



2023

Community Health Needs Assessment



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Executive Summary

Flagler Hospital is a 335-bed acute care, tax exempt hospital that expanded to become Flagler Health+ in 2019. Flagler Health+ is a total care enterprise aimed at advancing the physical, social, and economic health of communities in Northeast Florida.

Community Health Needs Assessment

Flagler Hospital has undertaken a Community Health Needs Assessment (CHNA). The Patient Protection and Affordable Care Act through IRS section 501(r)(3) regulations direct nonprofit hospitals to conduct a CHNA every three years and develop a three-year Implementation Strategy that responds to community needs. A CHNA is one tool in this effort as it identifies unmet health needs in the service area, provides information to select priorities for action, focuses on geographical areas, and serves as the basis for community benefit programs.

Service Area

Flagler Hospital is located at 400 Health Park Blvd., St. Augustine, Florida 32086. The hospital service area is St. Johns County.

Methodology

Secondary Data

Secondary data were collected from a variety of local, county, and state sources to present community demographics, social determinants of health, access to health care, birth characteristics, leading causes of death, COVID-19, acute and chronic disease, health behaviors, mental health, substance use and preventive practices. Where available, these data are presented in the context of Florida.

Analysis of secondary data includes an examination and reporting of health disparities for some health indicators. The report includes benchmark comparison data that measure the data findings as compared to Healthy People 2030 objectives, where appropriate. Healthy People 2030 is a national initiative to improve the public's health by providing measurable objectives that are applicable at national, state, and local levels. Flagler Hospital was recognized as a Healthy People 2030 Champion in March 2023.

Primary Data

Seventeen (17) phone interviews were conducted during February and March 2023. Community stakeholders identified by the hospital were contacted and asked to participate in the needs assessment interviews. Interview participants included a broad range of stakeholders concerned with health and wellbeing in St. Johns County, who spoke to issues and needs in the communities served by the hospital.

Significant Community Needs

Significant needs were identified through a review of the secondary health data and validation through stakeholder interviews. The identified significant needs included:

- Access to health care
- Chronic diseases
- Healthy eating and physical activity (overweight and obesity)
- Housing and homelessness
- Mental health
- Preventive practices (screenings, vaccines)
- Substance use

Prioritization of Health Needs

The identified significant community needs were prioritized with input from the community. Interviews with community stakeholders were used to gather input on significant needs. The interview respondents ranked mental health, access to health care, chronic disease, and housing and homelessness as the top priority needs in St. Johns County.

Report Adoption, Availability and Comments

This CHNA report was adopted by the Flagler Health+ Board of Directors on August 24, 2023.

The report is widely available to the public on the hospital's web site and can be accessed at <https://www.flaglerhealth.org/community-health-improvement/community-benefit-planning/st-johns-county-health-needs-assessment/>. To send comments or questions about this report, please email communityhealth@flaglerhealth.org.

Introduction

Background and Purpose

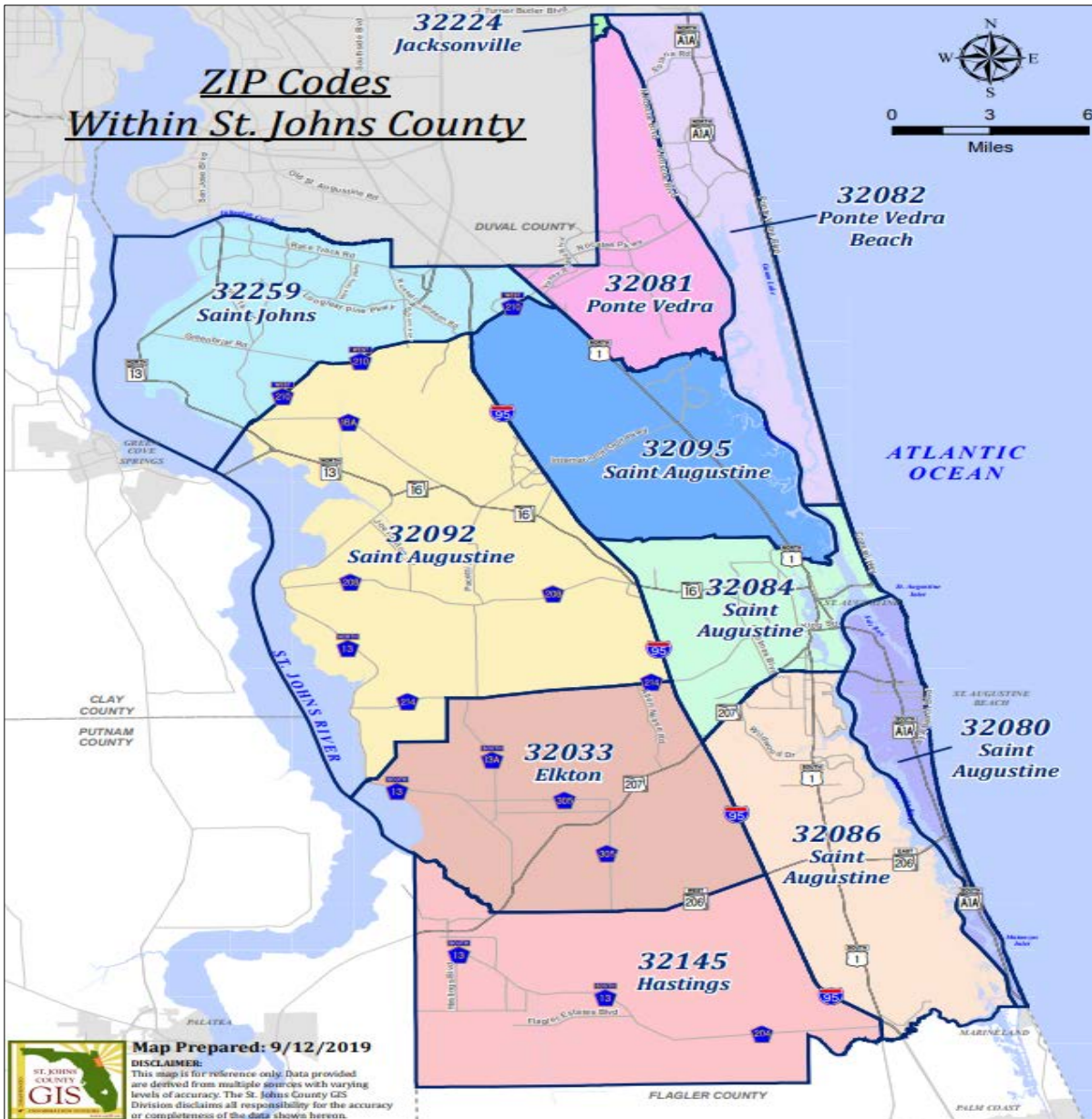
Understanding that its scope and services go well beyond its hospital walls, Flagler Hospital expanded to become Flagler Health+ in 2019. Flagler Health+ is a total care enterprise aimed at advancing the physical, social and economic health of Northeast Florida communities, which has a 135-year legacy of caring for the community. Flagler Health+ has primary care and specialty care services, urgent care, telehealth, imaging centers, laboratory services and Flagler Hospital. Flagler Hospital is a 335-bed tax exempt acute care facility serving St. Johns County.

The passage of the Patient Protection and Affordable Care Act (2010) requires tax-exempt hospitals to conduct a CHNA every three years and adopt an Implementation Strategy to meet the priority health needs identified through the assessment. A CHNA is one tool in this effort as it identifies unmet health needs in the service area, provides information to select priorities for action, focuses on geographical areas, and serves as the basis for community benefit programs. This assessment incorporates components of primary data collection and secondary data analysis that focus on the health and social needs of the service area.

Service Area

Flagler Hospital is located at 400 Health Park Blvd., St. Augustine, Florida 32086. The hospital service area is St. Johns County. To determine the service area, the hospital tracks the geographic area of origin for all patient admissions and includes all who received care without regard to insurance coverage or eligibility for financial assistance.

Service Area Map



Project Oversight

The Community Health Needs Assessment process was overseen by:

Lindsey Rodea

Contract and Grants Manager, Care Connect+

Flagler Health+

Paige Stanton

Executive Director, Care Connect+

Flagler Health+

Consultant

Biel Consulting, Inc. conducted the CHNA. Dr. Melissa Biel was joined by Sevanne Sarkis, JD, MHA, MEd, and Denise Flanagan, BA. Biel Consulting, Inc. is an independent consulting firm that has over 25 years of experience conducting hospital CHNAs and working with hospitals on developing, implementing, and evaluating community benefit programs. www.bielconsulting.com

Board Approval

The Flagler Health+ Board of Directors approved this report on August 24, 2023.

Data Collection Methodology

Secondary Data Collection

Secondary data were collected from a variety of local, county, and state sources to present community demographics, social determinants of health, access to health care, birth characteristics, leading causes of death, COVID-19, acute and chronic disease, health behaviors, mental health, substance use and preventive practices. St. Johns county data are presented in comparison to Florida data, framing the scope of an issue as it relates to the broader community.

Secondary data for the service area were collected and documented in data tables with narrative explanation. The data tables present the data indicator, the geographic area represented, the data measurement (e.g., rate, number, or percent), state comparisons, the data source, data year and an electronic link to the data source. In some cases, data sets from public sources do not total 100%. In these cases, the data remained as reported by the data source.

Analysis of secondary data includes an examination and reporting of health disparities for some health indicators. The report includes benchmark comparison data that measure the data findings as compared to Healthy People 2030 objectives, where appropriate. Healthy People 2030 is a national initiative to improve the public's health by providing measurable objectives that are applicable at national, state, and local levels. Attachment 1 compares hospital data with Healthy People 2030 objectives.

Significant Community Needs

Initially, significant health needs were identified through a review of the secondary health data collected. The identified significant needs included:

- Access to health care
- Chronic diseases
- Healthy eating and physical activity (overweight and obesity)
- Housing and homelessness
- Mental health
- Preventive practices (screenings, vaccines)
- Substance use

Primary Data Collection

Flagler Hospital conducted interviews with community stakeholders to obtain input on health needs, barriers to care and resources available to address the identified health needs.

Seventeen (17) phone interviews were conducted during February and March 2023. Community stakeholders identified by the hospital were contacted and asked to participate in the needs assessment interviews. Interview participants included a broad range of stakeholders concerned with health and wellbeing in the service area, who spoke about issues and needs in the communities served by the hospital. Focus was placed on organizations who serve and represent diverse community groups related to race, age, ethnicity, language, culture and social needs.

The identified stakeholders were invited by email to participate in the phone interview. Appointments for the interviews were made on dates and times convenient for the stakeholders. At the beginning of each interview, the purpose of the interview in the context of the assessment was explained, the stakeholders were assured their responses would remain confidential, and consent to proceed was given.

During the interviews, participants were asked to share their perspectives on the issues, challenges and barriers relative to the identified health needs (What makes each health need a significant issue in the community? What are the challenges people face in addressing these needs?), along with identifying known resources to address these health needs, such as services, programs and/or community efforts. Attachment 2 lists the stakeholder interview respondents, their titles and organizations. Attachment 3 provides stakeholder responses to the interview overview questions.

Public Comment

In compliance with IRS regulations 501(r) for charitable hospitals, the previous CHNA and Implementation Strategy were made widely available to the public on the website and can be accessed at <https://www.flaglerhealth.org/community-health-improvement/community-benefit-planning/st-johns-county-health-needs-assessment/>. To date, no comments have been received.

Prioritization of Significant Needs

The identified significant community needs were prioritized with input from the community. Interviews with community stakeholders were used to gather input on the significant needs. The following criteria were used to prioritize the significant needs:

- The perceived severity of a health or community issue as it affects the health and lives of those in the community.
- Improving or worsening of an issue in the community.
- Availability of resources to address the need.
- The level of importance the hospital should place on addressing the issue.

The stakeholder interviewees were sent a link to an electronic survey (SurveyMonkey) in advance of the interview. The stakeholders were asked to rank each identified need. The percentage of responses were noted as those that identified the need as having severe or very severe impact on the community, had worsened over time, and had a shortage or absence of resources available in the community. Not all respondents answered every question, therefore, the response percentages were calculated based on respondents only and not on the entire sample size. Mental health, housing and homelessness, and substance use had the highest scores for severe and very severe impact on the community. Mental health, housing and homelessness, and substance use were the top three needs that had worsened over time. Mental health and housing and homelessness had the highest scores for insufficient resources available to address the need.

Significant Health Needs	Severe and Very Severe Impact on the Community	Worsened Over Time	Insufficient or Absent Resources
Access to health care	66.7%	8.3%	54.6%
Chronic disease	53.8%	0%	36.4%
Healthy eating and active living (overweight and obesity)	38.5%	27.3%	45.5%
Housing and homelessness	84.6%	63.6%	81.8%
Mental health	100%	90.9%	100%
Preventive care	38.5%	18.2%	27.3%
Substance use (marijuana, illegal drugs, alcohol, tobacco)	77%	54.6%	54.6%

The interviewees were also asked to prioritize the health needs according to the highest level of importance in the community. The total score for each significant need (possible score of 4) was divided by the total number of responses for which data were provided, resulting in an overall score for each significant need. Mental health, access to health

care, chronic disease, and housing and homelessness were ranked as the priority needs in the service area. Calculations resulted in the following prioritization of the significant needs:

Significant Needs	Priority Ranking (Total Possible Score of 4)
Mental health	4.00
Access to health care	3.77
Chronic disease	3.64
Housing and homelessness	3.62
Preventive care	3.45
Healthy eating and active living (overweight and obesity)	3.33
Substance use (marijuana, illegal drugs, alcohol, tobacco)	3.31

Community input on these health needs is detailed throughout the CHNA report.

Community Demographics

Population

The population of St. Johns County is 265,724. From 2016 to 2021, the population increased by 21.7%, which was more than triple the state rate of growth (7%).

Total Population and Change in Population, 2016-2021

	Total Population	Change in Population 2016-2021
St. Johns County	265,724	21.7%
Florida	21,339,762	7.0%

Source: U.S. Census Bureau, American Community Survey, 2012-2016 & 2017-2021, DP05. <http://data.census.gov>

The area population is 51.1% female and 48.9% male.

Population, by Gender

	St. Johns County	Florida
Male	48.9%	49.2%
Female	51.1%	50.8%

Source: U.S. Census Bureau, American Community Survey, 2017-2021, DP05. <http://data.census.gov>

Children and youth, ages 0-19, make up 24.2% of the population, 55.7% are adults, ages 20-64, and 20.1% of the population are senior adults, ages 65 and older. The population in the county has a higher percentage of children, ages 5-19, and adults, ages 45-64, and a lower percentage of adults, ages 20-44, than found at the state level.

Population, by Age

	St. Johns County		Florida	
	Number	Percent	Number	Percent
Age 0-4	12,897	4.8%	1,118,794	5.2%
Age 5-19	51,518	19.4%	3,627,199	17.0%
Age 20-24	12,203	4.6%	1,244,479	5.8%
Age 25-44	60,349	22.7%	5,369,372	25.2%
Age 45-64	75,341	28.4%	5,632,953	26.4%
Age 65 and older	53,416	20.1%	4,346,965	20.4%

Source: U.S. Census Bureau, American Community Survey, 2017-2021, DP05. <http://data.census.gov>

Race and Ethnicity

The majority population in the county are non-Hispanic White residents (80.9%). 7.6% of the population are Hispanic or Latino residents, 5.1% of the population are Black or African American residents, and 3% of the population are Asian residents. Residents who are multiracial (two-or-more races) make up 2.8% of the population, while Native Hawaiian or Pacific Islander residents and American Indian or Alaskan Native residents

each make up 0.1% of the population. Those who identify as a Race or Ethnicity not listed represent 0.4% of the population. The county has a higher population of White residents, and a lower population of Hispanic or Latino residents and Black or African American residents, when compared to the state population.

Race and Ethnicity

	St. Johns County	Florida
White	80.9%	52.6%
Hispanic or Latino	7.6%	26.2%
Black or African American	5.1%	15.1%
Asian	3.0%	2.7%
Multiracial	2.8%	2.7%
Other Race and Ethnicity	0.4%	0.5%
American Indian or AK Native	0.1%	0.1%
Native HI or Pacific Islander	0.1%	0.1%

Source: U.S. Census Bureau, American Community Survey, 2017-2021, DP05. <http://data.census.gov>

Language

In St. Johns County, 90.6% of the population, ages 5 and older, speak only English in the home. 4.4% speak Spanish in the home, 3.2% speak and Indo-European language, and 1.5% speak an Asian or Pacific Islander language and 0.3% of the population speak another language in the home.

Language Spoken at Home for the Population, Ages 5 and Older

	St. Johns County	Florida
Population 5 years and older	252,827	20,220,968
English only	90.6%	70.2%
Speaks Spanish	4.4%	22.1%
Speaks other Indo-European language	3.2%	5.4%
Speaks Asian or Pacific Islander language	1.5%	1.6%
Speaks other language	0.3%	0.7%

Source: U.S. Census Bureau, American Community Survey, 2017-2021, DP02. <http://data.census.gov>

In the county school district, the percentage of students classified as English Language Learners is 1.0%, compared to 9.8% at the state level.

English Language Learner Students, by School District

	Percent
St. Johns County School District	1.0%
Florida	9.8%

Source: Florida Department of Education, St. Johns District & Florida State Report Cards, 2021-2022. <https://edudata.fldoe.org>

Veteran Status

In the county, 10% of the civilian population, 18 years and older, are veterans.

Veteran Status

	Percent
St. Johns County	10.0%
Florida	8.2%

Source: U.S. Census Bureau, American Community Survey, 2017-2021, DP02. <http://data.census.gov>

Citizenship

In the county, 8.0% of the population are foreign-born, which is lower than the state rate (21%). Of the foreign-born, 37% are not citizens. It is important to note that not being a U.S. citizen does not indicate an illegal resident status within the U.S.

