



Community Health Needs Assessment



Mayo Clinic Florida

September 30, 2013



Table of Contents

Executive Summary	3
Our Community	7
Assessing the Needs of the Community.....	12
Addressing the Needs of the Community	16
Appendix A: Jacksonville Metropolitan Community Benefit Partnership Members	19
Appendix B: Third Party Vendors Engaged	20
Appendix C: Jacksonville Metropolitan Community Benefit Program CHNA Report	21



Executive Summary

Enterprise Overview:

Mayo Clinic is a not-for-profit, worldwide leader in patient care, research and education. Each year Mayo Clinic serves more than one million patients from communities throughout the world, offering a full spectrum of care from health information, preventive and primary care to the most complex medical care possible. Mayo Clinic provides these services through many campuses and facilities, including 23 hospitals located in communities throughout the United States, including Arizona, Florida, Georgia, Minnesota, Wisconsin and Iowa.

A significant benefit that Mayo Clinic provides to all communities, local to global, is through its education and research endeavors. Mayo Clinic reinvests its net operating income funds to advance breakthroughs in treatments and cures for all types of human disease, and bring this new knowledge to patient care quickly. Through its expertise and mission in integrated, multidisciplinary medicine and academic activities, Mayo Clinic is uniquely positioned to advance medicine and bring discovery to practice more efficiently and effectively.

In addition, through its Centers for the Science of Health Care Delivery and Population Health Management, Mayo Clinic explores and advances affordable, effective health care models to improve quality, efficiency and accessibility in health care delivery to people everywhere.

Entity Overview:

For more than 100 years, people have come to Mayo Clinic for answers, for diagnoses, for treatments and for cures. Mayo brought its team approach to caring from Rochester, Minn., to the Southeast in 1986, when it opened a clinic in Jacksonville, Florida. Today, the 386-acre campus offers a unique medical destination for patients near and far. A team of physicians and caregivers from more than 40 specialties provide quality, integrated medical and surgical care to patients with complex conditions or difficult medical problems. Both outpatient and hospital care are strengthened by programs in research and education. In 2012 Mayo Clinic in Florida served more than 96,000 unique patients, encompassing more than 462,000 outpatient visits, 9,131 unique hospital admissions and 27,500 patients treated in the emergency room.

What We Do

- Provide diagnosis, medical treatment, surgery and care in more than 40 specialty areas
- Distinguished programs in cancer, transplantation, neurosciences, heart disease and digestive diseases
- Care for patients: more than 520,000 people from 50 states and 143 countries since 1986
- Diagnose and treat disease
- Solid-organ transplants: 397 in 2012; more than 4,500 since 1998. (The liver and lung programs are among the largest by volume in the country.)



- Explore origins of cancer, Alzheimer’s disease, Parkinson’s disease in world-renown research labs
- Cutting-edge therapies: more than 300 clinical trials open to patients
- Laboratory testing for hospitals and doctors throughout the Southeast: more than 750 tests available; 3.2 million tests done annually

About the Campus

Medical services, physicians’ offices and outpatient care are housed in the Davis, Mayo and Cannaday buildings. A state-of-the-art hospital and Emergency Department opened in the Mayo Building in April 2008. The Birdsall Building is home to 13 labs for neurosciences research, including a Brain Bank and the Griffin Building houses an additional 11 labs for cancer research. Clinic and hospital settings are devoted to quality care and services and designed to foster healing by making patients feel comfortable, confident and peaceful. Our West Campus encompasses the Sleep Center, Gabriel House of Care and Community Hospice of Northeast Florida. To serve patients, there are two hotels on campus: The Inn at Mayo Clinic and Courtyard by Marriott.

About the Hospital

The Mayo Clinic Hospital in Florida is a 214-bed, six-story teaching and research hospital and provides care to Mayo Clinic patients. The hospital includes: nearly all private rooms with family and caregiver areas; 16 operating rooms for inpatient surgery built around a central core designed to maintain sterility; 6 operating rooms for outpatient procedures; and 30 rooms for intensive/critical care. Advanced technology, including intraoperative MRI, filmless radiology, and an electronic medical record system, supports care and services. In addition, a full-service Emergency Department is available to everyone in the community and includes a certified chest pain center as well as a certified stroke center.

