



ST. JOHNS COUNTY

Community Health Assessment

2024

A look at the health and well-being of St. Johns County residents

Prepared by the Health Planning Council of Northeast Florida, Inc.



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Table of Contents

Executive Summary	1
Introduction	2
Methodology	2
Community Health Status Assessment	6
Geography and Governance	6
Population Characteristics	7
Total Population and Population Growth	7
Age & Gender	8
Race & Ethnicity	10
Educational Attainment	12
Employment	12
Income & Poverty	14
Public Assistance	19
Disability	19
Crime	20
Physical Environment	23
Transportation	23
Proximity to Hazards and Resources	25
Housing Conditions	27
Health Outcomes	28
County Health Rankings	28
Leading Causes of Death	30
Communicable Diseases	31
Chronic Diseases	38
Unintentional Injury	50
Maternal and Child Health	53
Behavioral and Mental Health	61
Behavioral Risk Factor Surveillance System	64
Florida Youth Substance Abuse Survey	66
Health Resources, Providers, and Facilities	67
County Health Department Personnel and Expenditures	76
Local Public Health System Assessment	77
Summary of Notes from St. Johns County LPHSA Discussions	79
Forces of Change Assessment	87

Community Strengths & Themes Assessment.....93

- Community Focus Groups 94
 - Demographics of Focus Group Participants 94
 - Discussion Question Analysis & Focus Group Results 98
 - Key Findings of Focus Groups 105
- Key Stakeholder Interviews 107
 - Interview Analysis..... 108
 - Key Findings of Key Stakeholder Interviews 112
- St. Johns County Community Survey 113
 - Demographics & Characteristics of Participants..... 114
 - Results of the Community Survey 117
- Key Health Issues 127
 - Top Health Issues Identified by Community Surveys..... 127
 - Top Health Issues Identified by Focus Groups 127
 - Top Health Issues Identified by Key Stakeholder Interviews 127
 - Top Health Issues Identified by Quantitative Data 127
- Identification of Priority Areas 128
- Dissemination Plan & Next Steps 129
- Recommendations 130
- References..... 134
- Appendix A-1. Focus Group Demographic Survey 139
- Appendix A-2. Focus Group Discussion Questions 141
- Appendix B-1. Key Stakeholders Interviewed 143
- Appendix B-2. Key Stakeholder Interview Questions..... 144
- Appendix C. St. Johns County Community Survey 145
- Appendix D. LPHSA Performance Measure Scores 149

Table of Exhibits

Exhibit 1: The MAPP Model	3
Exhibit 2: Map of Florida Highlighting St. Johns County	6
Exhibit 3: St. Johns County Total Population by Census Tracts, 2018-2022.....	7
Exhibit 4: Total Population, St. Johns County, 2018-2022	8
Exhibit 5: Projected Population Growth in St. Johns County, 2021-2028	8
Exhibit 6: Population by Age Group, St. Johns County & Florida, 2022.....	9
Exhibit 7: Population by Race, St. Johns County & Florida, 2022.....	10
Exhibit 8: Population by Ethnicity, St. Johns County & Florida, 2022.....	10
Exhibit 9: St. Johns County Minority Population (%) by Census Tract, 2018-2022	11
Exhibit 10: Reported Highest Level of Education Attained, Population 25 Years and Over, St. Johns County & Florida, 2022	12
Exhibit 11: Unemployment Rate, Percentage of Labor Force, St. Johns County & Florida, 2013-2022	12
Exhibit 12: Employment by Industry, St. Johns County & Florida, 2022	13
Exhibit 13: Household Income/Benefits (2022 Inflation-Adjusted Dollars), St. Johns County & Florida, 2022.....	14
Exhibit 14: Median Household Income by Census Tracts, St. Johns County, 2018-2022	15
Exhibit 15: 2023 Poverty Threshold by Size of Family and Number of Children (in Dollars).....	16
Exhibit 16: Population for Whom Poverty Status is Determined, St. Johns County & Florida, 2018-2022	17
Exhibit 17: Households Below Poverty Level (%) by Census Tract in St. Johns County, 2018-2022.	18
Exhibit 18: Households Receiving Cash Public Assistance Income, St. Johns County & Florida, 2018-2022	19
Exhibit 19: Households Receiving Food Stamp/SNAP Benefits in the Past 12 Months, St. Johns County & Florida, 2018-2022.....	19
Exhibit 20: Disability Status of the Civilian Noninstitutionalized Population, St. Johns County & Florida, 2022	20
Exhibit 21: Incidence of Index Crimes, St. Johns County & Florida, Age-Adjusted Rate per 100,000, 2013-2022	20
Exhibit 22: Incidence of Domestic Violence Offences, St. Johns County & Florida, Age-Adjusted Rate per 100,000, 2013-2022	21
Exhibit 23: Incidence of Forcible Sex Offenses, St. Johns County & Florida, Age-Adjusted Rate per 100,000, 2013-2022	21
Exhibit 24: Incidence of Alcohol-Confirmed Motor Vehicle Traffic Crashes, St. Johns County & Florida, Age-Adjusted Rate per 100,000, 2017-2021	22
Exhibit 25: Human Trafficking Report, St. Johns County Sheriff's Office, 2021-2023	22
Exhibit 26: Means of Transportation to Work, Workers 16 and Over Who Did Not Work at Home, St. Johns County & Florida, 2018-2022.....	23
Exhibit 27: Travel Time to Work, Workers 16 and Over, St. Johns County & Florida, 2018-2022.....	24
Exhibit 28: Residents and Schools within 500 Feet of a Busy Road, St. Johns County & Florida, 2022	25
Exhibit 29: Residents Living Within a Ten-Minute Walk (1/2 Mile) of an Off-Street Trail or Park, St. Johns County & Florida, 2022	25

Exhibit 30: Residents Living Within a Ten-Minute Walk (1/2 Mile) of a Healthy Food Source or FAST-FOOD Restaurant, St. Johns County & Florida, 2022.....26

Exhibit 31: Housing Units Built 1979 or Earlier, St. Johns County & Florida, 2018-202227

Exhibit 32: Housing Heating Fuel, St. Johns County & Florida, 2018-2022.....27

Exhibit 33: St. Johns County Health Outcomes Snapshot, 202429

Exhibit 34: St. Johns County Health Factors Snapshot, 2024.....29

Exhibit 35: Leading Causes of Death, St. Johns County & Florida, Age-Adjusted Rate per 100,000, 2022.....30

Exhibit 36: Incidence of Chlamydia, St. Johns County & Florida, Age-Adjusted Rate per 100,000, 2013-202231

Exhibit 37: Incidence of Gonorrhea, St. Johns County & Florida, Age-Adjusted Rate per 100,000, 2013-202232

Exhibit 38: Incidence of Infectious Syphilis, St. Johns County & Florida, Age-Adjusted Rate per 100,000, 2013-202233

Exhibit 39: Incidence of HIV, St. Johns County & Florida, Age-Adjusted Rate per 100,000, 2013-202234

Exhibit 40: Incidence of AIDS, St. Johns County & Florida, Age-Adjusted Rate per 100,000, 2013-202234

Exhibit 41: HIV/AIDS Mortality Rate, St. Johns County & Florida, Age-Adjusted Rate per 100,000, 2013-202235

Exhibit 42: Influenza and Pneumonia Mortality Rate, St. Johns County & Florida, Age-Adjusted Rate per 100,000, 2013-202236

Exhibit 43: Incidence of Tuberculosis, St. Johns County & Florida, Age-Adjusted Rate per 100,000, 2013-202236

Exhibit 44: COVID-19 Mortality Rate, St. Johns County & Florida, Age-Adjusted Rate per 100,000, 2020-202237

Exhibit 45: Heart Disease Mortality Rate, St. Johns County & Florida, Age-Adjusted Rate per 100,000, 2013-202238

Exhibit 46: Heart Disease Mortality Rate by Race, St. Johns County & Florida, Age-Adjusted Rate per 100,000, 2013-202238

Exhibit 47: Chronic Lower Respiratory Disease Mortality Rate, St. Johns County & Florida, Age-Adjusted Rate per 100,000, 2013-2022.....39

Exhibit 48: Chronic Lower Respiratory Disease Mortality Rate by Race, St. Johns County & Florida, Age-Adjusted Rate per 100,000, 2013-202239

Exhibit 49: Stroke Mortality Rate, St. Johns County & Florida, Age-Adjusted Rate per 100,000, 2013-202240

Exhibit 50: Stroke Mortality Rate by Race, St. Johns County & Florida, Age-Adjusted Rate per 100,000, 2013-202240

Exhibit 51: Alzheimer’s Disease Mortality Rate, St. Johns County & Florida, Age-Adjusted Rate per 100,000, 2013-202241

Exhibit 52: Alzheimer’s Disease Mortality Rate by Race, St. Johns County & Florida, Age-Adjusted Rate per 100,000, 2013-2022.....41

Exhibit 53: Diabetes Mortality Rate, St. Johns County & Florida, Age-Adjusted Rate per 100,000, 2013-202242

Exhibit 54: Diabetes Mortality Rate by Race, St. Johns County & Florida, Age-Adjusted Rate per 100,000, 2013-202242

Exhibit 55: Chronic Liver Disease and Cirrhosis Mortality Rate, St. Johns County & Florida, Age-Adjusted Rate per 100,000, 2013-2022.....43

Exhibit 56: Chronic Liver Disease and Cirrhosis Mortality Rate by Race, St. Johns County & Florida, Age-Adjusted Rate per 100,000, 2013-202243

Exhibit 57: Cancer Mortality Rate, St. Johns County & Florida, Age-Adjusted Rate per 100,000, 2013-202244

Exhibit 58: Cancer Mortality Rate by Race, St. Johns County & Florida, Age-Adjusted Rate per 100,000, 2013-202244

Exhibit 59: Lung Cancer Mortality Rate, St. Johns County & Florida, Age-Adjusted Rate per 100,000, 2013-202245

Exhibit 60: Lung Cancer Mortality Rate by Race, St. Johns County & Florida, Age-Adjusted Rate per 100,000, 2013-202245

Exhibit 61: Female Breast Cancer Mortality Rate, St. Johns County & Florida, Age-Adjusted Rate per 100,000, 2013-202246

Exhibit 62: Female Breast Cancer Mortality Rate by Race, St. Johns County & Florida, Age-Adjusted Rate per 100,000, 2013-2022.....46

Exhibit 63: Prostate Cancer Mortality Rate, St. Johns County & Florida, Age-Adjusted Rate per 100,000, 2013-202247

Exhibit 64: Prostate Cancer Mortality Rate by Race, St. Johns County & Florida, Age-Adjusted Rate per 100,000, 2013-202247

Exhibit 65: Colorectal Cancer Mortality Rate, St. Johns County & Florida, Age-Adjusted Rate per 100,000, 2013-202248

Exhibit 66: Colorectal Cancer Mortality Rate by Race, St. Johns County & Florida, Age-Adjusted Rate per 100,000, 2013-202248

Exhibit 67: Cervical Cancer Mortality Rate, St. Johns County & Florida, Age-Adjusted Rate per 100,000, 2013-202249

Exhibit 68: Cervical Cancer Mortality Rate by Race, St. Johns County & Florida, Age-Adjusted Rate per 100,000, 2013-202249

Exhibit 69: Unintentional Injury Mortality Rate, St. Johns County & Florida, Age-Adjusted Rate per 100,000, 2013-202250

Exhibit 70: Unintentional Injury Mortality Rate by Race, St. Johns County & Florida, Age-Adjusted Rate per 100,000, 2013-2022.....50

Exhibit 71: Incidence of Motor Vehicle Traffic Crashes, St. Johns County & Florida, 2012-202151

Exhibit 72: Incidence of Motor Vehicle Traffic Deaths, St. Johns County & Florida, Age-Adjusted Rate per 100,000, 2013-202251

Exhibit 73: Incidence of Motor Vehicle Traffic Deaths by Race, St. Johns County & Florida, Age-Adjusted Rate per 100,000, 2013-202252

Exhibit 74: Incidence of Drug Poisoning Deaths, St. Johns County & Florida, Age-Adjusted Rate per 100,000, 2013-202252

Exhibit 75: Total Resident Live Births, St. Johns County & Florida, Age-Adjusted Rate per 1,000, 2013-202253

Exhibit 76: Total Resident Live Births by Race, St. Johns County & Florida, Age-Adjusted Rate per 1,000, 2013-202253

Exhibit 77: Births by Mother’s Age, Ages 15-44, St. Johns County & Florida, Age-Adjusted Rate per 1,000, 2013-202254

Exhibit 78: Births by Mother’s Age, Ages 15-44, by Race, St. Johns County & Florida, Age-Adjusted Rate per 1,000, 2013-2022.....54

Exhibit 79: Births by Mother’s Age, Ages 15-19, St. Johns County & Florida, Age-Adjusted Rate per 1,000, 2013-202255

Exhibit 80: Births by Mother’s Age, Ages 15-19, by Race, St. Johns County & Florida, Age-Adjusted Rate per 1,000, 2013-2022.....55

Exhibit 81: Repeat Births to Mothers Aged 15-19, St. Johns County & Florida, Age-Adjusted Rate per 100,000, 2013-202256

Exhibit 82: Repeat Births to Mothers Aged 15-19 by Race, St. Johns County & Florida, Age-Adjusted Rate per 100,000, 2013-2022.....56

Exhibit 83: Infant Mortality Rate, St. Johns County & Florida, Age-Adjusted Rate per 1,000 Live Births, 2013-202257

Exhibit 84: Infant Mortality Rate by Race, St. Johns County & Florida, Age-Adjusted Rate per 1,000 Live Births, 2013-202257

Exhibit 85: Percentage of Total Births with Low Birth Weight, St. Johns County & Florida, 2013-202258

Exhibit 86: Percentage of Total Births with Low Birth Weight by Race, St. Johns County & Florida, 2013-202258

Exhibit 87: Percentage of Births to Mothers with No Prenatal Care, St. Johns County & Florida, 2013-202259

Exhibit 88: Percentage of Births to Mothers with No Prenatal Care by Race, St. Johns County & Florida, 2013-202259

Exhibit 89: Percentage of Immunized Kindergartners, St. Johns County & Florida, 2013-202260

Exhibit 90: Suicide Mortality Rate, St. Johns County & Florida, Age-Adjusted Rate per 100,000, 2013-202261

Exhibit 91: Suicide Mortality Rate by Race, St. Johns County & Florida, Age-Adjusted Rate per 100,000, 2013-202261

Exhibit 92: Involuntary Examinations of St. Johns County Residents, FYs 2017-202262

Exhibit 93: Involuntary Examinations by Initiator Type, St. Johns County & Florida, FY 2021-2022 ..63

Exhibit 94: Selected BRFSS Data, St. Johns County & Florida, 201964

Exhibit 95: Youth Who Reported Using Various Drugs in Their Lifetime, 2022.....66

Exhibit 96: Youth Who Reported Using Various Drugs in the Past 30 Days, 202266

Exhibit 97: Youth Past-30-Day Trend in Various Substance Use for St. Johns County, 2012-2022...67

Exhibit 98: Insurance Coverage in St. Johns County, Florida, & the United States, 202268

Exhibit 99: Total Licensed Providers, St. Johns County & Florida, FY 2022-202369

Exhibit 100: Number of Practicing Physicians, St. Johns County & Florida, FYs 2019-202369

Exhibit 101: Physician Specialty Group Count in St. Johns County, FY 202370

Exhibit 102: Total Licensed Mental Health Professionals, St. Johns County & Florida, FY 2022-202370

Exhibit 103: Total Hospital Beds, St. Johns County & Florida, 2019-202371

Exhibit 104: Acute Care Hospital Beds, St. Johns County & Florida, 2019-202371

Exhibit 105: Specialty Care Hospital Beds, St. Johns County & Florida, 2019-2023.....71

Exhibit 106: Adult Psychiatric Beds, St. Johns County & Florida, 2019-202372

Exhibit 107: Nursing Home Beds, St. Johns County & Florida, 2018-202272

Exhibit 108: Free-Standing Community Nursing Homes in St. Johns County, 202373

Exhibit 109: Total Number of Licensed Facilities in St. Johns County, 202373

Exhibit 110: Hospitals in St. Johns County by Number of Inpatient Discharges, 2019.....73

Exhibit 111: Top 15 Hospital Inpatient Discharges by DRG, St. Johns County Hospitals, All Ages, 2019.....74

Exhibit 112: Top 15 Emergency Department Diagnoses of St. Johns County Hospitals, All Ages, 201975

Exhibit 113: Department of Health Full-Time Employees, St. Johns County & Florida, FYs 2018-202276

Exhibit 114: Department of Health Expenditures, St. Johns County & Florida, FYs 2018-202276

Exhibit 115: The Public Health System from the DHHS’s NPHPSP77

Exhibit 116: Top Areas of Focus for Public Health Performance Score Summary, 202478

Exhibit 117: Strengths, Weaknesses, & Opportunities for Improvement for Top Area of Focus for Public Health 179

Exhibit 118: Strengths, Weaknesses, & Opportunities for Improvement for Top Area of Focus for Public Health 280

Exhibit 119: Strengths, Weaknesses, & Opportunities for Improvement for Top Area of Focus for Public Health 380

Exhibit 120: Strengths, Weaknesses, & Opportunities for Improvement for Top Area of Focus for Public Health 481

Exhibit 121: Strengths, Weaknesses, & Opportunities for Improvement for Top Area of Focus for Public Health 582

Exhibit 122: Strengths, Weaknesses, & Opportunities for Improvement for Top Area of Focus for Public Health 683

Exhibit 123: Strengths, Weaknesses, & Opportunities for Improvement for Top Area of Focus for Public Health 783

Exhibit 124: Strengths, Weaknesses, & Opportunities for Improvement for Top Area of Focus for Public Health 884

Exhibit 125: Strengths, Weaknesses, & Opportunities for Improvement for Top Area of Focus for Public Health 985

Exhibit 126: Strengths, Weaknesses, & Opportunities for Improvement for Top Area of Focus for Public Health 1085

Exhibit 127: Social Forces of Change, Threats Posed, & Opportunities Created88

Exhibit 128: Economic Forces of Change, Threats Posed, & Opportunities Created88

Exhibit 129: Government/Political Forces of Change, Threats Posed, & Opportunities Created89

Exhibit 130: Community Forces of Change, Threats Posed, & Opportunities Created89

Exhibit 131: Environmental Forces of Change, Threats Posed, & Opportunities Created90

Exhibit 132: Educational Forces of Change, Threats Posed, & Opportunities Created91

Exhibit 133: Science/Technology Forces of Change, Threats Posed, & Opportunities Created92

Exhibit 134: Ethical/Legal Forces of Change, Threats Posed, & Opportunities Created92

Exhibit 135: Health Forces of Change, Threats Posed, & Opportunities Created93

Exhibit 136: Focus Group Participants' Age.....95

Exhibit 137: Focus Group Participants' Sex Assigned at Birth95

Exhibit 138: Focus Group Participants' Race/Ethnicity95

Exhibit 139: Focus Group Participants' Highest Level of Education Completed96

Exhibit 140: Focus Group Participants' ZIP Code96

Exhibit 141: Focus Group Participants' Current Employment Status97

Exhibit 142: Focus Group Participants' Health Insurance Coverage.....97

Exhibit 143: Focus Group Participants' Approximate Total Household Income98

Exhibit 144: How do you rate your overall health? (choose one)98

Exhibit 145: Survey Respondents' Age114

Exhibit 146: Survey Respondents' Sex Assigned at Birth114

Exhibit 147: Survey Respondents' Race/Ethnicity115

Exhibit 148: Survey Respondents' Highest Level of Education Completed115

Exhibit 149: Survey Respondents' Current Employment Status116

Exhibit 150: Survey Respondents' Approximate Total Household Income116

Exhibit 151: What ZIP code do you live in?117

Exhibit 152: What city/town do you live in?118

Exhibit 153: How do you rate your overall health? (choose one)119

Exhibit 154: Choose up to 5 of the items below that you feel are the most important features of a healthy community.120

Exhibit 155: Choose up to 5 of the health concerns that you feel are the most important in St. Johns County.121

Exhibit 156: What health care services are difficult to obtain in your community? (check all that apply)122

Exhibit 157: In the past 5 years, which of the following issues have made it difficult or prevented you from getting medical, dental, or mental health services for you or your family? (check all that apply)123

Exhibit 158: What do you love most about living in St. Johns County? (check all that apply)124

Exhibit 159: How is your health care covered? (check all that apply)125

Exhibit 160: Please list any other comments you have about the health issues in St. Johns County.125

Exhibit 161: Databases for Community Health Evidence-Based Practices130

Exhibit 162: Practices and Interventions for Behavioral Health, Lifestyle Behaviors, and Healthcare Access131

Data Disclaimer

The information contained in this report reflects qualitative opinion data collected during the assessment process. Comments and discussions are summarized and accurately catalogued from the facilitated discussions. These cannot be attributed to one person; rather these are summaries of a group discussion in aggregate. Furthermore, the contents are the views of county residents gathered during the community engagement phase of the project and do not represent official views of, nor an endorsement by, the Florida Department of Health.

While the Health Planning Council of Northeast Florida, Inc. (HPCNEF) uses reasonable efforts to provide accurate and up-to-date data, some of the information provided in these assessments and herein is gathered from third-party secondary data sources. Although the information in this report has been produced and processed from sources believed to be reliable, no warranty, expressed or implied, is made regarding the accuracy, adequacy, completeness, legality, reliability, or usefulness of any information. This disclaimer applies to both isolated and aggregate uses of information. HPCNEF is not in any way liable for the accuracy of any information printed and stored or in any way interpreted and used by a user. HPCNEF may make improvements and/or changes in the services and/or the content(s) described herein at any time.

This Community Health Assessment, funded by the Florida Department of Health in St. Johns County, has a publication date of August 23, 2024.

Executive Summary

The Florida Department of Health in St. Johns County spearheaded an initiative to conduct a comprehensive, county-wide health needs assessment. The Health Planning Council of Northeast Florida, Inc. (HPCNEF) was subcontracted to guide and facilitate the process. This assessment aimed to provide primary and secondary data to educate and mobilize the community, develop priorities, garner resources, and plan actions to improve the public's health. A group of community leaders from local medical and behavioral health providers, social service agencies, civic organizations, and minority and faith-based groups in St. Johns County convened to (1) review the outcomes of the 2017 health needs assessment and (2) launch the 2024 county-wide assessment of the overall health status and priority health issues facing St. Johns County residents.

Data for St. Johns County's community health assessment was collected for several broad categories: socioeconomic conditions, characteristics of the physical environment, health outcomes, health behaviors, and access to health resources for county residents. The data included chronic disease rates, infectious disease rates, environmental characteristics, health behaviors, maternal and child health indicators, hospital utilization, and availability of physicians and health resources.

Input from St. Johns County residents was obtained from five focus groups with diverse populations. Additionally, key stakeholder interviews provided insight into the health of St. Johns County residents and the availability of resources for subpopulations. Focus groups and key stakeholders identified several priority health issues. The focus groups identified key health issues: access to healthcare, mental health and substance use, homelessness, chronic disease and lifestyle behaviors, and community collaboration and engagement. The key stakeholder interviews identified the following as key health issues: mental health and substance use, access to healthcare, social and economic factors affecting health, health education and knowledge, and transportation barriers. Secondary data indicators supported the key health issues identified in the qualitative analysis. The overall key themes from both primary and secondary data are as follows: access to healthcare, mental and behavioral health, community collaboration and engagement, disease prevention and lifestyle behaviors, and social and economic factors affecting health.

To further narrow down these priorities to the top three focus areas, input was sought from the community through a preliminary release meeting on May 29, 2024. Invitations were sent to Steering Committee members and other community stakeholders. During this preliminary results and priorities meeting, the current findings of the assessment were discussed. Then feedback was requested from the community: "On a scale of 1 to 5, 1 being top priority and 5 being lowest priority, please rank the 5 key health issues in order of importance to be included in the CHIP." Voting results showed that mental and behavioral health (mental health status and services offered, substance use, domestic violence) was the top priority, followed by access to healthcare (limited access to specialty care, transportation barriers, dental care, outreach of services, insurance coverage issues, affordability of care), and disease prevention and lifestyle behaviors (health behaviors, obesity/overweight, access to healthy foods, cancer, chronic diseases, health education).

Using the information and priorities included in this assessment, areas where targeted interventions and policy changes could make the greatest impact can be identified. Once key strategies have been chosen based on their level of impact and the community's ability to implement them, the health improvement process can begin. From there, steps will be taken to move toward a healthier St. Johns County.

Introduction

In January of 2024, leaders from the Florida Department of Health in St. Johns County (DOH-St. Johns) came together to launch a county-wide assessment of the overall health status and priority health issues facing St. Johns County residents. The Health Planning Council of Northeast Florida, Inc. (HPCNEF) was subcontracted to guide and facilitate the process.

Several key healthcare and community stakeholders were invited to join the St. Johns County Health Assessment Steering Committee and to participate in the assessment by representing the needs of their clients, constituents, and communities. Ten community leaders contributed to the process by completing a key stakeholder interview, and 564 residents contributed to the assessment by participating in focus group discussions and completing a community survey.

The Steering Committee elected to utilize a modified “**MAPP**” community assessment model recommended by the Florida Department of Health and the National Association of County and City Health Officials (NACCHO). **MAPP**, an acronym for “**Mobilizing for Action through Planning and Partnership**,” is a community-based participatory model that relies on the existing expertise of community representatives to identify, prioritize, and collectively address the county’s most prevalent health concerns. This type of county-wide health assessment was last completed in St. Johns County in 2017 and is recommended to re-occur every 3 to 5 years.

Components of St. Johns County’s health assessment included an analysis of available demographic data, health statistics, and health care access indicators for county residents. Community input was obtained from five focus group discussions with St. Johns County community members. Key stakeholder interviews solicited community leaders’ opinions on healthcare services, quality of life issues, and the health status of St. Johns County’s population. Detailed information summarizing each of these components is included in this report.

During the final community meeting, members of the Steering Committee, along with other community members, made recommendations regarding the key health issues utilizing a summary of the data and information obtained through the four integrated assessments outlined in the MAPP model (Exhibit 1). A summary of the Steering Committee’s recommendations on St. Johns County’s priority health issues is included in the final section of this report.

This assessment is the product of a collective and collaborative effort from various dedicated health and social service providers and other invaluable community stakeholders from all St. Johns County regions. The findings from this community health assessment are recommended to guide health and social service providers in the county in their program development efforts over the next 3 to 5 years.

Methodology

The Florida Department of Health recommends implementing evidence-based and effective assessment models such as the National Association of County and City Health Officials’ (NACCHO’s) **Mobilizing for Action through Planning and Partnerships (MAPP)** model for community health planning. This model was developed to provide a strategic approach to community health improvement by helping communities identify and use existing resources wisely, consider

unique local conditions and needs, and form effective partnerships for action (NACCHO, n.d.). The model includes six distinct phases:

1. Partnership development and organizing for success
2. Visioning
3. The Four MAPP assessments
 - Community Health Status Assessment
 - Community Strengths and Themes Assessment
 - Local Public Health System Assessment
 - Forces of Change Assessment
4. Identifying strategic issues
5. Formulating goals and strategies
6. Action (program planning, implementation, and evaluation)

EXHIBIT 1: THE MAPP MODEL



St. Johns County is fortunate to have long-standing, proactive leadership within its healthcare network who strongly value solid and collaborative relationships with other community health and support service providers. DOH-St. Johns maintains vital ongoing relationships with multiple health and social services providers locally. DOH-St. Johns invited members from various public health organizations to act as the Steering Committee for this Community Health Assessment (CHA) process.

On January 30, 2024, stakeholders in St. Johns County gathered to kick off the CHA. In this meeting, HPCNEF staff introduced the project and highlighted the benefits and expected outcomes of the CHA process. Emphasis was placed on the *community-driven* nature of the health assessment process, meaning members of the Community Health Improvement Plan (CHIP) group would be charged with determining the county’s health priorities and proposing strategies to address them. Members were also provided with a complete overview of the MAPP assessment process, a preliminary timeline of when each component should occur, and guidance on how they could contribute most effectively.

The visioning phase of the MAPP process was started during the kickoff meeting. Stakeholders were given the following four questions, and their responses were synthesized and used to draft guiding principle¹ options, which were then presented to and voted on by the Steering Committee.

- What does health mean to you?
- What characteristics, factors, and attributes are needed for a healthy St. Johns County?
- What does having a healthy community mean?
- What are the policies, environments, actions, and behaviors needed to support a healthy community?

The guiding principle for the 2024 St. Johns County CHA finalized by the Steering Committee was: ***Empowering St. Johns County residents to improve their health and well-being through accessible resources, compassionate care, and generating meaningful partnerships.***

At the same CHA kickoff meeting, HPCNEF staff presented and discussed the proposed data obtained through the recommended ***Community Health Status Assessment***, the first of the four MAPP assessments. The discussion included an analysis of population demographics and socio-economic indicators, disease and death rates, health care utilization statistics, and access to health care indicators. The data was provided in two primary formats: (1) trend diagrams showing changes over time using 3-year rolling averages and (2) diagrams comparing different populations. Furthermore, findings relevant to the St. Johns County CHA were acquired from the county's most recent Behavioral Risk Factor Surveillance Survey (BRFSS) and County Health Rankings.

From February to April 2024, wider community input was sought through the ***Community Strengths and Themes Assessment***, which included several key stakeholder interviews, community surveys, and targeted focus group discussions across the county. The key stakeholder interviews were conducted via Microsoft Teams and Zoom calls with organizations and persons throughout St. Johns County chosen by DOH-St. Johns. Ten key stakeholder interviews were completed. A total of 564 community surveys were included in the analysis. Five focus groups were held in locations throughout the county, including St. Augustine and Hastings. Findings from the key stakeholder interviews, community surveys, and focus groups were compiled and analyzed by HPCNEF staff.

In June 2024, the CHIP group members and key stakeholders completed a ***Local Public Health System Assessment*** survey, utilizing guidance provided by the U.S. Centers for Disease Control and Prevention (CDC) under the National Public Health Performance Standards Program (NPHPSP). The Steering Committee members first reviewed the composition of the county's public health safety net to include all entities that serve the county's most vulnerable residents. HPCNEF staff then guided the Steering Committee members through a broad definition of each of the top areas of focus for public health² from the CDC. Afterward, the members voted on the degree to which each top area of focus for public health is effective throughout the county. In this way, strengths and gaps in the county's health care safety net and public health system were identified and considered throughout the remainder of the planning process.

¹ "Guiding Principle" is used in place of the term "Vision Statement" in the MAPP methodology guidelines. Steering committee members voted between four terminology options to replace "Vision Statement" and "Guiding Principle" had the most votes.

² "Top areas of focus for public health" refers to the 10 Essential Public Health Services used to conduct the LPHSA.

In addition, a ***Forces of Change Assessment*** analyzed current and expected county patterns, such as recent and predicted economic conditions, changing and emerging community cultural characteristics, and policy changes or shifts affecting community and organizational capacity and resources. Several Steering Committee members participated in a group exercise to identify the ***Forces of Change*** at work in St. Johns County that could potentially impact the health of residents, both positively and negatively. The members categorized local, state, and national “forces” into three distinct categories:

- **Trends are patterns over time**, such as migration in and out of a community or a growing disillusionment with the government.
- **Factors are discrete elements**, such as a community’s large ethnic population, an urban setting, or a jurisdiction’s proximity to a major waterway.
- **Events are one-time occurrences**, such as a hospital closure, a natural disaster, or the passage of new legislation.

After, the members were asked to consider trends, factors, and events in various contexts, including community, economic, educational, environmental, ethical/legal, government/political, science/technology, and social.

Key issues and themes were recorded and updated throughout the process based on empirical evidence and community discussion. Subsequently, key issues were consolidated and prioritized based on the scope and severity of need and the availability of resources.

With the qualitative and quantitative data collected and analyzed from all four MAPP assessments, the next stage was identifying strategic issues. During this process phase, the community’s most important issues were ranked in an ordered list. This prioritization activity was completed using input from the community through a preliminary data release meeting on May 29, 2024. This meeting discussed the current findings of the Community Health Status Assessment and Community Themes and Strengths Assessment. Then feedback was requested from the attendees: “On a scale of 1 to 5, 1 being top priority and 5 being lowest priority, please rank the 5 key health issues in order of importance to be included in the CHIP.” Voting narrowed down St. Johns County’s health priorities to the top three, which will be used as cornerstones for the health improvement plan.

Community Health Status Assessment

A core element of the MAPP model is the *Community Health Status Assessment*. This portion of the process comprises secondary data from diverse sources. Data from this section of the report can be used to explore and understand the health needs of St. Johns County as a whole and for specific demographic, socioeconomic, and geographic subsets. The following summary includes data from these areas:

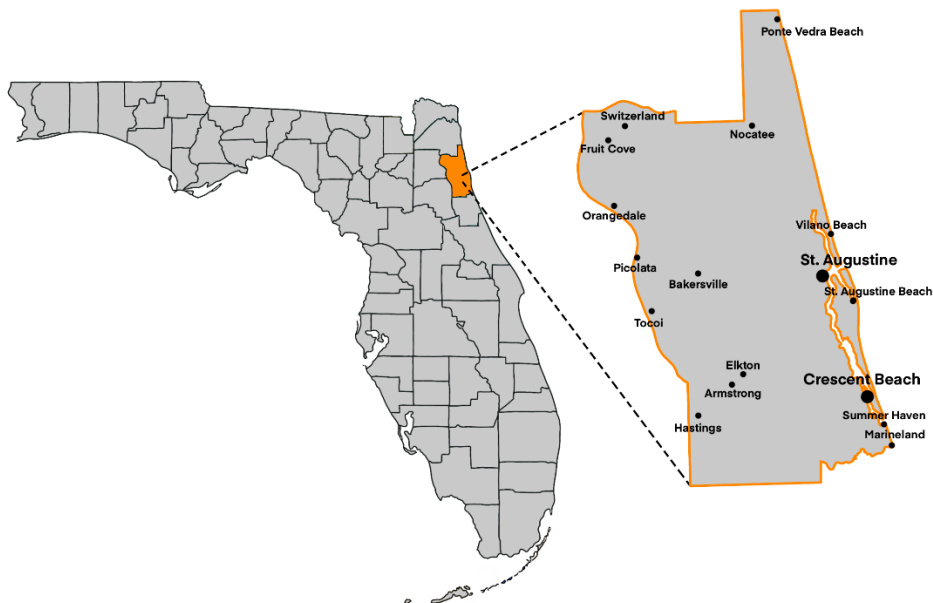
- Geography and Governance
- Population Characteristics
- Physical Environment
- Health Outcomes

Many of the data exhibits contain standardized rates for the purpose of comparing St. Johns County to the state of Florida as a whole. It is important to remember to interpret these rates with caution when incidence rates are low (i.e., the number of new cases is small). Small variations from year to year can result in substantial shifts in the standardized rates.

Geography and Governance

St. Johns County encompasses approximately 608 square miles of Northeast Florida immediately south of the metropolitan city of Jacksonville and directly east of Clay and Putnam County. The St. Johns River forms the county's entire western border. The county has a diverse mixture of suburban and rural areas and is home to the oldest city in the United States, St. Augustine, founded by the Spanish in 1565. The county has two incorporated cities, St. Augustine and St. Augustine Beach. Unincorporated communities include Ponte Vedra, Hastings, Switzerland, Crescent Beach, Toco, Bakersville, Picolata, Orangedale, Fruit Cove, Summer Haven, and Vilano Beach. St. Augustine, the county seat, was incorporated under Florida law on December 2, 1924. The elected five-member Board of County Commissioners is the law-making body of the county and serves a four-year term. Separately elected Constitutional Officers perform specific government functions county-wide.

EXHIBIT 2: MAP OF FLORIDA HIGHLIGHTING ST. JOHNS COUNTY

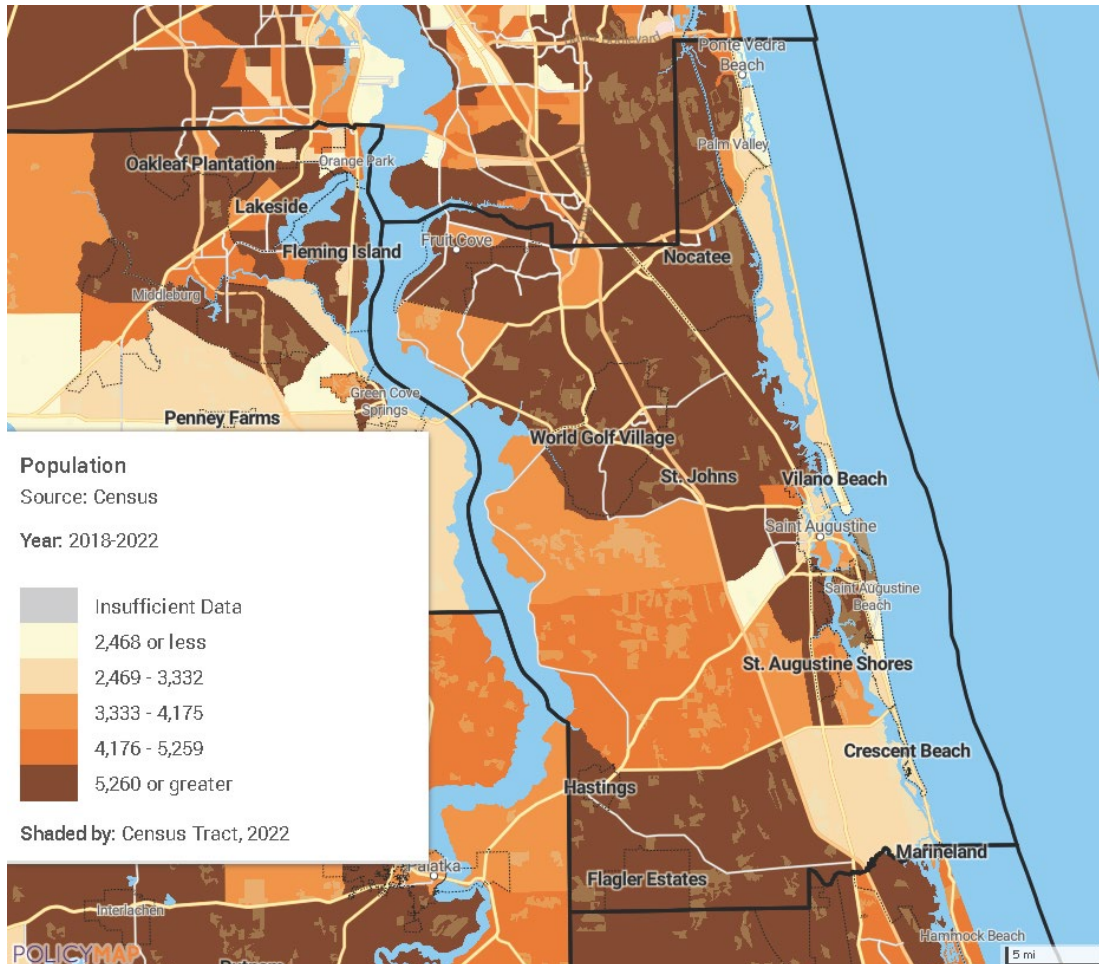


Population Characteristics

Total Population and Population Growth

In 2022, St. Johns County and Florida had estimated populations of 299,827 and 22,329,178, respectively. Both the state and county are approximately 49% male and 51% female. The population of St. Johns County is most densely concentrated in the northern and central parts of the county, with the highest-density areas in the northeastern and northwestern quadrants. The county's southern half and coastal portions are less densely populated, except for the census tracts around St. Augustine (Exhibit 3).

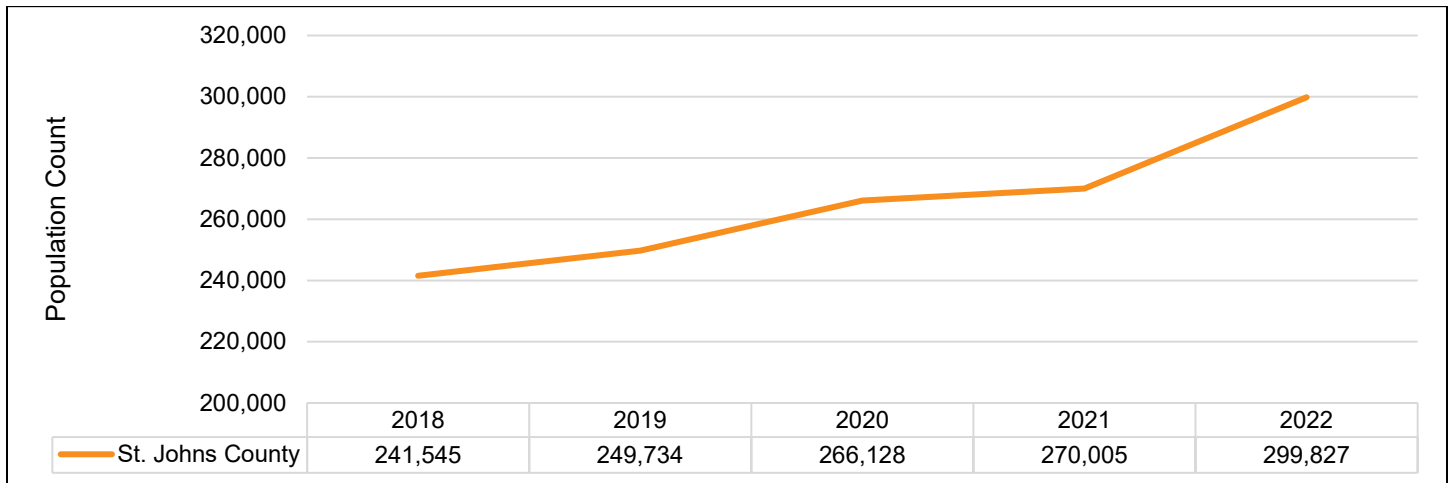
EXHIBIT 3: ST. JOHNS COUNTY TOTAL POPULATION BY CENSUS TRACTS, 2018–2022



Source: Map from Policy Map; Data from 2022 American Community Survey.

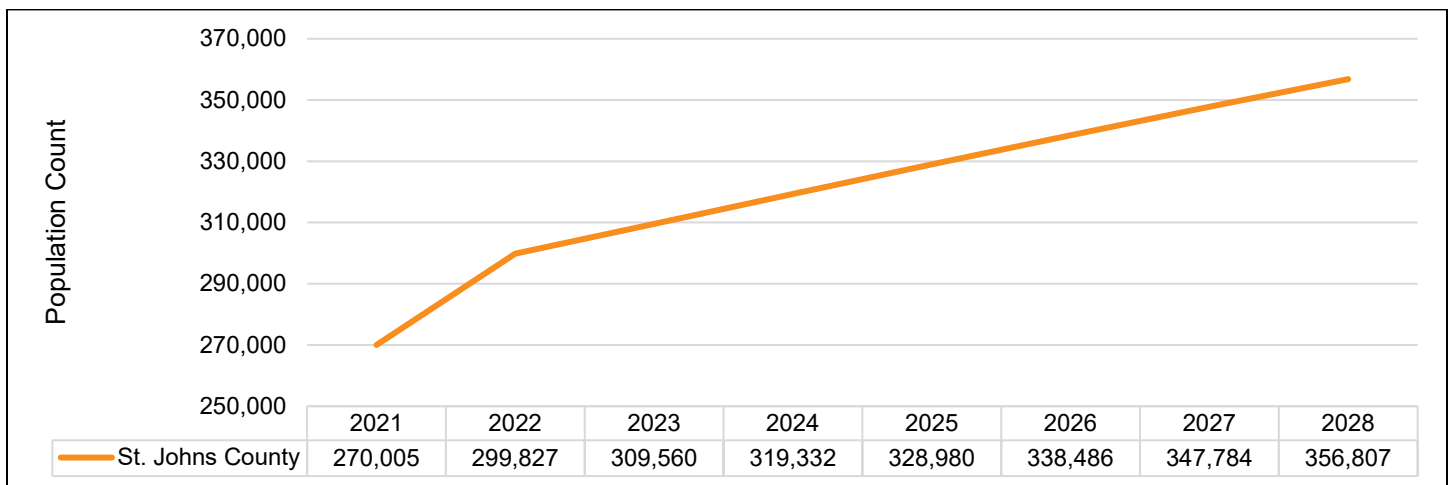
St. Johns County’s population steadily rose from 2018 to 2022 at an average annual growth rate of 1.24%. In recent years, growth rose by 1.01% from 2020 to 2021 and 1.11% from 2021 to 2022 (Exhibit 4). Exhibit 5 shows the projected population growth in St. Johns County up to 2028.

EXHIBIT 4: TOTAL POPULATION, ST. JOHNS COUNTY, 2018–2022



Source: [Florida Department of Health, FL Health Charts – Population Query System](#). Date Sourced: March 15, 2024.

EXHIBIT 5: PROJECTED POPULATION GROWTH IN ST. JOHNS COUNTY, 2021–2028



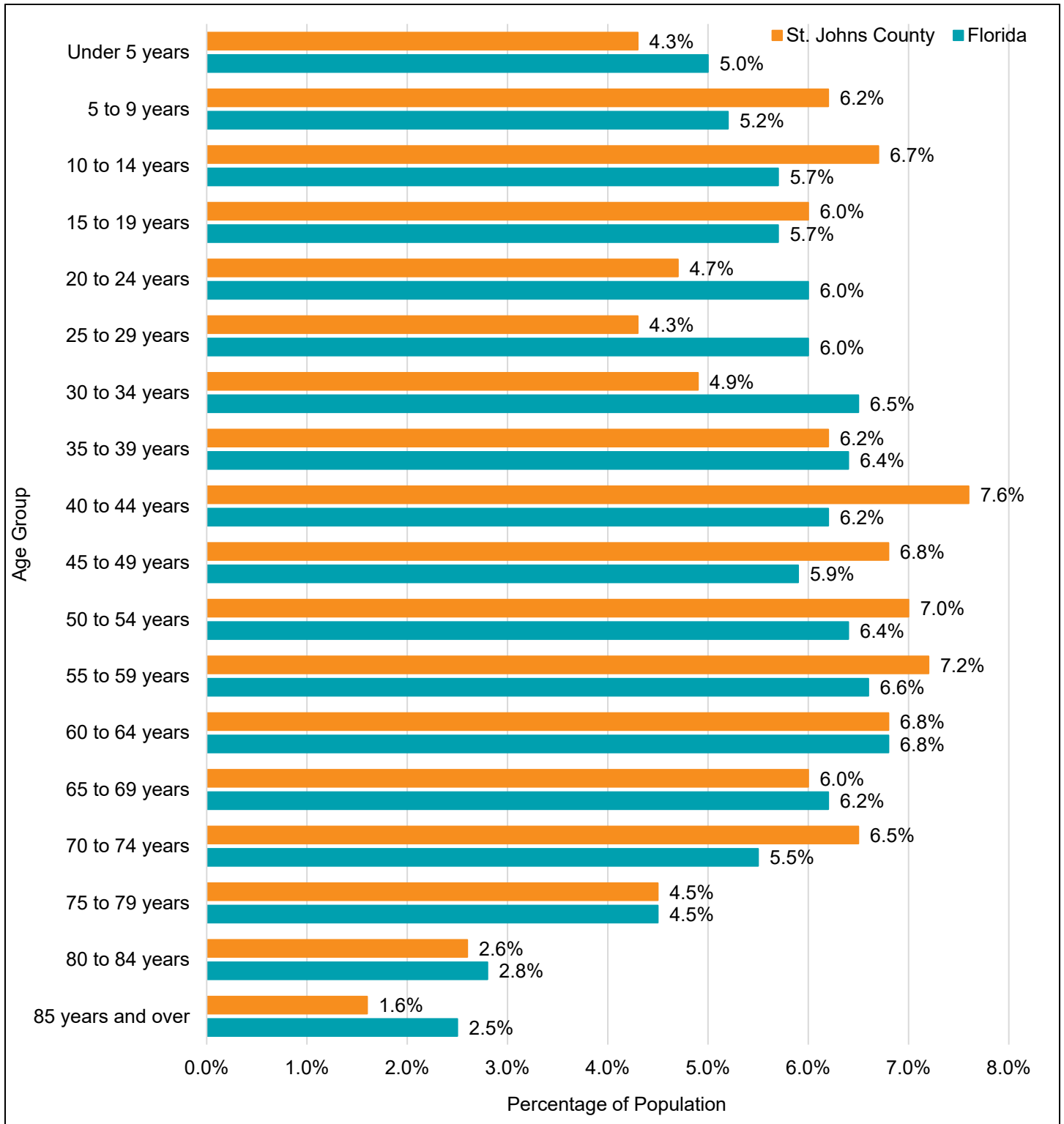
Source: [Florida Department of Health, FL Health Charts – Population Query System](#). Date Sourced: March 15, 2024.

Age & Gender

The median age for St. Johns County in 2022 was 44.3 years. Florida had a younger median age of 42.7 years.

Exhibit 6 shows the population distributions of St. Johns County and Florida by age. Compared to Florida, St. Johns County has a greater percentage of children and teens (age 19 and under) and a similar percentage of older adults (age 70+). In 2022, St. Johns County's population was 51% female and 49% male, which is the same as the state of Florida's distribution for the same year.

EXHIBIT 6: POPULATION BY AGE GROUP, ST. JOHNS COUNTY & FLORIDA, 2022

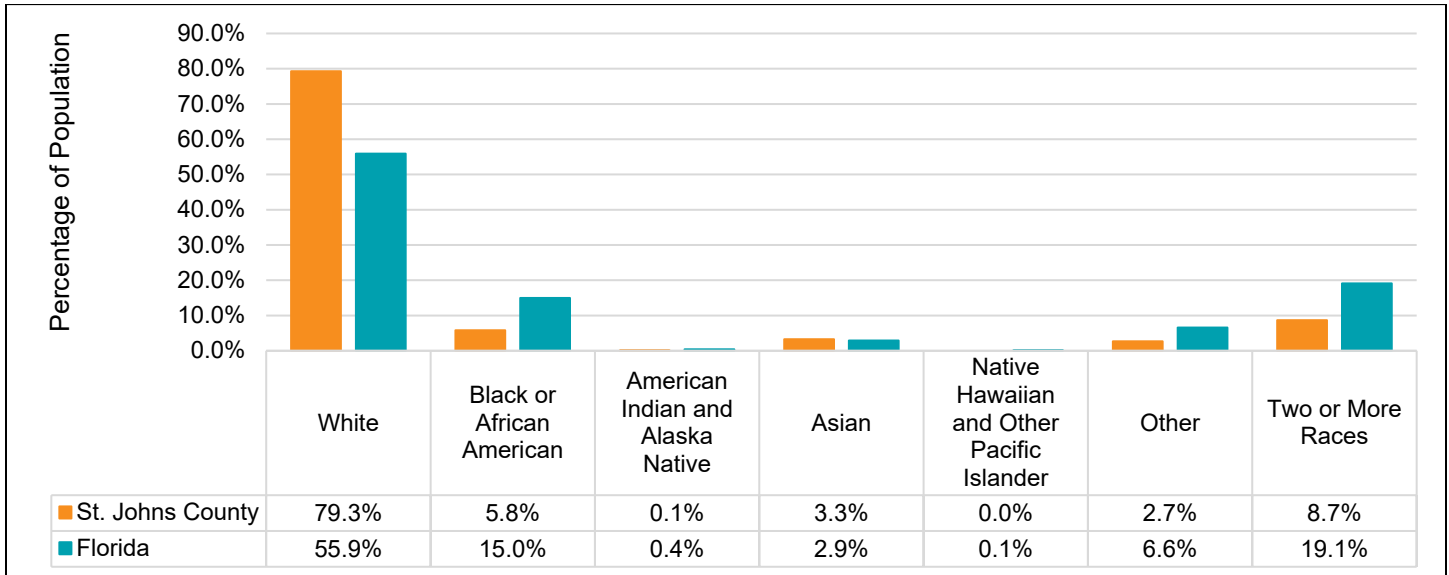


Source: [2022 American Community Survey 1-Year Estimates, Table S0101, Age and Sex](#). Date Sourced: March 15, 2024.

Race & Ethnicity

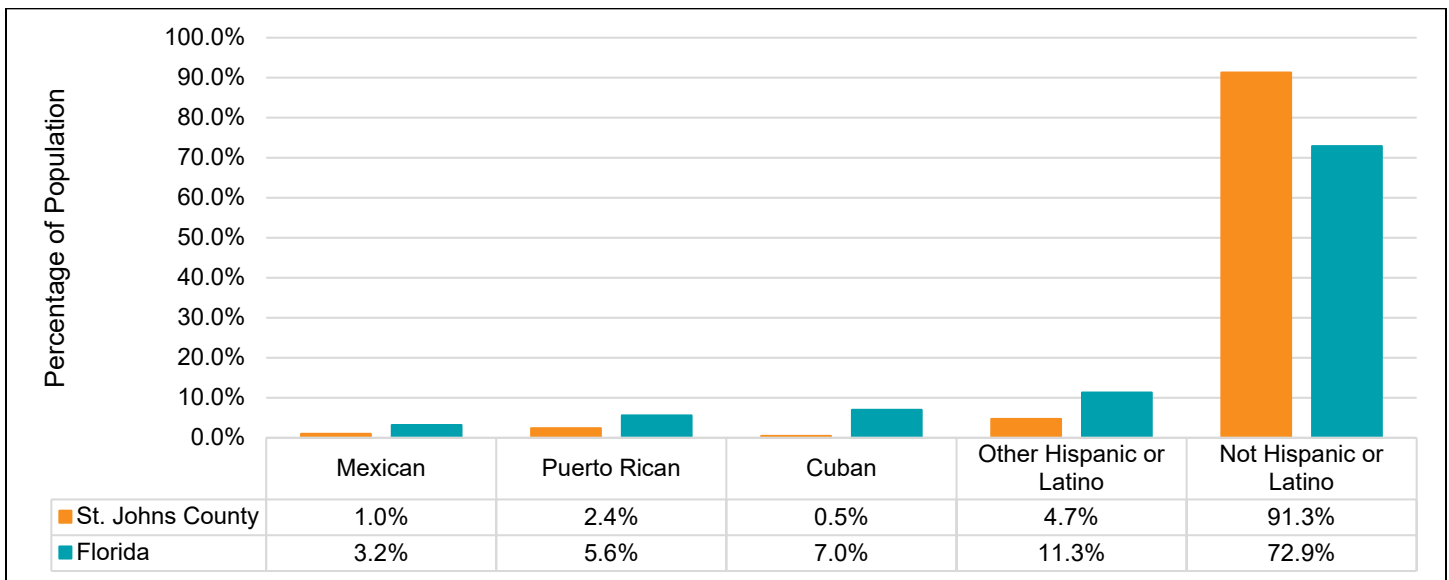
St. Johns County had a racial distribution different than that of Florida in 2022. Like Florida, the majority of the population in St. Johns County is White, about 79.3%. The second largest racial group is Black or African American, making up 5.8% of St. Johns County’s population and 15.0% of Florida’s population (Exhibit 7). Additionally, 8.7% of St. Johns County residents identify as two or more races (Exhibit 7). A much greater percentage of Florida’s population (27.1%) is Hispanic or Latino compared to that of St. Johns County (8.7%) (Exhibit 8).

EXHIBIT 7: POPULATION BY RACE, ST. JOHNS COUNTY & FLORIDA, 2022



Source: [2022 American Community Survey 1-Year Estimates, Table DP05, Demographic and Housing Estimates](#). Date Sourced: March 15, 2024.

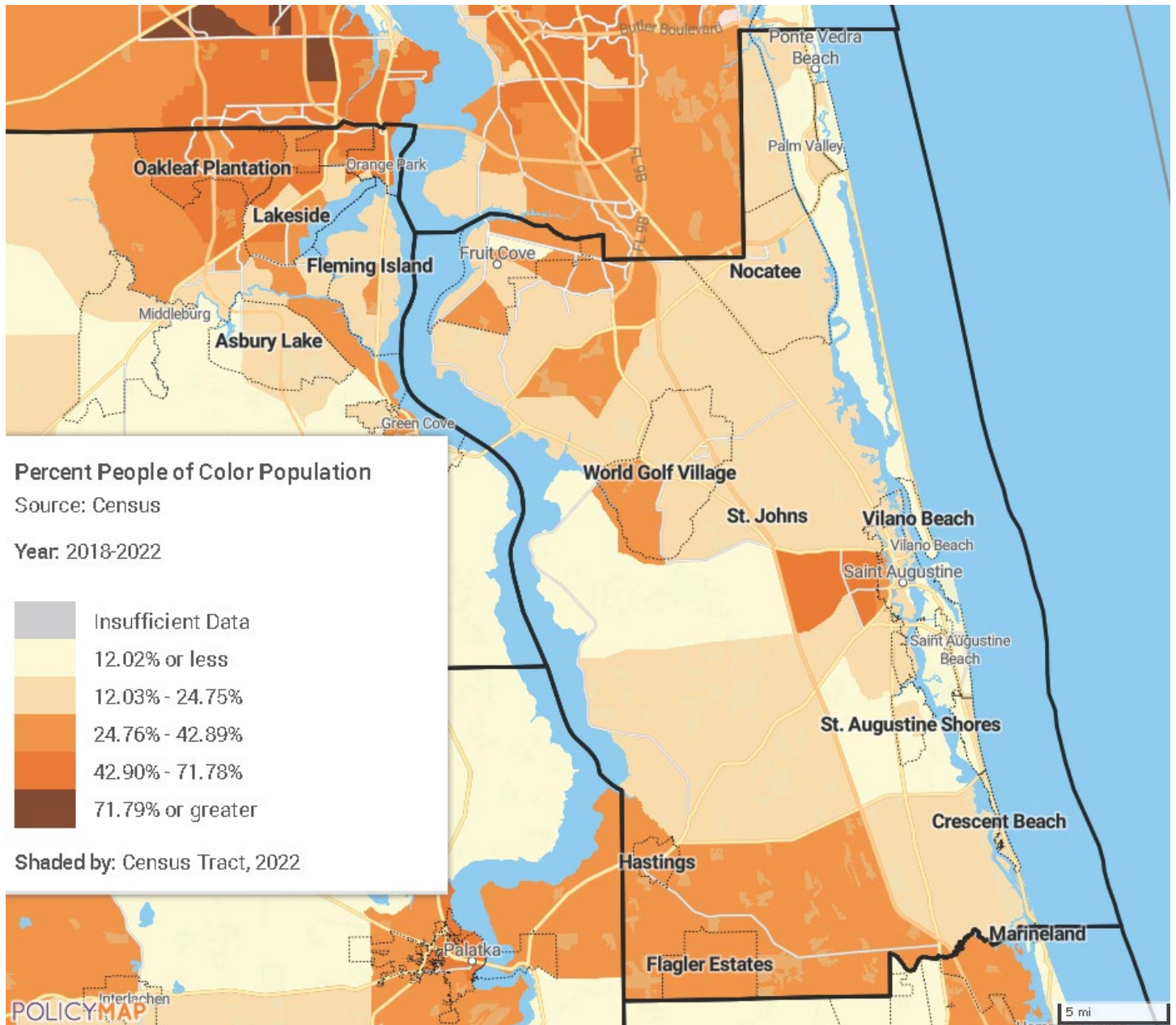
EXHIBIT 8: POPULATION BY ETHNICITY, ST. JOHNS COUNTY & FLORIDA, 2022



Source: [2022 American Community Survey 1-Year Estimates, Table DP05, Demographic and Housing Estimates](#). Date Sourced: March 15, 2024.

The minority population of St. Johns County is most densely concentrated just west of St. Augustine, with other high-density areas in census tracts in the northwestern and southwestern quadrants.

EXHIBIT 9: ST. JOHNS COUNTY MINORITY POPULATION (%) BY CENSUS TRACT, 2018–2022

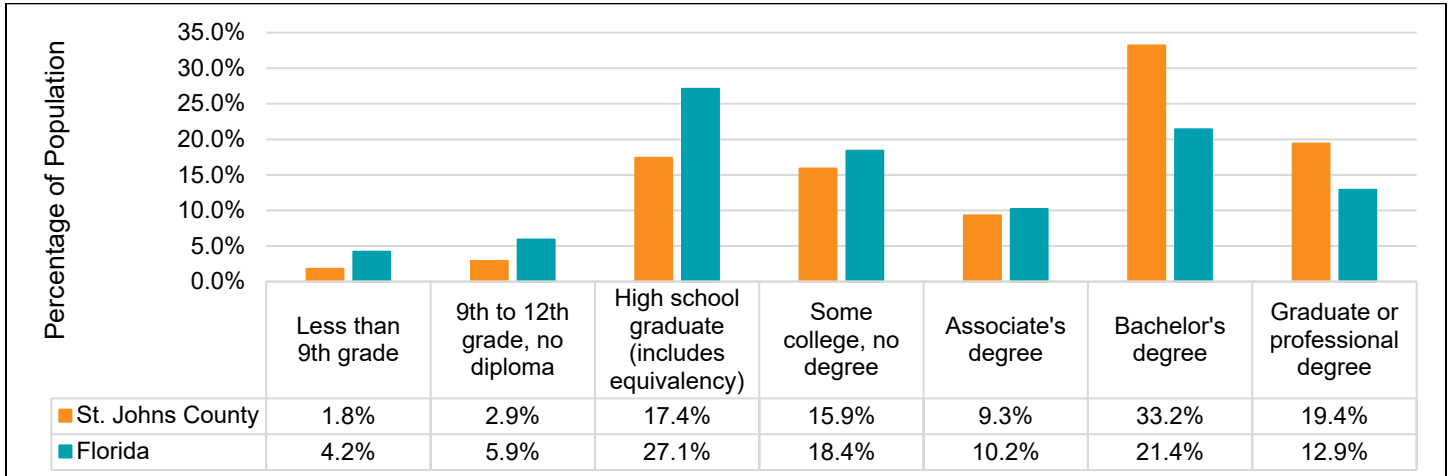


Source: Map from Policy Map; Data from 2022 American Community Survey.

Educational Attainment

A lower percentage (42.6%) of St. Johns County’s population had a high school diploma, some college, or an associate’s degree compared to that of Florida (55.7%) in 2022. Furthermore, a lower proportion of Florida residents (34.3%) had a bachelor’s degree or higher compared to St. Johns County residents (52.6%). Only 4.7% of St. Johns County residents do not have a high school diploma or equivalent, compared to 10.1% of the entire Florida population (Exhibit 10).

EXHIBIT 10: REPORTED HIGHEST LEVEL OF EDUCATION ATTAINED, POPULATION 25 YEARS AND OVER, ST. JOHNS COUNTY & FLORIDA, 2022

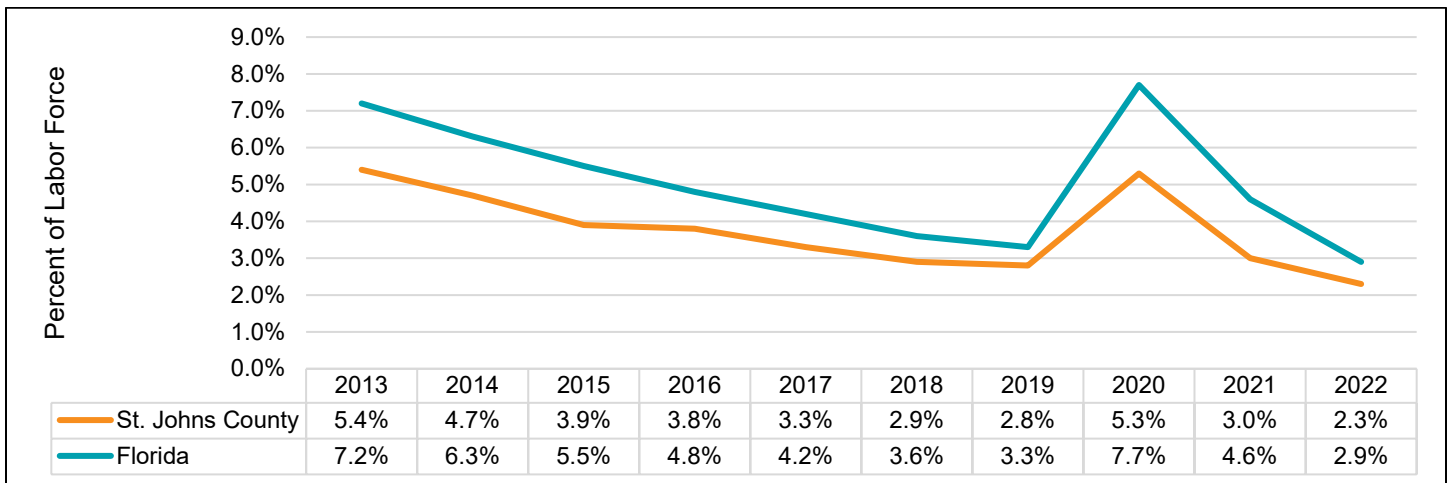


Source: [2022 American Community Survey 1-Year Estimates, Table DP02, Selected Social Characteristics in the United States](#). Date Sourced: March 15, 2024.

Employment

St. Johns County and Florida had similar unemployment rates from 2013 to 2020 for the population ages 16 years and over, with Florida’s rate slightly higher. Both St. Johns County and Florida had spikes in unemployment rates in 2020 and then decreased again in 2021 and 2022 (Exhibit 11).

EXHIBIT 11: UNEMPLOYMENT RATE, PERCENTAGE OF LABOR FORCE, ST. JOHNS COUNTY & FLORIDA, 2013–2022



Source: [United States Department of Labor, Bureau of Labor Statistics](#). Date Sourced: March 15, 2024.

In 2022, St. Johns County had an employed population of 147,352 people aged 16 years and older, and Florida had 10,489,216 employed. Similar industries account for the majority of the employed

populations in St. Johns County and Florida. The top industries in St. Johns County, accounting for 50.4% of the labor force, were:

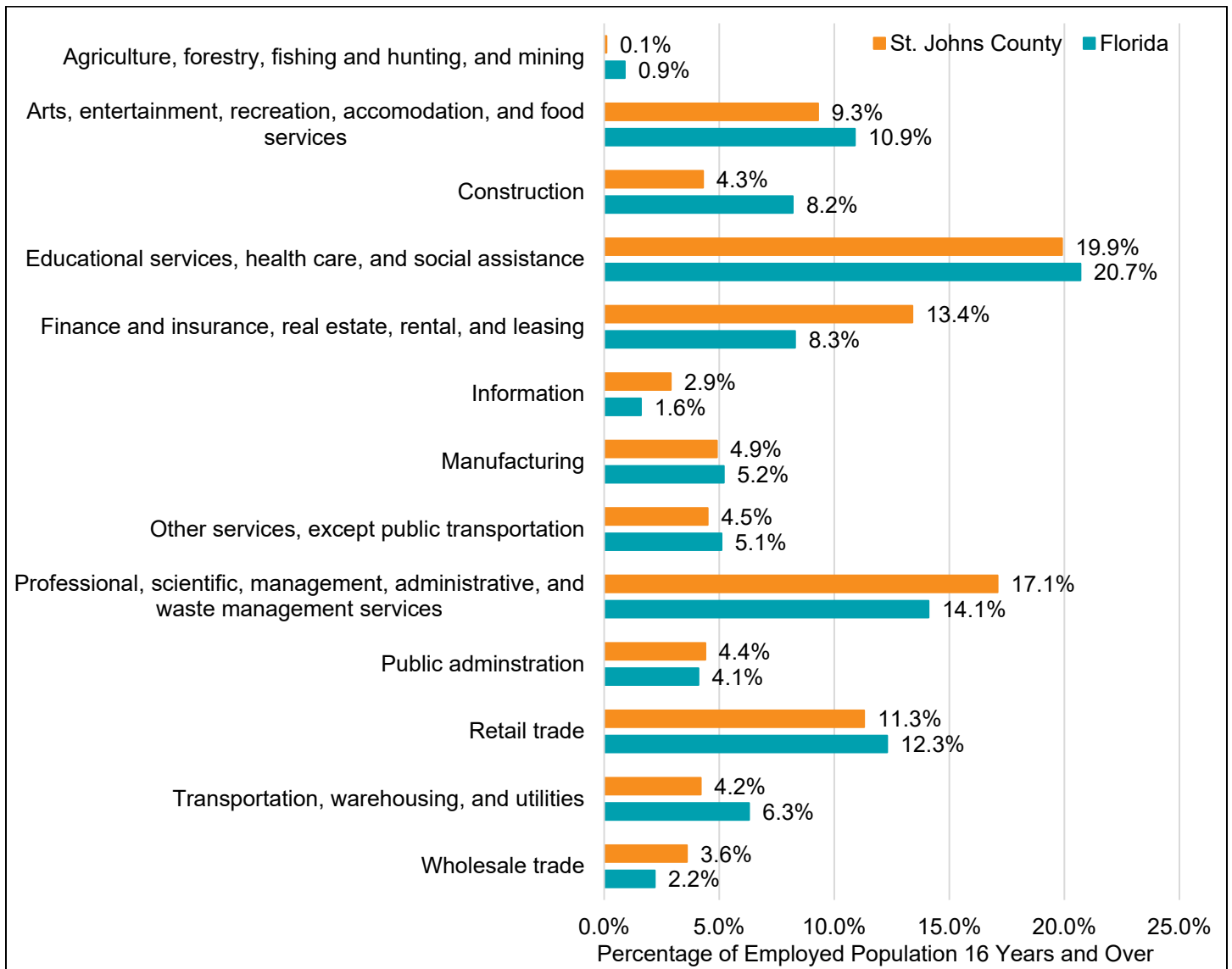
- Educational services, health care, and social assistance (19.9%)
- Professional, scientific, and management, and administrative and waste management services (17.1%)
- Finance and insurance, and real estate and rental and leasing (13.4%)

Florida’s top industry was also educational services and health care and social assistance (20.7%), followed by:

- Professional, scientific, and management, and administrative and waste management services (14.1%)
- Retail trade (12.3%)

These three industries made up 47.1% of Florida’s labor force. Exhibit 12 shows the industry breakdown for St. Johns County and Florida.