Foreign-Born Residents and Citizenship

	St. Johns County	Florida
Foreign born	8.0%	21.0%
Of the foreign born, not a U.S. citizen	37.0%	41.9%

Source: U.S. Census Bureau, American Community Survey, 2017-2021, DP02. <http://data.census.gov>

Social Determinants of Health

Social and Economic Factors Ranking

County Health Rankings rank counties according to health factors data. Social and economic indicators are examined as a contributor to the health of a county’s residents. Florida’s 67 counties are ranked according to social and economic factors with 1 being the county with the best factors to 67 for the county with the poorest factors. This ranking examines: high school graduation rates, unemployment, children in poverty, social support, and others. St. Johns County is ranked first among Florida counties, according to social and economic factors.

Social and Economic Factors Ranking

	County Ranking (out of 67)
St. Johns County	1

Source: County Health Rankings, 2023 <http://www.countyhealthrankings.org>

Unemployment

The unemployment rate in the county, averaged over 5 years, was 4.7%. This is lower than the state unemployment rate (5.3%).

Employment Status for the Population, Ages 16 and Older, 5-Year Average

	Civilian Labor Force	Unemployed	Unemployment Rate
St. Johns County	128,496	6,013	4.7%
Florida	10,377,036	552,125	5.3%

Source: U.S. Census Bureau, American Community Survey, 2017-2021, DP03. <http://data.census.gov>

Poverty

Poverty thresholds are used for calculating official poverty population statistics. They are updated each year by the Census Bureau. For 2021, the federal poverty level (FPL) for one person was \$12,880 and for a family of four was \$26,500. Among the residents in the county, 7.7% were at or below 100% of the federal poverty level (FPL) and 18.6% were at or below 200% of FPL. These rates of poverty are lower than state levels.

Poverty Level, <100% FPL and <200% FPL

	<100% FPL	<200% FPL
St. Johns County	7.7%	18.6%
Florida	13.1%	32.3%

Source: U.S. Census Bureau, American Community Survey, 2017-2021, S1701. <http://data.census.gov>

In St. Johns County, 8.5% of children and 4.7% of senior adults live in poverty. 24.5% of households with a female head-of-household (HoH), living with her own children, under the age of 18, live in poverty.

Poverty Levels of Individuals, Children under Age 18, and Adults, Ages 65 and Older

	Children	Senior Adults	Female HoH with Children*
St. Johns County	8.5%	4.7%	24.5%
Florida	18.2%	10.7%	31.2%

Source: U.S. Census Bureau, American Community Survey, 2017-2021, S1701 & *S1702. <http://data.census.gov>

Free and Reduced Price Meals

The percentage of students eligible for the free and reduced-price meal program is one indicator of socioeconomic status. In addition, the USDA allows for Community Eligibility Provision (CEP) adoption by schools and school districts, where they may provide free breakfast and lunch to all students, and then be reimbursed using a CEP formula, instead of collecting household applications for free and reduced-price meals. CEP uses a formula based on the percentage of students categorically eligible for free meals based on their participation in other means-tested programs, such as SNAP (food stamps) and TANF (Temporary Assistance for Needy Families).

For the 2021-2022 school year, the St. Johns County School District was eligible for reimbursement of free or reduced-price lunches for 17.9% of students, however eligibility was determined (via household applications or CEP). This is considerably lower than the statewide student eligibility rate of 62.1%.

Free and Reduced-Price School Meals, including CEP Multiplier

	Percent Eligible Children	
	2018-2019	2021-2022
St. Johns County School District	21.9%	17.9%
Florida	62.7%	62.1%

Source: Florida Department of Education, St. Johns District & Florida State Report Cards, 2018-2019 & 2021-2022. <https://edudata.fldoe.org>

In St. Johns County, there are 95,640 households and 115,442 housing units. Over the last five years, the population grew by 21.7%, while the number of households grew by 17.6%. Residents of the county are more likely to own their residence (81.5%) than the state average (66.5%). The number of owner-occupied households increased by 26% from their 2016 level, while the number of renter-households decreased by 9.1%. Housing units grew by 18.9%, and vacant units increased by 25.7%, to 17% of overall housing stock. It is important to note that second homes and vacations homes will show as ‘Vacant’ in Census data, despite not being available to rent or buy.

Households and Housing Units, and Percent Change, 2016-2021

	St. Johns County					Florida				
	2016		2021		Percent Change	2016		2021		Percent Change
	Number	Percent	Number	Percent		Number	Percent	Number	Percent	
Housing units	97,065		115,442		18.9%	9,152,815		9,764,897		6.7%
Vacant	15,757	16.2%	19,802	17.0%	25.7%	1,759,553	19.2%	1,607,477	16.5%	-8.6%
Households	81,308		95,640		17.6%	7,393,262		8,157,420		10.3%
Owner occ.	61,866	76.1%	77,961	81.5%	26.0%	4,787,320	64.8%	5,420,631	66.5%	13.2%
Renter occ.	19,442	23.9%	17,679	18.5%	-9.1%	2,605,942	35.2%	2,736,789	33.5%	5.0%

Source: U.S. Census Bureau, American Community Survey, 2012-2016 & 2017-2021, DP04. <http://data.census.gov>

In St. Johns County, the median household income is \$88,794, which is higher than the state’s median household income of \$61,777.

Median Household Income

	Households	Median Household Income
St. Johns County	95,640	\$88,794
Florida	8,157,420	\$61,777

Source: U.S. Census Bureau, American Community Survey, 2017-2021, DP03. <http://data.census.gov> *Weighted average of the medians.

According to the US Department of Housing and Urban Development, those who spend more than 30% of their income on housing are said to be “cost burdened.” Over one-quarter (26.7%) of owner- and renter-occupied households in the service area spend 30% or more of their income on housing. This is lower than the state rate (35.7%).

Households that Spend 30% or More of Income on Housing

	Percent
St. Johns County	26.7%
Florida	35.7%

Source: U.S. Census Bureau, American Community Survey, 2017-2021, DP04. <http://data.census.gov>

Households by Type

When households are examined by type, over a quarter (26.8%) of county households are family households with children, under age 18, 3.6% are households with a female

as head of household with children, and 10.1% are senior adults living alone.

Households, by Type

	Total Households	Family* Households with Children under Age18	Female Head of Household with own Children under Age 18	Senior Adults Living Alone
	Number	Percent	Percent	Percent
St. Johns County	95,640	26.5%	3.6%	10.1%
Florida	8,157,420	17.5%	5.0%	12.8%

Source: U.S. Census Bureau, American Community Survey, 2015-2019, DP02. <http://data.census.gov> *Family households refer to both married and co-habiting couples.

Homelessness

The St. Johns County Continuum of Care (CoC), led by Flagler Health+, conducts a point-in-time (PIT) count of persons experiencing homelessness. PIT Counts are conducted annually in every county in the state. The number of persons experiencing homelessness who were counted in the county rose 33.5% from 2022 to 2023 to 466 persons. There was an increase in the number of individuals in emergency shelters, from 2019 to 2023, and an increase in the unsheltered. The number of chronically homeless persons, those with severe mental illness, and those with chronic substance abuse has continued to rise.

Factors cited for the increase in persons experiencing homelessness who were counted between 2022 and 2023 included new canvassing strategies, and increased partner participation, training, and communication. In addition, the end of COVID moratoriums on evictions, decreases in rental availability, increases in housing costs and costs of living, and longer shelter and transitional housing stays also contributed to homelessness.

Homeless Point-in-Time Count, 2019, 2022, and St. Johns County, 2023

	St. Johns County			Florida	
	2019	2022	2023*	2019	2022
Total of unhoused persons	356	349	466	28,328	25,959
Emergency shelter	87	66	132	10,465	10,040
Transitional housing	69	41	51	5,387	4,173
Unsheltered	200	242	283	12,476	11,746
Chronically unhoused	14	80	156	5,729	4,509
Severely mentally ill	50	73	138	4,947	4,131
Chronic substance abuse	26	56	96	3,948	2,936
Veteran	25	20	14	2,472	2,279

	St. Johns County			Florida	
	2019	2022	2023*	2019	2022
Victim of domestic violence	19	0	N/A	2,029	1,932
Has HIV/AIDS	2	5	5	505	491
Receiving healthcare regularly	N/A	N/A	5%	N/A	N/A

Source: U.S. Dept. of Housing and Urban Development (HUD) Exchange, CoC Homeless Populations and Subpopulations Reports, <https://www.hudexchange.info/programs/coc/coc-homeless-populations-and-subpopulations-reports/> and *St. Johns County Continuum of Care 2023 Point in Time Count. <https://www.stjohnscountycoc.org/> N/A = Not Available

Community Input – Housing and Homelessness

Stakeholder interviews identified the following issues, challenges and barriers related to housing and homelessness. Following are their comments summarized and edited for clarity:

- We are a tourist town, so we are a mecca for persons who are homeless. There are housing shortages, and we have problems related to affordable housing. It is hard for people to find housing on a teacher's or EMT's salary. There is a lot of good work being done with housing programs and nonprofits but there is such resistance to it in neighborhoods.
- Many older people are on a fixed income. In this community, housing costs are out of sight and rents have gone crazy in the past 3 years. Unless people were grandfathered into their rent price, they are not able to keep up with the cost of their housing. We will see more older adults who worked all their lives be unable to provide basic housing for themselves. It is a serious issue that we do not have enough low-cost independent housing for seniors. The average rent is \$1,800 a month and the average social security check is \$2,200 a month.
- Landlords took the opportunity to raise rents when they evicted people after COVID. There is no control over how or when they raise rents, and we are seeing people who have never been homeless before who are now unhoused. Often, we see people in shelters paying \$800 in fees to get an apartment. It is dire here.
- Affordable housing is a big challenge in this community. There is one homeless shelter that is always at capacity.
- The community has done a good job over several years with solutions for people experiencing homelessness. But some people don't want to be housed.
- It is more prevalent lately. It is troubling when you see working class people living in their cars. They should be able to live where they work. There is no true incentive to build affordable housing. We need governmental stimulus and partnerships.
- If we want to keep our restaurants and hotels open for tourists, we must figure out affordable housing. Many people have lost their homes. People are in turmoil; they are in this cycle of having to rob Peter to pay Paul to pay the mortgage every month.
- We have no homeless shelter in our county. We have one in the county next-door. We are talking about creating our own homeless encampment and supervising it.

One-third of our agency staff live outside of our community because the cost of housing has gone up so much. We are seeing a lot of families who are living together and grown kids who can't afford to leave their parents' house. It has changed some of our social fabric.

- The homeless camps are growing and that impacts us, as we are a tourist community. We have a lively downtown historic section, but we also have a lot of people who are homeless and that is impacting the industry. We have one shelter, and they have 20 beds and that does not take care of the need. If we had more shelter beds, it would reduce the issues associated with living outside and the cleanliness and infections that are associated with not living in habitable places.
- We have populations who are vulnerable and can't find safe, affordable housing. We are squeezing them in every direction. Workforce housing is what we need. There is a way for the local community to say we want to care for our tourists, to care for our kids and serve our sick in our hospitals. We have some great leaders getting some traction. But there are many variables that impact this.

Public Program Participation

In the county, 2.7% of residents receive SSI benefits, 1.9% receive cash public assistance income, and 5% of residents receive food stamp benefits. These rates are lower than state rates.

Household Supportive Benefits

	St. Johns County	Florida
Total households	95,640	8,157,420
Supplemental Security Income (SSI)	2.7%	5.0%
Public Assistance	1.9%	2.5%
Food Stamps/SNAP	5.0%	13.2%

Source: U.S. Census Bureau, 2017-2021 American Community Survey, DP03. <http://data.census.gov>

Access to Food

The US Department of Agriculture (USDA) defines food insecurity as limited or uncertain availability of nutritionally adequate foods or uncertain ability to acquire foods in socially acceptable ways. In St. Johns County, in 2020, 8.5% of the population were estimated to have experienced food insecurity at some point in the past year. Among children in St. Johns County, 7.2% were estimated to live in households that had experienced food insecurity at some point in the year. These numbers were projected to have risen sharply in 2020; however, data show that hunger rates were actually down from 2019 levels nationwide, in Florida and St. Johns County. Of those children experiencing hunger in the county, 67% are estimated to be eligible for federal nutrition programs, with household incomes at or below 185% of the Federal Poverty Level.

Food Insecurity

	Total Population		Children	
	2019	2020	2019	2020
St. Johns County	9.4%	8.5%	10.4%	7.2%
Florida	12.0%	10.6%	16.8%	15.7%

Source: Feeding America, Map the Meal Gap, 2019 & 2020. <https://map.feedingamerica.org/>

Educational Attainment

Educational attainment is a key driver of health. In the county, 5.3% of adults, ages 25 and older, lack a high school diploma. 46% of area adults have a bachelor's or higher degree. This is a higher rate of education than state rates.

Education Levels, Population 25 Years and Older

	St. Johns County	Florida
Population 25 years and older	189,106	15,349,290
Less than 9 th grade	1.6%	4.4%
9 th to 12 th grade, no diploma	3.7%	6.6%
High school graduate	21.8%	27.9%
Some college, no degree	18.0%	19.5%
Associate degree	9.0%	10.1%
Bachelor's degree	28.1%	19.8%
Graduate/professional degree	17.9%	11.7%

Source: U.S. Census Bureau, American Community Survey, 2017-2021, DP02. <http://data.census.gov>.

High School Graduation Rate

High school graduation rates are the percentage of high school students that graduate 4 years after starting 9th grade. The Healthy People 2030 objective for high school graduation is 90.7%. In the St. Johns County School District, 95% of high school students graduated in four years. This is higher than the state rate and meets the Healthy People 2030 objective.

High School Graduation Rates, 2020-2021 School Year

	Percent
St. Johns County School District	95.0%
Florida	90.1%

Source: Florida Department of Education, St. Johns District & Florida State Report Cards, 2021-2022, with 2020-2021 graduation data. <https://edudata.fldoe.org>

Preschool Enrollment

In the county, 49.6% of children, ages 3 and 4, were enrolled in preschool.

Enrolled in Preschool, Children, Ages 3 and 4

	Total Number	Percent Enrolled
St. Johns County	5,085	49.6%
Florida	464,563	50.1%

Source: U.S. Census Bureau, American Community Survey, 2017-2021, S1401. <http://data.census.gov>

Crime

Crime negatively impacts communities through economic loss, reduced productivity, and disruption of social services. Violent crimes include homicide, rape, robbery, and aggravated assault. Property crimes include burglary, larceny, and motor vehicle theft.

The number of violent crimes increased from 2018 to 2020 in St. Johns County. But due to population changes the rates decreased slightly. Property crime numbers and rates decreased from 2018 to 2020 in the state, county, and service area police departments. The changes from 2018 to 2020, however, were influenced in complex and varied ways by the COVID-19 Pandemic, including changes in opportunity and willingness to report, and should not be interpreted in terms of a trend. Crime rates are lower in the county than state averages but are higher in St. Augustine.

Violent Crime and Property Crime Rates, per 100,000 Persons, 2018 and 2020 Compared

	Violent Crime				Property Crimes			
	Number		Rate		Number		Rate	
	2018	2020	2018	2020	2018	2020	2018	2020
St. Johns County Sheriff's Office	257	293	117.9	122.2	2,249	1,654	1,031.6	689.9
St. Augustine P.D.	93	76	663.3	496.5	571	457	4,072.5	2,985.8
St. Augustine Beach P.D.	18	8	268.1	116.8	114	72	1,698.2	1,050.8
Florida School for the Deaf and Blind	0	0	N/A	N/A	0	1	N/A	N/A
Florida Highway Patrol - St. Augustine	3	0	N/A	N/A	57	5	N/A	N/A
St. Johns County	371	377	155.4	143.9	2,991	2,189	1,252.8	835.8
Florida	81,906	83,290	393.0	385.7	485,270	382,758	2,328.4	1,772.4

Source: Florida Department of Law Enforcement, Criminal Justice Analytics Bureau, Uniform Crime Reports, 2018 & 2020 Annual Reports by Jurisdiction. <https://www.fdle.state.fl.us/CJAB/UCR/Annual-Reports/UCR-Offense-Data>

Health Care Access

Health Insurance Coverage

Health insurance coverage is considered a key component to ensure access to health care. The Healthy People 2030 objective is for 92.1% of the population to have health insurance coverage. 92.1% of the population in the county has health insurance. 94.4% of county children, ages 18 and younger, have health insurance coverage. Among adults, ages 19-64, 88.6% have health insurance.

Health Insurance, Total Population, Children under Age 19, and Adults, Ages 19-64

	Total Population	Children, Under Age 19	Adults, Ages 19-64
St. Johns County	92.1%	94.4%	88.6%
Florida	87.4%	92.5%	81.4%

Source: U.S. Census Bureau, American Community Survey, 2017-2021, DP03. <http://data.census.gov>

When examined by race and ethnicity, there are differences in the rate of health insurance coverage in St. Johns County. Overall, rates are highest among Native Hawaiian and Pacific Islander residents (NHPI: 100%) and Asian residents (95.2%), and lowest among Hispanic residents (89%), those residents who identify as a race or ethnicity other than those listed (90.4%) and multiracial residents (90.8%). Among children, rates of coverage are highest among NHPI children and American Indian and Alaska Native children (AIAN: 100%) and lowest among multiracial children (92.6%) and Asian children (93.4%). Health insurance coverage among service area adults, ages 19 to 64, is highest among NHPI adults (100%) and Asian adults (95.2%), and lowest among adults of a race other than those listed (81.7%) and Hispanic adults (85.9%). Coverage among senior adults is lowest among Hispanic residents (88.7%) and multiracial senior adults (93.1%).

