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Nassau County Health Summit and Update on MAPP Health Assessments

September 26, 2018

Presented by: Mary von Mohr, vFlorida Department of Health-Nassau and the Partnership for Healthier Nassau (PHN)



Meeting Agenda

1:00-2:00 Nassau Health Summit



2:00-4:00 Update on Health Data Selection of new CHIP Issues for 2019-2021

4:00-5:00 Summary



Our GOAL is to leave knowing

 What you think are the most concerning health issues in Nassau County

What do you want to change?



Poll Everywhere Directions

 Open your web browser on your smartphone and go to:

PollEv.com/nassauhealth453

or

2. Text NASSAUHEALTH453 to 22333



We exceed the State of Florida mortality rate for all of following except:

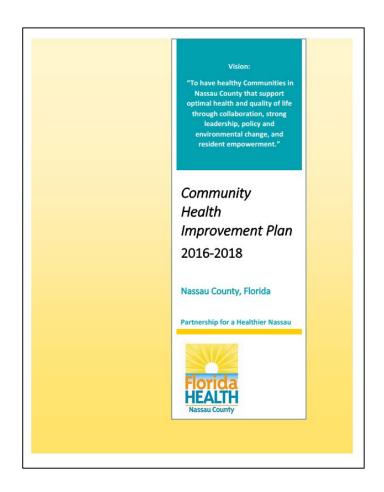
- A) Breast Cancer
 - B) Prostrate
 - C) Colorectal
- D) Infant mortality
- E) Unintentional Injury
- F) Influenza and Pneumonia
 - G) HIV/AIDS
 - H) Suicide among Whites



Nassau CHIP and Agenda

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MAPP Process: Step three of six

- 1. Present new assessment results
- 2. Group Discussion
- 3. Prioritize and Vote on top 3-5 Issues
- 4. Recruit for Workgroup members
- 5. Oct-Dec Plan Development Goals
- 6. January 2019 share new CHIP



What did we learn from the Four Assessments?

- Community Health Assessment 2018
- Community Themes and Strengths
- Local Public Health System Assessment
- Forces of Change



Content of Health Assessment

- Demographic Profile
- Major Causes of Death
- Communicable
 Disease
- Maternal & Child Health

- Injury & Violence
- Social & Behavioral Health
- Health Behaviors
- Access to Health Care Resources
- Health Disparities



Reading Data Slides

Trend differences as related to:

- Age
- Race
- Gender
- Zip code
- Ethnic Group
- Economic Status

The PHN Steering Committee found health disparities within the areas of:

- Cancer
- Infant mortality
- Low birthweight
- Chronic disease (diabetes/stroke)
- HIV w/non-white



Poll Everywhere Directions

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The following factors contribute to the overall County Health Rankings? Which is not true?

A) Health behavior

B) Physical Environment

C) Clinical care

D) If you are a fan of the Florida Gators



Nassau County Health Factor Rankings 2018

Health Behaviors	Clinical Care	Socioeconomic	Physical Environment
		Education	
Tobacco		Faralasas	Air Quality
Diet & Exercise	Access to Care	Employment	Built Environment
DIEL & EXCICISE	Access to care	Income	Duilt Environment
Alcohol Use	Quality of Care		Access to Healthy Food
		Family/Social Support	
High-Risk Sex			Liquor Stores
		Community Safety	
Nassau Rank: 17th	Nassau Rank: 17th	Nassau Rank: 5th	Nassau Rank: 57th

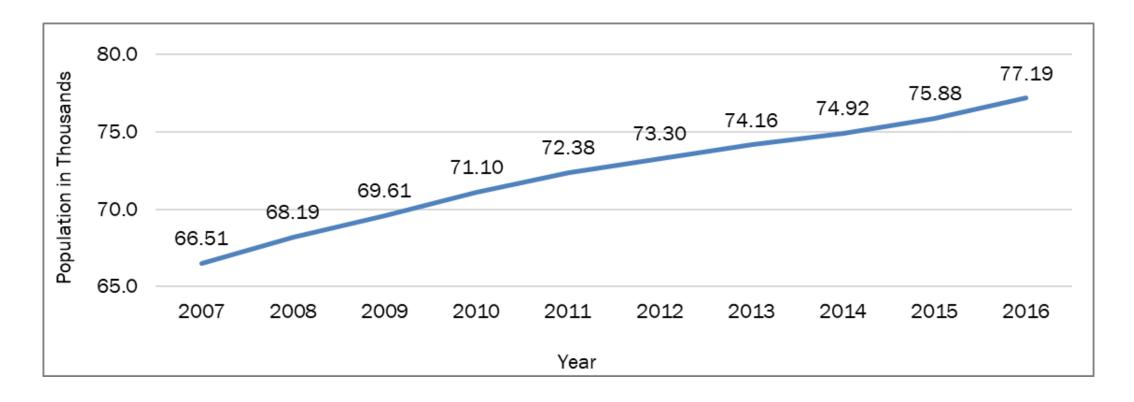
County Health Rankings & Roadmaps, produced by the University of Wisconsin and Robert Wood Johnson Foundation, are a collection of reports that illustrate the overall health of counties in every state across the country and provide a comparison of counties within the same state. Two major categories exist for County Health Rankings: **health outcomes** and **health factors**.



Demographic Profile



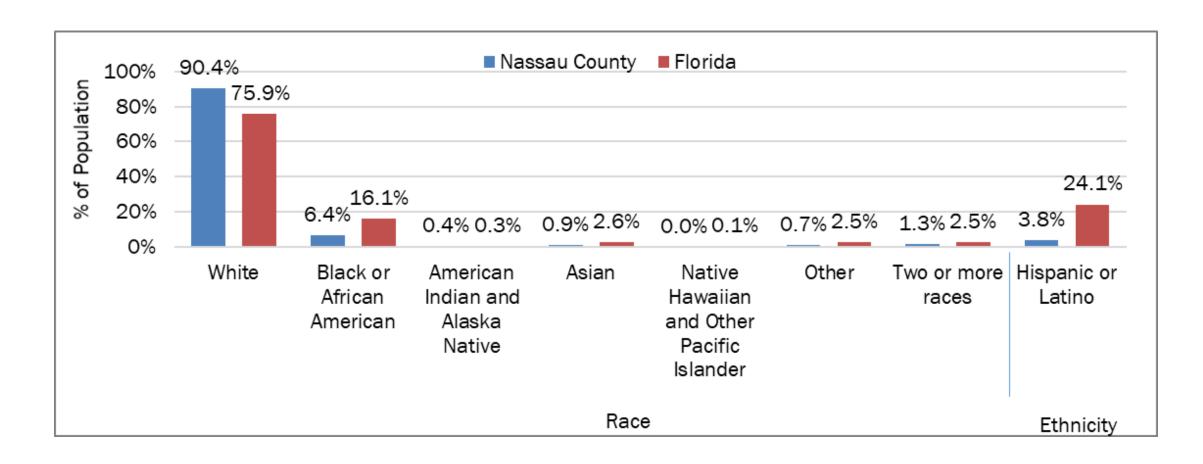
Population & Growth, 2007-2016



Nassau County and Florida had an estimated population of 77,187 and 19,934,451 respectively in 2016. From 2007 to 2016 this was a 16.% population growth. (compared to Florida at 10%)



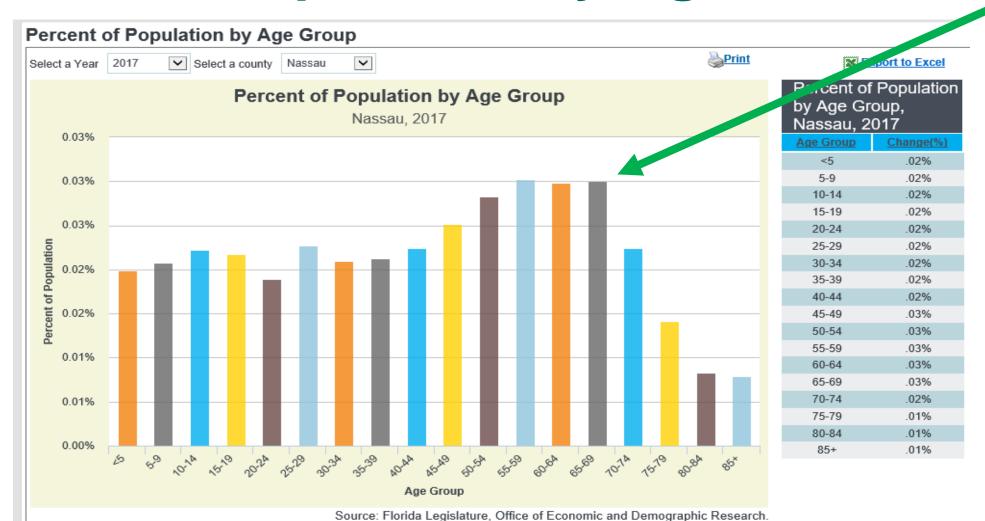
Population by Race & Ethnicity 2016





Population by Age 2017





Note: Ages

50-54 = 7.5%

55-59 = 8.3%

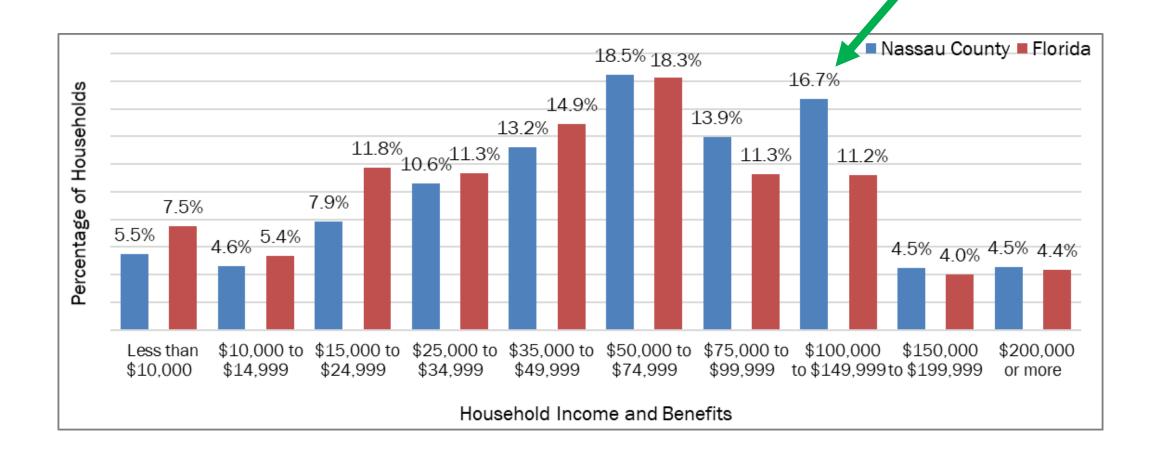
60-64 = 7.1%

65-69 = 7.2%



Income







State of Florida has 57 dentist per 100,000 persons. Nassau County has X number of dentists per 100,000?