EXHIBIT 12: EMPLOYMENT BY INDUSTRY, ST. JOHNS COUNTY & FLORIDA, 2022



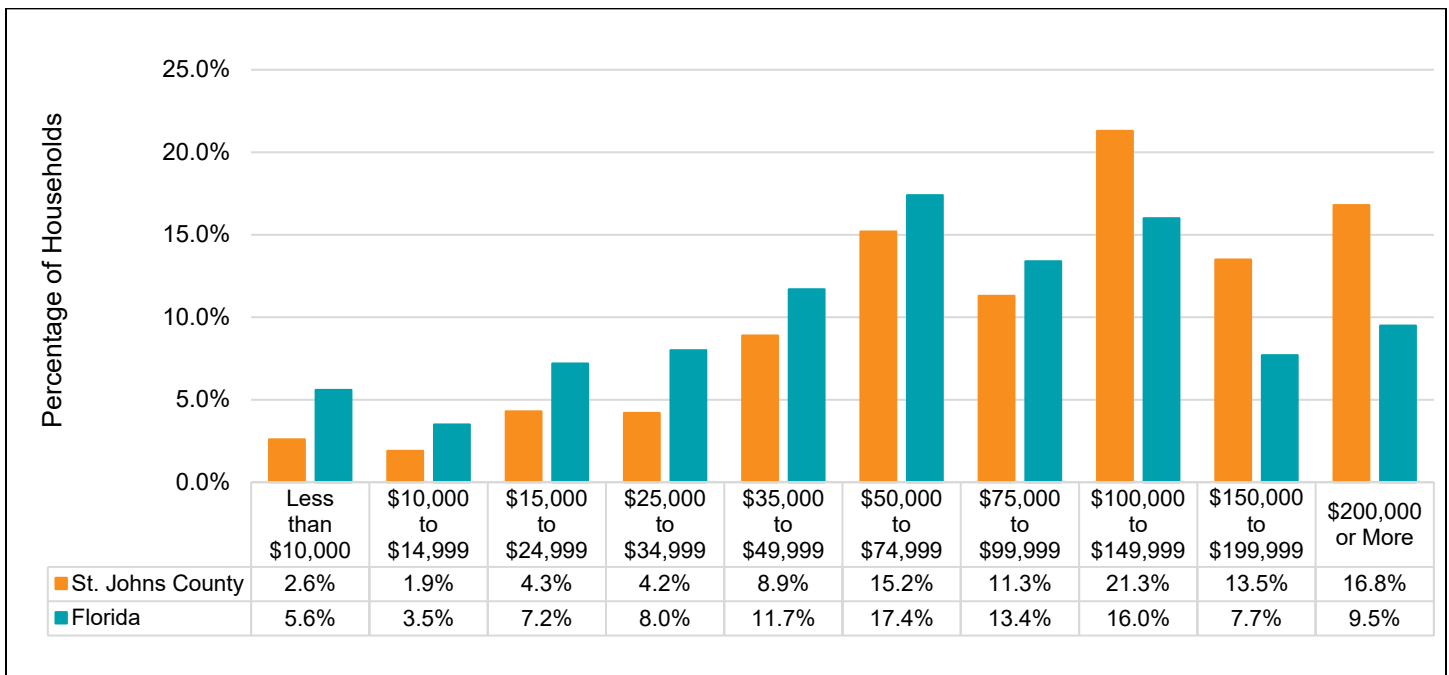
Source: [2022 American Community Survey 1-Year Estimates, Table DP03, Selected Economic Characteristics](#). Date Sourced: March 15, 2024.

Income & Poverty

In 2022, the largest portion (21.3%) of St. Johns County households earned \$100,000–\$149,999 in income and benefits, whereas the largest portion of Florida households (17.4%) earned \$50,000–\$74,999. Overall, 78.1% of St. Johns County households earned \$50,000 or more compared to only 64.0% of Florida households (Exhibit 13).

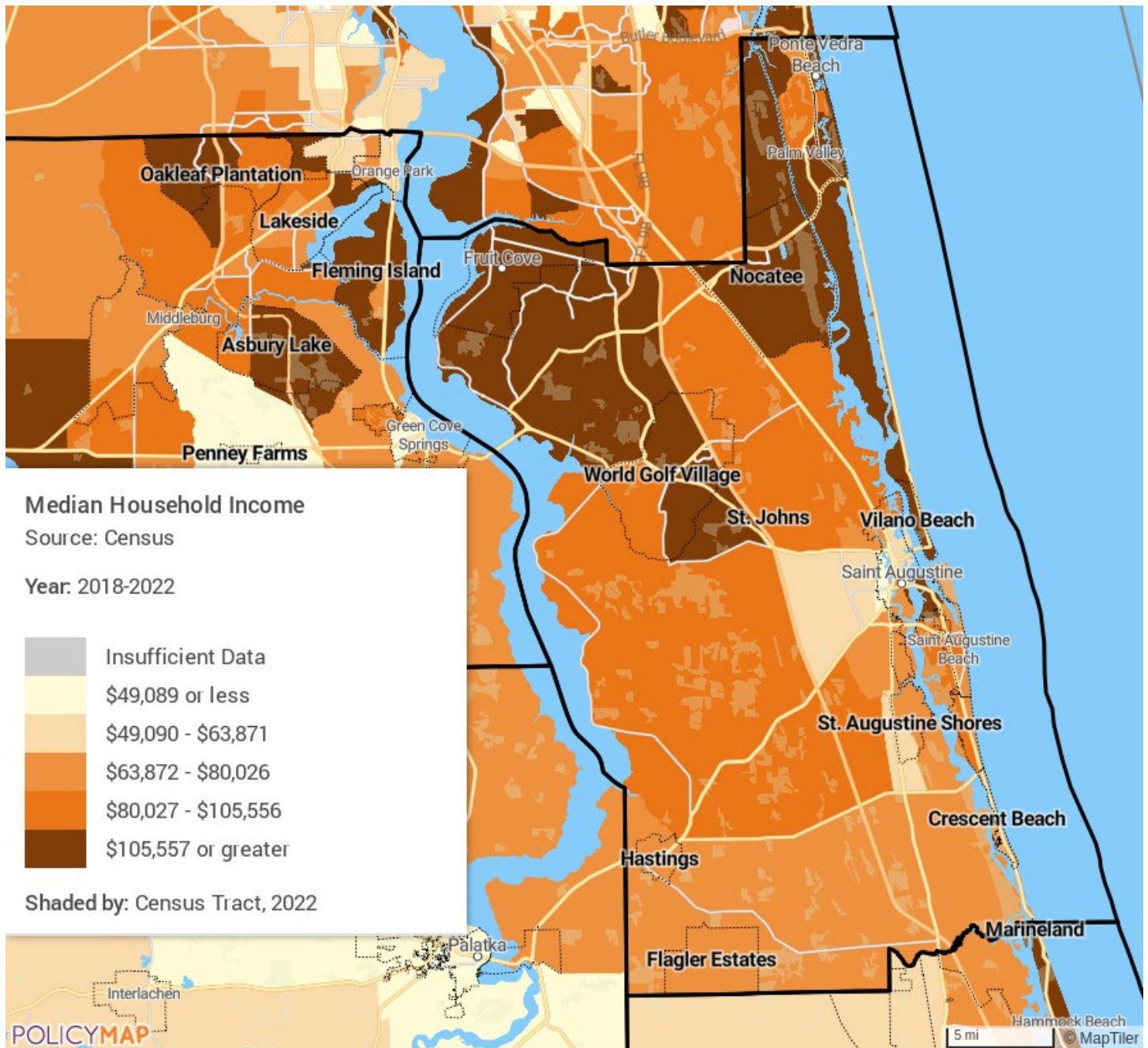
The median and mean household incomes in St. Johns County were \$103,017 and \$137,105, respectively, and county per capita income was \$53,994. Florida’s median and mean household incomes were \$69,303 and \$99,349, respectively. The state per capita income was \$40,278, which is \$13,716 less than St. Johns County’s. Exhibit 13 and 14 show that the majority of St. Johns County lives within the following three household median income brackets: \$63,872 to \$80,026; \$80,027 to \$105,556; and \$105,557 or greater. Exhibit 14 shows median household incomes by census tract.

EXHIBIT 13: HOUSEHOLD INCOME/BENEFITS (2022 INFLATION-ADJUSTED DOLLARS), ST. JOHNS COUNTY & FLORIDA, 2022



Source: [2022 American Community Survey 1-Year Estimates, Table DP03, Selected Economic Characteristics](#). Date Sourced: March 15, 2024.

EXHIBIT 14: MEDIAN HOUSEHOLD INCOME BY CENSUS TRACTS, ST. JOHNS COUNTY, 2018–2022



Source: Map from Policy Map; Data from 2022 American Community Survey.

The U.S. Census Bureau determines poverty thresholds by family size and family members' ages, with 48 possible thresholds. These thresholds do not vary geographically. The Bureau updates thresholds annually to account for inflation. The poverty status calculation sums up the incomes of all related family members who live together. If the family income falls below the poverty threshold, then that family and its members are considered to be in poverty. If the total family income equals or exceeds the given threshold, then the family and all its members are not in poverty (U.S. Census Bureau, 2023). Exhibit 15 shows poverty thresholds for 2023.

EXHIBIT 15: 2023 POVERTY THRESHOLD BY SIZE OF FAMILY AND NUMBER OF CHILDREN (IN DOLLARS)

Size of Family Unit	Weighted Average Threshold	Related Children Under 18 Years								
		None	One	Two	Three	Four	Five	Six	Seven	Eight or more
One person (unrelated individual)	15,490									
Under 65 years	15,850	15,852								
65 years and over	14,610	14,614								
Two people	19,680									
Householder under age 65	20,500	20,404	21,002							
Householder 65 and older	18,440	18,418	20,923							
Three people	24,240	23,834	24,526	24,549						
Four people	31,180	31,428	31,942	30,900	31,008					
Five people	36,970	37,901	38,452	37,275	36,363	35,807				
Six people	41,810	43,593	43,766	42,864	41,999	40,714	39,952			
Seven people	47,750	50,159	50,472	49,393	48,640	47,238	45,602	43,808		
Eight people	53,110	56,099	56,594	55,575	54,683	53,416	51,809	50,136	49,710	
Nine people or more	62,780	67,483	67,810	66,908	66,151	64,908	63,198	61,651	61,268	58,907

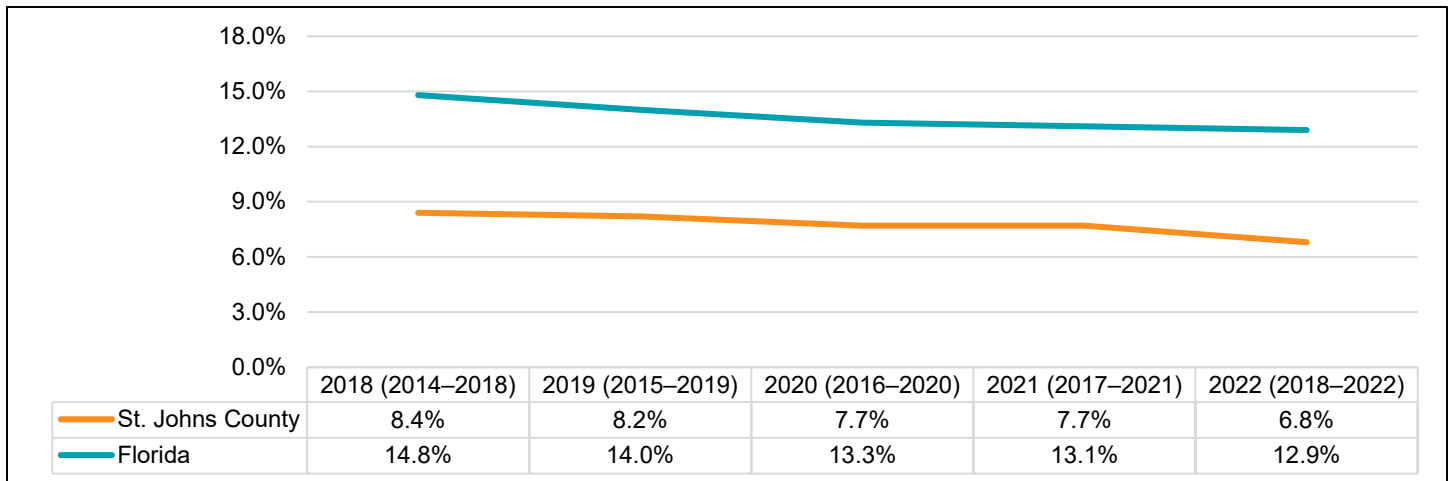
Source: [U.S. Census Bureau Poverty Thresholds, 2023 Poverty Threshold](#). Date Sourced: March 15, 2024.

Because poverty status cannot be determined for people in institutional group quarters, such as prisons or nursing homes, college dormitories, military barracks, unconventional housing, or those not in shelters, the Bureau excludes these groups from poverty measurements. Additionally, those under the age of 15 who are not living with a family member are counted as unknown (U.S. Census Bureau, 2023). Thus, the total population from whom poverty status was determined in 2022 was 275,491 for St. Johns County and 21,171,700 for Florida. Of the 275,491 people analyzed in St. Johns County that year, 6.8% were in poverty. In comparison, 12.9% of those analyzed in Florida's population were in poverty. For the population under 18, 7.5% of St. Johns County youth were in poverty compared to 17.7% in Florida.

Exhibit 16 shows the percentage of the population in poverty from 2018 to 2022. Both St. Johns County and Florida experienced a slight decrease in poverty status during this period. While

St. Johns County has lower poverty rates than Florida, about 7–9% of the county population lived in poverty over the past five years.

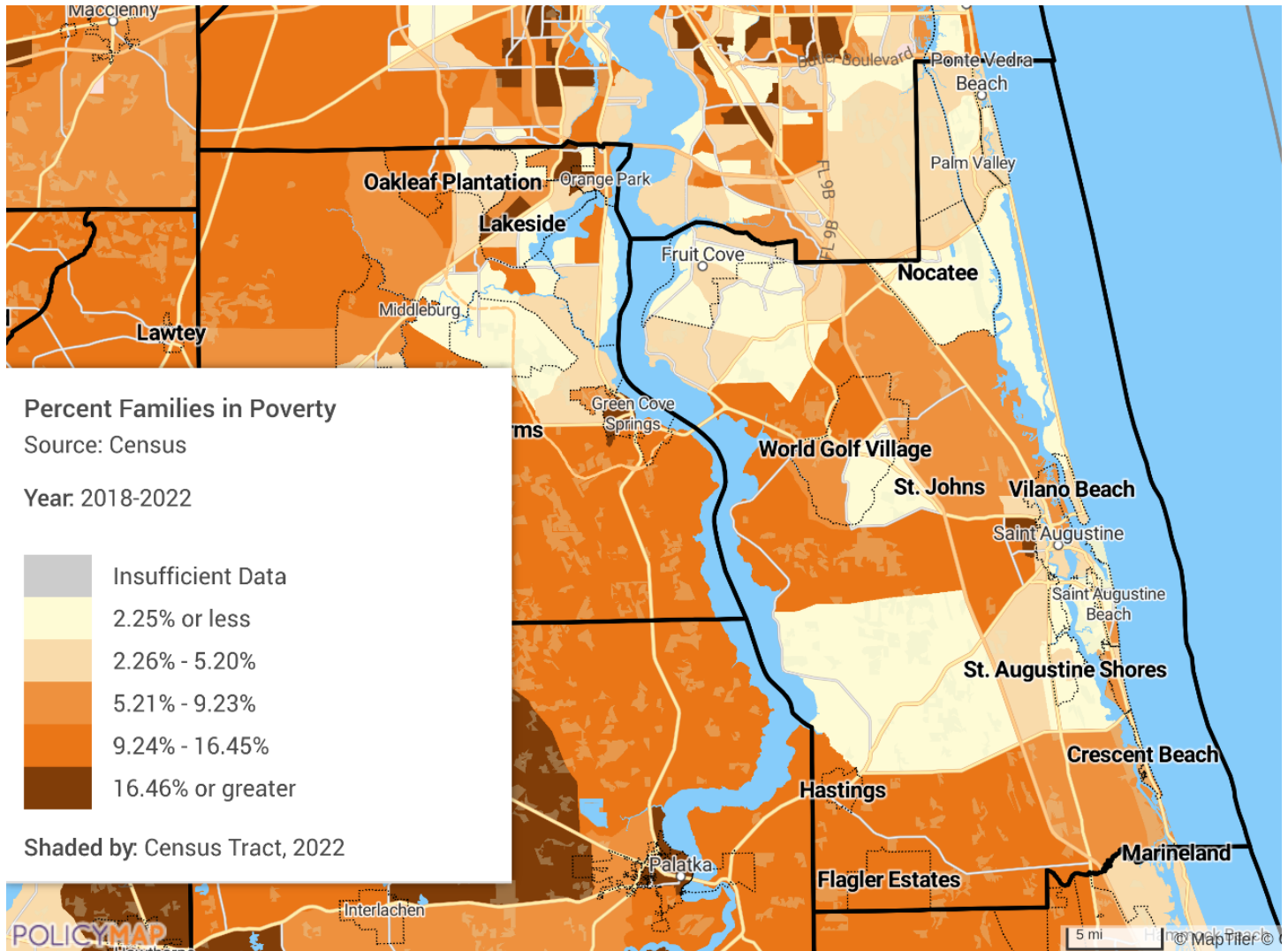
EXHIBIT 16: POPULATION FOR WHOM POVERTY STATUS IS DETERMINED, ST. JOHNS COUNTY & FLORIDA, 2018–2022



Source: [2018-2022 American Community Survey 5-Year Estimates, Table S1701, Poverty Status in the Past 12 Months](#). Date Sourced: March 19, 2024.
 Note: 5-year estimates were used instead of 1-year estimates because there were no 1-year estimates calculated in 2020 due to the COVID-19 pandemic.

Exhibit 17 shows households below the poverty level by census tract in St. Johns County. The central and southwestern portions of the county have the highest percentage of families living in poverty.

EXHIBIT 17: HOUSEHOLDS BELOW POVERTY LEVEL (%) BY CENSUS TRACT IN ST. JOHNS COUNTY, 2018–2022

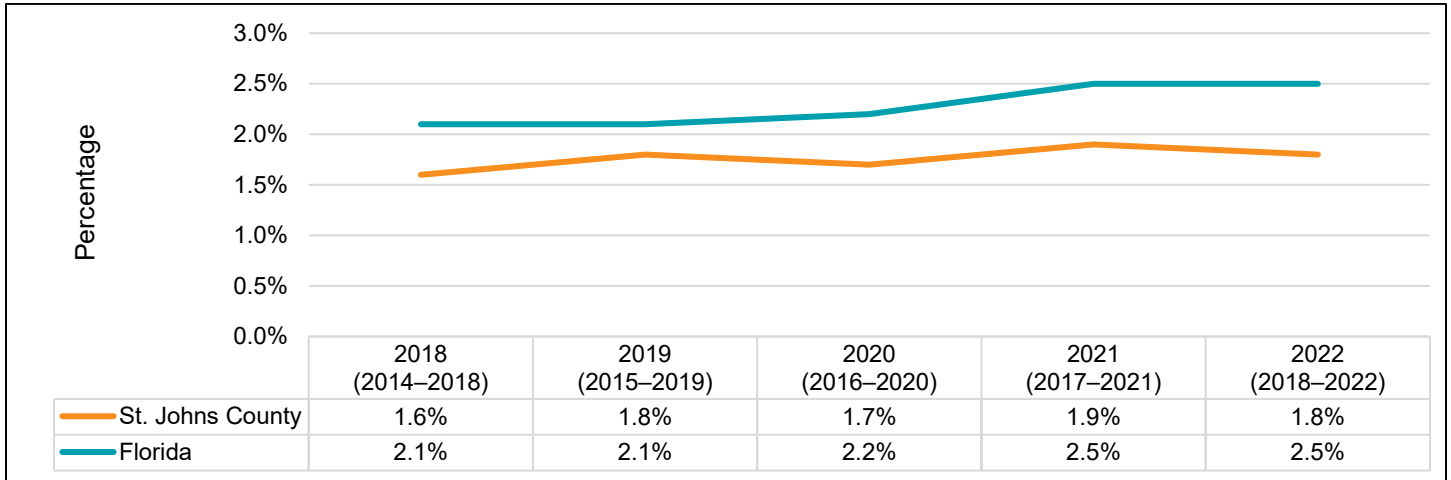


Source: Map from Policy Map; Data from 2022 American Community Survey.

Public Assistance

From 2018 to 2022, a smaller portion of St. Johns County’s population received cash public assistance compared to that of Florida. Nevertheless, both St. Johns County and Florida saw a slight rise in the percentage of the population receiving cash assistance during this period (Exhibit 18).

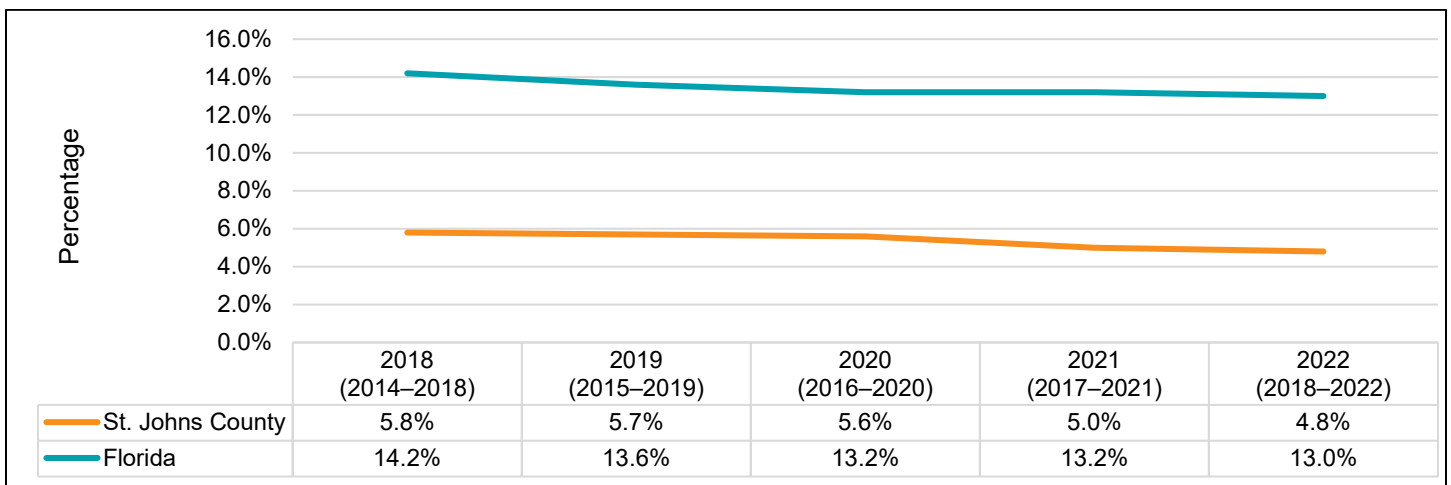
EXHIBIT 18: HOUSEHOLDS RECEIVING CASH PUBLIC ASSISTANCE INCOME, ST. JOHNS COUNTY & FLORIDA, 2018–2022



Source: [2018-2022 American Community Survey 5-Year Estimates, Table DP03, Selected Economic Characteristics](#). Date Sourced: March 19, 2024.
 Note: 5-year estimates were used instead of 1-year estimates because there were no 1-year estimates calculated in 2020 due to the COVID-19 pandemic.

From 2018 to 2022, a smaller portion of St. Johns County’s population received food assistance benefits in comparison to Florida’s. Both St. Johns County and Florida experienced a slight decrease in the receipt of food assistance benefits during this period (Exhibit 19).

EXHIBIT 19: HOUSEHOLDS RECEIVING FOOD STAMP/SNAP BENEFITS IN THE PAST 12 MONTHS, ST. JOHNS COUNTY & FLORIDA, 2018–2022



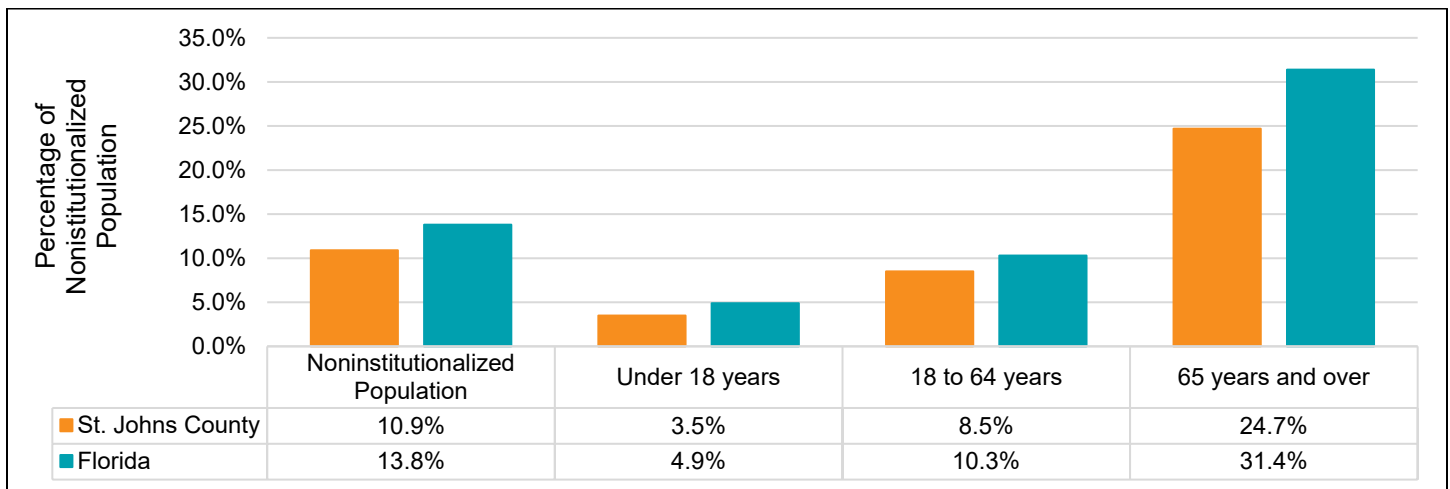
Source: [2018-2022 American Community Survey 5-Year Estimates, Table DP03, Selected Economic Characteristics](#). Date Sourced: March 19, 2024.
 Note: 5-year estimates were used instead of 1-year estimates because there were no 1-year estimates calculated in 2020 due to the COVID-19 pandemic.

Disability

Disabilities can be defined as “any condition of the body or mind (impairment) that makes it more difficult for the person with the condition to do certain activities (activity limitation) and interact with the world around them (participation restrictions)” (CDC, 2020b). Disabilities can make it difficult for a

person to do daily activities such as walking, climbing stairs, dressing, bathing, learning, or remembering. Disabilities may also impede a person from going outside the home alone or working at a job or business. In St. Johns County, 10.9% of the noninstitutionalized population had a disability in 2022, which was 2.9 percentage points lower than in Florida. The percentage of children under 18 with a disability was lower in St. Johns County (3.5%) than in Florida (4.9%) in the same year. St. Johns County residents who are 65 or older and have a disability consist of 24.7% of the population, which is almost seven percentage points lower than those in Florida (Exhibit 20).

EXHIBIT 20: DISABILITY STATUS OF THE CIVILIAN NONINSTITUTIONALIZED POPULATION, ST. JOHNS COUNTY & FLORIDA, 2022

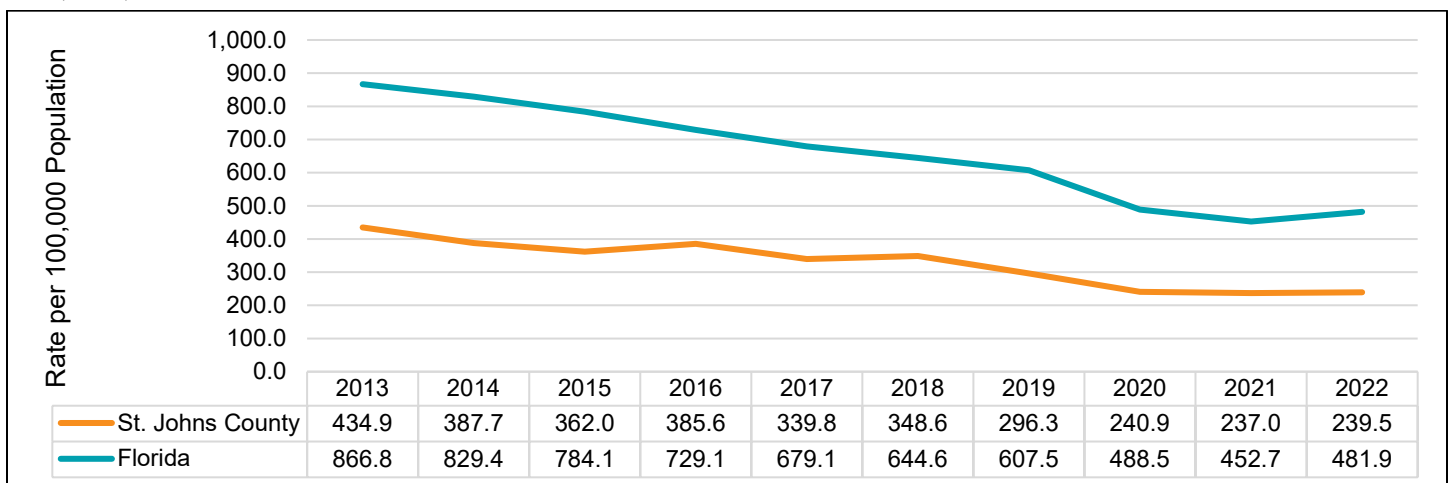


Source: [2022 American Community Survey 1-Year Estimates, Table DP02, Selected Social Characteristics in the United States](#). Date Sourced: March 19, 2024.

Crime

Index crimes—comprising aggravated assault, burglary, larceny, motor vehicle theft, murder, robbery, and sexual offenses—track the number of offenses reported to law enforcement and not the arrests for the given crimes. From 2013 to 2022, St. Johns County index crimes decreased by 44.9%. By comparison, index crimes in Florida decreased by 44.4% during the same period (Exhibit 21).

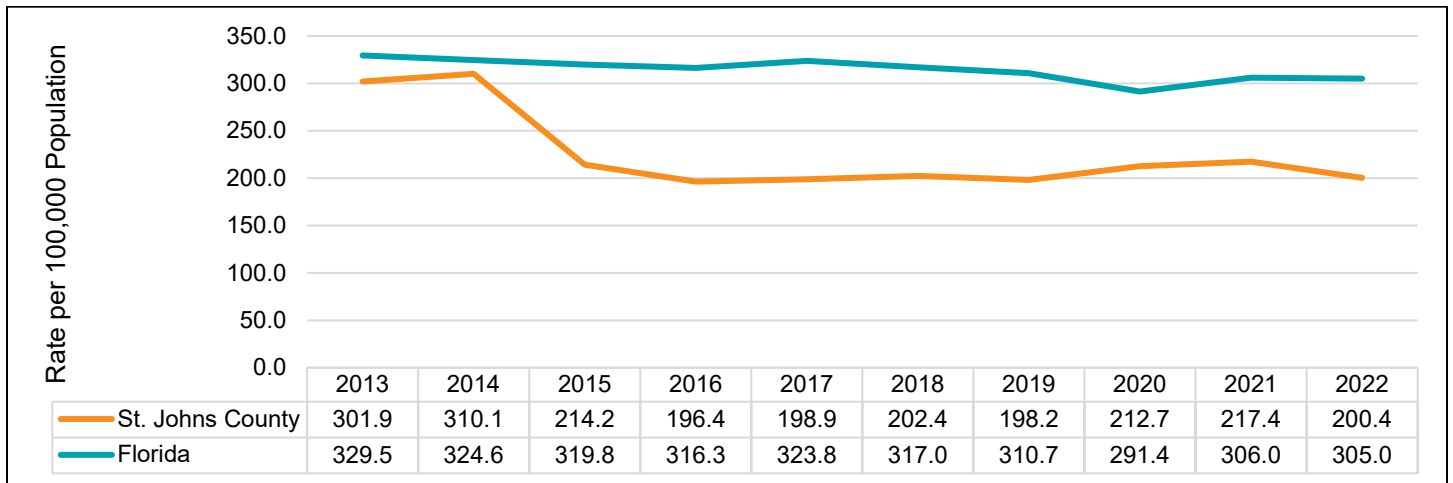
EXHIBIT 21: INCIDENCE OF INDEX CRIMES, ST. JOHNS COUNTY & FLORIDA, AGE-ADJUSTED RATE PER 100,000, 2013–2022



Source: [Florida Department of Health, Division of Disease Control and Health Protection, Incidence of Index Crimes](#). Date Sourced: March 20, 2024.

Overall, St. Johns County has a lower incidence of domestic violence offenses than the state. The incidence of domestic violence offenses in St. Johns County decreased by 33.6% from 2013 to 2022, compared to a 7.4% decrease in Florida during the same period (Exhibit 22).

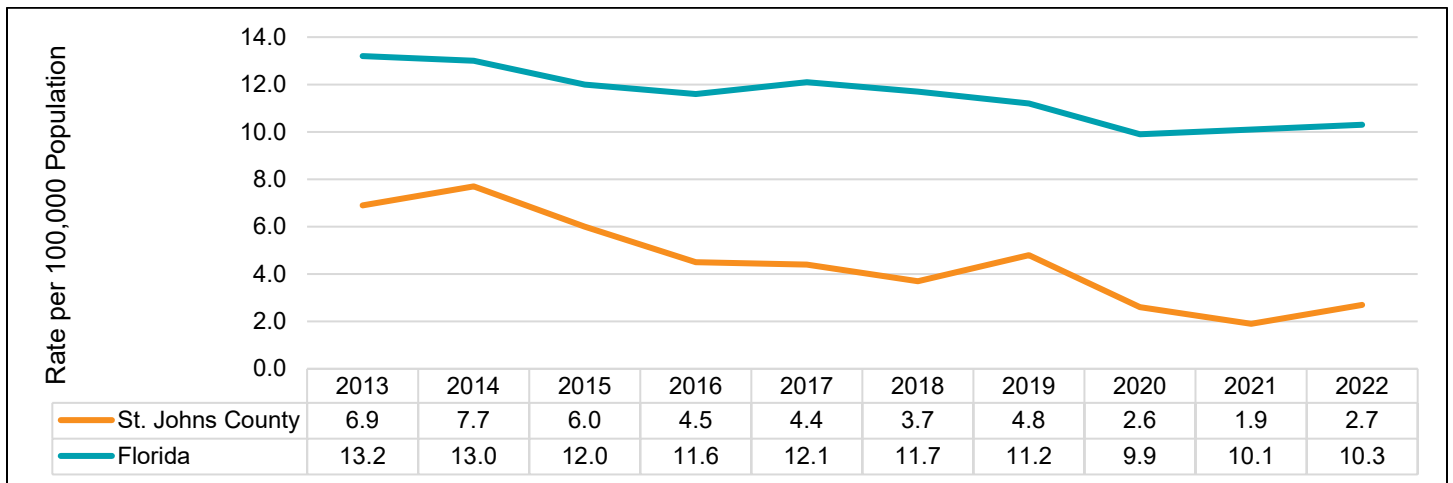
EXHIBIT 22: INCIDENCE OF DOMESTIC VIOLENCE OFFENCES, ST. JOHNS COUNTY & FLORIDA, AGE-ADJUSTED RATE PER 100,000, 2013–2022



Source: [Florida Department of Health, Division of Disease Control and Health Protection, Incidence of Domestic Violence Offenses](#). Date Sourced: March 20, 2024.

Forcible sex offenses are any sexual act or attempt involving force, regardless of the age of the victim or the relationship of the victim to the offender. The incidence of forcible sex offenses in St. Johns County decreased by 60.9% from 2013 to 2022. Florida experienced an overall decrease of about 22% from the same time period (Exhibit 23).

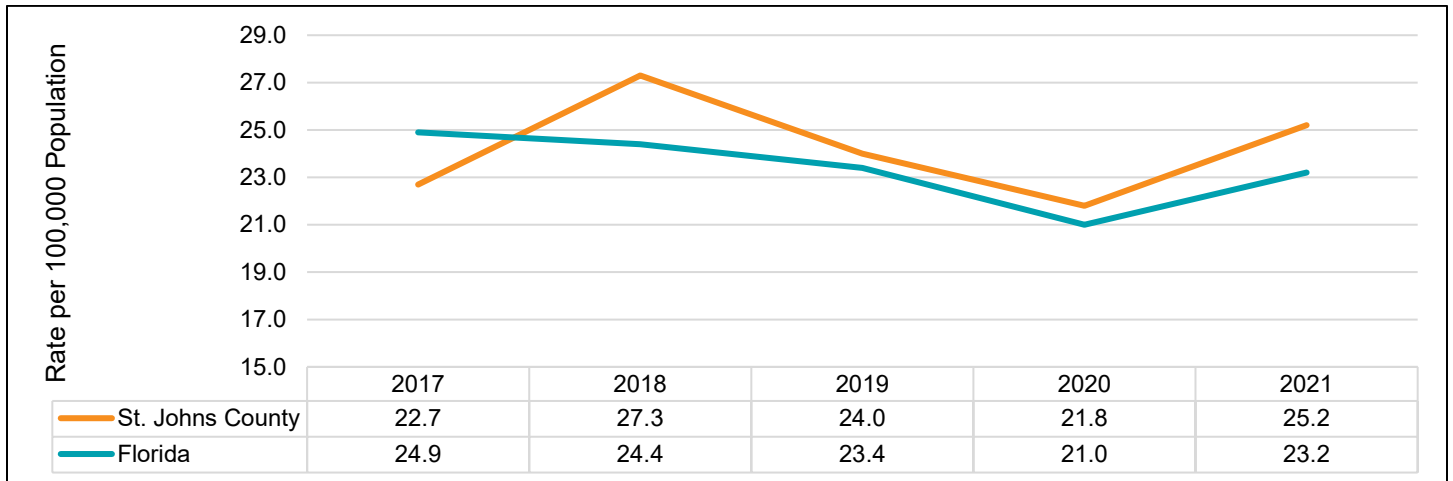
EXHIBIT 23: INCIDENCE OF FORCIBLE SEX OFFENSES, ST. JOHNS COUNTY & FLORIDA, AGE-ADJUSTED RATE PER 100,000, 2013–2022



Source: [Florida Department of Health, Division of Disease Control and Health Protection, Incidence of Forcible Sex Offenses](#). Date Sourced: March 20, 2024.

Alcohol-suspected motor vehicle traffic crashes in St. Johns County fluctuated from 2017 to 2021 but increased overall by 9.9%. Florida experienced a 6.8% decrease in incidence in the same period (Exhibit 24).

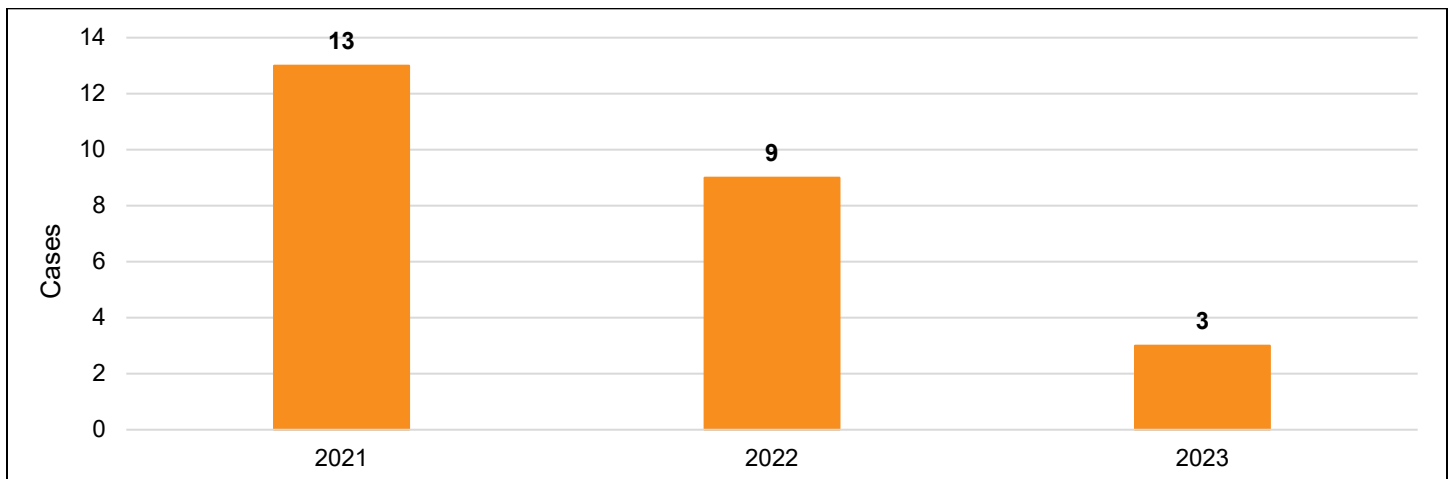
EXHIBIT 24: INCIDENCE OF ALCOHOL-CONFIRMED MOTOR VEHICLE TRAFFIC CRASHES, ST. JOHNS COUNTY & FLORIDA, AGE-ADJUSTED RATE PER 100,000, 2017–2021



Source: [Florida Department of Health, Division of Disease Control and Health Protection, Incidence of Alcohol-Confirmed Motor Vehicle Traffic Crashes](#). Date Sourced: March 20, 2024.

Human trafficking is defined as “the recruitment, transportation, transfer, harboring or receipt of people through force, fraud or deception, with the aim of exploiting them for profit” (UN Office on Drugs and Crime, n.d.). Incidences of human trafficking have been on the rise for the last decade across the United States. It occurs in every region of the world, and victims can be of any age, race, or background. Exhibit 25 provides data on the number of human trafficking cases reported in St. Johns County obtained from the St. Johns County Sheriff’s Office. In 2021, there were 781 national human trafficking hotline cases (*Human Trafficking Profile*, n.d.).

EXHIBIT 25: HUMAN TRAFFICKING REPORT, ST. JOHNS COUNTY SHERIFF’S OFFICE, 2021–2023



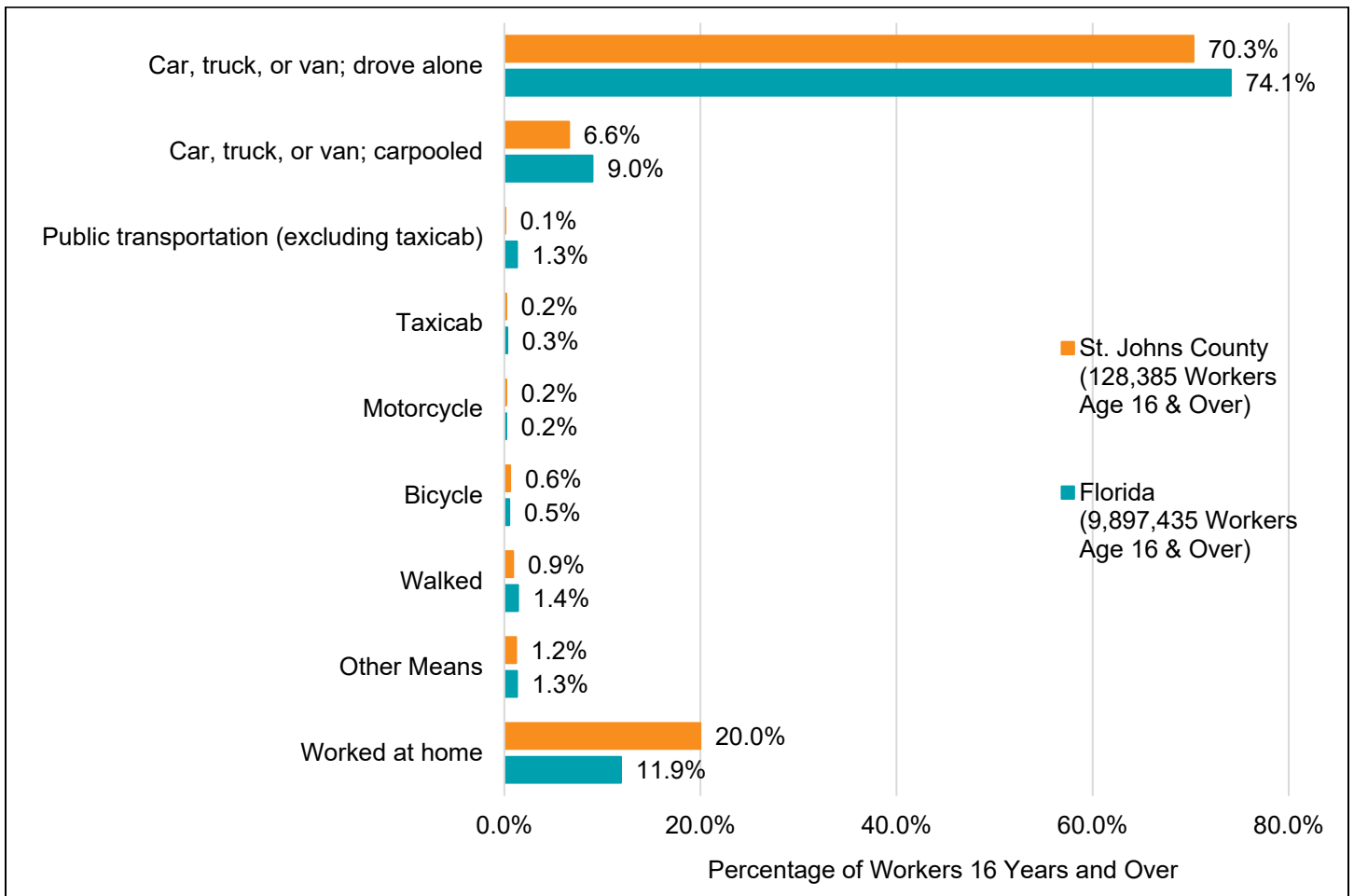
Source: St. Johns County Sheriff’s Office. Data Sourced: March 12, 2024.

Physical Environment

Transportation

St. Johns County and Florida residents used similar means of commuting to work from 2018 to 2022, with the majority of residents traveling by car, truck, or van. Of the 128,385 workers in St. Johns County, 70.3% drove alone, compared to 74.1% of the 9,897,435 workers in Florida. A little less than 7% of workers carpooled in St. Johns County and 9% in Florida. In St. Johns County, 1.5% of workers walked or biked during their commute, compared to 1.9% of workers across Florida. Only 0.1% of St. Johns County residents used public transportation, compared to 1.3% of Florida residents (Exhibit 26).

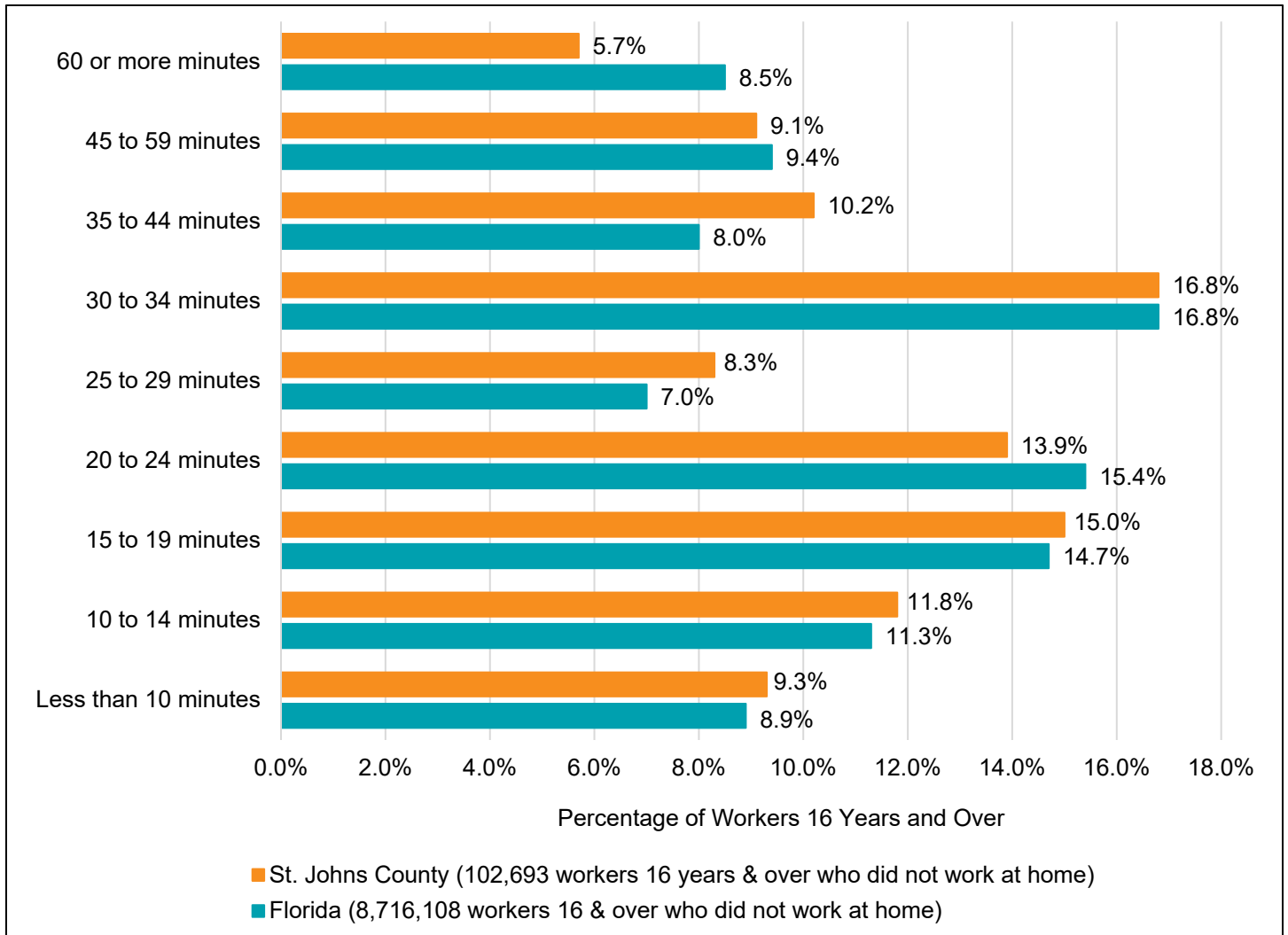
EXHIBIT 26: MEANS OF TRANSPORTATION TO WORK, WORKERS 16 AND OVER WHO DID NOT WORK AT HOME, ST. JOHNS COUNTY & FLORIDA, 2018–2022



Source: [2018-2022 American Community Survey 5-Year Estimates, Table B08301, Means of Transportation to Work](#). Date Sourced: March 21, 2024.

St. Johns County workers tended to have shorter travel times to work than Florida workers from 2018 to 2022. In St. Johns County, 36.1% of workers over the age of 16 spent less than 20 minutes commuting, compared to 34.9% in Florida. About 25% of St. Johns County workers had commutes of 35+ minutes, comparable to 25.9% of Floridian workers (Exhibit 27).

EXHIBIT 27: TRAVEL TIME TO WORK, WORKERS 16 AND OVER, ST. JOHNS COUNTY & FLORIDA, 2018–2022

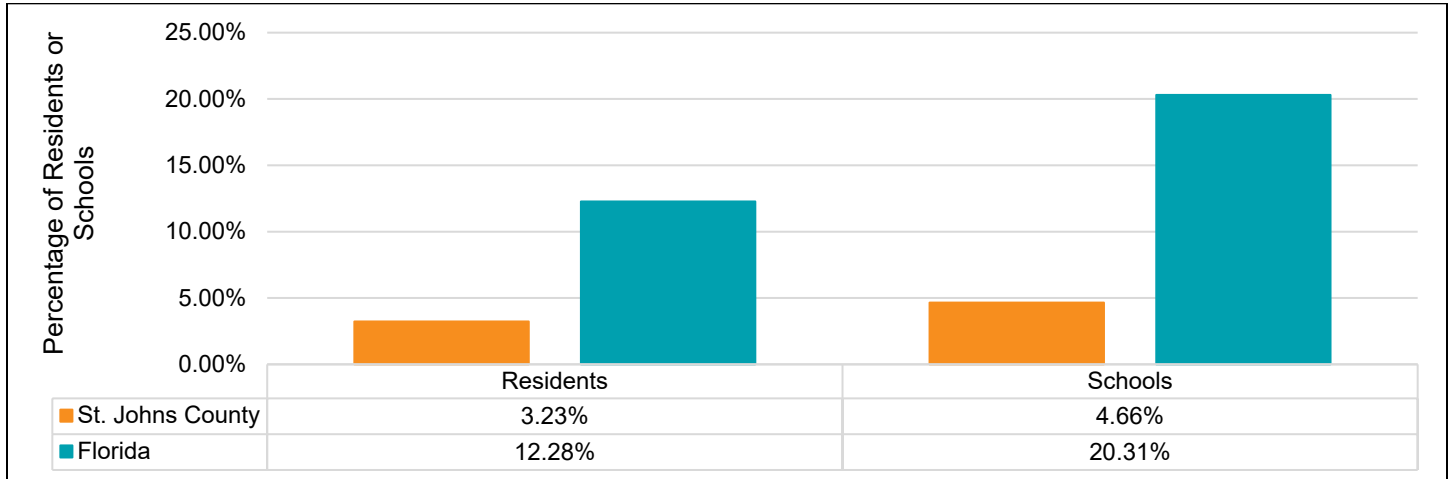


Source: [2018-2022 American Community Survey 5-Year Estimates, Table B08134, Means of Transportation to Work by Travel Time to Work](#). Date Sourced: March 21, 2024.

Proximity to Hazards and Resources

Studies show that disadvantaged populations experience higher exposure to traffic-related air pollution than those with greater means (Boehmer et al., 2013). In 2022, 3.23% of St. Johns County residents lived within 500 feet of a busy road, compared to 12.28% of Floridians. St. Johns County has a significantly lower percentage of schools within 500 feet of a busy road (4.66%) than the Florida average (20.31%) (Exhibit 28).

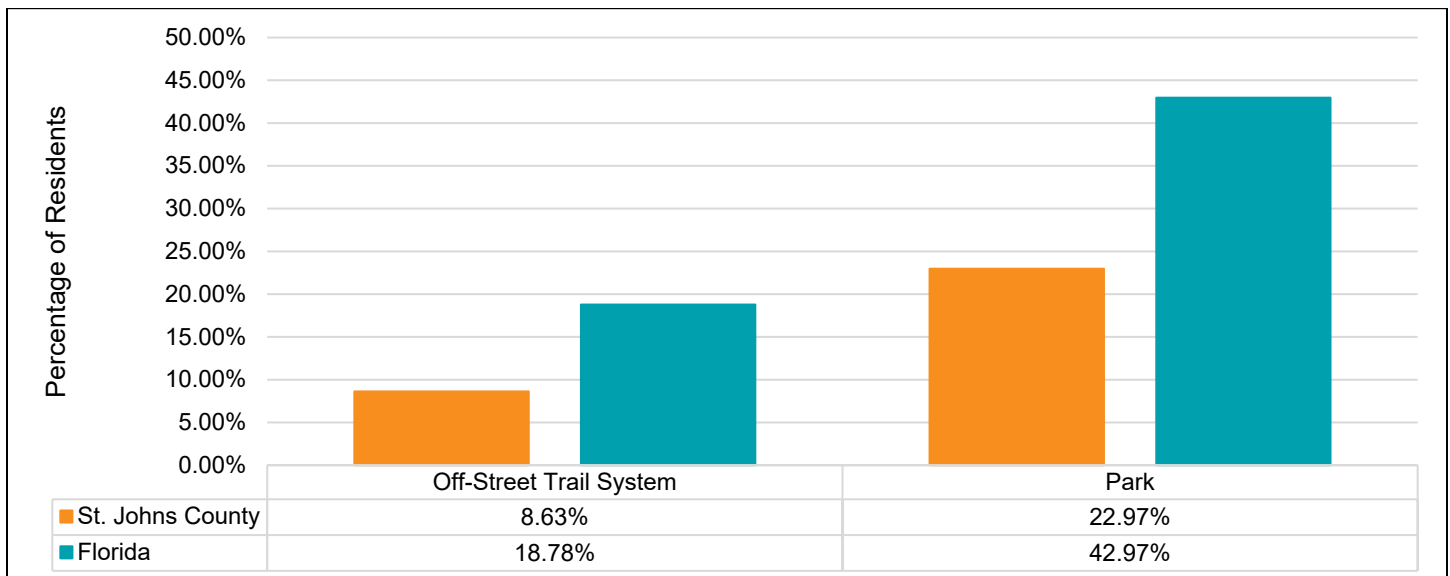
EXHIBIT 28: RESIDENTS AND SCHOOLS WITHIN 500 FEET OF A BUSY ROAD, ST. JOHNS COUNTY & FLORIDA, 2022



Source: [FDOH Environmental Public Health Tracking](#). Date Sourced: March 21, 2024.

In 2022, only 8.63% of St. Johns County residents lived within a half mile of an off-street trail system, compared to 18.78% of Floridians. Only 22.97% of St. Johns County residents lived within a half mile of a park, compared to 42.97% of Florida residents (Exhibit 29).

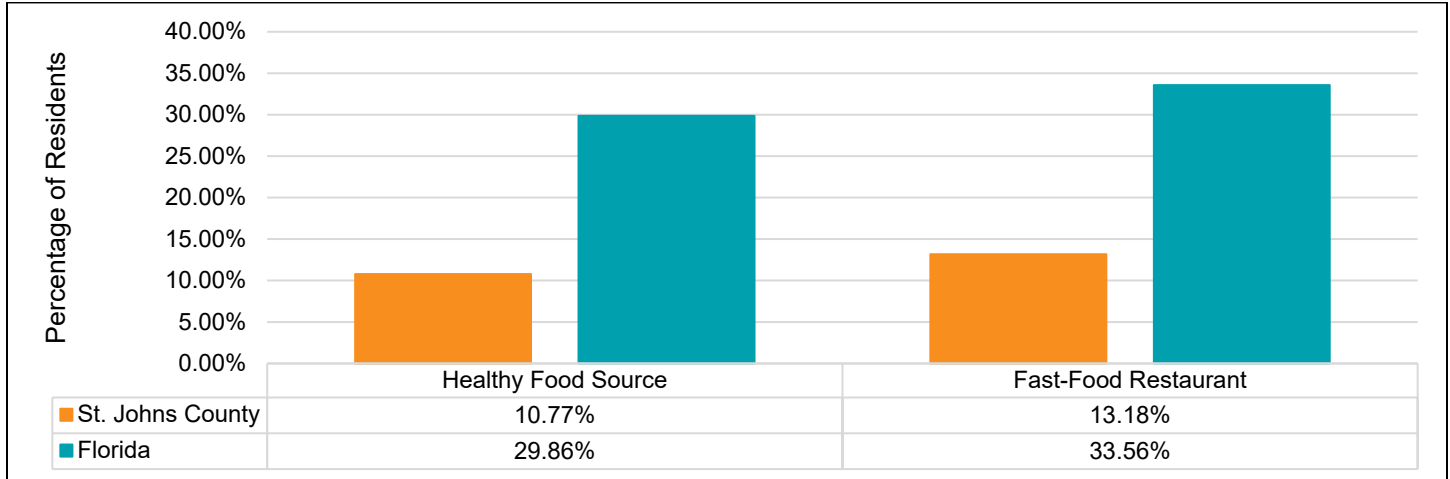
EXHIBIT 29: RESIDENTS LIVING WITHIN A TEN-MINUTE WALK (1/2 MILE) OF AN OFF-STREET TRAIL OR PARK, ST. JOHNS COUNTY & FLORIDA, 2022



Source: [FDOH Environmental Public Health Tracking](#). Date Sourced: March 21, 2024.

Exhibit 30 shows the percentage of residents living within a ten-minute walk of a healthy food source or a fast-food restaurant. In 2022, only 10.77% of St. Johns County residents lived within a half-mile, or a ten-minute walk, of a healthy food source, compared to 29.86% of Floridians. A healthy food source is defined as grocery stores, supermarkets, and registered produce stands where residents have access to a variety of foods, including fresh fruits and vegetables. In 2022, 13.18% of St. Johns residents lived within a half-mile of a fast-food restaurant, compared to 33.56% of Florida residents. Fast-food restaurants are defined as inexpensive and convenient food options with high caloric content.

EXHIBIT 30: RESIDENTS LIVING WITHIN A TEN-MINUTE WALK (1/2 MILE) OF A HEALTHY FOOD SOURCE OR FAST-FOOD RESTAURANT, ST. JOHNS COUNTY & FLORIDA, 2022

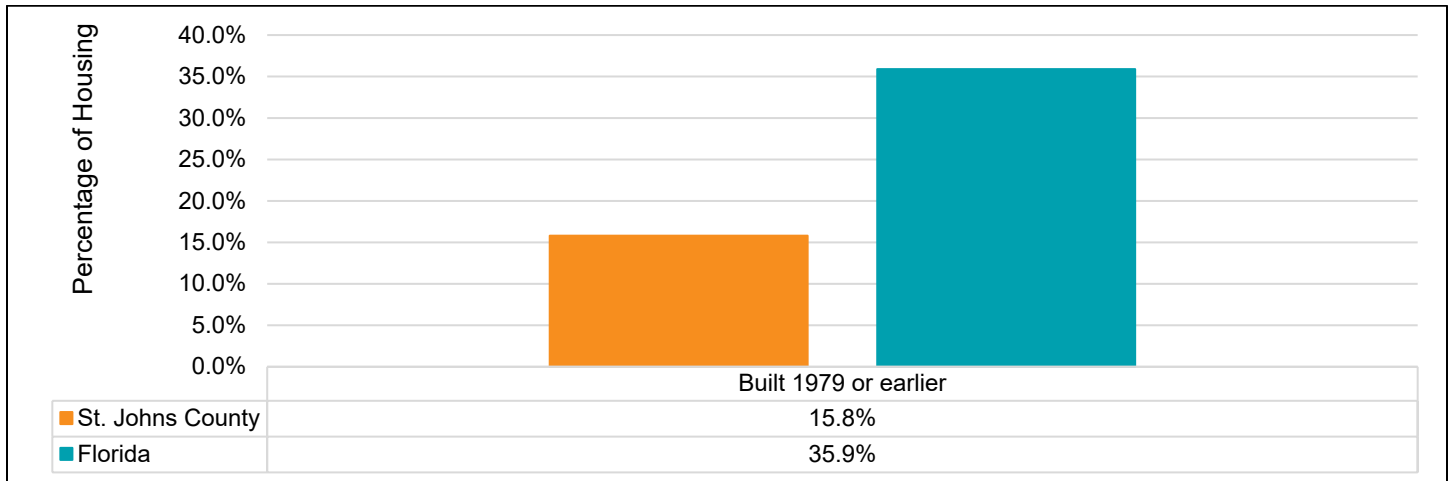


Source: [FDOH Environmental Public Health Tracking](#). Date Sourced: March 21, 2024.

Housing Conditions

Housing is an important social and economic factor affecting health³ because people spend a great portion of their time inside their homes. Homes built before 1979 are more likely to have lead-based paint on the walls, a lack of smoke and carbon monoxide detectors, as well as high humidity levels which can lead to mold growth, all of which pose serious risks to health. Due to the impacts of housing conditions on health, it is important to look at the number of individuals living in homes built before 1979. During 2018–2022, the estimated total housing units in St. Johns County and Florida were 120,920 and 9,915,957, respectively. Of these units, 15.8% in St. Johns and 35.9% in Florida were built before 1979 (Exhibit 31).

EXHIBIT 31: HOUSING UNITS BUILT 1979 OR EARLIER, ST. JOHNS COUNTY & FLORIDA, 2018–2022

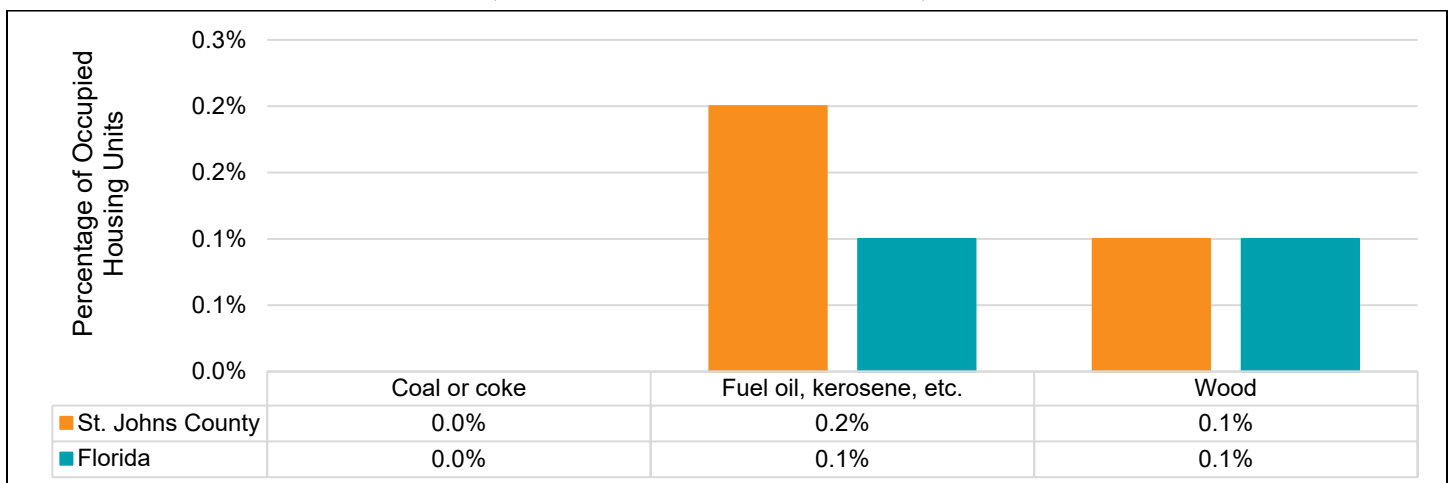


Source: [2022 American Community Survey 5-Year Estimates, Table DP04, Selected Housing Characteristics](#). Date Sourced: March 21, 2024.

Heating Fuel

Few occupied homes use heating fuel other than electricity or gas in both St. Johns County and Florida. In St. Johns County, 0% used coal or coke (0 households); 0.2% (194 households) used fuel oil, kerosene, etc.; and 0.1% (78 households) used wood. In Florida, by comparison, 0% of heating fuel was coal or coke; 0.1% fuel oil, kerosene, etc.; and 0.1% wood (Exhibit 32).

EXHIBIT 32: HOUSING HEATING FUEL, ST. JOHNS COUNTY & FLORIDA, 2018–2022



Source: [2022 American Community Survey 5-Year Estimates, Table DP04, Selected Housing Characteristics](#). Date Sourced: March 21, 2024.

³ “Social and economic factor affecting health” is utilized in replacement of “social determinant of health.”

Health Outcomes

County Health Rankings

County Health Rankings & Roadmaps, produced by the University of Wisconsin and Robert Wood Johnson Foundation, are a collection of reports that illustrate the overall health of counties in every state across the country and provide a comparison of counties within the same state. Two major categories exist for County Health Rankings: health outcomes and health factors. Health outcomes are measures that describe the current health status of a county. These health outcomes are influenced by a set of health factors. Health factors and their subsequent outcomes may be affected by community-based programs and policies designed to alter their distribution in the community. Counties can improve health outcomes by addressing all health factors with effective, evidence-based programs and policies (County Health Rankings & Roadmaps, n.d.-a).

The report ranks Florida counties according to their summary measures of health outcomes and health factors and the components used to create each summary measure. Outcomes rankings are based on an equal weighting of mortality and morbidity measures. The summary health factors rankings are based on weighted scores of four types of factors: behavioral, clinical, social and economic, and environmental (County Health Rankings & Roadmaps, n.d.-b).

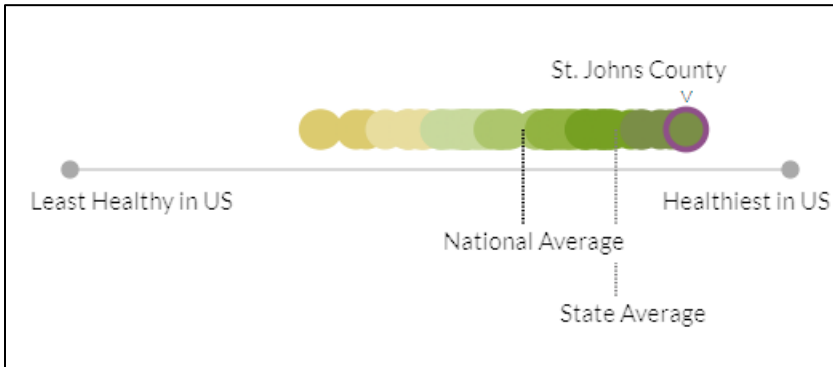
Health snapshots are available for states and their respective counties. These snapshots illustrate geographic variation in measures of health to help better understand the health of counties. The snapshots and tools are helpful in understanding counties' "current health, changes over time, and identify areas of strength or opportunities for health improvement" (County Health Rankings & Roadmaps, n.d.-b).

The following two graphics display summaries of St. Johns County's health outcomes and health factors. St. Johns County is represented by a dot, placed on a continuum from least healthy to healthiest in the country. The colors of each dot represent Health Groups, "data-informed groupings of counties nationwide with similar Health Outcomes or Health Factors on the continuum" (County Health Rankings & Roadmaps, n.d.-b). These graphics help us understand how a county fares relative to other counties in the state and the nation.

County rankings for health outcomes and health factors were determined by analyzing the national z-scores provided on the *County Health Rankings & Roadmaps* website. A lower z-score correlated with a higher ranking, while a higher z-score correlated with a lower ranking.

St. Johns County is faring better than the average county in Florida for Health Outcomes and better than the average county in the nation. St. Johns County ranks #1 out of the 67 counties in Florida for Health Outcomes in 2024.

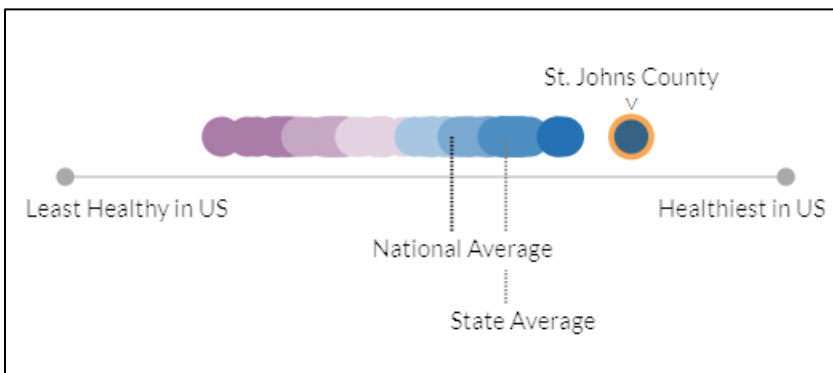
EXHIBIT 33: ST. JOHNS COUNTY HEALTH OUTCOMES SNAPSHOT, 2024



Source: [County Health Rankings & Roadmaps, 2024, Robert Wood Johnson Foundation](#). Date Sourced: March 22, 2024.

