2014 Community Health Assessment & Community Health Improvement Plan

St. Johns County, Florida

Prepared by:

St. Johns County Health Leadership Council

October 2014

FLORIDA PUBLIC HEALTH 125 1889–2014

Florida's early years were largely focused on the development of military fortifications. By the mid-1800s, many of these establishments evolved into international ports vulnerable to diseases introduced from foreign countries. It eventually became apparent that a statewide health organization was necessary. In 1873, the first bill to establish a state health agency was presented to the legislature but failed because the appropriation of $200 was considered excessive. It was not until 1889 that a State Board of Health was established. Over the years, public health programs and policies have influenced Florida's political, social and economic infrastructure, significantly improving quality of life.

1889 The State Board of Health (SBH) was established. Joseph Yates Porter, M.D. was the state's first health officer.

1892 Dr. Porter introduced a public health magazine, entitled *Florida Health News*, to "stimulate interest in sanitary matters" among residents.

1901 Dr. Porter emphasized the urgent need for a public health laboratory service. The first specimen was accepted for examination in 1903.

1905 The last epidemic of yellow fever occurred.

1912 The last major epidemic of smallpox occurred.

1913 Three nurses were employed by the SBH to care for tuberculosis patients at home.

Jacksonville telephone operators during 1918 influenza epidemic (Florida State Archives).

1917 Dr. Porter retired. The SBH had seven district health officers and nurses who were supplemented by county agents.

1918 The flu pandemic of 1918 occurred in three waves in the U.S. This event demonstrated a greater need for local health units.

1921 As a result of an outbreak of black plague in Pensacola, the SBH established a Bureau of Epidemiology.

1921 The first cancer clinic was established in Jacksonville.

Public Health Nurses providing services at tourist camps circa 1920s (State Board of Health Archives).

1922 A federal initiative, the Sheppard-Towner Act, provided matching funds for a maternal and infant health program.

1931 The SBH and county commissions were authorized via legislation to establish county health units (CHUs).

ABOVE: Mother and son seeking health services at a county health department, 1950s.

RIGHT: State Board of Health staff collecting water samples of chemical testing during the 1960s (State Board of Health Archives).

1935 Devastation wreaked by hurricanes striking Florida's southeast coast in 1926, 1928 and 1935, far surpassed any previously recorded. As a result, the SBH established a health mobilization program.

1939 The state legislature adopted the State Sanitary Code law.

1941 The Maternal and Child Health Program worked to improve nutrition through educational programs.

1944 CHUs were designated as county health departments (CHDs).

1947 Radiological and occupational health activities began as the Division of Industrial Hygiene.

1949 The legislature authorized state aid to 12 Mosquito Control Districts.

1957 A radiological laboratory was established in Orlando.

1958 The SBH established an Accident Prevention Program.

1960 All counties had CHDs and were under the authority of the SBH.

1966 The SBH established a Bureau of Adult Health Services and Chronic Disease.

1969 The authority of the SBH was transferred to the Department of Health and Rehabilitative Services (HRS).

1973 Legislation expanded the emergency medical services (EMS) program authority to include 911 hotlines, EMS grants to local governments and medical transportation services throughout the state.

1979 The Florida Cancer Data System was implemented.

1981 The Health Program Office began to conduct surveillance on acquired immune deficiency syndrome (AIDS) cases reported.

1983 A new, expanded Disease Control, Epidemiology Program was created.

1988 Primary medical care services were being provided in all 67 counties.

1992 Hurricane Andrew wreaked havoc on communities south of Miami. HRS provided assistance to residents affected by the storm.

1997 The legislature split HRS into two agencies: the Florida Department of Children and Families, and the Florida Department of Health.

1998 The Department established the Office of Equal Opportunity and Minority Health.

1999 The Florida Tobacco Pilot Program was placed under the Department.

1999 The Department created SHOTS, a statewide immunization registry.

2001 The Just Read, Florida! initiative was created by executive order. The Department later created a Read for Health initiative to improve communication between health care providers and patients.

2001 The Department responded to the nation's first-ever anthrax attack. As a result, the Department worked to prepare for, prevent, respond to and mitigate the effects of a bioterrorism attack.

2008 The Tobacco Free Florida Campaign was launched.

2009 The Department created a vaccination campaign in response to the H1N1 swine flu outbreak.

The Florida Quitline, 1-877-U-CAN-NOW, was established in 2001.

2011 The Department received a 98 percent customer satisfaction rate for refugee health accessibility and timeliness.

2012 Students Working Against Tobacco partnered with the Daytona International Speedway to make the venue the first tobacco-free grandstand in the U.S.

2013 The Florida Board of Nursing celebrated 100 years of service.

2013 Healthiest Weight Florida launched to address the #1 public health threat challenging Florida's future.

Table of Contents

PART I: 2014 ST. JOHNS COUNTY COMMUNITY HEALTH ASSESSMENT **4**

Executive Summary **4**
Acknowledgment 5
Community Success Stories 6

St. Johns County, FL - Community Profile **8**

Overview of the MAPP Process **26**

MAPP Phase 1: Organize for Success/Partnership Development **28**

MAPP Phase 2: Visioning **29**

MAPP Phase 3: The Four MAPP Assessments 30
Assessment #1: Forces of Change - Purpose and Methodology 30
Assessment #2: Local Public Health System Assessment - Purpose 33
Methodology and Assessment Results 34
Assessment #3: Community Themes and Strengths 35
Approach #1 Focus Groups and Methodology 35
Results 36
Approach #2 County-wide Survey 36
Methodology and Results 37
Survey Demographics 44
Assessment #4: Community Health Status 47
Purpose, Background and Methodology 47
National Health Targets & Benchmarks: *Healthy People 2020* and *National County Health Rankings* 48
Statistical Significance and Select Mortality Rates 50
Mortality Rates and Major Causes of Death 51
Health Equity and Social Determinants of Health 52
Maternal and Child Health 84
Communicable Diseases 89
Health and the Built Environment 97
Morbidity and Behavioral Risk Factor Suveillance 101
Access to Care 107

MAPP Phase 4: Identify Strategic Issues **112**
The Balanced Scorecard Concept 112
The Community Balanced Scorecard - A Tool for Community Health Improvement 113

MAPP Phase 5: Formulate Goals and Strategies **115**

MAPP Phase 6: Take Action! Tracking & Evaluating Results **115**

PART II: 2014 ST. JOHNS COUNTY COMMUNITY HEALTH IMPROVEMENT PLAN **116**

Executive Summary **116**

How to Use this Community Health Improvement Plan **118**

Building Community Capacity through Collaboration **119**

Overview of the Results from MAPP Phase 3: Community Health Assessment **120**
"*How Healthy Is St. Johns County?*" Survey Results At-a-Glance 121
National County Health Rankings - 2014 Snapshot for St. Johns County, FL 123

MAPP Phase 4: Approach to Identify Strategic Issues **125**

MAPP Phase 5: Formulating Goals and Strategies **126**

MAPP Phase 6: Take Action! Tracking and Evaluating Results Formulating Goals and Strategies **126**
2014 Community Balanced Scorecard & Health Improvement Plan **127**
Strategy Map for Community Health Improvement 129
Rationale & Resources to Support the Community Health Improvement Plan 130

Appendix A - St. Johns County Health Leadership Council Roster **133**
Appendix B - 2014 Focus Group Questions **134**
Appendix C - The Ten Essential Public Health Services **135**

Part I: 2014 St. Johns County Community Health Assessment

Executive Summary

In 2014, for the third consecutive year, St. Johns County was ranked the healthiest county in Florida in the annual ***County Health Rankings*** report. Published by the Robert Wood Johnson Foundation and the University of Wisconsin's Population Health Institute, the *County Health Rankings* report measures a variety of health indicators that relate to quality and length of life, and serves to illustrate that health is not a singular effort, but a combined work in progress involving all community partners. Two sets of measures that reflect important aspects of population health are used for the *Rankings:*

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

The *County Health Rankings* confirm the critical role that factors such as education, jobs, income and the environment play in how healthy people are and how long they live. The *Rankings* make it possible for communities to see the health problems they face, and for them to create local solutions to address them.

Improving the health of a community is a shared responsibility, not only of its health care providers and public health officials, but of the wide variety of other individuals and groups that contribute to the well-being of its residents and visitors. St. Johns County's high standing in the *Rankings* reflects the priority that the County has placed in influencing the factors that affect the health of the community.

Championed and facilitated by the local county health department, the Florida Department of Health in St. Johns County, the **St. Johns County Health Leadership Council** (SJCHLC) is a collaborative of community partners dedicated to community health assessment and health improvement planning in St. Johns County, Florida. This Council has completed a Community Health Assessment every three years since 2005, and in July 2013, they initiated a year-long project to re-assess the health of the county for the fourth time.

The St. Johns County Health Leadership Council used a nationally recognized model called **MAPP (Mobilizing for Action through Planning and Partnerships)** to complete this *2014 St. Johns County Community Health Assessment.* An overview of the MAPP model can be found on page 26.

The main objectives of this Community Health Assessment are:

- To define a vision for the health and well-being of St. Johns County.
- To complete assessments to accurately depict the community's health status.
- To identify key strategic issues, and develop goals and strategies around them.
- To take action to create positive health outcomes.

The MAPP assessment data was reviewed by the Health Leadership Council to determine what strategic objectives should be included in the *2014 Community Health Improvement Plan* (Part II of this document). The Council used a **Community Balanced Scorecard** approach to identify these strategic objectives, to determine the current performance level for each objective, and to set measurable targets for improvement. 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 below:

Table 1: 2014 Strategic Objectives

PERSPECTIVE	STRATEGIC OBJECTIVES
1.0 Community Assets	Increase Usage of Available Transportation
2.0 Community Learning and Planning	Leverage Use of 2-1-1 Program as a Community Resource
3.0 Community Implementation	Reduce Substance Abuse
	Increase Access to Dental Care
	Increase Access to Mental Health Care
4.0 Community Health Status	Reduce percentage of Low Birth Weight Infants
	Reduce Chronic Disease Morbidity and Mortality (Cancer/Heart Disease/Diabetes)
	Increase percentage of population at a Healthy Weight

The Health Leadership Council has set measures and improvement targets for each of these strategic objectives, which will result in the development of detailed action plans that will be implemented during the 2014 - 2017 action cycle. Progress toward the accomplishment of these strategic objectives will be reported and evaluated at regularly scheduled Health Leadership Council meetings, starting in January 2015.

The findings and recommendations made in this *Community Health Assessment and Community Health Improvement Plan* will assist in guiding the direction of initiatives, programs and policy in St. Johns County over the next three year period.

Acknowledgement

Building and maintaining a culture of health requires the ongoing collaboration and combined efforts of a wide range of partners from all sectors of the community. Special thanks to our colleagues who serve on the St. Johns County Health Leadership Council, whose mission is to promote, protect and improve the health of all people in St. Johns County. The Council's work and dedication have made the *2014 St. Johns County Community Health Assessment and Community Health Improvement Plan* possible.

Keeping a community healthy takes a village!

Executive Summary - continued

Community Success Stories

In a county-wide survey conducted for the *2011 St. Johns County Community Health Assessment,* addiction to drugs and alcohol was identified as the #1 health problem in St. Johns County, and the top three unhealthy behaviors identified include drug abuse, adult alcohol abuse and underage drinking, respectively. Additionally, 18% of the survey respondents identified substance abuse services as the most difficult to obtain health service in St. Johns County. This data led the St. Johns County Health Leadership Council to include a strategic objective to ***Reduce Substance Abuse*** in their 2011 Community Health Improvement Plan.

St. Johns County had been without a detoxification center for more than two decades, and was the largest county in Florida without such services. The need was evident; in 2012 alone, 80% of St. Johns county residents that sought detoxification treatment services could not access help.

During the 2012 Legislative session, **EPIC Behavioral Healthcare** Board Members and County Officials traveled to Tallahassee and met with St. Johns County's representatives to inform and educate them about the great need for drug and alcohol addiction services in our community. They discussed the importance and need for such services in St. Johns County, and how the provision of these services would not be possible without funding from the State. Ultimately, the delegation was successful, and the Florida Legislature backed these efforts, appropriating $1.3 million in the state budget for the operation of a comprehensive detoxification program in St. Johns County. This great achievement was possible because of the commitment of local supporters. The Detox Center earned the endorsements of the Sheriff's Office, the Board of County Commissioners, Flagler Hospital, the St. Johns County School District, the City of St. Augustine, the State Attorney's Office, and United Way of St. Johns County.

Following that success in Tallahassee, EPIC Behavioral Healthcare spearheaded the effort to open a recovery center in St. Johns County that would include detoxification services and both residential and outpatient treatment. With the help of the community, EPIC kicked off a $1.65 million capital campaign to raise funds to purchase and renovate an existing building to house the detox center.

Due to the generosity of community investors, EPIC raised 69% of the goal and announced the new home of the **EPIC Recovery Center.** Outside of providing medical treatment to those seeking it, EPIC sought to create a space that was welcoming, warm, and comfortable so clients would feel at home, during what is likely the toughest time in their life. Renovations began to make the building feel more like a home than an institutional treatment facility.

The **EPIC Recovery Center** opened its doors on January 30, 2014! Led by a team of physicians, nurses and trained substance abuse professionals, the sixteen bed facility (twelve detox beds and four residential treatment beds), offers a three-tier treatment modality of detox, residential and outpatient treatment, 24 hours a day/7 days a week.

Community Success Stories - continued

Between January 30 and June 30, 2014, program numbers for the EPIC Recovery Center include:

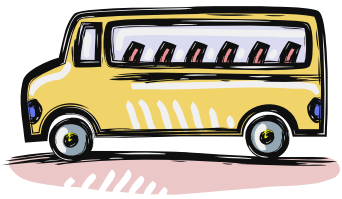
- 226 admissions
- 80% of admissions were residents of St. Johns County
- Over 30% of admissions were self-referred or referred by a family member or friend
- Over 30% of admissions were referred by Flagler Hospital
- 56% were admitted primarily for alcohol dependence, while 38% were admitted primarily for prescription drug abuse

A drug and alcohol detox can be the first step in a person's journey of recovery from drug and alcohol addiction. With the new EPIC Recovery Center, St. Johns County can now offer its residents struggling with drug and alcohol addiction a place to find mental clarity, emotional stability, and improved physical condition.

Access to Dental Care continues to be a need in St. Johns County, and has been included as a strategic objective since the first Community Health Assessment was completed in 2005. In the county-wide survey conducted for this Assessment, 11.9% of survey respondents identified dental services as the most difficult to obtain health service in St. Johns County. It is important to note, however, that this number is down from 16.7%, as reported in the 2011 Community Health Assessment, so there is progress being made in improving access to dental care in the county.

A major contributor to improved access to dental care in St. Johns County is the **Good Samaritan's Wildflower Clinic** in West Augustine, a shining example of community mobilization and continuing collaboration. The Wildflower Clinic was started as a preconception care outreach and education program and a need for dental services identified in the 2005 Community Health Assessment. The Wildflower Clinic has grown into a medical and dental clinic that serves the medically uninsured in the county, with sovereign immunity provided by the Florida Department of Health. Through their ongoing efforts to improve access to dental care, the Wildflower Clinic provided 2,345 dental visits in 2013, exceeding their target of 2,250 that was set for the *2011 Community Health Improvement Plan*.

Recognizing the ongoing shortage of pediatric oral health care for St. Johns County's most vulnerable children, DOH-St. Johns County Health Department expanded its pediatric dental practice from four chairs to an eight chair operatory. Additionally, DOH-St. Johns increased the utilization of its Public Health Mobile Center to provide preventative pediatric dental services at schools with the neediest children.



In May 2014, the St. Johns County Health Leadership Council achieved **national role model status**, when it was selected by the University of Kentucky (UK) College of Public Health to be included in a nation-wide study of highly successful public health collaboratives. The purpose of the UK study is to identify, compare and contrast **exceptional models of collaboration** involving community hospitals, public health departments and other stakeholders, who share a commitment to improving community health, and to determine the key lessons learned from their experiences. **The St. Johns County Health Leadership Council was one of only twelve collaboratives selected by the UK Study Team from over 150 national applications.** The study results are scheduled to be published in late 2014.

St. Johns County, FL - Community Profile

Introduction

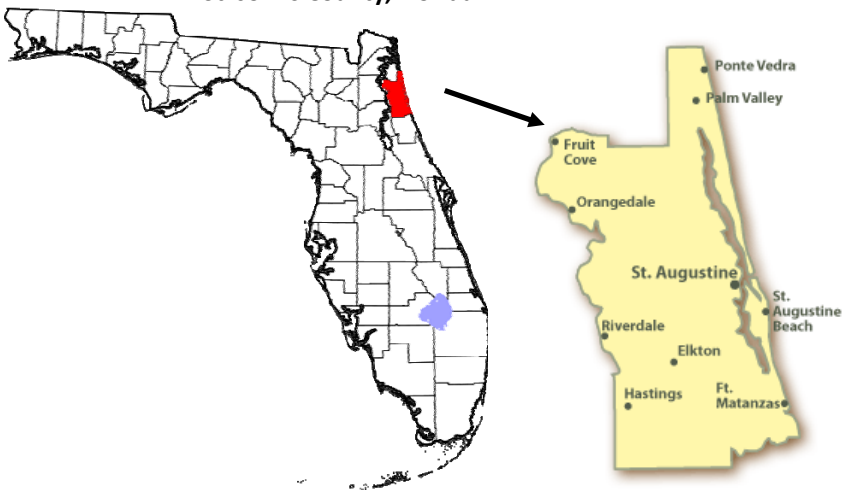
The health of a community is not an isolated phenomenon. It is interwoven with demographic, social, economic, and environmental factors, all of which have an influence on the health status and health service needs of a community. Health outcomes and service utilization can vary widely among age groups, races, ethnicities, genders and income levels.

This section of the Community Health Assessment provides an overview of the population demographics, socio-economic characteristics, and other community assets that make St. Johns County a unique place to live, learn, work, and play.

St. Johns County, FL

- St. Johns County is part of the *Jacksonville metropolitan area* and 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 County seat is in the nation's "Oldest City", St. Augustine, whose centuries of history bring an estimated 6.5 million visitors to the County each year.[1]

- In March 2014, St. Johns County, Florida is ranked #1 in Florida for both overall *Health Factors* and *Health Outcomes* in the national County Health Rankings report.[2]

- In August 2013, CNN Money Magazine ranks St. Johns County #5 of *Top 25 Counties for Where the Jobs Are*.[3]

- In July 2013, St. Johns County is recognized as having a *Florida Healthy School District*[4]. Since 2000, the St. Johns County School District sustains the ranking of one of the top performing districts in the state.

---

[1] *St. Johns County Chamber of Commerce accessed on 6/4/2014 via http://www.stjohnscountychamber.com/index.php?src=gendocs&ref=Plan%20a%20Vacation&category=Visit%20or%20Relocate*

[2] *National County Health Rankings accessed on 6/4/2014 via http://www.countyhealthrankings.org/app/#!/florida/2014/rankings/st-johns/county/outcomes/overall/snapshot*

[3] *St. Johns County Government, Accolades for St. Johns County, FL accessed on 7/24/2014 www.co.st-johns.fl.us/Accolades*

[4] *St. Johns County Government, Accolades for St. Johns County, FL accessed on 7/24/2014 www.co.st-johns.fl.us/Accolades*

St. Johns County, FL - Community Profile – continued

Demographic Characteristics

The U.S. Census Bureau estimates the St. Johns County's population for 2013 to be 209,647. A historical perspective of the population estimates from 2000 to 2012 is presented in the table below. Since 2000, St. Johns County experienced almost 65% growth in population, which is three-times greater than that of Florida and almost six-times that of the Nation.

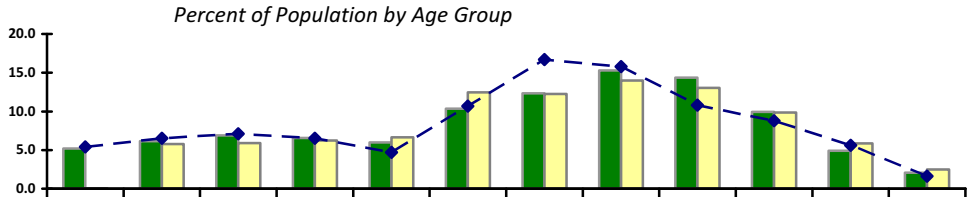
Table 2: Population Trends

COMMUNITY PROFILE: *POPULATION ESTIMATES BY YEAR*						% OF CHANGE 2000 - 2012
	2000	2005	2008	2011	2012	
St. Johns Co., FL	**123,135**	**159,235**	**181,540**	**195,823**	**202,188**	***64.2%***
Florida	15,982,378	17,382,511	18,328,340	19,057,542	19,317,568	*20.8%*
United States	281,421,906	288,378,137	304,059,728	311,591,919	313,914,040	*11.5%*

Source: Data for 2000 through 2012 accessed on 7/9/2014 via the U.S. Census Bureau http://factfinder2.census.gov

The *2013 Population by Age Group* for St. Johns County is illustrated in the figure below. The highest percentage of growth for St. Johns County residents was within the 45 – 54 year old age group which accounted for *15.3%* of the County's population. St. Johns County residents ages 65 and older made up *16.9%* of the total population. St. Johns County residents within the *0 to 4 year old age group* accounted for 5.2% of the County's population which is significantly higher than the percentage of the Florida population for this age group. When compared to 2010 data, St. Johns County has since experienced a decline in percent of population within the *35 - 44 age group*.

Figure 1: Population by Age Group



	0 - 4	5 - 9	10 - 14	15 - 19	20 - 24	25 - 34	35 - 44	45 - 54	55 - 64	65 - 74	75 - 84	84 +
2013 St. Johns County, FL	5.2	6.2	6.9	6.6	6.0	10.4	12.3	15.3	14.3	9.9	4.9	2.1
2013 Florida	0.1	5.8	5.9	6.2	6.6	12.4	12.2	14.0	13.0	9.8	5.9	2.5
2000 St. Johns County, FL	5.4	6.5	7.1	6.5	4.7	10.7	16.7	15.8	10.8	8.8	5.6	1.6

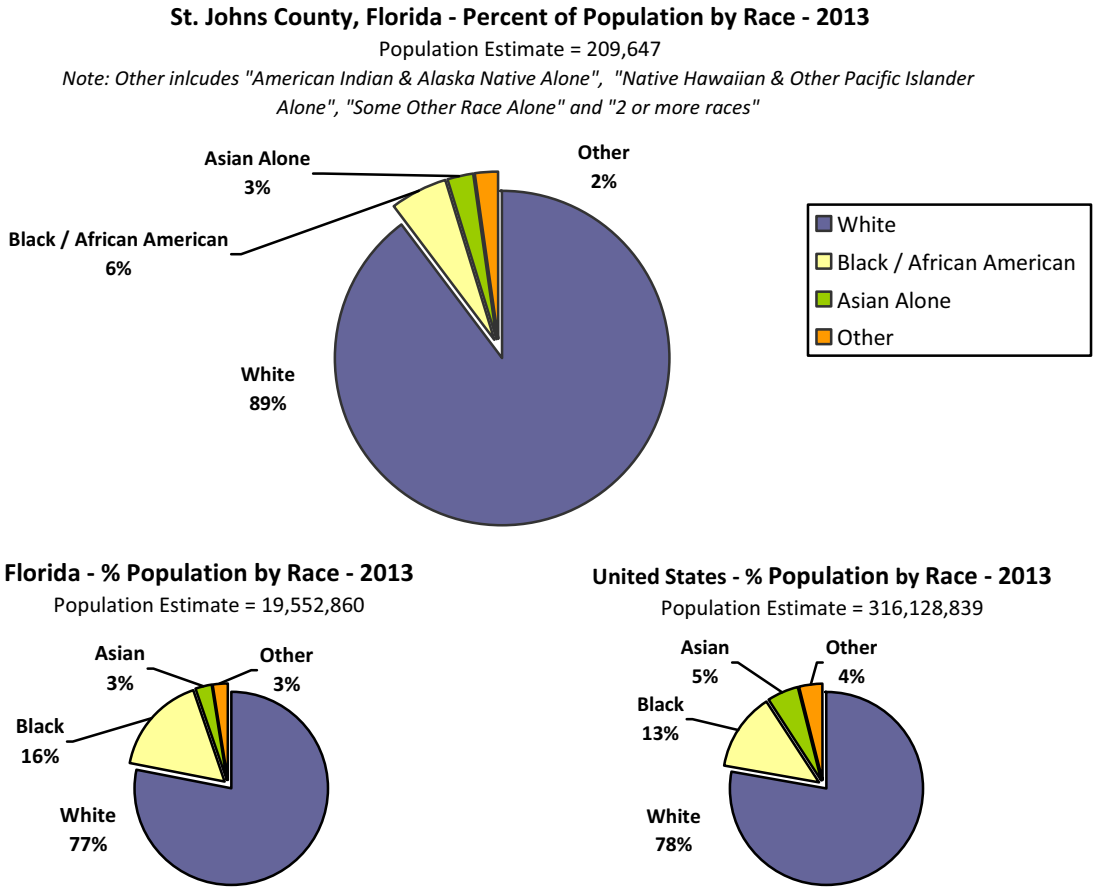
Data Accessed on 7/9/2014 via Florida CHARTS website at www.floridacharts.com/FLQUERY/Population/PopulationRpt.aspx

Race and Ethnicity

The U.S. Census Bureau has collected data on race since the first U.S. decennial census in 1790. Since 2000, individuals are presented with the option to self-identify with more than one race. 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"— is available. 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, 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 U.S. Census Bureau's data for 2013, as illustrated in Figure 2, approximately 89% of the St. Johns County population is White, which is higher than the State (77%) and National (78%) proportions. Approximately 6% of St. Johns County's population is Black / African American which is lower than the State (16%) and National (13%) estimates. Similar to the State, 3% of St. Johns County population is Asian which is lower than the National (5%) estimate. Similar to the State, only 2% of the St. Johns County population is identified as "Other" which is lower than the National (4%) estimate.

Figure 2: Population Estimates by Race for County, State and Nation



Source: Accessed the U.S. Census Bureau on July 9, 2014 via http://quickfacts.census.gov/qfd/states/12/12109.html

As presented in Table 3, approximately 5.8% of the St. Johns County population is of Hispanic / Latino origin. This is almost five times lower than the State total (23.6%) and four times lower than the National total (17.1%).

Table 3: Ethnicity in the Population

HISTORICAL VIEW: PROPORTION OF HISPANIC OR LATINO POPULATION						
	2000	2009	2010	2011	2012	2013
St. Johns County, FL	**2.6%**	**5.1%**	**5.3%**	**5.5%**	**5.7%**	**5.8%**
Florida	16.8%	22.2%	22.6%	22.8%	23.2%	23.6%
National*	12.5%	15.8%	16.4%	16.7%	16.9%	17.1%

Source: County & State Data were accessed on 6/9/2014 via FLCHARTS www.floridacharts.com/charts/SpecReport.aspx?RepID=55&tn=425
**Source: National Data is derived from U.S. Census Bureau accessed on July 9, 2014 via http://factfinder2.census.gov*

Nationality and Language

The U.S. Census Bureau collects information on nativity and on spoken language. As noted in the *American Community Survey Reports: Language Use in the United States 2011,* published in August 2013, such data is used in a wide variety of legislative, policy, and research applications as well as for legal, financial, and marketing decisions. The federal government uses data on language use and English-speaking ability to determine which local areas must provide language-assistance services under the Voting Rights Act.

Table 4: Nationality & Language

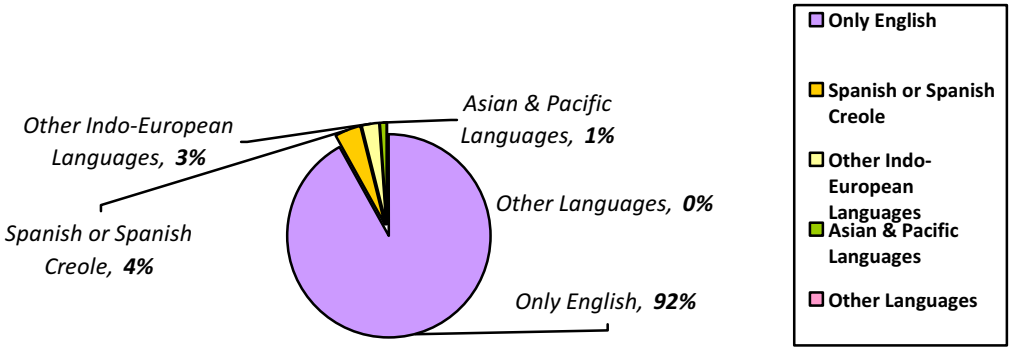
COMMUNITY PROFILE: 2013 CENSUS QUICKFACTS - NATIONALITY & LANGUAGE			
	St. Johns County, FL	**Florida**	**United States**
Foreign born persons	**6.2%**	19.3%	12.9%
Language other than English spoken at home, ages 5+	**8.2%**	27.3%	20.5%
Of individuals speaking a language other than English, Percent (%) that *Speak English less than "very well"*	**32.3%**	43.1%	42.2%
Source: U.S. Census Bureau accessed on via http://quickfacts.census.gov/qfd/states/12/12109.html on 6/26/2014			

Estimates for St. Johns County indicate that 91.7% speak "Only English" in their home which is a significantly larger proportion when compared to Florida (72.8%) and the United States (79.5%).

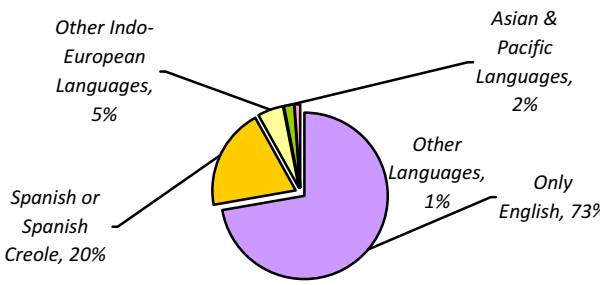
Figure 3: Spoken Language - County, State and Nation

St. Johns County, FL - Percent by Language Spoken at Home

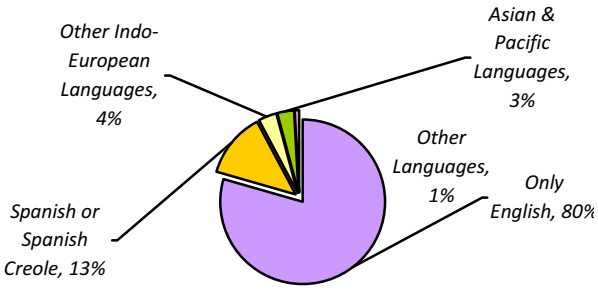
Source: U.S. Census Bureau, 2008-2012 American Community Survey 5-Year Estimates



Florida % by Langauge Spoken at Home



United States % by Language Spoken at Home



Source: U.S. Census Bureau accessed on 7/9/2014 via http://factfinder2.census.gov/faces/tableservices/jsf/pages/productview.xhtml?pid=ACS_12_5YR_S1601

Socio-Economic Characteristics

The primary indicators of economic health for the County, the State, and the Nation are presented in the table below. St. Johns County has a median household income that is higher than the State and National averages. 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, ages 25 years or older with a high school diploma, is higher than the State and National averages.

Table 5: Socio-Economic Snapshot

COMMUNITY PROFILE: SOCIO-ECONOMIC SNAPSHOT 2008-2012			
	St. Johns County, FL	Florida	United States
Total Number of Households	**74,021**	7,147,013	115,226,802
Per capita money income in past 12 months (2012 dollars)	**$36,639**	$26,451	$28,051
Median Household Income	**$64,346**	$47,309	$53,046
Homeownership rate	**76.7%**	68.1%	65.5%
Persons below poverty level	**9.8%**	15.6%	14.9%
High school graduate or higher, persons age 25+	**92.7%**	85.8%	85.7%
Bachelor's degree or higher, % of persons age 25+	**40.7%**	26.2%	28.5%
Source: U.S. Census Bureau accessed via http://quickfacts.census.gov/qfd/states/12/12109.html on 6/26/2014			

Income

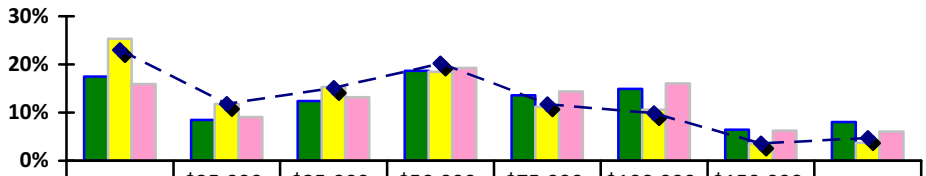
Income is a common gauge used to determine the well-being of the U.S. population. Households with total incomes between $50,000 and $74,999 made up the largest percentage of household incomes for St. Johns County (18.7%) which is similar to the State and National estimates. The second largest percentage of household incomes for St. Johns County include incomes levels less than $25,000 (17.5%) which is lower than the State estimate but higher than the National estimate. The third largest percentage of household incomes for St. Johns County include incomes levels between $100,000 to $149,999 (14.9%) which is higher than the State estimate but lower than the National estimate.

Figure 4: Household Income

Percent of Households by Household Income

2008-2012 American Community Survey 5-Year Estimates

Source: US Census Bureau accesed on 6/26/2014 via http://factfinder2.census.gov

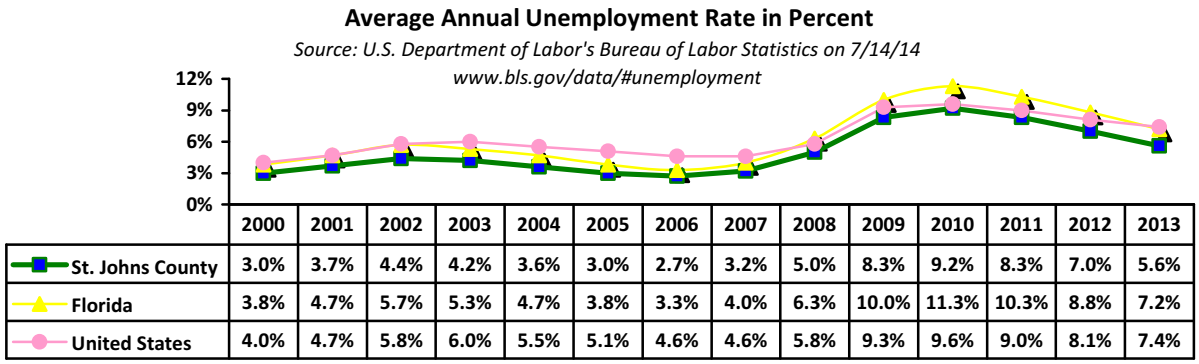


	<$25K	$25,000-$34,999	$35,000-$49,999	$50,000-$74,999	$75,000-$99,999	$100,000-$149,999	$150,000-$199,999	>$200K
St. Johns County, FL	17.5%	8.5%	12.4%	18.7%	13.6%	14.9%	6.4%	8.0%
Florida	25.3%	11.8%	15.3%	18.5%	11.2%	10.6%	3.6%	3.7%
United States	15.9%	9.1%	13.2%	19.3%	14.4%	16.0%	6.2%	6.0%
2000 - St. Johns County, FL	23.0%	11.8%	15.1%	20.2%	11.7%	9.9%	3.6%	4.7%

Labor Force and Employment

The U.S. Census Bureau's *2013 QuickFacts* for St. Johns County, Florida estimates that there are more than 153,419 persons over the age of 16 in the labor force of St. Johns County. St. Johns County has paralleled the national trend, although rates were slightly lower than both the Florida and National Averages. The most recent data on average annual unemployment rates is presented in the figure below.

Figure 5: Unemployment Rates



As presented in the table below, the U.S. Census Bureau estimates that *"Education, Health Care & Social Assistance"* accounts for 19.3% of industry in St. Johns County, followed by "Arts, Recreation, Hotel and Food Services" which accounts for 12.9% of industry in St. Johns County.

Table 6: County Industry

COMMUNITY PROFILE - LOCAL INDUSTRY			
TOP TEN LOCAL INDUSTRY	**ST. JOHNS COUNTY, FL**	**FLORIDA**	**UNITED STATES**
Education, health care & social assistance	**19.3%**	21.%	22.9%
Arts, recreation, hotel and food services	**12.9%**	11.6%	9.2%
Finance, insurance, real estate, etc.	**12.5%**	7.8%	6.7%
Retail trade	**12.2%**	13.3%	11.6%
Professional, scientific, and management, and administrative & waste mgmt. services	**11.2%**	12.2%	10.7%
Construction	**6.4%**	7.0%	6.5%
Transportation & warehousing, and utilities	**5.3%**	5.1%	5.0%
Manufacturing	**5.3%**	5.5%	10.6%
Public administration	**4.4%**	4.9%	4.9%
Source: U.S. Census Bureau accessed on 7/14/2014 via http://factfinder2.census.gov/faces/nav/jsf/pages/searchresults.xhtml?refresh=t			

The following table presents the most common occupations in St. Johns County, FL. The largest proportion are those within the "Management, professional, and related jobs" category (42.3%), followed by those within the "Sales & office occupations" category (27.2%). The least common type of occupation in St. Johns County are those within the "Natural resources, construction, and maintenance" and "Production, transportation, & material moving" categories (6.5% each).

Labor Force and Employment (continued)

Table 7: County Occupation Profile

COMMUNITY PROFILE - OCCUPATIONAL SUMMARY			
TYPE OF OCCUPATION	**ST. JOHNS COUNTY**	FLORIDA	UNITED STATES
Management, professional, & related occupations	**42.3%**	33.4%	35.9%
Sales & office occupations	**27.2%**	27.9%	24.9%
Service occupations	**17.5%**	20.2%	17.8%
Natural resources, construction, and maintenance	**6.5%**	9.5%	9.3%
Production, transportation, & material moving	**6.5%**	9.0%	12.1%
Source: U.S. Census Bureau accessed on 7/14/2014 via http://factfinder2.census.gov/faces/nav/jsf/pages/searchresults.xhtml?refresh=t			

Housing

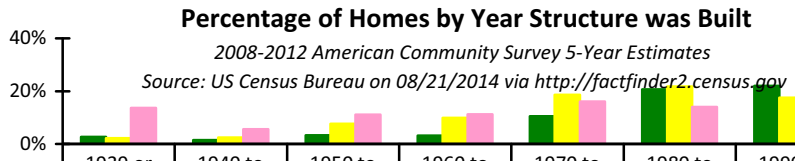
Since 1940, the U.S. Census Bureau collected information on housing characteristics including the number of units, the year of construction, plumbing facilities, tenure, value, rent, fuels, heating equipment, and more. Results from the Census help communities determine where to build everything from schools to supermarkets, and from homes to hospitals.

Table 8: Housing

COMMUNITY PROFILE – HOUSING			
HOUSING ESTIMATES	ST. JOHNS COUNTY	FLORIDA	UNITED STATES
Number of Housing Units	**94,016**	9,047,612	132,802,859
Homeownership rates	**76.7%**	68.1%	65.5%
Housing Occupancy – Unoccupied Homes	**17.7%**	20%	12.5%
Median Value (Owner-occupied housing units)	**$256,000**	$170,800	$181,400
Housing units with a mortgage (owner-occupied)	**72.5%**	63.7%	67.1%
Renters spending **≥30%** of Household Income on Rent	**52.7%**	59.6%	52.1%
Source: U.S. Census Bureau accessed on 7/14/2014 via http://quickfacts.census.gov/qfd/states/12/12109.html *Census Quickfacts consist of 5year estimates from 2008 to 2012*			

As presented in the table above, homeownership rates are higher for St. Johns County when compared to Florida and United States. Additionally, St. Johns County proportion of unoccupied is lower than that of Florida but higher than that of United States.

Figure 6: Housing – Year Structures Built



	1939 or	1940 to	1950 to	1960 to	1970 to	1980 to	1990 to	2000 to	2010 or
St. Johns County, FL	2.7%	1.4%	3.3%	3.1%	10.5%	20.7%	22.0%	35.8%	0.6%
Florida	2.2%	2.4%	7.6%	9.9%	18.6%	21.7%	17.5%	19.9%	0.2%
United States	13.7%	5.6%	11.1%	11.2%	16.1%	14.0%	14.0%	14.2%	0.3%

Housing (continued)

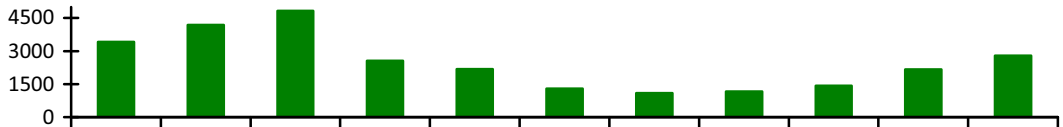
As observed in the previous figure, the percentage of homes built between the year 2000 and 2009 accounts for a significant proportion of the local housing inventory (35%) when compared to Florida (19.9%) and the United States (14.2%).

The U.S. Census Bureau collects data on "new residential building permits". This data can be considered to be a leading economic indicator and is often used to evaluate housing programs, for market planning and for investment analysis.

Figure 7: House Heating Fuel Use

Annual Total Counts for New Residential Building Permits

Source: US Census Bureau website on 08/21/14 http://censtats.census.gov/bldg/bldgprmt



	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013
St. Johns County, FL	3414	4181	4831	2561	2173	1291	1087	1158	1431	2163	2793

As observed in the figure above, permits counts have greatly declined since 2005; however, counts for new residential building permits in St. Johns County have steadily improved since 2010.

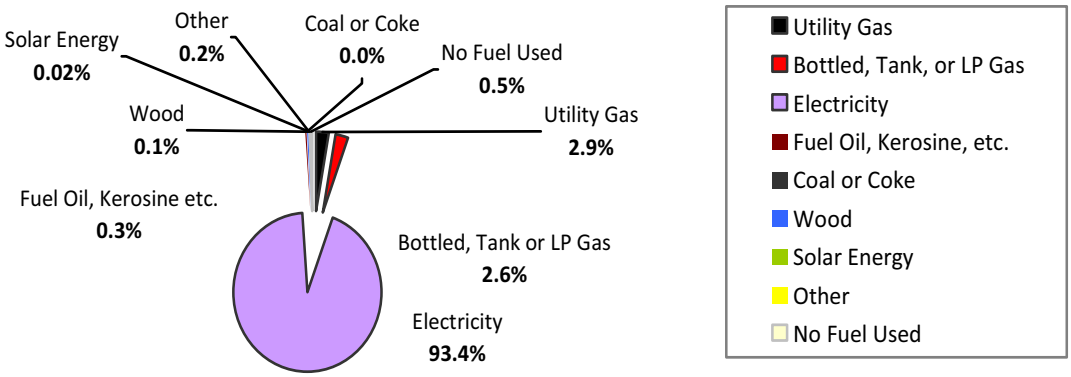
Energy & Natural Resources

Figure 8: House Heating Fuel Use

St. Johns County, Florida - House Heating Fuel

Estimated Number of Occupied Housing Units = 74,021

Source: U.S. Census Bureau 2008-2012 5-Year Estimates



As presented above, 93.4% of heating for households in St. Johns County is primarily fueled by electricity.

Figure 9, on the next page, illustrates the proportion of estimated total water use by million gallons per day. Since 1978, "annual water use surveys" are conducted by the St. Johns River Water Management District (SJRWMD) to assess estimated total water use and other water resource estimates for a specific region of northeast Florida. Agricultural use was the largest proportion of water used at a rate of 25.35 million gallons per day. Together, public supply and domestic supply account for the second largest proportion at almost 19 million gallons per day.

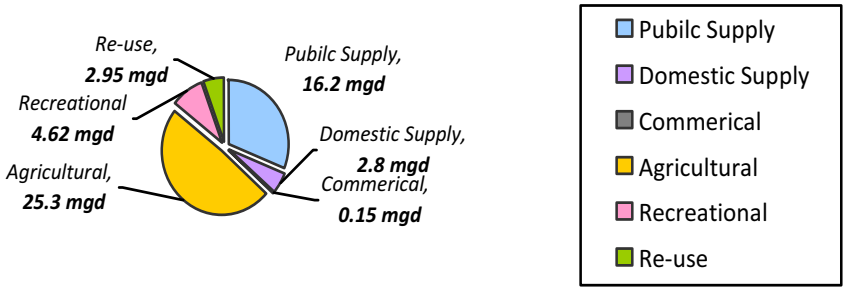
St. Johns County, FL - Community Profile - continued

Energy & Natural Resources - continued

Figure 9: Total Water Use By Type

St. Johns County, Florida - Estimated Total Water Use - Million Gallons per Day (mgd)

Source: 2012 Technical Factsheet, St. Johns River Water Management District



Transportation

The U.S. Census Bureau collects a variety of information on daily commuting such as means of transportation, commute time, and more. The Census notes that the ability to link information about commuting to socio-demographic characteristics and geography allows planners to better forecast local peak travel demand, gauge the amount of pressure placed on transportation systems, and more accurately address community needs.

Table 9: Mode of Transportation to Work

COMMUNITY PROFILE - PERCENT OF HOUSEHOLDS BY NUMBER OF AVAILABLE VEHICLES				
	NO VEHICLE AVAILABLE	*1 VEHICLE*	*2 VEHICLES*	*3 OR MORE VEHICLES*
St. Johns County, FL	**4.1%**	**31.6%**	**48%**	**16.2%**
Florida	6.9%	41.2%	38.1%	13.8%
United States	9%	33.7%	37.6%	19.7%

METHOD OF TRANSPORTATION TO WORK*						
	DRIVES ALONE	*WORKS AT HOME*	*CARPOOLS*	*OTHER MEANS*	*WALKS*	*PUBLIC TRANSPORTATION*
St. Johns County, FL	**82.3%**	**6.5%**	**6.3%**	**2.8%**	**1.7%**	**0.5%**
Florida	79.3%	5.0%	9.7%	2.3%	1.6%	2.2%
United States	76.3%	4.4%	9.7%	1.8%	2.8%	5.0%

AVERAGE TRAVEL TIME TO WORK*			
	DRIVES ALONE	*CARPOOLS*	*PUBLIC TRANSPORTATION*
St. Johns County, FL	**25.6 Minutes**	**24.4 Minutes**	**32.7 Minutes**
Florida	25.1 Minutes	27.8 Minutes	46.0 Minutes
United States	24.1 Minutes	28.1 Minutes	47.9 Minutes

*Note: Data is for Occupied Households, *Workers ages 16 and older. Source: U.S. Census Bureau accessed on 8/21/14 via http://factfinder2.census.gov*

As presented in the table above, the proportion of households in St. Johns County with no vehicle available is 4.1%, which is lower than that of both Florida (6.9%) and the United States (9%). Also, average travel time by commuter type (drive alone, carpools, and public transportation) for St. Johns County residents is estimated to be similar to or better than both the Florida and National averages.

Poverty

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. People and families are classified as being in poverty if their income is less than their poverty threshold. The U.S. Census Bureau uses a set of money income thresholds that vary by family size and composition to determine who is in poverty.

Table 10: Population within the Federal Poverty Level

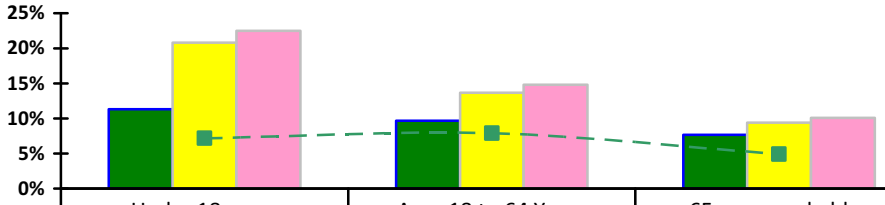
COMMUNITY PROFILE: % POPULATION WITH INCOME BELOW THE POVERTY LEVEL *WITHIN THE LAST 12 MONTHS*				
	All families	**All families w/ children ≤ 5 years of age**	**Families w/ female head of household, no husband present**	**All People**
St. Johns County, FL	**7.3%**	**11%**	**27.2%**	**9.8%**
State	11.4%	18.7%	27.9%	15.6%
National Average	10.9%	18.2%	30.1%	14.9%
Source: U.S. Census Bureau ACS 2008-2012 accessed on 7/14/2014 via http://factfinder2.census.gov				

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 State and National Average. The largest percent of families living below the poverty line in St. Johns County are those with a female head of household (no husband present).

