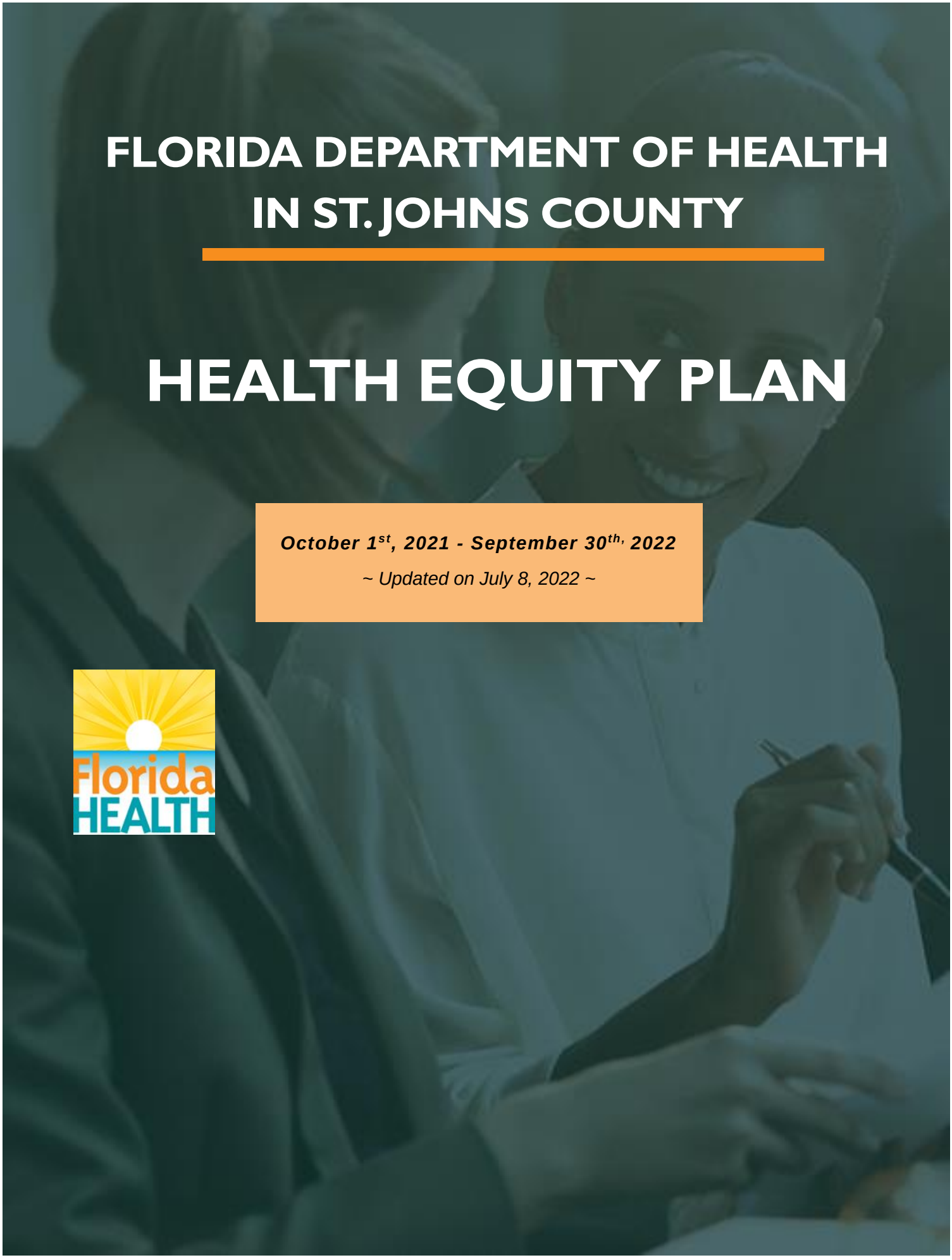

FLORIDA DEPARTMENT OF HEALTH IN ST. JOHNS COUNTY

HEALTH EQUITY PLAN

October 1st, 2021 - September 30th, 2022

~ Updated on July 8, 2022 ~

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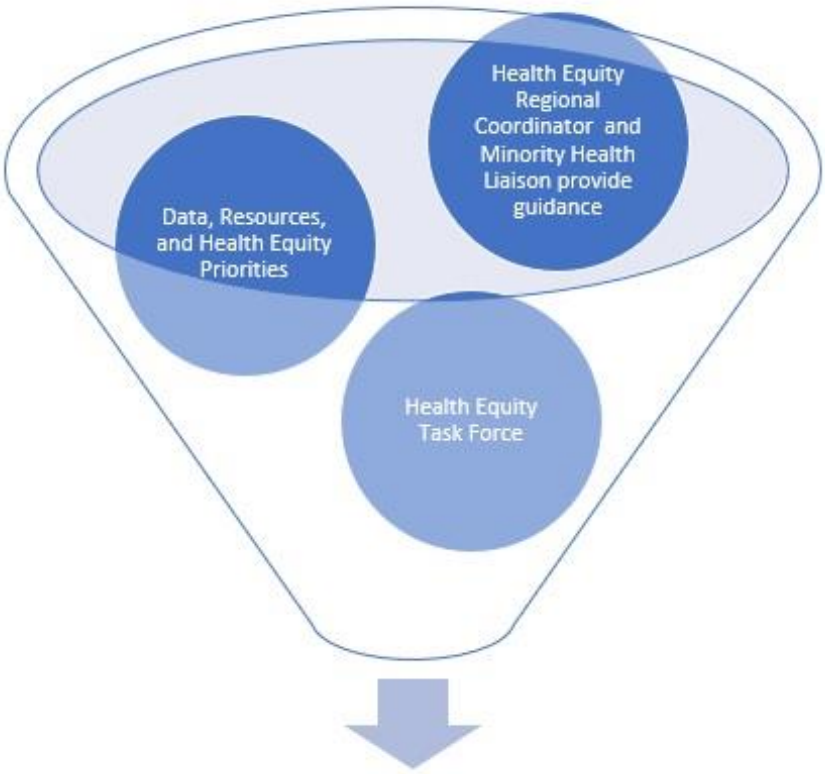
I. VISION



St. Johns County Health Leadership Council's

Health Equity 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, working toward equity for all communities!

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

Values: *Accountability, Compassion, Collaboration, Equity, Service, and Sustained Excellence!*

II. PURPOSE OF THE HEALTH EQUITY PLAN

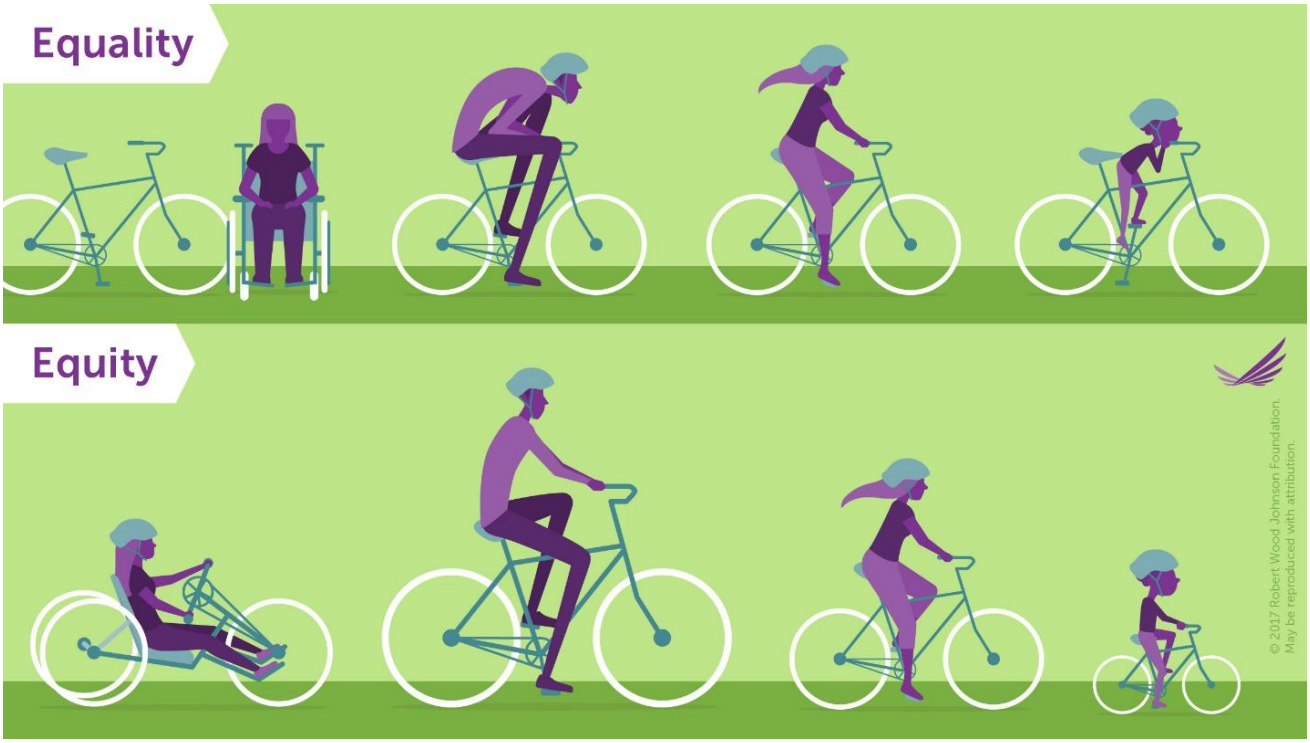
Health Equity is achieved when everyone can attain optimal health!

The Florida Department of Health's Office of Minority Health and Health Equity (OMHHE) works with government agencies and community organizations to address the barriers inhibiting populations from reaching optimal health. A focus on health equity means recognizing and eliminating the systemic barriers that have produced disparities in achieving wellness. In response to Chapter 2021-1700 of the Florida Statute, effective July 1, 2021, each county health department (CHD) has been provided resources to create a Health Equity Plan to address health disparities in their communities.

The Health Equity Plan should guide counties in their efforts to create and improve systems and opportunities to achieve optimal health for all residents, especially vulnerable populations. County organizations have a critical role in addressing the social determinants of health (SDOHs) by fostering multi-sector and multi-level partnerships, conducting surveillance, and integrating data from multiple sources, and leading approaches to develop upstream policies and solutions. This plan acknowledges that collaborative initiatives to address the SDOHs are the most effective at reducing health disparities.

The purpose of the Health Equity Plan is to increase health equity within Saint Johns County. To develop this plan, Saint Johns County Health Department will continue to follow the Florida Department of Health's approach of multi-sector engagement to analyze data and resources, coordinate existing efforts, and establish collaborative initiatives. As a community-driven plan, the intent is to address key SDOH indicators affecting health disparities within all communities of St. Johns County, FL. This Health Equity Plan is not intended to be a County Health Department plan; it is a county-wide Health Equity Plan through which the Health Equity Taskforce, including a variety of government, non-profit, and other community organizations, align to address the SDOH impact health and well-being in the county.

III. DEFINITIONS



- **Health equity** is achieved when everyone can attain optimal health
- **Health inequities** are systematic differences in the opportunities groups have to achieve optimal health, leading to avoidable differences in health outcomes.
- **Health disparities** are the quantifiable differences, when comparing two groups, on a particular measure of health. Health disparities are typically reported as rate, proportion, mean, or some other measure.
- **Equality** each individual or group of people is given the same resources or opportunities.
- **Social determinants of health** are the conditions in which people are born, grow, learn, work, live, worship, and age that influence the health of people and communities.

IV. PARTICIPATION

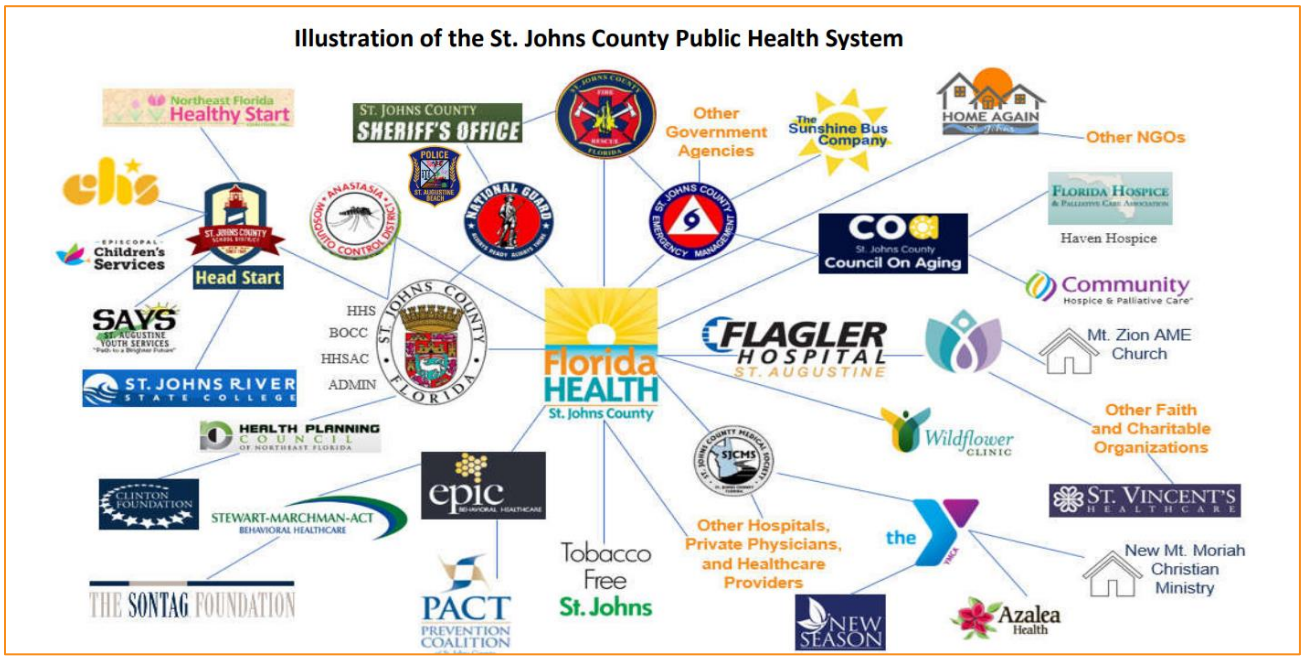
Cross-sector collaborations and partnerships are essential components of improving health and well-being. Cross-sector collaboration uncovers the impact of education, health care access and quality, economic stability, social and community context, neighborhood and built environment and other factors influencing the well-being of populations. Cross-sector partners provide the range of expertise necessary to develop and implement the Health Equity Plan.

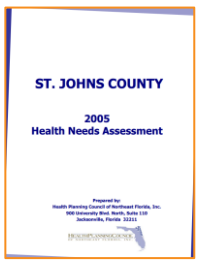
The Florida Department of Health in St. Johns County (DOH-St. Johns), in partnership with Flagler Health+ (formerly known as Flagler Hospital), champions the ***St. Johns County Health Leadership Council***, the collaborative of executive level decision-makers and boots-on-the-ground members from agencies and organizations that make up the local public health system.

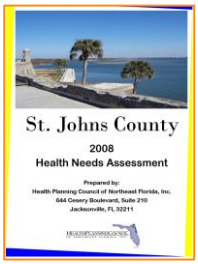
Originating as a taskforce in 2005, the Council oversaw the County's first Community Health Assessment. The Council was chartered in 2008 and has since expanded to 25+ members. Dedicated to improving health outcomes in St. Johns County, FL, the Council has completed a Community Health Assessment approximately every three to five years *(2005, 2008, 2011, 2014, 2017, 2020).*

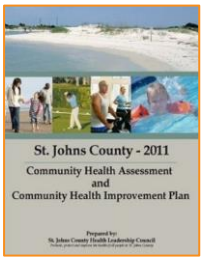
Since 2011, Health Equity and the Social Determinants of Health continue to be a defined focus of the St. Johns County Health Leadership Council. As part of comprehensive community health assessment and community health improvement planning, the Council utilizes a nationally recognized, evidence-based, strategic planning process known as **"*Mobilizing for Action through Planning and Partnerships*"** which is a systematic, six phase process which includes convening, visioning, and planning with a focus on current and future health status, forces of change, community themes and assets, the local public health system, and most importantly, and the community!

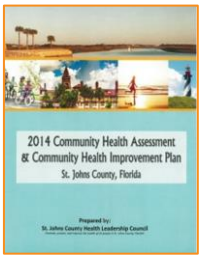
St. Johns County Health Leadership Council

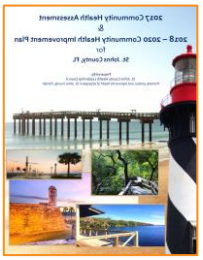


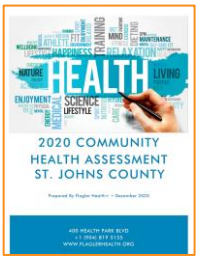












A. Minority Health Liaison

The Minority Health Liaison supports the Office of Minority Health and Health Equity in advancing health equity and improving health outcomes of racial and ethnic minorities and other vulnerable populations through partnership engagement, health equity planning, and implementation of health equity projects to improve social determinants of health. The Minority Health Liaison facilitates health equity discussions, initiatives, and collaborations related to elevating the shared efforts of the county.

Minority Health Liaison: *Noreen Nickola-Williams*
Director, Office of Public Health Practice & Policy

Backup: *Vacant*

B. Health Equity Team

The Health Equity Team includes individuals that each represent a different program within the CHD. The Health Equity Team explores opportunities to improve health equity efforts within the county health department. Members of the Health Equity Team will assess the current understanding of health equity within their program and strategize ways to improve it. The Health Equity Team will also relay information and data concerning key health disparities and SDOH in Saint Johns County to the Health Equity Taskforce. The Minority Health Liaison guides these discussions and the implementation of initiatives.

Florida Department of Health in Saint Johns County provides the following programs and services to the growing Saint Johns County population: **Vital Statistics** (*Birth and Death Certificates*); **Disease Control & Health Protection** (*Epidemiology, Surveillance, Disease Investigations and Contact tracing, etc.);* **Public Health Nutrition** for Women, Infants and Children (*WIC*); **Clinical Services of Public Health Significance** *(Vaccine for Children, STDs, Family Planning, Tuberculosis Treatment & Case Management, HIV PrEP and Test & Treat, HIV Chronic Disease Specialty Care, etc.);* **Ryan White Program** *(Medical case management, care coordination, etc.)***; Community Health Improvement Planning** (*Community Health Assessment, Academic Linkages, Outreach, etc.*); **Environmental Health** *(including but not limited to Sanitary Nuisance Investigations, Permitting and Health & Safety Compliance of entities including Tanning, Migrant Labor Camps, Community / Commercial Swimming Pools, Mobile Home Parks, Institutional Food Hygiene, Limited-use Drinking Water Systems, Septic Systems, and Healthy Beaches, etc.)* and **Public Health Preparedness and Response** *(emergency operations planning, training, special needs sheltering, etc.).*

Based on county population size of 297,200 (*per US Census Bureau Population Estimates*), Florida Department of Health in Saint Johns County is designated as a “large” county. As of July 7, 2022, Florida Department of Health in Saint Johns County has 50 filled positions and has vacancies for 18 career service positions.

Given the impact of the COVID-19 pandemic on CHD operations *(i.e. absentee management, bringing up in-person CHD services, re-engaging partners post-public health response activities, ongoing recruitment efforts, etc.)*, membership of the local Health Equity Team is updated to leverage expertise of DOH-St. Johns' Performance Management & Quality Improvement Council (PMQIC) as noted in the following table:

Name	Title	Program
Mike Napier	Interim CHD Administrator	CHD – Senior Leadership Team, PMQIC
Paige Hartwell	Assistant CHD Director	CHD – Senior Leadership Team, PMQIC
Noreen Nickola-Williams	Director, Office of Public Health Practice & Policy / PIO	CHD – Senior Leadership Team, PMQIC
Joanna Nelson	Director, Epidemiology, Disease Control & Health Protection	CHD – Senior Leadership Team, PMQIC
Jacob Quigley	CHD Business Manager / Chief Deputy Registrar	CHD – Senior Leadership Team, PMQIC
Karen Watts	Executive Director of Community Health Nursing	CHD – Senior Leadership Team, PMQIC
Gayle Webb	Executive Assistant to the CHD Director	CHD – Administration, PMQIC
Dave Klater	Training & Research Consultant	CHD – OPS
David Crum	IT Systems Administrator / Logistics Team Lead	CHD – Office of Public Health Practice & Policy, PMQIC
Julie Inlavongsa	W.I.C. Program Manager	CHD – WIC Public Health Nutrition, PMQIC
Renae Knight	H.I.M. Supervisor	CHD – Clinical Operations, PMQIC
Ric Mathis	EH Administrator	CHD - Environmental Health, PMQIC
Christie Mathews	Ryan White Program Manager	CHD – HIV Program, PMQIC
Tammy Phillips	Public Health Services Manager	CHD – Personnel Liaison
Mary Boutte	Agency Resilience Coordinator	CHD – Public Health Preparedness & Response, PMQIC
John Dwares	Government Operations Consultant	CHD – Office of Public Health Practice & Policy
Kristian Emamdie	Government Operations Consultant	CHD – Office of Public Health Practice & Policy
Anna McDaniel	Government Operations Consultant	CHD – Office of Public Health Practice & Policy

As listed below, the Health Equity Team met or plans to meet to continue the CHD's work toward addressing Health Equity.

Date	Topic/Purpose
10/26/2021	PMQIC Team Meeting Regarding All-Staff Health Equity Training
11/17/2021	Team review/update of Saint Johns County Vulnerable Populations profiles (2018, 2019, 2020) and the "Access and Functional Needs for Saint Johns County".
3/10/2022	Meeting with Regional Health Coordinator. Debriefing to CHD Leadership.
3/21/2022	OPHP Team completes selection of Health Disparity – Impact of Pandemic on Healthy Weight (*includes Food Access and Health Behaviors*) on Vulnerable Populations of Saint Johns County.
3/24/2022	Site visit by Regional Minority Health Coordinator. Debriefing to CHD Leadership.
3/28/2022	OPHP Team to review of community outreach opportunities to support and engage partner agencies on topics of Minority Health & Health Equity, Healthiest Weight FL, and FL Health Babies.
3/28/2022	Team meeting, review and selection of health promotions topics and engagement tools to support Minority Health & Health Equity for Community Event (BRAVE).
3/30/2022	DOH-St. Johns OPHP Team provided direct support and engagement to Flagler Health + Care Connect with the high school students (9th to 12th grade) of St. Johns County and surrounding counties on the topics of Health Equity, Mental Health, and Health Literacy via the BRAVE Summit (*Be Resilient And Voice Emotions*). Students were engaged through conversation and interactive games sharing their thoughts on Health Equity and What makes a Community Healthy; enticed by potential prizes offered to winners of the National Institute for Health's Essay Contest for Mental Health for Teens; and equipped with notebooks, informational sheets on the benefits of journaling (from the local University of St. Augustine) and the DOH "60-day Health Challenge".
4/11/2022	In support of national Minority Health Month, CHD promoted 4-part webinar series launched by sister CHD, DOH-Nassau and regional partner agency, Baptist Health, focused on Minority Health and critical community conversations.
4/12 - 4/13/2022	Minority Health Liaison Onboarding Training.
4/13/2022	Debriefing to CHD Leadership.
4/13/2022	DOH-St. Johns participated in the Continuum of Care, the local community collaborative focused on the homeless population of Saint Johns County.
4/18/2022	DOH pa Community Connector – Path 4 Hope (Initiative from Volusia County)
4/20/2022	DOH-St. Johns OPHP Team provided direct support to Flagler Health+ and local food bank with tools (CHD recyclable bags) and health education on CHD Services, Health Equity, Hurricane Season Emergency Preparedness resources list.
4/20/2022	Team meeting, review and selection of health promotions topics and engagement tools to support Minority Health & Health Equity for Community Event (Kids Ocean Day and Earth Day).

4/27/2022	OPHP Team members met to participate in and leverage learning via *"Building Health Literate Interprofessional Teams", Health Literacy ECHO series.*
5/11/2022	OPHP Team members met to participate in and leverage learning via *"Building Health Literacy Into Your Community Programs", Health Literacy ECHO series.*
5/12/2022	CHD meet and greet with DOH Mental Health Coordinator
5/18/2022	Core Team met to complete and submit the CHD Response to County Capacity Assessment Survey for Cardiovascvular Disease and Stroke Prevention and Control.
5/24/2022	PMQIC Team Meeting – Initiated a review of current/prospective community partnerships for the purpose of CHD collaboratives, CHIP planning, CHD patient referrals, and for statewide initiatives including health equity and minority health, healthiest weight Florida, and Florida Healthy Babies.
5/25/2022	Core Outreach Team met to participate in and leverage learning via *"Health Literate LGBTQ+ Care", Health Literacy ECHO series.*
6/8/2022	Core Outreach Team met to participate in and leverage learning via *"Communicating with Deaf and Hard-of-Hearing Persons", Health Literacy ECHO series.*
6/22/2022	Core Outreach Team met to participate in and leverage learning via *"Communicating with Deaf and Hard-of-Hearing Persons", Health Literacy ECHO series.*
6/26/2022	Team DOH-St. Johns supported and participated in PRIDE events in Saint Augustine, Fl.

C. Health Equity Taskforce

The Florida Department of Health in St. Johns County (DOH-St. Johns), in partnership with Flagler Health+ (formerly known as Flagler Hospital), champions the ***St. Johns County Health Leadership Council***, the collaborative of executive level decision-makers and boots-on-the-ground members from agencies and organizations that make up the local public health system.

A sub-group of the St. Johns County Health Leadership Council, the Health Equity Taskforce includes CHD staff and representatives from various organizations that provide services to address various SDOH. Members of this Taskforce bring their experiences, knowledge, and expertise regarding community needs, strengths, assets, challenges, barriers and the SDOH. Collaboration within this group aims to address upstream factors to achieve health equity. The Health Equity Taskforce will review updates to the Saint Johns County Health Equity Plan and, as appropriate, assist with the design and implementation of projects.

While reoccurring meetings were placed on hold during the COVID-19 pandemic, the Taskforce will be re-establishing a regular schedule for the next plan cycle. As part of ongoing CHD operations and Community Health Improvement Planning, there is ongoing communication with members of the Health Equity Taskforce listed in table below.

Name	Title	Organization	Social Determinant of Health
Pattie Greenough	Director	Epic Behavioral Healthcare Services	Mental Health, Substance Abuse
Sandi Jackson	Director	Stewart Marchman Behavioral Health Services	Mental Health, Substance Abuse
Shawna Novak	Director	St. Johns Co. Health & Human Services	All, Social Support, Housing
Becky Yanni	CEO	Council on Aging	Social Isolation, Transportation
Kelly Franklin	CEO	Betty Griffin Center	Domestic Violence, Mental Health, Housing
Schuyler Siefker	Director	St. Augustine Youth Services	Social Support, Housing / Foster Care
MaryAnn Steinberg	Policy Manager	Tobacco Free Saint Johns	Education, Community Linkages
Prospective Jennifer Harvey	Director, Community Impact	United Way of St. Johns County	Health, Education, and Financial
Prospective Sierra Guy	Healthy Start	Children's Home Society	All, Community Linkages
Prospective Daniela Chiriboga	Medical Doctor	Hope Across the Globe	Healthcare Access and Quality
Prospective Susan Grich	CEO	Health Planning Council of Northeast Florida, Inc.	All, Community Linkages
Incoming Paige Stanton	Executive Director	Care Connect +	All, Community Linkages
Prospective Donna Soncrant	Career Program	First Coast Technical College, Health Sciences	Education
Prospective Malea Guiriba	Founder & Director	Pie in the Sky	Elder Hunger, Social Isolation

The Health Equity Taskforce members connected on the dates below as part of the ongoing health equity planning process. As the Health Equity Plan implementation continues, the Health Equity Taskforce will review and update the Team Charter and set a frequency for meeting and tracking of progress (i.e., quarterly, semi-annually, etc.).

Date	Organizations	Topic/Purpose
3/28/22	Flagler Health+'s Care Connect	Minority Health and Health Equity, Minority Health Month, Community-level Health Promotions, CHA/CHIP
4/27/22	Epic Behavioral Healthcare / Behavioral Health Consortium	Updates, Community Health Improvement including Health Equity Taskforce
5/17/22	Flagler Health+'s Care Connect	Community Health Improvement, Minority Health, and Health Equity
6/24/22	Flagler Hospital, Care Connect+	Interim CHD Administrator "Meet & Greet" with the new CEO of Flagler Hospital; Community Health Improvement Planning

		initiatives (Minority health & Health Equity); BAA; and Care Connect+ Partner Agency referral.
7/7/22 and 7/22/22	Flagler Hospital, Care Connect+	Planning meeting with CHD to review Minority Health & Health Equity Plan, Scope of Work, and Capacity.
8/4/22	Health Planning Council of Northeast Florida	Planning meeting with CHD to discuss Minority Health & Health Equity initiatives and partnership.

D. Coalition

The Coalition will discuss strategies to improve the health of the community. The strategies will be focused on the social determinants of health: education access and quality, health care access and quality, economic stability, social and community context, and neighborhood and built environment. Membership may include community leaders working to address each SDOH, as well as any relevant sub-SDOHs. The Coalition will assist the Health Equity Taskforce by reviewing their Health Equity Plan for feasibility.

E. Regional Health Equity Coordinators

There are eight Regional Health Equity Coordinators. These coordinators provide the Minority Health Liaison, Health Equity Team, and Health Equity Taskforce with technical assistance, training, and project coordination.