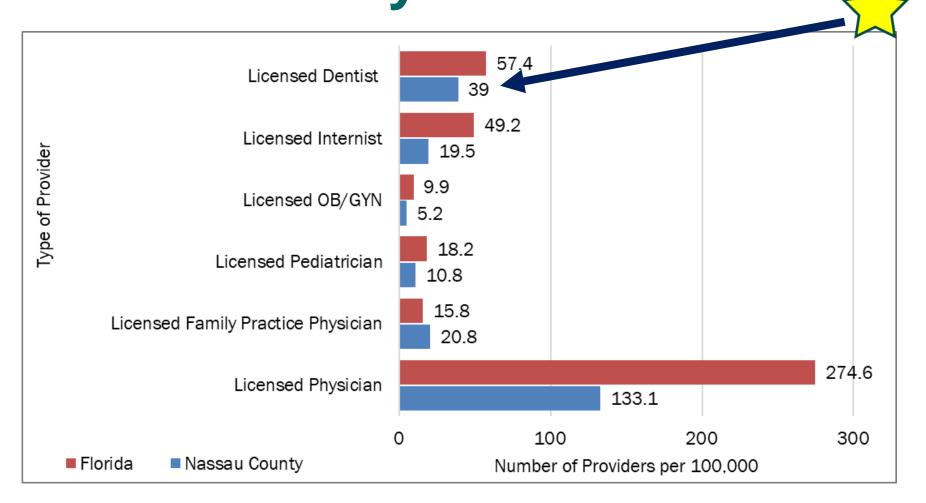
A) less than 39

B) between 40-50

C) less than 17



Total Licensed Providers, Nassau County 2014-2017





Federal Health Professional Shortage Designation

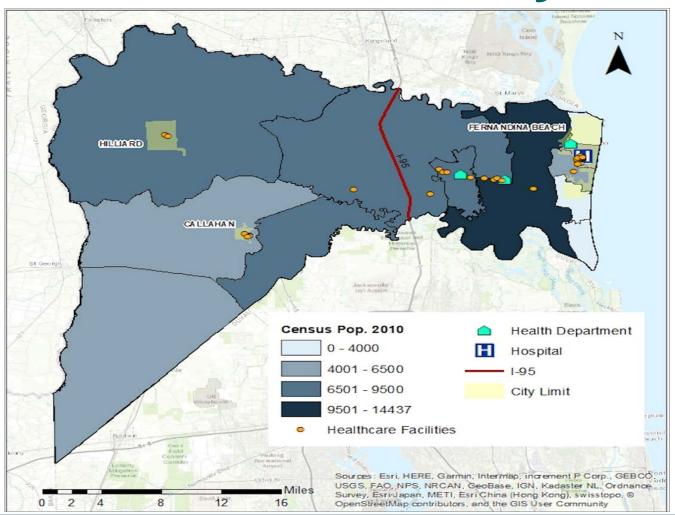
The Human Health Resources and Services (HRSA) develops a shortage designation criteria to determine whether an area or population group is experiencing a health professional shortage. Shortages can be for primary medical care, dental, or mental health provider. In 2017, Nassau County was designated a Health Professional Shortage Area (HPSA) due to lack of primary care service.

Health Resources and Services Administration. (2017, 03 30). HRSA Data Warehouse. Retrieved from https://datawarehouse.hrsa.gov/tools/analyzers/HpsaFindResults.aspx

Overall, Nassau County has a significantly lower number of <u>licensed physicians</u> per 100,000 people than the state average. Nassau County also has fewer licensed dentists, internists, OB/GYNs, and pediatricians per 100,000 than Florida. Nassau County has slightly more family practice physicians per 100,000 population than Florida.

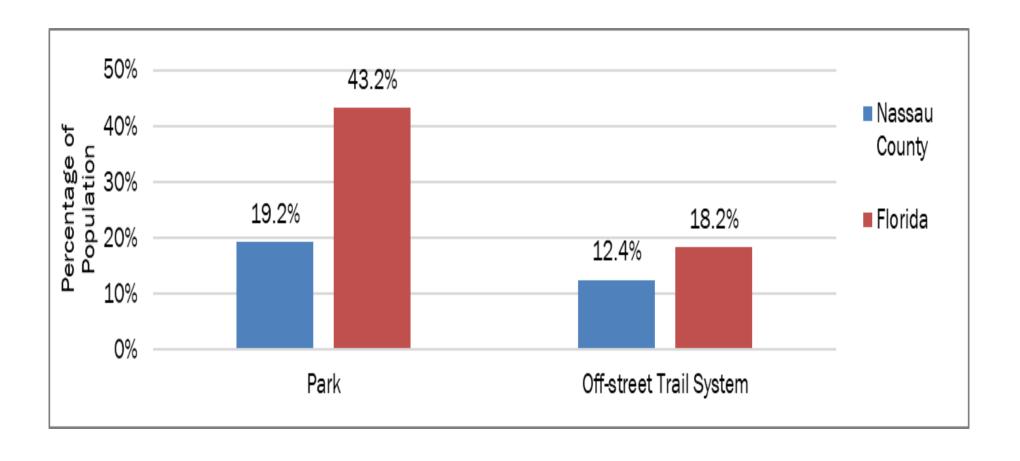


Health Resources with 2010 Census Density



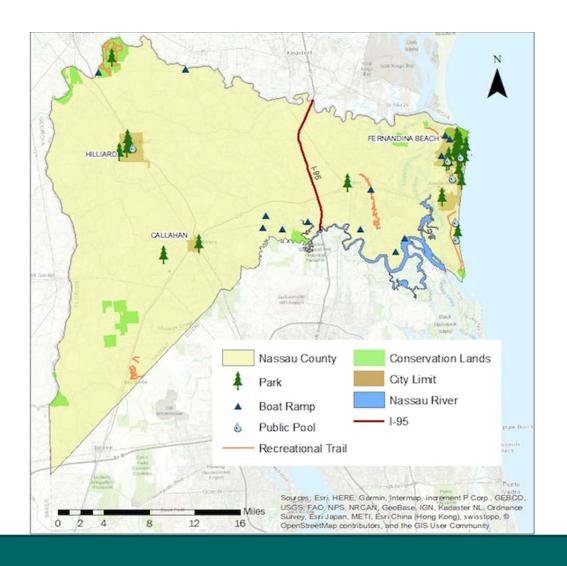


Population Living With-in Half-Mile (or 10 Minute Walk) of Park/Trail System



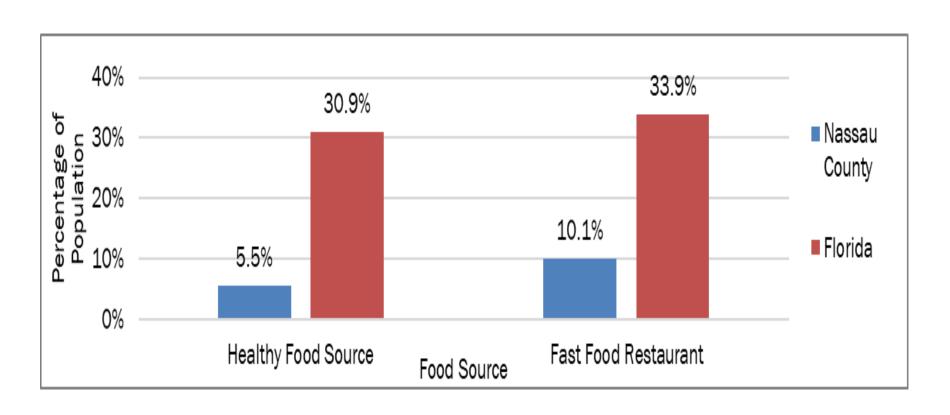


Recreational Resources March 2018





Population Living with-in Half-Mile (or 10 Minute Walk) of Healthy Food Source or Fast Food Restaurant





Major Causes of Death



The leading causes of death in Nassau County exceed the State of Florida for like measures. True or False?

