Brooks Rehabilitation Community Health Needs Assessment

BROOKS® Rehabilitation

2018

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Introduction & Purpose

The Jacksonville Nonprofit Hospital Partnership

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

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

This CHNA provides an overview of Baker, Clay, Duval, Nassau, and St. Johns counties and represents a summary of health and health-related needs in that geographic area.

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

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

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

Collaborative Projects

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

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

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

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

Brooks Rehabilitation

Executive Statement

Brooks Rehabilitation works with all hospitals in the community to provide rehabilitation care and improve the lives of people recovering from injuries and for those who are living with a disability. The collaboration with the Jacksonville Nonprofit Hospital Partnership to perform a Community Health Needs Assessment allows us to collectively gain a comprehensive understanding of where and how we can improve the health of our community. We can have a greater positive impact on the people we serve by working together, allowing them to achieve the highest quality of life possible.

Douglas Baer, CEO Brooks Rehabilitation

About Brooks Rehabilitation

At Brooks Rehabilitation, we have more than 45 years of expertise in providing medical rehabilitation services. Our highly trained clinicians provide the most advanced therapy and medical care, along with the compassion, motivation, and hope to help people reach their highest level of recovery.

As a nonprofit organization based in Jacksonville, FL, Brooks operates one of the nation's largest inpatient rehabilitation hospitals in the U.S. with 160 beds, one of the region's largest home healthcare agencies, 32 outpatient rehabilitation clinics, a skilled nursing unit dedicated to orthopedic rehabilitation, the Brooks Rehabilitation Medical Group, two skilled nursing facilities, assisted living and memory care. In addition, Brooks operates the Clinical Research Center, which specializes in research for stroke, brain injury, spinal cord injury and more, to advance the science of rehabilitation. Brooks also provides many low or no cost community programs and services such as the Brooks Clubhouse, Brooks Aphasia Center and Brooks Adaptive Sports and Recreation to improve the quality of life for people living with physical disabilities.

Our mission is to empower people to achieve their highest level of recovery and participation in life through excellence in rehabilitation. At Brooks Rehabilitation it is our vision to be the recognized leader in providing a system of world-class rehabilitation solutions, advancing the health and well-being of our communities. We accomplish our mission and vision through our values of excellence in care, as demonstrated through: innovation, integrity, service, compassion, teamwork, accountability, and continuous learning.

Brooks Rehabilitation Hospital is a 160-bed acute, inpatient rehabilitation hospital, which offers a full continuum of services. Within the hospital, patients receive 24-hour medical care with daily physician oversight and nursing care. They receive a minimum of three hours of therapy, five days a week, including physical, occupational, and speech therapies. Cognitive rehabilitation, neuropsychology, psychology, and recreation therapy are provided as appropriate to meet patient and family needs.

Our onsite innovative Neuro Recovery Center, aquatic program, and wheelchair clinic with pressure mapping technology ensures the latest evidence-based treatments. We treat a wide range of injuries, and illnesses, including; stroke, mild to catastrophic brain injuries, spinal cord injuries, neurological disorders, amputation, chronic pain, and orthopedic conditions. A hospital level of care is available for pediatric, adolescent, and adult patients.

Each year Brooks treats over 3,000 inpatients and over 28,000 outpatients throughout the region, one of the larger providers of physical medicine and rehabilitation in the country.

Recovery and treatment at Brooks beyond the hospital may include skilled nursing care, home care, outpatient therapy, day treatment, vocational rehabilitation, adaptive sports and recreation, assisted living/memory care and community wellness programs.

Services Provided by Brooks Rehabilitation

At Brooks, various care options are available to ensure individuals are in the right setting for their needs, resulting in the best possible outcomes. The value of our system is in the individualized care received from our expert clinicians and our commitment to exceptional service, giving patients a great experience in every location. Brooks Rehabilitation is the leader in rehabilitation and the only one of its kind in the region providing a wide range of services including:

- **Inpatient rehabilitation** – Brooks provides the highest quality rehabilitation and medical care for people requiring intensive inpatient therapy.
- **Outpatient Therapy** – Throughout 26 clinics serving Northeast Florida, Orlando, and North Tampa, the outpatient therapy specialties include: Neuro Recovery Center, Mobile Outpatient Therapy, Brooks Behavioral Medicine, Motion Analysis Center, Center for Low Vision, and Center for Sports Therapy.
- **Home Care** – Brooks Home Care is one of the largest home health agencies in Northeast Florida, providing the highest quality nursing and therapy from the comfort of home.
- **Skilled Nursing** – Brooks offers the highest quality skilled nursing in the region, with programs designed to meet a patients' short and long-term rehabilitation needs.
- **Assisted Living and Memory Care** – Brooks offers Assisted Living and Memory Care to individuals in need of a safe and engaging environment where they have the autonomy to make their own choices, get the assistance they need with privacy and respect, and enjoy meaningful activities.
- **Community Programs** – Brooks gives back to the community by providing robust programs that foster engagement, recreation, physical activity, and wellness.
- **Brooks Physician Practice** – Our team of physicians is specially trained in physical medicine and rehabilitation, and understands the unique needs of all of our patients throughout the recovery process.
- **Research** – Brooks is heavily involved in research and education, continuously conducting and publishing results to help drive our evidence based clinical practice.

Consultants

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

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

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

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

Community Health Needs Assessment (CHNA) Regulations & Requirements

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

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

A summary of the CHNA requirements are as follows:

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

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

Evaluation of Impact Since Preceding CHNA

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

A detailed table describing the strategies/action steps and indicators of improvement for Brooks Rehabilitation can be found in **Appendix A**.

Executive Summary

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

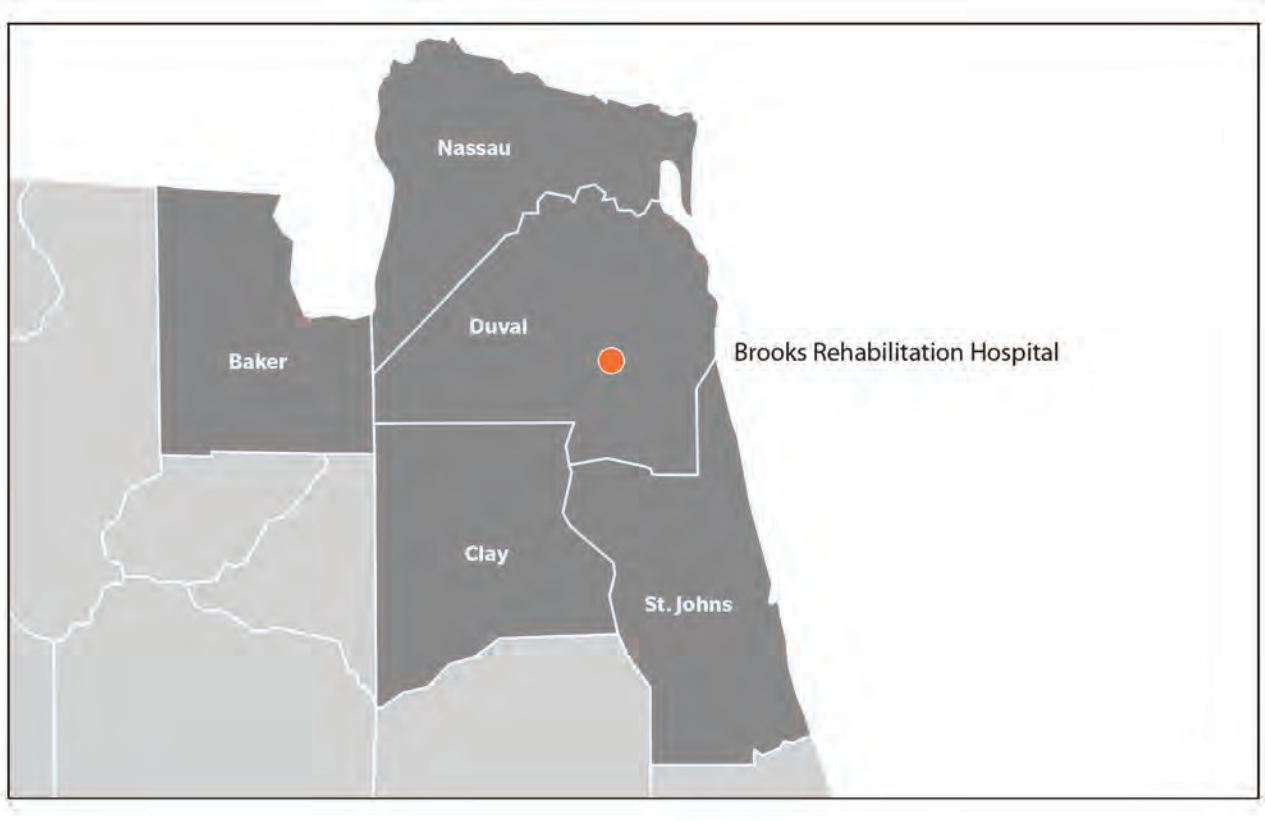
The goal of this report is to offer a meaningful understanding of the most pressing health and health-related needs across the Brooks Rehabilitation service area, as well as to guide planning efforts to address those needs. Special attention has been given to the needs of vulnerable populations, unmet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

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

Service Area

The area served by Brooks Rehabilitation includes Baker, Clay, Duval, Nassau, and St. Johns counties.

FIGURE 1. LOCATION OF BROOKS REHABILITATION HOSPITAL



According to the U.S. Census Bureau's 2016 population estimates, the Brooks Rehabilitation service area had a population of 1,478,212. Residents of 32202, 32206, 32208, 32209, 32211, 32212, 32227, 32234, and 32254 in Duval County; 32087 in Baker County, 32656 in Clay County; and 32145 in St. Johns County have the highest socio-economic need of all zip codes within the service area, based on indicators of income, poverty, unemployment, occupation, educational attainment, and linguistic barriers. For more information on socioeconomic indicators analyzed, see the SocioNeeds Index section of this report.

Methods for Identifying Community Health Needs

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

Primary Data

The primary data used in this assessment consist of (1) key informant interviews conducted by phone by HCI, (2) focus group discussions facilitated by HCI and the Partnership, and (3) a community survey distributed throughout the service area through online and paper submissions. Over 1,300 community members contributed their input on the community's health and health-related needs, barriers, and opportunities for the service area, with special focus on needs of vulnerable and underserved populations.

TABLE 1: PRIMARY DATA PARTICIPATION BY COUNTY

	Key Informant Interviews	Focus Groups	Focus Group Participants	Survey Respondents	Total Participants
Baker County	4	9	86	17	107
Clay County	4	11	102	40	146
Duval County	21	22	212	697	930
Nassau County	4	11	117	87	208
St. Johns County	3	10	94	93	190
Northeast Florida (covering all five counties)	8	-	-	-	-
Total	44	32	304	971	1319

The Partnership especially solicited input from members of or representatives of vulnerable and underserved populations through key informant interviews and focus group discussions. Of the 44 key informant interviews conducted, 34 interviews were with community experts who either served or represented underserved communities (such as low-income individuals and groups experiencing disparities in health outcomes or health access). In addition, 14 of the focus groups included community members and advocates who are members of underserved communities.

See **Appendix B** for all primary data collection tools used in this assessment.

Secondary Data

Secondary data used for this assessment were collected and analyzed from HCI's community indicator database. The database, maintained by researchers and analysts at HCI, includes over 150 community indicators from 29 state and national data sources such as Florida Department of Health, Florida Behavioral Risk Factor Surveillance System, and American Community Survey. See **Appendix C1** for a full list of data sources used.

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

Health

- Access to Health Services
- Cancer
- Children's Health
- Diabetes
- Disabilities
- Environmental & Occupational Health
- Exercise, Nutrition & Weight
- Family Planning
- Heart Disease & Stroke
- Immunizations & Infectious Diseases
- Maternal, Fetal & Infant Health
- Men's Health
- Mental Health & Mental Disorders
- Older Adults & Aging
- Oral Health
- Other Chronic Diseases
- Prevention & Safety
- Respiratory Diseases
- Substance Abuse
- Teen & Adolescent Health
- Women's Health

Quality of Life

- Economy
- Education
- Environment
- Government & Politics
- Public Safety
- Social Environment
- Transportation

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

Summary of Findings

The CHNA findings are drawn from an analysis of an extensive set of secondary data (over 150 indicators from national and state data sources) and in-depth primary data from over 1,319 community members, community leaders, and health and non-health professionals who serve the community at large, vulnerable populations, and populations with unmet health needs.

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

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

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

Access (includes health care, transportation, housing, nutrition)	Heart Disease	Sexual Health
Behavioral Health	Maternal, Fetal & Infant Health	Social Environment
Built Environment & Safety	Obesity & Physical Activity	Vulnerable Populations
Cancer	Poverty	Nassau County
Diabetes	Respiratory Diseases	St. Johns County

Results of the primary and secondary data for each of the significant health needs identified in the CHNA are presented in this report in the following sections:

- **Prioritized Significant Health Needs**
- **Other Significant Health Needs**

Prioritized Areas

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

TABLE 3. PRIORITIZATION CRITERIA

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

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

TABLE 4. PRIORITY HEALTH AREAS AND EVIDENCE FROM DATA COLLECTED

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

Conclusion

This report describes the process and findings of a comprehensive health needs assessment for the residents of Baker, Clay, Duval, Nassau, and St. Johns counties in Florida. The prioritized health needs will guide the community health improvement efforts of Brooks Rehabilitation.

Following this process, Brooks Rehabilitation will outline which prioritized health needs it has the resources to address and how it plans to address them in its Implementation Strategy.

Brooks Rehabilitation's Service Area

The service area for Brooks Rehabilitation is defined as the geographic boundary of the five-county area of Baker, Clay, Duval, Nassau, and St. Johns counties, and is referred to in this report as the Northeast Florida Region. The Brooks Rehabilitation service area has a population of 1,478,212. Duval County has the largest population of the five counties with 926,255 people. Baker County has the lowest population with 27,937 residents. Figure 2 shows the location of Brooks Rehabilitation Hospital within its service area.

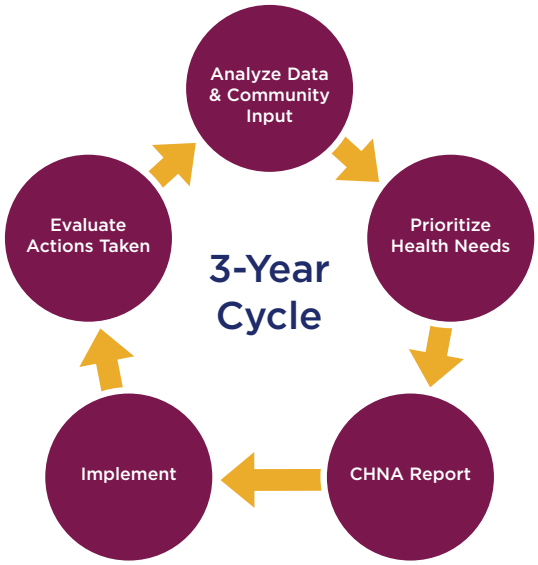
FIGURE 2. BROOKS REHABILITATION HEADQUARTERS AND INPATIENT HOSPITAL

TABLE 5. 2017 DISCHARGES BY COUNTY FOR BROOKS REHABILITATION

Baker	Clay	Duval	Nassau	St. Johns	Total Discharges	% of 5 Counties
33	133	1,404	105	266	2,860	67.9%

Evaluation of Progress Since Prior CHNA

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



Priority Health Needs from Preceding CHNA

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

- Mental Health/Depression
- Obesity/Nutrition/Lifestyle
- Stroke Prevention
- Unintentional Injury Prevention

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

Community Feedback from Preceding CHNA & Implementation Plan

Brooks Rehabilitation's 2015 CHNA and Implementation Plan were made available to the public and open for public comment via the website **https://www.brooksrehab.org/media/1791/2016-brooks-rehabilitation-chna-implementation-strategy.pdf**. No comments were received on either document at the time this report was written.

Methodology

Overview

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

Primary Data Methods & Analysis

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

Key Informant Interviews

TABLE 6. KEY INFORMANT INTERVIEWS BY COUNTY

Baker	Clay	Duval	Nassau	St. Johns	Northeast Florida Region
4	4	21	4	3	8

Forty-four key informant interviews were conducted by phone from March 13, 2018 through April 23, 2018. Error! Reference source not found. displays the number of key informant interviews by county. Participants were selected for their knowledge about community health needs, barriers, strengths, and opportunities (including the needs of vulnerable and underserved populations as required by IRS regulations). People with public health expertise; the ability to speak on the needs of low-income, underserved, or minority populations; and the ability to speak on the broad interests of the community were asked to participate in key informant interviews. Of the 44 key informant interviews conducted, 34 interviews were with community experts who either served or represented underserved communities.

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

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

FIGURE 3. COMMON THEMES FROM KEY INFORMANT INTERVIEWS

The five most common issues coded from the key informant interviews were related to (1) Access to Health Services, (2) Mental Health & Mental Disorders, (3) Transportation, (4) Low-Income/Underserved Populations, and (5) Economy (which includes housing, employment, and community economic circumstances). Over half of the key informants also mentioned issues related to Race/Ethnic Group Populations (with specific focus on African-Americans), Substance Abuse, and Children's Health.

See **Appendix B1** & **Appendix B2** for a list of interview questions and a list of participating organizations, respectively.

Focus Groups

Thirty-one focus groups with a total of 296 participants were facilitated by HCI or by the Partnership from March 28, 2018 through April 25, 2018. Participants were selected for their knowledge about community health needs and barriers. The focus groups were split into two categories: (1) focus groups of hospital staff associated with the Partnership and (2) focus groups of community members with wide backgrounds, including persons with disabilities, veterans, persons of limited income, communities of color, faith communities, and more. For a complete list of focus groups held with community members and with hospital staff, see **Appendix B4. Completed Focus Groups**. Of the 31 focus groups conducted, 14 of the focus groups included community members of underserved communities or community advocates for underserved communities.

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

FIGURE 4. COMMON THEMES FROM FOCUS GROUPS

The five most common issues coded from the focus groups related to (1) Access to Health Services, (2) Mental Health & Mental Disorders, (3) Low-Income/Underserved Populations, (4) Transportation, and (5) Economy (which includes housing, employment, and community economic circumstances). Over half of the focus groups also mentioned issues related to Exercise, Nutrition, & Weight, Prevention of Health Issues, Community Resource Awareness and Navigation, Substance Abuse, Cultural Barriers, and Natural and Built Environment.

Please see **Appendix B3** and **Appendix B4** for a list of completed focus groups as well as focus group discussion questions, respectively.

Community Survey

The community survey was primarily distributed online through SurveyMonkey® from March 26, 2018 through April 16, 2018. The survey was also made available on paper, though paper distribution was limited. The survey elicited responses from 971 community members across Baker, Clay, Duval, Nassau, and St. Johns counties, though a majority of respondents resided in Duval County. Figure 5 breaks down the percent of survey participants by county and Figure 6 breaks down the percent of survey participants by race/ethnicity. The majority, approximately 69%, of survey participants identified as White.

FIGURE 5. SURVEY PARTICIPANTS BY COUNTY

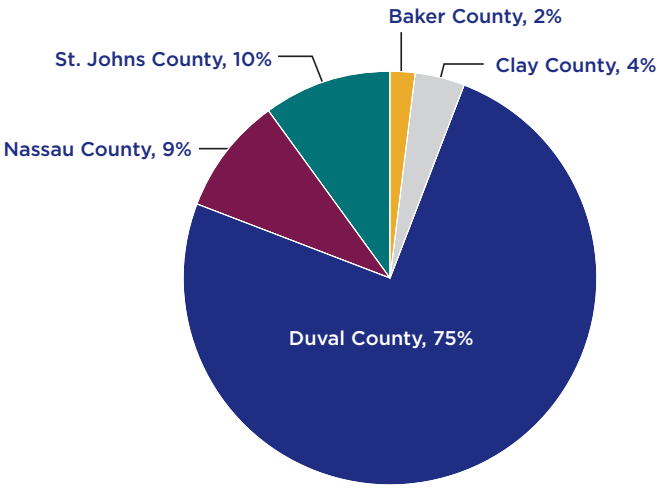
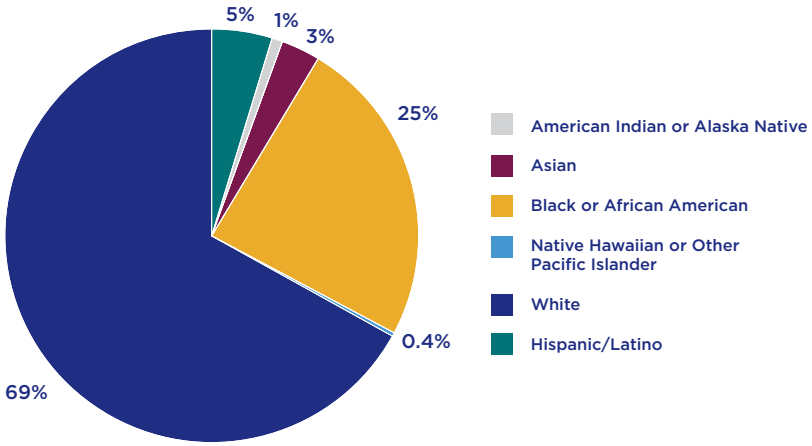


FIGURE 6. SURVEY PARTICIPANTS BY RACE/ETHNICITY



The survey was a convenience sample survey, and thus the results are not representative of the community population as a whole. Refer to Figure 19 for the breakdown of race/ethnicity for each county in the Brooks Rehabilitation service area.

Survey respondents were asked about their views on the community's health needs, barriers, and most impacted populations. A majority of respondents chose Mental Health and Mental Disorders, Substance Abuse, Obesity/Overweight, and Heart-Related Diseases as the most pressing health needs in the community, as illustrated in Figure 7. Additionally, respondents cited Access to Health Services and Diet, Food and Nutrition as the most impactful conditions of life (Figure 8). Figures seven and eight show the results of the community survey for the entire five county service area served by the Jacksonville Nonprofit Hospital Partnership.

FIGURE 7. MOST PRESSING HEALTH NEEDS ACCORDING TO SURVEY PARTICIPANTS

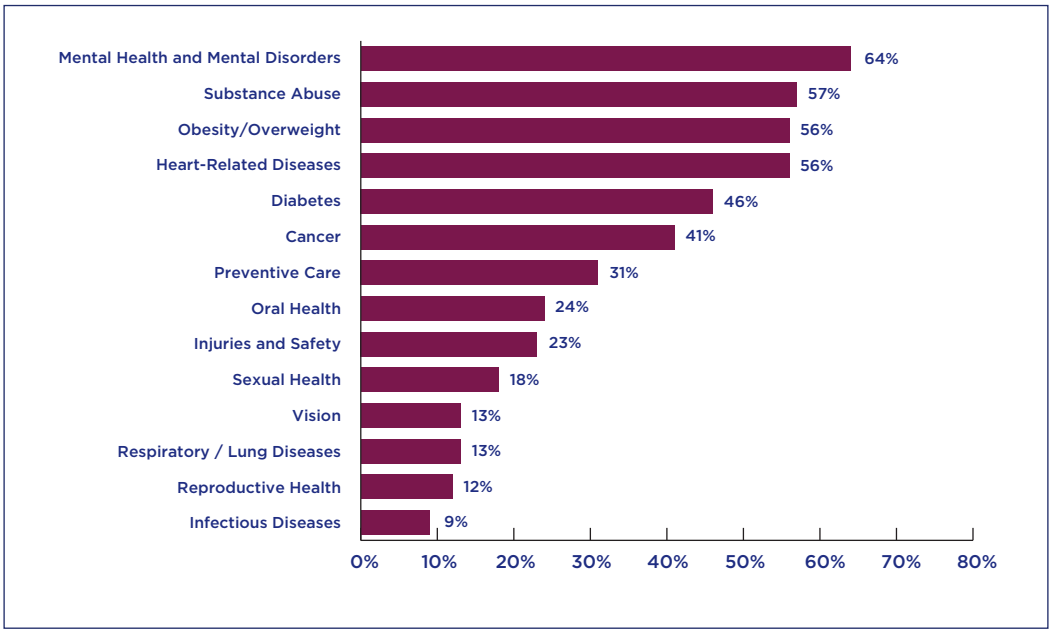
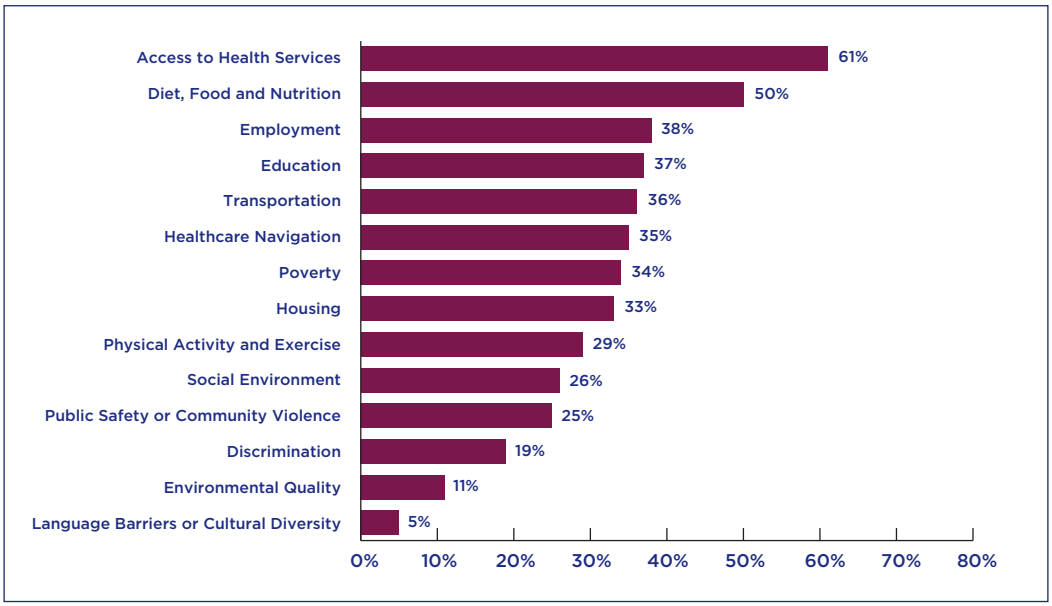


FIGURE 8. MOST IMPACTFUL CONDITIONS OF LIFE ACCORDING TO SURVEY PARTICIPANTS



See **Appendix B5** for the list of questions included in the survey.

Secondary Data Methods & Analysis

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

See **Appendix C1** for a full list of secondary data sources used for this assessment.

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

Health

- Access to Health Services
- Cancer
- Children's Health
- Diabetes
- Disabilities
- Environmental & Occupational Health
- Exercise, Nutrition & Weight
- Family Planning
- Heart Disease & Stroke
- Immunizations & Infectious Diseases
- Maternal, Fetal & Infant Health
- Men's Health
- Mental Health & Mental Disorders
- Older Adults & Aging
- Oral Health
- Other Chronic Diseases
- Prevention & Safety
- Respiratory Diseases
- Substance Abuse
- Teen & Adolescent Health
- Women's Health

Quality of Life

- Economy
- Education
- Environment
- Government & Politics
- Public Safety
- Social Environment
- Transportation

Secondary Data Scoring

Health needs, as evidenced in the secondary data, were ranked using HCI's Data Scoring Tool®. Indicator values for each of the five counties were compared to other Florida counties and other U.S. counties to compare relative need. Other considerations in weighing relative areas of need included comparisons to Florida state values, comparisons to the national values, trends over time, and Healthy People 2020 targets (as applicable). These indicator comparisons were given a score ranging from 0 to 3, where 0 indicates the best outcome and 3 the worst, shown in Figure 9. Availability of each type of comparison varies by indicator and is dependent upon the data source, comparability with data collected for other communities, and changes in methodology over time. The comparison scores were summarized for each indicator, and indicators were then grouped into topic areas for a systematic ranking of community health needs, illustrated in Figure 10.

FIGURE 9. INDICATOR SCORE RANGE

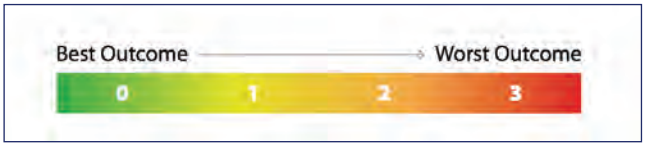
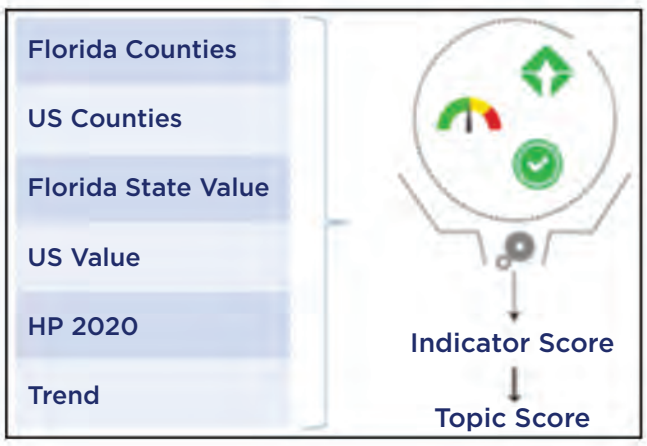


FIGURE 10. SUMMARY OF TOPIC SCORING ANALYSIS



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

Because the Brooks Rehabilitation service area includes five counties, data scoring results for each individual county were collated in order to determine the top health and health-related needs for the entire service area. Table 7 illustrates the data scoring results for Brooks Rehabilitation's service area, with Transportation as the poorest performing topic for the service area.

TABLE 7. COLLATED DATA SCORING RESULTS FOR THE BROOKS REHABILITATION SERVICE AREA

Transportation	2.08
Prevention & Safety	1.83
Environmental & Occupational Health	1.78
Other Chronic Diseases	1.73
Mortality Data	1.72
Cancer	1.69
Exercise, Nutrition, & Weight	1.63
Respiratory Diseases	1.60
Older Adults & Aging	1.59
Oral Health	1.58
Diabetes	1.57
Women's Health	1.57
Children's Health	1.57
Men's Health	1.57

Please see **Appendix C3** for comprehensive list of indicators within each topic area and their respective data scores for each of the five counties in the Brooks Rehabilitation service area.

Index of Disparity

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

External Data Reports

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

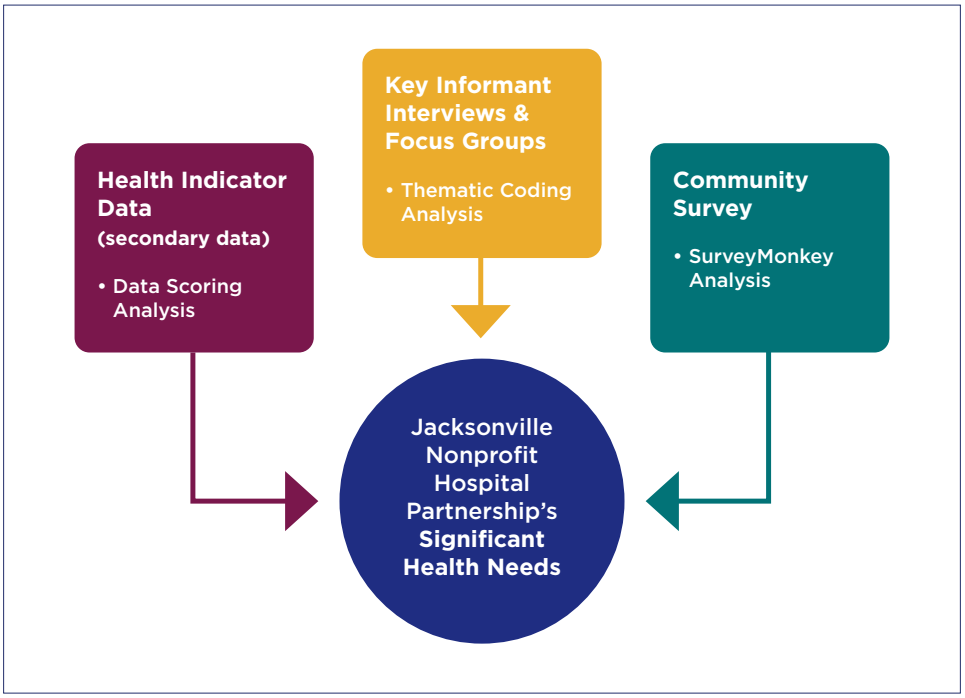
2 Pearcy JN, Keppel KG. A summary measure of health disparity. Public Health Reports. 2002;117(3):273-280.

Data Synthesis Method

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

The secondary data, key informant interviews and focus groups, and community survey were treated as three separate sources of data. Key informant interview and focus group results were combined because of their similarity in question topics and in the method used for analysis. The secondary data were analyzed using data scoring, which systematically identified health topic areas of need based on the values of indicators making up those topic areas. Primary data were analyzed using thematic coding, utilizing a similar classification schematic as the secondary data. Figure 11 summarizes the data synthesis process.

FIGURE 11. VISUAL REPRESENTATION OF DATA SYNTHESIS OF PRIMARY DATA & SECONDARY DATA



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

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

TABLE 8. SIGNIFICANT HEALTH NEEDS FOR THE BROOKS REHABILITATION SERVICE AREA

Access (includes health care, transportation, housing, nutrition)	Heart Disease	Sexual Health
Behavioral Health	Maternal, Fetal & Infant Health	Social Environment
Built Environment & Safety	Obesity & Physical Activity	Vulnerable Populations
Cancer	Poverty	
Diabetes	Respiratory Diseases	

Data Considerations

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

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

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

Race/Ethnic Groupings

The secondary data presented in this assessment comes from multiple sources, which may present race and ethnicity breakout data using dissimilar nomenclature. For consistency with the data source, subpopulation data throughout the report may use different terms to describe the same or similar groups of community members.

Table 9 shows the various terms that are used by the data sources and therefore may be used throughout this report to describe data findings.

TABLE 9. RACE AND ETHNIC BREAKOUT TERMS

American Indian / Alaska Native	Asian Asian / Pacific Islander	Black Non-Hispanic Black Black or African American	Hispanic Hispanic or Latino	White White, non-Hispanic Non-Hispanic White

Zip Codes and Zip Code Tabulation Areas

This assessment presents both ZIP Code and ZIP Code Tabulation Area (ZCTA) data. ZIP or Zone Improvement Plan Codes were created by the U.S. Postal Service to improve mail delivery service. They are based on postal routes that factor in delivery-area, mail volume, and geographic location. They are not designed to hold population data and change frequently.

Some ZIP Codes may only include P.O. boxes or cover large unpopulated areas. ZCTAs or ZIP Code Tabulation Areas were created by the U.S. Census Bureau and are generalized representations of ZIP Codes that have been assigned to census blocks. Therefore, ZCTAs are representative of geographic locations of populated areas. In most cases, the ZCTA will be the same as its ZIP Code. ZCTAs will not necessarily exist for ZIP Code areas with only businesses, for single or very few addresses, or for large unpopulated areas. Because ZCTAs are based on the most recent Census, they are more stable than ZIP Codes and do not change as frequently.

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

Prioritization

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

TABLE 10. PRIORITIZATION CRITERIA

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

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

TABLE 11. PRIORITY HEALTH AREAS AND EVIDENCE FROM DATA COLLECTED

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

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

Demographics & Community Context

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

Population

According to the U.S. Census Bureau's 2016 population estimates, the Brooks Rehabilitation service area had a population of 1,478,212. Figure 12 illustrates the population size by county. Duval County has the highest population of the five counties with 926,255 people. Baker County has the lowest population with 27,937 people.

FIGURE 12. POPULATION BY COUNTY

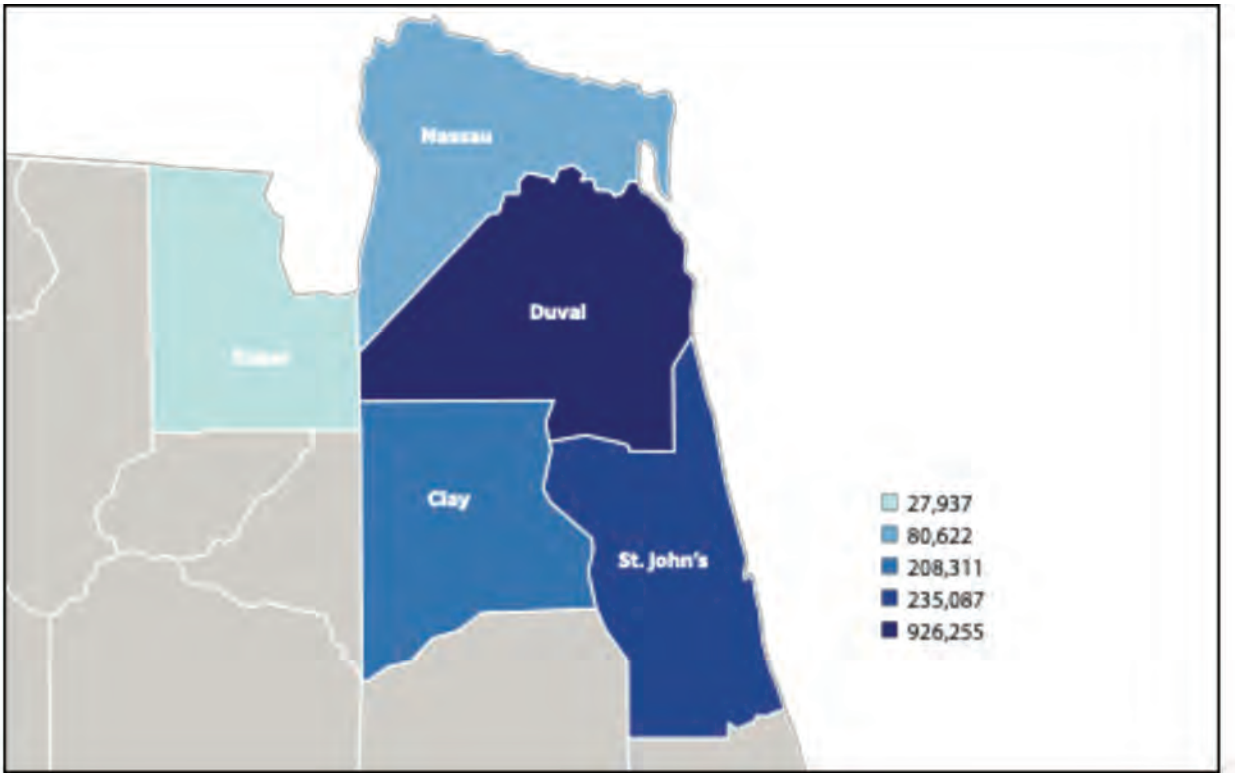


Table 12 presents the population estimates for each county by year for 2013, 2014, 2015, and 2016. All counties within the region experienced population growth in the four-year time period, but St. Johns County experienced the highest rate of growth at 12%.

TABLE 12. TOTAL POPULATION PER COUNTY: PAST FOUR YEARS

County	2013	2014	2015	2016	Percent Change 2013–2016
Baker County	27,001	27,143	27,424	27,937	3.4%
Clay County	196,276	199,501	203,383	208,311	6.1%
Duval County	886,873	898,372	912,081	926,255	4.4%
Nassau County	75,606	76,598	78,470	80,622	6.6%
St. Johns County	209,607	218,151	226,658	235,087	12.2%
Florida	19,582,022	19,888,741	20,244,914	20,612,439	5.3%
United States	316,204,908	318,563,456	320,896,618	323,127,513	2.2%

According to Figure 13 through Figure 17, in 2012-2016, four of the five zip codes with highest populations for the region, zip codes 32210, 32244, 32218, and 32224, are in Duval County. The zip code with the 5th largest population is in Clay County. The 5 zip codes with the lowest populations are in Baker, Clay, and Duval counties.

FIGURE 13: POPULATION PER ZIP CODE IN 2012-2016 (BAKER)

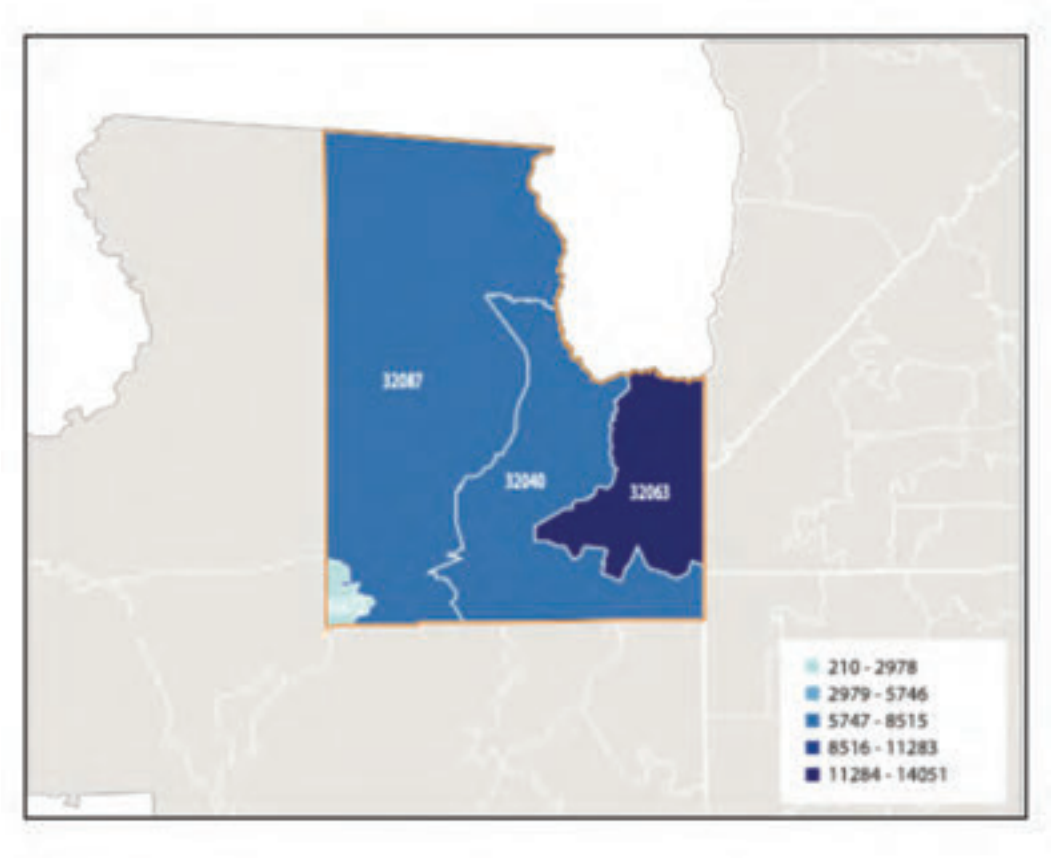


FIGURE 14: POPULATION PER ZIP CODE IN 2012-2016 (CLAY)

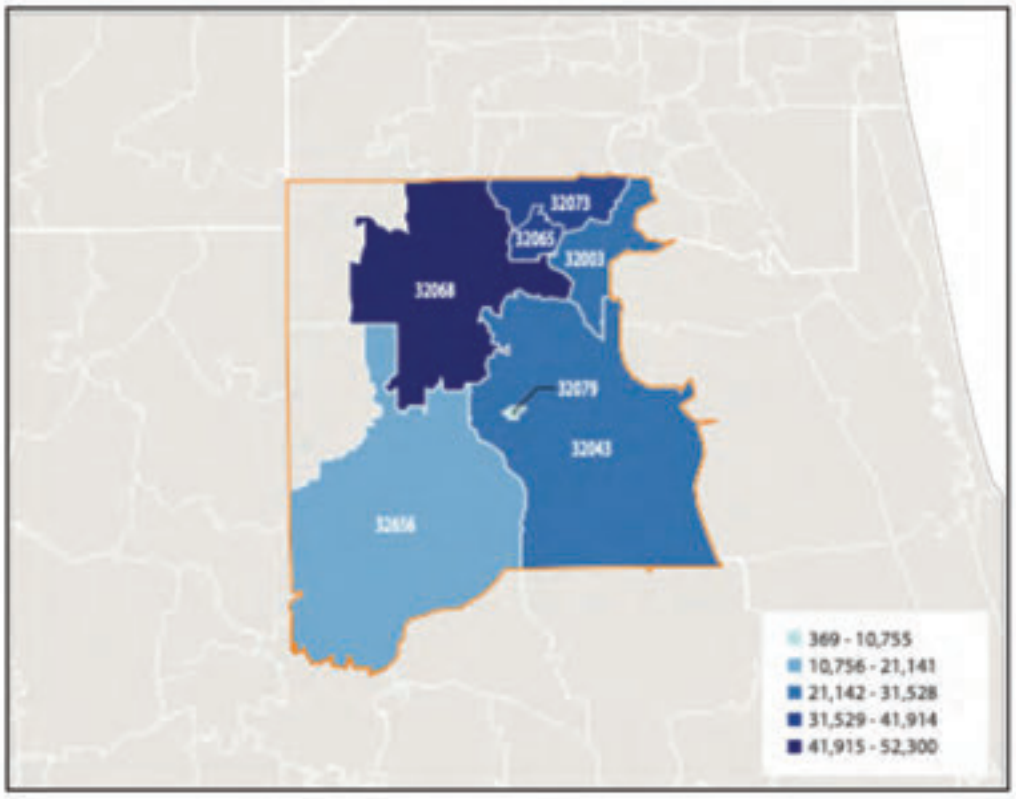
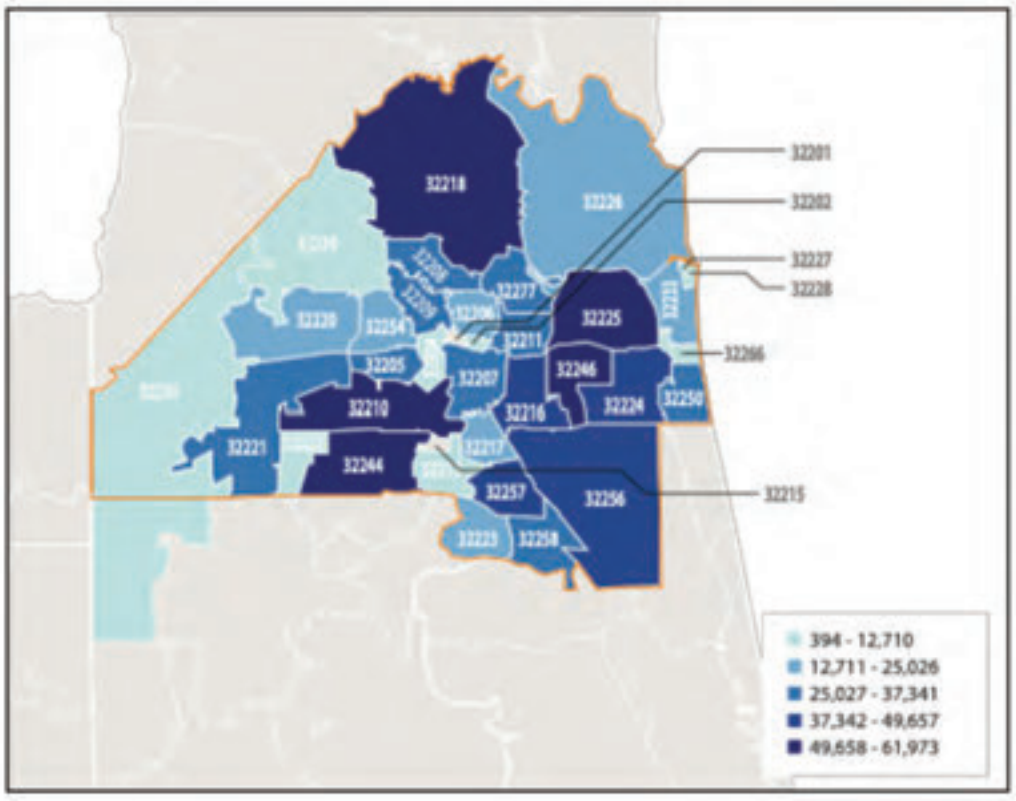


FIGURE 15. POPULATION PER ZIP CODE IN 2012-2016 (DUVAL)



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

FIGURE 16: POPULATION PER ZIP CODE IN 2012-2016 (NASSAU)

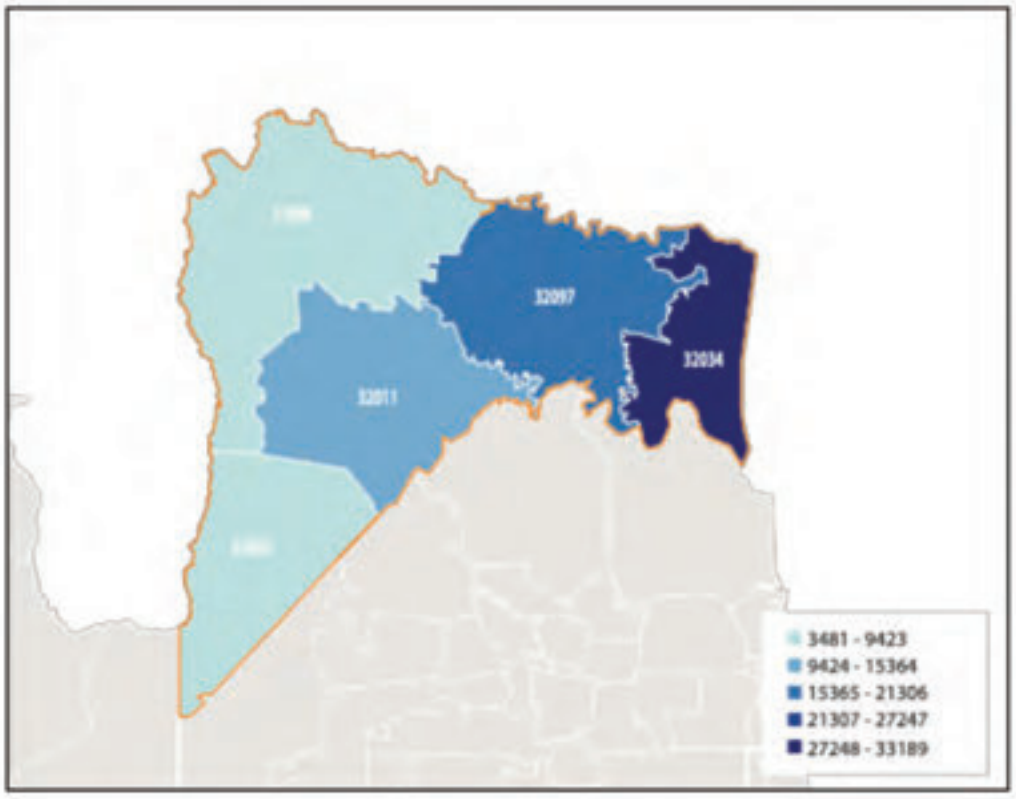


FIGURE 17: POPULATION PER ZIP CODE IN 2012-2016 (ST. JOHNS)

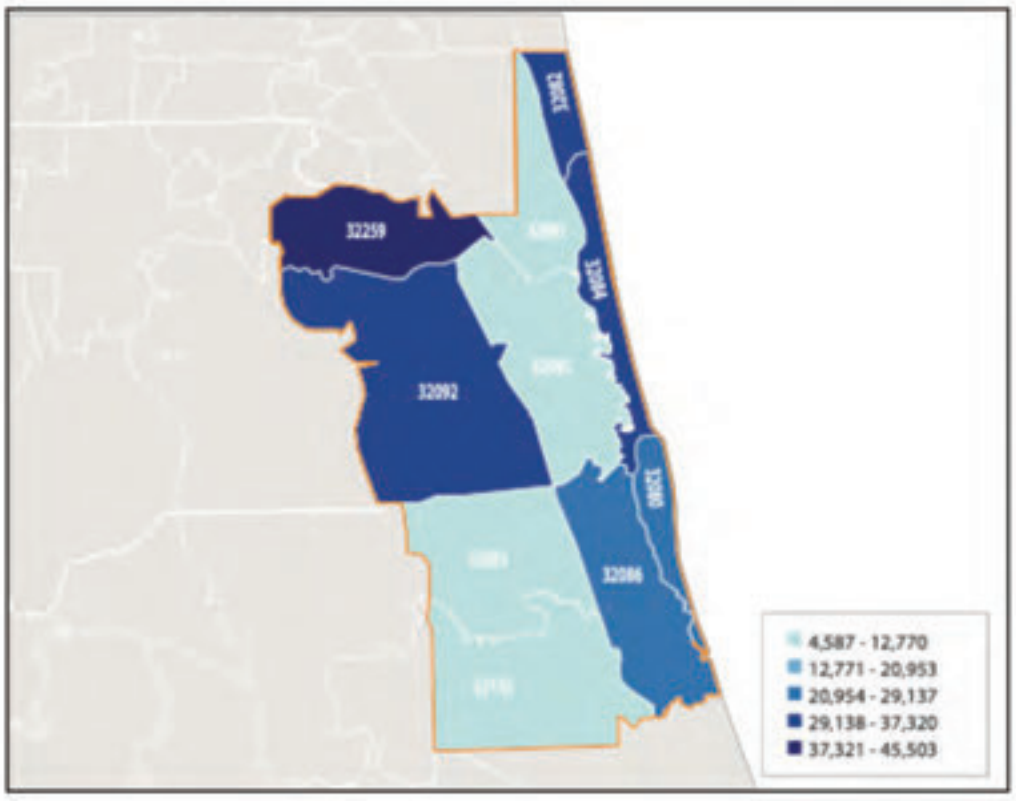


Table 13 shows the population projections through 2045 for the total population. St. Johns County is expected to have the largest growth rate compared to the other counties in the Brooks Rehabilitation service area.

TABLE 13. TOTAL POPULATION PROJECTIONS THROUGH 204514

	County	2010 Census	2017	2025	2035	2045	% Change from 2017–2045
TOTAL	Baker	27,115	27,191	28,791	30,537	32,128	18.2%
	Clay	190,865	208,549	239,873	273,883	300,961	44.3%
	Duval	864,263	936,811	1,042,012	1,135,492	1,215,908	29.8%
	Nassau	73,314	80,456	93,844	107,020	117,191	45.7%
	St. Johns	190,039	229,715	295,768	359,628	412,681	79.6%
	Florida	18,802,847	20,484,142	23,061,892	25,485,553	27,423,577	33.9%

[14] Bureau of Economic and Business Research

Age

Figure 18 shows the Brooks Rehabilitation service area population by age as compared to the age distribution for the state of Florida and the United States. In comparison to the rest of Florida, the region has a higher percentage of its population under 18 years of age and a lower percentage of its population over 65 years of age. The region conforms slightly more to the age distribution of the entire country rather than the state of Florida.

FIGURE 18. POPULATION BY AGE, 2012-2016

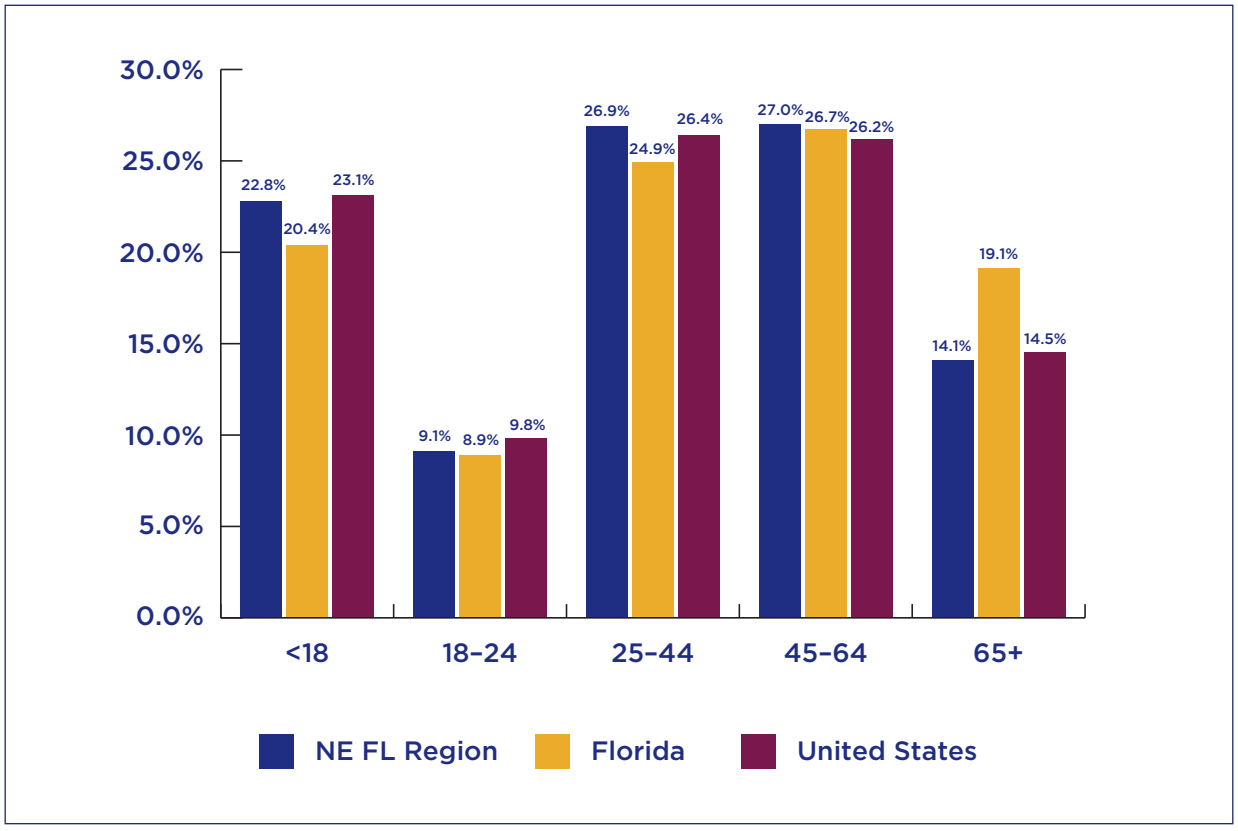


Table 14 shows the population projects by age-group through 2045. Across the service area, the age group that will have the greatest growth is older adults.

TABLE 14. POPULATION PROJECTIONS BY AGE-GROUP THROUGH 2045[14]

	County	2010 Census	2017	2025	2035	2045	% Change from 2017–2045
<18	Baker	7,047	6,547	6,688	6,948	7,083	8.2%
	Clay	50,170	51,327	56,894	63,369	67,465	31.4%
	Duval	203,514	214,321	237,381	253,697	265,757	24.0%
	Nassau	15,919	16,255	18,394	20,791	22,146	36.2%
	St. Johns	43,851	49,843	62,237	76,243	85,409	71.4%
	Florida	4,002,096	4,180,677	4,636,008	5,053,630	5,323,927	27.3%

	County	2010 Census	2017	2025	2035	2045	% Change from 2017–2045
18–24	Baker	2,482	2,487	2,564	2,558	2,753	10.7%
	Clay	16,222	18,379	18,834	21,007	22,874	24.5%
	Duval	90,644	88,675	94,768	103,312	111,894	26.2%
	Nassau	5,728	6,143	6,334	7,292	8,137	32.5%
	St. Johns	14,648	18,676	22,203	25,093	30,434	63.0%
	Florida	1,739,854	1,822,195	1,925,683	2,080,468	2,261,012	24.1%

	County	2010 Census	2017	2025	2035	2045	% Change from 2017–2045
25–44	Baker	7,459	7,345	7,618	7,958	8,227	12.0%
	Clay	49,068	51,888	62,010	71,130	73,245	41.2%
	Duval	245,803	265,938	291,509	298,291	316,861	19.1%
	Nassau	17,103	17,550	20,445	22,658	24,052	37.0%
	St. Johns	44,304	52,804	73,052	92,217	99,154	87.8%
	Florida	4,721,819	5,063,560	5,769,128	6,208,579	6,463,905	27.7%

	County	2010 Census	2017	2025	2035	2045	% Change from 2017–2045
45–64	Baker	7,171	7,239	7,262	7,340	7,842	8.3%
	Clay	53,113	56,314	59,341	62,248	74,871	33.0%
	Duval	228,133	239,149	240,901	258,859	281,222	17.6%
	Nassau	22,656	23,670	24,524	25,153	28,874	22.0%
	St. Johns	57,443	65,183	73,652	81,870	105,885	62.4%
	Florida	5,079,471	5,417,540	5,564,257	5,739,473	6,463,744	19.3%

	County	2010 Census	2017	2025	2035	2045	% Change from 2017–2045
65+	Baker	2,956	3,573	4,659	5,733	6,223	74.2%
	Clay	22,292	30,641	42,794	56,129	62,506	104.0%
	Duval	96,169	128,728	177,453	221,333	240,174	86.6%
	Nassau	11,908	16,838	24,147	31,126	33,982	101.8%
	St. Johns	29,793	43,209	64,624	84,205	91,799	112.5%
	Florida	3,259,607	4,000,170	5,166,816	6,403,403	6,910,989	72.8%

[14] Bureau of Economic and Business Research

Race/Ethnicity

Figure 19 through Figure 23 show the racial and ethnic distribution of each of the five counties that constitute the service area as well as the Northeast Florida Region as a whole. In Duval County, a smaller proportion of the population identified as White (non-Hispanic) and a larger proportion identified as Black or African Americans compared to the other counties in the region. Both Clay and Duval counties have higher percentages of Hispanics than the other counties. As for the region as a whole, the White (non-Hispanic) population makes up 64.4% of the overall population, with Black/African American accounting for 21.4% of the population, followed by Hispanic or Latino (of any race) and then Asian at 7.9% and 3.6% respectively.

