St. Johns County - 2011

Community Health Assessment and Community Health Improvement Plan

Prepared by:

St. Johns County Health Leadership Council

Promote, protect and improve the health of all people in St. Johns County

2011 Community Health Assessment & Community Health Improvement Plan for St. Johns County, FL

Prepared by
St. Johns County Health Leadership Council
August 2011

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Part I: Introduction & Executive Summary to the Community Health Assessment

St. Johns County remains one of the **three healthiest counties in Florida,** according to the second *County Health Rankings* report, released during March of 2011. The *County Health Rankings* report, produced by the Robert Wood Johnson Foundation and the University of Wisconsin's Population Health Institute ranks nearly every county in all 50 states. This report ranks each county's health on two sets of measures:

- *Health Outcomes* (length and quality of life)
- *Health Factors* (health behaviors, access to and quality of clinical care, social and economic factors and the physical environment)

The saying *"It takes a Village!"* is nowhere more true than in the health of a community!

St. Johns County's high standing in the *County Health Rankings* report reflects the priority this County has placed in influencing the factors that affect the health of the community. Health is more than something we get at the doctor's office, but rather something that starts in our families, in our schools, and in the air we breathe and the water we drink.

In June of 2010, the St. Johns County Health Leadership Council initiated a year long project to re-assess the health of St. Johns County community. Comprehensive community health assessment and health improvement planning are the foundations for improving and promoting a healthier community.

Improving the health of a community is a shared responsibility, not only of health care providers and public health officials, but also includes a variety of other individuals and groups that contribute to the well-being of the residents as well as the visitors of a community.

Championed by the St. Johns County Health Department, the St. Johns County Health Leadership Council is comprised of a diverse group of public, private, and volunteer entities, as well as individuals and informal associations that make up the public health system in St. Johns County.

The St. Johns County Health Leadership Council utilized a nationally recognized model called MAPP (*Mobilizing for Action through Planning and Partnerships*) to conduct this Community Health Assessment. The MAPP process will be described in detail later in this Report.

The main objectives of this community health assessment are as follows:

- Define a vision for the health and well-being of St. Johns County.
- Complete comprehensive assessments to accurately depict the community's health status.
- Identify key strategic issues, and develop goals and strategies around them.
- Take action to create positive health outcomes.

The results of the MAPP assessments were reviewed by the Council in order to determine the highest priority issues for St. Johns County. The Council used a ***Community Balanced Scorecard*** approach to identify strategic objectives, set measureable targets, and develop action plans to address these priority issues. The Community Balanced Scorecard sets strategic objectives in terms of four perspectives:

- 1.0 Community Assets
- 2.0 Community Learning and Planning
- 3.0 Community Implementation
- 4.0 Community Health Status

Executive Summary - continued

The strategic objectives identified as the St. Johns County Health Leadership Council's highest priorities are presented in the table below.

Table 1 – 2011 Strategic Objectives

PERSPECTIVE	STRATEGIC OBJECTIVES
1.0 Community Assets	Improve Public Health System Collaboration
2.0 Community Learning and Planning	Develop Community Health/Social Services Resource Tool
	Reduce Substance Abuse
3.0 Community Implementation	Increase Access to Dental Care
	Increase Access to Mental Health care
	Reduce Low Birth Weight Infants
4.0 Community Health Status	Reduce Cancer Morbidity/Mortality (Colon / Breast / Lung)

The Health Leadership Council set specific measures and improvement targets for each of these strategic objectives which will result in the development and implementation of detailed action plans throughout the duration of the Council's 2011-14 action cycle. Progress toward the accomplishment of these strategic objectives will be evaluated during bi-monthly Health Leadership Council meetings starting in September of 2011.

This Assessment is the result of a collaborative effort by the dedicated members of the St. Johns County Health Leadership Council, who are committed to promote, protect and improve the health of all people in St. Johns County. The findings and recommendations made in this Community Health Assessment will assist in guiding the direction of initiatives, programs and policy in St. Johns County over the next one to three years.

Building on Past Successes

In 2005, led by the St. Johns County Health Department, the St. Johns County Health Assessment Task Force formed and completed the County's first Health Needs Assessment. The #1 recommendation resulting from the 2005 Health Needs Assessment was to expand adult oral health care services and resources to more residents of St. Johns County.

Additionally, that same year, the St. Johns County Infant Mortality Task Force identified preconception health as a contributing factor to poor birth outcomes in the County, particularly among the non-white population. To address

this issue, funding was sought and a grant for $65,000 was received from the Northeast Florida Healthy Start Coalition to develop and implement an enhanced preconception care outreach and education program.

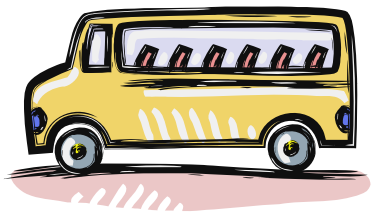
Through partnering with the Weed & Seed Community Organization, the vision of the New Mount Moriah Christian Ministry leaders was to have free health care for the community. During February 2007, St. Johns County Health Department and the Good Samaritan Health Center began offering health screenings and health education, as well as linkages to other needed services to those living in the community through the Westside Wildflower Project housed at the New Mount Moriah Christian Church.

In the spring of 2007, the St. Johns County Health Assessment Task Force surveyed dentists within the St. Johns community to determine how they thought the dental needs of low-income residents could best be met. The results indicated a strong preference for a free-standing dental clinic. With the promise of volunteer support from the local dental community, and in consultation with the Health Assessment Task Force, the Good Samaritan Board of Directors formed a committee during July 2007 to undertake building a medical/dental facility, with the goal of addressing this great need.

With the already successful Wildflower Project in place, the New Mount Moriah Christian Ministry provided a piece of property located within the West Augustine area for this project. The Wildflower project received the needed approval from the St. Johns Board of County Commissioners (BOCC) for a rezoning change to PUD (Planned Unit Development). Additionally, the BOCC also agreed to waive or pay all permit and impact fees for this project, and approved an $80,000 grant towards construction of the clinic.

The Wildflower Project also received media support from the editors of the St. Augustine Record. Over the following 22 months, significant financial support from the Sunrise Rotary Club; the Blue Foundation for a Healthy Florida; the Snodgrass Family Foundation; and Mead Family Foundation, along with several successful fundraisers and the financial gifts from civic clubs, churches and private individuals enabled this clinic to become a reality. Construction started in May of 2009.

The Wildflower Clinic is a shining example of collaboration and community mobilization within St. Johns County. What started as a preconception care outreach and education program, and a need for dental services identified in the 2005 Health Needs Assessment has bloomed into a medical and dental clinic located in the community of West Augustine. The Wildflower Clinic opened in January of 2010, and has provided over 1,200 patient visits for dental care in its first year of operation. The St. Johns County Health Department continues to support and provide sovereign immunity to the Good Samaritans' volunteers.



Another recommendation resulting from the 2005 Health Needs Assessment was to improve access to health services in outlying areas of St. Johns County through coordination of public transportation. Once again, the community stepped up to address this need. The St. Johns County Council on Aging, Inc. (COA) serves as the Community Transportation Coordinator for St. Johns County.

Building on Past Successes - continued

The COA provides door-to-door non-emergency medical transportation services to ambulatory and wheelchair bound clients with the St. Johns County service area. Non-emergency stretcher service is also available. The *Sunshine Bus Company (*a division of the COA) is St. Johns County public bus service. During March of 2006, the Sunshine Bus Company reported a monthly ridership of 4,900, and by March of 2007, that number had increased to 8,700. To address the transportation need in the County, expansion plans were made to include a line to serve the Hastings area.

During October of 2007, the "Teal" line to Hastings was started, and had 200 riders during that first month. By May of 2011, ridership on the Teal Line has increased to 1,444 per month. Improvements have also been made to the Jacksonville and Connector lines. The Sunshine Bus reports their overall average monthly ridership to be approximately 17,000 to 18,000, at the time of this Report. Other service enhancements include extended hours of operation, provision of roadside bus shelters, and improved signage.

Additionally, after exploring a number of funding sources including grants, during July of 2008 the St. Johns County Health Department purchased a Public Health Mobile Center (PHMC), through sound fiscal and strategic planning. The PHMC allows the Health Department to provide increased community access through targeted outreach to needed health services such as pediatric care, dental screenings, immunizations, health education and counseling, as well as linking underserved residents to available health resources.

St. Johns County will be among the healthiest in the nation – a vibrant, well served community enjoyed by all - supported by a diverse network of strong partners!

Mobilizing the Community

Another recent initiative of the public health system in St. Johns County is a community-driven health indicator website, known as ***Northeast Florida Counts*** (www.nefloridacounts.org), which was launched on May 6, 2011. Northeast Florida Counts was developed in partnership with the Health Planning Council of Northeast Florida and over 20 regional private and public stakeholders, including Flagler Hospital, St. Johns County Health Department and six additional regional County Health Departments. Included in the 175+ health and sustainability indicators are the *County Health Rankings*. Linking these Rankings to other relevant indicators, such as *Healthy People 2020* goals and objectives, as well as reports and promising practices will facilitate better identification of St. Johns County's opportunities for improvement, and will assist in mobilizing the community to work towards even more community solutions.

This 2011 County Health Assessment is another example of the strategic initiatives utilized by the St. Johns County Health Leadership Council and the public health system to mobilize the community to make St. Johns County a healthier place to live, learn, work and play.

St. Johns County, FL - Community Profile

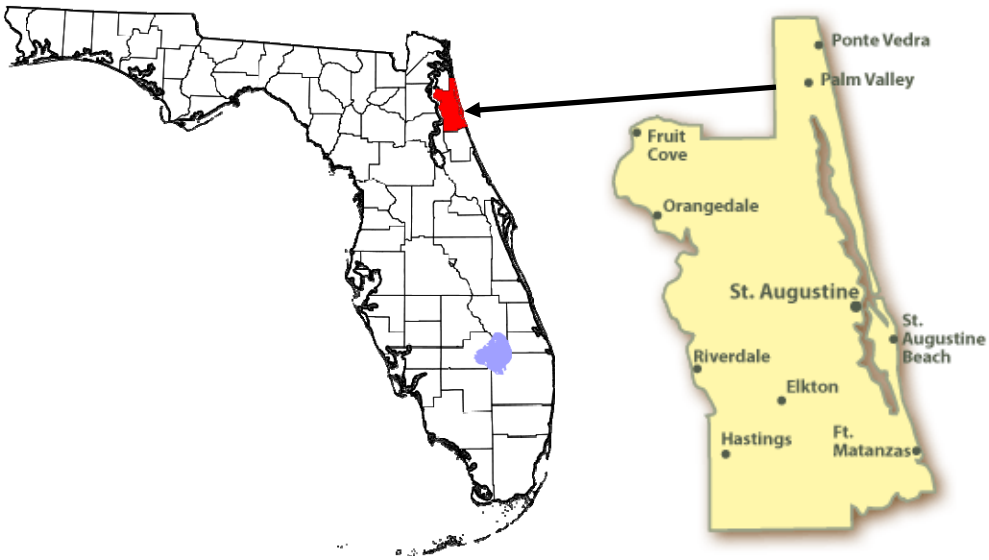
Introduction

The health of a community is not an isolated phenomenon. It is interwoven with demographic, social, economic, and environmental factors, all of which have an influence on the health status and health service needs of a community. Health outcomes and service utilization can vary widely among age groups, races, ethnicities, genders and income levels. This section of the Health Needs Assessment provides an overview of the population demographics and socio-economic characteristics that make St. Johns County a unique place to live, learn, work and play.

St. Johns County, FL

- St. Johns County encompasses approximately 610 square miles of land in Northeast Florida, including more than 42 miles of beaches along the Atlantic coast.

St. Johns County, Florida



- The 2010 U.S. Census reports St. Johns County population as 190,039.
- In 2009, the median household income in St. Johns County was $60,900[1].
- The County seat is in the nation's "Oldest City", St. Augustine. St. Augustine's centuries of history bring 6.5 million visitors to the County each year.[2]

St. Augustine – "The Oldest City"

[1] *U.S. Census Bureau: State and County American Community Survey (ACS).*
[2] *Source: St. Johns County Chamber of Commerce Website*

Demographic Characteristics

St. Johns County's population estimates for 2006 to 2010 are presented in the table below. St. Johns County experienced a 13.7% growth in population during this period, while Florida's population increased by only 1.95%.

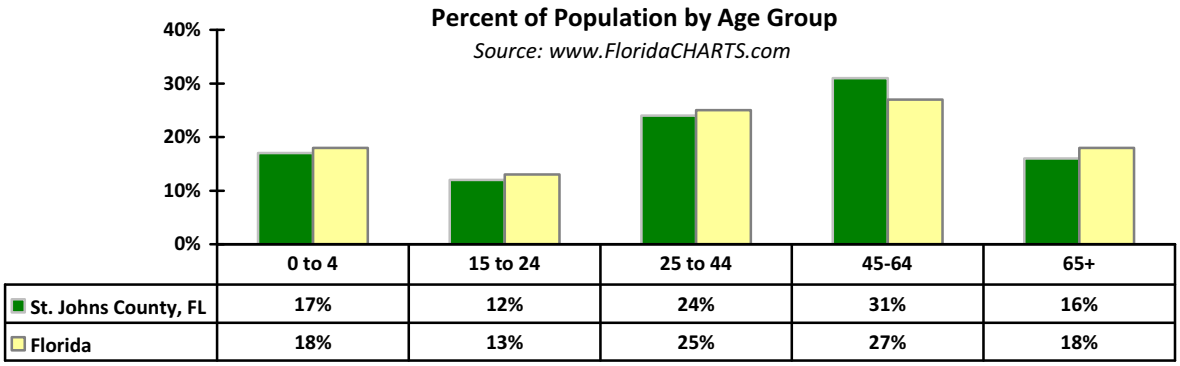
Table 2: Population Trends

	POPULATION ESTIMATES BY YEAR					% OF CHANGE 2006 - 2010
	2006	2007	2008	2009	2010	
St. Johns Co.	167,553	175,521	182,054	186,142	190,550*	13.7%
Florida	18,440,700	18,731,287	18,812,155	18,819,000	18,801,301*	1.95%

Source: All Data was derived from www.floridacharts.com except for the 2010 data point which were derived from the U.S. Census Bureau

2010 population estimate for St. Johns County by age group, as compared to Florida, is illustrated in the figure below. The highest percentage of St. Johns County residents are within the 45 – 64 year old age group, accounting for nearly 31% of the County's population. Residents over the age of 65 make up 16% of the total population.

Figure 1: 2010 Population by Age Group



Race and Ethnicity

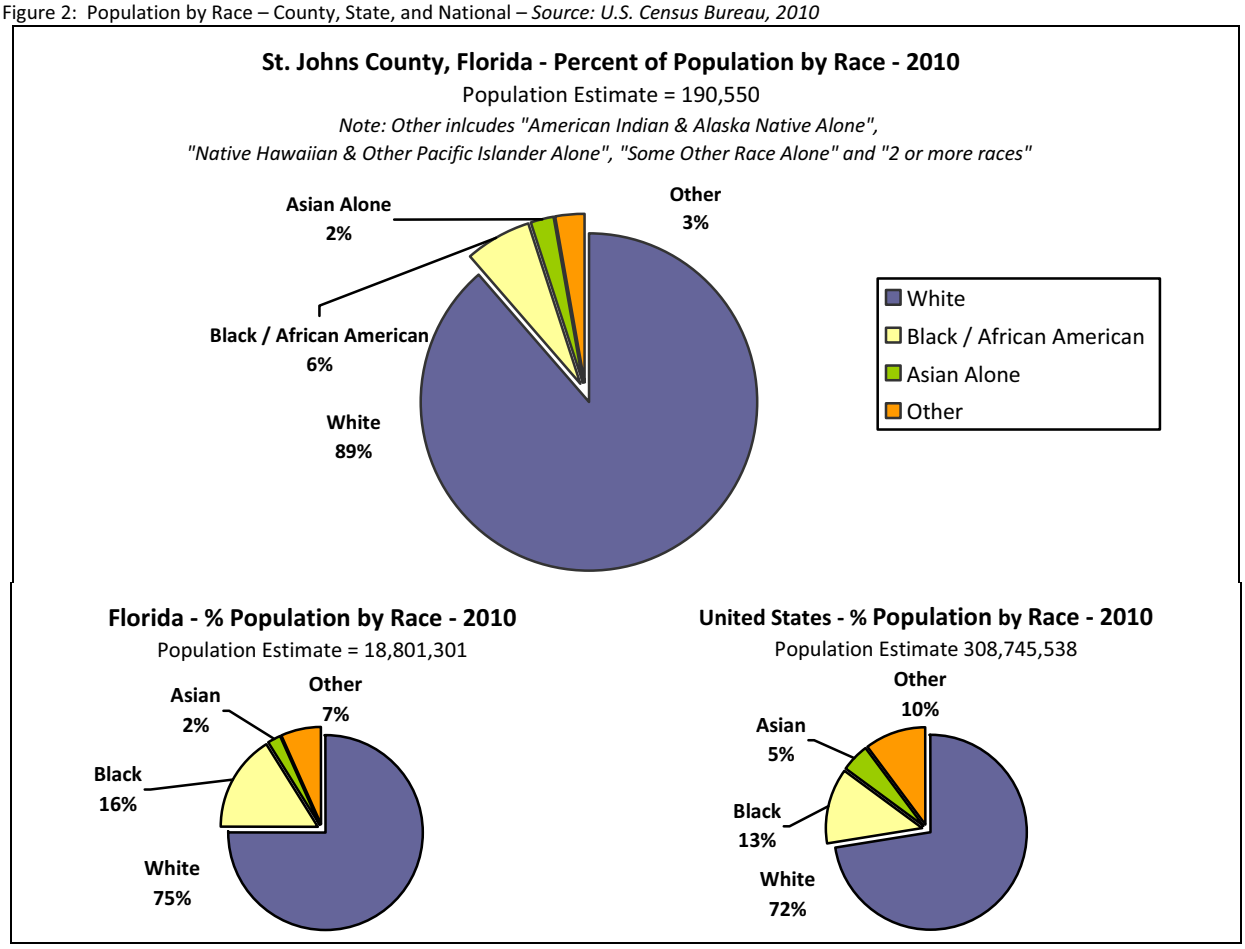
As noted in the U.S. Census Bureau's *"Overview of Race & Hispanic Origin: 2010"* (March 2011), data on race have been collected since the first U.S. decennial census in 1790. For the first time in Census 2000, individuals were presented with the option to self-identify with more than one race and this continued with the 2010 Census. A minimum of five race categories are used: White, Black or African American, American Indian or Alaska Native, Asian, and Native Hawaiian or Other Pacific Islander. For respondents unable to identify with any of these five race categories, a sixth category—Some Other Race— was added to the 2000 and 2010 Census questionnaires.

Ethnicity is also captured through the Census questionnaires. A basic difference between ethnicity and race is that race is biological - a result of genetics (skin color, bone structure, hair type) - while ethnicity includes an individual's race, it also includes learned behaviors, customs, and traditions that are generally related to the part of the world an individual (or his/her family) comes from. For example, an individual can be African by ethnicity but can be categorized as being part of the White race.

Based on the 2010 Census data, as illustrated in Figure 2, 89% of the St. Johns County population is White, which is higher than the State (75%) and National (72%) proportions. 6% of St. Johns County's population is Black / African American which is lower than the State (16%) and National (13%) percentages. Like the State percentage, 2% of the St. Johns County population is Asian – which is lower

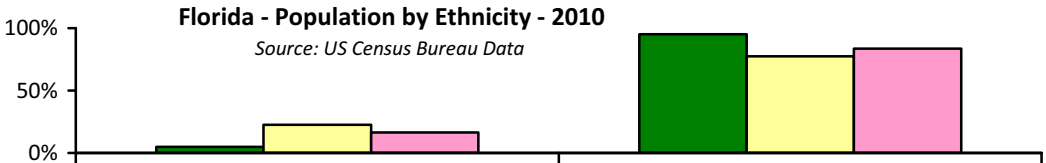
than the National (5%) proportion. Approximately 3% of the St. Johns County population is identified as "Other" which is lower than both the State (7%) and National (10%) proportions.

Figure 2: Population by Race – County, State, and National – *Source: U.S. Census Bureau, 2010*



Based on the 2010 Census data, as illustrated in Figure 3, approximately 4.9% of the St. Johns County population is of Hispanic / Latino origin. This is almost five times lower than the State total (±22%) and four times lower than the National total (16%). Projections from the U.S. Census Bureau indicate that the Hispanic population will constitute approximately 30 percent of the nation's population by 2050.

Figure 3: Population by Ethnicity - Hispanic or Latino Origin Race – County, State, and National



	Hispanic or Latino	Not Hispanic/Latino
St. Johns County, FL	4.91%	95.09%
Florida	22.50%	77.50%
United States	16%	83.70%

St. Johns County, FL - Community Profile - continued

Socio-Economic Characteristics

Primary indicators of economic health for the County, the State, and the Nation are presented in the table below. St. Johns County has an average (mean) household income that is higher than the State and National averages. The County's median household income is also higher. The percentage of those living below the Federal Poverty Level (FPL) in St. Johns County is lower than the State and National averages. The percentage of people in St. Johns County aged 25 years or older with a high school diploma is higher than the State and National averages.

TABLE 3: 2009 SOCIOECONOMIC SNAPSHOT

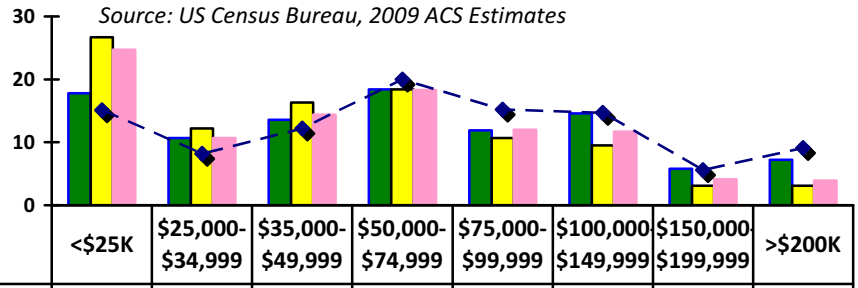
	St. Johns County	Florida	United States
Per Capita Income 2009	$33,706	$24,692	$26,409
Per Capita Income(2005-2009 Estimate)	$36,198	$26,503	$27,041
Mean (average) Household Income	$86,246	$62,441	$68,914
Median Household Income	$60,900	$44,736	$50,221
Persons living below Poverty	8.7%	15.0%	14.3%
Persons >25yrs w/a high school diploma	91%	84.9%	84.6%
College Graduates (Bachelor's or higher)	37.6%	25.6%	27.5%
Mean (average) Travel Time to Work in Minutes	25 minutes	25.8 minutes	25.2 minutes

Source: U.S. Census Bureau, 2009 American Community Survey(ACS)

Income

Households with total incomes between $50,000 and $74,999 made up the largest percentage of household incomes for St. Johns County during 2009 (18.4%). This is similar to the State and National averages. The second largest percentage of household incomes for St. Johns County during 2009 include incomes levels less than $25,000 (17.8%) which is lower than the State and National averages. The third largest percentage of household incomes for St. Johns County during 2009 include incomes levels between $100,000 to $149,999 (14.6%) which is higher than the State and National averages.

Figure 4: Household Income



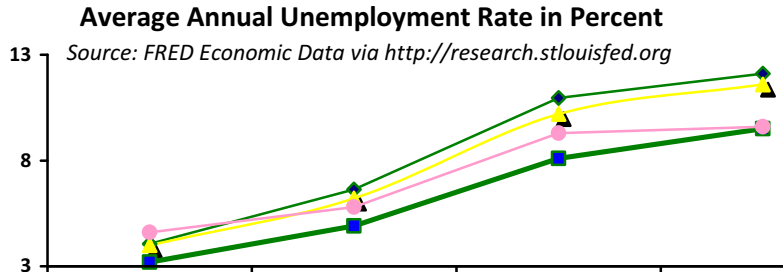
	<$25K	$25,000-$34,999	$35,000-$49,999	$50,000-$74,999	$75,000-$99,999	$100,000-$149,999	$150,000-$199,999	>$200K
St. Johns County, FL	17.8	10.7	13.6	18.4	11.9	14.6	5.8	7.2
Florida	26.7	12.2	16.3	18.4	10.7	9.5	3.1	3.1
United States	24.7	10.7	14.4	18.3	12	11.7	4.1	3.9
2008 Rates - St. Johns	15.1	8.2	12.2	20	15.2	14.7	5.6	9.1

Labor Force and Employment

The 2009 American Community Survey (ACS) found that there are more than 97,476 persons over the age of 16 in the labor force of St. Johns County. During that survey year, approximately 5.4% were found to be unemployed. Nationally, unemployment rates have steadily increased since 2007. Rates in St. Johns County have paralleled the national trend although they have been consistently lower than that of the State, Peer County and National Average. From Federal Reserve Bank of St. Louis's database for Economic Research, most recent data on average annual unemployment rates is illustrated below.

Note: Peer Counties for St. Johns County include Collier, Lake, and Manatee Counties. See "Assessment #4" for more information on Peer Counties.

Figure 5: Unemployment Rates



	2007	2008	2009	2010
St. Johns County	3.2	4.9	8.1	9.5
Peer County Average	4.06	6.63	10.96	12.1
Florida	4	6.2	10.2	11.6
United States	4.6	5.8	9.3	9.6

Table 4 presents the "Top Ten" for local industry within St. Johns County. The 2009 ACS found that "Education, Health Care & Social Assistance" accounts for 18.6% of industry in St. Johns County. "Arts, Recreation, Hotel and Food Services" accounts for 15.8% of industry in St. Johns County.

TABLE 4: TOP TEN - LOCAL INDUSTRY

INDUSTRY – TOP TEN	ST. JOHNS COUNTY	FLORIDA	UNITED STATES
Education, health care & social assistance	18.6%	20.8%	22.7%
Arts, Recreation, Hotel and Food Services	15.8%	11.7%	9.2%
Finance, insurance, real estate, etc.	13.3%	8.0%	6.9%
Retail trade	11.9%	13.0%	11.6%
Professional, scientific, and management, and administrative & waste mgmt. services	10.7%	12.1%	10.6%
Transportation & warehousing, and utilities	5.1%	5.0%	5.0%
Construction	4.7%	7.5%	6.8%
Manufacturing	4.5%	5.6%	10.5%
Other services, except public administration	4.4%	5.2%	5.0%

Source: U.S. Census Bureau, 2009 ACS

Among working adults, the most common occupations in St. Johns County are within the "Management, professional, and related jobs" category (40.9%), followed by those within the "Sales, office, and other service jobs" category (27.8%). The least common type of occupation(s) among residents are those within the "farming/fishing/forestry jobs" category (0.6%).

TABLE 5: OCCUPATIONAL PROFILE

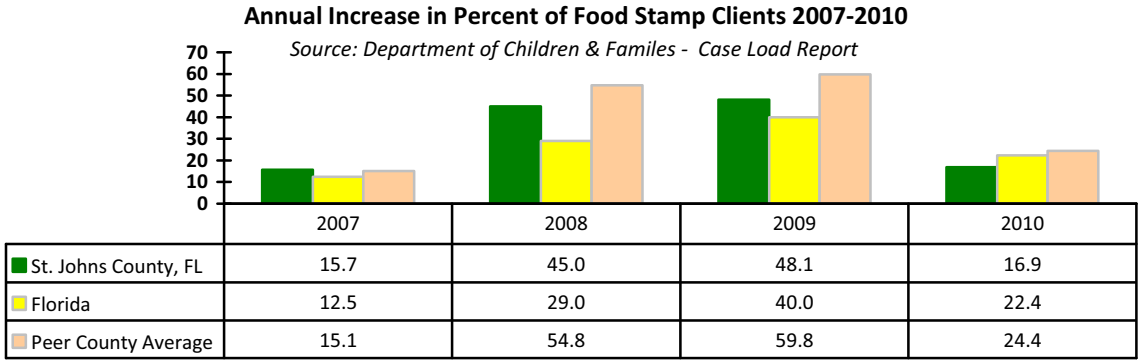
TYPE OF OCCUPATION	ST. JOHNS COUNTY	FLORIDA	UNITED STATES
Management, professional, & related occupations	40.9%	33.2%	35.7%
Service occupations	20.9%	20.1%	17.8%
Sales & office occupations	27.8%	28.0%	25.2%
Farming, fishing, & forestry occupations	0.6%	0.7%	0.7%
Construction, maintenance, & repair	4.9%	9.2%	8.7%
Production, transportation, & material moving	4.9%	8.8%	11.9%

Source: U.S. Census Bureau, 2009 ACS

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 each year. The Florida Department of Children and Families (DCF) publishes monthly estimates of clients and families who receive cash assistance.

Figure 6: Percent of Food Stamp Recipients



DCF's Public Assistance Caseload report indicates that the increase in percentages of food stamp clients experienced a significant increase between 2007 and 2009. St. Johns County experienced a 48.1% increase in the number of Food Stamp Clients by the end of 2009, higher than the Peer County Average (40%) and lower than the State (59.8%). Rates for St. Johns County declined during 2010 to 16.9% - lower than the State average (22.4%) and the Peer County Average (24.4%) .

TABLE 6: SOCIAL BENEFITS & PUBLIC ASSISTANCE

Household Income & Benefits that included:	2007	2008	2009
With Supplemental Security Income	3.10%	1.50%	1.20%
With cash public assistance income	0.30%	0.90%	1.10%
With Food Stamp/SNAP benefits in the past 12 months	3.30%	4.00%	5.10%

Source: U.S. Census Bureau, American Community Survey 1-year Estimates, 2007, 2008, 2009

The National School Lunch Program is a federally assisted meal program operating in over 101,000 public, private and non-profit schools. According to the USDA, more than 31 million children received nutritionally balanced, low-cost or free lunches at each school day during 2009. The number of students receiving free or reduced price lunch is a good indicator of poverty in young families. While the overall trend in participation rates is similar, St. Johns County has experienced a much lower percentage of elementary, middle and high school students receiving free or reduced lunch in comparison to the State and Peer County Averages.

TABLE 7: **FREE OR REDUCED SCHOOL LUNCH PROGRAM % OF STUDENTS PARTICIPATING – GRADES K – 12TH**

	2007-2008	2008-2009	2009-2010
St. Johns County, FL	20.2%	18.92%	20.38%
Peer County Average	43.30%	40.35%	55.57%
State Average	45.8%	49.58%	53.47%

Source: http://www.fldoe.org/eias/eiaspubs/pdf/frplunch.pdf

Poverty

As noted in national *County Health Rankings* reports (www.CountyHealthRankings.org), income and financial resources have long been understood as important to health, so that individuals can obtain health insurance, pay for medical care, afford healthy food, safe housing, and access to other basic goods, at least until a certain income threshold is achieved.

The poverty level is a reflection of a community's ability to meet basic needs necessary to maintain health and wellbeing. A high poverty rate is both a cause and a consequence of poor economic conditions. It is also an indication of the availability of employment opportunities within a community.

TABLE 8: PERCENTAGE OF FAMILIES AND PEOPLE WHOSE INCOME IN THE PAST 12 MONTHS IS BELOW THE POVERTY LEVEL

	All families	All families w/ children ≤ 5 years of age	Families w/ female head of household, no husband present	All People	All People ≥ 65 years of age
St. Johns County, FL	5.1%	8.7%	19.7%	7.4%	6.4%
Peer County Average	7.33%	15.37%	23.90%	10.93%	6.23%
State Average	9.5%	16.1%	25.5%	13.2%	10.1%
National Average	9.9%	16.6%	28.7%	13.5%	9.8%

Source: U.S. Census Bureau, American Community Survey 5-year Estimates, 2005-2009

As observed in the table above, the percent of people and families within St. Johns County whose income is below the poverty level is lower than the Peer County, State, and Regional Peer Averages. The largest percent (19.7%) of families living below the poverty line in St. Johns County are those with a female head of household (no husband present).

"Health Factors" include *"Social & Economic Factors"* such as indicators for "*Children in Poverty*". Since 2010, St. Johns County ranked as number 1 in the State for having the lowest percentage of children in poverty. In the 2011 report, the percent of children in poverty in St. Johns County was 10% which was lower than the State (18%) and National (11%) averages.

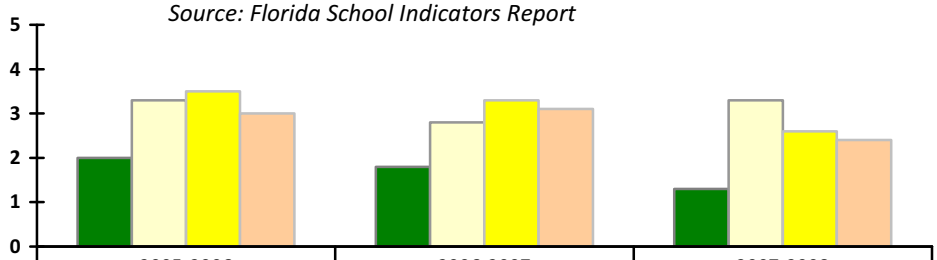
Education

Total enrollment for 2009 – 2010 in St. Johns County Public Schools (pre-kindergarten to grade 12) was estimated at 29,334. The 2008 – 2009 high school drop-out rates are shown in Figure 9. St. Johns County has a higher graduation rate and a lower drop out rate than the state average.

Figure 9 – High School Drop-out Rates

Percent of High School Drop-out Rates by School Years

Source: Florida School Indicators Report



	2005-2006	2006-2007	2007-2008
St. Johns County, FL	2	1.8	1.3
Peer County Average	3.3	2.8	3.3
State Total Average	3.5	3.3	2.6
Regional Peer Average	3	3.1	2.4

The Healthy People 2020 national health target is to increase the proportion of the population that completes high school education to 97.9%. More information on the *Healthy People 2020* and the *County Health Ranking* reports is provided in the section of this report called "Assessment # 4 – Community Health Status".

As noted in the national *County Health Rankings* reports, there is a positive relationship between health outcomes and advanced education levels. An indicator for *"Health Factors"* used in the rankings includes "High School Graduation Rates". For the 2011 County Health Rankings, the average freshman graduation rate (percent of ninth grade cohort that graduated within in 4 years) is used. *St. Johns County community ranked in the top as number 8 out of 67 counties!*

TABLE 10: EDUCATIONAL ATTAINMENT PERCENT OF POPULATION 25 YEARS AND OLDER				
	Some college, no degree	Associate's degree	Bachelor's degree	Graduate or professional degree
St. Johns County, FL	22.4%	8.2%	24.3%	13.3%
Peer County Average	20.9%	7.4%	16%	9.3%
State Average	20.4%	8.4%	16.6%	9.0%
National Average	20.3%	7.4%	17.4%	10.1%
Source: U.S. Census Bureau, American Community Survey 5-year Estimates, 2005-2009				

An Overview of MAPP (*Mobilizing for Action through Planning & Partnerships)*

Mobilizing for Action through Planning & Partnerships, or MAPP, is a community-wide strategic planning process for improving community health. Facilitated by the St. Johns County Health Leadership Council, the MAPP process guided the Council by applying strategic thinking in order to prioritize health issues, identify resources to address them, and to take action.

MAPP is not an agency-focused assessment, but rather an interactive process than can improve the efficiency, effectiveness and ultimately, the performance of the local public health system. The MAPP process was developed through collaboration between the National Association of City and County Health Officials (NACCHO) and the Centers for Disease Control and Prevention (CDC).

The MAPP model has six key phases:

1. Organize for Success/Partnership Development
2. Visioning
3. Four MAPP Assessments
4. Identify Strategic Issues
5. Formulate Goals and Strategies
6. Take Action (plan, implement and evaluate)

The MAPP Model

Community-wide strategic planning requires strong organization and a high level of commitment from the partners and stakeholders who are recruited to participate. To initiate the **Organize for Success/Partnership Development** phase of the MAPP process, the St. Johns County Health Department updated their roster of community leaders, and invited them to once again participate on the St. Johns County Health Leadership Council.

The second phase of the MAPP process is **visioning.** A shared vision guides the community through a collaborative and creative process that leads to the development of a shared community vision and common values.

The next phase involves **four MAPP Assessments** which will yield important information for improving community health. They include:

1. The **Forces of Change Assessment** focuses on the identification of forces such as legislation, technology and other impending changes that affect the context in which the community and its public health system operates.
2. The **Local Public Health System Assessment** is a comprehensive assessment that includes all of the organizations and entities that contribute to the public's health. It measures how the "Ten Essential Services of Public Health" are being delivered within the community.

An Overview of MAPP - continued

3. The **Community Themes and Strengths Assessment** provides an understanding of the health issues that residents feel are important, including quality of life.

4. The **Community Health Status Assessment** is a collection of data gathered to identify and analyze health status, factors, and outcomes within the community.

Once a list of challenges and opportunities has been generated from each of the four MAPP assessments, the next step is to **Identify Strategic Issues.** During this phase, the Health Leadership Council developed a Community Balanced Scorecard which identified the most critical issues that must be addressed in order for the Community to achieve its vision. The Community Balanced Scorecard was also used to link the identified strategic issues to the next phase in order to **Formulate Goals and Strategies.**

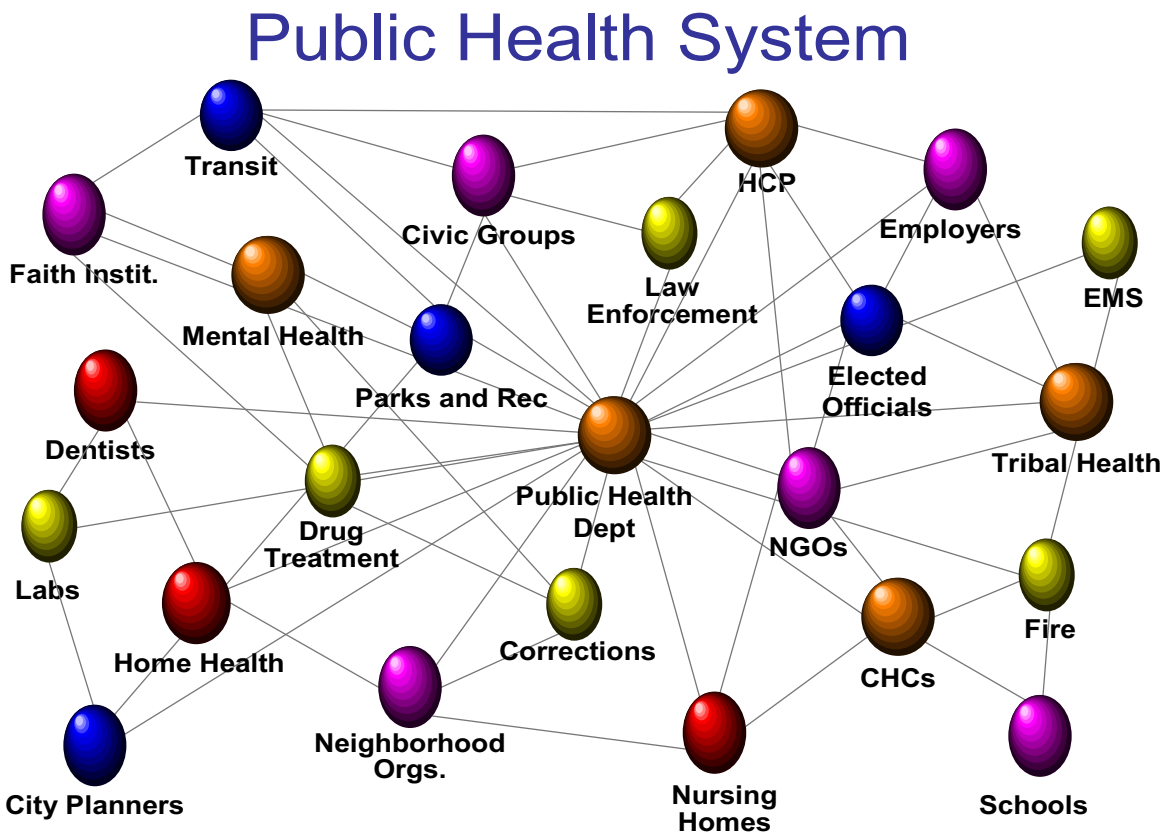
A critical phase of MAPP is the **Action Cycle.** During this phase, participants plan for action, implement and evaluate. These activities are meant to build upon one another, in a continuous and interactive manner, in order to ensure the success of the MAPP activities.

The MAPP roadmap leads to a healthier community!

MAPP Phase 1:
Organize for Success/Partnership Development

To organize for the Health Needs Assessment project, the St. Johns County Health Department re-convened the St. Johns County Health Leadership Council, a group of health, business, educational, and governmental leaders from the St. Johns County ***Public Health System*** (see Figure 11 below). St. Johns County is fortunate to have long-standing and proactive leadership within its Public Health System who value the collaborative relationships that have been established.

Figure 11



The St. Johns County Health Department updated a roster for the Council from this network of partners. During this phase, the strategy included a decision-maker and a "boots-on-the ground" member from each organization. The Health Department invited over fifty key stakeholders to participate in the Health Leadership Council and in June of 2010, twenty-eight Council members came together for the 2011 Assessment kick-off meeting.

The roster for the St. Johns County Health Leadership Council is included as Appendix A.

At the kick-off meeting, project staff provided an introduction of the Community Health Assessment project, and outlined its expected outcomes and benefits. The Council members were also given an overview of the MAPP (Mobilizing for Actions through Planning and Partnerships) model and a preliminary timeline for each component of the MAPP process.

MAPP Phase 2: Visioning

The July 2010 meeting of the St. Johns County Health Leadership Council (SJCHLC) was devoted to the development of a shared vision, mission and values for the Council. A shared vision and common values provide a framework for pursuing long-range community goals.

The Council started this visioning process by considering the following questions:

1. *What does a healthy county mean to you?*
2. *What are important characteristics of a healthy community for all who live, work and play here?*
3. *How do you envision the local public health system in the next five or ten years?*

In a round-robin format, the Council members had a brainstorming session to answer the above questions. Suggestions for a common set of values were also solicited.

Following the brainstorming session, the suggestions were categorized using an affinity diagram, and a smaller sub-committee met to review the results. The Sub-committee drafted a vision statement, a mission statement, and set of values for presentation to the Council at the next meeting. Council members were given the opportunity to make minor adjustments, and the vision, mission and values shown below (as well as a Charter for the Health Leadership Council) were formally adopted at the August 2010 meeting.

Figure 12: SJCHLC Vision, Mission and Values

St. Johns County
Health Leadership Council's Vision

St. Johns County will be among the healthiest in the nation – a vibrant, well served community enjoyed by all - supported by a diverse network of strong partners!

St. Johns County
Health Leadership Council's
Mission Statement

Promote, protect and improve the health of all people in St. Johns County.