Health Insurance, by Race and Ethnicity and Age Group

	Total Population	Children, Under Age 19	Adults, Ages 19-64	Senior Adults, 65+
Native Hawaiian/Pacific Islander	100.0%	100.0%	100.0%	100.0%
Asian	95.2%	93.4%	95.2%	100.0%
American Indian/Alaskan Native	92.5%	100.0%	90.6%	100.0%
Non-Hispanic White	92.3%	94.1%	88.6%	99.7%
Black or African American	91.8%	96.6%	88.2%	100.0%
Multiracial	90.8%	92.6%	88.9%	93.1%
Other race	90.4%	97.8%	81.7%	100.0%
Hispanic	89.0%	95.8%	85.9%	88.7%

Source: U.S. Census Bureau, American Community Survey, 2017-2021, C27001B through C27001I. <http://data.census.gov>

Medicaid Enrollment

In St. Johns County an average of 9.1% of the population was enrolled in Florida's Medicaid program. This is less than half the statewide rate (20.1%) of Medicaid enrollment.

Medicaid Program Enrollment

	St. Johns County	Florida
Medicaid CN Expansion	9.1%	20.1%

Source: Florida Department of Health, Bureau of Community Health Assessment and Vital Statistics, FLHealthCHARTS.

<https://www.FLHealthCHARTS.gov/Charts/>

Regular Source of Care

Access to a medical home and a primary care provider improves continuity of care and decreases unnecessary emergency room visits. 74.2% of adults interviewed in St. Johns County said they have a personal doctor. Rates were higher among women and non-Hispanic White residents and lowest among non-Hispanic Black residents. Rates of having a personal doctor rose with age, education, and income level.

Adults Who Have a Personal Doctor, 3-Year Average, 2017-2019

	Percent
Men	69.1%
Women	79.0%
Ages 18 to 44	54.8%
Ages 45 to 64	81.6%
Ages 65 and older	92.4%
Non-Hispanic White	74.8%
Hispanic	69.6%
Non-Hispanic Black	65.6%
Less than a high school education	65.4%
High school education/G.E.D.	72.6%
More than a high school education	75.3%
Income less than \$25,000 per year	65.7%
Income between \$25,000 and \$49,999 per year	67.4%
Income \$50,000 per year or higher	79.5%
St. Johns County	74.2%
Florida	72.0%

Source: Florida Department of Health, Division of Public Health Statistics and Performance Management, FL Behavioral Risk Factor Surveillance System (BRFSS), 2017-2019. <https://www.FLHealthCHARTS.gov/charts/Brfss.aspx>

Unmet Medical Need

14.5% of adults in St. Johns County reported being unable to see a doctor in the prior year, due to cost. Rates were higher among women than men, and declined with

increases in age, education, and income. Rates were highest among non-Hispanic Black residents (41.3%), and lowest among non-Hispanic White residents (13.2%).

Adults with Unmet Medical Need Due to Cost, 3-Year Average, 2017-2019

	Percent
Men	11.6%
Women	17.3%
Ages 18 to 44	22.0%
Ages 45 to 64	14.4%
Ages 65 and older	4.5%
Non-Hispanic White	13.2%
Hispanic	17.0%
Non-Hispanic Black	41.3%
Less than a high school education	23.6%
High school education/G.E.D.	17.5%
More than a high school education	12.9%
Income less than \$25,000 per year	35.5%
Income between \$25,000 and \$49,999 per year	19.5%
Income \$50,000 per year or higher	7.8%
St. Johns County	14.5%
Florida	16.0%

Source: Florida Department of Health, Division of Public Health Statistics and Performance Management, Florida Behavioral Risk Factor Surveillance System (BRFSS), 2017-2019. <https://www.FLHealthCHARTS.gov/charts/Brfss.aspx>

Primary Care Physicians

The ratio of the population to primary care physicians in St. Johns County is 1,048:1. This ratio is better than the state average (1,376:1).

Primary Care Physicians, Number and Ratio

	St. Johns County	Florida
Number of primary care physicians	266	15,797
Ratio of population to primary care physicians	1,048:1	1,376:1

Source: County Health Rankings, 2020. <http://www.countyhealthrankings.org>

Access to Primary Care Community Health Centers

Community health centers provide primary care (including medical, dental and mental health services) for uninsured and medically underserved populations. Using ZCTA (ZIP Code Tabulation Area) data for the service area and information from the Uniform Data System (UDS)¹, 18.9% of the population in the service area is categorized as low-

¹ The UDS is an annual reporting requirement for grantees of HRSA primary care programs:

- Community Health Center, Section 330 (e)
- Migrant Health Center, Section 330 (g)

income (200% of Federal Poverty Level) and 7.7% of the population are living in poverty. The Section 330-funded grantees (Federally Qualified Health Centers – FQHCs and FQHC Look-Alikes) located in the service area include: Agape Community Health Center Inc., I.M. Sulzbacher Center for the Homeless, MCR Health Inc., Rural Health Care Inc., and Trenton Medical Center Inc. DBA Palms Medical Group.

Even with Section 330 funded Community Health Centers serving the area, there are low-income residents who are not served by one of these clinic providers. The FQHCs have a total of 7,132 patients in the service area, which equates to 14.9% penetration among low-income patients and 2.8% penetration among the total population. From 2019-2021, the Community Health Center providers added 128 patients, for a 1.8% increase in patients served by Community Health Centers in the service area. There are 40,618 low-income residents, 85.1% of the population at or below 200% FPL, who are not served by an FQHC.

Low-Income Patients Served and Not Served by FQHCs

Low-Income Population	Patients served by Section 330 Grantees In Service Area	Penetration among Low-Income Patients	Penetration of Total Population	Low-Income Not Served	
				Number	Percent
47,750	7,132	14.9%	2.8%	40,618	85.1%

Source: UDS Mapper, 2021, 2016-2020 population numbers. <http://www.udsmapper.org>

Dental Care

Among St. Johns County adults, 35.6% did not access dental care in the prior year, which is better than the statewide rate (39.5%).

Adults Who Did Not Access Dental Care Prior Year, 2018 and 2020, Age-Adjusted

	2018	2020
St. Johns County	30.9%	35.6%
Florida	35.2%	39.5%

Source for county: U.S. Centers for Disease Control (CDC), Behavioral Risk Factor Surveillance System (BRFSS), PLACES Project 2021 (2018 data year) and 2022 (2020 data year). <https://chronicdata.cdc.gov/500-Cities-Places/PLACES-Local-Data-for-Better-Health-County-Data-20/swc5-untb> Source for Florida: Centers for Disease Control, 2018 & 2020 Behavioral Risk Factor Surveillance System (BRFSS). <https://www.cdc.gov/brfss/brfssprevalence/index.html>

St. Johns County senior adults are less likely to have had all of their teeth removed (8.6%) than senior adults statewide (14%).

- Health Care for the Homeless, Section 330 (h)
- Public Housing Primary Care, Section 330 (i)

Senior Adults Who Have Lost All Teeth or Had All Teeth Removed, Age-Adjusted

	Percent
St. Johns County	8.6%
Florida	14.0%

Source for county: U.S. Centers for Disease Control (CDC), Behavioral Risk Factor Surveillance System (BRFSS), PLACES Project 2022, 2020 data year. <https://chronicdata.cdc.gov/500-Cities-Places/PLACES-Local-Data-for-Better-Health-County-Data-20/swc5-untb> Source for Florida: Centers for Disease Control, 2020 Behavioral Risk Factor Surveillance System (BRFSS). <https://www.cdc.gov/brfss/brfssprevalence/index.html>

The ratio of St. Johns County residents to dentists is 1,963:1, which indicates fewer dentists than the state ratio (1,583:1).

Dentists, Number and Ratio

	St. Johns County	Florida
Number of dentists	149	13,758
Ratio of population to dentists	1,963:1	1,583:1

Source: County Health Rankings, 2021 <http://www.countyhealthrankings.org>

Mental Health Providers

Mental health providers include psychiatrists, clinical psychologists, clinical social workers, psychiatric nurse specialists, and marriage and family therapists who meet certain qualifications and certifications. In St. Johns County, the ratio of residents to mental health providers is 772:1, which indicates fewer mental health providers than the state (514:1).

Mental Health Providers, Number and Ratio

	St. Johns County	Florida
Number of mental health providers	379	42,379
Ratio of population to mental health providers	772:1	514:1

Source: County Health Rankings, 2022. <http://www.countyhealthrankings.org>

Community Input – Access to Health Care

Stakeholder interviews identified the following issues, challenges and barriers related to access to health care. Following are their comments summarized and edited for clarity:

- For older people, it can feel daunting to make a doctor's appointment. You must deal with the idea of making the appointment, arranging transportation, waiting in the waiting room, following what the doctor said and do any follow-up care or appointments. So, people will put it off. Sometimes people must call Medicaid to arrange for transport and schedule it along with the doctor's visit. The more impediments we put in their path, the less likely someone will seek health care.
- Transportation issues come up a lot. We don't have a bus route.
- We do a pretty good job in our community. We have organizations that are invested in serving clients and understanding the importance of health as a stabilizing factor.
- There are staffing issues, which result in wait lists for behavioral health. We also

have a lack of specialty care providers locally that take Medicaid.

- It takes time to get an appointment. There are still people who don't have health insurance, or they have such high deductibles that they are afraid to use their insurance because of the cost.
- We need to look at our health culture. We have free resources and free telehealth care at our schools for teachers, parents, grandparents and students. The expectation is that it is accessible, and it would be used. But people aren't going. People are still in crisis mode rather than prevention mode. So, the community is not accessing services as much as anticipated.
- People who don't have insurance are in a vicious circle. They may have cancer. But there is no one to perform an MRI. If they can't get the diagnosis of cancer, they can't get disability or social security benefits to help them. Where do we get the money for an MRI?
- Oncologist support is always needed. Other specialties in need are orthopedics and gastroenterologists. The biggest one is dermatology.
- Availability of resources is a concern. If you look at our public health department, it is not centrally located. It means our families must take off work to get to the public health department. The Sunshine bus will take all day to go to the health department and back home. As a result, people go without. Having other locations embedded in the community and having community partnerships with the schools is helpful.

Birth Characteristics

Births

From 2017 to 2021, the average number of annual births in St. Johns County was 2,221. The annual number of births had been declining until 2021, when they increased.

Total Births, 2017-2021

	2017	2018	2019	2020	2021
St. Johns County	2,135	2,242	2,208	2,148	2,371
Florida	223,630	221,542	220,002	209,671	216,260

Source: U.S. Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), Division of Vital Statistics, Natality public-use data 2017-2021, on CDC WONDER. <https://wonder.cdc.gov/natality-current.html>

The race and/or ethnicity of mothers in St. Johns County was primarily non-Hispanic White (79.4%), followed by Hispanic or Latina (7.4%), Black or African American (6.6%), and Asian (4.5%).

Births, by Mother's Race and Ethnicity, 5-Year Average, 2017-2021

	St. Johns County	Florida
White	79.4%	42.7%
Hispanic or Latino	7.4%	31.0%
Black or African American	6.6%	21.7%
Asian	4.5%	3.1%
Multiracial	1.7%	1.3%
American Indian or Alaska Native	0.1%	0.1%
Native Hawaiian or Pacific Islander	0.1%	0.1%

Source: U.S. Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), Division of Vital Statistics, Natality public-use data 2017-2021, on CDC WONDER. <https://wonder.cdc.gov/natality-current.html>

Teen Birth Rate

From 2017-2021, among total births in St. Johns County, births to teen mothers, ages 15 to 17, occurred at a rate of 5.0 per 1,000 live births (or 0.5% of total births). This is half the rate (10.2 per 1,000 live births) of births to teens in the state (1.0%).

Births to Teen Mothers, Ages 15 to 17, Among Total Births, 5-Year Average, 2017-2021

	Percent of Total Births
St. Johns County	0.5%
Florida	1.0%

Source: U.S. Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), Division of Vital Statistics, Natality public-use data 2017-2021, on CDC WONDER. <https://wonder.cdc.gov/natality-current.html>

The rate of births among females, ages 15 to 17, in St. Johns County is 2.8 births per 1,000 teen girls, while the state rate is 7.8 births per 1,000 teen girls, ages 15 to 17.

Births to Teen Mothers, Ages 15 to 17, Among Teens, 5-Year Average, 2017-2021

	Rate per 1,000 Teen Females
St. Johns County	2.8
Florida	7.8

Source: U.S. Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), Division of Vital Statistics, Natality public-use data 2017-2021, on CDC WONDER. <https://wonder.cdc.gov/natality-current.html>

Prenatal Care

Pregnant women in the county entered prenatal care after the first trimester at a rate of 215.2 per 1,000 live births. This rate of late entry into prenatal care translates to 21.5% of women entering prenatal care late or not at all, while 78.5% of women entered prenatal care on time. This rate is better than the state rate (72.5%) of on-time entry to prenatal care.

On-Time (First Trimester) Prenatal Care, 5-Year Average, 2017-2021

	Percent*
St. Johns County	78.5%
Florida	72.5%

Source: U.S. Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), Division of Vital Statistics, Natality public-use data 2017-2021, on CDC WONDER. <https://wonder.cdc.gov/natality-current.html> *For those births where prenatal care data is known.

The Healthy People 2030 objective is for 80.5% of pregnant women to receive ‘early and adequate’ prenatal care, which in addition to timing of entry, includes attending at least 80% of recommended prenatal visits. 77% of mothers in St. Johns County received ‘early and adequate’ prenatal care, which does not meet this objective, but is higher than the statewide rate (69.2%).

Early and Adequate Prenatal Care, 3-Year Average, 2018-2020

	Percent*
St. Johns County	77.0%
Florida	69.2%

Source: Florida Department of Health, Bureaus of Community Health Assessment and Vital Statistics, FLHealthCHARTS. <https://www.FLHealthCHARTS.gov/charts/default.aspx>

Low Birth Weight

Low birth weight is a negative birth indicator. Babies born at a low birth weight are at higher risk for disease, disability and possibly death. For this measurement, a lower rate is a better indicator. The rate of low-birth-weight babies in St. Johns County is 6.9%, which is lower than the state rate (8.8%).

Low Birth Weight (Under 2,500 g), 5-Year Average, 2017-2021

	Percent*
St. Johns County	6.9%
Florida	8.8%

Source: U.S. Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), Division of Vital Statistics, Natality public-use data 2017-2021, on CDC WONDER. <https://wonder.cdc.gov/natality-current.html> *For those births where birth weight is known.

Preterm Births

Preterm births – those occurring before 37 weeks of gestation – have higher rates of death and disability. The Healthy People 2030 objective is for no more than 9.4% of babies to be born prematurely. 8.7% of births in St. Johns County were preterm births, which is better than the state rate (10.5%).

Preterm Births, Babies Born Before 37 Weeks of Gestation, 2017-2021

	Percent*
St. Johns County	8.7%
Florida	10.5%

Source: U.S. Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), Division of Vital Statistics, Natality public-use data 2017-2021, on CDC WONDER. <https://wonder.cdc.gov/natality-current.html> *Where gestational age is known.

Maternal Smoking During Pregnancy

Among pregnant women, 96.3% in St. Johns County did not smoke during pregnancy. This meets the Healthy People 2030 objective of 95.7% of women who abstain from cigarette smoking during pregnancy.

No Smoking During Pregnancy, 2017-2021

	Percent*
St. Johns County	96.3%
Florida	96.0%

Source: U.S. Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), Division of Vital Statistics, Natality public-use data 2017-2021, on CDC WONDER. <https://wonder.cdc.gov/natality-current.html> *Where mother's smoking status is known.

Infant Mortality

The infant mortality rate is defined as deaths to infants under 1 year of age. The Healthy People 2030 objective is no more than 5 deaths per 1,000 live births. The infant mortality rate in the county, from 2016 to 2020, was 4.5 deaths per 1,000 live births.

Infant Mortality Rate, per 1,000 Live Births, 5-Year Average, 2016-2020

	Rate
St. Johns County	4.5
Florida	5.8

Source: Florida Department of Health, Florida Health Tracking, <https://www.floridatracking.com/healthtracking/mapview.htm>

Breastfeeding

Breastfeeding has been proven to have considerable benefits to babies and mothers. The American Academy of Pediatrics recommends that babies are fed only breast milk for the first six months of life. According to data from birth certificates, 89.6% of infants in St. Johns County were breastfed at some point prior to discharge from the hospital, which is higher than the state rate (85.9%).

Infants Breastfed at Some Point Prior to Discharge, 5-Year Average, 2018-2020

	Percent
St. Johns County	89.6%
Florida	85.9%

Source: Florida Department of Health, Bureaus of Community Health Assessment and Vital Statistics, FLHealthCHARTS.
<https://www.FLHealthCHARTS.gov/charts/default.aspx>

Mortality/Leading Causes of Death

Life Expectancy at Birth

The life expectancy for St. Johns County is 81.1 years, which is higher than the state (79.4 years).

Life Expectancy at Birth

	Years
St. Johns County	81.1
Florida	79.4

Source: Florida Dept. of Health, Division of Public Health Statistics and Performance Management, Florida Health Charts, Life Expectancy Report, 2018-2020. <https://www.FLHealthCHARTS.gov/charts/default.aspx>

Mortality Rates

Age-adjusted death rates are an important factor to examine when comparing mortality data. The crude death rate is a ratio of the number of deaths to the entire population. Age-adjusted death rates eliminate the bias of age in the makeup of the population. The age-adjusted death rate in St. Johns County (685.1 deaths per 100,000 persons) is higher than the state rate (676.8 deaths per 100,000 persons), but the difference is not statistically significant.

