



CLINTON HEALTH MATTERS INITIATIVE

Northeast Florida Blueprint for Action

The Clinton Foundation would like to recognize the PGA TOUR and THE PLAYERS Championship for their support and dedication in working to improve the health outcomes for Northeast Florida residents. Learn more about our work together at ClintonFoundation.org/HealthMatters.



Foreword

The Clinton Foundation helps transform lives and communities from what they are today to what they can be by creating partnerships of great purpose to deliver sustainable solutions and empower people to live better lives. The Clinton Health Matters Initiative (CHMI), an initiative of the Clinton Foundation, furthers this mission by working to improve the health and well-being of all people by activating individuals, communities, and organizations to make meaningful contributions to the health of others.

CHMI promotes healthy living by providing a platform to access local, scalable solutions for the nation's most pressing health challenges. CHMI works with regions disproportionately impacted by chronic disease to improve health outcomes and close gaps in health disparities and uses the county health rankings model to guide its community health transformation work. These goals are accomplished by connecting multiple stakeholders – from both the private and public sectors – to improve the health and well-being of the community. The successes are showcased at the annual Health Matters conference, *Health Matters: Activating Individuals in Every Generation*, where national thought leaders convene to discuss ways in which individuals, communities, and corporations can contribute to the health of others.

Through these approaches, CHMI's goals are to activate wellness across all generations of people in the United States, reduce the prevalence of preventable disease and the associated costs, and work with corporations to increase investment in high-impact healthcare solutions. Specifically, CHMI works with its focus regions to improve health outcomes and close gaps in health disparities by synthesizing a set of unique community health indicators to determine areas of greatest need; convening key stakeholders from across sectors for an initial blueprinting process to set local priorities; facilitating solutions across sectors to implement priority actions included in a local blueprint for action; and leveraging national, regional and local resources that will help advance priority actions. In each region, CHMI serves as a neutral convener to pull together key stakeholders across sectors to create a local Blueprint for Action based on the unique health indicators of each community.

CHMI works intensively with selected communities to facilitate strategic partnerships and Bold Actions steps. These specific steps identified by community members address the most pressing health related concerns in the region. CHMI functions as a convener for these regionally-based efforts to engage multiple stakeholders in improving specific health indicators and lowering healthcare costs.

Northeast Florida is made up of a five county region which includes Baker, Clay, Duval, Nassau, and St. Johns counties. The region is diverse in geography,

demography, and infrastructure and houses rural, suburban, and urban centers. With more than 3,000 sq. miles and close to 1.4 million people, Northeast Florida is home to one census tract with an average household income of \$200,001, while several other census tracts have averages under \$15,000 per household.¹

According to the County Health Rankings the region is home to both the county with the best health outcomes in the state, St. Johns County, and one of the most unhealthy, Baker County, ranked 62 of 67 counties.² This disparity is reflected in employment, educational attainment, access to healthy foods, and other important assets for community health.

Natural resources, temperate weather and a growing economy make Northeast Florida a desirable place to live, work, play and learn. Northeast Florida has immense natural resources with beaches, an Intracoastal Waterway, and the St. Johns River. Jacksonville, the incorporated city to Duval County, boasts more green space per capita than any other city in the U.S.

The region is a hub for bio-science research including robust research in genetic medicine and revolutionary proton beam cancer treatment. Tourism is also a significant contributor to the local economy as is transportation logistics driven by the port in Jacksonville, and a budding tech industry.

However, these economic opportunities are not universal to all neighborhoods or all residents. Only one county in the region, St. Johns, exceeds the national benchmark for high school graduates as measured by the County Health Rankings. St. Johns is also the only county to exceed the national benchmark for residents with some college experience. Baker County has the lowest rate of residents with some college at 31%.³ The Centers for Disease Control name education level and socio-economic status as the two most important determinants of health outcomes.⁴ Raising education levels is important to realizing residents' economic potential as well as community health and wellness potential.

Northeast Florida has a rich culture, which includes the oldest, continuously inhabited Spanish settlement in the Americas, St. Augustine; and a French settlement dating back 450 years. Additionally, the region has a growing population, including immigrants from across the globe.

(continued)

¹ United States Census Bureau. www.census.gov. 2012.

² County Health Rankings: Robert Wood Johnson Foundation. www.countyhealthrankings.org.

³ County Health Rankings: Robert Wood Johnson Foundation. www.countyhealthrankings.org.

⁴ Centers for Disease Control and Prevention. <http://www.cdc.gov>. 2013.

The region is nationally recognized for its NFL team – the Jacksonville Jaguars – as well as annual marathons and beautiful beaches. Yet, despite the warm climate and the many opportunities to engage in physical activity, many adults are sedentary. According to the *County Health Rankings Model*, in nearly every county of Northeast Florida a quarter of adults do not get the recommended amount of physical activity.⁵ While there are expansive green spaces, safe pedestrian pathways are lacking, making commuting on foot or by bike difficult. In fact, Duval County leads the region in serious accidents involving a cyclist at 33.2 per 100,000. Additionally, less than 1 percent of Duval’s residents regularly commute by bike.⁶

Northeast Florida is a collaborative community where partners will come together to leverage its assets to address current and future community needs, as identified through the following Northeast Florida Blueprint for Action, ensuring a healthy community for all.

Due in large part to these challenges as well as the existing efforts accomplished through public and private partnerships that address these issues, stakeholders in Northeast Florida are in a unique position to begin the regional work of CHMI. With the region’s location and the extensive network of CHMI partners, the outcomes of the “Blueprint for Action” will be realized and will impact communities, families, and individuals beyond the geographic boundaries of Northeast Florida. CHMI presents an opportunity to have Northeast Florida be a demonstration site for national best practices and to incubate new methods for achieving better health outcomes.

Local government and nonprofit agencies, local businesses, local schools, and residents have been working together to create regional efforts to improve the economy, education, environment, community safety, and the health status in Northeast Florida. By building upon these efforts through a partnership with the community, elevating best practices, and providing national resources to address local disparities, together we will have a positive effect on local health indicators.

We know that better health is contagious – people, communities, and organizations have solutions to share and we are the platform for elevating their collective successes. In December 2013, CHMI convened community leaders from throughout Northeast Florida to determine key actions necessary to reduce health disparities in the region. By utilizing the *County Health Rankings Model* – which measures specific community health indicators, enabling a comparison of data in counties across the state and throughout the country – Bold Actions were developed for each of the health factors that contribute to individuals’ health and longevity. The *County Health Rankings Model* provides an ideal structure on which to base CHMI’s work throughout Northeast Florida, as it offers a nationally-accepted and evidence-based framework for the contributing factors to morbidity and mortality.