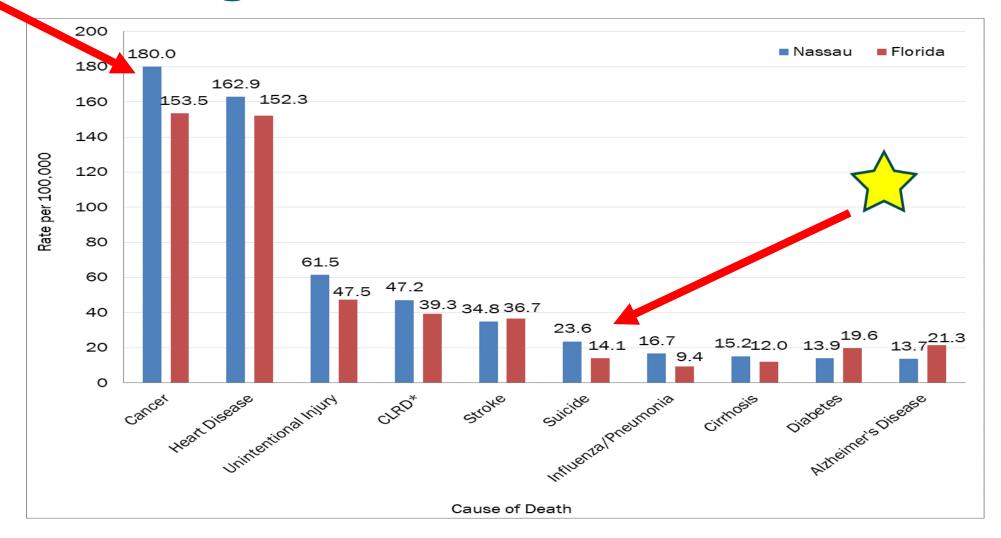
A) True

B) False



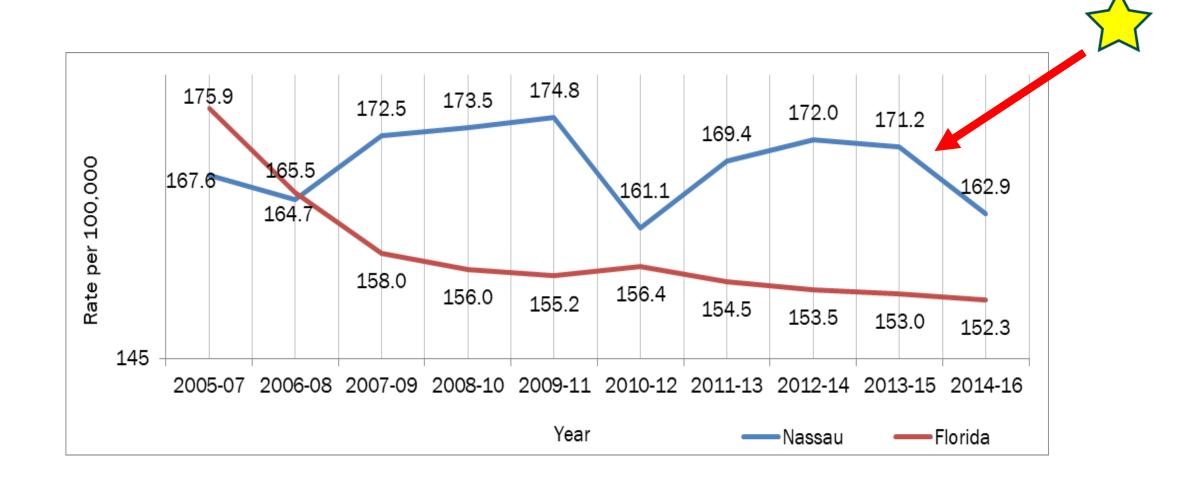


Leading Causes of Death, 2014-2016



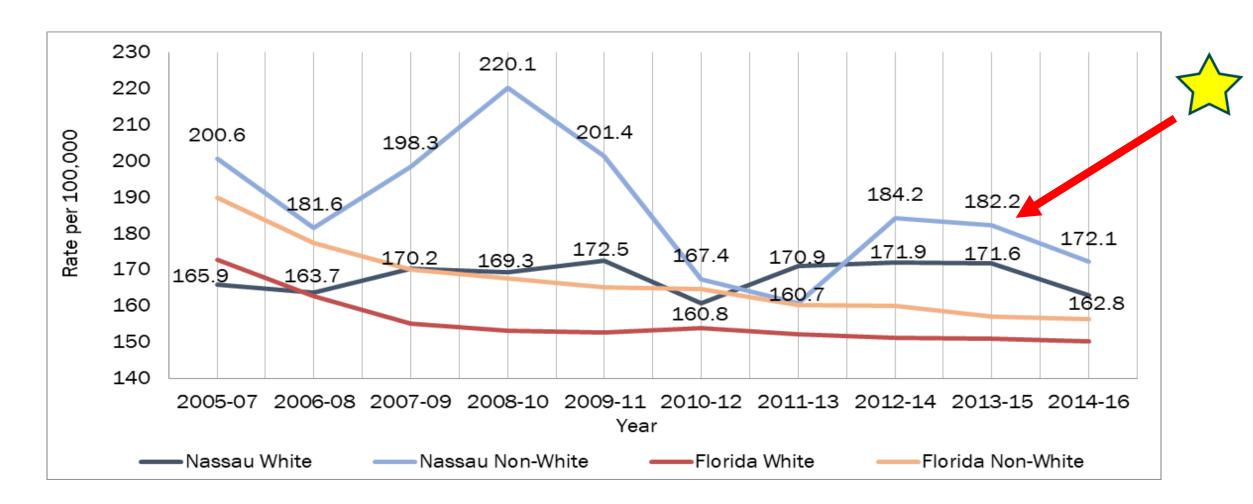


Heart Disease Mortality Rate, All Races



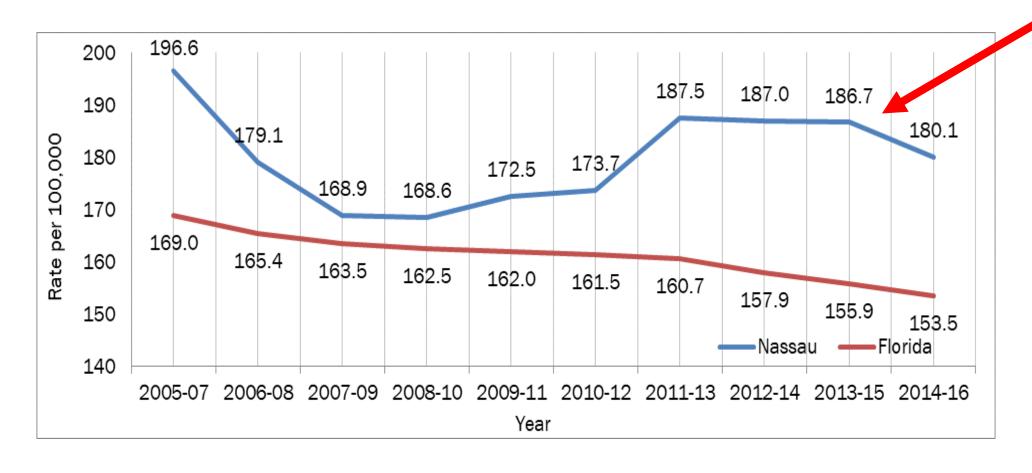


Heart Disease Mortality Rate by Race





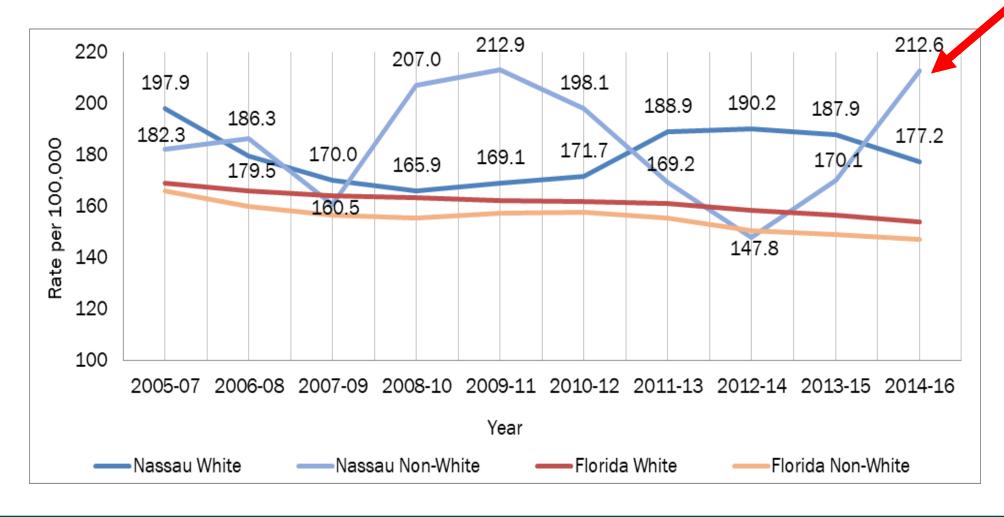
Cancer Mortality Rate, All Races 2005-2016





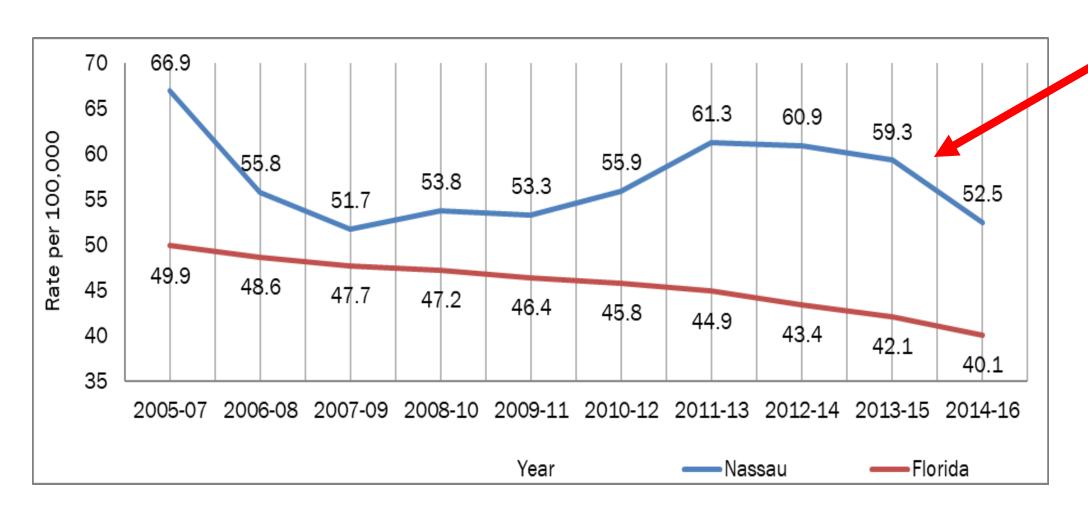
Cancer Mortality Rate by Race 2005-2016





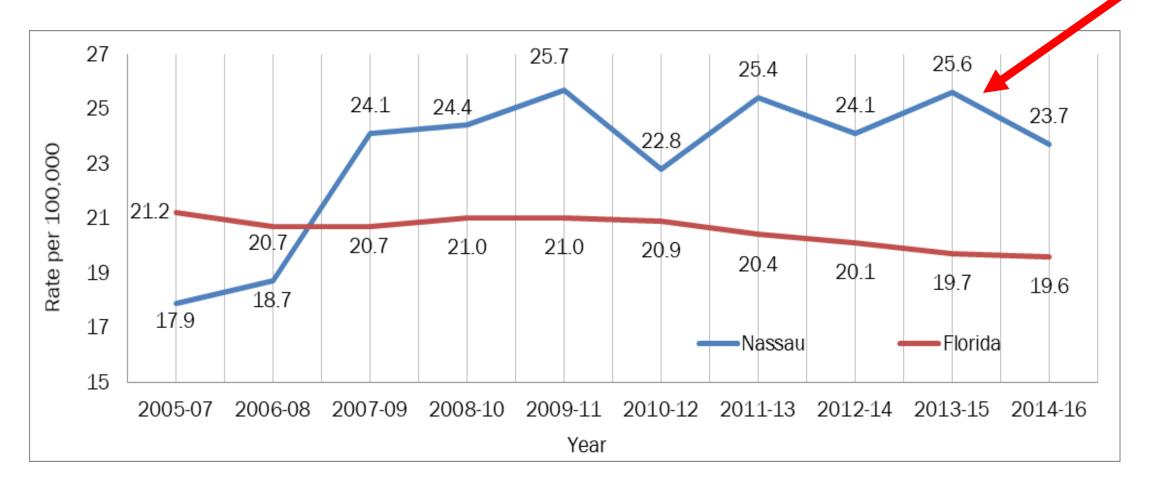


Lung Cancer Mortality Rate, All Races 2005-2016



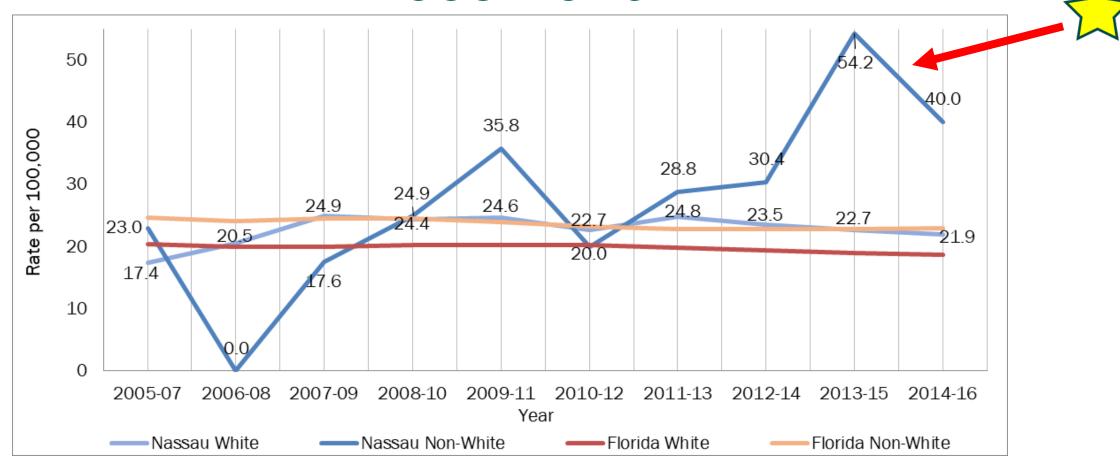


Breast Cancer Mortality Rate, All Races 2005-2016





Breast Cancer Mortality Rate by Race, 2005-2016



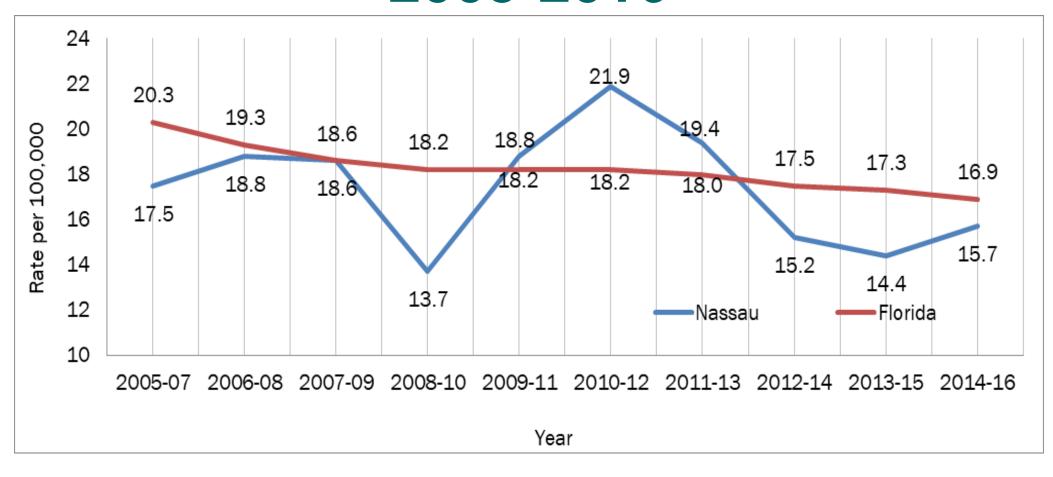


Since 2012, the prostrate and cholorectal cancer mortality rate has been stable in both Florida and Nassau County for whites. Which is true below?

- A) The non-white mortality rate is stable in both Nassau and Florida.
- B) The non-white morality rate for Nassau is higher than Florida.
- C) The non-white mortality rate for Nassau is lower than Florida.