Mortality Counts and Rates, per 100,000 Persons, 5-Year Average

	Deaths	Crude Rate	Age-Adjusted Rate
St. Johns County	1,434	1,270.2	685.1
Florida	210,612	992.5	676.8

Source: U.S. Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), Division of Vital Statistics, Mortality public-use data 2016-2020, on CDC WONDER. <https://wonder.cdc.gov/Deaths-by-Underlying-Cause.html>

Leading Causes of Death

The top two leading causes of death in St. Johns County are cancer and heart disease. The cancer death rate in St. Johns County is 149.3 per 100,000 persons and does not meet the Healthy People 2030 objective for cancer mortality of 122.7 per 100,000 persons. The heart disease mortality rate in St. Johns County is 143.1 per 100,000 persons. The Healthy People 2030 objective is specific to ischemic heart disease only: 71.1 deaths per 100,000 persons. The rate of death from ischemic heart disease in the county is 84.3 deaths per 100,000, which does not meet the objective.

In addition to cancer and heart disease, unintentional injury, stroke, and chronic lower respiratory disease (CLRD) are in the top five causes of death in St. Johns County. The rates of death from stroke and suicide are higher in the county than the state. The 1-year mortality rate from COVID-19, for 2020, was lower.

Causes of Death, Crude and Age-Adjusted Rates, per 100,000 Persons, 5-Year* Average

	St. Johns County			Florida		Healthy People 2030 Objective
	Number	Crude Rate	Age-Adjusted	Crude Rate	Age-Adjusted	Rate
All Cancers	337	298.2	149.3	213.0	141.8	122.7
Heart Disease	321	284.4	143.1	222.0	143.6	No Objective
Ischemic heart disease	191	169.2	84.3	139.8	89.5	71.1
Unintentional injury	74	65.2	61.0	63.9	57.5	43.2
Stroke	108	96.0	46.8	63.1	40.0	33.4
CLRD (lung disease)	91	80.8	38.4	57.3	36.4	Not Comparable
Suicide	26	23.0	22.2	15.6	14.1	12.8
COVID-19* 1-Year 2020 data	53	44.7	20.6	88.5	56.4	No Objective
Diabetes	44	38.8	19.6	30.0	20.3	Not Comparable
Alzheimer's disease	44	38.8	18.2	32.7	19.9	No Objective
Chronic liver disease/cirrhosis	23	20.0	12.7	15.6	11.8	10.9
Kidney disease	24	21.6	11.6	15.0	9.8	No Objective
Essential hypertension/ hypertensive renal disease	21	18.2	9.0	13.0	8.4	No Objective
Parkinson's disease	22	19.5	8.9	12.7	7.9	No Objective
Pneumonia and flu	18	15.8	8.7	14.0	9.2	No Objective
Septicemia	18	15.8	8.5	11.8	7.9	No Objective

Source: U.S. Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), Division of Vital Statistics, Mortality public-use data 2016-2020, on CDC WONDER. <https://wonder.cdc.gov/Deaths-by-Underlying-Cause> *COVID-19 numbers and rates are 1-Year data only, for 2020.

In St. Johns County, the homicide rate is 3.1 per 100,000 persons, which is less than half the state rate. The Healthy People 2030 objective is 5.5 homicides per 100,000 persons.

Homicide Rate, per 100,000 Persons, Age-Adjusted, 5-Year Average

	Rate
St. Johns County	3.1
Florida	6.7

Source: U.S. Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), Division of Vital Statistics, Mortality public-use data 2016-2020, on CDC WONDER. <https://wonder.cdc.gov/Deaths-by-Underlying-Cause>

Cancer Mortality

The mortality rate for female breast cancer in St. Johns County was 18.3 per 100,000 women, while the rate for prostate cancer deaths was 17.6 per 100,000 men. The Healthy People 2030 objective for female breast cancer is 15.3 deaths per 100,000 women and for prostate cancer deaths is 16.9 per 100,000 men; the county does not meet either goal.

Cancer Deaths and Rates, Age-Adjusted, per 100,000 Persons, 5-Year Average

	Female Breast Cancer		Prostate Cancer	
	Number	Age-Adjusted	Number	Age-Adjusted
St. Johns County	31	18.3	25	17.6
Florida	2,906	18.8	2,292	16.6

Source: Florida Department of Health, Florida Cancer Data System (FCDS), 2015-2019.
https://fcds.med.miami.edu/inc/statistics_data_viz.shtml

The rate of colorectal cancer deaths in St. Johns County was 11.3 per 100,000 persons, and the rate of lung cancer mortality was 39.7 per 100,000 persons. The Healthy People 2030 objective for colorectal cancer deaths is 8.9 per 100,000 persons and for lung cancer deaths is 25.1 per 100,000 persons; the county does not meet either goal.

Cancer Deaths and Rates, Age-Adjusted, per 100,000 Persons, 5-Year Average

	Colorectal Cancer		Lung and Bronchus Cancers	
	Number	Age-Adjusted	Number	Age-Adjusted
St. Johns County	38	11.3	132	39.7
Florida	3,798	12.7	11,096	36.0

Source: Florida Department of Health, Florida Cancer Data System (FCDS), 2015-2019.
https://fcds.med.miami.edu/inc/statistics_data_viz.shtml

HIV

The death rate from an HIV/AIDS-related cause was 0.6 deaths per 100,000 persons in St. Johns County and 2.7 deaths per 100,000 persons in the state.

HIV/AIDS-Related Deaths, per 100,000 Persons, Age-Adjusted, 3-Year Average

	Rate
St. Johns County	0.6
Florida	2.7

Source: Florida Department of Health, Division of Public Health Statistics and Performance Management, Bureau of Community Health Assessment and Vital Statistics' FLHealthCHARTS, 2019-2021.
<https://www.FLHealthCHARTS.gov/Charts/SearchResult.aspx>

Drug-Related Deaths

Deaths from acute drug poisoning have been rising in St. Johns County, from 7.8 deaths per 100,000 persons from 2007-2009 (representing 42 total deaths) to 19 deaths per 100,000 residents (137 total deaths) from 2019 to 2021.

Deaths from Acute Drug Poisoning Regardless of Intent, Age-Adjusted, 3-Year Average

	2007-2009	2010-2012	2013-2015	2016-2018	2019-2021
St. Johns County	7.8	10.6	9.6	17.2	19.0
Florida	16.1	14.0	13.4	23.8	32.2

Source: Florida Department of Health, Bureaus of Community Health Assessment and Vital Statistics, FLHealthCHARTS.
<https://www.FLHealthCHARTS.gov/Charts/SocialAndMentalHealth/default.aspx>

Rates of death by drug overdose have been rising in recent years. However, drug overdose deaths in St. Johns County (16.2 per 100,000 persons) are lower than statewide and nationwide rates. St. Johns County meets the Healthy People 2030 objective of 20.7 drug overdose deaths per 100,000 persons.

Drug Overdose Mortality, Crude Rate, per 100,000 Persons, 3-Year Average

	St. Johns County		Florida	U.S.
	Annual Number	Rate	Rate	Rate
Drug overdose death rate	45	16.2	31.3	27.2

Source: U.S. Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), Division of Vital Statistics, Mortality public-use data 2019-2021, on CDC WONDER. <https://wonder.cdc.gov/Deaths-by-Underlying-Cause.html>

From 2018 to 2020, among the overdose deaths in St. Johns County, 91 involved an opioid drug. This was a death rate from opioid overdoses of 11.4 deaths per 100,000 persons. The Healthy People 2030 goal is 13.1 overdose deaths per 100,000 persons, which the county did meet.

Opioid Overdose Mortality, Crude Rate, per 100,000 Persons, 3-Year Avg.

	St. Johns County		Florida	U.S.
	Annual Number	Rate	Rate	Rate
Drug overdose death rate	30	11.4	19.3	16.8

Source: U.S. Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), Division of Vital Statistics, Multiple Cause Mortality public-use data 2018-2020, on CDC WONDER. <https://wonder.cdc.gov/mcd-icd10.html>

COVID-19

Incidence and Mortality

In St. Johns County, there have been 77,201 confirmed cases of COVID-19 as of January 19, 2023. This is a lower rate of COVID infections (277.2 cases per 1,000 residents) than seen at the state level (331.5 cases). Through the same date, 691 county residents were confirmed to have died due to COVID-19 complications, for a rate of 2.48 deaths per 1,000 persons, as compared to the statewide rate of 3.80 deaths per 1,000 residents.

Race and ethnicity data in Florida was collected and reported in insufficient numbers to give any validity to case, death or vaccination rates broken down by race and/or ethnicity.

COVID-19, Cases and Crude Death Rates, per 1,000 Persons, as of January 19, 2023

	St. Johns County		Florida	
	Number	Rate*	Number	Rate*
Cases	77,201	277.2	7,400,419	331.5
Deaths	691†	2.48	84,927	3.80

Source: Florida State Department of Health, COVID19 Weekly Situation Report: State Overview, Published January 20th, 2023 with data from January 19th. <https://floridahealthcovid19.gov/vaccines/> *Rates calculated using 2022 population data provided in report.

†: Source: New York Times, January 31, 2023, using data corresponding to that found in the Jan. 20th Florida Weekly Situation Report, but with county-level death data. <https://www.nytimes.com/interactive/2021/us/st-johns-florida-covid-cases.html>

Vaccination Rates

Beginning March 8, 2022, the Surgeon General of Florida, Dr. Joseph A. Ladapo issued guidance that healthy infants and children, up to 17 years, not be vaccinated against COVID-19. On October 7, 2022, he recommended that males, ages 18 to 39, not be vaccinated against COVID-19 using mRNA vaccines. These recommendations do not match with recommendations from the U.S. Centers for Disease Control and Prevention.

According to the Florida State Department of Health's Weekly Situation Report for COVI-19, the vaccination rate (meaning, having received any vaccination for COVID19) in St. Johns County is 73%.

COVID-19 Vaccinations, Completed First Dose, Primary Series and with Booster(s)

	First Dose Only		Primary Series		Primary Plus Booster(s)	
	St. Johns County	Florida	St. Johns County	Florida	St. Johns County	Florida
Total population	N/A	10.0%	N/A	35.0%	N/A	27.6%

Source: Florida State Department of Health, COVID19 Weekly Situation Report: State Overview, Published January 20th, 2023, with data from January 19th. <https://floridahealthcovid19.gov/vaccines/> *Rates calculated using 2022 population data provided in report.

COVID-19 Vaccination, by Age

	St. Johns County	Florida
Total population	73%	73%
6 months-4 years of age	N/A	3.5%
5-11 years of age	N/A	26%
12-19 years of age	N/A	65%
20-29 years of age	N/A	67%
30-39 years of age	N/A	73%
40-49 years of age	N/A	80%
50-59 years of age	N/A	84%
60-64 years of age	N/A	88%
Ages ≥ 65 years of age	N/A	94%

Source: Florida State Department of Health, COVID19 Weekly Situation Report: State Overview, Published January 20th, 2023, with data from January 19th. <https://floridahealthcovid19.gov/vaccines/> *Rates calculated using 2022 population data provided in report.

The percentage of Florida residents who have been fully vaccinated (having completed the primary series) is higher in St. Johns County (72%) than the state (69%). 95% of county residents, ages 65 and older, have been vaccinated, as opposed to 93% statewide. The rates of booster uptake are higher in St. Johns County as well, with 35% of the population and 72% of older adults having received at least one booster, compared to 29% and 60% for Florida.

COVID-19 Vaccinations and Boosters, by Age Group

	Fully Vaccinated		With a Booster	
	All Ages	65 and Older	All Ages	65 and Older
St. Johns County	72%	95%	35%	72%
Florida	69%	93%	29%	60%

Source: New York Times, January 31, 2023, based on CDC, State and U.S. Census Bureau data. <https://www.nytimes.com/interactive/2021/us/st-johns-florida-covid-cases.html> and <https://www.nytimes.com/interactive/2021/us/florida-covid-cases.html>

Acute and Chronic Disease

Hospitalization Rates by Diagnoses

At Flagler Hospital, the top primary diagnoses in 2022 resulting in hospitalization were childbirth (vaginally and by cesarean), sepsis, supervision of pregnancy, and COVID-19.

Flagler Hospitalizations, by Principal Diagnoses, Top Ten Causes, 2022

	Number
Single liveborn infant, delivered vaginally	917
Sepsis, unspecified organism	657
Supervision of normal pregnancy, unspecified trimester	492
Single liveborn infant, delivered by cesarean	482
Supervision of normal pregnancy, third trimester	407
COVID-19	384
Depression, unspecified	322
Shortness of breath	225
Myocardial infarction, non-ST elevation (NSTEMI)	219
Acute kidney failure, unspecified	206

Source: Flagler Health+ Admitting Diagnoses, internal data source.

Emergency Room Rates by Diagnoses

At Flagler Hospital, the top five primary diagnoses seen in the Emergency Department in 2022 were abdominal pain, fever, headache, shortness of breath and chest pain.

Flagler Emergency Room Visits by Principal Diagnoses, Top Ten Causes, 2022

	Number
Abdominal pain, unspecified	1,491
Fever, unspecified	1,323
Headache, unspecified	1,234
Shortness of breath	1,070
Chest pain, unspecified	993
Acute cough	973
Low back pain, unspecified	963
Head injury, initial encounter, unspecified	886
Other chest pain	870
Nausea with vomiting, unspecified	829

Source: Flagler Health+ Admitting Diagnoses, internal data source.

Diabetes

7.6% of surveyed adults in St. Johns County had been told by a health professional they have pre-diabetes, and 8.7% have been told they have diabetes.

Diabetes Prevalence, Adults, 3-Year Average

	Pre-Diabetes	Diabetes
St. Johns County	7.6%	8.7%
Florida	9.1%	11.7%

Source: Florida Department of Health, Division of Public Health Statistics and Performance Management, Florida Behavioral Risk Factor Surveillance System (BRFSS), 2017-2019. <https://www.FLHealthCHARTS.gov/charts/Brfss.aspx>

Of those St. Johns County adults with a diabetes diagnosis, 60% said they had received diabetes self-management education. There did not appear to be a gender-based difference in receiving diabetes care education.

Diabetes Self-Management Education, Adults, by Gender, 3-Year Average

	Percent
Men	60.6%
Women	59.4%
St. Johns County	60.0%
Florida	66.3%

Source: Florida Department of Health, Division of Public Health Statistics and Performance Management, Florida Behavioral Risk Factor Surveillance System (BRFSS), 2017-2019. <https://www.FLHealthCHARTS.gov/charts/Brfss.aspx>

Heart Disease and Stroke

4.3% of St. Johns County adults reported being told by a health professional they have coronary heart disease or angina. 4.1% of St. Johns County adults have been told by a health professional they have had a stroke.

Cardiovascular Disease, Adults, 3-Year Average

	Angina or Coronary Heart Disease	Stroke
St. Johns County	4.3%	4.1%
Florida	4.7%	3.6%

Source: Florida Department of Health, Division of Public Health Statistics and Performance Management, Florida Behavioral Risk Factor Surveillance System (BRFSS), 2017-2019. <https://www.FLHealthCHARTS.gov/charts/Brfss.aspx>

5.3% of St. Johns County adults reported having been told by a health professional they have had a heart attack (Myocardial Infarction).

Heart Attack Prevalence, 3-Year Average

	Percent
St. Johns County	5.3%
Florida	4.7%

Source: Florida Department of Health, Division of Public Health Statistics and Performance Management, Florida Behavioral Risk Factor Surveillance System (BRFSS), 2017-2019. <https://www.FLHealthCHARTS.gov/charts/Brfss.aspx>

High Blood Pressure and High Cholesterol

Co-morbidity factors for diabetes and heart disease are high blood pressure (hypertension) and high blood cholesterol. 35.6% of county adults have ever been told by a health professional they have hypertension. Among county adults who had their cholesterol checked in the prior five years, 36% were told they had high cholesterol.

High Blood Pressure and High Cholesterol, 3-Year Average

	Hypertension	High cholesterol
St. Johns County	35.6%	36.0%
Florida	33.5%	34.2%

Source: Florida Department of Health, Division of Public Health Statistics and Performance Management, Florida Behavioral Risk Factor Surveillance System (BRFSS), 2017-2019. <https://www.FLHealthCHARTS.gov/charts/Brfss.aspx>

Cancer

In St. Johns County, the age-adjusted cancer incidence rate is 493.1 per 100,000 persons, which is higher than the state rate of 460.5 per 100,000 persons. Breast, prostate, melanoma of the skin, and bladder cancers are diagnosed at higher rates in St. Johns County than in the state.

Cancer Incidence Rates, per 100,000 Persons, Age Adjusted

	St. Johns County	Florida
All sites	493.1	460.5
Breast (female)	141.7	122.3
Prostate	109.6	97.9
Lung and bronchus	57.9	56.1
Melanoma of the skin	45.0	25.7
Colorectal	34.2	36.0
Bladder	24.7	19.1
Non-Hodgkin lymphoma	21.6	22.5
Leukemia	18.2	17.5
Liver and intrahepatic bile duct	7.0	8.1
Cervix	6.1	9.2
Stomach	5.2	5.8

Source: National Cancer Institute, State Cancer Profiles, 2015-2019. <https://statecancerprofiles.cancer.gov/incidencerates/index.php>

Asthma

The reported rate of adult asthma in the county (9%) is higher than the state rate (7.4%).

Asthma Prevalence, Adults, 3-Year Average

	Percent
St. Johns County	9.0%
Florida	7.4%

Source: Florida Department of Health, Division of Public Health Statistics and Performance Management, Florida Behavioral Risk Factor Surveillance System (BRFSS), 2017-2019. <https://www.FLHealthCHARTS.gov/charts/Brfss.aspx>

Other asthma measures in St. Johns County indicate the rate of emergency room visits and hospitalizations, preventable hospitalizations in children, under age 5, and residents, under 65 years of age, are lower in St. Johns County than in the state.

Additional Asthma Measures, Rate per 100,000 Persons

	St. Johns County	Florida
Asthma ED visits, age-adjusted	178.1	392.1
Asthma hospitalizations, age-adjusted	27.4	39.6
Preventable pediatric hospitalizations, under age 5	232.0	422.6
Preventable hospitalizations, under age 65	27.2	39.6

Source: Florida Department of Health, Bureau of Community Health Assessment, Division of Public Health Statistics and Performance Management, Asthma Profile, 2021.