St. Johns County is faring better than the average county in Florida for Health Factors and better than the average county in the nation. St. Johns County ranks #1 out of the 67 counties in Florida for Health Factors in 2024. There are many areas of strength in Health Factors for St. Johns County, some of which include the low rate of sexually transmitted infections, low unemployment rate, low rate of physical inactivity, and a high completion rate of high school. Opportunities for improvement include the rate of primary care physicians, the rate of dentists, and excessive drinking.

EXHIBIT 34: ST. JOHNS COUNTY HEALTH FACTORS SNAPSHOT, 2024

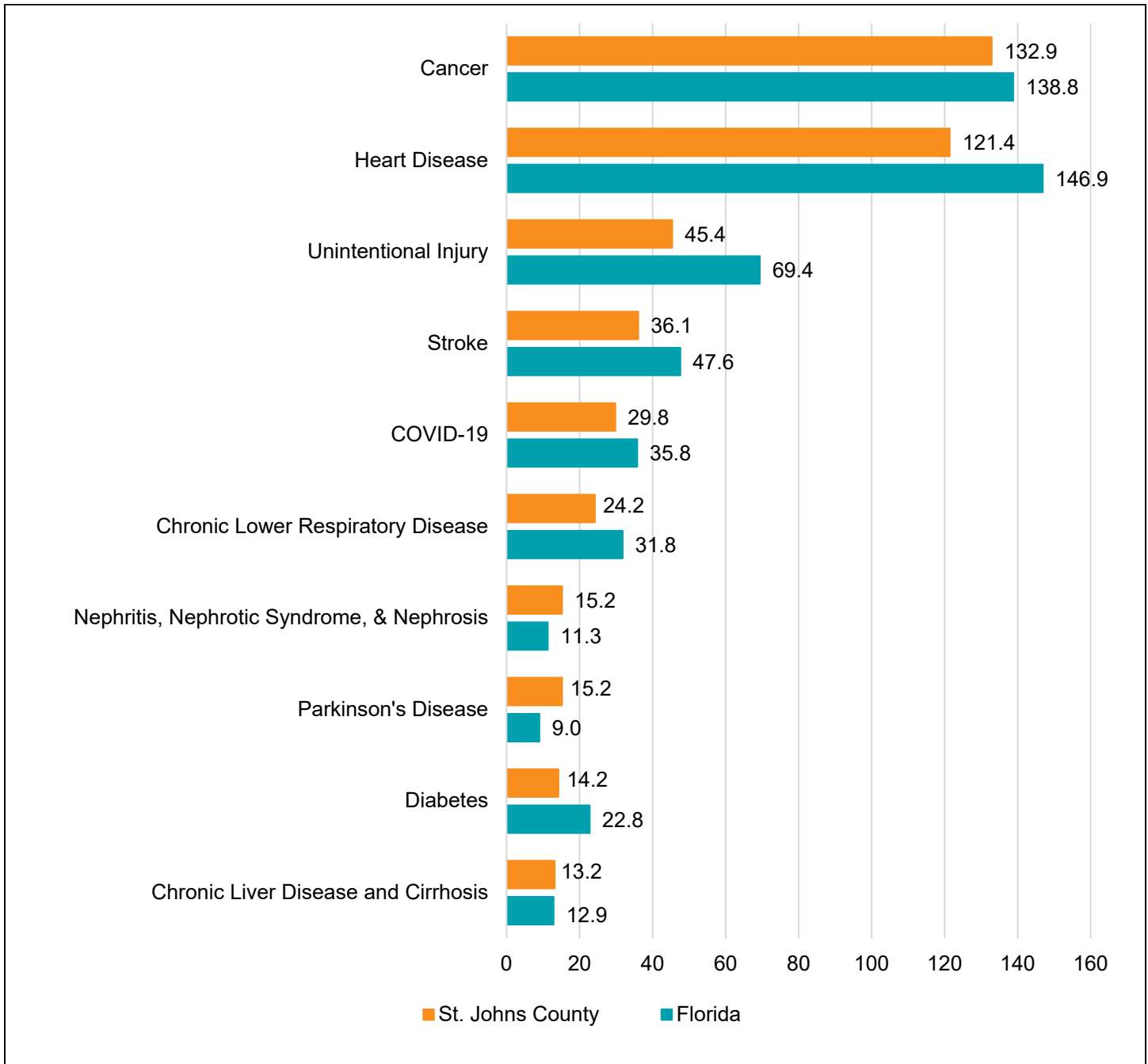


Source: [County Health Rankings & Roadmaps, 2024, Robert Wood Johnson Foundation](#). Date Sourced: March 22, 2024.

Leading Causes of Death

The top ten leading causes of death in St. Johns County are shown in Exhibit 35 in comparison to Florida. In 2021, the top three causes of death in both St. Johns County and Florida were cancer, heart disease, and unintentional injury. While cancer was the leading cause of death in St. Johns County, heart disease was the leading cause of death in Florida. Compared to Florida, St. Johns County had a lower age-adjusted death rate per 100,000 population for its top three causes of death. St. Johns County had a higher mortality rate than Florida for nephritis, nephrotic syndrome, and nephrosis; Parkinson’s disease; chronic liver disease and cirrhosis.

EXHIBIT 35: LEADING CAUSES OF DEATH, ST. JOHNS COUNTY & FLORIDA, AGE-ADJUSTED RATE PER 100,000, 2022



Source: [Florida Department of Health, Bureau of Vital Statistics](#). Date Sourced: March 19, 2024.

Communicable Diseases

Sexually Transmitted Diseases

Sexually transmitted diseases (STDs) are infections by bacteria, viruses, or parasites transmitted through sexual contact. They can have a devastating impact on women and infants, especially due to their inter-relationship with HIV/AIDS. Besides increasing the risk of getting and transmitting HIV, STDs can also produce other long-term health problems. These include pelvic inflammatory disease, infertility, tubal or ectopic pregnancy, cervical cancer, and perinatal or congenital infection in infants born to infected mothers (NIAID, 2015).

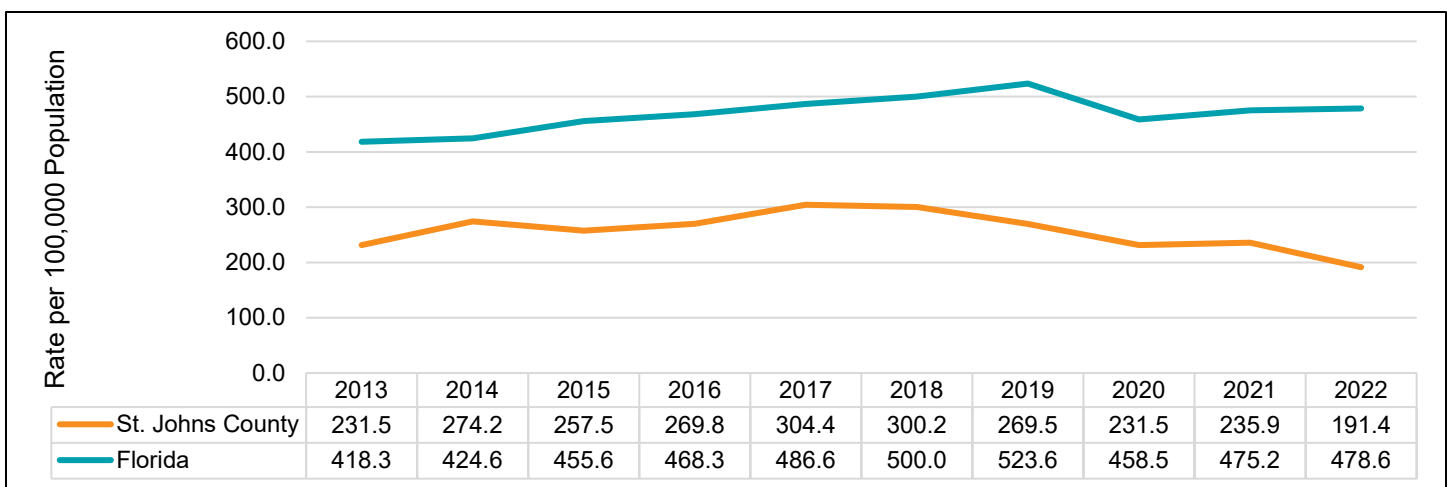
Chlamydia

Chlamydia is a common STD caused by transmission of the *Chlamydia trachomatis* bacterium through sexual contact with the penis, vagina, mouth, or anus of an infected partner and without the need for ejaculation. Chlamydia can also spread from an untreated mother to her baby during childbirth, causing health problems in exposed infants. Any sexually active person can be infected with chlamydia, but men who have sex with men and young people are at an increased risk due to a combination of behavioral, biological, and cultural reasons. Reinfection can also occur in those who received treatment for an earlier infection (CDC, 2022a).

Chlamydia is known as a “silent” infection because many infected people do not show symptoms. The bacteria may cause discharge, bleeding, inflammation of the urethra, painful or difficult urination, and urinary frequency. In women, the infection can spread from the cervix to the upper reproductive tract, causing pelvic inflammatory disease (PID). PID can permanently damage the fallopian tubes and uterus, causing chronic pain, infertility, and potentially life-threatening complications during pregnancy (CDC, 2022a).

In St. Johns County, chlamydia incidence rates (rate of new infections) decreased from 2013 to 2022, while they increased in Florida. St. Johns County’s rate decreased by 17.3% during this period, compared to a 14.4% increase in that of Florida (Exhibit 36).

EXHIBIT 36: INCIDENCE OF CHLAMYDIA, ST. JOHNS COUNTY & FLORIDA, AGE-ADJUSTED RATE PER 100,000, 2013–2022



Source: [Florida Department of Health, Bureau of Communicable Diseases, Cases of Chlamydia](#). Date Sourced: March 19, 2024.

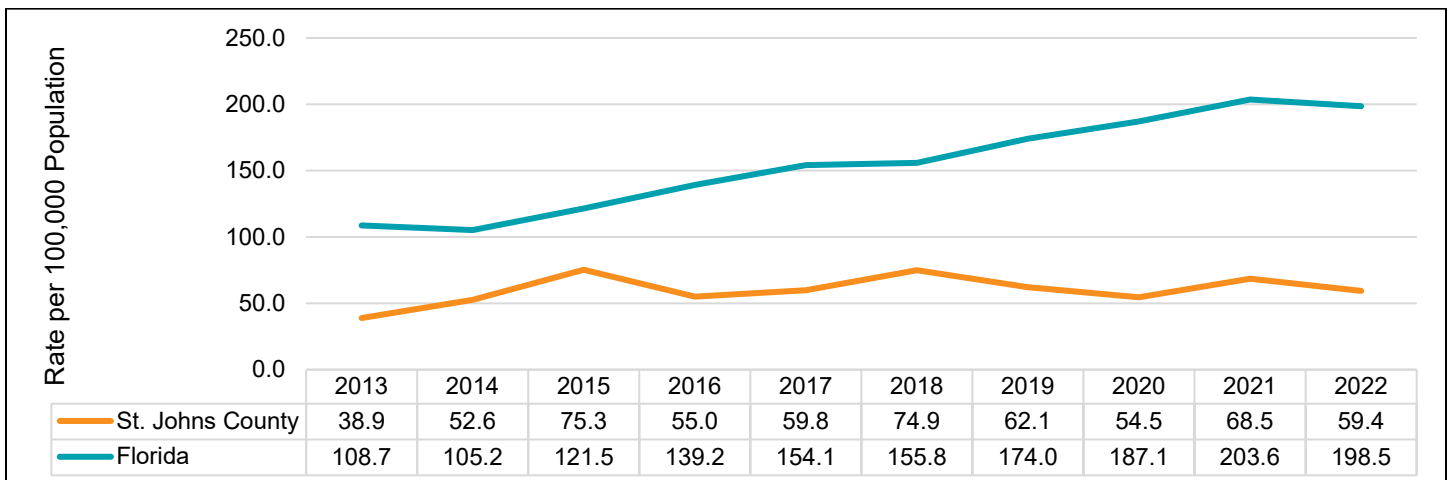
Gonorrhea

Gonorrhea is a common STD caused by *Neisseria gonorrhoeae* bacteria, transmitted through sexual contact with the penis, vagina, mouth, or anus of an infected person without the need for ejaculation. An infected pregnant woman can also spread the bacteria to her baby during delivery, potentially causing blindness, joint infection, or a life-threatening blood infection in the baby. While anyone who is sexually active can be infected, the highest gonorrhea rates are among teens, young adults, and African Americans. Reinfection can also occur in those who received treatment for an earlier infection (CDC, 2023e).

Most infected people do not experience symptoms. Symptoms in women include painful or difficult urination, increased vaginal discharge, or vaginal bleeding between periods. Serious complications occur when gonorrhea spreads into the uterus or fallopian tubes and causes PID, as seen in chlamydia. Men with urethral infections present with painful or difficult urination and/or white, yellow, or green discharge (CDC, 2023e).

From 2013 to 2022, St. Johns County’s gonorrhea incidence rate (rate of new cases) increased by 52.7%, while Florida’s rate increased by 82.6% (Exhibit 37).

EXHIBIT 37: INCIDENCE OF GONORRHEA, ST. JOHNS COUNTY & FLORIDA, AGE-ADJUSTED RATE PER 100,000, 2013–2022



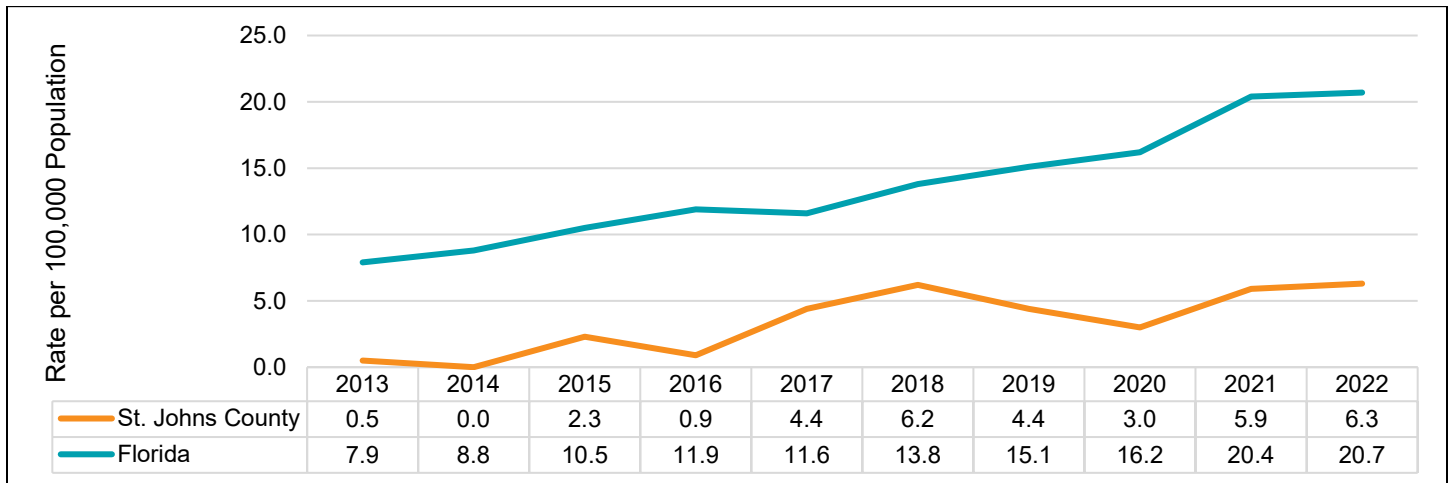
Source: [Florida Department of Health, Bureau of Communicable Diseases, Cases of Gonorrhea](#). Date Sourced: March 19, 2024.

Infectious Syphilis

Syphilis, caused by the bacterium *Treponema pallidum*, can cause serious chronic health problems if not properly treated. Transmission can occur during vaginal, anal, or oral sex by direct contact with a syphilitic sore, known as a chancre. Chancres can occur on or around the external genitals, in the vagina, around the anus, in the rectum, or in or around the mouth. Infected pregnant women can spread syphilis to their unborn children. Symptoms can look like many other diseases and may last for weeks, months, or even years if untreated (CDC, 2023f).

Infectious syphilis rates have drastically increased in both St. Johns County and Florida from 2013 to 2022 (Exhibit 38).

EXHIBIT 38: INCIDENCE OF INFECTIOUS SYPHILIS, ST. JOHNS COUNTY & FLORIDA, AGE-ADJUSTED RATE PER 100,000, 2013–2022



Source: [Florida Department of Health, Bureau of Communicable Diseases, Cases of Infectious Syphilis](#). Date Sourced: March 19, 2024.

HIV/AIDS

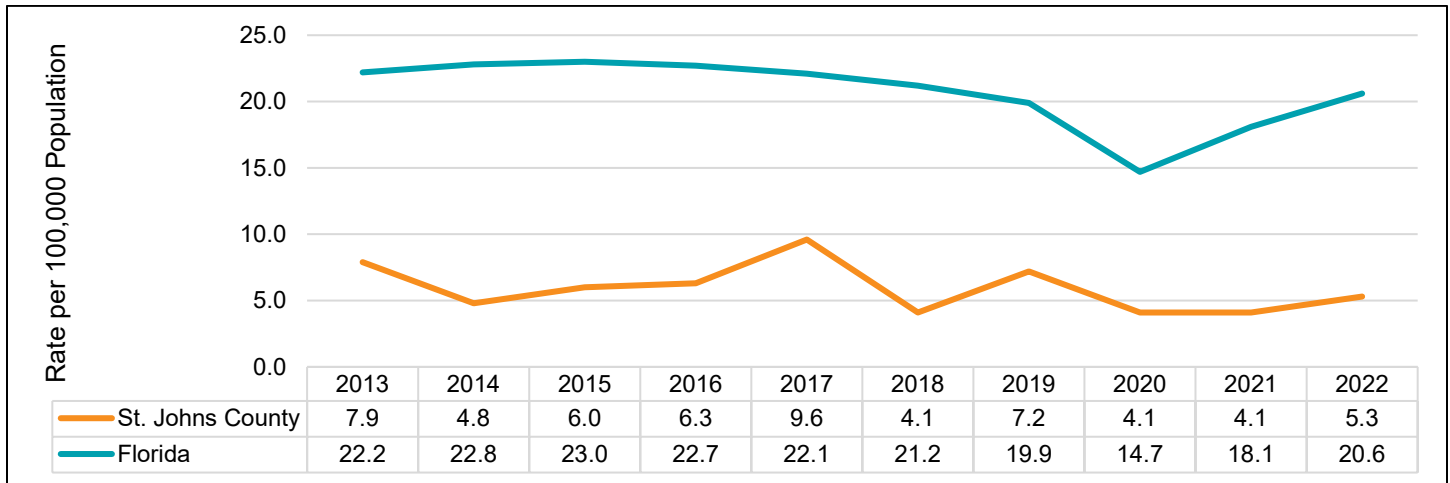
Human immunodeficiency virus (HIV) is a virus that, if untreated, can lead to acquired immunodeficiency syndrome (AIDS). HIV attacks immune system cells, called CD4 or T cells, which help the body fight off infections. Over time, HIV can destroy enough immune cells that the body cannot defend against other infections and diseases. When opportunistic infections and cancers take advantage of this state of decreased immunity, the infected person has AIDS (CDC, 2022b).

There are three stages of HIV infection. Stage 1, acute infection, occurs within two to four weeks of infection. People with acute HIV infection are very contagious. Stage 2 is a period of HIV inactivity. People are still contagious in this stage, but taking medication and maintaining low viral levels decreases the chance of transmitting HIV to others. Medication may allow people to remain in this stage for several decades. AIDS, Stage 3, is the most severe and final stage. The damaged immune system of those in Stage 3 cannot defend against opportunistic infections, such as severe fungal and bacterial infections. AIDS life expectancy is around three years if untreated (CDC, 2022b).

HIV transmission occurs when certain body fluids (blood, semen, pre-seminal fluid, rectal fluids, vaginal fluids, and breast milk) of an infected person come into contact with a mucous membrane or damaged tissue or when they are directly introduced into the bloodstream through specific activities, such as sex and needle or syringe use. Transmission cannot occur by air or water; saliva, sweat, tears, or closed-mouth kissing; insects or pets; or sharing toilets, food, or drinks (CDC, 2020c).

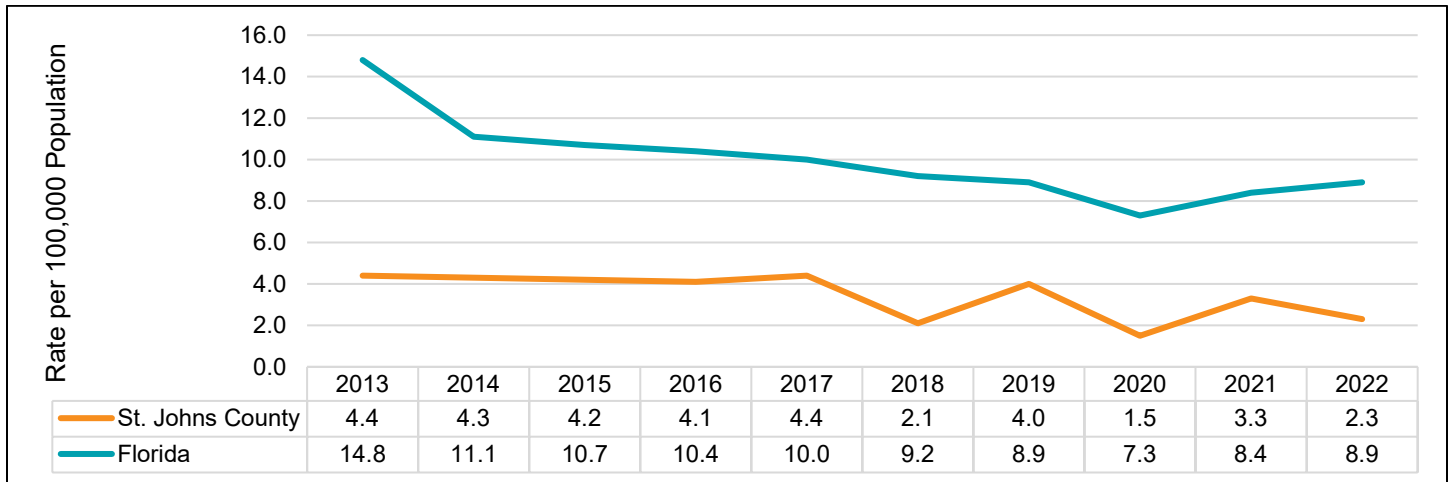
The incidence of HIV and AIDS has decreased from 2013 to 2022 in both St. Johns County and Florida. During this period, HIV rates decreased by 32.9% in St. Johns County and 7.2% in Florida (Exhibit 39). AIDS rates decreased by 47.7% in St. Johns County and 39.9% in Florida (Exhibit 40).

EXHIBIT 39: INCIDENCE OF HIV, ST. JOHNS COUNTY & FLORIDA, AGE-ADJUSTED RATE PER 100,000, 2013–2022



Source: [Florida Department of Health, Bureau of Communicable Diseases, Cases of HIV](#). Date Sourced: March 19, 2024

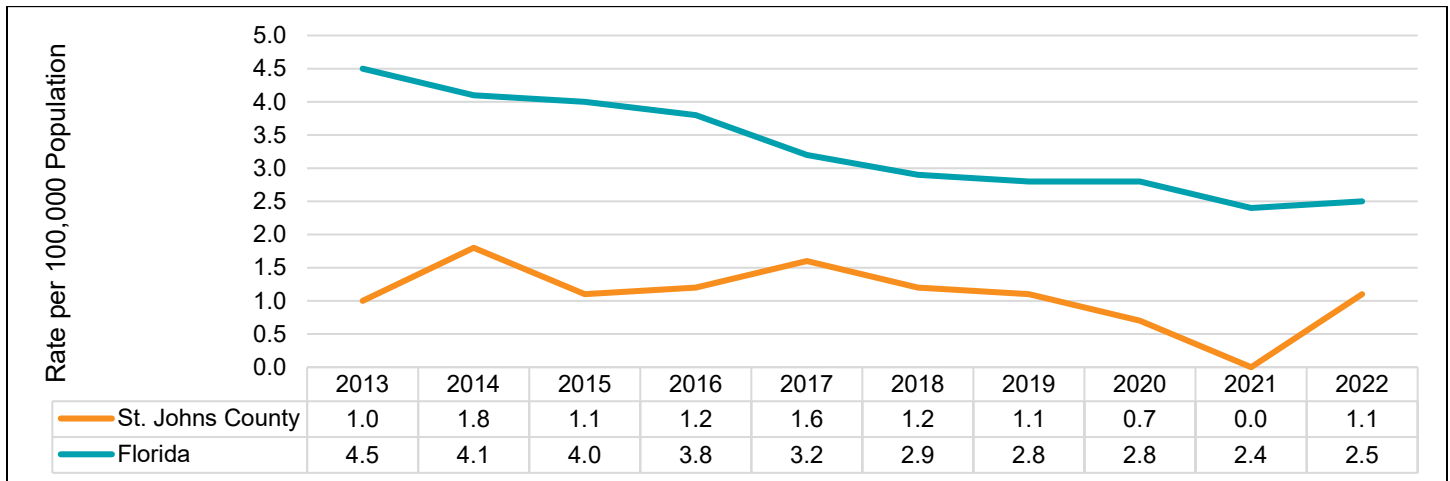
EXHIBIT 40: INCIDENCE OF AIDS, ST. JOHNS COUNTY & FLORIDA, AGE-ADJUSTED RATE PER 100,000, 2013–2022



Source: [Florida Department of Health, Bureau of Communicable Diseases, Cases of AIDS](#). Date Sourced: March 19, 2024.

The HIV/AIDS mortality rate slightly increased in St. Johns County and decreased in Florida during the same period (Exhibit 41).

EXHIBIT 41: HIV/AIDS MORTALITY RATE, ST. JOHNS COUNTY & FLORIDA, AGE-ADJUSTED RATE PER 100,000, 2013–2022



Source: [Florida Department of Health, Bureau of Communicable Diseases, Deaths from HIV/AIDS](#). Date Sourced: March 19, 2024.

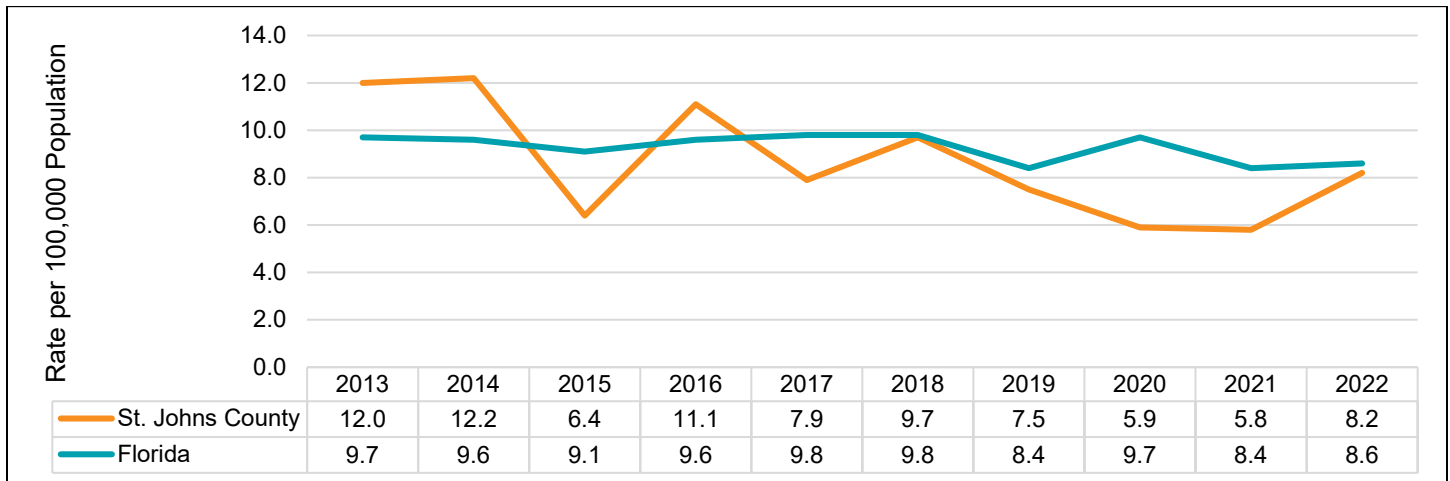
Influenza and Pneumonia

Influenza, or the flu, is a contagious respiratory illness caused by the influenza virus. It can cause mild to severe symptoms and sometimes death. The young, elderly, pregnant women, and people with certain medical conditions, such as asthma, heart disease, and weakened immune system, have a higher risk for serious flu-related complications (CDC, 2022j).

Pneumonia is a lung infection caused by bacteria, viruses, or fungi. In the U.S., the leading causes are *Streptococcus pneumoniae* for bacterial infections and influenza and respiratory syncytial viruses for viral infections. While several causes of pneumonia can be prevented through immunizations, such as whooping cough, chickenpox, and influenza, pneumonia is the leading infectious cause of death for children under five years of age worldwide (CDC, 2022g).

In St. Johns County, the influenza and pneumonia mortality rate decreased by 31.7% from 2013 to 2022. Florida’s rate decreased by 11.3% during the same period (Exhibit 42).

EXHIBIT 42: INFLUENZA AND PNEUMONIA MORTALITY RATE, ST. JOHNS COUNTY & FLORIDA, AGE-ADJUSTED RATE PER 100,000, 2013–2022

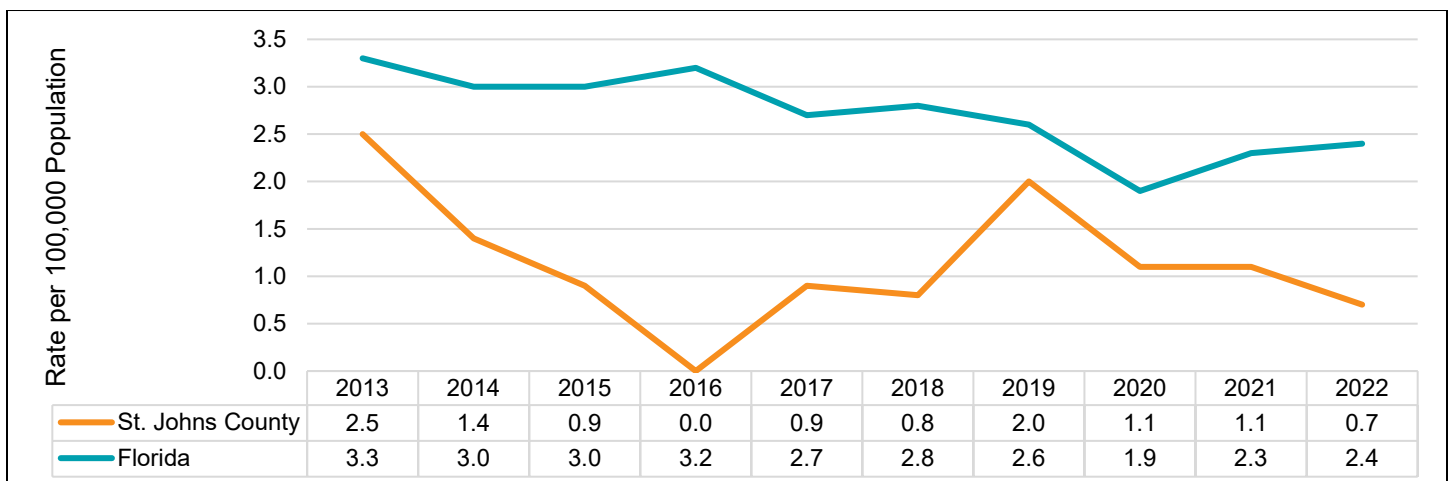


Source: [Florida Department of Health, Bureau of Communicable Diseases, Deaths from Influenza and Pneumonia](#). Date Sourced: March 20, 2024.

Tuberculosis

Tuberculosis (TB) is an airborne disease spread by the bacterium *Mycobacterium tuberculosis* that primarily attacks the lungs but can affect other parts of the body, such as the kidneys, skin, and brain. Because not everyone infected with TB becomes sick, TB results in two conditions: latent TB infection (LTBI) and TB disease, which, if untreated, can be fatal (CDC, 2016b). Those who are at elevated risk of developing TB disease include people with HIV infections, people infected with TB bacteria in the last two years, babies and young children, people who inject illegal drugs, people who have other diseases that weaken their immune system, elderly people, and people who were not treated correctly for TB in the past (CDC, 2016a). The incidence of tuberculosis decreased in St. Johns County by 72% and by 27.3% in Florida from 2013 to 2022 (Exhibit 43).

EXHIBIT 43: INCIDENCE OF TUBERCULOSIS, ST. JOHNS COUNTY & FLORIDA, AGE-ADJUSTED RATE PER 100,000, 2013–2022



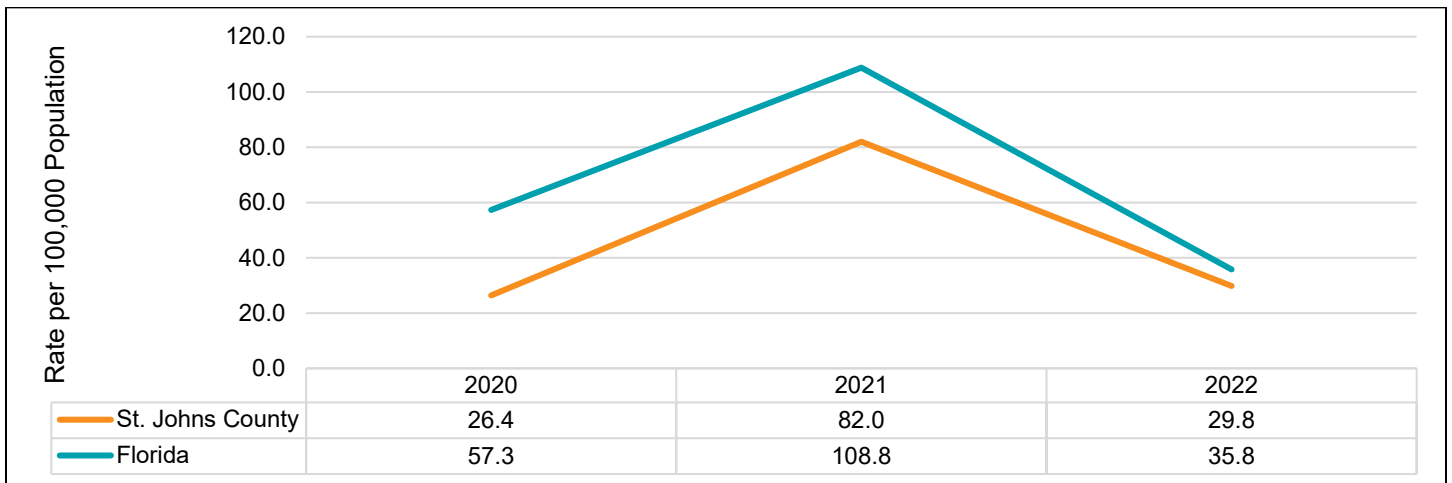
Source: [Florida Department of Health, Division of Disease Control and Health Protection, Cases of Tuberculosis](#). Date Sourced: March 20, 2024.

COVID-19

Coronavirus disease (COVID-19) is an infectious disease caused by the SARS-CoV-2 virus. It is very contagious and spreads quickly. Over one million people have died from COVID-19 in the U.S. since the pandemic began in 2020 (CDC, 2020a). COVID-19 typically induces respiratory symptoms that can resemble those of a common cold, influenza, or pneumonia. However, it is important to note that COVID-19 can impact the lungs, respiratory system, and other parts of the body. While many individuals experience mild symptoms, a subset of people may develop severe illnesses due to the disease (CDC, 2020a).

St. Johns County and Florida both experienced more deaths from COVID-19 in 2021 compared to 2020 and 2022 (Exhibit 44).

EXHIBIT 44: COVID-19 MORTALITY RATE, ST. JOHNS COUNTY & FLORIDA, AGE-ADJUSTED RATE PER 100,000, 2020–2022



Source: [FLHealthCharts, Deaths from COVID-19](#). Date Sourced: March 20, 2024.

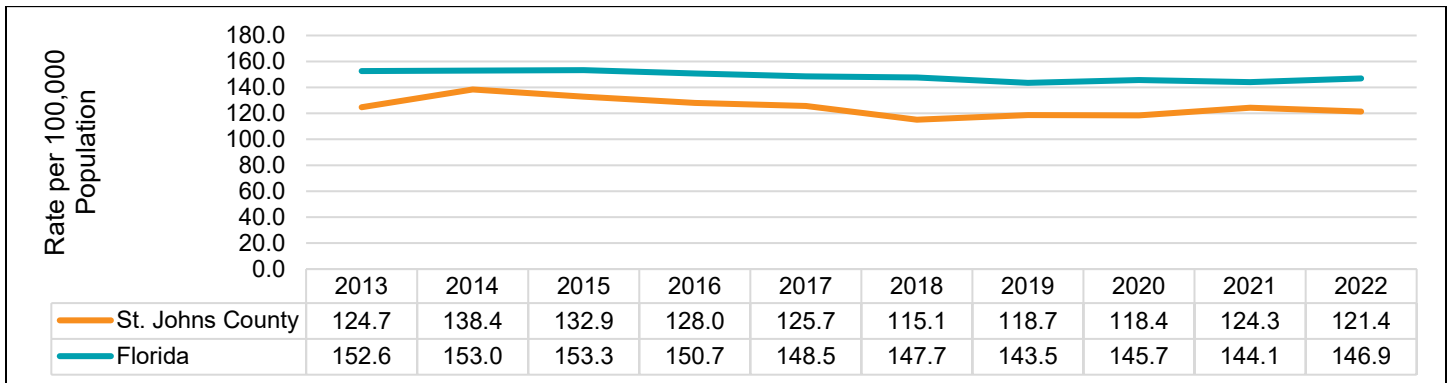
Chronic Diseases

Heart Disease

Heart disease remains the nation’s leading cause of death, accounting for one in every four deaths in the U.S. The most common type is coronary heart disease, which can lead to heart attack. Key risk factors are high blood pressure, high cholesterol, and smoking, but other medical conditions and lifestyle choices such as diabetes, obesity, poor diet, physical inactivity, and excessive alcohol use can pose risks (CDC, 2022h).

From 2013 to 2022, the mortality rate from heart disease in St. Johns County and Florida has stayed about the same, with some slight increases and decreases. (Exhibit 45).

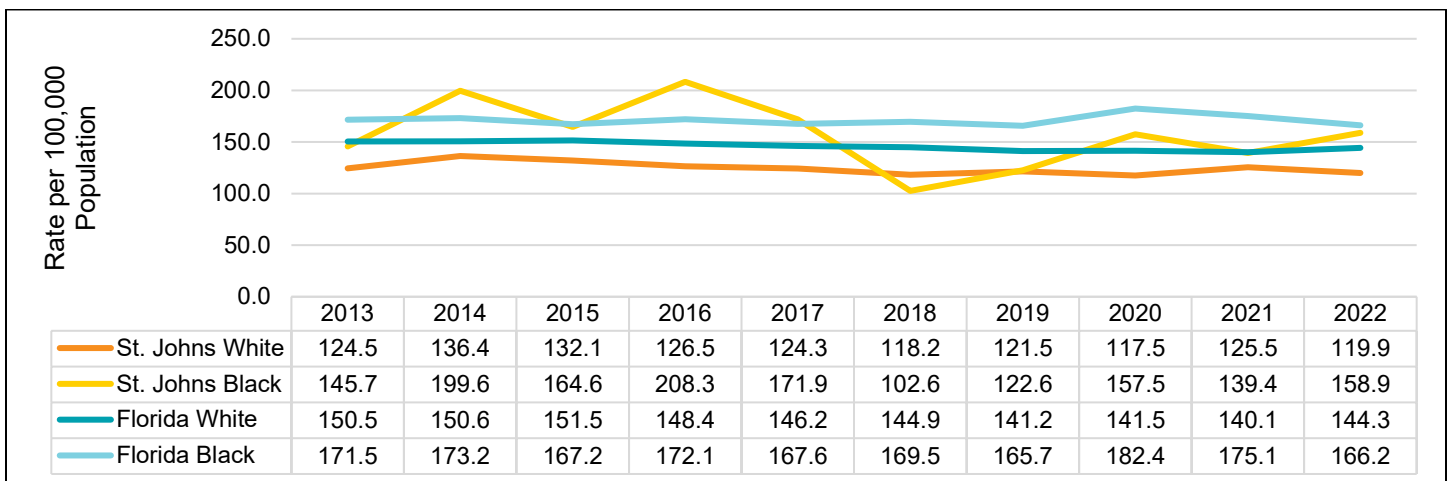
EXHIBIT 45: HEART DISEASE MORTALITY RATE, ST. JOHNS COUNTY & FLORIDA, AGE-ADJUSTED RATE PER 100,000, 2013–2022



Source: [Florida Department of Health, Bureau of Vital Statistics, Deaths from Heart Disease](#). Date Sourced: March 20, 2024.

St. Johns County’s Black residents have a higher heart disease mortality rate than White residents, and the mortality rate for Black residents increased by 9.1% from 2013 to 2022, although there were some fluctuations. The mortality rate among St. Johns County’s White residents slightly decreased by 3.7% during the same time (Exhibit 46). The heart disease mortality rate for White and Black residents in St. Johns County was lower than Florida’s Black population in 2022.

EXHIBIT 46: HEART DISEASE MORTALITY RATE BY RACE, ST. JOHNS COUNTY & FLORIDA, AGE-ADJUSTED RATE PER 100,000, 2013–2022



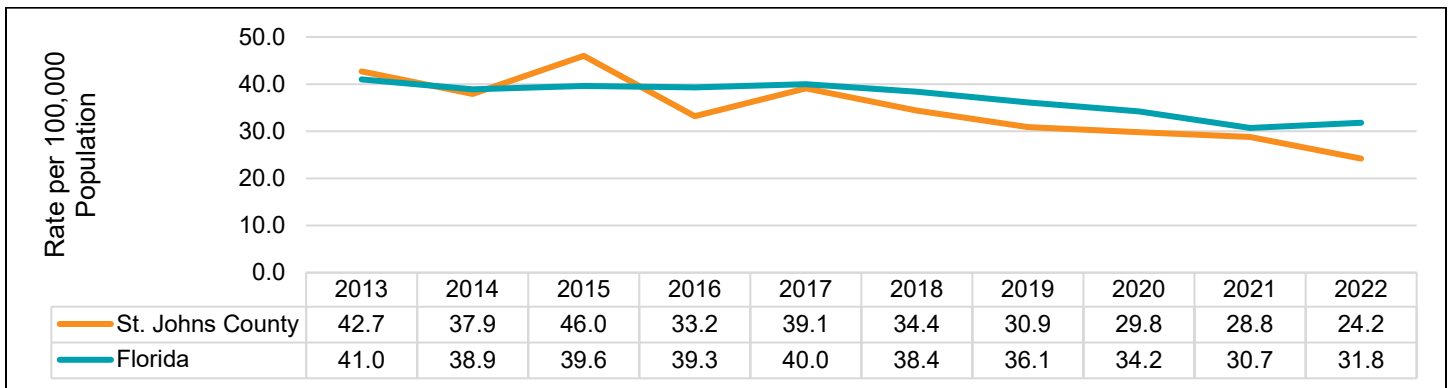
Source: [Florida Department of Health, Bureau of Vital Statistics, Deaths from Heart Disease](#). Date Sourced: March 20, 2024.

Chronic Lower Respiratory Disease

Chronic lower respiratory disease (CLRD), a disease of the airways and other structures of the lungs, includes asthma, chronic obstructive pulmonary disease (COPD), occupational lung diseases, and pulmonary hypertension. Risk factors include first and secondhand tobacco smoke, exposure to indoor and outdoor air pollutants, genetic factors, and respiratory infections (WHO, n.d.). In 2021, CLRD was the sixth leading cause of death in Florida and St. Johns County (Exhibit 35).

St. Johns County had a lower CLRD mortality rate than Florida for most of the last decade. The county’s CLRD mortality rate decreased by 43.3%, while Florida’s mortality rate decreased by 22.4% from 2013 to 2022 (Exhibit 47).

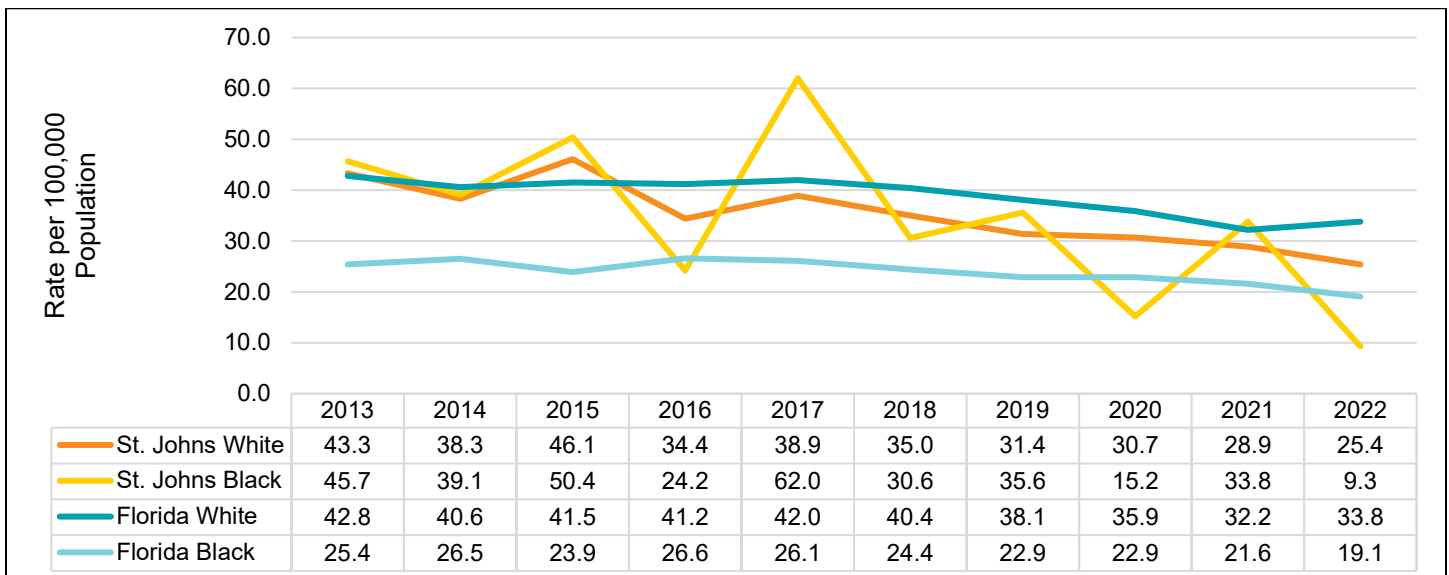
EXHIBIT 47: CHRONIC LOWER RESPIRATORY DISEASE MORTALITY RATE, ST. JOHNS COUNTY & FLORIDA, AGE-ADJUSTED RATE PER 100,000, 2013–2022



Source: [Florida Department of Health, Bureau of Vital Statistics, Deaths from Chronic Lower Respiratory Disease](#). Date Sourced: March 20, 2024.

The CLRD mortality rate among St. Johns County’s Black residents was lower than among White residents in 2022. The mortality rate for White St. Johns County residents has consistently been below the state average for White populations over the past decade and decreased by 41.3% during this period (Exhibit 48).

EXHIBIT 48: CHRONIC LOWER RESPIRATORY DISEASE MORTALITY RATE BY RACE, ST. JOHNS COUNTY & FLORIDA, AGE-ADJUSTED RATE PER 100,000, 2013–2022



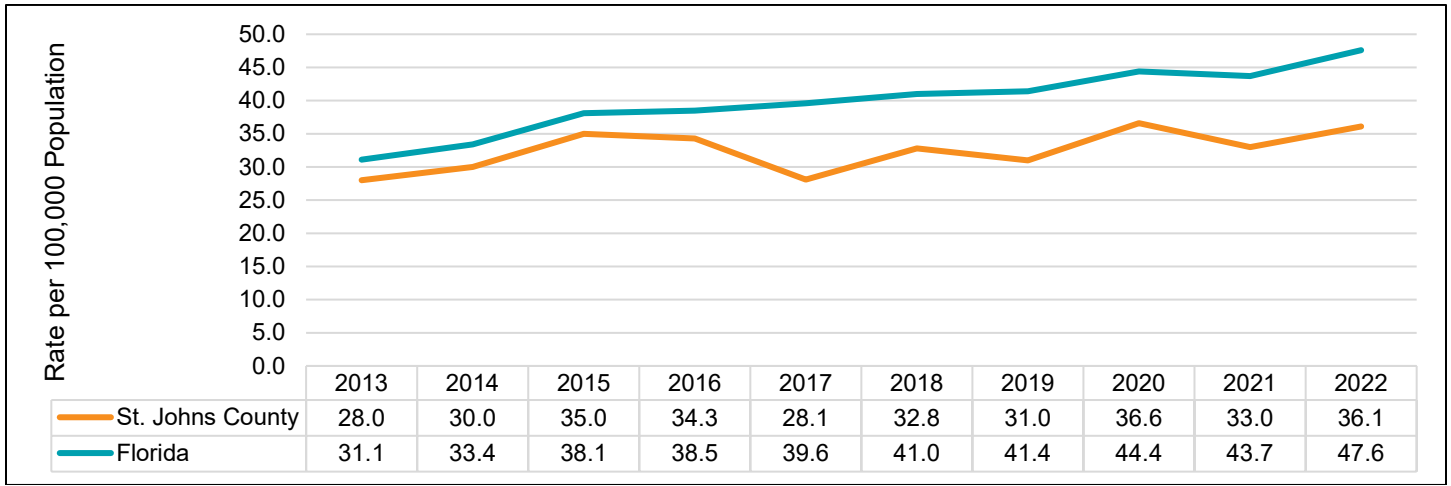
Source: [Florida Department of Health, Bureau of Vital Statistics, Deaths from Chronic Lower Respiratory Disease](#). Date Sourced: March 20, 2024.

Stroke

A stroke occurs when the blood supply to the brain is interrupted or when sudden bleeding in the brain occurs. This results in either damage or death to brain tissue in the affected area. There are multiple risk factors, including high blood pressure, high cholesterol, heart disease, diabetes, sickle cell disease, unhealthy diet, physical inactivity, alcohol, age, and family history. Stroke is the fifth leading cause of death in the U.S. and a notable cause of adult disability (CDC, 2022I).

St. Johns County's stroke mortality rate rose by 28.9% from 2013 to 2022. Florida's stroke mortality rate also increased from 2013 to 2022 by 53.1% (Exhibit 49).

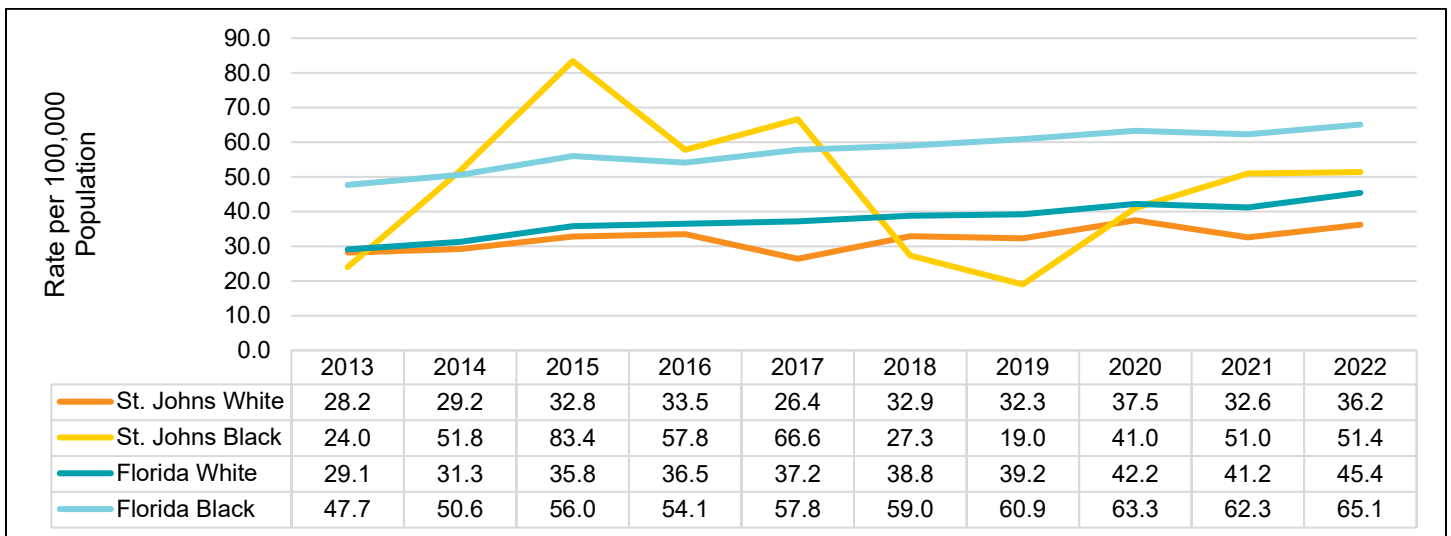
EXHIBIT 49: STROKE MORTALITY RATE, ST. JOHNS COUNTY & FLORIDA, AGE-ADJUSTED RATE PER 100,000, 2013–2022



Source: [Florida Department of Health, Bureau of Vital Statistics, Deaths from Stroke](#). Date Sourced: March 20, 2024.

The stroke mortality rate for White St. Johns County residents increased by 28.4% from 2013 to 2022. The mortality rate for Black residents varied year to year but overall increased by 114.2% during the same period (Exhibit 50).

EXHIBIT 50: STROKE MORTALITY RATE BY RACE, ST. JOHNS COUNTY & FLORIDA, AGE-ADJUSTED RATE PER 100,000, 2013–2022



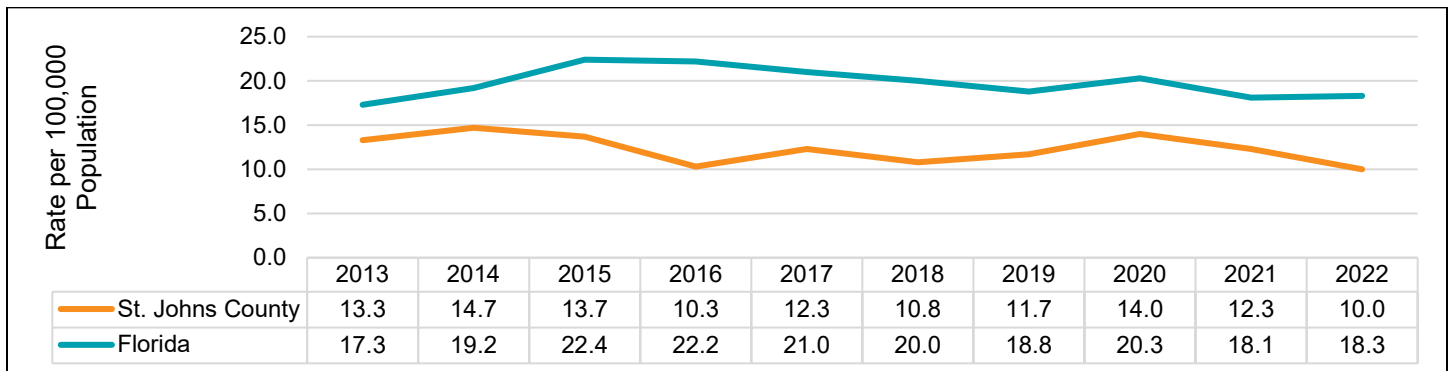
Source: [Florida Department of Health, Bureau of Vital Statistics, Deaths from Stroke](#). Date Sourced: March 20, 2024.

Alzheimer's Disease

Alzheimer's disease is the most common form of dementia. While the cause of Alzheimer's is not clear, common signs of the disease include memory loss that interferes with daily life, poor judgment, misplacing items, and changes in mood, personality, or behavior. It is the sixth leading cause of death in the U.S. and the fifth leading cause of death among persons 65 and older. Dementia as a cause of death has been known to be underreported. Thus, the mortality rate for Alzheimer's disease could be higher (CDC, 2020d). There is no known cure, though medical management can help improve quality of life (CDC, 2020d).

The mortality rate of Alzheimer's disease in St. Johns County decreased by 24.8% from 2013 to 2022. In comparison, Florida's rate increased 5.8% during the same period (Exhibit 51).

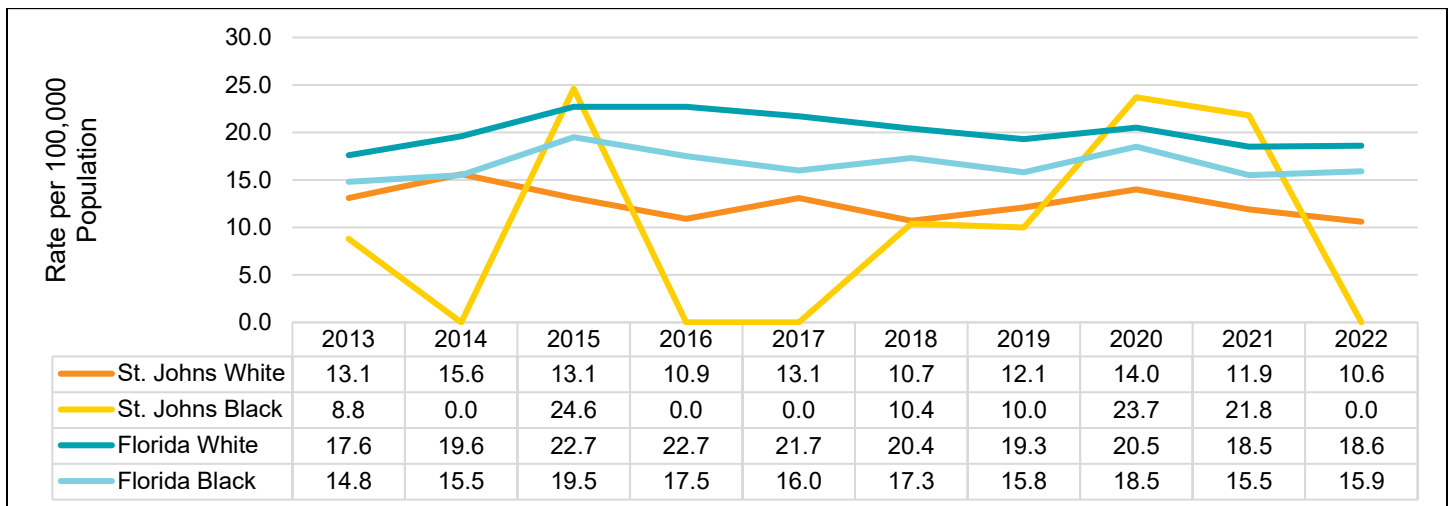
EXHIBIT 51: ALZHEIMER'S DISEASE MORTALITY RATE, ST. JOHNS COUNTY & FLORIDA, AGE-ADJUSTED RATE PER 100,000, 2013–2022



Source: [Florida Department of Health, Bureau of Vital Statistics, Deaths from Alzheimer's Disease](#). Date Sourced: March 20, 2024.

The mortality rate for Black St. Johns County residents fluctuated drastically from 2013 to 2022. During the same period, the mortality rate for White St. Johns County residents decreased by 19.1%. The mortality rate for White St. Johns County residents was lower than in Florida from 2013 to 2022 (Exhibit 52).

EXHIBIT 52: ALZHEIMER'S DISEASE MORTALITY RATE BY RACE, ST. JOHNS COUNTY & FLORIDA, AGE-ADJUSTED RATE PER 100,000, 2013–2022



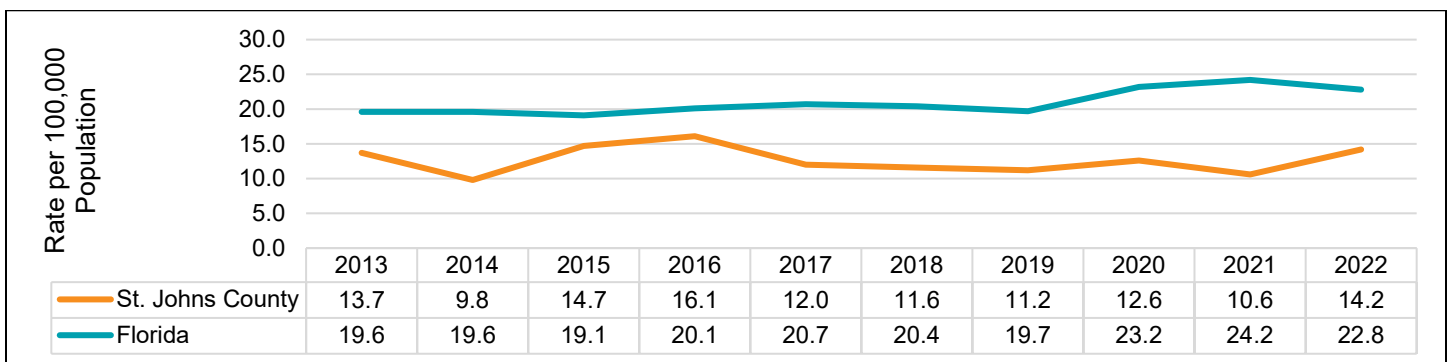
Source: [Florida Department of Health, Bureau of Vital Statistics, Deaths from Alzheimer's Disease](#). Date Sourced: March 20, 2024.

Diabetes

Diabetes, a disease that causes abnormally high blood glucose levels, is the seventh leading cause of death in the U.S. and can lead to major health problems, such as heart disease, vision loss, and kidney failure. Type 1 diabetes, which accounts for about 5% of all diagnosed cases, results from an autoimmune reaction that prevents the body from producing insulin. Type 2 diabetes, which accounts for about 90% of all cases, is due to the body ineffectively using insulin and developing insulin resistance over time. Type 2 often develops in people over age 45 but has become more common among children, teens, and young adults. Pregnant women can develop gestational diabetes due to insulin resistance and are at risk of developing type 2 diabetes in the future (CDC, 2023g).

St. Johns County’s diabetes mortality rate had a slight increase from 2013 to 2022, seeing the lowest rate in 2014. Florida, in comparison, increased by 16.3% in the same time period (Exhibit 53).

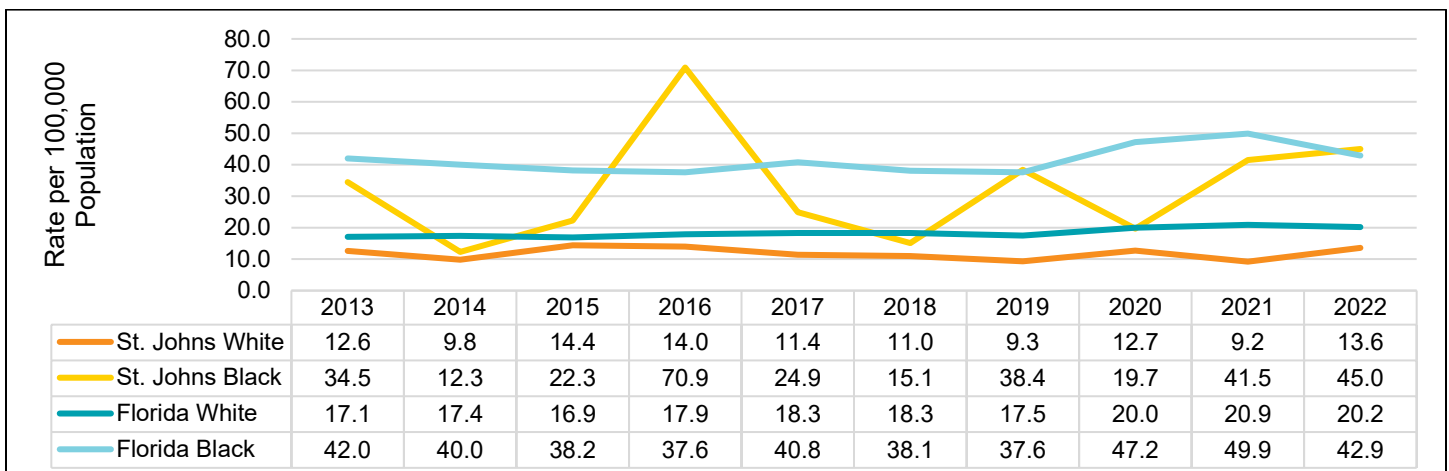
EXHIBIT 53: DIABETES MORTALITY RATE, ST. JOHNS COUNTY & FLORIDA, AGE-ADJUSTED RATE PER 100,000, 2013–2022



Source: [Florida Department of Health, Bureau of Vital Statistics, Deaths from Diabetes](#). Date Sourced: March 20, 2024.

The White population’s mortality rate in St. Johns County and Florida was below Black rates from 2013 to 2022, with the exception of 2014, 2018, and 2020. White St. Johns County residents’ mortality rate increased by 7.9% from 2013 to 2022. In comparison, Black residents’ mortality rate increased and decreased multiple times during the same time period, seeing the highest rates in 2016 and 2022 (Exhibit 54).

EXHIBIT 54: DIABETES MORTALITY RATE BY RACE, ST. JOHNS COUNTY & FLORIDA, AGE-ADJUSTED RATE PER 100,000, 2013–2022



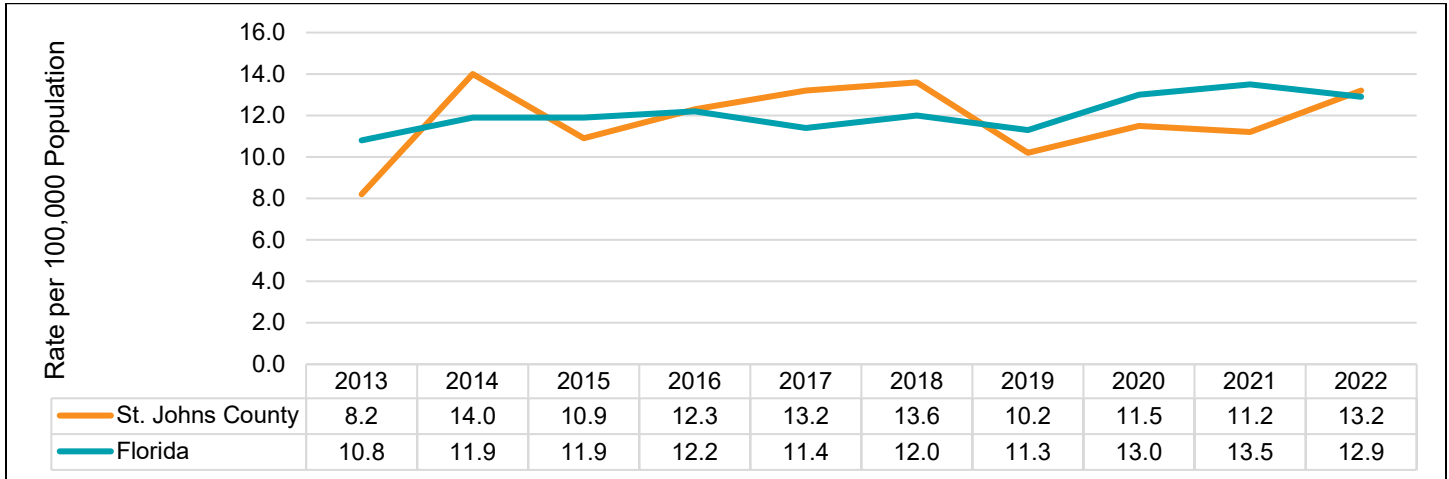
Source: [Florida Department of Health, Bureau of Vital Statistics, Deaths from Diabetes](#). Date Sourced: March 20, 2024.

Chronic Liver Disease and Cirrhosis

The liver is an essential organ that aids in digestion and removes toxic substances. Liver disease can result from inherited conditions or damage due to factors such as viruses, alcohol use, or cancer. Over time, this damage causes scarring or cirrhosis, which can lead to liver failure (Mayo Clinic, n.d.).

The mortality rate from liver disease and cirrhosis in St. Johns County fluctuated from 2013 to 2022 but had an overall increase of 61.0%. Florida’s mortality rate also increased from 2013 to 2022 by 19.4% (Exhibit 55).

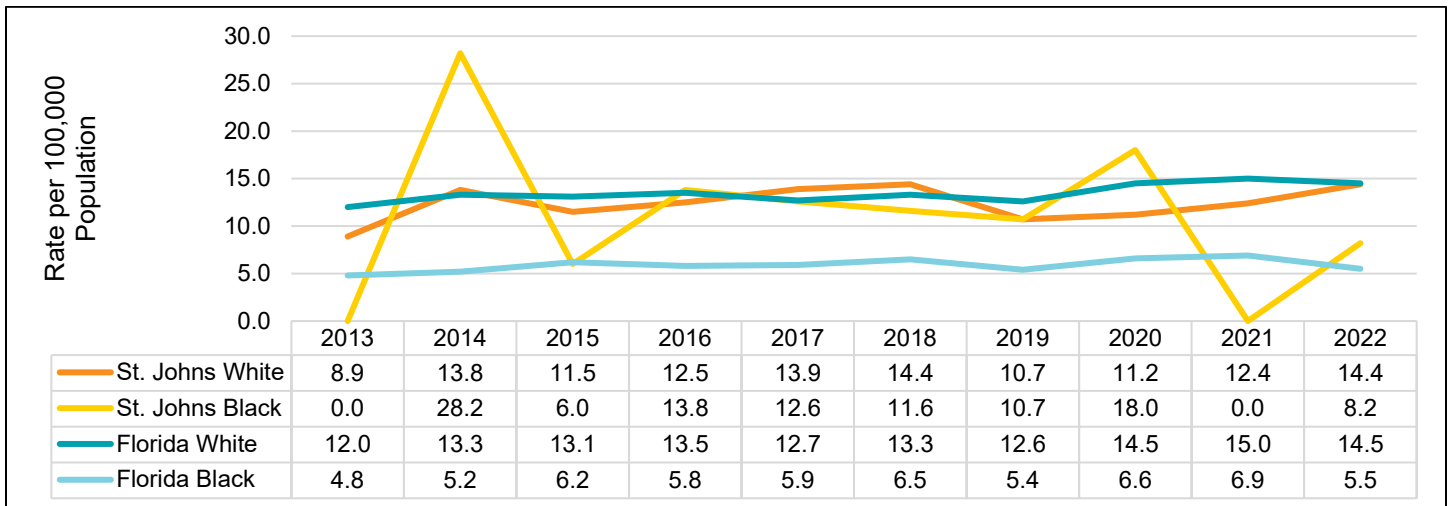
EXHIBIT 55: CHRONIC LIVER DISEASE AND CIRRHOSIS MORTALITY RATE, ST. JOHNS COUNTY & FLORIDA, AGE-ADJUSTED RATE PER 100,000, 2013–2022



Source: [Florida Department of Health, Bureau of Vital Statistics, Deaths from Chronic Liver Disease and Cirrhosis](#). Date Sourced: March 20, 2024.