St. Johns County
Health Leadership
Council's Values

- ***A****ccountability*
- ***C****ompassion*
- ***C****ollaboration*
- ***E****quity*
- ***S****ervice Driven*
- ***S****ustained Excellence*

MAPP Phase 3: The Four MAPP Assessments

Assessment #1: Forces of Change

Purpose

The Forces of Change Assessment is intended to identify trends, factors or events that are or will be influencing the health and quality of life of the community, and the work of the local public health system. It is designed to create a comprehensive but focused list that identifies the key forces and describes their impacts.

This Assessment answers two primary questions:

1. *What is occurring or might occur that affects the health of our community or the local public health system?*
2. *What specific threats or opportunities are generated by these occurrences?*

Methodology

During September and October of 2010, the St. Johns County Health Leadership Council conducted the Forces of Change Assessment, by completing the following steps:

Table 7: Forces of Change Assessment Steps

STEPS OF ASSESSMENT	DATE COMPLETED
1. Establish small Sub-committee (to facilitate brainstorming session)	Established at 08/18/10 Health Leadership Council meeting.
2. Convene brainstorming session to develop comprehensive list of Forces of Change.	Committee met on 09/30/10 and 10/06/10 to brainstorm Forces of Change list.
3. Identify potential threats and opportunities for each force of change.	Threats and Opportunities were considered during the 10/06/10 Sub-committee meeting
4. Sub-committee consolidates results.	Results were presented and agreed upon at the 10/20/10 Health Leadership Council meeting.

The Forces of Change Sub-committee utilized a management tool called a ***"Force-Field Analysis"*** to facilitate the September and October brainstorming sessions, to determine the most important Forces of Change. A Force-Field Analysis is used to identify forces and factors via brainstorming that support or work against the solution to an issue or problem, so that the positive can be reinforced and/or the negative can be eliminated. The Force Field Analysis:

- Presents the positives and negatives of a situation so they can be easily compared.
- Forces people to think together about all aspects of making desired changes.
- Encourages people to agree on the relative priority of issues.
- Encourages honest discussion about the real underlying roots of the issues and solutions.
- Identifies both "**driving forces**" and "**restraining forces**".

Results of Force-Field Analysis

The Sub-committee reviewed and discussed the various forces that were identified, and grouped them into the following four categories:

1. **Follow-up (F)**
2. **Intervention (I)**
3. **Other (O)**
4. **Prevention (P)**

The table below contains the sorted and categorized version of the Force-Field Analysis , as completed by the Sub-committee.

Table 8: Force-Field Analysis

DRIVING FORCES	RESTRAINING FORCES
F - Accountable Care Organization	F - Duplication of services
F - Build connected network of care	F - No coordination
F - Community Collaboration/Partnerships	F - Utilization issues
F - Coordinated efforts being explored	I - Availability of healthcare resources
F - Navigation resources in place	I – Drugs
I - Build primary care providers	I - High cost of end of life healthcare
I - Flagler Hospital	I - Inability to afford insurance
I - Home Healthcare Service Throughout County	I – Inconvenient
I - Medicaid expansion	I - Increase in medical premiums
I - More nurse practitioners	I - Isolation of Hastings/ Flagler Estates
I - Recognized medical expertise	I - Limited access for Medicaid patients
O - Building permits up	I - Limited access to healthcare
O - Examples of counties with working plans	I - Low reimbursement rates
O - Living wills (end of life decisions)	I - Many jobs don't offer insurance or insurance too expensive
O - Many independent resources (Agencies)	I - Medicaid expansion
O - Refine existing tools (PDCA)	I - Medicare pays fixed fees
O - Resources (Wealthier than many other counties)	I - No Medicaid dentists
O - Statutory changes (Mandates) themselves	I - No money to support increased Medicaid/ Medicare
O-Technology advancements	I - Primary Care providers can't control patients going to specialists'
O - Well established resources	I - Providers don't take Medicaid
P - Already ranked among the top	I - Reimbursement rates
P - Clean air/water/environment	I - Resources for younger people
P - Community awareness	I – Rx availability (drugs for everything)
P - Community interest	I - Shortage of primary care providers
P - County government involvement	I - Spending on end of life healthcare
P - Generous affluent community	I - Systems not in place
P - Health Leadership Council	O - Community partners need money (donations down)

DRIVING FORCES	RESTRAINING FORCES
P - Healthcare reform	O - Cutting funds/ positions
P - Increasing longevity	O - Families use up personal resources
P - Leaders involved	O - Funding restrictions
P - Lower premiums to buy health insurance	O - Kids who have never seen the ocean
P - Media/Corporate/Individual volunteers	O - Lack of resources (employees, materials)
P - No cost prevention efforts	O - Legislation
P - Preventative care	O - No cost prevention efforts
P - Preventative practices (exercise/weight management)	O - Political uncertainty
P - Recreation opportunities	O - Poor economic outlook
P - Schools/ educated population	P - Affordable healthy meals
P - St. Johns County Health Department	P - Education about healthcare
	P - Health department focus on children
	P - Housing/healthcare for elderly (Home-based)
	P - Incentive to heave healthier lifestyle
	P - Junk food is cheap
	P - Limited accession to information
	P - Literacy (Completion of HS)
	P - Poor education
	P - Poor habits/ lifestyle
	P - Poor role models
	P - Population will not make healthy lifestyle choices
	P - Public acceptance
	P - Public awareness
	P - Resistance to change
	P - Southern culture (fried/fatty foods)
F = FOLLOW-UP I = INTERVENTION	O = OTHER P = PREVENTION

Results of Force-Field Analysis - continued

Using the results of the sorted Force-Field Analysis, the "Forces of Change" Sub-committee met again on 10/06/10, and discussed potential threats and opportunities related to each of the Forces identified. At the time, there was great concern about future funding streams for public health programs in the County, and although opportunities were discussed, most of the discussion centered on how to deal with near-term threats.[4]

The forces shown above were scored using a multi-vote technique, and the following were identified as the top five Forces of Change to be considered and addressed by the community:

1. ***Insufficient coordination among agencies***
2. ***Availability of health care resources***
3. ***Substance abuse***
4. ***Lack of community programs for youth***
5. ***Prevention and wellness/health equity***

These Forces of Change were considered during the fourth Phase of MAPP (Identify Strategic Issues) and were factored into development of the Community Balanced Scorecard (See Table 53).

Assessment #2: Local Public Health System Assessment

Purpose

Led by the Centers for Disease Control and Prevention (CDC), the National Public Health Performance Standards Program (NPHPSP) is an initiative that developed national performance standards for both state and local public health systems. These performance standards are intended to guide the development of stronger public health systems capable of improving the health of populations.

The Local version of the Assessment instrument was used by the Health Leadership Council to help identify strengths and opportunities for improvement within the St. Johns County public health system. The Local Public Health System Assessment (LPHSA) answers the following questions:

1. *What are the components, activities, competencies and capacities of our local public health system?*
2. *How are the "10 Essential Public Health Services" being provided to our community?*

The "10 Essential Public Health Services" are the core public health functions that should be undertaken in every community, and they provide the framework for the Local Public Health System Assessment.

Methodology

The St. Johns County Health Department took the lead to facilitate the completion of the LPHSA instrument, which took place over the course of two Council Meetings. The Council members reviewed and discussed each of the 10 Essential Services, then scored each category by consensus using the response options in Table 9 on the following page.

Figure 13

THE 10 ESSENTIAL PUBLIC HEALTH SERVICES

1. **Monitor** health status to identify community health problems.
2. **Diagnose and investigate** health problems and health hazards in the community.
3. **Inform, educate, and empower** people about health issues.
4. **Mobilize** community partnerships to identify and solve health problems.
5. **Develop policies and plans** that support individual health problems.
6. **Enforce** laws and regulations that protect health and ensure safety.
7. **Link** people to needed personal health services and assure the provision of health care when otherwise unavailable.
8. **Assure** a competent public and personal health care workforce.
9. **Evaluate** effectiveness, accessibility and quality of personal and population-based health services.
10. **Research** for new insights and innovative solutions to health problems.

Local Public Health System Assessment – continued

Table 9: LPHSA Response Options

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.**

The responses were entered into a web-based online LPHSA instrument, and a summary report was generated.

Assessment Results

The table below contains the results of the St. Johns County Public Health System's performance in each of the Ten Essential Public Health Services. Each 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% (no activity is performed pursuant to the standards) to a maximum of 100% (all activities associated with the standards are performed at optimal levels).

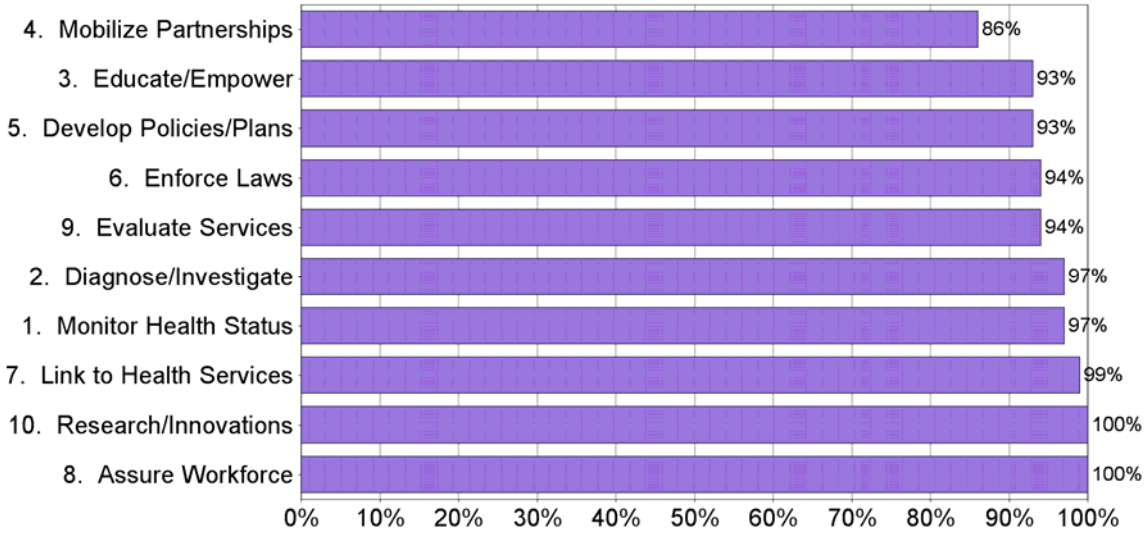
Table 10: Summary of Scores by Essential Service

	Assessment by ESSENTIAL PUBLIC HEALTH SERVICES	SCORE
1	Monitor Health Status To Identify Community Health Problems	*97%*
2	Diagnose And Investigate Health Problems and Health Hazards	*97%*
3	Inform, Educate, And Empower People about Health Issues	*93%*
4	Mobilize Community Partnerships to Identify and Solve Health Problems	*86%*
5	Develop Policies and Plans that Support Individual and Community Health Efforts	*93%*
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	*99%*
8	Assure a Competent Public and Personal Health Care Workforce	*100%*
9	Evaluate Effectiveness, Accessibility, and Quality of Personal and Population-Based Health Services	*94%*
10	Research for New Insights and Innovative Solutions to Health Problems	*100%*
	Overall Performance Score →	***95%***

Local Public Health System Assessment – continued

As illustrated in the figure below, the scores from the Public Health system assessment are presented in ranking order.

Figure 14: Ranking of the Public Health System Assessment Scores by Essential Public Health Service



While the local public health system in St. Johns County scored high (> 85%), in all essential services, ***Essential Service #4 - Mobilize Community Partnerships to Identify and Solve Health Problems*** scored the lowest. Based on this result and similar results from two previous assessment cycles, it is recommended that an objective in the **Community Assets** section of the **Community Balanced Scorecard** (see Table 53) be included to improve collaboration within the Public Health System. This was also identified as an opportunity for improvement in the Forces of Change Assessment.

Assessment #3: Community Themes & Strengths

Purpose

The purpose of the Community Themes and Strengths Assessment is to gather community thoughts, opinions and concerns that provide insight into the issues of greatest importance to the community, and how the community perceives its quality of life.

This assessment answers the questions:

1. *What is important to our community?*
2. *How is quality of life perceived in our community?*
3. *What assets do we have that can be used to improve community health?*

In preparation for the Community Themes and Strengths Assessment, the St. Johns County Health Leadership Council decided on two different approaches to gather information from a cross-section of the community. The first approach was to conduct community **focus groups,** and the second approach was to deploy a **county-wide survey**.

Community Themes & Strengths – continued

Approach #1 - Focus Groups

Methodology

Using guidance provided by the National Association of City and County Health Officials MAPP User's Handbook, a set of focus group questions was developed to determine how residents feel about the quality of life in St. Johns County.

In February and March of 2011, four focus groups were conducted. The focus groups were facilitated by members of the St. Johns County Health Leadership Council with the intent to cover a variety of geographic and demographic sectors of the County. Focus groups were scheduled at the following locations:

1. **Wildflower Clinic - West Augustine**
2. **The Players Community Senior Center – Ponte Vedra**
3. **PACT Prevention Coalition – St. Augustine**
4. **Hastings Library – Hastings**

The St. Johns County Health Department provided a moderator and a staff member to take notes at each focus group in order to ensure that all comments were recorded. Notes from each focus group were reviewed and a summary of common themes is included at the end of this section of the Report. Table 11, on the following pages, lists the questions used during the focus group sessions as well as a summary of responses.

The common themes that resulted from the focus groups include:

1. ***Need for improved transportation***
2. ***Need for healthcare and/or social services for the working poor.***
3. ***Need for improved coordination among service agencies.***

TABLE 11: SUMMARY OF FOCUS GROUP RESPONSES
COMMUNITY THEMES & STRENGTHS

FOCUS GROUP QUESTIONS	SUMMARY RESPONSES
1. Are you satisfied with the quality of life in your community? (Open to interpretation of community – neighborhood, town or county) a. **Is this a good place to raise children?** b. **Is this community a good place to grow old?** c. **Do you feel there is economic opportunity in the community?**	**General Quality of Life** In general, participants felt that quality of life is good, and they appreciate the slower pace of life. It was noted, however, that there are areas with disparities in the County, with some areas that are underserved. Transportation, in particular, was noted as an opportunity for improvement throughout the County. **School and Youth** • *"The School District is excellent; it is # 1 right now."* • *"The high schools are excellent; they have very high quality programs."* • *"We don't see any truants."* • *"The Solomon Calhoun Center and the Boys and Girls Club have good programs."* • *"The after-school programs leave a lot to be desired. They*

(1) Continued…..*Are you satisfied with the quality of life in your community?*	*are very expensive!"* • *"Extended day programs are offered, but they are expensive, and getting your kids there can be tough."* • *"There are not enough affordable options for after-school care."* • *It was noted that recreational opportunities vary greatly throughout the County.* **Elderly** • The Council on Aging was cited specifically by all participants as a valued resource for Seniors. *"That River House is nice!"* • The COA's Sunshine Bus was noted as primarily the only source of public transportation in the County. • It was noted that although "*many improvements have been made in the past 20 years",* elder day care and elder-friendly housing are opportunities for improvement. **Economic Opportunity** • There are few locally owned and operated businesses, and the current economic climate was noted as a major factor. • "*Financial aid is difficult, and there are no exceptions."* • *"Those who want to stay can't afford to stay."* • It was also noted there are very few jobs with career growth available.
2. Do you feel your community is a safe place to live? **Consider perceptions of:** a. **Safety in the home** b. **Workplace** c. **Schools and playgrounds** d. **Parks, malls, etc.** e. **Do neighbors know each other, and look out for each other?**	**Safety** • Overall, participants feel safe in their communities, but several noted that the lack of lighting was a concern for them at night. • There was concern expressed about the amount of drug and alcohol abuse in some communities. • Some participants expressed concern about response time to EMS calls. *"It's a big County, and we're spread out."* • For the most part, folks look out for one another, but it was noted that *"everyone should maintain situational awareness and know their neighbors."* • *"Flagler Estates has a Neighborhood Watch program."*

3. Are there networks of support for individuals and families during times of stress and need? a. **Medical crisis** b. **Mental health problems** c. **Substance abuse** d. **Pregnancy** e. **Financial difficulty** f. **Services for children with special needs**	• Many participants did not know what types of services are available in the County. *"They don't do a good job of marketing what's available."* • Several participants felt that many people seek assistance at churches, or from family members. • There was some concern expressed about the possible re-location of County Health and Human Services and the Health Department. *"How will folks get there? Transportation will be a big issue."*
4. Are you satisfied with the health care system in your community? Consider: **a. Access** **b. Cost** **c. Availability** **d. Quality** **e. Options**	• Access and quality of health care is generally perceived to be good, with many options available, however care can be costly, and many people lack insurance or are under-insured. • Transportation was noted as a barrier to care. • It was noted that services are limited in the rural areas of the County. • *"There's a lack of resources for the middle class."* • *"I have insurance, so I'm okay, but without Medicaid, some people would have to stay home and suffer."* • *"It's very difficult for the under-insured."*
5. Are there any health services that you need that are not available to you?	• A local family practice clinic • Dental care • Vision care • Birth control/STD treatment • *"Everything is available if you have enough money or insurance."* • It was noted that there is only one hospital in the County, and that some specialty care is not readily available locally (difficult without transportation).
6. Are you aware of what public health services are available in St. Johns County? (i.e. at the St. Johns County Health Department)	• Most of the participants were not well informed about what services are available at the St. Johns County Health Department. • All four groups said they thought shots (immunizations) could be obtained at the Health Department.
7. If you could create any type of health program for St. Johns County residents, what would it be?	• One big Health Department with all services provided in one location. • Clinics in our own neighborhood for local care, without having to worry about transportation. • More "sliding-scale" services for those who can pay some. • Make it easier to get services from different agencies. • Improve linkage between agencies.

(7) Continued… ***If you could create any type of health program for St. Johns County residents, what would it be?***	• A community resource center, with *"one stop shopping"* for services. • Better "navigation" between service agencies. • A home visit program for those that can't get out to get health services • In-patient substance abuse treatment, with transitional housing.

Approach #2 – County-Wide Survey -*"How Healthy is St. Johns County?"*

The second approach utilized for the MAPP Community Themes and Strengths Assessment was a county-wide survey intended to gather residents' thoughts, opinions and concerns about their health, and the quality of healthcare services available in St. Johns County.

Methodology

Surveys were collected by St. Johns County Health Leadership Council members at various locations throughout the County during February and March of 2011. Additionally, a web-based version of the survey instrument was made available on several Council members' websites.

A total of 1,287 surveys was collected. This sample size in relation to the St. Johns County 2010 U.S. Census population estimate of 190,550 reflects a 95% confidence level with ±3 % accuracy.

The survey responses are summarized in the tables and figures that follow.

Table 12: Question #1 - How do you rate your overall health?

RATING	NUMBER OF RESPONSES	PERCENTAGE
Excellent	310	24%
Good	657	51%
Fair	202	16%
Poor	58	5%
Don't know	19	1%
No answer	41	3%

75.1% of survey respondents reported their overall health as excellent or good, compared to 70.2% in the 2008 Assessment, and 79.7% in the 2005 Assessment.

Community Themes & Strengths – continued

Figure 15: Question #2 - Check up to 3 selections you feel are the most important features of a healthy community:

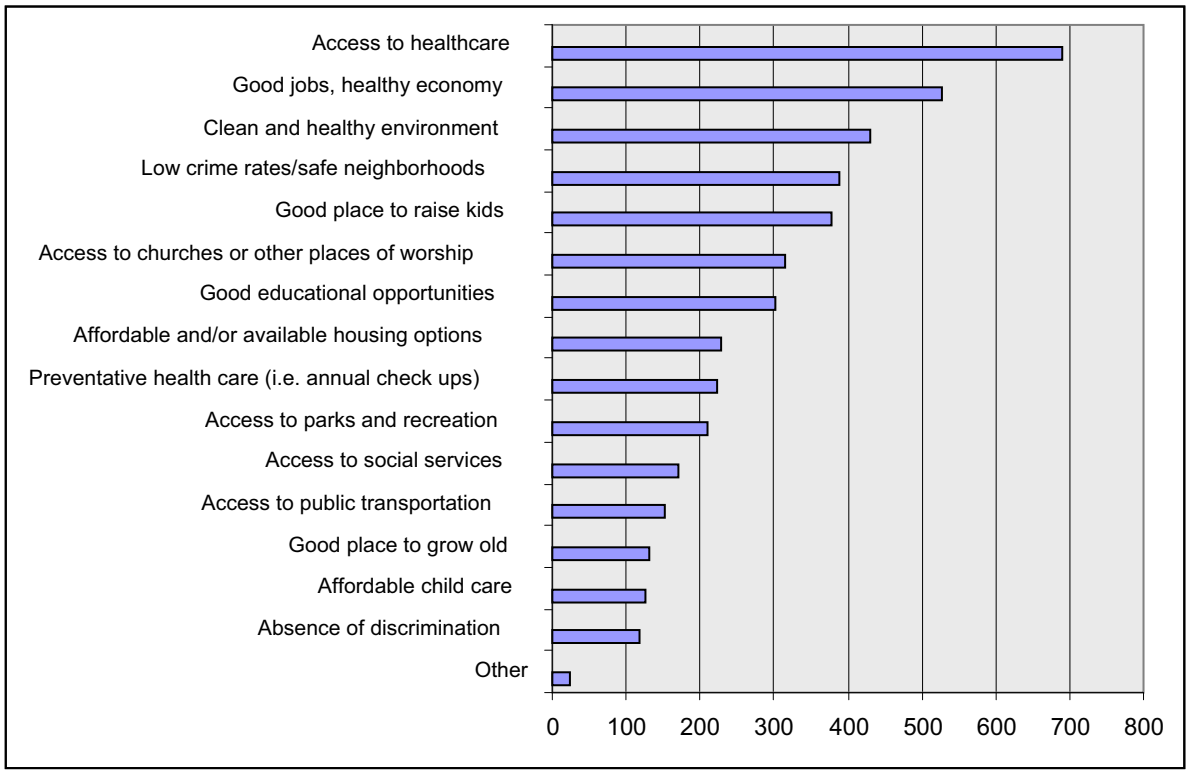
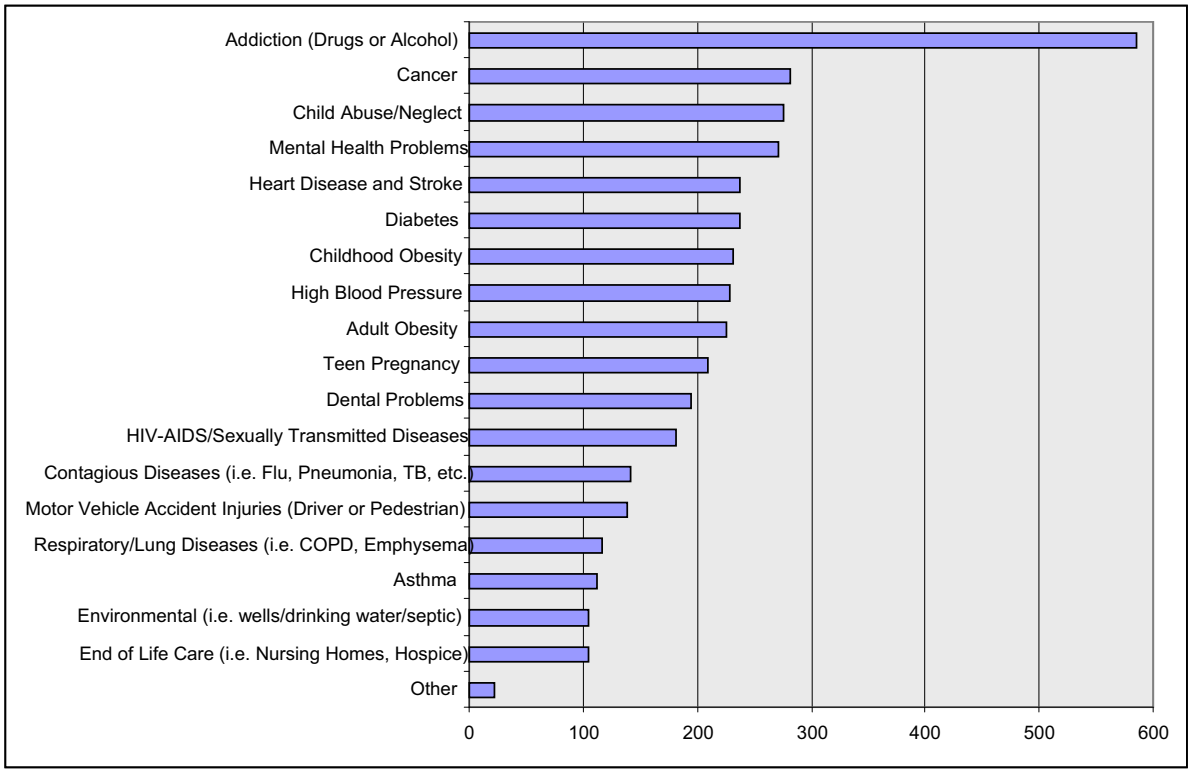


Figure 16: Question #3 - Check up to 3 health problems you feel are the most important in St. Johns County:



Community Themes & Strengths – continued

Figure 17: Question #4 - Check up to 3 unhealthy behaviors you are most concerned about in St. Johns County:

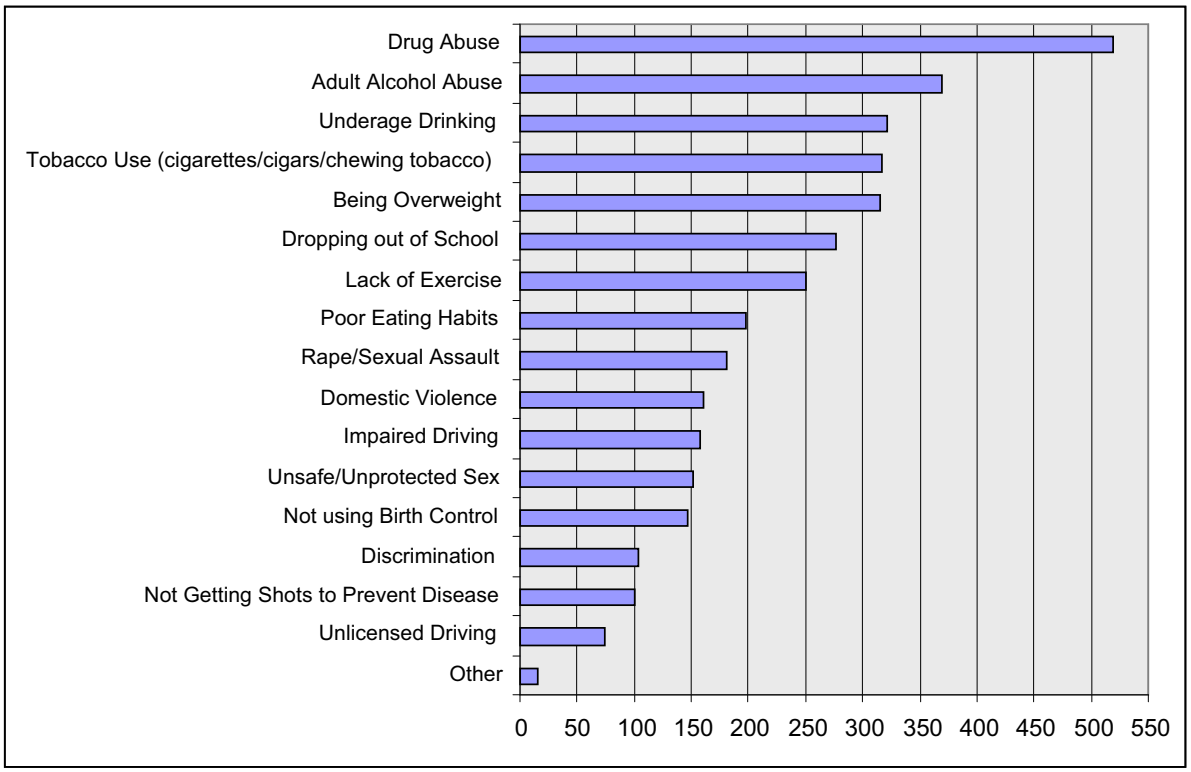
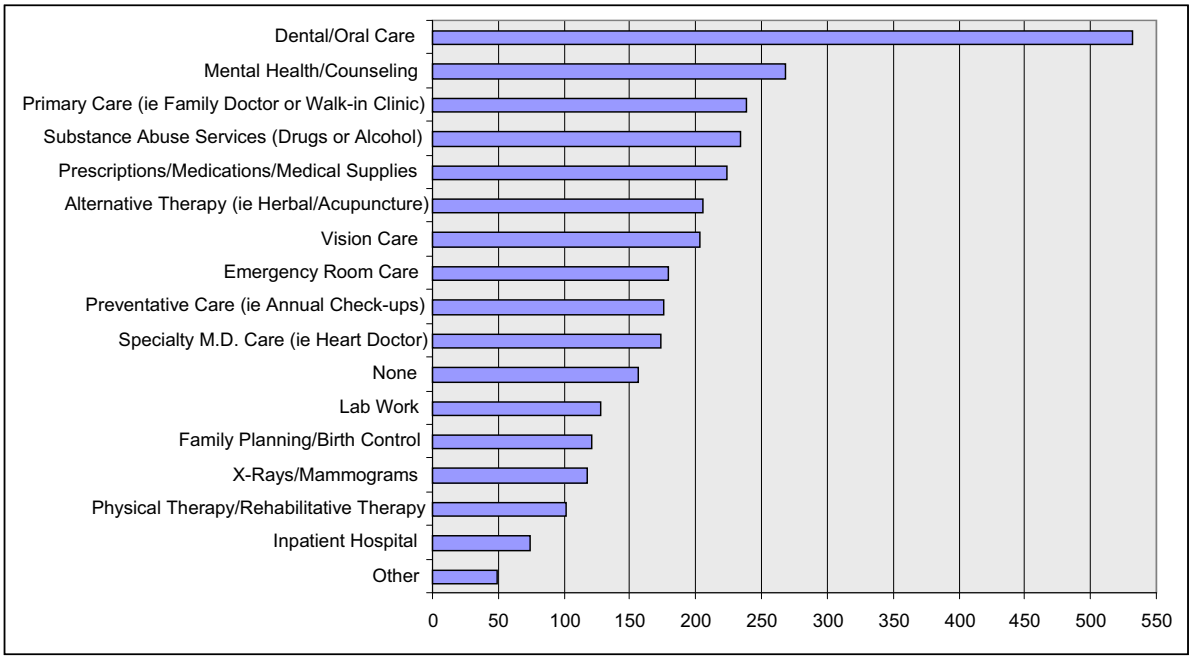


Figure 18: Question #5 – What health care services are difficult to obtain in your community? (Check all that apply):



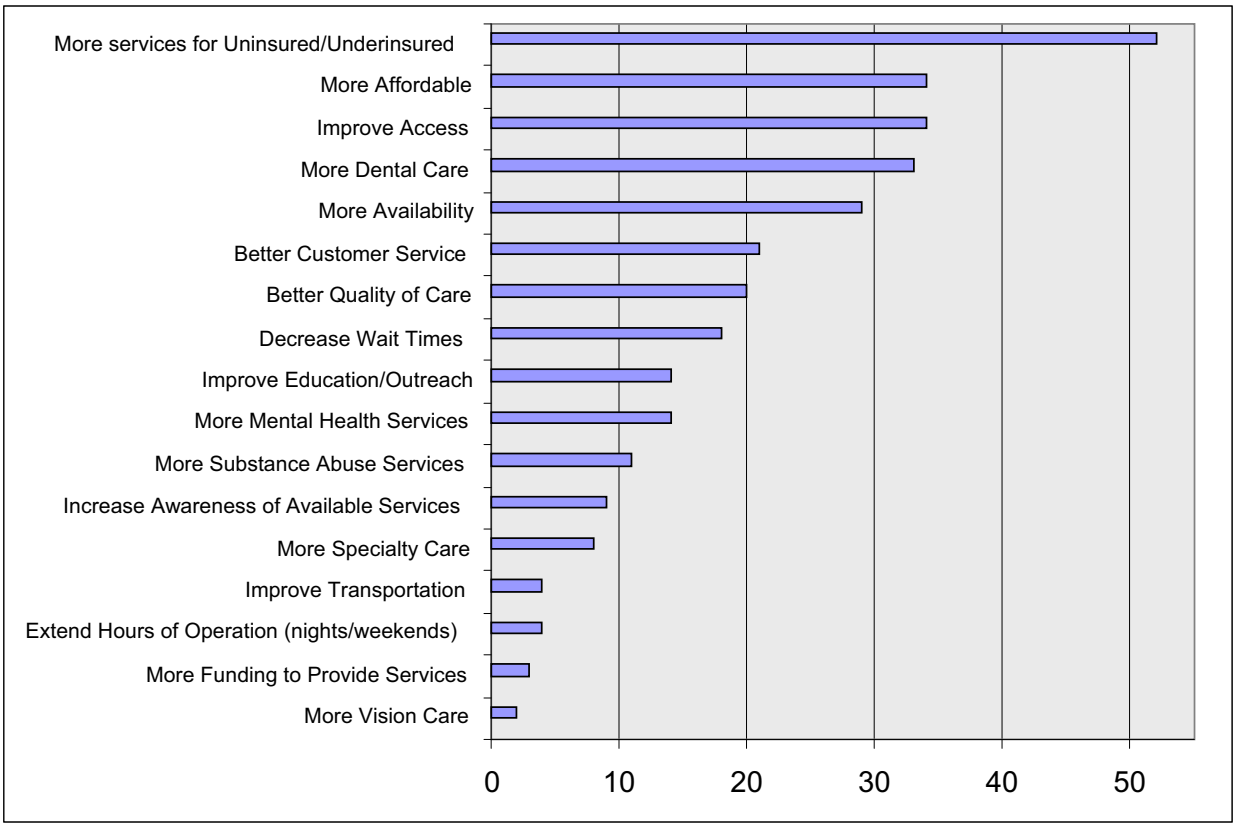
Community Themes & Strengths – continued

Table 13: Question #6 – How do you rate the quality of health services in St. Johns County?

RATING	NUMBER OF RESPONSES	PERCENT
Excellent	188	15%
Good	624	48%
Fair	316	25%
Poor	67	5%
Don't know	45	3%
No response	47	4%

Question #6 had a qualifier, which asked: ***If you answered "Poor" or "Fair", what do you think could be done to improve the quality of health services in St. Johns County?*** A total of 268 verbatim comments were recorded, some which included more than one suggestion for improvement. The results were categorized and are presented below:

Figure 19: Suggestions to Improve the Quality of Health Services in SJC



Community Themes & Strengths – continued

Figure 20: Question #7 – What do you feel are barriers for you in getting health care? (check all that apply):

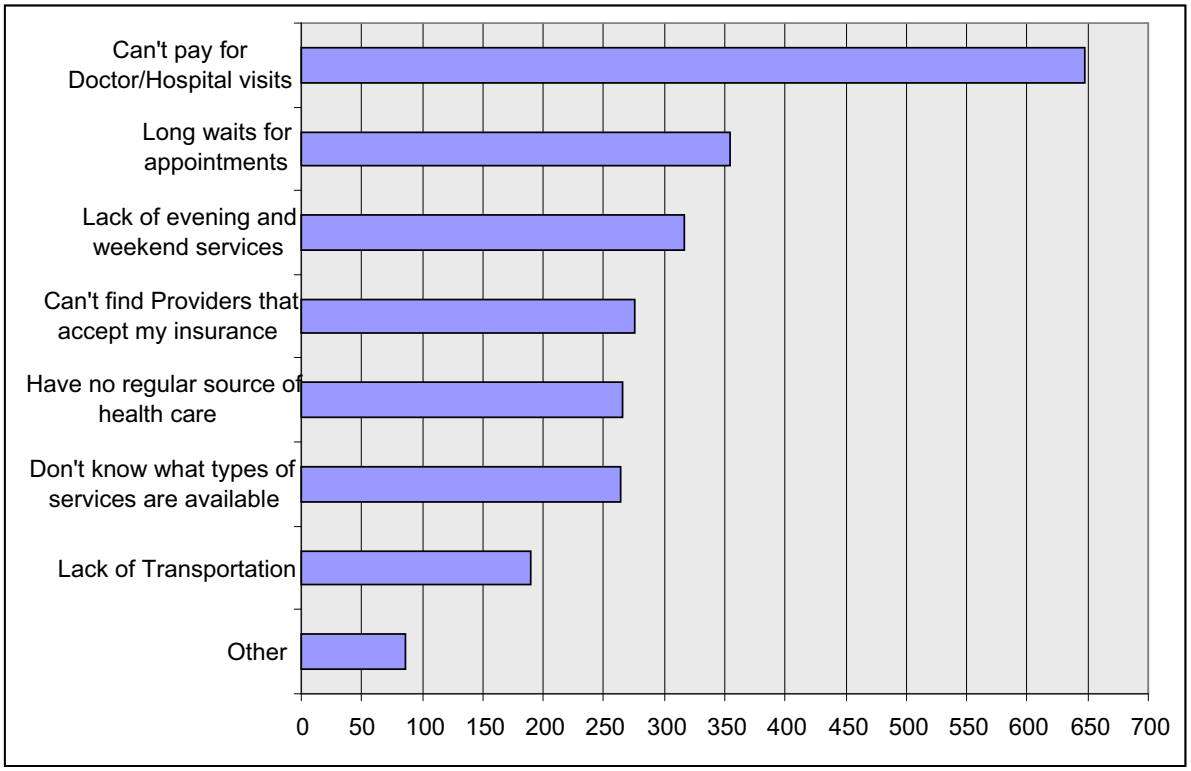
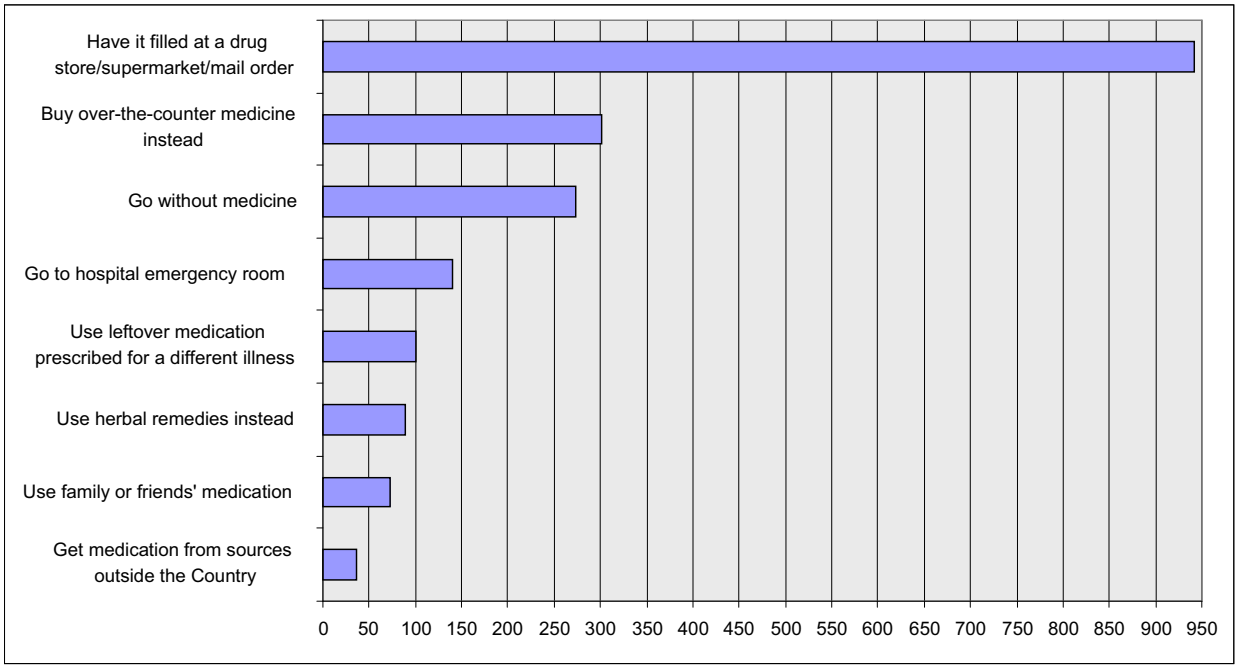


Figure 21: Question #8 – When you need to use prescription medications for an illness, do you: (check all that apply)



Community Themes & Strengths – continued

Figure 22: Question #9 – How is your health care covered? (check all that apply)

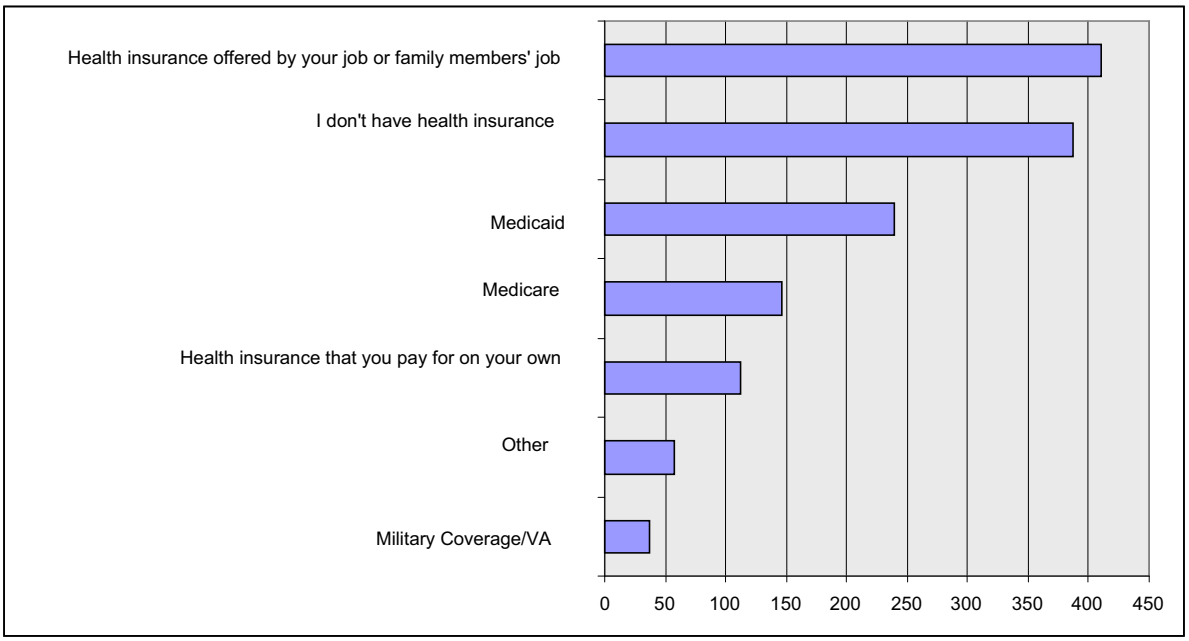


Table 14: Question #10 – Where would you go if you are sick and need a Medical Professional's advice about your health?