Name	Region	Expertise
Carrie Rickman	Emerald Coast	Nursing
Quincy Wimberly	Capitol	Inclusive Strategies in Public Health and Technical Assistance
Diane Padilla	North Central	Non-Profit Engagement
Ida Wright	Northeast	Community Engagement, Project Management
Rafik Brooks	West	Health Care Leadership
Lesli Ahonkhai	Central	Faith-Based Engagement, Public Health Leadership, and PH Workforce Capacity Building and Mentoring
Natasha McCoy (interim)	Southeast	Public Health Practice, Grant writing, and Partnerships
Frank Diaz-Gines	Southwest	Health Insurance

F. Health Equity Assessments

To improve health outcomes in Florida, it is critical to assess the knowledge, skills, organizational practices, and infrastructure necessary to health inequities. Health equity assessments are needed to achieve the following:

- Establish a baseline measure of capacity, skills, and areas for improvement to support health equity-focused activities
- Meet Public Health Administration Board (PHAB) Standards and Measures 11.1.4A which states, "The health department must provide an assessment of cultural and linguistic competence."
- Provide ongoing measures to assess progress towards identified goals developed to address health inequities
- Guide CHD strategic, health improvement, and workforce development planning
- Support training to advance health equity as a workforce and organizational practice

Florida Department of Health in Saint Johns County will various health equity-related assessments to examine the capacity and knowledge of DOH-St. Johns County staff and county partners to address social determinants of health. Below is information on actual and planned assessments.

Date	Assessment Name	Who and/or What Assessed
11/3/21	Local public health system assessment	St. Johns County Local Public Health System
12/3/22	Community Prioritization Assessment of Services HB 945	Behavioral Health Consortium and the Organizations that comprise the St. Johns County Local Public Health System
5/6/22	2022 County Health Rankings for St. Johns County, FL	Community Health Outcomes
5/17/22	County Capacity Assessment Survey for Cardiovascular Disease and Stroke Prevention and Control	Organizations that comprise the St. Johns County Local Public Health System
5/23/22	Assessment of Social Services Referral Systems	St. Johns County Local Public Health System, Flagler Hospital and United Way
TBD	Comprehensive Health Equity Assessment	St. Johns County Local Public Health System
TBD	Workforce Training Needs Assessment	Florida Department of Health in St. Johns County
TBD	Public Health Workforce Interests and Needs Survey	Florida Department of Health in St. Johns County

G. County Health Equity Training

Assessing the capacity and knowledge of health equity, through the a workforce training needs assessment will help the Minority Health Liaison identify knowledge gaps and create training plans for the Health Equity Taskforce, the Coalition, and other county partners. Below are the dates, SDOH training topics, and organizations who attended training.

Date	Topics	Organization(s) receiving trainings
Annual since 2010	• County Health Rankings, • Health Equity • Social Determinants of Health	All Staff SJC Health Leadership Council
Annual since 2010	• Special Needs Sheltering – Cultural and Linguistic Needs in Emergency Response	All Staff

H. County Health Department Health Equity Training

The Florida Department of Health in St. Johns County (DOH-St. Johns) recognizes that ongoing training in health equity and cultural competency are critical for creating a sustainable health equity focus. At a minimum, all DOH-(County) staff receive the *Cultural Awareness: Introduction to Cultural Competency* and *Addressing Health Equity: A Public Health Essential* training. In addition, the Health Equity Team participates in and/or provides training to staff on health equity and cultural competency. The training is recorded below.

Date	Topics	Number of Staff
All New Employees since 2011	• Health Literacy and Public Health: Introduction • Exploring Cross Cultural Communication • FDOH Health Equity, Social Justice 101	All
4/6/2022	Pathways to Population Health Equity from ASTHO and CDC / "We in the world"	3
4/11/2022	Webinar: *How to implement and understand health literacy*	2

4/15/2022	Webinar: *From SMART to SMARTIE: How to embed inclusion & equity in your goals*	3
4/19/2022	Webinar from National Library of Medicine: Clinical Conversations – Health Literacy	2
4/26/2022	Webinar: Covid-19 Misinformation on Social Media / Misinformation Risk factor during Covid-19 pandemic	4
5/4/2022	Restoring our own through transformation (ROOTT) – Social Determinants of Health/Black families, maternal and infant health	2
5/9/2022	Webinar for GoNapSacc: Whole Child Health	3
5/12/2022	Webinar from ROOTT Learning Academy: Social Diversity – The destabilization of Black Economics	2
5/13/2022	Webinar: Bridging Healthy People 2020 and Healthy People 2030	3
6/3/2022	Webinar: The emerging critical role of school districts in the youth mental health crisis	4
6/14/2022	Webinar: Health Equity Webinar – Why wealth matters to your health	4
6/16/2022	Webinar from ASTHO: Juneteenth - A Journey to Equity	3

I. Minority Health Liaison Training

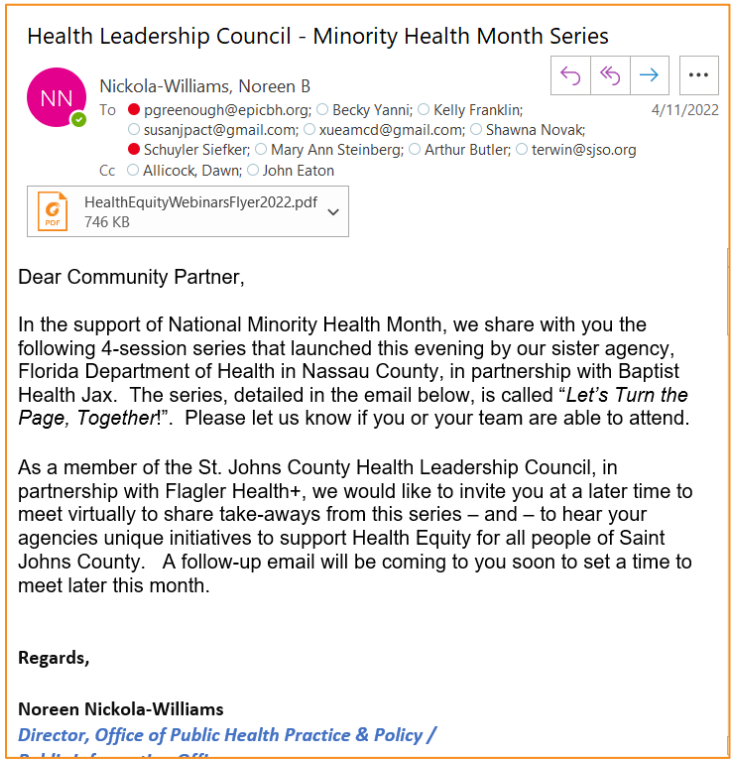
The Office of Minority Health and Health Equity and the Health Equity Regional Coordinator provide training and technical support to the Minority Health Liaison on topics such as: the health equity planning process and goals, facilitation and prioritization techniques, reporting requirements, and taking a systems approach to address health disparities. The Minority Health Liaison training is recorded below.

Date	Topics
April 12-13, 2022	Minority Health Liaison Onboarding Training.

J. National Minority Health Month Promotion

In honor of National Minority Health Month Promotion, Florida Department of Health in Saint Johns County completed the following:

- ***Promotion of Minority Health-related Event of sister-County Health Department and Partner Agency to local Community Partners for Health Equity and Community Health Improvement Planning***
- ***DOH-St. Johns webpage for Health Equity Resources***
- ***DOH-St. Johns Webpage Banner Alert for Minority Health Month & Vaccinations***
- ***Community Table Engagement within Health & Human Services Complex***
- ***Lunch & Learn Webinars***
- ***Promotion of Minority Health-related Event***



Health Leadership Council - Minority Health Month Series

NN Nickola-Williams, Noreen B

To pgreenough@epicbh.org; Becky Yanni; Kelly Franklin; susanjpact@gmail.com; xueamcd@gmail.com; Shawna Novak; Schuyler Siefker; Mary Ann Steinberg; Arthur Butler; terwin@sjso.org

Cc Allicock, Dawn; John Eaton

4/11/2022

HealthEquityWebinarsFlyer2022.pdf 746 KB

Dear Community Partner,

In the support of National Minority Health Month, we share with you the following 4-session series that launched this evening by our sister agency, Florida Department of Health in Nassau County, in partnership with Baptist Health Jax. The series, detailed in the email below, is called "*Let's Turn the Page, Together!*". Please let us know if you or your team are able to attend.

As a member of the St. Johns County Health Leadership Council, in partnership with Flagler Health+, we would like to invite you at a later time to meet virtually to share take-aways from this series – and – to hear your agencies unique initiatives to support Health Equity for all people of Saint Johns County. A follow-up email will be coming to you soon to set a time to meet later this month.

Regards,

Noreen Nickola-Williams

Director, Office of Public Health Practice & Policy /

- ***DOH-St. Johns Webpage for Health Equity Resources***
- ***DOH-St. Johns Webpage Banner Alert for National Minority Health Month & Vaccinations***

HEALTH EQUITY ▲

April is National Minority Health Month. Learn about how you can be vaccine ready! #VaccineReady

Health equity is when everyone has the opportunity to be as healthy as possible.

Health disparities are differences in health outcomes and their causes among groups of people. For example, African American children are more likely to die from asthma compared to non-Hispanic White children. Reducing health disparities creates better health for all Americans.

Reducing and eliminating health disparities is fundamental to reaching health equity and building a healthier community. Learn more with these CDC topics:

- **Racism and Health**

- **Source:** *https://stjohns.floridahealth.gov/programs-and-services/community-health-planning-and-statistics/community-health-initiatives/index.html*

- **DOH-St. Johns Trainings and Promotions**

DOH-St. Johns Special Needs Training
Functional Access – and - Cultural & Linguistic Needs

DOH-St. Johns engaging community
"National Night Out"

DOH-St. Johns at the "BRAVE" Summit!

DOH-St. Johns at "Team Up, Hastings!"

DOH-SJC Special Needs Shelter Training

DOH-SJC Health Education Table for Minority Health & Health Equity

V. PRIORITIZING A HEALTH DISPARITY

The Health Equity Team identified and reviewed health disparities data in Saint Johns County, FL. Data was pulled from multiple sources including, but not limited to, the following: *Florida Department of Health's Florida Health CHARTS; the U.S. Census Bureau; the Centers for Disease Control and Prevention (CDC); the County Health Rankings and Roadmaps report(s); Healthy People 2030; the Behavioral Risk Factor Surveillance System (BRFSS); the Trust for America's Health reports, and various reports and action plans from community organizations serving Saint Johns County, including the 2018-2022 Community Health Improvement Plan.*

The Team used current priorities of Florida Department of Health in Saint Johns County and that of the Community Partner (i.e., *current community action plans)* and feedback from residents *(i.e., community feedback collected through various surveys),* recent data profiles from Florida Health CHARTS included at the end of this document (*i.e., Health Equity Profile, Healthy Weight Profile, Access & Functional Needs Profile, etc.*), and then aligned with the Prioritization Matrix completed as part of the 2018-2022 Community Health Improvement Plan. This was accomplished by reviewing the results gathered through four assessments (CHA / MAPP) 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 below) with those items deemed to be of high importance and appearing in multiple **MAPP** assessments being selected as a priority for action.

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 Survey	CTS FG	CHS	Total
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)

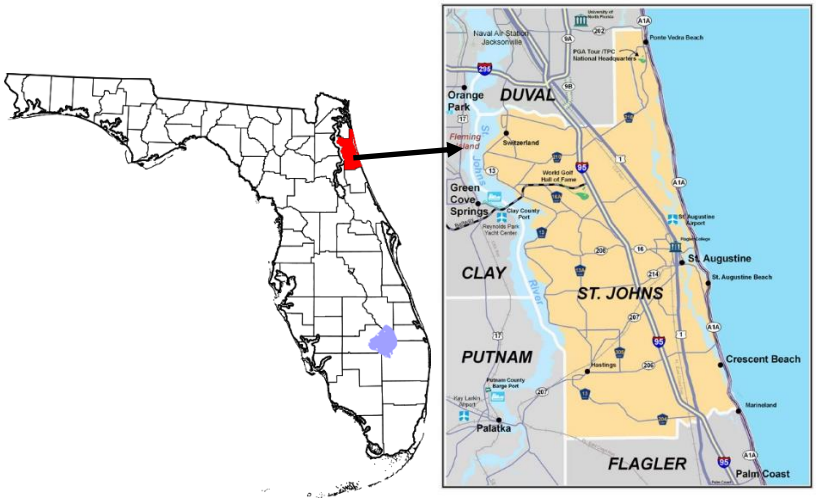
Source: Saint Johns County Community Health Improvement Plan 2018-2022

Recognizing the impact of the COVID-19 global pandemic on local community, including the community health needs of the various communities and populations of Saint Johns County, **Healthy Weight** is the chosen health disparity which was based on data, community perceived need, and opportunities to make the greatest impact with existing resources. ***Health Disparity Data is bolded and italicized for reference.***

ST. JOHNS COUNTY, FLORIDA

- St. Johns County is part of the *Jacksonville metropolitan area* and encompasses approximately 608 square miles of land in Northeast Florida, including more than 40 miles of beaches along the Atlantic coast.

St. Johns County, Florida



Population of Saint Johns County, FL by Year
2005 to 2022
Source: Florida CHARTS,
Via https://www.flhealthcharts.gov/FLQUERY_New/Population/Count#
*** Provisional*

'05	'10	'11	'12	'13	'14	'15	'16	'17	'18	'19	'20	'21**	'22**
160,619	*190,646*	*193,516*	*197,262*	*203,022*	*208,934*	*215,185*	*222,006*	*229,272*	*241,545*	*249,734*	*266,128*	*270,005*	*278,498*

Population Profile for St. Johns County, FL
Excerpt from Community Social and Economic Factors, 2016-2020
Source: Florida CHARTS Community Social and Economic Factors Report (flhealthcharts.gov)

PROPORTION OF POPULATION BY RACE OF ANY ETHNICITY	
White (%)	86.8%
Black or African American (%)	5.5%
American Indian & Alaska Native (%)	0.3%
Asian (%)	2.7%
Native Hawaiian & Other Pacific Islander (%)	0.1%
Some other race (%)	0.9%
Two or more races (%)	3.8%

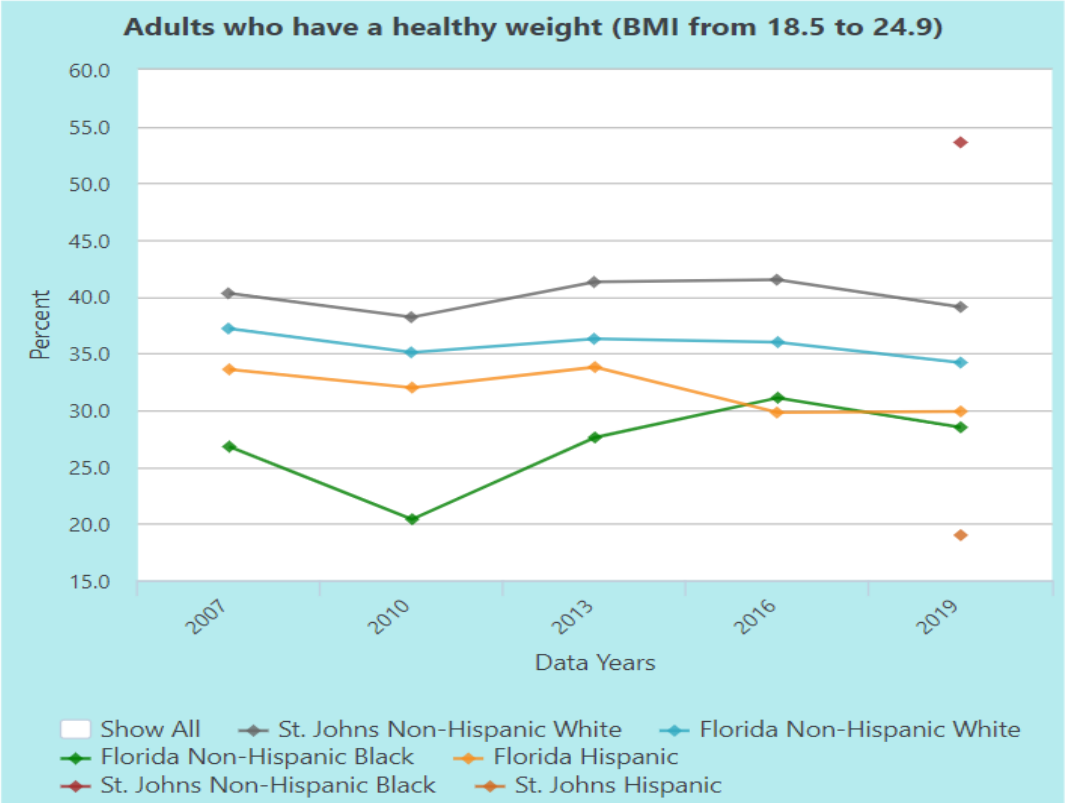
Population Profile for St. Johns County, FL
Excerpt from Community Social and Economic Factors, 2016-2020
Source: Florida CHARTS Community Social and Economic Factors Report (flhealthcharts.gov)

PROPORTION OF POPULATION BY DISABILITY STATUS	
Civilian Noninstitutionalized Population	11.4%
Under 18 Years of Age	4.4%
18 Years to 64 Years of Age	8.8%
65 Years and Older	26.4%

Healthy Weight Related Community Health Data

Percent of Saint Johns County Adults Who Have a Healthy Weight
All Races and Ethnicities

Source: Florida Health CHARTS
Florida Behavioral Risk Factor (BRFSS) Data - Florida Health CHARTS - Florida Department of Health (flhealthcharts.gov)



In 2019, in St. Johns County, 38.4% of adults who have a healthy weight (BMI from 18.5 to 24.9) (Overall) can be compared to 32.8% statewide.

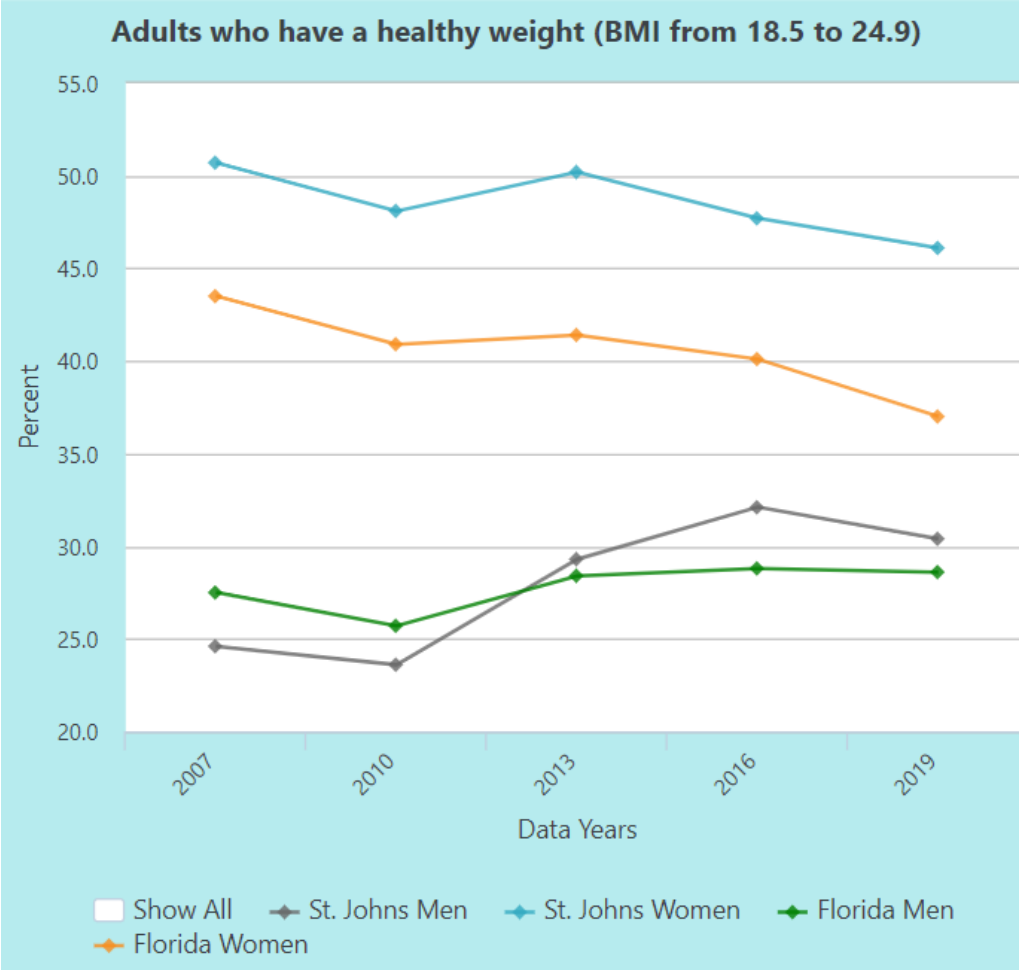
- In 2019, in St. Johns County, 39.1% of adults (Non-Hispanic White) who have a healthy weight compared to 34.2% of the respective population statewide.
- *In 2019, in St. Johns County, 53.6% of adults (Non-Hispanic Black) who have a healthy weight compared to 28.5% of the respective population statewide.*
- ***In 2019, in St. Johns County, 19% of adults (Hispanic) who have a healthy weight compared to 29.9% of the respective population statewide.***

Healthy Weight Related Community Health Data (continued…)

Percent of Saint Johns County Adults Who Have a Healthy Weight By Sex

Source: Florida Health CHARTS

Florida Behavioral Risk Factor (BRFSS) Data - Florida Health CHARTS - Florida Department of Health (flhealthcharts.gov)

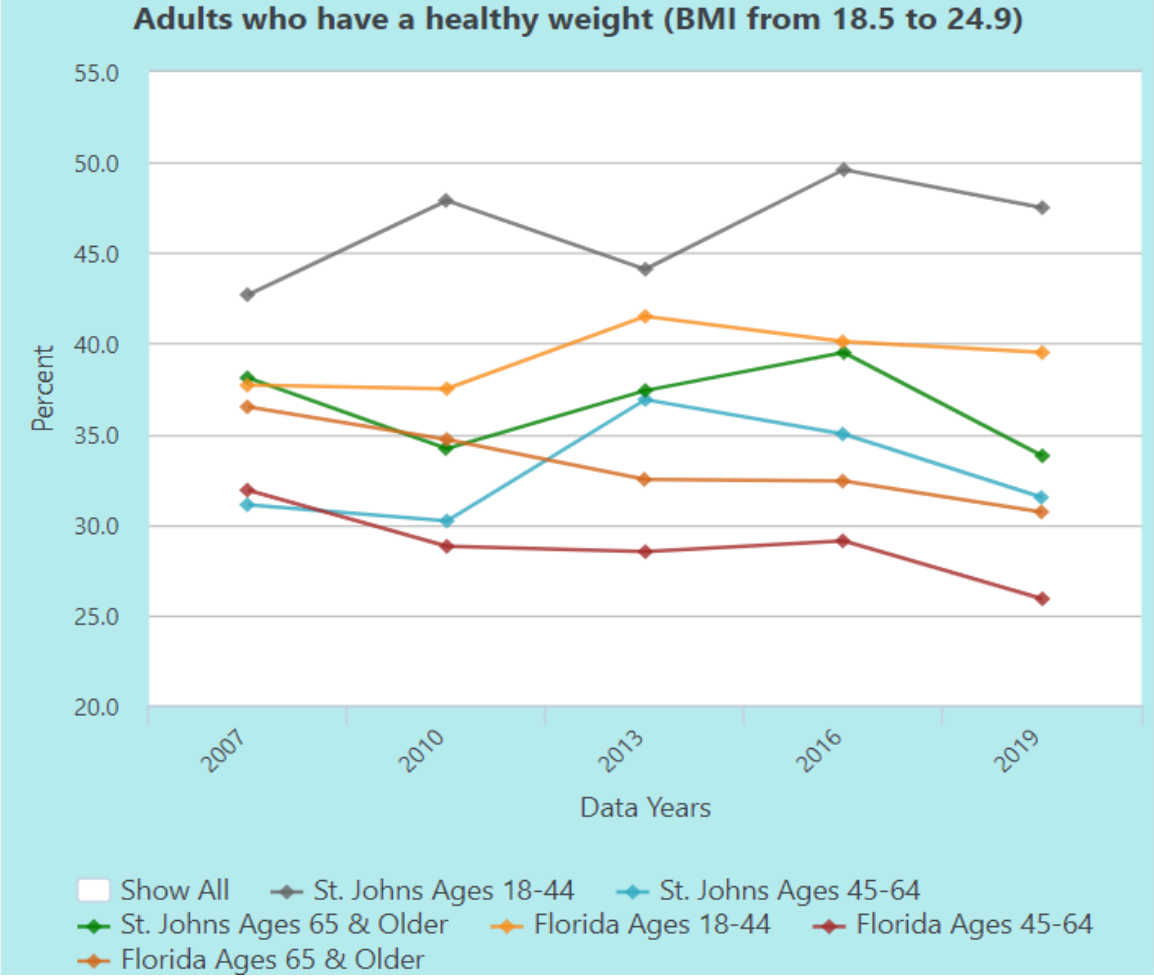


In 2019, in St. Johns County, 38.4% of adults who have a healthy weight (BMI from 18.5 to 24.9) (Overall) can be compared to 32.8% statewide.

- In 2019, in St. Johns County, 30.4% of Male Adults are at a healthy weight compared to 28.6% of the male population statewide.
- *In 2019, in St. Johns County, 46.1% of Female Adults are at a healthy weight compared to 37% of the female population statewide.*
- ***There may be a gap in the availability of data for people identifying as a sex/gender other than Male or Female. Data Gap and Inclusion needed.***

Healthy Weight Related Community Health Data (continued…)

Percent of Saint Johns County Adults Who Have a Healthy Weight
By Age Groups
Source: Florida Health CHARTS
Florida Behavioral Risk Factor (BRFSS) Data - Florida Health CHARTS - Florida Department of Health (flhealthcharts.gov)

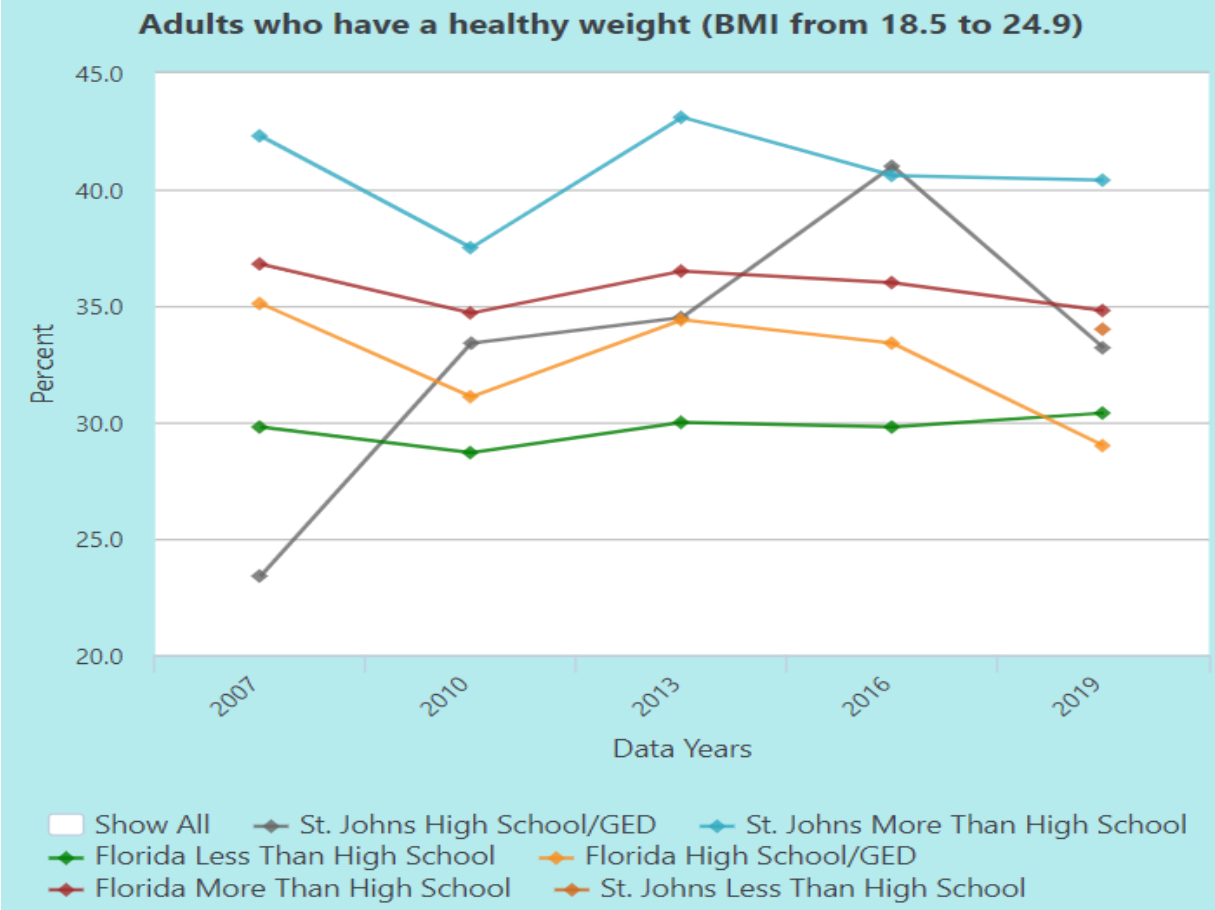


In 2019, in St. Johns County, 38.4% of adults who have a healthy weight (BMI from 18.5 to 24.9) (Overall) can be compared to 32.8% statewide.

- For 2019 for St. Johns population ages 18 to 44 years old, 47.5% have a healthy weight and can be compared to the statewide proportion of 39.5%
- ***For 2019 for St. Johns population ages 45 to 64 years old, 31.5% have a healthy weight and can be compared to the statewide proportion of 25.9%***
- For 2019 for St. Johns population ages 65 and older, 33.8% have a healthy weight and can be compared to the statewide proportion of 30.7%

Healthy Weight Related Community Health Data (continued…)

Percent of Saint Johns County Adults Who Have a Healthy Weight
By Education Level
Source: Florida Health CHARTS
Florida Behavioral Risk Factor (BRFSS) Data - Florida Health CHARTS - Florida Department of Health (flhealthcharts.gov)



In 2019, in St. Johns County, 38.4% of adults who have a healthy weight (BMI from 18.5 to 24.9) (Overall) can be compared to 32.8% statewide.