FIGURE 19. POPULATION BY RACE/ETHNICITY, 2012-2016 (BAKER)

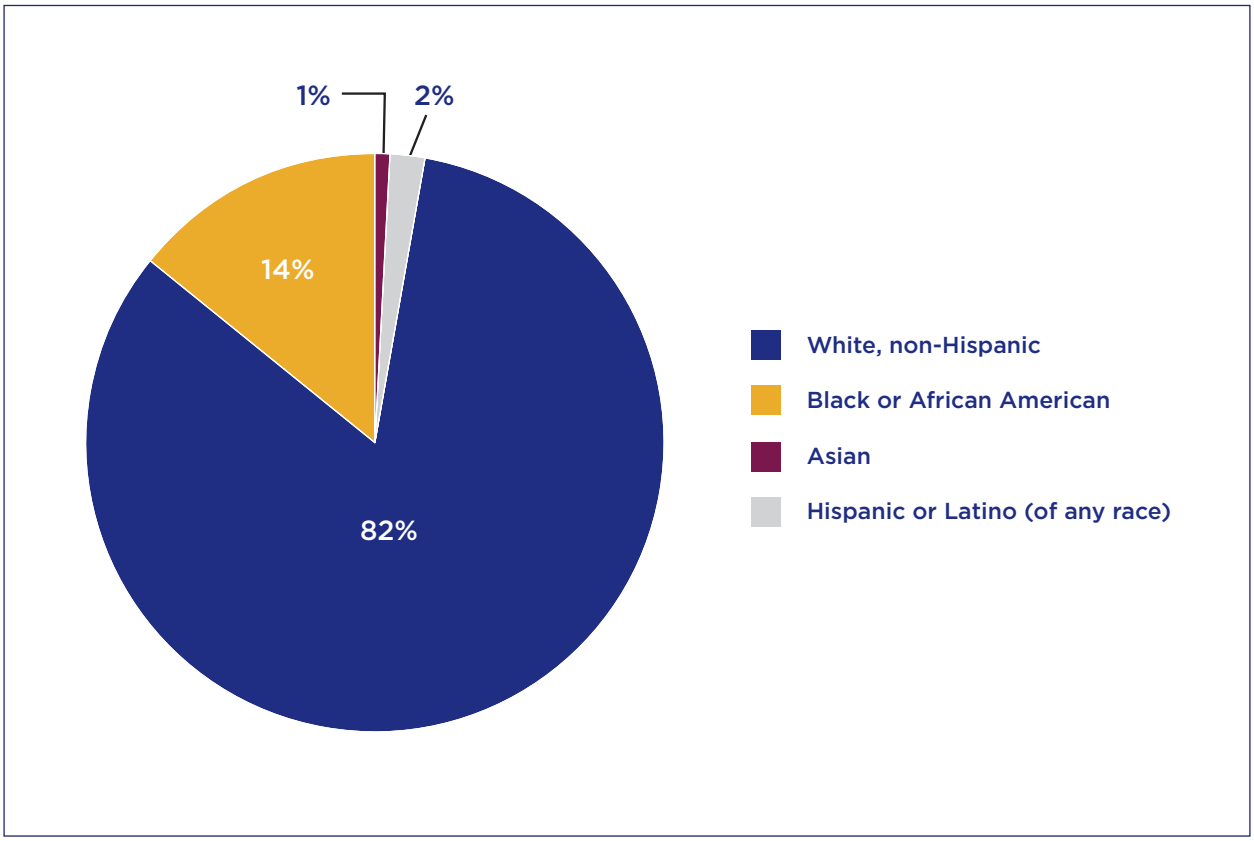


FIGURE 20. POPULATION BY RACE/ETHNICITY, 2012-2016 (CLAY)

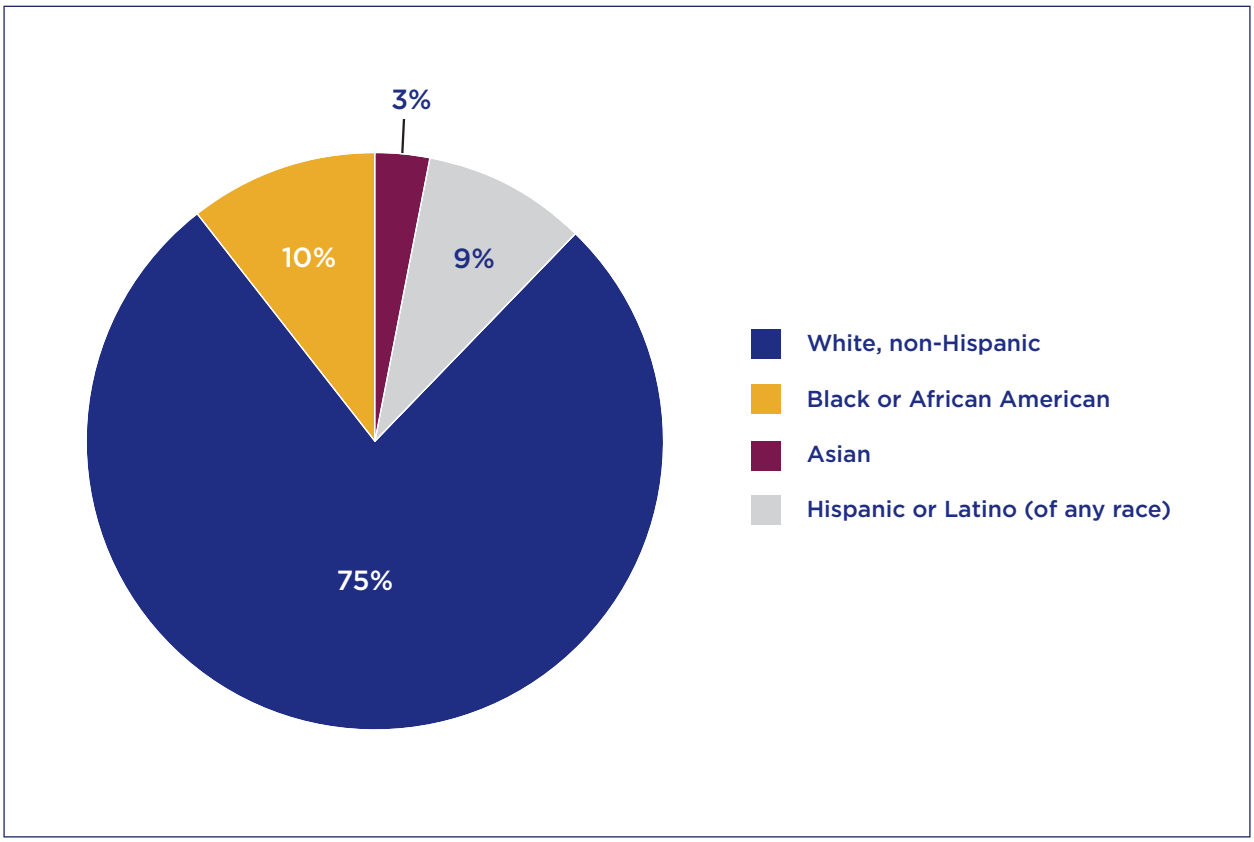


FIGURE 21. POPULATION BY RACE/ETHNICITY, 2012-2016 (DUVAL)

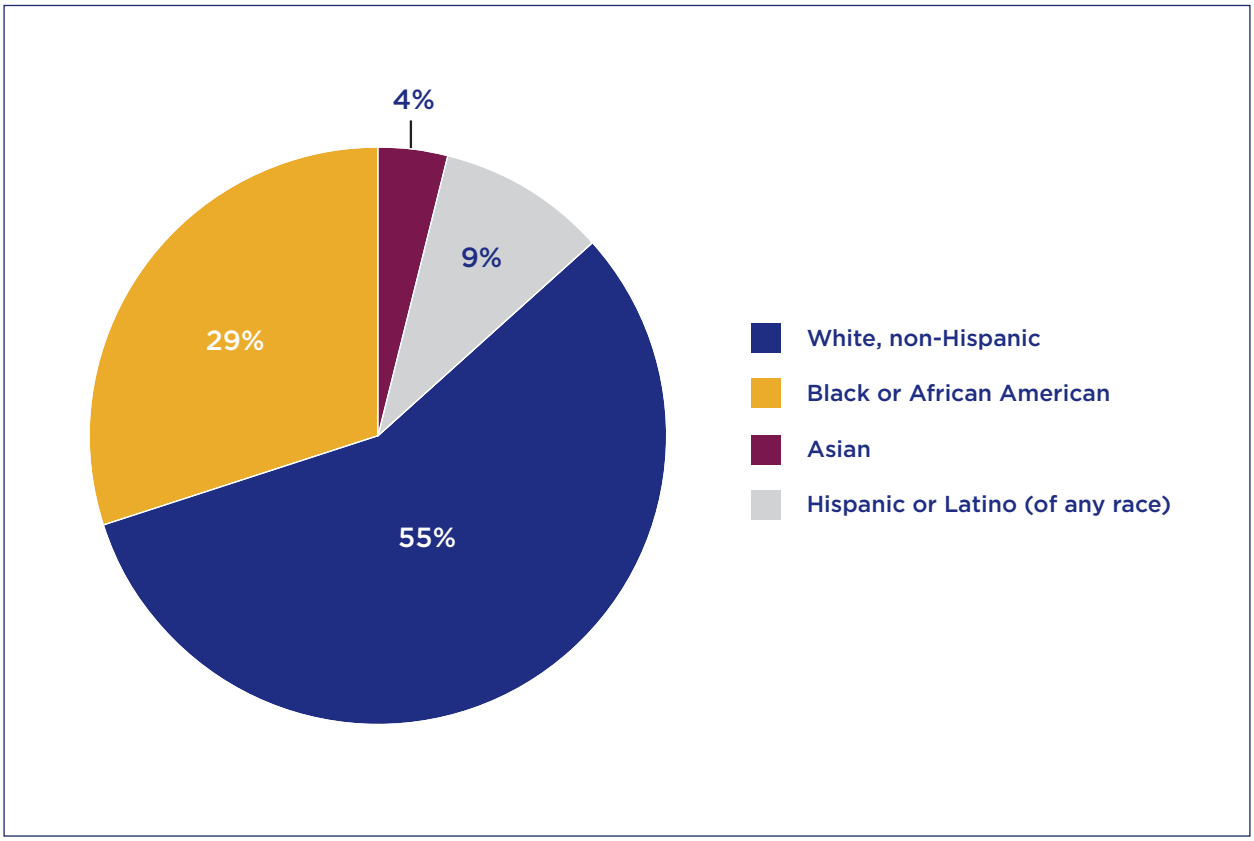


FIGURE 22. POPULATION BY RACE/ETHNICITY, 2012-2016 (NASSAU)

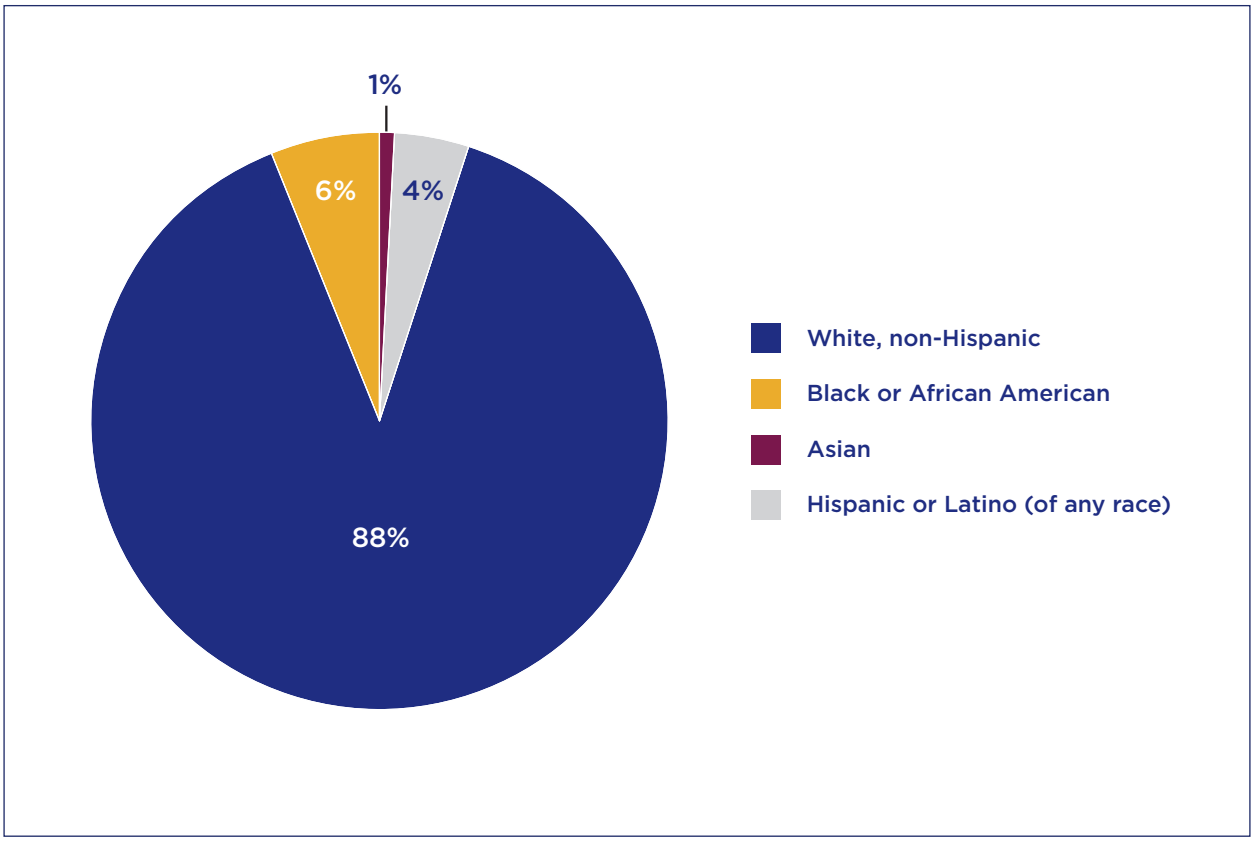


FIGURE 23. POPULATION BY RACE/ETHNICITY, 2012-2016 (ST. JOHNS)

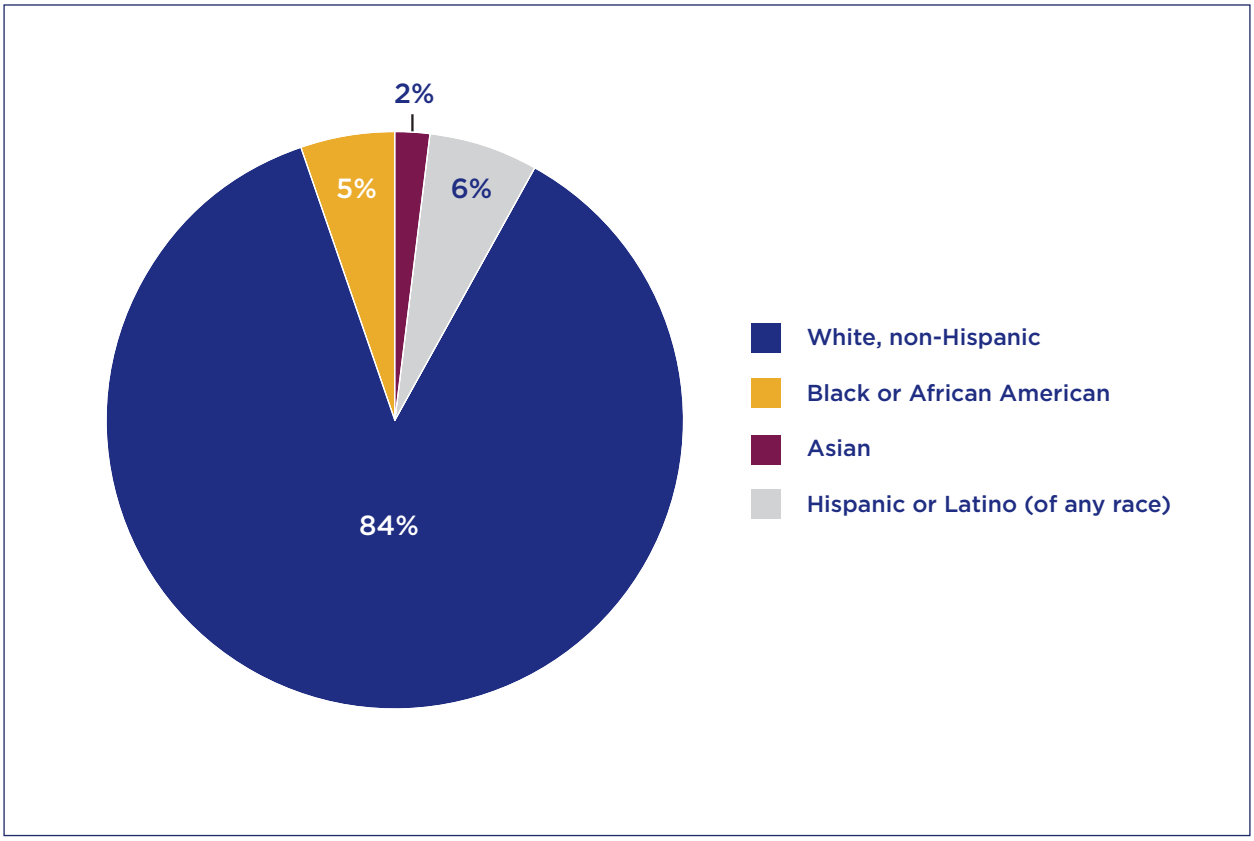


Table 15 presents a closer examination of population trends by county. All counties within the region experienced a slight increase in share of residents identifying as Hispanic or Latino from 2009-2013 through 2012-2016.

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

	2009–2013	2010–2014	2011–2015	2012–2016
Baker County				
White, non-Hispanic	82.4%	82.4%	82.0%	81.3%
Black or African American	13.2%	13.0%	13.3%	13.9%
Asian	0.6%	0.6%	0.7%	0.7%
Hispanic or Latino	2.3%	2.3%	2.3%	2.5%
Clay County				
White, non-Hispanic	75.7%	75.2%	74.5%	73.8%
Black or African American	10.5%	10.7%	10.9%	11.3%
Asian	3.1%	3.1%	3.1%	3.1%
Hispanic or Latino	8.6%	9.0%	9.3%	9.6%
Duval County				
White, non-Hispanic	55.4%	54.9%	54.4%	53.9%
Black or African American	30.1%	30.2%	30.2%	30.3%
Asian	4.6%	4.7%	4.8%	4.9%
Hispanic or Latino	8.3%	8.6%	8.9%	9.2%
	2009–2013	2010–2014	2011–2015	2012–2016
Nassau County				
White, non-Hispanic	87.7%	87.8%	87.6%	87.3%
Black or African American	6.3%	6.2%	6.1%	6.1%
Asian	0.9%	0.9%	0.9%	1.0%
Hispanic or Latino	3.6%	3.7%	3.9%	4.2%
St. Johns County				
White, non-Hispanic	84.6%	84.2%	83.8%	83.4%
Black or African American	5.6%	5.6%	5.5%	5.5%
Asian	2.4%	2.6%	2.7%	2.9%
Hispanic or Latino	5.8%	6.1%	6.3%	6.6%

Table 16 shows the population projections by race/ethnicity through 2045. The Hispanic population is projected to have the highest rate of growth throughout the Brooks Rehabilitation service area.

TABLE 16. POPULATION PROJECTIONS BY RACE/ETHNICITY THROUGH 2045[14]

	County	2010 Census	2017	2025	2035	2045	% Change from 2017–2045
Non-Hispanic White	Baker	22,626	22,414	23,784	25,273	26,636	18.8%
	Clay	149,966	156,252	171,195	186,703	199,219	27.5%
	Duval	499,104	504,169	510,068	513,021	516,953	2.5%
	Nassau	65,102	70,628	81,756	92,341	100,396	42.1%
	St. Johns	164,166	193,820	245,169	293,702	334,011	72.3%
	Florida	11,066,181	11,313,436	11,774,342	12,214,956	12,561,838	11.0%

	County	2010 Census	2017	2025	2035	2045	% Change from 2017–2045
Non-Hispanic Black	Baker	3,747	3,956	4,056	4,167	4,254	7.5%
	Clay	19,177	23,585	30,451	38,099	43,898	86.1%
	Duval	257,352	289,118	338,179	382,335	420,295	45.4%
	Nassau	4,791	5,165	5,712	6,322	6,863	32.9%
	St. Johns	10,935	13,480	17,571	21,593	24,994	85.4%
	Florida	2,950,583	3,319,150	3,890,098	4,420,638	4,835,615	45.7%

	County	2010 Census	2017	2025	2035	2045	% Change from 2017–2045
Hispanic	Baker	520	584	705	841	982	68.2%
	Clay	14,609	19,807	26,782	34,986	41,609	110.1%
	Duval	65,398	95,506	137,751	177,097	209,361	119.2%
	Nassau	2,380	3,543	5,147	6,984	8,439	138.2%
	St. Johns	9,972	16,351	25,089	34,539	42,337	158.9%
	Florida	4,223,842	5,204,657	6,625,846	7,962,733	9,046,028	73.8%

[14] Bureau of Economic and Business Research

The zip codes with the highest proportion of residents identifying as Black or African American within the region are in Duval County, as shown in Table 17. Over 95% of residents in zip code 32209 identified as Black or African American in 2012-2016, followed by over 82% of residents in zip code 32208 and nearly 74% of residents in zip code 32206.

The zip codes with the highest proportion of residents identifying as Asian within the region are also in Duval County. Slightly more than 11% of residents in zip code 32258 identified as Asian in 2012-2016, 11% of residents in zip code 32256 and 9% of residents in zip code 32246.

Similarly, the zip codes with the highest proportion of residents identifying as Hispanic or Latino within the region are in Duval County, as shown in Table 17. Slightly more than 16% of residents in zip code 32227 identified as Hispanic or Latino in 2012-2016, followed by nearly 16% of residents in zip code 32246 and 14% of residents in zip code 32222.

TABLE 17: POPULATION BY RACE/ETHNICITY PER ZIP CODE, 2012-2016

Zip Code	White, non-Hispanic	Black or African American	Asian	Hispanic or Latino
Baker County				
32040	**92.1%**	**3.5%**	**0.5%**	**2.6%**
32063	**85.4%**	**10.9%**	**0.8%**	**2.4%**
32072	**59.5%**	**30.0%**	**0.0%**	**0.0%**
32087	**62.1%**	**34.0%**	**0.5%**	**2.0%**
Clay County				
32003	**82.6%**	**4.1%**	**2.7%**	**8.2%**
32043	**78.7%**	**8.3%**	**1.6%**	**9.1%**
32065	**63.4%**	**16.9%**	**6.0%**	**10.0%**
32068	**78.1%**	**7.2%**	**2.1%**	**8.4%**
32073	**66.7%**	**15.1%**	**3.3%**	**11.5%**
32079	**90.2%**	**9.8%**	**0.0%**	**0.0%**
32656	**91.6%**	**1.4%**	**1.1%**	**4.6%**
Duval County				
32202	32.8%	57.7%	2.5%	7.1%
32204	67.0%	24.9%	0.5%	6.7%
32205	66.3%	24.7%	2.1%	4.3%
32206	20.3%	73.7%	0.7%	1.8%
32207	61.0%	17.9%	6.9%	12.4%
32208	13.9%	82.3%	0.5%	1.8%
32209	2.4%	95.3%	0.1%	1.7%
32210	50.2%	34.8%	3.9%	8.8%
32211	49.9%	36.5%	3.0%	9.2%
32212	56.3%	21.6%	1.3%	13.4%
32216	61.8%	19.8%	6.5%	9.8%
32217	67.9%	11.6%	5.0%	12.5%
32218	39.9%	52.3%	1.1%	4.5%
32219	42.4%	47.4%	0.6%	8.3%
32220	82.2%	13.2%	0.5%	2.5%
32221	53.5%	29.9%	5.2%	7.4%
32222	43.9%	30.9%	4.8%	14.0%
32223	82.1%	5.2%	3.7%	6.5%
32224	74.3%	6.1%	4.5%	10.5%
32225	62.8%	17.1%	6.1%	9.1%
32226	72.0%	12.7%	2.5%	7.0%
32227	63.0%	9.4%	3.8%	16.2%

32228	62.9%	24.9%	1.0%	8.9%
32233	74.7%	11.8%	3.0%	9.1%
32234	74.1%	11.0%	0.8%	11.9%
32244	42.5%	37.2%	5.2%	11.9%
32246	57.1%	15.1%	9.0%	15.8%
32250	85.5%	3.2%	2.6%	5.9%
32254	35.5%	56.7%	0.5%	5.9%
32256	59.7%	14.1%	11.0%	10.6%
32257	71.6%	12.1%	3.8%	9.6%
32258	64.4%	8.6%	11.3%	12.3%
32266	88.5%	1.1%	2.6%	5.4%
32277	46.7%	39.2%	4.0%	7.9%
Nassau County				
32011	**92.4%**	**2.8%**	**0.1%**	**1.9%**
32034	**84.0%**	**8.4%**	**1.9%**	**4.8%**
32046	**92.0%**	**5.3%**	**0.0%**	**1.3%**
32097	**86.3%**	**7.1%**	**0.3%**	**5.1%**
St. Johns County				
32033	76.6%	12.9%	0.5%	7.6%
32080	92.5%	0.3%	0.9%	4.9%
32081	90.1%	2.0%	3.8%	4.3%
32082	88.5%	2.2%	2.9%	4.4%
32084	75.8%	13.6%	1.2%	6.9%
32086	89.1%	2.4%	2.0%	5.2%
32092	82.9%	3.6%	3.4%	7.6%
32095	90.7%	3.1%	2.2%	1.9%
32145	69.1%	21.5%	0.0%	9.0%
32259	81.0%	4.4%	3.6%	7.5%

Language Spoken at Home

Figure 24 shows the percent of the population that speaks a language other than English at home, comparing the values for each county in the service area to the regional value, the Florida state value, and the national value. Although all counties in the region have a smaller population that speaks a language other than English at home compared to both the state and nation as a whole, Duval County stands out as the only county that has a percentage higher than the regional average, and its value is three percent higher than any other regional county. This measurement indicates where there may be language or cultural barriers to accessing health care.

FIGURE 24. POPULATION AGED 5+ SPEAKING LANGUAGE OTHER THAN ENGLISH AT HOME, 2012-2016

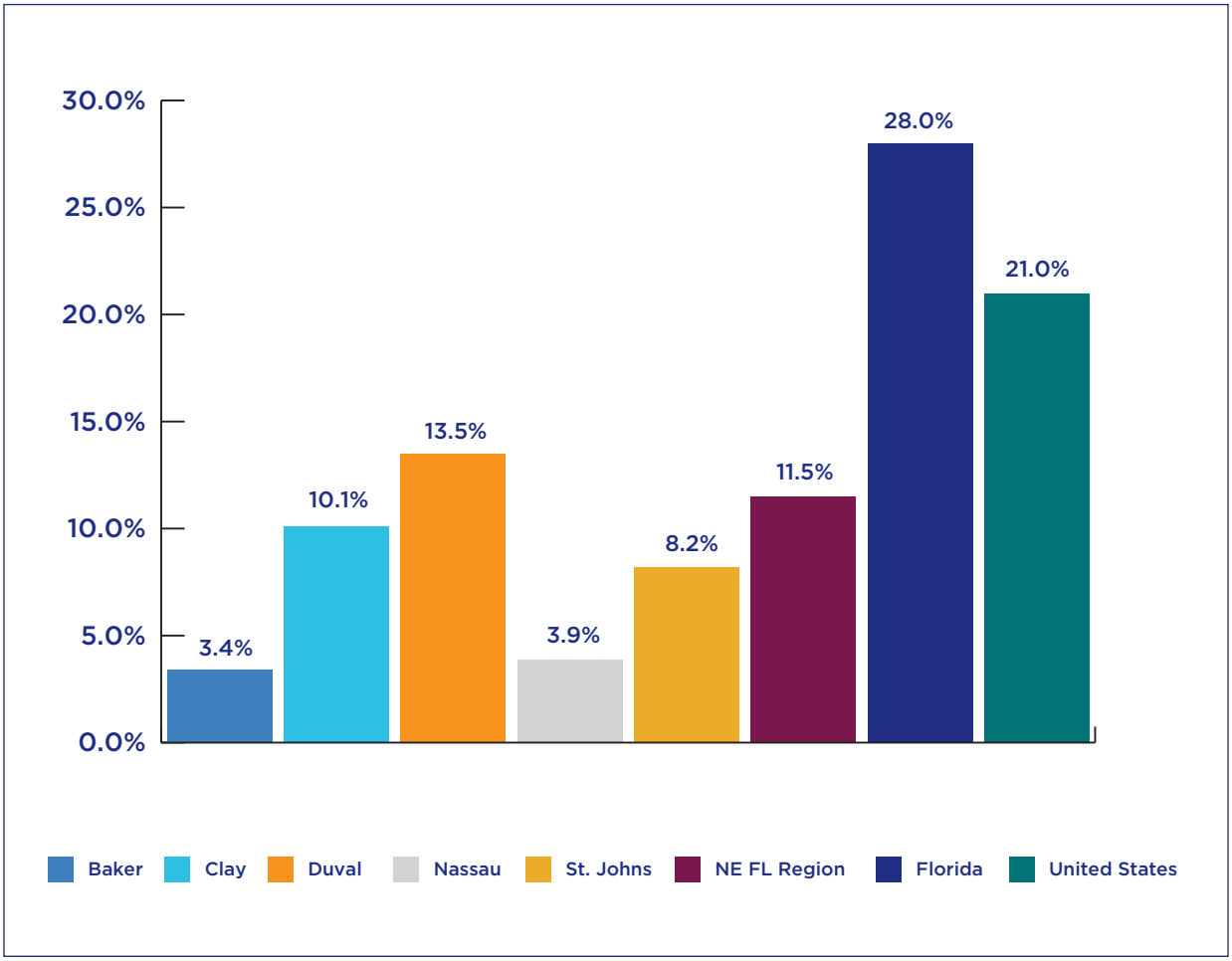


TABLE 18. TYPES OF LANGUAGES SPOKEN AT HOME, 2012-2016

	Baker	Clay	Duval	Nassau	St. Johns	Florida
English-only	24,733 (96.6%)	169,938 (89.9%)	726,412 (86.5%)	70,327 (96.1%)	190,184 (91.8%)	13,512,487 (71.7%)
Spanish	457 (1.8%)	9,826 (5.2%)	51,456 (6.1%)	1,832 (2.5%)	8,266 (4%)	3,936,129 (20.9%)
Other Indo-European Languages	249 (1%)	5,303 (2.8%)	27,397 (3.3%)	627 (0.9%)	5,636 (2.7%)	965,349 (5.1%)
Asian Pacific Islander Languages	117 (0.5%)	3,886 (2.1%)	27,296 (3.3%)	322 (0.4%)	2,090 (1.0%)	297,950 (1.6%)
Other Languages	59 (0.2%)	176 (0.1%)	7,269 (0.9%)	99 (0.1%)	1,094 (0.5%)	128,323 (0.7%)

Veterans

The veteran population is a significant part of the region served by Brooks Rehabilitation. Thirteen percent of the region's residents are veterans, compared to 8.0% and 9.4% of residents of, respectively, the United States and Florida. All counties in Brooks Rehabilitation's region have at least ten percent of their population with veteran status. This is a crucial contextual figure when assessing regional health as there are barriers and challenges to access to care for that population. Further, veterans are more prone to be affected by disabilities, inability to get or keep jobs and housing, and misinformation about or lack of insurance or benefits.

FIGURE 25. VETERAN POPULATION, 2012-2016

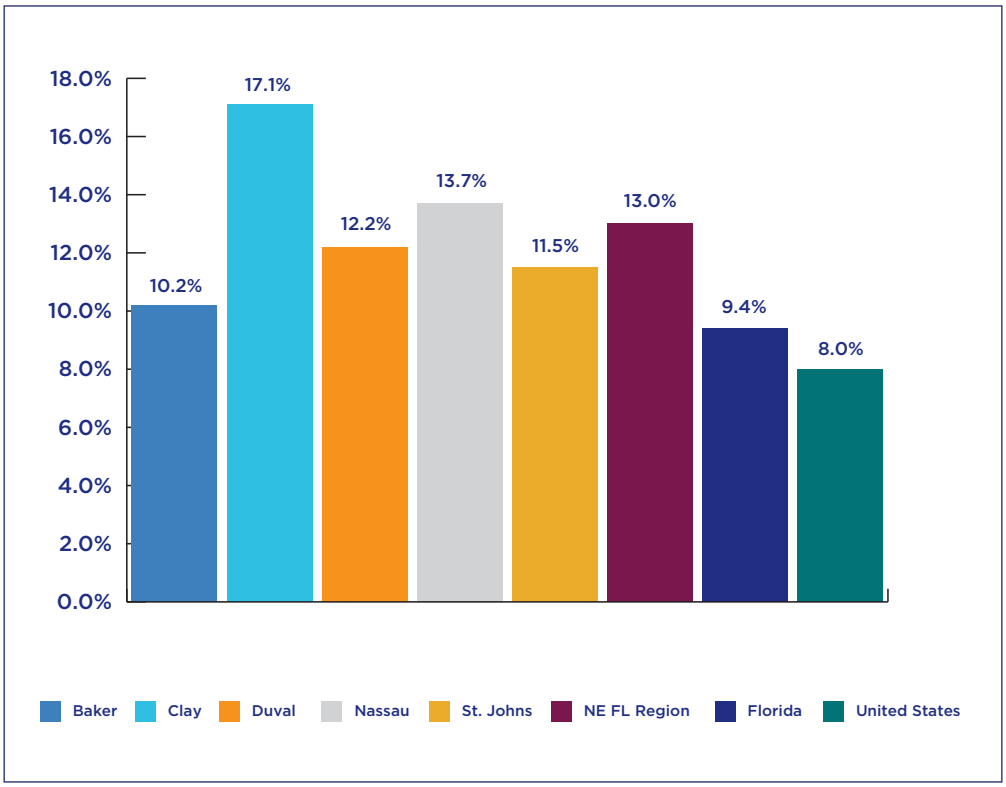


TABLE 19. VETERAN POPULATION BY WAR ERA, 2012-2016

	Baker	Clay	Duval	Nassau	St. Johns	Florida
WWII	106,908 (7.2%)	40 (1.9%)	788 (3.1%)	2,843 (3.4%)	351 (4.2%)	1,473 (7.5%)
Korean War	181,464 (12.3%)	119 (5.7%)	1,486 (5.8%)	5,257 (6.3%)	741 (8.8%)	1,748 (8.9%)
Vietnam Era	522,695 (35.3%)	921 (44.1%)	8,700 (34%)	26,050 (31.2%)	3,308 (39.5%)	7,256 (37.1%)
Gulf War (8/1990 to 9/2001)	270,558 (18.3%)	478 (22.9%)	10,302 (40.3%)	27,153 (32.5%)	1,556 (18.6%)	4,454 (22.8%)
Gulf War (9/2001 or later)	199,719 (13.5%)	210 (10%)	7,090 (27.7%)	21,234 (25.5%)	1,258 (15%)	2,924 (15%)

Disabilities

Figure 26 shows the share of persons with any type of disability living in each county in the Northeast Florida Region, compared to the overall state value and the value of the entire United States. In comparison to the state and nation, the majority of the counties in the region have a larger share of disabled populations. St. Johns and Baker counties in particular are three percent above the state value, with 16% of persons having a disability. Table 21 shows selected demographic information for the population of adults with a disability.

FIGURE 26. PERSONS WITH A DISABILITY, 2012-2016

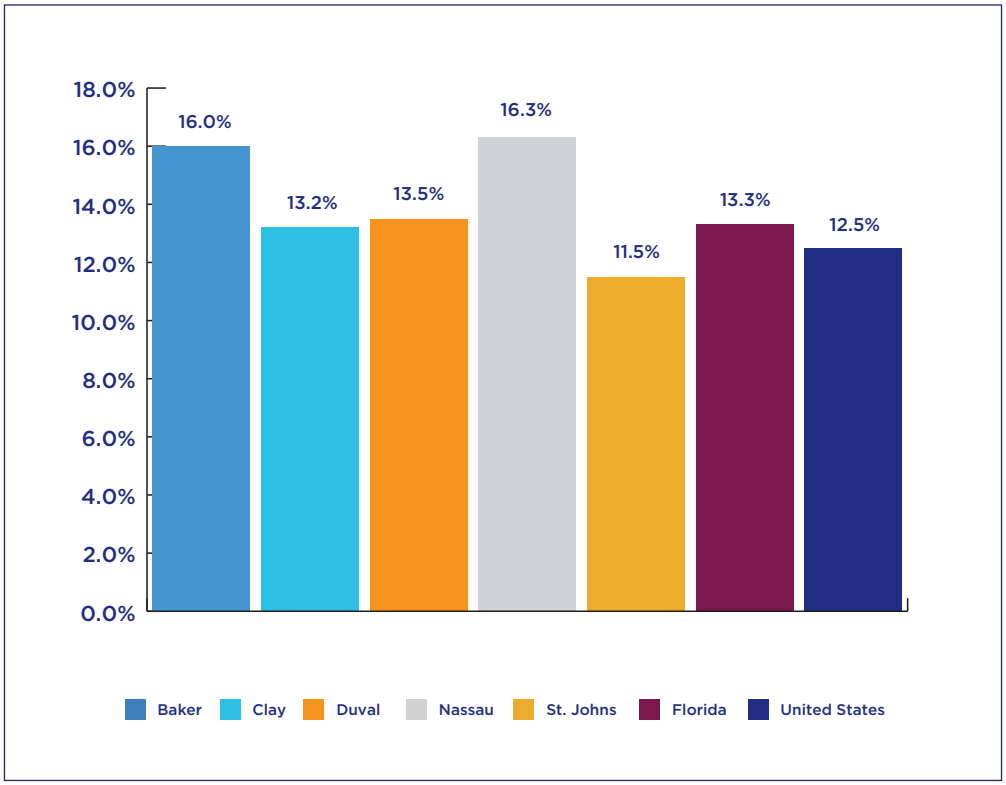


TABLE 20. ESTIMATED NUMBER OF PERSONS WITH A DISABILITY, 2016

County	Persons with a Disability
Baker	4,148 (16.0%)
Clay	27,385 (13.2%)
Duval	119,021 (13.5%)
Nassau	13,141 (16.3%)
St. Johns	27,746 (11.5%)

TABLE 21. SELECTED DEMOGRAPHIC INFORMATION FOR ADULTS WITH A DISABILITY, 2012-2016

	Baker	Clay	Duval	Nassau	St. Johns
Adults by Gender with a Disability					
Male	22.9%	24.0%	21.2%	31.7%	17.4%
Female	28.6%	28.7%	25.4%	27.5%	20.0%
Adults by Age with a Disability					
18-44	11.8%	18.7%	13.2%	16.5%	9.6%
45-64	30.1%	32.7%	31.7%	32.8%	19.9%
65+	29.7%	24.9%	30.2%	33.0%	27.2%
	Baker	**Clay**	**Duval**	**Nassau**	**St. Johns**
Adults by Race/Ethnicity with a Disability					
Non-Hispanic White			25.6%		
Non-Hispanic Black			22.0%		
Hispanic			17.8%		

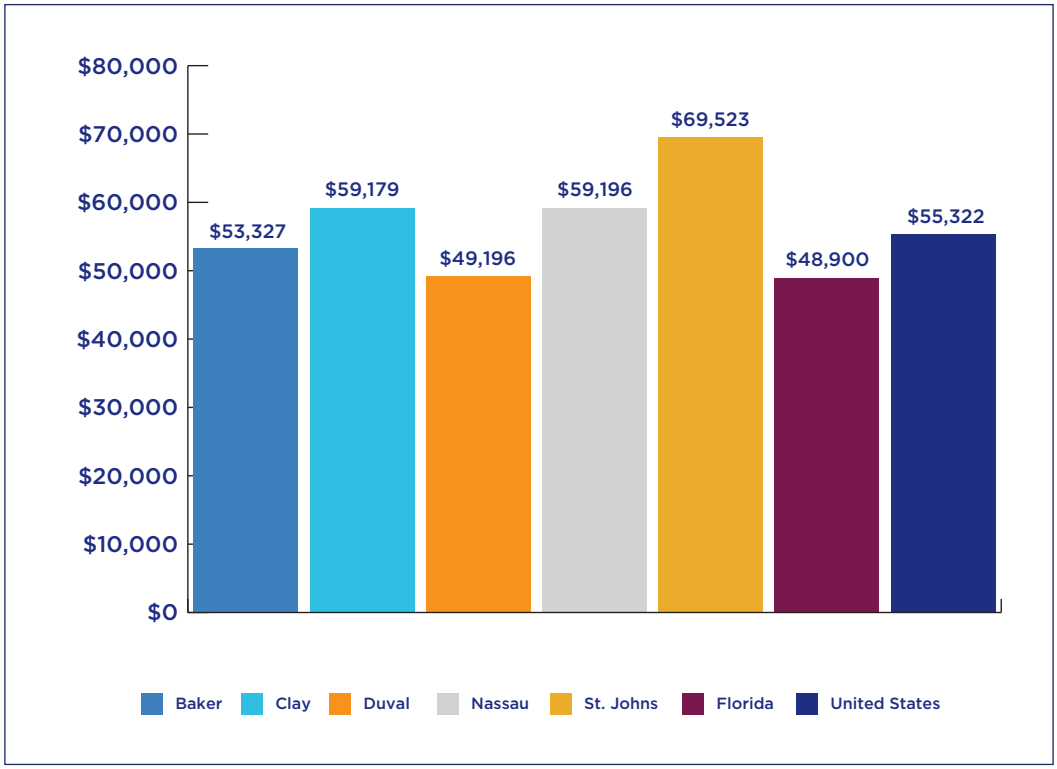
Social and Economic Determinants of Health

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

Income & Poverty

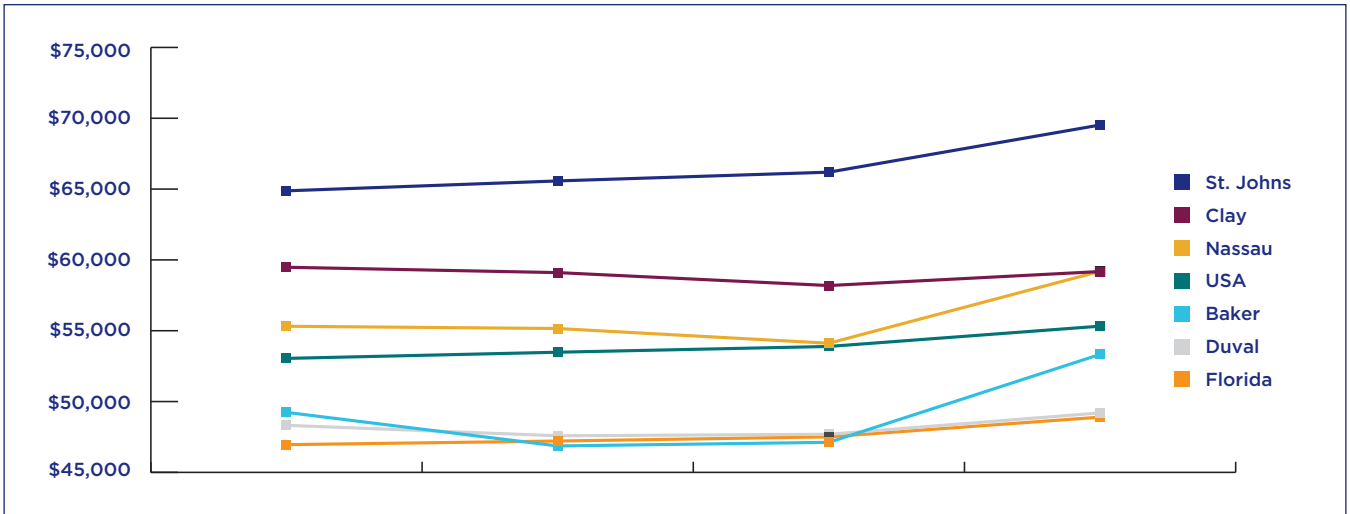
Figure 27 compares the median household income values for each county in the Brooks Rehabilitation service area to the median household income value for Florida and the United States. All counties in the service area had a median household income above the state value, and three of the five regional counties had a median household income above the national value. St. Johns County had the highest estimated median household income at approximately $69,523, which was over $10,000 higher than the median household income of Nassau County, the next highest median household income in the region. Duval County and Baker County had the lowest approximate median household incomes in the region, both with values below the national value of $55,322.

FIGURE 27. MEDIAN HOUSEHOLD INCOME, 2012-2016



A closer examination of the trend of these counties in Figure 28 reveals that the median household income is generally increasing in the counties in the region, except in Clay County.

FIGURE 28: MEDIAN HOUSEHOLD INCOME PER COUNTY: PAST FOUR TIME PERIODS



	2009-2013	2010-2014	2011-2015	2012-2016
Baker	$49,236	$46,865	$47,121	$53,327
Clay	$59,482	$59,103	$58,190	$59,179
Duval	$48,323	$47,582	$47,690	$49,196
Nassau	$55,315	$55,156	$54,116	$59,196
St. Johns	$64,876	$65,575	$66,194	$69,523
Florida	$46,956	$47,212	$47,507	$48,900
USA	$53,046	$53,482	$53,889	$55,322

Across all zip codes in the region, zip codes 32209, 32206, and 32202 in Duval County had the lowest median household income at, respectively, $22,288, $24,418 and $26,250 (Figure 29 through Figure 33).

FIGURE 29. MEDIAN HOUSEHOLD INCOME BY ZIP CODE, 2012-2016 (BAKER)

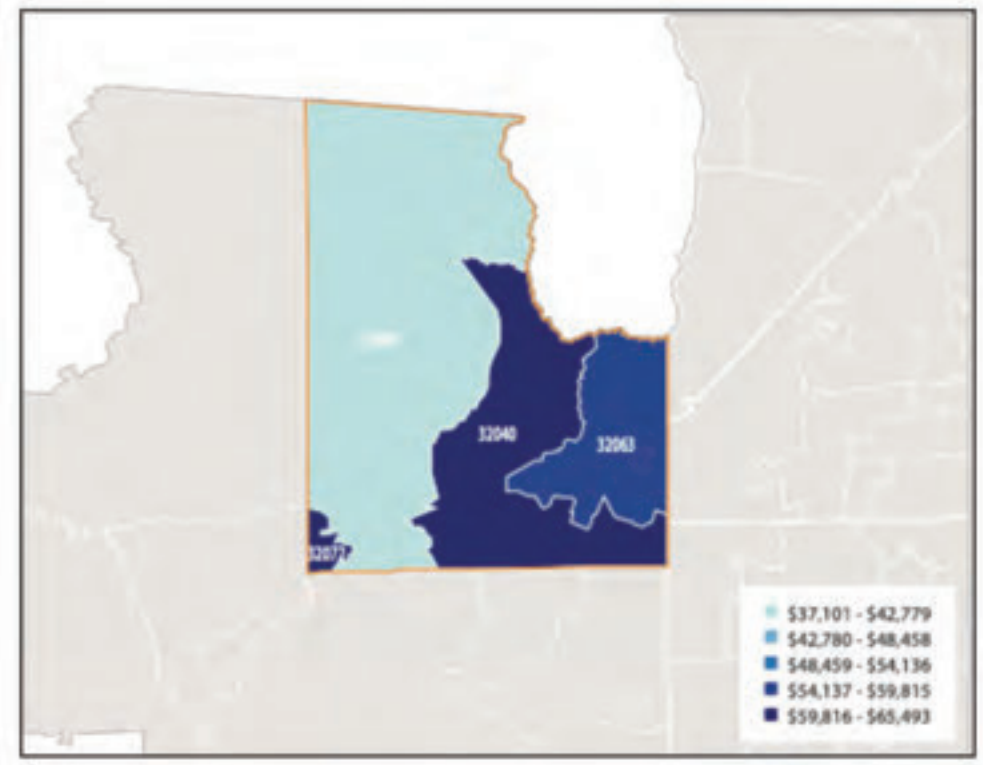
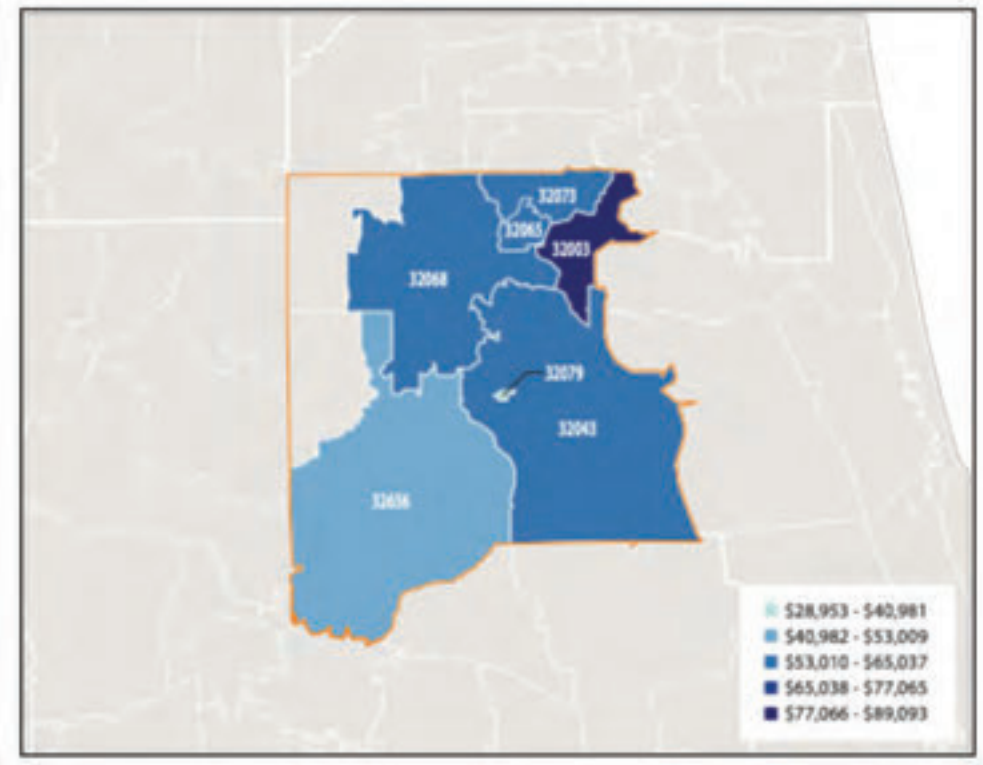
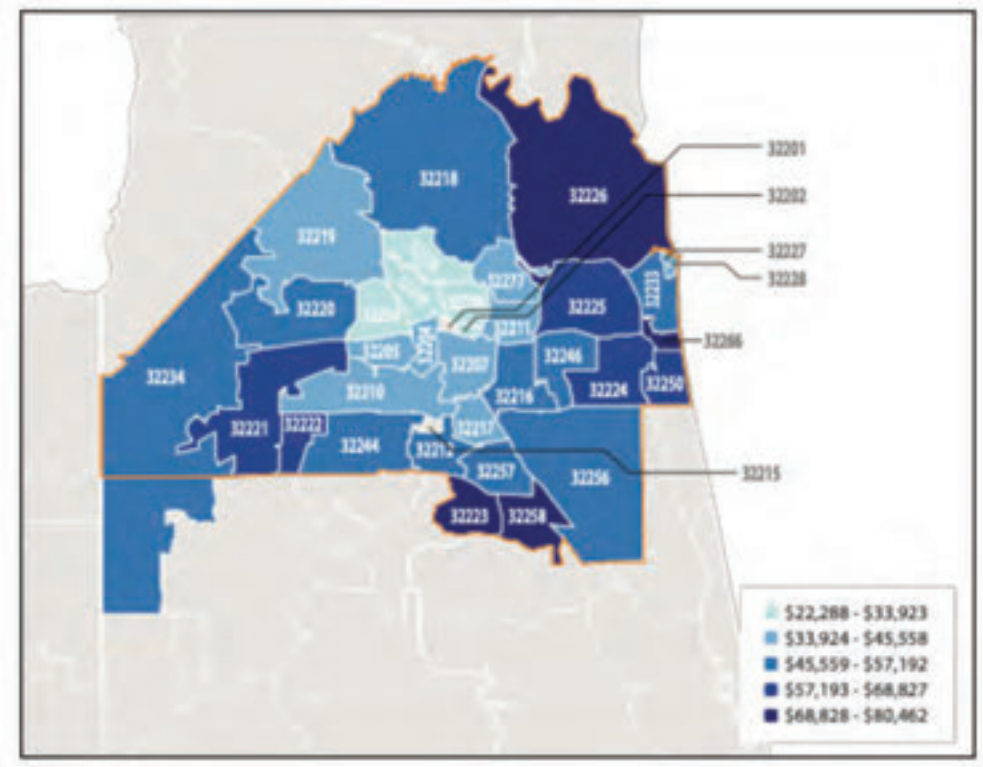


FIGURE 30. MEDIAN HOUSEHOLD INCOME BY ZIP CODE, 2012-2016 (CLAY)



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

FIGURE 31. MEDIAN HOUSEHOLD INCOME BY ZIP CODE, 2012-2016 (DUVAL)



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

FIGURE 32. MEDIAN HOUSEHOLD INCOME BY ZIP CODE, 2012-2016 (NASSAU)

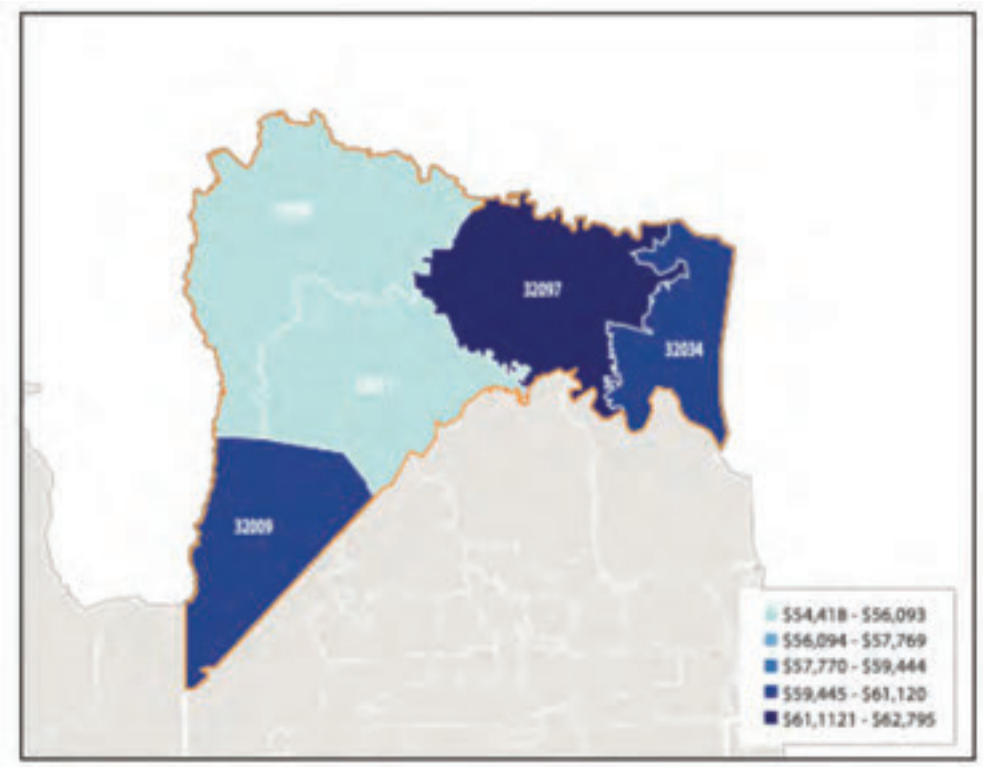
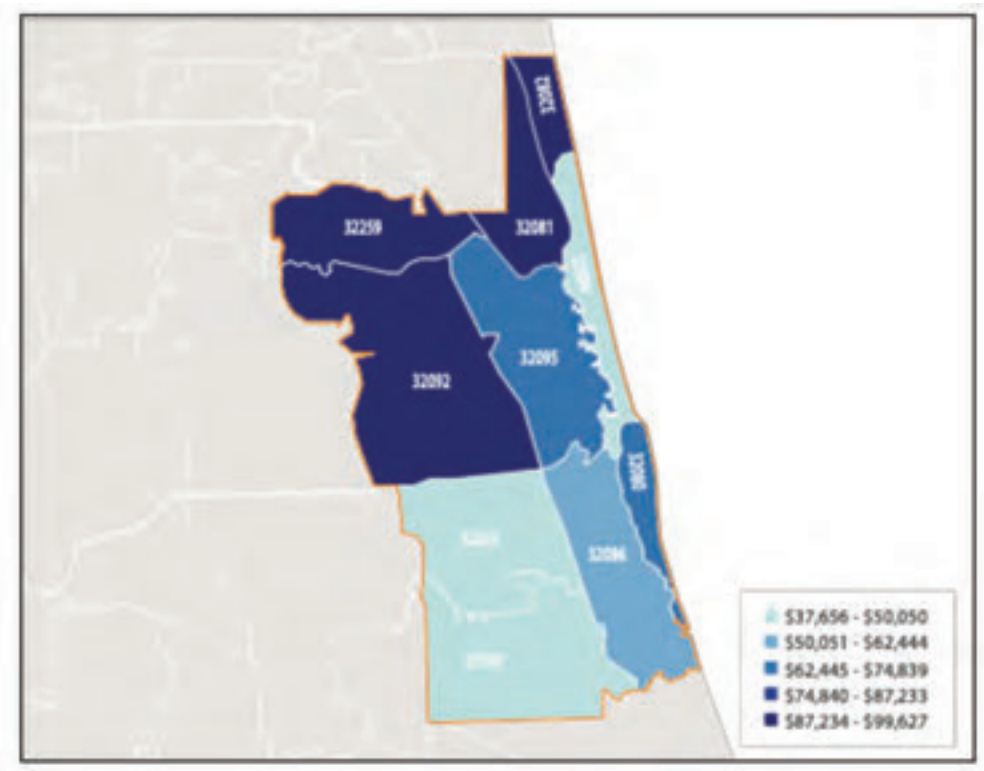
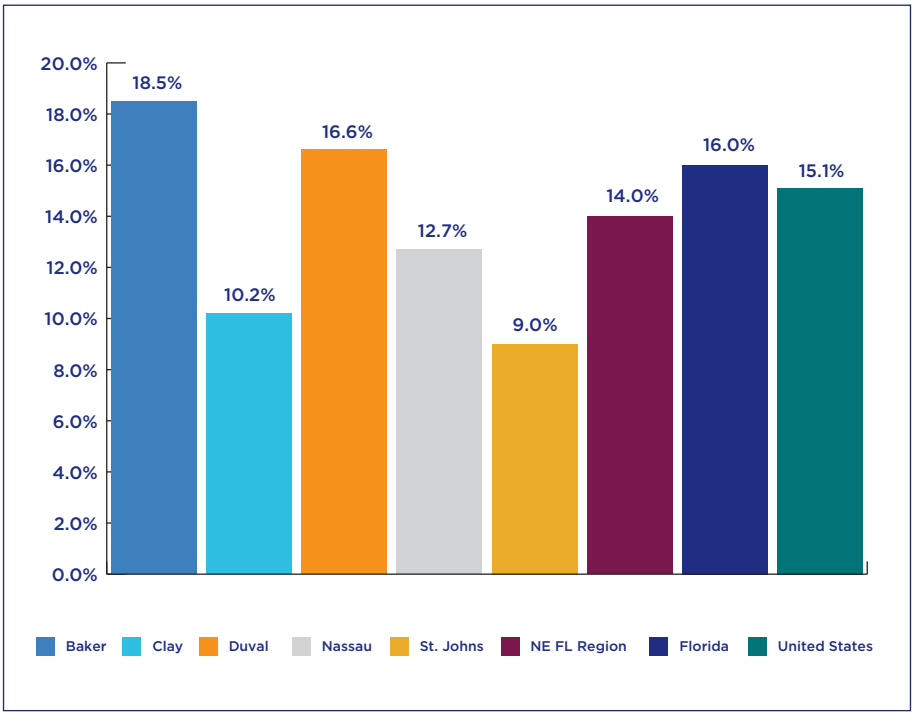


FIGURE 33. MEDIAN HOUSEHOLD INCOME BY ZIP CODE, 2012-2016 (ST. JOHNS)



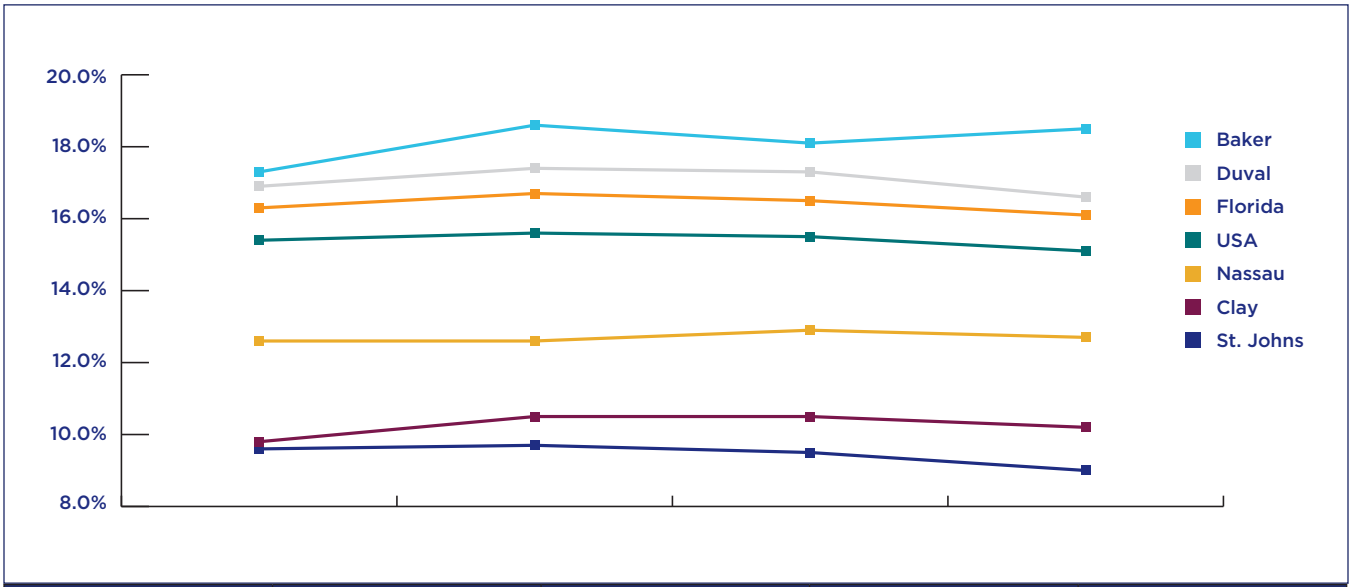
Out of the five counties in the Brooks Rehabilitation service area, as shown in Figure 34, Baker County had the highest proportion of people living below the poverty level, with nearly one fifth of all residents living in poverty (18.5%). Both Baker and Duval counties experienced higher rates of poverty compared to the regional and state poverty rates of 14.0% and 16.0% respectively. Similarly, as seen by examining the median household income metric, St. Johns is again the best performing county, with only 9.0% of the population living below the poverty level.

FIGURE 34. PEOPLE LIVING BELOW POVERTY LEVEL, 2012-2016



According to Figure 35 the trend of people living below poverty level has fluctuated in all of the counties across the past four time periods. The share of people living below poverty level increased slightly in Baker County and decreased slightly in St. Johns County.

FIGURE 35: PEOPLE LIVING BELOW POVERTY LEVEL PER COUNTY: PAST FOUR TIME PERIODS



	2009–2013	2010–2014	2011–2015	2012–2016
Baker	17.3%	18.6%	18.1%	18.5%
Clay	9.8%	10.5%	10.5%	10.2%
Duval	16.9%	17.4%	17.3%	16.6%
Nassau	12.6%	12.6%	12.9%	12.7%
St. Johns	9.6%	9.7%	9.5%	9.0%
Florida	16.3%	16.7%	16.5%	16.1%
USA	15.4%	15.6%	15.5%	15.1%

Examining the context of poverty more deeply, Figure 36 shows the percentage of people living below the poverty level by race and ethnicity. Notably, over half of Baker County's Hispanic or Latino population (54.9%) are living in poverty. This rate is over 3 times as high as that of their Hispanic or Latino peers at the regional level and of their White, non-Hispanic peers in Baker County. Baker County also has the largest percentage of White, non-Hispanic residents living in poverty compared to all the other counties in the region at 17.0% compared to the regional value of 10.6%. Across all counties, Black or African American residents experience higher rates of poverty compared to their White, non-Hispanic peers. Duval County has the highest percentage of Black or African Americans (26.7%) living below the poverty level.