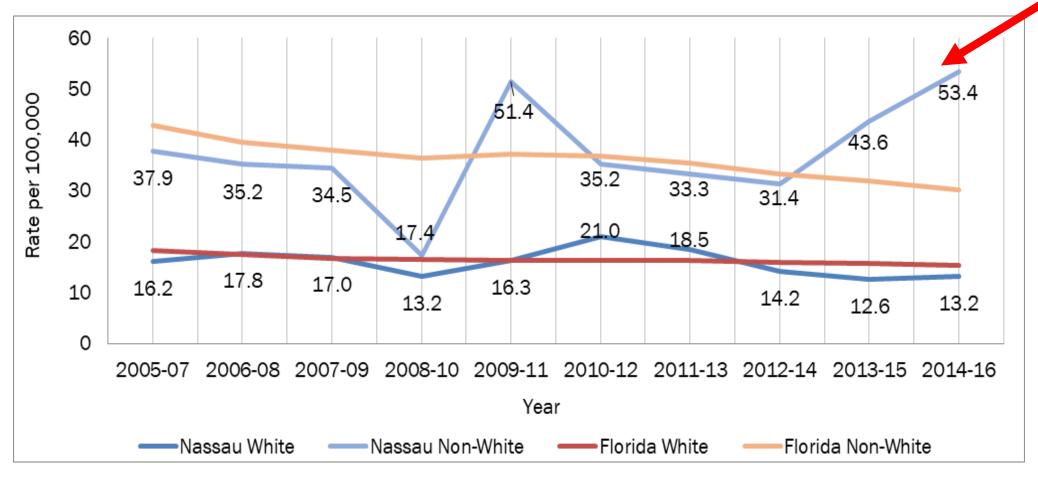
Prostrate Cancer Mortality All Races 2005-2016





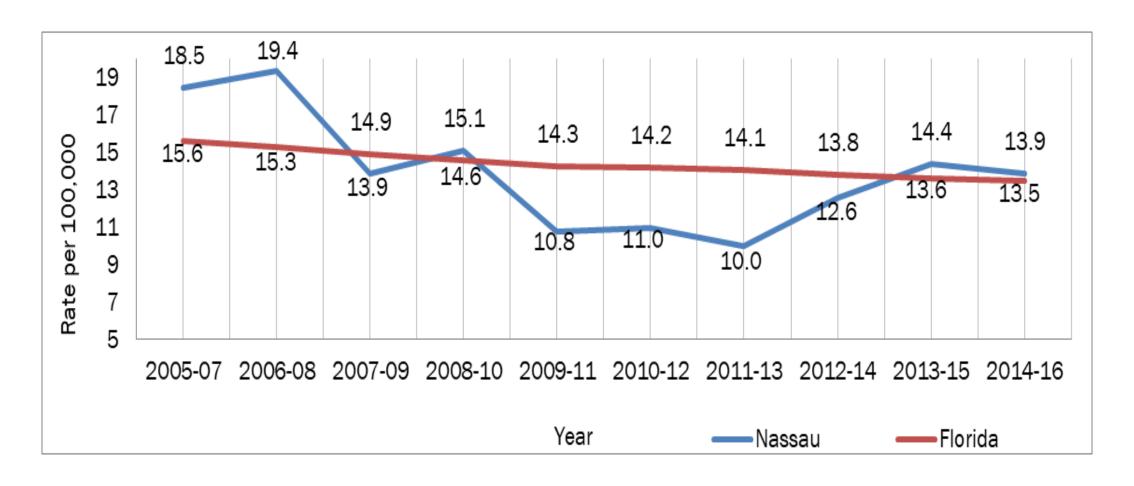
Prostate Cancer Mortality by Race, 2005-2016







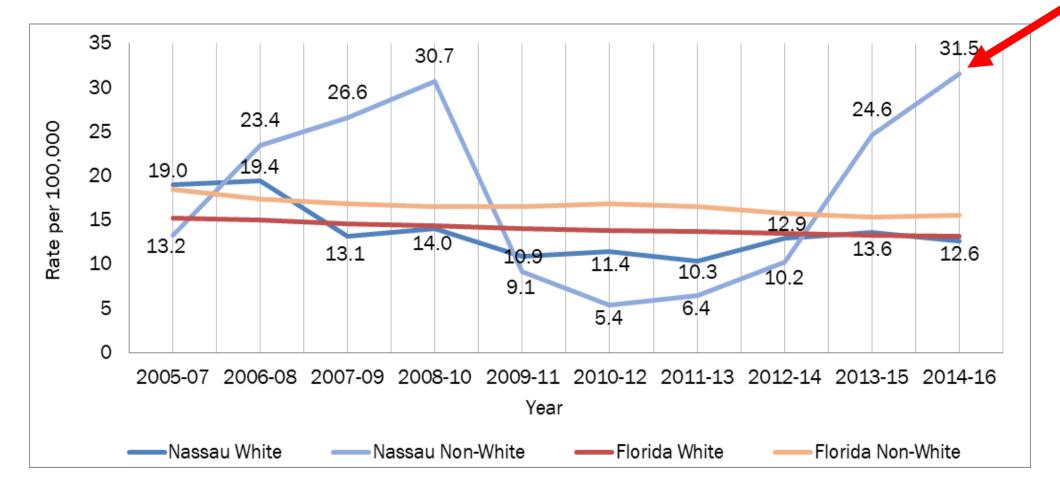
Colorectal Cancer Mortality All Races 2005-2016





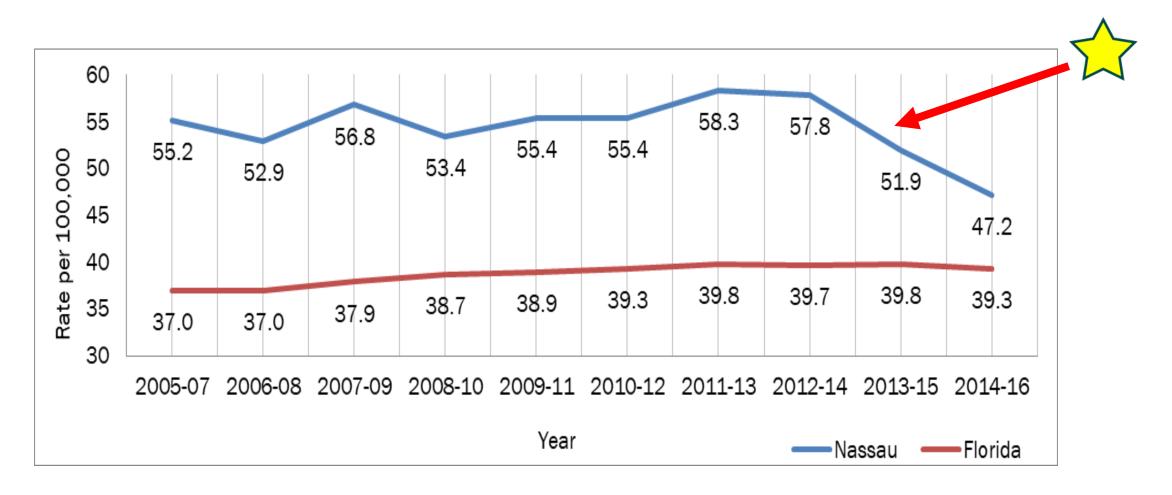
Colorectal Cancer Mortality by Race, 2005-2016