⁵ County Health Rankings: Robert Wood Johnson Foundation. www.countyhealthrankings.org. 2013.

⁶ Community Snapshot: Jacksonville Community Council Incorporated. www.communitysnapshot.com

Executive Summary

The Clinton Health Matters Initiative (CHMI) works intensively with selected communities to facilitate strategic partnerships and Bold Actions steps. These specific steps identified by community members address the most pressing health related concerns in the region. CHMI functions as a convener for these regionally-based efforts to engage multiple stakeholders in improving specific health indicators and lowering healthcare costs.

By using the *County Health Rankings Model* and measurements, CHMI created a baseline data framework, which community leaders used to identify Bold Actions that address issues strongly related to health outcomes within Northeast Florida. These Bold Actions will tackle ways to improve health behaviors, clinical care issues, local social and economic factors, and the physical environment.

In December 2013, CHMI held a meeting of community leaders from the five counties of the Northeast Florida region to determine key actions necessary to reduce health disparities in the region. By utilizing the *County Health Rankings Model*, Bold Actions were developed for each of the health factors that contribute to individuals' health and longevity. These Bold Actions address: improving health behaviors; clinical care issues; social, and economic factors; and physical environment issues that contribute to health outcomes within Northeast Florida. The *County Health Rankings Model* provides an ideal structure on which to base CHMI's work in the region, as it provides a nationally-accepted and evidence-based framework for the contributing factors to morbidity and mortality.

The resulting Blueprint for Action reflects key recommendations made by a diverse array of individuals, including local health and education practitioners, policy makers, business leaders, hospital and clinic administrators, public health workers, philanthropists, non-profit organizations, and local city leaders among others. These stakeholders were informed by content area experts from throughout the region. (See appendix C for a list of content experts.)

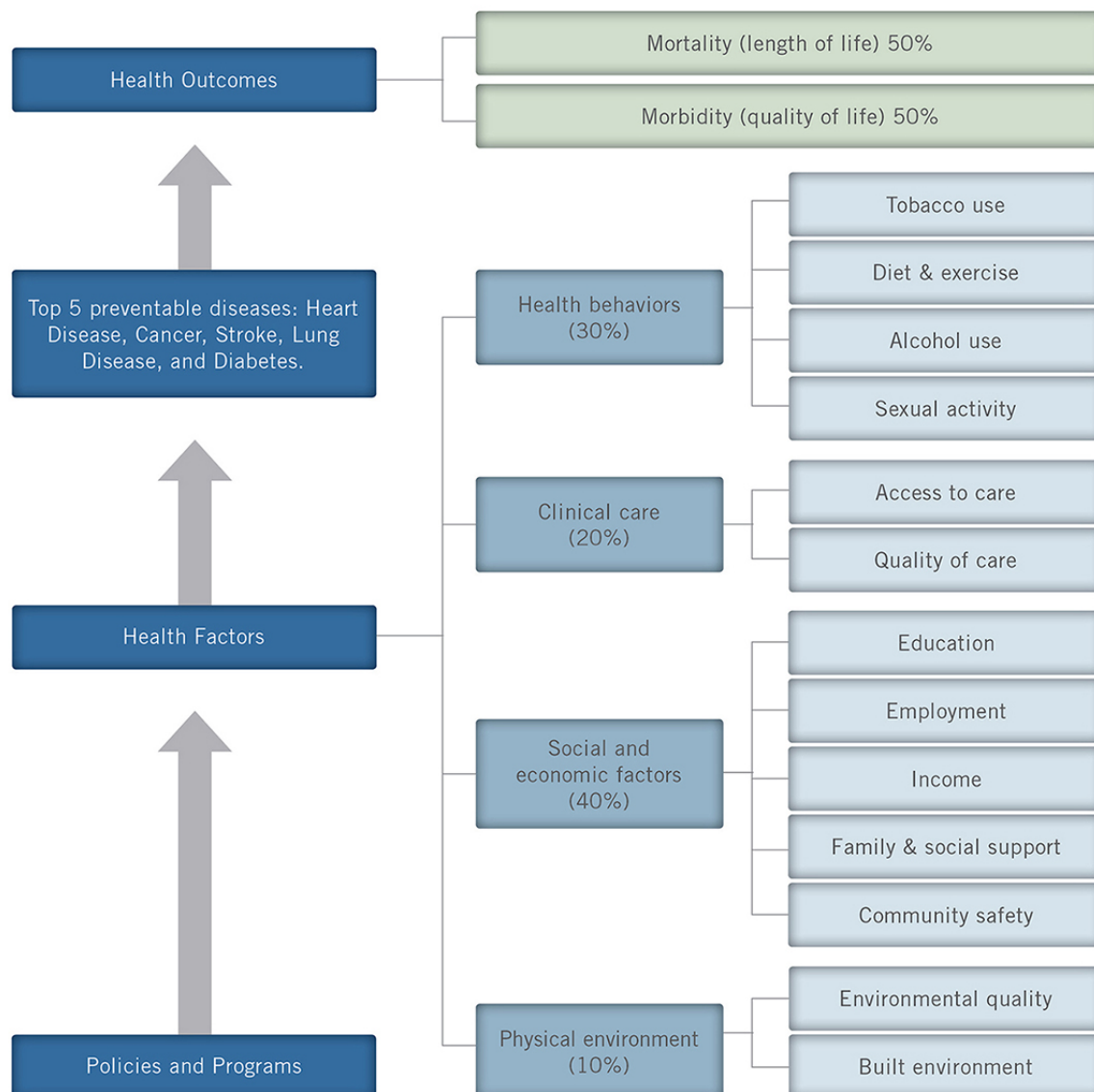
Long-Term Measures

The *County Health Rankings Model* measures specific community health indicators, enabling a comparison of the health data in counties across the state and throughout the country. (See Appendix A for a complete model.)

By using the same methodology (utilizing the latest data publicly available), data specific to the five Northeast Florida counties was calculated and compared the state of Florida, and national benchmarks. (See Appendix B for a complete list of data.) The success of the Northeast Florida Blueprint for Action will be tracked through these measurements, as well as process measures tracking the progress of each Bold Action.

THE COMMUNITY HEALTH TRANSFORMATION METHODOLOGY

The Clinton Health Matters Initiative uses the *County Health Rankings Model* as its strategic framework and to measure specific community health indicators, enabling a comparison of the health indicators across counties within the United States. By using the same framework and data across our Community Health Transformation sites, we can determine the factors that contribute to making communities healthier places to live, learn, work and play.



County Health Rankings model © 2012 UWPHI

*An updated version can be found at <http://www.countyhealthrankings.org/resources/county-health-rankings-model>

EDUCATION, EMPLOYMENT AND INCOME

The relationship between education and improved health outcomes is well known. Years of formal education correlate strongly with improved work and economic opportunities, reduced psychosocial stress, and healthier lifestyles.

