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

1. 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
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
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

Create by the Health Planning Council of Northeast Florida
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

1. Open your web browser on your smartphone and go to:

   PollEv.com/nassauhealth453

   or

2. Text NASSAUHEALTH453 to 22333
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

<table>
<thead>
<tr>
<th>Health Behaviors</th>
<th>Clinical Care</th>
<th>Socioeconomic</th>
<th>Physical Environment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tobacco</td>
<td></td>
<td>Education</td>
<td>Air Quality</td>
</tr>
<tr>
<td>Diet &amp; Exercise</td>
<td>Access to Care</td>
<td>Employment</td>
<td>Built Environment</td>
</tr>
<tr>
<td>Alcohol Use</td>
<td>Quality of Care</td>
<td>Income</td>
<td>Access to Healthy Food</td>
</tr>
<tr>
<td>High-Risk Sex</td>
<td></td>
<td>Family/Social Support</td>
<td>Liquor Stores</td>
</tr>
</tbody>
</table>

| 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
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

- White: 90.4% (Nassau County), 75.9% (Florida)
- Black or African American: 6.4% (Nassau County), 16.1% (Florida)
- American Indian and Alaska Native: 0.4% (Nassau County), 0.3% (Florida)
- Asian: 0.9% (Nassau County), 2.6% (Florida)
- Native Hawaiian and Other Pacific Islander: 0.0% (Nassau County), 0.1% (Florida)
- Other: 0.7% (Nassau County), 2.5% (Florida)
- Two or more races: 1.3% (Nassau County), 2.5% (Florida)
- Hispanic or Latino: 24.1% (Nassau County), 3.8% (Florida)
Population by Age 2017

Note: Ages
50-54 = 7.5%
55-59 = 8.3%
60-64 = 7.1%
65-69 = 7.2%

Source: Florida Legislature, Office of Economic and Demographic Research.
Income

Household Income and Benefits

Percentage of Households

- Less than $10,000
- $10,000 to $14,999
- $15,000 to $19,999
- $20,000 to $24,999
- $25,000 to $29,999
- $30,000 to $34,999
- $35,000 to $39,999
- $40,000 to $44,999
- $45,000 to $49,999
- $50,000 to $54,999
- $55,000 to $59,999
- $60,000 to $64,999
- $65,000 to $69,999
- $70,000 to $74,999
- $75,000 to $79,999
- $80,000 to $84,999
- $85,000 to $89,999
- $90,000 to $94,999
- $95,000 to $99,999
- $100,000 to $104,999
- $105,000 to $109,999
- $110,000 to $114,999
- $115,000 to $119,999
- $120,000 to $124,999
- $125,000 to $129,999
- $130,000 to $134,999
- $135,000 to $139,999
- $140,000 to $144,999
- $145,000 to $149,999
- $150,000 to $154,999
- $155,000 to $159,999
- $160,000 to $164,999
- $165,000 to $169,999
- $170,000 to $174,999
- $175,000 to $179,999
- $180,000 to $184,999
- $185,000 to $189,999
- $190,000 to $194,999
- $195,000 to $199,999
- $200,000 or more

Nassau County: 5.5%, 11.8%, 11.3%, 14.9%, 18.5%, 18.3%, 16.7%, 11.3%, 11.2%, 4.5%, 4.0%, 4.5%, 4.4%
Florida: 4.6%, 10.6%, 13.2%, 14.9%, 13.9%, 11.3%, 4.5%, 4.0%, 4.5%, 4.4%
State of Florida has 57 dentists 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
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.


