source: Florida Department of Health, FloridaCHARTS

Key	
Up to 10% worse than FL	
10-50% worse than FL	
50-75% worse than FL	
> 75% worse than FL	

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

Local Health Status and Access Indicators

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

County Health Rankings

County Health Rankings, a University of Wisconsin Population Health Institute initiative funded by the Robert Wood Johnson Foundation, incorporates a variety of health status indicators into a system that ranks each county/city within each state in terms of "health factors" and "health outcomes." These health factors and outcomes are composite measures based on several variables grouped into the following categories: health behaviors, clinical care,[7] social and economic factors, and physical environment.[8] *County Health Rankings* is updated annually. *County Health Rankings 2015* relies on data from 2006 to 2014, with most data originating in 2000 to 2013.

Exhibit 28A depicts rankings for each of the five counties for each composite category in 2012 and 2015. Rankings indicate how each county ranked compared to the 67 counties in the state, with 1 indicating the most favorable rankings and 67 the least favorable. Indicators in the exhibit are shaded based on the county's percentile for the state ranking. For example, Duval compared unfavorably to other counties in Florida for sexually transmitted infections ("STIs"). Its rank of 62 out of 67 counties placed it in the bottom 25th percentile in 2015.

[7] A composite measure of Access to Care, which examines the percent of the population without health insurance and ratio of population to primary care physicians, and Quality of Care, which examines the hospitalization rate for ambulatory care sensitive conditions, whether diabetic Medicare patients are receiving HbA1C screening, and percent of chronically ill Medicare enrollees in hospice care in the last 8 months of life.

[8] A composite measure that examines Environmental Quality, which measures the number of air pollution-particulate matter days and air pollution-ozone days, and Built Environment, which measures access to healthy foods and recreational facilities and the percent of restaurants that are for fast food.

Exhibit 28A: County Rank among 67 Florida Counties, 2015

Measure	Baker County		Clay County		Duval County		Nassau County		St. Johns County	
	2012	2015	2012	2015	2012	2015	2012	2015	2012	2015
Health Outcomes	**63**	**62**	**6**	**11**	**44**	**43**	**27**	**24**	**1**	**1**
Length of Life	**61**	**58**	**8**	**18**	**48**	**45**	**35**	**30**	**2**	**2**
Quality of Life	**60**	**65**	**4**	**9**	**43**	**46**	**14**	**13**	**3**	**1**
Health Factors	**53**	**41**	**18**	**14**	**32**	**28**	**17**	**5**	**1**	**1**
Health Behaviors	**65**	**52**	**38**	**28**	**31**	**43**	**24**	**15**	**2**	**2**
Adult smoking	63	32	51	35	26	33	24	30	2	4
Adult obesity	57	62	38	28	24	33	31	20	7	8
Excessive drinking	20	15	52	42	55	40	43	26	66	63
STIs	53	48	21	38	63	62	13	16	6	6
Teen births	60	55	14	12	31	34	27	26	3	2
Clinical Care	**48**	**41**	**23**	**25**	**12**	**14**	**26**	**9**	**4**	**2**
Primary care physicians	51	48	21	24	3	4	25	41	7	3
Dentists	25	29	23	21	15	2	33	49	10	18
Mental health providers	50	28	14	35	15	12	30	31	9	19
Preventable hospital stays	53	45	36	34	42	33	33	10	27	18
Diabetic screening	57	65	60	58	49	41	39	24	44	15
Social & Economic Factors	**30**	**24**	**7**	**6**	**46**	**35**	**13**	**3**	**1**	**1**
Some college	63	59	11	6	12	11	32	25	3	2
Unemployment	29	24	23	18	38	40	31	16	16	5
Inadequate social support	28	29	6	46	32	31	5	11	1	53
Injury deaths	N/A	30	N/A	10	N/A	23	N/A	43	N/A	6
Physical Environment	**50**	**55**	**36**	**44**	**46**	**43**	**14**	**42**	**7**	**41**
Air pollution	2	51	7	40	12	52	30	57	39	37
Severe housing problems	N/A	4	N/A	13	N/A	39	N/A	7	N/A	29

Source: County Health Rankings, 2015.

Key	
50th to 100th percentile of FL Counties	
25th to 49th percentile of FL Counties	
Bottom 25th percentile of FL Counties	

Exhibit 28B provides underlying data for the County Health Rankings.[9] The exhibit also includes national averages. For example, Duval County's percent of adults reporting poor health was 17.0 percent which was over ten percent worse than the U.S. average, and that indicator thus was shaded. Cells in the exhibit are shaded if the indicator exceeded the national average by more than ten percent.

[9] County Health Rankings provides details about what each indicator measures, how it is defined, and data sources at http://www.countyhealthrankings.org/sites/default/files/resources/2013Measures_datasources_years.pdf

Exhibit 28B: County Data Compared to U.S. Average, 2015 (Baker County)

	Data	Baker County	U.S.
Health Outcomes			
Length of Life	Years of potential life lost before age 75 per 100,000 population	9,702	6,811
Quality of Life	Percent of adults reporting fair or poor health	28.9%	12.4%
	Average number of physically unhealthy days reported in past 30 days	7.5	3.7
	Average number of mentally unhealthy days reported in past 30 days	4.7	3.5
	Percent of live births with low birthweight (< 2500 grams)	9.0%	8.1%
Health Factors			
Health Behaviors			
Adult smoking	Percent of adults that report smoking >= 100 cigarettes and currently smoking	20.2%	18.1%
Adult obesity	Percent of adults that report a BMI >= 30	37.1%	28.0%
Excessive drinking	Binge plus heavy drinking	11.9%	15.0%
STDs	Chlamydia rate per 100,000 population	461.5	458.0
Teen births	Teen birth rate per 1,000 female population, ages 15-19	65.4	31.0
Clinical Care			
Primary care physicians	Ratio of population to primary care physicians	3,010:1	1,355:1
Dentists	Ratio of population to dentists	2,456:1	1,663:1
Mental health providers	Ratio of population to mental health providers	1,000:1	753:1
Preventable hospital stays	Hospitalization rate for ambulatory-care sensitive conditions per 1,000 Medicare enrollees	80.2	65.0
Diabetic screening	Percent of diabetic Medicare enrollees that receive HbA1c monitoring	76.8%	84.0%
Social & Economic Factors			
Some college	Percent of adults aged 25-44 years with some post-secondary education	36.3%	63.0%
Unemployment	Percent of population age 16+ unemployed but seeking work	6.7%	8.1%
Injury deaths	Injury mortality per 100,000	76.9	59.0
Inadequate Social Support*	Percent of adults without social/emotional support	20.9%	22.0%
Physical Environment			
Air pollution	The average daily measure of fine particulate matter in micrograms per cubic meter (PM2.5) in a county	12.0	11.1
Severe housing problems	Percentage of households with at least 1 of 4 housing problems: overcrowding, high housing costs, or lack of kitchen or plumbing facilities	16.5%	19.0%

Exhibit 28B: County Data Compared to U.S. Average, 2015 (Clay County)

	Data	Clay County	U.S.
Health Outcomes			
Length of Life	Years of potential life lost before age 75 per 100,000 population	6,922	6,811
Quality of Life	Percent of adults reporting fair or poor health	12.5%	12.4%
	Average number of physically unhealthy days reported in past 30 days	3.3	3.7
	Average number of mentally unhealthy days reported in past 30 days	3.5	3.5
	Percent of live births with low birthweight (< 2500 grams)	7.9%	8.1%
Health Factors			
Health Behaviors			
Adult smoking	Percent of adults that report smoking >= 100 cigarettes and currently smoking	20.9%	18.1%
Adult obesity	Percent of adults that report a BMI >= 30	28.8%	28.0%
Excessive drinking	Binge plus heavy drinking	16.0%	15.0%
STDs	Chlamydia rate per 100,000 population	378.2	458.0
Teen births	Teen birth rate per 1,000 female population, ages 15-19	30.9	31.0
Clinical Care			
Primary care physicians	Ratio of population to primary care physicians	1,606:1	1,355:1
Dentists	Ratio of population to dentists	2,112:1	1,663:1
Mental health providers	Ratio of population to mental health providers	1,267:1	753:1
Preventable hospital stays	Hospitalization rate for ambulatory-care sensitive conditions per 1,000 Medicare enrollees	67.7	65.0
Diabetic screening	Percent of diabetic Medicare enrollees that receive HbA1c monitoring	80.2%	84.0%
Social & Economic Factors			
Some college	Percent of adults aged 25-44 years with some post-secondary education	66.1%	63.0%
Unemployment	Percent of population age 16+ unemployed but seeking work	6.3%	8.1%
Injury deaths	Injury mortality per 100,000	63.1	59.0
Inadequate Social Support*	Percent of adults without social/emotional support	17.9%	22.0%
Physical Environment			
Air pollution	The average daily measure of fine particulate matter in micrograms per cubic meter (PM2.5) in a county	11.8	11.1
Severe housing problems	Percentage of households with at least 1 of 4 housing problems: overcrowding, high housing costs, or lack of kitchen or plumbing facilities	14.7%	19.0%

Exhibit 28B: County Data Compared to U.S. Average, 2015 (Duval County)

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

Exhibit 28B: County Data Compared to U.S. Average, 2015 (Nassau County)

	Data	Nassau County	U.S.
Health Outcomes			
Length of Life	Years of potential life lost before age 75 per 100,000 population	7,596	6,811
Quality of Life	Percent of adults reporting fair or poor health	14.6%	12.4%
	Average number of physically unhealthy days reported in past 30 days	4.0	3.7
	Average number of mentally unhealthy days reported in past 30 days	3.8	3.5
	Percent of live births with low birthweight (< 2500 grams)	7.8%	8.1%
Health Factors			
Health Behaviors			
Adult smoking	Percent of adults that report smoking >= 100 cigarettes and currently smoking	20.0%	18.10%
Adult obesity	Percent of adults that report a BMI >= 30	26.8%	28.0%
Excessive drinking	Binge plus heavy drinking	13.8%	15.0%
STDs	Chlamydia rate per 100,000 population	262.6	458.0
Teen births	Teen birth rate per 1,000 female population, ages 15-19	41.0	31.0
Clinical Care			
Primary care physicians	Ratio of population to primary care physicians	2,332:1	1,355:1
Dentists	Ratio of population to dentists	3,605:1	1,663:1
Mental health providers	Ratio of population to mental health providers	1,113:1	753:1
Preventable hospital stays	Hospitalization rate for ambulatory-care sensitive conditions per 1,000 Medicare enrollees	47.7	65.0
Diabetic screening	Percent of diabetic Medicare enrollees that receive HbA1c monitoring	86.0%	84.0%
Social & Economic Factors			
Some college	Percent of adults aged 25-44 years with some post-secondary education	56.0%	63.0%
Unemployment	Percent of population age 16+ unemployed but seeking work	6.2%	8.1%
Injury deaths	Injury mortality per 100,000	84.6	59.0
Inadequate Social Support*	Percent of adults without social/emotional support	17.1%	22.0%
Physical Environment			
Air pollution	The average daily measure of fine particulate matter in micrograms per cubic meter (PM2.5) in a county	12.2	11.1
Severe housing problems	Percentage of households with at least 1 of 4 housing problems: overcrowding, high housing costs, or lack of kitchen or plumbing facilities	13.2%	19.0%

