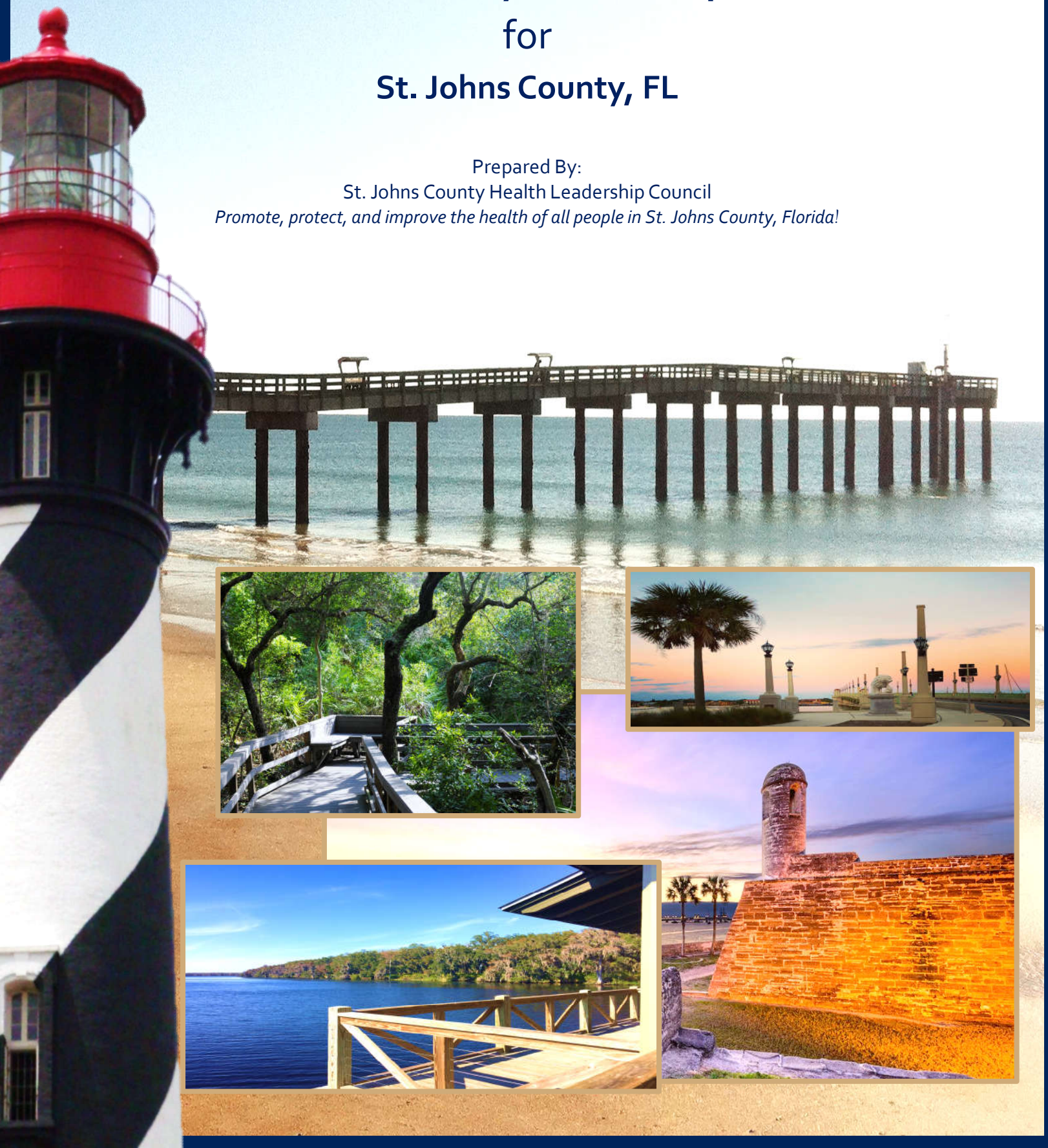
2017 Community Health Assessment
&
2018 – 2020 Community Health Improvement Plan
for
St. Johns County, FL

Prepared By:
St. Johns County Health Leadership Council
Promote, protect, and improve the health of all people in St. Johns County, Florida!



It Is A New Day In

PUBLIC HEALTH

2017 St. Johns County Community Health Assessment

ST. JOHNS COUNTY HEALTH LEADERSHIP COUNCIL

Mission: Promote, Protect, and Improve the Health of All People in St. Johns County, Florida.

Vision: St. Johns County will be among the healthiest in the nation-a vibrant, well served community enjoyed by all, supported by a diverse and highly collaborative network of partners.

Values: Accountability, Compassion, Collaboration, Equity/Ethical, Service Driven, Sustained Excellence.

Florida
Public Health
Since 1889
128 years

Florida HEALTH St. Johns County

FLAGLER HOSPITAL ST. AUGUSTINE

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Acknowledgements

Building and maintaining a culture of health requires ongoing partnership among a wide range of partners from all sectors of a community. Thank you to all who serve on the St. Johns County Health Leadership Council, whose mission is to "*promote, protect and improve the health of all people in St. Johns County, Florida.*"

The Florida Department of Health in St. Johns County (DOH-St. Johns), on behalf of the St. Johns County Health Leadership Council, recognizes the residents of St. Johns County who, from all corners of the county, participated in focus groups, completed community surveys, and participated in the evaluation of this Report. Our residents shared their perspectives on community themes and strengths, healthy and unhealthy behaviors, barriers to care, community assets and resources, and community health issues needing the most attention. The Council's dedication and collective efforts have made this document – *the 2017 St. Johns County Community Health Assessment and 2018 – 2020 Community Health Improvement Plan* – possible.

A special thank you to the following for their leadership, vision, and support in making St. Johns County among the healthiest places to live, learn, work and play.

- President and CEO of Flagler Hospital, Mr. Joseph Gordy – for his insight into the health needs of St. Johns County's residents and for his support and dedication to the St. Johns County Health Leadership Council (formerly the St. Johns County Health Improvement Council) since this Collaborative's inception in 2004.
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- St. Johns County Health Leadership Council's Co-Chair and Flagler Hospital's Director of Community Health Improvement, Mr. John Eaton.
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- Program Manager of Tobacco-Free St. Johns, Ms. Mary Ann Steinberg.
- Manager of Head Start Health / Nutrition / VPK St. Johns County Early Childhood Services, Ms. Donna Fenech.
- Program Coordinator for PACT Prevention Coalition, Ms. Lynette Horwath.
- Planner for St. Johns County Emergency Management, Mr. Timothy Connor, Jr.
- Past Program Manager for Healthy Families St. Johns with the Children's Home Society, Mr. Richard Zicht.
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- Graduate of University of North Florida's Brooks College of Health, Ms. Megan Hackleman.
- Student Volunteers from St. Johns County, FL, Ms. Brooke McNeil and Ms. Isabella Snider.

St. Johns County, Florida

A special thank you to past Co-Chair to St. Johns County Health Leadership Council and retired Executive Secretary to the Director of the Florida Department of Health in St. Johns County (DOH-St. Johns), Ms. Brenda Fenech-Soler, for her commitment to community health improvement and public health passion in action. Brenda, you paved the way and set the "MAPP" team up for success – and – we are forever grateful!

Thank you to past Director to DOH-St. Johns' Office of Public Health Practice and Policy and member of the DOH-SJC Senior Leadership Team, Mr. Eliud 'Pico' Torres, for bringing people together – no matter where we are – for the good of all!

As special thank you to the following Public Health Professionals and residents of St. Johns County, including but not limited to, those who assisted with focus groups, community survey distribution, and/or the subject matter expert review process. Your "Public Health Passion in Action", expertise, and guidance strengthened the "Health Equity"-lens utilized throughout this community assessment period.

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- Ms. Jesse Crosier, M.P.H.
- Mr. John Miller
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- Mr. Brandon Tirado, M.P.H.
- Ms. Julie Inlavongsa, R.D.
- Mr. Ric Mathis, C.E.P.H.

Three Cheers for the DOH-St. Johns County's MAPP CHA/CHIP "Dream Team"! Led by Ms. Noreen Nickola-Williams, Co-Chair to St. John County Health Leadership Council and Director to the DOH-St. Johns' Office of Public Health Practice & Policy, the following Public Health Professionals poured their heart, soul, and public health expertise into this effort:

- Ms. Anamaria Penagos, CDC Public Health Associate, Project Manager for 2017 Community Health Assessment and 2018-2020 Community Health Improvement Planning Cycle
- Mr. Dave Klater, Baldrige QA/QI Consultant
- Ms. Jennifer Corrado, Environmental Specialist
- Ms. Morgan Smith, M.P.H., C.P.H., Operations Analysts II

In 2004, St. Johns County Health Leadership Council was convened by Chief Health Strategist, Dr. Dawn Allicock, M.D., MPH, CPH, who serves as Director and Health Officer for Florida Department of Health is St. Johns County. Recognizing that "*It takes a village!*", the Senior Leadership Team for DOH-St. Johns consists of the following dedicated, Public Health Professionals, and Servant Leaders:

- Director / Health Officer, Dr. Dawn Allicock, M.D., M.P.H., C.P.H.
- Deputy Director, Ms. Paige Hartwell, J.D., M.S.A.
- Director of Nursing, Ms. Elaine Mathews, R.N.
- Director of Disease Control and Epidemiology, Ms. Joanna Nelson, M.P.H.
- Director to the Office of Public Health Practice & Policy, Ms. Noreen Nickola-Williams, B.S.

Florida HEALTH
St. Johns County

Our Mission

To promote, protect, and improve the health of all people in Florida through integrated state, county, and community efforts!

Our Vision

To be the Healthiest State in the Nation!

Our Motto

We are Public Health Professionals, Servant Leaders, serving others!

Introduction and Executive Summary

"Health Equity is not just about health care, it's about how the Community in which we live, learn, work, and play impacts our Health. Health Equity is bigger than us."

-Dr. Dawn Allicock, Director/Health Officer, Florida Department of Health in St. Johns County, FL

The National Association of County and City Health Officials (NACCHO) states that the fundamental purpose of public health is defined by three core functions: assessment, policy development, and assurance. As part of assessment, community organizations, such as county public health departments and not-for-profit hospitals, work together to assess a community's health status through the collection and analysis of quantitative and qualitative data. The Florida Department of Health in St. Johns County (DOH-St. Johns), in partnership with Flagler Hospital, champions the St. Johns County Health Leadership Council, the collaborative of executive level decision-makers and boots-on-the-ground members from organizations that make up the local public health system. Since 2004, this collaborative has grown to almost 30 active members who complete a comprehensive triennial community health assessment to improve community health outcomes, some of their successes are described in the following section. In June 2016, the Council began the 18-month process to re-assess and improve the health of St. Johns County for the fifth time resulting in this document: the *2017 Community Health Assessment and 2018 – 2020 Community Health Improvement Plan for St. Johns County, Florida*.

The St. Johns County Health Leadership Council works towards achieving Health Equity, a state in which all individuals have the opportunity and no-one is disadvantaged from achieving their full health potential, regardless of social position or circumstance. As described by the Centers for Disease Control and Prevention (CDC), achieving Health Equity requires valuing the population equally and engaging in "focused and ongoing societal efforts to address avoidable inequities, historical and contemporary injustices, and the elimination of health and health care disparities." To achieve Health Equity, Council members collaborate to improve population health by addressing the Social Determinants of Health in St. Johns County. Social Determinants of Health are conditions in the environment in which people live, learn, work, play, and age. Social Determinants include societal conditions such as freedom from discrimination, food security, and access to health care, education, and transportation. Social determinants also include psychosocial factors, such as social support and networks. These determinants influence individual health behaviors, and ultimately affect quality and length of life. In a nourishing environment, given ample opportunities, and with the support of a network of partners, a population can bloom to its optimal health status and achieve better health outcomes. Since the closing of the 2014 Community Health Assessment period, the findings of a University of Kentucky (UK) College of Public Health national study of highly successful public health collaboratives were published. This Study's purpose was to identify and compare exceptional models of collaboration who share a commitment to improving community health. St. Johns County Health Leadership Council's national role model status is recognized in this Study!

In 2017, St. Johns County was ascribed the healthiest county in Florida in the annual County Health Rankings Report. Since 2010, the National County Health Rankings Report published by the Robert Wood Johnson Foundation and the University of Wisconsin's Population Health Institute, ranks the health of every county within each state based on composite scores of two sets of key population health measures: health outcomes (length and quality of life) and health factors (health behaviors, access to and quality of clinical care, social and economic factors and the physical environment). The County Health Rankings Report serves to illustrate that improving the health of a community is a shared responsibility among the many organizations that make up the local public health system and the County's high standing Report reflects the priority that the Community has placed on influencing length and quality of life for its residents. This Community Health Assessment report presents health outcomes, followed by health factors based on greatest impact on length and quality of life (health outcomes): Social and Economic factors are presented first as they have greatest impact on health outcomes followed by, Health Behaviors, Clinical Care, and Physical Environment.

Introduction and Executive Summary

The Council uses the a nationally recognized, evidence-based, strategic planning process called Mobilizing for Action through Planning and Partnerships (MAPP) for improving the health of St. Johns County, FL. Council members collect data from national, state, and county organizations, as well as from Community members and partners to better understand the current and future health needs of the Community. Council members analyzed and summarized findings from the MAPP Assessments, and, together, identified priority concerns for St. Johns County. Then, items were prioritized to be addressed in the Community Health Improvement Plan. Below is a summary of the results for each MAPP Phase:

MAPP Phase 1:

Organize for Success/Partnership Development: The Florida Department of Health in St. Johns County (DOH-St. Johns) convened the Council to review current membership and discuss *"Who else do we need at the table for this process?"* The Council suggested potential new members who have shown an interest in Community Health Improvement or expertise about what works well in the County. Invitations to join the Council were extended to those suggested to expand and enhance Community participation and representation. ***(June – November 2016)***

MAPP Phase 2:

Visioning: The Council members participated in a Visioning Session led by DOH-St. Johns. Below are the Mission, Vision and Values that were developed from the roundtable discussion: ***(November 2016 – January 2017)***

MISSION: To promote, protect, and improve the health of all people in St. Johns County, FL.
VISION: St. Johns County will be among the healthiest in the nation-a vibrant, well served community enjoyed by all, supported by a diverse and highly collaborative network of partners.
VALUES: Accountability, Compassion, Collaboration, Equity/Ethical, Service Driven, Sustained Excellence.

MAPP Phase 3: The Four Assessments

Forces of Change: The results revealed Access to Healthcare, Access to Mental Health Care, Aging Population, Substance Abuse, Limited Employment Opportunities, Increasing Population (including a shortage of affordable housing), Increasing Technology, Loss of Public Health and Health Care funding, and Increasing Natural Disasters to be of high importance. ***(January – February 2017)***

Local Public Health System Assessment: The results identified Assuring a competent Public Health and Health Care workforce, and Assuring Access and Linkage to Healthcare and other Health Related Services to be of high importance. ***(February – March 2017)***

Community Themes and Strengths: The results from the focus groups highlighted Access to Healthcare, Mental Healthcare, Oral Healthcare, an Aging Population that will require more intensive, specialized services, Environmental Conditions (water, animal bites, flooding), Limited Employment Opportunities, Sexually Transmitted Infections (STIs), and limited Public Transportation to be the most important. The results from the community-wide survey included Access to Healthcare, Mental Healthcare, and Oral Healthcare, Substance Abuse (tobacco, marijuana, alcohol, opioids), Environmental Conditions (water, animal bites, flooding), Crime Rate (including domestic violence), and Obesity to be of high importance. ***(April – August 2017)***

Community Health Status: The analysis revealed Access to Mental and Oral Healthcare, Substance Abuse (alcohol, opioids, tobacco), Cancer, STIs, Increase in Population (including a shortage of affordable housing), Child and Infant Health (including immunizations, unintentional injury, suicide), Heart Disease and Stroke, Shortage of Specialty Care (pediatrics, obstetrics), and Lung Diseases (COPD and asthma) as the most important. ***(February – January 2018)***

MAPP Phases 4, 5, and 6: Using the results of the assessments above, the Council then developed strategies for action to establish accountability and ensure measurable improvement by developing a Community Health Improvement Plan. These strategies were recorded on a Community Balanced Scorecard. ***(Novembers 2017 – February 2018)***

Building on Community Success

St. Johns County Health Leadership Council continues to build on community success!

Since the 2014 Community Health Assessment and Health Improvement Planning cycle, St. Johns County Health Leadership Council continues to sustain excellence in community health outcomes. Once again, St. Johns County is ascribed as the healthiest of 67 Florida counties by the national *County Health Rankings Report*. Improving the health of a community is a collaborative responsibility among the many organizations that make up the local public health system. Relationships, trust, and the leveraging of intellectual capital allow St. Johns County to collaboratively build upon our sustained community success. Simply put: *"It takes a village!"*

Our Community Leaders shared the following thoughts in response to the national 2017 County Health Rankings report for St. Johns County, Florida:

"Our sustained high ranking is a testament to the commitment and collaboration of our many community partners within the public health system here in St. Johns County, FL. The synergy maximized through leveraging community resiliency and partnerships, and intertwining clinical medicine and population health will enable us to hone in on improvements for our residents and visitors, galvanizing the achievement of Health Equity, assuring conditions for optimal health for all people in our County."

Dr. Dawn Allicock, M.D., M.P.H., C.P.H., Director and Health Officer
Florida Department of Health in St. Johns County

"Many factors impact the overall health of our community and we are proud of St. Johns County for once again being ranked number one in this important quality-of-life assessment. We are committed to providing access to services, programs, facilities, and natural amenities that help our residents enjoy a healthy lifestyle and continue to remain active and engaged."

Mr. James Johns, Chair
St. Johns County Board of County Commission

"Being recognized as the healthiest county in the state for six years in a row reflects the passion every public and private agency in St. Johns County has for improving the quality of life where we live and work. Our focus on improving access to care, addressing community health needs, and improving population health is ongoing and extends well beyond the hospital's walls."

Mr. Joseph Gordy, President and Chief Executive Officer
Flagler Hospital

"We recognize that many of the health factors utilized in the rankings are directly tied to the support children receive in school and throughout the community. I commend the dedication of our educators, families, and community partners to ensure the health and safety of our students."

Mr. Tim Forson, Superintendent
St. Johns County School District

"Notwithstanding the excellent care from area hospitals, our health department, and fire rescue professionals; St. Johns County maintains an excellent quality of life with access to trails, beaches and community parks, for which to maintain a healthy lifestyle. It is this level of community involvement from both public and private institutions that help make this county one of the greatest place to live."

Sheriff David Shoar
St. Johns County Sheriff Office

Building on Community Success

Each of us can play an important role in community health improvement in St. Johns County whether in our homes, schools, workplaces, or places of worship. Organizations, both public and private, continue the journey toward excellence in population health through community health improvement planning. The success stories presented below represent only a fraction of the success of our Community-at-large. We encourage readers to learn more about the wonderful organizations that work to support residents to reach their optimal health – physical, social, financial, and spiritual wellbeing. For more information, please see the *'How to Use the CHIP'* on pg. 121 of this document.

- **Florida Department of Health in St. Johns County –** Among the many successful community outcomes where community collaboration was key, we wish to highlight the following events: Response to the Ebola Virus (2014-2015), the Zika Virus (2015-2017), and response to other emerging public health threats (i.e. Tuberculosis, Environmental Health Sanitary Nuisances, Special Needs Shelter Operations). As a public health emergency response agency, DOH-St. Johns celebrates the successful community outcomes related to response efforts for both Hurricanes Hermine and Matthew (2016) and Hurricane Irma (2017) where DOH-St. Johns staff managed the operations of the Special Needs Shelter, served as Lead for ESF-8 Public Health & Medical at the SJC Emergency Operation Center, and led the post-storms environmental public health assessments. These outcomes were not possible without the expertise, responsiveness, and *'Public Health Passion in Action'* of the DOH-St. Johns Staff. The success of this team is further demonstrated by DOH-St. Johns achievement, for the fourth time, in 2017 of the Florida Governor's Sterling Award for Performance Excellence in operational and public health outcomes. DOH-St. Johns looks forward to building on community success through all its collaborative efforts, including St. Johns County Health Leadership Council and this 2018-2020 Community Health Improvement Plan for St. Johns County, FL.
- **Flagler Hospital -** Each year since 2014, Flagler Hospital has received the distinguished *Hospitals for Clinical Excellence™* award – awarded only to those performers in the top 5% nationally for overall clinical excellence. In 2017, Flagler Hospital again achieved Magnet re-recognition. Community success continued with the launch of the St. Johns Care Connect, a community alliance, to connect residents in need with available services and address the Social Determinants of Health in a coordinated way throughout all of St. Johns County. Through a single access point, St. Johns Care Connect strives to increase coordination and access of community resources for all!
- **EPIC Behavioral Healthcare -** In 2014, EPIC Behavioral Healthcare Recovery Center opened the only detox center located within St. Johns County, FL. When it opened its doors, most admissions (approximately 80%) were alcohol related while the rest (about 20%) were Opioid related. Since then, the percentage of Opioid-related deaths has doubled because of the opioid crisis. EPIC focuses on formalizing its commitment to overall wellness for clients using the national Substance Abuse & Mental Health Services Administration's (SAMHSA's) *Eight Dimensions of Wellness* as a guideline. In 2016, EPIC Behavioral Healthcare's achieved its three-year accreditation status from the Commission on Accreditation of Rehabilitation Facilities *(CARF)*. Accreditation is a result of EPIC's excellence in being a choice provider for addiction and substance abuse treatment, mental health counseling services and community prevention services. The value of this accreditation goes beyond being a competitive provider in St. Johns County serves as our framework for continuous quality care and improvement!
- **Good Samaritan Healthcare, Inc. -** The Wildflower Clinic continues to be the only provider of no-cost dental services for the low-income, uninsured adult residents of St. Johns County, FL. For the past three years (2015, 2016, 2017) 4,725 dental visits for examinations, x-rays, fillings and extractions have been provided by 37 volunteer dentists. A Healthy Lifestyle Nurse was integrated into dental clinics and provided 3,147 screenings that identified health risks that might compromise patient's oral health treatment as well as their overall health. To support preventative care, one of seven dental hygienists provided 2,186 cleanings that included oral health education and community-donated take home dental bags!

Demographics

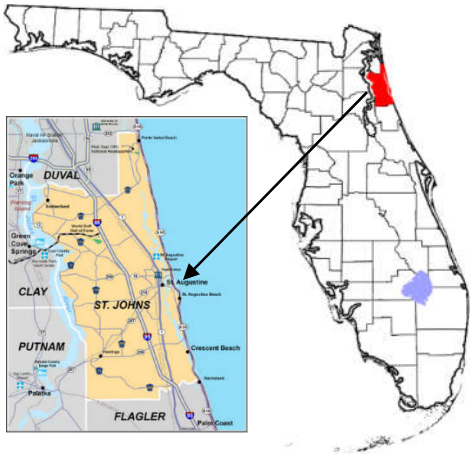
MAPP Phase 3

St. Johns County, Florida

St. Johns County is part of the Jacksonville Metropolitan Area and encompasses approximately 680 square miles of land in Northeast Florida, situated between the St. Johns River and more than 40 miles of beaches along the Atlantic Coast. At the time of publication for this report, the U.S. Census Bureau 2017 population estimate for St. Johns County, FL is 243,812.

County Accolades

- Since 2010, St. Johns County is ascribed as the healthiest county of 67 counties in Florida for overall Health Factors and Health Outcomes in the *2017 County Health Rankings Report.*
- St. Johns County School District ranks first of 67 districts in Florida in total Florida Comprehensive Assessment Test points.
- The City of St. Augustine, the County seat and nation's "Oldest City," attracted about 6.8 million visitors to the County in 2016.



Population and Age Distribution

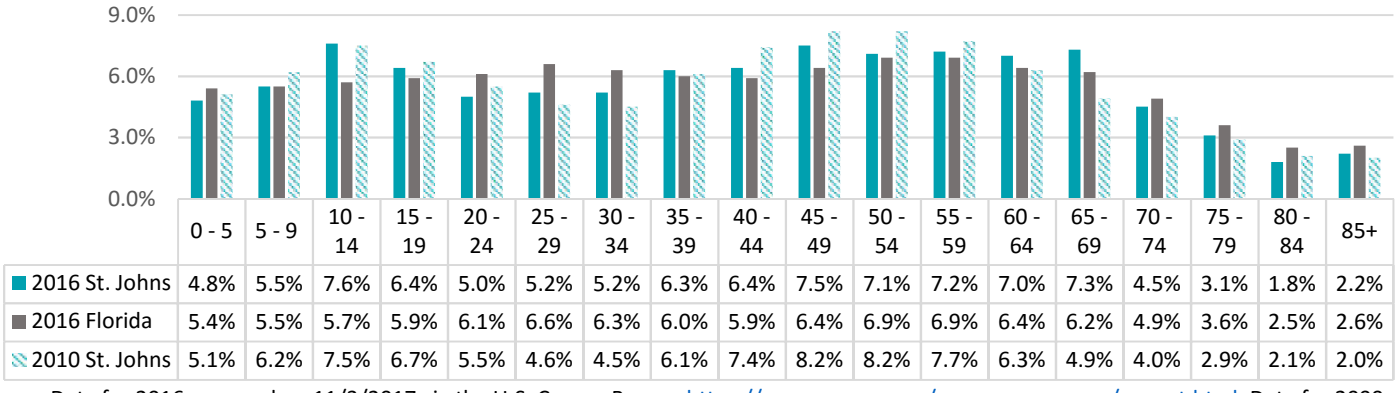
The table below shows a historical perspective of population estimates from 1990 to 2016. St. Johns County's population nearly tripled between the years 1990 and 2016, this being a population increase of over 180%. Growth for St. Johns County is occurring at a rate three times faster than Florida and almost six times faster than the nation. The U.S. Census Bureau estimates St. Johns County's population for 2016 to be 235,087 (51.2% female), an estimated 3.7% higher than the 2015 estimate. St. Johns County, FL was ascribed the 15th fastest growing county among the 100 fastest growing counties with 10,000 or more population in the nation between 2010 and 2016. Using 2016 estimates, the U.S. Bureau of Economic and Business Research projects St. Johns County's population will grow to 287,027 by 2025.

Population Estimates

Geography	1990	1995	2000	2005	2010	2015	2016	% Increase ('90 - '16)
St. Johns Co.	**83,829**	**102,146**	**123,135**	**160,266**	**190,039**	**226,658**	**235,087**	**180.4%**
Florida	12,938,071	14,537,875	15,982,378	17,842,038	18,801,310	20,244,914	20,612,439	59.3%
United States	248,790,925	266,278,393	281,421,906	295,516,599	308,745,538	320,896,618	323,127,513	29.9%

Source: Data for 1990 through 2016 accessed on 11/3/2017 via the U.S. Census Bureau https://factfinder.census.gov/

Population by Age Group



	0 - 5	5 - 9	10 - 14	15 - 19	20 - 24	25 - 29	30 - 34	35 - 39	40 - 44	45 - 49	50 - 54	55 - 59	60 - 64	65 - 69	70 - 74	75 - 79	80 - 84	85+
2016 St. Johns	4.8%	5.5%	7.6%	6.4%	5.0%	5.2%	5.2%	6.3%	6.4%	7.5%	7.1%	7.2%	7.0%	7.3%	4.5%	3.1%	1.8%	2.2%
2016 Florida	5.4%	5.5%	5.7%	5.9%	6.1%	6.6%	6.3%	6.0%	5.9%	6.4%	6.9%	6.9%	6.4%	6.2%	4.9%	3.6%	2.5%	2.6%
2010 St. Johns	5.1%	6.2%	7.5%	6.7%	5.5%	4.6%	4.5%	6.1%	7.4%	8.2%	8.2%	7.7%	6.3%	4.9%	4.0%	2.9%	2.1%	2.0%

Source: Data for 2016 accessed on 11/3/2017 via the U.S. Census Bureau https://www.census.gov/programs-surveys/popest.html. Data for 2000 accessed on 11/7/2017 https://factfinder.census.gov

As presented on the previous page, St. Johns County and Florida have similar population age distributions. However, when compared to the State, St. Johns County has a slightly higher proportion of people within the group of people from 10 years of age to 19 years of age and the also within the group of people from 35 years of age to 69 years of age. Comparing the 2010 and 2016 population age distribution estimates reveals an aging population; between 2010 and 2016, St. Johns County experienced highest population growth among people 65 years of age to 69 years of age (2.4%), followed by people 50 years of age to 54 years of age (1.1%) and 40 years of age to 44 years of age (1.0%). According to the U.S. Census Bureau, approximately 19.3% of St. Johns County's population was 65 years of age or older in 2016, a slightly lower proportion than the State (19.9%) but higher than the nation (15.2%).

Race and Ethnicity

Race and ethnicity can be defined as systems used to classify groups of people based on certain characteristics. Groups of people are classified by race based on physical characteristics and by ethnicity based on cultural values and norms influenced by nationality, language, and religion, among others. As presented in the table below, St. Johns County's White population (89%) is larger when compared to the State (78%) and the nation (77%). On the other hand, St. Johns County's Hispanic or Latino population (7%) is about 3.5 times smaller when compared to Florida (25%) and about 2.5 times smaller when compared to the nation (18%). About 6% of St. Johns County's population is Black or African American, which is lower than the State (17%) and national (13%) estimates. Like the State (3%), about 3% of St. Johns County population is Asian, which is slightly lower than the national (6%) estimate. American Indians, Alaska Natives, Native Hawaiians, and other Pacific Islanders make up 0.4% of St. Johns County's population—a lower proportion when compared to the State (1.1%) and the nation (1.2%). In the past three years, St. Johns County, FL has not experienced significant changes in the population's race and ethnicity composition. There are no federally recognized tribes designated in St. Johns County, FL.

Population Estimates by Race and Ethnicity for 2016

Race/Ethnicity	St. Johns County, FL	Florida	United States
White	**89%**	78%	77%
Hispanic or Latino	**7%**	25%	18%
Black or African American	**6%**	17%	13%
Asian	**3%**	3%	6%
Two or more races	**2%**	2%	3%
American Indian and Alaska Native	**0.3%**	1%	1%
Native Hawaiian and Other Pacific Islander	**0.1%**	0.1%	0.2%

Source: Data for 2016 accessed on 11/3/2017 via the U.S. Census Bureau https://www.census.gov/quickfacts

Note: Percentages do not equal 100% since some people identify with a race and an ethnicity (e.g. White Hispanic).

The United States has become increasingly diverse in the last century. Based on the U.S. Census Bureau's 2014 National Projections, by 2044 *"more than half of all Americans are projected to belong to a minority group (any group other than non-Hispanic White alone)."* Race and ethnicity contribute to differences in life opportunities, exposures, stresses, and quality and access to care, ultimately leading to health inequities. According to the Centers for Disease Control and Prevention (CDC), though health indicators such as life expectancy and infant mortality have improved for most Americans, some minorities experience a persistent, disproportionate, and often increasing burden of preventable disease, death, and disability compared with non-minorities. In the coming years, growing minority populations already experiencing poorer health outcomes will impact the overall health of our nation. In St. Johns County, the Health Leadership Council works towards achieving Health Equity by addressing the root causes that lead to differences in health status among people of different races and ethnicities. For instance, the Council examines differences in access to health education and how health care is delivered and financed for minority and non-minority populations.

Nativity and Language

The U.S. Census Bureau uses the term foreign born to refer to anyone who is not a U.S. citizen at birth. According to the U.S. Census Bureau, approximately 7% of St. Johns County's population is foreign born, a lower proportion when compared to Florida (20.5%) and the United States (13%). About 8% of St. Johns County residents ages 5 years old or older speak a language other than English at home—a proportion about 3 times lower when compared to the State (28%) and the nation (21%). In the County, almost a third (30%) of the 4,938 persons speaking a language other than English at home speak English less than "very well." Spanish was the most common language among residents that do not speak English at home and speak English less than "very well."

Nationality and Language 5-Year Estimates for 2011-2015

Category	St. Johns County	Florida	United States
Foreign born persons	**7%**	20%	13%
Language other than English spoken at home (ages 5+)	**8%**	28%	21%
Of persons speaking a language other than English at home: Persons that speak English less than "very well"	**30%**	42%	41%

Source: Data for 2011-2015 estimates accessed on 11/3/2017 via the U.S. Census https://factfinder.census.gov

Language Spoken at Home 5-Year Estimates for 2011-2015

Persons that speak a language other than English at home and that speak English less than "very well"

Language	St. Johns County	Florida	United States
Spanish	**1%**	9%	6%
Other Indo-European languages	**1%**	2%	1%
Asian and Pacific Island languages	**0.4%**	1%	2%
Other languages	**0.2%**	0.2%	0.3%

Source: Data for 2011-2015 estimates accessed on 11/3/2017 via the U.S. Census https://factfinder.census.gov

Vulnerable Populations

Persons with access and functional needs include persons with physical, cognitive, or developmental disabilities, persons with limited English proficiency, geographically or culturally isolated persons, and medically or chemically dependent persons. Recent disasters have shown the need to better develop strategies for meeting the needs of most at-risk populations to prevent adverse health outcomes during or following a disaster.

Population Estimates for Persons with Access and Functional Needs for 2016

Population	St. Johns County	Florida
Civilian non-institutionalized population with a disability	**24,844**	2,615,568
Persons 18 - 64 with Independent Living Difficulty	**3,612**	435,521
Persons with Hearing Difficulty	**7,791**	742,643
Persons with Vision Difficulty	**4,304**	483,257
Seriously Emotionally Disturbed Children	**171**	34,552
Seriously Mentally Ill Adults	**779**	146,968

Source: Data accessed on 11/27/2017 via FLHealthCHARTS http://www.flhealthcharts.com

As identified in the FLHealthCharts for the year 2016, 24,844 non-institutionalized civilians have a disability in St. Johns County, Florida.

Industry and Occupation

As identified in the U.S. Census estimates, the proportion of the population working in the top ten industries in the County, State, and nation is similar. However, a larger proportion of the population in St. Johns County work in the finance, insurance, real state, and rental/leasing industry (12%) when compared to the State (8%) and the nation (7%). When compared to the United States (10%), a lower proportion of the County's population work in the manufacturing industry in St. Johns County, FL (6%).

Top Ten Local Industry[1] 5-Year Estimates for 2011-2015

Industry	St. Johns County	Florida	United States
Educational services, health care, social assistance	**20%**	21%	23%
Retail trade	**13%**	13%	12%
Professional, scientific, and management, administrative, waste management	**13%**	13%	11%
Finance, insurance, real estate, rental/leasing	**12%**	8%	7%
Arts, entertainment, recreation, accommodation and food services	**12%**	12%	10%
Manufacturing	**6%**	5%	10%
Construction	**5%**	7%	6%
Transportation and warehousing, and utilities	**5%**	5%	5%
Public administration	**4%**	5%	5%
Other services, except public administration	**4%**	5%	5%
Wholesale trade	**3%**	3%	3%
Information	**2%**	2%	2%
Agriculture, forestry, fishing and hunting, and mining	**0.4%**	1%	2%

Source: Data for 2011-2015 estimates accessed via the U.S. Census https://factfinder.census.gov

As reported by the U.S. Census Bureau, St. Johns County's civilian workforce, those individuals 16 years of age and older (96,436), is 54.0% male and 46.0% female. In St. Johns County, females are underrepresented in the professional, scientific, management, administrative, and waste management industry. Males are underrepresented in the educational services, and health care and social assistance industry.

St. Johns County Top Five Local Industry 5-Year Estimates for 2011-2015 by Sex

Industry	Estimate	Males	Female
Arts, entertainment, and recreation, and accommodation and food services	11,599	48.3%	51.7%
Finance and insurance, and real estate and rental/leasing	12,052	50.9%	49.1%
Professional, scientific, management, administrative, and waste management services	12,152	60.1%	39.9%
Retail trade	12,245	55.1%	44.9%
Educational services, and health care and social assistance	19,558	27.9%	72.1%

Source: Data for 2011-2015 estimates accessed via the U.S. Census https://factfinder.census.gov

As presented in the table below, 45% of St. Johns County, FL civilian-employed population 16 years of age and older (96,436) works in management, business, science, and the arts, followed by sales and office.

Occupation for Civilian Employed Population 5-Year Estimates for 2011-2015 (Ages 16+)

Occupations	St. Johns County, FL	Florida	United States
Management, business, science, and arts	**45%**	34%	37%
Service	**17%**	21%	18%
Sales and office	**25%**	27%	24%
Natural resources, construction, and maintenance	**6%**	9%	9%
Production, transportation, and material moving	**7%**	9%	12%

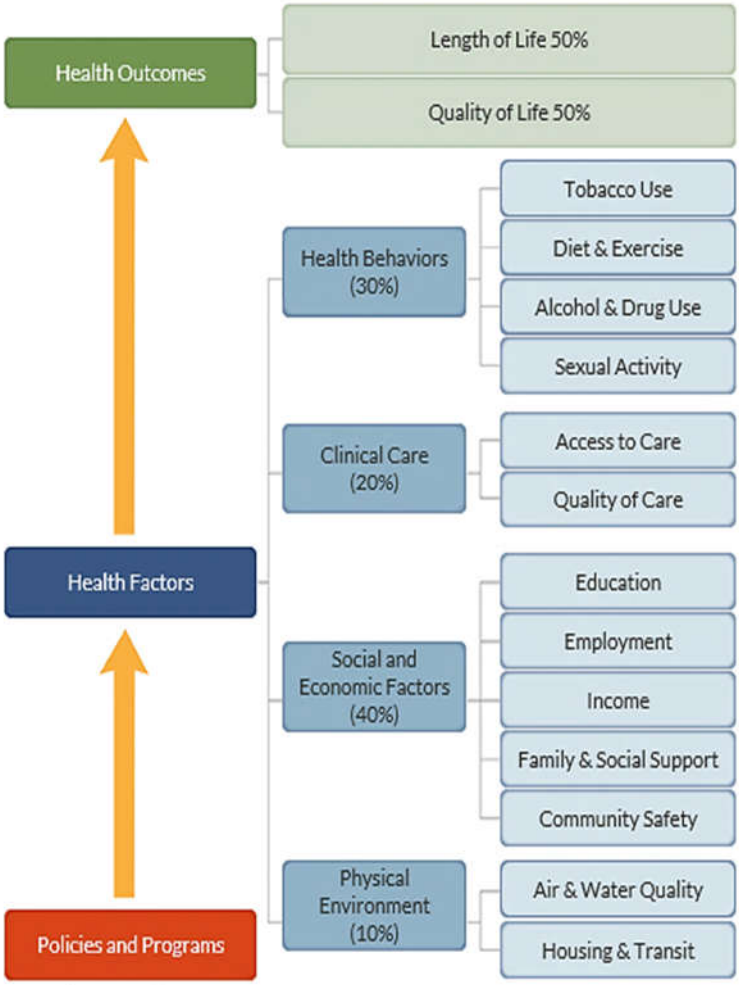
Source: Data for 2011-2015 estimates accessed via the U.S. Census https://factfinder.census.gov

County Health Rankings and Roadmaps

"Long before we need medical care, our foundation for Health begins in our homes, schools, and neighborhoods."
-Robert Wood Johnson Foundation

The County Health Rankings & Roadmaps, a collaborative effort of between the University of Wisconsin Population Health Institute and the Robert Wood Johnson Foundation, helps communities across America understand the factors that influence their health. The County Health Rankings & Roadmaps initiative compiles county, state, and national data, and standardizes and combines measures using scientifically-informed weights. Each year, the County Health Rankings & Roadmaps ranks the health of every county within each state based on composite scores of two sets of key population health measures: health outcomes (length and quality of life) and health factors (health behaviors, access to and quality of clinical care, social and economic factors and the physical environment). These rankings are shared via the annual County Health Rankings reports—the strength of a ranking is based on the overall body of evidence (e.g. type, quality, consistency of findings, etc.).

The St. Johns County Health Leadership Council utilizes the County Health Rankings model to address the Social Determinants of Health in the pursuit of achieve health equity for all. The County Health Rankings model (presented to the right) is a framework for the ranking process which emphasizes the multiple factors that influence how long and how well a population lives. This model illustrates how certain health factors have a greater impact on health outcomes than others. For instance, Social and Economic Factors have the greatest impact on length and quality of life.



County Health Rankings Model © 2016 UWPHI

As presented below, St. Johns County is ascribed as the healthiest of 67 Florida counties since the inception of the national *County Health Rankings Report* in 2010. Improving the health of a community is a shared responsibility among the many organizations that make up the local public health system. These high standings reflect the priority that the community has placed on influencing length and quality of life for its residents.

Overall County Health Rankings - Health Outcomes and Health Factors for St. Johns County, Florida

Category	2010	2011	2012	2013	2014	2015	2016	2017	Trend
Health Outcomes	2	3	1	1	1	1	1	1	**Sustained!**
Health Factors	1	1	1	1	1	1	1	1	**Sustained!**

Source: The 2017 County Health Rankings Report was accessed on 4/25/2017 via www.CountyHealthRankings.com

County Health Rankings and Roadmaps

A snapshot of the health outcome rankings is presented in the table below. Values for St. Johns County favorably compare to the state value. The National Target is the top 10% performing counties in the United States. The arrows indicate the direction needed for St. Johns County to meet the National Target. For example, the St. Johns County value for "Premature Death" is higher than the target value; therefore, the arrow is pointing down, indicating the need to reduce the years of potential life lost to improve health in St. Johns County, FL.

2017 County Health Rankings Snapshot of Health Outcomes

Health Outcome Indicators St. Johns County, FL Ranks #1 - Healthiest of 67 Florida counties	**St. Johns County, FL**	Florida	National Target	Direction Needed to Meet Target
Mortality Indicator				
Premature Death "Years of potential life lost before age 75 per 100,000 population"	**5,400**	6,700	5,200	↓
Morbidity Indicators				
Poor of fair health "Percent of adults reporting fair or poor health (age-adjusted)"	**11%**	17%	12%	*Target Met!*
Poor physical health days (age-adjusted) "Average number of physically unhealthy days reported in past 30 days"	**3.0**	4.2	3.0	*Target Met!*
Poor mental health days (age-adjusted) "Average number of mentally unhealthy days reported in past 30 days"	**3.7**	4.2	3.0	↓
Low birth weight "Percent of live births with low birth weight (<2500 grams)"	**7%**	9%	6%	↓

Source: The County Health Rankings Report was accessed on 4/25/2017 via www.CountyHealthRankings.com

The rankings by sub-categories (those indicators which make up the overall *County Health Rankings Report*) are presented for St. Johns County, FL in the table below. While the County was ascribed 1st of 67 Florida counties in health factors in 2017, opportunities for community health improvement do exist. For example, St. Johns County ranked 6th of 67 Florida counties in health behaviors partly due to high rates of both alcohol-impaired driving deaths and excessive drinking in Florida. St. Johns County, FL ranked unfavorably in the bottom quartile for Physical Environment due to the following reasons: 1) the proportion of households experiencing at least 1 of 4 housing problems, as defined by U.S. Department of Housing and Urban Development, is twice as high as top U.S. performing counties; 2) almost 10% more workers in St. Johns County, FL drive alone to work when compared to top U.S. performing counties; and 3) the proportion of workers who commute alone to work for more than 30 minutes is almost three times higher than that of top U.S. performing counties.

Sub-Category County Health Rankings for St. Johns County, FL - Health Outcomes and Health Factors

Sub-Category	2010	2011	2012	2013	2014	2015	2016	**2017**
Health Outcomes – **Length of Life**	3	2	2	3	3	2	2	**3**
Health Outcomes – **Quality of Life**	4	4	3	2	1	1	1	**1**
Health Factors – **Health Behaviors**	8	5	2	1	2	2	5	**6**
Health Factors – **Clinical Care**	7	5	4	4	2	2	2	**2**
Health Factors – **Social and Economic Factors**	1	1	1	1	1	1	1	**1**
Health Factors – **Physical Environment***	14	12	7	7	45	41	55	**56**

Source: The County Health Rankings Report was accessed on 4/25/2017 via www.CountyHealthRankings.com

*Note: For "Health Factors – Physical Environment" it is important to note the change in definition for both years 2012 and 2014. The changes in definition account for significant changes in the ranking. For

Mobilizing for Action through Planning and Partnerships

Since 2005, the St. Johns County Health Leadership Council has used National Association of County and City Health Officials' (NACCHO) Mobilizing for Action through Planning and Partnerships (MAPP) framework, an evidence-based, strategic community health improvement planning process for St. Johns County, FL. The MAPP process is unique because it requires structured and systematic efforts to gather data and document outcomes. Through this framework, the Council completes a comprehensive triennial community health assessment to improve Community health outcomes. In June 2016, the Council began the 18-month process to re-assess and improve the health of St. Johns County for the fifth time resulting in this document: *the 2017 Community Health Assessment and the 2018 – 2020 Community Health Improvement Plan for St. Johns County, Florida*. The Council meets at least quarterly to share data on public health issues of concern and health inequities, discuss changing community assets and resources, and review progress on action items. Unlike other frameworks, MAPP relies on the participation of the Community-at-large. In St. Johns County, residents and business owners participated in Council meetings and focus groups, promoted and completed community-wide surveys, and assisted with the evaluation of community health status findings for this report.

Mobilizing for Action through Planning and Partnerships (MAPP) is consists of six phases:

- **Phase 1—Organize for Success/Partnership Development:** During phase 1, partnerships form to plan and build commitment for MAPP. A Community-wide, strategic planning process requires strong organization and a high level of commitment from partners and stakeholders.

- **Phase 2—Visioning:** In phase 2, partners meet to develop a Community vision and common values. A shared vision guides the Community by providing focus, purpose, and direction to the MAPP process.

- **Phase 3—The Four Assessments**:

The Essential Public Health Services and Core Functions

Source: Centers for Disease Control and Prevention, 2018

Primary Data Collection

- The **Forces of Change Assessment** helps the Community identify forces such as legislation, that affect the context in which the Community and the Local Public Health System operate.
- The **Local Public Health System Assessment** measures the competencies and capacities of the Local Public Health System and how the system provides the Ten Essential Public Health Services to the Community.
- The **Community Themes and Strengths Assessment** provides insight on Community Member's perspectives on the Social Determinants of Health, risk behaviors, and the overall quality of life.

Secondary Data Collection

- The **Community Health Status Assessment** identifies priority health issues through systematic collection and analysis of local, state, and national data on health factors and outcomes.

Mobilizing for Action through Planning and Partnerships

- **Phase 4—Identify Strategic Issues:** During phase 4, partners analyze the results of the four Mobilizing for Action through Planning and Partnerships (MAPP) assessments and identify their Community's most pressing public health issues (strategic issues). Partners prioritize strategic issues that they must address to achieve the Community vision.

- **Phase 5—Formulate Goals and Strategies:** In phase 5, partners use previously identified strategic issues to develop goal statements for each issue. Then, they identify broad strategies to address strategic issues and achieve goals towards the Community vision. The result is the development and adoption of an interrelated set of strategy statements. One tool used to focus and manage strategic efforts is the *Community Balanced Scorecard for Public Health*, a tool developed by Paul D. Epstein, Alina Simone, and Lyle D. Wray.

  - As described by Paul D. Epstein, the Community Balanced Scorecard, *"combines the community building power of effective collaborations with the strategy alignment of balanced scorecards…pulling the community together around common outcomes, leveraging assets from all sectors, and aligning key community collaborators behind common strategies for accountable, measurable, and faster results."*

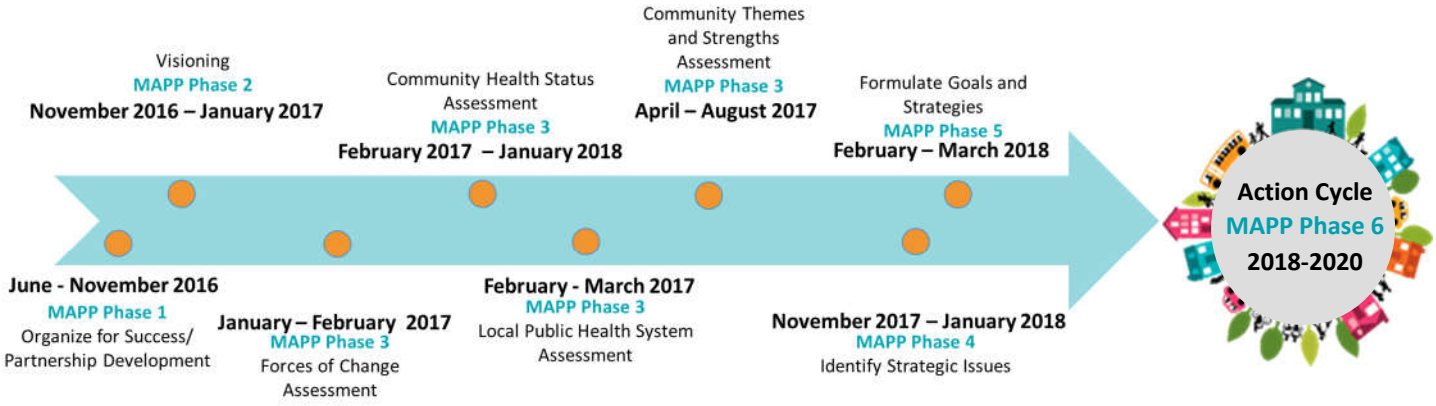
  - The Community Balanced Scorecard sets strategic objectives in terms of four perspectives:

    1. Community Health Status
    2. Community Implementation
    3. Community Learning and Planning
    4. Community Assets

- **Phase 6—Action Cycle:** The final phase of the MAPP process links three public health activities—planning, implementation, and evaluation. During phase 6, partners develop action plans to address strategic issues, implement critical actions, and evaluate results. MAPP helps community partners and stakeholders achieve individual objectives while they work towards a common vision of improved community health.

The timeline below outlines the dates the Council began each phase of the MAPP process. On average, the Council met once per month. Subcommittee meetings, individual meetings with partners and staff, and phone conferences took place in between general body Council meetings (see Appendix D). As you read the document, look for the following icon that shows the MAPP phase on which the Council collected the data presented: MAPP Phase #

Timeline of St. Johns County Health Leadership Council's Mobilizing for Action through Planning and Partnerships (MAPP) Activities



St. Johns County Health Leadership Council

St. Johns County, FL is fortunate to have strong, proactive public health leaders working towards health equity among all Communities. The Florida Department of Health in St. Johns County (DOH-St. Johns) champions and facilitates the St. Johns County Health Leadership Council, a collaborative consisting of executive decision-makers and boots-on-the-ground members from organizations that make up the local public health system. Under the leadership of Dr. Dawn Allicock, Director and Health Officer of DOH-St. Johns, in partnership with Mr. Joseph Gordy, President and CEO of Flagler Hospital, and Mr. Jerry Cameron, retired Assistant County Administrator, collaboratively formed a task force in 2005 to complete the County's first Community Health Assessment. The Council was chartered in 2008 and has since expanded to 28 active members, as presented in the figure below. Dedicated to improving health outcomes in St. Johns County, FL, the Council has completed a Community Health Assessment every three years. In June 2016, the Council began the 18-month project to re-assess and improve the health of St. Johns County, FL for the fifth time since 2005.

St. Johns County Health Leadership Council is one of 12 collaboratives nationally recognized for role model status for its display highly successful, multi-sector partnerships focused on improving community health. In 2014, a team of University of Kentucky researchers, with funding from the Robert Wood Johnson Foundation, from the Commonwealth Center for Governance Studies, Inc., published a study entitled: *Improving Community Health through Hospital-Public Health Collaboration: Insights and Lessons Learned from Successful Partnerships.* The purpose of this study was to examine successful partnerships involving hospitals, public health departments, and other stakeholders "*who share commitment to improving the health of communities they jointly serve and ascertain key lessons learned from their collective experience*." Collaboratives were assessed for alignment with eight core characteristics which included the review of partnership documentation, participation in in-depth phone interviews, and concluded with a site-visit with the Council and its partnership leaders. From the analysis, the researchers recognize that the 12 collaboratives, including the Council, are "*important vehicles for identifying and addressing community health needs*." Through the results of this study, the following observations were noted:

- "Servant Leadership" style and a high degree of trust with such collaboratives
- Active engagement of community Leaders noted as a key to the success in the establishment such collaboratives
- No dedicated funding, though critically needed for sustaining operations of such collaboratives

Illustration of the St. Johns County Public Health System

St. Johns County Health Leadership Council

MAPP Phase 1 & 2

Organize for Success/Partnership Development

During Phase 1 – Organize for Success/Partnership Development of the Mobilizing for Action through Planning and Partnerships (MAPP) process, Florida Department of Health in St. Johns County (DOH-St. Johns) convened the Council to review current membership and discuss *"Who else do we need at the table for this process?"* The Council suggested new members who have shown an interest in community health improvement or expertise about what works well in the County. Invitations to join the Council were extended to those suggested to expand and enhance community participation and representation within the Council resulting in several new partners began attending Health Leadership meetings.

Visioning

During Phase 2 – Visioning of the Mobilizing for Action through Planning and Partnerships (MAPP) process, the Council reviewed shared Vision, Mission, and Value statements. To do so, Council members participated in a Visioning Session led by the DOH-St. Johns. The Council members were asked to provide their vision (5 to 10 years from current date) for St. Johns County, FL and the local public health system through a roundtable brainstorming discussion on the following:

- *What are the important characteristics of a healthy community for all who live, work, and play in St. Johns County, FL?*
- *How do you envision the local public health system in the next five or ten years?*
- *What does a healthy St. Johns County mean to you?*

Illustration of Visioning Session
Created with Jason Davies © Word Cloud Generator

The Visions were recorded and sorted using a combination of the County Health Rankings Model and the Ten Essential public health Services. The sorted visions were then synthesized into 20 broad categories—the word cloud to above illustrates the most common words used by Council members during the discussion. A sub-committee convened in January 2017 employed a multi-voting process to identify three main areas of focus for St. Johns County, FL: Access to Health; Mental Health; and Health Equity. The areas of focus were used to guide the next phases of the community Health Assessment. Following a review of the results, the Council decided to preserve its existing Vision, Mission, and Value statements.

- **MISSION:** To promote, protect, and improve the health of all people in St. Johns County, FL.
- **VISION:** St. Johns County will be among the healthiest in the nation-a vibrant, well served community enjoyed by all, supported by a diverse and highly collaborative network of partners.
- **VALUES:** Accountability, Compassion, Collaboration, Equity/Ethical, Service Driven, Sustained Excellence.

Primary Data Collection – Council Perspectives

MAPP Phase 3

Local Public Health System Assessment

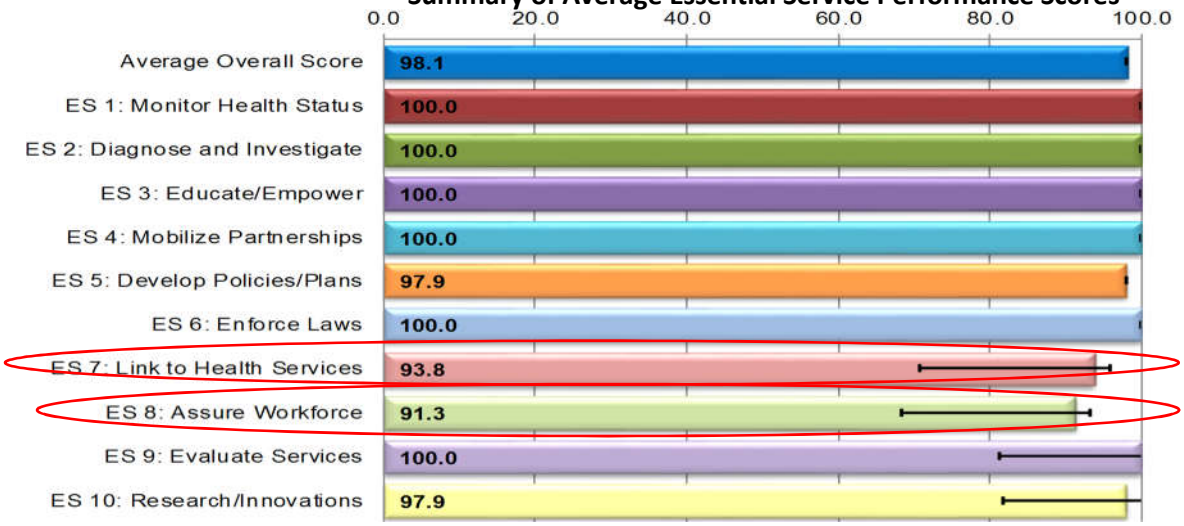
The National Public Health Performance Standards (NPHPS) *Local Public Health System Assessment*, is developed by the National Association of City and County Health Officials (NACCHO) and the Centers for Disease Control and Prevention (CDC). This assessment tool allows public health stakeholders to "identify areas for system improvement, strengthen state and local partnerships, and ensure that a strong system is in place for providing the Ten Essential Public Health Services and Core Functions (presented in the image to the right and further detailed in Appendix A)". In February of 2017, the St. Johns County Health Leadership Council met and completed this assessment to identify the components, activities, competencies, and capacities of the St. Johns County Public Health System, and to ascertain as to what level the Ten Essential Public Health Services and Core Functions are provided within St. Johns County, FL.

The Essential Public Health Services and Core Functions

Source: CDC, 2018

The NPHPS Local Public Health System Assessment for St. Johns County 2017 results are presented in the figure below. Each score is a composite value determined by those activities that contribute to each of the Essential Services. Scores range from a minimum value of 0% (no activity is performed pursuant to the standards) to a maximum of 100% (all activities associated with the standards are performed at optimal levels). St. Johns County scored greater than 90% in all the Essential Services, with an overall average of 98.1%, indicating a high-performing public health system. The following Essential Services did not score 95% or greater and were identified as areas for improvement: Assuring a Competent Public Health and Health Care workforce (ES8), and Assuring Access and Linkage to Health Care and other Related Services (ES7).

Summary of Average Essential Service Performance Scores



Forces of Change Assessment

In January of 2017, Council members participated in a Forces of Change Brainstorming Session, facilitated and led by the Florida Department of Health in St. Johns County which a focus on the following question: *"What is occurring or might occur that affects the health of our community or the local public health system?"* The Council identified trends, factors, and events that are/or will be influencing the St. Johns County population's health. A two-page matrix was populated with categorized trends, factors, and events and associated threats and/or opportunities (shown on the following pages. Resulting in the identified of the following high importance issues: Access to Health Care; Access to Mental Health Care; Aging Population; Substance Abuse; Limited Employment Opportunities; Increasing Population; Increasing Use of Technology; Loss of Public Health and Healthcare funding; and Increased Occurrence of Natural Disasters.

Primary Data Collection – Community Perspectives

MAPP Phase 3

Community Themes and Strengths

From April to August of 2017, the St. Johns County Health Leadership Council facilitated numerous focus groups, deployed a community-wide survey, and met with one-on-one with community members to best gather thoughts and concerns on the Social Determinants of Health, health behaviors, health-related services, and the overall quality of life of the St. Johns County community-at-large.

Focus Groups

The Council conducted focus groups with Community stakeholders and residents to gather their perceptions of Community strengths, needs, and health concerns. Eight focus groups were facilitated throughout St. Johns County (notated by the blue stars on the map below). The Council members and community-based organizations served as partners in recruitment of host site locations and focus group participants from various sectors and marginal groups of the population.

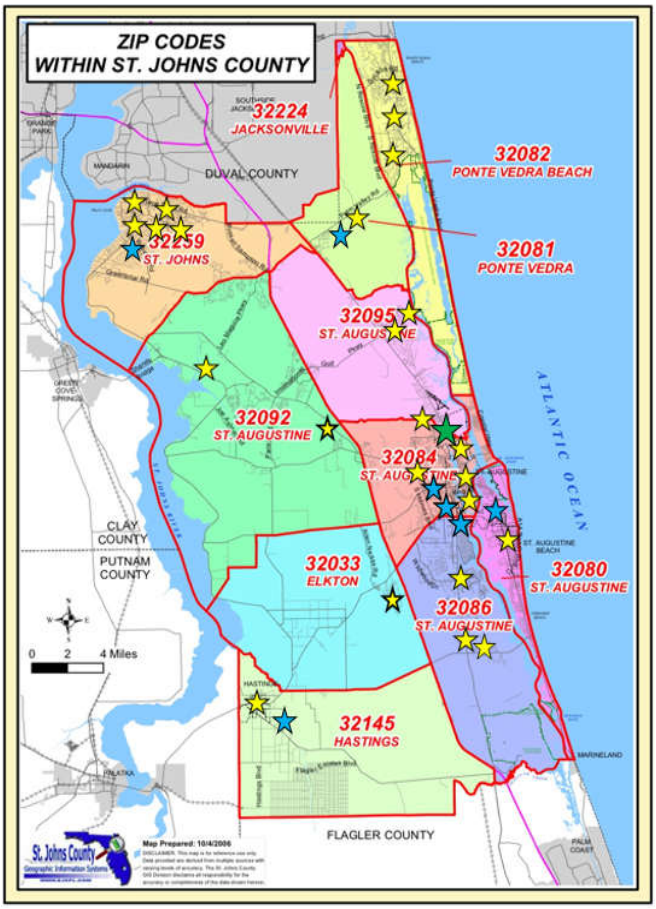
Focus groups ranged in size from 4 to 11 volunteer participants for a total of 50 participants. Each focus group lasted approximately 60 to 90 minutes, and was moderated by a trained Council member using a semi-structured guide provided by the National Association of City and County Health Officials' 2013 *MAPP User's Handbook*. A copy of the focus group questions used is found in Appendix B. Additional questions were asked during each focus group to gauge the understanding of Health Equity and the Social Determinants of Health in St. Johns County, FL. Trained notetakers recorded participant feedback in real-time to allow for synthesis of focus group findings.

Focus Group Locations & Zip Codes

1. Florida Department of Health in St. Johns County (32084)
2. Council on Aging in Hastings (32145)
3. Nocatee Coastal Oaks Clubhouse (32081)
4. Geneva Presbyterian Church (32259)
5. Wildflower Clinic (32084)
6. Flagler Hospital (32086)
7. EPIC Recovery Center (32086)
8. St. Augustine Beach (32080)

Key themes were identified (presented in the table and word cloud on the following page) and unique issues/concerns were noted for specific populations. While the focus groups provided valuable insights, results are not statistically representative of a larger population due to the non-random sampling techniques and small sample size. Responses from focus groups may be limited by participant affiliations and special interests. It is important to note that data was collected at a single point in time, so findings, while directional and descriptive, should not be determined as definitive.

Community Survey Dropbox Locations and Focus Group Host Site Locations



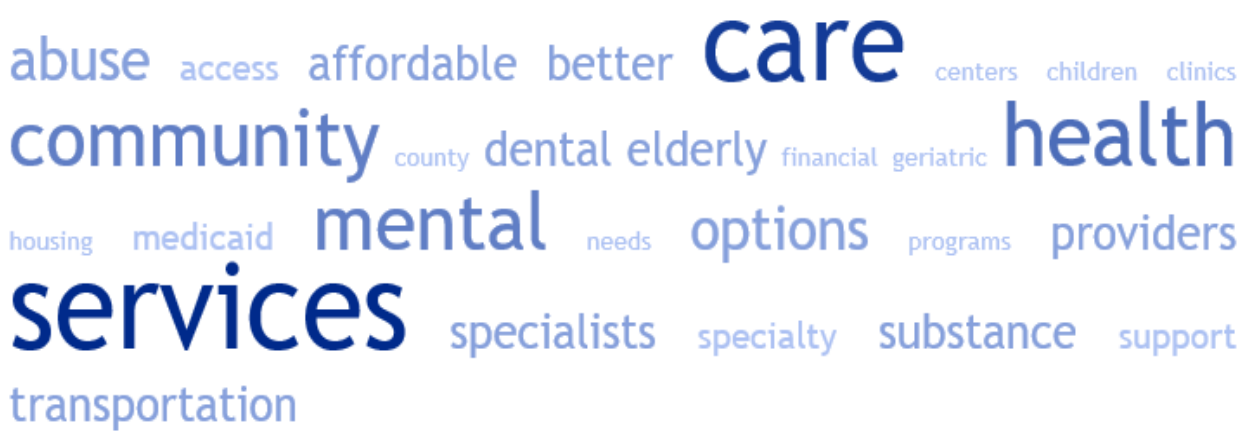
Primary Data Collection – Community Perspectives

MAPP Phase 3

Summary of Findings from 2017 Focus Groups for St. Johns County, FL

Topic	Overall Perspectives	Quotes from Participants
Quality of Life	Overall satisfied with quality of life	"This is where I want to be." "…fortunate to have a beautiful environment."
Place to Raise Children	Safe and excellent schools but unaffordable day care, and lack of afterschool programs and pediatric health care services	"I struggle to stay here so my kids can go to school here." "Day care is expensive and most can't afford it." "I work to pay rent and day care, I barely get by." "Nothing for teens to do."
Place to Grow Old	Good place if you have money but lack of transportation and affordable housing, COA and churches active in Communities	"Huge gap in nursing homes and ALFs and it's astronomically expensive." "Many resources but not tailored to the elderly."
Economic Opportunity	Lack of economic opportunity, majority of jobs service based and offer little to no career growth	"Once you have a college degree, you leave." "It's the norm to have low wages, you would have to move to Jacksonville to make a lot more." "I pay more in rent than my mortgage."
Safety	Safe yet increase in criminal activity	"Not enough sidewalks and lights when kids are trying to catch the bus." "…safe overall but you need to be street smart."
Support Networks	Rely on faith organizations, lack of mental health services	"Lots of churches!" "We watch out for each other." "The Betty Griffin House is a wonderful resource."
Health Equity	Almost all agree that place matters	
Health Care	Satisfied with system yet many seek care outside the County, access to care depends on income and coverage	"Too many people have low incomes and can't afford services, copay for insurance is way too high." "Hospital is 24/7 but everything else is during working hours."
Barriers to Care	High service cost and lack of transportation	"…have to have a car" "Must go to St. Augustine for services"

The word cloud below shows the most frequent themes for responses for the following focus group question: Are there any health services that you need that are not available to you?



Created with TagCrowd Word Cloud Generator

Primary Data Collection – Community Perspectives

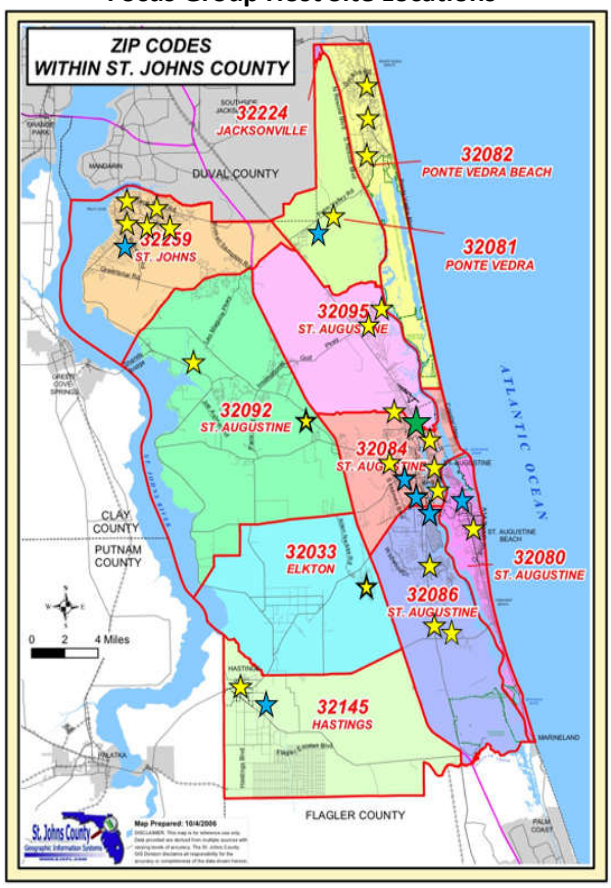
MAPP Phase 3

Community-wide Survey

A community-wide survey, included in Appendix C, was used to gather resident's thoughts and concerns about the quality of life and healthcare services in St. Johns County, FL. This survey was made widely available to residents both through web-based surveys and paper-based surveys available at 42 locations throughout St. Johns County (depicted as stars on the map presented to the right). Marketing tools to increase resident participation consisted of social media, press-releases, and community word-of-mouth with the help of the Council. Below is the logo used for the county-wide survey.

Paper surveys were collected and manually entered in the web-based database. A total of 2,721 surveys were collected (1,776 paper surveys and 945 web-based surveys). More than 1% of St. Johns County residents responded to this survey (2,614). This reflects an accuracy rate of ±2% at a 95% confidence level and more than twice the number of surveys collected in the previous cycles (1,189 responses were collected during 2014 cycle).

Community Survey Dropbox Locations and Focus Group Host Site Locations



Special Note: Self-reported data should be interpreted with caution. In some instances, respondents may over or underreport behaviors and illnesses based on social stigma, misunderstanding, or recall bias—that is, when people fail to clearly remember engaging in certain behaviors. Every effort was made to distribute and obtain completed surveys at locations at all County zip codes but the sample was not random. Some zip codes were overly represented and some were under represented. Also, due to the nature and distribution points of this survey, individuals seeking county services were overrepresented and those not currently seeking services were underrepresented.

