



St. Johns County

2008

Health Needs Assessment

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INTRODUCTION

In response to rapidly changing economic conditions, with consequences reaching far beyond residents' wallets - many counties in Florida have been forced to assess and re-evaluate their health-related priorities and focus. Strained economies have led to increasing rates of unemployment and poverty among residents; inevitably accompanied by increasing numbers of uninsured adults and children. These factors are known to have a direct correlation to declining health outcomes. In addition, changes in State and local policy and infrastructure have also had significant impacts on availability and access to medical services for all populations.

St. John's County encompasses approximately 610 square miles of land in Northeast Florida, including more than 40 miles of beaches along the Atlantic Ocean. The county seat is the Nation's "*Oldest City*" and first trade port in North America, *St. Augustine*. The region was first settled by Spanish inhabitants in 1565; and later became a favored winter travel destination for America's ultra-wealthy in the late 19th Century. Today the city and county are rich with history and culture; and rely heavily on tourism-related industry and services to support the local economy. The county is extremely diverse in its geography and population; with some communities outside of the central city particularly experiencing multiple and competing health-related disparities.

In addition to communicable disease screening, contact investigation and prevention and environmental health duties, the St. Johns County Health Department (SJCHD) has served as a strong leader in the provision of pediatric acute and chronic care, immunizations, family planning, prenatal counseling and referrals, health education and prevention, and even pediatric dental services to low-income and uninsured residents of the county for many years. The SJCHD conducts regular surveys and assessments regarding the health of the community; and works with partner organizations throughout the County to address priority health needs. In this role, the health department also sponsors a larger community group, the *St. Johns County Health Improvement Council*, which is comprised of representatives from local hospitals, elected County officials, medical and behavioral health providers, social service agencies, civic organizations, minority and faith-based groups, and concerned citizens. The council meets regularly throughout the year and assists the Health Department in identifying emerging health issues and trends; along with developing community-wide strategies that enhance service access while avoiding duplication.

During the Spring/Summer of 2008, the SJCHD and the Health Improvement Council together initiated a comprehensive, county-wide health needs assessment. The group chose to utilize the National Association of County and City Health Officials' (NACCHO) *Mobilizing for Action through Planning and Partnerships (MAPP)* model, as recommended and endorsed by the Florida Department of Health. The Health Planning Council of Northeast Florida was also asked to help in the facilitation of the planning process. As a result, this report represents the combined efforts of the St. Johns County Health Department, the membership of the St. Johns County Health Improvement Council, and the Health Planning Council of Northeast Florida, Inc. It is hoped that this report will become a valuable resource and blueprint for community health improvement throughout the County for the next 3-5 years.

METHODOLOGY

The MAPP model for community health planning was developed to provide a strategic approach to community health improvement by helping communities identify and use existing resources wisely, consider unique local conditions and needs, and form effective partnerships for action. The model includes six distinct phases:

1. Partnership development and organizing for success
2. Visioning
3. Four MAPP assessments
4. Identifying strategic issues
5. Formulating goals and strategies
6. Action (program planning, implementation, and evaluation)

Due to time and resource limitations, the planning group conducted a slightly scaled-down version of the full model, while still incorporating all of the recommended MAPP components. The Health Improvement Council temporarily changed from quarterly meetings to a monthly meeting schedule to help sustain the project's momentum. With an existing and active partnership, and an overarching vision of a healthier community, the group was able to move directly into the community assessments. The Council first completed a **Local Public Health System Performance Assessment** that examined the county's coverage of the "Ten Essential Public Health Services." At least 42 public health and safety net service providers participated in this assessment. All activities of public, private, and volunteer entities that serve the health and social welfare of the public were considered during this process. A summary of findings is included in this report; and a full report of this assessment is included in the Appendix.

The county's **Health Status Assessment** incorporated an analysis of population demographics and socio-economic indicators, disease and death rates, healthcare utilization statistics, and access to health care indicators. Information was also considered regarding current and expected future **Forces of Change** in the county; such as technological advances and emerging community cultural characteristics. Community input was garnered for a **Community Themes and Strengths Assessment** through a county-wide survey that solicited residents' opinions on health and quality of life issues. The anonymous survey was administered by Health Department staff to more than 680 county residents; with strong proportional representation from all segments of the community. Health Department staff also organized and facilitated at least four separate focus groups to further explore specific issues and obtain qualitative feedback from a variety of perspectives. Detailed information summarizing each of these components is included in this report.

Significant key issues and themes were recorded and updated throughout the process based on empirical evidence and community discussion. Key issues were then consolidated and prioritized based on the scope and severity of need, as well as the availability of resources to address them. The partnership then worked to develop appropriate and realistic goals and strategies pertaining to each priority issue. This report presents a summary of the key health issues along with recommended goals and strategies developed through this process. The St. Johns County Health Improvement Council and the St. Johns County Health Department will continue to meet at least quarterly to facilitate and monitor the completion of these goals.

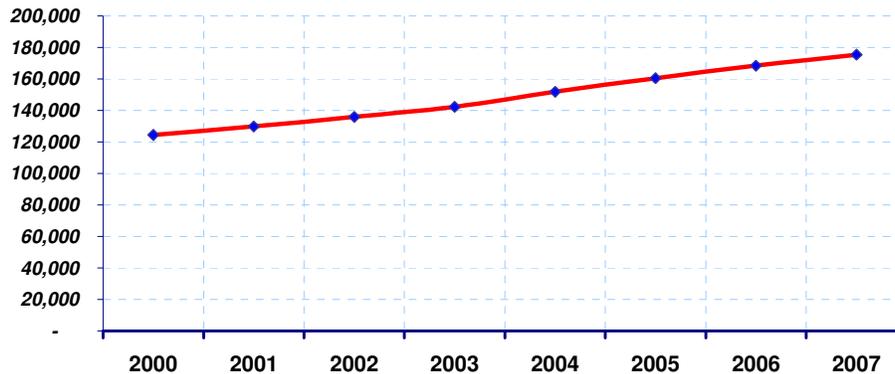
ST JOHNS COUNTY PROFILE

The demographic, social, and economic characteristics of a community can strongly influence the community's health status and related service needs. These indicators should be a primary consideration when designing and developing any system of care within the region. This section provides a brief overview of some of the characteristics and trends that make St. Johns County unique in comparison to the state of Florida.

A. POPULATION DEMOGRAPHICS

The illustration below represents the total population of St. Johns County from 2000-2007, as reported by the United States Census Bureau. The bureau's most recent estimate from 2007 places the current population for the county at 175,446. This represents a 42.5% increase in population over the 7 year period. The State of Florida experienced only a 14.2% increase in population during the same time period.

Figure 1: Total Population of St. Johns County, 2000-2007



Source: US Census Bureau, American FactFinder, 2008

Population growth in a community is the result of natural increase (more births than deaths), and also the migration of people moving into the area at a higher rate than those who are leaving. The Florida Office of Economic and Demographic Research publishes future population projections for all counties in Florida through the year 2030. Periodic estimations for St. Johns County and Florida are shown in Table 1 below. It is projected that the county will experience an alarming 145% population growth by 2030; while Florida is expected to increase by just over 58% during that time.

Table 1: Population Projections, 2000-2030

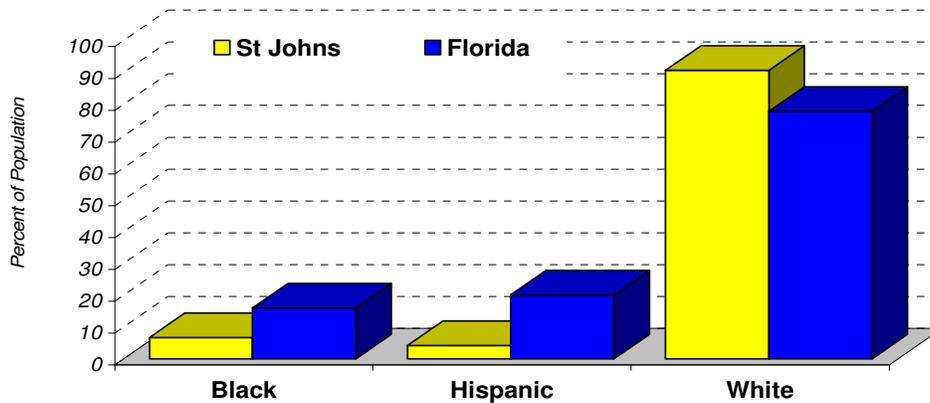
Area	Year				% Change 2000-2010
	2000	2010	2020	2030	
St. Johns	123,135	185,804	245,775	301,169	144.6%
Florida	15,982,824	19,308,066	22,477,886	25,340,717	58.5%

Source: Florida Office of Economic and Demographic Research, November 2008

Race and Ethnicity

The figure below shows the racial composition of St. Johns County with comparison to Florida. Only just under 10% of the population in St. Johns County is non-white; compared to a statewide population comprised of 36% non-whites. Approximately 2% of the County's population is comprised of persons reporting as American Indian, Alaskan Native, Asian, Native Hawaiian, or other Pacific Islanders.

Figure 2: St. Johns County Population by Race, 2004



Source: US Census Bureau, American FactFinder, 2008

The racial and ethnic composition varies among different communities within the County. The reported estimates of population by race/ethnicity from the most recent census count in 2000 are shown for 4 specific cities/towns in St. Johns County in Table 2 below.

Table 2: Race/Ethnicity of Selected Cities/Towns in St. Johns County

Race/Ethnicity	City / Town			
	St. Augustine	Hastings	Elkton	Ponte Vedra
Black	15.1%	28.5%	15.3%	1.0%
Hispanic	3.1%	3.2%	2.1%	2.5%
White	81.2%	68.6%	81.6%	96.3%

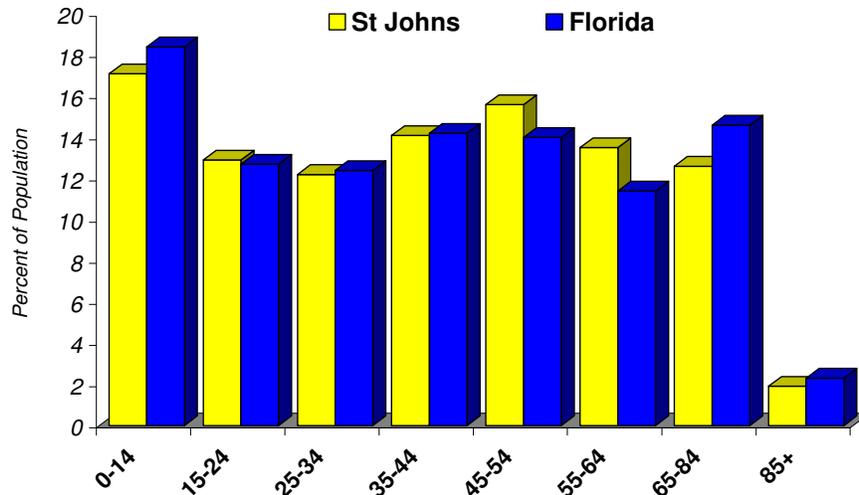
Source: US Census 2000, Zip Code Data

The health of a community is strongly influenced by its culture. The United States, Florida, and St. Johns County all enjoy and benefit from a vast mixture of ethnic and cultural traits, practices, and beliefs that must be considered prior to planning and implementing any community-wide health program. A one-size-fits-all approach to healthcare cannot generate effective and successful programs within these multi-cultural geographies.

Age

The population of St. Johns County is slightly older than the state as a whole; with a median age of 41 within the county compared to a median age of 39 statewide. Despite this fact, the largest proportion of the population is children under the age of 15, accounting for just over 17% of the total. Adults between the ages of 45 and 55 years make up the second largest age group in the county at nearly 16%. Similarly, children under 15 are also the largest group in Florida (18.4%); however seniors over the age of 65 comprise the next largest group statewide (16.9%). Elders over 65 comprise approximately 14.5% of St. Johns residents.

Figure 3: Estimates of Population by Age Group



Source: US Census, American Community Survey 2005-2007

B. SOCIO-ECONOMIC CHARACTERISTICS

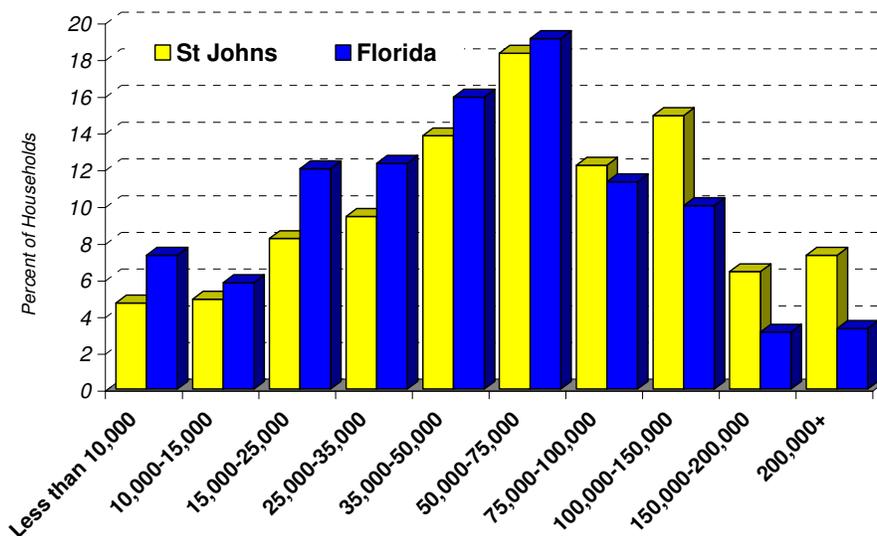
The figures shown below summarize the primary indicators of economic health for the County, the State, and the Nation. As shown, the residents of St. Johns County have an average individual income that is 42% higher than the average for Florida and nearly 74% higher than the National average. Similarly, the County's median household income is also higher than the State and National estimates. The percentage of persons living below the Federal Poverty Level (FPL) and the percentage of the workforce that is unemployed are lower in St. Johns; while graduation rates are higher.

	<u>St. Johns</u>	<u>Florida</u>	<u>U.S.</u>
Per Capita Income ²⁰⁰⁷ :	\$ 37,499	\$ 26,399	\$ 21,587
Median Household Income ²⁰⁰⁷ :	\$ 63,436	\$ 46,736	\$ 44,334
Persons living below Poverty ²⁰⁰⁸ :	7.5%	11.9%	12.7%
Unemployment Rate ²⁰⁰⁷ :	3.5%	4.3%	4.6%
Persons >25yrs with a high school diploma:	87.2%	80.4%	80.4%
College Graduates (Bachelor's or higher)	33.1%	24.4%	24.4%

Income

Households with total incomes between \$50,000 and \$75,000 make up the largest percentage of both St. Johns County and Florida. The State, however, experiences higher percentages of households at income levels less than \$50,000; while St Johns has higher rates of households making more than \$75,000. There are significant differences between the county and the state among families making more than \$100,000 per year.

Figure 4: Household Income in St. Johns County and Florida



Source: US Census, American Community Survey 2005-2007

Public Assistance

National welfare reform and the initiation of Florida's WAGES program in 1996 dramatically reduced the number of families enrolled in the State's Public Assistance Programs. Since that time, however, the number has increased slightly each year. The Florida Department of Children and Families (DCF) publishes monthly estimates of clients and families who receive cash assistance, by county. DCF reports indicate that St. Johns County experienced a 45% increase in the number of individuals receiving Food Stamps during 2008, compared to a statewide increase of only 29%. Similarly, the number of families receiving food stamps within the county also increased by more than 48%; while the statewide increase was again 29%.

Additionally, the Florida Agency for Healthcare Administration (AHCA) publishes monthly reports of Medicaid eligibles for each county. The number of clients enrolled in the state's Medicaid program increased approximately 12.2% during 2008. The rate of increase in St. Johns County was similar at 12.4%.

Students receiving free or reduced price lunch is a good indicator of poverty in young families. St. Johns County has a much lower percentage of elementary and middle school students receiving free or reduced lunch with comparison to Florida. The county, however experienced a 2.6% increase in the percentage of families on free or reduced lunch between 2007 and 2008; while the increase statewide was only 0.4%.

Table 3: Students Receiving Free or Reduced Price Lunch, 2007-2008

Area	School Year	
	2006-2007	2007-2008
St. Johns	17.6%	20.2%
Florida	45.4%	45.8%

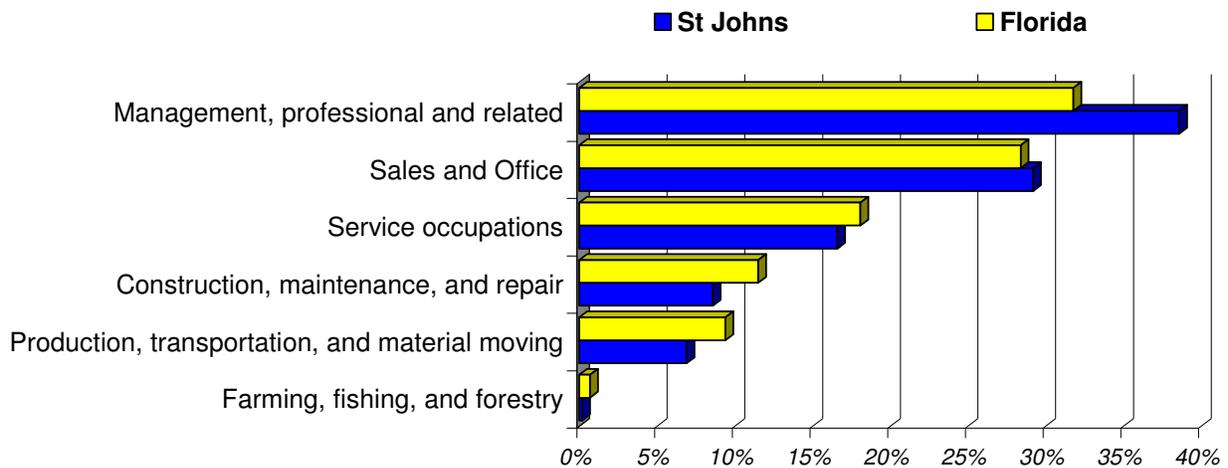
Source: Florida Department of Education, Free/Reduced-Price Lunch Eligibility report, August 2008.