Overall, Nassau County has a significantly lower number of licensed physicians 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 Within Half-Mile (or 10 Minute Walk) of Park/Trail System

- **Park**: 19.2% (Nassau County), 43.2% (Florida)
- **Off-street Trail System**: 12.4% (Nassau County), 18.2% (Florida)
Population Living with-in Half-Mile (or 10 Minute Walk) of Healthy Food Source or Fast Food Restaurant

- Healthy Food Source: 30.9%
- Fast Food Restaurant: 33.9%
- Food Source: 10.1%

Nassau County
Florida
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

<table>
<thead>
<tr>
<th>Cause of Death</th>
<th>Rate per 100,000</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cancer</td>
<td>180.0</td>
</tr>
<tr>
<td>Heart Disease</td>
<td>162.9</td>
</tr>
<tr>
<td>Unintentional Injury</td>
<td>152.3</td>
</tr>
<tr>
<td>CVD</td>
<td>61.5</td>
</tr>
<tr>
<td>Stroke</td>
<td>47.2</td>
</tr>
<tr>
<td>Cerebrovascular Disease</td>
<td>47.5</td>
</tr>
<tr>
<td>Diabetes</td>
<td>39.3</td>
</tr>
<tr>
<td>Diabetes of Other Types</td>
<td>34.8</td>
</tr>
<tr>
<td>Hypertension</td>
<td>36.7</td>
</tr>
<tr>
<td>Stroke</td>
<td>23.6</td>
</tr>
<tr>
<td>Influenza/Pneumonia</td>
<td>14.1</td>
</tr>
<tr>
<td>Cerebrovascular Disease</td>
<td>16.7</td>
</tr>
<tr>
<td>Diabetes of Other Types</td>
<td>9.4</td>
</tr>
<tr>
<td>Diabetes of Other Types</td>
<td>15.2</td>
</tr>
<tr>
<td>Diabetes of Other Types</td>
<td>12.0</td>
</tr>
<tr>
<td>Diabetes of Other Types</td>
<td>13.9</td>
</tr>
<tr>
<td>Cardiovascular Disease</td>
<td>19.6</td>
</tr>
<tr>
<td>Alzheimer's Disease</td>
<td>13.7</td>
</tr>
<tr>
<td>Dementia</td>
<td>21.3</td>
</tr>
</tbody>
</table>
Heart Disease Mortality Rate, All Races
Heart Disease Mortality Rate by Race
Cancer Mortality Rate, All Races 2005-2016

Year
Rate per 100,000
140 150 160 170 180 190 200

Florida:
2005-07 169.0 2006-08 165.4 2007-09 163.5 2008-10 162.5 2009-11 162.0 2010-12 161.5 2011-13 160.7 2012-14 157.9 2013-15 155.9 2014-16 153.5

Nassau:
Cancer Mortality Rate by Race
2005-2016

Year

<table>
<thead>
<tr>
<th>Year</th>
<th>Nassau White</th>
<th>Nassau Non-White</th>
<th>Florida White</th>
<th>Florida Non-White</th>
</tr>
</thead>
<tbody>
<tr>
<td>2005-07</td>
<td>197.9</td>
<td>182.3</td>
<td>179.5</td>
<td>160.5</td>
</tr>
<tr>
<td>2006-08</td>
<td>186.3</td>
<td>179.5</td>
<td>169.1</td>
<td>147.8</td>
</tr>
<tr>
<td>2007-09</td>
<td>207.0</td>
<td>170.0</td>
<td>178.2</td>
<td>147.8</td>
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<tr>
<td>2008-10</td>
<td>212.9</td>
<td>207.0</td>
<td>171.7</td>
<td>147.8</td>
</tr>
<tr>
<td>2009-11</td>
<td>198.1</td>
<td>198.1</td>
<td>169.2</td>
<td>147.8</td>
</tr>
<tr>
<td>2010-12</td>
<td>188.9</td>
<td>188.9</td>
<td>169.2</td>
<td>147.8</td>
</tr>
<tr>
<td>2011-13</td>
<td>190.2</td>
<td>190.2</td>
<td>170.1</td>
<td>147.8</td>
</tr>
<tr>
<td>2012-14</td>
<td>187.9</td>
<td>187.9</td>
<td>170.1</td>
<td>147.8</td>
</tr>
<tr>
<td>2013-15</td>
<td>177.2</td>
<td>177.2</td>
<td>170.1</td>
<td>147.8</td>
</tr>
<tr>
<td>2014-16</td>
<td>212.6</td>
<td>212.6</td>
<td>170.1</td>
<td>147.8</td>
</tr>
</tbody>
</table>
Lung Cancer Mortality Rate, All Races 2005-2016