METHOD	NUMBER OF RESPONSES	PERCENT
Hospital Emergency Room in St. Johns County	343	27%
Flagler Hospital Primary Care	109	8%
Hospital Emergency Room outside of the County	41	3%
Your Doctor's Office	472	37%
No where – I don't have a place to go when I'm sick	80	6%
The local Health Department	71	6%
Other	66	5%
No response	105	8%

Table 15: Question #11 – Where would you go if your children/dependents are sick and need a Medical Professional's advice about their health?

METHOD	NUMBER OF RESPONSES	PERCENT
Hospital Emergency Room in St. Johns County	282	22%
Flagler Hospital Primary Care	56	4%
Hospital Emergency Room outside of the County	38	3%
Their Doctor's Office	509	40%
No where – We don't have a place to go when we're sick	34	3%
The local Health Department	111	9%
Other	59	5%
No response	198	15%

Community Themes & Strengths – continued

Demographics of Survey Respondents

Approximately 15% of survey respondents did not provide a zip code or provided a zip code for areas outside the St. Johns County community. Of the 1,095 zip codes recorded, the geographical distribution is shown in the table below:

Table 16: Survey Respondents by Zip Code

LOCATION	NUMBER OF RESPONSES	PERCENTAGE
St. Augustine		
32080	138	13%
32084	327	30%
32085	6	1%
32086	231	21%
32092	102	9%
32095	53	5%
Southwestern St. Johns		
32145	108	10%
Hastings/Flagler Estates		
32033	28	3%
Elkton/Armstrong		
Northern St. Johns		
32081	10	1%
Ponte Vedra		
32082	37	3%
Ponte Vedra		
32259	55	5%
St. Johns		

Table 17: Survey Respondents by Age Group

AGE GROUP	NUMBER OF RESPONSES	PERCENT
Under 18	46	4%
18 – 25	178	14%
26 – 39	353	27%
40 – 54	318	25%
55 – 64	172	13%
65 – 74	60	5%
75 and over	46	4%
No response	114	9%

Community Themes & Strengths – continued

Table 18: Survey Respondents by Race/Ethnicity

RACE/ETHNICITY	NUMBER OF RESPONSES	PERCENT
Black/African American	168	13%
Hispanic	53	4%
Native American	18	1%
White/Caucasian	917	71%
Asian/Pacific Islander	15	1%
Other	16	1%
No response	100	8%

Table 19: Survey Respondents by Education (highest level completed)

EDUCATION	NUMBER OF RESPONSES	PERCENT
Elementary/Middle School	68	5%
Technical/Community College	253	20%
Graduate/Advanced Degree	121	9%
High School Diploma or GED	490	38%
4 year College/Bachelor's Degree	247	19%
No response	108	8%

Table 20: Survey Respondents by Employment Status

EMPLOYMENT STATUS	NUMBER OF RESPONSES	PERCENT
Employed Full-Time	438	34%
Employed Part-Time	168	13%
Unemployed	240	19%
Self-Employed	44	3%
Retired	124	10%
Homemaker	81	6%
Student	56	4%
Other	48	4%
No response	88	7%

Table 21: Survey Respondents by Annual Household Income

HOUSEHOLD INCOME	NUMBER OF RESPONSES	PERCENT
Less than $10,000	303	24%
$10,000 - $19,999	214	17%
$20,000 - $29,999	197	15%
$30,000 - $49,999	166	13%
$50,000 - $74,999	110	9%
$75,000 - $99,999	68	5%
$100,000 or more	80	6%
No response	149	12%

Assessment #4: Community Health Status

Purpose

The Community Health Status Assessment answers the questions:

1. *How healthy are our residents?*
2. *What does the health status of our community look like?*

The results of this Assessment provided the St. Johns County Health Leadership Council with an understanding of the County's health status, and identified challenges and opportunities for improvement.

Methodology

As noted by the Centers for Disease Control & Prevention (CDC), health equity is achieved when every person has the opportunity to "*attain his or her full health potential*," and no one is "*disadvantaged from achieving this potential because of social position or other socially determined circumstances*." Health inequities are reflected in differences in length of life; quality of life; rates of disease, disability, and death; severity of disease; and access to treatment.

With this in mind, the Council developed a list of indicators for inclusion in this Assessment. These indicators consist of a combination of the core indicators identified in the MAPP Field Guide, as well as, health outcomes and health factors from the County Health Rankings Report (see below). The indicators in this Assessment will be monitored by the St. Johns County Health Leadership Council.

The CDC monitors select causes of preventable death for the local, state and national levels. This information can be used by the St. Johns County Public Health System, as well as, other communities throughout the United States in assessing the state of health in their community. This information is used to help make decisions on how to address health challenges that contribute to the causes of death.

This Report presents leading causes of death and other vital statistics and health status indicators for St. Johns County. Where appropriate, segmentation of data by age, gender, race, and/or ethnicity may be presented. Comparisons to the state averages as well as those of St. Johns County's "Peer Counties" and "Regional Peers" may also be presented, as available and as appropriate.

Florida "***Peer Counties***" for St. Johns County, as determined by the U.S. Department of Health and Human Service's 2009 Community Health Status Indicators Report, include Collier, Lake, and Manatee counties. For more information on peer counties, please visit the following website: http://www.communityhealth.hhs.gov/

"***Regional Peers***" include Baker, Clay and Nassau Counties. These counties are located within the local metro-area of northeast Florida that are similar in various demographics and have also been compared to as a point-of-reference in previous community health needs assessments for St. Johns County.

Information on "Statistical Significance" and select mortality rates for the St. Johns County community compared to the State Total Average is provided on Page 39 of this Report. Unless otherwise noted, all tables and graphs 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 Rolling rates are used to stabilize the numbers by averaging a three year period of time (i.e. 2007-2009). By using rolling rates, trends can be identified more easily. Age-adjusted rates also allow for fairer comparisons among groups with different age distributions. Unless otherwise noted, age-adjusted rates are calculated using the Year 2000 standard.

Assessment #4: Community Health Status - continued

population proportion. Population estimates are from July 1 of the specified year and are provided by the Office of the Governor. N/A is listed where rates were not readily available at the time of this Report's production.

Healthy People 2020 goals and associated information are referenced in this Report, where applicable. *Healthy People 2020* provides a science-based approach to 10-year national objectives for improving the health of all Americans. *Healthy People 2020* has established benchmarks in order to:

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

For more information, please visit the U.S. Department of Health and Human Service's website for Healthy People 2020 at the following web address: www.healthypeople.gov

It's important to note that data collection and analysis at a national, state and local level takes time to be compiled and analyzed. "Real time" data is difficult to obtain unless estimates and/or provisional data are made available. In most cases, there is at least a three to five year time lag between data collection and a published report. Every effort has been made to provide most recent, reliable data from reputable sources for this Report.

National County Health Rankings

Since 2010, the national ***County Health Rankings*** report, produced by the Robert Wood Johnson Foundation in collaboration with the University of Wisconsin Population Health Institute, shows us that where we live matters to our health.

Health is everybody's business, and health in communities cannot be improved by simply looking at more health care or more services delivered by governmental public health. The purpose of the *County Health Rankings* is to compare counties within states. The health of a community depends on many different factors – ranging from individual health behaviors, education and jobs, to quality of health care, to the environment. This report resulted in the health ranking of almost every county in every state, since 2010.

Ranking the health of counties using not only traditional health outcomes, but also a broad range of health factors, can mobilize action on the part of all areas of the public health system in influencing and affecting a community's health. The *County Health Rankings* reports help community leaders see that where we live, learn, work and play influences how healthy we are, and how long we live.

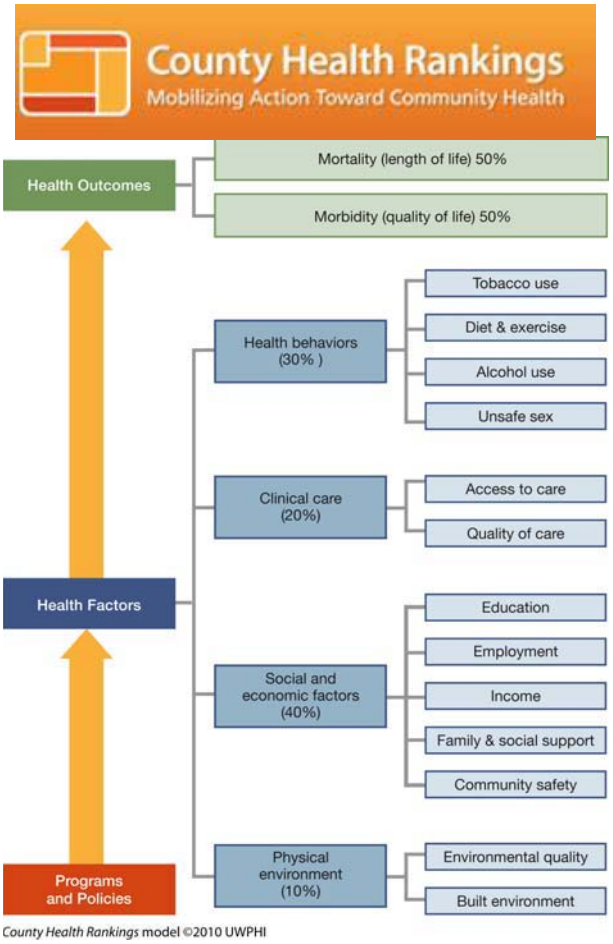


Figure 23: The County Health Rankings Model

National County Health Rankings – continued

As illustrated in the figure below, the County Health Rankings are comprised of two main categories:

- ***Health Outcomes*:** Two types of health outcomes are measured to represent how healthy each county is: how long people live (mortality) and how healthy people feel (morbidity). These outcomes are the result of a collection of health factors and are influenced by programs and policies at the local, state, and federal levels.
- ***Health Factors*:** A number of different health factors shape a community's health outcomes. The *County Health Rankings* model includes four types of health factors: health behaviors, clinical care, social and economic factors, and the physical environment.

County Health Rankings for St. Johns County

There are 67 counties in Florida. St. Johns County's ranking in the State of Florida, as identified in the *County Health Rankings* report, are presented in the tables below.

TABLE 22: ST. JOHNS COUNTY HEALTH RANKING BY CATEGORY

Category	2010 Ranking of 67 Counties	2011 Ranking of 67 Counties
Health Outcomes	2	3
Health Factors	1	1
Source: www.CountyHealthRankings.com		

The rankings by sub-categories (rankings that make up each overall ranking) for St. Johns County, as identified in the *County Health Rankings* report is presented below:

TABLE 23: ST. JOHNS COUNTY HEALTH RANKING BY SUB-CATEGORY

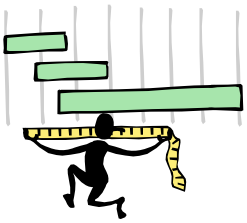
Sub-Category Overall Ranking	2010 Ranking of 67 Counties	2011 Ranking of 67 Counties	Trend
Health Outcomes - Mortality	3	2	↑
Health Outcomes - Morbidity	4	4	***Sustained!***
Health Factors – Healthy Behaviors	8	5	↑
Health Factors – Clinical Care	7	5	↑
Health Factors – Social & Economic Factors	1	1	***Sustained!***
Health Factors – Physical Environment	14	12	↑
Source: www.CountyHealthRankings.com			

National County Health Rankings – continued

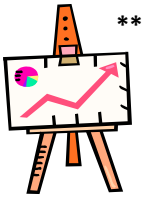
TABLE 24: 2011 SNAPSHOT OF HEALTH OUTCOMES				
Health Outcome Indicators ***St. Johns County Rank = 3rd healthiest of 67 counties!***	St. Johns County Value*	Florida State Value	Target Value**	
Mortality Indicator				
Premature Death *"Years of potential life lost before age 75 per 100,000 population"*	**6,082**	7,896	5,564	↓
Morbidity Indicators				
Poor or fair health *"Percent of adults reporting fair or poor health (age-adjusted)"*	**12%**	16%	10%	↓
Poor physical health days *"Average number of physically unhealthy days reported in past 30 days (age-adjusted)"*	**2.8**	3.5	2.6	↓
Poor mental health days *"Average number of mentally unhealthy days reported in past 30 days (age-adjusted)"*	**3.6**	3.5	2.3	↓
Low birth weight *"Percent of live births with low birth weight (< 2500 grams)"*	**7.4%**	8.5%	6.0%	↓

Source URL: http://www.countyhealthrankings.org/florida/st-johns

*** About the St. Johns County Value**



The St. Johns County value is calculated using multiple years of data in order to stabilize the data and offer a good "snapshot" of a particular health indicator. The values above that are highlighted in **green** favorably exceed the state value. The value that is highlighted in **red** does not favorably exceed the state level.



**** About the Target Value**

The target value is the ***National Benchmark*** or the average value of those counties across the Nation that have ranking in the 90th percentile (i.e. Top 10%). The arrows indicate whether we should be higher or lower than the target value in order to improve health. For example, when looking at "Premature Death", the St. Johns County value is higher than the target value.

Statistical Significance & Select Mortality Rates

It's important to note that in this Report, where appropriate, references to "statistical significance" are made with regard to select mortality rates for the St. Johns County community with comparison to the State Total Average. As explained by the CDC, *"health problems occur for a variety of reasons, including chance. Statistical Significance refers to event or incident outcome… that is larger or smaller than what would be expected by chance alone. Statistical significance is expressed…by a probability value (p-value). P-values are calculated using a statistical formula that values designed to answer the question, "Could a group of…people, who all experienced a common exposure, have had this health problem in common by chance alone?" A finding is considered statistically significant if there is less than a 5% probability (p=.05 or less) that the findings resulted from chance…".* Source: CDC, www.cdc.gov/des/consumers/research/understanding_scientific.html

Mortality Rates & Major Causes of Death

Mortality rates can be key indicators of the "**State of Health**" of a community. A 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.

The table below summarizes age-adjusted death rates for 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.

TABLE 25: MAJOR CAUSES OF DEATH FOR 2009
Standard = Year 2000 Census U.S. Population, Rates per 100,000

Cause of Death	Overall % Of Total Deaths St. Johns County, FL	Average % Of Total Deaths Peer County	Overall % Of Total Deaths Florida
CANCER	27.8	25.6	24
HEART DISEASE	18	24	24.3
CHRONIC LOWER RESPIRATORY DISEASE	5.6	5.6	6
UNINTENTIONAL INJURIES	5	5.8	5.2
STROKE	4.3	5.3	4.9
SUICIDE	2.2	1.8	1.7
ALZHEIMER'S DISEASE	1.8	3.8	2.7
KIDNEY DISEASE	1.8	1.5	1.8
CHRONIC LIVER DISEASE & CIRRHOSIS	1.8	1.4	1.4
DIABETES MELLITUS	1.7	2.2	2.9
PNEUMONIA/INFLUENZA	1.7	0.9	1.4
SEPTICEMIA	1.4	1.0	1.1
PARKINSON'S DISEASE	1.1	1.1	1
BENIGN NEOPLASM	0.7	0.9	0.7
HOMICIDE	0.4	0.6	0.7
HIV/AIDS	0.3	0.4	0.7
PERINATAL CONDITIONS	0.3	0.3	0.5

Source: *Florida Department of Health, Office of Planning, Evaluation & Data Analysis*
www.FloridaCHARTS.com

Where highlighted red, the St. Johns County Rate is unfavorably higher than the State Total Average and/or the Peer County Average.

Where highlighted green, the St. Johns County Rate is favorably lower than both the State Total Average and/or the Peer County Average.

Health Equity

Healthy People 2020 notes that the term "disparities" is often interpreted to mean racial or ethnic disparities; many dimensions of disparity exist in the United States, particularly in health. If a health outcome is seen in a greater or lesser extent between populations, there is disparity. Race or ethnicity, sex, sexual identity, age, disability, socioeconomic status, and geographic location all contribute to an individual's ability to achieve good health. It is important to recognize the impact that social determinants have on health outcomes of specific populations. Over the years, efforts to eliminate disparities and achieve health equity have focused primarily on diseases or illnesses and on health care services. However, the absence of disease does not automatically equate to good health.

Factors which influence an individual's or population's health, also known as *determinants of health,* include the availability of and access to:

- A high-quality education
- Nutritious food
- Decent and safe housing
- Affordable, reliable public transportation
- Culturally sensitive health care providers
- Health insurance
- Clean water and non-polluted air

As noted earlier in this Report, data on race and ethnicity within U.S. populations is captured through the Census Bureau as well as by other federal agencies. A basic difference between ethnicity and race is that race is biological - a result of genetics (skin color, bone structure, hair type) - while ethnicity includes an individual's race, it also includes learned behaviors, customs, and traditions that are generally related to the part of the world from where an individual comes. It's important to understand that some biological and genetic factors affect specific populations more than others. For example, older adults are biologically prone to being in poorer health than adolescents due to the physical and cognitive effects of aging.

The CDC reports that there is compelling evidence that race and ethnicity correlate with persistent, and often increasing, health disparities among U.S. populations. Despite notable progress in the overall health of the Nation, there are continuing disparities in the burden of illness and death experienced by individual racial groups compared to the U.S. population as a whole. The demographic changes anticipated over the next decade magnify the importance of addressing disparities in health status. Groups currently experiencing poorer health status are expected to grow as a proportion of the total U.S. population; therefore, the future health of America as a whole will be influenced substantially by improving the health of these racial and ethnic minorities. A national focus on disparities in health status is particularly important as major changes unfold in the way in which health care is delivered and financed.

TABLE 26
2010 POPULATION ESTIMATES
PERCENT OF POPULATION BY RACE

	St. Johns Co.	FL	National
White	89%	75%	72%
Black/African American.	6%	16%	13%
Asian only	2%	2%	5%
Other	3%	7%	10%

Source: U.S. Census Bureau, 2010

TABLE 27
PERCENT OF POPULATION BY ETHNICITY
HISPANIC / LATINO

	St. Johns Co.	FL	National
Hispanic / Latino	4.9%	22%	16%
Non-Hispanic / Non-Latino	95.1%	78%	84%

Source: U.S. Census Bureau, 2010

Total Mortality Rates by Race

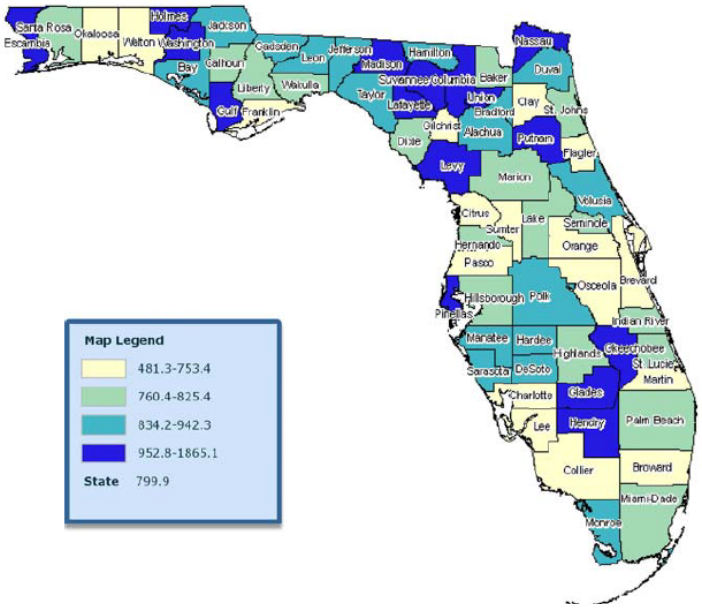
"Mortality rate" is defined as the number of deaths within a given population over a period of time. *St. Johns County ranks in the top quartile (top 25%) for the State as a result of having one of the lowest Total Mortality Rates (all races) in all 67 counties!*

As illustrated in maps below, *St. Johns County ranks in the top two quartiles (top 50%) for the State as a result of having low Mortality Rates by Race in all 67 counties!*

Map Source: 2009 Florida Mortality Atlas, http://www.FloridaCHARTS.com
NOTE: AADR = Age-adjusted Death Rate

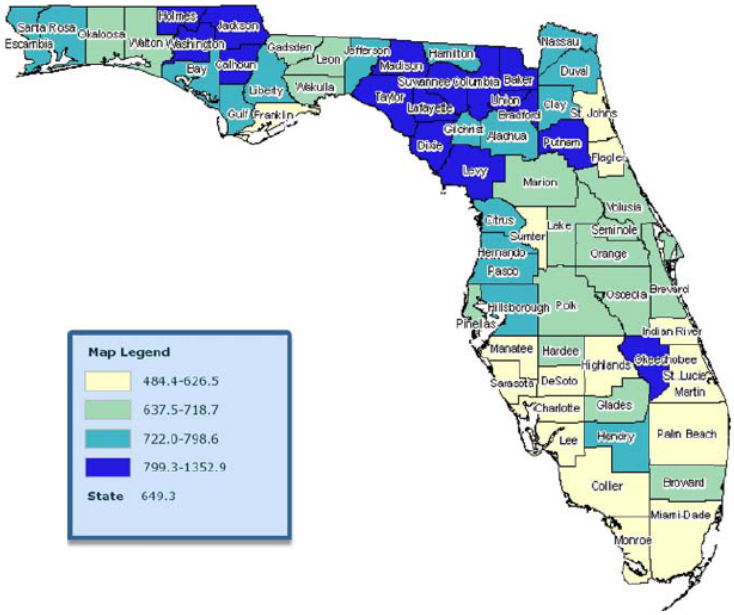
Black

Black 3-Year AADR - All Causes, 2007-2009



White

White 3-Year AADR - All Causes, 2007-2009



Mortality Rates & YPLL

Years of Potential Life Lost

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

Why is this Important?

Mortality data is a fundamental source of demographic, geographic, and cause-of-death information. Premature deaths are deaths that occur before a person reaches an expected age, e.g., age 75. Many of these deaths are considered to be preventable. By examining premature mortality rates across communities and investigating the underlying causes of high rates of premature death, resources can be targeted toward strategies that will extend years of life.

Years of Potential Life Lost (YPLL) Rates

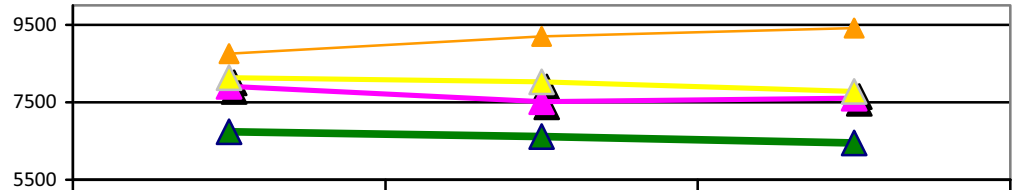
YPLL is an estimate of premature mortality that has been defined as the number of years of life lost among persons who die before a given age. Deaths among younger persons contribute more to the YPLL measure than deaths among older persons. YPLL is based on the number of deaths at each age up to some limit. In the United States, the age limit is generally placed at 75, so those people who die before age 75 are defined as having lost some potential years of life.

As described by Florida CHARTS, the YPLL rate is calculated in the following manner: (1) Calculate (75 – age at death) for all deaths that occurred for a specific cause in a certain county and then (2) add the results of this calculation and calculate a rate per 100,000 population under 75. The YPLL rate is a type of basic rate. It's important to note that deaths that occur at age 75 or greater are excluded from this calculation.

Figure 4-1 - Years of Potential Life Lost < Age 75

Rate per 100,000 Population

Source: County Profile Report, www.FloridaCHARTS.com



	2001-03	2004-06	2007-09
St. Johns County, FL	6736.7	6618.8	6447.2
Peer County Average	7913.1	7516.2	7605.8
State Total Average	8135.0	8024.0	7777.9
Regional Peer Average	8,752.7	9,200.7	9,415.7

NOTE: *Peer Counties, as determined by the U.S. Department of Health & Human Services' Community Health Status Indicators include Collier, Lake, and Manatee Counties. www.communityhealth.hhs.gov/homepage.aspx?j=1 "Regional Peer" includes Baker, Clay and Nassau County.*

The overall trend of YPLL rates is on a slight decline in St. Johns County. YPLL rates for the St. Johns County community are favorably lower than that of the State, the Peer County Average and the Regional Peer Averages.

In the 2011 County Health Rankings Report, St. Johns County ranked number #2 out of 67 counties for this mortality health indicator!

Cancer Death Rate

Indicator: *This indicator shows the age-adjusted death rate per 100,000 population due to cancer.*

Why is this Important?

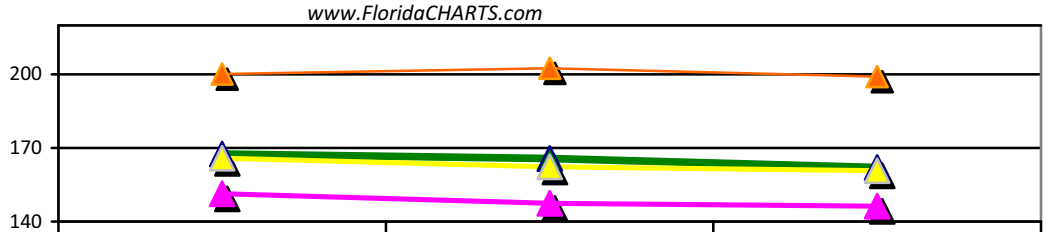
Cancer is a leading cause of death in the United States. Cancer is a diverse group of diseases characterized by uncontrolled growth and spread of abnormal cells. The National Cancer Institute defines cancer as a term used to describe diseases in which abnormal cells divide without control and are able to invade other tissues. There are over 100 different types of cancer and each is classified according to their organ or tissue of origin.

The CDC web-based report for U.S. Cancer Statistics indicates that the three most common cancers among men are Prostate, Lung, and Colorectal cancer. For women, the three most common cancers are breast, lung, and colorectal.

Figure 4-3 - Age-Adjusted Cancer Death Rate per 100,000 Population

3-Year Rolling Rates

www.FloridaCHARTS.com



	2005-2007	2006-2008	2007-2009
St. Johns County, FL	167.5	165.7	162
Peer County Average	151.4	147.4	146.2
State Total Average	165.9	162.3	160.7
Regional Peer Average	200.1	202.5	199.1

The overall trend is on a slight decline. St. Johns County rates parallel those of the State though are slightly higher than that of the Peer County Average but lower than that of the Regional Peer Average.

The Healthy People 2020 target is to reduce the overall cancer death rate to 160.6 deaths per 100,000 population. Since 2005, there has been a slight decline in the age-adjusted cancer death rate. *St. Johns County's 2009 single-year rate is approximately 159.3 deaths per 100,000 population – our community is close to sustaining the Healthy People 2020 target.*

Cancer incidence rates for St. Johns County parallel the State trend but are slightly higher. County rates are favorably lower than that of the Peer County average but slightly higher than the Regional Peer Average.

TABLE 28: AGE-ADJUSTED CANCER INCIDENCE RATE PER 100,000 POP.

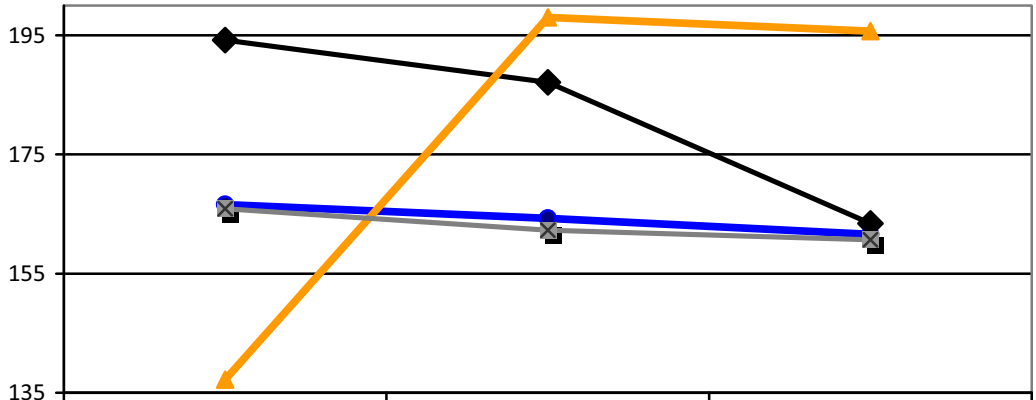
	2003-2005	2004-2006	2005-2007
St. Johns County, FL	563.9	575.5	566.7
Peer County Average	718.2	725.8	724.7
State Total Average	561.0	563.2	565.4
Regional Peer Average	471.3	479.2	491.7

Source: www.FloridaCHARTS.com

Figure 4-4 - Age-Adjusted Cancer Death Rate per 100,000 Population

By Race for St. Johns County - 3-Year Rolling Rates

www.FloridaCHARTS.com



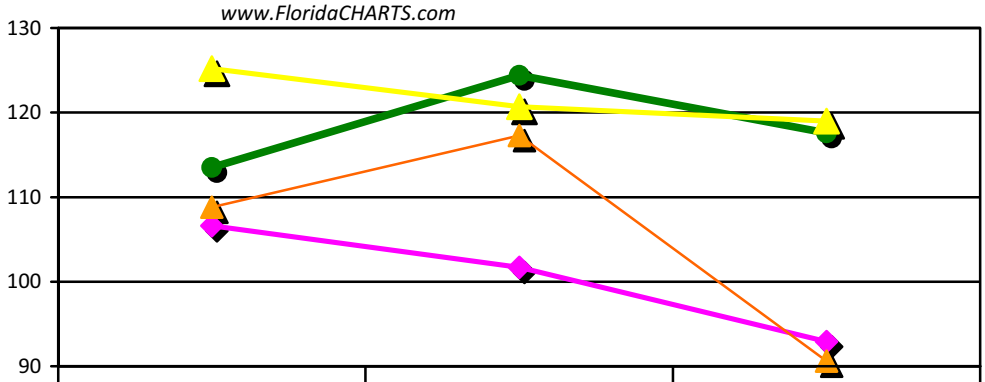
	2005-2007	2006-2008	2007-2009
White	166.6	164.3	161.6
Black	194.2	187.1	163.4
Other - Non-White	137.2	198	195.7
State Total - All Races	165.9	162.3	160.7

While rates for Other Non-White show an increase from 2005 to 2009, overall rates for the Black and White populations in St. Johns County appear to be on a slight decline – similar to the State Total Average (all races).

Figure 4-5 - Age-Adjusted Cancer Death Rate per 100,000 Population

Hispanic Population - All Races - 3-Year Rolling Rates

www.FloridaCHARTS.com



	2005-07	2006-08	2007-09
St. Johns County, FL	113.5	124.4	117.6
Peer County Average	106.6	101.7	92.9
State Total Average (Hispanic)	125.2	120.7	119
Regional Peer Average	108.8	117.3	90.6

St. Johns County rates are similar to the State since 2006, though higher than that of the Peer and Regional Average. Overall, the trends appear to be on a slight decline.

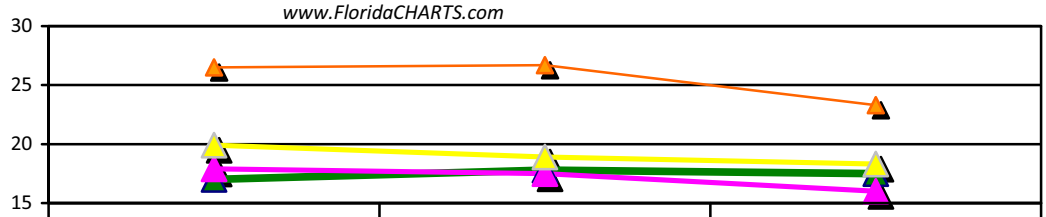
Prostate Cancer Death Rate

Indicator: *This indicator shows the age-adjusted death rate per 100,000 population due to prostate cancer.*

Why is this Important?

The prostate is a gland in the male reproductive system found below the bladder and in front of the rectum. Prostate cancer forms in tissues of the prostate and usually occurs in older men. Aside from non-melanoma skin cancer, prostate cancer is the most common cancer among men in the United States. A leading cause of cancer death among all men, the CDC reports that men have a greater chance of getting prostate cancer if they are 50 years old or older, are African-American, or have a father, brother, or son who has had prostate cancer.

Figure 4-7 - Age-Adjusted Prostate Cancer Death Rate, 3-Year Rolling Rate



	2005-07	2006-08	2007-09
St. Johns County, FL	17.0	17.8	17.5
Peer County Average	17.9	17.5	16.0
State Total Average	19.9	18.9	18.3
Regional Peer Average	26.5	26.7	23.3

With a slight increase in rates from 2005 to 2008, St. Johns County rates parallel the State trend. Although lower than the State, St. Johns County rates are slightly higher than the Peer County average but lower than the Regional Peer Average.

The Healthy People 2020 target is to reduce the overall prostate cancer death rate to 21.2 deaths per 100,000 population. *St. Johns County 3-year rolling rate for 2007-09 rate is 17.5 deaths per 100,000 population – our community has met the Healthy People 2020 target!*

National Cancer Statistics from the CDC

The United States Cancer Statistics: 2007 Incidence and Mortality web-based report

Source: www.cdc.gov

- Leading causes of cancer-deaths among men include:
  - Lung cancer
  - Prostate cancer
  - Liver Cancer
  - Colorectal cancer
- Leading causes of cancer-deaths among women include:
  - Lung cancer
  - Breast cancer
  - Colorectal cancer

Figure 4-8 - Age-Adjusted Prostate Cancer Death Rate per 100,000 Population

By Race for St. Johns County - 3-Year Rolling Rates

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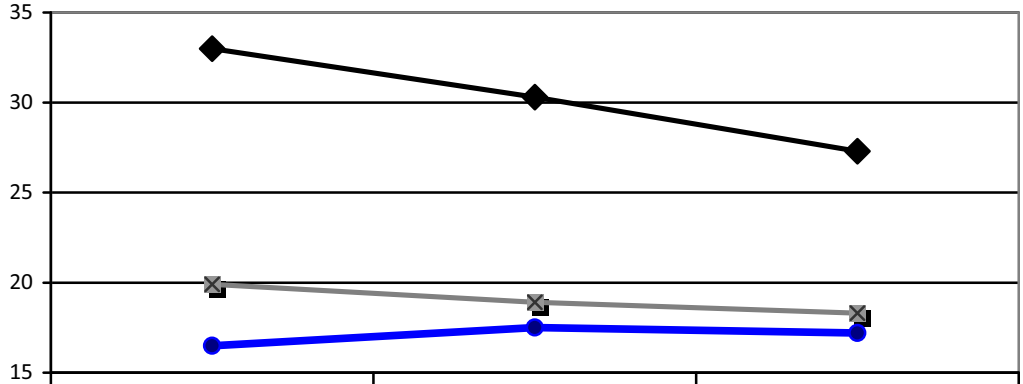

	2005-2007	2006-2008	2007-2009
White	16.5	17.5	17.2
Black	33	30.3	27.3
Other - Non-White	0	0	0
State Total - All Races	19.9	18.9	18.3

Overall, rates for the Black population in St. Johns County appear to be on the decline since 2005 although rates are two-times higher than the White population average and the State Total Average (all races).

Figure 4-9 - Age-Adjusted Prostate Cancer Death Rate per 100,000 Population

Hispanic Population - All Races- 3-Year Rolling Rates

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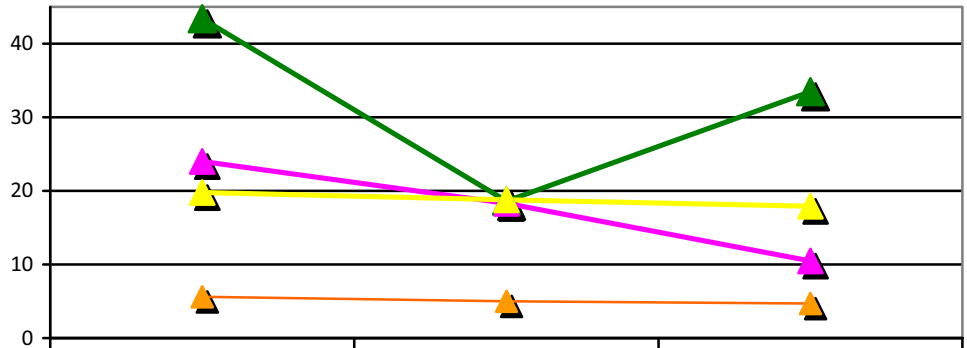


	2005-07	2006-08	2007-09
St. Johns, FL	43.4	18.6	33.5
Peer County Average	24	18.3	10.5
State Total Average (Hispanic)	19.8	18.8	17.9
Regional Peer Average	5.6	5	4.7

Overall, it appears that there is a decline in prostate cancer death rates for the Hispanic population since 2005. The rate for St. Johns County's Hispanic population is almost two-times higher than that of the State average, almost 3-times higher than the Peer County average and almost seven-times higher than the Regional Peer Average.

Breast Cancer Death Rate

Indicator: *This indicator shows the age-adjusted death rate per 100,000 population due to breast cancer.*

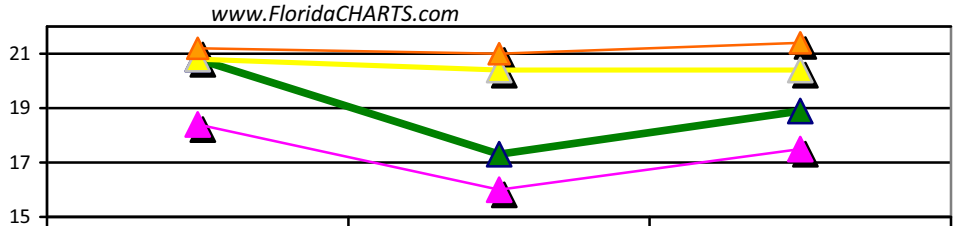
Why is this Important?

Breast cancer is the most common type of cancer among women in the U.S. other than skin cancer. The risk of getting breast cancer varies from place to place throughout the United States. This cancer forms in tissues of the breast, usually the ducts (tubes that carry milk to the nipple) and lobules (glands that make milk). Rates vary between women and men and among people of different ethnicities and ages.

Figure 4-11 - Age-Adjusted Breast Cancer Death Rate per 100,000 Population

3-Year Rolling Rates

www.FloridaCHARTS.com



	2005-2007	2006-2008	2007-2009
St. Johns County, FL	20.8	17.3	18.9
Peer County Average	18.4	16	17.5
State Total Average	20.8	20.4	20.4
Regional Peer Average	21.2	21	21.4

Breast cancer death rates for St. Johns County are lower than the State and Regional Peer Averages. While parallel to the trend of the Peer County Average, St. Johns County rates are slightly higher.

The Healthy People 2020 national health target is to reduce the breast cancer death rate to 20.6 deaths per 100,000 females. *At a current rate of 18.9 deaths per 100,000 females, the St. Johns County community has met and exceeded this national health target!*

In the 2011 County Health Rankings Report, a morbidity health indicator for "Access to Care" is the percent of women who receive mammography screenings. *At 69.8%, St. Johns County ranked number 21 out of 67 counties!*

2010 Breast Cancer Estimates

Source Info: ***http://ww5.komen.org/BreastCancer/Statistics.html#state***

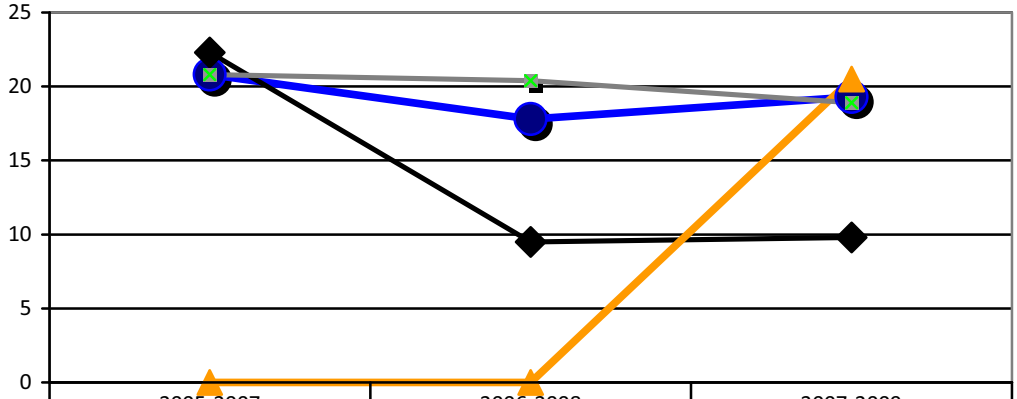
In 2010, it was estimated that among U.S. women there were:

- 207,090 new cases of invasive breast cancer (includes new cases of primary breast cancer among survivors, but not recurrence of original breast cancer among survivors)
- 54,010 new cases of in situ breast cancer (includes ductal carcinoma in situ (DCIS) and lobular carcinoma in situ (LCIS), of those, about 85 percent were DCIS)
- 39,840 breast cancer deaths

Figure 4-12 - Age-Adjusted Breast Cancer Death Rate per 100,000 Population

By Race for St. Johns County

www.FloridaCHARTS.com



	2005-2007	2006-2008	2007-2009
White	20.8	17.8	19.3
Black	22.3	9.5	9.8
Other - Non-White	0	0	20.5
State Total - All Races	20.8	20.4	18.9

A decline in Breast Cancer Rates for St. Johns County's Black population can be observed from 2005 to 2009. Rates for St. Johns County's Black population are lower than the State Total Average (all races) and rates for the White and Other Non-white populations. Breast Cancer Rates for St. Johns County's White population are lower than that of the State Total Average (all races) and slightly lower than the most recent rate for the Other Non-white population but are almost two-times higher than the Black population.

