INK!

INVESTING IN KIDS

ST. JOHNS COUNTY COMPREHENSIVE NEEDS ASSESSMENT

2024

Prepared by

Health Planning Council OF NORTHEAST FLORIDA

Table of Contents

Data Disclaimer

The information contained in this report reflects qualitative opinion data collected during the assessment process. Comments are summarized and accurately cataloged from the facilitated discussions. These opinions cannot be attributed to one person; rather these are summaries of group discussions in aggregate. Furthermore, the contents are the views of county residents gathered during the community engagement phase of the project and do not represent official views of, nor an endorsement by Investing in Kids (INK!).

While the Health Planning Council of Northeast Florida, Inc. (HPCNEF) uses reasonable efforts to provide accurate and up-to-date data, some of the information provided in these assessments and herein is gathered from third-party secondary data sources. Although the information in this report has been produced and processed from sources believed to be reliable, no warranty, expressed or implied, is made regarding the accuracy, adequacy, completeness, legality, reliability, or usefulness of any information. This disclaimer applies to both isolated and aggregate uses of information. HPCNEF is not in any way liable for the accuracy of any information printed and stored or in any way interpreted and used by a user. HPCNEF may make improvements and/or changes in the services and/or the content(s) described herein at any time.

This report presents data in a hierarchical manner, starting with age-adjusted data (which combines information across various age groups). When possible, the report then provides more specific data breakdowns by age categories that correspond with elementary, middle, and high school students' ages: 5–10, 11–14, and 15–18 years of age. If data for these specific age groups is unavailable, the report uses the groupings provided by the original source.

This Comprehensive Needs Assessment funded by Investing in Kids in St. Johns County has a publication date of September 2024.

September 1, 2024

The St. Johns County Education Foundation dba Investing in Kids (INK!) is a 501(c)3 education foundation serving St. Johns County Florida. As the direct support organization to the St. Johns County School District, INK! provides innovative programs, teacher support, and classroom resources to St. Johns County public schools to impact student and teacher success.

In September 2023, INK! was awarded funding by the Consortium of Florida Education Foundations and Florida Department of Education to support the development of resiliency skills in St. Johns County public school students and help address rising concerns around youth mental health and well-being. Under the Resiliency Through the Community program, INK! collaborated with the St. Johns County School District and community partners to infuse resiliency resources in schools and to coordinate and fund locally driven initiatives focused on resiliency and character education. To better understand the mental health and resiliency needs of our community and our youth, INK! and our partners at the St. Johns County Behavioral Health Consortium launched a needs assessment to collect comprehensive data from across the county.

We are extremely grateful to everyone who shared their voice in surveys, interviews, and focus groups, helping to identify and prioritize the needs of the St. Johns County community. We are especially proud of and thankful for the young people who submitted surveys and participated in focus groups to ensure that this St. Johns County Comprehensive Needs Assessment included the voice and perspective of our youth. To our friends at the St. Johns County Behavioral Health Consortium and the Health Planning Council of Northeast Florida, we extend our deepest gratitude for your guidance, support, and participation through many months of data collection, discussions, and report preparation. We look forward to moving toward a heathier St. Johns County together.

Cathy Newman
Executive Director

Executive Summary

The St. Johns County Education Foundation dba Investing In Kids (INK!) in St. Johns County, St. Johns County Behavioral Health Consortium, and the Health Planning Council of Northeast Florida, Inc. launched a comprehensive, county-wide needs assessment. The purpose of the assessment was to utilize primary and secondary data collection to determine priorities, evaluate inventory resources, and strategize actions to improve the mental health and resiliency of the St. Johns County community.

Data for INK!'s comprehensive needs assessment was collected for several broad categories focusing on the social determinants of health, mental health, and substance use. The data included population and environmental characteristics, the prevalence of risky health behaviors, mental health indicators, and the resources available to address the community's needs.

St. Johns County residents provided perspectives through five focus groups, including three adult groups and two youth groups representing diverse populations. Additionally, insights into the health of St. Johns County residents and the availability of resources for subpopulations were obtained through key stakeholder interviews. Both the adult and youth community surveys cited stress as an issue. The youth survey indicated sources of stress were family problems, self-expectations, societal expectations, and influences from social media and peers. Adult surveys indicated insurance, financial barriers, stigma, lack of services, and resources as barriers in the community. Youth surveys voiced a need for safe spaces and people to talk about mental health and resources being more "in touch" with the problems youth are facing in mental health and substance use. Adult focus groups indicated a need for increased community engagement and awareness, whereas the youth focus groups voiced the need for improved youth mental health programs. Key stakeholder interviews identified stigma and other barriers, such as lack of knowledge of available resources and long waits for providers to access mental health and substance use recovery services. Secondary data indicators drew attention to mental health, substance use, disease prevention & lifestyle behaviors, social & economic factors, and education system concerns.

After a preliminary review of the data collected, the community prioritized the following areas:

1. Mental health
2. Substance use
3. Barriers to healthcare access
4. Social & economic factors
5. Disease prevention & lifestyle behaviors

Based on the information and priorities outlined in this assessment, targeted interventions and policy changes have been identified that will have the most significant impact. After selecting key strategies based on their potential impact and the community's capacity to implement them, the health improvement process can commence, moving toward a healthier St. Johns County.

Introduction

In recent years, the mental health resiliency and substance use challenges faced by youth and their families continue to garner increasing attention as a critical public health issue. Investing in Kids (INK!) comprehensive needs assessment (CNA) utilizes a process of systematically gathering primary and secondary data to research the mental health resiliency and substance use recovery needs of youth and their families in the St. Johns County community to provide the data needed for organizations to develop strategies to address identified key issues (Public Health Infrastructure Center, 2022). In October 2023, INK! collaborated with leaders from the St. Johns County Behavioral Health Consortium to initiate a county-wide comprehensive needs assessment. The Health Planning Council of Northeast Florida, Inc. (HPCNEF) was engaged to guide and facilitate the assessment process.