The Black population’s mortality rate in St. Johns County fluctuated from 2013 to 2022. Death counts were in the single digits, which explains the erratic variation. The White population’s mortality rate increased by 61.8% from 2013 to 2022. The non-White population’s mortality rate for both St. Johns County and Florida generally fell below that of the White populations from 2013 to 2022 (Exhibit 56).

EXHIBIT 56: CHRONIC LIVER DISEASE AND CIRRHOSIS MORTALITY RATE BY RACE, ST. JOHNS COUNTY & FLORIDA, AGE-ADJUSTED RATE PER 100,000, 2013–2022



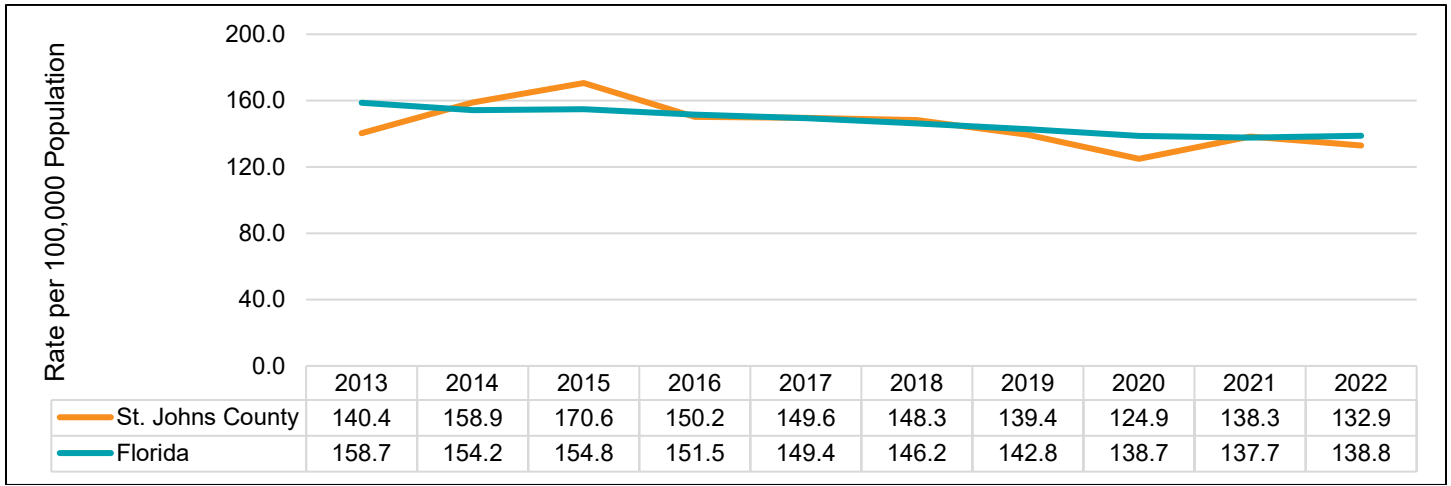
Source: [Florida Department of Health, Bureau of Vital Statistics, Deaths from Chronic Liver Disease and Cirrhosis](#). Date Sourced: March 20, 2024.

Cancer

Cancer is a large group of diseases characterized by the invasive and uncontrolled growth of abnormal cells. These cells can form growths called tumors that are either benign or malignant. Unlike malignant tumors, benign tumors do not invade nearby tissues (NCI, 2021). Cancer was the second leading cause of death in both St. Johns County and Florida in 2021 (Exhibit 35).

The cancer mortality rate has been on the decline for both St. Johns County and Florida from 2013 to 2022. During this time, St. Johns County's rate decreased by 5.3% compared to 12.5% for Florida (Exhibit 57).

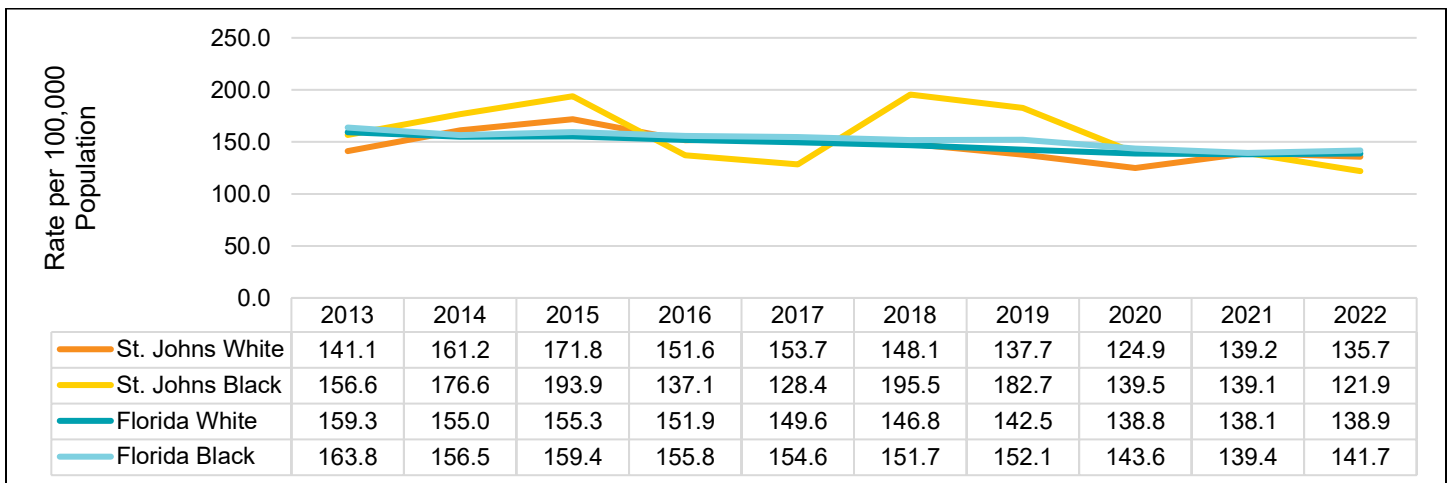
EXHIBIT 57: CANCER MORTALITY RATE, ST. JOHNS COUNTY & FLORIDA, AGE-ADJUSTED RATE PER 100,000, 2013–2022



Source: [Florida Department of Health, Bureau of Vital Statistics, Deaths from Cancer](#). Date Sourced: March 20, 2024.

The mortality rate for St. Johns County's White population was higher than the mortality rate for Black St. Johns residents in 2022. However, the mortality rate for St. Johns County's White population decreased by 3.8% from 2013 to 2022. The county's Black population's rate also decreased during the same time period (Exhibit 58).

EXHIBIT 58: CANCER MORTALITY RATE BY RACE, ST. JOHNS COUNTY & FLORIDA, AGE-ADJUSTED RATE PER 100,000, 2013–2022



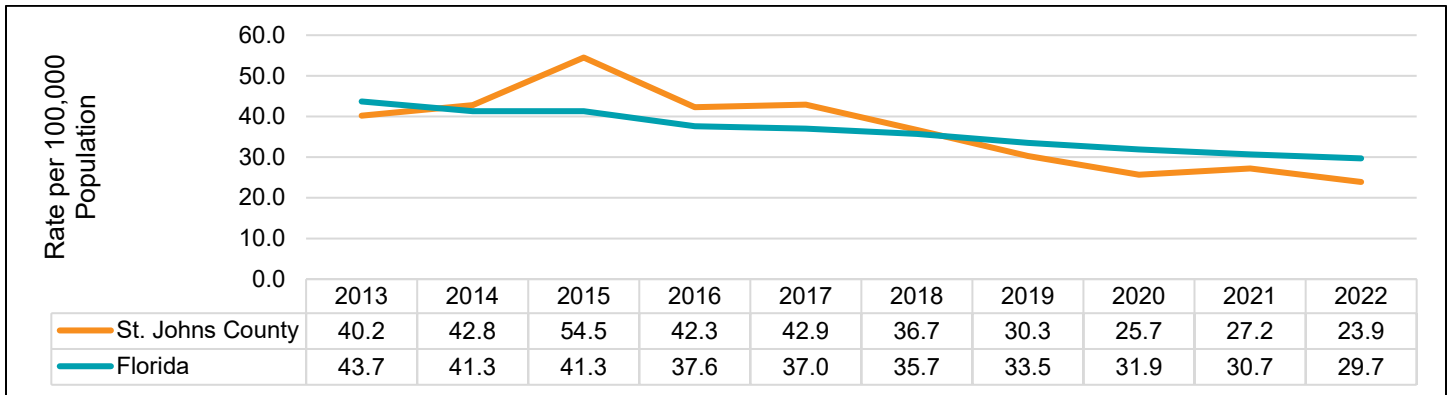
Source: [Florida Department of Health, Bureau of Vital Statistics, Deaths from Cancer](#). Date Sourced: March 20, 2024.

Lung Cancer

Lung cancer is the leading cause of cancer deaths in the United States, but rates have been steadily declining for decades. The number one cause of lung cancer is cigarette smoking, while other causes include secondhand smoke, environmental exposures to asbestos and radon, and family history (CDC, 2022k).

The mortality rate has decreased for both St. Johns County and Florida from 2013 to 2022. St. Johns County's rate decreased by 40.5% compared to 32.0% for Florida. St. Johns County's lung cancer mortality rate has been lower than the state average since 2019 (Exhibit 59).

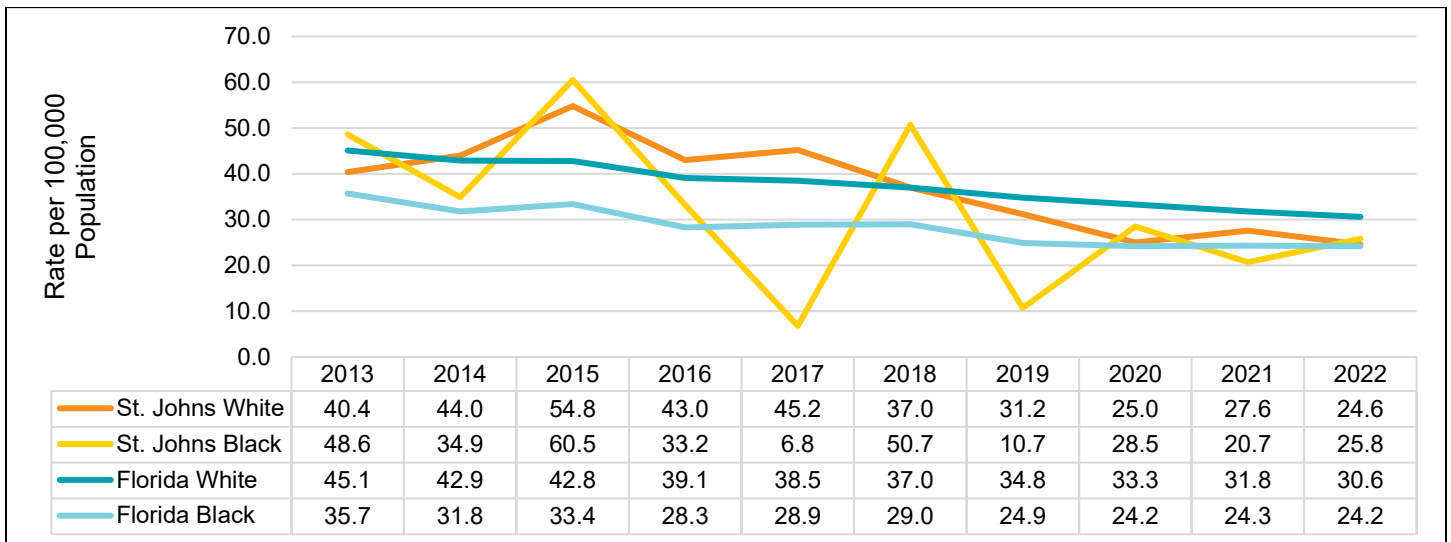
EXHIBIT 59: LUNG CANCER MORTALITY RATE, ST. JOHNS COUNTY & FLORIDA, AGE-ADJUSTED RATE PER 100,000, 2013–2022



Source: [Florida Department of Health, Bureau of Vital Statistics, Deaths from Lung Cancer](#). Date Sourced: March 20, 2024.

White Floridians and St. Johns County residents have a higher lung cancer mortality rate than non-White populations. Despite decreasing by 39.1% from 2013 to 2022, the mortality rate for St. Johns County's White population has only been lower than the state rate since 2018. There was a 46.9% decrease in lung cancer mortality among St. Johns County's Black population during this time (Exhibit 60).

EXHIBIT 60: LUNG CANCER MORTALITY RATE BY RACE, ST. JOHNS COUNTY & FLORIDA, AGE-ADJUSTED RATE PER 100,000, 2013–2022



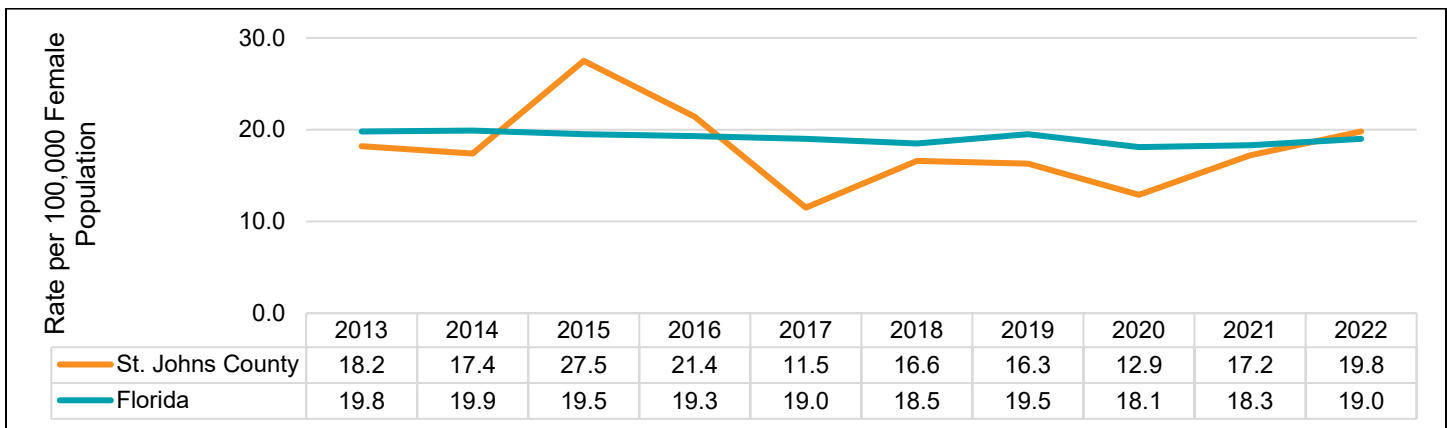
Source: [Florida Department of Health, Bureau of Vital Statistics, Deaths from Lung Cancer](#). Date Sourced: March 20, 2024.

Female Breast Cancer

Breast cancer is the second leading cause of cancer death among women, but deaths have declined over time. Black women have a higher rate of death from breast cancer than White women. Breast cancer is due to a combination of risk factors, with the main factors being gender and aging. Receiving regular breast cancer screenings, called mammograms, can help find breast cancer at an early stage, which can lead to a better outcome from treatment (CDC, 2022f).

Female breast cancer mortality rates in St. Johns County have slightly increased by 8.8% from 2013 to 2022. In contrast, Florida mortality rates have slightly decreased by 4.0% during the same time period (Exhibit 61).

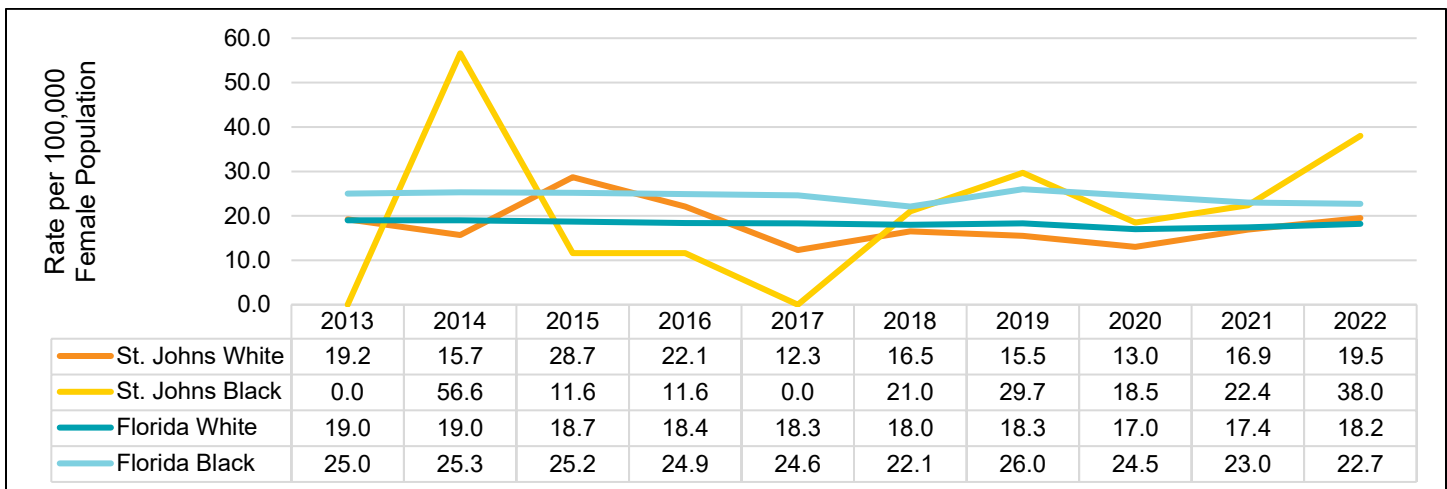
EXHIBIT 61: FEMALE BREAST CANCER MORTALITY RATE, ST. JOHNS COUNTY & FLORIDA, AGE-ADJUSTED RATE PER 100,000, 2013–2022



Source: [Florida Department of Health, Bureau of Vital Statistics, Deaths from Female Breast Cancer](#). Date Sourced: March 20, 2024.

The breast cancer mortality rate has fluctuated significantly for both St. Johns County’s White and Black populations over the past decade. The non-White population had an increase from 2013 to 2015 before decreasing in 2020 and then steadily increasing again. Death counts for breast cancer are relatively small, explaining some of the variation. Mortality among Florida’s White and non-White populations slowly decreased from 2012 to 2021 (Exhibit 62).

EXHIBIT 62: FEMALE BREAST CANCER MORTALITY RATE BY RACE, ST. JOHNS COUNTY & FLORIDA, AGE-ADJUSTED RATE PER 100,000, 2013–2022



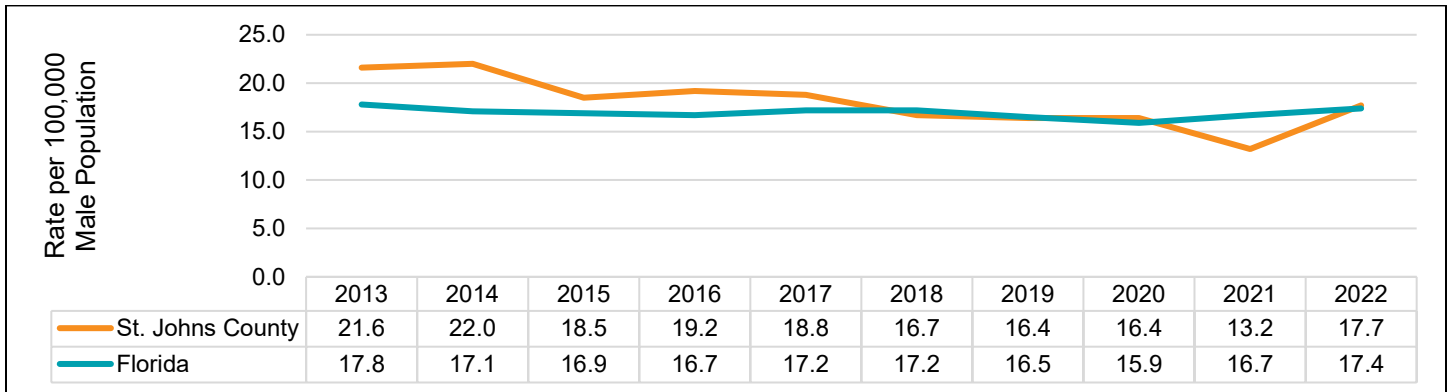
Source: [Florida Department of Health, Bureau of Vital Statistics, Deaths from Female Breast Cancer](#). Date Sourced: March 20, 2024.

Prostate Cancer

Prostate cancer is the most common cancer among men. The prostate is a part of the male reproductive system, and all men are at risk for the disease. The most common risk factor is age, but other risk factors include family history and being African American (CDC, 2022c).

The prostate cancer mortality rate in St. Johns County has decreased by 18.1% from 2013 to 2022. The Florida rate had a 2.2% decrease during the same time period (Exhibit 63).

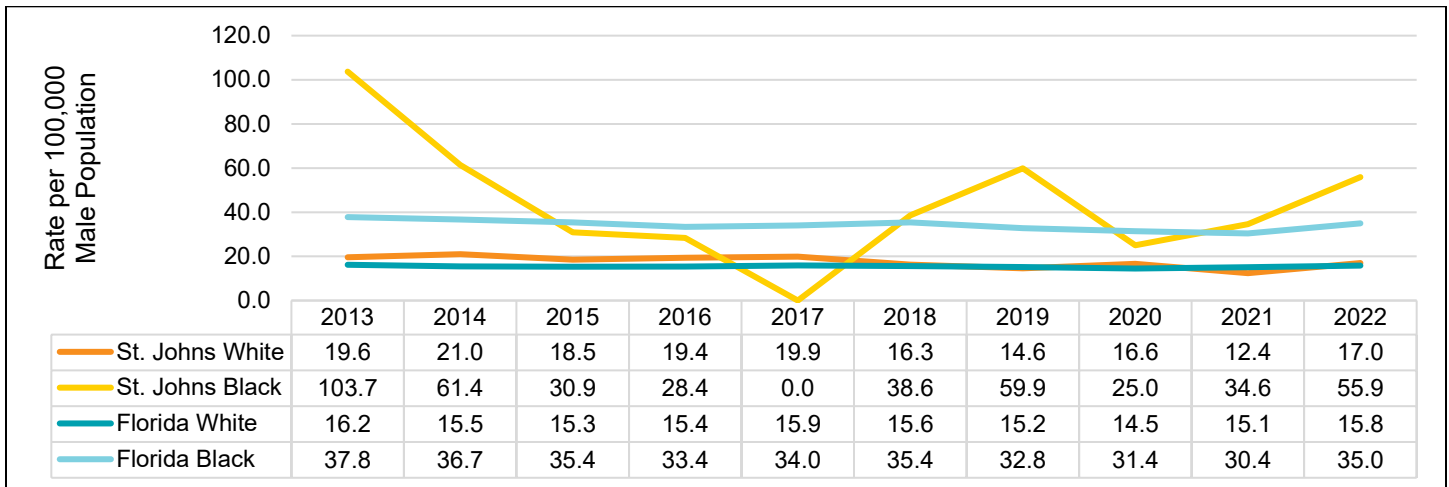
EXHIBIT 63: PROSTATE CANCER MORTALITY RATE, ST. JOHNS COUNTY & FLORIDA, AGE-ADJUSTED RATE PER 100,000, 2013–2022



Source: [Florida Department of Health, Bureau of Vital Statistics, Deaths from Prostate Cancer](#). Date Sourced: March 20, 2024.

The Black St. Johns County population’s mortality rate decreased from 2013 to 2017 and has increased (with a slight decrease in 2020) since. The mortality rate for St. Johns County’s White population has had an overall decrease of 13.3% during the same time period (Exhibit 64).

EXHIBIT 64: PROSTATE CANCER MORTALITY RATE BY RACE, ST. JOHNS COUNTY & FLORIDA, AGE-ADJUSTED RATE PER 100,000, 2013–2022



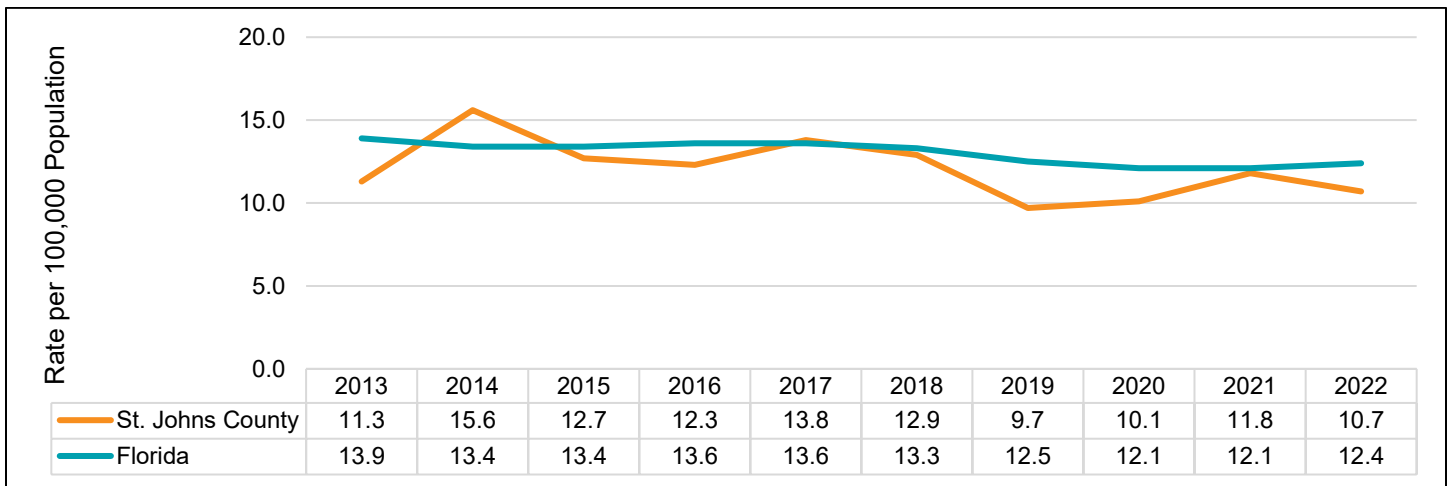
Source: [Florida Department of Health, Bureau of Vital Statistics, Deaths from Prostate Cancer](#). Date Sourced: March 20, 2024.

Colorectal Cancer

Colorectal cancer is cancer of the colon or rectum and is a leading cause of cancer death in the U.S. Risk increases as a person ages, but other risk factors include inflammatory bowel disease, family history, genetic syndromes, and lifestyle factors such as a lack of physical activity, a low fiber and high-fat diet, and low fruit and vegetable consumption. Regular screenings are recommended starting at age 45 to reduce the risk of colorectal cancer (CDC, 2023b).

St. Johns County's colorectal cancer mortality rate fluctuated from 2013 to 2022 but had an overall decrease of 5.3%. During the same period, Florida's rate decreased by 10.8% (Exhibit 65).

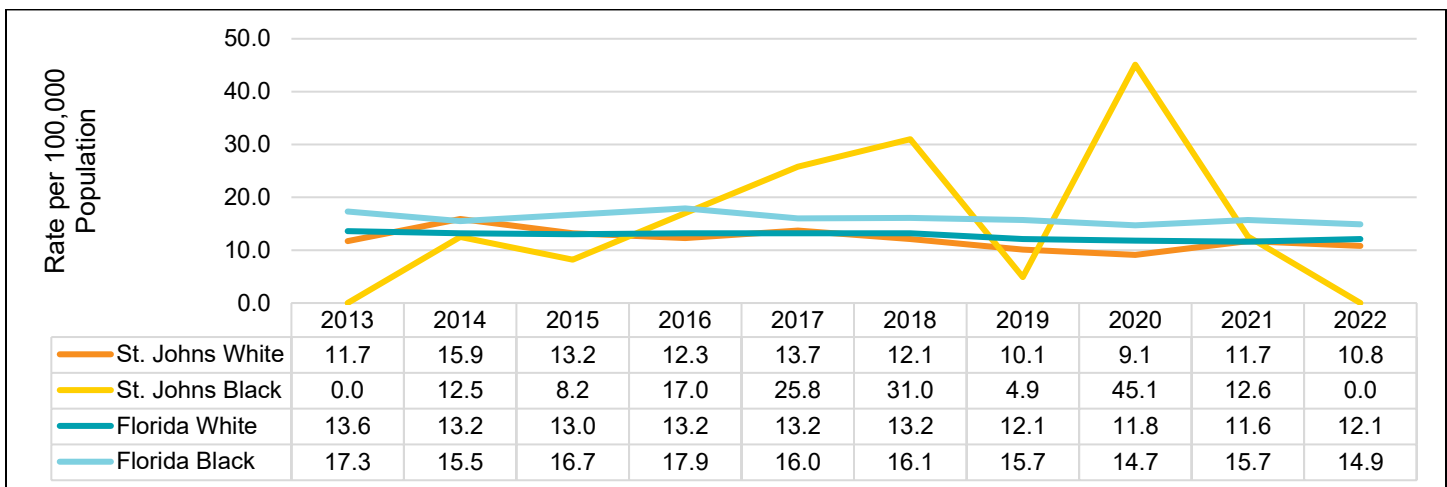
EXHIBIT 65: COLORECTAL CANCER MORTALITY RATE, ST. JOHNS COUNTY & FLORIDA, AGE-ADJUSTED RATE PER 100,000, 2013–2022



Source: [Florida Department of Health, Bureau of Vital Statistics, Deaths from Colorectal Cancer](#). Date Sourced: March 20, 2024.

The St. Johns County White population's mortality rate decreased by 7.7% from 2013 to 2022. The colorectal cancer mortality rate for St. Johns County Black residents fluctuated drastically during the same period (Exhibit 66). Due to single-digit counts, Black St. Johns County residents may show more significant variations.

EXHIBIT 66: COLORECTAL CANCER MORTALITY RATE BY RACE, ST. JOHNS COUNTY & FLORIDA, AGE-ADJUSTED RATE PER 100,000, 2013–2022



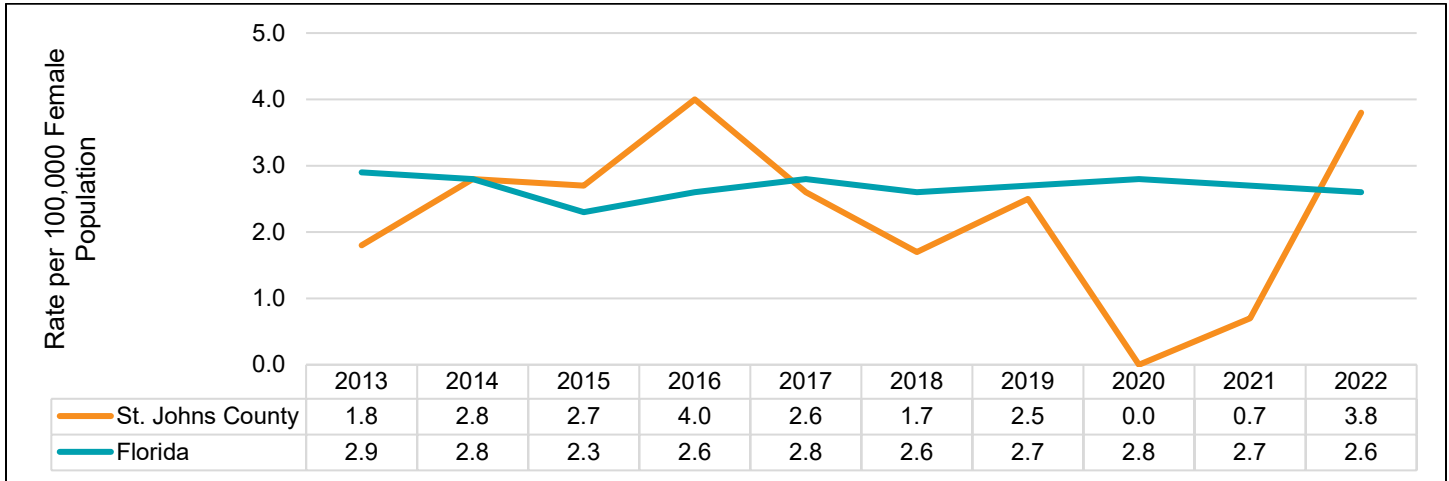
Source: [Florida Department of Health, Bureau of Vital Statistics, Deaths from Colorectal Cancer](#). Date Sourced: March 20, 2024.

Cervical Cancer

Almost all cervical cancers are caused by human papillomavirus (HPV), which is passed from person to person during sex, but other risk factors include HIV and tobacco smoking. Screening tests and the HPV vaccine can help prevent cervical cancer in anyone with a cervix (CDC, 2022m).

St. Johns County’s cervical cancer mortality rate fluctuated from 2012 to 2021 but increased overall by 43.8%. During the same period, Florida’s rate slightly decreased by 6.9% (Exhibit 67).

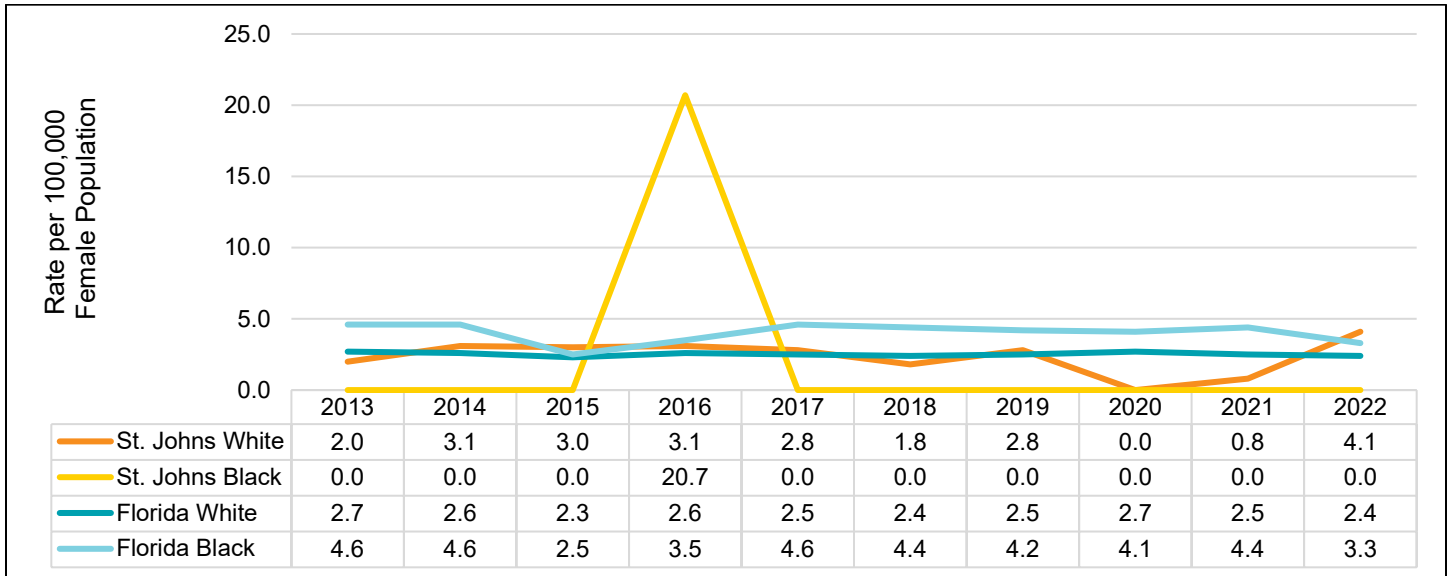
EXHIBIT 67: CERVICAL CANCER MORTALITY RATE, ST. JOHNS COUNTY & FLORIDA, AGE-ADJUSTED RATE PER 100,000, 2013–2022



Source: [Florida Department of Health, Bureau of Vital Statistics, Deaths from Cervical Cancer](#). Date Sourced: March 20, 2024.

The St. Johns County White population’s mortality rate increased by 105.0% from 2013 to 2022. St. Johns County non-White residents saw a spike in cervical cancer mortality rates in 2016, but rates have been zero for every other year in the analyzed period. The rates in non-White St. Johns County residents may show more significant variations due to single-digit counts (Exhibit 68).

EXHIBIT 68: CERVICAL CANCER MORTALITY RATE BY RACE, ST. JOHNS COUNTY & FLORIDA, AGE-ADJUSTED RATE PER 100,000, 2013–2022

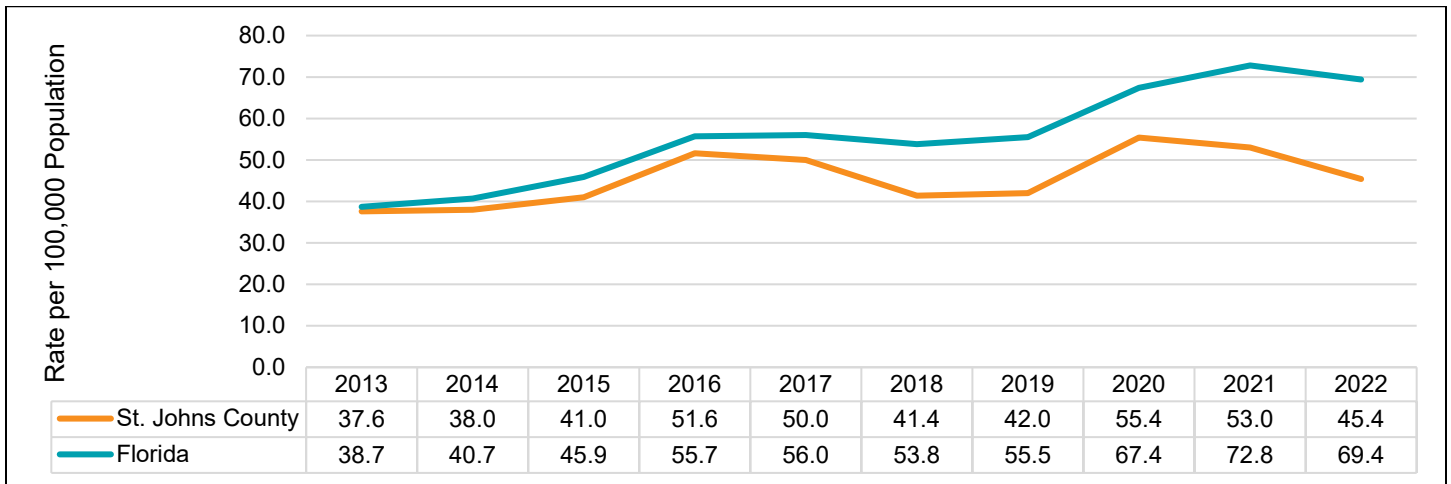


Source: [Florida Department of Health, Bureau of Vital Statistics, Deaths from Cervical Cancer](#). Date Sourced: March 20, 2024.

Unintentional Injury

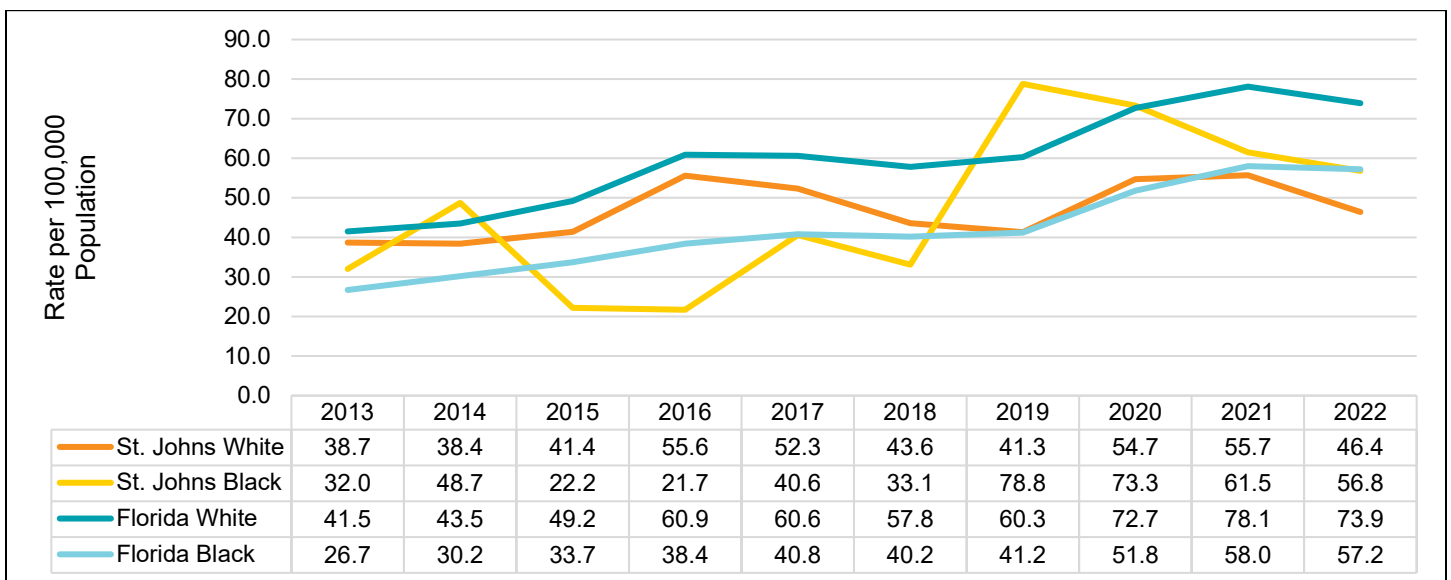
Unintentional injuries are accidental or unplanned. They include injuries resulting from drowning, motor vehicle crashes, fire, falls, and poisoning (HHS, n.d.). In the U.S., unintentional injuries are the leading cause of death for children, adolescents, and adults younger than 45 (HHS, n.d.). In 2022, St. Johns County had a lower unintentional injury mortality rate than the state, with 45.4 injury deaths per 100,000 population compared to 69.4 deaths per 100,000 in Florida. St. Johns County’s unintentional injury mortality rate increased by 20.7% from 2013 to 2022 (Exhibit 69). In 2022, St. Johns County’s White population had a lower mortality rate due to unintentional injuries than the Black population (Exhibit 70).

EXHIBIT 69: UNINTENTIONAL INJURY MORTALITY RATE, ST. JOHNS COUNTY & FLORIDA, AGE-ADJUSTED RATE PER 100,000, 2013–2022



Source: [Florida Department of Health, Bureau of Vital Statistics, Deaths from Unintentional Injuries](#). Date Sourced: March 21, 2024.

EXHIBIT 70: UNINTENTIONAL INJURY MORTALITY RATE BY RACE, ST. JOHNS COUNTY & FLORIDA, AGE-ADJUSTED RATE PER 100,000, 2013–2022

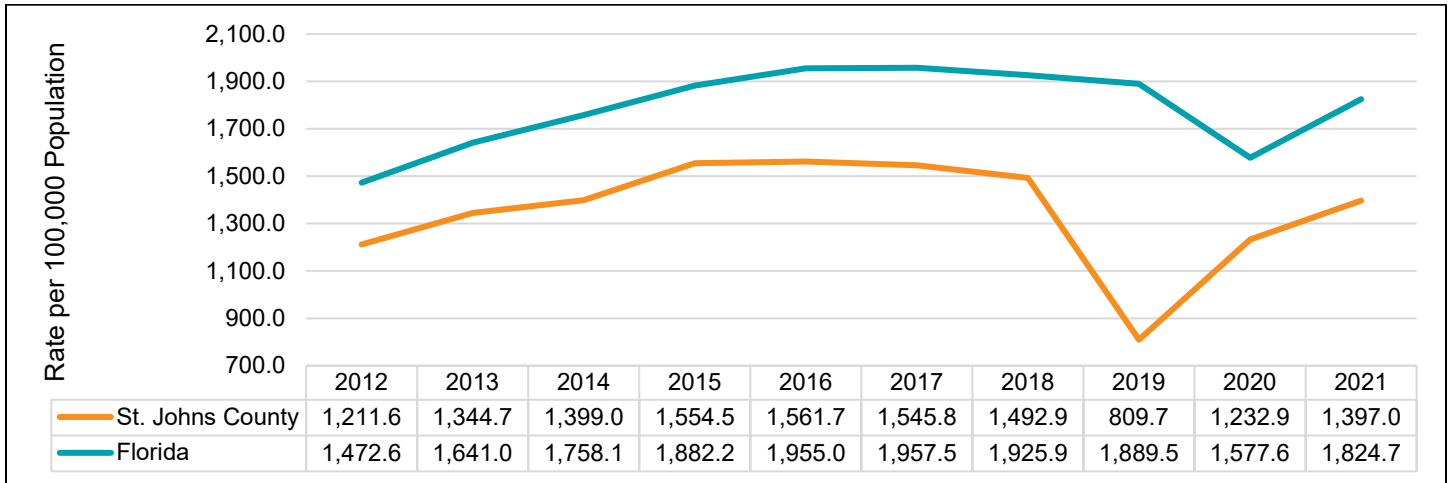


Source: [Florida Department of Health, Bureau of Vital Statistics, Deaths from Unintentional Injuries](#). Date Sourced: March 21, 2024.

Traffic Crashes

Motor vehicle traffic crash rates in St. Johns County increased from 2012 to 2018, then decreased in 2019 before increasing again. St. Johns County’s crash rate remained below Florida’s from 2012 to 2021 (Exhibit 71).

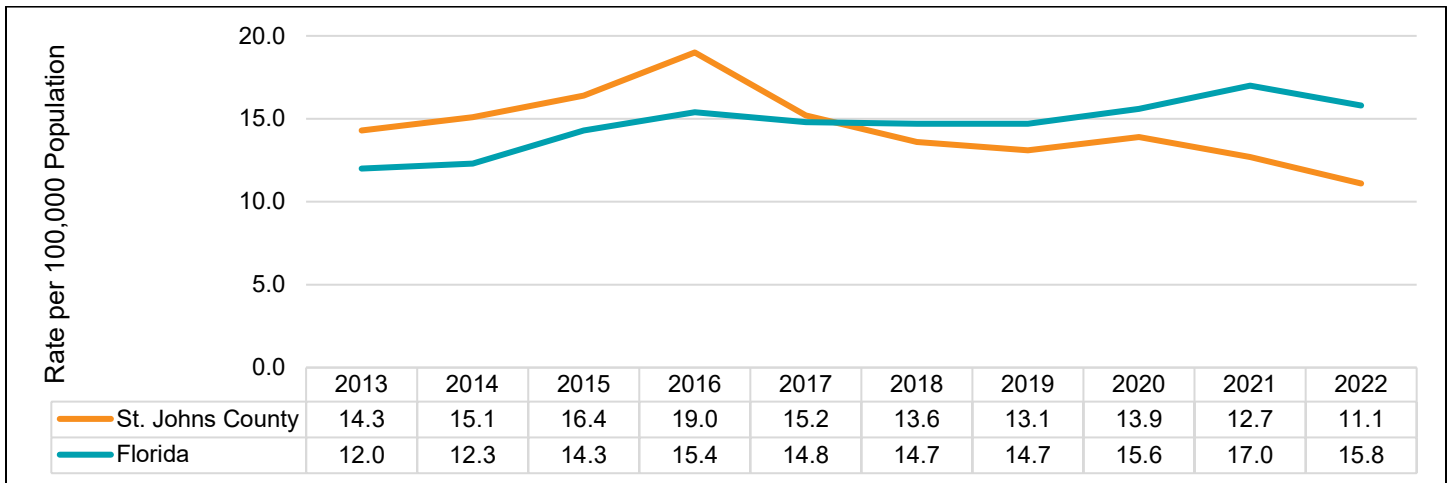
EXHIBIT 71: INCIDENCE OF MOTOR VEHICLE TRAFFIC CRASHES, ST. JOHNS COUNTY & FLORIDA, 2012–2021



Source: [Florida Department of Highway Safety and Motor Vehicles](#). Date Sourced: March 21, 2024.

In St. Johns County, motor traffic fatalities fluctuated from 2013 to 2022 but ultimately decreased by 22.4% in total. The incidence of motor vehicle traffic deaths increased in Florida by 13.7% during the same period (Exhibit 72).

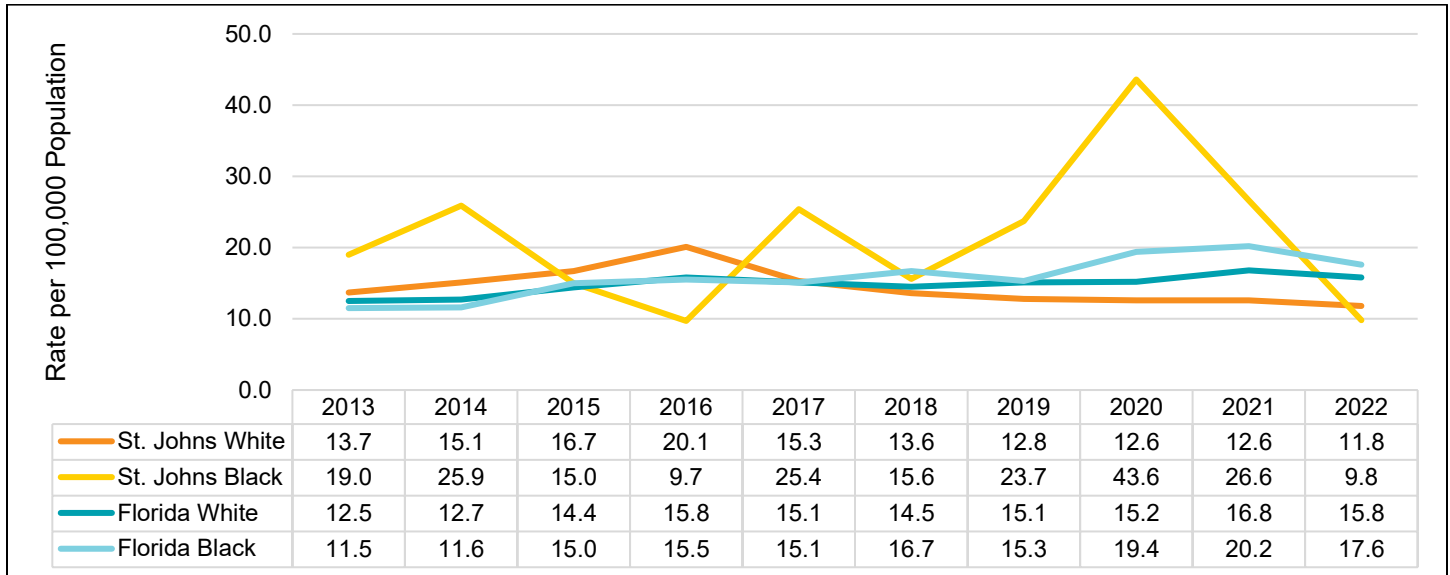
EXHIBIT 72: INCIDENCE OF MOTOR VEHICLE TRAFFIC DEATHS, ST. JOHNS COUNTY & FLORIDA, AGE-ADJUSTED RATE PER 100,000, 2013–2022



Source: [Florida Department of Health, Bureau of Vital Statistics, Deaths from Motor Vehicle Crashes](#). Date Sourced: March 21, 2024.

The motor vehicle mortality rate for St. Johns County’s Black population has fluctuated from 2013 to 2022, ending with a rate of 9.8 deaths per 100,000 population in 2022. The White population has also experienced some fluctuations in traffic deaths in St. Johns County, though not as large as the non-White population, and has been decreasing since 2016 (Exhibit 73).

EXHIBIT 73: INCIDENCE OF MOTOR VEHICLE TRAFFIC DEATHS BY RACE, ST. JOHNS COUNTY & FLORIDA, AGE-ADJUSTED RATE PER 100,000, 2013–2022

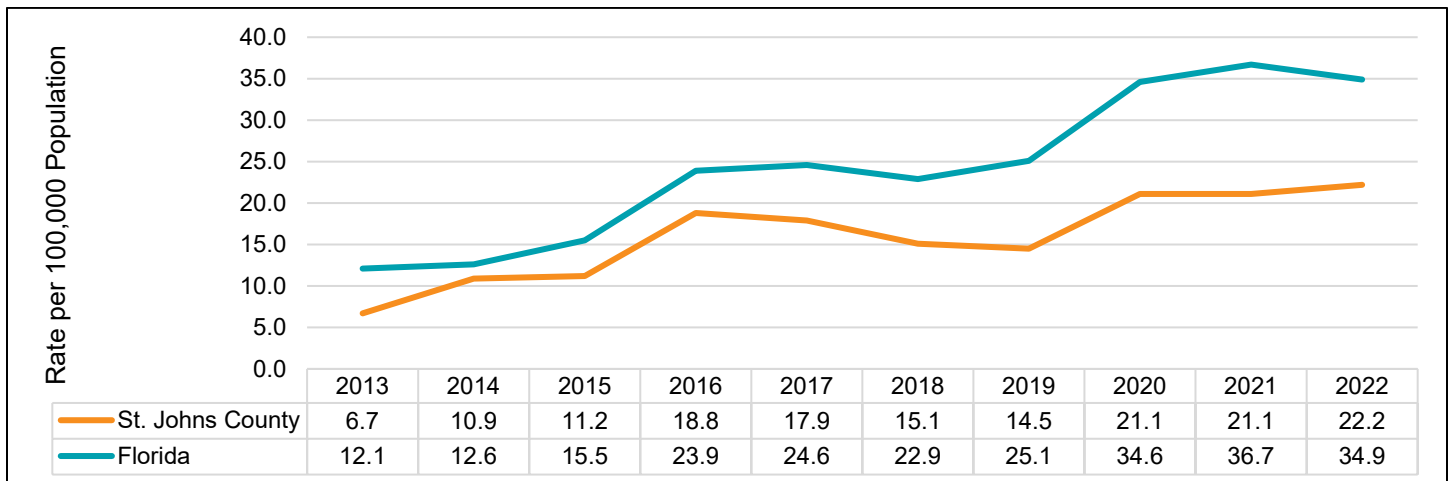


Source: [Florida Department of Health, Bureau of Vital Statistics, Deaths from Motor Vehicle Crashes](#). Date Sourced: March 21, 2024.

Drug Poisoning Deaths

Drug poisoning deaths result from unintentional or intentional overdose of a drug, receiving the wrong drug, taking a drug in error, or taking a drug inadvertently (CDC, 2022i). From 2013 to 2022, St. Johns County’s rate of drug poisoning deaths increased by 231.3% and almost tripled in Florida during the same period (Exhibit 74).

EXHIBIT 74: INCIDENCE OF DRUG POISONING DEATHS, ST. JOHNS COUNTY & FLORIDA, AGE-ADJUSTED RATE PER 100,000, 2013–2022



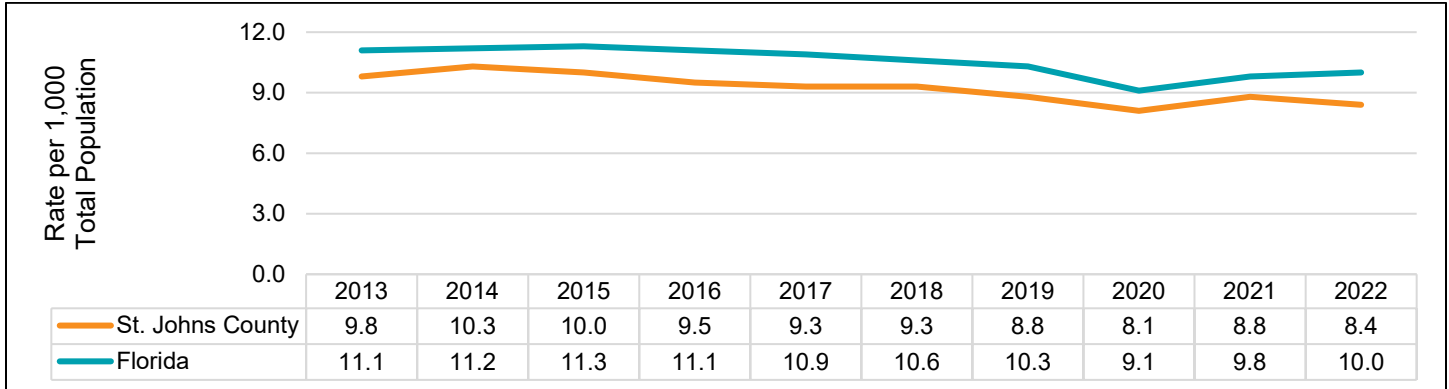
Source: [Florida Department of Health, Bureau of Vital Statistics, Deaths from Drug Poisoning](#). Date Sourced: March 21, 2024.

Maternal and Child Health

Total Births

Birth outcomes differ across regions due to many factors, including access to care, quality of care, environmental factors, and the mothers' health behaviors (CDC, 2020e). St. Johns County's total resident live birth rate remained slightly lower than Florida's rate for all races from 2013 to 2022. In 2022, there were 8.4 births per 1,000 total population for all races in St. Johns County compared to 10.0 births per 1,000 in Florida (Exhibit 75).

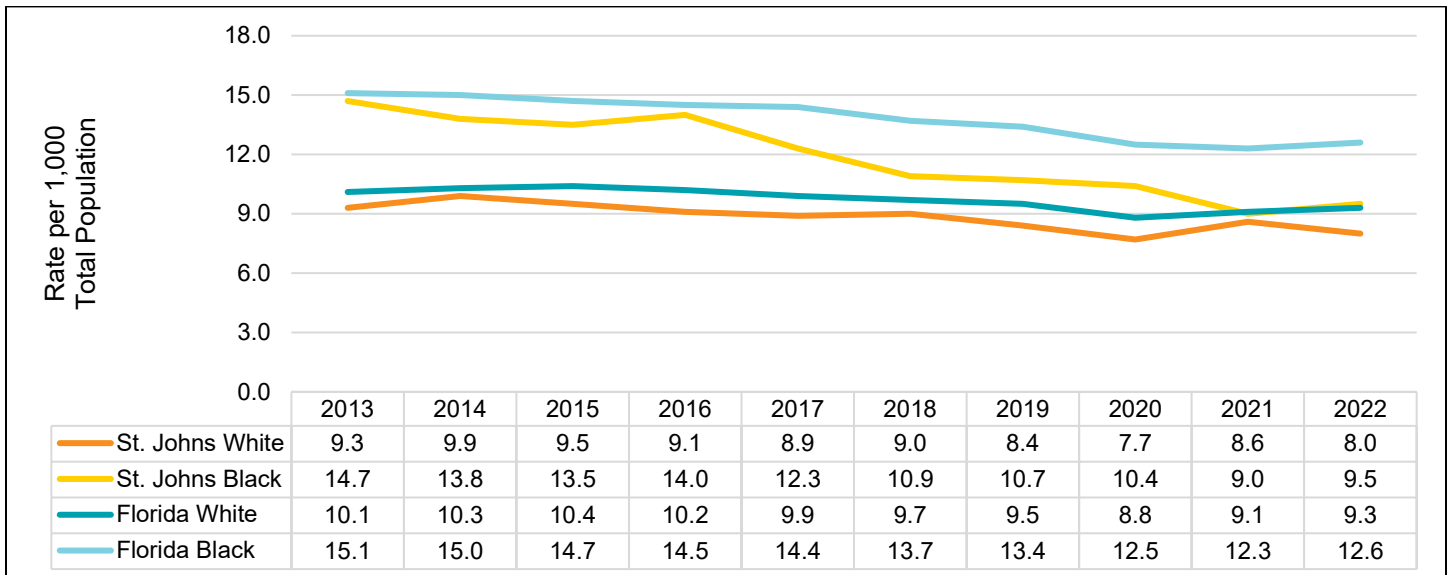
EXHIBIT 75: TOTAL RESIDENT LIVE BIRTHS, ST. JOHNS COUNTY & FLORIDA, AGE-ADJUSTED RATE PER 1,000, 2013–2022



Source: [Florida Department of Health, Bureau of Vital Statistics, Resident Live Births](#). Date Sourced: March 22, 2024.

Birth rates are higher for the Black population than for the White population in both St. Johns County and Florida. St. Johns County's Black population had a birth rate of 9.5 per 1,000 in comparison to 8.0 per 1,000 in the White population from 2022. Overall, births slightly decreased from 2013 to 2022 across both the county and state (Exhibit 76).

EXHIBIT 76: TOTAL RESIDENT LIVE BIRTHS BY RACE, ST. JOHNS COUNTY & FLORIDA, AGE-ADJUSTED RATE PER 1,000, 2013–2022

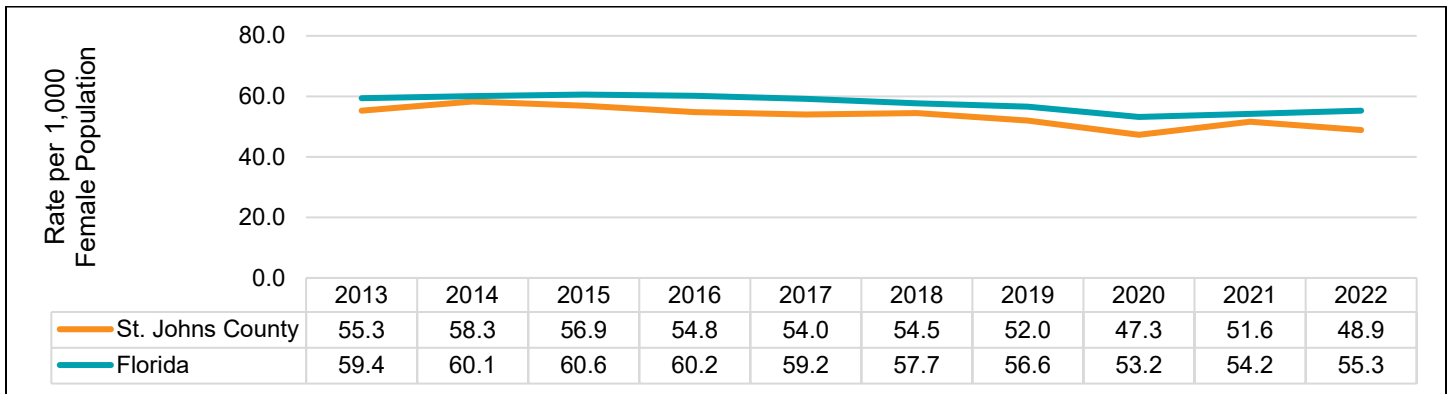


Source: [Florida Department of Health, Bureau of Vital Statistics, Resident Live Births](#). Date Sourced: March 22, 2024.

Births to Mothers Aged 15–44

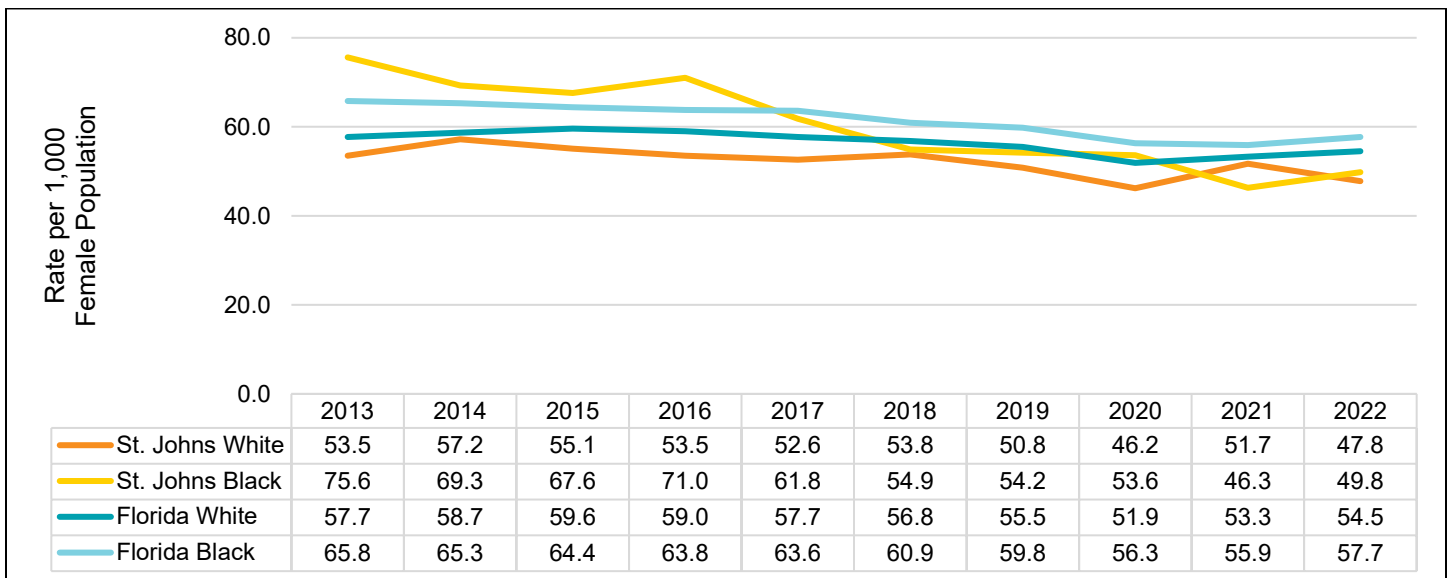
Among U.S. women aged 15–44 from 2013–2015, 50% expected to have a child in the future. Women’s expectations about having children in the future are related to sexual activity, contraceptive use, and fertility (Daughtery & Martinez, 2016). St. Johns County’s birth rate of women aged 15–44 was at its highest at 58.3 births per 1,000 females in 2014 and at its lowest at 47.3 in 2020 (Exhibit 77). Births to Black mothers in St. Johns County decreased from 75.6 births per 1,000 females aged 15–44 in 2013 to 49.8 births in 2022 (Exhibit 78).

EXHIBIT 77: BIRTHS BY MOTHER’S AGE, AGES 15–44, ST. JOHNS COUNTY & FLORIDA, AGE-ADJUSTED RATE PER 1,000, 2013–2022



Source: [Florida Department of Health, Bureau of Vital Statistics, Births by Mothers’ Age 15-44](#). Date Sourced: March 22, 2024.

EXHIBIT 78: BIRTHS BY MOTHER’S AGE, AGES 15–44, BY RACE, ST. JOHNS COUNTY & FLORIDA, AGE-ADJUSTED RATE PER 1,000, 2013–2022

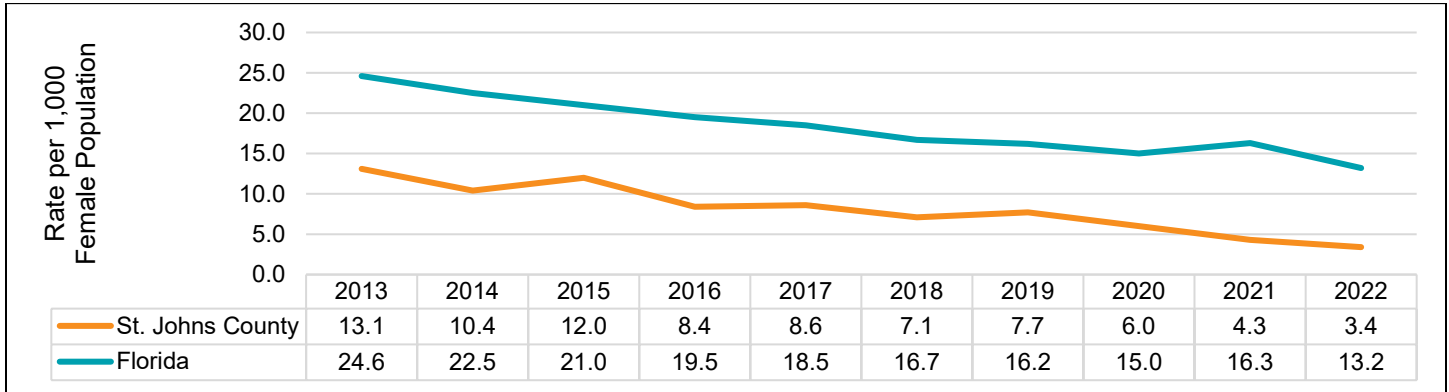


Source: [Florida Department of Health, Bureau of Vital Statistics, Births by Mothers’ Age 15-44](#). Date Sourced: March 22, 2024.