Unemployment may lead to physical health responses ranging from self-reported physical illness to mortality, especially suicide. It has also been shown to lead to an increase in unhealthy behaviors related to alcohol and tobacco consumption, diet, exercise, and other health-related behaviors, which in turn can lead to increased risk for disease or mortality.

Children's risk of poor health and premature mortality may be increased additionally due to the poor educational achievement often associated with poverty. In addition, the educational attainment level of a child's parent or guardian is correlated to the future educational achievement of that child. In 2011, 14 percent of Florida's children were living with heads of households who did not have a high school diploma or equivalent.⁷

Research shows that the economic well-being of a person is inextricably linked with his/her education attainment level. Both of these indicators are predictors of health outcomes. In Northeast Florida high school graduation rates vary greatly in the region from only 63 percent of students in Duval County to 86 percent of students in St. Johns County. The number of residents with some college education also shows significant disparities. Only 31 percent of Baker County Residents have completed some college whereas all other counties have 50 percent or more residents having completed some college.

School readiness is a critical component of educational attainment. Ninety percent of the brain's growth takes place in the first three years of life, making this time critical to the long-term development of a child. From 2008 to 2011, between 30 and 40 percent of the children who entered public kindergarten in Duval County were not able to master the basic concepts necessary for success in kindergarten. School readiness, as assessed by the Florida Kindergarten Readiness Screener to every Florida kindergartener within 30 days of the start of school, shows wide disparity in the five-county area of Northeast Florida. This ranges from a low of 75 percent ready to learn to read in Duval County to a high of 85 percent ready to learn to read in St. Johns County, and overall readiness rates ranging from 86 percent in Duval County to 99 percent in Nassau County.⁸

The Early Learning Coalition of Duval implements the Guiding Stars of Duval to promote quality and to inform parents of the success of early learning centers. This Quality Rating Improvement System has assisted participating providers in striving for continuous improvement and parents in making informed choices about their children's earliest education experience.⁹

⁷ 2011 America Community Survey. "Children by Household Head's Educational Attainment." *KIDS COUNT Data Center*. Annie E. Casey Foundation. 2013.

⁸ Shore, R. *Rethinking the Brain: New Insights into Early Development*. Families and Work Institute. New York, 1997

⁹ Early Learning Coalition of Duval: *Guiding Stars of Duval*. http://www.elcofduval.org/gsod_home.asp

OVERALL GOAL: Northeast Florida values the whole community: every person, every day.

BOLD ACTION STEPS

Support education and employment for young black men to accomplish economic self-sufficiency.	Implement a NEFL transportation plan to access education and employment opportunities.	Every school is an “A” school.	Expand Guiding Stars throughout Northeast Florida	Expand community access for mental health services.
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INDICATORS OF SUCCESS BY 2019

Increase the graduation rate among black males in Northeast Florida.	A regional transportation plan is operational in Northeast Florida.	80 percent K-12 public schools throughout the region earn an “A” grade according to the state accountability system.	Early Learning Coalitions throughout Northeast Florida implement a model Quality Rating and Improvement System.	More residents have access to quality mental health services.
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FAMILY AND SOCIAL SUPPORT

Poor family support, minimal contact with others, and limited involvement in community life are associated with increased morbidity and early mortality. Furthermore, social support networks have been identified as powerful predictors of health behaviors, suggesting that individuals without a strong social network are less likely to participate in healthy lifestyle choices.

The costs associated with treating the elderly with chronic conditions are high and continuing to grow. These costs are borne by everyone—Federal and State governments, families, and the elderly themselves. These costs are not just financial. Caregivers to individuals with a chronic illness are more likely to have poor physical and mental health outcomes themselves including increased stress, anxiety, and isolation. Caregivers have been found to report higher levels of pain such as headaches or acid reflux.¹⁰ In addition, caregivers overall are less likely to deploy preventive health practices.¹¹

The Agency for Healthcare Research and Quality shows that out-of-pocket health costs are highest for people with chronic health conditions or functional impairment. Furthermore, the number of Americans who will suffer functional disability due to arthritis, stroke, diabetes, coronary artery disease, cancer, or cognitive impairment is expected to increase at least 300 percent by 2049.¹²

Being a part of a community is important to all adults. There is a small but growing population of linguistically isolated residents in Northeast Florida. It can be difficult for these individuals to access services such as transportation, social, and medical services.¹³

Supportive relationships are critical to the success of all people, especially our youngest citizens. Healthy brain growth in children ages 0-3 depends on quality, trusting relationships and a parent or caregiver's attention to good nutrition, adequate sleep, stimulation including talking, reading, and imaginative play. Children need a consistent and low-stress environment to optimize brain development.¹⁴ In Florida, 22 percent of children live in households that have been food insecure in the last year and 10 percent of children have been affected by foreclosure since 2007.¹⁵ These stressful events can be traumatic and even toxic.

In November of 1989, the United Nations General Assembly adopted *The Convention on the Rights of the Child*. This rights-based, "Right to Thrive" framework is predicated on the belief "that every child, no matter who they are or where they live, has the right to grow up safe, happy, and healthy."¹⁶ The United States has yet to adopt this framework intended to promote equity and accountability for policymakers, institutions, and individuals. However countries such as Chile and Tanzania as well as the United Kingdom have yielded progress from implementation of this rights-based framework. Using an equity lens to address the needs of all children contributes broadly to child wellbeing because no group is isolated from or from the interventions and opportunities.

¹⁰ Family Caregiver Alliance: *Caregiver Health*. <http://www.caregiver.org>.

¹¹ Schulz, R., Newsom, J., Mittelman, M., Burton, L., Hirsch, C. & Jackson, S. (1997). Health effects of caregiving: The Caregiver Health Effects Study: an ancillary study of The Cardiovascular Health Study. *Annals of Behavioral Medicine*, 19: 110-116.

¹² Agency for Healthcare Research and Quality: Preventing Disability in the Elderly with Chronic Disease. <http://www.ahrq.gov/research/findings/factsheets/aging/elderdis/index.html>

¹³ The Healthy Communities Institute: *Northeast Florida Counts*. <http://www.nefloridacounts.org>. 2013.

¹⁴ Jacksonville Community Council Incorporated, Inc. (2012) *Children 1-2-3*. Jacksonville, FL

¹⁵ Annie E. Casey Foundation: *KIDS COUNT Data Center*. <http://www.datacenter.kidscount.org>. 2013.

¹⁶ UNICEF United Kingdom: *Child Rights*. <http://www.unicef.org.uk>

OVERALL GOAL: Northeast Florida is the first “Right to Thrive” community in the United States.