<https://www.FLHealthCHARTS.gov/ChartsReports/rdPage.aspx?rdReport=ChartsProfiles.AsthmaProfile>

Tuberculosis

The rate of tuberculosis diagnoses in St. Johns County from 2019 through 2021 (1.4 cases per 100,000 persons) was higher than it was from 2016-2018, reversing a long-standing trend of reducing case rates. The county rate is lower than the statewide rate of 2.3 per 100,000 persons, which has continued a downward trend for the past 22 years.

Tuberculosis Rate, per 100,000 Persons, 3-Year Averages, 2016-2018 and 2019-2021

	2016-2018		2019-2021	
	Number	Crude Rate	Number	Crude Rate
St. Johns County	4	0.6	11	1.4
Florida	1,779	2.9	1,470	2.3

Source: Florida Department of Health, Bureaus of Community Health Assessment and Vital Statistics, FLHealthCHARTS.

<https://www.FLHealthCHARTS.gov/Charts/CommunicableDiseases/default.aspx>

Disability

In St. Johns County, 10.7% of the non-institutionalized civilian population identified as having a disability. The rate of disability in the state was 13.4%.

Disability, 5-Year Average

	Percent
St. Johns County	10.7%
Florida	13.4%

Source: U.S. Census Bureau, American Community Survey, 2017-2021, S1810. <http://data.census.gov>

Community Input – Chronic Disease

Stakeholder interviews identified the following issues, challenges and barriers related to chronic disease. Following are their comments summarized and edited for clarity:

- Our obesity rates are high. And diabetes, heart disease and congestive heart failure are very evident because of that. There is access for most people, the issue is more about a willingness and understanding to care for themselves. Tobacco use has been a problem, but that is better.
- There have been a lot of efforts around health coaching, preventive medicine and

patient and family education. These are all good things.

- Medical insurance is a barrier. It is beyond what we as a community can do. We do have some sliding scale facilities or no fee facilities, but there are still challenges connecting to specialty care because people do not have health insurance.
- Some of the counties around us are engaged in Blue Zones work. There is a lot of work going on around food and faith and it would be a good idea for our county to implement some best practices. I also think the pending sale of Flagler to a larger organization can benefit us with added resources. We've had an outflow of health care workers, especially nurses, and that has created a lot of challenges for the system.
- Those that live in homes or a shelter, they are better able to maintain their diseases because of the stability of a home and a place to live versus being on the street. Transportation can also be an issue to get people to their needed appointments.
- We need more doctors who accept Medicaid. People must wait months to see a doctor.
- It is important that we have clinics in the community so that people can access care and get their prescriptions. We could do better with our migrant community. More mobile clinics would make care accessible for more people. Otherwise, they end up in the ED and that exacerbates the issues we already have in the ED.
- We are not an expanded Medicaid state, that is a huge barrier. People have to qualify as having some sort of disability or recently had a child to get Medicaid. We have only one FQHC for the whole county. We have one free clinic that does what it can, but the needs are greater than the resources.
- We have a large Medicare population, so it is also very difficult to get Medicare based services. You must set up a Medicare appointment at least a month out.
- Clients in our clinics are struggling to access primary care. They need health management of chronic conditions like diabetes, high blood pressure and asthma. We see the impacts of what happens when health is not properly managed and people aren't regularly seeing a doctor.
- Overall, we have quite a few facilities here. But many providers take clients with insurance and transportation to get to their facilities. Some communities have no medical services, and a person has to drive 30-40 minutes to come into town.
- The lack of primary care and preventive care is a challenge, and it puts a strain on our EDs. People end up sicker and needing specialty care services. If people had greater access to primary care providers, there might be less strain on specialty care services.

Health Behaviors

Health Behaviors Ranking

The County Health Rankings examine healthy behaviors and rank counties according to health behavior data. Florida's 67 counties are ranked from 1 (healthiest) to 67 (least healthy) based on indicators that include: adult smoking, obesity, physical inactivity, excessive drinking, sexually transmitted infections, and others. St. Johns County is ranked 1, placing it at the top of Florida counties for healthy behaviors.

Health Behaviors Ranking

	County Ranking (out of 67)
St. Johns County	1

Source: County Health Rankings, 2023. <http://www.countyhealthrankings.org>

Overweight and Obesity

Among adults in St. Johns County, 24% are obese and 34.3% are overweight. Men are more likely than women to be overweight or obese (68.2% vs. 48.7%), rates rise with age before decreasing after age 65, decrease with increasing education, and are highest among Hispanic residents of the county (68.9%). The Healthy People 2030 objective for adult obesity is a maximum of 36% of adults, ages 20 and older.

Overweight and Obesity, by Demographics, 3-Year Average

	Overweight	Obese	Combined
Male	40.5%	27.7%	68.2%
Female	28.3%	20.4%	48.7%
Ages 18 to 44	28.8%	20.1%	48.9%
Ages 45 to 64	33.9%	32.9%	66.8%
Ages 65 and older	41.6%	19.2%	60.8%
Income below \$25,000 per year	25.9%	28.1%	54.0%
Income \$25,000 to \$49,999 per year	32.5%	29.8%	62.3%
Income \$50,000 or more	35.4%	23.2%	58.7%
Less than high school education	35.2%	30.0%	65.2%
H.S. Diploma/GED	29.8%	30.0%	59.7%
More than high school education	35.9%	21.4%	57.3%
Non-Hispanic White residents	34.9%	23.0%	57.8%
Hispanic residents	31.4%	37.5%	68.9%
Non-Hispanic Black residents	13.2%	33.1%	46.4%
St. Johns County	34.3%	24.0%	58.3%
Florida	37.6%	27.0%	64.6%

Source: Florida Department of Health, Division of Public Health Statistics and Performance Management, Florida Behavioral Risk Factor Surveillance System (BRFSS), 2017-2019. <https://www.FLHealthCHARTS.gov/charts/Brfss.aspx>

Among high school students in Florida, 16.5% are overweight and 16.4% are obese. Rates of overweight and obesity increased from 2019 to 2021.

Overweight and Obese, Public High School Students, 2019 and 2021

	Overweight		Obese	
	2019	2021	2019	2021
Florida	16.1%	16.5%	14.0%	16.4%

Source: Florida Health, Youth Risk Behavior Survey, 2019 & 2021. <https://www.floridahealth.gov/statistics-and-data/survey-data/florida-youth-survey/youth-risk-behavior-survey/index.html>

Physical Activity

The CDC recommendation for adult physical activity is 30 minutes of moderate activity five times a week or 20 minutes of vigorous activity three times a week, and strength training exercises that work all major muscle groups at least 2 times per week.

22.2% of adults in St. Johns County were sedentary and did not participate in any leisure-time physical activity in the previous month. Rates of sedentary adults among county residents were higher in women and among non-Hispanic Black residents, and lowest among Hispanic residents. The rates of sedentary adults increased with age and decreased with rising incomes.

Sedentary Adults, by Demographics, 3-Year Average

	Percent
Men	20.4%
Women	23.9%
Ages 18 to 44	12.3%
Ages 45 to 64	25.9%
Ages 65 and older	32.2%
Non-Hispanic White residents	22.9%
Hispanic residents	12.4%
Non-Hispanic Black residents	27.6%
Income less than \$25,000 per year	34.7%
Income between \$25,000 and \$49,999 per year	33.3%
Income \$50,000 per year or higher	15.6%
St. Johns County	22.2%
Florida	26.5%

Source: Florida Department of Health, Division of Public Health Statistics and Performance Management, Florida Behavioral Risk Factor Surveillance System (BRFSS), 2017-2019. <https://www.FLHealthCHARTS.gov/charts/Brfss.aspx>

The CDC recommendation for youth physical activity is 60 minutes or more each day. 60.7% of high school students in Florida did not meet this activity recommendation on at least 5 of the prior 7 days. High school students statewide were slightly more active in

2021 than they were in 2019. Boys are more likely to meet the physical activity recommendation than girls.

Inadequate Physical Activity, Youth, 2019 and 2021

	All Combined		Boys		Girls	
	2019	2021	2019	2021	2019	2021
Florida	61.2%	60.7%	51.8%	52.2%	70.7%	69.3%

Source: Florida Health, Youth Risk Behavior Survey, 2019 & 2021. <https://www.floridahealth.gov/statistics-and-data/survey-data/florida-youth-survey/youth-risk-behavior-survey/index.html>

20.4% of high school students in Florida did not participate in at least 60 minutes of physical activity on at least one of the prior seven days. High school students statewide were more active in 2021 than they were in 2019. Boys were less likely to be sedentary than girls.

Sedentary Youth, 2019 and 2021

	All Combined		Boys		Girls	
	2019	2021	2019	2021	2019	2021
Florida	21.8%	20.4%	16.7%	15.7%	26.9%	25.4%

Source: Florida Health, Youth Risk Behavior Survey, 2019 & 2021. <https://www.floridahealth.gov/statistics-and-data/survey-data/florida-youth-survey/youth-risk-behavior-survey/index.html>

Exercise Opportunities

Proximity to exercise opportunities can increase physical activity in a community. 91% of St. Johns County residents live in close proximity to exercise opportunities.

Adequate Access to Exercise Opportunities

	Percent
St. Johns County	91%
Florida	87%

Source: County Health Rankings, 2022 ranking, utilizing 2010 & 2021 data combined. <http://www.countyhealthrankings.org>

Community Walkability

WalkScore.com measures the walkability of any address, using research-backed methodology. Points are awarded based on the distance to amenities in each category. Amenities within a 5-minute walk (0.25 miles) are given maximum points. A higher score indicates an area is more accessible to walking while a lower score indicates a more vehicle-dependent location.

WalkScore.com has established the range of scores as follows:

0-24: Car Dependent (Almost all errands require a car)

25-49: Car Dependent (A few amenities within walking distance)

- 50-69: Somewhat Walkable (Some amenities within walking distance)
- 70-89: Very Walkable (Most errands can be accomplished on foot)
- 90-100: Walker's Paradise (Daily errands do not require a car)

Based on this scoring method, all ZIP Codes in the service area qualify as Car Dependent. However, when entered as a community (which would measure the city's core, without including outlying areas covered by the ZIP Codes) St. Augustine, with a score of 71, qualifies as 'Very Walkable', meaning that most errands in St. Augustine can be accomplished on foot.

Walkability

	Walkscore	ZIP Code	Walkscore
Elkton	21	32033	0
Hastings	45	32145	1
Ponte Vedra	N/A	32081	0
Ponte Vedra Beach	24	32082	10
St. Augustine	71	32080	2
St. Augustine		32084	0
St. Augustine		32086	6
St. Augustine		32092	2
St. Augustine		32095	0
St. Johns		0	32259

Source: [WalkScore.com](https://www.walkscore.com), 2023.

Soda Consumption

The percentage of high school students who drank at least one can, bottle, or glass of sugar-sweetened soda or pop, daily, on each of the prior seven days has declined from 28.6% in 2009 to 14.9% in 2021.

Daily Sweetened Soda/Pop Consumption, Youth, 2009-2021

	2009	2011	2013	2015	2017	2019	2021
Florida	28.6%	26.0%	22.1%	20.8%	17.5%	16.8%	14.9%

Source: Florida Health, Youth Risk Behavior Survey, 2009 - 2021. <https://www.floridahealth.gov/statistics-and-data/survey-data/florida-youth-survey/youth-risk-behavior-survey/index.html>

Fruit and Vegetable Consumption

In Florida, 11.3% of high school students in 2021 reported not eating any green salad, potatoes (excluding French fries, fried potatoes, or potato chips), carrots or other vegetables during the prior 7 days. There is a rising trend of eating fewer fruits and vegetables among high school students.

Ate No Vegetables During Prior Week, Youth, 2013-2021

	2013	2015	2017	2019	2021
Florida	9.4%	9.6%	10.0%	12.3%	11.3%

Source: Florida Health, Youth Risk Behavior Survey, 2009 - 2021. <https://www.floridahealth.gov/statistics-and-data/survey-data/florida-youth-survey/youth-risk-behavior-survey/index.html>

Community Input – Healthy Eating and Active Living

Stakeholder interviews identified the following issues, challenges and barriers related to healthy eating and active living. Following are their comments summarized and edited for clarity:

- People are still missing the education on eating a healthy diet.
- We all need the opportunity to engage in physical activities in a safe and comfortable way. Many of our neighborhoods don't have good sidewalks, good streetlights and crosswalks. Not everyone can enjoy taking a walk for their health. As a community we can do better to provide physical activity and outdoor recreation that is more easily accessible for everyone.
- I think there is a lot of personal responsibility at play with diet and activity levels and that is an important component.
- There are numerous food pantries and free meals in the community.
- It is a team effort to get healthier as a population because the costs keep going up and obesity is part of that. You are more likely to have a chronic condition that is costly and taxing on you and your family members. But it isn't easy with all the fast food and commercials that show desserts, and every social function you go to has alcohol and plenty of food, so it is not easy to solve.
- There is no fresh produce around, you have the corner store and the Dollar store, and nothing else within walking distance. Food apartheid is a specific act of repression. The community has kept out certain providers from the community and inhibited development for many years.
- It is easier to obtain junk food. It is cheaper to buy chips than apples. We are lucky in our county because there are a lot of parks, and you don't need to live in the area to use them. We have nice bike trails that are paved. But for impoverished areas with social determinants of health challenges, the healthy food choice isn't always there for them.
- We need more prevention and outreach so we can address diabetes, high blood pressure and hypertension. We have food banks, and we have a lot of farming in the area with good fresh produce, but distribution could be better. Also, generationally, people are not learning how to cook food anymore and that is an issue.
- We are rated the number one healthiest county in Florida. We have bike paths and more walkable space now. We don't hear much about weight issues. I imagine there are some health disparities around that in our poorer communities as their access to healthy foods is limited.

- We have food pantries, but we need expansion and that is a barrier. It is hard to get space in this county. We are one of the fastest growing counties in Florida. We are a high population growth community as well. And there is only so much space.
- We have a county with 42 miles of coastline, a lot of open areas and parks and a lot of opportunities for low-cost recreation. But it is about motivating people to get out there. You don't have to join a gym to exercise. You can take a walk on the beach for free and get a good workout. You can use nature for recreation. We have some urban areas with fewer opportunities. Our rural areas do not have the same access to healthy fresh foods. They have more access to candy, chips and processed foods that are affordable.

Youth Sexual Behaviors

The percentage of high school students who ever had sex is decreasing. However, condom use among those who are sexually active (defined as having had sex in the prior three months) is decreasing as well.

Ever Had Sexual Intercourse, Youth, 2009-2021

	2009	2011	2013	2015	2017	2019	2021
Florida	50.6%	48.2%	44.3%	40.3%	38.1%	36.6%	36.1%

Source: Florida Health, Youth Risk Behavior Survey, 2009 - 2021. <https://www.floridahealth.gov/statistics-and-data/survey-data/florida-youth-survey/youth-risk-behavior-survey/index.html>

Used a Condom During Last Sexual Intercourse, Youth, 2009-2021

	2009	2011	2013	2015	2017	2019	2021
Florida	65.1%	64.3%	62.4%	61.7%	57.4%	58.5%	50.9%

Source: Florida Health, Youth Risk Behavior Survey, 2009 - 2021. <https://www.floridahealth.gov/statistics-and-data/survey-data/florida-youth-survey/youth-risk-behavior-survey/index.html>

Sexually Transmitted Infections

From 2019 to 2021, chlamydia infections were diagnosed at a rate of 245.1 cases per 100,000 persons in St. Johns County. The rate of gonorrhea diagnoses was 61.7 cases per 100,000 persons. Syphilis was diagnosed at a rate of 12.3 cases per 100,000 persons in St. Johns County, with 4.5 cases per 100,000 being in the infectious (generally referred to as primary or secondary syphilis) period. Congenital syphilis was diagnosed in 29.6 births per 100,000 births – either live or stillborn – to county residents. Rates of all listed STIs were lower in the county than statewide.

Sexually Transmitted Infections (STI) Rates, per 100,000 Persons

	St. Johns County	Florida
Chlamydia	245.1	485.5
Gonorrhea	61.7	188.4
Syphilis, infectious	4.5	17.3
Syphilis, early	7.4	39.3

	St. Johns County	Florida
Syphilis, all	12.3	63.1
Syphilis, congenital, per 100k births	29.6	73.8

Source: Florida Department of Health, Division of Public Health Statistics and Performance Management, Bureau of Community Health Assessment and Vital Statistics' FLHealthCHARTS, 2019-2021.

<https://www.FLHealthCHARTS.gov/Charts/SearchResult.aspx>

HIV

The rate of newly diagnosed HIV cases in St. Johns County averaged 5.9 cases per 100,000 persons from 2019 through 2021, continuing a downward trend.

Newly Diagnosed HIV Cases, Annual Count and Rate, per 100,000 Persons, 3-Year Rates

	2007-2009	2010-2012	2013-2015	2016-2018	2019-2021
St. Johns County	10.9	5.2	6.2	6.9	5.9
Florida	31.3	24.3	23.1	23.2	19.6

Source: Florida Department of Health, Division of Public Health Statistics and Performance Management, Bureau of Community Health Assessment and Vital Statistics' FLHealthCHARTS, 2007-2021.

<https://www.FLHealthCHARTS.gov/Charts/SearchResult.aspx>

The prevalence of HIV (those living with HIV regardless of when they might have been diagnosed or infected) is 151.1 cases per 100,000 persons in St. Johns County, which is lower than the 547.6 cases per 100,000 persons seen statewide.

Persons with HIV, Rate per 100,000 Persons

	Rate
St. Johns County	151.1
Florida	547.6

Source: Florida Department of Health, Division of Public Health Statistics and Performance Management, Bureau of Community Health Assessment and Vital Statistics' FLHealthCHARTS, 2007-2021.