Exhibit 28B: County Data Compared to U.S. Average, 2015 (St. Johns County)

	Data	St. Johns County	U.S.
Health Outcomes			
Length of Life	Years of potential life lost before age 75 per 100,000 population	5,407	6,811
Quality of Life	Percent of adults reporting fair or poor health	11.6%	12.4%
	Average number of physically unhealthy days reported in past 30 days	3.0	3.7
	Average number of mentally unhealthy days reported in past 30 days	3.3	3.5
	Percent of live births with low birthweight (< 2500 grams)	6.6%	8.1%
Health Factors			
Health Behaviors			
Adult smoking	Percent of adults that report smoking >= 100 cigarettes and currently smoking	13.6%	18.1%
Adult obesity	Percent of adults that report a BMI >= 30	23.0%	28.0%
Excessive drinking	Binge plus heavy drinking	20.8%	15.0%
STDs	Chlamydia rate per 100,000 population	210.7	458.0
Teen births	Teen birth rate per 1,000 female population, ages 15-19	19.8	31.0
Clinical Care			
Primary care physicians	Ratio of population to primary care physicians	1155:1	1,355:1
Dentists	Ratio of population to dentists	2035:1	1,663:1
Mental health providers	Ratio of population to mental health providers	832:1	753:1
Preventable hospital stays	Hospitalization rate for ambulatory-care sensitive conditions per 1,000 Medicare enrollees	54.4	65.0
Diabetic screening	Percent of diabetic Medicare enrollees that receive HbA1c monitoring	86.5%	84.0%
Social & Economic Factors			
Some college	Percent of adults aged 25-44 years with some post-secondary education	75.5%	63.0%
Unemployment	Percent of population age 16+ unemployed but seeking work	5.6%	8.1%
Injury deaths	Injury mortality per 100,000	58.2	59.0
Inadequate Social Support*	Percent of adults without social/emotional support	13.5%	22.0%
Physical Environment			
Air pollution	The average daily measure of fine particulate matter in micrograms per cubic meter (PM2.5) in a county	11.7	11.1
Severe housing problems	Percentage of households with at least 1 of 4 housing problems: overcrowding, high housing costs, or lack of kitchen or plumbing facilities	18.0%	19.0%

The County Health Rankings data highlight a number of problematic community health issues, particularly in Baker and Duval counties. These include issues with access to care, the supply of certain providers (including mental health professionals), lack of screening for diabetes within the Medicare population, and obesity-related problems. These and other concerns were identified by those providing community input – such as significant transportation challenges across the region.

Community Health Status Indicators (CHSI) 2015

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

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

Exhibit 29 compares each of the counties to peer counties and highlights community health issues found to rank in the bottom quartile of the counties included in the analysis.

Exhibit 29: Community Health Status Indicators, 2015

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

Source: Community Health Status Indicators, 2015.

Compared to peer counties, Duval County was ranked in the least favorable quartile for 50 percent of the 44 community health indicators.

Florida Department of Health

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

Exhibit 30 displays selected causes of death compared to the Florida average. It also displays, when available, the Healthy People 2020 goal for corresponding indicators.

Exhibit 30: Selected Causes of Death, Age-Adjusted Rates per 100,000 Population, 2011-2013

	Baker County	Clay County	Duval County	Nassau County	St. Johns County	Florida	HP 2020 Goal
Cancer	220.6	180.8	187.9	187.0	148.1	159.6	160.6
Heart Disease	206.9	163.9	180.5	171.6	124.7	153.9	N/A
Chronic Lower Respiratory Disease	68.3	68.3	54.8	58.2	44.3	39.6	50.1
Stroke	54.1	40.1	38.6	31.1	28.2	31.3	33.8
Diabetes	27.4	29.1	27.7	19.9	14.4	19.6	65.8
Pneumonia/Influenza	22.9	14.9	16.1	16.5	14.2	12.2	N/A
Motor Vehicle Crashes	22.7	13.0	12.6	14.6	11.8	9.2	12.4
Homicide	1.2	4.2	11.3	3.5	2.7	6.4	5.5
Suicide	8.8	15.1	15.3	20.6	16.7	13.8	10.2
HIV/AIDS	7.2	9.9	11.5	10.3	9.7	4.7	3.3
Cirrhosis	5.9	0.6	7.8	1.6	1.7	10.8	8.2

Source: Florida Department of Health, FloridaCHARTS, 2014.

Key	
Data unavailable	N/A
Up to 10% worse than FL	
10-50% worse than FL	
50-75% worse than FL	
> 75% worse than FL	

Across the region, age-adjusted mortality rates were comparatively high for HIV/AIDS, CLRD, and pneumonia/influenza. Of particular relevance to Brooks: rates for motor vehicle crashes, stroke, and heart disease also generally have been above average.

Behavioral Risk Factor Surveillance Survey

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

Exhibit 31 compares various BRFSS indicators for the five counties with Florida averages. It also includes available U.S. averages and the Healthy People 2020 goal for corresponding indicators. Indicators are shaded if values exceeded Florida averages by more than ten percent.

Exhibit 31A: BRFSS Indicators and Variation from Florida, 2013 (Baker County)

Indicator		Baker County						
		Total Population	Non-Hisp White	Non-Hisp Black	Hispanic	<$25,000	Florida	HP 2020 Goal
Health Behaviors	Heavy or binge drinking	21.0%	17.1%	N/A	N/A	41.9%	17.6%	25.4%
	Current smoker	18.2%	16.5%	N/A	N/A	25.4%	16.8%	12.0%
	Adults with a medical checkup in past year	70.0%	74.3%	N/A	N/A	70.5%	70.3%	N/A
	Adults who always, or nearly always wear a seatbelt	91.8%	91.7%	N/A	N/A	93.5%	94.2%	N/A
Prevention Variables	Adults 50+ with sigmoidoscopy or colonoscopy in past 5 years	49.3%	59.4%	N/A	N/A	50.6%	55.3%	29.5%
	Men 50+ with a PSA test in past 2 years*	75.2%	0.0%	N/A	N/A	N/A	72.6%	N/A
	Women 40+ who received a mammogram in past year	45.8%	52.4%	N/A	N/A	39.9%	57.5%	N/A
	Women 18+ who received a Pap test in the past year	58.6%	50.9%	N/A	N/A	62.4%	51.4%	N/A
Access	Unable to visit doctor due to cost	21.1%	16.8%	N/A	N/A	37.0%	20.8%	N/A
	Adults with a personal doctor	71.1%	73.9%	N/A	N/A	53.3%	73.2%	N/A
	Adults with health insurance coverage	70.4%	75.1%	N/A	N/A	48.6%	77.1%	100.0%
	Adults who visited a dentist or dental clinic in past year*	55.1%	56.4%	N/A	N/A	28.8%	64.7%	N/A
Health Conditions	Adults who are obese	35.4%	34.7%	N/A	N/A	46.9%	26.4%	30.5%
	Ever told have asthma	17.4%	12.8%	N/A	N/A	22.0%	13.5%	N/A
	Ever had a stroke	4.8%	4.6%	N/A	N/A	8.1%	3.7%	N/A
	Ever had coronary heart disease or angina	2.7%	2.9%	N/A	N/A	4.7%	5.0%	N/A
	Told have diabetes	13.4%	11.6%	N/A	N/A	15.4%	11.2%	7.2%
Mental Health	Adults who always or usually receive necessary social and emotional support*	N/A	N/A	N/A	N/A	N/A	79.5%	N/A
	Poor mental health on 14+ days in past 30 days	14.3%	16.5%	N/A	N/A	34.5%	12.7%	N/A
Overall Health	Limited by physical, mental, or emotional problems	31.1%	31.2%	N/A	N/A	51.0%	21.2%	N/A
	Reported poor or fair health	N/A	N/A	N/A	N/A	N/A	19.5%	N/A

Exhibit 31B: BRFSS Indicators and Variation from Florida, 2013 (Clay County)

Indicator		Clay County					Florida	HP 2020 Goal
		Total Population	Non-Hisp White	Non-Hisp Black	Hispanic	<$25,000		
Health Behaviors	Heavy or binge drinking	15.1%	15.5%	N/A	N/A	27.5%	17.6%	25.4%
	Current smoker	18.9%	17.9%	N/A	N/A	37.8%	16.8%	12.0%
	Adults with a medical checkup in past year	72.6%	73.7%	N/A	N/A	64.0%	70.3%	N/A
	Adults who always, or nearly always wear a seatbelt	94.6%	96.0%	N/A	N/A	92.2%	94.2%	N/A
Prevention Variables	Adults 50+ with sigmoidoscopy or colonoscopy in past 5 years	62.9%	64.6%	N/A	N/A	54.0%	55.3%	29.5%
	Men 50+ with a PSA test in past 2 years*	74.4%	N/A	N/A	N/A	N/A	72.6%	N/A
	Women 40+ who received a mammogram in past year	58.8%	61.0%	N/A	N/A	43.5%	57.5%	N/A
	Women 18+ who received a Pap test in the past year	51.3%	52.7%	N/A	N/A	32.0%	51.4%	N/A
Access	Unable to visit doctor due to cost	15.2%	14.5%	N/A	N/A	30.8%	20.8%	N/A
	Adults with a personal doctor	80.7%	79.0%	N/A	N/A	57.4%	73.2%	N/A
	Adults with health insurance coverage	85.0%	83.4%	N/A	N/A	61.9%	77.1%	100.0%
	Adults who visited a dentist or dental clinic in past year*	69.3%	69.6%	N/A	N/A	31.6%	64.7%	N/A
Health Conditions	Adults who are obese	29.6%	28.8%	N/A	N/A	36.4%	26.4%	30.5%
	Ever told have asthma	14.2%	13.4%	N/A	N/A	18.1%	13.5%	N/A
	Ever had a stroke	3.3%	3.4%	N/A	N/A	5.4%	3.7%	N/A
	Ever had coronary heart disease or angina	3.4%	4.4%	N/A	N/A	5.5%	5.0%	N/A
	Told have diabetes	11.9%	11.7%	N/A	N/A	12.6%	11.2%	7.2%
Mental Health	Adults who always or usually receive necessary social and emotional support*	N/A	N/A	N/A	N/A	N/A	79.5%	N/A
	Poor mental health on 14+ days in past 30 days	14.0%	11.9%	N/A	N/A	31.9%	12.7%	N/A
Overall Health	Limited by physical, mental, or emotional problems	27.3%	28.9%	N/A	N/A	41.0%	21.2%	N/A
	Reported poor or fair health	N/A	N/A	N/A	N/A	N/A	19.5%	N/A