Research

Our world-class, award-winning neurosciences team is investigating causes of Alzheimer’s disease and mapping genetics of Parkinson’s. Cancer researchers are exploring biology of cancer, unlocking secrets of cancer metastases. The Research budget totals about \$52 million, including \$23.3 million in grants, of which \$13 million is from the National Institutes of Health. The Research Department encompasses about 250 scientific investigators and support staff.

Medical Education

Hands-on learning for existing staff and those in training takes place in a state-of-the-art Simulation Center. The center can be configured to simulate an operating room, an emergency room or an intensive care unit. More than 2,600 learners honed their skills there during its first 8 months of operation in 2011. In 2012, our education programs included: 27 programs in health sciences ranging from audiology to surgical technology; continuing education courses for physicians and allied-health professionals; graduate school programs for Ph.D. students in molecular neuroscience and cancer biology; 44 graduate medical education programs providing advanced training to 289 residents and fellows. In 2012, 72 medical students completed rotations in Jacksonville.



Summary of Community Health Needs Assessment:

In July 2011, leaders from Mayo Clinic in Florida, Baptist Health, Brooks Rehabilitation, the Clay County Health Department, the Duval County Health Department, the Nassau County Health Department, the Putnam County Health Department, Shands Jacksonville Medical Center, St. Vincent's HealthCare and Wolfson Children's Hospital convened to form the Jacksonville Metropolitan Community Benefit Partnership (the Partnership) to conduct the first-ever multi-hospital system and public health-sector collaborative, community health needs assessment (see Appendix C for link to full report).

The Partnership consists of a network of five health care systems (nine nonprofit hospitals) and four public health departments that represent a shared voice and vision for improving population health and wellness in the Jacksonville Metropolitan area (see Appendix A for members). The Partnership's vision is to improve population health in the region by eliminating the gaps that prevent access to quality, integrated health care and to improve access to resources that support a healthy lifestyle.

The Partnership engaged the Health Planning Council of Northeast Florida (the Health Planning Council) to support the assessment. Ulrich Research assisted with survey design, data analysis and the presentation of survey findings (see Appendix B for details about third-party vendors).

Community benefit programs and services are integral parts of the mission of Mayo Clinic in Florida. Our programs aim to: improve access to health care, enhance the health of the community, and advance medical and health knowledge. Further, our community health needs assessment (CHNA) identifies those individuals in greatest need and helps to ensure that health care resources are used to maximize health improvement.

This assessment is not an end, but a process that:

- Describes the health status within the defined geographic area
- Identifies the major risk factors and causes of illness
- Supports the formulation of actions needed to address those risk factors and causes

The CHNA presents the opportunity to bring together hospital data, population health, health-related quality of life indicators and community-member input to provide a more detailed and complete profile of community health needs. The long-term goal is to achieve regional collaboration that will serve as an opportunity for optimal leveraging of resources, setting and managing regional health priorities and developing regional, collective impact strategies among all health-related stakeholders.

The health of a community is determined by the physical, mental, environmental, spiritual and social well-being of all community residents. Achieving such a complex state of being requires an equally complex understanding of the determinants of each of these aspects of health. A CHNA — driven by community input— is a systematic approach to collecting, analyzing and using data and information to identify priorities for health-improvement efforts.



Our CHNA report serves as a baseline for the health status of the five counties identified by the Partnership as our geographical focus: Duval, Nassau, Clay, Putnam and northern St. Johns counties located in northeast Florida.

Using national strategies, including *Healthy People 2020*, National Prevention Strategies and the Robert Wood Johnson Foundation's County Health Rankings as a framework for the CHNA, data were compiled from the most up-to-date publicly available resources and primary research on targeted populations that face more challenges in receiving health care and maintaining optimum health and well-being.

The findings from our CHNA document the need for improvement in social determinants of health, health status, access to care, and built environment elements across the five counties. Health disparities are differences in health outcomes between groups that reflect social inequalities. Disparities in access and preventive care, as well as food access, demonstrate the need for concerted action in order to achieve health equity and overall health improvement for the entire population.