Community-wide Survey Demographics

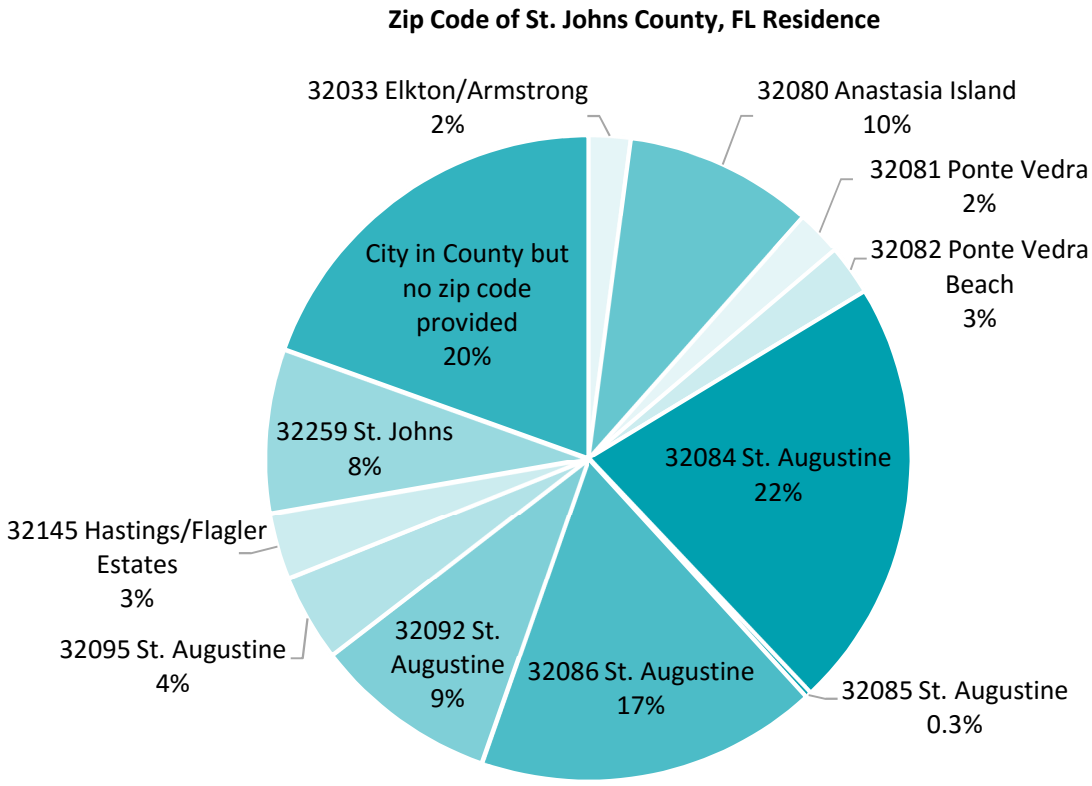
Of the 2,614 surveys gathered from County residents, survey respondents represented all the zip codes in St. Johns County, FL. The highest number of surveys were completed by residents of the 32084 and 32086 zip codes. Of those who answered the survey, most were homeowners and have lived in the County for a duration of 1 year to 5 years and from those who lived in St. Johns County for a duration of 10 years to 20 years. The highest number of respondents were among the following age groups: those from 26 years of age through to 39 years of age and those from 40 years of age to 54 years of age. By gender, 78% of survey respondents identified as female. By marital status, 54% respondents identified as married. By race, 79% respondents identified as White/Caucasian. A total of 53% of respondents had an Associate's degree or higher. The highest proportion of respondents, 49% reported being employed full-time. Respondents reported earning a wide range of household incomes, with the highest proportion (18%) of responses from the income range of $30,000 and $49,000. Survey demographics and results are presented in the tables and figures provided on the next few pages.

Primary Data Collection – Community Perspectives

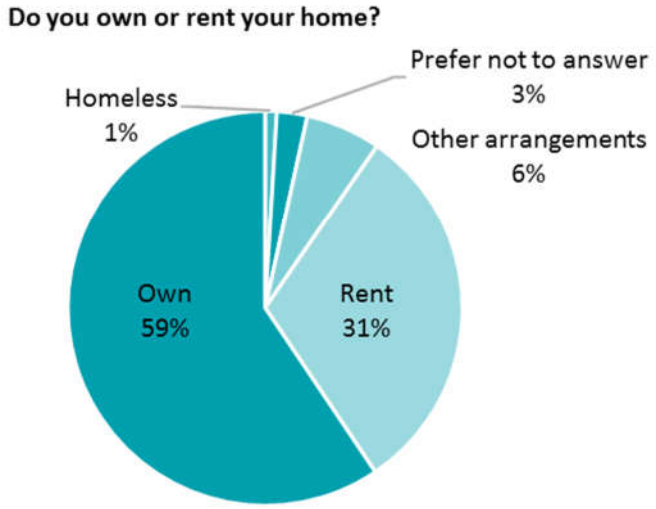
MAPP Phase 3

Survey Demographics

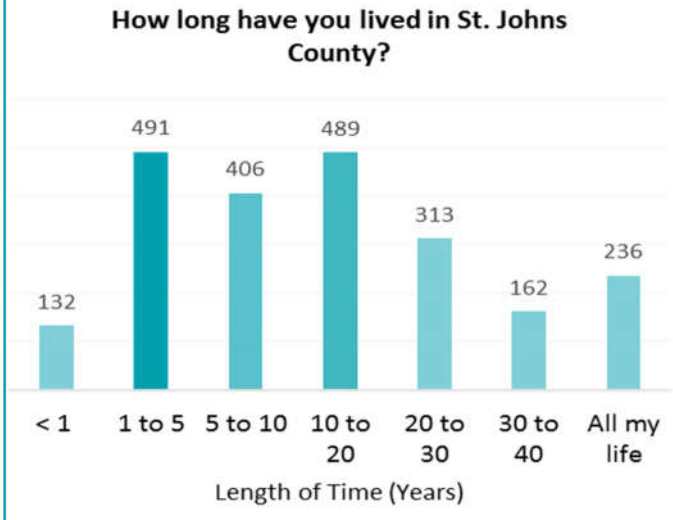
Survey respondents represented all St. Johns County, FL zip codes. The highest proportion of surveys were completed by residents of the 32084 (22%) and 32086 (17%) zip codes of the County.



The highest proportion of survey respondents were homeowners (59%).



The highest proportion of respondents reported having lived in St. Johns County, FL between 1 and 5 years, followed by 10 and 20 years.



Primary Data Collection – Community Perspectives

MAPP Phase 3

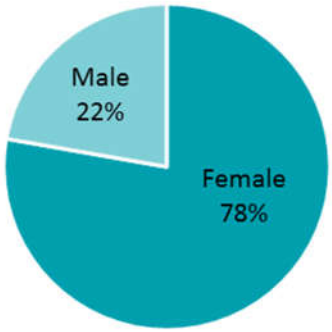
As presented below, the highest proportion of responses came from two groups, those identifying as among 26 years of age to 39 years of age (29%) followed those identifying as among 40 years of age to 54 years of age (27%).

Age.

Years	Number of Responses	Percentage
< 18	33	1%
18 to 25	247	11%
26 to 39	644	29%
40 to 54	589	27%
55 to 64	358	16%
65 to 74	231	10%
75 +	108	5%
Total (n=2210)	**2210**	**100%**
No response	404	

As presented below, the highest proportion of respondents identified as female (78%).

Gender.



As presented below, the highest proportion of respondents identified as married (54%)

Marital Status.

Status	Number of Responses	Percentage
Single[1]	559	25%
Married/Domestic Partnership	1193	54%
Separated	53	2%
Divorced	294	13%
Widowed	97	4%
Total (n=2196)	**2196**	**100%**
No response	418	

[1]Never married.

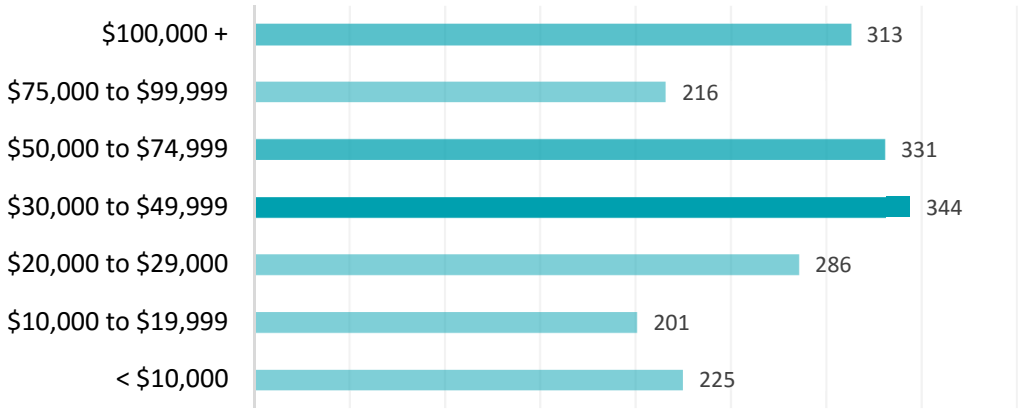
As presented below, the highest proportion of respondents identified as White/Caucasian (79%).

Race/Ethnicity: Which group do you most identify with? (Check one selection)

Response	Number of Responses	Percentage
Native American	25	1%
Asian/Pacific Islander	40	2%
Other	50	2%
Hispanic	110	5%
Black/African American	237	11%
White/Caucasian	1746	79%
Total (n=2208)	**2208**	**100%**
No response	408	

Respondents reported earning a wide range of household incomes as presented in the graph below.

Household Income.
(Check one selection)



As presented below, 32% of respondents reported having an Associate's/Bachelor's degree and 21% of respondents reported having a graduate/advanced degree.

Education: Please check the highest level completed.
(Check one selection)

Response	Number of Responses	Percentage
Elementary/Middle School	36	2%
High School Diploma or GED	411	19%
Trade/Technical/Vocational Training	147	7%
Some College	434	20%
Associate's/Bachelor's Degree	691	32%
Graduate/Advanced Degree	460	21%
Total (n=2179)	**2179**	**100%**
No response	435	

As presented below, 49% of respondents reported having full-time employment.

Employment Status.

Response	Number of Responses	Percentage
Other	40	2%
Student	54	2%
Self-Employed	76	3%
Homemaker	133	6%
Unemployed	206	9%
Employed Part-Time	266	12%
Retired	341	16%
Employed Full-Time	1085	49%
Total (n=2195)	**2195**	**100%**
No response	419	

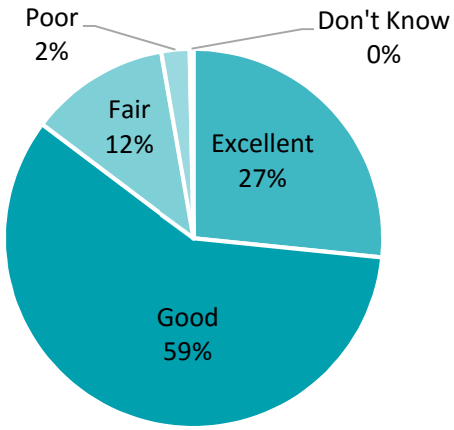
Primary Data Collection – Community Perspectives

MAPP Phase 3

Survey Results

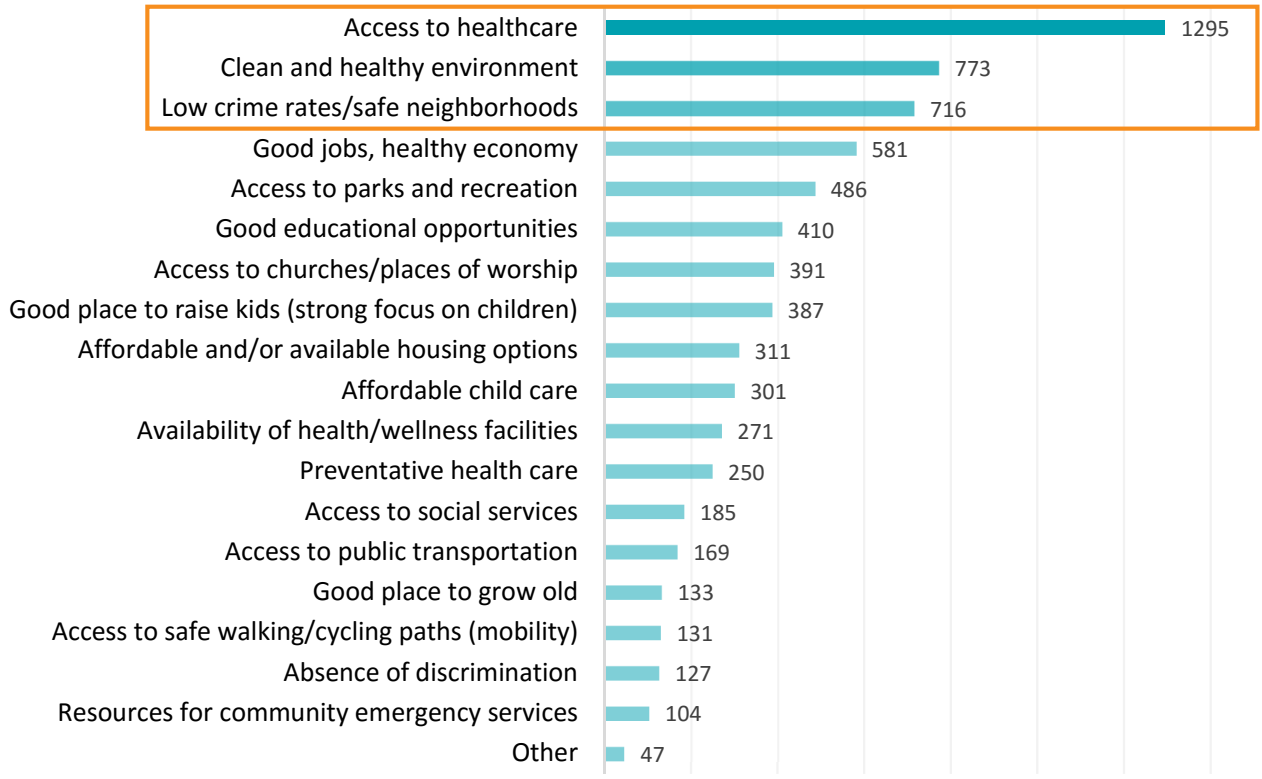
For the 2017 Community-wide Survey for St. Johns County, FL, results indicate that 85% of survey respondents rate their overall health as being "excellent" or "good."

1) How do you rate your overall health?



The most important features of a healthy community, as identified by survey respondents, include the following: 1) access to healthcare, 2) clean and healthy environment, and 3) low crime rates/ safe neighborhoods.

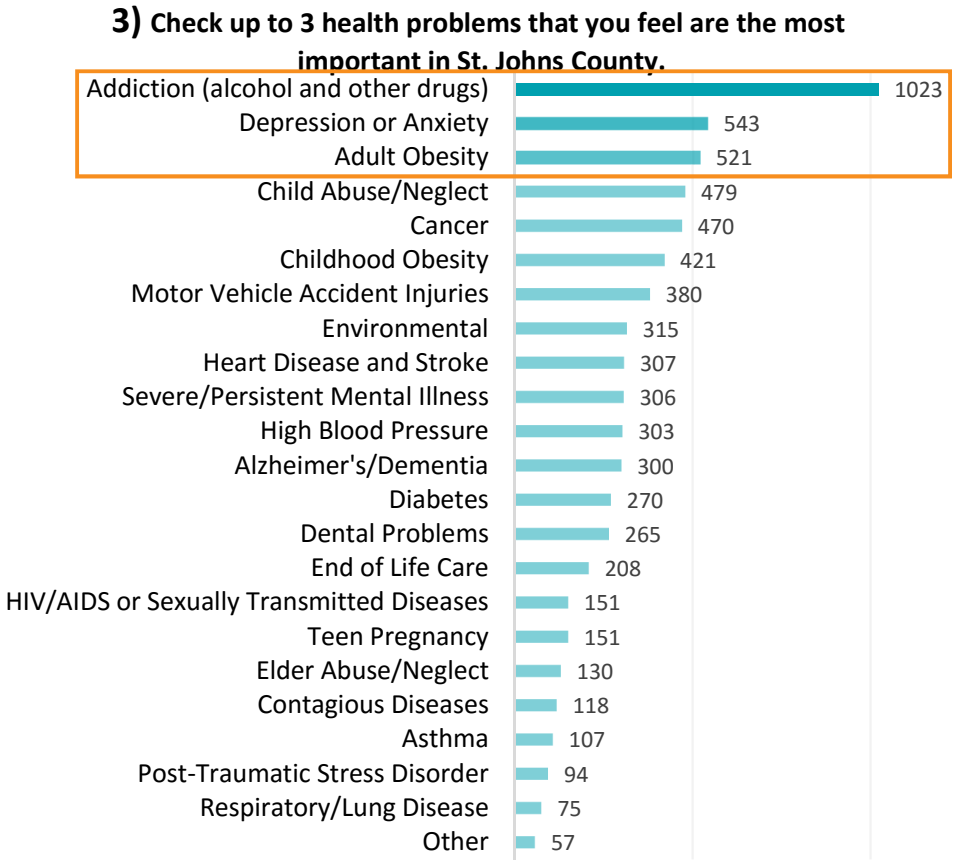
2) Check up to 3 selections you feel are the most important features of a healthy community



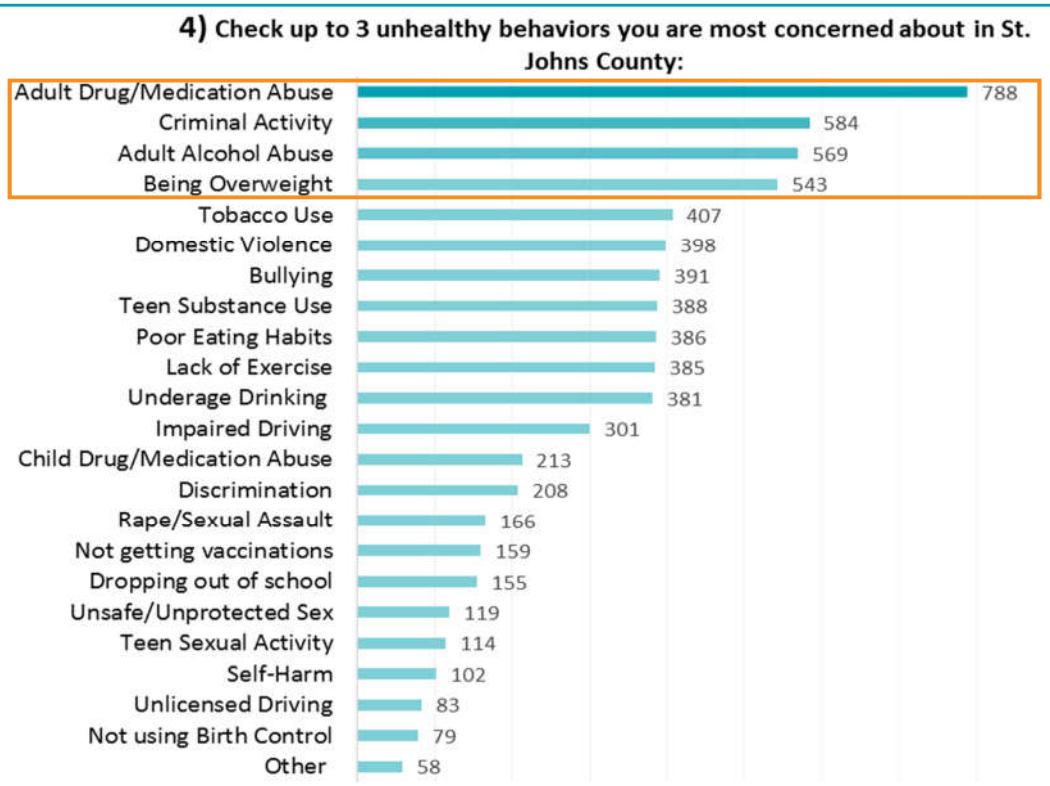
Primary Data Collection – Community Perspectives

MAPP Phase 3

The largest proportion of responses for the top three health problems in St. Johns County are those related to the following: 1) addiction to alcohol and other drugs; 2) depression or anxiety, and 3) adult obesity.



Survey results indicate that residents are most concerned about adult drug/medication abuse, criminal activity, adult alcohol abuse, and being overweight as unhealthy behaviors in St. Johns County, FL

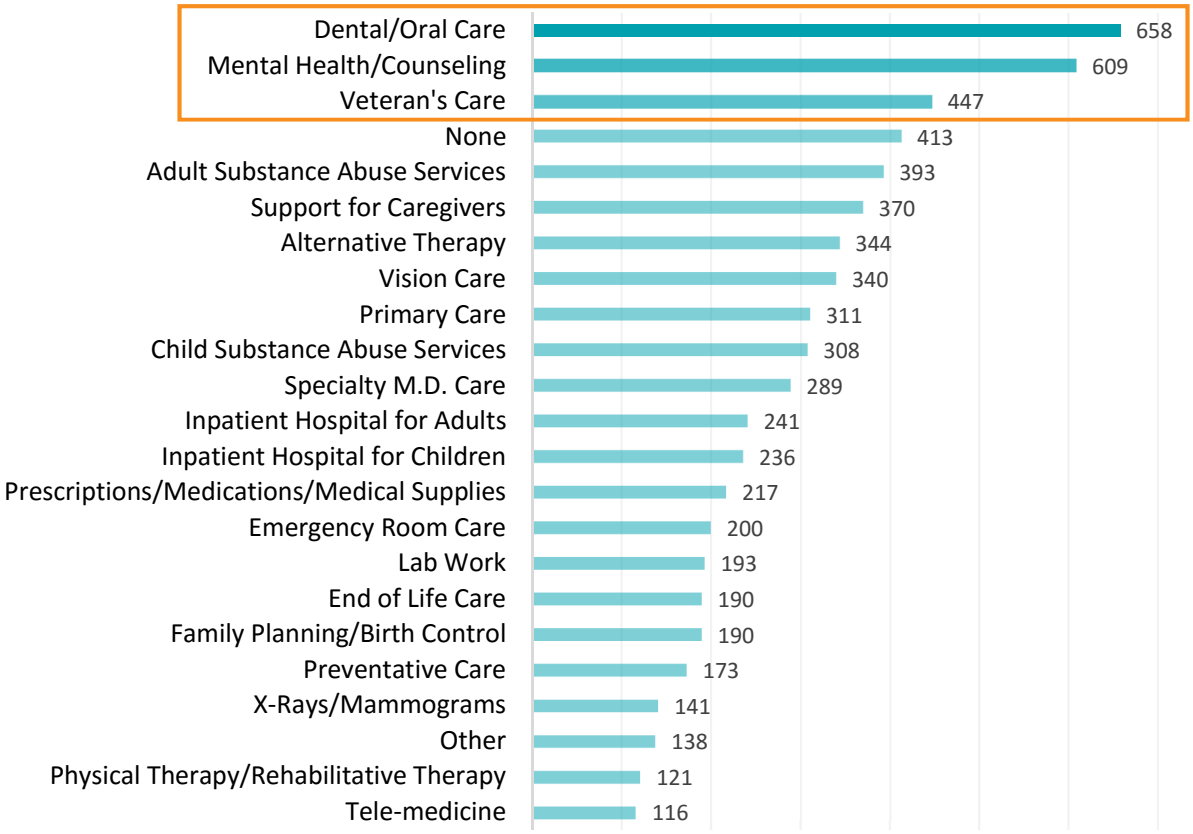


Primary Data Collection – Community Perspectives

MAPP Phase 3

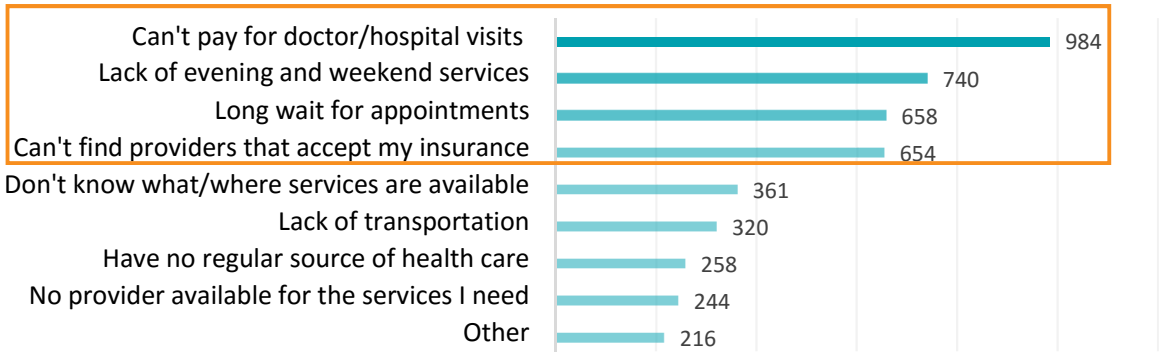
Respondents indicate that dental/oral care, mental health/counseling, and veteran's care are the services most difficult to obtain in St. Johns County, FL.

5) What health care services are difficult to obtain in your community? (Check all that apply)



The survey results reveal that the top barriers to getting health care for St. Johns County, FL residents include: 1) inability to pay, 2) lack of convenient business hours, 3) long wait times for appointments, and 4) inability to find providers in network.

6) What do you feel are barriers for you in getting health care? (Check all that apply)



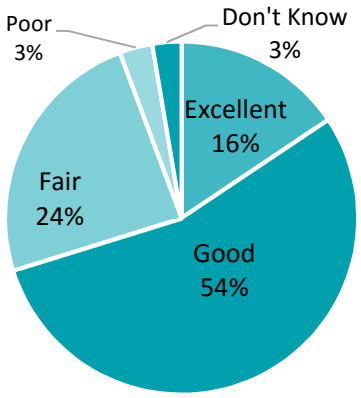
Primary Data Collection – Community Perspectives

MAPP Phase 3

70% of survey respondents rate the quality of health services in St. Johns County, FL as “excellent” or “good.” 27% of survey respondents rate the quality of health services as “fair” or “poor” with the most common suggestions for improvement summarized as follows:

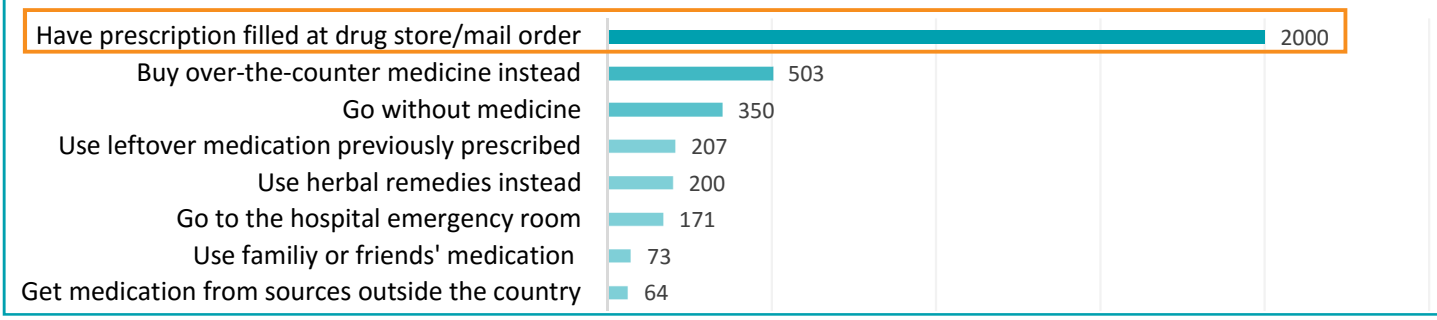
1. Increase the options (services, providers) that accept coverage by more insurances
2. Provide more services/providers for uninsured, underinsured, and low income
3. Make available more affordable services
4. Improve the quality of care (cultural competence)

7) How do you rate the quality of health services in St. Johns County, FL?



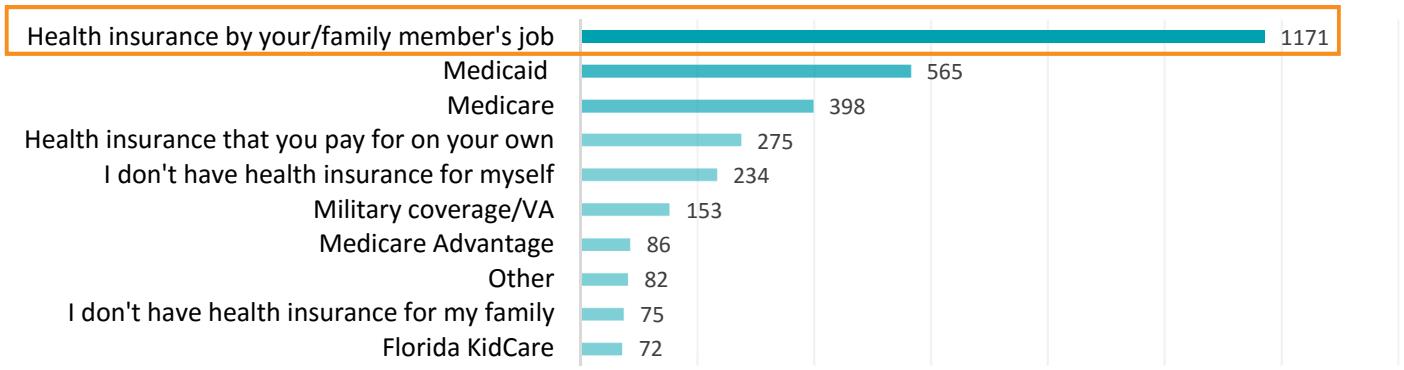
When needing to use medication for an illness, the highest proportion of respondent’s report having their prescriptions fulfilled a drug store or having prescriptions delivered.

8) When you need to use prescription medications for an illness, do you: (Check all that apply)



The highest proportion of survey respondents report health care coverage through their or their family’s employer.

9) How is your health care and your family's care covered? (Check all that apply)

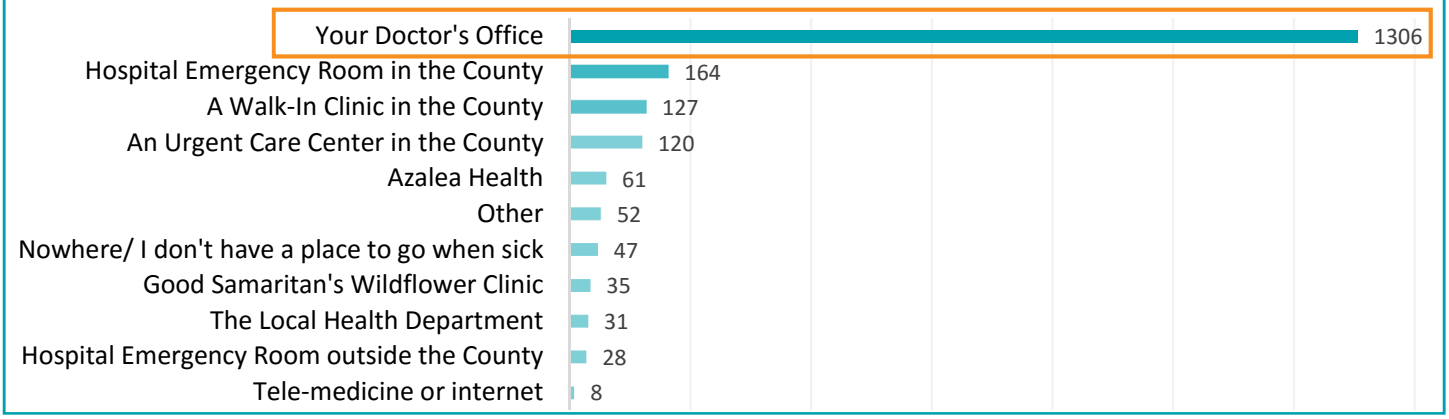


Primary Data Collection – Community Perspectives

MAPP Phase 3

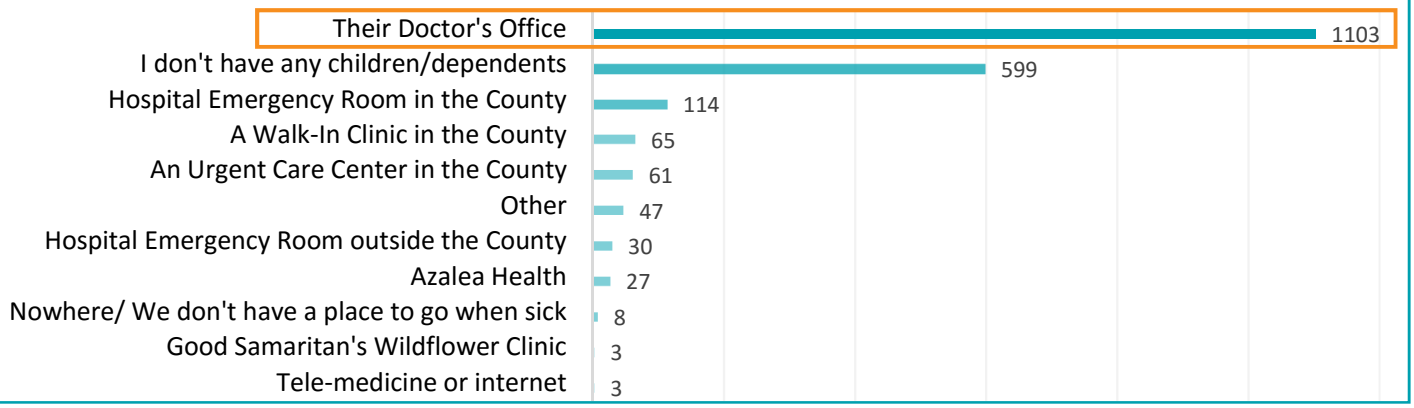
When sick, the highest proportion of survey respondents report seeking care at their doctor's office.

10) Where would you go if you are sick or need a Medical Professional's advice? (Check one selection)



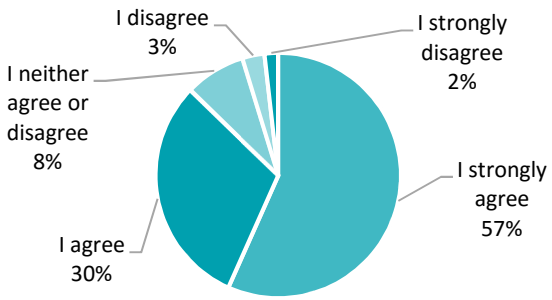
When children/dependents are sick, the highest proportion of survey respondents report seeking care at their respective doctor's office.

11) Where would you go if your children/dependents are sick or need a Medical Professional's advice? (Check one selection)



The majority of survey respondents (87%) "strongly agree" or "agree" that where they live, learn, work, and play affects their overall health!

12) Do you believe that where you live, learn, work, and play affects your overall health?



Secondary Data Collection

MAPP Phase 3

Community Health Status Assessment

This Community Health Status Assessment includes secondary data collected in February of 2017 through January of 2018 through the synthesis of existing data from National, State, and Local sources. Morbidity and mortality rates were included in this review. Morbidity rates denote the prevalence of a condition or disease that impacts the health of a specific population. Mortality rates denote the frequency of death caused by a specific condition in a population. These rates were used to examine the current health status of St. Johns County, FL in comparison to the health status of the State, nation, and respective peer counties. Rates for Regional and select-Peer Counties were gathered from the Florida Health Community Health Assessment Resource Tool Set (FLHealthCHARTS). St. Johns County's select peers include Collier, Lake, and Manatee Counties. The Regional Peers include Clay, Flagler, and Nassau Counties.

Data sources for this assessment include the following: Florida Department of Health's FLHealthCHARTS; Flagler Hospital; the U.S. Census Bureau; the Centers for Disease Control and Prevention (CDC); the Robert Wood Johnson Foundation; the County Health Rankings and Roadmaps; Healthy People 2020; and the Behavioral Risk Factor Surveillance System (BRFSS).

The BRFSS is used to estimate the prevalence of health behaviors that contribute to illness and death among adults throughout the country. The Florida Department of Health uses this survey to gather information regarding health risk behaviors, selected medical conditions, and the prevalence of preventive health care practices among adults 18 years of age and older who reside in a Florida household. Since 1986, the BRFSS has been conducted annually at the state level in Florida with county level reports at different frequencies. The county-level survey was developed in collaboration with State and Local representatives and better designed to meet the needs of county health department programs. Almost 37,000 interviews were completed statewide during the 2016 calendar year, with a target sample size of 500 completed surveys in each county. In 2016, 563 St. Johns County, Florida adults responded to the 2016 BRFSS survey.

Please note: At the time of this report, the 2018 BRFSS is currently being conducted. If you receive a phone call from **1 239-896-1211** on behalf of the Florida Department of Health and the CDC asking you to answer some questions about your health and health practices, it is a legitimate phone call. If you have any questions or concerns about the Florida BRFSS please call **1 866-779-6122**. For more information on the BRFSS State and County data reports, please visit the Florida Department of Health's website: http://www.floridahealth.gov

Secondary Data Collection

MAPP Phase 3

Analysis

Secondary data were compiled and charted for analysis. St. Johns County, FL mortality and morbidity measures were accessed via the Florida Health Community Health Assessment Resource Tool Set (FLHealthCHARTS) and calculated using multiple years of data to normalize the findings for each health indicator (e.g. 3-year rolling rates). As noted by Florida Department of Health via FLHealthCHARTS, please consider the following when reviewing and referring to this data:

- *"When rates are per 100,000 population they are calculated using population estimates provided by the Florida Legislature, Office of Economic and Demographic Research."*
- *"All age-adjusted rates utilize the Year 2000 Standard Population Proportion."*
- *"Multi-year counts are a sum of the selected years, not an average."*
- *"Use caution when interpreting rates and ratios based on small numbers of events. Rates and ratios are considered unstable if they are based on fewer than 5 cases or if the denominator (population at risk) is fewer than 20."*

Key health indicators were selected based on availability of data and importance of this data to the overall health status of St. Johns County, FL. The target value for health indicators is the national target, also described as top 10% performing counties in the United States. Other data collected for each indicator were Healthy People 2020 goals, County Health Rankings, State, Peer County Averages, Regional Peer County Averages, and data related to key Social Determinants of Health. The gaps and disparities identified in St. Johns County, FL were used to establish county priorities, as presented in the *2018 - 2020 Community Health Improvement Plan*. Healthy People 2020 goals and associated information are referenced in this Report, where applicable. Healthy People 2020 provides a science-based approach to 10-year national objectives for improving the health of all Americans. The strategic plan for national health improvement, known as Healthy People 2020, has established goals to:

1. Encourage collaborations across sectors;
2. Guide individuals toward making informed health decisions; and
3. Measure the impact of prevention activities

For more information, please visit the U.S. Department of Health and Human Service's website: www.HealthyPeople.gov. Reference is also made to the Centers for Disease Control and Prevention's (CDC) Winnable Battles as these are public health priorities that have large-scale impact on health of the Community. Information is available via CDC's website: www.cdc.gov/WinnableBattles. The gaps and disparities identified for St. Johns County, FL were used to establish County priorities presented in this *2018 – 2020 Community Health Improvement Plan*.

Limitations

Secondary data research methods have several limitations. While rates were provided for the various health indicators, the statistical significance of these rates were not calculated. Many of the rates provided are based on relatively small numbers or numbers that were considered unstable because they were based on fewer than 5 events. Therefore, the statistical significance could not be calculated. As explained by the CDC *"…health problems occur for a variety of reasons, including chance…statistical significance refers to a finding in a research study that was larger or smaller than what would be expected by chance"* (Source: www.cdc.gov/des/consumers/research/undersanding_scientific.html). In multiple instances, current national level data was not available for comparison. It should be noted, that when available the national level data comes from a larger sample size and therefore, trends are likely to be more meaningful. It should be noted that several sources did not provide current data stratified by race, ethnicity, sex, or age. For the Behavioral Risk Factor Surveillance System (BRFSS) data, due to a change in weighting methodology and the inclusion of cellular telephone responses starting in 2011, data from 2016 may not be comparable to data collected before 2011.

Leading Causes of Death

The most recent available source of data regarding the leading causes of death for the United States at the time of this report is published in 2015 Centers of Disease Control and Prevention (CDC) National Vital Statistics Report Deaths Preliminary Data Report (www.cdc.gov/nchs). As presented in this report, the preliminary leading causes of death in the United States for 2015 included: 1) heart disease, 2) cancer, 3) chronic lower respiratory diseases, 4) accidents (unintentional injuries), 5) stroke, 6) Alzheimer's disease, 7) diabetes, 8) influenza and pneumonia, 9) nephritis, nephrotic syndrome and nephrosis, and 10) intentional self- harm (suicide). Cancer and heart disease contribute to the most deaths for both St. Johns County and Florida. Where highlighted red, the St. Johns County percentage is unfavorably higher than the State proportion. Where highlighted green, the County percentage is favorably lower than the State proportion.

Overall Percentage of Total Deaths for 2016

Cause of Death	Overall Percentage of Total Deaths St. Johns County, FL	Overall Percentage of Total Deaths Florida
Cancer	**24.1%**	22.4%
Heart Disease	**20.2%**	23.1%
Chronic Lower Respiratory Disease	**5.3%**	6.1%
Unintentional Injuries	**6.1%**	6.3%
Stroke	**5.4%**	6.0%
Diabetes Mellitus	**2.5%**	2.9%
Suicide	**2.2%**	1.6%
Septicemia	**1.5%**	1.2%
Alzheimer's Disease	**1.6%**	3.6%
Kidney Disease	**1.6%**	1.6%
Chronic Liver Disease and Cirrhosis	**1.9%**	1.6%
Pneumonia/Influenza	**1.7%**	1.4%
Homicide	**1.9%**	1.2%
HIV/AIDS	**0.4%**	0.7%

Source: Florida Department of Health, Florida Health Community Health Assessment Resource Tool Set via http://www.flhealthcharts.com

When segmented by age, external causes contributed to most deaths among those people from 15 years of age to 44 years of age in St. Johns County, FL. Followed by cancer among those 45 to 84 years of age and cardiovascular diseases those 85 and older years of age.

Top Three Causes of Death by Age in St. Johns County, FL in 2016

Age in Years	1st	2nd	3rd
<1	**Perinatal period conditions**	Respiratory/Congenital	N/A
1 to 9	**External causes**	N/A	N/A
10 to 14	**Other causes**	Cancer	N/A
15 to 19	**External causes**	Cancer/Other/ Congenital abnormalities	N/A
20 to 24	**External causes**	Abnormal findings	N/A
25 to 34	**External causes**	Cardiovascular	Infectious/Respiratory/Digestive
35 to 44	**External causes**	Cardiovascular	Cancer
45 to 54	**Cancer**	Cardiovascular	External Causes
55 to 64	**Cancer**	Cardiovascular	External causes
65 to 74	**Cancer**	Cardiovascular	Respiratory
75 to 84	**Cancer**	Cardiovascular	Other causes
85+	**Cardiovascular**	Other causes	Cancer

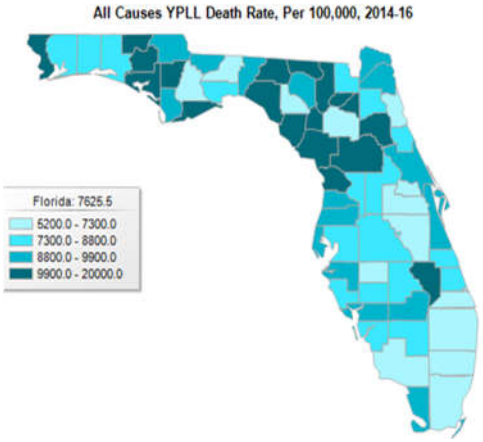
External causes include events that were caused by one of the following; motor vehicle accidents, falls, accidental poisoning and exposure to noxious substances, intentional self-harm (suicide), assault (homicide), complications of medical and surgical care, an event of undetermined intent, or legal intervention. Other causes (Residual) includes events that were caused by one of the following pre-existing issues; coagulation defects, purpura and other hemorrhagic conditions, other diseases of blood and blood-forming organs, certain disorders involving the immune mechanisms.

MAPP Phase 3

Years of Potential Life Lost

Indicator: Years of Potential Life Lost (YPLL) before age 75 per 100,000 population.

Why is this important?



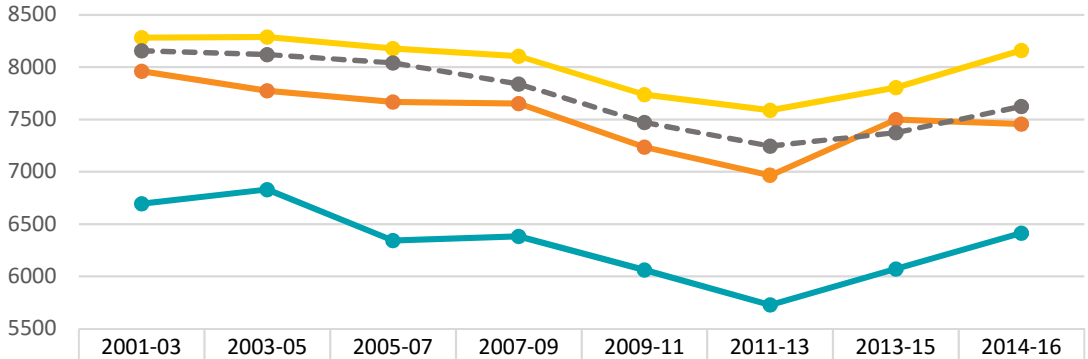
Years of Potential Life Lost (YPLL) is a measure of premature mortality defined as "the number of years of life lost among persons who die before a given age" meaning that deaths among younger persons contribute more to the YPLL measure than deaths among older persons. The Florida Department of Health sets the age limit at 75 years of age, so individuals who die before 75 years of age lost potential years of life. The Department uses the following formula to calculate the YPLL rate: (1) Calculate (75 – age at death) for all deaths that occurred (all causes or specific cause) in a certain county and then (2) add the results of this calculation and calculate a rate per 100,000 population.

In 2015, cancer accounted for the largest YPLL rate for both sexes, followed by unintentional injury (mainly poisoning and motor vehicle traffic injuries) and heart disease. Premature deaths are often preventable, so public health professionals examine YPLL rates to identify and prioritize public health issues of concern and allocate resources towards strategies that aim to extend length of life. Nationally, the YPLL rate has declined over the past decades. Visit https://uwphi.pophealth.wisc.edu to learn more.

Years of Potential Life Lost before Age 75

3- Year Rolling Rate per 100,000 Population

*Premature deaths (deaths before age 75) are **unfavorably** increasing in St. Johns County, FL and Florida.*



	2001-03	2003-05	2005-07	2007-09	2009-11	2011-13	2013-15	2014-16
St. Johns County	6695.7	6830.3	6343.9	6381.8	6061.3	5727.0	6069.9	6413.6
Peer County Average	7961.5	7774.5	7666.2	7653.4	7235.1	6964.3	7499.7	7456.8
Regional Peer County Average	8282.3	8288.7	8178.2	8104.0	7738.3	7588.3	7806.0	8159.5
Florida	8157.3	8119.7	8042.2	7839.9	7471.4	7246.0	7374.5	7625.5

Note: Peer counties include Collier, Lake, and Manatee counties. Regional peer counties include Clay, Flagler, and Nassau counties.
Source: Florida Health Community Health Assessment Resource Tool Set (FLHealthCHARTS) http://www.flhealthcharts.com

The YPLL rate in St. Johns County, FL has been increasing since 2011-13. However, YPLL rates for St. Johns County, FL remain favorably lower as compared to Florida, Peer County Average, and Regional Peer Average rates.

County Health Rankings & Roadmaps
Building a Culture of Health, County by County

In the 2017 County Health Rankings Report, St. Johns County, FL ranked number 3 out of 67 Florida counties for the premature death health outcome indicator.

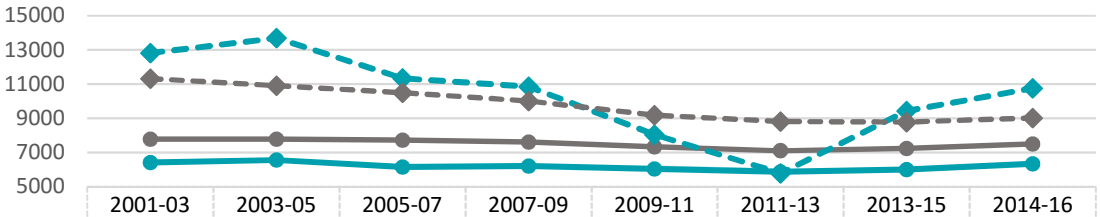
Health Outcomes

MAPP Phase 3

*The gap in premature deaths among the St. Johns County, FL Black and White populations is almost 3 times larger than the State gap and it is **unfavorably** increasing.*

Years of Potential Life Lost before Age 75 by Race

3-Year Rolling Rate per 100,000 Population



	2001-03	2003-05	2005-07	2007-09	2009-11	2011-13	2013-15	2014-16
White - St. Johns County	6413.8	6558.0	6156.6	6217.7	6049.6	5870.8	6010.3	6339.6
White - Florida	7788.8	7786.0	7722.2	7609.4	7327.2	7098.4	7241.2	7511.6
Black - St. Johns County	12816.7	13691.9	11339.9	10858.8	8039.0	5782.2	9427.0	10759.1
Black - Florida	11323.1	10916.7	10503.8	10009.3	9196.2	8809.8	8780.7	9013.9

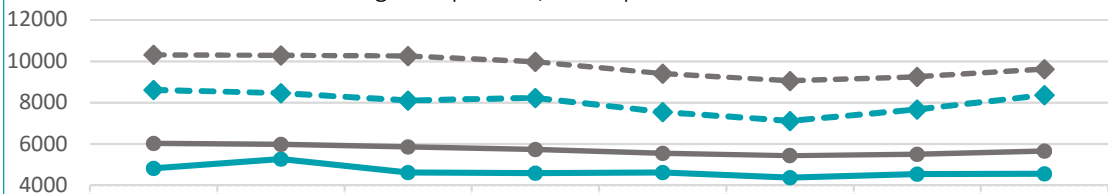
Source: Florida Health Community Health Assessment Resource Tool Set (FLHealthCHARTS) http://www.flhealthcharts.com

As presented above, the gap among St. Johns County's Black and White population YPLL rates is almost three times larger than the gap among Florida's Black and White population YPLL rates. The YPLL rates for St. Johns County's Black population have surpassed the Florida rates since 2011-13. Rates for both Black and White populations have increased since 2011-13.

*Males experience premature death at higher rates than Females in St. Johns County and Florida overall. The rate of Males and Females dying before 75 years of age is **unfavorably** increasing.*

Years of Potential Life Lost before Age 75 by Sex

3-Year Rolling Rate per 100,000 Population



	2001-03	2003-05	2005-07	2007-09	2009-11	2011-13	2013-15	2014-16
Female - St. Johns County	4826.2	5275.2	4631.0	4594.0	4624.2	4381.3	4547.7	4568.4
Female - Florida	6035.0	5985.1	5862.4	5736.6	5561.1	5442.8	5509.9	5659.6
Male - St. Johns County	8622.1	8464.2	8109.1	8229.6	7554.6	7122.5	7680.5	8366.7
Male - Florida	10312.1	10287.4	10253.5	9974.2	9406.1	9058.2	9260.1	9622.3

Source: Florida Health Community Health Assessment Resource Tool Set (FLHealthCHARTS) http://www.flhealthcharts.com

While St. Johns County, FL YPLL rolling rates have remained lower than State rates for the past 16 years, rates for both females and males have been on the rise locally and statewide since 2011-13. Most recent YPLL rates for males are almost two times greater than YPLL rates for females at the County and State level.

Years of Potential Life Lost before Age 75 Leading Causes of Death

Single-Year Rate per 100,000 Population in St. Johns County, FL

Causes of Death	2014	2015	2016
All Causes	6,277.4	6,374.7	6,635.3
Unintentional Injury	1,026.2	1,024.8	**1,415.6**
Cancer	1,440.6	1,754.4	1,405.9
Heart Disease	801.0	835.4	830.4
Suicide	461.8	569.1	419.1
Chronic Liver Disease and Cirrhosis	319.6	228.7	255.0

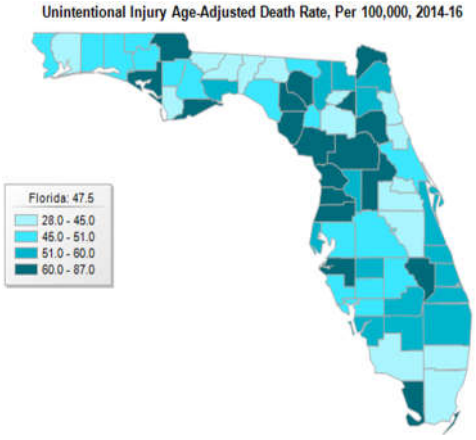
More of the population, regardless of race and gender, are dying before the age of 75 years of age in St. Johns County, FL than in recent years. Presented to the left are the five YPLL leading causes of death for St. Johns County, FL in 2014, 2015, and 2016. Unlike previous years, in 2016, more YPLLs were lost to unintentional injuries (drug overdoses, alcohol poisoning) than to cancer.

MAPP Phase 3

Unintentional Injury

Indicator: Age-adjusted death rate per 100,000 population due to unintentional injuries

Why is this important?

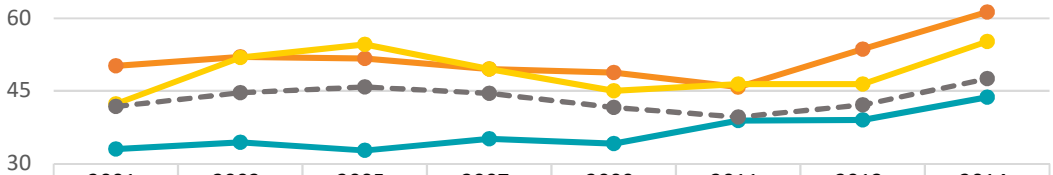


Unintentional injuries are most commonly caused by drug poisoning, falls, motor vehicle traffic crashes, and drowning. Unintentional injury is the third leading cause of death in St. Johns County, FL, and the United States. In 2016, 118 St. Johns County residents lost their lives due to unintentional injuries, falling short to only heart disease and cancer. Unlike previous years, in 2016, more County residents died before age 75 due to unintentional injuries than to cancer. Nationally, unintentional injury is the number one cause of death for the population 1 to 44 years of age, regardless of sex, race or ethnicity, or socioeconomic status. In the United States, poisoning (e.g. drug poisoning, alcohol poisoning), motor-vehicle traffic crashes, and falls respectively account for most deaths for people of all ages. Most recent unintentional injury death rates are more than two times higher for men than for women that reside in St. Johns County and Florida. More information on unintentional injuries can be accessed via: www.cdc.gov/injury

*The unintentional injury death rate has been **unfavorably** increasing since 2009-11 in St. Johns County, FL; however, recent County rates remain lower than Florida rates.*

Age-Adjusted Unintentional Injury Death Rate

3-Year Rolling Rate per 100,000 Population



	2001-03	2003-05	2005-07	2007-09	2009-11	2011-13	2013-15	2014-16
St. Johns County	33.0	34.4	32.7	35.1	34.1	38.9	39.0	43.7
Peer County Average	50.2	52.0	51.7	49.5	48.8	45.8	53.6	61.3
Regional Peer County Average	42.3	51.9	54.6	49.5	45.0	46.4	46.4	55.2
Florida	41.8	44.6	45.8	44.5	41.6	39.6	42.1	47.5

Note: Select peer counties include Collier, Lake, and Manatee counties. Regional peer counties include Clay, Flagler, and Nassau counties Source: Florida Health Community Health Assessment Resource Tool Set (FLHealthCHARTS) http://www.flhealthcharts.com

St. Johns County's unintentional injury death rate has been unfavorably increasing since 2009-11; however, recent rates remain lower than Florida rates, select Peer County Average rates, and Regional Peer County Average rates.

The Healthy People 2020 national health target is to reduce the deaths caused by unintentional injuries to 36.4 deaths per 100,000 population. St. Johns County's current rate of 43.7 deaths per 100,000 population does not meet the national health target.

Looking for Conversation Starters, Best Practices, or Tools for Collaborative Initiatives?

Information and supportive resources for unintentional injury are available through the following organizations:

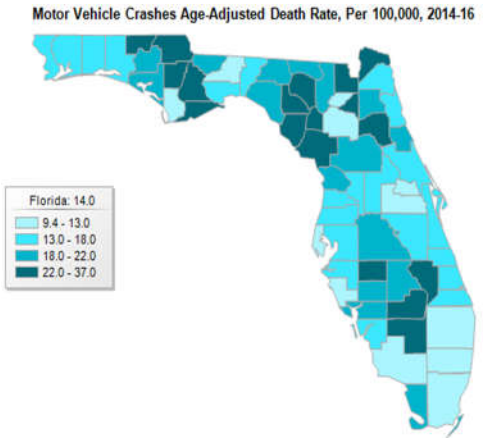
- Florida Health's Injury Prevention Program: http://www.floridahealth.gov/Programs-and-Services/Prevention/injury-prevention/index.html
- U.S. Department of Health & Human Services "Live well. Learn how." www.HealthFinder.gov
- CDC's "The Guide to Community Preventive Services" www.TheCommunityGuide.org

MAPP Phase 3

Motor Vehicle Crashes

Indicator: Age-adjusted death rate per 100,000 population due to motor vehicle crashes.

Why is this important?

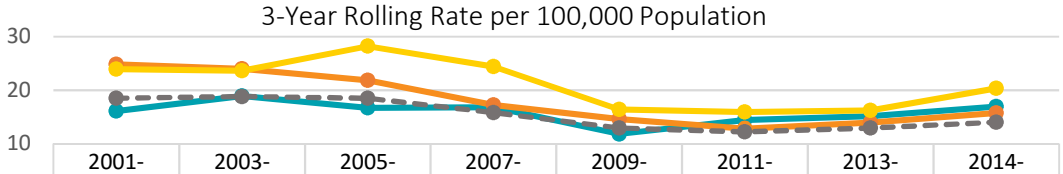


While the overall motor vehicle crash death rate has fallen since 2005 in the United States, the number of deaths has recently increased. Nationally, motor vehicle traffic injury ranks second as a leading cause of unintentional injury deaths—causing about 38,748 deaths in 2016, according to the Centers for Disease Control and Prevention (CDC). The CDC reports that 2.3 million drivers and passengers are treated in emergency departments every year for injuries from motor vehicle crashes, costing the nation more than *"$44 billion in medical expenses and work loss costs in a single year."* According to the Florida Department of Health, motor vehicle crashes are the leading cause of teen deaths in Florida. As noted by the CDC, motor vehicle crashes can be prevented. Among teens, driver inexperience was the main cause of fatal motor vehicle crashes. The CDC recommends that parents provide at least 30 to 50 hours of supervised driving practice over at least six months. To learn more about preventing motor vehicle crashes visit CDC's website: www.cdc.gov/motorvehiclesafety.

*The St. Johns County motor vehicle crash death rate has **unfavorably** increased by nearly 50% since 2009-11*

Age-Adjusted Motor Vehicle Crash Death Rate

3-Year Rolling Rate per 100,000 Population



	2001-03	2003-05	2005-07	2007-09	2009-11	2011-13	2013-15	2014-16
St. Johns County	16.1	18.9	16.7	16.8	11.8	14.4	15.1	16.9
Peer County Average	24.8	24.0	21.8	17.2	14.6	12.8	13.9	15.7
Regional Peer County Average	23.9	23.6	28.2	24.4	16.4	15.9	16.2	20.3
Florida	18.5	18.8	18.5	15.8	12.9	12.2	12.9	14.0

Note: Peer counties include Collier, Lake, and Manatee counties. Regional peer counties include Clay, Flagler, and Nassau counties.
Source: Florida Health Community Health Assessment Resource Tool Set (FLHealthCHARTS) http://www.flhealthcharts.com

The St. Johns County, FL motor vehicle crash death rate has unfavorably increased by nearly 50% since 2009-11. The most recent rate for St. Johns County is lower than the Regional Peer County average rate and but higher than the Peer County average rate and the Florida rate.

Healthy People 2020 has established a national health objective to reduce the motor vehicle collision death rate to 12.4 deaths per 100,000 population. At a recent rate of 16.9 deaths per 100,000 population, St. Johns County, FL has yet to meet the national health target.

Looking for Conversation Starters, Best Practices, or Tools for Collaborative Initiatives?

Information and supportive resources for motor vehicle safety are available through the following organizations:

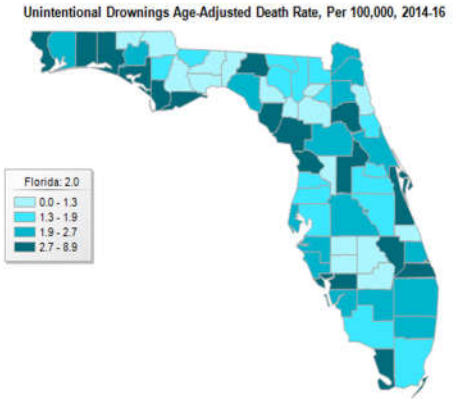
- Florida Highway Patrol http://www.flhsmv.gov/florida-highway-patrol/about-fhp/
- Kids & Cars "Love Them. Protect Them." www.KidsAndCars.org
- National Highway Safety Patrol www.NHTSA.gov
- CDC's "The Guide to Community Preventive Services" www.TheCommunityGuide.org

MAPP Phase 3

Unintentional Drowning

Indicator: Age-adjusted death rate per 100,000 population due to unintentional drowning.

Why is this important?

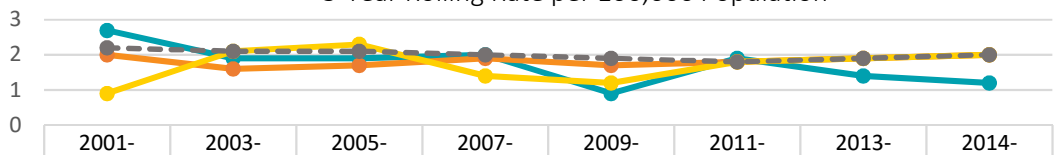


Unintentional drowning happens when a person dies while in or falling into a body of water (e.g. bathtub or swimming pool), excluding water transport related drowning. According to Centers for Disease Control and Prevention (CDC), 3,786 people died nationwide in 2016 due to unintentional drowning, including 428 Floridians. Of the approximate ten people who unintentionally drown every day in the nation, 20% of them are children 1 to 14 years of age. Most at risk are children 1 to 4 years of age, who have the highest downing rates, with most drownings occurring in home swimming pools. Among children, common risk factors are *"lack of swimming ability, lack of barriers to prevent unsupervised water access, and lack of close supervision while swimming."* In the United States, men have a higher risk than women of unintentional drowning (almost 80% of unintentional drowning deaths nationwide are males). Similarly, St. Johns County males have died from unintentional drowning at a rate about three times higher than the rate for St. Johns County females since 2012-14. The CDC states that common risk factors for unintentional drowning among adolescents and adults are: lack of swimming ability, failure to wear life jackets, alcohol use, and seizure disorders. For more information on unintentional drowning visit CDC's website www.cdc.gov/SafeChild/Drowning

The unintentional drowning death rate in St. Johns County has been ***favorably*** decreasing since 2011-13—most recent rates are lower than Florida rates.

Age-Adjusted Unintentional Drowning Death Rate

3-Year Rolling Rate per 100,000 Population



	2001-03	2003-05	2005-07	2007-09	2009-11	2011-13	2013-15	2014-16
St. Johns County	2.7	1.9	1.9	2.0	0.9	1.9	1.4	1.2
Peer County Average	2.0	1.6	1.7	1.9	1.7	1.8	1.9	2.0
Regional Peer County Average	0.9	2.1	2.3	1.4	1.2	1.8	1.9	2.0
Florida	2.2	2.1	2.1	2.0	1.9	1.8	1.9	2.0

Note: Peer counties include Collier, Lake, and Manatee counties. Regional peer counties include Clay, Flagler, and Nassau counties.
Source: Florida Health Community Health Assessment Resource Tool Set (FLHealthCHARTS) http://www.flhealthcharts.com

St. Johns County's recent unintentional injury death rates have favorably decreased since 2011-13. The most recent rate is lower than the Peer County Average, Regional Peer County Average, and Florida rates.

The Healthy People 2020 national health target is to reduce the deaths caused by unintentional drownings to 1.1 deaths per 100,000 population. The most recent rate of 1.2 deaths per 100,000 population, St. Johns, FL is close to meeting the national health target.

Looking for Conversation Starters, Best Practices, or Tools for Collaborative Initiatives?

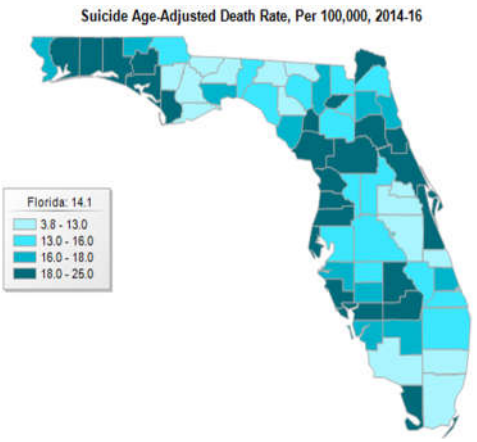
Information and supportive resources for water safety are available through the following organizations:

- Florida Health Injury Prevention Program: www.FloridaHealth.gov/Programs-and-Services/Prevention
- U.S. Department of Health & Human Services "Live well. Learn how."www.HealthFinder.gov
- Water Safety USA http://www.watersafetyusa.org/
- CDC's The Model Aquatic Health Code (MAHC) https://www.cdc.gov/mahc/

Health Outcomes – Injury and Mental Health

MAPP Phase 3

Suicide



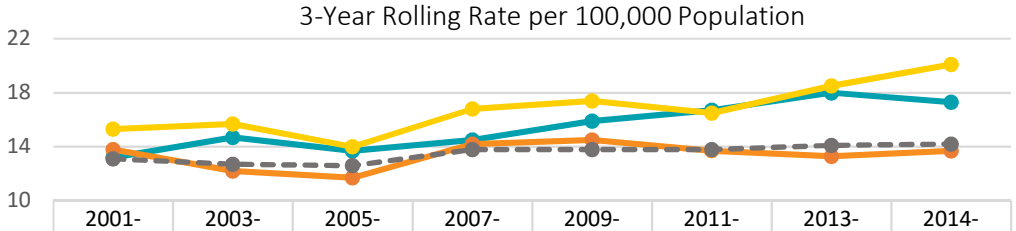
Indicator: Age-adjusted suicide death rate per 100,000 population.

Why is this important?

Suicide is among the ten leading causes of death in the United States, Florida, and St. Johns County, FL. Suicide occurs when a person dies due to intentional, self-inflicted harm. While no single cause of suicide exists, certain factors such as alcohol or drug abuse can increase the risk of attempting or dying by suicide. Nattionally, men are three and a half times more likely than women to die from suicide. However, women are more likely to express suicidal thoughts and make nonfatal attempts in comparison to men. According to Center of Disease Control and Prenvention (CDC), from 1990 to 2007 declining of rates were observed nationally, and since that time, rates among teens 15 to 19 years of age have been on the rise, doubling among the females population and also increasing by 31% among the male population. Regardless of gender, the suicide incidences among the non-Hispanic White population is more than two and a half times higher than the non-Hispanic Black population. For more information visit CDC's website: www.cdc.gov/violenceprevention/suicide/

*The suicide death rate in St. Johns County, FL has been **unfavorably** increasing since 2005-07. Recent death rates are higher than State rates and Peer County Average rates.*

Age-Adjusted Suicide Death Rate
3-Year Rolling Rate per 100,000 Population



	2001-03	2003-05	2005-07	2007-09	2009-11	2011-13	2013-15	2014-16
St. Johns County	13.2	14.7	13.7	14.5	15.9	16.7	18.0	17.3
Peer County Average	13.8	12.2	11.7	14.2	14.5	13.7	13.3	13.7
Regional Peer County Average	15.3	15.7	14.0	16.8	17.4	16.5	18.5	20.1
Florida	13.1	12.7	12.6	13.8	13.8	13.8	14.1	14.2

Note: Peer counties include Collier, Lake, and Manatee counties. Regional peer counties include Clay, Flagler, and Nassau counties.
Source: Florida Health Community Health Assessment Resource Tool Set (FLHealthCHARTS) http://www.flhealthcharts.com

The suicide death rate in St. Johns County, FL has been unfavorably increasing since 2005-07. Recent death rates are higher than the Florida rates and the Peer County Average rates but lower than the Regional Peer County Average rates.

The Healthy People 2020 national health target is to reduce the suicide rate to 10.2 deaths per 100,000 population. At a most recent rate of 17.3 deaths per 100,000 population, St. Johns County, FL has yet to meet the national health target.

Looking for Conversation Starters, Best Practices, or Tools for Collaborative Initiatives?

Information and supportive resources for unintentional injury are available through the following organizations:

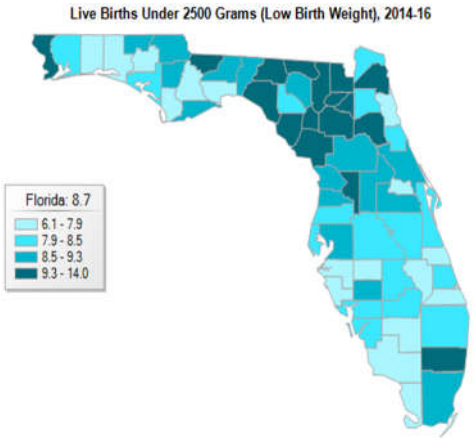
- National Suicide Prevention Lifeline **1-800-273-8255** www.SuicidePreventionLifeline.org
- Veterans Crisis Line **1-800-273-8255** and **Press 1** https://www.veteranscrisisline.net/
- The Youth Suicide Prevention Program www.yspp.org
- Suicide Prevention Resource Center www.sprc.org

MAPP Phase 3

Low Birth Weight

Indicator: Percentage of births in which the newborns weighed less than 2500 grams (5 pounds 5 ounces) at time of birth.

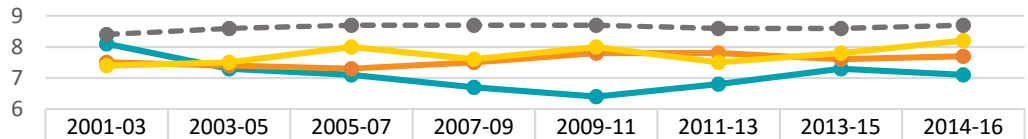
Why is this important?