Figure 4-13 - Age-Adjusted Breast Cancer Death Rate per 100,000 Population

Hispanic Population - All Races - 3-Year Rolling Rates

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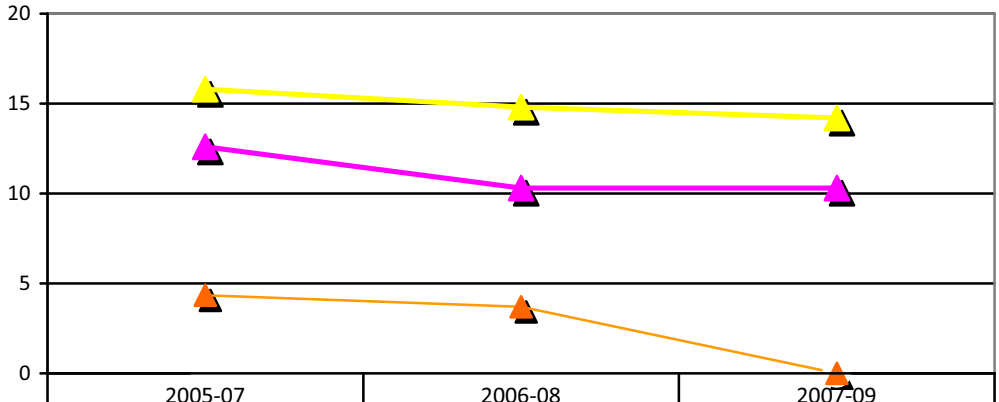


	2005-07	2006-08	2007-09
St. Johns County, FL	0	0	0
Peer County Average	12.6	10.3	10.3
State Total Average (Hispanic)	15.8	14.8	14.2
Regional Peer Average	4.3	3.7	0.0

According to data accessed via Florida Charts, the 3-year rolling rate for breast cancers deaths in the Hispanic population from 2005 to 2009 was zero. This is significantly lower the State, Peer County, and Regional Peer Averages.

Colorectal (Colon) Cancer Death Rate

Indicator: *This indicator shows the age-adjusted death rate per 100,000 population due to colorectal cancer.*

Why is this Important?

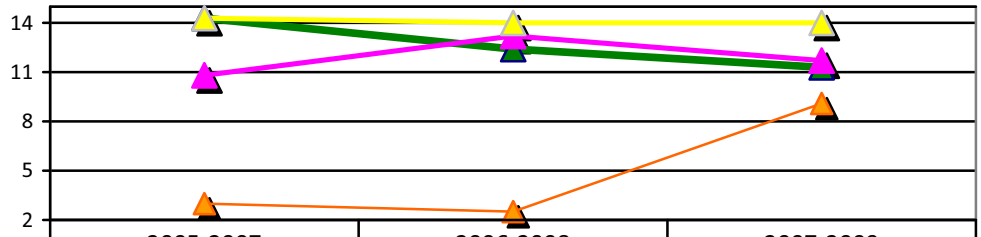
Colon cancer is defined as a cancer that forms in the tissues of the colon (the longest part of the large intestine). Colorectal cancer affects men and women of all racial and ethnic groups, and is most often found in people aged 50 years or older. No one knows the exact cause(s) of colorectal cancer; however, there are risk factors, such as age, that increase the risk of developing colorectal cancer. Other risk factors include (1) presence of colorectal polyps; (2) family history of colorectal cancer, (3) diet and (4) smoking. Through screening, pre-cancerous polyps (abnormal growths in the colon or rectum) can be identified and removed before turning into cancer. According to the CDC, the 5-year relative survival rate for colorectal cancer is 90% when it is found early and treated.

Figure 4-15 - Age-Adjusted Colorectal Cancer Death Rate per 100,000 Population

3-Year Rolling Rates

Source: Univerity of Miami Medical School's Florida Cancer Data System

via www.FloridaCHARTS.com



	2005-2007	2006-2008	2007-2009
St. Johns County, FL	14.3	12.4	11.3
Peer County Average	10.8	13.2	11.7
State Total Average	14.3	14.0	14.0
Regional Peer Average	3.0	2.5	9.1

The trend for colon cancer death rates in St. Johns County is on a slight decline. Rates for St. Johns County are slightly lower that the State and Peer County Averages but slightly higher than that of the Regional Peer Average.

The Healthy People 2020 national health target is to reduce the colorectal cancer death rate to 14.5 deaths per 100,000 population. *St. Johns County's most recent rate is approximately 11.3 deaths per 100,000 population – our community has met the Healthy People 2020 target!*

Facts from National Cancer Institute 2010

Estimated new cases and deaths from colon and rectal cancer in the United States in 2010:

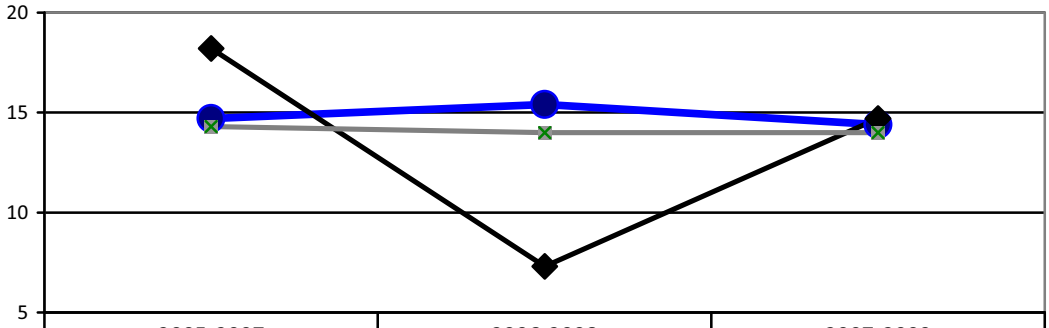
- *New cases: 102,900 (colon); 39,670 (rectal)*
- *Deaths: 51,370 (colon and rectal combined)*

Source: National Cancer Institute; www.cancer.gov/cancertopics/types/colon-and-rectal

Figure 4-16 - Age-Adjusted Colorectal Cancer Death Rate per 100,000 Population

By Race for St. Johns County - 3-Year Rolling Rates

www.FloridaCHARTS.com



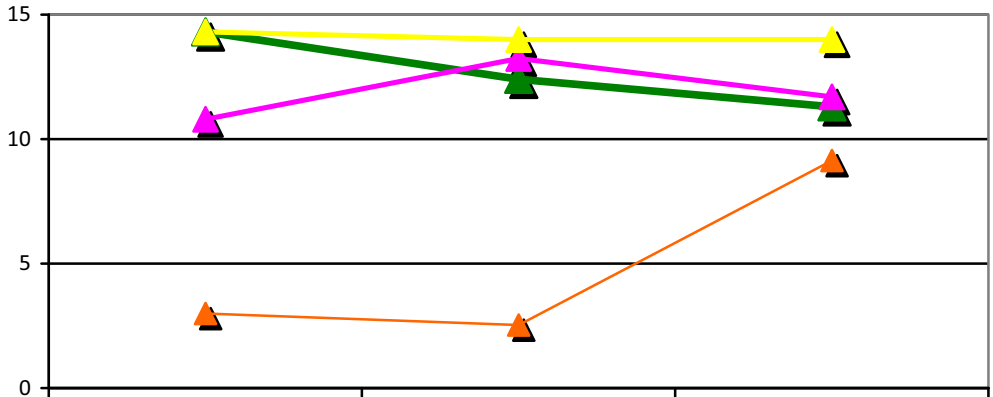
	2005-2007	2006-2008	2007-2009
White	14.7	15.4	14.4
Black	18.2	7.3	14.7
Other - Non-White	0	0	0
State Total - All Races	14.3	14	14

Colorectal cancer deaths for St. Johns County's Black population experienced a decline between 2006 and 2008. Rates for the St. Johns County White population have remained level since 2005 and are similar to that of the State. According to data accessed via Florida Charts, the 3-year rolling rate for colorectal cancer deaths for the Other non-white population from 2005 to 2009 was zero.

Figure 4-17 - Age-Adjusted Colorectal Cancer Death Rate per 100,000 Population

Hispanic Population - All Races - 3-Year Rolling Rates

www.FloridaCHARTS.com



	2005-07	2006-08	2007-09
St. Johns County, FL	14.3	12.4	11.3
Peer County Average	10.8	13.2	11.7
State Total Average (Hispanic)	14.3	14.0	14.0
Regional Peer Average	3.0	2.5	9.1

Colorectal cancer rates for St. Johns County's Hispanic population are on the decline and are slightly lower than rates of both the State and Peer County averages but are higher than the Regional Peer Average.

Lung Cancer Death Rate

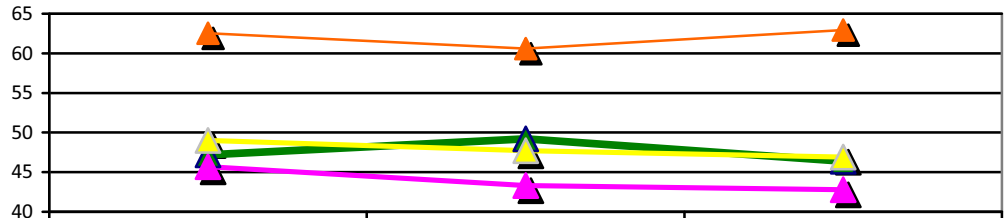
Indicator: *This indicator shows the age-adjusted death rate per 100,000 population due to lung cancer.*

Why is this Important?

Lung Cancer is a leading cause of death in the United States. Lung cancers are cancers that begin in the lungs. Other types of cancers may spread to the lungs from other organs. However, these are not lung cancers because they did not start in the lungs. Lung cancer is the second most common cancer for all males in the U.S. as well as, White and American Indian/Alaska Native females, and the third most common cancer among Black, Asian/Pacific Islander, and Hispanic females. According to the National Cancer Institute, new estimates indicate that there were 222,520 new cases of lung cancer diagnosed and there were approximately 157,300 lung cancer deaths during 2010.

Figure 4-19 - Age-Adjusted Lung Cancer Death Rate 3-Year Rolling Rates

Source: Univerity of Miami Medical School's Florida Cancer Data System via www.FloridaCHARTS.com



	2005-2007	2006-2008	2007-2009
St. Johns County, FL	47.2	49.2	46.4
Peer County Average	45.7	43.3	42.8
State Total Average	49	47.7	46.9
Regional Peer Average	62.5	60.6	62.9

The trend for Lung Cancer Death rates in St. Johns County is similar to that of the State. Recent rates for St. Johns County are lower than the Regional Peer Average but slightly higher than that of the Peer County average.

The Healthy People 2020 national health target is to reduce the lung cancer death rate to 45.5 deaths per 100,000 population. *St. Johns County's most recent rate is approximately 46.4 deaths per 100,000 population – our community is very close to meeting the Healthy People 2020 target!*

Facts from American Lung Association

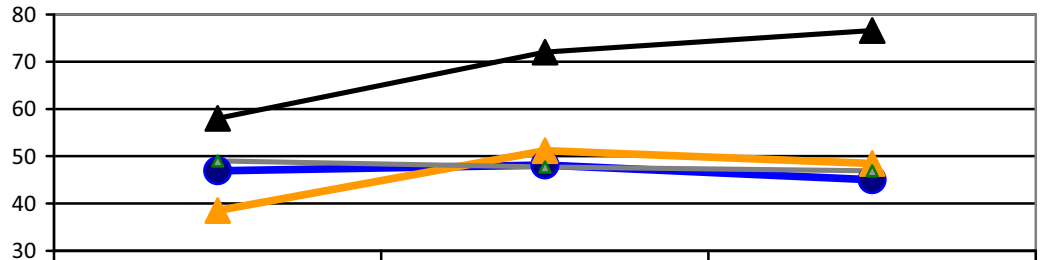
The U.S. Surgeon General estimates that 90 percent of lung cancer deaths in men and 80 percent in women are caused by smoking. Men and women who smoke are 23 and 13 times, respectively, more likely to develop lung cancer. Nonsmokers have a 20 to 30 percent greater chance of developing lung cancer if they are exposed to secondhand smoke at home or work. Exposure to secondhand smoke causes approximately 3,400 lung cancer deaths among nonsmokers each year.

Source Info: *http://www.lungusa.org/assets/documents/publications/solddc-chapters/lc.pdf*

Figure 4-20 - Age-Adjusted Lung Cancer Death Rate per 100,000 Population

By Race for St. Johns County - 3-Year Rolling Rates

www.FloridaCHARTS.com



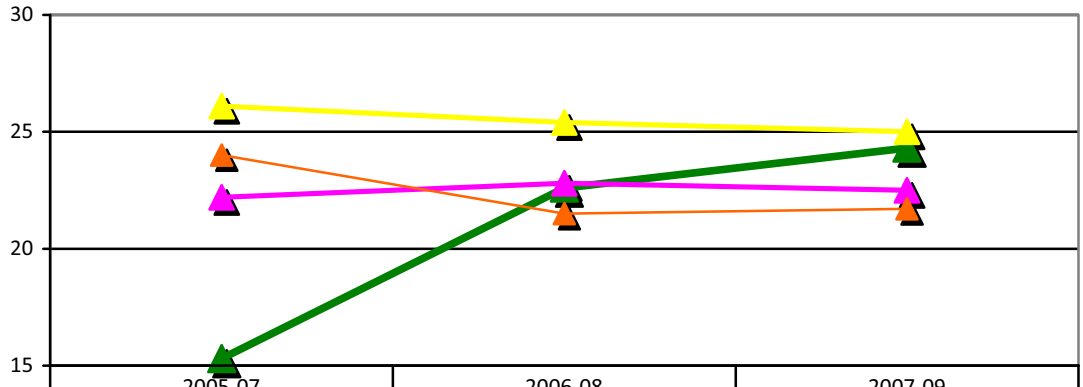
	2005-2007	2006-2008	2007-2009
White	46.9	48.1	45
Black	58	72	76.6
Other - Non-White	38.5	51.2	48.5
State Total - All Races	49	47.7	46.9

While similar trends are observed, lung cancer rates for St. Johns County's Black population are almost double that of the recent rates for the White and Other Non-white populations, as well as the State Total Average (all races).

Figure 4-21 - Age-Adjusted Lung Cancer Death Rate per 100,000 Population

Hispanic Population - All Races - 3-Year Rolling Rates

www.FloridaCHARTS.com



	2005-07	2006-08	2007-09
St. Johns County, FL	15.3	22.6	24.3
Peer Average	22.2	22.8	22.5
State Total Average	26.1	25.4	25
Regional Peer Average	24	21.5	21.7

An increase in the Lung Cancer death rates for St. Johns County is observed between 2005 and 2009. Most recent rates for St. Johns County are lower than that of the State but slightly higher than that of the Peer County and Regional Peer Averages.

Melanoma Skin Cancer Death Rate

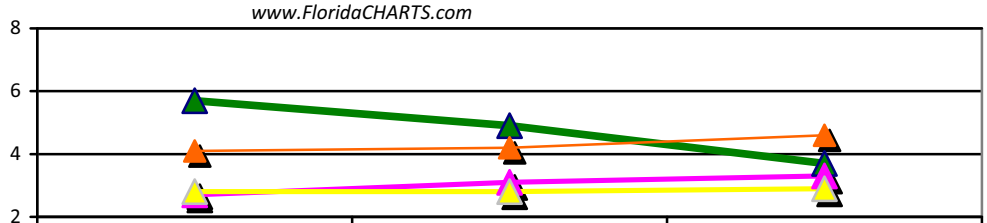
Indicator: *This indicator shows the age-adjusted death rate per 100,000 population due to melanoma skin cancer.*

Why is this Important?

In the U.S., the percentage of people who develop melanoma has more than doubled in the past 30 years. This cancer, cutaneous melanoma, begins in melanocytes which are the cells that make the pigment melanin. It may begin in a mole (skin melanoma), but can also begin in other pigmented tissues, such as in the eye or in the intestines. Sunburns are a significant risk factor for the development of skin cancers. According to the National Cancer Institute, most recent estimates indicate that 68,130 people were diagnosed with melanoma cancer and there were approximately 8,700 melanoma skin cancer deaths during 2010 in the United States.

Figure 4-23 - Age Adjusted Melanoma Death Rate, 3-Year Rolling Rates

www.FloridaCHARTS.com



	2005-07	2006-08	2007-09
St. Johns County, FL	5.7	4.9	3.7
Peer County Average	2.7	3.1	3.3
State Total Average	2.8	2.8	2.9
Regional Peer Average	4.1	4.2	4.6

As illustrated above, St. Johns County's melanoma skin cancer death rates have declined. Rates for St. Johns County are slightly higher than that of the State and Peer County Averages but are lower than the Regional Peer Average.

The Healthy People 2020 national health target is to reduce the Melanoma Skin Cancer death rate to 2.4 deaths per 100,000 population. It's important to note that since 2007, rates for St. Johns County have been on the decline. *The single-year Melanoma Skin Cancer Death Rate for St. Johns County during 2009 is 1.9 deaths per 100,000 population – our community has met the Healthy People 2020 target!*

2010 Facts – Melanoma Skin Cancer from the Skin Cancer Foundation

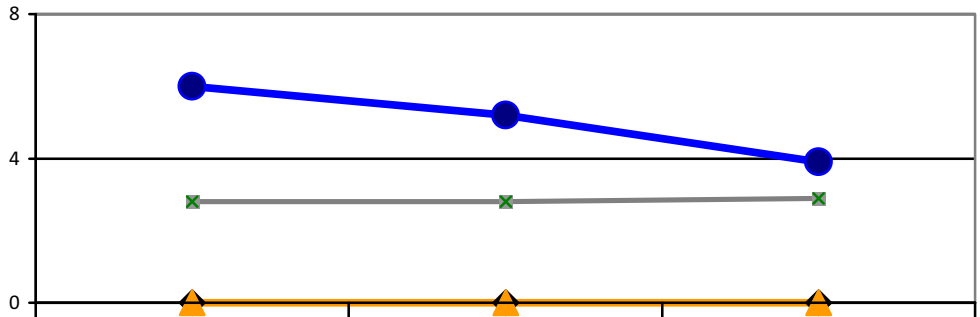
- *An estimated 114,900 new cases of melanoma were diagnosed in the U.S. in 2010 with nearly 8,700 resulting in death.*
- *Melanoma accounts for less than five percent of skin cancer cases, but it causes more than 75 percent of skin cancer deaths.*
- *Women aged 39 and under have a higher probability of developing melanoma than any other cancer except breast cancer.*

Source: Skin Cancer Fact Sheet, www.skincancer.org/Skin-Cancer-Facts

Figure 4-24 - Age-Adjusted Melanoma Cancer Death Rate per 100,000 Population

By Race - St. Johns County - 3-Year Rolling Rates

Source: www.FloridaCHARTS.com



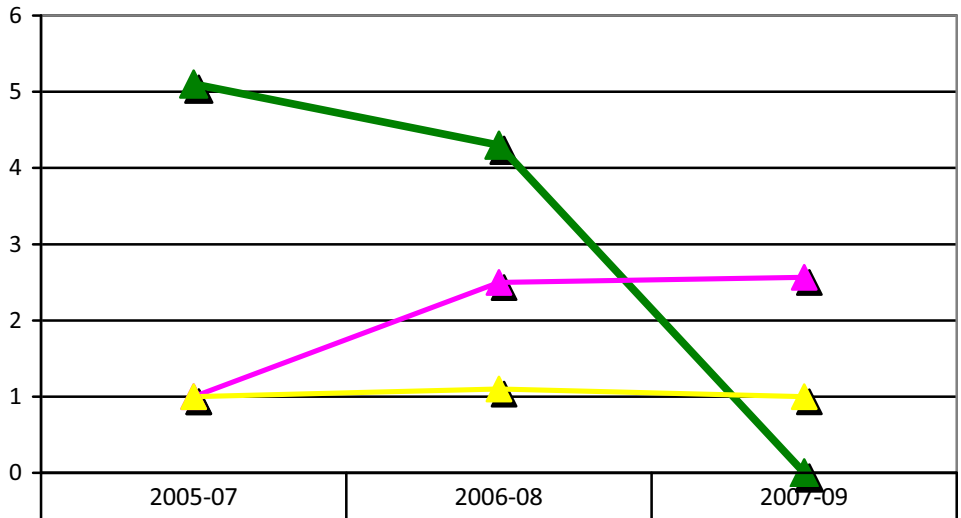
	2005-2007	2006-2008	2007-2009
White	6	5.2	3.9
Black	0	0	0
Other - Non-White	0	0	0
State Total- All Races	2.8	2.8	2.9

Melanoma skin cancer death rates for St. Johns County's White population have declined since 2005 and are slightly higher than the overall State Total Average (all races). According to data accessed via Florida Charts, the 3-year rolling rates for Melanoma skin cancer death for the Black and Other Non-white population from 2005 to 2009 were zero.

Figure 4-25 - Age-Adjusted Melanoma Cancer Death Rate per 100,000 Population

Hispanic Population - All Races - 3-Year Rolling Rates

www.FloridaCHARTS.com



	2005-07	2006-08	2007-09
St. Johns County, FL	5.1	4.3	0.0
Peer County Average	1.0	2.5	2.6
State Total Average (Hispanic)	1.0	1.1	1.0

While previously higher than the State and Peer County Averages, St. Johns County's skin cancer death rates for the Hispanic population have declined since 2005.

Heart Disease Death Rate

Indicator: *This indicator shows the age-adjusted death rate per 100,000 population due to heart disease.*

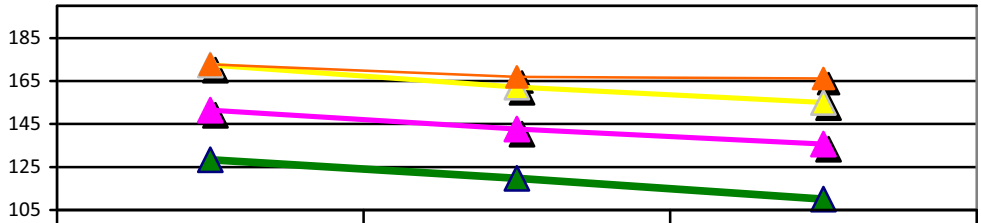
Why is this Important?

Heart disease is a leading cause of death for men and women in the United State. Impacts from this disease are among the most widespread and costly health problems facing our nation today, yet they also are among the most preventable. Cardiovascular diseases, including heart disease and stroke, account for more than one-third (34.3%) of all U.S. deaths. Nationally, coronary heart disease makes up the majority of heart disease deaths. For 2010, the CDC has estimated that the cost of cardiovascular diseases, including health care expenditures and lost productivity from deaths and disability, have exceeded more than $503 billion dollars.

Figure 4-26 -Age Adjusted Heart Disease Death Rate per 100,000 Population

3-Year Rolling Rates

www.FloridaCHARTS.co m



	2005-2007	2006-2008	2007-2009
St. Johns County, FL	128.4	119.8	110
Peer County Average	151.4	142.7	135.6
State Total Average	172.5	162.2	155
Regional Peer Average	172.7	166.9	166.2

Overall, the trend for heart disease death rates is on a slight decline. Rates for St. Johns County are statistically lower than the State Average (p-value=.001). Rates are also lower that that of the Peer County and Regional Peer Averages.

The Healthy People 2020 national health target is to reduce the coronary heart disease death rate to 100.8 deaths per 100,000 population. *At a current rate of 110 per 100,000 population, the St. Johns County community is close to meeting this national health target!*

Facts on Heart Disease from the CDC

Source: ***http://www.cdc.gov/heartdisease/facts.htm***

For people with heart disease, studies have shown that lowering cholesterol and blood pressure levels can reduce the risk of:

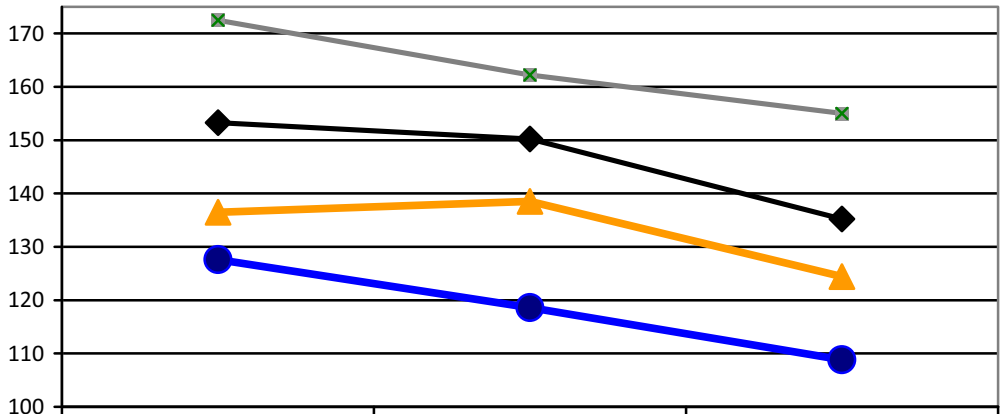
- Dying from heart disease.
- Having a nonfatal heart attack.
- Needing heart bypass surgery or angioplasty.
- For people without heart disease, lowering cholesterol and blood pressure levels can reduce the risk for developing heart disease.

Mortality Rates & Heart Disease – continued

Figure 4-27 - Age-Adjusted Heart Disease Death Rate per 100,000 Population

By Race - St. Johns County - 3-Year Rolling Rates

www.FloridaCHARTS.com



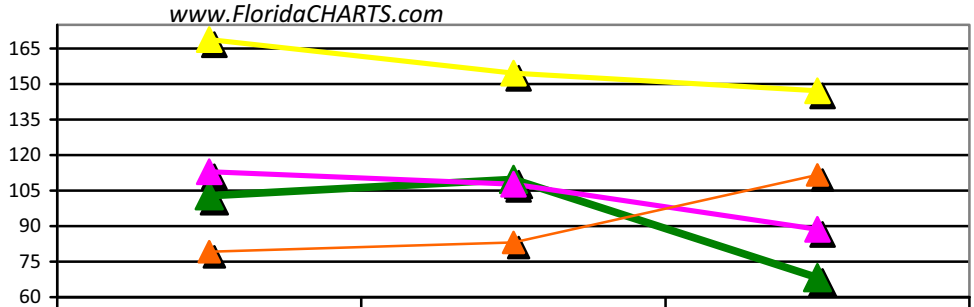
	2005-2007	2006-2008	2007-2009
White	127.6	118.6	108.8
Black	153.3	150.2	135.2
Other - Non-White	136.5	138.5	124.4
State Total - All Races	172.5	162.2	155

Overall, the trend for heart disease death rates is on a decline. Rates for St. Johns County's White population are lower than rates for Black and Other Non-White populations as well as the State Total Average (all races).

Figure 4-28 - Age-Adjusted Coronary Heart Disease Death Rate per 100,000 Population

Hispanic Population - All Races -3-Year Rolling Rates

www.FloridaCHARTS.com



	2005-07	2006-08	2007-09
St. Johns County, FL	102.9	109.7	68.2
Peer County Average	113	107.7	88.6
State Total Average (Hispanic)	168.8	154.6	147.1
Regional Peer Average	79.2	83.1	111.6

Rates for the Hispanic population in St. Johns County have declined since 2005 and are lower than the State, Peer and Regional Peer County Averages.

Stroke Death Rate

Indicator: *This indicator shows the age-adjusted death rate per 100,000 population due to Stroke.*

Why is this Important?

A stroke occurs when blood vessels carrying oxygen to the brain become blocked (or burst), thereby cutting off the brain's supply of oxygen. Lack of oxygen causes brain cells to die which can lead to death or disability. Each year, approximately 795,000 people in the U.S. will suffer a new or recurrent stroke. Although people of any age could experience a stroke, the risk for stroke more than doubles with each decade of life for those that are 55 and older. The most important modifiable risk factors for stroke are high blood pressure, high cholesterol and diabetes.

Figure 4-29 - Age-Adjusted Stroke Death Rate per 100,000 Population

3-Year Rolling Rates

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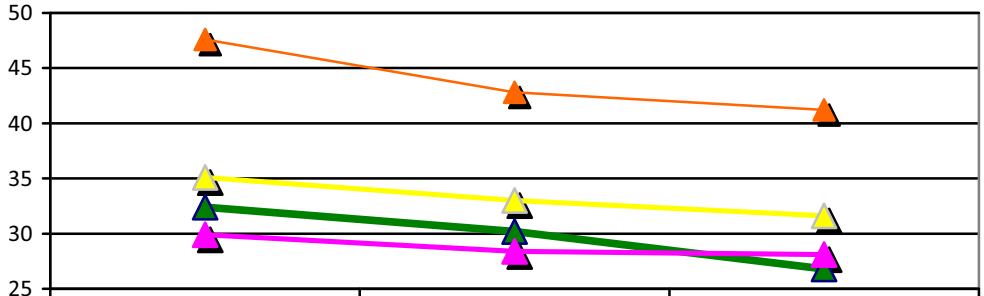

	2005-07	2006-08	2007-09
St. Johns County, FL	32.4	30.2	26.8
Peer County Average	29.9	28.4	28.1
State Total Average	35.1	33	31.6
Regional Peer Average	47.6	42.8	41.2

The overall trend for Stroke Death is on the decline. Most recent rates for St. Johns County are statistically lower than that of the State Average (p-value = 0.03). Recent rates for St. Johns County are also lower than the Peer County and Regional Peer Averages.

The Healthy People 2020 national health target is to reduce the stroke deaths to 33.8 deaths per 100,000 population. *At the current rate of 26.8 deaths per 100,000 population, the St. Johns County community has met and exceeded the national health target!*

Stroke Risk Factors from the CDC

You can't control some stroke risk factors, such as heredity, age, gender, and ethnicity. However, some conditions, including high blood pressure, high cholesterol, heart disease, diabetes, overweight or obesity, and previous stroke or transient ischemic attack (TIA), can raise also your stroke risk.
Risk for stroke can be reduced by not smoking, limiting or abstaining from alcohol, and by getting regular exercise.

Source: ***www.cdc.gov/dhdsp/data_statistics/fact_sheets/fs_stroke.htm***

Figure 4-30 - Age-Adjusted Stroke Death Rate per 100,000 Population

By Race - St. Johns County - 3-Year Rolling Rates

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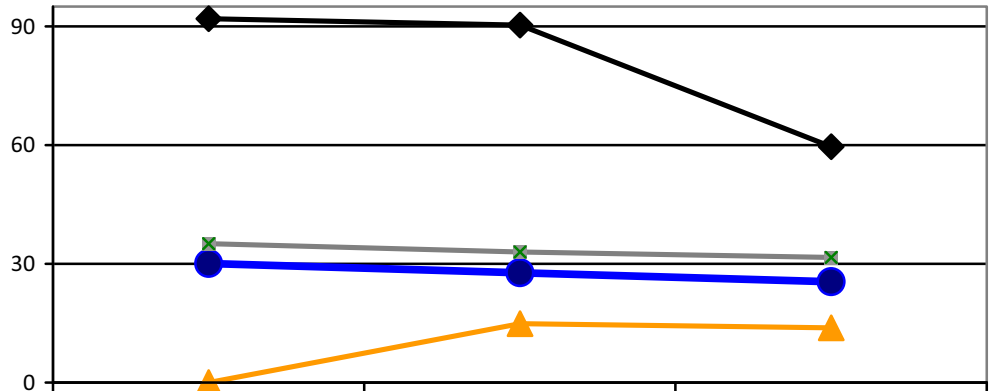

	2005-2007	2006-2008	2007-2009
White	30.1	27.7	25.5
Black	91.9	90.3	59.6
Other - Non-White	0	14.9	13.8
State Total - All Races	35.1	33	31.6

Rates for St. Johns County's Black population are approximately two-times higher than the State Total Average (all races) and rates for the White and Other Non-white populations but have declined since 2006. Rates for St. Johns County's White population are slightly lower than the State Total Average (all races) but higher than rates for the Other Non-white population.

Figure 4-31 - Age-Adjusted Stroke Death Rate per 100,000 Population

Hispanic Population - All Races - 3-Year Rolling Rates

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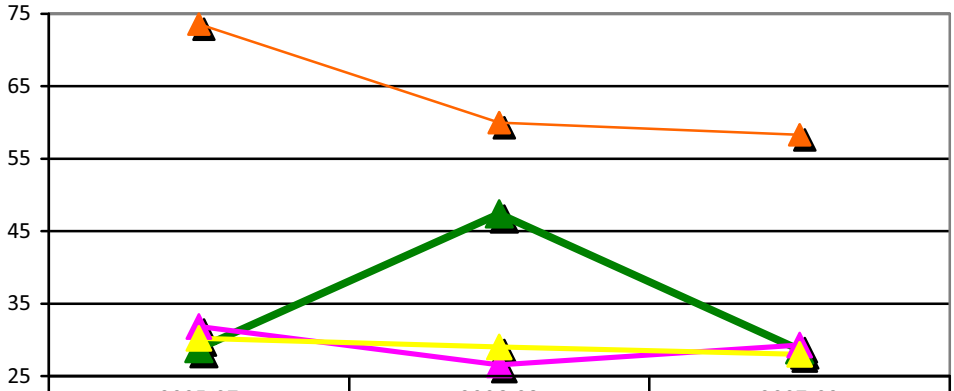


	2005-07	2006-08	2007-09
St. Johns County, FL	28.8	47.4	28.6
Peer County Average	31.8	26.5	29.3
State Total Average (Hispanic)	30.2	29.0	28.0
Regional Peer Average	73.6	60	58.3

St. Johns County stroke death rates in the Hispanic population spiked between 2006 and 2008. Most recent rates are similar to that of the State and the Peer County Averages.

Chronic Lower Respiratory Disease Death Rate

Indicator: *This indicator shows the age-adjusted death rate per 100,000 population due to chronic obstructive pulmonary diseases (including asthma).*

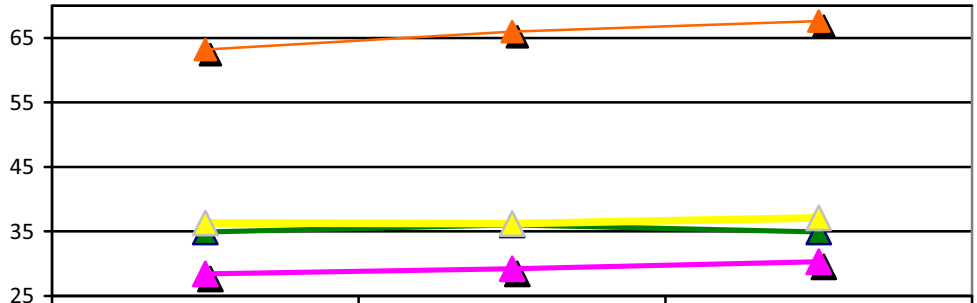
Why is this Important?

Chronic obstructive pulmonary diseases (COPD, also known as CLRD) are characterized by obstruction to air flow and include diseases such as asthma, chronic bronchitis and emphysema. The impairment in lung function resulting from COPD is largely irreversible and progressive. COPD is a leading cause of death that is often preventable and treatable. According to the U.S. Department of Health and Human Services, it was estimated that during 2010 the cost to the nation for COPD would be approximately $49.9 billion, including $29.5 billion in direct health care expenditures, $8.0 billion in indirect morbidity costs and $12.4 billion in indirect mortality costs

Figure 4-32 - Age-Adjusted COPD Death Rate per 100,000 Population

3-Year Rolling Rates

www.FloridaCHARTS.com



	2005-2007	2006-2008	2007-2009
St. Johns County, FL	34.9	36	34.9
Peer County Average	28.4	29.2	30.3
State Total Average	36.3	36.2	37.1
Regional Peer Average	63.2	66	67.6

The COPD death rates for St. Johns County are similar to that of the State and are slightly higher than that of the Peer County Average. While the trend for St. Johns County and the State has remained level since 2005, rates appear to be increasing for the Peer County Average as well as the Regional Peer Average.

Facts on COPD from the CDC

In the United States, tobacco use is a key factor in the development and progression of COPD, but asthma, exposure to air pollutants in the home and workplace, genetic factors, and respiratory infections also play a role. Indoor air quality may also play a role in the development and progression of COPD.

Source: ***http://www.cdc.gov/copd/***

Mortality Rates & COPD - continued

Figure 4-33 - Age-Adjusted COPD Death Rate per 100,000 Population

By Race - St. Johns County - 3-Year Rolling Rates

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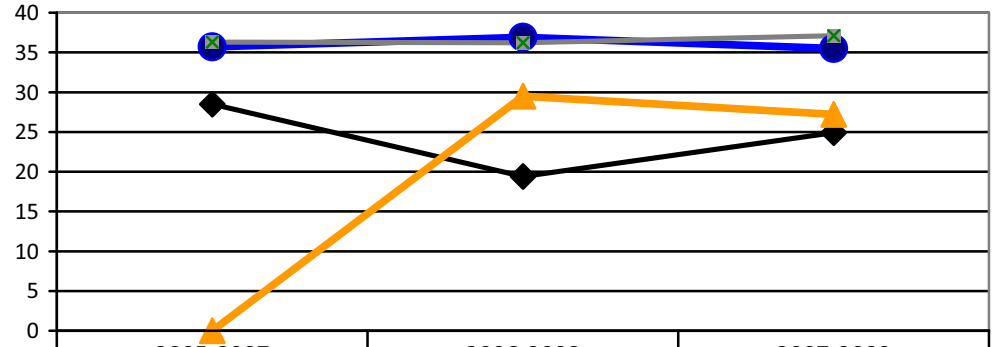

	2005-2007	2006-2008	2007-2009
White	35.7	36.9	35.5
Black	28.5	19.4	24.9
Other - Non-White	0	29.5	27.2
State Total - All Races	36.3	36.2	37.1

COPD Death rates for the White population in St. Johns County are higher than that of the Black and Other Non-white populations although similar to the State Total Average (all races).

Figure 4-34 - Age-Adjusted COPD Death Rate per 100,000 Population

Hispanic Population - All Races - 3-Year Rolling Rates

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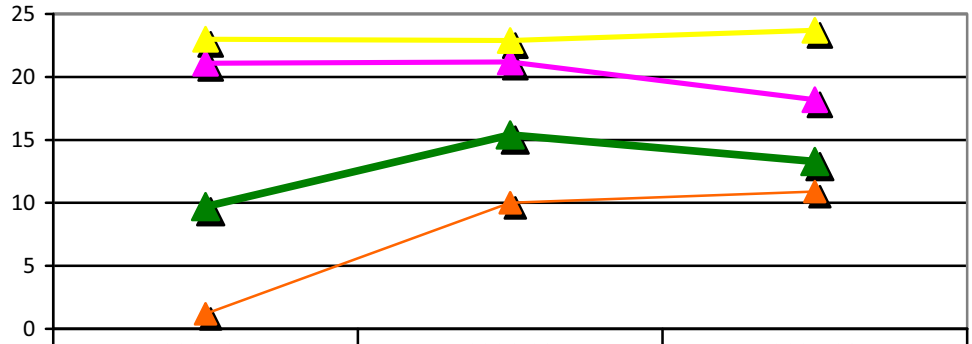

	2005-07	2006-08	2007-09
St. Johns County, FL	9.7	15.4	13.3
Peer County Average	21.1	21.2	18.2
State Total Average (Hispanic)	23	22.9	23.7
Regional Peer Average	1.2	10	10.9

COPD Death rates for the St. Johns County population are lower than that of both the State Total Average (Hispanic population) and the Peer County Average.

Diabetes Death Rate

Indicator: *This indicator shows the age-adjusted death rate per 100,000 people due to diabetes.*

Why is this Important?

Diabetes is a group of diseases marked by high levels of blood glucose, also called blood sugar, resulting from defects in insulin production, insulin action, or both. In 2007, diabetes was a leading cause of death in the United States and an estimated 23.6 million people or 7.8% of the population had diabetes. According to the CDC, the prevalence of diagnosed type 2 diabetes increased six-fold in the latter half of the last century. Diabetes risk factors such as obesity and physical inactivity have played a major role in this dramatic increase. Age, race, and ethnicity are also important risk factors.

Figure 4-35 - Age-Adjusted Diabetes Death Rate per 100,000 Population

3-Year Rolling Rates

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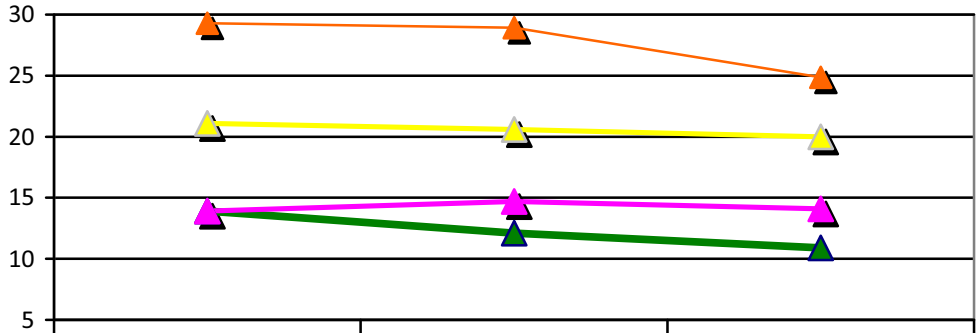


	2005-07	2006-08	2007-09
St. Johns County, FL	13.9	12.1	10.9
Peer County Average	13.9	14.7	14.1
State Total Average	21.1	20.6	20
Regional Peer Average	29.3	28.9	24.9

The overall trend for Diabetes Death Rates is on the decline since 2005. Recent rates for St. Johns County are statistically lower than that of the State Average (p-value = .001). Rates are also lower than the Peer County Average and the Regional Peer Averages.

The Healthy People 2020 national health target is to reduce the diabetes deaths to 65.8 deaths per 100,000 population. *At the current rate of 10.9 deaths per 100,000 population, the St. Johns County community has met and exceeded the national health target!*

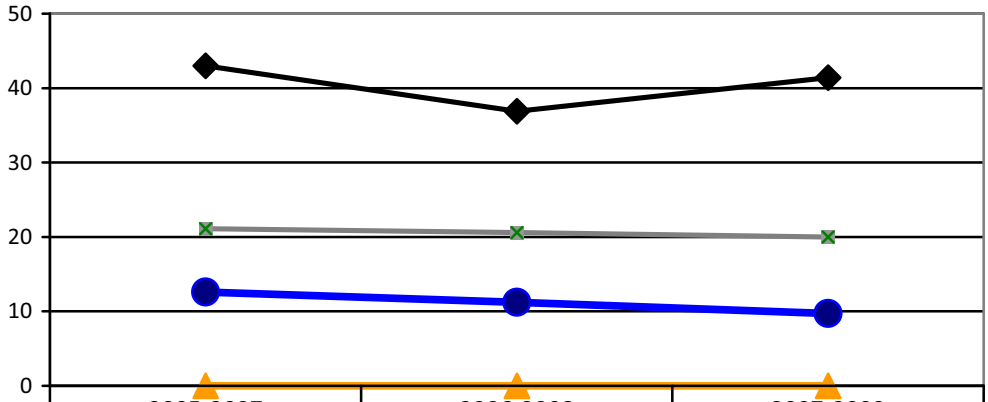
The *Health Factors* ranking includes a sub-ranking of indicators for "Access to Care". The "Percent of Diabetes Screening" is included in this sub-ranking. For this indicator, St. Johns County ranked as number 50 out of 67 counties for 2011.

Mortality Rates & Diabetes – continued

Figure 4-36 - Age-Adjusted Diabetes Death Rate per 100,000 Population

By Race - St. Johns County - 3-Year Rolling Rates

www.FloridaCHARTS.com



	2005-2007	2006-2008	2007-2009
White	12.6	11.2	9.7
Black	43	36.9	41.4
Other - Non-White	0	0	0
State Total - All Races	21.1	20.6	20

Diabetes death rates for the Black population in St. Johns County are four-times higher than that of the White population.