The Steering Committee elected to utilize a modified ***"MAPP"*** community assessment model recommended by the Florida Department of Health and the National Association of County and City Health Officials (NACCHO). ***MAPP***, an acronym for "***M****obilizing for* ***A****ction through* ***P****lanning and* ***P****artnerships*," is a community-based participatory model that relies on the existing expertise of community representatives to identify, prioritize, and collectively address the county's most prevalent health concerns.

The comprehensive needs assessment used a modified MAPP process. It has four components: Community Health Status Assessment, Community Themes and Strengths Assessment, Local Public Health System Assessment, and Forces of Change Assessment. Each component provides a unique perspective on defining the community's needs.

The Community Health Status Assessment utilizes secondary data from reliable sources such as the United States Census Bureau and FLHealthCHARTS to present the St. Johns County social determinants of health and population health data trends.

The Community Themes and Strengths Assessment presents primary data collected from residents and workers in St. Johns County. The data collected from surveys, focus groups, and key stakeholder interviews voices the needs of those living in and receiving services within the county.

The Local Public Health System Assessment examines competency, capacity, and provision of health services at the local level. This self-graded assessment provides a numerical baseline to identify areas of opportunity.

The Forces of Change Assessment provides a community perspective to identify current and anticipated trends, factors, and events that may influence the health of the community.

During the final community meeting, the Steering Committee, along with other community members, made recommendations on key health issues using a preliminary summary of the data and insights from the four integrated assessments outlined in the MAPP model (Exhibit 1). The Identification of Priority Areas section of this report includes a summary of the Steering Committee's recommendations on priority health issues.

This comprehensive needs assessment was created through the collective and collaborative efforts of dedicated health and social service providers, essential community stakeholders, and many vibrant residents from every region of St. Johns County. The findings are intended to guide county health and social service providers as they plan their programs for the next three to five years.

Methodology

On October 3, 2023, Investing in Kids (INK!) invited community members to form a Steering Committee to define the purpose of the comprehensive needs assessment. The Steering Committee decided to focus the assessment on the mental health resiliency and substance use recovery needs of youth and their families. The Steering Committee implemented the evidence-based and effective assessment model developed by the National Association of County and City Health Officials (NACCHO) for community health planning. This model, known as ***Mobilizing for Action through Planning and Partnerships (MAPP)***, was developed to provide a strategic approach to community health improvement by helping communities identify and use existing resources wisely, consider unique local conditions and needs, and form effective partnerships for action (NACCHO, n.d.). The Steering Committee implemented a modified MAPP process to include the following:

1. The Four MAPP assessments
    - Community Health Status Assessment
    - Community Strengths and Themes Assessment
    - Local Public Health System Assessment
    - Forces of Change Assessment
2. Identifying strategic issues

A health improvement plan was not developed during the needs assessment process. This approach allows each organization to incorporate the data provided by the report into their strategic and sustainability planning efforts.

Exhibit 1: The MAPP Model

St. Johns County benefits from initiative-taking and long-standing leadership within its medical and behavioral healthcare network, which highly values collaborative relationships with other community health and support service providers. The county's behavioral health consortium maintains vital, ongoing partnerships with multiple health and social services providers, addressing countless efforts to meet the community's mental health resiliency and substance use recovery needs.

At the same October 2023 meeting, HPCNEF staff presented and discussed the proposed data indicators for the **Community Health Status Assessment**, the first of the four MAPP assessments. The report prioritized behavioral health and substance use data; however, an analysis of population demographics and social determinants of health, disease and death rates, healthcare utilization statistics, and access to healthcare indicators was included to provide a holistic view of the community. The data was provided in single-year rates and, where possible, supplemented with community-friendly infographics to ensure community residents could easily understand the data.

To gather comprehensive community input, HPCNEF conducted a **Community Strengths and Themes Assessment** from November 2023 to March 2024. This assessment included key stakeholder interviews, adult and youth community surveys, and adult and youth focus groups. Eleven stakeholder interviews were conducted via Microsoft Teams with individuals and organizations identified by INK! A total of 655 adult and 276 youth surveys were collected and analyzed. Five focus groups, including three adult and two youth groups, were held at locations across St. Johns County. HPCNEF staff compiled and analyzed findings from all data collection methods.

In April 2024, key stakeholders completed a modified **Local Public Health System Assessment**, guided by the Centers for Disease Control and Prevention's (CDC) National Public Health Performance Standards Program. The assessment was adapted to focus on essential services within the scope of community organizations. To establish a comprehensive understanding of the county's public health safety net, the Steering Committee identified key organizations serving vulnerable residents. HPCNEF staff facilitated a process to define the top essential public health areas and evaluate their effectiveness across the county. This assessment identified strengths and gaps in the local healthcare safety net, informing subsequent planning efforts.

A **Forces of Change Assessment** conducted in April 2024 analyzed current and projected trends in St. Johns County. These trends included economic conditions, cultural shifts, and policy changes impacting community resources and capacity. A group exercise was facilitated with community members to identify potential forces influencing residents' health and to gain diverse perspectives. Participants classified these forces into three levels: local, state, and national. Then, the group members categorized local, state, and national forces into three distinct types:

- **Trends are patterns over time**, such as migration in and out of a community or a growing disillusionment with the government.
- **Factors are discrete elements**, such as a community's large ethnic population, an urban setting, or a jurisdiction's proximity to a major waterway.

- **Events are one-time occurrences**, such as a hospital closure, a natural disaster, or the passage of new legislation.

After, the members were asked to consider trends, factors, and events in various contexts, including community, economic, educational, environmental, ethical/legal, government/political, science/technology, social, and health.

Key issues and themes were recorded and updated throughout the process based on empirical evidence and community discussion. Subsequently, key issues were consolidated and prioritized based on the scope and severity of need and the availability of resources.

Following the analysis of qualitative and quantitative data from the four MAPP assessments, strategic health issues were identified. A prioritization process was initiated, engaging community input through a preliminary data release meeting on June 26, 2024. Participants reviewed findings from the Community Health Status Assessment and Community Themes and Strengths Assessment, then ranked five key health issues on a scale of 1 to 5 (with 1 being the highest priority). Through this process, the three most critical health issues for St. Johns County were determined and will serve as foundational areas for subsequent health improvement planning.