BOLD ACTION STEPS

Identify and provide resources necessary to move all homeless children into appropriate housing.	Develop a Right to Thrive framework to be socialized community-wide.	Launch a community-wide training effort to adopt, integrate, and translate the Right to Thrive framework.	Adopt and begin implementation of a framework of “health equity” that delineates optimal requirements for support.	Create a funded, staffed “coalition central” organizing body to connect community-wide family and social service support efforts.
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INDICATORS OF SUCCESS BY 2019

95 percent of children identified as homeless are rapidly rehoused.	A Right to Thrive framework is developed for Northeast Florida.	Recruit and train 100 organizations on the Right to Thrive framework.	Health equity framework is adopted by and integrated into the culture of 10 major institutions throughout Northeast Florida.	80 percent of clients and 80 percent of providers use a single central information, intake and referral system to share information about programs, resources, and opportunities.
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COMMUNITY SAFETY

Residents' sense of safety is important to physical and mental health outcomes. Crime rates in a neighborhood can affect residents' comfort in utilizing parks and pedestrian pathways for physical activity. Lack of security can increase stress levels and aggravate conditions such as asthma and hypertension. The trauma and toxic stress of living in an unsafe or intolerant community can also lead to low birthweight. Low birthweight can lead to complications causing poor health outcomes and even death for infants.¹⁷

Violent Crime Rate

Violent crimes are classified as the use or threat of violence by an offender toward a victim(s). High levels of violent crime compromise physical safety and psychological well-being. Crime rates can also deter residents from pursuing healthy behaviors such as exercising out-of-doors. Additionally, some evidence indicates that increased stress levels may contribute to obesity prevalence, even after controlling for diet and physical activity levels. In addition, high rates of violent crime can erode communities, lower property values and depress economic activity.¹⁸ Duval County, the only Northeast Florida county above the state average of 614 per 100,000, has the highest violent crime rate with 836 per 100,000 residents. The second highest rate is found in Nassau County at 597 per 100,000. The lowest rate is in Baker County with just 247 per 100,000.¹⁹

Motor Vehicle Crash Death Rate

Motor vehicle travel is the primary means of transportation in Northeast Florida, providing a high degree of mobility. Yet for all its advantages, nationally, injuries resulting from motor-vehicle crashes kill more children and young adults than any other cause. In addition, about 500,000 people annually are hospitalized as a result of crash injuries. The injuries sustained in motor-vehicle collisions are not only dangerous to the health of individuals but they result in significant, often avoidable, medical costs.¹

Pedestrian safety is important to increasing mobility, physical activity, resident interaction, and reducing motor vehicle traffic in communities. Nationally, 32 percent of pedestrian fatalities occurred between 8 p.m. and midnight. Thirty-seven percent of those pedestrians who were killed were legally intoxicated, with a blood alcohol content (BAC) over the .08 g/d, and 13 percent of drivers in pedestrian fatality crashes had a BAC of .08 or higher.²⁰ Both pedestrians and drivers must be alert and responsible to avoid such crashes.

¹⁷ Jacksonville Community Council Incorporated, Inc. (2008) *Infant Mortality*. Jacksonville, FL

¹⁸ The Healthy Communities Institute: *Northeast Florida Counts*. <http://www.nefloridacounts.org>. 2013.

¹⁹ County Health Rankings: Robert Wood Johnson Foundation. www.countyhealthrankings.org.

²⁰ National Highway Traffic Safety Administration: *Safety in Numbers*. <http://www.nhtsa.gov>.

OVERALL GOAL: Northeast Florida is a place where all people matter.

BOLD ACTION STEPS

Increase pedestrian and bicyclist safety.	Launch regional study of factors influencing domestic violence and launch a region-wide campaign to prevent domestic violence.	Create a coordinated and sustainable mental health system.	Increase prevention programs to reduce youth crime and youth violence.	Provide bike lanes to connect neighborhoods and commercial centers.
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INDICATORS OF SUCCESS BY 2019

Reduce the number of accidents involving pedestrians by 50 percent in each county.	Complete a regional study of domestic violence and implement a campaign in the region based on the study findings.	75 percent of area organizations delivering mental health services belong to an integrated system of care.	Effective youth crime prevention programs are identified and expanded throughout the region.	Expand the network of available pedestrian pathways.
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SUBSTANCE ABUSE, TOBACCO AND ALCOHOL USE

The health and social consequences related to substance abuse and mental illness adversely affect the individual, family, and community if left untreated. Tobacco use, over use of alcohol and abuse of prescription drugs, has a severe impact on disease and contributes to adverse health outcomes.

Over-use of alcohol has been linked to health consequences such as liver disease, alcohol poisoning, fetal alcohol syndrome, and suicide. Social consequences for drinking include increased crime, increased domestic violence incidents, higher rates of teen pregnancy, and motor vehicle crashes.

Smoking is a pervasive health issue in the United States that contributes to significant health and financial burdens. The Centers for Disease Control attributes 1 in 5 deaths to cigarette smoking and secondhand exposure.²¹ Smoking has been linked to respiratory disease, cancers, premature birth weight, and heart disease. Life expectancy for smokers is 10 years less than nonsmokers.²²

Abuse of drugs and alcohol can often result in a worse prognosis for a person with mental illness. People who are actively abusing substances are less likely to follow through with their treatment plans. They are less likely to adhere to their medication regimens and more likely to miss appointments leading to more psychiatric hospitalizations and other adverse outcomes. Active substance abusers are also less likely to receive adequate medical care for similar reasons and are more likely to experience severe medical complications and early death.

All five counties in the Northeast Florida region have adult smoking rates that are higher than the national average and four are above the state average. The county with the highest rate of adult smokers is Baker (28%) while the lowest is St. Johns (14%). Meanwhile, teen smoking rates do not vary greatly from the Florida state average of 10.1 percent. Rates in Northeast Florida counties range from 15.4% in Baker County to 8.1% of teens in Duval County.²³ Overall, teen smoking rates in the five counties have been decreasing due to targeted marketing for teen smoking cessation. Of teens that begin smoking before age 18, over half will develop a related illness and “ultimately die from their habit.”²⁴ It is important that Northeast Florida remain diligent in decreasing rates of teen smoking.

About 1 in 4 people who drink heavily may have alcohol dependence or alcohol abuse problems. Students who begin drinking before the legal drinking age (21) are four times more likely to develop alcoholism in adulthood.²⁵ While all counties in Northeast Florida have incidences of teen binge drinking, Baker County has the highest incidence rate (25.8%), which is higher than the other Northeast Florida counties.²⁶

²¹ Centers for Disease Control and Prevention National Center for Health Statistics. http://www.cdc.gov/tobacco/data_statistics/fact_sheets/. 2013.