Figure 10: Poverty by Age Group

Percent Living Below the Poverty Level by Age for 2008-2012

Source: U.S. Census Bureau accessed on 7/14/2014 via http://factfinder2.census.gov



	Under 18 years	Ages 18 to 64 Years	65 years and older
St. Johns County, FL	11.3%	9.7%	7.7%
United States	20.8%	13.7%	9.4%
Florida	22.5%	14.8%	10.1%
2005 St. Johns County, FL	7.2%	7.9%	4.9%

As observed in the figure above, the largest group of people living below the poverty line in St. Johns County is those under 18 years of age (11.3%).

➔ Poverty & 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. The Florida Department of Children and Families (DCF) publish monthly estimates of clients and families who receive various

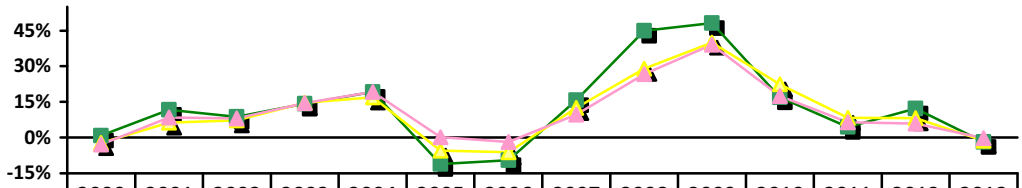
➔ Poverty & Public Assistance (continued)

types of assistance. DCF's *Public Assistance Caseload Report* indicates a significant change in Food Stamp Clients from year 2009 to 2013.

Figure 11: Food Stamp Recipients

Percent Change in Food Stamp Clients by Year

Source: DCFs Public Assistance Case Load Report, 2000-2013 accessed on 7/14/14
www.dcf.state.fl.us/programs/access/StandardDataReports.asp



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

Source: Department of Children & Families accessed on 7/14/2014 via http://www.dcf.state.fl.us/programs/access/StandardDataReports.asp

As seen in the figure above, trends for Food Stamp Clients in St. Johns County are historically similar to those of the Northeast Region and the State.

Utilization of public assistance programs is an indicator of the economic health of a community. Utilization rates of such programs can also be an indicator of employment opportunities within a community. There a many types of public assistance available through the federal government, though many programs may be administered at the state or local level. Common assistance programs include those that provide housing assistance, supplemental income, and food packages.

Table 11: Social Security, Public Assistance & Supplemental Benefits

COMMUNITY PROFILE – PUBLIC ASSISTANCE & SUPPLEMENTAL BENEFITS	ST. JOHNS COUNTY	FLORIDA	UNITED STATES
Total Number of Households	**74,021**	7,147,013	115,226,802
Per capita money income past 12 months, 2008-2012	**$36,639**	$26,451	$28,051
% of Households w/Social Security Income	**32.2%**	34.3%	28.3%
% of Households w/Supplemental Security Income (SSI)	**2.7%**	4.1%	4.6%
% of Households w/Cash Public Assistance Income	**1.5%**	1.9%	2.7%
% of Households w/Food Stamps/SNAP Benefits in the last 12 months	**6.6%**	11.7%	11.4%

Source: U.S. Census Bureau ACS 2008-2012 5-Year Estimates accessed on 7/14/14 http://factfinder2.census.gov

As seen in the table above, the proportion of households in St. Johns County whose income are supplemented through social security and other public assistance programs is lower when compared to those of Florida and United States.

Education

St. Johns County School District is designated as a "Grade A District" and is one of only five school districts in Florida to receive an "A" for 10 consecutive years.

In addition to high quality education, in July 2013, St. Johns County was recognized as having a Florida Healthy School District by the Florida Coordinated School Health Partnership, Florida Action for Healthy Kids and the Florida Association of District School Superintendents. The Florida Healthy School Districts are districts that have made a high level commitment to meeting the health needs of students and staff in order to remove barriers to learning and maximize district resources.

Table 12: Public School Profile

COMMUNITY PROFILE: ST. JOHNS COUNTY SCHOOL DISTRICT PUBLIC SCHOOL PROFILE *NUMBER OF PUBLIC SCHOOLS BY TYPE*	
18 Elementary Schools	**6** Charter Schools
3 K - 8 Schools	**1** Alternative Schools
7 Middle Schools	**3** Juvenile Justice Facilities
7 High Schools	
Source: U.S. Census Bureau accessed on 9/10/2014 via http://www.stjohns.k12.fl.us/about/facts	

The table below provides an overview of the number and types of public schools currently available in St. Johns County, FL.

➔ Poverty & Free or Reduced Lunch for School-aged Children

The National School Lunch Program (NSLP) makes it possible for all school children in the United States to receive a nutritious lunch every school day. The number of students receiving free or reduced price lunch is a good indicator of poverty in young families. As observed in the next table, St. Johns County has experienced a favorably lower percentage of students eligible to receive free or reduced lunch in comparison to both the Florida and National Averages.

Table 13: National School Lunch Program

COMMUNITY PROFILE: FREE OR REDUCED SCHOOL LUNCH PROGRAM **% OF STUDENTS ELIGIBLE FOR PARTICIPATION – GRADES K – 12TH**					
	2008-2009	**2009-2010**	**2010-2011**	**2011-2012**	**2012-2013**
St. Johns County, FL	**18.92%**	**20.38%**	**22.06%**	**23.27%**	**22.5%**
Florida	49.57%	53.47%	55.97%	57.58%	58.6%
National	43.64%	45.72%	47.58%	*N/A**	*N/A**
Source: The Florida Department of Education accessed via http://www.fldoe.org/eias/eiaspubs/default.asp on 7/9/2014. Note= Data not readily available at the time this publication was produced.*					

➔ Educational Attainment

The U.S. Census Bureau collects information on educational attainment (the highest level of education received). This information allows planners to assess a community's educational needs. Individuals who do not finish high school are more likely than people who finish high school to lack the basic skills

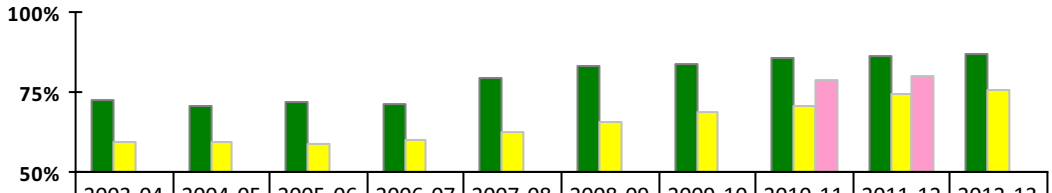
➔ Educational Attainment (continued)

required in a competitive job market and in society. Adults with limited education levels are more likely to be unemployed, on government assistance, or involved in crime.

Figure 12: Secondary Education

High School Graduation Rates by School Year

Source: FDOEs Federal High School Graduation Rates, 2012-13



	2003-04	2004-05	2005-06	2006-07	2007-08	2008-09	2009-10	2010-11	2011-12	2012-13
St. Johns County, FL	72.2%	70.7%	72.1%	71.1%	79.6%	83.0%	83.9%	85.8%	86.0%	86.7%
Florida	59.2%	59.3%	58.8%	59.8%	62.7%	65.5%	69.0%	70.6%	74.5%	75.6%
National **								79%	80%	

Source: Accessed via http://www.fldoe.org/eias/eiaspubs/pubnation.asp Note: Federal Graduation Rates not readily available prior to 2010.

The Healthy People 2020 national health target is to increase the proportion of the population that completes high school education to 97.9%. As observed in the figure above, St. Johns County has a higher graduation rate than both the Florida and National averages.

Table 14: Post-Secondary Education

COMMUNITY PROFILE: EDUCATION - 2008-2012 EDUCATIONAL ATTAINMENT PERCENT OF POPULATION 25 YEARS & OLDER				
	Some college	Associate's degree	Bachelor's degree	Graduate or professional degree
St. Johns County, FL	**22%**	**8.3%**	**27.3%**	**13.4%**
Florida	21.1%	8.7%	16.8%	9.4%
United States	21.3%	7.7%	17.9%	10.6%
Source: U.S. Census Bureau accessed on 7/14/2014 via http://factfinder2.census.gov/faces/tableservices/jsf/pages/productview.xhtml?pid=ACS_12_5YR_DP02&prodType=table				

The estimated proportion of St. Johns County residents with a Bachelor's degree is significantly higher than that of both Florida and the United States. The estimate of St. Johns County residents with a graduate or professional degree is higher than that of both Florida and the United States.

Access to Parks, Recreation, and Other Community Assets

Access to recreational and exercise opportunities measures the percentage of individuals in a county who live reasonably close to a location for physical activity. Locations for physical activity are defined as parks or recreational facilities. St. Johns County is home to the "Oldest City in the Nation - St. Augustine", as well as, thirty-five county parks (including an equation center, golf courses, and river/beach access), three states parks, and two national monuments. With over 40 miles of scenic coastline, St. Johns County beaches offer some of the best recreational opportunities in Florida.

Figure 13: Community Assets

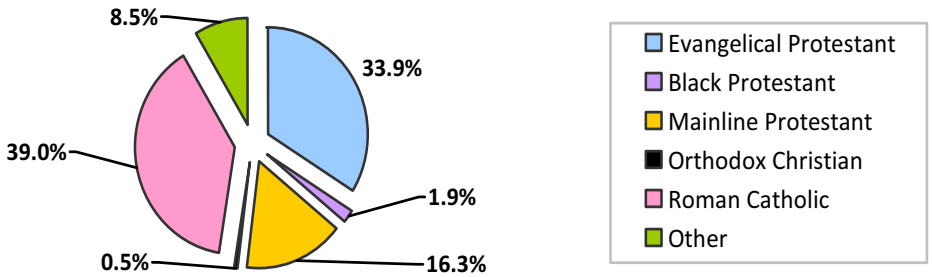
Faith Community

Faith communities have a distinct influence in impacting an individual's values, personal behaviors, and overall physical health and spiritual well-being. Churches are often considered to be a community asset for the role one plays as a meeting place as well as in the traditional role of serving the interests of the community.

Figure 14: Religion in St. Johns County, FL

Religious Tradition in St. Johns County, FL - 2010 Estimate

Source: Association of Religion Data accessed on 09/04/14 via ttp://thearda.com



The figure above presents an estimated proportion of religious traditions within St. Johns County, FL. The largest proportion is estimated to be "Roman Catholic" tradition followed by "Evangelical Protestant" tradition.

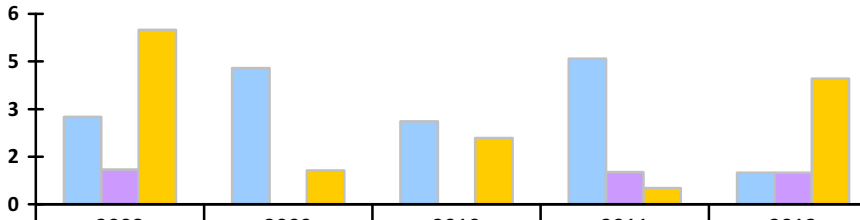
Community Safety

Community safety is often measured using the levels of violence and injuries experienced by the population. As noted by the Centers for Disease Control and Prevention, violence and injuries affect everyone, regardless of age, race, or economic status. Excluding those events which result in death, many experiencing injury are faced with life-long mental, physical, and financial problems. Sadly, many injuries and acts of violence are preventable.

Figure 15: Traffic Fatalities

Annual Traffic Fatalities by Type for St. Johns County, FL - Rate per 100,000 Population

Source: Nat'l Highway Traffic Safety Administration
www-nrd.nhtsa.dot.gov



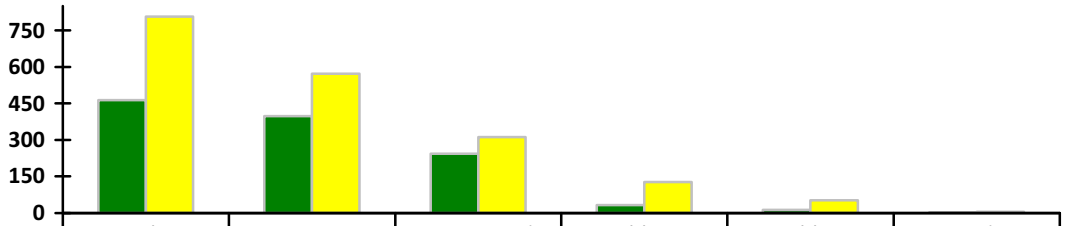
	2008	2009	2010	2011	2012
Pedestrian Deaths	2.8	4.3	2.6	4.6	1.0
Bicyclist (or Other Cyclist) Fatalities	1.1	0.0	0.0	1.0	1.0
Motorcyclist Fatalities	5.5	1.1	2.1	0.5	4.0

As observed in the figure above, the highest traffic-related deaths for 2012 were motorcyclist fatalities.

Community Safety- continued

Figure 16: Crimes by Types

Select Crime Rates for St. Johns County, FL - Rate per 100,000 Population
3-Yr Rolling Rate for 2011-2013
www.FloridaCHARTS.com



	Burglary	Domestic	Aggravated	Robbery	Forcible Sex	Murder
St. Johns County, FL	463.1	398.2	243.6	32.2	13.2	2.7
Florida	806.7	572	311.3	126.8	52.2	5.2

As observed in the figure above, the top three crime rates for 2011-2013 were for burglaries, followed by Domestic Violence and then Aggravated Assault.

Health Resource Availability

As noted by the U.S. Department of Health and Human Services, access to health services can affect individual and community wellbeing. Key factors of overall community health include, but are not limited to, access to health insurance coverage. Health resources availability includes health insurance coverage, licensed health care facilitates, and a competent healthcare workforce.

➔ Health Insurance Coverage

Lack of health insurance and other barriers prevent many Americans from receiving optimal health care. As noted by *Healthy People 2020*, health insurance coverage helps patients get into the health care system. Lack of adequate coverage makes it difficult for people to get the health care they need and, when they do get care, burdens them with large medical bills. Current policy efforts focus on the provision of insurance coverage as the principal means of ensuring access to health care among the general population.

Table 15: Health Insurance Coverage

COMMUNITY PROFILE: HEALTH INSURANCE COVERAGE ESTIMATES - 2008-2012 % OF POPULATION WITH HEALTH INSURANCE BY TYPE				
	% Population With Coverage	***% w/Private Insurance***	***% w/Public Coverage***	**% of Population With No Coverage**
St. Johns County, FL	**87.7%**	***76.3%***	***25%***	**12.3%**
Florida	79.5%	*60%*	*31.9%*	20.5%
United States	85.1%	*66.9%*	*29.4%*	14.9%
Source: U.S. Census Bureau accessed on 7/14/2014 via http://factfinder2.census.gov/faces/nav/jsf/pages/searchresults.xhtml?refresh=t				

As observed in the table above, the Census estimates that 87.7% of St. Johns County residents have health insurance coverage. The proportion of individual s for St. Johns County residents with health insurance coverage is favorably higher than that of Florida and the United States.

➔ Licensed Health Care Facilities

Licensed health care service facilities assure not only a level of quality care but also of the availability of services and facilities that can be accessed within a community. The table below presents a list of licensed health care facilities in St. Johns County, including home health agencies, ambulatory care centers, dialysis centers, and rehabilitative services.

Table 16: Licensed Health Care Facilities

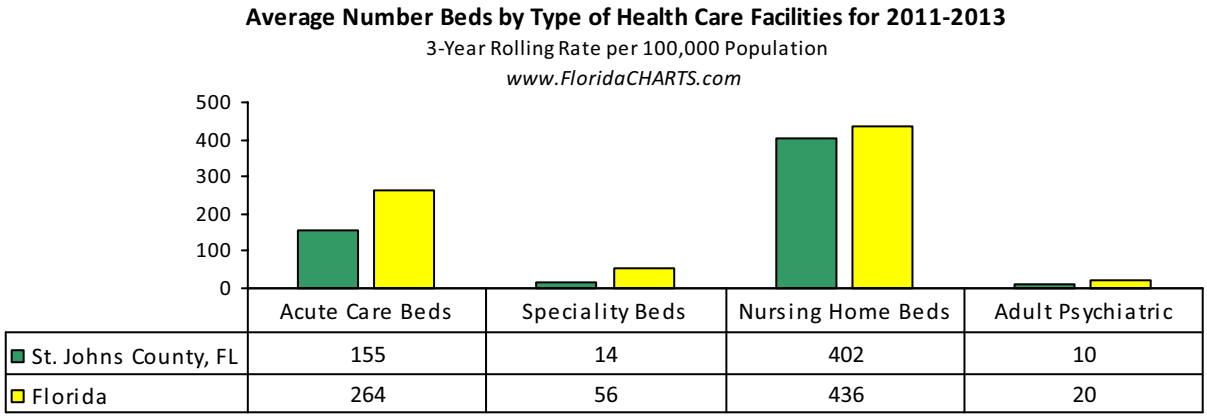
LICENSED HEALTH CARE SERVICE FACILITIES IN ST. JOHNS COUNTY, FL			
Adult Day Care Centers	1	Home Health Agencies	14
Ambulatory Surgical Care Centers	7	Home Medical Equipment Provider	4
Assisted Living Facilities	13	Hospitals	1
Birthing Center	1	Nursing Homes	8
Clinical Laboratory	23	Rehabilitation Agency	3
Health Care Clinic	63	Renal Dialysis Units	2
Homemaker & Companion Services	16	Rural Health Clinics	1
*EMS/ Fire Rescue Stations	17	Residential Treatment Center for Children & Adolescents	2
Source: www.FloridaHealthFinder.gov accessed on 9/10/2014			

Acute care hospitals play a key role in the delivery of health care services in a community. In addition to providing traditional inpatient services, hospitals also provide extensive diagnostic and treatment services on an outpatient basis. Additionally, there are some beds in hospitals that are specifically designated for specialty care. The rates of available acute care, specialty, and nursing home beds are shown for St. Johns County, FL.

➔ Area of Critical Need

As of September 2014, there are of **eight** "Area of Critical Need" facilities in St. Johns County, FL. An "Area of Critical Need" (ACN) facility, as specified by Florida Statute (F.S.) 458.315, may include county health departments, correctional facilities, department of veterans' affairs clinics, or community health centers that are funded by specific section of the United States Public Health Services Act.

Figure 17: Hospital Beds



➔ Area of Critical Need - continued

Other facilities, not specified in the statute, may be eligible for designation as an ACN Facility if they are physically located in a federally-designated Health Professional Shortage Area.

➔ Health Professional Shortage Areas

Health Professional Shortage Areas (HPSAs) are designated by the U.S. Department of Health & Human Services (HRSA) as having shortages of primary medical care, dental or mental health providers and may be region, population demographics, or institution. Medically Underserved Areas/Populations are areas or populations designated by HRSA as having: (1) too few primary care providers; (2) high infant mortality; (3) high poverty and/or; (4) high elderly population. More information on HPSAs is available through the following HRSA website: http://hpsafind.hrsa.gov

There are three federal designations for St. Johns County, Florida. As indicated on the U.S. Department of Health & Human Services HPSA database (accessible via http://hpsafind.hrsa.gov/) there are currently for the St. Johns County which include:

1. Primary Health Professional Shortage - Area - *Low Income Population; Western St. Johns County*
2. Mental Health Professional Shortage Area - *Single County; Northeast Health Services*
3. Dental Health Professional Shortage Area - *Low Income Population; Western St. Johns County*

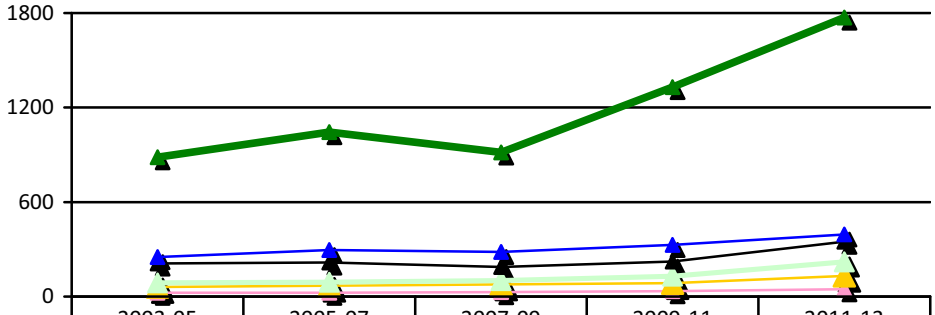
➔ Availability of Select Licensed Health Professionals

The availability of licensed medical doctors is an indicator of health resource availability within a community. The figure below illustrates the number of select types of licensed medical professionals in St. Johns County, FL. Total number of physicians includes other type beyond those presented here.

Figure 18: Availability of Physicians by Types

Number of Licensed Medical Professionals by Type for St. Johns County, FL

www.FloridaCHARTS.com



	2003-05	2005-07	2007-09	2009-11	2011-13
OB/GYN	24	25	28	34	47
Pediatricians	61	68	76	85	132
Family Practice Physicians	88	91	102	129	220
Internal Medicine	210	216	189	223	349
Dentists	251	295	284	328	394
Total Physicians	885	1,044	915	1,330	1,772

- - -

Overview of the MAPP Process

Mobilizing for Action through Planning and Partnerships, known as **MAPP,** is a robust, community-owned strategic planning process for improving community health. Facilitated by the St. Johns County Health Leadership Council, the nationally recognized MAPP framework applies strategic thinking to prioritize health issues, identify resources to address them and to take action.

Developed in 2001 by the National Association of City and County Health Officials (NACCHO) and the Centers for Disease Control and Prevention (CDC), the MAPP model helps communities institute a practice of data-informed, collaborative, system-based community improvements.

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)

Community-wide strategic planning requires strong organization and a high level of commitment from the partners and stakeholders who are recruited to participate. Prior to starting work on the 2014 Community Health Assessment, the St. Johns County Health Leadership Council completed the **Organize for Success/Partnership Development** phase of the MAPP process and updated their roster to include several new participants.

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** which focuses on the identification of forces such as legislation, technology and other impending changes that may affect the community and how 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 Public Health Services* (See **Appendix C**) are being delivered within the community.

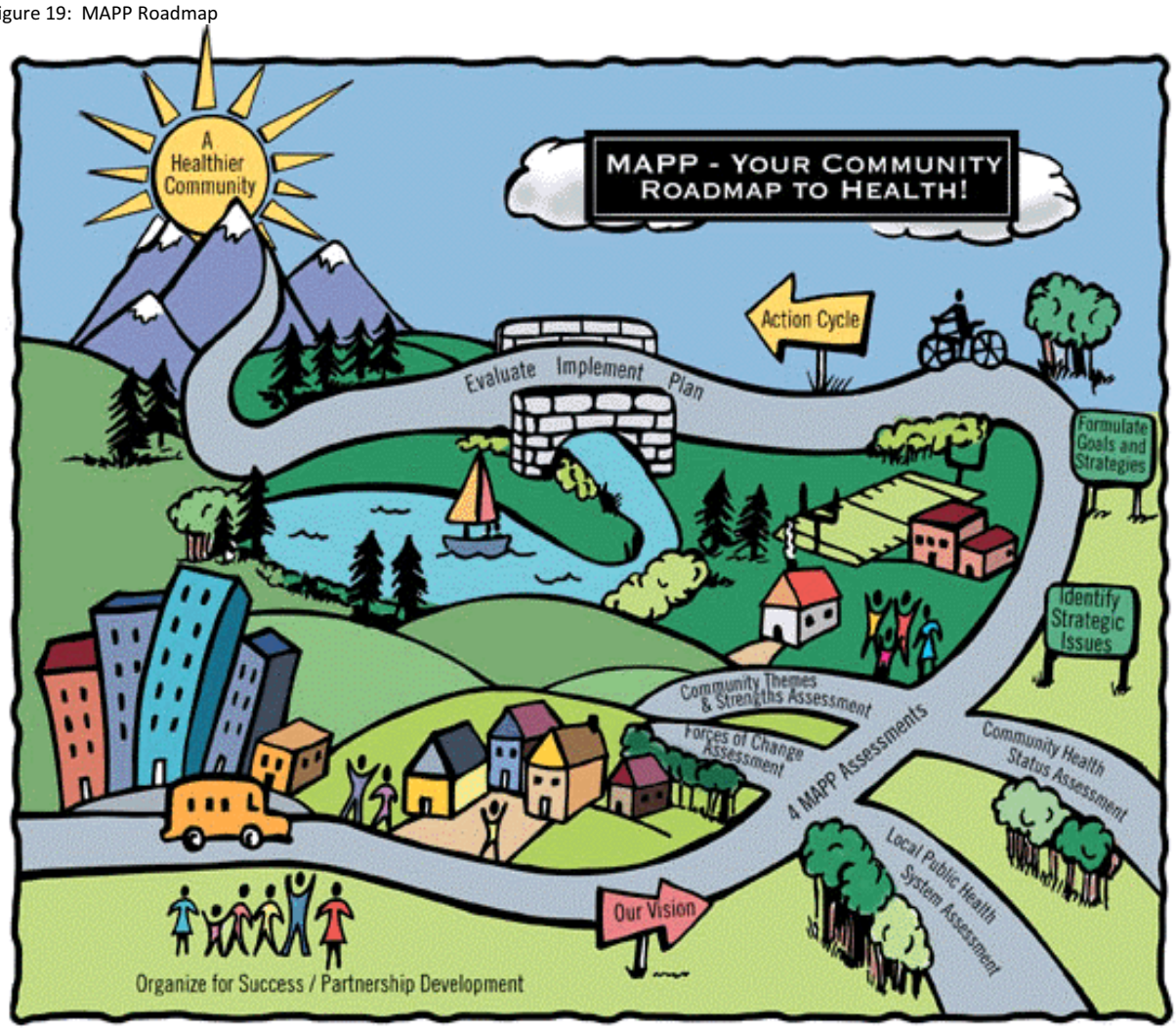
3. The **Community Themes and Strengths Assessment** provides an understanding of the health issues that residents feel are important, including quality of life.

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 to **Formulate Goals and Strategies.**

A critical phase of MAPP is the **Action Cycle.** During this phase, the participants plan for action, implement their action plans and evaluate their results. MAPP is a proven framework that helps community stakeholders achieve individual objectives, while they work toward a common vision of improved community health.

Figure 19: MAPP Roadmap

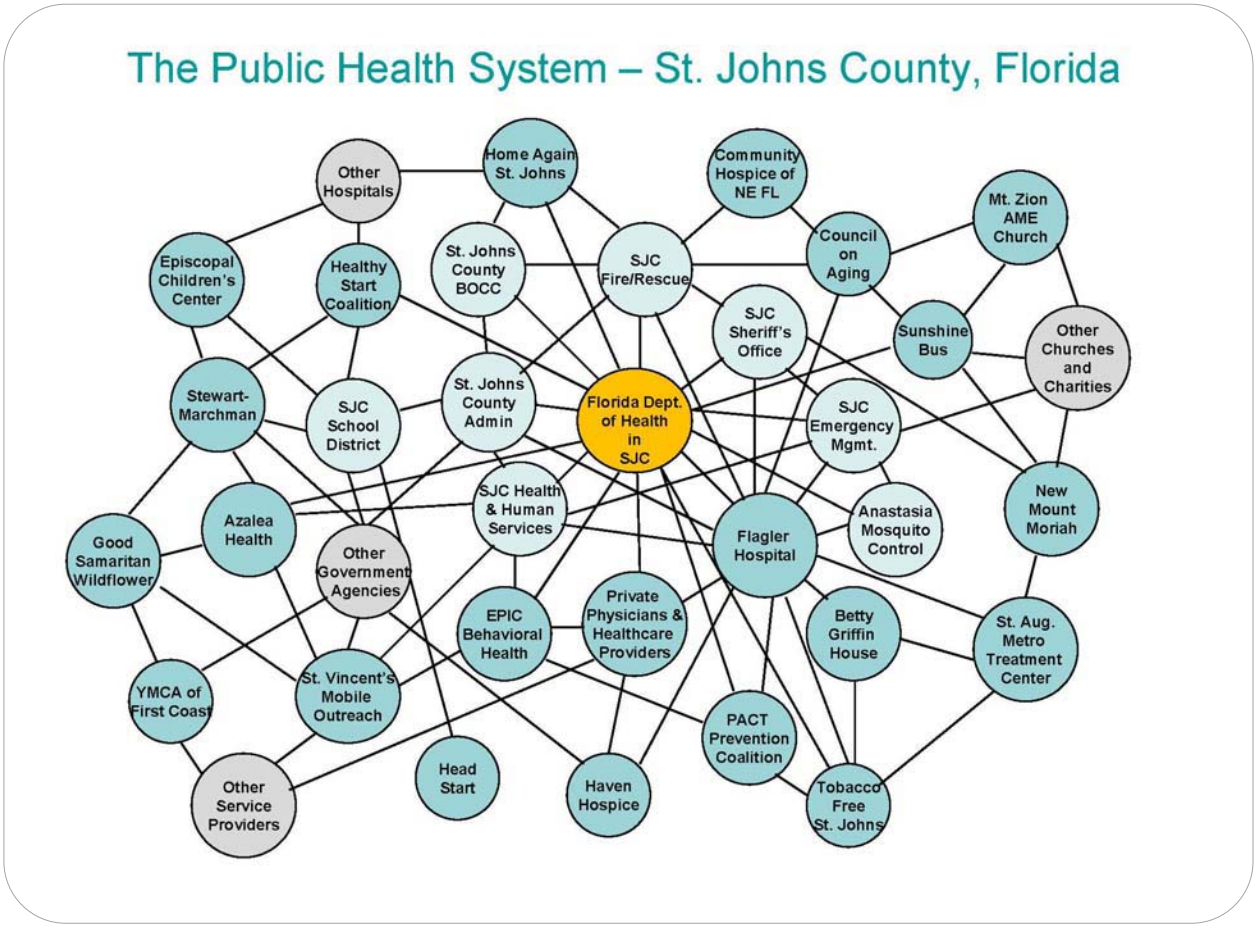


The MAPP roadmap leads to a healthier community!

MAPP Phase 1:
Organize for Success/Partnership Development

St. Johns County is fortunate to have strong and proactive leadership within its public health system, and a history of successful collaboration. Championed by the Florida Department of Health in St. Johns County, the **St. Johns County Health Leadership Council** is a collaborative of decision-makers and boots-on-the-ground members from the organizations and agencies that make up the St. Johns County public health system. A diagram representing the **St. Johns County Public Health System** is shown below:

Figure 20: Local Public Health System



The roster for the 2013 – 2014 St. Johns County Health Leadership Council is included as **Appendix A**.

The St. Johns Health Leadership Council started work on the *2014 St. Johns County Community Health Assessment* at a kick-off meeting in July 2013. At this meeting, project staff provided an overview of the Community Health Assessment project and outlined its expected outcomes and benefits. The Council was also given a briefing of the *MAPP (Mobilizing for Actions through Planning and Partnerships)* model and a preliminary timeline for each phase of the MAPP process.

In this first phase of MAPP, the Health Leadership Council reviewed its current roster and asked "*Who else do we need at the table for this process?*" The Council was asked to suggest new members who may have an interest in community health improvement or expertise about works well in the community. Invitations to join the Council were extended to those suggested, with the intent of expanding and enhancing the Health Leadership Council.

MAPP Phase 2: Visioning

The **Visioning** phase provides an opportunity to increase awareness, enthusiasm and engagement with the MAPP process. During this phase the Council collaboratively determines their focus, purpose and direction for the MAPP process, which results in a shared vision and mission and corresponding value statements.

The August 2013 meeting of the St. Johns County Health Leadership Council was devoted to a review of the Council's existing vision, mission and values. As part of this process, the Council considered the following questions:

1. ***What does a healthy St. Johns County mean to you?***
2. ***What are the important characteristics of a healthy community for all who live, work & play here?***
3. ***Who is responsible for keeping St. Johns County healthy?***
4. ***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 these questions. Following a review of the results, the Council decided that only minor changes were needed to their existing mission, vision and values, which are shown below in the figure below. The Council also updated their Charter, and it was adopted at the September 2013 meeting.

Figure 21: Vision, Mission and Values of Collaborative

St. Johns County Health Leadership Council
- The Vision -

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

St. Johns County Health Leadership Council
- Mission Statement -

To promote, protect and improve the health of all people in St. Johns County, FL.

St. Johns County Health Leadership Council
- Values -

***A**ccountability*
***C**ompassion*
***C**ollaboration*
***E**quitable/**E**thical*
***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 (patterns over time); factors (discrete elements specific to a community); or events (one-time occurrences) 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 the following two questions of primary concern:

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 2013, the St. Johns County Health Leadership Council completed the **Forces of Change Assessment**, by first compiling a list of the trends, factors and events that would affect St. Johns County over the next two to three year period.

The Health Leadership Council then convened a **Forces of Change Sub-committee** to review and summarize the results. The Sub-committee identified potential threats posed and opportunities created for each of the forces identified, and reviewed their findings at the October 2013 Health Leadership Council meeting. The Forces of Change are presented in Table 17.

The Forces of Change and their associated threat and opportunities, and the data collected in the other three MAPP Assessments were reviewed by the Health Leadership Council in the fourth phase of MAPP to identify strategic issues, and were factored into the development of the ***2014 Community Balanced Scorecard*** (See Part II: 2014 St. Johns County Community Health Improvement Plan").

Table 17: **ANTICIPATED FORCES OF CHANGE FOR ST. JOHNS COUNTY, FLORIDA**
(Prepared by St. Johns County Health Leadership Council – 10/16/13)

	TRENDS	THREATS POSED	OPPORTUNITES CREATED
Social	Increasing number of homeless	• Many require multiple services • Medication compliance	• Enhanced collaboration between agencies to provide needed services
	Increasing number of single parent families	• May impact health insurance eligibility	
	Increasing obesity rate	• Increase in obesity related chronic diseases • Increased health care costs	• Obesity is now considered a disease • Greater focus on prevention • Greater focus on health education
	Increase in rate of teen mental illness	• Potential for intergenerational impact	• Collaboration with School District
	National increase in incidence of mass shootings	• Public safety • Strain on mental health services	
	Move to concept of "medical home"		• Improved continuity of care
	Increase in the aging population	• Strain on existing services may necessitate increase in fees	
	Increase in prescription drug abuse	• Teen use is trending up in SJC and is of particular concern	• Florida has a Prescription Drug Database
	Increase in prevalence of Meth Labs	• Public safety • Increase in availability of meth	
Economic	Modest rise in the economy		• Unemployment rate is at a recent low
	Continued decreases to funding/resources		• Increases need for collaboration and leveraging of resources
Governmental/Political	Implementation of the *Affordable Care Act*	• Many factors still unknown • Potential for economic impact (job losses/cuts to hours worked) • Possible changes to standards of care • Possible rationing of care	• Expanded coverage for pre-existing conditions • Potential for new business models for service delivery • Development of *First Coast Health Alliance*
Scientific/Technology	Increasing use of Electronic Health Records	• Information security/HIPPA concerns	• Improved client service
	Advent of Health Information Exchanges	• Potential for fraudulent/unscrupulous service providers	
	Online availability of synthetic drugs	• Increase in substance abuse	
	Increasing use of Social Media	• Increased potential for widespread distribution of "mis-information"	• Increased access to client base that utilizes social media
	Increasing use of tele-medicine	• Information security/HIPPA concerns	• Leveraging of medical expertise
	Increasing use of e-cigarettes	• Long term effects of use not yet known	

Table 17: **ANTICIPATED FORCES OF CHANGE FOR ST. JOHNS COUNTY, FLORIDA**
(Prepared by St. Johns County Health Leadership Council – 10/16/13)

	TRENDS	THREATS POSED	OPPORTUNITES CREATED
Environmental	Increase in awareness of the concept of the "Built Environment"		• County utilizes Development Review Boards
Legal/Ethical	Legalization of medical marijuana	• May cause perception that marijuana use is socially acceptable	
	Move from corrections to treatment for Drug Offenders	• Capacity for treatment may not exist	
FACTORS		**THREATS POSED**	**OPPORTUNITES CREATED**
St. Johns County is large county geographically		• The county has areas of health and economic disparities • Transportation can be challenging	• Increased opportunities for outreach activities
St. Johns County is a desirable place to live; population is on the rise		• Strain on existing infrastructure and services • Provision of culturally competent services to address our increasingly diverse population • Growing need for affordable housing	• Good for economic development
St. Johns County is a popular tourist destination		• Increased risk of imported diseases	• Tourism provides a strong economic engine
St. Johns County is a coastal community		• Potential for impact by hurricanes • Potential for rise in sea level due to global warming	• Collaboration between response Agencies
EVENTS		**THREATS POSED**	**OPPORTUNITES CREATED**
Construction of new SJC Health and Human Services Building			• Holistic approach to provision of integrated health services
New Detox Center (opening January 2014)		• Access to services for continued treatment following Detox	• This service is currently not available in SJC • Strongly supported by SJC County and Florida Legislature
New Home Again Campus on SR-207			• Opportunity to implement a new evidence-based model of care
West Augustine Water/Sewer Pipeline Project			• Improved infrastructure will re-vitalize West Augustine • Federal funding is available

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 public health systems capable of improving the health of populations. More information on this is available via the following CDC website: www.cdc.gov/nphpsp/

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 ***Ten Essential Public Health Services,*** fully listed in Appendix C, 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.** The Public Health Wheel, shown in the figure below, shows the three core functions of public health (Assessment, Policy Development and Assurance) that revolve around the wheel of *the Ten Essential Public Health Services.*

Figure 22: The Public Health Wheel – The Ten Essential Services of Public Health

Local Public Health System Assessment – continued

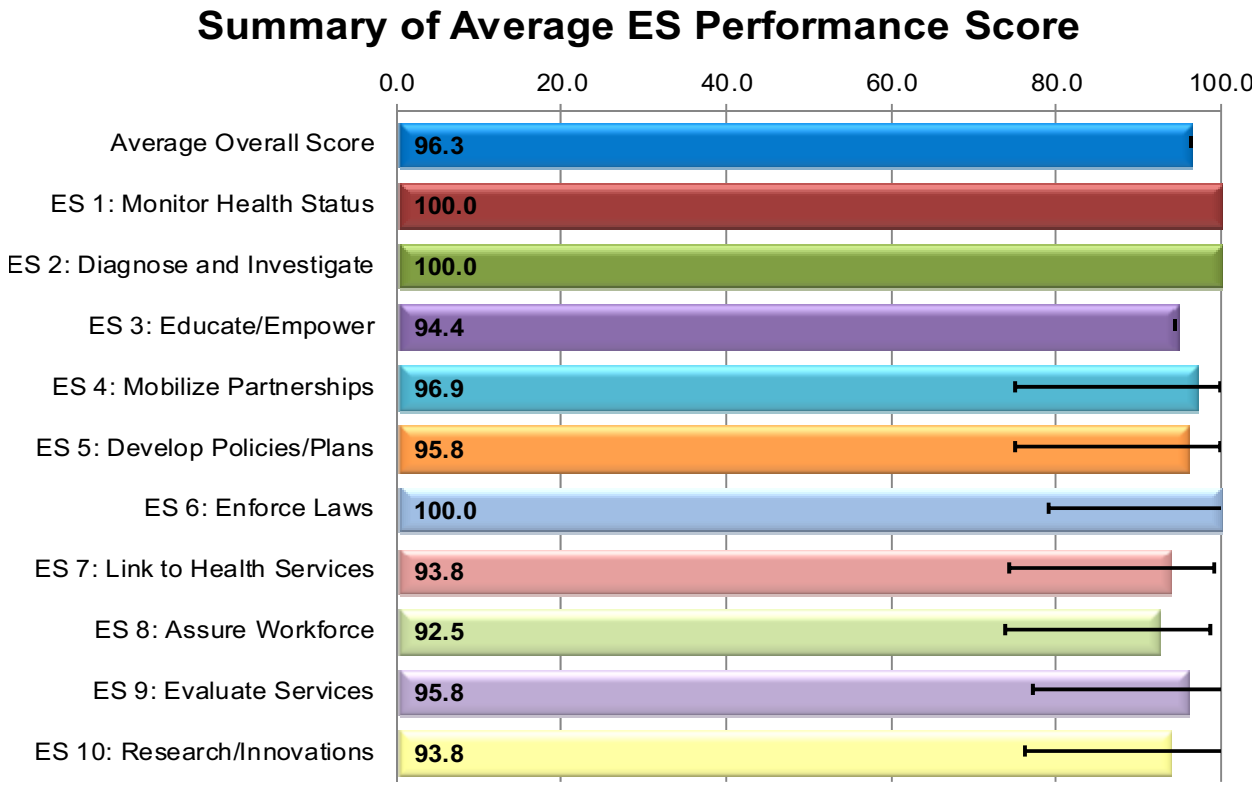
Methodology

The Florida Department of Health in St. Johns County facilitated the completion of the LPHSA, which took place over the course of two Health Leadership Council meetings. The Council members reviewed and discussed each of the ***10 Essential Public Health Services,*** then scored each category by consensus. The responses were entered into the online LPHSA instrument, and a summary report was generated.

LPHSA Results

A summary of St. Johns County's Public Health Essential Service performance scores is presented in the figure below. Each score is a composite value determined by the scores given to those activities that contribute to each of the *10 Essential Public Health Services*. 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).

Figure 23: Summary of Average Essential Service Performance Scores for St. Johns County



St. Johns County scored greater than 90% in all of the Ten Essential Services in the LPHSA, indicating a high-performing public health system. The Health Leadership Council recognized the importance of improving upon ***Essential Service 7 - Link people to needed personal health services and assure the provision of health care when otherwise unavailable*** and have included a strategic objective on their *Community Balanced Scorecard* to leverage the use of the United Way's *2-1-1 Information and Referral Service* as a community resource, in an effort to make improvements in this area.

Assessment #3: Community Themes and 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.

The St. Johns County Health Leadership Council decided on two different approaches to gather information from the community. The first approach was to conduct community **focus groups,** and the second approach was to deploy a **county-wide survey**.

This assessment answers the following 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?***

Approach #1: Focus Groups

Methodology

Using guidance provided by the *National Association of City and County Health Officials (NACCHO) MAPP User's Handbook*, a set of focus group questions was developed to explore how residents felt about their quality of life in St. Johns County. A copy of the focus group questions that were used is included as **Appendix B**. A copy of the *MAPP User's Handbook* is available via the following NACCHO web page: www.naccho.org/topics/infrastructure/mapp/framework/mapppubs.cfm

With assistance from members of the St. Johns County Health Leadership Council, a total of eight focus groups were scheduled during March and April, 2014. Efforts were made to schedule the focus groups to obtain input from some of the more vulnerable populations within the county. A list of the focus group locations and the number of participants in each group is summarized below:

1. **Mount Zion AME Church** (Hastings, FL) – 12 participants
2. **Trout Creek Council on Aging Senior Center** (Orangedale, FL) – 8 participants
3. **Learn to Read St. Johns** - English as a Second Language Class (St. Augustine) – 6 participants
4. **Home Again St. Johns** (St. Augustine) – 7 participants
5. **Good Samaritan's Wildflower Clinic** (West Augustine) – 7 participants
6. **Betty Griffin House** (St. Augustine) – 8 participants
7. **DOH-St. Johns Adult Specialty Care Clinic** (St. Augustine) – 5 participants
8. **EPIC Behavioral Healthcare** Adult Substance Abuse Clients (St. Augustine) – 5 participants

The focus groups were moderated by a staff member from DOH-St. Johns, and notes were taken to ensure that all participant comments were recorded.

Community Themes and Strengths – continued

The notes were reviewed to determine if similar concerns and opinions were voiced by the various focus groups, and were then entered into a **word cloud generator**. A word cloud is a visual depiction that gives greater prominence to the words that appear more frequently in the source text. The word cloud that was generated from the eight focus groups is shown in the figure below:

Figure 24: Word Cloud – 2014 Community Themes & Strengths

As illustrated above, the three top **areas of concern** for the focus group participants include:

1. **Transportation**
2. **Affordable Housing**
3. **Dental Care**

Some verbatim comments from the focus groups specific to the three top areas of concern are listed below:

- *"Transportation is a big issue, when you don't have a car."*
- *"Transportation may be available, but it isn't convenient."*
- *"The county is spread out, and if you live outside of St. Augustine, you can be isolated."*
- *"Housing, housing, housing! I need an affordable place to live."*
- *"Housing is very problematic. You have to wait 3 or 4 months to get anything that's affordable."*
- *"Affordable/stable housing is important to your health, and is what is most needed!"*
- *"Transitional housing is needed for those of us who need a hand."*
- *"Dental services are badly needed, especially for the elderly and retired military."*
- *"I want to keep my teeth. Affordable, quality dental care is badly needed."*

Community Themes and Strengths – continued

Approach #2: County-wide Survey -*"How Healthy is St. Johns County, FL?"*

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

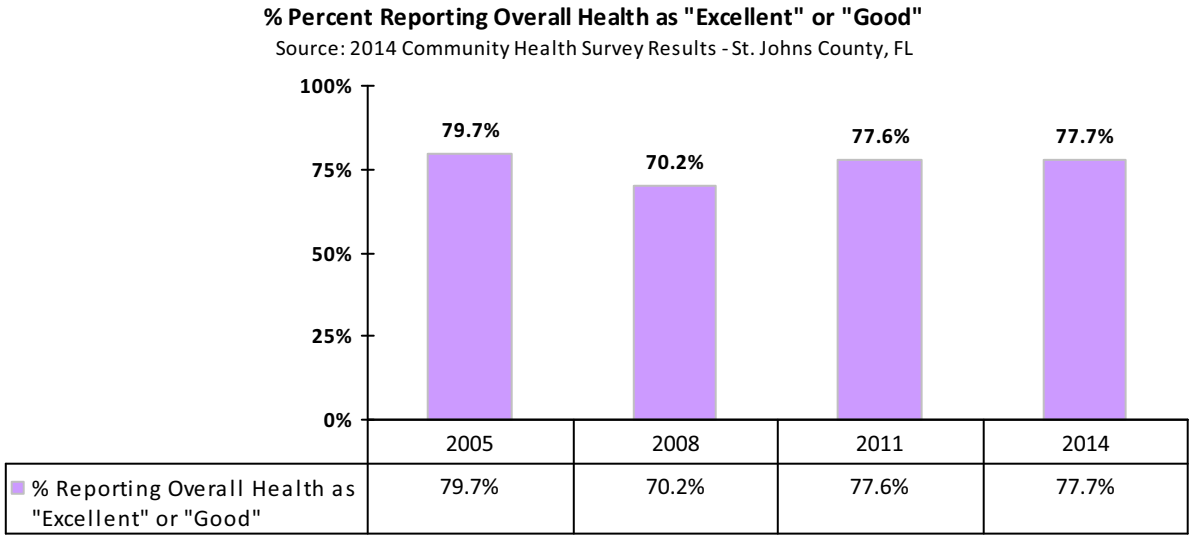
Surveys were collected at numerous locations throughout the county from February through June of 2014. Additionally, a web-based version of the survey instrument was available on several local area websites. A total of 1,189 surveys were collected, and the survey responses are summarized in the tables and figures that follow.