Teen Births

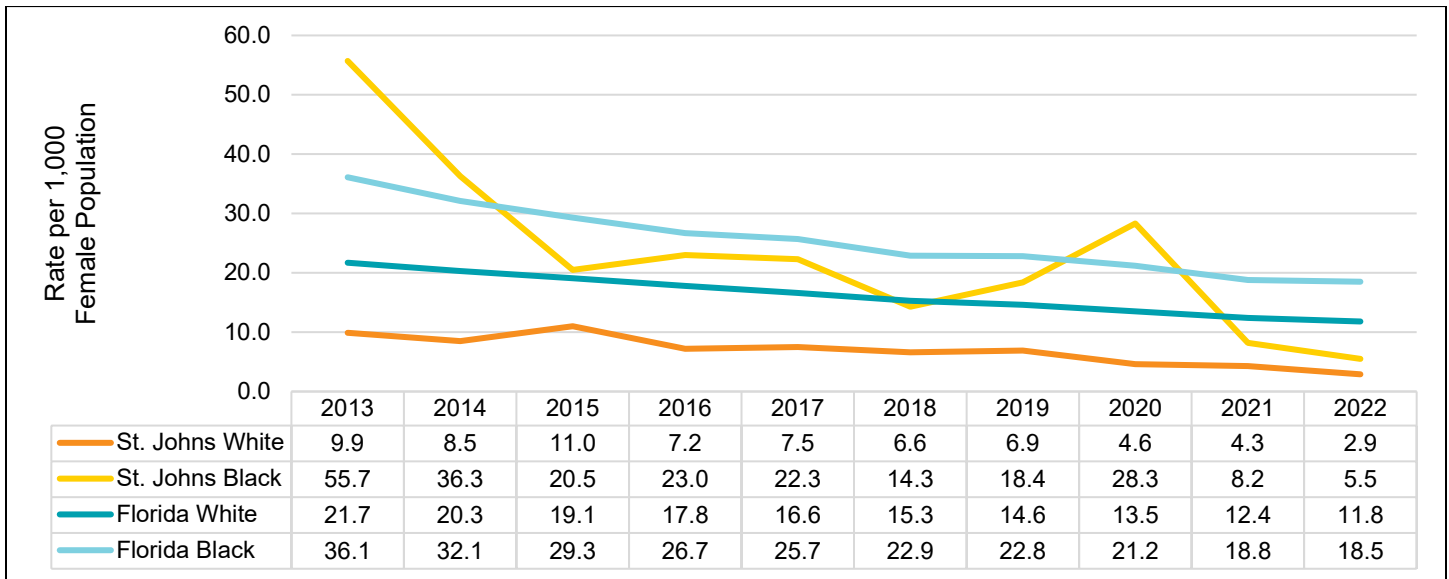
Teen birth rates decreased over the past decade for all races and ethnicities in both St. Johns County and Florida. St. Johns County teen birth rates dropped significantly from 13.1 births per 1,000 females aged 15–19 in 2013 to 3.4 per 1,000 females aged 15–19 in 2022 (Exhibit 79). St. Johns County’s White and Black populations experienced an overall decrease in teen births from 2013 to 2022 (Exhibit 80). Evidence suggests that the decline in teen pregnancy may be due to increased use of birth control and decreased sexual activity. However, U.S. teen pregnancy rates remain substantially higher than other industrialized countries, with large disparities between races and ethnicities (CDC, 2021).

EXHIBIT 79: BIRTHS BY MOTHER’S AGE, AGES 15–19, ST. JOHNS COUNTY & FLORIDA, AGE-ADJUSTED RATE PER 1,000, 2013–2022



Source: [Florida Department of Health, Bureau of Vital Statistics, Births by Mothers' Age 15-19](#). Date Sourced: March 22, 2024.

EXHIBIT 80: BIRTHS BY MOTHER’S AGE, AGES 15–19, BY RACE, ST. JOHNS COUNTY & FLORIDA, AGE-ADJUSTED RATE PER 1,000, 2013–2022

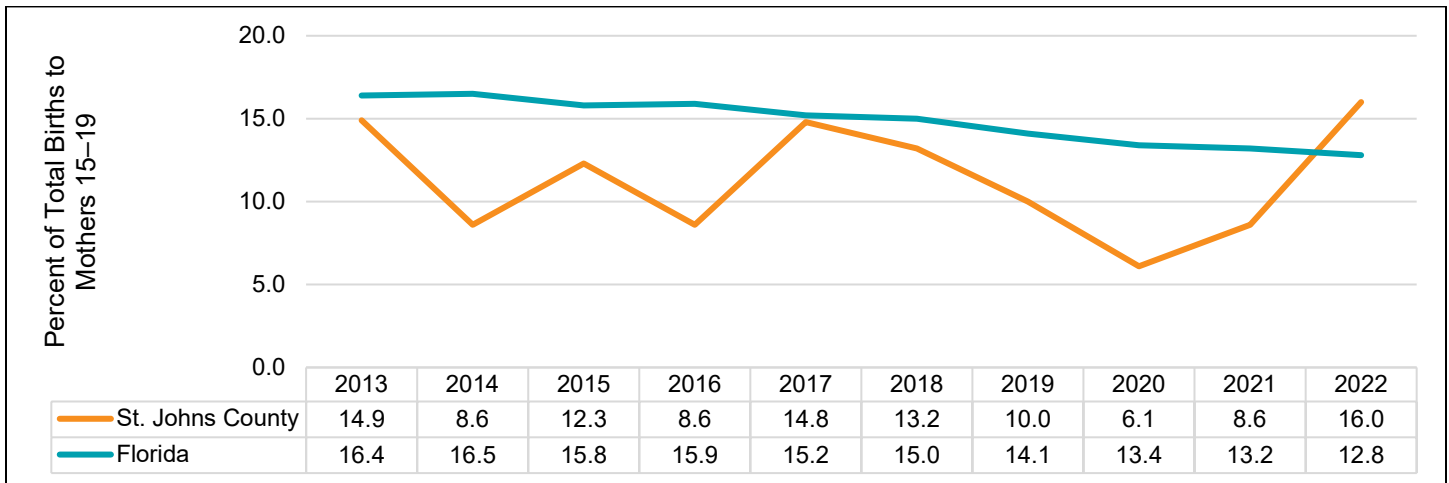


Source: [Florida Department of Health, Bureau of Vital Statistics, Births by Mothers' Age 15-19](#). Date Sourced: March 22, 2024.

Repeat Teen Births

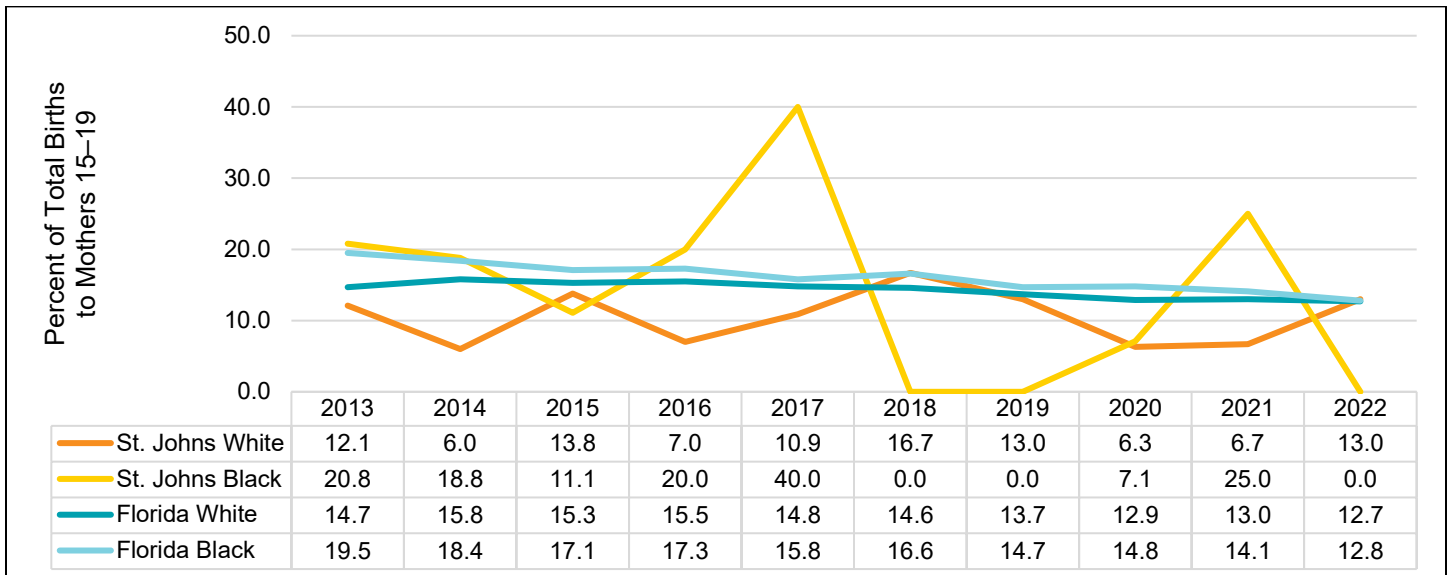
According to the Office of Population Affairs at the U.S. Department of Health and Human Services, nearly 1 in 6 births to mothers aged 15 to 19 are repeat births. Repeat teen births can affect young mothers by limiting their ability to pursue education (HHS, n.d.). Exhibit 81 and Exhibit 82 shows repeat births to teen mothers (ages 15–19) as a percentage of total births. St. Johns County remained below Florida’s repeat teen birth rates for all races/ethnicities except for 2022. White and Black repeat teen birth rates in St. Johns County fluctuated from 2013 to 2022 (White and non-White). These significant variations may be present due to single-digit counts.

EXHIBIT 81: REPEAT BIRTHS TO MOTHERS AGED 15–19, ST. JOHNS COUNTY & FLORIDA, AGE-ADJUSTED RATE PER 100,000, 2013–2022



Source: [Florida Department of Health, Bureau of Vital Statistics, Repeat Births to Mothers Ages 15-19](#). Date Sourced: March 22, 2024.

EXHIBIT 82: REPEAT BIRTHS TO MOTHERS AGED 15–19 BY RACE, ST. JOHNS COUNTY & FLORIDA, AGE-ADJUSTED RATE PER 100,000, 2013–2022

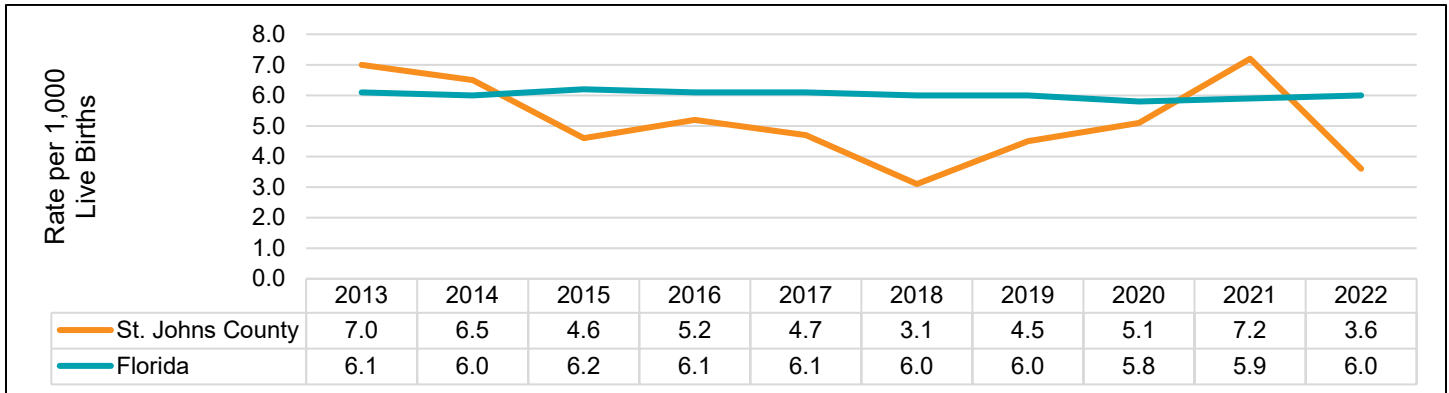


Source: [Florida Department of Health, Bureau of Vital Statistics, Repeat Births to Mothers Ages 15-19](#). Date Sourced: March 22, 2024.

Infant Mortality Rate

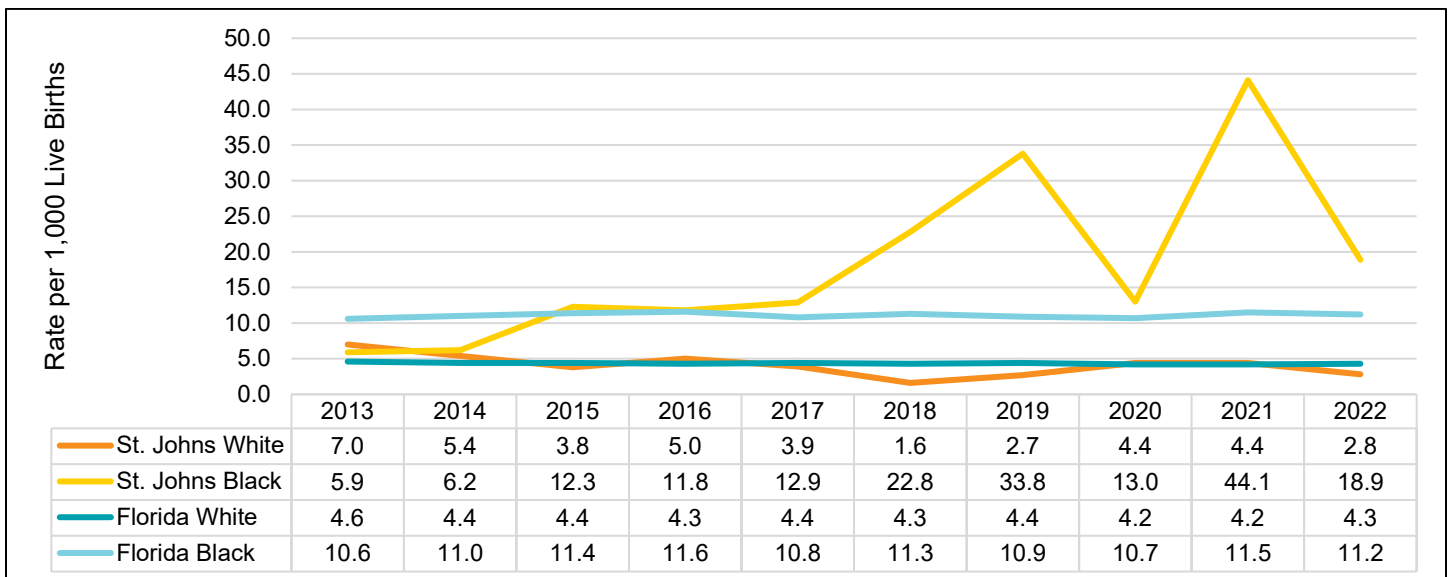
Infant mortality is the death of a live-born baby within the first year of life. The infant mortality rate is the number of infant deaths for every 1,000 live births. This rate is an important marker of the overall health of a society (CDC, 2022d). From 2013 to 2022, St. Johns County experienced fluctuations in infant mortality rates for all races (Exhibit 83). White infant mortality rates are consistently lower than Black rates in St. Johns County and only surpassed Black rates in 2013. In 2022, the county's White population had an infant mortality rate of 2.8 deaths per 1,000 live births compared to 18.9 deaths per 1,000 live births in the Black population (Exhibit 84). Overall, the St. Johns County Black population showed an increase in infant mortality rates from 5.9 in 2013 to 18.9 in 2022 (Exhibit 84).

EXHIBIT 83: INFANT MORTALITY RATE, ST. JOHNS COUNTY & FLORIDA, AGE-ADJUSTED RATE PER 1,000 LIVE BIRTHS, 2013–2022



Source: [Florida Department of Health, Bureau of Vital Statistics, Infant Mortality](#). Date Sourced: March 22, 2024.

EXHIBIT 84: INFANT MORTALITY RATE BY RACE, ST. JOHNS COUNTY & FLORIDA, AGE-ADJUSTED RATE PER 1,000 LIVE BIRTHS, 2013–2022

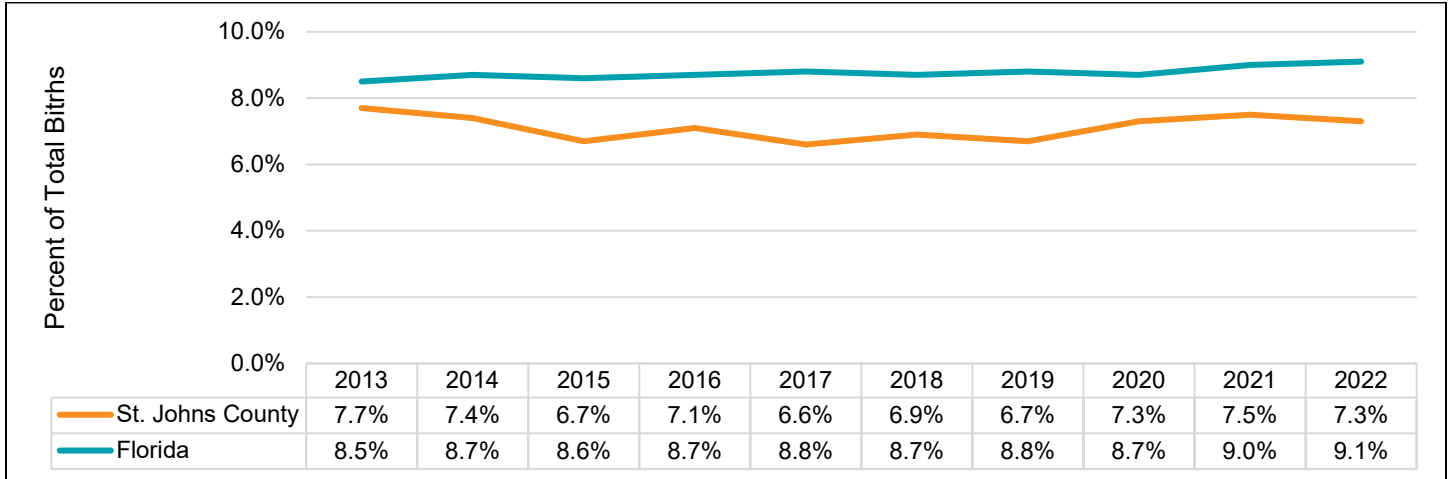


Source: [Florida Department of Health, Bureau of Vital Statistics, Infant Mortality](#). Date Sourced: March 22, 2024.

Low Birth Weight

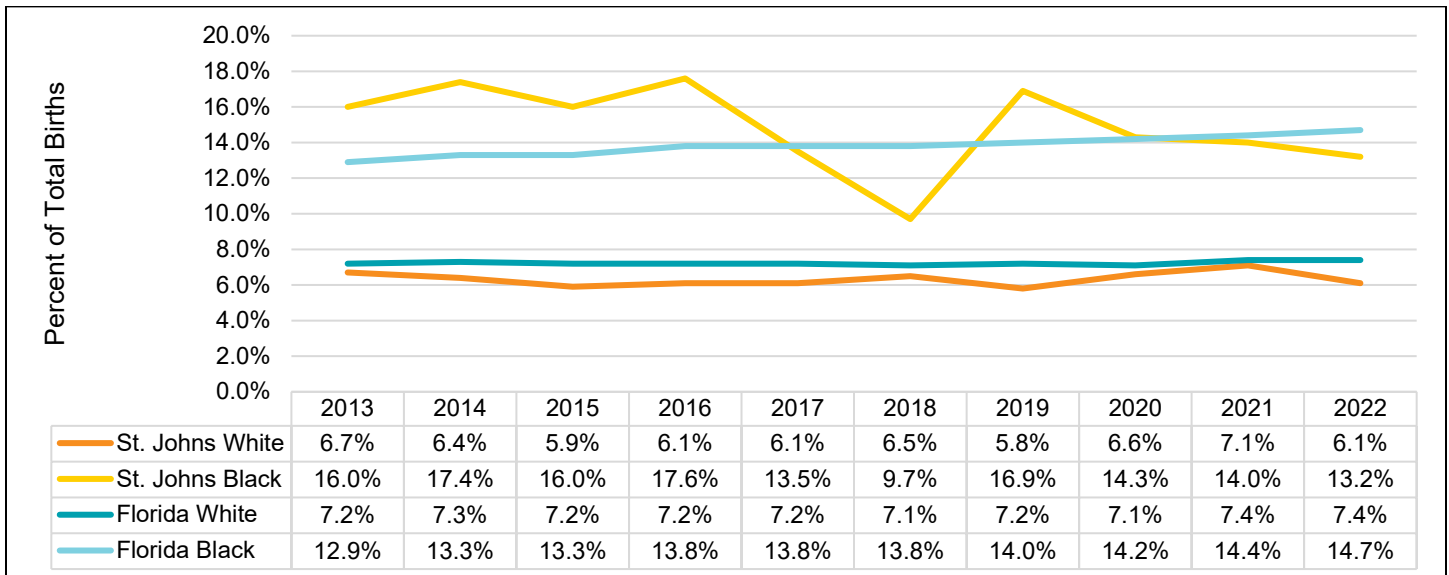
A birth weight less than 5.5 pounds (2,500 grams) is considered a low birth weight. Infants with low birth weight may be at a higher risk for many health problems than infants born at a normal weight (CDC, 2020e). Over the past decade, the percentage of births in St. Johns County with low birth weight remained lower than in Florida for all races (Exhibit 85). Black births are more likely to have low birth weight in both St. Johns County and Florida. In St. Johns County, the percentage of Black births with low birth weight (13.2%) in 2022 was higher than the percentage of White births with low birth weight (6.1%) (Exhibit 86).

EXHIBIT 85: PERCENTAGE OF TOTAL BIRTHS WITH LOW BIRTH WEIGHT, ST. JOHNS COUNTY & FLORIDA, 2013–2022



Source: [Florida Department of Health, Bureau of Vital Statistics, Births with Low Birth Weight](#). Date Sourced: March 22, 2024.

EXHIBIT 86: PERCENTAGE OF TOTAL BIRTHS WITH LOW BIRTH WEIGHT BY RACE, ST. JOHNS COUNTY & FLORIDA, 2013–2022

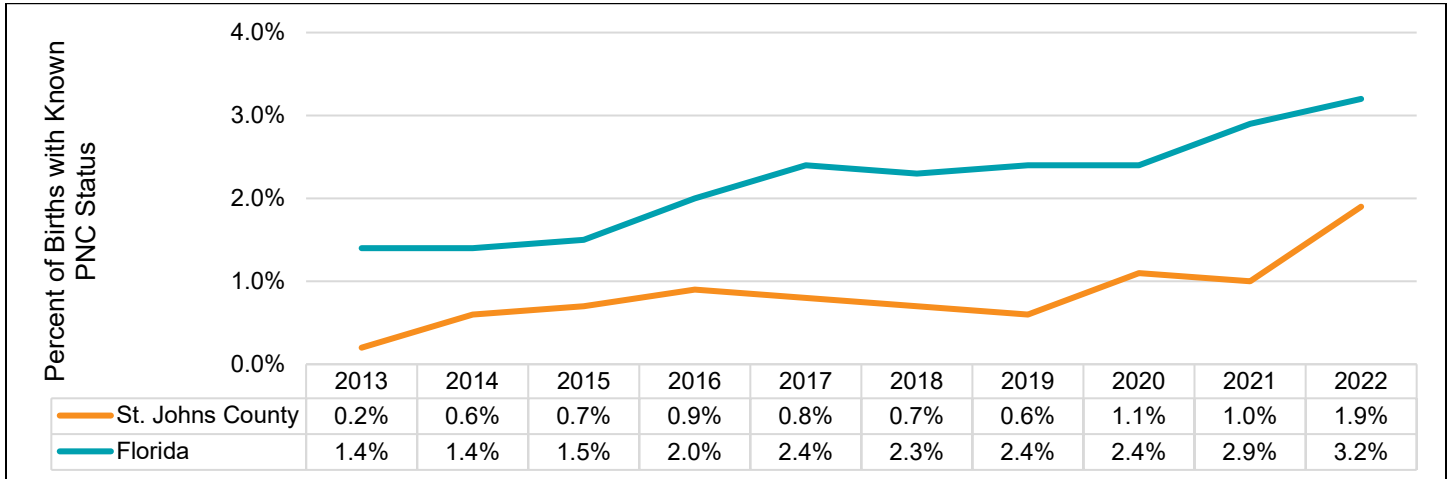


Source: [Florida Department of Health, Bureau of Vital Statistics, Births with Low Birth Weight](#). Date Sourced: March 22, 2024.

Prenatal Care

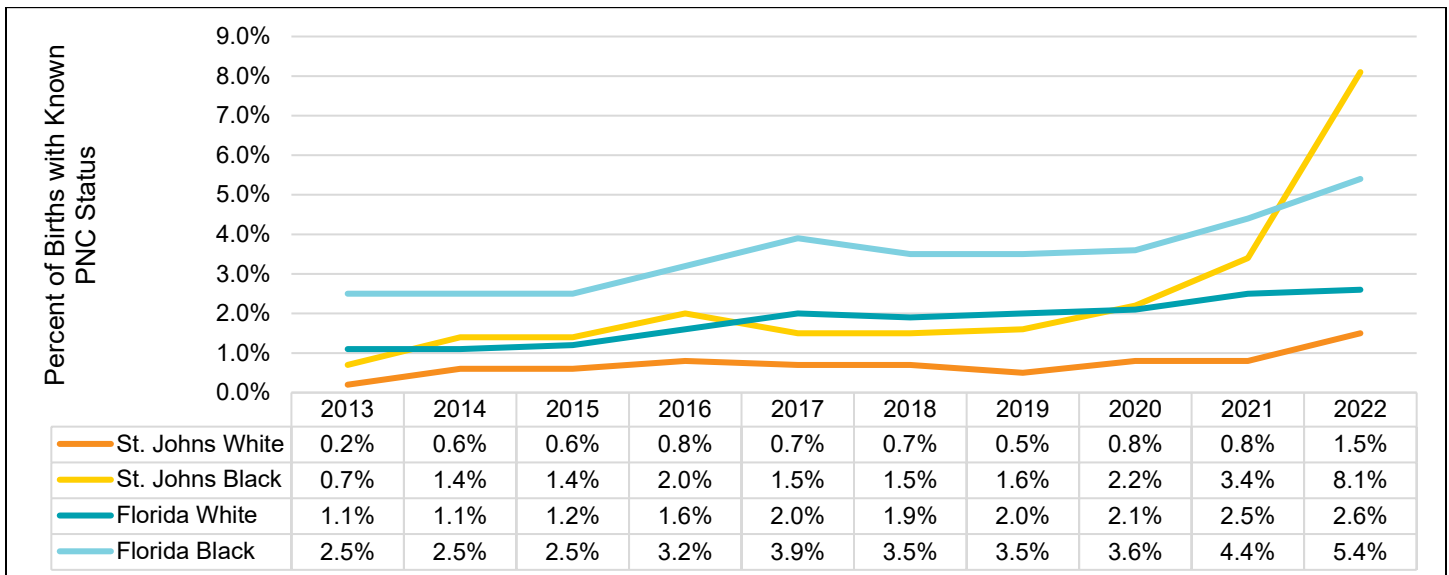
In order to have the best possible outcome for mother and child, early prenatal care is essential. Prenatal care is the health care a woman receives when she is pregnant, and prenatal visits to a health care provider are important to monitor the mother's and fetus's health (CDC, 2022e). Of births with known prenatal care status, only 1.9% of mothers had no prenatal care in St. Johns County compared to 3.2% of mothers in Florida in 2022 (Exhibit 87). The Black population consistently has higher rates of births to mothers with no prenatal care than the White population in both St. Johns County and Florida (Exhibit 88).

EXHIBIT 87: PERCENTAGE OF BIRTHS TO MOTHERS WITH NO PRENATAL CARE, ST. JOHNS COUNTY & FLORIDA, 2013–2022



Source: [Florida Department of Health, Bureau of Vital Statistics, Births to Mothers with No Prenatal Care](#). Date Sourced: March 22, 2024.

EXHIBIT 88: PERCENTAGE OF BIRTHS TO MOTHERS WITH NO PRENATAL CARE BY RACE, ST. JOHNS COUNTY & FLORIDA, 2013–2022

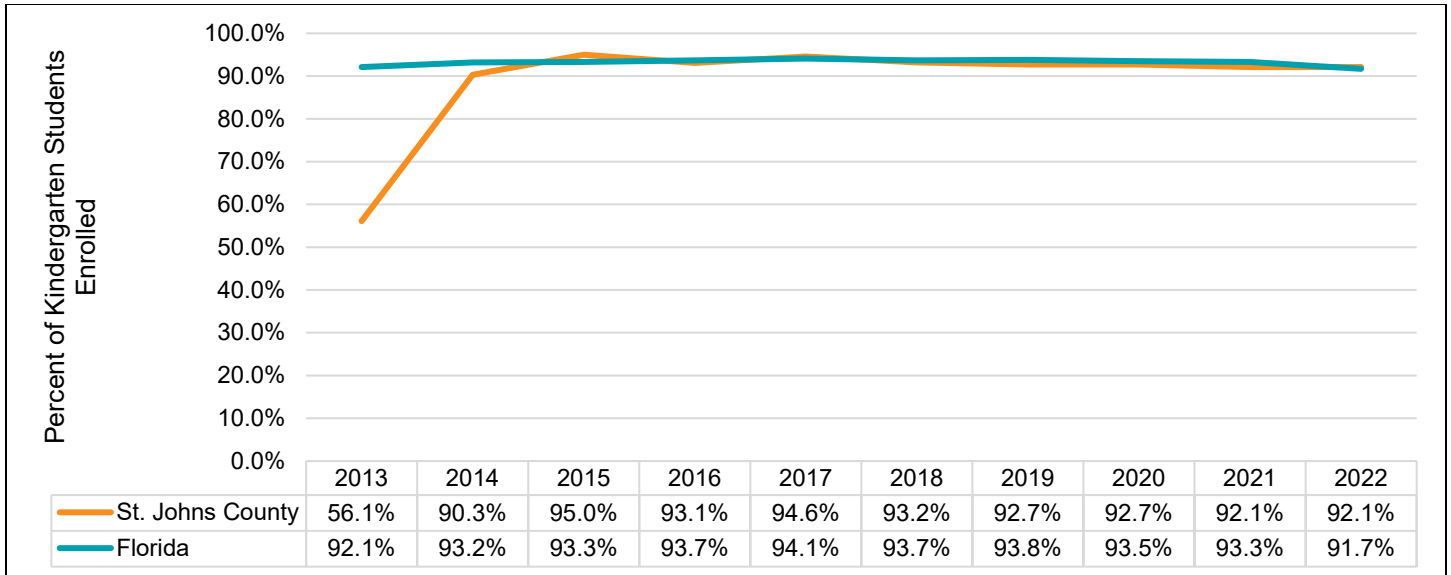


Source: [Florida Department of Health, Bureau of Vital Statistics, Births to Mothers with No Prenatal Care](#). Date Sourced: March 22, 2024.

Immunizations

According to the Centers for Disease Control and Prevention (CDC), immunization is the process by which a person becomes protected against a disease. Immunization is a primary defense against some of the most deadly and debilitating diseases known (CDC, 2023a). It is particularly important to vaccinate children to prevent them from contracting or spreading serious diseases (CDC, 2023a). St. Johns County’s percentage of immunized kindergartners was higher than Florida’s, with 92.1% of children immunized compared to 91.7% in Florida in 2022 (Exhibit 89).

EXHIBIT 89: PERCENTAGE OF IMMUNIZED KINDERGARTNERS, ST. JOHNS COUNTY & FLORIDA, 2013–2022



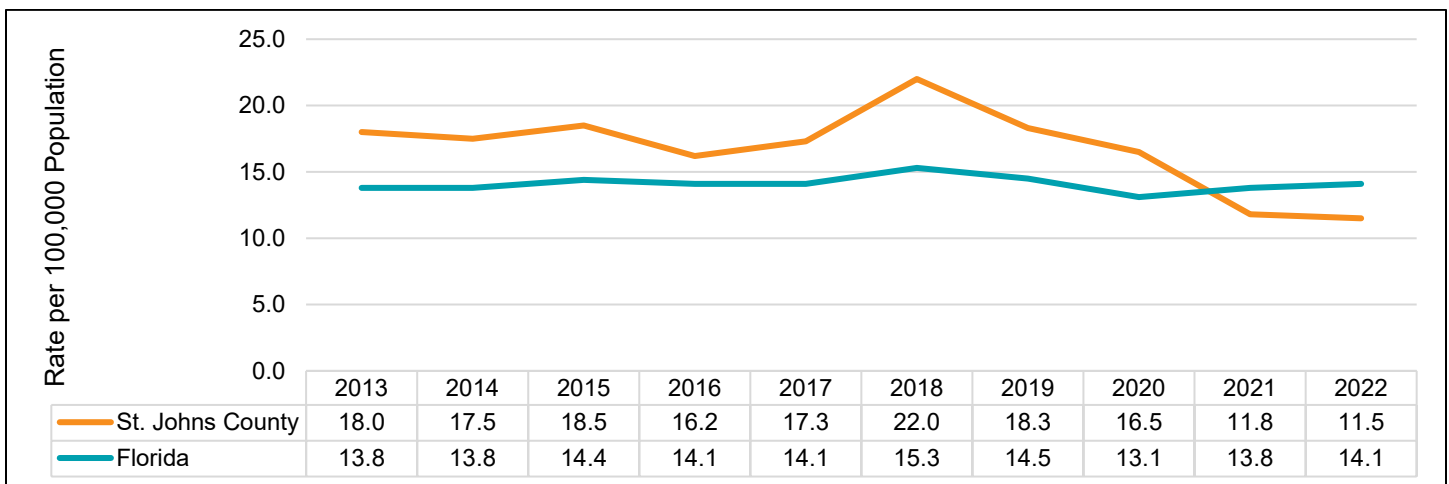
Source: [Florida Department of Health, Bureau of Immunization, Immunization Levels in Kindergarten](#). Date Sourced: March 21, 2024.

Behavioral and Mental Health

Suicide

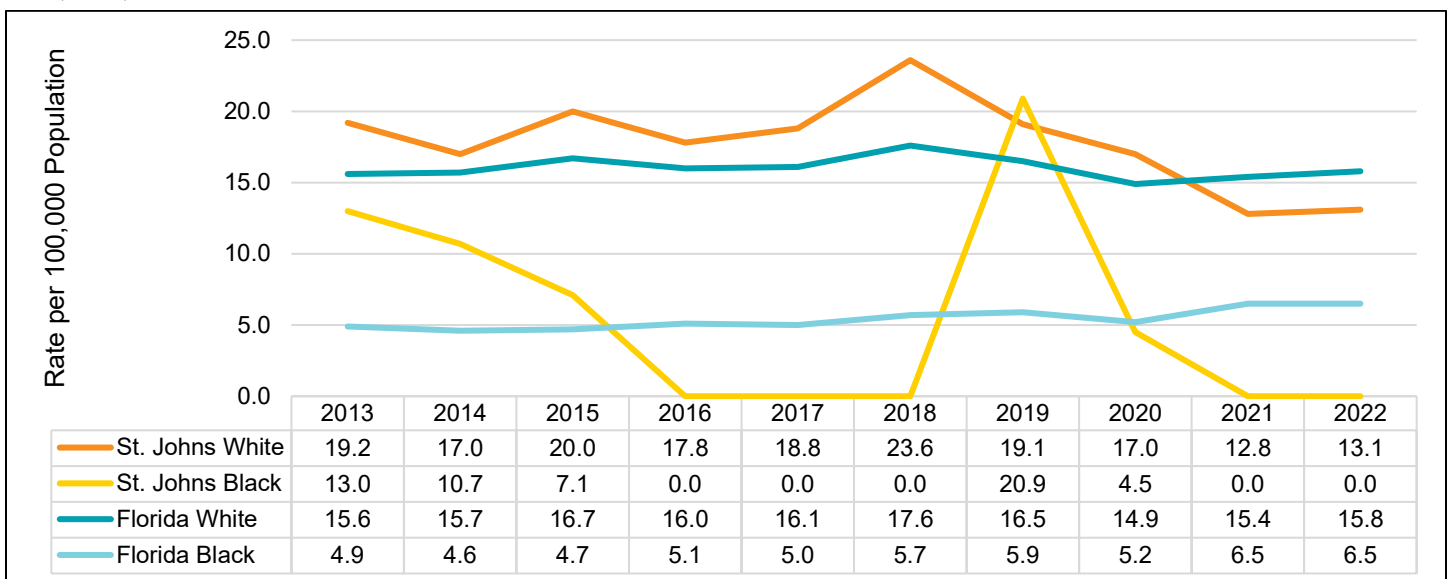
Suicide occurs when a person ends their own life and is a leading cause of death in the U.S. (CDC, 2023i). Death is not the only consequence of suicide. More people survive suicide attempts than die, and suicide survivors may have serious injuries, such as broken bones, brain damage, or organ failure (CDC, 2023i). People who have attempted suicide may have experienced violence, including child abuse, bullying, or sexual violence, and may even have depression and other mental health problems (CDC, 2023i). St. Johns County’s suicide death rate has fluctuated slightly over the past decade and most notably had a 47.7% decrease from 2018 to 2022 (Exhibit 90). In both St. Johns County and Florida, suicide tends to occur much more frequently among White populations than Black populations, as shown in Exhibit 91.

EXHIBIT 90: SUICIDE MORTALITY RATE, ST. JOHNS COUNTY & FLORIDA, AGE-ADJUSTED RATE PER 100,000, 2013–2022



Source: [Florida Department of Health, Bureau of Vital Statistics, Deaths from Suicide](#). Date Sourced: March 21, 2024.

EXHIBIT 91: SUICIDE MORTALITY RATE BY RACE, ST. JOHNS COUNTY & FLORIDA, AGE-ADJUSTED RATE PER 100,000, 2013–2022



Source: [Florida Department of Health, Bureau of Vital Statistics, Deaths from Suicide](#). Date Sourced: March 21, 2024.

Baker Act Referrals/Examinations

In 1971, the Florida Legislature enacted the *Florida Mental Health Act*, a comprehensive revision of the state’s mental health commitment laws. The law is widely referred to as the “Baker Act” in honor of Maxine Baker, the former state representative who sponsored the Act. The Baker Act allows for involuntary exam initiation (also known as emergency or involuntary commitment). Initiations can be made by judges, law enforcement officials, physicians, or mental health professionals only when there is evidence that a person has a mental illness and is a harm to self, harm to others, or self-neglectful (as defined in the Baker Act). Examinations may last up to 72 hours and can occur in any of the over one hundred Florida Department of Children and Families designated receiving facilities statewide (FDCF, n.d.).

It is important to note that some individuals for whom Baker Act forms were received were never actually admitted to the receiving facility because an examination by a physician or psychologist determined they did not meet admission criteria. The data also does not include information on what occurred after the initial examination, such as how long individuals stayed at the facility or whether they remained on an involuntary or voluntary basis.

Exhibit 92 below illustrates the total number of reported involuntary exam initiations (i.e., Baker Acts) for St. Johns County residents from fiscal year (FY) 2017 to 2022. It is important to note that 61.5% of involuntary examinations of St. Johns County residents occurred at Flagler Hospital in St. Johns, while a little more than 23% were seen in facilities in neighboring Duval and Volusia Counties.

EXHIBIT 92: INVOLUNTARY EXAMINATIONS OF ST. JOHNS COUNTY RESIDENTS, FYS 2017–2022

Fiscal Year	All Ages	% of Total				% Change to 2021–2022
		<18	18–24	25–64	65+	
2017–2018	995	16.18%	15.28%	58.59%	9.15%	11.66%
2018–2019	1,113	18.87%	14.47%	59.39%	6.74%	-0.18%
2019–2020	1,046	18.55%	14.24%	56.88%	9.37%	6.21%
2020–2021	1,130	19.20%	16.28%	54.51%	8.85%	-1.68%
2021–2022	1,111	16.92%	14.22%	58.87%	9.63%	N/A

Source: [Baker Act Reporting Center Fiscal Year 2021-22, University of South Florida](#). Date Sourced: March 29, 2024.

Exhibit 93 summarizes the number of involuntary examinations for St. Johns County residents by initiator type. Of the total number of involuntary examinations in St. Johns County, 48.87% were initiated by health professionals, 44.37% by law enforcement, and 6.75% by judges. In comparison, Florida had 44.5% of involuntary exams initiated by health professionals, 52.96% by law enforcement, and 2.44% by judges. Of the involuntary examinations in St. Johns County initiated by health professionals, 72.25% were initiated by a physician who was not a psychiatrist in comparison to 63.83% in Florida.

EXHIBIT 93: INVOLUNTARY EXAMINATIONS BY INITIATOR TYPE, ST. JOHNS COUNTY & FLORIDA, FY 2021–2022

	St. Johns	Florida	St. Johns	Florida	St. Johns	Florida
	Health Professional		Law Enforcement		Ex-Parte Order of Judge	
Total	48.87%	44.50%	44.37%	52.96%	6.75%	2.44%
Physician (not a psychiatrist)	72.25%	63.83%	These percentages are out of the total for involuntary examinations initiated by health professionals (not out of the total number of involuntary examinations).			
Physician (psychiatrist)	1.75%	8.78%				
Licensed Clinical Social Worker	5.58%	7.06%				
Licensed Mental Health Counselor	15.18%	12.16%				
Clinical Psychologist	<1%	1.02%				
Psychiatric Nurse	2.09%	2.45%				
Licensed Marriage and Family Therapist	1.22%	<1%				
Physician’s Assistant	<1%	2.06%				
Professional type not reported	<1%	1.79%				

Source: [Baker Act Reporting Center Fiscal Year 2021-22, University of South Florida](#). Date Sourced: March 29, 2024.

Behavioral Risk Factor Surveillance System

The Behavioral Risk Factor Surveillance System (BRFSS) “is the nation’s premier system of health-related telephone surveys that collect state data about U.S. residents regarding their health-related risk behaviors, chronic health conditions, and use of preventive services. Established in 1984 with 15 states, BRFSS now collects data in all 50 states, the District of Columbia, and 3 U.S. territories. BRFSS completes more than 400,000 adult interviews each year, making it the world's largest continuously conducted health survey system.” (CDC, 2023h).

The Florida BRFSS began reporting health behavior data on residents 18 years old and over in 1986. The 2019 BRFSS is the latest and sixth county-level survey conducted in Florida, estimating the county prevalence of personal health behaviors that contribute to morbidity and mortality. That year, 809 St. Johns County adults responded to the county-level survey (FDOH, 2019). Exhibit 94 shows some of the key findings for St. Johns County.

EXHIBIT 94: SELECTED BRFSS DATA, ST. JOHNS COUNTY & FLORIDA, 2019

Alcohol Consumption	St. Johns County	Florida
Adults who engage in heavy or binge drinking	20.9%	18.0%
Cancer Screening	St. Johns County	Florida
Women 40 years of age and older who received a mammogram in the past year	N/A	55.5%
Women aged 50 to 74 who had a mammogram in the past 2 years	N/A	78.0%
Women 18 years of age and older who received a Pap test in the past year	N/A	40.0%
Women aged 21 to 65 who had a Pap test in the past 3 years	N/A	77.1%
Adults age 50 years and older who have ever had a blood stool test	N/A	45.7%
Adults age 50 years and older who received a blood stool test in the past year	N/A	19.8%
Adults 50 years of age and older who have ever had a sigmoidoscopy or colonoscopy	N/A	76.4%
Adults 50 years of age and older who received a sigmoidoscopy or colonoscopy in the past five years	N/A	66.2%
Adults aged 50 to 75 who had colorectal screening based on the most recent clinical guidelines	N/A	75.7%
Men 50 years of age and older who received a PSA test in the past two years	N/A	44.4%
Dental Care	St. Johns County	Florida
Adults who visited a dentist or a dental clinic in the past year	N/A	61.2%
Adults who had a permanent tooth removed because of tooth decay or gum disease	N/A	45.8%
Diabetes	St. Johns County	Florida
Adults who have ever been told they had pre-diabetes	7.6%	9.1%
Adults who have ever been told they had diabetes	8.7%	11.7%
Average age at which diabetes was diagnosed	49	50

Health Care Access and Coverage	St. Johns County	Florida
Adults who could not see a doctor at least once in the past year due to cost	14.5%	16.0%
Adults with any type of health care insurance coverage	87.1%	84.2%
Adults who have a personal doctor	74.2%	72.0%
Adults who had a medical checkup in the past year	77.3%	78.8%
Health Status and Quality of Life	St. Johns County	Florida
Adults who said their overall health was "fair" or "poor"	14.3%	19.7%
Adults who said their overall health was "good" to "excellent"	85.7%	80.3%
Adults with good physical health for the past 30 days	89.4%	86.2%
Adults with good mental health for the past 30 days	88.8%	86.2%
Average number of unhealthy mental days in the past 30 days	4	4
Average number of unhealthy physical days in the past 30 days	4	4
Adults who had poor mental health on 14 or more of the past 30 days	11.2%	13.8%
Adults who had poor physical health on 14 or more of the past 30 days	10.6%	13.8%
Adults whose poor physical or mental health kept them from doing usual activities on 14 or more of the past 30 days (Among adults who have had at least one day of poor mental or physical health)	12.8%	18.3%
Average number of days where poor mental or physical health interfered with activities of daily living in the past 30 days (Among adults who have had at least one day of poor mental or physical health)	4	6
Adults who have ever been told they had a depressive disorder	19.4%	17.7%
HIV/AIDS	St. Johns County	Florida
Adults less than 65 years of age who have ever been tested for HIV	49.1%	60.7%
Adults who had ever been tested for HIV	42.6%	50.7%
Obesity and Overweight	St. Johns County	Florida
Adults who are overweight	34.3%	37.6%
Adults who are obese	24.0%	27.0%
Adults who have a healthy weight	38.4%	32.8%
Tobacco Usage	St. Johns County	Florida
Adults who are current smokers	14.6%	14.8%
Adult current smokers who tried to quit smoking at least once in the past year	50.1%	59.0%
Adults who are former smokers (currently quit smoking)	28.7%	26.3%
Adults who have never smoked	56.8%	58.9%
Adults who are current e-cigarette users	5.7%	7.5%
Adults who are former e-cigarette users	17.4%	18.4%
Adults who have never used e-cigarettes	76.9%	74.1%

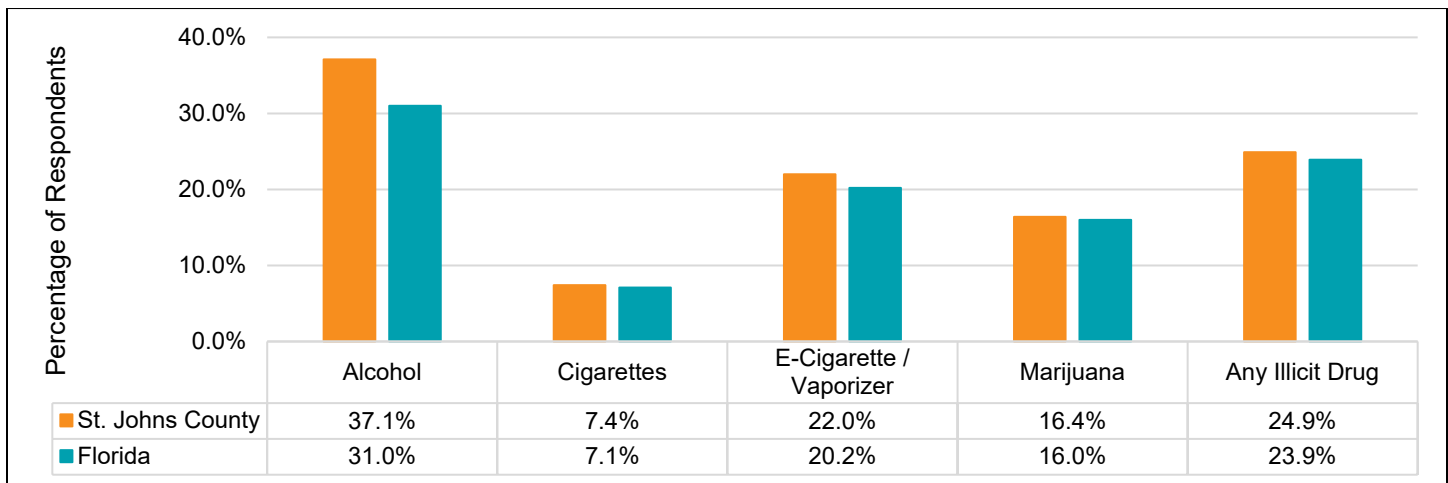
Source: [2019 Behavioral Risk Factor Surveillance System](#). Date Sourced: March 22, 2024.

Note: 2019 BRFSS is the latest county-level data available. The cancer screening and dental care indicators included in this table did not have data available at the county-level in 2019 and the latest data available was used for the state-level data. All other indicators compare the county-level and state-level data from 2019.

Florida Youth Substance Abuse Survey

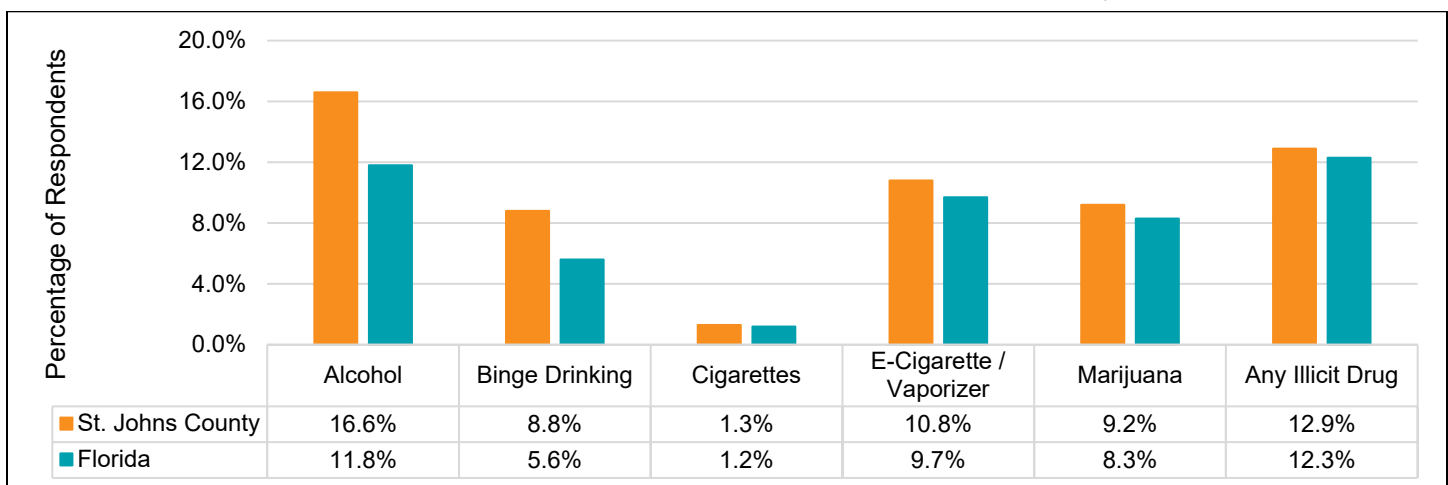
The Florida Youth Substance Abuse Survey (FYSAS) is an annual, statewide school-based survey effort that measures the prevalence of alcohol, tobacco, and other drug use, delinquent behaviors, and the risk and protective factors related to these behaviors (FDCF, n.d.). The 2022 FYSAS was answered by 1,406 St. Johns County students in grades 6–12 (FDOH, 2022). Alcohol was the most commonly used substance among students, with a prevalence rate of 37.1% for lifetime use and a prevalence rate of 16.6% for past 30-day use. Illicit drugs (LSD, cocaine, amphetamines, or another illegal drug) and e-cigarettes/vaporizers were the other most used substances among students, with a 24.9% and 22.0% rate for lifetime use and 12.9% and 10.8% prevalence rate for past 30-day use, respectively (Exhibit 95 and Exhibit 96).

EXHIBIT 95: YOUTH WHO REPORTED USING VARIOUS DRUGS IN THEIR LIFETIME, 2022



Source: [Florida Youth Substance Abuse Survey, 2022 St. Johns County Report](#). Date Sourced: March 22, 2024.

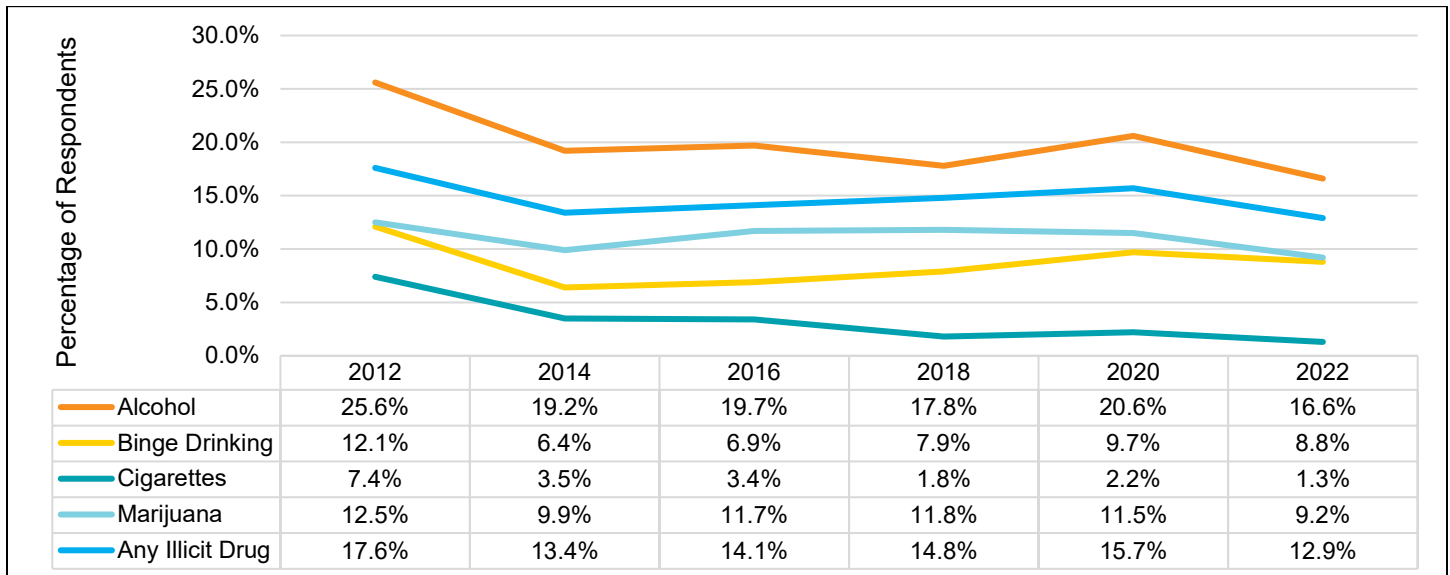
EXHIBIT 96: YOUTH WHO REPORTED USING VARIOUS DRUGS IN THE PAST 30 DAYS, 2022



Source: [Florida Youth Substance Abuse Survey, 2022 St. Johns County Report](#). Date Sourced: March 22, 2024.

St. Johns County has seen a decline of past 30-day youth substance use from 2012 to 2022 for all substances. Alcohol past 30-day substance use went from 25.6% in 2012 to 16.6% in 2022 (Exhibit 97).

EXHIBIT 97: YOUTH PAST-30-DAY TREND IN VARIOUS SUBSTANCE USE FOR ST. JOHNS COUNTY, 2012–2022



Source: [Florida Youth Substance Abuse Survey, 2022 St. Johns County Report](#). Date Sourced: March 22, 2024.

Health Resources, Providers, and Facilities

Health Insurance Coverage

Health insurance coverage, whether privately or publicly funded, is a primary factor in determining access to care for many people. Health insurance can be obtained privately through an employer (the individual’s own or that of an immediate family member), purchased independently, or available to certain individuals through government-subsidized or publicly funded health coverage programs, such as Medicare, Medicaid, or Military and VA benefits (CDC, 2023c).

The uninsured population includes both full- and part-time employees whose employers do not offer health insurance benefits, low-income persons who do not qualify for Medicaid, early retirees, and others who simply cannot afford costly premiums. Evidence shows that uninsured persons experience less positive medical outcomes than their insured counterparts. The uninsured are also less likely to have a regular primary care source or seek preventive health services (ITUP, n.d.).

St. Johns County's rate of insured persons is higher than Florida's and the U.S. rate. About 95% of St. Johns County's total civilian noninstitutionalized population has insurance compared to 89% of Floridians and 92% of all Americans (Exhibit 98).

EXHIBIT 98: INSURANCE COVERAGE IN ST. JOHNS COUNTY, FLORIDA, & THE UNITED STATES, 2022

	St. Johns County	Florida	United States
Total civilian noninstitutionalized	304,464	21,904,247	328,309,810
With health insurance coverage	290,831 (95.5%)	19,456,522 (88.8%)	301,941,990 (92.0%)
With private health insurance	246,685 (81.0%)	13,938,154 (63.6%)	220,660,289 (67.2%)
With public coverage	89,415 (29.4%)	8,218,687 (37.5%)	122,005,469 (37.2%)
No health insurance coverage	13,633 (4.5%)	2,447,725 (11.2%)	26,367,820 (8.0%)
Civilian noninstitutionalized population 19 to 64 years	170,954	12,672,391	195,146,356
In labor force	136,789 (80.0%)	9,900,675 (78.1%)	154,501,180 (79.2%)
Employed	132,950 (97.2%)	9,520,652 (96.2%)	148,131,004 (95.9%)
With health insurance coverage	126,627 (95.2%)	8,134,715 (85.4%)	133,389,562 (90.0%)
With private health insurance	122,646 (92.2%)	7,552,973 (79.3%)	119,876,487 (80.9%)
With public coverage	9,820 (7.4%)	854,948 (9.0%)	18,234,347 (12.3%)
No health insurance coverage	6,323 (4.8%)	1,385,937 (14.6%)	14,741,442 (10.0%)
Unemployed	3,839 (2.8%)	380,023 (3.8%)	6,370,176 (4.1%)
With health insurance coverage	2,932 (76.4%)	248,339 (65.3%)	4,849,918 (76.1%)
With private health insurance	2,594 (67.6%)	167,185 (44.0%)	2,601,188 (40.8%)
With public coverage	613 (16.0%)	90,952 (23.9%)	2,481,612 (39.0%)
No health insurance coverage	907 (23.6%)	131,684 (34.7%)	1,520,258 (23.9%)
Not in labor force	34,165 (20.0%)	2,771,716 (21.9%)	40,645,176 (20.8%)
With health insurance coverage	31,867 (93.3%)	2,230,235 (80.5%)	34,927,695 (85.9%)
With private health insurance	27,029 (79.1%)	1,486,309 (53.6%)	20,729,636 (51.0%)
With public coverage	6,526 (19.1%)	933,608 (33.7%)	17,068,916 (42.0%)
No health insurance coverage	2,298 (6.7%)	541,481 (19.5%)	5,717,481 (14.1%)

Source: [2022 American Community Survey 1-Year Estimates, Table DP03, Selected Economic Characteristics](#). Date Sourced: March 22, 2024.

Federal Health Professional Shortage Designation

The U.S. Health Resources and Services Administration (HRSA) develops a shortage designation criterion to determine whether an area or population group is experiencing a health professional shortage. Health Professional Shortage Areas (HPSAs) can be designated for primary medical care, dental, or mental health providers and may be geographic (a county or service area), population (e.g., low-income or Medicaid eligible), or facilities (e.g., federally qualified health centers or state or federal prisons). Hastings/Matanzas and St. Augustine are designated as low-income population HPSAs due to a lack of primary care services in both of these areas of St. Johns County (HRSA, n.d.-a). Colee Cove, Hastings/Matanzas, and St. Augustine are designated as low-income populations HPSAs due to a lack of dental health care services in these areas of the county (HRSA, n.d.-a). St. Johns County is designated as a high-need geographic HPSA due to a lack of mental health services (HRSA, n.d.-a).

Federal Medically Underserved Designation

The U.S. Health Resources and Services Administration (HRSA) develops a medically underserved designation criterion to determine whether an area or population group is experiencing a lack of

access to primary care services. Medically Underserved Areas (MUAs) and Medically Underserved Populations (MUPs) identify geographic areas and populations with a lack of access to primary care services. These designations help establish health maintenance organizations or community health centers (HRSA, n.d.-b). MUAs may have a shortage of primary care health services within geographic areas such as a whole county, a group of neighboring counties, a group of urban census tracts, and a group of county or civil divisions (HRSA, n.d.-b). MUPs have a shortage of primary care health services for a specific population subset within a geographic area. These groups may face economic, cultural, or language barriers to health care (HRSA, n.d.-b). Some examples are people who experience homelessness and low-income people. Western St. Johns County is designated as a Low Income MUP.

Healthcare Providers

A Primary Care Provider (PCP) is a physician, nurse practitioner, clinical nurse specialist, or physician assistant “who provides, coordinates or helps a patient access a range of health care services” (Primary Care Provider, n.d.). Primary care providers serve as a patient’s first point of entry for health care services; they focus on patient care rather than disease treatment (AAFP, n.d.). HRSA considers general and family practitioners, internists, pediatricians, obstetricians and gynecologists, physician assistants, and nurse practitioners as primary care providers. Public health and school nurses also provide primary care services to designated populations.

Exhibit 99 shows the number of total medical doctors, various primary care providers, and dentists in St. Johns County. In the 2022–2023 FY, St. Johns County had 1,120 medical doctors while Florida had 59,266. St. Johns County had 81 family practice physicians, 59 pediatricians, 28 obstetrician gynecologists, 176 internal medicine physicians, and 259 dentists.

EXHIBIT 99: TOTAL LICENSED PROVIDERS, ST. JOHNS COUNTY & FLORIDA, FY 2022–2023

Type of Provider	St. Johns County	Florida
Medical Doctors (MD, Physician)	1,120	59,266
Family Practice Physicians	81	3,009
Pediatricians	59	3,746
Obstetrician Gynecologists (OB-GYN)	28	1,958
Internal Medicine Physicians	175	10,489
Dentists (DMD, DDS)	259	13,955

Source: [Florida Department of Health, Division of Medical Quality Assurance](#). Date Sourced: March 20, 2024.

Overall, St. Johns County has seen an increase in the number of practicing physicians from 2019 to 2023. Exhibit 100 summarizes the number of practicing physicians in the county in comparison to Florida during this time. Exhibit 101 shows the total number of physicians in St. Johns County by specialty groups. St. Johns County has 41 medical specialists, including internal medicine, neurology, nuclear medicine, ophthalmology, orthopedic medicine, otolaryngology, and pathology.

EXHIBIT 100: NUMBER OF PRACTICING PHYSICIANS, ST. JOHNS COUNTY & FLORIDA, FYs 2019–2023

Area	2019	2020	2021	2022	2023
St. Johns County	400	424	439	476	473
Florida	51,370	53,002	54,315	56,082	54,471

Source: [Florida Department of Health, Physician Workforce Annual Report, 2023](#). Date Sourced: March 20, 2024.

EXHIBIT 101: PHYSICIAN SPECIALTY GROUP COUNT IN ST. JOHNS COUNTY, FY 2023

Type of Specialty Group	St. Johns County
Anesthesiology	31
Dermatology	15
Emergency Medicine	24
Family Medicine	111
Internal Medicine	108
*Medical Specialist	41
OB/GYN	18
Pediatrics	31
Psychiatry	20
Radiology	25
Surgeons	30
Total	454

Source: [Florida Department of Health, Physician Workforce Annual Report, 2023](#). Date Sourced: March 20, 2024.

*Medical specialists include Neurology, Nuclear Medicine, Ophthalmology, Orthopedic Medicine, Otolaryngology, and Pathology.

Mental health is an important part of overall health and well-being. It is important at every stage of life from childhood and adolescence through adulthood. St. Johns County has a total of 254 licensed clinical social workers, 48 licensed marriage and family therapists, 264 licensed mental health counselors, and 96 psychologists, as shown in Exhibit 102.

EXHIBIT 102: TOTAL LICENSED MENTAL HEALTH PROFESSIONALS, ST. JOHNS COUNTY & FLORIDA, FY 2022–2023

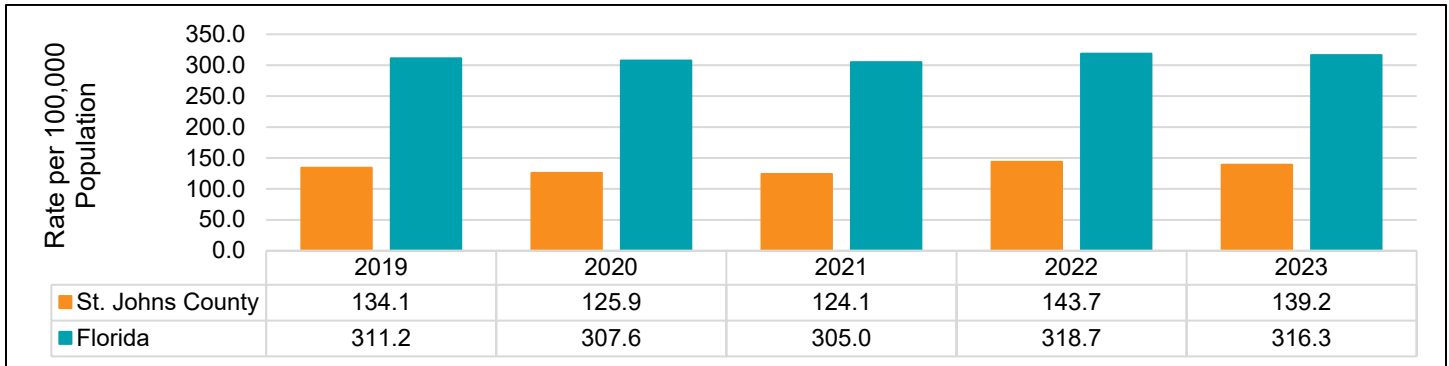
Type of Mental Health Professional	St. Johns County	Florida
Licensed Clinical Social Workers	254	12,804
Licensed Marriage & Family Therapists	48	2,574
Licensed Mental Health Counselors	264	14,835
Psychologists	96	5,430

Source: [Florida Department of Health, Division of Medical Quality Assurance](#). Date Sourced: March 20, 2024.

Health Care Facilities

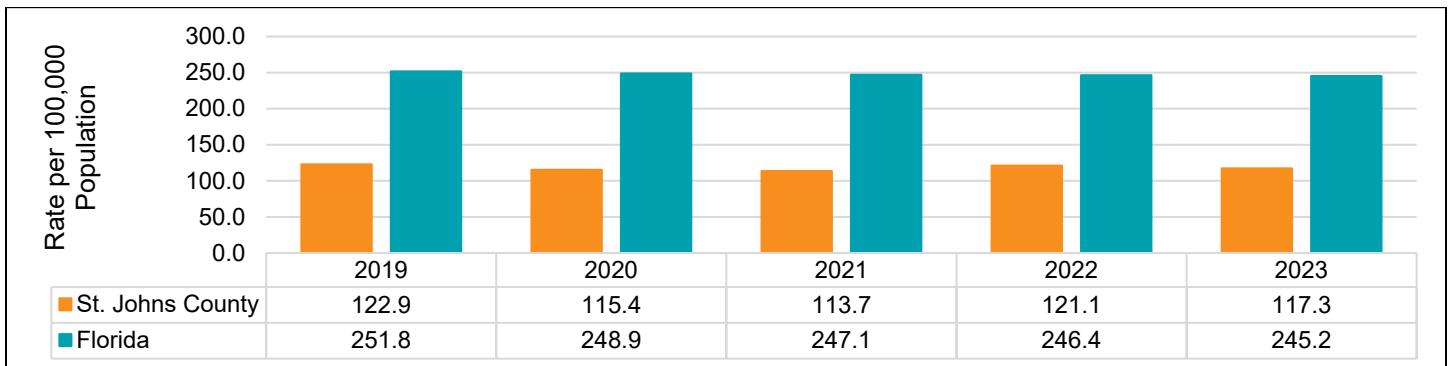
Acute care hospitals play a key role in the delivery of health care services, especially in communities where primary and specialist outpatient care shortages may exist. In addition to traditional inpatient services, hospitals may provide extensive diagnostic and treatment services on an outpatient basis. In 2023, St. Johns County had a significantly lower rate of total hospital beds (Exhibit 103), acute care beds (Exhibit 104), and specialty beds (Exhibit 105) than Florida. St. Johns County has both acute care and specialty hospital beds. Acute care beds provide short-term medical treatment for patients with acute illness or injury or recovering from surgery or childbirth. Specialty beds include psychiatric, substance abuse, rehabilitation, long-term care, skilled nursing unit, or neonatal intensive care unit beds.

EXHIBIT 103: TOTAL HOSPITAL BEDS, ST. JOHNS COUNTY & FLORIDA, 2019–2023



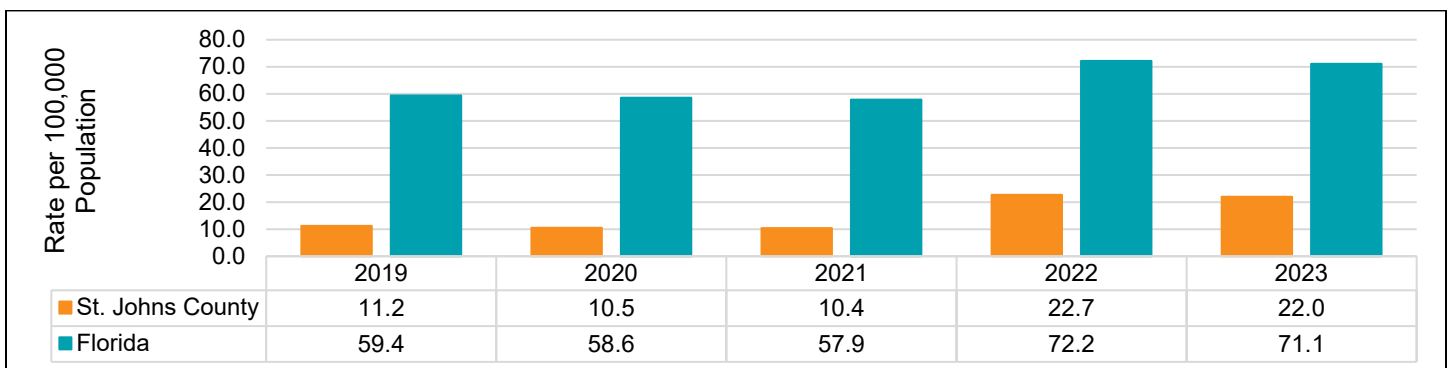
Source: [Florida Agency for Health Care Administration \(AHCA\)](#). Date Sourced: March 20, 2024.

EXHIBIT 104: ACUTE CARE HOSPITAL BEDS, ST. JOHNS COUNTY & FLORIDA, 2019–2023



Source: [Florida Agency for Health Care Administration \(AHCA\)](#). Date Sourced: March 20, 2024.