²² Centers for Disease Control and Prevention. <http://www.cdc.gov>. 2013.

²³ Florida Department of Children and Families: Florida Youth Substance Abuse Survey. <http://myflfamilies.com> 2012

²⁴ Centers for Disease Control and Prevention. <http://www.cdc.gov>. 2013.

²⁵ National Institute of Alcohol Abuse and Alcoholism. <http://www.niaaa.nih.gov>

²⁶ Florida Department of Children and Families: Florida Youth Substance Abuse Survey. <http://myflfamilies.com> 2012

OVERALL GOAL: Increase access to coordinated and comprehensive healthcare services to support quality of life improvements among community residents.

BOLD ACTION STEPS

Expand telemedicine for substance abuse and mental health.	Expand and share effective drug policies across Northeast Florida to ensure that there are consistent substance abuse policies across the five counties.	Regionally source and distribute public funds dedicated to substance abuse prevention and intervention.	Construct an integrated system of care in which money moves with client to best serve patients.	Increase substance abuse prevention and mental illness identification training with school counselors, law enforcement and emergency responders.
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INDICATORS OF SUCCESS BY 2019

25 percent more residents will have access to telehealth for substance abuse and mental health assessment and treatment.	80 percent of drug, tobacco, and alcohol policies will be consistent across the five counties.	80 percent of public resources dedicated to substance abuse prevention and intervention are sourced and distributed regionally.	75 percent of area organizations serving clients with substance abuse prevention and intervention services belong to an integrated system of care.	75 percent of school counselors, police, and EMT will be trained to use the Screening, Brief Intervention, and Referral to Treatment tool.
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HEALTHY EATING AND FOOD QUALITY

Healthy food provides the building blocks for good nutrition, development, and a healthy body mass. Often, Obesity is the end result of an overall energy imbalance due to poor diet and limited physical activity. According to the Centers for Disease Control and Prevention (CDC), obesity increases the risk for health conditions such as coronary heart disease, type 2 diabetes, cancer, hypertension, dyslipidemia, stroke, liver and gallbladder disease, sleep apnea and respiratory problems, and osteoarthritis.²⁷

These diseases are some of the leading causes of preventable death. Eating more fruits and vegetables can help reduce the risk associated with these conditions. Research conducted by the CDC shows that less than 16 percent of Florida adults consumed the recommended amount of fruits and vegetables daily, two servings of fruit and three servings of vegetables. And in all five Northeast Florida counties, women are more likely than men to eat the recommended five servings of fruits and vegetables. Still, neither gender exceeds 30 percent consuming the recommended 5 servings in any of the 5 counties. Research has also shown that less than 11 percent of adolescents ate the recommended amount of fruits and vegetables. Obese children and teens are more likely to be obese as adults, and in Northeast Florida, 80 percent of obese teenagers were also found to be obese at age 25.²⁸

Access to healthy food is important, as is making healthy choices regarding diet and nutrition. Even with relatively broad access to healthy foods, obesity is still prevalent. In St. Johns County, 6 percent of the population has limited access to healthy foods, and 36 percent of the restaurants are fast food. Comparatively, 7 percent of the population in Duval County has limited access to healthy foods, yet more than half of the restaurants are fast food establishments. Furthermore, the Duval County Health Department found higher concentrations of fast food and convenience stores in the urban core where there also is less access to large grocery chains that are more likely to offer fresh fruits and vegetables.²⁹ Not only do residents need access to healthy food that they can afford, but residents also need to make healthy choices about their diet to produce better health outcomes.

The food system itself contributes to inefficiency and restricted nutrition. The average meal in the United States has traveled 1,500 miles between the farm and the plate. Not only does this travel consume fossil fuels and contribute to carbon emissions, it means that food must be picked and packaged while unripe, often before food has matured to its full nutritional value.³⁰

²⁷ Centers for Disease Control and Prevention. <http://www.cdc.gov>

²⁸ The Healthy Communities Institute: *Northeast Florida Counts*. <http://www.nefloridacounts.org>. 2013.

²⁹ Duval County Health Department: *Place Matters*. <http://dchd.net>. 2013.

³⁰ Center for Urban Education about Sustainable Agriculture: *How Far Does Your Food Travel to Get to Your Plate?*. <http://cuesa.org/learn/>. 2013.

OVERALL GOAL: Northeast Florida makes the healthy choice the easy choice.

BOLD ACTION STEPS

Develop and begin implementation of a youth-centric strategic plan with youth for youth to address obesity and healthy eating.

Use creative strategies including social media and smart phone technology to address family diet.

Design and implement a mobile food distribution system.

Engage corner stores and other retailers to offer fresh fruits and vegetables at affordable prices.

Engage government, sports, schools and faith-based organizations to create a single message campaign for healthy eating and food quality.

INDICATORS OF SUCCESS BY 2019

A youth centric strategic plan is completed and youth are engaged and engage others in its implementation.

Digital technology is deployed for delivering information, improving food systems and holding people accountable to healthy food choices.

Mobile food distribution operates in the five counties giving residents increased access to fresh foods.

The percent of residents with limited access to health foods is reduced by half in each NEFL country.

A single messaging campaign for healthy eating and food quality is active throughout the five counties.

PHYSICAL ACTIVITY

Physical activity is a major component of a healthy lifestyle. Physical activity includes anything that keeps a person moving such as walking, dancing, swimming, bicycling, or doing housework or yard work. All activities can be modified to meet individual needs and abilities. Maintaining an active lifestyle has a positive impact on overall health while inadequate physical activity is related irrefutably to diseases such as diabetes, cancer, stroke, hypertension, and cardiovascular disease regardless of the overall weight of the individual. Still, obesity is often the end result of inadequate physical activity and poor diet.³¹

In regards to physical activity for a healthy lifestyle, adults need at least 150 minutes of moderate, or 75 minutes of vigorous, physical activity each week. This can be accomplished with short bouts of movement, for example taking 10 minute movement breaks several times a day. In 2012, the Centers for Disease Control and Prevention found that only 44.5 percent of adults in Florida met the recommended guidelines for physical activity. In addition, 23.6 percent of Florida adults reported that during the last month, they had not participated in any physical activity.³² Furthermore, 84 percent of the Northeast Florida population identifies with the statement “I desire to be healthier but am unsure how to do so.”³³ The Florida obesity rate is 26.6 percent and projected to increase to a staggering 58 percent by 2030.³⁴ Individuals receiving medical treatment for obesity related conditions cost an average \$1,489 more to treat than those who are not obese. An average reduction of 5 percent BMI in Florida could save over \$34 Billion by 2030.³⁵

Sadly, Florida youth are not faring any better than their adult counterparts; 24.7% were active for 60 minutes any day during the week. Only 26.7% attended PE class daily.³⁶ Youth need moderate and vigorous physical activity for at least 60 minutes per day. This time can be broken down into smaller increments and can include a mixture of moderate and vigorous activity (which increase heart rate and respiration), as well as bone and muscle strengthening activities. Active play should take place outdoors whenever possible. Infants need daily opportunities to move freely under adult supervision and to explore indoor and outdoor environments.³⁷

³¹ Florida Department of Health. <http://www.floridahealth.gov>

³² Centers for Disease Control and Prevention: *Overweight and Obesity, Florida State Nutrition, Physical Activity and Obesity Profile*. <http://www.cdc.gov>. 2012.