Labor Force and Employment

The U.S. Census American Community Survey for the time period 2005-2007 found that there are more than 82,200 persons over the age of 16 in the labor force of St. Johns County. Of those, approximately 4.1% are unemployed. There are an additional 50,700 adult residents of the county who are not counted among the labor force.

Among working adults, the most common occupations are management, professional, and related jobs, followed by sales, office, and other service jobs. The least common occupation among St. Johns residents is farming/fishing/forestry jobs. The table below shows various types of occupations and the percentage of the employed work force in each role.

Figure 5: Types of Employment in St. Johns County and Florida



Source: US Census, American Community Survey 2005-2007

COUNTY HEALTH STATUS

A. MORTALITY INDICATORS

Mortality rates can be key indicators of the state of health of a community. A significant number of St. Johns County's deaths are premature and preventable. Behavior modification and risk reduction can reduce the mortality rates of many of the leading causes of death, especially those attributed to heart disease, stroke, diabetes, lung cancer, and motor vehicle accidents. Individuals may improve both the length and quality of their lives by simply following a healthy lifestyle and receiving regular medical care.

Table 4 below summarizes age-adjusted death rates for the leading causes of death for all races in St. Johns County. The most frequent causes of death in the county are cancer and heart disease. County death rates for cancer and pneumonia/influenza were slightly higher than Florida; while death rates for heart disease, stroke, respiratory disease, diabetes, and motor vehicle crashes fell below the state rates during 2004-06.

Table 4: Death Rates for Leading Causes of Death, 2004-2006

Area	Age-Adjusted Deaths per 100,000 population						
	Cancer	Heart Disease	Stroke	Respiratory Disease	Motor Vehicle Crashes	Diabetes	Pneumonia/Influenza
St Johns	178.6	137.4	36.2	34.9	16.8	14.9	12.2
Florida	169.8	182.8	37.1	36.6	18.6	21.2	11.0

Source: Florida CHARTS, 2008

The remainder of this section will explore the leading causes of death for St. Johns County in comparison with Florida as a whole. Age-adjusted death rates for all races from the period of time between 1998 – 2006 will be presented, as well as age adjusted death rates by race from 2004 – 2006. Unless otherwise noted, all tables in this section compare three-year rolling averages using age-adjusted death rates from the Florida Department of Health's CHARTS website, which can be found at: <http://www.floridacharts.com/charts/chart.aspx>



Cancer

Cancer ranks as the leading cause of death in St Johns County. Age-adjusted deaths from all types of cancer in St. Johns County showed a slight decrease between 1998 and 2001, however have remained stable since that time (Figure 6). Cancer deaths in the non-white population were slightly higher than in whites, with similar findings at both the State and county level (Figure 7). The figures on the following page illustrate the cancer rates for St. Johns and Florida through 2006.

Figure 6: All Cancer Death Rates For All Races, 1998-2006

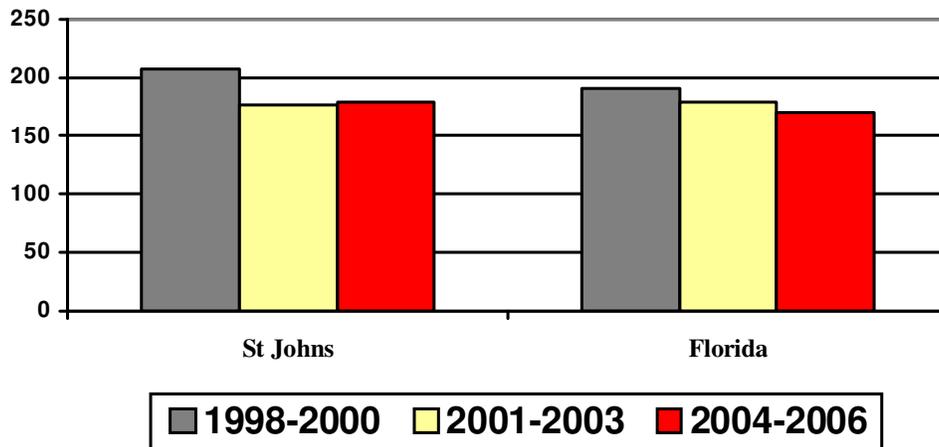


Figure 7: All Cancer Death Rates By Race, 2004-2006



Lung Cancer

St. Johns County experienced a steady decrease in lung cancer deaths between 1998 and 2006. Lung cancer deaths in the non-white population were higher than in the white population in St. Johns County; but were lower than whites overall in Florida. Figures 8 and 9 on the following page show the total lung cancer death rates for the county and state over time, as well as the death rates by race during 2004-06 respectively.

Figure 8: Lung Cancer Death Rates, All Races, 1998-2006

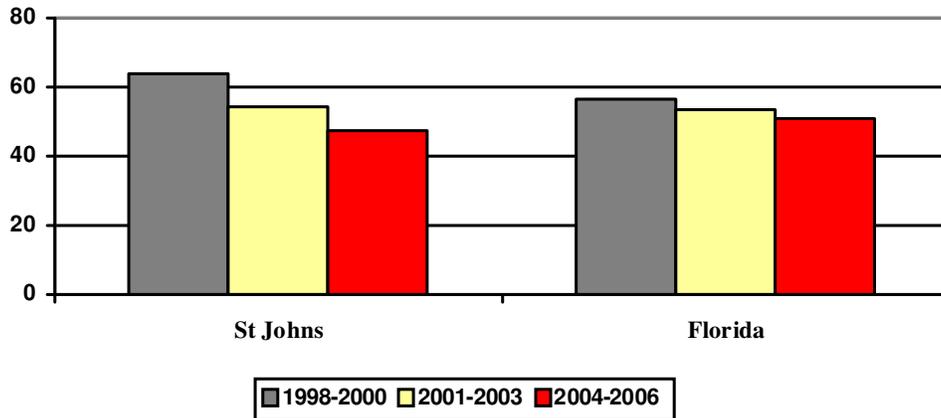
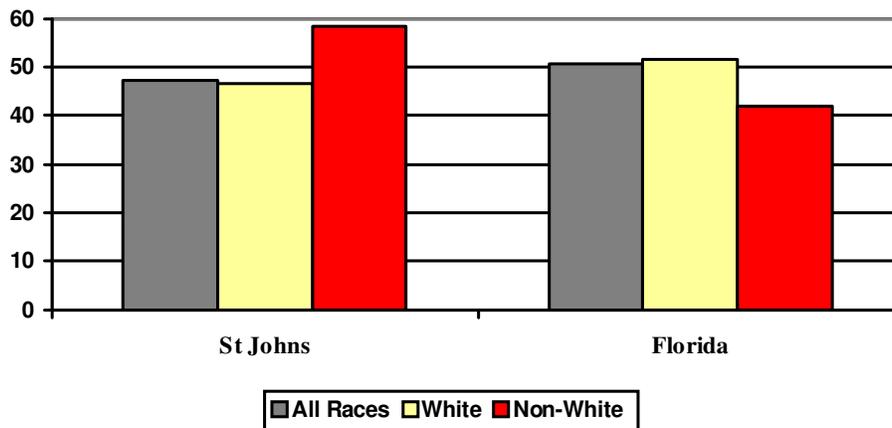


Figure 9: Lung Cancer Death Rates By Race, 2004-2006



Breast Cancer

There was a jump in the number of deaths from Breast Cancer between 2003 and 2006. Conversely, the state experienced a slight decrease during the same time period. Breast cancer deaths are most common among white residents of the county; which is also different from the state. The figures below illustrate deaths between 1998 and 2006 for all races, as well as deaths by race between 2004 and 2006.

Figure 10: Breast Cancer Death Rates, All Races, 1998-2006

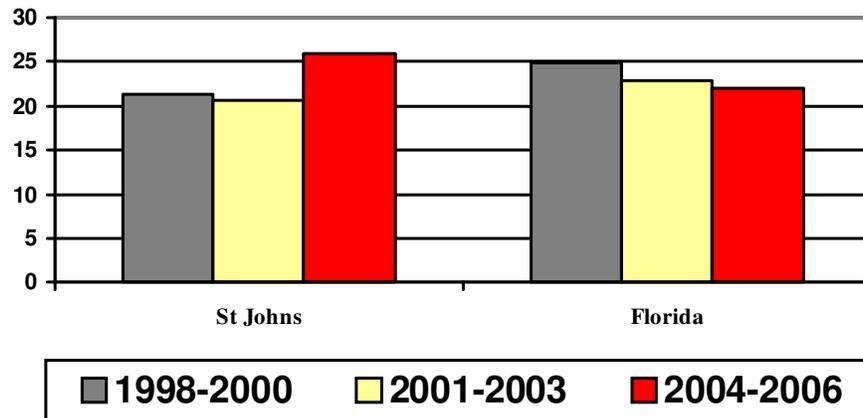
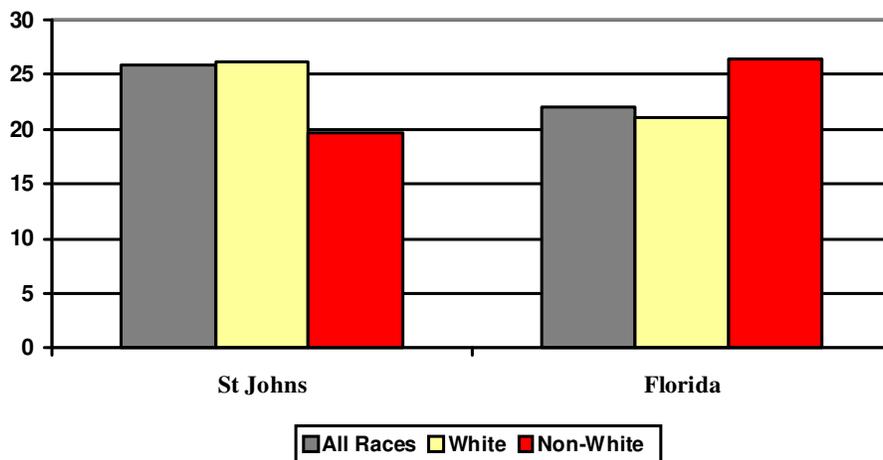


Figure 11: Breast Cancer Death Rates By Race, 2004-2006



Heart Disease

Heart disease is the 2nd leading cause of death in St. Johns County; and remains to be the leading cause in the Nation. Figure 12 shows age-adjusted heart disease death rates for the period of time between 1998 – 2006. St Johns County has achieved a steady reduction in heart disease deaths during this time period; and remains lower than the state rate despite a similar decline across Florida. Non-white deaths from heart disease in are higher than white deaths throughout Florida, including in St. Johns County. These rates are shown in Figure 13.

Figure 12: Heart Disease Deaths, All Races, 1998-2006

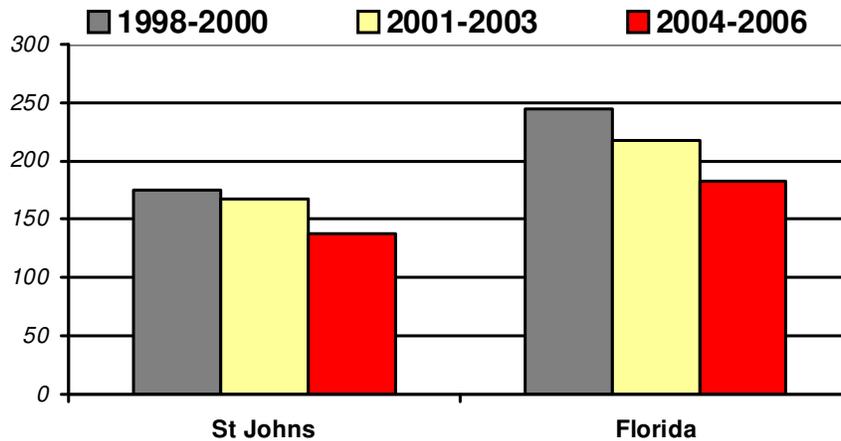
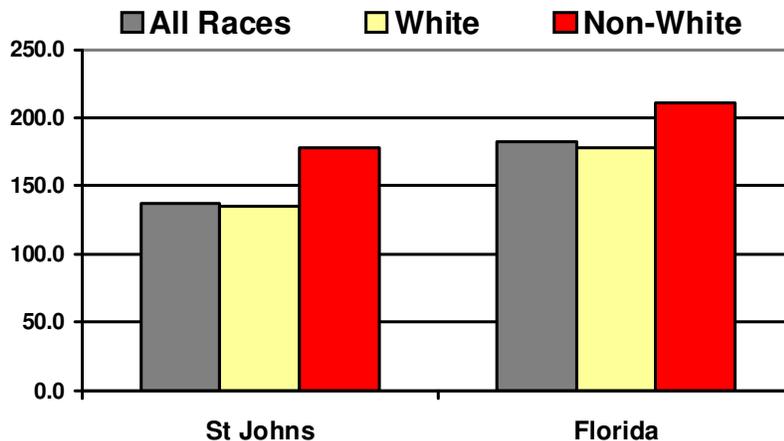


Figure 13: Heart Disease Death Rates By Race, 2004-2006



Stroke

Stroke is a cardiovascular disease that affects the blood vessels supplying blood to the brain. Stroke is the third leading cause of death in the United States, and also in St. Johns County. As shown below, St. Johns County's death rate from strokes has seen a gradual decline since 1998. There is a significant racial disparity among stroke deaths, with rates among non-whites nearly double those for whites.

Figure 14: Stroke Disease Death Rates, All Races, 1998-2006

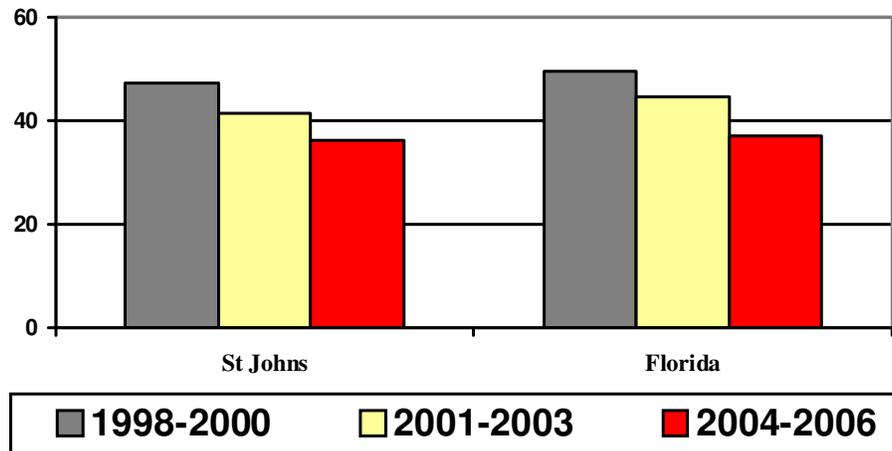
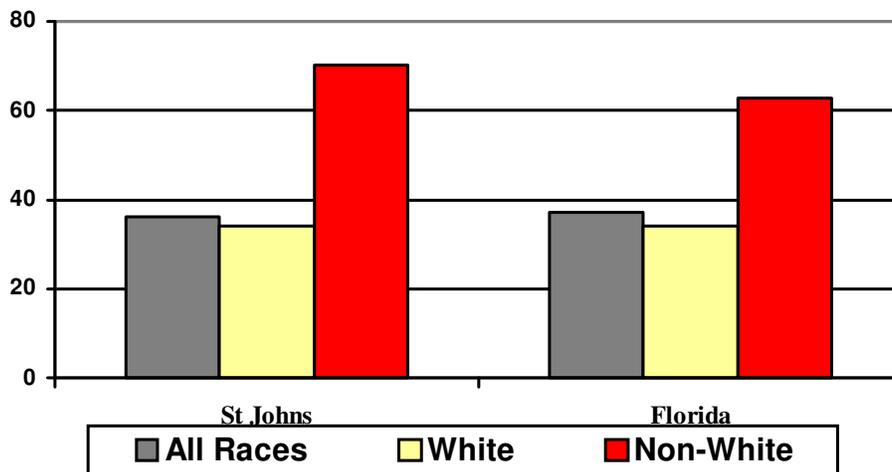


Figure 15: Stroke Disease Death Rates By Race, 2004-2006



Respiratory Disease

Chronic bronchitis, emphysema, and asthma all fall within the category of Chronic Obstructive Pulmonary Disease, or C.O.P.D. There was a decline in Respiratory Disease (RD) death rates from 1998-2006 in St. Johns County. Respiratory disease is far more common among white populations than non-white populations in both St. Johns County and throughout Florida.