Exhibit 31C: BRFSS Indicators and Variation from Florida, 2013 (Duval County)

Indicator		Duval County						
		Total Population	Non-Hisp White	Non-Hisp Black	Hispanic	<$25,000	Florida	HP 2020 Goal
Health Behaviors	Heavy or binge drinking	16.4%	16.7%	14.4%	22.6%	22.2%	17.6%	25.4%
	Current smoker	18.1%	18.8%	17.2%	11.6%	30.4%	16.8%	12.0%
	Adults with a medical checkup in past year	68.3%	66.2%	75.5%	56.4%	64.1%	70.3%	N/A
	Adults who always, or nearly always wear a seatbelt	94.0%	94.1%	91.8%	97.8%	92.3%	94.2%	N/A
Prevention Variables	Adults 50+ with sigmoidoscopy or colonoscopy in past 5 years	61.6%	61.5%	61.6%	N/A	51.1%	55.3%	29.5%
	Men 50+ with a PSA test in past 2 years*	63.4%	N/A	0.0%	N/A	N/A	72.6%	N/A
	Women 40+ who received a mammogram in past year	58.5%	55.9%	63.4%	N/A	58.9%	57.5%	N/A
	Women 18+ who received a Pap test in the past year	57.2%	48.0%	67.7%	N/A	58.7%	51.4%	N/A
Access	Unable to visit doctor due to cost	20.0%	15.5%	25.1%	34.3%	36.6%	20.8%	N/A
	Adults with a personal doctor	78.5%	80.2%	79.6%	62.9%	67.2%	73.2%	N/A
	Adults with health insurance coverage	80.8%	83.8%	78.2%	65.7%	62.9%	77.1%	100.0%
	Adults who visited a dentist or dental clinic in past year*	65.6%	66.6%	65.0%	N/A	44.8%	64.7%	N/A
Health Conditions	Adults who are obese	31.1%	25.6%	48.0%	21.2%	32.9%	26.4%	30.5%
	Ever told have asthma	17.6%	16.5%	18.0%	24.3%	26.6%	13.5%	N/A
	Ever had a stroke	4.4%	4.3%	3.2%	0.6%	6.6%	3.7%	N/A
	Ever had coronary heart disease or angina	3.8%	5.4%	1.5%	2.2%	4.1%	5.0%	N/A
	Told have diabetes	12.1%	13.1%	10.7%	7.6%	11.6%	11.2%	7.2%
Mental Health	Adults who always or usually receive necessary social and emotional support*	N/A	N/A	N/A	N/A	N/A	79.5%	N/A
	Poor mental health on 14+ days in past 30 days	13.1%	13.3%	12.5%	11.8%	22.9%	12.7%	N/A
Overall Health	Limited by physical, mental, or emotional problems	22.9%	23.9%	21.4%	18.7%	35.6%	21.2%	N/A
	Reported poor or fair health	N/A	N/A	N/A	N/A	N/A	19.5%	N/A

Exhibit 31D: BRFSS Indicators and Variation from Florida, 2013 (Nassau County)

Indicator		Nassau County						
		Total Population	Non-Hisp White	Non-Hisp Black	Hispanic	<$25,000	Florida	HP 2020 Goal
Health Behaviors	Heavy or binge drinking	21.3%	23.0%	N/A	N/A	16.1%	17.6%	25.4%
	Current smoker	17.9%	16.7%	N/A	N/A	27.0%	16.8%	12.0%
	Adults with a medical checkup in past year	78.3%	77.3%	N/A	N/A	73.3%	70.3%	N/A
	Adults who always, or nearly always wear a seatbelt	98.0%	97.5%	N/A	N/A	96.5%	94.2%	N/A
Prevention Variables	Adults 50+ with sigmoidoscopy or colonoscopy in past 5 years	59.1%	56.0%	N/A	N/A	54.0%	55.3%	29.5%
	Men 50+ with a PSA test in past 2 years*	77.8%	0.0%	N/A	N/A	N/A	72.6%	N/A
	Women 40+ who received a mammogram in past year	57.9%	55.9%	N/A	N/A	38.4%	57.5%	N/A
	Women 18+ who received a Pap test in the past year	51.1%	50.3%	N/A	N/A	N/A	51.4%	N/A
Access	Unable to visit doctor due to cost	16.5%	15.5%	N/A	N/A	33.8%	20.8%	N/A
	Adults with a personal doctor	80.7%	80.6%	N/A	N/A	74.5%	73.2%	N/A
	Adults with health insurance coverage	84.8%	85.1%	N/A	N/A	67.1%	77.1%	100.0%
	Adults who visited a dentist or dental clinic in past year*	64.2%	62.7%	N/A	N/A	44.1%	64.7%	N/A
Health Conditions	Adults who are obese	29.1%	26.8%	N/A	N/A	39.1%	26.4%	30.5%
	Ever told have asthma	14.2%	12.1%	N/A	N/A	14.1%	13.5%	N/A
	Ever had a stroke	3.2%	2.9%	N/A	N/A	5.6%	3.7%	N/A
	Ever had coronary heart disease or angina	4.6%	4.7%	N/A	N/A	7.9%	5.0%	N/A
	Told have diabetes	10.2%	8.1%	N/A	N/A	19.1%	11.2%	7.2%
Mental Health	Adults who always or usually receive necessary social and emotional support*	N/A	N/A	N/A	N/A	N/A	79.5%	N/A
	Poor mental health on 14+ days in past 30 days	9.1%	9.6%	N/A	N/A	31.2%	12.7%	N/A
Overall Health	Limited by physical, mental, or emotional problems	22.3%	22.0%	N/A	N/A	47.4%	21.2%	N/A
	Reported poor or fair health	N/A	N/A	N/A	N/A	N/A	19.5%	N/A

Exhibit 31E: BRFSS Indicators and Variation from Florida, 2013 (St. Johns County)

Indicator		St. Johns County					Florida	HP 2020 Goal
		Total Population	Non-Hisp White	Non-Hisp Black	Hispanic	<$25,000		
Health Behaviors	Heavy or binge drinking	23.2%	23.1%	N/A	N/A	34.3%	17.6%	25.4%
	Current smoker	14.7%	16.5%	N/A	N/A	32.8%	16.8%	12.0%
	Adults with a medical checkup in past year	72.0%	72.8%	N/A	N/A	62.1%	70.3%	N/A
	Adults who always, or nearly always wear a seatbelt	95.1%	95.2%	N/A	N/A	93.6%	94.2%	N/A
Prevention Variables	Adults 50+ with sigmoidoscopy or colonoscopy in past 5 years	59.9%	60.9%	N/A	N/A	47.7%	55.3%	29.5%
	Men 50+ with a PSA test in past 2 years*	79.3%	N/A	N/A	N/A	N/A	72.6%	N/A
	Women 40+ who received a mammogram in past year	62.6%	64.5%	N/A	N/A	N/A	57.5%	N/A
	Women 18+ who received a Pap test in the past year	60.3%	58.4%	N/A	N/A	N/A	51.4%	N/A
Access	Unable to visit doctor due to cost	14.4%	13.3%	N/A	N/A	48.4%	20.8%	N/A
	Adults with a personal doctor	82.8%	86.4%	N/A	N/A	66.9%	73.2%	N/A
	Adults with health insurance coverage	88.6%	91.0%	N/A	N/A	65.7%	77.1%	100.0%
	Adults who visited a dentist or dental clinic in past year*	76.1%	76.9%	N/A	N/A	55.4%	64.7%	N/A
Health Conditions	Adults who are obese	20.1%	20.2%	N/A	N/A	16.3%	26.4%	30.5%
	Ever told have asthma	13.4%	12.3%	N/A	N/A	20.4%	13.5%	N/A
	Ever had a stroke	2.7%	3.1%	N/A	N/A	0.9%	3.7%	N/A
	Ever had coronary heart disease or angina	5.3%	6.2%	N/A	N/A	7.2%	5.0%	N/A
	Told have diabetes	7.9%	8.0%	N/A	N/A	15.1%	11.2%	7.2%
Mental Health	Adults who always or usually receive necessary social and emotional support*	N/A	N/A	N/A	N/A	N/A	79.5%	N/A
	Poor mental health on 14+ days in past 30 days	15.4%	13.0%	N/A	N/A	18.1%	12.7%	N/A
Overall Health	Limited by physical, mental, or emotional problems	21.6%	22.6%	N/A	N/A	33.2%	21.2%	N/A
	Reported poor or fair health	N/A	N/A	N/A	N/A	N/A	19.5%	N/A

Source: Florida Department of Health, 2013 Florida BRFSS Data Report.*Data from 2010 BRFSS.

Across the community, the BRFSS data indicate that the population making less than $25,000 per year engage in more unhealthy behaviors and have worse health outcomes than other populations. Access issues related to medical and dental providers and health insurance are also serious problems for the population making less than $25,000 per year.

In **Baker County**, the percent of people who were binge drinking, unable to visit a doctor due to cost, obese, had a stroke, had more than 14 poor mental health days, or were limited by physical, mental, or emotional problems were over 75 percent worse for the population making less than $25,000 per year, compared to the Florida average, and between 10 and 50 percent worse for the overall population.

In **Clay County**, the percent of people who were current smokers, had more than 14 poor mental health days in the past 30 days, or were limited by physical, mental, or emotional problems were over 75 percent worse for the population making less than $25,000 per year and between 10 and 50 percent worse for the overall population.

In **Duval County**, smoking, the inability to visit a doctor due to costs, asthma, stroke, and poor mental health days were all serious issues for the population making less than $25,000 per year. Rates for each of these indicators were more than 75 percent worse than those for the state. Rates for obesity among Black individuals and asthma among Hispanics in Duval County were also more than 75 percent worse than state averages.

In **Nassau County**, the overall population was between 10 and 50 percent worse than the state for only heavy drinking and obesity. However, within the population making less than $25,000 a year, rates for smoking, stroke, coronary heart disease or angina, and diabetes were between 50 and 75 percent worse than Florida, as was the percent of people who were unable to visit a doctor due to cost. Rates of poor mental health days and limitations from physical, mental, or emotional problems were more than 75 percent worse than state averages.

In **St. Johns County**, rates of binge drinking and poor mental health days were between 10 and 50 percent worse than the state. Among those making less than $25,000 per year, however, rates of binge drinking and smoking were more than 75 percent worse than the state, as was the percent of individuals unable to visit a doctor due to cost. Additionally, the percent of people who had ever been told they had asthma or were limited by a physical, mental, or emotional problem were between 50 and 75 percent worse than the state.

Hospitalization Rates

Exhibit 32 depicts age-adjusted hospitalization rates for certain conditions for the community compared to Florida.