FIGURE 36. PEOPLE LIVING BELOW POVERTY LEVEL BY RACE/ETHNICITY, 2012-2016

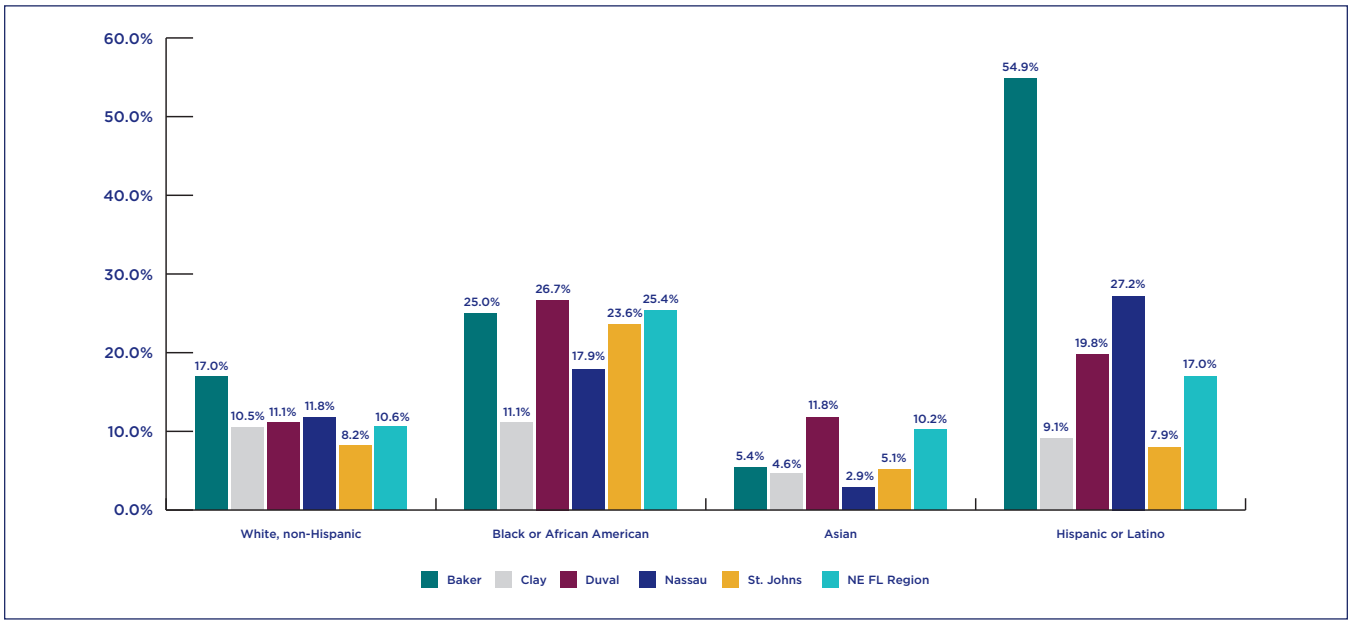
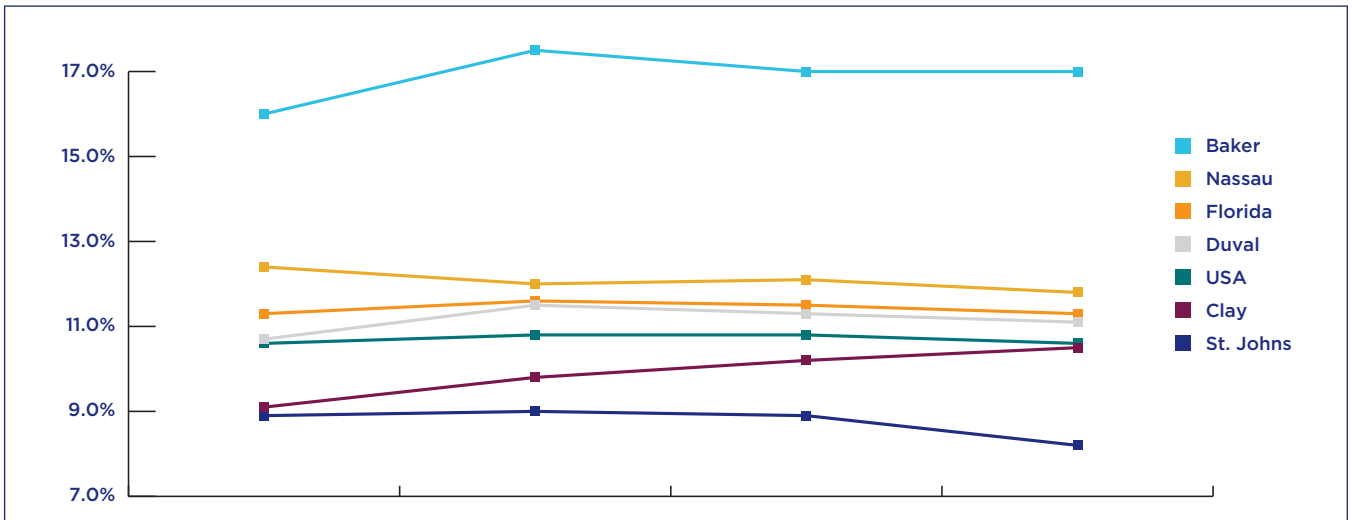


Figure 37, Figure 38, and Figure 39 examine the trends for the White, non-Hispanic, Black or African American, and Hispanic or Latino populations, all racial/ethnic groups that experience higher poverty than the overall population in at least one county.

White, non-Hispanic residents experienced a slight increase in levels of poverty in Baker and Clay counties in the past four time periods.

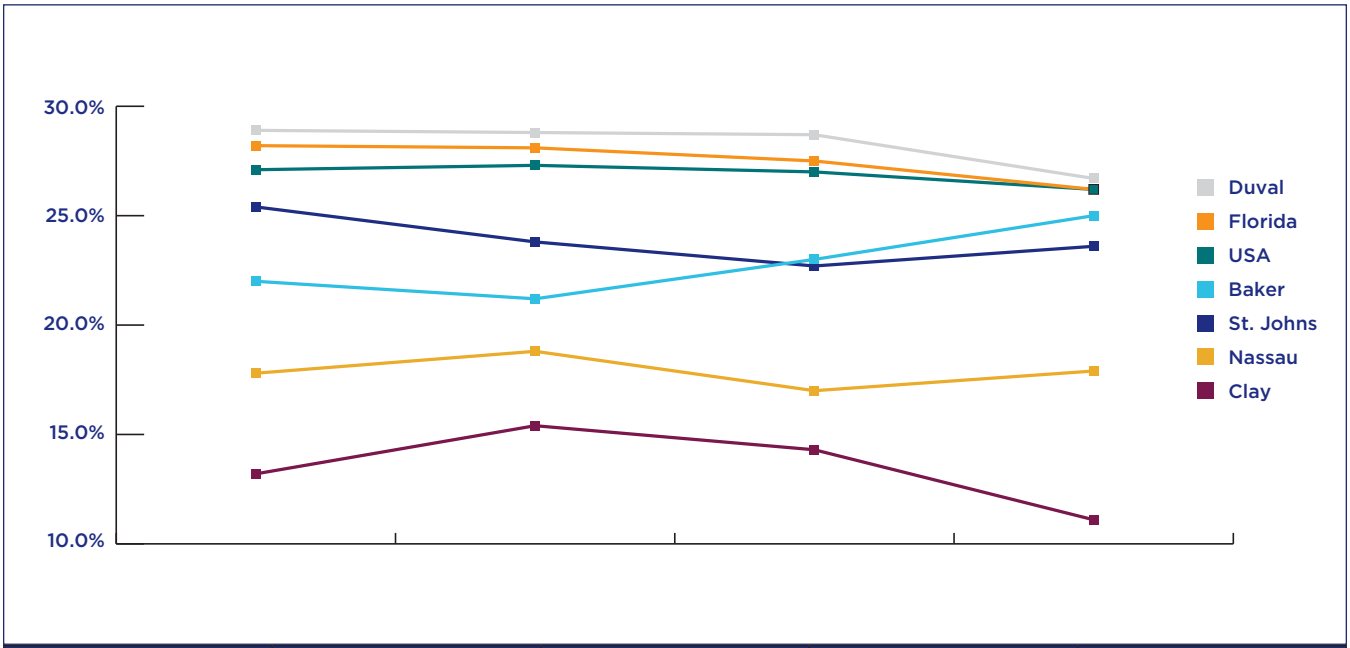
FIGURE 37: WHITE, NON-HISPANIC POPULATION LIVING BELOW POVERTY LEVEL PER COUNTY: PAST FOUR TIME PERIODS



	2009–2013	2010–2014	2011–2015	2012–2016
Baker	16.0%	17.5%	17.0%	17.0%
Clay	9.1%	9.8%	10.2%	10.5%
Duval	10.7%	11.5%	11.3%	11.1%
Nassau	12.4%	12.0%	12.1%	11.8%
St. Johns	8.9%	9.0%	8.9%	8.2%
Florida	11.3%	11.6%	11.5%	11.3%
USA	10.6%	10.8%	10.8%	10.6%

Although Duval County had the highest rate of poverty for their Black or African American population, the trend has been steadily decreasing in the past four time periods, as presented in Figure 38.

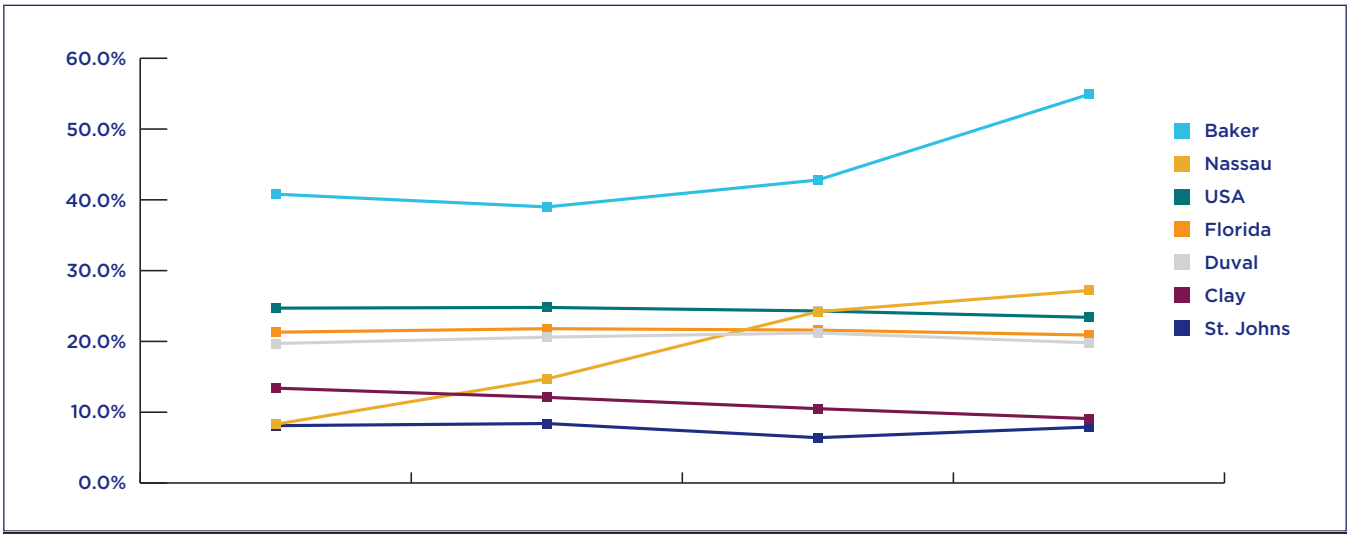
FIGURE 38: BLACK OR AFRICAN AMERICAN POPULATION LIVING BELOW POVERTY LEVEL PER COUNTY: PAST FOUR TIME PERIODS



	2009–2013	2010–2014	2011–2015	2012–2016
Baker	22.0%	21.2%	23.0%	25.0%
Clay	13.2%	15.4%	14.3%	11.1%
Duval	28.9%	28.8%	28.7%	26.7%
Nassau	17.8%	18.8%	17.0%	17.9%
St. Johns	25.4%	23.8%	22.7%	23.6%
Florida	28.2%	28.1%	27.5%	26.2%
USA	27.1%	27.3%	27.0%	26.2%

Hispanic or Latino residents experienced large increases in levels of poverty in both Baker and Nassau counties in the past four time periods. In Nassau County, the share of Hispanic or Latino residents living below poverty level increased by over threefold.

FIGURE 39: HISPANIC OR LATINO POPULATION LIVING BELOW POVERTY LEVEL PER COUNTY: PAST FOUR TIME PERIODS



	2009–2013	2010–2014	2011–2015	2012–2016
Baker	40.8%	39.0%	42.8%	54.9%
Clay	13.4%	12.1%	10.5%	9.1%
Duval	19.7%	20.6%	21.2%	19.8%
Nassau	8.3%	14.7%	24.2%	27.2%
St. Johns	8.1%	8.4%	6.4%	7.9%
Florida	21.3%	21.8%	21.6%	20.9%
USA	24.7%	24.8%	24.3%	23.4%

At the zip code level across the region in Figure 40 through Figure 44, zip codes 32202, 32209, and 32206 in Duval County emerged with the highest share of people living below poverty at, respectively, 50.2%, 40.3% and 38.9%.

FIGURE 40: PEOPLE LIVING BELOW POVERTY LEVEL BY ZIP CODE, 2012-2016 (BAKER)

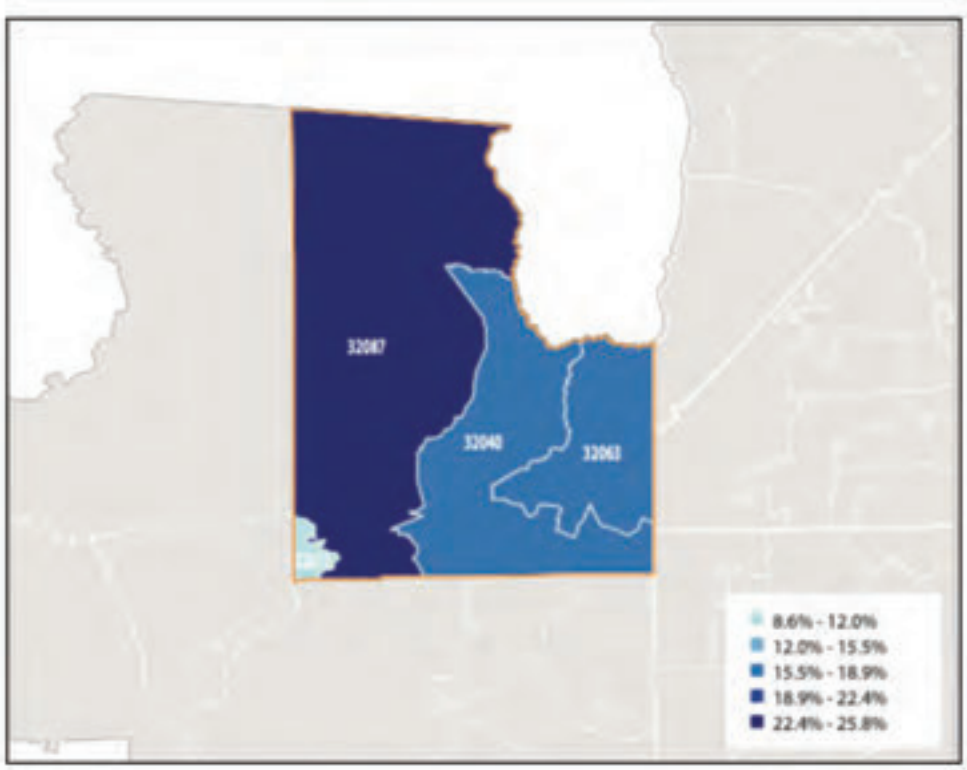
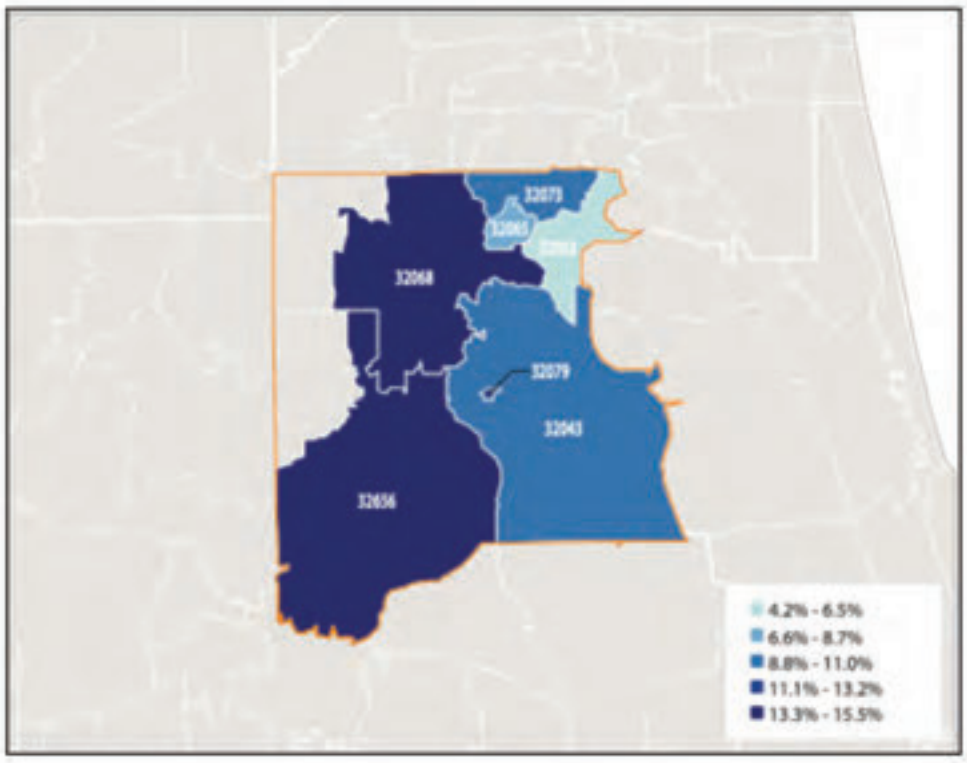
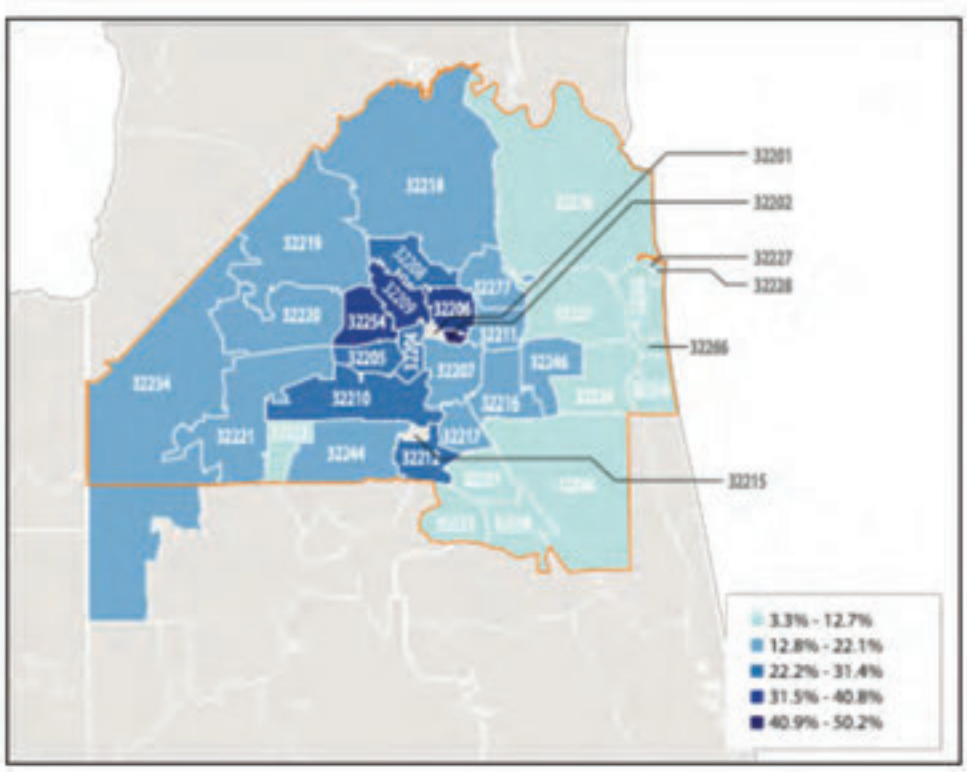


FIGURE 41: PEOPLE LIVING BELOW POVERTY LEVEL BY ZIP CODE, 2012-2016 (CLAY)



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

FIGURE 42: PEOPLE LIVING BELOW POVERTY LEVEL BY ZIP CODE, 2012-2016 (DUVAL)



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

FIGURE 43: PEOPLE LIVING BELOW POVERTY LEVEL BY ZIP CODE, 2012-2016 (NASSAU)

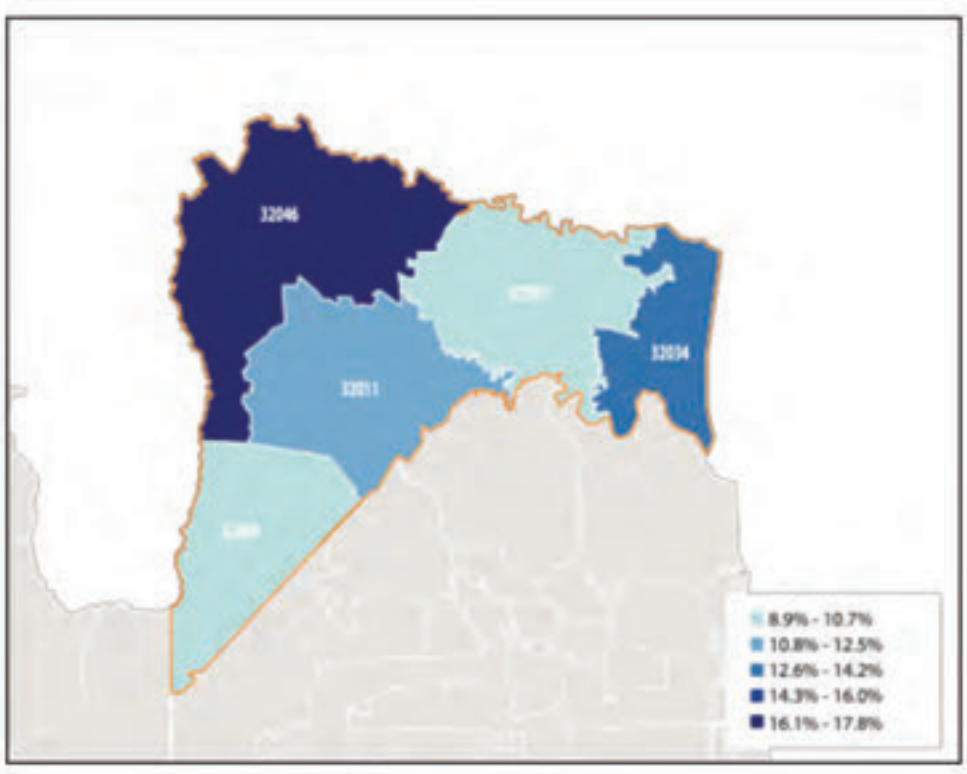
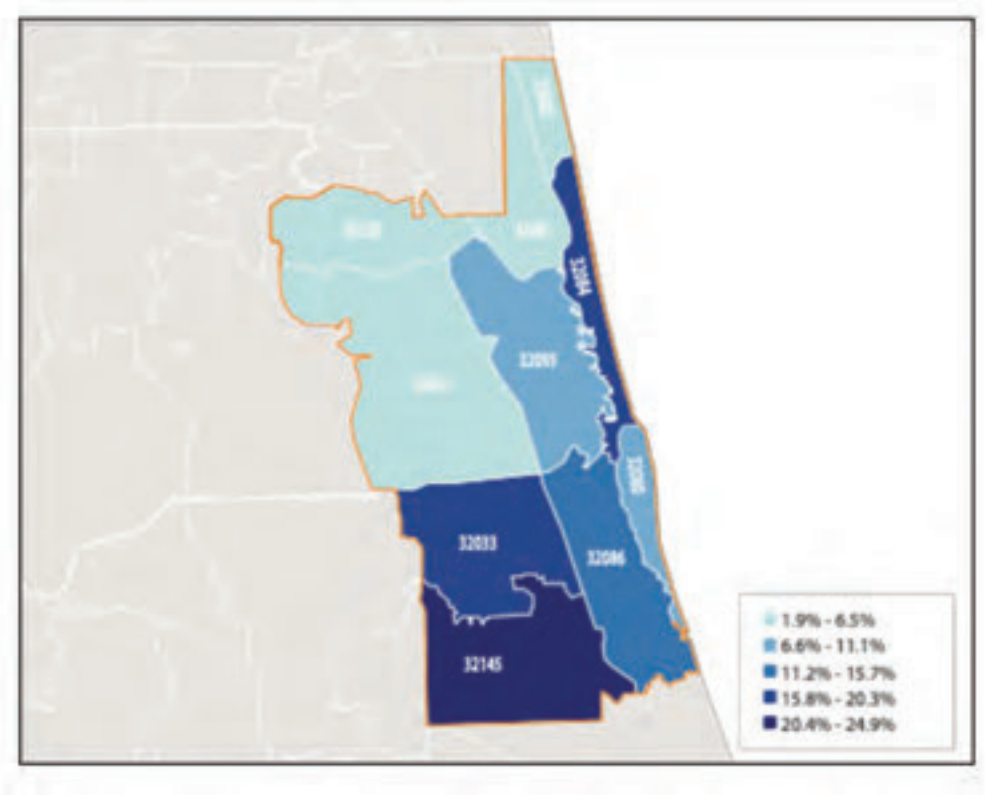


FIGURE 44: PEOPLE LIVING BELOW POVERTY LEVEL BY ZIP CODE, 2012-2016 (ST. JOHNS)



Employment

Table 22 shows the percent of civilians, 16 years of age and older, who are unemployed as a percent of the civilian labor force. A high rate of unemployment has personal and societal effects. During periods of unemployment, individuals are likely to feel severe economic strain and mental stress. Unemployment is also related to access to health care, as many individuals receive health insurance through their employer. A high unemployment rate places strain on financial support systems, as unemployed persons qualify for unemployment benefits and food stamp programs.

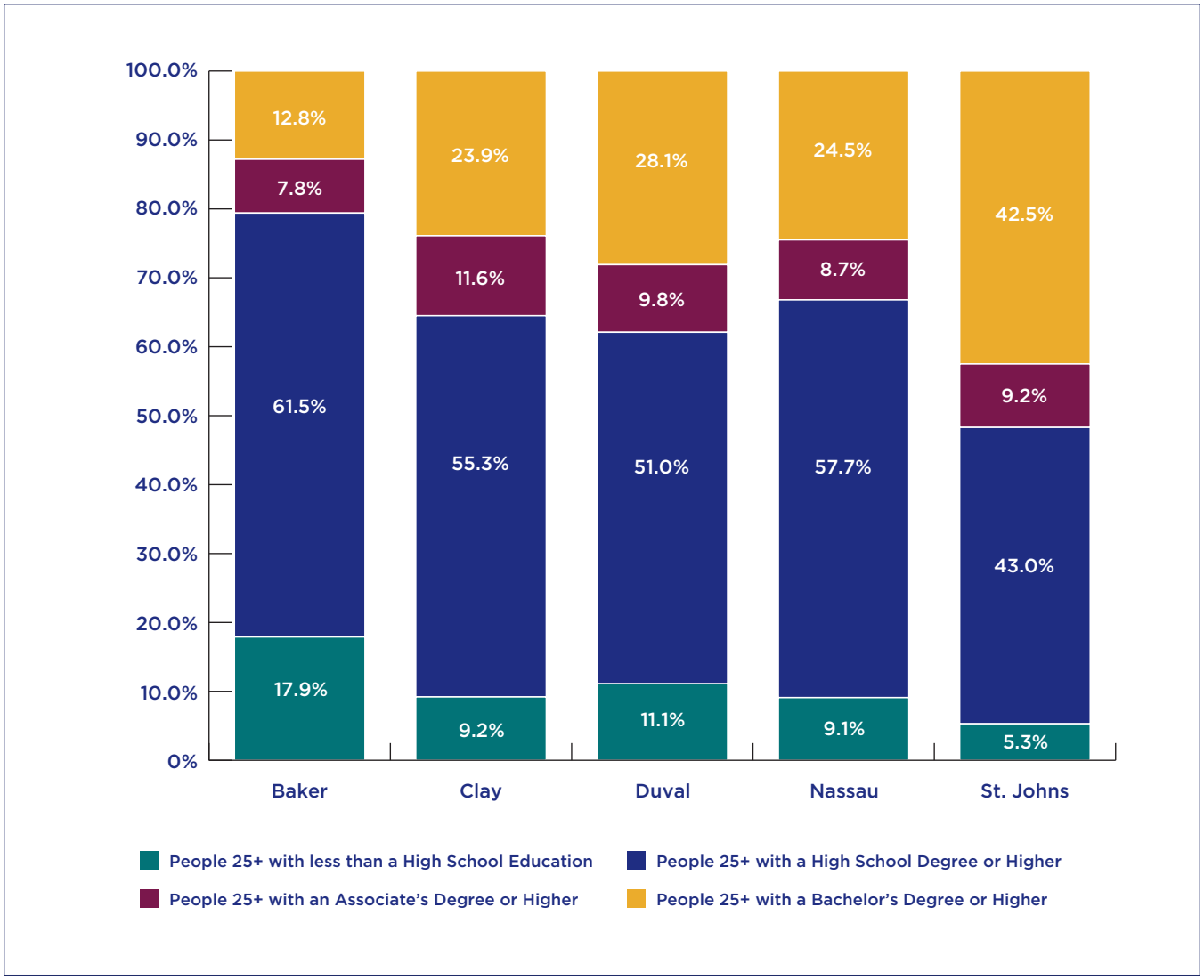
TABLE 22. UNEMPLOYED WORKERS IN CIVILIAN LABOR FORCE, MAY 2018

County	Percent Unemployed
Baker	3%
Clay	3%
Duval	3.3%
Nassau	3%
St. Johns	2.6%

Education

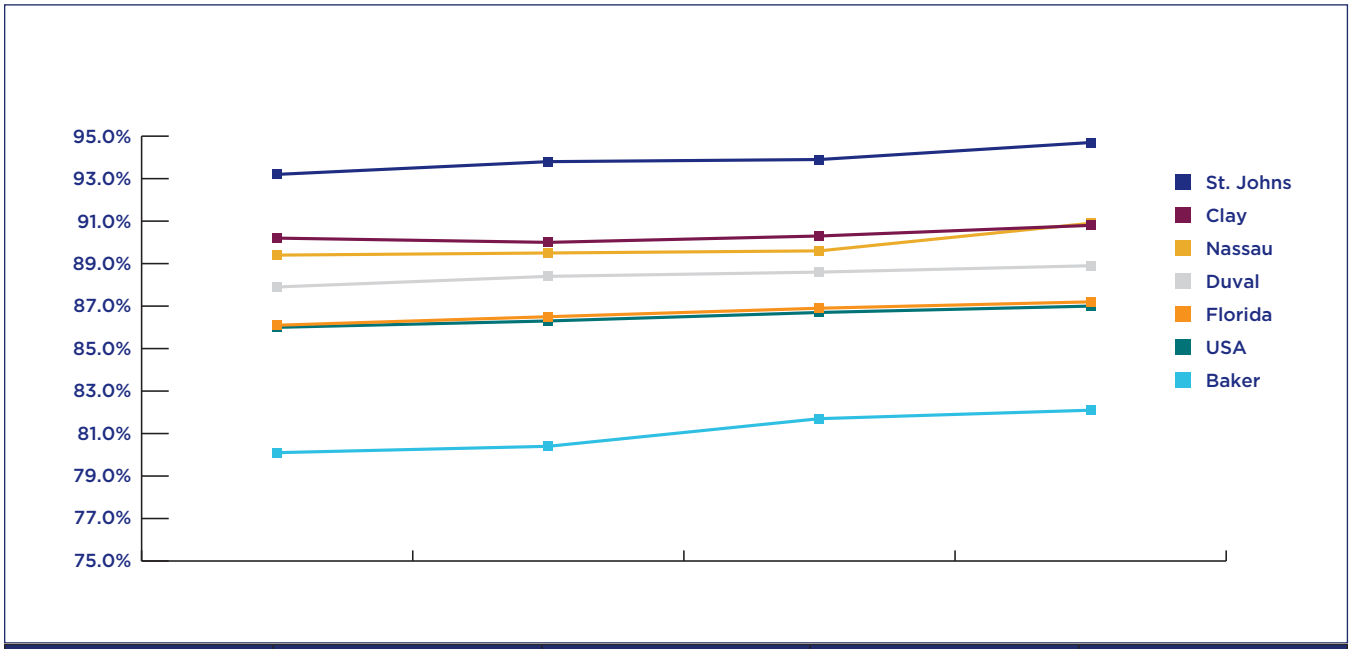
In 2012-2016, 90.1% of residents aged 25 or older in the Northeast Florida region had at least a high school degree or equivalent, as presented in Figure 45. High school degree attainment, or completion of high school or a general equivalency diploma (GED), is similar between Clay, Duval, and Nassau counties. Baker County had the lowest high school degree attainment in the Brooks Rehabilitation service area at 82.1%, and St. Johns County the highest, at 94.7%. Looking at college education, St. Johns County has a disproportionately higher percent of the population with an associate or bachelor's degree compared to the other counties in the service area.

FIGURE 45. EDUCATIONAL ATTAINMENT BY COUNTY, 2012-2016



The share of residents aged 25 and older who have a high school degree increased for all past 4 time periods for all counties in Figure 46.

FIGURE 46: POPULATION AGED 25+ WITH A HIGH SCHOOL DEGREE OR HIGHER PER COUNTY: PAST 4 TIME PERIODS



	2009–2013	2010–2014	2011–2015	2012–2016
Baker	80.1%	80.4%	81.7%	82.1%
Clay	90.2%	90.0%	90.3%	90.8%
Duval	87.9%	88.4%	88.6%	88.9%
Nassau	89.4%	89.5%	89.6%	90.9%
St. Johns	93.2%	93.8%	93.9%	94.7%
Florida	86.1%	86.5%	86.9%	87.2%
USA	86.0%	86.3%	86.7%	87.0%

Across all zip codes in the region, as presented by Figure 47 through Figure 51, zip code 32087 in Baker County had the lowest share of high school degree attainment at 71.0% in 2012-2016. Zip codes 32254 and 32202 in Duval County follow at 74.4% and 75.8%.

FIGURE 47: HIGH SCHOOL DEGREE ATTAINMENT BY ZIP CODE, 2012-2016 (BAKER)

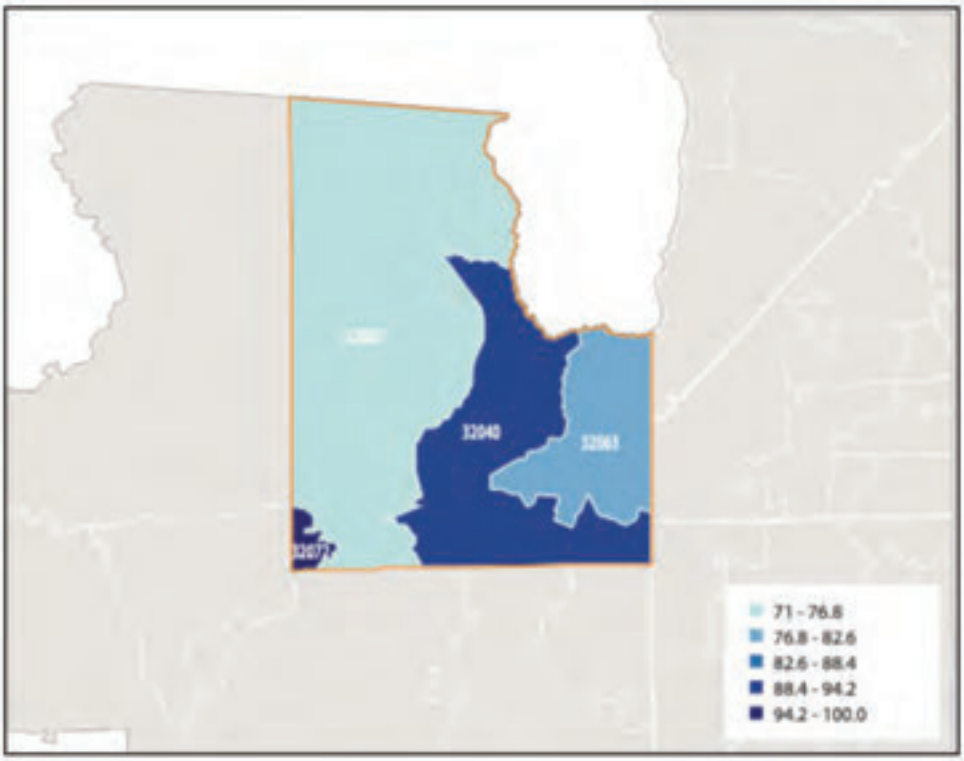
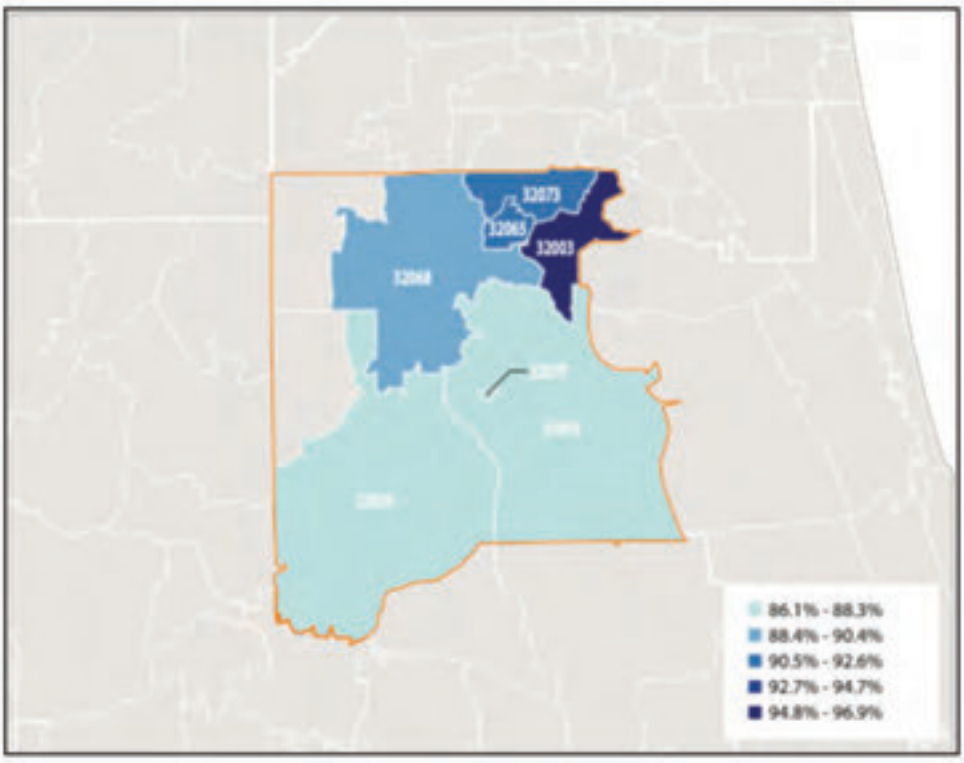
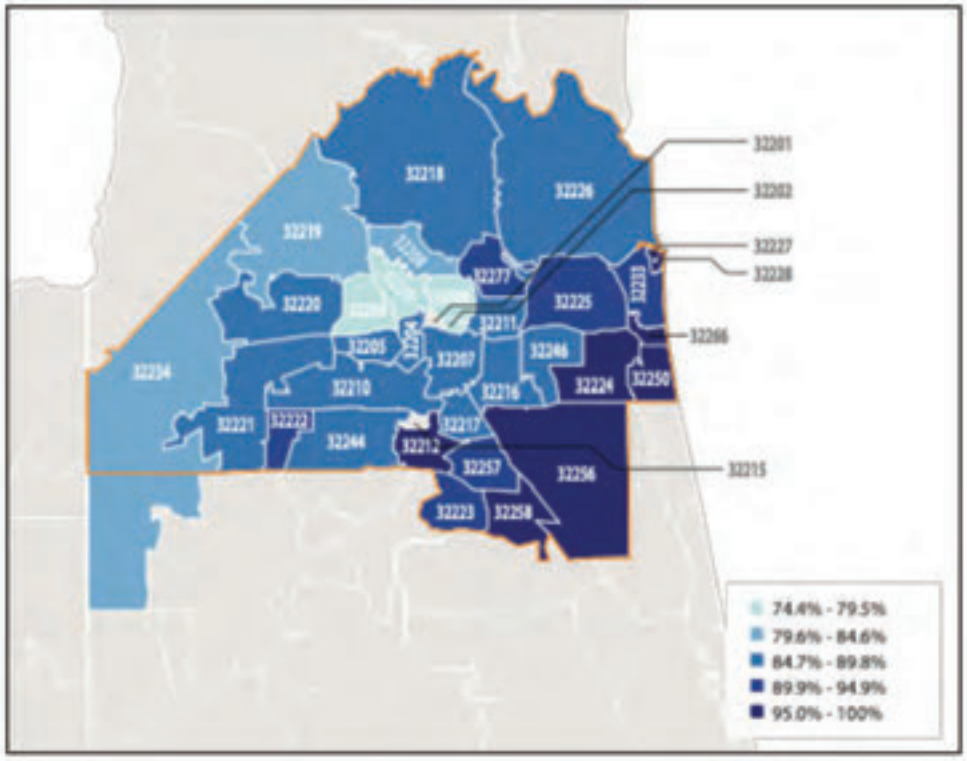


FIGURE 48: HIGH SCHOOL DEGREE ATTAINMENT BY ZIP CODE, 2012-2016 (CLAY)



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

FIGURE 49: HIGH SCHOOL DEGREE ATTAINMENT BY ZIP CODE, 2012-2016 (DUVAL)



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

FIGURE 50: HIGH SCHOOL DEGREE ATTAINMENT BY ZIP CODE, 2012-2016 (NASSAU)

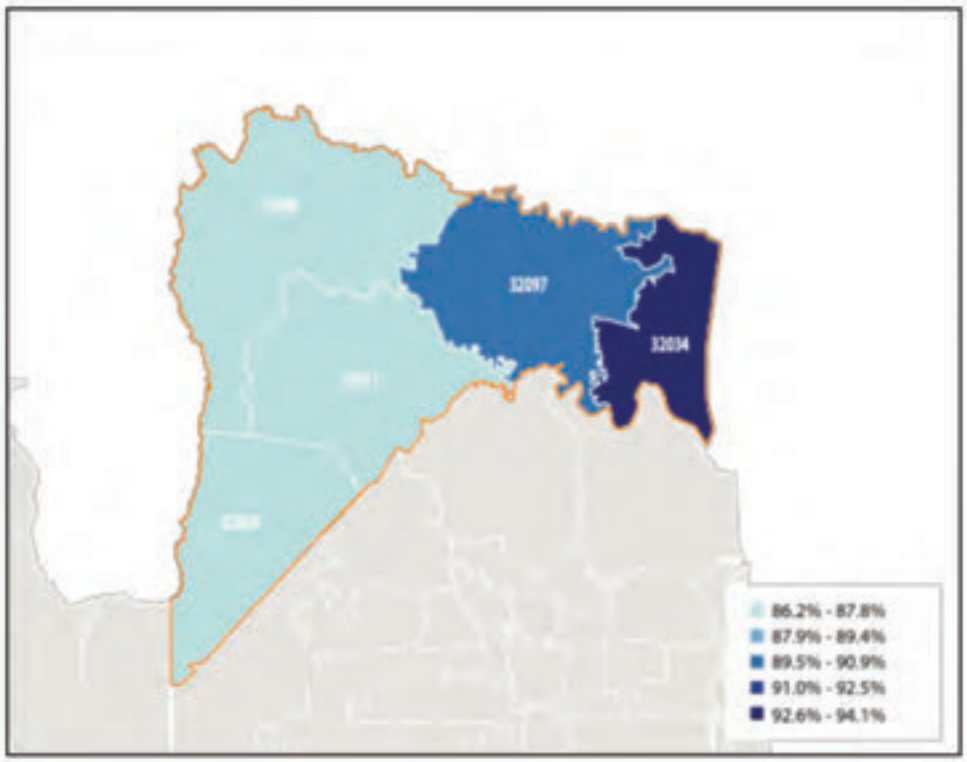
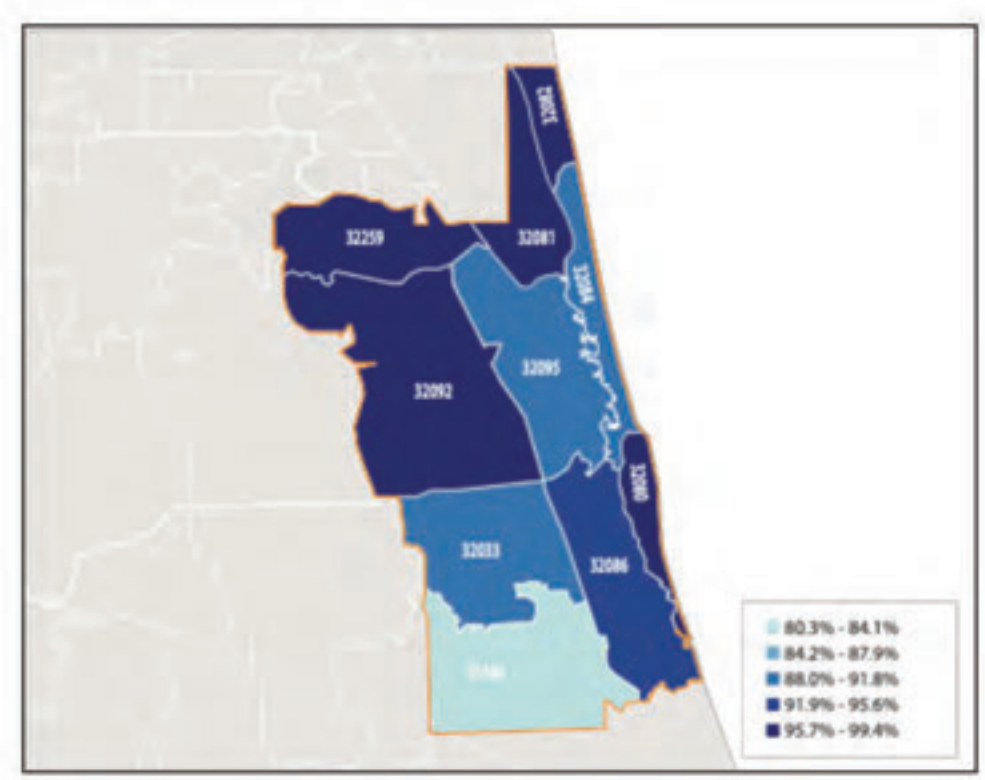


FIGURE 51: HIGH SCHOOL DEGREE ATTAINMENT BY ZIP CODE, 2012-2016 (ST. JOHNS)



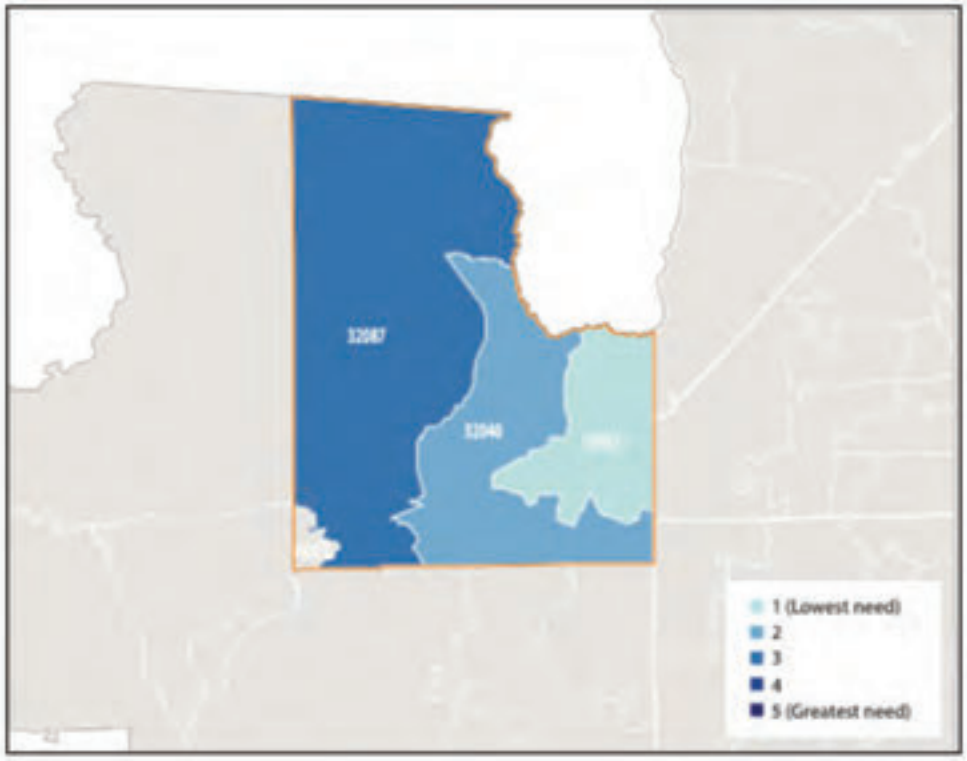
SocioNeeds Index

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

Figure 52 through Figure 56 shows the data more granularly. Across all zip codes within the region, the following zip codes had the highest level of socioeconomic need (as indicated by the darkest shade of blue): 32209, 32254, 32206, 32202, 32208, 32227, 32212, 32211, and 32234 in Duval County; 32087 in Baker County, 32656 in Clay County; and 32145 in St. Johns County.

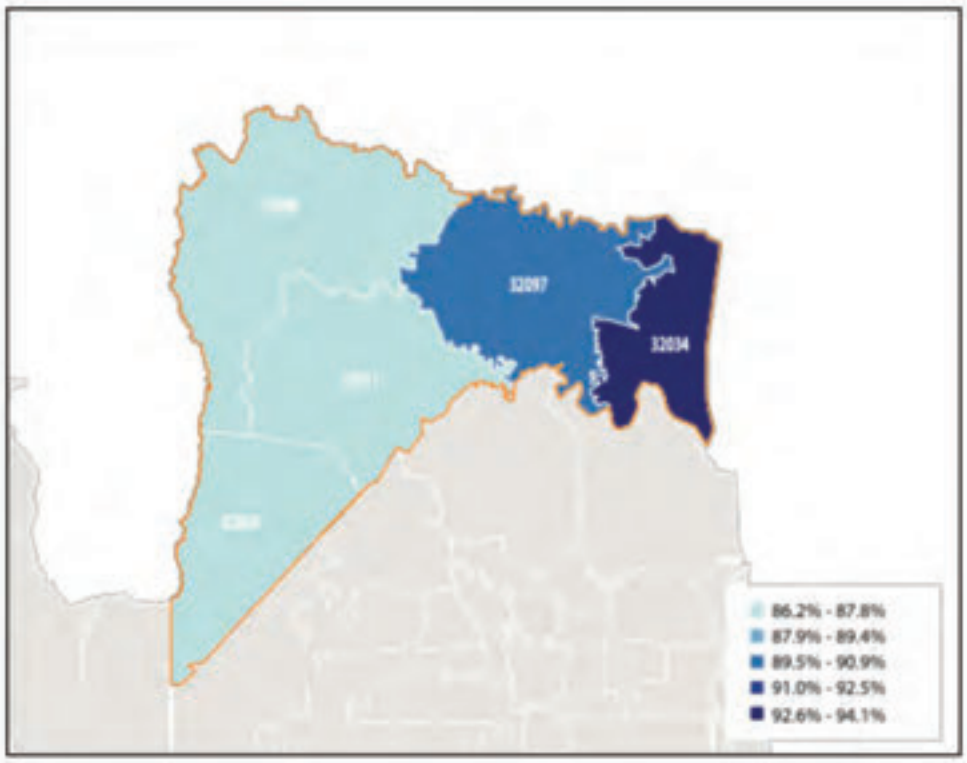
Understanding where there are communities with high socioeconomic need is critical to informing prevention and outreach activities.

FIGURE 52: SOCIONEEDS INDEX BY ZIP CODE (BAKER)



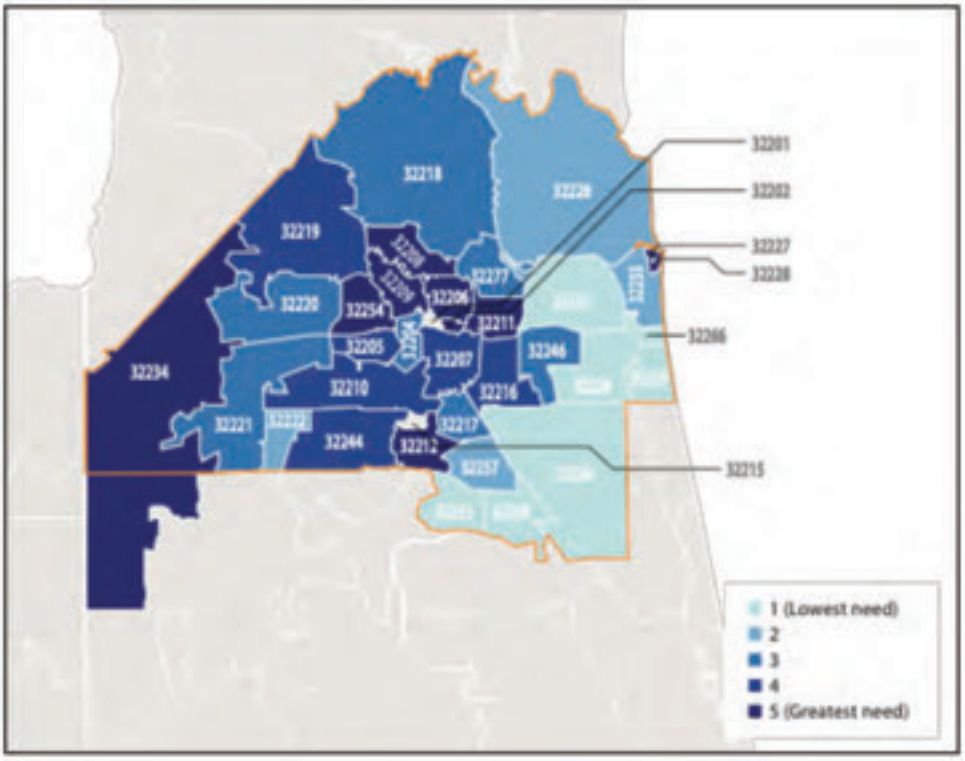
* Areas shaded grey within the orange border of Baker County indicate an area without a population according to the Census.

FIGURE 53: SOCIONEEDS INDEX BY ZIP CODE (CLAY)



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

FIGURE 54: SOCIONEEDS INDEX BY ZIP CODE (DUVAL)



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

FIGURE 55: SOCIONEEDS INDEX BY ZIP CODE (NASSAU)

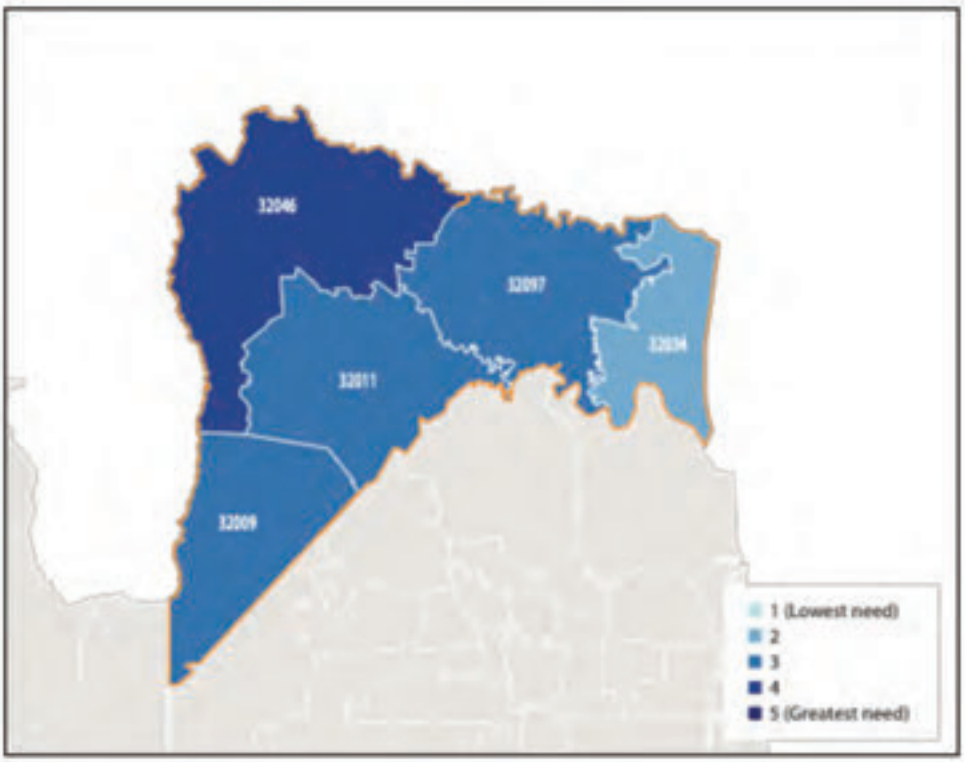
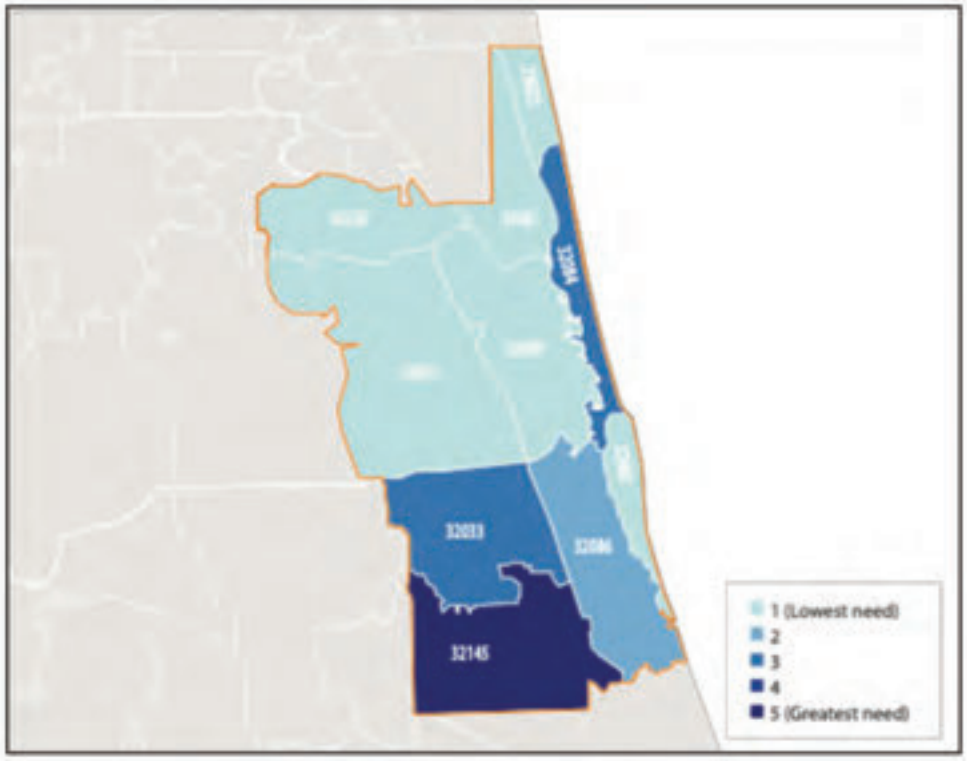


FIGURE 56: SOCIONEEDS INDEX BY ZIP CODE (ST. JOHNS)



Prioritized Significant Health Needs

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

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

These prioritized health needs will guide the community health improvement efforts of Brooks Rehabilitation. Brooks Rehabilitation will determine which prioritized health needs it has the resources to address and how it plans to address them in its Implementation Strategy.

Access

Throughout the data collection process, it was clear that the term "access" carries many different meanings. Figure 37 shows the many different aspects of access that were identified as influencing factors for the Brooks Rehabilitation service area during both the primary and secondary data collection and analysis. Most of the discussion around access focused on access to health services. However, reliable transportation, proper nutrition and safe and affordable housing emerged as issues that impact one's access to health care.

Access to health services and related issues ultimately informed the prioritization session discussion and the decision to prioritize access with focal points of access to health services including transportation, proper nutrition, and safe and affordable housing. The following section will dive into these issues within access as they relate to the primary and secondary data.

FIGURE 57. RELATED FACTORS TO ACCESS

Key Issues
Rural counties have fewer primary care providers and fewer specialists, which proves to be a barrier to accessing health services for rural residents.
Transportation is the top quality of life issue identified by constituents in the service area according to secondary data and the most mentioned barrier to accessing care from the primary data
Nutritious food is often inaccessible for many individuals because of cost.
Proper and safe housing is a priority over health care for many people in the service area for Brooks Rehabilitation

Access to Health Services

Secondary Data

The secondary data for Access to Health Services illustrate a geographic disparity for the Brooks Rehabilitation service area. According to the secondary data scoring, both St. Johns County and Duval County scored low for this topic indicating that residents in St. Johns and Duval counties have greater access to health services compared to residents of Baker, Clay, and Nassau counties. Looking closely at the indicators within Access to Health Services, St. Johns and Duval counties have high primary care provider rates (91 primary care providers/100,000 population and 87 primary care providers/100,000 population, respectively). Baker, Clay, and Nassau counties have low primary care provider rates (44 primary care providers/100,000 population, 57 primary care providers/100,000 population, and 46 primary care providers/100,000 population, respectively). For Clay County, a Mann-Kendall Test for Statistical Significance shows that the primary care provider rate is decreasing over time. The primary care provider rate for Clay County has gone from 67 providers/100,000 population in 2011 to 57 providers/100,000 population in 2015.

According to the secondary data, the percent of adults with health insurance, children with health insurance, and persons with health insurance across the Brooks Rehabilitation service area is higher than the state of Florida. However there is much room for improvement in coverage. Through secondary data scoring methodology there are several statistics of particular concern: only 84.3% of adults in Duval County have health insurance, and only 94.6% and 94.9% of children in Clay and Nassau counties, respectively, have health insurance. Healthy People 2020 has set a target of 100% for health insurance coverage rates across the country. Some improvement may be underway: for Nassau County, the Mann-Kendall Test for Statistical Significance shows that the rate of children insured is increasing over time (74.3% in 2008 to 94.9% in 2016).

Table 23 displays a complete list of secondary data indicators within the health topic of Access to Health Services.

TABLE 23. ACCESS TO HEALTH SERVICES INDICATORS*

Indicator	FL Value	County	County Value	County Data Score	FL Counties	FL Value	US Counties	US Value	HP2020	Trend
Adults who did not visit a Dentist due to Cost [8] (2007)		Baker	23.2%	1.58	2					
		Clay	19.1%	1.42	1					
		Duval	19.8%	1.42	1					
		Nassau	16.3%	1.25	0					
		St. Johns	10.1%	1.25	0					
Adults with Health Insurance [1] (2016)	81.6%	Baker								
		Clay	88.7%	1	0	1	2	1	3	0
		Duval	84.3%	1.56	0	1	3	2	3	1
		Nassau	84.6%	1.33	0	1	3	2	3	0
		St. Johns	89.4%	1.22	0	1	2	1	3	1
Adults with a Usual Source of Health Care [8] (2016)	72.0%	Baker	83.8%	0.97	0	0		1	2	
		Clay	77.7%	1.42	1	1		1	3	
		Duval	75.0%	1.75	2	1		2	3	
		Nassau	81.1%	0.97	0	0		1	2	
		St. Johns	78.5%	1.42	1	1		1	3	

TABLE 23. ACCESS TO HEALTH SERVICES INDICATORS* (continued)

Indicator	FL Value	County	County Value	County Data Score	FL Counties	FL Value	US Counties	US Value	HP2020	Trend
Children with Health Insurance [1] (2016)	93.8%	Baker								
		Clay	94.6%	1.56	1	1	2	2	2	1.5
		Duval	95.0%	1.22	1	1	2	2	2	0
		Nassau	94.9%	1.67	1	1	2	2	2	2
		St. Johns	97.1%	0.94	0	1	1	1	2	1
Clinical Care Ranking [4] (2018) *Ranking of the county in clinical care according to the County Health Rankings		Baker	47	1.58	2					
		Clay	29	1.42	1					
		Duval	13	1.25	0					
		Nassau	17	1.25	0					
		St. Johns	2	1.25	0					
Dentist Rate [4] (2016) *in dentists/100,000 population*	57.7	Baker	43	1.83	1	3	1	3		1.5
		Clay	54.3	1.56	1	2	1	3		1
		Duval	78.9	0.17	0	0	0	0		0
		Nassau	29.8	2.17	2	3	2	3		1.5
		St. Johns	51	1.5	1	3	1	3		0
Non-Physician Primary Care Provider Rate [4] (2017) *in providers/100,000 population*	87.8	Baker	57.3	1.83	2	3	2	3		0
		Clay	94.1	0.33	0	1	0	0		0
		Duval	137.4	0.17	0	0	0	0		0
		Nassau	57.1	1.83	2	3	2	3		0
		St. Johns	58.3	2.06	2	3	2	3		1
Median Monthly Medicaid Enrollment [7] (2017) *in enrollments/100,000 population*	19607.4	Baker	22740.7	2.17	2	3				3
		Clay	15192.1	1.33	0	0				3
		Duval	22171.3	1.83	2	3				1.5
		Nassau	14541.7	1.11	0	0				2
		St. Johns	9037.3	0.89	0	0				1
Persons with Health Insurance [25] (2016)	84.60%	Baker	88.8%	1.08	0	1	2		3	0
		Clay	89.1%	1.08	0	1	2		3	0
		Duval	87.2%	1.08	0	1	2		3	0
		Nassau	88.2%	1.08	0	1	2		3	0
		St. Johns	90.4%	0.81	0	1	1		2	0
Primary Care Provider Rate [4] (2015) *in providers/100,000 population*	72.7	Baker	43.8	2.17	2	3	2	3		1.5
		Clay	56.9	2.17	1	3	1	3		3
		Duval	85.5	0.39	0	0	0	0		1
		Nassau	45.9	2.06	2	3	2	3		1
		St. Johns	90.5	0.39	0	0	0	0		1

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

[1] American Community Survey

[4] County Health Rankings

[7] Florida Agency for Healthcare Administration

[8] Florida Behavioral Risk Factor Surveillance System

[25] Small Area Health Insurance Estimates

The Health Resources and Services Administration (HRSA) has designated areas, populations, and facilities as having a shortage of primary care, dental, and mental health providers and services. There are many of these designations in the Brooks Rehabilitation service area. Medically Underserved Areas (MUAs) and Medically Underserved Populations (MUPs) are geographic areas and populations with a lack of access to primary care services. The entire area of Baker County has been designated an MUA, as have several sub-county areas in Clay and Duval counties.