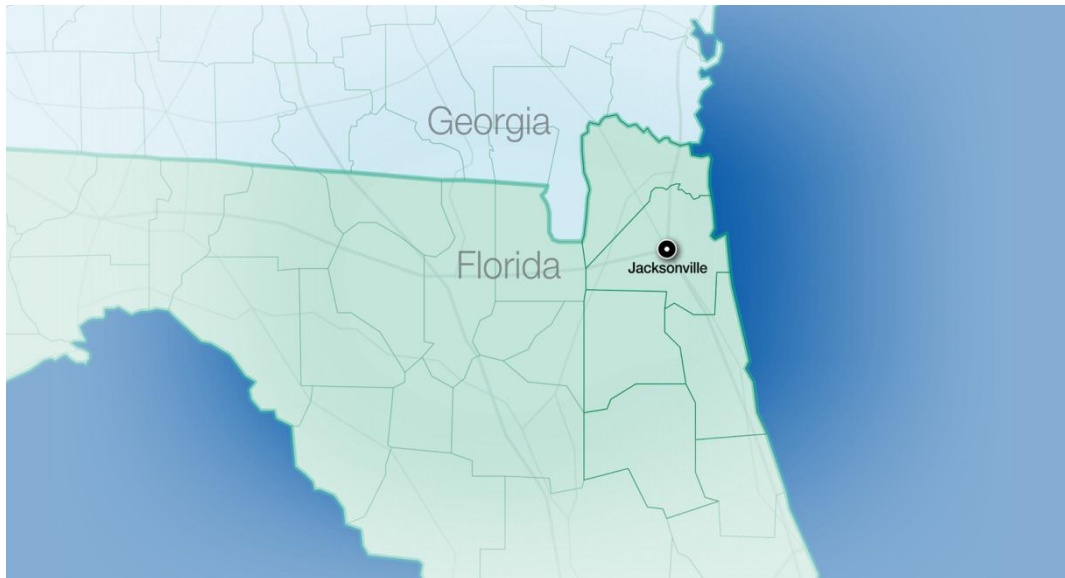
The CHNA report will be publically accessible through the Northeast Florida Counts and the Community Health Needs Assessment (CHNA) website listed in Appendix C, as well as a printed version. Health status improvement and evidence-based interventions will be tracked and measured using the Northeast Florida Counts health-related quality of life indicator platform.



Our Community

Geographic Area:

The Partnership's community health needs assessment includes Clay, Duval, Nassau, Putnam and St. Johns counties.



Demographics:

Population

The five counties of the Partnership's CHNA region have a population of approximately 1.4 million, ranging from Putnam and Nassau counties, each with a population around 74,000, to Duval County, with a population of nearly 900,000. The population of all the counties grew between 2000 and 2010, ranging from 5.6 percent in Putnam County to 54.3 percent in St. Johns County.

Age

In all five counties, the largest portion of the population falls between the ages of 18 and 44. This age distribution roughly resembles that of the state of Florida (see chart 3-4). Putnam County has the highest percentage of residents age 65 and older (18 percent).

Gender

In all five counties, females make up more of the population than males, but not by more than three percent. Clay, Putnam and Nassau Counties are closest to 50/50.

Racial demographics

Racial demographics vary across the Partnership's CHNA region. Nassau and St. Johns counties are nearly 90 percent Caucasian, with African-American populations around six percent. Duval County has



the largest African-American population at close to 30 percent. The largest Asian population percentage is also in Duval County (4.2 percent).

Ethnicity

Ethnicity, which is measured separately from race, also varies across the region. Hispanic/Latino residents make up 3.2 percent of Nassau County's population and 5.2 percent of St. Johns County's. The other counties have a Hispanic/Latino population between 7.5 and 9.0 percent. The Hispanic/Latino population in the assessment region is significantly lower than that of the state (22.5 percent).

Language

The data gathered on languages other than English spoken at home includes residents ages five and older. The percentage for the state of Florida is 25.8, most likely a reflection of the large Hispanic/Latino population. Of the five counties in the assessment region, Duval County has the highest percentage (11.7 percent) and Nassau County has the lowest (4.2 percent). (See chart 3-6)

Economic conditions

Income

Median household incomes in Clay, Nassau and St. Johns Counties are all around \$60,000. Putnam County has the lowest median family income at \$33,842 and is the only county with a median family income below the state average (\$44,409). There are stark differences in median family income between black and white residents in all counties except for Clay (difference of less than \$4,000).