³³ Centers for Disease Control and Prevention: *State of Physical Activity in Florida*. <http://www.cdc.gov>.

³⁴ Trust for America's Health: *F as in Fat: How Obesity Threatens America's Future*. <http://www.healthyamericans.org>. 2013.

³⁵ Robert Wood Johnson Foundation. <http://www.rwjf.org>.

³⁶ Center for Disease Control: *Division of Adolescent and School Health*. <http://www.cdc.gov>.

³⁷ National Institute on Out of School Time: *Healthy Eating and Physical Activity Standards*. www.noist.org

OVERALL GOAL: Northeast Florida is first in health.

BOLD ACTION STEPS

Identify a dedicated funding stream for an ongoing physical activity strategy.

Every K-12 public school has a joint use agreement that allows for safe public access to encourage physical activity.

Medical community embraces fitness as a prescription for better health.

All parks accommodate all abilities for physical activity.

All K-12 public schools offer 30 minutes of PE or other physical activity daily.

INDICATORS OF SUCCESS BY 2019

Funding for a physical activity strategy is reliable and sustainable.

Joint use agreements exist for every public K-12 school throughout Northeast Florida.

More primary care practices assess activity and Body Mass Index (BMI) in patients and prescribe physical activity to improve health.

Every park in Northeast Florida is accessible and maintained for all residents for some form of safe physical activity.

100 percent of K-12 public schools offer 30 minutes of physical activity to students daily.

SEXUAL ACTIVITY

Sexually Transmitted Infections (STIs) are associated with a significantly increased risk of morbidity and mortality, including increased risk of cervical cancer, involuntary infertility, and premature death. Nearly half of the 19 million new sexually transmitted diseases (STD's) nationwide each year are among young people ages 15 to 24. Unintended health complications can result in teen pregnancy, low birth weight, and lifelong disease if the sexually transmitted disease remains untreated.

Disease detection continues to be a challenge. The Center for Disease Control and Prevention estimates that in the United States 1.1 million people are living with HIV, with nearly 1 in 5 people unaware of their infection.³⁸ According to the AIDS Healthcare Foundation, Duval County has one of the highest HIV infection rates in Florida with many cases undetected.³⁹ Despite these high rates of infection, preliminary data reported by the Northeast Florida Healthy Start Coalition shows that no babies were born with HIV infections during 2012.⁴⁰

Teen pregnancy is associated with poor prenatal care and pre-term delivery. Pregnant teens are more likely than older women to receive late or no prenatal care, have gestational hypertension and anemia, and achieve poor maternal weight gain. They are also more likely to have a pre-term delivery and low birth weight, increasing the risk of child developmental delay, illness, and mortality. In recent years, teen birth rates in Northeast Florida have declined but remain an issue in the region. In 2013, 70 of every 1,000 live births in Baker County were to teenage women age 15-19. In Duval County, the rate of teen births was 50/1,000. The rates in Nassau County, Clay County, and St. Johns County were 46/1,000, 34/1,000 and 23/1,000 respectively as compared to 40/1,000 throughout the state of Florida.⁴¹

Infant mortality among births to mothers of all ages in the region has declined from 10.4 per 1,000 live births in 2005 to 6.5 per 1,000 in 2011. Still, significant disparities in birth outcomes for white and African American babies persist. While infant mortality rates for white babies have drastically declined, infant mortality among African American babies increased 18% from 2010 to 2011. Income and education level, prenatal care, and nutrition all impact birth outcomes. In addition, toxic stress as a result of prejudice contributes to this disparity.⁴²

³⁸ Center for Disease Control: *HIV in the United States: At a Glance*. <http://www.cdc.gov>. 2013.

³⁹ AIDS Healthcare Foundation. <http://www.aidshealth.org>.

⁴⁰ Northeast Florida Healthy Start Coalition: *No HIV-infected babies born in Northeast Florida in 2012*. <http://www.nefhealthystart.org>. 2013.

⁴¹ County Health Rankings: Robert Wood Johnson Foundation. www.countyhealthrankings.org. 2013.

⁴² Northeast Florida Healthy Start Coalition. <http://www.nefhealthystart.org>. 2013.

OVERALL GOAL: Northeast Florida is an empowered community where people make informed decisions that positively impact health.

BOLD ACTION STEPS

Identify or establish comprehensive teen health clinics in the five Northeast Florida counties.	Promote comprehensive health education for incarcerated youth.	Work toward policy change that ensures all Northeast Floridians are eligible for affordable health insurance.	Support the acceptance of federal pass-through funds to support the expansion of Medicaid eligibility, making more insurance affordable.	Strengthen families and create the foundation for optimal health through integrated program and resource tracking.
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INDICATORS OF SUCCESS BY 2019

At least one teen health clinic in each of the five counties has a teen specific environment and teen-sensitive services.	80 percent of youth in juvenile facilities receive comprehensive health education.	More Northeast Florida residents are eligible for health insurance that is affordable for their household income.	Northeast Florida accesses \$50 million of federal funds allowing for expanded Medicaid eligibility.	A single central intake and referral system is used for 80% of clients and by 80% of providers.
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CLINICAL CARE: ACCESS TO CARE AND QUALITY OF CARE

While health insurance coverage is a critical factor influencing access to healthcare services for many individuals and families, true access to care is more than having health insurance. The availability of quality primary care physicians who approach health comprehensively is a critical factor in promoting wellness across any population. Access to a medical home contributes to controlling downstream healthcare costs through better health management, illness prevention, and early diagnosis. Furthermore, the development of a trusting and ongoing relationship between healthcare provider and patient can ultimately improve health outcomes.

Poor access to routine healthcare services can allow unchecked and/or undiagnosed health conditions to progress until patients require hospital-based care; or it can leave some residents with few other options than to seek care at a hospital for a condition that might better be managed in an outpatient setting.