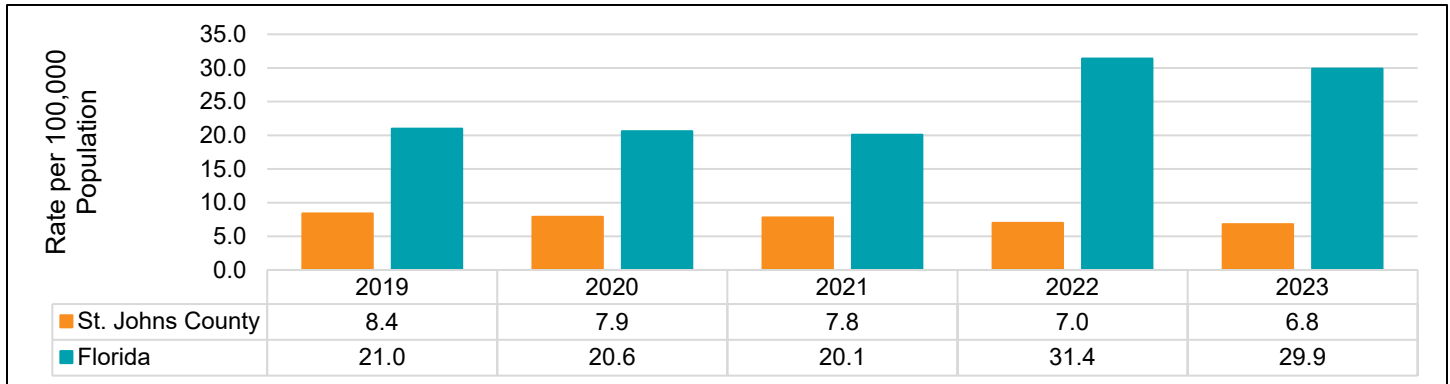
EXHIBIT 105: SPECIALTY CARE HOSPITAL BEDS, ST. JOHNS COUNTY & FLORIDA, 2019–2023



Source: [Florida Agency for Health Care Administration \(AHCA\)](#). Date Sourced: March 20, 2024.

St. Johns County has fewer adult psychiatric beds than the Florida rate. There were 6.8 adult psychiatric beds per 100,000 population in St. Johns compared to 29.9 beds in Florida in 2023 (Exhibit 106). There are zero child/adolescent psychiatric beds in St. Johns County.

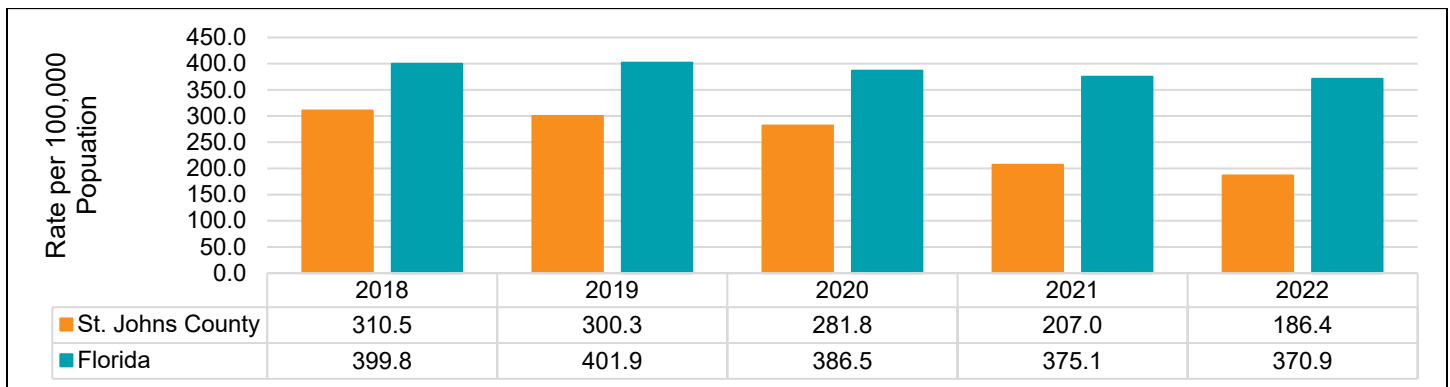
EXHIBIT 106: ADULT PSYCHIATRIC BEDS, ST. JOHNS COUNTY & FLORIDA, 2019–2023



Source: [Florida Agency for Health Care Administration \(AHCA\)](#). Date Sourced: March 20, 2024.

Exhibit 107 summarizes the number of nursing home beds in St. Johns County. St. Johns County has a lower rate of nursing home beds per 100,000 population than Florida, with 186.4 nursing home beds per 100,000 people in 2022.

EXHIBIT 107: NURSING HOME BEDS, ST. JOHNS COUNTY & FLORIDA, 2018–2022



Source: [Florida Agency for Health Care Administration \(AHCA\)](#). Date Sourced: March 20, 2024.

St. Johns County has 11 free-standing community nursing homes with a total of 750 licensed beds, as shown in Exhibit 108. There is an average occupancy rate of 78.88% for these nursing homes.

EXHIBIT 108: FREE-STANDING COMMUNITY NURSING HOMES IN ST. JOHNS COUNTY, 2023

Facility Name	Licensed Beds	Total		Medicaid		Medicare	
		Pt. Days	Occup. Rate	Pt. Days	Occup. Rate	Pt. Days	Occup. Rate
Clyde E. Lassen State Veterans' Nursing Home	120	41,372	94.46%	4,645	10.61%	469	1.07%
The Lilac at Bayview	120	29,350	67.01%	13,988	31.94%	5,040	11.51%
Moultrie Creek Nursing and Rehab Center	120	41,118	93.88%	20,989	47.92%	12,080	27.58%
The Ponce Therapy Care Center and Rehab	120	20,074	45.83%	10,908	24.90%	5,939	13.56%
St Augustine Health and Rehabilitation Center	120	40,746	93.03%	29,308	66.91%	4,592	10.48%
Vicar's Landing Nursing Home	60	16,734	76.41%	–	0.00%	2,671	12.20%
Westminster St. Augustine	30	8,645	78.95%	239	2.18%	2,763	25.23%
Westminster Woods on Julington Creek	60	17,882	81.65%	3,830	17.49%	3,908	17.84%
Total	750	215,921		83,907		37,462	
Average			78.88%		30.65%		13.68%

Source: HPCNEF Calendar Year Nursing Home Reports, 2023.

Note: Pt. Days = patient days, the number of days during which patients receive medical services at a facility.

Other Facilities

St. Johns County has 14 assisted living facilities, one adult day care center, and 13 home health agencies (Exhibit 109).

EXHIBIT 109: TOTAL NUMBER OF LICENSED FACILITIES IN ST. JOHNS COUNTY, 2023

Facility Type	Total Number of Licensed Facilities
Assisted Living Facilities	21
Adult Day Care Centers	1
Home Health Agencies	12

Source: [Agency for Healthcare Administration](#).

Health Care Utilization

Exhibit 110 shows the number of inpatient discharges per hospital in St. Johns County in 2019, with additional information about length of stay (LOS) and charges.

EXHIBIT 110: HOSPITALS IN ST. JOHNS COUNTY BY NUMBER OF INPATIENT DISCHARGES, 2019

Hospital Name	Discharges	LOS	Avg. LOS	Charges (\$)	Avg. Charges (\$)
UF Health St. Johns (Formerly Flagler Hospital)	14,695 (100%)	59,550 (100%)	4.05	654,970,606 (100%)	44,571
Total	14,695	59,550	4.05	654,970,606	44,571

Source: [Florida Health Finder, AHCA](#).

Note: LOS = length of stay, the number of days elapsed from the admission date to the discharge date.

Exhibit 111 shows the top 15 diagnoses for inpatient visits for St. Johns County residents to any hospital in Florida by the number of discharges in 2019. Diagnoses are shown as Medicare Severity (MS) Diagnosis Related Groups (DRGs). Exhibit 111 also lists cost and length of stay (LOS) for each MS DRG. The most frequent DRG recorded for St. Johns County residents (at any hospital) was septicemia (blood poisoning by bacteria). Other leading causes for inpatient visits included psychoses, normal newborn births, vaginal deliveries, and newborns without complicating diagnoses.

EXHIBIT 111: TOP 15 HOSPITAL INPATIENT DISCHARGES BY DRG, ST. JOHNS COUNTY HOSPITALS, ALL AGES, 2019

MS DRG Description	Discharges	LOS	Avg. LOS	Charges (\$)	Avg. Charges (\$)
Normal newborn	1,078 (9.4%)	2,122 (4.9%)	1.97	5,030,457 (1.1%)	4,666
Vaginal delivery w/o sterilization/D&C w/o CC/MCC	893 (7.8%)	2,005 (4.6%)	2.25	8,935,197 (2.0%)	10,006
Psychoses	575 (5.0%)	3,652 (8.4%)	6.35	1,577,157 (3.5%)	27,429
Major joint replacement or reattachment of lower extremity w/o MCC	547 (4.8%)	1,330 (3.1%)	2.43	25,741,635 (5.7%)	47,060
Septicemia w/o mechanical ventilation 96+ hours w MCC	445 (3.9%)	2,973 (6.8%)	6.68	31,596,683 (7.1%)	71,004
Cesarean section w/o sterilization w/o CC/MCC	371 (3.3%)	1,012 (2.3%)	2.73	6,190,302 (1.4%)	16,685
Heart failure & shock w MCC	289 (2.5%)	1,529 (3.5%)	5.29	13,021,823 (2.9%)	45,058
Pulmonary edema & respiratory failure	285 (2.5%)	1,399 (3.2%)	4.91	13,207,365 (2.9%)	46,342
Neonate with other significant problems	270 (2.4%)	632 (1.5%)	2.34	1,789,987 (0.4%)	6,630
Esophagitis, gastroenteritis & misc digestive disorders w/o MCC	265 (2.3%)	801 (1.8%)	3.02	7,871,743 (1.8%)	29,705
Depressive neuroses	260 (2.3%)	610 (1.4%)	2.35	3,465,610 (0.8%)	13,329
Alcohol/drug abuse or dependence w/o rehabilitation therapy w/o MCC	182 (1.6%)	525 (1.2%)	2.88	3,788,625 (0.8%)	20,817
Cellulitis w/o MCC	165 (1.4%)	560 (1.3%)	3.39	4,554,479 (1.0%)	27,603
Percutaneous cardiovascular procedures w drug-eluting stent w/o MCC	156 (1.4%)	384 (0.9%)	2.46	11,000,725 (2.5%)	70,517
Kidney & urinary tract infections w/o MCC	147 (1.3%)	478 (1.1%)	3.25	4,088,064 (0.9%)	27,810

Source: [AHCA Hospital Inpatient Query Result](#).

Note: MS DRG = Medicare Severity Diagnosis Related Group; LOS = length of stay, the number of days elapsed from the admission date to the discharge date; CC = complication or comorbidity; MCC = major complication or comorbidity.

Exhibit 112 shows the top 15 emergency room diagnoses of St. Johns County residents at any emergency department in 2019. Symptoms, signs, and ill-defined conditions were the top diagnoses. Other top emergency department diagnoses were injury and poisoning, respiratory system diseases, musculoskeletal system and connective tissue issues, and digestive system diseases.

EXHIBIT 112: TOP 15 EMERGENCY DEPARTMENT DIAGNOSES OF ST. JOHNS COUNTY HOSPITALS, ALL AGES, 2019

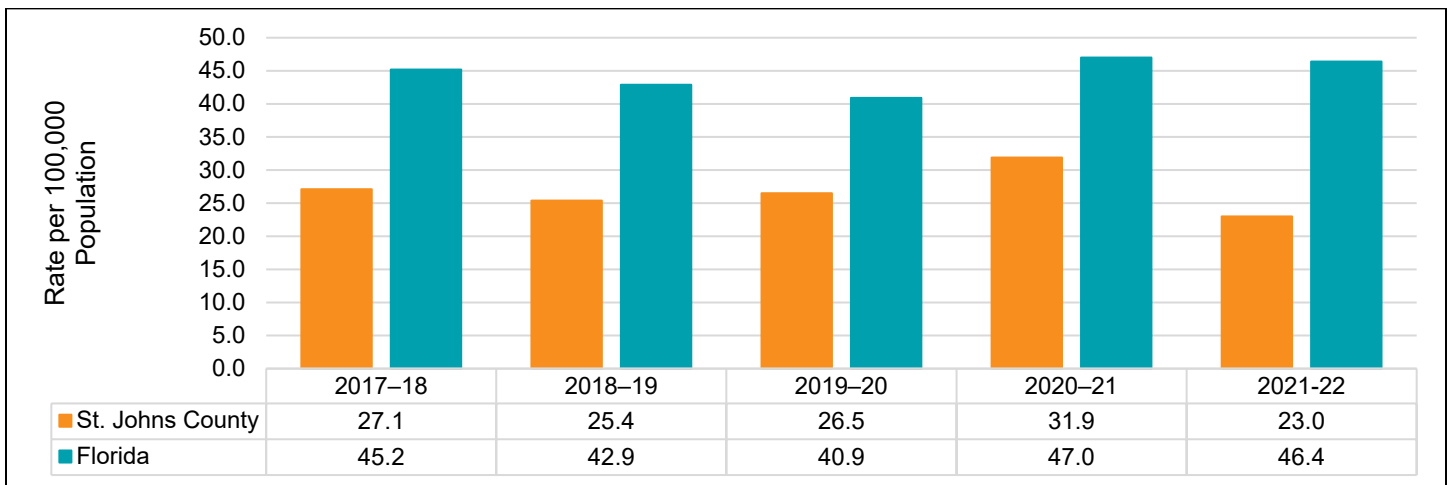
Principal Diagnostic Group	Visits	Charges (\$)	Avg. Charges (\$)
Injury and Poisoning	10,260 (24%)	37,047,159 (21.9%)	3,611
Symptoms, Signs, and Ill-Defined Conditions	9,328 (21.8%)	49,920,918 (29.5%)	5,352
Diseases of the Respiratory System	3,951 (9.2%)	11,959,559 (7.1%)	3,027
Musculoskeletal System & Connective Tissue	3,430 (8.0%)	11,937,922 (7.1%)	3,480
V-Codes: Supplementary Classification of Factors Influencing Health Status & Contact with Health Services	2,711 (6.3%)	3,149,878 (1.9%)	1,162
Diseases of the Digestive System	2,674 (6.2%)	12,606,261 (7.5%)	4,714
Diseases of the Genitourinary System	2,193 (5.1%)	12,062,911 (7.1%)	5,501
Diseases of the Skin & Subcutaneous Tissue	1,867 (4.4%)	5,608,739 (3.3%)	3,004
Mental, Behavioral & Neurodevelopmental Disorders	1,217 (2.8%)	5,152,031 (3.0%)	4,233
Infectious & Parasitic Diseases	1,142 (2.7%)	3,137,813 (1.9%)	2,748
Diseases of the Circulatory System	997 (2.3%)	6,012,677 (3.6%)	6,031
Pregnancy, Childbirth, Puerperium	850 (2.0%)	3,108,328 (1.8%)	3,657
Disease of the Ear and Mastoid Process	702 (1.6%)	1,306,383 (0.8%)	1,861
Diseases of the Nervous System	477 (1.1%)	2,228,791 (1.3%)	4,673
Diseases of the Eye and Adnexa	423 (1.0%)	901,184 (0.5%)	2,130

Source: [AHCA Emergency Department Query Results](#).

County Health Department Personnel and Expenditures

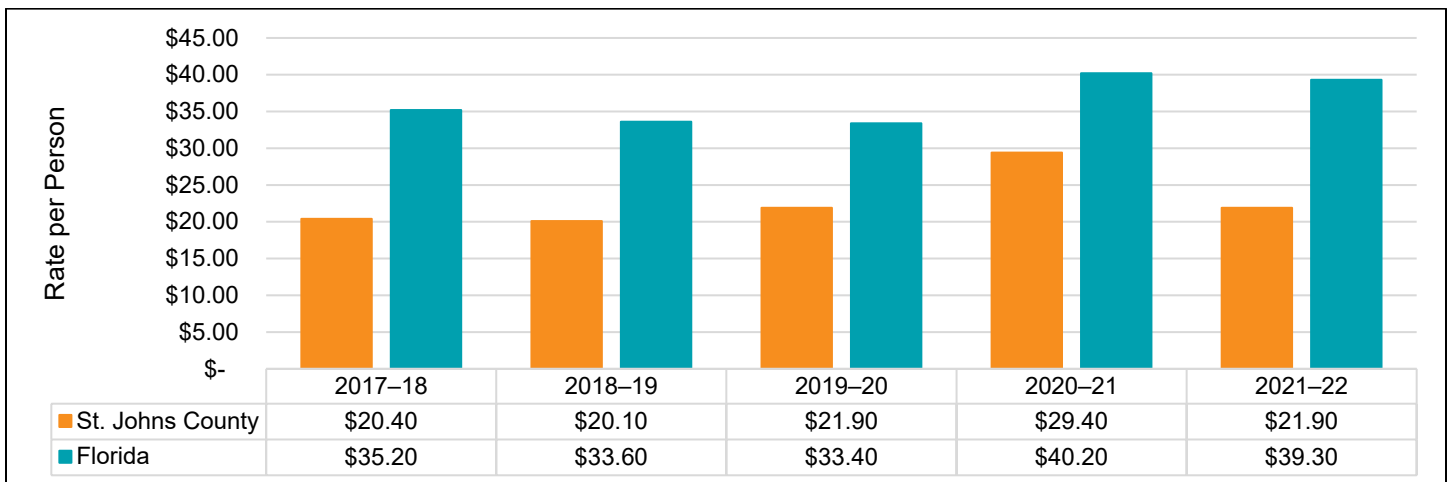
St. Johns County had a lower full-time employment rate per 100,000 population in their health department than Florida for the past five years (Exhibit 113). In the 2021–2022 FY, St. Johns County spent \$21.90 per county resident compared to the state average of \$39.30 per county resident (Exhibit 114). The expenditures displayed in Exhibit 114 are the total for the county and state health departments, which includes both direct and indirect costs. Calculating the number of full-time employees and the expenditure per population is important so that cross-county comparisons can be made and trends monitored. The higher rate of county health expenditures per person and improvements in preventable diseases could be correlated as research shows that local health department resources “are associated with improvements in preventable causes of morbidity and mortality” (Erwin, Mays, & Riley, 2012). DOH-St. Johns provides public health, clinical, and field services to the residents of St. Johns County.

EXHIBIT 113: DEPARTMENT OF HEALTH FULL-TIME EMPLOYEES, ST. JOHNS COUNTY & FLORIDA, FYS 2018–2022



Source: [Florida Department of Health, Division of Public Health Statistics and Performance Management](#). Date Sourced: March 20, 2024.

EXHIBIT 114: DEPARTMENT OF HEALTH EXPENDITURES, ST. JOHNS COUNTY & FLORIDA, FYS 2018–2022

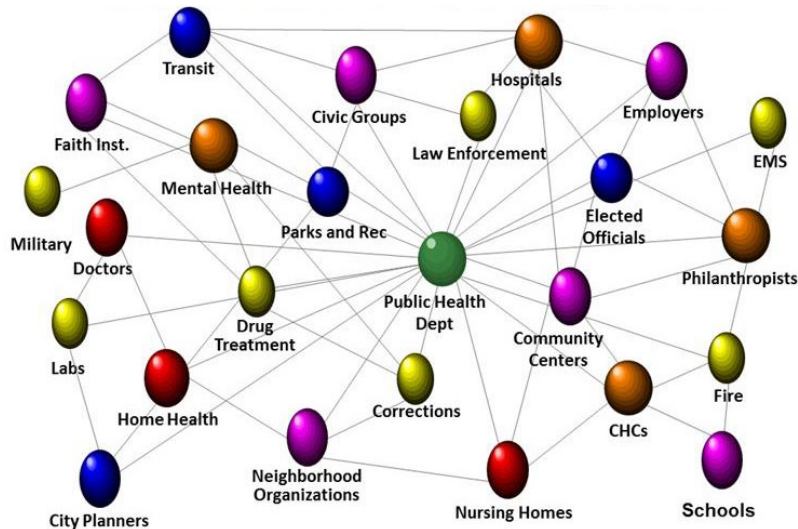


Source: [Florida Department of Health, Division of Public Health Statistics and Performance Management](#). Date Sourced: March 20, 2024.

Local Public Health System Assessment

The National Public Health Performance Standards Program (NPHPSP) (Exhibit 115) was developed by the U.S. Department of Health and Human Services (HHS) to provide measurable performance standards public health systems can use to ensure the delivery of public health. The Local Public Health System Assessment (LPHSA) is a tool from the NPHPSP used to examine competency, capacity, and provision of public health at the local level. The DHHS defines the public health system as “all public, private, and voluntary entities that contribute to the delivery of public health within a jurisdiction” (CDC, 2023d).

EXHIBIT 115: THE PUBLIC HEALTH SYSTEM FROM THE DHHS’S NPHPSP



The top areas of focus for public health⁴ outline the public health activities that all communities should undertake, providing the fundamental framework for the LPHSA (CDC, 2023d). The LPHSA instrument is divided into ten sections, assessing the local public health system’s ability to provide each area of public health. The top areas of focus for public health are:

1. **Monitor** health status to identify community health problems
2. **Diagnose and investigate** health problems and health hazards in the community
3. **Inform, educate, and empower** people about health issues
4. **Mobilize** community partnerships to identify and solve health problems
5. **Develop policies and plans** that support individual 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 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

Two workgroups were held in St. Johns County to review and discuss each of the top areas of focus for public health. The first workgroup consisted of community leaders identified from community sectors. These individuals reviewed the top areas of focus for public health 1, 3, 4, 5, 7, and 9 since these areas typically involve and require the participation of the broader community. The second

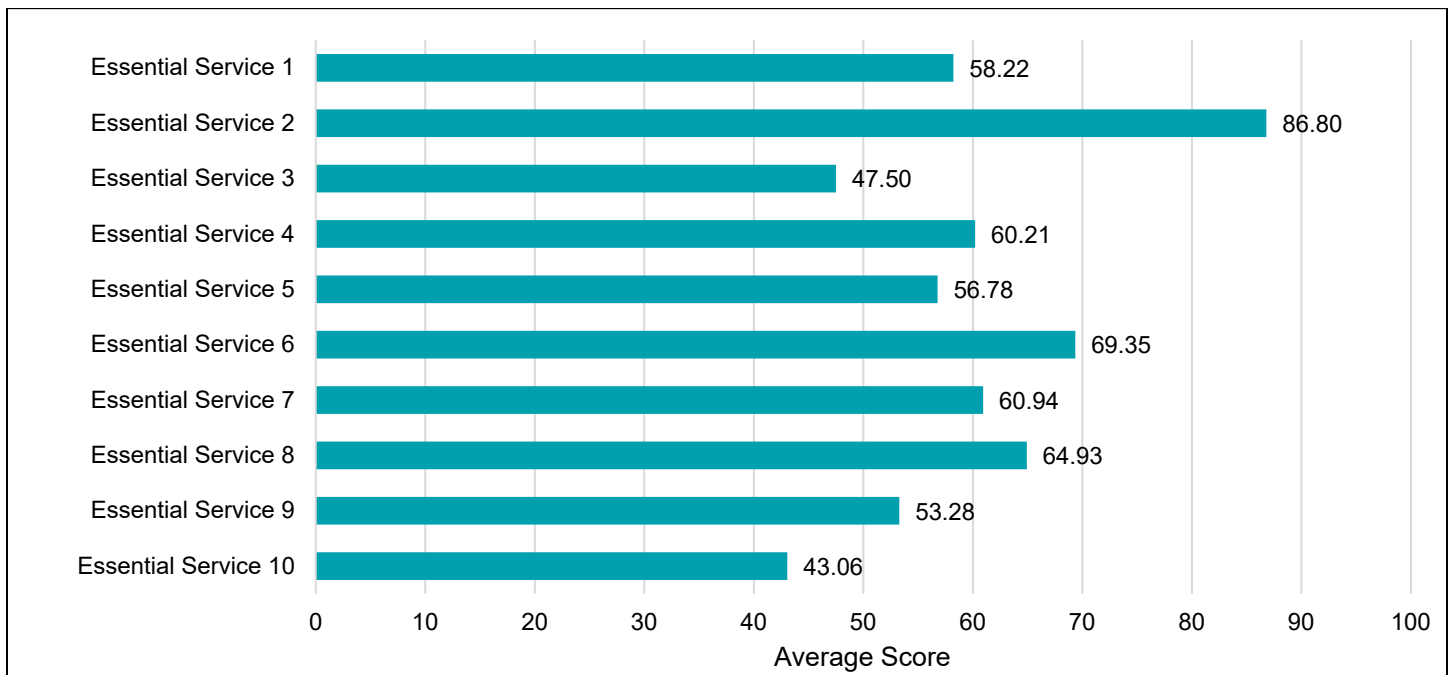
⁴ “Top areas of focus for public health” refers to the 10 Essential Public Health Services used to conduct the LPHSA.

workgroup consisted of DOH-St. Johns staff. These individuals reviewed the top areas of focus for public health 2, 6, 8, and 10 since these areas typically fall under the purview of the local health department. Workgroup participants were asked questions about each top area of focus for public health and scored each area by consensus, using recommended scoring levels provided in the assessment instrument. The scoring levels are as follows:

- Optimal Activity (76–100%): Greater than 75% of the activity described within the question is met.
- Significant Activity (51–75%): Greater than 50% but no more than 75% of the activity described within the question is met.
- Moderate Activity (26–50%): Greater than 25% but no more than 50% of the activity described within the question is met.
- Minimal Activity (1–25%): Greater than zero but no more than 25% of the activity described within the question is met.
- No Activity (0%): 0% or absolutely no activity.

Exhibit 116 provides the overall score for each of the top areas of focus for public health, as determined by the LPHSA workgroup members in June 2024. It is important to remember that these scores consider the county’s complete public health/safety net services system and are not limited to activities performed directly by the county health department. Based on this cross-sectional self-assessment of a group of local public health system partners, the St. Johns County public health system achieved an average overall score of 60.96 (out of a potential 100), reflecting significant activity. All scores for the top areas of focus for public health reflected moderate, significant, or optimal performance toward the specified area. St. Johns County performs best in top areas of focus for public health 2, 6, and 8, and scores lowest in top areas of focus for public health 3, 9, and 10. The full breakdown of all performance scores for the top areas of focus for public health can be found in Appendix D.

EXHIBIT 116: TOP AREAS OF FOCUS FOR PUBLIC HEALTH PERFORMANCE SCORE SUMMARY, 2024



Summary of Notes from St. Johns County LPHSA Discussions

Optimal Activity	76–100%
Significant Activity	51–75%
Moderate Activity	26–50%
Minimal Activity	1–25%
No Activity	0%

EXHIBIT 117: STRENGTHS, WEAKNESSES, & OPPORTUNITIES FOR IMPROVEMENT FOR TOP AREA OF FOCUS FOR PUBLIC HEALTH 1

Top Area of Service for Public Health 1: Monitor Health Status to Identify Community Health Problems Average Score: 58.22 (Significant Activity) Relative Rank: 6th		
Strengths	Weaknesses	Opportunities for Improvement
<ul style="list-style-type: none"> • Good relationship between health department and agencies • Good data collection and data available through health department <p>Summary: Community members ranked most standards at moderate and significant activity. They highlighted the good relationships between the health department and community organizations. In addition, they noted that the data collection process is sufficient, and the data is easily obtained through the health department.</p>	<ul style="list-style-type: none"> • The public may not be aware of information because it is not digestible, not easily understood, and uses medical jargon • Organizations may only look at issues through their perspective and need to look at community's needs as a whole • Community is not engaging with information <p>Summary: While community organizations may be aware of the data and efforts to monitor health, the results from these efforts may not be easily disseminated to the community. Community partners noted that the data may not be easily understood by the public, which leads to the community not engaging with this information.</p>	<ul style="list-style-type: none"> • Education and engagement for community partners about community health assessment • Organizations might know where to look for information but can be unsure about engagement and promotion of community health assessments and data • Local health department has data, but community may not be aware of information, and local health department is not getting credit • Campaigns to engage community (especially younger population) • Reaching out to hard-to-reach populations and helping them understand importance of engaging in data collection process—especially with navigating technology (e.g., QR codes) <p>Summary: Community members highlighted many opportunities for improvement, such as initiatives to educate and engage the community about the data and resources available and the importance of their participation in the entire data collection process.</p>

EXHIBIT 118: STRENGTHS, WEAKNESSES, & OPPORTUNITIES FOR IMPROVEMENT FOR TOP AREA OF FOCUS FOR PUBLIC HEALTH 2

Top Area of Service for Public Health 2: Diagnose and Investigate Health Problems and Health Hazards Average Score: 86.80 (Optimal Activity) Relative Rank: 1 st		
Strengths	Weaknesses	Opportunities for Improvement
<ul style="list-style-type: none"> • Significant and optimal activity for most • Communicate well in community with public health threats and emergencies • The health department laboratory in Jacksonville is 24/7 and has on-call staff <ul style="list-style-type: none"> • On-call nurse 24/7 to discuss issues • Very little delay when getting lab results back • Electronic lab reporting and surveillance systems provide timely results and have updated technology <p>Summary: Participants recognized that this top area of focus is functioning at a significant or optimal level of activity. They mentioned that the Bureau of Public Health Laboratories (BPHL) and environmental health laboratories are easily accessible and notify the health department of results with minimal delay.</p>	<ul style="list-style-type: none"> • Many limitations in technology the local health department can use • Even though technology is updated, it has limitations on what it can be used for <p>Summary: Participants noted limitations in the technology the local health department can use to diagnose and investigate health problems.</p>	<ul style="list-style-type: none"> • Knowing who personnel are with technical expertise for emergencies • Have plans in place for biological, chemical, and nuclear public health emergencies but have not met the people who carry out the plans • There is not much time to evaluate responses to previous incidents before the next one occurs <ul style="list-style-type: none"> • “After Action Reports” are not taking place <p>Summary: Participants suggested opportunities for improvement, such as ensuring that staff are aware of the personnel involved in public health emergency response management and creating an evaluation plan for future improvements.</p>

EXHIBIT 119: STRENGTHS, WEAKNESSES, & OPPORTUNITIES FOR IMPROVEMENT FOR TOP AREA OF FOCUS FOR PUBLIC HEALTH 3

Top Area of Service for Public Health 3: Inform, Educate, and Empower People about Health Issues Average Score: 47.50 (Moderate Activity) Relative Rank: 9 th		
Strengths	Weaknesses	Opportunities for Improvement
<ul style="list-style-type: none"> • Resources and communication for rapid emergency responses are strong: <ul style="list-style-type: none"> • Hurricanes, disease outbreaks, etc. • Information was easily found through the Internet and social media • Good communication with the school system 	<ul style="list-style-type: none"> • Lack of outreach for hard-to-reach populations, i.e., areas that experience higher poverty in St. Johns County • Infrastructure issues that prevent the connection to vulnerable populations • The local health department’s outreach efforts may not be getting to populations that really need them 	<ul style="list-style-type: none"> • It can be difficult to know about activities, events, or resources if you don’t know where to look or who to talk to • Make sure public and community partners know where to find information on emergency plans, public health issues, and health education activities

<ul style="list-style-type: none"> Health education and promotion activities are occurring frequently <ul style="list-style-type: none"> Resource Collective is collecting information and forming connections with the community partners Healthy Families is good with connecting individuals/families with services/resources needed <p>Summary: Community partners celebrated the strengths of the different departments available to inform, educate, and empower the community. Key strengths include effective emergency and risk communications, high engagement of the resource collective in health education and promotion, and efficient agencies for connecting individuals with needed resources/services.</p>	<p>Summary: Community partners highlighted the lack of efforts and infrastructure capacity to reach vulnerable populations that need the services and resources provided by community organizations.</p>	<ul style="list-style-type: none"> Go into hard-to-reach areas and populations and interact with them directly instead of promoting through social media and internet Increase awareness among non-profits about available resources and how to refer clients with needed services Build community partnerships so connections and information can be shared with each other consistently <p>Summary: Community partners shared opportunities for improvement, such as initiatives to increase public awareness of health events and activities by building community partnerships to ensure information is regularly shared, and organizations physically travel to hard-to-reach areas for direct interactions.</p>
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EXHIBIT 120: STRENGTHS, WEAKNESSES, & OPPORTUNITIES FOR IMPROVEMENT FOR TOP AREA OF FOCUS FOR PUBLIC HEALTH 4

Top Area of Service for Public Health 4: Mobilize Community Partnerships to Identify and Solve Health Problems		
Average Score: 60.21 (Significant Activity) Relative Rank: 5th		
Strengths	Weaknesses	Opportunities for Improvement
<ul style="list-style-type: none"> Current directory of community organizations is good, and improvements are being made by some partners, such as the Behavioral Health Consortium planning to make a virtual directory Establishing a broad-based community health improvement committee <ul style="list-style-type: none"> Coming together to discuss prevalent issues and how to solve them Creation of Resource Collective meeting for organizations to provide resources, support, and education Health and Human Services Advisory Board provides 	<ul style="list-style-type: none"> There is a need to create forums for communication of public health issues, especially for underserved or high-risk populations such as senior citizens <p>Summary: Community partners discussed that while organizations are actively collaborating, there are no forums for the public to communicate public health issues, especially for underserved populations and high-risk populations.</p>	<ul style="list-style-type: none"> Council on Aging is planning initiatives to gather information from individuals aged 55 and older in county to inform their efforts and assess what is needed People want to attend forums; it is a matter of creating them <p>Summary: Community members highlighted opportunities for improvement, such as creating public forums for people to discuss prevalent health issues, which gives organizations a foundation of what needs to be addressed.</p>

<p>opportunities for partnership development</p> <p>Summary: The group noted that efforts are being made to establish community partnerships to solve prevalent health problems. For example, a virtual resource directory that lists all the current organizations is being created. In addition, the current community partnerships are effective in meeting together to discuss prevalent health issues and solutions.</p>		
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EXHIBIT 121: STRENGTHS, WEAKNESSES, & OPPORTUNITIES FOR IMPROVEMENT FOR TOP AREA OF FOCUS FOR PUBLIC HEALTH 5

<p>Top Area of Service for Public Health 5: Develop Policies and Plans that Support Individual and Community Health Efforts</p> <p>Average Score: 56.78 (Significant Activity) Relative Rank: 7th</p>		
<p>Strengths</p>	<p>Weaknesses</p>	<p>Opportunities for Improvement</p>
<ul style="list-style-type: none"> Public health emergency plans and alerts are communicated well to the public, and information is easy to obtain Community health improvement plan work is occurring regularly, and there is strong participation in workgroups and activities <p>Summary: Community partners highlighted that there is an efficient plan for public health emergencies that is easy to find. In addition, the community health improvement process fosters strong participation and discussions through the planned workgroups and activities.</p>	<ul style="list-style-type: none"> Many community organizations are unaware of activities in policy development and are therefore not involved <p>Summary: Many community partners noted that they are unaware of the efforts in policy development and enforcement and are not involved with these processes as a result.</p>	<ul style="list-style-type: none"> Community partnerships have had some reduction in collaboration, so there is a need to increase opportunities for community partners to work together and plan activities Not everyone knows about the level of resources available to local health department and if any resources are needed to support their work <p>Summary: Community partners discussed opportunities for improvement, such as increasing opportunities for community organizations to work together and sharing resources about current activities.</p>

EXHIBIT 122: STRENGTHS, WEAKNESSES, & OPPORTUNITIES FOR IMPROVEMENT FOR TOP AREA OF FOCUS FOR PUBLIC HEALTH 6

Top Area of Service for Public Health 6: Enforce Laws and Regulations that Protect Health and Ensure Safety Average Score: 69.35 (Significant Activity) Relative Rank: 2nd		
Strengths	Weaknesses	Opportunities for Improvement
<ul style="list-style-type: none"> Local health department has access to legal counsel at state level through health officer Environmental health has access to legal counsel when needed Epidemiology and environmental health personnel educate people about laws and regulations Laws to support epidemiology-related public health issues <p>Summary: Participants noted that the local health department has access to legal counsel through a health officer at the state level. In addition, many departments have noted that they provide education about laws and regulations on certain public health topics, such as epidemiology and environmental health.</p>	<ul style="list-style-type: none"> Very little control over making and changing laws—more about enforcing Not sure if it is applicable to the local health department as most language drafting comes from the state level Local health department identifies issues, and it is elevated to determine if any changes need to be made (regarding laws and regulations) Policy changes do not trickle down to general local health department employees <p>Summary: Participants noted that their departments and roles give them little control over policy-making decisions—rather, their role aligns with enforcing current laws and regulations. In addition, many noted that they are not made immediately aware of any changes to laws and regulations that happen at the state level.</p>	<ul style="list-style-type: none"> Legal counsel is not always helpful and may not have same views and see issues as important as health department; therefore results may not be effective Ensure staff is made aware of any changes to laws, regulations, and ordinances made to their service area and department <p>Summary: Participants provided many opportunities for improvement, such as ensuring that legal counsel considers the health department’s interests and that staff are made aware of any changes to laws, regulations, and ordinances in their service area and department.</p>

EXHIBIT 123: STRENGTHS, WEAKNESSES, & OPPORTUNITIES FOR IMPROVEMENT FOR TOP AREA OF FOCUS FOR PUBLIC HEALTH 7

Top Area of Service for Public Health 7: Link People to Needed Personal Health Services and Assure the Provision of Health Care when Otherwise Unavailable Average Score: 60.94 (Significant Activity) Relative Rank: 4th		
Strengths	Weaknesses	Opportunities for Improvement
<ul style="list-style-type: none"> A lot of work is occurring in identifying the needs of population Local health department connects people with services and resources Many agencies have advocates and navigators to help people get access 	None discussed	None discussed

<ul style="list-style-type: none"> • Council on Aging has activities in place to assist seniors in signing up for benefits and getting connected to resources <p>Summary: The participants noted that good efforts are being made to identify the needs of community residents, provide referrals, and link them to the needed services and resources. Specific organizations have internal processes in addition to working with community partners.</p>		
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EXHIBIT 124: STRENGTHS, WEAKNESSES, & OPPORTUNITIES FOR IMPROVEMENT FOR TOP AREA OF FOCUS FOR PUBLIC HEALTH 8

Top Area of Service for Public Health 8: Assure a Competent Public and Personal Health Care Workforce Average Score: 64.93 (Significant Activity) Relative Rank: 3rd		
Strengths	Weaknesses	Opportunities for Improvement
<ul style="list-style-type: none"> • Local health department ensures that certificates and licenses are up-to-date and maintained • Annual training, education provided <p>Summary: Participants highlighted the strict standards in the health department that ensure certificates and licenses are maintained and updated regularly. In addition, participants noted the many trainings provided to them, such as annual educational and cultural competency training.</p>	<ul style="list-style-type: none"> • Local health department is currently in process of a workforce development plan, which addresses workforce assessment, planning, development <p>Summary: Participants noted that the health department is currently developing a workforce development plan, which will help fulfill any weaknesses listed in Model Standard 8.1—Workforce Assessment, Planning, and Development.</p>	<ul style="list-style-type: none"> • Annual training programs could be updated for cultural competence and to ensure knowledge retention • Even though some extra employee benefits are available for skill and leadership development, there needs to be more assistance (e.g., time off for class, pay increases) • More can be done for mentoring opportunities, developing the leadership of current employees <p>Summary: Participants discussed opportunities for improvement, such as updating annual training to ensure knowledge retention, providing more leadership development opportunities for current staff, and providing additional reimbursement, such as time off for classes and pay increases.</p>

EXHIBIT 125: STRENGTHS, WEAKNESSES, & OPPORTUNITIES FOR IMPROVEMENT FOR TOP AREA OF FOCUS FOR PUBLIC HEALTH 9

Top Area of Service for Public Health 9: Evaluate Effectiveness, Accessibility, and Quality of Personal and Population Health Services Average Score: 53.28 (Significant Activity) Relative Rank: 8th		
Strengths	Weaknesses	Opportunities for Improvement
None discussed	<ul style="list-style-type: none"> Partners are unsure of all services provided by local health department It can be hard to be updated about the services provided Many standards are scored as “low” and “moderate” because community partners mentioned that they are not sure about activities occurring Organizations are not asking community about their experiences and evaluating satisfaction <p>Summary: There may be little evaluation and measurement occurring for services, client satisfaction, and public health system activities. Community partners desired to see more evaluation work occurring within all parts of the public health system.</p>	<ul style="list-style-type: none"> More awareness for community about what local health department provides Understanding why and how to reach out to vulnerable populations Better evaluation to ensure that the right populations are being impacted and issues are actually resolved Follow-up to services provided Individuals are assessed as a whole for their needs <ul style="list-style-type: none"> Requires lots of resources Be more proactive and preventive than reactive <p>Summary: Participants noted that there needs to be more assessment of an individual’s needs at the start of working with them, evaluation of whether the person’s needs were met, and follow-up to ensure the person’s needs continue to be met.</p>

EXHIBIT 126: STRENGTHS, WEAKNESSES, & OPPORTUNITIES FOR IMPROVEMENT FOR TOP AREA OF FOCUS FOR PUBLIC HEALTH 10

Top Area of Service for Public Health 10: Research for New Insights and Innovative Solutions to Health Problems Average Score: 43.06 (Moderate Activity) Relative Rank: 10th		
Strengths	Weaknesses	Opportunities for Improvement
<ul style="list-style-type: none"> Students reach out for internships but will sometimes get turned down by leadership Flagler College – building relationships with public health students for shadowing opportunities (relevant for environmental health department) In environmental health department, some students 	<ul style="list-style-type: none"> Most of them are not applicable to specific departments Not seeing partnerships with academic institutions for research No human research –local health department doesn’t have the capacity to perform 	<ul style="list-style-type: none"> Capacity is limited, so departments don’t have enough time and resources to conduct research <p>Summary: The local health department is often limited in staff, resources, and time, so it focuses its efforts on what is needed most. Due to its limited capacity, research has not been conducted.</p>

<p>intern from local universities/colleges</p> <ul style="list-style-type: none"> • Outreach efforts to build relationships with academic institutions <p>Summary: The environmental health department can make connections with local universities or colleges to talk with students or get interns. Other departments may have trouble getting interns even if they apply.</p>	<p>Summary: Most departments do not have partnerships with local universities or colleges for research purposes, and any research needed could be beyond the health department's capacity.</p>	
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Additional comments:

- The location of the St. Johns Health Department does not accommodate more rural areas that may require more time to travel to the health department. A participant noted the idea of a satellite health department in those areas, such as Hastings.

Forces of Change Assessment

The Forces of Change Assessment is designed to gain information and feedback from community representatives regarding current and anticipated trends, factors, and events that may influence the health of the community. The assessment generates answers to two primary questions:

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

The community members considered and discussed forces from three major categories:

- **Trends** are patterns over time, such as disease/mortality rates, patient migration patterns, or cultural changes that influence consumers attitudes, behaviors, and beliefs related to health
- **Factors** are discrete elements of information, such as demographic data, geographic features within the community, existing policies, or capacity of available resources
- **Events** are single occurrences, such as the opening or closure of a clinic or hospital, a natural disaster, pandemic, or the passage of new legislation

The community members were encouraged to consider a variety of perspectives when identifying potential forces. Specific types of forces discussed by the Steering Committee included:

- **Social** forces such as population demographics, cultural norms, and violence/crime/safety
- **Economic** forces such as changes in employment/income, program funding levels, and the stability of industry and trade within the region
- **Government/Political** forces such as policy/legislation, budgeting, and advocacy
- **Community** generated forces such as community initiatives and mobilization efforts
- **Environmental** forces such as development, zoning and land use, transportation, and disaster planning
- **Educational** forces occurring within public schools, colleges/universities, and adult education programs
- **Science/Technology** forces such as health care advances, information technology, and communications
- **Ethical/Legal** forces such as privacy and end-of-life issues
- **Health** forces such as diseases and the healthcare workforce

In June 2024, the St. Johns County Steering Committee team convened a group of community leaders to participate in the Forces of Change Assessment. Discussions began with brainstorming to identify the possible forces that may hinder or help the community in improving community health outcomes. The forces of change that were identified, along with the potential impacts (both positive and negative) are included in Exhibit 127 through Exhibit 135.

EXHIBIT 127: SOCIAL FORCES OF CHANGE, THREATS POSED, & OPPORTUNITIES CREATED

Social		
Forces of Change (Factors, Trends, Events)	Threats Posed	Opportunities Created
<ul style="list-style-type: none"> • Population growth throughout the county • More elderly/aging population • Increase in substance misuse • Increase in population that is underinsured/uninsured and does not have reliable housing • Big tourist destination bringing a lot of outside visitors • Hastings has a high turnout rate for community events 	<ul style="list-style-type: none"> • Strains the healthcare system with the influx of families and aging populations moving into the county • Assisted living beds are limited • Limited medical providers for aging populations • Not increasing enough daily resources to support the growing population 	<ul style="list-style-type: none"> • Opportunity for organizations and stakeholders to brainstorm ways to best support the growing population

EXHIBIT 128: ECONOMIC FORCES OF CHANGE, THREATS POSED, & OPPORTUNITIES CREATED

Economic		
Forces of Change (Factors, Trends, Events)	Threats Posed	Opportunities Created
<ul style="list-style-type: none"> • High cost of living that not everyone can afford • Insurance is expensive, and not everyone can afford it • Income and housing issues • People unable to afford medications, utilities, etc. • Costs are rising in all categories of life: food, housing, healthcare • Tourism and more businesses in the county—more in the St. Augustine area • UF Health is creating business in St. Johns County (bigger corporations) • Revenue coming in through property taxes in the northern part of the county that is growing 	<ul style="list-style-type: none"> • Budgetary constraints are not able to accommodate the growing demands • New developments in the community are not affordable for everyone • The south region of the county is struggling with affordable housing, electricity, and running water 	<ul style="list-style-type: none"> • Community organizations are collaborating and are willing to help where they can • Tourism is generating more wealth for the community, which opens the door to additional opportunities, such as employment and development • More jobs due to the increase in the number of businesses • Partnerships with larger corporations (UF Health) are generating more fundraising and business, which brings more attention to the county • Hastings is developing—more businesses

EXHIBIT 129: GOVERNMENT/POLITICAL FORCES OF CHANGE, THREATS POSED, & OPPORTUNITIES CREATED

Government/Political		
Forces of Change (Factors, Trends, Events)	Threats Posed	Opportunities Created
<ul style="list-style-type: none"> Community organizations used to be more at the grassroots level and had freedom Barriers at state-level with government policies A lot of policies set in place for drug/alcohol use among youth and what parents can do to improve the situation 	<ul style="list-style-type: none"> State regulations prohibit freedom in the programs the health department does 	<ul style="list-style-type: none"> Be more aware of what the local and school board legislature is doing

EXHIBIT 130: COMMUNITY FORCES OF CHANGE, THREATS POSED, & OPPORTUNITIES CREATED

Community		
Forces of Change (Factors, Trends, Events)	Threats Posed	Opportunities Created
<ul style="list-style-type: none"> Community organizations are communicating more and participating in community meetings The health department has expanded workflows by expanding health education programs UF Health – mobile mammography unit, Care Connect services, crisis management, and behavioral health clinic—increases access to services Community members (general population) are becoming more aware of meetings Increase in the amount of community outreach conducted by organizations Care Connect does a lot in the community and opens the door for other organizations to help Pushback in the county of having religious leaders present and leading conversations around health issues/concerns 	<ul style="list-style-type: none"> Not everyone in the community is aware of all the resources and services available No central location for resources Not enough programs and activities for families, especially on weekends Festivals and community events are not affordable Not enough free, low-cost events There is not enough promotion of activities (e.g., biking trails, parks, recreation) 	<ul style="list-style-type: none"> Mobile mammography unit will increase the breast cancer screening rate and make that service more accessible Expanding health education programs will reach more community members More opportunities to bring awareness of resources in the community Collaboration between both small and large organizations A list of resources can be organized into one place that is easily accessible to everyone Finding a way to work with churches and religious leaders

EXHIBIT 131: ENVIRONMENTAL FORCES OF CHANGE, THREATS POSED, & OPPORTUNITIES CREATED

Environmental		
Forces of Change (Factors, Trends, Events)	Threats Posed	Opportunities Created
<ul style="list-style-type: none"> • Transportation is a constant issue—people are having trouble getting around • Stores are now providing fresh fruits and ingredients (e.g., Dollar General, CVS) • Roads are not bikeable (dangerous for bikers) • Traffic is an issue in hot spots • Parking is an issue • Plans for affordable housing often fall through • New development – more apartment complexes • Home Again is building a housing unit/center 	<ul style="list-style-type: none"> • Accessibility in state parks and recreational areas is lacking • The county is spread out, so it is hard for residents to access all services • Areas of the county are not walkable, and this limits residents’ ability to get outside and be active • Lack of promotion of free resources (i.e., park passes in the library) • Some roads have no bike lanes, which makes it more dangerous for bikers • New developments are not affordable for everyone • Infrastructure is not developing with the new houses/apartments (e.g., restaurants) • More development in affluent areas compared to lower-income areas 	<ul style="list-style-type: none"> • Better promotion of what is available in the community for residents to get outside and be active • Low-cost/free rentals for bikes to community members to utilize the biking trails • Increasing awareness of ways that individuals can get outside and the organizations that provide free opportunities to do so • Opportunity to have better road planning and accessibility for all residents • Work with local farmers to improve the quality of food, access to food, etc.

EXHIBIT 132: EDUCATIONAL FORCES OF CHANGE, THREATS POSED, & OPPORTUNITIES CREATED

Educational		
Forces of Change (Factors, Trends, Events)	Threats Posed	Opportunities Created
<ul style="list-style-type: none"> • Schools are limited to what can be taught in health education to students • Youths are affected by mental health, low-quality foods, limited physical activities • Diabetes prevalence in students • Burden placed on educating students on health behaviors • Permission slips are required for students be able to be educated on health issues and concerns • Vaping is at an all-time high in schools • Flagler College and other technical colleges in the area • Distrust in institutions • Students are illiterate (cannot read or write at a high level) • Abstinence-only schools 	<ul style="list-style-type: none"> • Poor quality of food given to students in schools • Students are not getting enough physical activity in schools • Few creative outlets for students • Hard to educate students about health, such as substance use, which is what they truly need and is prevalent in their community • Teachers and community workers in schools are scared to educate students on health issues because they are nervous about parents' response • High school students who are illiterate are not able to easily get a job • Students are using AI (Artificial Intelligence) to complete papers and assignments 	<ul style="list-style-type: none"> • Partnering with local farms to improve the quality of food and health education (e.g., diabetes, mental health, physical activities) • More outreach for parents to educate their children, change perceptions/beliefs • Merger of hospital systems can create more health education opportunities for health professions students • Partners with academic institutions can generate new and local healthcare individuals working in the community

EXHIBIT 133: SCIENCE/TECHNOLOGY FORCES OF CHANGE, THREATS POSED, & OPPORTUNITIES CREATED

Science/Technology		
Forces of Change (Factors, Trends, Events)	Threats Posed	Opportunities Created
<ul style="list-style-type: none"> • Lots of misinformation that invalidates certain health perceptions and beliefs • Across the board with the internet, social media, and other technology outlets • Patients are relying on the internet for their health concerns • Security breaches in the healthcare system • Increase in the use of AI • Communication is difficult, especially with patient information • Certain areas do not have access to internet or cable TV (Hastings area) 	<ul style="list-style-type: none"> • Misinformation that invalidates a lot of established understanding of certain health issues/concerns • Patients are relying more on Google rather than their medical provider • AI increasing the prevalence of false information • Individuals not receiving healthcare services since they are scared about the security breaches 	<ul style="list-style-type: none"> • Educating people on reliable sources and how to properly follow up on the information they hear • Interoperability between private and public health sectors to efficiently share patient information • Build up libraries (e.g., Hastings Library is a central hub for the community)

EXHIBIT 134: ETHICAL/LEGAL FORCES OF CHANGE, THREATS POSED, & OPPORTUNITIES CREATED

Ethical/Legal		
Forces of Change (Factors, Trends, Events)	Threats Posed	Opportunities Created
<ul style="list-style-type: none"> • Healthcare staff are concerned about privacy issues which prevent them from saying certain things • Immunization rates and education can be difficult to navigate (e.g., parents can exempt their child from immunizations) • Little information about healthcare surrogates • Patient information is not always updated • Terminology for healthcare documents changes frequently 	<ul style="list-style-type: none"> • Privacy issues make individuals less likely to pursue and receive healthcare services • Power of Attorney documents not being up to date can cause issues 	<ul style="list-style-type: none"> • Bring a more diverse group of people to collaborate with (e.g., churches) • Increase education on the types of healthcare documents and forms everyone should have

EXHIBIT 135: HEALTH FORCES OF CHANGE, THREATS POSED, & OPPORTUNITIES CREATED

Health		
Forces of Change (Factors, Trends, Events)	Threats Posed	Opportunities Created
<ul style="list-style-type: none"> • Higher rates of tuberculosis • Chronic disease has been on the rise (related to lifestyle behaviors and the environment); the underprivileged are most affected • The healthcare system does not always manage chronic diseases effectively • Struggle among the diabetic population with either paying for medication or housing bills • Healthcare system faced with budgetary constraints • UF Health, new to St. Johns County • Increase in mental health issues and poor lifestyle behaviors among kids in schools • Limited dental services • People have difficulty navigating through the healthcare system and may have distrust • Lack of health literacy—especially around nutrition • Increase in rates of STIs and syphilis • O-pill (over-the-counter birth control) is now available—health effects and complications are still unknown • Younger women are more concerned about not getting pregnant than not getting STIs • Young black men and Hispanic women are the populations most affected by HIV (Human Immunodeficiency Virus) • Rise in teenage pregnancies • Immunization rates are decreasing for employees • Increase in parents placing exemptions for students not to receive immunizations 	<ul style="list-style-type: none"> • Not a lot of newer health professionals are coming out locally • Unreliable health information is readily available online • Health information does not reach the Spanish-speaking community • Younger populations are not health-educated about certain health problems • Lack of outreach efforts for special populations (e.g., HIV) • Lack of transparency and honesty in health education • Abstinence-only county affects the rate of pregnancies and STIs • Certain immunizations are overlooked for numerous reasons, including parental decisions, lack of education, etc. • Mistrust and misinformation surrounding immunizations • Health problems due to not receiving certain immunizations 	<ul style="list-style-type: none"> • Information and education about lifestyle behaviors (a more comprehensive approach for the future) • Potential for new community outreach through UF Health • Improve patient care and communication with medical providers • More community events/health education events in central hubs (e.g., cooking classes, digital literacy classes) • May have to go door-to-door • Need a combination of allopathic and homeopathic medicine • Health education for certain populations • After-school education programs can remove the barriers to health education • Additional outreach for immunizations in the community for all populations

Community Strengths & Themes Assessment

One of the core elements of the MAPP model is the *Community Strengths and Themes Assessment*. As noted in the Florida MAPP Field Guide, this portion of the planning process generates direct feedback from community residents regarding perceptions of their own health, community health, and access to healthcare services. This assessment attempts to generate a better understanding of community health issues and concerns as well as residents' quality of life. The themes and issues identified during this phase often offer insight into the information discovered through the other assessments. DOH-St. Johns decided to gather community input through focus groups, key stakeholder interviews, and community surveys.

From February to April 2024, 10 key stakeholder interviews and five focus groups were conducted, and 584 total surveys were collected with the cooperation of DOH-St. Johns County. The purpose of conducting the interviews and focus groups and collecting the surveys was to better understand community stakeholders' perspectives on the health perceptions and healthcare needs of St. Johns County residents. These interviews, focus groups, and surveys were intended to ascertain the opinions of community stakeholders who have knowledge of the community or influence in the county. The findings provide qualitative information, revealing community sentiments regarding healthcare services in St. Johns County. A summary of community opinions was reported without assessing the veracity of participant comments.

Community Focus Groups

In March and April 2024, community input was solicited through five focus groups held throughout St. Johns County. Meetings were held at several locations to capture diverse citizens' opinions.

Meeting locations included:

- St. Johns County Sheriff's Office
- Hastings Library
- Council on Aging (COA) – St. Johns County
- Florida Department of Health – St. Johns
- Solomon Calhoun Community Center

At the beginning of each focus group, the HPCNEF facilitator explained the purpose of the assessment and then asked the participants 13 discussion questions. In addition to the discussion questions, HPCNEF staff asked focus group participants to fill out a brief demographic survey. The demographic survey and discussion questions are included in Appendix A-1 and Appendix A-2.

Demographics of Focus Group Participants

A total of 28 people participated in the five focus groups. Focus group participants completed a nine-question form about their demographic, socioeconomic, and health characteristics. Some participants did not answer every question on the form.

Of the 28 focus group participants, 71.4% were female, and 25.0% were male. Most participants were aged 40–54 years old (Exhibit 136). Many participants identified as White/Caucasian (78.6%) (Exhibit 138). Almost all of the participants had a technical degree/community college or higher education level (Exhibit 139). Of the 28 participants, 85.7% were employed full-time or part-time, 10.7% were retired, and 3.6% were stay-at-home parents (Exhibit 141). Many participants were covered by healthcare insurance through their job or a family member's job (75.0%) (Exhibit 142). Most participants had an annual household income higher than \$50,000 (78.6%), but it is important to note that 5 participants have an annual household income lower than \$50,000 (Exhibit 143). Overall, self-

reported health was “good” or “excellent” for 78.6% of participants, and 21.4% said they were in “fair” health (Exhibit 144).

EXHIBIT 136: FOCUS GROUP PARTICIPANTS’ AGE

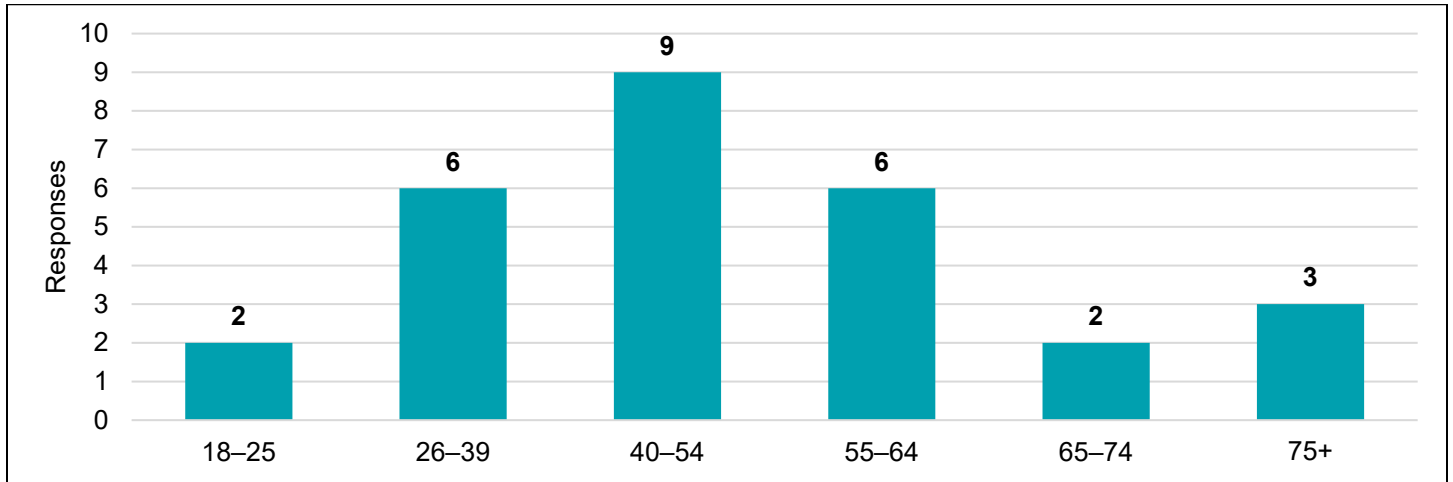


EXHIBIT 137: FOCUS GROUP PARTICIPANTS’ SEX ASSIGNED AT BIRTH

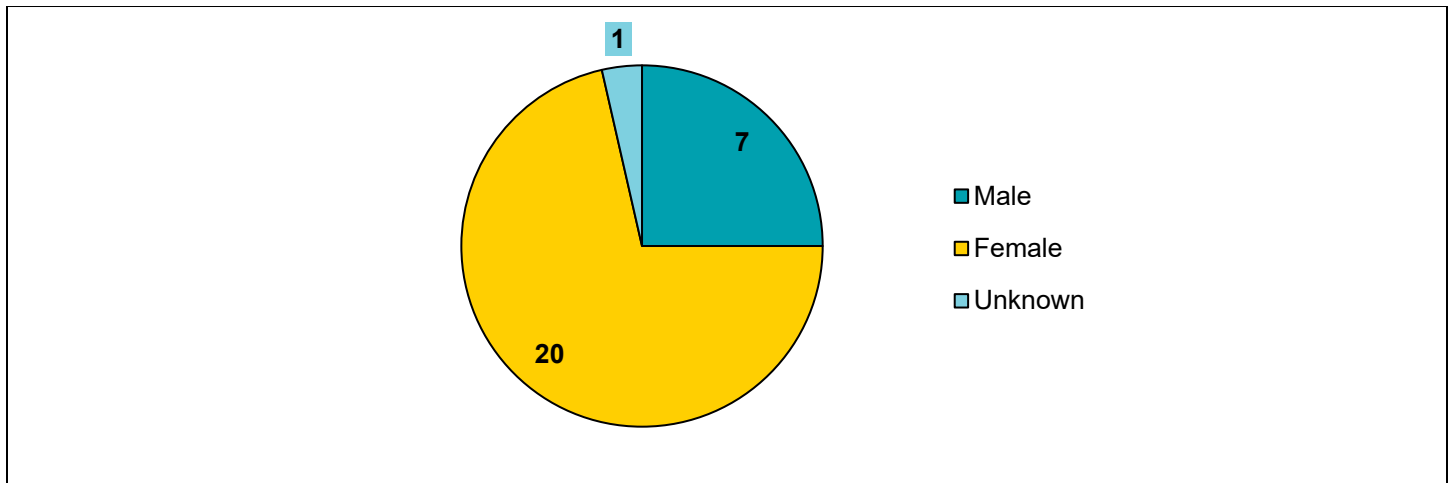


EXHIBIT 138: FOCUS GROUP PARTICIPANTS’ RACE/ETHNICITY

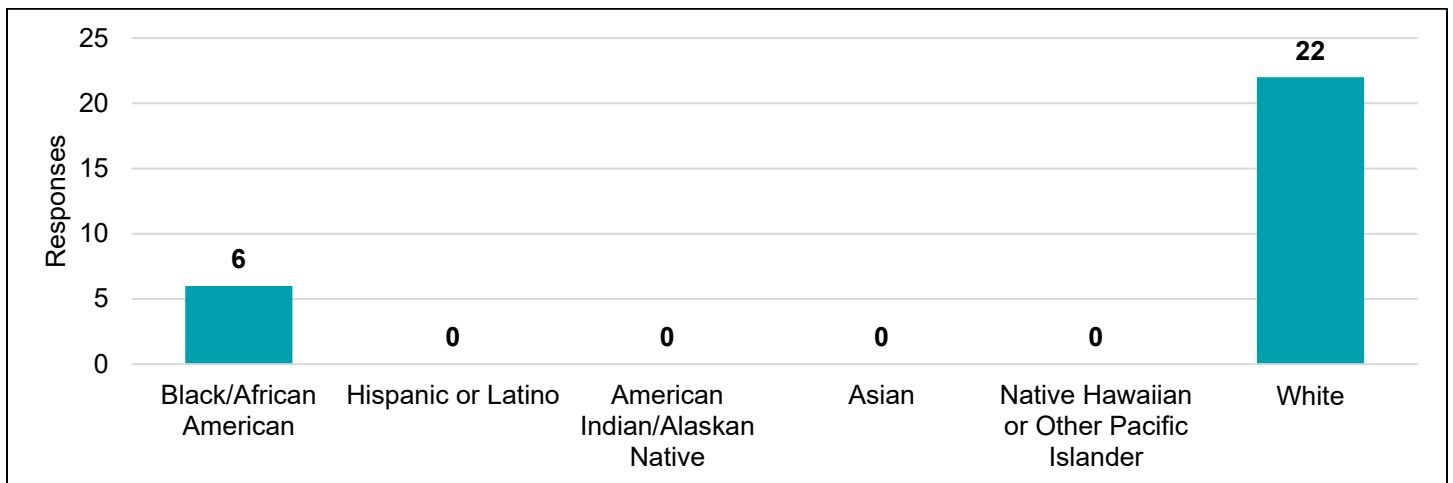


EXHIBIT 139: FOCUS GROUP PARTICIPANTS' HIGHEST LEVEL OF EDUCATION COMPLETED

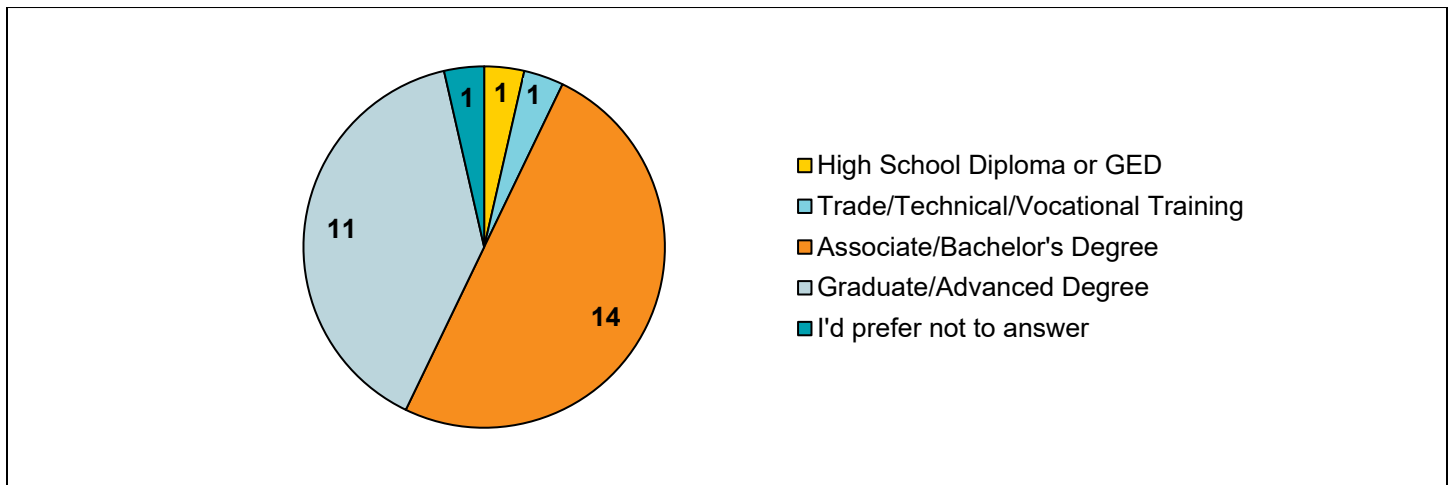


EXHIBIT 140: FOCUS GROUP PARTICIPANTS' ZIP CODE

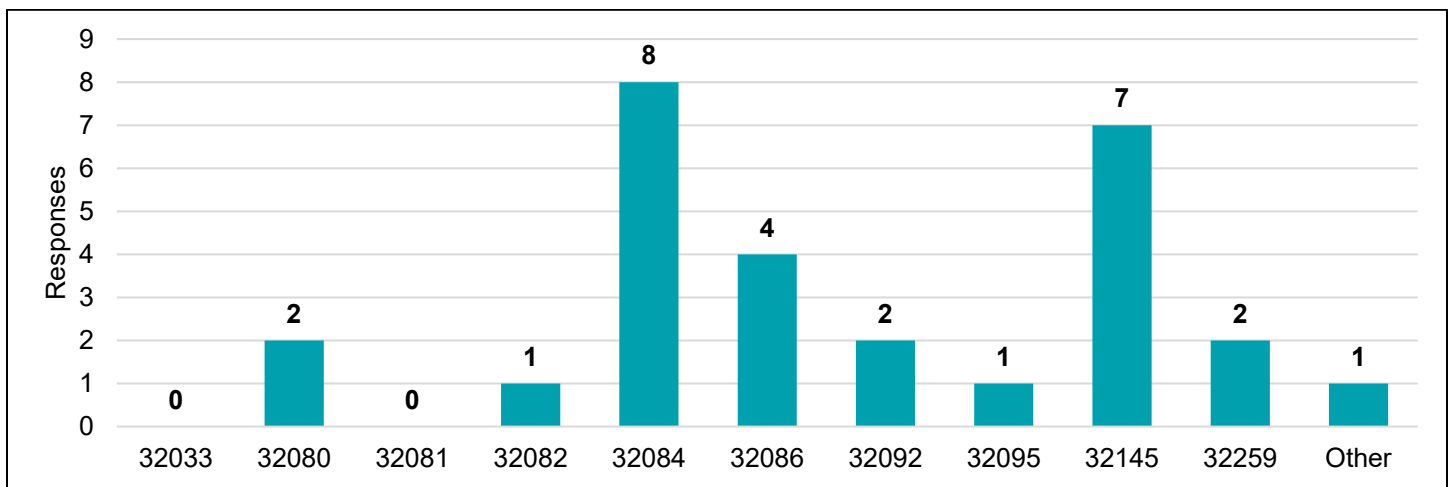


EXHIBIT 141: FOCUS GROUP PARTICIPANTS' CURRENT EMPLOYMENT STATUS

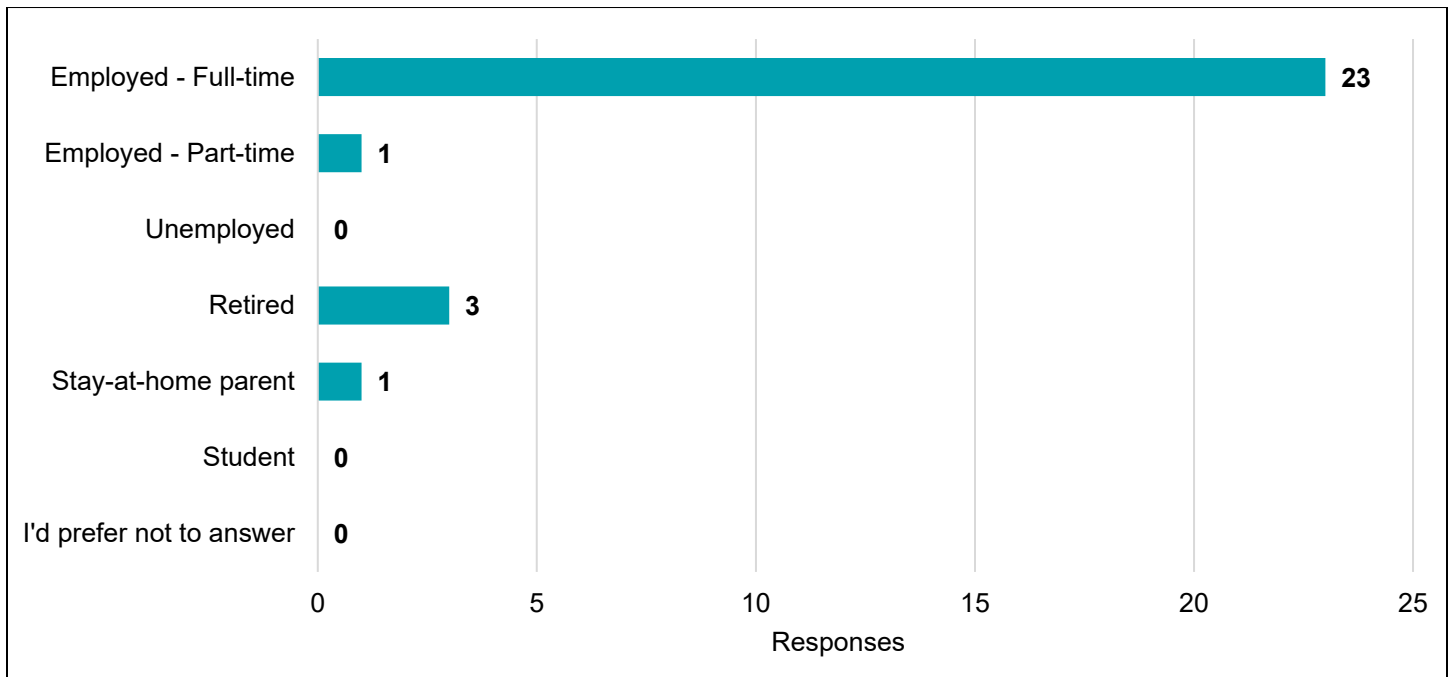


EXHIBIT 142: FOCUS GROUP PARTICIPANTS' HEALTH INSURANCE COVERAGE

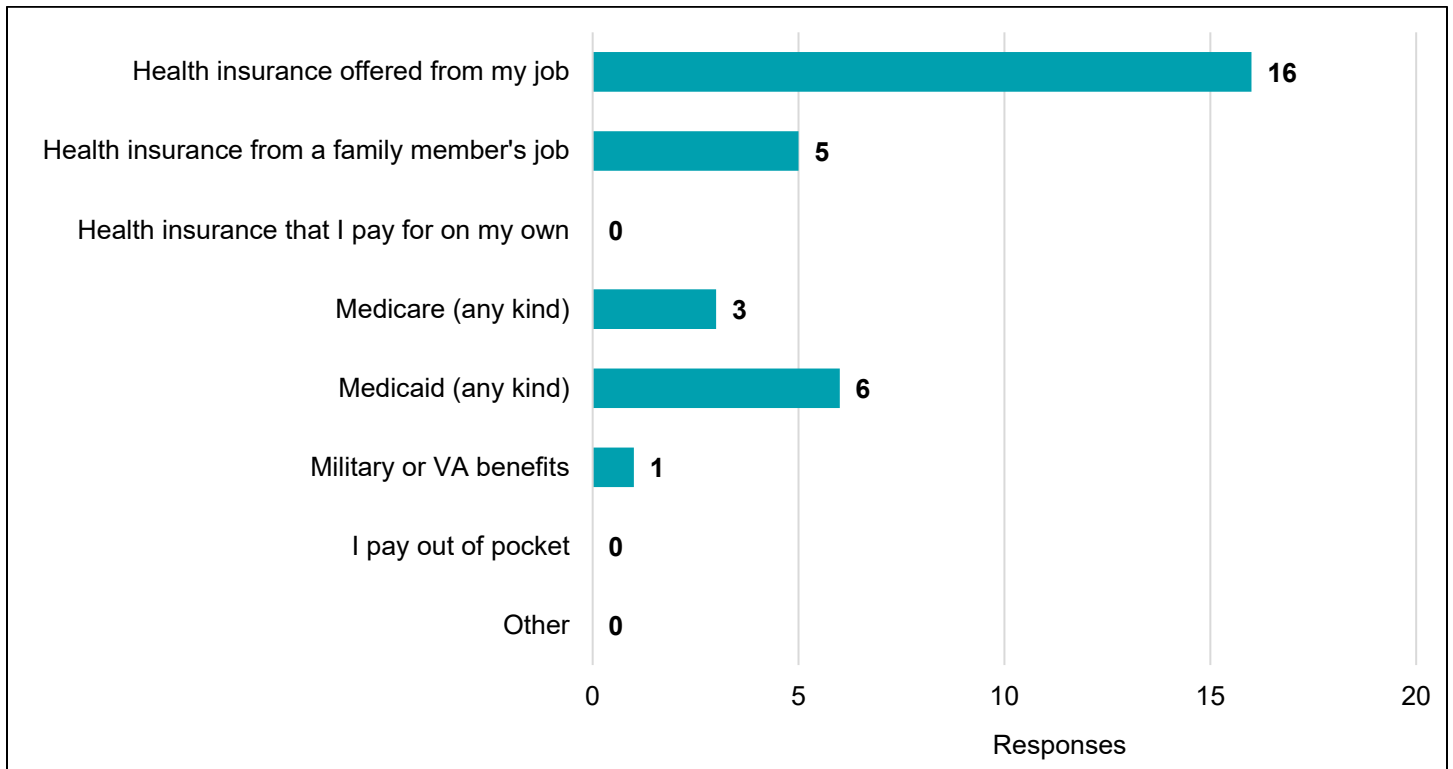


EXHIBIT 143: FOCUS GROUP PARTICIPANTS' APPROXIMATE TOTAL HOUSEHOLD INCOME

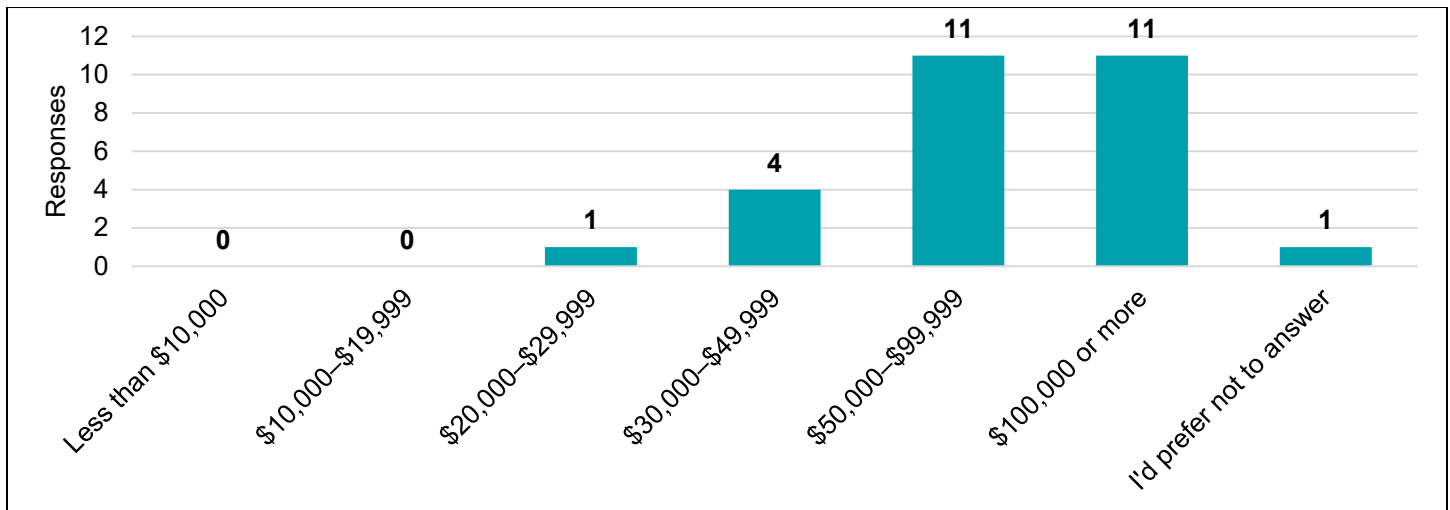
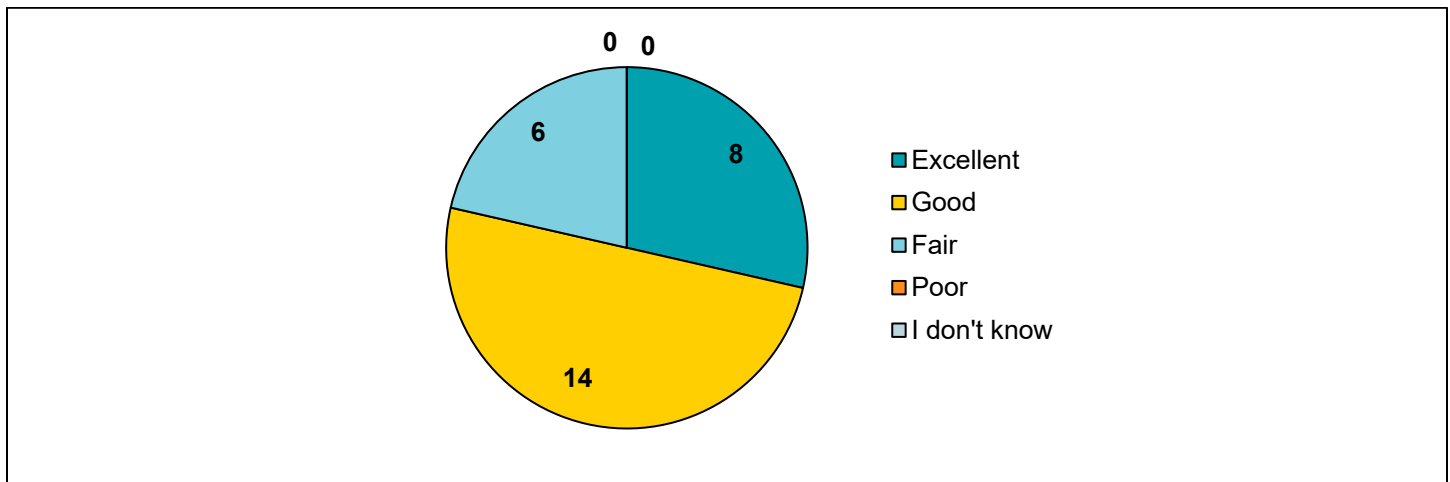