TABLE 24. MEDICALLY UNDERSERVED AREAS AND POPULATIONS

County Name	Service Area Name	Designation Type	Geographic Area
Baker	Baker County	Medically Underserved Area	Entire county
Clay	Penney Farms Service Area	Medically Underserved Area	Minor Civil Division (92678) Penney Farms Census County Division
Duval	Duval Service Area	Medically Underserved Area	CT 0138.00, CT 0139.01, CT 0139.02, CT 0139.05, CT 0139.06, CT 9900.00
Duval	Duval Service Area	Medically Underserved Area	CT 0142.03, CT 0142.04, CT 9900.00
Duval	Duval Service Area	Medically Underserved Area	CT 0142.02, CT 9900.00
Duval	Duval Service Area	Medically Underserved Area	CT 0163.00
Duval	Low Income - North Jacksonville	Medically Underserved Population - Low Income	CT 0001.00, CT 0002.00, CT 0003.00, CT 0011.00, CT 0012.00, CT 0013.00, CT 0014.00, CT 0015.00, CT 0016.00, CT 0028.01, CT 0028.02, CT 0029.01, CT 0029.02, CT 0104.01, CT 0104.02, CT 0107.00, CT 0108.00, CT 0109.00, CT 0110.00, CT 0111.00, CT 0112.00, CT 0113.00, CT 0114.00, CT 0115.00, CT 0116.00, CT 0172.00, CT 0174.00

[12] Health Resources and Services Administration

Another type of HRSA shortage designation, Health Professional Shortage Areas (HPSAs), indicates health care provider shortages in primary care, dental health, or mental health. These shortages may impact the entire population within a defined geographic area, a specific population within a geographic area, or certain types of facilities for which a shortage of providers has been identified. The majority of the HPSAs are in Duval County and are specific to the low-income population across various groupings of census tracts. However, there are HPSAs within all five counties of the Brooks Rehabilitation service area, including the entire area of Baker County with a shortage of dental and mental health providers, the entire area of Nassau County with a shortage of mental health providers for the low-income population, and the entire area of St. Johns County with a shortage of mental health providers for all residents.

TABLE 25. HEALTH PROFESSIONAL SHORTAGE AREAS AND POPULATIONS

County Name	Designation Type	Geographic Area	Primary Care	Dental Health	Mental Health
Baker	Area	Entire county		X	X
Baker	Population - Low Income	Entire county		X	
Clay	Population - Geographic	Keystone Heights Census County Division	X		
Clay	Population - Low Income	Green Cove Springs Census County Division	X		
Duval	Population - Low Income - Atlantic Beach	CT 0138.00, CT 0139.01, CT 0139.02, CT 0139.04	X	X	
Duval	Population - Low Income - Baldwin	CT 0137.21, CT 0137.23, CT 0173.00	X	X	
Duval	Population - Low Income - East Jacksonville	CT 0143.11, CT 0144.01, CT 0145.00, CT 0150.02, CT 0151.00, CT 0152.00, CT 0154.00, CT 0155.01, CT 0155.02, CT 0158.02	X	X	
Duval	Population - Low Income - Jacksonville	CT 0001.00, CT 0010.00, CT 0102.01, CT 0102.02, CT 0103.01, CT 0103.03, CT 0103.04, CT 0104.01, CT 0104.02, CT 0105.00, CT 0107.00, CT 0108.00, CT 0109.00, CT 0011.00, CT 0110.00, CT 0111.00, CT 0112.00, CT 0113.00, CT 0114.00, CT 0115.00, CT 0116.00, CT 0012.00, CT 0013.00, CT 0014.00, CT 0147.01, CT 0147.02, CT 0148.00, CT 0015.00, CT 0153.00, CT 0156.00, CT 0016.00, CT 0172.00, CT 0174.00, CT 0002.00, CT 0028.01, CT 0028.02, CT 0029.01, CT 0029.02, CT 0003.00		X	

County Name	Designation Type	Geographic Area	Primary Care	Dental Health	Mental Health
Duval	Population - Low Income - North Jacksonville	CT 0001.00, CT 0010.00, CT 0104.01, CT 0104.02, CT 0107.00, CT 0108.00, CT 0109.00, CT 0011.00, CT 0110.00, CT 0111.00, CT 0112.00, CT 0113.00, CT 0114.00, CT 0115.00, CT 0116.00, CT 0012.00, CT 0013.00, CT 0014.00, CT 0148.00, CT 0015.00, CT 0016.00, CT 0172.00, CT 0174.00, CT 0002.00, CT 0028.01, CT 0028.02, CT 0029.01, CT 0029.02, CT 0003.00	X		
Duval	Population - Low Income - South Jacksonville	CT 0153.00, CT 0156.00, CT 0157.00, CT 0160.00, CT 0161.00, CT 0162.00, CT 0163.00, CT 0166.01, CT 0006.00, CT 0008.00	X		
Duval	Population - Low Income - South Jacksonville	CT 0157.00, CT 0161.00, CT 0162.00, CT 0163.00, CT 0166.01, CT 0006.00, CT 0008.00		X	
Duval	Population - Low Income - West Jacksonville	CT 0117.00, CT 0118.00, CT 0119.01, CT 0120.00, CT 0121.00, CT 0122.00, CT 0123.00, CT 0124.00, CT 0125.00, CT 0126.01, CT 0126.02, CT 0127.02, CT 0127.03, CT 0127.04, CT 0128.00, CT 0129.00, CT 0133.00, CT 0134.02, CT 0134.03, CT 0134.04, CT 0135.21, CT 0135.22, CT 0171.00, CT 0025.01, CT 0025.02, CT 0026.00, CT 0027.01, CT 0027.02		X	
Duval	Population - Low Income - West Jacksonville	CT 0117.00, CT 0118.00, CT 0119.01, CT 0119.02, CT 0119.03, CT 0120.00, CT 0121.00, CT 0122.00, CT 0123.00, CT 0124.00, CT 0125.00, CT 0126.01, CT 0126.02, CT 0127.02, CT 0127.03, CT 0127.04, CT 0128.00, CT 0129.00, CT 0133.00, CT 0134.02, CT 0134.03, CT 0134.04, CT 0135.21, CT 0135.22, CT 0171.00, CT 0025.01, CT 0025.02, CT 0026.00, CT 0027.01, CT 0027.02	X		

County Name	Designation Type	Geographic Area	Primary Care	Dental Health	Mental Health
Duval	Low Income - Northwest Duval County	Baldwin CCD, Jacksonville North CCD, Jacksonville West CCD			X
Duval	Low Income - Southeast Duval County	Jacksonville Beaches CCD, Jacksonville East CCD			X
Nassau	Population - Low Income	entire county			X
Nassau	Population - Geographic	CT 00504.00, CT 00505.03, CT 00505.04	X		
St. Johns	Population - Low Income - Western St. Johns	CT 00202.CT 00, CT 00203.CT 00, CT 00204.CT 00, CT 00209.01, CT 00209.02, CT 00210.02, CT 00210.03, CT 00210.04, CT 00211.01, CT 00211.02, CT 00211.03, CT 00212.03, CT 00212.04, CT 00213.01	X	X	
St. Johns	Population - Geographic	entire county			X

[13] Health Resources and Services Administration

Six facilities in the Brooks Rehabilitation service area have been designated as an HPSA Point. Of the three facilities with this designation in Baker County, two are rural health clinics. There are three comprehensive health centers across Duval and St. Johns counties with this designation.

TABLE 26. HEALTH PROFESSIONAL SHORTAGE AREA POINTS

County Name	HPSA Name	Designation Type	Primary Care	Dental Health	Mental Health
Baker	Children's Medical Center of MacClenny	Rural Health Clinic	X		
Baker	Children's Medical Center-Glen St Mary	Rural Health Clinic	X	X	X
Baker	Baker Correctional Institution	Correctional Facility	X	X	X
Duval	I.M. Sulzbacher Center for the Homeless	Comprehensive Health Center	X	X	X
Duval	Duval County Health Department	Comprehensive Health Center	X	X	X
St. Johns	Northeast Florida Health Services	Comprehensive Health Center			X

Primary Data

Access to health services was mentioned as a community issue in every key informant interview and during every focus group. Primary data discussions around access to health services focused on the following major themes:

- **Transportation:** Transportation was mentioned as barrier to accessing health care in 38 of the 44 key informant interviews completed. Specifically, the urban and rural nature of the service area lends to accessibility challenges. Persons with disabilities and their caregivers noted both transportation services and the built environment (sidewalks) as barriers to accessing health services.
- **Access to Healthcare Providers:** Focus group sessions that took place in rural communities reported that specialty healthcare providers were especially inaccessible for rural residents. Persons with disabilities and their caregivers mentioned that it is difficult to find primary care providers and dentists who have offices that are fully accessible.
- **Insurance Coverage & Policy:** Focus group participants and key informants stated that insurance is not affordable for the older adult population, especially if they need any care that is covered through supplemental insurance packages.
- **Health Literacy:** Health literacy as a function of one's ability to manage care was presented as a barrier to accessing health services. Caregivers emphasized challenges navigating resources for another person, and how it can sometime feel like a second full time job.
- **Cultural Attitudes & Language:** Key informants noted that within the undocumented population there is great fear of deportation and thus avoidance of services. Within the Hispanic community, there is profound stigma toward accessing mental health services and getting treatment for mental health illness. When asked whether language was a barrier to accessing health services, key informants stated that in metropolitan Jacksonville, health forms are often available in other languages and translators are available; key informants did however note that these resources are not as available in rural communities.
- **Quality of Care:** Mental health provider shortages in the counties outside of Duval have created a provider crisis for the service area. Key informants noted that due to the great demand for mental health services there are limited appointment times.
- **Prevention:** Key informants and focus group participants discussed that a culture of seeking screenings or well visits amongst the adult population is rare. Rather, adults and families seek emergency care as a first step. They further noted that if screenings were better advertised or brought to the communities in greater need, there would be greater participation

Access to Proper Nutrition

Secondary Data

Access to proper nutrition was qualified as an influencing factor in one's ability to access health services. Food insecurity is the state of being without reliable access to a sufficient quantity of affordable, nutritious food. According to the secondary data, food insecurity arose as an indicator of concern for Baker, Duval and Nassau counties. Approximately 20% of Duval County residents are food insecure.

Barriers in accessibility to a grocery store impact individual nutrition and overall health. As illustrated in the secondary data, more than a third of residents in Baker County and one quarter of residents in Duval and St. Johns counties have low access to a grocery store. Table 27 displays secondary data indicators related to nutrition accessibility.

TABLE 27. NUTRITION RELATED INDICATORS*

Indicator	FL Value	County	County Value	County Data Score	FL Counties	FL Value	US Counties	US Value	HP2020	Trend
Child Food Insecurity Rate [6] (2015)	22.70%	Baker	23.8%	2	2	2	2	3		1.5
		Clay	19.7%	1	0	0	1	2		1.5
		Duval	23.2%	1.94	1	2	2	3		2
		Nassau	22.9%	1.94	1	2	2	3		2
		St. Johns	18.8%	0.72	0	0	1	1		1
Children with Low Access to a Grocery Store [28] (2018)		Baker	7.7%	2	3		3			
		Clay	6.3%	1.67	2		2			
		Duval	6.1%	1.67	2		2			
		Nassau	4.7%	1.5	1		2			
		St. Johns	5.3%	1.67	2		2			
Food Environment Index [4] (2018) *An assessment of food environment according to County Health Rankings	6.7	Baker	6.4	2.44	3	2	3	3		2
		Clay	7.6	1.11	0	0	1	2		2
		Duval	6.3	2.44	3	2	3	3		2
		Nassau	7.4	1.22	1	0	2	2		1
		St. Johns	7.8	0.72	0	0	1	1		1
Food Insecure Children Likely Ineligible for Assistance [6] (2015)	29.0%	Baker	30.0%	1.61	2	2	2	0		2
		Clay	39.0%	2.39	3	3	3	3		1
		Duval	29.0%	1.22	2	1	2	0		1
		Nassau	36.0%	2.44	3	3	3	2		2
		St. Johns	52.0%	2.39	3	3	3	3		1
Food Insecurity Rate [6] (2015)	15.1%	Baker	17.3%	2.44	2	3	3	3		2
		Clay	13.8%	1.44	0	1	2	2		2
		Duval	20.0%	2.61	3	3	3	3		2
		Nassau	14.8%	1.61	1	1	2	2		2
		St. Johns	12.8%	0.83	0	0	1	1		1.5
Households with No Car and Low Access to a Grocery Store [28] (2015)		Baker	2.8%	1.67	2		2			
		Clay	1.9%	1.17	0		1			
		Duval	1.7%	1	0		0			
		Nassau	2.4%	1.33	1		1			
		St. Johns	2.4%	1.33	1		1			
People 65+ with Low Access to a Grocery Store [28] (2015)		Baker	3.4%	1.5	1		2			
		Clay	2.8%	1.33	1		1			
		Duval	2.5%	1.33	1		1			
		Nassau	4.4%	1.83	2		3			
		St. Johns	4.3%	1.67	2		2			
People with Low Access to a Grocery Store [28] (2015)		Baker	33.1%	2	3		3			
		Clay	24.4%	1.5	1		2			
		Duval	24.7%	1.67	2		2			
		Nassau	24.2%	1.5	1		2			
		St. Johns	25.4%	1.67	2		2			

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

[4] County Health Rankings

[8] Florida Behavioral Risk Factor Surveillance System

[6] Feeding America

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

Primary Data

Diet, Food, and Nutrition was confirmed by 50% of community survey participants to be one of the most impactful conditions on health. Across key informant interviews and focus groups, discussions focused on how inaccessibility to healthy foods impacts the ability to manage health, chronic disease, and everyday living. Safe accessibility to a grocery store for community members in wheelchairs was a concern brought up by focus group participants, as many noted that streets are often not well maintained or dimly lit.

Access to Safe & Affordable Housing

Secondary Data

According to the secondary data, four of five counties have a median household gross rent higher than the United States national median. High housing and rent costs often prevent members of the population from being able to afford secure and acceptable housing or afford other expenses, such as their health care needs.

TABLE 28. HOUSING RELATED INDICATORS*

Indicator	FL Value	County	County Value	County Data Score	FL Counties	FL Value	US Counties	US Value	HP2020	Trend
Homeownership [1] (2012-2016)	52.30%	Baker	68.2%	0.61	0	0	0	0		2
		Clay	68.0%	0.61	0	0	0	0		2
		Duval	50.3%	2.67	3	2	3	3		3
		Nassau	61.5%	0.78	0	0	1	0		2
		St. Johns	63.7%	0.67	0	0	1	0		1.5
Median Household Gross Rent [1] (2012-2016)	$1,032	Baker	$695	0.81	1	0		0		1
		Clay	$1,028	1.86	3	1		2		2
		Duval	$962	1.92	2	1		2		3
		Nassau	$1,050	2.42	3	2		3		3
		St. Johns	$1,150	2.58	3	3		3		3
Median Housing Unit Value [1] (2012-2016)	$166,800	Baker	$108,600	2.42	2	3		3		3
		Clay	$157,600	1.86	1	2		3		2
		Duval	$146,400	2.03	1	3		3		2
		Nassau	$192,600	0.81	0	0		1		1
		St. Johns	$259,900	0.64	0	0		0		1
Median Monthly Owner Costs for Households without a Mortgage [1] (2012-2016)	$466	Baker	$284	0.64	0	0		0		1
		Clay	$379	0.97	2	0		0		1
		Duval	$445	1.08	2	1		1		0
		Nassau	$412	1.19	2	0		0		2
		St. Johns	$490	1.81	3	2		2		1
Mortgaged Owners Median Monthly Household Costs [1] (2012-2016)	$1,422	Baker	$1,118	0.58	1	0		0		0
		Clay	$1,359	1.08	2	1		1		0
		Duval	$1,337	0.92	2	1		0		0
		Nassau	$1,391	1.47	3	1		1		1
		St. Johns	$1,746	1.92	3	3		3		0

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

1 American Community Survey

Primary Data

Homelessness was discussed in 11 out of 44 key informant interviews as an issue. Key informants mentioned that for homeless individuals, access to resources and health services can be a challenge. Additionally, key informants mentioned that there is a mental health crisis within the homeless population, and there are not enough providers available to see those patients. Furthermore, focus group participants cited that homeless individuals who receive housing support often end up on the streets again because they are not able to maintain their mental wellbeing.

Affordability was another theme brought up by many primary data participants. In a focus group with caretakers and community members with a disability, many cited the expense associated with accessible housing. While citing some resources that currently exist to supplement the cost, a few told anecdotes about individuals who aren't able to afford to make their home fully accessible to their needs.

Behavioral Health [Mental Health & Substance Abuse]

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

Secondary Data

Secondary data showed that suicide is a problem in the Northeast Florida Region. The death rate due to suicide is higher in four of the five counties than the overall Florida state rate, and all five counties have a higher rate than the Healthy People 2020 target. Nassau County is of particular concern, as its rate of 30.7 deaths per 100,000 population is nearly double the rate of every other county. Additionally, there is a worsening trend of suicide death rate in both Baker County and Nassau County, with their rates increasing from 2015 to 2016 and also over time from 2013 to 2016.

In addition to suicide, depression among seniors is an emerging issue for the region. Baker, Duval, and Nassau counties have seen steadily rising rates of depression in the Medicare population over four periods of measurement from 2012 to 2015, with each year having a higher percent of depression than the last. St. Johns County has seen a similar rise year after year from 2013 to 2015, and even Clay County has seen a rise from 2014 to 2015.

Alcohol use continues to pose challenges for the Northeast Florida Region. In four of the five counties in the Brooks Rehabilitation service area, the percent of alcohol-impaired driving deaths is greater than both the Florida state and US national values. Further, three of the five counties also exceed the Florida value for both percent

of adults who drink excessively and driving under the influence arrest rate, with Nassau County having a rate that more than doubles the Florida rate for driving under the influence arrests. Drinking excessively is defined as self-reported heavy drinking within the past 30 days or binge drinking on at least one occasion in the past 30 days.

The death rate due to drug poisoning rose in Clay, Duval, and St. Johns counties from the rate measured for 2013-2015 to the rate measured for 2014-2016. In Clay County, the rate has been steadily rising over time since 2012, while Duval has seen the biggest spike in recent years, with the rate jumping from 17.1 deaths per 100,000 population in the 2013-2015 time period to 26.2 deaths per 100,000 population in the 2014-2016 time period. The death rates for Baker, Clay, and Duval counties all exceed the overall Florida state rate.

Further analysis was done to identify specific indicators of concern across the region, and individual indicators with high data scores in the mental health and substance abuse topic areas are listed in Table 29.

TABLE 29. BEHAVIORAL HEALTH INDICATORS*

Indicator	FL Value	County	County Value	County Data Score	FL Counties	FL Value	US Counties	US Value	HP2020	Trend
Adults who Drink Excessively [8] (2016)	17.5%	Baker	12.0%	0.83	0	0			0	
		Clay	22.2%	1.83	3	3			0	
		Duval	19.4%	1.83	3	3			0	
		Nassau	12.2%	0.83	0	0			0	
		St. Johns	20.1%	1.83	3	3			0	
Adults who Smoke [8] (2016)	15.5%	Baker	18.8%	2.08	2	3		2	3	
		Clay	18.7%	2.08	2	3		2	3	
		Duval	18.5%	2.08	2	3		2	3	
		Nassau	12.8%	0.81	0	0		0	2	
		St. Johns	12.2%	0.81	0	0		0	2	
Age-Adjusted Death Rate due to Suicide [17] (2016) *in deaths/100,000 population	14.2	Baker	16.8	2.36	2	3		3	3	2
		Clay	18.4	2.36	2	3		3	3	2
		Duval	13.3	1.42	1	1		1	3	1.5
		Nassau	30.7	2.42	3	3		3	3	1.5
		St. Johns	16.2	2.14	2	3		3	3	1
Alcohol-Impaired Driving Deaths [4] (2012-2016)	26.4%	Baker	43.2%	2.61	3	3	3	3		2
		Clay	41.2%	2.39	3	3	3	3		1
		Duval	31.8%	1.89	2	3	2	2		1
		Nassau	32.0%	2.11	2	3	2	2		2
		St. Johns	23.8%	0.5	0	1	1	0		0
Alzheimer's Disease or Dementia: Medicare Population (2015)	11.7%	Baker	10.2%	1.44	1	0	2	2		2
		Clay	9.4%	1	0	0	2	1		1.5
		Duval	11.3%	2.11	2	1	3	3		2
		Nassau	8.2%	0.67	0	0	1	0		1.5
		St. Johns	9.3%	0.89	0	0	2	1		1
Death Rate due to Drug Poisoning [4] (2014-2016) *in deaths/100,000 population	17.4	Baker	20.6	2.17	2	3	2	3		1.5
		Clay	23.9	2.67	3	3	2	3		3
		Duval	26.2	2.61	3	3	3	3		2
		Nassau	16.1	1.22	2	1	1	1		1
		St. Johns	12.2	0.61	0	0	0	0		2

Indicator	FL Value	County	County Value	County Data Score	FL Counties	FL Value	US Counties	US Value	HP2020	Trend
Depression: Medicare Population [3] (2015)	17.5%	Baker	17.5%	2	2	1	2	2		3
		Clay	16.3%	1.28	1	1	1	1		2
		Duval	18.2%	2.17	2	2	2	2		3
		Nassau	15.7%	1.33	1	0	1	1		3
		St. Johns	14.4%	0.78	0	0	1	0		2
Driving Under the Influence Arrest Rate [19] (2016) *in arrests/100,000 population	173.9	Baker	222.5	1.83	2	3				1.5
		Clay	109.1	0.67	0	0				0
		Duval	189.2	1.56	2	2				1
		Nassau	420.1	1.89	3	3				1
		St. Johns	134.4	1.06	1	0				1
Frequent Mental Distress [4] (2016)	11.9%	Baker	13.2%	1.67	2	3	2	0		
		Clay	12.2%	1.17	0	2	2	0		
		Duval	12.6%	1.33	1	2	2	0		
		Nassau	12.9%	1.33	1	2	2	0		
		St. Johns	10.8%	0.67	0	1	0	0		
Health Behaviors Ranking [4] (2018) *Ranking of the county in health behaviors according to the County Health Rankings*		Baker	58	1.75	3					
		Clay	32	1.42	1					
		Duval	41	1.58	2					
		Nassau	17	1.25	0					
		St. Johns	6	1.25	0					
Teens who Binge Drink: High School Students [21] (2016)	10.9%	Baker	16.3%	1.89	3	3				1
		Clay	12.3%	1.33	1	3				0
		Duval	7.1%	0.67	0	0				0
		Nassau	14.6%	1.5	2	3				0
		St. Johns	10.5%	1.06	0	1				1
Teens who have Used Methamphetamines [21] (2016)	0.8%	Baker	1.3%	1.83	2	3				1.5
		Clay	1.2%	1.72	2	3				1
		Duval	0.9%	1.56	1	3				1
		Nassau	1.2%	1.94	2	3				2
		St. Johns	0.4%	0.89	0	0				1
Teens who Smoke: High School Students [22] (2016)	3.0%	Baker	5.8%	1.33	2	3			0	0
		Clay	4.5%	1.33	2	3			0	0
		Duval	2.5%	0.5	0	0			0	0
		Nassau	5.0%	1.17	1	3			0	0
		St. Johns	3.5%	1.17	1	3			0	0
Teens who Use Alcohol [21] (2016)	25.5%	Baker	24.4%	1.22	1	1				1
		Clay	29.6%	1.67	3	3				0
		Duval	24.4%	1	1	1				0
		Nassau	25.7%	1.17	1	2				0
		St. Johns	28.3%	1.72	2	3				1

Indicator	FL Value	County	County Value	County Data Score	FL Counties	FL Value	US Counties	US Value	HP2020	Trend
Teens who Use Marijuana: High School Students [21] (2016)	17.0%	Baker	15.8%	1.33	1	1				1.5
		Clay	16.6%	1	1	1				0
		Duval	16.6%	1.22	1	1				1
		Nassau	13.6%	0.89	0	0				1
		St. Johns	18.7%	1.56	2	2				1

* Comparisons were given a score ranging from 0 (green) to 3 (red), where 0 indicates the best outcome and 3 the worst according to comparison values. Comparison scores of 0 or 3 are determined by the quartile of the indicator value when compared to a set of county values (FL counties or US counties), percent difference of 10% or greater when compared to a single value (FL value, US value, or HP2020 target), or a statistically significant Mann-Kendall test for trend. A trend score of 1.5 indicates the values are neither increasing or decreasing over time. Availability of each type of comparison varies by indicator and is dependent upon the data source, comparability with data collected for other communities, and changes in methodology over time. Please see Appendix B2 for a detailed description of data scoring methodology

[3] Centers for Medicare & Medicaid Services

[4] County Health Rankings

[8] Florida Behavioral Risk Factor Surveillance System

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

[19] Florida Department of Law Enforcement

[21] Florida Youth Substance Abuse Survey

[22] Florida Youth Tobacco Survey

The following data is from the 2017 Youth Risk Behavior Survey for Duval County Middle and High School students. In 2017, 28.6% of middle school students report lifetime alcohol use, a 21% decrease since 2013. Similar patterns are seen amongst Duval County high schools; lifetime alcohol use has decreased from 65.2% in 2011 to 53.3% in 2017. Current alcohol use was more common among female students (28.3%) than male students (22.6%), and more common among lesbian, gay, and bisexual students (40.5%). 13.8% of middle school students report marijuana use at least once in their lifetime. The 2017 report shows there is a 30% increase since 2015 in the percent of middle school students who have used synthetic marijuana (6.1%). Approximately 25% of Duval County high school students report current marijuana use. Finally, regarding misuse of prescription drugs, about 1 in 10 middle school students have used a prescription drug without a doctor's prescription at least once in their lifetime. Of particular concern in Duval County is illegal substance use by high school students. 4.9% of high school students have used methamphetamines at least once in their lifetime, 17.2% report current use of prescription drugs without a doctor's prescription, and high school students in Duval County were more likely to have been offered, sold, or given an illegal drug by someone on school property when compared to the state of Florida (27.4% and 17.0%, respectively).

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

Regarding violence, suicide, and safety behaviors, 43.4% of Duval County middle school students report being bullied on school property, a 12% increase since 2013. Female middle school students (49.9%) were more likely to have been bullied than their male peers (37.3%). 20.3% of middle school students report ever having been electronically bullied. High school students experienced similar trends. During the last 30 days before the survey approximately 19.9% of high school students in Duval County reported being bullied at school, which is higher than the state of Florida average (14.3%).

Approximately 25.9% of middle school students reported they had seriously contemplated suicide at the time of the survey, and female students were more likely to have thought about suicide compared to their male peers (33.9% and 18.2%, respectively). There has been a 21% increase since 2013 in the percent of students who have attempted suicide. Depression and suicide-related behaviors were more common among Duval County high school

students compared to Florida students. Among Duval County high school students, 35% report being depressed, 21% seriously considered suicide, 19% made a plan to commit suicide, and 19% attempted suicide. Female high school students are more likely to have contemplated suicide. Trend data show a 19% increase in the percent of students who have made a plan to attempt suicide since 2013. Finally, suicide risk behaviors were more common among lesbian, gay, and bisexual high school students.

Primary Data

Community survey respondents ranked mental health and substance abuse as the two most important health issues in the region. Mental health was ranked as one of the top five most pressing health needs by 64 percent of the 853 survey respondents, while substance abuse was similarly ranked by 57 percent of respondents. Further, mental health was mentioned the second most times of any topic area in both key informant interviews and focus group discussions. 41 out of 44 key informants discussed mental health in their interview, while the topic was discussed among participants in all 31 focus groups. Substance abuse was the eighth most common topic area in key informant interviews, with 26 informants speaking on the topic. It was also the ninth most discussed topic across all focus groups, being talked about by participants in 20 of 31 discussion groups.

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

Further, there is still substantial stigma in the region surrounding mental health, as well as substance abuse. This stigma often prevents individuals from seeking out resources and care because they do not want their conditions to be known by others in the community or they are fearful that they may lose housing or jobs because of them. Nine separate key informants and focus group participants discussed this stigma, adding that the concept of seeking therapy for mental health or substance abuse has a particularly negative stigma and that individuals often resort to isolation or denial instead of seeking help for this reason.

In one focus group, there was an extended conversation about mental health among caregivers and individuals with disabilities. Depression was noted as prevalent within the disabled community, especially amongst those with a new disability. Focus group participants stressed the importance of support groups and accessible activities to improve mental health. Caregivers in this focus group also mentioned how important support groups are for maintaining their mental health. Focus group participants noted that symptoms of depression and poor mental health are often ignored by caregivers because they spend much of their time caring for another person or loved one.

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

Lastly, the emerging opioid crisis was also explored in twenty separate key informant interviews and focus groups. It was also a problem that many participants believe needs to be quickly addressed, and many ranked it as one of their top health issues of concern. Notably, it was mentioned that opioids and prescription drug abuse are a “real health equalizer”, as it is one of the few things that affects the rich, poor, and everyone in between. The geography of the region was also discussed as a factor in the opioid overdose spike over recent years, as there are numerous ways that drugs can get into the community since it is at the crossroads of two major highways and also borders the sea. Two separate key informants also noted the role of accidental or unintentional use or overdose due to the secretive mixture of opioids with more common drugs that the user is not made aware of.

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

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

Poverty

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

Secondary Data

From the secondary data scoring results, the economy, which includes poverty, ranked as the fourth highest quality of life topic area of need for the Brooks Rehabilitation service area. Further analysis was done to determine which specific poverty-related indicators were of most concern across the region and are highlighted in Table 30.

TABLE 30. POVERTY-RELATED INDICATORS*

Indicator	FL Value	County	County Value	County Data Score	FL Counties	FL Value	US Counties	US Value	HP2020	Trend
Child Food Insecurity Rate [6] (2015)	22.7%	Baker	23.8%	2	2	2	2	3		1.5
		Clay	19.7%	1	0	0	1	2		1.5
		Duval	23.2%	1.94	1	2	2	3		2
		Nassau	22.9%	1.94	1	2	2	3		2
		St. Johns	18.8%	0.72	0	0	1	1		1
Children Living Below Poverty Level [1] (2012-2016)	23.3%	Baker	25.5%	2.11	2	2	2	3		2
		Clay	12.2%	0.61	0	0	0	0		2
		Duval	24.8%	1.94	1	2	2	3		2
		Nassau	18.9%	0.78	0	0	1	0		2
		St. Johns	9.5%	0.39	0	0	0	0		1
Families Living Below Poverty Level [1] (2012-2016)	11.7%	Baker	12.2%	1.89	2	2	2	3		1
		Clay	7.9%	1	0	0	1	0		3
		Duval	12.7%	1.89	2	2	2	3		1
		Nassau	9.3%	0.78	0	0	1	0		2
		St. Johns	5.9%	0.39	0	0	0	0		1
Female Population 16+ in Civilian Labor Force [1] (2012-2016)	54.3%	Baker	53.2%	1.67	1	2	2	2		1.5
		Clay	57.2%	1.5	0	1	1	2		3
		Duval	60.4%	1	0	0	0	1		3
		Nassau	49.8%	1.94	1	2	2	3		2
		St. Johns	53.3%	2	1	2	2	2		3

Indicator	FL Value	County	County Value	County Data Score	FL Counties	FL Value	US Counties	US Value	HP2020	Trend
Food Insecure Children Likely Ineligible for Assistance [6] (2015)	29.0%	Baker	30.0%	1.61	2	2	2	0		2
		Clay	39.0%	2.39	3	3	3	3		1
		Duval	29.0%	1.22	2	1	2	0		1
		Nassau	36.0%	2.44	3	3	3	2		2
		St. Johns	52.0%	2.39	3	3	3	3		1
Food Insecurity Rate [6] (2015)	15.1%	Baker	17.3%	2.44	2	3	3	3		2
		Clay	13.8%	1.44	0	1	2	2		2
		Duval	20.0%	2.61	3	3	3	3		2
		Nassau	14.8%	1.61	1	1	2	2		2
		St. Johns	12.8%	0.83	0	0	1	1		1.5
Homeownership [1] (2012-2016)	52.3%	Baker	68.2%	0.61	0	0	0	0		2
		Clay	68.0%	0.61	0	0	0	0		2
		Duval	50.3%	2.67	3	2	3	3		3
		Nassau	61.5%	0.78	0	0	1	0		2
		St. Johns	63.7%	0.67	0	0	1	0		1.5
Households with Cash Public Assistance Income [1] (2012-2016)	2.2%	Baker	4.6%	2.61	3	3	3	3		2
		Clay	1.7%	0.56	0	0	1	0		1
		Duval	2.8%	2.11	2	3	2	2		2
		Nassau	2.8%	2.11	2	3	2	2		2
		St. Johns	1.6%	0.78	0	0	1	0		2
Low-Income and Low Access to a Grocery Store [28] (2015)	0.0%	Baker	13.0%	2	3		3			
		Clay	6.9%	1.5	1		2			
		Duval	8.6%	1.67	2		2			
		Nassau	7.4%	1.5	1		2			
		St. Johns	6.6%	1.5	1		2			
Median Household Gross Rent [1] (2012-2016)	$1,032	Baker	$695	0.81	1	0		0		1
		Clay	$1,028	1.86	3	1		2		2
		Duval	$962	1.92	2	1		2		3
		Nassau	$1,050	2.42	3	2		3		3
		St. Johns	$1,150	2.58	3	3		3		3
Median Household Income [1] (2012-2016)	$48,900	Baker	$53,327	1.06	0	1	1	2		1
		Clay	$59,179	0.78	0	0	0	1		2
		Duval	$49,196	1.39	1	1	1	3		1
		Nassau	$59,196	0.67	0	0	0	1		1.5
		St. Johns	$69,523	0.17	0	0	0	0		0
Median Housing Unit Value [1] (2012-2016)	$166,800	Baker	$108,600	2.42	2	3		3		3
		Clay	$157,600	1.86	1	2		3		2
		Duval	$146,400	2.03	1	3		3		2
		Nassau	$192,600	0.81	0	0		1		1
		St. Johns	$259,900	0.64	0	0		0		1

Indicator	FL Value	County	County Value	County Data Score	FL Counties	FL Value	US Counties	US Value	HP2020	Trend
Median Monthly Owner Costs for Households without a Mortgage [1] (2012-2016)	$466	Baker	$284	0.64	0	0		0		1
		Clay	$379	0.97	2	0		0		1
		Duval	$445	1.08	2	1		1		0
		Nassau	$412	1.19	2	0		0		2
		St. Johns	$490	1.81	3	2		2		1
Mortgaged Owners Median Monthly Household Costs (2012-2016)	$1,422	Baker	$1,118	0.58	1	0		0		0
		Clay	$1,359	1.08	2	1		1		0
		Duval	$1,337	0.92	2	1		0		0
		Nassau	$1,391	1.47	3	1		1		1
		St. Johns	$1,746	1.92	3	3		3		0
People 65+ Living Below Poverty Level [1] (2012-2016)	10.4%	Baker	8.2%	0.72	1	0	1	0		1
		Clay	6.2%	0.5	0	0	0	0		1.5
		Duval	10.1%	1.78	2	1	2	2		2
		Nassau	7.2%	0.39	0	0	0	0		1
		St. Johns	6.1%	0.39	0	0	0	0		1
People Living 200% Above Poverty Level [1] (2012-2016)	62.7%	Baker	62.5%	1.78	1	2	2	2		2
		Clay	72.4%	0.78	0	0	0	1		2
		Duval	63.4%	1.22	1	1	1	2		1
		Nassau	70.3%	0.33	0	0	0	1		0
		St. Johns	78.2%	0.17	0	0	0	0		0
People Living Below Poverty Level [1] (2012-2016)	16.1%	Baker	18.5%	2.28	2	3	2	3		2
		Clay	10.2%	0.61	0	0	0	0		2
		Duval	16.6%	1.56	1	2	2	2		1
		Nassau	12.7%	0.78	0	0	1	0		2
		St. Johns	9.0%	0.39	0	0	0	0		1
Per Capita Income [1] (2012-2016)	$27,598	Baker	$21,222	1.83	2	3	2	3		0
		Clay	$27,159	1.5	1	2	1	2		1.5
		Duval	$27,235	1.17	1	2	1	2		0
		Nassau	$31,141	0.56	0	0	0	1		1
		St. Johns	$38,362	0.17	0	0	0	0		0
Population 16+ in Civilian Labor Force [1] (2012-2016)	58.5%	Baker	51.9%	2.5	1	3	3	3		3
		Clay	62.1%	1.5	0	1	1	2		3
		Duval	63.9%	1.11	0	1	1	1		2
		Nassau	56.4%	1.94	1	2	2	3		2
		St. Johns	60.2%	1.5	0	1	1	2		3
Renters Spending 30% or More of Household Income on Rent [1] (2012-2016)	57.4%	Baker	33.1%	0.56	0	0	1	0		1
		Clay	42.7%	1.06	1	0	2	1		1
		Duval	50.1%	1.56	2	0	3	2		1
		Nassau	49.0%	1.67	2	0	3	2		1.5
		St. Johns	47.9%	1.33	2	0	3	2		0

Indicator	FL Value	County	County Value	County Data Score	FL Counties	FL Value	US Counties	US Value	HP2020	Trend
Severe Housing Problems [4] (2010-2014)	21.5%	Baker	16.8%	1.28	1	0	3	0		2
		Clay	14.9%	0.83	0	0	2	0		1.5
		Duval	20.1%	2.33	3	1	3	2		3
		Nassau	14.9%	0.83	0	0	2	0		1.5
		St. Johns	16.6%	0.89	1	0	2	0		1
Social and Economic Factors Ranking [4] (2018) *in *Ranking of the county in social and economic factors according to the County Health Rankings*		Baker	27	1.42	1					
		Clay	6	1.25	0					
		Duval	32	1.42	1					
		Nassau	5	1.25	0					
		St. Johns	1	1.25	0					
Total Employment Change [27] (2014-2015)	4.5%	Baker	2.6%	1.67	2	3	1	1		
		Clay	2.7%	1.67	2	3	1	1		
		Duval	0.2%	2.33	3	3	2	3		
		Nassau	3.2%	1.5	2	3	1	0		
		St. Johns	8.4%	0.5	0	0	0	0		
Unemployed Workers in Civilian Labor Force [1] (February 2018)	3.8%	Baker	3.6%	0.94	1	1	0	0		2
		Clay	3.4%	0.61	0	0	0	0		2
		Duval	3.7%	1.11	1	1	1	0		2
		Nassau	3.4%	0.61	0	0	0	0		2
		St. Johns	3.0%	0.61	0	0	0	0		2

*Comparisons were given a score ranging from 0 (green) to 3 (red), where 0 indicates the best outcome and 3 the worst according to comparison values. Comparison scores of 0 or 3 are determined by the quartile of the indicator value when compared to a set of county values (FL counties or US counties), percent difference of 10% or greater when compared to a single value (FL value, US value, or HP2020 target), or a statistically significant Mann-Kendall test for trend. A trend score of 1.5 indicates the values are neither increasing or decreasing over time. Availability of each type of comparison varies by indicator and is dependent upon the data source, comparability with data collected for other communities, and changes in methodology over time. Please see Appendix B2 for a detailed description of data scoring methodology

[1] American Community Survey

[4] County Health Rankings

[6] Feeding America

[26] U.S. Bureau of Labor Statistics

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

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

While the economy as a topic area scored well for the Northeast Florida region, the trend comparison indicates that these indicators may be getting worse over time and should be considered in future assessments.

Based on the secondary data results, it is seen that the cost of housing plays an integral role in the economy and potential poverty in the region. Four of five counties have a median household gross rent higher than the United States national median. High housing and rent costs often prevent members of the population from being able to afford secure and acceptable housing or afford other expenses, such as health care and services. The median household gross rent has increased over time in Duval, Nassau, and St. Johns counties, and these trends over time can be seen in Table 31. In addition, over half of the population in Duval County spends at least 30 percent of household income on rent, while just under half do in Nassau County and St. Johns County.

Additionally, when examining trends over time, it can be seen that the population in the civilian labor force and the female population in the civilian labor force is trending down for much of the region. The statistically significant

downward trend is seen for overall population in Baker and Clay counties, while the statistically significant downward trend for females exists over time in Clay, Duval, and St. Johns counties. In the most recent time period of 2012-2016, four of the five counties in the region have lower percentages of these populations in the civilian labor force than the Florida state average. While these values include both those who are employed and those who are unemployed, this decrease in the percent of people in the labor force indicates a growing number of people who are unable to potentially work to earn money and boost the economy. Lastly, the percentage of families living below the poverty level has been increasing over time in Clay County.

Table 31 shows poverty-related indicator values for the last four time periods of measurement for counties that had a statistically significant trend in the harmful direction according to the Mann-Kendall statistical test.

TABLE 31. POVERTY-RELATED INDICATORS, TREND DATA

Families Living Below Poverty Level[1]				
	2009-2013	2010-2014	2011-2015	2012-2016
Clay County	6.9%	7.6%	7.7%	7.9%
Female Population 16+ in Civilian Labor Force[1]				
	2009-2013	2010-2014	2011-2015	2012-2016
Clay County	59.3%	57.9%	57.6%	57.2%
Duval County	61.5%	60.9%	60.8%	60.4%
St. Johns County	55.6%	54.7%	54.3%	53.3%
Median Household Gross Rent[1]				
	2009-2013	2010-2014	2011-2015	2012-2016
Duval County	$935	$941	$943	$962
Nassau County	$958	$1,026	$1,046	$1,050
St. Johns County	$1,073	$1,105	$1,119	$1,150
Population 16+ in Civilian Labor Force[1]				
	2009-2013	2010-2014	2011-2015	2012-2016
Baker County	54.1%	53.2%	52.9%	51.9%
Clay County	63.8%	62.7%	62.3%	62.1%

[1] American Community Survey

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

For two indicators, Households with Cash Public Assistance Income and Food Insecure Children Likely Ineligible for Assistance, over half of the Northeast Florida Region's counties have higher values than the state and national percentages. In particular, Baker County has an especially high percentage of households in the county with cash public assistance income, meaning they receive general assistance and Temporary Assistance to Needy Families (TANF). St. Johns County has the highest percentage of food insecure children likely ineligible for assistance among the counties in the region, which measures food insecure children in households with incomes at a threshold above the federal poverty level and who are therefore likely not income-eligible for federal nutrition assistance. The percentage of households with cash public assistance income has had a statistically significant upward trend over time for Baker, Duval, Nassau, and St. Johns counties.

Granular data reveal areas of particular need as it relates to poverty and the economy. Zip codes 32202, 32206, and 32209, all in Duval County, perform the worst of all zip codes in the region among poverty indicators. Those zip codes have the highest percentages of children living in poverty, families living in poverty, and persons living in poverty. Zip code 32202 also has the second highest percentage of older adults 65 years of age and older living in poverty. The same three zip codes have the lowest median household incomes among all zip codes in the region. Table 32 shows the values for these zip codes for the relevant poverty-related indicators.

TABLE 32. ZIP CODE LEVEL DATA FOR POVERTY-RELATED INDICATORS

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

[1] American Community Survey

Primary Data

Community survey participants were asked to rank the most impactful conditions of daily life in their community, and poverty was ranked as the seventh most impactful for the Brooks Rehabilitation service area. 297 respondents, over one third of total survey participants, selected poverty as one of the top five conditions that impact their community. Furthermore, nearly 80 percent of respondents (665 of 837 respondents who answered the question) named low-income persons as a group in their community that is most affected by poor health outcomes.

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

Overall, the economy as a topic was discussed in 23 of 31 focus groups and in 29 of 44 key informant interviews. It was the seventh most common topic in focus groups and the fifth in key informant interviews. Additionally, discussion of the low-income and poverty-stricken population occurred in 29 focus groups and 30 interviews.

Obesity & Physical Activity

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

Secondary Data

The topic of Obesity and Physical Activity was identified as a top health need in the Brooks Rehabilitation service area.

Compared to the state average, the percentage of obese adults is higher in four of the five counties included in the Brooks Rehabilitation service area. Baker County represents the highest end of this range, with an adult obesity rate 13% higher than the state, and approximately 10% higher than most of the other counties in the service area. With regards to nutrition, only two of the five counties in the service area have more adults eating five or more servings of fruits and vegetables per day than Florida state overall.

Access to exercise opportunities also informs the prioritization of Obesity and Physical Activity as a top health issue for the Brooks Rehabilitation service area, with three of the five counties having lower rates of access than both statewide and national averages. Baker County residents have the worst access to exercise opportunities, with only 35.0% of residents having reasonable access to exercise opportunities.

Lastly, the Child Food Insecurity Rate is a poorly performing indicator for three of the five counties in the Brooks Rehabilitation service area. Baker, Duval, and Nassau counties have a Child Food Insecurity Rate of between 22.9% and 23.8%, meaning that just under a quarter of the children in these counties are food insecure. These rates are higher than the state and national values. Child food insecurity was further discussed among community input participants as a main factor in children's inability to be focused and do well in school.

Further analysis was done to identify specific indicators of concern across the region, and individual indicators with high data scores in the obesity and physical activity topic areas are listed in Table 33.

7 United Way ALICE Report: Florida. (February 2, 2017). Retrieved July 2, 2018, from http://www.uwof.org/sites/uwof.org/files/17UW%20ALICE%20Report_FL%20Update_2.14.17_Lowres_0.pdf

TABLE 33. OBESITY & PHYSICAL ACTIVITY-RELATED INDICATORS*

Indicator	FL Value	County	County Value	County Data Score	FL Counties	FL Value	US Counties	US Value	HP2020	Trend
Access to Exercise Opportunities [4] (2018)	87.1%	Baker	35.0%	2.5	3	3	3	3		
		Clay	83.9%	1.17	1	2	0	1		
		Duval	88.5%	0.83	0	1	0	1		
		Nassau	68.6%	2	2	3	1	3		
		St. Johns	88.2%	0.83	0	1	0	1		
Adult Fruit and Vegetable Consumption [8] (2013)	18.3%	Baker	19.3%	1.17	0	1				
		Clay	14.8%	1.83	2	3				
		Duval	17.3%	1.5	1	2				
		Nassau	15.9%	1.67	1	3				
		St. Johns	19.2%	1.17	0	1				
Adults who are Obese [8] (2016)	27.4%	Baker	40.2%	2.42	3	3		3	3	
		Clay	31.1%	1.81	1	3		2	2	
		Duval	30.7%	1.81	1	3		2	2	
		Nassau	30.9%	1.81	1	3		2	2	
		St. Johns	19.0%	0.58	0	0		0	0	
Adults who are Overweight or Obese [8] (2016)	63.2%	Baker	72.5%	2.25	3	3		3		
		Clay	67.8%	1.75	2	2		2		
		Duval	65.4%	1.58	1	2		2		
		Nassau	66.1%	1.58	1	2		2		
		St. Johns	56.8%	0.75	0	0		0		

Indicator	FL Value	County	County Value	County Data Score	FL Counties	FL Value	US Counties	US Value	HP2020	Trend
Child Food Insecurity Rate [6] (2015)	22.7%	Baker	23.8%	2	2	2	2	3		1.5
		Clay	19.7%	1	0	0	1	2		1.5
		Duval	23.2%	1.94	1	2	2	3		2
		Nassau	22.9%	1.94	1	2	2	3		2
		St. Johns	18.8%	0.72	0	0	1	1		1
Children with Low Access to a Grocery Store [28] (2018)		Baker	7.7%	2	3		3			
		Clay	6.3%	1.67	2		2			
		Duval	6.1%	1.67	2		2			
		Nassau	4.7%	1.5	1		2			
		St. Johns	5.3%	1.67	2		2			
Food Environment Index [4] (2018) *An assessment of food environment according to County Health Rankings	6.7	Baker	6.4	2.44	3	2	3	3		2
		Clay	7.6	1.11	0	0	1	2		2
		Duval	6.3	2.44	3	2	3	3		2
		Nassau	7.4	1.22	1	0	2	2		1
		St. Johns	7.8	0.72	0	0	1	1		1
Food Insecure Children Likely Ineligible for Assistance [6] (2015)	29.0%	Baker	30.0%	1.61	2	2	2	0		2
		Clay	39.0%	2.39	3	3	3	3		1
		Duval	29.0%	1.22	2	1	2	0		1
		Nassau	36.0%	2.44	3	3	3	2		2
		St. Johns	52.0%	2.39	3	3	3	3		1
Food Insecurity Rate [6] (2015)	15.1%	Baker	17.3%	2.44	2	3	3	3		2
		Clay	13.8%	1.44	0	1	2	2		2
		Duval	20.0%	2.61	3	3	3	3		2
		Nassau	14.8%	1.61	1	1	2	2		2
		St. Johns	12.8%	0.83	0	0	1	1		1.5
Health Behaviors Ranking [4] (2018) *Ranking of the county in health behaviors according to County Health Rankings		Baker	58	1.75	3					
		Clay	32	1.42	1					
		Duval	41	1.58	2					
		Nassau	17	1.25	0					
		St. Johns	6	1.25	0					
Households with No Car and Low Access to a Grocery Store [28] (2015)		Baker	2.8%	1.67	2		2			
		Clay	1.9%	1.17	0		1			
		Duval	1.7%	1	0		0			
		Nassau	2.4%	1.33	1		1			
		St. Johns	2.4%	1.33	1		1			
Low-Income and Low Access to a Grocery Store [28] (2015)		Baker	13.0%	2	3		3			
		Clay	6.9%	1.5	1		2			
		Duval	8.6%	1.67	2		2			
		Nassau	7.4%	1.5	1		2			
		St. Johns	6.6%	1.5	1		2			

Indicator	FL Value	County	County Value	County Data Score	FL Counties	FL Value	US Counties	US Value	HP2020	Trend
People 65+ with Low Access to a Grocery Store [28] (2015)		Baker	3.4%	1.5	1		2			
		Clay	2.8%	1.33	1		1			
		Duval	2.5%	1.33	1		1			
		Nassau	4.4%	1.83	2		3			
		St. Johns	4.3%	1.67	2		2			
People with Low Access to a Grocery Store [28] (2015)		Baker	33.1%	2	3		3			
		Clay	24.4%	1.5	1		2			
		Duval	24.7%	1.67	2		2			
		Nassau	24.2%	1.5	1		2			
		St. Johns	25.4%	1.67	2		2			
Physical Environment Ranking [4] (2018) *Ranking of the county in physical environment according to County Health Rankings		Baker	42	1.58	2					
		Clay	39	1.58	2					
		Duval	60	1.75	3					
		Nassau	57	1.75	3					
		St. Johns	54	1.75	3					
Teens who are Obese: High School Students [12] (2012)	14.3%	Baker	14.1%	1.44	1	1				2
		Clay	13.1%	1.28	0	1				2
		Duval	14.5%	1.61	1	2				2
		Nassau	19.9%	2.11	3	3				2
		St. Johns	10.3%	1.11	0	0				2
Workers who Walk to Work [1] (2012-2016)	1.5%	Baker	0.7%	2.78	3	3	3	3	3	2
		Clay	0.9%	2.61	2	3	3	3	3	2
		Duval	1.5%	1.72	1	1	2	3	3	1
		Nassau	1.6%	1.33	0	1	2	3	3	0
		St. Johns	1.0%	2.61	2	3	3	3	3	2

* Comparisons were given a score ranging from 0 (green) to 3 (red), where 0 indicates the best outcome and 3 the worst according to comparison values. Comparison scores of 0 or 3 are determined by the quartile of the indicator value when compared to a set of county values (FL counties or US counties), percent difference of 10% or greater when compared to a single value (FL value, US value, or HP2020 target), or a statistically significant Mann-Kendall test for trend. A trend score of 1.5 indicates the values are neither increasing or decreasing over time. Availability of each type of comparison varies by indicator and is dependent upon the data source, comparability with data collected for other communities, and changes in methodology over time. Please see Appendix B2 for a detailed description of data scoring methodology

[1] American Community Survey
[4] County Health Rankings
[6] Feeding America
[8] Florida Behavioral Risk Factor Surveillance System
[12] Florida Department of Health, Bureau of Epidemiology
[28] U.S. Department of Agriculture - Food Environment Atlas

The following data comes from the 2017 Florida Youth Risk Behavior Survey report for Duval County Middle and High School students. Approximately two in five middle school students had sufficient physical activity in 2017 and this value has not improved over time. For high school students, 28% were sufficiently physically active in Duval County compared to 40% for high school students in the state of Florida overall. Regarding health behaviors amongst middle school students, about one in three students watched three or more hours of TV per day. 23.5% of middle school students and 28.6% of high school students reported eating at least one meal from a fast food restaurant during the seven days before the survey. Only one in four students ate three or more servings of fruit on the day before the survey. Compared to the state of Florida average for high school students, Duval County high school students eat fewer vegetables and fewer fruits.

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

Primary Data

Discussion by key informants and focus group participants focused around access to healthy food options as well as environmental factors relating to general wellness. 28 of 41 key informants discussed the topic of Exercise, Weight & Nutrition in their interview, and this topic was also discussed amongst participants in 22 of 31 focus groups. Community concern is mainly focused on low-income, geographically isolated families, and individuals with accessibility challenges. Key informants and focus group participants mentioned that food pantries, nutrition programs in schools, and similar services cannot keep up with demand. Families are further inhibited from getting proper nutrition due to their living in food deserts, which are urban areas in which it is difficult to access affordable, healthy foods.

The built environment was mentioned as an accessibility barrier to proper nutrition and exercise in the Brooks Rehabilitation service area. Community input showed that there are limited outdoor walking and biking opportunities, and many sidewalks are not maintained. Additionally, grocery store access was discussed as a major barrier for many families and older adults. Key informants and focus group participants noted that the rural areas within the defined service area are isolated from grocery stores that offer affordable, healthy food options including fruits and vegetables. Families and older adults who are on a fixed income do not have the financial ability to pay for a transportation service to get to the grocery stores for fresh food. Transportation was discussed as a barrier in 29 of 31 focus groups and 38 of 44 key informant interviews.

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

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

Maternal, Fetal & Infant Health

Key Issues
There are high rates of adverse health outcomes in the Brooks Rehabilitation service area
A large proportion of mothers do not receive early prenatal care
Adverse birth outcomes are prevalent as a result of substance abuse among pregnant women

Secondary Data

Maternal, Fetal, and Infant Health ranked as a pressing health issue for the Brooks Rehabilitation service area. Top related indicators include: Mothers Who Receive Early Prenatal Care, Preterm Births, Babies with Low Birth Weight, Infant Mortality Rate, and Teen Birth Rate. Baker and Duval counties consistently have worse outcomes than state and national averages, regardless of indicator. Mothers who receive prenatal care during their first trimester are less likely to have negative birth outcomes such as low birth weight and infant death. Baker, Clay, and Duval counties do not meet the Healthy People 2020 target for mothers who receive early prenatal care; each of these three counties perform worse than the state and nation for this indicator. Baker and Clay counties are in the worst quartile for early prenatal care when compared to all counties in Florida. Four of the five

counties do not meet the Healthy People 2020 targets for preterm births and perform worse than the state as a whole. Finally, Baker, Clay, and Duval counties experience higher birth rates among teens aged 15 to 19 than Florida and the nation overall.

TABLE 34. MATERNAL, FETAL, & INFANT HEALTH-RELATED INDICATORS*

Indicator	FL Value	County	County Value	County Data Score	FL Counties	FL Value	US Counties	US Value	HP2020	Trend
Babies with Low Birth Weight [17] (2016)	8.7%	Baker	9.9%	2.42	3	3		3	3	1.5
		Clay	7.8%	1.14	1	0		1	1	2
		Duval	10.0%	2.53	3	3		3	3	2
		Nassau	8.0%	1.42	1	1		1	2	2
		St. Johns	7.1%	0.58	0	0		0	1	1
Infant Mortality Rate [17] (2014-2016) *in deaths/1,000 live births	6.1	Baker	6.7	1.72	2	2			3	1
		Clay	5.5	1.39	1	1			1	2
		Duval	8.3	2	2	3			3	1.5
		Nassau	5.1	1.11	1	0			0	2
		St. Johns	5.4	1.11	1	0			0	2
Infants Born to Mothers >18 Years Old with <12 Years Education [17] (2016)	10.8%	Baker	12.5%	1.56	1	3				1
		Clay	6.4%	0.67	0	0				0
		Duval	11.1%	1.39	1	2				1
		Nassau	10.1%	1.06	0	1				1
		St. Johns	4.5%	1.11	0	0				2
Mothers who Received Early Prenatal Care [17] (2016)	78.4%	Baker	68.1%	2.53	3	3		3	3	2
		Clay	72.4%	1.92	2	2		2	2	2
		Duval	66.1%	2.75	3	3		3	3	3
		Nassau	84.4%	1.14	0	1		1	1	2
		St. Johns	84.8%	1.14	0	1		1	1	2
Preterm Births [17] (2016)	10.1%	Baker	14.0%	2.31	3	3		3	3	1
		Clay	10.1%	1.36	1	1		2	2	1
		Duval	11.3%	2.36	2	3		3	3	2
		Nassau	11.0%	2.19	2	2		3	3	2
		St. Johns	9.1%	0.92	0	1		1	1	1
Teen Birth Rate: 15-19 [17] (2016) *in live births/1,000 females aged 15-19	19.5	Baker	41.7	2.25	3	3		3		1.5
		Clay	17.7	0.92	0	1		0		1.5
		Duval	27.3	1.97	2	3		3		1
		Nassau	28.1	2.19	2	3		3		2
		St. Johns	8.4	0.64	0	0		0		1

** Comparisons were given a score ranging from 0 (green) to 3 (red), where 0 indicates the best outcome and 3 the worst according to comparison values. Comparison scores of 0 or 3 are determined by the quartile of the indicator value when compared to a set of county values (FL counties or US counties), percent difference of 10% or greater when compared to a single value (FL value, US value, or HP2020 target), or a statistically significant Mann-Kendall test for trend. A trend score of 1.5 indicates the values are neither increasing or decreasing over time. Availability of each type of comparison varies by indicator and is dependent upon the data source, comparability with data collected for other communities, and changes in methodology over time. Please see Appendix B2 for a detailed description of data scoring methodology

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

Additionally, according to the Mann-Kendall Test for Statistical Significance, the trends related to the number of preterm births in Clay County and to the rate of births to teenagers aged 15 to 19 in Duval and St. Johns counties (Table 35) are both improving downward. However, a significant decrease in mothers receiving early prenatal care is also seen in Duval County, indicating potential need for increased education and services around prenatal care (Table 36).

TABLE 35. MATERNAL, FETAL, & INFANT HEALTH-RELATED INDICATORS, FAVORABLE TREND DATA

Preterm Births[17] (2016) (Percent)				
	2013	2014	2014	2016
Clay County	11.1%	11.7%	10.9%	10.1%
Duval County	10.7%	11.1%	11.5%	11.3%
Teen Birth Rate: 15-19[17] (Live births per 1,000 females aged 15-19)				
	2013	2014	2014	2016
Duval County	30.3	27.3	25.5	27.3
St. Johns County	13.4	10.5	11.8	8.4

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

Note: Table 24 includes only indicators and data values over time for counties with a statistically significant trend in the favorable direction according to the Mann-Kendall test.

TABLE 36. MATERNAL, FETAL, & INFANT HEALTH-RELATED INDICATORS, HARMFUL TREND DATA

Mothers who Received Early Prenatal Care (Percent)				
	2013	2014	2014	2016
Duval County	71.8%	70.1%	68.3%	66.1%

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

Note: Table 25 includes only indicators and data values over time for counties with a statistically significant trend in the harmful direction according to the Mann-Kendall test.

Primary Data

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

Maternal, Fetal & Infant Health came up in approximately one-third of key informant interviews. Key informants cited higher rates of fetal and infant mortality as a consequence of limited access to prenatal care, proper diet, and related resources during pregnancy. Key informants and focus group participants also mentioned high teen birth rates, especially in Baker County, and discussed this in the context of abstinence-only sexual education, which is taught in four of the five counties, except Duval County. As of June 2018, county public schools in Florida are not required to offer comprehensive sex education; within the service area, only Duval County public schools offer comprehensive sex education, which incorporates sex education and disease prevention while emphasizing the benefits of abstinence.

Cancer

Key Issues
Awareness for cancer screenings is low, with the percent of persons having received screenings much lower for most tests across the region than the overall state average
Most counties in the region fail to meet the HP2020 targets for death rates due to various cancers
There are many behaviors, such as smoking and vaping, which are contributing to the onset of cancer later in life

Secondary Data

From the secondary data results, cancer was identified to be a health topic area of need for the Brooks Rehabilitation service area. Further analysis was done to identify specific indicators of need. Table 37 lists all indicators under the cancer topic area and highlights those with individual data scores over 1.50, or in the worst half of the 0-3 data score range.