Table 18: Results from *2014 Community Health Survey for St. Johns County, FL* - Question #1

Question #1 - How do you rate your overall health?		
RATING	NUMBER OF RESPONSES	PERCENT
Excellent	276	24.8%
Good	589	52.9%
Fair	185	16.6%
Poor	42	3.8%
Don't Know	21	1.9%
Total	**1113**	**100%**
No Answer	76	

The 2014 Community Survey results show that 77.7% of respondents view their overall health as "Excellent" or "Good". For comparison, this rating from the three previous Community Health Assessments is included in the figure below:

Figure 25: Percentage of Survey Respondents Reporting their Overall Health as Excellent or Good



Community Themes and Strengths – continued

Table 19: Results from *2014 Community Health Survey for St. Johns County, FL* – Question #2

Question #2 Check up to 3 selections you feel are the most important features of a healthy community:		
COMMUNITY FEATURE	**2011**	**2014**
Access to healthcare	15.7%	**16.1%**
Good jobs; healthy economy	11.9%	**9.9%**
Clean & healthy environment	9.8%	**8.4%**
Good place to raise kids	8.6%	**7.9%**
Low crime rates/safe neighborhoods	8.8%	**7.8%**
Access to churches/places of worship	7.1%	**7.1%**
Good educational opportunities	6.9%	**6.4%**
Affordable/available housing options	5.2%	**6.3%**
Access to parks and recreation	4.8%	**5.0%**
Availability of health/wellness facilities (New in '14)	N/A	**4.3%**
Access to public transportation	3.4%	**3.8%**
Preventative Health Care (ie annual check-ups)	5.1%	**3.2%**
Access to Social Services	3.9%	**3.1%**
Good place to grow old	2.9%	**2.9%**
Absence of discrimination	2.7%	**2.6%**
Safe Mobility – Access to safe walking/cycling paths (New in '14)	N/A	**2.4%**
Affordable child care	2.8%	**2.0%**
Other	0.5%	**0.7%**

Table 20: Results from *2014 Community Health Survey for St. Johns County, FL* – Question #3

Question #3 Check up to 3 health problems you feel are the most important in St. Johns County:		
HEALTH PROBLEM	**2011**	**2014**
Addiction (alcohol & other drugs)	15.0%	**14.4%**
Cancer	7.2%	**8.4%**
Mental Health Problems	7.0%	**N/A**
Depression/Anxiety (New in '14)	N/A	**6.2%**
Diabetes	6.1%	**6.0%**
Adult Obesity	5.8%	**5.8%**
Child Abuse/Neglect	7.1%	**5.3%**
Heart Disease & Stroke	6.1%	**5.2%**
High Blood Pressure	5.9%	**5.2%**
Motor Vehicle Accident Injury	3.6%	**5.0%**
Dental Problems	5.0%	**4.8%**
Childhood Obesity	5.9%	**4.6%**
Alzheimers/Dementia (New in '14)	N/A	**3.9%**
Severe/Persistent Mental Illness (New in '14)	N/A	**3.9%**
HIV/AIDS or STDs	4.7%	**3.6%**
Teen Pregnancy	5.4%	**3.4%**
Contagious Diseases (ie flu/pneumonia/TB)	3.6%	**2.6%**
Environmental (ie wells/septic/potable water)	2.7%	**2.5%**
End of Life Care (nursing homes/hospice)	2.7%	**2.4%**
Asthma	2.9%	**2.2%**
Respiratory/Lung Disease	3.0%	**2.1%**
Post-traumatic Stress Disorder (New in '14)	N/A	**1.6%**
Other	0.6%	**1.0%**

Community Themes and Strengths – continued

Table 21: Results from *2014 Community Health Survey for St. Johns County, FL* – Question #4

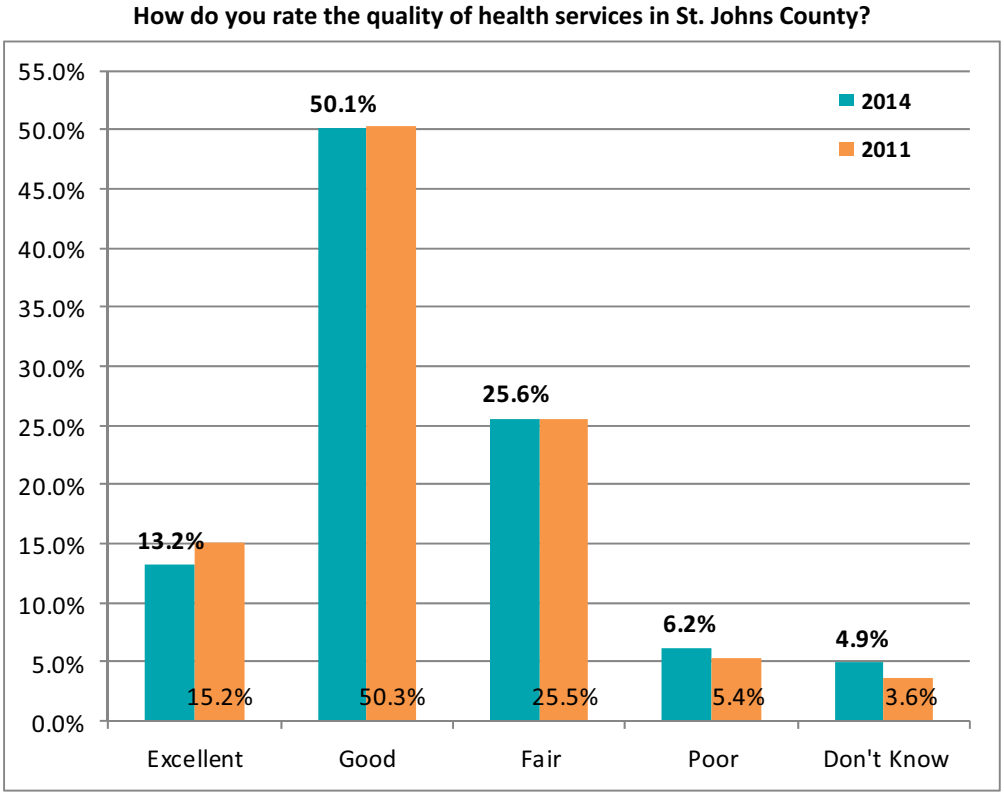
Question #4 Check up to 3 unhealthy behaviors you are most concerned about in SJC:		
UNHEALTHY BEHAVIOR	2011	2014
Drug Abuse	14.2%	13.9%
Adult Alcohol Abuse	10.1%	11.1%
Tobacco Use (cigarettes/cigars/spitless/e-cigs)	8.6%	8.1%
Underage Drinking	8.8%	7.5%
Being Overweight	8.6%	7.4%
Lack of Exercise	6.9%	6.8%
Poor Eating Habits	5.4%	4.8%
Impaired Driving	4.3%	4.8%
Domestic Violence	4.4%	4.7%
Dropping out of School	7.6%	4.3%
Teen Substance Abuse (New in '14)	N/A	4.2%
Rape/Sexual Assault	5.0%	4.1%
Discrimination	2.8%	3.6%
Unsafe/Unprotected Sex	4.2%	3.4%
Teen Sexual Activity (New for '14)	N/A	3.1%
Not using Birth Control	4.0%	2.8%
Unlicensed Driving	2.0%	2.6%
Not Getting Shots to Prevent Disease	2.7%	1.7%
Other	0.4%	1.1%

Table 22: Results from *2014 Community Health Survey for St. Johns County, FL* – Question #5

Question #5 What health care services are difficult to obtain in your community?		
SERVICES THAT ARE DIFFICULT TO OBTAIN	2011	2014
Dental/Oral Care	16.7%	11.9%
Mental Health/Counseling	8.4%	9.5%
Substance Abuse Services (Alcohol/Other Drugs)	7.4%	7.2%
Alternative Therapy (ie Herbal/Acupuncture)	6.4%	6.6%
Prescriptions/Meds/Medical Supplies	7.0%	6.3%
Support for Caregivers (New in '14)	N/A	6.3%
Primary Care (ie Family Doctor or Walk-in Clinic)	7.5%	6.1%
Emergency Room Care	5.6%	5.0%
None	4.9%	5.0%
Veteran's Care (New in '14)	N/A	4.7%
Vision Care	6.4%	4.6%
Specialty M.D. Care (ie Heart Doctor)	5.5%	4.5%
Preventative Care (ie Annual Check-ups)	5.5%	4.2%
X-Rays/Mammograms	3.7%	3.0%
Lab Work	4.0%	3.0%
End of Life Care - ie Nursing Homes, Hospice (New in '14)	N/A	3.0%
Family Planning/Birth Control	3.8%	2.8%
Physical Therapy/Rehabilitative Therapy	3.2%	2.6%
Inpatient Hospital	2.3%	2.1%
Don't Know/No Opinion	N/A	0.3%
Other	1.5%	1.4%

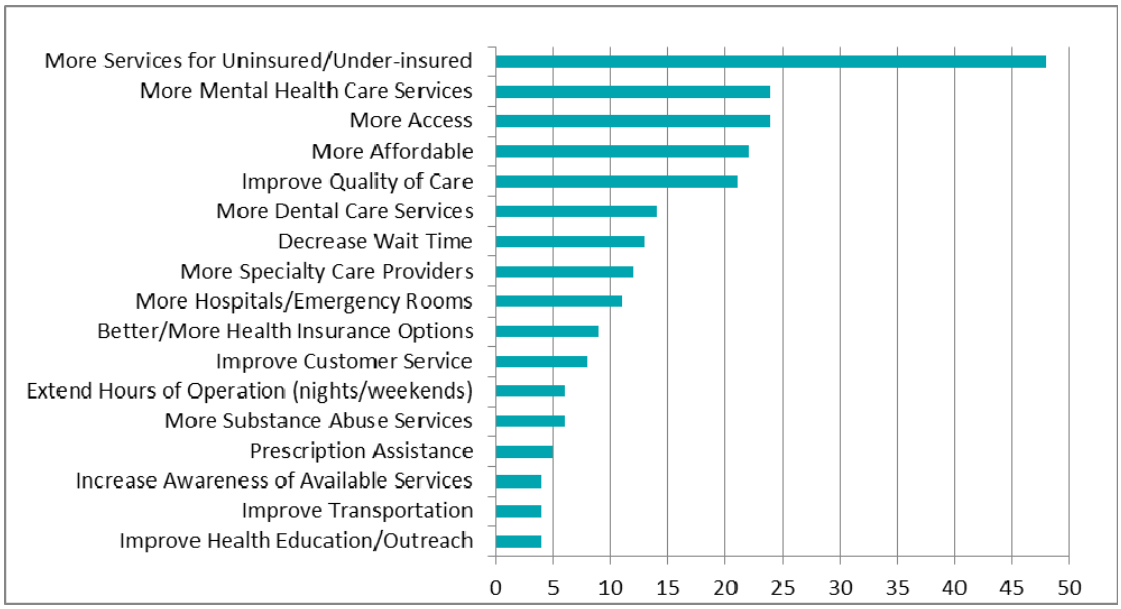
Community Themes and Strengths – continued

Figure 26: Results from *2014 Community Health Survey for St. Johns County, FL* – Question #6



As observed in the figure above, 63.3% of the survey respondents answered "Excellent" or "Good". This question 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?*** 235 verbatim comments were recorded, some of which included more than one suggestion. Comments are presented in the figure below.

Figure 27: Results from *2014 Community Health Survey for St. Johns County, FL* – Question #6 – Additional Information



Community Themes and Strengths – continued

Figure 28: Results from *2014 Community Health Survey for St. Johns County, FL* – Question #7

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

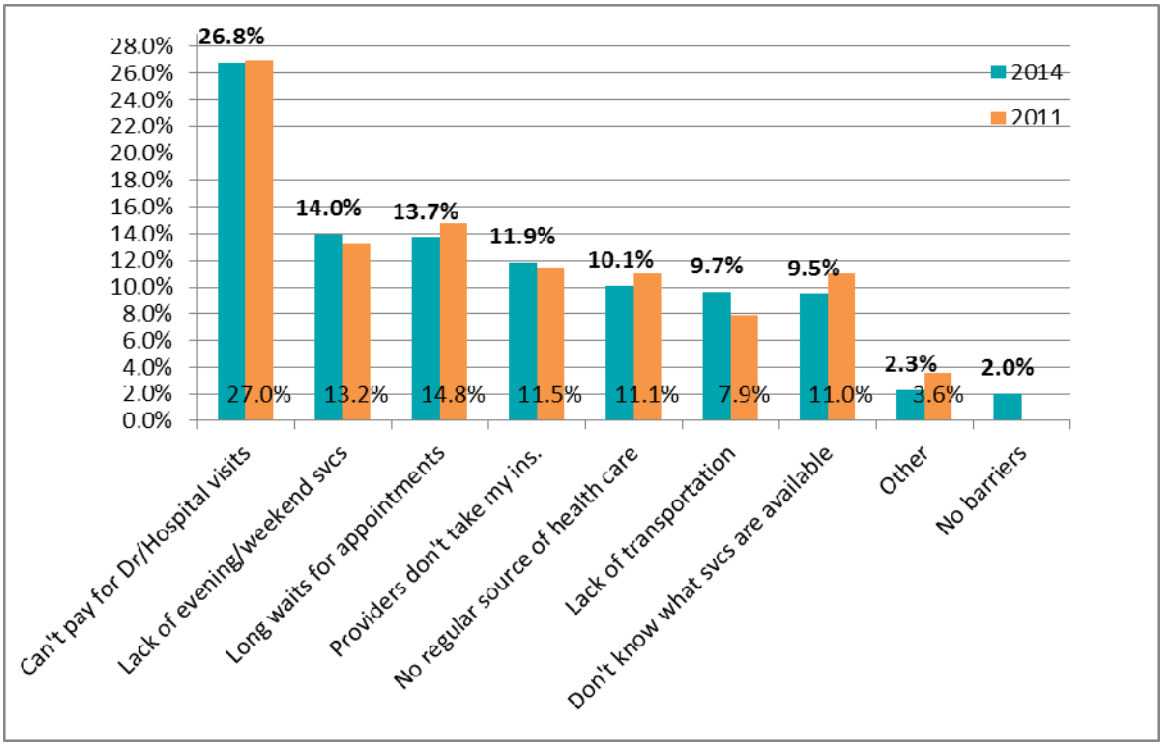
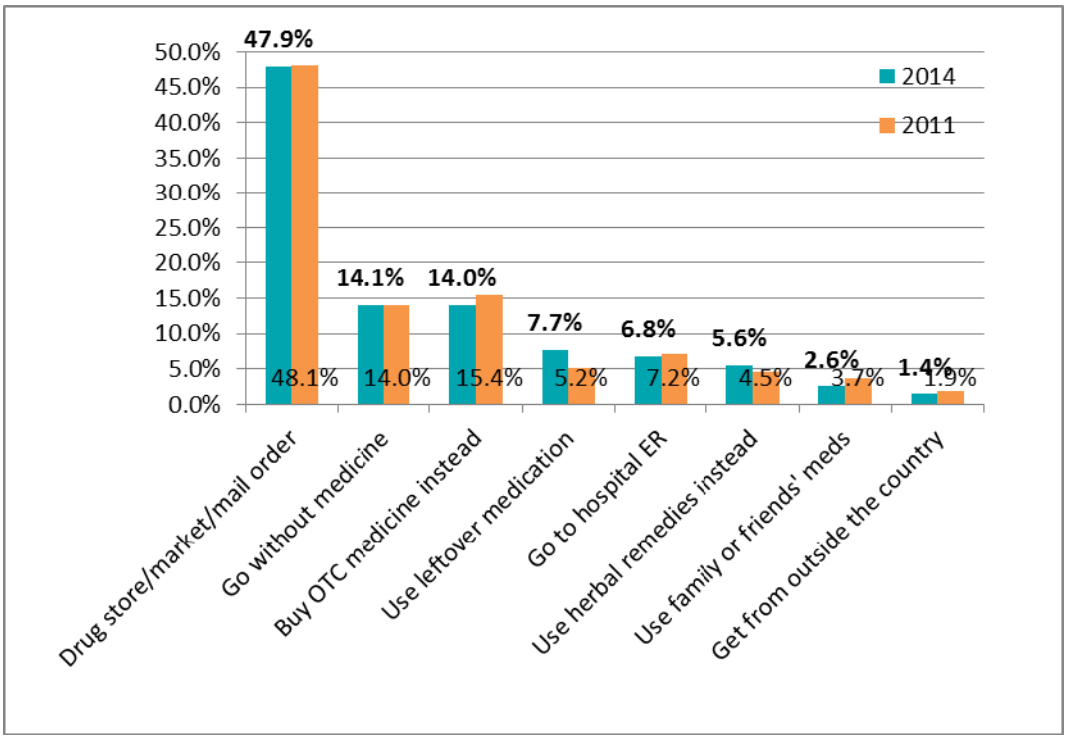


Figure 29: Results from *2014 Community Health Survey for St. Johns County, FL* – Question #8

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



Community Themes and Strengths – continued

Figure 30: Results from *2014 Community Health Survey for St. Johns County, FL* – Question #9

How is your health care covered? ***(check all that apply)***

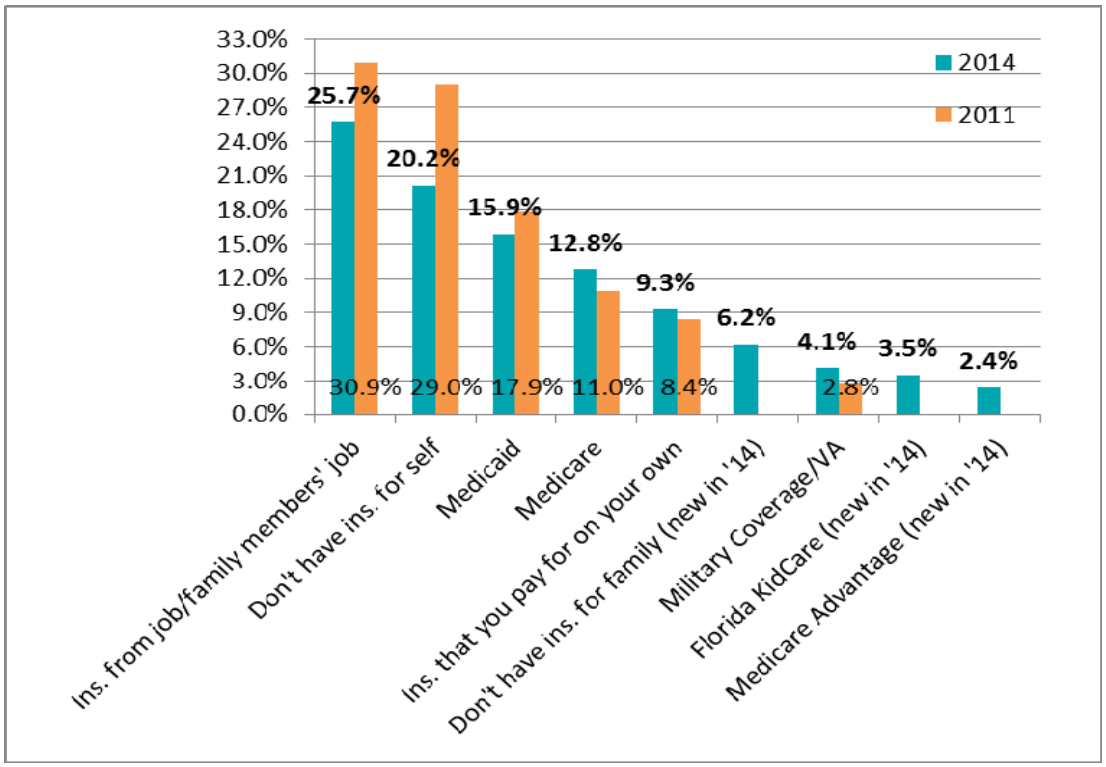
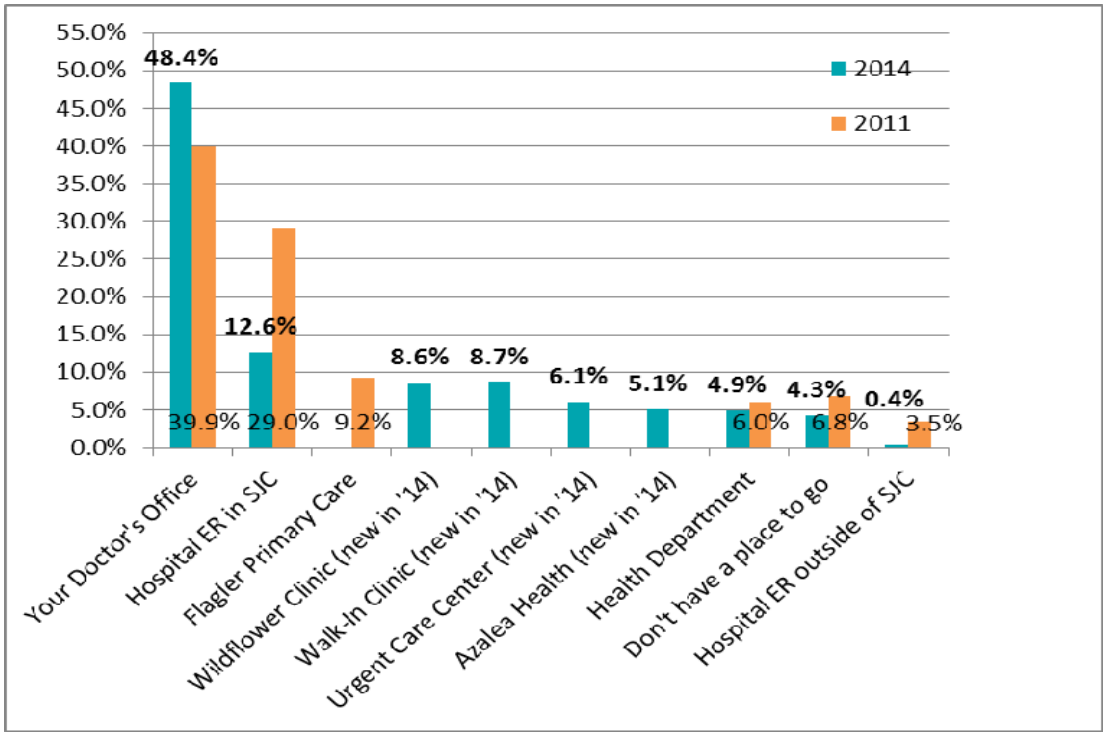


Figure 31: Results from *2014 Community Health Survey for St. Johns County, FL* – Question #10

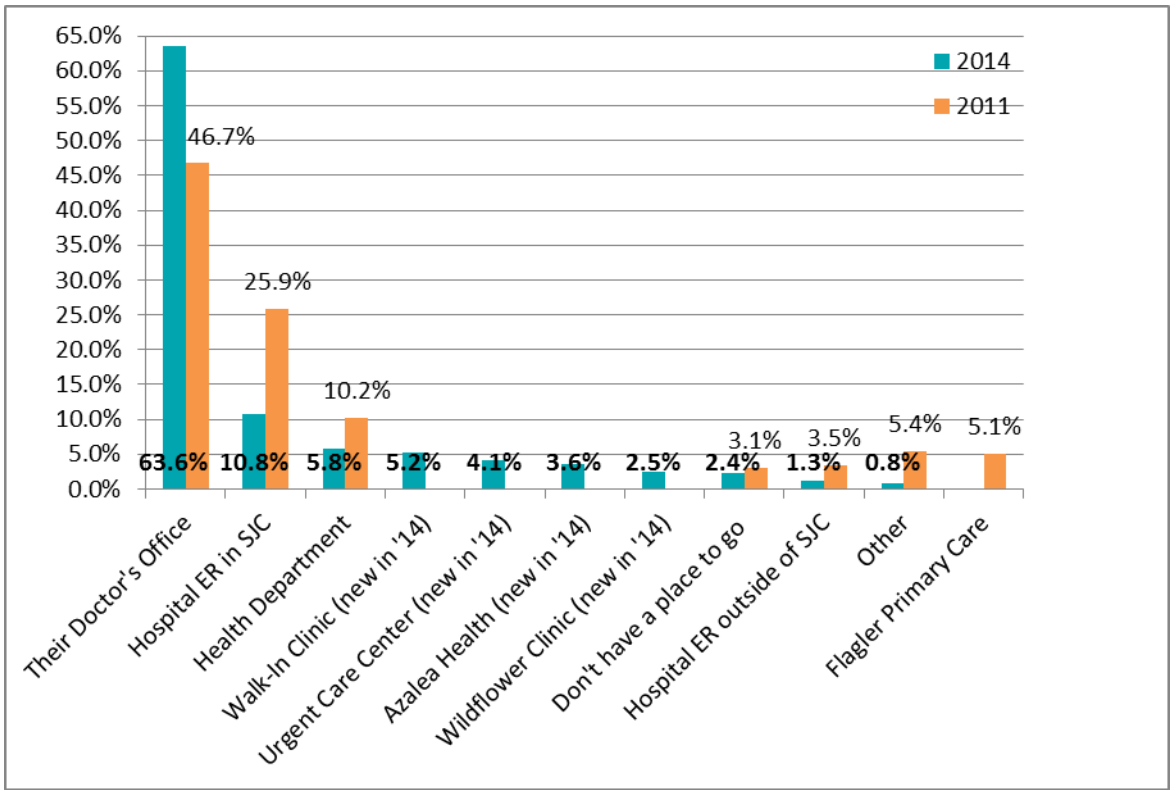
Where would you go if you are sick and need a Medical Professional's advice?



Community Themes and Strengths – continued

Figure 32: Results from *2014 Community Health Survey for St. Johns County, FL* – Question #11

Where would you go if your children/dependents are sick and need a Medical Professional's advice?

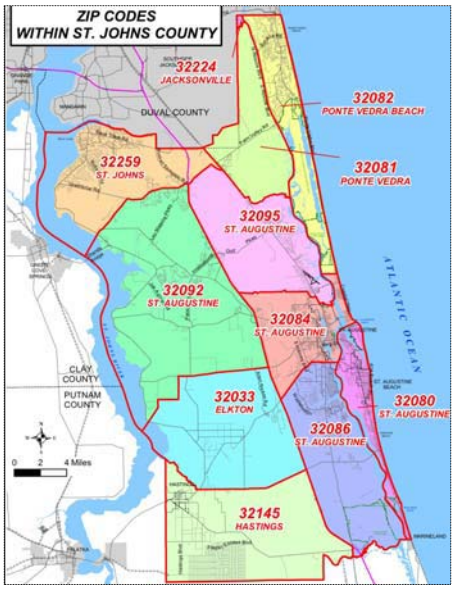


Survey Demographics

The majority (75%) of survey respondents were female. 28% of survey respondents were between the ages of 26 – 39 and another 26% were between the ages of 40 – 54, which represents the largest age groups in St. Johns County. 15% of survey respondents were 65 years of age or older. 50% of survey respondents have lived in St. Johns County 10 years or under, while 12% reported living in the county all of their life. 42% of survey respondents own their own homes. 38% of the respondents were employed full-time, and 18% reported being unemployed, which exceeds the county's December 2013 unemployment rate of 5.6%. 25% reported having a high school diploma or GED as their highest level of education completed, and 40% reported having an associate/bachelor's degree or a graduate/advanced degree. 36% reported household incomes under $20,000. Approximately 24% of respondents were non-white, providing good representation from the minority community. With regard to ethnicity, 5% of survey respondents were Hispanic, which closely matches the county's Hispanic population rate of 5.8%.

The demographic data from the 2014 survey is presented in the tables and figures on the next few pages.

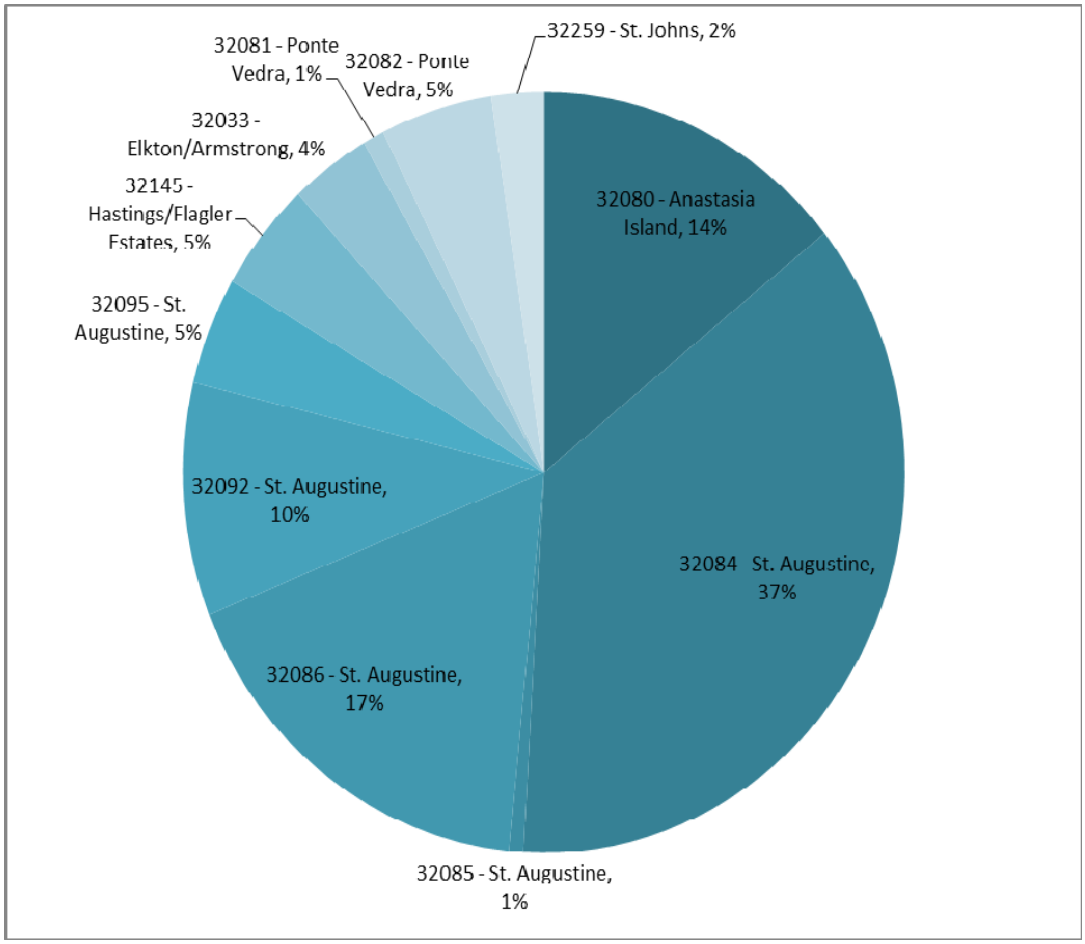
Community Themes and Strengths – continued



Survey Demographics – continued

- Geographically, there was a good cross-section of survey respondents from throughout St. Johns County, including representation from the St. Augustine, St. Augustine Beach (Anastasia Island), Hastings/Flagler Estates and Elkton/Armstrong and Ponte Vedra areas.
- Approximately 20% of the survey respondents did not provide a zip code, or provided a zip code outside of St. Johns County.
- Of the 939 St. Johns County zip codes that were recorded, the distribution is shown in the figure below:

Figure 33: Profile of Survey Respondents by Zip Code for the Results from *2014 Community Health Survey for St. Johns County, FL*



Community Themes and Strengths – Survey Demographics

Table 23: Survey Participant Demographic Profile - Part 1 of 2 - *2014 Community Health Survey for St. Johns County, FL*

Demographic Profile for Survey Respondents		
HOME OWNERSHIP	**TOTAL RESPONSES**	**PERCENTAGE**
Own	386	42%
Rent	363	39%
Other Arrangements	137	15%
Prefer not to answer	44	5%
Total Responses	930	100%
No Answer	259	
LENGTH OF SJC RESIDENCY	**TOTAL RESPONSES**	**PERCENTAGE**
Less than 1 year	90	9%
1 to 5 years	201	19%
5 to 10 years	225	22%
10 to 20 years	192	19%
20 – 30 years	124	12%
30 – 40 years	77	7%
All my life	127	12%
Total Responses	1036	100%
No Answer	153	
AGE GROUPS	**TOTAL RESPONSES**	**PERCENTAGE**
Under 18	5	0%
18 – 25	139	14%
26 – 39	289	28%
40 – 54	269	26%
55 – 64	164	16%
65 -74	96	9%
75 and over	56	6%
Total Responses	1018	100%
No Answer	171	
GENDER	**TOTAL RESPONSES**	**PERCENTAGE**
Female	722	75%
Male	238	25%
Total Responses	960	100%
No Answer	229	
MARITAL STATUS	**TOTAL RESPONSES**	**PERCENTAGE**
Single never married	289	28%
Married/Domestic Partnership	447	44%
Separated	39	4%
Divorced	185	18%
Widowed	59	6%
Total Responses	1019	100%
No Answer	170	

Community Themes & Strengths – Survey Demographics - continued

Table 24: Survey Participant Demographic Profile - Part 2 of 2 - *2014 Community Health Survey for St. Johns County, FL*

RACE/ETHNICITY	TOTAL RESPONSES	PERCENTAGE
Black/African American	155	15%
Hispanic	55	5%
Native American	10	1%
White/Caucasian	784	76%
Asian/Pacific Islander	12	1%
Other	12	1%
Total Responses	1028	100%
No Answer	161	

EDUCATION	TOTAL RESPONSES	PERCENTAGE
Elementary/Middle School	41	4%
High School Diploma or GED	257	25%
Trade/Technical/Vocational Training	96	9%
Some College	229	22%
Associate/Bachelor's Degree	266	26%
Graduate/Advanced Degree	146	14%
Total Responses	1035	100%
No Answer	154	

EMPLOYMENT STATUS	TOTAL RESPONSES	PERCENTAGE
Employed Full-time	372	36%
Employed Part-time	162	16%
Unemployed	189	18%
Self-employed	50	5%
Retired	155	15%
Homemaker	55	5%
Student	27	3%
Other	26	3%
Total Responses	1036	100%
No Answer	153	

HOUSEHOLD INCOME	TOTAL RESPONSES	PERCENTAGE
Less than $10,000	205	20%
$10,000 - $19,999	166	16%
$20,000 - $29,999	152	15%
$30,000 - $49,000	152	15%
$50,000 - $74,999	103	10%
$75,000 - $99,999	51	5%
$100,000 or more	73	7%
Prefer not to answer	114	11%
Total Responses	1016	100%
No Answer	173	

Assessment #4: Community Health Status

Purpose

The Community Health Status Assessment answers the following 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.

Background

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 national *County Health Rankings Report*. The indicators in this Assessment are 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

Methodology

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 "Florida Peer Counties" and "Regional Peers" may also be presented, as appropriate.

- ***"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. Florida "Peer Counties" include Collier, Lake and Manatee Counties. For more information on peer counties, please visit the following website: www.communityhealth.hhs.gov
- ***"Regional Peers"*** include Clay, Flagler, 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.
- ***"National Health Targets & Benchmarks"*** including *Healthy People 2020* and *CDC Winnable Battles.*

Information on "Statistical Significance" and select mortality rates for the St. Johns County community compared to the Florida Average is also provided, as appropriate, in this Report. Unless otherwise noted, all tables, maps, and graphs in this section compare three-year rolling averages using age-adjusted death rates from the Florida Department of Health's CHARTS website: www.FloridaCHARTS.com. Rolling rates are used to stabilize the numbers by averaging a three year period of time (i.e. 2010-2012). By using rolling rates, trends can be identified more easily. Age-adjusted rates also allow for fairer comparisons among groups with different age distributions.

Assessment #4: Community Health Status - continued

For this *Community Health Status Report,* it is 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 Health Targets & Benchmarks

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, and (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

Reference is also made to ***CDC's Winnable Battles*** as these are public health priorities that have large-scale impact on health and community. Information is available via the following web address: *www.cdc.gov/WinnableBattles*

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.

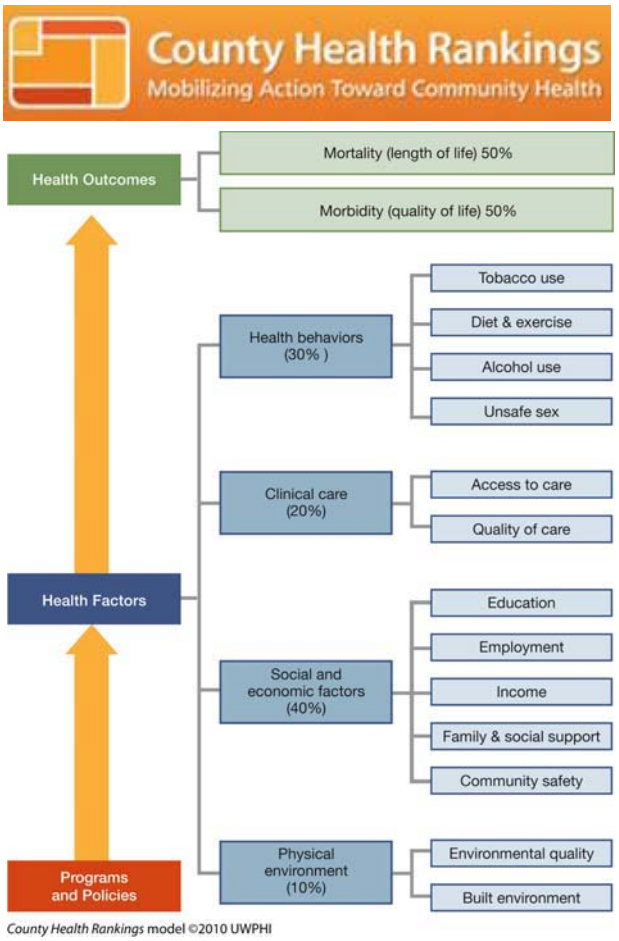


Figure 34: The County Health Rankings Model

National County Health Rankings – continued

As seen in the tables 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 25: Overall County Health Rankings – St. Johns County, FL

OVERALL HEALTH RANKINGS - HEALTH OUTCOMES & HEALTH FACTORS						
Category	*2010*	*2011*	*2012*	*2013*	***2014***	**Trend**
Health Outcomes	*2*	*3*	*1*	*1*	***1***	***Sustained!***
Health Factors	*1*	*1*	*1*	*1*	***1***	***Sustained!***
Source: County Health Rankings was accessed on 7/24/2014 via 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 26: Sub-Category Health Rankings – St. Johns County, FL

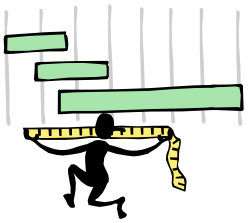
SUB-CATEGORIES RANKINGS - HEALTH OUTCOMES & HEALTH FACTORS					
Sub-Category	2010	2011	2012	2013	**2014**
Health Outcomes - **Mortality**	3	2	2	3	**3**
Health Outcomes - **Morbidity**	4	4	3	2	**1**
Health Factors – **Healthy Behaviors**	8	5	2	1	**2**
Health Factors – **Clinical Care**	7	5	4	4	**2**
Health Factors – **Social & Economic Factors**	1	1	1	1	**1**
Health Factors – **Physical Environment***	14	12	7	7	**45**
Source: County Health Rankings was accessed on 7/24/2014 via www.CountyHealthRankings.com **Note: For "Health Factors – Physical Environment" it is important to note the change in definition for both years 2012 and 2014. The changes in definition account for significant changes in the ranking.*					

National County Health Rankings – continued

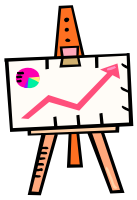
Table 27: National County Health Rankings Community Snapshot - St. Johns County, FL

2014 SNAPSHOT OF HEALTH OUTCOMES – ST. JOHNS COUNTY, FL				
Health Outcome Indicators ***St. Johns County Ranks - # 1 - Healthiest of 67 counties!***	**St. Johns Co., FL***	**Florida**	*Nat'l Benchmark* **Target**	**Trend**
Mortality Indicator				
Premature Death *"Years of potential life lost before age 75 per 100,000 population"*	**5,975**	7,310	5,317	↓
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)"*	**3.0**	3.7	2.5	↓
Poor mental health days *"Average number of mentally unhealthy days reported in past 30 days (age-adjusted)"*	**3.3**	3.8	2.4	↓
Low birth weight *"Percent of live births with low birth weight (< 2500 grams)"*	**6.7%**	8.7%	6.0%	↓
Source: The County Health Rankings report was accessed on 7/14/2014 via www.CountyHealthRankings.com				

*** 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*** *(Top U.S. Performers)* 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 was accessed on 7/14/2014 via 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 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 28: Major Causes of Death

OVERALL PERCENTAGE OF TOTAL DEATHS FOR 2012		
Cause of Death	Overall % Total Deaths **St. Johns County, FL**	Overall % Total Deaths **Florida**
CANCER	**21.8%**	23.7%
HEART DISEASE	**21.0%**	23.7%
CHRONIC LOWER RESPIRATORY DISEASE	**8.3%**	6.0%
UNINTENTIONAL INJURIES	**5.7%**	4.9%
STROKE	**4.3%**	4.8%
DIABETES MELLITUS	**2.9%**	2.9%
SUICIDE	**2.5%**	1.7%
SEPTICEMIA	**2.1%**	1.2%
ALZHEIMER'S DISEASE	**1.7%**	2.5%
KIDNEY DISEASE	**1.5%**	1.6%
CHRONIC LIVER DISEASE & CIRRHOSIS	**1.5%**	1.5%
PNEUMONIA/INFLUENZA	**1.3%**	1.3%
PARKINSON'S DISEASE	**1.1%**	1.0%
HOMICIDE	**0.6%**	0.7%
AIDS/HIV	**0.3%**	0.5%
*Where highlighted **red**, the St. Johns County Rate is unfavorably higher than the State Total Average.* *Where highlighted **green**, the St. Johns County Rate is favorably lower than the State Total Average.*		
Source: *Florida Department of Health, Office of Health Statistics and Assessment, accessed on 7/28/2014 via http://www.floridacharts.com/charts/QASpecial.aspx*		

The most recent available data on leading causes of death for the United States at the time of this report comes from the CDCs National Vital Statistics Report *Deaths: Preliminary Data for 2011* and is available via www.cdc.gov/nchs

As presented in this report, the preliminary leading causes of death in the U.S. for 2011 include the following: **(1)** *Diseases of heart;* **(2)** *Malignant neoplasms;* **(3)** *Chronic lower respiratory disease;* **(4)** *Cerebrovascular diseases;* **(5)** *Accidents (unintentional injuries);* **(6)** *Alzheimer's disease;* **(7)** *Diabetes mellitus;* **(8)** *Influenza & pneumonia;* **(9)** *Nephritis, nephrotic syndrome & nephrosis;* **(10)** *Suicide;* **(11)** *Septicemia;* **(12)** *Chronic liver disease & cirrhosis;* **(13)** *Essential hypertension & hypertensive renal disease;* **(14)** *Parkinson's disease; and* **(15)** *Pneumonitis due to solids & liquids.*

Health Equity & Social Determinants of Health

Race or ethnicity, gender, sexual identity, age, disability, socioeconomic status, and geographic location all contribute to an individual's ability to achieve good health. Factors which influence an individual's or population's health, also known as *social determinants of health,* include the availability of and access to:

- A high-quality education
- Nutritious food, clean water, fresh air
- Decent and safe housing
- Affordable, reliable transportation options
- Culturally sensitive health care providers
- Health Services and Health insurance
- Job opportunities
- Access to mass media (*cell phones, internet, etc.*)

As previously noted, 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 disparities or inequities are types of unfair health differences closely linked with social, economic or environmental disadvantages that adversely affect groups of people.

To better understand the picture of health in St. Johns County, information may segmented by gender, race, and/or ethnicity. Comparisons to the state averages as well as those of Florida "Peer Counties" and "Regional Peers" may also be presented, as available and as appropriate. It is also important to note that rates based on small numbers are considered to be unstable when based on fewer than 5 events or when the denominator (the population in review) is fewer than 20. For this reason, when available and appropriate, data segmentation by age, ethnic group, or by gender is presented with both the count and the rate.

Data on race and ethnicity within U.S. populations is captured through the Census Bureau. 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.

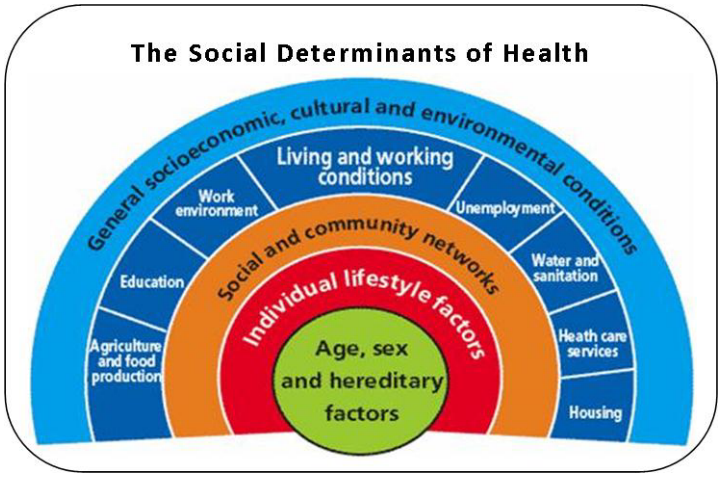
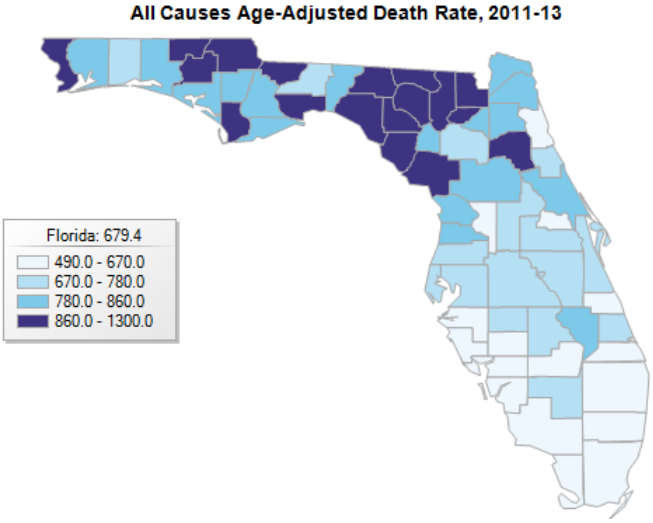


Figure 35: CDCs Social Determinants of Health

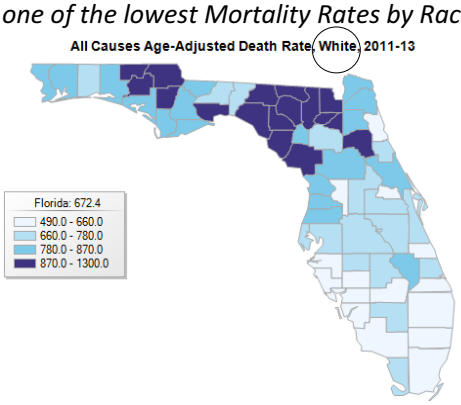
Total Mortality Rates by Race & Ethnicity

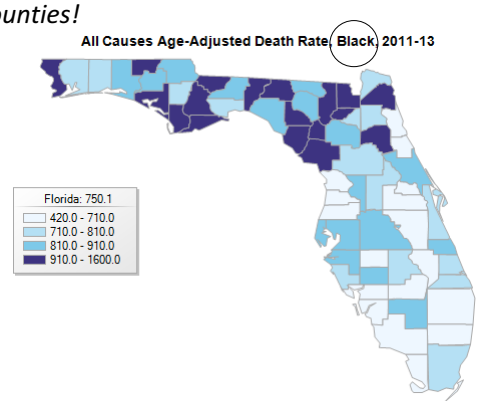
Unless otherwise noted, data and maps utilizes in this report were accessed through *Florida Community Heath Assessment Resource Tool Set* (CHARTS) via www.FloridaCHARTS.com.

"Mortality rate" is defined as the number of deaths within a given population over a period of time. Unless otherwise noted, most rates are per 100,000 people in a given population. As seen in map below, *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!*

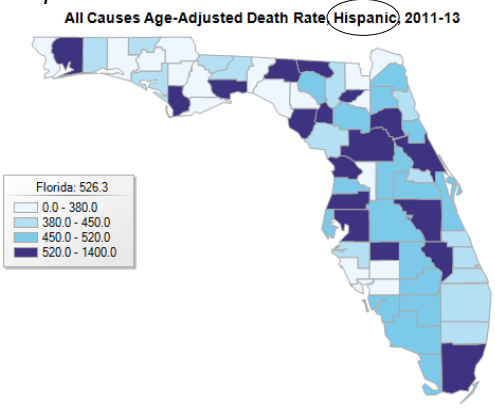


As illustrated in maps below, *St. Johns County ranks in the top quartile (top 25%) for the State as a result of having one of the lowest Mortality Rates by Race in all 67 counties!*





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 for Hispanics in all 67 counties!*

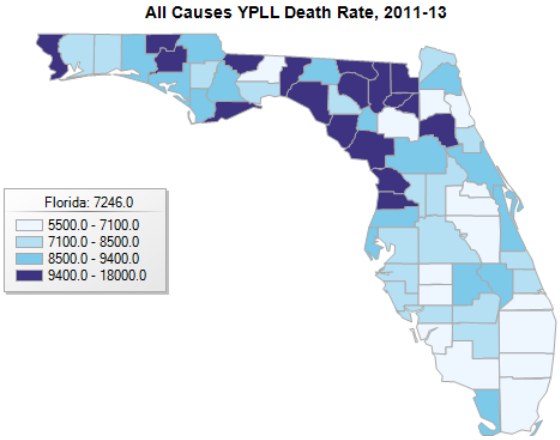


Years of Potential Life Lost

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, & cause-of-death information. Premature deaths are deaths that occur before a person reaches an expected age (i.e. 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.