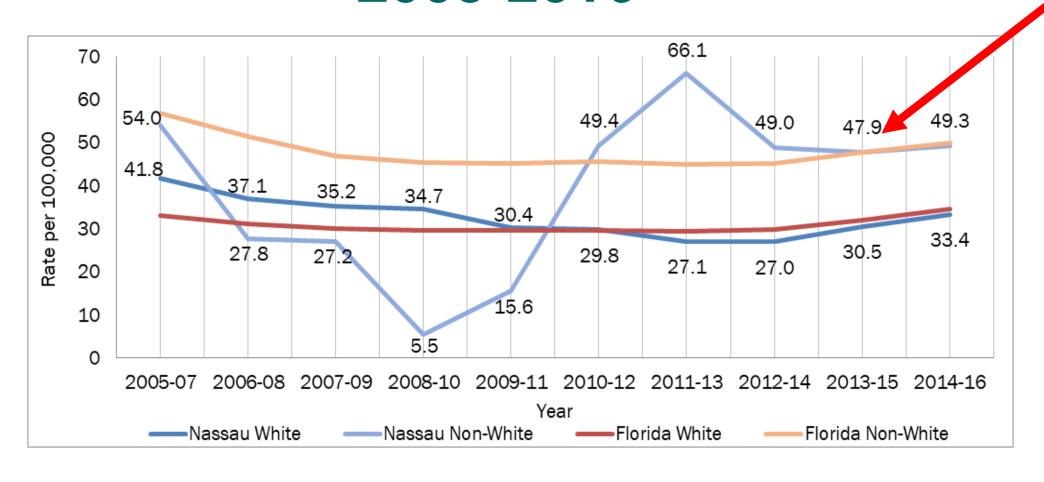


Chronic Lower Respiratory Disease Mortality Rate, All Races 2005-2016



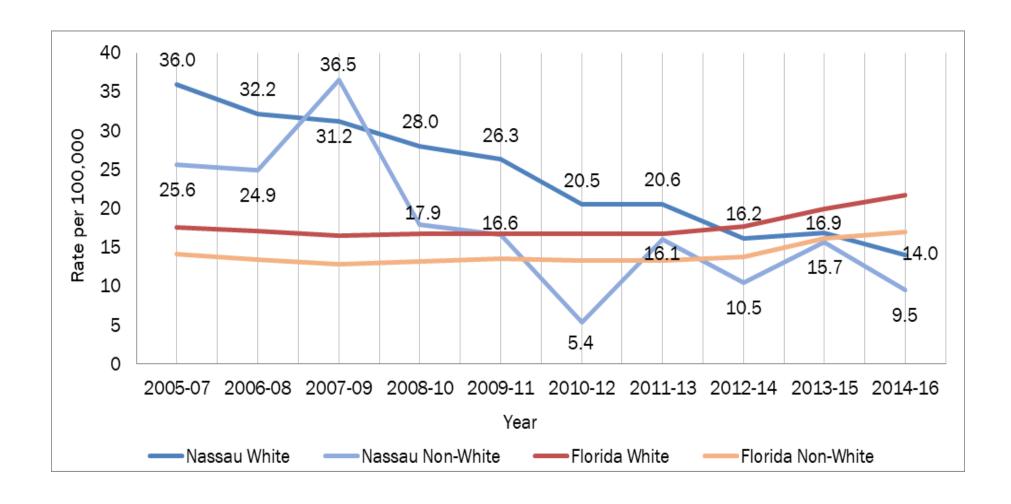


Stroke Mortality Rate by Race, 2005-2016



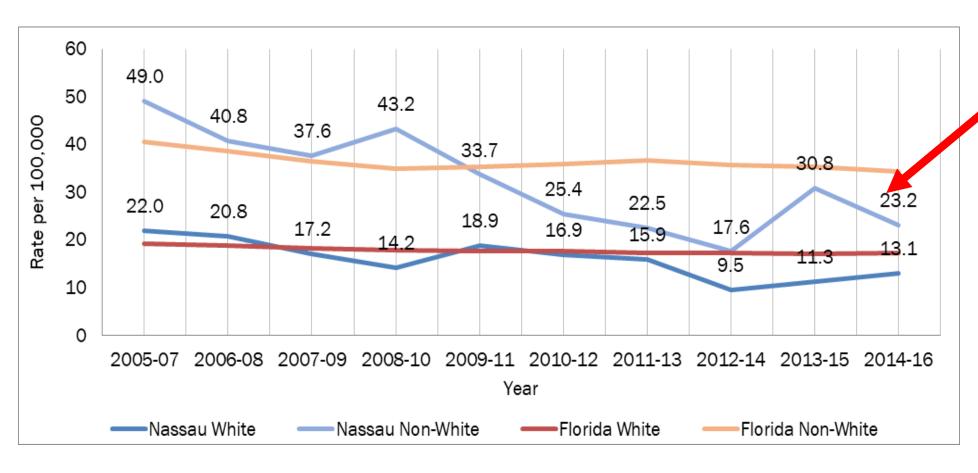


Alzheimer's Mortality Rate by Race 2005-2016



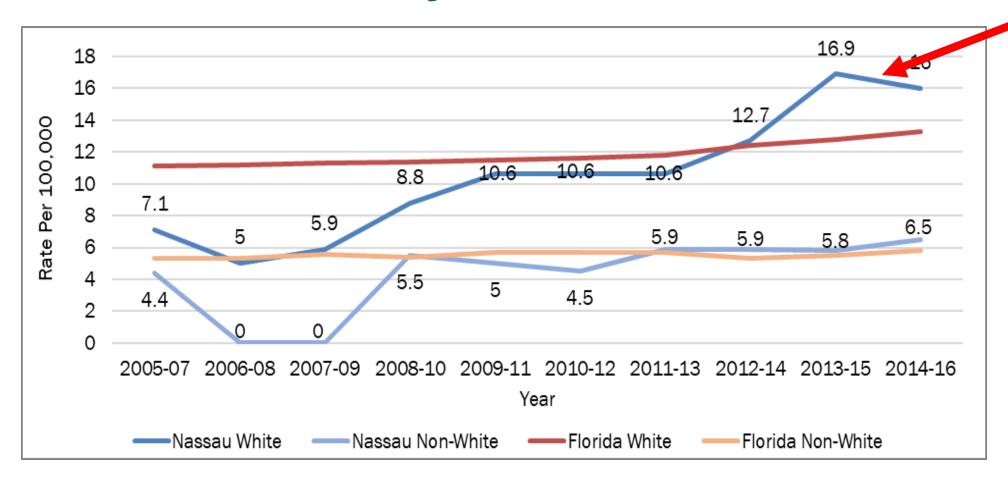


Diabetes Mortality Rate by Race 2005-2016



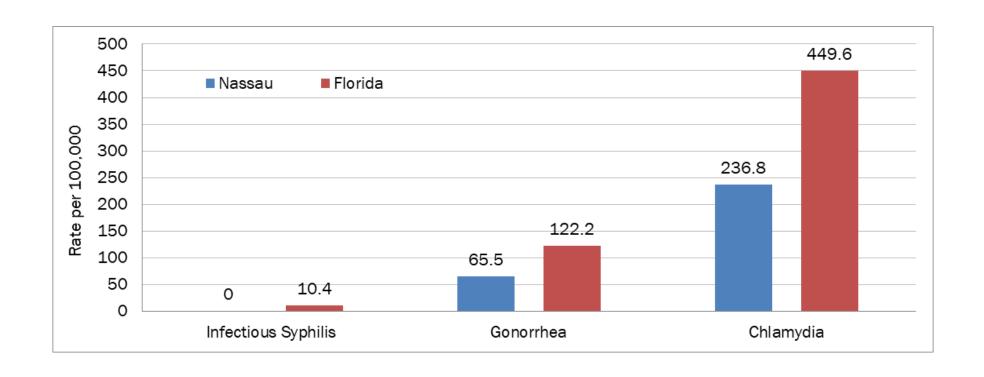


Chronic Liver Disease & Cirrhosis Death Rate by Race 2005-2016





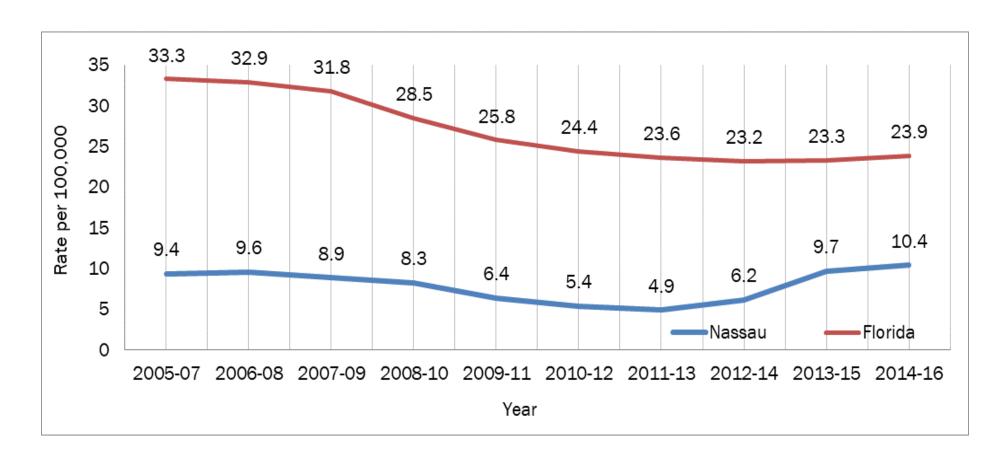
Communicable Diseases 2014-2016



Syphilis, Gonorrhea & Chlamydia Rates, 3-Year Rolling Rates, FL Health Charts



HIV/AIDS Mortality Rate 2005-2016

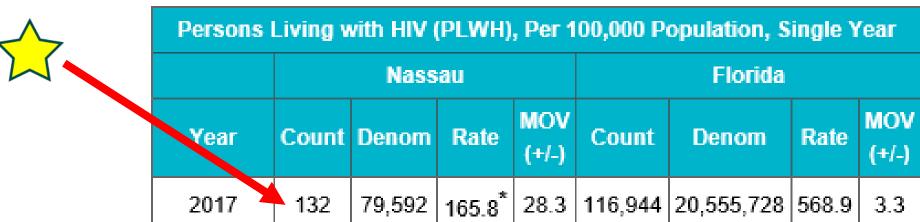


10.4 deaths per 100,000 is the highest in the last decade.



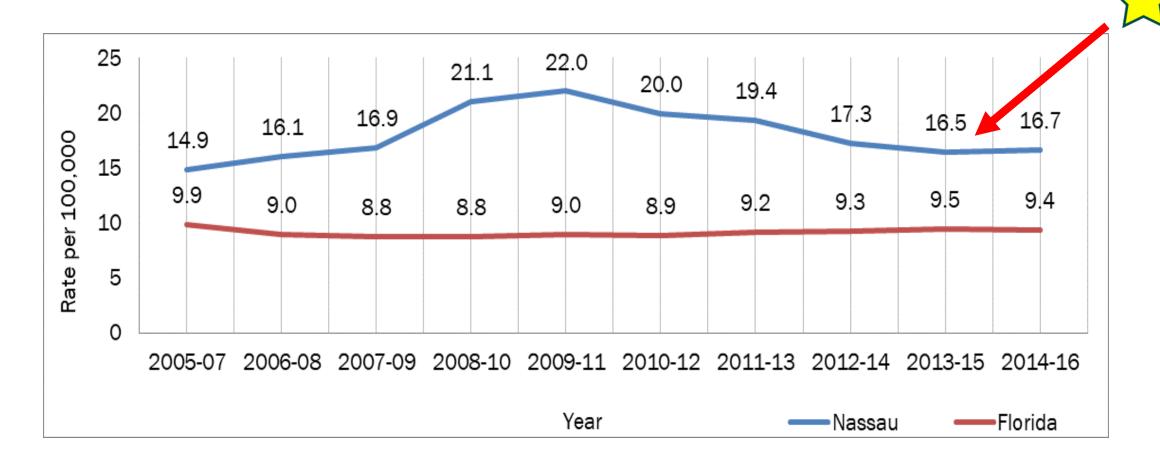
Persons Living with HIV/AIDS





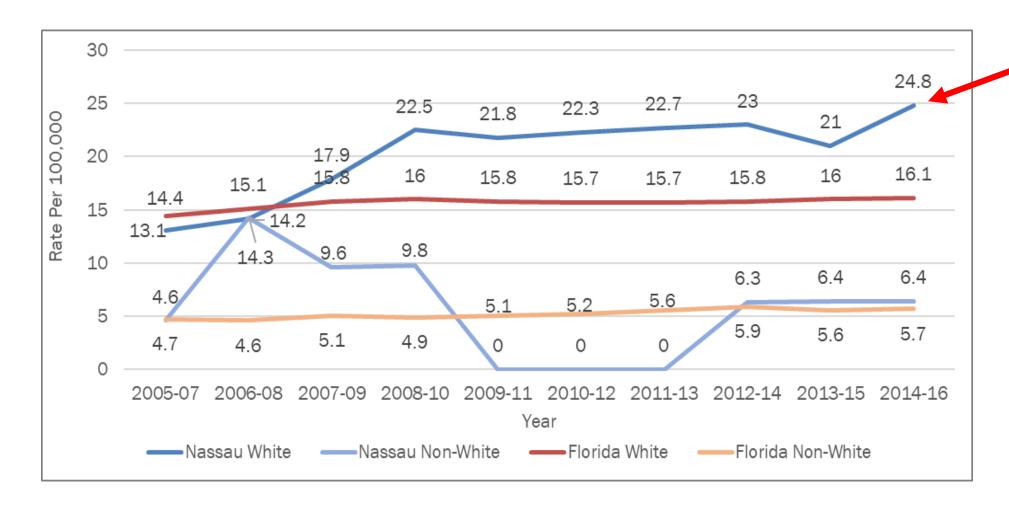


Influenza & Pneumonia Death Rate All Races 2005-2016





Suicide Death Rate by Race 2005-2016







Florida Mental Health Act "Baker Act"

The *Baker Act* allows for involuntary exam initiation (also referred to as emergency or involuntary commitment). Initiations can be made by judges, law enforcement officials, physicians, or mental health professionals only when there is evidence that a person has a mental illness and is a harm to self, harm to others, or self-neglectful (as defined in the Baker Act). Examinations may last up to 72 hours and can occur in any of over 100 Florida Department of Children and Families designated receiving facilities statewide.

Florida Department of Children and Families, 2014.



Baker Act Initiations in Nassau County 2007-2016

\wedge		Nassau County Residents				Florida			
	Fiscal Year		% of Exams by Initiator Type				% of Exams by Initiator Type		
		Involuntary Examinations	Law Enforce- ment	Mental Health Pro- fessional	Ex-Parte Order of Judge	Involuntary Examinations	Law Enforce- ment	Mental Health Pro- fessional	Ex-Parte Order of Judge
	2016- 2017	557	64.6%	33.4%	2.0%	199,944	50.3%	47.7%	2.0%
	2015- 2016	405	59.5%	39.0%	1.5%	194,354	50.9%	47.3%	1.9%
	2014- 2015	395	63.0%	36.5%	0.5%	187,999	50.5%	47.6%	1.9%
	2013- 2014	252	61.9%	37.7%	0.4%	177,006	49.7%	48.3%	1.9%
A	2012- 2013	234	66.2%	33.3%	0.4%	163,850	49.8%	48.2%	2.0%
	2011- 2012	205	67.3%	32.7%	0.0%	154,655	49.6%	48.3%	2.1%
	2010- 2011	181	64.1%	34.8%	1.1%	145,290	48.5%	49.4%	2.2%
	2009- 2010	253	62.8%	35.6%	1.6%	141,284	49.0%	48.7%	2.3%
	2008- 2009	273	57.9%	40.7%	1.5%	133,644	48.6%	49.0%	2.4%
	2007- 2008	225	51.1%	45.8%	3.1%	127,983	48.4%	48.8%	2.8%



Insurance Coverage in Nassau 2012-2016

Table 1. Insurance Coverage in Nassau County, Florida, and the United States, 2012-2016

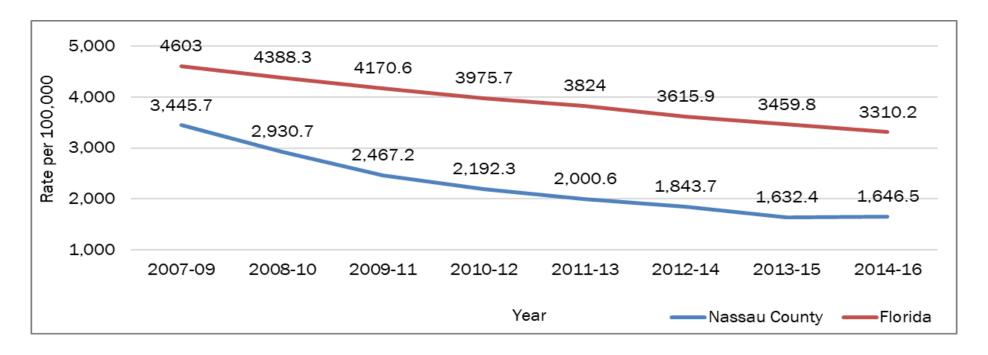
	Nassau	Florida	United States
Total civilian noninstitutionalized	76,329	19,621,207	313,576,137
With health insurance coverage	86.7%	83.6%	88.3%
With private health insurance	68.0%	59.8%	66.7%
With public coverage	34.5%	36.0%	33.0%
No health insurance coverage	13.3%	16.4%	11.7%
Civilian noninstitutionalized population 18 to 64 years	45,419	11,833,949	195,226,024
In labor force:	32,803	8,920,790	149,849,229
Employed:	30,276	8,179,341	138,920,971
With health insurance coverage	82.4%	78.8%	85.8%
With private health insurance	78.2%	73.7%	79.4%
With public coverage	6.7%	7.2%	8.6%
No health insurance coverage	17.6%	21.2%	14.2%
Unemployed:	2,527	741,449	10,928,258
With health insurance coverage	54.7%	51.5%	63.0%
With private health insurance	39.3%	32.1%	37.7%
With public coverage	19.3%	21.6%	27.9%
No health insurance coverage	45.3%	48.5%	37.0%
Not in labor force:	12,616	2,913,159	45,376,795
With health insurance coverage	79.1%	75.9%	82.1%
With private health insurance	55.2%	47.8%	51.7%
With public coverage	3 1. 4%	34.5%	37.2%
No health insurance coverage	20.9%	24.1%	17.9%



Injury & Violence



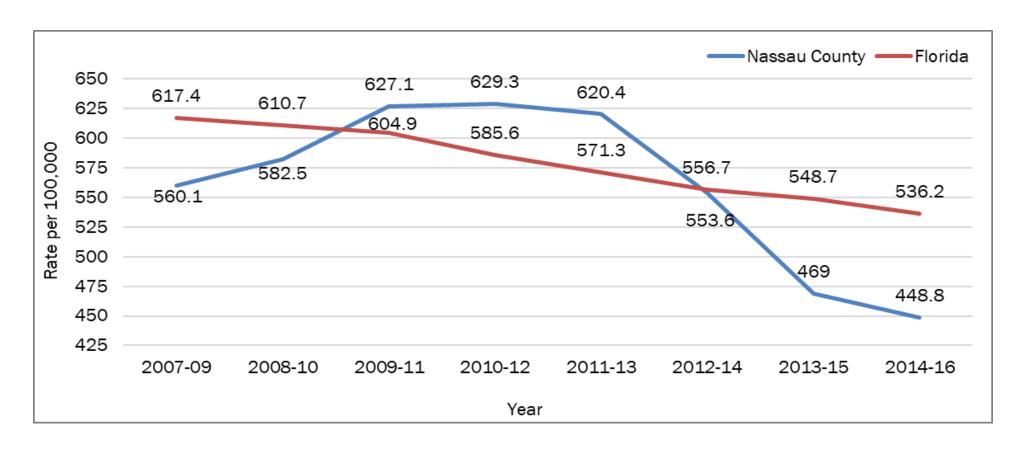
Index Crimes



Nassau County's Index Crime rate decreased from 2007-2016 by 52%. Florida's decreased by 28% during the same period.