EXHIBIT 144: HOW DO YOU RATE YOUR OVERALL HEALTH? (CHOOSE ONE)



Discussion Question Analysis & Focus Group Results

Detailed notes were taken during each focus group discussion. The meeting facilitator explained the purpose of the assessment and then asked each discussion question aloud to the group. Discussion questions covered access, barriers to care, and health needs and concerns. Responses taken from notes were analyzed to determine top health issues and concerns, barriers to care, etc. Responses were weighted by frequency at two or more focus group discussions to identify common themes. A summary of responses to each question follows. This section of the report summarizes what the focus group participants reported without assessing the credibility of their comments.

What participants are most proud of in their community:

The community takes great pride in its willingness to work together, collaborate, and form strong partnerships. Participants felt the community's cohesiveness and spirit of cooperation were particularly evident in the response to the COVID-19 pandemic with strong support and testing efforts and with robust collaboration among all service providers, including fire rescue, local government, and law enforcement. First responders are highly trained and effective with up-to-date best practices, especially considering the fire department's remarkable rate of rescuing cardiac arrest patients.

Participants noted that resources are plentiful and accessible, reflecting a commitment to offering comprehensive services. St. Johns County includes historical areas like St. Augustine and many places of natural beauty, like the beaches. These areas are enjoyed by community residents but also attract tourists and encourage the county's growth.

Despite the growth, the county retains its charm with no congestion in some areas, stunning natural beauty, and the feeling of living in a small, friendly community. Participants also took pride in the community's excellent school district and all the benefits and opportunities it provides for families and children.

In summary, the focus groups illuminated a sense of pride in the community's collaboration, strong partnerships, and support for one another. Participants celebrated the charm of the community, including its natural beauty and historical landmarks. The education system, first responders, and service providers were also integral aspects of what made them most proud of their community.

What participants view as benefits of living in St. Johns County:

Living in St. Johns County offers numerous benefits, as highlighted by the focus group participants. A few of the most noted benefits included the high level of public safety with low crime rates and a top-rated education system compared to other areas in Florida. Participants viewed the community as an ideal place for retired individuals and families alike; St. Johns County retains a small-town atmosphere when compared to the neighboring city of Jacksonville.

The county has experienced significant growth, with people from many different areas moving into the community, increasing diversity. The population growth also brings expanded medical options and helps build a strong healthcare community.

The county boasts beautiful parks, recreational areas, and historical landmarks—all enhancing the quality of life for residents and visitors. Community engagement is high, and continuous reinvestment into the community allows facilities like libraries and other organizations to improve the quality of services offered to residents.

In summary, living in St. Johns County offers great advantages, such as a low crime rate, a strong concern for public safety, an expanding healthcare landscape, and an engaged and diverse community. The community has a superb education system, fosters an environment for all types of people, and aims to enhance the quality of life by investing in the community.

What participants believe are the 2–3 most important features of a healthy community:

Through the lens of focus group participants, a healthy community is identified by several key features that enhance residents' well-being and overall quality of life. The community must ensure that its members can have immediate access to necessary health services without enduring prolonged wait times. Effective navigation of systems, including insurance like Medicaid, is crucial, alongside a robust knowledge of community resources and confidence in their availability.

Additionally, participants believe a clean environment, low crime rates supported by good law enforcement, and well-maintained public facilities like libraries, parks, and recreational areas contribute significantly to residents' well-being. Safe pathways for walking and biking are essential for

commuting and recreation. Focus group participants emphasized the need for affordable housing options and access to healthy, affordable food as top priorities for all community members.

Furthermore, participants believe that the community should have a diverse population and that investing in comprehensive health services, including sex education, access to reproductive services, preventative care, and elderly care, will round out the vital features of a healthy community.

In summary, the most important features of a healthy community, according to the focus group participants, are access to healthcare, which includes preventative and specialty care services; a clean and safe environment with investment in public areas and facilities such as libraries and parks; and access to healthy foods and affordable housing for all members of the community.

Participants' views on the most important health concerns or unhealthy behaviors in St. Johns County:

Understanding the most pressing health concerns and unhealthy behaviors is necessary for addressing the well-being of St. Johns County residents. The focus group participants discussed a broad spectrum of issues, of which several stand out as priorities, ranging from mental health and substance abuse to homelessness and barriers to living a healthy lifestyle.

The stigma surrounding mental health and substance abuse persists, compounded by social norms and barriers such as restricted access to education and support within school districts. Substance abuse, including recreational drug use and addiction, poses significant risks, with the rise of lethal substances like fentanyl contributing to overdoses. Moreover, alcohol abuse among the senior population and vaping among youth is also concerning.

Homelessness, particularly among middle-aged adults and concentrated in certain geographic areas, presents complex challenges that require addressing both assistance and safety concerns for these individuals. Organizations would like to provide unhoused individuals and families with the necessary resources, but they also need to address any related mental health issues, substance use, or other safety concerns.

Focus group participants also discussed chronic disease, specifically the high rates of lung and breast cancers, hypertension, and diabetes. Participants expressed that rural populations in areas like Hastings and other special populations may be at a higher risk of developing chronic disease. At the same time, environmental factors like stagnant water pose additional health risks. Nutrition disparities persist due to lack of education, limited access to healthy foods, affordability issues, and difficulties with transportation. Rural residents often travel long distances to get to a grocery store. Participants were also concerned with low levels of physical activity in the community, particularly among children.

Lack of transportation and unaffordable housing were cited as additional challenges for community members. Some participants noted that healthcare providers sometimes cannot live in their communities due to high living costs. Focus group participants also mentioned that even though the community's population growth can be perceived as positive, the infrastructure and available resources are insufficient to support it.

Lastly, participants highlighted several other health concerns: individuals with dementia who live alone; increased apathy towards immunizations, particularly for children; beliefs and attitudes about healthcare; and long waitlists for providers that hinder access to care.

In summary, the most important health concerns and unhealthy behaviors in St. Johns County include mental health, substance use, homelessness, chronic diseases, nutrition, transportation, housing and infrastructure, and challenges with preventative health care. Addressing these interrelated challenges necessitates a comprehensive, community-centered approach to promoting health and well-being for all residents.

The main reasons participants believe these concerns or behaviors are present:

Analyzing the root causes of health concerns and unhealthy behaviors in St. Johns County is essential for planning and developing effective strategies to address these issues. The focus groups discussed several key factors contributing to these challenges. Firstly, economic factors like unemployment, insufficient income, and unaffordable housing contribute to stressors, while transportation limitations further restrict individuals. People living with disabilities can be limited by the lack of ADA-accessible public transportation options and the restricted availability of transportation outside normal business hours.

Focus group participants observed that young people see vaping as a substitute for smoking and are influenced by their social circles. Adults with a history of substance abuse are similarly influenced, which may lead to ongoing issues. Health concerns may arise from insurance not being accepted by providers and from inadequate healthcare infrastructure, such as physician shortages and long wait times for appointments. These issues hinder access to necessary medical services, including dental and mental health care. Additionally, a lack of resources exacerbates the above issues—non-profits are burdened by healthcare expenses typically covered by Medicaid. Furthermore, environmental concerns, such as the use of chemicals and pesticides on nearby farms, along with barriers to accessing healthy foods, exacerbate health issues. Lastly, skepticism towards immunizations, driven by political agendas and distrust in science and government, poses a significant challenge to public health efforts.

Participants' top three health concerns in St. Johns County:

Among the various health concerns identified in St. Johns County, the top three in terms of significance and impact, as indicated by the focus group participants, are:

- Substance abuse and mental health: Substance use emerged as the most pressing health concern in St. Johns County. Participants highlighted its pervasive influence on individuals and families, making it a top priority for intervention and support. Mental health concerns were identified as another critical issue affecting the community. The stigma surrounding mental health and the need for greater awareness and access to mental health services were emphasized.
- Homelessness: Participants highlighted homelessness as another top health concern. The lack of affordable housing options, high cost of living, and substance use and mental health issues can compound this issue, especially for middle-aged adults.
- Chronic diseases: Chronic diseases such as cancer, diabetes, and hypertension were listed by participants as top health concerns. Poor nutrition was discussed as a related health concern that heavily impacts the ability to live a healthy lifestyle.

These top three health concerns reflect the complex and interconnected nature of community health in St. Johns County and underscore the need for targeted efforts to address substance abuse and mental health, reform homelessness and affordable housing, and improve chronic diseases and nutrition.

Participants' views on which health services are most difficult to get:

As the focus group participants indicated, barriers to accessing certain healthcare services in St. Johns County present significant challenges. Primary care and other preventive care services are among the most difficult to obtain, impeding access to basic healthcare needs and medical checkups. These services include lab work, imaging, dental care, and pharmacy. Additionally, specialty services like ophthalmology, reproductive health, disability support, and dialysis are inadequately available, underscoring systemic gaps in healthcare accessibility and delivery.

Focus group participants also recognized the difficulty of securing beds at Assisted Living Facilities, nursing homes, and long-term care options due to insufficient availability and high costs. Veteran care and protective custody services are also in short supply, compounding the difficulties faced by individuals seeking help.

Additionally, limited substance abuse services, including inpatient beds at detox facilities, perpetuate existing addiction issues. Youth Baker Acts are constrained by the scarcity of pediatric facilities, with only two locations in Jacksonville and Daytona. Participants also pointed out that mental health services and resources in the area are lacking, contributing to the ongoing mental health crisis. These focus group findings draw attention to the diverse range of healthcare services that face accessibility concerns in St. Johns County, indicating the need for comprehensive strategies to improve access across many populations.

Participants' views on the greatest barriers to receiving services:

Accessing essential healthcare services in St. Johns County is hindered by various barriers, as outlined by focus group participants. Long wait lists, a scarcity of providers, and expensive primary and specialty care services impede timely access to health care. Transportation limitations add to the issue; inadequate public transit options and personal transportation challenges create long wait times and difficulty accessing health care.

Moreover, a pervasive lack of awareness regarding available resources and services exists in the community, compounded by the inability to access care during working hours and the stigma surrounding certain conditions and within certain cultures. Participants also described persistent insurance coverage gaps, particularly concerning Medicare and Medicaid, complicating access to specialty care for those populations dependent on such programs. While increased prescription costs have been an issue for some community members, prescription discount services have alleviated some financial challenges in obtaining medications.

The lack of available beds, specifically for long-term care, poses a substantial obstacle exacerbated by affordability concerns. Finally, bureaucratic hurdles, such as navigating red tape for children with disabilities, add additional layers of difficulty to accessing essential services. The participants' views on barriers to accessing necessary health services highlight St. Johns County residents' wide range of challenges and call attention to the need for extensive strategies and focused efforts to improve these concerns.

Participants recount when they, a family member, or a friend had a positive experience in a healthcare setting:

St. Johns County residents shared many positive experiences in the healthcare setting, each contributing to a sense of trust and well-being within the community. One such story described when a family member needed multiple hospital visits to determine a diagnosis. Despite the uncertainty, there was confidence in the medical team's abilities and trust in available resources. Additionally, an immunization clinic efficiently provided services for employees, reflecting the effectiveness of organized healthcare delivery.

Emergency Medical Services (EMS) in the community were prompt and accessible, ensuring timely assistance when needed. Aza Health and Crescent Beach Healthcare offered comprehensive care to focus group participants or their family members that holistically addressed the patient's needs. Furthermore, encounters with doctors who actively listened, exhibited thoroughness, and collaborated with the patient on medical care planning left a lasting positive impression.

For one participant, UF Health St. Johns stood out because of a doctor who listened and provided necessary care with attentiveness and compassion. At particular clinics, volunteer doctors and other health professionals are known for their positive bedside manner and approachability, demonstrating their commitment to patient-centered care. Notably, at the Wildflower Clinic, a patient received transformative support and felt the impact of compassionate care and dedicated efforts to address their complex needs. The former patient went on to become a clinic employee, showing the same support and care to other patients who visited the clinic. These experiences of St. Johns County residents demonstrate the significance of healthcare providers who genuinely listen to patients, take time to understand their stories, and refer patients to specialist care when necessary.

Participants' views on factors that made their experience positive:

A positive experience in healthcare often hinges on several key factors. The positive healthcare experiences shared by residents of St. Johns County can be attributed to a combination of aspects that reflect both the community's strengths and the healthcare infrastructure in place. Firstly, punctuality plays a crucial role; patients being seen on time and receiving prompt service contribute to overall satisfaction.

Additionally, focus group participants believe the demeanor of staff members significantly impacts patients' perceptions; a friendly and approachable attitude from healthcare professionals fosters a comfortable environment for the patient. It's noteworthy when healthcare providers and facilities consider both physical and mental health aspects in order to treat a patient holistically. This approach, which often involves active listening, asking pertinent questions, and not rushing to pharmaceutical solutions, reflects a provider's commitment to comprehensive care. The presence of reputable hospitals in the area enhances the positive experiences of many because hospital staff ensures that care meets high standards.

Collectively, these factors engender positive healthcare experiences within St. Johns County and reinforce the community's resilience and commitment to providing accessible, efficient, and high-quality healthcare services to its residents.

These are the health services or health initiatives that the participants would like to see in St. Johns County:

St. Johns County residents voiced their desire for various health services and initiatives to achieve comprehensive improvements in the community's overall well-being. There is a pressing need for accessible dental care, including local services for routine cleanings and specialized dental care. Participants promoted more affordable dental options, particularly for Medicaid recipients and children.

In order to expand their reach, specialists should increase their availability and immunization and mammogram clinics should introduce mobile services. Mental health services for adults and youth are crucial, especially for the underinsured or uninsured. Participants would also like to see increased options for respite care, better care coordination, and more co-responders to mental health crisis calls. Also, focus group participants felt that the community would benefit from a paramedicine program—an initiative to check in on individuals with health problems who live by themselves—and an increased number of low-cost clinics to serve low-income and rural populations.

Primary and preventative care, health education, and assistance in navigating healthcare were also identified as essential needs in the community. Programs like Healthy Start that support early childhood care, including parenting education, necessary assessments, and follow-up appointments, are desired to assist children and families and improve youth education and access to substance use education. Another youth-related suggestion raised during the focus groups called for events and activities that appeal specifically to teenagers and families. Participants would also like to see more exercise programs, accessible fitness facilities, and events that encourage community-building.

Group participants envisioned affordable housing and support for those experiencing homelessness as part of ideal health initiatives for St. Johns County. To strengthen the healthcare workforce, participants also mentioned improved provider benefits. Overall, the community seeks a holistic, multifaceted approach to health and well-being to address the variety of needs and gaps in the current healthcare landscape.

Participants' views on how the health service or health initiative would benefit the community:

Through the implementation of desired health services and initiatives, St. Johns County gains the opportunity to meet critical needs and enhance the overall well-being of the community at large. Deploying more co-responders with police units would significantly benefit the community by diverting mental health crises away from the criminal justice system while instead focusing on appropriate care and support for those individuals. A paramedicine program could aid frequent 911 callers and individuals struggling to live independently, ensuring timely and appropriate interventions.

Increased access to dental services would promote preventive care for all community residents, allowing more patients to address dental issues early and mitigate broader health problems. Prioritizing opportunities for exercise and health education would improve the health of residents and help them manage chronic diseases effectively, ultimately leading to a healthier and more resilient community.

A greater number of community events and initiatives would foster more collaboration and support among community members while directly addressing health concerns in the community. Participants

also proposed that shorter wait times for appointments and increased service availability would reduce gaps and inefficiencies in care for community members in need.

Participants' final thoughts:

As the focus groups concluded, participants provided their final thoughts about urgent issues within St. Johns County. Firstly, substance abuse was presented as an important concern for participants. They recognized the need to improve care coordination among organizations that support individuals in substance abuse recovery. Though there may be recovery beds available in faith-based organizations or other non-profits, participants noted that those organizations might not be able to help individuals on medications. Furthermore, individuals recently released from incarceration may experience a gap in their medication continuity, which could lead to high rates of recidivism and substance abuse relapse.

Residents in rural areas like Hastings rely heavily on the local library for community information. They would benefit from more recreational and exercise opportunities, such as access to a community pool and fitness facility. Next, rural community members are concerned about potential health issues from exposure to chemicals used in farming and are eager for investigations into cancer hotspots near local farmland.

In addition, focus group participants hypothesized that increased community engagement would specifically benefit special populations like those experiencing homelessness and the growing elderly population. Community organizations wanted closer partnerships with schools to provide students with education and support services, especially regarding substance use and mental health. Social media's impact on mental health and the influence of violent video games on youth were acknowledged as concerns that affected the community.

Furthermore, socioeconomic disparities magnify the need for comprehensive data tracking and equitable resource allocation; these disparities are evident in the displacement of lower-income residents by wealthier counterparts and existing gaps in data for low-income populations and those living with disabilities. Ultimately, addressing these challenges requires a concerted effort to bridge the divides in healthcare, communication, and support services across our community.

Key Findings of Focus Groups

Access to Healthcare Services: A recurring theme that emerged was the need for improved access to healthcare services. Participants expressed concerns about preventive care, specialty care, and dental care, and hoped for expanded outreach of services. Barriers to accessing healthcare services include transportation issues, unaffordability, limited services or providers in the area, limitations of certain insurance plans, and lack of awareness of available resources and services. Participants noted that improving access involves reducing the wait time to secure appointments, increasing the number of professionals in the healthcare workforce, and extending the reach of services to individuals with transportation challenges.

Substance Use: Substance use issues for adults and youth were raised as a top priority. Residents had concerns about addiction, overdoses, and vaping, especially among St. Johns County youth. Focus groups reflected on the adverse influences of social norms, stigma, and social media on individuals seeking recovery services. Participants also emphasized the desire for more substance

use recovery services in the area and for organizations to have more integrated partnerships with county schools that would allow them to provide education, resources, and support to students.

Mental Health: Mental health services were a top priority. Residents recognized the impact of mental well-being on overall health and thus indicated a dire need for improved mental health resources and services, especially for underserved populations.

Homelessness: Residents listed homelessness as a top priority as they considered contributing factors of limited affordable housing and the high cost of living. Increased resources and services are needed to support those experiencing homelessness and assist at-risk populations.

Chronic Disease and Lifestyle Behaviors: Focus group participants articulated the importance of nutrition and physical activity in promoting a healthy lifestyle. Residents yearned for more opportunities for exercise, better nutrition programs and health education, and increased access to nutritious food options. Emphasis was also placed on preventing and treating chronic diseases like cancer, diabetes, and cardiovascular issues.

Community Collaboration and Engagement: Collaboration and partnerships within the community are perceived as integral to addressing health challenges. Residents envisioned broader community engagement and care coordination, more frequent activities for families and youth, and more robust assistance with resources and health services. Efficient and cohesive coordination of health services and other community organizations would reduce gaps in care.

Notable Key Themes

- Access to Healthcare Services
 - Difficulty accessing primary care and preventive care services in some areas
 - Desire for access to specialized healthcare services, including mobile clinics and a paramedicine program
 - Need for more health professionals and reduced wait times for appointments
 - Emphasis on access to dental care, including pediatric dentists and dentists that accept Medicaid and Medicare insurance
 - Desire for more affordable healthcare services
 - Transportation challenges, including no personal transportation and limited public transportation options
 - A lack of awareness of resources and services available
- Substance Use
 - Issues with adult drug use, addiction, overdoses, and vaping
 - Emphasis on youth vaping
 - Concern about social norms and stigma interfering with prevention and treatment
 - School districts have restrictions on allowing organizations into schools to provide education and support services
 - Desire for more substance use recovery services in the community
- Mental Health
 - Increase access to mental health services for youth and adults, including more providers and facilities
 - Emphasis on access for individuals who are uninsured, underinsured, or on Medicaid or Medicare

- Homelessness
 - Emphasis on middle-aged adult population
 - Resources are needed, but safety and substance use should also be considered
 - Lack of affordable housing options
 - High cost of living in the county
 - Insufficient support and resources for individuals recently released from the criminal justice system
- Chronic Disease and Lifestyle Behaviors
 - Nutrition
 - Increase access to affordable healthy food
 - Desire for more nutrition education
 - Transportation and travel distance to the nearest grocery store can be challenging for some residents
 - Exercise/Recreation
 - Need for improved physical education in schools
 - Desire for increased access to fitness facilities and recreation areas
 - Emphasis on activities that bring people together
 - Concern for low physical activity levels
 - Need for diabetes, hypertension, and heart disease care and prevention
 - Emphasis on preventing and treating different types of cancer in rural areas
 - Desire for more health education on healthy lifestyle habits, sex education, immunizations, and early childhood care
- Community Collaboration and Engagement
 - Need for improved collaboration between organizations for care coordination, reducing gaps in care, communication, and resources
 - Emphasis on adding activities for families and youth to engage both populations
 - Desire to assist community members with navigating health systems and resources

These themes reflect the key health-related issues and needs identified by the county focus group participants. It is important to note that these themes are derived from the specific responses provided and may not encompass all possible perspectives or issues related to health in the county. It must also be considered that due to the geography of the county and the diversity of the focus group participants, there are different responses due to the different needs of various populations in the community.

Key Stakeholder Interviews

DOH-St. Johns County compiled a list of possible key stakeholders in the community and made initial contact with the interviewees. The list included governmental representatives, healthcare providers, healthcare consumers, and representatives of local community organizations. HPCNEF staff conducted ten interviews through Microsoft Teams meetings during the months of February, March, and April 2024. On average, each interview lasted approximately 20 minutes. The instrument used to conduct the interviews is included in Appendix B-2. Interviewees were asked questions on the following issues:

- Overall perspective on most important health care needs and issues in St. Johns County
- Opinions of important health issues that affect county residents
- Impressions of specific health services available in the county and the accessibility of these services

Interview Analysis

Key stakeholders who participated in these interviews include representatives from St. Johns County Administration, St. Johns County Fire Rescue, St. Johns County Health and Human Services, St. Johns County School District, St. Johns County Sheriff's Office, UF Health St. Johns, and Wildflower Healthcare. Most key stakeholders have lived and/or worked in St. Johns County for over three years. The interview questions for each KSI are identical. Some key stakeholders did not provide an answer to every question asked. There is some duplication of subject matter and feedback among categories. A summary of their responses to each question follows. This section of the report summarizes what the community stakeholders reported without assessing the credibility of their comments.

Key Stakeholders' positions:

Key stakeholders who participated in these interviews include representatives from the Council on Aging, EPIC Behavioral Healthcare, St. Johns County Administration, St. Johns County Fire Rescue, St. Johns County Health and Human Services, St. Johns County School District, St. Johns County Sheriff's Office, Tobacco Free—St. Johns, UF Health St. Johns, and Wildflower Healthcare. The key stakeholders held various roles in their organization, such as Director, Superintendent, Chief Nursing Officer, Deputy Operations Chief, Manager, and Community Engagement Specialist.

How long Key Stakeholders have lived and/or worked in St. Johns County:

The key stakeholders have worked in St. Johns County for several years, ranging between 3 years to 44 years.

Healthcare needs or concerns Key Stakeholders think are most pressing in St. Johns County:

The key stakeholders were asked to identify what they thought were the most pressing healthcare needs and concerns in St. Johns County. Out of all responses, behavioral healthcare emerges as a top concern. Facets of behavioral healthcare included mental health and substance use services, access issues among all age groups, and issues with the current infrastructure and staffing capacity. Interviewers recognize that the use of substances such as THC/marijuana, fentanyl, nicotine, and other tobacco products intersects closely with mental health. The key stakeholders acknowledge that the lack of access to behavioral health services, such as mental health and substance use services, harms individuals across all age groups in the county; however, the youth and homeless populations were mentioned as specific groups of interest. In addition to access, other concerns in the area of behavioral health related to infrastructure and workforce capacity, such as funding issues with facilities and staffing shortages.

Access to healthcare services in St. Johns County is another top concern. Stakeholders identified specific populations that have more difficulty with access, including older adults, unhoused, undocumented, and youth populations. In addition, individuals face long wait lists that prevent them from accessing healthcare services promptly. Several stakeholders specifically mentioned dental health; these interviewees commented that there are not many community initiatives in place to promote dental health, and many individuals may not be able to afford dental health under their current insurance, such as Medicaid. Furthermore, specialty care was stressed as another healthcare need for St. Johns County. The shortage of specialty providers to meet demands thus limits access to such services for many residents.

Stakeholders noted that St. Johns County is currently experiencing rapid environmental change and population growth. The influx of new residents means they may not be aware of the resources available to them in their community. Bringing awareness to healthcare concerns and available resources that address them is an essential first step to improving the health of the county at large.

In summary, St. Johns County faces several significant healthcare concerns and needs as outlined by the key stakeholders. As the county experiences rapid population growth, it becomes increasingly important to inform new residents about available resources. In addition, challenges in behavioral health, dental health, specialty care, and other areas continue to block access to healthcare services for many community members. Actions to eliminate these barriers in St. Johns County include increasing access for specific populations, ensuring the affordability of services, and expanding the current infrastructure to meet growing demand.

Health services that Key Stakeholders believe are difficult for individuals in St. Johns County to access:

As a follow-up to the previous question, the key stakeholders were asked to provide information about any specific health services that individuals have difficulty accessing in St. Johns County.

Behavioral health services came up as a frequent response. Such services include mental health and substance use services like detoxification beds, mental health providers (psychologists and psychiatrists), and in-patient mental healthcare facilities. Youths were mentioned as a specific population that may experience additional barriers to accessing mental health and emotional/social support services.

Primary and specialty care services, such as dental care, prenatal care, radiology, and pulmonology, can be difficult to access in St. Johns County. Those who are uninsured or underinsured can face additional obstacles to receiving care due to affordability issues. Individuals enrolled in Medicaid may encounter greater difficulty accessing services due to a limited number of county healthcare providers accepting Medicaid patients.

Accessing comprehensive care can be difficult for aging populations (adults 55+ years old). Older adults face complex health issues that require a comprehensive continuum of care that addresses their physical, mental, and social factors. While the Council on Aging in St. Johns County provides those types of services, their capacity is still very limited.

In summary, the types of services that are difficult to access in St. Johns County differ depending on the population group. Behavioral health services are scarce and highly needed across all populations, especially for youths. The county's primary and specialty care services are limited, especially for uninsured/underinsured and Medicaid populations. Aging populations face difficulties accessing various services they need to maintain their health as they age.

Specific populations in St. Johns County that face challenges accessing healthcare services, according to Key Stakeholders:

Although access and affordability challenges regarding healthcare services vary across all demographic groups in St. Johns County, the key stakeholders provided input about specific populations and geographic areas that may encounter more obstacles than others.

Noted groups include senior populations (those aged 65+), homeless populations, undocumented populations, uninsured populations, low-income populations, pregnant women, Medicaid beneficiaries, individuals who use substances, and Hispanic populations.

Difficulties accessing healthcare services also vary based on the geographic areas in St. Johns County. The south and west regions of St. Johns County—including Hastings, Flagler Estates, and West St. Augustine—are primary areas of concern. Individuals living in these areas face more barriers to healthcare access, such as limited transportation, fewer provider locations, and affordability issues.

Reasons these group(s) have more difficulties accessing healthcare, according to Key Stakeholders:

The key stakeholders were asked to explain in detail why they believe the previously mentioned populations have more difficulty accessing healthcare services. Social and economic factors affecting health were mentioned frequently, including unaffordable housing, low incomes, and lack of insurance. These can act as potential barriers to healthcare because individuals may not be able to afford essential medical care if they are balancing the cost with other essential expenses and needs, such as food, rent, and utility payments.

Inadequate transportation is one of the biggest barriers to accessing healthcare services. Especially for those living in the southern and western areas of St. Johns County, the lack of nearby healthcare facilities and providers means that individuals must travel farther to receive these services. Often, individuals struggle to secure and arrange transportation options themselves, and organizations lack the funding to provide transportation services for those who need them. As a result, the primary source of healthcare for many comes in the form of emergency room services as opposed to routine visits to healthcare providers.

Personal beliefs and knowledge are a strong influence—both positive and negative—on an individual's access to healthcare services. Undocumented immigrants often face increased apprehension when engaging with government entities, potentially discouraging them from utilizing available resources. Stigma can also deter an individual from receiving services for their mental health. In addition, a history of medical mistrust persists among marginalized populations, often leading to decreased trust in healthcare providers and reduced likelihood of seeking care. Lastly, low health literacy levels can hinder the ability of these populations to navigate the healthcare system effectively.

Lack of awareness can also impede access to healthcare. Those in the previously mentioned populations may be unaware of the community services and resources designed to assist them, hindering their ability to obtain needed help. Without knowing where to go or who to reach out to, those individuals may delay seeking help.

In summary, a range of reasons prevent the aforementioned populations from accessing healthcare services. Many of these populations earn lower-than-average annual incomes, affecting their ability to afford essential needs, such as housing and healthcare. Transportation arose as a prevalent barrier to healthcare access as those living in the south and west areas of St. Johns County need to travel farther to access these services. Personal beliefs and knowledge, such as distrust of medical

providers and stigma, can also prevent individuals in these populations from accessing healthcare services. Ultimately, increasing awareness and outreach is essential to addressing these issues.

What Key Stakeholders are most proud of in this community:

Stakeholders were asked to comment on what they are most proud of in St. Johns County. This county supports physical and family health by providing several free recreational areas and family-oriented activities.

Many praised the level of engagement and willingness among local agencies and county residents to collaborate within the community. The collaborative nature of the community shows that everybody is willing to help each other and give back to the community. A high level of engagement and involvement in the community is promising because it demonstrates awareness of prevalent health issues and a willingness to work towards improving the entire community's health.

Key stakeholders frequently praised the high number of existing programs and organizations in St. Johns County. The health and well-being of the St. Johns County residents are a priority for governmental, law enforcement, and non-profit agencies such as the Sheriff's Office and school district. In addition, interviewees appreciated the diversity in the types of local organizations that address the range of aspects that can affect an individual's health. Specific programs and organizations stakeholders mentioned were the Dining with Dignity Program and a mobile outreach bus that provides essential dental and medical services to in-need areas.

In summary, St. Johns County is a resourceful community that provides many recreational opportunities to its residents. Key stakeholders took pride in the high level of collaboration and engagement in the community. The county's extensive network of diverse organizations and programs reflects a strong commitment to collaboration and community involvement.

Key Stakeholders' views on strengths St. Johns County can build upon to improve health moving forward:

Stakeholders were asked to suggest how St. Johns County can utilize its current strengths and improve health outcomes in the future. Recommended actions included increasing education, awareness, communication, and collaboration.

The St. Johns County community can provide more education in multiple formats. Introducing more public health education in schools can give youths a head start and prepare them for adulthood. In addition, organizations can broaden awareness of the current services and resources. To expand community awareness of existing services and resources, organizations can proactively disseminate information through partnerships with the school district and other community agencies.

St. Johns County has many organizations that focus on important aspects of health in the community. However, the organizations may be disconnected from each other due to a lack of communication and coordination. To improve communication and collaboration, stakeholders recommend creating groups for organization representatives to meet and share resources to help each other. One stakeholder also recommended creating a comprehensive list of community resources and organizations. Such a list would ensure that all information on available services is easily accessible to the community in one place.

In summary, key stakeholders identified strengths in St. Johns County that can be utilized to improve the health of the community moving forward. Efforts can be made to foster effective coordination and communication between the many organizations in the county. Organizations can collaborate to achieve common goals by resource-sharing. Furthermore, the lack of awareness of current resources was heavily mentioned throughout this report, so a comprehensive list can be compiled and updated regularly to maintain a directory of resources in one place. Lastly, current organizations can enhance their outreach efforts by providing education to specific populations within the county.

Additional comments Key Stakeholders shared about health or healthcare needs in St. Johns County:

At the end of each interview, key stakeholders gave their final remarks about the health of St. Johns County. There was a range of opinions regarding county-level efforts. Some key stakeholders expressed interest in addressing a couple of the county's most prevalent issues—housing and transportation. Other stakeholders commented that the county leadership is dedicated to investing in the quality of life and improvement of the St. Johns County community. One solution is to improve engagement within the community so that residents can voice their needs and concerns and keep the county government and other organizations informed and updated on important community issues.

Key stakeholders also discussed rising issues in the community, such as increased substance use across all demographics and the overuse of emergency department beds.

Despite differing opinions on current efforts to improve quality of life and emerging community issues, the key stakeholders praised St. Johns as a resilient and beautiful county. Many collaborative efforts between key agencies are currently underway to improve community health, and several areas can still be improved. To make St. Johns County a healthier community, the current infrastructure must be analyzed to assess how initiatives and programs can be improved upon or enhanced rather than created from scratch.

Key Findings of Key Stakeholder Interviews

Mental health and substance use: Mental health and substance use were raised as prevalent issues affecting St. Johns County. Rising rates of substance abuse in the county are compounded by insufficient infrastructure in place to support individuals in need of mental health and substance use services.

Social and Economic Factors: Many social and economic factors were described that influence individuals' ability to access healthcare. These include unstable housing, little to no insurance coverage, and low income.

Transportation Barriers: The lack of reliable transportation emerged as a central and recurring theme that impacts access to healthcare services. This barrier hinders individuals' ability to reach hospitals, clinics, and other healthcare facilities, thus leading to the inappropriate use of emergency services and delay of- necessary medical care.

Access to Services: Various segments of the population, including older adults, children, adolescents, and low-income individuals, face difficulties accessing a range of healthcare services. These include primary care, specialty care, behavioral health care, dental care, prenatal care, and preventive care. Insufficient availability of healthcare resources in certain areas of the county

contributes to these challenges. A number of challenges were outlined, including long waitlists for appointments, a low number of providers, and transportation issues.

Notable Key Themes

- Mental health and substance use:
 - Mental health issues, including the need for education and resources
 - Substance use issues
 - Lack of mental healthcare providers and limited services in rural areas
 - Lack of mental health and addiction services, particularly for youth
- Access to healthcare services and resources:
 - Challenges accessing primary care, specialty care, and mental health services
 - Limited healthcare facilities and resources, particularly in rural areas of the county
 - Transportation barriers when accessing healthcare
 - Lack of specialty care and providers in the county
 - Lack of awareness about existing resources and services
 - High cost of services and insurance coverage restrictions hinder access to necessary healthcare
- Socioeconomic factors:
 - Low income levels as a barrier to receiving healthcare
 - Unaffordability of healthcare services and increased cost of living
 - Lack of insurance
 - Challenges faced by low-income populations, elderly, and youth
 - Difficulty accessing healthcare for populations in rural parts of the county
- Health education and knowledge:
 - Limited awareness of available health services and resources
 - Lack of knowledge and awareness about health conditions and preventive measures
 - Lack of understanding about maintaining health and wellness
- Demographic-specific challenges:
 - Older populations have difficulty accessing comprehensive care
 - Hispanic populations have difficulty accessing care
 - Youth have additional barriers to accessing mental health and emotional/social support services

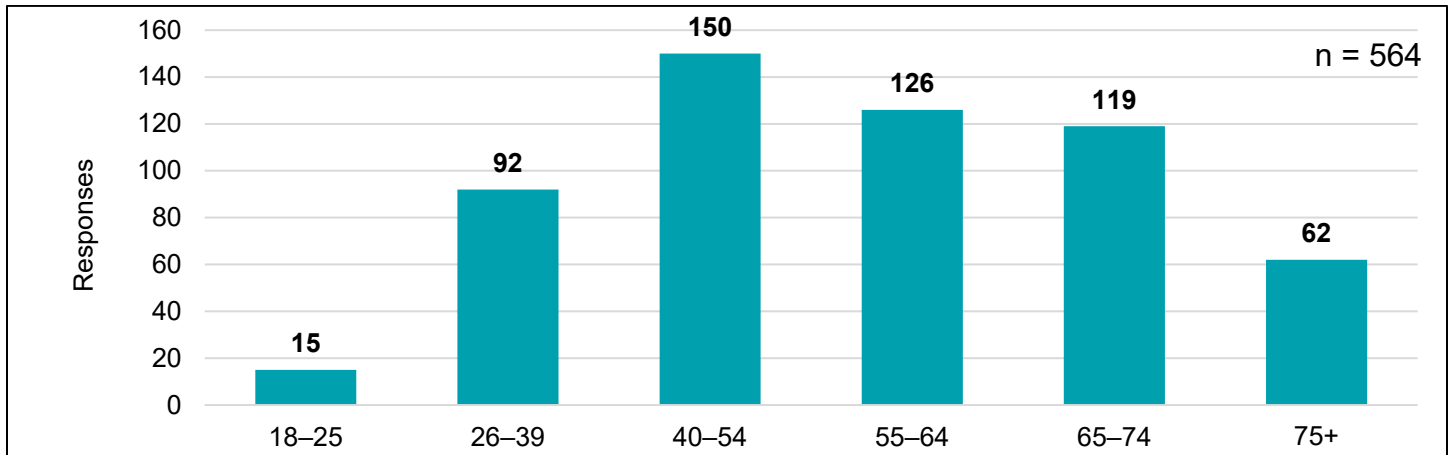
St. Johns County Community Survey

To better understand the health status of the St. Johns County community, DOH-St. Johns asked community members and stakeholders to participate in a survey on community health, health care services, and quality of life in St. Johns County. A total of 584 people completed the survey. Participants' responses were screened for inclusion if they completed 90% of the survey and had a ZIP Code in St. Johns County. Responses from 564 surveys were included in the analysis. Percentages in the charts and the narrative that follows are calculated based on the number of respondents per question rather than the total number of respondents for the survey. Surveys were distributed through the local media, partner physical sites, websites, social media (Facebook, Instagram, and LinkedIn), and by email to all partners of DOH-St. Johns with the link to Microsoft Forms and printable electronic copies. Additionally, surveys were disseminated through paper copies throughout public and private businesses within the community as well as at community meetings. Appendix C contains a full copy of the community survey.

Demographics & Characteristics of Participants

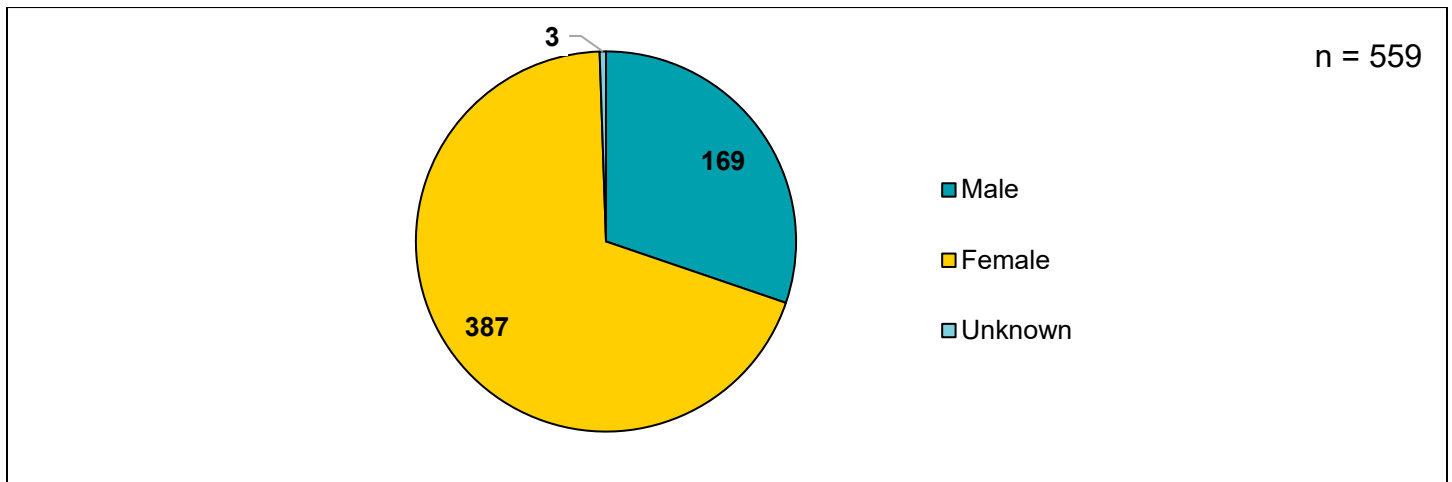
About 26.6% of survey participants were between the ages of 40 and 54. There were 15 participants between the ages of 18 and 25, making up the smallest percentage of the sample (2.7%). No survey participants were under the age of 18.

EXHIBIT 145: SURVEY RESPONDENTS' AGE



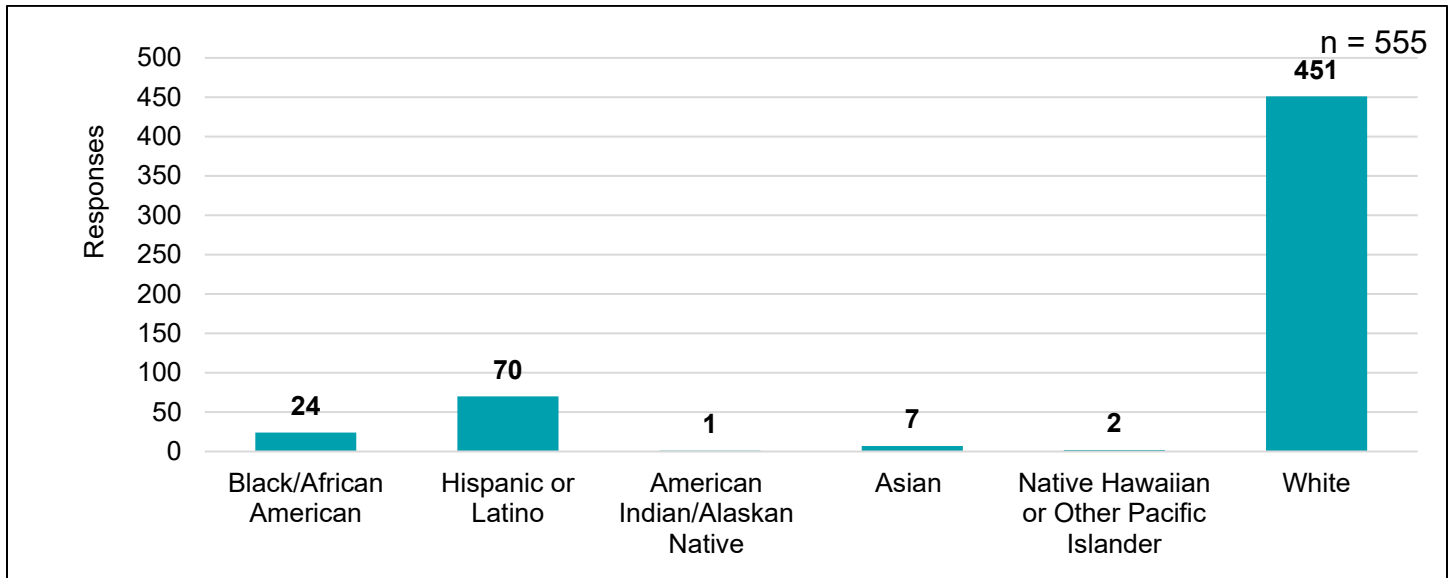
Survey participants were predominantly female, making up about 69.2% of the sample.

EXHIBIT 146: SURVEY RESPONDENTS' SEX ASSIGNED AT BIRTH



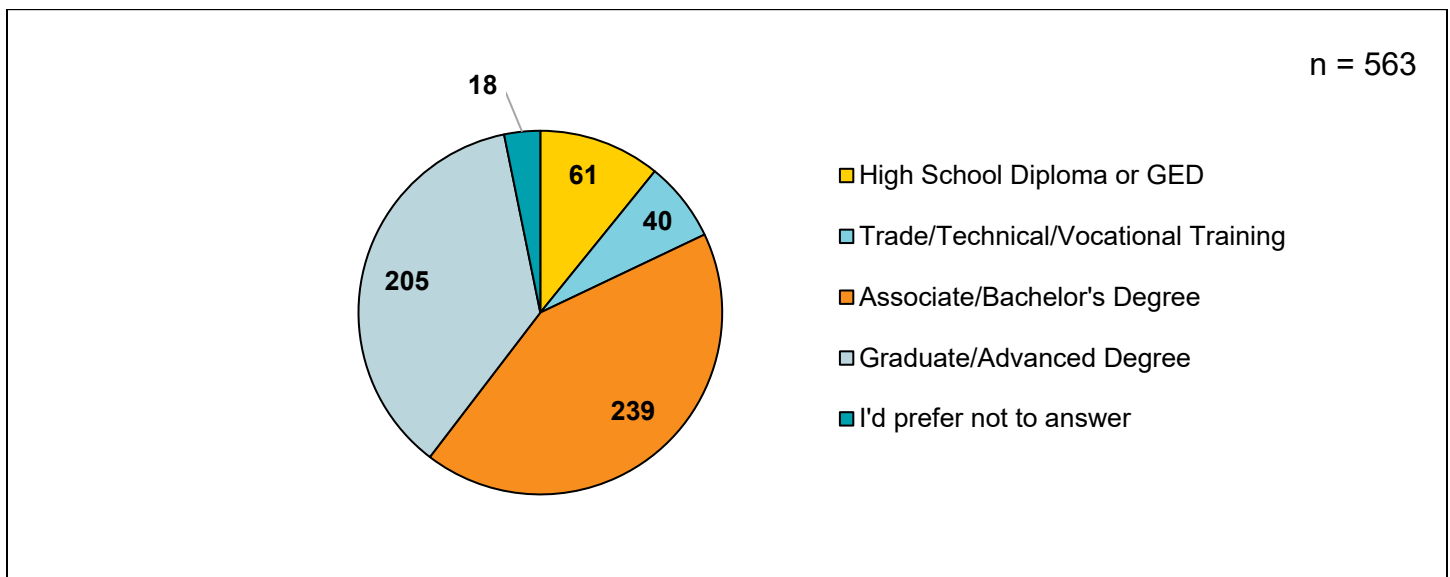
The majority of survey participants identified as White/Caucasian, making up 81.3% of the sample. Participants who identified with a minority race included 4.3% Black/African American, 12.6% Hispanic/Latino(a), 1.3% Asian, 0.4% Native Hawaiian or Other Pacific Islander, and 0.2% American Indian/Alaskan Native.

EXHIBIT 147: SURVEY RESPONDENTS' RACE/ETHNICITY



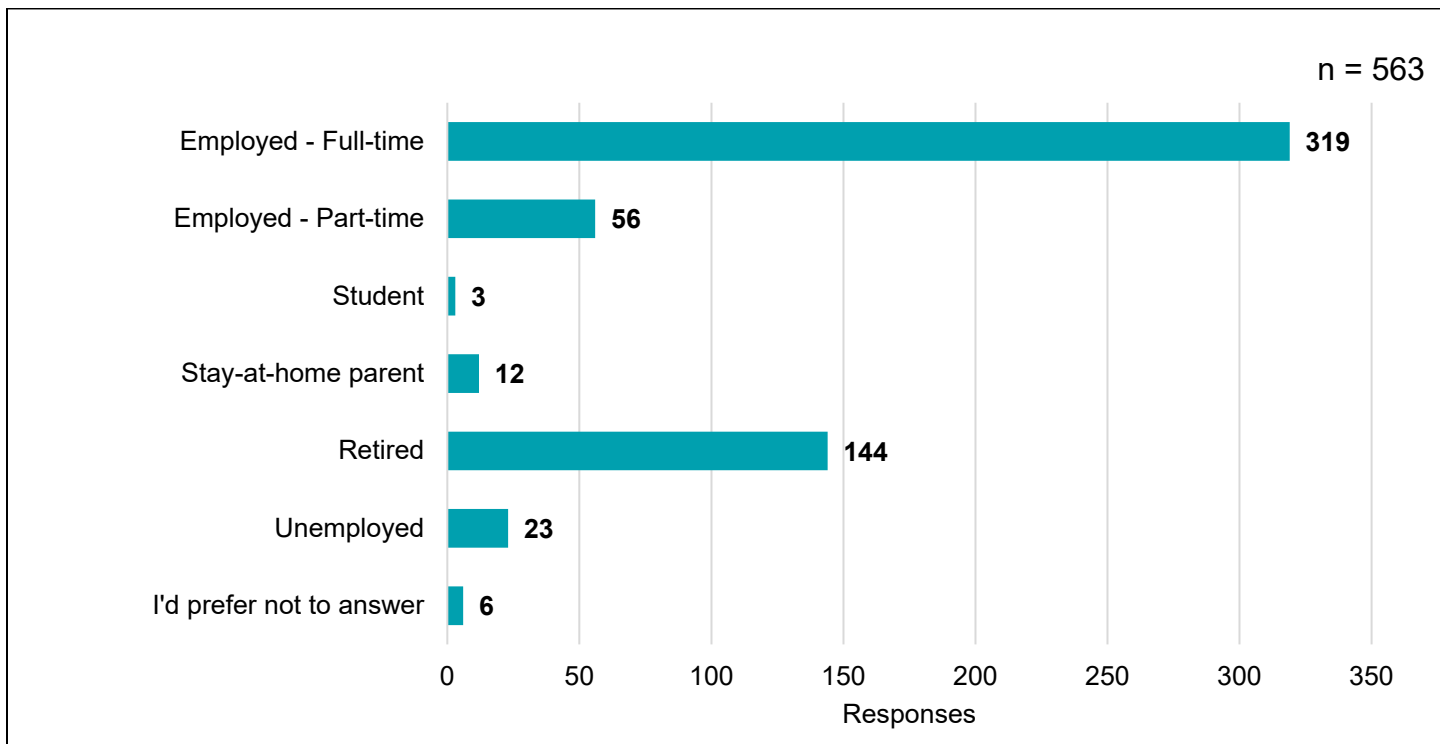
Most survey participants received a formal education beyond a high school diploma or GED. Of the survey participants, 10.8% earned a high school diploma or GED, 7.1% completed technical, trade, or vocational training, 42.4% completed an associate/bachelor's degree, and 36.4% obtained a graduate/advanced degree.

EXHIBIT 148: SURVEY RESPONDENTS' HIGHEST LEVEL OF EDUCATION COMPLETED



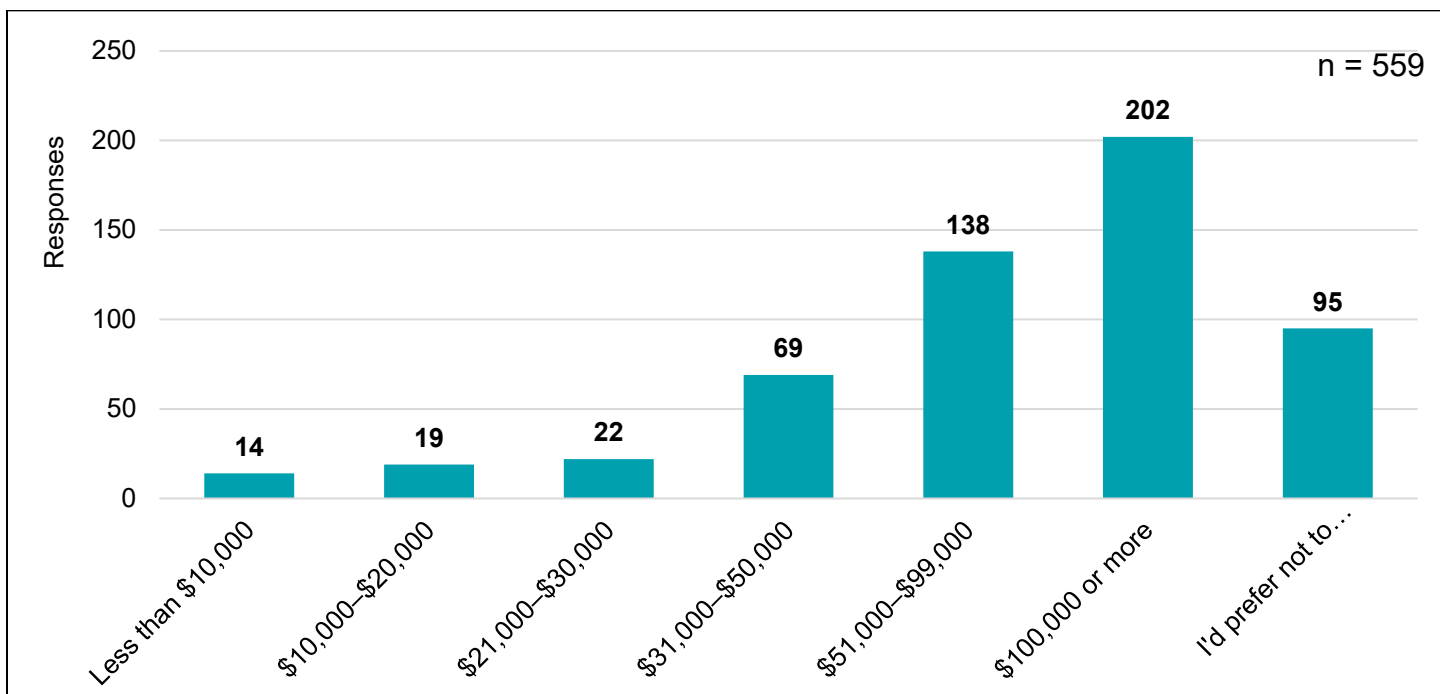
About 56.7% of survey participants are currently employed full-time. Of the participants, 9.9% are employed part-time, and 25.6% are retired.

EXHIBIT 149: SURVEY RESPONDENTS' CURRENT EMPLOYMENT STATUS



Over half (61.0%) of survey participants have a total household income of \$51,000 or more, and about 5.9% have a total household income of less than \$20,000.

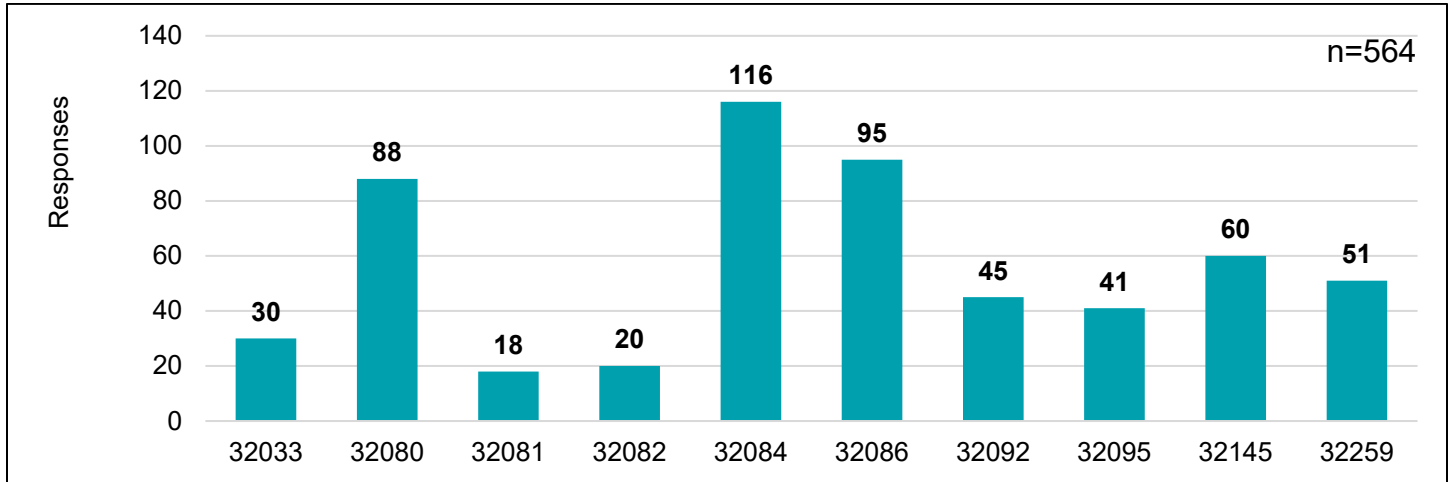
EXHIBIT 150: SURVEY RESPONDENTS' APPROXIMATE TOTAL HOUSEHOLD INCOME



Results of the Community Survey

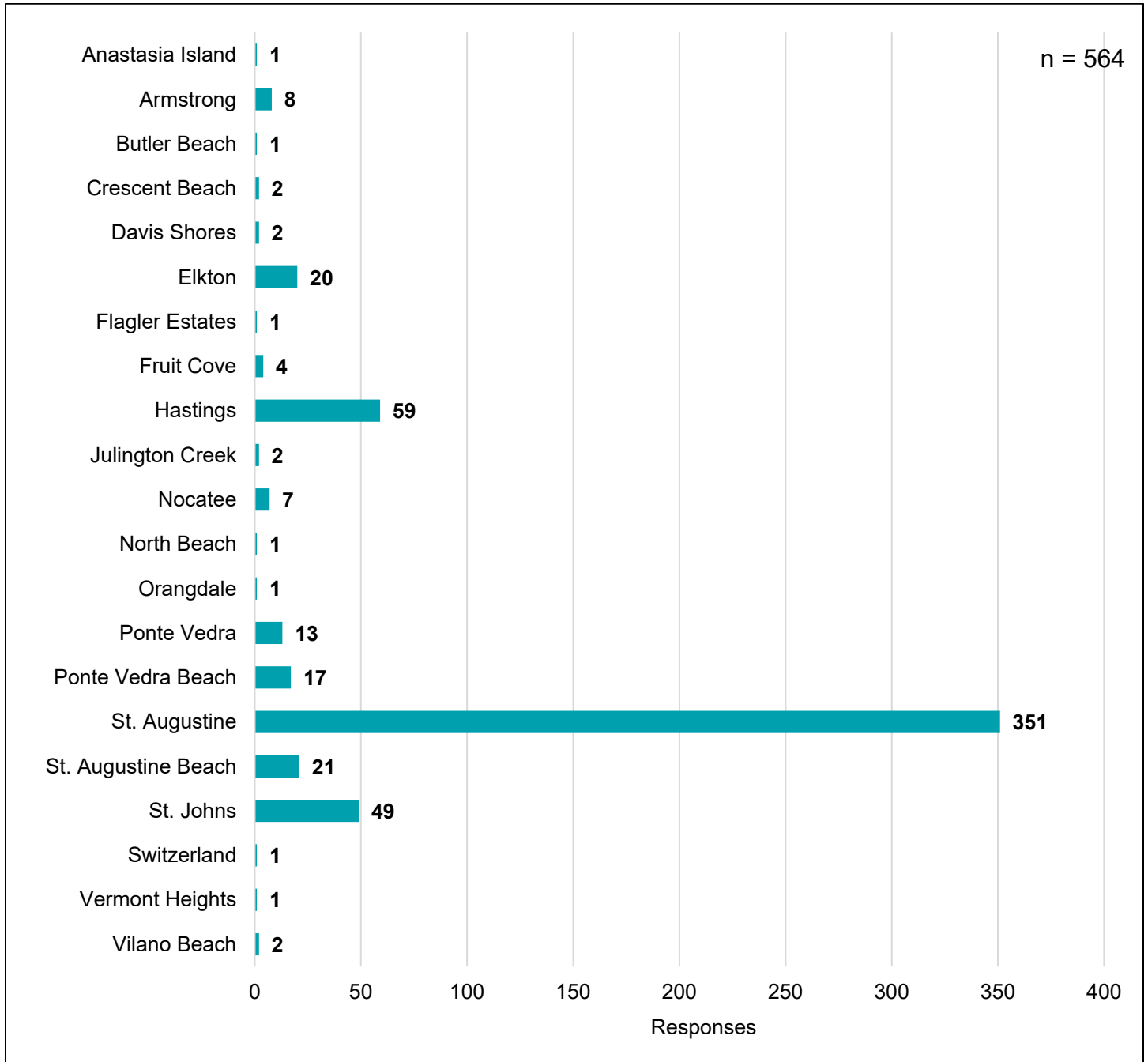
Survey participants were mostly from ZIP codes 32084 (20.6%), 32086 (16.8%), and 32080 (15.6%). Surveys that reported a home ZIP Code not in St. Johns County were removed before analysis began.

EXHIBIT 151: WHAT ZIP CODE DO YOU LIVE IN?