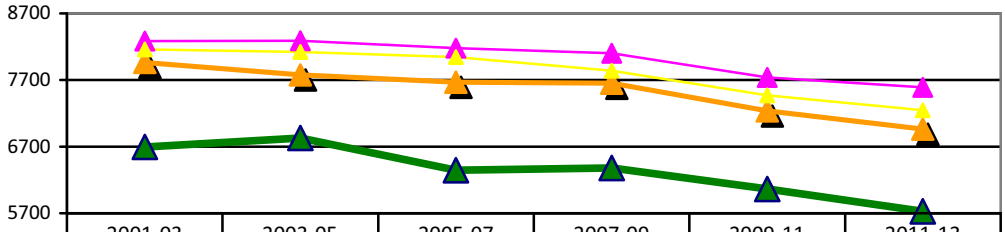
Years of Potential Life Lost (YPLL) Rates

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. 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.*

Figure 4-1 - Years of Potential Life Lost < Age 75 - Rate per 100,000 Population

Source: County Profile Report accessed via www.FloridaCHARTS.com



	2001-03	2003-05	2005-07	2007-09	2009-11	2011-13
Saint Johns Co., FL	6695.7	6830.3	6343.9	6381.8	6061.3	5727
FL Peer County Average	7961.5	7774.5	7666.2	7653.4	7235.1	6964.3
Regional Peer Average	8282.3	8288.7	8178.2	8104	7738.3	7588.3
Florida	8157.3	8119.7	8042.2	7839.9	7471.4	7246

Note: *Florida Peer Counties include Collier, Lake, & Manatee Counties as noted on www.communityhealth.hhs.gov . As utilized in previous Community Health Assessments, "Regional Peers" include Clay, Flagler, and Nassau Counties.*

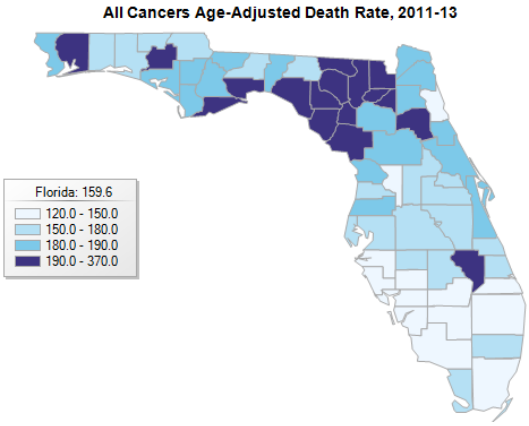
The overall trend of YPLL rates is on a slight decline in St. Johns County. YPLL rates for the St. Johns County community are favorably lower than that of the Florida Average, the Peer County Average, and the Regional Peer Average.

In the 2014 County Health Rankings Report, St. Johns County ranked number 3 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?

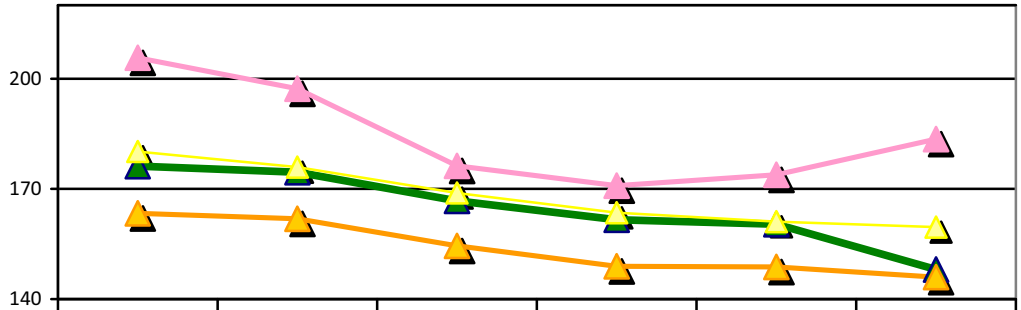


A leading cause of death in the United States, cancer is the top major cause of death for St. Johns County Residents. The National Cancer Institute defines cancer as a term used to describe diseases in which abnormal cells divide without control and are able to invade other tissues. There are over 100 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 *(accessed on7/15/2014 via http://apps.nccd.cdc.gov/uscs/)* indicates that the three most common cancers among men are Prostate, Lung, and Colorectal cancer while that for women includes breast, lung, and colorectal cancers. Some risk factors for cancer may be reduced through healthy behavior change such as achieving/maintaining a healthy weight, avoiding tobacco-use, limiting the alcohol-use and, when appropriate, using proper skin protection. More information about cancer is available via the following CDC web link: www.cdc.gov/cancer

Figure 4-2 - Age-Adjusted Cancer Death Rate per 100,000 Population

3-Year Rolling Rates

www.FloridaCHARTS.com



	2001-03	2003-05	2005-07	2007-09	2009-11	2011-13
St. Johns County, FL	176.2	174.5	166.7	161.6	160.4	148.1
FL Peer County Average	163.3	161.9	154.5	148.9	148.8	146
Regional Peer Average	205.7	197.3	176.3	170.9	173.8	183.6
Florida	180.2	175.9	168.9	163.5	161.1	159.6

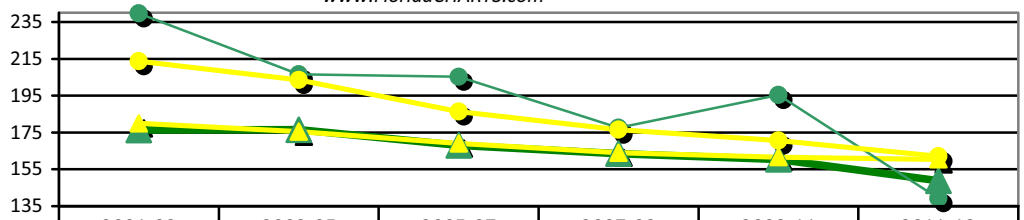
The overall trend for St. Johns County is on the decline and parallels that of the Florida and FL Peer County Average. Most recent rates for St. Johns County are lower than that of the Florida and the Regional Peer Average.

The Healthy People 2020 target is to reduce the overall cancer death rate to 161.4 deaths per 100,000 population. With a most recent rate of 148.1 *deaths per 100,000 population – St. Johns County has met the Healthy People 2020 target!*

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

3-Year Rolling Rates

www.FloridaCHARTS.com



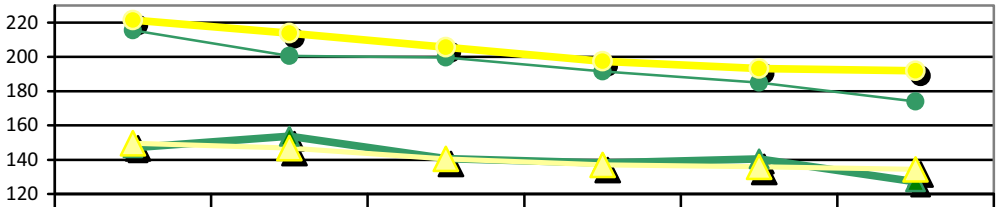
	2001-03	2003-05	2005-07	2007-09	2009-11	2011-13
White - St. Johns County, FL	176.4	176.6	168.0	163.6	160.5	148.9
White - Florida	180.0	175.5	169.0	164.1	161.6	160.5
Black - St. Johns County, FL	239.6	206.6	205.2	177.5	195.3	139.4
Black - Florida	213.7	203.5	186.4	176.6	170.7	162.1

As presented in the figure above, trends are on the decline. Most recent rolling rates for both the St. Johns County White and Black populations are below those of the respective Florida averages.

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

3-Year Rolling Rates

www.FloridaCHARTS.com



	2001-03	2003-05	2005-07	2007-09	2009-11	2011-13
Female - St. Johns County, FL	146.9	153.6	140.7	138.1	140.4	127.1
Female - Florida	149.6	146.8	140.5	136.9	135.9	134.3
Male - St. Johns County, FL	215.4	200.5	199.6	191.4	185	173.9
Male - Florida	221.5	213.9	205.7	197.4	193.2	191.8

As presented in the figure above, trends are on the decline. Most recent death rates for both St. Johns County Female and Male populations are lower than those of the respective Florida rate. A clear disparity is observed when comparing death rates by gender as rates for both Female populations are 25-30% lower than those of the Male populations.

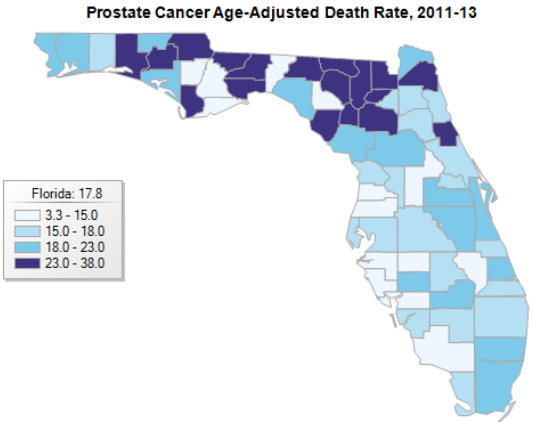
Table 29: Death Counts & Rates by Ethnicity

COUNTS & AGE-ADJUSTED CANCER DEATHS PER 100,000 POPULATION *3-YEAR ROLLING RATES*								
Population	2005-07		2007-09		2009-11		2011-13	
All Races	Count	**Rate**	Count	**Rate**	Count	**Rate**	Count	**Rate**
Hispanic – St. Johns County	15	**92.5**	19	**100.6**	19	**85.5**	24	**100.9**
Hispanic – Florida	11,457	**123.2**	12,016	**116.9**	12,829	**113.6**	13,937	**118.2**
Non-Hispanic – St. Johns County	1,034	**168.6**	1,115	**163.4**	1,151	**162.7**	1,103	**149.6**
Non-Hispanic –Florida	108,609	**176.5**	109,041	**171.9**	109,856	**169.9**	111,017	**167.3**
Source: Data was accessed on 8/15/2014 via www.FloridaCHARTS.com								

Cancer Death Counts and Rates are presented in the table above. The trend for St. Johns County non-Hispanic population appears to be decreasing. Death counts and rates for St. Johns County's Hispanic population are lower than that of St. Johns County's non-Hispanic population.

Prostate Cancer Death Rate

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



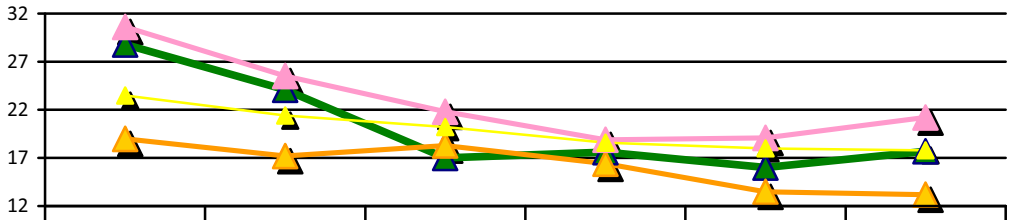
Why is this Important?

Prostate cancer forms in tissues of the prostate and usually occurs in older men. The prostate is a gland in the male reproductive system found below the bladder and in front of the rectum. The CDC reports that prostate cancer is the most common cancer among men in the United States. It is also rreported 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.

It's important to note that early detection may prevent some health problems and reduce the risk of dying from the cancer. The National Cancer Institute recommends the use of PSA along with a digital rectal exam to help detect prostate cancer in men 50 years of age or older. More information is available via the following CDC web link: www.cdc.gov/cancer/prostate

Figure 4-5 - Age-Adjusted Prostate Cancer Death Rate, 3-Year Rolling Rate

www.FloridaCHARTS.com



	2001-03	2003-05	2005-07	2007-09	2009-11	2011-13
St. Johns County, FL	28.8	24.1	17	17.6	16	17.7
FL Peer County Average	19	17.2	18.3	16.4	13.5	13.2
Regional Peer Average	30.6	25.5	21.8	18.9	19.1	21.2
Florida	23.5	21.4	20.2	18.6	18	17.8

The overall trend for St. Johns County appears to be on the decline. Most recent deaths rates for St. Johns County are lower than the Regional Peer Average, are similar to the Florida Average, and are slightly higher than the FL Peer Average.

The Healthy People 2020 target is to reduce the overall prostate cancer death rate to 21.8 deaths per 100,000 population. At a recent 3-year rolling rate of *17.7 deaths per 100,000 population, St. Johns County, FL has met this national health target!*

Prostate Cancer in the Unites States - 2014 Estimates

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

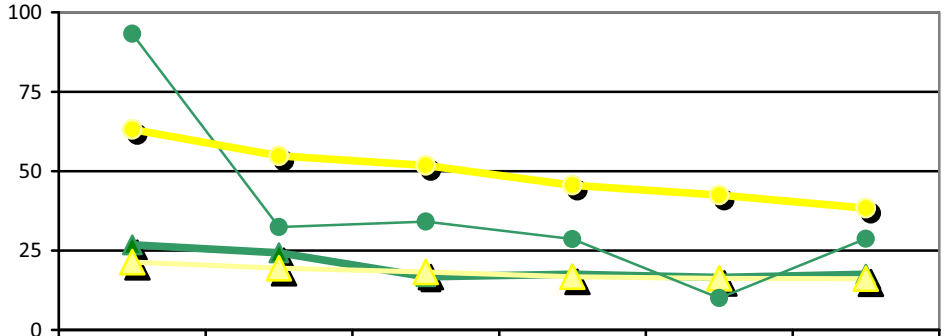
Estimated new cases and deaths from prostate cancer in the U.S. for 2014:

- ***New cases:*** *233,000 - It is estimated that 14.0% of all new cancer cases will be prostate cancer.*
- ***Deaths:*** *29,480 - It is estimated that 5% of all cancer deaths will be from prostate cancer.*

Figure 4-6 - Age-Adjusted Prostate Cancer Death Rate per 100,000 Population by Race

3-Year Rolling Rates

www.FloridaCHARTS.com



	2001-03	2003-05	2005-07	2007-09	2009-11	2011-13
White - St. Johns County, FL	26.8	24.3	16.8	17.6	16.6	17.6
White - Florida	21.4	19.5	18.3	16.8	16.3	16.2
Black - St. Johns County, FL	93.3	32.4	34.1	28.6	10	28.7
Black - Florida	63.2	54.8	51.8	45.6	42.5	38.4

As presented in the figure above, trends for both black and white population appear to be on the decline. For 2011-2013, rates for the St. Johns County black population are 60% greater than that of the local white population.

Table 30: Death Counts & Rates by Ethnicity

AGE-ADJUSTED PROSTATE CANCER DEATHS PER 100,000 POPULATION								
Population	**2005-07**		**2007-09**		**2009-11**		**2011-13**	
All Races	Count	**Rate**	Count	**Rate**	Count	**Rate**	Count	**Rate**
Hispanic – St. Johns County	2	**36.5**	2	**29.5**	1	**14.4**	0	**0**
Hispanic – Florida	667	**19.6**	685	**17.7**	726	**16.9**	787	**17.7**
Non-Hispanic – St. Johns County	42	**16.6**	50	**17.3**	49	**16.1**	57	**18.1**
Non-Hispanic – Florida	5,785	**20.3**	5,638	**18.8**	5,453	**18.2**	5,430	**17.8**
Source: Data was accessed on 8/20/2014 via www.FloridaCHARTS.com								

The table above presents data for Prostate Cancer Death Counts and Rates for St. Johns County and Florida. Most recent death rates for St. Johns County's Hispanic population are zero while that of the non-Hispanic population is 18.1 per 100,000 populations. It is important to note that rates based on small numbers are considered to be unstable when based on fewer than 5 events or when the denominator (the population in review) is fewer than 20. For this reason, when available and appropriate, information is presented with both the count and the rate.

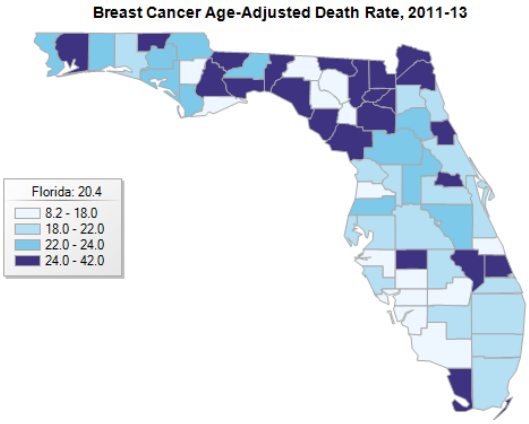
Looking for Conversation Starters, Best Practices, or Tools for Collaborative Initiatives?

Information and supportive resources on Prostate Cancer is available through the following organizations:

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

Breast Cancer Death Rate

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



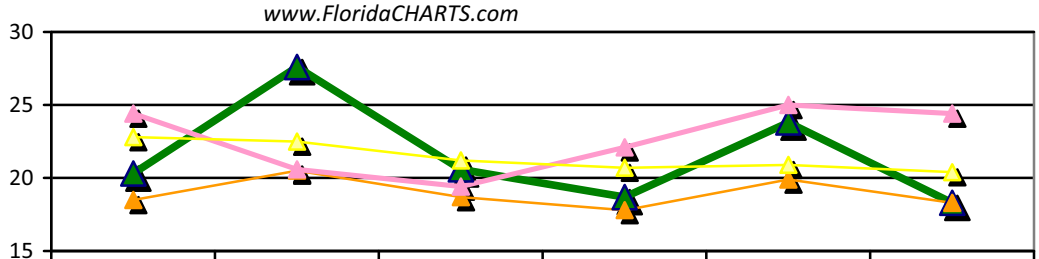
Why is this Important?

While breast cancer can develop in both men and women, the CDC reports that breast cancer is the most common cancer among American women. This particular cancer forms in tissues of the breast, usually the ducts (tubes that carry milk to the nipple) and lobules (glands that make milk). The greatest risk factor in developing breast cancer is age. It's important to note that early detection may prevent some health problems and reduce the risk of dying from cancer. "Breast cancer screening" means checking breasts for cancer before there are signs or symptoms of the disease. A health care provider can conduct a clinical breast exam, explain the benefits of regular self-breast exams, and identify the right time a person should get a mammogram (a breast x-ray). More information is available via the following CDC web link: www.cdc.gov/cancer

Figure 4-7 - Age-Adjusted Breast Cancer Death Rate per 100,000 Population

3-Year Rolling Rates

www.FloridaCHARTS.com



	2001-03	2003-05	2005-07	2007-09	2009-11	2011-13
St. Johns County, FL	20.3	27.6	20.6	18.7	23.8	18.3
FL Peer County Average	18.5	20.5	18.7	17.8	19.9	18.3
Regional Peer Average	24.4	20.6	19.4	22.1	25	24.4
Florida	22.8	22.5	21.2	20.7	20.9	20.4

The trend for St. Johns County, FL appears to be on the decline since 2009-11. The most recent rates for St. Johns County are similar to that of the FL Peer County Average and are lower than the both the Florida and Regional Peer Averages.

The Healthy People 2020 national health target is to reduce the breast cancer death rate to 20.7 deaths per 100,000 females. *At a recent rate of 18.3 deaths per 100,000 females, St. Johns County has exceeded this national health target!*

Breast Cancer in the Unites States - 2014 Estimates

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

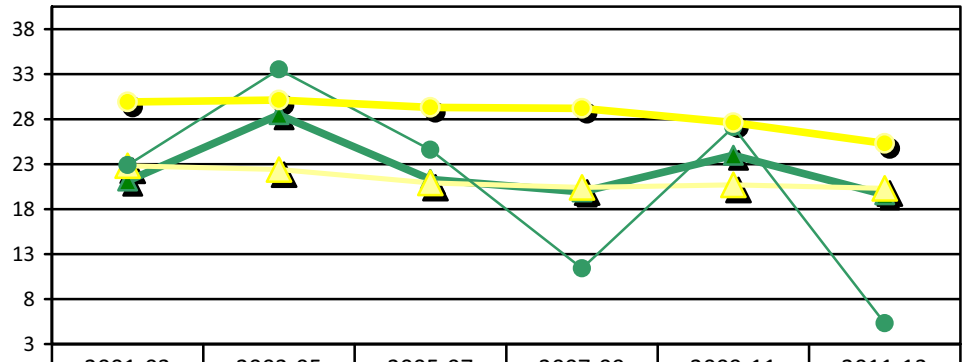
Estimated new cases and deaths from Breast Cancer in the United States in 2014:

- *New cases: 232,670 – Breast Cancer will account for 14% of all New Cancer Cases*
- *Deaths: 40,000 – Breast Cancer will account for 6.8% of All Cancer Deaths*

Figure 4-8 - Age-Adjusted Breast Cancer Death Rate per 100,000 Population by Race

3-Year Rolling Rates

www.FloridaCHARTS.com



	2001-03	2003-05	2005-07	2007-09	2009-11	2011-13
White - St. Johns County, FL	20.6	28	20.8	19.4	23.5	19.1
White - Florida	22.3	21.9	20.4	19.9	20.2	19.8
Black - St. Johns County, FL	22.4	33	24.1	10.9	26.6	4.8
Black - Florida	29.4	29.6	28.8	28.7	27.1	24.8

As presented in the figure above, overall trends in Breast Cancer Deaths appear to be on the decline. While recent rates for St. Johns County White population are similar to that of Florida rates, most recent rates for St. Johns County Black population are significantly lower than that of Florida.

Table 31: Death Counts & Rates by Ethnicity

AGE-ADJUSTED BREAST CANCER DEATHS PER 100,000 POPULATION								
Population *All Races*	2005-07		2007-09		2009-11		2011-13	
	Count	**Rate**	Count	**Rate**	Count	**Rate**	Count	**Rate**
Hispanic – St. Johns County	0	**0**	0	**0**	1	**6.4**	1	**5.6**
Hispanic – Florida	826	**15.4**	821	**13.9**	959	**14.8**	1,057	**15.6**
Non-Hispanic - St. Johns County	72	**21.2**	73	**19.4**	92	**24.4**	70	**18.8**
Non-Hispanic - Florida	7,070	**22.3**	7,196	**22.1**	7,380	**22.2**	7,282	**21.4**

Source: Data was accessed on 8/28/2014 via www.FloridaCHARTS.com

Data for Breast Cancer Death Counts and Rates are presented in the table above. The most recent rolling death rate for St. Johns County's non-Hispanic population is 18.1 per 100,000 populations which is lower than the Florida average. The most recent rolling death rate for St. Johns County's Hispanic population is 5.6 per 100,000 populations which is significantly lower than the Florida average.

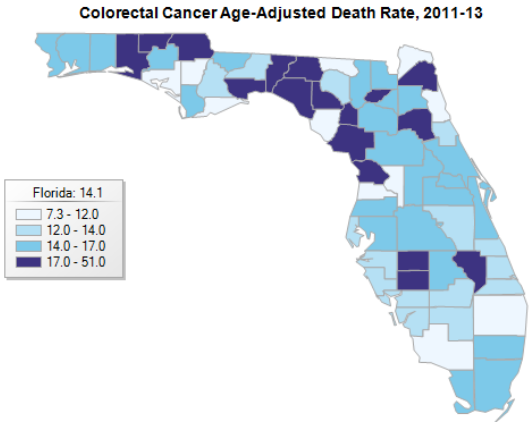
Looking for Conversation Starters, Best Practices, or Tools for Collaborative Initiatives?

Information and Supportive Resources for Breast Cancer are available through the following organizations:

- U.S. HHS Office of Women's Health http://womenshealth.gov/breast-cancer
- The Susan G. Komen Foundation http://ww5.komen.org/
- National Cancer Institute's Cancer Information Service (LiveHelp) https://livehelp.cancer.gov
- CDCs "*Community Guide to Preventive Services*" www.TheCommunityGuide.org

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?

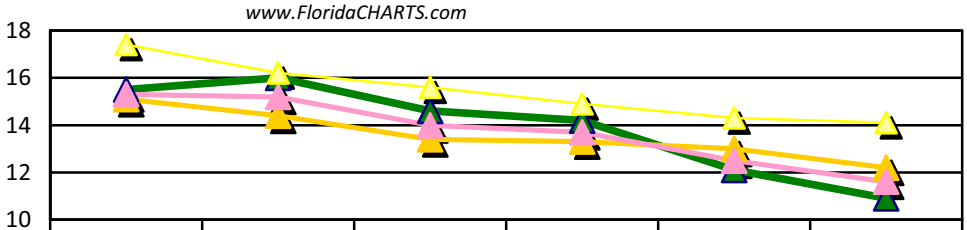
The CDC reports that, of cancers that affect both men and women, colorectal cancer is the second leading cancer killer in the United States. A leading cause of death in St. Johns County; early detection for can improve health outcomes related to this cancer. Colon cancer is defined as a cancer that forms 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.

Colorectal cancer can begin with no symptoms, which is why regular screening is important. Through screening tests, pre-cancerous polyps (abnormal growths in the colon or rectum) can be identified and removed before turning into cancer. More information is available via the following CDC web link: www.cdc.gov/cancer/colorectal/

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

3-Year Rolling Rates

www.FloridaCHARTS.com



	2001-03	2003-05	2005-07	2007-09	2009-11	2011-13
St. Johns County, FL	15.5	16	14.6	14.2	12.1	10.9
FL Peer County Average	15.1	14.4	13.4	13.3	13	12.2
Regional Peer Average	15.3	15.2	14	13.7	12.5	11.6
Florida	17.4	16.2	15.6	14.9	14.3	14.1

The trend for colon cancer death rates in St. Johns County is on a decline. Rates for St. Johns County are lower that the State, Peer County Average and Regional Peer County 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 10.9 deaths per 100,000 population – our community has met the Healthy People 2020 target!*

Colon & Rectal Cancer in the Unites States - 2014 Estimates

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

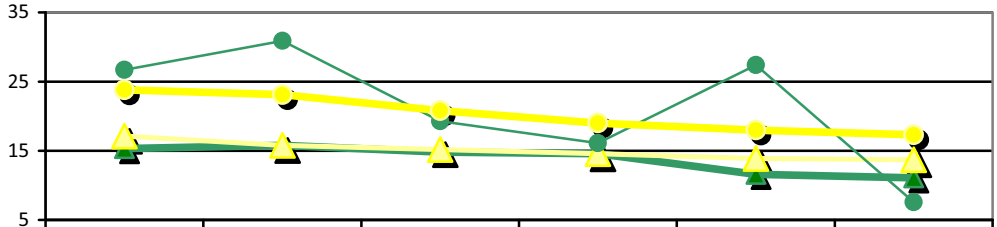
Estimated new cases and deaths from colon and rectal cancer in the United States in 2014:

- *New cases: 136,830 – Colon & Rectum Cancer will account for 8.2% of all New Cancer Cases*
- *Deaths: 50,310 – Colon& Rectal Cancer will account for 8.6% of All Cancer Deaths*

Figure 4-10 - Age-Adjusted Colorectal Cancer Death Rate per 100,000 Population by Race

3-Year Rolling Rates

www.FloridaCHARTS.com



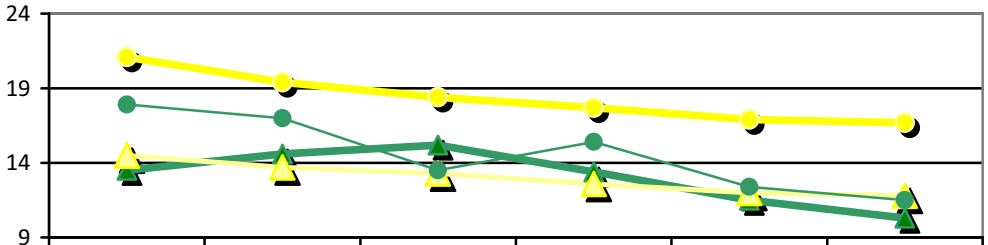
	2001-03	2003-05	2005-07	2007-09	2009-11	2011-13
White - St. Johns County, FL	15.3	15.8	14.8	14.6	11.6	11.1
White - Florida	17.1	15.8	15.2	14.6	13.9	13.7
Black - St. Johns County, FL	26.7	30.9	19.3	16.1	27.4	7.6
Black - Florida	23.8	23.1	20.8	19	18	17.3

Overall, trends for colorectal cancer deaths appear to be on the decline. Death rates for St. Johns County's Black population experienced a decline between 2009 and 2013. Death rates for the St. Johns County White population have also declined. Most recent rates for both St. Johns County populations are lower than that of the respective Florida averages.

Figure 4-11 - Age-Adjusted Colorectal Cancer Death Rate per 100,000 Population by Gender

3-Year Rolling Rates

www.FloridaCHARTS.com



	2001-03	2003-05	2005-07	2007-09	2009-11	2011-13
Female - St. Johns County, FL	13.5	14.6	15.2	13.4	11.5	10.3
Female - Florida	14.5	13.7	13.3	12.6	12	11.8
Male - St. Johns County, FL	17.9	17	13.5	15.4	12.4	11.5
Male - Florida	21.1	19.4	18.4	17.7	16.9	16.7

Overall, trends for the populations presented above appear to be on the decline. Most recent rates for the St. Johns County Male population are lower than that of Florida, but are similar to rates for the local Female population. Most recent rates for the St. Johns County Female population are lower than that of Florida and the local Male population.

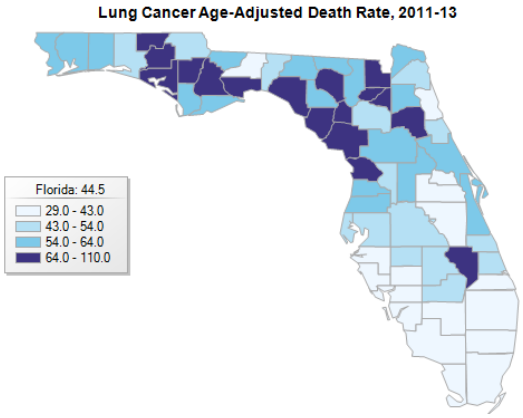
Looking for Conversation Starters, Information on Risk Factors, or Tools for Collaborative Initiatives?

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

- American Cancer Society www.Cancer.org
- National Cancer Institute's Cancer Information Service (LiveHelp) https://LiveHelp.cancer.gov
- CDCs "*Community Guide to Preventive Services*" www.TheCommunityGuide.org
- The National Colorectal Cancer Roundtable http://nccrt.org/

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?

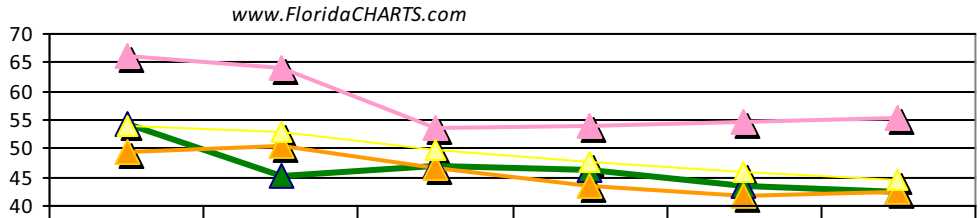
Lung cancers are cancers that begin in the lungs. Other types of cancers may spread to the lungs from other organs. However, these are not lung cancers because they did not start in the lungs.

The CDC reports that lung cancer is the leading cause of cancer death and the second most common cancer among both men and women in the United States. A leading cause of death in St. Johns County, FL, lung cancer can be cause by cigarette smoking, other types of tobacco use (i.e. pipes or cigars), breathing secondhand smoke, being exposed to substances such as asbestos or radon at home or work, and having a family history of lung cancer. The most important thing a person can do to lower their lung cancer risk is to quit smoking and avoid secondhand smoke. More information on lung cancer is available via the following CDC web link: www.cdc.gov/cancer/lung/

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

3-Year Rolling Rates

www.FloridaCHARTS.com



	2001-03	2003-05	2005-07	2007-09	2009-11	2011-13
St. Johns County, FL	54.2	45.3	47	46.3	43.6	42.5
FL Peer County Average	49.5	50.5	46.6	43.6	41.7	42.3
Regional Peer Average	66	64.1	53.6	53.9	54.8	55.4
Florida	54	52.8	49.9	47.7	46.1	44.5

As presented in the figure above, the overall trend appears to generally be on the decline. Recent rates for St. Johns County are similar to that of the FL Peer County Average and are lower than that of the Regional Peer Average and the Florida average.

The Healthy People 2020 national health target is to reduce the lung cancer death rate to 45.5 deaths per 100,000 population. At a most recent rate of *42.5 deaths per 100,000 population, St. Johns County FL is close to meeting this national health target!*

Lung & Bronchus Cancer in the United States – 2014 Estimates

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

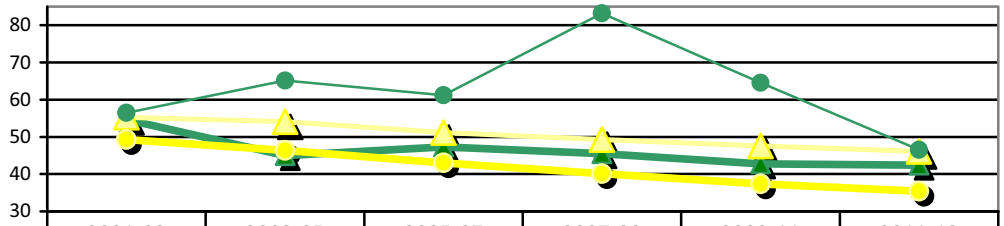
Estimated new cases and deaths from Lung & Bronchus in the United States in 2014:

- *New Cases: 224,210 - Lung & Bronchus Cancer will account for 13.5% of all New Cancer Cases*
- *Deaths: 159,260 - Lung & Bronchus Cancer will account for 27.2% of All Cancer Deaths*

Figure 4-13 - Age-Adjusted Lung Cancer Death Rate per 100,000 Population by Race

3-Year Rolling Rates

www.FloridaCHARTS.com



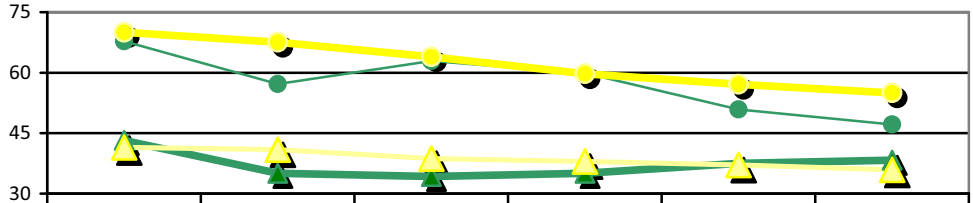
	2001-03	2003-05	2005-07	2007-09	2009-11	2011-13
White - St. Johns County, FL	54.7	45	47.3	45.5	42.8	42.4
White - Florida	55.3	54.1	51.2	49.3	47.6	46.1
Black - St. Johns County, FL	56.5	65.1	61.2	83.2	64.5	46.5
Black - Florida	49.3	46.4	43	40.1	37.4	35.4

Overall, it appears that there is a decrease in the trend for both segments of the population presented above. Rates for St. Johns County's White population are lower than that of the State. Rates for St. Johns County's Black population appear to be on the decline since 2007; however, most recent rates are higher than that of the State.

Figure 4-14 - Age-Adjusted Lung Cancer Death Rate per 100,000 Population by Gender

3-Year Rolling Rates

www.FloridaCHARTS.com



	2001-03	2003-05	2005-07	2007-09	2009-11	2011-13
Female - St. Johns County, FL	43.2	35.1	34.3	35.1	37.5	38.3
Female - Florida	41.5	40.9	38.7	38	37.1	35.9
Male - St. Johns County, FL	67.8	57.2	62.9	59.9	50.9	47.2
Male - Florida	70	67.6	63.9	59.7	57.1	55

A disparity is observed when comparing death rates by gender as the rates presented above for both Male populations are almost 20-35% higher than those of the Female populations. Most recent rates for the St. Johns County Female population are slightly higher than Florida and the trend appears to be slightly increasing. Most recent rates for the St. Johns County Male population are lower than Florida and the trend appears to be favorably decreasing.

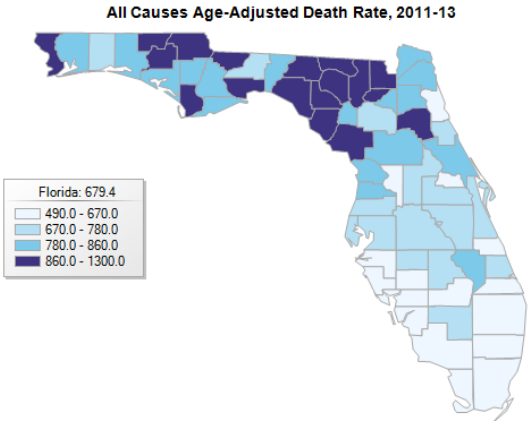
Looking for Conversation Starters, Best Practices, or Tools for Collaborative Initiatives?

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

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

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?

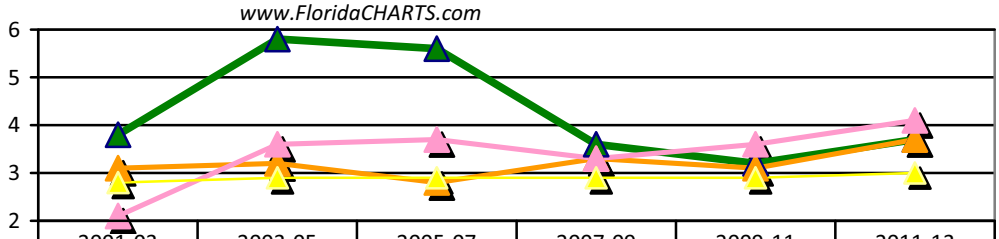
Skin cancer is the most common cancer in the United States and, as noted by the CDC, the percentage of people who develop melanoma has more than doubled in the past 30 years. Most cases of melanoma, the deadliest kind of skin cancer, are caused by exposure to ultraviolet (UV) light. Melanoma can occur anywhere on the body, beginning in melanocytes which are the cells that make the pigment melanin.

Risk factors noted by the National Cancer Institute include, but are not limited to, the following: *(1) Having a fair complexion; (2) Being exposed to natural sunlight or artificial sunlight (i.e. tanning beds) over long periods of time; and (3) a family history of skin cancers.* For more on risk factors and other valuable information, please visit the following National Cancer Institute website via http://seer.cancer.gov/

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

3-Year Rolling Rates

www.FloridaCHARTS.com



	2001-03	2003-05	2005-07	2007-09	2009-11	2011-13
St. Johns County, FL	3.8	5.8	5.6	3.6	3.2	3.7
FL Peer County Average	3.1	3.2	2.8	3.3	3.1	3.7
Regional Peer Average	2.1	3.6	3.7	3.3	3.6	4.1
Florida	2.8	2.9	2.9	2.9	2.9	3

As illustrated above, melanoma skin cancer death rates for St. Johns County have declined since 2007. Most recent rates for St. Johns County are similar to that of the FL Peer County Average and 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. At a recent rolling rate of 3.7 per 100,000, *St. Johns County is close to meeting this national health target!*

Melanoma Cancer in the United States – 2014 Estimates

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

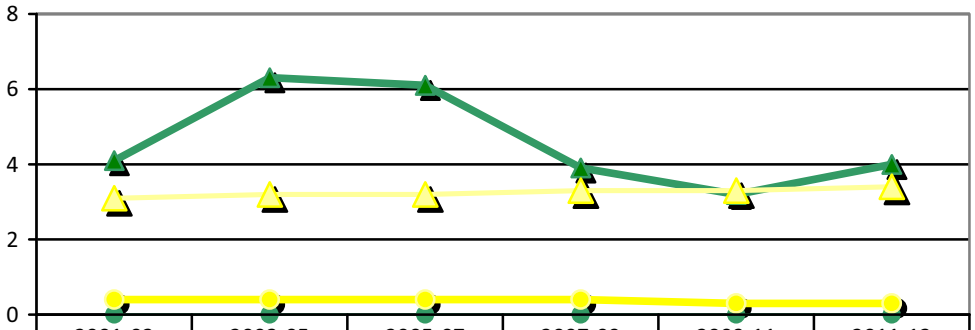
Estimated new cases and deaths from Melanoma Cancer in the United States in 2014:

- *New Cases: 76,100 - Melanoma Cancer will account for 4.6 % of all New Cancer Cases*
- *Deaths: 9,710 - Melanoma Cancer will account for 1.7 % of All Cancer Deaths*

Figure 4-16 - Age-Adjusted Melanoma Cancer Death Rate per 100,000 Population by Race

3-Year Rolling Rates

www.FloridaCHARTS.com



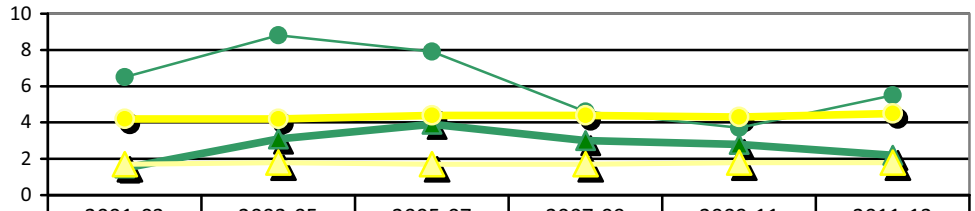
	2001-03	2003-05	2005-07	2007-09	2009-11	2011-13
White - St. Johns County, FL	4.1	6.3	6.1	3.9	3.2	4
White - Florida	3.1	3.2	3.2	3.3	3.3	3.4
Black - St. Johns County, FL	0	0	0	0	0	0
Black - Florida	0.4	0.4	0.4	0.4	0.3	0.3

As presented in the figure above, melanoma skin cancer death rates for St. Johns County's White population have declined since 2005. Most recent rates for the St. Johns County White population are slightly higher than that of Florida. The three-year rolling rates for the St. Johns County Black population have been zero since 2001.

Figure 4-17 - Age-Adjusted Melanoma Cancer Death Rate per 100,000 Population by Gender

3-Year Rolling Rates

www.FloridaCHARTS.com



	2001-03	2003-05	2005-07	2007-09	2009-11	2011-13
Female - St. Johns County, FL	1.5	3.1	3.9	3	2.8	2.2
Female - Florida	1.7	1.8	1.7	1.7	1.8	1.8
Male - St. Johns County, FL	6.5	8.8	7.9	4.6	3.7	5.5
Male - Florida	4.2	4.2	4.4	4.4	4.3	4.5

As presented in the figure above, most recent rolling rates for the St. Johns County populations are slightly higher than the respective Florida rates. The rate for the St. Johns County Male population is six times greater than that of the local Female population.

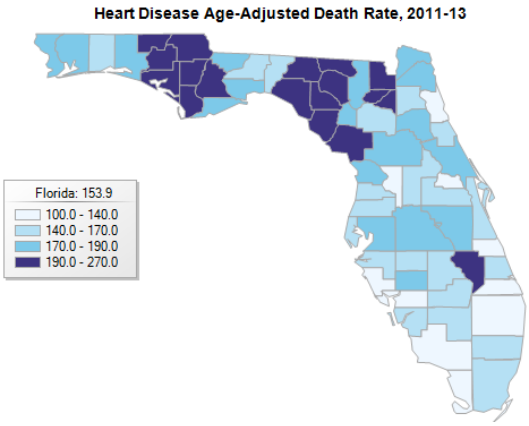
Looking for Conversation Starters, Best Practices, or Tools for Collaborative Initiatives?

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

- U.S. Environmental Protection Agency's (EPA) Sun Wise Program www2.EPA.gov/SunWise
- National Cancer Institute's *"What you need to know…"* www.Cancer.gov/CancerTopics/wyntk/Skin
- CDCs "*Community Guide to Preventive Services*" www.TheCommunityGuide.org

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?

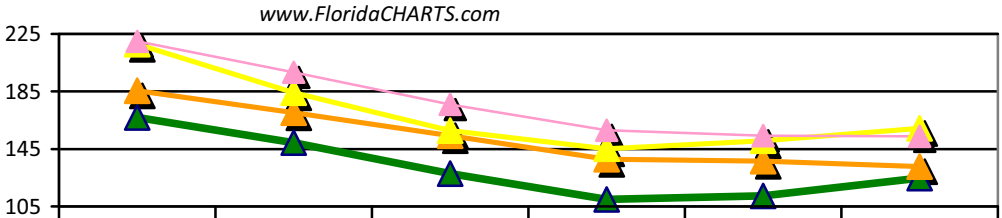
A major cause of death in St. Johns County, FL, heart disease is also a leading cause of death in the United States. Heart disease is one of several cardiovascular diseases, which are disorders of the heart and blood vessel system. Heart disease can lead to a heart attack, heart failure, and other serious health conditions.

People of all ages and backgrounds can develop this condition. Some risk factors for the disease that may be reduced through behavior change include diet, alcohol use, tobacco use, physical inactivity, and obesity. The CDC notes that nearly half of Americans (49%) have at least one of the three key risk factors: high blood pressure; high LDL cholesterol; and/or are smokers. More information on this disease can be accessed via the following CDC website: www.cdc.gov/heartdisease

Figure 4-18 -Age Adjusted Heart Disease Death Rate per 100,000 Population

3-Year Rolling Rates

www.FloridaCHARTS.com



	2001-03	2003-05	2005-07	2007-09	2009-11	2011-13
St. Johns County, FL	166.8	149.3	127.9	109.8	112.4	124.7
FL Peer County Average	185.5	170.3	154.2	137.8	136.6	132.8
Regional Peer Average	218	184.1	157.7	145.2	150.8	159.4
Florida	220	198.4	175.9	158	154.3	153.9

An increase in the trend is observed for St. Johns County since 2009. Rates for St. Johns County are statistically lower than the Florida rate (p-value=.001) and are lower than that of the FL Peer County Average and Regional Peer Average.

The Healthy People 2020 national health target is to reduce the coronary heart disease death rate to 103.4 deaths per 100,000 population. At a recent rate of *124.7 deaths per 100,000 population*, the *St. Johns County, FL is close to meeting this national health target!*

Tips to Protect the Heart – Live a Healthy Lifestyle!

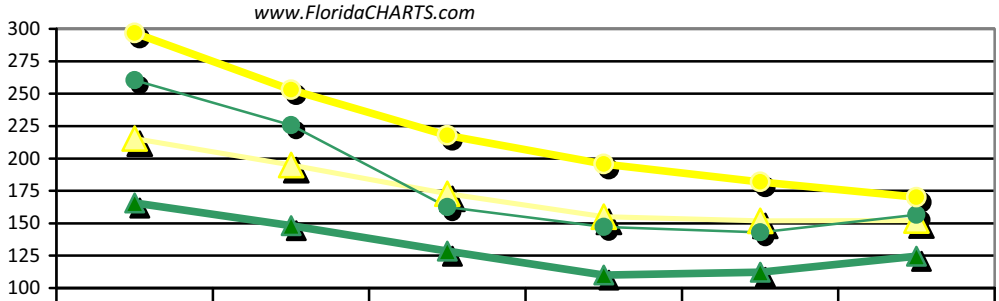
Source: Centers for Disease Control & Prevention accessed via http://www.cdc.gov/heartdisease/what_you_can_do.htm

- *Eat a healthy diet*
- *Exercise regularly*
- *Limit alcohol use*
- *Maintain a healthy weight*
- *Don't smoke*
- *Talk with your health care provider regularly*

Figure 4-19 - Age-Adjusted Heart Disease Death Rate per 100,000 Population by Race

3-Year Rolling Rates

www.FloridaCHARTS.com



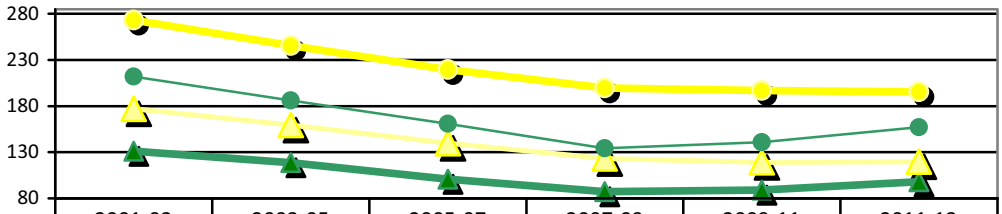
	2001-03	2003-05	2005-07	2007-09	2009-11	2011-13
White - St. Johns County, FL	165.7	148.1	128.6	110.2	112.4	124.5
White - Florida	215.3	194.9	172.7	155.1	151.9	152.2
Black - St. Johns County, FL	260.5	225.6	162.4	147.3	143.1	156.5
Black - Florida	296.9	253	217.8	195.8	181.9	170.2

Overall, the trend for heart disease death rates is on a decline. Rates for St. Johns County's White population are lower than rates the State as well as rates for St. Johns County's Black population.