Babies with a low birth weight are born weighing less than 5 pounds, 5 ounces. In the United States during 2015, there were 320,869 babies were born at a low. When compared to babies born at a normal weight, babies born with a low birth weight are at risk of death, delayed motor or social development, or long-term disability and are more likely to require costly specialized medical care. Health inequities in low birth weight are caused by unfair differences between groups of mothers in access to prenatal care, exposures to environmental risk factors, and risk behaviors. For example, researchers have found that maternal health behaviors, including alcohol and substance use can result in a low-birth weight baby. Per the Centers for Disease Control and Prevention (CDC), expectant mothers can: 1) Seek early and consistent prenatal care to identify and modify conditions and behaviors (e.g. quit smoking, stop drinking alcohol and using drugs) that may result in low birth weight; 2) Work with a health care provider to control chronic diseases; and 3). take prenatal vitamins. Visit the Florida Department of Health website for more information: http://www.floridahealth.gov/programs-and-services/womens-health/pregnancy/prenatal-care.html

*In St. Johns County, FL a **favorably** smaller proportion of babies are born at a low birth than at the State level.*

Percent of Babies Born at a Low Birth Weight (<2500 grams)



	2001-03	2003-05	2005-07	2007-09	2009-11	2011-13	2013-15	2014-16
St. Johns County	8.1	7.3	7.1	6.7	6.4	6.8	7.3	7.1
Peer County Average	7.5	7.4	7.3	7.5	7.8	7.8	7.6	7.7
Regional Peer County Average	7.4	7.5	8.0	7.6	8.0	7.5	7.8	8.2
Florida	8.4	8.6	8.7	8.7	8.7	8.6	8.6	8.7

Note: Peer counties include Collier, Lake, and Manatee counties. Regional peer counties include Clay, Flagler, and Nassau counties.
Source: Florida Health Community Health Assessment Resource Tool Set (FLHealthCHARTS) http://www.flhealthcharts.com

The proportion of babies born at a low birth is lower in St. Johns County, FL than the State. The Healthy People 2020 national health goal is to reduce the proportion of infants born with low birth weight to 7.8%. With a most recent rate of 7.1%, St. Johns County, FL has met this national health target.

A health indicator for "Morbidity" used in the *County Health Rankings Report* includes the sub-ranking of a "Low Birth Weight" measure. For this measure, St. Johns County, FL favorably ranked number 2 out of 67 counties in 2017. However, a disparity is observed when comparing the proportion of low birth weight babies born to teen mothers by race—more than twice the proportion of low birth weight babies are born to teen Black mothers than teen White mothers in St. Johns.

Percent of Low Birth Weight (<2500 grams) Babies Born to Teen Mothers (15 to 19) by Race

Race and Geography	2003-05	2005-07	2007-09	2009-11	2011-13	2013-15	2014-16
White - St. Johns County, FL	**4.6**	**5.1**	**6.2**	**7.2**	**6.0**	**5.2**	**7.0**
White - Florida	8.6	8.5	8.1	8.1	8.0	8.0	8.4
Black - St. Johns County, FL	**7.1**	**11.1**	**13.6**	**12.9**	**12.5**	**14.2**	**17.1**
Black - Florida	14.3	14.6	14.6	14.6	13.5	13.4	14.4

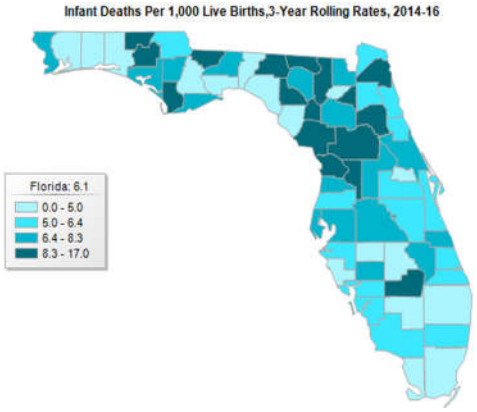
Source: Florida Health Community Health Assessment Resource Tool Set (FLHealthCHARTS) http://www.flhealthcharts.com

MAPP Phase 3

Infant Mortality

Indicator: Number of deaths within 364 days of birth per every 1,000 babies born alive.

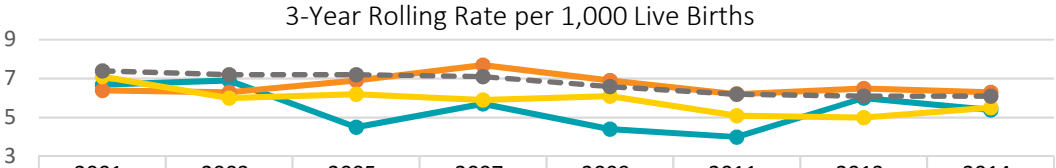
Why is this important?



Infant mortality is the death of a live-born infant before their first birthday. In 2015, the infant mortality rate in the United States was 5.9 deaths per 1,000 live births, accounting for 23,000 infant deaths. In 2016, Florida ranked 24th out of 50 states for infant mortality with a rate of 6.2 deaths per 1,000 live births. According to the Association of Maternal and Child Programs, infant mortality is a crude indicator for community health status, poverty levels, and socioeconomic status levels in a community. In 2015, the leading causes of death among infants nationwide were pre-term birth and low birth weight, sudden infant death syndrome (SIDS), maternal complications during pregnancy, and injuries (e.g. suffocation). Improving women's health prior to pregnancy (known as preconception health) is a key national strategy to reduce infant mortality and improve women's and infants' overall health. Visit the CDC website for more information on infant mortality: www.cdc.gov/reproductivehealth/maternalinfanthealth/infantmortality.htm

*The infant mortality rate for St. Johns County has **unfavorably** increased since 2011-13; however, the recent County rate is lower than the State rate.*

Infant Mortality Rate
3-Year Rolling Rate per 1,000 Live Births



	2001-03	2003-05	2005-07	2007-09	2009-11	2011-13	2013-15	2014-16
St. Johns County	6.7	6.9	4.5	5.7	4.4	4.0	6.0	5.4
Peer County Average	6.4	6.3	6.9	7.7	6.9	6.2	6.5	6.3
Regional Peer County Average	7.1	6.0	6.2	5.9	6.1	5.1	5.0	5.5
Florida	7.4	7.2	7.2	7.1	6.6	6.2	6.1	6.1

Note: Peer counties include Collier, Lake, and Manatee counties. Regional peer counties include Clay, Flagler, and Nassau counties.
Source: Florida Health Community Health Assessment Resource Tool Set (FLHealthCHARTS) http://www.flhealthcharts.com

In the figure above, the infant mortality rate for St. Johns County, FL has unfavorably increased since 2011-13; however, the recent County rate is lower than the Peer County Average, Regional Peer County Average, and State rates.

The Healthy People 2020 national health goal is to reduce infant mortality rates to 6.0 deaths per 1,000 births. At a most recent rate of 5.4 deaths per 1,000 births, St. Johns County, FL has met the national health target.

As presented below, infant mortality rates have increased since 2011-13. Multiple reasons may exist, such as St. Johns County's rapidly growing population and an increased number of older women having babies.

Infant Mortality Rate by Race and Ethnicity (3-Year Rolling Rate per 1,000 Population)

St. Johns County, Florida	2003-05	2005-07	2007-09	2009-11	2011-13	2013-15	2014-16
White	5.8	4.5	5.2	4.5	4.3	5.4	4.7
Black	20.0	7.0	10.6	2.0	2.3	8.1	10.1
Hispanic	4.1	0	0	0	0	3.0	7.9
Non-Hispanic	7.0	5.0	6.1	5.0	4.3	6.0	5.3

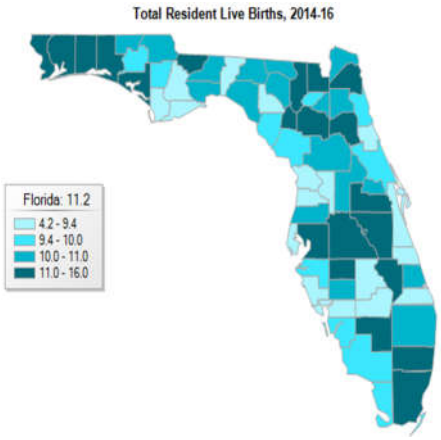
Source: Florida Health Community Health Assessment Resource Tool Set (FLHealthCHARTS) http://www.flhealthcharts.com

MAPP Phase 3

Live Births

Indicator: Number of live births per 1,000 population.

Why is this important?

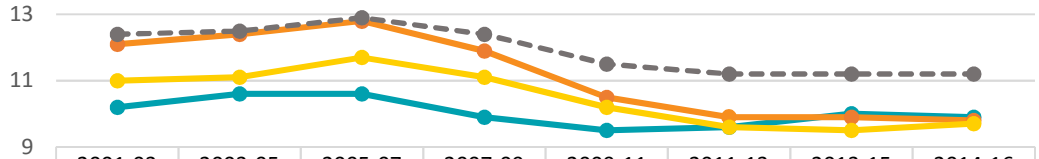


The annual birth rate is the rate at which the population grows due to births over one year. To plan for the current and future needs of generations, public health professionals track trends in fertility and birth rates. According to Children Trends, a nonprofit research organization, *"sustained high fertility rates lead to disproportionately large populations of young dependents."* For countries with high birth rates, educating a growing number of children and creating jobs for these children when they enter the workforce is often a challenge. On the other hand, sustained low fertility rates can lead to an aging population and, in the long run, hurt the economy and increase demand of social services because *"the pool of younger workers responsible for supporting the elderly accounts for a relatively smaller share of the population."* For more information on reproductive health and health birth outcomes, please visit CDC's website: www.cdc.gov/reproductivehealth

Overall, St. Johns County's live birth rates have declined since 2005-07—recent rates are lower than State

Live Birth Rate

3-Year Rolling Rate per 1,000 Population



	2001-03	2003-05	2005-07	2007-09	2009-11	2011-13	2013-15	2014-16
St. Johns County	10.2	10.6	10.6	9.9	9.5	9.6	10.0	9.9
Peer County Average	12.1	12.4	12.8	11.9	10.5	9.9	9.9	9.8
Regional Peer County Average	11.0	11.1	11.7	11.1	10.2	9.6	9.5	9.7
Florida	12.4	12.5	12.9	12.4	11.5	11.2	11.2	11.2

Note: Peer counties include Collier, Lake, and Manatee counties. Regional peer counties include Clay, Flagler, and Nassau counties.
Source: Florida Health Community Health Assessment Resource Tool Set (FLHealthCHARTS) http://www.flhealthcharts.com

Overall, St. Johns County's live birth rates have declined since 2005-07. Recent rates are lower than State rates. The most recent live birth rate for St. Johns County, FL almost equals the Peer County Average and Regional Peer County Average rates.

Birth and Maternal Risk Factor Statistics – St. Johns County (2014-2016)

Percent of Births to Unwed Mothers: 27.5%

Percent of Births to Mothers with less than a High School Education: 5.4%

Source: Florida Health Community Health Assessment Resource Tool Set (FLHealthCHARTS) via http://www.flhealthcharts.com

Birth and Maternal Risk Factor Statistics – United States (2015)

Number of births: 3,978,497

Percent Born at Low Birthweight: 8.07%

Fertility Rate: 62.5 births per 1,000 women ages 15-44

Percent of Births to Unwed Mothers: 43.4%

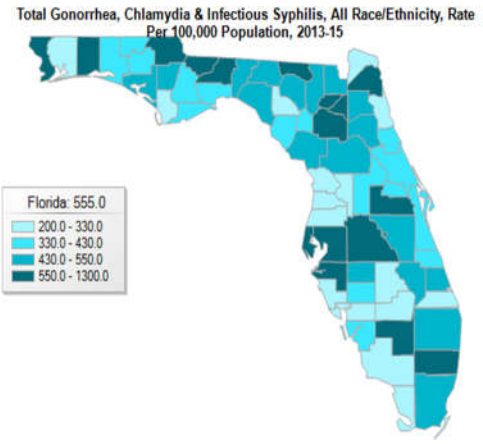
Source: CDC accessed via https://www.cdc.gov/nchs/fastats/births.htm

MAPP Phase 3

Sexually Transmitted Diseases

Indicator: Sexually transmitted disease (gonorrhea, chlamydia, and infectious syphilis) rate per 100,000 population.

Why is this important?

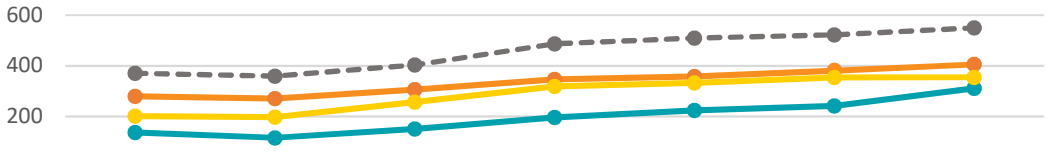


Sexually transmitted diseases (STDs) refer to more than 25 infectious diseases that are transmitted primarily through sexual activity. STDs range from diseases that cause temporary discomfort to those that impair fertility, result in long-term illness, or lead to death. The Centers for Disease Control and Prevention (CDC) estimates that of the 19 million new STD infections each year, almost half of them are among young people 15 to 24 years of age. Since many STDs go undiagnosed, the reported cases of gonorrhea, chlamydia, and infectious syphilis represent only a fraction of the true burden of STDs in the nation. STDs remain a major public health challenge, especially among women, who are significantly more likely to bear the long-term consequences of STDs. For more information on prevention and treatment for all STDs, please visit the following CDC website: www.cdc.gov/std/

*Since 2003-05, sexually transmitted disease (STD) rates have been **unfavorably** increasing locally and statewide. Yet the most recent St. Johns County, FL STD rate is lower than the Florida rate.*

Total Gonorrhea, Chlamydia, and Infectious Syphilis Disease Rate

3-Year Rolling Rate per 100,000 Population



	2001-03	2003-05	2005-07	2007-09	2009-11	2011-13	2013-15
St. Johns County	135.7	115.1	150.5	195.3	223.9	240.8	311.1
Peer County Average	279.1	269.9	305.9	346.6	357.8	380.5	405.2
Regional Peer County Average	201.3	196.7	256.5	319.0	332.0	354.0	354.5
Florida	370.0	359.0	402.7	486.8	509.7	522.3	550.0

Note: Peer counties include Collier, Lake, and Manatee counties. Regional peer counties include Clay, Flagler, and Nassau counties.
Source: Florida Health Community Health Assessment Resource Tool Set (FLHealthCHARTS) http://www.flhealthcharts.com

Since 2003-05, sexually transmitted disease (STD) rates have been increasing locally and statewide. The most recent STD rate for the County is lower than the Florida rate and Peer County Average and Regional Peer County Average rates.

County Health Rankings & Roadmaps
Building a Culture of Health, County by County

The 2017 national *County Health Rankings Report* favorably ranks St. Johns County as number 1 in Florida for "Health Factors." A health indicator for "Healthy Behaviors" used in the *County Health Rankings Report* includes "Sexually Transmitted Infection." For this measure, St. Johns County ranked as number 17 out of 67 counties.

Looking for Conversation Starters, Best Practices, or Tools for Collaborative Initiatives?

Information and supportive resources on sexually transmitted diseases are available via the following organizations:

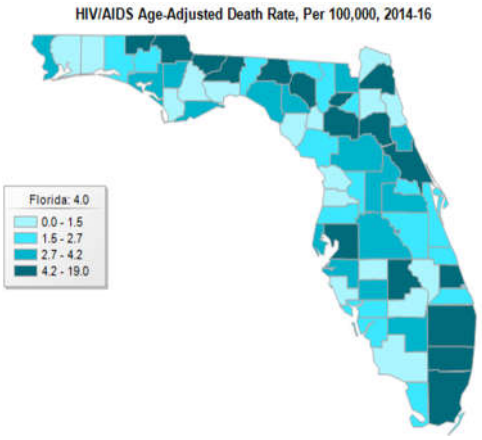
- Florida Health "STD Prevention" www.floridahealth.gov/diseases-and-conditions/sexually-transmitted-diseases/
- U.S. Department of Health & Human Services "Live well. Learn how." www.HealthFinder.gov
- CDC's "The Guide to Community Preventive Services" www.TheCommunityGuide.org

MAPP Phase 3

HIV/AIDS

Indicator: Age-adjusted death rate per 100,000 population due to HIV/AIDS.

Why is this important?

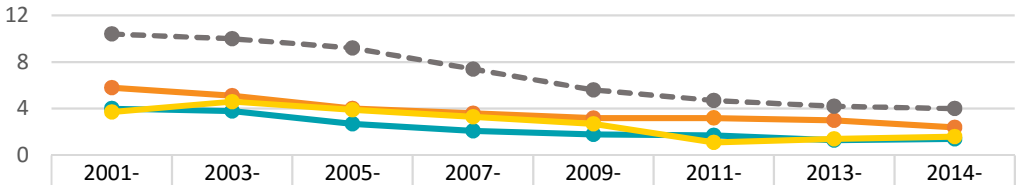


The human immunodeficiency virus (HIV) attacks the immune system, specifically those cells that help the body fight infections and disease. If left untreated, HIV can lead to acquired immunodeficiency syndrome (AIDS). According to the Centers of Disease Control and Prevention (CDC), HIV is spread mainly through anal or vaginal sex or by sharing drug-use equipment (e.g. needles) with an infected person. Some populations in the United States are more likely to get HIV than others because of many factors, including their risk behaviors, the status of their sex partners, and where they live. For instance, populations who abuse substances may be at a higher risk of HIV because alcohol and other drugs can lower inhibitions and make them less likely to use condoms, which provide an effective barrier against sexually transmitted disease pathogens. Nationally, 95% of populations with HIV are men who have sex with men (MSM), African Americans, Latinos, or injection drug users (IDU). MSM are over 40 times more likely to have HIV than other men and women. The CDC recommends that health care providers test everyone 13 to 64 years of age at least once as part of routine health care. More information is available through CDC's website: www.cdc.gov/hiv/

*HIV/AIDS deaths rates are **favorably** decreasing in St. Johns County, FL. Recent County rates are lower than Florida rates, Peer County Average and Regional Peer County Average rates.*

Age-Adjusted HIV/AIDS Death Rate

3-Year Rolling Rate per 100,000 Population



	2001-03	2003-05	2005-07	2007-09	2009-11	2011-13	2013-15	2014-16
St. Johns County	4.0	3.8	2.7	2.1	1.8	1.7	1.3	1.4
Peer County Average	5.8	5.1	4.0	3.6	3.2	3.2	3.0	2.4
Regional Peer County Average	3.7	4.6	3.9	3.3	2.7	1.1	1.4	1.6
Florida	10.4	10.0	9.2	7.4	5.6	4.7	4.2	4.0

Note: Peer counties include Collier, Lake, and Manatee counties. Regional peer counties include Clay, Flagler, and Nassau counties.
Source: Florida Health Community Health Assessment Resource Tool Set (FLHealthCHARTS) http://www.flhealthcharts.com

As presented above, HIV/AIDS deaths rates are favorably decreasing in St. Johns County, FL. Recent County rates are lower than Florida rates, Peer County average rates, and Regional Peer County average rates.

A Healthy People 2020 national health target is to reduce HIV infection deaths to 3.3 deaths per 100,000 population. At a recent rate of 1.4, St. Johns County, FL meets this national health goal.

HIV in the United States – 2016

- 39,782 people received an HIV diagnosis in 2016— HIV diagnoses declined 5% between 2011 and 2015
- Gay and bisexual men had the highest burden of HIV—they accounted for 83% of all HIV diagnoses among men
- Most affected subpopulations: Black MSM, Hispanic/Latino MSM, White MSM, and Black Heterosexual Females

Source: CDC https://www.cdc.gov/hiv/statistics/overview/ataglance.html

Health Outcomes – Reportable and Infectious Diseases

MAPP Phase 3

Age-Adjusted HIV/AIDS Death Rate by Sex and Race (3-Year Rolling Rate per 100,000 Population)

	2007-09		2009-11		2011-13		2013-15		2014-16	
St. Johns County, FL	Count	Rate	Count	Rate	Count	Rate	Count	Rate	Count	Rate
Overall	13	2.1	12	1.8	10	1.6	11	1.3	11	1.4
Female	5	1.8	4	1.1	4	1.3	1	0.2	1	0.2
Male	8	2.4	8	2.6	6	2.0	10	2.6	10	2.6
White	3	0.7	5	0.9	4	0.8	6	0.8	6	0.9
Black	9	25.6	7	21.2	6	19.8	5	12.4	5	12.0

Source: Florida Health Community Health Assessment Resource Tool Set (FLHealthCHARTS) http://www.flhealthcharts.com

As presented on the table, more St. Johns County males have died from HIV/AIDS in comparison to females since 2007-09. Between 2013 and 2016, 20 males and 2 females died from HIV/AIDS in St. Johns County, FL. The Center of Disease Control and Prevention (CDC) estimates that 1 in 51 men in the United States will be diagnosed with HIV at some point in their life. According to CDC, the following health behaviors contribute to risk of HIV among men:

- **"Sexual contact:** Most HIV infections in men are transmitted through sexual contact, especially anal sex."
- **"Sexually transmitted infections (STIs):** The presence of some STIs greatly increases the likelihood of acquiring or transmitting HIV. Rates of syphilis have increased in recent years among MSM."
- **"Injection drug and other substance use:** The use of injection drugs or other substances may increase the risk of HIV infection through sharing injection equipment contaminated with HIV or engaging in…unprotected sex."

As presented above, HIV deaths are higher among St. Johns County's Black population than St. Johns County's White population. Nationally, when compared to White men and women, Black men and women are 8 times more likely to have HIV and Latino men and women are 3 times more likely. According to the CDC, factors that contribute to higher risk of HIV among African Americans include greater populations living with HIV among African American communities and higher rates of STDs than other racial/ethnic groups—rates of gonorrhea and syphilis are higher among Black men than among White or Hispanic/Latino men. The CDC reports that "stigma, fear, discrimination, and homophobia may place many African Americans at higher risk for HIV" as well as higher rates of poverty which limit access to care.

In 2016, 341 St. Johns County, FL residents were living with HIV—a rate of 153.6 per 100,000 population. This rate is significantly lower than the statewide rate (567.3 per 100,000 population). Currently, St. Johns County only has two HIV/AIDS providers, both of which are located within the same zip code. Most HIV and AIDS cases originate from specific zip codes, which have the highest poverty rates, the largest numbers of uninsured or under insured individuals, and higher concentrations of African Americans in the County. Not only do the two available providers not reside in the zip codes referenced, but the available forms of public transportation do not travel to the zip codes most effected. The CDC has selected HIV as a "Winnable Battle" because it believes that through multiple evidence-based approaches, new HIV infections can be prevented and quality health care for persons living with HIV can be ensured. Today, only 4 in 10 of the estimated 1.2 million population living with HIV in the nation are in HIV medical care.

Looking for Conversation Starters, Best Practices, or Tools for Collaborative Initiatives?

Information and supportive resources on HIV/AIDS are available via the following organizations:

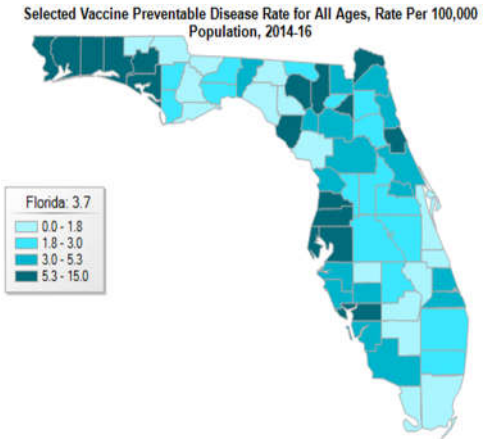
- Florida HIV/AIDS Hotline **1-800-FLA-AIDS** or **1-800-352-2437**
- National HIV & STD Testing Sites http://HIVTest.cdc.gov
- Ryan White HIV/AIDS Program https://hab.hrsa.gov/about-ryan-white-hivaids-program
- CDC's "Community Guide to Preventive Services" www.TheCommunityGuide.org
- The International AIDS Society https://www.iasociety.org/

MAPP Phase 3

Vaccine Preventable Diseases

Indicator: Vaccine preventable disease rate per 100,000 population. This indicator measures the following vaccine preventable diseases: diphtheria, tetanus, pertussis, measles, mumps, rubella, polio and acute hepatitis B.

Why is this important?

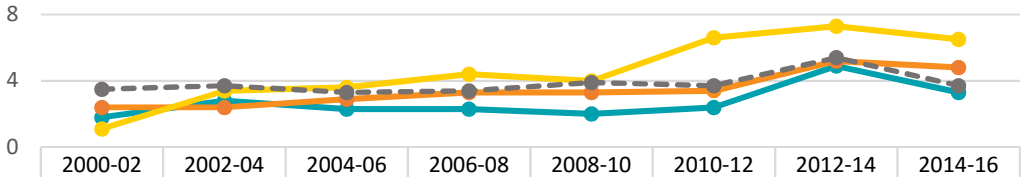


The CDC recognizes vaccines as one of the ten great public health achievements of the 20th Century. Through reducing the risk of infection, vaccines have saved billions of lives, reduced the burden of disability, and contributed to a longer lifespan. It is important to remember that getting vaccinated not only protects yourself, but also your community. When a large portion of a population is vaccinated against infectious diseases there is less opportunity for those diseases to be spread from person to person. Individuals not vaccinated (such as newborns and expectant mothers) are then provided some protection from those diseases. This is known as herd immunity. The Florida Department of Health recognizes that high immunization levels lower disease incidence, reduce health care costs and improve school attendance. The Vaccines For Children (VFC) program, is working to ensure access to and availability of childhood vaccines. In the United States, sustained high vaccination rates have led to a 99% and higher favorable decline in deaths from diphtheria, mumps, pertussis, and tetanus. For more information, please visit the following CDC website: www.cdc.gov/vaccines

*St. Johns County's most recent vaccine preventable disease rates, for selected diseases, are **favorably** lower than State rates.*

Vaccine Preventable Disease Rate

3-Year Rolling Rate for All Ages per 100,000 Population



	2000-02	2002-04	2004-06	2006-08	2008-10	2010-12	2012-14	2014-16
St. Johns County	1.8	2.8	2.3	2.3	2.0	2.4	4.9	3.3
Peer County Average	2.4	2.4	2.9	3.3	3.3	3.4	5.2	4.8
Regional Peer County Average	1.1	3.4	3.6	4.4	4.0	6.6	7.3	6.5
Florida	3.5	3.7	3.3	3.4	3.9	3.7	5.4	3.7

Note: Peer counties include Collier, Lake, and Manatee counties. Regional peer counties include Clay, Flagler, and Nassau counties.
Source: Florida Health Community Health Assessment Resource Tool Set (FLHealthCHARTS) http://www.flhealthcharts.com

The most recent vaccine preventable disease rates for St. Johns County are lower than Peer County Average, Regional Peer County Average, and Florida rates. While the vaccine preventable disease rate increased in St. Johns County from 2010-12 to 2012-14, it has since declined according to data reported for 2014-16.

HPV Vaccines: Vaccinating Your Preteen or Teen

- About 79 million Americans are currently infected with human papillomavirus (HPV) and about 14 million people become newly infected each year.
- The HPV vaccine protects against cancers caused by HPV. Every year in the United States, over 26,000 cases of HPV cancers are diagnosed in men and women.
- The CDC recommends all preteen girls and boys ages 11 years old to 12 years years old receive two shots of the HPV vaccine at intervals of 6 months to 12 months apart.

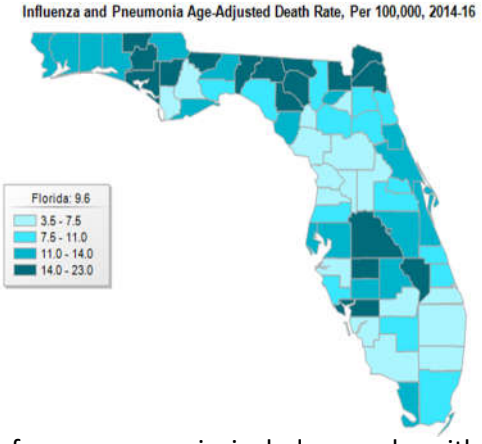
Source: Centers for Disease Control and Prevention (CDC) via https://www.cdc.gov/hpv/parents/vaccine.html

MAPP Phase 3

Influenza and Pneumonia

Indicator: Age-adjusted death rate per 100,000 population due to influenza and pneumonia.

Why is this important?

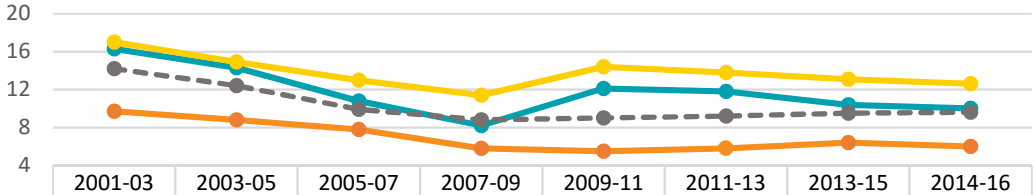


Influenza and pneumonia continue to rank among leading causes of death in the United States and St. Johns County, FL. In 2016, influenza and pneumonia killed 2,807 Floridians, 33 of which were St. Johns County residents. The two diseases are traditionally reported together, since pneumonia is frequently a complication of influenza. Influenza (also known as flu) is a contagious respiratory disease caused by influenza viruses. The number of influenza deaths can greatly fluctuate from one year to the next because the virulence of influenza viruses changes as they constantly mutate. Pneumonia is a serious infection of the lungs—mainly caused by bacteria, viruses, and mycoplasmas—that develops when the immune system is weakened. Typically, more people die from pneumonia than from influenza. Populations most at risk of dying from pneumonia include people with underlying conditions and those who smoke. Populations most at risk of dying from influenza include the elderly, the very young, and the immune-compromised. The Centers for Disease Control and Prevention (CDC) recommends that individuals prevent the spread of flu by: 1) Getting vaccinated, 2) Taking every day preventative actions to stop the spread of germs, like washing your hands often, and 3) Taking antiviral drugs if your doctor prescribes them. More information is available via www.cdc.gov/flu/protect/

*Death rates for influenza and pneumonia in St. Johns County, FL have **favorably** declined since 2009-11—recent County rates are higher than Florida rates.*

Age-Adjusted Influenza and Pneumonia Death Rate

3-Year Rolling Rate per 100,000 Population



	2001-03	2003-05	2005-07	2007-09	2009-11	2011-13	2013-15	2014-16
St. Johns County	16.3	14.3	10.8	8.2	12.1	11.8	10.4	10.0
Peer County Average	9.7	8.8	7.8	5.8	5.5	5.8	6.4	6.0
Regional Peer County Average	17.0	14.9	13.0	11.4	14.4	13.8	13.1	12.6
Florida	14.2	12.4	9.9	8.8	9.0	9.2	9.5	9.6

Note: Peer counties include Collier, Lake, and Manatee counties. Regional peer counties include Clay, Flagler, and Nassau counties.
Source: Florida Health Community Health Assessment Resource Tool Set (FLHealthCHARTS) http://www.flhealthcharts.com

Death rates for influenza and pneumonia in St. Johns County, FL have favorably declined since 2009-11. Recent County death rates are lower than Regional Peer Average rates but higher Peer County Average rates and Florida rates.

Looking for Conversation Starters, Best Practices, or Tools for Collaborative Initiatives?

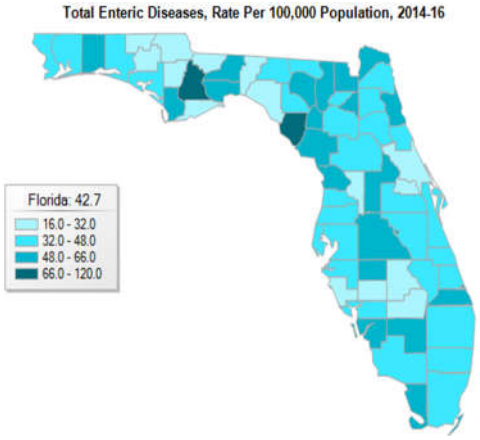
Information and supportive resources on influenza and pneumonia are available via the following organizations:

- CDC's Influenza Resources https://www.cdc.gov/flu/freeresources/index.htm
- American Thoracic Society – Pneumonia Resources www.thoracic.org
- CDC's Travelers' Health "Travel Safe. Travel Smart." www.cdc.gov/travel
- CDC's "The Guide to Community Preventive Services" www.TheCommunityGuide.org

Enteric Diseases

Indicator: Rate of selected confirmed enteric diseases per 100,000 population.

Why is this important?

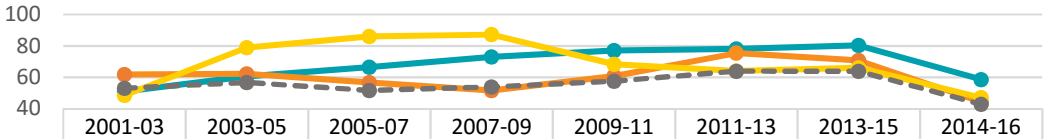


Enteric diseases, sometimes called foodborne illnesses, are caused by enteric bacteria such as Salmonella. Enteric bacteria naturally live in the intestines of humans and animals. Individuals become infected with enteric bacteria through contaminated food and water, contact with animals or their environments, or contact with the feces or vomit of an infected person. The Centers for Disease Control and Prevention (CDC) estimates that enteric diseases kill about 3,000 of the 48 million people that become sick from enteric diseases every year. Many cases and deaths can be prevented through regular handwashing—the CDC recommends the 5 simple and effective steps described at the bottom of the page. The Florida Department of Health monitors enteric diseases through state, county, and local ongoing efforts. Florida law requires medical providers to report enteric disease cases. For more information on reportable disease requirements in Florida visit: www.FloridaHealth.gov/diseases-and-conditions/. For foodborne outbreak tracking and reporting visit CDC's website: https://www.cdc.gov/foodsafety/fdoss/index.html

*Overall, enteric disease rates have **unfavorably** increased in St. Johns County, FL since 2001-03. Most recent County rates are higher than the State rate.*

Enteric Disease Rate

3-Year Rolling Rate per 100,000 Population



	2001-03	2003-05	2005-07	2007-09	2009-11	2011-13	2013-15	2014-16
St. Johns County	50.9	60.6	66.4	73.0	77.1	78.2	80.3	58.5
Peer County Average	61.8	62.2	56.7	51.6	60.7	75.4	70.8	44.2
Regional Peer County Average	48.4	79.0	86.1	87.2	68.4	64.1	66.1	47.0
Florida	52.9	56.7	51.5	53.8	57.4	63.9	63.8	42.7

Note: Peer counties include Collier, Lake, and Manatee counties. Regional peer counties include Clay, Flagler, and Nassau counties.
Source: Florida Health Community Health Assessment Resource Tool Set (FLHealthCHARTS) http://www.flhealthcharts.com

Overall, enteric disease rates have unfavorably increased in St. Johns County, FL since 2001-03. Enteric disease rates for St. Johns County decreased between 2013-15 and 2014-16, yet most recent County enteric disease rates are unfavorably higher than the State rate, the Peer County Average rate, and the Regional Peer County Average rate.

How should you wash your hands?

1. **Wet** your hands with clean, running water (warm or cold), turn off the tap, and apply soap.
2. **Lather** your hands by rubbing them together with the soap. Be sure to lather the backs of your hands, between your fingers, and under your nails.
3. **Scrub** your hands for at least 20 seconds. Need a timer? Hum the "Happy Birthday" song from beginning to end twice.
4. **Rinse** your hands well under clean, running water.
5. **Dry** your hands using a clean towel or air dry them

Source: Centers for Disease Control and Prevention

The Four Core Practices

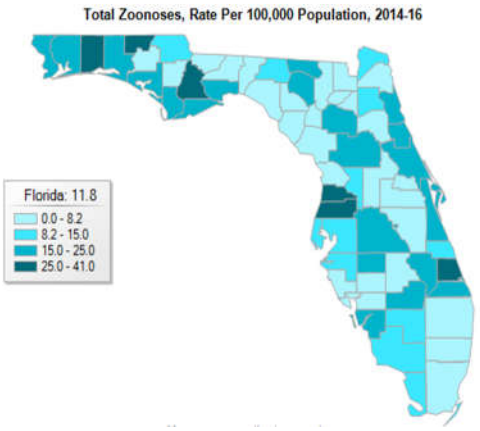
1. **Clean:** wash your and surfaces often
2. **Separate:**Don't cross- contaminate→separate raw meat, poultry, seafood, and eggs from other foods
3. **Cook** Cook to the safe internal temperature
4. **Chill** Refrigerate promptly

Source: Fight Bac! Partnership for Food Safety Education accessed via www.fightbac.org

Health Outcomes – Reportable and Infectious Diseases

MAPP Phase 3

Zoonotic Diseases



Indicator: Rate of total zoonotic diseases per 100,000 population.

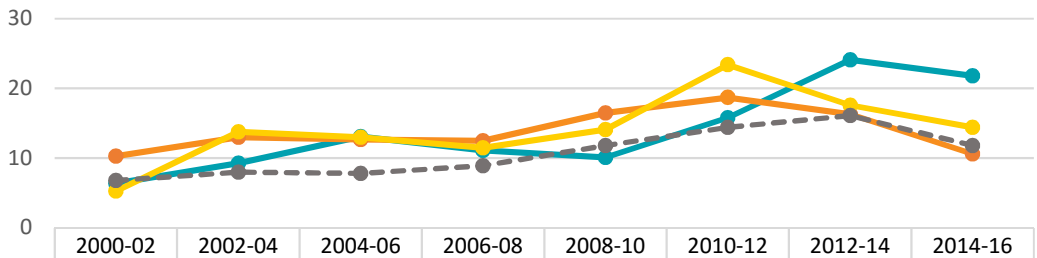
Why is this important?

The Centers for Disease Control and Prevention (CDC) describes zoonotic diseases as diseases that can be passed between animals and humans. These diseases can be caused by viruses, bacteria, parasites, and fungi. It is possible to acquire some zoonotic diseases through contact with contaminated food or water. Pets can also carry and pass parasites to people. Sometimes people with zoonotic diseases show no signs or symptoms. Other people may have symptoms such as diarrhea, muscle aches, and fever. Regular handwashing is one of the best ways to remove germs, prevent the spread of germs to others, and avoid getting sick. For more information on risk factors, prevention, and treatment, please visit CDC's website: www.cdc.gov/zoonotic/gi/

*Overall, St. Johns County, FL zoonotic disease rate has been **unfavorably** increasing–the most recent County zoonotic disease rate is almost two times higher than the State rate.*

Zoonotic Disease Rate

3-Year Rolling Rate per 100,000 Population



	2000-02	2002-04	2004-06	2006-08	2008-10	2010-12	2012-14	2014-16
St. Johns County	6.4	9.3	13.1	11.1	10.1	15.8	24.1	21.8
Peer County Average	10.3	13.0	12.7	12.5	16.5	18.7	16.3	10.6
Regional Peer County Average	5.3	13.8	13.0	11.5	14.1	23.4	17.6	14.4
Florida	6.8	8.0	7.8	8.9	11.8	14.4	16.1	11.8

Note: Peer counties include Collier, Lake, and Manatee counties. Regional peer counties include Clay, Flagler, and Nassau counties.
Source: Florida Health Community Health Assessment Resource Tool Set (FLHealthCHARTS) http://www.flhealthcharts.com

The most recent St. Johns County, FL zoonotic disease rate is unfavorably almost two times higher than the State rate. Most recent zoonotic disease rates for St. Johns County are also higher than Peer County and Regional Peer County Average rates.

Protect Yourself from Zoonotic Diseases Caused by Parasites

- Wash your hands frequently, especially after touching animals, and avoid contact with animal feces.
- Make sure your pet is under a veterinarian's care to help protect your pet and your family from possible parasite infections.
- Practice the four Ps: Pick up Pet Poop Promptly, and dispose of properly. Be sure to wash your hands after handling pet waste.
- Follow proper food-handling procedures to reduce the risk of transmission from contaminated food.

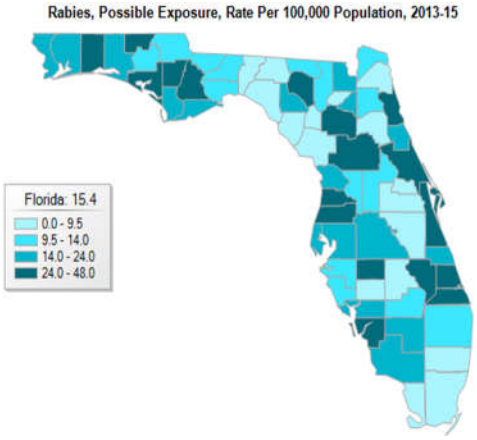
Source: Centers for Disease Control and Prevention accessed via https://www.cdc.gov/parasites/animals.html

MAPP Phase 3

Rabies

Indicator: Rate of animal bites where post-exposure prophylaxis (PEP) for rabies is recommended per 100,000 population.

Why is this important?

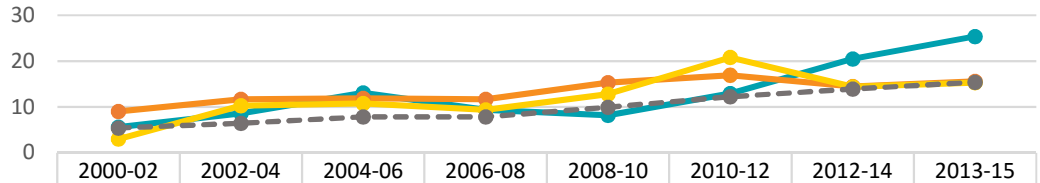


According to the CDC, rabies is a *"preventable viral disease of mammals most often transmitted to humans through the bite of a rabid animal."* In Florida, the rabies virus is present is some wildlife (e.g. racoons, bats, foxes) and can spread to unvaccinated pets, which then pose a high risk to pet owners and their families. The rabies virus can cause a nearly 100% fatal illness in humans and other mammals, meaning that once an animal or person becomes infected, he or she will likely die from rabies. Any person exposed to rabies (e.g. a person scratched or bitten by a wild or unvaccinated mammal) must seek immediate medical attention. A health care provider, possibly in consultation with the state or local health department, will decide if an individual requires a rabies vaccination, known as post-exposure prophylaxis (PEP). The decision will be based on the individual's exposure, the animal the individual was exposed to, and laboratory and surveillance information for the area in which the individual was exposed. Receiving medical attention quickly after exposure has the potential to save a life. Do not handle wild animals and if you see one acting strangely, call your local animal control officer. For more information visit CDC's page: www.cdc.gov/rabies

The possible exposure to rabies rate is increasing in St. Johns County, FL. The most recent County rate is higher than the State rate.

Possible Exposure to Rabies

3-Year Rolling Rate per 100,000 Population



	2000-02	2002-04	2004-06	2006-08	2008-10	2010-12	2012-14	2013-15
St. Johns County	5.6	8.6	13.1	9.4	8.2	12.9	20.5	25.4
Peer County Average	9.0	11.7	11.9	11.7	15.3	16.9	14.5	15.6
Regional Peer County Average	3.0	10.3	10.8	9.4	12.8	20.8	14.4	15.3
Florida	5.4	6.4	7.8	7.8	9.9	12.2	13.9	15.4

Note: Peer counties include Collier, Lake, and Manatee counties. Regional peer counties include Clay, Flagler, and Nassau counties.
Source: Florida Health Community Health Assessment Resource Tool Set (FLHealthCHARTS) http://www.flhealthcharts.com

The data presented above is based on probable cases. The possible exposure to rabies rate is increasing in St. Johns County, FL. Most recent rates for St. Johns County are higher than Peer and Regional Peer County Average rates, and Florida rates.

Tips to Protect Yourself from Rabies

- Rabies is 100% preventable. To prevent rabies:
  - Vaccinate your dogs, cats and ferrets against rabies.
  - Have your pets spayed or neutered so they will be more likely to stay home.
  - Keep your pets under your supervision so they do not catch rabies from a wild animal.
  - If you are bitten by an animal, wash the wound with soap and water for at least five minutes, and then go see your doctor.

Source: Centers for Disease Control and Prevention accessed via www.cdc.gov/RabiesAndKids

Zika

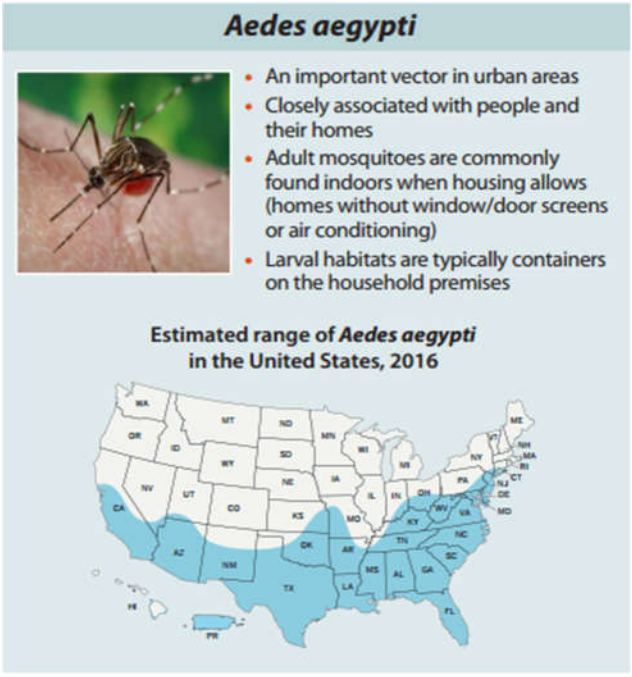
Indicator: Zika virus cases for Florida in 2017.

Why is this important?

Zika is a disease caused by the Zika virus, which is spread to humans through the bite of an infected *Aedes* species mosquito (*Aedes aegypti* and *Aedes albopictus*). These mosquitoes bite during the day and night and are found in many places around the world including Florida. The Zika virus can also be spread from person to person through sexual contact or from a pregnant woman to her baby during pregnancy or childbirth.

The most common signs and symptoms of Zika virus are fever, rash, joint pain, and conjunctivitis (red eyes). Signs and symptoms typically only last from a few days to about a week. Some people become infected but do not experience any signs or symptoms. For most people the illness is mild and they recover without concern. It is rare that the illness is so severe that an individual must be hospitalized for this disease. However, Zika virus infection during pregnancy can cause severe fetal brain defects such as microcephaly, which is a condition where a baby's brain does not develop normally and his or her head is smaller than expected.

A person who believes he or she may have Zika, should consult his or her health care provider. If the health care provider thinks a Zika test is appropriate based on guidance from the Centers of Disease Control and Prevention (CDC) and the Florida Department of Health, the person should contact the local Health Department for further assistance. For more information on Zika please visit CDC's website: https://www.cdc.gov/zika/



Source: Florida Department of Health, Zika Free Florida

Protect Yourself from Zika

- Use EPA-Registered insect repellent.
- Wear long-sleeved shirts and long pants.
- Stay in places with air conditioning and/or window and door screens.
- Remove standing water around your home.

Looking for Conversation Starters, Best Practices, or Tools for Collaborative Initiatives?

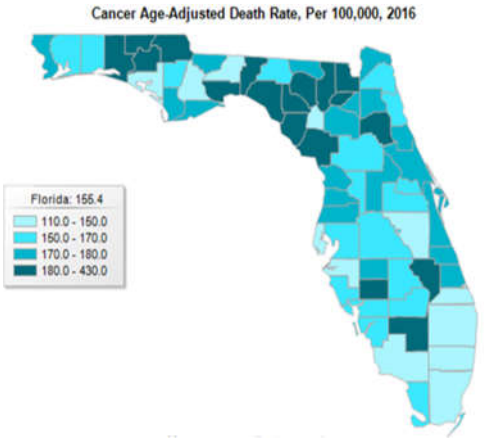
Information and supportive resources on Zika are available via the following organizations:

- Centers for Disease Control and Prevention: https://www.cdc.gov/zika/reporting/2017-case-counts.html
- Florida Department of Health: https://zikafreefl.org/?utm_source=floridahealth.gov
- U.S. Department of Health & Human Services: https://www.hhs.gov/zika/protect/index.html

Cancer

Indicator: Age-adjusted death rate per 100,000 population due to cancer.

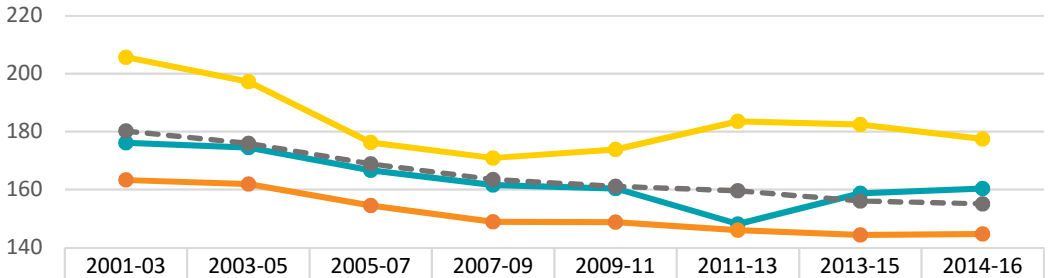
Why is this important?



Cancer is the number one cause of death in St. Johns County, FL. The National Cancer Institute defines cancer as a disease in which abnormal cells divide without control and are able to invade other tissues. There are over 100 different types of cancers and each is classified according to their organ or tissue of origin. According to the Centers of Disease Control and Prevention (CDC), the three most common cancers among men are prostate, lung, and colorectal, while those among women are breast, lung, and colorectal. Some risk factors for cancer may be reduced through healthy behavior changes such as, achieving and maintaining a healthy weight, avoiding tobacco-use, limiting alcohol-use, and using proper skin protection. More information about cancer is available via the following CDC web link: www.cdc.gov/cancer

*The cancer death rate in St. Johns County, FL has been **unfavorably** on the rise since 2011-2013—surpassing the Florida cancer death rate in 2013-2015.*

Age-Adjusted Cancer Death Rate
3-Year Rolling Rate per 100,000 Population



	2001-03	2003-05	2005-07	2007-09	2009-11	2011-13	2013-15	2014-16
St. Johns County	176.2	174.5	166.7	161.6	160.4	148.1	158.7	160.4
Peer County Average	163.3	161.9	154.5	148.9	148.8	146.0	144.3	144.7
Regional Peer County Average	205.7	197.3	176.3	170.9	173.8	183.6	182.5	177.5
Florida	180.2	175.9	168.9	163.5	161.1	159.6	156.1	155.1

Note: Peer counties include Collier, Lake, and Manatee counties. Regional peer counties include Clay, Flagler, and Nassau counties.
Source: Florida Health Community Health Assessment Resource Tool Set (FLHealthCHARTS) http://www.flhealthcharts.com

The cancer death rate in St. Johns County, FL has been on the rise since 2011-2013—surpassing the State cancer death rate in 2013-2015. Recent cancer death rates in St. Johns County are higher than Peer County average rates but lower than Regional Peer County average rates.

The Healthy People 2020 target is to reduce the overall cancer death rate to 161.4 deaths per 100,000. With a most recent rate of 160.4 deaths per 100,000—St. Johns County, FL is meeting the Healthy People 2020 target.

Estimated New Cases and Deaths from Cancer in the United States in 2017

New cancer cases: 1,688,780

Cancer deaths: 600,920

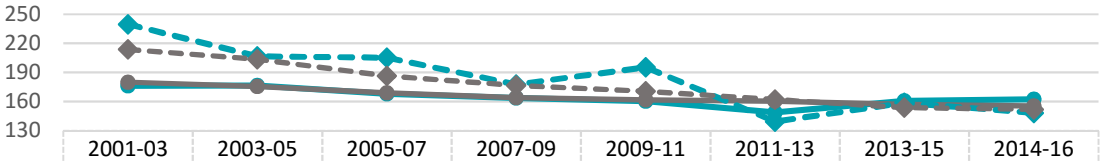
Source: National Cancer Institute accessed via https://seer.cancer.gov/statfacts/html/prost.html

Health Outcomes – Chronic Diseases

MAPP Phase 3

*The cancer death rate in St. Johns County, FL **unfavorably** increased among Whites and decreased among Blacks in recent years.*

Age-Adjusted Cancer Death Rate by Race
3-Year Rolling Rate per 100,000 Population



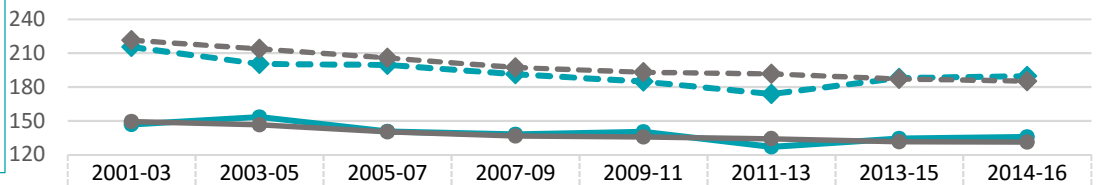
	2001-03	2003-05	2005-07	2007-09	2009-11	2011-13	2013-15	2014-16
White - St. Johns County	176.4	176.6	168.0	163.6	160.5	148.9	160.8	162.3
White - Florida	180.0	175.5	169.0	164.1	161.6	160.5	157.3	155.5
Black - St. Johns County	239.6	206.6	205.2	177.5	195.3	139.4	158.9	148.2
Black - Florida	213.7	203.5	186.4	176.6	170.7	162.1	154.0	152.0

Source: Florida Health Community Health Assessment Resource Tool Set (FLHealthCHARTS) http://www.flhealthcharts.com

As presented above, the cancer death rate for St. Johns County's White population has been increasing since 2011-2013—surpassing the State rate in 2013-2015. In recent years, St. Johns County's Black population cancer death rate has declined to a death rate slightly lower than the State rate in 2014-2016.

*The cancer death rate among males has been consistently, **unfavorably** higher than the cancer death rate among females in St. Johns County, FL and the State.*

Age-Adjusted Cancer Death Rate by Sex
3-Year Rolling Rate per 100,000 Population



	2001-03	2003-05	2005-07	2007-09	2009-11	2011-13	2013-15	2014-16
Female - St. Johns County	146.9	153.6	140.7	138.1	140.4	127.1	134.4	136.0
Female - Florida	149.6	146.8	140.5	136.9	135.9	134.3	131.7	131.3
Male - St. Johns County	215.4	200.5	199.6	191.4	185.0	173.9	188.0	189.8
Male - Florida	221.5	213.9	205.7	197.4	193.2	191.8	187.1	185.3

Source: Florida Health Community Health Assessment Resource Tool Set (FLHealthCHARTS) http://www.flhealthcharts.com

As presented in the figure above, cancer death rates are increasing among males and females in St. Johns County, FL; unlike the State. Most recent death rates for St. Johns County's Female and Male populations are higher than respective Florida rates.

Age-Adjusted Cancer Death Rate by Ethnicity (3-Year Rolling Rate per 100,000 Population)

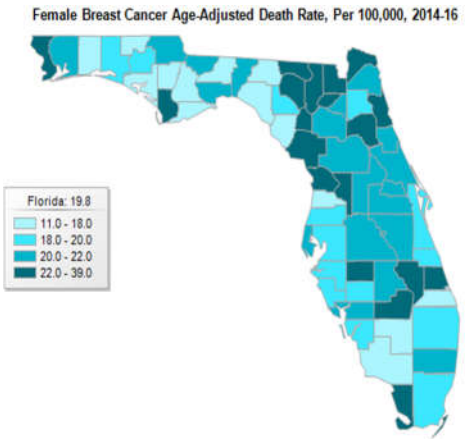
	2007-09		2009-11		2011-13		2013-15		2014-16	
Ethnicity	Count	Rate	Count	Rate	Count	Rate	Count	Rate	Count	Rate
Hispanic – St. Johns	19	100.6	19	85.5	24	100.9	24	93.7	28	100.3
Hispanic – Florida	12,016	116.9	12,829	113.6	13,937	118.2	15.096	119.1	15,901	114.4
Non-Hispanic – St. Johns	1,115	163.4	1,151	162.7	1,103	149.6	1,291	161	1,375	162.9
Non-Hispanic –Florida	109,041	171.9	109,856	169.9	111,017	167.3	113,108	163.3	114,143	163.6

Source: Florida Health Community Health Assessment Resource Tool Set (FLHealthCHARTS) http://www.flhealthcharts.com

Cancer death counts and rates for ethnicity are presented in the table above. Cancer death counts and rates in St. Johns County, FL are lower than State death rates for both Hispanic and non-Hispanic populations.

MAPP Phase 3

Breast Cancer



Indicator: Age-adjusted death rate per 100,000 population due to breast cancer.

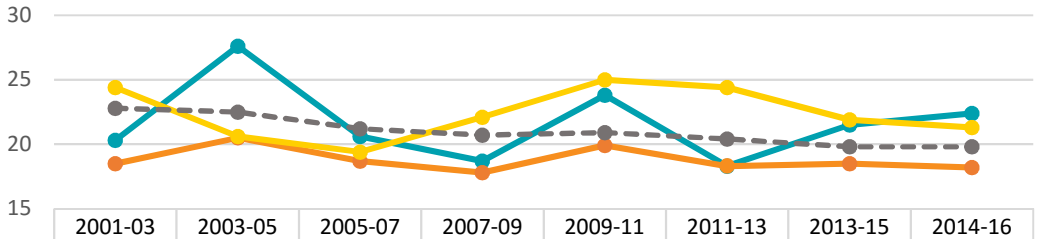
Why is this important?

Breast cancer forms in the glandular tissue of the breast. The main factors that increase the risk of developing breast cancer include, being a woman and older age. Breast cancer is the second leading cause of death among women in the nation and while not as common, breast cancer can also develop in men. The Centers for Disease Control and Prevention (CDC) reports that about 237,000 women and 2,100 men are diagnosed with breast cancer each year. A health care provider should conduct a clinical breast exam, explain the benefits of regular self-breast exams, and identify the right time a person should get a mammogram (a breast x-ray). Regular mammograms are the best available tests to detect breast cancer early, sometimes up to three years before signs and symptoms, which can lower the risk of dying from breast cancer. The United States Preventive Services Task Force recommends that "average-risk women who are 50 to 74 years of age should have a screening mammogram every two years." Visit CDC's website for more information: www.cdc.gov/cancer

*The breast cancer death rate for females in St. Johns County, FL has **unfavorably** been on the rise since 2011-2013—surpassing the Florida cancer death rate in 2014-2016.*

Age-Adjusted Female Breast Cancer Death Rate

3-Year Rolling Rate per 100,000 Population



	2001-03	2003-05	2005-07	2007-09	2009-11	2011-13	2013-15	2014-16
St. Johns County	20.3	27.6	20.6	18.7	23.8	18.3	21.5	22.4
Peer County Average	18.5	20.5	18.7	17.8	19.9	18.3	18.5	18.2
Regional Peer County Average	24.4	20.6	19.4	22.1	25.0	24.4	21.9	21.3
Florida	22.8	22.5	21.2	20.7	20.9	20.4	19.8	19.8

Note: Peer counties include Collier, Lake, and Manatee counties. Regional peer counties include Clay, Flagler, and Nassau counties.
Source: Florida Health Community Health Assessment Resource Tool Set (FLHealthCHARTS) http://www.flhealthcharts.com

The breast cancer death rate for females in St. Johns County, FL has unfavorably been increasing since 2011-13. The most recent female breast cancer rate for St. Johns County is higher than the Florida rate, Regional Peer County Average and Peer County Average rates.

The Healthy People 2020 national health target is to reduce the breast cancer death rate to 20.7 deaths per 100,000 females. At a recent rate of 22.4 deaths per 100,000 females, St. Johns County, FL has yet to meet the national target.

Estimated New Cases and Deaths from Female Breast Cancer in the United States in 2017

New female breast cancer cases: 252,710 – 15.0% of all new cancer cases

Female breast cancer deaths: 40,610 – 6.8% of all cancer deaths

Source: National Cancer Institute accessed via http://seer.cancer.gov/statfacts/html/breast.html

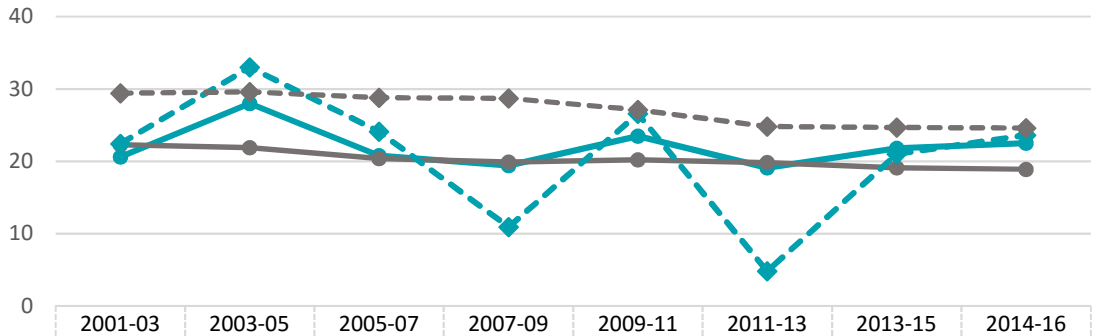
Health Outcomes – Chronic Diseases

MAPP Phase 3

*Breast cancer death rates are **unfavorably** increasing among St. Johns County's Black and White females.*

Age-Adjusted Female Breat Cancer Death Rate by Race

3-Year Rolling Rate per 100,000 Population



	2001-03	2003-05	2005-07	2007-09	2009-11	2011-13	2013-15	2014-16
White - St. Johns County	20.6	28.0	20.8	19.4	23.5	19.1	21.8	22.5
White - Florida	22.3	21.9	20.4	19.9	20.2	19.8	19.1	18.9
Black - St. Johns County	22.4	33.0	24.1	10.9	26.6	4.8	21.0	23.6
Black - Florida	29.4	29.6	28.8	28.7	27.1	24.8	24.7	24.6

Source: Florida Health Community Health Assessment Resource Tool Set (FLHealthCHARTS) http://www.flhealthcharts.com

Breast cancer death rates are unfavorably increasing among St. Johns County's Black and White females. The breast cancer death rates for Black females in St. Johns County, FL increased by about four times since 2011-13; however, rates among Black females have fluctuated over time due to the small number of deaths among Black females in the County (5 or less deaths per time periods presented). Note that rates are considered unstable when based on fewer than 5 events.

Age-Adjusted Female Breast Cancer Death Rate by Ethnicity

(3-Year Rolling Rate per 100,000 Population)

	2007-09		2009-11		2011-13		2013-15		2014-16	
Ethnicity	Count	Rate	Count	Rate	Count	Rate	Count	Rate	Count	Rate
Hispanic – St. Johns County, FL	0	0	1	6.4	1	5.6	1	5.2	5	26.6
Hispanic – Florida	821	13.9	959	14.8	1,057	15.6	1,132	15.6	1,198	15.1
Non-Hispanic – St. Johns County, FL	73	19.4	92	24.4	70	18.8	87	22.3	93	22.3
Non-Hispanic –Florida	7,196	22.1	7,380	22.2	7,282	21.4	7,308	20.8	7,395	21

Source: Florida Health Community Health Assessment Resource Tool Set (FLHealthCHARTS) http://www.flhealthcharts.com

The most recent death rates for St. Johns County's Hispanic and non-Hispanic populations are unfavorably higher than the corresponding Florida rates. The Centers for Disease Control and Prevention (CDC) reports that breast cancer is the leading cause of cancer death among Hispanic women in the United States.

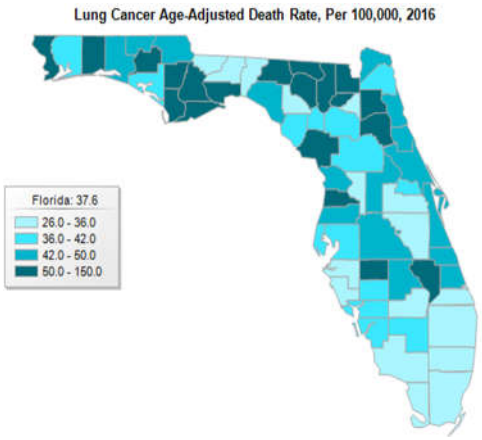
Looking for Conversation Starters, Best Practices, or Tools for Collaborative Initiatives?

Information and supportive resources for breast cancer are available through the following organizations:

- U.S. HHS Office of Women's Health http://womenshealth.gov/breast-cancer
- National Breast and Cervical Cancer Early Detection Program www.cdc.gov/cancer/nbccedp
- The Susan G. Komen Foundation http://ww5.komen.org
  - Need a mammogram but have no health insurance? Call the **M-Line**: **1-877-969-6266**
- National Cancer Institute's Cancer Information Service (LiveHelp) https://livehelp.cancer.gov
- CDC's "The Guide toCommunity Preventive Services" www.TheCommunityGuide.org

MAPP Phase 3

Lung Cancer



Indicator: Age-adjusted death rate per 100,000 population due to lung cancer.

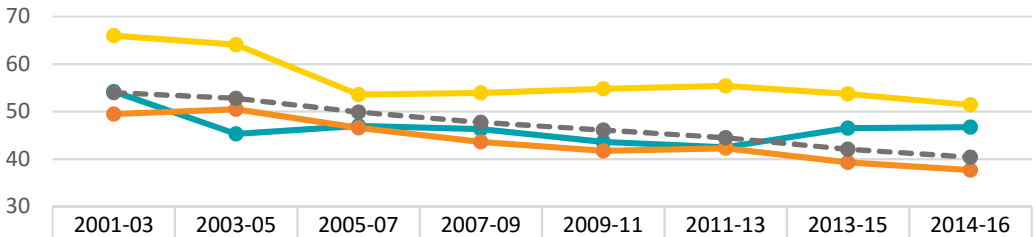
Why is this important?

According to the National Cancer Institute, lung cancer is the second most common cancer and the leading cause of death from cancer for men and women in the United States—out of 100 people diagnosed with cancer, 13 were diagnosed with lung cancer in 2016. Lung cancer begins in the lungs and may spread to other organs. Since smoking is the leading risk factor for developing lung cancer, quitting smoking is the most important step a person can take to lower his or her risk of developing the disease. Lung cancer can also occur in populations who have never smoked. Other risk factors for lung cancer include but are not limited to, tobacco use, HIV infection, family history of lung cancer, and exposure to: secondhand smoke, radon, asbestos, and/or arsenic. For more information on lung cancer visit the following National Cancer Institute website: https://www.cancer.gov/types/lung

*Lung cancer death rates have been **unfavorably** increasing in St. Johns County, FL since 2011-13. Most recent death rates are higher than the State rates.*

Age-Adjusted Lung Cancer Death Rate

3-Year Rolling Rate per 100,000 Population



	2001-03	2003-05	2005-07	2007-09	2009-11	2011-13	2013-15	2014-16
St. Johns County	54.2	45.3	47.0	46.3	43.6	42.5	46.5	46.7
Peer County Average	49.5	50.5	46.6	43.6	41.7	42.3	39.3	37.7
Regional Peer County Average	66.0	64.1	53.6	53.9	54.8	55.4	53.7	51.4
Florida	54.0	52.8	49.9	47.7	46.1	44.5	42.1	40.4

Note: Peer counties include Collier, Lake, and Manatee counties. Regional peer counties include Clay, Flagler, and Nassau counties.
Source: Florida Health Community Health Assessment Resource Tool Set (FLHealthCHARTS) http://www.flhealthcharts.com

As presented above, lung cancer death rates have fluctuated over time and have unfavorably increased since 2011-13—unlike the State rates wich have decreased overall since 2001-03. Most recent rates for St. Johns County are higher than the Florida rates and Peer County Average rates but lower than the Regional Peer Average rates.

The Healthy People 2020 national health target is to reduce the lung cancer death rate to 45.5 deaths per 100,000 population. At a most recent rate of 46.7 deaths per 100,000 population, St. Johns County, FL is close to meeting this national health target.

Estimated New Cases and Deaths from Lung and Bronchus Cancer in the United States in 2017

New lung and bronchus cases: 222,500 – 13.2% of all new cancer cases

Deaths from lung and bronchus cancer: 155,870 – 25.9% of all cancer deaths

Source: National Cancer Institute accessed via http://seer.cancer.gov/statfacts/html/lungb.htm

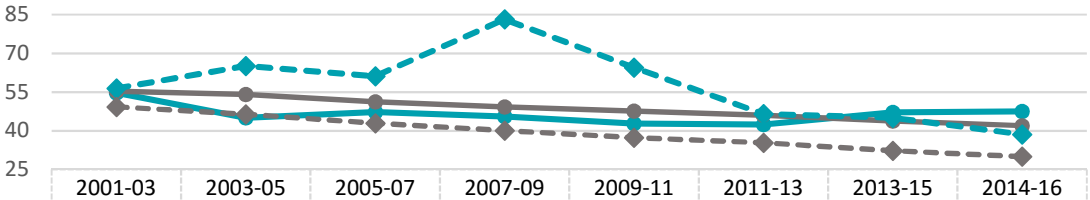
Health Outcomes – Chronic Diseases

MAPP Phase 3

*Lung cancer death rates have **unfavorably** increased for St. Johns County's White population since 2011-13—surpassing the State rate in 2013-15.*

Age-Adjusted Lung Cancer Death Rate by Race

3-Year Rolling Rate per 100,000 Population



	2001-03	2003-05	2005-07	2007-09	2009-11	2011-13	2013-15	2014-16
White - St. Johns County	54.7	45.0	47.3	45.5	42.8	42.4	47.2	47.5
White - Florida	55.3	54.1	51.2	49.3	47.6	46.1	43.8	42.0
Black - St. Johns County	56.5	65.1	61.2	83.2	64.5	46.5	45.0	38.6
Black - Florida	49.3	46.4	43.0	40.1	37.4	35.4	32.3	30.0

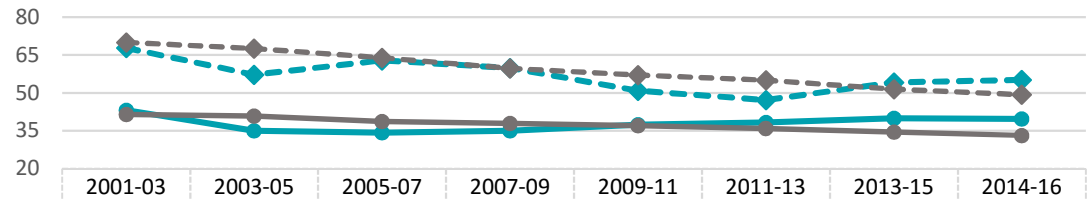
Source: Florida Health Community Health Assessment Resource Tool Set (FLHealthCHARTS) http://www.flhealthcharts.com

Lung cancer death rates have increased for St. Johns County's White population since 2011-13—surpassing the State rate in 2013-15. While we see historically higher death rates among the Black population (when compared to the State) and recent increasing death rates among the White population, the gap between St. Johns County's Black and White population death rates has almost closed in the past few years.