Poverty

In 2010, nearly one in four residents of Putnam County (24.6 percent) lived in families with incomes below 100 percent of the Federal Poverty Guidelines (FPG). In addition, more than one in three children in Putnam County (35.6 percent) lives in poverty. Only Putnam County has percentages higher than the state level (12 percent for all families and 19.5 percent for children). Nassau County has the lowest family poverty rate in the assessment region at 8.0 percent, but Clay County has the lowest child poverty rate at 14 percent. (See chart 3-8 for county comparison of poverty rates for 2000 and 2010.)

Employment

Unemployment rates have at least tripled for all five counties in the assessment region, as well as for the state of Florida since 2006. However, the growth of the unemployment rate has slowed. For five years, Putnam County has had the highest levels of unemployment and is the only county to sit consistently above the state average. In 2010, Putnam County's rate of 12.6 percent was followed by Duval at 11.7 percent. St. Johns County had the lowest unemployment rate at 9.5 percent.

Housing

Clay, Nassau and St. Johns Counties have homeownership rates of about 78 percent. Duval County is the only county in the assessment region with a homeownership rate lower than the state level. In all



five counties, most residents spend 35 percent or more of their household income on rent. This level is highest in Putnam County and lowest in Nassau County.

Homelessness

The number of individuals who meet the federal definition for homelessness has increased in Duval County since 2008, while Putnam County has seen a decrease, and St. Johns County has stayed almost the same. When considering the state of Florida's homeless definition, Duval County has the highest numbers. There is no data available for Putnam and St. Johns Counties at the state level. The demographics of the homeless population in Duval, Clay and Nassau Counties are as follows: 91 percent of the individuals are between the ages of 18 and 60; 71 percent are male; and 57 percent are black.

School & student populations

Student race and ethnicity

Only in Duval County are there more black students than white. In the other four counties, white students make up at least 50 percent of the student population. There are the fewest numbers of minority students in Nassau and St. Johns counties. The breakdown for the state of Florida is much more even than any of the counties in the assessment region.

Graduation rates

Nassau County has the highest graduation rate at 93.8 percent, followed by St. Johns County at 92.2 percent. Duval and Putnam Counties are below the state average of 80.1 percent.

School absence

The percentage of students absent more than 21 days is highest in Putnam County (17.1 percent.) The only other county above the state average is Nassau County at 9.7 percent. Duval County has the lowest rate at 5.9 percent.

Homeless students

During 2009-2010, Duval County had the highest number of homeless students (947) while Nassau County had the lowest (145). This kind of variation is expected with actual numbers, since counties with larger overall populations are likely to have higher actual numbers of homeless students. In Duval and Putnam counties, the number of homeless students decreased between 2005-2006 and 2009-2010.

Gang activity

Based on students' ages 15 to 17 witnessing delinquent behaviors among gang members at school, fighting is the most common behavior in Duval, Clay, Putnam and St. Johns counties. In Nassau County, drug sales and carrying weapons were most frequently reported. (See chart 3-18 for more information on gang activity.)



Public safety/crime

Unintentional Injury

Rates of unintentional injury in 2010 were highest in Putnam County (86.9 per 100,000) a stark increase from the two prior years. In Duval County, the rate stayed around 40, and decreases were observed in Clay, Nassau and St. Johns counties. The rate for the state also decreased. The rate has changed very little in Clay and Duval counties, as well as the state of Florida. The rates in Nassau and St. Johns counties have been approximately cut in half, while Putnam County rates have more than doubled.

Motor vehicle crash

Motor vehicle crashes have steadily declined in all five counties of the assessment region, as well as in the state of Florida. The 2010 rate for Putnam County was the highest in the region at 36.5 per 100,000, while St. Johns County had the lowest at 8.3. Duval, Clay and St. Johns counties had rates below the state average of 12.6.

Domestic violence

Domestic violence rates vary greatly by county. Over the last three years, rates have increased in Putnam, Duval and Nassau counties. Clay County rates have declined, while St. Johns County and the Florida average have stayed about the same. The 2010 rate for Putnam County is the highest in the assessment region and more than double the Florida average. St. Johns County rates are the lowest (364.5 per 100,000).