TABLE 37. CANCER INDICATORS*

Indicator	FL Value	County	County Value	County Data Score	FL Counties	FL Value	US Counties	US Value	HP2020	Trend
Age-Adjusted Death Rate due to Breast Cancer [17] (2014-2016) *in deaths/100,000 females	19.8	Baker	30.6	2.17	3	3			3	1.5
		Clay	19.3	1.17	1	1			1	1
		Duval	21.6	1.39	2	2			2	0
		Nassau	24.0	2.06	3	3			3	1
		St. Johns	22.4	2.17	3	3			2	2
Age-Adjusted Death Rate due to Cancer [17] (2014-2016) *in deaths/100,000 population	155.1	Baker	182.4	1.89	2	3			3	1
		Clay	181.8	2.11	2	3			3	2
		Duval	170.2	1.22	1	2			2	0
		Nassau	181	1.89	2	3			3	1
		St. Johns	160.4	1.56	1	2			1	2
Age-Adjusted Death Rate due to Colorectal Cancer [17] (2014-2016) *in deaths/100,000 population	13.7	Baker	18.5	2.17	3	3			3	1.5
		Clay	16.4	2	2	3			3	1.5
		Duval	14.9	1.39	2	2			2	0
		Nassau	14.0	1.56	1	2			1	2
		St. Johns	13.6	1.61	1	1			1	3
Age-Adjusted Death Rate due to Lung Cancer [17] (2014-2016) *in deaths/100,000 population	40.4	Baker	51.4	1.67	2	3			3	0
		Clay	54.7	1.67	2	3			3	0
		Duval	46.2	1.39	1	3			2	0
		Nassau	52.7	1.89	2	3			3	1
		St. Johns	46.7	1.83	1	3			2	2

Indicator	FL Value	County	County Value	County Data Score	FL Counties	FL Value	US Counties	US Value	HP2020	Trend
Age-Adjusted Death Rate due to Prostate Cancer [17] (2014-2016) *in deaths/100,000 males	17.1	Baker	18.4	1.39	2	2			0	1
		Clay	21.4	2.06	3	3			1	2
		Duval	19.3	1.56	2	3			0	1
		Nassau	16.0	1.06	1	1			0	1
		St. Johns	19.6	1.78	2	3			0	2
All Cancer Incidence Rate [29] (2012-2014) *in cases/100,000 population	426.8	Baker	414.3	1.33	1	1				1.5
		Clay	466.1	1.83	3	2				1.5
		Duval	494.2	2	3	3				1.5
		Nassau	481.0	2	3	3				1.5
		St. Johns	447.5	1.56	2	2				1
Breast Cancer Incidence Rate [29] (2012-2014) *in cases/100,000 females	117.8	Baker	98.2	0.89	0	0				1
		Clay	116.6	1.39	2	1				1
		Duval	134.6	2	3	3				1.5
		Nassau	126.1	1.72	3	2				1
		St. Johns	136.5	2	3	3				1.5
Cancer: Medicare Population [3] (2015)	9.6%	Baker	7.0%	0.56	0	0	1	0		1
		Clay	8.7%	1.89	2	1	3	3		1
		Duval	9.2%	2	2	1	3	3		1.5
		Nassau	10.0%	2.67	3	2	3	3		3
		St. Johns	9.3%	1.89	2	1	3	3		1
Cervical Cancer Incidence Rate [29] (2012-2014) *in cases/100,000 females	8.5	Baker	6.0	0.72	0	0			0	1
		Clay	11.8	2.28	3	3			3	2
		Duval	9.8	2.11	2	3			3	2
		Nassau	6.1	0.5	0	0			0	0
		St. Johns	4.8	0.72	0	0			0	1
Colon Cancer Screening: Blood Stool Test Past Year [8] (2016)	16.0%	Baker	11.3%	1.83	2	3				
		Clay	9.1%	2	3	3				
		Duval	10.6%	2	3	3				
		Nassau	9.3%	2	3	3				
		St. Johns	7.2%	2	3	3				
Colorectal Cancer Incidence Rate [29] (2012-2014) *in cases/100,000 population	36.9	Baker	37.8	1.61	2	2			1	1.5
		Clay	39.7	1.61	2	2			1	1.5
		Duval	43.8	2.06	3	3			2	1.5
		Nassau	37.8	1.61	2	2			1	1.5
		St. Johns	32.9	1.11	1	0			0	2
Lung and Bronchus Cancer Incidence Rate [29] (2012-2014) *in cases/100,000 population	61	Baker	90.2	2	3	3				1.5
		Clay	77.8	1.83	2	3				1.5
		Duval	76.2	1.72	2	3				1
		Nassau	81.2	2	3	3				1.5
		St. Johns	66.8	1.61	1	2				2

Indicator	FL Value	County	County Value	County Data Score	FL Counties	FL Value	US Counties	US Value	HP2020	Trend
Mammogram: 40+ Past Year [8] (2016)	60.8%	Baker	56.6%	1.78	2	2				2
		Clay	62.6%	1.06	0	1				1
		Duval	57.7%	1.67	2	2				1.5
		Nassau	54.4%	1.94	2	3				2
		St. Johns	61.2%	1.44	1	1				2
Melanoma Incidence Rate [29] (2012-2014) *in cases/100,000 population	22.8	Baker	12.4	1	0	0				1.5
		Clay	27.8	1.94	2	3				2
		Duval	22.1	1.67	1	1				3
		Nassau	31.0	1.89	3	3				1
		St. Johns	30.7	2.33	3	3				3
Oral Cavity and Pharynx Cancer Incidence Rate [29] (2012-2014) *in cases/100,000 population	13.4	Baker	16.7	1.72	2	3				1
		Clay	15.4	1.94	2	3				2
		Duval	15.8	1.83	2	3				1.5
		Nassau	17.8	2.11	3	3				2
		St. Johns	16.4	1.94	2	3				2
Pap Test in Past Year [8] (2016)	48.4%	Baker	37.7%	2	3	3				
		Clay	42.0%	1.83	2	3				
		Duval	54.7%	1	0	0				
		Nassau	39.2%	2	3	3				
		St. Johns	54.7%	1	0	0				
Prostate Cancer Incidence Rate [29] (2012-2014) *in cases/100,000 males	90.5	Baker	91.3	1.67	2	2				1.5
		Clay	96.8	1.83	3	2				1.5
		Duval	111.4	2	3	3				1.5
		Nassau	103.8	2	3	3				1.5
		St. Johns	97.3	1.83	3	2				1.5
Prostate-Specific Antigen Test History [8] (2016)	54.9%	Baker	51.3%	1.67	2	2				
		Clay	63.2%	1	0	0				
		Duval	50.9%	1.67	2	2				
		Nassau	58.8%	1.17	0	1				
		St. Johns	55.3%	1.33	1	1				

*Comparisons were given a score ranging from 0 (green) to 3 (red), where 0 indicates the best outcome and 3 the worst according to comparison values. Comparison scores of 0 or 3 are determined by the quartile of the indicator value when compared to a set of county values (FL counties or US counties), percent difference of 10% or greater when compared to a single value (FL value, US value, or HP2020 target), or a statistically significant Mann-Kendall test for trend. A trend score of 1.5 indicates the values are neither increasing or decreasing over time. Availability of each type of comparison varies by indicator and is dependent upon the data source, comparability with data collected for other communities, and changes in methodology over time. Please see Appendix B2 for a detailed description of data scoring methodology

[3] Centers for Medicare & Medicaid Services

[8] Florida Behavioral Risk Factor Surveillance System

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

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

All five counties in the region currently fail to meet the Healthy People 2020 target of 45.5 deaths due to lung cancer per 100,000 people, and, as seen in Table 37, only Clay County meets the Healthy People 2020 target when it comes to Breast Cancer Death Rate. The rate of throat and mouth cancer in each county in the Brooks Rehabilitation service area is higher than the Florida state value of 13.4 cases per 100,000 population, indicating a cultural and behavioral problem of smoking and tobacco use in the region, which is supported by primary data findings.

In terms of trends in secondary data over time, Duval County has seen a statistically significant decrease in death rates due to breast, colorectal, lung, and prostate cancers since the 2011 to 2013 time period. However, along with Clay County and St. Johns County, Duval also has an increase in the incidence of melanoma, with the trends in Duval and St. Johns counties being in a statistically significant upward direction. There has been a cervical cancer incidence increase in Clay and Duval counties, as well, while Nassau County has seen an increase over time in cancer in its Medicare population and St. Johns has seen a similar increase for death rate due to colorectal cancer. When looking at prevention and screening, the most notable trend over time for the region, is the overall decrease since 2002 of mammogram screening in Baker and Nassau counties. In Table 38, the county trends for Cervical Cancer Incidence Rate and Mammogram: 40+ Past Year are trending in the harmful direction, but are not statistically significant, while the Melanoma Incidence Rate trends displayed are those that are statistically significant according to the Mann-Kendall statistical test.

TABLE 38. CANCER INDICATORS, TREND DATA

Cervical Cancer Incidence Rate[29]				
	2009-2011	**2010-2012**	**2011-2013**	**2012-2014**
Clay County	7.6 cases / 100,000 females	5.4 cases/100,000 females	8.7 cases/100,000 females	11.8 cases/100,000 females
Duval County	8.6 cases / 100,000 females	7.4 cases/100,000 females	7.4 cases/100,000 females	9.8 cases/100,000 females
Mammogram: 40+ Past Year[8]				
	2002	**2007**	**2010**	**2016**
Baker County	56.9%	55.2%	47.8%	56.6%
Nassau County	62.9%	64.1%	63.6%	54.4%
Melanoma Incidence Rate[29]				
	2009-2011	**2010-2012**	**2011-2013**	**2012-2014**
Duval County	17.6 cases/100,000 population	19.2 cases/100,000 population	21.4 cases/100,000 population	22.1 cases/100,000 population
St. Johns County	23.2 cases/100,000 population	24.6 cases/100,000 population	26.8 cases/100,000 population	30.7 cases/100,000 population

[8] Florida Behavioral Risk Factor Surveillance System

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

Note: Table 38 includes indicators and data values over time for counties with a statistically significant trend in the harmful direction according to the Mann-Kendall test, except for where noted in the narrative

By examining granular data, zip codes with significantly high age-adjusted death rates due to cancer can be identified. Overall, Duval County zip codes have some of the highest rates of death due to cancer overall, while Baker County has the zip codes with the highest death rates due to breast cancer and colorectal cancer. Zip codes of concern for various cancer types are noted in Table 39.

TABLE 39. ZIP CODE LEVEL DATA FOR CANCER INDICATORS

Age-Adjusted Death Rate due to Breast Cancer[17] (2014-2016)			
Zip Code 32063 (Baker)	Zip Code 32097 (Nassau)	Zip Code 32033	Florida
44.2 deaths / 100,000 females	**43.6 deaths / 100,000 females**	**42.8 deaths / 100,000 females**	**19.8 deaths / 100,000 females**
Age-Adjusted Death Rate due to Cancer[17] (2014-2016)			
Zip Code 32227 (Duval)	Zip Code 32095 (St. Johns)	Zip Code 32234 (Duval)	Florida
423.1 deaths / 100,000 population	**338.7 deaths / 100,000 population**	**279.9 deaths / 100,000 population**	**155.1 deaths / 100,000 population**
Age-Adjusted Death Rate due to Colorectal Cancer[17] (2014-2016)			
Zip Code 32072 (Baker)	Zip Code 32087 (Baker)	Zip Code 32234 (Duval)	Florida
42.6 deaths / 100,000 population	**31.8 deaths / 100,000 population**	**30.6 deaths / 100,000 population**	**13.7 deaths / 100,000 population**

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

Primary Data

According to the community survey results, cancer ranked as the sixth most pressing health need in the Brooks Rehabilitation service area with 41 percent of respondents listing it as one of five issues most important in their community. Cancer was discussed in 12 of 31 focus groups. When asked to determine which health topic areas they would give the most money to if they were in charge of budgeting funds, seven focus groups (of 15 participating in this activity) had cancer as one of the top five areas receiving the most money. Of these, four groups together gave cancer the most funds of any area. Cancer was also specifically elaborated on by seven key informants during their interviews.

Analysis of primary data collected from key informants and focus group participants found that education about cancer is lacking in the region and most people do not understand how to take precautionary steps to prevent and identify various cancers early on. Focus group participants also discussed how cancer treatment is expensive and therefore unaffordable for much of the population. Additionally, it was discussed in four separate interviews and focus group that much of the population lacks knowledge about screenings and tests that can help prevent cancer from spreading or becoming costlier in the future. Ideas were provided to increase knowledge via education campaigns, encouragement by doctors, awareness activities such as fundraising walks, and availability and affordability of screenings for those who do not regularly visit a doctor.

Vulnerable Populations

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

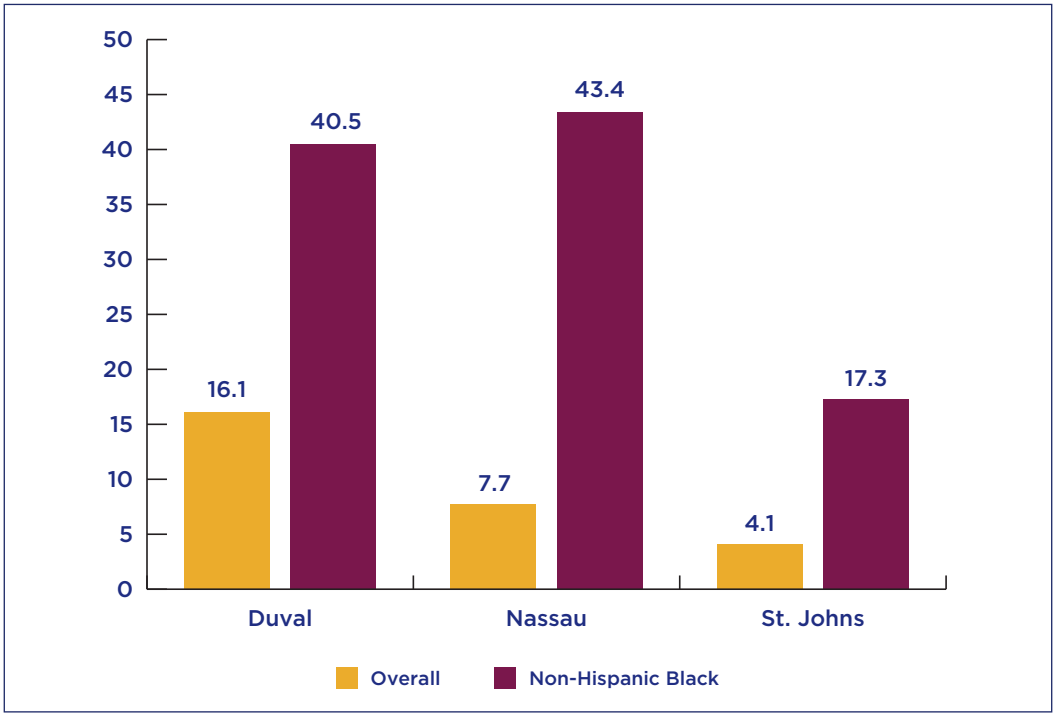
African Americans

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

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

Figure 58 and Table 40 display two indicators with a race disparity for the African American population. The AIDS Diagnosis Rate is disproportionately higher for Non-Hispanic Blacks in Duval, Nassau, and St. Johns counties compared to the overall county values. As mentioned by primary data participants and further confirmed by the secondary data, Black or African American older adults are disproportionately affected by poverty in Baker and Nassau counties. In Clay County, the Black population has higher age-adjusted death rates of Prostate Cancer (80.0 deaths/100,000 population) and Diabetes (76.9 deaths/100,000 population) compared to the overall county values (21.4 deaths/100,000 population and 23.8 deaths/100,000 population, respectively).

FIGURE 58. AIDS DIAGNOSIS RATE (CASES/100,000 POPULATION)



13 Florida Department of Health, Bureau of HIV/AIDS

TABLE 40. PEOPLE 65+ LIVING BELOW POVERTY LEVEL (BLACK OR AFRICAN AMERICAN)

People 65+ Living Below Poverty Level[1] (2012-2016) (Percent)			
Baker County		Nassau County	
Overall	Black or African American	Overall	Black or African American
8.2%	17.3%	7.2%	11.1%

1 American Community Survey

Primary data participants were asked which population groups are disproportionately impacted by negative health outcomes. African Americans were mentioned in 23 of 44 key informant interviews and 7 of 15 focus groups as a population disproportionately impacted by negative health outcomes. 32.7% of community survey respondents said that race or ethnic subpopulations are most affected by poor health outcomes, and when further asked to report on which groups in particular, 63.6% said Black or African Americans are the race group most affected by poor health outcomes. Key informant and focus group discussions emphasized that there is hesitation within the African American community to access health services because of historical treatment by medical professionals. Focus group participants noted a lack of trust between medical professionals and African Americans. Finally, focus groups and key informants cited stigma against seeking mental health treatment as a leading reason that many African Americans may delay needed health care.

Children

The health of children was mentioned by 25 of 44 key informants and was a discussion item in six of 15 focus groups. Key informants discussed food security as an issue among children and related it to the problem of childhood obesity and diabetes. Several key informants and one focus group referenced the large number of students qualifying for the free and reduced lunch program as an indicator of food insecurity throughout the community.

Key informants and focus group participants were concerned with children growing up in and experiencing trauma and neglect in families with parents with untreated mental health issues and substance use issues. Furthermore, Duval and Nassau counties have high rates of child abuse for children ages 5-11. Table 41 is a summary table of children's health indicators from the secondary data.

TABLE 41. CHILDREN'S HEALTH INDICATORS*

Indicator	FL Value	County	County Value	County Data Score	FL Counties	FL Value	US Counties	US Value	HP2020	Trend
Child Abuse Rate [9] (2016) *in cases/1,000 children aged 5-11	901.3	Baker	804.6	1.17	1	0				1.5
		Clay	787.0	1.11	0	0				2
		Duval	994.5	1.67	1	3				1.5
		Nassau	1,154.8	1.94	2	3				2
		St. Johns	625.9	1	0	0				1.5
Child Food Insecurity Rate [6] (2015)	22.7%	Baker	23.8%	2	2	2	2	3		1.5
		Clay	19.7%	1	0	0	1	2		1.5
		Duval	23.2%	1.94	1	2	2	3		2
		Nassau	22.9%	1.94	1	2	2	3		2
		St. Johns	18.8%	0.72	0	0	1	1		1
Children with Health Insurance [1] (2016)	93.8%	Baker								
		Clay	94.6%	1.56	1	1	2	2	2	1.5
		Duval	95.0%	1.22	1	1	2	2	2	0
		Nassau	94.9%	1.67	1	1	2	2	2	2
		St. Johns	97.1%	0.94	0	1	1	1	2	1
Children with Low Access to a Grocery Store [28] (2018)		Baker	7.7%	2	3		3			
		Clay	6.3%	1.67	2		2			
		Duval	6.1%	1.67	2		2			
		Nassau	4.7%	1.5	1		2			
		St. Johns	5.3%	1.67	2		2			
Food Insecure Children Likely Ineligible for Assistance [6] (2015)	29.0%	Baker	30.0%	1.61	2	2	2	0		2
		Clay	39.0%	2.39	3	3	3	3		1
		Duval	29.0%	1.22	2	1	2	0		1
		Nassau	36.0%	2.44	3	3	3	2		2
		St. Johns	52.0%	2.39	3	3	3	3		1
Kindergartners with Required Immunizations [14] (2017)	94.1%	Baker	97.5%	1.06	0	1				1
		Clay	96.5%	1.22	1	1				1
		Duval	93.8%	1.72	3	2				1
		Nassau	94.4%	1.61	2	1				2
		St. Johns	94.6%	1.39	2	1				1

* Comparisons were given a score ranging from 0 (green) to 3 (red), where 0 indicates the best outcome and 3 the worst according to comparison values. Comparison scores of 0 or 3 are determined by the quartile of the indicator value when compared to a set of county values (FL counties or US counties), percent difference of 10% or greater when compared to a single value (FL value, US value, or HP2020 target), or a statistically significant Mann-Kendall test for trend. A trend score of 1.5 indicates the values are neither increasing or decreasing over time. Availability of each type of comparison varies by indicator and is dependent upon the data source, comparability with data collected for other communities, and changes in methodology over time. Please see Appendix B2 for a detailed description of data scoring methodology

[1] American Community Survey

[6] Feeding America

[9] Florida Department of Children and Families

[14] Florida Department of Health, Bureau of Immunization

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

Hispanic/Latinx

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

- Hispanic
- Hispanic or Latino

According to the secondary data, the older adult Hispanic/Latinx communities of Baker and Nassau counties are disproportionately affected by poverty. For Baker County, the Percent of Adults Living Below the Poverty Level is 8.2% overall, but when we look closer at the Hispanic or Latino population the percent is 61.1%. In Duval County, the Hispanic population has a disparate AIDS Diagnosis Rate. In 2016, the overall Duval County value is 16.1 cases/100,000 population, and the value for the Hispanic population is 19.4 cases/100,000 population. For the Hispanic/Latinx community, language barriers were noted especially in accessing care in the more rural communities. It was mentioned that in central Jacksonville, most health service organizations have language translators, but once you get out of Jacksonville it is much more difficult to find a provider with language services. Additionally, focus group participants noted cultural barriers and stigma around seeking mental health care in the Hispanic/Latinx community.

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

TABLE 42. DIFFERENCES IN SOCIAL DETERMINANTS OF HEALTH, DUVAL COUNTY (2015)

	Non-Hispanic White	Hispanic
% Unemployed	5.2%	7.4%
Median Household Income	$56,694	$44,642
% Below Poverty Line	6.3%	19.3%
% Uninsured	10.4%	17.6%
% Did Not see Doctor due to Cost	15.5%	34.3%
% with Less than High School Diploma	7.9%	21.1%
% with Language other than English Spoken at Home	5.4%	60.4%

[34] Duval County Hispanic Health Report

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

Homeless

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

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

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

A recent Jacksonville-area community assessment survey focused on the LGBTQ population revealed negative disparities for this population with regards to both health and socio-economic factors, as well as other interesting factors and demographics of that sub-population. Of respondents to the LGBTQ survey for the Jacksonville region, 56.4 percent of respondents held a bachelor's degree or higher. This is higher than the general population percentages for every county in the Northeast Florida Region, and much higher than the 24.5 percent of the general population in the Jacksonville Metropolitan Statistical Area (MSA) that have a bachelor's degree or higher1. Additionally, in terms of employment, 74.3 percent of LGBTQ survey respondents indicated that they were in the paid workforce, while only 57.1 percent of the general population residents of Jacksonville MSA were employed for wages or self-employed. In terms of income, ten percent of LGBTQ survey respondents were living in poverty, as defined as having income below one hundred percent of the federal poverty level.

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

Additionally, gender minorities had particularly negative disparities as compared to cisgender populations (those whose gender identity matches the sex that they were assigned at birth) when it came to depression and attempted suicide. 11.1 percent of gender minority respondents attempted suicide in the past year, while 65 percent met the criteria for moderate to severe depression and poor mental or physical health that kept them from doing usual

activities in the past month. While not a direct comparison, for the general population of City of Jacksonville, only 13.7 percent had poor physical health in the past two weeks and only 14.4 percent had poor mental health in the past two weeks.

Lastly, there are disparities for the LGBTQ population when it comes to experiencing discrimination, being treated unfairly in jobs and by police, and feeling accepted. Three quarters of LGBTQ survey respondents reported experiencing everyday discrimination in the past twelve months, with 53.6 percent of those indicating the discrimination was due to their sexual orientation. The African-American LGBTQ population was more likely than the white LGBTQ population to be unfairly treated in being fired from a job, being denied a promotion or bank loan, or being stopped and searched by police. Finally, only 17 percent of survey respondents agree that the Northeast Florida Region as a whole embraces diversity, particularly with regards to the LGBTQ population.

Low-Income

Primary data discussion around low-income and poverty-stricken populations occurred in 14 focus groups and 30 interviews. 665 community survey respondents (79.5%) listed low-income populations as a community most impacted by poor health outcomes. Key informants and focus group participants' discussions around the low-income subpopulation focused on concerns of poverty, stress, and nutrition-related issues. Concerns crossed issues of housing and access to healthy foods, to mental health, diabetes and heart disease.

According to the secondary data, zip codes 32202, 32206, and 32209, all in Duval County, perform the worst of all zip codes in the region among poverty indicators. Those zip codes have the highest percentages of children living in poverty, families living in poverty, and persons living in poverty. Zip code 32202 also has the second highest percentage of adults 65 years of age and older living in poverty. Low-income individuals and families are more likely to forego necessary health services in order to prioritize food and housing.

Older Adults

According to the secondary data, the Medicare population has high rates of chronic diseases and injuries, specifically, atrial fibrillation, cancer, hyperlipidemia, rheumatoid arthritis, and stroke. These health events often require rehabilitation care. Therefore, as the population continues to age, rehabilitative services demand will increase. Table 43 lists secondary health indicators for the older adult population. It should be noted that, the Age-Adjusted Death Rate due to Falls is higher than the state of Florida average in Clay, Duval, and Nassau counties.

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

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

TABLE 43. OLDER ADULT SECONDARY INDICATORS*

Indicator	FL Value	County	County Value	County Data Score	FL Counties	FL Value	US Counties	US Value	HP2020	Trend
Adults 65+ with Influenza Vaccination [8] (2016)	57.6%	Baker	52.5%	1.92	2	2		3		
		Clay	68.3%	0.75	0	0		0		
		Duval	57.6%	1.42	1	1		2		
		Nassau	60.0%	1.25	1	1		1		
		St. Johns	55.6%	1.75	2	2		2		
Adults 65+ with Pneumonia Vaccination [8] (2016)	65.6%	Baker	67.0%	1.75	2	1		2	3	
		Clay	73.8%	1.08	0	0		1	3	
		Duval	66.7%	1.75	2	1		2	3	
		Nassau	71.2%	1.42	0	1		2	3	
		St. Johns	63.3%	2.08	2	2		3	3	
Age-Adjusted Death Rate due to Falls [17] (2016) **in deaths/100,000 population*	10.3	Baker								
		Clay	13.4	2.36	2	3		3	3	2
		Duval	12.7	2.36	2	3		3	3	2
		Nassau	10.7	2.03	1	2		3	3	2
		St. Johns	9.3	1.69	1	1		2	3	2
Alzheimer's Disease or Dementia: Medicare Population [3] (2015)	11.7%	Baker	10.2%	1.44	1	0	2	2		2
		Clay	9.4%	1	0	0	2	1		1.5
		Duval	11.3%	2.11	2	1	3	3		2
		Nassau	8.2%	0.67	0	0	1	0		1.5
		St. Johns	9.3%	0.89	0	0	2	1		1
Asthma: Medicare Population [3] (2015)	9.1%	Baker	11.3%	2.83	3	3	3	3		3
		Clay	10.1%	2.44	2	3	3	3		2
		Duval	10.1%	2.44	2	3	3	3		2
		Nassau	8.2%	1.28	0	0	2	2		2
		St. Johns	7.8%	0.94	0	0	1	1		2
Atrial Fibrillation: Medicare Population [3] (2015)	9.7%	Baker	7.5%	0.94	0	0	1	1		2
		Clay	9.7%	2.5	2	2	3	3		3
		Duval	9.4%	2.33	2	1	3	3		3
		Nassau	9.2%	2.33	2	1	3	3		3
		St. Johns	10.2%	2.44	3	2	3	3		2
Cancer: Medicare Population [3] (2015)	9.6%	Baker	7.0%	0.56	0	0	1	0		1
		Clay	8.7%	1.89	2	1	3	3		1
		Duval	9.2%	2	2	1	3	3		1.5
		Nassau	10.0%	2.67	3	2	3	3		3
		St. Johns	9.3%	1.89	2	1	3	3		1
Chronic Kidney Disease: Medicare Population [3] (2015)	21.3%	Baker	22.4%	2.5	2	2	3	3		3
		Clay	20.6%	2.17	1	1	3	3		3
		Duval	22.8%	2.67	3	2	3	3		3
		Nassau	16.5%	1.17	0	0	1	1		3
		St. Johns	17.4%	1.33	0	0	2	1		3
COPD: Medicare Population [3] (2015)	13.2%	Baker	16.6%	2.44	2	3	3	3		2
		Clay	14.2%	1.72	1	2	2	3		1
		Duval	12.8%	1.56	1	1	2	3		1
		Nassau	11.5%	0.89	0	0	1	2		1
		St. Johns	11.4%	0.67	0	0	1	2		0

Indicator	FL Value	County	County Value	County Data Score	FL Counties	FL Value	US Counties	US Value	HP2020	Trend
Depression: Medicare Population [3] (2015)	17.5%	Baker	17.5%	2	2	1	2	2		3
		Clay	16.3%	1.28	1	1	1	1		2
		Duval	18.2%	2.17	2	2	2	2		3
		Nassau	15.7%	1.33	1	0	1	1		3
		St. Johns	14.4%	0.78	0	0	1	0		2
Diabetes: Medicare Population [3] (2015)	28.0%	Baker	35.2%	2.61	3	3	3	3		2
		Clay	29.5%	2.06	2	2	3	3		1
		Duval	30.8%	2.06	2	2	3	3		1
		Nassau	25.0%	0.72	0	0	1	1		1
		St. Johns	22.2%	0.39	0	0	0	0		1
Heart Failure: Medicare Population [3] (2015)	14.2%	Baker	14.3%	1.33	1	2	2	2		0
		Clay	12.0%	0.33	0	0	1	0		0
		Duval	14.6%	1.72	2	2	2	2		1
		Nassau	11.6%	0.39	0	0	0	0		1
		St. Johns	11.2%	0.17	0	0	0	0		0
Hyperlipidemia: Medicare Population [3] (2015)	55.6%	Baker	47.5%	1.61	1	0	3	2		2
		Clay	49.9%	1.56	1	0	3	3		1
		Duval	50.7%	1.5	1	1	3	3		0
		Nassau	50.7%	1.72	1	1	3	3		1
		St. Johns	54.5%	1.89	2	1	3	3		1
Hypertension: Medicare Population [3] (2015)	60.5%	Baker	62.5%	2.17	2	2	3	3		1.5
		Clay	58.8%	1.17	1	1	2	2		0
		Duval	62.1%	2.06	2	2	3	3		1
		Nassau	60.7%	2.28	2	2	3	3		2
		St. Johns	57.4%	1.22	0	1	2	2		1
Ischemic Heart Disease: Medicare Population [3] (2015)	34.0%	Baker	32.2%	1.72	1	1	3	3		1
		Clay	29.7%	1	0	0	2	3		0
		Duval	30.1%	1.17	0	0	3	3		0
		Nassau	28.0%	0.83	0	0	2	2		0
		St. Johns	31.2%	1.5	1	1	3	3		0
Osteoporosis: Medicare Population [3] (2015)	7.9%	Baker	5.0%	0.56	0	0	1	0		1
		Clay	6.0%	1.44	1	0	2	2		2
		Duval	5.9%	1.06	1	0	2	1		1
		Nassau	4.4%	0.78	0	0	1	0		2
		St. Johns	5.8%	1.06	1	0	2	1		1
People 65+ Living Below Poverty Level [1] (2012-2016)	10.4%	Baker	8.2%	0.72	1	0	1	0		1
		Clay	6.2%	0.5	0	0	0	0		1.5
		Duval	10.1%	1.78	2	1	2	2		2
		Nassau	7.2%	0.39	0	0	0	0		1
		St. Johns	6.1%	0.39	0	0	0	0		1

Indicator	FL Value	County	County Value	County Data Score	FL Counties	FL Value	US Counties	US Value	HP2020	Trend
People 65+ with Low Access to a Grocery Store [28] (2015)		Baker	3.4%	1.5	1		2			
		Clay	2.8%	1.33	1		1			
		Duval	2.5%	1.33	1		1			
		Nassau	4.4%	1.83	2		3			
		St. Johns	4.3%	1.67	2		2			
Rheumatoid Arthritis or Osteoarthritis: Medicare Population [3] (2015)	34.6%	Baker	34.0%	2.33	2	1	3	3		3
		Clay	33.6%	2.17	1	1	3	3		3
		Duval	34.6%	2.5	2	2	3	3		3
		Nassau	38.2%	2.61	3	3	3	3		2
		St. Johns	32.7%	1.61	1	1	2	2		2
Stroke: Medicare Population [3] (2015)	4.8%	Baker	5.1%	2.22	3	2	3	3		1
		Clay	4.5%	2.11	2	1	3	3		2
		Duval	5.2%	2.44	3	2	3	3		2
		Nassau	4.4%	1.72	1	1	3	3		1
		St. Johns	4.4%	1.94	1	1	3	3		2

* Comparisons were given a score ranging from 0 (green) to 3 (red), where 0 indicates the best outcome and 3 the worst according to comparison values. Comparison scores of 0 or 3 are determined by the quartile of the indicator value when compared to a set of county values (FL counties or US counties), percent difference of 10% or greater when compared to a single value (FL value, US value, or HP2020 target), or a statistically significant Mann-Kendall test for trend. A trend score of 1.5 indicates the values are neither increasing or decreasing over time. Availability of each type of comparison varies by indicator and is dependent upon the data source, comparability with data collected for other communities, and changes in methodology over time. Please see Appendix B2 for a detailed description of data scoring methodology

[1] American Community Survey

[3] Centers for Medicare & Medicaid Services

[8] Florida Behavioral Risk Factor Surveillance System

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

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

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

FIGURE 59. PERSONS WITH A DISABILITY, 2012-2016

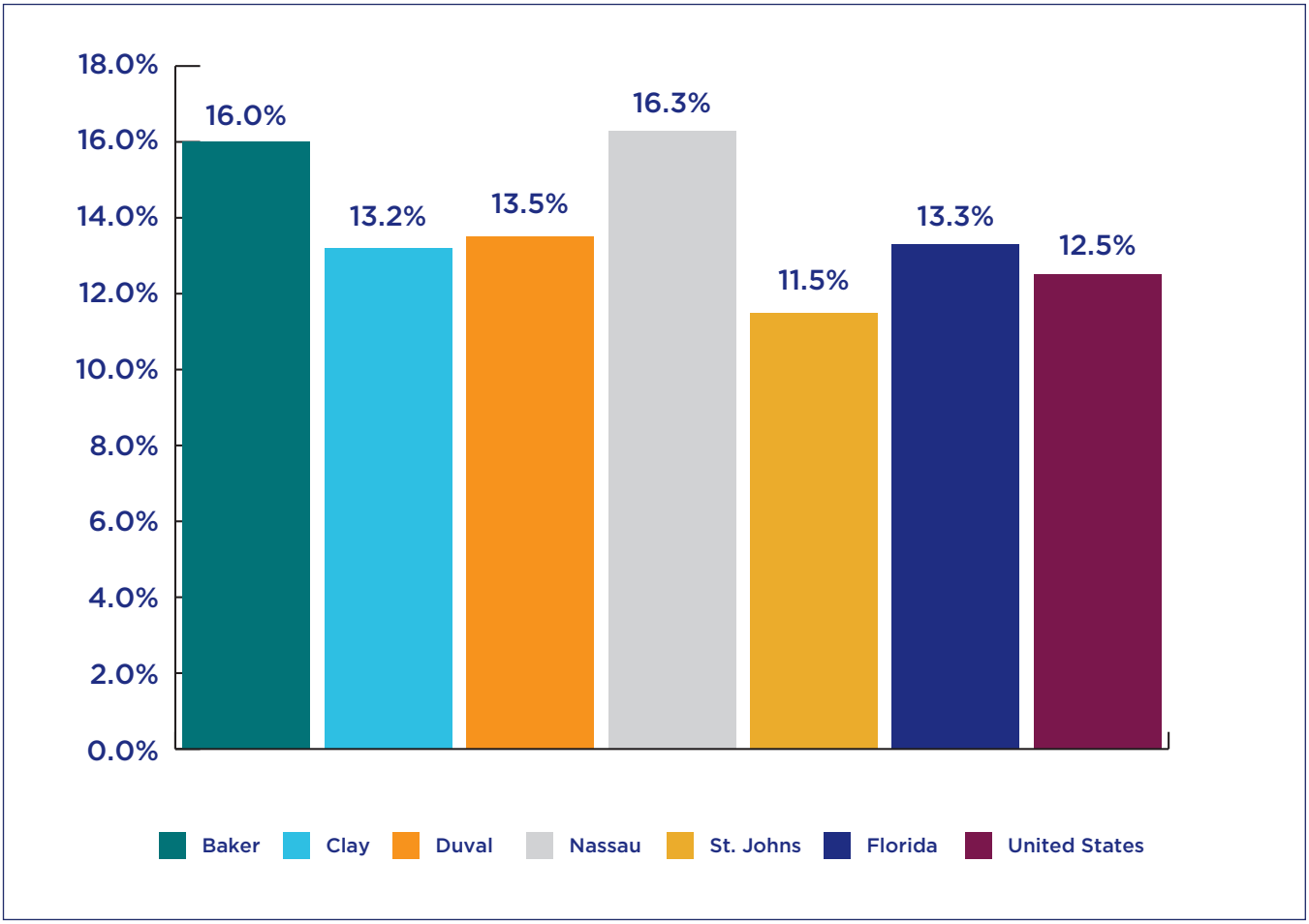


Figure 59 shows the percent of persons with a disability across the Brooks Rehabilitation service area. Baker and Nassau counties have the highest proportion of individuals with a disability. People with an ambulatory difficulty experience serious difficulty walking or climbing stairs. These difficulties may in turn limit their physical activity, leading to a further decline in health. Persons with an ambulatory difficulty may have unique requirements for accessibility, such as ramps or elevators. Nassau County has the highest proportion of persons with an ambulatory disability (8.2%), and that proportion is higher than the state of Florida's average (7.8%) as noted in Figure 60. People with a cognitive difficulty experience serious difficulty concentrating, remembering, or making decisions due to a physical, mental, or emotional condition. Cognitive difficulties can have a large impact in everyday activities and may lead to challenges at school or work. Duval County has the highest proportion of people with a reported cognitive disability (5.4%) compared to the other counties in the Brooks Rehabilitation service area. Finally, the counties Baker, Clay, and Nassau counties all have a higher proportion of adults who use special equipment due to a health problem compared to the state of Florida as a whole. People who require the use of special equipment such as a cane, a wheelchair, a special bed, or a special telephone may need accommodations in their home or workplace. The extent to which a person is limited by a disability is heavily dependent on the social and physical environment in which he or she lives. Without sufficient accommodations, people with disabilities may have difficulties living independently or fulfilling work responsibilities. Many of these individuals live in households with annual incomes under $15,000; people with limited income may have difficulty obtaining the equipment they require for daily activities.

FIGURE 60. DISABILITY INDICATORS

Adults who Use Special Equipment due to a Health Problem[8] (2016) (Percent)					
Baker	Clay	Duval	Nassau	St. Johns	Florida
18.1%	13.5%	9.7%	13.2%	4.9%	9.9%
Adults with Disability[8] (2016) (Percent)					
Baker	Clay	Duval	Nassau	St. Johns	Florida
26.4%	26.1%	23.5%	29.3%	18.8%	21.2%
Persons with a Cognitive Difficulty[1] (2016) (Percent)					
Baker	Clay	Duval	Nassau	St. Johns	Florida
----	4.9%	5.4%	4.8%	4.4%	5.3%
Adults with an Independent Living Difficulty[1] (2016) (Percent)					
Baker	Clay	Duval	Nassau	St. Johns	Florida
----	5.5%	5.6%	4.4%	4.6%	6.1%
Persons with a Self-Care Difficulty[1] (2016) (Percent)					
Baker	Clay	Duval	Nassau	St. Johns	Florida
----	2.4%	2.6%	2.8%	2.2%	2.8%
Persons with an Ambulatory Difficulty[1] (2016) (Percent)					
Baker	Clay	Duval	Nassau	St. Johns	Florida
----	7.5%	7.6%	8.2%	5.5%	7.8%

8 Florida Behavioral Risk Factor Surveillance System

1 American Community Survey

For persons with disabilities, major issues cited by community input participants include a lack of healthcare coverage, gaps in specialized providers or providers who have accessible facilities, and community awareness and advocacy for disability rights. During a focus group of individuals with disabilities and caregivers, the discussion focused on community accessibility: safe sidewalks, proper table heights, and wheelchair-accessible and affordable housing.

Veterans

The veteran population is a significant part of the Northeast Florida Region and community. Thirteen percent of the region's residents are veterans, compared to 8.0% and 9.4% of residents of, respectively, the United States and Florida. All counties in the Jacksonville region have at least ten percent of their population with veteran status. This is a crucial contextual figure when assessing regional health as there are barriers and challenges to access to care for that population.

FIGURE 61. VETERAN POPULATION, 2012-2016

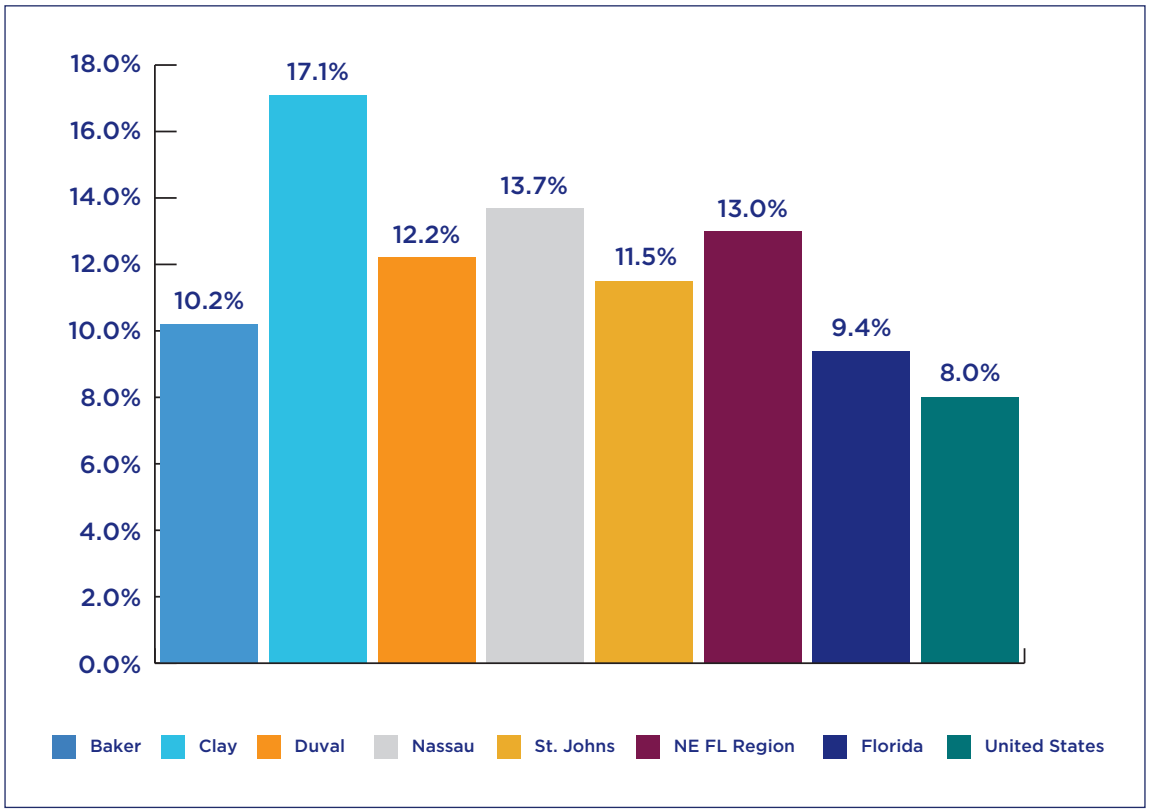


TABLE 44. VETERAN POPULATION BY WAR ERA, 2012-2016

	Baker	Clay	Duval	Nassau	St. Johns	Florida
WWII	40 (1.9%)	788 (3.1%)	2,843 (3.4%)	351 (4.2%)	1,473 (7.5%)	106,908 (7.2%)
Korean War	119 (5.7%)	1,486 (5.8%)	5,257 (6.3%)	741 (8.8%)	1,748 (8.9%)	181,464 (12.3%)
Vietnam Era	921 (44.1%)	8,700 (34%)	26,050 (31.2%)	3,308 (39.5%)	7,256 (37.1%)	522,695 (35.3%)
Gulf War (8/1990 to 9/2001)	478 (22.9%)	10,302 (40.3%)	27,153 (32.5%)	1,556 (18.6%)	4,454 (22.8%)	270,558 (18.3%)
Gulf War (9/2001 or later)	210 (10%)	7,090 (27.7%)	21,234 (25.5%)	1,258 (15%)	1,258 (15%)	2,924 (15%)

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

Other Significant Health Needs

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

Diabetes

From the secondary data scoring results, diabetes ranked as a high need compared to other topics with a 1.57 topic score for the entire region, which is in the worst half of the 0-3 data score range. In addition, the prevalence of diabetes among all adults is especially high in Baker, Clay, and Nassau counties (Table 45).

TABLE 45. DIABETES INDICATORS*

Indicator	FL Value	County	County Value	County Data Score	FL Counties	FL Value	US Counties	US Value	HP2020	Trend
Adults with Diabetes [8] (2016)	11.8%	Baker	22.3%	2.25	3	3		3		
		Clay	12.9%	1.75	1	2		3		
		Duval	11.3%	1.25	0	1		2		
		Nassau	15.1%	2.08	2	3		3		
		St. Johns	6.4%	0.75	0	0		0		
Age-Adjusted Death Rate due to Diabetes [17] (2016) *in deaths/100,000 population	20.6	Baker	40.8	2.36	3	3		3		2
		Clay	23.8	1.81	1	3		3		1
		Duval	23.3	1.81	1	3		3		1
		Nassau	14	0.86	0	0		0		2
		St. Johns	16	0.86	0	0		0		2
Diabetes: Medicare Population (2015)	28.0%	Baker	35.2%	2.61	3	3	3	3		2
		Clay	29.5%	2.06	2	2	3	3		1
		Duval	30.8%	2.06	2	2	3	3		1
		Nassau	25.0%	0.72	0	0	1	1		1
		St. Johns	22.2%	0.39	0	0	0	0		1

* Comparisons were given a score ranging from 0 (green) to 3 (red), where 0 indicates the best outcome and 3 the worst according to comparison values. Comparison scores of 0 or 3 are determined by the quartile of the indicator value when compared to a set of county values (FL counties or US counties), percent difference of 10% or greater when compared to a single value (FL value, US value, or HP2020 target), or a statistically significant Mann-Kendall test for trend. A trend score of 1.5 indicates the values are neither increasing or decreasing over time. Availability of each type of comparison varies by indicator and is dependent upon the data source, comparability with data collected for other communities, and changes in methodology over time. Please see Appendix B2 for a detailed description of data scoring methodology

[3] Centers for Medicare & Medicaid Services

[8] Florida Behavioral Risk Factor Surveillance System

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

Community survey participants who were asked to rank the most pressing health issues in their community ranked diabetes as the fifth most pressing health issue in the Northeast Florida Region. 392 out of 853, or 46 percent of respondents who answered the question, listed it as a top health need. Further, diabetes was the fourteenth most mentioned topic brought up by participants in both key informant interviews and focus groups. It was discussed in 19 of 44 key informant interviews and 14 of 31 focus group discussions.

As mentioned by community participants, a significant portion of patients in the region suffer from chronic health diseases, specifically diabetes, due to poor diet, inability to afford healthy foods, and lack of motivation to engage

in physical activities. In ten interviews and focus groups, the general issue of nutritious food security, availability, and affordability was discussed in relation to diabetes. Participants also cited the prevalence of fast food chains in areas of low socioeconomic status and an "indoor culture" that has increased significantly over recent years. Additionally, three participants discussed the generational habits of families and the culture in the region of poor eating and lack of physical activity that continually exacerbates the problems seen in the secondary data. Lastly, themes around the need to increase education and knowledge about diabetes screening and management and the lack of continuum of care for diabetes patients were mentioned.

Heart Disease

Across all five counties, hyperlipidemia and stroke prevalence in the Medicare population was reflected as a high concern in the data scoring results. The high prevalence of heart disease-related illness may signify a need to improve health behaviors that can help prevent chronic illness. Death rates, including the notably high rates due to stroke in Baker, Duval, and Nassau counties, may also have potential to be reduced through improved access to care and health literacy. Table 46 shows the values for all heart disease indicators for each county in the region.

TABLE 46. HEART DISEASE INDICATORS*

Indicator	FL Value	County	County Value	County Data Score	FL Counties	FL Value	US Counties	US Value	HP2020	Trend
Age-Adjusted Death Rate due to Cerebrovascular Disease (Stroke) [17] (2016) *in deaths/100,000 population	39.7	Baker	51.2	2.42	3	3		3	3	1.5
		Clay	36.6	0.97	1	1		1	2	0
		Duval	40.1	1.81	2	2		2	3	1
		Nassau	38.1	1.58	1	1		2	2	2
		St. Johns	33.9	0.97	0	0		1	1	2
Age-Adjusted Death Rate due to Coronary Heart Disease [17] (2016) *in deaths/100,000 population	98.5	Baker	105	1.86	2	2		3	2	1
		Clay	83.5	0.47	0	0		0	0	1
		Duval	94.9	1.03	1	1		2	1	0
		Nassau	98.9	1.42	1	2		2	1	1
		St. Johns	74.5	0.47	0	0		0	0	1
Age-Adjusted Death Rate due to Hypertensive Heart Disease [17] (2016) *in deaths/100,000 population	11	Baker	0	0.89	0	0				1
		Clay	8.5	1.06	1	0				1
		Duval	12.6	1.72	2	3				1
		Nassau	12.3	1.72	2	3				1
		St. Johns	5.3	1.11	0	0				2

Indicator	FL Value	County	County Value	County Data Score	FL Counties	FL Value	US Counties	US Value	HP2020	Trend
Age-Adjusted Death Rate due to Major Cardiovascular Diseases [17] (2016) *in deaths/100,000 population	209.7	Baker	222.9	1.39	1	2				1
		Clay	218.2	1.5	1	2				1.5
		Duval	224.9	1.17	1	2				0
		Nassau	221.8	1.39	1	2				1
		St. Johns	173	1	0	0				1.5
Atrial Fibrillation: Medicare Population (2015)	9.7%	Baker	7.5%	0.94	0	0	1	1		2
		Clay	9.7%	2.5	2	2	3	3		3
		Duval	9.4%	2.33	2	1	3	3		3
		Nassau	9.2%	2.33	2	1	3	3		3
		St. Johns	10.2%	2.44	3	2	3	3		2
Cholesterol Test History (2013)	73.2%	Baker	68.9%	1.67	2	2				
		Clay	72.8%	1.67	2	2				
		Duval	72.4%	1.67	2	2				
		Nassau	80.7%	1	0	0				
		St. Johns	73.9%	1.33	1	1				
Heart Failure: Medicare Population (2015)	14.2%	Baker	14.3%	1.33	1	2	2	2		0
		Clay	12.0%	0.33	0	0	1	0		0
		Duval	14.6%	1.72	2	2	2	2		1
		Nassau	11.6%	0.39	0	0	0	0		1
		St. Johns	11.2%	0.17	0	0	0	0		0
High Blood Pressure Prevalence (2013)	34.6%	Baker	34.9%	1.92	1	2		3	3	
		Clay	32.4%	1.42	0	1		2	3	
		Duval	34.4%	1.42	0	1		2	3	
		Nassau	36.3%	1.92	1	2		3	3	
		St. Johns	32.5%	1.42	0	1		2	3	
High Cholesterol Prevalence (2013)	33.4%	Baker	29.9%	0.92	0	0		0	3	
		Clay	25.3%	0.92	0	0		0	3	
		Duval	33.1%	1.25	1	1		0	3	
		Nassau	31.6%	1.25	1	1		0	3	
		St. Johns	30.4%	1.08	0	1		0	3	
Hyperlipidemia: Medicare Population (2015)	55.6%	Baker	47.5%	1.61	1	0	3	2		2
		Clay	49.9%	1.56	1	0	3	3		1
		Duval	50.7%	1,5	1	1	3	3		0
		Nassau	50.7%	1.72	1	1	3	3		1
		St. Johns	54.5%	1.89	2	1	3	3		1
Hypertension: Medicare Population (2015)	60.5%	Baker	62.5%	2.17	2	2	3	3		1.5
		Clay	58.8%	1.17	1	1	2	2		0
		Duval	62.1%	2.06	2	2	3	3		1
		Nassau	60.7%	2.28	2	2	3	3		2
		St. Johns	57.4%	1.22	0	1	2	2		1

Indicator	FL Value	County	County Value	County Data Score	FL Counties	FL Value	US Counties	US Value	HP2020	Trend
Ischemic Heart Disease: Medicare Population (2015)	34.0%	Baker	32.2%	1.72	1	1	3	3		1
		Clay	29.7%	1	0	0	2	3		0
		Duval	30.1%	1.17	0	0	3	3		0
		Nassau	28.0%	0.83	0	0	2	2		0
		St. Johns	31.2%	1.5	1	1	3	3		0
Stroke: Medicare Population (2015)	4.8%	Baker	5.1%	2.22	3	2	3	3		1
		Clay	4.5%	2.11	2	1	3	3		2
		Duval	5.2%	2.44	3	2	3	3		2
		Nassau	4.4%	1.72	1	1	3	3		1
		St. Johns	4.4%	1.94	1	1	3	3		2

* Comparisons were given a score ranging from 0 (green) to 3 (red), where 0 indicates the best outcome and 3 the worst according to comparison values. Comparison scores of 0 or 3 are determined by the quartile of the indicator value when compared to a set of county values (FL counties or US counties), percent difference of 10% or greater when compared to a single value (FL value, US value, or HP2020 target), or a statistically significant Mann-Kendall test for trend. A trend score of 1.5 indicates the values are neither increasing or decreasing over time. Availability of each type of comparison varies by indicator and is dependent upon the data source, comparability with data collected for other communities, and changes in methodology over time. Please see Appendix B2 for a detailed description of data scoring methodology

[3] Centers for Medicare & Medicaid Services

[8] Florida Behavioral Risk Factor Surveillance System

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

In addition to the data in Table 46, granular data reveal that zip codes in Baker (32040), Duval (32219, 32226, and 32254), and Nassau (32009) counties perform the worst for death rates due to stroke and cardiovascular diseases. Two of the three highest value zip codes for both indicators are from Duval County, and in particular, zip code 32254 in Duval is of distinct concern. The value for zip code 32254 for Age-Adjusted Death Rate due to Stroke is 80.4 deaths per 100,000 population, more than double the Florida state value. For Age-Adjusted Death Rate due to Cardiovascular Diseases, the value is 406.1 deaths per 100,000 population for zip code 32254, nearly twice the rate of 209.7 deaths per 100,000 population for the state of Florida.

Community survey participants were asked to rank the most pressing health issues in their community, and for the Northeast Florida Region as a whole, they ranked heart-related diseases as the fourth most pressing need with 56 percent of survey respondents listing heart-related diseases as one of the top five most important health issues in their community.

The topic area of heart disease and stroke was discussed in a quarter of key informant interviews and was a topic of conversation in 11 of 31 focus groups. Participants specifically discussed how many heart conditions are particularly seen in low-income and uninsured populations, with two key informants also noting the negative disparity seen in the African-American population for heart-related health issues. One set of focus group participants and two key informants also talked about the need to focus on contributing risk factors, particularly smoking; a healthy, nutritious, and balanced diet; and physical exercise. General community input also noted that heart disease is more of a community behavioral issue, and not as much of a health system issue.

Social Environment

Social environment refers to social, cultural, and civic factors that influence a person's neighborhood. Social environment ranked as the sixth highest quality of life topic area of need in the data analysis. Further analysis was done to identify specific indicators of concern across the region. Indicators of concern, for which data scoring results were high for most of the five counties in the region, include: Female Populations 16+ in Civilian Labor Force, Mean Travel Time to Work, Median Household Gross Rent, Median Housing Unit Value, and Total Employment Change.

TABLE 47. SOCIAL ENVIRONMENT INDICATORS*

Indicator	FL Value	County	County Value	County Data Score	FL Counties	FL Value	US Counties	US Value	HP2020	Trend
Child Abuse Rate [9] (2016) *in cases/1,000 children aged 5-11	901.3	Baker	804.6	1.17	1	0				1.5
		Clay	787.0	1.11	0	0				2
		Duval	994.5	1.67	1	3				1.5
		Nassau	1154.8	1.94	2	3				2
		St. Johns	625.9	1	0	0				1.5
Children Living Below Poverty Level [1] (2012-2016)	23.3%	Baker	25.5%	2.11	2	2	2	3		2
		Clay	12.2%	0.61	0	0	0	0		2
		Duval	24.8%	1.94	1	2	2	3		2
		Nassau	18.9%	0.78	0	0	1	0		2
		St. Johns	9.5%	0.39	0	0	0	0		1
Female Population 16+ in Civilian Labor Force [1] (2012-2016)	54.3%	Baker	53.2%	1.67	1	2	2	2		1.5
		Clay	57.2%	1.5	0	1	1	2		3
		Duval	60.4%	1	0	0	0	1		3
		Nassau	49.8%	1.94	1	2	2	3		2
		St. Johns	53.3%	2	1	2	2	2		3
Homeownership [1] (2012-2016)	52.3%	Baker	68.2%	0.61	0	0	0	0		2
		Clay	68.0%	0.61	0	0	0	0		2
		Duval	50.3%	2.67	3	2	3	3		3
		Nassau	61.5%	0.78	0	0	1	0		2
		St. Johns	63.7%	0.67	0	0	1	0		1.5
Juvenile Justice Referral Rate [18] (2013) *in referrals/100,000 population	448.7	Baker	344.1	1.17	1	0				
		Clay	351.2	1.17	1	0				
		Duval	392.6	1.17	1	0				
		Nassau	339.5	1	0	0				
		St. Johns	308.1	1	0	0				
Linguistic Isolation [1] (2012-2016)	6.8%	Baker	0.4%	0.78	0	0	1	0		2
		Clay	1.5%	1	1	0	2	0		1.5
		Duval	2.8%	1.44	2	0	3	0		2
		Nassau	0.7%	1	0	0	1	0		3
		St. Johns	0.8%	0.56	0	0	1	0		1
Mean Travel Time to Work [1] (2012-2016)	26.7	Baker	29.8	2.61	3	3	3	3		2
		Clay	33.4	2.83	3	3	3	3		3
		Duval	24.2	1.44	1	1	2	1		2
		Nassau	29.4	2.61	3	3	3	3		2
		St. Johns	27.0	2.11	2	2	3	2		2
Median Household Gross Rent [1] (2012-2016)	$1,032	Baker	$695	0.81	1	0		0		1
		Clay	$1,028	1.86	3	1		2		2
		Duval	$962	1.92	2	1		2		3
		Nassau	$1,050	2.42	3	2		3		3
		St. Johns	$1,150	2.58	3	3		3		3
Median Household Income [1] (2012-2016)	$48,900	Baker	$53,327	1.06	0	1	1	2		1
		Clay	$59,179	0.78	0	0	0	1		2
		Duval	$49,196	1.39	1	1	1	3		1
		Nassau	$59,196	0.67	0	0	0	1		1.5
		St. Johns	$69,523	0.17	0	0	0	0		0

Indicator	FL Value	County	County Value	County Data Score	FL Counties	FL Value	US Counties	US Value	HP2020	Trend
Median Housing Unit Value [1] (2012-2016)	$166,800	Baker	$108,600	2.42	2	3		3		3
		Clay	$157,600	1.86	1	2		3		2
		Duval	$146,400	2.03	1	3		3		2
		Nassau	$192,600	0.81	0	0		1		1
		St. Johns	$259,900	0.64	0	0		0		1
Median Monthly Owner Costs for Households without a Mortgage [1] (2012-2016)	$466	Baker	$284	0.64	0	0		0		1
		Clay	$379	0.97	2	0		0		1
		Duval	$445	1.08	2	1		1		0
		Nassau	$412	1.19	2	0		0		2
		St. Johns	$490	1.81	3	2		2		1
Mortgaged Owners Median Monthly Household Costs [1] (2012-2016)	$1,422	Baker	$1,118	0.58	1	0		0		0
		Clay	$1,359	1.08	2	1		1		0
		Duval	$1,337	0.92	2	1		0		0
		Nassau	$1,391	1.47	3	1		1		1
		St. Johns	$1,746	1.92	3	3		3		0
People 25+ with a Bachelor's Degree or Higher [1] (2012-2016)	27.9%	Baker	12.8%	2	2	3	3	3		0
		Clay	23.9%	1.83	1	3	1	3		1.5
		Duval	28.1%	0.67	0	1	0	2		0
		Nassau	24.5%	1.72	1	3	1	3		1
		St. Johns	42.5%	0.39	0	0	0	0		1
People 25+ with a High School Degree or Higher [1] (2012-2016)	87.2%	Baker	82.1%	1.5	2	2	2	2		0
		Clay	90.8%	0.72	0	1	0	1		1
		Duval	88.9%	0.83	1	1	1	1		0
		Nassau	90.9%	0.5	0	1	0	1		0
		St. Johns	94.7%	0.5	0	1	0	1		0
People Living Below Poverty Level [1] (2012-2016)	16.1%	Baker	18.5%	2.28	2	3	2	3		2
		Clay	10.2%	0.61	0	0	0	0		2
		Duval	16.6%	1.56	1	2	2	2		1
		Nassau	12.7%	0.78	0	0	1	0		2
		St. Johns	9.0%	0.39	0	0	0	0		1
Per Capita Income [1] (2012-2016)	$27,598	Baker	$21,222	1.83	2	3	2	3		0
		Clay	$27,159	1.5	1	2	1	2		1.5
		Duval	$27,235	1.17	1	2	1	2		0
		Nassau	$31,141	0.56	0	0	0	1		1
		St. Johns	$38,362	0.17	0	0	0	0		0
Persons with Health Insurance [25] (2016)	84.6%	Baker	88.8%	1.08	0	1	2		3	0
		Clay	89.1%	1.08	0	1	2		3	0
		Duval	87.2%	1.08	0	1	2		3	0
		Nassau	88.2%	1.08	0	1	2		3	0
		St. Johns	90.4%	0.81	0	1	1		2	0
Population 16+ in Civilian Labor Force [1] (2012-2016)	58.5%	Baker	51.9%	2.5	1	3	3	3		3
		Clay	62.1%	1.5	0	1	1	2		3
		Duval	63.9%	1.11	0	1	1	1		2
		Nassau	56.4%	1.94	1	2	2	3		2
		St. Johns	60.2%	1.5	0	1	1	2		3

Indicator	FL Value	County	County Value	County Data Score	FL Counties	FL Value	US Counties	US Value	HP2020	Trend
Single-Parent Households [1] (2012-2016)	38.5%	Baker	34.0%	1.28	0	0	2	2		2
		Clay	28.6%	0.56	0	0	1	0		1
		Duval	42.7%	2.61	3	3	3	3		2
		Nassau	33.3%	1.11	0	0	2	1		2
		St. Johns	20.7%	0.39	0	0	0	0		1
Social and Economic Factors Ranking [4] (2018) *Ranking of the county in social and economic factors according to County Health Rankings	Not Available	Baker	27	1.42	1					
		Clay	6	1.25	0					
		Duval	32	1.42	1					
		Nassau	5	1.25	0					
		St. Johns	1	1.25	0					
Total Employment Change [24] (2014-2015)	4.5%	Baker	2.6%	1.67	2	3	1	1		
		Clay	2.7%	1.67	2	3	1	1		
		Duval	0.2%	2.33	3	3	2	3		
		Nassau	3.2%	1.5	2	3	1	0		
		St. Johns	8.4%	0.5	0	0	0	0		
Voter Turnout: Presidential Election [20] (2016)	74.5%	Baker	84.3%	0.67	0	0				0
		Clay	73.5%	1.78	2	2				2
		Duval	74.6%	1.22	1	1				1
		Nassau	77.1%	1.44	1	1				2
		St. Johns	80.1%	1.17	0	1				1.5

*Comparisons were given a score ranging from 0 (green) to 3 (red), where 0 indicates the best outcome and 3 the worst according to comparison values. Comparison scores of 0 or 3 are determined by the quartile of the indicator value when compared to a set of county values (FL counties or US counties), percent difference of 10% or greater when compared to a single value (FL value, US value, or HP2020 target), or a statistically significant Mann-Kendall test for trend. A trend score of 1.5 indicates the values are neither increasing or decreasing over time. Availability of each type of comparison varies by indicator and is dependent upon the data source, comparability with data collected for other communities, and changes in methodology over time. Please see Appendix B2 for a detailed description of data scoring methodology

[1] American Community Survey

[4] County Health Rankings

[9] Florida Department of Children and Families

[18] Florida Department of Juvenile Justice

[20] Florida Department of State

[24] National Center for Education Statistics

[25] Small Area Health Insurance Estimates

Community survey participants ranked social environment as the tenth most impactful condition of daily life on their community, with one in four participants believing that social environment has the most impact on their community. Furthermore, only 38% of community survey respondents agree or strongly agree that their community supports a healthy lifestyle. The social environment was mentioned in 18 out of 44 key informant interviews and 13 out of 31 focus groups. The generational impact of poverty, mental health issues, trauma, and knowledge and attitudes toward nutrition and health contribute to the social environment need in the region. Adverse childhood experiences and childhood trauma, as well as the effects of parental mental health issues on children, are important factors influencing the effect of the social environment's impact on community health.

Respiratory Diseases

Respiratory diseases emerged as a significant health need from the secondary data for the Brooks Rehabilitation service area, especially for Baker County. Baker County experienced the highest prevalence of asthma and chron-

ic obstructive pulmonary disorder (COPD) amongst the Medicare population compared to other counties in the region, according to Table 48. Baker County also had a higher age-adjusted death rate due to influenza and pneumonia, and higher prevalence of teens with asthma compared to the state of Florida and compared to the other counties across the Brooks Rehabilitation service area. Finally, particularly amongst older adults, vaccination rates for influenza and pneumonia did not meet the Healthy People 2020 targets in 2016.