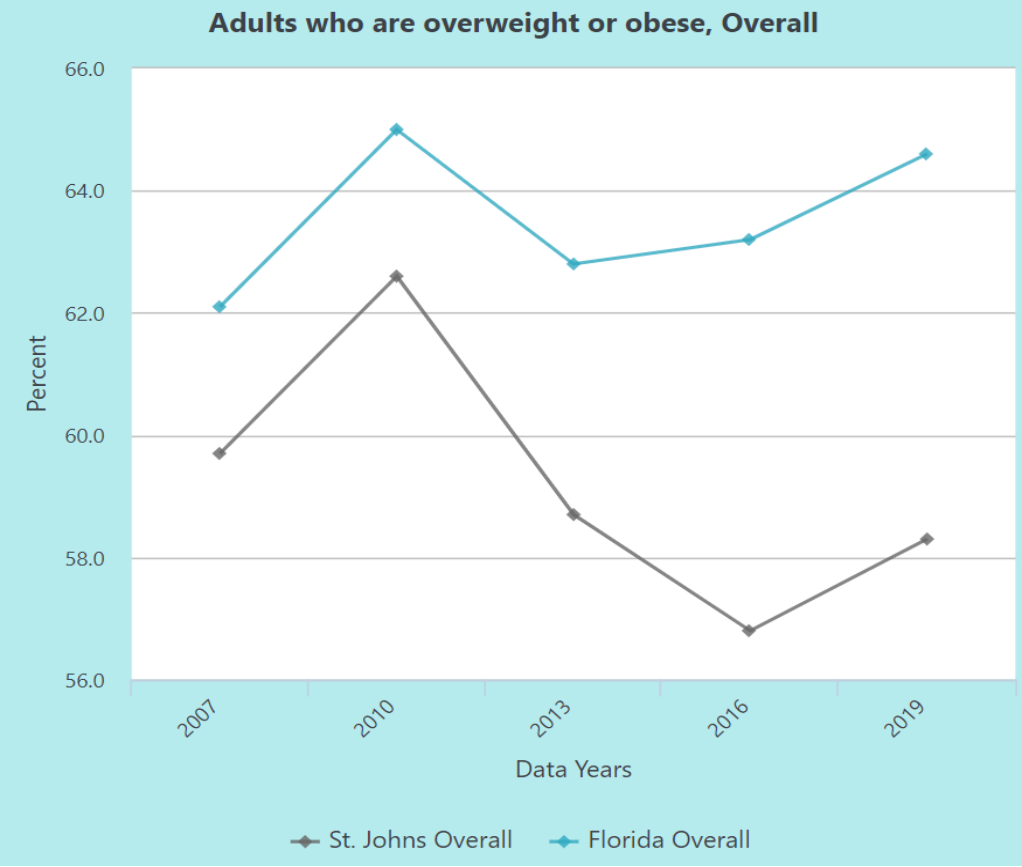
- ***For 2019 for St. Johns population with less than a high school diploma, 34% have a healthy weight. Comparatively, the statewide proportion for this population is 30.4%***
- For 2019 for St. Johns population with more than High School / GED, 33.2% have a healthy weight. Comparatively, the statewide proportion for this population is 29%
- For 2019 for St. Johns population with more than High School, 40.4% have a healthy weight. Comparatively, the statewide proportion for this population is 34.8%

Related Community Health Indicators and/or Outcomes

Percent of Adults Who Are Overweight or Obese

Saint Johns County, FL

Source: Florida Health CHARTS
Florida Behavioral Risk Factor (BRFSS) Data - Florida Health CHARTS - Florida Department of Health (flhealthcharts.gov)

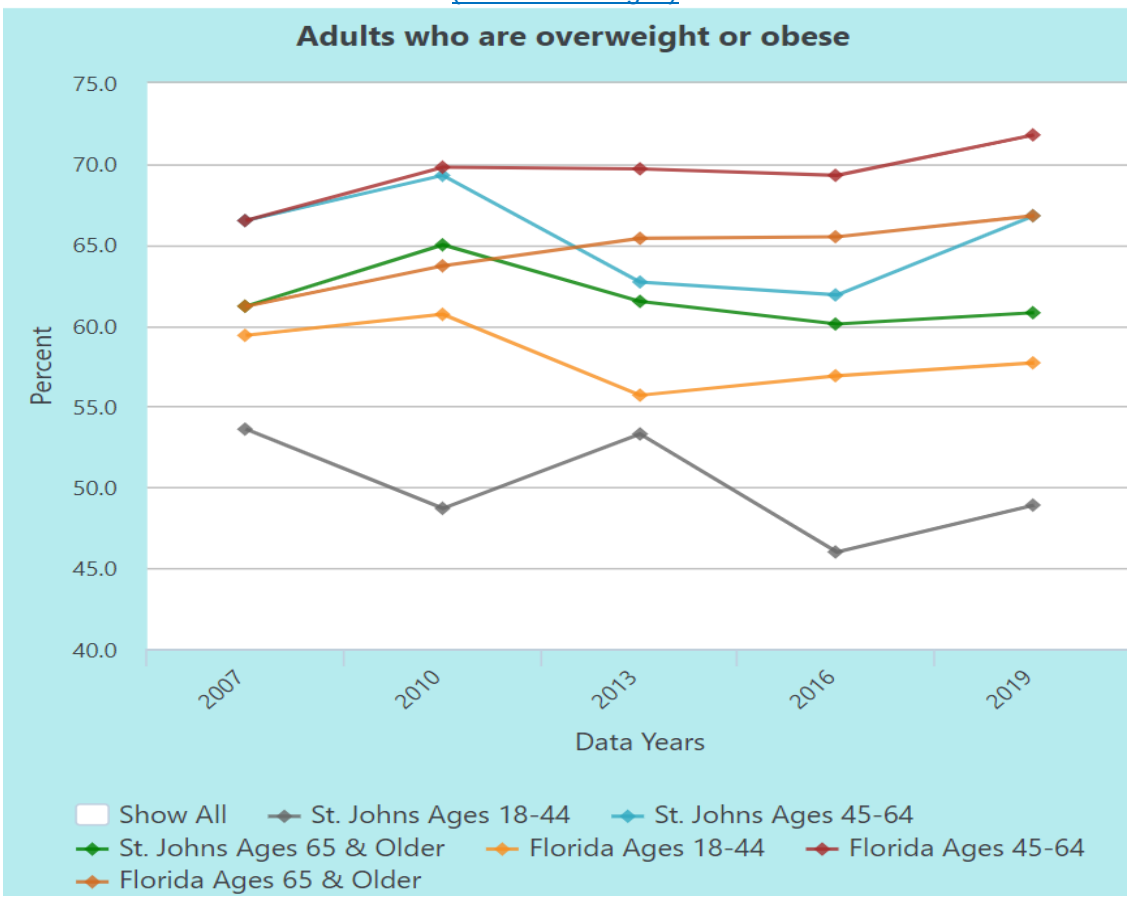


For St. Johns County in 2019, 58.3% of adults were overweight or obese (Overall) compared to the statewide proportion of 64.6%.

Related Community Health Indicators and/or Outcomes (continued…)

Percent of Adults Who Are Overweight or Obese
By Age Group - Saint Johns County, FL

Source: Florida Health CHARTS
Florida Behavioral Risk Factor (BRFSS) Data - Florida Health CHARTS - Florida Department of Health (flhealthcharts.gov)



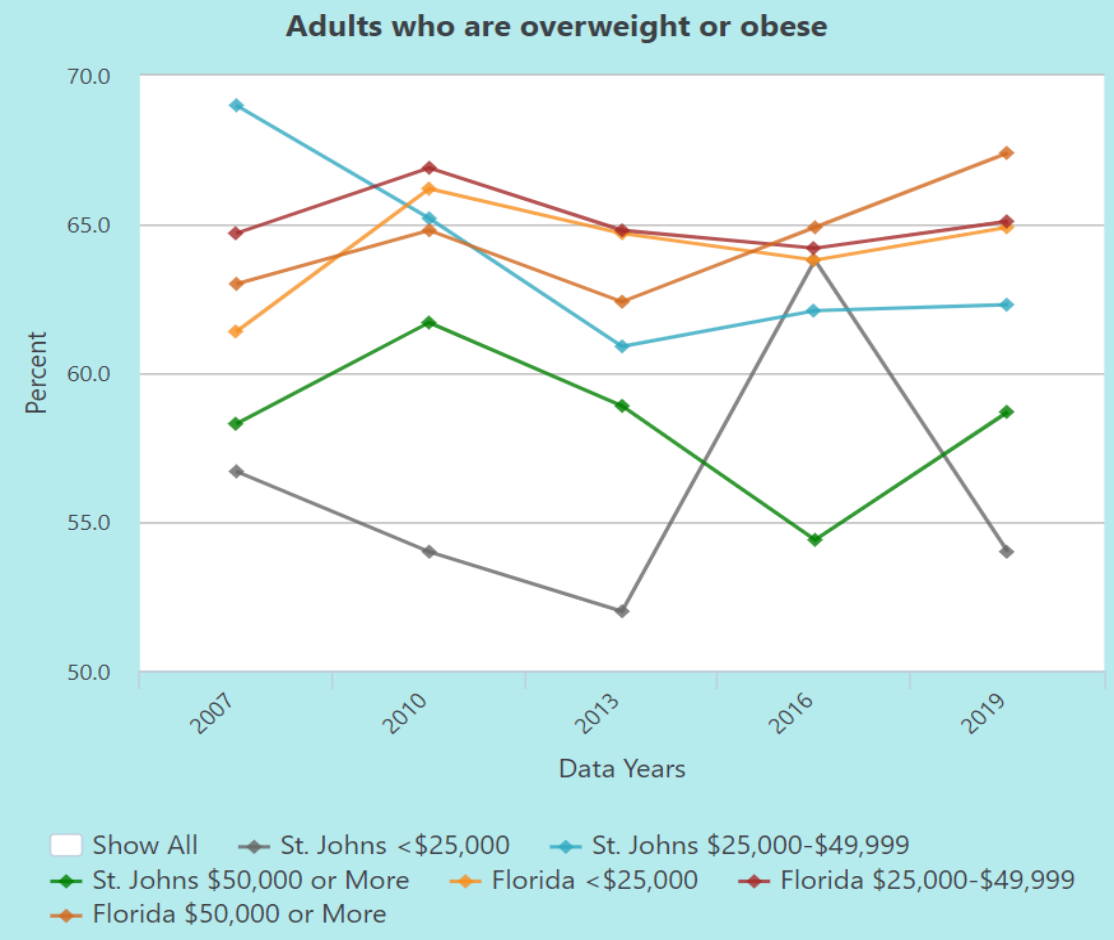
For St. Johns County in 2019, 58.3% of adults were overweight or obese (Overall) compared to the statewide proportion of 64.6%.

- **For 2019 for St. Johns population ages 18 to 44 years old, 48.9% are sedentary and can be compared to the statewide proportion of 57.7%**
- **For 2019 for St. Johns population ages 45 to 64 years old, 66.8% are sedentary and can be compared to the statewide proportion of 71.8%**
- For 2019 for St. Johns population ages 65 and older, 60.8% are sedentary and can be compared to the statewide proportion of 66.8%

Related Community Health Indicators and/or Outcomes (continued…)

Percent of Adults Who Are Overweight or Obese
By Annual Income Group - Saint Johns County, FL

Source: Florida Health CHARTS
Florida Behavioral Risk Factor (BRFSS) Data - Florida Health CHARTS - Florida Department of Health (flhealthcharts.gov)



For St. Johns County in 2019, 58.3% of adults were overweight or obese (Overall) compared to the statewide proportion of 64.6%.

- For 2019 for St. Johns County population income groups less than $25,000, 54% are sedentary and can be compared to the statewide proportion of 64.9%
- ***For 2019 for St. Johns County population income groups $25,000 to $49,000, 62.3% are sedentary and can be compared to the statewide proportion of 65.1%***
- For 2019 for St. Johns County population income groups $50,000 or More, 58.7% are sedentary and can be compared to the statewide proportion of 67.4%

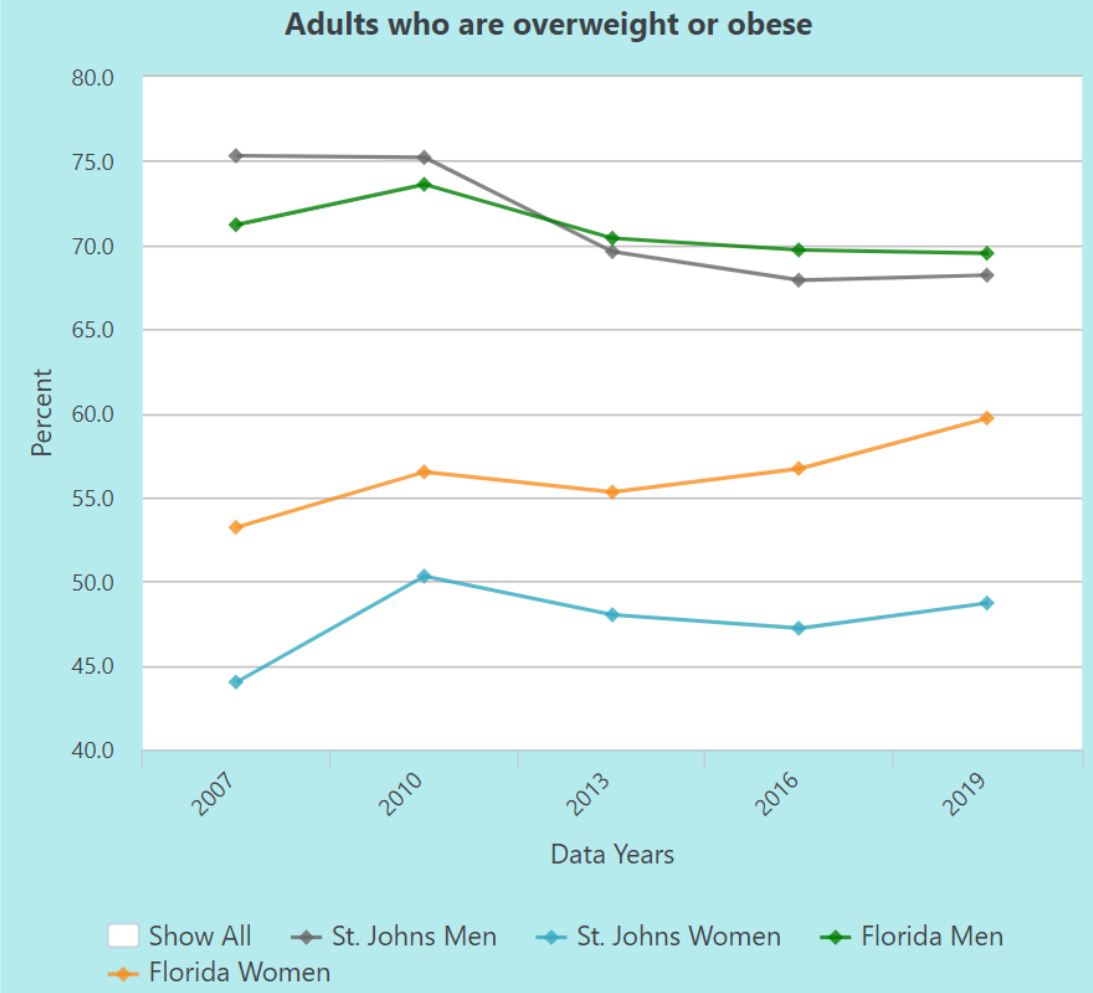
Related Community Health Indicators and/or Outcomes (continued…)

Percent of Adults Who Are Overweight or Obese

By Sex - Saint Johns County, FL

Source: Florida Health CHARTS

Florida Behavioral Risk Factor (BRFSS) Data - Florida Health CHARTS - Florida Department of Health (flhealthcharts.gov)



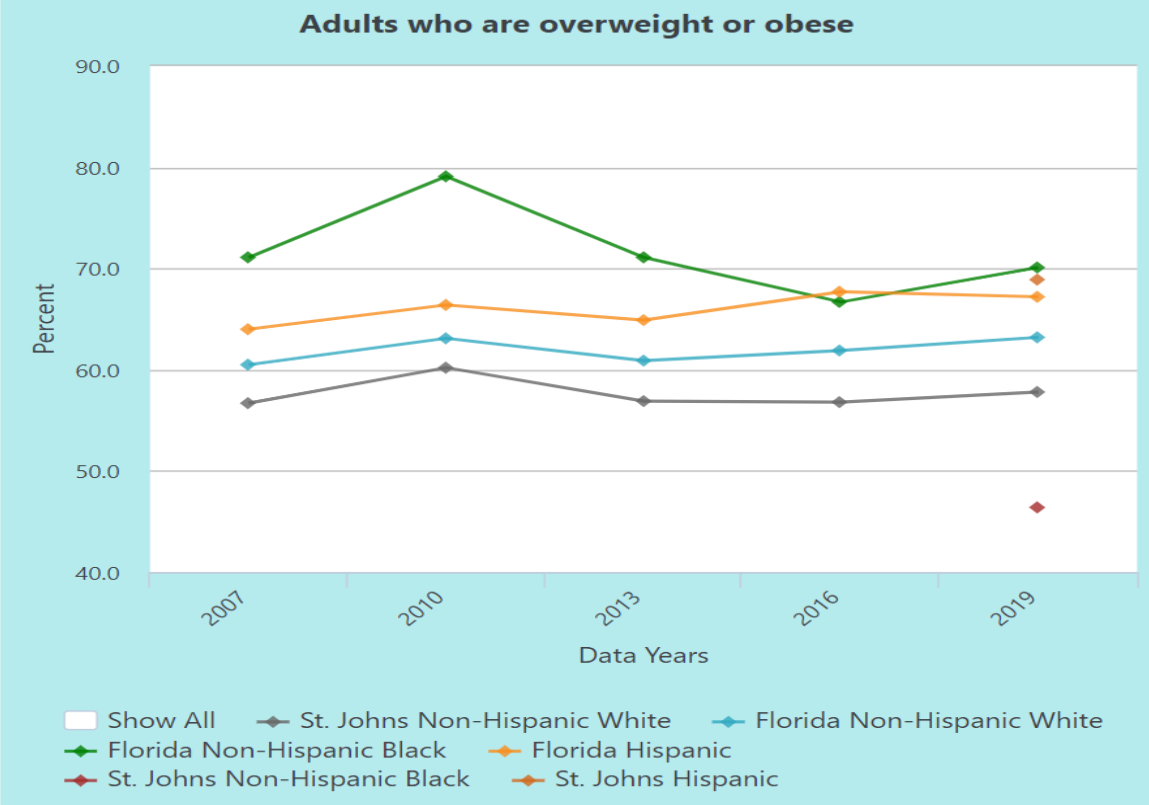
For St. Johns County in 2019, 58.3% of adults were overweight or obese (Overall) compared to the statewide proportion of 64.6%.

- In 2019, in St. Johns County, 68.2% of Male Adults are overweight or obese compared to 69.5% of the male population statewide.
- In 2019, in St. Johns County, 48.7% of Female Adults are overweight or obese compared to 59.7% of the female population statewide.
- ***There may be a gap in the availability of data for people identifying as a sex/gender other than Male or Female. Data Gap and Inclusion needed.***

Related Community Health Indicators and/or Outcomes (continued…)

Percent of Adults Who Are Overweight or Obese
By Race / Ethnicity - Saint Johns County, FL

Source: Florida Health CHARTS
Florida Behavioral Risk Factor (BRFSS) Data - Florida Health CHARTS - Florida Department of Health (flhealthcharts.gov)



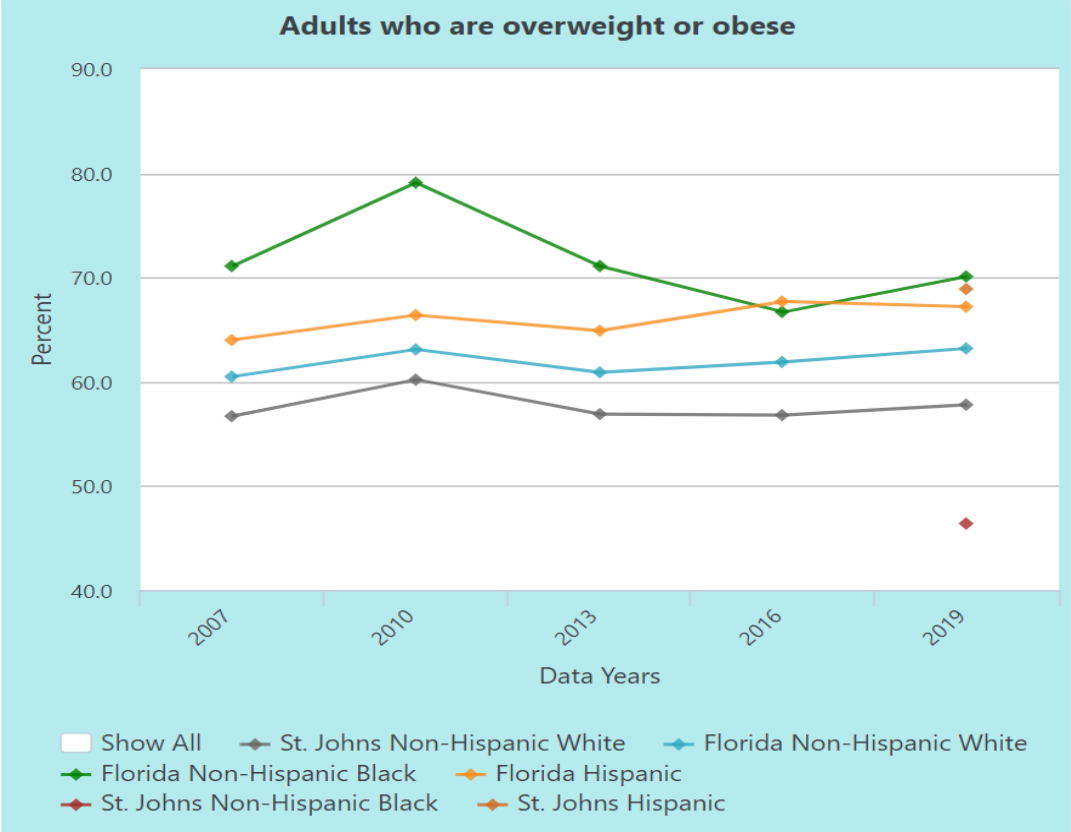
For St. Johns County in 2019, 58.3% of adults were overweight or obese (Overall) compared to the statewide proportion of 64.6%.

- In 2019, in St. Johns County, 57.8% of adults (Non-Hispanic White) were overweight or obese. Comparatively, the statewide proportion is 63.2%.
- In 2019, in St. Johns County, **46.4%** of adults (Non-Hispanic Black) were overweight or obese. Comparatively, the statewide proportion is 70.1%.
- ***In 2019, in St. Johns County, 68.9% of adults (Hispanic) were overweight or obese. Comparatively, the statewide proportion is 67.2%.***

Related Community Health Indicators and/or Outcomes (continued…)

Percent of Adults Who Are Overweight or Obese
By Education Level - Saint Johns County, FL

Source: Florida Health CHARTS
Florida Behavioral Risk Factor (BRFSS) Data - Florida Health CHARTS - Florida Department of Health (flhealthcharts.gov)



For St. Johns County in 2019, 58.3% of adults were overweight or obese (Overall) compared to the statewide proportion of 64.6%.

- ***For 2019, for St. Johns population with less than a high school diploma, 65.2% are overweight or obese. Comparatively, the statewide proportion for this population is 65.7%***
- For 2019 for St. Johns population with more than High School / GED, 59.7% are overweight or obese. Comparatively, the statewide proportion for this population is 67.5%
- For 2019 for St. Johns population with more than High School, 57.3% are overweight or obese. Comparatively, the statewide proportion for this population is 63.3%

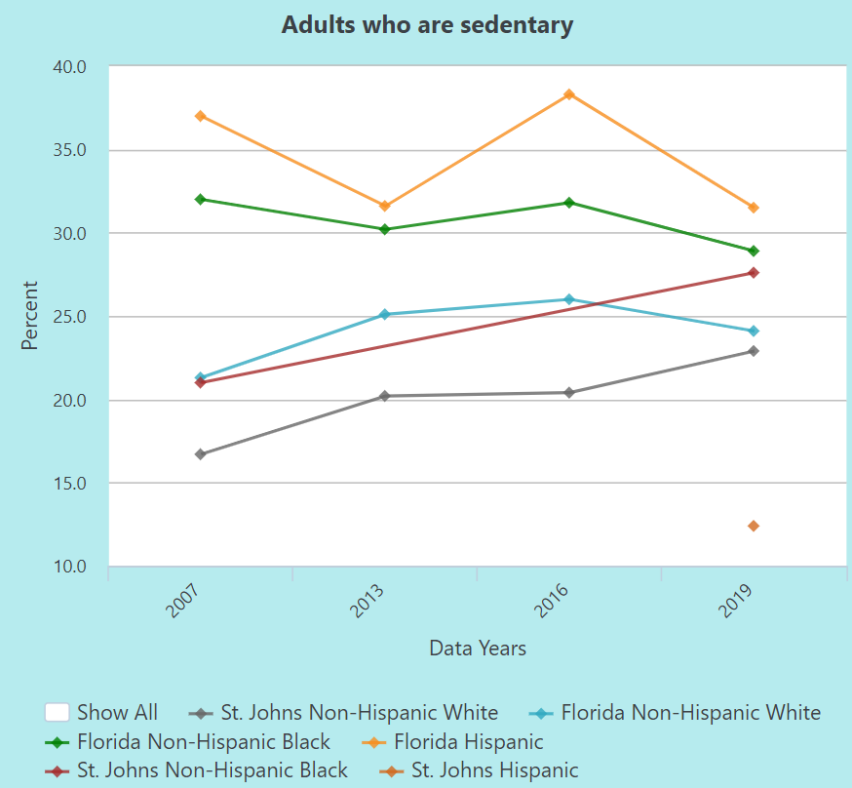
Related Community Health Indicators and/or Outcomes (continued…)

Percent of Adults Are Sedentary

By Race / Ethnicity - Saint Johns County, FL

Source: Florida Health CHARTS

Florida Behavioral Risk Factor (BRFSS) Data - Florida Health CHARTS - Florida Department of Health (flhealthcharts.gov)



For 2019, in St. Johns County, 22.2% of adults (overall) are sedentary can be compared to 26.5% statewide (overall).

- In 2019, in St. Johns County, 22.9% of adults (Non-Hispanic White) were sedentary. Comparatively, the statewide proportion is 24.1%.
- ***In 2019, in St. Johns County, 27.6% of adults (Non-Hispanic Black) were sedentary. Comparatively, the statewide proportion is 28.9%.***
- In 2019, in St. Johns County, 12.4% of adults (Hispanic) were sedentary. Comparatively, the statewide proportion is 31.5%.

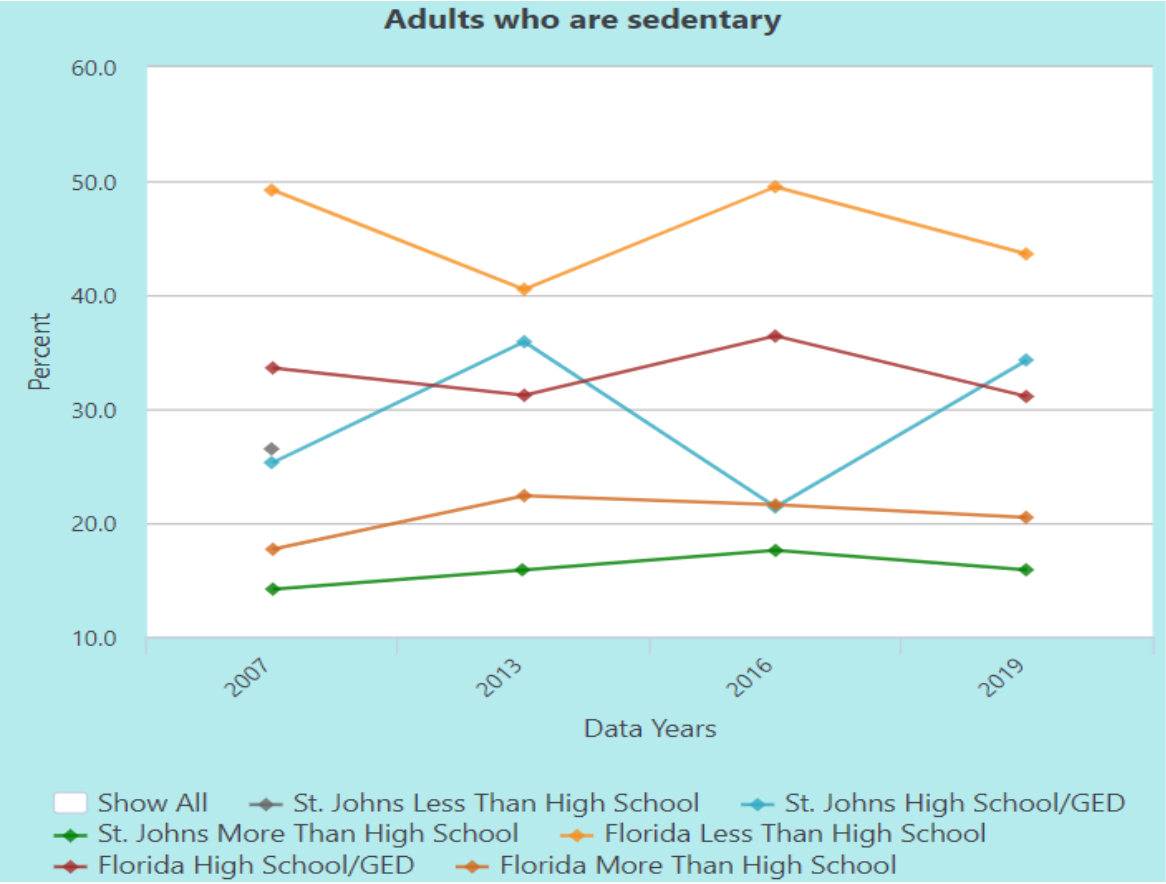
Related Community Health Indicators and/or Outcomes (continued…)

Percent of Adults Are Sedentary by Education Level

Saint Johns County, FL

Source: Florida Health CHARTS

Florida Behavioral Risk Factor (BRFSS) Data - Florida Health CHARTS - Florida Department of Health (flhealthcharts.gov)



For 2019, in St. Johns County, 22.2% of adults (overall) are sedentary can be compared to 26.5% statewide (overall).