<https://www.FLHealthCHARTS.gov/Charts/SearchResult.aspx>

Mental Health

Frequent Mental Distress and Depression

Frequent Mental Distress is defined as 14 or more bad mental health days in the past month. In St. Johns County, 11.2% of the adult population experienced frequent mental distress. Rates were higher among women and non-Hispanic White residents and declined with increasing income. Rates were lowest among those ages 45 to 64 (6.9%), higher among senior adults (9.7%) and highest among young adults, ages 18 to 44 (16.8%).

Frequent Mental Distress, Demographics, 3-Year Average

	Percent
Men	10.4%
Women	12.0%
Ages 18 to 44	16.8%
Ages 45 to 64	6.9%
Ages 65 and older	9.7%
Non-Hispanic White	10.9%
Hispanic	9.7%
Non-Hispanic Black	9.6%
Income less than \$25,000 per year	16.2%
Income between \$25,000 and \$49,999 per year	14.8%
Income \$50,000 per year or higher	8.3%
St. Johns County	11.2%
Florida	13.8%

Source: Florida Department of Health, Division of Public Health Statistics and Performance Management, FL Behavioral Risk Factor Surveillance System (BRFSS), 2017-2019. <https://www.FLHealthCHARTS.gov/charts/Brfss.aspx>

In St. Johns County, 19.4% of the adult population has been told by a health professional they have a depressive disorder. Rates were higher among women, those ages 18 to 44, and non-Hispanic White residents. Rates of diagnosis declined with increasing income.

Diagnosed with Depressive Disorder, Demographics, 3-Year Average

	Percent
Men	14.4%
Women	24.1%
Ages 18 to 44	22.6%
Ages 45 to 64	17.3%
Ages 65 and older	18.8%
Non-Hispanic White	21.0%

	Percent
Hispanic	13.6%
Non-Hispanic Black	10.4%
Income less than \$25,000 per year	24.8%
Income between \$25,000 and \$49,999 per year	23.0%
Income \$50,000 per year or higher	16.8%
St. Johns County	19.4%
Florida	17.7%

Source: Florida Department of Health, Division of Public Health Statistics and Performance Management, Florida Behavioral Risk Factor Surveillance System (BRFSS), 2017-2019. <https://www.FLHealthCHARTS.gov/charts/Brfss.aspx>

Youth Mental Health

Among high school students in Florida, the rate of depression increased from 33.7% in 2019 to 39.3% in 2021. This is described as 'feeling so sad or hopeless for two weeks or more that they had stopped doing their usual activities.'

Depression, Past 12 Months, Youth

	2019	2021
Florida	33.7%	39.3%

Source: Florida Health, Youth Risk Behavior Survey, 2019 & 2021. <https://www.floridahealth.gov/statistics-and-data/survey-data/florida-youth-survey/youth-risk-behavior-survey/index.html>

Suicide was the third-leading cause of death for Florida teens, ages 15 to 19, from 2019 through 2021 (the most recent year available). In 2021, 2.7% of Florida students said they had a suicide attempt in the past 12 months, which required treatment from a doctor or nurse.

Considered and Attempted Suicide, Past 12 Months, Youth

	Considered Suicide		Attempted Suicide	
	2019	2021	2019	2021
Florida	15.6%	17.7%	7.9%	8.9%

Source: Florida Health, Youth Risk Behavior Survey, 2019 & 2021. <https://www.floridahealth.gov/statistics-and-data/survey-data/florida-youth-survey/youth-risk-behavior-survey/index.html>

Intimate partner violence can be sexual (being forced to do sexual things such as kissing, touching, or being physically forced to have sexual intercourse) or physical (being physically hurt on purpose, such as being hit, slammed into something, or injured with an object or weapon). 8.1% of Florida high school students who dated or went out with someone during the prior 12 months said they had experienced sexual dating violence, and 8.1% said they had experienced physical dating violence.

Intimate Partner Violence, Past 12 Months, Youth

	Experienced Sexual Violence		Experienced Physical Violence	
	2019	2021	2019	2021
Florida	7.0%	8.1%	8.9%	8.1%

Source: Florida Health, Youth Risk Behavior Survey, 2019 & 2021. <https://www.floridahealth.gov/statistics-and-data/survey-data/florida-youth-survey/youth-risk-behavior-survey/index.html>

Community Input – Mental Health

Stakeholder interviews identified the following issues, challenges and barriers related to mental health. Following are their comments summarized and edited for clarity:

- Our older population experiences anxiety, depression and more serious issues like bipolar disorder and substance use. People who have these issues get older and mental health may be compounded by a loss of friends, spouse, siblings and it can lead to isolation. There is still a stigma around seeking mental health with the older generation.
- There is a greater need than there are mental health personnel to serve the needs in the community and there is a lot of staff turnover. As a result, when someone in need initiates care, there may not always be adequate transportation, or continuity of care, or their caregivers are no longer available to assist them, and this can all impact access to care.
- The need for mental health help has grown quite a lot. We have a lot of kids in our area who have a higher incidence of self-harm.
- There are not enough mental health services. And there is not enough community case managers to keep people stable in their housing.
- Medicaid has not raised their rates in years. So, it is hard to get providers to take Medicaid rates. And we have issues where our insurance companies are not adding additional therapists onto their roles to meet the demand. We have extensive wait lists.
- We have no child crisis stabilization unit in our county. There is nowhere to place these kids. They go to either Daytona or Jacksonville. We have a general lack of residential treatment facilities and only one therapeutic group home that is always full. It is so problematic that caregivers end up turning these kids over to the state because they are at a loss. Also, even post pandemic, it is still a highly competitive environment to obtain mental health practitioners and it is difficult for nonprofits to compete.
- Social media has created this constant need for attention and affirmation and if you don't get it, and someone else does, it becomes a downward spiral of self-loathing and it creates image problems and eating disorders. Social media has a big impact whether you are a teenager or a senior citizen.
- It takes time to get mental health services and when services are free, it can be a long wait.

- Having professionals available is an issue. If we can't get licensed professionals and peer specialists and we can't pay them enough to retain them, then it is hard to get traction on the issue. This was pre-existing to the pandemic, and it was exacerbated by the pandemic. People just can't access care and the waiting lists are so long and there are not enough practitioners.
- Medicare will only allow LCSWs to provide care and the application for insurance payments is insane so many entities don't even go through the process.
- People are not choosing to use their licenses in a community behavioral health setting. As a community health center, we serve all populations, whether they are insured or have money. Insurance companies will say there are enough people in your 100-mile radius for care, so we aren't going to add more providers. They say there are plenty of practitioners in Jacksonville, but the standard of care right now is that people want to be seen quickly and closely. They do not want to drive 50 miles or even 10 miles. To go 60 miles to Jacksonville isn't going to work for a lot of people.
- Kids were not as connected during the pandemic and parents were stressed with finances, so some needs weren't met. People were dealing with abuse and isolation and the disconnection that took place across society was felt more intensely with those who were under-resourced. We saw families for the first time asking for help and reaching out. And for the first time, we had providers who were not able to help due to the pandemic and shortage of workers.
- Even for people who are well-insured and can manage a co-pay, there aren't a lot of local providers for mental health. If you are uninsured or only have catastrophic coverage, your ability to get services is very small. Other than for a crisis where you end up in the ED, it is hard to get services. For maintenance of medications and counseling, it is almost impossible if you do not have insurance. And many of our practitioners have a full patient load and aren't taking on new patients.
- We have a very large veteran population with all our military facilities, and there are some mental health issues with that population.

Substance Use

Cigarette Smoking

The Healthy People 2030 objective for cigarette smoking among adults is 5%. In St. Johns County, 14.6% of adults report being current smokers. Rates were higher among men than women and were lowest among non-Hispanic Black residents (7%) and those making \$50,000 per year or more (7.5%).

Cigarette Smoking, Demographics, 3-Year Average

	Percent
Men	15.2%
Women	14.0%
Ages 18 to 44	15.3%
Ages 45 to 64	14.4%
Ages 65 and older	14.3%
Non-Hispanic White	15.0%
Hispanic	13.7%
Non-Hispanic Black	7.0%
Income less than \$25,000 per year	24.7%
Income between \$25,000 and \$49,999 per year	27.3%
Income \$50,000 per year or higher	7.5%
St. Johns County	14.6%
Florida	14.8%

Source: Florida Department of Health, Division of Public Health Statistics and Performance Management, Florida Behavioral Risk Factor Surveillance System (BRFSS), 2017-2019. <https://www.FLHealthCHARTS.gov/charts/Brfss.aspx>

23.1% of county adults reported having ever used an e-cigarette, while 5.7% reported being current e-Cigarette smokers. Rates were higher among men than women, declined with age, and were highest among those making between \$25,000 and \$49,999 per year.

e-Cigarette Smoking, Demographics, 3-Year Average

	Percent
Men	7.6%
Women	3.9%
Ages 18 to 44	10.1%
Ages 45 to 64	3.9%
Ages 65 and older	2.2%
Income less than \$25,000 per year	5.8%
Income between \$25,000 and \$49,999 per year	9.0%
Income \$50,000 per year or higher	5.7%

	Percent
St. Johns County	5.7%
Florida	7.5%

Source: Florida Department of Health, Division of Public Health Statistics and Performance Management, Florida Behavioral Risk Factor Surveillance System (BRFSS), 2017-2019. <https://www.FLHealthCHARTS.gov/charts/Brfss.aspx>

At the state level, cigarette use rises with grade level, with at least one cigarette being smoked in the past 30 days by 2.5% of 9th grade students and 4.6% of 12th grade students. Cigarette use dropped among youth from 2019 to 2021, and daily cigarette use dropped by half among 9th and 12th grade students.

Cigarette Use, Past 30 Days, Florida Youth

	9 th Grade		12 th Grade	
	2019	2021	2019	2021
Any use	3.9%	2.5%	5.6%	4.6%
Daily use	0.6%	0.3%	1.6%	0.8%

Source: Florida Health, Youth Risk Behavior Survey, 2019 & 2021. <https://www.floridahealth.gov/statistics-and-data/survey-data/florida-youth-survey/youth-risk-behavior-survey/index.html>

Alcohol Use

Binge drinking is defined as consuming a certain amount of alcohol within a set period. For males this is five or more drinks per occasion and for females it is four or more drinks per occasion. Heavy drinking is defined as men drinking 15 alcoholic drinks or more per week and women drinking 8 alcoholic drinks or more per week. Among adults, 20.9% in St. Johns County reported having engaged in binge or heavy drinking in the previous 30 days, with men having a higher rate (23%) than women (19.1%). The heaviest rate occurred among adults, ages 18 to 44 (25.9%), followed by adults, ages 45 to 64 (22%), and lowest among senior adults, ages 65 and older (13.3%). Rates rise with income and are highest among non-Hispanic White residents.

Heavy or Binge Drinking, Past 30 Days, Demographics, 3-Year Average

	Percent
Male	23.0%
Female	19.1%
Ages 18 to 44	25.9%
Ages 45 to 64	22.0%
Ages 65 and older	13.3%
Income below \$25,000 per year	19.2%
Income \$25,000 to \$49,999 per year	22.0%
Income \$50,000 or more	22.4%
Non-Hispanic White residents	22.0%
Hispanic residents	13.1%
Non-Hispanic Black residents	9.6%

	Percent
St. Johns County	20.9%
Florida	18.0%

Source: Florida Department of Health, Division of Public Health Statistics and Performance Management, Florida Behavioral Risk Factor Surveillance System (BRFSS), 2017-2019. <https://www.FLHealthCHARTS.gov/charts/Brfss.aspx>

Alcohol use among youth increased by grade level. 34% of 12th grade youth in Florida had consumed alcohol at some time in the past month, while only 16.5% of 9th grade youth had consumed alcohol. From 2019 to 2021, fewer 9th grade students drank in the past month, but more 12th grade students drank.

Alcohol Use in Past 30 Days, Youth

	9 th Grade		12 th Grade	
	2019	2021	2019	2021
Florida	19.5%	16.5%	31.0%	34.0%

Source: Florida Health, Youth Risk Behavior Survey, 2019 & 2021. <https://www.floridahealth.gov/statistics-and-data/survey-data/florida-youth-survey/youth-risk-behavior-survey/index.html>

Among youth, binge drinking rates rose steeply from 9th to 12th grade. 7.6% of 9th grade students and 18.8% of 12th grade students in Florida had engaged in binge drinking in the prior 30 days. The difference in binge drinking between 9th and 12th grade students widened from 2019 to 2021, with fewer 9th grade students binge drinking in the past month in 2021 than 2019, but more 12th grade students binge drinking.

Binge Drinking in Past 30 Days, Youth

	9 th Grade		12 th Grade	
	2019	2021	2019	2021
Florida	8.3%	7.6%	15.8%	18.8%

Source: Florida Health, Youth Risk Behavior Survey, 2019 & 2021. <https://www.floridahealth.gov/statistics-and-data/survey-data/florida-youth-survey/youth-risk-behavior-survey/index.html>

Drug Use

St. Johns, Flagler, Putnam, and Volusia Counties form the NSDUH ‘Circuit 7’. From 2016 to 2018, an estimated 17% of Circuit 7 youth and adults (ages 12 and older) said they had used marijuana during the prior year, and 10.6% said they had used it during the prior month. These are higher rates than the state rates.

Marijuana Use, Individuals, Ages 12 and Older, 3-Year Average

	Circuit 7	Florida
Reported using marijuana in the past year	17.0%	13.9%
Reported using marijuana in the past month	10.6%	8.8%

Source: Substance Abuse and Mental Health Services Administration (SAMHSA), 2016-2018 National Survey on Drug Use and Health (NSDUH) <https://www.samhsa.gov/data/nsduh/2018-2020-substate-reports>

In Florida, 12.1% of teenagers, 32.8% of young adults and 12.7% of adults, ages 26 and older used marijuana in the past year.

Marijuana Use, Ages 12 and Older

	Florida		
	Ages 12 - 17	Ages 18 - 25	Ages 26 and Older
Reported using marijuana in the past year	12.1%	32.8%	12.7%
Reported using marijuana in the past month	6.5%	21.5%	9.0%

Source: Substance Abuse and Mental Health Services Administration (SAMHSA), 2019 National Survey on Drug Use and Health (NSDUH) State Report. <https://www.samhsa.gov/data/nsduh/state-reports-NSDUH-2019>

Marijuana use among Florida youth increased through the 11th grade, before decreasing slightly in the 12th grade.

Marijuana Use, Past 30 Days, Youth

	9 th Grade		11 th Grade	12 th Grade
	2019	2021	2019	2021
Florida	14.7%	13.2%	24.1%	22.5%

Source: Florida Health, Youth Risk Behavior Survey, 2019 & 2021. <https://www.floridahealth.gov/statistics-and-data/survey-data/florida-youth-survey/youth-risk-behavior-survey/index.html>

Community Input – Substance Use

Stakeholder interviews identified the following issues, challenges and barriers related to substance use. Following are their comments summarized and edited for clarity:

- We have no children’s residential drug treatment facility, only outpatient and prevention programs for children in our county. There is a general lack of residential inpatient treatment for people who are struggling with substance use disorders.
- Substance use and addiction is impacting people’s ability to obtain housing. We have seen more evictions. And once an eviction is on your record for substance use, you can’t get housed again.
- Substance use is a problem in coastal communities. It is a recreational activity, but it gets out of control. There are very few beds and opportunities inside our community. It is similar to our housing needs.
- We have a lot of fentanyl issues here.
- People don’t really think of older people as drug users, but they are. The same with alcohol. Those things can be more hidden. Sometimes older adults get a lot of pain medications that they might not even use and that can lead to people around them stealing their pain medications and taking them for themselves or selling them.
- It seems like there is more substance use and abuse and that substances are more readily available. I know some people go outside the county and state for services.
- With the legalization of marijuana, it has become a gateway drug. It has a purpose in a controlled environment, but there is a lot of experimentation going on. We have a

huge inflow of fentanyl. It hasn't been as pervasive in our county yet, but it's coming, and it has to be addressed.

- Most users are still able to work, they are not out on the street. And that number of users is bigger than we think. We need more early education in schools. And awareness among parents so they don't turn a blind eye.
- Like mental health needs, the demand for services is higher than the supply of resources in our community. The local community does not focus a lot on substance use and our youth, that is a gap. Vaping has become a public health condition. I would like to see more cessation classes and programs available for youth. Youth get addicted to vaping and there are no programs to help them get off it. We are seeing an increase in marijuana, usually mom and dad's stuff that is brought into school. It's replaced the opioids we used to see. But where we really see an increase is in vaping, and we are starting to see it more in our middle schools.
- We have a lot of methamphetamine use and a continuum of opioids, heroin and fentanyl. We use a lot of Narcan. It is something that cuts across all communities of people. We have people who overdose in our expensive resort communities. It is the same with our mental health issues. We are talking to our neighboring counties to see if we can have a more regional approach.
- Alcohol use is a problem in our adult population. We have several facilities that are geared toward certain populations – such as those who want to come to Florida to seek rehabilitation in a nice climate. Overall, inpatient behavioral health services are very limited. We do not have enough beds. Sometimes there is a very limited window when an individual is at a point where they are ready to go for substance use services. But if there is no bed, we may miss that opportunity to intervene.

Preventive Practices

Flu and Pneumonia Vaccines

The Healthy People 2030 objective is for 70% of all adults, ages 18 and older, to receive a flu shot. 62.2% of senior residents of St. Johns County received a flu shot, while for all adults, ages 18 and older, the rate was 41.1%. For both age groups, rates were higher among women than men, and rose with income.