TABLE 48. RESPIRATORY HEALTH INDICATORS*

Indicator	FL Value	County	County Value	County Data Score	FL Counties	FL Value	US Counties	US Value	HP2020	Trend
Adults 65+ with Influenza Vaccination [8] (2016)	57.6%	Baker	52.5%	1.92	2	2		3		
		Clay	68.3%	0.75	0	0		0		
		Duval	57.6%	1.42	1	1		2		
		Nassau	60.0%	1.25	1	1		1		
		St. Johns	55.6%	1.75	2	2		2		
Adults 65+ with Pneumonia Vaccination [8] (2016)	65.6%	Baker	67.0%	1.75	2	1		2	3	
		Clay	73.8%	1.08	0	0		1	3	
		Duval	66.7%	1.75	2	1		2	3	
		Nassau	71.2%	1.42	0	1		2	3	
		St. Johns	63.3%	2.08	2	2		3	3	
Adults with Current Asthma [8] (2016)	6.7%	Baker	9.2%	1.75	2	3		1		
		Clay	6.7%	1.08	1	1		0		
		Duval	6.8%	1.25	1	2		0		
		Nassau	12.6%	2.25	3	3		3		
		St. Johns	7.4%	1.42	1	3		0		
Age-Adjusted Death Rate due to Influenza and Pneumonia [17] (2016) *In deaths/100,000 population	9.7	Baker	28.2 (2014 value)	2.36	3	3		3		2
		Clay	9.9	1.14	1	2		0		1
		Duval	15.6	2.14	3	3		3		1
		Nassau	19.1	2.14	3	3		3		1
		St. Johns	11.0	1.47	2	3		0		1
Age-Adjusted Death Rate due to Lung Cancer [17] (2014-2016) *In deaths/100,000 population	40.4	Baker	51.4	1.67	2	3			3	0
		Clay	54.7	1.67	2	3			3	0
		Duval	46.2	1.39	1	3			2	0
		Nassau	52.7	1.89	2	3			3	1
		St. Johns	46.7	1.83	1	3			2	2
Asthma: Medicare Population [3] (2015)	9.8%	Baker	11.3%	2.83	3	3	3	3		3
		Clay	10.1%	2.44	2	3	3	3		2
		Duval	10.1%	2.44	2	3	3	3		2
		Nassau	8.2%	1.28	0	0	2	2		2
		St. Johns	7.8%	0.94	0	0	1	1		2
COPD: Medicare Population [3] (2015)	13.2%	Baker	16.6%	2.44	2	3	3	3		2
		Clay	14.2%	1.72	1	2	2	3		1
		Duval	12.8%	1.56	1	1	2	3		1
		Nassau	11.5%	0.89	0	0	1	2		1
		St. Johns	11.4%	0.67	0	0	1	2		0

Indicator	FL Value	County	County Value	County Data Score	FL Counties	FL Value	US Counties	US Value	HP2020	Trend
Lung and Bronchus Cancer Incidence Rate [29] (2012-2014) *In cases/100,000 population	61.0	Baker	90.2	2	3	3				1.5
		Clay	77.8	1.83	2	3				1.5
		Duval	76.2	1.72	2	3				1
		Nassau	81.2	2	3	3				1.5
		St. Johns	66.8	1.61	1	2				2
Teens with Asthma [22] (2014)	20.8%	Baker	24.7%	2.33	3	3				3
		Clay	21.5%	2	2	2				3
		Duval	23.8%	2.33	3	3				3
		Nassau	20.0%	1.33	1	1				1.5
		St. Johns	19.6%	1.44	1	1				2
Tuberculosis Incidence Rate [16] (2016) *In cases/100,000 population	3.2	Baker	0	0.69	0	0		0	0	2
		Clay	1.5	0.97	1	0		0	3	1
		Duval	0	0.47	0	0		0	0	1
		Nassau	0	0.58	0	0		0	0	1.5
		St. Johns	1.5	0.97	1	0		0	3	1

*Comparisons were given a score ranging from 0 (green) to 3 (red), where 0 indicates the best outcome and 3 the worst according to comparison values. Comparison scores of 0 or 3 are determined by the quartile of the indicator value when compared to a set of county values (FL counties or US counties), percent difference of 10% or greater when compared to a single value (FL value, US value, or HP2020 target), or a statistically significant Mann-Kendall test for trend. A trend score of 1.5 indicates the values are neither increasing or decreasing over time. Availability of each type of comparison varies by indicator and is dependent upon the data source, comparability with data collected for other communities, and changes in methodology over time. Please see Appendix B2 for a detailed description of data scoring methodology

[3] Centers for Medicare & Medicaid Services

[8] Florida Behavioral Risk Factor Surveillance System

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

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

[22] Florida Youth Tobacco Survey

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

Key informants and focus group participants cited asthma as a community concern. Focus group participants noted that asthma amongst children frequently leads to school absences and poor school performance. Community members attributed high rates of lung cancer in the counties neighboring Duval to high rates of smoking. Respiratory diseases were not considered a top health need from the community survey as only 13% of survey participants ranked it as a community health issue.

Sexual Health

Sexual health also emerged as a significant health need for the service area, especially for Baker and Duval counties. Sexually transmitted infections are a key concern in this health area: the chlamydia incidence rate amongst adults and teens is greater in both Baker and Duval counties compared to the state of Florida and to the United States, as displayed in Table 49. Additionally, the gonorrhea incidence rate of Duval County (292.1 cases/100,000 people) is more than twice the rate of the state of Florida and the United States. The teen birth rate for females ages 15-19 in Baker County is twice as high as the rate for the state of Florida; Duval, and Nassau counties also had high teen birth rates compared to the state of Florida. Community input participants further corroborated that teen births are an issue in the community.

TABLE 49. SEXUAL HEALTH INDICATORS*

Indicator	FL Value	County	County Value	County Data Score	FL Counties	FL Value	US Counties	US Value	HP2020	Trend
AIDS Diagnosis Rate [13] (2016) *in cases/100,000 population	10.5	Baker	3.7	0.89	0	0				1
		Clay	6.8	1.28	1	0				2
		Duval	16.1	1.67	3	3				0
		Nassau	7.7	1.22	2	0				1
		St. Johns	4.1	1.06	1	0				1
Chlamydia Incidence Rate [15] (2016) *in cases/100,000 population	468.2	Baker	504.3	2.03	3	2		2		2
		Clay	424.0	1.36	2	1		0		2
		Duval	714.3	2.36	3	3		3		2
		Nassau	243.0	0.86	0	0		0		2
		St. Johns	269.8	0.86	0	0		0		2
Chlamydia Incidence Rate: Females 15-19 [15] (2016) *in cases/100,000 females aged 15-19	3175.6	Baker	4767.6	2.11	3	3				2
		Clay	2706.9	1.28	1	0				2
		Duval	4556.4	2.11	3	3				2
		Nassau	1993.7	1	0	0				1.5
		St. Johns	1709.9	1	0	0				1.5
Gonorrhea Incidence Rate [15] (2016) *in cases/100,000 population	139.2	Baker	89.0	1.03	1	0		0		2
		Clay	124.5	1.19	2	0		0		2
		Duval	292.1	2.58	3	3		3		3
		Nassau	66.5	1.25	1	0		0		3
		St. Johns	55.0	0.86	0	0		0		2
Gonorrhea Incidence Rate: Females 15-19 [15] (2016) *in cases/100,000 females aged 15-19	496.6	Baker	119.2	1	0	0				1.5
		Clay	279.1	1.17	1	0				1.5
		Duval	911.3	2.33	3	3				3
		Nassau	181.2	0.67	0	0				0
		St. Johns	159.4	1.11	0	0				2
HIV Incidence Rate [13] (2016) *in cases/100,000 population	24.6	Baker	11.1	1.28	1	0				2
		Clay	9.7	1.28	1	0				2
		Duval	30.6	1.89	3	3				1
		Nassau	10.2	1.28	1	0				2
		St. Johns	6.8	0.89	0	0				1
Syphilis Incidence Rate [15] (2016) *in cases/100,000 population	11.9	Baker	3.7	1.28	1	0				2
		Clay	6.3	1.67	2	0				3
		Duval	11.0	2	3	1				3
		Nassau	0.0	1	0	0				1.5
		St. Johns	0.9	1.11	0	0				2
Teen Birth Rate: 15-19 [17] (2016) *in cases/1,000 females aged 15-19	19.5	Baker	41.7	2.25	3	3		3		1.5
		Clay	17.7	0.92	0	1		0		1.5
		Duval	27.3	1.97	2	3		3		1
		Nassau	28.1	2.19	2	3		3		2
		St. Johns	8.4	0.64	0	0		0		1

*Comparisons were given a score ranging from 0 (green) to 3 (red), where 0 indicates the best outcome and 3 the worst according to comparison values. Comparison scores of 0 or 3 are determined by the quartile of the indicator value when compared to a set of county values (FL counties or US counties), percent difference of 10% or greater when compared to a single value (FL value, US value, or HP2020 target), or a statistically significant Mann-Kendall test for trend. A trend score of 1.5 indicates the values are neither increasing or decreasing over time. Availability of each type of comparison varies by indicator and is dependent upon the data source, comparability with data collected for other communities, and changes

in methodology over time. Please see Appendix B2 for a detailed description of data scoring methodology

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

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

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

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

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

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

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

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

Built Environment & Safety

According to secondary data analysis, the Built Environment and Safety emerged as critical issues. This topic area includes indicators that connect the physical space that people live in to nutrition and physical activity, and indicators that connect physical space to transportation safety. Indicators of greatest concern from the secondary data include: Food Environment Index, which measures both geographical access to a grocery store and food insecurity; Access to Exercise Opportunities, which measures geographical accessibility to parks; Children with Low Access to a Grocery Store, and the Pedestrian Death Rate.

Table 50 lists all secondary data indicators within the Built Environment & Safety topic.

TABLE 50. BUILT ENVIRONMENT & SAFETY INDICATORS*

Indicator	FL Value	County	County Value	County Data Score	FL Counties	FL Value	US Counties	US Value	HP2020	Trend
Access to Exercise Opportunities [4] (2018)	87.1%	Baker	35.0%	2.5	3	3	3	3		
		Clay	83.9%	1.17	1	2	0	1		
		Duval	88.5%	0.83	0	1	0	1		
		Nassau	68.6%	2	2	3	1	3		
		St. Johns	88.2%	0.83	0	1	0	1		
Age-Adjusted Death Rate due to Motor Vehicle Collisions [17] (2016) *in deaths/100,000 population	15.4	Baker	35.4	2.11	3	3				2
		Clay	23.8	2.17	2	3				3
		Duval	15.2	1.44	1	1				2
		Nassau	35.0	2.11	3	3				2
		St. Johns	18.6	2	1	3				3
Age-Adjusted Death Rate due to Unintentional Injuries [17] (2016) *in deaths/100,000 population	56.3	Baker	68.3	2.58	2	3		3	3	3
		Clay	78.2	2.53	3	3		3	3	2
		Duval	81.1	2.53	3	3		3	3	2
		Nassau	85.8	2.53	3	3		3	3	2
		St. Johns	50.6	1.75	1	0		2	3	3
Children with Low Access to a Grocery Store [28] (2015) *Percent of children living more than 1 mile from a grocery store in an urban area or more than 10 miles from a grocery store in a rural area		Baker	7.7%	2	3		3			
		Clay	6.3%	1.67	2		2			
		Duval	6.1%	1.67	2		2			
		Nassau	4.7%	1.5	1		2			
		St. Johns	5.3%	1.67	2		2			
Food Environment Index [4] (2018) *An index ranking from 0 (worst) to 10 (best) weighting the percent of those with low-income and loss access to a grocery store and the percent of those without access to a reliable food source	6.7	Baker	6.4	2.44	3	2	3	3		2
		Clay	7.6	1.11	0	0	1	2		2
		Duval	6.3	2.44	3	2	3	3		2
		Nassau	7.4	1.22	1	0	2	2		1
		St. Johns	7.8	0.72	0	0	1	1		1
Households with No Car and Low Access to a Grocery Store [28] (2015)		Baker	2.8%	1.67	2		2			
		Clay	1.9%	1.17	0		1			
		Duval	1.7%	1	0		0			
		Nassau	2.4%	1.33	1		1			
		St. Johns	2.4%	1.33	1		1			
Low-Income and Low Access to a Grocery Store [28] (2015)		Baker	13.0%	2	3		3			
		Clay	6.9%	1.5	1		2			
		Duval	8.6%	1.67	2		2			
		Nassau	7.4%	1.5	1		2			
		St. Johns	6.6%	1.5	1		2			

Indicator	FL Value	County	County Value	County Data Score	FL Counties	FL Value	US Counties	US Value	HP2020	Trend
Pedestrian Death Rate [5] (2013) *in deaths/100,000 population	2.6	Baker	3.7	2.78	3	3	3	3	3	2
		Clay	1.0	0.94	1	0	2	0	0	2
		Duval	3.8	2.78	3	3	3	3	3	2
		Nassau	4.0	2.78	3	3	3	3	3	2
		St. Johns	1.4	1.11	1	0	2	1	2	1
People 65+ with Low Access to a Grocery Store [28] (2015)		Baker	3.4%	1.5	1		2			
		Clay	2.8%	1.33	1		1			
		Duval	2.5%	1.33	1		1			
		Nassau	4.4%	1.83	2		3			
		St. Johns	4.3%	1.67	2		2			
People with Low Access to a Grocery Store [28] (2015)		Baker	33.1%	2	3		3			
		Clay	24.4%	1.5	1		2			
		Duval	24.7%	1.67	2		2			
		Nassau	24.2%	1.5	1		2			
		St. Johns	25.4%	1.67	2		2			
Severe Housing Problems [4] (2010-2014)	21.50%	Baker	16.8%	1.28	1	0	3	0		2
		Clay	14.9%	0.83	0	0	2	0		1.5
		Duval	20.1%	2.33	3	1	3	2		3
		Nassau	14.9%	0.83	0	0	2	0		1.5
		St. Johns	16.6%	0.89	1	0	2	0		1

*Comparisons were given a score ranging from 0 (green) to 3 (red), where 0 indicates the best outcome and 3 the worst according to comparison values. Comparison scores of 0 or 3 are determined by the quartile of the indicator value when compared to a set of county values (FL counties or US counties), percent difference of 10% or greater when compared to a single value (FL value, US value, or HP2020 target), or a statistically significant Mann-Kendall test for trend. A trend score of 1.5 indicates the values are neither increasing or decreasing over time. Availability of each type of comparison varies by indicator and is dependent upon the data source, comparability with data collected for other communities, and changes in methodology over time. Please see Appendix B2 for a detailed description of data scoring methodology

[4] County Health Rankings

[5] Fatality Analysis Reporting System

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

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

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

Conclusion

The Community Health Needs Assessment for Brooks Rehabilitation utilized a comprehensive set of secondary data indicators measuring the health and quality of life needs for the service area. The assessment was further informed by community input from knowledgeable persons representing the broad interests of the community.

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

Appendix A. Prior CHNA Impact Report & Comments

Significant Health Need Identified in Preceding CHNA	Planned Activities to Address Health Needs Identified in Preceding Implementation Strategy	Was Activity Implemented (Yes/No)	Results, Impact & Data Sources
Mental Health / Depression	Implementation of the World Health Organization Quality of Life Assessment tool	Yes	At appropriate Community Benefit Programs, the implementation of the World Health Organization Quality of Life assessment tool is used at a participant's initial intake, 2 months, 6 months, and 12 months. In 2016 and 2017 Quality of Life assessment were completed for 1614 individuals and 1735 individuals respectively.
Obesity / Nutrition / Lifestyle	Adaptive Sports & Recreation Program	Yes	13 weekly events and 35 special events, served 673 unique individuals in 2016 and 621 unique individual participants in 2017, Brooks Challenge Mile in partnership with Gate River Run – 2017 745 participants, 2018 774 participants.
	Stroke Wellness Program Brain Injury Wellness Program Parkinson's Wellness Program Multiple Sclerosis Wellness Program	Yes	In 2016, 357 unique individuals (14,270 visits) participated in a customized wellness programs for their needs. In 2017 this number increased to 371 unique individuals (16,213 visits).
	Kids Play Day	Yes	Kids Play Day incorporated physical exercise for individuals with varying abilities. During the pilot session, we only had 1 of 6 registered individuals complete the program. Another session was scheduled in the fall of 2016 with zero registrants. The program was discontinued in 2017 due to a lack of interest.
	Brain Injury Clubhouse	Yes	The Brooks Brain Injury Clubhouse served 85 individuals in 2016 placing 28 participants in a job or volunteer placement. In 2017 the Clubhouse served 76 individuals and placed 30 in a vocation or volunteer opportunity.

Stroke Prevention	Stroke Wellness Program	Yes	Brooks in connection with the YMCA offers stroke survivors the opportunity to participate in a stroke wellness program which provides exercise to promote cardiovascular fitness and musculoskeletal strength in an effort to decrease the chance of another stroke. The program is offered in Jacksonville and Daytona.
	Collaboration with American Heart Association for Heart Walk and Faces of Stroke	Yes	Brooks participated with the American Heart Association in the Heart Walk in 2016 and 2017. In 2016, 257 employees and community members participated in the Heart Walk with an increase of participants in 2017. Brooks now solely executes Faces of Stroke. In 2016 and 2017, 5 stroke survivors were honored each year. The event offers CME credit and shares information on recognizing the signs and symptoms of stroke to community members.
Unintentional Injury	Think First	Yes	ThinkFirst provides education and awareness on brain/spinal cord injury prevention to children and youth in various settings: classroom/auditorium presentations, community health fairs and large community events. In 2016, 726 children were assisted with helmet fitting and 1365 children were impacted through educational presentations. In 2017, the number of helmet fittings increased to 1,179 and 2,079 children benefitted from educational presentations.
	Stepping On / Falls Prevention workshops	Yes	Comprehensive Falls Prevention program was chartered in May of 2015. The program steering committee implemented the program across 7 Brooks sites with successful implementation within one year from charter date. The program is continuously monitored and all of the staff completes an assessment of a patient's fall risk upon intake and after an acute fall. The program is continuing to flourish and monitoring progress.
Unintentional Injury (continued)	Y Healthy Living	Yes	Y Healthy Living Center is a unique partnership between Baptist Health, Brooks Rehabilitation and Florida Blue. It offers a comprehensive range of programs to address health concerns of youth and adults including: free wellness coaching, free health talks, classes and workshops, free support groups, free baseline health screening.

Appendix B. Primary Data

1. Key Informant Interview Questions

1. Could you tell me a little about yourself, your background, and your organization?

2. What are the major health needs/issues you see in the community?

3. Who in your community appears to struggle the most with these issues you've identified and how does it impact their lives?

4. What are the barriers to receiving care and for building a healthy community?

5. Could you tell me about some of the strengths and resources in your community that address these issues, such as groups, initiatives, services, or programs? Please name them.

6. As a part of the Community Health Needs Assessment process, we are analyzing quantitative data for the region. We have found that there is limited publicly available data around some health topics, which may make it difficult to assess the extent of the community need. Could you please help us fill this information in by telling us about any observations, anecdotes, or knowledge you have around these topic areas?
   - Diabetes
   - Disabilities
   - Environmental & Occupational Health
   - Family Planning
   - Food Safety
   - Mental Health & Mental Disorders
   - Men's Health
   - Oral Health
   - Other Chronic Diseases
   - Vision

7. What advice do you have for a group developing a plan to address the needs you've mentioned today?

8. Given all that we have discussed so far, what are the top 3 health needs that should be addressed in your community? Please list them in order of 1st – 2nd – 3rd.

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

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

2. Organizations Participating in Key Informant Interviews

5 Star Veterans	AETNA	Azalea Health	Baker County School District
Baker County Council of Aging	Barnabas Center	Child Guidance Center	Children's Home Society
Clay Behavioral Health	Clinton Health Matters Initiative	Communities in Schools	Department of Children and Families
Florida Department of Health, Clay	Florida Department of Health, Duval	Florida Department of Health, Nassau	Florida Department of Health, St. Johns
Drug Free Duval	Duval County Medical Society	Duval County Public Schools	Early Learning Coalition of Duval
ElderSource	Feeding Northeast Florida	Health Planning Council of Northeast Florida	Institute of Healthcare Excellence
JASMYN	Jewish Family and Community Social Services	Lutheran Services Florida	Muslim American Social Services
Nassau County Crime and Drug Abatement Coalition	Pace Center for Girls	St. Vincent De Paul Society at Blessed Trinity	Starting Point
Sulzbacher Center	The Way Free Clinic	UF College of Medicine	United Way of Northeast Florida
United Way of St. Johns County	Vision Is Priceless	War on Poverty	We Care Jacksonville

* Conduent solicited Florida Department of Health, Baker on two separate occasions to participate in the key informant interview process but did not receive any response.

3. Focus Group Discussion Questions

1. What is your vision for a healthy community?

2. Is there something missing in your neighborhood or community that could help make your community healthier? Fill in this sentence: My community could be healthier if...

3. How would you rate the health status of the community: Excellent, Very Good, Good, Fair, Poor, or Don't Know/Not Sure? Why did you give it this rating?

4. *Sticky Note Question*: Now we'd like to discuss health concerns more specifically in the community. What are the community's most critical health needs/issues?

5. How do these issues impact different types of people/populations?

6. What are the barriers to receiving services in the community?

7. What do you see as the community's best resources?

8. [select either A or B]
   A. What are the top 3 priorities for this community in terms of health needs and why?
   B. [Activity] Each person has received $1000. Each person should distribute their money to the issues they think are the most important for improving the health of the community.

4. Completed Focus Groups

HCI Conducted Interviews		
Date Conducted	**Focus Group Title/Location**	**Number of Focus Group Participants**
4/3/18	New Town	10
4/3/18	Tippling the Scale (BMC Jacksonville)	11
4/4/18	Mission House	11
4/4/18	Sulzbacher/BEAM	11
4/5/18	City Rescue/Sulzbacher/ Clara White	11
4/5/18	Duval Faith Community & Nursing	10
4/5/18	The Way Free Clinic	7
4/9/18	People with Differing Abilities at Brooks	7
4/10/18	FSCJ Students	9
4/11/18	Nassau County Council of Aging	9
4/11/18	Barnabas	13
4/11/18	Tipping the Scale at BMC Nassau	14
4/12/18	Baker County Council of Aging	7
4/12/18	Baker County School Nurses	8
4/13/18	NE FL Women Veterans	10
Partnership Conducted Interviews		
3/28/18	St. Vincent's Clay County	5
4/5/18	St. Vincent's Riverside	11
4/3/18	St. Vincent's Southside	8

4/17/18	Mayo Clinic	10
4/9/18	Baptist Winston Y	9
4/4/18	Brooks Rehab	9
4/23/18	JASMYN	12
4/19/18	Baptist Beaches	4
4/25/18	Baptist Mandarin JCA	11
4/18/18	Wolfson Children's	8
4/16/18	Baptist Johnson Y Healthy Living Center	11
4/24/18	UF Health	11
4/19/18	Baptist Nassau	10
4/23/18	Baptist Jacksonville	10
4/17/18	Baptist Y Healthy Living Center	10
4/25/18	Baptist South	9
4/19/18	Baptist Mandarin Healthy Living Center	8

5. Community Survey Questionnaire

Welcome to the Jacksonville Regional Community Survey

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

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

This survey will take about 15 minutes to complete.

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

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

1. What county do you reside in?

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

2. What is your zip code?

ZIP/Postal Code _____

3. What is your profession?

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

4. What is your age?

- ☐ 17 or younger
- ☐ 18-24
- ☐ 25-34
- ☐ 35-44
- ☐ 45-54
- ☐ 55-64
- ☐ 65-74
- ☐ 75+

5. What is your gender identity?

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

6. What is your ethnicity? (Select one)

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

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

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

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

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

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

_____

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

- ☐ No
- ☐ Yes (if yes, please specify the number of children in your household):

11. Select your total household income level.

- ☐ Less than $25,000
- ☐ $25,000-$49,999
- ☐ $50,000-$74,999
- ☐ $75,000 or more

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

- ☐ Yes
- ☐ No (please specify the primary language spoken in your home.): _____

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

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

- ☐ Very good
- ☐ Good
- ☐ OK
- ☐ Poor
- ☐ Very poor
- ☐ Don't know/not sure

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

Select Five [x]	Health Issue	Rank the selected five (1 being the most important)
☐	**Cancer**	_____
☐	**Diabetes**	_____
☐	**Eye Health** (vision)	_____

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

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

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

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

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

Select Five [x]	Population	Rank those Five (1 is most negatively affected)
☐	**Children**	_____
☐	**Teen and Adolescents**	_____
☐	**Older Adults**	_____
☐	**Mothers with infants**	_____
☐	**Men**	_____
☐	**Women**	_____
☐	**Low Income**	_____
☐	**Lesbian, Gay, Bisexual, Transgender, and Queer**	_____
☐	**Military and Veterans**	_____

☐	**Persons with Disabilities**	_____
☐	**Racial or Ethnic Populations**	_____
☐	**Refugees**	_____
☐	**Other** (please specify): _____	_____

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

- ☐ White
- ☐ Black or African American
- ☐ American Indian or Alaska Native
- ☐ Asian
- ☐ Native Hawaiian and Other Pacific Islander
- ☐ Hispanic or Latino
- ☐ Multi-racial
- ☐ Other (please specify): _____

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

Statement	Strongly Agree	Agree	Feel Neutral	Disagree	Strongly Disagree
Public transportation and other transit opportunities make accessing health services manageable.	☐	☐	☐	☐	☐
I, or someone I know, have delayed seeking health care due to cost in the last 12 months.	☐	☐	☐	☐	☐
My community is knowledgeable of the health resources available to them.	☐	☐	☐	☐	☐
I, or someone I know, have delayed seeking health care due to wait times or limited appointment opportunity.	☐	☐	☐	☐	☐

My community supports a healthy lifestyle.	☐	☐	☐	☐	☐
I, or someone I know, have had difficulty understanding a health professional because of a language barrier in the last 12 months.	☐	☐	☐	☐	☐
There is a lack of resources related to health improvement in this community.	☐	☐	☐	☐	☐
I and members of my community feel we have a voice in our community	☐	☐	☐	☐	☐
I consider my community to be safe.	☐	☐	☐	☐	☐

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

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

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

- ☐ 211 lines
- ☐ Books/Magazines
- ☐ Doctor
- ☐ Faith/Community
- ☐ Friends and Family

- ☐ Grocery Stores
- ☐ Health and Fitness Facilities
- ☐ Health Department
- ☐ Hospital
- ☐ Internet
- ☐ Pharmacist
- ☐ School
- ☐ Social Media (Facebook, Twitter, etc.)
- ☐ Television
- ☐ Other (please specify): _____

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

- ☐ No
- ☐ Yes

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

_____

_____

_____

_____

_____

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

_____

_____

_____

_____

_____

Thank you for your participation!

Appendix C. Secondary Data

1. Secondary Data Sources

The data sources used in the secondary data analysis, including secondary data scoring and index of disparity, for Brooks Rehabilitation's service area are listed as follows:

1. US Census Bureau: American Community Survey (ACS). Retrieved from **https://www.census.gov/programs-surveys/acs/**
2. American Lung Association.® Retrieved from **http://www.lung.org/**
3. Centers for Medicare & Medicaid Services. Retrieved from **https://www.cms.gov/Medicare/Medicare.html**
4. County Health Rankings. Retrieved from **http://www.countyhealthrankings.org/**
5. Fatality Analysis Reporting System (FARS). Retrieved from **https://www.nhtsa.gov/research-data/fatality-analysis-reporting-system-fars**
6. Feeding America. (Retrieved from **http://www.feedingamerica.org/**
7. Florida Agency for Health Care Administration. Retrieved from **http://www.fdhc.state.fl.us/**
8. Florida Behavioral Risk Factor Surveillance System. Retrieved from **http://www.floridahealth.gov/statistics-and-data/survey-data/behavioral-risk-factor-surveillance-system/index.html**
9. Florida Department of Children and Families. Retrieved from **http://www.myflorida.com/accessflorida/**
10. Florida Department of Education. Retrieved October 16, 2015, from **http://www.fldoe.org/**
11. Florida Department of Education, Office of Early Learning. Retrieved from **http://www.floridaearlylearning.com/**
12. Florida Department of Health, Bureau of Epidemiology. Retrieved from **http://www.floridahealth.gov/diseases-and-conditions/aids/surveillance/epi-profiles/index.html**
13. Florida Department of Health, Bureau of HIV/AIDS. Retrieved from **http://www.floridahealth.gov/diseases-and-conditions/aids/index.html**
14. Florida Department of Health, Bureau of Immunization. Retrieved from **http://www.floridahealth.gov/programs-and-services/immunization/**
15. Florida Department of Health, Bureau of STD Prevention & Control. Retrieved from **http://www.floridahealth.gov/diseases-and-conditions/sexually-transmitted-diseases/index.html**
16. Florida Department of Health, Bureau of TB & Refugee Health. Retrieved from **http://www.floridahealth.gov/programs-and-services/community-health/refugee-health/index.html**
17. Florida Department of Health, Bureau of Vital Statistics. Retrieved from **http://www.floridahealth.gov/certificates/certificates/index.html**
18. Florida Department of Juvenile Justice. Retrieved from **http://www.djj.state.fl.us/**
19. Florida Department of Law Enforcement. Retrieved from **http://www.fdle.state.fl.us/**
20. Florida Department of State. Retrieved from **http://dos.myflorida.com/**
21. Florida Youth Substance Abuse Survey (FYSAS). Retrieved from **http://myflfamilies.com/service-programs/substance-abuse/fysas**
22. Florida Youth Tobacco Survey. Retrieved from **http://www.floridahealth.gov/statistics-and-data/survey-data/florida-youth-survey/florida-youth-tobacco-survey/index.html**
23. Institute for Health Metrics and Evaluation. Retrieved from **http://www.healthdata.org/**
24. National Center for Education Statistics (NCES), part of the U.S. Department of Education. Retrieved from **http://nces.ed.gov/**
25. Small Area Health Insurance Estimates (SAHIE) Program. Retrieved from **https://www.census.gov/programs-surveys/sahie.html**

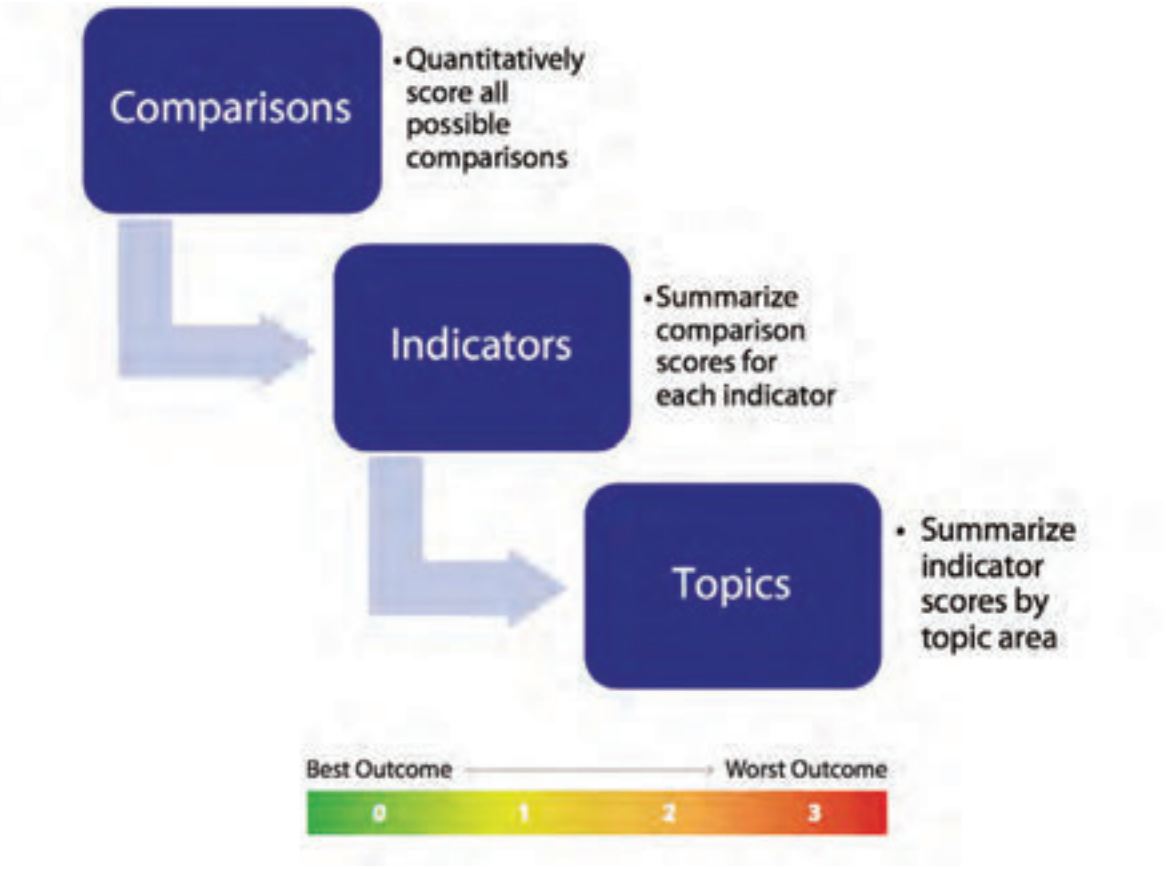
26. U.S. Bureau of Labor Statistics. Retrieved from **https://www.bls.gov/**
27. US Census Bureau, County Business Patterns (CBP). Retrieved from **https://www.census.gov/programs-surveys/cbp.html**
28. U.S. Department of Agriculture - Food Environment Atlas. Retrieved from **https://www.ers.usda.gov/data-products/food-environment-atlas.aspx**
29. The Florida Cancer Data System Home Page. Retrieved from **https://fcds.med.miami.edu/inc/welcome.shtml**

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

1. United Way ALICE Report: Florida. (February 2, 2017). Retrieved July 2, 2018, from **http://www.uwof.org/sites/uwof.org/files/17UW%20ALICE%20Report_FL%20Update_2.14.17_Lowres_0.pdf**
2. The Williams Institute, UCLA School of Law. Community Assessment of LGBTI Adults in Northeast Florida. (June 26, 2018). Retrieved June 26, 2018, from **https://williamsinstitute.law.ucla.edu/research/community-assessment-of-lgbti-adults-in-jacksonville-florida/**
3. Centers for Disease Control and Prevention. 500 Cities Project. (n.d.) Retrieved May 22, 2018, from **https://www.cdc.gov/500cities/**
4. Youth Risk Behavior Survey, Duval County High School Students. Alcohol, Tobacco, and Other Drug Use Behaviors. (2017). Retrieved May 17, 2018.
5. Youth Risk Behavior Survey, Duval County Middle School Students. Alcohol, Tobacco, and Other Drug Use Behaviors. (2017). Retrieved May 17, 2018.
6. Youth Risk Behavior Survey, Duval County High School Students. Physical Activity and Dietary Behaviors. (2017). Retrieved May 17, 2018.
7. Youth Risk Behavior Survey, Duval County Middle School Students. Physical Activity and Dietary Behaviors. (2017). Retrieved May 17, 2018.
8. Youth Risk Behavior Survey, Duval County High School Students. Sexual Behaviors. (2017). Retrieved May 17, 2018.
9. Youth Risk Behavior Survey, Duval County Middle School Students. Sexual Behaviors. (2017). Retrieved May 17, 2018.
10. Youth Risk Behavior Survey, Duval County High School Students. Violence, Suicide, and Safety Behaviors. (2017). Retrieved May 17, 2018.
30. Youth Risk Behavior Survey, Duval County Middle School Students. Violence, Suicide, and Safety Behaviors (2017). Retrieved May 17, 2018.

2. Secondary Data Scoring Detailed Methodology

Data scoring is done in three stages:



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

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

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

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

Comparison to Values: State, National, and Targets

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

Trend Over Time

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

Missing Values

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

Indicator Scoring

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

Topic Scoring

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

3. Secondary Data Scores

Source numbers correspond to the list of secondary data sources in **Appendix B1**.

Baker County

SCORE	**ACCESS TO HEALTH SERVICES**	UNITS	BAKER COUNTY	HP2020	FLORIDA	U.S.	MEASUREMENT PERIOD	SOURCE #
2.17	Median Monthly Medicaid Enrollment	*enrollments/ 100,000 population*	22740.7		19607.4		*2017*	7
2.17	Primary Care Provider Rate	*providers/ 100,000 population*	44		73	76	*2015*	4
1.83	Dentist Rate	*dentists/ 100,000 population*	43		58	67	*2016*	4
1.83	Non-Physician Primary Care Provider Rate	*providers/ 100,000 population*	57		88	81	*2017*	4
1.58	Adults who did not Visit a Dentist due to Cost	*percent*	23.2				*2007*	8
1.58	Clinical Care Ranking* **County Health Ranking: the ranking is based on a summary composite score calculated from the following measures: uninsured, primary care physicians, mental health providers, dentists, preventable hospital stays, diabetic monitoring, and mammography screening.*		47				*2018*	4
1.08	Persons with Health Insurance	*percent*	88.8	100	84.6		*2016*	25
0.97	Adults with a Usual Source of Health Care	*percent*	83.8	89.4	72	77.1	*2016*	8

SCORE	**CANCER**	UNITS	BAKER COUNTY	HP2020	FLORIDA	U.S.	MEASUREMENT PERIOD	SOURCE #
2.17	Age-Adjusted Death Rate due to Breast Cancer	*deaths/ 100,000 females*	30.6	20.7	19.8		*2014-2016*	17
2.17	Age-Adjusted Death Rate due to Colorectal Cancer	*deaths/ 100,000 population*	18.5	14.5	13.7		*2014-2016*	17

2.00	Lung and Bronchus Cancer Incidence Rate	*cases/ 100,000 population*	90.2		61		*2012-2014*	29
2.00	Pap Test in Past Year	*percent*	37.7		48.4		*2016*	8
1.89	Age-Adjusted Death Rate due to Cancer	*deaths/ 100,000 population*	182.4	161.4	155.1		*2014-2016*	17
1.83	Colon Cancer Screening: Blood Stool Test Past Year	*percent*	11.3		16		*2016*	8
1.78	Mammogram: 40+ Past Year	*percent*	56.6		60.8		*2016*	8
1.72	Oral Cavity and Pharynx Cancer Incidence Rate	*cases/ 100,000 population*	16.7		13.4		*2012-2014*	29
1.67	Age-Adjusted Death Rate due to Lung Cancer	*deaths/ 100,000 population*	51.4	45.5	40.4		*2014-2016*	17
1.67	Prostate Cancer Incidence Rate	*cases/ 100,000 males*	91.3		90.5		*2012-2014*	29
1.67	Prostate-Specific Antigen Test History	*percent*	51.3		54.9		*2016*	8
1.61	Colorectal Cancer Incidence Rate	*cases/ 100,000 population*	37.8	39.9	36.9		*2012-2014*	29
1.39	Age-Adjusted Death Rate due to Prostate Cancer	*deaths/ 100,000 males*	18.4	21.8	17.1		*2014-2016*	17
1.33	All Cancer Incidence Rate	*cases/ 100,000 population*	414.3		426.8		*2012-2014*	29
1.00	Melanoma Incidence Rate	*cases/ 100,000 population*	12.4		22.8		*2012-2014*	29
0.89	Breast Cancer Incidence Rate	*cases/ 100,000 females*	98.2		117.8		*2012-2014*	29
0.72	Cervical Cancer Incidence Rate	*cases/ 100,000 females*	6	7.3	8.5		*2012-2014*	29
0.56	Cancer: Medicare Population	*percent*	7		9.6	7.8	*2015*	3

SCORE	CHILDREN'S HEALTH	UNITS	BAKER COUNTY	HP2020	FLORIDA	U.S.	MEASUREMENT PERIOD	SOURCE #
2.00	Child Food Insecurity Rate	*percent*	23.8		22.7	19.3	*2015*	6
2.00	Children with Low Access to a Grocery Store	*percent*	7.7				*2015*	28
1.61	Food Insecure Children Likely Ineligible for Assistance	*percent*	30		29	34.1	*2015*	6
1.17	Child Abuse Rate	*cases/ 1,000 children aged 5-11*	804.6		901.3		*2016*	9
1.06	Kindergartners with Required Immunizations	*percent*	97.5		94.1		*2017*	14

SCORE	COUNTY HEALTH RANKINGS	UNITS	BAKER COUNTY	HP2020	FLORIDA	U.S.	MEASUREMENT PERIOD	SOURCE #
1.75	Health Behaviors Ranking* ** County Health Ranking: the ranking is based on a summary composite score calculated from the following measures: adult smoking, adult obesity, physical inactivity, access to exercise opportunities, excessive drinking, alcohol-impaired driving deaths, sexually transmitted infections, teen births, and a food environment index.*		58				*2018*	4
1.75	Morbidity Ranking* **County Health Ranking: the ranking is based on a summary composite score calculated from the following measures: poor or fair health, poor physical health days, poor mental health days, and low birthweight.*		57				*2018*	4
1.58	Clinical Care Ranking* **County Health Ranking: the ranking is based on a summary composite score calculated from the following measures: uninsured, primary care physicians, mental health providers, dentists, preventable hospital stays, diabetic monitoring, and mammography screening.*		47				*2018*	4
1.58	Mortality Ranking* ** County Health Ranking: the ranking is based on a measure of premature death.*		42				*2018*	4
1.58	Physical Environment Ranking* **County Health Ranking: the ranking is based on a summary composite score calculated from the following measures: daily fine particulate matter, drinking water violations, severe housing problems,*		42				*2018*	4

	driving alone to work, and long commute while driving alone.							
1.42	Social and Economic Factors Ranking* ** County Health Ranking: the ranking is based on a summary composite score calculated from the following measures: high school graduation, some college, unemployment, children in poverty, income inequality, children in single-parent households, social associations, violent crime rate, and injury death rate.*		27				*2018*	4

SCORE	**DIABETES**	UNITS	BAKER COUNTY	HP2020	FLORIDA	U.S.	MEASUREMENT PERIOD	SOURCE #
2.61	Diabetes: Medicare Population	*percent*	35.2		28	26.5	*2015*	3
2.36	Age-Adjusted Death Rate due to Diabetes	*deaths/ 100,000 population*	40.8		20.6	21	*2016*	17
2.25	Adults with Diabetes	*percent*	22.3		11.8	10.5	*2016*	8

SCORE	**ECONOMY**	UNITS	BAKER COUNTY	HP2020	FLORIDA	U.S.	MEASUREMENT PERIOD	SOURCE #
2.61	Households with Cash Public Assistance Income	*percent*	4.6		2.2	2.7	*2012-2016*	1
2.50	Population 16+ in Civilian Labor Force	*percent*	51.9		58.5	63.1	*2012-2016*	1
2.44	Food Insecurity Rate	*percent*	17.3		15.1	13.7	*2015*	6
2.42	Median Housing Unit Value	*dollars*	108600		166800	184700	*2012-2016*	1
2.28	People Living Below Poverty Level	*percent*	18.5		16.1	15.1	*2012-2016*	1
2.11	Children Living Below Poverty Level	*percent*	25.5		23.3	21.2	*2012-2016*	1
2.00	Child Food Insecurity Rate	*percent*	23.8		22.7	19.3	*2015*	6

2.00	Low-Income and Low Access to a Grocery Store	*percent*	13			*2015*	28
1.89	Families Living Below Poverty Level	*percent*	12.2	11.7	11	*2012-2016*	1
1.83	Per Capita Income	*dollars*	21222	27598	29829	*2012-2016*	1
1.78	People Living 200% Above Poverty Level	*percent*	62.5	62.7	66.4	*2012-2016*	1
1.67	Female Population 16+ in Civilian Labor Force	*percent*	53.2	54.3	58.3	*2012-2016*	1
1.67	Total Employment Change	*percent*	2.6	4.5	2.5	*2014-2015*	27
1.61	Food Insecure Children Likely Ineligible for Assistance	*percent*	30	29	34.1	*2015*	6
1.42	Social and Economic Factors Ranking* ** County Health Ranking: the ranking is based on a summary composite score calculated from the following measures: high school graduation, some college, unemployment, children in poverty, income inequality, children in single-parent households, social associations, violent crime rate, and injury death rate.*		27			*2018*	4
1.28	Severe Housing Problems* ** Percentage of households with at least one of the following four housing problems: overcrowding, high housing costs, lack of kitchen, or lack of plumbing facilities.*	*percent*	16.8	21.5	18.8	*2010-2014*	4
1.06	Median Household Income	*dollars*	53327	48900	55322	*2012-2016*	1
0.94	Unemployed Workers in Civilian Labor Force	*percent*	3.6	3.8	4.4	*February 2018*	26
0.81	Median Household Gross Rent	*dollars*	695	1032	949	*2012-2016*	1
0.72	People 65+ Living Below Poverty Level	*percent*	8.2	10.4	9.3	*2012-2016*	1

0.64	Median Monthly Owner Costs for Households without a Mortgage	*dollars*	284	466	462	*2012-2016*	1
0.61	Homeownership	*percent*	68.2	52.3	55.9	*2012-2016*	1
0.58	Mortgaged Owners Median Monthly Household Costs	*dollars*	1118	1422	1491	*2012-2016*	1
0.56	Renters Spending 30% or More of Household Income on Rent	*percent*	33.1	57.4	47.3	*2012-2016*	1

SCORE	**EDUCATION**	UNITS	BAKER COUNTY	HP2020	FLORIDA	U.S.	MEASUREMENT PERIOD	SOURCE #
2.33	8th Grade Students Proficient in Reading	*percent*	44		55		*2017*	10
2.00	People 25+ with a Bachelor's Degree or Higher	*percent*	12.8		27.9	30.3	*2012-2016*	1
1.94	4th Grade Students Proficient in Reading	*percent*	49		56		*2017*	10
1.94	8th Grade Students Proficient in Math	*percent*	33		46		*2017*	10
1.64	Student-to-Teacher Ratio	*students/ teacher*	16		15.1		*2010-2011*	24
1.56	Infants Born to Mothers >18 Years Old with <12 Years Education	*percent*	12.5		10.8		*2016*	17
1.53	High School Graduation	*percent*	81	87			*2016-2017*	10
1.50	People 25+ with a High School Degree or Higher	*percent*	82.1		87.2	87	*2012-2016*	1
1.22	4th Grade Students Proficient in Math	*percent*	66		64		*2017*	10
1.06	School Readiness at Kindergarten Entry	*percent*	98.6		93.7		*2016*	11

SCORE	**ENVIRONMENT**	UNITS	BAKER COUNTY	HP2020	FLORIDA	U.S.	MEASUREMENT PERIOD	SOURCE #
2.50	Access to Exercise Opportunities	*percent*	35		87.1	83.1	*2018*	4
2.44	Food Environment Index		6.4		6.7	7.7	*2018*	4
2.00	Children with Low Access to a Grocery Store	*percent*	7.7				*2015*	28
2.00	Low-Income and Low Access to a Grocery Store	*percent*	13				*2015*	28
2.00	People with Low Access to a Grocery Store	*percent*	33.1				*2015*	28
1.67	Households with No Car and Low Access to a Grocery Store	*percent*	2.8				*2015*	28
1.58	Physical Environment Ranking* **County Health Ranking: the ranking is based on a summary composite score calculated from the following measures: daily fine particulate matter, drinking water violations, severe housing problems, driving alone to work, and long commute while driving alone.*		42				*2018*	4
1.50	People 65+ with Low Access to a Grocery Store	*percent*	3.4				*2015*	28
1.28	Severe Housing Problems* ** Percentage of households with at least one of the following four housing problems: overcrowding, high housing costs, lack of kitchen, or lack of plumbing facilities.*	*percent*	16.8		21.5	18.8	*2010-2014*	4
1.25	Annual Ozone Air Quality* ** This indicator gives a grade to each county in the U.S. based on the annual number of high ozone days.*	*grade*	A				*2013-2015*	2
0.75	Drinking Water Violations	*percent*	0		6.2		*FY 2013-14*	4

SCORE	ENVIRONMENTAL & OCCUPATIONAL HEALTH	UNITS	BAKER COUNTY	HP2020	FLORIDA	U.S.	MEASUREMENT PERIOD	SOURCE #
2.83	Asthma: Medicare Population	*percent*	11.3		9.1	8.2	*2015*	3
2.33	Teens with Asthma	*percent*	24.7		20.8		*2014*	22
1.75	Adults with Current Asthma	*percent*	9.2		6.7	9.3	*2016*	8
1.58	Physical Environment Ranking* **County Health Ranking: the ranking is based on a summary composite score calculated from the following measures: daily fine particulate matter, drinking water violations, severe housing problems, driving alone to work, and long commute while driving alone.*		42				*2018*	4

SCORE	EXERCISE, NUTRITION, & WEIGHT	UNITS	BAKER COUNTY	HP2020	FLORIDA	U.S.	MEASUREMENT PERIOD	SOURCE #
2.78	Workers who Walk to Work	*percent*	0.7	3.1	1.5	2.8	*2012-2016*	1
2.50	Access to Exercise Opportunities	*percent*	35		87.1	83.1	*2018*	4
2.44	Food Environment Index		6.4		6.7	7.7	*2018*	4
2.44	Food Insecurity Rate	*percent*	17.3		15.1	13.7	*2015*	6
2.42	Adults who are Obese	*percent*	40.2	30.5	27.4	29.9	*2016*	8
2.25	Adults who are Overweight or Obese	*percent*	72.5		63.2	65.2	*2016*	8
2.00	Child Food Insecurity Rate	*percent*	23.8		22.7	19.3	*2015*	6
2.00	Children with Low Access to a Grocery Store	*percent*	7.7				*2015*	28
2.00	Low-Income and Low Access to a Grocery Store	*percent*	13				*2015*	28

2.00	People with Low Access to a Grocery Store	*percent*	33.1				*2015*	28
1.75	Health Behaviors Ranking* ** County Health Ranking: the ranking is based on a summary composite score calculated from the following measures: adult smoking, adult obesity, physical inactivity, access to exercise opportunities, excessive drinking, alcohol-impaired driving deaths, sexually transmitted infections, teen births, and a food environment index.*		58				*2018*	4
1.67	Households with No Car and Low Access to a Grocery Store	*percent*	2.8				*2015*	28
1.61	Food Insecure Children Likely Ineligible for Assistance	*percent*	30		29	34.1	*2015*	6
1.50	People 65+ with Low Access to a Grocery Store	*percent*	3.4				*2015*	28
1.44	Teens who are Obese: High School Students	*percent*	14.1		14.3		*2012*	12
1.31	Teens without Sufficient Physical Activity	*percent*	35.3				*2012*	12
1.17	Adult Fruit and Vegetable Consumption	*percent*	19.3		18.3		*2013*	8

SCORE	**HEART DISEASE & STROKE**	UNITS	BAKER COUNTY	HP2020	FLORIDA	U.S.	MEASUREMENT PERIOD	SOURCE #
2.42	Age-Adjusted Death Rate due to Cerebrovascular Disease (Stroke)	*deaths/ 100,000 population*	51.2	34.8	39.7	37.3	*2016*	17
2.22	Stroke: Medicare Population	*percent*	5.1		4.8	4	*2015*	3
2.17	Hypertension: Medicare Population	*percent*	62.5		60.5	55	*2015*	3
1.92	High Blood Pressure Prevalence	*percent*	34.9	26.9	34.6	31.4	*2013*	8
1.86	Age-Adjusted Death Rate due to Coronary Heart Disease	*deaths/ 100,000 population*	105	103.4	98.5	94.3	*2016*	17

1.72	Ischemic Heart Disease: Medicare Population	*percent*	32.2		34	26.5	*2015*	3
1.67	Cholesterol Test History	*percent*	68.9		73.2		*2013*	8
1.61	Hyperlipidemia: Medicare Population	*percent*	47.5		55.6	44.6	*2015*	3
1.39	Age-Adjusted Death Rate due to Major Cardiovascular Diseases	*deaths/ 100,000 population*	222.9		209.7		*2016*	17
1.33	Heart Failure: Medicare Population	*percent*	14.3		14.2	13.5	*2015*	3
0.94	Atrial Fibrillation: Medicare Population	*percent*	7.5		9.7	8.1	*2015*	3
0.92	High Cholesterol Prevalence	*percent*	29.9	13.5	33.4	38.4	*2013*	8
0.89	Age-Adjusted Death Rate due to Hypertensive Heart Disease	*deaths/ 100,000 population*	0		11		*2016*	17

SCORE	**IMMUNIZATIONS & INFECTIOUS DISEASES**	UNITS	BAKER COUNTY	HP2020	FLORIDA	U.S.	MEASUREMENT PERIOD	SOURCE #
2.36	Age-Adjusted Death Rate due to Influenza and Pneumonia	*deaths/ 100,000 population*	28.2		9.7	15.1	*2014*	17
2.11	Chlamydia Incidence Rate: Females 15-19	*cases/ 100,000 females aged 15-19*	4767.6		3175.6		*2016*	15
2.11	E. coli Infection Incidence Rate	*cases/ 100,000 population*	3.7		0.6		*2014*	12
2.06	Salmonella Infection Incidence Rate	*cases/ 100,000 population*	37.1	11.4	27.8		*2016*	12
2.03	Chlamydia Incidence Rate	*cases/ 100,000 population*	504.3		468.2	497.3	*2016*	15
1.92	Adults 65+ with Influenza Vaccination	*percent*	52.5		57.6	58.6	*2016*	8
1.75	Adults 65+ with Pneumonia Vaccination	*percent*	67	90	65.6	73.4	*2016*	8

1.28	HIV Incidence Rate	*cases/ 100,000 population*	11.1		24.6		*2016*	13
1.28	Syphilis Incidence Rate	*cases/ 100,000 population*	3.7		11.9		*2016*	15
1.06	Kindergartners with Required Immunizations	*percent*	97.5		94.1		*2017*	14
1.03	Gonorrhea Incidence Rate	*cases/ 100,000 population*	89		139.2	145.8	*2016*	15
1.00	Gonorrhea Incidence Rate: Females 15-19	*cases/ 100,000 females aged 15-19*	119.2		496.6		*2016*	15
0.89	AIDS Diagnosis Rate	*cases/ 100,000 population*	3.7		10.5		*2016*	13
0.69	Tuberculosis Incidence Rate	*cases/ 100,000 population*	0	1	3.2	2.9	*2016*	16

SCORE	**MATERNAL, FETAL & INFANT HEALTH**	UNITS	BAKER COUNTY	HP2020	FLORIDA	U.S.	MEASUREMENT PERIOD	SOURCE #
2.53	Mothers who Received Early Prenatal Care	*percent*	68.1	77.9	78.4	77.1	*2016*	17
2.42	Babies with Low Birth Weight	*percent*	9.9	7.8	8.7	8.2	*2016*	17
2.31	Preterm Births	*percent*	14	9.4	10.1	9.8	*2016*	17
2.25	Teen Birth Rate: 15-19	*live births/ 1,000 females aged 15-19*	41.7		19.5	20.3	*2016*	17
1.72	Infant Mortality Rate	*deaths/ 1,000 live births*	6.7	6	6.1		*2014-2016*	17
1.56	Infants Born to Mothers >18 Years Old with <12 Years Education	*percent*	12.5		10.8		*2016*	17

SCORE	MEN'S HEALTH	UNITS	BAKER COUNTY	HP2020	FLORIDA	U.S.	MEASUREMENT PERIOD	SOURCE #
2.06	Life Expectancy for Males	*years*	73		76.9	76.7	*2014*	23
1.67	Prostate Cancer Incidence Rate	*cases/ 100,000 males*	91.3		90.5		*2012-2014*	29
1.67	Prostate-Specific Antigen Test History	*percent*	51.3		54.9		*2016*	8
1.39	Age-Adjusted Death Rate due to Prostate Cancer	*deaths/ 100,000 males*	18.4	21.8	17.1		*2014-2016*	17

SCORE	MENTAL HEALTH & MENTAL DISORDERS	UNITS	BAKER COUNTY	HP2020	FLORIDA	U.S.	MEASUREMENT PERIOD	SOURCE #
2.36	Age-Adjusted Death Rate due to Suicide	*deaths/ 100,000 population*	16.8	10.2	14.2	13.5	*2016*	17
2.00	Depression: Medicare Population	*percent*	17.5		17.5	16.7	*2015*	3
1.67	Frequent Mental Distress	*percent*	13.2		11.9	15	*2016*	4
1.44	Alzheimer's Disease or Dementia: Medicare Population	*percent*	10.2		11.7	9.9	*2015*	3

SCORE	OLDER ADULTS & AGING	UNITS	BAKER COUNTY	HP2020	FLORIDA	U.S.	MEASUREMENT PERIOD	SOURCE #
2.83	Asthma: Medicare Population	*percent*	11.3		9.1	8.2	*2015*	3
2.61	Diabetes: Medicare Population	*percent*	35.2		28	26.5	*2015*	3
2.50	Chronic Kidney Disease: Medicare Population	*percent*	22.4		21.3	18.1	*2015*	3

2.44	COPD: Medicare Population	*percent*	16.6		13.2	11.2	*2015*	3
2.33	Rheumatoid Arthritis or Osteoarthritis: Medicare Population	*percent*	34		34.6	30	*2015*	3
2.22	Stroke: Medicare Population	*percent*	5.1		4.8	4	*2015*	3
2.17	Hypertension: Medicare Population	*percent*	62.5		60.5	55	*2015*	3
2.00	Depression: Medicare Population	*percent*	17.5		17.5	16.7	*2015*	3
1.92	Adults 65+ with Influenza Vaccination	*percent*	52.5		57.6	58.6	*2016*	8
1.75	Adults 65+ with Pneumonia Vaccination	*percent*	67	90	65.6	73.4	*2016*	8
1.72	Ischemic Heart Disease: Medicare Population	*percent*	32.2		34	26.5	*2015*	3
1.61	Hyperlipidemia: Medicare Population	*percent*	47.5		55.6	44.6	*2015*	3
1.50	People 65+ with Low Access to a Grocery Store	*percent*	3.4				*2015*	28
1.44	Alzheimer's Disease or Dementia: Medicare Population	*percent*	10.2		11.7	9.9	*2015*	3
1.44	Hospitalization Rate due to Hip Fractures Among Males 65+	*hospitalizations/ 100,000 males 65+ years*	391.9	418.4	393.1		*2013-2015*	7
1.33	Heart Failure: Medicare Population	*percent*	14.3		14.2	13.5	*2015*	3
0.94	Atrial Fibrillation: Medicare Population	*percent*	7.5		9.7	8.1	*2015*	3
0.83	Hospitalization Rate due to Hip Fractures Among Females 65+	*hospitalizations/ 100,000 females 65+ years*	418	741.2	743.8		*2013-2015*	7
0.72	People 65+ Living Below Poverty Level	*percent*	8.2		10.4	9.3	*2012-2016*	1
0.56	Cancer: Medicare Population	*percent*	7		9.6	7.8	*2015*	3

0.56	Osteoporosis: Medicare Population	*percent*	5		7.9	6	*2015*	3

SCORE	**ORAL HEALTH**	UNITS	BAKER COUNTY	HP2020	FLORIDA	U.S.	MEASUREMENT PERIOD	SOURCE #
1.83	Dentist Rate	*dentists/ 100,000 population*	43		58	67	*2016*	4
1.72	Oral Cavity and Pharynx Cancer Incidence Rate	*cases/ 100,000 population*	16.7		13.4		*2012-2014*	29
1.58	Adults who did not Visit a Dentist due to Cost	*percent*	23.2				*2007*	8

SCORE	**OTHER CHRONIC DISEASES**	UNITS	BAKER COUNTY	HP2020	FLORIDA	U.S.	MEASUREMENT PERIOD	SOURCE #
2.50	Chronic Kidney Disease: Medicare Population	*percent*	22.4		21.3	18.1	*2015*	3
2.33	Rheumatoid Arthritis or Osteoarthritis: Medicare Population	*percent*	34		34.6	30	*2015*	3
0.56	Osteoporosis: Medicare Population	*percent*	5		7.9	6	*2015*	3

SCORE	**PREVENTION & SAFETY**	UNITS	BAKER COUNTY	HP2020	FLORIDA	U.S.	MEASUREMENT PERIOD	SOURCE #
2.78	Pedestrian Death Rate* ** Number of pedestrians killed in traffic collisions per 100,000 population*	*deaths/ 100,000 population*	3.7	1.4	2.6	1.5	*2013*	5
2.58	Age-Adjusted Death Rate due to Unintentional Injuries	*deaths/ 100,000 population*	68.3	36.4	56.3	46.9	*2016*	17

2.17	Death Rate due to Drug Poisoning	*deaths/ 100,000 population*	20.6		17.4	16.9	*2014-2016*	4
2.11	Age-Adjusted Death Rate due to Motor Vehicle Collisions	*deaths/ 100,000 population*	35.4		15.4		*2016*	17
2.11	Age-Adjusted Death Rate due to Unintentional Drowning	*deaths/ 100,000 population*	3.9		2		*2016*	17
1.44	Hospitalization Rate due to Hip Fractures Among Males 65+	*hospitalizations/ 100,000 males 65+ years*	391.9	418.4	393.1		*2013-2015*	7
1.28	Severe Housing Problems* ** Percentage of households with at least one of the following four housing problems: overcrowding, high housing costs, lack of kitchen, or lack of plumbing facilities.*	*percent*	16.8		21.5	18.8	*2010-2014*	4
0.83	Hospitalization Rate due to Hip Fractures Among Females 65+	*hospitalizations/ 100,000 females 65+ years*	418	741.2	743.8		*2013-2015*	7

SCORE	**PUBLIC SAFETY**	UNITS	BAKER COUNTY	HP2020	FLORIDA	U.S.	MEASUREMENT PERIOD	SOURCE #
2.78	Pedestrian Death Rate* ** Number of pedestrians killed in traffic collisions per 100,000 population*	*deaths/ 100,000 population*	3.7	1.4	2.6	1.5	*2013*	5
2.61	Alcohol-Impaired Driving Deaths	*percent*	43.2		26.4	29.3	*2012-2016*	4
2.11	Age-Adjusted Death Rate due to Motor Vehicle Collisions	*deaths/ 100,000 population*	35.4		15.4		*2016*	17
1.83	Driving Under the Influence Arrest Rate	*arrests/ 100,000 population*	222.5		173.9		*2016*	19
1.75	Violent Crime Rate	*crimes/ 100,000 population*	437.6		439.2	386.3	*2016*	19
1.28	Domestic Violence Offense Rate	*offenses/ 100,000 population*	396.8		524.3		*2016*	19

1.17	Child Abuse Rate	*cases/ 1,000 children aged 5-11*	804.6		901.3		*2016*	9
1.17	Juvenile Justice Referral Rate	*referrals/ 100,000 population*	344.1		448.7		*2013*	18

SCORE	**RESPIRATORY DISEASES**	UNITS	BAKER COUNTY	HP2020	FLORIDA	U.S.	MEASUREMENT PERIOD	SOURCE #
2.83	Asthma: Medicare Population	*percent*	11.3		9.1	8.2	*2015*	3
2.44	COPD: Medicare Population	*percent*	16.6		13.2	11.2	*2015*	3
2.36	Age-Adjusted Death Rate due to Influenza and Pneumonia	*deaths/ 100,000 population*	28.2		9.7	15.1	*2014*	17
2.33	Teens with Asthma	*percent*	24.7		20.8		*2014*	22
2.00	Lung and Bronchus Cancer Incidence Rate	*cases/ 100,000 population*	90.2		61		*2012-2014*	29
1.92	Adults 65+ with Influenza Vaccination	*percent*	52.5		57.6	58.6	*2016*	8
1.75	Adults 65+ with Pneumonia Vaccination	*percent*	67	90	65.6	73.4	*2016*	8
1.75	Adults with Current Asthma	*percent*	9.2		6.7	9.3	*2016*	8
1.67	Age-Adjusted Death Rate due to Lung Cancer	*deaths/ 100,000 population*	51.4	45.5	40.4		*2014-2016*	17
0.69	Tuberculosis Incidence Rate	*cases/ 100,000 population*	0	1	3.2	2.9	*2016*	16

SCORE	**SOCIAL ENVIRONMENT**	UNITS	BAKER COUNTY	HP2020	FLORIDA	U.S.	MEASUREMENT PERIOD	SOURCE #
2.61	Mean Travel Time to Work	*minutes*	29.8		26.7	26.1	*2012-2016*	1

2.50	Population 16+ in Civilian Labor Force	*percent*	51.9	58.5	63.1	*2012-2016*	1
2.42	Median Housing Unit Value	*dollars*	108600	166800	184700	*2012-2016*	1
2.28	People Living Below Poverty Level	*percent*	18.5	16.1	15.1	*2012-2016*	1
2.11	Children Living Below Poverty Level	*percent*	25.5	23.3	21.2	*2012-2016*	1
2.00	People 25+ with a Bachelor's Degree or Higher	*percent*	12.8	27.9	30.3	*2012-2016*	1
1.83	Per Capita Income	*dollars*	21222	27598	29829	*2012-2016*	1
1.67	Female Population 16+ in Civilian Labor Force	*percent*	53.2	54.3	58.3	*2012-2016*	1
1.67	Total Employment Change	*percent*	2.6	4.5	2.5	*2014-2015*	27
1.50	People 25+ with a High School Degree or Higher	*percent*	82.1	87.2	87	*2012-2016*	1
1.42	Social and Economic Factors Ranking* ** County Health Ranking: the ranking is based on a summary composite score calculated from the following measures: high school graduation, some college, unemployment, children in poverty, income inequality, children in single-parent households, social associations, violent crime rate, and injury death rate.*		27			*2018*	4
1.28	Single-Parent Households	*percent*	34	38.5	33.6	*2012-2016*	1
1.17	Child Abuse Rate	*cases/ 1,000 children aged 5-11*	804.6	901.3		*2016*	9
1.17	Juvenile Justice Referral Rate	*referrals/ 100,000 population*	344.1	448.7		*2013*	18
1.08	Persons with Health Insurance	*percent*	88.8 100	84.6		*2016*	25
1.06	Median Household Income	*dollars*	53327	48900	55322	*2012-2016*	1
0.81	Median Household Gross Rent	*dollars*	695	1032	949	*2012-2016*	1
0.78	Linguistic Isolation	*percent*	0.4	6.8	4.5	*2012-2016*	1