- ***For 2019 for St. Johns population with a High School Diploma or GED, 34.3% are sedentary compared to the respective statewide proportion of 31.1%***
- For 2019 for St. Johns population with More Than High School education level, 15.9% are sedentary compared to the respective statewide proportion of 20.5%

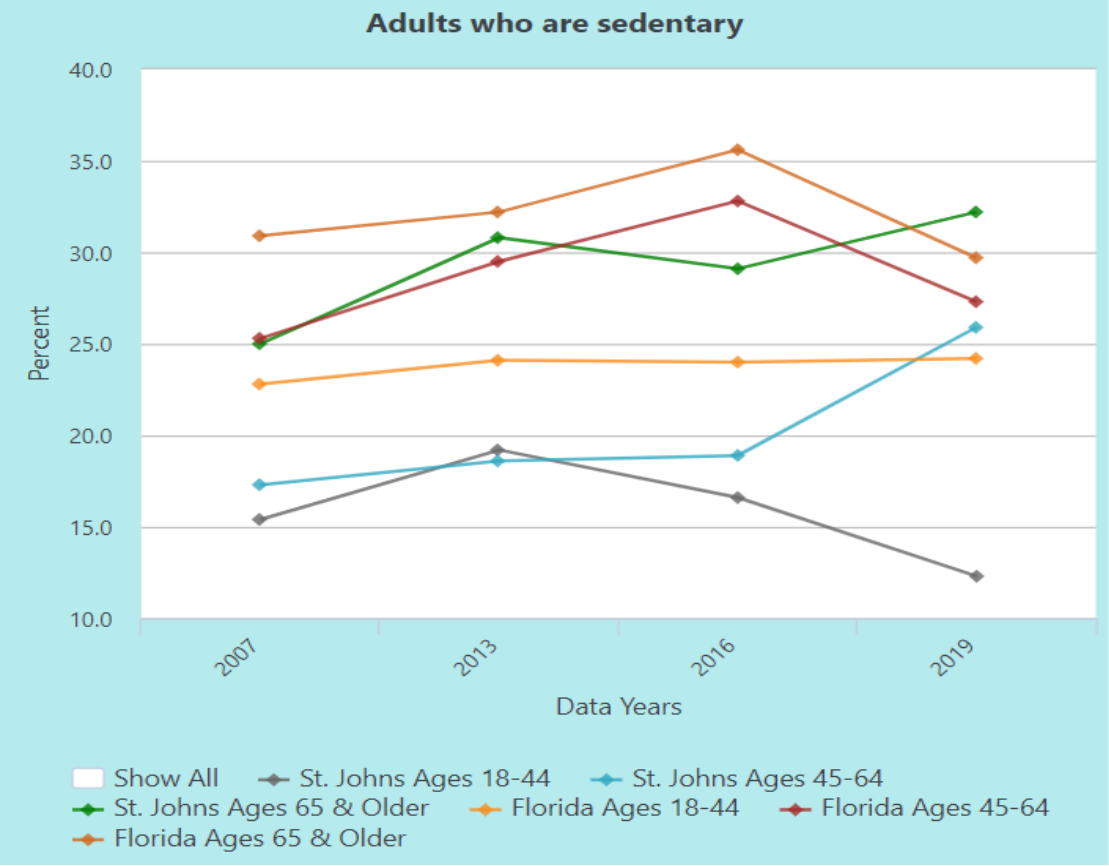
Related Community Health Indicators and/or Outcomes (*continued…)*

Percent of Adults Are Sedentary by Age Group

Saint Johns County, FL

Source: Florida Health CHARTS

Florida Behavioral Risk Factor (BRFSS) Data - Florida Health CHARTS - Florida Department of Health (flhealthcharts.gov)

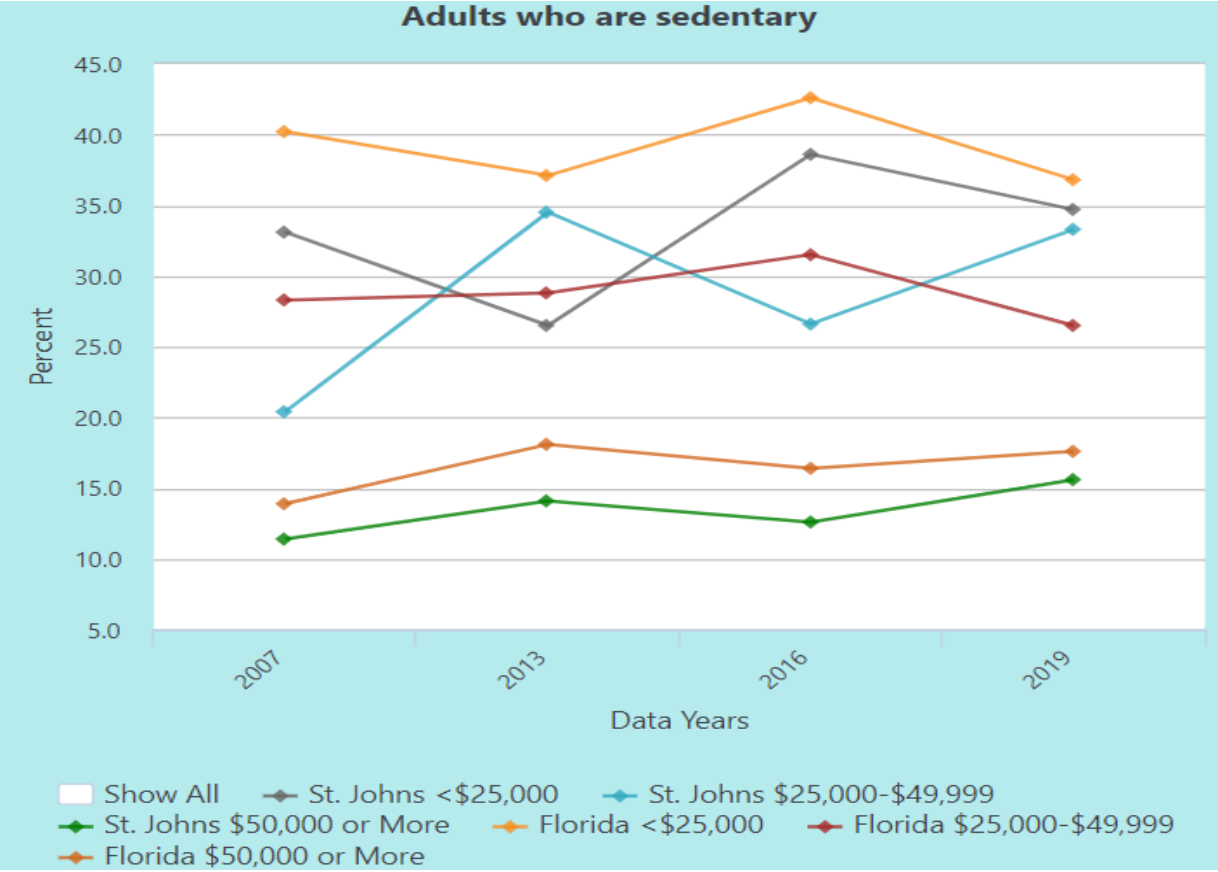


For 2019, in St. Johns County, 22.2% of adults are sedentary can be compared to 26.5% statewide.

- For 2019 for St. Johns population ages 18 to 44 years old, 12.3% are sedentary and can be compared to the statewide proportion of 24.2%
- For 2019 for St. Johns population ages 45 to 64 years old, 25.9% are sedentary and can be compared to the statewide proportion of 27.3%
- ***For 2019 for St. Johns population ages 65 and older, 32.2% are sedentary and can be compared to the statewide proportion of 29.7%***

Related Community Health Indicators and/or Outcomes (*continued…)*

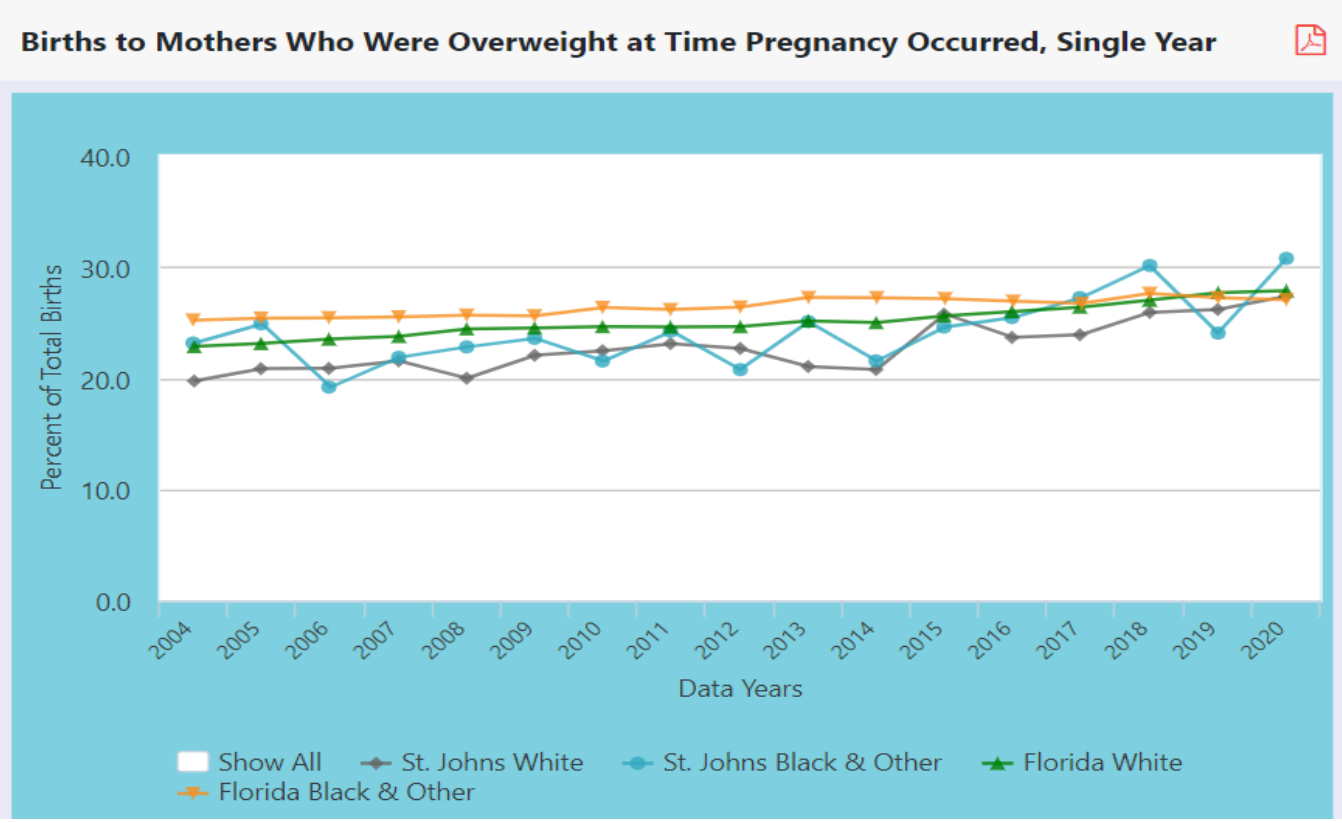
Percent of Adults Are Sedentary by Income Group
Saint Johns County, FL
Source: Florida Health CHARTS
Florida Behavioral Risk Factor (BRFSS) Data - Florida Health CHARTS - Florida Department of Health (flhealthcharts.gov)



- For 2019, in St. Johns County, 22.2% of adults are sedentary can be compared to 26.5% statewide. *For 2019 for St. Johns County population income groups less than $25,000, **34.7%** are sedentary and can be compared to the statewide proportion of 36.8%*
- ***For 2019 for St. Johns County population income groups $25,000 to $49,000, 33.3% are sedentary and can be compared to the statewide proportion of 26.5%***
- For 2019 for St. Johns County population income groups $50,000 or More, 15.6% are sedentary and can be compared to the statewide proportion of 17.6%

Related Community Health Indicators and/or Outcomes (*continued…)*

Percent of Births to Mothers Who Were Overweight
At Time Pregnancy Occurred, Single Year
White and Black & Other Races – Saint Johns County, Florida
Source: Florida Health CHARTS
Births to Mothers Who Were Overweight at Time Pregnancy Occurred - Florida Health CHARTS - Florida Department of Health | CHARTS (flhealthcharts.gov)

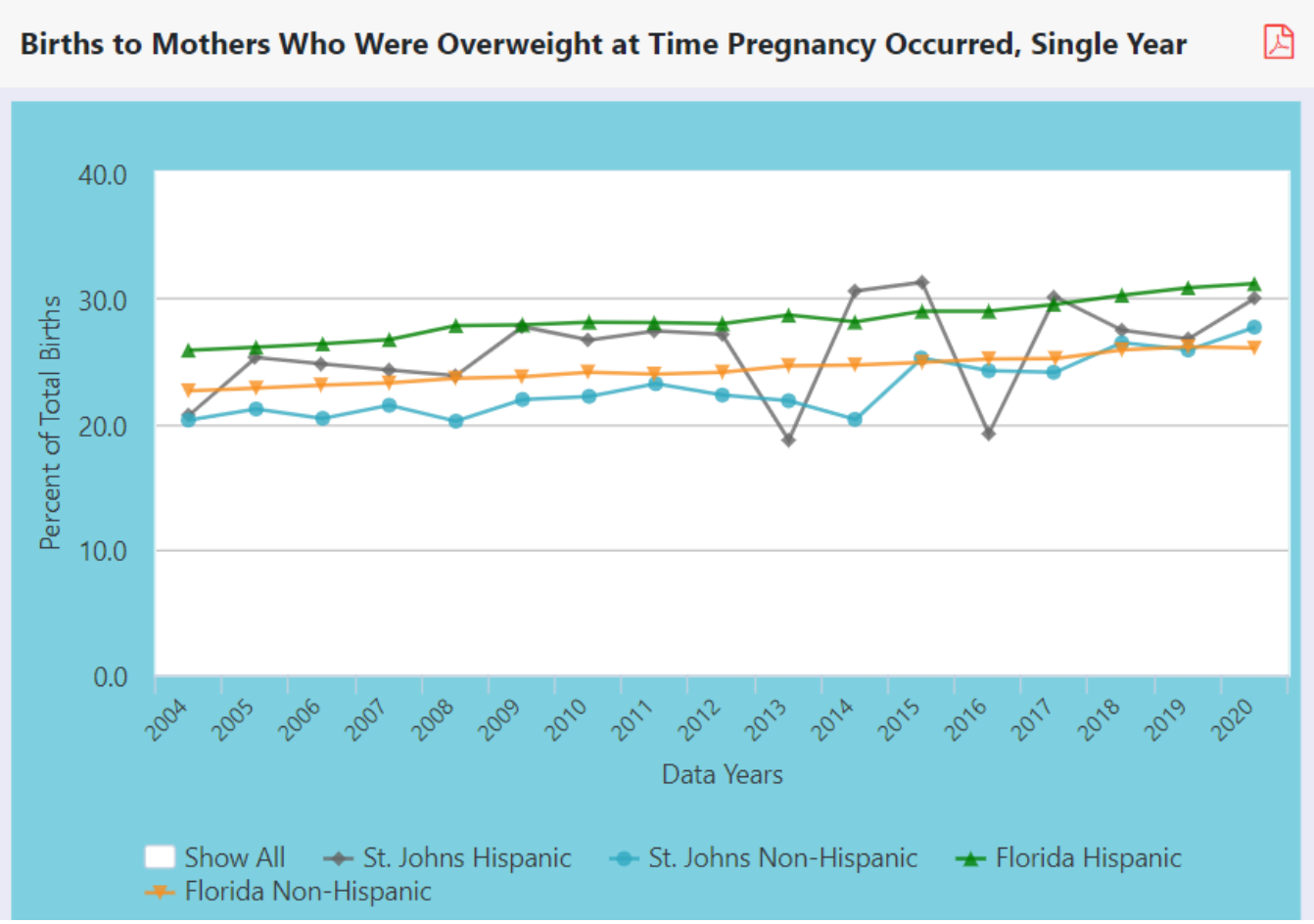


In 2020, in St. Johns County, 27.8% of births to mothers (overall) who were overweight at time pregnancy occurred compared to 27.6% statewide (overall).

- In 2020, in St. Johns County, 27.4% of births occurred from White mothers who were overweight at the time the pregnancy occurred compared to 27.9% of births from respective population statewide.
- ***In 2020, in St. Johns County, 31.1% of births occurred from Black mothers who were overweight at the time the pregnancy occurred compared to the 27% of births from respective population statewide.***
- ***In 2020, in St. Johns County, 30.8% of births occurred from Black & Other Race mothers who were overweight at the time the pregnancy occurred compared to the 27.1% of births from respective population statewide.***

Related Community Health Indicators and/or Outcomes (*continued…)*

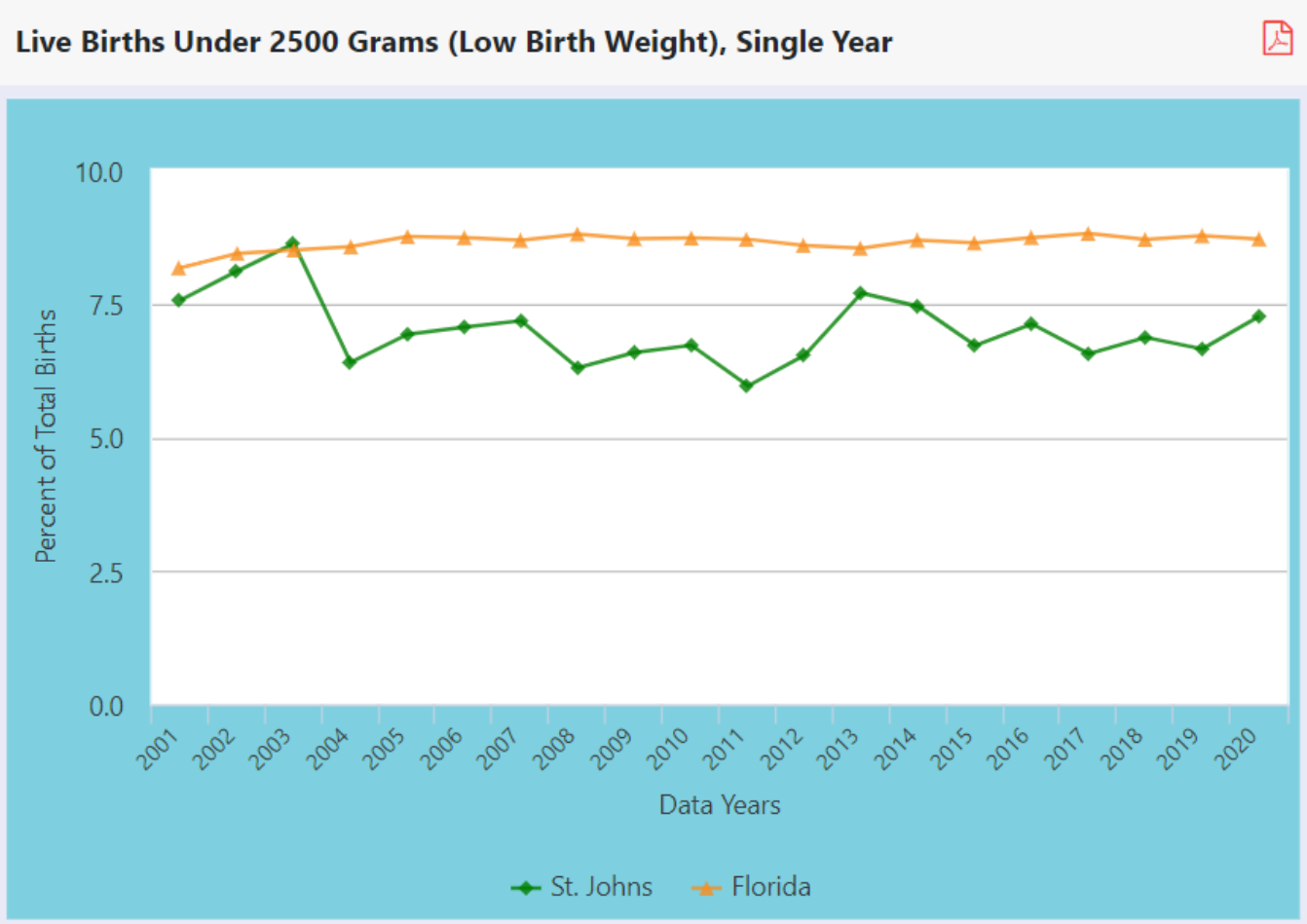
Percent of Births to Mothers Who Were Overweight
At Time Pregnancy Occurred, Single Year
Ethnicity: Hispanic versus Non-Hispanic – Saint Johns County, Florida
Source: Florida Health CHARTS
Births to Mothers Who Were Overweight at Time Pregnancy Occurred - Florida Health CHARTS - Florida Department of Health | CHARTS (flhealthcharts.gov)



- ***In 2020, in St. Johns County, 27.8% of births to mothers (overall) who were overweight at time pregnancy occurred compared to 27.6% statewide (overall).***
- In 2020, in St. Johns County, 30% of births to mothers (Hispanic) who were overweight at time pregnancy occurred compared to 31.1% statewide (Hispanic).
- In 2020, in St. Johns County, 27.7% of births occurred from mothers (Non-Hispanic) who were overweight at the time the pregnancy occurred compared to 27.9% of births from respective population statewide.

Related Community Health Indicators and/or Outcomes (*continued…)*

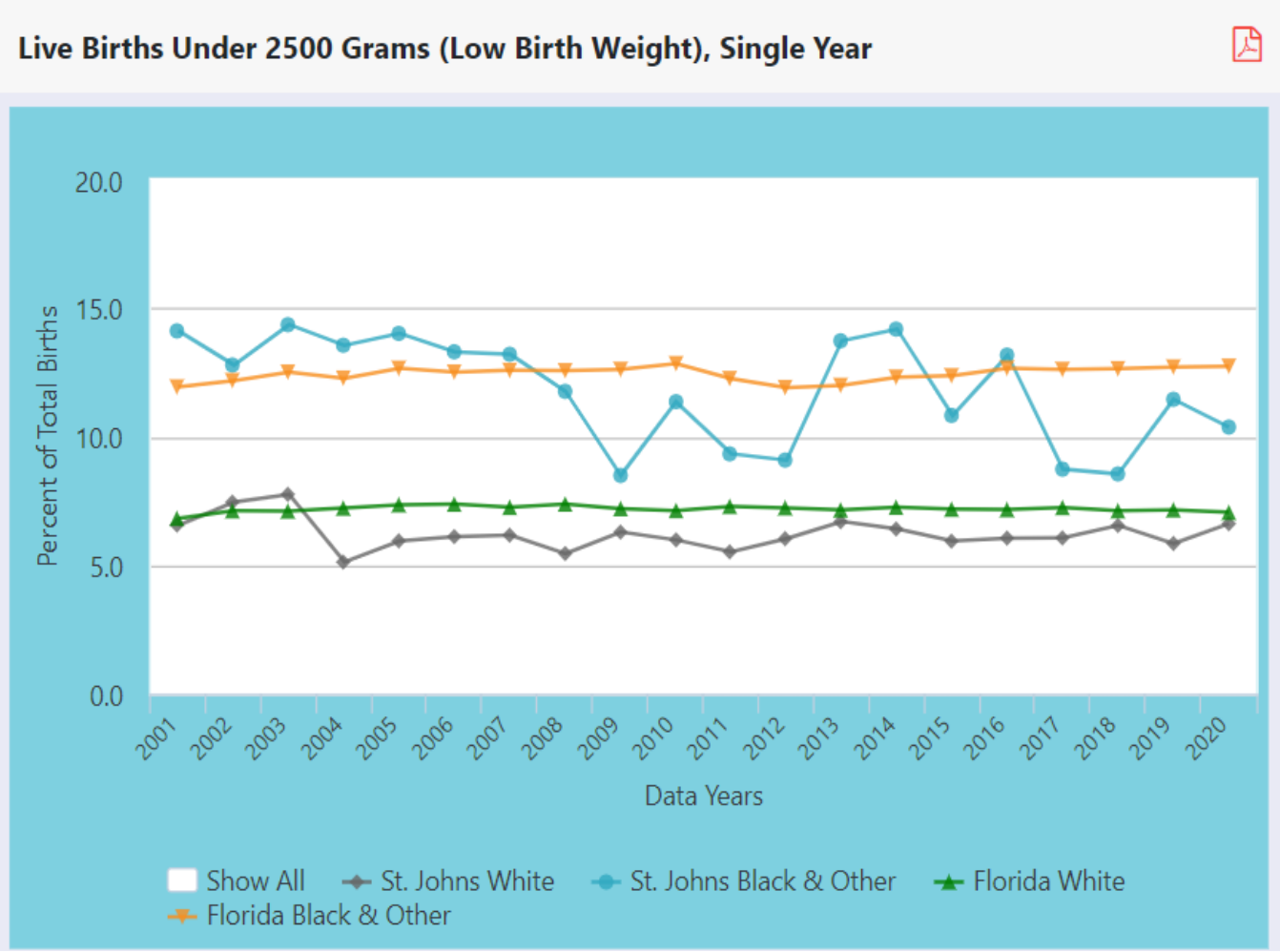
Percent of Live Birth Under 2500 Grams (Low Birth Weight)
Single Year
White and Black & Other Races – Saint Johns County, Florida
Source: Florida Health CHARTS
Live Births Under 2500 Grams (Low Birth Weight) - Florida Health CHARTS - Florida Department of Health | CHARTS (flhealthcharts.gov)



- In 2020, in St. Johns County, 7.4% of live births of all races weighed less than 2500 grams (Low Birth Weight).
  - ***According to Florida CHARTS, this is statistically significantly different from the respective statewide proportion of 8.7%.***

Related Community Health Indicators and/or Outcomes (*continued…)*

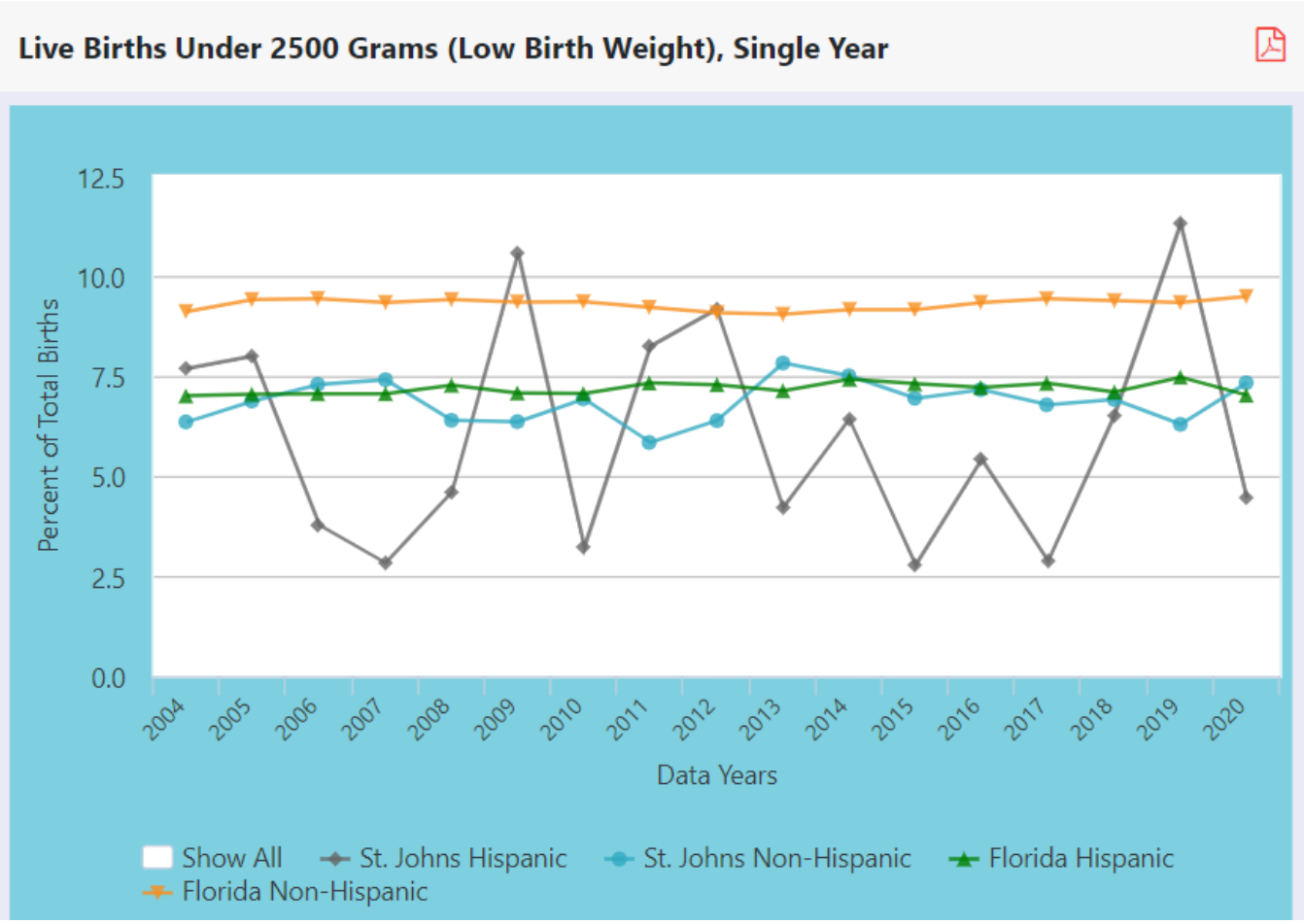
Percent of Live Birth Under 2500 Grams (Low Birth Weight)
Single Year
White and Black & Other Races – Saint Johns County, Florida
Source: Florida Health CHARTS
Live Births Under 2500 Grams (Low Birth Weight) - Florida Health CHARTS - Florida Department of Health | CHARTS (flhealthcharts.gov)