Aggravated assault

Rates of aggravated assault have dropped across the board. The most dramatic decline was in Nassau County, where the 2010 rate of 221.2 was down from 808.3 in 2008. Nassau County had the lowest rate, while Putnam County had the highest at 754.1. Putnam and Duval counties consistently have had rates above the state average.

Forcible sex offenses

Rates of forcible sex offenses have declined in Clay, Nassau and St. Johns counties since 2008. Putnam County rates have leveled off since 2009. Duval County is the only county in the assessment region to see an increase and had the highest rate in 2010 at 78.3 per 100,000. The rates in Nassau and St. Johns counties are well below the state average of 52.6.

Homicide

Homicide rates have stayed about the same in all counties except for Putnam, where there was a drop from 11.0 to 7.7. Duval and Putnam counties rates are above the state average, and Duval County has the highest rate in the assessment region at 12.2 per 100,000.

Sports-related injuries

Duval County has the highest number of visits for patients with traumatic brain injury (TBI) and St. Johns County has the highest proportion of those visits stemming from sports-related TBI. The



incidence of TBI hospital admissions increases overall with age. However, ages 12 and 14 have the highest proportion of sports-related TBI. Males make many more emergency department visits for TBI.

Juvenile crime

There has been an overall decline in juvenile arrests in the state of Florida, but for all indicators listed, Duval County percentages were higher than those at the state level.

Vital statistics

Leading causes of death

Cancer is consistently the leading cause of death, responsible for nearly a quarter of deaths in each county of the assessment region. Heart disease, chronic lower respiratory disease and stroke also topped the list in every county. Suicide appeared on the list for St. Johns County, accounting for approximately three percent of deaths. Pneumonia is responsible for the same percentage of deaths in Nassau County.



Assessing the Needs of the Community

Overview:

In July 2011, leaders from Mayo Clinic in Florida, Baptist Health, Brooks Rehabilitation, the Clay County Health Department, the Duval County Health Department, the Nassau County Health Department, the Putnam County Health Department, Shands Jacksonville Medical Center, St. Vincent's HealthCare and Wolfson Children's Hospital convened to form the Jacksonville Metropolitan Community Benefit Partnership (the Partnership) to conduct the first-ever multi-hospital system and public health sector collaborative, community health needs assessment.

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The community needs assessment report is be publically accessible through the Northeast Florida Counts and the Community Health Needs Assessment (CHNA) website listed in Appendix C. Health status improvement and evidence-based interventions will be tracked and measured using the Northeast Florida Counts health-related quality of life indicator platform.

Process and Methods:

The CHNA was conducted using a combination of primary and secondary data/research. Each of the participating hospitals in the Partnership discussed and agreed upon their respective targeted communities. Internal hospital patient censuses, existing community benefit programs, as well as secondary data and community scans, facilitated engagement with specific community audiences for primary data collection. The targeted community audiences included, but was not limited to, adults and children living below the poverty level, homeless/transient, unwed mothers, the disabled and their



caregivers, children and adolescents, senior citizens, adults and children with a variety of education levels, adults and children from diverse racial identification, and health care professionals.

Community Health Survey

The Community Health Survey was developed and administered to a broad and varied range of residents living in the targeted five-county community. The survey contained questions regarding perceived quality of life and health of the community, barriers to health care, use of health care, health care needs and demographic information.

The survey had two screening or “filter” questions to redirect two specific segments of population to a different set of questions, if they qualified. The first filter question asked the respondent, “Do you have any children under the age of 18 in your home?” If they responded YES, the respondents were asked a separate set of survey questions that were child or adolescent focused. If they responded NO, they continued with the standard set of survey questions. A second filter question asked the respondent, “Do you take care of a person with disabilities or are you a person with disabilities?” If they responded YES, the respondents were asked a separate set of survey questions that focused on caregiving and disability needs. If they responded NO, they continued with the standard set of survey questions.

The Community Health Survey was completed between February 6 and March 6, 2012. The survey was conducted in two phases: an Internet panel-based survey conducted from February 6 through 8, 2012, and a telephone survey completed between February 29 and March 6, 2012. A total of 935 persons in northeast Florida participated in the survey, which included participants from Clay, Duval, Nassau and St. Johns counties.