*Lung cancer death rates have **unfavorably** increased for Females and Males in St. Johns County, FL. Recent rates for both sexes are higher than respective State rates.*

Age-Adjusted Lung Cancer Death Rate by Sex

3-Year Rolling Rate per 100,000 Population



	2001-03	2003-05	2005-07	2007-09	2009-11	2011-13	2013-15	2014-16
Female - St. Johns County	43.2	35.1	34.3	35.1	37.5	38.3	40.0	39.7
Female - Florida	41.5	40.9	38.7	38.0	37.1	35.9	34.5	33.2
Male - St. Johns County	67.8	57.2	62.9	59.9	50.9	47.2	54.2	55.2
Male - Florida	70.0	67.6	63.9	59.7	57.1	55.0	51.5	49.3

Source: Florida Health Community Health Assessment Resource Tool Set (FLHealthCHARTS) http://www.flhealthcharts.com

Lung cancer death rates for St. Johns County's Female population have been rising since 2005-07—surpassing State rates since 2009-11. Lung cancer death rates for St. Johns County's Male population have fluctuated over time—surpassing State rates since 2013-15. Over time, the gap in deaths rates between Females and Males at the County and State level has shrunk.

Looking for Conversation Starters, Best Practices, or Tools for Collaborative Initiatives?

Information and supportive resources for lung cancer are available through the following organizations:

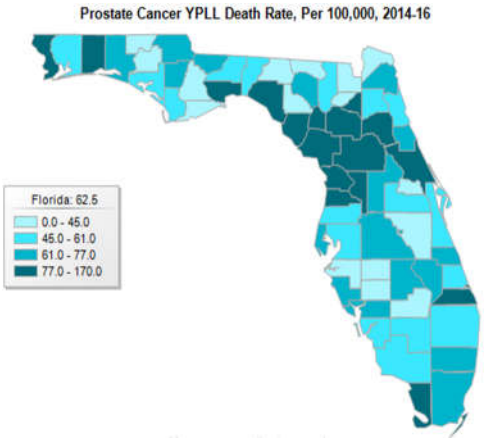
- U.S. Department of Health & Human Service (HHS) "Live well. Learn how." www.HealthFinder.gov
- National Institutes of Health - Medline Plus www.nlm.nih.gov/medlineplus
- National Cancer Institute's Cancer Information Service (LiveHelp) https://livehelp.cancer.gov
- CDC's "The Guide to Community Preventive Services" www.TheCommunityGuide.org
- Lung Cancer Foundation http://www.lungcancerfoundation.org

MAPP Phase 3

Prostate Cancer

Indicator: Age-adjusted death rate per 100,000 population due to prostate cancer.

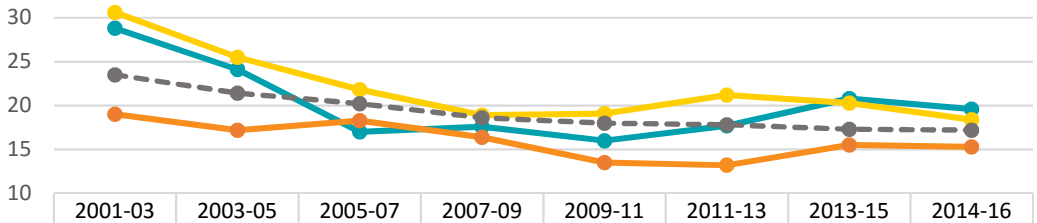
Why is this important?



Prostate cancer develops in the prostate, a gland found below the bladder and in front of the rectum in the male reproductive system. Prostate cancer is the second most common cancer in men in the United States. According to the National Cancer Institute, nationally "about one out of five men are diagnosed with prostate cancer" yet "most men diagnosed with prostate cancer do not die of it." Men have a greater chance of getting prostate cancer if they are: 50 years of age or older; are African-American; or have a father, brother, or son who has had prostate cancer. The National Cancer Institute states that to date, no standard or routine screening test for prostate cancer exists. Currently, scientists are studying ways to improve the accuracy of prostate cancer screening tests, such as the prostate-specific antigen (PSA) test, for early cancer detection. Men should work with their doctor to understand the benefits and harms of screening. More information is available via the following National Cancer Institute web link: https://www.cancer.gov/types/prostate

*Prostate cancer death rates in St. Johns County, FL have been **unfavorably** increasing since 2009-11—surpassing the State rate, Peer County average, and Regional Peer County average rates in 2013-15.*

Age-Adjusted Prostate Cancer Death Rate
3-Year Rolling Rate per 100,000 Population



	2001-03	2003-05	2005-07	2007-09	2009-11	2011-13	2013-15	2014-16
St. Johns County	28.8	24.1	17.0	17.6	16.0	17.7	20.8	19.6
Peer County Average	19.0	17.2	18.3	16.4	13.5	13.2	15.5	15.3
Regional Peer County Average	30.6	25.5	21.8	18.9	19.1	21.2	20.3	18.4
Florida	23.5	21.4	20.2	18.6	18.0	17.8	17.3	17.2

Note: Peer counties include Collier, Lake, and Manatee counties. Regional peer counties include Clay, Flagler, and Nassau counties.
Source: Florida Health Community Health Assessment Resource Tool Set (FLHealthCHARTS) http://www.flhealthcharts.com

Overall, prostate cancer death rates in St. Johns County, FL have been unfavorably increasing since 2009-11—surpassing the State rate in 2013-15. Most recent County death rates are also higher than the Peer County and Regional Peer County average rates.

The Healthy People 2020 target is to reduce the overall prostate cancer death rate to 21.8 deaths per 100,000 population. At a recent 3-year rolling rate of 19.6 deaths per 100,000 population, St. Johns County, FL has met this national health target.

Estimated New Cases and Deaths from Prostate Cancer in the United States in 2017

New prostate cancer cases: 161,360 – 9.6% of all new cancer cases

Prostate cancer deaths: 26,730 – 4.4% of all cancer deaths

Source: National Cancer Institute accessed via https://seer.cancer.gov/statfacts/html/prost.html

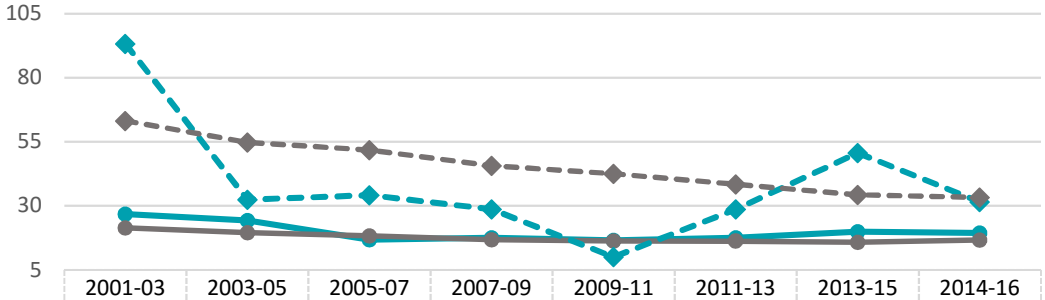
Health Outcomes – Chronic Diseases

MAPP Phase 3

*Overall, prostate cancer death rates are **unfavorably** increasing for St. Johns County's White and Black populations. The most recent County death rate for the White Population is higher than the State rate.*

Age-Adjusted Prostate Cancer Death Rate by Race

3-Year Rolling Rate per 100,000 Population



	2001-03	2003-05	2005-07	2007-09	2009-11	2011-13	2013-15	2014-16
White - St. Johns County	26.8	24.3	16.8	17.6	16.6	17.6	19.9	19.4
White - Florida	21.4	19.5	18.3	16.8	16.3	16.2	15.8	16.7
Black - St. Johns County	93.3	32.4	34.1	28.6	10.0	28.7	50.7	31.5
Black - Florida	63.2	54.8	51.8	45.6	42.5	38.4	34.3	33.3

Source: Florida Health Community Health Assessment Resource Tool Set (FLHealthCHARTS) http://www.flhealthcharts.com

As presented above, most recent rates for St. Johns County's White population are higher than Florida rates. Prostate cancer death rates for St. Johns County's White and Black populations have increased since 2009-11. While we see a gap in death rates between St. Johns County's Black and White populations, we must take into account that rates are considered unstable when based on fewer than 5 events—with the exeption of 2001-03 and 2014-16, the prostate cancer death rates presented above were calculated based on less than 5 prostate cancer deaths reported among the Black population in St. Johns County, FL within each time period.

Age-Adjusted Prostate Cancer Death Rate by Ethnicity

3-Year Rolling Rate per 100,000 Population

	2007-09		2009-11		2011-13		2013-15		2014-16	
Ethnicity	Count	Rate	Count	Rate	Count	Rate	Count	Rate	Count	Rate
Hispanic – St. Johns County	2	29.5	1	14.4	0	0	1	13	1	11.9
Hispanic – Florida	685	17.7	726	16.9	787	17.7	839	17.3	879	16.4
Non-Hispanic – St. Johns	50	17.3	49	16.1	57	18.1	72	20.9	73	19.8
Non-Hispanic –Florida	5,638	18.8	5,453	18.2	5,430	17.8	5,563	17.3	5,614	17.2

Source: Florida Health Community Health Assessment Resource Tool Set (FLHealthCHARTS) http://www.flhealthcharts.com

The table above presents prostate cancer death counts and rates for St. Johns County, FL and Florida. Note that while the rate for St. Johns County's Hispanic population (11.9) is lower than the rate for St. Johns County's non-Hispanic population (19.8), rates are considered unstable when based on fewer than 5 events or when the denominator (the population in review) is less than 20. Overall, prostate cancer death rates have increased among St. Johns County's non-Hispanic population since 2007-09—surpassing non-Hispanic State prostate cancer death rates since 2011-13.

Looking for Conversation Starters, Best Practices, or Tools for Collaborative Initiatives?

Information and supportive resources for prostate cancer are available through the following organizations:

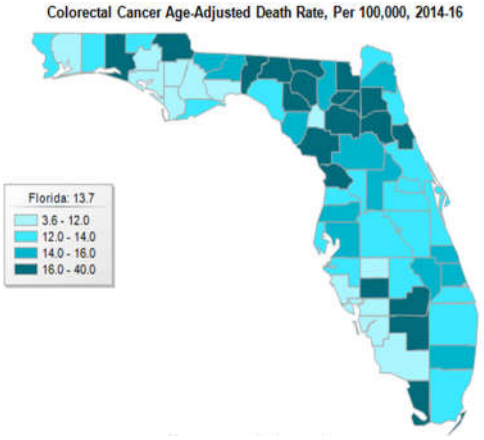
- CDC's "The Guide to Community Preventive Services" www.TheCommunityGuide.org
- National Institutes of Health - Medline Plus www.nlm.nih.gov/medlineplus
- National Cancer Institute's Cancer Information Service (LiveHelp) https://livehelp.cancer.gov
- Know Your Prostate Plan https://www.knowyourprostateplan.com
- Prostate Cancer Foundation https://www.pcf.org

MAPP Phase 3

Colorectal (Colon) Cancer

Indicator: Age-adjusted death rate per 100,000 population due to colorectal cancer.

Why is this important?

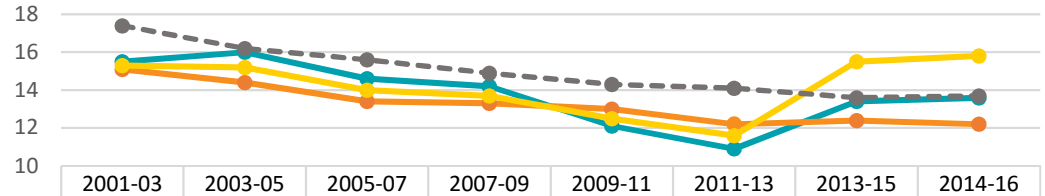


Colorectal cancer is defined as a cancer that forms in the tissues of the colon (the longest part of the large intestine). It affects men and women, regardless of race and ethnicity, and is most often found in people 50 years of age or older. Age, presence of colorectal polyps, family history of colorectal cancer, poor diet, and smoking increase the risk of developing colorectal cancer. A 2017 study by the American Cancer Society found that colorectal cancer is becoming more common among young and middle-aged adults; compared to people "born around 1950, when colorectal cancer risk was lowest, those born in 1990 have double the risk of colon cancer and quadruple the risk of rectal cancer." Researchers suspect obesity, an unhealthy diet, and lack of physical activity are likely to blame for increasing colorectal cancer rates among those younger than 50 years of age. Colorectal cancer can begin with no symptoms, which is why regular screening is important. Through screening, pre-cancerous polyps can be identified and removed before turning into cancer. For more information visit CDC's website: www.cdc.gov/cancer/colorectal/

*Colorectal cancer death rates have been increasing in St. Johns County since 2011-13 but recent rates are **favorably** lower than the State rates.*

Age-Adjusted Colorectal Cancer Death Rate

3-Year Rolling Rate per 100,000 Population



	2001-03	2003-05	2005-07	2007-09	2009-11	2011-13	2013-15	2014-16
St. Johns County	15.5	16.0	14.6	14.2	12.1	10.9	13.4	13.6
Peer County Average	15.1	14.4	13.4	13.3	13.0	12.2	12.4	12.2
Regional Peer County Average	15.3	15.2	14.0	13.7	12.5	11.6	15.5	15.8
Florida	17.4	16.2	15.6	14.9	14.3	14.1	13.6	13.7

Note: Peer counties include Collier, Lake, and Manatee counties. Regional peer counties include Clay, Flagler, and Nassau counties.
Source: Florida Health Community Health Assessment Resource Tool Set (FLHealthCHARTS) http://www.flhealthcharts.com

While overall colorectal cancer death rates have decreased over time, since 2011-13 colorectal cancer death rates have been increasing. Recent rates for the County are lower than State rates and Regional Peer County Average rates.

The Healthy People 2020 national health target is to reduce the colorectal cancer death rate to 14.5 deaths per 100,000 population. St. Johns County's most recent rate is 13.6 deaths per 100,000 population—our community has met the Healthy People 2020 target!

Estimated New Cases and Deaths from Colorectal Cancer in the United States in 2017

New colorectal cancer cases: 135,430 – 8% of all new cancer cases

Deaths from colorectal cancer: 50,260 – 8.4% of all cancer deaths

Source: National Cancer Institute accessed via http://seer.cancer.gov/statfacts/html/colorect.html

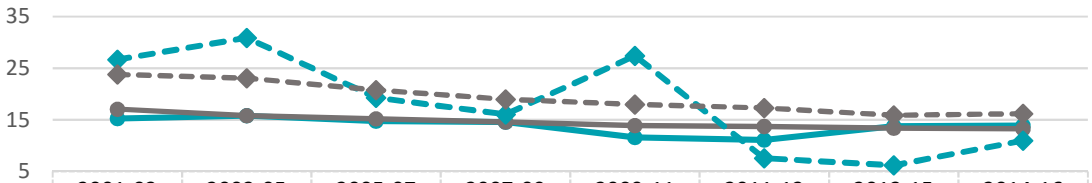
Health Outcomes – Chronic Diseases

MAPP Phase 3

*Colorectal cancer death rates have been **unfavorably** increasing in St. Johns County, FL since 2011-13 for both Black and White populations.*

Age-Adjusted Colorectal Cancer Death Rate by Race

3-Year Rolling Rate per 100,000 Population



	2001-03	2003-05	2005-07	2007-09	2009-11	2011-13	2013-15	2014-16
White - St. Johns County	15.3	15.8	14.8	14.6	11.6	11.1	13.8	13.9
White - Florida	17.1	15.8	15.2	14.6	13.9	13.7	13.4	13.3
Black - St. Johns County	26.7	30.9	19.3	16.1	27.4	7.6	6.2	11.0
Black - Florida	23.8	23.1	20.8	19.0	18.0	17.3	15.9	16.2

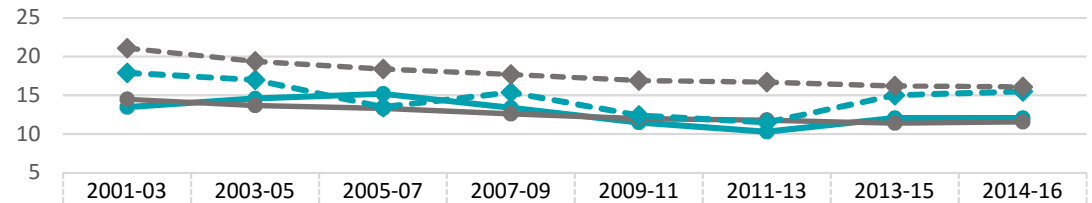
Source: Florida Health Community Health Assessment Resource Tool Set (FLHealthCHARTS) http://www.flhealthcharts.com

Overall, colorectal cancer death rates have decreased over time for both Black and White populations in St. Johns County. However, death rates have been increasing since 2011-13 both races. Rates among the Black population have fluctuated over time due to small number of deaths in the County (9 or less deaths per time periods presented).

*Colorectal cancer death rates have been **unfavorably** increasing in St. Johns County since 2011-13 for both Females and Males.*

Age-Adjusted Colorectal Cancer Death Rate by Sex

3-Year Rolling Rate per 100,000 Population



	2001-03	2003-05	2005-07	2007-09	2009-11	2011-13	2013-15	2014-16
Female - St. Johns County	13.5	14.6	15.2	13.4	11.5	10.3	12.1	12.1
Female - Florida	14.5	13.7	13.3	12.6	12.0	11.8	11.4	11.6
Male - St. Johns County	17.9	17.0	13.5	15.4	12.4	11.5	15.0	15.5
Male - Florida	21.1	19.4	18.4	17.7	16.9	16.7	16.2	16.1

Source: Florida Health Community Health Assessment Resource Tool Set (FLHealthCHARTS) http://www.flhealthcharts.com

Overall, colorectal cancer death rates have decreased over time for both Males and Females in St. Johns County, FL. Yet, since 2011-13, colorectal cancer death rates have been increasing for both sexes. In St. Johns County, recent death rates for Males remain lower when compared to State rates. Recent County and State rates for the Male population are higher than Female population rates. Most recent rates for County females are slightly higher than rates for Florida females.

Looking for Conversation Starters, Best Practices, or Tools for Collaborative Initiatives?

Information and supportive resources for colorectal cancer are available through the following organizations:

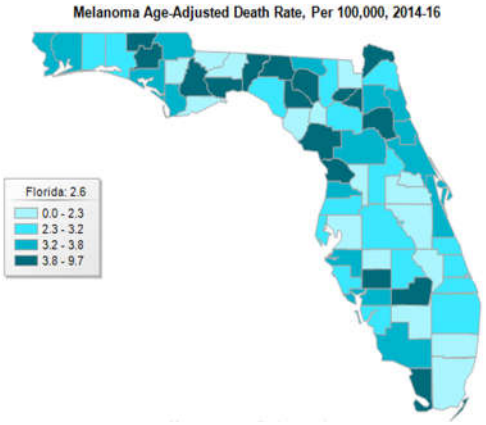
- American Cancer Society www.Cancer.org
- Cancer Care http://www.cancercare.org/diagnosis/colorectal_cancer
- Colorectal Cancer Alliance https://www.ccalliance.org
- The National Colorectal Cancer Roundtable http://nccrt.org

MAPP Phase 3

Melanoma Skin Cancer

Indicator: Age-adjusted death rate per 100,000 population due to melanoma skin cancer.

Why is this important?

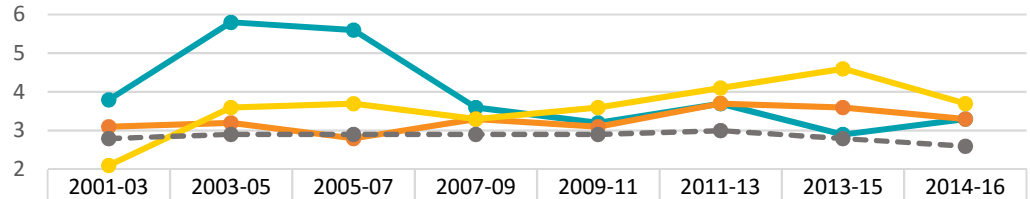


According to the American Cancer Society, skin cancer is the most common cancer in the United States. Melanoma is a type of skin cancer that begins in the melanocytes, the type of skin cells that produce melanin. While melanoma is less common than other types of skin cancer, it is the deadliest and it is more likely to spread and grow. Dark pigmented skin lowers the risk of developing melanoma in some of the more common sites (e.g. chest, back, and legs) yet anyone can develop melanoma anywhere on the skin. The Centers for Disease Control and Prevention (CDC) finds that more than 90% of melanoma cases are caused by ultraviolet exposure. Other risk factors for developing melanoma include, having a fair complexion, being exposed to natural sunlight or artificial sunlight (e.g. tanning beds) over long periods of time, and having a family history of skin cancer. For more information visit the American Cancer Society website: www.cancer.org/cancer/melanoma-skin-cancer and the CDC website: www.cdc.gov/vitalsigns/melanoma

*Melanoma cancer death rates have **favorably** declined over time in St. Johns County, FL; however, most recent rates exceed Florida rates.*

Age-Adjusted Melanoma Skin Cancer Death Rate

3-Year Rolling Rate per 100,000 Population



	2001-03	2003-05	2005-07	2007-09	2009-11	2011-13	2013-15	2014-16
St. Johns County	3.8	5.8	5.6	3.6	3.2	3.7	2.9	3.3
Peer County Average	3.1	3.2	2.8	3.3	3.1	3.7	3.6	3.3
Regional Peer County Average	2.1	3.6	3.7	3.3	3.6	4.1	4.6	3.7
Florida	2.8	2.9	2.9	2.9	2.9	3.0	2.8	2.6

Note: Peer counties include Collier, Lake, and Manatee counties. Regional peer counties include Clay, Flagler, and Nassau counties.
Source: Florida Health Community Health Assessment Resource Tool Set (FLHealthCHARTS) http://www.flhealthcharts.com

As presented above, melanoma cancer death rates have favorably declined over time in St. Johns County, FL; however, most recent County rates exceed Florida rates. The most recent St. Johns County, FL rate is lower than the Regional Peer County Average rate and equal to the Peer County Average rate.

The Healthy People 2020 national health target is to reduce the melanoma cancer death rate to 2.4 deaths per 100,000 population. At a recent rate of 3.3 per 100,000, St. Johns County has yet to meet this national health target.

Estimated New Cases and Deaths from Melanoma Cancer in the United States in 2017

New melanoma cancer cases: 87,110 – 5.2% of all new cancer cases

Deaths from melanoma cancer: 9,730 – 1.6% of all cancer deaths

Source: National Cancer Institute accessed via http://seer.cancer.gov/statfacts/html/melan.html

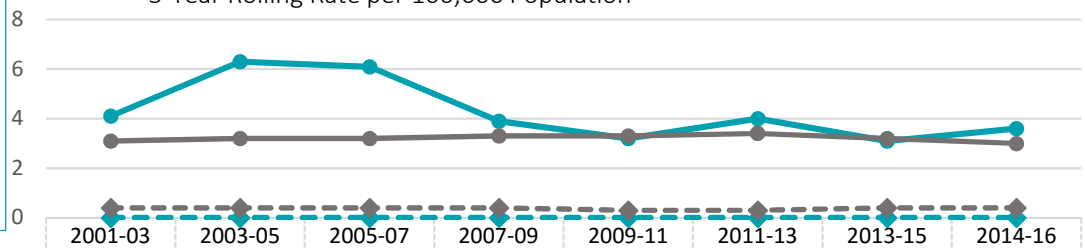
Health Outcomes – Chronic Diseases

MAPP Phase 3

*In St. Johns County, FL, melanoma cancer death rates have **favorably** declined for the White population since 2003-05. Death rates have been zero for the Black population since 1998.*

Age-Adjusted Melanoma Skin Cancer Death Rate by Race

3-Year Rolling Rate per 100,000 Population



	2001-03	2003-05	2005-07	2007-09	2009-11	2011-13	2013-15	2014-16
White - St. Johns County	4.1	6.3	6.1	3.9	3.2	4.0	3.1	3.6
White - Florida	3.1	3.2	3.2	3.3	3.3	3.4	3.2	3.0
Black - St. Johns County	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Black - Florida	0.4	0.4	0.4	0.4	0.3	0.3	0.4	0.4

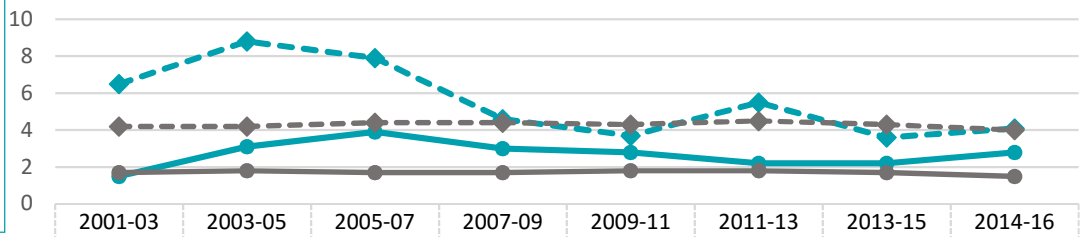
Source: Florida Health Community Health Assessment Resource Tool Set (FLHealthCHARTS) http://www.flhealthcharts.com

As presented in the figure above, melanoma skin cancer death rates for St. Johns County's White population have favorably declined since 2003-05. The most recent rate for St. Johns County's White population is slightly higher than the Florida rate. The three-year rolling rates for the County's Black population have been zero since 1998. The large gap between the St. Johns County, FL and State White and Black populations may be mainly attributable to dark pigmented skin reducing the risk of developing melanoma skin cancer.

*The gap between melanoma death rates for Females and Males in St. Johns County, FL is closing; yet, death rates for Females in St. Johns County, FL continue to be **unfavorably** higher than State rates.*

Age-Adjusted Melanoma Skin Cancer Death Rate by Sex

3-Year Rolling Rate per 100,000 Population



	2001-03	2003-05	2005-07	2007-09	2009-11	2011-13	2013-15	2014-16
Female - St. Johns County	1.5	3.1	3.9	3.0	2.8	2.2	2.2	2.8
Female - Florida	1.7	1.8	1.7	1.7	1.8	1.8	1.7	1.5
Male - St. Johns County	6.5	8.8	7.9	4.6	3.7	5.5	3.6	4.1
Male - Florida	4.2	4.2	4.4	4.4	4.3	4.5	4.3	4.0

Source: Florida Health Community Health Assessment Resource Tool Set (FLHealthCHARTS) http://www.flhealthcharts.com

As presented in the figure above, the gap between melanoma death rates for Females and Males in St. Johns County, FL is closing. However, death rates for the St. Johns County's Female population continue to be higher than respective Florida rates. Death rates for the County's Male population have decreased overall.

Looking for Conversation Starters, Best Practices, or Tools for Collaborative Initiatives?

Information and supportive resources for melanoma cancer are available through the following organizations:

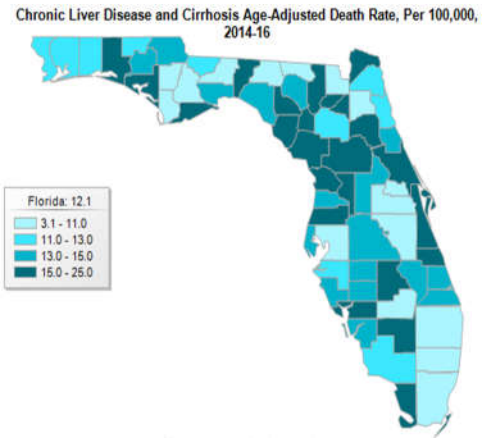
- U.S. Environmental Protection Agency's (EPA) SunWise Program https://www.epa.gov/sunsafety
- Melanoma Research Foundation https://www.melanoma.org
- Cancer Care http://www.cancercare.org/diagnosis/melanomaCDC's
- CDC's "The Guide to Community Preventive Services" www.TheCommunityGuide.org

MAPP Phase 3

Chronic Liver Disease and Cirrhosis

Indicator: Age-adjusted death rate per 100,000 population due to chronic liver disease and cirrhosis.

Why is this important?

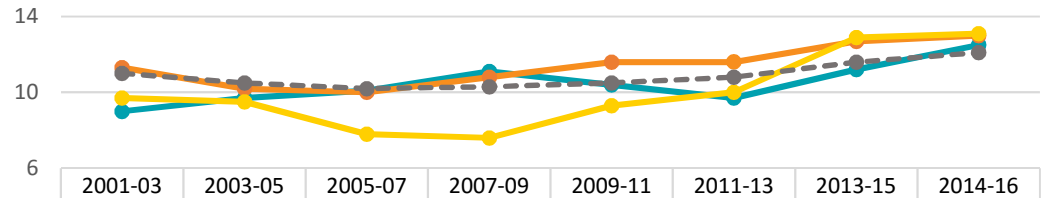


Chronic liver disease and cirrhosis are leading causes of illness and death in the United States and St. Johns County, FL, with most preventable cases attributed to excessive drinking, viral hepatitis, or non-alcoholic fatty liver disease. The liver is essential in keeping the body functioning properly. It removes or neutralizes poisons from the blood, produces immune agents to control infection, and removes germs and bacteria from the blood. The liver makes proteins that regulate blood clotting and produces bile to help absorb fats and fat-soluble vitamins. A human cannot live without a functioning liver. According to the CDC, while men are more likely to "drink alcohol and drink in larger amounts, gender differences in body structure and chemistry cause women to absorb more alcohol, and take longer to break it down and remove it from their bodies." Thus, the risk of cirrhosis and other alcohol-related liver diseases is higher for women than for men. More information can be accessed via the following CDC website: www.cdc.gov/nchs/fastats/liver-disease.htm

St. Johns County's chronic liver disease and cirrhosis death rate has increased over time—the most recent rate is slighlty higher than the Florida rate.

Age-Adjusted Chronic Liver Disease and Cirrhosis Death Rate

3-Year Rolling Rate per 100,000 Population



	2001-03	2003-05	2005-07	2007-09	2009-11	2011-13	2013-15	2014-16
St. Johns County	9.0	9.7	10.1	11.1	10.4	9.7	11.2	12.5
Peer County Average	11.3	10.2	10.0	10.8	11.6	11.6	12.7	13.0
Regional Peer County Average	9.7	9.5	7.8	7.6	9.3	10.0	12.9	13.1
Florida	11.0	10.5	10.2	10.3	10.5	10.8	11.6	12.1

Note: Peer counties include Collier, Lake, and Manatee counties. Regional peer counties include Clay, Flagler, and Nassau counties.
Source: Florida Health Community Health Assessment Resource Tool Set (FLHealthCHARTS) http://www.flhealthcharts.com

Overall, St. Johns County's chronic liver disease and cirrhosis death rate has increased over time. The current rate for St. Johns County, FL is slightly higher than that of Florida, and slightly lower than Peer County Average and Regional Peer County Average rates.

The Healthy People 2020 national health target is to reduce cirrhosis deaths to 8.2 deaths per 100,000 population. At a most recent rate of 12.5 deaths per 100,000 population, St. Johns County, FL has yet to meet the national health target.

Ways You Can Take Care of Your Liver – 2017

- Eat a healthy diet, exercise regularly, and do not smoke.
- Limit the amount of alcohol you drink and never mix alcohol with other drugs and medications.
- Avoid taking unnecessary medications and follow dose instructions & talk with your doctor regularly.
- Limit direct contact with toxins from cleaning and aerosol products, insecticides, and chemicals.

Source: American Liver Foundation http://www.liverfoundation.org/abouttheliver/liverhealth/

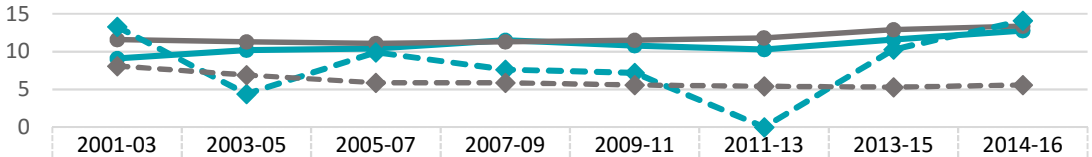
Health Outcomes – Chronic Diseases

MAPP Phase 3

St. Johns County's Black and White population chronic liver disease and cirrhosis death rates are increasing.

Age-Adjusted Chronic Liver Disease and Cirrhosis Death Rate by Race

3-Year Rolling Rate per 100,000 Population



	2001-03	2003-05	2005-07	2007-09	2009-11	2011-13	2013-15	2014-16
White - St. Johns County	9.1	10.2	10.4	11.5	10.8	10.3	11.6	12.8
White - Florida	11.6	11.3	11.1	11.3	11.5	11.8	12.9	13.4
Black - St. Johns County	13.3	4.4	9.9	7.6	7.2	0.0	10.3	14.1
Black - Florida	8.1	6.9	5.9	5.9	5.6	5.4	5.3	5.6

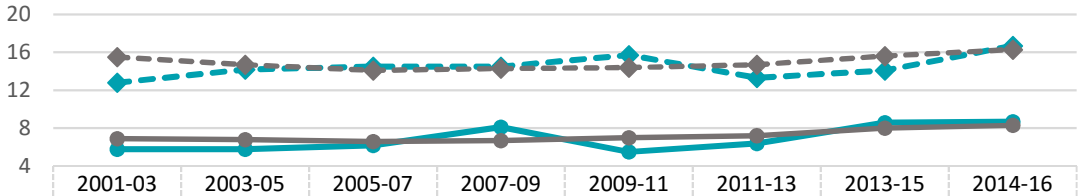
Source: Florida Health Community Health Assessment Resource Tool Set (FLHealthCHARTS) http://www.flhealthcharts.com

Chronic liver disease and cirrhosis death rates for the St. Johns County, FL White population have slowly increased since 2001-03, while rates for the Black population have increased since 2011-13. The most recent death rate for the St. Johns County, FL White population is lower than the Florida rate. The most recent death rate for the St. Johns County, FL Black population is almost three times higher than the Florida rate (note that the count of cases for St. Johns County's Black population increased from 0 to 6 deaths from 2011-13 to 2014-16 and that rates are considered unstable when based on fewer than 5 events).

St. Johns County's Male population chronic liver disease and cirrhosis death rates are about two times higher than rates for Females.

Age-Adjusted Chronic Liver Disease and Cirrhosis Death Rate by Sex

3-Year Rolling Rate per 100,000 Population



	2001-03	2003-05	2005-07	2007-09	2009-11	2011-13	2013-15	2014-16
Female - St. Johns County	5.8	5.8	6.2	8.1	5.5	6.4	8.6	8.7
Female - Florida	6.9	6.8	6.6	6.7	7.0	7.2	8.0	8.3
Male - St. Johns County	12.8	14.2	14.5	14.5	15.7	13.3	14.1	16.7
Male - Florida	15.5	14.7	14.1	14.3	14.4	14.7	15.6	16.3

Source: Florida Health Community Health Assessment Resource Tool Set (FLHealthCHARTS) http://www.flhealthcharts.com

Death rates for St. Johns County's Female and Male populations have paralleled the respective Florida rates since 2001-03. The most recent rates for females and males in St. Johns County, FL are similar to the respective Florida rates. Since 2001-03, the rates for the Male population in St. Johns County, FL have been on average about double the rates of the Female population.

Looking for Conversation Starters, Best Practices, or Tools for Collaborative Initiatives?

Information and supportive resources for chronic liver disease and cirrhosis are available through the organizations:

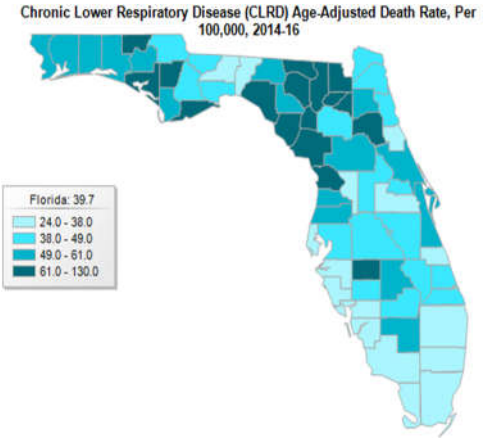
- American Liver Foundation "Your Liver. Your Life." www.LiverFoundation.org
- National Institute of Diabetes and Digestive & Kidney Diseases www.niddk.nih.gov
- Florida Health's "Healthiest Weight Initiative" www.HealthiestWeightFlorida.com
- CDC's "The Guide to Community Preventive Services" www.TheCommunityGuide.org
- Johns Hopkins Medicine http://www.hopkinsmedicine.org/healthlibrary/conditions/

MAPP Phase 3

Chronic Lower Respiratory Disease

Indicator: Age-adjusted death rate per 100,000 population due to chronic lower respiratory disease.

Why is this important?

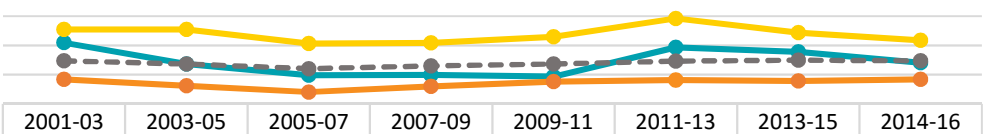


While often preventable and treatable, chronic lower respiratory disease (CLRD) is a leading cause of death in St. Johns County, FL and the nation. CLDR refers to a group of respiratory diseases, including chronic obstructive pulmonary disease (COPD) and asthma, among others. The most fatal of these diseases, COPD, is a progressive lung disease characterized by airflow blockage and includes diseases such as chronic bronchitis and emphysema. Even though COPD cannot be cured, it can be prevented and treated. Today, more than 11 million people nationwide have COPD. Factors that increase risk for COPD include: genetic predisposition, tobacco use, and exposure to environmental or occupational pollutants (e.g. dust, gas fumes, smoke, etc.) According to the Centers of Disease Control and Prevention (CDC), persons 65 to 74 years of age, non-Hispanic Whites, women, persons not working, persons with less than a high school education, populations with lower incomes, and populations who were divorced, widowed, or separated are more likely to report COPD. More information on COPD can be found via the following American Lung Association website http://www.lung.org/copd

*CLRD death rates in St. Johns County, FL have fluctuated over time—in recent years, rates have been **favorably** decreasing.*

Age-Adjusted Chronic Lower Respiratory Disease (CLRD) Death Rate

3-Year Rolling Rate per 100,000 Population



	2001-03	2003-05	2005-07	2007-09	2009-11	2011-13	2013-15	2014-16
St. Johns County	45.9	38.6	34.8	34.9	34.3	44.3	42.8	39.0
Peer County Average	33.3	31.1	29.0	30.9	32.6	33.1	32.8	33.3
Regional Peer County Average	50.4	50.4	45.6	45.8	47.9	54.2	49.3	46.7
Florida	39.7	38.6	37.0	37.9	38.6	39.6	39.9	39.7

Note: Peer counties include Collier, Lake, and Manatee counties. Regional peer counties include Clay, Flagler, and Nassau counties.
Source: Florida Health Community Health Assessment Resource Tool Set (FLHealthCHARTS) http://www.flhealthcharts.com

St. Johns County's chronic lower respiratory disease (CLRD) death rates decreased between 2001-03 and 2009-11 and increased between 2009-11 and 2011-13. Since 2011-13, CLRD death rates have been decreasing—the County's most recent rate is higher than the Regional Peer County average rate but lower than the State and Peer County rates.

Asthma in St. Johns County, FL and Florida – 2016

- Asthma caused 477 hospitalizations in St. Johns County, FL and 67,496 in Florida (71.0[1] and 110.2[1] respective rates)
- In St. Johns County, FL the asthma hospitalization rate was 3 times higher among the Black population (194.6[1]) when compared to the White population (65.0[1])

[1]2014-2016, 3-Year Rolling Rate per 100,000 Population
Source: Florida Health Community Health Assessment Resource Tool Set (FLHealthCHARTS) accessed via http://www.flhealthcharts.com

Asthma among Children in the United States – 2018

- Today, about 7.1 million children under 18 years of age have asthma (of 26 million Americans with the disease).
- Asthma is the third leading cause of hospitalization among kids—possibly because the disease is hard to diagnose
- Asthma causes more than 10 million lost school days—while asthma cannot be cured it can be treated

Source: American Lung Association accessed via http://www.lung.org/lung-health-and-diseases/lung-disease-lookup/asthma/

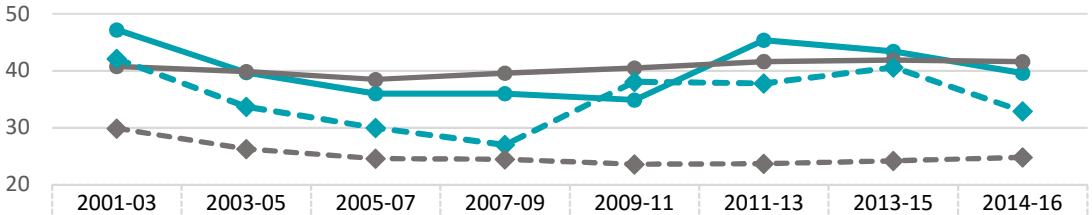
Health Outcomes – Chronic Diseases

MAPP Phase 3

*CLRD death rates for St. Johns County, FL Black and White populations have fluctuated over time—in recent years, rates have **favorably** decreased.*

Age-Adjusted Chronic Lower Respiratory Disease (CLRD) Death Rate by Race

3-Year Rolling Rater per 100,000 Population



	2001-03	2003-05	2005-07	2007-09	2009-11	2011-13	2013-15	2014-16
White - St. Johns County	47.2	39.7	36.0	36.0	34.9	45.4	43.4	39.6
White - Florida	40.8	39.9	38.5	39.6	40.5	41.6	41.9	41.6
Black - St. Johns County	42.1	33.7	30.0	27.0	38.1	37.8	40.6	32.9
Black - Florida	29.9	26.3	24.6	24.5	23.6	23.7	24.2	24.8

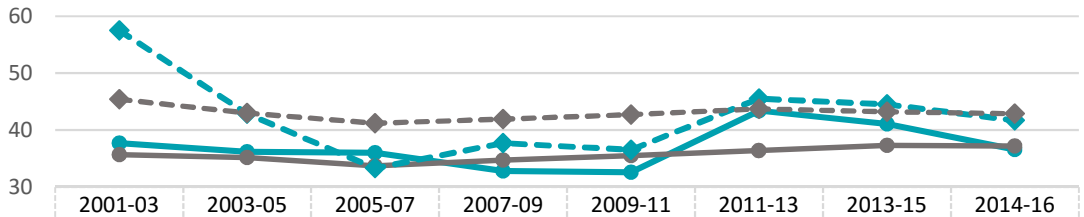
Source: Florida Health Community Health Assessment Resource Tool Set (FLHealthCHARTS) http://www.flhealthcharts.com

CLRD death rates for St. Johns County's White population decreased between 2001-03 and 2009-11, increased from 2009-11 to 2011-13, and decreased since 2011-13. The most recent CLRD death rate for St. Johns County's White population is lower than the State rate. CLRD death rates for St. Johns County's Black population decreased between 2001-03 and 2007-09, increased from 2007-09 to 2013-15, and decreased since 2013-15. The most recent CLRD death rate for St. Johns County's Black population is higher than the State rates.

*CLRD death rates for Females and Males in St. Johns County, FL have fluctuated over time—rates have **favorably** decreased recently.*

Age-Adjusted Chronic Lower Respiratory Disease Death Rate by Sex

3-Year Rolling Rate per 100,000 Population



	2001-03	2003-05	2005-07	2007-09	2009-11	2011-13	2013-15	2014-16
Female - St. Johns County	37.7	36.2	36.0	32.8	32.6	43.4	41.1	36.6
Female - Florida	35.7	35.2	33.7	34.7	35.5	36.4	37.3	37.2
Male - St. Johns County	57.5	42.9	33.3	37.7	36.5	45.5	44.5	41.7
Male - Florida	45.4	43.0	41.2	41.9	42.7	43.7	43.2	42.9

Source: Florida Health Community Health Assessment Resource Tool Set (FLHealthCHARTS) http://www.flhealthcharts.com

CLRD death rates for St. Johns County, FL Males and Females decreased overall from 2001-03 to 2009-11 and then increased from 2009-11 to 2011-13. Since 2011-13, death rates have been decreasing for both sexes. Most recent rates for St. Johns County, FL Males and Females are similar to corresponding State rates.

Looking for Conversation Starters, Best Practices, or Tools for Collaborative Initiatives?

Information and supportive resources for CLRD are available through the following organizations:

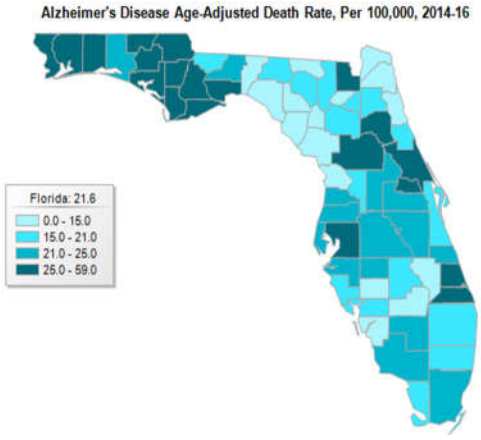
- American Lung Association's Lung Connection Community http://Connection.Lung.org
- U.S. Environmental Protection Agency - Indoor Air Quality www.EPA.gov/iaq/ia-intro.html
- U.S. Department of Health & Human Services "Live well. Learn how." www.HealthFinder.gov
- CDC's "The Guide to Community Preventive Services" www.thecommunityguide.org
- National Institutes of Health *Breathe Better Network* https://www.nhlbi.nih.gov

MAPP Phase 3

Alzheimer's Disease

Indicator: Age-adjusted death rate per 100,000 population due to Alzheimer's disease.

Why is this important?

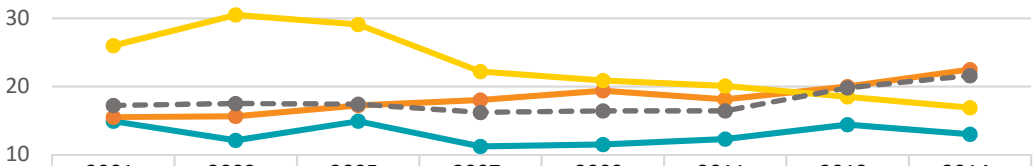


Alzheimer's disease, the most common form of dementia, is among the ten leading causes of death in St. Johns County, FL and in the United States—according to the Centers for Disease Control and Prevention (CDC), Alzheimer's disease death rates are on the rise nationally. While estimates vary, experts suggest that more than 5 million Americans may have Alzheimer's. Alzheimer's disease damages and eventually destroys brain cells in the parts of the brain that control thought, memory, and language. The disease begins with mild memory loss, progressively affects a person's ability to carry out daily activities, and ultimately leads to death. According to the National Institute on Aging, *"in most people with Alzheimer's, symptoms first appear in their mid-60s."* Although Alzheimer's disease most commonly affects older adults, it can also affect adults in their 30s or 40s (known as early-onset Alzheimer's disease). Researchers are still trying to understand what causes the disease to help them identify ways to prevent disease onset. Visit CDC's website for more information: www.cdc.gov/aging/aginginfo/alzheimers.htm

*Alzheimer's disease death rates have **unfavorably** increased since 2007-09 in St. Johns County, FL; however, recent rates are lower than Florida, Peer County and Regional Peer County Average death rates.*

Age-Adjusted Alzheimer's Disease Death Rate

3-Year Rolling Rate per 100,000 Population



	2001-03	2003-05	2005-07	2007-09	2009-11	2011-13	2013-15	2014-16
St. Johns County	14.9	12.1	14.9	11.2	11.5	12.3	14.4	13.0
Peer County Average	15.5	15.6	17.2	18.0	19.4	18.1	20.0	22.5
Regional Peer County Average	26.0	30.5	29.1	22.2	20.9	20.1	18.5	16.9
Florida	17.2	17.5	17.4	16.2	16.4	16.4	19.8	21.6

Note: Peer counties include Collier, Lake, and Manatee counties. Regional peer counties include Clay, Flagler, and Nassau counties.
Source: Florida Health Community Health Assessment Resource Tool Set (FLHealthCHARTS) http://www.flhealthcharts.com

Since 2007-09, St. Johns County, FL Alzheimer's disease death rates have increased slightly; however, most recent rates for St. Johns County, FL are lower than the Florida rate, and Peer County and Regional Peer Average rates.

Alzheimer's Disease Facts – 2016

- Alzheimer's disease is currently ranked as the sixth leading cause of death in the United States, but recent estimates indicate that the disorder may rank third as a cause of death for older people.
- Scientists don't yet fully understand what causes Alzheimer's disease. There is a genetic component to some cases of early-onset Alzheimer's disease. Late-onset Alzheimer's arises from a complex series of brain changes that occur over decades.
- A nutritious diet, physical activity, social engagement, and mentally stimulating pursuits may help reduce the risk of cognitive decline and Alzheimer's disease.

Source: National Institute on Aging https://www.nia.nih.gov/health/alzheimers-disease-fact-sheet

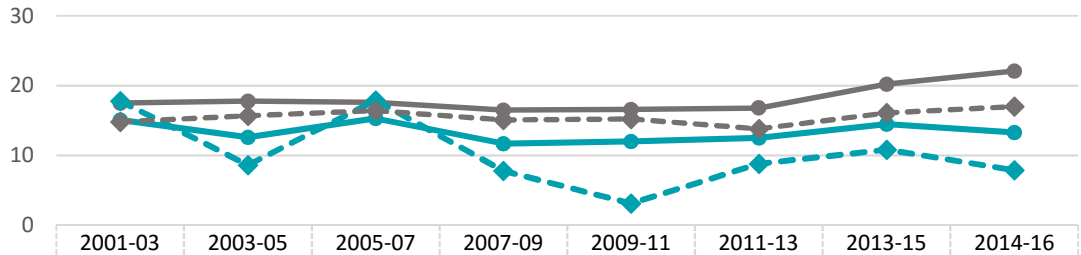
Health Outcomes – Chronic Diseases

MAPP Phase 3

*Alzheimer's disease death rates for St. Johns County's White population have been **unfavorably** increasing– the most recent rate is almost two times higher the Black population rate.*

Age-Adjusted Alzheimer's Disease Death Rate by Race

3-Year Rolling Rate per 100,000 Population



	2001-03	2003-05	2005-07	2007-09	2009-11	2011-13	2013-15	2014-16
White - St. Johns County	15.1	12.6	15.3	11.7	12.0	12.5	14.5	13.3
White - Florida	17.5	17.8	17.6	16.5	16.6	16.8	20.2	22.1
Black - St. Johns County	17.8	8.6	17.9	7.8	3.1	8.8	10.8	7.9
Black - Florida	14.8	15.7	16.4	15.1	15.2	13.8	16.1	17.0

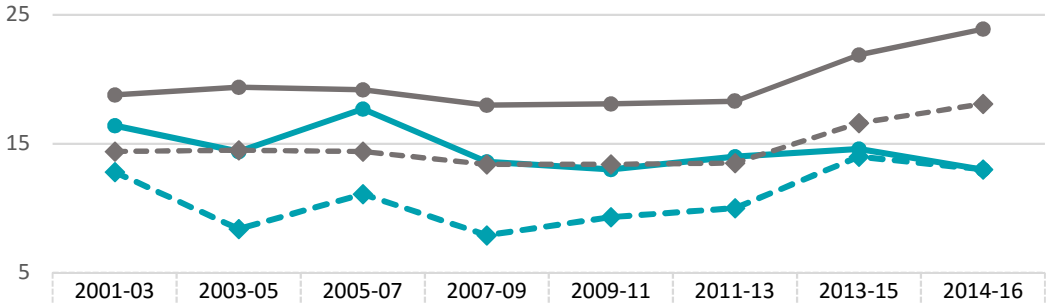
Source: Florida Health Community Health Assessment Resource Tool Set (FLHealthCHARTS) http://www.flhealthcharts.com

As presented in the figure above, Alzheimer's disease death rates for St. Johns County's White population have been on the rise since 2007-09. The most recent death rate for St. Johns County's White population is almost two times higher than the rate for St. Johns County's Black population.

*The gap between Alzheimer's disease death rates by sex in St. Johns County, FL has closed over time—recent death rates for both sexes are **favorably** lower than State rates.*

Age-Adjusted Alzheimer's Disease Death Rate by Sex

3-Year Rolling Rate per 100,000 Population



	2001-03	2003-05	2005-07	2007-09	2009-11	2011-13	2013-15	2014-16
Female - St. Johns County	16.4	14.4	17.7	13.6	13.0	14.0	14.6	13.0
Female - Florida	18.8	19.4	19.2	18.0	18.1	18.3	21.9	23.9
Male - St. Johns County	12.8	8.4	11.1	7.9	9.3	10.0	14.0	13.0
Male - Florida	14.4	14.5	14.4	13.4	13.4	13.5	16.6	18.1

Source: Florida Health Community Health Assessment Resource Tool Set (FLHealthCHARTS) http://www.flhealthcharts.com

Death rates by sex for St. Johns County, FL are lower than respective Florida rates. The gap between death rates by gender in St. Johns County, FL has closed over time.

Looking for Conversation Starters, Best Practices, or Tools for Collaborative Initiatives?

Information and supportive resources for Alzheimer's disease are available through the following organizations:

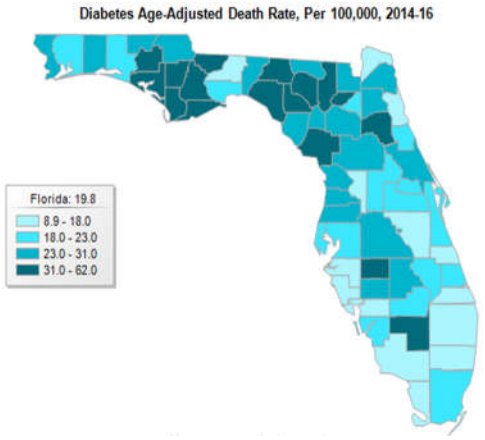
- The American Stroke Association www.StrokeAssociation.org
- The National Institute of Neurological Disorders & Stroke www.ninds.nih.gov
- U.S. Department of Health & Human Services (HHS) "Live well. Learn how." www.HealthFinder.gov
- HHS's "Million Hearts" initiative https://millionhearts.hhs.gov

MAPP Phase 3

Diabetes

Indicator: Age-adjusted death rate per 100,000 population due to diabetes.

Why is this important?

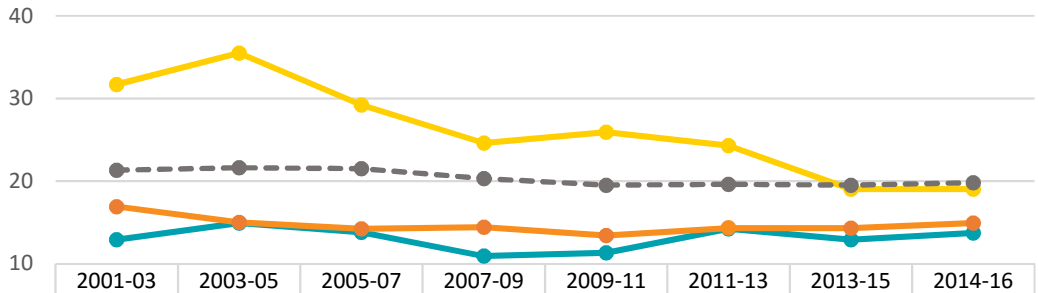


Diabetes is the sixth leading cause of death in St. Johns County, FL and the United States. Diabetes is a disease in which blood glucose (blood sugar) levels are above normal. Type 1 diabetes occurs when the body's immune system destroys insulin-producing cells, leaving the body with little to no insulin to regulate glucose levels. Type 2 diabetes occurs when the body does not use insulin properly and over time, may lose the ability to produce enough insulin. About 30.3 million people have diabetes and around 86 million people have prediabetes. According to the CDC, people are considered prediabetic when "blood glucose (sugar) levels are higher than normal but not high enough to be diagnosed as diabetes." Without weight loss and moderate physical activity, 15% to 30% of the population with prediabetes will develop Type 2 diabetes within five years. Risk factors for diabetes include, being overweight or obese, having a family history of diabetes, having high blood pressure and/or high cholesterol, and physical inactivity. Age, race, and ethnicity are also important risk factors. For more information visit the following CDC website: www.cdc.gov/diabetes

*While diabetes death rates have fluctuated over time in St. Johns County, rates remain **favorably** lower than State rates.*

Age-Adjusted Diabetes Death Rate

3-Year Rolling Rate per 100,000 Population



	2001-03	2003-05	2005-07	2007-09	2009-11	2011-13	2013-15	2014-16
St. Johns County	12.9	14.9	13.8	10.9	11.3	14.2	12.9	13.7
Peer County Average	16.9	15.0	14.2	14.4	13.4	14.3	14.3	14.9
Regional Peer County Average	31.7	35.5	29.2	24.6	25.9	24.3	19.0	19.0
Florida	21.3	21.6	21.5	20.3	19.5	19.6	19.5	19.8

Note: Peer counties include Collier, Lake, and Manatee counties. Regional peer counties include Clay, Flagler, and Nassau counties.
Source: Florida Health Community Health Assessment Resource Tool Set (FLHealthCHARTS) http://www.flhealthcharts.com

St. Johns County, FL diabetes death rates have fluctuated over time. Recent death rates for St. Johns County, FL are lower than Regional Peer County Average, Peer County Average, and Florida rates.

Prediabetes in the United States – 2016

- Most people with prediabetes do not know they have this condition—about 90% of 86 million people
- People with prediabetes can reduce their risk (by up to 58%) of developing Type 2 diabetes by participating in lifestyle change programs such as CDC's National Diabetes Prevention Program

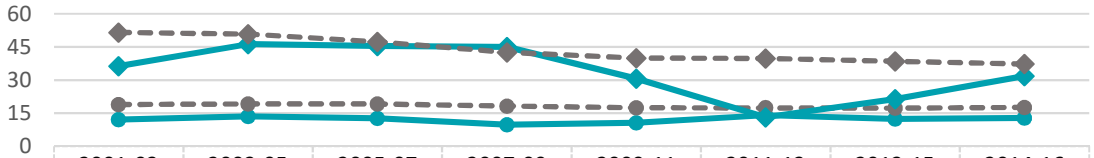
Source: CDC https://www.cdc.gov/chronicdisease/resources/publications/aag/pdf/2016/diabetes-aag.pdf

Health Outcomes – Chronic Diseases

MAPP Phase 3

Diabetes death rates have increased for St. Johns County White and Black populations; yet, recent rates are ***favorably*** *lower than State rates.*

Age-Adjusted Diabetes Death Rate by Race
3-Year Rolling Rate per 100,000 Population



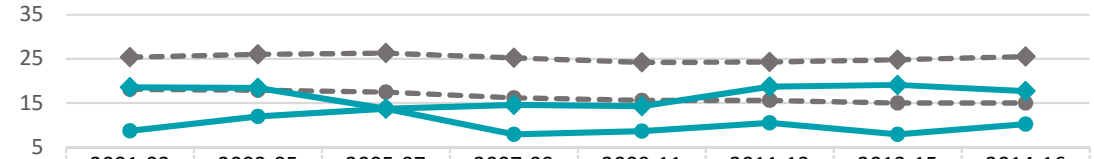
	2001-03	2003-05	2005-07	2007-09	2009-11	2011-13	2013-15	2014-16
White - St. Johns County	12.1	13.6	12.7	9.8	10.7	14.1	12.5	12.8
White - Florida	19.0	19.2	19.2	18.3	17.5	17.4	17.3	17.6
Black - St. Johns County	36.3	46.3	45.5	45.1	30.7	13.2	21.4	31.8
Black - Florida	51.6	50.8	47.3	42.6	40.0	39.8	38.5	37.3

Source: Florida Health Community Health Assessment Resource Tool Set (FLHealthCHARTS) http://www.flhealthcharts.com

Diabetes death rates for St. Johns County's White population have increased since 2007-09; however, County death rates remain lower than the State's White population death rates. Death rates for St. Johns County's Black population have increased since 2011-13, yet the most recent death rate is lower than the corrresponding State rate. In 2014-16, death rates for the Black population were almost two times higher than death rates for the White population at both the County and State level. Nationally, racial and ethnic minority groups are more likely to have been diagnosed with diabetes when compared to non-Hispanic White populations. Half of Hispanic men and women and non-Hispanic Black women are predicted to develop diabetes during their lifetime. For more information, please visit: www.cdc.gov/diabetes

Diabetes death rates have fluctuated over time in St. Johns County—most current death rates for Males are almost double than rates for Females.

Age-Adjusted Diabetes Death Rate by Sex
3-Year Rolling Rate per 100,000 Population



	2001-03	2003-05	2005-07	2007-09	2009-11	2011-13	2013-15	2014-16
Female - St. Johns County	8.7	12.0	13.7	7.9	8.6	10.5	7.9	10.2
Female - Florida	18.1	17.9	17.5	16.2	15.6	15.6	15.0	15.0
Male - St. Johns County	18.6	18.4	13.7	14.6	14.3	18.7	19.1	17.7
Male - Florida	25.4	26.0	26.3	25.2	24.2	24.3	24.8	25.5

Source: Florida Health Community Health Assessment Resource Tool Set (FLHealthCHARTS) http://www.flhealthcharts.com

Diabetes death rates for St. Johns County's Male and Female populations have fluctuated over time. St. Johns County's recent death rates are lower than the respective Florida death rates for Males and Females. The most current death rate for the Male population is almost double that of the Female population.

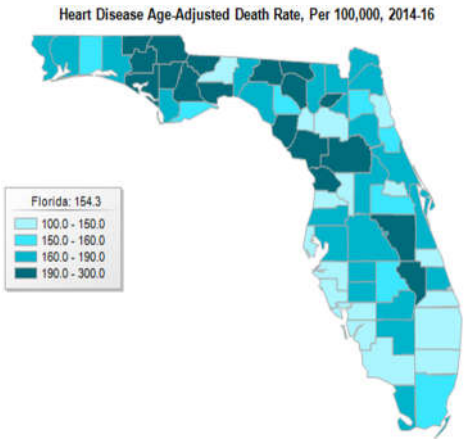
Looking for Conversation Starters, Best Practices, or Tools for Collaborative Initiatives?

Information and supportive resources for diabetes are available through the following organizations:

- Florida Health's "Healthiest Weight Initiative" www.HealthiestWeightFlorida.com
- The America Diabetes Association www.Diabetes.org
- CDC's National Diabetes Prevention Program www.cdc.gov/diabetes/prevention
- CDC's "The Guide to Community Preventive Services" www.TheCommunityGuide.org

MAPP Phase 3

Heart Disease



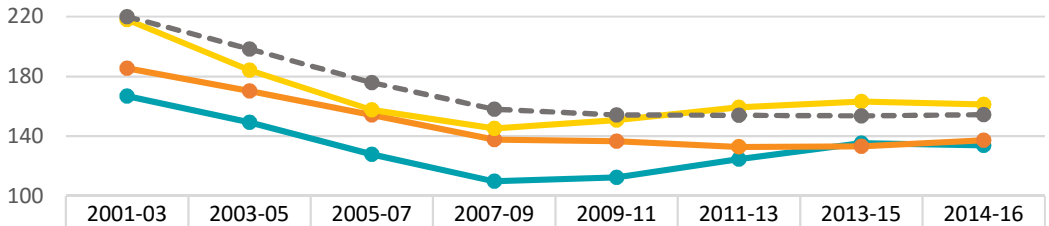
Indicator: Age-adjusted death rate per 100,000 population due to heart disease.

Why is this important?

Heart disease is the leading cause of death in the United States and second to cancer in St. Johns County, FL. According to the Centers for Disease Control and Prevention (CDC), about 630,000 people die from heart disease each year. Heart disease refers to several types of heart conditions, including coronary artery disease (the most common) and heart failure. The CDC notes that nearly half of Americans (49%) have at least one of the three key risk factors for heart disease: high blood pressure, high LDL cholesterol, and/or are smokers. Some risk factors for heart disease that may be reduced through behavior change include, poor diet, physical inactivity, excessive alcohol use, tobacco use, and being overweight or obese. Even though populations of all ages can develop heart disease, the risk of heart disease increases with age. For more information visit the following CDC website: www.cdc.gov/heartdisease

*Heart disease death rates have been **unfavorably** increasing in St. Johns County, FL since 2007-09 but rates remain lower than State rates.*

Age-Adjusted Heart Disease Death Rate
3-Year Rolling Rate per 100,000 Population



	2001-03	2003-05	2005-07	2007-09	2009-11	2011-13	2013-15	2014-16
St. Johns County	166.8	149.3	127.9	109.8	112.4	124.7	135.3	133.9
Peer County Average	185.5	170.3	154.2	137.8	136.6	132.8	133.2	137.3
Regional Peer County Average	218.0	184.1	157.7	145.2	150.8	159.4	163.3	161.2
Florida	220.0	198.4	175.9	158.0	154.3	153.9	153.6	154.5

Note: Peer counties include Collier, Lake, and Manatee counties. Regional peer counties include Clay, Flagler, and Nassau counties.
Source: Florida Health Community Health Assessment Resource Tool Set (FLHealthCHARTS) http://www.flhealthcharts.com

St. Johns County, FL heart disease death rates have been increasing since 2007-09; however, rates remain lower than State rates. The most recent County rate is lower than the Regional Peer County Average rate and Peer County Average rate.

The Healthy People 2020 national health target is to reduce the coronary heart disease death rate to 103.4 deaths per 100,000 population. At a recent rate of 133.9 deaths per 100,000 population, St. Johns County, FL has yet to meet this national health target.

Tips to Protect the Heart—Live a Healthy Lifestyle!

- Limit alcohol use
- Don't smoke or use other forms of tobacco
- Talk with your health care provider regularly
- Eat a healthy diet and get enough physical acitivity to maintain a healthy

Source: Centers for Disease Control & Prevention accessed via http://www.cdc.gov/heartdisease/what_you_can_do.htm

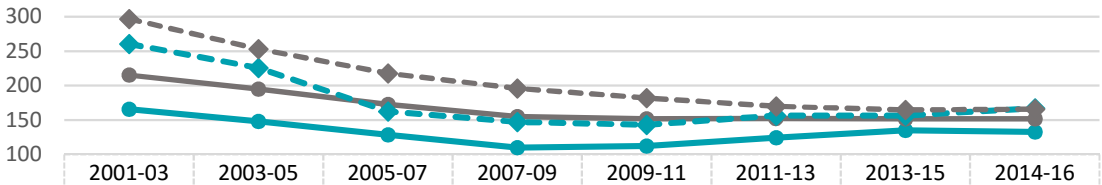
Health Outcomes – Chronic Diseases

MAPP Phase 3

*Heart disease death rates for St. Johns County's White and Black populations have been **unfavorably** rising overall since 2007-09.*

Age-Adjusted Heart Disease Death Rate by Race

3-Year Rolling Rate per 100,000 Population



	2001-03	2003-05	2005-07	2007-09	2009-11	2011-13	2013-15	2014-16
White - St. Johns County	165.7	148.1	128.6	110.2	112.4	124.5	135.1	132.8
White - Florida	215.3	194.9	172.7	155.1	151.9	152.2	152.0	152.0
Black - St. Johns County	260.5	225.6	162.4	147.3	143.1	156.5	156.6	167.4
Black - Florida	296.9	253.0	217.8	195.8	181.9	170.2	164.7	165.6

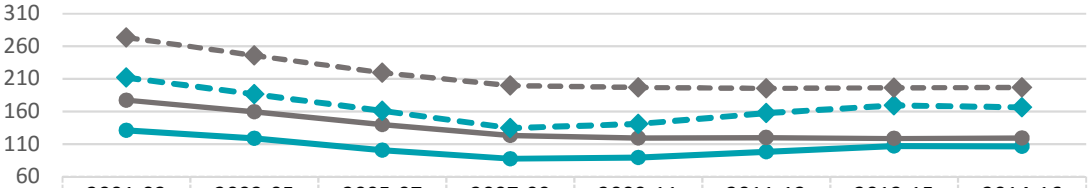
Source: Florida Health Community Health Assessment Resource Tool Set (FLHealthCHARTS) http://www.flhealthcharts.com

Heart disease death rates for St. Johns County's White and Black populations have been unfavorably rising overall since 2007-11. Death rates for St. Johns County's White population have remained lower than State White population rates; unlike death rates for St. Johns County's Black population, which surpassed Black population State rates in 2014-16.

*Heart disease death rates have been **favorably** increasing since 2007-09 in St. Johns County for both sexes, yet, rates remain lower than State rates.*

Age-Adjusted Heart Disease Death Rate by Sex

3-Year Rolling Rate per 100,000 Population



	2001-03	2003-05	2005-07	2007-09	2009-11	2011-13	2013-15	2014-16
Female - St. Johns County	131.0	118.6	100.6	87.4	89.1	98.0	107.0	106.4
Female - Florida	177.2	159.4	139.7	123.2	119.2	119.7	118.4	119.1
Male - St. Johns County	211.9	186.2	160.8	134.4	140.7	157.2	169.3	166.5
Male - Florida	273.4	245.6	219.5	199.5	196.7	195.3	196.2	196.9

Source: Florida Health Community Health Assessment Resource Tool Set (FLHealthCHARTS) http://www.flhealthcharts.com

As presented above, heart disease death rates for Females and Males in St. Johns County, FL have been unfavorably increasing since 2007-09; however, rates remain lower than respective State rates. Most recent rates for the Male population in St. Johns County, FL and Florida are more than 50% higher than corresponding Female population rates. Nationally, heart disease is the leading cause of death for both men and women. For more information, please visit: https://www.cdc.gov/dhdsp/

Looking for Conversation Starters, Best Practices, or Tools for Collaborative Initiatives?

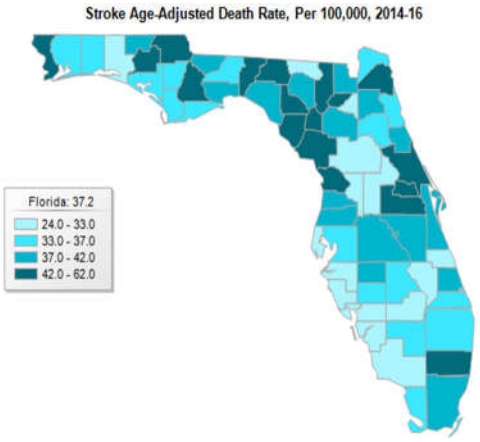
Information and supportive resources for heart disease are available through the following organizations:

- The American Heart Association "Learn & Live" www.Heart.org
- The National Heart, Lung, & Blood Institute "The Heart Truth" www.nhlbi.nih.gov/health/educational
- HHS's "Million Hearts" initiative https://millionhearts.hhs.gov/
- CDCs WISEWOMAN https://www.cdc.gov/wisewoman/

MAPP Phase 3

Stroke

Indicator: Age-adjusted death rate per 100,000 population due to stroke.