Figure 4-37 - Age-Adjusted Diabetes Death Rate per 100,000 Population

Hispanic Population - All Races - 3-Year Rolling Rates

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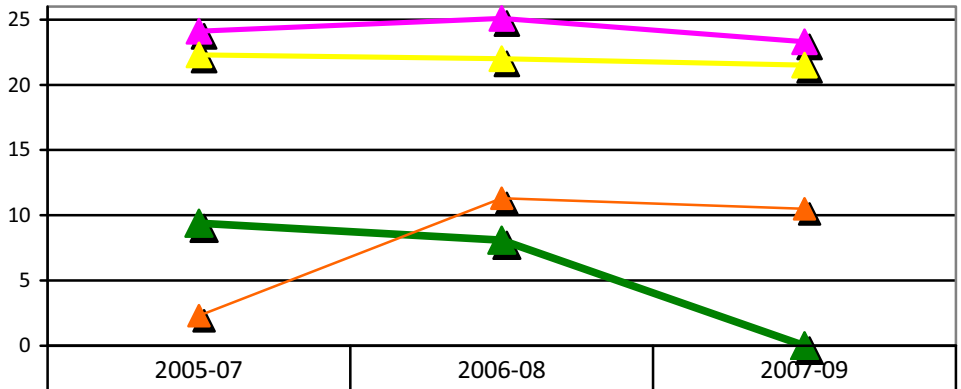

	2005-07	2006-08	2007-09
St. Johns County, FL	9.4	8.1	0
Peer County Average	24.1	25.1	23.3
State Total Average (Hispanic)	22.3	22	21.5
Regional Peer Average	2.3	11.3	10.5

The trend for diabetes death rates within St. Johns County's Hispanic population is on the decline. Rates are lower than that of the State, Peer County and Regional Peer Averages.

Mortality Rates & Alzheimer's Disease

Alzheimer's Disease Death Rate

Indicator: *This indicator shows the age-adjusted death rate per 100,000 population due to Alzheimer's Disease.*

Why is this Important?

Alzheimer's disease is a leading cause of death in the United States. This disease is the most common form of dementia among older adults. Alzheimer's disease involves parts of the brain that control thought, memory, and language and can seriously affect a person's ability to carry out daily activities. Although scientists are learning more every day, right now, they still do not know what causes Alzheimer's disease. According to the CDC, national mortality rates for Alzheimer's disease are on the rise, unlike heart disease and cancer death rates which are continuing to decline.

Figure 4-38 - Age-Adjusted Alzheimer's Disease Death Rate

3-Year Rolling Rates

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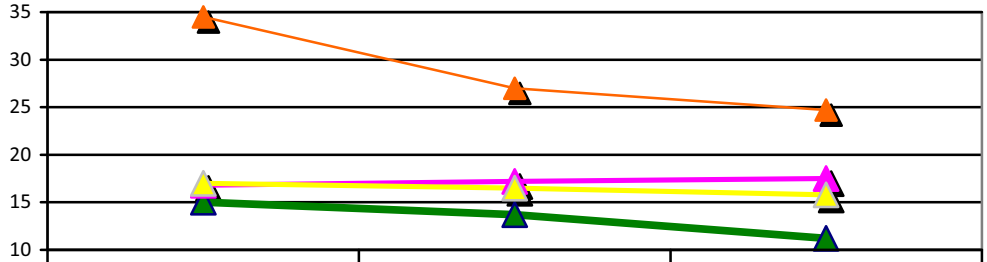


	2005-07	2006-08	2007-09
St. Johns County, FL	15	13.7	11.2
Peer County Average	16.8	17.2	17.5
State Total Average	17	16.5	15.8
Regional Peer Average	34.5	27	24.7

Alzheimer's disease death rates for St. Johns County are on the decline. Most recent rates for St. Johns County are statistically lower that the State Average (p-value = .005). Rates are also lower than that of the Peer County and Regional Peer County averages.

Future Estimates and Alzheimer's Disease
US National Institute on Aging

According to recent estimates, as many as 2.4 million to 5.1 million Americans have Alzheimer's disease (AD). Unless the disease can be effectively treated or prevented, the number of people with AD will increase significantly if current population trends continue. That's because the risk of AD increases with age, and the U.S. population is aging. The number of people age 65 and older is expected to grow from 39 million in 2008 to 72 million in 2030, and the number of people with AD doubles for every 5-year interval beyond age 65.

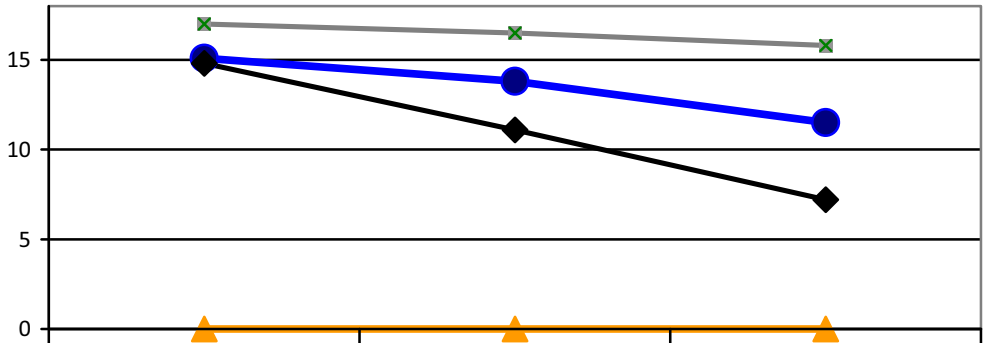
In the years to come, AD is expected to pose physical and emotional challenges for more and more families and other caregivers, in addition to those with the disease. The growing number of people with AD and the costs associated with the disease also will put a heavy economic burden on society.

Source: www.nia.nih.gov/Alzheimers/AlzheimersInformation/GeneralInfo/

Figure 4-39 - Age-Adjusted Alzheimers Disease Death Rate per 100,000 Population

By Race - St. Johns County - 3-Year Rolling Rates

www.FloridaCHARTS.com



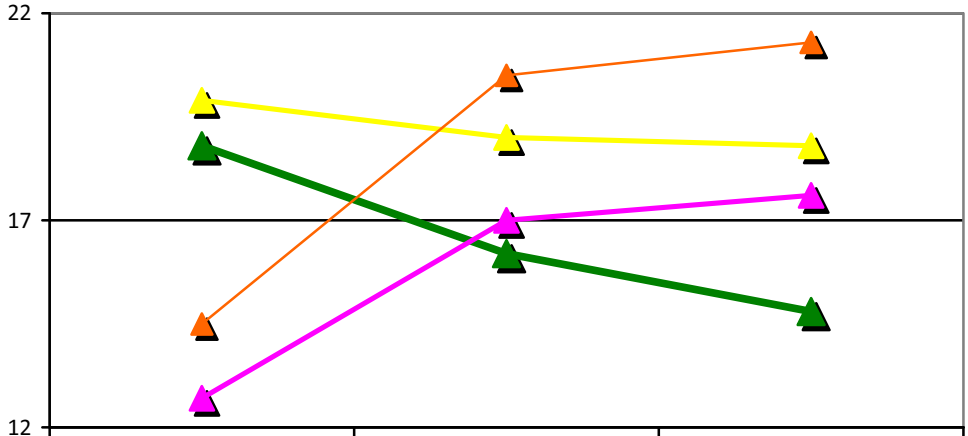
	2005-2007	2006-2008	2007-2009
White	15.1	13.8	11.5
Black	14.8	11.1	7.2
Other - Non-White	0	0	0
State Total - All Races	17	16.5	15.8

Alzheimer's disease death rates for the White population are slightly higher than that of the Black population in St. Johns County. Rates for White, Black, and Other Non-white populations are lower that the State Total Average (all races).

Figure 4-40 - Age-adjusted Alzheimers Disease Death Rate per 100,000 population

Hispanic Population - All Races - 3-Year Rolling Rates

www.FloridaCharts.com



	2005-07	2006-08	2007-09
St. Johns County, FL	18.8	16.2	14.8
Peer County Average	12.7	17	17.6
State Total Average (Hispanic)	19.9	19	18.8
Regional Peer Average	14.5	20.5	21.3

Alzheimer's disease death rates for the Hispanic population are on a decline and, since 2006, are lower than the State, Peer County, and Regional Peer Averages.

Mortality Rates & Liver Disease

Liver Disease & Cirrhosis Death Rate

Indicator: *This indicator shows the age-adjusted death rate per 100,000 population due to Liver Disease and Cirrhosis.*

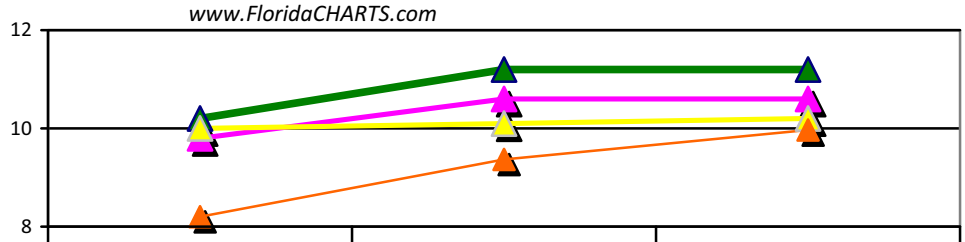
Why is this Important?

Cirrhosis and chronic liver failure are leading causes of morbidity and mortality in the United States, with the majority of preventable cases attributed to excessive alcohol consumption, viral hepatitis, or non-alcoholic fatty liver disease. The liver is essential in keeping the body functioning properly. It removes or neutralizes poisons from the blood, produces immune agents to control infection, and removes germs and bacteria from the blood. It makes proteins that regulate blood clotting and produces bile to help absorb fats and fat-soluble vitamins. You cannot live without a functioning liver. Alcohol-related disorders, which include alcoholic hepatitis and cirrhosis, outnumber all other types of liver disorders by at least five to one. Men are more than twice as likely to die of chronic liver disease and cirrhosis as women.

Figure 4-41 - Age-Adjusted Liver Disease & Cirrhosis Death Rate

3-Year Rolling Rates

www.FloridaCHARTS.com



	2005-2007	2006-2008	2007-2009
St. Johns County, FL	10.2	11.2	11.2
Peer County Average	9.8	10.6	10.6
State Total Average	10	10.1	10.2
Regional Peer Average	8.2	9.4	10.0

The overall trend for Liver and Cirrhosis Death rates has increased since 2005. Rates for St. Johns County are slightly higher than that of the State, Peer Counties, and the Regional Peer Averages.

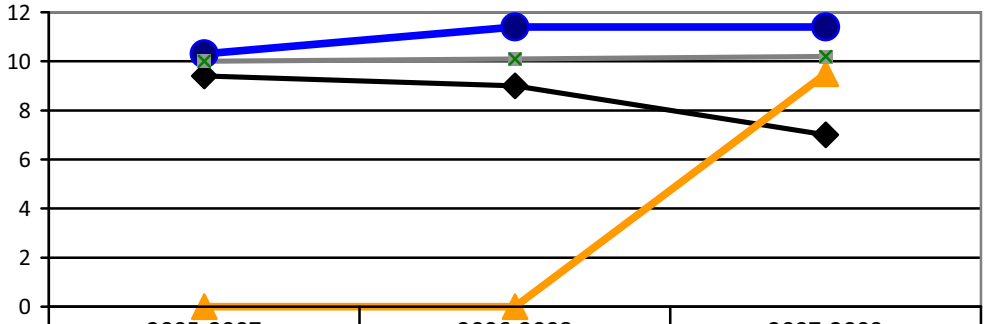
TABLE 29: AGE-ADJUSTED ALCOHOLIC LIVER DISEASE 3-YR DEATH RATE			
	2005-07	**2006-08**	**2007-09**
St. Johns County	4.4	5.4	6
Peer Average	4.4	5.4	6.0
State Total Average	4.8	4.9	4.9
Source: www.FloridaCHARTS.com			

Alcoholic consumption is a contributing risk factor to Liver Disease and Cirrhosis. The "Healthy Factors" ranking includes a sub-ranking of measures for "Healthy Behaviors" like indicators such as the rate of "Excessive drinking" (binge plus heavy drinking). For this indicator, St. Johns County ranked in the bottom quartile for the State as number 64 out of 67 counties.

Figure 4-42 - Age-Adjusted Liver Disease & Cirrhosis Death Rate

By Race for St. Johns County - 3-Year Rolling Rates

www.FloridaCHARTS.com



	2005-2007	2006-2008	2007-2009
White	10.3	11.4	11.4
Black	9.4	9	7
Other - Non-White	0	0	9.5
State Total - All Races	10	10.1	10.2

Liver Disease death rates for St. Johns County's White population are slightly higher than that of Black population. Black rates have slightly declined since 2006. Rates for the Other Non-white population increased between 2006 and 2009.

Figure 4-43 - Age-Adjusted Liver Disease & Cirrhosis Death Rate

Hispanic Population - All Races - 3-Year Rolling Rates

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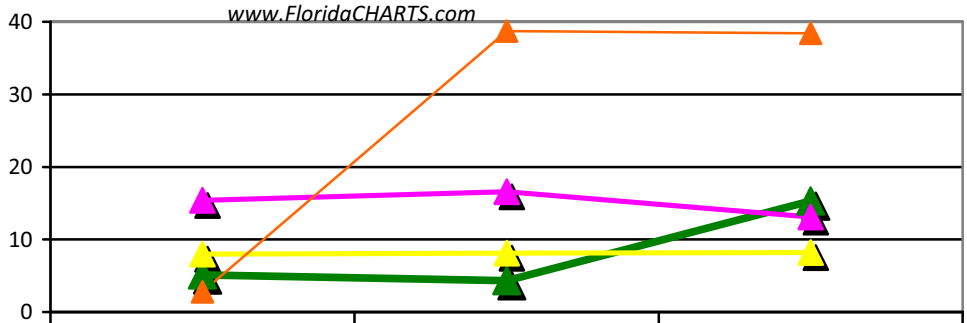

	2005-07	2006-08	2007-09
St. Johns County, FL	5.1	4.3	15.3
Peer County Average	15.4	16.6	13.1
State Total Average (Hispanic)	8	8.1	8.2
Regional Peer Average	2.8	38.7	38.4

Liver Disease death rates for the Hispanic population in St. Johns County increased between 2006 and 2009. Current rates for St. Johns County are slightly higher than the State and Peer County Averages but are lower than the Regional Peer Average.

Mortality Rates & Suicide

Death Rates from Suicide

Indicator: *This indicator shows the age-adjusted suicide death rate per 100,000 population.*

Why is this Important?

Suicide is a national public health problem and a leading cause of death among Floridians. Suicide occurs when a person ends their life. Those who attempt suicide and survive may have serious injuries like broken bones, brain damage, or organ failure. Also, people who survive often have depression and other mental health problems. Suicide affects everyone, but some groups are at higher risk than others. According to the CDC, men are about 4 times more likely than women to die from suicide. However, 3 times more women than men report attempting suicide. In addition, suicide rates are high among middle aged and older adults.

Figure 4-44 - Age-Adjusted Suicide Death Rate

3-Year Rolling Rates

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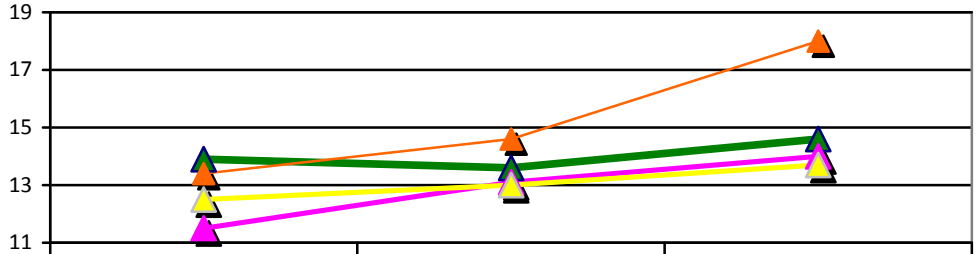


	2005-2007	2006-2008	2007-2009
St. Johns County, FL	13.9	13.6	14.6
Peer County Average	11.5	13.1	14
State Total Average	12.5	13	13.7
Regional Peer Average	13.4	14.6	18

Suicide Death Rates for St. Johns County are statistically higher than the State Total Average (p-value = .001). Recent rates are also higher than the Peer County Average but are lower than the Regional Peer Average.

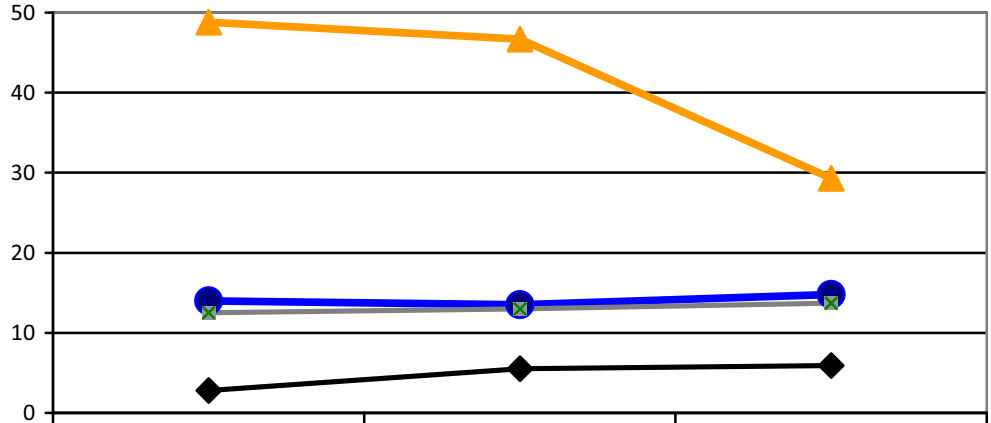
The Healthy People 2020 national health target is to reduce the suicide rate to 10.2 deaths per 100,000 population. *At the current rate of 14.6 deaths per 100,000 population, the St. Johns County community is close to meeting the national health target!*

As highlighted by the national *County Health Rankings Report*, evidence has long demonstrated that poor family and social support is associated with increased morbidity and early mortality. Those without such support may have an increased risk for adverse health outcomes, including mental health problems such as substance abuse, depression, and suicide. The *"Health Factors"* ranking in the 2011 County Health Ranking Report consists of a sub-ranking of measures for "Social & Economic" indicators such as "Inadequate Social Support". For this indicator, St. Johns County ranked favorably as number 3 out of 67 counties – less than 13% of the St. Johns County population reporting that they have little to no social/emotional support.

Figure 4-45 - Age-Adjusted Suicide Death Rate per 100,000 Population

By Race for St. Johns County - 3-Year Rolling Rates

www.FloridaCHARTS.com



	2005-2007	2006-2008	2007-2009
White	14	13.5	14.8
Black	2.8	5.5	5.9
Other - Non-White	48.8	46.7	29.3
State Total - All Races	12.5	13	13.7

Rates for St. Johns County's Other Non-white population have declined since 2005 but are higher than rates of the County's Black and White populations. Rates for St. Johns County's White population are similar to that to the State Total Average (all races) but are higher than that of the Black population.

Figure 4-46 - Age-Adjusted Suicide Death Rate per 100,000 Population

Hispanic Population - All Races - 3-Year Rolling Rates

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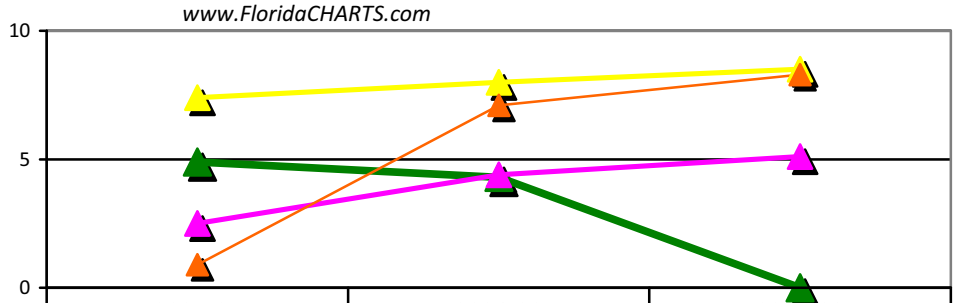


	2005-07	2006-08	2007-09
St. Johns County, FL	4.9	4.3	0
Peer County Average	2.5	4.4	5.1
State Total Average (Hispanic)	7.4	8	8.5
Regional Peer Average	0.9	7.1	8.3

Suicide Death Rates for St. Johns County's Hispanic population have declined since 2005 and are lower than the State, Peer County and Regional Peer Averages.

Unintentional Injury Death Rates

Indicator: *This indicator shows the age-adjusted death rate per 100,000 population due to unintentional injuries.*

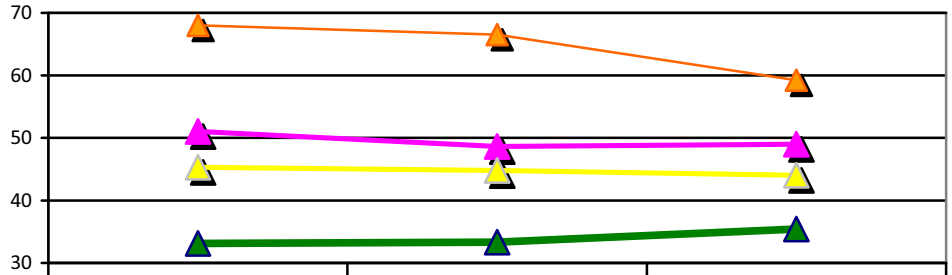
Why is this Important?

Unintentional injuries are a leading cause of death for Americans of all ages, regardless of gender, race, or economic status. Major categories of unintentional injuries include motor-vehicle collisions, poisonings, and falls. According to the CDC, injuries are the leading cause of death for Americans ages 1 to 44, and a leading cause of disability for all ages, regardless of sex, race/ethnicity, or socioeconomic status. More than 180,000 people die from injuries each year, and approximately 1 in 10 sustains a nonfatal injury serious enough to be treated in a hospital emergency department.

Figure 4-47 - Age-Adjusted Unintentional Injury Death Rate

3-Year Rolling Rates

www.FloridaCHARTS.com



	2005-2007	2006-2008	2007-2009
St. Johns County, FL	33.1	33.3	35.4
Peer County Average	51	48.6	49
State Total Average	45.3	44.8	44
Regional Peer Average	68	66.5	59.2

St. Johns County's recent Unintentional Injury Death rates are statistically lower than the State total Average (p-value=0.001). Recent rates are also lower than the Peer County and Regional Peer Averages. A slight increase for St. Johns County rates occurred between 2006 and 2009.

The Healthy People 2020 national health target is to reduce the deaths caused by unintentional injuries to 36 deaths per 100,000 population. *At the current rate of 35.4 deaths per 100,000 population, the St. Johns County community has met the national health target.*

TABLE 30: AGE-ADJUSTED HOMICIDE (ALL MEANS) DEATH RATE PER 100,000 POPULATION – 3-YEAR ROLLING RATES

	2005-07	2006-08	2007-09
St. Johns County, FL	4.3	4.1	3.1
Peer County Average	4.8	5.0	5.7
State Total Average	6.7	7.2	7.1

www.FloridaCHARTS.com

Motor Vehicle Accident Death Rates

Indicator: *This indicator shows the age-adjusted death rate per 100,000 population due to motor vehicle crashes.*

Why is this Important?

Motor vehicle crashes are a leading cause of death among for those aged 5-34 in the United States. National statistics indicate that more than 2.3 million adult drivers and passengers were treated in emergency departments as the result of being injured in motor vehicle crashes during 2009.

Figure 4-48 - Age-Adjusted Motor Vehicle Crash Death Rate

3-Year Rolling Rates

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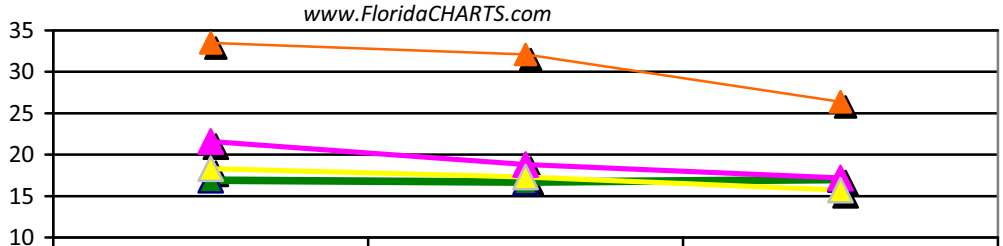


	2005-2007	2006-2008	2007-2009
St. Johns County, FL	16.9	16.7	17
Peer County Average	21.6	18.8	17.2
State Total Average	18.3	17.3	15.7
Regional Peer Average	33.5	32.1	26.4

The overall trend is on a slight decline. Rates for St. Johns County are higher than the State Total Average but are lower than the Peer County and Regional Peer Averages.

The Healthy People 2020 national health objective is to reduce the motor vehicle collision death rate to 12.4 deaths per 100,000 population. *The most current single-year rate is for 2009 at a rate of 14.3. The St. Johns County community is close to meeting the national health target!*

In the 2011 County Health Rankings report, St. Johns County ranked as number 1 in Florida for *Health Factors*. The *Health Factors* ranking included the sub-ranking of measures for "Healthy Behaviors" indicators such as the "Motor Vehicle Crash Death Rate". For this indicator, St. Johns County ranked favorably in the top quartile as number 12 out of 67 counties.

TABLE 31: TRAFFIC SAFETY FACTS - ST. JOHNS CO. FLORIDA
2005 TO 2009 – PER 100,000 POPULATION

Fatality Types	*2005*	*2006*	*2007*	*2008*	*2009*
Motorcyclist Fatalities	4.36	1.19	5.12	5.48	1.07
Pedestrian Fatalities	1.25	1.78	1.71	2.74	4.27
Bicyclist (or Other Cyclist) Fatalities	1.87	0.00	0.57	1.10	0.00

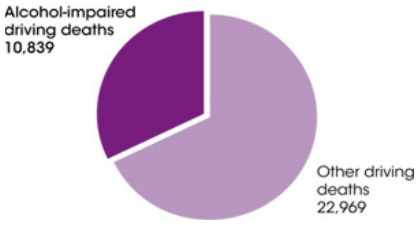
Source: National Highway Traffic Safety Administration Website, FARS 2005 - 2008 Final and Fars 2009 ARF

Alcohol-Related Motor Vehicle Accident Death Rates

Indicator: *This indicator shows the age-adjusted death rate per 100,000 population due to alcohol-related motor vehicle crashes.*

Why is this Important?

According to the CDC, nearly one-third of crash deaths involve an alcohol impaired driver. Every day, almost 30 people in the United States die in motor vehicle crashes that involve an alcohol-impaired driver. This amounts to one death every 48 minutes. The CDC also notes that the annual cost of alcohol-related crashes totals more than $51 billion.



Source: www.cdc.gov/Motorvehiclesafety/Impaired_Driving

Figure 4-49 - Age-Adjusted Alcohol-related Motor Vehicle Death Rate

3-Year Rolling Rates

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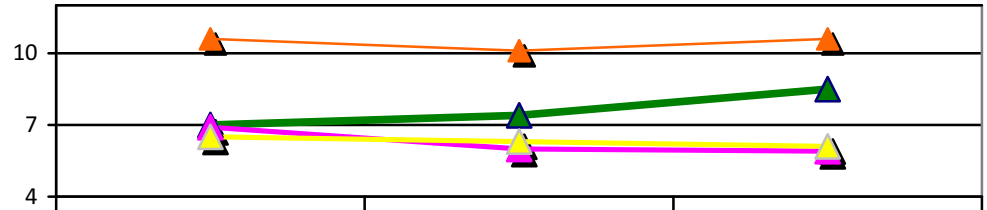


	2005-2007	2006-2008	2007-2009
St. Johns County, FL	7	7.4	8.5
Peer County Average	6.9	6	5.9
State Total Average	6.5	6.3	6.1
Regional Peer Average	10.6	10.1	10.6

Alcohol-Related Motor Vehicle Accident Death Rates for St. Johns County have slightly increased since 2005. Rates are slightly higher than the State and Peer County Averages but are lower that the Regional Peer Average.

Rates for alcohol-related motor vehicle crashes in St. Johns County are higher than that of the State, Peer County and Regional Peer Averages.

TABLE 32: ALCOHOL RELATED MOTOR VEHICLE CRASHES
PER 100,00 POPULATION 3-YEAR ROLLING RATES

	2005-07	2006-08	2007-09
St. Johns County, FL	166.9	150.1	146
Peer County Average	131.8	123.4	112.6
State Total Average	126	121.4	115.6
Regional Peer Average	139.8	144.3	137.9

Source: www.FloridaCHARTS.com

Live Birth Rates

Indicator: *This indicator shows the rate of live births per 1,000 population.*

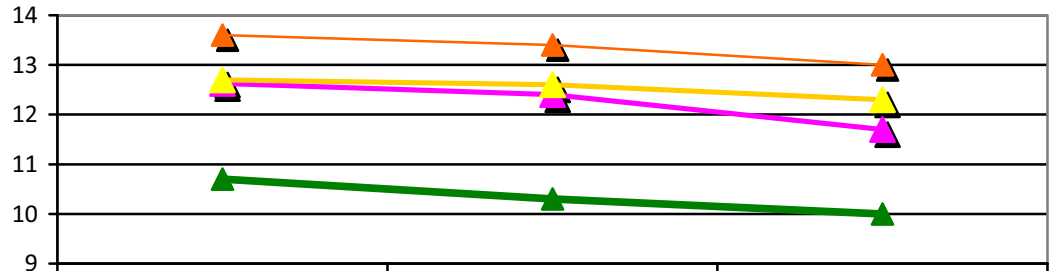
Why is this Important?

The annual birth rate is the rate at which the population grows due to births over one year. There are problems associated with both an extremely high birth rate and an extremely low birth rate. High birth rates can cause stress on the government services and family programs to support a youthful population. Additional problems faced by a country with a high birth rate include educating a growing number of children, creating jobs for these children when they enter the workforce, and dealing with the environmental effects that a large population can produce. Low birth rates can put stress on the government to provide adequate senior welfare systems and also the stress on families to support the elders themselves.

Figure 4-50 - Total Resident Live Birth Rates per 1,000 Births

3-Year Rolling Rates

www.FloridaCHARTS.com



	2005-2007	2006-2008	2007-2009
St. Johns County, FL	10.7	10.3	10.0
Peer County Average	12.6	12.4	11.7
State Average Average	12.7	12.6	12.3
Regional Peer Average	13.6	13.4	13

Live birth rates have declined since 2005. Rates for St. Johns County are statistically lower than the State Average (p-value < .001). Rates are also lower than that of the Peer County and Regional Peer Averages.

Birth & Maternal Risk Factor Statistics for St. Johns County *(2007-2009), Florida CHARTS*

- Birth rate: 10.0 per 1,000 population
- Fertility rate: 54.5 births per 1000 women aged 15-44 years
- % Unmarried: 30%
- % Mothers with less than a high school education: 11.1%

Key Birth Statistics from the CDC Data for United States in 2009

- Number of births: 4,131,019
- Birth rate: 13.5 per 1,000 population
- Fertility rate: 66.7 births per 1000 women aged 15-44 years
- Percent unmarried: 41.0%
- Percent born low birth weight: 8.16%

Infant Mortality

Indicator: *Infant mortality rates (number of deaths before age 1 per every 1,000 babies born alive)*

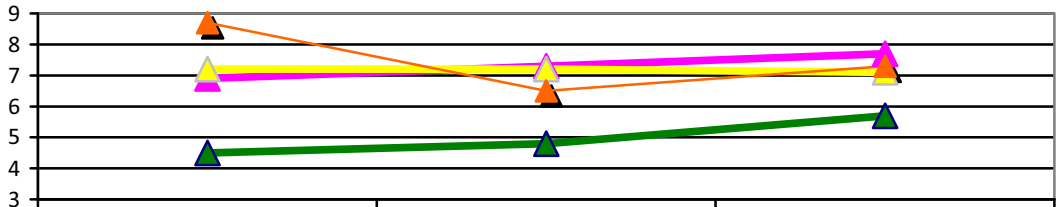
Why is this Important?

Infant mortality rates continue to be one of the most widely used indicators of the overall health status of a community. The leading causes of death among infants are birth defects, pre-term delivery, low birth weight, Sudden Infant Death Syndrome (SIDS), and maternal complications during pregnancy. Improving health of women prior to becoming pregnant (called preconception health) is a key national strategy to reduce infant mortality and improve both women's and infants' health overall.

Figure 4-51 - Total Infant Mortality Rate per 1,000 Live Births

3-Year Rolling Rates

www.FloridaCHARTS.com



	2005-2007	2006-2008	2007-2009
St. Johns County, FL	4.5	4.8	5.7
Peer County Average	6.9	7.3	7.7
State Total Average	7.2	7.2	7.1
Regional Peer Average	8.7	6.5	7.3

There is a slight increase in overall infant morality rates although rates for St. Johns County are lower than the State, Peer County, and Regional Peer Averages.

The Healthy People 2020 national health goal is to reduce infant mortality rates to 6.0 deaths per 100,000 population. *At a current rate of 5.7, St. Johns County has met the national health target.*

The table below, however, shows the Black Infant Mortality rate is almost two-times higher than that of the White, Other Non-White, and State Total Averages.

TABLE 33: INFANT MORTALITY RATE PER 1,000 LIVE BIRTHS BY RACE, ST. JOHNS COUNTY, FL

	2005-2007	2006-2008	2007-2009
White	4.5	4.5	5.2
Black	6.7	8.5	10.6
Other Non-White	0	3.7	6.9
State Total Average - All Races	4.5	4.8	5.7

Source: www.FloridaCHARTS.com

Teen Birth Rate

Indicator: *Live Birth Rate per 1,000 females aged 15-19 years.*

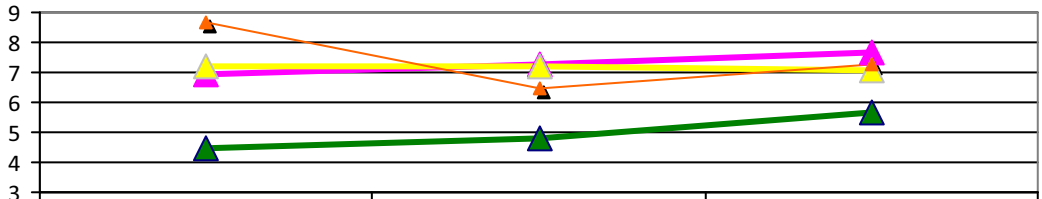
Why is this Important?

Teen birth is a concern for the health outcomes of both the mother and the child. Babies born to teen mothers are more likely to be born preterm and/or low birth weight. Responsible sexual behavior reduces unintended pregnancies, and thus reduces the number of births to adolescent females. According to the CDC's report "Preventing Teen Pregnancy in the U.S. – Latest Findings", teen birth rates in the U.S. are up to 9 times higher than in most other developed countries. The report notes that about 4% of all teenage girls give birth each year and teen births represent 10% of the 4 million births each year.

Figure 4-52 - Live Teen Birth Rate per 1,000 Females aged 15-19 years

3-Year Rolling Rates

www.FloridaCHARTS.com



	2005-2007	2006-2008	2007-2009
St. Johns County, FL	4.5	4.8	5.7
Peer County Average	6.9	7.3	7.7
State Total Average	7.2	7.2	7.1
Regional Peer Average	8.7	6.5	7.3

While rates for St. Johns County have slightly increased since 2005, rates are lower than that of the State, Peer County, and the Regional Peer Averages. "Teen Births" is a component of the "Healthy Behaviors" indicator for the *Health Factors* category in the County Health Ranking. In the 2011 report, St. Johns County ranked favorably as number 4 out of 67 counties!

Teen pregnancy is closely linked to a host of other critical social issues as well: welfare dependency, out-of-wedlock births, responsible fatherhood, and career development in particular. Repeat births to teen mothers may compound issues associated with the first birth. As presented in the table below, rates in St. Johns County have declined since 2005 and are lower than both the State and Peer County Averages.

TABLE 34: PERCENT OF REPEAT BIRTHS TO TEEN MOMS AGES 15-19 PER 1,000 LIVE BIRTHS

	2005-2007	2006-2008	2007-2009
St. Johns County, FL	17.3	16.4	15.2
Peer County Average	20.8	20.9	20.7
State Total Average	18.6	18.5	18.7
Regional Peer Average	18.8	18.5	16.3

Source: www.FloridaCHARTS.com

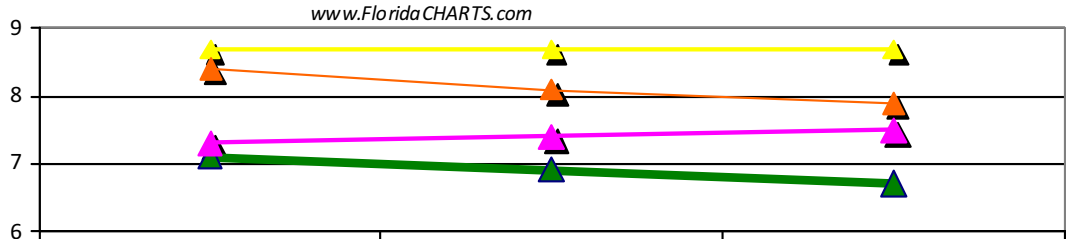
Low Birth Weight

Indicator: *This indicator shows the percentage of births in which the newborns weighed less than 2,500 grams (5 pounds, 8 ounces) at the time of birth.*

Why is this Important?

Low birth weight is often associated with premature birth. Babies born with a low birth weight are more likely than babies of normal weight to require specialized medical care, and often must stay in an intensive care unit. While there have been many medical advances enabling premature infants to survive, there is still risk of infant death or long-term disability. The most important things an expectant mother can do to prevent prematurity and low birth weight are to take prenatal vitamins, stop smoking, stop drinking alcohol and using drugs, and most importantly, get prenatal care.

Figure 4-54 - Percent of Babies born at Low Birth Weight (<2500 grams)



	2005-07	2006-08	2007-09
St. Johns County, FL	7.1	6.9	6.7
Peer County Average	7.3	7.4	7.5
State Total Average	8.7	8.7	8.7
Regional Peer	8.4	8.1	7.9

The Healthy People 2020 national health goal is to reduce the proportion of infants born with low birth weight to 7.8%. *With declining rates and a most recent rate of 6.7%, St. Johns County community has met this national health target!*

A health indicator for "Morbidity" (quality of life) used in the County Health Rankings report included the sub-ranking of a "Low Birth-weight" measure. For this, St. Johns County ranked favorably in the top quartile as number 6 out of 67 counties.

The table below, however, shows the percent of repeat births to Black teen moms is about two-times higher than the White and Other Non-Black rate.

TABLE 35: PERCENT OF REPEAT BIRTHS TO TEEN MOMS AGES 15-19 PER 1,000 LIVE BIRTHS BY RACE

	2005-07	2006-08	2007-09
White	6.5	6.7	6.8
Black	15	15	14.4
Other (non-Black)	10.9	9	5.9
State Total Average - All Races	8.7	8.7	8.7

Source: www.FloridaCHARTS.com

Early Entry into Prenatal Care

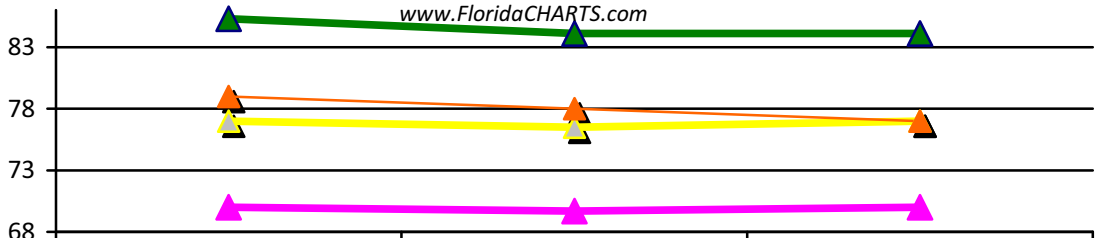
Indicator: *This indicator illustrates the percentage of births to mothers who began prenatal care in the first trimester of their pregnancy.*

Why is this Important?

[3]

Babies born to mothers who do not receive prenatal care are three times more likely to have a low birth weight and five times more likely to die than those born to mothers who do get care. Early prenatal care (i.e. care in the first trimester of a pregnancy) allows women and their health care providers to identify and, when possible, treat or correct health problems and health-compromising behaviors that can be particularly damaging during the initial stages of fetal development. Increasing the number of women who receive prenatal care, and who do so early in their pregnancies, can improve birth outcomes and lower health care costs by reducing the likelihood of complications during pregnancy and childbirth.

Figure 4-56 - Percent of Mothers Begining Prenatal Care During 1st Trimester



	2005-2007	2006-2008	2007-2009
St. Johns County, FL	85.3	84.1	84.1
Peer County Average	70	69.7	70
State Total Average	77	76.5	77
Regional Peer Average	79	78	77

Healthy People 2020

St. Johns County rate of "*Mother Beginning Early Prenatal Care*" is favorably higher than the State, Peer County, and Regional Peer Averages! The Healthy People 2020 national health target is to increase the proportion of pregnant women who receive prenatal care in the first trimester to 77.9%! *At a current rate of 84.1%, the St. Johns County community meets this national health goal!*

St. Johns County rate by race for "*Mother Beginning Early Prenatal Care*" indicate that fewer Black mothers receive early prenatal care compared to White and Other (non-black) mothers.

TABLE 36: PERCENT OF MOTHERS BEGINNING PRENATAL CARE DURING 1ST TRIMESTER - BY RACE - ST. JOHNS COUNTY - 3-YEAR ROLLING RATES

	2005-2007	2006-2008	2007-2009
White	71.1	70.7	71.2
Black	65	60.1	65.3
Other (non-Black)	85.5	84.6	85
State Total Average (All Races)	85.3	84.1	84.1

Source: www.FloridaCHARTS.com

Vaccine Preventable Disease Rate per 100,000 Population

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

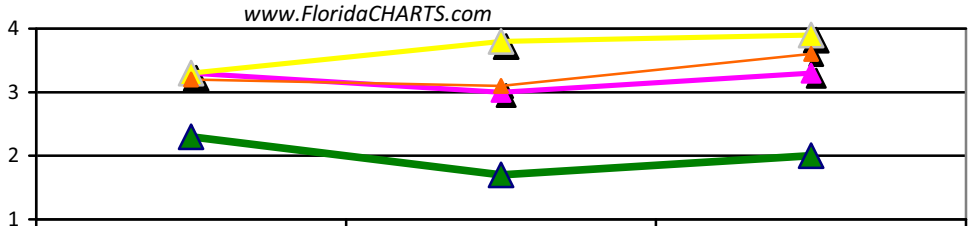
Why is this Important?