Exhibit 32: Age-Adjusted Hospitalization Rates, 2011-2013

	Baker County	Clay County	Duval County	Nassau County	St. Johns County	Florida
Hospitalizations From C.L.R.D. (including asthma)	339.3	230.2	299.9	202.2	188.1	**242.0**
Hospitalizations From or With Asthma	494.3	479.2	713.2	396.5	348.5	**533.4**
Hospitalizations From or With Coronary Heart Disease	310.2	250.6	243.4	235.6	178.0	**216.9**
Hospitalizations from Congestive Heart Failure	28.0	64.8	39.6	22.6	43.3	**54.9**
Hospitalizations From Or With Diabetes	2,239.6	1,874.0	2,269.2	1,503.7	1,075.7	**1,536.7**
Hospitalizations From Stroke	217.8	222.9	233.0	206.1	151.5	**175.2**

Source: Florida Department of Health, FloridaCHARTS.

Key	
Up to 10% worse than FL	
10-50% worse than FL	
50-75% worse than FL	
> 75% worse than FL	

Baker, Clay, Duval, and Nassau counties all had hospitalization rates from stroke that were between 10 and 50 percent worse than the Florida average. St John's County performed better than the state across every measure.

COMMUNITY NEED INDEX™ AND FOOD DESERTS

Dignity Health Community Need Index

Dignity Health, a California-based hospital system, developed and has made widely available for public use a *Community Need Index*™ that measures barriers to health care access by county/city and ZIP code.[10] The index is based on five social and economic indicators:

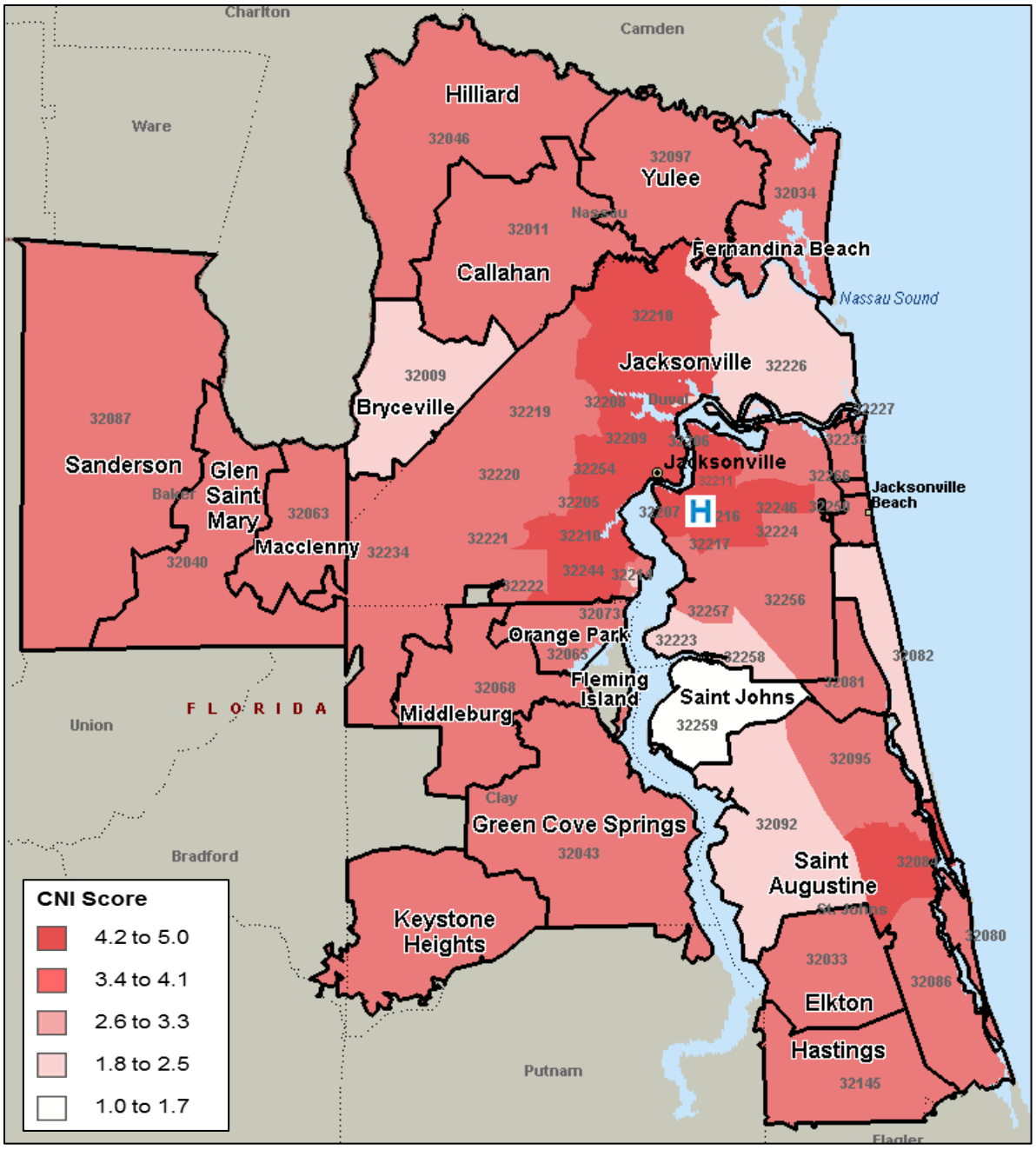
- The percentage of elders, children, and single parents living in poverty;
- The percentage of adults over the age of 25 with limited English proficiency, and the percentage of the population that is non-White;
- The percentage of the population without a high school diploma;
- The percentage of uninsured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

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

[10] Accessed online at http://cni.chw-interactive.org/ on June 28, 2013.

Exhibit 33 presents the *Community Need Index*™ (CNI) score of each ZIP code in the community.

Exhibit 33: Community Need Index[tm] Score by ZIP Code



Source: Microsoft MapPoint and Dignity Health, 2015.

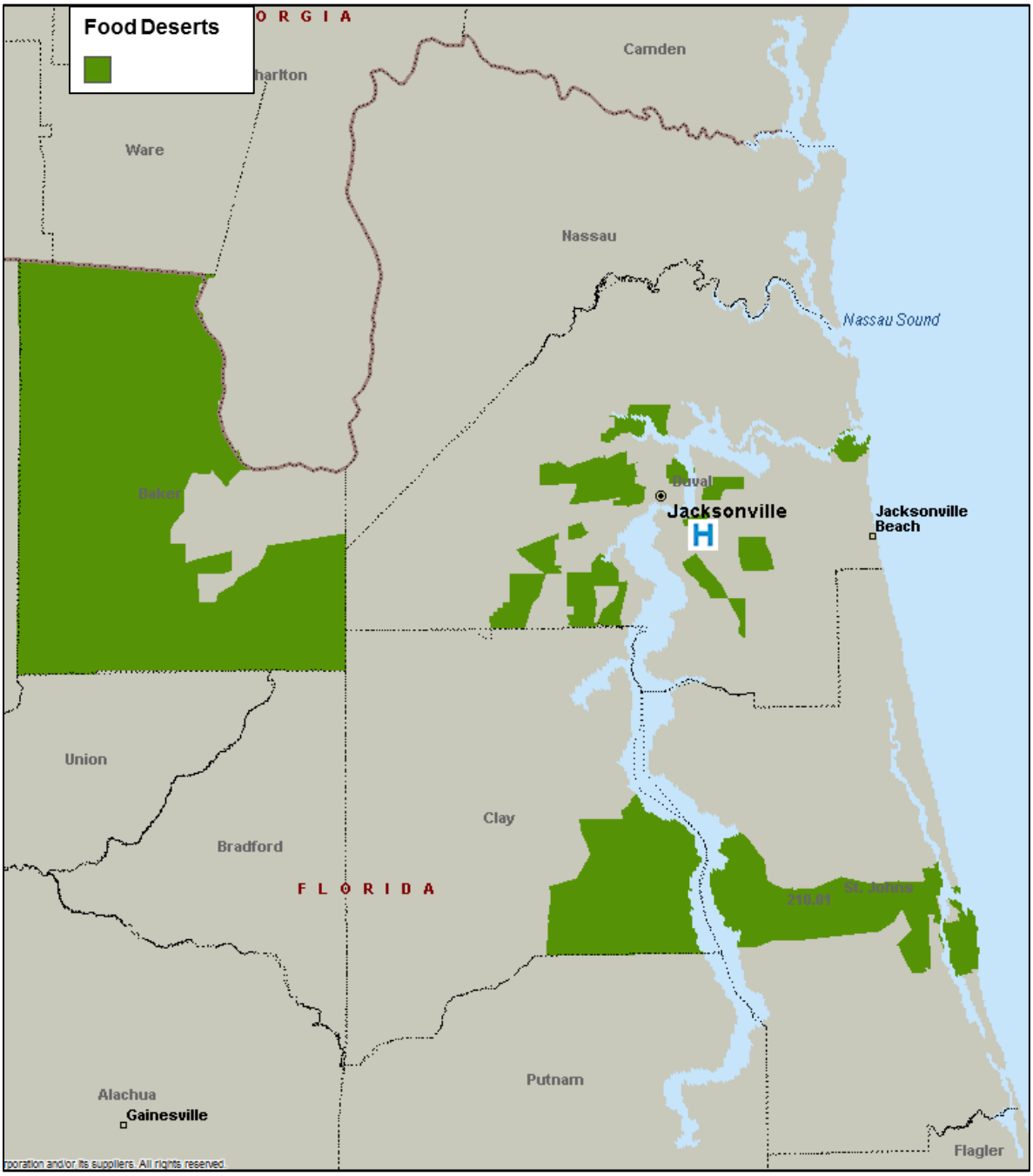
The Community Need Index™ Score was highest in central Jacksonville and ZIP code 32084 in St. Johns County.

Food Deserts

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

Exhibit 34 illustrates the location of food deserts in the community.

Exhibit 34: Food Deserts



Source: U.S. Department of Agriculture, 2015.

The food deserts in the community exist in the towns of Sanderson and Glen Saint Mary in Baker County, central Jacksonville in Duval County, Green Cove Springs in Clay County, and Saint Augustine in St. Johns County.

Medically Underserved Areas and Populations

Medically Underserved Areas and Populations (MUA/Ps) are designated by the Health Resources and Services Administration (HRSA) based on an "Index of Medical Underservice." The index includes the following variables: ratio of primary medical care physicians per 1,000 population, infant mortality rate, percentage of the population with incomes below the poverty level, and percentage of the population age 65 or over.[11] Areas with a score of 62 or less are considered "medically underserved."

Populations receiving MUP designation include groups within a geographic area with economic barriers or cultural and/or linguistic access barriers to receiving primary care. If a population group does not qualify for MUP status based on the IMU score, Public Law 99-280 allows MUP designation if "unusual local conditions which are a barrier to access to or the availability of personal health services exist and are documented, and if such a designation is recommended by the chief executive officer and local officials of the state where the requested population resides."[12]

Exhibit 40 (in next section) depicts areas designated by HRSA as medically underserved. In Duval County, 11 census tracts in the Duval service area are designated as MUAs and the low-income populations of 29 census tracts in North Jacksonville are designated as MUPs.