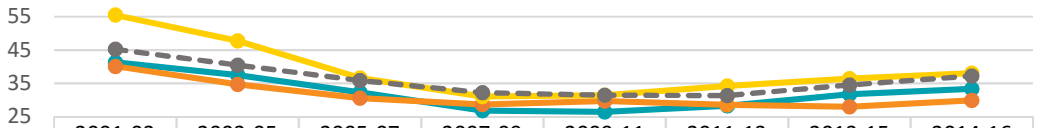


Why is this important?

Stroke is a leading cause of death and long-term disability in the United States and St. Johns County. A stroke occurs when blood vessels carrying oxygen-rich blood to the brain become blocked (or burst), thereby cutting off the brain's supply of oxygen. Lack of oxygen causes brain cells to die within minutes which can lead to death, long-term disability, or lasting brain damage. Some of the risks factors for stroke that can be treated or modified include high blood pressure (leading risk factor), high blood cholesterol, poor diet, physical inactivity, obesity, excessive alcohol use and tobacco use. Nonmodifiable risk factors include older age and race or ethnicity, among others. According to the CDC, although people of any age could experience a stroke, the risk for stroke more than doubles with each decade of life for those that are 55 and older. Diabetes also increases a person's risk for stroke. The National Stroke Association reports that people with diabetes are two to four times more likely to have a stroke than people without diabetes—too much glucose in the blood can lead to increased fatty deposits or clots in the blood vessel walls. For more information visit the CDC website: www.cdc.gov/stroke

*Stroke death rates have been **unfavorably** increasing in St. Johns County, FL since 2009-11. Most recent County death rates are lower than State rates.*

Age-Adjusted Stroke Death Rate
3-Year Rolling Rate per 100,000 Population



	2001-03	2003-05	2005-07	2007-09	2009-11	2011-13	2013-15	2014-16
St. Johns County	41.3	37.5	32.3	26.8	26.4	28.2	31.7	33.3
Peer County Average	40.1	34.7	30.5	28.6	29.7	28.5	27.9	29.9
Regional Peer County Average	55.5	47.7	36.6	31.0	31.4	34.2	36.4	38.0
Florida	45.2	40.4	35.8	32.2	31.4	31.3	34.5	37.2

Note: Peer counties include Collier, Lake, and Manatee counties. Regional peer counties include Clay, Flagler, and Nassau counties.
Source: Florida Health Community Health Assessment Resource Tool Set (FLHealthCHARTS) http://www.flhealthcharts.com

Stroke death rates have been increasing in St. Johns County since 2009-11. Most recent rates for St. Johns County are lower than Florida rates and Regional Peer County Average rates but higher than Peer County Average rates.

The Healthy People 2020 national health target is to reduce stroke deaths to 34.8 deaths per 100,000 population. At a most recent rate of 33.3 deaths per 100,000 population, St. Johns County, FL is meeting the national health target.

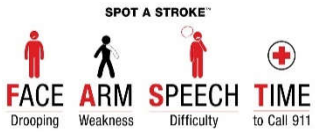
Stroke Facts from the American Stroke Association – 2016

- 80% of strokes can be prevented but 58% of Americans don't know if they are at risk for stroke
- While risk of stroke is low in children, Black children have more than twice the risk of stroke than White children

An easy acronym for signs and symptoms of stroke

Face Drooping **A**rm Weakness **S**peech Difficulty **T**ime to Call 911

Source: American Stroke Association http://www.strokeassociation.org/idc/groups/stroke-public

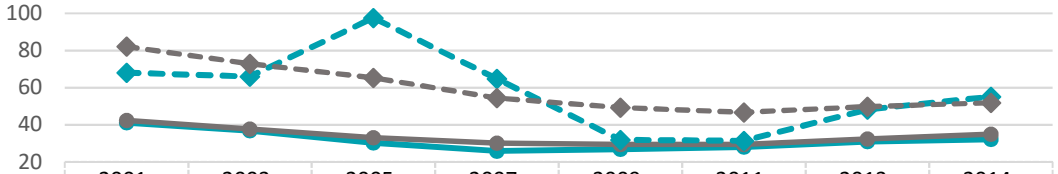


Health Outcomes – Chronic Diseases

MAPP Phase 3

*Stroke death rates have been **unfavorably** increasing among St. Johns County's Black population since 2011-13—the racial gap in death rates is widening.*

Age-Adjusted Stroke Death Rate by Race
3-Year Rolling Rate per 100,000 Population



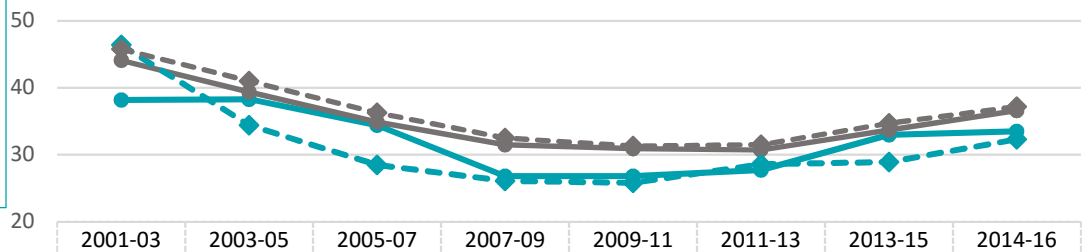
	2001-03	2003-05	2005-07	2007-09	2009-11	2011-13	2013-15	2014-16
White - St. Johns County	41.1	36.9	30.3	25.9	26.8	28.1	31.0	32.2
White - Florida	42.4	37.7	33.1	30.1	29.4	29.4	32.4	35.0
Black - St. Johns County	68.1	66.0	97.6	64.8	31.9	31.4	48.2	55.1
Black - Florida	82.1	72.8	65.3	54.4	49.2	46.7	49.7	51.9

Source: Florida Health Community Health Assessment Resource Tool Set (FLHealthCHARTS) http://www.flhealthcharts.com

Most recent stroke death rates for St. Johns County's White and Black populations almost equal Florida rates. In 2014-16, the death rate was about 70% higher among the St. Johns County Black population compared to the White population. The observed rate difference is not unique to St. Johns County. Similarly, African Americans have almost two times the risk of having a first stroke than White persons in the United States.

*Stroke death rates have been **unfavorably** increasing in the past ten years for St. Johns County Females and Males; however, rates remain lower than State rates.*

Age-Adjusted Stroke Death Rate by Sex
3-Year Rolling Rate per 100,000 Population



	2001-03	2003-05	2005-07	2007-09	2009-11	2011-13	2013-15	2014-16
Female - St. Johns County	38.2	38.3	34.4	26.8	26.8	27.7	33.0	33.5
Female - Florida	44.1	39.4	34.9	31.5	30.9	30.7	33.7	36.6
Male - St. Johns County	46.4	34.4	28.5	26.1	25.8	28.6	28.9	32.3
Male - Florida	45.8	41.0	36.3	32.5	31.3	31.5	34.7	37.2

Source: Florida Health Community Health Assessment Resource Tool Set (FLHealthCHARTS) http://www.flhealthcharts.com

As presentation above, stroke death rates have been increasing in the past ten years for St. Johns County, FL Females and Males yet rates remain lower than State rates since 2001-03. A slight difference in rates is observed between females and males in St. Johns County. However, nationwide, about 60% of stroke deaths occur in females and 40% in males according to the National Stroke Association.

Looking for Conversation Starters, Best Practices, or Tools for Collaborative Initiatives?

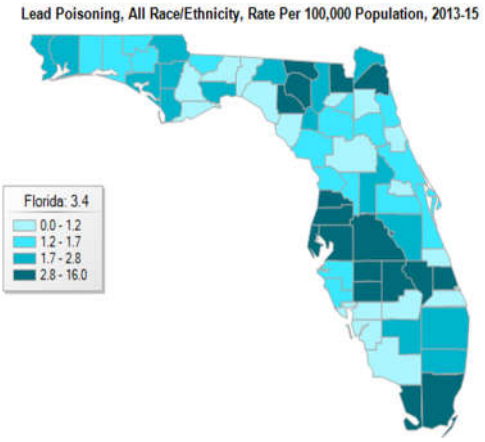
Information and supportive resources for stroke are available through the following organizations:

- The American Stroke Association www.StrokeAssociation.org
- The National Stroke Association's Help Line: **1-800-STROKES** or **1-800-787-6537**
- The National Institute of Neurological Disorders & Stroke www.ninds.nih.gov
- U.S. Department of Health & Human Services (HHS) "Live well. Learn how." www.HealthFinder.gov
- HHS's "Million Hearts" initiative https://millionhearts.hhs.gov

MAPP Phase 3

Lead Poisoning

Indicator: Rate of lead poisoning per 100,000 population.



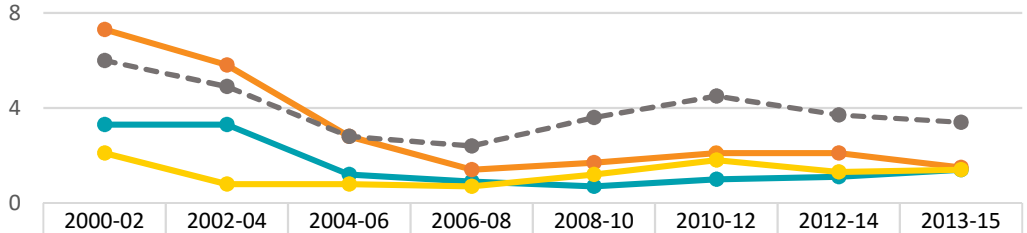
Why is this important?

Lead poisoning is caused by swallowing or breathing lead particles. Since lead poisoning often occurs with no obvious symptoms, it frequently goes unrecognized. Only blood testing can confirm if a person has been exposed to lead. Lead poisoning can affect nearly every system in the body, particularly the brain and nervous system. Lead poisoning can cause learning disabilities, behavioral problems, and, at very high levels, seizures, coma, and even death. Children under 6 years of age are most at risk. Lead poisoning is most often associated with exposure to lead-based paints, particles, and dust found in homes that were built prior to 1978. For information on lead, exposures, and risk reduction, visit the Centers for Disease Control and Prevention (CDC) webpage: www.cdc.gov/nceh/lead/tips.htm

*Overall, the lead poisoning rate has **favorably** declined in St. Johns County, FL. Most recent lead poisoning rates for the County are almost 2.5 times lower than the State rates.*

Lead Poisoning Rate

3-Year Rolling Rate per 100,000 Population



	2000-02	2002-04	2004-06	2006-08	2008-10	2010-12	2012-14	2013-15
St. Johns County	3.3	3.3	1.2	0.9	0.7	1.0	1.1	1.4
Peer County Average	7.3	5.8	2.8	1.4	1.7	2.1	2.1	1.5
Regional Peer County Average	2.1	0.8	0.8	0.7	1.2	1.8	1.3	1.4
Florida	6.0	4.9	2.8	2.4	3.6	4.5	3.7	3.4

Note: Peer counties include Collier, Lake, and Manatee counties. Regional peer counties include Clay, Flagler, and Nassau counties.
Source: Florida Health Community Health Assessment Resource Tool Set (FLHealthCHARTS) http://www.flhealthcharts.com

The data presented above includes only confirmed cases of lead poisoning. Overall, the lead poisoning rate has declined in St. Johns County, FL. Most recent lead poisoning rates for the County are almost 2.5 times lower than the State rates. The most recent St. Johns County, FL rate is about the same as the Peer County and Regional Peer County Average rates.

How to Prevent Exposure to Lead – Tips from CDC

- Talk to your State or Local health department about testing paint and dust from your home for lead.
- Ensure your child does not have access to peeling paint or chewable surfaces painted with lead-based paint.
- Children and pregnant women should not be in housing built before 1978 that is undergoing renovation.
- Create barriers between living/play areas and lead sources.
- Regularly wash children's hands and toys and wet-mop floors and wet-wipe window components.

Source: Centers for Disease Control and Prevention accessed via www.cdc.gov/nceh/lead/tips.htm

Social and Economic Factors – Income and Poverty

MAPP Phase 3

Income and Poverty

Income and poverty levels play a key role in health outcomes. For example, people who are unemployed are less likely to have health insurance and are more likely to live in poverty. Income and poverty levels are all considered part of one's socioeconomic status (SES). According to the American Psychological Association (APA), SES encompasses not just income but also "educational attainment, financial security, and subjective perceptions of social status and social class" and the opportunities or privileges afforded to people within society. Poverty is characterized by multiple physical and psychosocial stressors. Poverty and poor health can ultimately affect our society. The APA reports that a society benefits from focusing and addressing the root causes of SES inequities within communities. To learn more about the impact of SES on health outcomes visit the APA's website: http://www.apa.org

Did You Know?

High Income

"A 2016 analysis indicated that men whose income is in the top 1 percent live almost 15 years longer than those in the bottom 1 percent. For women, that difference is almost 10 years."

- 2017 Stress and Health Disparities

Low Income

"Higher stress among minority and low-income populations can lead to Health Disparities. People with lower incomes report more severe (but not more frequent) stress and having had more traumatic events in their childhood."

- 2018 Press Release American Psychological Association

Lower Socioeconomic Status (SES) Households

"Children from lower SES households are about twice as likely as those from high SES households to display learning-related behavior problems."

- American Psychological Association

Socioeconomic Factors

Presented in the table below a summary of socioeconomic factors. St. Johns County, FL median household income ($66,194) is higher than the median household income at both the State ($47,507) and National ($53,889) levels. The proportion of those living below the federal poverty level (FPL) in St. Johns County, FL (9.8%) is lower when compared to the State (14.7%) and the Nation (12.7%). The proportion of people 25 years of age and older with a high school diploma in St. Johns County, FL (93.9%) is higher than that of both the State (86.9%) and National (86.7%) proportions.

Socioeconomic 5-Year Estimates for 2011-2015

Characteristic	St. Johns County, FL	Florida	United States
Number of households	**79,242**	7,300,494	116,926,305
Median household income[1]	**$66,194**	$47,507	$53,889
Per capita income in past 12 months[1]	**$37,581**	$26,829	$28,930
Homeownership rate	**75.5%**	65.3%	63.9%
Persons in poverty[2]	**9.8%[3]**	14.7%[3]	12.7%[3]
High school graduate or higher (ages 25+)	**93.9%**	86.9%	86.7%
Bachelor's degree or higher (ages 25+)	**42.1%**	27.3%	29.8%

[1]In 2015 dollars.
[2]Persons below poverty level.
[3]Geographic level of poverty estimate is not comparable to other geographic level of poverty estimates
Source: Data for 2011-2015 estimates accessed via the U.S. Census https://www.census.gov/quickfacts

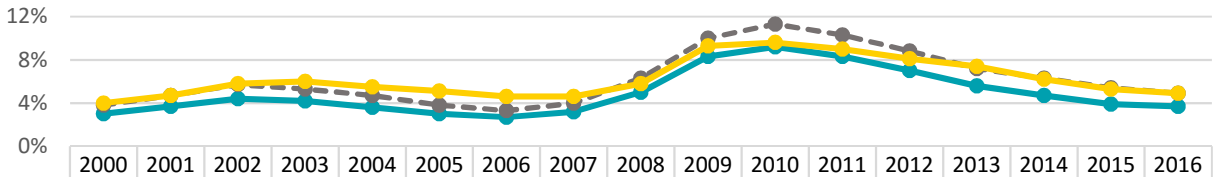
Social and Economic Factors – Income and Poverty

MAPP Phase 3

Unemployment

While St. Johns County, FL has paralleled the national trend for unemployment rates (as illustrated below), most recent unemployment rates for St. Johns County, FL have consistently remained lower than both the Florida and national unemployment rates.

Average Annual Unemployment Rates



	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016
St. Johns	3.0%	3.7%	4.4%	4.2%	3.6%	3.0%	2.7%	3.2%	5.0%	8.3%	9.2%	8.3%	7.0%	5.6%	4.7%	3.9%	3.7%
Florida	3.8%	4.7%	5.7%	5.3%	4.7%	3.8%	3.3%	4.0%	6.3%	10.0%	11.3%	10.3%	8.8%	7.2%	6.3%	5.4%	4.9%
United States	4.0%	4.7%	5.8%	6.0%	5.5%	5.1%	4.6%	4.6%	5.8%	9.3%	9.6%	9.0%	8.1%	7.4%	6.2%	5.3%	4.9%

Source: Data for 2011-2015 estimates accessed via the U.S. Census https://factfinder.census.gov

Did You Know?

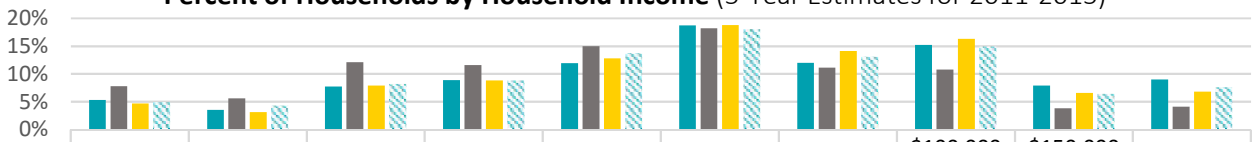
Unemployment and Homelessness

According to the National Coalition for the Homeless, homelessness increases the risk for physical and mental illnesses and higher risks of disease influence job opportunities and job retention. Research from the World Health Organization shows that mental illness can result in difficulty acquiring work. To combat this problem the Florida Department of Economic Opportunity provides access to a wide variety of services including housing to help the homeless overcome employment barriers.

Household Income

In 2016, the median household income for all counties in the U.S. ranged between $22,045 and $134,609, with a median county-level value of $47,589, per the new *Small Area Income and Poverty Estimates Report* released by the U.S. Census Bureau. As presented in the graph below, the largest number of St. Johns County, FL households earn incomes between $50,000 and $74,999 (19%). This is a similar percentage to the State (18%) and the nation (19%). When compared to Florida, a higher proportion of St. Johns County, FL households earn incomes between $50,000 and $74,999 and above, while a lower proportion of households earn incomes between $35,000 and $49,999 and below. St. Johns County, FL has the highest mean income of any county in Florida. Based on the data above the gap among lower earning households and higher earning households is larger in St. Johns County, FL than in the United States.

Percent of Households by Household Income (5-Year Estimates for 2011-2015)



	<$10,000	$10,000 - $14,999	$15,000 - $24,999	$25,000 - $34,999	$35,000 - $49,999	$50,000 - $74,999	$75,000 - $99,999	$100,000 - $149,999	$150,000 - $199,999	>$200,000
St. Johns	5%	4%	8%	9%	12%	19%	12%	15%	8%	9%
Florida	8%	6%	12%	12%	15%	18%	11%	11%	4%	4%
United States	5%	3%	8%	9%	13%	19%	14%	16%	7%	7%
2010 St. Johns	5%	4%	8%	9%	14%	18%	13%	15%	6%	8%

Source: Data for 2011-2015 via the U.S. Census https://www.census.gov/quickfacts

Social and Economic Factors – Income and Poverty

MAPP Phase 3

Income Inequality

Income is a common measure used to assess a community's wellbeing. Income inequality refers to the extent to which income is distributed in an uneven manner among a population. In the United States, income inequality has been growing. While learning how to address this problem can be complex, education on this topic can help communities develop equitable solutions to reduce income inequities.

Did You Know?

Income Inequality

"Developed more than a century ago, the Gini index is the most common measure of household income inequality used by economists, with 0.0 representing total income equality and 1.0 equivalent to total inequality. The Gini index was 0.481 in 2016 in the United States; the change from 2015 was not statistically significant."

- 2017 U.S. Census Bureau

Poverty

The poverty level reflects a community's ability to meet basic needs for maintaining health and wellbeing. A high poverty rate is both a cause and a consequence of poor economic conditions. It also reflects the availability of employment opportunities within a community. The United States government calculates the federal poverty level (FPL) as the income equal to three times the cost of a nutritionally adequate diet. For a family of four in 2017, that equals an annual cash income of $24,600. The FPL serves different purposes, including tracking poverty over time, comparing poverty across different demographic groups, and for determining eligibility for a range of federal assistance programs. People and families are classified as being in poverty if their income is less than the FPL.

Did You Know?

Race and Ethnicity Poverty Rates

"Research has shown that race and ethnicity often determine a person's socioeconomic status (U.S. Census Bureau, 2009). Communities are often segregated by SES, race, and ethnicity. They commonly share characteristics: low economic development; poor health conditions; and low levels of educational attainment; Low SES has consistently been implicated as a risk factor for many of these problems."

- American Psychological Association

Poverty by Race and Ethnicity

The national poverty rate in 2016 was 12.7%, down from 13.5% in 2015. This is the second consecutive annual decline in poverty in the United States. Since 2014, the poverty rate has fallen from 14.8% to 12.7%. As presented in the table below, St. Johns County, FL poverty rates are lower when compared to the State and the nation. Approximately one quarter of St. Johns County's, FL Black or African American (23%) population lived below the poverty level in the past 12 months. Of the St. Johns County's population identifying with another race alone, 17% lived below the poverty level.

Population Below the Poverty Level in the Past 12 Months by Race or Ethnicity 5-Year Estimates for 2011-2015

Geography	White	Black or African American	Asian	Other Race	Two or More Races	Hispanic or Latino
St. Johns Co.	**9%**	**23%**	**6%**	**17%**	**13%**	**6%**
Florida	14%	28%	13%	26%	20%	22%
United States	13%	27%	13%	27%	20%	24%

Note: Excluded American Indian and Alaska Native and Native Hawaiian and Other Pacific Islander because of very small County sample sizes.
Source: Data for 2011-2015 estimates accessed via the U.S. Census https://factfinder.census.gov

Social and Economic Factors – Income and Poverty

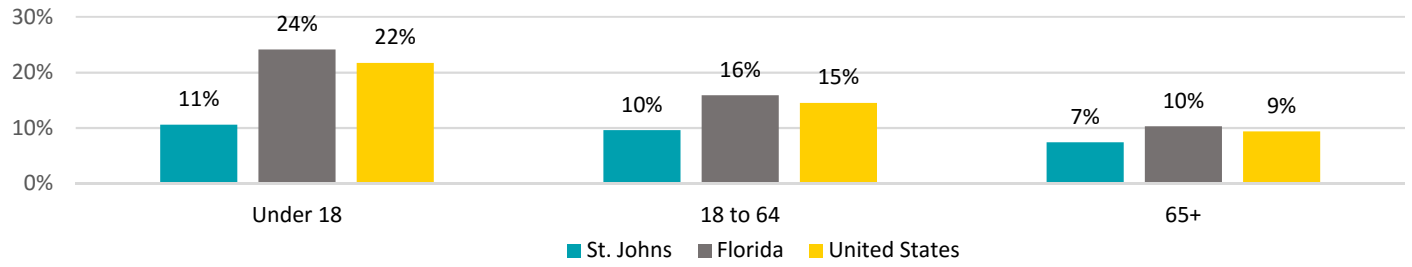
MAPP Phase 3

Poverty by Age

According to the American Psychological Association (APA), poverty is linked with negative socioeconomic conditions including substandard housing, homelessness, food insecurity (not being able to access a sufficient quantity of nutritious food), inadequate child care, lack of access to health care, unsafe neighborhoods, and under resourced schools. Poorer children and teens are at a higher risk to engage in risky behaviors (e.g. smoking, drinking) when compared to their peers. As presented below, in St. Johns County, FL the largest proportion of people living in poverty are under 18 years of age (11%). This is about half as low when compared to the State (24%) and the nation (22%). The second highest age group in poverty for St. Johns County, FL are people 18-64 years of age.

Population Below the Poverty Level by Age

5-Year Estimates for 2011-2015



Source: Data for 2011-2015 estimates accessed via the U.S. Census https://factfinder.census.gov

Poverty and Families

As presented in the table below, a lower proportion of St. Johns County, FL families live in poverty (6.5%) when compared to the State (12.0%) and the nation (11.3%). In St. Johns County, FL about 27% of female headed households live in poverty, like the State (29.0%) and nation (30.6%). St. Johns County, FL has a lower proportion of families with children less than 5 years of age below the poverty level (9.4%) when compared to the State (19.0%) and nation (18.0%).

Percent of Families Below the Poverty Level 5-Year Estimates for 2011-2015

Geography	All Families	Families Below the Poverty Level	Female Head of Household[1]	Female Head of Household[1] Families Below the Poverty Level
St. Johns Co.	**55,003**	**6.5%**	**7,117**	**26.8%**
Florida	4,699,888	12.0%	969,330	29.0%
United States	77,260,546	11.3%	15,169,183	30.6%

[1]No husband present.

Source: Data for 2011-2015 estimates accessed via the U.S. Census https://factfinder.census.gov

Percent of Families Below the Poverty Level 5-Year Estimates for 2011-2015

Geography	Families with Children ≤ 5 Years of Age	Families with Children < 5 Years of Age Below the Poverty Level	Householder ≥ 65 Years of Age	Householder ≥ 65 Years of Age Families Below the Poverty Level
St. Johns Co.	**25,002**	**9.4%**	**12,239**	**4.1%**
Florida	361,872	19.0%	1,187,826	6.2%
United States	6,875,891	18.0%	14,783,042	5.3%

Source: Data for 2011-2015 estimates accessed via the U.S. Census https://factfinder.census.gov

Public Assistance

The Florida Department of Children and Families (DCF) publishes monthly estimates of clients and families that receive various types of assistance. As presented below, a lower proportion of residents receive SNAP Benefits, Supplemental Security Income, and Cash Public Assistance in St. Johns County, FL than statewide and nationally. In St. Johns County, FL the proportion of people that receive Social Security Income (34.0%) is lower than the State (36.1%) but higher than the nation (29.8%). Unlike popular opinion, most people do not receive welfare payments because they earn too much to qualify (e.g. the working poor). The working poor are people who work but do not earn enough to lift themselves above the federal poverty level, in the United States the working poor are disproportionately non-White and immigrant. In response to Hurricane Irma, the U.S. Department of Agriculture (USDA) Food and Nutrition Service approved Florida's request to operate a Disaster-SNAP (D-SNAP) through which eligible households in certain affected counties, such as St. Johns County, *"received two months of benefits to meet their food needs as they settled back home following the disaster."*

Public Assistance and Supplemental Benefits 5-Year Estimates for 2011-2015

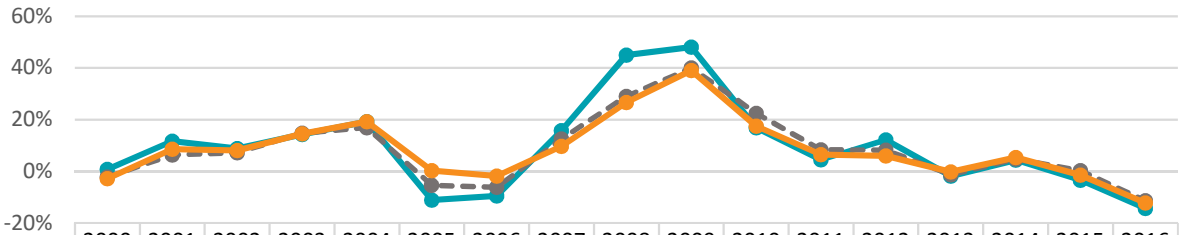
Characteristic	St. Johns County, FL	Florida	United States
Per Capita Income[1]	**$37,581**	$26,829	$28,930
Total Households	**79,242**	7,300,494	116,926,305
Households with Social Security Income	**34.0%**	36.1%	29.8%
Households with SNAP Benefits[2]	**7.6%**	14.8%	13.2%
Households with Supplemental Security Income	**3.3%**	5.0%	5.4%
Households with Cash Public Assistance	**1.6%**	2.2%	2.8%

[1]Income in the past 12 months. [2]Benefits in the past 12 months.

Source: Data for 2011-2015 estimates accessed via the U.S. Census https://factfinder.census.gov

Presented below, DCF's *Public Assistance Caseload Report* indicates a significant change in food stamp clients from year 2009 to 2016.

Percent Change in Food Stamp Clients per Year



	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016
St. Johns County	0.8%	11.7%	8.8%	14.3%	19.2%	-11.1%	-9.5%	15.7%	45.0%	48.1%	16.9%	4.5%	12.2%	-1.9%	4.3%	-3.5%	-14.4%
Florida	-2.2%	6.3%	7.2%	14.7%	16.9%	-5.5%	-6.2%	12.5%	29.0%	40.0%	22.4%	8.3%	8.2%	-1.3%	4.7%	0.3%	-11.4%
Northeast Region	-2.9%	8.5%	8.1%	14.5%	19.2%	0.2%	-1.8%	9.7%	26.7%	39.0%	17.5%	6.5%	5.9%	-0.3%	5.3%	-1.5%	-12.3%

[1]Year measured from December to December.

Source: Department of Children and Families accessed on 11/28/2017 via http://www.dcf.state.fl.us/programs/access/StandardDataReports.asp

Looking for Conversation Starters, Best Practices, or Tools for Collaborative Initiatives?

Information for poverty and income inequality are available through the following organizations:

- U.S. Census Bureau https://www.Census.gov/topics/income-poverty/poverty.html
- World Health Organization http://www.who.int/hdp/poverty/en/
- Inequality.org https://inequality.org/facts/income-inequality/

Social and Economic Factors – Education

MAPP Phase 3

Education

The relationship between education and health outcomes has long been studied. According to the Centers for Disease Control and Prevention (CDC), *"health-risk behaviors such as early sexual initiation, violence, and substance use are consistently linked to poor grades and test scores and lower educational attainment. In turn, academic success is an excellent indicator for the overall well-being of youth and a primary predictor and determinant of adult health outcomes."*

St. Johns County School District

The St. Johns County School District (SJCSD), as noted on its website, has a total of 39,278 students enrolled in 2017. The student body represented 114 different countries and 79 different languages. There were 3,357 gifted students in 2017. As presented in the table to the right, the SJCSD is composed of 45 schools for the 2016-2017 school year. Of those, there were more K-5 elementary schools than any other school type. The table does not depict the number of private schools or higher education facilities located within St. Johns County, FL.

St. Johns County Public Schools

2016-2017 School Year

School Type	Number of Schools
Elementary Schools (K-5)	19
K-8 Schools	3
Middle Schools (6-8)	7
High Schools (9-12)	7
Alternative Center (K-12)	1
Virtual School	1
Technical College	1
Charter Schools	3
Juvenile Justice Facilities	3

Source: Data accessed on 11/22/2017 via the St. Johns County School District Facts http://www.stjohns.k12.fl.us/about/

Students with Disabilities

According to the St. Johns County School District, there are *"6,629 students with disabilities who have learning or intellectual disabilities, emotional/behavioral or autism spectrum disorders, speech/language or sensory impairments and developmental delays."* The SJCSD recognizes that knowing where to start to help students with disabilities can be challenging so it has gathered resources for Community members to help find the best fit for students with disabilities. One program within the SJCSD is the Exceptional Student Education (ESE) program. The ESE program and services help to address the unique needs of Kindergarten through 12th grade students who are gifted and those with mild, moderate, or severe disabilities from age three until they graduate with a regular diploma, or through their 21st birthday.

Furthermore, St. Johns County, FL is fortunate to have schools geared towards specific needs such as, the Florida School for the Deaf and the Blind, which is a fully accredited public school and tuition-free outreach educational center available to eligible Pre-K through 12th grade students who are deaf, hard of hearing, blind, and/or visually impaired. The SJCSD also has a charter school, affiliated with The Arc of the St. Johns, which is vocationally focused for students to gain employment and practical life skills. The St. Johns Community Campus is designed to mimic a 4-year extended educational track.

Looking for Conversation Starters, Best Practices, or Tools for Collaborative Initiatives?

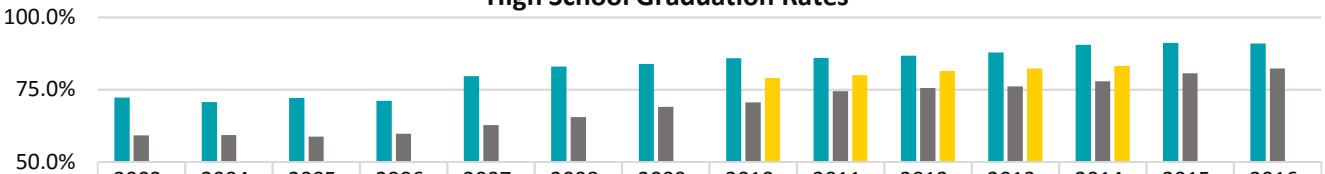
Information and supportive resources for students with disabilities is available through the following organizations:

- The St. Johns County School District http://www.stjohns.k12.fl.us/ese/resources/
- The Florida School for the Deaf and the Blind http://www.fsdb.k12.fl.us/
- The National Dissemination Center for Children with Disabilities http://nichcy.org

Graduation Rates

As presented in the graph below, the graduation rates for St. Johns County, FL have consistently remained higher than both the state and the national rates.

High School Graduation Rates



	2003-04	2004-05	2005-06	2006-07	2007-08	2008-09	2009-10	2010-11	2011-12	2012-13	2013-14	2014-15	2015-16	2016-17
St. Johns	72.2%	70.7%	72.1%	71.1%	79.6%	83.0%	83.9%	85.8%	86.0%	86.7%	87.8%	90.5%	91.2%	90.9%
Florida	59.2%	59.3%	58.8%	59.8%	62.7%	65.5%	69.0%	70.6%	74.5%	75.6%	76.1%	77.9%	80.7%	82.3%
United States								79.0%	80.0%	81.4%	82.3%	83.2%		

[1]Public high school 4-year adjusted cohort graduation rate (ACGR). The ACGR excludes GEDs and special diplomas.
Source: Data for St. Johns County and Florida accessed via the U.S. Department of Education http://www.fldoe.org/
Source: Data for the United States accessed via The White House https://www.whitehouse.gov/.
Data not available for 2003 to 2010, 2015-16, and 2016-17 at the time of publication of this report.

Graduation Rates and Race or Ethnicity

As presented below, the Florida high school graduation rates have increased steadily since 2011-2012, regardless of race or ethnicity. Black or African American populations and Hispanic/Latino populations still have the lowest graduation rates when compared to populations of other races or ethnicities.

High School Graduation Rates by Race or Ethnicity[1]- Florida

Year	White	Black or African American	Hispanic/ Latino	Asian	American Indian or Alaska Native	Two or More Races	Native Hawaiian or Other Pacific Islander
2011-12	80%	64%	73%	89%	70%	79%	63%
2012-13	81%	65%	75%	88%	77%	80%	88%
2013-14	82%	65%	75%	89%	74%	80%	76%
2014-15	83%	68%	77%	91%	76%	82%	83%
2015-16	**85%**	**72%**	**80%**	**92%**	**77%**	**83%**	**85%**

[1]Public high school 4-year adjusted cohort graduation rate (ACGR). The ACGR excludes GEDs and special diplomas.
Source: County and Florida data accessed on 11/27/2017 via the U.S. Department of Education http://www.fldoe.org/accountability/data-sys/

For St. Johns County, FL graduation rates have increased steadily since 2011-2012 across most races and ethnicities except for those who identify with two or more races. In 2015-2016, those who identified with two or more races in St. Johns County, FL had the lowest high school graduation rate. Since 2014-2015 the rate for those who identified with two or more races has decreased by 3.8%. Those who identified as Asian had the highest graduation rate in St. Johns County, FL in 2015-2016.

High School Graduation Rates by Race or Ethnicity[1]- St. Johns County, Florida

Year	White	Black or African American	Hispanic/Latino	Asian	Two or More Races
2012-13	87.6%	69.5%	91.0%	95.4%	
2013-14	89.0%	71.7%	90.6%	94.2%	83.9%
2014-15	90.9%	82.7%	91.2%	95.0%	93.3%
2015-16	91.8%	81.5%	92.8%	96.4%	89.5%

[1]Public high school 4-year adjusted cohort graduation rate (ACGR). The ACGR excludes GEDs and special diplomas.
Source: County data accessed on 3/2/2018 via the U.S. Department of Education http://www.fldoe.org/accountability/data-sys/

Social and Economic Factors – Education

MAPP Phase 3

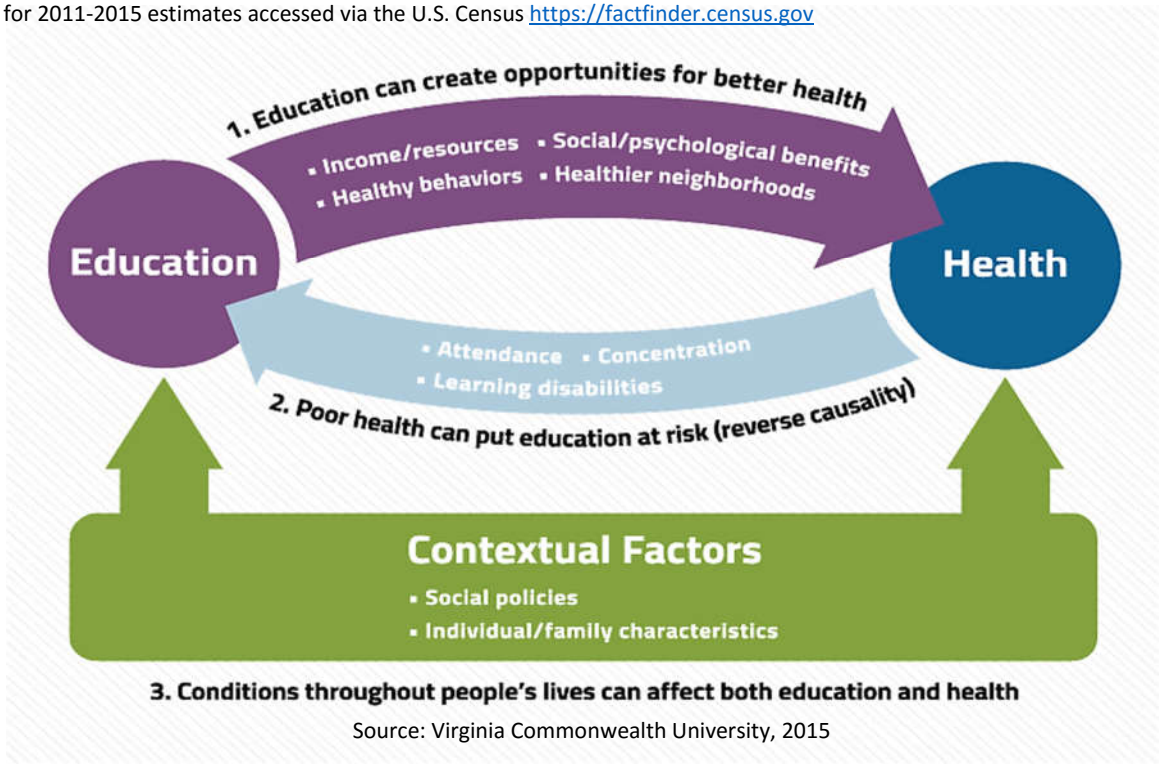
Educational Attainment

Presented in the table below, 21% of the St. Johns County, FL population has a high school diploma as their highest form of education which is lower than both the state and the national proportion. St. Johns County's highest proportion of the population has a Bachelor's degree as their highest form of education attainment, which is higher than the state and the nation. Within St. Johns County, FL there are opportunities to obtain higher educational degrees or technical degrees.

Educational Attainment[1] 5-Year Estimates for 2011-2015

Geography	High School Graduate	Some College	Associate's Degree	Bachelor's Degree	Graduate or Professional Degree
St. Johns County, FL	**21%**	**22%**	**9%**	**28%**	**15%**
Florida	30%	21%	9%	18%	10%
United States	28%	21%	8%	19%	11%

[1]Percentages are based on the population 25 years and over.
Source: Data for 2011-2015 estimates accessed via the U.S. Census https://factfinder.census.gov



Source: Virginia Commonwealth University, 2015

Did You Know?

Education and Health

"In public health, researchers and practitioners have examined three principal relationships between education and health. First, health is a prerequisite for education: hungry children or children who cannot hear well, or who have chronic toothaches, are hindered in their learning. Second, education about health (e.g., health education) occurs within schools and in many public health interventions; it is a central tool of public health. Third, physical education in schools combines education about the importance of physical activity for health with promoting such activity."

-Hahn, Robert A., and Benedict I. Truman. "Education Improves Public Health and Promotes Health Equity." International journal of health services: planning, administration, evaluation 45.4 (2015): 657–678. PMC. Web. 7 Feb. 2018.

Social and Economic Factors – Family and Social Support

MAPP Phase 3

Social Support

The National Cancer Institute defines social support as *"a network of family, friends, neighbors, and community members that is available in times of need to give psychological, physical, and financial help."* Social support can be real or perceived and usually allows a person to feel cared for and valued, per the Centers for Disease Control and Prevention (CDC). Understanding how social support contributes to community resiliency and sustainability will help us identify and address social support inequities within St. Johns County, FL and to ultimately improve community health.

Social Support and Health

A growing number of sociologists are exploring how social support impacts community health. A lack of a support network and poor family or social relations has been found to have negative effects on health outcomes. Studies have shown that persons who are well integrated into society are less likely to take their own lives[1]. Additionally, a person's health behaviors such as, unhealthy eating habits, physical inactivity[2], and substance use are influenced by the behaviors of others. In other words, unsupportive social ties may present barriers to improving health behaviors and outcomes within a community. It is important to note, that correlation to negative social ties does not always mean causation of negative health behaviors or outcomes.

Did You Know?

Suicide Prevention

"Communities play a critical role in suicide prevention. They can provide social support to vulnerable individuals and engage in follow-up care, fight stigma and support to those bereaved by suicide."

- 2014 World Health Organization

Big Brothers Big Sisters of America

"When comparing Little Brothers/Sisters matched with a Big Brother/Sister to children waiting to be served by Big Brothers/Sisters, research conducted by Public/Private Ventures published in 1995 showed that Little Brothers/Sisters were:

- *46% less likely to start using drugs.*
- *27% less likely to start using alcohol.*
- *Almost 1/3 less likely to hit someone."*

- Big Brothers Big Sisters of America

Social Support and Health Inequities

Social support can be influenced by other Social Determinants of Health, such as Socioeconomic Status (SES). For example, being of a low-SES during childhood has been linked with high health risks in adulthood[3]. Research has shown that children from low-SES households/communities develop academic skills more slowly than children from higher SES groups[4]. Communities can impact social support inequities by integrating positive social support groups, such as fitness groups, faith groups, or social organizations that make people feel a sense of security and belonging. Positive youth support groups, such as afterschool activity groups or sports teams, can counteract socioeconomic disadvantages and help address negative health behaviors before they become established.

[1]Kleiman, Evan M., and Richard T. Liu. "Social Support as a Protective Factor in Suicide: Findings from Two Nationally Representative Samples." Journal of affective disorders 150.2 (2013): 540–545. PMC. Web. 14 Feb. 2018.

[2]Ball, Kylie et al. "Is Healthy Behavior Contagious: Associations of Social Norms with Physical Activity and Healthy Eating." The International Journal of Behavioral Nutrition and Physical Activity 7 (2010): 86. PMC. Web. 14 Feb. 2018.

[3]Neha A. John-Henderson, Jennifer E. Stellar, Rodolfo Mendoa-Denton, Darlene D. Francis." Socioeconomic Status and Social Support: Social Support Reduces Inflammatory Reactivity for Individuals Whose Early-Life Socioeconomic Status Was Low." Psychological Science Vol 26, Issue 10, pp. 1620 – 1629. First Published September 2, 2015 https://doi.org/10.1177/0956797615595962

[4]American Psychological Association http://www.apa.org/pi/ses/resources/publications/education.aspx

Social and Economic Factors – Family and Social Support

MAPP Phase 3

Youth and Social Norms

A society's idea of social norms heavily impacts a community because people's behavior is typically influenced by the rationality about what is considered to be the norm or normal[5]. Research on social norms has shown that perceived popularity of a behavior will compel people to act accordingly if that perceived behavior seems to have benefits with their group identity[6]. For example, late adolescence peers typically have the strongest influence on behavior, especially with regard to alcohol and substance use[7]. Whereas, parental support is more valuable in early adolescence than in late adolescence.[8]

Did You Know?

Social Media

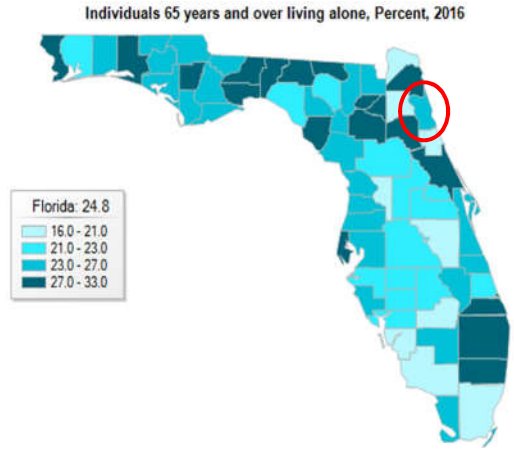
"Children and adolescents are at some risk as they navigate and experiment with social media. Recent research indicates that there are frequent online expressions of offline behaviors, such as bullying, clique-forming, and sexual experimentation, that have introduced problems such as cyberbullying, privacy issues, and "sexting." Other problems that merit awareness include Internet addiction and concurrent sleep deprivation."

- O'Keeffe, Schurgin, and Clarke-Pearson.

According to the 2017 Florida Youth Substance Survey, environmental transitions with schools or neighborhoods increases the risk of negative health behaviors, such as drug use, antisocial behavior, and school drop-outs. The logic is students no longer have the bonds they had in their old environment, so students may be less likely to become attached to their new schools or neighborhoods and therefore, do not develop the bonds that protect them from involvement in problem behaviors. This is important to note as St. Johns County, FL has seen a large increase with transitions and mobility among families due to the increased development within the County. The optimal source of social support may depend on the developmental stage of the person who is receiving the support. Public policies that enhance and promote socially beneficial behavior such as fairness and trust, positively impact social norms within a community.

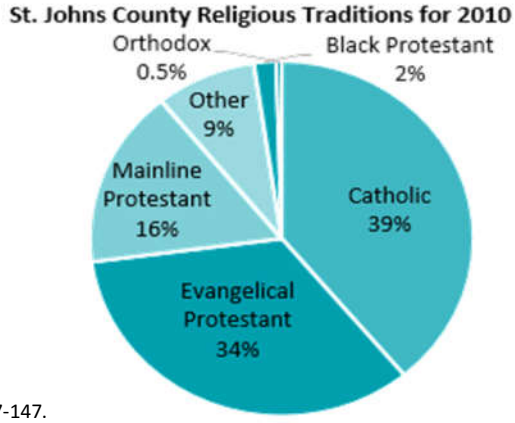
Elderly and Social Isolation

Social group dynamics change with every stage of a person's life. A large proportion of older persons and persons with disabilities are likely to experience social isolation. Health risks associated with social isolation have been compared, in magnitude, to the dangers of smoking cigarettes and obesity[9]. Incorporating social activities in retirement and nursing homes is a great way to keep the elderly population engaged in the community. As presented in the picture to the right, the 2016 rate for St. Johns County, FL show that 23.4% of 38,816 individuals 65 years of age and over in the County were living alone



Faith Communities

Faith organizations impact an individual's values, behaviors, spiritual well-being, and overall health. Faith organizations are often considered to be a community asset for the role they play as a meeting place in the traditional role of serving the Community. The figure to the right shows the predominant religious traditions reported in St. Johns County, FL by the Association of Statisticians of American Religious Bodies.



[5]Elster, J. (1989). Social norms and economic theory. *Journal of economic perspectives*, *3*(4), 99-117
[6]Lapinski, M. K., & Rimal, R. N. (2005). An explication of social norms. *Communication theory*, *15*(2), 127-147.
[7]Perkins, H. Wesley. "Social norms and the prevention of alcohol misuse in collegiate contexts." *Journal of Studies on Alcohol, supplement* 14 (2002): 164-172.
[8]Ozbay, Fatih et al. "Social Support and Resilience to Stress: From Neurobiology to Clinical Practice." *Psychiatry (Edgmont)* 4.5 (2007): 35–40. Print.
[9]CORNWELL, ERIN YORK, and LINDA J. WAITE. "Social Disconnectedness, Perceived Isolation, and Health among Older Adults." *Journal of health and social behavior* 50.1 (2009): 31–48. Print.

Social and Economic Factors – Community Safety

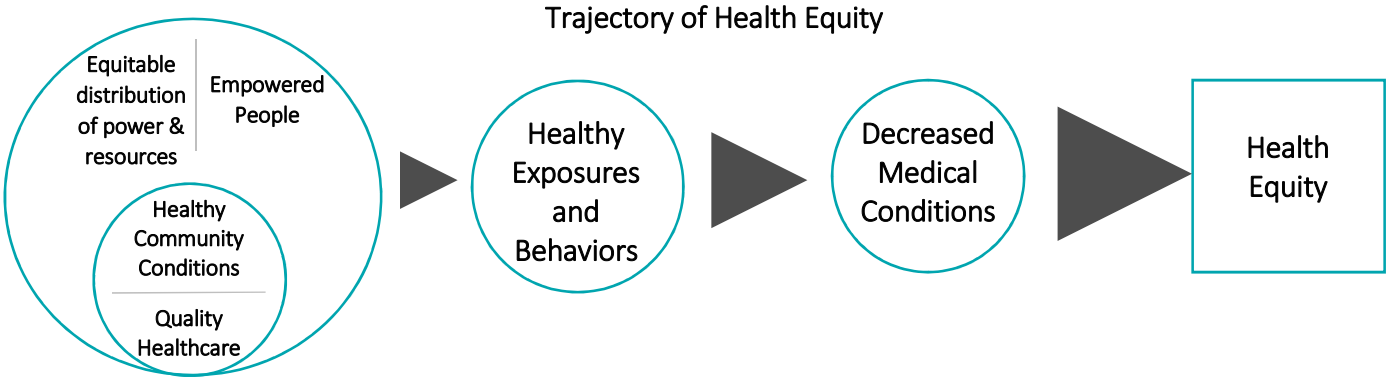
MAPP Phase 3

Community Safety

Excluding those events which result in death, many people who experience injuries are faced with life-long mental, physical, and financial problems. However, many injuries and acts of violence are preventable. Ensuring a safe and stable community is key to achieving equitable health outcomes. Per the Centers for Disease Control and Prevention (CDC), a safe and stable community promotes *"children's development and can also buffer against the impact of stress and trauma. By ensuring that neighborhoods are safe, nurturing places for children, communities can help protect even the most vulnerable children."*

Trajectory of Health Equity

The **Trajectory of Health Equity**[2] diagram below illustrates the concept that a healthy environment composed of equitable distribution of power and resources, empowered people, healthy community conditions, and quality healthcare, contributes to healthy exposures and behaviors, and decreased medical conditions. The arrows in this diagram increase in size along the trajectory to symbolize the greater contribution and influence on Health Equity. In short, by addressing the Social Determinants of Health to support healthy environments, the efforts ultimately support overall achievement of Health Equity.[2]



Source: Measuring What Works to Achieve Health Equity: Metrics for the Determinants of Health Executive Summary. June 2015 Robert

Crime and Health

High crime rates can lead to poor social and economic outcomes. For example, low income neighborhoods across the United States have been consistently linked with higher crime rates.[3] Crime often contributes to stress, anxiety, and depression among community members, which is linked to *"higher rates of pre-term births and low birthweight babies."* Crime often leads to an imbalance of resources since companies are less willing to invest in high crime neighborhoods.[4] Therefore, monitoring criminal activity is key to ensure safe and livable communities for improved Community health.

[1]http://archived.naccho.org/topics/infrastructure/CHAIP/upload/2012-Greater-Norwalk-CHA-CHIP-Updated-Report.pdf, 2012 Greater Norwalk CHA-CHIP pg. 22, Crime and Safety

[2]Measuring What Works to Achieve Health Equity: Metrics for the Determinants of Health. June 2015 Robert Wood Johnson Foundation.

[3]Graif, Corina, Andrew S. Gladfelter, and Stephen A. Matthews. "Urban Poverty and Neighborhood Effects on Crime: Incorporating Spatial and Network Perspectives." Sociology compass 8.9 (2014): 1140–1155. PMC. Web. 11 Feb. 2018.

[4]Egerter S, Barclay C, Grossman-Kahn R, Braveman P. Violence, social disadvantage and health. Princeton: Robert Wood Johnson Foundation (RWJF); 2011. Exploring the Social Determinants of Health Issue Brief No. 10.

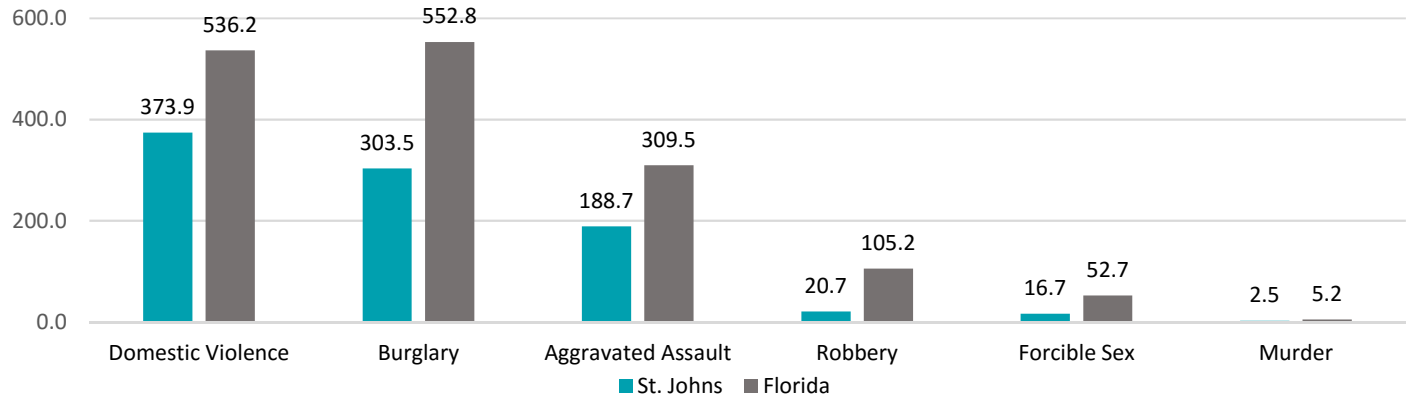
Social and Economic Factors – Community Safety

MAPP Phase 3

Crime

As presented in the graph below, crime rates in St. Johns County are lower than that of Florida in all measurable crime types. Between 2014 and 2016, highest crime rates reported in St. Johns County, FL were domestic violence offenses.

Crime Rates by Type for 2014-2016 (3-Year Rolling Rates per 100,000 Population)



Source: Data accessed on 11/27/2017 via FLHealthCHARTS http://www.flhealthcharts.com

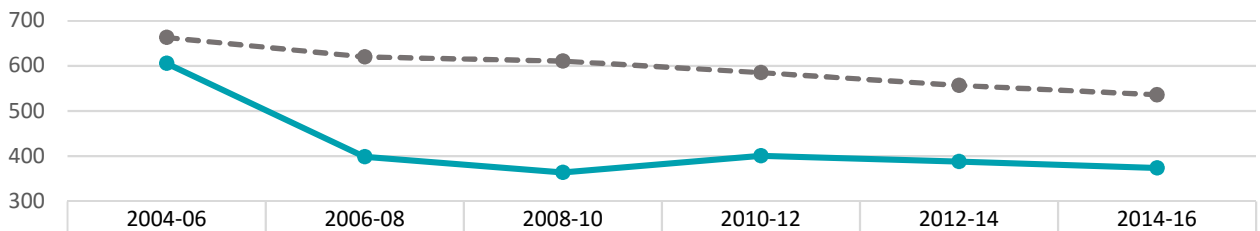
Domestic Violence

Domestic violence occurs when a family member, partner, or ex-partner attempts to physically or psychologically dominate another person. According to the National Domestic Violence Hotline, domestic violence could mean *"the use of physical and sexual violence, threats and intimidation, emotional abuse and economic deprivation."* Domestic violence survivors can experience serious and long-lasting health consequences. The Florida Department of Health reports that domestic violence can lead to prematurity in pregnant women and psychological problems in children. According to the Centers for Disease Control and Prevention (CDC), community factors that contribute to higher risks of domestic violence include, poverty and *"weak community sanctions (e.g. unwillingness of neighbors to intervene in situations where they witness violence)."* Other factors include substance abuse and mental illness.

As illustrated below, domestic violence offense rates increased between 2008-10 and 2010-12. Since then, rates have decreased in St. Johns County, FL and in Florida. Most recent domestic violence offense rates for the County are lower than the State.

Florida Abuse Hotline
1-800-96-ABUSE (2873)
The National Domestic Violence Hotline
1-800-799-SAFE (7233)
Text "loveis" to 22522

Domestic Violence Offenses (3-Year Rolling Rates per 100,000 Population)



	2004-06	2006-08	2008-10	2010-12	2012-14	2014-16
St. Johns	605.8	398.5	364.1	400.7	388.4	373.9
Florida	663.0	620.2	610.7	585.6	556.7	536.2

Source: Data accessed on 11/27/2017 via FLHealthCHARTS http://www.flhealthcharts.com

MAPP Phase 3

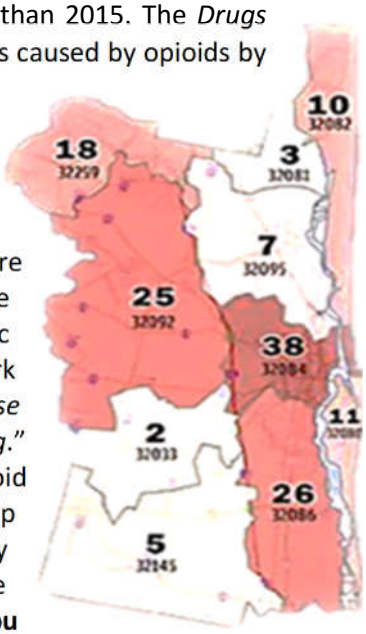
Opioids

The National Institute on Drug Abuse describes opioids as "*a class of drugs that include the illegal drug heroin, synthetic opioids such as fentanyl, and pain relievers available legally by prescription such as oxycodone (OxyContin®), hydrocodone (Vicodin®), codeine, morphine, and many others.*" The National Association of County and City Health Officials (NACCHO) states that multiple factors are driving the opioid epidemic in the United States including poverty, unemployment, lack of access to healthcare, limited availability to treatment centers, stigma, and prescribing practices. The American Medical Association (AMA) recognizes and reports that veterans are twice as likely as non-veterans to die from accidental overdoses from opioids. Below is an outline of the opioid epidemic and related key statistics:

- *Opioid prescriptions for pain began in the late 1990s.*[1]
- *Prescription opioids sold to pharmacies, hospitals, and doctors' offices nearly quadrupled from 1999 to 2010.*[2]
- *In 2013, more than 16,000 Americans died from prescription opioids.*[2]
- *In 2014, 28,000 Americans died from an opioid overdose—that is an average of 78 deaths per day.*[3]
- *In 2015, 33,091 Americans died from opioid overdose.*[2]
- *In 2016, 42,000 Americans died from opioid overdose—40% of deaths involved a prescription opioid.*[2]
  - *More than 11.5 million Americans ages 12 and older reported misusing prescription opioids.*[4]
- *In 2017, the White House created the Commission on Combating Drug Addiction and the Opioid Epidemic*[4]
  - *President Trump's administration declares the opioid epidemic a Public Health Emergency.*[5]
  - *All 50 states and the District of Columbia passed legislation designed to improve public access to naloxone.*[6]
  - *More than 2,000 law enforcement agencies nationwide were trained and equipped to reverse opioid overdoses using naloxone.*[8]

As reported by the Medical Examiners Commission in the *Report of Drugs Identified in Deceased Persons*, 5,725 opioid-related deaths were reported in Florida in 2016, which is a 35% increase (1,483 more) than 2015. The *Drugs identified in Deceased Persons by Florida Examiners 2016 Annual Report,* reports on deaths caused by opioids by Florida districts. St. Johns County, FL is part of District 23, which includes Flagler County and Putnam County. In 2016 among District 23 residents, fentanyl caused 15 deaths, oxycodone caused 12, fentanyl analogs caused 9, methadone caused 7, cocaine caused 6, and hydrocodone and morphine caused 5 each.

To combat opioid deaths, communities nationally including St. Johns County, FL are administering a medication called naloxone, also known as NARCAN®. According to the Centers for Disease Control and Prevention (CDC), naloxone works by reversing the narcotic effects on the brain, which causes respiratory depression in overdose victims. The Network for Public Health Law states that "*naloxone is not a controlled substance, has no abuse potential, and can be easily administered by someone who has little or no formal training.*" The image to the right shows how often first responders in St. Johns County reversed opioid overdoses using NARCAN® from January 1, to November 15, 2017 per Florida County zip code. Many people do not how to start when addressing opioid addiction. St. Johns County is fortunate to have public and private providers that service adults who are substance impaired and in need of detoxification, stabilization, and treatment. **If you or someone you know wants more information on other available service to help combat addiction to opioids, please call the Substance Abuse and Mental Health Services Administration (SAMHSA) National Helpline at 1-800-662-HELP (4357).**



Source: St. Augustine Record
St. Augustine Fire Rescue

[1]Proceedings of the National Academy of Sciences of the United States of America [2]Centers for Disease Control and Prevention [3]Office of Disease Prevention and Health Promotion [4]The White House Press Release [5] U.S. Department of Health and Human Services [6]Network for Public Health Law [8]Journal of Law, Medicine & Ethics

MAPP Phase 3

Neonatal Abstinence Syndrome

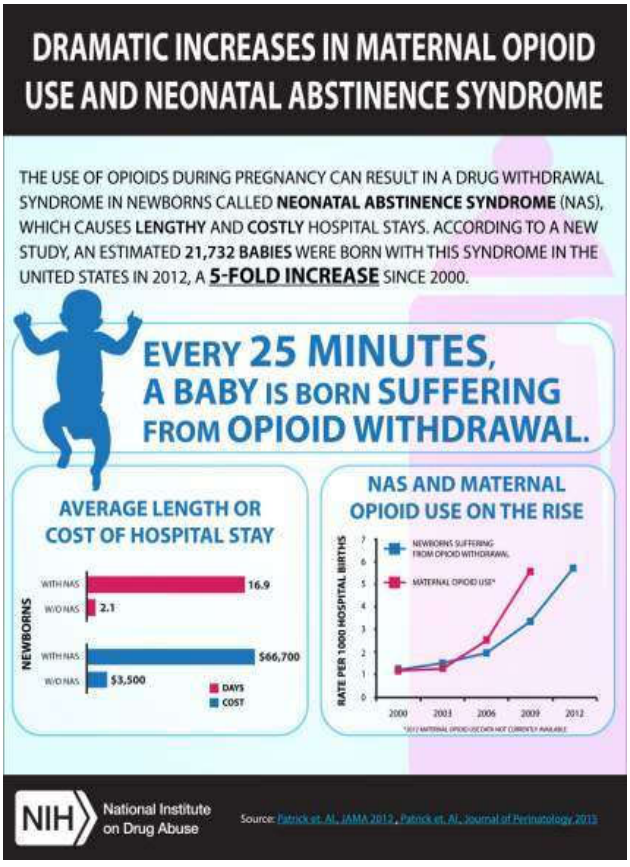
Source: Florida Department of Health

One of the most devastating consequences of the opioid epidemic is the rising incidence of newborns experiencing withdrawal syndrome due to opioid use and misuse by expectant mothers during pregnancy. Neonatal Abstinence Syndrome (NAS) is an after-birth drug withdrawal syndrome in newborns caused primarily by exposure to opioids during pregnancy. The Pediatric Nursing Journal states that NAS is a growing healthcare issue. In 2016, the U.S. Department of Health and Human Services' *Morbidity and Mortality Report* stated that between 1999 and 2013 the overall NAS incidences increased by 300% nationally. In 2014, the Florida Birth Defects Registry added NAS to the list of reportable conditions in Florida. According to the *2017 Better Health Care for All Floridians Report* "a 2012 study from the Census Bureau data showed that Florida has a rate of approximately 7 NAS cases per 1,000 live births which is greater than the rate of 5.8 cases for the United States." Data on NAS for St. Johns County, FL was not available at the time of publication.

A 2015 study from the National Institute of Drug Abuse stated that the national average length of hospitalization for babies born with NAS is 16.9 days with an average cost of $66,700 whereas, the average hospitalization for a baby without complications is 2.1 days and $3,500. The Journal of Substance Abuse Treatment noted that 86% of pregnant women abusing opioids did not intend to be getting pregnant. Other than abstinence, Long Acting Reversible Contraceptives are the best methods, to prevent pregnancy when seeking help with addiction.

When a baby is born with NAS, there are multiple options to reduce pain and hospitalization time depending on the severity. Prior to birth, mothers can receive medical assisted treatment (MAT) to stabilize and improve health outcomes. While MAT does not eliminate the risks of NAS it provides a chance of a healthy recovery for both mother and baby. When a baby is born with NAS, promising practices include swaddling, breastfeeding, and reducing environmental disturbances such as light, noise, and sound. Additional medical treatment for newborns is determined on an individual basis by the medical provider. Long-term impacts on babies born with NAS are still being studied.

Many opportunities exist to decrease the rate of NAS and increase prevention across a lifespan. Health officials aim to address NAS at multiple levels before, during, and after pregnancy. Lack of communication between women and their health care providers has been identified as a major barrier to combating NAS. Many women have stated that they are embarrassed to discuss drug use and addiction because of the "stigma" associated with substance use. However, open communication between health care providers and expectant mothers is key in early intervention and linkage to care. Early access to care can promote healthier lifestyles for mothers and babies along with reducing health care costs.



Source: National Institute on Drug Abuse, September 2015

Health Behaviors – Alcohol Use

MAPP Phase 3

Binge Drinking

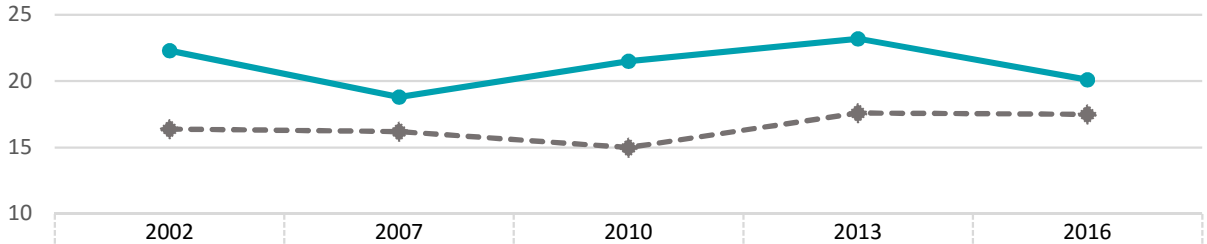
The Substance Abuse and Mental Health Services Administration (SAMHSA) defines binge drinking as *"5 or more alcoholic drinks for males or 4 or more alcoholic drinks for females on the same occasion."* Binge drinking is a risk factor for unintentional injuries (e.g., motor vehicle crashes), suicide, hypertension, acute myocardial infarction, sexually transmitted diseases, unintended pregnancy, fetal alcohol syndrome, and sudden infant death syndrome. The national County Health Ranking report notes that approximately 80,000 deaths are attributed annually to excessive drinking, making excessive drinking the third leading lifestyle-related cause of death in the nation.

County Health Rankings & Roadmaps
Building a Culture of Health, County by County

While St. Johns County, FL was ascribed 1st (of 67 Florida counties) in health factors in the *2017 County Health Rankings Report*, ranking by sub-categories highlight areas for improvement. For example, St. Johns County, FL ranked 6th in health behaviors in part due to the County's unfavorable ranking for excessive drinking (64 of 67 Florida Counties).

County officials use Behavioral Risk Factor Surveillance System (BRFSS) data to monitor the prevalence of binge drinking; however, excessive drinking is often underreported in surveys due to bias. In addition, the national County Health Rankings report states that *"the BRFSS changed the definition of excessive drinking for women in 2006, meaning that there will be a higher prevalence in recent years compared to prior years for women."* The graph below illustrates that 20.1% of adults in St. Johns County, FL reported engaging in heavy or binge drinking in 2016, which is higher when compared to the State (17.5%).

Percent of Adults who Engage in Heavy or Binge Drinking



	2002	2007	2010	2013	2016
St. Johns County	22.3	18.8	21.5	23.2	20.1
Florida	16.4	16.2	15.0	17.6	17.5

Source: Florida Behavioral Risk Factor Surveillance Survey Results
*Due to a change in weighting methodology and the inclusion of cellular telephone responses starting in 2011, data from 2016 may not be comparable to data collected before 2011.