Vaccines prevent disease in the people who receive them and protect those who come into contact with unvaccinated individuals. These diseases can result in extended work/school absences, hospitalizations, and death. Illnesses also have a significant financial impact on parents including costly medical bills and loss of work time. Vaccines help prevent infectious diseases and save lives and are responsible for the control of many infectious diseases that were once common in this country.

Figure 4-57 - Vaccine Preventable Disease Rate per 100,000 Population

All Ages - 3-Year Rolling Rates

www.FloridaCHARTS.com



	2006-08	2007-09	2008-10
St. Johns County, FL	2.3	1.7	2
Peer County Average	3.3	3	3.3
State Total Average	3.3	3.8	3.9
Regional Peer Average	3.2	3.1	3.6

Vaccine preventable disease rates for St. Johns County are lower than both the State, Peer County, and Regional Peers Averages.

Notes of Vaccine-preventable Disease from the CDC

Vaccine-preventable disease levels are at or near record lows. Even though most infants and toddlers have received all recommended vaccines by age 2, many under-immunized children remain, leaving the potential for outbreaks of disease. Many adolescents and adults are under-immunized as well, missing opportunities to protect themselves against diseases such as Hepatitis B, influenza, and pneumococcal disease. CDC works closely with public health agencies and private partners to improve and sustain immunization coverage and to monitor the safety of vaccines so that this public health success story can be maintained and expanded in the century to come.

Source: www.cdc.gov/vaccines

Influenza and Pneumonia Death Rate

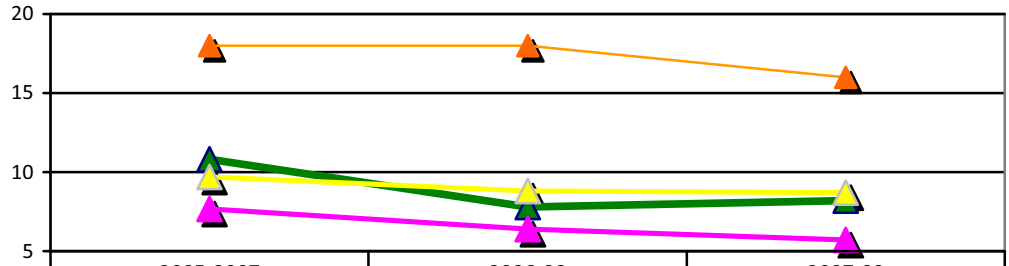
Indicator: *This indicator shows the age-adjusted death rate per 100,000 people due to influenza and pneumonia.*

Why is this Important?

In 2007, influenza and pneumonia ranked among leading causes of death in the United States. The two diseases are traditionally reported together, as pneumonia is frequently a complication of influenza. Influenza is a contagious disease caused by a virus. The number of influenza deaths can fluctuate considerably from one year to the next and can become more virulent as the viruses constantly mutate year after year. Pneumonia is a serious infection of the lungs that develops when the immune system is weakened. It is mainly caused by bacteria, viruses, and mycoplasmas. Typically there are more deaths from pneumonia than influenza. Persons most at risk include the elderly, the very young, and the immune-compromised.

Figure 4-58 - Age-Adjusted Influenza & Pneumonia Death Rate

www.FloridaCHARTS.com



	2005-2007	2006-08	2007-09
St. Johns County, FL	10.8	7.8	8.2
Peer County Average	7.7	6.4	5.7
State Total Average	9.7	8.8	8.7
Regional Peer Average	18	18	16

Death Rates for influenza and pneumonia in St. Johns County are on a decline and for the 2007-2009 time period were lower than the State rate but slightly higher than that of the Peer County average.

Flu Facts from the CDC

Influenza (the flu) is a contagious respiratory illness caused by influenza viruses. It can cause mild to severe illness, and at times can lead to death. Some people, such as older people, young children, and people with certain health conditions, are at high risk for serious flu complications. The best way to prevent the flu is by getting ***vaccinated*** *each year.*

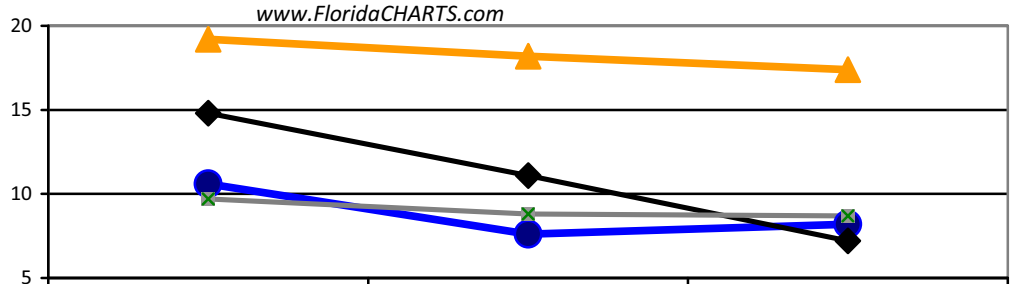
In 2009-2010, a new and very different flu virus (called 2009 H1N1) spread worldwide causing the first flu pandemic in more than 40 years. During the 2010-2011 flu season, CDC expects the 2009 H1N1 virus to cause illness again along with other influenza viruses. The 2010-2011 flu vaccine will protect against 2009 H1N1 and two other influenza viruses.

Source: www.cdc.gov/flu/about/disease

Figure 4-59 - Age-Adjusted Influenza & Pneumonia Death Rate per 100,000 Population

By Race - St. Johns County - 3-Year Rolling Rates

www.FloridaCHARTS.com



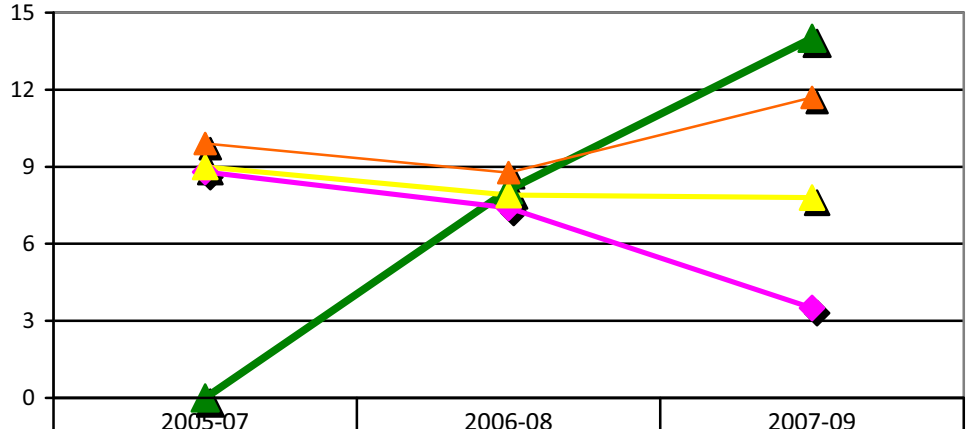
	2005-2007	2006-2008	2007-2009
White	10.6	7.6	8.2
Black	14.8	11.1	7.2
Other - Non-White	19.2	18.2	17.4
Total	9.7	8.8	8.7

Influenza and Pneumonia Death Rates for the Other Non-white population in St. Johns County are higher than that of the Black and White population rates. Overall, a decline in the trend is observed among all races.

Figure 4-60 - Age-Adjusted Influenza & Pneumonia Death Rate per 100,000 Population

Hispanic Population - All Races - 3-Year Rolling Rates

www.FloridaCHARTS.com



	2005-07	2006-08	2007-09
St. Johns County, FL	0	8.1	14
Peer County Average	8.8	7.4	3.5
State Total Average (Hispanic)	9	7.9	7.8
Regional Peer Average	9.9	8.8	11.7

An increase in the St. Johns County's Influenza and Pneumonia death rates for the Hispanic population is observed between 2005 through 2009 where rates exceed that of the State Total Average and Peer County and Regional Peer Averages.

Immunization Rates

Immunization Rates of School-Age Children *(Kindergarten)*

Indicator: *This indicator shows percent of kindergartens in Florida public and private schools that have the required immunization documentation (DTAp, Polio, MMR, Varicella).*

Why is this Important?

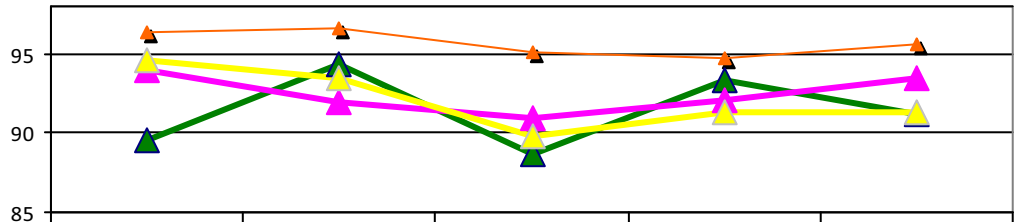
Immunizations protect children from contracting and spreading communicable diseases such as measles, mumps, and whooping cough. These diseases can result in extended school absences, hospitalizations, and death. Childhood illnesses also have a significant financial impact on parents including costly medical bills and loss of work time.

Through mandatory immunization requirements for school-age children, Florida is able to improve immunization coverage and is available to assist in reducing the threat of vaccine-preventable diseases to our children's lives. The Florida Department of Health's Bureau of Immunization conducts an annual immunization survey of Kindergarteners attending public and private schools in Florida. The survey provides estimated immunization levels for all counties, as well as statewide figures. This survey is conducted to determine immunization levels among Kindergarteners, to evaluate Florida's success in immunizing children on schedule, and to measure immunization levels of children in Florida schools.

Figure 4-61 - Percent of Kindergarteners Fully Immunized by School Year

Includes Public & Private Schools

FDOH's Bureau of Immunizations; www.doh.state.fl.us/disease_ctrl/immune/statistical



	2006-2007	2007-2008	2008-2009	2009-2010	2010-2011
St. Johns County, FL	89.6	94.4	88.6	93.3	91.2
Peer County Average	93.9	91.9	90.9	92.0	93.5
State Total Average	94.6	93.5	89.8	91.3	91.3
Regional Peer Average	96.4	96.6	95.2	94.7	95.6

2010-2011 Immunization rates for kindergarteners in St. Johns County was favorable at 91.2% coverage rate which is similar to the State rate but slightly lower than the Peer County Average.

For the 2010-2011 school year, 37 counties (or 55.2% of the State) achieved or exceeded the goal of 95% or more of kindergarten students receiving all required immunizations upon school entry/attendance. Statewide, 221 students, or 0.1%, had inadequate immunizations and/or documentation of immunizations.

Death Rates from HIV/AIDS

Indicator: *This indicator shows the age-adjusted death rate per 100,000 population due to HIV/AIDS.*

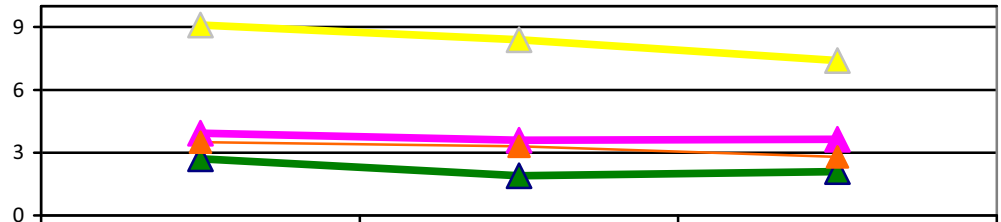
Why is this Important?

According to the CDC, more than 18,000 people with AIDS still die each year in the United States. The CDC also estimates that more than one million people are living with HIV in the United States. It is estimated that one in five (21%) of those people living with HIV is unaware of their infection. Despite increases in the total number of people living with HIV in the U.S. in recent years, the annual number of new HIV infections has remained relatively stable. CDC notes that new infections continue at far too high a level, with an estimated 56,300 Americans becoming infected with HIV each year.

Figure 4-62 - Age-Adjusted HIV/AIDS Death Rate per 100,000 Population

3-Year Rolling Rates

Source: www.FloridaCHARTS.com



	2005-07	2006-08	2007-09
St. Johns County, FL	2.7	1.9	2.1
Peer County Average	3.9	3.6	3.6
State Total Average	9.1	8.4	7.4
Regional Peer Average	3.5	3.3	2.8

The HIV/AIDS death rates have declined since 2005. Recent rates for St. Johns County are statically lower than the State Total Average (p-value = 0.01) and are also lower than the Peer County and Regional Peer Averages.

The Healthy People 2020 national health target is to reduce the HIV infection deaths to 3.3 deaths per 100,000 population. *At a recent rate of 2.1, the St. Johns County community meets this national health goal.*

TABLE 37
RATE OF HIV CASES PER 100,000 POPULATION
3-YEAR ROLLING RATES

	2006-08	2007-09	2008-10
St. Johns Co.	10.3	12.1	10.4
Peer Co. Avg.	15.6	15.5	14.8
State Total Average	32.2	33.2	31.8

Source: www.FloridaCharts.com

TABLE 38
RATE OF AIDS CASES PER 100,000 POPULATION
3-YEAR ROLLING RATES

	2006-08	2007-09	2008-10
St. Johns Co.	9.0	8.3	5.9
Peer Co. Avg.	14.1	11.5	10.1
State Total Average	23.7	22.9	22.3

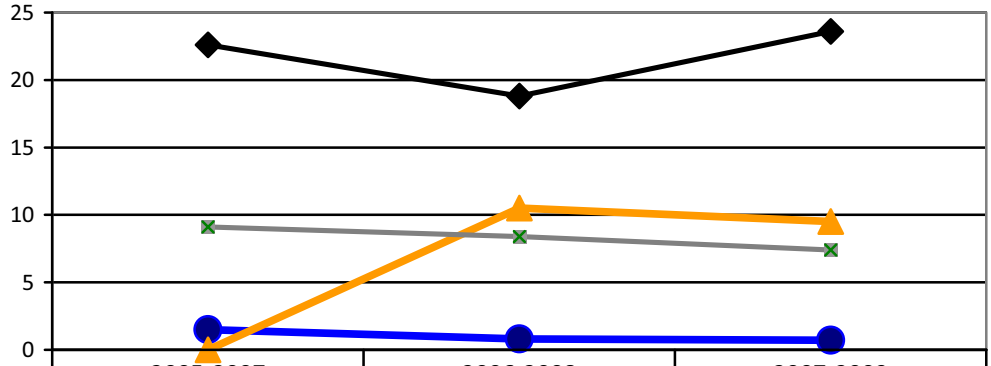
Source: www.FloridaCharts.com

The rate of HIV cases and also AIDS cases for St. Johns County are lower than the State and Peer County Averages.

Figure 4-63 - Age-Adjusted HIV/AIDS Death Rate per 100,000 Population

By Race for St. Johns County - 3-Year Rolling Rates

www.FloridaCHARTS.com



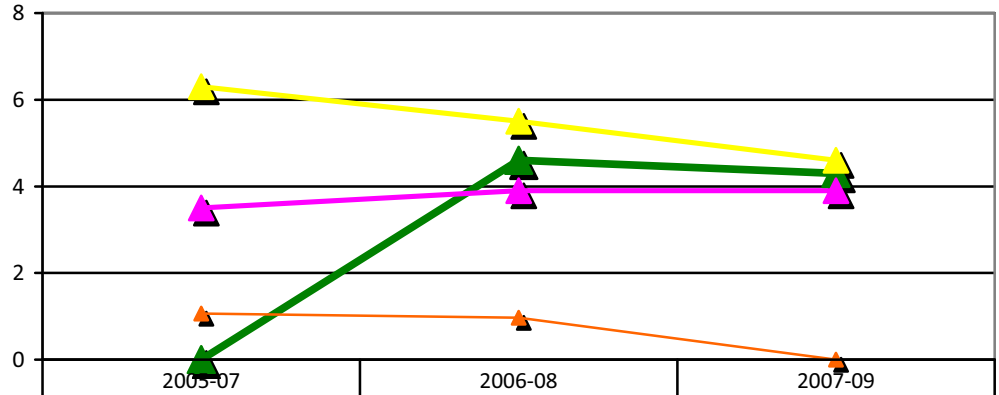
	2005-2007	2006-2008	2007-2009
White	1.5	0.8	0.7
Black	22.6	18.8	23.6
Other - Non-White	0.0	10.5	9.5
State Total - All Races	9.1	8.4	7.4

HIV/AIDS death rates for the St. Johns County's White population are lower than that of the Black and Other Non-white population rates. Since 2006, rates for the Other Non-white are slightly higher than the State Total Average (all races) and the Peer County Average. Rates for St. Johns County's Black population are significantly higher than rates for the White and Other Non-white populations and also the State Total Average (all races).

Figure 4-64- Age-Adjusted HIV/AIDS Death Rate per 100,000 Population

Hispanic Population - All Races - 3-Year Rolling Rates

www.FloridaCHARTS.com



	2005-07	2006-08	2007-09
St. Johns County, FL	0	4.6	4.3
Peer County Average	3.5	3.9	3.9
State Total Average (Hispanic)	6.3	5.5	4.6
Regional State Peer	1.1	1.0	0.0

The overall State average is on a decline. Rates for St. Johns County have increased since 2005 but are similar to the most recent State and Peer County Averages.

Sexually Transmitted Disease (STD) Rate

Chlamydia, Gonorrhea, and Infectious Syphilis

Indicator: *This indicator shows the Sexually Transmitted Disease rate per 100,000 population.*

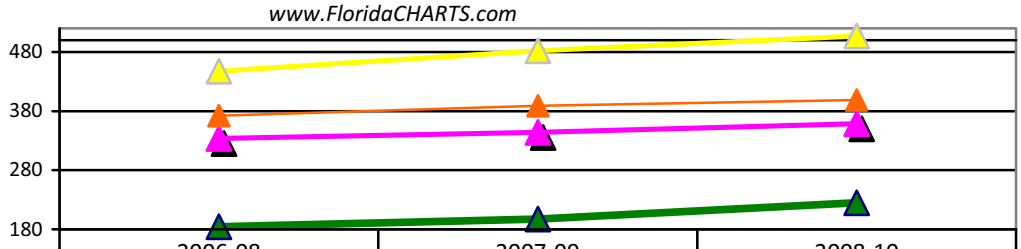
Why is this Important?

STDs refer to more than 25 infectious organisms that are transmitted primarily through sexual activity. STD prevention is an essential for improving public health. Despite their burdens, costs, and complications, and the fact that they are largely preventable, STDs remain a significant public health problem in the United States. The CDC estimates that there are approximately 19 million new STD infections each year - almost half of them among young people ages 15 to 24. The cost of STDs to the U.S. health care system is estimated to be as much as $15.9 billion annually. Because many cases of STDs go undiagnosed - and some common viral infections, such as human papillomavirus (HPV) and genital herpes, are not reported to CDC at all - the reported cases of chlamydia, gonorrhea, and syphilis represent only a fraction of the true burden of STDs in the United States.

Figure 4-65 - STD Disease Rate per 100,000 Population - *Chlamydia, Gonorrhea & Syphilis*

3-Year Rolling Rates

www.FloridaCHARTS.com



	2006-08	2007-09	2008-10
St. Johns County, FL	184.3	197.2	225
Peer County Average	333.8	344.1	358.7
State Total Average	447.7	482.3	506.8
Regional Peer Average	372.4	389.2	398.6

Sexually Transmitted Disease rates for St. Johns County are statistically lower than that of the State Total Average (p-value < .001) and are also lower than the Peer County and Regional Peer Averages. A health indicator for the "Healthy Behaviors" category of the 2011 County Health Ranking report is "Sexually Transmitted Infection" where Chlamydia Disease Rates are used. *For this indicator, St. Johns County ranked favorably, in the top, as number 4 out of 67 counties!*

The overall rate for Chlamydia Cases in St. Johns Co. is lower than the State and Peer County Averages. Rates for cases in Teen Females (ages 15-19) are lower than the State and Peer County Averages but higher than Overall Chlamydia rates.

TABLE 39
RATE OF CHLAMYDIA CASES PER 100,000 POP.
ALL AGES, ALL GENDERS, 3-YEAR ROLLING RATES

	2006-08	2007-09	2008-10
St. Johns Co., FL	142.6	160.6	187.9
Peer County Avg.	241.7	262.2	283.3
State Total Average	316.9	357.3	387.0

Source: www.FloridaCharts.com

TABLE 40
RATE OF CHLAMYDIA IN TEEN FEMALES (15-19)
PER 100,000 POP. , 3-YEAR ROLLING RATES

	2006-08	2007-09	2008-10
St. Johns Co., FL	1,174.9	1,349.8	1,641.5
Peer County Avg.	2,553.5	2,849.3	3,060.6
State Total Average	2,745.7	3,129.0	3,335.6

Source: www.FloridaCharts.com

Enteric Disease Rate

Indicator: *This indicator shows rate of select confirmed Enteric Diseases per 100,000 population.*

Why is this Important?

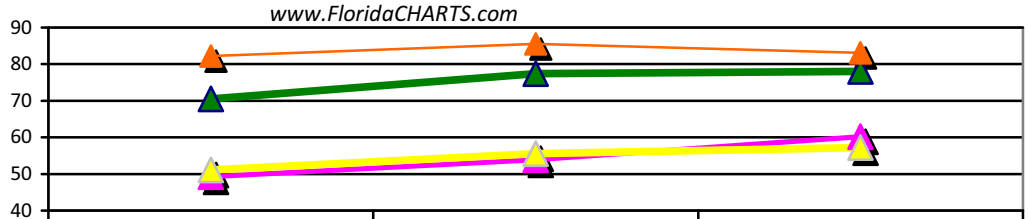
Enteric diseases are those disease that enter the body through the mouth and intestinal tract and are usually spread by contaminated food, water, or contact with contaminated vomit or feces. Transmission of these diseases can often be interrupted by regular hand-washing.

Florida's disease surveillance system involves the review and monitoring of the occurrence of such diseases. Florida law requires that medical providers report the occurrence of reportable diseases. This list of reportable *enteric* diseases, as presented in the graph below, includes - but is not limited to – diseases, such as, cryptosporidiosis, E. coli shiga toxin, Escherichia coli, giardiasis, hepatitis A, salmonellosis, shigellosis, and typhoid fever.

Figure 4-66 - Enteric Disease Rates per 100,000 Population

3-Year Rolling Rates

www.FloridaCHARTS.com



	2006-08	2007-09	2008-10
St. Johns County, FL	70.5	77.4	78
Peer County Average	49.3	53.9	60.2
State Total Average	51.1	55.6	57.2
Regional Peer Average	82.2	85.5	83.1

It's important to note that beginning in 2007, the data presented above includes both probable and confirmed cases. Most recent enteric disease rates for St. Johns County are statistically higher than the State Average (p-value < 0.0001). Recent rates are lower than that of the Regional Peer Average and slightly higher than that of Peer County Average.

TABLE 41
RATE OF ALL E. COLI CASES PER 100,000 POPULATION

	2006-08	2007-09	2008-10
St. Johns Co.	*0.8*	*0.9*	*0.4*
Peer Co. Avg.	*0.4*	*0.6*	*0.5*
State Total Average	*0.5*	*0.6*	*0.5*

Source: www.FloridaCharts.com

TABLE 42
ENTERIC DISEASE RATE IN CHILDREN AGES ≤ 6 YEARS PER 100,000 POPULATION

	2006-08	2007-09	2008-10
St. Johns Co.	*430.9*	*500.8*	*472*
Peer Co. Avg.	*262.3*	*295.9*	*330.1*
State Total Average	*274.3*	*290.5*	*288.7*

Source: www.FloridaCharts.com

The most recent rate for all E. Coli Cases in St. Johns County is slightly lower than the State and Peer County Averages. Rates for cases in children (ages 6 or younger) are higher than the State and Peer County Averages.

Community Water Systems

Indicator: *This indicator shows percent of the community that receives its potable drinking water from a Community Water System.*

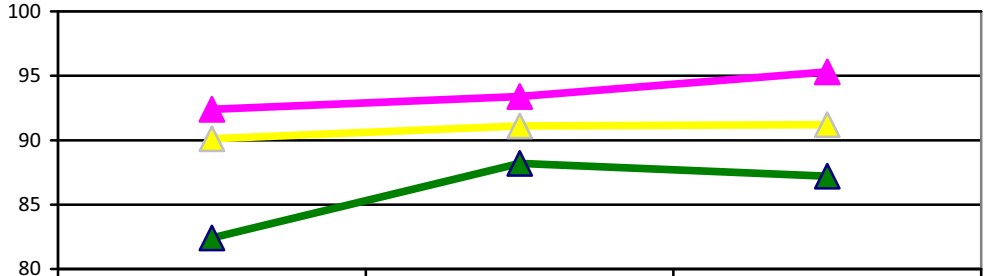
Why is this Important?

Drinking water comes from a variety of sources including public water systems, private wells, or bottled water. Ensuring safe and healthy drinking water may be as simple as turning on the tap from an EPA-regulated public community water system. Other water sources may need a water filter, a check on water fluoridation, or regular quality testing. It is important to know where drinking water comes from, how it's been treated, and if it's safe to drink.

Figure 4-67 - Percent of Community connected to a Community Water System

3-Year Rolling Rates

www.FloridaCHARTS.com



	2002-04	2005-07	2008-10
St. Johns County, FL	82.4	88.2	87.2
Peer County Average	92.4	93.4	95.3
State Total Average	90.1	91.1	91.2

Since 2002, the percent of the community that receives potable water from a regulated community water system has increased. Currently, approximately 87.2% of the St. Johns County community is connected to a regulated community water system. As homebuilding and community improvements increase throughout the County, it is expected this number will grow in the coming years.

Statistics on Community Water Systems from the CDC

- *Over 286 million Americans get their tap water from a community water system.*
- *8% of U.S. community water systems provide water to 82% of the U.S. population through large municipal water systems.*
- *Although the majority of community water systems (78%) are supplied by ground water, more people (68%) are supplied year-round by community water systems that use surface water.*

Source: ***www.cdc.gov/healthywater/drinking/public/index.html***

Population with Fluoridated Water Supply

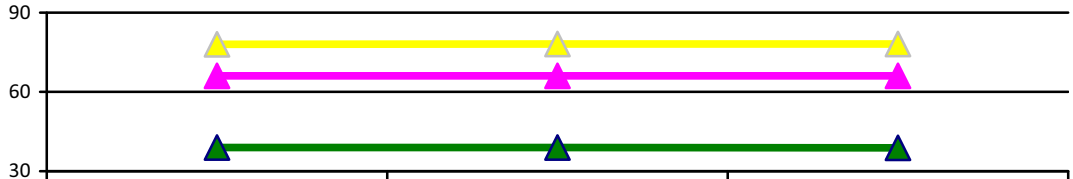
Indicator: *This indicator shows percent of the community that receives a fluoridated water supply.*

Why is this Important?

Water fluoridation prevents tooth decay mainly by providing teeth with frequent contact with low levels of fluoride throughout each day and throughout life. According to the CDC, studies show that water fluoridation reduces tooth decay by about 25 percent over a person's lifetime. Fluoride helps to re-mineralize tooth surfaces and prevents cavities from continuing to form. This safe, healthy, and effective public health intervention was initiated throughout the United States in 1945. This method of fluoride delivery benefits all people — regardless of age, income, education, or socioeconomic status. A person's income and ability to get routine dental care are not barriers since all residents of a community can enjoy fluoride's protective benefits just by drinking tap water and consuming foods and beverages prepared with it.

Figure 4-68 - Percent of the Population with a Flouridated Water Supply

www.FloridaCHARTS.com



	2006-08	2007-09	2008-10
St. Johns County, FL	38.9	38.9	38.8
Peer County Average	66.1	66.1	66.1
State Total Average	78	78.2	78.2

The trend for St. Johns County's "percent of population with a fluoridated water supply" parallels that of the State and Peer County Averages. St. Johns County's most recent rate is lower than that of the State and the Peer County Average – and has remained an average of 38.9% of the population since 2006.

The Healthy People 2020 national health target is to increase the percent of the U.S. population served by community water systems with optimally fluoridated water. The current target is 79.6%.

Facts on Fluoridation from CDC

Community water fluoridation is not only safe and effective, but it is also cost-saving and the least expensive way to deliver the benefits of fluoride to all residents of a community. For larger communities of more than 20,000 people, it costs about 50 cents per person to fluoridate the water. It is also cost-effective because every $1 invested in this preventive measure yields approximately $38 savings in dental treatment costs.

Source: www.cdc.gov/fluoridation

Access to Healthy Foods

Indicator: *Percentage of County with Access to Healthy Food Outlets*

Why is this Important?

Good nutrition is vital to good health, disease prevention, and is essential for healthy growth and development of children and adolescents. Evidence suggests that a diet of nutritious foods and a routine of increased physical activity could help reduce the incidence of heart disease, cancer, and diabetes—the leading causes of death and disability in the United States.

The CDC defines the "*food environment" as*

- The physical presence of food that affects a person's diet,
- A person's proximity to food store locations,
- The distribution of food stores, food service, & any physical entity by which food may be obtained, or
- A connected system that allows access to food.

In the CDC's *2011 Children's Food Environment State Indicator Report*, it was noted that a lack of access to retail venues in communities to purchase healthy foods, such as supermarkets, has been associated with a lower quality diet and increased risk of obesity. It was also noted that some studies suggest that greater access to convenience stores and fast food restaurants, where healthy choices may not be readily available and may cost more, has been associated with greater likelihood of obesity and lower dietary quality.

The *County Health Rankings* report sheds light on the many studies that have found an unequal distribution of supermarkets and smaller grocery stores in minority and low-income neighborhoods. Similarly, a 2009 report by the U.S. Department of Agriculture indicated that a small percentage of American consumers are limited in their ability to access affordable nutritious food because they live far from a supermarket or large grocery store and do not have easy access to transportation.

TABLE 43: HEALTH FACTORS & ACCESS TO HEALTHY FOODS
"PERCENT OF COUNTY WITH ACCESS TO HEALTH FOOD OUTLETS"

County	2010 Ranking *Percentage*	2010 Ranking of 67 Counties	2011 Ranking *Percentage*	2011 Ranking of 67 Counties
St. Johns County, FL	53.8%	19	70%	43
Peer County – Collier County	60%	6	94%	15
Peer County - Lake County	39.4%	53	63%	50
Peer County – Manatee County	56.7%	16	94%	14

The percentage used is based on Census data – "Percent of zip codes in county with healthy food outlets" Healthy food outlets include grocery stores with > 4 employees and produce stands/farmers' markets.

Source: County Health Rankings, www.CountyHealthRankings.com

In 2011, St. Johns County ranked as number 43 in the State for "Access to Healthy Food". It's important to note the rate are used to assess "Access to Healthy Food" is expected to grow with the addition of food outlets, and other improvements, within the community.

Healthy Beach Days

Indicator: *Annual percentage of days in a year locally monitored beaches are open to the public for swimming.*

Why is this Important?

Swimming at the beach is an excellent way to get the physical activity needed for a healthy life. However, it is important to be aware of ways to prevent water-related recreational water illnesses (RWIs). Many coastal beaches are regularly tested for bacteria called enterococcus. Enterococci are bacteria that are present in the intestinal tract of warm-blooded animals, including humans, and have been found to indicate the presence of other bacteria that can make you sick. Enterococcus itself can cause susceptible individuals to become sick, but is generally considered less harmful than other fecal bacteria. There are a variety of ways that unhealthy levels of bacteria can enter ocean water. These include streams and creeks, storm water runoff, animal and seabird waste, failing septic systems, sewage treatment plant spills, or boating waste. When the bacteria levels exceed normal healthy levels, then a health advisory is issued.

TABLE 44: ANNUAL PERCENT OF OPEN BEACH DAYS
BY SWIMMING SEASON FOR MONITORED BEACHES

	2006	2007	2008	2009	2010
St. Johns County, FL	100%	100%	100%	100%	100%
Peer County Average	99.4%	100%	99.7%	98.6%	99%
State Average	99.3%	94.7%	95.2%	97%	97.6%
Regional Peer Average	95.6%	99.7%	100%	99.3%	100%

Note: This data represents the % of Beach Days not under Beach Action. "Peers" limited to Counties w/coastal beaches participating in Healthy Beaches Monitoring Program.
Source: FDOH's Division of Environmental Health – Healthy Beaches Program

St. Johns County has 8 local beaches that are regularly monitored by St. Johns County Health Department / FDOH, through a national beach monitoring program. Since 2006, beaches in St. Johns County have remained open during the swimming season for residents and visitors to enjoy!

The Healthy People 2020 national health target is to increase the percent of open and safe beach days for the swimming season to a rate of 96%. *At a rate of 100%, the St. Johns County community meets this national health goal!*

United States Environmental Protection Agency's (EPA) Beach Monitoring Program

Through this national program, the EPA works with states, tribes, and local governments to strengthen local beach health monitoring efforts in an effort to protect public health at bathing beaches. This program is also improving public access to information about the quality of the water at their beaches and health risks associated with swimming in polluted water.

Source: http://water.epa.gov/type/oceb/beaches

Behavioral Risk Factor Surveillance

Summary of Selected Results from
Florida Behavioral Risk Factor Surveillance System Data Reports

The Behavioral Risk Factor Surveillance System (BRFSS) is a rich data source used to estimate the prevalence of personal health behaviors that contribute to morbidity and mortality among adults throughout the Country. In Florida, the Florida Department of Health (FDOH) has conducted this statewide telephone survey of Florida adults for several years. This is the only source of population-based estimates of the prevalence of various health and health risk behavior. The purpose of this survey is to gather information regarding personal health risk behaviors, selected medical conditions, and the prevalence of preventive health care practices among Florida adults. A total of three County-level surveys have been conducted in Florida since 2002.

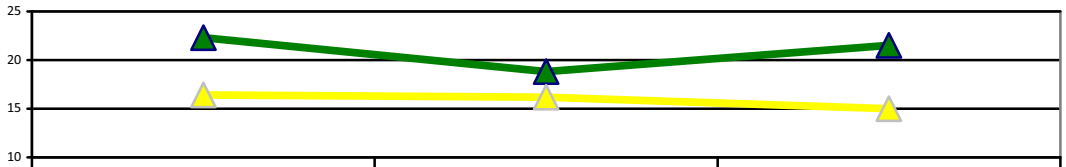
For more information on 2010 Florida Behavioral Risk Factor Surveillance System (BRFSS) State and County Data Reports, please visit the Florida Department of Health's website for the Behavioral Risk Factor Surveillance System at the following webpage: http://www.doh.state.fl.us/disease_ctrl/epi/brfss/index.htm Also, data from previous BRFSS reports can be access via Florida Charts (www.FloridaCHARTS.com).

Results for a select number of key health indicators related to this 2011 St. Johns County Community Health Needs Assessment are summarized in this report section.

Alcohol Consumption

Figure 4-69 - Percent of Adults who Engage in Heavy or Binge Drinking

Florida Behavioral Risk Factor Surveillance Survey Results



	2002	2007	2010
St. Johns County, FL	22.3	18.8	21.5
State Total Average	16.4	16.2	15

The State rate for the percent of adults who report engaging in heavy or binge drinking has declined since 2002. The 2010 rate for St. Johns County is 21.5% which is higher than that of the State. In 2010, 22.6% of St. Johns County respondents with greater than a high school education indicated that they engage in heavy or binge drinking. 27.9% of respondents in the 18 to 44 age group indicated they engage in heavy or binge drinking. 20.1% of respondents in 45 to 64 age group indicated they engage in heavy or binge drinking.

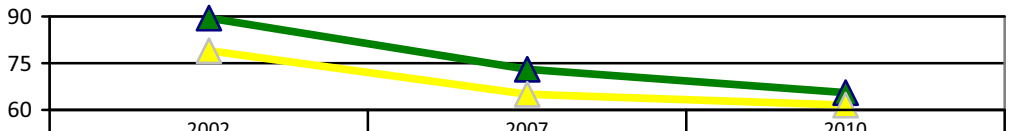
The Healthy People 2020 national health target is to reduce the proportion of adults who drank excessively in the previous 30 days to 25.3%. *At a rate of 21.5%, the St. Johns County community meets this national health goal.*

Alcohol Consumption (Heavy or Binge Drinking) is a health indicator for "Healthy Behaviors" used in 2011 County Health Rankings report; *St. Johns County ranked unfavorably as number 64 out of 67 counties.*

Behavioral Risk Factor Surveillance - continued

Breast Cancer Screening

Figure 4-70 - Percent of Women ages 40 years & Older Who Received a Mammogram in the Past Year *



	2002	2007	2010
St. Johns County, FL	89.5	73	65.5
State Total Average	79	65	61.5

** NOTE: For 2002, results are based on a similar, although not the same, question asked by the BRFSS in 2007 & 2010. The question asked in 2002 was: "Have you had a mammogram within the last 2 years?"*

The rate for St. Johns County is favorably higher than that of the State although it has declined from 73% in 2007 to 65.5% in 2010.

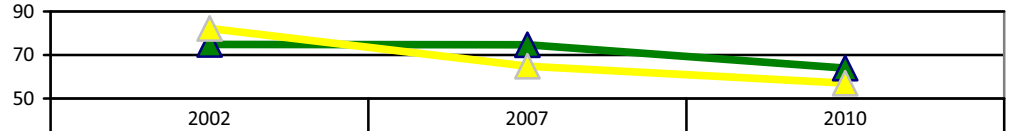
The Healthy People 2020 national health target is to increase the number of women who have received a breast cancer screening based on the most recent guidelines in 2008 (age adjusted to the year 2000 standard population) to 81.1%. *At a rate of 65.5%, the St. Johns County community has not yet met this national health goal!*

In the 2011 County Health Rankings report, an indicator used in this "Access to Clinical Care" sub-ranking included "Mammography Screenings". *St. Johns County ranked as number 21 out of 67 counties!*

Cervical Cancer Screenings (Pap smear)

Figure 4-71 - Percent of Women 18 years and older who have received a PAP smear

Florida Behavioral Risk Factor Surveillance Survey Rersults



	2002	2007	2010
St. Johns County, FL	74.9	74.7	64
State Total Average	82.2	64.8	57.1

NOTE: For 2002, results are based on a similar though the not same question asked by the BRFSS in 2007 & 2010. The question asked in 2002 was "Have you had a Pap smear within the last 2 years?" In 2007-10 asks "Have you had a Pap smear within the last year?".

Overall, rates for percent of women who report having received a Pap smear in the last year has slightly declined. At a rate of 64%, the rate for St. Johns County is favorably higher than that of the State (57.1%). For 2010, 69.4% of St. Johns County respondents in the 45 to 64 years of age group indicated they had received a PAP smear. Also for 2010, 62.2% of respondents in the 18 to 44 years of age-group indicated they had received a PAP smear.

The Healthy People 2020 national health target is to increase the number of women who have received a cervical cancer screening based on the most recent guidelines in 2008 (age adjusted to the year 2000 standard population) to 93%. *At a rate of 64%, the St. Johns County community has not yet met this national health goal!*

Healthcare Insurance & Access to Healthcare

Figure 4-72 - Percent of Adults with Any Type of Health Care Insurance Coverage

Florida Behavioral Risk Factor Surveillance Survey Rersults

	2002	2007	2010
St. Johns County, FL	82.1	88.7	92.8
State Total Average	81.3	81.4	83.0

The percentage of adults with any type of health care insurance coverage in St. Johns County is higher than that of the State and has increased since 2002 from approximately 82.1% to 92.8% during 2010. For St. Johns County in 2010, of those that indicated they were in the 18 to 44 age group, 87.2% have some type of health care insurance coverage. This percentage increases for all other age groups.

Overall rates for St. Johns County are higher than the State estimate. For St. Johns County in 2010, of those that reported having annual income of less than $25,000, 81.1% indicated that they have some type of health care insurance coverage. This percentage increases for all other income groups.

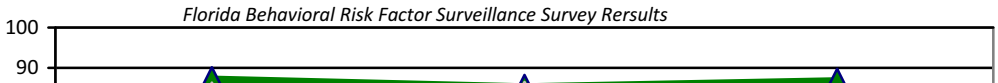
The Healthy People 2020 national health target is to increase the number of women who have received a cervical cancer screening based on the most recent guidelines in 2008 (age adjusted to the year 2000 standard population) to 93%. *At a rate of 64%, the St. Johns County community has not yet met this national health goal!*

"Access to Clinical Care" is a sub-category for the *Health Factors* category of the County Health Rankings Report. In the 2011 County Health Rankings report, an indicator used in this sub-ranking included "Uninsured Adults" which is derived from U.S. Census data. *St. Johns County ranked favorably in the top quartile as number 3 out of 67 counties!*

General Health and Quality of Life

Figure 4-73 - Percent of Adults with Good to Excellent Overall Health

Florida Behavioral Risk Factor Surveillance Survey Rersults



	2002	2007	2010
St. Johns County, FL	87.1	85.2	86.7
State Total Average	83.3	83.4	82.9

The state rate for the Percentage of adults reporting "good" to "excellent" health in St. Johns County is higher than that of the State.

Morbidity indicators, a sub-category of the *"Health Outcomes"* category of the national *County Health Rankings* report are derived from BRFSS data for "Poor or Fair Health". *St. Johns County ranked favorably in the top quartile as number 5 out of 67 counties!*

The overall state rate for the Percentage of adults who report being "very satisfied" or "satisfied" with their lives slightly decreased from 94.6% to 93.1% while the overall rate for St. Johns County residents

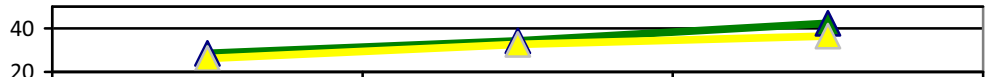
exceed that of the State remaining 94.6% through 2010. Percentage of adults who report having good mental health increased in St. Johns County from 88.8% in 2007 to 92.1% in 2010 which is higher than the State 2010 value of 88.2%.

Another indicator used in the "*Health Outcomes"* sub-ranking includes "Poor Mental Health Days" which is derived from BRFSS data. *St. Johns County ranked as number 31 out of 67 counties!*

Immunizations

Figure 4-74 - Percent of Adults who received a Flu Shot in the Last Year

Florida Behavioral Risk Factor Surveillance Survey Rersults



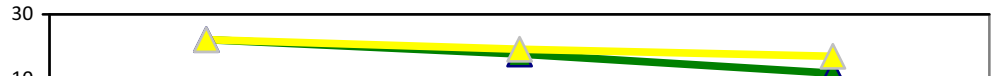
	2002	2007	2010
St. Johns County, FL	28.6	34.2	42.4
State Total Average	26.2	32.7	36.4

The overall trend for the percentage of adults who report receiving a flu shot within the past year has increased since 2002 with rates for St. Johns County slightly higher than the State. Overall rate for St. Johns County residents increased from 34.2% in 2007 to 42.4% in 2010, exceeding the State rate of 36.4%. Of those that indicated having an annual income of $50,000 or more, 45.7% reported having a flu shot in the last year. Of those that indicated having a high school education or greater, 45.5% reported having a flu shot in the last year. Of those that indicated they are in the 18 to 44 age group, 38.2% reported having a flu shot in the last year. Of those that indicated they are in the 65 and older age group, 70.1% reported having a flu shot in the last year.