Community Health Status Assessment

The MAPP model's foundation lies in the *Community Health Status Assessment*. This assessment utilizes secondary data from various sources like Healthy People 2030, FLHealthCHARTS, and the American Community Survey to paint a comprehensive picture of St. Johns County's health. It delves into demographics, socioeconomic factors, physical environment, health outcomes, and even geographic variations within the county. Standardized rates are used for comparisons with the state, but caution is advised when considering low incidence rates, as small fluctuations can significantly impact these statistics. The following summary includes data from these areas:

- Neighborhood and Built Environment
- Social and Community Context
- Economic Stability
- Education Access and Quality
- Healthcare Access and Quality
- Health Outcomes
- Maternal and Infant Health
- Behavioral and Mental Health
- Substance Use

The community health status assessment aims to comprehensively evaluate the health and well-being of the service area of focus. This meticulous process serves to identify both existing and emerging health needs across different demographic, socioeconomic, and geographic subsets within the community. By uncovering unmet needs, the assessment empowers service providers and residents to work towards promoting health equity and better overall population health outcomes.

The Community Health Status Assessment utilizes the Healthy People 2030 Social Determinants of Health five key domains for its subsections (Exhibit 2). The social determinants of health are conditions in the environment where people are born, live, work, play, worship, and age that affect a wide range of health functioning and quality of life outcomes and risks (ODPHP, n.d.-e).

EXHIBIT 2: HEALTHY PEOPLE 2030 SOCIAL DETERMINANTS OF HEALTH

Source: Social Determinants of Health - Healthy People 2030 | health.gov.

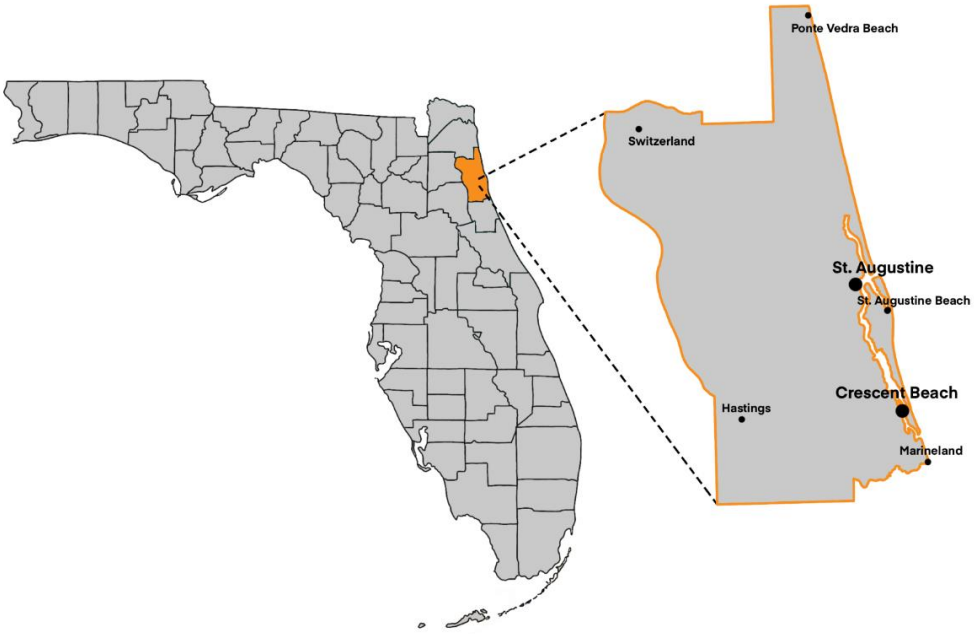
Neighborhood and Built Environment

The term "built environment" encompasses the human-created surroundings that impact community health and the behaviors of individuals contributing to their well-being. For instance, communities featuring parks and walking paths facilitate increased physical activity. An individual's built environment is pivotal in determining their ability to exercise safely, access nutritious food, and consume clean water (CDC, 2022n).

Geography and Governance

St. Johns County encompasses approximately 608 square miles of northeast Florida immediately south of the metropolitan city of Jacksonville and directly east of Clay and Putnam counties. The St. Johns River forms the county's entire western border. The county has a diverse mixture of suburban and rural areas and is home to the oldest city in the United States, St. Augustine, which was founded by the Spanish explorers in 1565. The County has two incorporated cities: St. Augustine and St. Augustine Beach. Unincorporated communities include Ponte Vedra, Hastings, Switzerland, Crescent Beach, Tocoi, Bakersville, Picolatta, Orangedale, Fruit Cove, Summer Haven, and Vilano Beach. St. Augustine, the county seat, was incorporated under Florida law on December 2, 1924. The elected five-member Board of County Commissioners is the law-making body of the county and serves a four-year term. Separately elected Constitutional Officers perform specific government functions county-wide. Exhibit 3 shows the location of St. Johns County within the state of Florida and its major cities.

Exhibit 3: Map of Florida Highlighting St. Johns County



Source: Health Planning Council of Northeast Florida, Inc., 2023.

Summary of Environmental Features

Exhibit 4 displays the indicators for the neighborhood and built environment of St. Johns County. St. Johns County has approximately 102,056 households with access to four nearby state parks. Of those households, 23.0% are within a ½ mile of a park, and 10.8% are within a ½ mile of a healthy food source. The median gross rent is $1,601 per month, and there are only 269 affordable housing units in the county. An estimated 435 individuals experiencing homelessness live in St. Johns County.

Exhibit 4: Neighborhood and Built Environment Summary

Total Households	Median Gross Rent	Total Affordable Housing Units	Total Homeless
102,056	$1,601	269	435

Total Miles of Bike Lanes	People Living Within 1/2 Mile of a Healthy Food Source	Nearby State Parks	People Living Within 1/2 Mile of a Park
135	10.8%	4	23.0%

Source: U.S. Census Bureau, 2018-2022, American Community Survey 5-Year Estimates, DP03; U.S. Census Bureau, 2018-2022 American Community Survey 5-Year Estimates, DP04; Florida Environmental Public Health Tracking, 2022; FLHealthCHARTS Homeless Estimate, 2023; Florida Department of Elder Affairs, St. Johns County Profile, 2023. Date Sourced: May 13, 2024.