Binge Drinking and Maternal and Child Health

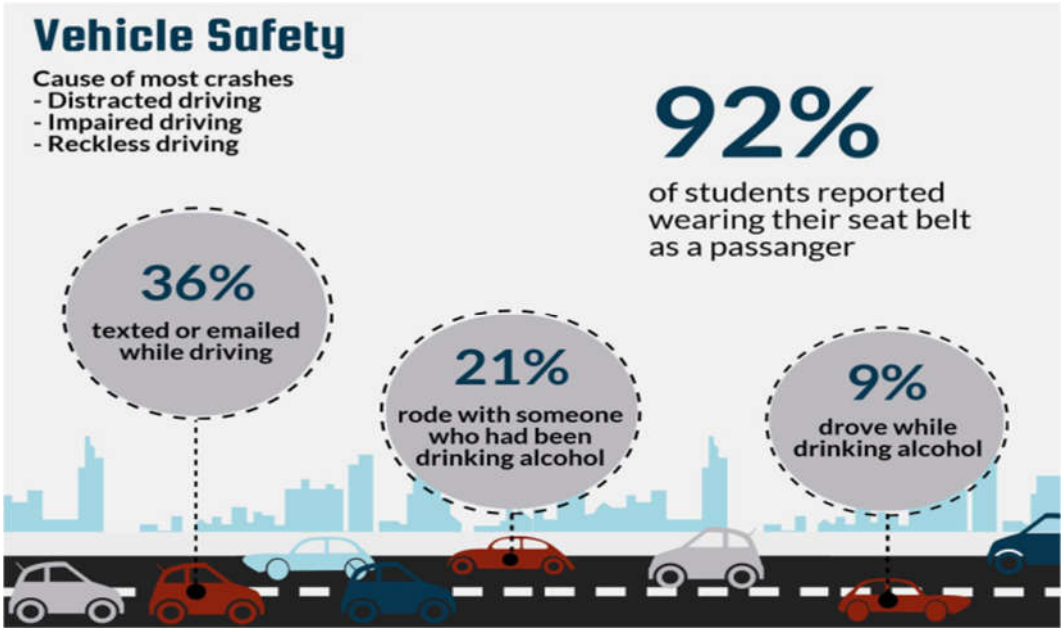
The National Institute of Alcohol Abuse and Alcoholism states that Fetal Alcohol Spectrum Disorders result from a mother who drinks alcohol during pregnancy. Symptoms can range from physical, learning, or behavioral problems. From these disorders the most serious, yet preventable, is fetal alcohol syndrome (FAS), which is characterized by abnormal facial features and severe reductions in brain and growth development. Researchers are still trying to determine whether brain function in children who were born with FAS can improve through rehabilitation, dietary supplements, and medications. For more information on fetal alcohol spectrum disorders, please visit the National Organization on Fetal Alcohol Syndrome website at https://www.nofas.org/

MAPP Phase 3

Binge Drinking and Youth

The Centers for Disease Control and Prevention (CDC) recognizes that, to date, alcohol is the most used substance among youth in the United States. Recent studies have found that drinking at an early age is one of the most powerful predictors of later alcohol abuse later in life. The National Survey on Drug Use and Health identified the rates for those adolescents 16 years of age to 17 years of age who used alcohol or illicit drugs in the past 30 days to be 7.5 times higher when compared to adolescents 12 years of age to 13 years of age. Binge drinking is also a concern because this unhealthy behavior can lead to other risky behaviors, such as driving under the influence.

As presented in the infographic below, results from the 2017 Florida Youth Risk Behavior Survey revealed that 21% of high school students have ridden with someone who had been drinking alcohol and 9% have driven while drinking alcohol. Comparing those rates to St. Johns County, FL the 2016 Florida Youth Substance Abuse Survey reported that 18.5% of high schoolers in St. Johns County, FL reported riding with someone who had been drinking alcohol and 4.7% reported driving while drinking alcohol. For more conversation starters, best practices, or tools for collaborative initiatives on underage drinking visit CDC's website: https://www.cdc.gov/alcohol/factsheets/underage-drinking.html



Source: Florida Department of Health http://www.floridahealth.gov/statistics-and-data/survey-data/florida-youth-survey/

Did You Know?

Combating Substance Use Among Youth in St. Johns County, FL

*PACT Prevention Coalition of St. Johns County works towards a "substance-free community through the reduction and prevention of alcohol and drug use/abuse by our youth by **P**revention, **A**dvocacy, **C**hoices and **T**eamwork." PACT currently offers programs that "focus on prevention and positive choices," including 'Natural High', 'Friday Done Right', 'Know The Law', and 'Safe Prom'. In an interview earlier this year, Bridget Heenan, Executive Director of PACT, shared that the "majority of the teens in St. Johns County are making right, healthy choices. However, those who have opened up to me about underage drinking or using other drugs have always brought up "feeling pressured." They feel pressured to fit in and not feel left out. Overcoming peer pressure can be tough, but the best advice I have is to confidently be yourself and surround yourself with supportive people." For more information and resources please visit the PACT Prevention Coalition of St. Johns County website:* http://www.pactprevention.org/

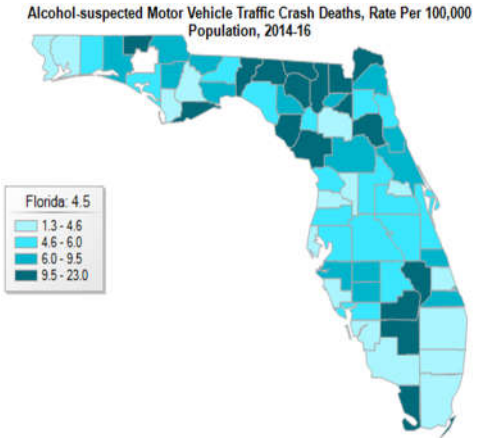
Health Behaviors – Alcohol Use

MAPP Phase 3

Alcohol-Suspected Motor Vehicle Traffic Crashes

Indicator: Age-adjusted death rate per 100,000 population due to alcohol-suspected motor vehicle traffic crashes.

Why is this important?

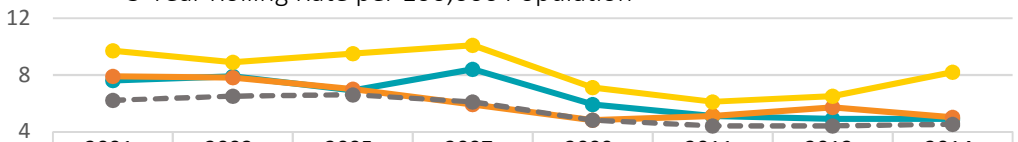


Alcohol-suspected motor vehicle traffic crashes involve a driver and/or pedestrian for whom alcohol use was reported that led to one or more deaths within thirty days of occurrence. In 2016, the National Highway Traffic Safety Administration (NHTSA) found that *"distracted driving and drowsy driving fatalities declined, while deaths related to other reckless behaviors—including speeding, alcohol impairment, and not wearing seat belts—continued to increase."* According to NHTSA, nationally, 10,320 people lost their life in 2016 due to alcohol-impaired driving, which is approximately one death every 51 minutes. In Florida, 841 people died in 2016 due to alcohol-impaired driving—an 8% increase in deaths when compared to 2015. NHTSA notes that drunk driving is often a symptom of a larger problem: alcohol misuse and abuse. For information, conversation starters, best practices, and tools for collaborative initiatives, visit the Center for Disease Control and Prevention (CDC) website: www.cdc.gov/MotorVehicleSafety/Impaired_Driving

*Alcohol-suspected motor vehicle traffic crash death rates for St. Johns County, FL have **favorably** decreased since 2007-09.*

Age-Adjusted Alcohol-suspected Motor Vehicle Traffic Crash Death Rate

3-Year Rolling Rate per 100,000 Population



	2001-03	2003-05	2005-07	2007-09	2009-11	2011-13	2013-15	2014-16
St. Johns County	7.6	7.9	6.9	8.4	5.9	5.1	4.9	4.9
Peer County Average	7.9	7.8	7.0	5.9	4.8	5.1	5.7	5.0
Regional Peer County Average	9.7	8.9	9.5	10.1	7.1	6.1	6.5	8.2
Florida	6.2	6.5	6.6	6.1	4.8	4.4	4.4	4.5

Note: Peer counties include Collier, Lake, and Manatee counties. Regional peer counties include Clay, Flagler, and Nassau counties.
Source: Florida Health Community Health Assessment Resource Tool Set (FLHealthCHARTS) http://www.flhealthcharts.com

As presented above, alcohol-suspected motor vehicle traffic crash death rates for St. Johns County, FL have decreased since 2007-09. The most recent rate for St. Johns County, FL is higher than the State rate, lower than the Regional Peer County Average rate, and about at the Peer County Average rate.

Motor Vehicle Crash Snapshot (3-Year Rolling Rate per 100,000 Population)

St. Johns County, Florida	2001-2003	2003-2005	2005-2007	2007-2009	2009-2011	2011-2013	2013-2015	2014-2016
Total Motor Vehicle Traffic (MVT) Crashes	1213.9	1181.3	1120.5	962	817.6	1157.4	1432.6	1501.3
Alcohol-suspected MVT Crashes	165.5	166.9	165	145	114	115	104.6	101
Alcohol-suspected MVT Crash Injuries	128.9	130.4	128	106	92	84	63	61

Source: Florida Health Community Health Assessment Resource Tool Set (FLHealthCHARTS) http://www.flhealthcharts.com

County Health Rankings & Roadmaps
Building a Culture of Health, County by County

As presented above, alcohol-suspected motor vehicle traffic crashes are decreasing in St. Johns County, FL. While St. Johns County ranks number 1 in Florida for "Health Factors," the 2017 National County Health Rankings Report ranks St. Johns County number 16 of 67 counties for "Health Behaviors & Alcohol-related Motor Vehicle Crash Deaths."

Health Behaviors – Tobacco Use

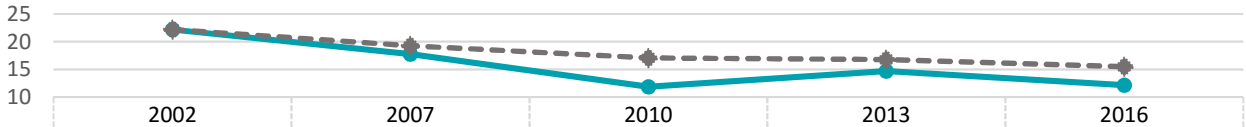
MAPP Phase 3

Smoking

The Centers of Disease Control and Prevention (CDC) notes that cigarette smoking harms nearly every organ of the body and can cause many diseases, such as lung and cardiovascular diseases as well as high blood pressure. The national *County Health Rankings Report* states that smoking causes nearly one in five deaths in the United States—about 41,000 deaths from exposure to secondhand smoke. Quitting smoking and reducing smoke exposure can lower your risk for smoking-related diseases. Within St. Johns County, smoke-free environments are encouraged to reduce the risk to second-hand smoke through promotion of policies to support smoke-free housing units (1,693 smoke free housing units, per the Tobacco Free Partnership for St. Johns County, FL).

Smoking is a health indicator for "healthy behaviors" used in *2017 County Health Rankings Report*. St. Johns County favorably ranked 6th lowest of 67 Florida counties. As presented below, 12.2% of St. Johns County adults reported that they were current smokers in 2016. That proportion is favorably lower than the State (15.5%). The *2016 Behavioral Risk Factor Surveillance System* (BRFSS) reports that more St. Johns County males report being current smokers (13.5%) in comparison to self-reported female smokers (11.1%). The largest proportion of current smokers reported as being among 18 years old to 44 years old (18.9%). The population that reported an annual income of less than $25,000 were identified as the largest group of current smokers (27.2%).

Percent of Adults who are Current Smokers



	2002	2007	2010	2013	2016
St. Johns County	22.2	17.8	11.9	14.7	12.2
Florida	22.2	19.3	17.1	16.8	15.5

Source: Florida Behavioral Risk Factor Surveillance Survey Results

The Truth Incentive states that 72% of smokers in the nation are from low-income communities. The *Truth Incentive's 2018 Annual Report* stated that there are an estimated 375,000 tobacco retailers in the nation. These are disproportionately located in low-income communities and are closer to schools than other neighborhoods.

Smoking and Youth

The U.S. National Library of Medicine National Institute of Health attributed about one-third of teenage experimentation with smoking to tobacco advertising and promotional activities in retail environments. In the table to the right, the *2017 Florida Youth Tobacco Survey* showed a decrease in all categories for youth ages 11 years old to 17 years old who have tried a form of tobacco.

2017 Florida Youth Tobacco Survey (FYTS) for St. Johns County, FL

Percentage of Youth Ages 11 -17 Who Have	2016	2017
Ever tried cigarettes	13.7	12.7
Ever tried cigars	9.0	7.9
Ever tried smokeless tobacco	5.0	4.1
Ever tried hookah	15.4	12.6
Ever tried electronic vaping	24.5	22.3
Ever tried cigarettes, cigars, or smokeless tobacco	18.5	17.1
Ever tried cigarettes, cigars, smokeless, hookah or electronic vaping	32.8	30.3

It's important to note the emerging trend in electronic nicotine delivery systems (ENDS) such as vapes or JUULs. In 2017, 12.4% of Florida middle school students reported that they have tried electronic vaping and 15.7% of Florida high school students reported that they currently used electronic vaping devices, per the *2017 Florida Youth Tobacco Survey*. The 2016 BRFSS report showed that the population ranging from 18 years of age to 44 years of age old had the highest use of e-cigarettes (8.3%) and the highest proportion of adults that reported using e-cigarettes had less than a high school diploma (53.4%). One secondary perspective on the rising incidences of smoking from a St. Johns County high schooler is that *"it is portrayed as a "benefit" to have a $150 vape or pack of cigarettes."* For more resources on how to quit tobacco, please visit Tobacco Free Florida's website at: http://www.TobaccoFreeFlorida.com/QuitYourWay/

Social and Economic Factors – Diet and Exercise

MAPP Phase 3

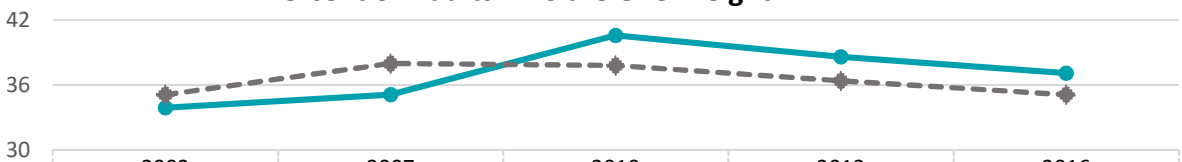
Diet and Obesity

Obesity is the state of being significantly overweight based on a height-to-weight ratio. Factors that influence the likelihood of becoming obese include diet, exercise, genetics, and lifestyle. Having access to fresh, healthy food plays an essential role in preventing obesity. In the United States, obesity has been on the rise for decades. According to the Center for Disease Control and Prevention (CDC), in 2016, more than one third (36.5%) of adults nationally were obese.

The *2016 Florida Behavioral Risk Factor Surveillance Survey Results Report* stated 32.1% of adults in Florida were obese. In St. Johns County, FL, 43.8% of adults 45 to 64 years of age reported being overweight, which is higher than the State. The proportion of the County population reporting as obese (18.1%) is significantly lower than the State (32.1%). In the United States, approximately 17% of children 2 to 19 years of age are obese or 12.7 million children. Of the middle school-aged children in Florida, 11.6% are considered obese, and 11.1% of high school aged children are considered obese.

As presented below, the proportion of St. Johns County, FL adults that are overweight has decreased from 2013 to 2016. While it mirrors the trend of the State, the proportion of St. Johns County, FL adults who were overweight in 2016 (37.1%) is slightly higher when compared to the State (35.1%).

Percent of Adults who are Overweight



	2002	2007	2010	2013	2016
St. Johns County	33.9	35.1	40.6	38.6	37.1
Florida	35.1	38.0	37.8	36.4	35.1

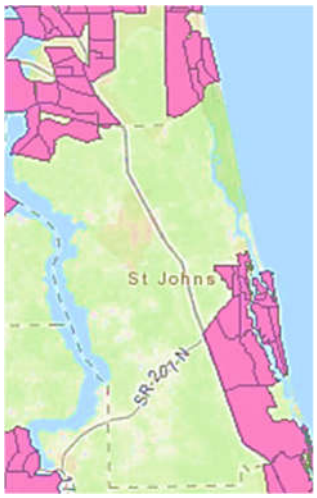
Source: Florida Behavioral Risk Factor Surveillance Survey Results

County Health Rankings & Roadmaps
Building a Culture of Health, County by County

Adult obesity is an important health factor and is included in the County Health Rankings Report as *"the percent of County residents who are reported as obese."* In the *2017 County Health Ranking Report* St. Johns County ranked favorably as number 6 of 67 Florida counties for adult obesity.

Food Deserts

The CDC defines a food desert as *"an area that lacks access to...foods that make up a healthy diet."* Food deserts are often located in economically distressed areas and residents within these areas rely on small convenience stores to obtain groceries. Studies have shown that populations that live within food deserts rely on federal supplemental assistance, such as the Supplemental Nutrition Assistance Program (SNAP), the National School Lunch Program, or the Women, Infants, and Children (WIC) program. Prices of fresh food are significantly more expensive when purchased in food deserts. Fresh, locally-grown foods are available at farmer's markets but very few markets are established within food deserts. Some programs that exist to combat food shortages and hunger are soup kitchens, food banks, and community gardens. In March of 2018, St. Johns County, FL started the Fresh Access Bucks Program, which enables shoppers to use their food stamps or other forms of payment to buy fresh, nutritious, and locally grow food. To the left, this U.S. Department of Agriculture (USDA) map highlights areas (in pink) in which 500 people or 33% of the St. Johns County population lives further than 1 mile (urban) or 10 miles (rural) from the nearest supermarket.



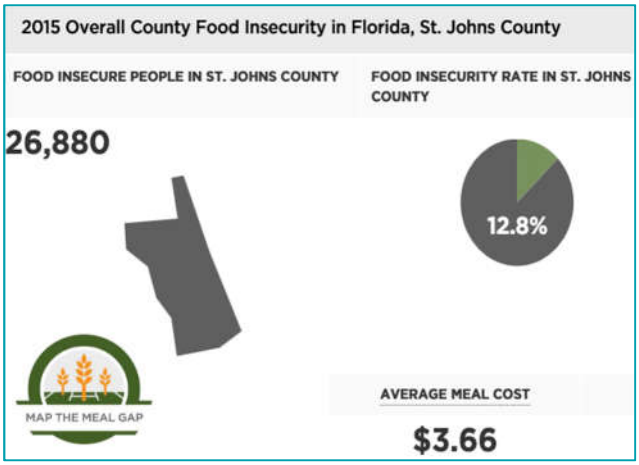
Source: USDA ERS

Social and Economic Factors – Diet and Exercise

MAPP Phase 3

Food Insecurity

The County Health Rankings state that there are many facets to a healthy food environment, such as the cost, distance, and availability of healthy food options. Studies suggest that one of the contributing factors to obesity for populations of low socioeconomic status, since it impacts a population's "food environment" that is, access to food sources. The U.S. Department of Agriculture (USDA) uses two key terms when describing "food environment", food secure and food Insecure. Food secure households always have access to enough food for an active, healthy life for all household members. Food insecure households, at times during the year, are uncertain of having, or unable to acquire, enough food to meet the needs of all their members because they had insufficient money or other resources for food. According to Feeding America's "Map the Meal Gap" (shown in the figure above), 12.8% of St. Johns County's population is "food insecure" which is lower than the State proportion of 15.1%



County Health Rankings & Roadmaps
Building a Culture of Health, County by County

The *County Health Rankings Report* uses two factors in determining a "Food Environment Index", limited access to healthy foods and food insecurity. The *2017 County Health Rankings Report* favorably ranks St. Johns County, FL 2nd of 67 counties in Florida for Food Environment Index.

Free and Reduced Lunch

The National School Lunch Program makes it possible for all school children in the nation to receive lunch every school day. The number of students receiving free or reduced priced lunch is an indicator of poverty in young families. As presented below, St. Johns County, FL has experienced a favorably lower proportion of students eligible to receive free or reduced lunch when compared to participation at the state and national level.

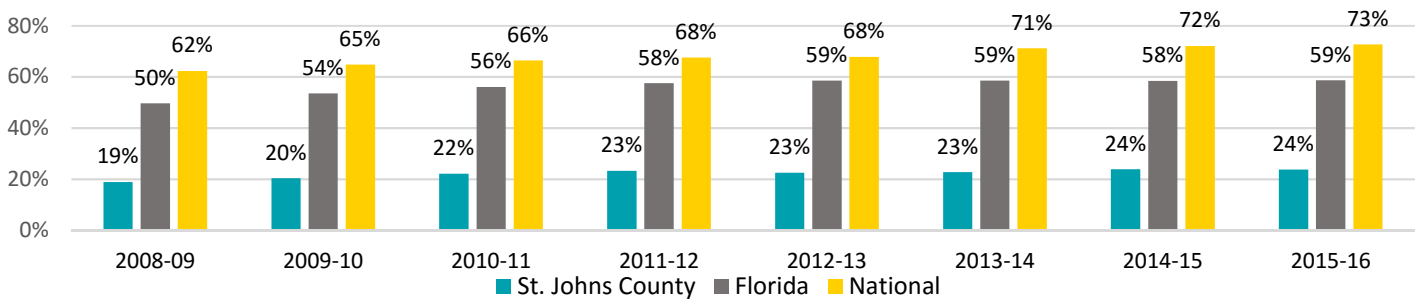
Did You Know?

The National School Lunch Program

"The Food and Nutrition Service administers several programs that provide healthy food to children...each of these programs helps fight hunger and obesity by reimbursing organizations for providing healthy meals to children…In 2016, 30.4 million children participated in the National School Lunch Program."

-U.S. Department of Agriculture Food and Nutrition Services

Students Grades K-12 Eligible to Participate in the Free and Reduced Lunch Program



Source: St. Johns County and Florida data accessed on 11/28/2017 via the Kids Count Data Center http://datacenter.kidscount.org
Source: United States data accessed on 11/28/2017 via the United States Department of Agriculture https://fns-prod.azureedge.net

Built Environment, Exercise, and Obesity

A built environment is a human-made space in which people live, work, or play on a day-to-day basis. The U. S. Department of Health and Human Services states that a community's design that encourages walking and bicycling to destinations contributes to overall physical activity. Alternatively, studies have found that sedentary time, or sitting behaviors, such as watching TV, increase the risk of metabolic disorders and weight gain. Increased physical activity is recommended as a prevention strategy to combat youth obesity. Studies by the American Journal of Preventative Medicine have found that improvements in built environments can improve physical activity and reduce the risk of obesity.

Locations for physical activity are defined as parks or recreational facilities. In St. Johns County, FL, the Board of County Commissioners believes in a "thriving local park system." The County is home to thirty-five County parks (including an equestrian center, golf courses, and rive/beach access), three State parks, and two national monuments. In addition to the St. Johns River, St. Johns County offers 40 miles of scenic coastline with ideal recreational opportunities in Florida. Improving access to recreational facilities is key to improving Community health. The opportunity to enjoy healthy, active lifestyles, and the preservation of the natural beauty of our County are evident in the over 115 public recreational parks, sites, and venues, presented on the map on the following page.

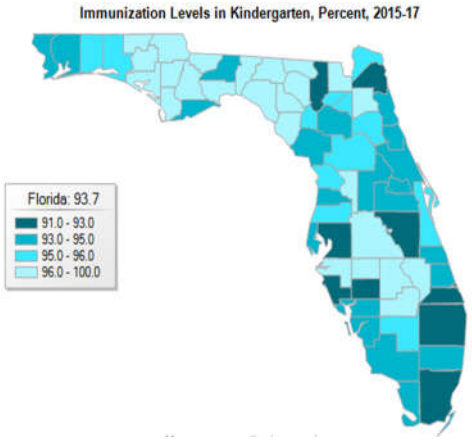
Public Recreational
Parks, Sites & Venues
Within St. Johns County
N
W
E
S
0 1.25 2.5
Miles
Mills Field
Plantation Park
Fruit Cove School Fields
Veterans Park
Durbin Creek School Fields
Durbin Crossing Park
Julington-Durbin Preserve
Gourd Island CA
Aberdeen Park
Beluthahatchee Park
Cunningham Creek
School Fields
Alpine Groves Park
Switzerland Point
School Fields
Rivertown Park
DeLeon Shores Park
Sunset Park
Bird Island Park
Ponte Vedra Concert Hall
Mickler Beachfront Park
Cornerstone Park
Landrum School Fields
The Players Senior Comm. Center
Ocean Palms School Fields
Palm Valley Boat Ramp Park
Davis Park
Nocatee Preserve
Guana River WMA
Nocatee Community Park
Deep Creek SF
Twelve Mile Swamp WMA
Palencia Park
Twelve Mile Swamp CA
Guana River - GTMNERR
Stokes Landing CA
South Ponte Vedra Park
Usina Boat Ramp Park
Boating Club Road Boat Ramp
North Beach Park
Vilano Boat Ramp Park
Nease Beachfront Park
North Shores Park
Vilano Beach Pier and Pavilion
Surfside Park
Vilano Nature Greenway
Vilano Beach Fountain and Pavilion
Old Shands Bridge Pier
Trout Creek Park
Palmo Road Boat Ramp
Palmo Community Park
Mill Creek School Fields
Pacetti Bay School Fields
Watson Island SF
Airport Environmental Park
Fort Mose SP
Fullerwood Park
Davenport Park
Francis Field & Swing Park
Joe Pomar Jr Park
Ketterlinus Gym
Castillo de San Marcos NM
Plaza de la Constitucion
Lighthouse Park
RB Hunt School Fields
Upchurch Park
Anastasia SP
St. Augustine Amphitheatre
Parks & Recreation Administration
Ron Parker Park
Pope Road Park
SJC Ocean Pier & Courts Park
Lakeside Park
Collier-Blocker-Puryear Park
West Augustine Park &
Calhoun Comm. Center
St. Augustine Little
League Park
Osceola School Fields
Vickers Park & Galimore Center
Dr. Robert B. Hayling Freedom Park
Doug Crane Boat Ramp
BMX Track
St. Augustine South Tot Lot
Treaty Park
River to Sea Loop Trail
Vermont Heights Park
St. Johns Golf Club
Shore Drive Waterfront Park
Ocean Hammock Park
Shore Drive Moultrie Bluffs Park
Vaill Point Park
Shore Drive Boat Ramp
Canopy Shores Park
Joel A. "Bubba" Williams
Windswept Acres Park
Frank Butler Park East
Frank Butler Park West
Palmetto Road Boat Ramp
Crescent Beach Park
Green Road Boat Ramp
Riverdale Park & Boat Ramp
St. Johns County Fairgrounds
Armstrong Park
Deep Creek CA
Deep Creek Boat Landing
Walter E. Harris Comm. Center
Hastings Park
Railroad Park
Al Wilkie Park & Hastings Center
Equestrian Center
Oliver Park
Gamble Rogers School Fields
Moses Creek CA
Matanzas SF
Spyglass Walkover & Parking Lot
SE Intracoastal Waterway Park
Fort Matanzas NM
Matanzas Inlet Fishing Park
Helen Mellon Schmidt Park
Faver-Dykes SP
River To Sea Preserve
Pellicer Creek CA
It Starts In Parks!
The St. Johns County Board of County Commissioners believes in a thriving local park system. The opportunity to enjoy healthy, active lifestyles and the preservation of the natural beauty of our county are evident in the parks, community centers, and venues available.
St. Johns County,
Where Everybody Plays!
Legend
Community
Neighborhood
Regional
School Board Park
Special Purpose
Water Access
Conservation
Administrative
CA - Conservation Area
NM - National Monument
SF - State Forest
SP - State Park
WMA - Wildlife Management Area
Parks & Recreation Dept
www.sjcfl.us/Recreation
904-209-0333
St. Johns County Venues
www.SJCVenues.com
904-209-0367
Map Created: 4/17/2018
ST. JOHNS COUNTY GIS
GEOGRAPHIC INFORMATION SYSTEMS
www.sjcfl.us

Health Behaviors – Vaccination

MAPP Phase 3

Immunization Coverage of School-Age Children

Indicator: Percentage of kindergarteners in Florida public and private schools that have the required immunization documentation for pre-school entry.



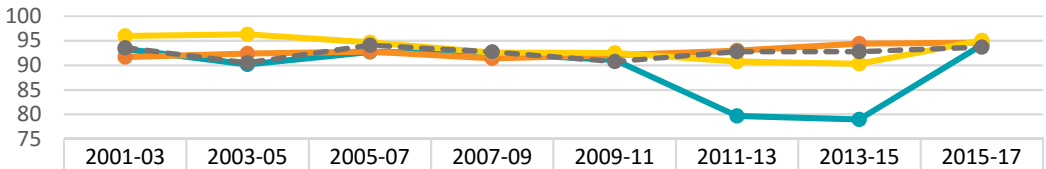
Why is this important?

Immunizations protect children from contracting and spreading infectious diseases such as measles, mumps, and whooping cough. These diseases can result in extended school absences, hospitalizations, and death and may have a significant financial impact on parents, resulting from costly medical bills and loss of work time. Each state enacts laws or regulations that require children to receive certain vaccines before they enter child care facilities and/or school. Florida laws require children to receive the age appropriate CDC recommended vaccines before they enter pre-school: Diphtheria-tetanus-acellular pertussis (DTaP), Inactivated polio vaccine (IPV), Measles-mumps-rubella (MMR), Varicella (chickenpox), Haemophilus influenzae type b (Hib), and Hepatitis B (Hep B). In addition, schools and child care facilities must report the results of annual vaccination record reviews conducted at the beginning of each school year or periodic assessments of vaccination coverage to the Florida Department of Health. Through mandatory immunization requirements for school-age children, Florida improves immunization coverage and reduces the threat of vaccine-preventable diseases to our children's lives. For more information, visit the Centers for Disease Control and Prevention (CDC) website: www.cdc.gov/vaccines

*Immunization coverage for kindergarteners in St. Johns County has **favorably** increased to the highest level in the past 20 years—now higher than Statewide coverage.*

Percent of Kindergarteners Meeting Immunization Requirements

Includes Public and Private Schools



	2001-03	2003-05	2005-07	2007-09	2009-11	2011-13	2013-15	2015-17
St. Johns County	93.3	90.2	92.7	92.4	91.1	79.7	79.0	94.1
Peer County Average	91.7	92.4	92.8	91.4	92.1	93.0	94.4	94.6
Regional Peer County Average	96	96.3	94.7	92.6	92.5	90.8	90.3	95.1
Florida	93.6	90.5	94.1	92.7	90.8	92.8	92.8	93.7

Note: Peer counties include Collier, Lake, and Manatee counties. Regional peer counties include Clay, Flagler, and Nassau counties.
Source: Florida Health Community Health Assessment Resource Tool Set (FLHealthCHARTS) http://www.flhealthcharts.com

Immunization coverage for kindergarteners in St. Johns County, has increased in the last several years to the highest level in the past 20 years and is now higher than State coverage.

Looking for Conversation Starters, Best Practices, or Tools for Collaborative Initiatives?

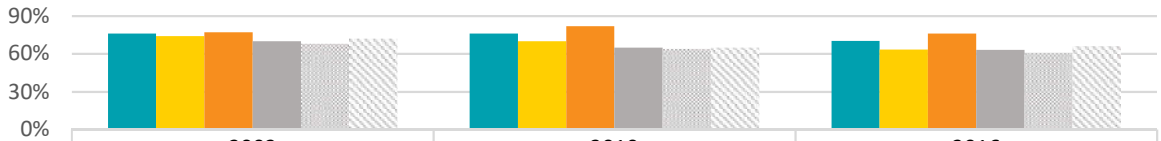
Information and supportive resources on vaccines and immunization are available via the following organizations:

- CDC's SchoolVaxView https://www.cdc.gov/vaccines/imz-managers/coverage/schoolvaxview/
- Carter/Bumpers "Every Child By Two" www.ecbt.org/
- CDC's "The Guide to Community Preventive Services" www.TheCommunityGuide.org
- Vaccination Information http://www.vaccineinformation.org/

Dental Care

The importance of dental care goes beyond a beautiful smile. Regular oral health care can prevent many types of diseases ranging from gum disease to heart disease. In 2017, St. Johns County, FL ranked 18th out of the 67 counties in Florida in number of dentists per population. The 2016 Behavioral Risk Factor Surveillance System (BRFSS) reported that 70.1% of adults in St. Johns County, FL saw a dentist in the past year—favorably higher when compared to the State (63.0%). More women (75.6%) than men (63.3%) in St. Johns County, FL saw a dentist in the past year. The proportion of women in St. Johns County who saw a dentist in the past year is significantly higher than the State (65.5%). The highest population self-reported as having seen a dentist in the past year were those who were 45 years of age to 64 years of age (74.8%). When compared to the State, that age group is significantly higher (62.6%). The population earning an annual income of $50,000 or greater in St. Johns County, FL reported seeing a dentist in the past year the most (77.2%).

Percent of Adults who Visited a Dentist or Dental Clinic within the Last 12 Months



	2002	2010	2016
St. Johns County - Overall	76%	76%	70%
St. Johns County - Men	74%	70%	63%
St. Johns County - Women	77%	82%	76%
Florida - Overall	70%	65%	63%
Florida - Men	68%	64%	60%
Florida - Women	72%	65%	66%

Source: Data from 2016 Florida Behavioral Risk Factor Surveillance Survey Results

Healthy People 2020, our national strategic plan for health improvement, notes that lack of access to dental care for all ages is a public health challenge. Many people have a lack of understanding and awareness of the importance of oral health and how it impacts overall health. Per the American Dental Association (ADA), barriers to oral health care access include the following: difficulty getting to a dental office, challenges with prioritizing dental care among other health crises and basic needs of living, overcoming financial barriers, and navigating government assistance programs. The ADA notes that fewer people have dental insurance than have medical insurance, and it is often lost when individuals retire. Some individuals may need special payment arrangements or case management services to overcome such obstacles. The 2016 BRFSS documented that in St. Johns County, FL 53.4% of the population whose income was less than $25,000 had tooth removal because of tooth decay or gum disease. For more information on Oral Health, please visit the following Centers for Disease Control and Prevention (CDC) website: www.cdc.gov/OralHealth/

Did You Know?

Dental Facts

- *Dental cavities can be prevented by maintaining a low level of fluoride in the oral cavity.*
- *Oral disease in children and adults is higher among poor and disadvantaged population groups.*
- *Risk factors for oral diseases include an unhealthy diet, tobacco use, alcohol use, and poor oral hygiene.*

Source: World Health Organization

Looking for Conversation Starters, Best Practices, or Tools for Collaborative Initiatives?

Information and supportive resources for dental care are available through the following organizations:

- Campaign for Dental Health "Life is better with teeth!" www.ILikeMyTeeth.org
- American Dental Association "Mouth Healthy" www.MouthHealthy.org/en/
- U.S. Department of Health & Human Services "Live well. Learn how." www.HealthFinder.gov
- CDC's "The Guide to Community Preventive Services" www.TheCommunityGuide.org

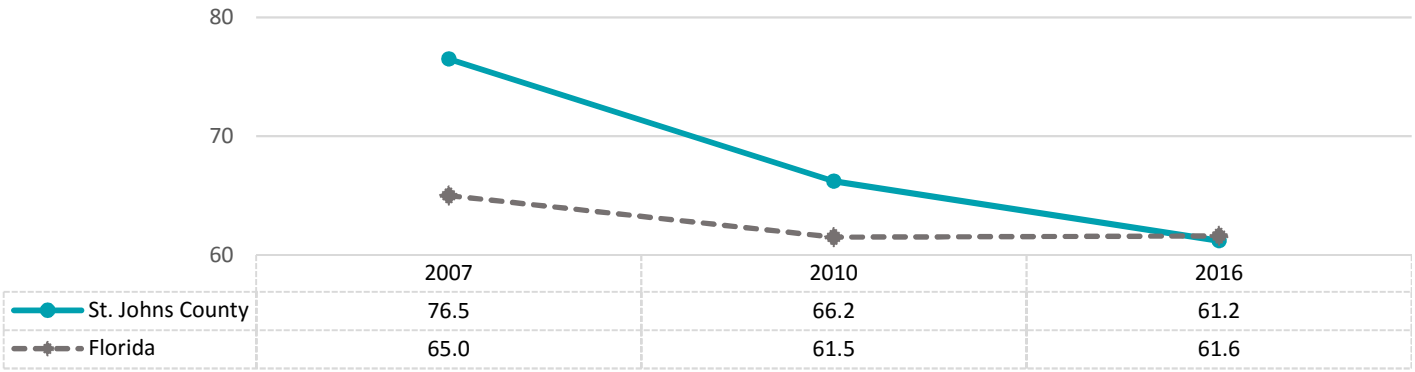
MAPP Phase 3

Breast Cancer Screening (Mammograms)

Breast cancer is the 2nd most common type of cancer in women in the United States. While not as common, breast cancer can develop in men. The Centers for Disease and Prevention (CDC) reports that about 237,000 women and 2,100 men are diagnosed with breast cancer each year. Breast cancer screening, using mammography, is an early detection method used to evaluate changes in breast tissue that may be indicative of breast cancer before signs and symptoms. A mammogram is an X-ray that provides an image of each breast for the doctor to examine for any masses.

Regular mammograms are the best available tests to detect breast cancer early, sometimes up to three years before signs and symptoms, which can lower the risk of dying from breast cancer. The United States Preventive Services Task Force recommends *that "average-risk women 50 to 74 years of age should have a screening mammogram every two years."* Imaging sites are available in St. Johns County, FL (please visit St. Johns Care Connect for more information https://www.stjohnscareconnect.com/). Medicare, Medicaid, and most insurance companies cover a mammogram expense as part of preventable screening. Please visit The Susan G. Komen Foundation (http://ww5.komen.org) or the CDC's website (www.cdc.gov/Cancer) for more information about breast cancer.

Percent of Women over 40 Who Received a Mammogram in the Past Year



	2007	2010	2016
St. Johns County	76.5	66.2	61.2
Florida	65.0	61.5	61.6

Source: Florida Behavioral Risk Factor Surveillance Survey Results

The proportion of women over 40 years of age in St. Johns County, FL who self-report as having received a mammogram in the past year has declined since 2007. A contributor to this decline may be a change in mammogram recommendations made in 2009. The United States Preventative Services Task Force now recommends that most women 50 to 74 years of age should get a mammogram every 2 years. Women 40 to 49 years of age should speak with a doctor about when to begin regular mammogram screening. The change in recommendation may have influenced the annual proportion of women receiving mammograms. The 2016 Behavioral Risk Factor Surveillance System (BRFSS) stated that 82.0% of women in St. Johns County, FL 50 to 74 years of age received a mammogram in the past year.

County Health Rankings & Roadmaps
Building a Culture of Health, County by County

In the *2017 County Health Rankings Report*, an indicator used in the "Access to Clinical Care" sub-ranking includes "Mammography Screenings." St. Johns County, FL favorably ranked 8th out of 67 counties.

Did You Know?

Can't afford a mammogram?

*If you have a low income or do not have insurance and are among 40 years of age and 64 years of age, you may qualify for a free or low-cost mammogram through CDC's National Breast & Cervical Cancer Early Detection Program. To learn more, call **1 (800) CDC-INFO**.*

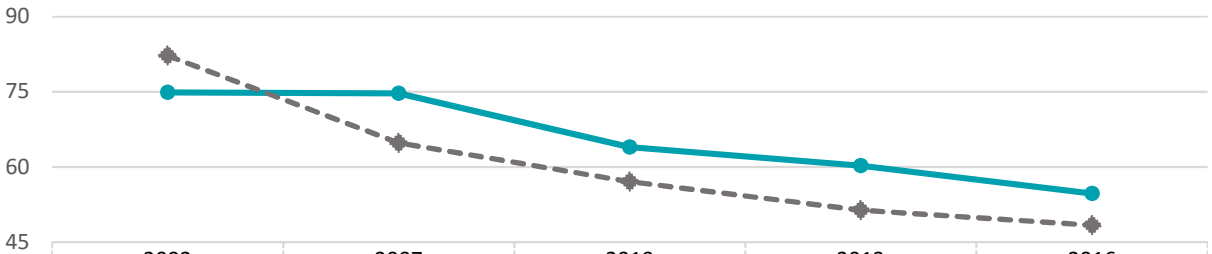
Source: Centers for Disease Control and Prevention

MAPP Phase 3

Cervical Cancer Screening (Pap Smear)

A Pap smear is an early detection screening for pre-cancers of the cervix. This test looks for cell changes in the cervix that can lead to cervical cancer if not treated properly. The most common form of cervical cancer is human papillomavirus (HPV), which is also the most common sexually transmitted infection in the United States. There are many types of HPV, 13 years of age of which are considered cancer-causing. The Centers for Disease Control and Prevention (CDC) states that by 50 years of age, 4 out of 5 women will have been infected with HPV at one point in their lives. The CDC recommends having regular Pap smears completed by your doctor at the age of 21 and to continue this regular testing until the age of 65. According to the CDC, *"cervical cancer is the easiest gynecologic cancer to prevent, with regular screening."*

Percent of Women Ages 18 and Older who have Received a Pap Smear in the past year



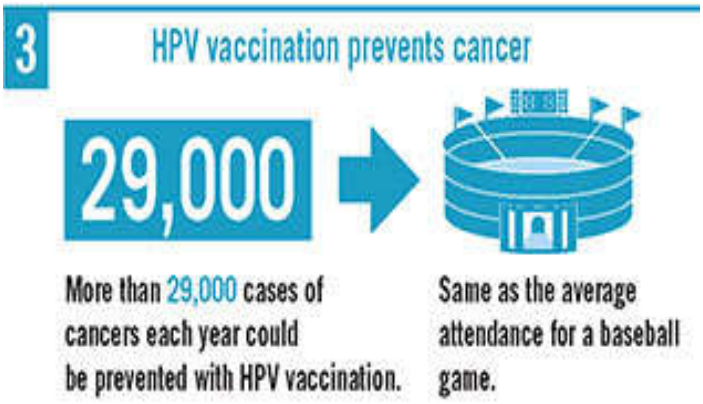
	2002	2007	2010	2013	2016
St. Johns County	74.9	74.7	64.0	60.3	54.7
Florida	82.2	64.8	57.1	51.4	48.4

Note: Results for 2002 and 2016 are based on the following question: "Have you had a Pap smear within the last 2 years?" Results for the 2007, 2010, and 2013 are based on the following question: "Have you had a Pap smear within the last year?"

Overall, the proportion of women who self-report having received a Pap smear in the last year has declined. At a percentage of 54.7%, St. Johns County, FL proportion is higher than that of the State (48.4%). For 2016, 59.2% of St. Johns County, FL respondents ages 45 years old to 64 years old indicated they had received a PAP smear. Also for 2016, 62.9% of respondents ages 18 to 44 years of age indicated they had received a PAP smear.

The Healthy People 2020 national health target is to increase the number of women who have received a cervical cancer screening based on the most recent guidelines in 2008 (age-adjusted to the year 2000 standard population) to 93%. At a percentage of 54.7%, St. Johns County, FL has yet met this national health goal.

The HPV vaccine is another important prevention method as it protects against cancers caused by HPV. It is recommended by the CDC that all children (both male and female) at the age of 11 or 12 receive 2 doses of the vaccine 6 to 12 months apart. Males are recommended to receive the HPV vaccine because the virus can also lead to multiple types of cancer in males. For children over 14 years old 3 doses are to be given over 6 months. The image to the right provided by the CDC states that 29,000 cases of cancers each year could be prevented with the HPV vaccine. Speak to a doctor for more information about protecting your child from HPV.

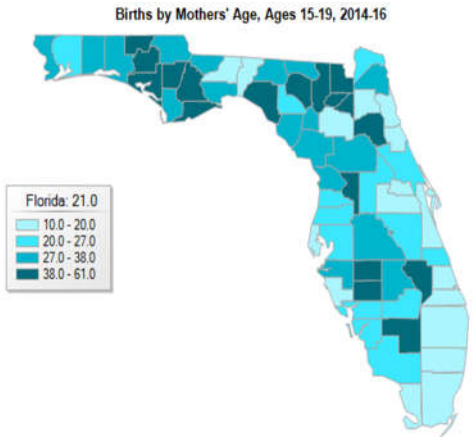


Source: Centers for Disease Control and Prevention

Health Behaviors – Sexual Activity

MAPP Phase 3

Teen Births



Indicator: Rate of births per 1,000 females 15 years of age to 19 years of age.

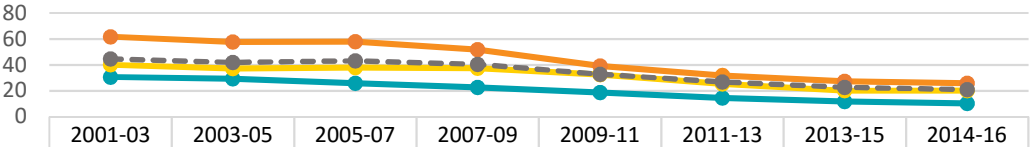
Why is this important?

Per the Centers for Disease Control and Prevention (CDC), a total of 229,715 babies were born to women 15 to 19 years of age in 2015, for a birth rate of 22.3 per 1,000 women in this age group. While this rate has declined 51% since 2007, the United States continues to have one of the highest rates of teen pregnancy of any developed nation in the world. The U.S. Department of Health and Human Services reports that babies born to teen moms are more likely to be born preterm and/or with a low birth weight. Babies born to teen moms *"are more likely to have poorer educational, behavioral, and health outcomes throughout their lives, compared with children born to older parents."* As noted by the CDC, research suggests that the decline in teen birth rate is due to more teens abstaining from sexual activity, and more sexually active teens using birth control than in previous years. For more information visit CDC's website: www.cdc.gov/TeenPregnancy

*Teen birth rates in St. Johns County, FL have **favorably** decreased since 2001-03 and have remained lower than Florida rates.*

Teen Birth Rate

3-Year Rolling Rate per 1,000 Females 15 Years of Age to 19 Years of Age



	2001-03	2003-05	2005-07	2007-09	2009-11	2011-13	2013-15	2014-16
St. Johns County	30.7	29.3	25.8	22.6	18.8	14.5	11.8	10.3
Peer County Average	61.8	57.8	58.1	51.9	39.1	31.7	27.3	25.9
Regional Peer County Average	40.1	37.2	37.9	37.4	32.5	25.4	20.1	20.2
Florida	44.6	41.9	43.1	40.5	32.8	27.0	22.7	21.0

Note: Peer counties include Collier, Lake, and Manatee counties. Regional peer counties include Clay, Flagler, and Nassau counties.
Source: Florida Health Community Health Assessment Resource Tool Set (FLHealthCHARTS) http://www.flhealthcharts.com

In St. Johns County, FL teen birth rates have decreased since 2001-03 and have remained lower than Peer County Average, Regional Peer County Average, and Florida rates. The most recent County teen birth rate is lower than the State rate.

County Health Rankings & Roadmaps
Building a Culture of Health, County by County

In the *2017 County Health Rankings Report*, "Teen Births" is a component of the "Healthy Behaviors" ranking within the "Health Factors" category. In 2017, St. Johns County, FL favorably ranked number 2 out of 67 Florida counties.

Teen pregnancy is linked to Social Determinants of Health. Teen pregnancy is influenced by access to adequate family planning, racism and discrimination, and poverty. As presented below, overall teen birth rates are on the decline.

Teen Birth Rate by Race (3-Year Rolling Rate per 1,000 Females 15 Years of Age to 19 Years of Age)

Race and Geography	2003-05	2005-07	2007-09	2009-11	2011-13	2013-15	2014-16
White - St. Johns County, FL	**24.7**	**21.8**	**17.9**	**14.4**	**11.8**	**9.8**	**8.9**
White - Florida	37.0	38.5	35.5	28.3	23.5	20.3	19.1
Black - St. Johns County, FL	**86.3**	**81.8**	**88.9**	**69.7**	**47.5**	**37.4**	**26.6**
Black - Florida	64.0	63.8	62.2	50.8	40.6	32.5	29.4

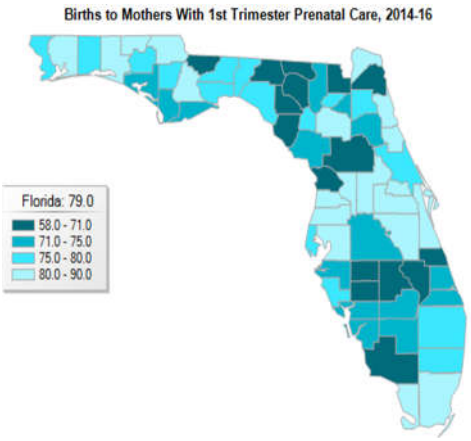
Source: Florida Health Community Health Assessment Resource Tool Set (FLHealthCHARTS) http://www.flhealthcharts.com

MAPP Phase 3

Early Entry into Prenatal Care

Indicator: Percentage of births to mothers who began prenatal care in the first trimester (12 weeks) of their pregnancy.

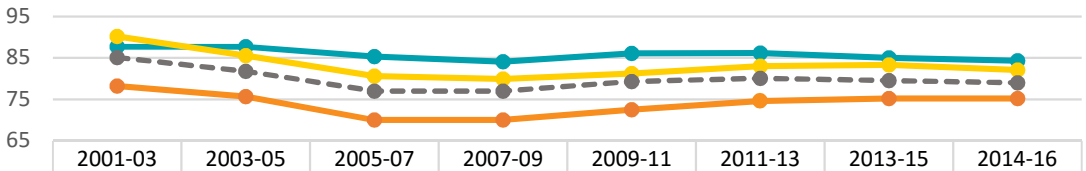
Why is this important?



Care in the first 12 weeks of pregnancy allows women and their health care providers to identify and treat or modify health problems (e.g. diabetes) and risky health behaviors (e.g. smoking, drinking) that can be damaging during the initial stages of fetal development. Increasing the proportion of women who receive early prenatal care can improve overall birth outcomes by reducing the likelihood of complications during pregnancy and childbirth. Healthy Start, at the Florida Department in St. Johns County strives to increase access to prenatal care by providing information, referrals, and ongoing care coordination to assure every mother has access to care before and after childbirth. Expectant, uninsured mothers can visit the Department's Assures Best Care (ABC) Clinic which helps mothers obtain emergency Medicaid that allows them to seek care at any prenatal care provider that accepts Medicaid. For more information on prenatal care services visit the Florida Department of Health website http://www.floridahealth.gov/programs-and-services/womens-health/pregnancy/prenatal-care.html

*The percent of mothers entering early prenatal care in St. Johns County, FL is **favorably** higher than the percent statewide*

Percent of Mothers Beginning Prenatal Care During 1st Trimester



	2001-03	2003-05	2005-07	2007-09	2009-11	2011-13	2013-15	2014-16
St. Johns County	87.7	87.7	85.3	84.1	86.1	86.2	85.0	84.3
Peer County Average	78.2	75.7	70.0	70.0	72.5	74.6	75.2	75.2
Regional Peer County Average	90.2	85.6	80.6	79.9	81.2	83.0	83.3	82.1
Florida	85.1	81.8	77.0	77.0	79.3	80.1	79.5	79.0

Note: Peer counties include Collier, Lake, and Manatee counties. Regional peer counties include Clay, Flagler, and Nassau counties.
Source: Florida Health Community Health Assessment Resource Tool Set (FLHealthCHARTS) http://www.flhealthcharts.com

The proportion of mothers entering early into prenatal care in St. Johns County, FL is higher when compared to the state, and Peer and Regional Peer County Averages.

The Healthy People 2020 national health target is to increase the proportion of pregnant women who receive prenatal care in the first trimester to 77.9%. At a current percentage of 84.3%, St. Johns County, FL meets this national health goal.

Percent of Mothers Beginning Prenatal Care During 1st Trimester by Race

Race and Geography	2003-05	2005-07	2007-09	2009-11	2011-13	2013-15	2014-16
White - St. Johns County, FL	**89.5**	**87.1**	**85.8**	**87.2**	**87.4**	**86.2**	**85.7**
White - Florida	84.2	79.3	79.4	81.5	82.2	81.6	81.2
Black - St. Johns County, FL	**71.2**	**65.0**	**65.3**	**75.7**	**74.3**	**74.7**	**71.4**
Black - Florida	74.0	68.8	68.6	71.8	73.5	73.0	72.3

Source: Florida Health Community Health Assessment Resource Tool Set (FLHealthCHARTS) http://www.flhealthcharts.com

As presented above, fewer Black mothers receive early prenatal care compared to White mothers in St. Johns County, FL as well as in the State. This, in part, could be explained by transportation barriers in racial minority communities.

Clinical Care – Access to and Quality of Care

MAPP Phase 3

Access to Care

Per Healthy People 2020, access to **health services** means *"the timely use of personal health services to achieve the best health outcomes."* Access to health services requires 3 distinct steps outlined below:

1. Gaining entry into the health care system (usually through insurance coverage);
2. Accessing a location where needed health care services are provided (geographic availability); and
3. Finding a health care provider whom the patient trusts and can communicate with (personal relationship)

The U.S. Department of Health and Human Services (USHHS) states that access to health services can affect individual and community wellbeing. Healthy People 2020 recognizes that health is influenced by access to high quality health care services. Access to health insurance coverage and available licensed health care facilities with competent healthcare workers impact our community's overall health status.

Quality of Care

The World Health Organization defines **quality of care** as "the extent to which health care services provided to individuals and patient populations improve desired health outcomes. To achieve this, health care must be safe, effective, timely, efficient, equitable and people-centered". There are multiple ways to assess the quality of care within a community. The USHSS identified The Six Domains of Health Care Quality as one of the most influential frameworks put forth by the Institute of Medicine (IOM). "*The Six Domains of Health Care Quality*" is an assessment that provides guided measures for public and private sectors. These Six Domains include:

- **Safety:** Avoiding harm to patients from the care that is intended to help them.
- **Effectiveness:** Providing services based on scientific knowledge to all who could benefit and refraining from providing services to those not likely to benefit (avoiding underuse and misuse, respectively).
- **Patient-centered:** Providing care that is respectful of and responsive to individual patient preferences, needs, and values and ensuring that patient values guide all clinical decisions.
- **Timeliness:** Reducing wait times and sometimes harmful delays for both those who receive and those who give care.
- **Efficiency:** Avoiding waste, including waste of equipment, supplies, ideas, and energy.
- **Equitable:** Providing care that does not vary in quality because of personal characteristics such as gender, ethnicity, geographic location, and socioeconomic status.

Health Insurance Coverage

One key factor for overall community health is access to **health insurance coverage**. Lack of health insurance prevents many Americans from receiving optimal health care. As noted by Healthy People 2020, health insurance coverage helps patients get into the health care system. Lack of adequate coverage makes it difficult for people to get the health care they need and, when they do get care, burdens them with large medical bills. Current policy efforts focus on the provision of insurance coverage as the principal means of ensuring access to health care among the general population.

According to the U.S. Census Bureau, approximately 5.3% (2,783) of children under 19 year of age and 12% (15,966) of adults from 18 to 64 years of age in St. Johns County, FL were uninsured in 2015. As shown on the following page, approximately 89% of St. Johns County, FL residents have health insurance coverage, a higher proportion when compared to the State (82%) and the nation (87%). Of those St. Johns County, FL residents with health insurance coverage, most had private insurance (76%). About 11% of St. Johns, FL County residents are uninsured, when compared to 18% at the State level and 13% at the national level.

Clinical Care – Access to Health Care Providers

MAPP Phase 3

Health Insurance Coverage[1] 5-Year Estimates by Type for 2011-2015

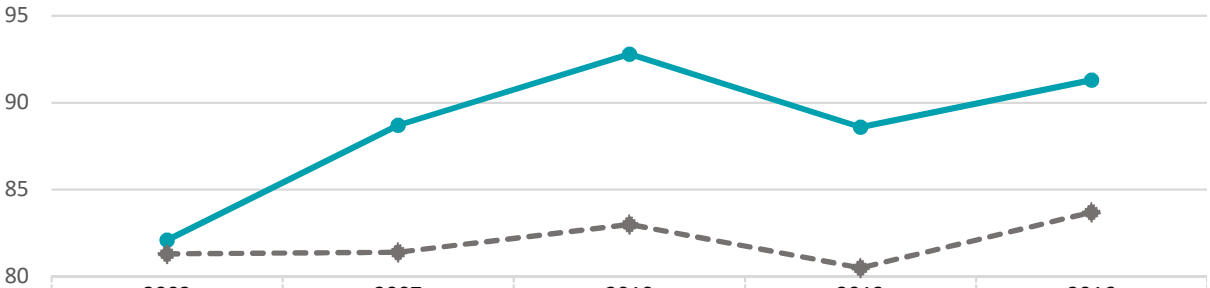
Geography	Percent of Population with Insurance Coverage	Private	Public	Percent of Population with No Insurance Coverage
St. Johns County, FL	**89%**	**76%**	**28%**	**11%**
Florida	82%	59%	35%	18%
United States	87%	66%	32%	13%

Source: Data for 2011-2015 estimates accessed on 11/27/2017 via the U.S. Census https://factfinder.census.gov

Having health insurance coverage impacts a person's ability to receive health care. As presented in the graph below, 91.3% of St. Johns County, FL residents surveyed via the Behavioral Health Surveillance System (BRFSS) self-reported as having some form of health insurance coverage (91.3%). This is significantly higher in when compared to the State (83.7%). More males in St. Johns County, FL self-reported as having some type of health insurance coverage (91.7%) than females (90.9%). Also, St. Johns County's proportion of males with health insurance coverage was significantly higher than the State (82.0%). The County's proportion of females with health insurance coverage was also higher than the state (85.3%).

In St. Johns County, FL, the age group with the highest proportion having some type of health insurance were those 65 years of age and older (99.2%). This is greater than that of the State (98.1%). Of those 65 years of age older in St. Johns County, FL 94.1% self-reported as having Medicare as their insurance. That is a higher proportion than that of the State (92.1%). Those 18 to 44 years of age in St. Johns County, FL were least likely to report having health insurance coverage (84.6%); however, this proportion is higher in when compared to Floridian 18 to 44 years of age (74.5%). In St. Johns County, FL those with more than a high school education level were the most likely to self-report as having health insurance coverage (94.8%) when compared to their peers with a high school education (81.2%).

Percent of Adults with Any Type of Health Care Insurance Coverage- 2002 - 2016



	2002	2007	2010	2013	2016
St. Johns County	82.1	88.7	92.8	88.6	91.3
Florida	81.3	81.4	83.0	80.5	83.7

Source: Florida Behavioral Risk Factor Surveillance Survey Results

Licensed Health Care Facilities

Licensed health care service facilities assure a level of quality care while also increasing the availability of services that can be accessed within a community. The table on the following page presents a list of licensed health care facilities in St. Johns County, FL. This table includes home health agencies, ambulatory care centers, dialysis centers, and rehabilitative services, among others.

Clinical Care – Access to Health Care Providers

MAPP Phase 3

Health Care Facilities[1] - St. Johns County, FL

Facility Type	Count	Facility Type	Count
Adult Day Care Center	1	Homemaker and Companion Service	13
Ambulatory Surgical Center	6	Hospital	1
Assisted Living Facility	17	Intermediate Care Facility for the Developmentally Disabled	1
Clinical Laboratory	21	Multi-phasic Health Test Center	1
End-Stage Renal Disease Center	3	Nursing Home	8
Health Care Clinic	68	Prescribed Pediatric Extended Care Center	1
Health Care Services Pool	2	Rehabilitation Agency	3
Home Health Agency	12	Residential Treatment Center for Children	2
Home Medical Equipment Provider	4	Residential Treatment Facility	1

[1]Registered, certified (exemption and federal), and licensed facilities.
Source: Data accessed on 12/01/2017 via FloridaHealthFinder.gov a Service of AHCA http://floridahealthfinder.gov

Area of Critical Need

As of November 2017, there are 14 facilities approved as Areas of Critical Need in St. Johns County, FL. An "Area of Critical Need" (ACN) facility, as specified by Florida Statute (F.S.) 458.315, may include county health departments, correctional facilities, department of veterans' affairs clinics, or community health centers that are funded by specific sections of the United States Public Health Services Act. Other facilities, not specified in the statute, may be eligible for designation as an ACN Facility if they are physically located in a federally-designated Health Professional Shortage Area.

Licensed Professionals

Overall, the number of licensed obstetricians/gynecologists (OB/GYNs), pediatricians, and dentists has remained about the same since 2011-13. Whereas the number of family practice physicians and internists has slightly decreased.

Number of Licensed Medical Professionals by Type for St. Johns County, FL

Type	2003-05	2005-07	2007-09	2009-11	2011-13	2013-15	2015-17
Obstetricians/Gynecologists (OB/GYN)	24	25	28	34	47	51	48*
Pediatricians	61	68	76	85	132	126	130
Family Practice Physicians	88	91	102	129	220	218**	188**
Internal Medicine	210	216	189	223	349	320	304
Dentists	251	295	284	328	394	419**	394
Total Physicians	885	1,044	915	1,330	1,772	1,724	1,781**

*When comparing rates, significantly lower than Florida.
**When comparing rates, significantly higher than Florida.
Source: Data accessed on 3/3/2018 via FLHealthCHARTS http://www.flhealthcharts.com

Mental Health Providers

The National Provider Identification data file shows that St. Johns, FL County had 246 Mental Health Providers in 2016. This is equal to 921 residents per provider which is fewer mental health providers per resident when compared to Florida (750:1) and the top performing United States counties (360:1). Mental health providers include psychiatrists, psychologists, licensed clinical social workers, counselors, marriage and family therapists, mental health providers that treat alcohol and other drug abuse, and advanced practice nurses specializing in mental health care.

Clinical Care – Access to Health Care Providers

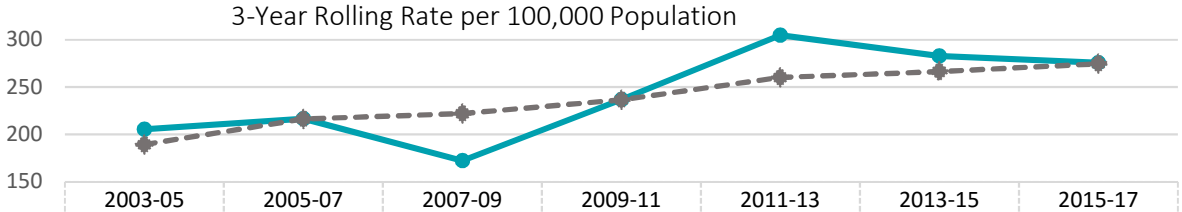
MAPP Phase 3

Physicians

A physician is someone who practices medicine. Physicians can specialize in different areas of medicine. In St. Johns County, FL the rate of practicing physicians has decreased since 2013-2015 as presented on the following chart.

Rate of Physicians

3-Year Rolling Rate per 100,000 Population



	2003-05	2005-07	2007-09	2009-11	2011-13	2013-15	2015-17
St. Johns County	205.5	216.5	172.3	236.8	304.8	283.0	275.6
Florida	189.4	216.4	222.1	236.7	260.1	266.4	274.6

Source: Florida Health Community Health Assessment Resource Tool Set (FLHealthCHARTS) http://www.flhealthcharts.com

Primary Care Providers

Healthy People 2020 notes that access to comprehensive, quality health care services is important for the achievement of Health Equity and for increasing the quality of a healthy life for everyone. Primary care is the entry point into the health care system for non-emergent services. Primary care providers give routine medical care for the diagnosis, treatment, and prevention of common medical conditions. Primary care providers also refer patients to specialists for additional treatment. In this way, primary care providers serve as gatekeepers for the health care system and play an important role in the coordination of care in a managed care environment. Primary care providers include family practitioners, internists, pediatric and general medicine physicians, obstetricians and gynecologists, nurse midwives, physician assistants, and nurse practitioners. Public health nurses and school health nurses provide primary care services to designated populations.

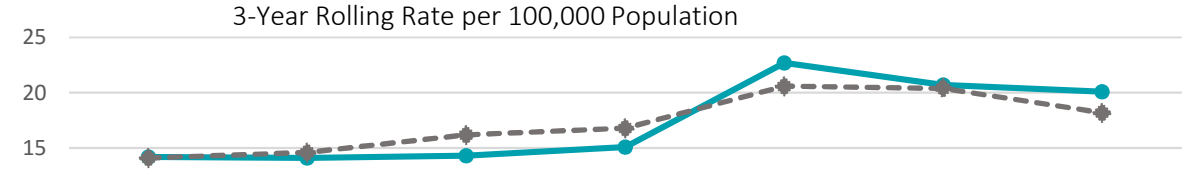
The "Rate of Physicians" within a population assists with the assessment of health care resource availability within a community. A Healthy People 2020 goal is to improve the number of practicing doctors within communities.

Pediatricians

Pediatricians play an important part in the healthcare field. They provide care from birth to early adulthood (18 years of age) and specialize in the diagnosis and treatment of a variety of illnesses, disorders, or ailments that occur specifically in infants, children, and teenagers. As presented below, the rate of pediatricians has decreased slightly since 2013-2015 in St. Johns County, FL; however, recent rates remain higher than the State.

Rate of Pediatricians

3-Year Rolling Rate per 100,000 Population



	2003-05	2005-07	2007-09	2009-11	2011-13	2013-15	2015-17
St. Johns County	14.2	14.1	14.3	15.1	22.7	20.7	20.1
Florida	14.1	14.6	16.2	16.8	20.6	20.4	18.2

Source: Florida Health Community Health Assessment Resource Tool Set (FLHealthCHARTS) http://www.flhealthcharts.com

Clinical Care – Access to Health Care Providers

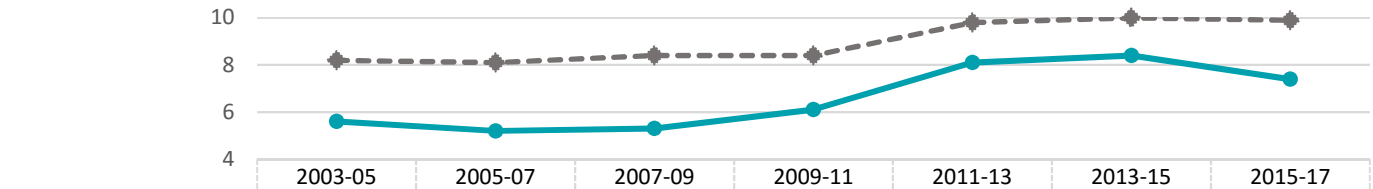
MAPP Phase 3

Obstetricians/Gynecologists

An obstetrician (OB) works with women to keep pregnancies healthy and to deliver healthy babies. Many OB doctors specialize in gynecology (GYN) which is a specialty in health and disease of the female reproductive system. The availability of OB/GYN offices is essential in promoting woman's health. When searching for an OB/GYN, if insured, contact your health insurance company to make sure your policy covers the care needed. If not insured, contact your local county health department for a list of facilities that provide service in your area at low cost. In St. Johns County, FL, the rate of OB/GYN physicians has decreased since 2013-2015. St. Johns County's, FL rate is lower than the State rate.

Rate of OB/GYN

3-Year Rolling Rate per 100,000 Population



	2003-05	2005-07	2007-09	2009-11	2011-13	2013-15	2015-17
St. Johns County	5.6	5.2	5.3	6.1	8.1	8.4	7.4
Florida	8.2	8.1	8.4	8.4	9.8	10.0	9.9

Source: Florida Health Community Health Assessment Resource Tool Set (FLHealthCHARTS) http://www.flhealthcharts.com

Did You Know?

Family Planning and the Social Determinants of Health

"Women with lower levels of education and income, uninsured women, Latina women, and non-Hispanic black women are less likely to have access to family planning services. In addition, men are less likely to have access to and receive family planning services than women."

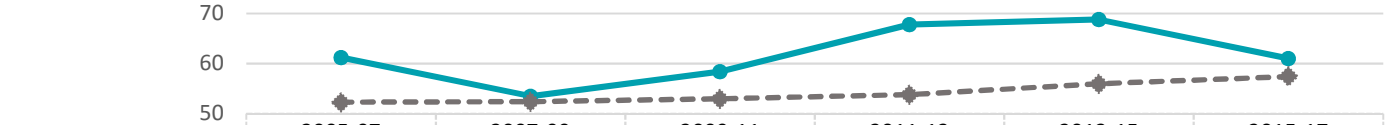
-Healthy People 2020

Dentists

The American Dental Association (ADA) states that scientific studies have recognized the linkage among oral health and a variety of general health conditions including diabetes and heart disease. In response, the World Health Organization (WHO) has integrated oral health into its chronic disease prevention efforts *"as the risks to health are linked."* It is recommended that dental visits begin no later than a child's first birthday to establish a "dental home." As illustrated below, the rate of dentists per 100,000 population in St. Johns County, FL has decreased since 2013-2015.

Rate of Dentists

3-Year Rolling Rate per 100,000 Population



	2005-07	2007-09	2009-11	2011-13	2013-15	2015-17
St. Johns County	61.2	53.5	58.4	67.8	68.8	61.0
Florida	52.3	52.4	53.0	53.8	56.0	57.4

Source: Florida Health Community Health Assessment Resource Tool Set (FLHealthCHARTS) http://www.flhealthcharts.com

Clinical Care – Access to Health Care Providers

MAPP Phase 3

Health Professional Shortage Areas

Health Professional Shortage Areas (HPSAs) are designated by the U.S. Department of Health & Human Services (USHSS) as having shortages of primary medical care, dental or mental health providers which may be within a region, specific population demographics, or institution. Medically Underserved Areas/Populations are areas or populations designated by HRSA as having: (1) too few primary care providers; (2) high infant mortality; (3) high poverty and/or; (4) high elderly population. More information on HPSAs is available through the following HRSA website: http://hpsafind.hrsa.gov.There are three federal designations for St. Johns County, FL. As indicated on the U.S. Department of Health & Human Services HPSA website the designations include:

1. **Primary Health Professional Shortage Area** - Low Income Population; Western St. Johns County, FL
2. **Dental Health Professional Shortage Area** - Low Income Population; Western St. Johns County, FL
3. **Mental Health Professional Shortage Area -** Comprehensive Health Center; Northeast Health Services; Geographic High Needs; St. Johns County, FL-30% of the United States population lives in a county designated as a Mental Health Professional Shortage Area.

Source: Data accessed on 11/27/2017 via https://datawarehouse.hrsa.gov/tools/analyzers/HpsaFindResults.aspx

Number of Beds

Acute care hospitals play a key role in the delivery of health care services in a community. In addition to providing traditional inpatient services, hospitals also provide extensive diagnostic and treatment services on an outpatient basis. Additionally, there are some beds in hospitals that are specifically designated for specialty care. The rates of available acute care, specialty, and nursing home beds are shown below for St. Johns County, FL. All except one of the facility rates of available care in St. Johns, FL County are lower than the rates of the State. The rate of available rehabilitation care in St. Johns County, FL is higher (15.5) compared to the State's rate of (12.9).