Flu Shots, Past 12 Months, Adults and Senior Adults, 3-Year Average

	All Adults, Ages 18 and Older	Senior Adults, Ages 65 and Older
Men	33.4%	58.9%
Women	47.8%	65.0%
Income less than \$25,000 per year	32.2%	53.7%
Income between \$25,000 and \$49,999 per year	34.3%	57.1%
Income \$50,000 per year or higher	43.4%	64.4%
St. Johns County	41.1%	62.2%
Florida	36.9%	58.3%

Source: Florida Department of Health, Division of Public Health Statistics and Performance Management, Florida Behavioral Risk Factor Surveillance System (BRFSS), 2017-2019. <https://www.FLHealthCHARTS.gov/charts/Brfss.aspx>

In St. Johns County, 74.2% of senior adults reported having received the pneumonia vaccine. Women (79.4%) were more likely than men (67.4%) to have received the vaccine. Those with incomes over \$50,000 per year were the most likely to have received the vaccination, while county residents earning between \$25,000 and \$49,999 per year were least likely to have received the vaccine.

Pneumonia Vaccine, Adults, 65 and Older, 3-Year Average

	Percent
Men	67.4%
Women	79.4%
Income less than \$25,000 per year	69.3%
Income between \$25,000 and \$49,999 per year	56.4%
Income \$50,000 per year or higher	78.2%
St. Johns County	74.2%
Florida	66.8%

Source: Florida Department of Health, Division of Public Health Statistics and Performance Management, Florida Behavioral Risk Factor Surveillance System (BRFSS), 2017-2019. <https://www.FLHealthCHARTS.gov/charts/Brfss.aspx>

Immunization of Children

The county rate of up-to-date vaccinations among children entering Kindergarten (92.1%) is lower than the state rate (93.3%) and represents a continued decline from

the 94.6% vaccination rate reported in 2017.

Up-to-Date Immunization Rates of Children Entering Kindergarten, 2021

	Percent
St. Johns County	92.1%
Florida	93.3%

Source: Florida Department of Health, Bureaus of Community Health Assessment and Vital Statistics, FLHealthCHARTS.
<https://www.FLHealthCHARTS.gov/Charts/CommunicableDiseases/default.aspx>

Mammograms

The Healthy People 2030 objective for mammograms is for 77.1% of women, ages 50 to 74, to have a mammogram within the past two years. 76.9% of St. Johns County women in that age range obtained mammograms, which is lower than the Florida rate (78.9%) and does not meet the objective.

Mammogram in the Past 2 Years, Women, Ages 50-74, Age-Adjusted Rate

	St. Johns County	Florida
Mammogram, past 2 years	76.9%	78.9%

Source for county: U.S. Centers for Disease Control (CDC), Behavioral Risk Factor Surveillance System (BRFSS), PLACES Project 2022, 2020 data year. <https://chronicdata.cdc.gov/500-Cities-Places/PLACES-Local-Data-for-Better-Health-County-Data-20/swc5-untb> Source for Florida: Centers for Disease Control, 2020 Behavioral Risk Factor Surveillance System (BRFSS).
<https://www.cdc.gov/brfss/brfssprevalence/index.html>

Pap Smears

The Healthy People 2030 objective for Pap smears is for 84.3% of women, ages 21-65, to be screened in the past three years. 81.8% of St. Johns County women in that age group obtained pap smears in the prior three years, which is higher than Florida's rate (76.7%) but does not meet the objective.

Pap Smear in the Past 3 Years, Women, Ages 21-65, Age-Adjusted Rate

	St. Johns County	Florida
Pap smear, past 3 years	81.8%	76.7%

Source for county: U.S. Centers for Disease Control (CDC), Behavioral Risk Factor Surveillance System (BRFSS), PLACES Project 2022, 2020 data year. <https://chronicdata.cdc.gov/500-Cities-Places/PLACES-Local-Data-for-Better-Health-County-Data-20/swc5-untb> Source for Florida: Centers for Disease Control, 2020 Behavioral Risk Factor Surveillance System (BRFSS).
<https://www.cdc.gov/brfss/brfssprevalence/index.html>

Colorectal Cancer Screening

The Healthy People 2030 objective for adults, ages 50 to 75, is for 74.4% to obtain colorectal cancer screening (defined as a blood stool test in the past year, sigmoidoscopy in the past five years plus blood test in the past three years, or colonoscopy in the past ten years). 75.1% of St. Johns County residents, ages 50-75, met the colorectal cancer screening guidelines, which is higher than the statewide rate (74.2%) and meets the Health People objective.

Colorectal Cancer Screening, Adults, Ages 50-75, Age-Adjusted Rate

	St. Johns County	Florida
Colorectal cancer screening	75.1%	74.2%

Source for county: U.S. Centers for Disease Control (CDC), Behavioral Risk Factor Surveillance System (BRFSS), PLACES Project 2022, 2020 data year. <https://chronicdata.cdc.gov/500-Cities-Places/PLACES-Local-Data-for-Better-Health-County-Data-20/swc5-untb> Source for Florida: Centers for Disease Control, 2020 Behavioral Risk Factor Surveillance System (BRFSS). <https://www.cdc.gov/brfss/brfssprevalence/index.html>

Community Input – Preventive Practices

Stakeholder interviews identified the following issues, challenges and barriers related to preventive practices. Following are their comments summarized and edited for clarity:

- There has been such politicization around the COVID vaccine. That is our biggest barrier.
- We found that our seniors were ready to get the vaccine when it came out. They didn't like things shut down and staying at home. We had good compliance.
- We have made some progress in preventive screenings for breast cancer.
- Access to preventive services has grown tremendously. You can drive to Walgreens and get the flu shot or a COVID booster. Screenings can be tricky. If you are afraid you have something you don't want to know, you don't go to the doctor.
- We did not shut down the way other communities and states did during COVID. We masked and cleaned and had very few infections at our homeless shelter. We did onsite testing constantly and temperature tests twice a day.
- We are a very affluent community where the majority of people are seeing a doctor regularly, getting their vaccines and check-ups. For the underserved community, the hospital and other community providers try to meet people where they are and serve that population, if they are interested.
- The pandemic has created a divide between those that believe in vaccines and those that don't.
- An issue is that insurance does not cover all screenings. It is counterintuitive especially if you can identify early stages of disease then you are better able to treat them and be cured in some cases.
- People can get the flu shot or COVID vaccinations anywhere. Other things like shingles, we can't get access to those because they are very expensive. If you don't have insurance, you aren't getting that.
- The Department of Public Health is not centrally located. It is difficult to get there. They used to have mobile vans that would go out to the more rural and isolated districts, but they don't do that anymore. Schools require kids to be vaccinated, but it puts a burden on some families to get that accomplished.
- We have a robust federal program that allows for free children's vaccines until age 19 with no cost to the parent. There is in fact a cost to the parent in that they may have to work and time off, leave work and their children miss school. So, it is available, but perhaps not equally accessible for all.

- Health education in general is not always widely available. With the internet, anyone can find all sorts of answers, some correct, some not. But we have an opportunity to do a better job at getting accurate health information out there. We used to promote using “dot-gov” or “dot-edu” websites for accurate information. But with the pandemic, there is now a lot of mistrust with the government, schools and public health. So, we have to rebuild that health education network.

Resources to Address Significant Needs

Community stakeholders identified community resources potentially available to address the significant community needs. This is not a comprehensive list of all available resources. For additional resources refer to Care Connect+ at <https://www.careconnectplus.com/>.

Significant Needs	Community Resources
Access to care	211, Aza Health, Care Connect Plus, <i>Department of Health St. Johns County, Florida Association of Free and Charitable Clinics (FAFCC), National Association of Free and Charitable Clinics (NAFC), Nonprofit Center for Northeast Florida, Wildflower Healthcare, St. Johns Council on Aging, St. Johns County Health Leadership Council</i>
Chronic diseases	Aza Health, <i>Department of Health St. Johns County, St. Johns Council on Aging, Wildflower Healthcare</i>
Healthy eating and physical activity	Children’s Home Society of Florida, Pie in the Sky Community Alliance of St. Johns County, St. Johns Council on Aging
Housing and homelessness	Affordable/Workforce Housing Taskforce, Alpha-Omega Miracle Home, Betty Griffin Center, Care Connect Plus, Catholic Charities, Continuum of Care Program, Emergency Services & Homeless Coalition of St. Johns County, Inc. (ESHC), Habitat for Humanity, Home Again St. Johns, Majella House, Nonprofit Center for Northeast Florida, Operation New Hope, Port in the Storm Homeless Youth Center, St. Francis House, St. Gerard Campus, St Johns Housing Partnership, United Way, Veterans Services
Mental health	988 Suicide Hotline and Crisis Response System, Aza Health, Be Resilient and Voice Emotions (BRAVE), Betty Griffin Center, Children’s Home Society of Florida, Child Welfare Behavioral Health Integration, EPIC Behavioral Healthcare, Health and Human Services Advisory Council, Here Tomorrow Mental Health Collaborative, Lutheran Services of Northern Florida, National Alliance on Mental Illness (NAMI), Operation New Hope, Public Safety Coordinating Council, St. Augustine Youth Services (SAYS), St. Johns County Behavioral Health Consortium, SMA Healthcare
Preventive practices	Aza Health, Be Resilient and Voice Emotions (BRAVE), Children’s Home Society of Florida, <i>Department of Health, St. Johns County, Health and Human Services Advisory Council, Prevention Coalition of St. Johns County, St. Johns Council on Aging</i>
Substance use	Celebrate Recovery, Child Welfare Behavioral Health Integration, EPIC Behavioral Healthcare, Health and Human Services Advisory Council, Lutheran Services of Northern Florida, Prevention Coalition of St. Johns County, Public Safety Coordinating Council, St. Augustine Youth Services (SAYS), St. Johns County Behavioral Health Consortium, SMA Healthcare

Report of Progress

Flagler Hospital developed and approved an Implementation Strategy to address significant health needs identified in the 2020 CHNA. The Community Health Priorities and the Strategic Objectives of the St. Johns County Implementation Strategy are summarized in the table below:

Community Health Priorities	Strategic Objectives
Community Assets	<ul style="list-style-type: none">• Increase access to transportation• Increase resources for community health improvement• Assure linkages to care
Community Learning and Planning	<ul style="list-style-type: none">• Improve community livability to address social determinants of health• Protect population from emerging health threats• Improve child safety and well-being
Community Implementation	<ul style="list-style-type: none">• Reduce risky behaviors• Increase access to dental care• Increase access to mental health care• Improve overall health outcomes
Community Health Status	<ul style="list-style-type: none">• Reduce chronic disease and related health inequities• Reduce communicable disease incidence• Reduce crime and injury

The following section outlines the health needs addressed since the completion of the 2020 CHNA.

Community Assets

Care Connect+

Care Connect+ was established in 2017 by Flagler Hospital to align community resources into a single access point. Aggregate data from Care Connect+ is used to determine community needs and gaps in services based on the information provided by community members.

Care Connect+ uses a network of over 130 partners to determine what services clients can receive and follows client progress until needs are met. The network includes government organizations such as Health & Human Services, Veterans Affairs and law enforcement, non-profits such as St. Johns Council on Aging, St. Johns Housing Partnership, The Salvation Army, Catholic Charities and St. Francis House homeless shelter, Habitat for Humanity, and other mental and physical health care providers such as Epic Behavioral Health, SMA, Aza Healthcare, Wildflower and Lutheran Services Florida.

Care Connect+ increases coordination and access of services while assisting clients with navigating the often confusing and complicated social services spectrum. It helps

area residents obtain rental assistance, utility payment assistance, transportation assistance, establishing a medical home for primary care, assistance in applying for Medicaid, insurance, food stamps, access to dental services, prescription assistance, homeless prevention services, access to local food banks, and food and supply delivery for those unable to leave home. In FY22, 5,924 clients were part of the Care Connect+ hub and were matched with services. A total of 7,517 services were provided.

Increase Use of Transportation

The St. Johns County Council on Aging, Inc. (COA) serves as the Community Transportation Coordinator for St. Johns County. The COA provided door-to-door non-emergency medical transportation services to ambulatory, and wheelchair bound clients within the St. Johns County service area. The Sunshine Bus Company (a division of the COA) is St. Johns County's public bus service. Since its inception in 2006, the Sunshine Bus Company has expanded its services to better serve the community, with the addition of new routes and an increased number of daily trips.

Flagler Hospital partnered with the St. Johns County Health Leadership Council to provide transportation training to 14 community organizations. This education was offered to community members, and health care providers to raise awareness and increase utilization. In addition to supporting public transportation initiatives, Flagler Health+ partnered with Uber Health to provide transportation to and from doctors' appointments. This service was available to community residents, regardless of whether the doctor was affiliated with Flagler Health+. In FY22, Care Connect+ paid for the Uber and taxi rides to medical appointments for the community.

In 2021, Flagler Hospital partnered with the city of St. Augustine and Bolt to launch an e-biker service in downtown St. Augustine. To advance physical health and economic health, Flagler helped purchase 110 electric bikes that can be rented by the public.

Increase Support for Seniors

Flagler Hospital awarded a grant to the St. Johns Council on Aging to provide staff to assist senior citizens in St. Johns County in applying for free or reduced rate prescription drugs. This program served over 275 seniors. The Council on Aging focused volunteer hours on counseling, client notification and doctor's office visits to help expedite paperwork. COA also provided a Meals on Wheels program and Prescription Drug Program.

Community Learning and Planning

Increase Access to Physical Activity and Nutritional Education

St. Johns County residents benefitted from tailored fitness courses made available at

Flagler Hospital. Beginner's Tai-Chi, Yoga for Young Ones, Chair Yoga, and Restorative Yoga were offered to community members. In addition, Flagler provided cooking demonstrations, diabetes education, and nutrition workshops.

Plus Bus

Flagler Hospital reached underserved populations within the community who experienced barriers while accessing care. Using the mobile health unit, the Plus Bus, vulnerable residents were provided with health care services. In addition, these individuals were offered care coordination resources. The Plus Bus operated in partnership with other community agencies, as well as independently seeking opportunities to aid patients who were low income, at high-risk, experiencing homelessness, or those who do not have adequate access to care. The following clinics were put in place on a monthly rotating schedule:

- **Dining with Dignity** –The Plus Bus visited Dining with Dignity each month. In partnership with Wildflower Clinic and Home Again, homeless individuals were fed hot meals and seen once a month on the bus for primary care. Resource coordination was provided.
- **Hastings Food Bank** – The Plus Bus teamed up with Wildflower Clinic to provide weekly walk-up services in Hastings, FL. These services were provided with a local food distribution program and provided primary care for underinsured patients in the most rural parts of St. Johns County.
- **Epic Cure Food Distribution** – During FY22, the Plus Bus staff identified a need at the EpicCure food rescue program in St. Augustine. Health screenings, which included blood pressure monitoring, lipid panels, and glucose monitoring, were provided to patrons who received food twice a month at the EpicCure warehouse.
- **Family Worship Center** – The Plus Bus combined primary health care with a large food distribution at Family Worship Center in St. Augustine, FL. This clinic was held monthly. And the Wildflower clinic treated walk-ons and scheduled patients.

In total, the Plus Bus treated over 300 patients during FY22 for primary care in combination with Wildflower Clinic. Most of these patients were underinsured, low socioeconomic status, experiencing homelessness or were at high risk of becoming homeless, or suffering from chronic diseases.

Community Implementation

Increase Access to Behavioral Health Services

Flagler Hospital's Director of Behavioral Health Services worked closely with EPIC Community Services (EPIC was created to provide substance abuse prevention,

intervention, outpatient treatment and aftercare services), PACT (Prevention, Action, Choices and Teamwork), Prevention Services (advocates for prevention for youth), Tobacco Free St. Johns and other groups such as law enforcement on this issue. The St. Johns County Behavioral Health Consortium continued their work to find substance use referral services.

Flagler Hospital provided funding in support of EPIC Behavioral Healthcare's 26-bed Recovery Center. The EPIC Recovery Center has become the cornerstone of the addiction treatment system of care in St. Johns County serving some of the most vulnerable Floridians – uninsured, persons experiencing homelessness, those involved in the child welfare system, those in the criminal justice system, and/or suffering from multiple chronic health conditions.

Flagler Health+ implemented an innovative model to increase access to behavioral health providers for St. Johns County students through a partnership with the St. Johns County School District. Through the B.R.A.V.E. program (Be Resilient and Voice Emotions), Care Connect+ served as the hub for student health referrals for the St. Johns, Clay, Nassau and Putnam School Districts. In FY22, there was a 66% decrease in the length of time from referral to first appointment and a 157% increase in the number of students connected to a behavioral health provider. During the spring and summer months of 2020, when the COVID pandemic affected in-person provider appointments, Care Connect+ supported the launch of a telemedicine platform so providers could maintain student and adult mental health appointments. Care Connect+ continued this initiative through FY22.

Increase Access to Dental Care

Flagler Hospital, the Wildflower Clinic, and the St. Johns County Health Leadership Council worked together to provide dental care. During the assessment year, 640 dental cases came to the Flagler Hospital Emergency Department for dental care, highlighting the need. The Good Samaritan Wildflower Clinic is the only clinic in St. Johns County that offered free dental and free health care. Flagler continued to sponsor the Wildflower Clinic and worked closely with the clinic to shorten the time between the initial crises (Flagler ER visit) and follow-up care. With the help of grants from Flagler Hospital, and other community organizations, the Wildflower Clinic staff offered regularly scheduled dental appointments in addition to dental walk-in clinics.

As a result of this collaborative partnership, Flagler Hospital emergency room visits for dental emergencies decreased by over 10% each fiscal year. During 2022, Wildflower Clinic saw 1,028 dental patients. Building on this successful partnership, Flagler Health+ and Wildflower continued to optimize the transition and follow-up process from the hospital emergency room to the Wildflower Dental clinic.