- In 2020, in St. Johns County, 7.4% of live births of all races weighed less than 2500 grams (Low Birth Weight).
- In 2020, in St. Johns County, 6.6% of live births (White) were Low Birth Weight compared to the statewide proportion of 7.1%.
- ***In 2020, in St. Johns County, 10.4% of live births (Black & Other) were Low Birth Weight compared to the statewide proportion of 12.7%.***

Related Community Health Indicators and/or Outcomes (*continued…)*

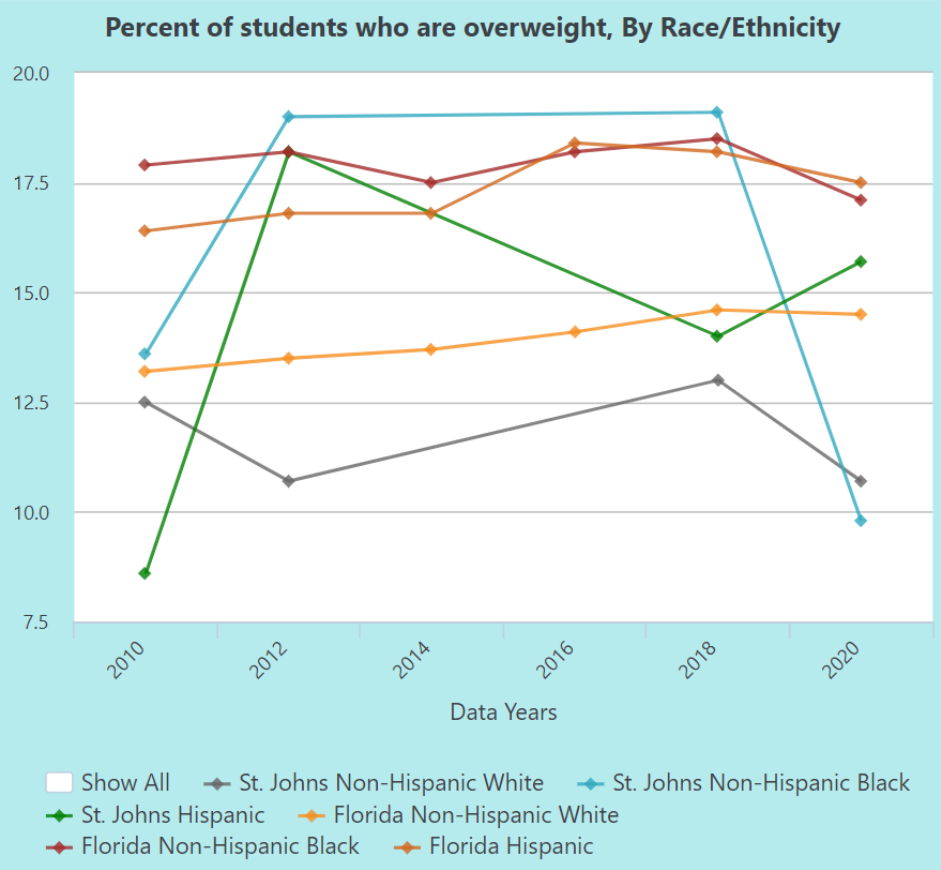
Percent of Live Birth Under 2500 Grams (Low Birth Weight)
Single Year
Ethnicity: Hispanic versus Non-Hispanic – Saint Johns County, Florida
Source: Florida Health CHARTS
Live Births Under 2500 Grams (Low Birth Weight) - Florida Health CHARTS - Florida Department of Health | CHARTS (flhealthcharts.gov)



- In 2020, in St. Johns County, 7.4% of live births of all races weighed less than 2500 grams (Low Birth Weight).
- In 2020, in St. Johns County, 4.5% of live births (Hispanic) were Low Birth Weight compared to the statewide proportion of 7.0%.
- *In 2020, in St. Johns County, 7.3% of live births (Non-Hispanic) were Low Birth Weight compared to the statewide proportion of 9.5%.*
    - According to Florida CHARTS, the proportion of Non-Hispanic Low Birthweights for 2020 is statistically significantly different from the respective statewide proportion.

Related Community Health Indicators and/or Outcomes (*continued…)*

Percent of Students Who Are Overweight, Single Year
By Race and Ethnicity - Saint Johns County, Florida
Source: Florida Health CHARTS
Florida Youth Tobacco Survey Data - Florida Health CHARTS - Florida Department of Health (flhealthcharts.gov)

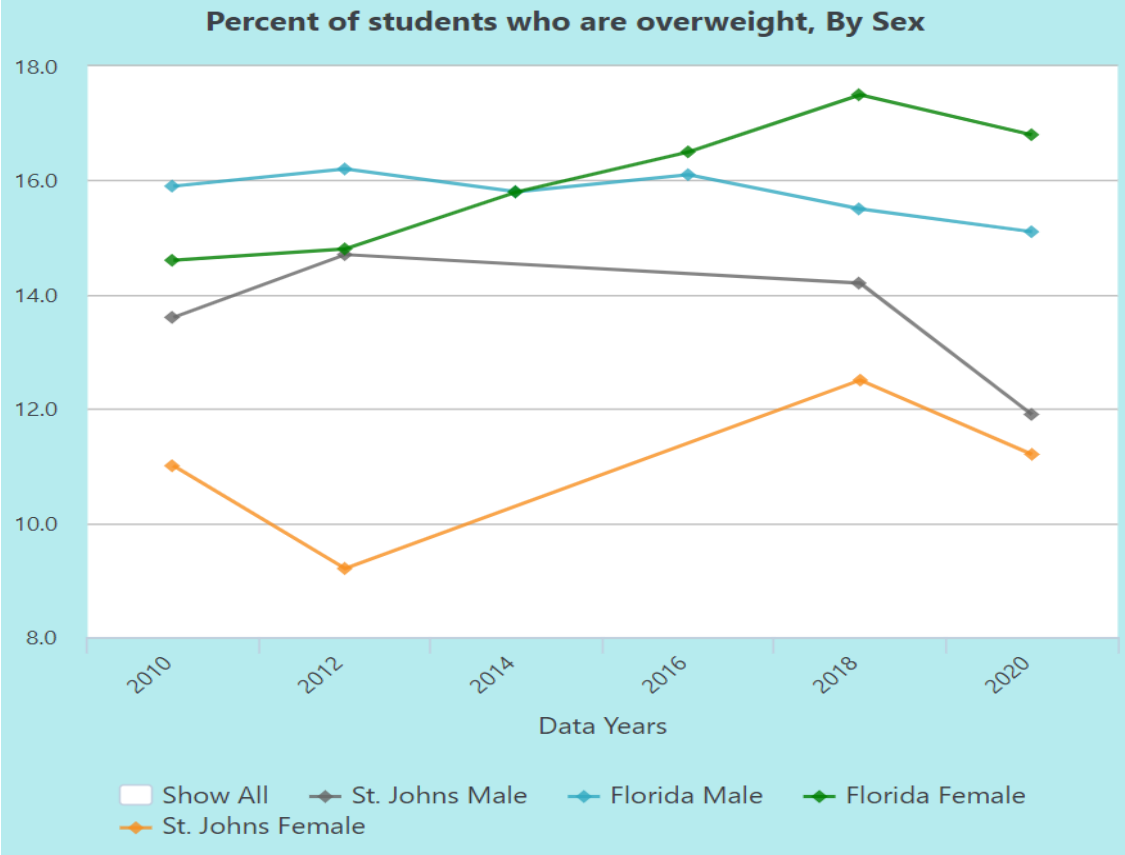


In 2020, in St. Johns County, 11.5% of Middle and High School Students were Overweight compared to the statewide proportion of 16%.

- In 2020, in St. Johns County, 10.7% of Non-Hispanic White Middle and High School Students were Overweight compared to the statewide proportion of 14.5%
- In 2020, in St. Johns County, 9.8% of Non-Hispanic Black Middle and High School Students were Overweight compared to the statewide proportion of 17.1%
- ***In 2020, in St. Johns County, 15.7% of Hispanic Middle and High School Students were Overweight compared to the statewide proportion of 17.5%***

Related Community Health Indicators and/or Outcomes (*continued…)*

Percent of Students Who Are Overweight, Single Year
By Sex - Saint Johns County, Florida
Source: Florida Health CHARTS
Florida Youth Tobacco Survey Data - Florida Health CHARTS - Florida Department of Health (flhealthcharts.gov)



In 2020, in St. Johns County, 11.5% of Middle and High School Students were Overweight compared to the statewide proportion of 16%.

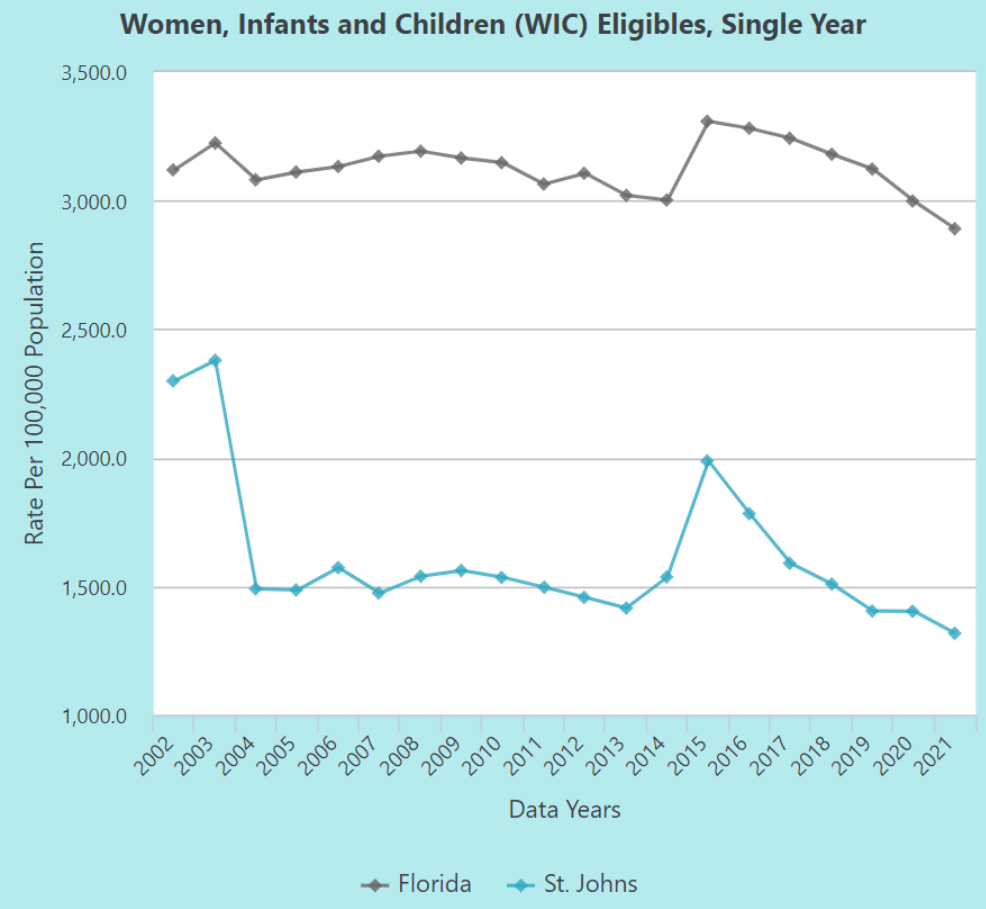
- In 2020, in St. Johns County, 11.9% of Male of Middle and High School Students were Overweight compared to 15.1% of the male population statewide.
- In 2020, in St. Johns County, 11.2% of Female of Middle and High School Students were Overweight compared to 16.8% of the female population statewide.
- ***There may be a gap in the availability of data for people identifying as a sex/gender other than Male or Female. Data Gap and Inclusion needed.***

Related Community Health Indicators and/or Outcomes (*continued…)*

Population Eligible for Women, Infants, and Children (WIC) Program Rate per 100,000 Population, Single Year

Source: Florida Health CHARTS

Women, Infants and Children (WIC) Eligibles - Florida Health CHARTS - Florida Department of Health (flhealthcharts.gov)



In 2021, for St. Johns County, a rate of 1,317 per 100,000 population were eligible for public health nutrition services through the federally funded Women, Infants, and Children Program. It is noted that rate for Saint Johns County is statistically significantly different from the statewide rate of 2,908.5 per 100,000 population.

- ***Demographic data for this population is not readily available.***

Related Community Health Indicators and/or Outcomes (*continued…)*

Women, Infants, and Children (WIC) Eligibles Served
Percent of WIC Eligibles Served
Single Year
Source: Florida Health CHARTS
Women, Infants and Children (WIC) Eligibles - Florida Health CHARTS - Florida Department of Health (flhealthcharts.gov)

In 2021, for St. Johns County, 45.6% of the eligible population was served.

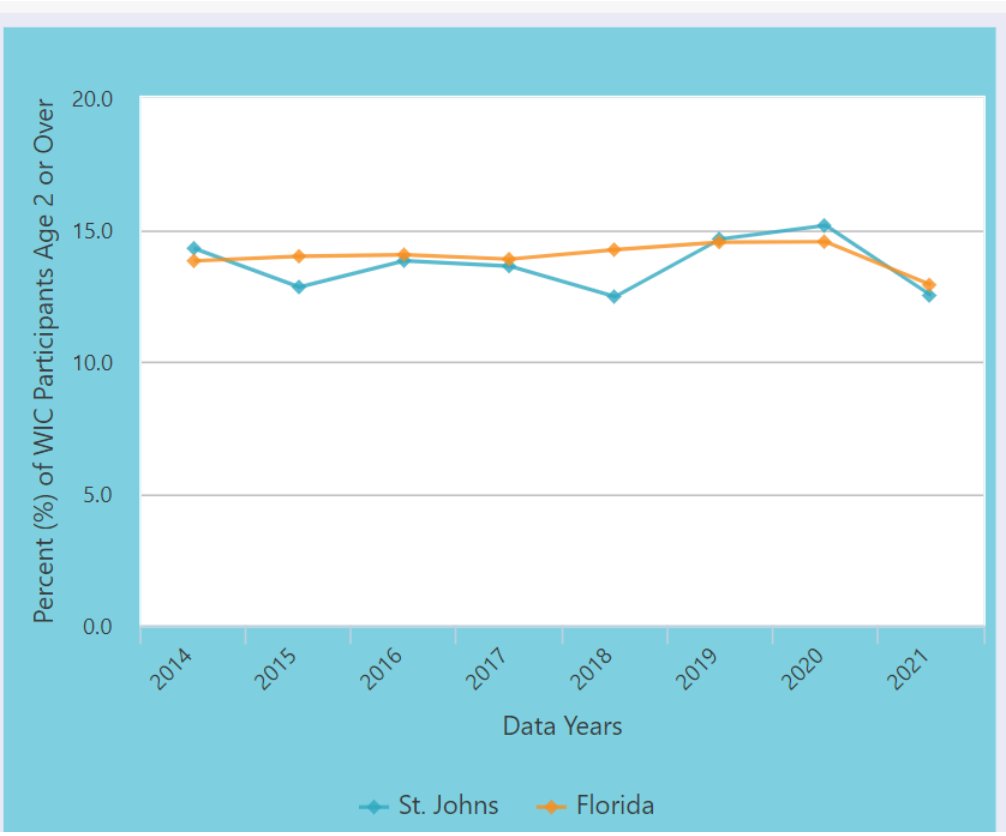
- ***Demographic data for this population is not readily available.***

Related Community Health Indicators and/or Outcomes (*continued…)*

Women, Infants, and Children (WIC) Clients Who Are Overweight (Aged 2 Years and Older), Single Year

Source: Florida Health CHARTS

Women, Infants and Children (WIC) Eligibles - Florida Health CHARTS - Florida Department of Health (flhealthcharts.gov)



In 2021, 12.5% of WIC Clients Aged 2 Years and Older were overweight. Comparatively, the statewide proportion is 12.9%.

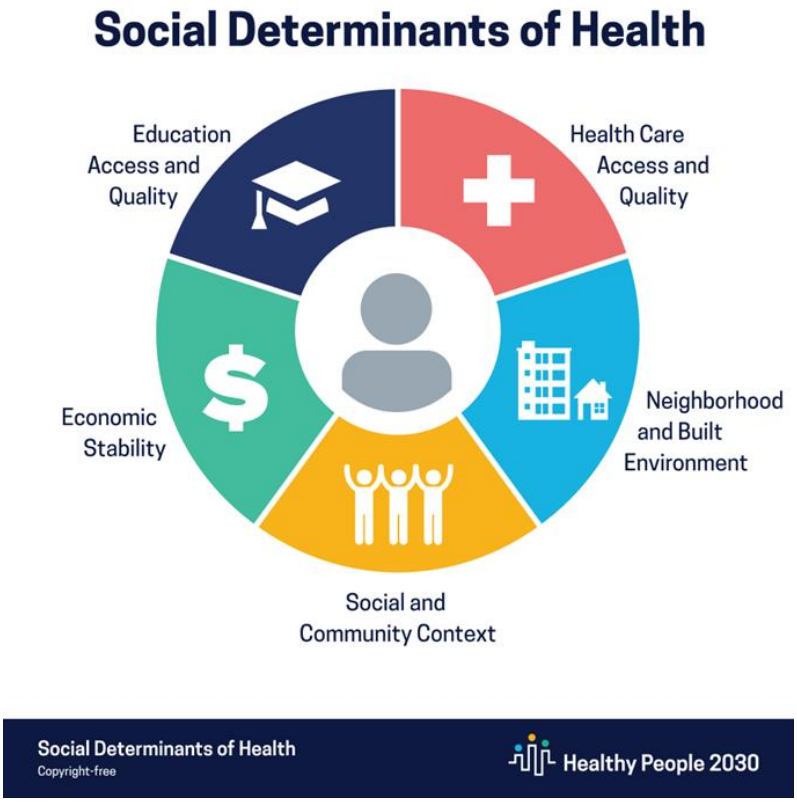
- ***Demographic data for this population is not readily available.***

VI. SDOH DATA

Social Determinants of Health (SDOHs) are conditions in the places where people live, learn, work, and play that affect a wide range of health and quality-of life-risks and outcomes. The SDOHs can be broken into the following categories: education access and quality, health care access and quality, neighborhood and built environment, social and community context, and economic stability.

- *Healthiest Weight Florida - Healthy eating and physical activity are keys to maintaining a healthy weight. Being at a healthy weight is related to a reduction in several serious health conditions including heart disease, diabetes, stroke (brain attack), and certain cancers. For those that are overweight, even a modest weight loss can have a positive impact on your health. Healthy weight can also impact your energy levels, sleep habits, self-esteem, psychological health, and health care costs.*

The Health Equity Team identified multiple SDOHs that impact the **Healthy Weight**. They are listed below.



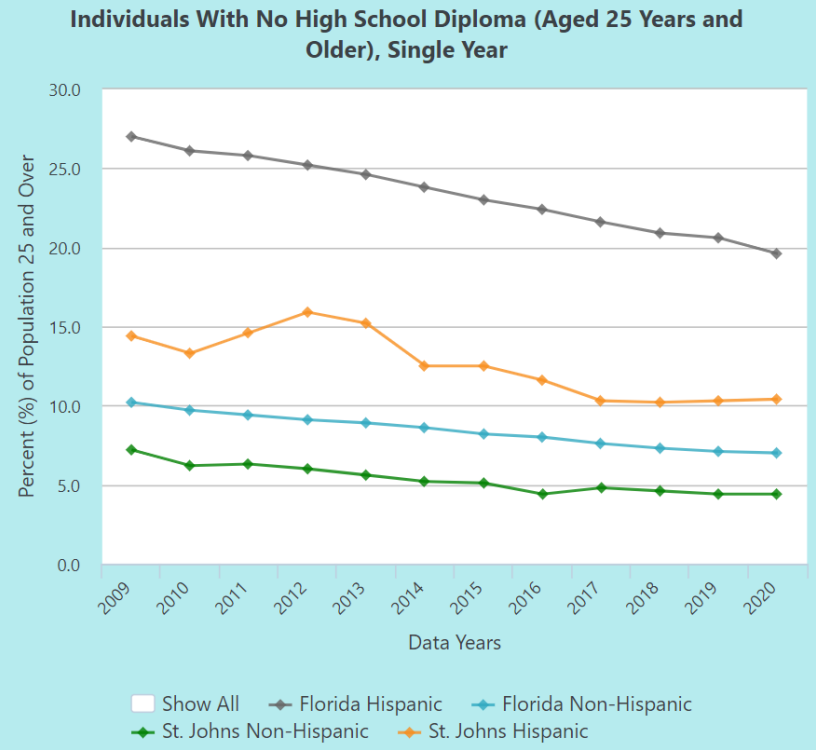
A. Education Access and Quality

- **Education Access and Quality data for Saint Johns County, FL**

Educational attainment is an indicator of economic prosperity and is inversely associated with poverty. Lack of a high school diploma impacts Healthy Weight by education, literacy and ability to make healthy choices. To improve Health Behaviors and Healthy Weight, Saint Johns County is addressing disparities related to achieving Health Literacy.

Individuals Aged 25 Years and Over with No High School Diploma by Race and Ethnicity

Source: Individuals With No High School Diploma (Aged 25 Years and Older) - Florida Health CHARTS - Florida Department of Health (flhealthcharts.gov)

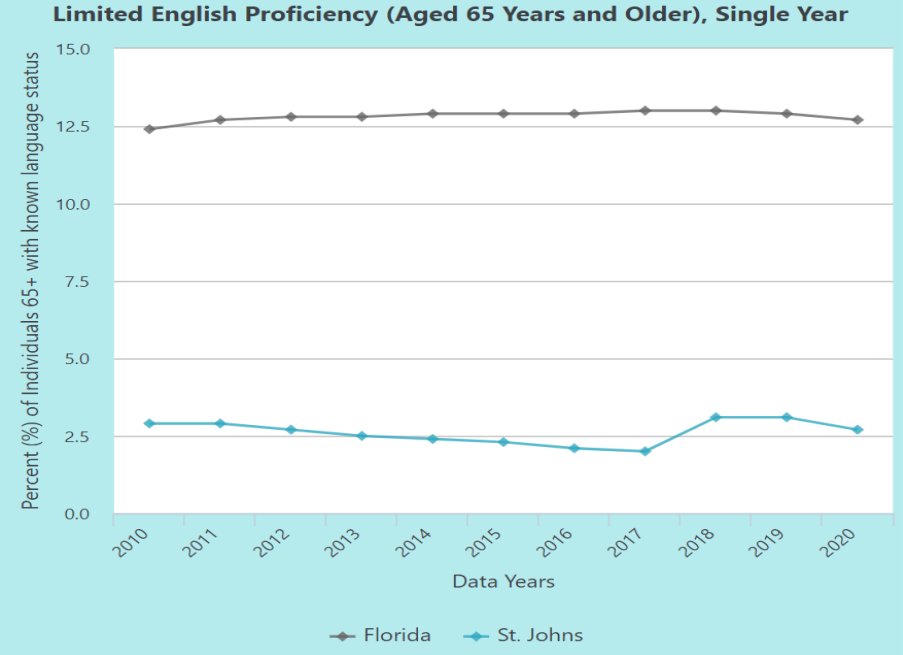


In 2020, the percentage of individuals 25 years and over with no high school diploma in Saint Johns County was 5.2% compared to Florida at 11.5%.

- *The percentage of Black individuals 25 years and over in Saint Johns County, with no high school diploma, was 13.78% compared to Florida at 16.3%*
- *The percentage of Hispanic individuals 25 years and over in Saint Johns County, with no high school diploma, was 10.41% compared to non-Hispanic individuals at 4.49%.*

Percent of Individuals with Limited English Proficiency (Aged 65 Years and Older) Single Years, Saint Johns County, FL

Source: [Population That Speak English Less Than Very Well (Aged 5 Years and Older) - Florida Health CHARTS - Florida Department of Health (flhealthcharts.gov)]



- In 2020, the percentage of individuals aged 65 years old or older with Limited English Proficiency was **2.5%.** Comparatively, the statewide proportion is 11.8%.
  - Per Florida CHARTS, the county rate is statistically significantly different from the statewide rate.
- ***Demographic data for this population is not readily available.***

The Impact of Education Access and Quality on Healthy Weight

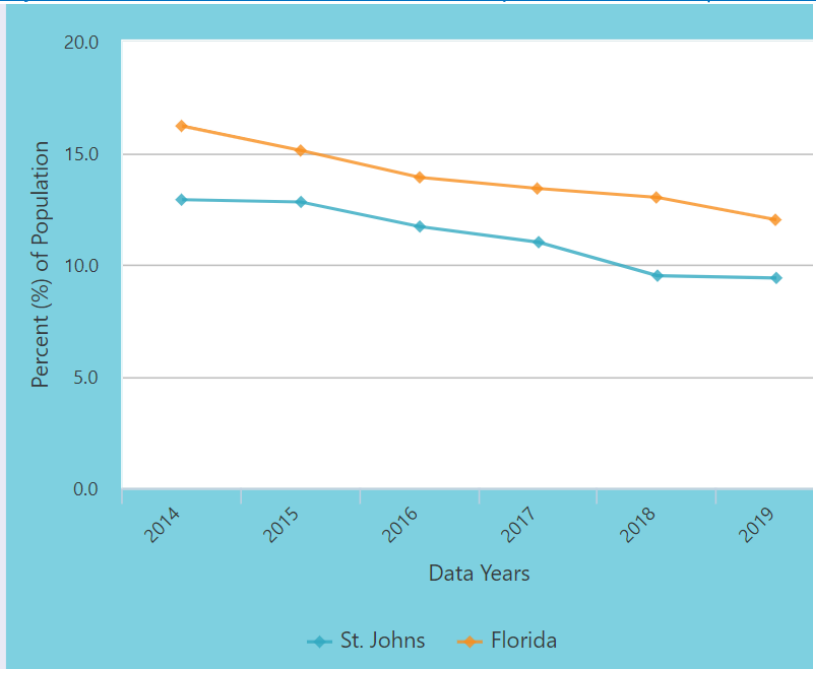
Education Access and Quality		
SDOH	**Vulnerable Populations Impacted**	**How the SDOH Impacts (Health Disparity)**
Literacy	White, Black, Hispanic, Elderly	Per the Centers for Disease Control & Health Protection, literacy has multiple components, including oral literacy (listening and speaking skills), print literacy (writing and reading skills), numeracy (the ability to understand and work with numbers), and cultural and conceptual knowledge. Research indicates that limited language skills and low literacy skills are associated with lower educational attainment and worse health outcomes.
Higher Education	Whites, Blacks, and Hispanic	Per the Centers for Disease Control & Health Protection, personal health literacy is the degree to which individuals have the ability to find, understand, and use information and services to inform health-related decisions and actions for themselves and others.
Language	Non-English Speaking, Limited English Proficiency	Although the population is becoming more diverse, having limited English proficiency in the United States can still be a barrier to accessing health care services, understanding health information, and satisfaction with the quality of services accessed.

B. Economic Stability

- **Economic stability data for Saint Johns County, FL**

Percent - Food Insecurity
Single Year - Saint Johns County, FL

Source: Food Insecurity Rate - Florida Health CHARTS - Florida Department of Health | CHARTS (flhealthcharts.gov)



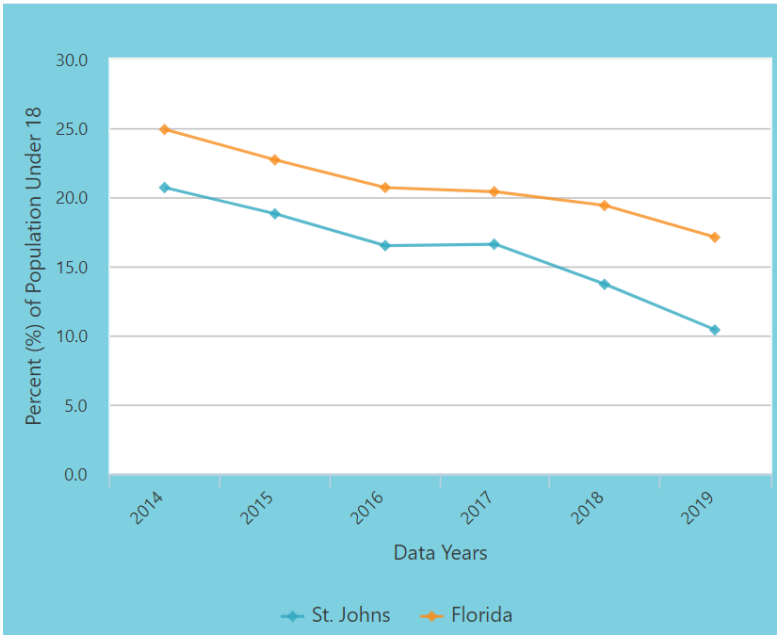
Demographic data for this population is not readily available.

The percentage of the population that does not have consistent access to enough food for an active, healthy life. Food insecurity refers to a lack of available financial resources for food at the household level. Food insecurity is a social determinant of health. Low-income families are affected by multiple, overlapping issues like lack of affordable housing, social isolation, chronic or acute health problems, high medical costs, and low wages. People experiencing food insecurity often consume a nutrient-poor diet, which may contribute to the development of obesity, heart disease, hypertension, diabetes, and other chronic diseases.