Year | Rate per 100,000
--- | ---
2005-07 | 49.9
2006-08 | 48.6
2007-09 | 47.7
2008-10 | 47.2
2009-11 | 46.4
2010-12 | 45.8
2011-13 | 44.9
2012-14 | 43.4
2013-15 | 42.1
2014-16 | 40.1

Yearly rates for Nassau and Florida.
Breast Cancer Mortality Rate, All Races 2005-2016

![Graph showing breast cancer mortality rate per 100,000 from 2005 to 2016 for Nassau and Florida.](image)
Since 2012, the prostate and colorectal 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 mortality rate for Nassau is higher than Florida.

C) The non-white mortality rate for Nassau is lower than Florida.
Prostate Cancer Mortality All Races 2005-2016

Rate per 100,000

Year

Prostate Cancer Mortality All Races 2005-2016
Prostate Cancer Mortality by Race, 2005-2016

Rate per 100,000

Year


Nassau White  Nassau Non-White  Florida White  Florida Non-White

16.2  17.8  17.0  13.2  16.3  21.0  18.5  14.2  12.6  13.2
37.9  35.2  34.5  17.4  51.4  35.2  33.3  31.4  43.6  53.4
Colorectal Cancer Mortality All Races 2005-2016

![Graph showing colorectal cancer mortality rates from 2005 to 2016 for Nassau and Florida, with rates decreasing over the years.](image)
Colorectal Cancer Mortality by Race, 2005-2016

![Graph showing colorectal cancer mortality rates by race from 2005 to 2016.]
Chronic Lower Respiratory Disease Mortality Rate, All Races 2005-2016

Rate per 100,000

Year

Nassau
Florida
Stroke Mortality Rate by Race, 2005-2016

![Graph showing stroke mortality rate by race from 2005 to 2016. The graph indicates a significant increase in mortality rates for Florida Non-White individuals during the later years.](image-url)
Alzheimer’s Mortality Rate by Race 2005-2016
Diabetes Mortality Rate by Race
2005-2016

Rate per 100,000

Year

Nassau White

Nassau Non-White

Florida White

Florida Non-White

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

Year:
- 2005-07
- 2006-08
- 2007-09
- 2008-10
- 2009-11
- 2010-12
- 2011-13
- 2012-14
- 2013-15
- 2014-16

Rate Per 100,000:
- Nassau White
- Nassau Non-White
- Florida White
- Florida Non-White
Communicable Diseases 2014-2016

Syphilis, Gonorrhea & Chlamydia Rates, 3-Year Rolling Rates, FL Health Charts
10.4 deaths per 100,000 is the highest in the last decade.
### Persons Living with HIV/AIDS

<table>
<thead>
<tr>
<th>Year</th>
<th>Nassau Count</th>
<th>Nassau Denom</th>
<th>Nassau Rate</th>
<th>Florida MOV (+/-)</th>
<th>Florida Count</th>
<th>Florida Denom</th>
<th>Florida Rate</th>
<th>Florida MOV (+/-)</th>
</tr>
</thead>
<tbody>
<tr>
<td>2017</td>
<td>132</td>
<td>79,592</td>
<td>165.8</td>
<td>28.3</td>
<td>116,944</td>
<td>20,555,728</td>
<td>568.9</td>
<td>3.3</td>
</tr>
</tbody>
</table>
Influenza & Pneumonia Death Rate
All Races 2005-2016

Year

Rate per 100,000


Nassau

Florida

9.9 14.9
9.0 16.1
8.8 16.9
8.8 21.1
9.0 22.0
8.9 20.0
9.2 19.4
9.3 17.3
9.5 16.5
9.4 16.7
Suicide Death Rate by Race 2005-2016

Year
Rate Per 100,000
Nassau White
14.4
14.2
14.3
9.6
9.8
5.1
5.2
5.6
5.9
6.4

Nassau Non-White
13.1
14.2
14.3
9.6
9.8
5.1
5.2
5.6
5.9
6.4

Florida White
17.9
15.8
16
15.8
15.7
15.7
15.8
23
21
24.8

Florida Non-White
4.7
5.1
4.9
5.2
5.6
5.9
6.3
6.4
6.4
5.7
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