Provider Supply

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

Health Professional Rates per 100,000 Population

Exhibit 35 presents the number of physicians and dentists per 100,000 population.

Exhibit 35: Health Professionals Rates per 100,000 Population, 2013

	Baker		Clay		Duval		Nassau		St. Johns		Florida
Provider Type	Count	Rate	Count	Rate	Count	Rate	Count	Rate	Count	Rate	Rate
Physicians	36	131.6	318	163.0	3,523	402.0	83	111.0	391	194.0	267.2
Mental Health Providers	24	88.6	123	63.3	1,027	116.8	50	67.0	219	108.3	112.3
Family Physicians	7	25.6	46	23.5	328	37.4	23	30.8	63	31.2	24.5
Internal Medicine	2	7.3	58	29.7	675	76.9	12	16.1	66	32.7	49.7
OB GYN	0	0.0	12	6.1	122	13.9	4	5.4	14	6.9	9.8
Pediatrician	0	0.0	30	15.3	306	34.9	4	5.4	30	14.8	21.3
Dentists	8	29.3	94	98.1	465	56.4	25	33.5	106	52.5	53.8

Source: FloridaCHARTS, 2015

[11] Heath Resources and Services Administration. See http://www.hrsa.gov/shortage/mua/index.html
[12] *Ibid.*

Health Professional Shortage Areas (HPSA)

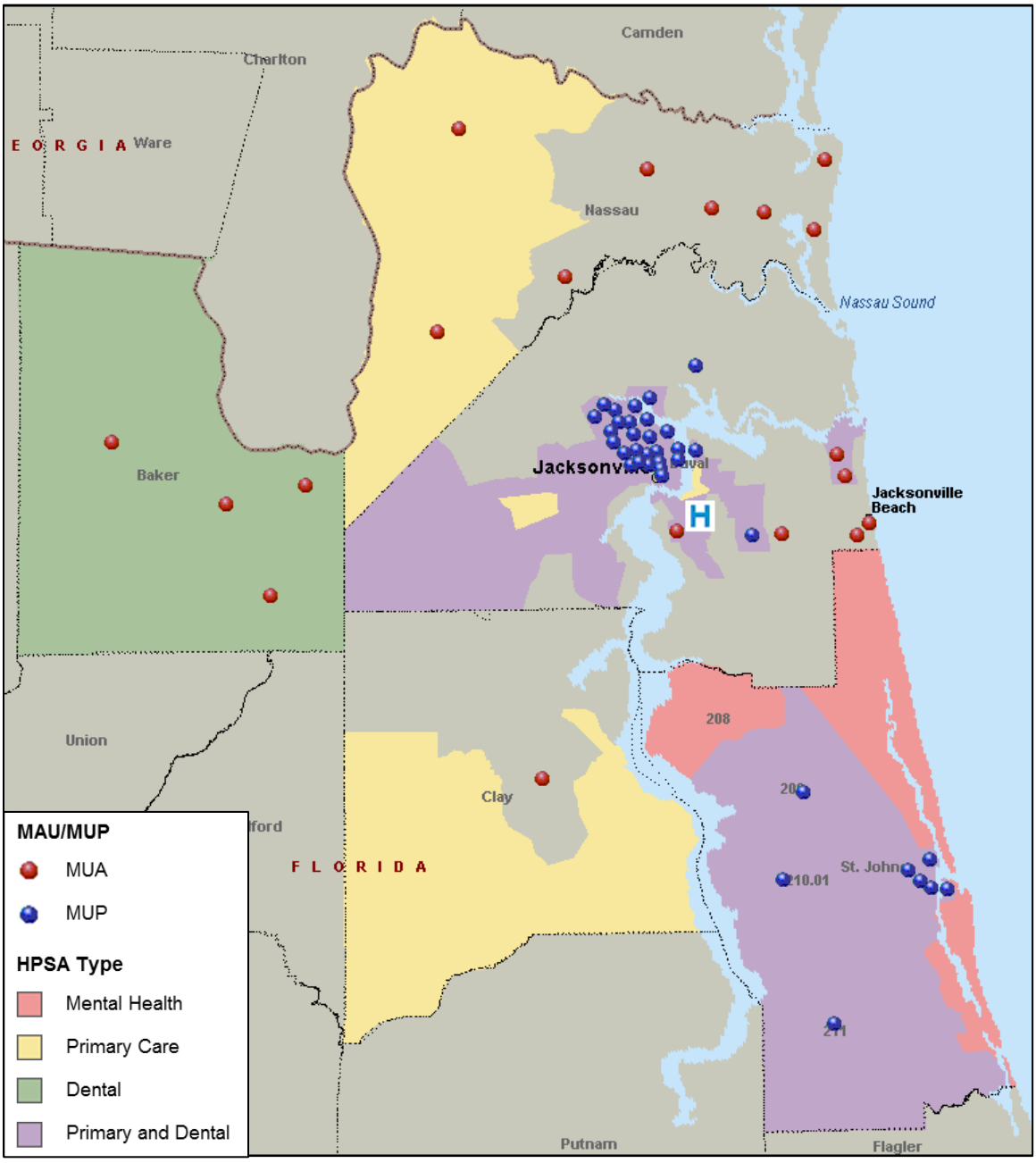
A geographic area can receive a federal Health Professional Shortage Area (HPSA) designation if a shortage of primary medical care, dental care, or mental health care professionals is found to be present. In addition to areas and populations that can be designated as HPSAs, a health care facility can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

HPSAs can be: "(1) An urban or rural area (which need not conform to the geographic boundaries of a political subdivision and which is a rational area for the delivery of health services); (2) a population group; or (3) a public or nonprofit private medical facility."[13]

Exhibit 36 illustrates the locations of Medically Underserved Areas and Populations and of the federally-designated HPSAs.

[13]U.S. Health Resources and Services Administration, Bureau of Health Professionals. (n.d.). *Health Professional Shortage Area Designation Criteria*. Retrieved 2012, from http://bhpr.hrsa.gov/shortage/hpsas/designationcriteria/index.html

Exhibit 36: MUA/Ps and HPSA Areas, 2015



Source: Health Resources and Services Administration, 2015.

Areas across all five counties are considered HPSAs by the federal government. Primary care and dental HPSAs exist throughout most of St. Johns County and the western half of Duval County. The southern half of Clay County and the western half of Nassau County are primary care health professional shortage areas and all of Baker County is a dental health professional shortage area.

Medically underserved populations are clustered in central Jacksonville and in the southern portion of St. Johns County. Medically underserved areas exist throughout Baker and Nassau counties, and in Atlantic Beach and Jacksonville Beach in Duval County and Green Cove Springs in Clay County.

Projected Physician Supply Relative to Needs

According to the Association of American Medical Colleges, physician shortage issues are expected to intensify in coming years. Current estimates predict a national shortage of between 46,100 and 90,400 active patient care physicians by 2025. For primary care alone, a deficit of between 12,500 and 31,100 physicians is expected by 2025. Various factors contribute to the anticipated shortages, including an increase in insurance coverage due to the Affordable Care Act, higher demand from an aging population, and a large proportion of the current workforce reaching retirement age. The projected shortfalls are actually less than the projected numbers in the previous study due to a rapid increase in supply of advance practice physicians who are playing a bigger role in patient care, and the downward revision by the U.S. Census Bureau of its 2025 population projections. [14]

Data show that Florida's current physician supply is not adequate to serve rising demand for medical services.[15] To maintain status quo, there will need to be an increase in PCPs by 38 percent.[16] Approximately 13.4 percent of physicians in Florida are aged 40 or younger, while 29.4 percent are over the age of 60.[17] In Duval County, between 6.8 and17.9 percent of physicians are expected to retire within the next five years. Additionally, Florida physicians have little capacity to treat additional patients due to current patient loads.[18]

In addition, increased demand for health services is expected between 2013 and 2030 as Florida's population is projected to grow by 25 percent, and the population aged 65 and over is expected to grow by about 75 percent. [19]

In 2007, the Florida Department of Health completed a comprehensive evaluation of Florida's physician workforce and how it could impact access to quality care in the state. One of the report's recommendations for offsetting the physician shortage was "to pursue a policy of creating and expanding medical residency positions in Florida."[20]

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[14] Association for American Medical Colleges Center for Workforce Studies (March 2015). *The Complexities of Physician Supply and Demand: Projections from 2013 to 2025.* Retrieved 2015 from https://www.aamc.org/download/426242/data/ihsreportdownload.pdf

[15] *Ibid.*

[16] Petterson, SM., Cai, A., Moore, M., Bazemore, (September 2013) A. *State-Level Projections of Primary Care Workforce, 2010-2013.* Retrieved 2015 from http://www.graham-center.org/online/graham/home/tools-resources/state-wrkfrc-proj-intro/state-wrkfrc-proj.html

[17] Center for Workforce Studies, Association of American Medical Colleges (2013). 2013 State Physician Workforce Data Report. Retrieved 2015 from https://www.aamc.org/data/workforce/reports/

[18] Herrick and Gorman (2013). An Economic and Policy Analysis of Florida Medicaid Expansion. Retrieved from: http://www.ncpa.org/pub/st347

[19] *Ibid.*

[20] Center for Workforce Studies, Association of American Medical Colleges. (Oct 2012). Recent Studies and Reports on Physician Shortages in the U.S. Retrieved from: https://www.aamc.org/download/100598/data/

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

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

DESCRIPTION OF OTHER FACILITIES AND RESOURCES WITHIN THE COMMUNITY

Federally Qualified Health Centers

Federally Qualified Health Centers (FQHCs) are established to promote access to ambulatory care in areas designated as "medically underserved." These clinics receive enhanced reimbursement for Medicaid and Medicare services and most also receive federal grant funds under Section 330 of the Public Health Service Act. There currently are 10 FQHC sites in the Brooks Rehabilitation community (**Exhibit 41**).

Exhibit 37: Federally Qualified Health Centers

FQHC Name	County	City	Zip Code
Azalea Health	Clay County	Green Cove Springs	32043
Azalea Health	Clay County	Keystone Heights	32656
AGAPE/South JAX Community Health Center	Duval County	Jacksonville	32216
AGAPE/Wesconnett Community Health Center	Duval County	Jacksonville	32210
AGAPE/West Jacksonville Community Health Center	Duval County	Jacksonville	32204
Beaches Community Healthcare - A Sulzbacher Center Clinic	Duval County	Jacksonville	32250
I.M. Sulzbacher Center for the Homeless	Duval County	Jacksonville	32202
I.M. Sulzbacher Center Beach HOPE Mobile Outreach Van	Duval County	Jacksonville	32250
Azalea Health	St. Johns County	Hastings	32145
Azalea Health	St. Johns County	St. Augustine	32086

Source: Health Resources Administration, 2015

HPSA Facilities

There also are six HPSA designated facilities within the Brooks Rehabilitation community (**Exhibit 38**).