Source: Food Insecurity Rate - Florida Health CHARTS - Florida Department of Health | CHARTS (flhealthcharts.gov)

Percent – Child Food Insecurity
Single Year - Saint Johns County, FL

Source: [Child Food Insecurity Rate - Florida Health CHARTS - Florida Department of Health | CHARTS (flhealthcharts.gov)]



Demographic data for this population is not readily available.

- **The impact of economic stability on Healthy Weight**

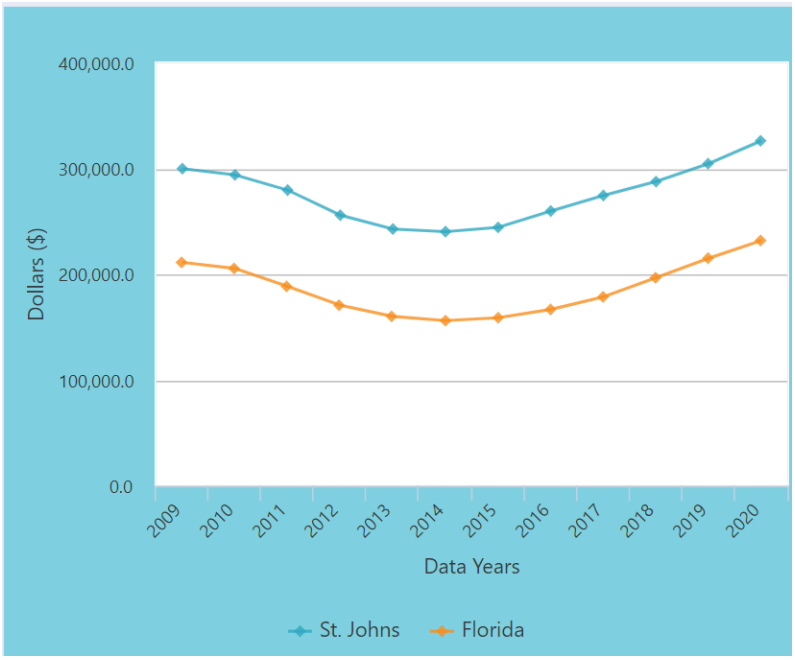
Economic Stability		
SDOH	**Vulnerable Populations Impacted**	**How the SDOH Impacts (Health Disparity)**
Income	Low Income White, Black, Hispanic, Elderly	*Food insecurity is linked to negative health outcomes in children and adults, and it may cause children to have trouble in school. Increasing access to nutritious foods through policy and programs such as nutrition assistance programs, increasing benefit amounts, and addressing unemployment may help reduce food insecurity and hunger.* *Source: Healthy People 2030, https://health.gov/healthypeople/objectives-and-data/browse-objectives/nutrition-and-healthy-eating/reduce-household-food-insecurity-and-hunger-nws-01*
Hunger	Elderly, Infants & Toddlers, and Low Income	*Food insecurity is linked to negative health outcomes in children and adults, and it may cause children to have trouble in school. Increasing access to nutritious foods through policy and programs such as nutrition assistance programs, increasing benefit amounts, and addressing unemployment may help reduce food insecurity and hunger.* *Source: Healthy People 2030, https://health.gov/healthypeople/objectives-and-data/browse-objectives/nutrition-and-healthy-eating/reduce-household-food-insecurity-and-hunger-nws-01*

C. Neighborhood and Built Environment

- **Neighborhood and built environment data for Saint Johns County, FL.**
- *Availability of resources to meet daily needs*

The median owner-occupied housing unit value is the value of housing where half of the reported housing unit values are higher and half are lower. This measure is used to develop housing assistance plans for elderly, low-income, and handicapped individuals.

Median Owner-Occupied Housing Unit Value, Single Year



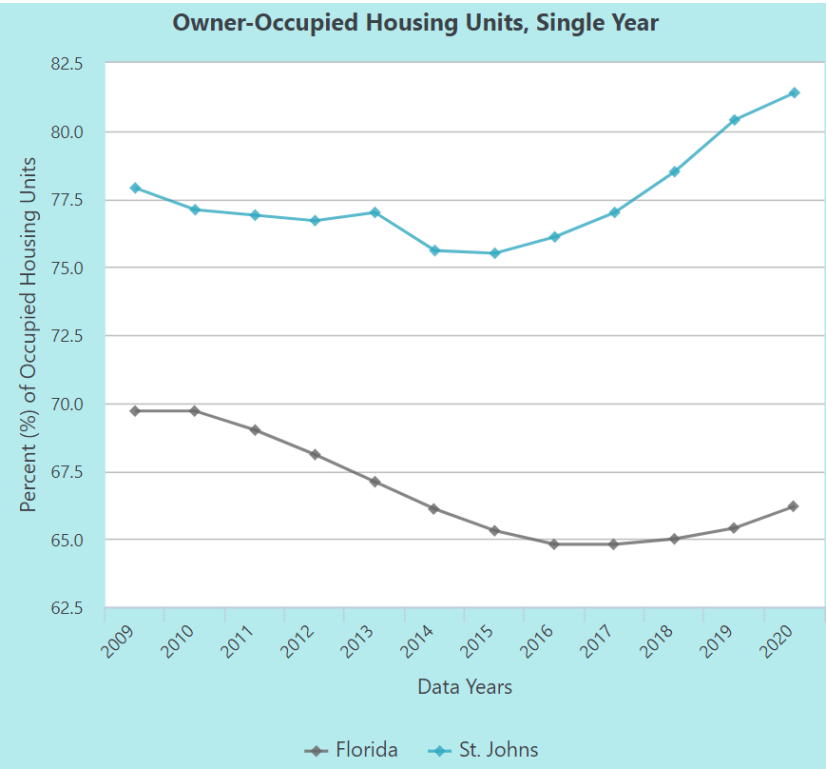
Demographic data for this population is not readily available.

In 2020, Median Owner-Occupied Housing Unit Value in St. Johns County was $326,300.00 compared to Florida at $232,000.00. The line graph shows change over time when there are at least three years of data. St. Johns County is in the first quartile for this measure. This means that relative to other counties in Florida, the situation occurs less often in about three quarters of the counties.

Owner-occupied housing is a measure of well-being. The percentage of owner-occupied housing units is used by local planners to assess neighborhood stability since, generally, higher owner-occupancy rates are considered to be a good indicator of neighborhood stability because owners have considerable long-term investments in their homes.

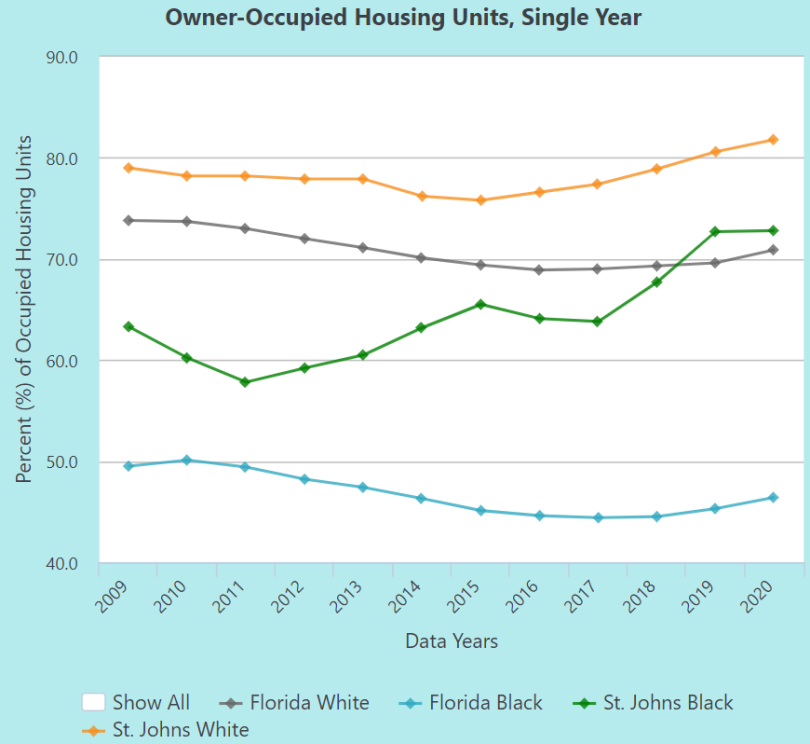
The percentage of owner-occupied housing units is the percentage of housing units that are being lived in by their owners. A housing unit is owner-occupied if the owner or co-owner lives in the unit, even if it is mortgaged or not fully paid for. A housing unit may be a house, an apartment, a mobile home, a group of rooms, or a single room that is occupied (or, if vacant, is intended for occupancy) as separate living quarters.

Percent of Owner-occupied Housing, Single Year
Saint Johns County, FL
Source: Owner-Occupied Housing Units - Florida Health CHARTS - Florida Department of Health (flhealthcharts.gov)



- *In 2020, the percentage of Owner-Occupied Housing Units in St. Johns County was 81.4 compared to Florida at 66.2.*

Percent of Owner-occupied Housing, Single Year
By Race - Saint Johns County, FL
Source: Owner-Occupied Housing Units - Florida Health CHARTS - Florida Department of Health (flhealthcharts.gov)

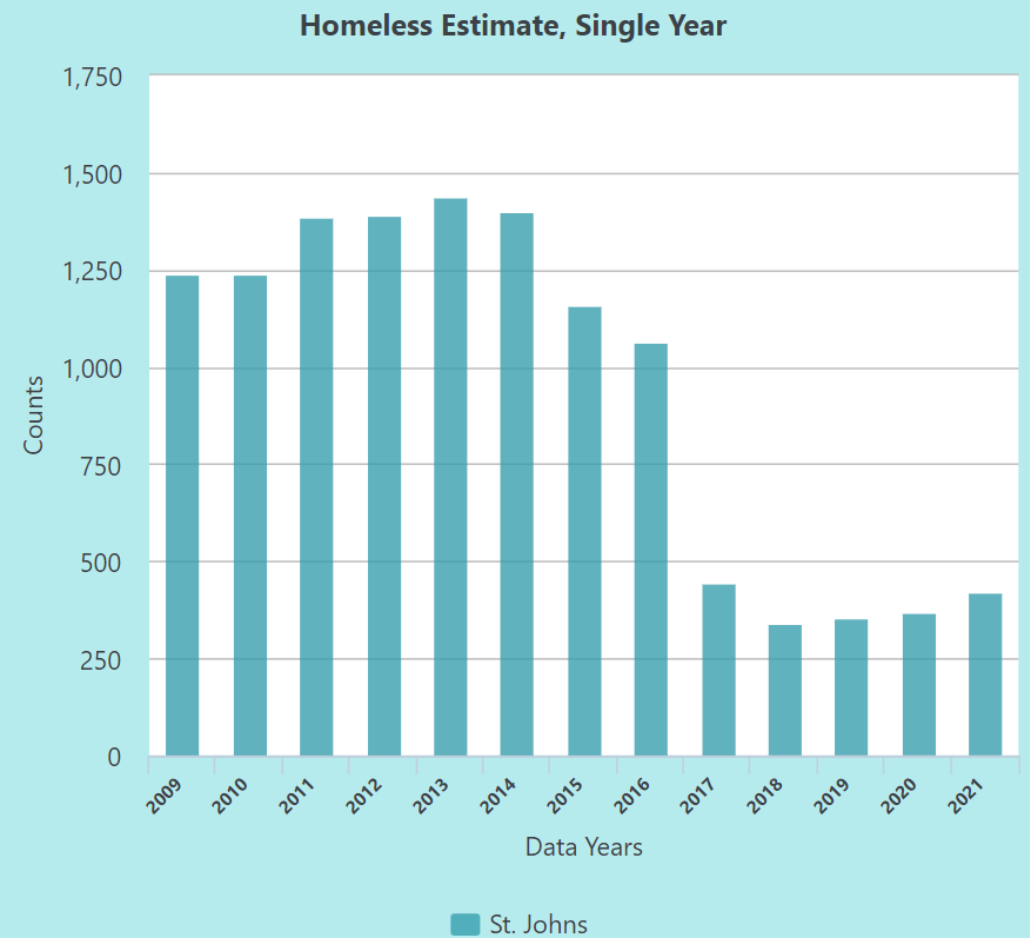


- In 2020, the percentage of Owner-Occupied Housing Units in St. Johns County was 81.4 compared to Florida at 66.2%.
- In 2020, the percent of White Owner-Occupied Housing Units in St. Johns County was 81.8% compared to Florida at 70.9%.
- In 2020, the percent of Black Owner-Occupied Housing Units in St. Johns County was 72.8% compared to Florida at 46.4%.
- ***In 2020, the percent of "Other Race" Owner-Occupied Housing Units in St. Johns County was 60.9% compared to Florida at 47.6%.***
- ***Data segmentation by Gender is not readily available and may be a data gap.***

Homeless Estimate, Single Year

Saint Johns County, FL

Source: Homeless Estimate - Florida Health CHARTS - Florida Department of Health (flhealthcharts.gov)



Homelessness is the estimated number of people who are homeless. Estimates are derived from a point-in-time count of homeless people. This measure is used to help better understand the characteristics of the population.

- *In 2021, 420 people are estimated to be in Saint Johns County, FL. Comparatively, there are an estimated 21,141 people who are homeless in Florida.*
- *Demographic data for this population is not readily available.*

Access to healthy food sources and recreational areas are necessary to support healthy diets and physical activity. Lack of physical activity and unhealthy eating are major risk factors for chronic diseases, the leading causes of death and disability in the United States. Chronic diseases include heart disease, diabetes, and cancer. Half of all adults in the U.S. have a chronic disease. A community approach to healthy living, like providing access to healthy foods and more places for physical activity, can have broader effects than the efforts of people working on their own to make healthy changes.

Population Living Within ½ Mile of a Healthy Food Source, Single Year

Source: Population Living Within ½ Mile of a Healthy Food Source - Florida Health CHARTS - Florida Department of Health | CHARTS (flhealthcharts.gov)

	St. Johns	Florida
Data Year	Percent (%)	Percent (%)
2019	8.8	27.7
2016	8.5	27.9

Population Living Within ½ Mile of a Fast Food Restaurant,

Percentage of Population, Single Year

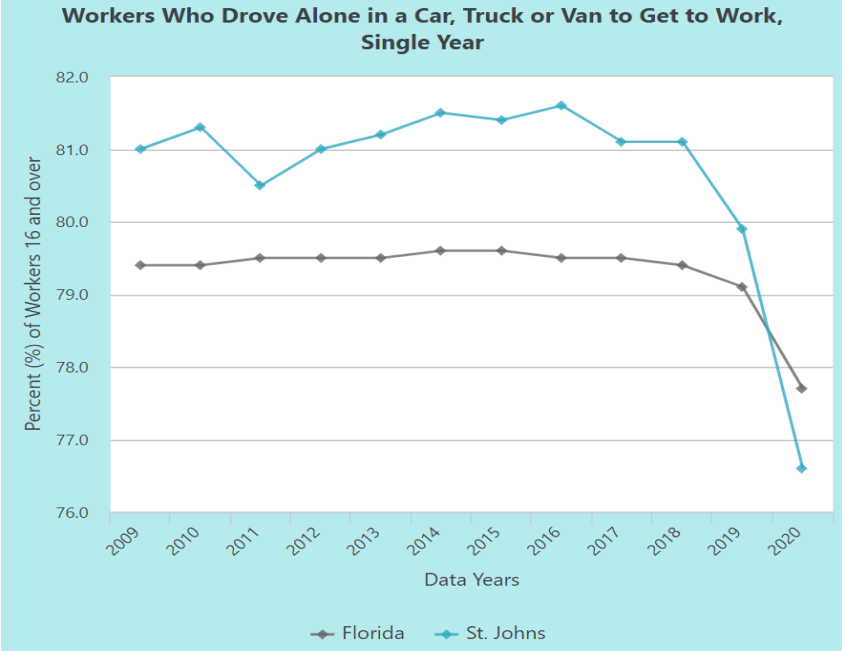
Source: Population Living Within ½ Mile of a Fast Food Restaurant - Florida Health CHARTS - Florida Department of Health | CHARTS (flhealthcharts.gov)

	St. Johns	Florida
Data Year	Percent (%)	Percent (%)
2019	10.2	27.7
2016	10.9	31.1

Community Walkability & Transportation

Workers Who Drove Alone in a Car, Truck or Van to Get to Work
Percentage of Population, Single Year

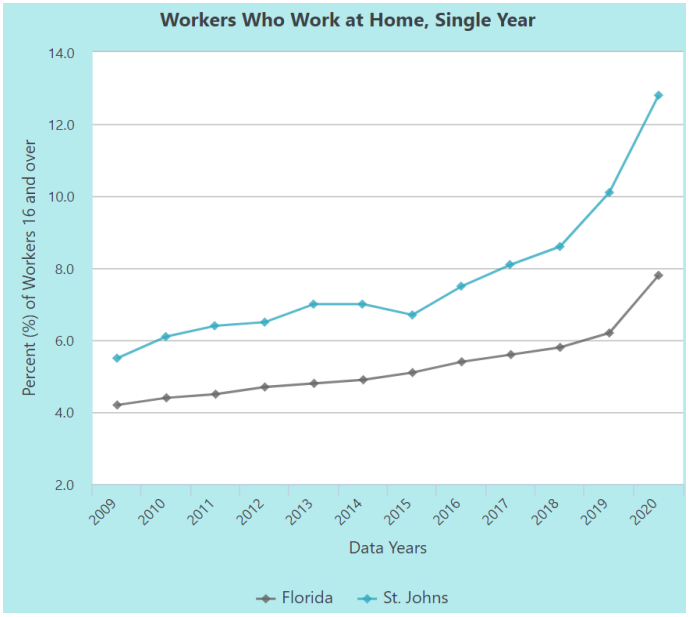
Source: Workers Who Drove Alone in a Car, Truck or Van to Get to Work - Florida Health CHARTS - Florida Department of Health (flhealthcharts.gov)



Demographic data for this population is not readily available.

Percent of Workers Who Work at Home, Single Year

Source: Workers Who Work at Home - Florida Health CHARTS - Florida Department of Health (flhealthcharts.gov)



Demographic data for this population is not readily available.

Workers Who Walked to Work, Percentage of Workers 16 and over, Single Year								
	St. Johns				Florida			
Data Year	Count	Denom	Percent (%)	MOV	Count	Denom	Percent (%)	MOV
2020	1,267	115,303	1.1*	0.1	132,932	9,559,753	1.4	0.0

Source: Workers Who Walked to Work - Florida Health CHARTS - Florida Department of Health (flhealthcharts.gov)

Workers Who Used Public Transportation to Get to Work, Percentage of Workers 16 and over, Single Year								
	St. Johns				Florida			
Data Year	Count	Denom	Percent (%)	MOV	Count	Denom	Percent (%)	MOV
2020	136	115,303	0.1*	0.0	154,580	9,559,753	1.6	0.0

Source: Workers Who Used Public Transportation to Get to Work - Florida Health CHARTS - Florida Department of Health (flhealthcharts.gov)

- **The impact of neighborhood and built environment on community access to nutritious food**

Neighborhood and Built Environment		
SDOH	Vulnerable Populations Impacted	How the SDOH Impacts (Health Disparity)
Housing	Veterans, Elderly, Disabled, Homeless persons, and Low Income (very low, low, and moderate income residents)	When families have to spend a large part of their income on housing, they may not have enough money to pay for things like healthy food or health care. This is linked to increased stress, mental health problems, and an increased risk of disease. Expanding policies that make housing more affordable can help reduce the proportion of families that spend more than 30 percent of their income on housing. Source: Healthy People 2030, https://health.gov/healthypeople/objectives-and-data/browse-objectives/housing-and-homes/reduce-proportion-families-spend-more-30-percent-income-housing-sdoh-04
Access to nutritional food	Elderly, Infants & Toddlers, and Low Income	Food insecurity is linked to negative health outcomes in children and adults, and it may cause children to have trouble in school. Increasing access to nutritious foods through policy and programs such as nutrition assistance programs, increasing benefit amounts, and addressing unemployment may help reduce food insecurity and hunger. Source: Healthy People 2030, https://health.gov/healthypeople/objectives-and-data/browse-objectives/nutrition-and-healthy-eating/reduce-household-food-insecurity-and-hunger-nws-01
Transportation	Veterans, Elderly, Disabled, Homeless persons, and Low Income	Lack of access to public transportation disproportionately harms those who rely on it, including older adults, individuals with disabilities, and commuters. Among the latter group, women, younger adults, Black workers, and low-income workers are overrepresented to various degrees.

D. Social and Community Context

- **Social and community context data for Saint Johns County, FL**

Racial residential segregation as measured through the Dissimilarity Index, the differential distribution of individuals by race or other social or income factors. When the Racial Residential Segregation Index is less than 0.3 the county's population is "well integrated".

- In 2019, Racial Residential Segregation in St. Johns County was 0.4 compared to Florida at 0.4.
    - Values between 0.3 and 0.6 indicate the county's population is **"moderately segregated".**

Excerpt from the "Community Social and Economic Factors: 2016-20" Report

Data are from US Census Bureau, American Community Survey 5-year estimates

Accessed via: Community Social and Economic Factors Report (flhealthcharts.gov)

- ***LIMITED CENSUS TRACT DATA AVAILABLE FOR SOME FACTORS***

St. Johns County, 2016-20

Indicator	State	County
POVERTY[2, 5, 6]		
Families under 100% of poverty (%)	9.4	4.7
With children under 18 years (%)	15.2	6.5
With children under 5 years (%)	13.8	9.6
Families with female householder (%)	22.7	18.8
With children under 18 years (%)	31.8	25.1
With children under 5 years (%)	34.2	42.5
SOCIAL SUPPORT AND ENGAGEMENT[7]		
Households with one or more types of computing devices (%)	93.1	95.6
Households with access to broadband internet (%)	85.4	89.7
GRANDPARENTS[3]		
Living with grandchildren under 18 years	501216	6234
Responsible for grandchildren (%)	29.2	26.2
DISABILITY STATUS[3]		
Civilian Noninstitutionalized Population	20897188	253810
With a disability (%)	13.6	11.4
Under 18 years	4205767	55335
With a disability (%)	4.7	4.4
18 to 64 years	12413168	147418
With a disability (%)	10.1	8.8
65 years and over	4278253	51057
With a disability (%)	32.5	26.4

- ***Demographic data for this population is not readily available.***

- **The impact of social and community context on Healthy Weight and Access to Food**

Social and Community Context		
SDOH	**Vulnerable Populations Impacted**	**How the SDOH Impacts (Health Disparity)**
Social Integration	All, Elderly, People with Disabilities	Research has linked segregation with higher rates of mortality. Racial residential segregation is associated with unequal access to health care resources, including health care settings and quality of treatment. Racial residential segregation contributes to poor health in minority populations, not just through SES differences but also through neighborhood effects. Differences in quality of neighborhood exist at all SES levels between Black and White families. Segregated, urban residential areas are less conducive to health due to reduced access to civic services, substandard housing conditions, higher exposure to pollutants and allergens, and reduced access to high-quality medical care.
Support Systems	**All, Elderly, People with Disabilities**	**People with greater social support, less isolation, and greater interpersonal trust live longer and healthier lives than those who are socially isolated. Neighborhoods richer in social capital provide residents with greater access to support and resources than those with less social capital.**

E. Health Care Access and Quality

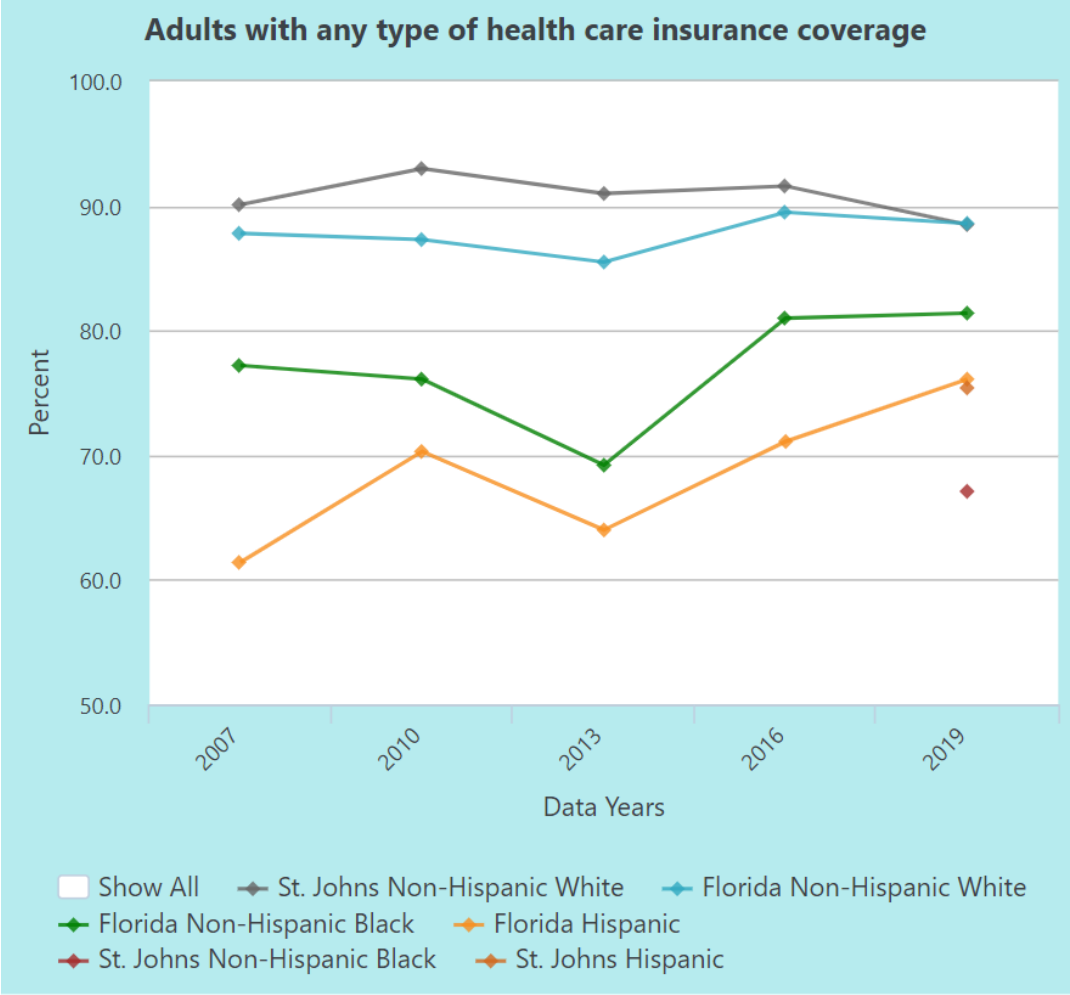
- **Health care access and quality data for St. Johns County, FL.**
- **The impact of health care access and quality on Health Weight and Healthy Behaviors.**

Since behaviors impact health, this knowledge is a powerful tool for targeting and building health promotion activities. It also provides a way to see change in population health behaviors before morbidity or disease is apparent.

Percent of Adults with Any Type of Health Care Insurance Coverage

By Race and Ethnicity - From 2007 to 2019, Saint Johns County, FL

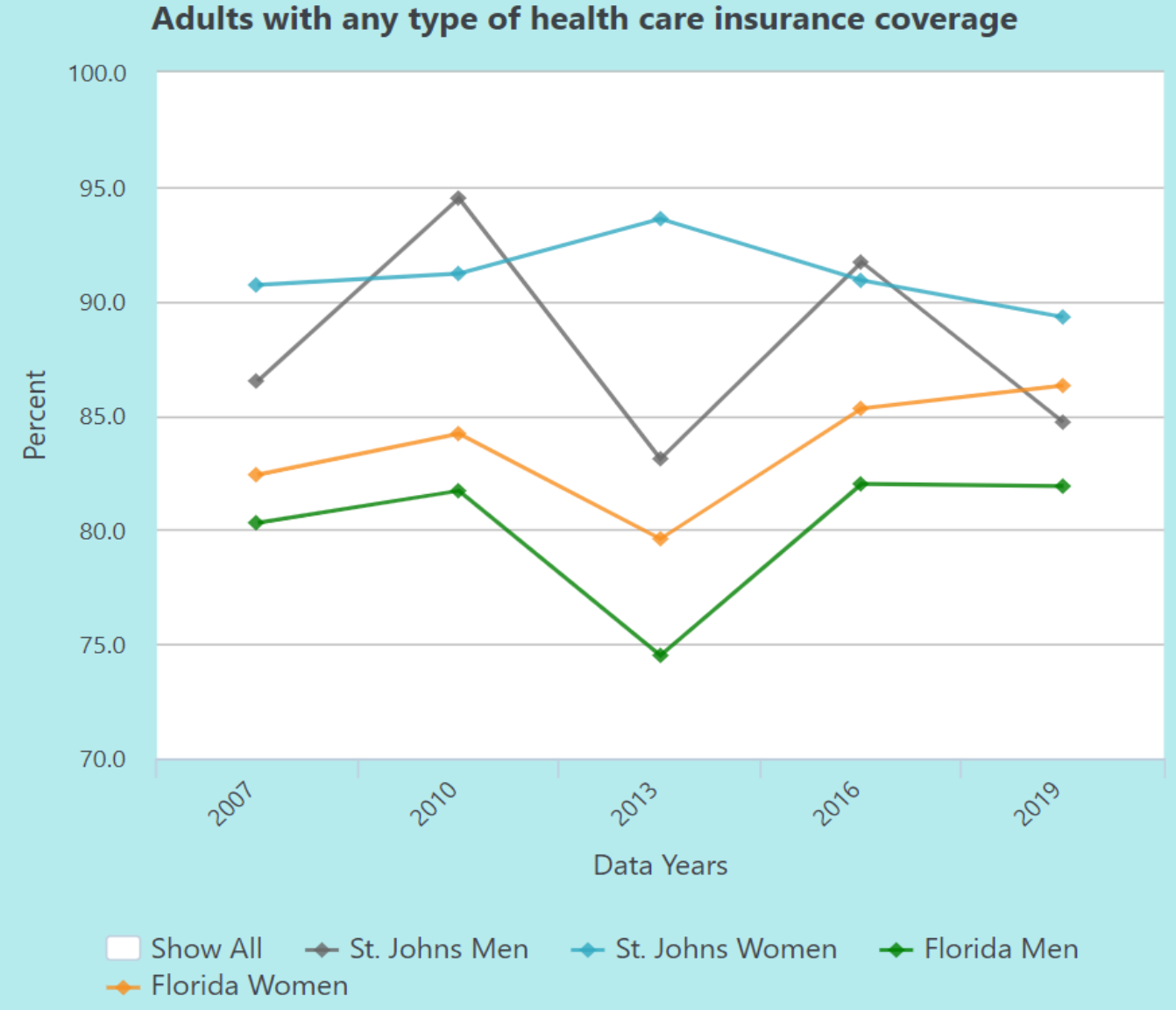
Source: [Florida Behavioral Risk Factor (BRFSS) Data - Florida Health CHARTS - Florida Department of Health (flhealthcharts.gov)]



In 2019, in St. Johns County, 87.1% of adults with any type of health care insurance coverage (Overall) can be compared to 84.2% statewide.