<table>
<thead>
<tr>
<th>Fiscal Year</th>
<th>Nassau County Residents</th>
<th>Florida</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Involuntary Examinations</td>
<td></td>
</tr>
<tr>
<td></td>
<td>% of Exams by Initiator Type</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Law Enforcement</td>
<td>Mental Health Professional</td>
</tr>
<tr>
<td>2016-2017</td>
<td>557</td>
<td>64.6%</td>
</tr>
<tr>
<td>2015-2016</td>
<td>405</td>
<td>59.5%</td>
</tr>
<tr>
<td>2014-2015</td>
<td>395</td>
<td>63.0%</td>
</tr>
<tr>
<td>2013-2014</td>
<td>252</td>
<td>61.9%</td>
</tr>
<tr>
<td>2012-2013</td>
<td>234</td>
<td>66.2%</td>
</tr>
<tr>
<td>2011-2012</td>
<td>205</td>
<td>67.3%</td>
</tr>
<tr>
<td>2010-2011</td>
<td>181</td>
<td>64.1%</td>
</tr>
<tr>
<td>2009-2010</td>
<td>253</td>
<td>62.8%</td>
</tr>
<tr>
<td>2008-2009</td>
<td>273</td>
<td>57.9%</td>
</tr>
<tr>
<td>2007-2008</td>
<td>225</td>
<td>51.1%</td>
</tr>
</tbody>
</table>
## Insurance Coverage in Nassau 2012-2016

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

<table>
<thead>
<tr>
<th></th>
<th>Nassau</th>
<th>Florida</th>
<th>United States</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total civilian noninstitutionalized</td>
<td>76,329</td>
<td>19,621,207</td>
<td>313,576,137</td>
</tr>
<tr>
<td>With health insurance coverage</td>
<td>86.7%</td>
<td>83.6%</td>
<td>88.3%</td>
</tr>
<tr>
<td>With private health insurance</td>
<td>68.0%</td>
<td>59.8%</td>
<td>66.7%</td>
</tr>
<tr>
<td>With public coverage</td>
<td>34.5%</td>
<td>36.0%</td>
<td>33.0%</td>
</tr>
<tr>
<td>No health insurance coverage</td>
<td>13.3%</td>
<td>16.4%</td>
<td>11.7%</td>
</tr>
<tr>
<td>Civilian noninstitutionalized population 18 to 64 years</td>
<td>45,419</td>
<td>11,833,949</td>
<td>195,226,024</td>
</tr>
<tr>
<td>In labor force:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Employed:</td>
<td>30,276</td>
<td>8,920,790</td>
<td>149,849,229</td>
</tr>
<tr>
<td>With health insurance coverage</td>
<td>82.4%</td>
<td>78.8%</td>
<td>85.8%</td>
</tr>
<tr>
<td>With private health insurance</td>
<td>78.2%</td>
<td>73.7%</td>
<td>79.4%</td>
</tr>
<tr>
<td>With public coverage</td>
<td>6.7%</td>
<td>7.2%</td>
<td>8.6%</td>
</tr>
<tr>
<td>No health insurance coverage</td>
<td>17.6%</td>
<td>21.2%</td>
<td>14.2%</td>
</tr>
<tr>
<td>Unemployed:</td>
<td>2,527</td>
<td>741,449</td>
<td>10,928,258</td>
</tr>
<tr>
<td>With health insurance coverage</td>
<td>54.7%</td>
<td>51.5%</td>
<td>63.0%</td>
</tr>
<tr>
<td>With private health insurance</td>
<td>39.3%</td>
<td>32.1%</td>
<td>37.7%</td>
</tr>
<tr>
<td>With public coverage</td>
<td>19.3%</td>
<td>21.6%</td>
<td>27.9%</td>
</tr>
<tr>
<td>No health insurance coverage</td>
<td>45.3%</td>
<td>48.5%</td>
<td>37.0%</td>
</tr>
<tr>
<td>Not in labor force:</td>
<td>12,616</td>
<td>2,913,159</td>
<td>45,376,795</td>
</tr>
<tr>
<td>With health insurance coverage</td>
<td>79.1%</td>
<td>75.9%</td>
<td>82.1%</td>
</tr>
<tr>
<td>With private health insurance</td>
<td>55.2%</td>
<td>47.8%</td>
<td>51.7%</td>
</tr>
<tr>
<td>With public coverage</td>
<td>11.4%</td>
<td>34.5%</td>
<td>37.2%</td>
</tr>
<tr>
<td>No health insurance coverage</td>
<td>20.9%</td>
<td>24.1%</td>
<td>17.9%</td>
</tr>
</tbody>
</table>
Injury & Violence
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 by 28.7% from 2010-2016.
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