An Internet-panel method was used to reach the largest possible number of qualified respondents within the limits of the project budget. The panel survey was conducted through Research Now, a global provider of pre-recruited consumer and business respondents who have agreed to participate in market research surveys. With more than 6 million panelists worldwide, Research Now can provide access to consumers at the metropolitan statistical area or county level for studies that have a relatively low incidence of qualification. A total of 822 respondents participated in the Internet panel survey.

Internet panel surveys don’t reach households that don’t have access to the Internet and tend to underrepresent lower-income, less-educated and minority households. A randomized telephone survey sample was designed to address these gaps by targeting households with household incomes below \$25,000 and two age groups: persons age 18 to 34 and those age 75 and older. These age ranges were underrepresented in the online survey sample: a total of 113 interviews were completed by telephone.

The average length of the online version of the survey was 18 minutes, compared to 25 minutes on the telephone. A \$10 gift card was offered to the telephone survey respondents to encourage their cooperation and patience with the interview.



The final sample is not a true probability sample with known ranges of sampling error. It was designed to meet the objectives of the research in the most cost-effective and efficient manner possible. If the Community Health Survey had been based on a true probability sample, the range of sampling error would be plus or minus 3.2 percent at a 95-percent level of confidence. Because at least 28 percent of U.S. households now have no landline phone service, traditional random digit dialing telephone samples don't provide coverage of all households. It has become more common to use multiple modes of sampling and interviewing, and then to statistically weight the combined survey samples to most closely represent the target population.

The Community Health Survey sample was statistically weighted to represent the population of adults age 18 and older in Clay, Duval, Nassau, and St. Johns counties. Putnam County residents were not included in the sample due to small sample sizes.

Focus groups/roundtable discussions

After the surveys were completed, focus groups/roundtable discussions were conducted in each of the five counties. This approach allowed for the identification of needs and priorities among participants who have the knowledge and expertise to inform the research. A total of 148 individuals from communities located within Clay, Duval, Nassau, Putnam and St. Johns counties gave their input on multiple dimensions of their communities, including, but not limited to:

- Built environment: Does the community infrastructure encourage or inhibit healthy lifestyles?
- Local economy: Are there adequate economic opportunities? How has the overall economic climate affected those in the community?
- Barriers to access: Are there services that are not accessible? Do those with Medicaid and Medicare face more barriers than those with private insurance?
- Motivation for healthy living: What influences decisions about health? List the sources of data used and other information used to determine the CHNA. Please use footnotes for all references, including graphic depictions of information.

Secondary data/research

Secondary research consisted of gathering publicly available health-related data for the five counties. Whenever possible, data were collected at the county level. Sub-county level data were not a focus of this research, but are provided where available.

County Health Rankings

A snapshot view of community health is provided by the County Health Rankings, an initiative of The Robert Wood Johnson Foundation and The University of Wisconsin Population Health Institute. Health rankings for each county in the nation are developed, using a variety of data for factors that impact the health of a community, ranging from individual health behaviors to education to jobs to quality of health care to the environment.



Mobilizing for Action through Planning and Partnerships (MAPP)

Each county health department located in Clay, Duval, Nassau, Putnam and St. Johns counties initiated a countywide, community health assessment that determined public health priorities for the next three to five years. The MAPP model was chosen to guide this comprehensive effort. MAPP is recommended by many national and state public health organizations, including the National Association for City and County Health Officials (NACCHO) and the Florida Department of Health as a best practice for health assessment and planning. MAPP is built on principles of broad community engagement and strategic planning, which prepare community partners to act together to address prioritized health issues and improve community health. The Partnership's community health needs assessment reflects the priorities identified in the MAPP assessment and its corresponding community health improvement plan.

Other community data

The Jacksonville metropolitan area is known for its accessible regional data, community studies and reports. By using these resources and avoiding the duplication of existing reports, the CHNA accessed data from the following sources:

- Florida Medical Quality Assurance Inc., (FMQAI) Medicare Claim Data for Clay, Duval, Nassau and St. Johns counties
- Elder Source's Area Service Needs Assessment for Clay, Duval, Nassau and St. Johns counties
- Emergency Room and Admission Rates for Youth Sports-Related Concussions Report for Clay, Duval, Nassau and St. Johns counties
- Florida Youth Risk Behavior Survey for Clay, Duval, Nassau, Putnam and St. Johns counties
- The Florida Department of Health's State Health Improvement Plan (SHIP)
- Hospital Charity Care Data



Addressing the Needs of the Community

Overview:

After reviewing and analyzing primary and secondary data, integration of the county health departments' MAPP strategic priorities, County Health Rankings and other community data, three major themes and specific community needs were identified for each hospital sector (Acute, Pediatric and Comprehensive Rehabilitation) participating in the assessment:

- Health disparities
- Preventive health care
- Built environment

These three assessment themes are consistent with the *Healthy People 2020* National Goals and the National Prevention Strategy.