Figure 4-20 - Age-Adjusted Heart Disease Death Rate per 100,000 Population by Gender

3-Year Rolling Rates

www.FloridaCHARTS.com



	2001-03	2003-05	2005-07	2007-09	2009-11	2011-13
Female - St. Johns County, FL	131	118.6	100.6	87.4	89.1	98
Female - Florida	177.2	159.4	139.7	123.2	119.2	119.7
Male - St. Johns County, FL	211.9	186.2	160.8	134.4	140.7	157.2
Male - Florida	273.4	245.6	219.5	199.5	196.7	195.3

As presented in the figure above, trends for each populations have decline since 2001. Most recent rates for the St. Johns County Female population are lower than the Florida average. Most recent rates for the St. Johns County Male population are also lower than the Florida average. A disparity is observed when comparing death rates by gender. Most recent rates for both Male populations are almost 40% higher than those of the corresponding female populations.

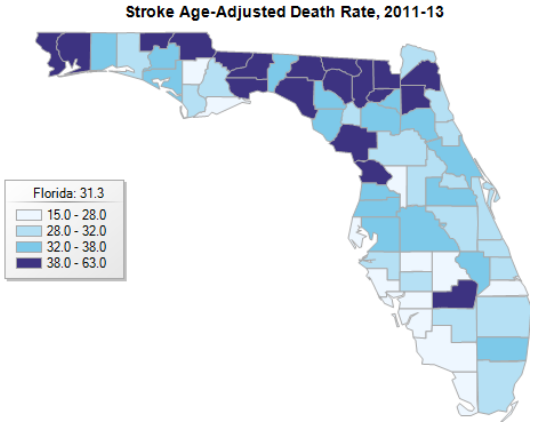
Looking for Conversation Starters, Best Practices, or Tools for Collaborative Initiatives?

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

- Florida Health's "Healthiest Weight Initiative" www.HealthiestWeightFlorida.com
- The American Heart Association "*Learn & Live*" www.Heart.org
- The National Heart, Lung, & Blood Institute "*The Heart Truth*"www.nhlbi.nih.gov/Health/Educational/HeartTruth/
- HHSs "*Million Hearts*" Campaign http://MillionHearts.hhs.gov/index.html

Stroke Death Rate

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



Why is this Important?

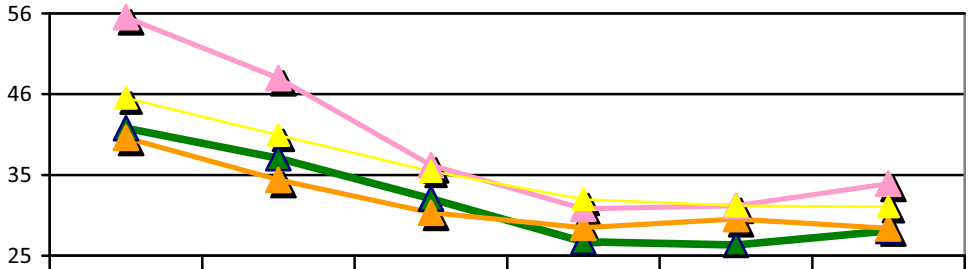
A leading cause of death and serious long-term disability in the United States, stroke is among the top major causes of death for St. Johns County, FL. A stroke occurs when blood vessels carrying oxygen to the brain become blocked (or burst), thereby cutting off the brain's supply of oxygen. Lack of oxygen causes brain cells to die which can lead to death or disability.

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. Some risk factors for this disease that may be reduced through behavior change such as diet, alcohol use, tobacco use, physical inactivity, and obesity. More information on this disease can be accessed via the following CDC website: www.cdc.gov/stroke

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

3-Year Rolling Rates

www.FloridaCHARTS.com



	2001-03	2003-05	2005-07	2007-09	2009-11	2011-13
St. Johns County, FL	41.3	37.5	32.3	26.8	26.4	28.2
FL Peer County Average	40.1	34.7	30.5	28.6	29.7	28.5
Regional Peer Average	55.5	47.7	36.6	31	31.4	34.2
Florida	45.2	40.4	35.8	32.2	31.4	31.3

Overall, rates have declined since 2001. Most recent rates for St. Johns County are lower than the FL Peer County Average, the Regional Peer Average, and the Florida average.

The Healthy People 2020 national health target is to reduce the stroke deaths to 34.8 deaths per 100,000 population. At a most recent rate of *28.2 deaths per 100,000 population, St. Johns County, FL has met the national health target!*

Stroke Facts from the American Heart Association - 2014

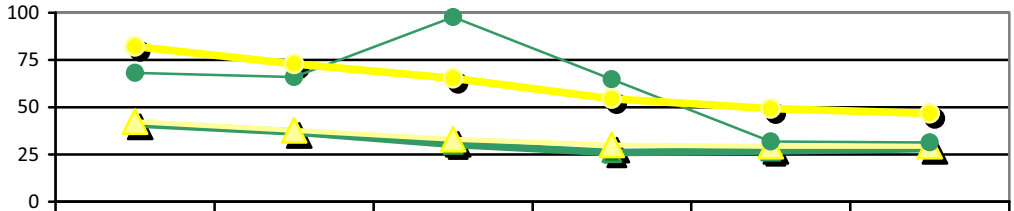
Source: www.strokeassociation.org/idc/groups/stroke-public/@wcm/@hcm/@sta/documents/downloadable/ucm_462739.pdf

- 80% of strokes can be prevented
- High blood pressure is the leading risk factor for stroke
- More than half (58%) of Americans don't know if they are at risk for stroke
- One in three Americans can't recall any stroke warning signs

Figure 4-22 - Age-Adjusted Stroke Death Rate per 100,000 Population by Race

3-Year Rolling Rates

www.FloridaCHARTS.com



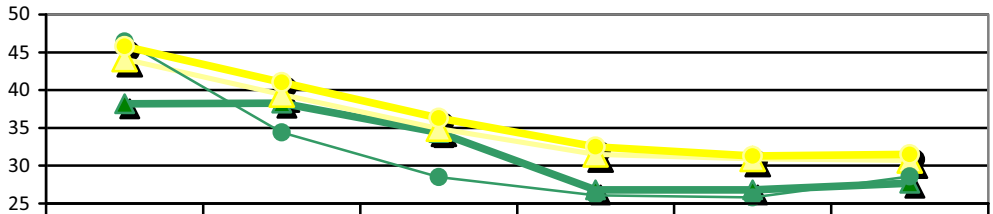
	2001-03	2003-05	2005-07	2007-09	2009-11	2011-13
White - St. Johns County, FL	41.1	36.9	30.3	25.9	26.8	28.1
White - Florida	42.4	37.7	33.1	30.1	29.4	29.4
Black - St. Johns County, FL	68.1	66	97.6	64.8	31.9	31.4
Black - Florida	82.1	72.8	65.3	54.4	49.2	46.7

As presented in the figure above, trends for both populations appear to be on the decline since 2005. Most recent rates for St. Johns County's White population are lower than the respective Florida rate as well as both the Florida and St. Johns County Black Population. A disparity is observed when comparing death rates by race. Until 2007-09, the rates presented above for the Black populations were almost double that of the White populations. Since 2005-07, rates for St. Johns County's Black population have been on the decline, leveling with rates for the white population in 2009-11.

Figure 4-23 - Age-Adjusted Stroke Death Rate per 100,000 Population by Gender

3-Year Rolling Rates

www.FloridaCHARTS.com



	2001-03	2003-05	2005-07	2007-09	2009-11	2011-13
Female - St. Johns County, FL	38.2	38.3	34.4	26.8	26.8	27.7
Female - Florida	44.1	39.4	34.9	31.5	30.9	30.7
Male - St. Johns County, FL	46.4	34.4	28.5	26.1	25.8	28.6
Male - Florida	45.8	41	36.3	32.5	31.3	31.5

As presented in the figure above, trends for all populations appear to be on the decline since 2003. St. Johns County rates for both populations have been lower than State rates since 2005-07. No significant difference in rates is observed between Female and Male populations.

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

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

- The American Stroke Association www.StrokeAssociation.org
- The National Institute of Neurological Disorders & Stroke www.ninds.nih.gov
- U.S. Department of Health & Human Services (HHS) "*Live well. Learn how.*" www.HealthFinder.gov
- HHSs "*Million Hearts*" Campaign http://MillionHearts.hhs.gov/index.html

Chronic Lower Respiratory Disease (COPD) 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?

A leading cause of death in the United States, COPD is among the top three major causes of death in St. Johns County, FL. This often preventable and treatable disease is characterized by the obstruction of air flow and includes diseases such as asthma, chronic bronchitis and emphysema. The impairment in lung function resulting from COPD is largely irreversible and progressive. Factors that increase risk for COPD include: (1) genetic predisposition; (2) tobacco use; and (3) exposure to environmental/occupations pollutants (i.e. dust, gas fumes, smoke, etc.). More information on this disease can be accessed via the following CDC website: www.cdc.gov/copd

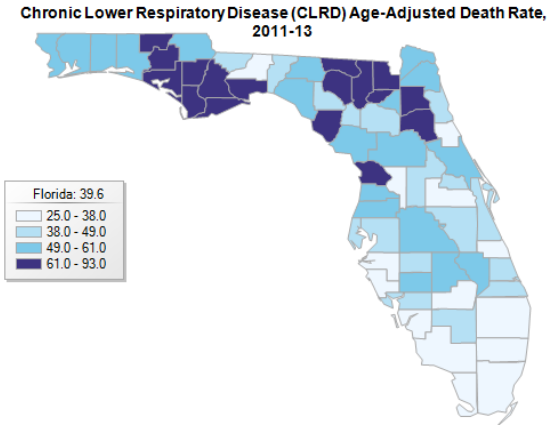
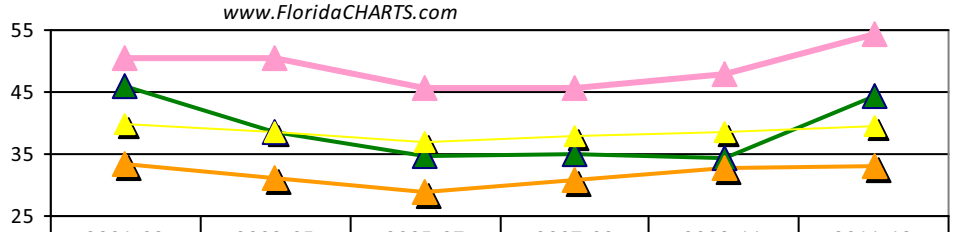


Figure 4-24 - Age-Adjusted COPD Death Rate per 100,000 Population

3-Year Rolling Rates

www.FloridaCHARTS.com



	2001-03	2003-05	2005-07	2007-09	2009-11	2011-13
St. Johns County, FL	45.9	38.6	34.8	34.9	34.3	44.3
FL Peer County Average	33.3	31.1	29	30.9	32.6	33.1
Regional Peer Average	50.4	50.4	45.6	45.8	47.9	54.2
Florida	39.7	38.6	37	37.9	38.6	39.6

While lower than the rates for the Regional Peer Average, rates for St. Johns County are higher than that of the FL Peer County Average and Florida Average. After a level trend from 2005 through 2009, rates for St. Johns County increased from 34.3 (2009-11) to 44.3 deaths per 100,000 population (2011-13).

The Healthy People 2020 national health target is to reduce the COPD deaths among adults to 102.6 deaths per 100,000 population. At a recent rate of *44.3 per 100,000 population, St. Johns County meets this national health target!*

COPD Facts from the American Lung Association – 2014 Estimates

Source: www.lung.org/lung-disease/copd/about-copd

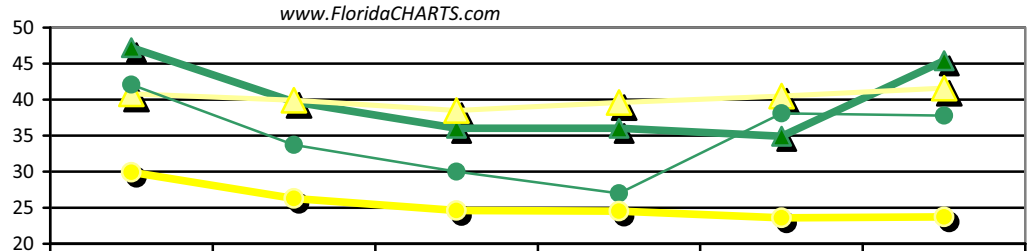
- *COPD is often not found until the disease is very advanced because people do not know or recognize the early warning signs. As such, it's estimated that up to 24 million may unknowingly have COPD.*
- *Nationally, the number of people dying from COPD is growing.*
- *Nationally, deaths due to COPD in women are higher than in men.*

Mortality Rates & COPD - continued

Figure 4-25 - Age-Adjusted COPD Death Rate per 100,000 Population by Race

3-Year Rolling Rates

www.FloridaCHARTS.com



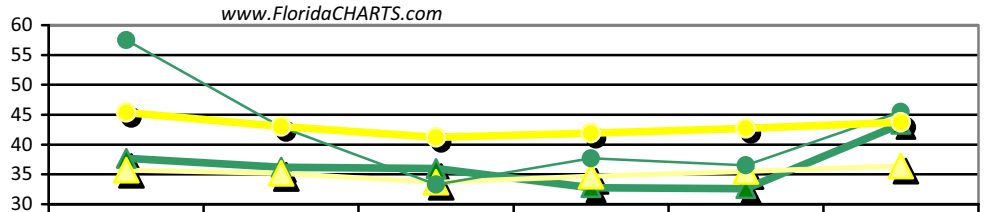
	2001-03	2003-05	2005-07	2007-09	2009-11	2011-13
White - St. Johns County, FL	47.2	39.7	36	36	34.9	45.4
White - Florida	40.8	39.9	38.5	39.6	40.5	41.6
Black - St. Johns County, FL	42.1	33.7	30	27	38.1	37.8
Black - Florida	29.9	26.3	24.6	24.5	23.6	23.7

A decline in all trends is observed from 2001-03 until 2007-09. Most recent COPD deaths rates for St. Johns County's White population are higher that the Florida rate as well as the rate for the St. Johns County's Black population. Most recent COPD deaths rates for St. Johns County's Black are almost double the Florida rate.

Figure 4-26 - Age-Adjusted COPD Death Rate per 100,000 Population by Gender

3-Year Rolling Rates

www.FloridaCHARTS.com



	2001-03	2003-05	2005-07	2007-09	2009-11	2011-13
Female - St. Johns County, FL	37.7	36.2	36	32.8	32.6	43.4
Female - Florida	35.7	35.2	33.7	34.7	35.5	36.4
Male - St. Johns County, FL	57.5	42.9	33.3	37.7	36.5	45.5
Male - Florida	45.4	43	41.2	41.9	42.7	43.7

Changes in the trend direction are observed for both the St. Johns County Female and Male populations for the time period presented above. Most recent COPD death rates for the St. Johns County Female population are higher than that of Florida as well as that of the St. Johns County Male population. Most recent COPD death rates for the St. Johns County Male population are similar to that of Florida.

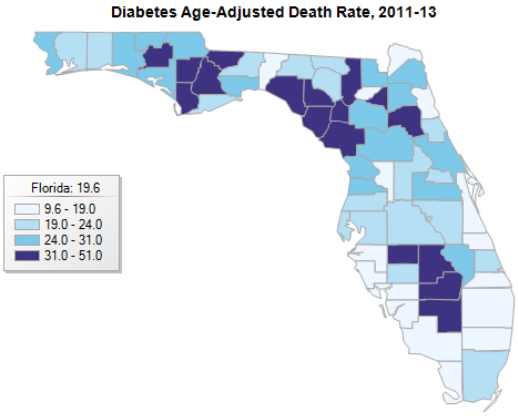
Looking for Conversation Starters, Best Practices, or Tools for Collaborative Initiatives?

Information on Chronic Obstructive Pulmonary Diseases (COPD) is available via the following organizations:

- American Lung Association's Lung Connection Community http://Connection.Lung.org
- U.S. Environmental Protection Agency - Indoor Air Quality www.EPA.gov/iaq/ia-intro.html
- U.S. Department of Health & Human Services "*Live well. Learn how.*" www.HealthFinder.gov
- CDCs "*Community Guide to Preventive Services*" www.TheCommunityGuide.org

Diabetes Disease Death Rate

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



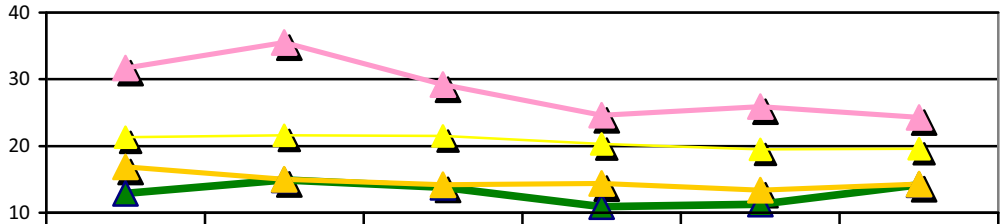
Why is this Important?

A leading cause of death in the United States, Diabetes is also a major cause of death among St. Johns County residents. 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. There are two types of Diabetes – Type 1 and Type 2. According to the CDC, the prevalence of diagnosed Type-2 Diabetes (non-insulin dependent diabetes) induced by increased six-fold in the latter half of the last century. Risk factors, such as obesity and physical inactivity, have played a major role in this dramatic increase in this type of Diabetes. Age, race, and ethnicity are also important risk factors. More information on this disease can be accessed via the following CDC website: www.cdc.gov/diabetes

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

3-Year Rolling Rates

www.FloridaCHARTS.com



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

The recent trend for St. Johns County's Diabetes Deaths has increased since 2007-09; however, recent rates for St. Johns County are statistically lower than that of the Regional Peer Average and the Florida Average (p-value = .001) but are similar to the FL Peer County Average.

The Healthy People 2020 national health target is to reduce the diabetes deaths to 66.6 deaths per 100,000 population. At the most recent rate of *14.2 deaths per 100,000 population, St. Johns County has met the national health target!*

CDCs National Diabetes Statistics Report - 2014

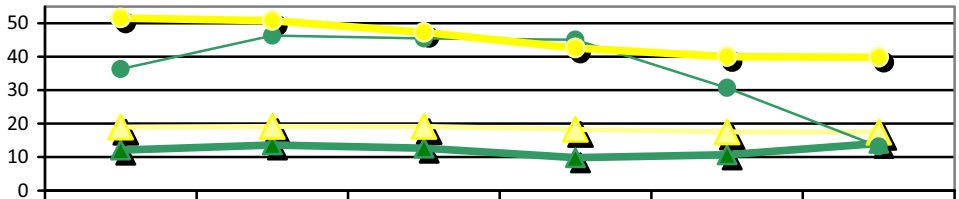
Source: http://www.cdc.gov/diabetes/pubs/statsreport14/national-diabetes-report-web.pdf

- *29.1 million people or 9.3% of the U.S. population have diabetes.*
  - *21.0 million people are estimated to be diagnosed*
  - *8.1 million people are estimated to be undiagnosed – That's 27.8% of people with diabetes are undiagnosed.*

Figure 4-28 - Age-Adjusted Diabetes Death Rate per 100,000 Population by Race

3-Year Rolling Rates

www.FloridaCHARTS.com



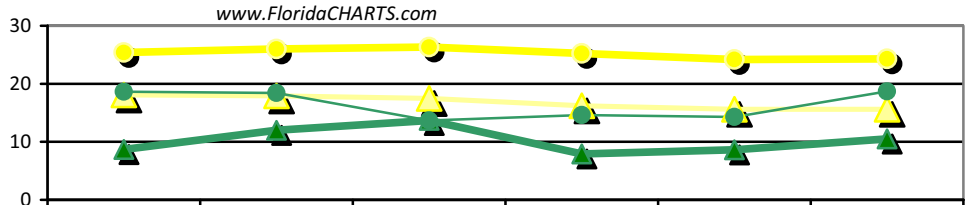
	2001-03	2003-05	2005-07	2007-09	2009-11	2011-13
White - St. Johns County, FL	12.1	13.6	12.7	9.8	10.7	14.1
White - Florida	19	19.2	19.2	18.3	17.5	17.4
Black - St. Johns County, FL	36.3	46.3	45.5	45.1	30.7	13.2
Black - Florida	51.6	50.8	47.3	42.6	40	39.8

Most recent diabetes death rates for St. Johns County white populations are lower than that of Florida; however, the trend has been on a slight incline since 2007-09. Death rates for the St. Johns County Black population have decreased since 2007-09 and, most recently, death rates are significantly lower than those of the respective Florida rate. A disparity is observed when comparing death rates by race. Until 2007-09, the rates presented above for the Black populations were double that of the White populations'. Since 2005-07, rates for St. Johns County's Black population have been on the decline, leveling with rates for the white population in 2011-13.

Figure 4-29 - Age-Adjusted Diabetes Death Rate per 100,000 Population by Gender

3-Year Rolling Rates

www.FloridaCHARTS.com



	2001-03	2003-05	2005-07	2007-09	2009-11	2011-13
Female - St. Johns County, FL	8.7	12	13.7	7.9	8.6	10.5
Female - Florida	18.1	17.9	17.5	16.2	15.6	15.6
Male - St. Johns County, FL	18.6	18.4	13.7	14.6	14.3	18.7
Male - Florida	25.4	26	26.3	25.2	24.2	24.3

Rates for St. Johns County Male population have decreased since 2001-03, while rates for the local Female population have increased. St. Johns County rates are lower than the respective Florida rates. A disparity is observed when comparing death rates by gender. Since 2007-09, the rates for the Male population are almost double that of the Female population.

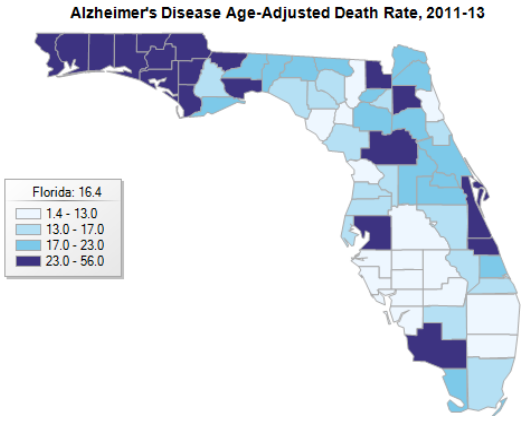
Looking for Conversation Starters, Best Practices, or Tools for Collaborative Initiatives?

Information and supportive resources for Diabetes is available through the following organizations:

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

Alzheimer's Disease Death Rate

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



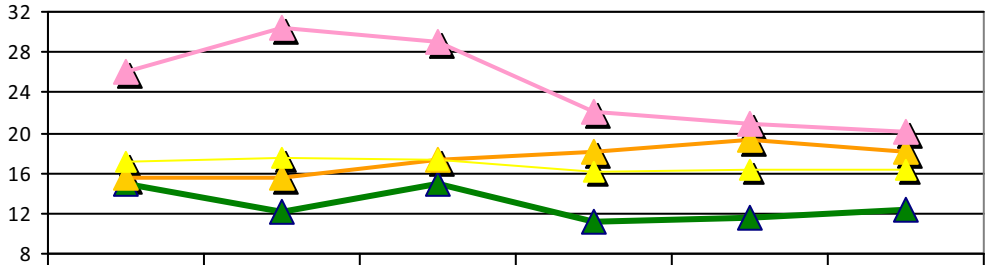
Why is this Important?

A leading cause of death in the United States, Alzheimer's is also a major cause of death among St. Johns County residents. 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. More information on this disease can be accessed via the following CDC website: www.cdc.gov/aging/aginginfo/alzheimers.htm

Figure 4-30 - Age-Adjusted Alzheimer's Disease Death Rate

3-Year Rolling Rates

www.FloridaCHARTS.com



	2001-03	2003-05	2005-07	2007-09	2009-11	2011-13
St. Johns County, FL	14.9	12.1	14.9	11.2	11.5	12.3
FL Peer County Average	15.5	15.6	17.2	18.0	19.4	18.1
Regional Peer Average	26.0	30.5	29.1	22.2	20.9	20.1
Florida	17.2	17.5	17.4	16.2	16.4	16.4

Since 2007-09, the trend for St. Johns County Alzheimer's death rates is on the incline; however, most recent rates for St. Johns County are statistically lower than the Florida Average (p-value = .005), the FL Peer County Average, and the Regional Peer Average.

CDC Estimates for Alzheimer's Disease - 2014

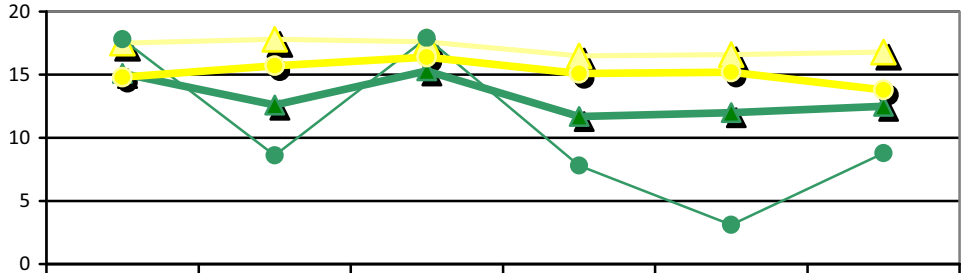
Source: http://www.cdc.gov/aging/aginginfo/alzheimers.htm

"In 2013, as many as 5 million Americans were living with Alzheimer's disease. The symptoms of the disease first appear after age 60 and the risk increases with age. The number of people with the disease doubles every 5 years beyond age 65. By 2050, this number is projected to rise to 14 million, a nearly three-fold increase."

Figure 4-31 - Age-Adjusted Alzheimer's Death Rate per 100,000 Population by Race

3-Year Rolling Rates

www.FloridaCHARTS.com



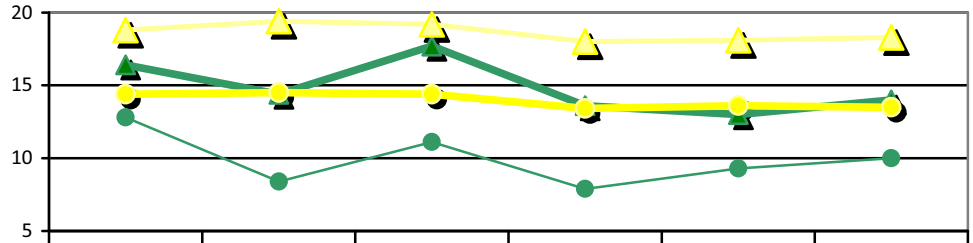
	2001-03	2003-05	2005-07	2007-09	2009-11	2011-13
White - St. Johns County, FL	15.1	12.6	15.3	11.7	12	12.5
White - Florida	17.5	17.8	17.6	16.5	16.6	16.8
Black - St. Johns County, FL	17.8	8.6	17.9	7.8	3.1	8.8
Black - Florida	14.8	15.7	16.4	15.1	15.2	13.8

As presented in the figure above, similar to Florida, the trend for the St. Johns County's White population has not significantly changes since 2007-09. Most recent rates for St. Johns County's White population are about 20% higher than that of the rate for St. Johns County's Black population.

Figure 4-32 - Age-Adjusted Alzheimer's Death Rate per 100,000 Population by Gender

3-Year Rolling Rates

www.FloridaCHARTS.com



	2001-03	2003-05	2005-07	2007-09	2009-11	2011-13
Female - St. Johns County, FL	16.4	14.4	17.7	13.6	13	14
Female - Florida	18.8	19.4	19.2	18	18.1	18.3
Male - St. Johns County, FL	12.8	8.4	11.1	7.9	9.3	10
Male - Florida	14.4	14.5	14.4	13.4	13.6	13.5

The trend of Alzheimer's disease deaths for St. Johns County parallels that of Florida. Death rates by gender for the St. Johns County population are lower the respective Florida average.

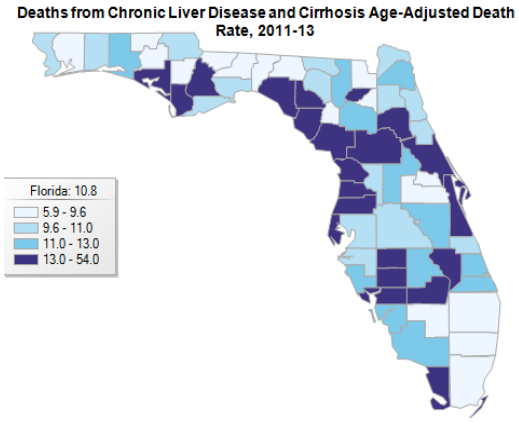
Looking for Conversation Starters, Best Practices, or Tools for Collaborative Initiatives?

Information and supportive resources for Alzheimer's Disease is available through the following:

- Administration for Community Living "Brain Health" www.acl.gov/Get_Help/BrainHealth
- National Institute on Aging www.nia.nih.gov
- U.S. Department of Health & Human Services "*Live well. Learn how.*" www.HealthFinder.gov
- CDCs "*Community Guide to Preventive Services*" www.TheCommunityGuide.org

Liver Disease & Cirrhosis Death Rate

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



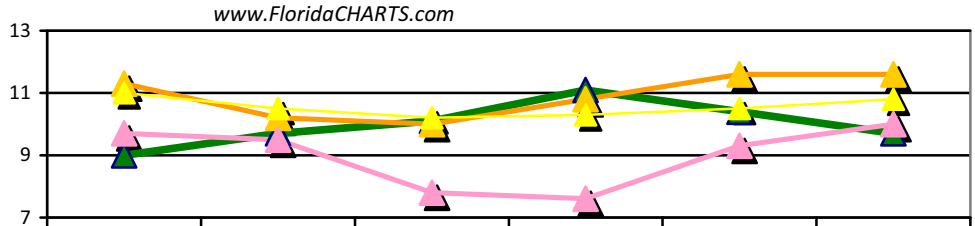
Why is this Important?

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. A human cannot live without a functioning liver. Men are more than twice as likely to die of chronic liver disease and cirrhosis as women. Alcohol-related disorders, which include alcoholic hepatitis and cirrhosis, outnumber all other types of liver disorders by at least five to one. More information can be accessed via the following CDC website: www.cdc.gov/nchs/fastats/liver-disease.htm

Figure 4-33 - Age-Adjusted Liver Disease & Cirrhosis Death Rate

3-Year Rolling Rates

www.FloridaCHARTS.com



	2001-03	2003-05	2005-07	2007-09	2009-11	2011-13
St. Johns County, FL	9.0	9.7	10.1	11.1	10.4	9.7
FL Peer County Average	11.3	10.2	10.0	10.8	11.6	11.6
Regional Peer Average	9.7	9.5	7.8	7.6	9.3	10.0
Florida	11.0	10.5	10.2	10.3	10.5	10.8

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.

The Healthy People 2020 national health target is to reduce Cirrhosis Death to 8.2 deaths per 100,000 population. At a most recent rate of *9.7 deaths per 100,000 population, St. Johns County is close to meeting the national health target!*

Tips on Preventing Liver Disease from the American Liver Foundation, 2014

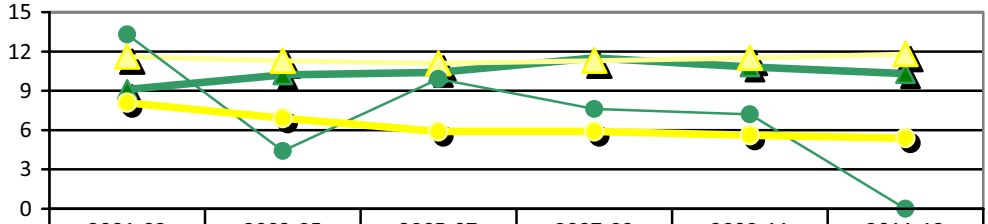
Source: www.LiverFoundation.org/AboutTheLiver/25ways/

- *Avoid taking unnecessary medications. Too many chemicals can harm the liver*
- *Drink alcohol responsibly. Never mix alcohol with other drugs and medications.*
- *Get vaccinated for Hepatitis A and B*
- *Exercise regularly & maintain a healthy weight*
- *Talk with your doctor regularly*

Figure 4-34 - Age-Adjusted Liver Disease & Cirrhosis Death Rate per 100,000 Population by Race

3-Year Rolling Rates

www.FloridaCHARTS.com



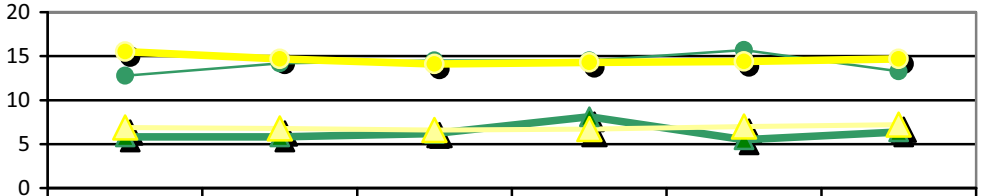
	2001-03	2003-05	2005-07	2007-09	2009-11	2011-13
White - St. Johns County, FL	9.1	10.2	10.4	11.5	10.8	10.3
White - Florida	11.6	11.3	11.1	11.3	11.5	11.8
Black - St. Johns County, FL	13.3	4.4	9.9	7.6	7.2	0
Black - Florida	8.1	6.9	5.9	5.9	5.6	5.4

The overall trend for death rates of the St. Johns County White population has been relatively level since 2001-03, while that of the Black population has declined since 2005-07. Most recent death rates for the St. Johns County White population are lower than the Florida Average. Most recent death rates for the St. Johns County Black population are significantly lower than the Florida Average.

Figure 4-35 - Age-Adjusted Liver Disease & Cirrhosis Death Rate per 100,000 Population by Gender

3-Year Rolling Rates

www.FloridaCHARTS.com



	2001-03	2003-05	2005-07	2007-09	2009-11	2011-13
Female - St. Johns County, FL	5.8	5.8	6.2	8.1	5.5	6.4
Female - Florida	6.9	6.8	6.6	6.7	7	7.2
Male - St. Johns County, FL	12.8	14.2	14.5	14.5	15.7	13.3
Male - Florida	15.5	14.7	14.1	14.3	14.4	14.7

The overall trend for death rates of each of St. Johns County population has paralleled the respective Florida trend. Most recent rates for of each St. Johns County population are similar to the respective Florida rates. A disparity is observed when comparing death rates by gender. Since 2007-09, the rates for the Male population are almost double that of the Female population.

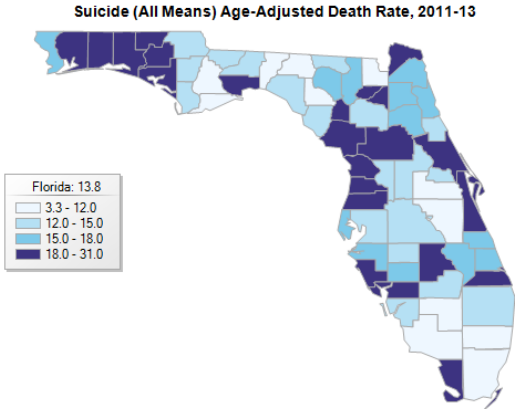
Looking for Conversation Starters, Best Practices, or Tools for Collaborative Initiatives?

Information and supportive resources for Liver Disease & Cirrhosis Disease is available via the following:

- American Liver Foundation *"Your Liver. Your Life."* www.LiverFoundation.org
- National Institute of Diabetes and Digestive & Kidney Diseases www.niddk.nih.gov
- Florida Health's *"Healthiest Weight Initiative"* www.HealthiestWeightFlorida.com
- CDCs "*Community Guide to Preventive Services*" www.TheCommunityGuide.org

Death Rates from Suicide

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



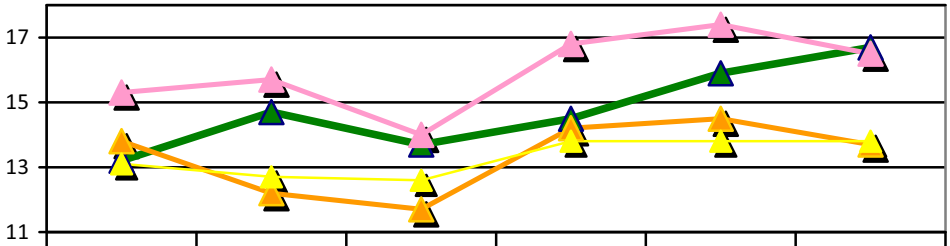
Why is this Important?

Suicide is a national public health problem and a major 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 of people are at higher risk than others. According to the CDC, men are about four-times more likely than women to die from suicide. However, three-times more women than men report attempting suicide. In addition, suicide rates are high among middle aged and older adults. More information on this major cause of death can be accessed via the following website: www.SuicidePreventionLifeLine.org

Figure 4-36 - Age-Adjusted Suicide Death Rate

3-Year Rolling Rates

www.FloridaCHARTS.com



	2001-03	2003-05	2005-07	2007-09	2009-11	2011-13
St. Johns County, FL	13.2	14.7	13.7	14.5	15.9	16.7
FL Peer County Average	13.8	12.2	11.7	14.2	14.5	13.7
Regional Peer Average	15.3	15.7	14	16.8	17.4	16.5
Florida	13.1	12.7	12.6	13.8	13.8	13.8

The trend for suicide deaths in St. Johns County has increased since 2005-07. While most recent rates are similar to that of the Regional Peer Average, St. Johns County rates are statistically higher than the Florida Average (p-value = .001) and FL Peer County Average.

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

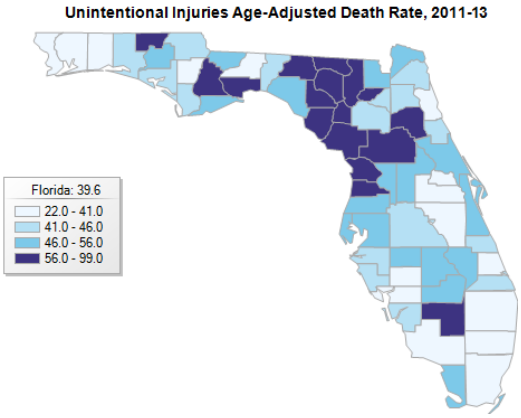
Looking for Conversation Starters, Best Practices, or Tools for Collaborative Initiatives?

Information and supportive resources for Suicide Prevention are available via the following websites:

- National Suicide Prevention *Lifeline* www.SuicidePreventionLifeline.org
- The Youth Suicide Prevention Program www.yspp.org
- CDCs "*Community Guide to Preventive Services*" www.TheCommunityGuide.org

Unintentional Injury Death Rates

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



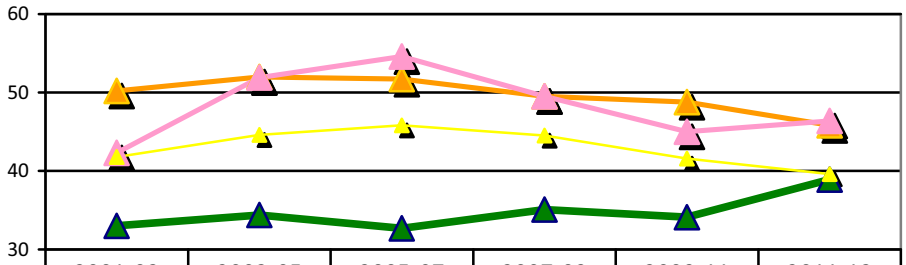
Why is this Important?

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, drownings, 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. Information on preventable injuries and interventions to save lives can be accessed via the following CDC website: www.cdc.gov/injury

Figure 4-37 - Age-Adjusted Unintentional Injury Death Rate

3-Year Rolling Rates

www.FloridaCHARTS.com



	2001-03	2003-05	2005-07	2007-09	2009-11	2011-13
St. Johns County, FL	33	34.4	32.7	35.1	34.1	38.9
FL Peer County Average	50.2	52	51.7	49.5	48.8	45.8
Regional Peer Average	42.3	51.9	54.6	49.5	45	46.4
Florida	41.8	44.6	45.8	44.5	41.6	39.6

The trend for St. Johns County Unintentional Injury Death have increased since 2009-11; however, rates are lower than the Florida Average and statistically lower than the FL Peer County Average (p-value=0.001) and the Regional Peer Average.

The Healthy People 2020 national health target is to reduce the deaths caused by unintentional injuries to 36.4 deaths per 100,000 population. At most recent rate of *38.9 deaths per 100,000 population, St. Johns County, FL is close to meeting the national health target.*

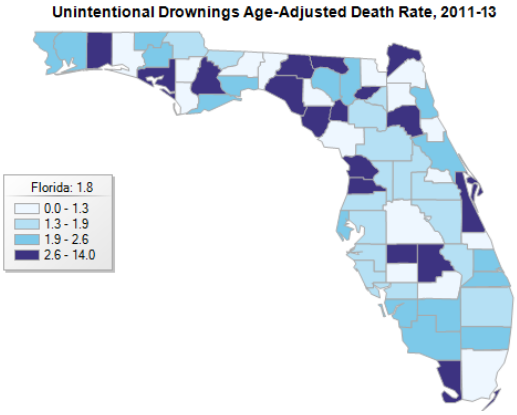
Looking for Conversation Starters, Best Practices, or Tools for Collaborative Initiatives?

Information and supportive resources for Unintentional Injury are available via the following websites:

- Florida Health's Injury Prevention Program www.FloridaHealth.gov/Programs-and-Services/Prevention
- U.S. Department of Health & Human Services "*Live well. Learn how.*" www.HealthFinder.gov
- CDCs "*Community Guide to Preventive Services*" www.TheCommunityGuide.org

Unintentional Drowning

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



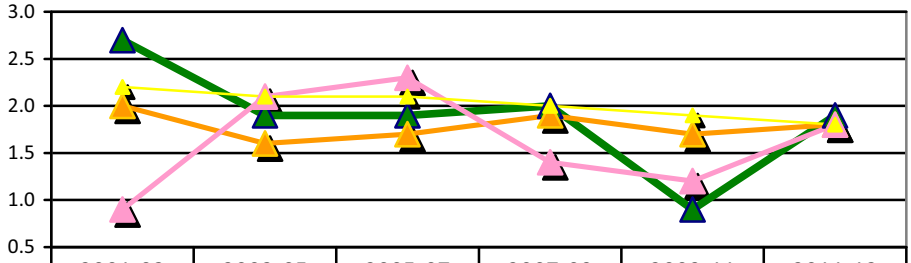
Why is this Important?

Unintentional drowning 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. More information on water safety and injury prevention can be accessed via the following CDC website: www.cdc.gov/SafeChild/Drowning

Figure 4-38 - Age-Adjusted Unintentional Drowning Death Rate

3-Year Rolling Rates

www.FloridaCHARTS.com



	2001-03	2003-05	2005-07	2007-09	2009-11	2011-13
St. Johns County, FL	2.7	1.9	1.9	2	0.9	1.9
FL Peer County Average	2	1.6	1.7	1.9	1.7	1.8
Regional Peer Average	0.9	2.1	2.3	1.4	1.2	1.8
Florida	2.2	2.1	2.1	2	1.9	1.8

St. Johns County's recent Unintentional Injury Death rates are similar to the FL Peer County Average, Regional Peer County Average, and the Florida Average.

The Healthy People 2020 national health target is to reduce the deaths caused by unintentional drownings to 1.1 deaths per 100,000 population. At a most recent rate of *1.9 deaths per 100,000 population, St. Johns FL is close to meeting the national health target.*

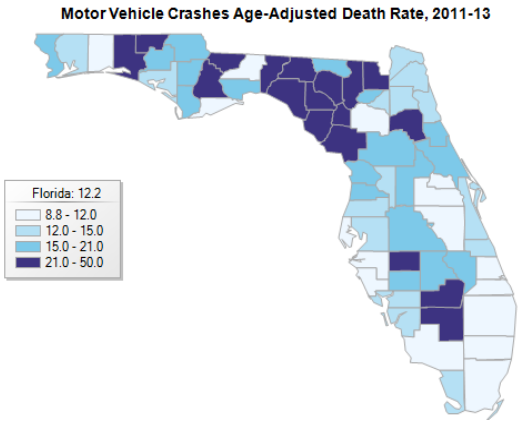
Looking for Conversation Starters, Best Practices, or Tools for Collaborative Initiatives?

Information and supportive resources for Water Safety are available via the following websites:

- Florida Health's Injury Prevention Program www.FloridaHealth.gov/Programs-and-Services/Prevention
- U.S. Department of Health & Human Services "*Live well. Learn how.*" www.HealthFinder.gov
- CDCs "*Community Guide to Preventive Services*" www.TheCommunityGuide.org

Motor Vehicle Accident Death Rates

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



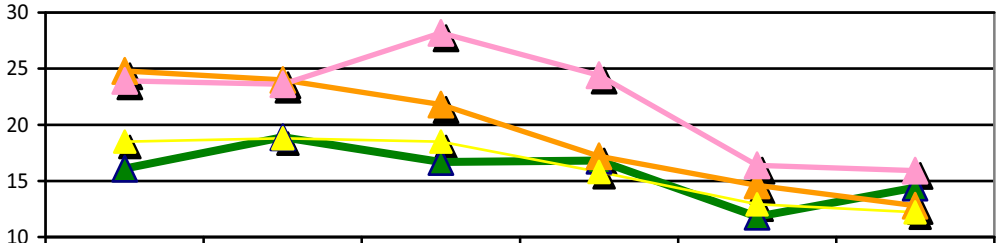
Why is this Important?

Motor vehicle-related injuries are a leading cause of death among those people ages 5-34 in the United States and, as a result, are designated as a "*CDC Winnable Battle*". The CDC reports that, nationally, over 30,000 people are killed in crashes each year. 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. As noted by the CDC, it's important to remember that crashes are preventable. More information on this major cause of death can be accessed via the following CDC website: www.cdc.gov/motorvehiclesafety

Figure 4-39 - Age-Adjusted Motor Vehicle Crash Death Rate

3-Year Rolling Rates

www.FloridaCHARTS.com



	2001-03	2003-05	2005-07	2007-09	2009-11	2011-13
St. Johns County, FL	16.1	18.9	16.7	16.8	11.8	14.4
FL Peer County Average	24.8	24	21.8	17.2	14.6	12.8
Regional Peer Average	23.9	23.6	28.2	24.4	16.4	15.9
Florida	18.5	18.8	18.5	15.8	12.9	12.2

Overall, the trend for the rate of motor vehicle deaths is on the decline for St. Johns County, FL. Most recent rates for St. Johns County are similar to the Regional Peer County Average and slightly higher than the FL Peer County Average and the Florida Average.

Healthy People 2020 has established a national health objective to reduce the motor vehicle collision death rate to 12.4 deaths per 100,000 population. At a recent rate of *14.4 deaths per 100,000 population, St. Johns County is close to meeting the meeting this national health target!*

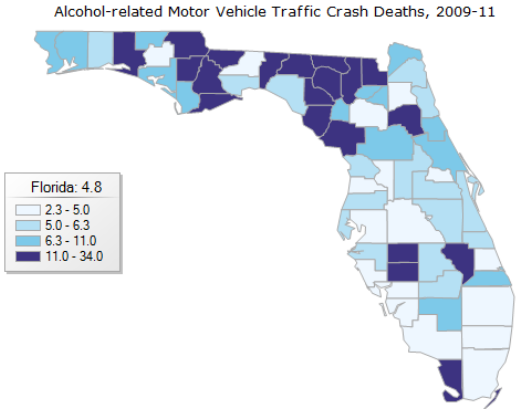
Looking for Conversation Starters, Best Practices, or Tools for Collaborative Initiatives?

Information and supportive resources for Motor Vehicle Safety are available via the following organizations:

- Florida Highway Patrol www.flhsmv.gov/fhp
- Kids & Cars *"Love Them. Protect Them"* www.KidsAndCars.org
- National Highway Safety Patrol www.NHTSA.gov
- CDCs "*Community Guide to Preventive Services*" www.TheCommunityGuide.org

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?