0.67	Voter Turnout: Presidential Election	*percent*	84.3		74.5		*2016*	20
0.64	Median Monthly Owner Costs for Households without a Mortgage	*dollars*	284		466	462	*2012-2016*	1
0.61	Homeownership	*percent*	68.2		52.3	55.9	*2012-2016*	1
0.58	Mortgaged Owners Median Monthly Household Costs	*dollars*	1118		1422	1491	*2012-2016*	1

SCORE	**SUBSTANCE ABUSE**	UNITS	BAKER COUNTY	HP2020	FLORIDA	U.S.	MEASUREMENT PERIOD	SOURCE #
2.61	Alcohol-Impaired Driving Deaths	*percent*	43.2		26.4	29.3	*2012-2016*	4
2.17	Death Rate due to Drug Poisoning	*deaths/ 100,000 population*	20.6		17.4	16.9	*2014-2016*	4
2.08	Adults who Smoke	*percent*	18.8	12	15.5	17.1	*2016*	8
1.89	Teens who Binge Drink: High School Students	*percent*	16.3		10.9		*2016*	21
1.83	Driving Under the Influence Arrest Rate	*arrests/ 100,000 population*	222.5		173.9		*2016*	19
1.83	Teens who have Used Methamphetamines	*percent*	1.3		0.8		*2016*	21
1.75	Health Behaviors Ranking* ** County Health Ranking: the ranking is based on a summary composite score calculated from the following measures: adult smoking, adult obesity, physical inactivity, access to exercise opportunities, excessive drinking, alcohol-impaired driving deaths, sexually transmitted infections, teen births, and a food environment index.*		58				*2018*	4
1.33	Teens who Smoke: High School Students	*percent*	5.8	16	3		*2016*	22
1.33	Teens who Use Marijuana: High School Students	*percent*	15.8		17		*2016*	21

1.22	Teens who Use Alcohol	*percent*	24.4		25.5		*2016*	21
0.83	Adults who Drink Excessively	*percent*	12	25.4	17.5		*2016*	8

SCORE	**TEEN & ADOLESCENT HEALTH**	UNITS	BAKER COUNTY	HP2020	FLORIDA	U.S.	MEASUREMENT PERIOD	SOURCE #
2.33	Teens with Asthma	*percent*	24.7		20.8		*2014*	22
2.25	Teen Birth Rate: 15-19	*live births/ 1,000 females aged 15-19*	41.7		19.5	20.3	*2016*	17
2.11	Chlamydia Incidence Rate: Females 15-19	*cases/ 100,000 females aged 15-19*	4767.6		3175.6		*2016*	15
1.89	Teens who Binge Drink: High School Students	*percent*	16.3		10.9		*2016*	21
1.83	Teens who have Used Methamphetamines	*percent*	1.3		0.8		*2016*	21
1.44	Teens who are Obese: High School Students	*percent*	14.1		14.3		*2012*	12
1.33	Teens who Smoke: High School Students	*percent*	5.8	16	3		*2016*	22
1.33	Teens who Use Marijuana: High School Students	*percent*	15.8		17		*2016*	21
1.31	Teens without Sufficient Physical Activity	*percent*	35.3				*2012*	12
1.22	Teens who Use Alcohol	*percent*	24.4		25.5		*2016*	21
1.00	Gonorrhea Incidence Rate: Females 15-19	*cases/ 100,000 females aged 15-19*	119.2		496.6		*2016*	15

SCORE	**TRANSPORTATION**	UNITS	BAKER COUNTY	HP2020	FLORIDA	U.S.	MEASUREMENT PERIOD	SOURCE #
2.78	Workers Commuting by Public Transportation	*percent*	0	5.5	2.1	5.1	*2012-2016*	1
2.78	Workers who Walk to Work	*percent*	0.7	3.1	1.5	2.8	*2012-2016*	1
2.61	Mean Travel Time to Work	*minutes*	29.8		26.7	26.1	*2012-2016*	1
2.39	Solo Drivers with a Long Commute	*percent*	50.6		39.5	34.7	*2012-2016*	4
2.33	Workers who Drive Alone to Work	*percent*	85.5		79.5	76.4	*2012-2016*	1
1.67	Households with No Car and Low Access to a Grocery Store	*percent*	2.8				*2015*	28

SCORE	**WOMEN'S HEALTH**	UNITS	BAKER COUNTY	HP2020	FLORIDA	U.S.	MEASUREMENT PERIOD	SOURCE #
2.28	Life Expectancy for Females	*years*	77.7		82	81.5	*2014*	23
2.17	Age-Adjusted Death Rate due to Breast Cancer	*deaths/ 100,000 females*	30.6	20.7	19.8		*2014-2016*	17
2.00	Pap Test in Past Year	*percent*	37.7		48.4		*2016*	8
1.78	Mammogram: 40+ Past Year	*percent*	56.6		60.8		*2016*	8
0.89	Breast Cancer Incidence Rate	*cases/ 100,000 females*	98.2		117.8		*2012-2014*	29
0.72	Cervical Cancer Incidence Rate	*cases/ 100,000 females*	6	7.3	8.5		*2012-2014*	29

Clay County

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

SCORE	**CANCER**	UNITS	CLAY COUNTY	HP2020	FLORIDA	U.S.	MEASUREMENT PERIOD	SOURCE #
2.28	Cervical Cancer Incidence Rate	*cases/ 100,000 females*	11.8	7.3	8.5		*2012-2014*	29
2.11	Age-Adjusted Death Rate due to Cancer	*deaths/ 100,000 population*	181.8	161.4	155.1		*2014-2016*	17

2.06	Age-Adjusted Death Rate due to Prostate Cancer	*deaths/ 100,000 males*	21.4	21.8	17.1		*2014-2016*	17
2.00	Age-Adjusted Death Rate due to Colorectal Cancer	*deaths/ 100,000 population*	16.4	14.5	13.7		*2014-2016*	17
2.00	Colon Cancer Screening: Blood Stool Test Past Year	*percent*	9.1		16		*2016*	8
1.94	Melanoma Incidence Rate	*cases/ 100,000 population*	27.8		22.8		*2012-2014*	29
1.94	Oral Cavity and Pharynx Cancer Incidence Rate	*cases/ 100,000 population*	15.4		13.4		*2012-2014*	29
1.89	Cancer: Medicare Population	*percent*	8.7		9.6	7.8	*2015*	3
1.83	All Cancer Incidence Rate	*cases/ 100,000 population*	466.1		426.8		*2012-2014*	29
1.83	Lung and Bronchus Cancer Incidence Rate	*cases/ 100,000 population*	77.8		61		*2012-2014*	29
1.83	Pap Test in Past Year	*percent*	42		48.4		*2016*	8
1.83	Prostate Cancer Incidence Rate	*cases/ 100,000 males*	96.8		90.5		*2012-2014*	29
1.67	Age-Adjusted Death Rate due to Lung Cancer	*deaths/ 100,000 population*	54.7	45.5	40.4		*2014-2016*	17
1.61	Colorectal Cancer Incidence Rate	*cases/ 100,000 population*	39.7	39.9	36.9		*2012-2014*	29
1.39	Breast Cancer Incidence Rate	*cases/ 100,000 females*	116.6		117.8		*2012-2014*	29
1.17	Age-Adjusted Death Rate due to Breast Cancer	*deaths/ 100,000 females*	19.3	20.7	19.8		*2014-2016*	17
1.06	Mammogram: 40+ Past Year	*percent*	62.6		60.8		*2016*	8
1.00	Prostate-Specific Antigen Test History	*percent*	63.2		54.9		*2016*	8

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

SCORE	COUNTY HEALTH RANKINGS	UNITS	CLAY COUNTY	HP2020	FLORIDA	U.S.	MEASUREMENT PERIOD	SOURCE #
1.58	Physical Environment Ranking* **County Health Ranking: the ranking is based on a summary composite score calculated from the following measures: daily fine particulate matter, drinking water violations, severe housing problems, driving alone to work, and long commute while driving alone.*		39				*2018*	4
1.42	Clinical Care Ranking* **County Health Ranking: the ranking is based on a summary composite score calculated from the following measures: uninsured, primary care physicians, mental health providers, dentists, preventable hospital stays, diabetic monitoring, and mammography screening.*		29				*2018*	4
1.42	Health Behaviors Ranking* ** County Health Ranking: the ranking is based on a summary composite score calculated from the following measures: adult smoking, adult obesity, physical inactivity, access to exercise opportunities, excessive drinking, alcohol-impaired driving deaths, sexually transmitted infections, teen births, and a food environment index.*		32				*2018*	4
1.42	Mortality Ranking* ** County Health Ranking: the ranking is based on a measure of premature death.*		18				*2018*	4

1.25	Morbidity Ranking* **County Health Ranking: the ranking is based on a summary composite score calculated from the following measures: poor or fair health, poor physical health days, poor mental health days, and low birthweight.*		11				*2018*	4
1.25	Social and Economic Factors Ranking* ** County Health Ranking: the ranking is based on a summary composite score calculated from the following measures: high school graduation, some college, unemployment, children in poverty, income inequality, children in single-parent households, social associations, violent crime rate, and injury death rate.*		6				*2018*	4

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

SCORE	**ECONOMY**	UNITS	CLAY COUNTY	HP2020	FLORIDA	U.S.	MEASUREMENT PERIOD	SOURCE #
2.39	Food Insecure Children Likely Ineligible for Assistance	*percent*	39		29	34.1	*2015*	6
1.86	Median Household Gross Rent	*dollars*	1028		1032	949	*2012-2016*	1
1.86	Median Housing Unit Value	*dollars*	157600		166800	184700	*2012-2016*	1
1.67	Total Employment Change	*percent*	2.7		4.5	2.5	*2014-2015*	27
1.50	Female Population 16+ in Civilian Labor Force	*percent*	57.2		54.3	58.3	*2012-2016*	1
1.50	Low-Income and Low Access to a Grocery Store	*percent*	6.9				*2015*	28

1.50	Per Capita Income	*dollars*	27159	27598	29829	*2012-2016*	1
1.50	Population 16+ in Civilian Labor Force	*percent*	62.1	58.5	63.1	*2012-2016*	1
1.44	Food Insecurity Rate	*percent*	13.8	15.1	13.7	*2015*	6
1.25	Social and Economic Factors Ranking* ** County Health Ranking: the ranking is based on a summary composite score calculated from the following measures: high school graduation, some college, unemployment, children in poverty, income inequality, children in single-parent households, social associations, violent crime rate, and injury death rate.*		6			*2018*	4
1.08	Mortgaged Owners Median Monthly Household Costs	*dollars*	1359	1422	1491	*2012-2016*	1
1.06	Renters Spending 30% or More of Household Income on Rent	*percent*	42.7	57.4	47.3	*2012-2016*	1
1.00	Child Food Insecurity Rate	*percent*	19.7	22.7	19.3	*2015*	6
1.00	Families Living Below Poverty Level	*percent*	7.9	11.7	11	*2012-2016*	1
0.97	Median Monthly Owner Costs for Households without a Mortgage	*dollars*	379	466	462	*2012-2016*	1
0.83	Severe Housing Problems* ** Percentage of households with at least one of the following four housing problems: overcrowding, high housing costs, lack of kitchen, or lack of plumbing facilities.*	*percent*	14.9	21.5	18.8	*2010-2014*	4
0.78	Median Household Income	*dollars*	59179	48900	55322	*2012-2016*	1
0.78	People Living 200% Above Poverty Level	*percent*	72.4	62.7	66.4	*2012-2016*	1
0.61	Children Living Below Poverty Level	*percent*	12.2	23.3	21.2	*2012-2016*	1
0.61	Homeownership	*percent*	68	52.3	55.9	*2012-2016*	1
0.61	People Living Below Poverty Level	*percent*	10.2	16.1	15.1	*2012-2016*	1

0.61	Unemployed Workers in Civilian Labor Force	*percent*	3.4	3.8	4.4	*February 2018*	26
0.56	Households with Cash Public Assistance Income	*percent*	1.7	2.2	2.7	*2012-2016*	1
0.50	People 65+ Living Below Poverty Level	*percent*	6.2	10.4	9.3	*2012-2016*	1

SCORE	**EDUCATION**	UNITS	CLAY COUNTY	HP2020	FLORIDA	U.S.	MEASUREMENT PERIOD	SOURCE #
1.83	People 25+ with a Bachelor's Degree or Higher	*percent*	23.9		27.9	30.3	*2012-2016*	1
1.44	4th Grade Students Proficient in Math	*percent*	65		64		*2017*	10
1.28	4th Grade Students Proficient in Reading	*percent*	61		56		*2017*	10
1.28	Student-to-Teacher Ratio	*students/ teacher*	15.1		15.8	17.7	*2015-2016*	24
1.11	8th Grade Students Proficient in Math	*percent*	55		46		*2017*	10
1.06	8th Grade Students Proficient in Reading	*percent*	59		55		*2017*	10
0.86	High School Graduation	*percent*	88.4	87			*2016-2017*	10
0.83	School Readiness at Kindergarten Entry	*percent*	97.3		93.7		*2016*	11
0.72	People 25+ with a High School Degree or Higher	*percent*	90.8		87.2	87	*2012-2016*	1
0.67	Infants Born to Mothers >18 Years Old with <12 Years Education	*percent*	6.4		10.8		*2016*	17

SCORE	ENVIRONMENT	UNITS	CLAY COUNTY	HP2020	FLORIDA	U.S.	MEASUREMENT PERIOD	SOURCE #
1.83	PBT Released* **Total net pounds of reported PBT (Persistent, Bioaccumulative, and Toxic Chemicals) released.*	*pounds*	44855				*2016*	28
1.67	Children with Low Access to a Grocery Store	*percent*	6.3				*2015*	28
1.58	Physical Environment Ranking* **County Health Ranking: the ranking is based on a summary composite score calculated from the following measures: daily fine particulate matter, drinking water violations, severe housing problems, driving alone to work, and long commute while driving alone.*		39				*2018*	4
1.50	Low-Income and Low Access to a Grocery Store	*percent*	6.9				*2015*	28
1.50	People with Low Access to a Grocery Store	*percent*	24.4				*2015*	28
1.39	Recognized Carcinogens Released into Air	*pounds*	30				*2016*	28
1.33	People 65+ with Low Access to a Grocery Store	*percent*	2.8				*2015*	28
1.17	Access to Exercise Opportunities	*percent*	83.9		87.1	83.1	*2018*	4
1.17	Households with No Car and Low Access to a Grocery Store	*percent*	1.9				*2015*	28
1.11	Food Environment Index		7.6		6.7	7.7	*2018*	4
1.08	Drinking Water Violations	*percent*	0.7		6.2		*FY 2013-14*	4
0.83	Severe Housing Problems* ** Percentage of households with at least one of the following four housing problems: overcrowding, high housing costs, lack of kitchen, or lack of plumbing facilities.*	*percent*	14.9		21.5	18.8	*2010-2014*	4

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

SCORE	EXERCISE, NUTRITION, & WEIGHT	UNITS	CLAY COUNTY	HP2020	FLORIDA	U.S.	MEASUREMENT PERIOD	SOURCE
2.61	Workers who Walk to Work	*percent*	0.9	3.1	1.5	2.8	*2012-2016*	1
2.39	Food Insecure Children Likely Ineligible for Assistance	*percent*	39		29	34.1	*2015*	6
1.83	Adult Fruit and Vegetable Consumption	*percent*	14.8		18.3		*2013*	8
1.81	Adults who are Obese	*percent*	31.1	30.5	27.4	29.9	*2016*	8
1.75	Adults who are Overweight or Obese	*percent*	67.8		63.2	65.2	*2016*	8
1.67	Children with Low Access to a Grocery Store	*percent*	6.3				*2015*	28
1.50	Low-Income and Low Access to a Grocery Store	*percent*	6.9				*2015*	28
1.50	People with Low Access to a Grocery Store	*percent*	24.4				*2015*	28

1.44	Food Insecurity Rate	*percent*	13.8	15.1	13.7	*2015*	6
1.42	Health Behaviors Ranking* ** County Health Ranking: the ranking is based on a summary composite score calculated from the following measures: adult smoking, adult obesity, physical inactivity, access to exercise opportunities, excessive drinking, alcohol-impaired driving deaths, sexually transmitted infections, teen births, and a food environment index.*		32			*2018*	4
1.33	People 65+ with Low Access to a Grocery Store	*percent*	2.8			*2015*	28
1.28	Teens who are Obese: High School Students	*percent*	13.1	14.3		*2012*	12
1.17	Access to Exercise Opportunities	*percent*	83.9	87.1	83.1	*2018*	4
1.17	Households with No Car and Low Access to a Grocery Store	*percent*	1.9			*2015*	28
1.14	Teens without Sufficient Physical Activity	*percent*	29.7			*2012*	12
1.11	Food Environment Index		7.6	6.7	7.7	*2018*	4
1.00	Child Food Insecurity Rate	*percent*	19.7	22.7	19.3	*2015*	6

SCORE	**HEART DISEASE & STROKE**	UNITS	CLAY COUNTY	HP2020	FLORIDA	U.S.	MEASUREMENT PERIOD	SOURCE
2.50	Atrial Fibrillation: Medicare Population	*percent*	9.7		9.7	8.1	*2015*	3
2.11	Stroke: Medicare Population	*percent*	4.5		4.8	4	*2015*	3
1.67	Cholesterol Test History	*percent*	72.8		73.2		*2013*	8
1.56	Hyperlipidemia: Medicare Population	*percent*	49.9		55.6	44.6	*2015*	3
1.50	Age-Adjusted Death Rate due to Major Cardiovascular Diseases	*deaths/ 100,000 population*	218.2		209.7		*2016*	17

1.42	High Blood Pressure Prevalence	*percent*	32.4	26.9	34.6	31.4	*2013*	8
1.17	Hypertension: Medicare Population	*percent*	58.8		60.5	55	*2015*	3
1.06	Age-Adjusted Death Rate due to Hypertensive Heart Disease	*deaths/ 100,000 population*	8.5		11		*2016*	17
1.00	Ischemic Heart Disease: Medicare Population	*percent*	29.7		34	26.5	*2015*	3
0.97	Age-Adjusted Death Rate due to Cerebrovascular Disease (Stroke)	*deaths/ 100,000 population*	36.6	34.8	39.7	37.3	*2016*	17
0.92	High Cholesterol Prevalence	*percent*	25.3	13.5	33.4	38.4	*2013*	8
0.47	Age-Adjusted Death Rate due to Coronary Heart Disease	*deaths/ 100,000 population*	83.5	103.4	98.5	94.3	*2016*	17
0.33	Heart Failure: Medicare Population	*percent*	12		14.2	13.5	*2015*	3

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

	Immunizations							
1.19	Gonorrhea Incidence Rate	*cases/ 100,000 population*	124.5		139.2	145.8	*2016*	15
1.17	Gonorrhea Incidence Rate: Females 15-19	*cases/ 100,000 females aged 15-19*	279.1		496.6		*2016*	15
1.14	Age-Adjusted Death Rate due to Influenza and Pneumonia	*deaths/ 100,000 population*	9.9		9.8	13.5	*2016*	17
1.08	Adults 65+ with Pneumonia Vaccination	*percent*	73.8	90	65.6	73.4	*2016*	8
0.97	Tuberculosis Incidence Rate	*cases/ 100,000 population*	1.5	1	3.2	2.9	*2016*	16
0.89	E. coli Infection Incidence Rate	*cases/ 100,000 population*	0		0.6		*2014*	12
0.75	Adults 65+ with Influenza Vaccination	*percent*	68.3		57.6	58.6	*2016*	8

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

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

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

SCORE	OLDER ADULTS & AGING	UNITS	CLAY COUNTY	HP2020	FLORIDA	U.S.	MEASUREMENT PERIOD	SOURCE
2.50	Atrial Fibrillation: Medicare Population	*percent*	9.7		9.7	8.1	*2015*	3
2.44	Asthma: Medicare Population	*percent*	10.1		9.1	8.2	*2015*	3
2.36	Age-Adjusted Death Rate due to Falls	*deaths/ 100,000 population*	13.4	7.2	10.3	9.1	*2016*	17
2.17	Chronic Kidney Disease: Medicare Population	*percent*	20.6		21.3	18.1	*2015*	3

2.17	Hospitalization Rate due to Hip Fractures Among Females 65+	*hospitalizations/ 100,000 females 65+ years*	944	741.2	743.8		*2013-2015*	7
2.17	Rheumatoid Arthritis or Osteoarthritis: Medicare Population	*percent*	33.6		34.6	30	*2015*	3
2.11	Stroke: Medicare Population	*percent*	4.5		4.8	4	*2015*	3
2.06	Diabetes: Medicare Population	*percent*	29.5		28	26.5	*2015*	3
1.89	Cancer: Medicare Population	*percent*	8.7		9.6	7.8	*2015*	3
1.72	COPD: Medicare Population	*percent*	14.2		13.2	11.2	*2015*	3
1.56	Hyperlipidemia: Medicare Population	*percent*	49.9		55.6	44.6	*2015*	3
1.44	Osteoporosis: Medicare Population	*percent*	6		7.9	6	*2015*	3
1.33	People 65+ with Low Access to a Grocery Store	*percent*	2.8				*2015*	28
1.28	Depression: Medicare Population	*percent*	16.3		17.5	16.7	*2015*	3
1.17	Hospitalization Rate due to Hip Fractures Among Males 65+	*hospitalizations/ 100,000 males 65+ years*	364	418.4	393.1		*2013-2015*	7
1.17	Hypertension: Medicare Population	*percent*	58.8		60.5	55	*2015*	3
1.08	Adults 65+ with Pneumonia Vaccination	*percent*	73.8	90	65.6	73.4	*2016*	8
1.00	Alzheimer's Disease or Dementia: Medicare Population	*percent*	9.4		11.7	9.9	*2015*	3
1.00	Ischemic Heart Disease: Medicare Population	*percent*	29.7		34	26.5	*2015*	3
0.75	Adults 65+ with Influenza Vaccination	*percent*	68.3		57.6	58.6	*2016*	8
0.50	People 65+ Living Below Poverty Level	*percent*	6.2		10.4	9.3	*2012-2016*	1

0.33	Heart Failure: Medicare Population	*percent*	12		14.2	13.5	*2015*	3

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

SCORE	**OTHER CHRONIC DISEASES**	UNITS	CLAY COUNTY	HP2020	FLORIDA	U.S.	MEASUREMENT PERIOD	SOURCE
2.17	Chronic Kidney Disease: Medicare Population	*percent*	20.6		21.3	18.1	*2015*	3
2.17	Rheumatoid Arthritis or Osteoarthritis: Medicare Population	*percent*	33.6		34.6	30	*2015*	3
1.44	Osteoporosis: Medicare Population	*percent*	6		7.9	6	*2015*	3

SCORE	**PREVENTION & SAFETY**	UNITS	CLAY COUNTY	HP2020	FLORIDA	U.S.	MEASUREMENT PERIOD	SOURCE
2.67	Death Rate due to Drug Poisoning	*deaths/ 100,000 population*	23.9		17.4	16.9	*2014-2016*	4
2.53	Age-Adjusted Death Rate due to Unintentional Injuries	*deaths/ 100,000 population*	78.2	36.4	56.3	46.9	*2016*	17
2.36	Age-Adjusted Death Rate due to Falls	*deaths/ 100,000 population*	13.4	7.2	10.3	9.1	*2016*	17

2.33	Age-Adjusted Death Rate due to Unintentional Drowning	*deaths/ 100,000 population*	3.4		2		*2016*	17
2.17	Age-Adjusted Death Rate due to Motor Vehicle Collisions	*deaths/ 100,000 population*	23.8		15.4		*2016*	17
2.17	Hospitalization Rate due to Hip Fractures Among Females 65+	*hospitalizations/ 100,000 females 65+ years*	944	741.2	743.8		*2013-2015*	7
1.17	Hospitalization Rate due to Hip Fractures Among Males 65+	*hospitalizations/ 100,000 males 65+ years*	364	418.4	393.1		*2013-2015*	7
0.94	Pedestrian Death Rate* ** Number of pedestrians killed in traffic collisions per 100,000 population*	*deaths/ 100,000 population*	1	1.4	2.6	1.5	*2013*	5
0.83	Severe Housing Problems* ** Percentage of households with at least one of the following four housing problems: overcrowding, high housing costs, lack of kitchen, or lack of plumbing facilities.*	*percent*	14.9		21.5	18.8	*2010-2014*	4

SCORE	**PUBLIC SAFETY**	UNITS	CLAY COUNTY	HP2020	FLORIDA	U.S.	MEASUREMENT PERIOD	SOURCE
2.39	Alcohol-Impaired Driving Deaths	*percent*	41.2		26.4	29.3	*2012-2016*	4
2.17	Age-Adjusted Death Rate due to Motor Vehicle Collisions	*deaths/ 100,000 population*	23.8		15.4		*2016*	17
1.17	Juvenile Justice Referral Rate	*referrals/ 100,000 population*	351.2		448.7		*2013*	18
1.11	Child Abuse Rate	*cases/ 1,000 children aged 5-11*	787		901.3		*2016*	9
1.06	Domestic Violence Offense Rate	*offenses/ 100,000 population*	398.4		524.3		*2016*	19
0.94	Pedestrian Death Rate* ** Number of pedestrians killed in traffic collisions per 100,000 population*	*deaths/ 100,000 population*	1	1.4	2.6	1.5	*2013*	5

0.81	Violent Crime Rate	*crimes/ 100,000 population*	269.8		439.2	386.3	*2016*	19
0.67	Driving Under the Influence Arrest Rate	*arrests/ 100,000 population*	109.1		173.9		*2016*	19

SCORE	**RESPIRATORY DISEASES**	UNITS	CLAY COUNTY	HP2020	FLORIDA	U.S.	MEASUREMENT PERIOD	SOURCE
2.44	Asthma: Medicare Population	*percent*	10.1		9.1	8.2	*2015*	3
2.00	Teens with Asthma	*percent*	21.5		20.8		*2014*	22
1.83	Lung and Bronchus Cancer Incidence Rate	*cases/ 100,000 population*	77.8		61		*2012-2014*	29
1.72	COPD: Medicare Population	*percent*	14.2		13.2	11.2	*2015*	3
1.67	Age-Adjusted Death Rate due to Lung Cancer	*deaths/ 100,000 population*	54.7	45.5	40.4		*2014-2016*	17
1.14	Age-Adjusted Death Rate due to Influenza and Pneumonia	*deaths/ 100,000 population*	9.9		9.8	13.5	*2016*	17
1.08	Adults 65+ with Pneumonia Vaccination	*percent*	73.8	90	65.6	73.4	*2016*	8
1.08	Adults with Current Asthma	*percent*	6.7		6.7	9.3	*2016*	8
0.97	Tuberculosis Incidence Rate	*cases/ 100,000 population*	1.5	1	3.2	2.9	*2016*	16
0.75	Adults 65+ with Influenza Vaccination	*percent*	68.3		57.6	58.6	*2016*	8

SCORE	**SOCIAL ENVIRONMENT**	UNITS	CLAY COUNTY	HP2020	FLORIDA	U.S.	MEASUREMENT PERIOD	SOURCE
2.83	Mean Travel Time to Work	*minutes*	33.4		26.7	26.1	*2012-2016*	1
1.86	Median Household Gross Rent	*dollars*	1028		1032	949	*2012-2016*	1

1.86	Median Housing Unit Value	*dollars*	157600	166800	184700	*2012-2016*	1
1.83	People 25+ with a Bachelor's Degree or Higher	*percent*	23.9	27.9	30.3	*2012-2016*	1
1.78	Voter Turnout: Presidential Election	*percent*	73.5	74.5		*2016*	20
1.67	Total Employment Change	*percent*	2.7	4.5	2.5	*2014-2015*	27
1.50	Female Population 16+ in Civilian Labor Force	*percent*	57.2	54.3	58.3	*2012-2016*	1
1.50	Per Capita Income	*dollars*	27159	27598	29829	*2012-2016*	1
1.50	Population 16+ in Civilian Labor Force	*percent*	62.1	58.5	63.1	*2012-2016*	1
1.25	Social and Economic Factors Ranking* ** County Health Ranking: the ranking is based on a summary composite score calculated from the following measures: high school graduation, some college, unemployment, children in poverty, income inequality, children in single-parent households, social associations, violent crime rate, and injury death rate.*		6			*2018*	4
1.17	Juvenile Justice Referral Rate	*referrals/ 100,000 population*	351.2	448.7		*2013*	18
1.11	Child Abuse Rate	*cases/ 1,000 children aged 5-11*	787	901.3		*2016*	9
1.08	Mortgaged Owners Median Monthly Household Costs	*dollars*	1359	1422	1491	*2012-2016*	1
1.08	Persons with Health Insurance	*percent*	89.1	100	84.6	*2016*	25
1.00	Linguistic Isolation	*percent*	1.5	6.8	4.5	*2012-2016*	1
0.97	Median Monthly Owner Costs for Households without a Mortgage	*dollars*	379	466	462	*2012-2016*	1
0.78	Median Household Income	*dollars*	59179	48900	55322	*2012-2016*	1
0.72	People 25+ with a High School Degree or Higher	*percent*	90.8	87.2	87	*2012-2016*	1

0.61	Children Living Below Poverty Level	*percent*	12.2		23.3	21.2	*2012-2016*	1
0.61	Homeownership	*percent*	68		52.3	55.9	*2012-2016*	1
0.61	People Living Below Poverty Level	*percent*	10.2		16.1	15.1	*2012-2016*	1
0.56	Single-Parent Households	*percent*	28.6		38.5	33.6	*2012-2016*	1

SCORE	**SUBSTANCE ABUSE**	UNITS	CLAY COUNTY	HP2020	FLORIDA	U.S.	MEASUREMENT PERIOD	SOURCE
2.67	Death Rate due to Drug Poisoning	*deaths/ 100,000 population*	23.9		17.4	16.9	*2014-2016*	4
2.39	Alcohol-Impaired Driving Deaths	*percent*	41.2		26.4	29.3	*2012-2016*	4
2.08	Adults who Smoke	*percent*	18.7	12	15.5	17.1	*2016*	8
1.83	Adults who Drink Excessively	*percent*	22.2	25.4	17.5		*2016*	8
1.72	Teens who have Used Methamphetamines	*percent*	1.2		0.8		*2016*	21
1.67	Teens who Use Alcohol	*percent*	29.6		25.5		*2016*	21
1.42	Health Behaviors Ranking* ** County Health Ranking: the ranking is based on a summary composite score calculated from the following measures: adult smoking, adult obesity, physical inactivity, access to exercise opportunities, excessive drinking, alcohol-impaired driving deaths, sexually transmitted infections, teen births, and a food environment index*		32				*2018*	4
1.33	Teens who Binge Drink: High School Students	*percent*	12.3		10.9		*2016*	21
1.33	Teens who Smoke: High School Students	*percent*	4.5	16	3		*2016*	22
1.00	Teens who Use Marijuana: High School Students	*percent*	16.6		17		*2016*	21

0.67	Driving Under the Influence Arrest Rate	*arrests/ 100,000 population*	109.1		173.9		*2016*	19

SCORE	**TEEN & ADOLESCENT HEALTH**	UNITS	CLAY COUNTY	HP2020	FLORIDA	U.S.	MEASUREMENT PERIOD	SOURCE
2.00	Teens with Asthma	*percent*	21.5		20.8		*2014*	22
1.72	Teens who have Used Methamphetamines	*percent*	1.2		0.8		*2016*	21
1.67	Teens who Use Alcohol	*percent*	29.6		25.5		*2016*	21
1.33	Teens who Binge Drink: High School Students	*percent*	12.3		10.9		*2016*	21
1.33	Teens who Smoke: High School Students	*percent*	4.5	16	3		*2016*	22
1.28	Chlamydia Incidence Rate: Females 15-19	*cases/ 100,000 females aged 15-19*	2706.9		3175.6		*2016*	15
1.28	Teens who are Obese: High School Students	*percent*	13.1		14.3		*2012*	12
1.17	Gonorrhea Incidence Rate: Females 15-19	*cases/ 100,000 females aged 15-19*	279.1		496.6		*2016*	15
1.14	Teens without Sufficient Physical Activity	*percent*	29.7				*2012*	12
1.00	Teens who Use Marijuana: High School Students	*percent*	16.6		17		*2016*	21
0.92	Teen Birth Rate: 15-19	*live births/ 1,000 females aged 15-19*	17.7		19.5	20.3	*2016*	17

SCORE	**TRANSPORTATION**	UNITS	CLAY COUNTY	HP2020	FLORIDA	U.S.	MEASUREMENT PERIOD	SOURCE
2.83	Mean Travel Time to Work	*minutes*	33.4		26.7	26.1	*2012-2016*	1
2.61	Solo Drivers with a Long Commute	*percent*	56.4		39.5	34.7	*2012-2016*	4
2.61	Workers Commuting by Public Transportation	*percent*	0.1	5.5	2.1	5.1	*2012-2016*	1
2.61	Workers who Walk to Work	*percent*	0.9	3.1	1.5	2.8	*2012-2016*	1
2.11	Workers who Drive Alone to Work	*percent*	83.8		79.5	76.4	*2012-2016*	1
1.17	Households with No Car and Low Access to a Grocery Store	*percent*	1.9				*2015*	28

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

Duval County

SCORE	**ACCESS TO HEALTH SERVICES**	UNITS	DUVAL COUNTY	HP2020	FLORIDA	U.S.	MEASUREMENT PERIOD	SOURCE
1.83	Median Monthly Medicaid Enrollment	*enrollments/ 100,000 population*	22171.3		19607.4		*2017*	7
1.75	Adults with a Usual Source of Health Care	*percent*	75	89.4	72	77.1	*2016*	8
1.56	Adults with Health Insurance	*percent*	84.3	100	81.6	88	*2016*	1
1.42	Adults who did not Visit a Dentist due to Cost	*percent*	19.8				*2007*	8
1.25	Clinical Care Ranking* **County Health Ranking: the ranking is based on a summary composite score calculated from the following measures: uninsured, primary care physicians, mental health providers, dentists, preventable hospital stays, diabetic monitoring, and mammography screening.*		13				*2018*	4
1.22	Children with Health Insurance	*percent*	95	100	93.8	95.5	*2016*	1
1.08	Persons with Health Insurance	*percent*	87.2	100	84.6		*2016*	25
0.39	Primary Care Provider Rate	*providers/ 100,000 population*	86		73	76	*2015*	4
0.17	Dentist Rate	*dentists/ 100,000 population*	79		58	67	*2016*	4
0.17	Non-Physician Primary Care Provider Rate	*providers/ 100,000 population*	137		88	81	*2017*	4

SCORE	**CANCER**	UNITS	DUVAL COUNTY	HP2020	FLORIDA	U.S.	MEASUREMENT PERIOD	SOURCE
2.11	Cervical Cancer Incidence Rate	*cases/ 100,000 females*	9.8	7.3	8.5		*2012-2014*	29
2.06	Colorectal Cancer Incidence Rate	*cases/ 100,000 population*	43.8	39.9	36.9		*2012-2014*	29
2.00	All Cancer Incidence Rate	*cases/ 100,000 population*	494.2		426.8		*2012-2014*	29

2.00	Breast Cancer Incidence Rate	*cases/ 100,000 females*	134.6		117.8	*2012-2014*	29
2.00	Cancer: Medicare Population	*percent*	9.2		9.6 7.8	*2015*	3
2.00	Colon Cancer Screening: Blood Stool Test Past Year	*percent*	10.6		16	*2016*	8
2.00	Prostate Cancer Incidence Rate	*cases/ 100,000 males*	111.4		90.5	*2012-2014*	29
1.83	Oral Cavity and Pharynx Cancer Incidence Rate	*cases/ 100,000 population*	15.8		13.4	*2012-2014*	29
1.72	Lung and Bronchus Cancer Incidence Rate	*cases/ 100,000 population*	76.2		61	*2012-2014*	29
1.67	Mammogram: 40+ Past Year	*percent*	57.7		60.8	*2016*	8
1.67	Melanoma Incidence Rate	*cases/ 100,000 population*	22.1		22.8	*2012-2014*	29
1.67	Prostate-Specific Antigen Test History	*percent*	50.9		54.9	*2016*	8
1.56	Age-Adjusted Death Rate due to Prostate Cancer	*deaths/ 100,000 males*	19.3	21.8	17.1	*2014-2016*	17
1.39	Age-Adjusted Death Rate due to Breast Cancer	*deaths/ 100,000 females*	21.6	20.7	19.8	*2014-2016*	17
1.39	Age-Adjusted Death Rate due to Colorectal Cancer	*deaths/ 100,000 population*	14.9	14.5	13.7	*2014-2016*	17
1.39	Age-Adjusted Death Rate due to Lung Cancer	*deaths/ 100,000 population*	46.2	45.5	40.4	*2014-2016*	17
1.22	Age-Adjusted Death Rate due to Cancer	*deaths/ 100,000 population*	170.2	161.4	155.1	*2014-2016*	17
1.00	Pap Test in Past Year	*percent*	54.7		48.4	*2016*	8

SCORE	CHILDREN'S HEALTH	UNITS	DUVAL COUNTY	HP2020	FLORIDA	U.S.	MEASUREMENT PERIOD	SOURCE
1.94	Child Food Insecurity Rate	*percent*	23.2		22.7	19.3	*2015*	6
1.72	Kindergartners with Required Immunizations	*percent*	93.8		94.1		*2017*	14
1.67	Child Abuse Rate	*cases/ 1,000 children aged 5-11*	994.5		901.3		*2016*	9
1.67	Children with Low Access to a Grocery Store	*percent*	6.1				*2015*	28
1.22	Children with Health Insurance	*percent*	95	100	93.8	95.5	*2016*	1
1.22	Food Insecure Children Likely Ineligible for Assistance	*percent*	29		29	34.1	*2015*	6

SCORE	COUNTY HEALTH RANKINGS	UNITS	DUVAL COUNTY	HP2020	FLORIDA	U.S.	MEASUREMENT PERIOD	SOURCE
1.75	Physical Environment Ranking* **County Health Ranking: the ranking is based on a summary composite score calculated from the following measures: daily fine particulate matter, drinking water violations, severe housing problems, driving alone to work, and long commute while driving alone.*		60				*2018*	4
1.58	Health Behaviors Ranking* ** County Health Ranking: the ranking is based on a summary composite score calculated from the following measures: adult smoking, adult obesity, physical inactivity, access to exercise opportunities, excessive drinking, alcohol-impaired driving deaths, sexually transmitted infections, teen births, and a food environment index.*		41				*2018*	4
1.58	Morbidity Ranking* **County Health Ranking: the ranking is based on a summary composite score calculated from the following measures: poor or fair health, poor physical health days, poor mental health days, and low birthweight.*		38				*2018*	4
1.58	Mortality Ranking* ** County Health Ranking: the ranking is based on a measure of premature death.*		47				*2018*	4

1.42	Social and Economic Factors Ranking* ** County Health Ranking: the ranking is based on a summary composite score calculated from the following measures: high school graduation, some college, unemployment, children in poverty, income inequality, children in single-parent households, social associations, violent crime rate, and injury death rate.*		32				*2018*	4
1.25	Clinical Care Ranking* **County Health Ranking: the ranking is based on a summary composite score calculated from the following measures: uninsured, primary care physicians, mental health providers, dentists, preventable hospital stays, diabetic monitoring, and mammography screening.*		13				*2018*	4

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

SCORE	**ECONOMY**	UNITS	DUVAL COUNTY	HP2020	FLORIDA	U.S.	MEASUREMENT PERIOD	SOURCE
2.67	Homeownership	*percent*	50.3		52.3	55.9	*2012-2016*	1
2.61	Food Insecurity Rate	*percent*	20		15.1	13.7	*2015*	6
2.33	Severe Housing Problems* ** Percentage of households with at least one of the following four housing problems: overcrowding, high housing costs, lack of kitchen, or lack of plumbing facilities.*	*percent*	20.1		21.5	18.8	*2010-2014*	4
2.33	Total Employment Change	*percent*	0.2		4.5	2.5	*2014-2015*	27
2.11	Households with Cash Public Assistance Income	*percent*	2.8		2.2	2.7	*2012-2016*	1

2.03	Median Housing Unit Value	*dollars*	146400	166800	184700	*2012-2016*	1
1.94	Child Food Insecurity Rate	*percent*	23.2	22.7	19.3	*2015*	6
1.94	Children Living Below Poverty Level	*percent*	24.8	23.3	21.2	*2012-2016*	1
1.92	Median Household Gross Rent	*dollars*	962	1032	949	*2012-2016*	1
1.89	Families Living Below Poverty Level	*percent*	12.7	11.7	11	*2012-2016*	1
1.78	People 65+ Living Below Poverty Level	*percent*	10.1	10.4	9.3	*2012-2016*	1
1.67	Low-Income and Low Access to a Grocery Store	*percent*	8.6			*2015*	28
1.56	People Living Below Poverty Level	*percent*	16.6	16.1	15.1	*2012-2016*	1
1.56	Renters Spending 30% or More of Household Income on Rent	*percent*	50.1	57.4	47.3	*2012-2016*	1
1.42	Social and Economic Factors Ranking* ** County Health Ranking: the ranking is based on a summary composite score calculated from the following measures: high school graduation, some college, unemployment, children in poverty, income inequality, children in single-parent households, social associations, violent crime rate, and injury death rate.*		32			*2018*	4
1.39	Median Household Income	*dollars*	49196	48900	55322	*2012-2016*	1
1.22	Food Insecure Children Likely Ineligible for Assistance	*percent*	29	29	34.1	*2015*	6
1.22	People Living 200% Above Poverty Level	*percent*	63.4	62.7	66.4	*2012-2016*	1
1.17	Per Capita Income	*dollars*	27235	27598	29829	*2012-2016*	1
1.11	Population 16+ in Civilian Labor Force	*percent*	63.9	58.5	63.1	*2012-2016*	1
1.11	Unemployed Workers in Civilian Labor Force	*percent*	3.7	3.8	4.4	*February 2018*	26

1.08	Median Monthly Owner Costs for Households without a Mortgage	*dollars*	445	466	462	*2012-2016*	1
1.00	Female Population 16+ in Civilian Labor Force	*percent*	60.4	54.3	58.3	*2012-2016*	1
0.92	Mortgaged Owners Median Monthly Household Costs	*dollars*	1337	1422	1491	*2012-2016*	1

SCORE	**EDUCATION**	UNITS	DUVAL COUNTY	HP2020	FLORIDA	U.S.	MEASUREMENT PERIOD	SOURCE
2.28	Student-to-Teacher Ratio	*students/ teacher*	17.6		15.8	17.7	*2015-2016*	2
1.94	8th Grade Students Proficient in Math	*percent*	32		46		*2017*	10
1.78	4th Grade Students Proficient in Reading	*percent*	52		56		*2017*	10
1.72	School Readiness at Kindergarten Entry	*percent*	91.1		93.7		*2016*	11
1.67	8th Grade Students Proficient in Reading	*percent*	50		55		*2017*	10
1.39	Infants Born to Mothers >18 Years Old with <12 Years Education	*percent*	11.1		10.8		*2016*	17
1.31	High School Graduation	*percent*	80.8	87			*2016-2017*	10
1.22	4th Grade Students Proficient in Math	*percent*	64		64		*2017*	10
0.83	People 25+ with a High School Degree or Higher	*percent*	88.9		87.2	87	*2012-2016*	1
0.67	People 25+ with a Bachelor's Degree or Higher	*percent*	28.1		27.9	30.3	*2012-2016*	1

SCORE	ENVIRONMENT	UNITS	DUVAL COUNTY	HP2020	FLORIDA	U.S.	MEASUREMENT PERIOD	SOURCE
2.44	Food Environment Index		6.3		6.7	7.7	*2018*	4
2.33	Severe Housing Problems* ** Percentage of households with at least one of the following four housing problems: overcrowding, high housing costs, lack of kitchen, or lack of plumbing facilities.*	*percent*	20.1		21.5	18.8	*2010-2014*	4
1.83	Recognized Carcinogens Released into Air	*pounds*	42139				*2016*	28
1.75	Physical Environment Ranking* **County Health Ranking: the ranking is based on a summary composite score calculated from the following measures: daily fine particulate matter, drinking water violations, severe housing problems, driving alone to work, and long commute while driving alone.*		60				*2018*	4
1.67	Children with Low Access to a Grocery Store	*percent*	6.1				*2015*	28
1.67	Low-Income and Low Access to a Grocery Store	*percent*	8.6				*2015*	28
1.67	People with Low Access to a Grocery Store	*percent*	24.7				*2015*	28
1.53	Annual Ozone Air Quality* ** This indicator gives a grade to each county in the U.S. based on the annual number of high ozone days.*	*grade*	C				*2013-2015*	2
1.47	Annual Particle Pollution* ** This indicator gives a grade to each county in the U.S. based on the average annual number of days that exceed U.S. particle pollution standards (PM2.5).*	*grade*	B				*2013-2015*	2
1.42	Drinking Water Violations	*percent*	3.1		6.2		*FY 2013-14*	4
1.33	People 65+ with Low Access to a Grocery Store	*percent*	2.5				*2015*	28

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

SCORE	**ENVIRONMENTAL & OCCUPATIONAL HEALTH**	UNITS	DUVAL COUNTY	HP2020	FLORIDA	U.S.	MEASUREMENT PERIOD	SOURCE
2.44	Asthma: Medicare Population	*percent*	10.1		9.1	8.2	*2015*	3
2.33	Teens with Asthma	*percent*	23.8		20.8		*2014*	22
1.75	Physical Environment Ranking* **County Health Ranking: the ranking is based on a summary composite score calculated from the following measures: daily fine particulate matter, drinking water violations, severe housing problems, driving alone to work, and long commute while driving alone.*		60				*2018*	4
1.25	Adults with Current Asthma	*percent*	6.8		6.7	9.3	*2016*	8

SCORE	**EXERCISE, NUTRITION, & WEIGHT**	UNITS	DUVAL COUNTY	HP2020	FLORIDA	U.S.	MEASUREMENT PERIOD	SOURCE
2.61	Food Insecurity Rate	*percent*	20		15.1	13.7	*2015*	6
2.44	Food Environment Index		6.3		6.7	7.7	*2018*	4
2.00	Teen Vegetable Consumption	*percent*	12		15.5	14.8	*2015*	29
2.00	Teens who Engage in Regular Physical Activity: High School Students	*percent*	29.5		41.9	48.6	*2015*	29
1.94	Child Food Insecurity Rate	*percent*	23.2		22.7	19.3	*2015*	6
1.83	Teen Fruit Consumption	*percent*	18		22.5	20	*2015*	29

1.81	Adults who are Obese	*percent*	30.7	30.5	27.4	29.9	*2016*	8
1.75	Teens without Sufficient Physical Activity	*percent*	43.2				*2012*	12
1.72	Workers who Walk to Work	*percent*	1.5	3.1	1.5	2.8	*2012-2016*	1
1.67	Children with Low Access to a Grocery Store	*percent*	6.1				*2015*	28
1.67	Low-Income and Low Access to a Grocery Store	*percent*	8.6				*2015*	28
1.67	People with Low Access to a Grocery Store	*percent*	24.7				*2015*	28
1.61	Teens who are Obese: High School Students	*percent*	14.5		14.3		*2012*	12
1.58	Adults who are Overweight or Obese	*percent*	65.4		63.2	65.2	*2016*	8
1.58	Health Behaviors Ranking* ** County Health Ranking: the ranking is based on a summary composite score calculated from the following measures: adult smoking, adult obesity, physical inactivity, access to exercise opportunities, excessive drinking, alcohol-impaired driving deaths, sexually transmitted infections, teen births, and a food environment index.*		41				*2018*	4
1.50	Adult Fruit and Vegetable Consumption	*percent*	17.3		18.3		*2013*	8
1.50	Teens who are Overweight or Obese	*percent*	27.8		26.8	29.9	*2015*	29
1.33	People 65+ with Low Access to a Grocery Store	*percent*	2.5				*2015*	28
1.22	Food Insecure Children Likely Ineligible for Assistance	*percent*	29		29	34.1	*2015*	6
1.00	Households with No Car and Low Access to a Grocery Store	*percent*	1.7				*2015*	28
0.83	Access to Exercise Opportunities	*percent*	88.5		87.1	83.1	*2018*	4

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

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

SCORE	MATERNAL, FETAL & INFANT HEALTH	UNITS	DUVAL COUNTY	HP2020	FLORIDA	U.S.	MEASUREMENT PERIOD	SOURCE
2.75	Mothers who Received Early Prenatal Care	*percent*	66.1	77.9	78.4	77.1	*2016*	17
2.53	Babies with Low Birth Weight	*percent*	10	7.8	8.7	8.2	*2016*	17
2.36	Preterm Births	*percent*	11.3	9.4	10.1	9.8	*2016*	17
2.00	Infant Mortality Rate	*deaths/ 1,000 live births*	8.3	6	6.1		*2014-2016*	17
1.97	Teen Birth Rate: 15-19	*live births/ 1,000 females aged 15-19*	27.3		19.5	20.3	*2016*	17
1.61	Sudden Unexpected Infant Death (SUID) Rate	*Deaths per 1,000 Live Births*	1.4				*2015*	20
1.39	Congenital Anomaly/Birth Defect Death Rate	*Deaths per 1,000 Live Births*	1.2				*2015*	20
1.39	Infants Born to Mothers >18 Years Old with <12 Years Education	*percent*	11.1		10.8		*2016*	17
1.39	Prematurity/Low Birth Weight Death Rate	*Deaths per 1,000 Live Births*	1.7				*2015*	20

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

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

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

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

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

0.17	Dentist Rate	*dentists/ 100,000 population*	79		58	67	*2016*	4

SCORE	**OTHER CHRONIC DISEASES**	UNITS	DUVAL COUNTY	HP2020	FLORIDA	U.S.	MEASUREMENT PERIOD	SOURCE
2.67	Chronic Kidney Disease: Medicare Population	*percent*	22.8		21.3	18.1	*2015*	3
2.50	Rheumatoid Arthritis or Osteoarthritis: Medicare Population	*percent*	34.6		34.6	30	*2015*	3
1.06	Osteoporosis: Medicare Population	*percent*	5.9		7.9	6	*2015*	3

SCORE	**PREVENTION & SAFETY**	UNITS	DUVAL COUNTY	HP2020	FLORIDA	U.S.	MEASUREMENT PERIOD	SOURCE
2.78	Pedestrian Death Rate* ** Number of pedestrians killed in traffic collisions per 100,000 population*	*deaths/ 100,000 population*	3.8	1.4	2.6	1.5	*2013*	5
2.61	Death Rate due to Drug Poisoning	*deaths/ 100,000 population*	26.2		17.4	16.9	*2014-2016*	4
2.53	Age-Adjusted Death Rate due to Unintentional Injuries	*deaths/ 100,000 population*	81.1	36.4	56.3	46.9	*2016*	17
2.36	Age-Adjusted Death Rate due to Falls	*deaths/ 100,000 population*	12.7	7.2	10.3	9.1	*2016*	17
2.33	Severe Housing Problems* ** Percentage of households with at least one of the following four housing problems: overcrowding, high housing costs, lack of kitchen, or lack of plumbing facilities.*	*percent*	20.1		21.5	18.8	*2010-2014*	4
2.17	Hospitalization Rate due to Hip Fractures Among Females 65+	*hospitalizations/ 100,000 females 65+ years*	868.4	741.2	743.8		*2013-2015*	7

2.06	Hospitalization Rate due to Hip Fractures Among Males 65+	*hospitalizations/ 100,000 males 65+ years*	442	418.4	393.1		*2013-2015*	7
1.61	Age-Adjusted Death Rate due to Unintentional Drowning	*deaths/ 100,000 population*	1.9		2		*2016*	17
1.44	Age-Adjusted Death Rate due to Motor Vehicle Collisions	*deaths/ 100,000 population*	15.2		15.4		*2016*	17

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

SCORE	**RESPIRATORY DISEASES**	UNITS	DUVAL COUNTY	HP2020	FLORIDA	U.S.	MEASUREMENT PERIOD	SOURCE
2.44	Asthma: Medicare Population	*percent*	10.1		9.1	8.2	*2015*	3
2.33	Teens with Asthma	*percent*	23.8		20.8		*2014*	22
2.14	Age-Adjusted Death Rate due to Influenza and Pneumonia	*deaths/ 100,000 population*	15.6		9.8	13.5	*2016*	17
1.75	Adults 65+ with Pneumonia Vaccination	*percent*	66.7	90	65.6	73.4	*2016*	8
1.72	Lung and Bronchus Cancer Incidence Rate	*cases/ 100,000 population*	76.2		61		*2012-2014*	29
1.56	COPD: Medicare Population	*percent*	12.8		13.2	11.2	*2015*	3
1.42	Adults 65+ with Influenza Vaccination	*percent*	57.6		57.6	58.6	*2016*	8
1.39	Age-Adjusted Death Rate due to Lung Cancer	*deaths/ 100,000 population*	46.2	45.5	40.4		*2014-2016*	17
1.25	Adults with Current Asthma	*percent*	6.8		6.7	9.3	*2016*	8
0.47	Tuberculosis Incidence Rate	*cases/ 100,000 population*	0	1	3.2	2.9	*2016*	16

SCORE	**SOCIAL ENVIRONMENT**	UNITS	DUVAL COUNTY	HP2020	FLORIDA	U.S.	MEASUREMENT PERIOD	SOURCE
2.67	Homeownership	*percent*	50.3		52.3	55.9	*2012-2016*	1
2.61	Single-Parent Households	*percent*	42.7		38.5	33.6	*2012-2016*	1
2.33	Total Employment Change	*percent*	0.2		4.5	2.5	*2014-2015*	27
2.03	Median Housing Unit Value	*dollars*	146400		166800	184700	*2012-2016*	1

1.94	Children Living Below Poverty Level	*percent*	24.8	23.3	21.2	*2012-2016*	1
1.92	Median Household Gross Rent	*dollars*	962	1032	949	*2012-2016*	1
1.67	Child Abuse Rate	*cases/ 1,000 children aged 5-11*	994.5	901.3		*2016*	9
1.56	People Living Below Poverty Level	*percent*	16.6	16.1	15.1	*2012-2016*	1
1.44	Linguistic Isolation	*percent*	2.8	6.8	4.5	*2012-2016*	1
1.44	Mean Travel Time to Work	*minutes*	24.2	26.7	26.1	*2012-2016*	1
1.42	Social and Economic Factors Ranking* ** County Health Ranking: the ranking is based on a summary composite score calculated from the following measures: high school graduation, some college, unemployment, children in poverty, income inequality, children in single-parent households, social associations, violent crime rate, and injury death rate.*		32			*2018*	4
1.39	Median Household Income	*dollars*	49196	48900	55322	*2012-2016*	1
1.22	Voter Turnout: Presidential Election	*percent*	74.6	74.5		*2016*	20
1.17	Juvenile Justice Referral Rate	*referrals/ 100,000 population*	392.6	448.7		*2013*	18
1.17	Per Capita Income	*dollars*	27235	27598	29829	*2012-2016*	1
1.11	Population 16+ in Civilian Labor Force	*percent*	63.9	58.5	63.1	*2012-2016*	1
1.08	Median Monthly Owner Costs for Households without a Mortgage	*dollars*	445	466	462	*2012-2016*	1
1.08	Persons with Health Insurance	*percent*	87.2 100	84.6		*2016*	25
1.00	Female Population 16+ in Civilian Labor Force	*percent*	60.4	54.3	58.3	*2012-2016*	1
0.92	Mortgaged Owners Median Monthly Household Costs	*dollars*	1337	1422	1491	*2012-2016*	1

0.83	People 25+ with a High School Degree or Higher	*percent*	88.9		87.2	87	*2012-2016*	1
0.67	People 25+ with a Bachelor's Degree or Higher	*percent*	28.1		27.9	30.3	*2012-2016*	1

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

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

0.67	Teens who Binge Drink: High School Students	*percent*	7.1		10.9		*2016*	21
0.50	Teens who Smoke: High School Students	*percent*	2.5	16	3		*2016*	22

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

SCORE	**WOMEN'S HEALTH**	UNITS	DUVAL COUNTY	HP2020	FLORIDA	U.S.	MEASUREMENT PERIOD	SOURCE
2.11	Cervical Cancer Incidence Rate	*cases/ 100,000 females*	9.8	7.3	8.5		*2012-2014*	29
2.00	Breast Cancer Incidence Rate	*cases/ 100,000 females*	134.6		117.8		*2012-2014*	29

1.72	Life Expectancy for Females	*years*	79.2		82	81.5	*2014*	23
1.67	Mammogram: 40+ Past Year	*percent*	57.7		60.8		*2016*	8
1.39	Age-Adjusted Death Rate due to Breast Cancer	*deaths/ 100,000 females*	21.6	20.7	19.8		*2014-2016*	17
1.00	Pap Test in Past Year	*percent*	54.7		48.4		*2016*	8

Nassau County

SCORE	**ACCESS TO HEALTH SERVICES**	UNITS	NASSAU COUNTY	HP2020	FLORIDA	U.S.	MEASUREMENT PERIOD	SOURCE
2.17	Dentist Rate	*dentists/ 100,000 population*	30		58	67	*2016*	4
2.06	Primary Care Provider Rate	*providers/ 100,000 population*	46		73	76	*2015*	4
1.83	Non-Physician Primary Care Provider Rate	*providers/ 100,000 population*	57		88	81	*2017*	4
1.67	Children with Health Insurance	*percent*	94.9	100	93.8	95.5	*2016*	1
1.33	Adults with Health Insurance	*percent*	84.6	100	81.6	88	*2016*	1
1.25	Adults who did not Visit a Dentist due to Cost	*percent*	16.3				*2007*	8
1.25	Clinical Care Ranking* **County Health Ranking: the ranking is based on a summary composite score calculated from the following measures: uninsured, primary care physicians, mental health providers, dentists, preventable hospital stays, diabetic monitoring, and mammography screening.*		17				*2018*	4
1.11	Median Monthly Medicaid Enrollment	*enrollments/ 100,000 population*	14541.7		19607.4		*2017*	7
1.08	Persons with Health Insurance	*percent*	88.2	100	84.6		*2016*	25
0.97	Adults with a Usual Source of Health Care	*percent*	81.1	89.4	72	77.1	*2016*	8

SCORE	**CANCER**	UNITS	NASSAU COUNTY	HP2020	FLORIDA	U.S.	MEASUREMENT PERIOD	SOURCE
2.67	Cancer: Medicare Population	*percent*	10		9.6	7.8	*2015*	3
2.11	Oral Cavity and Pharynx Cancer Incidence Rate	*cases/ 100,000 population*	17.8		13.4		*2012-2014*	29
2.06	Age-Adjusted Death Rate due to Breast Cancer	*deaths/ 100,000 females*	24	20.7	19.8		*2014-2016*	17
2.00	All Cancer Incidence Rate	*cases/ 100,000 population*	481		426.8		*2012-2014*	29
2.00	Colon Cancer Screening: Blood Stool Test Past Year	*percent*	9.3		16		*2016*	8
2.00	Lung and Bronchus Cancer Incidence Rate	*cases/ 100,000 population*	81.2		61		*2012-2014*	29
2.00	Pap Test in Past Year	*percent*	39.2		48.4		*2016*	8
2.00	Prostate Cancer Incidence Rate	*cases/ 100,000 males*	103.8		90.5		*2012-2014*	29
1.94	Mammogram: 40+ Past Year	*percent*	54.4		60.8		*2016*	8
1.89	Age-Adjusted Death Rate due to Cancer	*deaths/ 100,000 population*	181	161.4	155.1		*2014-2016*	17
1.89	Age-Adjusted Death Rate due to Lung Cancer	*deaths/ 100,000 population*	52.7	45.5	40.4		*2014-2016*	17
1.89	Melanoma Incidence Rate	*cases/ 100,000 population*	31		22.8		*2012-2014*	29
1.72	Breast Cancer Incidence Rate	*cases/ 100,000 females*	126.1		117.8		*2012-2014*	29
1.61	Colorectal Cancer Incidence Rate	*cases/ 100,000 population*	37.8	39.9	36.9		*2012-2014*	29

1.56	Age-Adjusted Death Rate due to Colorectal Cancer	*deaths/ 100,000 population*	14	14.5	13.7		*2014-2016*	17
1.17	Prostate-Specific Antigen Test History	*percent*	58.8		54.9		*2016*	8
1.06	Age-Adjusted Death Rate due to Prostate Cancer	*deaths/ 100,000 males*	16	21.8	17.1		*2014-2016*	17
0.50	Cervical Cancer Incidence Rate	*cases/ 100,000 females*	6.1	7.3	8.5		*2012-2014*	29

SCORE	**CHILDREN'S HEALTH**	UNITS	NASSAU COUNTY	HP2020	FLORIDA	U.S.	MEASUREMENT PERIOD	SOURCE
2.44	Food Insecure Children Likely Ineligible for Assistance	*percent*	36		29	34.1	*2015*	6
1.94	Child Abuse Rate	*cases/ 1,000 children aged 5-11*	1154.8		901.3		*2016*	9
1.94	Child Food Insecurity Rate	*percent*	22.9		22.7	19.3	*2015*	6
1.67	Children with Health Insurance	*percent*	94.9	100	93.8	95.5	*2016*	1
1.61	Kindergartners with Required Immunizations	*percent*	94.4		94.1		*2017*	14
1.50	Children with Low Access to a Grocery Store	*percent*	4.7				*2015*	28

SCORE	**COUNTY HEALTH RANKINGS**	UNITS	NASSAU COUNTY	HP2020	FLORIDA	U.S.	MEASUREMENT PERIOD	SOURCE
1.75	Physical Environment Ranking* **County Health Ranking: the ranking is based on a summary composite score calculated from the following measures: daily fine particulate matter, drinking water violations, severe housing problems, driving alone to work, and long commute while driving alone.*		57				*2018*	4

1.42	Morbidity Ranking* **County Health Ranking: the ranking is based on a summary composite score calculated from the following measures: poor or fair health, poor physical health days, poor mental health days, and low birthweight.*		19				*2018*	4
1.42	Mortality Ranking* ** County Health Ranking: the ranking is based on a measure of premature death.*		24				*2018*	4
1.25	Clinical Care Ranking* **County Health Ranking: the ranking is based on a summary composite score calculated from the following measures: uninsured, primary care physicians, mental health providers, dentists, preventable hospital stays, diabetic monitoring, and mammography screening.*		17				*2018*	4
1.25	Health Behaviors Ranking* ** County Health Ranking: the ranking is based on a summary composite score calculated from the following measures: adult smoking, adult obesity, physical inactivity, access to exercise opportunities, excessive drinking, alcohol-impaired driving deaths, sexually transmitted infections, teen births, and a food environment index.*		17				*2018*	4
1.25	Social and Economic Factors Ranking* ** County Health Ranking: the ranking is based on a summary composite score calculated from the following measures: high school graduation, some college, unemployment, children in poverty, income inequality, children in single-parent households, social associations, violent crime rate, and injury death rate.*		5				*2018*	4

SCORE	**DIABETES**	UNITS	NASSAU COUNTY	HP2020	FLORIDA	U.S.	MEASUREMENT PERIOD	SOURCE
2.08	Adults with Diabetes	*percent*	15.1		11.8	10.5	*2016*	8
0.86	Age-Adjusted Death Rate due to Diabetes	*deaths/ 100,000 population*	14		20.6	21	*2016*	17
0.72	Diabetes: Medicare Population	*percent*	25		28	26.5	*2015*	3