ACUTE CARE OUTCOMES		
<p><i>Health Disparities</i> (Race, Socio-Economic and Sexual Orientation)</p> <ul style="list-style-type: none"> - Infant Mortality - Communicable Diseases <ul style="list-style-type: none"> o Sexually Transmitted Diseases (STDs), including HIV o Influenza and Pneumonia o Hepatitis - Chronic Diseases <ul style="list-style-type: none"> o Prostate Cancer o Heart Disease <ul style="list-style-type: none"> ▪ Hypertension ▪ Congestive heart failure o Diabetes o Stroke - Adult Obesity - Substance Abuse 	<p><i>Preventive Health Care</i></p> <ul style="list-style-type: none"> - Smoking and Smokeless Tobacco - Nutrition - Unintentional Injuries <ul style="list-style-type: none"> o Motor Vehicle Crashes - Dental Exams and Treatment - Eye Exams and Glasses - Pap Smear Screenings - Prostate Screening - Mammography - Behavioral Health <ul style="list-style-type: none"> o Substance Abuse o Suicide 	<p><i>Built Environment</i></p> <ul style="list-style-type: none"> - Access to Food/Food Deserts - Clean and Healthy Environment <ul style="list-style-type: none"> o Air and Water Quality o Asthma o Respiratory Illness - Physical Activity <ul style="list-style-type: none"> o Obesity - Transportation - Housing - Childhood Obesity - Crime/Homicide
COMPREHENSIVE REHABILITATION OUTCOMES		
<p><i>Health Disparities</i> (Race, Socio-Economic and Sexual Orientation)</p> <ul style="list-style-type: none"> - Communicable Diseases <ul style="list-style-type: none"> o Influenza and Pneumonia - Chronic Diseases <ul style="list-style-type: none"> o Prostate Cancer o Heart Disease <ul style="list-style-type: none"> ▪ Hypertension ▪ Congestive heart failure o Diabetes o Stroke - Adult Obesity - Behavioral Health 	<p><i>Preventive Health Care</i></p> <ul style="list-style-type: none"> - Health Insurance Coverage - Prescription Assistance - Head and Spinal Cord Injuries - Nutrition - Chronic Disease Health Screening <ul style="list-style-type: none"> o Hypertension o Diabetes o Heart Disease - Unintentional Injuries <ul style="list-style-type: none"> o Motor Vehicle Crashes - Dental Exams and Treatment - Eye Exams and Glasses - Behavioral Health Screening <ul style="list-style-type: none"> o Substance Abuse o Suicide 	<p><i>Built Environment</i></p> <ul style="list-style-type: none"> - Mobility - Walkable Neighborhoods/Communities - Handicapped/Disabled Person Parking Accessibility - Access to Food/Food Deserts - Physical Activity/Obesity



PEDIATRIC OUTCOMES		
<p><i>Health Disparities</i> (Race, Socio-Economic and Sexual Orientation)</p> <ul style="list-style-type: none"> - Infant Mortality - Childhood Obesity - Childhood Asthma - Sports-Related Concussions - Sexually Transmitted Diseases (STDs) - Immunizations 	<p><i>Preventive Health Care</i></p> <ul style="list-style-type: none"> - Access to KidCare - Dental Exams and Treatment - Eye Exams and Glasses - Behavioral Health <ul style="list-style-type: none"> o Suicide o Substance Abuse - Unintentional Injuries <ul style="list-style-type: none"> o Drowning o Automobile Crashes - Type II Childhood Diabetes - Head Injuries 	<p><i>Built Environment</i></p> <ul style="list-style-type: none"> - Access to Food/Food Deserts - Education Outcomes - Physical Activity - Childhood Obesity - Air Quality/Asthma - Crime/Homicide

Prioritization of needs:

Partnership members participated in the priority-setting process using a “ranking” methodology. Members were asked to rank the identified themes and their respective community needs with a numerical score based on a scale of one to five (one being the most pressing need and five being the least pressing need). This exercise helped members develop a more complete picture of the needs and assets compared to the existing community resources dedicated to addressing each identified need.