County Health Rankings

County Health Rankings & Roadmaps, produced by the University of Wisconsin and the Robert Wood Johnson Foundation, are a collection of reports that illustrate the overall health of counties in every state across the country and compare counties within the same state. Two major categories exist for County Health Rankings: health outcomes and health factors. Health outcomes are measures that describe the current health status of a county. These health outcomes are influenced by a set of health factors. Health factors and their subsequent outcomes may be affected by community-based programs and policies designed to alter their distribution in the community. Counties can improve health outcomes by addressing all health factors with effective, evidence-based programs and policies (County Health Rankings & Roadmaps, n.d.-a).

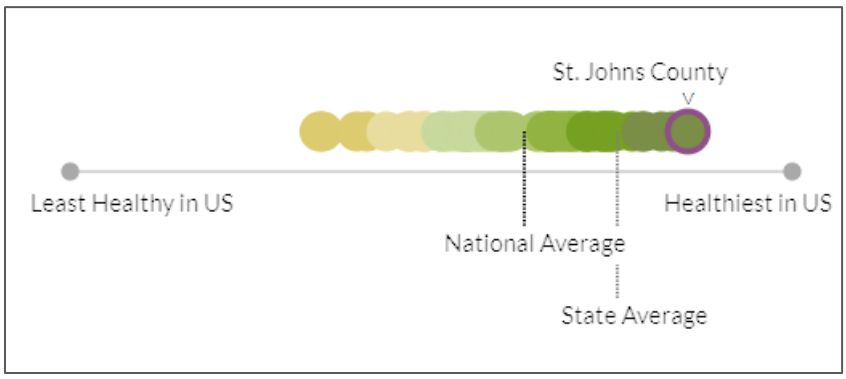
The report ranks Florida counties according to their summary measures of health outcomes and health factors, as well as the components used to create each summary measure. Outcomes rankings are based on an equal weighting of mortality and morbidity measures. The summary health factors rankings are based on weighted scores of four types of factors: behavioral, clinical, social and economic, and environmental (County Health Rankings & Roadmaps, n.d.-a).

The following two graphics summarize St. Johns County's health outcomes and health factors. St. Johns County is represented by a dot placed on a continuum from least healthy (left side) to healthiest in the country (right side). The colors of each dot represent Health Groups, "data-informed groupings of counties nationwide with similar Health Outcomes or Health Factors on the continuum" (County Health Rankings & Roadmaps, n.d.-b). These graphics help us understand how a county fares relative to other counties in the state and the nation.

County rankings for health outcomes and health factors were determined by analyzing the national z-scores provided on the *County Health Rankings & Roadmaps* website. A lower z-score correlated with a higher ranking, while a higher z-score correlated with a lower ranking.

St. Johns County is faring better than the average county in Florida for health outcomes, and better than the average county in the nation. St. Johns County ranks #1 out of the 67 counties in Florida for health outcomes in 2024.

EXHIBIT 5: ST. JOHNS COUNTY HEALTH OUTCOMES SNAPSHOT, 2024

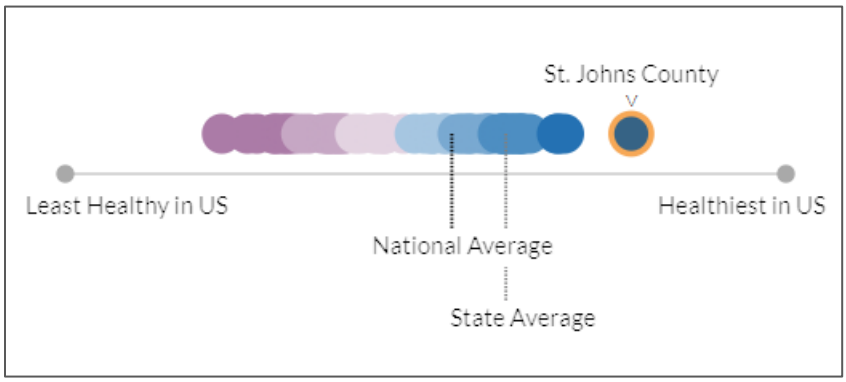


Source: County Health Rankings & Roadmaps, 2024, Robert Wood Johnson Foundation. Date Sourced: March 22, 2024.

St. Johns County is faring better than the average county in Florida for health factors, and better than the average county in the nation. St. Johns County ranks #1 out of the 67 counties in Florida for health factors in 2024. Areas of strength in St. Johns County include the health factors of the

food environment index, a low teen birth rate, a high number of primary care physicians, a low number of uninsured persons, and a high rate of high school completion. Opportunities for improvement include adult smoking, excessive drinking, and social associations.

EXHIBIT 6: ST. JOHNS COUNTY HEALTH FACTORS SNAPSHOT, 2024



Source: County Health Rankings & Roadmaps, 2024, Robert Wood Johnson Foundation. Date Sourced: March 22, 2024.

Air Pollution-Particulate Matter St. Johns County has an annual average of 8.4 micrograms per cubic meter of fine particulate matter measured in the air. St. Johns County's average air pollution reading is higher than the Florida average of 7.8 micrograms per cubic meter and the United States average of 7.4 micrograms per cubic meter (County Health Rankings & Roadmaps, n.d.-b).