Figure 16: Respiratory Disease Death Rates For All Races, 1998-2006

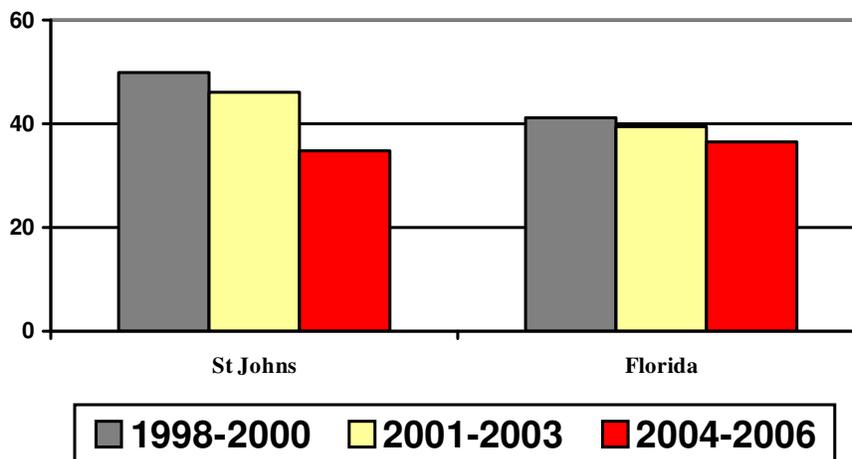
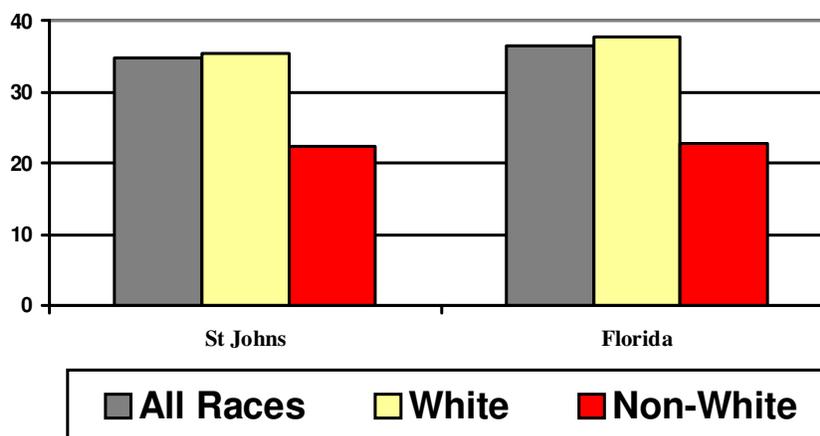


Figure 17: C.O.P.D. Death Rates By Race, 2004-2006



Diabetes

Diabetes is a chronic metabolic disease that affects millions of Americans and is the sixth leading cause of death in the United States. St. John's County's age-adjusted death rates from diabetes have fluctuated slightly in the past decade, with a slight increase during 2004-2006. Deaths in Florida from diabetes have remained virtually stable during the same time period. There is a significant racial/ethnic disparity of diabetes cases among non-white populations throughout Florida, with rates in St. Johns County nearly triple those among whites.

Figure 18: Diabetes Disease Death Rates For All Races, 1998-2006

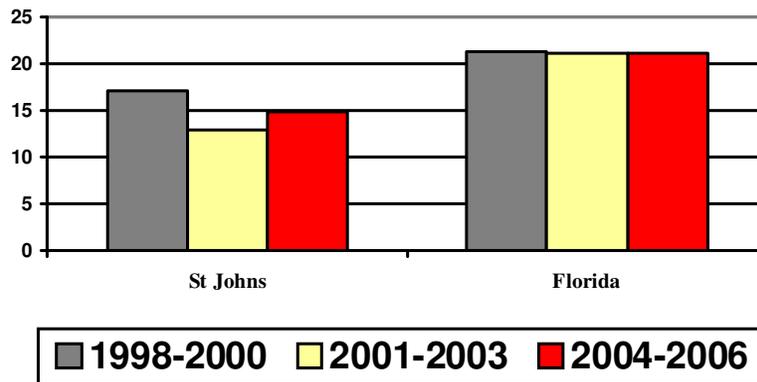
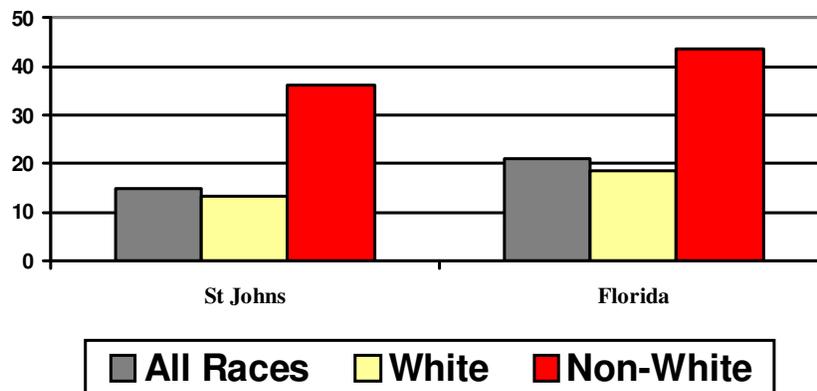


Figure 19: Diabetes Disease Death Rates By Race, 2004-2006



Influenza and Pneumonia

Influenza and pneumonia deaths together constitute the seventh leading cause of death in the United States; and are typically most common among the very young and the very old. Infants less than 1 year of age and seniors over age 65 are most vulnerable to these transmittable viruses, and should be immunized annually for protection. St. Johns County has had significant success in decreasing the number of deaths from influenza and pneumonia since 1998; although the county rates remain slightly higher than the statewide average. A lack of access to influenza and pneumococcal vaccines for uninsured and low-income adults has been identified as a key health issue in St. Johns County. There is little differentiation among races regarding flu and pneumonia deaths during 2004-2006.

Figure 20: Influenza & Pneumonia Disease Death Rates, All Races, 1998-2006

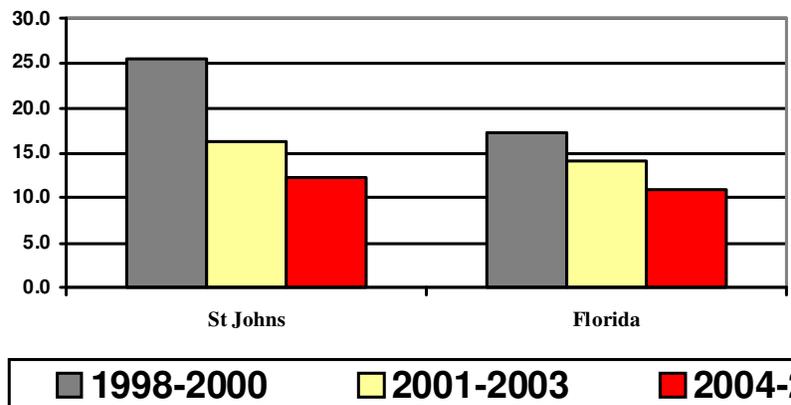
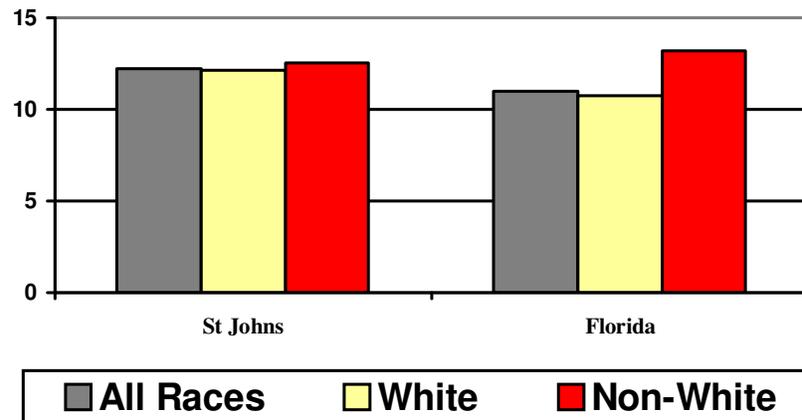


Figure 21: Influenza & Pneumonia Disease Death Rates by Races, 2004 - 2006



Alzheimer's Disease

An estimated 4.5 million Americans have Alzheimer's disease. Deaths from this disease remained relatively stable in St. Johns between 2001 and 2006. Alzheimer's was slightly more common among white populations in the county than in non-white groups. Rates across Florida are similar, but slightly higher than St. Johns.

Figure 22: Alzheimer's Disease Death Rates, All Races, 1998-2006

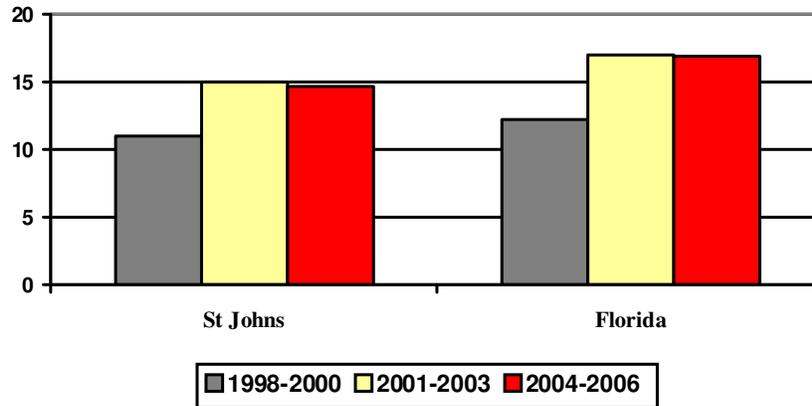
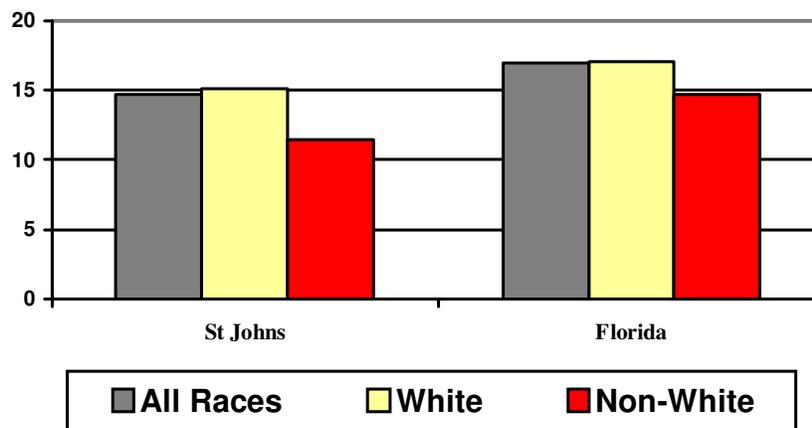


Figure 23: Alzheimer's Disease Death Rates By Race, 2004 - 2006



Liver Disease

Among the numerous diseases that affect the liver, cirrhosis accounts for most of the cases of liver disease and deaths associated with liver failure. As shown in Figure 24 below, death rates from liver disease showed a slight increase in St. Johns County between 2003 and 2006. Liver disease death rates are significantly higher in the white population than non-white population in St. Johns County and Florida.

Figure 24: Liver Disease And Cirrhosis Death Rates For All Races, 1998-2006

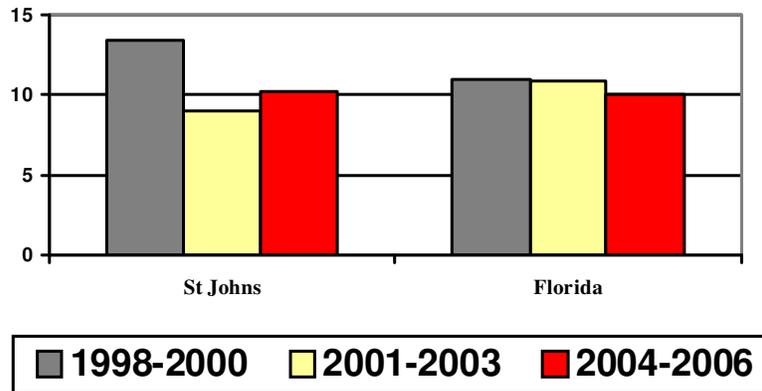
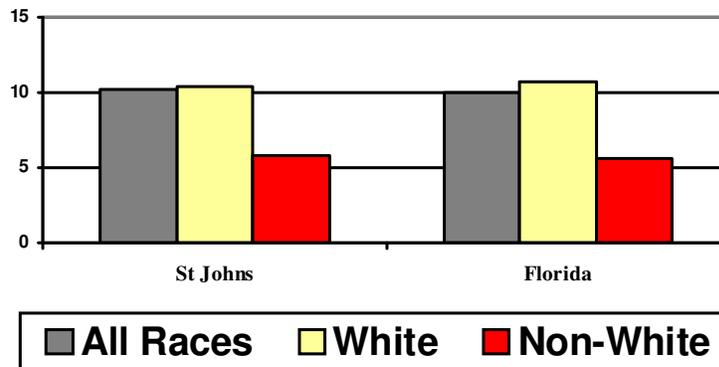


Figure 25: Liver Disease And Cirrhosis Death Rates By Race, 2004-2006



Suicide

Suicides can be considered as a strong indicator of the overall mental health of a community. An individual may take their own life for a variety of reasons. The most common underlying causes of suicide are depression, anxiety, damaged relationships, and loss of employment. Suicide is a major, preventable public health problem, and individuals should be encouraged to seek mental health counseling should they express thoughts of suicide or demonstrate signs of severe depression or anxiety. Overall, St. Johns County suffers from a slightly higher rate of suicide than the rest of Florida, with rates significantly higher among whites. The difference between white and non-white suicide death rates is even greater throughout all of Florida.

Figure 26: Death rates from Suicide, All Races, 1998-2006

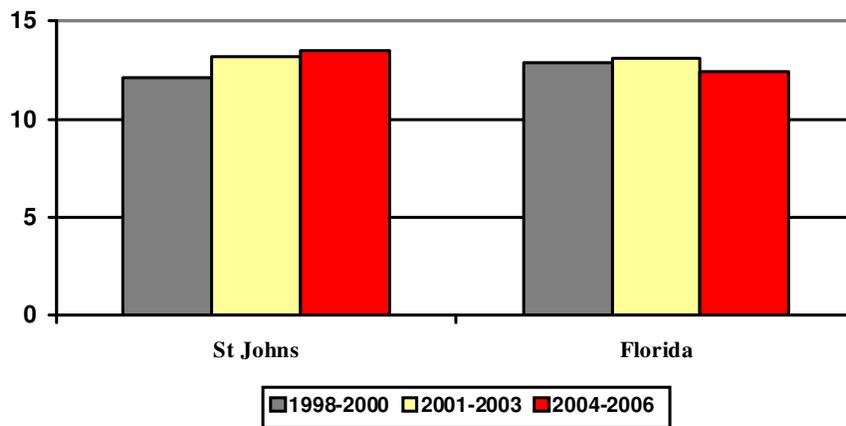
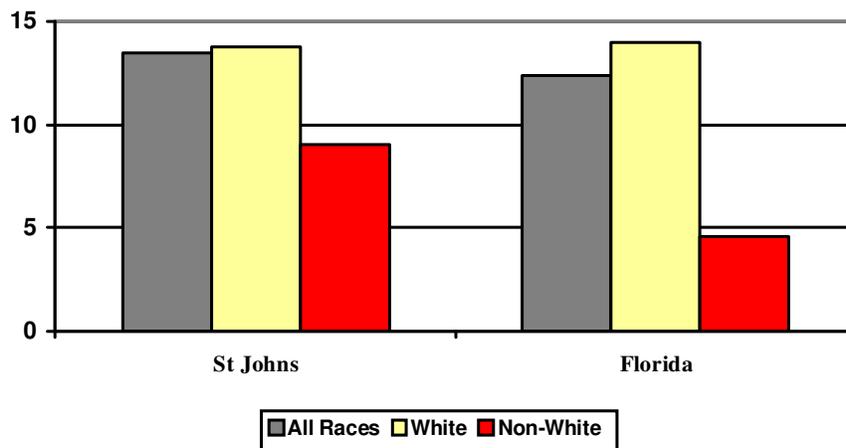


Figure 27: Death rates from Suicide, by Race, 2004-2006



Motor Vehicle Accidents

Motor vehicle crashes are the most common form of unintentional injury, and represent the 5th leading cause of death in St. Johns County. Drivers under the influence (DUI) of alcohol or other drugs are a factor in approximately 1 out of every 6 accidents in the county. In comparison, alcohol or drugs are cited in less than 1 out of every 10 accidents statewide. Further research provided by members of the St. Johns Health Improvement Council found that the largest proportion of alcohol related crashes in the county are among drivers between the ages of 21 and 24 years. Alarming, the second largest age group in alcohol-related crashes are among 19 and 20 year olds. The findings also indicated that DUI related crashes tend to occur in clusters surrounding establishments that serve alcohol, and during the very early morning hours (between 1:00am and 5:00am). Alcohol-related motor vehicle crash rates for St. Johns and Florida are shown below:

Table 5: Rates of Alcohol-Related Motor Vehicle Crashes, 2004-2006

Alcohol-related Accident Rates	St. Johns	Florida
Crashes	163.9	129.0
Crashes w/ Injuries	130.8	95.8
Crash Deaths	6.7	6.3

Source: Florida Department of Law Enforcement Uniform Crime Report, DHSMV "Traffic Crash Facts", Florida Office of Vital Statistics. 3 Year Rate (2004-2006) Per 100,000.

B. INFECTIOUS DISEASES

HIV/AIDS

HIV/AIDS is the 9th leading cause of death in St Johns County. The county ranks 35th among Florida's 67 counties for the number of HIV and AIDS cases diagnosed through 2008. The county experienced a 3% decrease in the number of new HIV cases and a significant 47% decrease in the number of new AIDS diagnoses from the previous year. There were an estimated 265 individuals living with HIV or AIDS in the county as of November 30, 2008.

Sexually Transmitted Diseases

Sexually transmitted diseases (STD's) are considered surrogate markers to HIV and AIDS since they are transmitted through similar means. Similar to HIV/AIDS, St. Johns County ranked 33rd among Florida counties in 2008 for the number of Gonorrhea cases after an 18% increase from 2007. The county also ranked 32nd in Chlamydia cases during 2008 after a 22% increase from the previous year. There were more than 265 persons in the county diagnosed with Chlamydia during 2008. There have been 2 or less reported cases of Syphilis (any type) in St. Johns during each of the past 2 years.

The table on the following page shows the reported rates of HIV, AIDS, STD's and Hepatitis per 100,000 population during 2004-2006, as reported by the Florida Department of Health's Bureau of HIV/AIDS.