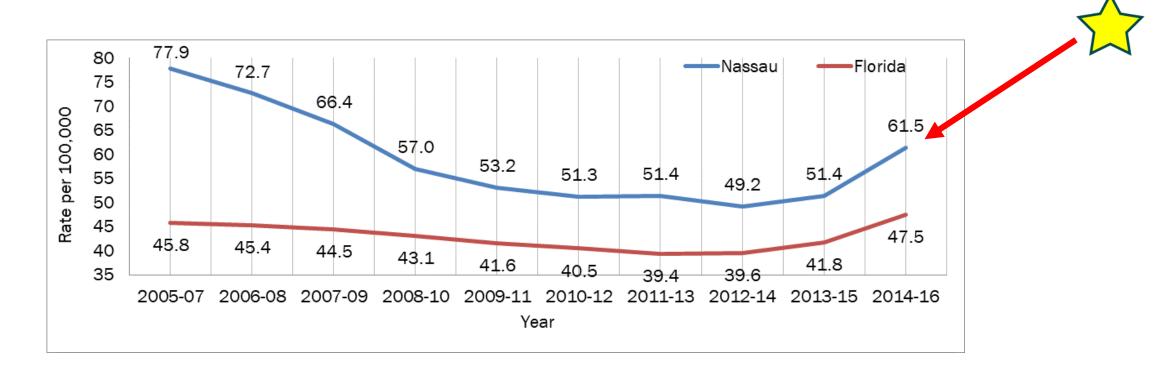
Incidence of Domestic Violence 2007-2016



Nassau County domestic violence rate decreased from by 28.7% from 2010-2016.



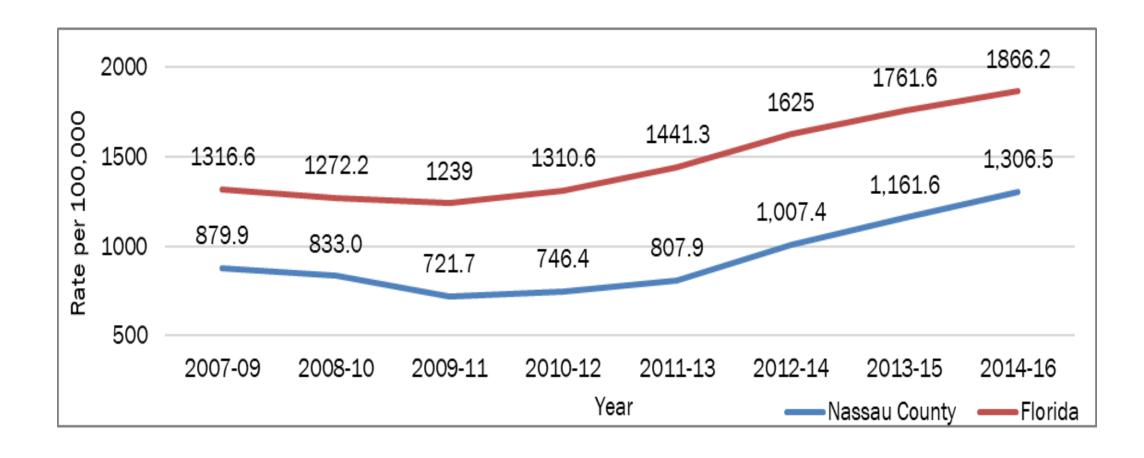
Unintentional Injury Death Rate 2005-2016



Accidental or unplanned and typically occur in a short period. Ex: drowning, motor vehicle crashes, fires, falls and poisoning. Nassau County's **increased** by 25% from 2012-2016.

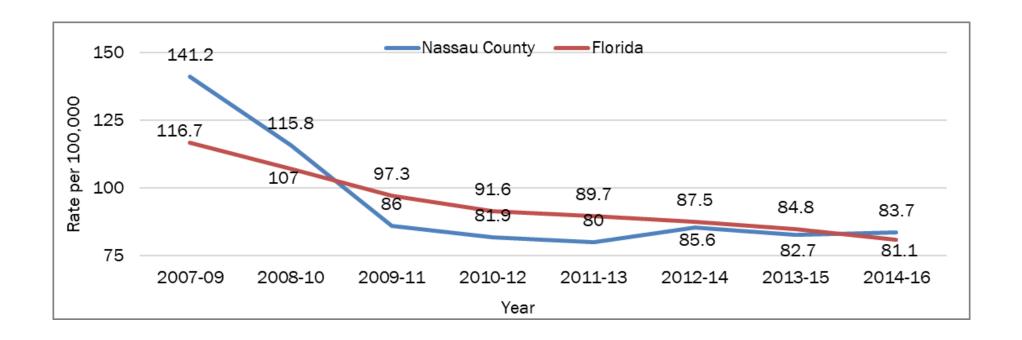


Traffic Crashes 2007-2016





Incidence of Alcohol-Suspected Motor Vehicle Traffic Crashes 2007-2016



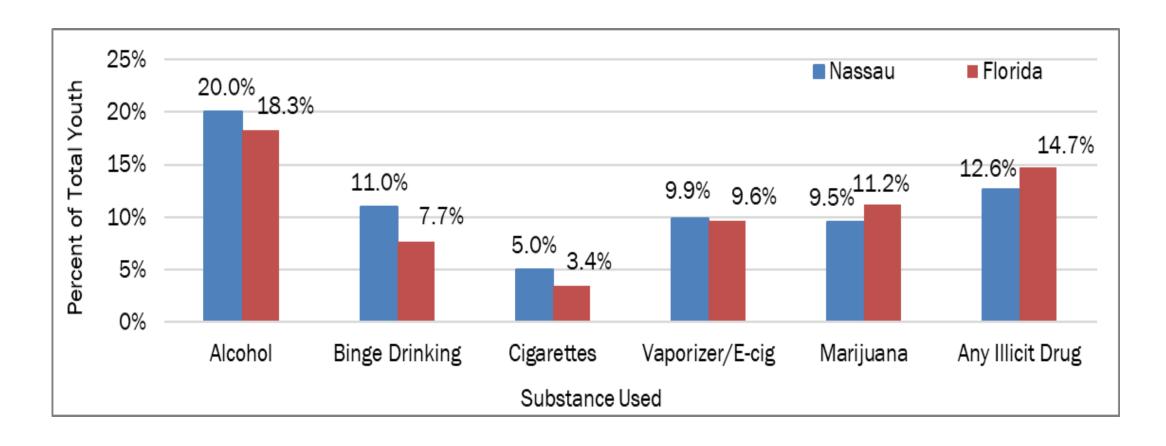
Nassau County saw a 42% decrease in the incidence of alcohol-suspected motor vehicle crashes from 2007-2016.