Rate[1] of Beds by Type of Health Care Facility for 2014-2016

3-Year Rolling Rates per 100,000 Population

Geography	Hospital[2]	Acute Care	Specialty[2]	Adult Psychiatric[4]	Rehabilitation	Nursing Home[5]
St. Johns County, FL	155.5*	142.5*	13.0*	9.8*	15.5	348.2*
Florida	314.3	256.7	57.7	20.7	12.9	419.8

*Significantly different from the statewide rate.
[2]Indicates the number of people who may receive care in the hospital on an in-patient basis.
[4]Indicates the number of people who may receive adult psychiatric care on an in-patient basis
[5]Indicates the number of people who may receive residential nursing home care.
Source: Data accessed on 3/2/2018 via FLHealthCHARTS http://www.flhealthcharts.com, original source: AHCA

Hospital Utilization

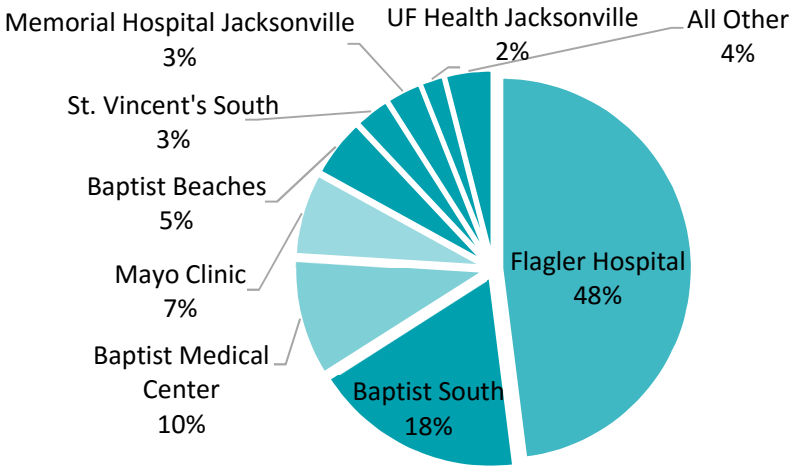
Hospital utilization for St. Johns County, FL residents for the time period of 2014 through the first quarter of 2017 is presented in the figure below. As presented below, nearly half of the community utilizes Flagler Hospital, followed by Baptist South which is utilized by approximately 18% of the county population. Flagler Hospital is a 335 bed, non-profit, acute care facility located in St. Johns County, FL. Flagler's primary service area is concentrated in St. Augustine, FL and nearby communities (zip codes 32084, 32086, 32080, 32145, 32033, 32085). The hospital offers a complete range of services, including cardiac, emergency, general surgery, imaging, maternity, oncology, orthopedic, neurosurgery and neonatal intensive care, among others. Serving approximately 18% of the St. Johns County, FL community, many residents of northern St. Johns County, FL utilize Baptist Medical Center South for their health care needs.

Clinical Care – Health Care Utilization

MAPP Phase 3

Hospital Utilization by residents of St. Johns County, FL

Quarter 2 of 2014 to Quater 1 of 2017

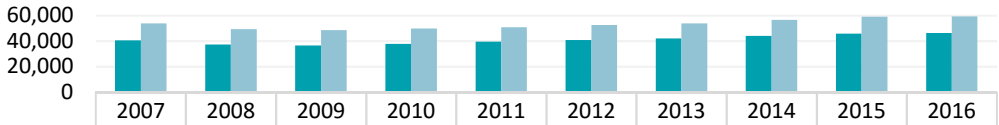


Source: Flagler Hospital, Office of Community Health Improvement

Total Annual Emergency Room Visits

Local hospital emergency room utilization is a good indicator of the availability and accessibility of area health care services. Many appropriate visits to an emergency room do not result in hospital admissions. The annual number of emergency room visits for Flagler Hospital has increased from 2015-2016.

Total Annual Emergency Room Visits for Flagler Hospital



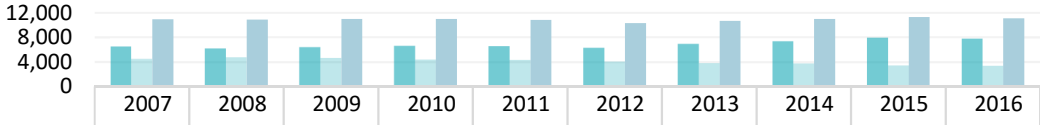
	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016
Number of Emergency Room Visits from St. Johns County Residents	40,426	37,193	36,593	37,808	39,568	40,676	42,130	44,104	45,741	46,180
Total Emergency Room Visits	53,858	49,268	48,574	49,846	50,884	52,458	53,819	56,574	59,051	59,385

Source: Flagler Hospital, Office of Community Health Improvement

Annual Inpatient Admissions

The number of inpatient admission at Flagler Hospital decreased slightly from 2015-2016.

Total Annual Inpatient Admissions for Flagler Hospital



	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016
Number of Persons Admitted via the ER	6,472	6,132	6,359	6,577	6,494	6,245	6,890	7,264	7,860	7,708
Number of Persons Not Admitted via the ER	4,470	4,728	4,637	4,381	4,340	4,065	3,805	3,736	3,427	3,403
Total Admissions	10,942	10,860	10,996	10,958	10,834	10,310	10,695	11,000	11,287	11,111

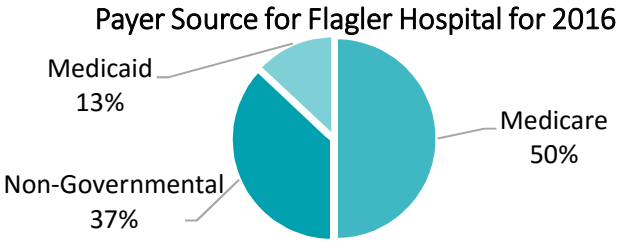
Note: ER refers to Flagler Hospital's Emergency Room.
Source: Flagler Hospital, Office of Community Health Improvement

Clinical Care – Health Care Utilization

MAPP Phase 3

Payer Source

As presented in the figure to the right, in 2016 half the population that visited Flagler Hospital used Medicare as their primary source of payment.



Source: Flagler Hospital

Adult Discharges

The table below presents the top nine reasons for hospitalization at Flagler Hospital from 2014-2016 for St. Johns County, FL residents by diagnostic related groups (DRGs) for adults. Historical data is also included. The most frequent adult discharge for 2016 is vaginal delivery w/o complicating diagnoses.

St. Johns County, FL Adult Discharges by Diagnostic Related Groups (DRGs) from Flagler Hospital

Percent of Top Nine DRGs for 2014-2016

DRG Description	2014	2015	2016
775 - Vaginal Delivery without Complicating Diagnoses	22.1%	18.1%	18.2%
871 - Septicemia or Severe Sepsis without Mv >96 Hours with Mcc	14.9%	18.1%	16.2%
470 - Major Joint Replacement or Reattachment of Lower Extremity without Mcc	12.9%	13.4%	14.9%
885 - Psychoses	16.2%	14.8%	12.9%
392 - Esophagitis, Gastroent and Misc Digest Disorders without Mcc	7.8%	8.1%	7.8%
766 - Cesarean Section without Cc/mcc	8.1%	7.5%	7.3%
189 - Pulmonary Edema and Respiratory Failure	2.5%	2.8%	6.4%
190 - Chronic Obstructive Pulmonary Disease with Mcc	6.4%	6.7%	6.0%
690 - Kidney and Urinary Tract Infections without Mcc	5.8%	5.4%	5.3%

Source: Flagler Hospital, Office of Community Health Improvement

Pediatric Discharges

The table below presents the top ten reasons for discharges from 2014-2016 for St. Johns County, FL residents by diagnostic related groups (DRGs) for pediatrics (0 to 17 years of age). Births (deliveries) and neonate with other significant problems were among the top reasons for pediatric visits to Flagler Hospital during 2016.

St. Johns County, FL Pediatric Discharges by Diagnostic Related Groups (DRGs) from Flagler Hospital

Percent of Top Ten DRGs for 2014-2016

DRG Description	2014	2015	2016
795 - Normal Newborn	68.1%	65.5%	62.7%
794 - Neonate with Other Significant Problems	15.2%	18.6%	20.1%
793 - Full Term Neonate with Major Problems	5.0%	7.7%	6.8%
789 - Neonates, Died or Transferred to Another Acute Care Facility	1.9%	1.8%	3.4%
792 - Prematurity without Major Problems	6.3%	3.2%	3.1%
791 - Prematurity with Major Problems	2.6%	2.1%	2.3%
790 - Extreme Immaturity or Respiratory Distress Syndrome, Neonate	0.5%	0.4%	1.1%
775 - Vaginal Delivery without Complicating Diagnoses	0.2%	0.4%	0.4%
202 - Bronchitis and Asthma with Cc/mcc	0.0%	0.0%	0.1%
203 - Bronchitis and Asthma without Cc/mcc	0.2%	0.3%	0.0%

Source: Flagler Hospital, Office of Community Health Improvement

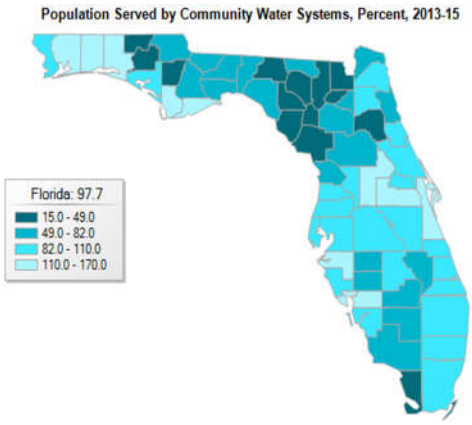
Physical Environment – Water Quality

MAPP Phase 3

Community Water Supply

Indicator: Percentage of the community that receives its potable water from a community water system.

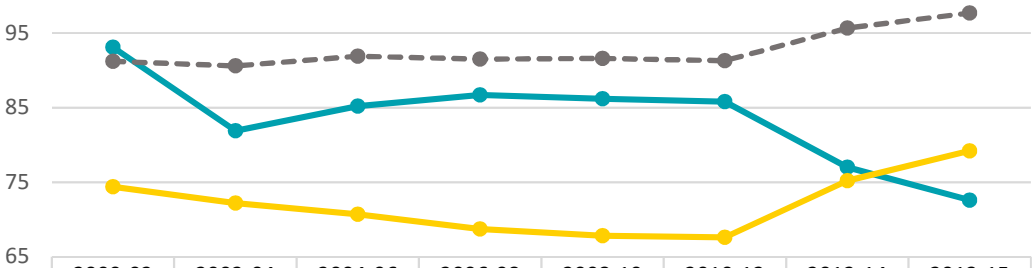
Why is this important?



Safe drinking water is essential for a healthy life. Potable (safe to drink) water comes from a variety of sources including public water systems, private wells, or bottled water. It is important to know where drinking water comes from, how and if it has been treated, and if it is safe to drink. A public water system provides water to the public for human consumption through pipes or other constructed conveniences. The benefit of public water systems is that they are less likely to be contaminated with agricultural chemicals, industrial solvents, and heavy metals. Unlike public water systems, private drinking wells are not subject to regulation, and as a result, may need filters and additives (i.e. fluoride, chlorine, etc.) to improve the safety of the water. Water from private drinking wells should be tested regularly to ensure its safety from chemical and biological contaminants. For information on private well testing visit the Florida Department of Health's website: http://www.floridahealth.gov/environmental-health/private-well-testing/index.html

*The percent of St. Johns County, FL residents receiving potable water from a community water system has **unfavorably** decreased to an amount almost 20% lower than the State.*

Percentage of Population Served by Community Water System



	2000-02	2002-04	2004-06	2006-08	2008-10	2010-12	2012-14	2013-15
St. Johns County	93.1	81.9	85.2	86.7	86.2	85.8	77.0	72.6
Regional Peer County Average	74.4	72.2	70.7	68.7	67.8	67.6	75.2	79.2
Florida	91.2	90.6	91.9	91.5	91.6	91.3	95.7	97.7

Note: Peer counties include Collier, Lake, and Manatee counties. Regional peer counties include Clay, Flagler, and Nassau counties.
Source: Florida Health Community Health Assessment Resource Tool Set (FLHealthCHARTS) http://www.flhealthcharts.com

Since 2006-08, the proportion of St. Johns County, FL residents receiving potable water from a regulated community water system has decreased. Most recent estimates indicate that 72.6% of County residents receive potable water from a community water system, more than 20% less than the State. As homebuilding and community improvements increase throughout the County, it is expected this number will grow in the coming years.

Looking for Conversation Starters, Best Practices, or Tools for Collaborative Initiatives?

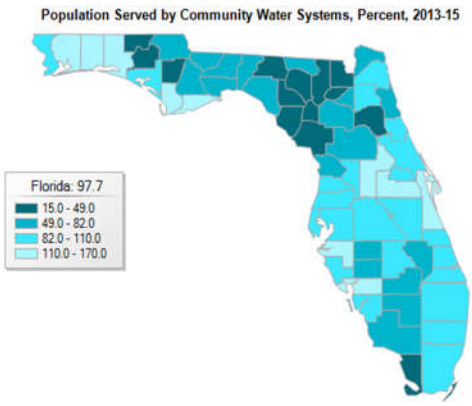
Information and supportive resources for Community Water Supply are available through the following organizations:

- U.S. EPA Local drinking water information http://water.epa.gov/drink/local/index.cfm
- CDC's Drinking Water Webpage www.cdc.gov/healthywater/drinking/
- U.S. EPA Water Safety After the Flood http://water.epa.gov/drink/info/well/whatdo.cfm

Physical Environment – Water Quality

MAPP Phase 3

Fluoridated Water Supply



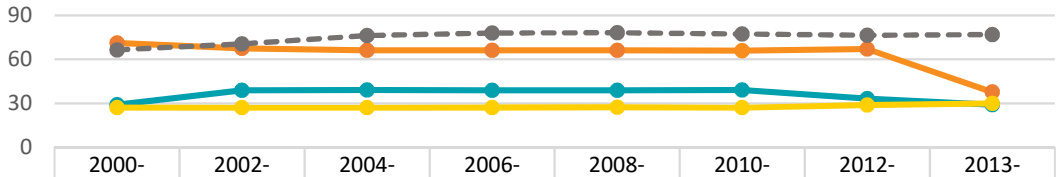
Indicator: Percentage of the community that receives optimally fluoridated water.

Why is this important?

The Centers for Disease Control and Prevention (CDC) recognizes water fluoridation as one of the ten greatest public health achievements of the 20th century. Fluoride, a natural mineral, helps to re-mineralize tooth surfaces and prevents cavities from continuing to form. Water fluoridation prevents tooth decay by providing teeth with frequent contact with low levels of fluoride. According to the CDC, studies show that water fluoridation reduces tooth decay by about 25% over a person's lifetime. This method of fluoride delivery benefits all people—regardless of dental coverage. While fluoride is an important mineral for the growth and development of healthy teeth, too much of it can lead to dental fluorosis, which looks like white markings on teeth. However, monitoring children's use of toothpaste, mouthwash, or other products with more concentrated amounts of fluoride in them can help prevent it, since the fluoride that children get from food and water is such a low dose that it is not harmful. If you are concerned about fluorosis, please consult your dentist. To know the level of fluoride in your drinking water, please visit CDC's website: https://nccd.cdc.gov/DOH_MWF/Default/Default.aspx

*Unfavorably in St. Johns County, FL only **29%** of people, when compared to 76.8% statewide, receive optimally fluoridated water.*

Percent of Population Receiving Optimally Fluoridated Water



	2000-02	2002-04	2004-06	2006-08	2008-10	2010-12	2012-14	2013-15
St. Johns County	29.0	38.9	39.0	38.9	38.8	39.1	33.2	29.0
Peer County Average	71.2	67.4	66.3	66.1	66.1	65.9	67.0	37.7
Regional Peer County Average	27.1	27.0	27.0	27.2	27.3	27.0	28.8	29.9
Florida	66.5	70.5	76.2	78.0	78.2	77.3	76.4	76.8

Note: For a community water system to be considered receiving optimally fluoridated water, it must fall into one of the following categories: supplements water with fluoride, fluoride levels naturally occurring in water, or buys water from an adjusted or natural water system.
Note: Peer counties include Collier, Lake, and Manatee counties. Regional peer counties include Clay, Flagler, and Nassau counties.
Source: Florida Health Community Health Assessment Resource Tool Set (FLHealthCHARTS) http://www.flhealthcharts.com

The percent of St. Johns County's residents receiving optimally fluoridated water has remained constant over time—most recently, almost 48% lower than the State. St. Johns County's most recent proportion is also lower than Peer County Average and the Regional Peer County Average proportions.

The Healthy People 2020 national health target is to increase the percent of the U.S. population served by community water systems with optimally fluoridated water to 79.6%. At a most recent proportion of 29.0%, St. Johns County, FL does not meet the national health target.

Looking for Conversation Starters, Best Practices, or Tools for Collaborative Initiatives?

Information and supportive resources for unintentional injury are available through the following organizations:

- CDC's Community Water Fluoridation https://www.cdc.gov/fluoridation/faqs/index.htm
- Campaign for Dental Health "Life is Better with Teeth" www.ILikeMyTeeth.org
- Florida Dental Association's Water Fluoridation https://www.floridafluoridation.org/

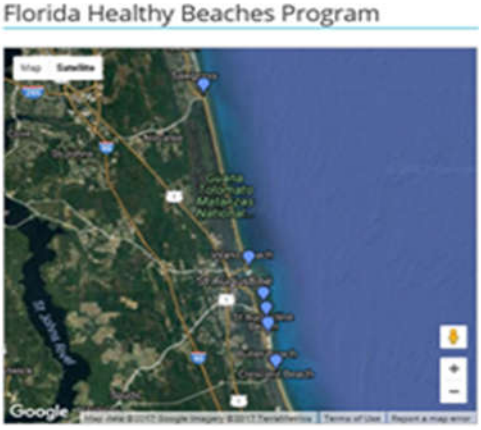
Physical Environment – Water Quality

MAPP Phase 3

Healthy Beaches

Indicator: Number of beach advisories at locally that monitored beaches that are open to the public for swimming.

Why is this important?



Swimming and surfing are excellent ways to stay physically active—a key factor to live a healthy life. However, ocean water can cause disease if contaminated with certain bacteria. There are a variety of ways that unhealthy levels of bacteria can enter ocean water. These include, but are not limited to, storm water runoff, animal and seabird waste, failing septic systems (often occurring after a natural disaster), sewage treatment plant spills, or boating waste. When bacteria levels exceed normal healthy levels, a health advisory is issued. Coastal beaches are regularly tested for bacteria called enterococci which are bacteria that are present in the intestinal tract of warm-blooded animals, including humans. Enterococci can cause susceptible individuals to become sick, but are generally considered less harmful than other fecal bacteria. For information on the Florida Department of Health's Healthy Beaches Program please visit the following website: www.floridahealth.gov/environmental-health/beach-water-quality/

Annual Number of Beach Advisories from Monitored Beaches - St. Johns County, FL

Beach	2015	2016	2017
Anastasia State Park	0	0	**0**
Crescent Beach	0	0	**0**
Mickler's Landing	0	0	**0**
St. Augustine Beach – A Street	0	0	**0**
St. Augustine Beach – Ocean Trace	0	0	**0**
Vilano Beach	0	0	**1**

Note: This data represents the raw number of times each beach has been determined to be under advisory status.
Source: Florida Department of Health Division of Environmental Health, Healthy Beaches Program

St. Johns County, FL has six local beaches that are regularly monitored by the Florida Department of Health in St. Johns County, FL through a national beach monitoring program known as the Healthy Beaches Program. Each beach is monitored regularly throughout the swimming season (March to October). In the last three years, only one beach advisory was required at one of the St. Johns County, FL monitored beaches.

The Healthy People 2020 national health target is to increase the percent of open and safe beach days for the swimming season to a rate of 96%. With only one beach advisory during the past three years St. Johns County, FL Beaches have remained open more than 99% of the time.

Looking for Conversation Starters, Best Practices, or Tools for Collaborative Initiatives?

Information and resources on healthy swimming and the outdoors are available through the following organizations:

- CDC's Healthy Swimming Webpage https://www.cdc.gov/healthywater/swimming/oceans-lakes-rivers/index.html
- CDC's Sun Safety Webpage www.cdc.gov/cancer/skin/basic_info/sun-safety.htm
- American Red Cross "Swimming Safety" www.redcross.org/prepare/disaster/water-safety/swim-safety

Physical Environment – Air Quality

MAPP Phase 3

Outdoor Air Quality - Particulate Matter

Indicator: Number of days per year in which the recorded particulate matter levels ($PM_{2.5}$) exceeded the federal regulatory standard of 12.0 micrograms per cubic meter ($\mu g/m^3$).

Why is this important?

Fine particle air pollution is an environmental and health concern. These particles can come from liquid droplets, dirt, dust, or combustion processes, among others. Particulate matter is often responsible for limiting visibility on hazy days. The smallest diameter particulate matter, referred to as $PM_{2.5}$, is especially concerning to human health because these tiny particles are so small they can enter deep into the lungs, and sometimes even into the bloodstream. St. Johns County, FL does not have its own $PM_{2.5}$ monitoring station; however, data from monitoring stations in surrounding Florida counties (Clay, Duval, Flagler, and Putnam Counties) show that $PM_{2.5}$ exceeded the federal regulatory standard on only two occasions between 2011 and 2014. Despite limited data, evidence from surrounding counties suggests that fine particle air pollution is not a high priority concern in St. Johns County, FL.

Indoor Air Quality - Radon

Indicator: Number of housing units tested for radon in 2015.

Why is this important?

Radon is the second leading cause of lung cancer after smoking, and the leading cause among non-smokers. It is a gas that forms naturally in some soils, and can accumulate in homes if it becomes trapped. Radon is colorless, odorless, and tasteless, so individuals may not know if they have been exposed. Some areas of Florida may be more geologically likely to produce radon than others. St. Johns County, FL is in a low radon potential area but this does not mean that testing in the region should be ignored. In 2015, about 1 in 25,000 homes in the County were tested for radon, compared to about 1 in 1,000 statewide.

Source: Environmental Protection Agency
https://www.epa.gov/radon/epa-map-radon-zones

	Zone 1: Counties with predicted average indoor radon screening levels greater than 4pCi/L
	Zone 2: Counties with predicted average indoor radon screening levels from 2 to 4pCi/L
	Zone 3: Counties with predicted average indoor radon screening levels less than 2pCi/L

As presented in the map above, St. Johns County's average indoor radon screening levels are less than 2 picocuries per liter (pCi/L), which is on the lowest end of the scale. If you are buying a home or selling your home, have it tested for radon. For a new home, ask if radon-resistant construction features were used and if the home has been tested. Fix the home if the radon level is 4 pCi/L or higher. Radon levels less than 4 pCi/L still pose a risk, and in many cases, may be reduced. Take steps to prevent device interference when doing a radon test. For more information on how to get your home tested, contact radonreports@flhealth.gov

Looking for Conversation Starters, Best Practices, or Tools for Collaborative Initiatives?

Information and supportive resources for air quality are available through the following organizations:

- Environmental Protection Agency https://www.epa.gov/
- Centers for Disease Control and Prevention https://www.cdc.gov/air/default.htm
- Florida Department of Health www.floridahealth.gov/environmental-health/indoor-air-quality

Housing

Socioeconomic inequities impact access to housing. One way to address housing inequities is to ensure a community has affordable housing. According to the *2017 Florida Housing Coalition Home Matters Report*, *"the health, safety, and welfare of Floridians and the strength of Florida's overall economy hinges on an adequate supply of affordable housing for Florida's working families, elders, and people with disabilities living on fixed incomes."* Since 1940, the U.S. Census Bureau has collected information on housing characteristics. Results from the Census help communities determine where to build everything from schools, supermarkets, homes, and hospitals. As presented below, the proportion of houses from 2011 to 2015 that were owned by St. Johns County, FL residents was higher than that of the State and nation. Yet, the median value for a house in St. Johns County, FL ($244,400) was higher than that of the State ($159,000) and nation ($178,600).

According to the County Health Rankings Report, residential segregation of Blacks and Whites is a fundamental cause of health disparities in the nation and has been linked to poor health outcomes including infant and adult mortality, and a wide variety of reproductive, infectious, and chronic diseases. The *2017 County Health Ranking Report* measures residential Segregation (non-white/white). St. Johns County, FL unfavorably ranks 33rd out of 67 counties in Florida.

Housing Estimates 5-Year Estimates for 2011-2015

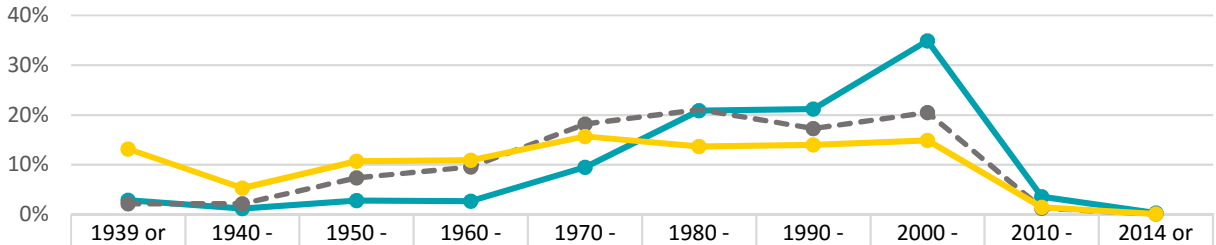
Characteristic	St. Johns County, FL	Florida	United States
Vacant housing units	**16%**	20%	12%
Homeownership rates	**76%**	65%	64%
Median value[1]	**$244,400**	$159,000	$178,600
Housing units with a mortgage[1]	**69%**	60%	65%
Renters spending ≥35% of household income on rent	**44%**	49%	43%

[1]Owner-occupied housing units
Source: Data for 2011-2015 estimates accessed via the U.S. Census https://factfinder.census.gov

Units by Year Built

As presented below, the largest percentage of housing units in St. Johns County, FL were built between 2000 and 2009. The percentages for housing units built during 2000 and 2009 were much greater when compared to the State or nation.

Housing Units by Year Built
5-Year Estimates for 2011-2015



	1939 or Earlier	1940 - 1949	1950 - 1959	1960 - 1969	1970 - 1979	1980 - 1989	1990 - 1999	2000 - 2009	2010 - 2013	2014 or Later
St. Johns	3%	1%	3%	3%	10%	21%	21%	35%	4%	0.3%
Florida	2%	2%	7%	10%	18%	21%	17%	21%	1%	0.1%
United States	13%	5%	11%	11%	16%	14%	14%	15%	2%	0.1%

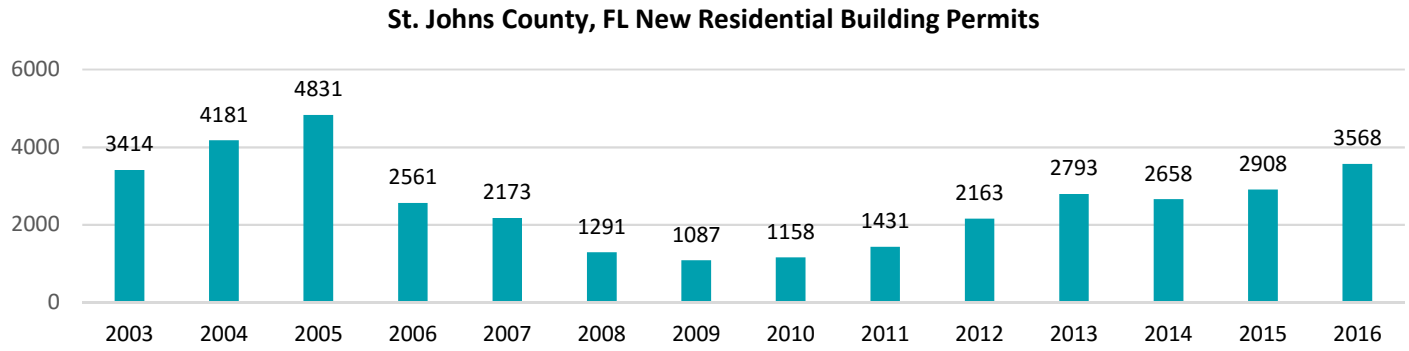
Source: Data for 2011-2015 estimates accessed on 11/8/2017 via the U.S. Census https://factfinder.census.gov

Physical Environment – Housing

MAPP Phase 3

Residential Building Permits

As presented below, new building permits for St. Johns County, FL are currently on the rise.



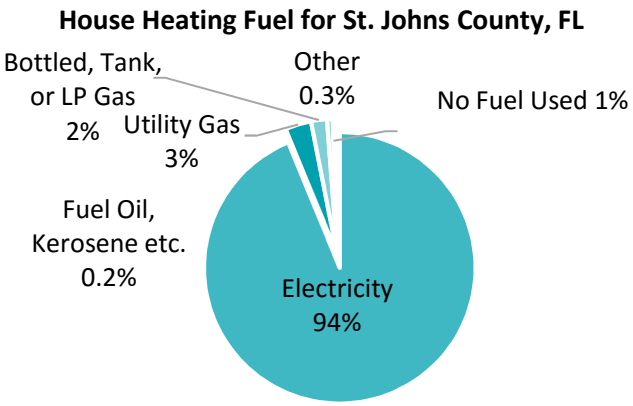
Source: Data accessed on 11/21/2017 via the U.S. Census https://www.census.gov/construction/bps/

Home Improvement

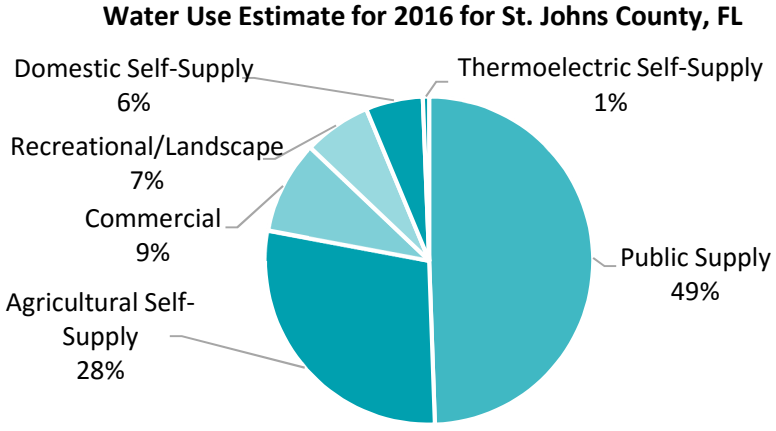
The St. Johns County *2016-2020 Consolidated Community Development Block Grant Program Plan* states that the lack of affordable housing units contributes to the most prevalent housing problem faced by St. Johns County, FL residents. The housing cost burden affects the very low and low income households at a higher rate, placing them at risk of becoming homeless. St. Johns County continues to identify barriers and leverage funds to address the lack of affordable housing issues by working to increase the supply of affordable housing and provide rental assistance to low income households. Funding in St. Johns County has become available for home repair programs to preserve affordable housing units.

Heating Fuel and Water Use

Energy bills drive the way people heat their homes and the amount of water they use. As presented in the pie chart below, most St. Johns County residents used electricity to heat their homes between 2011 to 2015. For 2016, almost have of the total water supply in St. Johns County was used for the public supply. Almost a third of the fresh water supply was utilized for agricultural purposes.



Percentages are based on the number of occupied housing units 5-year estimate for 2011-2015 (79,242). Source: Data for 2011-2015 estimates accessed on 11/21/2017 via the U.S. Census https://factfinder.census.gov



Percentages are based on total reported water use for 2016 (1,163.65 million gallons per day). Source of domestic self-supply is assumed to be groundwater. Source: Data accessed on 11/21/2017 via the 2016 Survey of Annual Water Use for St. Johns River Water Management District (Technical Fact Sheet SJ2017-3).

Physical Environment – Housing

MAPP Phase 3

Homelessness

The American Psychological Association classifies homelessness as people that lack safe, stable, and appropriate places to live. The Florida Department of Children and Families states that there are two types of homelessness: "sheltered" and "unsheltered." Unsheltered homeless population live on the streets, tents, cars, or abandoned buildings. Sheltered homeless population temporarily stay in emergency or transitional housing and are still considered homeless because they lack stable permanent housing.

Source: Florida Housing Coalition, 2018

According to the U.S. Department of Housing and Human Development, in a single night in 2017, 553,742 people were experiencing homelessness in the nation. Per the *2017 Florida Housing Coalition Home Matters Report* Florida has the third highest homeless population in the nation. For St. Johns County, the 2017 *Point-In-Time Count Survey* for the homeless population found that 445 people were classified as homeless (260 men, 183 women, 40 veterans, and 42 families *"households with at least one adult and one child"*). Due to high transition rates, the County's homeless population count fluctuates, and can be underrepresented.

The risk factors associated with high levels of homelessness include higher proportions of mental illness (e.g. depression and anxiety), poorer physical health, increased cases of sexually transmitted diseases, and increased rates of substance use. County health departments across Florida are leveraging partnerships to immunize marginalized populations like the homeless, with TDap, Flu, Hepatitis B, Hepatitis A, Menactra, and Pneumovax, as needed. Children are especially vulnerable to the risks of homelessness as it greatly influences their development. However, with early and consistent interventions, children can overcome the effects of poverty. Community health depends on identifying risk factors like homelessness because with increased risk factors comes higher risk for disease and death. St. Johns County, FL has identified multiple ways to combat homelessness and has implemented programs to address homelessness in the County. For example, the Emergency Services Grant Program assists residents with prevention and rapid re-housing funds. Program participants are provided case management to stabilize the individual/household and referred to other supportive services that may be needed for long-term success. St. Johns County also offers financial literacy classes and case management to clients receiving general assistance funds, to further promote financial independence. Homeless children are eligible to receive services provided under the federal McKinney-Vento Homeless Assistance Act, which ensures that each homeless child and youth has equal access to free, appropriate public education.

Children in Foster Care

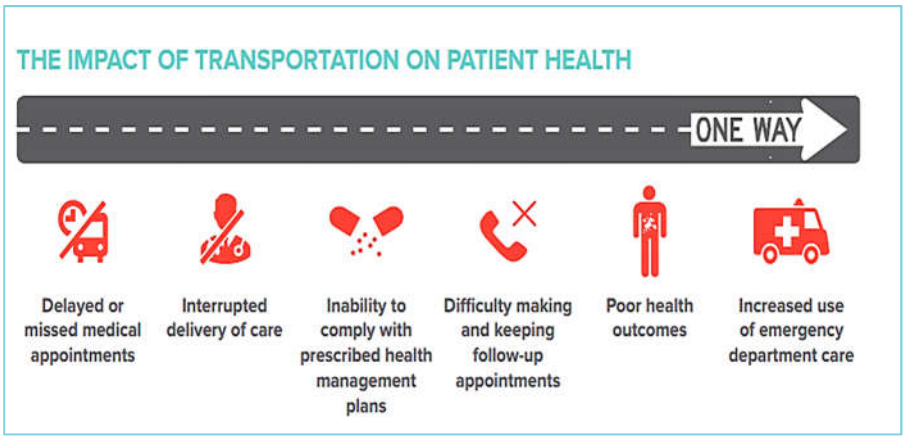
Foster care placement can be among the most tragic events a child can experience. Placement into foster care implies that a child has experienced or is at very high risk of experiencing abuse or neglect serious enough to warrant state intervention. In St. Johns County, the Family Integrity Program works with Community partners to develop, implement and manage a highly effective, community-based system of care for abused and neglected children and their families. The Family Integrity Program provides different types of intervention since it recognizes that each child or family is unique. Programs include family preservation, adoption, foster home licensing, among many more that help enhance safety or promote children's well-being. The Family Integrity Program in St. Johns County assists young adults aging out of the program (at age 18) by providing Road to Independence Scholarships, Educational Training Vouchers, Transitional Support Services, or Aftercare Support Services. As reported in the Florida Health Community Health Assessment Resource Tool Set (FLCHARTS), St. Johns County, FL had a rate of 317.9 out of 100,000 population of children under 18 years of age in foster care in 2016. While the rate is statistically lower than the State, it is important monitor the rate of children in foster care for many reasons, including that children who have been in the foster care system are at a significantly higher risk of developing mental and physical health problems.

Physical Environment – Transportation

MAPP Phase 3

Transportation

Lack of adequate, reliable transportation limits an individual's employment options and likelihood of being hired into a position. Without transportation, a person may lack access to nutritious foods or recreational spaces, among others. Transportation barriers also hinder access to health care services, often causing people to miss medical appointments. A large secondary analysis by Wallace et al.[1] estimated that, 3.6 million people in the United States each year do not obtain medical care because of a lack of transportation. On average, these people were *"...older, poorer, less educated, female, and from an ethnic minority group."* The figure above, created by Health Outreach Partners, further outlines the impact of transportation.



As presented below, about 4% or 3,170 households in St. Johns County, FL do not have a vehicle. While the proportion of households without a vehicle in St. Johns County, FL is smaller (4%) when compared to the State (7%) and the nation (9%), St. Johns County's limited public transportation options may not be accessible (e.g. within walking distance) to those households most in need.

Percent[1] of Households by Number of Available Vehicles 5-Year Estimates for 2011-2015

Geography	Occupied Housing Units	No Vehicle	1 Vehicle	2 Vehicles	3+ Vehicles
St. Johns County, FL	**79,242**	**4%**	**32%**	**48%**	**16%**
Florida	7,300,494	7%	41%	38%	14%
United States	116,926,305	9%	34%	37%	20%

Source: Data for 2011-2015 estimates accessed on 11/21/2017 via the U.S. Census https://factfinder.census.gov

As presented in the table below, of the approximate 94,723 workers (ages 16 and over) in St. Johns County, FL, 81% drove alone to work between 2011 and 2015, a slightly higher proportion than Florida (80%) and the United States (76%). Only 0.2% of workers used public transportation, less than the State (2%) and the nation (5%). In St. Johns County, FL the Council on Aging provides low-cost public transportation to County residents and visitors via the Sunshine Bus and Council on Aging buses. In 2017, the Sunshine Bus made 283,609 trips along 8 different routes. Support for public transportation is essential since affordable and widely accessible transport systems are key to improving population health. Public transportation systems have been found to reduce financial stress to lower income households, pollution emissions, and car crashes. Also, a smaller proportion of workers in St. Johns County, FL (8%) carpooled to work in comparison to the State (10%) and the nation (10%). This may be in part because a larger proportion of workers in the County who work from home (7%) than in the State (5%) or the nation (4%).

Method of Transportation to Work 5-Year Estimates[1] for 2011-2015

Geography	Workers[2]	Drove Alone	Carpooled	Worked at Home	Walked/Biked	Other Means[3]	Used Public Transportation[4]
St. Johns County, FL	**94,723**	**81%**	**8%**	**7%**	**2%**	**1%**	**0.2%**
Florida	8,432,513	80%	10%	5%	2%	2%	2%
United States	143,621,171	76%	10%	4%	3%	1%	5%

[1]Percentages are based on the number of workers 16 years of age and older 5-year estimate for 2011-2015.
[3]Other means includes taxicab, motorcycle, or other means. [4]Public transportation excludes taxicab.
Source: Data for 2011-2015 estimates accessed on 11/21/2017 via the U.S. Census https://factfinder.census.gov

Physical Environment – Transportation

MAPP Phase 3

As presented below, commute time to work is slightly higher in St. Johns County, FL when compared to Florida and nation. The commute time is equal for those driving alone or carpooling to work in St. Johns County, FL (28 minutes). Public transportation has the longest commute times overall; however, St. Johns County, FL has a slightly shorter public transportation commute time (47 minutes) when compared to the State (49 minutes) or the nation (50 minutes).

Travel Time to Work Single-Year Estimates in Minutes for 2016

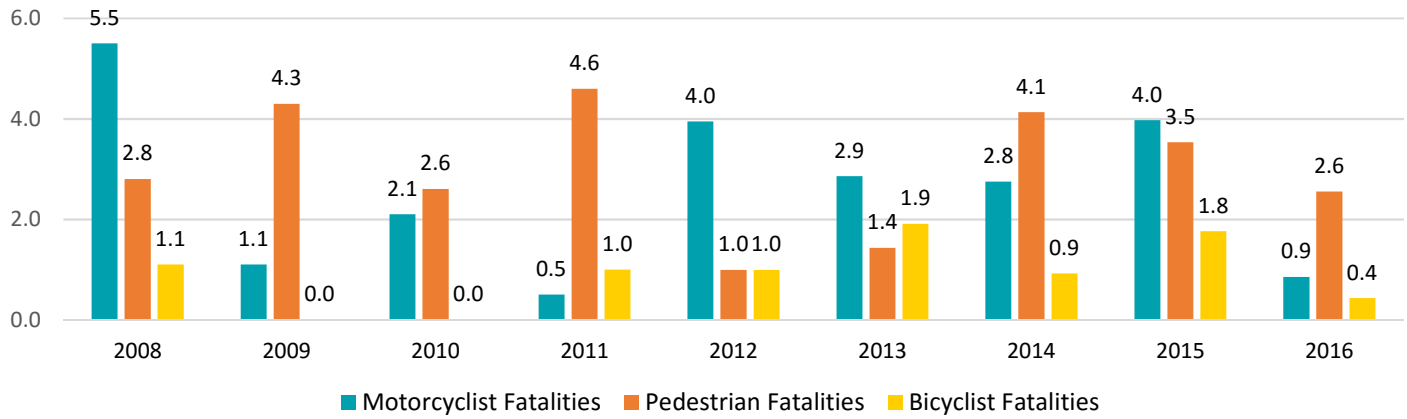
Geography	Drove Alone	Carpooled	Public Transportation
St. Johns County, FL	**28**	**28**	**47**
Florida	27	29	49
United States	25	28	50

Source: Data accessed on 11/22/17 via the U.S. Census https://factfinder.census.gov

In the United States, safe, reliable, and affordable transit options are especially necessary for racial minority communities. When compared to their White counterparts, 10% to 20% more people living in racial minority communities are transportation disadvantaged[1]. As stated in the *2016 Renters Market Study*, Florida home *"renters are more likely than other households to depend on transportation modes other than their own cars…this is particularly true for older renters and those with extremely low incomes."* In St. Johns County, FL the elderly adults are disproportionately disadvantaged by transportation barriers. As our population continues to age we expect to see increased transportation service demands.

Developing transportation options, walkable communities, bike lanes, and bike-share programs can help boost health for all. Safe transportation is not only essential for the people on the road but also for those who commute by foot. In 2016, Florida ranked number 1 of in the nation for highest Pedestrian Danger Index (PDI). Also, 8 of the top 10 metro areas with the highest PDI are in Florida. Multiple collisions have mostly happened along or close to Interstate 95 (5 collisions between 2005 and 2014). Recent traffic fatality data from the National Highway Traffic Safety Administration is presented below. The highest traffic-related deaths for 2016 were pedestrian fatalities.

St. Johns County, FL Traffic Fatalities by Type (Rate per 100,000 Population)



Source: Data accessed on 11/27/2017 via the National Highway Traffic Safety Administration https://cdan.nhtsa.gov/

[1]Wallace R, Hughes-Cromwick P, Mull H, Khasnabis S. Access to health care and nonemergency medical transportation: Two missing links. Transportation Research Record: Journal of the Transportation Research Board. 2005; 1924:76–84.

It Is A New Day In

PUBLIC HEALTH

2017 St. Johns County Community Health Improvement Plan

ST. JOHNS COUNTY HEALTH LEADERSHIP COUNCIL

Mission: Promote, Protect, and Improve the Health of All People in St. Johns County, Florida.

Vision: St. Johns County will be among the healthiest in the nation-a vibrant, well served community enjoyed by all, supported by a diverse and highly collaborative network of partners.

Values: Accountability, Compassion, Collaboration, Equity/Ethical, Service Driven, Sustained Excellence.

Florida
Public Health
Since 1889
128 years

Florida HEALTH St. Johns County

FLAGLER HOSPITAL ST. AUGUSTINE

Executive Summary

In 2017, for the sixth consecutive year, St. Johns County, FL was ranked the healthiest county in Florida in the *County Health Rankings Report*. This report, published annually by the Robert Wood Johnson Foundation and the University of Wisconsin's Population Health Institute, measures a variety of health indicators that relate to quality and length of life, and serves to illustrate that health is not a singular effort, but a combined work in progress involving all community partners.

"We believe America can become a nation where getting healthy, staying healthy, and making sure our children grow up healthy are top priorities. We have a vision of an America where we all strive together to build a national culture of health that enables all in our diverse society to lead healthy lives, now and for generations to come." -County Health Rankings and Roadmaps

Since 2005, the St. Johns County Health Leadership Council is a collaborative that works to better understand the current and future health needs of St. Johns County, Florida. Championed by the Florida Department of Health in St. Johns County, in partnership with Flagler Hospital, the Council completed the process of Community Health Assessment and Health Improvement Planning using a nationally recognized approach, called Mobilizing for Action through Planning and Partnerships (MAPP). This is the fifth triennial community-based assessment that the Council has completed—a community-based approach that has been underway for over 15 years.

The *2018 - 2020 Community Health Improvement Plan* described in the following pages was developed by the St. Johns County Health Leadership Council, in collaboration with community experts, health care leaders, public health professionals and other members of the public health system. This Plan does not address every issue identified in the Community Health Assessment, it does set priorities and provide direction for the 2018 - 2020 action cycle.

The purpose of this *2018 - 2020 Community Health Improvement Plan* is to describe short- and long-term strategies and activities related to the performance targets associated with each chosen Community health priority over the next three years, and to describe why these priorities and objectives are important for St. Johns County. One key component of this Plan is a Community Balanced Scorecard, which identifies strategic objectives and sets measurable targets to move the Community Health Improvement process forward. Both the Community Health Assessment and the Community Balanced Scorecard serve as the foundation of this Community Health Improvement Plan. The Community health priorities and the strategic objectives of the St. Johns County, FL *2018-2020 Community Health Improvement Plan* are summarized in the table below:

2018-2020 Strategic Objectives for St. Johns County, FL Health Leadership Council

Community Health Priorities	Strategic Objectives
Community Assets **1.0**	Increase access to transportation Increase resources for community health improvement Assure linkage to care
Community Learning & Planning **2.0**	Improve community livability to address social determinants of health Protect population from emerging health threats Improve child safety and well-being
Community Implementation **3.0**	Reduce Risky Behaviors Increase access to dental care Increase access to mental health care Improve overall health outcomes
Community Health Status **4.0**	Reduce chronic disease and related health inequities Reduce communicable disease incidence Reduce Crime & injury

How to Use this Community Health Improvement Plan

Each of us can play an important role in Community Health Improvement in St. Johns County, FL whether in our homes, schools, workplaces, or places of worship. It is much easier to encourage and support healthy behaviors from the start than to alter unhealthy habits. Below are some simple ways to use this Plan to improve the health of our community:

Employers

- Understand priority health issues within St. Johns County, FL and use this Plan and recommended resources to help make your business a healthy place to work.
- Educate your team about the link among employee health and productivity.

Community Members

- Understand priority health issues within St. Johns County, FL and use this Plan to assist in that effort.
- Use information from this Plan to start a conversation with community leaders about the health issues that are important to you.
- Get involved! Volunteer your time or expertise for an event or activity, or help with financial support of initiatives related to health issues discussed in this Plan.

Health Care Professionals

- Understand priority health issues and use this Plan to remove barriers and create solutions for identified health priorities.
- Share information from this Plan with colleagues, staff, and patients.
- Offer your time and expertise to local improvement efforts (committee member, content resource, etc.)
- Offer your patients relevant counseling, education, and other preventive services in alignment with the identified health needs of St. Johns County, FL.

Educators

- Understand priority health issues within St. Johns County, FL and use this Plan and recommended resources to integrate topics on health and health factors (e.g. social and economic factors, health behaviors) into lesson plans across all subject areas such as math, science, social studies, and history.
- Create a healthier school environment by aligning this Plan with school wellness plans/policies. Engage the support of leadership, teachers, parents and students.

Government Officials

- Understand priority health issues within St. Johns County, FL.
- Identify barriers to optimal health in St. Johns County, FL and mobilize community leaders to take action by investing in programs and policy changes that help members of our community lead healthier lives.

State and Local Public Health Professionals

- Understand priority health issues within St. Johns County, FL and use this Plan to improve community health.
- Understand how the St. Johns County, FL community compares with Peer Counties, Florida, and the nation.

Faith-based Organizations

- Understand priority health issues within St. Johns County, FL and talk with members about the importance of wellness (mind, body and spirit) and local community health improvement initiatives that support wellness.
- Identify opportunities that your organization or individual members may be able to support and encourage participation (e.g. food pantry initiatives, community gardens, youth groups geared around health priorities, etc.)

Building the Community Health Improvement Plan

One of the core functions of public health is assessment. Through the assessment process, the St. Johns County Health Leadership Council determines the capacity of the community to meet the health care needs of its residents and determine the access needed to provide and meet those needs.

"Community capacity is the combined influence of a community's commitment, resources and skills that can be deployed to build on community strengths and address community problems and opportunities." -The Aspen Institute

The purpose of community capacity building is to enable the people within a community to work together to develop a vision and strategy for the future, make well-considered and collaborative decisions, create solutions for local problems, and act over time to make them a reality.

A goal of the St. Johns County Health Leadership Council is to leverage and build upon resources to have the greatest collective impact to address community health concerns. For this to happen, community capacity and desire must exist. The Council used a strategic planning process called Mobilizing for Action through Planning and Partnerships (MAPP) to assess capacity in St. Johns County, FL.

The MAPP process calls for the completion of four assessments described below:

1. The **Forces of Change Assessment** focuses on the identification of trends, factors or events such as legislation, policy, technology, and other impending changes that will influence health and quality of life in the community and the work of the public health system. ***(Completed March 2017)***
2. The **Local Public Health System Assessment** is a review of the components, activities and capacity of the Local Public Health System, and how the Ten Essential Public Health Services are being delivered in the community. ***(Completed April 2017)***
3. The **Community Themes and Strengths Assessment** provides an understanding of the health issues that St. Johns County, FL residents feel are the most important. This includes a series of focus groups and a community-wide survey that identifies the most important health issues through the opinion of our Community Members. ***(Completed July 2017)***
4. The **Community Health Status Assessment** is the research, collection, and analysis of community health indicator data to better understand the current community health status and identify challenges and opportunities for improvement. ***(Completed December 2017)***

A summary of the findings of each of these assessments is provided in the Summary of Results section of this report. During Phase 4 - **Identify Strategic Issues**, completed January to March 2018, the Council developed a Community Balanced Scorecard which serves as the framework for this *2018 - 2020 Community Health Improvement Plan*, and aligns the identified strategic issues to the goals and strategies formulated in the following Phase 5 – **Formulate Goals and Strategies**.

The St. Johns County Health Leadership Council continues to develop action plans to address the strategic objectives they have identified. This *2018 – 2020 Community Health Improvement Plan* outlines how our Community will move forward to address those issues.

Summary of Results: 2017 Community Health Assessment

MAPP Phase 4

The results of the four Mobilizing for Action through Planning and Partnerships (MAPP) assessments were used to identify the strategic issues that would ultimately be selected by the St. Johns County Health Leadership Council as priority items to be addressed in the *2018 – 2020 Community Health Improvement Plan*. The results from the four MAPP Assessments were shared with the Community through the Council, the media, and on the Florida Department of Health in St. Johns County, FL website. A summary of the results of each assessment follows here:

Forces of Change Assessment

The purpose of the Forces of Change Assessment is to identify trends, factors, or events that may be influencing the quality of life of the community. This assessment was completed by a sub-group of the St. Johns County Health Leadership Council. The group populated a matrix used to identify possible trends, threats, and opportunities that may broadly impact the health of St. Johns County, FL. The matrix was divided to identify issues in terms of social, economic, governmental, technological, environmental, and legal/ethical factors. The result was ultimately converted into a two-page matrix to identify the most important issues. Those items that were identified to be of high importance from this assessment include: Access to Health Care, Access to Mental Health Care, Aging Population, Substance Abuse, Limited Employment Opportunities, Increasing Population (Includes shortage of affordable housing), Increasing Technology, Loss of Public Health and Healthcare funding, and Increasing Natural Disasters.

Local Public Health System Assessment

In 1994, the Core Public Health Functions Steering Committee was assembled from various national organizations including the U.S. Public Health Service, the Centers for Disease Control and Prevention, and the Public Health Foundation. It defined "The 10 Essential Public Health Services." This set of core services define that set of activities critical for governmental Public Health departments to undertake. They have ultimately become the basis for Public Health Accreditation as defined by the Public Health Accreditation Board. The Local Public Health System Assessment asks a series of questions to ascertain as to what level these essential services are being provided within our Community and what agencies are providing these services. This results in a score of 0% to 100% for each of the ten services and their sub-components. The result of this assessment showed that the essential services are being well addressed in St. Johns County, FL. Those few that did not score 95% or greater were identified to be of high importance. They are: Assuring a competent Public Health and Health Care workforce, and Assuring Access and Linkage to Health Care and other Related Services.

The Essential Public Health Services and Core Functions

Source: Centers for Disease Control and Prevention, 2018

Community Themes and Strengths Assessments

These consist of two major assessment devices: Focus Groups, and a Community-wide Survey. Both assessments are designed to better understand the thoughts and opinions of St. Johns County, FL Community-at-large.

> **Focus Groups:** Focus Groups were conducted at eight locations across St. Johns County, FL (a total of 50 participants). Each focus group was conducted by an experienced facilitator and was assisted by at least one note-taker. Participants were asked to complete a brief survey and participate in a discussion of various health-related topics dealing with the access, availability, and quality of health care and health related services within the County. A summary of results is shown on the following page. The most important items that were identified by these focus groups include: Access to Health Care, Mental Health Care, and Oral Health Care, an Aging Population that will require more intensive services, Environmental Conditions (e.g. air, water, animal bites, flooding), Limited Employment Opportunities, Sexually Transmitted Diseases (STDs), and Limited Public Transportation.

Summary of Results: 2017 Community Health Assessment

MAPP Phase 4

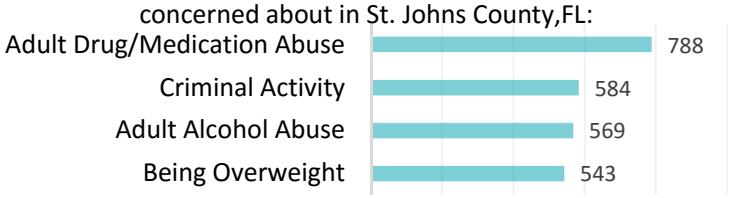
Summary of Findings from 2017 St. Johns County, FL Focus Groups

Topic	Overall Perspectives
Quality of Life	Satisfied with Community
Place to Raise Children	Safe and excellent schools but unaffordable day care, lack of afterschool programs and pediatric health care services
Place to Grow Old	Good place if you have money but lack of transportation and affordable housing. COA and churches active in Communities.
Economic Opportunity	Lack of economic opportunity, majority of jobs service based and offer little to no career growth
Safety	Safe yet increase in criminal activity
Support Networks	Rely on faith organizations, lack of mental health services
Health Equity	Almost all agree that place matters
Health Care	Satisfied with system yet many seek care outside the County, access to care depends on income and coverage
Barriers to care	High service cost and lack of transportation

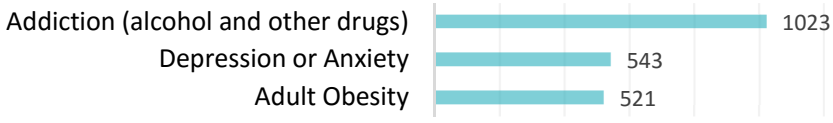
Community-wide Survey: A community-wide survey titled *"How Healthy is St. Johns County, FL"* was conducted throughout the County and distributed via electronic and paper devices. This survey asked questions regarding the access, availability, and quality of healthcare and health related services within the County. It was distributed on paper at 42 locations located within all ten County zip codes. The survey was also distributed on-line via links available on many governmental and Community agency websites. The response rate to this survey was more than double that of the previous community-wide survey. A total of 2,614 St. Johns County, FL Residents, representing all County zip codes, responded to the survey. This represents a little more than 1% of the County's population and provides a survey margin of error of ± 2% at a 95% confidence level. The most important items that were identified by these survey results include: Access to Health Care, Mental Health Care, Oral Health Care, Substance Abuse (including drugs, alcohol, tobacco, and marijuana), Environmental Conditions (e.g. air, water, animal bites, flooding), Crime Rate (including domestic violence), and Obesity.

2018 Community Survey Findings (Highlights)

Check up to 3 unhealthy behaviors you are most concerned about in St. Johns County,FL:

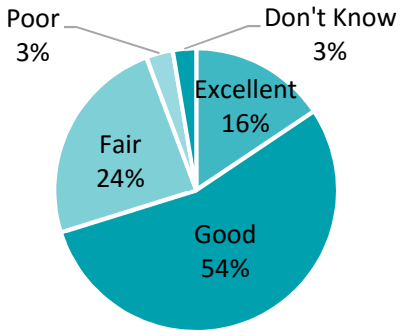


Check up to 3 health problems that you feel are the most important in St. Johns County,FL.



Check up to 3 selections you feel are the most important features of a healthy community

How do you rate the quality of health services in St. Johns County, FL?



Question 7b. If you answered poor or fair, what do you think could be done to improve the quality of health services in St. Johns County?

1. More options (services, providers) providers to accept coverage by more insurances
2. More services/providers for uninsured, underinsured, and low income
3. More affordable
4. Improve quality of care

Summary of Results: 2017 Community Health Assessment

MAPP Phase 4

Community Health Status Assessment

The Community Health Status Assessment answers the following questions: 1) How Healthy are our Community residents? 2) What does the Health status of our Community look like?

This assessment is accomplished through a comprehensive effort to find the latest and most trusted sources of data that reflect the health of St. Johns County, FL Residents. Most of the indicators reviewed reflect either rates of morbidity (incidence of a specific illness or condition within a population) or mortality (death from a specific illness or condition within a population). Health indicator results were compared to regional, peer county, state, and national data where available. They were also segmented by various demographic factors including race and ethnicity, gender, and income level to identify health disparities and health inequities. Data sources used include the Florida Health Community Health Assessment Resource Tool Set, the U.S. Census Bureau, Healthy People 2020, County Health Rankings Report, Behavioral Risk Factor Surveillance System, among many other sources. In the process of completing this assessment more than fifty indicators of community health status were studied. The items that were identified as most important health issues in St. Johns County, FL by the Community Health Status Assessment include: Access to Mental Health Care and Oral Health Care; Substance Abuse (tobacco, marijuana, alcohol, opioids), Sexually Transmitted Infections (STI's), Increase in Population (including a shortage of affordable housing), Child and Infant Health (including immunizations, unintentional injury, suicide), Heart Disease and Stroke, Shortage of Specialty Care (pediatrics, obstetrics/gynecology, oncology), and Lung Diseases (COPD and asthma).

Top Three Causes of Death by Age in St. Johns County, FL in 2016

Age	1st	2nd	3rd
<1	**Perinatal period conditions**	Respiratory/Congenital	N/A
1 to 9	**External causes**	N/A	N/A
10 to 14	**Other causes**	Cancer	N/A
15 to 19	**External causes**	Cancer/Other/ Congenital abnormalities	N/A
20 to 24	**External causes**	Abnormal findings	N/A
25 to 34	**External causes**	Cardiovascular	Infectious/Respiratory/Digestive
35 to 44	**External causes**	Cardiovascular	Cancer
45 to 54	**Cancer**	Cardiovascular	External Causes
55 to 64	**Cancer**	Cardiovascular	External causes
65 to 74	**Cancer**	Cardiovascular	Respiratory
75 to 84	**Cancer**	Cardiovascular	Other causes
85+	**Cardiovascular**	Other causes	Cancer

Source: Florida Department of Health, Florida Health Community Health Assessment Resource Tool Set http://www.flhealthcharts.com

Years of Potential Life Lost before Age 75 Leading Causes of Death in St. Johns (Rate per 100,000 Population)

Causes of Death	2014	2015	2016	2016 Rank
All Causes	6,277.4	6,374.7	6,635.3	
Unintentional Injury	1,026.2	1,024.8	1,415.6	**1**
Cancer	1,440.6	1,754.4	1,405.9	2
Heart Disease	801.0	835.4	830.4	3
Suicide	461.8	569.1	419.1	4
Chronic Liver Disease and Cirrhosis	319.6	228.7	255.0	5
Perinatal Period Conditions	345.6	186.4	217.1	6
Chronic Lower Respiratory Disease	169.6	179.7	199.1	7
Stroke	117.5	134.6	164.1	8
Homicide	98.4	145.2	136.5	9
Diabetes	83.0	143.2	135.5	10

Source: Florida Department of Health, Florida Health Community Health Assessment Resource Tool Set http://www.flhealthcharts.com

Balanced Scorecard

The Balanced Scorecard Concept

The concept of a Balanced Scorecard has been used for more than 20 years in for-profit companies, in not-for-profit organizations, and in government agencies. The concept was developed by Robert Kaplan and David Norton of Harvard Business School, and was most notably presented in their book *The Balanced Scorecard* published in 1996 by the Harvard Press. The purpose of a Balanced Scorecard is to:

1. **Translate** the organization's vision into operational goals.
2. **Communicate** the vision and link it to individual performance.
3. **Facilitate** business planning.
4. Provide measurable **feedback** and **learning** in term of Key Performance Indicators (KPIs), and adjust the strategy accordingly.

The Balanced scorecard is used for managing strategy

In a traditional Balanced Scorecard, strategies are divided into four perspectives to ensure that the goals, strategies and performance measures of the organization maintain a balanced focus on all key stakeholder groups. The four traditional perspectives include:

1. **Financial:** Encourages the identification of a few relevant high-level financial measures. In particular, designers were encouraged to choose measures that helped inform the answer to the question "How do we look to shareholders?"
2. **Customer:** Encourages the identification of measures that answers the question "How do customers see us?"
3. **Internal Business Processes:** Encourages the identification of measures that answers the question "What must we excel at?"
4. **Organizational Capacity:** Encourages the identification of measures that answers the question "Can we continue to improve and create value?"

An organization typically combines performance measures and targets into a Balanced Scorecard as follows:

Typical Organizational Balanced Scorecard	
Financial Perspective	**Internal Business Process Perspective**
Strategy 1 - Measure/Target Strategy 2 - Measure/Target Strategy 3 - Measure/Target	Strategy 7 - Measure/Target Strategy 8 - Measure/Target Strategy 9 - Measure/Target
Customer Perspective	**Organizational Capacity Perspective**
Strategy 4 - Measure/Target Strategy 5 - Measure/Target Strategy 6 - Measure/Target	Strategy 10 - Measure/Target Strategy 11 - Measure/Target Strategy 12 - Measure/Target

Community Balanced Scorecard

The Community Balanced Scorecard Concept

The Community Balanced Scorecard for Public Health is a similar, but more recent concept which was presented by Paul D. Epstein, Alina Simone and Lyle D. Wray in *The Public Health Quality Improvement Handbook* published in 2009 by the American Society for Quality, Quality Press.

As stated by Epstein, Simone and Wray, the purpose of the Community Balanced Scorecard for Public Health (Community Balanced Scorecard) is to align with the stated community vision to:

1. **Pull** the community together around common outcomes desired by residents and other stakeholders.
2. **Bring** together decision-makers and leverage assets from all sectors for shared results.
3. **Align** key community collaborators behind a common strategy for faster measurable results.
4. **Create** mutual accountability for results.

Like an organizational Balanced Scorecard, the Community Balanced Scorecard is divided into four perspectives. The difference is that these perspectives are aligned with the Ten Essential Public Health Services (see Appendix C). The four perspectives of a Community Balanced Scorecard are defined to include:

The Community Balanced Scorecard

Perspective	Definition	Alignment with the Ten Essential Services
4.0 Community Health Status	includes health outcomes, which are improved by	Improve health outcomes and health factors; minimize risks.
⇧ Drives	⇩	
3.0 Community Implementation	including investigations, enforcement, health promotion, and health services which are made more effective by	Diagnose/investigate problems/hazards; inform, educate, empower people; Enforce laws and regulations; Link people to needed services
⇧ Drives	⇩	
2.0 Community Learning and Planning	including policies and plans, evaluation, health status monitoring, and research, which are made more effective by	Monitor health status; develop policies/plans; Evaluate effectiveness of services; Research and innovation
⇧ Drives	⇩	
1.0 Community Assets	Including engaged community members and public health partners, and competent health workforces	Mobilize community partnerships; Assure competent workforce

Serving as the framework for the 2017 - 2020 St. Johns County Community Health Improvement Plan, the intent of the Community Balanced Scorecard is that any strategies, actions, measures and targeted performance levels that are achieved in perspective number one will act as drivers for the improvement of perspective number two, while those strategies, actions, measures and targeted performance levels for perspective number two will act as drivers for perspective number three, and those strategies, actions, measures and targeted performance levels for perspective number three will act as drivers for perspective number four. The strategies, actions, measures and targeted performance levels accomplished for any perspective will serve to carry out and improve the provision of the Ten Essential Public Health Services, as illustrated above.

Community Balanced Scorecard

MAPP Phase 4 -5

The Community Balanced Scorecard Methodology

The St. Johns County Health Leadership Council used a Community Balanced Scorecard approach for the previous two Community Health Improvement Plans in 2011 and 2014, and agreed that it was an effective tool to track and measure strategic objectives.

Strategic Issues

At several Council Sub-Committee meetings taking place in January and February 2018 during MAPP Phase 4 – Identify Strategic Issues, the data from the four 2017 MAPP Assessments and the 2014 Community Health Assessment were reviewed and top-level priorities were set. This review process resulted in a new top level Community Balanced Scorecard for 2017 - 2020 as follows:

2018 - 2020 Top-level Community Balanced Scorecard	
Perspective 4.0 **Community Health Status**	**Perspective 2.0** **Community Learning and Planning**
Strategy 4.1: Improve Overall Health Outcomes Strategy 4.2: Reduce Chronic Disease and Related Health Inequities (Health Equity) Strategy 4.3: Reduce Communicable Disease Incidence Strategy 4.4: Reduce Crime and Injury	Strategy 2.1: Assure Linkage to Care Strategy 2.2: Improve Community Livability to Address Social Determinants of Health (Health Equity) Strategy 2.3: Protect Population from Emerging Health Threats
Perspective 3.0 **Community Implementation**	**Perspective 1.0** **Community Assets**
Strategy 3.1: Improve Child Safety and Well-being Strategy 3.2: Reduce Risky Behaviors Strategy 3.3: Increase Access to Dental Care Strategy 3.4: Increase Access to Mental Health Care	Strategy 1.1: Increase Access to Transportation Strategy 1.2: Increase Resources for Community Health Improvement

Goals and Strategies

During MAPP Phase 5 – Formulate Goals and Strategies, the St. Johns County Health Leadership Council worked to develop goals and strategies for each of the strategic objectives that were identified in the previous phase of the MAPP process, Identify Strategic Issues. The Council reviewed the national and state health targets included in Healthy People 2020 and the Florida State Health Improvement Plan to assist with the establishment of goals.

As described above, the Council agreed on 13 strategic objectives to address during the MAPP Phase 6 – Take Action. This was accomplished by reviewing the results of each of the four MAPP assessments and determining which of the items identified are high, medium, or low priority for improvement initiatives. The result of this review was documented and scored in a prioritization matrix (shown in the following page) with those items deemed to be of high importance and appearing in multiple MAPP assessments being selected as a priority for action. The 13 strategic objectives were then finalized as shown above in the Top-level Community Balanced Scorecard.

Community Balanced Scorecard

MAPP Phase 5

Community Health Assessment Prioritization Matrix - Based on MAPP Assessments

Area of Concern ● Denotes that issue was rated as High or Medium Importance	MAPP Assessments					
	FOC	PHS	CTS		CHS	Total
			Survey	FG		
HE - Access to Healthcare (Includes Affordability, Veterans)	●	●	●	●	●	5
HE - Mental Health for adults and children	●		●	●	●	4
Aging Population (Includes Alzheimer's/Dementia, Falls)	●		●	●	●	4
HE - Oral Healthcare			●	●	●	4
Substance Abuse/Tobacco/Opioid/Legal Marijuana/Alcohol for adults and children	●		●		●	3
HE - Environment (Diseases, Bites, Lead, Water)			●	●	●	3
Assure Competent PH and Personal Health Workforce		●	●	●		3
HE - Crime (Includes Domestic Violence)			●	●	●	3
Employment Opportunities Limited	●			●		2
HIV & Sexually Transmitted Infections				●	●	2
Increase in Population/Tourists (Includes Affordable Housing, homelessness)	●				●	2
HE - Assure Linkage to Services	●	●				2
Cancer			●		●	2
HE - Child & Infant Health (Includes Unintentional Injury, Suicide, Vaccine Preventable)			●		●	2
HE - Heart Disease/ Stroke			●		●	2
Lack of Specialty Care (Pediatrics, Ob/Gyn, etc.)				●	●	2
HE - Transportation			●	●		2

Legend: **HE (Issues impacting Health Equity)**
MAPP Assessments: FOC (Forces of Change), PHS (Public Health System), CTS (Community Themes/Strengths), FG (Focus Groups), CHS (Community Health Status)

In creating the prioritization matrix, the St. Johns County Health Leadership Council considered the following:

- **Statistical Data**: Is the data trending up or down? Is it significantly better or worse than the Nation, State or the Peer County average?
- **Perceptual Data:** What does the Community believe our main Health concerns are?
- **Opportunities for Greatest Probable Impact:** Where can the greatest impact be made over the next three years when considering the available resources and capacity in St. Johns County and its Public Health System? What is the risk of not addressing an issue?

The following criteria were also used to assist in the determination of the most important strategic objectives:

- Must move towards addressing a strategic issue.
- Must be realistic.
- Should be attainable in 1 - 3 years (the MAPP action cycle is 3 years)

The rationale used to determine the highest priorities is provided in the table below:

Community Balanced Scorecard

MAPP Phase 5

	2017 – 2020 Strategic Objectives (Community Health Priorities)	Rationale
4	Improve Overall Health Outcomes	Large Black/White disparity in infant mortality
	Reduce Chronic Disease and Related Health Inequities (Health Equity)	Cancer and Heart Disease are greatest causes of death, large black/white disparity for Heart Disease and Diabetes
	Reduce Communicable Disease Incidence	Large disparities in HIV incidence, Trended increase in STI's
	Reduce Crime and Injury	Increasing crime rate, Unintentional injury is now leading cause for Years of Potential Life Lost, Major concern in community survey and focus groups
3	Improve Child Safety and Well-being	Major concern in the Community Survey, Large Black/White disparity in infant mortality, Overall child death rate has increased since 2010
	Reduce Risky Behaviors	Major concern in Forces of Change and Community Survey, High rates of Substance Abuse and Opioid-caused deaths
	Increase Access to Dental Care	Major concern in Community Survey and Focus Groups, Low rate of dentists in county per population, Large numbers of adults without oral healthcare
	Increase Access to Mental Health Care	Major concern in Forces of Change, Community Survey, and Focus Groups, Low rate of Mental Health providers in county per population
2	Assure Linkage to Care	Major concern in Forces of Change and Public Health System Assessments, Health Equity Concerns throughout
	Improve Community Livability to Address Social Determinants of Health (Health Equity)	Major concern in Forces of Change Assessment, Community Survey, and Focus Groups, Health Equity Concerns throughout
	Protect Population from Emerging Health Threats	Major concern in Community Surveys and Focus Groups
1	Increase Access to Transportation	Major concern in Community Surveys and Focus Groups, Health Equity Concerns throughout
	Increase Resources for Community Health Improvement	Concern in Public Health System Assessment, Community Survey and Focus Groups

The St. Johns County Health Leadership Council was asked to review the 13 strategic objectives and then identify appropriate measures, performance targets and critical actions that would ensure that progress is made in the attainment of the identified goals. Additional review of the assessment data and subsequent discussion by the Community Balanced Scorecard Sub-committee resulted in the identification of lead agencies for the strategic issues identified. Each of these lead agencies (the lead agency for development of the scorecard) met multiple times with the Florida Department of Health in St. Johns County to determine specific performance measures, current performance, and three-year targets for performance improvement. The lead agencies were also asked to identify any critical actions and those of any key partners that would be necessary to achieve the established targets. The result was a Community Balanced Scorecard which is presented on pages 133 through 136 of this *2018 -2020 Community Health Improvement Plan.* It provides a framework that illustrates how the community perspectives, strategic objectives, measures, targets, and critical actions are aligned.