Table 6: Infectious Disease Rates, All Races, 2004-2006

Disease	St. Johns	Florida
STD's (<i>Gonorrhea, Chlamydia, and Syphilis</i>)	126.4	369.5
HIV (New Cases)	10.9	29.4
AIDS	10.0	27.2
Hepatitis B	1.5	2.6

C. MATERNAL AND CHILD HEALTH

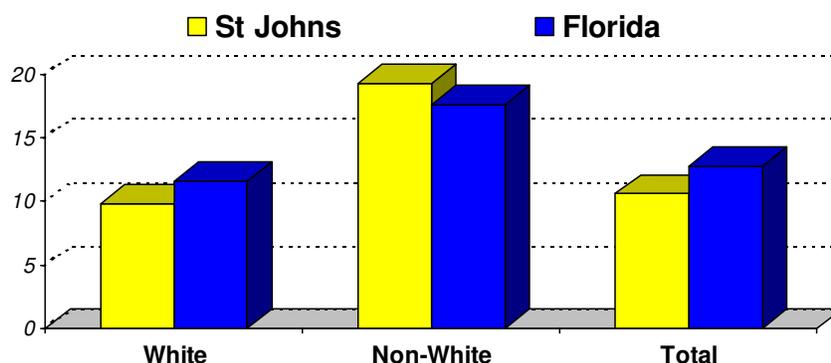
Female Population of Childbearing Age

There were approximately 32,870 women of child-bearing ages (15-44 years) in St. Johns County in 2007. This group represented nearly 20% of the total population; or about 1 out of every 5 residents. Not surprisingly, a majority of the women are white; and represent an inclusive cross-sample of the community. The number of child-bearing aged women is expected to increase proportionately within the projected general population growth for the area.

Birth Rates

The birth rate for St. Johns County was 10.6 births per 1,000 population for all races in 2007, which was slightly below the state's rate of 12.8. The rate of non-white births in St. Johns County, however, was 19.3 - which exceeded the state's non-white birth rate of 17.6; and was nearly double the rate among whites.

Figure 28: Birth Rates in St. Johns County and Florida, by Race, 2007



Source: Florida CHARTS, 2008

Adolescent Births

Babies born to young mothers under the age of 19 are more likely to experience poor birth outcomes than those born to adult mothers; and are more at risk for developmental complications later in life. Birth outcomes are also closely tied to the education level, economic outlook, and family relationships of the mother. Births to teenage mothers (15-19 years of age) in St. Johns County have seen an overall decrease during the past decade; and have successfully remained below the state average. Births to non-white teenage mothers, however, continue to be at least three times higher than in whites; representing a significant racial disparity for this indicator.

Figure 29: Births to Mothers Ages 15-19, All Races, 1998-2006

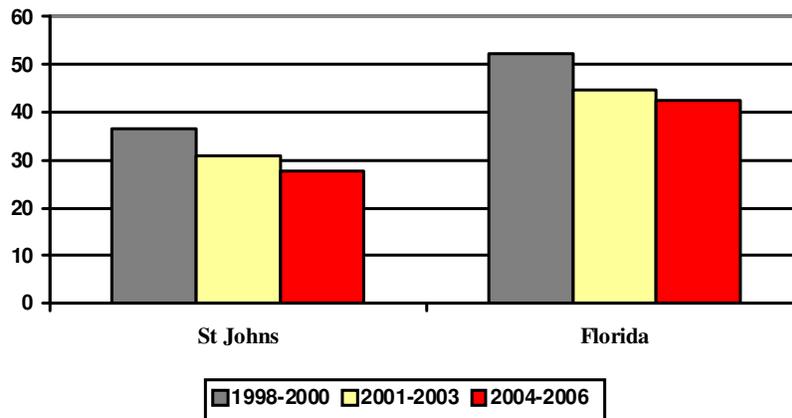
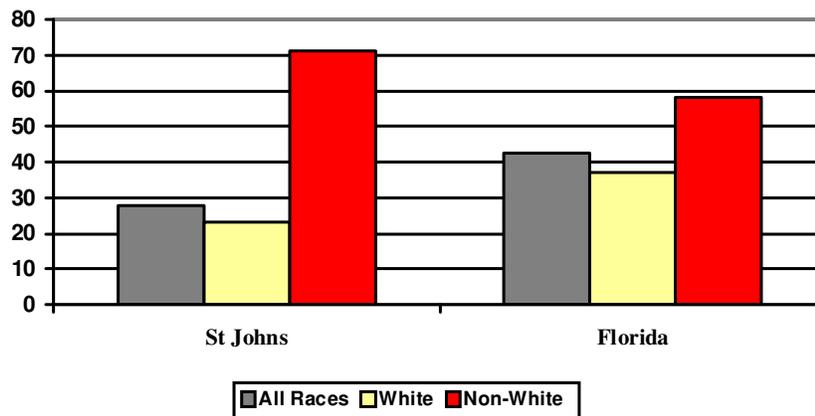


Figure 30: Births to Mothers Ages 15-19, by Race, 2004-2006



Infant Mortality

The death of a baby within its first year of life is one of the greatest tragedies a family can experience. Infant mortality rates are considered the primary indicator of the health of a community. These rates document the deaths of babies between birth to 364 days of life. The leading causes of infant deaths in Florida are perinatal conditions, congenital anomalies, low birth weight, and sleep-related deaths. There has been a major decrease in the incidence of sudden infant death syndrome (SIDS) since the American Academy of Pediatrics released its recommendation in 1992 that infants be placed down for sleep in a nonprone position. Infant mortality rates have fluctuated slightly in St. Johns County, but remain below the state rates. There is however a significant racial disparity among non-whites throughout Florida, including in St. Johns County.

Figure 31: Infant Mortality Rates, All Races, 1998– 2006

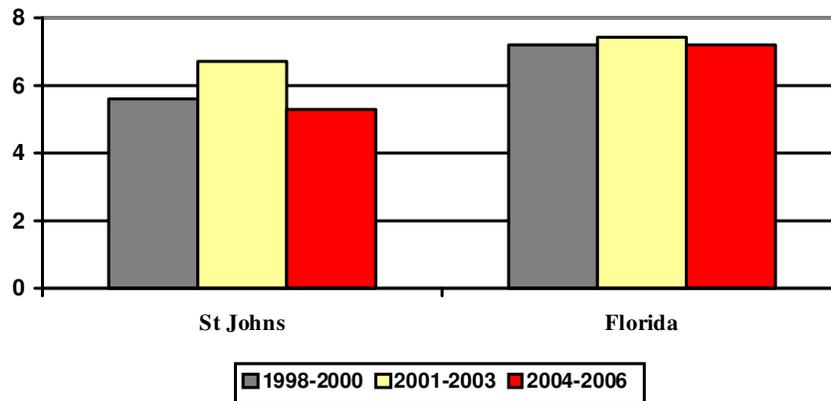
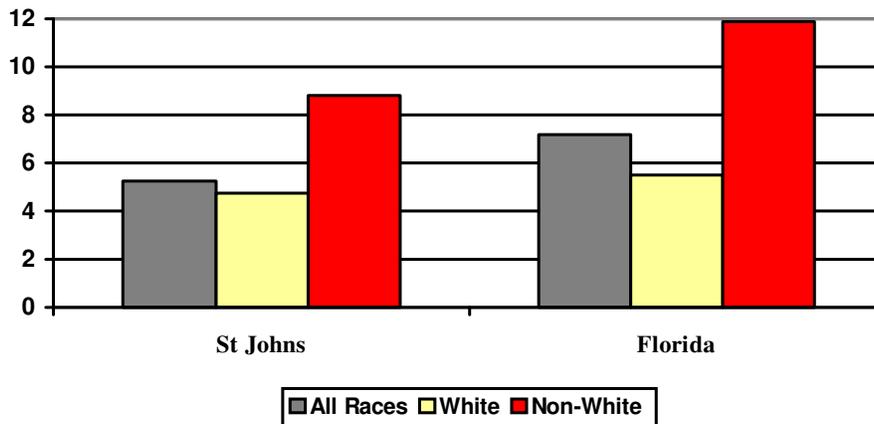


Figure 31: Infant Mortality Rates By Race, 2004-2006



D. BEHAVIORAL RISK FACTOR SURVEILLANCE SURVEY

The Centers for Disease Control and Prevention began the Behavior Risk Factor Surveillance Survey (BRFSS) in the early 1980's in a handful of states. Today, all states participate in the survey. The 2007 Florida BRFSS provides individual counties and the state with a rich data source to estimate the prevalence of personal health behaviors that contribute to morbidity and mortality among adults.

Over 39,000 interviews were completed in the 2007 calendar year, with a target sample size of 500 completed surveys in each county. The 2007 county-level BRFSS is the first since the initial county-level effort in 2002. The 2007 county-level survey was developed in collaboration with state and local representatives and better designed to meet the needs of CHD programs by offering options to add county-developed questions and increase sample sizes. In addition, 2007 county-level questionnaires included all of the questions asked on a state level, unlike 2002 in which an abbreviated questionnaire was administered. At least 566 St. Johns County residents completed the survey during 2007. A sampling of significant findings is included in this section.

Alcohol Consumption

The percentage of adults who reported engaging in heavy or binge drinking declined slightly in St. Johns from 22.3% in 2002 to 18.8% in 2007; however remains above the state average of 16.2. Rates were surprisingly 2% higher among female county residents than males, which is converse to state rates that are significantly higher among men. Young adults below the age of 44 were most likely to engage in this activity. Persons with higher education and income levels reported drinking at slightly higher rates than their less educated counterparts, and singles were more likely to drink than persons who are married.

Cancer Screenings

The percentage of women over the age of 40 who had received a mammogram within the previous year was significantly higher among St. Johns residents than statewide. At least 76.5% of women in the county reported receiving this service, while less than 65% of women receive it statewide. There was little difference in rates reported by income, education, or marriage status.

Similarly, the proportion of adult women (ages 18 and over) in St. Johns who had received a PAP exam during the past year was also significantly higher than the state average. At least 75% of county residents had received this test, while just under 65% of Florida women receive it. Unlike mammograms, however, there was some correlation between income/education level and the rate of women who received this exam in St. Johns County – with women of higher levels receiving the service more often than their less educated counterparts.

Among men, nearly 70% of those over the age of 50 in St. Johns County reported having obtained a PSA test within the last year, while the statewide rate was lower at approximately 60%. There was a significant correlation between education level and receiving the test, although income level seemed to not be a factor.

Both men and women over the age of 50 in St. Johns received sigmoid and/or colonoscopies at a slightly higher rate than the state – 59% and 54% respectively. There were significant correlations with education level and income regarding this indicator.

Health Insurance Coverage and Access to Healthcare

The proportion of individuals in the county who reported having some type of personal health insurance coverage was slightly larger than the state, with rates of 88.7% and 81.4% respectively. There were definite correlations between age, education, and income in relation to whether respondents reporting having insurance. For example, only 57% of persons with less than a high school diploma are insured in the county, while more than 94% of college-degree holders are insured. The reported coverage rate for persons in the county making less than \$25,000 per year was 67.4% (compared to a state rate of 64.5%); while those county residents making more than \$50,000 were 96.4% insured (93.2% statewide).

Conversely, the percentage of adults who reported not being able to see a doctor due to cost was lower in St. Johns (9.4%) when compared to Florida as a whole (15.1%). This response was most common among younger adults, the less educated, and lower income groups. Single individuals also reported this barrier more than twice as often as their married counterparts.

General Health and Quality of Life

Overall, at least 85.2% of county residents reported feeling in good or excellent health; which was very similar to Florida's rate of 83.4%. There was little difference among the age groups of respondents, although education level appeared to be a key factor in the perception of personal wellness. Persons with less than a high school diploma reported feeling well at a rate of only 67% in the county, while those with a college education reported this response at over 91%. There was also some correlation with income level, with individuals at lower income rates reporting feeling not quite as healthy as those with higher incomes.

Similarly, persons reporting to be "satisfied" or "very satisfied" with their lives closely mirrored the state rate, with 94.6% in St. Johns and an overall 94.2% across Florida. Again, income and education level seemed to be a significant factor within this indicator.

There was a small difference, however, in the rate of persons reporting to be in "good physical health" between St. Johns County and Florida. County residents seem to generally enjoy a better state of physical health with at least 93% reporting feeling well physically, while only 88.8% of persons statewide state the same. While men were slight more likely than women to report this finding, there seemed to be little differentiation by age, education, or income.

County residents did report slightly below the state average for "good mental health" during 2007. Approximately 89% of adults in the county reported being in good mental health; while more than 90% of respondents statewide gave this response. Adults reported better mental health as they got older, became more educated, and earned higher incomes.

Immunizations

Only 44% of county adults among specific identified high-risk groups had received an annual flu shot during 2007; and only 37.5% of residents had received a pneumonia vaccination. Statewide, the figures were 44.6% and 37.0% respectively. The only persons reporting having received the vaccinations in St. Johns County were college graduates making at least \$50,000 per year.

Overweight and Obesity

Overall, nearly two-thirds of the population is either overweight or obese. This includes approximately 60% of St. Johns County residents, and more than 62% of Floridians statewide. Excess weight is considered a strong factor and precursor to more serious health problems such as diabetes, hypertension, and heart disease. The percentage of persons reporting as overweight in St. Johns County was slightly below the state average (35.1% compared to 38%); although there was almost no difference among the rate of persons who reported as obese in the county and the state (24.6% to 24.1%). Men were much more likely to be overweight or obese, at rates nearly twice that of women. There were no strong correlations found between age, education, or income regarding overweight and obesity. There was a significant change, however, over time in regards to obesity. In 2002, only around 14.4% of adults reported being obese, while in 2007 that figure jumped more than 10 percentage points to a total of 24.6%.

Additionally, more than 18% of adults in St. Johns County reported having gained 5 or more pounds within the past year, compared to 22.4% statewide. These findings were similar among men and women; although were more common among younger age groups than older adults. Persons at lower education and income levels reported gaining more weight than their more educated and higher earning counterparts.

Approximately 18% of county residents reported sedentary lifestyles; and nearly 70% reporting being mostly inactive while at work. Less than a third of residents (27.9%) consume at least five servings of fruits and vegetables each day; and only slightly more than a third meet moderate physical activity recommendations weekly.

Tobacco Use

Just under 1 out of every 5 adult residents report that they smoke tobacco regularly (17.8% in St Johns and 19.3% statewide). Smoking rates are similar among men and women in the county; but are slightly higher among whites than non-whites. Smoking decreases when age, education, and income increase. There is virtually no difference between married and unmarried individuals in relation to smoking.

Just over half of all adults in both St. Johns and Florida report that they have never smoked. Women were more likely to be non-smokers than men (60% compared to 49%); as were younger adults and college graduates. Persons with higher incomes were also less likely to have smoked than those in lower income groups.

E. ST. JOHNS COMMUNITY SURVEY

“How Healthy is St. Johns County?”

The St. Johns County Health Department initiated a community-wide survey early in 2008 in order to gain information about resident’s perceptions, attitudes, and beliefs pertaining to overall health and the quality of healthcare services available in St. Johns County. The Department’s staff collected over 687 survey responses from a wide cross-section of county residents. A summary of findings from that survey is included in this section, along with limited comparisons among different cities and areas within the county.

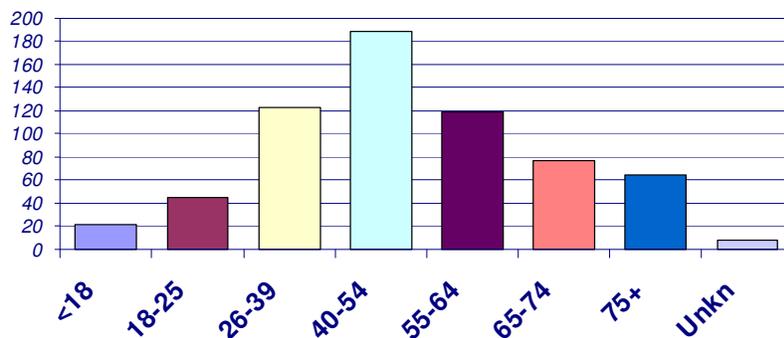
Demographics of Survey Respondents

Not all respondents reported their exact zip code, but of the 644 zip codes recorded, the geographical distribution is shown in the table below.

Table 7: Reported City of Residence of St. Johns County Survey Respondents

LOCATION		TOTAL
Zip	City	Total
32033	Elkton/Armstrong	31
(Multi)	St Augustine	524
32082	Ponte Vedra	32
32145	Hastings	57
TOTALS		644

Figure 32: St. Johns County Community Survey Respondents by Age Group



City	<18	18-25	26-39	40-54	55-64	65-74	75+	Unkn
Elkton/Armstrong	0	1	6	9	3	8	4	0
St Augustine	15	39	100	159	100	49	56	7
Ponte Vedra	2	1	5	6	6	9	2	1
Hastings	4	4	12	14	10	11	2	0
TOTALS	21	45	123	188	119	77	64	8

Table 7: Survey Respondents by Gender and Reported City of Residence

LOCATION City	GENDER		
	M	F	Unkn
Elkton/Armstrong	7	14	10
St Augustine	99	298	127
Ponte Vedra	8	19	5
Hastings	5	36	16
TOTALS	119	367	158

Table 8: Survey Respondents by Race and Reported City of Residence

LOCATION City	RACE		
	B	W	O/U
Elkton/Armstrong	8	21	2
St Augustine	53	444	25
Ponte Vedra	0	29	3
Hastings	37	18	2
TOTALS	98	512	32

Table 9: Education Level of Survey Respondents

Education	Total
None	1
Elementary / Middle school	40
High school diploma / GED	201
Technical / Community College	153
4yr degree	109
Graduate / Advanced degree	88

Table 10: Employment Status of Survey Respondents

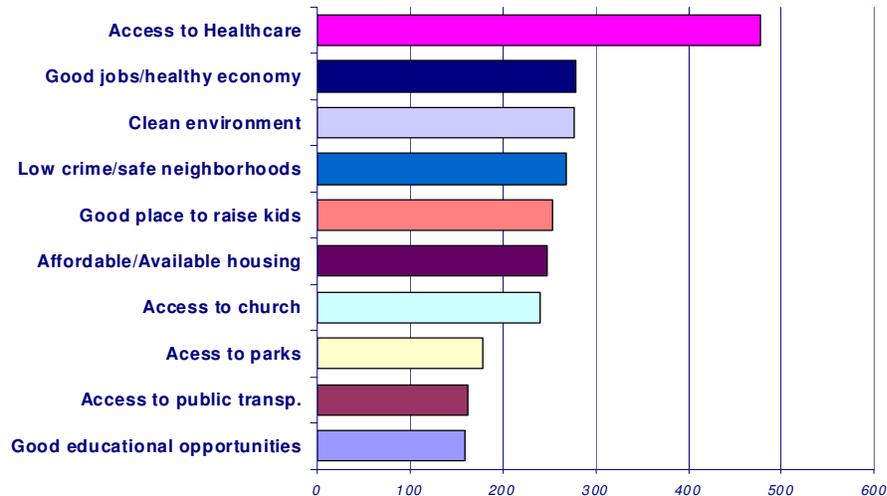
Employment	Total
Employed full time	215
Employed part time	65
Homemaker	24
Retired	154
Disabled	16
Self employed	30
Student	20
Unemployed	74

Table 11: Reported Income Level of Survey Respondents

Income	Total
Less than 10,000	109
10,000-19,000	81
20,000-29,000	77
30,000-49,000	113
50,000-74,999	79
75,000-99,999	44
100,000 or more	45

Survey respondents answered a variety of questions regarding what elements they feel are the most important factors of a healthy community, what health issues are of highest priority to them, their own health status, and the quality of healthcare services they have used in St. Johns County. Their responses are summarized in the illustrations that follow, along with some limited comparisons of responses by geographical area within the county.