[21] Center for Workforce Studies, Association of American Medical Colleges (2013). 2013 State Physician Workforce Data Report. Retrieved 2015 from https://www.aamc.org/data/workforce/reports/
[22] *Ibid.*

Exhibit 38: HPSA Designated Facilities, 2015

HPSA Name	Facility Type	HPSA Type	County	Zip code
Baker Correctional Institution	Correctional Facility	Primary, Dental	Baker County	32087
Children's Medical Center of MacClenny	Rural Health Clinic	Primary	Baker County	32063-4624
Children's Medical Center-Glen St Mary	Rural Health Clinic	Primary, Dental, Mental	Baker County	32040-5050
Duval County Health Department	Comprehensive Health Center	Primary, Dental, Mental	Duval County	32208-7209
I.M. Sulzbacher Center for the Homeless	Comprehensive Health Center	Primary, Dental, Mental	Duval County	32202-2847
Northeast Florida Health Services	Comprehensive Health Center	Mental	St. Johns County	32086-3101

Source: Health Resources Administration, 2015.

Hospitals

Exhibit 39 lists acute care, psychiatric, and rehabilitation hospitals located in the Brooks Rehabilitation community.

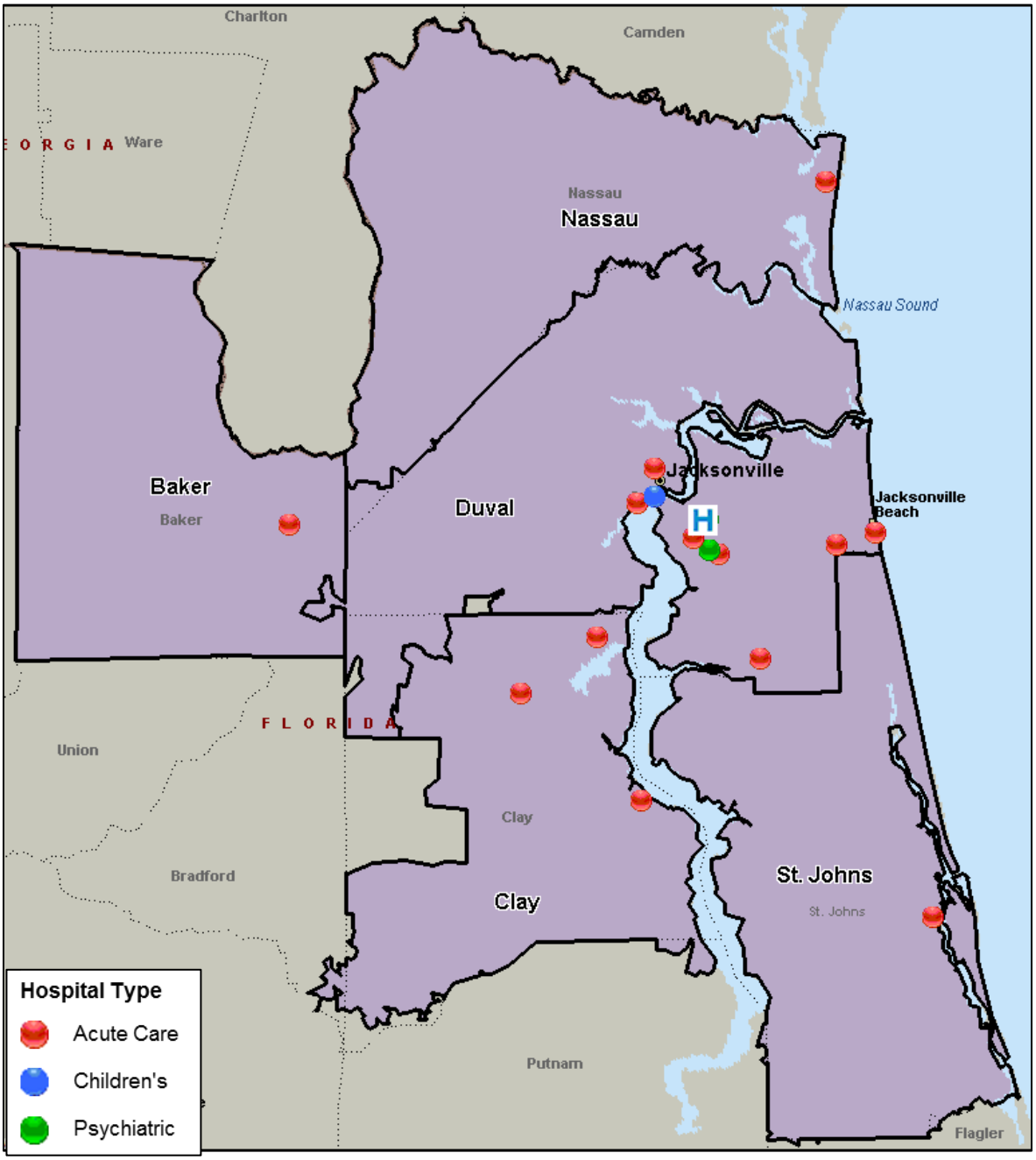
Exhibit 39: Hospitals, 2015

County	Hospital Name	Type	Licensed Beds
Baker	Ed Fraser Memorial Hospital	Acute Care	25
Clay	Kindred Hospital - North Florida	Acute Care	80
	Orange Park Medical Center	Acute Care	297
	St. Vincent's Medical Center Clay County	Acute Care	64
Duval	Baptist Medical Center Beaches	Acute Care	146
	Baptist Medical Center Jacksonville	Acute Care	676
	Baptist Medical Center South	Acute Care	245
	Mayo Clinic Hospital	Acute Care	304
	Memorial Hospital Jacksonville	Acute Care	418
	St. Vincent's Medical Center Riverside	Acute Care	528
	St. Vincent's Medical Center Southside	Acute Care	311
	UF Health Jacksonville	Acute Care	695
	Wolfson Children's Hospital	Children's	213
	Specialty Hospital Jacksonville	Acute Care	107
	Wekiva Springs Hospital	Psychiatric	120
	Brooks Rehabilitation Hospital	Rehabilitation	157
	River Point Behavioral Health	Psychiatric	93
Nassau	Baptist Medical Center - Nassau	Acute Care	62
St. Johns	Flagler Hospital	Acute Care	335

Source: FloridaHealthFinder.gov.

Exhibit 40 portrays the locations of these facilities across the region.

Exhibit 40: Hospitals in the Community, 2015



Source: Microsoft MapPoint and Florida Health Finder, 2015.

There are a total of 36 ambulatory surgery centers in the Brooks Rehabilitation community; 24 are freestanding and 12 are hospital based (**Exhibit 41**).

Exhibit 41: Ambulatory Surgery Centers by County and Facility Type, 2015

County	Freestanding Ambulatory Surgery Center	Hospital Based Ambulatory Surgery Center	Total
Baker	0	1	1
Clay	3	1	4
Duval	14	8	22
Nassau	0	1	1
St. Johns	7	1	8

Source: Florida Health Finder, 2015.

Other Community Resources

A wide range of agencies, coalitions, and organizations is available in the region served by the Partnership to assist in meeting community health and social services needs. There are several different types of community resources available to help community members[23]

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

[23] United Way 211 Community Resource Guide, 2015. http://www.mycommunitypt.com/nefin/index.php/component/cpx/

associations, organization development and management services, military services, and international affairs).

Below are estimated numbers of resources that are available to serve residents of Baker County:

- Basic Needs - 70
- Consumer Services - 23
- Criminal Justice and Legal - 34
- Education - 37
- Environmental/Public Health/Public Safety - 10
- Health Care - 126
- Income Support and Employment - 39
- Mental Health and Substance Abuse - 105
- Individual and Family Life - 161
- Organizational, Community, and International – 77

Below are estimated numbers of resources that are available to serve residents of Clay County:

- Basic Needs - 112
- Consumer Services - 30
- Criminal Justice and Legal - 45
- Education - 48
- Environmental/Public Health/Public Safety - 9
- Health Care - 156
- Income Support and Employment - 46
- Mental Health and Substance Abuse - 116
- Individual and Family Life - 203
- Organizational, Community, and International – 103

Below are estimated numbers of resources that are available to serve residents of Duval County:

- Basic Needs - 180
- Consumer Services - 31
- Criminal Justice and Legal - 59
- Education - 80
- Environmental/Public Health/Public Safety - 17
- Health Care - 239
- Income Support and Employment - 86
- Mental Health and Substance Abuse - 160
- Individual and Family Life - 300
- Organizational, Community, and International – 197

Below are estimated numbers of resources that are available to serve residents of Nassau County:

- Basic Needs - 85

- Consumer Services - 25
- Criminal Justice and Legal - 42
- Education - 46
- Environmental/Public Health/Public Safety - 11
- Health Care - 143
- Income Support and Employment - 42
- Mental Health and Substance Abuse - 113
- Individual and Family Life - 191
- Organizational, Community, and International – 97

Below are estimated numbers of resources that are available to serve residents of Saint John's County:

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

A comprehensive 2-1-1 service is available through Northeast Florida United Way, which is available by phone, text, and online to help provide assistance to members of the community.[24] Several other organizations including, but not limited to: County Health Departments[25], Episcopal Children's Services[26], Health Impacts for Florida[27], and Early Learning Coalition[28] also provide community resource guides to assist community members with their needs. Florida Medicaid also provides a guide to health care safety net resources by county for the uninsured. [29]

[24] United Way of NE Florida. 2-1-1 Service. http://nefl211.org/
[25] Florida Health Departments. http://www.floridahealth.gov/
[26] Episcopal Children's Services. Community Resource Guides. http://www.ecs4kids.org/parent_com_recs
[27] Health IMPACTS for Florida. http://healthimpactsflorida.org/studies/hra/information-for-parentsteens/
[28] Early Learning Coalition of Duval. Community Resource Guide. http://elcofduval.org/ccrr_communityresourceguide.asp
[29] Florida Medicaid. "Florida's Health Care Safety Net: A comprehensive list of State and County based resources for the uninsured". July 2010

Findings of Other Community Health Needs Assessments

In identifying significant community health needs, Verité analyzed the findings of several health needs assessments and related reports conducted in or covering parts of the community and published between 2010 and 2014. Highlights and summary points from each assessment are below.

ElderSource

ElderSource, an Area Agency on Aging, published a 2011-2012 report, *Elder Services Needs Assessment*, for Planning Service Area 4 (PSA 4), which is comprised of Baker, Clay, Duval, Flagler, Nassau, St. Johns, and Volusia counties. This assessment was intended to inform ElderSource on the needs of elders and caregivers.[30]

Key findings for PSA 4 include:

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

North Florida Transportation Planning Organization (Community Survey, 2008)

[30] ElderSource (2012). *Elder Services Needs Assessment: Baker, Clay, Duval, Flagler, Nassau, St. Johns, Volusia.* Retrieved 2015 from https://www.myeldersource.org/documents-resources/

The North Florida Transportation Planning Organization published results of a survey by Ulrich Research entitled *A Survey of Residents of Clay, Duval, Nassau and St. Johns Counties*.[31] The survey was conducted to inform development of transportation resources in the Jacksonville, Florida MSA. The purpose of the survey was to provide information to be used in the development of the North Florida Transportation Planning Organization's Long Range Transportation Plan.