Social and Behavioral Health

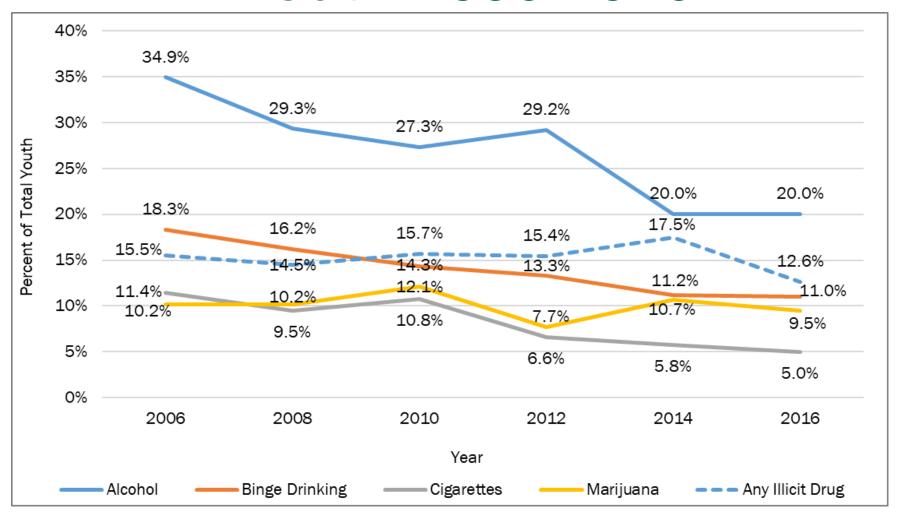


Youth Who Report Using Substances in Past 30 Days 2016





Past 30 Trend in Substance Use for Youth 2006-2016

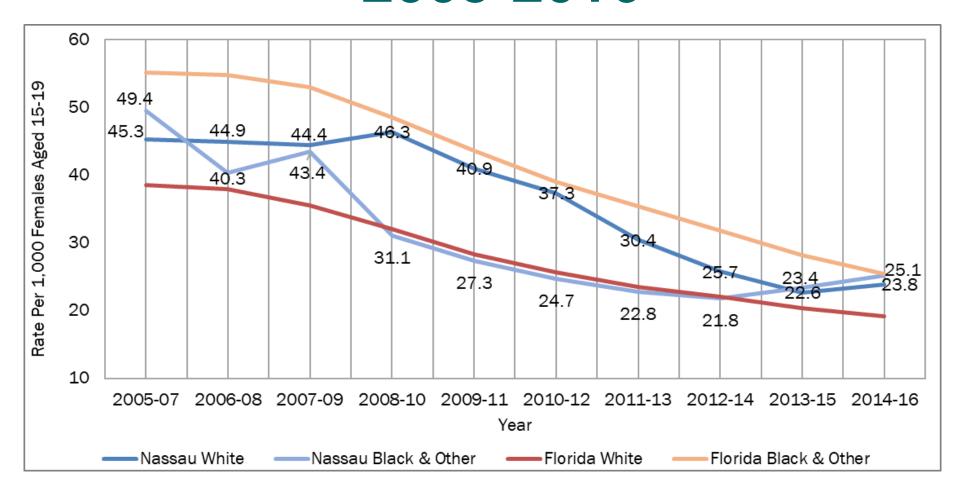




Maternal and Child Health Behaviors

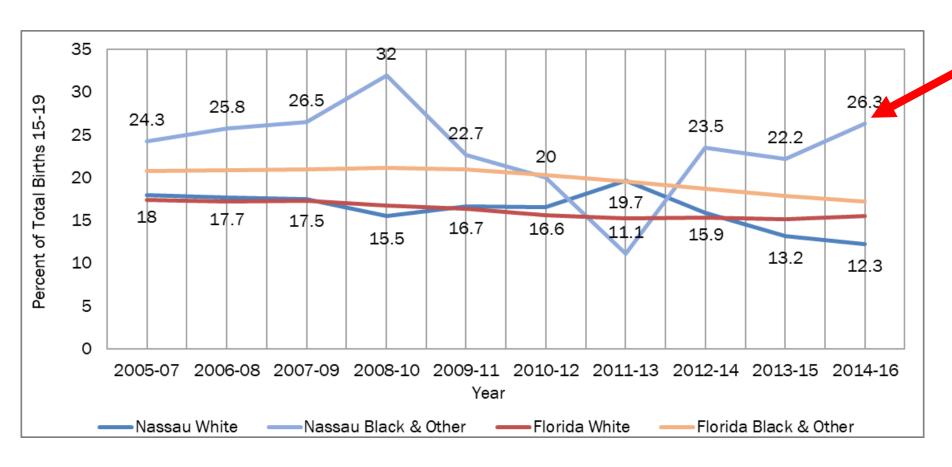


Birth Rates of Mothers 15-19 by Race 2005-2016



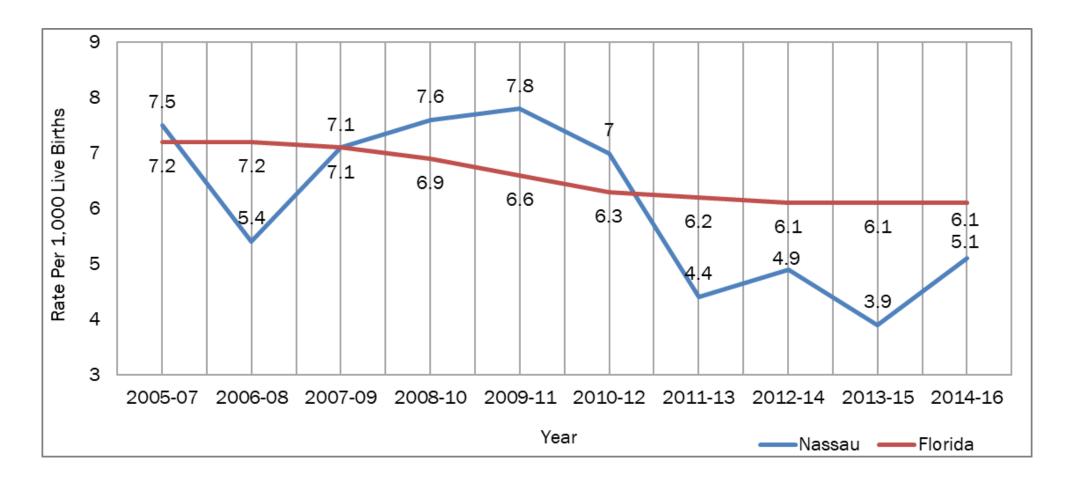


Repeat Birth Rate of Mothers Ages 15-19 by Race



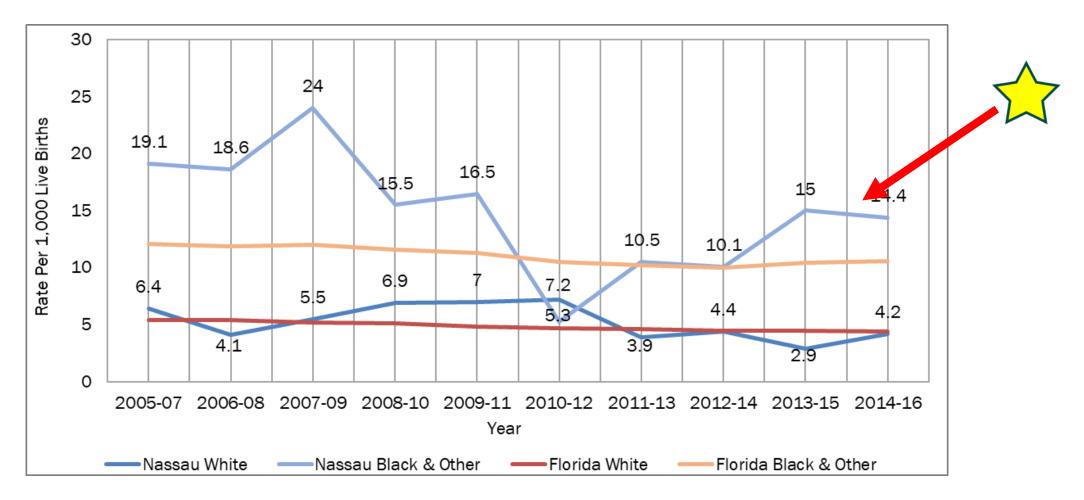


Infant Mortality Rate – All Races



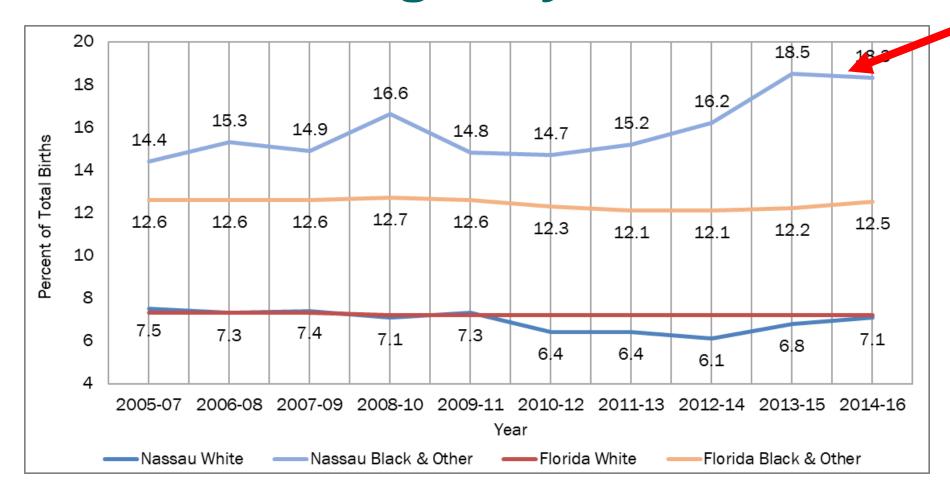


Infant Mortality Rates by Race



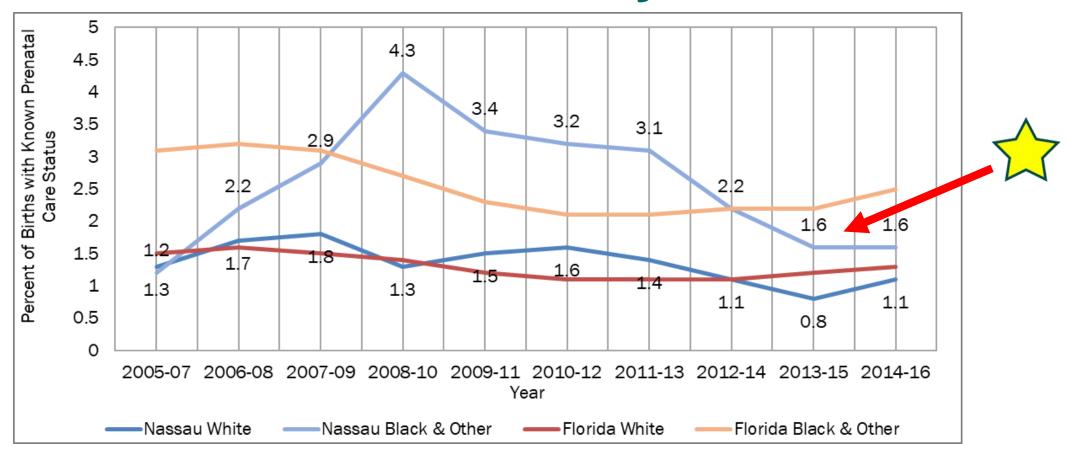


Percent of Total Births with Low Birth Weight by Race





Percent of Births to Mothers with No Prenatal Care by Race





Health Disparities

Elevating the Social Determinants of Health

Ensuring the **right to health by**:

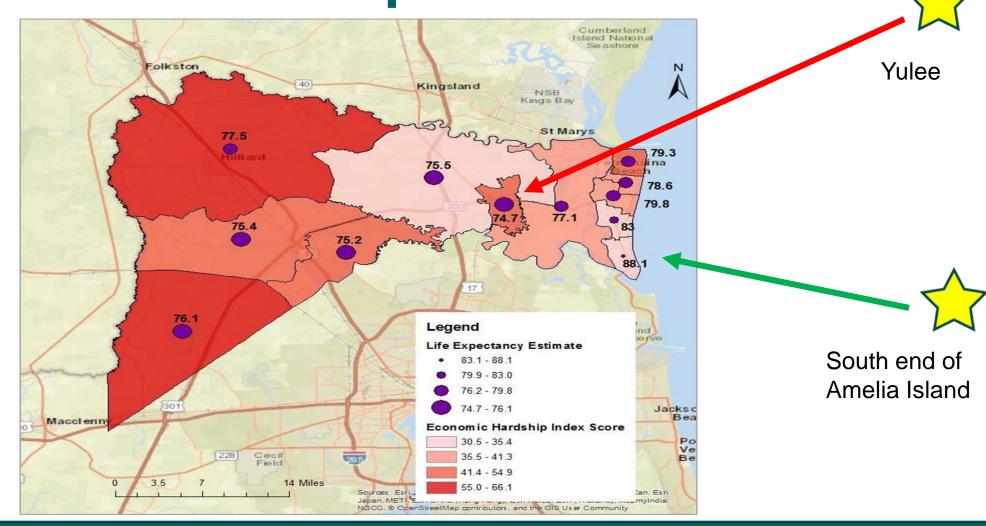
- 1. Creating conditions that enable good health
- 2. Acknowledging the inequities that perpetuate poor health
- 3. Considering health in all policies

Example: Communities that improve neighborhood sidewalks help encourage physical activity; better product labeling can help people eat healthier; and boosts in the minimum wage can result in more babies being born at a healthy weight and fewer infant deaths.

- Becoming the healthiest nation requires a commitment to achieving "health place matters".
- Did you know that in Nassau County, there is a **difference in average life expectancy** depending upon where you live. With a range of **74.7** years at the lower end and **88.1** years at the higher end.



Life Expectancy and Economic Hardship Index





Summary of Community Health Assessment Data

There are **health disparities** in the areas of:

- Cancer (breast, colorectal, prostrate
- Heart Disease
- Infant Mortality
- Low Birth Weight
- Repeat Teen Births
- Chronic Diseases(Stroke/Diabetes)
- HIV (County Health Rankings)

- Physical Environment less than 12% of residents live within a 10 minute walk of a safe place to exercise.
- Medical Professional Shortage continues with growing community.
- Increase in Suicide (white) and Baker Act examinations
- Increase in Unintentional Injury Death rate
- Increase in Traffic Crashes
- Life Expectancy varies (location)



Additional summary thoughts:

- Population Growth of 6.3% from 2016-2017: 80,456
- Decrease in Index Crime Rate 52% ▼
- Decrease in Domestic Violence by 28%
- Decrease in Alcohol-Suspected Motor Vehicle Traffic Crashes
- Appearance of downward trend for Youth using Substances



Most important feature of a healthy community: **English**

Most Important features of a healthy community: **Hispanic**

- Access to Healthcare 87%
 - Low Crime/Safe Neighborhoods 87%
- Clean and Healthy Environment 84%
- Quality Jobs 81%

- Access to Healthcare 94%
- Clean and Healthy Environment 89%
- Access to Educational Opportunities 88%
- Quality Jobs 76%



Highest scoring Health Concerns: English

Highest scoring Health Concerns: Hispanic

- Abuse/Neglect 76%
- Domestic Violence 73%
- Mental Health 72%
- Cancer 67%
- Infant Health 66%

- Abuse/Neglect 94%
- Dental 89%
- Maternal and Infant Health 88%
- Domestic Violence 87%
- Mental Health 87%



Services that are hard to obtain: **English**

Services that are hard to obtain: **Hispanic**

- Specialty Medical Care
- Alternative Therapy
- Substance Abuse Services
- Mental health counseling
- Access to Healthy Food Options

What keeps you from getting medical care:

- Can't afford appointments 43%
- Lack of evening/weekend hours 43%

Family Planning/Birth Control

- Specialty Medical Care
- Physical Rehabilitation Therapy
- Lab Work/Imaging/X-rays
- Vision/Dental

What keeps you from getting medical care:

Can't afford appointments 88%

Don't have transportation 69%



English:

Where do you get your medication:

- Drug Store 84%
- Over the counter medication 18%

How do you dispose of unused medication:

- Still in my cabinet 37%
- Throw in trash 30%
- Flush down toilet 27%
- Use medication drop off box 19%

Hispanic:

Where do you get your medication:

- Drug Store 80%
- Over the counter medication 30%

How do you dispose of unused medication:

- Still in my cabinet 25%,
- Flush down toilet 38%,
- Throw in trash 63%,
- Use medication drop off box 0%.