Figure 33: Features of a Healthy Community



The responses differed significantly between different areas of the county. Residents of the City of St. Augustine cited access to healthcare, a strong economy, and a clean environment as the primary factors of a healthy community. Respondents in Hastings also cited access to healthcare services as a primary indicator of a healthy community, however the second most frequent response from this group was affordable housing, followed by access to churches and other places of worship. The top ten features identified in each community are shown in the figures that follow, with differences by race illustrated.

Figure 34: Top 10 Features of a Healthy Community from St. Augustine, by Race

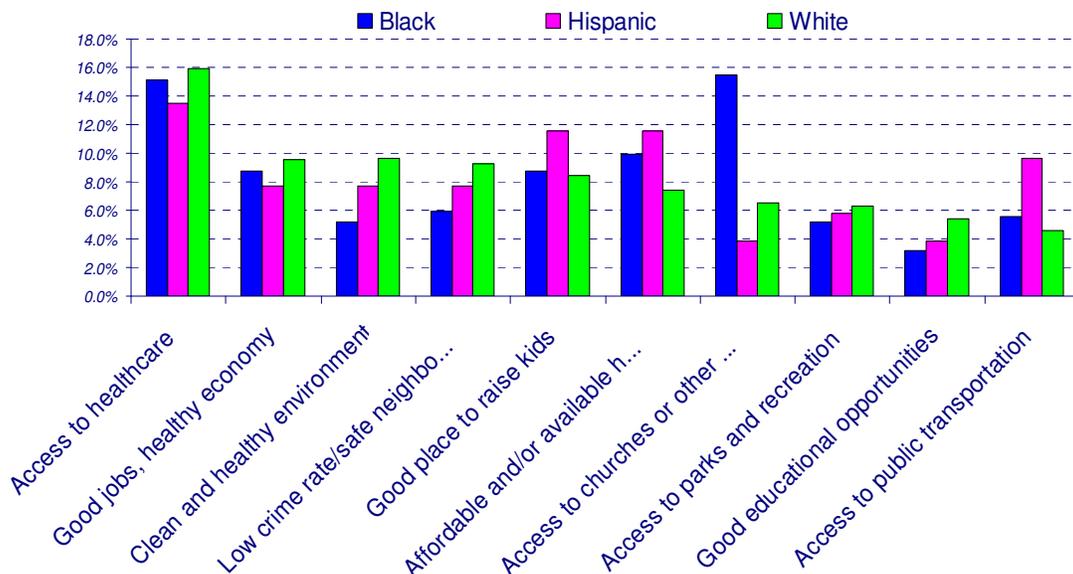


Figure 35: Top 10 Features of a Healthy Community from Hastings, by Race

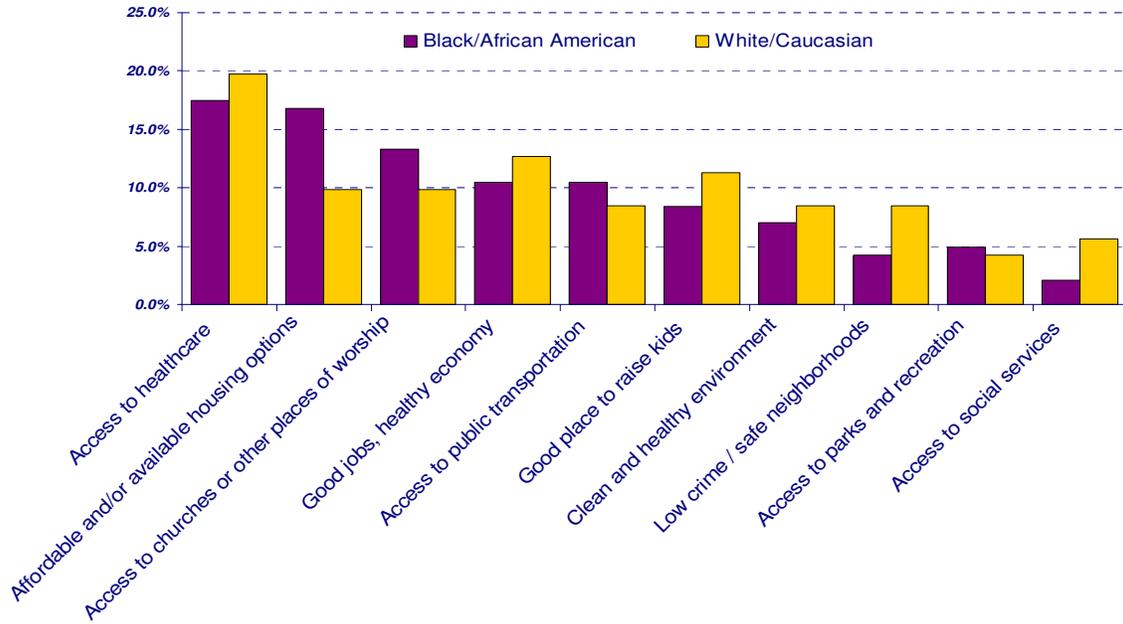


Figure 36: Health Issues of Concern to Residents of St. Johns County

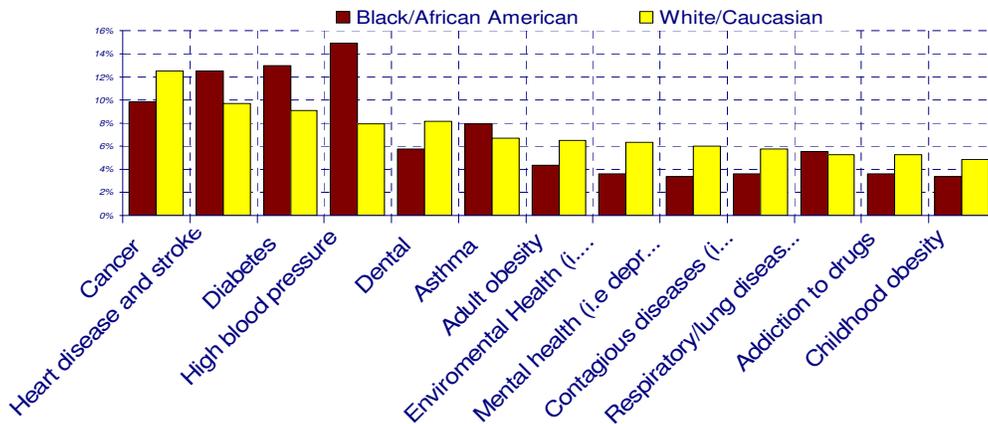
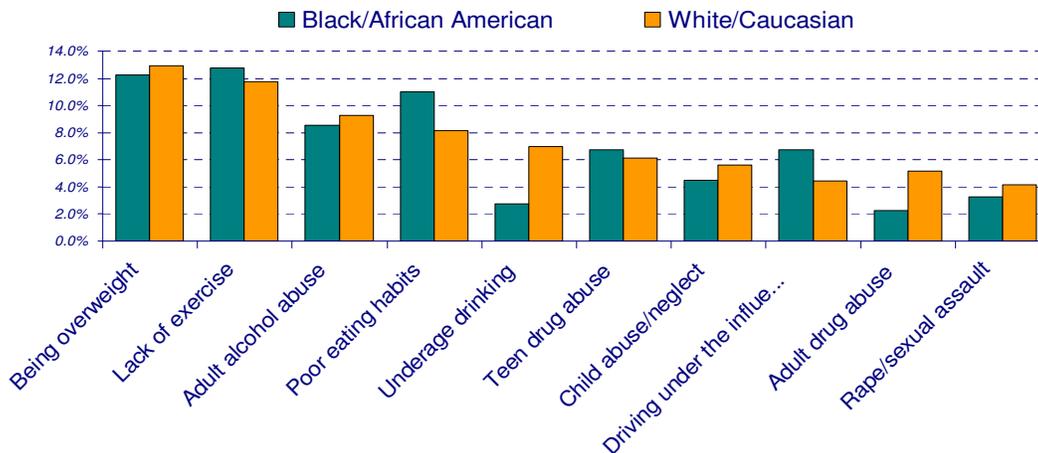


Figure 37: Top 10 Behavioral Concerns in St. Johns County, by Race



Health Status

Regardless of gender, race, or location within the county, residents of St. Johns reported generally good health. Overall, more than 70% of respondents reported being in good or excellent health.

Figure 38: Health Status Reported by Survey Respondents, by Gender

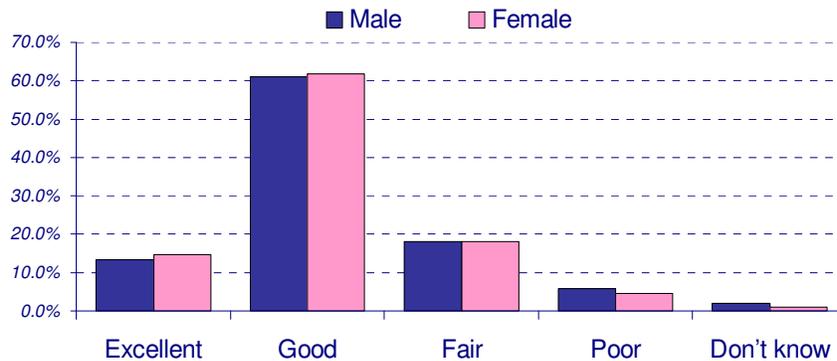


Figure 39: Health Status Reported by Survey Respondents, by Race

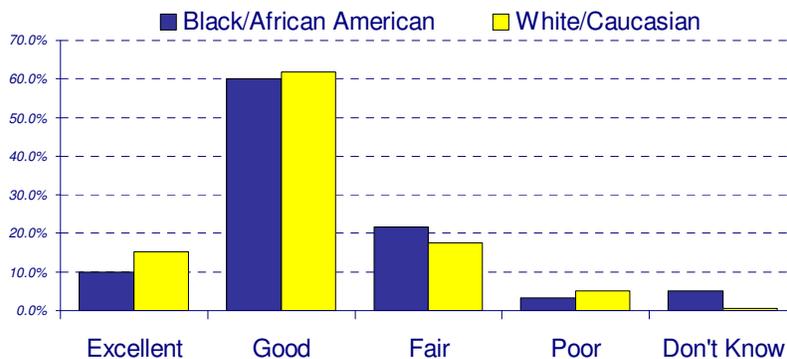
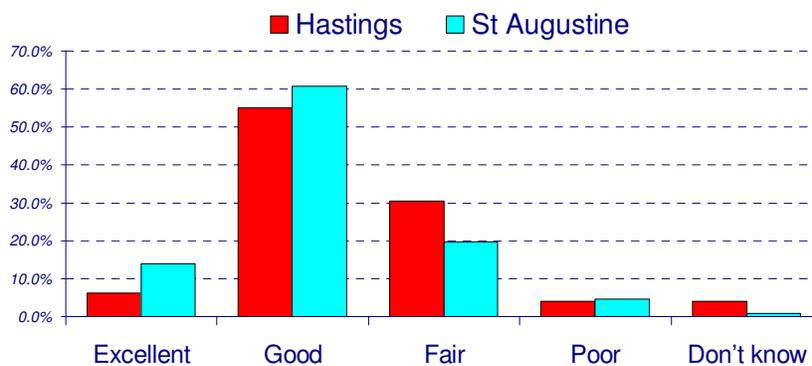


Figure 40: Health Status Reported by Survey Respondents, by Geography



Access to Healthcare Services

Not surprisingly, persons who have medical insurance generally seek healthcare at a physician's office or clinic. Those without insurance, however, most frequently utilize the hospital emergency room and/or available free clinics.