- In 2019, in St. Johns County, 88.5% of Non-Hispanic White adults with any type of health care insurance coverage. Comparatively, the proportion statewide was 88.6%.
- ***In 2019, in St. Johns County, 67.1% of Non-Hispanic Black adults with any type of health care insurance coverage. Comparatively, the proportion statewide was 81.4%.***
- ***In 2019, in St. Johns County, 75.4% of-Hispanic adults with any type of health care insurance coverage. Comparatively, the proportion statewide was 76.1%.***

Percent of Adults with Any Type of Health Care Insurance Coverage
By Sex - From 2007 to 2019, Saint Johns County, FL
Source: [Florida Behavioral Risk Factor (BRFSS) Data - Florida Health CHARTS - Florida Department of Health (flhealthcharts.gov)]



Adults with any type of health care insurance coverage				
	St. Johns		Florida	
Year	Men	Women	Men	Women
2019	84.7% (79.4% - 89.9%)	89.3% (84.4% - 94.2%)	81.9% (80% - 83.9%)	86.3% (84.8% - 87.9%)

- ***There may be a gap in the availability of data for people identifying as a sex/gender other than Male or Female. Data Gap and Inclusion needed.***

Health Care Access and Quality		
SDOH	**Vulnerable Populations Impacted**	**How the SDOH Impacts (Health Disparity)**
Health Coverage	Black, Men, and Low Income	Health insurance makes a difference in whether and when people get necessary medical care, where they get their care, and ultimately, how healthy they are. Uninsured people are far more likely than those with insurance to postpone health care or forgo it altogether.
Provider Linguistic and Cultural Competency	All Hispanic Limited English	Health and human service organizations are recognizing the need to enhance services for culturally and linguistically diverse populations. According to the Centers for Disease Control and Prevention, "…Cultural competence is the integration and transformation of knowledge about individuals and groups of people into specific standards, policies, practices, and attitudes used in appropriate cultural settings to increase the quality of services; thereby producing better outcomes." Source: https://npin.cdc.gov/pages/cultural-competence
Provider Availability	All	

VII. SDOH PROJECTS

The Minority Health Liaison recruited and engaged members across the county, including government agencies, nonprofits, private businesses, and community organizations, to join the Health Equity Taskforce. The Minority Health Liaison will take into consideration the prioritized health disparity and the impactful SDOHs identified by the Health Equity Team during recruitment.

A. Data Review

The Health Equity Taskforce reviewed data, including health disparities and SDOHs provided by the Health Equity Team. Members of the Health Equity Taskforce provide expertise and share evidence-based and promising approaches to improve the identified SDOHs. The Health Equity Taskforce will consider the policies, systems and environments that lead to inequities.

B. Barrier Identification

Members of the Health Equity Taskforce will work collaboratively to identify their organizations' barriers to fully addressing the SDOHs relevant to their organization's mission. Common themes will continue to be explored as well as discuss collaborative strategies to overcome barriers.

Team List / Line-Up

- *Improve the food environment and healthy habits across the lifespan to increase healthy weight*
- ***By September 30th 2023, the Council will conduct population specific-surveys regarding barriers to Access to Care, Access to Food, and Access to Community Support Systems.***
- ***Access / Nutritious foods***
  - ***Increase access for vulnerable populations to nutritious foods***
    - ***Increase participation in WIC (Women, Infants, and Children to age 5)***
    - ***Increase participation in Senior Food programs***
    - ***Increase community awareness of emergency food banks***
- ***Education Access & Quality***
  - ***Literacy***
    - ***Increase provision of health education to support a health pregnancy***
      - ***Increase healthy weight during pregnancy***
      - ***Enrollment in WIC during 1st trimester***
- ***Economic Stability***
  - ***Support***
    - ***Increase agency participation in Care Connect +***
  - ***Hunger***

        - ***Increase participation in WIC***
        - ***Increase agency participation in Care Connect +***
- ***Neighborhood and Built Environment***
    - ***Housing***
        - ***Saint Johns County – Community Action Plan for Affordable Housing***
    - ***Access to nutritional food***
        - ***Food Deserts***
        - ***Complete a PACE-EH focused on Food Access***
- ***Support and Community Context***
    - ***Support Systems***
        - ***Increase agency participation in Care Connect +***
        - ***Increase community participation in Care Connect +***
- ***Health Care Access and Quality***
        - ***Provider Linguistic and Cultural Competency***
            - ***Complete CLAS assessment for CHD***
            - ***Identify CLAS providers available in community***
        - ***Provider Availability***
        - ***Identify underserved populations with limited access***

C. Community Projects

The Health Equity Taskforce will research evidence-based strategies to overcome the identified barriers and improve the SDOH that impact the prioritized health disparity. The Health Equity Taskforce will use this information to collaboratively design community projects to address the SDOHs. During project design, the Health Equity Taskforce considered the policies, systems and environments that lead to inequities. Projects included short, medium, and long-term goals with measurable objectives. As appropriate, these projects will be reviewed, edited, and approved by the Coalition to ensure feasibility.

VIII. HEALTH EQUITY PLAN OBJECTIVES

A. Neighborhood and Built Environment

- **Health Disparity Objective: By June 30th, 2025, improve the proportion of Saint Johns County Hispanic Population at a Healthy Weight from 19% to 22%.**
- **Healthy Weight & Health Factors**

	Lead Entity and Unit	Lead Point Person	Data Source	Baseline Value	Target Value	Plan Alignment
Short-Term SDOH Goal: Seek and identify funding opportunities to establish a Community Health Workers Program in Saint Johns County						
Objective: By June 30, 2023, DOH-St. Johns County, or partner agency, will have applied for grant funded opportunity to establish Community Health Worker Program to increase the proportion of Hispanic population in Saint Johns from 19% in 2020 to 22% by June 2025.	FDOH St. Johns -and-Partner Agency TBD	DOH-SJC Noreen Nickola-Williams	CHIP CHA FL-Charts' Healthy Weight Profile	$0.00	$75,000	CHIP SHIP SP
Medium-Term SDOH Goal: Improve (SDOH indicator) – Hire, train, and certify 2 Community Health Workers						
Objective: By December 30, 2023, two Community Health Workers will be hired and have begun training to become CHW certified to to increase the proportion of Hispanic population in Saint Johns from 19% in 2020 to 22% by June 2025.	FDOH St. Johns -and-Partner Agency TBD	DOH-SJC Noreen Nickola-Williams	CHIP CHA FL-Charts' Healthy Weight Profile	# of community health workers - 0	2	CHIP SHIP SP

Long-Term SDOH Goal: Seek and identify funding opportunities to sustain a Community Health Workers Program in St. Johns County, FL						
Objective: By June 30, 2025, DOH-St. Johns County, or partner agency, will have funding in place to sustain Community Health Worker Program established to increase the proportion of Hispanic population in Saint Johns from 19% in 2020 to 22% by June 2025.	FDOH St. Johns - and- Partner Agency TBD	DOH-SJC Noreen Nickola-Williams	CHIP CHA FL-Charts' Healthy Weight Profile	# of grant applications	2 grant application	CHIP SHIP SP

- **Support System Enhancement through Community Health Worker Program**

- **To Increase Access through Supporting the Access**
  - **In order to……**
    - **Increase participation in the Care Connect + referral system**
    - **Increase referrals to health and social services (including health screenings, emergency food banks, weight management programs, diabetes prevention, etc.)**
    - **Increase access to nutritious foods Increase participation in WIC (Women, Infants, and Children to age 5)**
    - **Increase participation in Senior Food programs**

IX. PERFORMANCE TRACKING AND REPORTING

Ongoing communication is critical to the achievement of health equity goals and the institutionalization of a health equity focus. The successes of Health Equity Plan projects are shared with OMHHE, partners, other CHDs, CHD staff, and the Central Office through systematic information-sharing, networking, collecting, and reporting on knowledge gained, so that lessons learned can be replicated in other counties and programs. Regional Health Equity Coordinators facilitate systematic communication within their region.

The Minority Health Liaison serves as the point of contact in their county for sharing progress updates, implementation barriers, and practices associated with the Health Equity Plan. The Minority Health Liaison is responsible for gathering data and monitoring and reporting progress achieved on the goals and objectives of the Health Equity Plan. At least quarterly, the Minority Health Liaison meets with the Health Equity Taskforce to discuss progress and barriers. The Minority Health Liaison tracks and submits indicator values to the OMHHE within 15 days of the quarter end.

Annually, the Minority Health Liaison submits a Health Equity Plan Annual Report assessing progress toward reaching goals, objectives, achievements, obstacles, and revisions to the Regional Health Equity Coordinator and Coalition. The Regional Health Equity Coordinator and Coalition leaders provide feedback to the Minority Health Liaison and the Health Equity Taskforce from these annual reports. The Minority Health Liaison then submits the completed report to OMHHE by July 15th annually.

X. REVISIONS

Annually, the Health Equity Taskforce reviews the Health Equity Plan to identify strengths, opportunities for improvement, and lessons learned. This information is then used to revise the plan as needed.

Revision	Revised By	Revision Date	Rationale for Revision

Health Equity Profile - 2020
St. Johns County, FL
Source: Health Equity Profile (flhealthcharts.gov)

Health Equity Profile - 2020

Select a County, Year and click on Display Report button.

County: St. Johns **Year:** 2020 Reference Groups: White **Display Report** Print/PDF Export to Excel

Health Equity Profile - St. Johns County, Florida 2020

Indicator	Measure	Year(s)	RACE/ETHNICITY						COUNTY RATE RATIOS				STATE RATE RATIOS			
			Total	White	Black	Other Race	Hispanic	Non-Hispanic	Black/White	Other Race/White	Hispanic/Non-Hispanic	Non-Hispanic/Hispanic	Black/White	Other Race/White	Hispanic/Non-Hispanic	Non-Hispanic/Hispanic
Population																
Population	Total Population	2020	266,128	88.6%	5.6%	5.8%	7.5%	92.5%	0.1:1	0.1:1	0.1:1	12.3:1	0.2:1	0.1:1	0.4:1	2.7:1
Population under 18	Population under 18	2020	57,388	84.3%	6.5%	9.3%	9.4%	90.6%	0.1:1	0.1:1	0.1:1	9.6:1	0.3:1	0.1:1	0.5:1	2.1:1
Population 18-64	Population 18-64	2020	153,786	88.3%	5.9%	5.8%	8.1%	91.9%	0.1:1	0.1:1	0.1:1	11.3:1	0.2:1	0.1:1	0.4:1	2.5:1
Population 65 and Over	Population 65+	2020	54,954	94.2%	3.5%	2.3%	3.7%	96.3%	0:1	0:1	0:1	26:1	0.1:1	0:1	0.2:1	5.3:1
Income and Employment																
Income Inequality	Index	2016-20	0.4591													
Median household income	Dollars	2016-20	$83,803	$85,036	$52,854	$63,750	$76,146		0.6:1	0.7:1			0.7:1	0.8:1		
Households with 1 worker	Percent	2016-20	33.5													
Individuals below poverty level	Percent	2016-20	7.7	6.7	17.8	12.3	12.7	6.4	2.7:1	1.8:1	2:1	0.5:1	1.8:1	1.3:1	1.7:1	0.6:1
Children under 18 below poverty level	Percent	2016-20	8.2	5.6	17.7	69.9	13	5.7	3.2:1	12.5:1	2.3:1	0.4:1	2:1	1.7:1	1.9:1	0.5:1
Unemployed civilian labor force	Percent	2016-20	5.1	4.9	4.3	7.8	8.2	4.6	0.9:1	1.6:1	1.8:1	0.6:1	1.8:1	1.2:1	1.1:1	0.9:1
Civilian labor force employed in management, business, science, or arts	Percent	2016-20	46.3													

Health Equity Profile - 2020
St. Johns County, FL
Source: Health Equity Profile (flhealthcharts.gov)
Continued…

Health Equity Profile - 2020

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Health Equity Profile - St. Johns County, Florida 2020

Indicator	Measure	Year(s)	RACE/ETHNICITY						COUNTY RATE RATIOS				STATE RATE RATIOS			
			Total	White	Black	Other Race	Hispanic	Non-Hispanic	Black/White	Other Race/White	Hispanic/Non-Hispanic	Non-Hispanic/Hispanic	Black/White	Other Race/White	Hispanic/Non-Hispanic	Non-Hispanic/Hispanic
Housing and Households																
Occupied households with monthly housing costs of 30% or more of household income	Percent	2016-20	26.6													
Occupied housing units without a vehicle	Percent	2016-20	2.2													
Median owner-occupied housing unit value	Dollars	2016-20	$326,300													
Owner-occupied housing units	Percent	2016-20	81.4	81.8	72.8	60.9	70.6	82.5	0.9:1	0.7:1	0.9:1	1.2:1	0.7:1	0.7:1	0.7:1	1.4:1
Owner-occupied households with monthly housing costs of 30% or more of household income	Percent	2016-20	21													
Renter-occupied housing units	Percent	2016-20	18.6	18.2	27.2	39.1	29.4	17.5	1.5:1	2.1:1	1.7:1	0.6:1	1.8:1	1.8:1	1.9:1	0.5:1
Renter-occupied households with gross rent costing 30% or more of household income	Percent	2016-20	55.3													
Rental vacancy rate	Percent	2016-20	7.3													
Severe housing problems	Percent	2018	12.5													
Individuals 1 year and over that lived in a different house 1 year earlier	Percent	2016-20	12.3	12.4	11.9	6.4	14.9	12.3	1:1	0.5:1	1.2:1	0.8:1	1.2:1	0.5:1	1:1	1:1
Occupied housing units with more than 1 occupant per room	Percent	2016-20	1.2	0.9	0.6	18.2	4.5	0.7	0.7:1	20.2:1	6.4:1	0.2:1	2.3:1	3.6:1	5.3:1	0.2:1
Homeless	Count	2020	368													
Children under 18 in single-parent households	Percent	2016-20	19.7													

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Health Equity Profile - St. Johns County, Florida 2020

Indicator	Measure	Year(s)	RACE/ETHNICITY Total	White	Black	Other Race	Hispanic	Non-Hispanic	COUNTY RATE RATIOS Black/White	Other Race/White	Hispanic/Non-Hispanic	Non-Hispanic/Hispanic	STATE RATE RATIOS Black/White	Other Race/White	Hispanic/Non-Hispanic	Non-Hispanic/Hispanic
Community Determinants																
Life expectancy	Years	2018-20	81.1 (80.7-81.4)													
Racial residential segregation	Index	2019	0.42													
Individuals 25 years and over with no high school diploma	Percent	2016-20	5.2	4.7	13.8	22	10.4	4.4	2.9:1	4.7:1	2.4:1	0.4:1	1.7:1	2.5:1	2.8:1	0.4:1
High school graduation rate	Percent	2020	94.8	94.6	91.8		95.4		1:1				0.9:1			
Population living within ½ mile of a park	Percent	2019	20.2													
Population living within ½ mile of a fast food restaurant	Percent	2019	10.2													
Workers who walked to work	Percent	2016-20	1.1													
Behaviors and Exposures																
Adults who are current smokers	Percent	2019	14.6	15	7		13.7		0.5:1				0.8:1			
Adults who engage in heavy or binge drinking	Percent	2019	20.9	22	9.6		13.1		0.4:1				0.7:1			
Adults who are obese	Percent	2019	24	23	33.1		37.5		1.4:1				1.4:1			
Adults who are overweight	Percent	2019	34.3	34.9	13.2		31.4		0.4:1				0.9:1			
Adults who are sedentary	Percent	2019	22.2	22.9	27.6		12.4		1.2:1				1.2:1			
Adults who are inactive or insufficiently active	Percent	2016	44.8	45.2									1.2:1			
Adults who meet aerobic recommendations	Percent	2016	56.5	56.2									0.8:1			
Adults who meet muscle strengthening recommendations	Percent	2019	39.9	40.2									1.1:1			
Out-of-school suspensions grades K-12	Per 100,000 population	2020	3748													
Inmate Admissions	Count	2020	291													
Incarceration rate	Per 1,000 population	2020	1.5													

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			Total	White	Black	Other Race	Hispanic	Non-Hispanic	Black/ White	Other Race/ White	Hispanic/ Non-Hispanic	Non-Hispanic/ Hispanic	Black/ White	Other Race/ White	Hispanic/ Non-Hispanic	Non-Hispanic/ Hispanic
Access to Care																
Civilian non-institutionalized population with health insurance	Percent	2016-20	92.1	92.4	88	85.3	90.1	92.5	1:1	0.9:1	1:1	1:1	1:1	0.9:1	0.9:1	1.1:1
Adults who could not see a doctor at least once in the past year due to cost	Percent	2019	14.5	13.2	41.3		17		3.1:1				1.2:1			
Adults who have a personal doctor	Percent	2019	74.2	74.8	65.6		69.6		0.9:1				0.9:1			
Adults who said their overall health was good to excellent	Percent	2019	85.7	85.8	76.3		86.1		0.9:1				1:1			
Adults who had a medical checkup in the past year	Percent	2019	77.3	77.7	67		77.6		0.9:1				1:1			
Adults who visited a dentist or a dental clinic in the past year	Percent	2016	70.1	69.3									0.9:1			
Adults who received a flu shot in the past year	Percent	2019	41.1	38.8	58.3		37.9		1.5:1				0.8:1			
Adults who have ever received a pneumonia vaccination	Percent	2019	36.7	35.7			26.7						0.7:1			
Diet/nutrition																
Food insecurity rate	Percent	2019	9.4													
Child food insecurity rate	Percent	2019	10.4													
Households receiving cash public assistance or food stamps	Percent	2016-20	6.4													
Ambulatory Care Sensitive Hospitalizations From Nutritional Deficiencies (Aged 0-64 Years)	Per 100,000 population	2020	72													
Nutritional deficiency age-adjusted death rate	Per 100,000 population	2020	3.6	3.1	9.8	12.7	9.2	3.5	3.2:1	4.1:1	2.6:1	0.4:1	1.4:1	1:1	0.4:1	2.5:1

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			Total	White	Black	Other Race	Hispanic	Non-Hispanic	Black/ White	Other Race/ White	Hispanic/ Non-Hispanic	Non-Hispanic/ Hispanic	Black/ White	Other Race/ White	Hispanic/ Non-Hispanic	Non-Hispanic/ Hispanic
Health Outcomes																
Cancer																
Cancer Incidence	Per 100,000 population	2018	448.7	445.7	482.1	275.6	314.2	456.9	1.1:1	0.6:1	0.7:1	1.5:1	0.9:1	0.7:1	0.7:1	1.4:1
Cancer cases diagnosed at advanced stage	Percent	2018	42.3	42.2	47.1		34.1	42.6	1.1:1		0.8:1	1.2:1	1.1:1		1:1	1:1
Cancer age-adjusted death rate	Per 100,000 population	2020	124.9	124.9	139.5	96.1	111.8	124.9	1.1:1	0.8:1	0.9:1	1.1:1	1:1	0.8:1	0.7:1	1.4:1
Cervical Cancer																
Women 18 years of age and older who received a Pap test in the past year	Percent	2016	54.7	57									1.2:1			
Cervical cancer age-adjusted incidence rate	Per 100,000 Females	2018	6.9	7.8	0	0	0	7.5	0:1	0:1	0:1	N/A	1.4:1	0.8:1	0.9:1	1.1:1
Cervical cancer age-adjusted death rate	Per 100,000 Females	2020	0	0	0	0	0		N/A	N/A		N/A	1.5:1	0.4:1		
Prostate Cancer																
Men 50 years of age and older who received a PSA test in the past two years	Percent	2016	55.3	54.3									0.8:1			
Prostate cancer age-adjusted incidence rate	Per 100,000 Males	2018	96.3	95.2	118.4	17.4	49.3	98.5	1.2:1	0.2:1	0.5:1	2:1	1.6:1	0.7:1	0.9:1	1.1:1
Prostate cancer age-adjusted death rate	Per 100,000 Males	2020	16.4	16.6	25	0	0		1.5:1	0:1		N/A	2.2:1	1:1		
Breast Cancer																
Women 40 years of age and older who received a mammogram in the past year	Percent	2016	61.2	59.8									1:1			
Breast cancer age-adjusted incidence rate	Per 100,000 Females	2018	134.1	132.5	178.4	102.1	106.3	135.3	1.3:1	0.8:1	0.8:1	1.3:1	0.9:1	0.9:1	0.7:1	1.4:1
Breast cancer age-adjusted death rate	Per 100,000 Females	2020	12.9	13	18.5	0	18.3		1.4:1	0:1			1.4:1	0.8:1		

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Indicator	Measure	Year(s)	RACE/ETHNICITY						COUNTY RATE RATIOS				STATE RATE RATIOS			
			Total	White	Black	Other Race	Hispanic	Non-Hispanic	Black/ White	Other Race/ White	Hispanic/ Non-Hispanic	Non-Hispanic/ Hispanic	Black/ White	Other Race/ White	Hispanic/ Non-Hispanic	Non-Hispanic/ Hispanic
Health Outcomes																
Colorectal Cancer																
Adults 50 years of age and older who received a sigmoidoscopy or colonoscopy in the past five years	Percent	2016	62.7	63.2									0.9:1			
Adults 50 years of age and older who received a blood stool test in the past year	Percent	2016	7.2	6.9									1.2:1			
Colorectal cancer age-adjusted incidence rate	Per 100,000 Population	2018	28	26.7	61.6	15.8	12.6	28.8	2.3:1	0.6:1	0.4:1	2.3:1	1.1:1	0.8:1	0.8:1	1.2:1
Colorectal cancer age-adjusted death rate	Per 100,000 Population	2020	10.1	9.1	45.1	0	12.9		5:1	0:1			1.2:1	0.9:1		
Lung Cancer																
Lung cancer age-adjusted incidence rate	Per 100,000 Population	2018	50.5	50.6	45.5	15.8	59.2	50.3	0.9:1	0.3:1	1.2:1	0.8:1	0.7:1	0.6:1	0.6:1	1.8:1
Lung cancer age-adjusted death rate	Per 100,000 Population	2020	25.7	25	28.5	42.5	7.7		1.1:1	1.7:1			0.7:1	0.6:1		
Chronic Lower Respiratory Disease (CLRD) and Asthma																
Emergency room visits due to asthma, age-adjusted rate	Per 100,000 Population	2020	133.6	97.9	489.7	273.1	135.6	133.1	5:1	2.8:1	1:1	1:1	3.2:1	2.8:1	0.8:1	1.2:1
Age-adjusted asthma hospitalization rate	Per 100,000 Population	2020	334.6	300.3	725.7	551	298.1	334.7	2.4:1	1.8:1	0.9:1	1.1:1	2:1	2.4:1	0.8:1	1.2:1
Hospitalizations from C.L.R.D. (including asthma)	Per 100,000 population	2020	81.4	79.1	127.7	33.9	37.2	83.5	1.6:1	0.4:1	0.4:1	2.2:1	1.5:1	1.6:1	0.7:1	1.5:1
Chronic Lower Respiratory Disease (CLRD) age-adjusted death rate	Per 100,000 population	2020	29.8	30.7	15.2	12.7	7.7	30.6	0.5:1	0.4:1	0.3:1	4:1	0.6:1	0.4:1	0.5:1	1.9:1

Health Equity Profile - 2020
St. Johns County, FL
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County: St. Johns Year: 2020 Reference Groups: White Display Report Print/PDF Export to Excel

Health Equity Profile - St. Johns County, Florida 2020

Indicator	Measure	Year(s)	RACE/ETHNICITY						COUNTY RATE RATIOS				STATE RATE RATIOS			
			Total	White	Black	Other Race	Hispanic	Non-Hispanic	Black/White	Other Race/White	Hispanic/Non-Hispanic	Non-Hispanic/Hispanic	Black/White	Other Race/White	Hispanic/Non-Hispanic	Non-Hispanic/Hispanic
Health Outcomes																
Diabetes																
Adults who have ever been told they had diabetes	Percent	2019	8.7	8.1	15.9		10.9		2:1				1.4:1			
Emergency room visits due to diabetes	Per 100,000 population	2020	59.2	43.6	276.5	94.3	58.2	59.6	6.3:1	2.2:1	1:1	1:1	3.4:1	2.6:1	0.8:1	1.2:1
Ambulatory Care Sensitive Hospitalizations From Diabetes (Aged 0-64 Years)	Per 100,000 population	2020	78.1													
Hospitalizations from or with diabetes	Per 100,000 population	2020	1308.9	1169.7	3371.7	2145.6	860.4	1316.7	2.9:1	1.8:1	0.7:1	1.5:1	2.2:1	2.6:1	0.9:1	1.1:1
Diabetes age-adjusted death rate	Per 100,000 population	2020	12.6	12.7	19.7	0	14.9	12.5	1.6:1	0:1	1.2:1	0.8:1	2.4:1	1.2:1	1:1	1:1
Heart Disease																
Coronary heart disease age-adjusted hospitalization rate	Per 100,000 Population	2020	193.7	183.6	246.8	305.1	80.9	195.2	1.3:1	1.7:1	0.4:1	2.4:1	1:1	2.1:1	0.8:1	1.2:1
Coronary heart disease age-adjusted death rate	Per 100,000 population	2020	73.8	76.2	41.2	31.6	52.4		0.5:1	0.4:1			1.1:1	0.8:1		
Congestive heart failure age-adjusted hospitalization rate	Per 100,000 Population	2020	846.3	791.6	1765.1	886.9	389	853.8	2.2:1	1.1:1	0.5:1	2.2:1	2:1	2.1:1	0.7:1	1.4:1
Congestive heart failure age adjusted death rate	Per 100,000 Population	2020	9.7	9.4	27.1	0	9.2	9.8	2.9:1	0:1	0.9:1	1.1:1	1.3:1	0.6:1	0.7:1	1.5:1

Health Equity Profile - 2020
St. Johns County, FL
Source: Health Equity Profile (flhealthcharts.gov)
Continued…

Health Equity Profile - 2020

Select a County, Year and click on Display Report button.
County: St. Johns Year: 2020 Reference Groups: White Display Report Print/PDF Export to Excel

Health Equity Profile - St. Johns County, Florida 2020

Indicator	Measure	Year(s)	RACE/ETHNICITY						COUNTY RATE RATIOS				STATE RATE RATIOS			
			Total	White	Black	Other Race	Hispanic	Non-Hispanic	Black/ White	Other Race/ White	Hispanic/ Non-Hispanic	Non-Hispanic/ Hispanic	Black/ White	Other Race/ White	Hispanic/ Non-Hispanic	Non-Hispanic/ Hispanic
Health Outcomes																
Injury																
Unintentional injury hospitalizations	Per 100,000 population	2020	487.4													
Unintentional injury age-adjusted death rate	Per 100,000 population	2020	55.4	54.7	73.3	29	15	57.4	1.3:1	0.5:1	0.3:1	3.8:1	0.7:1	0.5:1	0.5:1	2:1
Unintentional poisoning age-adjusted death rate	Per 100,000 population	2020	20.2	20.9	14.6	17.2	4.8	21.3	0.7:1	0.8:1	0.2:1	4.4:1	0.5:1	0.4:1	0.4:1	2.8:1
Drug poisoning age-adjusted death rate	Per 100,000 population	2020	21.1	22.1	11.3	17.2	4.8	22.1	0.5:1	0.8:1	0.2:1	4.6:1	0.5:1	0.4:1	0.4:1	2.8:1
Hospitalizations for non-fatal unintentional falls	Per 100,000 Population	2020	314.5	333.7	142	148.6	65.5	327.7	0.4:1	0.4:1	0.2:1	5:1	0.3:1	0.8:1	0.4:1	2.3:1
Unintentional falls age-adjusted death rate	Per 100,000 population	2020	13.7	14.5	0	0	0	14.2	0:1	0:1	0:1	N/A	0.4:1	0.6:1	0.5:1	2:1
Hospitalizations for non-fatal motor vehicle traffic related injuries	Per 100,000 Population	2020	47.3	42.8	47.3	45.2	20.1	42.2	1.1:1	1.1:1	0.5:1	2.1:1	1.3:1	1.9:1	0.8:1	1.3:1
Motor vehicle crash age-adjusted death rate	Per 100,000 Population	2020	13.9	12.6	43.6	0	10.1		3.5:1	0:1			1.3:1	0.7:1		
Hospitalizations for non-fatal traumatic brain injuries	Per 100,000 Population	2020	86.8	87.3	47.3	58.1	25.2	84.1	0.5:1	0.7:1	0.3:1	3.3:1	0.7:1	1.4:1	0.7:1	1.5:1
Traumatic brain injury age-adjusted death rate	Per 100,000 Population	2020	16.5	16.4	21.6		15.6	16.2	1.3:1		1:1	1:1	0.8:1		0.6:1	1.7:1
Hospitalizations for non-fatal firearm injuries	Per 100,000 Population	2020	4.5	3	27.1	0	0	4.1	9:1	0:1	0:1	N/A	9.5:1	2.8:1	0.4:1	2.4:1
Firearms-related age-adjusted death rate	Per 100,000 Population	2020	10	9.3	20.5	6.4	15.6		2.2:1	0.7:1			2.1:1	0.6:1		
Hospitalizations for non-fatal unintentional firearm injuries	Per 100,000 Population	2020	2.3	2.1	6.8	0	0	2	3.2:1	0:1	0:1	N/A	7.8:1	2.7:1	0.5:1	2.1:1
Unintentional deaths due to fire age-adjusted death rate	Per 100,000 Population	2020	0.4	0.4	0	0	0		0:1	0:1		N/A	1.7:1	1:1		
Unintentional drowning age-adjusted death rate	Per 100,000 Population	2020	1.4	1	0	0	0		0:1	0:1		N/A	1.1:1	1.1:1		
Homicide age-adjusted death rate	Per 100,000 population	2020	3.6	3	13.7	0	5.7	3.3	4.6:1	0:1	1.7:1	0.6:1	5.6:1	1.1:1	0.5:1	2:1
Suicide age-adjusted death rate	Per 100,000 population	2020	16.5	17	4.5	19.1	9.8	16.9	0.3:1	1.1:1	0.6:1	1.7:1	0.3:1	0.6:1	0.5:1	2.1:1

Health Equity Profile - 2020
St. Johns County, FL
Source: Health Equity Profile (flhealthcharts.gov)
Continued…

Health Equity Profile - 2020

Select a County, Year and click on Display Report button.