Where would you go if you were sick and needed medical care? **English**

Where would you go if you were sick and needed medical care? Hispanic

- Primary Care Doctor 71%
- Emergency Room 30%
- Urgent Care 22%

- Emergency Room 78%
- Health Department 10%
- Primary care doctor 10%



English:

Gender: 80% female, 20% male

Race: 88% White, 8% Black, 4%

Ages:

- 10% 18-25
- 32% 26-39
- 26% 40-54
- 16% 55-64
- 11% 65-74

Education level:

- 35% High School
- 23% Community College/Tech
- 20% 4 year college
- 12% Graduate School
- 6% Post-Graduate studies

Employment: 56% fulltime, 12% part-time, 21% retired, 8% unemployed



Hispanic:

Gender: 78% female, 22% male

Ages:

- 10% 18-25
- 70% 26-39
- 20% 40-54

Income: 66% under \$19,000

Education level:

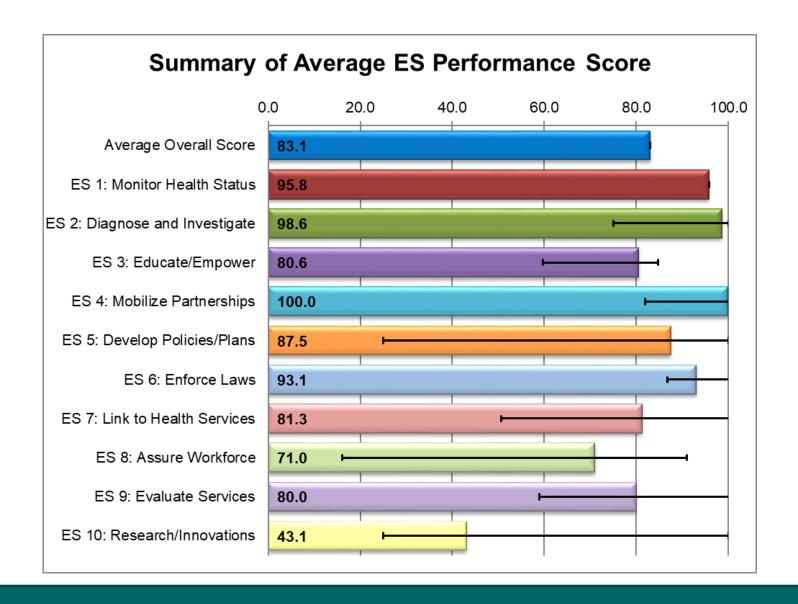
- 80% Elementary/Middle School
- 10% High School
- 10% Four year college

Employment:

- 56% fulltime
- 11% part-time
- 22% unemployed
- 11% homemaker

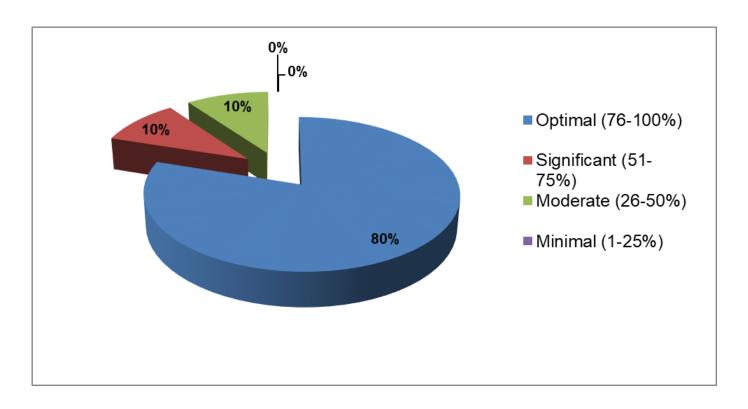


Local Public Health Assessment





Local Public Health Assessment



This pie chart shows the composite measures across all of the Essential Service Model Standards in Nassau were at the Optimal level at 80% (improved from 60% in 2015), significant level for 10% and Moderate level for 10%. Areas for improvement ES10 Research/Innovations, ES8 Assuring Workforce and ES3 Educate/Empower.



Local Public Health Assessment Trend data

Local Public Health System - Nassau County, Florida						
Essential Service		2012	2015	2018	Trend	
ES1	Monitor Health Status	79	84	95		
ES2	Diagnose/Investigate	96	100	98	1	
ES3	Educate/Empower	68	75	80	1	
ES4	Mobilize Partnerships	52	71	100	1	
ES5	Develop Policies/Plans	73	81	87	1	
ES6	Enforce Laws	94	90	93	1	
ES7	Link to Health Services	65	62	81	1	
ES8	Assure Workforce	56	77	71	1	
ES9	Evaluate Services	55	80	80	1	
ES10	Research/Innovations	56	38	43	1	
	Total scores:	694	758	828		



Local Public Health Assessment Summary

Table 3. Model Standards by Priority and Performance Score

Quadrant	Model Standard	Performance Score (%)	Priority Rating
Quadrant A	7.2 Assure Linkage	75.0	7
Quadrant A	3.3 Risk Communication	66.7	7
Quadrant B	7.1 Personal Health Services Needs	87.5	7
Quadrant B	4.2 Community Partnerships	100.0	6
Quadrant B	4.1 Constituency Development	100.0	6
Quadrant B	3.2 Health Communication	91.7	7
Quadrant B	3.1 Health Education/Promotion	83.3	7
Quadrant B	2.3 Laboratories	100.0	6
Quadrant B	2.2 Emergency Response	95.8	7
Quadrant B	2.1 Identification/Surveillance	100.0	7
Quadrant B	1.3 Registries	87.5	6
Quadrant B	1.2 Current Technology	100.0	7
Quadrant B	1.1 Community Health Assessment	100.0	7



Forces of Change Assessment

- Convened two community meetings
 - Fernandina Beach Chamber of Commerce location
 - Yulee Family Support Services office
 - attempted Callahan (unsuccessful)
- Answered these questions:
 - What is occurring that affects the health of our community
 - What specific threats or opportunities are generated by these occurrences?
 - Lots of discussion and ideas captured



Wildlight/Yulee – Expansion and Resources





Forces of Change Assessment

Forces	Threats Posed	Opportunities Created		
	Economic			
Employment	Lack of living wage jobs	Potential for increase in wages		
	Lack of diversity in jobs	Advocacy for better jobs		
Education	Overcrowding in schools	 New schools to support increased enrollment 		
	Lack of resources for developmentally disabled	 Enhance education, work and social life of 		
		developmentally disabled persons		
Housing	Low inventory of affordable housing	 Increased home building opportunities 		
	 Few income-based housing units for seniors 	 Opportunity to provide "Aging in Home" 		
	 No Continuing Care Retirement Communities 			
Environmental				
Built	 Lack of walkways discourages physical activity 	Creation of spaces that encourage active lifestyles		
environment	 Lack of access to healthy food 	Greater focus on providing walking and biking trails		
Food deserts	 Stores without healthy food options 	 Potential to increase access to healthier food 		
	 Price of healthy food vs. unhealthy food 	 Increase in number of farmer's markets 		
	Po	litical		
City – Town	 City and county government not working 	 Opportunity to partner and provide additional 		
growth	together, redefining boundaries of city and	services to new residents		
	county	Opportunity to use policy for change		
	 Rapid expansion of city and town areas which 	 Potential for new communities to collaborate and 		
	are increasing in density	strengthen with common needs		
Infrastructure	Rapid population/business growth in Yulee	Increased employment, more housing options,		
	(Wildlight) without financial infrastructure to	revitalization and new infrastructure to support		
	support changes	families and business needs. (examples: public poo		
	Road construction and quantity of dirt roads	parks, bike trails, walking paths)		
	 Increased traffic (crash rates) and use of 	Potential to provide safer driving and transportation		
	phone while driving	routes		
		 Opportunity for bus expansion (NassauTRANSIT) 		



Forces of Change Assessment

Forces	Threats Posed	Opportunities Created		
Scientific/Technological				
Social media	Potential for distribution of false information	 Increased messaging ability to larger audience in a shorter time-period Technology allows communication with medical community and health portals 		
Medical	 Lack of local physicians which pose a threat to new residents Pill taking culture 	 Expanded diagnostic and treatment capabilities with new providers to support improved health and quality of life 		
Social				
Adult/Childhood obesity	Obesity, Increased BMI Negative impact on personal and family health	Greater focus on wellness programs Local and state government participation in efforts		
Violence	Increased gun violence	Increased focus on safety and active shooter intervention Expanded education on Stop the Bleed		
Mental health	 Increased prevalence of suicide, attempts, and Baker Acts Lack of access to affordable, local mental health care 	 Increased awareness and reduced stigma through Mental Health First Aid trainings Enhanced collaboration between agencies 		
Substance abuse	 Increased substance use related deaths Limited substance abuse services/no inpatient Opiate abuse/drug overdoses 	Training for substance abuse screening and referral Potential for a local drug treatment inpatient		
Family Life	 Education for families regarding parenting children with drug/alcohol problems Sex education for teens Affordable quality childcare Few foster homes in Nassau for children Limited resources in Spanish for Hispanic speaking families 	 Increase drug free youth/persons Decrease teen pregnancy and STD's Optimize employment opportunities for parents Increase stability for Nassau youth by keeping them in county while in care Expand service options for Hispanic families through common language 		



Forces of Change Summary

Threats:

- Rapid expansion of Yulee, schools, neighborhoods
- Road construction/lack of parks and safe walk ways/bike paths
- Increase in Suicide, Baker Acts, lack of affordable mental health care
- Increase in substance use related deaths
- Lack of medical providers
- Limited resources for Spanish speaking families
- Increased gun violence

Opportunities:

- Need new infrastructure (create City of Yulee) to support growth, tax base
- Need safe roads for travel, walking/bike paths for safe exercise
- Increased education and services for persons with mental health, depression.
- Training for substance abuse screening/referral and local drug abuse treatment.
- Increase in medical providers to care for growing population.
- Expand service options for Hispanic families through common language
- Training on Active Shooter



Prioritization of Key Issues

What are the most concerning health issues?

What do we want to change?



How are We Gathering Your Feedback?

- Review Posters with Identified Concerns
- Add additional ideas
- Use dot-mocracy process

6x Green - 3 for Most Important, 2 for Second, and 1 least

4x Red – where we have the most influence, control and resources

- Group Discussion
- Reporting/Discussion



New Health Issues for 2019-2021

After voting at this meeting on 9/26/18:

- Housing and Healthy Places
- Access to Care
- Behavioral Health and Substance Abuse
- Health Disparities
- Community Support

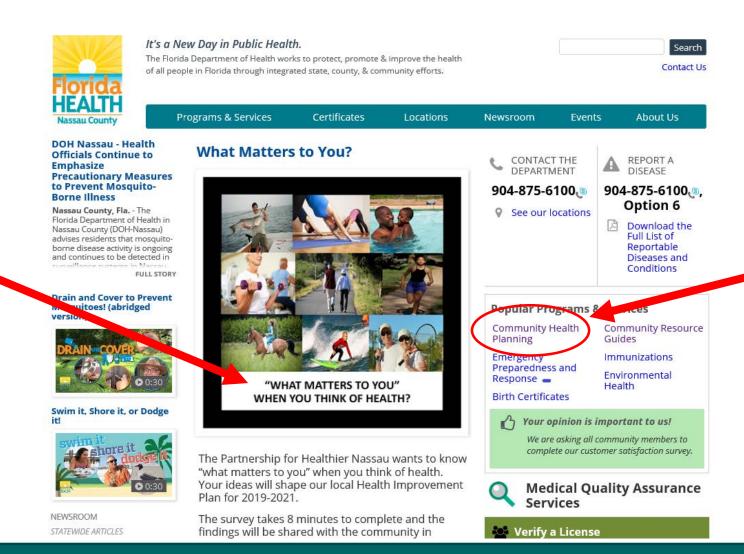


Importance and Influence/Resources

Issue	Importance	Influence/Resources
Housing and Healthy	59	8
Places		
Access to Care	49	13
Behavioral Health and	42	36
Substance Abuse		
Health Disparities	41	23
Community Support	22	37



Where to find Summary of Key Findings and CHIP - http://nassau.floridahealth.gov/





Welcome and Gratitude

- Acknowledgements to PHN Steering Committee:
- Baptist Medical Center Nassau*- Mary Snyder
- Barnabas Center Barbara Baptista
- Family Support Services Lisa Rozier
- Florida Department of Health Nassau Eugenia Ngo-Seidel
- Florida Psychological Associates Kerrie Albert
- Nassau, Alcohol, Crime Drug Abatement Coalition Karrin Clark
- Nassau County School District* Kim Clemons
- NassauTRANSIT Mike Hays
- Starting Point Behavioral Health Valerie Ray
- State Attorney's Office Renae Lewin



^{*} Successor to be determined