Figure 41: Most Frequent Health Services Access Points, by Coverage Type

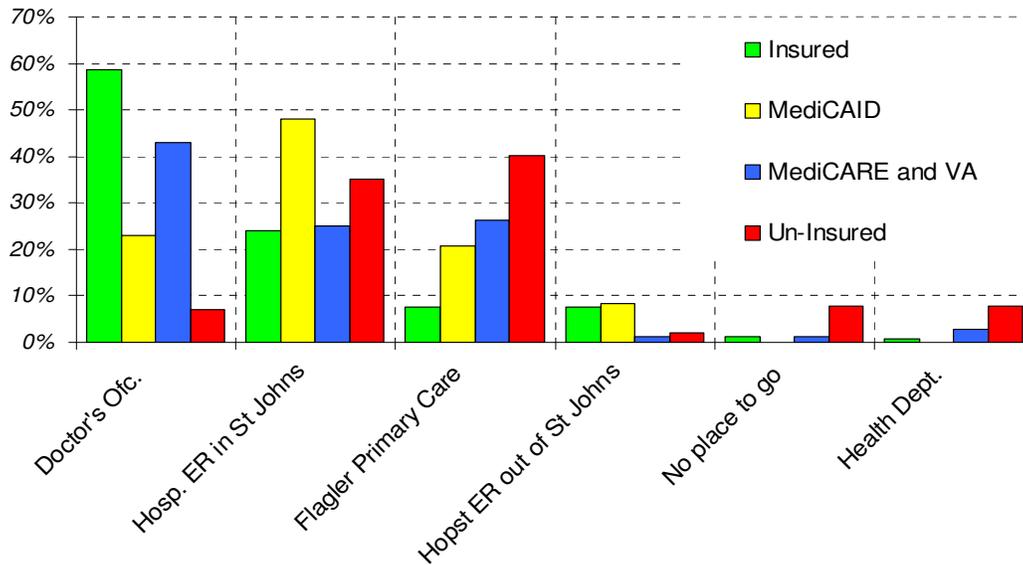


Figure 42: Prescription Medication Access, by Coverage Type

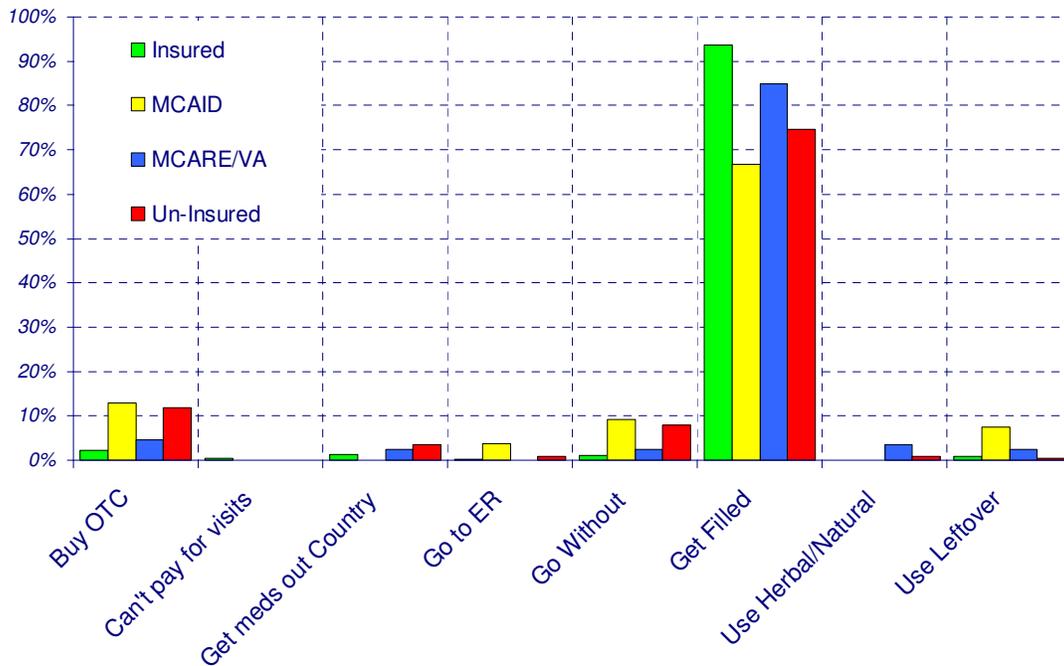


Figure 43: Most Common Barriers to Service Access, by Coverage Type

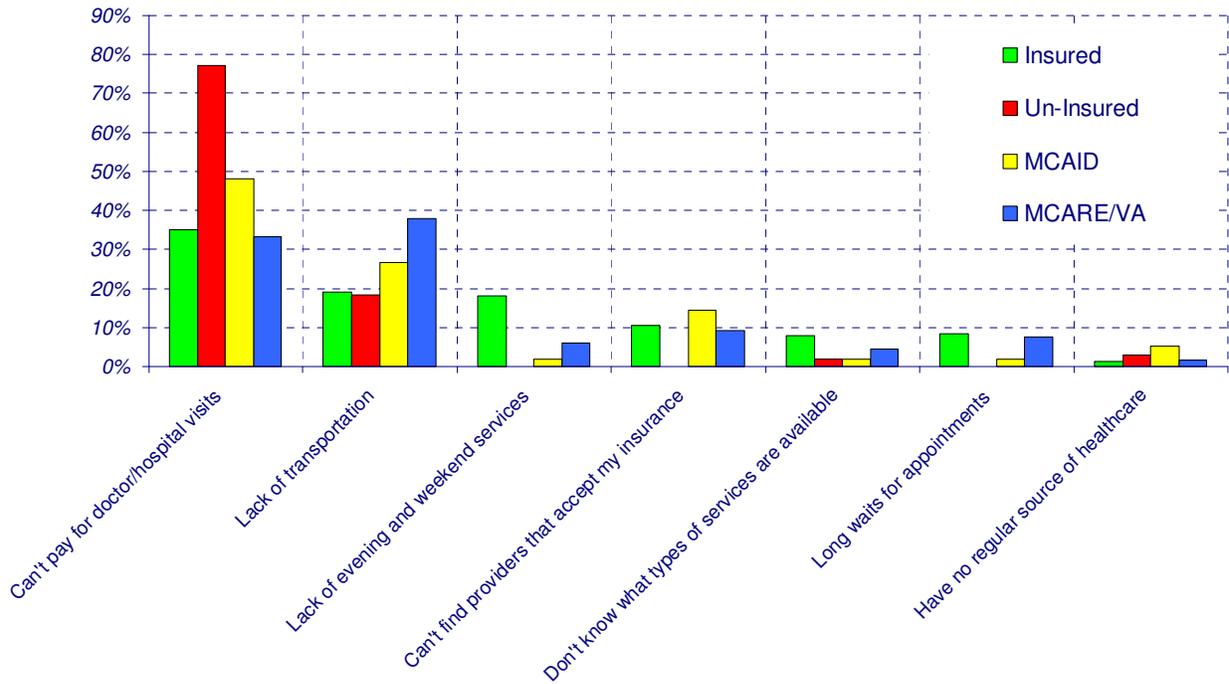


Figure 44: Services Most Difficult to Obtain, by Coverage Type

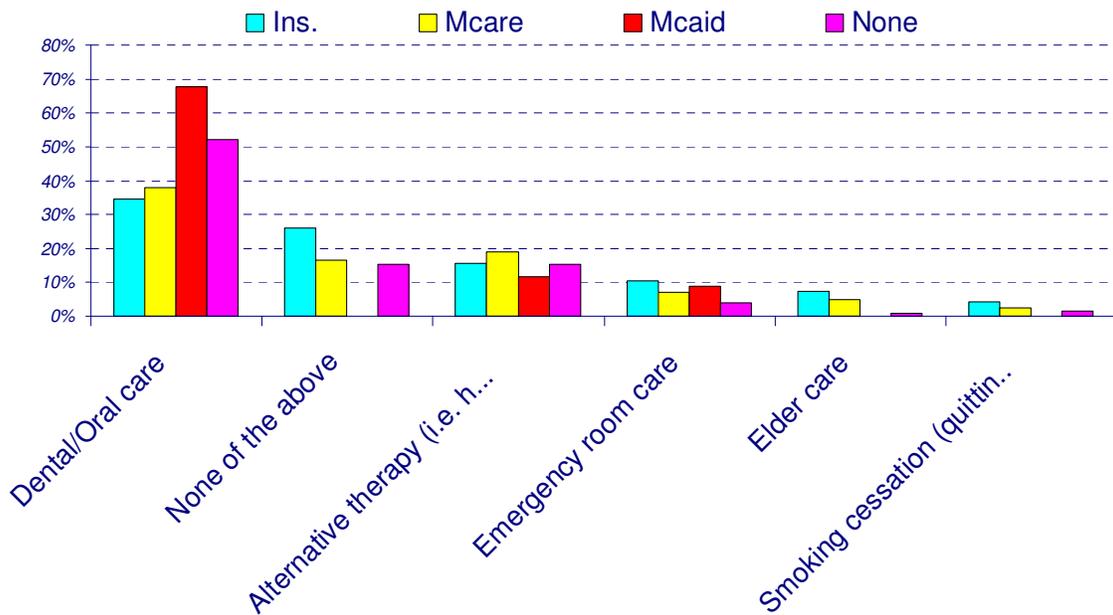


Figure 45: Services Most Difficult to Obtain, by Income

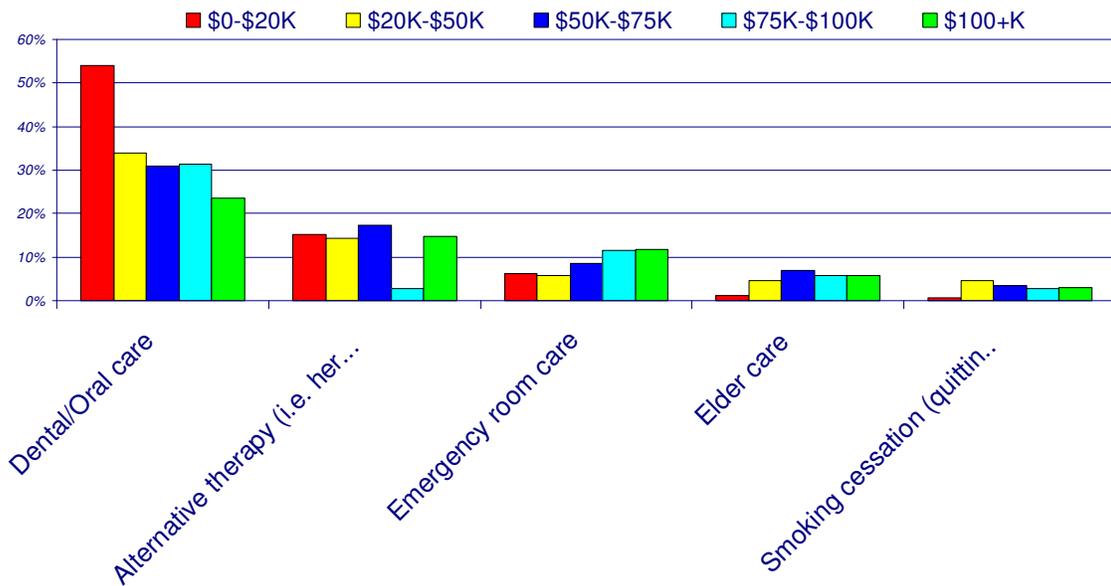
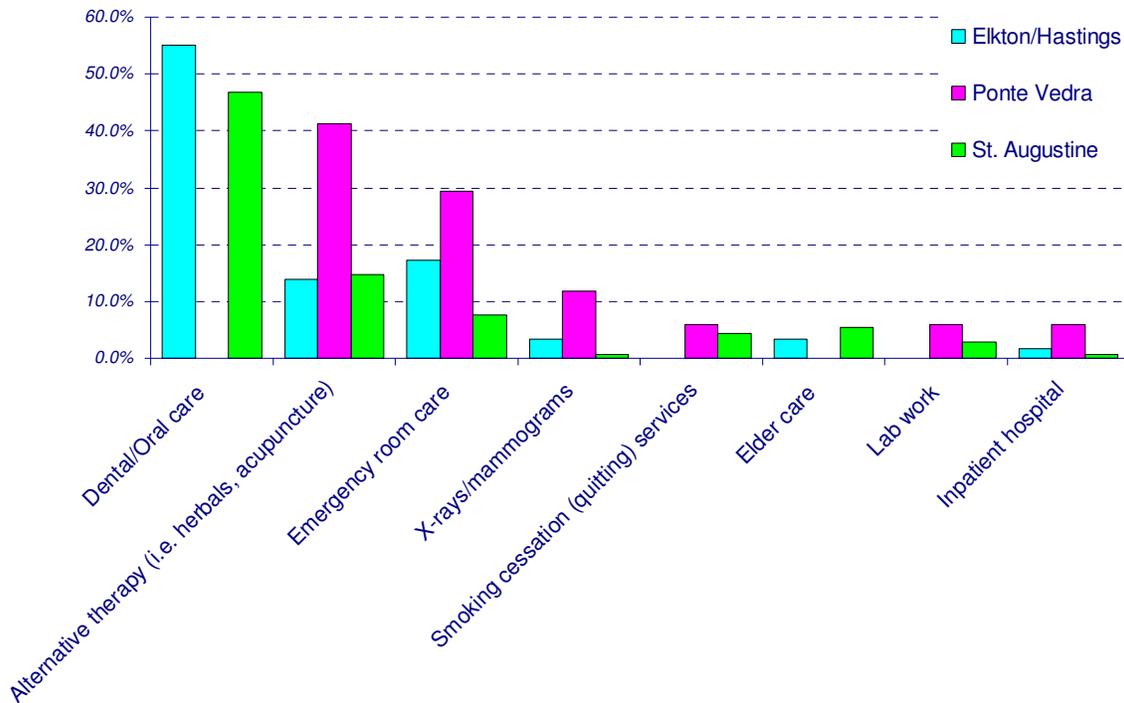


Figure 46: Services Most Difficult to Obtain, by Geography



F. FOCUS GROUPS

The St. Johns County Health Department staff organized and facilitated five separate focus groups of county residents between January and March of 2008. Each group consisted of 4-10 individuals, for a total of approximately 38 participants. The locations of the focus groups, and the number of participants in each is shown in the table below.

Table 12: Location of Focus Groups

Location	Number of Participants
First Baptist Church, Armstrong	6
Hastings	9
Wildflower Clinic	4
Breast Feeding Support Group, St. Augustine	9
Council on Aging, St. Augustine	6-10

A brief summary of the major discussion points from each group follows below.

Hastings

- Participants feel that the residents of Hastings look out for one another and overall, there is a strong sense of community.
- While there are still problems with drugs and crime, participants feel safer in their community due to increased law enforcement.
- There are not enough services for senior citizens in Hastings; services are located in St. Augustine. They would like a senior center located in the Hastings area.
- Lack of affordable housing options in Hastings is a strong concern for residents.

Hastings resident also discussed that the following health programs or services are needed:

- Women's health services
- Dental and vision services for all ages
- Children's health clinic
- Increased access to Hastings Medical Center *(This clinic has since been reorganized with support from the St. Johns County Health Department Public Health Mobile Centre)*
- Website or information number (211) where residents could find out about local services
- More prevention and wellness programs
- Senior and youth programs
- Life skills program for youth

Armstrong

- While there are some problems with crime, participants feel safe in their community and agree it is good place to live and raise a family
- Water quality is a concern for many residents
- Lack of transportation is an issue for many residents
- Lack of affordable child care is another problem in the community
- Churches play a major role in the support network of the community
- Many residents utilize the Hastings Medical Center for their healthcare needs

Health Programs/Services Needed in Armstrong:

- Adult education programs (i.e. computer classes) are needed.
- Local DCF office to offer more assistance to clients needing help completing applications and other required paperwork.
- Local diabetes screening and testing.
- Improved communication about the resources available to elderly residents in the community.
- Would like to have wellness classes return to Armstrong.

Breast Feeding Support Group, St. Augustine

- St Augustine is a safe place to live and raise a family.
- Lack of affordable childcare is a problem.
- Need better paying jobs in the area.
- Need more programs and services for older children, especially for teen-agers

Health Programs/Services Needed in St. Augustine:

- Services for special needs children, especially programs for autistic children
- More mental health services, particularly for low-income residents
- Improved communication about social service programs and resources currently available in the community. Many residents don't know what is already out there.
- Physical activities for school aged children
- Affordable sports opportunities for children
- Interactive health education programs
- Support services for working parents
- More sidewalks and stroller friendly areas for parents

Wildflower Clinic, West St. Augustine

- Overall, West St Augustine has become a safer community over the last few years due to increased law enforcement in their neighborhoods.
- Drugs are still a problem.
- More recreation is needed in the community.
- More local services for the elderly are needed. In addition, more communication to senior citizens is needed about the services and resources currently available to them.
- Wildflower Clinic has been a huge help to the West St Augustine community.

Health Programs/Services Needed in West Augustine:

- More communication about the services available at the Wildflower Clinic needs to be promoted to local residents
- Wellness and preventive health programs
- HIV/AIDS education is needed
- Prescription assistance is needed for low-income residents, particularly homeless veterans and elderly residents

Council on Aging, St. Augustine

- Overall, the community is “hopeful” and seems to be working toward improvement.
- Safety and related drug problems are still a concern for many seniors.
- Seniors express concern regarding juvenile issues, including lack of free after school activities and the difficulties working parents face regarding supervision of their children.
- Seniors offered that information in local newspapers does not always reach them, but ads through the COA and churches are more effective.
- Seniors would like an opportunity to participate more fully, such as with town meetings.
- Small business seem to be getting pushed out of St. Johns County.

Health Programs/Services Needed:

- There are not enough services for seniors.
- Transportation is a problem for many, especially seniors.
- Affordable housing is a significant need among seniors in St. Johns County.
- There is a lack of communication regarding available services to seniors.

LOCAL PUBLIC HEALTH SYSTEM

A. Introduction

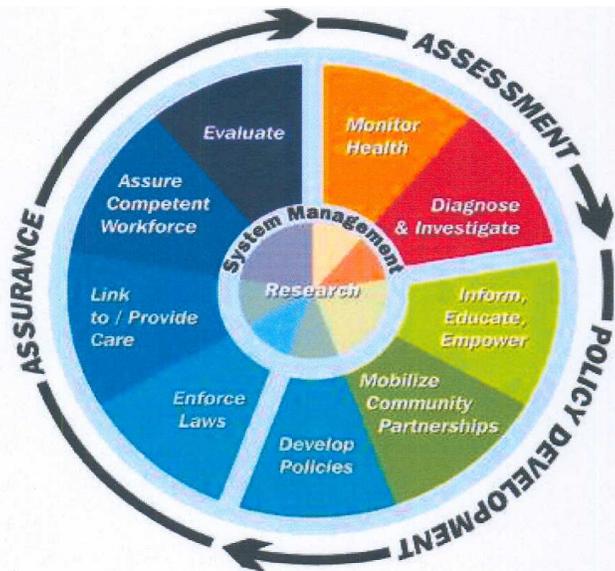
The National Public Health Performance Standards Program (NPHPSP) assessments are intended to help Health Departments and other providers answer questions such as “*What are the activities and capacities of our public health system?*” and “*How well are we providing the Essential Public Health Services in our jurisdiction?*” The NPHPSP provides assessment instruments to guide state and local health departments in evaluating their current performance against a set of optimal standards. Through this process, the local public health system examined all related programs and activities of public, private, community-based, faith-based, and voluntary organizations that provide services within the healthcare “safety net” of St. Johns County. Specific segments of the finalized assessment report are included within this section.

Scoring

St Johns County Public Health System responded to assessment questions using the following response options below. These same categories are used in this report to characterize levels of activity for Essential Services and model standards.

NO ACTIVITY	0% or absolutely no activity.
MINIMAL ACTIVITY	Greater than zero, but no more than 25% of the activity described within the question is met.
MODERATE ACTIVITY	Greater than 25%, but no more than 50% of the activity described within the question is met.
SIGNIFICANT ACTIVITY	Greater than 50%, but no more than 75% of the activity described within the question is met.
OPTIMAL ACTIVITY	Greater than 75% of the activity described within the question is met.

Using the responses to all of the assessment questions, a scoring process generates scores for each first-tier or "stem" question, model standard, Essential Service, and one overall score. The scoring methodology is available from CDC or can be accessed on-line at <http://www.cdc.gov/od/ocphp/nphpsp/Conducting.htm>.



B. Performance Assessment Instrument Results

I. How well did the St Johns County Public Health System perform the ten Essential Public Health Services (EPHS)?

Table 1: Summary of performance scores by Essential Public Health Service (EPHS)

EPHS	Score
1 Monitor Health Status to Identify Community Health Problems	93
2 Diagnose and Investigate Health Problems and Health Hazards	100
3 Inform, Educate, and Empower People about Health Issues	97
4 Mobilize Community Partnerships to Identify and Solve Health Problems	93
5 Develop Policies and Plans that Support Individual and Community Health Efforts	97
6 Enforce Laws and Regulations that Protect Health and Ensure Safety	94
7 Link People to Needed Personal Health Services and Assure the Provision of Health Care when Otherwise Unavailable	95
8 Assure a Competent Public and Personal Health Care Workforce	85
9 Evaluate Effectiveness, Accessibility, and Quality of Personal and Population-Based Health Services	98
10 Research for New Insights and Innovative Solutions to Health Problems	96
Overall Performance Score	95

Figure 1: Summary of EPHS performance scores and overall score (with range)

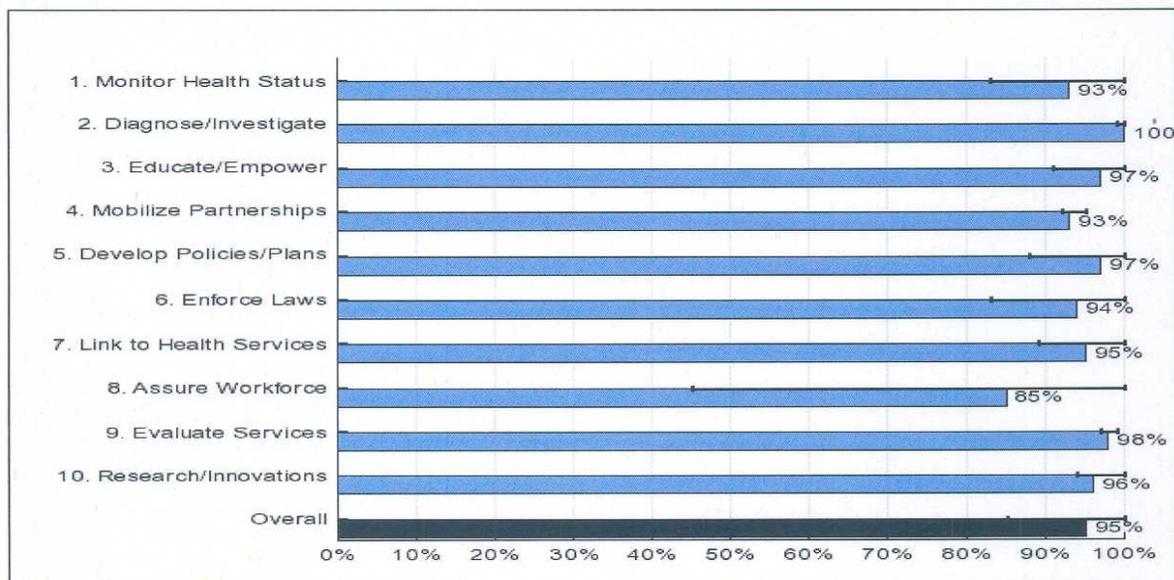


Table 1 (above) provides a quick overview of the St. Johns County Public Health System's performance in each of the 10 Essential Public Health Services (EPHS). Each EPHS score is a composite value determined by the scores given to those activities that contribute to each Essential Service. These scores range from a minimum value of 0% (absolutely no activity is performed pursuant to the standards) to a maximum of 100% (all activities associated with the standards are performed at optimal levels).