The Healthy People 2020 national health target is to increase the percent of vaccinated non-institutionalized adults aged 18 to 64 years against seasonal influenza to 80%.

Tobacco Use

Figure 4-75 - Percent of Adults who are Current Smokers



	2002	2007	2010
St. Johns County, FL	22.2	17.8	11.9
State Total Average	22.2	19.3	17.1

The overall trend for the percentage of adults who reported being a current smoker has decreased since 2002. Overall rates for St. Johns County residents decreased from 17.8% in 2007 to 11.9% in 2010 which is favorably lower that the State rate of 17.1%.

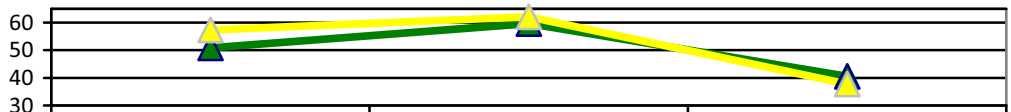
Healthy Behaviors indicators used in the *Health Factors* sub-ranking include data on "Adult Smoking" from BRFSS. *St. Johns County ranked favorably in the top quartile as number 3 out of 67 counties!*

Behavioral Risk Factor Surveillance - continued

Overweight and Obesity

Figure 4-76 - Percent of Adults who are Overweight or Obese

Florida Behavioral Risk Factor Surveillance Survey Rersults



	2002	2007	2010
St. Johns County, FL	50.9	59.7	40.6
State Total Average	57.4	62.1	37.8

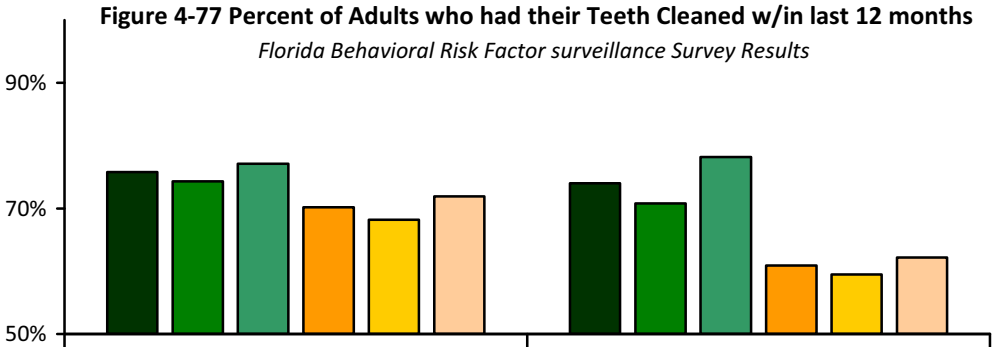
The rates for the percentage of adults who report being obese or overweight has decreased since 2002. Overall rate for St. Johns County residents decreased from 59.7% in 2007 to 40.6% in 2010. Of those that indicated being in the 18 to 44 age group, 30.2% reported being overweight/obese. Of those that indicated being in the 18 to 44 age group, 44.6% reported being overweight/obese.

Oral Health

Information pertaining to oral health collected via the 2007 BRFFS was collected by asking if adults were unable to see a dentist in the past year because it was too costly. For St. Johns County, 10.1% of all respondents indicated that they were unable to see a dentist which is lower than the State Overall rate of 19.2%.

Figure 4-77 Percent of Adults who had their Teeth Cleaned w/in last 12 months

Florida Behavioral Risk Factor surveillance Survey Results



	2002	2010
St. Johns County - Overall	75.80%	74%
St. Johns County - Men	74.30%	70.80%
St. Johns County - Women	77.10%	78.20%
Florida - Overall	70.20%	60.90%
Florida - Men	68.20%	59.50%
Florida - Women	71.90%	62.20%

With the exception of "Women who have had their teeth cleaned" within the last year, all other rates have declined slightly since 2002. During 2010, 74% of all adults in St. Johns County indicated that they had their teeth cleaned within the last year which is higher than the State Overall percentage of 60.9%. In St. Johns County, 70.8% of men indicated that they had their teeth cleaned within the last year which is higher than the State rate for men (59.5%). During 2010, 78.2% of women in St. Johns County indicated that they had their teeth cleaned within the last year which is higher than the State rate for women (62.2%).

Access to Care

Primary Care

Primary care is the entry point into the health care system for non-emergent services. Primary care providers (PCP) give routine medical care for the diagnosis, treatment, and prevention of common medical conditions. 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.

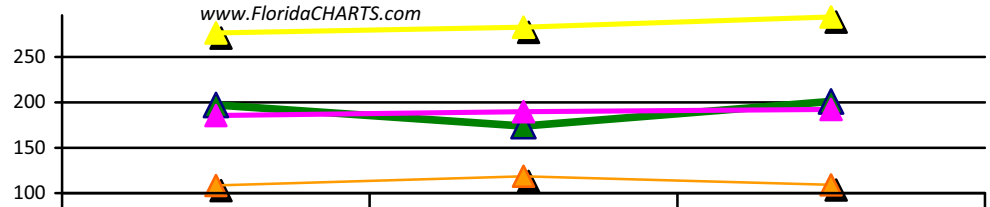
PCPs include family practitioners, internists, pediatric and general medicine physicians, obstetricians and gynecologists, nurse midwives, physician assistants, and nurse practitioners. Additionally, public health nurses and school health nurses provide primary care services to designated populations. 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.

According to the *Florida Department of Health's Physician Workforce Report* (2009), there were approximately 245 active licensed physicians registered within St. Johns County between 2008 and 2009. This report for 2010 indicates that there were 320 total active licensed physicians to practice within St. Johns County during 2010. It's important to note that there is also an unknown number of physicians who practice or reside in another county but who periodically provide care in St. Johns.

Figure 4-76 - Rate of Physicians per 100,000 Population

3-Year Rolling Rates

www.FloridaCHARTS.com



	2005-07	2006-08	2007-09
St. Johns County, FL	197.3	174.2	201.0
Peer County Average	185.7	189.9	192.2
State Total Average	276.7	283.1	294.1
Regional Peer Average	108.5	118.7	109.3

The overall trend for the State Total Average has increased since 2005. Rates for St. Johns County are lower than the State Total Average and are similar to the Peer County Average. St. Johns County rates are higher than the Regional Peer Average. It's important to note that these estimates do not account for physician distribution throughout all areas of the County, region and/or State, and it does not guarantee access to a physician for persons who are uninsured or otherwise unable to afford medical care.

St. Johns County, FL & Health Professional Shortage Designations

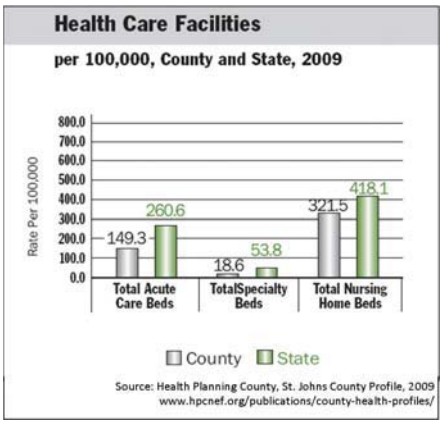
There are two types of health professional shortage designations: Health Professional Shortage Areas (HPSAs) and Medically Underserved Areas or Populations (MUAs/MUPs). Both designations consider primary care physician-to-population ratios, other high-need indicators (poverty levels, percent of the population that is elderly, infant death rate and rate of low birth weight), and barriers to access care. Designations are required for placement of health professionals under the National Health Service Corps and waiver programs for foreign physicians. Designations are also necessary for the location of community and migrant health centers and rural health clinics, programs that provide health care to underserved populations.

Access to Care - continued

As indicated on the U.S. Department of Health & Human Services HPSA database, there are currently four federal designations for the St. Johns County community which include:

1. Medically Underserved Area - *Low Income Population; Western St. Johns County*
2. Primary Health Professional Shortage - *Area - Low Income Population; Western St. Johns County*
3. Mental Health Professional Shortage Area - *Single County; Comprehensive Health Center*
4. Dental Health Professional Shortage Area - *Low Income Population; Western St. Johns County*

Figure 24 - Health Care Facilities, St. Johns Co. FL

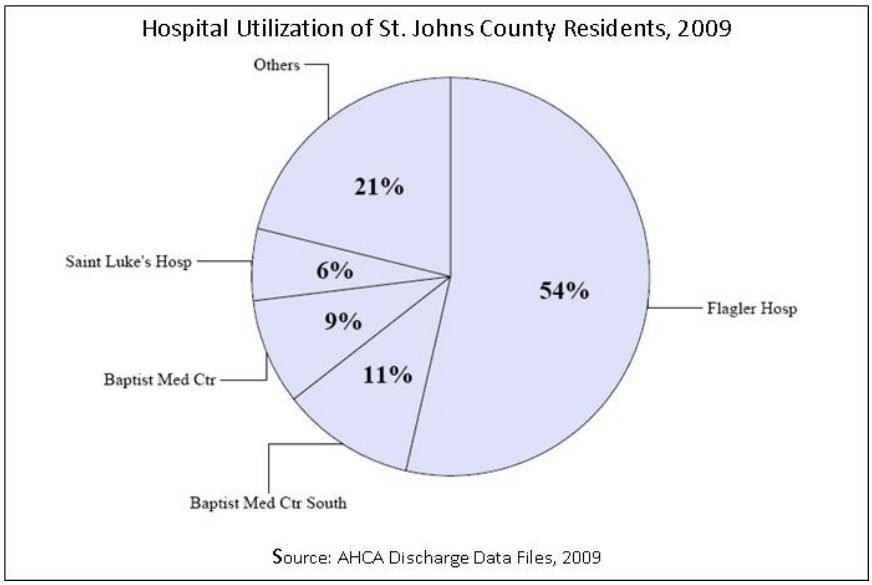


Health Care Facilities

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.

Flagler Hospital is a 335 bed, non-profit, acute care facility located in St. Johns County, Florida. Flagler's primary service area is concentrated in St. Augustine and nearby communities (zip codes 32084, 32086, 32080, 32145, 32033, 32085) where 82% of the residents utilize Flagler Hospital for inpatient services. When examining the County as a whole, including the northern most regions, Flagler serves approximately 54% of the total County population. The hospital offers a complete range of services, including cardiac, emergency, general surgery, imaging, maternity, oncology, orthopedic, neurosurgery and neonatal intensive care, among others.

Figure 25 – Hospital Utilization, St. Johns Co. FL



Serving approximately 11% of the St. Johns County community, many residents of northern St. Johns County utilize Baptist Medical Center South for their health care needs. Baptist Medical Center South is a 225 bed facility located in Southern Duval Co., adjacent to the northern county line of St. Johns County Baptist Medical Center South offers comprehensive services including radiology, surgery, emergency services, oncology, sleep lab &more.

Hospital utilization rates at Flagler Hospital by St. Johns County residents in 2009 are illustrated in Figure 25. Nearly 54% of residents received inpatient care at Flagler Hospital. An additional 11% of residents sought services at the Baptist Medical Center South facility. 6% utilized St. Luke's Hospital and 9% utilized service at the Baptist Medical Center downtown. 21% of residents utilized services outside of the St. Johns County metro-area.

The table below illustrates top ten reasons for hospitalization during 2009 for St. Johns County residents by diagnostic related groups (DRGs) for adults. Normal deliveries lead the list, followed by psychoses, depressive neuroses, and major joint and/or extremity surgeries. Septicemia, pneumonia, chest pain and dizziness and/or collapse are also in the top 10 reasons that residents visited Flagler Hospital during 2009.

TABLE 45: ADULTS DISCHARGES BY DIAGNOSTIC RELATED GROUPS (DRG)
FOR FLAGLER HOSPITAL - ST. JOHNS COUNTY RESIDENTS
- PERCENT OF TOP TEN DRGS FOR 2009 COMPARED TO PREVIOUS YEARS -

DRG Description	2007	2008	2009
775 - VAGINAL DELIVERY W/O COMPLICATING DIAGNOSES	21.7%	17.5%	19.1%
885 - PSYCHOSES	12%	15.4%	16.5%
881 - DEPRESSIVE NEUROSES	-	8.3%	9.1%
470 - MAJOR JOINT REPLACEMENT OR REATTACHMENT OF LOWER EXTREMITY W/O MCC	10%	8.5%	9.0%
871 - SEPTICEMIA OR SEVERE SEPSIS W/O MV 96+ HOURS W MCC	6%	-	8.6%
194 - SIMPLE PNEUMONIA & PLEURISY W CC	7.1%	8.7%	8.1%
392 - ESOPHAGITIS, GASTROENT & MISC DIGEST DISORDERS W/O MCC	-	8.8%	7.6%
313 - CHEST PAIN	10.2%	9.9%	7.4%
312 - SYNCOPE & COLLAPSE	-	6.7%	7.3%
287 - CIRCULATORY DISORDERS EXCEPT AMI, W CARD CATH W/O MCC	-	9.4%	7.3%

Data points for 2007 and 2008 where (-) is provided, the corresponding DRG was not in the Top Ten list.
Data Source: Flagler Hospital

The table below illustrates top ten reasons for hospitalization during 2009 for St. Johns County residents by diagnostic related groups (DRGs) for pediatrics (0 to 17 years of age). Births (deliveries), prematurity, pneumonia, bronchitis and asthma are among the top 10 reasons that pediatric visits to Flagler Hospital during 2009.

TABLE 46: PEDIATRIC DISCHARGES BY DIAGNOSTIC RELATED GROUPS (DRG)
FOR FLAGLER HOSPITAL - ST. JOHNS COUNTY RESIDENTS
- PERCENT OF TOP TEN DRGS FOR 2009 COMPARED TO PREVIOUS YEARS -

DRG Description	2007	2008	2009
795 - NORMAL NEWBORN	68%	70.4%	67.2%
794 - NEONATE W OTHER SIGNIFICANT PROBLEMS	12.7%	13.4%	16%
789 - NEONATES, DIED OR TRANSFERRED TO ANOTHER ACUTE CARE FACILITY	1.7%	3.5%	3.6%
775 - VAGINAL DELIVERY W/O COMPLICATING DIAGNOSES	-	2.3%	2.9%
792 - PREMATURITY W/O MAJOR PROBLEMS	3.6%	2%	2.9%
793 - FULL TERM NEONATE W MAJOR PROBLEMS	3.3%	-	1.9%
194 - SIMPLE PNEUMONIA & PLEURISY W CC	1.5%	2.2%	1.7%
203 - BRONCHITIS & ASTHMA W/O CC/MCC	4.7%	1.7%	1.7%
202 - BRONCHITIS & ASTHMA W CC/MCC	-	1.7%	1%
641 - NUTRITIONAL & MISC METABOLIC DISORDERS W/O MCC	1.2%	1.5%	1%

Data points for 2007 and 2008 where (-) is provided, the corresponding DRG was not in the Top Ten list.
Data Source: Flagler Hospital

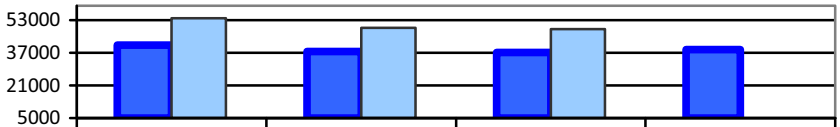
Emergency Room Care

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 illustrates trends in ER Visits at Flagler Hospital.

Figure 26 – Local ER Visits

Total Annual ER Vists for Flagler Hospital

Source: Flagler Hospital, Office of Community Benefits

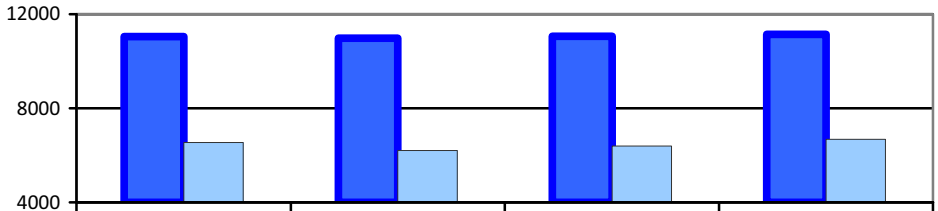


	2007	2008	2009	2010
ER Visits - St. Johns Co. Residents Only	40803	37552	37088	38460
Total ER Visits	53878	49253	48550	

Figure 27 – Local Hospital Admissions

Total Annual Inpatient Admissions for Flagler Hospital - St. Johns County Residents

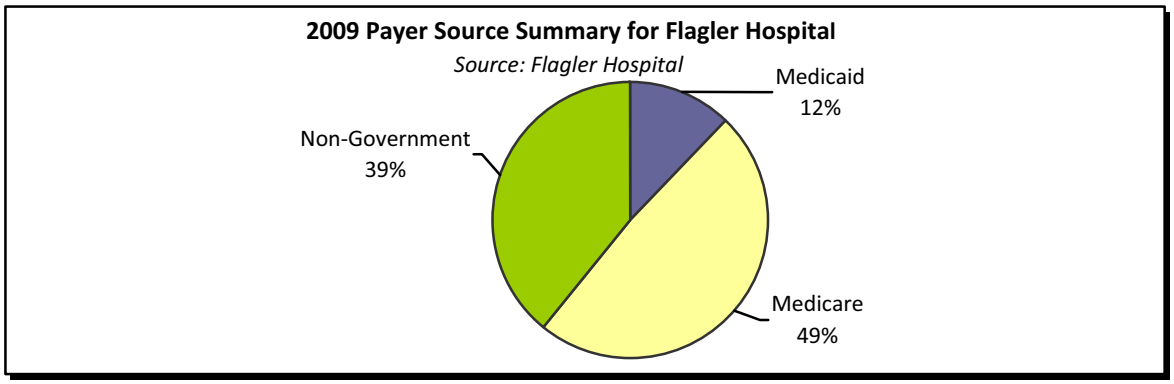
Source: Flagler Hospital, Office of Community Benefits



	2007	2008	2009	2010
Flagler - Total Inpatient Admissions	11,046	10,977	11,057	11,140
Flagler - Admissions via ER	6,549	6,210	6,401	6,680

Medical Payer Source

Figure 28 – Local Hospital Payer Source



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 47: FREE STANDING COMMUNITY NURSING HOMES, 2010

Facility Name	Licensed Beds	Occupancy %	Medicaid %	Medicare %
Clyde E Lassen State Veterans Home (Licensed 9/1/10)	120	11.8%	0.0%	0.0%
LifeCare St. Johns, Inc.	30	97.2%	0.0%	7.0%
Moultrie Creek Nursing & Rehab Center	120	95.5%	55.1%	25.0%
Ponce Therapy Care Center, The	120	88.0%	54.4%	24.7%
Saint Augustine Health & Rehabilitation Center	120	89.9%	70.0%	16.9%
Samantha R. Wilson Senior Citizens Home	120	93.3%	50.2%	28.4%
San Marco Terrace Rehabilitation and Care	68	86.8%	51.4%	22.4%
Vicar's Landing Nursing Home	60	88.2%	0.0%	7.3%
Westminster Woods on Julington Creek	60	87.2%	34.4%	16.1%

Source: Health Planning Council of NE Florida Quarterly Nursing Home Census Reports

Other Health Care Services

The following is list of health care services and agencies in St. Johns County, including home health agencies, EMS, ambulatory care centers, dialysis centers, and rehabilitative services.

TABLE 48: OTHER HEALTH CARE FACILITIES

Home Health Agencies	12	EMS/ Fire and Rescue	17
Hospice	2	Rural Health Clinics	1
Volunteer Medical Clinics	2	Renal Dialysis Units	2
Ambulatory Surgical Care Centers	8	Adult Day Care Centers	1
Nursing Homes	9	Skilled Nursing Units	10
Assisted Living Facilities	15	Hospitals	1
Federally Qualified Health Center	0	Veteran's Center – Outpatient	1

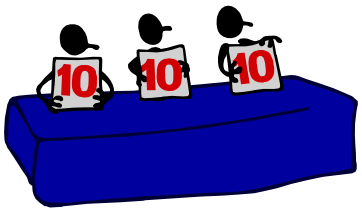
The Community Balanced Scorecard & Moving Toward Community Health Improvement

The Balanced Scorecard Concept

Upon completion of the four MAPP assessments described in Phase 3 of this Assessment, a relatively new approach was used to complete the final three phases of the MAPP process. **These activities allow us to move into the Community Health Improvement Planning (CHIP) process.** For this phase, a Community Balanced Scorecard was developed to assist in the identification of Strategic Issues (MAPP Phase 4), Formulate Goals and Strategies (MAPP Phase 5), and Take Action - Plan/Implement/Evaluate (MAPP Phase 6).

The concept of a Balanced Scorecard has been used in both for-profit companies and in not-for profit organizations and government agencies. Developed by Robert Kaplan and David Norton of Harvard Business School, this was most notably presented in their book *The Balanced Scorecard* published in 1996 by the Harvard Press. The purpose of a Balanced Scorecard for an organization is to:

1. **Translate** the organization's vision into operational goals.
2. **Communicate** the vision and link it to individual performance.
3. **Facilitate** business planning.
4. Provide measurable **feedback** and learning, and adjust the strategy accordingly.



In a traditional Balanced Scorecard, strategies are divided into four perspectives (or focus areas) to ensure that the goals, strategies and performance measures of the organization maintain a "balanced" focus on all key stakeholder groups. The four traditional perspectives include:

1. **Financial:** Encourages the identification of a few relevant high-level financial measures. In particular, designers were encouraged to choose measures that helped inform the answer to the question *"How do we look to shareholders?"*
2. **Customer:** Encourages the identification of measures that answer the question *"How do customers see us?"*
3. **Internal Business Processes:** Encourages the identification of measures that answer the question *"What must we excel at?"*
4. **Learning and Growth:** Encourages the identification of measures that answer the question "*Can we continue to improve and create value?"*

A typical organization combines performance measure and targets into a Balanced Scorecard in the following manner:

TABLE 49: BALANCED SCORECARD FOR TYPICAL ORGANIZATION

Financial Perspective	Internal Business Process Perspective
Strategy 1 - Measure/Target Strategy 2 - Measure/Target Strategy 3 - Measure/Target	Strategy 7 - Measure/Target Strategy 8 - Measure/Target Strategy 9 - Measure/Target
Customer Perspective	**Learning and Growth Perspective**
Strategy 4 - Measure/Target Strategy 5 - Measure/Target Strategy 6 - Measure/Target	Strategy 10 - Measure/Target Strategy 11 - Measure/Target Strategy 12 - Measure/Target

The Community Balanced Scorecard

The Community Balanced Scorecard for Public Health is a similar but much more recent concept and was first developed by Paul D. Epstein, Alina Simone and Lyle D. Wray in *The Public Health Quality Improvement Handbook* published in 2009 by the American Society for Quality, Quality Press.

As stated by Epstein, Simone and Wray, the purpose of the Community Balanced Scorecard for Public Health (Community Balanced Scorecard) is to align with the stated community vision in order to:

1. Pull the community together around common outcomes desired by residents and other stakeholders.
2. Bring together decision makers and leverage assets from all sectors for shared results.
3. Align key community collaborators behind a common strategy for faster measureable results.
4. Create mutual accountability for results.

Similar to the Organizational Balanced Scorecard, the Community Balanced Scorecard is divided into four perspectives. The difference is that these four perspectives are aligned with the Ten Essential Public Health Services, as outlined in Figure 13 of this Report. The four Community Balanced Scorecard perspectives include:

1. **Community Health Status** which is inclusive of the *Health Outcomes* and *Health Factors* included in the County Health Rankings report.
2. **Community Implementation** including investigations, enforcement, health promotion, and health services.
3. **Community Learning and Planning** including policies and plans, evaluation, health status monitoring, and research.
4. **Community Assets** including engaged community members and public health partners, and competent public health workforce.

Serving as the framework for the St. Johns County's Community Health Improvement Plan (Part II of this document), the intent of the Community Balanced Scorecard is that any strategies, actions, measures and targeted performance levels that are achieved in perspective number four will act as drivers for the improvement of perspective number three, while those strategies, actions, measures and targeted performance levels for perspective number three will act as drivers for perspective number two, etc. The strategies, actions, measures and targeted performance levels accomplished for any perspective will serve as a means to carry out and improve the provision of the Ten Essential Public Health Services as follows:

Figure 29**: Community Balanced Scorecard Perspectives**

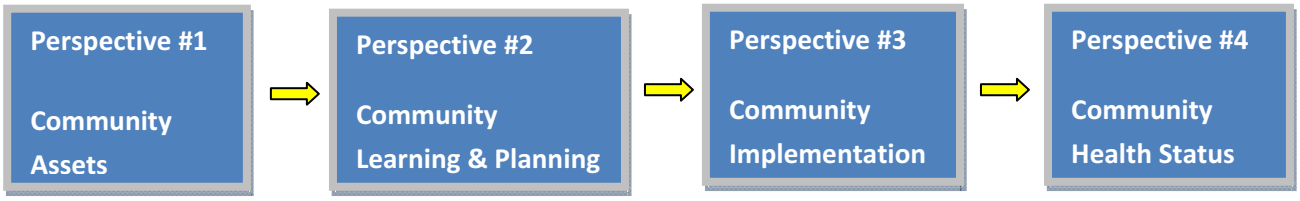


Table 50: Alignment of Community Balanced Scorecard with Ten Essential Services

PERSPECTIVE	PUBLIC HEATH ESSENTIAL SERVICE
4. Community Health Status	Improve health outcomes and health factors; minimize risks.
3. Community Implementation	**Diagnose/investigate** problems/hazards; **Inform, educate, empower** people; **Enforce** laws and regulations; **Link** people to needed services
2. Community Learning and Planning	**Monitor** health status; **Develop** policies/plans; **Evaluate** effectiveness of services; **Research** and innovation
1. Community Assets	**Mobilize** community partnerships; **Assure** competent workforce

Community Balanced Scorecard Methodology

At the onset of the 2010 - 2011 Community Health Assessment process, the concept of a ***Community Balanced Scorecard*** was introduced and agreed upon by the Health Leadership Council. The Council agreed early on that it would use the four perspectives shown above as a guide in determining strategic objectives. At the April and May 2011 meetings, the Council reviewed the preliminary results of the four MAPP Assessments and the previous Community Health Needs Assessments from 2005 and 2008.

With this in mind, the St. Johns County Health Leadership Council developed the following "top level" Community Balanced Scorecard:

Table 51: Top-Level Community Balanced Scorecard for St. Johns County Health Leadership Council

Community Health Status	Community Learning and Planning
Strategy 1: **Reduce percentage of Low Birth Weight Infants** Strategy 2: **Reduce Cancer Morbidity/Mortality (Colon / Breast /Lung)**	Strategy 6: **Develop a Community Health and Social Services Resource Tool**
Community Implementation	**Community Assets**
Strategy 3: **Reduce Substance Abuse** Strategy 4: **Increase Access to Dental Care** Strategy 5: **Increase Access to Mental Health Care**	Strategy 7: **Improve Public Health System Collaboration**

MAPP Phase 5: Formulate Goals and Strategies

During this phase, goals and strategies were developed for each of the issues that were identified in the previous MAPP Phase "Identify Strategic Issues".

As detailed in the previous section, at the May 2011 meeting, the St. Johns County Health Leadership Council agreed on seven strategies to work on during the Action Cycle of the MAPP process. The Council was asked to review these strategies and identify appropriate measures, performance targets and actions that will ensure significant progress is made in the attainment of goals, and in timely completion of actions.

Preliminary results of the four MAPP Assessments was share to the community through the Health Leadership Council as well as through the St. Johns County Health Department's website. Additional review of the four MAPP Assessments and subsequent discussion with the Council members resulted in the identification of "lead" agencies on the strategic issues identified. A more comprehensive version of the Scorecard is presented in the Community Health Improvement Plan (Part II of this document) and includes measures, targets and possible critical actions to address.

MAPP Phase 6: Take Action (Plan/Implement/Evaluate)

The Action phase of the MAPP process is a three year cycle, which will start during July 2011 and will end with the completion of the next Community Health Assessment in 2014. During this phase, the efforts of the previous phases begin to produce results, as the St. Johns County's public health system develops and implements action plans.

Under each of the seven strategic objectives, the Health Leadership Council has assigned actions to various Council members to ensure attainment of these objectives. There will be at least one action plan assigned to each of the seven objectives.

A more comprehensive version of the Scorecard is presented in the Community Health Improvement Plan (Part II of this document) which illustrates how the Community Balanced Scorecard's perspectives, strategic objectives, measures and targets, and specific actions are aligned.

During the Action phase, the Council members and key stakeholders will implement their action plans. Progress will be reported and evaluated during bi-monthly meetings of the Health Leadership Council.

PART II: Community Health Improvement Plan

St. Johns County, Florida is one of the healthiest places to live, learn, work and play, according to the most recent national ***County Health Rankings*** report released during May 2011. In this Report, published by the Robert Wood Johnson Foundation and the University of Wisconsin's Population Health Institute, the St. Johns County community ranked as number 3 (out of 67 counties) in the state for *Health Outcomes* and number 1 for *Health Factors*. These recent report findings were exciting news, especially for those within the community who strive to improve the health of local residents.

Since 2005, members of the St. Johns County Health Leadership Council (formerly the St. Johns County Health Improvement Council) have worked together to better understand current and future health care needs of St. Johns County. Championed by the St. Johns County Health Department, the process of assessing, prioritizing and addressing health needs in the community has been completed using a nationally recognized approach, called *Mobilizing for Action through Planning and Partnerships* (MAPP). The ***2011 Community Health Assessment*** is the third county-wide, community based assessment that the Council has completed.

> *"Communities come in many different sizes, shapes and colors. They vary widely in their assets and needs, in the priorities they select to address, and the policies and programs they implement to improve the health of local populations. As a result, community health improvement efforts also vary. In the midst of all this variety is one constant: people working together."* Source: Take Action; www.CountyHealthRankings.org

This document, **St. Johns County's *Community Health Improvement Plan,*** was developed as a result of the collaborative efforts by community experts, health care leaders, public health professionals and other vested members of the St. Johns County community that make up the St. Johns County Health Leadership Council. While this Plan does not address all strengths and weakness identified in the community health assessment, it does provide a clear course of direction for this Plan cycle.

One of the components of the *2011 Community Health Assessment* was the development of a ***Community Balanced Scorecard***, which identified strategic objectives and set measureable targets to move St. Johns County's community health improvement process forward. Both the *Assessment* and *Community Balanced Scorecard* serve as the foundation of this *Community Health Improvement Plan.*

The purpose of this Plan is to describe the short and long-term strategies and activities related to the targets associated with each community health priority and objectives over the next three to five years. In this Plan, a brief description of why these priorities and objectives are important for the St. Johns County Community is provided. Community Health Priorities (also called "Perspectives") and Strategic Objectives for the St. Johns County's *Community Health Improvement Plan* are outlined in the table below.

COMMUNITY HEALTH PRIORITIES	STRATEGIC OBJECTIVES
1.0 Community Assets	Improve Public Health System Collaboration
2.0 Community Learning & Planning	Develop Community Health/Social Services Resource Tool
3.0 Community Implementation	Reduce Substance Abuse
	Increase Access to Dental Care
	Increase Access to Mental Health Care
4.0 Community Health Status	Reduce Low Birth Weight Infants
	Reduce Cancer Morbidity/Mortality

Introduction & Executive Summary to CHIP - continued

The mission of the St. Johns County Health Leadership Council is to *promote, protect and improve the health of all people in St. Johns County*.

Targets and measures outlined in this Plan are aligned with the national ***Healthy People 2020*** goals and objectives. This national initiative, produced by the U.S. Department of Health & Human Services, provides science-based benchmarks for our community to track and monitor, as well as evidence-based interventions & information to guide health promotion and disease prevention efforts to improve the health of all people in the United States.

During the next three years, the members of the St. Johns County Health Leadership Council and key stakeholders will continue to work together to find creative ways to address these strategic issues. Action plans will be developed and implemented, and progress will be reported and evaluated at bi-monthly meetings of the Health Leadership Council. As a living document, this Plan will be reviewed and updated regularly to best address the needs of the community.

Source: Take Action; www.CountyHealthRankings.org

Improving the health of a community is a shared responsibility, not only of health care providers and public health officials, but of the variety of others that contribute to the well-being of its residents and visitors.

It's important to recognize that no single organization has the depth or resources needed to raise the community health to a level of sustained excellence without the strong partnerships such as with the St. Johns County's Health Leadership Council. It is the Council's goal to successfully leverage resources and address broad community health concerns, so as to have the greatest impact on improving health outcomes.

The recommendations in this *Community Health Improvement Plan* have and will continue to be worked on in collaboration with the members of the St. Johns County's Health Leadership Council.

We thank the many residents who completed health surveys or participated in focus groups, the staff who compiled statistics and wrote the Plan, and the St. Johns County Health Leadership Council, who provided guidance and identified our community's top health issues.

The Council's vision is that *St. Johns County will be among the healthiest in the nation – a vibrant, well served community enjoyed by all - supported by a diverse network of strong partners!*

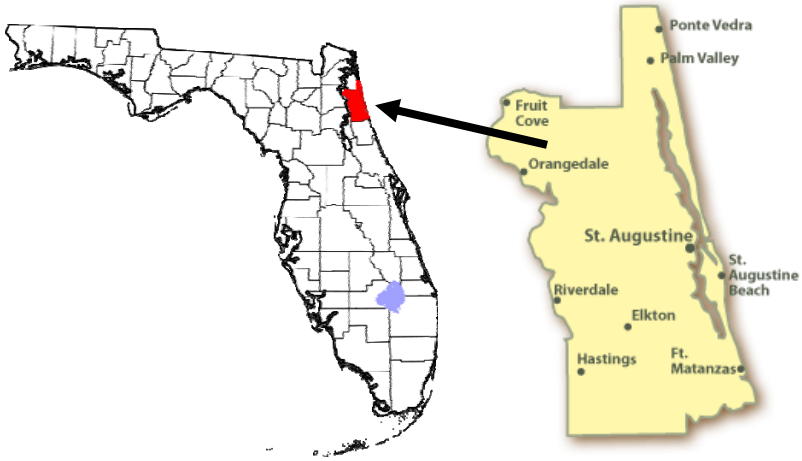
We hope that you will take a moment to review this Plan, and find an area or topic of interest and ask:

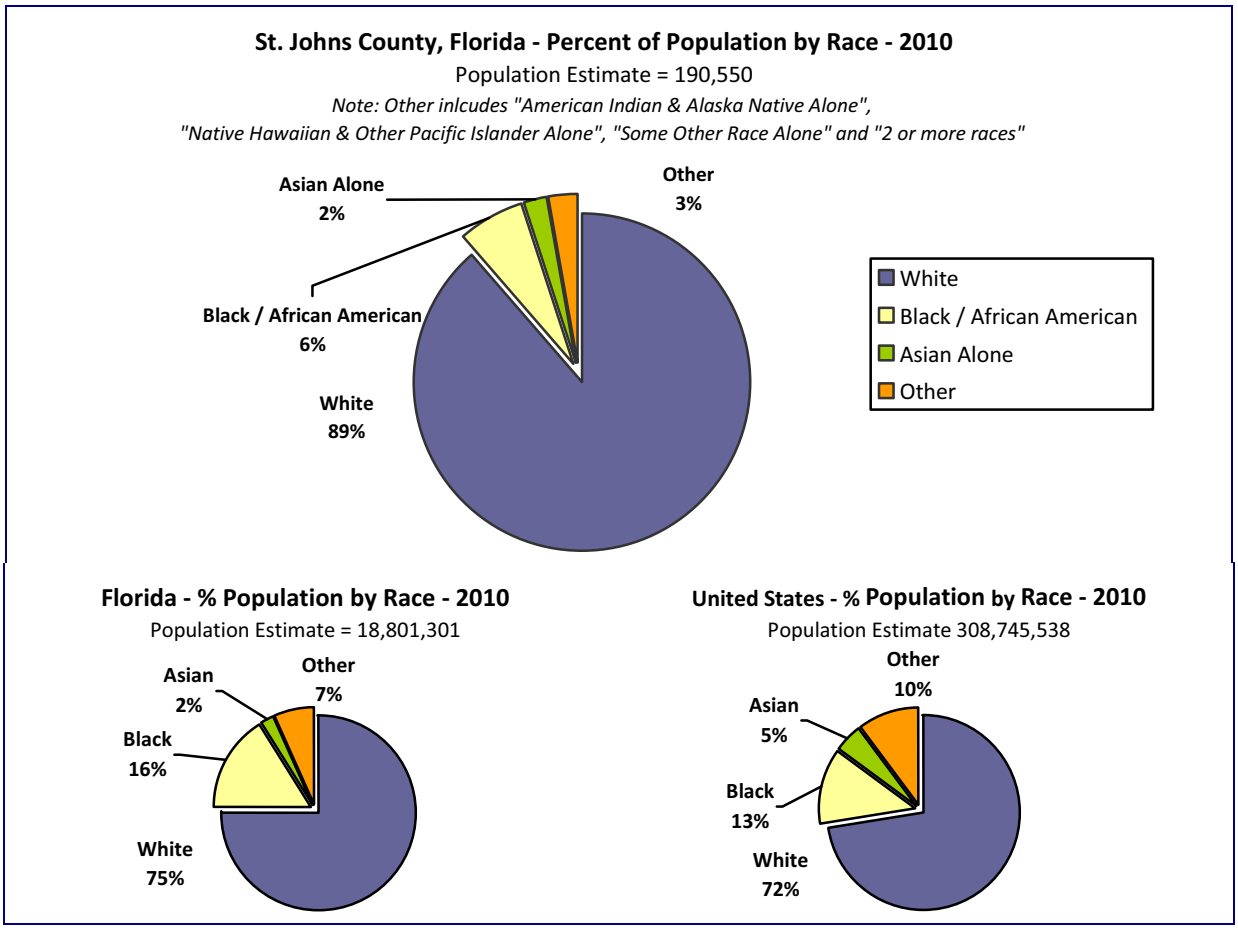
"How can I help?"

St. Johns County, FL – A Community Profile

The St. Johns County community encompasses approximately 610 square miles of land in Northeast Florida, including more than 42 miles of beaches along the Atlantic coast. Home to more than 190,000 people, St. Johns County has its own unique story, with intrinsic strengths, weaknesses, personality, and dynamics. It is with this in mind that the St. Johns County's 2011 *Community Health Improvement Plan* was developed. Similar to what was presented in the 2011 *Community Health Assessment*, below you see will "At-a-Glance" facts for the St. Johns County community.

St. Johns County, Florida





St. Johns County, FL – Community Profile – continued

Primary indicators of economic health for the County, the State, and the Nation are presented in the table below.

TABLE 52: 2009 SOCIOECONOMIC SNAPSHOT			
	St. Johns County	Florida	United States
Per Capita Income 2009	$33,706	$24,692	$26,409
Per Capita Income(2005-2009 Estimate)	$36,198	$26,503	$27,041
Mean (average) Household Income	$86,246	$62,441	$68,914
Median Household Income	$60,900	$44,736	$50,221
Persons living below Poverty	8.7%	15.0%	14.3%
Persons >25yrs w/a high school diploma	91%	84.9%	84.6%
College Graduates (Bachelor's or higher)	37.6%	25.6%	27.5%
Mean (average) Travel Time to Work in Minutes	25 minutes	25.8 minutes	25.2 minutes
Source: U.S. Census Bureau, 2009 American Community Survey(ACS)			

The poverty level is a reflection of a community's ability to meet basic needs necessary to maintain health and wellbeing. A high poverty rate is both a cause and a consequence of poor economic conditions. It is also an indication of the availability of employment opportunities within a community.

TABLE 53: % OF FAMILIES AND PEOPLE WHOSE INCOME W/IN PAST 12 MONTHS IS BELOW THE POVERTY LEVEL					
	All families	All families w/ children ≤ 5 years of age	Families w/ female head of household, no husband present	All People	All People ≥ 65 years of age
St. Johns County, FL	5.1%	8.7%	19.7%	7.4%	6.4%
State Average	9.5%	16.1%	25.5%	13.2%	10.1%
National Average	9.9%	16.6%	28.7%	13.5%	9.8%
Source: U.S. Census Bureau, American Community Survey 5-year Estimates, 2005-2009					

As noted in the national *County Health Rankings* reports, there is a positive relationship between health outcomes and advanced education levels. An "At-a-Glance" view of educational attainment within the St. Johns County Community is provided in the table below.

TABLE 54: EDUCATIONAL ATTAINMENT - % OF POPULATION 25 YEARS AND OVER				
	Some college, no degree	Associate's degree	Bachelor's degree	Graduate or professional degree
St. Johns County, FL	22.4%	8.2%	24.3%	13.3%
State Average	20.4%	8.4%	16.6%	9.0%
National Average	20.3%	7.4%	17.4%	10.1%
Source: U.S. Census Bureau, American Community Survey 5-year Estimates, 2005-2009				

Building Community Capacity through Collaboration

One important role of public health is to lead the assessment of the capacity of a community to meet the healthcare needs of citizens and to work to provide the access needed to meet those needs.

> *"A community with capacity turns plans into results. Whether it's using benchmarks to gauge progress or setting milestones to mark accomplishments, the momentum and bias for action come through as a community gets things done."*
>
> *Source: Eight Outcomes of Community Capacity Building, www.bankofideas.com.au*

The purpose of community capacity building is to enable people in a community to work together make well-considered and collaborative decisions, develop a vision and strategy for the future, create local solutions for local problems, and act over time to make these real.

A goal of the St. Johns County's Health Leadership Council is to successfully leverage resources and address broad community health concerns, so as to have the greatest impact on improving health outcomes. For this to happen, community capacity must exist.

The three essential ingredients of community capacity - commitment, resources, and skills - are developed through effort and will, initiative and leadership. These are used to build on community strengths and address opportunities for community improvements. Communities that have the ways and means to undertake challenges demonstrate "capacity".