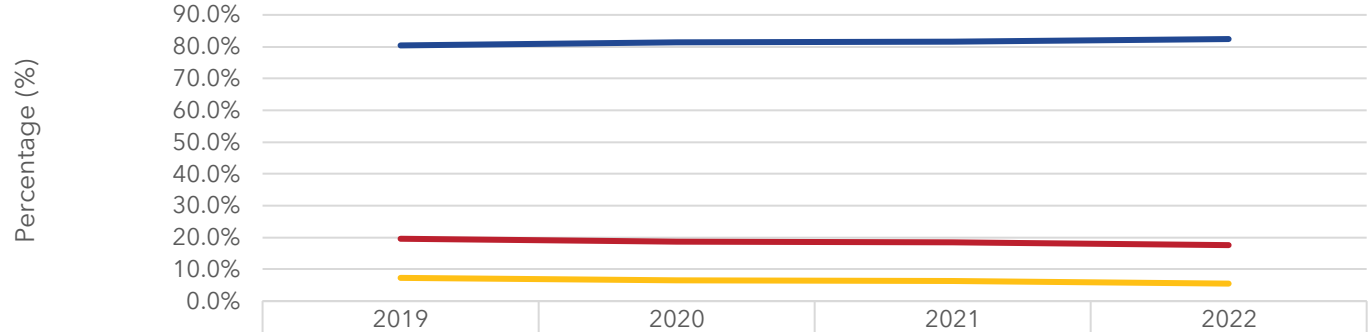
Drinking Water Violations St. Johns County had no community water systems reporting a health-based drinking water violation (County Health Rankings & Roadmaps, n.d.-b).

Housing

There is a significant link between housing and health. Individuals dealing with problems related to insecure or unstable housing tend to encounter more adverse health consequences and increased healthcare expenses (Health Research & Educational Trust, 2017b).

St. Johns County has multiple housing types ranging from single-family and multi-family units to mobile home units. St. Johns County residents are more likely to own their own home than rent or live in a mobile home. Exhibit 7 displays the percentage of occupied units by type in St. Johns County between 2019 and 2022.

Exhibit 7: Resident Occupancy by Housing Type, St. Johns County, 2019–2022



	2019	2020	2021	2022
Owner Occupied	80.4%	81.4%	81.5%	82.4%
Renter Occupied	19.6%	18.6%	18.5%	17.6%
Mobile Homes	7.3%	6.5%	6.4%	5.5%

Source: US Census Bureau American Community Survey | Table DP04 | 2019, 2020, 2021, and 2022 | 5-Year Estimates. Date Sourced: May 10, 2024.

Housing Affordability

Housing stabilization impacts psychosocial health. The "sense of home" that comes from stable housing can strengthen individuals' mental and emotional well-being and help them avoid risky or unhealthy behaviors. Increased stability and less frequent moves also help individuals build the social ties that are essential for physical and mental health (Aidala & Sumartojo, 2007).

The Department of Housing and Urban Development (HUD) determines housing eligibility and affordability for its programs using Area Median Income (AMI). HUD calculates AMI annually and this metric represents the midpoint of income distribution in a specific area (Hamann, 2023).

Exhibit 8 displays the 2024 AMI for St. Johns County. In 2024, a family of four with a total household income of $29,190 (30% AMI) is considered to have "extremely low income." When a family of four has a household income of $48,650 (50% AMI), this category is "very low income," and a household of $77,840 (80% AMI) is "low income."

Exhibit 8: Area Median Income, St. Johns County, 2024

AMI Category	1 Person	2 Person	3 Person	4 Person
30%	$20,460	$23,340	$26,280	$29,190
50%	$34,100	$38,900	$43,800	$48,650
60%	$40,920	$46,680	$52,560	$58,380
80%	$54,560	$62,240	$70,080	$77,840
120%	$81,840	$93,360	$105,120	$116,760

Source: Florida Housing Data Clearinghouse | Income & Rent Limits | Housing Income Limits. Date Sourced: May 12, 2024.

Each year, HUD publishes Fair Market Rents (FMRs) to represent the cost of renting a moderately-priced dwelling unit in the local housing market (HUD, n.d.). Exhibit 9 provides the 2024 HUD FMR for St. Johns County. A family of four moving to St. Johns County looking to rent a three-bedroom apartment can expect an FMR of $2,027 each month or $24,324 as an annual rent expenditure.

Exhibit 9: Fair Market Rent, St. Johns County, 2024

0 Bedroom	1 Bedroom	2 Bedrooms	3 Bedrooms	4 Bedrooms
$1,240	$1,354	$1,604	$2,027	$2,579

Source: Florida Housing Data Clearinghouse | Income & Rent Limits | Fair Market Rent (FMR). Date Sourced: May 12, 2024.

HUD defines affordable housing as the total cost of rent or mortgage, including utilities, being less than thirty percent of the household income. When households exceed this threshold, they are classified as experiencing a housing cost burden (*Defining Housing Affordability | HUD USER*, 2017). The estimated number of households experiencing a housing cost burden is displayed in Exhibit 10. Of note, an estimated 11,734 St. Johns County households spend more than 50% of the household's income on rent/mortgage and utilities. Households experiencing a housing cost burden might reduce spending in other areas such as transportation, health care, food, and education to offset high housing expenditures (*Defining Housing Affordability | HUD USER*, 2017).

Exhibit 10: All Households Estimated Housing Cost Burden by Income, St. Johns County, 2022

	Housing Cost Burden		
Household Income	30% or Less	30.1-50%	More than 50%
30% AMI or less	1,252	644	4,771
30.01–50% AMI	2,579	2,694	3,098
50.01–80% AMI	7,606	4,748	2,437
80.01–100% AMI	7,195	3,871	403
Greater than 100% AMI	61,890	3,933	1,025