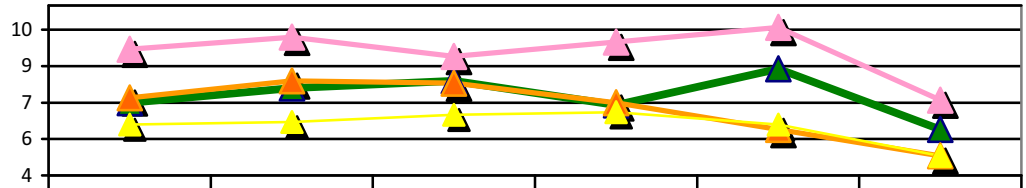
According to the National Highway Traffic Safety Administration (NHTSA), in 2012, more than 10,000 people died in alcohol-impaired driving crashes – that's one every 51 minutes. Alcohol-impaired motor vehicle crashes cost more than an estimated $37 billion annually. NHTSA also notes that drunk driving is often a symptom of a larger problem: alcohol misuse and abuse. For more information or for conversation starters, best practices and tools for collaborative initiatives, please visit the following websites:

- *Mothers Against Drunk Driving (MADD) www.MADD.org*
- *Centers for Disease Control & Prevention (CDC) www.cdc.gov/MotorVehicleSafety/Impaired_Driving*

Figure 4-40 - Age-Adjusted Alcohol-related Motor Vehicle Death Rate

3-Year Rolling Rates

www.FloridaCHARTS.com



	1999-01	2001-03	2003-05	2005-07	2007-09	2009-11
St. Johns County, FL	7	7.6	7.9	6.9	8.4	5.9
FL Peer County Average	7.2	7.9	7.8	7	5.9	4.8
Regional Peer Average	9.2	9.7	8.9	9.5	10.1	7.1
Florida	6.1	6.2	6.5	6.6	6.1	4.8

As presented in the figure above, alcohol-related motor vehicle accident death rates for St. Johns County have decreased since 2007-09. St. Johns County rates are higher than the FL Peer County Average and Florida Average; however, rates are lower than the Regional Peer Average.

Table 32: Rates for Alcohol-related Motor Vehicle Incident

Motor Vehicle Incidents, 3-Year Rolling Rates per 100,000 Population						
St. Johns County, Florida	**1999-01**	**2001-03**	**2003-05**	**2005-07**	**2007-09**	**2009-11**
Total Motor Vehicle Traffic Crashes	1248.4	1213.9	1181.3	1120.5	962	**774.9**
Alcohol-related Motor Vehicle Traffic **Crashes**	180.4	165.5	166.9	164.9	144.7	**113.7**
Alcohol-related Motor Vehicle Traffic Crash **Injuries**	163.3	128.9	130.4	128.1	106	**92.2**
Source: Accessed on 9/5/2014 via www.FloridaCHARTS.com						

As seen in the table above, the trend for alcohol-related motor vehicle incidents in St. Johns County is on a favorable decline. The 2014 national County Health Rankings Report reports that St. Johns County is favorably ranked as number 1 in Florida for "*Health Factors*"; however, an opportunity for community health improvement exists with regard to the sub-ranking category of "*Healthy Behaviors*". For "*Alcohol-related Motor Vehicle Crash Deaths*", St. Johns County, FL ranked unfavorably as number 45 out of 67 counties.

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. For more information on reproductive health and health birth outcomes, please visit the following CDC website: www.cdc.gov/reproductivehealth

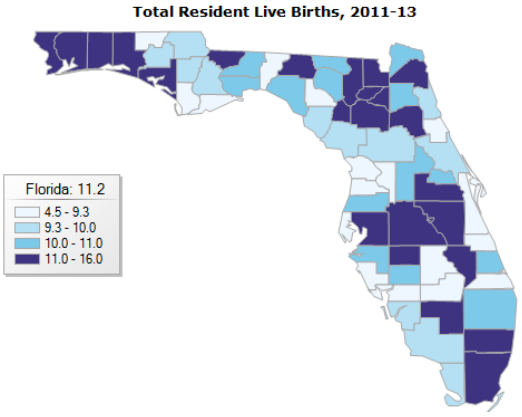
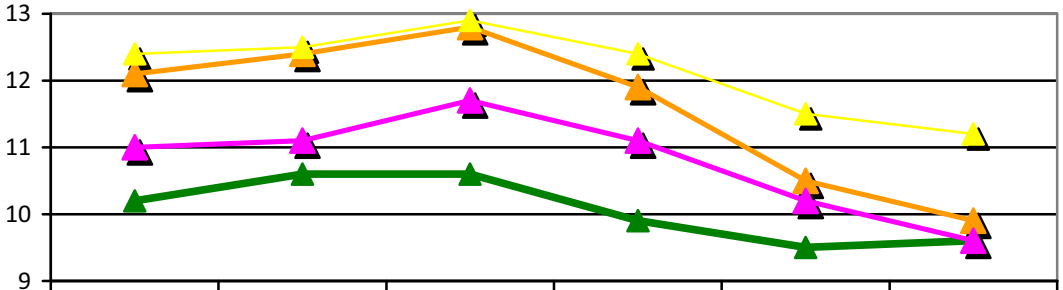


Figure 4-41 - Total Resident Live Birth Rates per 1,000 Births

3-Year Rolling Rates

www.FloridaCHARTS.com



	2001-03	2003-05	2005-07	2007-09	2009-11	2011-13
St. Johns County, FL	10.2	10.6	10.6	9.9	9.5	9.6
FL Peer County Average	12.1	12.4	12.8	11.9	10.5	9.9
Regional Peer Average	11	11.1	11.7	11.1	10.2	9.6
Florida	12.4	12.5	12.9	12.4	11.5	11.2

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 Florida Peer County Average.

Birth & Maternal Risk Factor Statistics
St. Johns County, FL (2010-2012)

- **Fertility rate**: 16 births per 1,000 women aged 15-44 years
- **% of Births to Unwed Mothers:** 29.8%
- **% of Births to Mothers with less than a high school education:** 5%
- **% of Births to Mothers age 35 & older:** 4.4%
- **% of Births to Mothers who received late or no prenatal care:** 3%

Source: FDOH accessed on 8/1/2014 via www.FloridaCHARTS.com

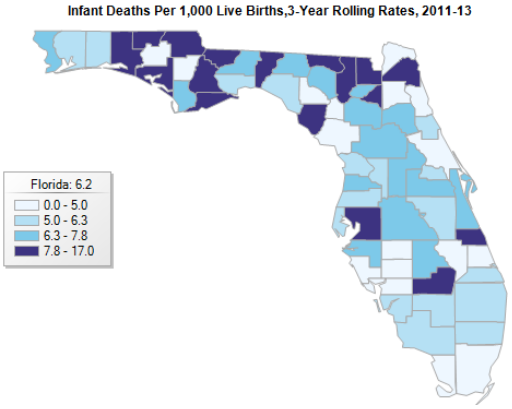
Key National Statistics for 2012

- **U.S. Fertility rate:** 63 births per 1,000 women aged 15-44 years
- **U.S. % of Births to Unwed Mothers:** 45.3%
- **U.S. % Born at low birthweight**: 8.0%
- **U.S. Number of births**: 3,952,841

Source: CDC on 8/1/2014 via www.cdc.gov/nchs/births

Infant Mortality

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



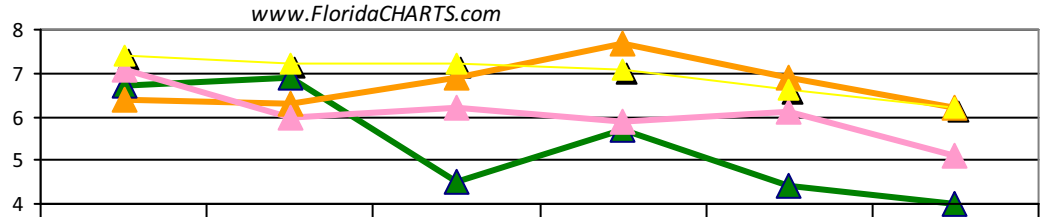
Why is this Important?

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. More information on this important community health status indicator is available via the following CDC website: www.cdc.gov/ReproductiveHealth/MaternalInfantHealth/InfantMortality

Figure 4-42 - Total Infant Mortality Rate per 1,000 Live Births

3-Year Rolling Rates

www.FloridaCHARTS.com



	2001-03	2003-05	2005-07	2007-09	2009-11	2011-13
St. Johns County, FL	6.7	6.9	4.5	5.7	4.4	4
FL Peer County Average	6.4	6.3	6.9	7.7	6.9	6.2
Regional Peer Average	7.1	6	6.2	5.9	6.1	5.1
Florida	7.4	7.2	7.2	7.1	6.6	6.2

As presented in the figure above, the trend for infant mortality rates for St. Johns County is on the decline and rates are lower than that of the Florida, FL 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 most recent rate of current rate of 4, St. Johns County has met the national health target.*

Table 33: Infant Mortality by Race & Ethnicity

INFANT MORTALITY RATES PER 1,000 LIVE BIRTHS – ST. JOHNS COUNTY, FL						
St. Johns County, Florida	2001-03	2003-05	2005-07	2007-09	2009-11	**2011-13**
Race: White	5	5.8	4.5	5.2	4.5	**4.3**
Race: Black	21.1	20	6.7	10.6	2.2	**2.3**
Ethnicity: Hispanic	0	4.1	0	0	0	**0**
Ethnicity: Non-Hispanic	7.1	7	4.7	6.1	4.7	**4.3**
Source: Florida CHARTS was access on 7/14/2014 via www.FloridaCHARTS.com						

As seen above, since 2007-09, the trend for infant mortality rates by race for the St. Johns County are on a favorable decline.

Teen Birth Rate

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

Why is this Important?

Teen Pregnancy is designated as a "*CDC Winnable Battle*" as the United States has one of the highest rates of teen pregnancy of any developed nation in the world. Teen births are 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. For conversation starters, best practices and tools for collaborative initiatives, visit the following CDC website: www.cdc.gov/TeenPregnancy

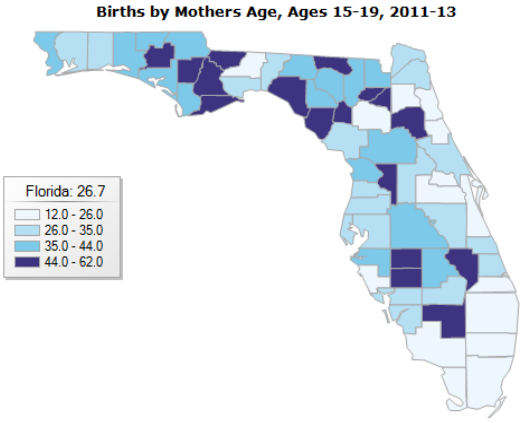
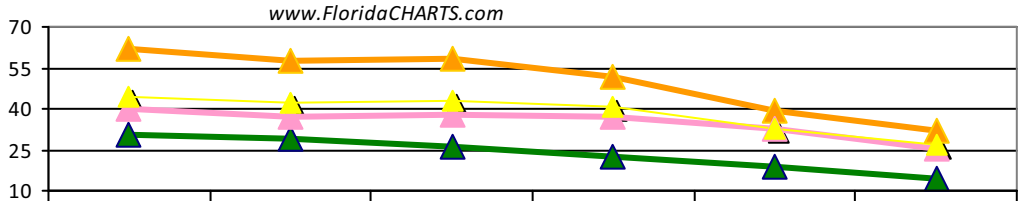


Figure 4-43 - Teen Birth Rate per 1,000 Live Births

3-Year Rolling Rates

www.FloridaCHARTS.com



	2001-03	2003-05	2005-07	2007-09	2009-11	2011-13
St. Johns County, FL	30.7	29.3	25.8	22.6	18.9	14.7
FL Peer County Average	61.8	57.8	58.1	51.9	39.1	31.7
Regional Peer Average	40.1	37.2	37.9	37.4	32.5	25.4
Florida	44.6	41.9	43.1	40.5	32.9	26.7

As presented in the figure above, the trend for the Teen Births in St. Johns County is on a favorable decline. Rates for St. Johns County, FL are lower than that of the FL Peer County Average, the Regional Peer Average and the Florida Average.

The 2014 national County Health Rankings Report favorably ranks St. Johns County as number 1 in Florida for "*Health Factors*". "*Teen Births*" is a component of the "*Healthy Behaviors*" ranking within the "*Health Factors*" category of the County Health Rankings report. In 2014, St. Johns County favorably ranked as number 3 out of 67 counties!

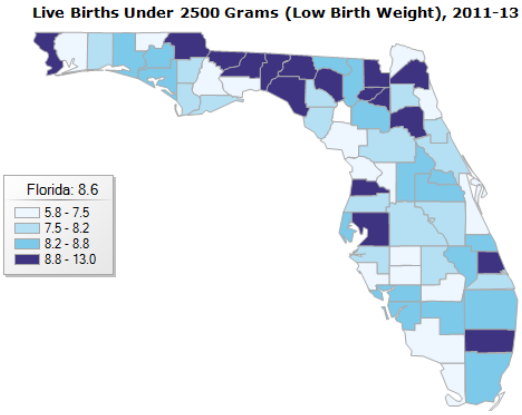
Teen pregnancy is closely linked to a host of other critical social issues as well: welfare dependency, out-of-wedlock births, responsible fatherhood, and career development in particular. Repeat births to teen mothers may compound issues associated with the first birth. In the table below, the trend for all was on the decline from 2001-03 to 2009-11. Most recent rates for the St. Johns County black population are higher than that of the State and are almost double that of the St. Johns County white population.

Table 34: Repeat Teen Birth Rates

% of **Repeat Birth to Teen Moms** (Ages 15-19) per 1,000 Live Births, 3-Year Rolling Rate						
	2001-03	2003-05	2005-07	2007-09	2009-11	2011-13
White - St. Johns County, FL	**16.6**	**16.5**	**15.6**	**13**	**11.1**	**13.9**
White – Florida	17.9	17.5	17.4	17.3	16.4	15.3
Black – St. Johns County, FL	**25.2**	**22.2**	**22.2**	**20**	**20.4**	**26.6**
Black - Florida	24.3	22.6	21.1	21.3	21.4	20.3
Source: Florida CHARTS was access on 9/7/14 via 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.*

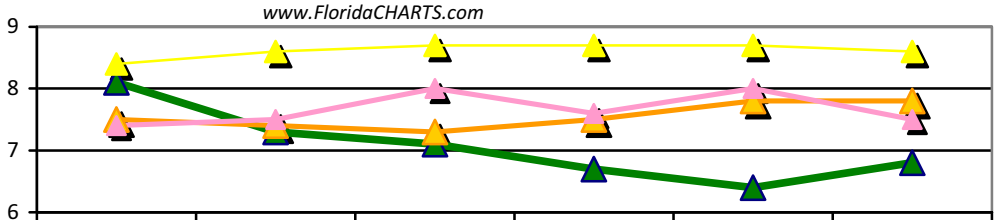


Why is this Important?

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 4-44 - Percent of Babies born at Low Birth Weight (<2500 grams)

www.FloridaCHARTS.com



	2001-03	2003-05	2005-07	2007-09	2009-11	2011-13
St. Johns County, FL	8.1	7.3	7.1	6.7	6.4	6.8
FL Peer County Average	7.5	7.4	7.3	7.5	7.8	7.8
Regional Peer Average	7.4	7.5	8	7.6	8	7.5
Florida	8.4	8.6	8.7	8.7	8.7	8.6

The Healthy People 2020 national health goal is to reduce the proportion of infants born with low birth weight to 7.8%. With a most recent rate of *6.8%, St. Johns County, FL has met this national health target!*

The 2014 national County Health Rankings Report favorably ranks St. Johns County as number 1 in Florida for "*Health Outcomes*". A health indicator for "*Morbidity*" (quality of life) used in the County Health Rankings report includes the sub-ranking of a "*Low Birth-weight*" measure. For this measure, St. Johns County favorably ranked as number 1 out of 67 counties.

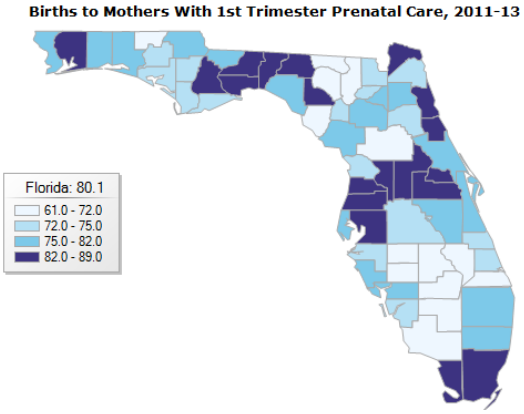
A disparity is observed when comparing proportion of "Low Birth Weight Babies to Teen Moms" by race. As seen below, recent rates for the St. Johns County black population are double that of the local white population.

Table 35: Low Birth Weight Babies to Teen Mothers

% of **Low Birth Weight Babies** to Teem Moms (Ages 15 to 19) by Race per 1,000 Live Births, 3-Year Rolling Rate						
	2001-03	2003-05	2005-07	2007-09	2009-11	2011-13
White - St. Johns County, FL	**4.7**	**4.6**	**5.1**	**6.2**	**7.2**	**6**
White – Florida	8.3	8.6	8.5	8.1	8.1	8
Black – St. Johns County, FL	**13.9**	**7.1**	**11.1**	**13.6**	**12.9**	**12.5**
Black - Florida	14.1	14.3	14.6	14.6	14.6	13.5
Source: Florida CHARTS was access on 9/7/14 via 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.*

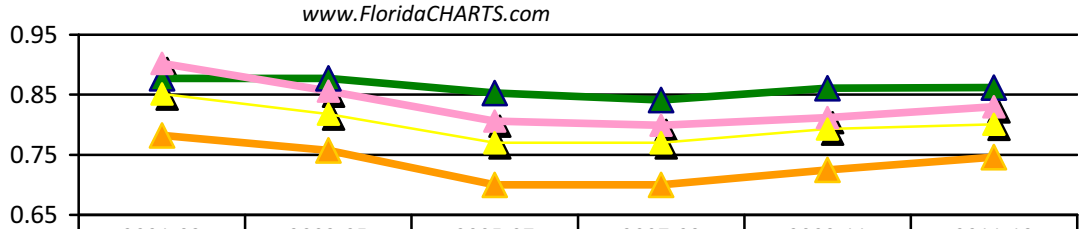


Why is this Important?

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 twelve weeks 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 early in their pregnancies can improve birth outcomes and lower health care costs by reducing the likelihood of complications during pregnancy and childbirth. Information on this community health status indicator is available via the following website: www.WomensHealth.gov

Figure 4-45 - Percent of Mothers Begining Prenatal Care During 1st Trimester

www.FloridaCHARTS.com



	2001-03	2003-05	2005-07	2007-09	2009-11	2011-13
St. Johns County, FL	87.7%	87.7%	85.3%	84.1%	86.1%	86.2%
FL Peer County Average	78.2%	75.7%	70.0%	70.0%	72.5%	74.6%
Regional Peer Average	90.2%	85.6%	80.6%	79.9%	81.2%	83.0%
Florida	85.1%	81.8%	77.0%	77.0%	79.3%	80.1%

The St. Johns County proportion of "*Mothers Beginning Early Prenatal Care*" is favorably higher than both the Peer and Florida 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 86.2%, the St. Johns County meets this national health goal!*

Table 36: Early Entry to Prenatal Care for Mothers by Race

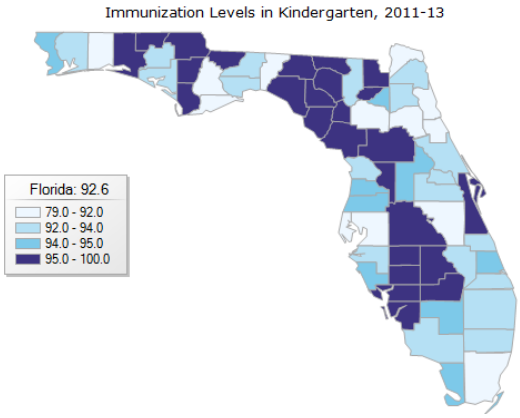
Percent of Mothers Beginning Prenatal Care During the 1st Trimester) by Race - 3-Year Rolling Rates						
	2001-03	2003-05	2005-07	2007-09	2009-11	2011-13
White - St. Johns County, FL	**89.9%**	**89.5%**	**87.1%**	**85.8%**	**87.2%**	**87.4%**
White – Florida	87.7%	84.2%	79.3%	79.4%	81.5%	82.2%
Black – St. Johns County, FL	**68.5%**	**71.2%**	**65%**	**65.3%**	**75.7%**	**74.3%**
Black - Florida	76.8%	74%	68.8%	68.6%	71.8%	73.5%
Source: Florida CHARTS was access on 9/7/14 via www.FloridaCHARTS.com						

The proportion of "*Mothers Beginning Early Prenatal Care*" by race for St. Johns County, FL is presented above. A disparity is observed when comparing rates by race. As seen in the table above, fewer Black mothers receive early prenatal care compared to White and Other (non-black) mothers.

Immunization Coverage 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).*

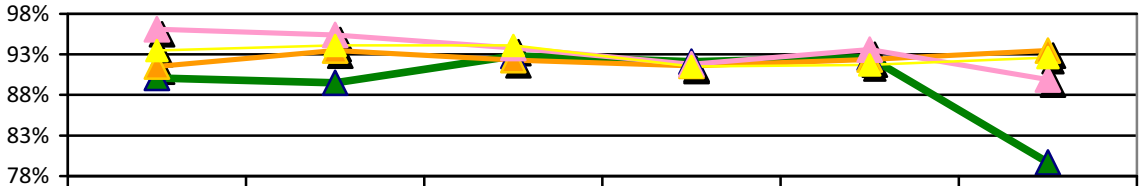
Why is this Important?



The CDC recognizes immunizations as one of ten great public health achievements of the 20th century. 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. Each state enacts laws or regulations that require children to receive certain vaccines before they enter child care facilities and/or school (kindergarten/first grade, middle school, high school, college). These types of facilities report the results of periodic assessments of vaccination coverage in child care facilities and the results of annual reviews of vaccination records in schools, conducted at the beginning of each school year. Through such 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. Information on vaccine and immunization requirements, visit the following CDC website: www.cdc.gov/vaccines

Figure 4-46 - Percent of Kindergarteners Fully Immunized by School Year

Includes Public & Private Schools - www.FloridaCHARTS.com



	2001-03	2003-05	2005-07	2007-09	2009-11	2011-13
St. Johns County, FL	90.1%	89.5%	92.8%	92.1%	92.6%	79.7%
FL Peer County Average	91.5%	93.5%	92.3%	91.6%	92.4%	93.5%
Regional Peer Average	96.1%	95.4%	93.8%	91.8%	93.6%	89.9%
Florida	93.5%	94.1%	94.1%	91.5%	91.7%	92.6%

2011-13 Immunization coverage for kindergarteners in St. Johns County was at 79.7%. Recent coverage rates for St. Johns County are lower than the FL Peer County Average, the Regional Peer Average, and the Florida Average.

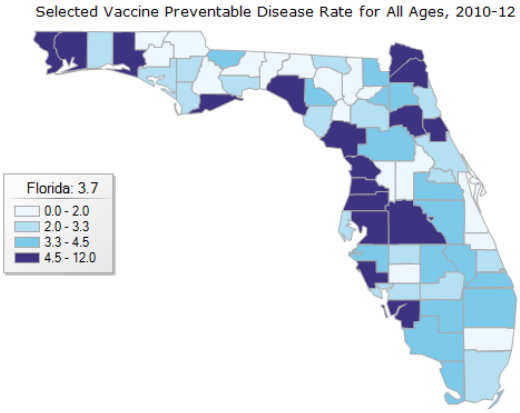
Looking for Conversation Starters, Best Practices, or Tools for Collaborative Initiatives?

Information and supportive resources regarding Vaccine and Immunizations are available via:

- Carter/Bumpers "*Every Child By Two*" www.ecbt.org/
- CDCs Travelers' Health *"Travel Safe. Travel Smart."* www.cdc.gov/travel
- National Network for Immunization Information www.ImmunizationInfo.org
- CDCs "*Community Guide to Preventive Services*" www.TheCommunityGuide.org

Vaccine Preventable Disease Rate per 100,000 Population

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



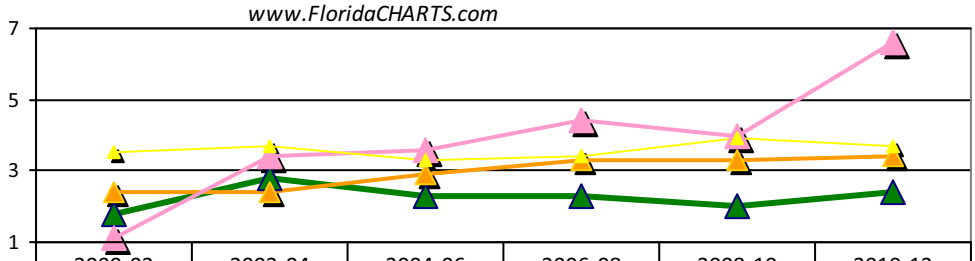
Why is this Important?

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 and/or 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. For more information, please visit the following CDC website: www.cdc.gov/vaccines

Figure 4-47 - Vaccine Preventable Disease Rate per 100,000 Population

All Ages - 3-Year Rolling Rates

www.FloridaCHARTS.com



	2000-02	2002-04	2004-06	2006-08	2008-10	2010-12
St. Johns County, FL	1.8	2.8	2.3	2.3	2	2.4
FL Peer County Average	2.4	2.4	2.9	3.3	3.3	3.4
Regional Peer Average	1.1	3.4	3.6	4.4	4	6.6
Florida	3.5	3.7	3.3	3.4	3.9	3.7

Vaccine preventable disease rates for St. Johns County are lower than the FL Peer County Average, the Regional Peer Average, and the Florida average.

Clean Hands Save Lives - Tips from the CDC

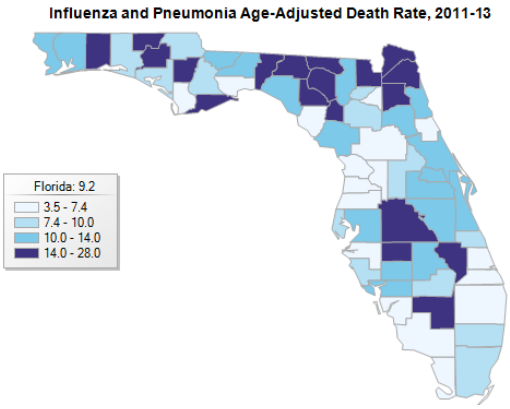
Source: Accessed on 10/9/2014 via www.cdc.gov/handwashing

Hand washing is like a "do-it-yourself" vaccine! Good, thorough hand washing involves five simple & effective steps - Think: (1) Wet; (2) Lather with soap; (3) Scrub; (4) Rinse; and (5) Dry.

Frequent hand washing can reduce the spread of diarrheal and respiratory illness. Regular hand washing - particularly before and after certain activities - is one of the best ways to remove germs, avoid getting sick, and prevent the spread of germs to others.

Influenza and Pneumonia Death Rate

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



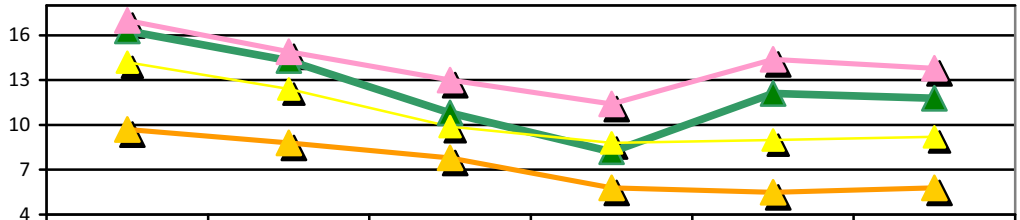
Why is this Important?

Influenza and pneumonia continue to rank 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 and 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. The CDC recommends that individuals take the following actions to prevent the spread for flu: *(1) Take time to get vaccinated; (2) Take every day preventative actions to stop the spread of germs; and (3) Take antiviral drugs if your doctor prescribed them*. More information is available via www.cdc.gov/flu/protect/

Figure 4-48 - Age-Adjusted Influenza & Pneumonia Death Rate

3-Year Rolling Rate

www.FloridaCHARTS.com



	2001-03	2003-05	2005-07	2007-09	2009-11	2011-13
St. Johns County, FL	16.3	14.3	10.8	8.2	12.1	11.8
FL Peer County Average	9.7	8.8	7.8	5.8	5.5	5.8
Regional Peer Average	17	14.9	13	11.4	14.4	13.8
Florida	14.2	12.4	9.9	8.8	9	9.2

Death Rates for influenza and pneumonia in St. Johns County have declined since 2009-11. Recent rates are lower than Regional Peer Average but slightly higher than both the FL Peer County and the Florida Averages.

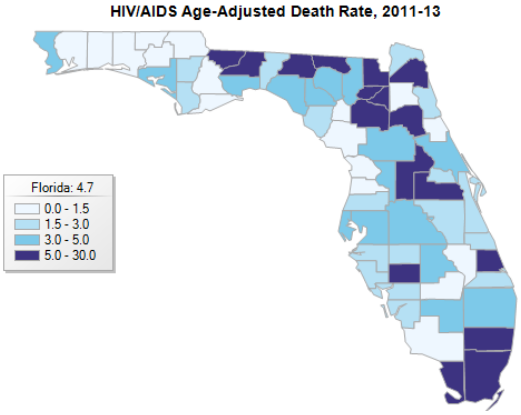
Looking for Conversation Starters, Best Practices, or Tools for Collaborative Initiatives?

Information and supportive resources regarding the prevention of Flu and Pneumonia are available via:

- CDC – Pneumonia *"Infection of the Lungs"* www.cdc.gov/pneumonia/
- Families Fighting Flu www.FamiliesFightingFlu.org
- CDCs Travelers' Health *"Travel Safe. Travel Smart."* www.cdc.gov/travel
- CDCs "*Community Guide to Preventive Services*" www.TheCommunityGuide.org

Death Rates from HIV/AIDS

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



Why is this Important?

HIV is designated as a "*CDC Winnable Battle*". 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.

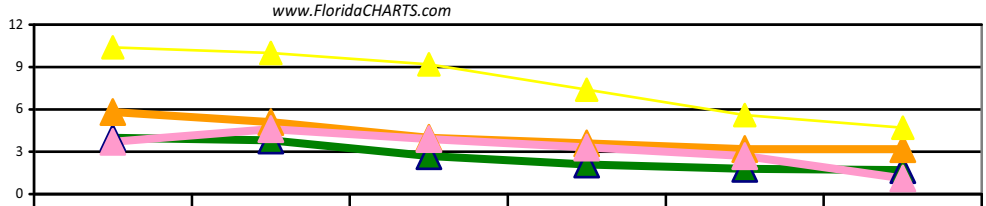
HIV is spread mainly through anal or vaginal sex or by sharing drug-use equipment with an infected person. Substance use can contribute to these risks indirectly because alcohol and other drugs can lower people's inhibitions and make them less likely to use condoms.

CDC recommends that health care providers test everyone between the ages of 13 and 64 at least once as part of routine health care. The CDC also notes that behaviors that put an individual at risk for HIV include having vaginal or anal sex without a condom or without being on medicines that prevent or treat HIV, or sharing injection drug equipment with someone who has HIV. More information is available via the following CDC webpage: www.cdc.gov/hiv/

Figure 4-49 - Age-Adjusted HIV/AIDS Death Rate per 100,000 Population

3-Year Rolling Rates

www.FloridaCHARTS.com



	2001-03	2003-05	2005-07	2007-09	2009-11	2011-13
St. Johns County, FL	4	3.8	2.7	2.1	1.8	1.7
FL Peer County Average	5.8	5.1	4	3.6	3.2	3.2
Regional Peer Average	3.7	4.6	3.9	3.3	2.7	1.1
Florida	10.4	10	9.2	7.4	5.6	4.7

As illustrated above, the trend for HIV/AIDS deaths rates are on a favorable decline. Recent rates for St. Johns County are statically lower than the Florida Average (p-value = 0.01), the FL Peer County Average and the Regional Peer Average.

A 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 *1.7, St. Johns County, FL meets this national health goal.*

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

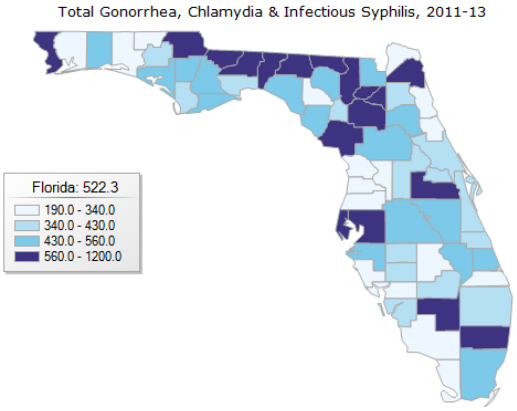
Information and supportive resources regarding HIV and AIDs are available via the following organizations:

- Florida HIV/AIDS Hotline 1-800-FLA-AIDS or 1-800-352-2437
- National HIV & STD Testing Sites http://HIVTest.cdc.gov
- CDCs "*Community Guide to Preventive Services*" www.TheCommunityGuide.org

Sexually Transmitted Disease (STD) Rate

Total Gonorrhea, Chlamydia, and Infectious Syphilis

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



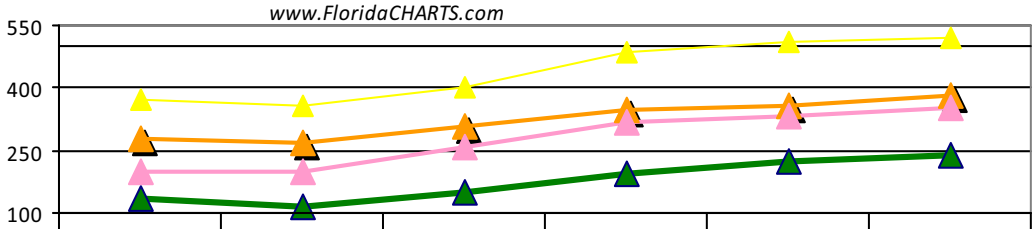
Why is this Important?

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 the burdens, costs, and complications of STDs, the fact is that they are largely preventable and are 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. Because many STDs go undiagnosed, the reported cases of chlamydia, gonorrhea, and syphilis represent only a fraction of the true burden of STDs in the United States. For more information on risk factors, prevention, and treatment, please visit the following CDC website: www.cdc.gov/std/

Figure 4-50 - STD Disease Rate per 100,000 Population - *Chlamydia, Gonorrhea & Syphilis*

3-Year Rolling Rates

www.FloridaCHARTS.com



	2001-03	2003-05	2005-07	2007-09	2009-11	2011-13
St. Johns County, FL	135.7	115.1	150.5	195.3	223.9	240.8
FL Peer County Average	279.1	269.9	305.9	346.6	357.8	380.5
Regional Peer Average	201.3	196.7	256.5	319	332	354
Florida	370	359	402.7	486.8	509.7	522.3

As seen above since 2003-05, the trend for STDs appear to be unfavorably increasing. Recent rates for sexually transmitted disease for St. Johns County, FL are statistically lower than the FL Peer County Average, the Regional Peer Average, and the Florida Average (p-value < .001).

The 2014 national County Health Rankings Report favorably ranks St. Johns County as number 1 in Florida for "*Health Factors*". A health indicator for "*Healthy Behaviors*" used in the County Health Rankings report includes "*Sexually Transmitted Infection*". For this measure, St. Johns County favorably ranked as number 3 out of 67 counties.

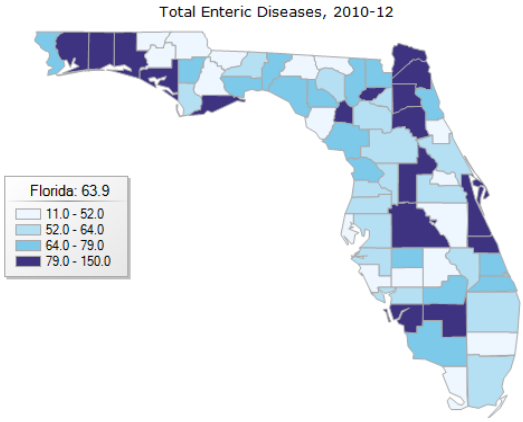
Looking for Conversation Starters, Best Practices, or Tools for Collaborative Initiatives?

Information and supportive resources related to STDs are available through the following websites:

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

Total Enteric Disease Rate

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



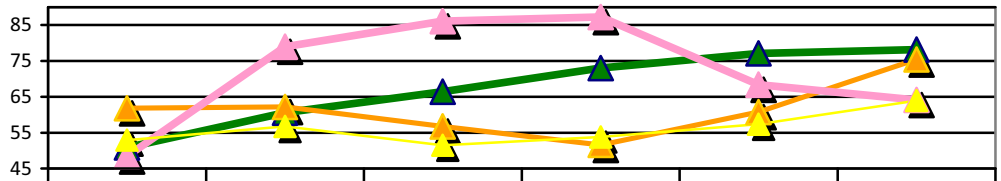
Why is this Important?

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 integrated disease surveillance system involves the review and monitoring of the occurrence of such diseases through ongoing statewide county, and local community efforts. 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, Escherichia coli (including Shiga toxin-producing E. coli), giardiasis, hepatitis A, salmonellosis, shigellosis, and typhoid fever. Information on reportable disease requirements in Florida is available via the following Florida Department of Health webpage: www.FloridaHealth.gov/diseases-and-conditions/index.html

Figure 4-51 - Enteric Disease Rates per 100,000 Population

3-Year Rolling Rates

www.FloridaCHARTS.com



	2000-02	2002-04	2004-06	2006-08	2008-10	2010-12
St. Johns County, FL	50.9	60.6	66.4	73	77.1	78.2
FL Peer County Average	61.8	62.2	56.7	51.6	60.7	75.4
Regional Peer Average	48.4	79	86.1	87.2	68.4	64.1
Florida	52.9	56.7	51.5	53.8	57.4	63.9

It's important to note that beginning in 2007, the data presented above includes both probable and confirmed cases. An increase in the trend for St. Johns County, FL is observed. Most recent enteric disease rates for St. Johns County are higher than FL Peer County Average, the Regional Peer Average, and the Florida Average.

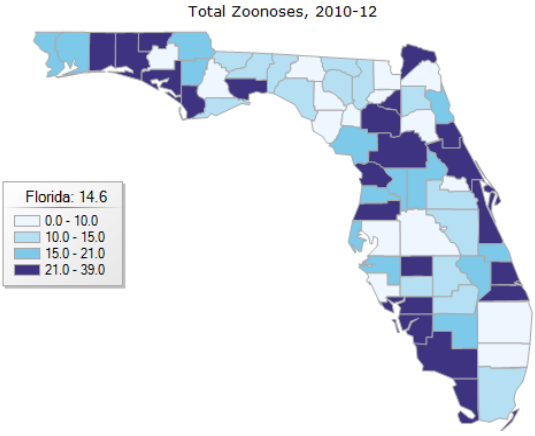
Why Food Safety Matters?

Source: CDC was accessed on 10/2/2014 via www.cdc.gov/WinnableBattles/FoodSafety

- *Enteric disease can be spread through contaminated food and water.*
- *Each year, contaminated food consumed in the U.S. results in an estimated 48 million illnesses, more than 128,000 hospitalizations, and 3,000 deaths.*
- *Acute foodborne illnesses cost the U.S. an estimated $152 billion each year in healthcare, workplace, and other economic losses.*
- *Food & water illness are preventable – and are a CDC Winnable Battle!*

Total Zoonoses Disease Rates

Indicator: *This indicator shows the rate of Total Zoonoses Diseases per 100,000 population.*



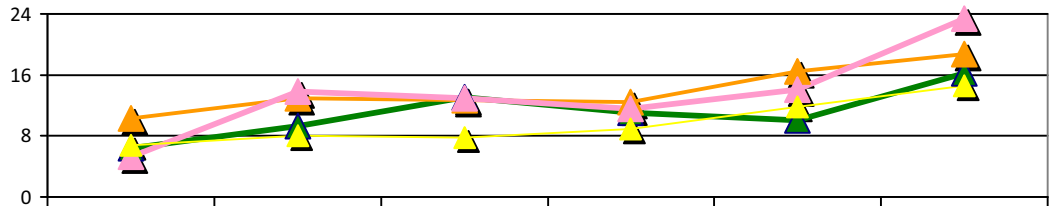
Why is this Important?

The CDC describes zoonotic diseases as those diseases that can be passed between animals and humans. Some of these diseases are very common and can be caused by viruses, bacteria, parasites, and fungi. It is possible to acquire some zoonotic diseases through contact with contaminated food or water. Pets can also carry and pass parasites to people. Sometimes people with zoonotic infections can be very sick but some people have no symptoms and do not ever get sick. Other people may have symptoms such as diarrhea, muscle aches, and fever. Regular hand washing - particularly before and after certain activities - is one of the best ways to remove germs, prevent the spread of germs to others, and avoid getting sick. For more information on risk factors and prevention, please visit the following CDC website: www.cdc.gov/zoonotic/gi/

Figure 4-52 - Total Zoonoses Disease Rate per 100,000 Population

3-Year Rolling Rate

www.FloridaCHARTS.com



	2000-02	2002-04	2004-06	2006-08	2008-10	2010-12
St. Johns County, FL	6.4	9.3	13.1	11.1	10.1	16.2
FL Peer County Average	10.3	13	12.7	12.5	16.5	18.7
Regional Peer Average	5.3	13.8	13	11.5	14.1	23.4
Florida	6.8	8	7.8	8.9	11.8	14.6

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 higher than the Florida Average but lower than both the FL Peer County and Regional Peer Averages.

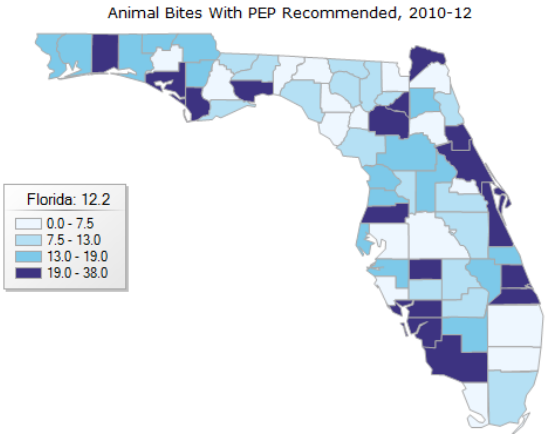
Protect Yourself from Zoonotic Diseases Caused by Parasites

Source: CDC was accessed on 9/12/2014 via www.cdc.gov/parasites/animals

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

Animal Bites with Post-Exposure Prophylaxis (PEP) Recommended

Indicator: *This indicator shows the amount of animal bites where PEP for Rabies is recommended as a rate per 100,000 population.*



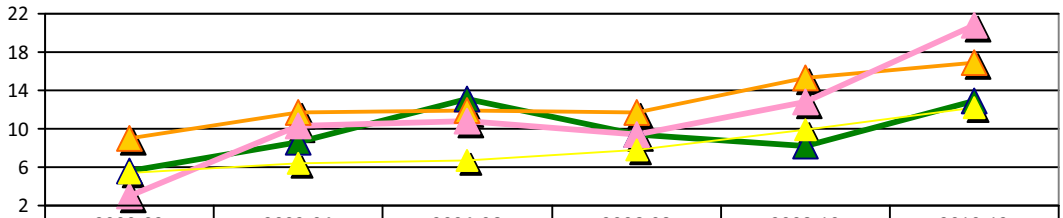
Why is this Important?

According to the Centers for Disease Control (CDC), rabies is a preventable viral disease of mammals most often transmitted to humans through the bite of a rabid animal. It is noted that the vast majority of rabies cases reported each year occur in wild animals like raccoons, skunks, bats, and foxes. The CDC also notes that, regardless of the risk of rabies, bite wounds can cause serious injury such as nerve or tendon laceration as well as local and/or systemic infection. A medical doctor will decide if an individual requires a rabies vaccination, known as post-exposure prophylaxis (PEP). The need for PEP is based on an individual's type of exposure and the type of animal bite, as well as laboratory and surveillance information for the geographic area where the exposure occurred. More information is available via the following CDC webpage: www.cdc.gov/rabies

Figure 4-53 - Animal Bites with PEP Recommended Rate per 100,000 Population

3-Year Rolling Rate

www.FloridaCHARTS.com



	2000-02	2002-04	2004-06	2006-08	2008-10	2010-12
St. Johns County, FL	5.6	8.6	13.1	9.4	8.2	12.9
FL Peer County Average	9	11.7	11.9	11.7	15.3	16.9
Regional Peer Average	3	10.3	10.8	9.4	12.8	20.8
Florida	5.4	6.4	6.7	7.8	9.9	12.2

It's important to note that beginning in 2007, the data presented above includes both probable and confirmed cases. Overall, the trend for animal bites with PEP recommends appears to be increasing. Most recent rates for St. Johns County are similar to the Florida Average and are lower than FL Peer County Average and the Regional Peer Average.

CDC Tips to Protect Yourself from Rabies

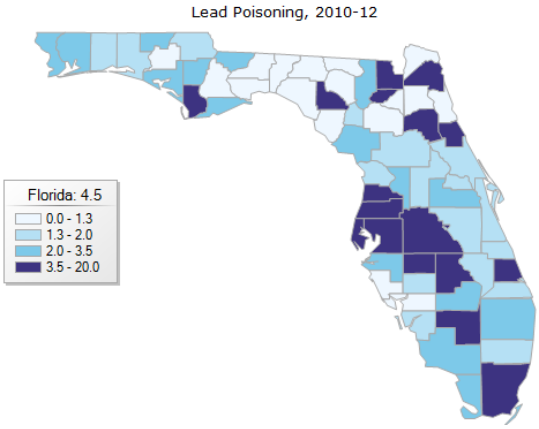
- *Rabies is 100% preventable. To prevent rabies:*
  - *Vaccinate your dogs, cats and ferrets against rabies;*
  - *Keep your pets under your supervision so they don´t catch rabies from a wild animal;*
  - *Don´t handle wild animals and if you see one acting strangely, call your local animal control officer;*
  - *If you´re bitten by an animal, wash the wound with soap and water for at least five minutes, and then go see your doctor; and*
  - *Have your pets spayed or neutered so they´ll be more likely to stay home.*

Source: www.cdc.gov/RabiesAndKids

Lead Poisoning

Indicator: *This indicator shows rate of Lead Poisoning per 100,000 population.*

Why is this Important?

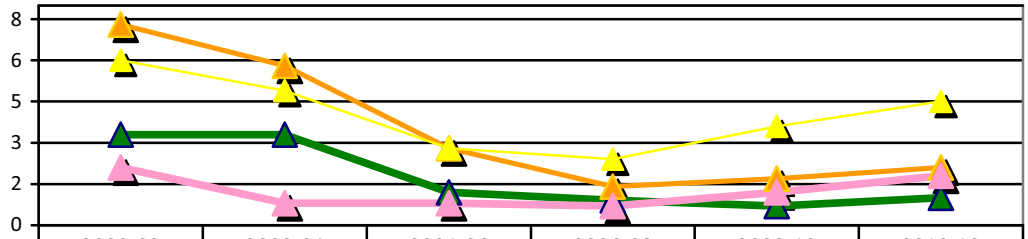


Lead poisoning is caused by swallowing or breathing lead particles. Lead poisoning can affect nearly every system in the body, particularly the brain and nervous system. Because lead poisoning often occurs with no obvious symptoms, it frequently goes unrecognized. Only blood testing can confirm if a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

Figure 4-54 - Lead Poisoning Rate per 100,000 Population

3-Year Rolling Rate

www.FloridaCHARTS.com



	2000-02	2002-04	2004-06	2006-08	2008-10	2010-12
St. Johns County, FL	3.3	3.3	1.2	0.9	0.7	1
FL Peer County Average	7.3	5.8	2.8	1.4	1.7	2.1
Regional Peer Average	2.1	0.8	0.8	0.7	1.2	1.8
Florida	6	4.9	2.8	2.4	3.6	4.5

It's important to note that beginning in 2007, the data presented above includes both probable and confirmed cases. Overall, the trend for lead poisonings is favorably on the decline. Most recent enteric disease rates for St. Johns County are lower FL Peer County Average, the Regional Peer Average, and the Florida Average.