St. Johns County's capacity was assessed through MAPP Phase Three of the Four MAPP Assessments. were complete for the *2011 Community Health Needs Assessment* and this Plan. The Four MAPP Assessments are described in the list below:

1. The **Forces of Change Assessment** focused on the identification of forces such as legislation, policy, technology and other impending changes that affect the context in which our community and how the public health system operates. (***September 2010 through October 2010***)
2. The **Local Public Health System Assessment,** a comprehensive review of all the organizations and entities within our Public Health System, assessed the capacity and how the "Ten Essential Services of Public Health" are being delivered within our community. (***November 2010***)
3. The **Community Themes and Strengths Assessment** provided an understanding of the health issues that our residents felt were most important, including quality of life. (***February 2011 through April 2011***)
4. The **Community Health Status Assessment** included the collection of community health data and health survey results to analyze, identify, and assess health status, factors, and outcomes within our community. (***March 2011 through June 2011)***

These collaborative activities allowed for the Health Leadership Council to **Identify Strategic Issues during MAPP Phase 4** which resulted in the development of a Community Balanced Scorecard (***April 2011 through June 2011***). As the basis for this Plan, the Community Balanced Scorecard is used to link the identified strategic issues during **MAPP phase 5 (Formulate Goals and Strategies)**.

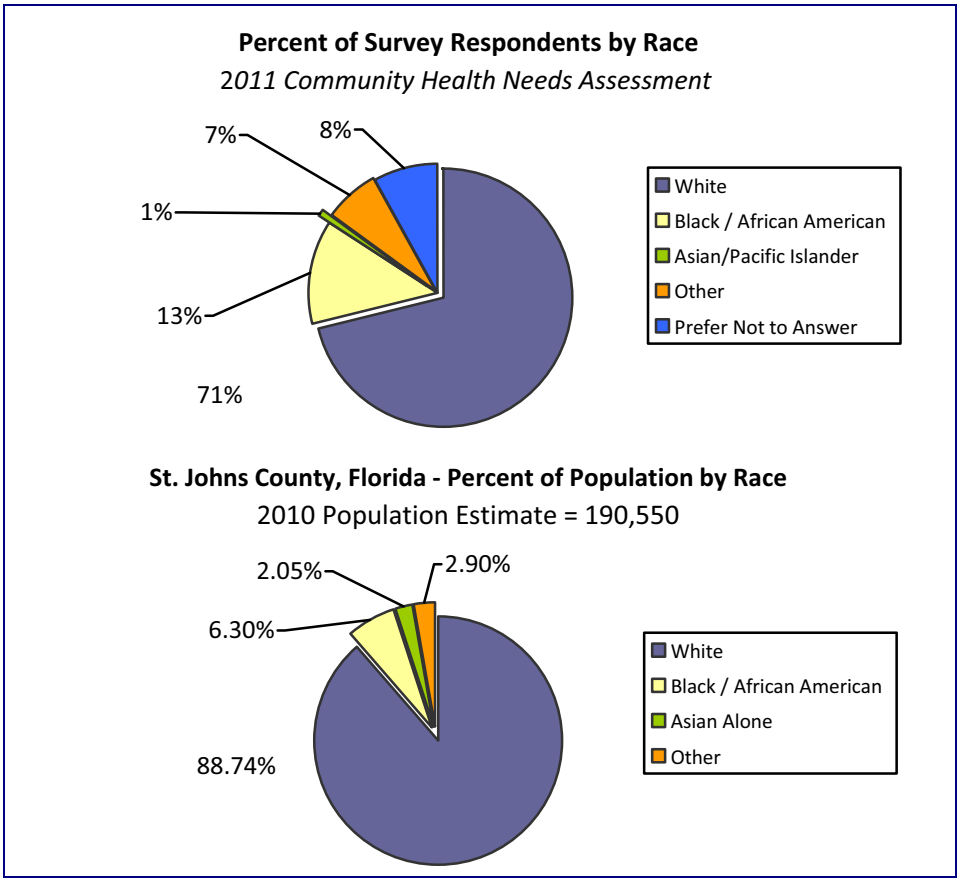
Upon completion and review of data collected through the **four MAPP Assessments,** the Health Leadership Council has begun the developing action plans for improving the health of the St. Johns County Community. This Health Improvement Plan takes that data and information, and outlines how our community will move forward in addressing the health issues identified.

Highlights of the Community Assessment Results

Summary of Responses to the Community-wide Survey – "At-a-Glance"

As previously mentioned, a component of the MAPP Community Themes and Strengths Assessment included a survey intended to gather residents' thoughts, opinions and concerns about their health, and the quality of healthcare services available in St. Johns County. This survey was conducted county-wide over a two-month period (***February 2011 through April 2011***) in order to ascertain the perceived health issues that our residents felt were most important, including quality of life. For more information on all MAPP Assessment results, please see the St. Johns County's *2011 Community Health Assessment*.

- The majority of respondents included those within the following age-groups:
  - 14% were 18 to 25 years of age
  - 27% were 26 to 39 years of age
  - 25% were 40 to 54 years of age
  - 13% were 55 to 64 years of age
- Respondents indicated they lived in the following zip-codes:
  - 79% from the St. Augustine Area (32080, 32084, 32085, 32086, 32092, 32095)
  - 13% from Southwestern St. Johns County (32145, 32033)
  - 9% from Northern St. Johns County (32081, 32082, 32259)
- A total of 1,287 surveys were collected. This sample size in relation to the St. Johns County 2010 U.S .Census population estimate of 190,550 reflects a 95% confidence level with ±3 % accuracy with.



Highlights of the Community Assessment Results - continued

"A Healthy Community: A community that is continuously creating and improving those physical and social environments and expanding those community resources that enable people to mutually support each other in performing all the functions of life and in developing to their maximum potential."

Source: Healthy Community Defined by the CDC's Healthy Places; www.cdc.gov/healthyplaces

The community survey asked St. Johns County residents how they felt about their general health and quality of life within the St. Johns County community. Results included:

- **24%** of survey respondents rated having "Excellent" health
- **51%** of survey respondents rated having "Good" health
- **16%** of survey respondents rated having "Fair" health

Additional survey questions included, but are not limited to, the following questions. For the complete listing along with responses, please see the 2011 Community Health Assessment (Part 1 of this document).

- *What do you feel are barriers for you to getting health care?*
- *What are unhealthy behaviors you are most concerned about in St. Johns County?*
- *What are the most important features of a healthy community?*

The following are the top five health problems that are most important to St. Johns County residents, as identified through the community survey.

- ***Addiction (Drugs or Alcohol)***
- ***Cancer***
- ***Child Abuse / Neglect***
- ***Mental Health Problems***
- ***Heart Disease & Stroke***

The following are the top five health services that are difficult to obtain in the community as identified through the community survey.

- ***Dental / Oral Care***
- ***Mental Health / Counseling***
- ***Primary Care (ie family Doctor or Walk-in Clinic)***
- ***Substance Abuse Services***
- ***Prescriptions / Medications / Medical Supplies***

Summary of Focus Groups Results

Another component to the MAPP Community Themes and Strengths Assessment included the collection of data through the use of focus groups county-wide during ***February 2011 through March 2011***. The common themes that resulted from the focus groups include:

- ***Need for improved transportation***
- ***Need for healthcare and/or social services for the working poor.***
- ***Need for improved coordination among service agencies.***

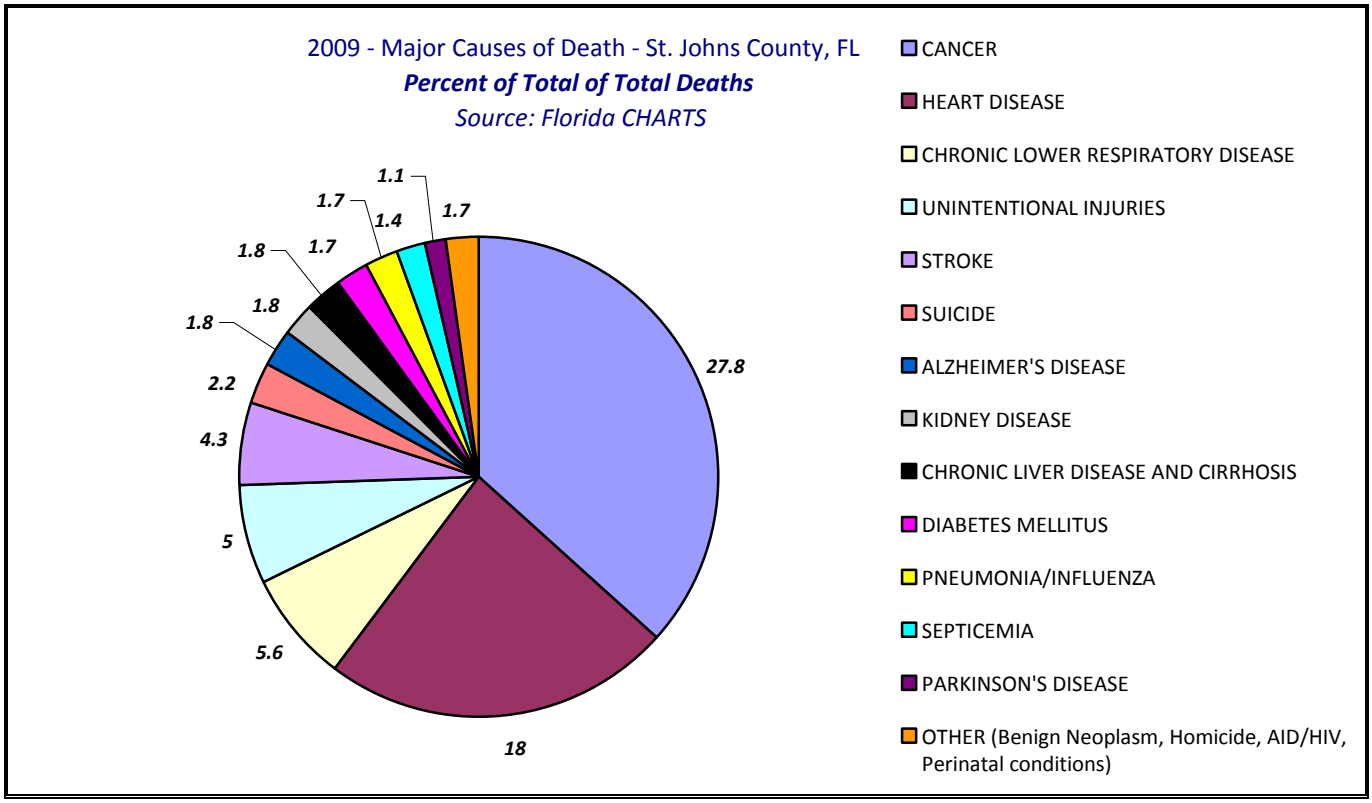
Highlights of the Community Assessment Results - continued

Summary of Community Health Status Assessment

The **Community Health Status Assessment** was completed during ***March 2011 through June 2011*** and included the collection of community health data to identify and analyze health status, factors, and outcomes within our community. Reliable data is a building block of Public Health. Local public health departments, like the St. Johns County Health Department/Florida Department of Health use a variety of data in developing programs and services, in determining resource needs, and to identify health hazards. Data collected through the MAPP assessments allows the St. Johns County Health Department, Flagler Hospital, and the other members of the Health Leadership Council to take that information and develop action plans for improving the health of the public.

Mortality rates are key indicators of the "**State of Health**" of a community. A number of deaths in St. Johns County are premature and preventable. Behavior modification and risk reduction may 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 healthier lifestyle and receiving regular medical care.

The figure below summarizes age-adjusted death rates for leading causes of death for all races in St. Johns County. Cancer was the leading cause of death for 2009, 27.8% of all deaths in St. Johns County while death from Heart Disease was the second leading cause, accounting for 18% of all deaths within the community.



For more information on mortality rates and mortality by race, ethnicity and age, please see the 2011 Community Health Assessment (Part 1 of this document).

Highlights of the Community Assessment Results - continued

The National County Health Rankings Reports

By every picture of mortality (length of life) and morbidity (how healthy people feel), St. Johns County presents as a place where people live well and live long. In fact, it is the third healthiest county in the state, according to results published in the recent *2011 County Health Rankings*.

The *County Health Rankings* reports, www.CountyHealthRankings.org, show us that where we live matters to our health. The health of a community depends on many different factors – ranging from individual health behaviors, education and jobs, to quality of health care, to the environment.

For St. Johns County, the release of *County Health Rankings 2010* came at the perfect time. The strengths and weaknesses identified in the report validated the findings (health priorities) previously identified in past community needs assessments. The similarity in both reports helped the county focus on areas where public health needs were identified, as addressed in this Plan.

Why Rank?

The reason for ranking county health is to serve as a "call to action" for our community to:

- Understand the health problems within in the St. Johns County community
- Get more people involved in building and sustaining a healthier St. Johns County
- Recognize that much of what influences our health happens outside the doctor's office

The *County Health Rankings* is an improvement tool which allows the St. Johns County community to compare our overall health in relation to other counties within the State, and compare performance on specific health factors against national benchmarks.

Health Factors* and *Health Outcomes - Both are used to determine how healthy a community is.

- *Health factors* represent what influences the health of a county "tomorrow" and include four types: health behaviors, clinical care, social and economic factors, and the physical environment. In turn, these factors are based on several measures, many of which the ***St. Johns County's Health Leadership Council*** have addressed in this Plan — tobacco use, diet and exercise, alcohol use, access to care, quality of care, family and social support, and built environment. During 2010 and 2011, **St. Johns County ranked #1 (out of 67 counties) in Health Factors.**
- *Health outcomes* represent "today's health" — how healthy a county currently is by measuring: how long people live (mortality) and how healthy people feel (morbidity). **In 2011, St. Johns County ranked #3 (out of 67 counties) in *Health Outcomes*. This is a slight decline from #2 in 2010.**

St. Johns County has many strengths that support healthy communities including a highly educated population; residents with resources making it easier to stay healthy (median household income of $60,900 as compared to state median of $44,736); lowest percentage of children in poverty; and low crime rates.

Programs and policies implemented at the local, state and federal levels impact a variety of health factors, which in turn determine health outcomes. It is important to find evidence-based programs and policies that work, implement strategies for change and evaluate efforts. Additionally, recognition of the varied cultural practices and linguistic needs of St. Johns County residents is a critical component in efforts to eliminate disparities.

We must recognize the impact that social determinants have on health outcomes within our community as a whole, as well as, within specific populations. It is the intent of this Plan is to facilitate recognition and appropriate action.

2011 County Health Rankings & St. Johns County Snapshot

	ST. JOHNS COUNTY	ERROR MARGIN	NATIONAL BENCHMARK*	FLORIDA	RANK (OF 67)
HEALTH OUTCOMES					**3**
Mortality					2
Premature death — Years of potential life lost before age 75 per 100,000 population (age-adjusted)	6,082	5,650-6,514	5,564	7,896	
Morbidity					4
Poor or fair health — Percent of adults reporting fair or poor health (age-adjusted)	12%	9-16%	10%	16%	
Poor physical health days — Average number of physically unhealthy days reported in past 30 days (age-adjusted)	2.8	2.2-3.4	2.6	3.5	
Poor mental health days — Average number of mentally unhealthy days reported in past 30 days (age-adjusted)	3.6	2.8-4.5	2.3	3.5	
Low birthweight — Percent of live births with low birthweight (< 2500 grams)	7.4%	6.9-7.9%	6.0%	8.5%	
HEALTH FACTORS					**1**
Health Behaviors					5
Adult smoking — Percent of adults that report smoking >= 100 cigarettes and currently smoking	16%	13-20%	15%	20%	
Adult obesity — Percent of adults that report a BMI >= 30	22%	19-25%	25%	24%	
Excessive drinking — Binge plus heavy drinking	21%	17-26%	8%	16%	
Motor vehicle crash death rate — Motor vehicle crash deaths per 100,000 population	18	15-21	12	19	
Sexually transmitted infections — Chlamydia rate per 100,000 population	164		83	389	
Teen birth rate — Teen birth rate per 1,000 female population, ages 15-19	29	27-30	22	45	
Clinical Care					5
Uninsured adults — Percent of population under age 65 without health insurance	21%	18-25%	13%	27%	
Primary care providers — Ratio of population to primary care providers	793:1		631:1	983:1	
Preventable hospital stays — Hospitalization rate for ambulatory-care sensitive conditions per 1,000 Medicare enrollees	68	66-70	52	65	
Diabetic screening — Percent of diabetic Medicare enrollees that receive HbA1c screening	79%	73-85%	89%	82%	
Mammography screening — Percent of female Medicare enrollees that receive mammography screening	70%	64-76%	74%	67%	
Social & Economic Factors					1
High school graduation — Percent of ninth grade cohort that graduates in 4 years	75%		92%	65%	
Some college — Percent of adults aged 25-44 years with some post-secondary education	69%		68%	58%	
Unemployment — Percent of population age 16+ unemployed but seeking work	8.5%	8.4-8.7%	5.3%	10.5%	
Children in poverty — Percent of children under age 18 in poverty	10%	8-12%	11%	18%	
Inadequate social support — Percent of adults without social/emotional support	14%	10-19%	14%	21%	
Single-parent households — Percent of all households that are single-parent households	21%		20%	35%	
Violent crime rate — Violent crime rate per 100,000 population	395		100	706	
Physical Environment					12
Air pollution-particulate matter days — Annual number of unhealthy air quality days due to fine particulate matter	0		0	0	
Air pollution-ozone days — Annual number of unhealthy air quality days due to ozone	0		0	5	
Access to healthy foods — Healthy food outlets include grocery stores and produce stands/farmers' markets	70%		92%	82%	
Access to recreational facilities — Rate of recreational facilities per 100,000 population	13		17	9	

Source: www.countyhealthrankings.org/florida/st-johns

2011 SJC Community Health Improvement Plan (CHIP) - Overview

The *St. Johns County 2011 Community Health Improvement Plan* (CHIP) was developed through collaboration with the community stakeholders and partners who are putting it into action. In this Plan, there are specific goals with each of the identified community health priorities (also called "perspectives"). While this Plan does not address every strength and weakness identified in the Community Health Assessment, it does provide a clear course of direction for this Plan cycle.

MAPP Phase 4: Approach to Identifying Strategic Issues

During MAPP Phase 4, *Identification of Strategic Issues,* the Health Leadership Council utilized the Balance Scorecard concept for the St. Johns County Community which is based on the data yielded from the Four MAPP Assessments. This resulted in the development of a Community Balanced Scorecard. For more information on the Balanced Scorecard Concept, please see the section entitled *"Identifying Key Strategic Issues & The Community Balanced Scorecard"* located Part I of this Report.

After analysis and consideration of community feedback and statistical health data, the St. Johns County Health Leadership Council developed a list of community health priorities that they could have the greatest impact on.

Questions asked during the selection process included:

- **Statistical Data**: *Is the data trending up or down? Is it significantly better or worse than the State or the Peer County Average, or the National Average?*
- **Perceptual Data**: *What does the community believe our main health concerns are?*
- **Opportunities for Greatest Probable Impact**: *Where can the greatest impacts be made over the next 3 years when considering available resources, as well as, capacity within the St. Johns County community and public health system?* What is the risk of not addressing an issue?

The following **criteria** were also used to assist in the determination of the most important strategic objectives:

1. Must move towards addressing a strategic issue.
2. Must be realistic.
3. Should be attainable in 1 – 3 years (the MAPP action cycle is 3 years).
4. Must be measureable.

- STRATEGIC OBJECTIVE - *COMMUNITY HEALTH PRIORITIES*	- RATIONALE -
Reduce number of Low Birth Weight Infants	Disparity among Community Populations 2009 Black rate = 14.4% vs. White rate = 6%
Reduce Cancer Mortality Rates	#1 Leading cause of death in St. Johns County #2 Health Problem: Cancer – 22%
Reduce Substance Abuse	#1 Health Problem (Survey): Addiction (Drugs/Alcohol) - 46% #1 Unhealthy Behavior (Survey): Drug Abuse – 40% #2 Unhealthy Behavior (Survey): Adult Alcohol Abuse – 29% #3 Unhealthy Behavior (Survey): Underage Drinking and Overall Tobacco Use – tied at 25% #4 Difficult to Obtain (Survey): Substance Abuse Services – 18%
Increase Access to Dental Care	#1 Difficult to Obtain (Survey): Dental/Oral Care – 41%
Increase Access to Mental Health Care	#2 Difficult to Obtain (Survey) Mental Health Counseling - 21% #3 Health Problem (Survey): Mental Health Problems -21%
Develop a Community Resource Tool	Enhance linkage to services and public health system collaboration.
Improve Public Health System Collaboration	Outcome of Forces of Change Assessment, LPHSA Assessment and 03/18/11 Report *"An Assessment of Health and Human Services in St. Johns County, FL: Need and System Perspectives" by Analytica.*

MAPP Phase 5: Formulating Goals & Strategies

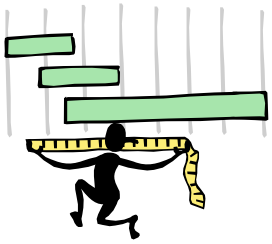
Targets and measures outlined in this Plan are aligned with the national ***Healthy People 2020*** goals and objectives, wherever applicable. The science-based measurable objectives and goals identified in Healthy People 2020 are applicable at the national, State, and local levels. These objectives and goals allow communities to engage multiple sectors, to take actions to strengthen policies and improve practices that are driven by the best available evidence and knowledge.

As with Healthy People 2020, the overarching goal of utilizing evidence-based goals and strategies is to ensure that the St. Johns County Community sustains its journey to:

- Promote quality of life, healthy development, and healthy behaviors across all life stages.
- Achieve health equity, eliminate disparities, and improve the health of all groups.
- Create social and physical environments that promote good health for all.
- Support programs or policies recommended in both the national health plans and Florida (*State Health Improvement Plan* coming soon!)

MAPP Phase 6: Take Action! - Tracking & Evaluating Results

This implementation phase of the MAPP process is a three-year cycle, which begins during July 2011 and will end with the completion of the next Community Health Assessment in 2014. During this phase, the efforts of the previous phases begin to produce results, as the St. Johns County's public health system develops and implements action plans.



The success of each goal is based on outcome measurements that track progress and project impact. Each goal has an assigned owner and, for some, a task force and/or additional work groups who are (or will be) working together to develop coordinated Action and Evaluation plans. Progress will be monitored by each owner as well as the Health Leadership Council.

Evaluation will remain important throughout the remainder of the three-year cycle so that progress toward Plan goals is both meaningful and measurable. Continual plan updates will regularly occur and will be based on feedback members of the Health Leadership Council. Lessons learned from what actions taken will help guide future actions (i.e. what worked well? what didn't work well?). Evaluation will also help to inform key decision makers to decide if the right strategies were implemented, as well as, if the desired outcomes were achieved.

The Community Balanced Scorecard provided in this document (Table 55) presents a comprehensive view of the Community Health Priorities (also known as "Perspectives"), strategic objectives, measures and targets, and specific actions.

With publishing and deployment of this document, the Community Health Improvement Plan is now *"live"!* However, it is important to note that this living document, like all things in life, is flexible and can easily accommodate potential actions resulting from "forces of change".

TABLE 55: ST. JOHNS COUNTY COMMUNITY BALANCED SCORECARD - 2011						
PERSPECTIVE	**STRATEGIC OBJECTIVE**	**MEASURE**	**CURRENT PERFORMANCE LEVEL**	**TARGET**	**CRITICAL ACTIONS**	**STATUS R/Y/G**
4.0 Community Health Status	**4.1 Reduce percentage of Low Birth Weight Infants**	• Percentage of low birth weight (< 2500 grams) infants	**2009:** 6.7%	**2014:** 6.3%	SJC Infant Mortality Task Force: • Promote healthy pre-pregnancy/pregnancy BMIs • Reduce tobacco usage among pregnant women • Increase pregnancy intervals	
	4.2 Reduce Cancer Morbidity/Mortality Rates (Colon/Breast/ Lung)	• Rate per 100K population *Data Sources Include:* •*FloridaCHART.com* •*BRFSS* •*Flagler Hospital*	**Latest 3 year rolling rates:** • Colon MB 36.5 • Breast MT 18.9 • Lung MB 86.0 *MB = Morbidity *MT = Mortality	**2014:** 34.5 16.9 84.0	Flagler Hospital: • Collaborate with GI MDs • Community outreach and education about early testing and screening • Reinstate "Triple Touch" program • Promote smoking prevention & cessation programs	
3.0 Community Implementation	**3.1 Reduce Substance Abuse**	• Percent of Population Reporting Substance Abuse Data Sources include: • *BRFSS* • *Florida Youth Tobacco Survey* • *Florida Youth Substance Abuse Survey)*	**2010 Rates:** **Binge**: Adult 21.5% Youth 15.2% **Cigarettes**: Adult 11.9% Youth 15.7% **Marijuana**: Youth 14.6%	**2014**: 19% 12.2% 10.1% 15.2% 13.0%	By various Agencies: • Increase prevention and intervention evidence-based practices and services • Increase community awareness and outreach • Increase referrals for addiction services • Increase number of clients in treatment in case management	
	3.2 Increase Access to Dental Care	• Flagler Hospital ER Admissions for Dental Emergencies • Dental Visits /Services provided by Wildflower Clinic	**2010:** 928 1250	**2014:** 928 *(Goal is to Sustain Levels)* 2250	Wildflower Clinic: • Increase number of volunteer dentists and hygienists • Decrease no-show rate for patient appointments	

Status will be reviewed using a stoplight approach as follows:

RED - Not on target
YELLOW - Falling behind
GREEN - On Target

Table 55: St. Johns County Community Balanced Scorecard - 2011						
Perspective	**Strategic Objective**	**Measure**	**Current Performance Level**	**Target**	**Critical Actions**	**Status R/Y/G**
3.0 Community Implementation	**3.3 Increase Access to Mental Health Care**	• Flagler Baker Act Recidivism Rate • Time to Mental Health Appt. • Number of Youth & Adults oriented and enrolled in Mental Health treatment	21% -Need Baseline- -Need Baseline-	18.9% TBD	• To be determined • To be determined EPIC Community Services: • Provision of "SBIRT" (Screening Brief Intervention and Referral to Treatment) services in partnership with other agencies.	
2.0 Community Learning and Planning	**2.1 Develop Community Resource Tool**	• Develop and Implement a Resource Tool	Not started as of 6/2011	By 7/2012	St. Johns County Health Leadership Council: • Convene "Resource Tool" Sub-committee • Identify and review existing data sources • Research and evaluate program options	
1.0 Community Assets	**1.1 Improve Public Health System Collaboration**	• Determine and Sustain Stakeholder Engagement in St. Johns County Health Leadership Council	Need Baseline	By 1/2012	St. Johns County Health Department: • Deploy University of Colorado/Denver's "PARTNER" survey to establish a baseline • Review and evaluate survey summary analysis • Engage in strategic collaborative management and develop action steps to improve the work of the collaborative.	

Status will be reviewed using a stoplight approach as follows:

RED - Not on target
YELLOW - Falling behind
GREEN - On target

TABLE 56A: Rationale & Resources to Support the Community Health Improvement's Action Plans - *2011-2014 Action Plan Cycle - Drafted July 2011*			
Community Health Priorities	**Strategic Objective**	**Why is this important to our Community?**	**Available Community Resources**
4.0 Community Health Status Alignment w/ Essential Services of Public Health: ***Improve*** *health outcomes & health factors, as well as,* ***Minimize*** *health risks.*	**4.1** **Reduce Percentage of Low Birth Weight Babies within St. Johns County, FL**	Improving the well-being of mothers, infants, and children is an important public health goal for the United States. Their well-being determines the health of the next generation and can help predict future public health challenges for families, communities, and the health care system. In the St. Johns County community, disparities exist among populations. Strategies will education as well as improvements to access to care – both are essential to minimizing associated health risks, and improving maternal & child health outcomes.	**St. Johns Co. Health Department** *Healthy Start Program, ABC Clinic & WIC Clinic* www.StJohnsCHD.org **Healthy Start Coalition of NE Florida** *A community-based organization committed to reducing Florida's high infant mortality and improve the lives of pregnant women and their families.* http://nefhealthystart.org **NE Florida Community Dashboard** *A one-stop source of population data and information about community health and healthy communities… It is intended to help planners, policy makers, and community members learn about issues and identify improvements.* www.NEFloridaCounts.org **Healthy People 2020** *Objectives, Targets & Measures, as well as, evidence-based Intervention Strategies* www.**healthypeople**.gov
	4.2 **Reduce Morbidity & Mortality of Select Cancer Types within St. Johns County, FL**	According to the Centers for Disease Control & Prevention, the most common forms of cancer include lung, breast, and colon cancer. Most recent reports indicate that 27.8% of deaths for the St. Johns County community were caused by cancer. Strategies will include education and promotion of lifestyle changes and early health screenings (as appropriate), which may reduce – even prevent – the incidence of cancer as well as cancer deaths within St. Johns County, FL.	**Flagler Hospital** *Flagler Hospital is one of only 95 Cancer Centers in the U.S. to earn the Commission on Cancer's Outstanding Achievement Award. Flagler Hospital's Cancer Institute is also home to the community's Education & Support Center* www.flaglerhospital.org **St. Johns Co. Health Department** *Tobacco Program and Family Planning Clinic* www.StJohnsCHD.org **CDC's Division of Cancer Prevention & Control** *CDC works w/national cancer organizations, state health agencies, and other key groups to develop, implement, and promote effective strategies for preventing and controlling cancer* www.cdc.gov/cancer **Healthy People 2020** www.healthypeople.gov

TABLE 56B: **Rationale & Resources to Support the Community Health Improvement's Action Plans - *2011-2014 Action Plan Cycle - Drafted July 2011***			
Community Health Priorities	**Strategic Objective**	**Why is this important to our Community?**	**Community Resources**
3.0 Community Implementation Alignment w/ Essential Services of Public Health: ***Diagnose & Investigate*** *community health problems/hazards;* ***Inform, Educate & empower*** *people;* ***Link*** *people to needed services*	**3.1** **Reduce Substance Abuse within St. Johns County, FL**	Substance Abuse - a broad term referring to the misuse of illicit & prescriptions drugs, alcohol, and tobacco products - has a major impact on individuals, families, and communities. Rates for liver disease and cirrhosis deaths in St. Johns County, FL are higher than the Peer County and State averages. Additionally, the St. Johns community ranked unfavorably within the State during 2010 with a high percentage of adults reporting that they regularly engage in excessive/binge alcohol consumption. Substance abuse education and outreach are key to helping youth and the general public understand the risks of drug abuse.	**EPIC Community Services** *provide substance abuse prevention, intervention, outpatient treatment and aftercare services. EPIC also provides mental health counseling services under the supervision of licensed professionals.* www.epiccommunityservices.org **St. Johns Co. Health Department** *Tobacco Program* www.StJohnsCHD.org **PACT** *is people working together to prevent the serious & often fatal effects of underage drinking and substance abuse* www.pactprevention.org **The National Institute on Drug Abuse** ***(NIDA)*** is *bringing the power of science to bear on drug abuse and addiction.* www.drugabuse.gov **Healthy People 2020** www.healthypeople.gov **NE Florida Community Dashboard** www.NEFloridaCounts.org
	3.2 **Increase Access to Dental Care within St. Johns County, FL**	Access to dental care, like all health care, is important for disease prevention, identification, treatment and management. Delays or the inability to access dental care lead to poorer health outcome and higher medical costs. Dental/Oral care was identified through the *2011 Community Health Survey* as the most difficult type of health service to obtain within St. Johns County, FL. Additionally, St. Johns County is federally designated as a *"Dental Health Professional Shortage Area".*	**Good Samaritan Health Center's Wild Flower Clinic** *provides free medical and dental services to those who are medically uninsured and unable to afford healthcare.* www.samaritanhc.org **St. Johns Co. Health Department** *Pediatric Dental Clinic* www.StJohnsCHD.org **CDC's Division of Oral Health -** *Works to prevent & control oral diseases & conditions by building the knowledge, tools, and networks* www.cdc.gov/OralHealth
	3.3 **Increase Access to Mental Health Care within St. Johns County, FL**	Access to Mental Health Care, like all health care, is important for crisis prevention, identification, treatment & management. St. Johns County, FL is a federally designated as a *"Mental Health Professional Shortage Area".* Additionally, Mental Health / Counseling was identified by the *2011 Community Health Survey* as the second most difficult type of health service to obtain.	**Putnam-St. Johns Behavioral Healthcare** *On & After August 1st, 2011* **EPIC Community Services** www.epiccommunityservices.org **CDC's Division of Mental Health** *works to increase awareness of mental illness & prevention* www.cdc.gov/MentalHealth **Healthy People 2020** www.healthypeople.gov

TABLE 56C: **Rationale & Resources to Support the Community Health Improvement's Action Plans** - ***2011-2014 Action Plan Cycle - Drafted July 2011***			
Community Health Priorities	**Strategic Objective**	**Why is this important to our Community?**	**Community Resources**
2.0 Community Learning & Planning Alignment w/ Essential Services of Public Health: ***Monitor*** *health status;* ***Develop policies/****plans;* ***Evaluate*** *effectiveness of Services;* ***Research*** *and innovation*	**2.1 Develop Community Resource Tool for St. Johns County, FL**	A role of public health is to encourage collaboration, innovation and research within the public health system. A commitment to the use of evidence-based practices throughout the public health system assures that well-researched interventions with scientific/clinical experience yield the delivery of trustworthy treatments and services that result in improved health outcomes. The development of a local community resource tool can support this.	**NE Florida Community Dashboard** www.NEFloridaCounts.org **St. Johns County's Board of County Commissioners (BOCC)** *Provides the SJC Community Resource Center as a general directory of local services for SJC professionals and residents.* www.co.st-johns.fl.us **The CDC's Community Guide** *what is known about the effectiveness, economic efficiency, & feasibility of interventions to promote community health & prevent disease.* www.TheCommunityGuide.org/ **Healthy People 2020** www.healthypeople.gov
1.0 Community Assets Alignment w/ Essential Services of Public Health: ***Mobilize*** *community partnerships;* ***Assure*** *competent workforce*	**1.1 Improve Public Health System Collaboration within St. Johns County, FL**	The need to improve collaboration within the St. Johns County public health system was identified through the Health Leadership Council's "Forces of Change" analysis, as well as, in the "Assessment of Health & Human Services in St. Johns Co., FL: Need & System Perspective" conducted by Analytica on behalf of St. Johns County's Health & Human Services Department.	**The CDC's Community Guide** www.TheCommunityGuide.org/ **National Public Health Performance Standards Program -** *a collaborative effort to enhance the Nation's public health systems through the development of national performance standards for State & local public health systems.* www.cdc.gov/nphpsp **Healthy People 2020** www.healthypeople.gov **NE Florida Community Dashboard** www.NEFloridaCounts.org **The County Health Rankings -** *illustrates that where we live matters & that by working together we can improve the health of our communities. The Rankings demonstrate that all of us – public health leaders, researchers, health care providers, community leaders, elected officials, & business owners – play a role in improving community health.* www.countyhealthrankings.org **PARTNER** - *a social network analysis tool designed to measure & monitor collaboration among people/organizations.* www.partnertool.net

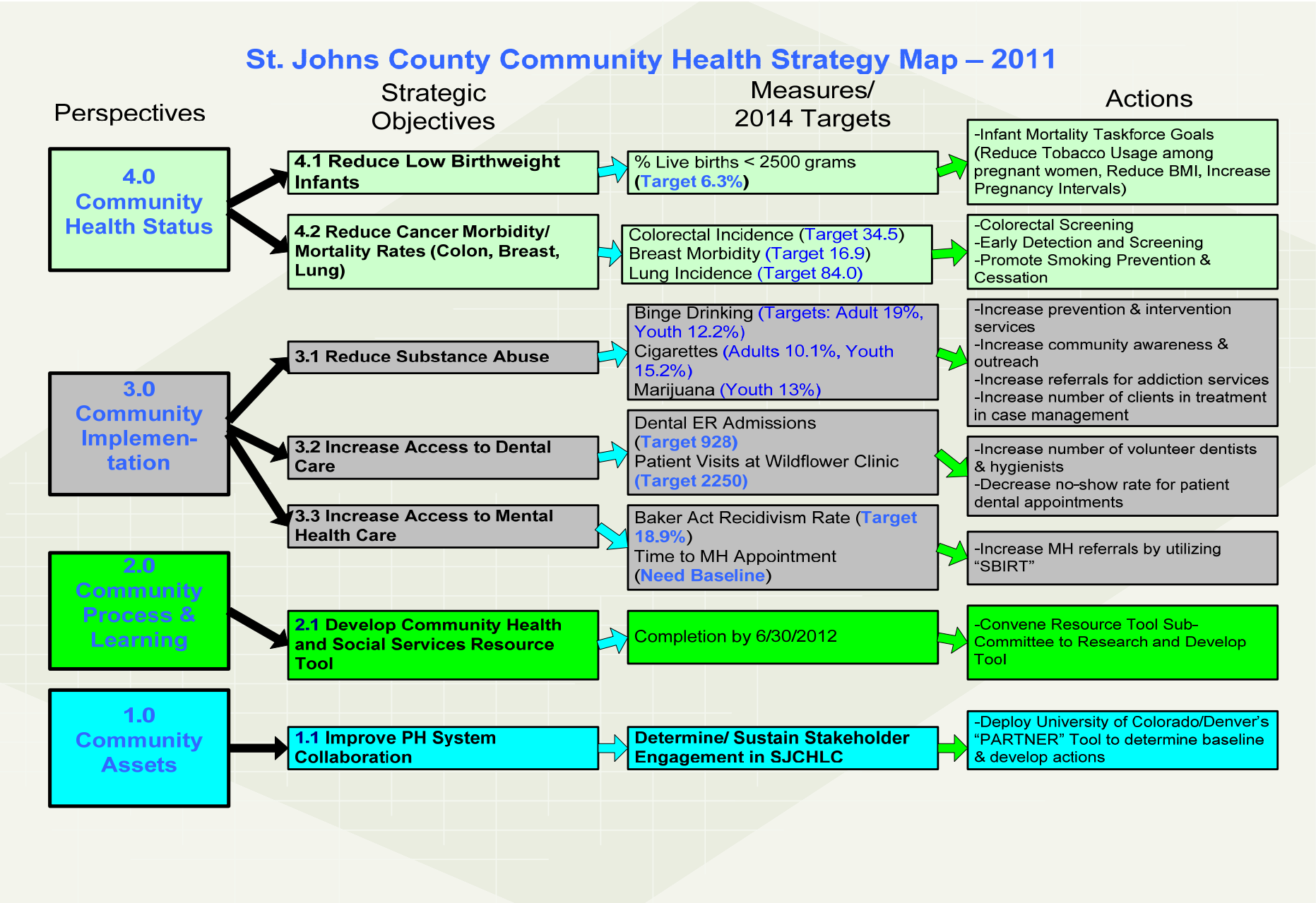


Figure 30– **St. Johns County Health Leadership Council Strategy Map**

How to Use This Community Health Improvement Plan

Each of us can play an important role in community health improvement here in St. Johns County, whether in our homes, schools, workplaces, or churches. Encouraging and supporting healthy behaviors from the start is so much easier than altering unhealthy habits. Below are some simple, ways to use this Plan, to improve the health of your community:

Employers

- Understand priority health issues within the community & use this Plan and recommended resources to help make your business a healthy place to work!
- Educate your team about the link between employee health and productivity.

Community Residents

- Understand priority health issues within the community & use this Plan to improve the health of your community.
- Use information from this Plan to start a conversation with community leaders about health issues important to you.
- Get involved! Volunteer your time or expertise for an event or activity, or financially help support initiatives related to health topics discussed in this Plan.

Health Care Professionals

- Understand priority health issues within the community & use this Plan to remove barriers and create solutions for identified health priorities.
- Share information from this Plan with your colleagues, staff, and patients.
- Offer your time and expertise to local improvement efforts (Health Care Network, committee member, content resource, etc.)
- Offer your patients relevant, counseling, education, and other preventive services in alignment with identified health needs of the St. Johns County community.

Educators

- Understand priority health issues within the community & use this Plan and recommended resources to integrate topics of health and health factors (i.e. access to health food, physical activity, risk-behaviors, use of the health care system, etc) into lesson plans across all subject areas such as math, science, social studies, and history.
- Create a healthier school environment by aligning this Plan with school wellness plans/policies. Engage the support of leadership, teachers, parents and students.

Government Officials

- Understand priority health issues within the community.
- Identify the barriers to good health in your communities, & mobilize community leaders to take action by investing in programs and policy changes that help members of our community lead healthier lives.

State and Local Public Health Professionals

- Understand priority health issues within the community & use this Plan to improve the health of this community.
- Understand how the St. Johns County community compares with Peer Counties, Regional Peers, Florida and the U.S. population, as a whole.

Faith-based Organizations

- Understand priority health issues within the community & talk with members about the importance of overall wellness (mind, body and spirit) and local community health improvement initiatives that support wellness.
- Identify opportunities that your organization or individual members may be able to support and encourage participation (i.e. food pantry initiatives, community gardens, youth groups gear around health priorities, etc.).

Source: Take Action; www.CountyHealthRankings.org

Appendix A

2010 – 2011 ROSTER
ST. JOHNS COUNTY HEALTH LEADERSHIP COUNCIL

- Baptist Medical Center South
- Betty Griffin House
- EPIC Community Services
- Family Medical and Dental Centers
- Flagler Hospital
- Florida Army National Guard
- Florida School for the Deaf and Blind
- Good Samaritan Health Centers
- Healthy Families St. Johns
- Northeast Florida Healthy Start Coalition
- PACT Prevention Coalition of St. Johns County
- St. Augustine Police Department
- St. Francis House
- St. Johns County BOCC and Administration
- St. Johns County Council on Aging
- St. Johns County Emergency Management
- St. Johns County Fire Rescue
- St. Johns County Health and Human Services
- St. Johns County Health Department / Florida Department of Health
- St. Johns County Housing/Community Services
- St. Johns County School District
- St. Johns County Sheriff's Office
- St. Vincent's Mobile Health Outreach Ministry
- Taino Consultants, Inc.
- United Way of St. Johns County

ST. JOHNS COUNTY HEALTH LEADERSHIP COUNCIL- 2010/2011

Baptist Medical Center South
Betty Griffin House
EPIC Community Services
Family Medical and Dental Centers
Flagler Hospital
Florida Army National Guard
Florida School for the Deaf and Blind
Good Samaritan Health Centers
Healthy Families St. Johns
Northeast Florida Healthy Start Coalition
PACT Prevention Coalition of St. Johns County
St. Augustine Police Department
St. Francis House
St. Johns County BOCC and Administration
St. Johns County Council on Aging
St. Johns County Emergency Management
St. Johns County Fire Rescue
St. Johns County Health and Human Services
St. Johns County Health Department / Florida Department of Health
St. Johns County Housing/Community Services
St. Johns County School District
St. Johns County Sheriff's Office
St. Vincent's Mobile Health Outreach Ministry
Taino Consultants, Inc.
United Way of St. Johns County

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