The detrimental effects of poorly controlled diabetes on the body and quality of life are well documented. The American Diabetes Association reports that people with diagnosed diabetes, on average, have annual medical expenditures that are approximately 2.3 times higher than the expenditures would be in the absence of diabetes. The total cost of diabetes (both direct costs and indirect costs such as productivity lost) in the U.S. is second only to cancer; yet these costs are largely preventable with effective disease management and care.⁴³

Access to and quality of mental health services is an important facet of overall community health. Untreated mental health disorders can lead to physical health complications and even suicide. In 2009, suicide rates varied from 17.1 per 100,000 residents in Duval and Clay counties to 23.9 per 100,000 in Nassau County.⁴⁴ These are higher than the national rate of 12.4 per 100,000.

⁴³ Songer et al, *Studies on the Cost of Diabetes*, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Division of Diabetes Translation, www.CDC.gov/diabetes

⁴⁴ The Healthy Communities Institute: *Northeast Florida Counts*. <http://www.nefloridacounts.org>. 2013.

OVERALL GOAL: Northeast Florida prioritizes comprehensive wellness.

BOLD ACTION STEPS

Increase utilization of existing care facilities to meet residents' needs and improve health disparities.

Develop an integrated regional care and information exchange to increase access points to care and care coordination.

Grow telehealth systems to increase access to care in rural areas.

Implement health literacy programs in all K-12 public schools.

Expand the comprehensive medical home model to more primary care providers.

INDICATORS OF SUCCESS BY 2019

Decrease the rate of individuals who could not see a doctor due to cost by five percentage points in each county.

An electronic record exchange is adopted and 80% of hospitals and clinics subscribe.

More patients are able to access care through telehealth, especially in rural areas.

All K-12 public schools in Northeast Florida deliver health literacy education.

The rate of adult residents in each Northeast Florida county who have a personal doctor will increase by five percentage points.

ENVIRONMENTAL QUALITY AND BUILT ENVIRONMENT

The relationship between elevated air pollution—especially fine particulate matter and ozone—and compromised health has been well documented. The negative consequences of ambient air pollution include decreased lung function, chronic bronchitis, asthma, and other adverse pulmonary effects. The availability of recreational facilities can influence individuals' and communities' choices to engage in physical activity. Proximity to places with recreational opportunities is associated with higher physical activity levels, which in turn is associated with lower rates of adverse health outcomes which are related to diet, lack of physical activity, and obesity.

Limited access to healthy food choices can lead to poor diets and higher levels of obesity and other diet-related diseases. In addition, limited access to affordable food choices can lead to higher levels of food insecurity, increasing the number of families with low and moderate-income without access to enough food to sustain a healthy, active life. Additionally, studies have shown an increase in obesity and diabetes prevalence with increased access to fast food outlets in a community.⁴⁵

Access to supermarkets, grocery stores, and specialty markets is also important, in part, because they give consumers access to a variety of healthy foods. However, a scarcity of healthy choices makes it more difficult for low-income residents to adhere to a nutritious diet than for their counterparts in wealthier, resource-rich neighborhoods.

Additionally, transportation infrastructure determines people's options for mobility to meet their daily needs. Availability and safety of roadways, parks and recreational facilities encourages mobility and physical activity or discourages use depending on quality. The mean commute time for residents ranges from 23 minutes in Clay County to more than 31 minutes for residents of St. Johns County. More than 80 percent of these commuters are alone in their vehicles. This extended commute time leads to high fuel consumption as well as decreased leisure time. It can also cause headaches, high blood pressure and other unfavorable outcomes.⁴⁶

Lastly, although Northeast Florida residents primarily use roadways for motor vehicles, roads also provide accessibility for those who walk and use bicycles as a means of transportation. According to the National Highway Traffic Safety Administration, three out of four pedestrian deaths occur in an urban area. It is important that pedestrians are well educated about traffic rules and that drivers are alert. Approximately 70 percent of pedestrian fatalities occur away from intersections or crosswalks.⁴⁷ Safe pedestrian infrastructure includes elements such as wide sidewalks, safe crosswalks, functioning traffic crossing signals and adequate lighting.

⁴⁵ Duval County Health Department: *Place Matters*. <http://dchd.net>. 2013.

⁴⁶ The Healthy Communities Institute: *Northeast Florida Counts*. <http://www.nefloridacounts.org>. 2013.

⁴⁷ National Highway Traffic Safety Administration: *Safety in Numbers*. <http://www.nhtsa.gov>.

OVERALL GOAL: Northeast Florida is a region that recognizes and values health in all policies.

BOLD ACTION STEPS				
Develop a program that provides certification to users and land uses that meet healthy criteria.	Update and revise zoning codes and comprehensive plans to evaluate health implications and incorporate health into all public policies.	Clean drinking water is available and sustainable in all areas throughout Northeast Florida.	Preserve, renovate and/or develop 500 units of affordable housing.	Design and begin implementation of a regional trail and connectivity system that embraces the unique character of the region and provides trail access to the beach, river, tributaries, and Intercostal Waterway to realize the tremendous economic and health impacts to the region.

INDICATORS OF SUCCESS BY 2019				
A health certification program is developed and implemented throughout Northeast Florida.	Zoning codes and comprehensive plans are reviewed and revised with regard to promoting health and wellness.	All Northeast Florida residents have access to clean drinking water.	500 new units of affordable housing are available in Northeast Florida.	Residents and visitors have access to a regional trail system.

Northeast Florida Blueprint Convening Content Area Experts

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Family & Social Support

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Healthy Eating & Food Quality

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Florida Health Department in Duval County

Physical Activity

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The Physical Environment: Built Environment & Environmental Quality

Carolyn Clark
Urban Land Institute

Substance Abuse & Alcohol & Tobacco Use

Susan J Woodford MS, CPP, Executive Director
Nassau Alcohol, Crime, & Drug Abatement Clinic