SCORE	**ECONOMY**	UNITS	NASSAU COUNTY	HP2020	FLORIDA	U.S.	MEASUREMENT PERIOD	SOURCE

SCORE	ECONOMY	UNITS	NASSAU COUNTY	HP2020	FLORIDA	U.S.	MEASUREMENT PERIOD	SOURCE
2.44	Food Insecure Children Likely Ineligible for Assistance	*percent*	36		29	34.1	*2015*	6
2.42	Median Household Gross Rent	*dollars*	1050		1032	949	*2012-2016*	1
2.11	Households with Cash Public Assistance Income	*percent*	2.8		2.2	2.7	*2012-2016*	1
1.94	Child Food Insecurity Rate	*percent*	22.9		22.7	19.3	*2015*	6
1.94	Female Population 16+ in Civilian Labor Force	*percent*	49.8		54.3	58.3	*2012-2016*	1
1.94	Population 16+ in Civilian Labor Force	*percent*	56.4		58.5	63.1	*2012-2016*	1
1.67	Renters Spending 30% or More of Household Income on Rent	*percent*	49		57.4	47.3	*2012-2016*	1
1.61	Food Insecurity Rate	*percent*	14.8		15.1	13.7	*2015*	6
1.50	Low-Income and Low Access to a Grocery Store	*percent*	7.4				*2015*	28
1.50	Total Employment Change	*percent*	3.2		4.5	2.5	*2014-2015*	27
1.47	Mortgaged Owners Median Monthly Household Costs	*dollars*	1391		1422	1491	*2012-2016*	1
1.25	Social and Economic Factors Ranking* ** County Health Ranking: the ranking is based on a summary composite score calculated from the following measures: high school graduation, some college, unemployment, children in poverty, income inequality, children in single-parent households, social associations, violent crime rate, and injury death rate.*		5				*2018*	4
1.19	Median Monthly Owner Costs for Households without a Mortgage	*dollars*	412		466	462	*2012-2016*	1
0.83	Severe Housing Problems* ** Percentage of households with at least one of the following four housing problems:*	*percent*	14.9		21.5	18.8	*2010-2014*	4

	overcrowding, high housing costs, lack of kitchen, or lack of plumbing facilities.						
0.81	Median Housing Unit Value	*dollars*	192600	166800	184700	*2012-2016*	1
0.78	Children Living Below Poverty Level	*percent*	18.9	23.3	21.2	*2012-2016*	1
0.78	Families Living Below Poverty Level	*percent*	9.3	11.7	11	*2012-2016*	1
0.78	Homeownership	*percent*	61.5	52.3	55.9	*2012-2016*	1
0.78	People Living Below Poverty Level	*percent*	12.7	16.1	15.1	*2012-2016*	1
0.67	Median Household Income	*dollars*	59196	48900	55322	*2012-2016*	1
0.61	Unemployed Workers in Civilian Labor Force	*percent*	3.4	3.8	4.4	*February 2018*	26
0.56	Per Capita Income	*dollars*	31141	27598	29829	*2012-2016*	1
0.39	People 65+ Living Below Poverty Level	*percent*	7.2	10.4	9.3	*2012-2016*	1
0.33	People Living 200% Above Poverty Level	*percent*	70.3	62.7	66.4	*2012-2016*	1

SCORE	**EDUCATION**	UNITS	NASSAU COUNTY	HP2020	FLORIDA	U.S.	MEASUREMENT PERIOD	SOURCE
2.08	Student-to-Teacher Ratio	*students/ teacher*	16.9		15.5		*2012-2013*	24
1.72	People 25+ with a Bachelor's Degree or Higher	*percent*	24.5		27.9	30.3	*2012-2016*	1

1.22	School Readiness at Kindergarten Entry	*percent*	95.3		93.7		*2016*	11
1.11	8th Grade Students Proficient in Math	*percent*	54		46		*2017*	10
1.08	High School Graduation	*percent*	90.9	87			*2016-2017*	10
1.06	Infants Born to Mothers >18 Years Old with <12 Years Education	*percent*	10.1		10.8		*2016*	17
0.89	4th Grade Students Proficient in Math	*percent*	78		64		*2017*	10
0.89	4th Grade Students Proficient in Reading	*percent*	68		56		*2017*	10
0.67	8th Grade Students Proficient in Reading	*percent*	67		55		*2017*	10
0.50	People 25+ with a High School Degree or Higher	*percent*	90.9		87.2	87	*2012-2016*	1

SCORE	**ENVIRONMENT**	UNITS	NASSAU COUNTY	HP2020	FLORIDA	U.S.	MEASUREMENT PERIOD	SOURCE
2.00	Access to Exercise Opportunities	*percent*	68.6		87.1	83.1	*2018*	4
1.83	People 65+ with Low Access to a Grocery Store	*percent*	4.4				*2015*	28
1.75	Physical Environment Ranking* **County Health Ranking: the ranking is based on a summary composite score calculated from the following measures: daily fine particulate matter, drinking water violations, severe housing problems, driving alone to work, and long commute while driving alone.*		57				*2018*	4
1.50	Children with Low Access to a Grocery Store	*percent*	4.7				*2015*	28
1.50	Low-Income and Low Access to a Grocery Store	*percent*	7.4				*2015*	28

1.50	People with Low Access to a Grocery Store	*percent*	24.2				*2015*	28
1.39	PBT Released* **Total net pounds of reported PBT (Persistent, Bioaccumulative, and Toxic Chemicals) released.*	*pounds*	3346				*2016*	28
1.33	Households with No Car and Low Access to a Grocery Store	*percent*	2.4				*2015*	28
1.22	Food Environment Index		7.4		6.7	7.7	*2018*	4
1.17	Recognized Carcinogens Released into Air	*pounds*	103551				*2016*	28
1.08	Drinking Water Violations	*percent*	0.4		6.2		*FY 2013-14*	4
0.83	Severe Housing Problems* ** Percentage of households with at least one of the following four housing problems: overcrowding, high housing costs, lack of kitchen, or lack of plumbing facilities.*	*percent*	14.9		21.5	18.8	*2010-2014*	4

SCORE	**ENVIRONMENTAL & OCCUPATIONAL HEALTH**	UNITS	NASSAU COUNTY	HP2020	FLORIDA	U.S.	MEASUREMENT PERIOD	SOURCE
2.25	Adults with Current Asthma	*percent*	12.6		6.7	9.3	*2016*	8
1.75	Physical Environment Ranking* **County Health Ranking: the ranking is based on a summary composite score calculated from the following measures: daily fine particulate matter, drinking water violations, severe housing problems, driving alone to work, and long commute while driving alone.*		57				*2018*	4
1.33	Teens with Asthma	*percent*	20		20.8		*2014*	22
1.28	Asthma: Medicare Population	*percent*	8.2		9.1	8.2	*2015*	3

SCORE	EXERCISE, NUTRITION, & WEIGHT	UNITS	NASSAU COUNTY	HP2020	FLORIDA	U.S.	MEASUREMENT PERIOD	SOURCE
2.44	Food Insecure Children Likely Ineligible for Assistance	*percent*	36		29	34.1	*2015*	6
2.11	Teens who are Obese: High School Students	*percent*	19.9		14.3		*2012*	12
2.00	Access to Exercise Opportunities	*percent*	68.6		87.1	83.1	*2018*	4
1.94	Child Food Insecurity Rate	*percent*	22.9		22.7	19.3	*2015*	6
1.86	Teens without Sufficient Physical Activity	*percent*	45.7				*2012*	12
1.83	People 65+ with Low Access to a Grocery Store	*percent*	4.4				*2015*	28
1.81	Adults who are Obese	*percent*	30.9	30.5	27.4	29.9	*2016*	8
1.67	Adult Fruit and Vegetable Consumption	*percent*	15.9		18.3		*2013*	8
1.61	Food Insecurity Rate	*percent*	14.8		15.1	13.7	*2015*	6
1.58	Adults who are Overweight or Obese	*percent*	66.1		63.2	65.2	*2016*	8
1.50	Children with Low Access to a Grocery Store	*percent*	4.7				*2015*	28
1.50	Low-Income and Low Access to a Grocery Store	*percent*	7.4				*2015*	28
1.50	People with Low Access to a Grocery Store	*percent*	24.2				*2015*	28
1.33	Households with No Car and Low Access to a Grocery Store	*percent*	2.4				*2015*	28

1.33	Workers who Walk to Work	*percent*	1.6	3.1	1.5	2.8	*2012-2016*	1
1.25	Health Behaviors Ranking* ** County Health Ranking: the ranking is based on a summary composite score calculated from the following measures: adult smoking, adult obesity, physical inactivity, access to exercise opportunities, excessive drinking, alcohol-impaired driving deaths, sexually transmitted infections, teen births, and a food environment index.*		17				*2018*	4
1.22	Food Environment Index		7.4		6.7	7.7	*2018*	4

SCORE	**HEART DISEASE & STROKE**	UNITS	NASSAU COUNTY	HP2020	FLORIDA	U.S.	MEASUREMENT PERIOD	SOURCE
2.33	Atrial Fibrillation: Medicare Population	*percent*	9.2		9.7	8.1	*2015*	3
2.28	Hypertension: Medicare Population	*percent*	60.7		60.5	55	*2015*	3
1.92	High Blood Pressure Prevalence	*percent*	36.3	26.9	34.6	31.4	*2013*	8
1.72	Age-Adjusted Death Rate due to Hypertensive Heart Disease	*deaths/ 100,000 population*	12.3		11		*2016*	17
1.72	Hyperlipidemia: Medicare Population	*percent*	50.7		55.6	44.6	*2015*	3
1.72	Stroke: Medicare Population	*percent*	4.4		4.8	4	*2015*	3
1.58	Age-Adjusted Death Rate due to Cerebrovascular Disease (Stroke)	*deaths/ 100,000 population*	38.1	34.8	39.7	37.3	*2016*	17
1.42	Age-Adjusted Death Rate due to Coronary Heart Disease	*deaths/ 100,000 population*	98.9	103.4	98.5	94.3	*2016*	17
1.39	Age-Adjusted Death Rate due to Major Cardiovascular Diseases	*deaths/ 100,000 population*	221.8		209.7		*2016*	17
1.25	High Cholesterol Prevalence	*percent*	31.6	13.5	33.4	38.4	*2013*	8

1.00	Cholesterol Test History	*percent*	80.7		73.2		*2013*	8
0.83	Ischemic Heart Disease: Medicare Population	*percent*	28		34	26.5	*2015*	3
0.39	Heart Failure: Medicare Population	*percent*	11.6		14.2	13.5	*2015*	3

SCORE	**IMMUNIZATIONS & INFECTIOUS DISEASES**	UNITS	NASSAU COUNTY	HP2020	FLORIDA	U.S.	MEASUREMENT PERIOD	SOURCE
2.14	Age-Adjusted Death Rate due to Influenza and Pneumonia	*deaths/ 100,000 population*	19.1		9.8	13.5	*2016*	17
2.06	Salmonella Infection Incidence Rate	*cases/ 100,000 population*	40.9	11.4	27.8		*2016*	12
1.61	Kindergartners with Required Immunizations	*percent*	94.4		94.1		*2017*	14
1.42	Adults 65+ with Pneumonia Vaccination	*percent*	71.2	90	65.6	73.4	*2016*	8
1.28	HIV Incidence Rate	*cases/ 100,000 population*	10.2		24.6		*2016*	13
1.25	Adults 65+ with Influenza Vaccination	*percent*	60		57.6	58.6	*2016*	8
1.25	Gonorrhea Incidence Rate	*cases/ 100,000 population*	66.5		139.2	145.8	*2016*	15
1.22	AIDS Diagnosis Rate	*cases/ 100,000 population*	7.7		10.5		*2016*	13
1.00	Chlamydia Incidence Rate: Females 15-19	*cases/ 100,000 females aged 15-19*	1993.7		3175.6		*2016*	15
1.00	Syphilis Incidence Rate	*cases/ 100,000 population*	0		11.9		*2016*	15
0.89	E. coli Infection Incidence Rate	*cases/ 100,000 population*	0		0.6		*2014*	12
0.86	Chlamydia Incidence Rate	*cases/ 100,000 population*	243		468.2	497.3	*2016*	15

0.67	Gonorrhea Incidence Rate: Females 15-19	*cases/ 100,000 females aged 15-19*	181.2		496.6		*2016*	15
0.58	Tuberculosis Incidence Rate	*cases/ 100,000 population*	0	1	3.2	2.9	*2016*	16

SCORE	**MATERNAL, FETAL & INFANT HEALTH**	UNITS	NASSAU COUNTY	HP2020	FLORIDA	U.S.	MEASUREMENT PERIOD	SOURCE
2.19	Preterm Births	*percent*	11	9.4	10.1	9.8	*2016*	17
2.19	Teen Birth Rate: 15-19	*live births/ 1,000 females aged 15-19*	28.1		19.5	20.3	*2016*	17
1.42	Babies with Low Birth Weight	*percent*	8	7.8	8.7	8.2	*2016*	17
1.14	Mothers who Received Early Prenatal Care	*percent*	84.4	77.9	78.4	77.1	*2016*	17
1.11	Infant Mortality Rate	*deaths/ 1,000 live births*	5.1	6	6.1		*2014-2016*	17
1.06	Infants Born to Mothers >18 Years Old with <12 Years Education	*percent*	10.1		10.8		*2016*	17

SCORE	**MEN'S HEALTH**	UNITS	NASSAU COUNTY	HP2020	FLORIDA	U.S.	MEASUREMENT PERIOD	SOURCE
2.00	Prostate Cancer Incidence Rate	*cases/ 100,000 males*	103.8		90.5		*2012-2014*	29
1.39	Life Expectancy for Males	*years*	75.8		76.9	76.7	*2014*	23
1.17	Prostate-Specific Antigen Test History	*percent*	58.8		54.9		*2016*	8
1.06	Age-Adjusted Death Rate due to Prostate Cancer	*deaths/ 100,000 males*	16	21.8	17.1		*2014-2016*	17

SCORE	MENTAL HEALTH & MENTAL DISORDERS	UNITS	NASSAU COUNTY	HP2020	FLORIDA	U.S.	MEASUREMENT PERIOD	SOURCE
2.42	Age-Adjusted Death Rate due to Suicide	*deaths/ 100,000 population*	30.7	10.2	14.2	13.5	*2016*	17
1.33	Depression: Medicare Population	*percent*	15.7		17.5	16.7	*2015*	3
1.33	Frequent Mental Distress	*percent*	12.9		11.9	15	*2016*	4
0.67	Alzheimer's Disease or Dementia: Medicare Population	*percent*	8.2		11.7	9.9	*2015*	3

SCORE	OLDER ADULTS & AGING	UNITS	NASSAU COUNTY	HP2020	FLORIDA	U.S.	MEASUREMENT PERIOD	SOURCE
2.67	Cancer: Medicare Population	*percent*	10		9.6	7.8	*2015*	3
2.61	Rheumatoid Arthritis or Osteoarthritis: Medicare Population	*percent*	38.2		34.6	30	*2015*	3
2.33	Atrial Fibrillation: Medicare Population	*percent*	9.2		9.7	8.1	*2015*	3
2.28	Hypertension: Medicare Population	*percent*	60.7		60.5	55	*2015*	3
2.03	Age-Adjusted Death Rate due to Falls	*deaths/ 100,000 population*	10.7	7.2	10.3	9.1	*2016*	17
1.83	People 65+ with Low Access to a Grocery Store	*percent*	4.4				*2015*	28
1.72	Hyperlipidemia: Medicare Population	*percent*	50.7		55.6	44.6	*2015*	3
1.72	Stroke: Medicare Population	*percent*	4.4		4.8	4	*2015*	3
1.42	Adults 65+ with Pneumonia Vaccination	*percent*	71.2	90	65.6	73.4	*2016*	8

1.33	Depression: Medicare Population	*percent*	15.7		17.5	16.7	*2015*	3
1.28	Asthma: Medicare Population	*percent*	8.2		9.1	8.2	*2015*	3
1.28	Hospitalization Rate due to Hip Fractures Among Females 65+	*hospitalizations/ 100,000 females 65+ years*	688.3	741.2	743.8		*2013-2015*	7
1.25	Adults 65+ with Influenza Vaccination	*percent*	60		57.6	58.6	*2016*	8
1.17	Chronic Kidney Disease: Medicare Population	*percent*	16.5		21.3	18.1	*2015*	3
1.00	Hospitalization Rate due to Hip Fractures Among Males 65+	*hospitalizations/ 100,000 males 65+ years*	335.6	418.4	393.1		*2013-2015*	7
0.89	COPD: Medicare Population	*percent*	11.5		13.2	11.2	*2015*	3
0.83	Ischemic Heart Disease: Medicare Population	*percent*	28		34	26.5	*2015*	3
0.78	Osteoporosis: Medicare Population	*percent*	4.4		7.9	6	*2015*	3
0.72	Diabetes: Medicare Population	*percent*	25		28	26.5	*2015*	3
0.67	Alzheimer's Disease or Dementia: Medicare Population	*percent*	8.2		11.7	9.9	*2015*	3
0.39	Heart Failure: Medicare Population	*percent*	11.6		14.2	13.5	*2015*	3
0.39	People 65+ Living Below Poverty Level	*percent*	7.2		10.4	9.3	*2012-2016*	1

SCORE	**ORAL HEALTH**	UNITS	NASSAU COUNTY	HP2020	FLORIDA	U.S.	MEASUREMENT PERIOD	SOURCE
2.17	Dentist Rate	*dentists/ 100,000 population*	30		58	67	*2016*	4

2.11	Oral Cavity and Pharynx Cancer Incidence Rate	*cases/ 100,000 population*	17.8		13.4		*2012-2014*	29
1.25	Adults who did not Visit a Dentist due to Cost	*percent*	16.3				*2007*	8

SCORE	**OTHER CHRONIC DISEASES**	UNITS	NASSAU COUNTY	HP2020	FLORIDA	U.S.	MEASUREMENT PERIOD	SOURCE
2.61	Rheumatoid Arthritis or Osteoarthritis: Medicare Population	*percent*	38.2		34.6	30	*2015*	3
1.17	Chronic Kidney Disease: Medicare Population	*percent*	16.5		21.3	18.1	*2015*	3
0.78	Osteoporosis: Medicare Population	*percent*	4.4		7.9	6	*2015*	3

SCORE	**PREVENTION & SAFETY**	UNITS	NASSAU COUNTY	HP2020	FLORIDA	U.S.	MEASUREMENT PERIOD	SOURCE
2.78	Pedestrian Death Rate* ** Number of pedestrians killed in traffic collisions per 100,000 population*	*deaths/ 100,000 population*	4	1.4	2.6	1.5	*2013*	5
2.53	Age-Adjusted Death Rate due to Unintentional Injuries	*deaths/ 100,000 population*	85.8	36.4	56.3	46.9	*2016*	17
2.11	Age-Adjusted Death Rate due to Motor Vehicle Collisions	*deaths/ 100,000 population*	35		15.4		*2016*	17
2.03	Age-Adjusted Death Rate due to Falls	*deaths/ 100,000 population*	10.7	7.2	10.3	9.1	*2016*	17
1.28	Hospitalization Rate due to Hip Fractures Among Females 65+	*hospitalizations/ 100,000 females 65+ years*	688.3	741.2	743.8		*2013-2015*	7

1.22	Death Rate due to Drug Poisoning	*deaths/ 100,000 population*	16.1		17.4	16.9	*2014-2016*	4
1.00	Hospitalization Rate due to Hip Fractures Among Males 65+	*hospitalizations/ 100,000 males 65+ years*	335.6	418.4	393.1		*2013-2015*	7
0.83	Age-Adjusted Death Rate due to Unintentional Drowning	*deaths/ 100,000 population*	1.6		2		*2016*	17
0.83	Severe Housing Problems* ** Percentage of households with at least one of the following four housing problems: overcrowding, high housing costs, lack of kitchen, or lack of plumbing facilities.*	*percent*	14.9		21.5	18.8	*2010-2014*	4

SCORE	**PUBLIC SAFETY**	UNITS	NASSAU COUNTY	HP2020	FLORIDA	U.S.	MEASUREMENT PERIOD	SOURCE
2.78	Pedestrian Death Rate* ** Number of pedestrians killed in traffic collisions per 100,000 population*	*deaths/ 100,000 population*	4	1.4	2.6	1.5	*2013*	5
2.11	Age-Adjusted Death Rate due to Motor Vehicle Collisions	*deaths/ 100,000 population*	35		15.4		*2016*	17
2.11	Alcohol-Impaired Driving Deaths	*percent*	32		26.4	29.3	*2012-2016*	4
1.94	Child Abuse Rate	*cases/ 1,000 children aged 5-11*	1154.8		901.3		*2016*	9
1.89	Driving Under the Influence Arrest Rate	*arrests/ 100,000 population*	420.1		173.9		*2016*	19
1.22	Domestic Violence Offense Rate	*offenses/ 100,000 population*	513.9		524.3		*2016*	19
1.08	Violent Crime Rate	*crimes/ 100,000 population*	219.7		439.2	386.3	*2016*	19
1.00	Juvenile Justice Referral Rate	*referrals/ 100,000 population*	339.5		448.7		*2013*	18

SCORE	**RESPIRATORY DISEASES**	UNITS	NASSAU COUNTY	HP2020	FLORIDA	U.S.	MEASUREMENT PERIOD	SOURCE
2.25	Adults with Current Asthma	*percent*	12.6		6.7	9.3	*2016*	8
2.14	Age-Adjusted Death Rate due to Influenza and Pneumonia	*deaths/ 100,000 population*	19.1		9.8	13.5	*2016*	17
2.00	Lung and Bronchus Cancer Incidence Rate	*cases/ 100,000 population*	81.2		61		*2012-2014*	29
1.89	Age-Adjusted Death Rate due to Lung Cancer	*deaths/ 100,000 population*	52.7	45.5	40.4		*2014-2016*	17
1.42	Adults 65+ with Pneumonia Vaccination	*percent*	71.2	90	65.6	73.4	*2016*	8
1.33	Teens with Asthma	*percent*	20		20.8		*2014*	22
1.28	Asthma: Medicare Population	*percent*	8.2		9.1	8.2	*2015*	3
1.25	Adults 65+ with Influenza Vaccination	*percent*	60		57.6	58.6	*2016*	8
0.89	COPD: Medicare Population	*percent*	11.5		13.2	11.2	*2015*	3
0.58	Tuberculosis Incidence Rate	*cases/ 100,000 population*	0	1	3.2	2.9	*2016*	16

SCORE	**SOCIAL ENVIRONMENT**	UNITS	NASSAU COUNTY	HP2020	FLORIDA	U.S.	MEASUREMENT PERIOD	SOURCE
2.61	Mean Travel Time to Work	*minutes*	29.4		26.7	26.1	*2012-2016*	1
2.42	Median Household Gross Rent	*dollars*	1050		1032	949	*2012-2016*	1
1.94	Child Abuse Rate	*cases/ 1,000 children aged 5-11*	1154.8		901.3		*2016*	9
1.94	Female Population 16+ in Civilian Labor Force	*percent*	49.8		54.3	58.3	*2012-2016*	1

1.94	Population 16+ in Civilian Labor Force	*percent*	56.4		58.5	63.1	*2012-2016*	1
1.72	People 25+ with a Bachelor's Degree or Higher	*percent*	24.5		27.9	30.3	*2012-2016*	1
1.50	Total Employment Change	*percent*	3.2		4.5	2.5	*2014-2015*	27
1.47	Mortgaged Owners Median Monthly Household Costs	*dollars*	1391		1422	1491	*2012-2016*	1
1.44	Voter Turnout: Presidential Election	*percent*	77.1		74.5		*2016*	20
1.25	Social and Economic Factors Ranking* ** County Health Ranking: the ranking is based on a summary composite score calculated from the following measures: high school graduation, some college, unemployment, children in poverty, income inequality, children in single-parent households, social associations, violent crime rate, and injury death rate.*		5				*2018*	4
1.19	Median Monthly Owner Costs for Households without a Mortgage	*dollars*	412		466	462	*2012-2016*	1
1.11	Single-Parent Households	*percent*	33.3		38.5	33.6	*2012-2016*	1
1.08	Persons with Health Insurance	*percent*	88.2	100	84.6		*2016*	25
1.00	Juvenile Justice Referral Rate	*referrals/ 100,000 population*	339.5		448.7		*2013*	18
1.00	Linguistic Isolation	*percent*	0.7		6.8	4.5	*2012-2016*	1
0.81	Median Housing Unit Value	*dollars*	192600		166800	184700	*2012-2016*	1
0.78	Children Living Below Poverty Level	*percent*	18.9		23.3	21.2	*2012-2016*	1
0.78	Homeownership	*percent*	61.5		52.3	55.9	*2012-2016*	1
0.78	People Living Below Poverty Level	*percent*	12.7		16.1	15.1	*2012-2016*	1
0.67	Median Household Income	*dollars*	59196		48900	55322	*2012-2016*	1

0.56	Per Capita Income	*dollars*	31141		27598	29829	*2012-2016*	1
0.50	People 25+ with a High School Degree or Higher	*percent*	90.9		87.2	87	*2012-2016*	1

SCORE	**SUBSTANCE ABUSE**	UNITS	NASSAU COUNTY	HP2020	FLORIDA	U.S.	MEASUREMENT PERIOD	SOURCE
2.11	Alcohol-Impaired Driving Deaths	*percent*	32		26.4	29.3	*2012-2016*	4
1.94	Teens who have Used Methamphetamines	*percent*	1.2		0.8		*2016*	21
1.89	Driving Under the Influence Arrest Rate	*arrests/ 100,000 population*	420.1		173.9		*2016*	19
1.50	Teens who Binge Drink: High School Students	*percent*	14.6		10.9		*2016*	21
1.25	Health Behaviors Ranking* ** County Health Ranking: the ranking is based on a summary composite score calculated from the following measures: adult smoking, adult obesity, physical inactivity, access to exercise opportunities, excessive drinking, alcohol-impaired driving deaths, sexually transmitted infections, teen births, and a food environment index.*		17				*2018*	4
1.22	Death Rate due to Drug Poisoning	*deaths/ 100,000 population*	16.1		17.4	16.9	*2014-2016*	4
1.17	Teens who Smoke: High School Students	*percent*	5	16	4.3		*2014*	22
1.17	Teens who Use Alcohol	*percent*	25.7		25.5		*2016*	21
0.89	Teens who Use Marijuana: High School Students	*percent*	13.6		17		*2016*	21
0.83	Adults who Drink Excessively	*percent*	12.2	25.4	17.5		*2016*	8
0.81	Adults who Smoke	*percent*	12.8	12	15.5	17.1	*2016*	8

SCORE	**TEEN & ADOLESCENT HEALTH**	UNITS	NASSAU COUNTY	HP2020	FLORIDA	U.S.	MEASUREMENT PERIOD	SOURCE
2.19	Teen Birth Rate: 15-19	*live births/ 1,000 females aged 15-19*	28.1		19.5	20.3	*2016*	17
2.11	Teens who are Obese: High School Students	*percent*	19.9		14.3		*2012*	12
1.94	Teens who have Used Methamphetamines	*percent*	1.2		0.8		*2016*	21
1.86	Teens without Sufficient Physical Activity	*percent*	45.7				*2012*	12
1.50	Teens who Binge Drink: High School Students	*percent*	14.6		10.9		*2016*	21
1.33	Teens with Asthma	*percent*	20		20.8		*2014*	22
1.17	Teens who Smoke: High School Students	*percent*	5	16	4.3		*2014*	22
1.17	Teens who Use Alcohol	*percent*	25.7		25.5		*2016*	21
1.00	Chlamydia Incidence Rate: Females 15-19	*cases/ 100,000 females aged 15-19*	1993.7		3175.6		*2016*	15
0.89	Teens who Use Marijuana: High School Students	*percent*	13.6		17		*2016*	21
0.67	Gonorrhea Incidence Rate: Females 15-19	*cases/ 100,000 females aged 15-19*	181.2		496.6		*2016*	15

SCORE	**TRANSPORTATION**	UNITS	NASSAU COUNTY	HP2020	FLORIDA	U.S.	MEASUREMENT PERIOD	SOURCE
2.61	Mean Travel Time to Work	*minutes*	29.4		26.7	26.1	*2012-2016*	1
2.44	Workers Commuting by Public Transportation	*percent*	0.2	5.5	2.1	5.1	*2012-2016*	1
2.39	Solo Drivers with a Long Commute	*percent*	49.6		39.5	34.7	*2012-2016*	4
2.11	Workers who Drive Alone to Work	*percent*	82.1		79.5	76.4	*2012-2016*	1
1.33	Households with No Car and Low Access to a Grocery Store	*percent*	2.4				*2015*	28
1.33	Workers who Walk to Work	*percent*	1.6	3.1	1.5	2.8	*2012-2016*	1

SCORE	**WOMEN'S HEALTH**	UNITS	NASSAU COUNTY	HP2020	FLORIDA	U.S.	MEASUREMENT PERIOD	SOURCE
2.06	Age-Adjusted Death Rate due to Breast Cancer	*deaths/ 100,000 females*	24	20.7	19.8		*2014-2016*	17
2.00	Pap Test in Past Year	*percent*	39.2		48.4		*2016*	8
1.94	Mammogram: 40+ Past Year	*percent*	54.4		60.8		*2016*	8
1.72	Breast Cancer Incidence Rate	*cases/ 100,000 females*	126.1		117.8		*2012-2014*	29
1.72	Life Expectancy for Females	*years*	79.9		82	81.5	*2014*	23
0.50	Cervical Cancer Incidence Rate	*cases/ 100,000 females*	6.1	7.3	8.5		*2012-2014*	29

St. Johns

SCORE	**ACCESS TO HEALTH SERVICES**	UNITS	ST. JOHNS COUNTY	HP2020	FLORIDA	U.S.	MEASUREMENT PERIOD	SOURCE
2.06	Non-Physician Primary Care Provider Rate	*providers/ 100,000 population*	58		88	81	*2017*	4
1.50	Dentist Rate	*dentists/ 100,000 population*	51		58	67	*2016*	4
1.42	Adults with a Usual Source of Health Care	*percent*	78.5	89.4	72	77.1	*2016*	8
1.25	Adults who did not Visit a Dentist due to Cost	*percent*	10.1				*2007*	8
1.25	Clinical Care Ranking* **County Health Ranking: the ranking is based on a summary composite score calculated from the following measures: uninsured, primary care physicians, mental health providers, dentists, preventable hospital stays, diabetic monitoring, and mammography screening.*		2				*2018*	4
1.22	Adults with Health Insurance	*percent*	89.4	100	81.6	88	*2016*	1
0.94	Children with Health Insurance	*percent*	97.1	100	93.8	95.5	*2016*	1
0.89	Median Monthly Medicaid Enrollment	*enrollments/ 100,000 population*	9037.3		19607.4		*2017*	7
0.81	Persons with Health Insurance	*percent*	90.4	100	84.6		*2016*	25
0.39	Primary Care Provider Rate	*providers/ 100,000 population*	91		73	76	*2015*	4

SCORE	**CANCER**	UNITS	ST. JOHNS COUNTY	HP2020	FLORIDA	U.S.	MEASUREMENT PERIOD	SOURCE
2.33	Melanoma Incidence Rate	*cases/ 100,000 population*	30.7		22.8		*2012-2014*	29
2.17	Age-Adjusted Death Rate due to Breast Cancer	*deaths/ 100,000 females*	22.4	20.7	19.8		*2014-2016*	17

2.00	Breast Cancer Incidence Rate	*cases/ 100,000 females*	136.5		117.8		*2012-2014*	29
2.00	Colon Cancer Screening: Blood Stool Test Past Year	*percent*	7.2		16		*2016*	8
1.94	Oral Cavity and Pharynx Cancer Incidence Rate	*cases/ 100,000 population*	16.4		13.4		*2012-2014*	29
1.89	Cancer: Medicare Population	*percent*	9.3		9.6	7.8	*2015*	3
1.83	Age-Adjusted Death Rate due to Lung Cancer	*deaths/ 100,000 population*	46.7	45.5	40.4		*2014-2016*	17
1.83	Prostate Cancer Incidence Rate	*cases/ 100,000 males*	97.3		90.5		*2012-2014*	29
1.78	Age-Adjusted Death Rate due to Prostate Cancer	*deaths/ 100,000 males*	19.6	21.8	17.1		*2014-2016*	17
1.61	Age-Adjusted Death Rate due to Colorectal Cancer	*deaths/ 100,000 population*	13.6	14.5	13.7		*2014-2016*	17
1.61	Lung and Bronchus Cancer Incidence Rate	*cases/ 100,000 population*	66.8		61		*2012-2014*	29
1.56	Age-Adjusted Death Rate due to Cancer	*deaths/ 100,000 population*	160.4	161.4	155.1		*2014-2016*	17
1.56	All Cancer Incidence Rate	*cases/ 100,000 population*	447.5		426.8		*2012-2014*	29
1.44	Mammogram: 40+ Past Year	*percent*	61.2		60.8		*2016*	8
1.33	Prostate-Specific Antigen Test History	*percent*	55.3		54.9		*2016*	8
1.11	Colorectal Cancer Incidence Rate	*cases/ 100,000 population*	32.9	39.9	36.9		*2012-2014*	29
1.00	Pap Test in Past Year	*percent*	54.7		48.4		*2016*	8
0.72	Cervical Cancer Incidence Rate	*cases/ 100,000 females*	4.8	7.3	8.5		*2012-2014*	29

SCORE	CHILDREN'S HEALTH	UNITS	ST. JOHNS COUNTY	HP2020	FLORIDA	U.S.	MEASUREMENT PERIOD	SOURCE
2.39	Food Insecure Children Likely Ineligible for Assistance	*percent*	52		29	34.1	*2015*	6
1.67	Children with Low Access to a Grocery Store	*percent*	5.3				*2015*	28
1.39	Kindergartners with Required Immunizations	*percent*	94.6		94.1		*2017*	14
1.00	Child Abuse Rate	*cases/ 1,000 children aged 5-11*	625.9		901.3		*2016*	9
0.94	Children with Health Insurance	*percent*	97.1	100	93.8	95.5	*2016*	1
0.72	Child Food Insecurity Rate	*percent*	18.8		22.7	19.3	*2015*	6

SCORE	COUNTY HEALTH RANKINGS	UNITS	ST. JOHNS COUNTY	HP2020	FLORIDA	U.S.	MEASUREMENT PERIOD	SOURCE
1.75	Physical Environment Ranking* **County Health Ranking: the ranking is based on a summary composite score calculated from the following measures: daily fine particulate matter, drinking water violations, severe housing problems, driving alone to work, and long commute while driving alone.*		54				*2018*	4
1.25	Clinical Care Ranking* **County Health Ranking: the ranking is based on a summary composite score calculated from the following measures: uninsured, primary care physicians, mental health providers, dentists, preventable hospital stays, diabetic monitoring, and mammography screening.*		2				*2018*	4
1.25	Health Behaviors Ranking* ** County Health Ranking: the ranking is based on a summary composite score calculated from the following measures: adult smoking, adult obesity, physical inactivity, access to exercise opportunities, excessive drinking, alcohol-impaired driving deaths, sexually transmitted infections, teen births, and a food environment index.*		6				*2018*	4

1.25	Morbidity Ranking* **County Health Ranking: the ranking is based on a summary composite score calculated from the following measures: poor or fair health, poor physical health days, poor mental health days, and low birthweight.*		1				*2018*	4
1.25	Mortality Ranking* ** County Health Ranking: the ranking is based on a measure of premature death*		4				*2018*	4
1.25	Social and Economic Factors Ranking* ** County Health Ranking: the ranking is based on a summary composite score calculated from the following measures: high school graduation, some college, unemployment, children in poverty, income inequality, children in single-parent households, social associations, violent crime rate, and injury death rate.*		1				*2018*	4

SCORE	**DIABETES**	UNITS	ST. JOHNS COUNTY	HP2020	FLORIDA	U.S.	MEASUREMENT PERIOD	SOURCE
0.86	Age-Adjusted Death Rate due to Diabetes	*deaths/ 100,000 population*	16		20.6	21	*2016*	17
0.75	Adults with Diabetes	*percent*	6.4		11.8	10.5	*2016*	8
0.39	Diabetes: Medicare Population	*percent*	22.2		28	26.5	*2015*	3

SCORE	**ECONOMY**	UNITS	ST. JOHNS COUNTY	HP2020	FLORIDA	U.S.	MEASUREMENT PERIOD	SOURCE
2.58	Median Household Gross Rent	*dollars*	1150		1032	949	*2012-2016*	1
2.39	Food Insecure Children Likely Ineligible for Assistance	*percent*	52		29	34.1	*2015*	6
2.00	Female Population 16+ in Civilian Labor Force	*percent*	53.3		54.3	58.3	*2012-2016*	1
1.92	Mortgaged Owners Median Monthly Household Costs	*dollars*	1746		1422	1491	*2012-2016*	1

1.81	Median Monthly Owner Costs for Households without a Mortgage	*dollars*	490	466	462	*2012-2016*	1
1.50	Low-Income and Low Access to a Grocery Store	*percent*	6.6			*2015*	28
1.50	Population 16+ in Civilian Labor Force	*percent*	60.2	58.5	63.1	*2012-2016*	1
1.33	Renters Spending 30% or More of Household Income on Rent	*percent*	47.9	57.4	47.3	*2012-2016*	1
1.25	Social and Economic Factors Ranking* ** County Health Ranking: the ranking is based on a summary composite score calculated from the following measures: high school graduation, some college, unemployment, children in poverty, income inequality, children in single-parent households, social associations, violent crime rate, and injury death rate.*		1			*2018*	4
0.89	Severe Housing Problems* ** Percentage of households with at least one of the following four housing problems: overcrowding, high housing costs, lack of kitchen, or lack of plumbing facilities.*	*percent*	16.6	21.5	18.8	*2010-2014*	4
0.83	Food Insecurity Rate	*percent*	12.8	15.1	13.7	*2015*	6
0.78	Households with Cash Public Assistance Income	*percent*	1.6	2.2	2.7	*2012-2016*	1
0.72	Child Food Insecurity Rate	*percent*	18.8	22.7	19.3	*2015*	6
0.67	Homeownership	*percent*	63.7	52.3	55.9	*2012-2016*	1
0.64	Median Housing Unit Value	*dollars*	259900	166800	184700	*2012-2016*	1
0.61	Unemployed Workers in Civilian Labor Force	*percent*	3	3.8	4.4	*February 2018*	26
0.50	Total Employment Change	*percent*	8.4	4.5	2.5	*2014-2015*	27
0.39	Children Living Below Poverty Level	*percent*	9.5	23.3	21.2	*2012-2016*	1

0.39	Families Living Below Poverty Level	*percent*	5.9	11.7	11	*2012-2016*	1
0.39	People 65+ Living Below Poverty Level	*percent*	6.1	10.4	9.3	*2012-2016*	1
0.39	People Living Below Poverty Level	*percent*	9	16.1	15.1	*2012-2016*	1
0.17	Median Household Income	*dollars*	69523	48900	55322	*2012-2016*	1
0.17	People Living 200% Above Poverty Level	*percent*	78.2	62.7	66.4	*2012-2016*	1
0.17	Per Capita Income	*dollars*	38362	27598	29829	*2012-2016*	1

SCORE	**EDUCATION**	UNITS	ST. JOHNS COUNTY	HP2020	FLORIDA	U.S.	MEASUREMENT PERIOD	SOURCE
2.17	School Readiness at Kindergarten Entry	*percent*	93.1		93.7		*2016*	11
2.11	Student-to-Teacher Ratio	*students/ teacher*	17.1		15.8	17.7	*2015-2016*	24
1.11	4th Grade Students Proficient in Reading	*percent*	74		56		*2017*	10
1.11	Infants Born to Mothers >18 Years Old with <12 Years Education	*percent*	4.5		10.8		*2016*	17
1.08	High School Graduation	*percent*	90.9	87			*2016-2017*	10
0.89	4th Grade Students Proficient in Math	*percent*	82		64		*2017*	10
0.89	8th Grade Students Proficient in Math	*percent*	75		46		*2017*	10
0.89	8th Grade Students Proficient in Reading	*percent*	74		55		*2017*	10

0.50	People 25+ with a High School Degree or Higher	*percent*	94.7		87.2	87	*2012-2016*	1
0.39	People 25+ with a Bachelor's Degree or Higher	*percent*	42.5		27.9	30.3	*2012-2016*	1

SCORE	**ENVIRONMENT**	UNITS	ST. JOHNS COUNTY	HP2020	FLORIDA	U.S.	MEASUREMENT PERIOD	SOURCE
1.75	Physical Environment Ranking* **County Health Ranking: the ranking is based on a summary composite score calculated from the following measures: daily fine particulate matter, drinking water violations, severe housing problems, driving alone to work, and long commute while driving alone.*		54				*2018*	4
1.67	Children with Low Access to a Grocery Store	*percent*	5.3				*2015*	28
1.67	People 65+ with Low Access to a Grocery Store	*percent*	4.3				*2015*	28
1.67	People with Low Access to a Grocery Store	*percent*	25.4				*2015*	28
1.61	PBT Released* **Total net pounds of reported PBT (Persistent, Bioaccumulative, and Toxic Chemicals) released.*	*pounds*	91				*2016*	28
1.61	Recognized Carcinogens Released into Air	*pounds*	90				*2016*	28
1.50	Low-Income and Low Access to a Grocery Store	*percent*	6.6				*2015*	28
1.42	Drinking Water Violations	*percent*	3.6		6.2		*FY 2013-14*	4
1.33	Households with No Car and Low Access to a Grocery Store	*percent*	2.4				*2015*	28

0.89	Severe Housing Problems* ** Percentage of households with at least one of the following four housing problems: overcrowding, high housing costs, lack of kitchen, or lack of plumbing facilities.*	*percent*	16.6		21.5	18.8	*2010-2014*	4
0.83	Access to Exercise Opportunities	*percent*	88.2		87.1	83.1	*2018*	4
0.72	Food Environment Index		7.8		6.7	7.7	*2018*	4

SCORE	**ENVIRONMENTAL & OCCUPATIONAL HEALTH**	UNITS	ST. JOHNS COUNTY	HP2020	FLORIDA	U.S.	MEASUREMENT PERIOD	SOURCE
1.75	Physical Environment Ranking* **County Health Ranking: the ranking is based on a summary composite score calculated from the following measures: daily fine particulate matter, drinking water violations, severe housing problems, driving alone to work, and long commute while driving alone.*		54				*2018*	4
1.44	Teens with Asthma	*percent*	19.6		20.8		*2014*	22
1.42	Adults with Current Asthma	*percent*	7.4		6.7	9.3	*2016*	8
0.94	Asthma: Medicare Population	*percent*	7.8		9.1	8.2	*2015*	3

SCORE	**EXERCISE, NUTRITION, & WEIGHT**	UNITS	ST. JOHNS COUNTY	HP2020	FLORIDA	U.S.	MEASUREMENT PERIOD	SOURCE
2.61	Workers who Walk to Work	*percent*	1	3.1	1.5	2.8	*2012-2016*	1
2.39	Food Insecure Children Likely Ineligible for Assistance	*percent*	52		29	34.1	*2015*	6
1.67	Children with Low Access to a Grocery Store	*percent*	5.3				*2015*	28

1.67	People 65+ with Low Access to a Grocery Store	*percent*	4.3			*2015*	28
1.67	People with Low Access to a Grocery Store	*percent*	25.4			*2015*	28
1.50	Low-Income and Low Access to a Grocery Store	*percent*	6.6			*2015*	28
1.33	Households with No Car and Low Access to a Grocery Store	*percent*	2.4			*2015*	28
1.25	Health Behaviors Ranking* ** County Health Ranking: the ranking is based on a summary composite score calculated from the following measures: adult smoking, adult obesity, physical inactivity, access to exercise opportunities, excessive drinking, alcohol-impaired driving deaths, sexually transmitted infections, teen births, and a food environment index.*		6			*2018*	4
1.17	Adult Fruit and Vegetable Consumption	*percent*	19.2		18.3	*2013*	8
1.14	Teens without Sufficient Physical Activity	*percent*	33.9			*2012*	12
1.11	Teens who are Obese: High School Students	*percent*	10.3		14.3	*2012*	12
0.83	Access to Exercise Opportunities	*percent*	88.2		87.1	83.1 *2018*	4
0.83	Food Insecurity Rate	*percent*	12.8		15.1	13.7 *2015*	6
0.75	Adults who are Overweight or Obese	*percent*	56.8		63.2	65.2 *2016*	8
0.72	Child Food Insecurity Rate	*percent*	18.8		22.7	19.3 *2015*	6
0.72	Food Environment Index		7.8		6.7	7.7 *2018*	4
0.58	Adults who are Obese	*percent*	19	30.5	27.4	29.9 *2016*	8

SCORE	**HEART DISEASE & STROKE**	UNITS	ST. JOHNS COUNTY	HP2020	FLORIDA	U.S.	MEASUREMENT PERIOD	SOURCE
2.44	Atrial Fibrillation: Medicare Population	*percent*	10.2		9.7	8.1	*2015*	3
1.94	Stroke: Medicare Population	*percent*	4.4		4.8	4	*2015*	3
1.89	Hyperlipidemia: Medicare Population	*percent*	54.5		55.6	44.6	*2015*	3
1.50	Ischemic Heart Disease: Medicare Population	*percent*	31.2		34	26.5	*2015*	3
1.42	High Blood Pressure Prevalence	*percent*	32.5	26.9	34.6	31.4	*2013*	8
1.33	Cholesterol Test History	*percent*	73.9		73.2		*2013*	8
1.22	Hypertension: Medicare Population	*percent*	57.4		60.5	55	*2015*	3
1.11	Age-Adjusted Death Rate due to Hypertensive Heart Disease	*deaths/ 100,000 population*	5.3		11		*2016*	17
1.08	High Cholesterol Prevalence	*percent*	30.4	13.5	33.4	38.4	*2013*	8
1.00	Age-Adjusted Death Rate due to Major Cardiovascular Diseases	*deaths/ 100,000 population*	173		209.7		*2016*	17
0.97	Age-Adjusted Death Rate due to Cerebrovascular Disease (Stroke)	*deaths/ 100,000 population*	33.9	34.8	39.7	37.3	*2016*	17
0.47	Age-Adjusted Death Rate due to Coronary Heart Disease	*deaths/ 100,000 population*	74.5	103.4	98.5	94.3	*2016*	17
0.17	Heart Failure: Medicare Population	*percent*	11.2		14.2	13.5	*2015*	3

SCORE	IMMUNIZATIONS & INFECTIOUS DISEASES	UNITS	ST. JOHNS COUNTY	HP2020	FLORIDA	U.S.	MEASUREMENT PERIOD	SOURCE
2.11	E. coli Infection Incidence Rate	*cases/ 100,000 population*	2.4		0.6		*2014*	12
2.08	Adults 65+ with Pneumonia Vaccination	*percent*	63.3	90	65.6	73.4	*2016*	8
1.89	Salmonella Infection Incidence Rate	*cases/ 100,000 population*	35.6	11.4	27.8		*2016*	12
1.75	Adults 65+ with Influenza Vaccination	*percent*	55.6		57.6	58.6	*2016*	8
1.47	Age-Adjusted Death Rate due to Influenza and Pneumonia	*deaths/ 100,000 population*	11		9.8	13.5	*2016*	17
1.39	Kindergartners with Required Immunizations	*percent*	94.6		94.1		*2017*	14
1.11	Gonorrhea Incidence Rate: Females 15-19	*cases/ 100,000 females aged 15-19*	159.4		496.6		*2016*	15
1.11	Syphilis Incidence Rate	*cases/ 100,000 population*	0.9		11.9		*2016*	15
1.06	AIDS Diagnosis Rate	*cases/ 100,000 population*	4.1		10.5		*2016*	13
1.00	Chlamydia Incidence Rate: Females 15-19	*cases/ 100,000 females aged 15-19*	1709.9		3175.6		*2016*	15
0.97	Tuberculosis Incidence Rate	*cases/ 100,000 population*	1.5	1	3.2	2.9	*2016*	16
0.89	HIV Incidence Rate	*cases/ 100,000 population*	6.8		24.6		*2016*	13
0.86	Chlamydia Incidence Rate	*cases/ 100,000 population*	269.8		468.2	497.3	*2016*	15
0.86	Gonorrhea Incidence Rate	*cases/ 100,000 population*	55		139.2	145.8	*2016*	15

SCORE	MATERNAL, FETAL & INFANT HEALTH	UNITS	ST. JOHNS COUNTY	HP2020	FLORIDA	U.S.	MEASUREMENT PERIOD	SOURCE
1.14	Mothers who Received Early Prenatal Care	*percent*	84.8	77.9	78.4	77.1	*2016*	17
1.11	Infant Mortality Rate	*deaths/ 1,000 live births*	5.4	6	6.1		*2014-2016*	17
1.11	Infants Born to Mothers >18 Years Old with <12 Years Education	*percent*	4.5		10.8		*2016*	17
0.92	Preterm Births	*percent*	9.1	9.4	10.1	9.8	*2016*	17
0.64	Teen Birth Rate: 15-19	*live births/ 1,000 females aged 15-19*	8.4		19.5	20.3	*2016*	17
0.58	Babies with Low Birth Weight	*percent*	7.1	7.8	8.7	8.2	*2016*	17

SCORE	MEN'S HEALTH	UNITS	ST. JOHNS COUNTY	HP2020	FLORIDA	U.S.	MEASUREMENT PERIOD	SOURCE
1.83	Prostate Cancer Incidence Rate	*cases/ 100,000 males*	97.3		90.5		*2012-2014*	29
1.78	Age-Adjusted Death Rate due to Prostate Cancer	*deaths/ 100,000 males*	19.6	21.8	17.1		*2014-2016*	17
1.33	Prostate-Specific Antigen Test History	*percent*	55.3		54.9		*2016*	8
0.94	Life Expectancy for Males	*years*	78.4		76.9	76.7	*2014*	23

SCORE	MENTAL HEALTH & MENTAL DISORDERS	UNITS	ST. JOHNS COUNTY	HP2020	FLORIDA	U.S.	MEASUREMENT PERIOD	SOURCE
2.14	Age-Adjusted Death Rate due to Suicide	*deaths/ 100,000 population*	16.2	10.2	14.2	13.5	*2016*	17
0.89	Alzheimer's Disease or Dementia: Medicare Population	*percent*	9.3		11.7	9.9	*2015*	3

0.78	Depression: Medicare Population	*percent*	14.4		17.5	16.7	*2015*	3
0.67	Frequent Mental Distress	*percent*	10.8		11.9	15	*2016*	4

SCORE	**OLDER ADULTS & AGING**	UNITS	ST. JOHNS COUNTY	HP2020	FLORIDA	U.S.	MEASUREMENT PERIOD	SOURCE
2.44	Atrial Fibrillation: Medicare Population	*percent*	10.2		9.7	8.1	*2015*	3
2.17	Hospitalization Rate due to Hip Fractures Among Females 65+	*hospitalizations/ 100,000 females 65+ years*	893.5	741.2	743.8		*2013-2015*	7
2.17	Hospitalization Rate due to Hip Fractures Among Males 65+	*hospitalizations/ 100,000 males 65+ years*	488.8	418.4	393.1		*2013-2015*	7
2.08	Adults 65+ with Pneumonia Vaccination	*percent*	63.3	90	65.6	73.4	*2016*	8
1.94	Stroke: Medicare Population	*percent*	4.4		4.8	4	*2015*	3
1.89	Cancer: Medicare Population	*percent*	9.3		9.6	7.8	*2015*	3
1.89	Hyperlipidemia: Medicare Population	*percent*	54.5		55.6	44.6	*2015*	3
1.75	Adults 65+ with Influenza Vaccination	*percent*	55.6		57.6	58.6	*2016*	8
1.69	Age-Adjusted Death Rate due to Falls	*deaths/ 100,000 population*	9.3	7.2	10.3	9.1	*2016*	17
1.67	People 65+ with Low Access to a Grocery Store	*percent*	4.3				*2015*	28
1.61	Rheumatoid Arthritis or Osteoarthritis: Medicare Population	*percent*	32.7		34.6	30	*2015*	3
1.50	Ischemic Heart Disease: Medicare Population	*percent*	31.2		34	26.5	*2015*	3

1.33	Chronic Kidney Disease: Medicare Population	*percent*	17.4	21.3	18.1	*2015*	3
1.22	Hypertension: Medicare Population	*percent*	57.4	60.5	55	*2015*	3
1.06	Osteoporosis: Medicare Population	*percent*	5.8	7.9	6	*2015*	3
0.94	Asthma: Medicare Population	*percent*	7.8	9.1	8.2	*2015*	3
0.89	Alzheimer's Disease or Dementia: Medicare Population	*percent*	9.3	11.7	9.9	*2015*	3
0.78	Depression: Medicare Population	*percent*	14.4	17.5	16.7	*2015*	3
0.67	COPD: Medicare Population	*percent*	11.4	13.2	11.2	*2015*	3
0.39	Diabetes: Medicare Population	*percent*	22.2	28	26.5	*2015*	3
0.39	People 65+ Living Below Poverty Level	*percent*	6.1	10.4	9.3	*2012-2016*	1
0.17	Heart Failure: Medicare Population	*percent*	11.2	14.2	13.5	*2015*	3

SCORE	**ORAL HEALTH**	UNITS	ST. JOHNS COUNTY	HP2020	FLORIDA	U.S.	MEASUREMENT PERIOD	SOURCE
1.94	Oral Cavity and Pharynx Cancer Incidence Rate	*cases/ 100,000 population*	16.4		13.4		*2012-2014*	29
1.50	Dentist Rate	*dentists/ 100,000 population*	51		58	67	*2016*	4
1.25	Adults who did not Visit a Dentist due to Cost	*percent*	10.1				*2007*	8

SCORE	**OTHER CHRONIC DISEASES**	UNITS	ST. JOHNS COUNTY	HP2020	FLORIDA	U.S.	MEASUREMENT PERIOD	SOURCE
1.61	Rheumatoid Arthritis or Osteoarthritis: Medicare Population	*percent*	32.7		34.6	30	*2015*	3
1.33	Chronic Kidney Disease: Medicare Population	*percent*	17.4		21.3	18.1	*2015*	3
1.06	Osteoporosis: Medicare Population	*percent*	5.8		7.9	6	*2015*	3

SCORE	**PREVENTION & SAFETY**	UNITS	ST. JOHNS COUNTY	HP2020	FLORIDA	U.S.	MEASUREMENT PERIOD	SOURCE
2.17	Hospitalization Rate due to Hip Fractures Among Females 65+	*hospitalizations/ 100,000 females 65+ years*	893.5	741.2	743.8		*2013-2015*	7
2.17	Hospitalization Rate due to Hip Fractures Among Males 65+	*hospitalizations/ 100,000 males 65+ years*	488.8	418.4	393.1		*2013-2015*	7
2.00	Age-Adjusted Death Rate due to Motor Vehicle Collisions	*deaths/ 100,000 population*	18.6		15.4		*2016*	17
1.75	Age-Adjusted Death Rate due to Unintentional Injuries	*deaths/ 100,000 population*	50.6	36.4	56.3	46.9	*2016*	17
1.69	Age-Adjusted Death Rate due to Falls	*deaths/ 100,000 population*	9.3	7.2	10.3	9.1	*2016*	17
1.11	Pedestrian Death Rate* ** Number of pedestrians killed in traffic collisions per 100,000 population*	*deaths/ 100,000 population*	1.4	1.4	2.6	1.5	*2013*	5
1.06	Age-Adjusted Death Rate due to Unintentional Drowning	*deaths/ 100,000 population*	1.1		2		*2016*	17
0.89	Severe Housing Problems* ** Percentage of households with at least one of the following four housing problems: overcrowding, high housing costs, lack of kitchen, or lack of plumbing facilities.*	*percent*	16.6		21.5	18.8	*2010-2014*	4

0.61	Death Rate due to Drug Poisoning	*deaths/ 100,000 population*	12.2		17.4	16.9	*2014-2016*	4

SCORE	**PUBLIC SAFETY**	UNITS	ST. JOHNS COUNTY	HP2020	FLORIDA	U.S.	MEASUREMENT PERIOD	SOURCE
2.00	Age-Adjusted Death Rate due to Motor Vehicle Collisions	*deaths/ 100,000 population*	18.6		15.4		*2016*	17
1.11	Pedestrian Death Rate* ** Number of pedestrians killed in traffic collisions per 100,000 population*	*deaths/ 100,000 population*	1.4	1.4	2.6	1.5	*2013*	5
1.06	Driving Under the Influence Arrest Rate	*arrests/ 100,000 population*	134.4		173.9		*2016*	19
1.00	Child Abuse Rate	*cases/ 1,000 children aged 5-11*	625.9		901.3		*2016*	9
1.00	Domestic Violence Offense Rate	*offenses/ 100,000 population*	362.3		524.3		*2016*	19
1.00	Juvenile Justice Referral Rate	*referrals/ 100,000 population*	308.1		448.7		*2013*	18
0.64	Violent Crime Rate	*crimes/ 100,000 population*	208.8		439.2	386.3	*2016*	19
0.50	Alcohol-Impaired Driving Deaths	*percent*	23.8		26.4	29.3	*2012-2016*	4

SCORE	**RESPIRATORY DISEASES**	UNITS	ST. JOHNS COUNTY	HP2020	FLORIDA	U.S.	MEASUREMENT PERIOD	SOURCE
2.08	Adults 65+ with Pneumonia Vaccination	*percent*	63.3	90	65.6	73.4	*2016*	8

1.83	Age-Adjusted Death Rate due to Lung Cancer	*deaths/ 100,000 population*	46.7	45.5	40.4		*2014-2016*	17
1.75	Adults 65+ with Influenza Vaccination	*percent*	55.6		57.6	58.6	*2016*	8
1.61	Lung and Bronchus Cancer Incidence Rate	*cases/ 100,000 population*	66.8		61		*2012-2014*	29
1.47	Age-Adjusted Death Rate due to Influenza and Pneumonia	*deaths/ 100,000 population*	11		9.8	13.5	*2016*	17
1.44	Teens with Asthma	*percent*	19.6		20.8		*2014*	22
1.42	Adults with Current Asthma	*percent*	7.4		6.7	9.3	*2016*	8
0.97	Tuberculosis Incidence Rate	*cases/ 100,000 population*	1.5	1	3.2	2.9	*2016*	16
0.94	Asthma: Medicare Population	*percent*	7.8		9.1	8.2	*2015*	3
0.67	COPD: Medicare Population	*percent*	11.4		13.2	11.2	*2015*	3

SCORE	**SOCIAL ENVIRONMENT**	UNITS	ST. JOHNS COUNTY	HP2020	FLORIDA	U.S.	MEASUREMENT PERIOD	SOURCE
2.58	Median Household Gross Rent	*dollars*	1150		1032	949	*2012-2016*	1
2.11	Mean Travel Time to Work	*minutes*	27		26.7	26.1	*2012-2016*	1
2.00	Female Population 16+ in Civilian Labor Force	*percent*	53.3		54.3	58.3	*2012-2016*	1
1.92	Mortgaged Owners Median Monthly Household Costs	*dollars*	1746		1422	1491	*2012-2016*	1
1.81	Median Monthly Owner Costs for Households without a Mortgage	*dollars*	490		466	462	*2012-2016*	1

1.50	Population 16+ in Civilian Labor Force	*percent*	60.2		58.5	63.1	*2012-2016*	1
1.25	Social and Economic Factors Ranking* ** County Health Ranking: the ranking is based on a summary composite score calculated from the following measures: high school graduation, some college, unemployment, children in poverty, income inequality, children in single-parent households, social associations, violent crime rate, and injury death rate.*		1				*2018*	4
1.17	Voter Turnout: Presidential Election	*percent*	80.1		74.5		*2016*	20
1.00	Child Abuse Rate	*cases/ 1,000 children aged 5-11*	625.9		901.3		*2016*	9
1.00	Juvenile Justice Referral Rate	*referrals/ 100,000 population*	308.1		448.7		*2013*	18
0.81	Persons with Health Insurance	*percent*	90.4	100	84.6		*2016*	25
0.67	Homeownership	*percent*	63.7		52.3	55.9	*2012-2016*	1
0.64	Median Housing Unit Value	*dollars*	259900		166800	184700	*2012-2016*	1
0.56	Linguistic Isolation	*percent*	0.8		6.8	4.5	*2012-2016*	1
0.50	People 25+ with a High School Degree or Higher	*percent*	94.7		87.2	87	*2012-2016*	1
0.50	Total Employment Change	*percent*	8.4		4.5	2.5	*2014-2015*	27
0.39	Children Living Below Poverty Level	*percent*	9.5		23.3	21.2	*2012-2016*	1
0.39	People 25+ with a Bachelor's Degree or Higher	*percent*	42.5		27.9	30.3	*2012-2016*	1
0.39	People Living Below Poverty Level	*percent*	9		16.1	15.1	*2012-2016*	1
0.39	Single-Parent Households	*percent*	20.7		38.5	33.6	*2012-2016*	1
0.17	Median Household Income	*dollars*	69523		48900	55322	*2012-2016*	1
0.17	Per Capita Income	*dollars*	38362		27598	29829	*2012-2016*	1

SCORE	**SUBSTANCE ABUSE**	UNITS	ST. JOHNS COUNTY	HP2020	FLORIDA	U.S.	MEASUREMENT PERIOD	SOURCE
1.83	Adults who Drink Excessively	*percent*	20.1	25.4	17.5		*2016*	8
1.72	Teens who Use Alcohol	*percent*	28.3		25.5		*2016*	21
1.56	Teens who Use Marijuana: High School Students	*percent*	18.7		17		*2016*	21
1.25	Health Behaviors Ranking* ** County Health Ranking: the ranking is based on a summary composite score calculated from the following measures: adult smoking, adult obesity, physical inactivity, access to exercise opportunities, excessive drinking, alcohol-impaired driving deaths, sexually transmitted infections, teen births, and a food environment index.*		6				*2018*	4
1.17	Teens who Smoke: High School Students	*percent*	3.5	16	3		*2016*	22
1.06	Driving Under the Influence Arrest Rate	*arrests/ 100,000 population*	134.4		173.9		*2016*	19
1.06	Teens who Binge Drink: High School Students	*percent*	10.5		10.9		*2016*	21
0.89	Teens who have Used Methamphetamines	*percent*	0.4		0.8		*2016*	21
0.81	Adults who Smoke	*percent*	12.2	12	15.5	17.1	*2016*	8
0.61	Death Rate due to Drug Poisoning	*deaths/ 100,000 population*	12.2		17.4	16.9	*2014-2016*	4
0.50	Alcohol-Impaired Driving Deaths	*percent*	23.8		26.4	29.3	*2012-2016*	4

SCORE	**TEEN & ADOLESCENT HEALTH**	UNITS	ST. JOHNS COUNTY	HP2020	FLORIDA	U.S.	MEASUREMENT PERIOD	SOURCE
1.72	Teens who Use Alcohol	*percent*	28.3		25.5		*2016*	21
1.56	Teens who Use Marijuana: High School Students	*percent*	18.7		17		*2016*	21
1.44	Teens with Asthma	*percent*	19.6		20.8		*2014*	22
1.17	Teens who Smoke: High School Students	*percent*	3.5	16	3		*2016*	22
1.14	Teens without Sufficient Physical Activity	*percent*	33.9				*2012*	12
1.11	Gonorrhea Incidence Rate: Females 15-19	*cases/ 100,000 females aged 15-19*	159.4		496.6		*2016*	15
1.11	Teens who are Obese: High School Students	*percent*	10.3		14.3		*2012*	12
1.06	Teens who Binge Drink: High School Students	*percent*	10.5		10.9		*2016*	21
1.00	Chlamydia Incidence Rate: Females 15-19	*cases/ 100,000 females aged 15-19*	1709.9		3175.6		*2016*	15
0.89	Teens who have Used Methamphetamines	*percent*	0.4		0.8		*2016*	21
0.64	Teen Birth Rate: 15-19	*live births/ 1,000 females aged 15-19*	8.4		19.5	20.3	*2016*	17

SCORE	**TRANSPORTATION**	UNITS	ST. JOHNS COUNTY	HP2020	FLORIDA	U.S.	MEASUREMENT PERIOD	SOURCE
2.67	Solo Drivers with a Long Commute	*percent*	43.8		39.5	34.7	*2012-2016*	4

2.61	Workers who Walk to Work	*percent*	1	3.1	1.5	2.8	*2012-2016*	1
2.33	Workers Commuting by Public Transportation	*percent*	0.2	5.5	2.1	5.1	*2012-2016*	1
2.11	Mean Travel Time to Work	*minutes*	27		26.7	26.1	*2012-2016*	1
1.94	Workers who Drive Alone to Work	*percent*	81.6		79.5	76.4	*2012-2016*	1
1.33	Households with No Car and Low Access to a Grocery Store	*percent*	2.4				*2015*	28

SCORE	**WOMEN'S HEALTH**	UNITS	ST. JOHNS COUNTY	HP2020	FLORIDA	U.S.	MEASUREMENT PERIOD	SOURCE
2.17	Age-Adjusted Death Rate due to Breast Cancer	*deaths/ 100,000 females*	22.4	20.7	19.8		*2014-2016*	17
2.00	Breast Cancer Incidence Rate	*cases/ 100,000 females*	136.5		117.8		*2012-2014*	29
1.44	Mammogram: 40+ Past Year	*percent*	61.2		60.8		*2016*	8
1.00	Pap Test in Past Year	*percent*	54.7		48.4		*2016*	8
0.72	Cervical Cancer Incidence Rate	*cases/ 100,000 females*	4.8	7.3	8.5		*2012-2014*	29
0.72	Life Expectancy for Females	*years*	83		82	81.5	*2014*	29

Appendix D. Community Resources

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

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