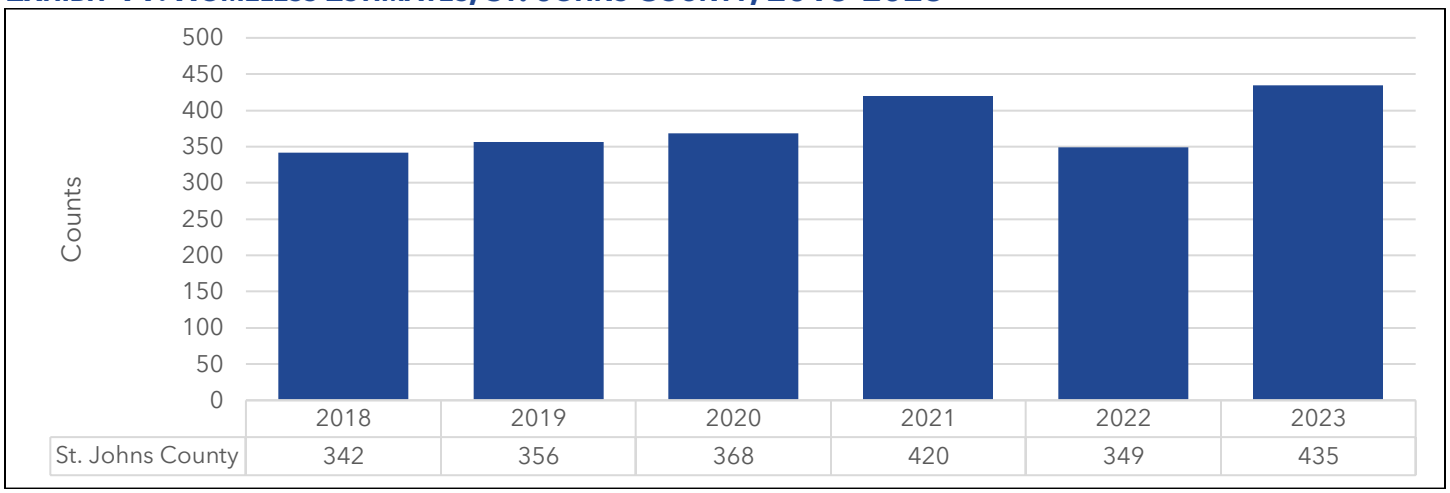
Source: Florida Housing Data Clearinghouse | Affordability | Cost Burden by Income. Date Sourced: May 5, 2024.
Note: Estimates and projections by Shimberg Center for Housing Studies, based on U.S. Department of Housing Development, Comprehensive Housing Affordability Strategy (CHAS) dataset and population projections by the Bureau of Economic and Business Research, University of Florida.

Homelessness

Where people live and how people live directly affect their well-being (Health Research & Educational Trust, 2017b). Many health conditions among homeless people are often a complex mix of serious physical and mental health, substance use, and social problems. Poor health, high stress, unhealthy and dangerous environments, and an inability to control food intake often result in frequent visits to emergency rooms and hospitalizations (NHCHC, 2019). Stable housing not only provides privacy and safety; it is also a place to rest and recuperate from surgery, illness, and other ailments without worrying about where to sleep and find a meal, or how to balance these needs with obtaining health care and social services (NHCHC, 2019).

Exhibit 11 displays recent estimated numbers of homeless individuals. Estimates are derived from a point-in-time count of people experiencing homelessness. The estimated number of homeless individuals in St. Johns County increased by 27.2% from 2018 to 2023, peaking in 2023 with 435 homeless individuals.

EXHIBIT 11: HOMELESS ESTIMATES, ST. JOHNS COUNTY, 2018–2023



	2018	2019	2020	2021	2022	2023
St. Johns County	342	356	368	420	349	435

Source: Florida Department of Children and Families | FLHealthCHARTS | Homeless Estimates. Date Sourced: May 7, 2024.

Exhibit 12 displays data indicators for homeless students and unaccompanied youth during the 2021–2022 school year. St. Johns County had a reported total of 786 homeless students, of which 646 were living with family. There were 597 students who doubled up or shared housing with another family. There were 93 students who reported living in a hotel/motel, and 37 reported as unsheltered. There was a reported total of 140 unaccompanied youth during that school year.

EXHIBIT 12: HOMELESS STUDENTS AND UNACCOMPANIED YOUTH, ST. JOHNS COUNTY, SCHOOL YEAR 2021–2022

Indicator	Count
Total homeless students	786
Homeless students living with family	646
In emergency & transitional shelters	59
Doubled up	597
Unsheltered	37
In hotels/motels	93
Unaccompanied youth	140

Source: Florida Housing Data Clearinghouse | Special Needs | Homeless Student and Unaccompanied Youth. Date Sourced: May 13, 2024.
Note: Original source for data is from the Florida Department of Education. For more information, see Title IX: Homeless Education Program (HEP).

Housing Resources

Assessing the housing inventory of assisted properties is essential to address challenges in housing affordability. Exhibit 13 displays the number of assisted properties and units by funder type. Florida Housing Finance Corporation had the largest number of properties (18) and the highest number of assisted units (1,269).

Exhibit 13: Assisted Properties and Units by Funder, St. Johns County, 2023

Funder	Properties	Assisted Units	HUD/RD Rental Assistance Units
Florida Housing Finance Corporation	18	1,269	162
HUD Multifamily	6	232	231
USDA Rural Development	3	118	105
Total, All Funders*	**23**	**1,389**	**276**

Source: Florida Housing Data Clearinghouse | Assisted Housing Inventory | Assisted Properties and Units by Funder. Date Sourced: May 13, 2024.
Note: *Many properties receive funding from more than one agency, so properties and units may appear in more than one row. "Assisted units" refers to units with income and rent restrictions. "HUD/RD Rental Assistance Units" refers to units subsidized through project-based rental assistance contracts with HID or USDA Rural Development.

Transportation

Transportation includes vehicle access, adequate infrastructure, distance and time to reach destinations, costs, and policies that affect travel (HRET, 2017c). Challenges related to transportation can impede an individual's ability to access healthcare services, potentially leading to missed or delayed medical appointments, higher healthcare costs, and ultimately poorer health outcomes (Syed et al., 2013).

Exhibit 14 compares transportation statistics between St. Johns County and Florida. Sidewalks with barriers protect pedestrians with a physical barrier that separates them from motorized vehicle lanes. Approximately 38% of the sidewalks in St. Johns County have barriers; this is higher than Florida, which has only 30% of sidewalks with barriers. Features like barriers on sidewalks and public transportation increase a community's walkability, promote healthy behaviors, and provide more access to care options.