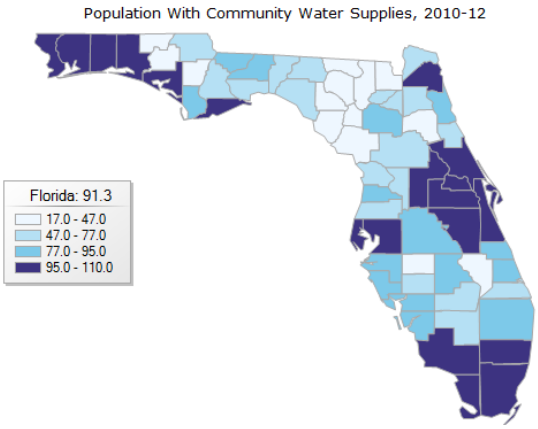
How to Avoid Exposure to Lead – Tips from the CDC

Source: CDC accessed on 10/2/14 via www.cdc.gov/nceh/lead/tips.htm

- *Avoid using traditional folk medicine and cosmetics that may contain lead;*
- *Avoid eating candies imported from Mexico;*
- *Only use Lead Free containers, cookware, or tableware to store or cook foods or liquids;*
- *Remove recalled toys and toy jewelry immediately from children;*
- *Use only cold water from the tap for drinking, cooking, and making baby formula as hot water is more likely to contain higher levels of lead.*

Population with Community Water Supplies

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



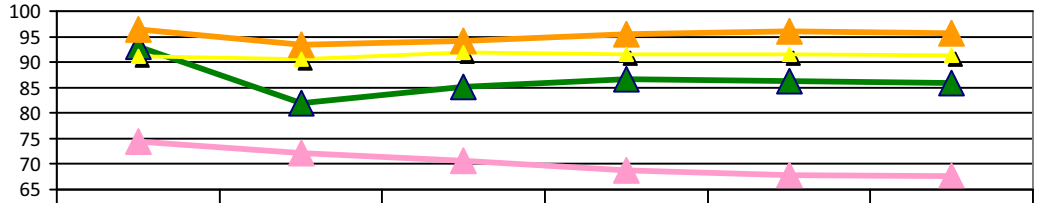
Why is this Important?

Safe drinking water is essential for life. It is important to know where drinking water comes from, how and if it has been treated, and if it is safe to drink. Potable drinking water comes from a variety of sources including public water systems, private wells, or bottled water. A community water supply provides water to the public for human consumption through pipes or other constructed conveyances. The more populations can obtain drinking water from community water supplies, the less at-risk they are from contamination due to agricultural chemical, industrial solvents and heavy metals. Private drinking wells are not subject to regulation, and as a result, may need filters and additives (fluoride, chlorine, etc.) to improve the safety of the water. Private drinking wells should have regular quality testing to ensure its safety from chemical and biological contaminants. For more information on safe drinking water, please visit the following US Environment Protection Agency (EPA) at http://water.epa.gov/drink/

Figure 4-55 - Percent of Community Served by Community Water System

3-Year Rolling Rates

www.FloridaCHARTS.com



	2000-02	2002-04	2004-06	2006-08	2008-10	2010-12
St. Johns County, FL	93.1	81.9	85.2	86.7	86.2	85.8
FL Peer County Average	96.5	93.5	94.2	95.5	96	95.7
Regional Peer Average	74.4	72.2	70.7	68.7	67.8	67.6
Florida	91.2	90.6	91.9	91.5	91.6	91.3

Since 2002-04, the trend for the percent of the community receiving potable water from a regulated community water system has remained relatively level. Most recent estimates indicate that 85.8% of the St. Johns County population received potable water from a community water system. As homebuilding and community improvements increase throughout the County, it is expected this number will grow in the coming years.

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

Information related to Safe Drinking Water is available via the following websites:

- U.S. EPA *Local drinking water information* http://water.epa.gov/drink/local/index.cfm
- CDCs Drinking Water Webpage www.cdc.gov/healthywater/drinking/
- U.S. EPA *Water Safety After the Flood* http://water.epa.gov/drink/info/well/whatdo.cfm

Population with Fluoridated Water Supply

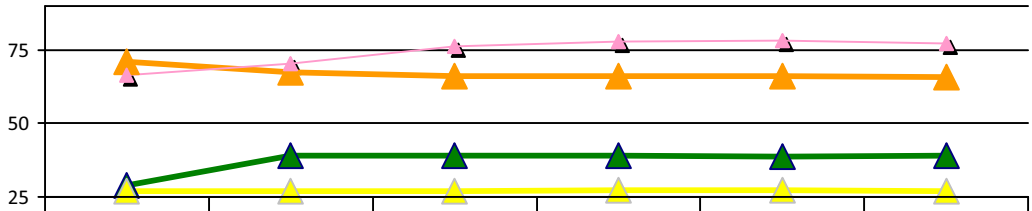
Indicator: *This indicator shows percent of the community that receives a fluoridated water supply.*

Why is this Important?

The CDC recognizes water fluoridation as one of ten great public health achievements of the 20th century. 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 4-56 - Percent of the Population with a Flouridated Water Supply

www.FloridaCHARTS.com



	2000-02	2002-04	2004-06	2006-08	2008-10	2010-12
St. Johns County, FL	29	38.9	39	38.9	38.8	39.1
FL Peer County Average	71.2	67.4	66.3	66.1	66.1	65.9
Regional Peer Average	27.1	27	27	27.2	27.3	27
Florida	66.5	70.5	76.2	78	78.2	77.3

The trend for St. Johns County's "percent of population with a fluoridated water supply" can be described as "level" and parallels that of the Florida Average. St. Johns County's most recent rate is higher than the Florida Average, but significantly lower than both the FL Peer Average and the Regional Peer Average.

Healthy People 2020

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%. St. Johns County FL does not meet this national health target.

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

Information related to Fluoride & Oral Health is available via the following websites:

- Florida Department of Health www.floridahealth.gov/programs-and-services/community-health/dental-health/fluoridation/index.html
- Campaign for Dental Health *"Life is better with teeth!"* www.ILikeMyTeeth.org
- U.S. EPA *Local drinking water information* http://water.epa.gov/drink/local/index.cfm
- CDCs Community Water Fluoridation Webpage www.cdc.gov/fluoridation/faqs/index.htm

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.

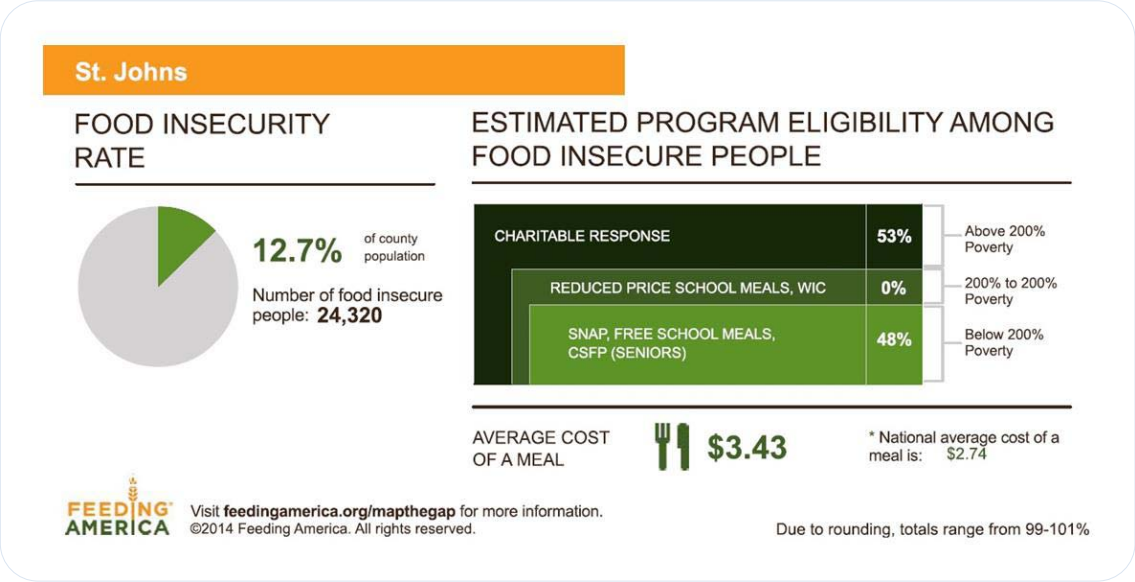
The CDC defines the "*food environment" as*

- *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.*

The 2014 national County Health Rankings Report favorably ranks St. Johns County as number 1 in Florida for "*Health Factors*". A health indicator for "*Diet & Exercise*" used in the County Health Rankings report includes "*Food Insecurity*". For this measure, St. Johns County favorably ranked as number 2 out of 67 counties.

The U.S. Department of Agriculture uses key terms, including the following, when describing a "*food environment*":

- ***Food secure -*** *Households had access, at all times, to enough food for an active, healthy life for all household members.*
- ***Food insecure****— Households, at times during the year, are uncertain of having, or unable to acquire, enough food to meet the needs of all their members because they had insufficient money or other resources for food.*



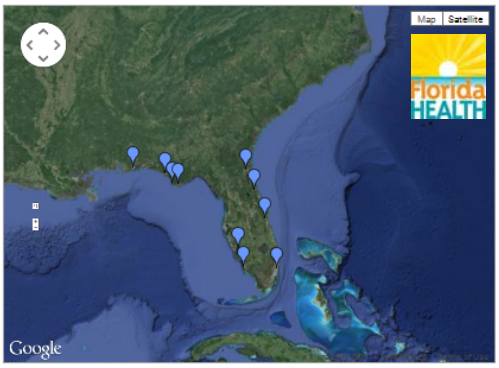
Source: Accessed through "Map the Gap" on 10/1/2014 via http://feedingamerica.org/hunger-in-america/hunger-studies/map-the-meal-gap.aspx

According to Feeding America's "*Map the Meal Gap*" (*http://FeedingAmerica.org*), 12.7% of St. Johns County's population is "food insecure" which is lower than the State proportion of 17.9%.

Healthy Beach Days

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

Florida Healthy Beaches Program



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. For information on the Florida Department of Health's Healthy Beach Program, please visit www.floridahealth.gov/environmental-health/beach-water-quality/

Table 37: Florida Healthy Beaches

ANNUAL PERCENT OF OPEN BEACH DAYS *MONITORED BEACHES*							
	2007	2008	2009	2010	2011	2012	**2013**
St. Johns County, FL	100%	100%	100%	100%	100%	100%	**100%**
State Average	94.7%	95.2%	97%	97.6%	- -	-	**-**
Note: This data represents the % of Beach Days not under Beach Action. Statewide data is was not readily available at the time of this report. Source: FDOH's Division of Environmental Health – Healthy Beaches Program							

St. Johns County has six local beaches that are regularly monitored by Florida Department of Health in St. Johns County 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!*

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

Information related on Healthy Swimming & the Outdoors is available via the following websites:

- CDCs Healthy Swimming Webpage www.cdc.gov/healthywater/swimming/oceans
- CDCs Sun Safety Webpage www.cdc.gov/cancer/skin/basic_info/sun-safety.htm
- American Red Cross "Swimming Safety" www.redcross.org/prepare/disaster/water-safety/swim-safety

Summary of Selected Results from
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 four County-level surveys have been conducted in Florida since 2002.

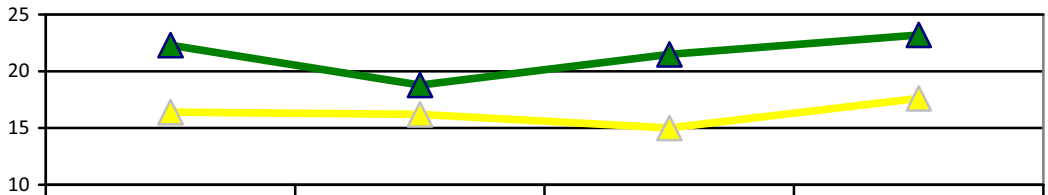
For more information on Florida Behavioral Risk Factor Surveillance System (BRFSS) State and County Data Reports, please visit the Florida Department of Health's website for the Behavioral Risk Factor Surveillance System at the following webpage: www.floridahealth.gov/statistics-and-data/survey-data/behavioral-risk-factor-surveillance-system/index.html
Data from previous BRFSS reports is also accessible via Florida Charts (www.FloridaCHARTS.com).

Results for a select number of key health indicators related to this 2014 St. Johns County Community Health Needs Assessment are summarized in this report section.

Alcohol Consumption

Figure 4-57 - Percent of Adults who Engage in Heavy or Binge Drinking

Florida Behavioral Risk Factor Surveillance Survey Results



	2002	2007	2010	2013
St. Johns County, FL	22.3	18.8	21.5	23.2
State Total Average	16.4	16.2	15	17.6

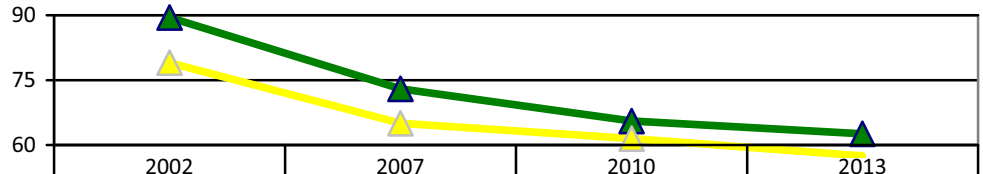
The trend for St. Johns County, FL has increased since 2007. The 2013 rate for St. Johns County is 23.2% which is higher than that of the State. 29.9% of respondents in the 18 to 44 age group indicated they engage in heavy or binge drinking. 24.0% of respondents in 45 to 64 age group indicated they engage 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 25.4%. *At a recent rate of 23.2%, the St. Johns County, FL is close to meeting this national health goal.*

Alcohol Consumption (Heavy or Binge Drinking) is a health indicator for "Healthy Behaviors" used in 2014 County Health Rankings report; *St. Johns County ranked unfavorably as number 64 out of 67 counties.*

Breast Cancer Screening

Figure 4-58 - Percent of Women ages 40 years & Older Who Received a Mammogram in the Past Year *



	2002	2007	2010	2013
St. Johns County, FL	89.5	73	65.5	62.6
State Total Average	79	65	61.5	57.5

** 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 trend for St. Johns County has declined since 2002; although the rates are favorably higher than that of the State.

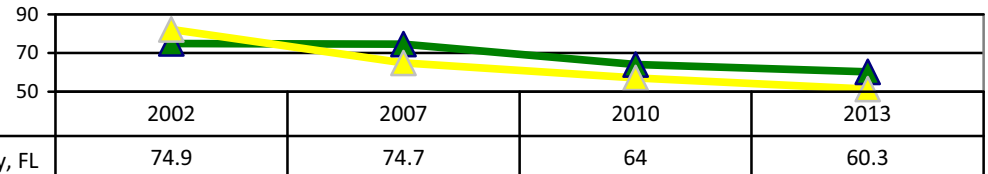
The Healthy People 2020 national health target is to increase the number of women who have received a breast cancer screening based on the most recent guidelines in 2008 (age adjusted to the year 2000 standard population) to 81.1%. *At a rate of 62.6%, the St. Johns County community has not yet met this national health goal.*

In the 2014 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 4-59 - Percent of Women 18 years and older who have received a PAP smear

Florida Behavioral Risk Factor Surveillance Survey Rersults



	2002	2007	2010	2013
St. Johns County, FL	74.9	74.7	64	60.3
State Total Average	82.2	64.8	57.1	51.4

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?".

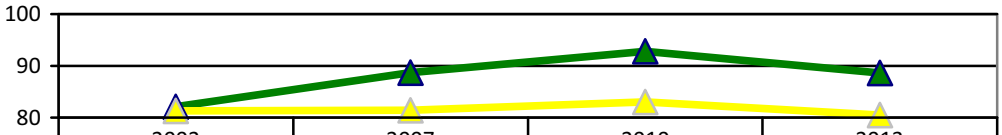
Overall, rates for percent of women who report having received a pap smear in the last year has slightly declined. At a rate of 60.3%, the rate for St. Johns County is favorably higher than that of the State (51.4%). For 2013, 63.75% of St. Johns County respondents in the 45 to 64 years of age group indicated they had received a PAP smear. Also for 2013, 62.5% 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 60.3%, the St. Johns County community has not yet met this national health goal!*

Healthcare Insurance & Access to Healthcare

Figure 4-60 - Percent of Adults with Any Type of Health Care Insurance Coverage

Florida Behavioral Risk Factor Surveillance Survey Rersults



	2002	2007	2010	2013
St. Johns County, FL	82.1	88.7	92.8	88.6
State Total Average	81.3	81.4	83.0	80.5

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 decreased from approximately 92.8% in 2010 to 88.6% for 2013. For St. Johns County in 2013, of those that indicated they were in the 18 to 44 age group, 82.5% have some type of health care insurance coverage.

Overall rates for St. Johns County are higher than the State estimate. For St. Johns County in 2013, of those that reported having annual income of less than $25,000, 65.7% indicated that they have some type of health care insurance coverage. This percentage increases for all other income groups.

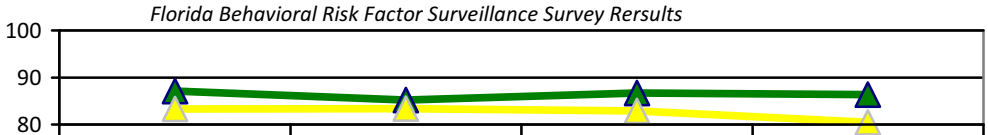
A leading health indicator, the Healthy People 2020 national health target is to increase the percentage of adults with any type of health care insurance coverage to 100%. *At a rate of 88.6%, the St. Johns County, FL has not yet met this national health goal.*

"Access to Clinical Care" is a sub-category for the *Health Factors* category of the County Health Rankings Report. In the 2014 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 1 out of 67 counties!*

General Health and Quality of Life

Figure 4-61 - Percent of Adults with Good to Excellent Overall Health

Florida Behavioral Risk Factor Surveillance Survey Rersults



	2002	2007	2010	2013
St. Johns County, FL	87.1	85.2	86.7	86.4
State Total Average	83.3	83.4	82.9	80.5

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 3 out of 67 counties!*

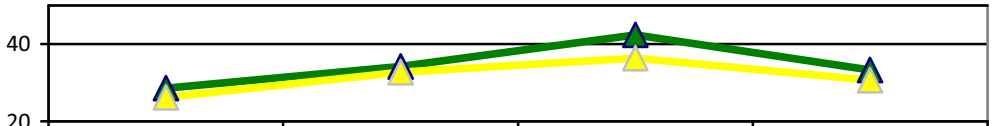
For 2013, 15.4% of survey participants in St. Johns County, FL report having had poor mental health on 14 or more of the past 30 days which is higher than the State proportion of 12.7%

Another indicator used in the "*Health Outcomes*" sub-ranking includes "Poor Mental Health Days" which is derived from BRFSS data. *St. Johns County ranked favorably as number 9out of 67 counties!*

Immunizations

Figure 4-62 - Percent of Adults who received a Flu Shot in the Last Year

Florida Behavioral Risk Factor Surveillance Survey Rersults



	2002	2007	2010	2013
St. Johns County, FL	28.6	34.2	42.4	33.3
State Total Average	26.2	32.7	36.4	30.7

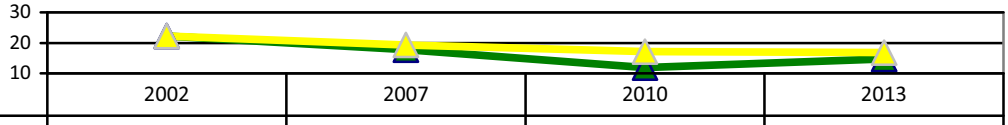
The overall trend for the percentage of adults who report receiving a flu shot within the past year has increased since 2002 with rates for St. Johns County slightly higher than the State. Overall rate for St. Johns County residents decreased from 42.4% in 2010 to 33.3% in 2013, exceeding the State rate of 30.7%. Of those that indicated having an annual income of $50,000 or more, 36.8% reported having a flu shot in the last year. Of those that indicated having a high school education or greater, 35.8% reported having a flu shot in the last year. Of those that indicated they are in the 18 to 44 age group, 19.2% reported having a flu shot in the last year. Of those that indicated they are in the 65 and older age group, 54.9% 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 4-63 - Percent of Adults who are Current Smokers

Florida Behavioral Risk Factor Surveillance Survey Rersults



	2002	2007	2010	2013
St. Johns County, FL	22.2	17.8	11.9	14.7
State Total Average	22.2	19.3	17.1	16.8

The overall trend for the percentage of adults who reported being a current smoker has decreased since 2002. Rates for St. Johns County residents increase from 11.9% in 2010 to 14.7% in 2013 which is favorably lower that the State rate of 16.8%.

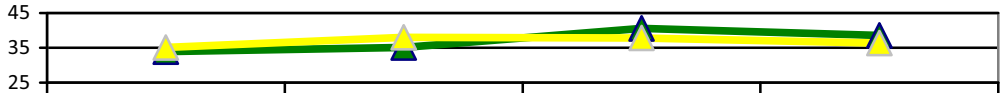
Healthy Behaviors indicators used in the *Health Factors* sub-ranking include data on "Adult Smoking" from BRFSS. *St. Johns County ranked favorably in the top quartile as number 3 out of 67 counties!*

Behavioral Risk Factor Surveillance - continued

Overweight and Obesity

Figure 4-64 - Percent of Adults who are Overweight

Florida Behavioral Risk Factor Surveillance Survey Rersults



	2002	2007	2010	2013
St. Johns County, FL	33.9	35.1	40.6	38.6
State Total Average	35.1	38.0	37.8	36.4

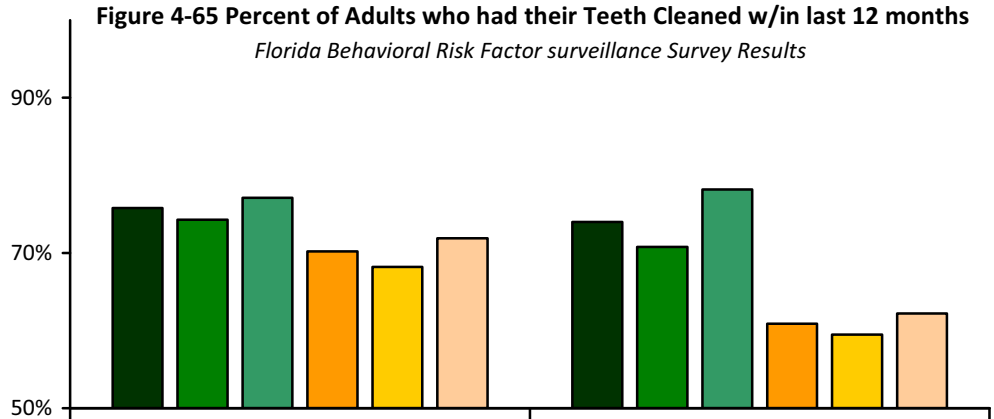
The proportion of adults in St. Johns County who reported being overweight in 2013 was 28.6%, which is favorably lower than the State average. Of those within the 18 to 44 age group, 32.8% reported being overweight. Of those within the 45 to 64 age group, 43.1% reported being overweight.

Oral Health

Information pertaining to oral health collected via the 2007 BRFFS was ascertained 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 4-65 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

It is noted by *Healthy People 2020* that access to comprehensive, quality health care services is important for the achievement of health equity and for increasing the quality of a healthy life for everyone.

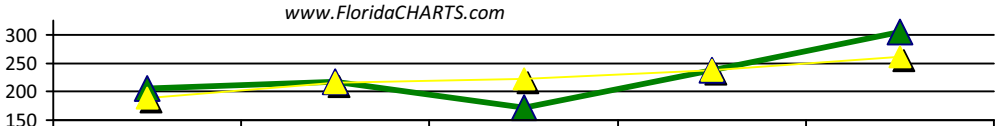
The "Rate of Physicians" within a population assists with the assessment of health care resource availability within a community. A development Healthy People 2020 goal is to improve the number of practicing doctors within communities.

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 also refer patients to specialists for additional treatment. In this way, primary care providers serve as gatekeepers for the health care system and play an important role in the coordination of care in a managed care environment. 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.

Figure 4-66 - Rate of Physicians per 100,000 Population

3-Year Rolling Rates

www.FloridaCHARTS.com



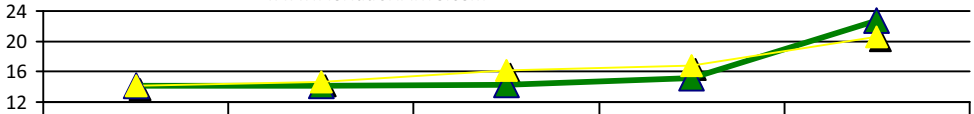
	2003-05	2005-07	2007-09	2009-11	2011-13
St. Johns County, FL	205.5	216.5	172.3	236.8	304.6
Florida	189.4	216.4	222.1	236.7	260.5

As observed in the figure above, the trend for the rate of physicians in St. Johns County has improved since 2007-09. Recent rates for St. Johns County are higher than the Florida Average.

Figure 4-67 - Rate of Pediatricians per 100,000 Population

3-Year Rolling Rates

www.FloridaCHARTS.com



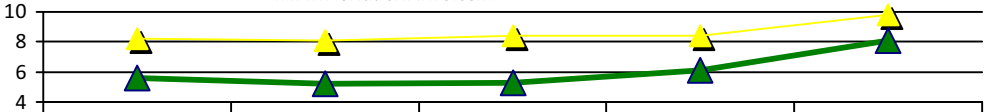
	2003-05	2005-07	2007-09	2009-11	2011-13
St. Johns County, FL	14.2	14.1	14.3	15.1	22.7
Florida	14.1	14.6	16.2	16.8	20.6

In the figure above, the trend for St. Johns County's rate of pediatricians has improved since 2005-07. Most recent rates for St. Johns County are slightly higher than the Florida Average.

Figure 4-68 - Rate of OB/GYN per 100,000 Population

3-Year Rolling Rates

www.FloridaCHARTS.com



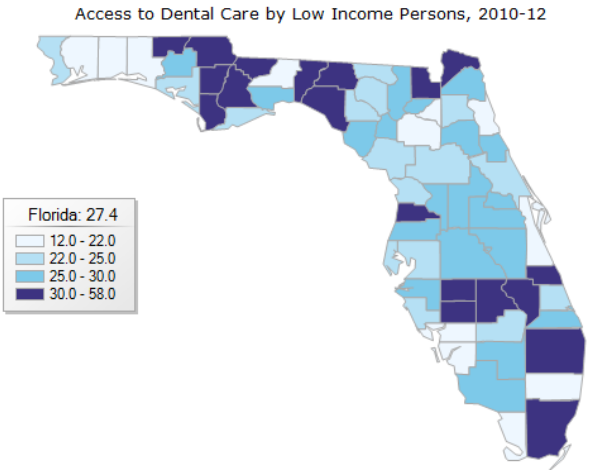
	2003-05	2005-07	2007-09	2009-11	2011-13
St. Johns County, FL	5.6	5.2	5.3	6.1	8.1
Florida	8.2	8.1	8.4	8.4	9.8

In the figure above, the trend for St. Johns County's rate of OB/GYNs has improved since 2005-07. Most recent rates for St. Johns County are lower than the Florida Average.

Access to Care - continued

Oral Health Care

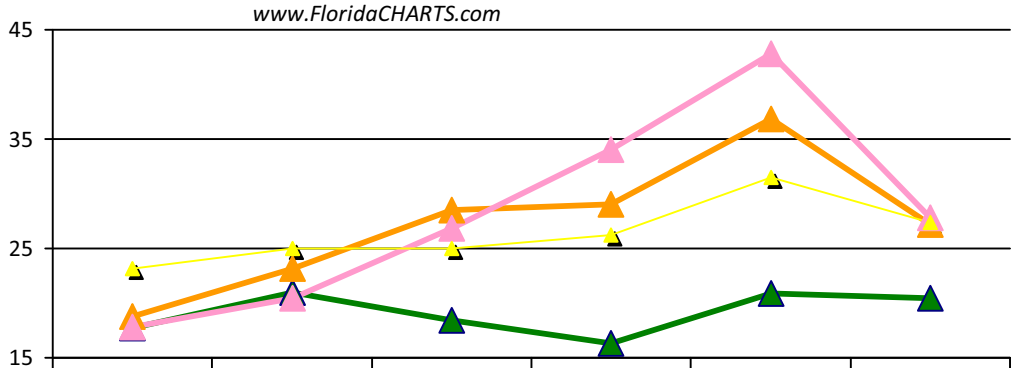
Healthy People 2020 note that Lack of access to dental care for all ages is a public health challenge.



Many people have a lack of understanding and awareness of the importance of oral health and its essential relationship to their overall health. As noted by the American Dental Association (ADA), access to Oral Health Care challenges include the following: (1) difficulty getting to a dental office; (2) prioritizing dental care among other health crises and basic needs of living; (3) overcoming financial barriers; and (4) navigating government assistance programs. The ADA notes that fewer people have dental insurance than have medical insurance, and it is often lost when individuals retire. Some individuals may need special payment arrangements or case management services to overcome such obstacles. For more information on Oral Health, please visit the following CDC website: www.cdc.gov/OralHealth/

Figure 4-69 - % Access to Dental Care by Low Income Persons

www.FloridaCHARTS.com



	2000-02	2002-04	2004-06	2006-08	2008-10	2010-12
St. Johns County, FL	17.7	21	18.4	16.3	20.9	20.4
FL Peer County Average	18.8	23.2	28.5	29	36.8	27.2
Regional Peer Average	17.8	20.4	26.8	34	42.8	27.8
Florida	23.2	25	25	26.2	31.5	27.4

In the figure above, the trend for the percent of those Low Income Persons with access to dental care is follows that of the state and peer averages. St. Johns County's proportion is lower than that of the FL Peer County Average, the Regional Peer Average, and the Florida Average.

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

Information & supportive resources for Oral Health are available via the following websites:

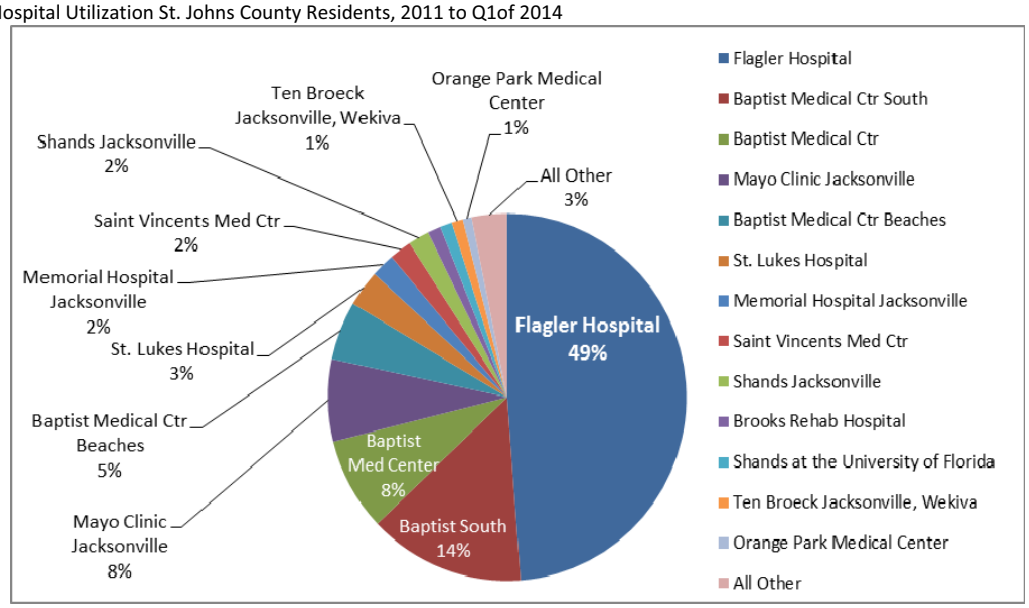
- Campaign for Dental Health *"Life is better with teeth!"* www.ILikeMyTeeth.org
- America Dental Association *"Mouth Healthy"* www.mouthhealthy.org/en/
- U.S. Department of Health & Human Services *"Live well. Learn how."* www.HealthFinder.gov
- CDCs "*Community Guide to Preventive Services*" www.TheCommunityGuide.org

Access to Care - continued

Local Hospital Utilization

Hospital utilization for St. Johns County residents for the time period of 2011 through the first quarter of 2014 is presented in the figure below. Almost half of the community utilizes Flagler Hospital, followed by Baptist South which is utilized by approximately 14% of the county population.

Figure 36: Hospital Utilization St. Johns County Residents, 2011 to Q1of 2014



When examining the County as a whole, including the northern most regions, Flagler Hospital has served approximately 49% of the total County population since 2011. 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). The hospital offers a complete range of services, including cardiac, emergency, general surgery, imaging, maternity, oncology, orthopedic, neurosurgery and neonatal intensive care, among others.

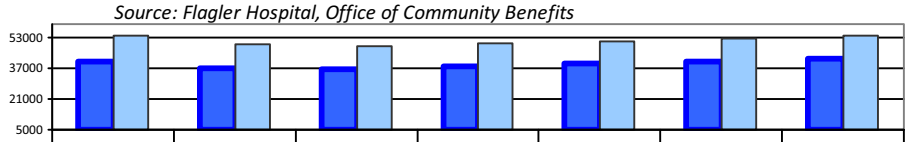
Serving approximately 14% of the St. Johns County community, many residents of northern St. Johns County utilize Baptist Medical Center South for their health care needs. Baptist Medical Center South is a 225 bed facility located in southern Duval County. Baptist Medical Center South offers comprehensive services including radiology, surgery, emergency services, oncology, sleep lab and more.

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 figures 4-70 and 4-71 illustrate trends in ER Visits at Flagler Hospital.

Figure 4-70 - Total Annual ER Vists for Flagler Hospital

Source: Flagler Hospital, Office of Community Benefits



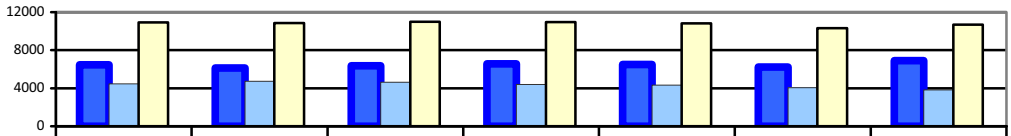
	2007	2008	2009	2010	2011	2012	2013
# of St. Johns County Residents	40,426	37,193	36,593	37,808	39,568	40,676	42,130
Total ER Visits	53,858	49,268	48,574	49,846	50,884	52,458	53,819

Access to Care - continued

Emergency Room Care - continued

Figure 4 - 71 Total Annual Inpatient Admissions for Flagler Hospital

Source: Flagler Hospital, Office of Community Benefits



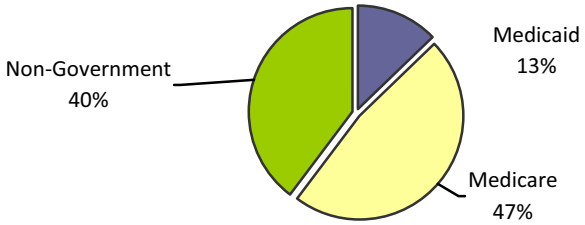
	2007	2008	2009	2010	2011	2012	2013
EMERGENCY ROOM	6,472	6,132	6,359	6,577	6,494	6,245	6,890
Not Admitted Via ER	4,470	4,728	4,637	4,381	4,340	4,065	3,805
Grand Total	10,942	10,860	10,996	10,958	10,834	10,310	10,695

Local Hospital Utilization & Medical Payer Source

Figure 37 – Local Hospital Payer Source

2013 Payer Source Summary by Percent for Flagler Hospital

Source: Flagler Hospital, Office of Community Benefits



Local Hospital Utilization & Discharge Data

The table below illustrates top ten reasons for hospitalization during 2013 for St. Johns County residents by diagnostic related groups (DRGs) for adults. Historical data is also included. Normal deliveries lead the list, followed by psychoses, septicemia, and depressive neuroses.

Table 38: Community Hospital Results - Adult Hospital Discharges

ADULTS DISCHARGES BY DIAGNOSTIC RELATED GROUPS (DRG) FOR FLAGLER HOSPITAL - ST. JOHNS COUNTY RESIDENTS - PERCENT OF TOP TEN DRGS FOR 2013 COMPARED TO PREVIOUS YEARS -			
DRG Description	2011	2012	**2013**
775 - VAGINAL DELIVERY W/O COMPLICATING DIAGNOSES	19.85%	19.99%	**19.50%**
885 - PSYCHOSES	17.01%	18.15%	**16.77%**
871 - SEPTICEMIA OR SEVERE SEPSIS W/O MV 96+ HOURS W MCC	7.88%	10.84%	**12.30%**
470 - MAJOR JOINT REPLACEMENT OR REATTACHMENT OF LOWER EXTREMITY W/O MCC	10.44%	10.92%	**11.39%**
881 - DEPRESSIVE NEUROSES	9.96%	9.23%	**9.31%**
190 - CHRONIC OBSTRUCTIVE PULMONARY DISEASE W MCC	5.36%	5.97%	**6.98%**
392 - ESOPHAGITIS, GASTROENT & MISC DIGEST DISORDERS W/O MCC	8.51%	6.78%	**7.13%**
766 - CESAREAN SECTION W/O CC/MCC	6.97%	6.32%	**6.80%**
194 - SIMPLE PNEUMONIA & PLEURISY W CC	7.88%	5.09%	**4.98%**
603 - CELLULITIS W/O MCC	6.14%	6.70%	**4.84%**
Data Source: Flagler Hospital, Office of Community Benefits			

Local Hospital Utilization & Discharge Data

The table below illustrates top ten reasons for hospitalization during 2013 for St. Johns County residents by diagnostic related groups (DRGs) for pediatrics (0 to 17 years of age). Historical data is also included. Births (deliveries), neonate with other significant problems are among the top reasons that pediatric visits to Flagler Hospital during 2013.

Table 39: Community Hospital Results – Pediatric Hospital Discharges

PEDIATRIC DISCHARGES BY DIAGNOSTIC RELATED GROUPS (DRG) FOR FLAGLER HOSPITAL - ST. JOHNS COUNTY RESIDENTS - PERCENT OF TOP TEN DRGS FOR 2013 COMPARED TO PREVIOUS YEARS -			
DRG Description	2011	2012	**2013**
795 - NORMAL NEWBORN	71.11%	69.14%	**69.98%**
794 - NEONATE W OTHER SIGNIFICANT PROBLEMS	16.27%	16.69%	**17.14%**
793 - FULL TERM NEONATE W MAJOR PROBLEMS	1.77%	2.74%	**3.93%**
792 - PREMATURITY W/O MAJOR PROBLEMS	2.71%	4.69%	**3.06%**
791 - PREMATURITY W MAJOR PROBLEMS	0.47%	1.49%	**2.18%**
789 - NEONATES, DIED OR TRANSFERRED TO ANOTHER ACUTE CARE FACILITY	2.00%	1.60%	**1.64%**
775 - VAGINAL DELIVERY W/O COMPLICATING DIAGNOSES	1.30%	0.80%	**1.09%**
203 - BRONCHITIS & ASTHMA W/O CC/MCC	2.83%	1.83%	**0.66%**
195 - SIMPLE PNEUMONIA & PLEURISY W/O CC/MCC	1.06%	0.80%	**0.22%**
194 - SIMPLE PNEUMONIA & PLEURISY W CC	0.47%	0.23%	**0.11%**
Data Source: Flagler Hospital, Office of Community Benefits			

Availability of Long Term Carere

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.

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

Table 40: Licensed Health Care Facilities

FREE STANDING NURSING HOMES IN ST. JOHNS COUNTY, FL 2013					
Facility Name	**Licensed Beds**	**Occupancy %**	***Medicaid %***	***Medicare %***	***Private Pay %***
Clyde E Lassen State Veterans Home	**120**	**99.5%**	*30.0%*	*4.1%*	*31.9%*
Moultrie Creek Nursing & Rehab Center	**120**	**87.4%**	*40.3%*	*37.3%*	*5.2%*
Ponce Therapy Care Center	**120**	**85.2%**	*55.3%*	*12.8%*	*8.9%*
Saint Augustine Health & Rehab Center	**120**	**93.7%**	*57.2%*	*22.9%*	*6.6%*
Samantha R. Wilson Senior Citizens Home	**120**	**97.5%**	*48.3%*	*25.3%*	*17.8%*
Westminster Woods on Julington Creek	**57**	**90.0%**	*19.3%*	*10.1%*	*55.2%*
Source: Health Planning Council of NE Florida Quarterly Nursing Home Census Report for Occupancy Rate, 4th Quarter December 2013"					

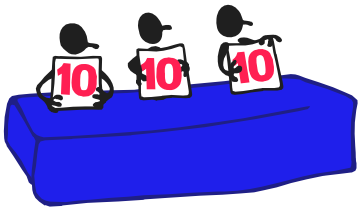
- - -

MAPP Phase 4 – Identify Strategic Issues

The Balanced Scorecard Concept

Upon completion of the four MAPP assessments described in Phase 3 of this Assessment, the Council used a **Community Balanced Scorecard** approach to provide a framework for community health improvement planning. The Community Balanced Scorecard is 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 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?"*

An organization typically combines performance measures and targets into a Balanced Scorecard as follows:

Table 41: TYPICAL ORGANIZATIONAL BALANCED SCORECARD	
Financial Perspective	**Internal Business Process Perspective**
Strategy 1 - Measure/Target Strategy 2 - Measure/Target Strategy 3 - Measure/Target	Strategy 7 - Measure/Target Strategy 8 - Measure/Target Strategy 9 - Measure/Target
Customer Perspective	**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

MAPP Phase 4: Identify Strategic Issues

The Community Balanced Scorecard – A Tool for Community Health Improvement

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:

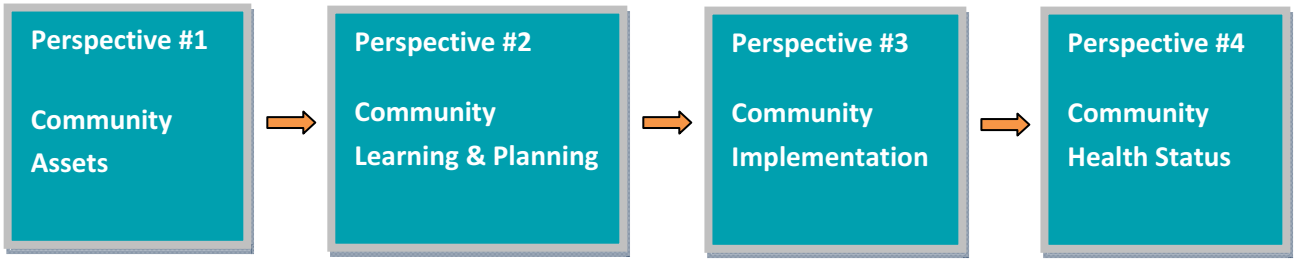
1. Pull the community together around common outcomes desired by residents and other stakeholders.
2. Bring together decision makers and leverage assets from all sectors for shared results.
3. Align key community collaborators behind a common strategy for faster measureable results.
4. Create mutual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

Similar to an 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*, (see Appendix C). The four perspectives of a *Community Balanced Scorecard* include:

1. **Community Health Status** which includes the *Health Outcomes* and *Health Factors* from the *County Health Rankings.*
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 ***2014 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 *10 Essential Public Health Services*, as illustrated below:

Figure 38 – Community Balanced Scorecard Perspectives



Community Balanced Scorecard (continued)

Table 42: Alignment of Community Balanced Scorecard with the *Ten Essential Public Health 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

The St. Johns County Health Leadership Council used a *Community Balanced Scorecard* approach for the previous Community Health Assessment in 2011, and agreed that it was an effective tool to track and measure their strategic objectives. At the May and June 2014 meetings, the Council reviewed the data from the four 2014 MAPP Assessments, and the previous Community Health Assessments from 2005, 2008 and 2011.

Following this review, the St. Johns County Health Leadership Council convened a **Community Balanced Scorecard Sub-committee** who worked to develop the top level *Community Balanced Scorecard* for 2014:

Table 43: 2014 Top-level Community Balanced Scorecard

Community Health Status	Community Learning & Planning
Strategy 1: **Reduce percentage of Low Birth Weight Infants** Strategy 2: **Reduce Chronic Disease Morbidity and Mortality (i.e. cancer/heart disease/diabetes** Strategy 3: **Increase percentage of population at a Healthy Weight**	Strategy 7: **Leverage Use of 2-1-1 as Community Resource**
Community Implementation	**Community Assets**
Strategy 4: **Reduce Substance Abuse** Strategy 5: **Increase Access to Dental Care** Strategy 6: **Increase Access to Mental Health Care**	Strategy 8: **Increase Use of Available Transportation**

MAPP Phase 5: Formulate Goals and Strategies

During this phase, the St. Johns County Health Leadership Council worked to **formulate goals and strategies** for each of the strategic objectives that were identified in the previous phase of the MAPP process - *Identify Strategic Issues*. The Health Leadership Council reviewed the national health targets included in ***Healthy People 2020*** and the ***Florida State Health Improvement Plan*** to assist them with the establishment of their goals.

As described in the previous section, the Health Leadership Council agreed on eight strategic objectives to work on during their upcoming Action Phase. The Council was asked to review these strategic objectives and then identify appropriate measures, performance targets and actions that will ensure that progress is made in the attainment of the identified goals.

Additional review of the assessment data and subsequent discussion by the **Community Balanced Scorecard Sub-committee** resulted in the identification of lead agencies for the strategic issues identified.

The data from the four MAPP Assessments was shared with the community through the Health Leadership Council, the media, and on the Florida Department of Health in St. Johns County's website. The result was a **Community Balanced Scorecard** which is presented on pages 127 and 128 of the ***Community Health Improvement Plan*.** It provides a framework that illustrates how the community perspectives, strategic objectives, measures and targets and critical actions are aligned.

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

The **Action** phase of the MAPP process is a three year cycle, which will start in January 2015 and will end with the completion of the next Community Health Assessment in 2017. During this phase, the efforts of the previous phases begin to produce results, as the St. Johns County's public health system develops, implements and updates their various action plans.

Each of the eight strategic objectives in the **Community Balanced Scorecard**, have one or more members of the St. Johns County Health Leadership Council assigned to develop action plan(s) to drive improvement efforts. During this action planning phase, consideration is given if any policy changes will be necessary to make health improvements.

The **2014 St. Johns County Community Balanced Scorecard** is presented in the ***Community Health Improvement Plan*** (Part II of this document) and it includes the measures, targets and critical actions for each of the strategic objectives identified.

During the Action phase, the Health Leadership Council members and key stakeholders will implement their action plans and progress will be reported and evaluated at bimonthly Council meetings.

Part II: 2014 St. Johns County Community Health Improvement Plan

Executive Summary

In 2014, for the third consecutive year, St. Johns County was ranked the healthiest county in Florida in the annual ***County Health Rankings.*** Published by the Robert Wood Johnson Foundation and the University of Wisconsin's Population Health Institute, the *County Health Rankings* measures a variety of health indicators that relate to quality and length of life, and serves to illustrate that health is not a singular effort, but a combined work in progress involving all community partners.

> ***"Communities vary widely, and as a result, efforts to improve health will also vary. In the midst of all this variety are people working together. With a shared vision and commitment to improved health, working together can yield better results than working alone."***
>
> ***Source: Work Together: www.CountyHealthRankings.org***

Since 2005, the St. Johns County Health Leadership Council has worked together to better understand the current and future health needs of the St. Johns County community. Championed by the Florida Department of Health in St. Johns County, the process of community health assessment and health improvement planning was completed using a nationally recognized approach, called *Mobilizing for Action through Planning and Partnerships* (MAPP). The ***2014 St. Johns County Community Health Assessment*** is the fourth such county-wide, community based assessment the Council has completed.

This ***Community Health Improvement Plan*** was developed by the St. Johns County Health Leadership Council, in collaboration with community experts, health care leaders, public health professionals and other members of the Public Health System in the St. Johns County community. While this plan does not address all of the strengths and weakness identified in the *Community Health Assessment*, it does provide direction for this action cycle.

The purpose of this Health Improvement Plan is to describe short and long-term strategies and activities related to the targets associated with each community health priority over the next three years, and a description of why these priorities and objectives are important for the St. Johns County community. One of the components of the *2014 St. Johns County Community Health Assessment* is a ***Community Balanced Scorecard***, which identifies strategic objectives and sets measureable targets to move the community health improvement process forward. Both the *Community Health Assessment* and the *Community Balanced Scorecard* serve as the foundation of this *Community Health Improvement Plan.* The community health priorities and the strategic objectives of the *St. Johns County Community Health Improvement Plan* are summarized in the table below:

Table 44: 2014 Strategic Objectives for St. Johns County Health Leadership Council

COMMUNITY HEALTH PRIORITIES	STRATEGIC OBJECTIVES
1.0 Community Assets	Increase Usage of Available Transportation
2.0 Community Learning & Planning	Leverage use of 2-1-1 Program as a Community Resource
3.0 Community Implementation	Reduce Substance Abuse
	Increase Access to Dental Care
	Increase Access to Mental Health Care
4.0 Community Health Status	Reduce percentage of Low Birth Weight Infants
	Reduce Chronic Disease Morbidity and Mortality
	Increase percentage of Population at a Healthy Weight

Community Health Improvement Plan - 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, Florida.*

The 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 and Human Services, provides science-based benchmarks for our community to track and monitor, as well as evidence-based interventions and 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 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 annually to best address the needs of the community.