<table>
<thead>
<tr>
<th>Year</th>
<th>Nassau County</th>
<th>Florida</th>
</tr>
</thead>
<tbody>
<tr>
<td>2007-09</td>
<td>879.9</td>
<td>1316.6</td>
</tr>
<tr>
<td>2008-10</td>
<td>833.0</td>
<td>1272.2</td>
</tr>
<tr>
<td>2009-11</td>
<td>721.7</td>
<td>1239</td>
</tr>
<tr>
<td>2010-12</td>
<td>746.4</td>
<td>1310.6</td>
</tr>
<tr>
<td>2011-13</td>
<td>807.9</td>
<td>1441.3</td>
</tr>
<tr>
<td>2012-14</td>
<td>1007.4</td>
<td>1625</td>
</tr>
<tr>
<td>2013-15</td>
<td>1161.6</td>
<td>1761.6</td>
</tr>
<tr>
<td>2014-16</td>
<td>1306.5</td>
<td>1866.2</td>
</tr>
</tbody>
</table>
Nassau County saw a 42% decrease in the incidence of alcohol-suspected motor vehicle crashes from 2007-2016.
Social and Behavioral Health

<table>
<thead>
<tr>
<th>Substance Used</th>
<th>Nassau</th>
<th>Florida</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alcohol</td>
<td>20.0%</td>
<td>18.3%</td>
</tr>
<tr>
<td>Binge Drinking</td>
<td>11.0%</td>
<td>7.7%</td>
</tr>
<tr>
<td>Cigarettes</td>
<td>5.0%</td>
<td>3.4%</td>
</tr>
<tr>
<td>Vaporizer/E-cig</td>
<td>9.9%</td>
<td>9.6%</td>
</tr>
<tr>
<td>Marijuana</td>
<td>9.5%</td>
<td>11.2%</td>
</tr>
<tr>
<td>Any Illicit Drug</td>
<td>12.6%</td>
<td>14.7%</td>
</tr>
</tbody>
</table>
Past 30 Trend in Substance Use for Youth 2006-2016

- Alcohol: 34.9% in 2006, 29.3% in 2008, 27.3% in 2010, 29.2% in 2012, 20.0% in 2014, 20.0% in 2016
- Binge Drinking: 18.3% in 2006, 16.2% in 2008, 15.7% in 2010, 15.4% in 2012, 17.5% in 2014, 12.6% in 2016
- Cigarettes: 15.5% in 2006, 14.5% in 2008, 14.3% in 2010, 13.3% in 2012, 11.2% in 2014, 11.0% in 2016
- Marijuana: 11.4% in 2006, 10.2% in 2008, 9.5% in 2010, 10.8% in 2012, 7.7% in 2014, 9.5% in 2016
- Any Illicit Drug: 10.2% in 2006, 12.1% in 2008, 10.8% in 2010, 6.6% in 2012, 5.8% in 2014, 5.0% in 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

![Graph showing the repeat birth rate of mothers ages 15-19 by race from 2005-07 to 2014-16. The graph includes a trend line for Nassau White, Nassau Black & Other, Florida White, and Florida Black & Other.]
Infant Mortality Rate – All Races

Year


Rate Per 1,000 Live Births

Nassau Florida

5.1 6.1 6.1 6.1 4.9 3.9 6.2 6.1 6.3 6.6 7 7.6 7.1 7.2 7.1 5.4 7.2 7.5
Infant Mortality Rates by Race