Exhibit 14: Transportation Overview, St. Johns County & Florida, 2023

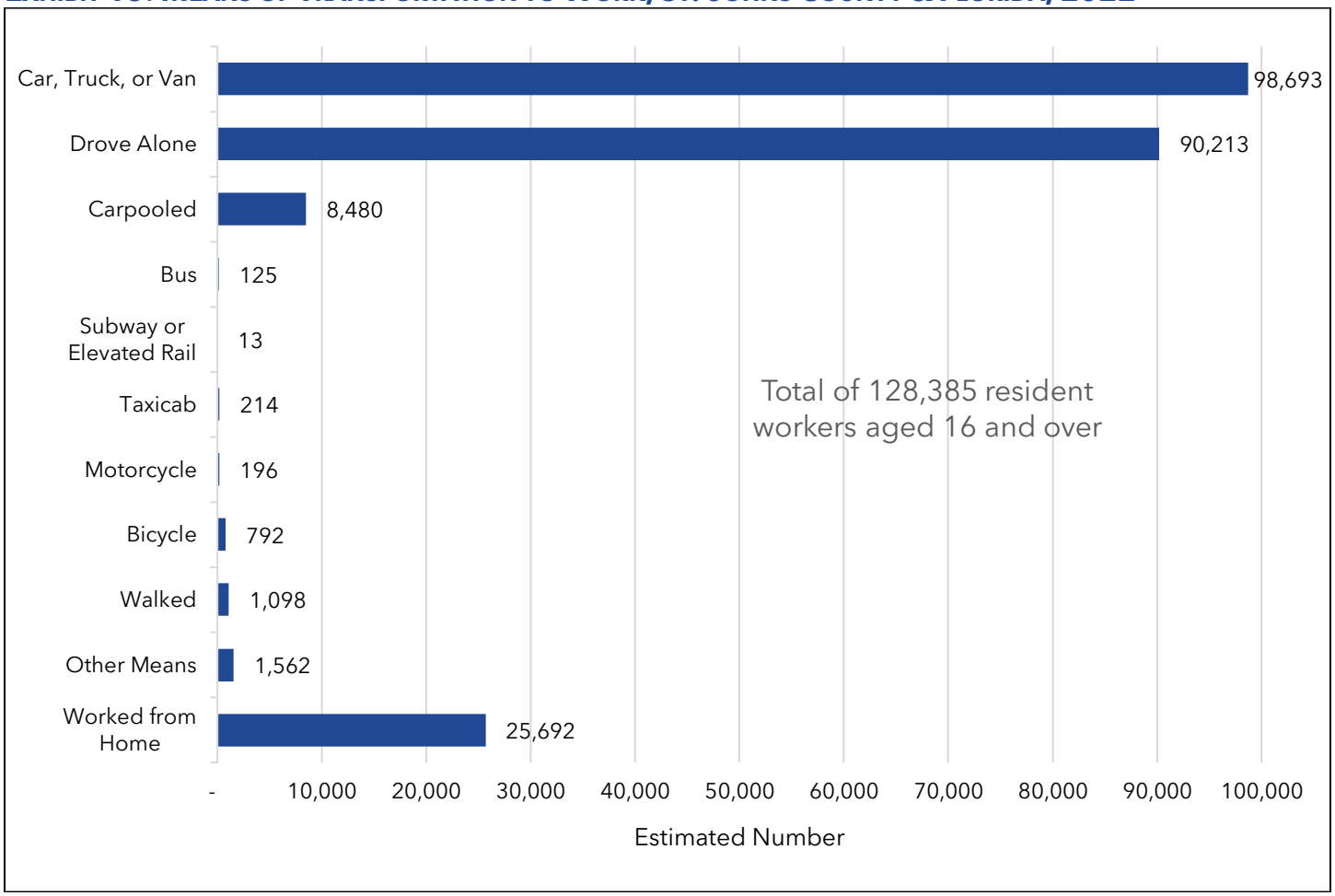
Features	St. Johns County	Florida
Percentage of sidewalks with barriers	38%	30%
Bus operations	1	32
Rail operations	0	9
Public transit service area square miles	600	23,122
Annual unlinked trips	99,596	131,325,179

Source: Federal Transit Administration and the Florida Department of Transportation | Florida Department of Elder Affairs - County Profiles | 2023. Date Sourced: May 13, 2024.

Exhibit 15 displays the types of transportation St. Johns County residents use to get to work. According to the U.S. Census Bureau American Community Survey, St. Johns County has 128,385 resident workers aged 16 years and over.

From 2018 to 2022, cars, trucks, and vans (98,693) were the most common form of transportation to work in St. Johns County, and most commuters drove alone (90,213). During those same years, an estimated 25,692 people worked from home.

EXHIBIT 15: MEANS OF TRANSPORTATION TO WORK, ST. JOHNS COUNTY & FLORIDA, 2022



Source: US Census Bureau American Community Survey | Table B08301 | 5-Year Estimates. Date Sourced: May 13, 2024.