Demographic County Health Rankings

	Florida	Baker	Clay	Duval	Nassau	St. Johns	National Benchmark
DEMOGRAPHICS							
Population	19,057,542	27,154	192,370	870,709	74,195	195,823	N/A
% below 18 years of age	21%	26%	26%	23%	21%	23%	N/A
% 65 and older	18%	12%	12%	11%	17%	16%	N/A
% Non-Hispanic African American	15%	14%	10%	29%	7%	6%	N/A
% American Indian and Alaskan Native	0%	0%	1%	0%	0%	0%	N/A
% Asian	3%	1%	3%	4%	1%	2%	N/A
% Native Hawaiian/Other Pacific Islander	0%	0%	0%	0%	0%	0%	N/A
% Hispanic	23%	2%	8%	8%	3%	6%	N/A
% Non-Hispanic White	58%	82%	76%	56%	87%	85%	N/A
% Not Proficient in English	7%	0%	1%	2%	0%	1%	N/A
% Females	51%	48%	51%	51%	51%	51%	N/A
% Rural	9%	59%	15%	3%	48%	24%	N/A
HEALTH OUTCOMES							
Premature Death	7,310	10,435	6,980	9,151	8,278	5,795	5,317
Diabetes	10%	13%	11%	11%	10%	9%	
HIV Prevalence Rate (per 100,000)	595	370	145	706	150	168	
Premature Age-Adjusted Mortality (per 100,000 Under Age 75)	341	495	361	441	380	286	
Poor or Fair Health	16%	24%	13%	17%	16%	12%	10%
Poor Physical Health Days	3.6	5.3	3.4	3.8	4.0	3.0	2.6
Poor Mental Health Days	3.7	4.3	3.5	3.7	4.0	3.6	2.3
Low Birthweight	8.7%	8.8%	7.6%	9.6%	7.9%	6.8%	6%
HEALTH BEHAVIORS							
Adult Smoking	19%	28%	23%	20%	20%	14%	20%
Adult Obesity	26%	35%	30%	28%	29%	22%	29%
Physical Inactivity	24%	33%	24%	26%	24%	18%	24%
Excessive Drinking	16%	15%	16%	17%	13%	21%	13%
Motor Vehicle Crash Death Rate (per 100,000)	16	28	18	16	28	15	28%
Sexually Transmitted Infections (per 100,000)	398	424	321	665	289	215	289
Teen Birth Rate (per 100,000 Female Age 15-19)	40	70	34	50	46	23	46

	Florida	Baker	Clay	Duval	Nassau	St. Johns	National Benchmark
HEALTH CARE							
Mental Health Providers	3,372:1	1,936:1	7,657:1	4,063:1	9,188:1	3,903:1	
Health Care Costs	\$11,097	\$12,953	\$11,163	\$11,846	\$10,290	\$10,348	
Uninsured Adults	30%	23%	21%	23%	22%	19%	
Uninsured Children	13%	9%	9%	10%	11%	10%	
Could Not See Doctor Due to Cost	16%	19%	14%	15%	15%	10%	
CLINICAL CARE							
Uninsured	25%	18%	17%	19%	19%	16%	19%
Primary Care Physicians	1,439:1	3,011:1	1,531:1	1,247:1	2,535:1	1,173:1	2,535:1
Dentists	2,095:1	4,206:1	2,294:1	1,771:1	3,702:1	2,338:1	3,702:1
Preventable Hospital Stays	65	101	75	82	59	68	59
Diabetic Screening	84%	80%	81%	83%	86%	84%	86%
Mammography Screening	70%	61%	67%	68%	73%	75%	73%
SOCIAL & ECONOMIC FACTORS							
Median Household Income	\$44,250	\$42,564	\$54,867	\$45,995	\$54,706	\$63,299	
High Housing Costs	43%	31%	33%	40%	29%	38%	
Children Eligible for Free Lunch	49%	40%	29%	48%	36%	20%	
High School Graduation	71%	65%	74%	63%	80%	86%	80%
Some College	59%	31%	18	16	28	15	28%
Unemployment	10.5%	9.9%	9.3%	10.6%	9.6%	8.5%	9.6%
Children in Poverty	25%	24%	15%	25%	18%	12%	18%
Inadequate Social Support	22%	21%	18%	22%	17%	14%	17%
Children in Single-Parent Households	37%	29%	30%	40%	29%	22%	29%
Violent Crime Rate	614	247	473	836	597	340	597
Homicide Rate	6	7	5	14	4	3	
PHYSICAL ENVIRONMENT							
Commuting Alone		80%	84%	82%	81%	81%	81%
Access to Parks		31%	13%	11%	37%	21%	27%
Daily Fine Particulate Matter	9.5	8.4	9.4	8.6	9.0	9.5	8.2
Drinking Water Safety	32%	3%	0%	0%	0%	32%	12%
Access to Recreational Facilities (per 100,000)	16	9	15	8	9	16	12
Limited Access to Healthy Foods	7%	7%	13%	6%	7%	7%	6%
Fast Food Restaurants	46%	44%	46%	51%	53%	46%	36%

*Note: Blank values reflect unreliable or missing data
This data was retrieved from the County Health Rankings & Roadmaps*

2013 Measures, Data Sources, and Years of Data

	Measure	Data Source	Years of Data
HEALTH OUTCOMES			
Mortality	Premature Death	National Center for Health Statistics	2008-2010
Morbidity	Poor or fair health	Behavioral Risk Factor Surveillance System	2005-2011
	Poor physical health days	Behavioral Risk Factor Surveillance System	2005-2011
	Poor mental health days	Behavioral Risk Factor Surveillance System	2005-2011
	Low birthweight	National Center for Health Statistics	2004-2010
HEALTH FACTORS			
HEALTH BEHAVIORS			
Tobacco Use	Adult smoking	Behavioral Risk Factor Surveillance System	2005-2011
Diet and Exercise	Adult obesity	National Center for Chronic Disease Prevention and Health Promotion	2009
	Physical inactivity	National Center for Chronic Disease Prevention and Health Promotion	2009
Alcohol Use	Excessive Drinking	Behavior Risk Factor Surveillance System	2005-2011
	Motor Vehicle Crash Rate	National Center for Health Statistics	2004-2010
Sexual Activity	Sexually transmitted infections	National Center for Hepatitis, HIV, STD and TB Prevention	2010
	Teen birth rate	National Center for Health Statistics	2004-2010
CLINICAL CARE			
Access to Care	Uninsured	Small Area Health Insurance Estimates	2010
	Primary Care Physicians	HRSA Area Resource File	2011-2012
	Dentists	HRSA Area Resource File	2011-2012
Quality of Care	Preventable hospital stays	Medicare/Dartmouth Institute	2010
	Diabetic screening	Medicare/Dartmouth Institute	2010
	Mammography screening	Medicare/Dartmouth Institute	2010
SOCIAL AND ECONOMIC FACTORS			
Education	High school graduation	Primarily state-specific sources, supplemented with National Center for Education Statistics	State-specific
	Some college	American Community Survey	2007-2011
Employment	Unemployment	Bureau of Labor Statistics	2011
Income	Children in poverty	Small Area Income and Poverty Estimates	2011
Family and Social Support	Inadequate social support	Behavioral Risk Factor Surveillance System	2005-2010
	Children in single-parent households	American Community Survey	2007-2011
Community Safety	Violent crime rate	Federal Bureau of Investigation	2008-2010
PHYSICAL ENVIRONMENT			
Environmental Quality	Daily particulate matter days ¹	CDC WONDER	2008
	Drinking water safety	Safe Drinking Water Information System	
Built Environment	Access to recreational facilities	Census County Business Patterns	FY2012
	Limited access to healthy foods	USDA Environmental Food Atlas	
	Fast food restaurants	Census County Business Patterns	