Key findings are as follows:

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

North Florida Transportation Planning Organization (2012 Report)

The North Florida Transportation Study Commission published its 2012 final report, *Connecting Regionally for Success*.[32] This commission was charged with developing a Long Range Transportation Plan.

Key report elements are as follows:

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

Nassau County Department of Health

The Nassau County Department of Health published a 2010 health needs assessment, *Community Health Profile in Nassau County*,[33] an update to its a 2000 and 2005 assessments. This report was intended to inform health improvement efforts in the county.

Key findings include:

[31] North Florida Transportation Planning Organization. (2008) *A Survey of Residents of Clay, Duval, Nassau, and St. Johns Counties*. Retrieved 2015, from http://www.firstcoastmpo.com/images/uploads/general/2008%20North%20Florida%20Transportation%20Survey.pdf

[32] North Florida Transportation Planning Organization. (2008) *A Survey of Residents of Clay, Duval, Nassau, and St. Johns Counties*. Retrieved 2015, from http://www.firstcoastmpo.com/images/uploads/general/2008%20North%20Florida%20Transportation%20Survey.pdf

[33] Nassau County Department of Health and Health Planning Council of Northeast Florida. (2010) *Community Health Profile in Nassau County*. Retrieved 2015, from http://www.hpcnef.org/files/health-needs-assesments/Nassau_County_Health_Needs_Assessment_3.pdf

- Cancer, heart disease, chronic lower respiratory disease, and unintentional injuries are the four leading causes of death in 2008
- The non-White death rate for lung cancer was higher than the White death rate (83.8 and 69.4 per 100,000 in 2008, respectively)
- The death rate for chronic lower respiratory disease (including asthma) was higher than the rate for Florida (63.7 and 54.0 per 100,000 in 2008, respectively)
- The death rate from suicides was higher than the rate for Florida (23.5 and 14.5 per 100,000 in 2008, respectively)
- 19.1 percent of inpatient discharges were for the MS-DRG for psychoses, the leading single MS-DRG
- The western portion of Nassau County is rural and accounts for about one-third of the county population while the eastern portion is beach and resort communities
- Public transportation services are not available in Nassau County but the Council on Aging does provide some transportation services
- Between 8-14th Street (Amelia Island) was identified by community representatives as a geographic area in need

Duval County Health Department

The Duval County Health Department (DCHD) worked with the Hispanic/Latino Advisory Council to DCHD on the June 2012 report, "*2012: State of Hispanic Health in Duval County*."[34] The report assesses the health of Hispanic/Latino residents of Duval County.

Key findings are as follows:

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

Florida Department of Health Duval County

[34] Duval County Public Health Duval and Hispanic/Latino Advisory Council to DCHD. (2012) *2012: State of Hispanic Health in Duval County*. Retrieved 2015 from http://www.coj.net/esmivida/docs/hispanic-health-report-single-pages-small-(2).aspx

The Florida Department of Health Duval County in 2013 published "*Health: Place Matters 2013*."[35] The report assesses the health residents of six "Health Zones," or geographic subdivisions, in Duval County.

Key findings are as follows:

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

Jacksonville Metropolitan Community Benefit Partnership

The Jacksonville Metropolitan Community Benefit Partnership in 2012 published "*Community Health Needs Assessment: 2012 Report*."[36] The Partnership was comprised of tax-exempt hospitals with participation by the Duval County Health Department. The report sought to describe the health status of the community, identify major risk factors and causes of illness, and support efforts to improve the health of residents. The community for assessment was Clay, Duval, Nassau, Putnam, and St. Johns counties.

Key findings are as follows:

- The population of each county increased between 2000 and 2010
- Duval County had the greatest racial diversity among the counties, a home ownership rate lower than the overall Florida rate, and a graduation rate lower than the Florida rate
- Clay and Duval counties have more fast-food than full-service restaurants
- More than one in ten survey respondents had not visited a dentists in five or more years and about one in six reported that their child had never visited a dentist
- One in ten survey respondents go without prescription medicine or substitute over-the-counter medication
- Approximately one-third of all ER visits across the region are for self-pay patients
- Caregivers do not know what services are available and how to access services

[35] Florida Department of Health Duval County. (2013) *Health: Place Matters 2013*. Retrieved 2015 from http://duval.floridahealth.gov/programs-and-services/community-health-planning-and-statistics/place-matters/_documents/place-matters-final-dec2014.pdf.
[36] Jacksonville Metropolitan Community Benefit Partnership. (2012) *Community Health Needs Assessment: 2012 Report*. Retrieved 2015 from http://shands.thehcn.net/content/sites/hpcnef/2012_CHNA_REPORT_FINAL.pdf.

- The percentage of adults aged 65 and older who received a pneumonia vaccination was lower than Florida overall for Clay and Duval counties
- Diabetes death rates are higher than the overall Florida rate for Clay and Duval counties and the rates for Black residents are higher than the rates for white residents
- Rates of overweight residents in Clay and St. Johns counties are higher than Florida rates and the rate of obesity for Duval county is higher than the Florida rate
- Births with no prenatal care were higher in Duval county than the Florida
- Cognitive disability rates were higher in St. Johns and Duval counties
- The percentage of residents with self-care difficulty was twice the state rate in St. Johns and Duval counties
- The rates of disability difficulty indicators in St. Johns County are nearly three times than the rates of Florida overall
- The highest percentage of high-school aged smoking is in Clay County

St. Johns County Health Leadership Council

The St. Johns County Health Leadership Council in 2014 published "*2014 Community Health Assessment & Community Health Improvement Plan*."[37] Objectives of the assessment included accurately depicting the health status of St. Johns County and identifying key strategic issues.

Key findings are as follows:

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

Baker County Health Department

The Baker County Health Department in 2012 published "*County Health Assessment 2011*."[38] The study used quantitative and qualitative methods to understand health needs within Baker.

Key findings are as follows:

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[37] St. Johns County Health Leadership Council. (2014) *2014 Community Health Assessment & Community Health Improvement Plan*. Retrieved 2015 from http://stjohns.floridahealth.gov/programs-and-services/community-health-planning-and-statistics/community-health-assessments/_documents/sjc_2014_health_needs_assessment.pdf.

[38] Baker County Health Department. (2012) *County Health Assessment 2011*. Retrieved 2015 from http://baker.floridahealth.gov/programs-and-services/community-health-planning-and-statistics/_documents/Baker%20CHD%20Updated%20CHA.pdf.

- The life expectancy for residents of Baker County is 70.2 years compared to 76.5 for the U.S. overall
- The average per capita income of Baker County residents in 2008 was 27 percent lower that the per capita income of Florida residents
- The death rates in Baker County for cancer, heart disease, respiratory disease, diabetes, and stroke exceed overall state rates by 43 percent
- Baker County residents in 2007 received routine screenings less frequently than Florida residents
- The mortality rate for diabetes is 2.6 times than the state rate
- Baker county residents are diagnosed with diabetes nearly twice as frequently as Florida residents
- The rate of adult smoking is higher than the state average
- Two-thirds of Baker County residents are overweight or obese

County Health Department and Partnership for a Healthier Duval

The Duval County Health Department and Partnership for a Healthier Duval in 2012 published "*Community Health Assessment and Community Health Improvement Plan*."[39] The report summarizes the collaborative approach to understand and develop responses to health needs in Duval County. The study used Mobilizing for Action through Planning and Partnerships (MAPP) model.

Key findings are as follows:

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

Clay County Health Department

The Clay County Health Department in 2010 published *2010 Community Health Assessment*,[40] which was developed using the MAPP model. In 2012, the Clay County Health Department reviewed and updated the 2010 report with "*Community Health Assessment Mid-Cycle Update*."

[39] Duval County Health Department and Partnership for a Healthier Duval. (2012) *Community Health Assessment and Community Health Improvement Plan*. Retrieved 2015 from http://duval.floridahealth.gov/programs-and-services/community-health-planning-and-statistics/_documents/chip.pdf.
[40] Clay County Health Department. (2010) *2010 Community Health Assessment* and *Community Health Assessment Mid-Cycle Update*. Retrieved 2015 from http://clay.floridahealth.gov/programs-and-services/community-health-

Key findings of the 2010 report and 2012 update are as follows:

- Lung cancer between 2006 and 2008 was the leading cause of death in Clay County with a 25 percent higher mortality rate than Florida (60 and 48 deaths per 100,000, respectively)
- Chronic Lower Respiratory disease between 2006 and 2008 was the third leading cause of death in Clay County with a mortality rate that was more than 50 percent higher than Florida (57 and 36 deaths per 100,000, respectively)
- Diabetes between 2006 and 2008 was the sixth leading cause of death with a mortality rate that was nearly 25 percent higher than Florida (25.3 and 20.6 deaths per 100,000, respectively)
- The White infant death rate was nearly three times higher than the Non-White rate (4.6 and 13.3 deaths per 100,000, respectively)
- The rate of dental providers in Clay County was more than 20 percent lower than the rate for Florida (48.4 and 60.9 per 100,000, respectively) (subsequently, a fixed-site dental clinic opened in Green Cove)
- The Alzheimer's mortality rate in Clay County was nearly twice the rate of Florida (32.8 and 16.5 per 100,000, respectively)

planning-and-statistics/_documents/cchna-final-report-2010.pdf and http://clay.floridahealth.gov/programs-and-services/community-health-planning-and-statistics/_documents/cchna-final-report-midcycle-2012.pdf.

PRIMARY DATA ASSESSMENT

Primary data were obtained through key informant interviews, focus groups, and town hall meetings. Below are results from this community input process.

Community Input Methodology

For the Partnership CHNA project, community input was gathered through a total of 53 key informant interviews, focus groups, and town hall meetings. Both external, local community health experts and internal hospital staff members were identified and selected to participate as key informants. Through these interactions, input was received from 340 individuals. All of these participants were asked one or more questions about community health needs associated with rehabilitation services.

Two focus group meetings and one key informant interview were focused specifically on rehabilitation services and needs met by Brooks. Participants in the first focus group meeting were residents from multiple counties in the Partnership service region (the "external" participants). The 13 participants in this process provided insight on a wide range of community health issues impacting those accessing rehabilitation services in the community, including barriers to accessing health services, prevalence of certain health conditions, and social determinants of health. The second focus group meeting was held with 12 staff members from Brooks. The same questions were asked for the focus group and interview sessions.

Input received was coded to assess the frequency with which community health issues were mentioned. In addition, severity ratings were also assigned on a scale ranging from 0 (Doing well) to 4 (High severity) using the following criteria.