Year | Nassau White | Nassau Black & Other | Florida White | Florida Black & Other
--- | --- | --- | --- | ---
2005-07 | 19.1 | 6.4 | 10.1 | 5.3
2006-08 | 15.5 | 4.1 | 10.5 | 5.3
2007-09 | 24 | 5.5 | 7.2 | 5.3
2008-10 | 16.5 | 6.9 | 6.9 | 5.3
2009-11 | 16.5 | 15.5 | 7 | 5.3
2010-12 | 10.5 | 7 | 5.2 | 5.3
2011-13 | 2.9 | 4.4 | 3.9 | 5.3
2012-14 | 15 | 4.4 | 15 | 5.3
2013-15 | 15 | 4.4 | 15 | 5.3
2014-16 | 14.4 | 4.2 | 10.1 | 5.3
Percent of Total Births with Low Birth Weight by Race

Percent of Total Births

Year


Nassau White

Nassau Black & Other

Florida White

Florida Black & Other

14.4 15.3 14.9 16.6 14.8 14.7 15.2 16.2 18.5 18.7

12.6 12.6 12.6 12.7 12.6 12.3 12.1 12.1 12.2 12.5

7.5 7.3 7.4 7.1 7.3 6.4 6.4 6.1 6.8 7.1

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

Legend

Life Expectancy Estimate
- 83.1 - 88.1
- 79.9 - 83.0
- 76.2 - 79.8
- 74.7 - 76.1

Economic Hardship Index Score
- 30.5 - 35.4
- 35.5 - 41.3
- 41.4 - 64.9
- 65.0 - 66.1

Yulee

South end of Amelia Island
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
## Community Themes and Strengths Assessment

<table>
<thead>
<tr>
<th>English</th>
<th>Hispanic</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Most important feature of a healthy</strong></td>
<td><strong>Most Important features of a healthy</strong></td>
</tr>
<tr>
<td><strong>community:</strong> English</td>
<td><strong>community:</strong> Hispanic</td>
</tr>
<tr>
<td>• Access to Healthcare 87%</td>
<td>• Access to Healthcare 94%</td>
</tr>
<tr>
<td>• Low Crime/Safe Neighborhoods 87%</td>
<td>• Clean and Healthy Environment 89%</td>
</tr>
<tr>
<td>• Clean and Healthy Environment 84%</td>
<td>• Access to Educational Opportunities 88%</td>
</tr>
<tr>
<td>• Quality Jobs 81%</td>
<td>• Quality Jobs 76%</td>
</tr>
</tbody>
</table>
Community Themes and Strengths Assessment

Highest scoring Health Concerns: English

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

Highest scoring Health Concerns: Hispanic

- Abuse/Neglect 94%
- Dental 89%
- Maternal and Infant Health 88%
- Domestic Violence 87%
- Mental Health 87%
### Community Themes and Strengths Assessment

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

- 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%

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

- 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%
Community Themes and Strengths Assessment

**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%.
Community Themes and Strengths Assessment

Where would you go if you were sick and needed medical care? **English**
- Primary Care Doctor 71%
- Emergency Room 30%
- Urgent Care 22%

Where would you go if you were sick and needed medical care? **Hispanic**
- Emergency Room 78%
- Health Department 10%
- Primary care doctor 10%
Community Themes and Strengths Assessment

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
Community Themes and Strengths Assessment

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

Summary of Average ES Performance Score

<table>
<thead>
<tr>
<th></th>
<th>Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>Average Overall Score</td>
<td>83.1</td>
</tr>
<tr>
<td>ES 1: Monitor Health Status</td>
<td>95.8</td>
</tr>
<tr>
<td>ES 2: Diagnose and Investigate</td>
<td>98.6</td>
</tr>
<tr>
<td>ES 3: Educate/Empower</td>
<td>80.6</td>
</tr>
<tr>
<td>ES 4: Mobilize Partnerships</td>
<td>100.0</td>
</tr>
<tr>
<td>ES 5: Develop Policies/Plans</td>
<td>87.5</td>
</tr>
<tr>
<td>ES 6: Enforce Laws</td>
<td>93.1</td>
</tr>
<tr>
<td>ES 7: Link to Health Services</td>
<td>81.3</td>
</tr>
<tr>
<td>ES 8: Assure Workforce</td>
<td>71.0</td>
</tr>
<tr>
<td>ES 9: Evaluate Services</td>
<td>80.0</td>
</tr>
<tr>
<td>ES 10: Research/Innovations</td>
<td>43.1</td>
</tr>
</tbody>
</table>
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