County: St. Johns | Year: 2020 | Reference Groups: White | Display Report | Print/PDF | Export to Excel

Health Equity Profile - St. Johns County, Florida 2020

Indicator	Measure	Year(s)	RACE/ETHNICITY						COUNTY RATE RATIOS				STATE RATE RATIOS			
			Total	White	Black	Other Race	Hispanic	Non-Hispanic	Black/White	Other Race/White	Hispanic/Non-Hispanic	Non-Hispanic/Hispanic	Black/White	Other Race/White	Hispanic/Non-Hispanic	Non-Hispanic/Hispanic
Health Outcomes																
HIV/AIDS																
Adults who had ever been tested for HIV	Percent	2019	42.6	39.4	68.2		55.2		1.7:1				1.6:1			
HIV Diagnoses	Per 100,000 population	2020	5.6	1.8	50.3	7	15.1	4.9	27.9:1	3.9:1	3.1:1	0.3:1	5.7:1	1.1:1	1.4:1	0.7:1
Persons with HIV (PWH)	Per 100,000 population	2020	148.8	102.3	898.6	76.9	186.3	145.8	8.8:1	0.8:1	1.3:1	0.8:1	5.4:1	0.8:1	0.9:1	1.1:1
AIDS Diagnoses	Per 100,000 population	2020	1.5	1.4	0	0	5	1.2	0:1	0:1	4.2:1	0.2:1	6.8:1	1.3:1	0.9:1	1.1:1
HIV/AIDS age-adjusted death rate	Per 100,000 population	2020	0.7	0.5	5.3	0	4.4	0.2	10.6:1	0:1	22:1	0:1	8.2:1	0.8:1	0.5:1	2.1:1
Kidney Disease																
Ambulatory Care Sensitive Hospitalizations From Kidney/Urinary Infection (Aged 0-64 Years)	Per 100,000 population	2020	15.2													
Nephritis, nephrotic syndrome and nephrosis age-adjusted death rate	Per 100,000 population	2020	6.8	6.7	16.5	0	0	7.1	2.5:1	0:1	0:1	N/A	2.6:1	1.5:1	0.7:1	1.5:1
Liver Disease																
Chronic liver disease and cirrhosis age-adjusted death rate	Per 100,000 population	2020	11.5	11.2	18	11.9	7.7	11.9	1.6:1	1.1:1	0.6:1	1.5:1	0.5:1	0.5:1	0.7:1	1.4:1
Mental Health Conditions and Trauma																
Hospitalizations for mental disorders	Per 100,000 population	2020	693.7	677.5	980.7	503.8	287.1	710.6	1.4:1	0.7:1	0.4:1	2.5:1	1.4:1	1:1	0.5:1	1.9:1
Stroke																
Adults who have ever been told they had a stroke	Percent	2019	4.1	3.5	7.4		7.7		2.1:1				1.1:1			
Hospitalizations from stroke	Per 100,000 population	2020	237.5	230.6	317.9	135.6	45.3	244.9	1.4:1	0.6:1	0.2:1	5.4:1	1.1:1	1.2:1	0.5:1	2.1:1
Stroke age-adjusted death rate	Per 100,000 population	2020	36.6	37.5	41	0	22.8	36.9	1.1:1	0:1	0.6:1	1.6:1	1.5:1	1:1	1:1	1:1

Health Equity Profile - 2020
St. Johns County, FL
Source: Health Equity Profile (flhealthcharts.gov)
Continued…

Health Equity Profile - 2020

Select a County, Year and click on Display Report button.

County: St. Johns **Year:** 2020 Reference Groups: White **Display Report** Print/PDF Export to Excel

Health Equity Profile - St. Johns County, Florida 2020

			RACE/ETHNICITY						COUNTY RATE RATIOS				STATE RATE RATIOS			
Indicator	Measure	Year(s)	Total	White	Black	Other Race	Hispanic	Non-Hispanic	Black/ White	Other Race/ White	Hispanic/ Non-Hispanic	Non-Hispanic/ Hispanic	Black/ White	Other Race/ White	Hispanic/ Non-Hispanic	Non-Hispanic/ Hispanic
Maternal and Child Health																
Births to mothers ages 15-19	Per 1,000 Females 15-19	2020	6	4.6	28.3	2.9	2.5	6.2	6.2:1	0.6:1	0.4:1	2.5:1	1.6:1	0.8:1	1.3:1	0.8:1
Repeat births to mothers Ages 15-19	Percent	2020	6.1	6.3	7.1			6.5	1.1:1				1.1:1		1:1	1:1
Births to unwed mothers ages 15-19	Percent	2020	95.9	93.8	100		50	97.8	1.1:1		0.5:1	2:1	1.1:1		1:1	1:1
Births to unwed mothers ages 15-44	Percent	2020	23.7	21.3	59.5		28	23.3	2.8:1		1.2:1	0.8:1	1.6:1		1.1:1	0.9:1
Births to mothers 19 and over without high school education	Percent	2020	2.5	2.3	5.7		4.5	2.3	2.5:1		2:1	0.5:1	1:1		2.2:1	0.5:1
Resident live births to mothers who smoked during pregnancy	Percent	2020	3.8	4	2.6	1.8	1.9	3.8	0.7:1	0.5:1	0.5:1	2:1	0.6:1	0.5:1	0.2:1	4.5:1
Births to mothers who are underweight (BMI <18.5) at time pregnancy occurred	Percent	2020	3.2	3.4	2		2	3.4	0.6:1		0.6:1	1.7:1	0.9:1		0.8:1	1.3:1
Births to mothers who are overweight (BMI 25.0-29.9) at time pregnancy occurred	Percent	2020	27.8	27.4	31.1		30	27.7	1.1:1		1.1:1	0.9:1	1:1		1.2:1	0.8:1
Births to mothers who are obese (BMI >= 30) at time pregnancy occurred	Percent	2020	20.9	20	37.1		22.7	20.9	1.9:1		1.1:1	0.9:1	1.5:1		0.9:1	1.1:1
Births with inter-pregnancy interval < 18 months	Percent	2020	41.5	43.4	22.5		41	41.5	0.5:1		1:1	1:1	1:1		0.8:1	1.3:1
Births with 1st trimester prenatal care	Percent	2020	81	82.5	68.9	76.8	75.7	81.5	0.8:1	0.9:1	0.9:1	1.1:1	0.9:1	1:1	1:1	1:1
Births with no prenatal care	Percent	2020	1.1	0.8	2.2	1.9	1.4	1	2.8:1	2.4:1	1.4:1	0.7:1	1.7:1	1:1	0.8:1	1.3:1
Births < 37 weeks of gestation	Percent	2020	8.8	8.8	14.3	3.7	6.4	9	1.6:1	0.4:1	0.7:1	1.4:1	1.6:1	0.9:1	0.8:1	1.2:1
Very low birthweight infants born in subspecialty perinatal centers	Percent	2020	55.9	66.7	55.6		0	61.3	0.8:1		0:1	N/A	1:1		1:1	1:1
Births < 1500 grams (very low birth weight)	Percent	2020	1.6	1.2	5.8	1.2	0.6	1.6	4.8:1	1:1	0.4:1	2.7:1	2.7:1	1:1	0.7:1	1.4:1
Births < 2500 grams (low birth weight)	Percent	2020	7.3	6.6	14.3	6.7	4.5	7.3	2.2:1	1:1	0.6:1	1.6:1	2:1	1.1:1	0.7:1	1.4:1
Mothers who initiate breastfeeding	Percent	2020	86.4	87.2	72.7		90.4	86.1	0.8:1		1:1	1:1	0.9:1		1.1:1	0.9:1
Severe Maternal Morbidity	Per 1,000 Delivery Hospitalizations	2020	7.6	7	6.3	9.7	0	7.6	0.9:1	1.4:1	0:1	N/A	1.9:1	1.3:1	0.9:1	1.1:1
Fetal deaths	Per 1,000 Deliveries	2020	3.7	3.3	6.5	6.1	6.3	3.5	2:1	1.8:1	1.8:1	0.6:1	2.3:1	1.1:1	0.8:1	1.3:1
Infant deaths	Per 1,000 births	2020	5.1	4.4	13	0	0	5.6	3:1	0:1	0:1	N/A	2.5:1	1.5:1	0.8:1	1.3:1
Sudden Unexpected Infant Deaths (SUID)	Per 1,000 Births	2020	0	0	0	0	0	0	N/A	N/A	N/A	N/A	2.7:1	1.1:1	0.6:1	1.6:1
Maternal deaths	Per 100,000 Births	2020	46.6	55.1	0	0	0	50.6	0:1	0:1	0:1	N/A	6.9:1	3.9:1	0.9:1	1.1:1

Health Equity Profile - 2020
St. Johns County, FL
Source: Health Equity Profile (flhealthcharts.gov)

Continued…

Health Equity Profile - 2020

Select a County, Year and click on Display Report button.

County: St. Johns **Year:** 2020 Reference Groups: White **Display Report** Print/PDF Export to Excel

Health Equity Profile - St. Johns County, Florida 2020

			RACE/ETHNICITY						COUNTY RATE RATIOS				STATE RATE RATIOS			
Indicator	Measure	Year(s)	Total	White	Black	Other Race	Hispanic	Non-Hispanic	Black/ White	Other Race/ White	Hispanic/ Non-Hispanic	Non-Hispanic/ Hispanic	Black/ White	Other Race/ White	Hispanic/ Non-Hispanic	Non-Hispanic/ Hispanic

Data Note(s):

Rate ratios in this report compare rates of two populations. For example, if the ratio of the black rate to the white rate is 2:1 it would mean that the black rate is two times the white rate. A ratio of 0.5:1 would mean that the black rate is half of the white rate. Rate ratios are not calculated when a rate is zero, and the county ratio cell will contain "N/A".

All indicators in this profile, except the indicators from the Behavioral Risk Factor Surveillance System (BRFSS), report rates based on the entire black population and entire white population. Indicators from the BRFSS only include non-Hispanic blacks and non-Hispanic whites in the rates reported. These indicators all begin with the word "Adults".

Indicators included in the profile are based, in part, on the Prevention Institute's report for the Robert Wood Johnson Foundation in June 2015 titled "Measuring What Works to Achieve Health Equity: Metrics for the Determinants of Health".

When the Racial Residential Segregation Index is less than 0.3 the county's population is "well integrated." Values between 0.3 and 0.6 indicate the county's population is "moderately segregated." Values above 0.6 indicate the county's population is "very segregated."

Income inequality is an index that ranges from 0 to 1. Zero indicates a perfect distribution of income where everyone receives an equal share. One indicates an imperfect distribution of income where only one or a group of recipients receive all the income.

Some indicators that are important to understanding the context of health disparities are displayed even when race and ethnicity breakouts are not available. In these cases, only the totals are provided.

Access and Functional Needs Profile - 2020
St. Johns County, FL
Source: Florida Access and Functional Needs Profile (flhealthcharts.gov)

Florida Access and Functional Needs Profile, St. Johns County						
Indicator	**Year(s)**	**Measure**	**County Count**	**County Rate**	**State Count**	**State Rate**
Demographic Data						
Total Population	2020	Count	266,128		21,640,766	
Resident Live Births	2020	Per 1,000 Population	2,148	8.1	209,645	9.7
Population 65-84 Years Old	2020	Percent of Total Population	49,161	18.5%	3,931,444	18.2%
Population 85+ Years Old	2020	Percent of Total Population	5,793	2.2%	583,577	2.7%
Individuals 65 years and over living alone	2020	Percent of Population 65+	9,589	18.8%	1,040,208	24.4%
Children Under 18 in Foster Care	2020	Per 100,000 Population, Under 18	227	395.6	23,517	549.2
Socioeconomic Data						
Population Below Poverty Level (Census)	2020	Population for Whom Poverty Status is Determined	19,562	7.7%	2,772,939	13.3%
Population Uninsured Under Age 65 (Census)	2020	Count	19,797		2,596,073	
Households receiving cash public assistance or food stamps	2020	Percent of Households	5,838	6.4%	1,098,966	13.9%
Median Monthly Medicaid Enrollment	2020	Per 100,000 Population	23,824	8952.1	4,315,244	19940.3
WIC Eligibles	2020	Percent of Total Population	3,735	1.4%	648,828	3%
WIC Eligibles Served	2020	Percent of WIC Eligibles	1,964	52.6%	420,640	64.8%
Homeless Estimate	2020	Percent of Total Population	368	0.1%	27,679	0.1%
Population 5+ that speak English less than very well	2020	Percent of Census Population 5+	6,012	2.5%	2,370,626	11.8%
Population that speak Spanish among Population 5+ that speak English less than very well	2020	Limited English Proficiency Ages 5 and Over	2,438	40.6%	1,844,887	77.8%

Access and Functional Needs Profile - 2020
St. Johns County, FL
Source: Florida Access and Functional Needs Profile (flhealthcharts.gov)

Continued…

Florida Access and Functional Needs Profile, St. Johns County						
Indicator	**Year(s)**	**Measure**	**County Count**	**County Rate**	**State Count**	**State Rate**
Vulnerability Data						
Percent of Adults Limited in Activities because of Physical, Mental, or Emotional Problems	2016	Percent		18.8%		21.2%
Percent of Adults Who Use Special Equipment because of a Health Problem	2016	Percent		4.9%		9.9%
Civilian non-institutionalized population with a disability	2020	Percent of Civilian non-institutionalized population	28,808	11.4%	2,840,938	13.6%
Developmentally Disabled Clients	2020	Count	722		62,364	
Clients with a Brain and/or Spinal Cord Injury		Count				
Seriously Mentally Ill Adults	2020	Count	8,141		676,982	
Population Ages 18-64 with Vision Difficulty (Census)	2020	Percent of Census Population 18-64	1,785	1.2%	251,833	2%
Population Ages 18-64 with Hearing Difficulty (Census)	2020	Percent of Census Population 18-64	2,961	2%	222,298	1.8%
Medicare Beneficiaries Enrolled in Medical Essential Electric Utility Program	2020	Count	1,874		168,855	
Substance Abuse Program Enrollees - Adult	2020	Count	384		61,122	
Population Ages 18-64 with an Independent Living Disability (Census)	2020	Percent of Census Population 18-64	3,874	2.6%	453,099	3.6%
Children Through Age 20						
Estimated Seriously Emotionally Disturbed Youth 9-17	2020	Count	2,839		197,235	
Population Under Age 18 with Vision Difficulty (Census)	2020	Percent of Census Population Under 18	310	0.6%	33,640	0.8%
Population Under Age 18 with Hearing Difficulty (Census)	2020	Percent of Census Population Under 18	741	1.3%	23,215	0.6%
Medical Foster Care Children	2020	Count	1		443	
CMS Clients	2020	Percent of Population Under 21	482	0.7%	98,219	2%
Substance Abuse Program Enrollees - Children	2020	Count	11		11,923	

Access and Functional Needs Profile - 2020
St. Johns County, FL
Source: Florida Access and Functional Needs Profile (flhealthcharts.gov)

Florida Access and Functional Needs Profile, St. Johns County						
Indicator	**Year(s)**	**Measure**	**County Count**	**County Rate**	**State Count**	**State Rate**
Elderly Ages 65+						
Population Age 65+ with Vision Difficulty (Census)	2020	Percent of Census Population 65+	2,465	4.8%	264,392	6.1%
Population Age 65+ with Hearing Difficulty (Census)	2020	Percent of Census Population 65+	5,635	10.9%	559,685	12.9%
Probable Alzheimer's Cases (65+)	2020	Percent of Population 65+	6,256	11.4%	572,997	12.7%

Data Note(s)

Population - Rates are calculated using July 1 population estimates from the Florida Legislature, Office of Economic and Demographic Research which have been allocated by race based on information from the US Bureau of the Census. The population data for 2011-2021, along with rates affected by the population data, was updated on FLHealthCHARTS in November 2017. It is customary to periodically revise population estimates based on new information, such as a census or new mid-course census estimates for prior years. Revising these estimates ensures accurate accounting of the racial, ethnic, and gender distribution of the population. These changes affect the population data and rates calculated for your community.

Blanks are shown if there is no access and functional needs profile count or rate available for the indicator.

Healthiest Weight Profile - 2020
St. Johns County, FL
Source: Healthiest Weight Profile (flhealthcharts.gov)

Healthiest Weight Profile

Select County/State Total: St. Johns Select Year: 2020 Display Report Print/PDF Export to Excel

Healthiest Weight Profile, St. Johns County, Florida

Indicator	Year(s)	Rate Type	County Count	County Rate	County Quartile (1=most favorable 4=least favorable)	State Count	State Rate
Socio-Demographic Characteristics							
Total population[1]	2020	Count	266,128			21,640,766	
Population under 18 Years Old[1]	2020	Percent of Total Population	57,388	21.6		4,282,262	19.8
Population 18-64 Years Old[1]	2020	Percent of Total Population	153,786	57.8		12,843,483	59.3
Population 65+ Years Old[1]	2020	Percent of Total Population	54,954	20.6		4,515,021	20.9
Population - White[1]	2020	Percent of Total Population	235,861	88.6		16,713,931	77.2
Population - Black[1]	2020	Percent of Total Population	14,785	5.6		3,671,185	17.0
Population - Other[1]	2020	Percent of Total Population	15,482	5.8		1,255,650	5.8
Population - Hispanic[1]	2020	Percent of Total Population	19,857	7.5		5,771,094	26.7
Population - Non-Hispanic[1]	2020	Percent of Total Population	246,271	92.5		15,869,672	73.3
Percentage of individuals below poverty level[2]	2020 5-yr est	Percent	19,562	7.7	1	2,772,939	13.3
Percentage of civilian labor force which is unemployed[2]	2020 5-yr est	Percent	6,215	5.1	2	556,113	5.4
Population 5+ that speak English less than very well[2]	2020 5-yr est	Percent	6,012	2.5	2	2,370,626	11.8
Population that speak Spanish among Population 5+ that speak English less than very well	2020 5-yr est	Percent	2,438	40.6	1	1,844,887	77.8
Civilian non-institutionalized population with health insurance[2]	2020 5-yr est	Percent		92.1	1		87.3
Adults reporting a personal doctor or health care provider[3]	2019	Percent		74.2	3		72.0

Healthiest Weight Profile - 2020
St. Johns County, FL
Source: Healthiest Weight Profile (flhealthcharts.gov)

Continued…

Healthiest Weight Profile

Select County/State Total: St. Johns | Select Year: 2020 | Display Report | Print/PDF | Export to Excel

Healthiest Weight Profile, St. Johns County, Florida

Indicator	Year(s)	Rate Type	County Count	County Rate	County Quartile (1=most favorable 4=least favorable)	State Count	State Rate
Weight, Activity, and Eating Habits among Adults							
Adults who are at a healthy weight[3]	2019	Percent		38.4	1		32.8
Adults who are underweight[3]	2016	Percent		2.8	4		2.3
Adults who are overweight or obese[3]	2019	Percent		58.3	1		64.6
Adults who are overweight[3]	2019	Percent		34.3	1		37.6
Adults who are obese[3]	2019	Percent		24.0	1		27.0
Adults who meet aerobic recommendations[3]	2016	Percent		56.5	4		44.8
Adults who meet muscle strengthening recommendations[3]	2019	Percent		39.9	4		38.1
Adults who are sedentary[3]	2019	Percent		22.2	1		26.5
Adults who are inactive or insufficiently active[3]	2016	Percent		44.8	4		56.7
Adults who consume at least 5 servings of fruits and vegetables a day[3]	2013	Percent		19.2	4		18.3
Behavioral Health and Body Image							
Average number of unhealthy mental days in the past 30 days[3]	2019	Percent		3.5	1		
Adults whose poor physical or mental health kept them from doing usual activities on 14 or more of the past 30 days (Among adults who have had at least one day of poor mental or physical health)[3]	2019	Percent		12.8	1		18.3
Maternal Weight and Breastfeeding among Mothers							
Live births to mothers who are at a healthy weight (BMI 18.5-24.9) at time pregnancy occurred[5]	2020	Percent of Live Births	1,010	48.0	1	82,862	40.9
Live births to mothers who are overweight (BMI 25.0-29.9) at time pregnancy occurred[5]	2020	Percent of Live Births	585	27.8	3	55,928	27.6
Live births to mothers who are obese (BMI>=30) at time pregnancy occurred[5]	2020	Percent of Live Births	440	20.9	1	56,784	28.1
Live births to mothers who initiate breastfeeding[5]	2020	Percent of Live Births	1,856	88.3	2	179,098	88.5
Live births to mothers who are underweight (BMI< 18.5) at time pregnancy occurred[5]	2020	Percent of Live Births	68	3.2	2	6,834	3.3

Healthiest Weight Profile - 2020
St. Johns County, FL
Source: Healthiest Weight Profile (flhealthcharts.gov)

Continued…

Healthiest Weight Profile

Select County/State Total: St. Johns | Select Year: 2020 | Display Report | Print/PDF | Export to Excel

Healthiest Weight Profile, St. Johns County, Florida

Indicator	Year(s)	Rate Type	County Count	County Rate	County Quartile (1=most favorable 4=least favorable)	State Count	State Rate
Built Environment							
Population that live within a 1/2 mile of healthy food source[7]	2019	Percent		8.8	2		27.7
Population that live within a 1/2 mile of a fast food restaurant[7]	2019	Percent		10.2	2		27.7
Population that live within a ten minute walk (1/2 mile) of an off-street trail system[7]	2019	Percent		10.0	3		18.2
Workers who used car, truck, or van - drove alone[2]	2020 5-yr est	Percent	88,289	76.6	1	7,431,583	77.7
Workers who used taxicab, motorcycle, bicycle, or other means to work[2]	2020 5-yr est	Percent	2,630	2.3	2	220,516	2.3
Workers who walk to work[2]	2020 5-yr est	Percent	1,267	1.1	2	132,932	1.4

Data Note(s):

Where rates are based on a sample, no number (count) is available.

Blanks are shown if there is no count or rate available for the indicator.

Data Source(s):

[1]Florida Legislature's Office of Economic and Demographic Research (EDR)

[2]U.S. Census Bureau, 2012 5-year estimate

[3]Behavioral Risk Factor Surveillance System (BRFSS)

[4]Florida Youth Tobacco Survey (FYTS)

[5]Florida State Office of Vital Statistics

[6]Pregnancy Risk Assessment Monitoring System (PRAMS)

[7]Florida Environmental Public Health Tracking

Quartiles:

Most favorable situation 1 (Lightest color on maps)	Average 2 or 3	Least favorable situation 4 (Darkest color on maps)

Calculation of quartiles require several steps to create the final results.

First, the county values are sorted from most favorable to least favorable.

Second, a rank is assigned based on the value for each county in relation to the preceding county. If a county has the same value as the preceding county, then the same rank is assigned.

Third, the ranking is divided into 4 groups. The number of counties in each group depends on how many counties had the same rank.

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St. Johns County, FL - Descriptive Statistics Comparing Disability Status

Excerpt from *"Analysis of the Health Disparities Among People Living with Disability"*

Author: Knowli Data Science and the FSU Claude Pepper Center Faculty

Date: June 8th, 2022

St Johns County Descriptive Statistics and χ2 and t-Test Test Results Comparing Across Disability Status

	Total Population (Ages 18 to		People with No Disabilities (Ages		People with At Least 1 Disability	
Measure	*Mean/Prop*	*N*	*Mean/Prop*	*N*	*Mean/Prop*	*N*
Disability Measures						
Deaf (Yes=1)	0.02	201	-	-	0.10	47
Blind (Yes=1)	0.06	200	-	-	0.23	47
Difficulty Concentrating or Remembering (Yes=1)	0.09	199	-	-	0.34	47
Difficulty Walking (Yes=1)	0.31	199	-	-	0.66	47
Difficulty Dressing or Bathing (Yes=1)	0.15	198	-	-	0.59	47
Difficulty Doing Errands Alone (Yes=1)	0.06	199	-	-	0.22	47
General Health Measures						
General Health	3.80	208	4.13	154	2.81	47
Number of Days Physical Health Not Good	2.64	203	1.49	153	7.05	43
Number of Days of Poor Physical and Mental Health	0.96	208	0.15	154	3.22	47
Ever Depressive Disorder Diagnosis (Yes=1)	0.20	208	0.16	154	0.34	47
Weight (In Pounds)	184.28	196	180.60	147	193.55	47
Height (In Inches)	67.97	200	67.74	151	68.31	47
Weight (In kg)	83.59	196	81.92	147	87.79	47
Height (In Meters)	1.73	200	1.72	151	1.74	47
BMI (kg/m^2)	27.73	195	27.40	146	28.74	47
Smoke at least 100 Cigarettes in Life (Yes=1)	0.67	198	0.73	151	0.52	47
Number of Cigarettes Smoked a Day						
Not at all	0.88	198	0.93	151	0.75	47
Some Days	0.05	198	0.02	151	0.12	47
Everyday	0.07	198	0.05	151	0.13	47
Exercise (Yes=1)	0.84	188	0.89	143	0.68	45
Cardiovascular Health Measures						
High Blood Pressure (Yes=1)	0.34	207	0.27	154	0.60	46
Blood Pressure Medication (Yes=1)	0.56	69	0.50	40	0.63	27
High Cholesterol (Yes=1)	0.26	193	0.21	142	0.37	44
Cholesterol Medication (Yes=1)	0.54	59	0.38	35	0.74	20
Heart Attack (Yes=1)	0.04	207	0.02	154	0.08	46
Heart Disease (Yes=1)	0.02	206	0.00	153	0.07	46
Stroke (Yes=1)	0.01	208	0.00	154	0.05	47
Diabetes Measures						
Diabetes (Yes=1)	0.07	208	0.04	154	0.15	47
Age Diagnosed with Diabetes	44.88	17	47.43	8	43.37	8
Pre-Diabetes (Yes=1)	0.05	188	0.05	143	0.05	39
Had Diabetes Test in Last 3 Years (Yes=1)	0.53	182	0.55	138	0.53	38
Had Class on Diabetes Education (Yes=1)	0.38	17	0.12	8	0.52	8
Respiratory Health Measures						
Ever Diagnosed with Asthma (Yes=1)	0.20	208	0.12	154	0.46	47
Currently Has Asthma (Yes=1)	0.11	206	0.05	153	0.31	46
C.O.P.D. (Yes=1)	0.06	207	0.03	154	0.18	46
Social Determinants of Health Measures						
Income						
Less than $10,000	0.04	184	0.05	141	0.02	39
Less than $15,000 ($10,000 to less than $15,000)	0.03	184	0.01	141	0.07	39
Less than $20,000 ($15,000 to less than $20,000)	0.03	184	0.04	141	0.01	39
Less than $25,000 ($20,000 to less than $25,000)	0.08	184	0.05	141	0.18	39
Less than $35,000 ($25,000 to less than $35,000)	0.12	184	0.14	141	0.07	39
Less than $50,000 ($35,000 to less than $50,000)	0.08	184	0.08	141	0.09	39
Less than $75,000 ($50,000 to less than $75,000)	0.13	184	0.13	141	0.15	39
$75,000 or more	0.48	184	0.50	141	0.40	39
Education						
Never attended school or only attended kindergarten	0.00	208	0.00	154	0.00	47
Grades 1 though 8 (Elementary)	0.00	208	0.01	154	0.00	47
Grades 9 through 11 (Some High School)	0.03	208	0.01	154	0.08	47
Grades 12 or GED (High School Graduate)	0.32	208	0.24	154	0.54	47
College 1 Year to 3 Years (Some college or tech school)	0.32	208	0.34	154	0.22	47
College 4 years or more (College Graduate)	0.33	208	0.40	154	0.16	47
Not Able to Pay Bills in Last 12 Months (Yes=1)	0.04	176	0.05	132	0.03	44
Moved More than 2 Times in Last 12 Months (Yes=1)	0.02	176	0.02	132	0.03	44
Consider Neighborhood Unsafe (Yes=1)	0.03	176	0.00	132	0.10	44
Food Insecure-Not Enough Money for Food (Yes=1)	0.19	175	0.19	131	0.19	44
Food Insecure-Not Enough Money for Balanced Meals (Yes=1)	0.22	175	0.19	131	0.32	44
Financially Insecure (Yes=1)	0.12	174	0.11	131	0.17	43
Could Not Take Medication Because of Cost (Yes=1)	0.08	205	0.03	151	0.17	47
Experience Stress Most or All of the Time (Yes=1)	0.11	175	0.04	131	0.27	44
Last Medical Checkup Within Past 12 Months (Yes=1)	0.73	204	0.71	152	0.75	45
Health Care Coverage (Yes=1)	0.80	207	0.77	153	0.86	47
Most Important Reason for Delayed Medical Care-Transportation (Yes=1	0.03	203	0.03	151	0.04	45

Note: ****p<0.001, **p<.01, *p<.05, + p<0.1*