Take Action

MAPP Phase 6

The St. Johns County Community Balanced Scorecard presented on pages 133 through 136 includes the current measures, targets, and critical actions for each of the strategic objectives identified. Targets and measures outlined in this scorecard are aligned with the national Healthy People 2020 goals and objectives, wherever applicable. The evidence-based measurable objectives and goals identified in Healthy People 2020 are applicable at the national, state, and local levels. These objectives and goals allow communities to engage multiple sectors, to take actions to strengthen policies and improve practices that are driven by the best available evidence and knowledge.

As with Healthy People 2020, the overarching goal of using evidence-based goals and strategies is to ensure that St. Johns County, FL sustains its journey to:

- Promote quality of life, healthy development, and healthy behaviors across all life stages.
- Achieve health equity, eliminate disparities, and improve the health of all groups.
- Create social and physical environments that promote good health for all.
- Support programs or policies recommended in the national and the Florida State Health Improvement Plans.

MAPP Phase 6 – Take Action is a three-year cycle, which will start in 2018 with the publication of this document and will end with the completion of the next Community Health Assessment in 2020. During the next three years, as the Community continues to produce results, and as the St. Johns County Public Health System continues to evolve, the Scorecard will continue to be updated to reflect the latest results and action plans. Each of the 13 strategic objectives in the Community Balanced Scorecard, have one or more members of the St. Johns County Health Leadership Council assigned to develop action plan(s) to drive improvement efforts. The Council members will continue to work towards their mission to *"promote, protect and improve the Health of all people in St. Johns County"* by leveraging partnerships to find creative ways to address these strategic issues. Action plans will continue to be developed and implemented, and progress will be reported at bi-monthly Council meetings. Evaluation will be an ongoing part of the process during the three-year cycle, so that progress toward plan goals can be determined. Lessons learned from actions taken by Council members will help guide future actions and policy changes (e.g. what worked well; what didn't work well?) Evaluation will also help to inform key decision-makers to decide if the right strategies were implemented, and if the desired outcomes were achieved. As a living document, this Plan will be reviewed and updated, based on feedback from Council members, at least annually to best address the needs of our Community.

Improving the Health of a community is a shared responsibility, not only of health care providers and Public Health officials, but of the variety of others that contribute to the well-being of its residents and visitors. It is important to recognize that no single organization has the depth or resources needed to raise community health to a level of sustained excellence without strong partnerships such as those within the St. Johns County Health Leadership Council. It is the Council's goal to successfully leverage resources and address broad Community Health concerns and have the greatest collective impact on improving Health outcomes. We thank the many residents who completed surveys or participated in focus groups, the staff who compiled statistics and wrote the Plan, and the members of the St. Johns County Health Leadership Council, who provided guidance and expertise in identifying our Community's top Health issues.

With the publication and deployment of this document, the 2018 - 2020 St. Johns County Community Health Improvement Plan is now "live"! It is important to note that this is living document; it is flexible and can easily accommodate changes or updates. The Health Leadership Council's Strategy map for community health improvement is included on page 132.

We hope that you take a moment to review this Plan, and find an area or topic of interest and ask:

"What can we do to help?"

St. Johns County Community Balanced Scorecard – Strategy Map

Perspective	Strategic Objectives	Performance Measures	Critical Action Owners
4.0 Community Health Status	4.1 Improve overall health outcomes	• County Health Rankings Health Outcomes • Infant mortality	• DOH St. Johns, Flagler Hospital and other Community Partners
	4.2 Reduce chronic disease and related health disparities (Health Equity)	• Death rate due to cancer • Death rate due to coronary heart disease • Hospitalizations from or with Diabetes • % diabetic Medicare enrollees receiving monitoring	• Flagler Hospital, DOH-St. Johns and other Community Partners
	4.3 Reduce communicable disease	• % HIV patients with suppressed viral load	• DOH-St. Johns and other Community Partners
	4.4 Reduce crime & injury	• Domestic violence offenses rate • Unintentional injury death rate • # of injuries from falls • Suicide rate	• Betty Griffin, Department of Children & Families (DCF), DOH-St. Johns, Behavioral Health Consortium, Council on Aging (COA) and other Community Partners
3.0 Community Implementation	3.1 Improve child safety and well-being	• % Immunized • % Children not neglected/abused after services • % Children diverted from out of home care	• St. Johns County Schools, DOH-St. Johns, St. Johns County Family Integrity, Betty Griffin, and other Community Partners
	3.2 Reduce risky behavior	• % population reporting tobacco use • % reporting Electronic Nicotine Delivery System use • % reporting binge drinking, % reporting Marijuana • # Opioid caused deaths, # Turned away from residential treatment	• Tobacco Free St. Johns, EPIC, PACT Coalition, Betty Griffin, Stuart-Marchman (SMA), and other Community Partners
	3.3 Increase access to Dental care	• # Flagler ER admissions for dental emergencies • # Dental visits by Wildflower Clinic • # Schools participating in school-based sealants program	• Flagler Hospital, Good Samaritan Wildflower Clinic, DOH-St. Johns, and other Community Partners
	3.4 Increase access to Mental Health care	• Adult Baker Act readmission rate • Wait time for mental health assessment & appointment • # Outpatient clinic clients seen, # Turned away from service	• SMA, EPIC, St. Augustine Youth Services, Behavioral Health Consortium, Flagler Hospital, and other Community Partners
2.0 Community Learning & Planning	2.1 Assure linkage to care	• % Identified needs successfully linked to care	• St. Johns Care Connect and other Community Partners
	2.2 Increase community livability to address social determinants of health (Health Equity)	• County Health Rankings Health Factors • Affordable housing created or rehabbed • Homeless/Indigent linked to housing	• St. Johns County Health & Human Services, Tobacco Free St. Johns, , and other Community Partners
	2.3 Protect population from emerging health threats	• # Agencies participating in Long-term Recovery committee	• SJC Emergency Management, and other Community Partners
1.0 Community Assets	1.1 Increase access to transportation	• Public transportation ridership, # Bus routes, # Organizations trained • # Providers used for medical transport	• Council on Aging, St. Johns Care Connect, and other Community Partners
	1.2 Increase resources for community health improvement	• # Agencies participating in St. Johns Care Connect	• St. Johns Care Connect, and other Community Partners

2018-19 ST. JOHNS COUNTY COMMUNITY BALANCED SCORECARD – UPDATED 3-26-18						
PERSPECTIVE	**STRATEGIC OBJECTIVE**	**MEASURE(S)**	**MOST CURRENT PERFORMANCE LEVEL**	**TARGET FOR 2020**	**CRITICAL ACTIONS**	**STATUS R/Y/G**
4.0 Community Health Status	4.1 Improve overall health outcomes	• CHR Health Outcomes	2018: First in State[5]	• Top 10%	• Years of potential life lost increasing due to high levels of unintentional injury (See 4.4 below)	
		• Infant mortality	2014-16 Overall: 5.4 [1] 2014-16 Black: 10.1[1] 2014-16 White: 4.7[1]	• 5.2* • 9.8* • 4.6*	• DOH: St. Johns, Infant Mortality Task Force • DOH: St. Johns Fetal Infant Mortality Review team • Flagler Hospital: Childbirth Education Class	
	4.2 Reduce chronic disease and related health inequities (Health Equity)	• Death rate due to cancer	2014-2016: Overall 159.8[1] 2014-16 Black: 169.9[1] 2014-16 White: 161.4[1]	• 155.0* • 164.8* • 156.6*	• Flagler Hospital: Cancer education and support groups • DOH-St. Johns: HPV Anti-Cancer Vaccines	
		• Death rate due to coronary heart disease	2014-2016: Overall 77.9[1] 2014-16 Black: 92.9[1] 2014-16 White: 77.9[1]	• 75.6* • 90.1* • 75.6*	• Flagler Hospital:	
		• Hospitalizations from or with Diabetes • % diabetic Medicare enrollees that receive HbA1C monitoring	2014-16: Overall 1,605.9[1] 2014-16: White 1,444.8[1] 2014-16: Black 4,649.6[1] 2014: Overall 86.2%[5]	• 1,557.7* • 1,401.5* • 4,510.1* • 87%	• Flagler Hospital: Diabetes Education/Support Group, Weight Loss Seminar • DOH: Healthiest Weight Program	
	4.3 Reduce communicable disease incidence	• % HIV patients with suppressed viral load	CY 2016: 85%[6] (State 59%)	• 80% (State goal for 2021)	• DOH: PrEP Test and Treat • DOH: Reduce communicable disease incidence (Treatment as prevention)	
	4.4 Reduce Crime & injury	• Domestic violence offenses rate	2014-2016: 373.9[1]	• 362.7	• Betty Griffin, Batterer Accountability Program, 24 Hours Hotline, Advocates, By-stander education • Betty Griffin/Sherriff/DCF: InVest Team • Department of Children & Families: Elder Abuse Hotline	
		• Unintentional injury death rate • # of injuries from falls	2014-16: 43.7[1] 2014-16 Black: 30.9[1] 2014-16 White: 45.3[1] 2016 Children (0-17) 10.3[1] 2016 Older Adults (60+) 1,755[6]	• 42.4 • 1,580	• DOH-SJ: Child Abuse Death Review Committee Action Plan • Behavioral Health Consortium: March Against Child Abuse • Council on Aging (COA): Falls Coalition Outreach & Education • COA: Assistive devices to prevent falls	
		• Suicide rate	2014-16: 17.4[1] 2014-16 Black: 18.5[1] 2014-16 White: 5.9[1] 2016 Children (0-17) 2.1[1]	• 16.9	• EPIC: Community education and suicide preventions strategies	

Data Sources: 1. FloridaCharts (per 100,000 population) 2. 2016 Behavioral Risk Factor Surveillance System (BRFSS) 3. Florida Youth Tobacco Survey 4. Florida Youth Substance Abuse Survey, 5. County Health Rankings Report 6. Local Data 7. Florida Department of Families & Children 8. FL Medical Examiner

***** Aligns with Healthy People 2020 target

Status will be reviewed using a stoplight approach:

RED - Not on target
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GREEN - On target

2018-19 ST. JOHNS COUNTY COMMUNITY BALANCED SCORECARD – UPDATED 3-26-18						
PERSPECTIVE	**STRATEGIC OBJECTIVE**	**MEASURE(S)**	**MOST CURRENT PERFORMANCE LEVEL**	**TARGET FOR 2020**	**CRITICAL ACTIONS**	**STATUS R/Y/G**
3.0 Community Implementation	3.1 Improve Child Safety & Well-being	• % Immunized	2015-17 Kindergarten 94.1%[1] 2015-17 7th Grade 95.5%%[1]	• 95% • 95%	• SJC Schools, DOH-SJ: Increase immunization rates	
		• % children not neglected or abused after receiving services • % of children diverted from out of home care	FY 2016-17: 94.3%[7] 2014-17: 87.6%[7]	• 95% • 90%	• SJC Family Integrity Program (FIP): Enhancing & Strengthening Infrastructure to improve delivery of child welfare services • Betty Griffin: CPI co-located advocate	
	3.2 Reduce Risky Behaviors	Percentage of population reporting Inhaled Nicotine Use: • Tobacco • Electronic Nicotine Delivery System	<u>2016 Adult BRFSS:</u> Cigarettes: 12.2%[2] Male: 13.5%[2] Female: 11.1%[2] Low Income (<$25,000):27.2%[2] <u>2016 Youth:</u> *Cigarettes: 3.5%*[3] <u>2016 Adult BRFSS</u> *E-Cigarettes: 4.8%*[2] Men 3.5% Women: 5.9%[2] Age 18-44: 8.3%[2] <u>2016 Youth:</u> Electronic Vaping: *13.5%*[4]	• Adult 12.0% • Youth 3.4% • Adult 4.7% • Youth 13.1%	• Tobacco Free St. Johns: Policy change for restriction of advertising in the minority community • Tobacco Free St. Johns: Policy change for county licensure of tobacco retailers • Tobacco Free St. Johns: Increase number of adults using "Quit Your Way" services, Indicator: % in program quitting	
		• Binge Drinking	<u>2016 Adult BRFSS:</u> Binge: 20.1%[2] <u>2016 Youth:</u> *Binge: 6.9%*[4]	• Adult 19.5% • Youth 6.7%	• EPIC: Think for SUCCESS (Teens) and BASICS (College) Programs • EPIC: Enhance/expand prevention services • PACT Coalition Programs • Betty Griffin w/Stuart-Marchman Act (SMA) to reduce substance abuse	
		• Marijuana	<u>2016 Adult BRFSS</u> Marijuana/Hashish 7.8%[2] <u>2016 Youth:</u> *Marijuana: 11.7%*[4]	• Adult 7.6% • Youth 11.4%	• EPIC: Think for SUCCESS (Teens) and BASICS (College) Programs • EPIC: Enhance/expand prevention services	
		• Opioid Abuse	<u>2016 Medical Examiners Commission Drug Report</u> # Opioid caused deaths District 23 (Adult & Youth)[8]: 58	• 55	• DOH-SJ - Develop Neonatal Abstinence Syndrome (Substance exposed newborns) system of care) • EPIC/ Betty Griffin FITT (Family Intensive Therapy Team) • FL National Guard **&** EPIC - St. Johns County Opioid Task Force	

<u>Data Sources:</u> 1. FloridaCharts (per 100,000 population) 2. 2016 Behavioral Risk Factor Surveillance System (BRFSS) 3. Florida Youth Tobacco Survey 4. Florida Youth Substance Abuse Survey, 5. County Health Rankings Report 6. Local Data 7. Florida Department of Families & Children 8. FL Medical Examiner

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2018-19 ST. JOHNS COUNTY COMMUNITY BALANCED SCORECARD – UPDATED 3-26-18						
PERSPECTIVE	STRATEGIC OBJECTIVE	MEASURE(S)	MOST CURRENT PERFORMANCE LEVEL	TARGET FOR 2020	CRITICAL ACTIONS	STATUS R/Y/G
			# turned away from residential treatment 75[6] # Utilizing MAT treatment: 3[6] # Naloxone kits given to at risk community members: 0[6]	• 40 per year • 75 per year • 150 per year	• EPIC: Expand MAT services • EPIC: Seek funding for Mental Health & Substance Abuse client reentering from corrections • EPIC: Develop needle exchange program • EPIC: Expand SA & MH bridge services pre/post discharge	
	3.3 Increase Access to Dental Care	• # ER Admissions for dental emergencies	2017 – 765[6]	• 600	• St. Johns Care Connect: Referrals to Dental Provider • Flagler Hospital: ER Diversion Program • Flagler Hospital Oral Health Community Education	
		• # of patient visits by Wildflower Clinic	2015-17 – 10,058[6]	• TBD	• Wildflower	
		• # schools participating	# Schools participating in school-based sealants program (2018): 4[6]	• 6	• DOH-SJ, School-based sealants program	
	3.4 Increase Access to Mental Health Care	• % Adult Baker Act crisis readmissions	FY 16-17: 17.5%[6]	• 15.5%	• Flagler Hospital: Behavioral Health Coordination, Telehealth partnership, Collaborate with Lutheran Services	
		• Wait time to initial MH outpatient assessment & appointment	SMA 2017 Crisis/triage walk in counseling: 0-1 day[6] Initial Provider: 0 to 7 days[6]	• 0 to 1 day • 0 to 7 days	• SMA • Betty Griffin MH therapist on staff • EPIC/ Betty Griffin FITT (Family Intensive Therapy Team) • Flagler Hospital: Intensive Outpatient Program	
		• # of mental health outpatient clinic clients seen • % with F/U Appt. within 7 days of discharge from acute care	**SMA & EPIC** FY 2016-17 Adult 268 EPIC[6] Child/Adolescent 354 EPIC [6] Adult 1087 SMA[6] Child/Adolescent 250 SMA[6] 2017: 100% w/Follow Up Appt.	• 300 EPIC • 400 EPIC • 100%	• EPIC: Seek funding for re-entry services for MH and SA client re-entering the community from corrections. • EPIC: Expand psychiatric services for adults and children. • EPIC: Expand hours for accessibility to services.	
		• FACT & Mobile Crisis Response Team Services	**# FACT Team** admissions: 74 Drop-in Center admissions: 98 # Weekly service hours: 168[6] **Mobile Crisis Response Team**: # Weekly service hours: 168[6]	• 168 • 168	• Behavioral Health Consortium (FACT Team) • St. Augustine Youth Services (Mobile Crisis Response Team)	

Data Sources: 1. FloridaCharts (per 100,000 population) 2. 2016 Behavioral Risk Factor Surveillance System (BRFSS) 3. Florida Youth Tobacco Survey 4. Florida Youth Substance Abuse Survey, 5. County Health Rankings Report 6. Local Data 7. Florida Department of Families & Children 8. FL Medical Examiner

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2018-19 ST. JOHNS COUNTY COMMUNITY BALANCED SCORECARD – UPDATED 3-26-18						
PERSPECTIVE	**STRATEGIC OBJECTIVE**	**MEASURE(S)**	**MOST CURRENT PERFORMANCE LEVEL**	**TARGET FOR 2020**	**CRITICAL ACTIONS**	**STATUS R/Y/G**
2.0 Community Learning and Planning	2.1 Assure linkage to care	• % Identified needs successfully linked to care	St. Johns CareConnect: 0%[6]	• 75%	• St. Johns CareConnect: Universal Intake Form	
	2.2 Improve community livability to address social determinants of health (Health Equity)	• CHR Health Factors	2018 Overall: First in State[5]	• Top 10%	• 64th in State in Excessive Drinking Rate (See SO 3.1) • 24th in Mental Health Providers per population (SO 3.3) • 34th in % of Households with severe problems (SO 2.2)	
		• Affordable Housing created or rehabbed	FY 2016-17: $ Spent: TBD # New Units Created: TBD # Units Rehabbed: TBD % Counselled in Homebuyer Education Program who purchased home: TBD FY 2016-17 # Smoke free Properties: 5[6]	• TBD • 6	• SJC Health & Human Services (HHS): Homebuyer Education Program • SJC HHS: State Housing Initiative Partnership (SHIP) Strategies • Tobacco Free St. Johns: Smoke free housing	
		• Homeless/indigent linked to housing	Homeless linked to housing: 0[6] % Indigent linked to housing within 30 days of release: 0[6]	• TBD	• St. Johns County Continuum of Care	
	2.3 Protect population from emerging health threats	• # Agencies active in Long-term recovery committee	# Agencies: 12[6]	• 25	• SJC Emergency Management: "Stop the Bleed" & DOH-SJ	
1.0 Community Assets	1.1 Increase access to transportation	• Public transportation ridership	2017: 283,609 Sunshine Bus Trips[6], 6,470 Paratransit Riders[6] 2017: 670 Monthly CTD Passes issued[6]	• 309,820 • 7,100 • 755	• Council on Aging (COA): Educate residents on current transportation options • COA: Provide Bus passes for clients with financial limitations	
		• # Sunshine Bus Routes	2017: 8[6]	• 10	• COA: Pursue funding to add bus routes	
		• # Orgs. trained on transportation options	2017: 12[6]	• 15	• COA to partner with community organizations: Educate staff on transportation options	
		• # Trips for medical apt. transport	2017: 0[6]	• 4,500	• St. Johns CareConnect: Transportation for clients via Circulation ride booking platform	
	1.2 Increase resources for community health improvement	• # Agencies participating in St. Johns Care Connect	# Agencies participating: 11[6]	• 30	• Increase enrollment in St. Johns Care Connect	

Data Sources: 1. FloridaCharts (per 100,000 population) 2. 2016 Behavioral Risk Factor Surveillance System (BRFSS) 3. Florida Youth Tobacco Survey 4. Florida Youth Substance Abuse Survey, 5. County Health Rankings Report 6. Local Data 7. Florida Department of Families & Children 8. FL Medical Examiner

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RATIONALE AND RESOURCES TO SUPPORT THE 2018-2019 ST. JOHNS COUNTY COMMUNITY BALANCED SCORECARD			
PERSPECTIVE	**STRATEGIC OBJECTIVE**	**RATIONALE**	**COMMUNITY RESOURCES LIST INCLUDES:**
4.0 Community Health Status	**4.1 Improve Overall Health Outcomes**	**The 2017 CHA/CHIP Process reveals the need to reduce unintentional injuries among St. Johns County populations.** To improve overall health outcomes, prevention strategies should remain focused on the reduction of unintentional injuries through the promotion of lifestyle changes and health screenings, and improved access to support services. Please review the following Community Health Status Indicators for insight into recent data trends, gaps, and other related factors: **Leading Causes of Death:** pg. 31 **Drug Use:** pg. 87 **Years of Potential Life Lost:** pg. 32 **Alcohol Use:** pg. 89 **Unintentional Injuries:** pgs. 34-36 **Social Support:** pg. 83 **The 2017 CHA/CHIP Process reveals opportunities to improve the access to early maternal and child healthcare.** Promotion of healthy behaviors and assuring early access to care are strategies to improve health outcomes. Please review the following Community Health Status Indicators for insight into recent data trends, gaps, and other related factors: **Maternal & Child Health:** pg. 38-40 **Women's Health:** pg. 99 **Social Support:** pg. 82 **Maternal and Child Health:** pg. 102	**EPIC Behavioral Healthcare:** Substance abuse treatment and recovery. Please visit: www.EPICbh.org **Flagler Hospital:** Childbirth education classes, Baby-Friendly Designation Initiative, St. Johns Care Connect. Please visit: www.flaglerhospital.org **Florida Department of Health in St. Johns County (DOH-St. Johns):** Assures Best Care (ABC) Clinic, Healthy Start, WIC services. Please visit: http://stjohns.floridahealth.gov **Northeast Florida Healthy Start Coalition Florida:** Nurse-family partnership, MomCare Program (education, counseling services), Azalea Project. Please visit: http://nefhealthystart.org **St. Gerard Campus:** Maternity home and high school for expecting teen mothers. Please visit: www.stgerardcampus.org **SJC Infant Mortality Task Force:** Multidisciplinary team of collaborators who examine the factors of infant mortality and develop community-based action plans. **SJC Fetal Infant Mortality Review Team:** Multidisciplinary team of collaborators who examine infant deaths to reduce infant mortality.
	4.2 Reduce Chronic Disease and Related Health Inequities (Health Equity)	**The 2017 CHA/CHIP Process reveals opportunities to reduce deaths from chronic disease and related health inequities.** Many are preventable through strategies including community education, promotion of lifestyle changes, and early health screenings. Please review the following Community Health Status Indicators for insight into recent data trends, gaps, and other related factors: **Leading Causes of Death:** pg. 31 **Heart Disease:** pg. 70 **Cancer:** pgs. 50-60 **Diabetes:** pg. 68 **Alzheimer's:** pg. 66 **Social Support:** pg. 82	**Azalea Health:** The Federally Qualified Healthcare Center provides primary care for low-income population. www.AZAHealth.org **Flagler Hospital:** Cancer Institute, Education and Support Center, support groups. Please visit: www.FlaglerHospital.org **Good Samaritan Health Center's Wildflower Clinic:** Limited primary care for the uninsured/low income. Visit: www.SamaritanHC.org **DOH-St. Johns:** Public Health Programs including immunizations including cancer prevention (HPV Vaccination), chronic disease prevention, and promotion of a healthy weight (Healthiest Weight FL). www.HealthiestWeightFlorida.com & http://stjohns.floridahealth.gov **SJC Council on Aging:** Alzheimer's and Memory Care www.coasjc.org **St. Vincent's Mobile Health Outreach Ministry:** www.JaxHealth.com **Veterans Affairs Clinic:** General Medical and Mental Health Services www.northflorida.va.gov
	4.3 Reduce Communicable Disease Incidence	**The 2017 CHA/CHIP Process reveals opportunities to reduce the incidence of communicable diseases among St. Johns County populations.** Communicable diseases can be prevented through strategies such as education, promotion of behavior change, and early screening. Please review the following Community Health Status Indicators for insight into recent data trends, gaps, & other related factors: **Leading Causes of Death:** pg. 31 **Sexually Transmitted Diseases:** pg. 41	**Florida Department of Health in St. Johns County:** Clinical services of Public Health Significance including the Immunizations, STD testing, Tuberculosis Testing, and HIV/AIDS rapid testing, counseling, education, treatment through the Ryan White Program. Please visit: http://stjohns.floridahealth.gov
	4.4 Reduce Crime & Injury	**The 2017 CHA/CHIP Process reveals opportunities to reduce the incidence of crime, including domestic violence and suicide, and unintentional injury among St. Johns County populations.** Strategies to improve overall health outcomes through reducing crime will include education and promotion of lifestyle changes, screenings, and provision of support services, as appropriate and implementation of community action plans informed by the reviews.	**Betty Griffin Center:** Safe, secure shelter for domestic and sexual abuse survivors and their children, sexual assault recovery services, rape crisis unit, confidential counseling, support groups, legal assistance, and 24-hour help line (904) 824-1555. Please visit: http://bettygriffincenter.org **Florida Department of Children and Families:** Enables adults with disabilities to remain in the community, protection for vulnerable adults from neglect and exploitation, and provide of Abuse Hotline: 1-800-963-5337. Please visit: www.MyFLFamilies.com/service-programs/

RATIONALE AND RESOURCES TO SUPPORT THE 2018-2019 ST. JOHNS COUNTY COMMUNITY BALANCED SCORECARD			
PERSPECTIVE	**STRATEGIC OBJECTIVE**	**RATIONALE**	**COMMUNITY RESOURCES LIST INCLUDES:**
4.0 Community Health Status *(continued)*	**4.4 Reduce Crime & Injury** *(continued)*	Please review the following Community Health Status Indicators for insight into recent data trends, gaps, and other related factors: **Community Safety:** pg. 85 **Suicide:** pg. 37 **Leading Causes of Death:** pg. 31 **Years of Potential Life Lost:** pg. 32 **Unintentional Injuries:** pgs. 34-36 **Drug Use:** pg. 87 **Alcohol Use:** pg. 89 **Social Support:** pg. 82	**EPIC Behavioral Healthcare:** Question, Persuade Refer (QPR) Gatekeeper Training, education on substance abuse, mentoring, suicide prevention, and Recovery Center. Please visit: www.EPICbh.org **Florida Department of Health in St. Johns County (DOH-St. Johns):** Child Abuse Death Review Committee to eliminate child abuse and neglect deaths. Visit: www.flcadr.com **PACT Prevention Coalition:** Substance abuse prevention through initiatives such as 'Natural High, Friday Done Right', 'Know the Law', and 'Safe Prom'. Please visit: www.PactPrevention.org **SJC Behavioral Health Consortium:** prioritize behavioral health needs and increase access to behavioral health services for children, adults and families. Visit: www.sjcbhc.com **SJC Council on Aging:** Independent living services, care connection, Falls Prevention Coalition and Initiative. Please visit: www.coasjc.org https://www.ncoa.org/healthy-aging/falls-prevention **St. Augustine Beach Police Department:** www.sabpd.org **St. Johns County Fire Rescue:** www.co.st-johns.fl.us/FireRescue **St. Johns County Sheriff's Office:** www.sjso.org
3.0 Community Implementation	**3.1 Improve Child Safety & Well-being**	**The 2017 CHA/CHIP Process reveals opportunities to improve child safety and well-being, specifically regarding prevention of child abuse and the promotion of childhood immunizations among St. Johns County populations.** Strategies will include enhancing and strengthening infrastructure to improve delivery of child welfare services as well as education and promotion of mandatory immunization requirements for school-age children. Please review the following Community Health Status Indicators for insight into recent data trends, gaps, and other related factors: **Community Safety:** pg. 85 **Vaccination:** pg. 97 **Vaccine Preventable Diseases:** pg. 44 **Social Support:** pg. 82	**Azalea Health:** www.AZAHealth.org **Betty Griffin Center:** http://BettyGriffinCenter.org **EPIC Behavioral Healthcare:** www.EPICbh.org **Episcopal Children's Services:** www.ecs4kids.org **Florida Department of Children and Families:**www.MyFLFamilies.com/ **PACT Prevention Coalition:** www.PactPrevention.org **SJC Family Integrity Program (FIP):** Dependency Case Management, Independent Living, Adoption, Family Preservation, Foster Home Licensing Enhancing. Visit: www.sjcfl.us/FIP/ **St. Johns County School Districts and DOH-St. Johns:** immunization requirements for students. Visit: http://stjohns.FloridaHealth.gov **SJC Head Start Program & Early Childhood Service:** Physical, Social, Emotional, and Language Development, Logic and Reasoning, Literacy Knowledge and Skills. www.stjohns.k12.fl.us/HeadStart/ **SJC Tax Collector's Office:** Car Seat Program www.sjctax.us
	3.2 Reduce Risky Behaviors	**The 2017 CHA/CHIP Process reveals opportunities to reduce the number of people taking part in unhealthy behaviors (tobacco, drug, alcohol use, etc.) among St. Johns County populations.** Strategies to reduce risky behaviors will include education and outreach to promote lifestyle changes as well as leveraging partnerships to enhance support and crisis services to people abusing services. Please review the following Community Health Status Indicators for insight into recent data trends, gaps, and other related factors: **Leading Causes of Death:** pg. 31 **Years of Potential Life Lost:** pg. 32 **Unintentional Injuries:** pgs. 34-36 **Community Safety:** pg. 85 **Drug Use:** pg. 87 **Alcohol Use:** pg. 89 **Tobacco Use:** pg. 92 **Social Support:** pg. 82	**Tobacco Free St. Johns:** Quit Your Way Tobacco Use Cessation, Students Working Against Tobacco (SWAT). Visit www.TobaccoFreeStJohns.com **EPIC Behavioral Healthcare:** Question, Persuade Refer (QPR) Gatekeeper Training, education on substance abuse, mentoring, suicide prevention, and Recovery Center. Please visit: www.EPICbh.org **PACT Prevention Coalition:** Substance abuse prevention through initiatives such as 'Natural High', Friday Done Right', 'Know the Law', and 'Safe Prom'. Please visit: www.PactPrevention.org **Stewart-Marchman-Act Behavioral Healthcare:** Information/referral Access Center 24/7, mental health services, crisis services, detox, outpatient and residential services, and education. Visit: www.SMABehavioral.org/

RATIONALE AND RESOURCES TO SUPPORT THE 2018-2019 ST. JOHNS COUNTY COMMUNITY BALANCED SCORECARD			
PERSPECTIVE	**STRATEGIC OBJECTIVE**	**RATIONALE**	**COMMUNITY RESOURCES LIST INCLUDES:**
3.0 Community Implementation	**3.3 Increase Access to Dental Care**	**The 2017 CHA/CHIP Process reveals opportunities to increase access to dental care among St. Johns County populations.** Strategies to increase access to dental services in St. Johns County include oral health community education and providing dental care to those who cannot afford it or are medically uninsured. Please review the following Community Health Status Indicators for insight into recent data trends, gaps, and other related factors: **Oral Health:** pg. 98 **Clinical Care:** pgs. 103 – 109	**Azalea Health:** The Federally Qualified Healthcare Center providing health and dental care for low-income population. www.AZAHealth.org **Good Samaritan Health Center's Wildflower Clinic:** Free dental care for uninsured/low income. Visit: www.SamaritanHC.org **Florida Department of Health in St. Johns County:** School Sealant Program, dental care, exams, extractions and referrals for infants and children ages 0 to 20 years of age. http://StJohns.FloridaHealth.gov **SJC School District Health Services:** screenings and referrals, treatment, counseling. Visit:www.stjohns.k12.fl.us/health/ **St. Johns Care Connect:** www.StJohnCareConnect.org
	3.4 Increase Access to Mental Health Care	**The 2017 CHA/CHIP Process reveals opportunities to increase access to mental health services among St. Johns County populations.** Strategies to increase access to provide mental health services in St. Johns County include providing more support and outpatient health services. Please review the following Community Health Status Indicators for insight into recent data trends, gaps, and other related factors: **Clinical Care:** pgs. 103 – 109 **Mental Health & Suicide:** pg. 37 **Social Support:** pg. 83 **Drug Use** pg. 87	**Azalea Health:** www.AZAHealth.org **Betty Griffin Center:** http://BettyGriffinCenter.org **EPIC Behavioral Healthcare:** counseling, psychiatric evaluations, medication management, crisis intervention, suicide prevention, specialized therapy groups, anger management, substance abuse intervention. Please visit: www.EPICbh.org **Flagler Hospital:** CSU www.FlaglerHospital.org **DOH-St. Johns County:** http://StJohns.FloridaHealth.gov **Good Samaritan / Wildflower Clinic:** www.SamaritanHC.org **St. Augustine Youth Services:** targeted case management, residential group homes, transitional life courses, mobile crisis response. Please visit: www.SAYSKids.org **Stewart-Marchman-Act Behavioral Healthcare:** Adult and adolescent outpatient programs, information/referral Access Center 24/7, mental health services, crisis services, medication outpatient programs. Please visit: www.SMABehavioral.org **St. Johns County Behavioral Health Consortium:** A collaborative to prioritize behavioral health needs and increase access to behavioral health services for children, adults and families. Please visit: www.sjcbhc.com **SJC Family Integrity Program (FIP)**: Dependency Case Management, Independent Living, Adoption, Family Preservation, Foster Home Licensing Enhancing. Visit: www.sjcfl.us/FIP/
2.0 Community Learning and Planning	**2.1 Assure Linkage to Care**	**The 2017 CHA/CHIP Process reveals opportunities to increase access to the local public health system in St. Johns County and assure that the health needs of residents are addressed and met.** Strategies to increase access to health care services include the implementation of the St. Johns County Care Connect. Please review the following Community Health Status Indicators for insight into recent data trends, gaps, and other related factors: **Clinical Care:** pgs. 103 – 109 **Social Support:** pg. 82	**St. Johns Care Connect:** Partnership development, alignment of community resources into a single access point, case management, and link to support services (primary care, dental care, prescription assistance, rental assistance, utility payment assistance, transportation assistance, homeless prevention services, and community resources). Please visit: www.StJohnCareConnect.org **St. Johns County Health & Human Services (HHS):** Offers social support and assistance to low-income populations and veterans for a variety of programs including healthcare resources, homebuyer education program, and the State Housing Initiative Partnership (SHIP) strategies. Please visit: www.sjcfl.us/HHS

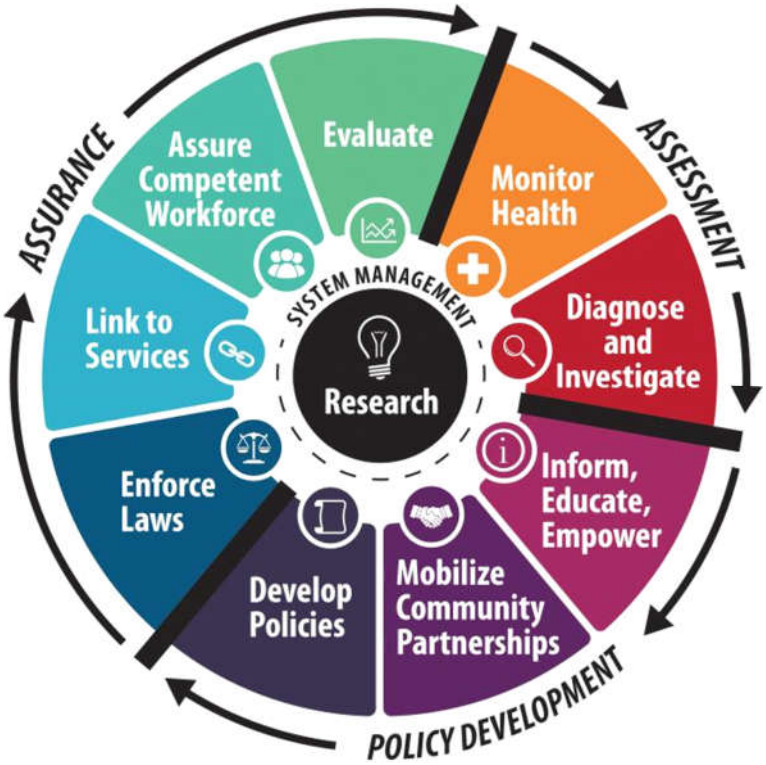
RATIONALE AND RESOURCES TO SUPPORT THE 2018-2019 ST. JOHNS COUNTY COMMUNITY BALANCED SCORECARD			
PERSPECTIVE	**STRATEGIC OBJECTIVE**	**RATIONALE**	**COMMUNITY RESOURCES LIST INCLUDES:**
2.0 Community Learning and Planning	**2.2 Improve Community Livability to Address Social Determinants of Health (Health Equity)**	**The 2017 CHA/CHIP Process reveals opportunities to improve the livability of our community and to address the social determinants of health among St. Johns County populations.** Strategies to improve the livability of our community include providing social support and assistance, and education programs, as well as implementing smoke-free housing policies. Please review the following Community Health Status Indicators for insight into recent data trends, gaps, and other related factors: **Housing:** pgs. 115 **Social and Economic Factors:** pgs. 74-84 **Transportation:** pg. 118 **Clinical Care:** pgs. 103-109	**St. Johns Care Connect:** Partnership development, alignment of community resources into a single access point, case management, and link to support services (primary care, dental care, prescription assistance, rental assistance, utility payment assistance, transportation assistance, homeless prevention services, and community resources). Please visit: www.StJohnCareConnect.org **St. Johns County Health & Human Services (HHS):** Offers social support and assistance to needy members of the community through programs such as the homebuyer education program and the State Housing Initiative Partnership (SHIP) strategies. Please visit: www.sjcfl.us/HHS **SJC Continuum of Care:** A unified effort, working towards the goal of ending homelessness for all those experiencing homelessness in St. Johns County through effective partnerships. Please visit: www.StJohnsCountyCOC.org/ **Tobacco Free St. Johns:** Policy development and advocacy, Quit Your Way Tobacco Use Cessation, Smoke-Free Housing Certification. Please visit: www.TobaccoFreeStJohns.com
	2.3 Protect Population from Emerging Health Threats	**The 2017 CHA/CHIP Process reveals opportunities to improve our community preparedness for address emerging health threats to St. Johns County populations.** Strategies to increase our community's ability to address emerging health threats include the implementation of preparedness programs within St. Johns County. Please review the following Community Health Status Indicators for insight into recent data trends, gaps, and other related factors: **Zika:** pgs. 49 **Drug Use:** pg. 87	**Anastasia Mosquito Control District:** www.AMCDSJC.org **DOH-SJC:** http://StJohns.FloridaHealth.gov **SJC Fire Rescue:** www.co.st-johns.fl.us/FireRescue **SJC Emergency Management:** Community Hurricane Guide: responsible for the Disaster Preparedness of our County and the Evacuation Assistance Program for our citizens who need assistance in the event of an evacuation. www.sjcEmergencyManagement.org
1.0 Community Assets	**1.1 Increase Access to Transportation**	**The 2017 CHA/CHIP Process reveals opportunities to improve public transportation systems of our community, which is found to reduce financial stress to lower income households, pollution emissions, and car crashes.** Please review the following Community Health Status Indicators for insight into recent data trends, gaps, and other related factors: **Transportation:** pg. 118	**Sunshine Bus Company:** SJC public transit system offers safe, low-cost, and convenient transportation for riders of all ages. Please visit: http://SunshineBus.net/ **SJC Council on Aging:** Door-to-door transportation is available for those residents who are transportation disadvantaged and/or are over 60 years of age. Please visit: http://www.coasjc.org/ **St. Johns Care Connect:** www.StJohnCareConnect.org
	1.2 Increase Resources for Community Health Improvement	**The 2017 CHA/CHIP Process reveals opportunities to increase the community health resources among St. Johns County populations.** St. Johns County Care Connect will expand access to services through a medical home model. Please review the following Community Health Status Indicators for insight into recent data trends, gaps, and other related factors: **Access to Care:** pgs. 103-109 **Transportation:** pg. 118	**St. Johns Care Connect:** Partnership development, alignment of community resources into a single access point, case management, and link to support services (primary care, dental care, prescription assistance, rental assistance, utility payment assistance, transportation assistance, homeless prevention services, community resources navigation, and access to local food banks). Please visit: www.StJohnsCareConnect.org

THE TEN ESSENTIAL PUBLIC HEALTH SERVICES

The Ten Essential Public Health Services provide a useful framework for determining who is responsible for the community's health and well-being. These services reflect core processes used in public health to promote health and prevent disease.

The Ten Essential Public Health Services are presented below:

1. **Monitor health status to identify community health problems.**
2. **Diagnose and investigate health problems and health hazards in the community.**
3. **Inform, educate and empower people about health issues.**
4. **Mobilize community partnership to identify and solve health problems.**
5. **Develop policies and plans that support individual and community health efforts.**
6. **Enforce laws and regulations that protect health and ensure safety.**
7. **Link people to needed personal health services and assure the provision of health care when otherwise unavailable.**
8. **Assure a competent public health and personal health care workforce.**
9. **Evaluate effectiveness, accessibility, and quality of personal and population-based health services.**
10. **Research for new insights and innovative solutions to health problems.**



Source: Centers for Disease Control and Prevention, 2018

Source: Public Health Functions Steering Committee, Public Health Foundation (7/27/07)

ST. JOHNS COUNTY HEALTH LEADERSHIP COUNCIL - FOCUS GROUP QUESTIONS

1. **Are you satisfied with the quality of life in your community? (Open to interpretation by the individual's idea of community, i.e. neighborhood or town.) You may consider:**
   a. Your sense of safety
   b. Well-being
   c. Participation in community life
   d. Availability of community resources/services to support your quality of life

2. **Is this community a good and safe place to raise children? Consider your access to:**
   a. School quality
   b. Day care (including availability of, hours of operation, child care credits)
   c. After school programs (including availability of, hours of operation, child care credits)
   d. Recreation
   e. Environment (i.e. sidewalks, fenced play, street lighting)
   f. Neighborhood stability (I know my neighbors, strong community roots)
   g. Availability of child/family specialties (Psychiatry, Behavioral Analysts, etc.)

3. **Is this community a good place to grow old? Consider:**
   a. Elder-friendly housing
   b. Transportation
   c. Shopping
   d. Elder day care
   e. Services
   f. Churches/ places of worship
   g. Social support organizations and agencies
   h. Affordable housing options (including assisted living facilities)
   g. Quality of specialty providers

4. **Do you feel there is economic opportunity in the community? Consider:**
   a. Jobs with career growth
   b. Job training/higher education opportunities
   c. Affordable housing options
   d. Reasonable commute and transportation option
   e. Locally owned and operated businesses
   f. Ease of entering the marketplace as a new business
   g. Economic incentive for new businesses
   h. Fair wages to support the cost of living

5. **Do you feel your community is a safe place to live? Consider participants' perceptions of:**
   a. Safety in the home
   b. Safety in the workplace
   c. Parks/malls, etc.
   d. Schools and playgrounds
   e. Do neighbors know each other and look out for one another?
   f. Criminal activity (prevalence of crime, drugs, gangs, human trafficking etc.)

6. **Are there networks of support for individuals and families during times of stress and need?**
   a. Medical crisis
   b. Mental health problems
   c. Substance abuse problems
   d. Pregnancy
   e. Financial difficulties
   f. Services for children with special needs
   g. Availability/ hours of operation
   h. Grief counseling
   i. Domestic violence
   j. Community emergency services (i.e. post-storm/ hurricane, flood, fire, or other disasters)

7. **Are you satisfied with the health care system in your community? Consider:**
   a. Access to care (including transportation)
   b. The cost of care
   c. The quality of care
   d. The availability of care
   e. The options that are available
   f. Specialists/ insurance/ prescription
   g. Availability/ hours of operation

8. **Do you believe that where you live, learn, work and play affects your overall health?**
   a. I strongly agree
   b. I agree
   c. I neither agree or disagree
   d. I disagree
   e. I strongly disagree

9. **Are there any health services that you need, that are not available to you?**

10. **Are you aware of what public health services are available in St. Johns County? (i.e. what services are provided by your local health department).**

11. **If you could create any type of "health program" for St. Johns County residents, what would it be?**

HOW HEALTHY IS ST. JOHNS COUNTY, FL?

The *St. Johns County Health Leadership Council* needs your help to better understand the **Health** of our community. Please fill out this survey to give us your opinions about the quality of life and health services in St. Johns County, FL. The survey results will be published in a Community Health Assessment (CHA) later this year and drive the Community Health Improvement Plan (CHIP) to optimize the health of all people in St. Johns County, FL.

1. How do you rate your overall health? (*Check one selection)*

☐ Excellent ☐ Good ☐ Fair ☐ Poor ☐ Don't Know

2. Check up to 3 selections you feel are the most important features of a healthy community:

- ☐ Access to churches/other places of worship
- ☐ Access to healthcare
- ☐ Access to parks and recreation
- ☐ Access to public transportation
- ☐ Absence of discrimination
- ☐ Affordable child care
- ☐ Clean and healthy environment
- ☐ Good place to grow old
- ☐ Good jobs, healthy economy
- ☐ Low crime rates/safe neighborhoods
- ☐ Access to social services (including adult/child emergency services)
- ☐ Affordable and/or available housing options(including senior housing)
- ☐ Availability of health/wellness facilities
- ☐ Good educational opportunities (including early education)
- ☐ Good place to raise kids (strong community focus on children)
- ☐ Preventative health care (i.e. annual check ups)
- ☐ Resources for community emergency services (hurricane, flood, fire)
- ☐ Safe mobility (access to safe walking/cycling paths)
- ☐ Other _____

3. Check up to 3 health problems that you feel are the most important in St. Johns County:

- ☐ Alzheimer's/Dementia
- ☐ Asthma
- ☐ Adult Obesity
- ☐ Childhood Obesity
- ☐ Child Abuse/Neglect
- ☐ Elder Abuse/Neglect
- ☐ Dental Problems
- ☐ Diabetes
- ☐ High Blood Pressure
- ☐ Heart Disease and Stroke
- ☐ Cancer
- ☐ Depression or Anxiety
- ☐ Post-Traumatic Stress Disorder
- ☐ Severe/Persistent Mental Illness
- ☐ Teen Pregnancy
- ☐ Addiction (alcohol & other drugs)
- ☐ Environmental (i.e. wells/drinking water/septic)
- ☐ Motor Vehicle Accident Injuries (Driver or Pedestrian)
- ☐ HIV/AIDS or Sexually Transmitted Diseases
- ☐ Contagious Diseases (i.e. Flu/Pneumonia/TB, etc.)
- ☐ Respiratory/Lung Disease (i.e. COPD, Emphysema)
- ☐ End of Life Care (assisted living, nursing homes, hospice)
- ☐ Other: _____

4. Check up to 3 unhealthy behaviors you are most concerned about in St. Johns County:

- ☐ Adult Alcohol Abuse
- ☐ Underage Drinking
- ☐ Being Overweight
- ☐ Poor Eating Habits
- ☐ Lack of Exercise
- ☐ Discrimination
- ☐ Domestic Violence
- ☐ Self -Harm
- ☐ Adult Drug/Medication Abuse
- ☐ Child Drug/Medication Abuse
- ☐ Teen Substance Use
- ☐ Dropping out of school
- ☐ Rape/Sexual Assault
- ☐ Teen Sexual Activity
- ☐ Unsafe/Unprotected Sex
- ☐ Not using Birth Control
- ☐ Tobacco Use (i.e. cigarettes, cigars, smokeless tobacco, e-cigarettes)
- ☐ Not getting shots to prevent disease
- ☐ Criminal Activity (human trafficking, meth labs, theft, violence)
- ☐ Unlicensed Driving
- ☐ Impaired Driving
- ☐ Bullying (including cyberbullying)
- ☐ Other: _____

5. What health care services are difficult to obtain in your community? *(Check all that apply)*

- ☐ Dental/Oral Care
- ☐ Vision Care
- ☐ Lab Work
- ☐ Emergency Room Care
- ☐ X-Rays/Mammograms
- ☐ Mental Health/Counseling
- ☐ Support for Caregivers
- ☐ Prescriptions/Medications/Medical Supplies
- ☐ Primary Care (i.e. Family doctor or Walk-In clinic)
- ☐ Preventative Care (i.e. Annual check-ups)
- ☐ Family Planning/Birth Control
- ☐ Specialty M.D. Care (i.e. heart doctor)
- ☐ Alternative Therapy (i.e. herbals, acupuncture)
- ☐ End of Life Care (i.e. assisted living, nursing homes, hospice)
- ☐ Adult Substance Abuse Services (alcohol & other drugs,)
- ☐ Child Substance Abuse Services (alcohol & other drugs)
- ☐ Inpatient Hospital(Medical/Psychiatric) for adults
- ☐ Inpatient Hospital(Medical/Psychiatric) for children
- ☐ Physical Therapy/Rehabilitative Therapy
- ☐ Tele-medicine
- ☐ Veteran's Care
- ☐ None
- ☐ Other: _____

6. What do you feel are barriers for you in getting health care? *(Check all that apply)*

- ☐ Lack of Transportation
- ☐ Can't pay for Doctor/Hospital visits
- ☐ Can't find Providers that accept my Insurance
- ☐ Don't know what/where services are available
- ☐ No provider available for the services I need
- ☐ Have no regular source of health care
- ☐ Lack of evening and weekend services
- ☐ Long waits for appointments
- ☐ Other: _____

7. How do you rate the quality of health services in St. Johns County?

☐ Excellent ☐ Good ☐ Fair ☐ Poor ☐ Don't Know

If you answered poor or fair, what do you think could be done to improve the quality of health services in St. Johns County? _____

8. When you need to use prescription medications for an illness, do you: ***(Check all that apply)***

- ☐ Have your prescription filled at drug store/supermarket/mail order
- ☐ Buy Over-the-Counter medicine instead
- ☐ Use leftover medication previously prescribed
- ☐ Get medication from sources outside the country
- ☐ Go without medicine
- ☐ Use family or friends' medication
- ☐ Use herbal remedies instead
- ☐ Go to the hospital Emergency Room

9. How is your health care and your family's health care covered? ***(Check all that apply)***

- ☐ Health insurance offered by your job or a family members' job
- ☐ Health insurance that you pay for on your own
- ☐ Military Coverage/VA
- ☐ Florida KidCare
- ☐ Other: _____
- ☐ Medicare
- ☐ Medicare Advantage
- ☐ Medicaid
- ☐ I don't have health insurance for myself
- ☐ I don't have health insurance for my family

10. Where would you go if you are sick or need a Medical Professional's advice? ***(Check one selection)***

- ☐ Your Doctor's Office
- ☐ The local Health Department
- ☐ Azalea Health (Federally Qualified Health Center)
- ☐ Good Samaritan's Wildflower Clinic
- ☐ A Walk-In Clinic in St. Johns County
- ☐ An Urgent Care Center in St. Johns County
- ☐ Hospital Emergency Room in St. Johns County
- ☐ Hospital Emergency Room outside of the County
- ☐ Tele-medicine or internet (i.e. web md, google)
- ☐ Nowhere. I don't have a place to go when I'm sick
- ☐ Other: _____

11. Where would you go if your children/dependents are sick or need a Medical Professional's advice? ***(Check one selection)***

- ☐ I don't have any children/dependents
- ☐ Their Doctor's Office
- ☐ Azalea Health (Federally Qualified Health Center)
- ☐ Good Samaritan's Wildflower Clinic
- ☐ A Walk-in Clinic in St. Johns County
- ☐ An Urgent Care Center in St. Johns County
- ☐ Hospital Emergency Room in St. Johns County
- ☐ Hospital Emergency Room outside of the County
- ☐ Tele-medicine or internet (i.e. web md, google)
- ☐ Nowhere. We don't have a place to go when we're sick.
- ☐ Other: _____

12. Do you believe that where you live, learn, work and play affects your overall health?

- ☐ I strongly agree
- ☐ I agree
- ☐ I neither agree or disagree
- ☐ I disagree
- ☐ I strongly disagree

13. Name of city/town where you live: _____ **Zip Code:** _____

14. Do you own or rent your home?

☐ Own ☐ Rent ☐ Homeless ☐ Other arrangements ☐ Prefer not to answer

15. How long have you lived in St. Johns County?

- ☐ Less than 1 year
- ☐ 1 – 5 years
- ☐ 5 – 10 years
- ☐ 10 – 20 years
- ☐ 20 – 30 years
- ☐ 30 – 40 years
- ☐ All my life

16. Age: ☐ Under 18 ☐ 18 – 25 ☐ 26 – 39 ☐ 40 – 54 ☐ 55 – 64 ☐ 65 – 74 ☐ 75+

17. Gender: ☐ Female ☐ Male

18. Marital Status: ☐ Single never married ☐ Married/Domestic Partnership ☐ Separated ☐ Divorced ☐ Widowed

19. Race/Ethnicity: ***Which group do you most identify with? (Check one selection)***

- ☐ Black/African American
- ☐ White/Caucasian
- ☐ Hispanic
- ☐ Asian/Pacific Islander
- ☐ Native American
- ☐ Other - Please describe: _____

20. Education: ***Please check the highest level completed: (Check one selection)***

- ☐ Elementary/Middle School
- ☐ Some College
- ☐ Trade/Technical/Vocational Training
- ☐ Associate/Bachelor's Degree
- ☐ High School Diploma or GED
- ☐ Graduate/Advanced Degree

21. Employment Status: ***(Check one selection)***

- ☐ Employed Full-Time
- ☐ Retired
- ☐ Employed Part-Time
- ☐ Homemaker
- ☐ Unemployed
- ☐ Student
- ☐ Self-Employed
- ☐ Other: _____

22. Household Income: ***(Check one selection)***

- ☐ Less than $10,000
- ☐ $10,000 - $19,999
- ☐ $20,000 - $29,000
- ☐ $30,000 - $49,999
- ☐ $50,000 - $74,999
- ☐ $75,000 – $99,999
- ☐ $100,000 or more
- ☐ Prefer not to answer

THANK YOU FOR TAKING THE TIME TO COMPLETE THIS SURVEY.
YOUR FEEDBACK WILL HELP MAKE ST. JOHNS COUNTY A BETTER PLACE TO LIVE!

MAPP Process Meetings & Activities		
MAPP Phase	**Meeting**	**Attendance**
MAPP Phase 1: *Organizing for Success*	June 15th 2016	HLC General Body
	August 17th 2016	HLC General Body
	September 28th 2016	HLC General Body
MAPP Phase 2: *Visioning*	November 16th 2016	Meeting with John Eaton from Flagler Hospital
	November 16th 2016	HLC General Body
	December 9th 2016	MAPP Steering Committee
	January 18th 2017	Subcommittee
	January 18th 2017	MAPP Steering Committee
	February 10th 2017	MAPP Steering Committee
MAPP Phase 3: *Forces of Change*	February 15th 2017	HLC General Body
	February 24th 2017	MAPP Steering Committee
	February 28th 2017	Subcommittee
MAPP Phase 3: *Local Public Health System Assessment*	March 1st 2017	MAPP Steering Committee
	March 7th 2017	MAPP Steering Committee
	March 8th 2017	HLC General Body
MAPP Phase 3: *Community Themes & Strengths*	April 7th 2017	MAPP Steering Committee
	April 14th 2017	MAPP Steering Committee
	April 19th 2017	HLC General Body
MAPP Phase 3: *Community Health Status*	April 24th 2017	MAPP Steering Committee
MAPP Phase 3: *Community Themes & Strengths*	May 5th2017	Webinar
	May 17th 2017	MAPP Steering Committee
	May 17th 2017	HLC General Body
	May 18th 2017	Pilot Focus Group
	May 19th 2017	First Focus Group: Hastings
	May 24th 2017	Focus Group: Nocatee
	May 25th 2017	Focus Group: Wildflower Clinic
All Phases	May 26th 2017	MAPP Steering Committee (working lunch)
MAPP Phase 3: *Community Themes & Strengths*	June 5th 2017	Focus Group: Flagler Hospital
	June 8th 2017	Focus Group: EPIC
	June 21st 2017	HLC General Body
	July 24th 2017	Meeting with Dr. Mary McCarthy from HHSAC
	July 26th 2017	Logistics Meeting
	August 11th 2017	MAPP Steering Committee
	August 16th 2017	HLC General Body
	August 29th 2017	MAPP Steering Committee (working lunch)
All Phases	October 5th 2017	MAPP Steering Committee
	October 25th 2017	Meeting with John Eaton from Flagler Hospital
MAPP Phase 3: *Community Themes & Strengths*	November 1st 2017	MAPP Steering Committee
	November 1st 2017	Meeting with High School student volunteer
	November 7th 2017	Meeting with High School student volunteer
	November 15th 2017	Meeting with Shawna Novak from Health and Human Services
	November 15th 2017	HLC General Body
All Phases	November 28th 2017	MAPP Steering Committee

Partnership Meeting	November 29th	Meeting with Schuyler Siefker from SAYS
MAPP Phase 3: *Community Themes & Strengths*	December 6th 2017	Meeting with Lynnette Horwath from PACT
MAPP Phase 3*: Community Health Status*	December 14th 2017	Meeting with St. Augustine Youth Services
	January 4th 2018	Meeting with Graduate Student of University of North Carolina Allie George
	January 16th 2018	MAPP Steering Committee
	January 17th 2018	Meeting with Graduate Student of University of North Carolina Allie George
	January 19th 2018	Meeting with Graduate Student of University of North Carolina Allie George
	January 25th 2018	HLC General Body
All Phases	January 26th 2018	MAPP Steering Committee
MAPP Phase 3: *Community Themes & Strengths*	February 1st 2018	Meeting with Brandon Colee from EPIC
MAPP Phase 3: *Community Health Status*	February 7th 2018	Meeting with Graduate Student of University of North Carolina Allie George
MAPP Phase 4: *Identify Strategic Issues* **&** **MAPP Phase 5:** *Formulate Goals & Strategies*	February 12th 2018	Meeting with Brandon Colee from EPIC
	February 12th 2018	Meeting with John Eaton from Flagler Hospital
	February 13th 2018	Meeting with Schuyler Siefker from SAYS
	February 13th 2018	Meeting with Sandra Jackson from SMA
	February 19th 2018	Meeting with Mary Ann Steinberg from Tobacco Free Florida
	February 21st 2018	HLC Webinar
	February 26th 2018	Meeting with Shawna Novak from Health and Human Services
	February 26th 2018	Meeting with Sandra Jackson from SMA
All Phases	February 27th 2018	MAPP Steering Committee
MAPP Phase 3: *Community Health Status*	February 27th 2018	Meeting with Graduate Student of University of North Carolina Allie George
MAPP Phase 4: *Identify Strategic Issues* *&* **MAPP Phase 5:** *Formulate Goals & Strategies*	February 27th 2018	Meeting with Pat O'Connell from COA
	February 27th 2018	Meeting with Kelly Franklin from the Betty Griffin House
All Phases	February 28th 2018	MAPP Steering Committee
MAPP Phase 3: *Community Health Status*	March 9th 2018	Publication review with Donna Fenech from SJC School District/Headstart
All Phases	March 9th 2018	MAPP Steering Committee
MAPP Phase 3: *Community Health Status*	March 15th 2018	Third Thursday All Staff Training
	March 20th 2018	Meeting with Mary Ann Steinberg and Heather Sciartelli from Tobacco Free Florida
MAPP Phase 4: *Identify Strategic Issues* **&** **MAPP Phase 5:** *Formulate Goals & Strategies*	March 21st 2018	Meeting with Joseph Gordy, Shawna Novak and Joy Andrews
	March 23rd 2018	Meeting with Dr. Kasey Ivey and Cyndy Dailey from Wildflower Clinic
	April 3rd 2018	Meeting with John Eaton from Flagler Hospital

Community Health Improvement: It Takes a Village!

St. Johns County Health Leadership Council

Dr. Rudy Xue	Anastasia Mosquito Control District- SJC
Ms. Kay Gaines	Anastasia Mosquito Control District- SJC
Ms. Molly Clark	Anastasia Mosquito Control District- SJC
Ms. Melissa Roberts	Azalea Health
Ms. Kelly Franklin	Betty Griffin Center
Mr. Shawn Naugle	Children's Home Society of Florida
Ms. Ashley Smith Juarez	Clinton Health Matters Initiative
Ms. Kate Ray	Community Hospice and Palliative Care
Mr. Jerry Cameron	Community Management & Consulting
Ms. Patti Greenough	EPIC Behavioral Healthcare
Mr. Brandon Colee	EPIC Behavioral Healthcare
Mr. Joseph Gordy	Flagler Hospital
Mr. Jason Barrett	Flagler Hospital
Ms. Gina Mangus	Flagler Hospital
Mr. John Eaton	Flagler Hospital
Mr. Francesco Manfredi	Flagler Hospital
CPT. Nathan Dinger	Florida Army Reserve National Guard
LTC. Cory Oswald	Florida Army Reserve National Guard
Dr. Dawn Allicock	Florida Department of Health in St. Johns County
Ms. Paige Hartwell	Florida Department of Health in St. Johns County
Ms. Elaine Mathews	Florida Department of Health in St. Johns County
Ms. Noreen Nickola-Williams	Florida Department of Health in St. Johns County
Ms. Joanna Nelson	Florida Department of Health in St. Johns County
Mr. David Klater	Florida Department of Health in St. Johns County
Ms. Anamaria Penagos	Florida Department of Health in St. Johns County
Ms. Jenn Corrado	Florida Department of Health in St. Johns County
Ms. Morgan Smith	Florida Department of Health in St. Johns County
Ms. Susan Grich	Health Planning Council of Northeast Florida
Ms. Flora Davis	Health Planning Council/SJRR Health Network
Rev. Ronald Stafford	New Mt. Moriah Christian Ministry/Wildflower Clinic
Ms. Faye Johnson	Northeast Florida Healthy Start Coalition
Ms. Lisa Read	Northeast Florida Healthy Start Coalition
Ms. Bridget Heenan	PACT Prevention Coalition of St. Johns County
Ms. Lynette Horwath	PACT Prevention Coalition of St. Johns County
Ms. Shawna Novak	St Johns County Health and Human Services
Mr. Ed Martinez	St. Augustine Beach Police Department
Ms. Schuyler Siefker	St. Augustine Youth Services
Mr. Michael Wanchick	St. Johns County Administration
Ms. Joy Andrews	St. Johns County Administration
Commissioner Jay Morris	St. Johns County Board of County Commissioners
Commissioner Jeb Smith	St. Johns County Board of County Commissioners
Ms. Becky Yanni	St. Johns County Council on Aging
Ms. Pat O'Connell	St. Johns County Council on Aging
Ms. Kelly Wilson	St. Johns County Emergency Management
Mr. Tim Connor	St. Johns County Emergency Management
Dr. Mike Jenkins	SJC Health Human Services Advisory Council
Dr. Marc Sokolay	St. Johns County Medical Society
Mr. Kyle Dresback	St. Johns County School District
Ms. Melissa Petty	St. Johns County School District
Ms. Cathy Mittelstadt	St. Johns County School District
Ms. Donna Fenech	SJCSD Head Start Program/Early Childhood Services
Lt. Robert Stewart	St. Johns County Sheriff's Office
Officer Toby Erwin	St. Johns County Sheriff's Office
Dr. Holly Coulliette	St. Johns River State College
Dr. Christina Will	St. Johns River State College
Ms. Virginia Hall	St. Vincent's Mobile Health Outreach Ministry
Ms. Sandra Jackson	Stewart-Marchman-Act Behavioral Healthcare
Mr. Ivan Cosimi	Stewart-Marchman-Act Behavioral Healthcare
Ms. Angela Pierce	Stewart-Marchman-Act Behavioral Healthcare
Ms. Shandra Koler	The Sontag Foundation
Ms. Mary Ann Steinberg	Tobacco Free St. Johns
Dr. Kasey Ivey	Wildflower Clinic/Good Samaritan Health Centers
Ms. Katrina Denny	Wildflower Clinic/Good Samaritan Health Centers
Mrs. Lynn Baker	Wildflower Clinic/Good Samaritan Health Centers
Ms. Cindi Boyd	Wildflower Clinic/Good Samaritan Health Centers
Ms. Marian Patrick	Wildflower Clinic/Good Samaritan Health Centers
Ms. Lisa Peacock	YMCA of Florida's First Coast
Mr. Richard Zicht	Past Healthy Families –SJC / Children's Home Society
Dr. Mary McCarthy	Past Health & Human Services Advisory Council

Host Sites for Focus Groups

Florida Department of Health in St. Johns County
St. Johns County Council on Aging – Hastings Center
PACT Prevention Coalition in St. Johns County at Nocatee Coastal Oaks Clubhouse
Geneva Presbyterian Church
Wildflower Clinic/Good Samaritan Health Centers
Flagler Hospital
EPIC Behavioral Healthcare Recovery Center
St. Augustine Beach, FL

Survey Distribution & Box Locations

Anastasia Mosquito Control District
Anastasia Fitness
Betty Griffin House Thrift Shoppe
Children's Home Society of Florida
Council on Aging – *Coastal Community Center, Hastings Center, River House, The Players Community Center in Ponte Vedra, and the Trout Creek Center*
EPIC Behavioral Healthcare
Flagler Hospital – *Imaging Center, Lobby, Outpatient Surgery, and Volunteer Services*
Florida Department of Health in St. Johns County – *Clinic, Dental Practice, Vital Statistics, WIC Service Center, and PH Field Services (Environmental Health, Healthy Start, and Disease Control / Epidemiology)*
Julington Creek Golf Club
Julington Creek Plantation Recreation Center
Nocatee Fitness Center
Palencia Fitness and Swim Centers
St. Johns County Health and Human Services
St. Johns County Public Library – *Anastasia Island Branch, Bartram Trail Branch, Hasting Branch, Main Branch, Ponte Vedra Beach Branch, Southeast Branch, and Bookmobile*
St. Johns County School District
St. Johns County School District: *Early Childhood Services/ Head Start Health/ VPK*
St. Johns County Tax Collector – *Julington Creek Office, Dupont Center Office, Main Office, and Ponte Vedra Office*
St. Johns County Veterans Services
St. Johns Golf Club
St. Johns River State College – Health Sciences Building and Library
Stewart-Marchman-Act Behavioral Healthcare - St. Johns Outpatient Care Clinic
The UPS Store - World Golf Village
Wildflower Clinic – Good Samaritan Health Center

Community Support: Focus Group Support, Survey Distribution, and/or Subject-Matter Review

Ms. Alexandra George	**Mr. Brandon Tirado**
Mr. Brian Law	**Ms. Brittany Moore**
Ms. Brooke McNeil	**Ms. Cara Seifart**
Ms. Carrie Spann-Caride	**Ms. Carol Bolich**
Ms. Cherita Jones	**Ms. Christie Mathews**
Mr. David Skinner	**Ms. Debi Slattery**
Dr. Concepcion Robledo	**Dr. Eric Milstrey**
Ms. Felicia Palermo	**Ms. Gail Koller**
Ms. Gayle Webb	**Ms. Gloryve Padilla**
Ms. Heather Sciartelli	**Ms. Julie Inlavongsa**
Ms. Jaime Sorkness	**Ms. Jenn Ruble**
Ms. Jill Agnew	**Ms. John Miller**
Ms. Nancy Fulmer	**Ms. Nancy Greir**
Ms. Natasha Khan	**Ms. Judy Anderson**
Ms. Karen Buller	**Ms. Karen Watts**
Ms. Kate Ray	**Ms. Kristine Solms**
Ms. LaTerica Thomas	**Ms. Laurie Boswell**
Mr. Lenny Malinis	**Ms. Leslie Snyder**
Mr. Marc Ernst	**Ms. Mary Elkins**
Ms. Mary Ann Kidd	**Ms. Mary Ann Steinberg**
Ms. Megan Hackleman	**Ms. Michelle Mackie**
Ms. Renae Knight	**Mr. Robert Veneman**
Ms. Sara Perez	**Ms. Stella Villanueva**
Ms. Suzette Bommersbach	**Ms. Tammy Phillips**
Ms. Tracy Montoya	**Ms. Wilda Curly**

St. Johns County Health Leadership Council

Anastasia Mosquito Control District- SJC
Azalea Health
Betty Griffin Center
Children's Home Society of Florida
Clinton Health Matters Initiative
Community Hospice and Palliative Care
Community Management & Consulting
EPIC Behavioral Healthcare
Flagler Hospital
Florida Army Reserve National Guard
Florida Department of Health in St. Johns County
Good Samaritan Health Centers/Wildflower Clinic
Health Planning Council of Northeast Florida
St Johns River Rural Health Network
New Mt. Moriah Christian Ministry
Northeast Florida Healthy Start Coalition
PACT Prevention Coalition of St. Johns County
St. Johns County Health and Human Services
St. Augustine Beach Police Department
St. Augustine Youth Services
St. Johns County Administration
St. Johns County Board of County Commissioners
St. Johns County Council on Aging
St. Johns County Emergency Management
SJC Health and Human Services Advisory Council
St. Johns County Medical Society
St. Johns County School District
SJC Head Start Program/Early Childhood Services
St. Johns County Sheriff's Office
St. Johns River State College
St. Vincent's Mobile Health Outreach Ministry
Stewart – Marchman - Act Behavioral Healthcare
The Sontag Foundation
Tobacco Free St. Johns
YMCA of Florida's First Coast

Public Health
Prevent. Promote. Protect.

For further information please visit:
http://StJohns.FloridaHealth.Gov

Florida Department of Health in St. Johns County