Source: www.CountyHealthRankings.org

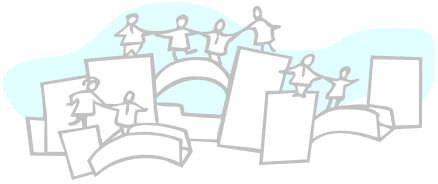
Improving the health of a community is a shared responsibility, not only of health care providers and public health officials, but of the variety of others that contribute to the well-being of its residents and visitors.

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

The recommendations in the *Community Health Improvement Plan* have and will continue to be worked on in collaboration with the members of the St. Johns County Health Leadership Council, and other key stakeholders.

We thank the many residents who completed surveys or participated in focus groups, the staff who compiled statistics and wrote the Plan, and the members of the St. Johns County Health Leadership Council, who provided guidance and expertise in identifying our community's top health issues. 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 and highly collaborative network of partners.*

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



"What can I do to help?"

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

Health Care Professionals

- Understand priority health issues within the community and 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 the identified health needs of the St. Johns County community.

Educators

- Understand priority health issues within the community and use this Plan and recommended resources to integrate topics of health and health factors (i.e. access to healthy 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 and mobilize community leaders to take action by investing in programs and policy changes that help members of our community lead healthier lives.

State and Local Public Health Professionals

- Understand priority health issues within the community and 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 and 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 geared around health priorities, etc.).

Building Community Capacity through Collaboration

One of the core functions of public health is assessment, and it is necessary to determine the capacity of a community to meet the healthcare needs of its residents and 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 the people within a community to work together to develop a vision and strategy for the future, make well-considered and collaborative decisions, create local solutions for local problems, and act over time to make them a reality.

The three essential ingredients of community capacity - commitment, resources, and skills - are developed through effort and will, initiative and leadership. A new regional resource became available in December 2013, when the Clinton Health Matters Initiative (CHMI), an initiative of the Clinton Foundation convened key stakeholders from five counties in Northeast Florida to determine key actions necessary to reduce health disparities in the region. A regional *Northeast Florida Blueprint for Action* has been developed which includes bold actions to improve health behaviors, clinical care issues, local social and economic factors and the physical environment

A goal of the St. Johns County's Health Leadership Council is to leverage resources to have the greatest collective impact to address local community health concerns. For this to happen, community capacity must exist. The St. Johns County Health Leadership Council used a strategic planning process called MAPP ***(Mobilizing for Action through Planning and Partnerships)*** to assess capacity in St. Johns County. The MAPP model calls for the completion of four assessments which are described below:

1. The **Forces of Change Assessment** focuses on the identification of trends, factors or events such as legislation, policy, technology and other impending changes that will influence health and quality of life in the community and the work of the public health system. **(*September and October 2013*)**
2. The **Local Public Health System Assessment** is a review the components, activities and capacity of the local public health system, and how the *Ten Essential Services of Public Health* are being delivered in the community. (***November and December 2013***)
3. The **Community Themes and Strengths Assessment** provides an understanding of the health issues that St. Johns County residents feel are the most important, including quality of life. (***February through June 2014***)
4. The **Community Health Status Assessment** is the collection and analysis of community health data to better understand the current status of the community's health and identify challenges and opportunities for improvement. (***June through September 2014)***

The information collected in the MAPP Assessments provided the data the Health Leadership Council needed in the next MAPP phase to ***Identify Strategic Issues.*** During this phase, (***June through September 2014***), the Health Leadership Council developed a *Community Balanced Scorecard* which serves as the framework for this *Community Health Improvement Plan*, and aligns the identified strategic issues to the ***Goals and Strategies*** formulated in MAPP Phase 5.

The St. Johns County Health Leadership Council continues to develop action plans to address the strategic objectives they have identified, and this ***Community Health Improvement Plan*** outlines how our community will move forward to address those issues.

Overview of the 2014 St. Johns County Community Health Assessment

"How Healthy Is St. Johns County" Survey - At-a-Glance

One of the approaches used in the ***Community Themes and Strengths Assessment*** was a community survey intended to gather the thoughts, opinions and perceptions residents have about their health and the quality of healthcare services available in St. Johns County. This county-wide survey was conducted over a five month period from February through June 2014, and a total of 1,189 surveys were collected. This sample size in relation to the St. Johns County 2013 U.S Census population estimate of 202,067 reflects a 95% confidence level, with ±3% accuracy.

Detailed information on all of the MAPP Assessments can be found in the ***2014 St. Johns County Community Health Assessment*** (Part I of this document).

The majority of survey respondents were within the following age groups:

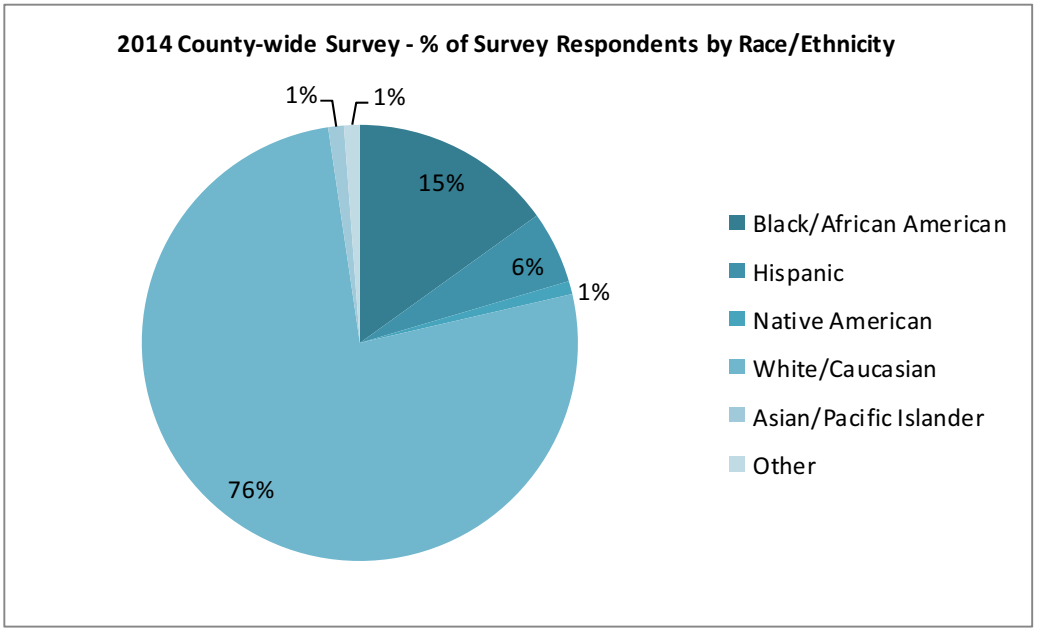
- **14%** were 18 to 25 years of age
- **28%** were 26 to 39 years of age
- **26%** were 40 to 54 years of age
- **16%** were 55 to 64 years of age

A breakdown of survey respondents by zip codes:

- **70%** from the St. Augustine area (32084, 32085, 32086, 32092, 32095)
- **14%** from Anastasia Island (32080)
- **9%** from southwestern St. Johns County (32145, 32033)
- **8%** from northern St. Johns County (32081, 32082, 32259)

The figure below illustrates the breakdown of the race and ethnicity of the survey respondents:

Figure 39 – Profile of Demographic for Respondents to the Community Survey



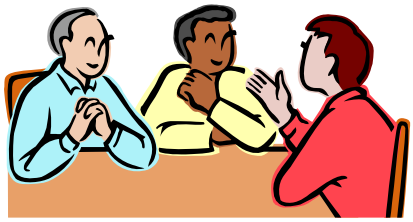
"*How Healthy Is St. Johns County*" Survey - At-a-Glance – continued

> ***"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 rated their overall health:

- **24.8%** of survey respondents rated having ***Excellent*** health
- **52.9%** of survey respondents rated having ***Good*** health
- **16.6%** of survey respondents rated having ***Fair*** health

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



- ***Addiction (alcohol and other drugs)***
- ***Cancer***
- ***Mental Health Problems***
- ***Depression/Anxiety***
- ***Diabetes***

The following are the **top five health care services that are difficult to obtain** in the community, as identified through the community survey:

- ***Dental/Oral Care***
- ***Mental Health/Counseling***
- ***Substance Abuse Services (alcohol or other drugs)***
- ***Alternative Therapy (i.e. herbal/acupuncture, etc.)***
- ***Prescriptions/Medication/Medical Supplies***

Some additional survey questions include, but are not limited to, the following:

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

The complete survey results can be found in Part I: 2014 St. Johns County Community Health Assessment on pages 36 through 45.

Focus Group Results

The second approach used in the MAPP *Community Themes and Strengths Assessment* was the collection of input from some vulnerable population groups during eight focus groups that were conducted in **March and April of 2014**. The top three common themes that resulted from these focus groups include:

- ***A need for transportation***
- ***A need for affordable housing***
- ***A need for improved access to dental care***

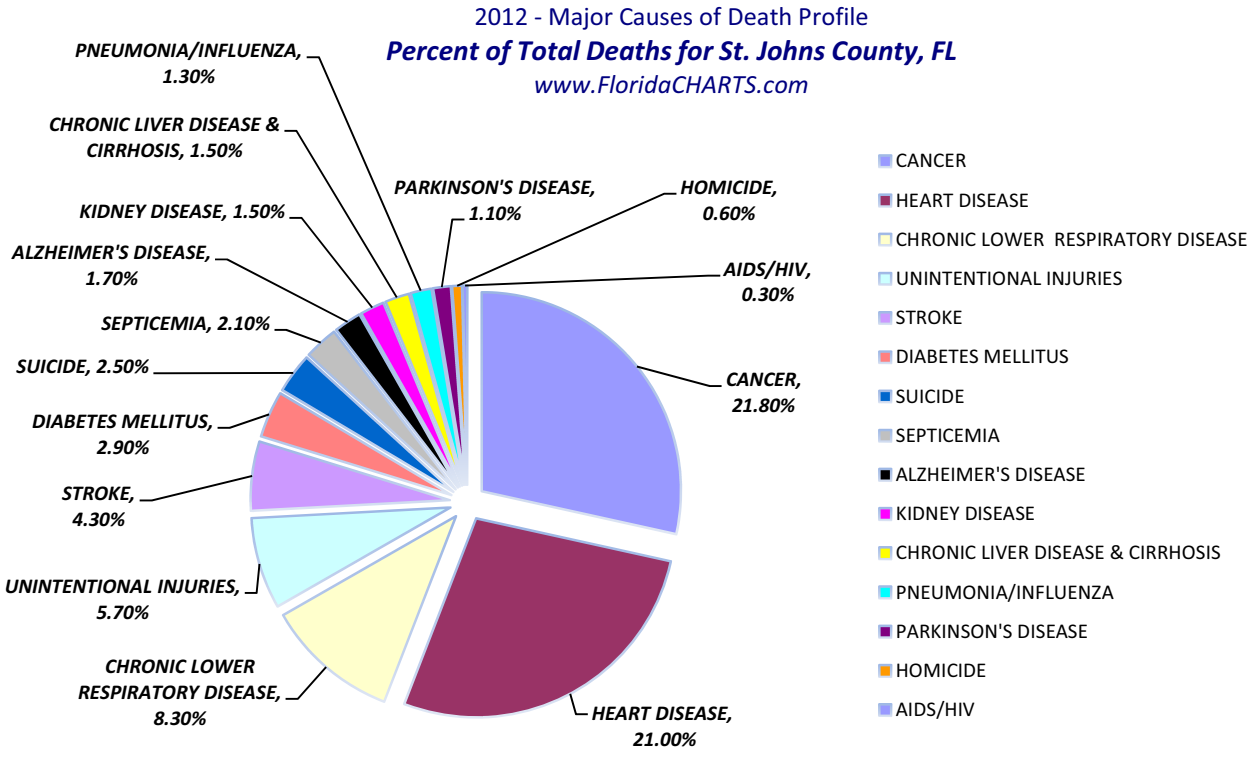
Summary of the Community Health Status Assessment

The MAPP *Community Health Status Assessment* was completed during ***June through September 2014*** and included the collection of community health data to identify and analyze health status, factors and outcomes within the community. Reliable data is a building block of public health, and local public health departments such as the Florida Department of Health in St. Johns County use a wide variety of data to develop programs and services, determine resource needs and identify health hazards. The data that was collected during the MAPP Assessments is used by the Health Department, Flagler Hospital and the other members of the Health Leadership Council to develop action plans for improving population health.

Mortality rates are key indicators of the state of the 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 following a healthier lifestyle and obtaining regular medical care.

The figure below illustrates age-adjusted death rates for the leading causes of death for all races in St. Johns County for 2012. At 21.8%, cancer is the leading cause of death St. Johns County, closely followed by heart disease at 21.0%.

Figure 40 – Community Balanced Scorecard Perspectives



For detailed information on mortality rates and mortality by race, ethnicity and age, please refer to Page 52 in the 2014 Community Health Assessment (Part I of this document).

Community Health Improvement Plan - continued

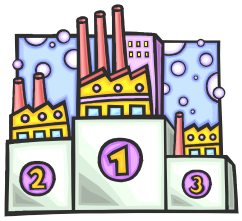
The County Health Rankings

St. Johns County, Florida is a place where people not only live long, but well. In fact, **St. Johns County is the healthiest county in the State of Florida**, according to the *2014 County Health Rankings.*

The *County Health Rankings,* www.CountyHealthRankings.org, published annually by the University of Wisconsin and the Robert Wood Johnson Foundation, illustrates that where we live does matter to our health. The health of a community depends on many different factors – ranging from individual health behaviors, education and jobs, the quality of health care and the environment.

The strengths and opportunities for improvement identified in the *County Health Rankings* help to validate the findings identified in the Community Health Assessment. Both of these reports can be used to help St. Johns County direct their efforts on the areas where improvement is needed, and many of these are addressed in this *Community Health Improvement Plan.*

Why Rank?



The *Rankings* help counties understand what influences how healthy residents are and how long they will live. They can also serve as a call to action to get more people involved in building and sustaining a healthier St. Johns County.

The County Health Rankings can be used as an improvement tool which allows the community not only to compare overall health in relation to other counties within the state, but to compare performance on specific health factors against national benchmarks.

The *Rankings* use **Health Factors and Health Outcomes** to determine the health of a community:

- **Health Factors** are indicators that help determine future health (i.e. factors that can ultimately make us sick or lead to an early death). There are four focus areas including: health behaviors; clinical care; social and economic factors; and the physical environment. Each area has several measures, including tobacco use , diet and exercise; alcohol and drug use; access to care; quality of care; family and social support and the built environment, many of which the St. Johns County Health Leadership Council have addressed in this *Community Health Improvement Plan*. **St. Johns County has ranked #1 (out of 67 counties) in Health Factors since the inception of the *Rankings Report* in 2010.**

- **Health Outcomes** are measures of today's health, including how long people live (mortality) and quality of life (morbidity). **St. Johns County has ranked #1 (out of 67 counties) in Health Outcomes since 2012.**

St. Johns County has many factors that support a healthy community, including a highly educated population; residents with resources making it easier to stay healthy (median household income of $64,346, as compared to the state median of $47,309); the lowest percentage of children in poverty and low crime rates.

Programs and policies that are implemented at the local, state and federal levels can impact a variety of health factors, which in turn determine health outcomes. As part of the *Community Health Improvement Plan*, it is important to find evidence-based programs and policies that work locally, implement strategies for change and then evaluate those efforts. The cultural practices and linguistic needs of St. Johns County's residents should also be taken into consideration during the implementation of such programs, in an effort to reduce any disparities that may exist.

The *County Health Rankings* help us to understand what factors have influenced good health in our community and how we can continue to keep St. Johns County a healthy place to live, learn, work and play.

2014 County Health Rankings & Snapshot for St. Johns County, FL

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

St. Johns (SJ)

	St. Johns County	Error Margin	Top U.S. Performers*	Florida	Rank (of 67)
Health Outcomes					1
Length of Life					3
Premature death	5,975	5,550-6,399	5,317	7,310	
Quality of Life					1
Poor or fair health	12%	8-16%	10%	16%	
Poor physical health days	3.0	2.4-3.6	2.5	3.7	
Poor mental health days	3.3	2.6-4.0	2.4	3.8	
Low birthweight	6.7%	6.2-7.1%	6.0%	8.7%	
Health Factors					1
Health Behaviors					2
Adult smoking	14%	10-18%	14%	18%	
Adult obesity	23%	20-26%	25%	26%	
Food environment index	8.1		8.7	7.2	
Physical inactivity	18%	15-21%	21%	24%	
Access to exercise opportunities	68%		85%	78%	
Excessive drinking	21%	17-26%	10%	16%	
Alcohol-impaired driving deaths	35%		14%	29%	
Sexually transmitted infections	182		123	399	
Teen births	21	20-23	20	38	
Clinical Care					2
Uninsured	15%	14-17%	11%	25%	
Primary care physicians	1,173:1		1,051:1	1,426:1	
Dentists	2,204:1		1,439:1	1,981:1	
Mental health providers	936:1		536:1	910:1	
Preventable hospital stays	64	61-67	46	64	
Diabetic screening	85%	81-88%	90%	84%	
Mammography screening	73%	69-76%	71%	68%	
Social & Economic Factors					1
High school graduation	85%			70%	
Some college	75%	71-79%	70%	60%	
Unemployment	6.9%		4.4%	8.6%	
Children in poverty	12%	9-15%	13%	26%	
Inadequate social support	14%	10-18%	14%	22%	
Children in single-parent households	23%	20-26%	20%	37%	
Violent crime	316		64	556	
Injury deaths	55	50-60	49	70	
Physical Environment					45
Air pollution - particulate matter	11.7		9.5	11.4	
Drinking water violations	10%		0%	4%	
Severe housing problems	18%	16-19%	9%	22%	
Driving alone to work	81%	80-82%	71%	79%	
Long commute - driving alone	41%	38-43%	15%	37%	

* 90th percentile, i.e., only 10% are better.
Note: Blank values reflect unreliable or missing data

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

Community Health Improvement Plan - continued

The *2014 St. Johns County Community Health Improvement Plan* (CHIP) was developed by the St. Johns County Health Leadership Council in collaboration with other community partners and key stakeholders who are putting it into action. This Plan contains specific strategic objectives for each of the community health priorities identified in the *Community Health Assessment*, and provides clear direction for this plan cycle.

MAPP Phase 4: Identify Strategic Issues

During the fourth phase of MAPP, the St. Johns County Health Leadership Council used a *Community Balanced Scorecard* approach to identify their strategic objectives, based on the data collected during the MAPP Assessments. For a description of the *Community Balanced Scorecard* approach, please see ***MAPP Phase 4 – Identify Strategic Issues.*** After analysis and consideration of community feedback and statistical health data, the St. Johns County Health Leadership Council developed a list of strategic objectives (community health priorities) that they could have the greatest impact on. The Council considered the following:

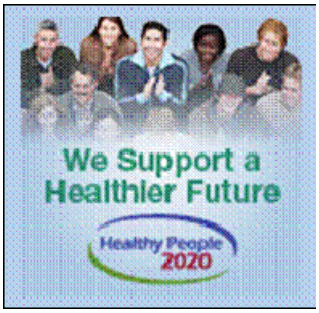
- **Statistical Data**: *Is the data trending up or down? Is it significantly better or worse than the state or the peer county average, or the national average?*
- **Perceptual Data**: *What does the community believe our main health concerns are?*
- **Opportunities for Greatest Probable Impact**: *Where can the greatest impact be made over the next three years when considering the available resources and capacity in St. Johns County and its Public Health System? What is the risk of not addressing an issue?*

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

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

2014 STRATEGIC OBJECTIVES (COMMUNITY HEALTH PRIORITIES)		RATIONALE
4	Reduce percentage of Low Birth Weight Infants	Disparity among community populations (age and race)
	Reduce Chronic Disease Morbidity & Mortality (cancer/heart disease/diabetes)	#1 Cause of Death – Cancer #2 Health Problem (Survey): Cancer – 8.4% #2 Cause of Death - Heart Disease: (Trending up: 18% in '09; 21% in '12) #4 Health Problem (Survey): Diabetes – 6.0% Diabetic Screening Rate (*County Health Rankings*): 31st in state
	Increase percentage of population at a Healthy Weight	#5 Unhealthy Behavior (Survey): Being Overweight – 7.4% #5 Health Problem (Survey): Adult Obesity – 5.8% #6 Unhealthy Behavior (Survey): Lack of Exercise – 6.8% Access to Exercise Opportunities: (*County Health Rankings*): 25th in state
3	Reduce Substance Abuse	#1 Health Problem (Survey): Addiction (Drugs/Alcohol) – 14.4% #1 Unhealthy Behavior (Survey): Drug Abuse – 13.9% #2 Unhealthy Behavior (Survey): Adult Alcohol Abuse – 11.1% #3 Unhealthy Behavior (Survey): Tobacco Use – 8.1% #3 Difficult to Obtain Service (Survey): Substance Abuse Services – 7.2%
	Increase Access to Dental Care	#1 Difficult to Obtain Service (Survey): Dental/Oral Care – 11.9% #3 Area of Concern (Focus Groups)
	Increase Access to Mental Health Care	#2 Difficult to Obtain Service (Survey) Mental Health Counseling – 9.5% #3 Health Problem (Survey): Depression/Anxiety – 6.2%
2	Leverage use of 2-1-1 as a Community Resource	Opportunity to Improve *Essential Service #7 – Link to Care* (LHPSA)
1	Increase use of available Transportation	#1 Area of Concern (Focus Groups) #6 Barrier to Care (Survey): Transportation - 9.7% (Trending up: 7.9% in '11)

MAPP Phase 5: Formulating Goals and Strategies



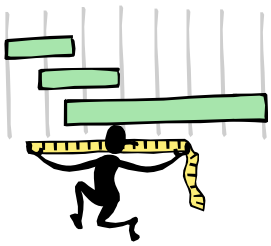
Targets and measures outlined in this Plan are aligned with the national ***Healthy People 2020*** goals and objectives, wherever applicable. The science-based measurable objectives and goals identified in Healthy People 2020 are applicable at the national, state, and local levels. These objectives and 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 the Florida State Health Improvement Plan.

MAPP Phase 6: Take Action! – Tracking and Evaluating Results

This implementation phase of the MAPP process is a three-year cycle, which will begin in January 2015 and will end with the completion of the next *Community Health Assessment* in 2017. 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 collective impact. Each goal has an assigned owner and for some, a Task Force and/or Sub-committees who are (or will be) working together to develop coordinated Action Plans. The progress of these Action Plans will be monitored by each plan owner and the St. Johns County Health Leadership Council.

Evaluation will be an ongoing part of the process during the three-year cycle, so that progress toward plan goals can be determined. Plan updates will occur regularly and will be based on feedback from the members of the Health Leadership Council. Lessons learned from actions taken will help guide future actions and policy changes (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, and if the desired outcomes were achieved.

The ***Community Balanced Scorecard*** on pages 127 and 128 of this Plan outlines the strategic objectives (community health priorities), measures and targets, and the specific actions needed to affect community health improvement. With the publication and deployment of this document, the *2014 St. Johns County Community Health Improvement Plan* is now *"live"!* It is important to note that this is living document; it is flexible and can easily accommodate changes or updates. The Health Leadership Council will review and update the *Community Balanced Scorecard* annually, and make any additions or revisions that may be needed. The Health Leadership Council's Strategy map for community health improvement is included on page 129.

2014 ST. JOHNS COUNTY COMMUNITY BALANCED SCORECARD

Perspective	Strategic Objective	Measure	Most 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 infants (i.e. < 2500 grams)	**2013:** 7.7%[1]	**2017**: 7.6%* *Aligns with HP2020 target of .03%/year	By DOH-St. Johns: • Formation of *Fetal Infant Mortality Review* Team. By DOH-St. Johns and SJC Infant Mortality Task Force: • Increase percentage of women at pre-pregnancy healthy weight. • Increase percentage of women receiving prenatal care in the first trimester. By EPIC and other community partners: • Formation of *Addiction Treatment for Pregnant Women* workgroup.	
	4.2 Reduce Chronic Disease Morbidity and Mortality	• Death rate due to cancer • Death rate due to coronary heart disease • Diabetic Screening (A1C) Rate	**2011-2013:** 148.1[1] **2011-2013**: 76.7[1] **2010**: 72.8%[2]	**2017:** 143.7* **2017:** 74.4* **2017:** 75.0%* *Aligns with HP2020 target	By Flagler Hospital and other community partners: • Roll-out community-wide *Follow My Health* campaign, which focuses on the benefits of a healthy/active lifestyle. • Collaborate with family practice physicians to promote early detection and increase access to screenings.	
	4.3 Increase percentage of population at a Healthy Weight	Percentage of Adults at a Healthy Weight	**2010:** 36.1%[2]	**2017**: 37.9%* *Aligns with 5% increase per DOH goal	By DOH-St. Johns and other community partners: • Promote healthy weight in worksites. • Increase access to/education about healthy foods and beverages. • Increase access to/education about physical activity. • Promote *Healthy Weight Florida* through marketing and media campaigns.	
3.0 Community Implementation	**3.1 Reduce Substance Abuse**	Percentage of population reporting Substance Abuse	**2013 Adult:** Binge: 23.2%[2] Cigarettes: 14.7%[2] **2012 Youth:** Binge: 12.1%[4] Cigarettes: 12.1%[3] Marijuana: 12.5%[4]	**2017 Adult:** 22.3%* 14.1%* **2017 Youth:** 7.1%* 7.1%* 7.5%* *Aligns with HP2020 target	By EPIC, PACT, Tobacco Free St. Johns and other community partners: • Establishment of Rapid Response Teams for youth and families. • Establishment of sober living residences in St. Johns County. • Enhancement of diversion/intervention services. • Integration of prevention and wellness services. • Reduce youth access and initiation of tobacco and nicotine products. • Inform and educate local decision makers about emerging tobacco and nicotine products.	

Data Sources:

1. FloridaCharts **2.** BRFSS **3.** Florida Youth Tobacco Survey **4.** Florida Youth Substance Abuse Survey

Status will be reviewed using a stoplight approach:

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

2014 ST. JOHNS COUNTY COMMUNITY BALANCED SCORECARD

Perspective	Strategic Objective	Measure(s)	Most Current Performance Level	Target	Critical Actions	Status R/Y/G

3.0 Community Implementation	**3.2 Increase Access to Dental Care**	• Flagler ER Admissions for dental emergencies
		• Number of dental visits by:
		  • Wildflower Clinic
		  • DOH-St. Johns
			2013: 870
			2013: 2,345
			FY 2013-14: 8,493
				2017: 768*
				*4%/year based on average past performance
				2017: 2,640
				2017: 10,000
					By Wildflower Clinic:
					• Increase number of volunteers dentists and hygienists
					• Enhance coordination with Flagler Hospital to increase percentage of discharged patients referred to Wildflower for dental services.
					By DOH-St. Johns:
					• Increase percentage of eligible children who receive oral health care services in St. Johns County.
					• Enhance utilization of Public Health Mobile Center (PHMC) in full service schools.	

	3.3 Increase Access to Mental Health Care	• Adult Baker Act one year crisis re-admission rate • Wait time to initial mental health outpatient appointment • Annual number of mental health outpatient clinic encounters	**2013:** 20.1% **SMA 2014 Q1 & Q2** 14.8 days **Fiscal Year 2013-14** **Adult:** 3,248 **Child/Adolescent:** 658	**2017: 15.5%** 7 days **FY 16-17** **2017:** 5,000 **2017:** 1,000	By Stewart-Marchman Act, EPIC and other behavioral healthcare providers: • Coordination/linkage between Flagler Hospital and community outpatient providers. • Implementation of a *FACT Team* to serve SJC. • Move to modified open access scheduling. • Increase access to outpatient medication clinic, case management and therapy services. • Establishment of *Rapid Response Teams* for youth and families. • Integration of prevention and wellness services.	
2.0 Community Learning and Planning	**2.1 Leverage 2-1-1 as Community Resource**	Percentage of SJCHLC Members listed in United Way's 2-1-1 Information and Referral System	Baseline needed	Baseline TBD by January 2015	By St. Johns County Health Leadership Council: • Reconvene Community Resource Sub-Committee • Develop marketing plan for use of 2-1-1 system by service providers and clients.	
1.0 Community Assets	**1.1 Increase use of available Transportation Options**	• Percentage of CHA survey respondents reporting *Lack of Transportation* as a barrier to care • Number of Community Organizations trained on transportation options • Annual number of Community Volunteer Driver Program rides	**2014**: 9.7% **2014:** 4 **2014:** 100	**2017:** 5% **2017:** 30 **2017**: 1,200	By Council on Aging and community organizations: • Educate residents on current transportation options • COA to partner with community organizations to educate staff on transportation options so each organization can provide information to their clients. • Community organizations provide Sunshine Bus passes/tokens as part of their service offering for clients with financial limitations. • COA Mobility Manager available to provide Sunshine Bus travel training to individuals. • Develop Community/Faith Based Volunteer Driver Program.	

Status will be reviewed using a stoplight approach:

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

Figure 41 – Strategy Map for Community Health Improvement- 2014 - St. Johns County Health Leadership Council

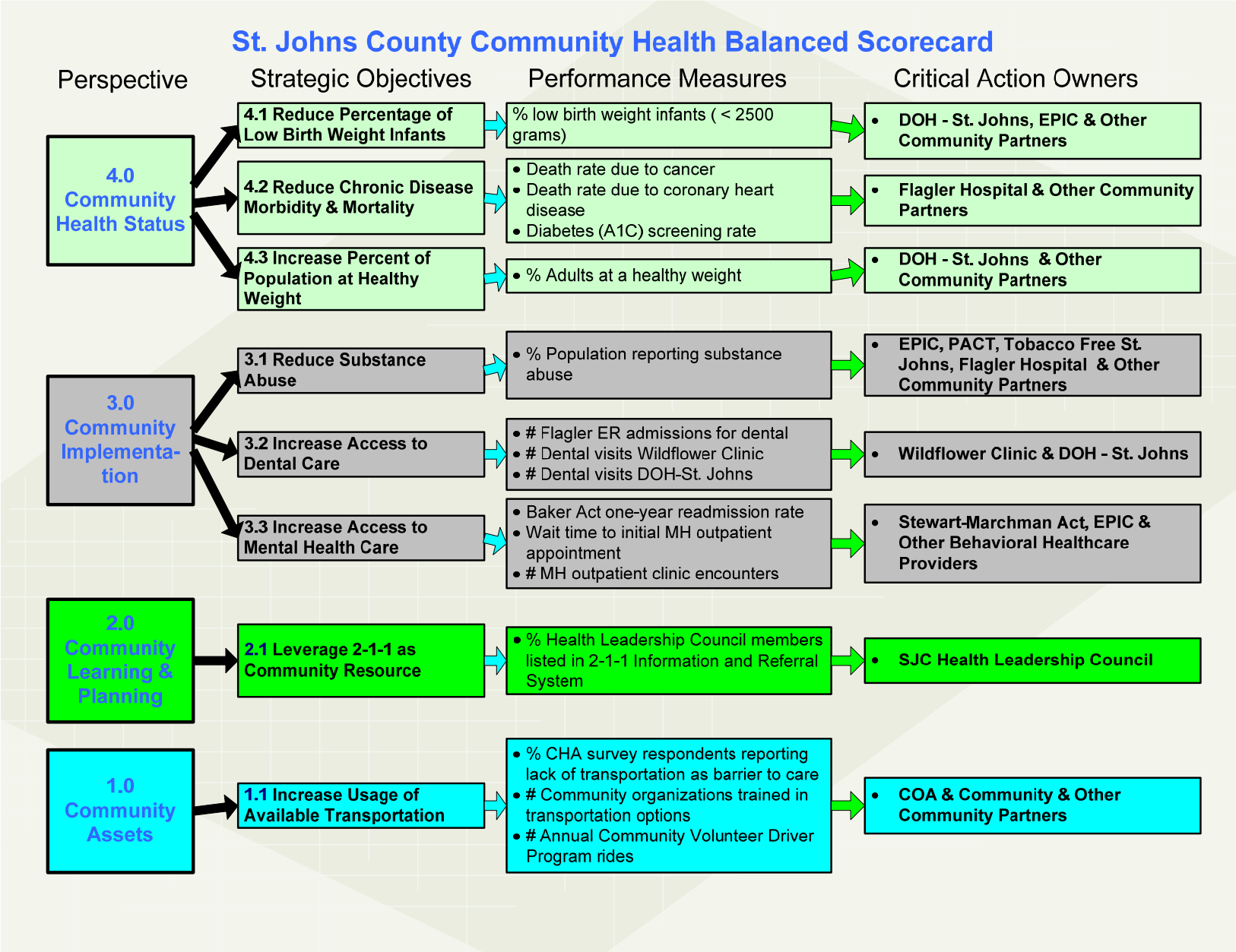


Table 46: RATIONALE AND RESOURCES TO SUPPORT THE 2014 COMMUNITY HEALTH IMPROVEMENT PLAN			
Community Health Priority	**Strategic Objective**	**Why is this Important to our Community?**	**Community Resources**
4.0 Community Health Status Aligns with the following Essential Service of Public Health: **Monitor** health status	**4.1 Reduce Percentage of Low Birth Weight Infants**	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. Recent data shows there are both age and race disparities among the women giving birth to low birth weight infants in St. Johns County. Strategies will include education, as well as initiating early access to care – both are essential to minimizing associated health risks and improving maternal and child health outcomes.	**Florida Department of Health in St. Johns County:** *Assures Best Care* (ABC) Clinic, Healthy Start and WIC services are available at DOH-St. Johns. Visit http://www.floridahealth.gov/chdStJohns/ **Northeast Florida Healthy Start Coalition Florida:** Part of a statewide network of community-based organizations to reduce Florida's high infant mortality and improve the lives of pregnant women and their families. Visit http://nefhealthystart.org **St. Johns County Infant Mortality Task Force:** This long-standing group of community partners works to address pre-conception health and infant mortality in St. Johns County. ***NE Florida Counts* Community Dashboard:** A rich source of health indicator data, *NE Florida Counts* is intended to help planners, policy makers and community members learn about health issues and best practices. Visit www.NEFloridaCounts.org
	4.2 Reduce Chronic Disease Morbidity and Mortality (Cancer, Heart Disease and Diabetes)	At 21.8%, cancer is the leading cause of death in St. Johns County, followed closely by heart disease at 21.0%. St. Johns County's diabetic screening rate is 31st in the State of Florida, according to the 2014 County Health Rankings. Strategies will include education and promotion of lifestyle changes and early health screenings (as appropriate) which may reduce – even prevent – the incidence of cancer and cancer deaths in St. Johns County.	**Flagler Hospital:** One of only 95 Cancer Centers in the U.S. to earn the Commission on Cancer's Outstanding Achievement Award, Flagler's Cancer Institute is home to the community's Education and Support Center. Visit www.flaglerhospital.org **First Coast Health Alliance:** More than 180 area physicians have partnered with Flagler Hospital to form First Coast Health Alliance - a physician-hospital organization (PHO) aimed at fostering collaboration among independent physicians and Flagler Hospital in a way that will increase both the quality and efficiency of patient-centered care. Visit: http://www.firstcoasthealthalliance.com **Tobacco Free St. Johns:** Visit http://www.tobaccofreestjohns.com/ **CDC's Division of Cancer Prevention and Control:** Works with national cancer organizations, state health agencies and other key groups to develop, implement and promote effective strategies for preventing and controlling cancer. Visit www.cdc.gov/cancer **Healthy People 2020:** Contains national objectives, targets and measures and evidence-based intervention strategies. Visit www.healthypeople.gov
	4.3 Increase percentage of Population at a Healthy Weight	The Florida Department of Health considers unhealthy weight to be the number one public health threat to Florida's future.	**Florida Department of Health:** Visit the Florida Department of Health's Healthiest Weight webpage at www.healthiestweightflorida.com/index.html **YMCA of Florida's First Coast:** The Y is more than just a gym. Our focus in healthy living allows us to offer resources and guidance to help children, adults and families across the First Coast maintain or

Table 46: RATIONALE AND RESOURCES TO SUPPORT THE 2014 COMMUNITY HEALTH IMPROVEMENT PLAN			
Community Health Priority	**Strategic Objective**	**Why is this Important to our Community?**	**Community Resources**
			improve their physical activity, health and wellness. For more info, visit http://www.firstcoastymca.org/
3.0 Community Implementation Aligns with the following Essential Services of Public Health: **Diagnose/investigate** problems and hazards **Inform/educate/empower** people **Enforce** laws and regulations **Link** people to needed services	**3.1 Reduce Substance Abuse**	Substance abuse, a broad term referring to the misuse of illicit and prescription drugs, alcohol and tobacco products, has a major impact on individuals, families and communities. The 2014 Community Health Assessment survey identified *Drug Abuse, Adult Alcohol Abuse and Tobacco Use* as the top three unhealthy behaviors in SJC. The 2014 County Health Rankings placed SJC 63rd in the state for *Excessive Drinking*. Substance abuse education and outreach are key components to help the public understand the risks of all types of substance abuse.	**EPIC Behavioral Healthcare:** EPIC provides substance abuse prevention, intervention, outpatient treatment and aftercare services as well as mental health services. Visit www.epicbh.org **EPIC Recovery Center:** Offers residents struggling with drug and alcohol additional a place to find mental clarity, emotional stability and improved physical condition. **PACT Prevention Coalition:** PACT's mission is to make SJC a healthy, substance-free community through the reduction and prevention of alcohol and drug abuse by our youth by **P**revention, **A**dvocacy, **C**hoices and **T**eamwork. Visit www.pactprevention.org **Tobacco Free St. Johns:** A community-wide, locally organized group collectively working to eliminate initiation and use of tobacco among SJC residents, supporting tobacco policy change and educating decision makers about the impact of tobacco on the lives of SJC residents and visitors. Visit www.tobaccofreestjohns.com **St. Augustine Metro Treatment Center:** An outpatient clinic specifically designed for persons addicted to the opioid class of drugs, including prescription pain medications and heroin. **National Institute on Drug Abuse (NIDA):** Bringing the power of science to bear on drug abuse & addiction. Visit www.drugabuse.gov
	3.2 Increase Access to Dental Care	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 outcomes and higher medical costs. In the 2014 Community Health Assessment survey, Dental/Oral Care was identified as the most difficult health service to obtain in St. Johns County. Additionally, SJC is federally designated as a *Dental Health Professional Shortage Area.*	**Good Samaritan Health Center's Wildflower Clinic:** Provides free dental (and medical) services to those who are medically uninsured and unable to afford healthcare. Visit www.samaritanhc.org **Florida Department of Health in St. Johns County:** Provides dental services to Medicaid eligible clients aged 0 – 20 years. Visit www.floridahealth.gov/chdStJohns/ **CDC's Division of Oral Health:** Works to prevent and control oral diseases and conditions by building knowledge, tools and networks. Visit: www.cdc.gov/OralHealth

Table 46: RATIONALE AND RESOURCES TO SUPPORT THE 2014 COMMUNITY HEALTH IMPROVEMENT PLAN			
Community Health Priority	**Strategic Objective**	**Why is this Important to our Community?**	**Community Resources**
	3.3 **Increase Access to Mental Health Care**	Access to mental health care, like all health care, is important for crisis prevention, identification, treatment and management. SJC is a federally designated as a *Mental Health Professional Shortage Area.* In the 2014 Community Health Assessment survey, Mental Health/Counseling was identified as the second most difficult health service to obtain in St. Johns County.	**Stewart-Marchman-Act Behavioral Healthcare:** Services include 24/7 Access Center for information and referral, crisis services, detox, outpatient and residential services, supporting housing, prevention programs and community outreach and education. Visit: http://www.smabehavioral.org/ **EPIC Behavioral Healthcare:** Visit http://epicbh.org/ **St. Johns County Behavioral Health Coalition:** Local partners working together to improve availability and access to behavioral healthcare for both adults and children. **CDC's Division of Mental Health:** Works to increase awareness about mental illness and prevention. Visit www.cdc.gov/MentalHealth **National Alliance on Mental Illness (NAMI):** The nation's largest grassroots mental health organization dedicated to building better lives for those affected by mental illness. Visit www.nami.org/
2.0 **Community Learning and Planning** Aligns with the following Essential Services of Public Health: **Develop** policies/plans **Evaluate** effectiveness of services **Research** and innovation	**2.1** **Leverage Use of 2-1-1 System as a Community Resource**	The United Way 2-1-1 system provides: • Free information and referral services over the phone and at their website. • Problem-solving support to people who are unclear about their referral needs. • Follow-up services to verify that callers received helpful, quality referral information. • Information and referral for health and human service agencies and professionals, school personnel and other policy makers.	**United Way of NE Florida 2-1-1:** Is a non-profit, full-service information and referral call center that operates 24 hours a day, 7 days a week: Call 2-1-1-, or visit www.nefl211.org
1.0 **Community Assets** Aligns with the following Essential Services of Public Health: **Mobilize** community partnerships **Assure** competent workforce	**1.1** **Increase Use of Available Transportation Options**	9.7% of 2014 Community Health Assessment survey respondents reported *Lack of Transportation* as a barrier to getting care. Additionally, participants in the eight Focus Groups conducted for the CHA identified transportation as a leading area of concern.	**Sunshine Bus Company:** Is St. Johns County's public transit system offers safe and convenient transportation for riders of all ages. For more info, visit: http://sunshinebus.net/ **St. Johns County Council on Aging:** Door-to-door transportation is available for those residents who are transportation disadvantaged and/or are over 60 years of age.
Priorities are listed in reverse order (4, 3, 2, 1) so to view the long-term/desired outcomes first followed by the "drivers" or the actions and indictors that cause or have influence on the desired outcome. It is helpful to use this table in conjunction with the Strategy Map (*See Figure 41: Strategy Map for Community Health Improvement- 2014 - St. Johns County Health Leadership Council*).			

Appendix A - St. Johns County Health Leadership Council Roster

First Name	Last Name	Agency/Organization	Position at Agency
Rudy	Xue, PhD.	Anastasia Mosquito Control District	Director
Deborah	Wood	Azalea Health	Vice President & Clinical Operations Officer
Lynn	Sherman	Baptist Health System	Director, Community Health
Kelly	Franklin	Betty Griffin House	Chief Operating Officer
Ashley	Smith-Juarez	Clinton Health Matters Initiative	Northeast Florida Regional Director
Kara	Williams	Delores Barr Weaver Policy Center	Director of Community Involvement
Patti	Greenough	EPIC Behavioral Healthcare	Chief Executive Officer
Brandon	Colee	EPIC Behavioral Healthcare	Student Assistance Counselor
Teresa	Matheny	Episcopal Children's Services	Vice President of Family & Provider Services
Arleen	Dennison	First Coast Technical College	Director of College Advancement
Joe	Gordy	Flagler Hospital	President
John	Eaton	Flagler Hospital	Community Benefit Coordinator
Gina	McLean	Flagler Hospital	Vice President of Patient Engagement
Brad	Elias, M.D.	Florida Department of Health	RDSTF3 Health and Medical Co-Chair
Dawn	Allicock, MD, MPH CPH	Florida Dept. of Health in St. Johns County	Director/Health Officer
Nancy	Dahl	Florida Dept. of Health in St. Johns County	R.N. Nursing Consultant
Brenda	Fenech-Soler	Florida Dept. of Health in St. Johns County	Public Information Officer/Exec Assistant
Paige	Hartwell	Florida Dept. of Health in St. Johns County	Assistant Director
David	Klater	Florida Dept. of Health in St. Johns County	Performance Improvement Specialist
Noreen	Nickola-Williams	Florida Dept. of Health in St. Johns County	QI/Accreditation Coordinator
Eliud	Torres	Florida Dept. of Health in St. Johns County	Director, Public Health Practice & Policy
Lynn	Baker	Good Samaritan Health Centers	Board Member
Caroline	Volk	Good Samaritan Health Centers	Outreach Coordinator - Wildflower Clinic
Linda	Scaz	Haven Hospice	Senior Director
David	Hoak	Home Again St. Johns	Executive Director
Ann	Breidenstein	Learn to Read St. Johns	Executive Director
Roger	Williams	Mount Zion AME Church	Pastor
Madeline	Holtz	Mount Zion AME Church	RN - Health Ministry
Charlene	Beymer	Northeast Florida Community Hospice	Community Relations Representative
Lynnette	Horwath	PACT Prevention Coalition	Coalition Manager
Bill	McClure	St. Johns County Board of Commissioners	County Commissioner, District 3
Jerry	Cameron	St. Johns County Administration	Assistant County Administrator
Pat	O'Connell	St. Johns County Council on Aging	Program Director
Donna	Lueders	St. Johns County Education Foundation	Executive Director
Melissa	Fox	St. Johns County Education Foundation	Outreach Coordinator
Kelly	Wilson	St. Johns County Emergency Management	Planner
Joy	Andrews	St. Johns County Health and Human Services	Administrative Manager
Mike	Jenkin, M.D.	St. Johns County HHSAC	Advisory Council Member
Mary	McCarthy	St. Johns County HHSAC	Advisory Council Member
Predrag	Bulic, M.D.	St. Johns County Medical Examiner	Medical Examiner, Florida District 23
Bryan	Campbell	St. Johns County Medical Society	Executive Director
Donna	Fenech	St. Johns County School District/Head Start	Health/Nutrition/Safety/VPK Facilitator
Ben	Tanner	St. Johns County Sheriff's Office	Lieutenant - SJCSO
Ellen	Walden	St. Johns County Social Services	Interim Manager
Catherine	Shields	St. Vincent’s Mobile Health Outreach Ministry	Community Health Nurse
Chet	Bell	Stewart-Marchman Act Behavioral Healthcare	Chief Executive Officer
Mary Ann	Steinberg	Tobacco Free St. Johns	Partnership Lead
Lisa	Peacock	YMCA of Florida's First Coast	Director, Healthy Living Innovations

Appendix B – 2014 Focus Group Questions

1. **Are you satisfied with the quality of life in your community? You may consider:**
   a. Your sense of safety
   b. Well-being
   c. Participation in community life

2. **Is this community a good place to raise children? Consider:**
   a. School quality
   b. Day care
   c. After school programs
   d. Recreation
   e. Environment

3. **Is this community a good place to grow old? Consider:**
   a. Elder-friendly housing
   b. Transportation
   c. Churches
   d. Shopping
   e. Elder day care
   f. Social support organizations and agencies
   g. Services and activities

4. **Do you feel there is economic opportunity in the community? Consider:**
   a. Locally owned and operated businesses
   b. Jobs with career growth
   c. Job training/higher education opportunities
   d. Affordable housing options
   e. Reasonable commute

5. **Do you feel your community is a safe place to live? Consider participants perceptions of:**
   a. Safety in the home
   b. Safety in the workplace
   c. Schools and playgrounds
   d. Parks/malls, etc.
   e. Do neighbors know each other and look out for one another?

6. **Are there networks of support for individuals and families during times of stress and need?**
   a. Medical crisis
   b. Mental health problems
   c. Substance abuse problems
   d. Pregnancy
   e. Financial difficulties
   f. Services for children with special needs

7. **Are you satisfied with the health care system in your community? Consider:**
   a. Access to care
   b. The cost of care
   c. The availability of care
   d. The quality of care
   e. The options that are available

8. **Are there any health services that you need that are not available to you?**

9. **Are you aware of what public health services are available in St. Johns County? (i.e. what services are provided by your local health department).**

10. **If you could create any type of health program for St. Johns County residents, what would it be?**

Appendix C – The Ten Essential Public Health Services

The ***Ten Essential Public Health Services*** provide a useful framework for determining who is responsible for the community's health and well-being. These services reflect core processes used in public health to promote health and prevent disease. The ***Ten Essential Public Health Services*** are listed below:

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

Source: Public Health Functions Steering Committee, Public Health Foundation (7/27/07)