The rankings of each hospital’s priorities were placed in a comprehensive “Priorities” table and shared with each member of the Partnership. Finally, the Partnership members discussed the rationale behind their respective rankings. After much discussion, negotiations on collective impact opportunities, as well as gaps in the community, took place. Participants were given a chance to change their rankings accordingly. In the end, each hospital identified and agreed upon two to five strategic health needs as their highest priorities and worthy of inclusion in their respective strategic implementation plans.

Recognizing the centrality of obesity to each of the three major themes identified in the assessment and specific to acute care outcomes, Mayo Clinic in Florida identified obesity as the organization’s primary need and designed 10 initiatives specific to this focus area and associated health outcomes as part of its strategic implementation plan. (See pages 163-164 of the Partnership CHNA report in Appendix C for a full list of prioritized health needs and the partner organizations in the community that will be addressing each need.)

Health Needs Not Addressed:

One of the top priority risk factors identified in the community health assessment—Built Environment—will not be addressed directly by hospital-lead initiatives. The community health survey showed that many residents don’t have pedestrian paths or grocery stores in their neighborhood. Walk-ability and ease of access to grocery stores can be major barriers to regular participation in physical activity and access to fresh fruits and vegetables. Given that, none of the participating hospital partners in our assessment are in a position to directly impact these issues. However, all of the partners are committed to improving the health and wellness of our communities, and fully support local government and wellness coalitions in their efforts to positively affect these issues.

Transportation affects access to care, particularly among low-income and medically underserved populations. Other local organizations such as the Area Agency on Aging, Council on Aging and local



transportation systems already are working to address transportation needs in the area. Therefore, the participating partners won't directly address this issue with any new initiatives.



Appendix A: Jacksonville Metropolitan Community Benefit Partnership Members

Audrey Moran
Baptist Health/Wolfson Children's Hospital

Lynn Sherman
Baptist Health/Wolfson Children's Hospital

Mary Alice Phelan
St. Vincent's HealthCare

David Pringle
St. Vincent's HealthCare

Robin Bass
Shands Jacksonville Medical Center

Marion Anderson
Brooks Rehabilitation

Michelle Leak
Mayo Clinic in Florida

Nancy Mills
Clay County Health Department

Tim Lawther
Duval County Health Department

Heather Huffman
Nassau County Health Department

Robin Wright
Putnam County Health Department



Appendix B: Third Party Vendors Engaged

The Partnership engaged the Health Planning Council of Northeast Florida to support this CHNA. The Health Planning Council serves Baker, Clay, Duval, Flagler, Nassau, St. Johns and Volusia counties and is the only non-partisan, nongovernmental planning organization in the region mandated to dedicate resources and expertise to regional health-use data management; manage health-related quality of life indicators and health planning and research; conduct community connecting projects; and provide input on proposed land use and environmental development projects to local governments.

The Health Planning Council conducts numerous community health planning/assessment and community connecting projects across Florida. Since each community is unique, the Health Planning Council's approach to better understanding a community's need is aligned with the Social-Ecological Model, a comprehensive approach to health and urban planning that not only addresses a community's or individual's risk factors, but also the norms, beliefs and socio-economic systems that create the conditions for poor community health outcomes.

In addition to the Health Planning Council, Ulrich Research assisted with survey design, data analysis and the presentation of survey findings. Established in 1981, Ulrich Research has experience in a wide variety of research methods, including telephone surveys, mail surveys, data processing, personal interviews, focus groups, database enhancement, market profiling and secondary research.

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Health Planning Council of Northeast Florida

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Appendix C: Jacksonville Metropolitan Community Benefit Program CHNA Report

The Jacksonville Metropolitan Community Benefit Program's 2012 Community Health Needs Assessment report can be found in the link below.

http://assets.thehcn.net/content/sites/hpcnef/2012_CHNA_REPORT_FINAL.pdf