<table>
<thead>
<tr>
<th>Essential Service</th>
<th>2012</th>
<th>2015</th>
<th>2018</th>
<th>Trend</th>
</tr>
</thead>
<tbody>
<tr>
<td>Monitor Health Status (ES1)</td>
<td>79</td>
<td>84</td>
<td>95</td>
<td>↑</td>
</tr>
<tr>
<td>Diagnose/Investigate (ES2)</td>
<td>96</td>
<td>100</td>
<td>98</td>
<td>↓</td>
</tr>
<tr>
<td>Educate/Empower (ES3)</td>
<td>68</td>
<td>75</td>
<td>80</td>
<td>↑</td>
</tr>
<tr>
<td>Mobilize Partnerships (ES4)</td>
<td>52</td>
<td>71</td>
<td>100</td>
<td>↑</td>
</tr>
<tr>
<td>Develop Policies/Plans (ES5)</td>
<td>73</td>
<td>81</td>
<td>87</td>
<td>↑</td>
</tr>
<tr>
<td>Enforce Laws (ES6)</td>
<td>94</td>
<td>90</td>
<td>93</td>
<td>↑</td>
</tr>
<tr>
<td>Link to Health Services (ES7)</td>
<td>65</td>
<td>62</td>
<td>81</td>
<td>↑</td>
</tr>
<tr>
<td>Assure Workforce (ES8)</td>
<td>56</td>
<td>77</td>
<td>71</td>
<td>↓</td>
</tr>
<tr>
<td>Evaluate Services (ES9)</td>
<td>55</td>
<td>80</td>
<td>80</td>
<td>↑</td>
</tr>
<tr>
<td>Research/Innovations (ES10)</td>
<td>56</td>
<td>38</td>
<td>43</td>
<td>↑</td>
</tr>
<tr>
<td><strong>Total scores:</strong></td>
<td>694</td>
<td>758</td>
<td>828</td>
<td></td>
</tr>
</tbody>
</table>
## Local Public Health Assessment Summary

### Table 3. Model Standards by Priority and Performance Score

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

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

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

Threats:
- Rapid expansion of Yulee, schools, neighborhoods
- Road construction/lack of parks and safe walkways/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.
- 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

<table>
<thead>
<tr>
<th>Issue</th>
<th>Importance</th>
<th>Influence/Resources</th>
</tr>
</thead>
<tbody>
<tr>
<td>Housing and Healthy Places</td>
<td>59</td>
<td>8</td>
</tr>
<tr>
<td>Access to Care</td>
<td>49</td>
<td>13</td>
</tr>
<tr>
<td>Behavioral Health and Substance Abuse</td>
<td>42</td>
<td>36</td>
</tr>
<tr>
<td>Health Disparities</td>
<td>41</td>
<td>23</td>
</tr>
<tr>
<td>Community Support</td>
<td>22</td>
<td>37</td>
</tr>
</tbody>
</table>
DOH Nassau - Health Officials Continue to Emphasize Precautionary Measures to Prevent Mosquito-Borne Illness

Nassau County, Fla. - The Florida Department of Health in Nassau County (DOH-Nassau) advisors residents that mosquito-borne disease activity is ongoing and continues to be detected in Nassau County. Health officials continue to emphasize precautionary measures to prevent mosquito-borne illnesses.

WHAT MATTERS TO YOU?

"WHAT MATTERS TO YOU" WHEN YOU THINK OF HEALTH?

The Partnership for Healthier Nassau wants to know "what matters to you" when you think of health. Your ideas will shape our local Health Improvement Plan for 2019-2021.

The survey takes 8 minutes to complete and the findings will be shared with the community in...

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