Exhibit 42: Scaling Description

Scale	Description
Doing well (0)	• The topic is mentioned. • The topic is not perceived as an issue in the community (e.g., Health topic is described as performing well against benchmarks).
Low severity (1)	• The topic may be mentioned several times. • Although the health topic could perform better when compared to benchmarks, there are other more urgent health concerns in the community. • Existing resources or interventions to address the issue are adequate to meet the health needs of the community.
Medium-low (2)	• The topic is mentioned several times. • The health topic could perform better when compared to benchmarks and there is evidence of health disparities for this health topic, but there are other more urgent health topics in the community. • Resources or interventions are needed address this health concern.
Medium-high (3)	• The topic is mentioned throughout the interview or meeting in response to several questions or it may be stated that this is a severe health issue in response to a specific question (e.g., County is described as performing poorly against benchmarks). • The health topic may be prioritized over other health issues or it may be indicated that clear health disparities exist in the community for this health topic. • Resources or interventions to address the health issue are needed.
High severity (4)	• The topic is mentioned throughout the interview or meeting in response to several questions or it may be stated that this is a severe issue in the community in response to a specific question (e.g., County is described is performing poorly against benchmarks). • The health topic may be prioritized over other health issues or it may be indicated that clear health disparities exist in the community for this health topic. • Although there is great concern about this issue, no or very limited resources are dedicated to the issue.

Focus groups and town hall meetings provided the opportunity to gain insight from individuals who represent the broad interests of the Brooks Rehabilitation Hospital community. The

demographic characteristics of the external focus group participants are summarized in **Exhibit 43**.

Exhibit 43: Demographic Characteristics of External Focus Group Participants

Type of Interview	Partnership Service Area (N)
Race/Ethnicity	
Caucasian	12
Black	1
Hispanic	0
Other	0
Language Other than English	
Spanish	0
Other	0
None	12
Education	
GED	0
High school graduate	3
Associate's degree	4
Bachelor's degree	5
Master's degree	0
Doctorate degree	0
Area	
Metropolitan	2
Rural	3
Suburban	1
Urban	4
Unsure	1
Insured	
Yes	12
No	0
Employed in Public Health	
Yes	3
No	9
Parent	
Yes	6
No	6

In addition, an interview was held with a representative from the City of Jacksonville Disabled services. The 12 internal focus group meeting participants included representatives from case management, nursing, social services, and community health.

Summary of Findings: External Community Input

Based on the methodology described above, the following community health issues related to rehabilitation services were identified as particularly problematic by external focus group and interview participants.

Poor Built Environment. A major concern expressed by those providing input was how the built environment impacted quality of life and ability to access medical care for those with disabilities. Participants noted that the built environment posed a barrier to accessing health care among those with disabilities, often times due to a related concern regarding difficulties in accessing transportation. Concerns were raised regarding low quality sidewalks, lack of sidewalks, limited ramp access into raised buildings, narrow corridors, limited parking, and small handicapped parking spaces. Although these issues impact disabled populations in general, the lack of sidewalks was reported to be particularly challenging for those living in rural areas. Participants also recognized that poor built environments limited the number of recreational and social activities those with disabilities are able to participate in, resulting in decreased quality of life. It was also reported that the equipment used to provide diagnostic, preventative, and treatment procedures either is unable to accommodate those with limited mobility or is uncomfortable for the patient. Participants described that radiology procedures, dental chairs, and weight measurements are particularly difficult to access for those that are paralyzed or have limited mobility.

Cultural Beliefs and Interactions with Health Care Staff. Many participants reported that negative cultural beliefs exist regarding those with physical and mental disabilities in the region, and that there is an overall lack of understanding of the unique challenges faced by those with disabilities. Participants expressed that this lack of understanding significantly impacts those with brain injuries, serious disfigurements, and severe physical impairment. The individuals providing input expressed concern that cultural beliefs about the disabled negatively impact interactions with health care providers and staff. It was reported that family members of the disabled and the disabled often felt that they inconvenience staff, that their needs were not understood, and that they lack an advocate for their healthcare needs. Participants suggested that health care staff, as well as the general public, receive education about the challenges that the mentally and physically disabled experience daily. It was also suggested that this education emphasize that the majority of disabled individuals are productive, contributing members of society.

Poor Mental Health and Lack of Access to Mental Health Resources. The vast majority of participants mentioned poor mental health as a major concern among disabled populations and their caregivers. Access to mental health care providers, including psychiatrists, was discussed as a related concern. The disabled population faces many barriers to seeking mental health services that are related to transportation issues, time management, cultural competency barriers, and the built environment. In order to overcome these barriers, those providing input felt that rehabilitation programs should offer comprehensive services that impact all components that are essential for leading a meaningful life, with a particular emphasis on treating the mind, body, and soul. Those providing input stressed that gaps in rehabilitative services limit opportunities for individuals with disabilities to become involved in recreational and social activities, as well as

therapy, which often leads to poor mental health. These activities and services are needed for disabled population in general, but particularly for those that are newly disabled and for long-term care givers.

Access Issues. One of the chief barriers to improving community-wide health outcomes is the inability to access available resources. Causes of inaccessibility include, but are not limited to, lack of knowledge of available services, lack of affordable dental care, lack of transportation, and lack of physicians and specialists.

- **Lack of Knowledge about Services.** A common theme throughout the interviews and meetings was that there is an overall lack of knowledge of the services and resources that are available to disabled populations. Although this was identified as a concern for disabled populations in general, those that are newly disabled were reported as a population more likely to have low knowledge of available services. Moreover, lack of knowledge about available services was identified as an issue not only for those seeking services, but also among providers and others involved in the healthcare system. Overall, there was consensus for the need for a centralized resource center in the community that focuses on connecting people to available services. Participants also proposed a mentoring service or support group to assist newly diagnosed individuals in navigating through the available resources in the service area.
- **Lack of Affordable and Accessible Dental Care.** Dental care is another service that is difficult to access in the Partnership service region. Individuals providing input noted that most dental offices do not have the means to accommodate those that are paralyzed or that live with other disabilities that impair mobility. Limited ability to maneuver small office spaces and difficulty taking x-rays further limit access to dental care for the disabled.
- **Lack of Transportation.** Individuals providing input expressed concern about a lack of reliable public transportation that made it difficult to access health care services. Lack of reliable transportation significantly impacts disabled residents and those who travel long distances for care or live in rural areas. Transportation barriers contribute to missed appointments and failure to seek care for health concerns. In order to overcome transportation barriers to accessing health care, it was recommended that additional routes are added, taxi discount vouchers for disabled populations are available, and coordination of transportation to impromptu medical appointments was made possible.
- **Lack of Physicians and Specialists.** Many participants identified a lack of specialists available in the service area to assist newly disabled individuals in learning to cope with their disabling conditions. Of particular interest, participants desire to see an affordable facility that allows disabled individuals, especially those younger in age, to transition from a skilled nursing environment to intermittent home care, with integrated rehabilitative therapies, mental health resources, and social support resources for both the disabled individual and the family members. This environment would provide a more holistic approach to care, provide learning opportunities, and respite care for caregivers and family members. Nutritional services were also identified as a specific need in the community. Individuals with disabilities often require different nutritional needs than the average individual to maintain optimal health and typically benefit from ongoing

guidance from a licensed dietician. Access to licensed dieticians is limited to a low, often inadequate, number of visits due to insurance restrictions.

Lack of Affordable Care and Low Usage of Preventative Care. A common theme throughout the interviews and meetings was concern about both the cost of healthcare services for primary care and low usage of preventative care services. Access to screening equipment for mammograms and radiology procedures, was mentioned several times during the focus group. Participants also stated that insurance limitations, prior authorizations, and deductibles often results in denial of care and/or delay of care. Access to affordable prescription drugs, especially pain management drugs, was also recognized as problematic. Contributing to the difficulty are strict pharmaceutical regulations that limit the number of times an individual can obtain pain medications, regardless of pain level and medical conditions.

Insufficient Health Education and Low Health Literacy. The overall lack of health education was discussed as a major contributor to health issues. Many mentioned that disabled residents are not well informed about nutrition, and that in order to improve the health among disabled residents education specifically tailored to the nutritional needs of those with disabilities is required. Additionally, many expressed concern that residents lacked knowledge about how to effectively navigate the health care system, particularly among the newly disabled. Education on how to navigate the health care system more efficiently and how to communicate more effectively with providers was recognized as a key part of empowering patients to become more involved in their healthcare.

Chronic Diseases. Chronic diseases were the most frequently raised health issues by the participants. Overall, cardiovascular disease was the single most frequently mentioned condition, followed closely by obesity or overweight, cancer, and hypertension. Participants attributed the high rates of chronic disease to providers offering only pharmaceutical therapies and providing limited education on holistic remedies to treat chronic illnesses.

Health Behaviors. The health behaviors of greatest concern were alcohol use, poor diet and nutrition, and limited physical activity. Drug use and smoking were also mentioned as health behaviors of concern among disabled residents in the area. Unhealthy diets were attributed to limited access to healthy foods in many neighborhoods in combination with insufficient health education tailored to the needs of those with disabilities. Drug and alcohol use were attributed to mental health issues, such as depression, that individuals with disabilities and their caregivers are more likely to experience.

Comparison to Regional Needs. Overall, the health needs faced by disabled individuals and their caregivers in the region assessed by the Partnership were similar to the health concerns found to be present in the Community-wide interviews and meetings conducted in this service area. For example, individuals accessing rehabilitation services face many of the same barriers to improving health outcomes related to the inability to access available resources, including lack of knowledge of available services, transportation, and lack of affordable care. However, the disabled population discussed experiencing specific challenges related to the built environment, negative cultural beliefs and interactions with health care staff, and poor mental health more frequently when compared to the overall regional needs. Strategies to address these concerns

should be considered when addressing various barriers that impact the health of those seeking rehabilitation services in the Partnership service region.

Summary of Findings: Internal Hospital Staff Input

One focus group meeting including 12 internal staff members was held at Brooks. These internal participants included representatives from case management, nursing, social services, and community health.

Most Significant Community Health Problems. Internal focus group participants highlighted the following as the most significant community health concerns:

- transportation challenges (particularly for those with disabilities),
- mental health and depression (both due to disabilities and other factors),
- access to healthy food (particularly for patients and caregivers who have transportation challenges and live in poverty),
- physical inactivity in the community,
- stroke in the community, and
- a difficult built environment for those who are disabled.

Reasons for These Concerns. Participants cited the following reasons for these various concerns:

- a lack of transportation resources,
- a need for physicians and other providers to be better educated regarding addressing health needs for "post-rehab" patients and disabled individuals,
- certain unfavorable public policies (e.g., the repeal of requirements to wear motorcycle helmets),
- a lack of screening resources (particularly in low-income communities) that are focused on stroke risks, and
- behavioral factors that contribute to physical inactivity.

Services Most Difficult to Access. Participants cited the following as the most difficult services to access: mental health services, long term care for non-traditional individuals (e.g., those with disabilities), screenings for stroke risks, resources to check on at-risk and disabled individuals at home, and affordable housing for disabled persons.

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