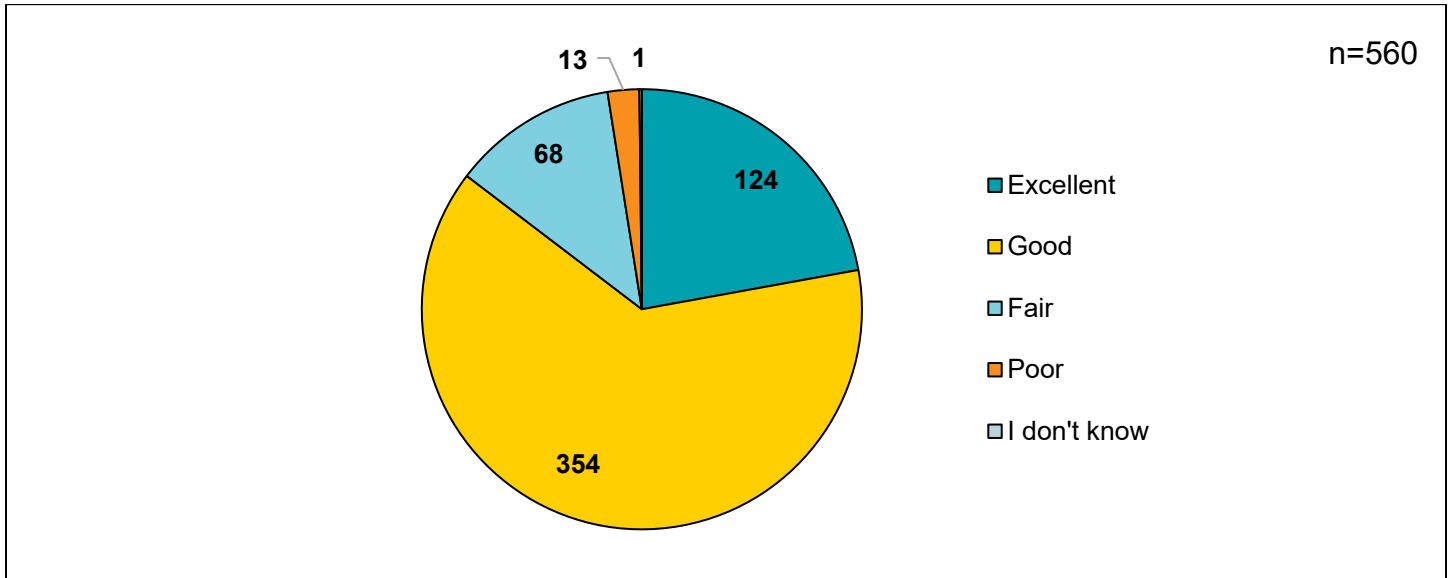
Survey participants were mostly from St. Augustine (62.2%).

EXHIBIT 152: WHAT CITY/TOWN DO YOU LIVE IN?



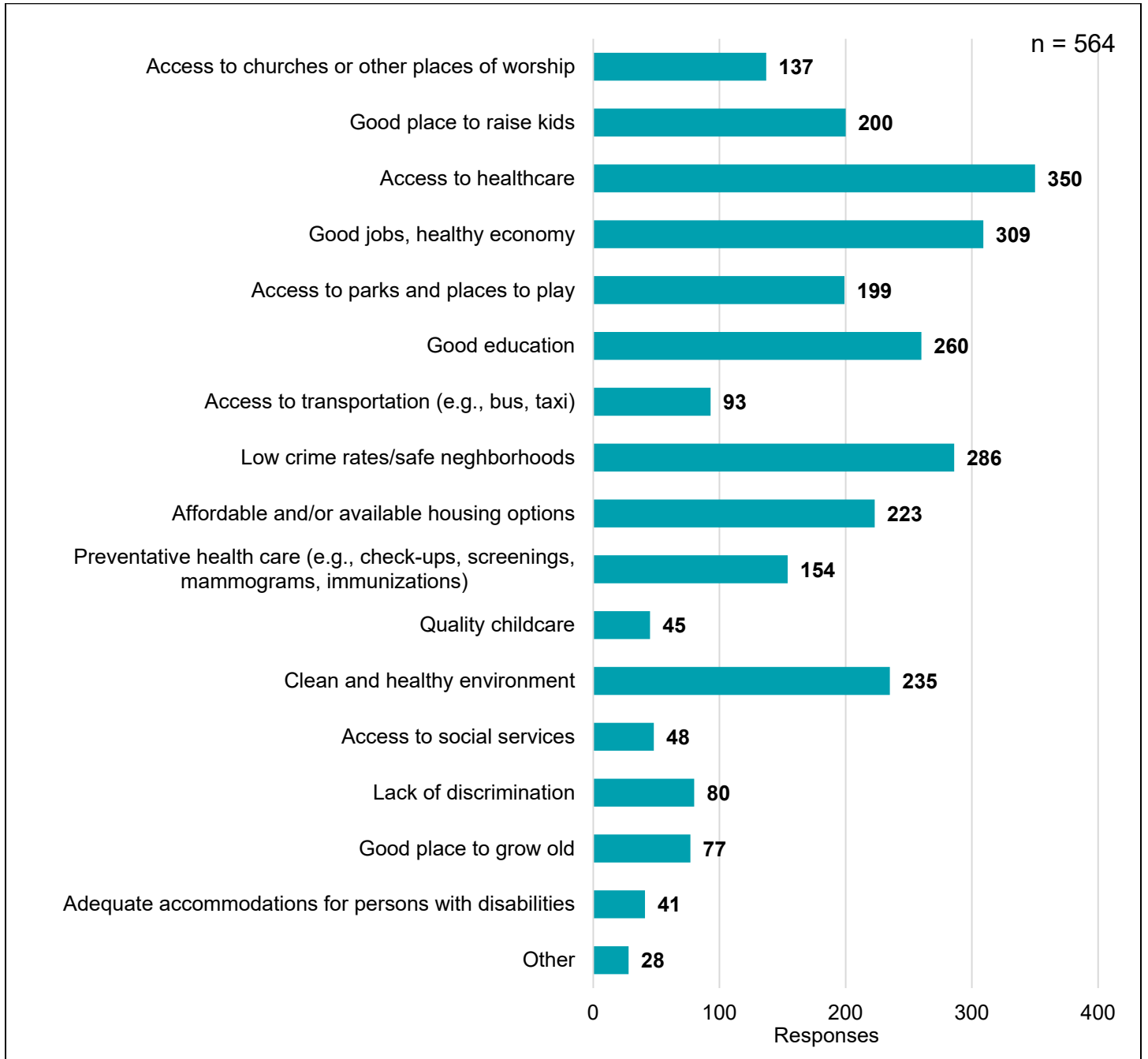
Survey participants were asked to rate their overall health on a four-point scale ranging from “Poor” to “Excellent.” Out of the 560 participants who responded to this question, 354 (63.2%) rated their overall health as “Good,” followed by 124 (22.1%) who rated their overall health as “Excellent.”

EXHIBIT 153: HOW DO YOU RATE YOUR OVERALL HEALTH? (CHOOSE ONE)



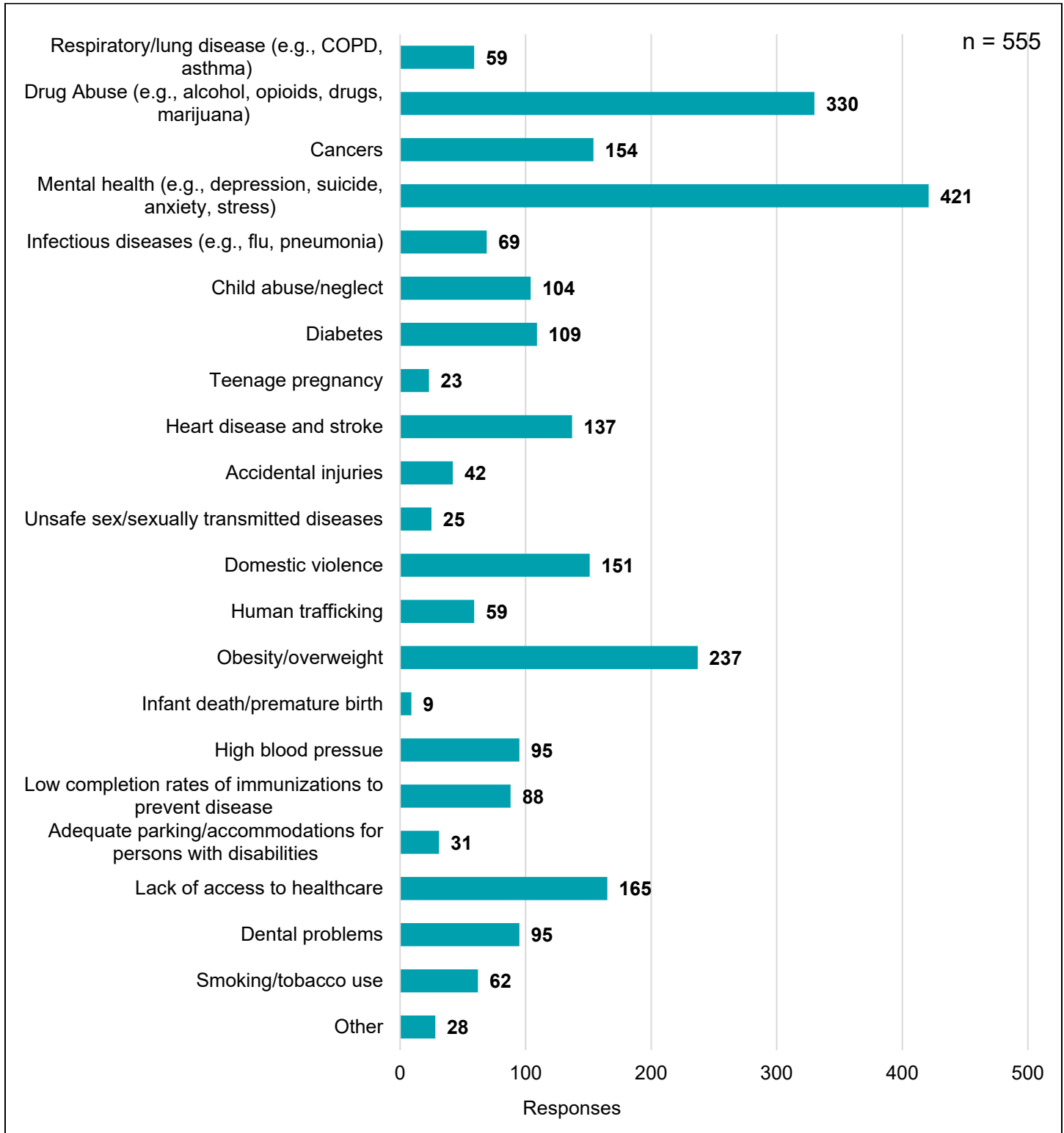
The top five most important features of a healthy community identified by survey participants were access to healthcare (350), good jobs, a healthy economy (309), low crime rates/safe neighborhoods (286), good education (260), and clean and healthy environment (235). In the “Other” category, write-in answers included more walkable sidewalks and bike lanes, access to healthy foods, and more green spaces for recreation.

EXHIBIT 154: CHOOSE UP TO 5 OF THE ITEMS BELOW THAT YOU FEEL ARE THE MOST IMPORTANT FEATURES OF A HEALTHY COMMUNITY.



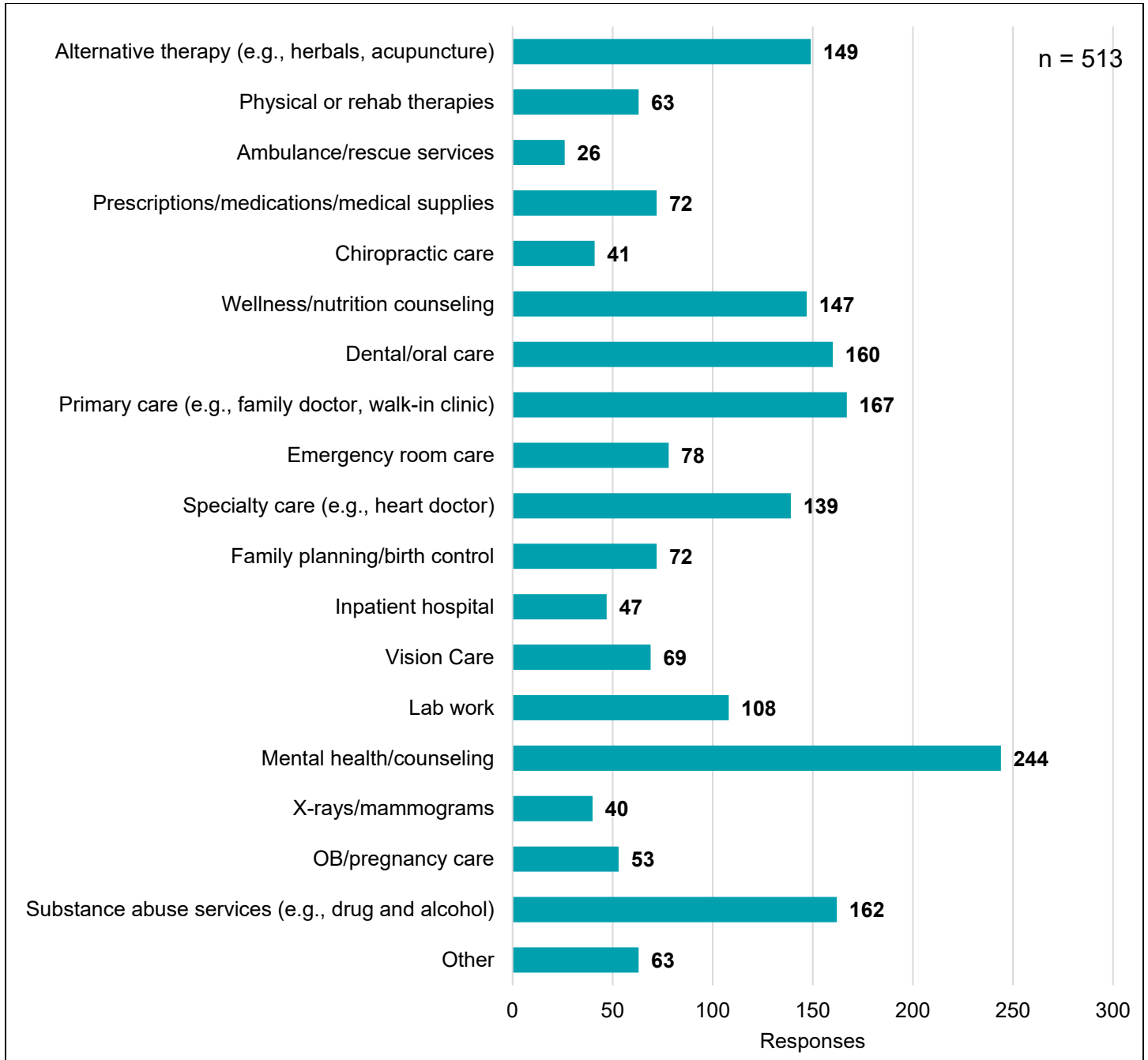
The top five most important health problems in St. Johns County identified by survey participants were mental health (421), drug abuse (330), obesity/overweight (237), lack of access to healthcare (165), and cancers (154). In the “Other” category, write-in answers included a lack of affordable housing and primary and specialty care for children.

EXHIBIT 155: CHOOSE UP TO 5 OF THE HEALTH CONCERNS THAT YOU FEEL ARE THE MOST IMPORTANT IN ST. JOHNS COUNTY.



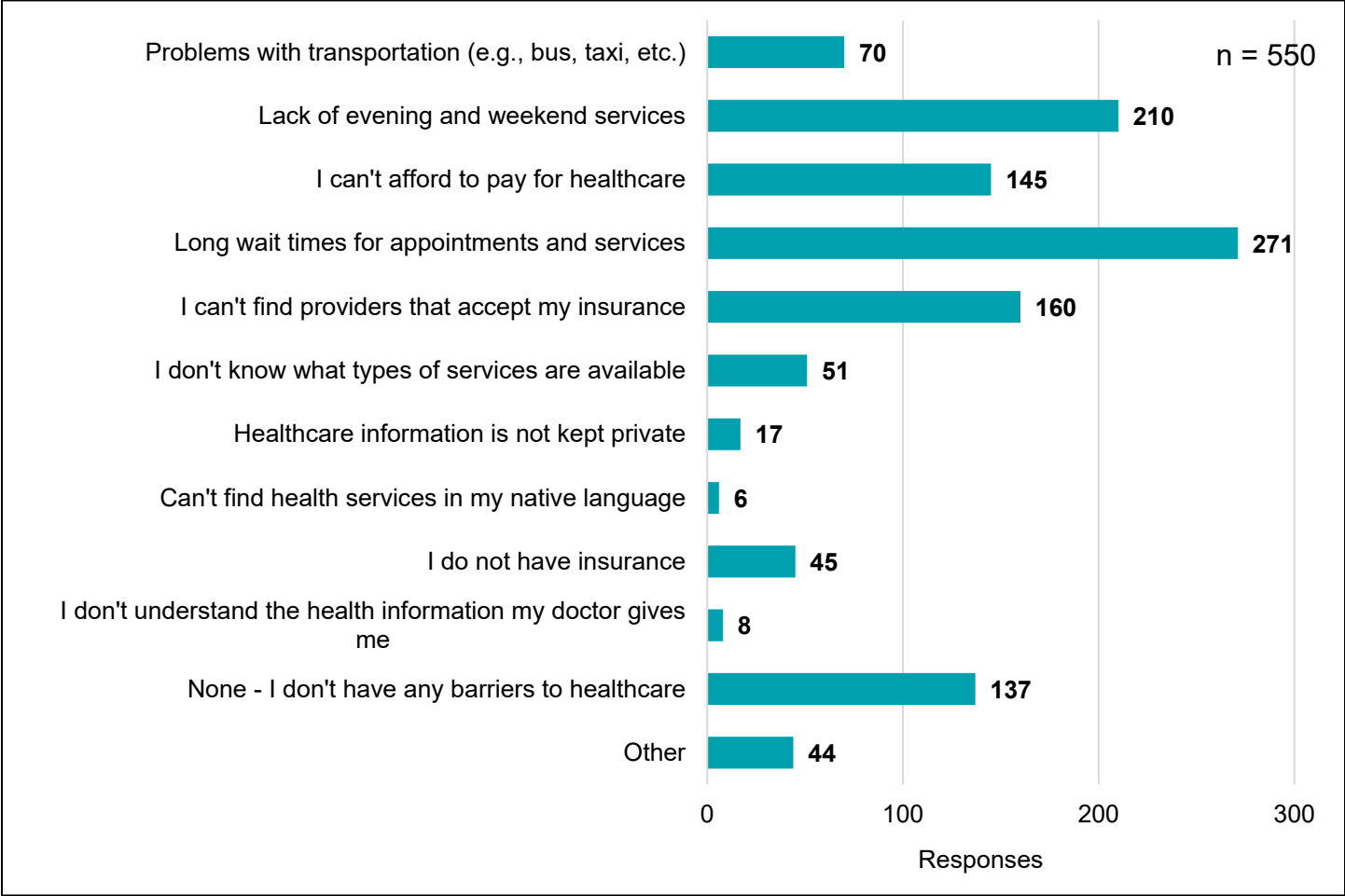
The top five most difficult health care services to obtain in St. Johns County identified by survey participants were mental health/counseling (244), primary care (167), substance abuse services (162), dental/oral care (160), and alternative therapy (149). In the “Other” category, write-in answers included specific types of specialty care (e.g., pediatrics, advanced cancer care, dermatology), inpatient rehab facilities, and VA resources.

EXHIBIT 156: WHAT HEALTH CARE SERVICES ARE DIFFICULT TO OBTAIN IN YOUR COMMUNITY? (CHECK ALL THAT APPLY)



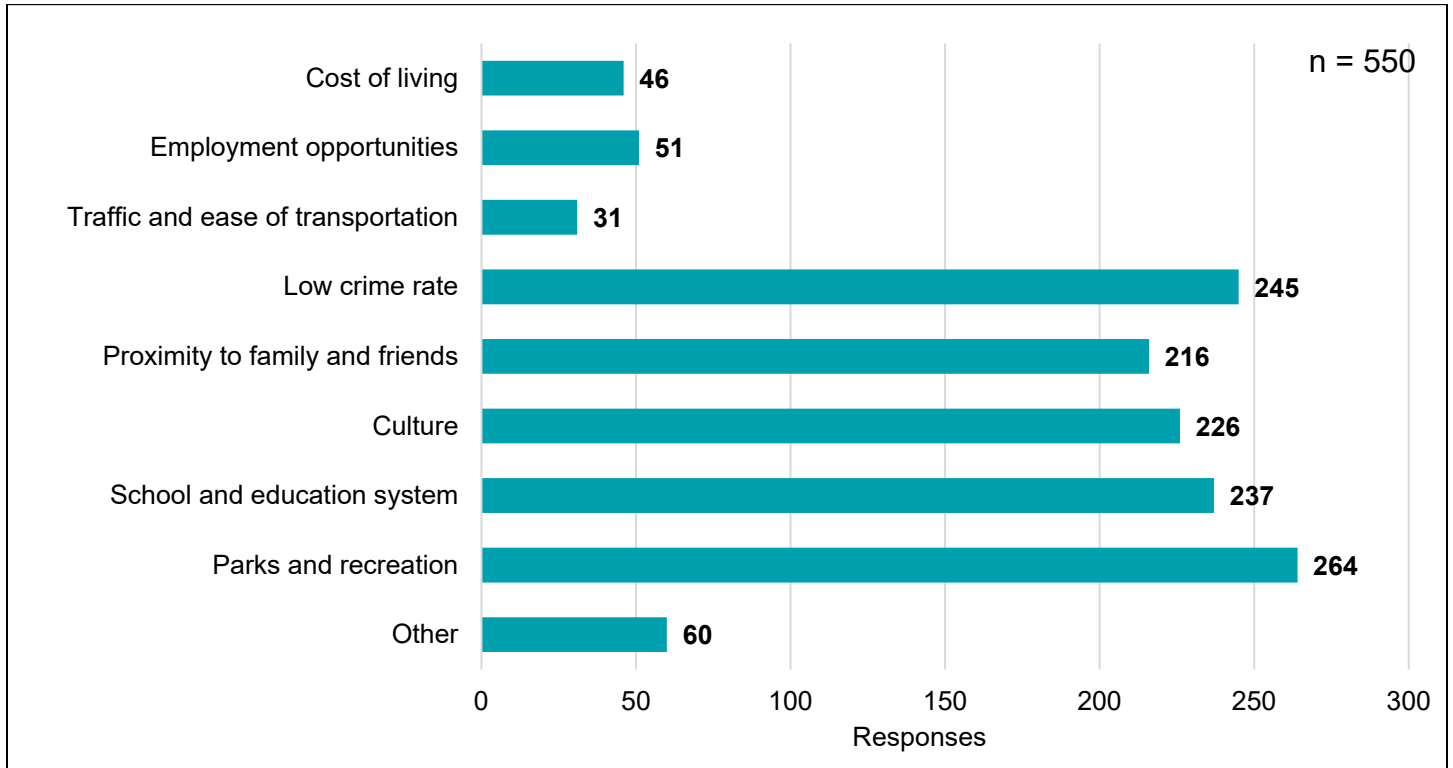
Survey participants most frequently indicated that long wait times for appointments and a lack of evening and weekend services are barriers they face when trying to receive medical, dental, or mental health services. Of all the participants, 26.4% cannot afford to pay for healthcare, and 29.1% cannot find providers that accept their insurance. One-quarter (25.0%) of survey participants reported that they do not have any barriers to accessing healthcare. In the “Other” category, write-in answers included lack of provider availability, high insurance premiums and copays, and lack of health services options that don’t require long travel times.

EXHIBIT 157: IN THE PAST 5 YEARS, WHICH OF THE FOLLOWING ISSUES HAVE MADE IT DIFFICULT OR PREVENTED YOU FROM GETTING MEDICAL, DENTAL, OR MENTAL HEALTH SERVICES FOR YOU OR YOUR FAMILY? (CHECK ALL THAT APPLY)



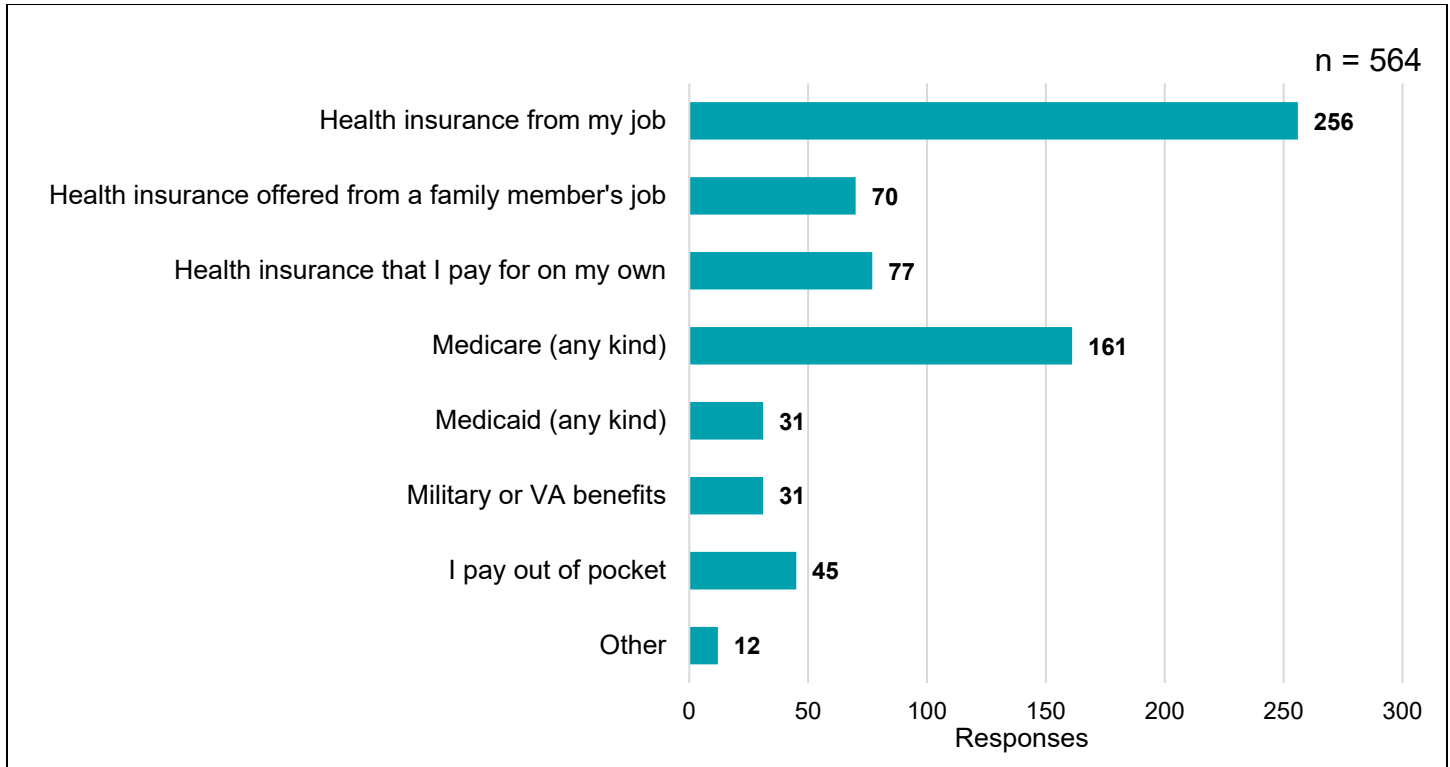
Survey participants mostly indicated that they like living in St. Johns County because of the parks and recreation (264), low crime rate (245), and school and education system (237). In the “Other” category, write-in answers included the beaches, hometown, and the history.

EXHIBIT 158: WHAT DO YOU LOVE MOST ABOUT LIVING IN ST. JOHNS COUNTY? (CHECK ALL THAT APPLY)



In many instances, healthcare coverage was facilitated through employers, from either personal coverage (45.3%) or through a family member (12.4%). Of the survey participants, 13.7% stated that they pay for health insurance on their own. In contrast, other participants indicated that their health insurance is covered through Medicare (28.5%), Medicaid (5.5%), and Military or VA benefits (5.5%). A little less than 10% of participants responded that they pay out of pocket for health care. In the “Other” category, write-in answers included marketplace health insurance, disability insurance, and retirement pensions.

EXHIBIT 159: HOW IS YOUR HEALTH CARE COVERED? (CHECK ALL THAT APPLY)



Finally, 203 survey participants provided additional comments about health issues in St. Johns County. Counts for the most popular health issues raised are provided below (Exhibit 160).

EXHIBIT 160: PLEASE LIST ANY OTHER COMMENTS YOU HAVE ABOUT THE HEALTH ISSUES IN ST. JOHNS COUNTY.

Health Issue Theme & Comments	Number of Responses
Infrastructure and Overpopulation/Community Spaces/Environmental Concerns <ul style="list-style-type: none"> Concerns about keeping up with the growth of the community Growth in the county requires additional resources, healthcare/emergency services Traffic impacts daily life in the county, particularly for the safety of pedestrians and cyclists Concerns the growth will affect the preservation of natural resources, green spaces, and wildlife habitats Desire for more parks, outdoor spaces, and recreational facilities Concerns about traffic impacting air and water quality 	66
Healthcare Access and Affordability <ul style="list-style-type: none"> Concerns about long wait times 	40

<ul style="list-style-type: none"> • Shortage of healthcare providers, particularly specialists and doctors accepting Medicare/Medicaid. • Difficulty finding primary care physicians who accept new patients • Requests for expanded healthcare, including satellite facilities, mobile healthcare options, Medicaid dental providers for children, and mental health counseling 	
<p>Cost of Living/Lack of Affordable Housing Options</p> <ul style="list-style-type: none"> • High cost of living • Requests for more support/programs for the homeless • Disparities in healthcare based on income, need for affordable medical services for all residents • Concerns about inadequate wages and limited recreational opportunities impact the quality of life in the county 	19
<p>Dental</p> <ul style="list-style-type: none"> • Lack of dental care within the county, especially for children • Requests to reopen children’s dental clinic • Challenges accessing dental care for children on Medicaid and uninsured individuals 	18
<p>Homeless Concerns</p> <ul style="list-style-type: none"> • Increased concern for homelessness and mental health outreach • Request for mental health facilities and housing for the homeless population 	11
<p>Mental Health</p> <ul style="list-style-type: none"> • Need for more mental health services, especially for children and adolescents • Affordable mental health options 	9
<p>Community Engagement and Empowerment</p> <ul style="list-style-type: none"> • Desire for disease prevention-focused initiatives and wellness workshops to promote overall well-being • More community events and promotion of safe and healthy activities for families • Need more community centers to educate and provide services 	13
<p>Other</p> <ul style="list-style-type: none"> • Limited healthy restaurant options • Appreciation for current healthcare options available in St. Johns County • Concerns about smoking policies at the health department building 	24

Key Health Issues

Top Health Issues Identified by Community Surveys

DOH-St. Johns gave community members a chance to voice their opinions on the health status and health needs of St. Johns County by distributing a survey throughout the county. A total of 584 people completed the survey, and 564 surveys were included in the analysis. Survey responses qualified for analysis if the participant completed at least 90% of the survey and had a ZIP Code in St. Johns County. The survey respondents identified the following as the top health issues in St. Johns County:

- Mental Health (e.g., depression, suicide, anxiety, stress)
- Drug Abuse (e.g., alcohol, opioids, drugs, marijuana)
- Obesity/Overweight
- Lack of Access to Healthcare
- Cancers

Top Health Issues Identified by Focus Groups

A total of 28 community members and stakeholders attended five community focus groups. Through a discussion of community health and health needs, focus group participants identified the following as the top health issues or key themes in St. Johns County:

- Access to Healthcare
- Mental Health & Substance Use
- Homelessness
- Chronic Disease & Lifestyle Behaviors
- Community Collaboration & Engagement

Top Health Issues Identified by Key Stakeholder Interviews

Ten representatives from governmental offices, healthcare providers, and local community organizations participated in key stakeholder interviews to offer their perspectives on the most pressing local healthcare issues and needs. Key stakeholders identified the following as the top health issues or key themes in St. Johns County:

- Mental Health & Substance Use
- Access to Healthcare
- Socioeconomic Factors & Disparities
- Health Education & Knowledge
- Transportation Barriers

Top Health Issues Identified by Quantitative Data

Over 100 secondary data indicators were analyzed in the Community Health Status Assessment. The following were determined as the top health issues or key themes in St. Johns County:

- Mental Health
- Substance Use/Abuse
- Chronic Disease
- Cancer
- Maternal/Infant Health

Identification of Priority Areas

On May 29, 2024, Steering Committee members and other community stakeholders gathered at the St. Johns County Health Department to discuss the preliminary results of the St. Johns County Community Health Assessment (CHA). A total of 11 individuals attended the meeting. A team from the Health Planning Council of Northeast Florida, Inc. (HPCNEF) presented the CHA preliminary findings, which consisted of primary (community survey, focus groups, key stakeholder interviews) and secondary data that supported the top 5 overall key themes.

DOH-St. Johns removed their logo and the following data indicators from the presentation prior to the meeting: infectious syphilis rates, cervical cancer rates, county public health department expenditures in dollars, and county public health department full-time employees. Other terminology changes were made, including changing “Behavioral Health” to “Mental & Behavioral Health,” “Socioeconomic Factors & Disparities” to “Social & Economic Factors Affecting Health,” and “Vision Statement” to “Guiding Principle.”

After the CHA findings were presented, participants were asked to rank their top three key themes from the following:

- **Access to Healthcare** - limited access to specialty care, transportation barriers, dental care, outreach of services, insurance coverage issues, affordability of care
- **Chronic Disease Prevention⁵** - health behaviors, obesity/overweight, access to healthy foods, cancer, chronic diseases, health education
- **Community Collaboration & Engagement** - improved collaboration between community organizations, coordination of care, activities to engage community members, assistance with resources and services
- **Mental & Behavioral Health** - mental health status and services offered, substance use, domestic violence
- **Socioeconomic Factors & Disparities** - income, poverty level, access to affordable housing, demographic-specific challenges (e.g., seniors aged 65+)

Participants wrote their rankings down on slips of paper to vote. Through voting, participants selected key themes as the top three priorities for St. Johns County residents and the CHIP group for the next 3 to 5 years.

The Steering Committee and key community stakeholders who attended the preliminary results meeting selected the following as the top three priority areas of focus for the Community Health Improvement Plan (CHIP):

- Access to Healthcare
- Chronic Disease Prevention
- Mental & Behavioral Health

⁵ Chronic Disease Prevention is the updated terminology provided by DOH-St. Johns after the prioritization meeting. It is a preferred term that supports alignment with the CHIP and other DOH-St. Johns’s foundational plans and public health initiatives. The prior terminology used by HPCNEF was Disease Prevention & Lifestyle Behaviors.

Dissemination Plan & Next Steps

This report will only benefit the residents of St. Johns County if the information presented—including demographic, socioeconomic, and health status information, as well as input from the community identifying health priorities and available resources—is utilized by the Florida Department of Health in St. Johns County, community leaders, and other community partners to take action. From there, the community can move forward to implement action steps for improvement.

The ultimate impact of this needs assessment rests in the effectiveness of the dissemination strategy. The Florida Department of Health in St. Johns County will make the final determination on publishing the assessment and the subsequent strategy plan. The final assessment will be made accessible through various channels, including websites, presentations, local organizations, and media outlets.

The CHIP workgroup will continue to meet to develop an implementation plan known as the CHIP (Community Health Improvement Plan). Using the information and priorities included in this assessment, these community members can identify areas where targeted interventions and policy changes may have the greatest impact. Once key strategies have been chosen based on the level of potential impact as well as the community's ability to implement them, then the health improvement process can begin. From there, steps will be taken to move toward a healthier St. Johns County.

Recommendations

It is a national practice to use evidence-based practices, models, frameworks, and theories to address health issues and needs in a community (*Evidence-Based Practices & Programs | Public Health Research | ODP, 2024*). The following sources can be used to find evidence-based practices for developing interventions based on the data collected and the top three key themes that emerged at the prioritization meeting. These databases are some of the most frequently and widely used for improving community health. These sources provide comprehensive, regularly updated lists of evidence-based and promising practices that will allow community stakeholders to identify best practices based on issues, type of intervention, and target population. Community stakeholders should review these existing databases prior to implementing interventions and activities that will address the three priority health issues in St. Johns County.

EXHIBIT 161: DATABASES FOR COMMUNITY HEALTH EVIDENCE-BASED PRACTICES

Database	Link
<p>The Community Guide <i>U.S. Department of Health and Human Services, Community Prevention Services Task Force</i></p>	<p>https://www.thecommunityguide.org/</p>
<p>The Community Guide is a collection of evidence-based recommendations and findings from the Community Preventative Services Task Force (CPSTF). CPSTF makes evidence-based recommendations about the overall effectiveness and economic impact of public health programs, services, and interventions that are used in real-world settings. These recommendations help communities know how to protect and serve their population’s overall health. Users can search the Community Guide for recommendations focused on a variety of health areas and issues.</p>	
<p>Community Toolbox <i>The University of Kansas KU Work Group for Community Health and Development</i></p>	<p>http://ctb.ku.edu/en/databases-best-practices</p>
<p>Community Toolbox, developed by the University of Kansas, is a comprehensive resource for public and community health professionals. It provides information for knowledge and skill building, toolkits related to each topic, and guidance for successful community improvement efforts. There are databases for evidence-based practices and evidence-supported community change processes. Toolkits provide an outline for a skill, component, or task needed for community health improvement, followed by related examples.</p>	
<p>County Health Rankings Policy Database <i>University of Wisconsin Population Health Institute and Robert Wood Johnson Foundation</i></p>	<p>https://www.countyhealthrankings.org/explore-health-rankings/county-health-rankings-model/policies-programs</p>
<p>The County Health Rankings Policy Database holds more than 400 evidence-based policies and programs to improve community health, as well as an Action Center that has guidance and tools for selecting and implementing health improvement strategies that meet a community’s unique needs and resources. Evidence-based strategies can be found for a variety of topics, such as health behaviors, clinical care, social and economic factors, and physical environment. The website even offers a curated strategy list that is carefully selected by expert evidence analysts to include evidence-informed programs, policies, and systems changes that can support community health improvement efforts around specific topics and themes.</p>	

Database	Link
Evidence-Based Practices (EBP) Web Guide <i>Substance Abuse and Mental Health Services Administration (SAMHSA), U.S. Department of Health and Human Services</i>	https://www.samhsa.gov/ebp-web-guide
The Evidence-Based Practices Resource Center, a SAMHSA initiative, provides community stakeholders with the information and tools to incorporate evidence-based practices into their communities or clinical settings. Resource topics include substance use treatment, mental disorders, substance use prevention, educational resources, substance use recovery, and telehealth.	
Evidence-Based Toolkits for Rural Community Health <i>Rural Health Information Hub</i>	https://www.ruralhealthinfo.org/toolkits
The Rural Health Information Hub has step-by-step guides to help build effective community health. The resources and examples are drawn from evidence-based and promising programs. An overall Rural Community Health Toolkit is a guide to building community health programs to address any type of health issue. Other toolkits cover various topics such as health literacy, health promotion and disease, mental health, tobacco control and prevention, transportation, etc.	
Healthy People 2030 Evidence-Based Resources <i>U.S. Department of Health and Human Services</i>	https://health.gov/healthypeople/tools-action/browse-evidence-based-resources
Healthy People 2030 has organized evidence-based resources (EBRs) into intuitive topics so users can easily explore relevant resources that can help them work to achieve the Healthy People 2030 Objectives. The topics include health conditions, health behaviors, populations, settings and systems, and social determinants of health, which all have various sub-topics to choose from.	

Each resource assesses the quality of the evidence provided for recommended interventions, ensuring that they are best practices. Many promising interventions from these sources can be implemented to target mental and behavioral health issues, chronic disease, and healthcare access. It is important to consider previous data and effectiveness before adopting any practices or interventions to improve community health in St. Johns County. Exhibit 162 presents the results of a query of some best practices for the three key health issues in St. Johns County that may be effective as community interventions. This is not a comprehensive list. St. Johns County community stakeholders should conduct additional research when developing the Community Health Improvement Plan (CHIP).

EXHIBIT 162: PRACTICES AND INTERVENTIONS FOR BEHAVIORAL HEALTH, LIFESTYLE BEHAVIORS, AND HEALTHCARE ACCESS

Health Issue	Practice or Intervention	Effectiveness	Source
Health Behaviors	Community fitness programs can be offered in a variety of public settings, including community centers, senior centers, and parks. Offering these can improve physical activity, physical health, and mental health.	Scientifically Supported	https://www.countyhealthrankings.org/take-action-to-improve-health/what-works-for-health/strategies/community-fitness-programs

Health Issue	Practice or Intervention	Effectiveness	Source
Health Education; Health Behaviors; Access to Care	Community health workers (CHWs) can provide health education, follow-ups, case management, and home visiting services. CHWs can work in multiple settings and provide culturally appropriate care.	Some Evidence Supporting	https://www.countyhealthrankings.org/take-action-to-improve-health/what-works-for-health/strategies/community-health-workers
Mental Health	Targeted school-based cognitive behavioral therapy programs to reduce mental illness symptoms can be delivered to students who are assessed to be at risk for mental illness. Trained school staff or health professionals use individual or group therapeutic approaches designed to reduce depression or anxiety and promote well-being.	Strong Evidence Supported	https://www.thecommunityguide.org/findings/mental-health-targeted-school-based-cognitive-behavioral-therapy-programs-reduce-depression-anxiety-symptoms.html
Mental Health	Community-based exercise interventions provide individual or group exercise classes focusing on strength, endurance, and functional training for older adults to reduce depression.	Some Evidence Supporting	https://www.thecommunityguide.org/findings/mental-health-and-mental-illness-interventions-reduce-depression-among-older-adults.html
Chronic Disease; Lifestyle Behaviors	Comprehensive telehealth interventions can be used to supplement the care of adults who have chronic diseases affected by diet, such as cardiovascular disease and diabetes. These can improve both dietary and health outcomes.	Strong Evidence Supported	https://www.thecommunityguide.org/findings/health-information-technology-text-messaging-medication-adherence-chronic-disease.html
Access to Care	Patient navigation services facilitate access to breast, cervical, and colorectal cancer screenings for underserved populations by offering cost reductions, scheduling help, and transportation. These services are delivered by a range of professionals, including community health workers, nurses, and social workers, both within and outside the healthcare system.	Scientifically Supported	https://health.gov/healthypeople/tools-action/browse-evidence-based-resources/patient-navigation-services-increase-cancer-screening-and-advance-health-equity

Health Issue	Practice or Intervention	Effectiveness	Source
Access to Care; Health Behaviors	The Healthy Pathways program focuses on patients with chronic conditions and poor self-management or compliance to increase the use of preventive services and a medical home and reduce emergency room usage. Case managers work with patients to provide health education and identify the barriers to self-care, with an emphasis on non-medical factors such as access to transportation.	Some Evidence Supporting	https://www.ruralhealthinfo.org/toolkits/care-coordination/7/public-health-solutions
Mental Health; Substance Use; Access to Care	Utilizing Peer Support Worker programs and Mental Health First Aid training can be supplemental for mental health and substance use treatment. These nontraditional behavioral health workforce members can provide support to community members when it is difficult to access necessary services.	Some Evidence Supporting	https://www.ruralhealthinfo.org/toolkits/mental-health/2/availability
Health Education; Health Behaviors	Offering on-site, cost-effective influenza immunization programs has been shown to increase immunization coverage for both healthcare and non-healthcare workers. These programs aim to remove barriers to getting immunized and dispel myths about immunizations. Additionally, they can help reduce work absences and healthcare costs associated with influenza.	Scientifically Supported	https://www.thecommunityguide.org/findings/worksites/e-seasonal-influenza-vaccinations-non-healthcare-on-site.html
Access to Care; Mental Health	School-based health centers can increase access to primary care services and mental health support. Teams of providers bring care to the communities and are especially helpful to individuals on Medicaid or without insurance and urban areas.	Scientifically Supported	https://www.countyhealthrankings.org/strategies-and-solutions/what-works-for-health/strategies/school-based-health-centers

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Appendix A-1. Focus Group Demographic Survey

1. What is your age?
 - 18 – 25
 - 26 – 39
 - 40 – 54
 - 55 – 64
 - 65 – 74
 - 75+

2. What is your sex assigned at birth?
 - Male
 - Female
 - Unknown

3. What race/ethnicity do you most identify with? (select one)
 - Black / African American
 - Hispanic or Latino
 - American Indian / Alaskan Native
 - Asian
 - Native Hawaiian or Other Pacific Islander
 - White

4. What is the highest level of education you have completed? (choose one)
 - High School Diploma or GED
 - Trade/Technical/Vocational Training
 - Associate/Bachelor's Degree
 - Graduate/Advanced Degree
 - I'd prefer not to answer

5. What ZIP code do you live in?
 - 32033
 - 32080
 - 32081
 - 32082
 - 32084
 - 32086
 - 32092
 - 32095
 - 32145
 - 32259
 - Other: _____

6. What is your current employment status? (choose one)
 - Employed – Full-time
 - Employed – Part-time
 - Unemployed
 - Retired
 - Stay-at-home parent
 - Student
 - I'd prefer not to answer

7. How is your health care covered? (check all that apply)
 - Health insurance from my job
 - Health insurance from a family member's job
 - Health insurance that I pay for on my own
 - Medicare (any kind)
 - Medicaid (any kind)
 - Military or VA benefits
 - I pay out of pocket
 - Other: _____

8. What is the approximate total income among all earners in your household? (choose one)

- Less than \$10,000
- \$10,000 - \$20,000
- \$21,000 - \$30,000
- \$31,000 - \$50,000
- \$51,000 - \$99,000
- \$100,000 or more
- I'd prefer not to answer

9. How do you rate your overall health? (choose one)

- Excellent
- Good
- Fair
- Poor
- I don't know

Appendix A-2. Focus Group Discussion Questions

Facilitator Introduction for Focus Groups

The Florida Department of Health in St. Johns County has contracted with the Health Planning Council of Northeast Florida, Inc. to hold 5 focus groups to gather community feedback about improving St. Johns County residents' health. These focus groups are intended only for people who live or work in St. Johns County. Through these focus groups, we will discuss local health issues, the causes of these issues, and possible solutions to address them. The results of these discussions will give us a better understanding of local issues and concerns as well as opinions about the quality of life in St. Johns County.

Today, I would like to discuss a set of questions with you. As we go through these questions, please answer them in relation to your neighborhood and St. Johns County.

There are a few things I would like you to keep in mind.

- The focus group will last for approximately one hour.
- Participation in the focus group is voluntary.
- Try to stay on topic- we may need to interrupt so that we can cover all the questions.
- Avoid revealing very detailed information about your personal health.
- What is said in this room, stays in this room. Please respect others' privacy by not discussing details outside the group.
- Please be respectful of your fellow participants and their answers.
- Please put your phone on silent and if you need to answer it during the conversation, please step outside.
- There are no right or wrong answers so please speak freely.
- We will be recording the meeting. We will summarize themes without identifying individuals by name.
- Lastly, we would like you all (the participants) to do the talking. We are here to help guide the conversation, but your opinions and thoughts on health in St. Johns County are important and needed to help improve community health.

Focus Group Questions

1. What makes you the most proud of this community?
2. What is the benefit of living in St. Johns County?
3. What do you believe are the 2-3 most important features of a healthy community?
4. What are the most important health concerns or unhealthy behaviors in St. Johns County?
**have the facilitator and notetaker write down the health concerns and unhealthy behaviors mentioned by participants*
5. What are the main reasons why these concerns or behaviors are present?
**facilitator will remind participants of the health concerns and unhealthy behaviors mentioned in question 3 before asking question 5*

6. Of the health concerns you mentioned, what are the top 3 in St. Johns County?
7. Which healthcare services are most difficult to get?
8. What are the greatest barriers to getting these services?
9. Describe a time when either you, a family member, or a friend had a positive experience in a healthcare setting?
10. What are the factors that you feel made that positive experience possible?
11. What health services or health initiatives would you like to see in St. Johns County?
12. How would that health service or health initiative benefit your community?
13. In the time we have left, is there anything else you would like to share?

Appendix B-1. Key Stakeholders Interviewed

Joy Andrews

Director, Economic Development, St. Johns County Administration

Michelle Colee

Executive Director, Wildflower Healthcare

Tim Forson

Superintendent, St. Johns County School District

Shawna Novak

Director of Health and Human Services, St. Johns County Health and Human Services Department

Sara Rutan

Clinical Director, EPIC Behavioral Healthcare

Robert Snell

Deputy Operations Chief, St. Johns County Fire Rescue

MaryAnn Steinberg

Policy Manager, Tobacco Free St. Johns

Donna Wagner

Vice President, Chief Nursing Officer, UF Health St. Johns

Tara Wildes

Director, General Services Division, St. Johns County Sheriff's Office

Becky Yanni

Executive Director, St. Johns Council on Aging

Appendix B-2. Key Stakeholder Interview Questions

Introduction for Stakeholder Interview

The Florida Department of Health in St. Johns County has contracted with The Health Planning Council of Northeast Florida to conduct the next community health assessment. The goal of this assessment is to identify the most pressing health needs of St. Johns County.

We are gathering input from key stakeholders through one-on-one interviews. You have been identified as one of our key stakeholders in the local public health system. We value your expertise and knowledge of our community. Your participation will help us identify areas where we can improve St. Johns County residents' health and well-being.

If it is okay with you, I will be recording this interview. The recording will only be used by the project team and then will be deleted. In the final report, the information you share will not be attributed to you by name. Your name will be listed as a key stakeholder in the report, but your specific thoughts and comments will remain anonymous.

We will be discussing the interview questions previously shared with you. Some of these questions may be duplicative of material we have already discussed in earlier questions, but they may prompt you to think of additional issues.

Please let me know if you have any questions.

We will now begin the recording.

Stakeholder Interview Questions

1. Could you briefly describe your position?
2. How long have you lived and/or worked in St. Johns County?
3. What do you think are the most pressing healthcare needs or concerns in St. Johns County?
4. Are there any health services that individuals in St. Johns County have difficulty accessing?
5. Are there specific populations or areas/neighborhoods in St. Johns County that have difficulty accessing health services?
6. Why do you believe these group(s) have more difficulties with health care?
7. What makes you the most proud of this community?
8. How can St. Johns County utilize its current strengths to improve health outcomes moving forward?
9. Is there anything else you would like to share about health or healthcare needs in St. Johns County?

Appendix C. St. Johns County Community Survey

The Florida Department of Health in St. Johns County needs your help. Please fill out this survey to share your opinions about healthcare in St. Johns County. Your feedback will help make St. Johns County a healthier place to live.

1. What ZIP code do you live in?

- 32033
- 32080
- 32081
- 32082
- 32084
- 32086
- 32092
- 32095
- 32145
- 32259
- Other: _____

2. What city/town do you live in? _____

3. How do you rate your overall health? (choose one)

- Excellent
- Good
- Fair
- Poor
- I don't know

4. Choose up to 5 of the items below that you feel are the most important features of a healthy community.

- Access to churches or other places of worship
- Good place to raise kids
- Access to healthcare
- Good jobs, healthy economy
- Access to parks and places to play
- Good education
- Access to transportation (e.g., bus, taxi)
- Low crime rates/safe neighborhoods
- Affordable and/or available housing options
- Preventative health care (e.g., annual check-ups, screenings, mammograms, immunizations)
- Quality childcare
- Clean and healthy environment
- Access to social services
- Lack of discrimination
- Good place to grow old
- Adequate accommodations for persons with disabilities
- Other: _____

5. Choose up to 5 of the health concerns that you feel are most important in St. Johns County:
- Respiratory/lung disease (e.g., COPD, asthma)
 - Drug abuse (e.g., alcohol, opioids, drugs, marijuana)
 - Cancers
 - Mental health (e.g., depression, suicide, anxiety, stress, etc.)
 - Infectious diseases (e.g., flu, pneumonia)
 - Child abuse/neglect
 - Diabetes
 - Teenage pregnancy
 - Heart disease and stroke
 - Accidental injuries
 - Unsafe sex/sexually transmitted diseases
 - Domestic violence
 - Human trafficking
 - Obesity/overweight
 - Infant death/premature birth
 - High blood pressure
 - Low completion rates of immunizations to prevent disease
 - Adequate parking/accommodations for persons with disabilities
 - Lack of access to healthcare
 - Dental problems
 - Smoking/tobacco use
 - Other: _____
6. What health care services are difficult to obtain in your community? (check all that apply)
- Alternative therapy (e.g., herbals, acupuncture)
 - Physical or rehab therapies
 - Ambulance/rescue services
 - Prescriptions/medications/medical supplies
 - Chiropractic care
 - Wellness/nutrition counseling
 - Dental/oral care
 - Primary care (e.g., family doctor or walk-in clinic)
 - Emergency room care
 - Specialty care (e.g., heart doctor)
 - Family planning/birth control
 - Inpatient hospital
 - Vision care
 - Lab work
 - Mental health/counseling
 - X-rays/mammograms
 - OB/pregnancy care
 - Substance abuse services (e.g., drug and alcohol)
 - Other: _____
7. In the past 5 years, which of the following issues have made it difficult or prevented you from getting medical, dental, or mental health services for you or your family? (check all that apply)
- Problems with transportation (e.g., bus, taxi, etc.)
 - Lack of evening and weekend services
 - I can't afford to pay for healthcare
 - Long wait times for appointments and services
 - I can't find providers that accept my insurance
 - I don't know what types of services are available
 - Healthcare information is not kept private
 - Can't find health services in my native language
 - I do not have insurance
 - I don't understand the health information my doctor gives me
 - None – I don't have any barriers to healthcare
 - Other: _____

8. What do you like most about living in St. Johns County? (check all that apply)
- Cost of living
 - Employment opportunities
 - Traffic and ease of transportation
 - Low crime rate
 - Proximity to family and friends
 - Culture
 - School and education system
 - Parks and recreation
 - Other: _____
9. How is your health care covered? (check all that apply)
- Health insurance from my job
 - Health insurance from a family member's job
 - Health insurance that I pay for on my own
 - Medicare (any kind)
 - Medicaid (any kind)
 - Military or VA benefits
 - I pay out of pocket
 - Other: _____
10. What is your age?
- Under 18
 - 18 – 25
 - 26 – 39
 - 40 – 54
 - 55 – 64
 - 65 – 74
 - 75+
11. What is your sex assigned at birth?
- Male
 - Female
 - Unknown
12. Which race/ethnicity do you most identify with? (choose one)
- Black/African American
 - Hispanic or Latino
 - American Indian/Alaskan Native
 - Asian
 - Native Hawaiian or Other Pacific Islander
 - White
13. What is the highest level of education you have completed? (choose one)
- High School Diploma or GED
 - Trade/Technical/Vocational Training
 - Associate/Bachelor's Degree
 - Graduate / Advanced Degree
 - I'd prefer not to answer
14. What is your current employment status? (choose one)
- Employed – Full time
 - Employed – Part-time
 - Unemployed
 - Retired
 - Stay-at-home parent
 - Student
 - I'd prefer not to answer
15. What is the approximate total income among all earners in your household? (choose one)
- Less than \$10,000
 - \$10,000 – \$20,000
 - \$21,000 – \$30,000
 - \$31,000 – \$50,000
 - \$51,000 – \$99,000
 - \$100,000 or more
 - I'd prefer not to answer

16. Please list any other comments you have about the health issues in St. Johns County.

Appendix D. LPHSA Performance Measure Scores

Top Area of Focus for Public Health 1. Monitor Health Status to Identify Community Health Problems

1.1 Model Standard: Population-Based Community Health Assessment (CHA)	
<i>At what level does the local public health system:</i>	
1.1.1 Conduct regular community health assessments?	57.5
1.1.2 Continuously update the community health assessment with current information?	52.5
1.1.3 Promote the use of the community health assessment among community members and partners?	57.5
1.2 Model Standard: Current Technology to Manage and Communicate Population Health Data	
<i>At what level does the local public health system:</i>	
1.2.1 Use the best available technology and methods to display data on the public's health?	58.3
1.2.2 Analyze health data, including geographic information, to see where health problems exist?	66.7
1.2.3 Use computer software to create charts, graphs, and maps to display complex public health data (trends over time, sub-population analyses, etc.)?	53.1
1.3 Model Standard: Maintenance of Population Health Registries	
<i>At what level does the local public health system:</i>	
1.3.1 Collect data on specific health concerns to provide the data to population health registries in a timely manner, consistent with current standards?	58.3
1.3.2 Use information from population health registries in community health assessments or other analyses?	62.5

Top Area of Focus for Public Health 2. Diagnose and Investigate Health Problems and Health Hazards

2.1 Model Standard: Identification and Surveillance of Health Threats	
<i>At what level does the local public health system:</i>	
2.1.1 Participate in a comprehensive surveillance system with national, state and local partners to identify, monitor, share information, and understand emerging health problems and threats?	85.0
2.1.2 Provide and collect timely and complete information on reportable diseases and potential disasters, emergencies and emerging threats (natural and manmade)?	92.5
2.1.3 Assure that the best available resources are used to support surveillance systems and activities, including information technology, communication systems, and professional expertise?	80.0
2.2 Model Standard: Investigation and Response to Public Health Threats and Emergencies	
<i>At what level does the local public health system:</i>	
2.2.1 Maintain written instructions on how to handle communicable disease outbreaks and toxic exposure incidents, including details about case finding, contact tracing, and source identification and containment?	90.0
2.2.2 Develop written rules to follow in the immediate investigation of public health threats and emergencies, including natural and intentional disasters?	87.5
2.2.3 Designate a jurisdictional Emergency Response Coordinator?	91.7
2.2.4 Prepare to rapidly respond to public health emergencies according to emergency operations coordination guidelines?	94.4
2.2.5 Identify personnel with the technical expertise to rapidly respond to possible biological, chemical, or and nuclear public health emergencies?	80.0
2.2.6 Evaluate incidents for effectiveness and opportunities for improvement?	75.0

2.3 Model Standard: Laboratory Support for Investigation of Health Threats <i>At what level does the local public health system:</i>	
2.3.1 Have ready access to laboratories that can meet routine public health needs for finding out what health problems are occurring?	87.5
2.3.2 Maintain constant (24/7) access to laboratories that can meet public health needs during emergencies, threats, and other hazards?	86.1
2.3.3 Use only licensed or credentialed laboratories?	88.9
2.3.4 Maintain a written list of rules related to laboratories, for handling samples (collecting, labeling, storing, transporting, and delivering), for determining who is in charge of the samples at what point, and for reporting the results?	91.7

Top Area of Focus for Public Health 3. Inform, Educate, and Empower People about Health Issues

3.1 Model Standard: Inform, Educate, and Empower People about Health Issues <i>At what level does the local public health system:</i>	
3.1.1 Provide policymakers, stakeholders, and the public with ongoing analyses of community health status and related recommendations for health promotion policies?	47.5
3.1.2 Coordinate health promotion and health education activities to reach individual, interpersonal, community, and societal levels?	47.5
3.1.3 Engage the community throughout the process of setting priorities, developing plans and implementing health education and health promotion activities?	42.5
3.2 Model Standard: Health Communication <i>At what level does the local public health system:</i>	
3.2.1 Develop health communication plans for relating to media and the public and for sharing information among LPHS organizations?	42.5
3.2.2 Use relationships with different media providers (e.g., print, radio, television, and the internet) to share health information, matching the message with the target audience?	40.0
3.2.3 Identify and train spokespersons on public health issues?	40.0
3.3 Model Standard: Risk Communication <i>At what level does the local public health system:</i>	
3.3.1 Develop an emergency communications plan for each stage of an emergency to allow for the effective dissemination of information?	57.5
3.3.2 Make sure resources are available for a rapid emergency communication response?	57.5
3.3.3 Provide risk communication training for employees and volunteers?	52.5

Top Area of Focus for Public Health 4. Mobilize Community Partnerships to Identify and Solve Health Problems

4.1 Model Standard: Constituency Development <i>At what level does the local public health system:</i>	
4.1.1 Maintain a complete and current directory of community organizations?	57.5
4.1.2 Follow an established process for identifying key constituents related to overall public health interests and particular health concerns?	60.0
4.1.3 Encourage constituents to participate in activities to improve community health?	65.0
4.1.4 Create forums for communication of public health issues?	50.0

4.2 Model Standard: Community Partnerships <i>At what level does the local public health system:</i>	
4.2.1 Establish community partnerships and strategic alliances to provide a comprehensive approach to improving health in the community?	67.5
4.2.2 Establish a broad-based community health improvement committee?	60.0
4.2.3 Assess how well community partnerships and strategic alliances are working to improve community health?	60.0

Top Area of Focus for Public Health 5. Develop Policies and Plans that Support Individual and Community Health Efforts

5.1 Model Standard: Governmental Presence at the Local Level <i>At what level does the local public health system:</i>	
5.1.1 Support the work of a local health department dedicated to public health to make sure the essential public health services are provided?	62.5
5.1.2 See that the local health department is accredited through the national voluntary accreditation program?	56.3
5.1.3 Assure that the local health department has enough resources to do its part in providing essential public health services?	50.0
5.2 Model Standard: Public Health Policy Development <i>At what level does the local public health system:</i>	
5.2.1 Contribute to public health policies by engaging in activities that inform the policy development process?	47.2
5.2.2 Alert policymakers and the community of the possible public health impacts (both intended and unintended) from current and/or proposed policies?	43.8
5.2.3 Review existing policies at least every three to five years?	50.0
5.3 Model Standard: Risk Communication <i>At what level does the local public health system:</i>	
5.3.1 Establish a community health improvement process, with broad-based diverse participation, that uses information from both the community health assessment and the perceptions of community members?	60.0
5.3.2 Develop strategies to achieve community health improvement objectives, including a description of organizations accountable for specific steps?	55.6
5.3.3 Connect organizational strategic plans with the Community Health Improvement Plan?	61.1
5.4 Model Standard: Plan for Public Health Emergencies <i>At what level does the local public health system:</i>	
5.4.1 Support a workgroup to develop and maintain preparedness and response plans?	66.7
5.4.2 Develop a plan that defines when it would be used, who would do what tasks, what standard operating procedures would be put in place, and what alert and evacuation protocols would be followed?	63.9
5.4.3 Test the plan through regular drills and revise the plan as needed at least every two years?	61.1

Top Area of Focus for Public Health 6. Enforce Laws and Regulations that Protect Health and Ensure Safety

6.1 Model Standard: Enforce Laws and Regulations that Protect Health and Ensure Safety <i>At what level does the local public health system:</i>	
6.1.1 Identify public health issues that can be addressed through laws, regulations, or ordinances?	77.5
6.1.2 Stay up-to-date with current laws, regulations, and ordinances that prevent, promote, or protect public health on the federal, state, and local levels?	83.3
6.1.3 Review existing public health laws, regulations, and ordinances at least once every five years?	72.2
6.1.4 Have access to legal counsel for technical assistance when reviewing laws, regulations, or ordinances?	77.5
6.2 Model Standard: Involvement in the Improvement of Laws, Regulations, and Ordinances <i>At what level does the local public health system:</i>	
6.2.1 Identify local public health issues that are inadequately addressed in existing laws, regulations, and ordinances?	60.0
6.2.2 Participate in changing existing laws, regulations, and ordinances, and/or creating new laws, regulations, and ordinances to protect and promote public health?	50.0
6.2.3 Provide technical assistance in drafting the language for proposed changes or new laws, regulations, and ordinances?	42.5
6.3 Model Standard: Enforcement of Laws, Regulations, and Ordinances <i>At what level does the local public health system:</i>	
6.3.1 Identify organizations that have the authority to enforce public health laws, regulations, and ordinances?	66.7
6.3.2 Assure that a local health department (or other governmental public health entity) has the authority to act in public health emergencies?	70.0
6.3.3 Assure that all enforcement activities related to public health codes are done within the law?	85.0
6.3.4 Educate individuals and organizations about relevant laws, regulations, and ordinances?	77.8
6.3.5 Evaluate how well local organizations comply with public health laws?	72.2

Top Area of Focus for Public Health 7. Link People to Needed Personal Health Services and Assure the Provision of Health Care when Otherwise Unavailable

7.1 Model Standard: Identification of Personal Health Service Needs of Populations <i>At what level does the local public health system:</i>	
7.1.1 Identify groups of people in the community who have trouble accessing or connecting to personal health services?	65.0
7.1.2 Identify all personal health service needs and unmet needs throughout the community?	55.0
7.1.3 Defines partner roles and responsibilities to respond to the unmet needs of the community?	55.0
7.1.4 Understand the reasons that people do not get the care they need?	52.5
7.2 Model Standard: Assuring the Linkage of People to Personal Health Services <i>At what level does the local public health system:</i>	
7.2.1 Connect (or link) people to organizations that can provide the personal health services they may need?	70.0
7.2.2 Help people access personal health services, in a way that takes into account the unique needs of different populations?	65.0
7.2.3 Help people sign up for public benefits that are available to them (e.g., Medicaid or medical and prescription assistance programs)?	57.5
7.2.4 Coordinate the delivery of personal health and social services so that everyone has access to the care they need?	67.5

Top Area of Focus for Public Health 8. Assure a Competent Public and Personal Health Care Workforce

8.1 Model Standard: Workforce Assessment, Planning, and Development	
<i>At what level does the local public health system:</i>	
8.1.1 Set up a process and a schedule to track the numbers and types of LPHS jobs and the knowledge, skills, and abilities that they require whether those jobs are in the public or private sector?	52.5
8.1.2 Review the information from the workforce assessment and use it to find and address gaps in the local public health workforce?	57.5
8.1.3 Provide information from the workforce assessment to other community organizations and groups, including governing bodies and public and private agencies, for use in their organizational planning?	50.0
8.2 Model Standard: Public Health Workforce Standards	
<i>At what level does the local public health system:</i>	
8.2.1 Make sure that all members of the public health workforce have the required certificates, licenses, and education needed to fulfill their job duties and meet the law?	90.0
8.2.2 Develop and maintain job standards and position descriptions based on the core knowledge, skills, and abilities needed to provide the essential public health services?	75.0
8.2.3 Base the hiring and performance review of members of the public health workforce in public health competencies?	72.5
8.3 Model Standard: Life-Long Learning through Continuing Education, Training, and Mentoring	
<i>At what level does the local public health system:</i>	
8.3.1 Identify education and training needs and encourage the workforce to participate in available education and training?	57.5
8.3.2 Provide ways for workers to develop core skills related to essential public health services?	72.5
8.3.3 Develop incentives for workforce training, such as tuition reimbursement, time off for class, and pay increases?	50.0
8.3.4 Create and support collaborations between organizations within the public health system for training and education?	57.5
8.3.5 Continually train the public health workforce to deliver services in a culturally competent manner and understand social determinants of health?	57.5
8.4 Model Standard: Public Health Leadership Development	
<i>At what level does the local public health system:</i>	
8.4.1 Provide access to formal and informal leadership development opportunities for employees at all organizational levels?	60.0
8.4.2 Create a shared vision of community health and the public health system, welcoming all leaders and community members to work together?	72.5
8.4.3 Ensure that organizations and individuals have opportunities to provide leadership in areas where they have knowledge, skills, or access to resources?	70.0
8.4.4 Provide opportunities for the development of leaders representative of the diversity within the community?	69.4

Top Area of Focus for Public Health 9. Evaluate Effectiveness, Accessibility, and Quality of Personal and Population-Based Health Services

9.1 Model Standard: Evaluation of Population-Based Services	
<i>At what level does the local public health system:</i>	
9.1.1 Evaluate how well population-based health services are working, including whether the goals that were set for programs were achieved?	55.0
9.1.2 Assess whether community members, including those with a higher risk of having a health problem, are satisfied with the approaches to preventing disease, illness, and injury?	50.0
9.1.3 Identify gaps in the provision of population-based health services?	62.5
9.1.4 Use evaluation findings to improve plans and services?	60.0
9.2 Model Standard: Evaluation of Personal Health Services	
<i>At what level does the local public health system:</i>	
9.2.1 Evaluate the accessibility, quality, and effectiveness of personal health services?	50.0
9.2.2 Compare the quality of personal health services to established guidelines?	55.6
9.2.3 Measure satisfaction with personal health services?	46.9
9.2.4 Use technology, like the internet or electronic health records, to improve quality of care?	59.4
9.2.5 Use evaluation findings to improve services and program delivery?	53.1
9.3 Model Standard: Evaluation of the Local Public Health System	
<i>At what level does the local public health system:</i>	
9.3.1 Identify all public, private, and voluntary organizations that provide essential public health services?	55.0
9.3.2 Evaluate how well LPHS activities meet the needs of the community at least every five years, using guidelines that describe a model LPHS and involving all entities contributing to essential public health services?	50.0
9.3.3 Assess how well the organizations in the LPHS are communicating, connecting, and coordinating services?	47.5
9.3.4 Use results from the evaluation process to improve the LPHS?	47.5

Top Area of Focus for Public Health 10. Research for New Insights and Innovative Solutions to Health Problems

10.1 Model Standard: Fostering Innovation	
<i>At what level does the local public health system:</i>	
10.1.1 Provide staff with the time and resources to pilot test or conduct studies to test new solutions to public health problems and see how well they actually work?	42.5
10.1.2 Suggest ideas about what currently needs to be studied in public health to organizations that do research?	44.4
10.1.3 Keep up with information from other agencies and organizations at the local, state, and national levels about current best practices in public health?	66.7
10.1.4 Encourage community participation in research, including deciding what will be studied, conducting research, and in sharing results?	35.0
10.2 Model Standard: Linkage with Institutions of Higher Learning and/or Research	
<i>At what level does the local public health system:</i>	
10.2.1 Develop relationships with colleges, universities, or other research organizations, with a free flow of information, to create formal and informal arrangements to work together?	55.0
10.2.2 Partner with colleges, universities, or other research organizations to do public health research, including community-based participatory research?	42.5
10.2.3 Encourage colleges, universities, and other research organizations to work together with LPHS organizations to develop projects, including field training and continuing education?	40.0

10.3 Model Standard: Capacity to Initiate or Participate in Research <i>At what level does the local public health system:</i>	
10.3.1 Collaborate with researchers who offer the knowledge and skills to design and conduct health-related studies?	37.5
10.3.2 Support research with the necessary infrastructure and resources, including facilities, equipment, databases, information technology, funding, and other resources?	37.5
10.3.3 Share findings with public health colleagues and the community broadly, through journals, websites, community meetings, etc.?	40.0
10.3.4 Evaluate public health systems research efforts throughout all stages of work from planning to impact on local public health practice?	35.0