Flagler Hospital has also placed medical telehealth kiosks in two of St. Johns County's Elementary schools located in traditionally underserved neighborhoods. Flagler Hospital purchased the kiosks and placed them at South Woods Elementary and The Webster School, which have a documented need for medical services to be embedded in the schools, which are seen as the hubs of those communities. Flagler Health fully staffs the kiosks with a Wellness Coordinator to allow the community to use the kiosk free of charge. Many of the kiosk appointments are for dental issues. Flagler Hospital doctors prescribe necessary medications at the kiosk or make referrals to a specialist. The Wellness Coordinators close any gaps in services, which frequently involves connecting families to dental services.

Increase Access to Mental Health Care

In response to an identified critical need for outpatient mental health services in St. Johns County, Flagler Hospital introduced an Intensive Outpatient Program. This program was designed to support patients after being released from inpatient care. The program's primary goal of improving quality of life and reducing symptoms to prevent relapse is accomplished through group therapy, medication and symptom management and individual psychotherapy.

Medical staff from the Intensive Outpatient Program attended community events to raise awareness about mental health and to inform the community on available resources. To increase access to mental health care, Flagler Hospital and community outpatient providers coordinated and linked to mental health services. Flagler Hospital worked with St. Augustine Youth Services (SAYS) to support the countywide Mobile Response Team (MRT). The Mobile Response Team provided crisis support for persons, ages 6 to 25, needing behavioral health interventions or assessments. After each assessment, follow-up was provided to ensure access to needed services.

The goal of the Mobile Crisis Response Team program is to divert children from costly emergency services and establish greater coordination of care that will serve the family beyond the initial crisis. The Florida Mental Health Act, commonly referred to as the Baker Act, focuses on crisis services for individuals with mental illness. During FY22, MRT completed 491 assessments, of which 79 resulted in an individual being taken to a receiving facility for involuntary examination under the Baker Act.

In May of 2022, Flagler Hospital opened the CAIR (Crisis, Assessment, Intervention and Referral) Center in response to an identified need in the community for a low barrier entry point for mental health services. Working with partners in the community, the CAIR Center aims to reduce unnecessary Baker Act admissions, increase diversion from the criminal justice system, and reduce recidivism to hospitals while providing

those in mental health crisis a supportive and approachable environment to receive support.

Community Health Status

Reduce Chronic Disease Morbidity and Mortality

Flagler Hospital partnered with the Wildflower Clinic to establish Wildflower Chronic Care Clinic (CCC). The Chronic Care Clinic provided care to uninsured, chronically ill, and low-income residents of St. Johns County. The Flagler CCC focused on chronic disease management, with an emphasis on diabetes management. This clinic was available to any patient with an unmanaged, chronic condition and patients received services free of charge.

In 2022 Wildflower Clinic provided over 4,000 patient encounters for medical services. Services included Plus Bus clinics, cardiology, laboratory services, pathology, mammography, pharmaceutical, pathology, therapy, and radiology services. Flagler Hospital provided Wildflower Clinic with free laboratory services.

Cancer Programs

To raise awareness about the benefits of prevention and early detection of cancer, Flagler Hospital participated in over 25 health fairs, providing St. Johns County residents with up-to-date screening guidelines and information on the benefits of a healthy lifestyle. Cancer prevention programs included presentations to local churches and civic groups, lung cancer awareness events, colorectal cancer prevention and awareness events and a skin cancer prevention program. In addition, Flagler Hospital partnered with community organizations such as Good Samaritan, Wildflower Clinic, American Cancer Society, Lung Cancer Alliance, Pink-Up the Pace and Unity Outreach to promote cancer awareness and early detection throughout the community.

Flagler Hospital maintained a Cancer Resource Center, open to the community, along with a wig and prosthesis closet. A free computer kiosk was available to disseminate health information. The Center was staffed by a Cancer Education and Support coordinator and volunteers each weekday from 8:00 to 4:00. The Cancer Resource Center was also utilized by various cancer support groups.

Breast Cancer Program

As a NAPBC-accredited center, Flagler Hospital is committed to maintaining levels of excellence in the delivery of high-quality care for patients with breast disease. The Flagler Breast Care Program's Oncology Nurse Navigator participated in community events, educating women on the benefits of cancer early detection and prevention.

Smoking Cessation

Flagler Hospital partnered with Northeast Florida Area Health Education Center and provided access to the “Quit Smoking Now” smoking cessation program. Quit Smoking Now was a free course facilitated by the cardiopulmonary department and held in the Flagler Hospital Wellness Center. Classes were provided once a week for one hour, over a four-week period.

During 2021, the Tools to Quit class at Flagler reached over 10 participants who were provided with cessation education combined with supportive measures to stop smoking. Lozenges, patches, and nicotine gum were some of the therapies provided. In addition, they learned stress management techniques, received education regarding triggers to use and perception education for smoking cessation.

The hospital partnered with Tobacco Free St. Johns, a community-wide locally organized group, collectively working toward eliminating initiation and use of tobacco among St. Johns County residents. They supported policy change and educated decision makers about the impact of tobacco on the lives of St. Johns County residents and visitors.

Cardiac Care

The Heart Center at Flagler Hospital provided a critical service to residents of St. Johns County and the surrounding areas. Once a patient is discharged with a diagnosis of heart failure, a nurse care coordinator followed up to review medications, vital signs, the importance of weight management and fluid restrictions. This provided patients with a practical approach to caring for themselves at home. This follow-up and community education was offered free of charge.

Reduce Communicable Diseases

Along with the Plus Bus, the Department of Community Improvement Department and outreach team continued vaccination programs at various locations, including the Mt. Moriah Baptist Church. These clinics provided vaccine boosters.

Attachment 1: Benchmark Comparisons

Where data were available, St. Johns County health and social indicators were compared to the Healthy People 2030 objectives. The **bolded items** are indicators that did not meet the Healthy People 2030 objectives; non-bolded items met or exceeded the objectives.

Indicators	St. Johns County	Healthy People 2030 Objectives
High school graduation rate	95.0%	90.7%
Child health insurance rate	94.4%	92.1%
Adult health insurance rate	92.1%	92.1%
Unable to obtain medical care	14.5%	3.3%
Ischemic heart disease deaths	84.3	71.1 per 100,000 persons
Cancer deaths	149.3	122.7 per 100,000 persons
Colon/rectum cancer deaths	11.3	8.9 per 100,000 persons
Lung cancer deaths	39.7	25.1 per 100,000 persons
Female breast cancer deaths	18.3	15.3 per 100,000 persons
Prostate cancer deaths	17.6	16.9 per 100,000 persons
Stroke deaths	46.8	33.4 per 100,000 persons
Unintentional injury deaths	61.0	43.2 per 100,000 persons
Suicides	22.2	12.8 per 100,000 persons
Liver disease (cirrhosis) deaths	12.7	10.9 per 100,000 persons
Drug-overdose deaths	16.2	20.7 per 100,000 persons
Overdose deaths involving opioids	11.4	13.1 per 100,000 persons
Early and adequate prenatal care	77.0%	80.5%
Infant death rate	4.5	5.0 per 1,000 live births
Adult obesity	24.0%, adults, ages 18+	36.0%, adults, ages 20+
Adults engaging in binge drinking	20.9%	25.4%
Cigarette smoking, adults	14.6%	5.0%
Pap smears, ages 21-65, screened in the past 3 years	81.8%	84.3%
Mammograms, ages 50-74, screened in the past 2 years	76.9%	77.1%
Colorectal cancer screenings, ages 50-75, screened per guidelines	75.1%	74.4%
Annual adult influenza vaccination	41.1%	70.0%
Senior adult influenza vaccination	62.2%	70.0%

Attachment 2: Community Stakeholder Interviewees

Community input was obtained from interviews with community stakeholders from community agencies and organizations that represent medically underserved, low-income, and/or minority populations.

Name	Title	Organization
Katherine Batenhorst MS, CCC-SLP	Speech Language Pathologist	St. Johns County School District
Todd Batenhorst, MD, MBA	Vice President, Chief Medical Officer Ambulatory Care	Flagler Health+
Michelle P. Colee	Executive Director	Wildflower Healthcare
David Crum	Operations and Management Consultant, Outreach	Department of Health, St. Johns County
Judith Dembowski	Executive Director	St. Augustine Society, Inc.; St. Francis Housing Crisis Center; Port in the Storm Homeless Youth Center
Andrew DiFeo	Managing Partner	Hyundai and Genesis of St. Augustine
Kyle Dresback	Associate Superintendent for Student Support Services	St. Johns County School District
Alexius Ferguson, MEd	Assistant Director, UCF Center for Community Schools	College of Community Innovation and Education, University of Central Florida
Patti Greenough, MEd, CPP	Chief Executive Officer	EPIC Behavioral Health
Sabrina Kelbert, MBA	Administrator	Flagler Health Care Foundation
Mark LeMaire	President	United Way of St. Johns County
Shane P. Lockwood, MPH	Health Officer and Administrator	Department of Health, St. Johns County
Shawna A. Novak	Director, Health and Human Services	St. Johns County
Sarah Rutan, MSW, LCSW	Chief Clinical Officer	EPIC Behavioral Health
Karen Watts, RN	Director of Nursing	Department of Health, St. Johns County
Tara H. Wildes	Director, Corrections Division	St. Johns County Sheriff's Office
Becky Yanni	Executive Director	Council on Aging

Attachment 3: Community Stakeholder Interview Responses

Each interview began by asking the key stakeholders to name the most significant health issues in the community. Responses included:

- Mental health. We see a shortage of services and an ability to get people into outpatient care.
- Diabetes, heart disease, loss of mobility, arthritis; a lot of things associated with aging. Some loss of vision and hearing and occasional cognitive decline.
- We see a need for diagnostics and screenings, and access to general primary care.
- Understanding the value of health care, why it is important to engage in preventive care. In certain segments of the population, there is a lack of understanding of its importance.
- Homelessness, mental health and substance use.
- Behavioral health issues.
- Mental health, obesity and access to quality care in a timely fashion.
- Obesity, cancer, diabetes, and heart disease related issues.
- Diabetes, dental health, asthma, and high blood pressure.
- Many people cannot afford medical services or mental health services. Social determinants of health including food insecurity and housing insecurity.
- Lack of access to mental health and substance use services that are immediately accessible. People face long waits, especially if they are underinsured or uninsured.
- Services for the homeless who often have chronic health conditions are an issue as well.
- Housing is always top of the list. Transportation is often a barrier because this is a large county and there is not a transportation system outside of a small area downtown.
- Substance use and mental health are significant issues in our community. They are co-occurring as well with primary care issues. Our patients with mental health and substance use issues are also more compromised medically, physically, and psychiatrically. People are sicker. People are waiting longer to initiate care in general now.
- One topic that comes up consistently with our partners, donors and stakeholders is mental health, specifically among children.
- Lack of behavioral health resources for youth and adults. Dental care is an issue for youth in our more rural areas. We are the wealthiest county in Florida, but we have pockets of need. We also have a sedentary lifestyle. Also, there is no real stigma associated with vaping as much as there is with tobacco use, so we are seeing kids pivot to vaping.

Interview participants were asked what are the most important socioeconomic, racial, behavioral, or environmental factors that impact health in the area? Their responses included:

- There is a lack of knowledge or a desire for knowledge about health. We live in the South, and we have a bad diet, that is the norm. There are a lot of issues caused by obesity.
- There is evidence of health and social disparities for African American residents.
- Environmental or cultural factors for our population are isolation and a failure to receive information about health care opportunities. We have a serious lack of specialists in aging. I can't name a single gerontologist in our community even though most of our doctors will say the majority of their patients are over the age of 65. That isolation is something that occurred with the pandemic. Older people are still more fearful than the general population about contracting COVID and flu and RSV.
- Access to mental health services is a critical need in our community, especially for children and adolescents.
- Access to health care has improved in our area. But navigating the health care system can be difficult.
- We have no affordable housing, and we don't have any case management.
- Lack of affordable housing, substance use and behavioral health. And potentially access to care. We have wait lists for mental health and substance use treatment. We don't have a large residential substance use treatment facility that takes uninsured or underinsured clients. There are plenty of private places, but they are not serving the most vulnerable. It is an affluent community. A lot of people are employed and make good money, but still, there are long wait lists for mental health services because insurance companies are not adding new therapists. We have high mental health utilizers in the north end. They can't access timely services. For the wealthier community who are using insurance, those who are private pay, or cash pay, there are providers available.
- We have a tremendous number of fast-food choices in the area. We have many areas that are only served by the Dollar Store or the 7-11.
- Housing and employment go together. People can't afford to live here because they are underemployed. There are discussions about having a bus system from Putnam to solve housing and job opening problems. It is about a 30-minute ride. We have two major concerns. Supporting people who want to live in the county who want to get out of poverty and increase their earning potential is critical. We do not have a strong system to support them, so it is easier for them to move to another area that has more support systems.
- It is the cost of health care and having insurance. Many people in our community don't have insurance or access to insurance. We have free clinics to assist them.

- There is a lack of affordable housing, a lack of shelters, and a lack of access for immediate mental health and substance use services. People are utilizing the ED as their primary care provider.
- We have a pretty homogeneous population, but we have a small minority population, and they are disproportionately impacted with issues due to generational poverty.
- Florida is not an expanded Medicaid state, so we have a lot of underinsured and uninsured people.
- We are over 80% White residents, and we have some African American, Asian and Hispanic residents. We see a lot of race disparity in the criminal justice system.
- We have quite a few rural pockets in the county and the residents tend to be lower income and they are reluctant to travel for health services. We are an affluent county, but we have a huge tourist and service industry. Persons in the service industry have socioeconomic challenges living in a very expensive county. We have a lot of service workers and with the cost of housing, they can't afford medical services. People are moving to rural areas and there is no mass transportation here. We have WIC clients that come here, and it takes them all day on the bus with multiple stops. Time is a challenge. A person may have to take off the entire day of work to access services.

Who are some populations in the area that are not regularly accessing health care and social services? (e.g., youth, older residents, racial/ethnic groups, LGBTQ, persons experiencing homelessness, veterans, specific neighborhoods). Responses included:

- Rural residents. They may not trust doctors and there are some persons who have immigrated.
- Seniors, ages 60 and older.
- Primarily West Augustine African American residents.
- Persons experiencing homelessness and those who are extremely low income.
- Lower socioeconomic families and residents.
- People who are underserved include hotel workers, restaurant workers, and people who are unhoused. We also have many people who are not citizens who have issues accessing health care.
- Families who are struggling paycheck to paycheck. It is becoming more expensive to live here.
- People in urban areas of West St. Augustine traditionally don't access care on their own unless they are connected through Healthy Start.
- We have a significant migrant population. During growing or harvest season, those individuals may not be seeking out health care. As a result, they end up in the ED when there is an issue.
- There is a system of distrust because our providers are not reflective of our cultural diversity.

- We serve a lot of families who are asset limited, income restrained, but employed, which makes them not qualified for some programs. They are often one crisis away from a disaster as a family.

How has the COVID-19 pandemic influenced or changed the unmet health-related needs in your community? Responses included:

- We had great improvement in telehealth, but that may not have helped the people who are still not getting services. In Florida, people were still going to the doctor and getting care during COVID. I did not see huge changes.
- In our older population, people became fearful, rightly isolated themselves and took precautions. To this day I still hear people say we used to come before COVID, but I haven't been to the center in a while. There is a delay among people getting back involved and that is a direct impact of COVID.
- It has heightened needs. There were a lot of economic consequences, which connected to mental and physical consequences.
- For people who would have gone to a practitioner before, they aren't necessarily going now because COVID is still out there. The increase of telemedicine has improved access and it has been positive for some patients. But it has led other patients to go even less frequently to the doctor out of fear, or convenience that it is easy to blame their absence on COVID.
- More people have become homeless as they have been priced out of their housing. We have a lot of elderly and disabled residents who are on a fixed income and are trying to stay afloat. They are deciding between food, medicine, rent or going to the doctor. We are seeing an uptick in the transitional-age-youth (TAY) population at our shelter, but that may be because we have a new youth shelter, so it may just be more visibility. We are also seeing more people with deep mental health and substance use needs.
- A lot of providers moved toward telehealth. So that is good and bad. It is a good option for people that have access to the internet and computers. There is also a large portion of the community that does not have strong wi-fi so that is problematic.
- In some respects, we have gone backwards. People have become afraid to see the doctor and are afraid to catch COVID.
- Communities in need have gone without for so long that you get used to the status quo. But for the middle and upper classes, they felt the strain even more with COVID and being restricted.
- A lot of people lost their jobs. The cost of living has increased in our county, but wages have not. Many people are not getting medical care because they lost their jobs with the pandemic and are now doing lower income jobs that don't include health insurance or if they do, their salary is so low that they can't afford the insurance.

- It has exacerbated things for the lower socioeconomic groups in the community. The cost of living has skyrocketed. It is hard for some families that live paycheck to paycheck to make ends meet. There is a huge disparity. People will go without health care because they need to put food on the table.
- The pandemic has made things worse. A lot of people have left the health care field, they are tired, burned out and stressed. Recruiting and maintaining people to work in a community setting is difficult, particularly for ED nurses and other workers.
- People are feeling more isolated and there is an increase in anxiety, depression, suicide and drug misuse. We see more alcohol in our town than opioids.
- DUIs are significantly up in our community. It is mainly among women in their 40s and 50s. Liquor sales skyrocketed during the pandemic and people were using alcohol as an outlet.
- Domestic violence and child abuse have increased with the pandemic. It is tied to the ways people deal with stress. We have also seen the new CDC report on suicide rates among teenage girls. It has gone up 60% in ten years. We are seeing dramatic changes in teenage girls.
- There were learning loss and mental health challenges for children. Isolation of families from social providers continues to be a problem. Keeping up with the need is a big deal. We have labor shortages in the nonprofit sector as well. And that has decreased our capacity.
- Florida opened earlier after COVID than other states. In some ways, telehealth has made it easier to access services. But now, not everyone is still offering telehealth and people now have some challenges with transportation.
- The pandemic caused fear. Vaccines are now so political. Either you are for them or against vaccines. That vaccine battle now goes way beyond COVID.