Figure 1 (above) displays performance scores for each Essential Service along with an overall score that indicates the average performance level across all 10 Essential Services. The range bars show the minimum and maximum values of responses within the Essential Service and an overall score. Areas of wide range may warrant a closer look in **Figure 4** or the raw data.

Figure 2: Rank ordered performance scores for each Essential Service

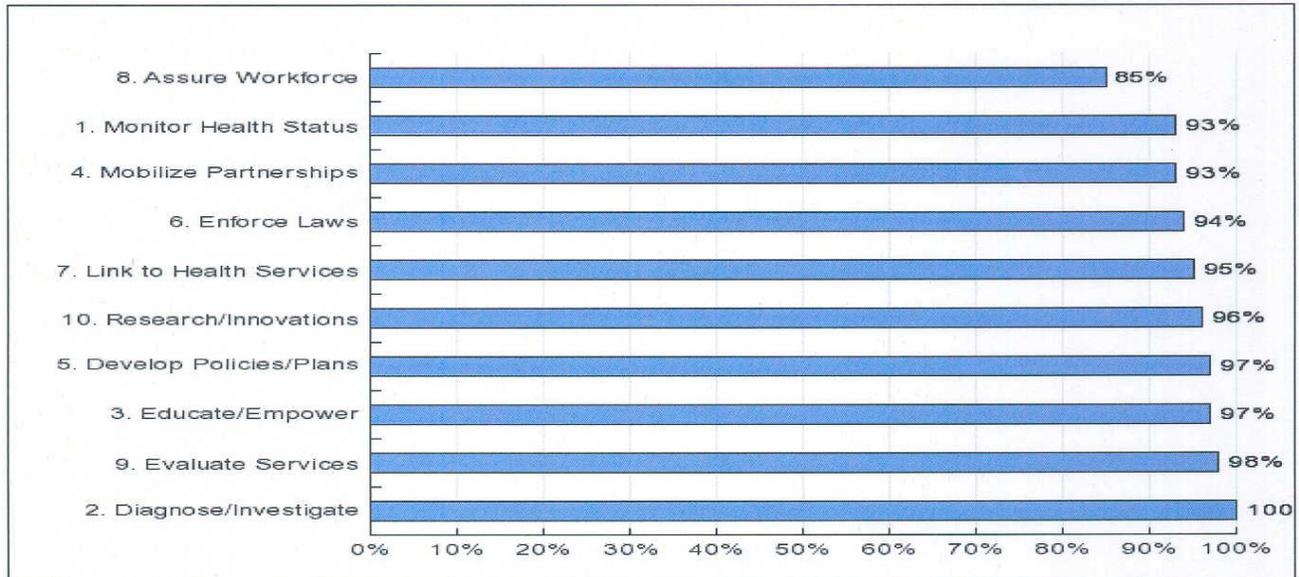


Figure 3: Rank ordered performance scores for each Essential Service, by level of activity

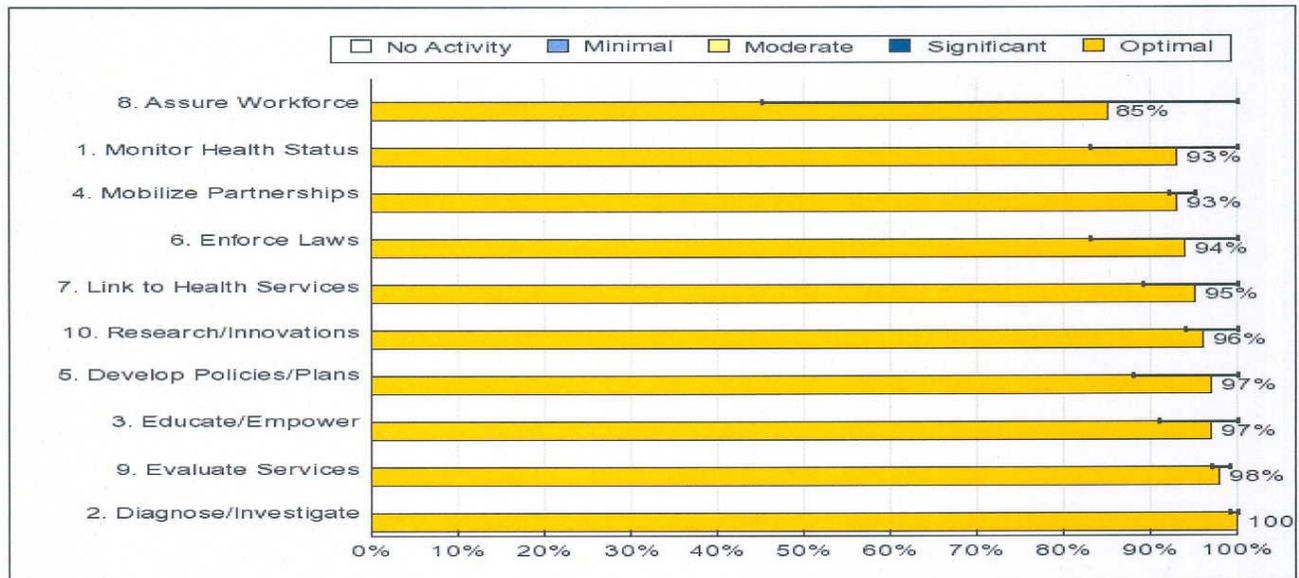


Figure 2 (above) displays each composite score from low to high, allowing easy identification of service domains where performance is relatively strong or weak.

Figure 3 (above) provides a composite picture of the previous two graphs. The range lines show the range of responses within an Essential Service. The color coded bars make it easier to identify which of the Essential Services fall in the five categories of performance activity.

C. What's next for the St. Johns County Public Health System?

After reviewing the results, consider the following questions:

- Does this result appear to be an accurate depiction of our system?
- What are the underlying causes of this result?
- What does this result tell us about our assurance role?
- How has strong performance helped?
- How has weak performance hurt?
- Is there one area that is keeping us from achieving gold standard across the board?

In the final and most important stage of the performance improvement process participants analyze results and take steps to strengthen the public health system. The following five essential events should be completed next:

- Organize Participation for Performance Improvement
- Prioritize Areas for Action
- Explore “Root Causes” of Performance
- Develop and Implement Improvement Plans
- Regularly Monitor and Report Progress

The key to an effective and sustainable performance improvement process is to plan for it before conducting the assessment.

Helpful websites:

[Http://www.cdc.gov/od/ocphp/nphpsp/Conducting.htm](http://www.cdc.gov/od/ocphp/nphpsp/Conducting.htm)

<http://www.stjohnscountyhealthdepartment.org/>

<http://www.naccho.org/topics/infrastructure/NPHPSP.cfm>



ACCESS TO HEALTH CARE AND RESOURCES

A. INTRODUCTION

Access to health care is the key to achieving a healthy community and is a primary goal of health policy in Florida. This section will review health coverage of St. Johns County residents; identify health care providers practicing in the county; and review health care facilities and licensed health care services along with other community resources in St. Johns County.

B. HEALTH COVERAGE

According to the most recent 2004 Florida Health Insurance Study, St. Johns County had a total uninsured rate of 10.2%, a decrease from 12.9% in the 1999 Florida Health Insurance Study. A smaller area analysis from the 2004 Florida Health Insurance Study further explored the percentage of uninsured residents by specific zip codes of the county as summarized below.

Table 13: Uninsured by Zip Code, 2004

Area/Zip Code	Population in 2000	Estimated Uninsured	
		Number	Percent
St Augustine			
32084	15,774	1,714	10.9%
32086	18,082	1,828	10.1%
32092	5,661	566	10.0%
32095	18,819	1,922	10.2%
Other			
32082: Ponte Vedra	23,365	2,322	9.9%
32145: Hastings area	3,456	338	9.8%
32033: Elkton	1,723	172	10.0%
32059: "St. Johns"	16,708	1,885	11.3%

Source: Florida Health Insurance Study 2004, Zip Code Estimates, August 2005

A listing of health insurance coverage by major providers can be found below. These figures represent enrollments in Medicare, Medicare HMO, Medicaid, Medicaid HMO, and Commercial HMO insurance programs in 2007. Significant numbers of insured residents are not reported because commercial insurance enrollment figures are not available and the number of employees covered by self insurance is unknown.

Table 14: Health Insurance Coverage, 2007

Percent of Population by Type of Health Coverage											
Area	2007 Population	*Medicare		Medicare HMO		Medicaid		Medicaid HMO		Commercial HMO	
		Enrollment	%	Enrollment	%	Enrollment	%	Enrollment	%	Enrollment	%
St. Johns	178,025	27,663	15.5	23	0.1	9,598	5.4	2	0	14,623	8.2
Florida	18,478,309	3,109,548	16.8	779,909	4.2	2,079,282	11.2	651,903	3.5	2,137,547	11.6

** Medicare Enrollment, Centers for Medicare & Medical Services (CMS) as of May 2007.
Source: AHCA Monthly Medicaid Enrollment Reports as of December 31, 2007*

Medicaid is the states insurance program for low-income individuals. Florida’s Medicaid program serves nearly 2.1 million Floridians; with about half of those being children and adolescents under the age of 21. While children are the bulk of the beneficiaries, most of the costs arise from providing services to seniors, especially nursing home care, and people with disabilities who have significant medical costs.

There are four categories of Medicaid eligibility for adults in Florida, which include low income families, pregnant women, emergency medical assistance for non-citizens, and Medicaid for the elderly and disabled. Eligibility for each of those programs is based on specific income criteria. The number of Medicaid enrollees (combined Medicaid and Medicaid HMO) in St. Johns County decrease by nearly 2 full percentage points between 2004 and 2007 (from 7.3% to 5.4%); while the number of enrollees in the state decreased by more than 2 full percentage points from a total of 17.4% to 14.7%.

There were also decreases of Medicare enrollment from a combined enrollment of 16.7% in 2004 to a level of 15.6% in 2007. The same was observed in commercial HMO enrollment which fell a full 4 points from 12.2% in 2004 to 8.2% in 2007. With all categories of insurance coverage having a reported decrease in enrollment despite steady population growth; it would safe to conclude that the number of uninsured persons in the county is steadily growing.

Children

Federal government provisions for children’s health coverage include Medicaid and Title XXI of the Social Security Act. The states use Title XXI block grants to fund child health care coverage through an expansion of the Medicaid program, health insurance, or a combination of the two.

In Florida, the KidCare Act of 1997 expanded Medicaid eligibility and the Healthy Kids Program, and initiated the MediKids program for children ages 0-5. The Healthy Kids program provides medical coverage for children ages 5 up to 19 in households whose income is between 100 – 200% of the federal poverty level (FPL). Children’s Medical Services covers children from birth through 18 who have special behavioral or physical health needs or chronic medical conditions.

MediKids covers children age 1 –5 whose income is between 133-200% of the federal poverty level. Medicaid is the fourth KidCare program for children birth though 18 years and eligibility is based on the age of child and household income. Children less than age 1 are covered if the household income is below 200% of FPL, children ages 1-5 if household income is less than 133% of FPL, and children ages 6 up to 19 if household income is below 100% of FPL.

KidCare enrollment figures for the four programs are provided in the table below:

Table 15: KidCare Enrollment, 2008

Area	KidCare Program Enrollment			
	Healthy Kids	CMS	MediKids	*Medicaid
St. Johns	724	81	96	5,797
Florida	209,740	19,919	29,411	1,298,729

Source: www.FloridaKidCare.org, as of 12/31/08
 *AHCA as of December 2008

C. PRIMARY CARE

Primary care providers (PCP) give routine medical care for the diagnosis, treatment, and prevention of common medical conditions. Primary care is the entry point into the health care system for non-emergent services. PCPs refer patients requiring additional care to specialists for treatment. In this way, primary care providers serve as gatekeepers for the health care system and play an important role in the coordination of care in a managed care environment. Family practitioners, internists, pediatric and general medicine physicians, obstetricians and gynecologists nurse midwives, physician assistants, and nurse practitioners are all considered primary care providers. Additionally, public health nurses and school nurses provide primary care services to designated populations.

The Department of Health and Human Services (HHS) considers a primary care physician-to-population ratio of 1:3,500 persons adequate for most communities. In areas where more than 20% of the population lives in poverty, the ratio is increased to 3,000 persons per physician.

There are approximately 130 primary care physicians licensed to practice in St. Johns County; although not all licensed doctors may be practicing in the county at this time. There is also an unknown number of physicians who are licensed in another county but who periodically provide care in St. Johns. Based on the estimate of 130 PCP's provided by the Florida Department of Health, Division of Medical Quality Assurance in 2008; the current PCP to resident ration in St. Johns would be approximately 1,370:1. This estimate, however, does not account for physician distribution throughout all areas of the county, nor does it guarantee access to a physician for persons who are uninsured or otherwise cannot afford medical care.

HHS uses physician/population ratios to determine Health Professional Shortage Areas (HSPA) and eligibility for the development of federally funded primary care programs and placement of National Health Service Corps personnel. Primary care HPSA designation is based on the described ratio, the availability of care in nearby areas, infant mortality, births, and poverty rates. The St Johns County Health Department and the low-income population of Western St. John's County are the only two areas of the county that has been given primary care HPSA status.

D. HEALTH CARE PROFESSIONALS

There are 92 family practice, general practice and internal medicine physicians (a 50% increase from 2004); 11 Obstetricians/gynecologists (a 10% increase from 2004); and 27 pediatricians (a 25% increase from 2004) practicing in St. Johns County. Some of these primary care physicians also see patients in Duval County; while some physicians from Duval County may also provide services in St. Johns.

Specialty physicians generally practice in the St. Augustine area at Flagler Hospital. Specialists may include allergists, anesthesiologists, cardiologists, dermatologists, neurologists, osteopathic doctors, surgeons, and others. A summary of both the primary care and specialty care providers licensed in St. Johns County can be found at the end of this document. Health care professionals, such as behavioral health providers and dentists are also listed.

E. HEALTH CARE FACILITIES

Acute Care

Acute care hospitals play a key role in the delivery of health care services in a community. In addition to providing traditional inpatient services, hospitals also provide extensive diagnostic and treatment services on an outpatient basis. Additionally, there are some beds in hospitals that are specifically designated for specialty care. The rates of available acute, specialty, nursing home, and total hospital beds are shown for St. Johns and Florida in the table below as a rate per 100,000 population.

Table 16: Rate of Available Hospital and Nursing Home Beds per 100,000 Population

Bed Type	St Johns	Florida
Acute Care Beds	167.7	263.4
Specialty Beds	20.9	52.2
Total Hospital Beds	188.6	315.6
Nursing Home Beds	416.6	447.8

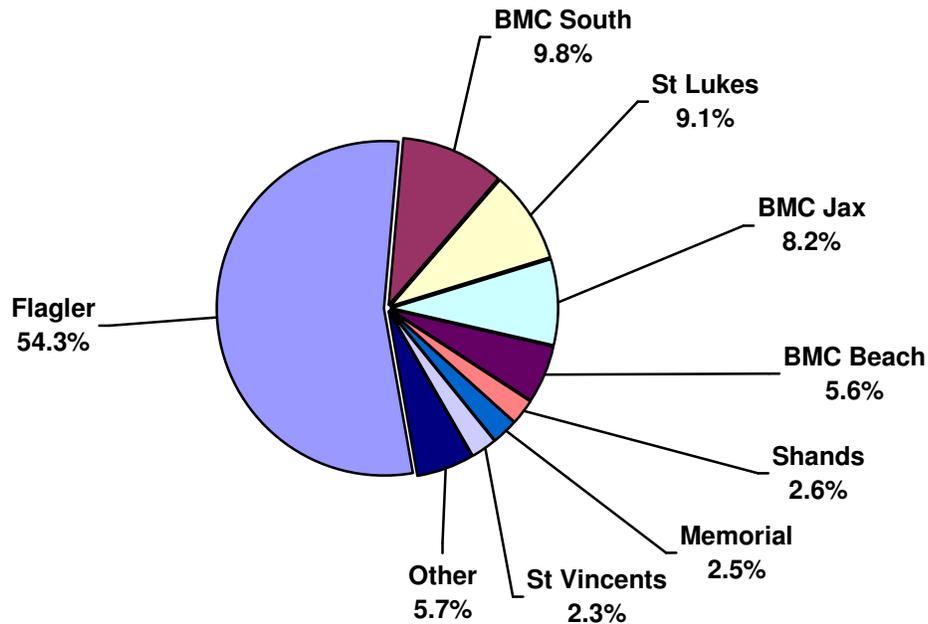
Hospital Utilization

Flagler Hospital, a 300 bed acute care facility, is the only hospital located in St. Johns County. The hospital offers comprehensive services, including obstetrics, surgery, rehabilitative services, transitional care, as well as numerous specialty care services. In addition, Flagler Hospital offers emergency room care, a Heart and Lung Center, Cardiac Rehabilitation Center, Oncology Center, free standing imaging center, a sleep laboratory and an outpatient surgery center. The Hospital recently submitted, and was approved, for a Certificate of Need from the Florida Department of Health to construct a new Neonatal Intensive Care Unit (NICU) on their campus in St. Augustine.

In February of 2005, Baptist Medical Center opened a 92 bed facility in Southern Duval County, near the border of St. Johns County. That facility is currently undergoing an expansion. Many residents of Northern St. Johns County utilize Baptist Medical Center South for their care needs.

Figure 47 on the following page shows the hospital utilization rates by St. Johns County residents in 2007. Of the 20,346 total inpatient discharges, nearly 55% of residents received inpatient care at Flagler Hospital. This figure represents a 5% decline in the use of this facility since 2004. An additional 10% sought services at the Baptist South facility (a 3% increase from 2004); and also 9% at St. Luke's Medical Center in Jacksonville. It is important to note that St. Luke's Hospital was purchased by St. Vincent's of Jacksonville during 2008. The facilities are listed separately to allow for differentiation between separate and distinct locations.

Figure 47: Hospital Utilization of St. Johns County Residents, 2007



Source: AHCA Hospital Discharge Data Files, 2007

The table below illustrates St. Johns County's top ten hospital discharges, by diagnostic related groups (DRG's), for adults. Normal deliveries lead the list, followed by psychoses, chest pain, and joint and or extremity surgeries. Respiratory disease, heart failure, and pneumonia are also in the top 10 reasons that St Johns residents visited a hospital in 2007.

Table 16: Adult Discharges, St. Johns County Residents, 2007

Adult Discharges, TOP 10 DRG's (Age 18 and older)	Total Discharges	% of Top 10 DRG's
Vaginal Delivery W/O Complicating Diagnosis	1,090	21.7%
Psychoses	604	12.0%
Chest Pain	513	10.2%
Major Joint Replacement or Reattachment of Lower Extremity	500	10.0%
Cesarean Section W/O Complicating Conditions	479	9.5%
Chronic Obstructive Pulmonary Disease	432	8.6%
Heart Failure & Shock	424	8.4%
Simple Pneumonia & Pleurisy with Complicating Conditions	357	7.1%
Intracranial Hemorrhage or Cerebral Infarction	319	6.4%
Septicemia	301	6.0%
Total Top 10 DRG's	5,019	100%

Source: AHCA Hospital Discharge Data Files, Calendar Year 2004

The table below illustrates the leading pediatric discharges in St. Johns County. Normal newborns lead the list, accounting for 68% of the top discharges. Respiratory problems were the third leading cause of hospital admissions in children, in addition to pneumonia which also appears in the top ten.

Table 17: Pediatric Discharges, St. Johns County Residents, 2007

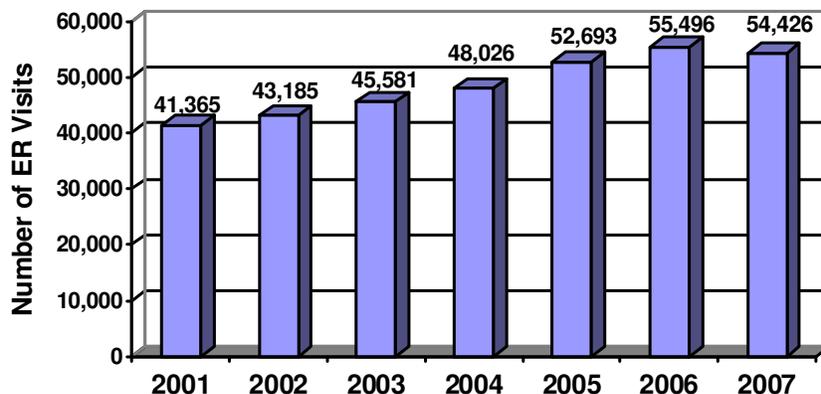
Pediatric Discharges, Top 10 DRG's (Age 0 – 17)	Total Discharges	% of Top 10 DRG's
Normal Newborn	1,408	68.0%
Neonate With Other Significant Problems	262	12.7%
Bronchitis & Asthma, Age 0-17	98	4.7%
Prematurity W/O Major Problems	75	3.6%
Full Term Neonate With Major Problems	69	3.3%
Prematurity With Major Problems	43	2.1%
Neonates, Died or Transferred to Another Acute Care Facility	36	1.7%
Simple Pneumonia & Pleurisy, Age 0-17	31	1.5%
Extreme Immaturity or Respiratory Distress Syndrome, Neonate	25	1.2%
Nutritional & Misc Metabolic Disorders, Age 0-17	24	1.2%
Total Top 10 DRG's	2,071	100%

Source: AHCA Hospital Discharge Data Files , Calendar Year 2007

Emergency Room Care

Local hospital emergency room utilization is a good indicator of the availability and accessibility of area health care services. Many appropriate visits to an emergency room do not result in hospital admissions. The image below depicts the increase in the number of emergency room visits from Flagler Hospital between 2001 and 2006; although there was a very slight decline between 2006 and 2007.

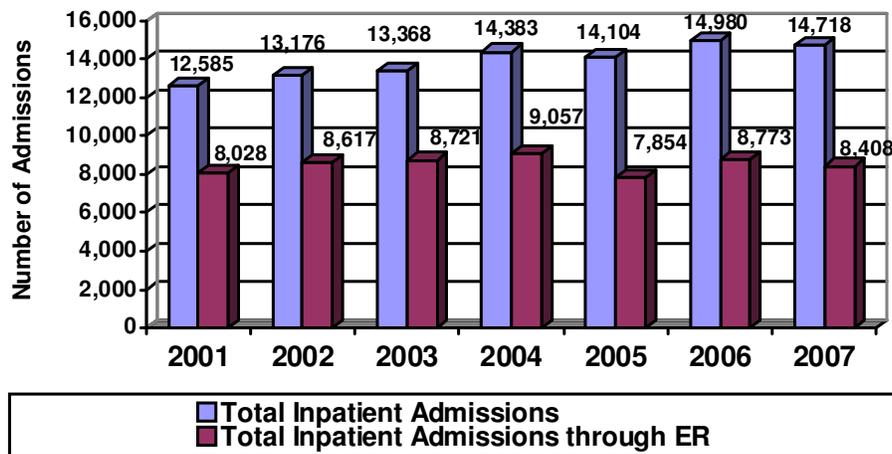
Figure 48: Flagler Hospital ER Visits, 2001-2007



Source: AHCA Discharge Hospital Data, Calendar Year 2004

This figure illustrates total inpatient hospital admissions and the number of hospital inpatient admissions through the emergency room at Flagler Hospital from 2001-2007.

Figure 49: Flagler Hospital Inpatient Hospital Admissions, 2001-2007



Source: AHCA Discharge Hospital Data, Calendar Year 2004

Long-Term Care

Long-term care is defined as those services designed to provide diagnostic, preventive, therapeutic, rehabilitative, supportive, and maintenance services for individuals who have chronic physical and/or mental impairments, in a variety of settings ranging from home to institutional settings, to ensure the quality of life. Long-term care includes nursing home care. Medicaid is the primary funding source of nursing home care, paying for approximately 2/3 of all nursing home days in Florida. Medicaid typically pays for long-term care while Medicare provides funding for short-term care following hospital discharge. Many nursing homes limit the number of dedicated Medicaid beds in their facilities in order to control the number of low-reimbursing, long-term Medicaid patients admitted.

Table 18: Free Standing Community Nursing Homes, 2007

Facility Name	Licensed Beds	Occupancy Rate 2004	Medicaid Percent	Medicare Percent
Glenmore Healthcare	30	94.7	0	9.2
Moultrie Creek Nursing & Rehab Center	120	96.8	56.4	21.0
Ponce De Leon Care Center	120	90.4	52.1	29.2
Samantha R. Wilson Senior Citizens Home	120	89.3	63.2	16.4
St. Augustine Health & Rehab Center	120	86.5	53.5	18.8
St. Johns HealthCare Center	68	95.3	48.1	28.1
Vicar's Landing Nursing Home	60	76.0	0	10.8
Westminster Woods on Julington Creek	60	86.1	30.8	28.0

Source: Health Planning Council of Northeast Florida, Calendar Year 2007

No Certificate of Need (CON) for additional nursing home beds shall be approved until 7-1-11

F. OTHER HEALTH CARE SERVICES

Appendix B includes a list of health care services and agencies in St. Johns County, including home health agencies, EMS, ambulatory care centers, dialysis centers, and rehabilitative services. A brief summary of the types and number of service providers are shown below:

Home Health Agencies	10
EMS/ Fire and Rescue	17
Hospice	1
Rural Health Clinics	1
Volunteer Medical Clinics	2
Renal Dialysis Units	2
Ambulatory Surgical Care Centers	8
Adult Day Care Centers	1
Nursing Homes	8
Skilled Nursing Units	1
Assisted Living Facilities	13
Hospitals	1
Federally Qualified Health Center	0
Veteran's Center - Outpatient	1

KEY ISSUES AND RECOMMENDATIONS

A. INTRODUCTION

All of the demographic information, health data and statistics, and health services availability, coverage, and utilization data were presented in detail to the St. Johns County Health Improvement Council along with key personnel from the St. Johns County Health Department. The process of reviewing and analyzing all of the information presented thus far in this report occurred over several meetings that took place between July 1 and December 31, 2008. Throughout that time, several specific key issues and concerns frequently emerged from the group discussions. A list of these items was developed early on in the process, and then routinely updated by the group participants at each monthly council meeting. In November and December of 2008, the council members and support staff reviewed the key issue list in detail and identified three priority items that would be the primary focus of the council over the next 3 years.

B. KEY ISSUES

Access to Care for Underserved Areas

Through the examination of population demographics and health statistics across various areas of the county, along with input from council members, it became clear that there were some communities who were more heavily impacted by poor access to health services and poor health outcomes than others. The strong correlations between poverty, lack of education, poor nutrition, and poor health outcomes are frequently studied and well known. It is no surprise that areas such as Hastings, Elkton, Armstrong, and even West St. Augustine, where income and education levels tend to fall below the average for the county, also experience less desirable health outcomes as a community overall. The inherent risk factors are only exacerbated by these areas being somewhat geographically isolated from the bulk of most health services in the county. Many residents of these areas do not have transportation, and report long commutes when utilizing available public transportation to travel into the more central city of St. Augustine in order to receive needed health and support services.

In an attempt to reach of pocket of underserved residents and migrant workers, the County partnered with a private physician to provide primary care services at a county owned facility in the Hastings area. The County provided a Health Navigator at this site to ensure patients received linkages to other health and social services in the County, including but not limited to Flagler Hospital Primary Care Clinic, the Health Department and St. Vincent's. This clinic was well received in the Hastings area, however, the recent economic climate has forced the County to scale back its support of services at this site, and currently the St. Johns County Health Department is providing clinical services at this site, two days per week. The County still staffs the site with a Health Navigator five days per week.

The Health Department worked closely with the County leading up to and through the service scale back at the Hastings Clinic, in an effort to help ensure a smooth transition for active clients to receive services at alternate locations. The Health Department Director, St. Vincent's Mobile Health Directors, and Flagler Hospital are continuing an intense collaborative effort to restore as many services to the area as possible, and as soon as possible. The Council plans to remain abreast of this development and to maintain a leadership role among its membership to ensure that this community is not left behind.

Other outlying regions are also becoming more and more frequently served by the existing Mobile Health Centers operated through both the Health Department and St. Vincent's. These units are an extremely effective way to reach smaller communities that may not have the population to maintain a separate, free-standing clinic site. A full range of services can be provided on the large medical mobile units, including primary and acute medical care, acute and preventative dental services, diagnostic testing and screening, education, and immunizations. A strategy was identified by the council to continue to support and coordinate with these programs across all communities.

Chronic Disease Education and Prevention

A second trend that was observed in the health indicators and survey data was that while residents of St. Johns are generally concerned about being overweight or obese as an unhealthy behavior; there continues to be higher than average rates of diabetes and stroke in the county, especially diabetes in minorities. When survey respondents were divided by race/ethnicity, African-Americans reported that their top health concerns were high blood pressure, diabetes, and heart disease/stroke. This is probably a result of the fact that these diseases affect minorities at higher rates than whites throughout most of Florida, and even the Nation. This same group, however, did not identify adult or child obesity as a health problem of great concern. Adult obesity ranked a far 7th on their list, while childhood obesity (a known precursor to diabetes in adulthood) was ranked last. These findings suggest that there is an educational gap, especially within the minority community, regarding the risks of being overweight or obese and how they relate to chronic disease.

The Council members identified a strong opportunity for faith-based health ministries to help fill this gap. Members plan to research the national Parish Nurse program, and to explore potential implementation options for St. Johns County. Health Department staff would partner in this effort through general recommendations on the scope and types of health information that should be disseminated throughout area churches; and also by working with the county's active Minister's Association where church leaders come together to address common issues and goals. Suggested strategies included a "train-the-trainer" program where educational sessions are offered periodically to health ministry leaders, who then in turn share that information with their full congregations through classes, health fairs, and even within their sermons.

Shortage of Oral Health Services for Low-Income Adults

This item had been previously prioritized as a key issue in the County's last health plan, and continues to be a leading concern among area residents in 2008. Oral Health services were reported as the most difficult service to obtain in the St. Johns County Community Survey, at a rate more than twice that of any other service type. This includes even emergency care and prescription medications. Dental problems were cited among the top 5 health concerns among all races and all geographical areas, with the exception of Ponte Vedra. Individuals and households making less than \$20,000 per year reported the most difficulty; although even persons making more than \$100,000 reported problems obtaining dental services at a rate higher than any other service type. Insurance coverage also had little or no affect on access to dental services for adults. Individuals with all types of insurance coverage reported difficulty seeing a dentist more than any other service. Inability to pay for services was the primary barrier reported by residents.

Progress has been made in this area. After two years of planning and fundraising, the Good Samaritan Health Centers, and the New Mount Moriah Christian Ministry recently broke ground on their new *Wildflower Clinic*, located in West Augustine. The *Wildflower Clinic* will offer free medical and dental care and health education to qualified clients.

The St. Johns County Health Department operates a full pediatric dental clinic at their St. Augustine site; and also offers preventative dental services and screenings through their mobile unit at various locations in the county. A strategy was identified by the council to increase the utilization of the mobile units whenever possible, and to work with community-based clinics in the county interested in providing dental services. Council members suggested reaching out to non-practicing and retired dentists throughout the area and requesting limited volunteer time during which they would provide services to the community at no cost. It was suggested that additional research be conducted regarding sovereign immunity provisions within the state that would potentially protect volunteer practitioners from liability and malpractice actions; and that this information be shared with potential volunteers for reassurance purposes. The council will continue to explore additional strategies to increase and enhance dental access for all county residents throughout the next 3 years.

All of the recommended activities described above in this section are shown in the following tables as a strategic action plan for the council for the next 3 years. Support staff will regularly update the council members on the status of proposed activities in the plan, and will follow-up on action items as indicated in the plan. It is hoped by the members of the council that this plan will be considered a primary source of recommended strategies and information throughout the county.

Objective 1: Improve access to services for residents in underserved sectors of St. Johns County.

Target Area	Goal	Activity	Target Completion Date	Person/Group	Progress/Notes
Underserved regions of St. Johns County (i.e. Hastings, Elkton, etc...)	Increase use of Mobile Centers to improve access for underserved regions of the county.	Continue to work with community-based sites to coordinate the dispatch and utilization of Mobile Centers from both SJCHD and St. Vincent's Mobile Outreach Ministry in the most underserved communities in the County.	Ongoing	SJCHD SJC Health Council Primary Care Wkgrp.	An adult primary care workgroup has been formed to address this need, especially in Hastings. The group has already met at least once and will continue to work toward this goal.
	Enhance access to support services for underserved clients in coordination with Mobile Center schedule/sites.	Work with FBO's and other social service agencies to expand and enhance the availability of services at regularly scheduled mobile unit venues.	Ongoing		

Objective 2: Expand Primary Education and Prevention for Obesity and how it relates to Diabetes, Heart Disease, and Stroke.

Target Area	Goal	Activity	Target Completion Date	Person/Group Responsible	Progress/Notes
Racial/Ethnic Minority Populations	Disseminate accurate and timely health education information through faith-based health-ministries and other church leaders.	Work with the Minister's Association and other faith leaders to establish a culturally competent core curriculum of health education information for church-based health ministries to share with congregations throughout the County.	Ongoing	St. Johns County Rural Health Network	Council members are researching the Parish Nurse program for implementation possibilities within St. Johns County.
All Populations	Enhance existing community health education and prevention campaigns to include topics on obesity and how it relates to life-threatening chronic diseases.	Coordinate with existing programs and resources to include the provision of obesity prevention and education (such as healthy eating and lifestyle choices) to all chronic-disease education activities throughout the County.	Ongoing	SJCHD/Multi-County Learning Collaborative	
All Populations	Develop a comprehensive communication plan.	Plan for effective and targeted communications throughout St Johns.	12-31-09	SJCHD/HPCNEFL	

Objective 3: Improve linkage, referral, and coordination among existing health and social service programs

Target Area	Goal	Activity	Target Completion Date	Person/Group Responsible	Progress/Notes
All Populations	Develop a central database and directory of health-related resources and programs throughout St. Johns County.	Design and implement an internet-based information system (dashboard) that includes health statistics (indicators), an inventory of local resources (resource directory), and health education/management tools for residents to access and utilize.	12-31-09	SJCHD	A grant was submitted by SJCHD to the Robert Wood Johnson Foundation to support this goal, however funding was not received. Alternate funding sources are being researched.

Objective 4: Improve availability and access to adult dental services for low-income, uninsured residents of St. Johns County.

Target Area	Goal	Activity	Target Completion Date	Person/Group Responsible	Progress/Notes
Low-Income (<200%FPL) and Un-insured.	Increase utilization of available Mobile Center, as well as the Health Department clinic and community based sites.	Coordinate with existing programs and Mobile Centers to increase availability throughout the county.	Ongoing	SJCHD	
	Establish an all volunteer clinic in West Augustine (Wildflower)		Ongoing	Good Samaritans and Mt. Moriah	