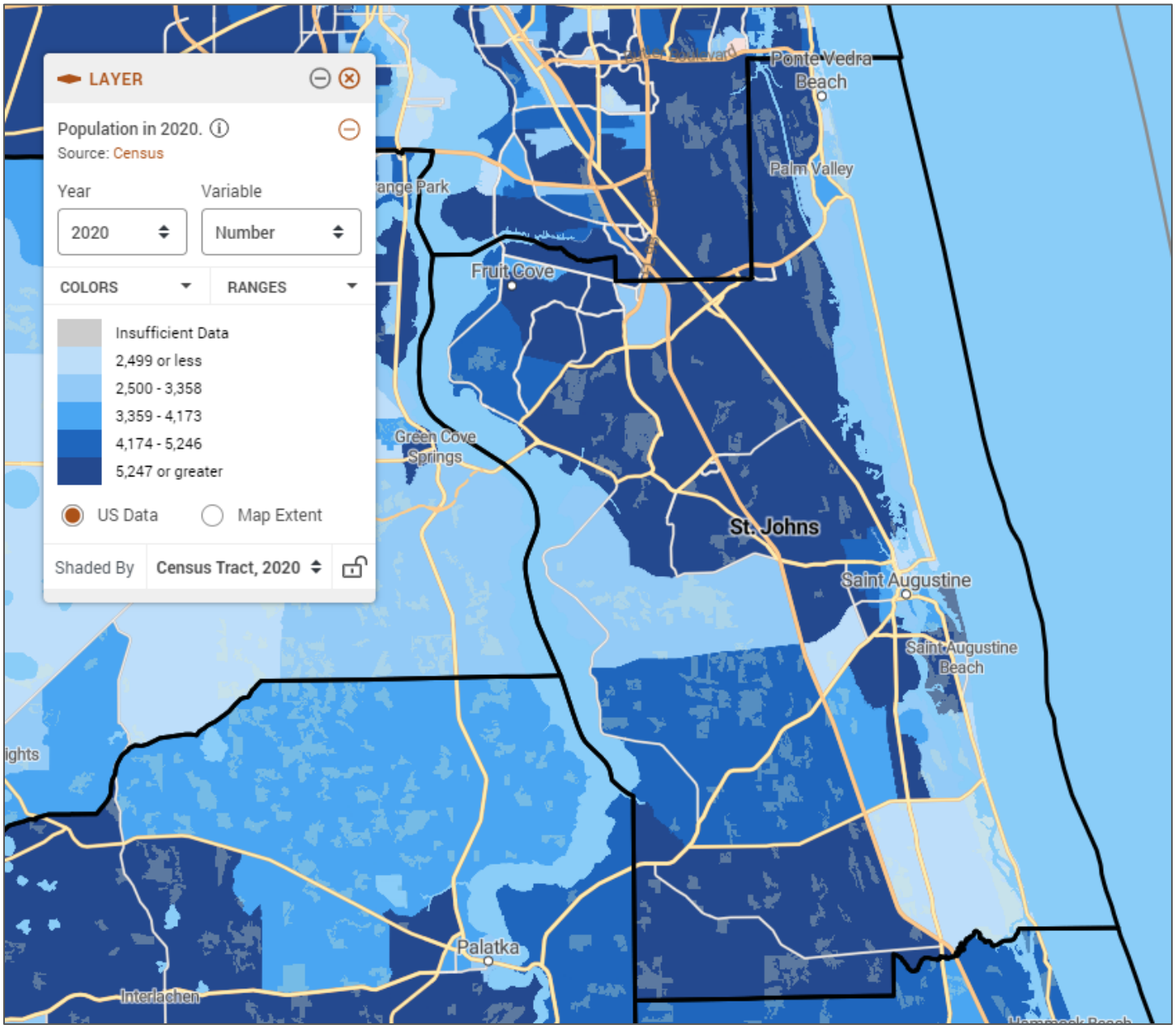
Social & Community Context

Social and community context encompasses the complex web of people's relationships with family, friends, co-workers, and community members, profoundly shaping their health and well-being. While these relationships can provide vital social support, it is crucial to recognize that external factors that individuals cannot control, like unsafe neighborhoods and discrimination, can significantly hinder their lifelong health and safety. Strong social connections at home, work, and in the community act as protective factors, mitigating some of these challenges (ODPHP, n.d.-d).

Population Characteristics

In 2022, St. Johns County and Florida had estimated populations of 306,841 and 22,244,823, respectively. Both the state and county are approximately 49% male and 51% female. The population of St. Johns County is more densely concentrated in the eastern half of the county, with the highest-density areas in the northeastern and southwestern quadrants. The mid-central area of the county is much less densely populated (Exhibit 16).

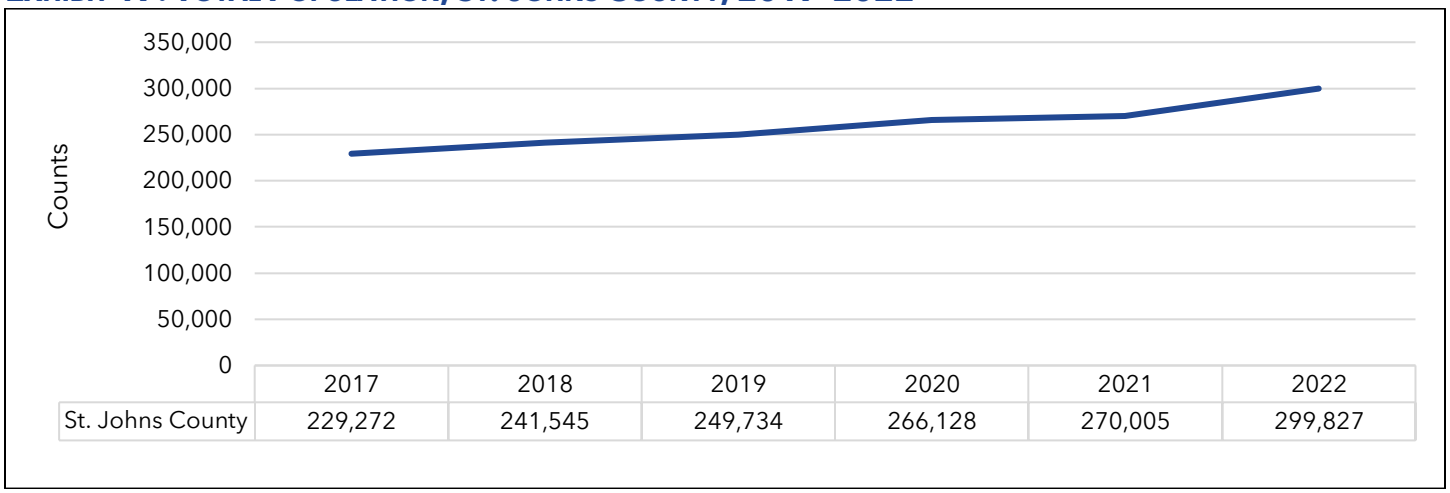
EXHIBIT 16: TOTAL POPULATION BY CENSUS TRACT, ST. JOHNS COUNTY, 2016-2020



Source: Map from Policy Map; Data from 2020 American Community Survey. Date Sourced: October 13, 2023.

St. Johns County's population steadily rose from 2017 to 2022 at an average annual growth rate of 5.58%. In recent years, there has been significant growth, with a 6.56% increase from 2019 to 2020, a 1.46% increase from 2020 to 2021, and an overall 30.77% increase from 2017 to 2022 (Exhibit 17). Exhibit 18 shows the projected population growth in St. Johns County up to 2028.

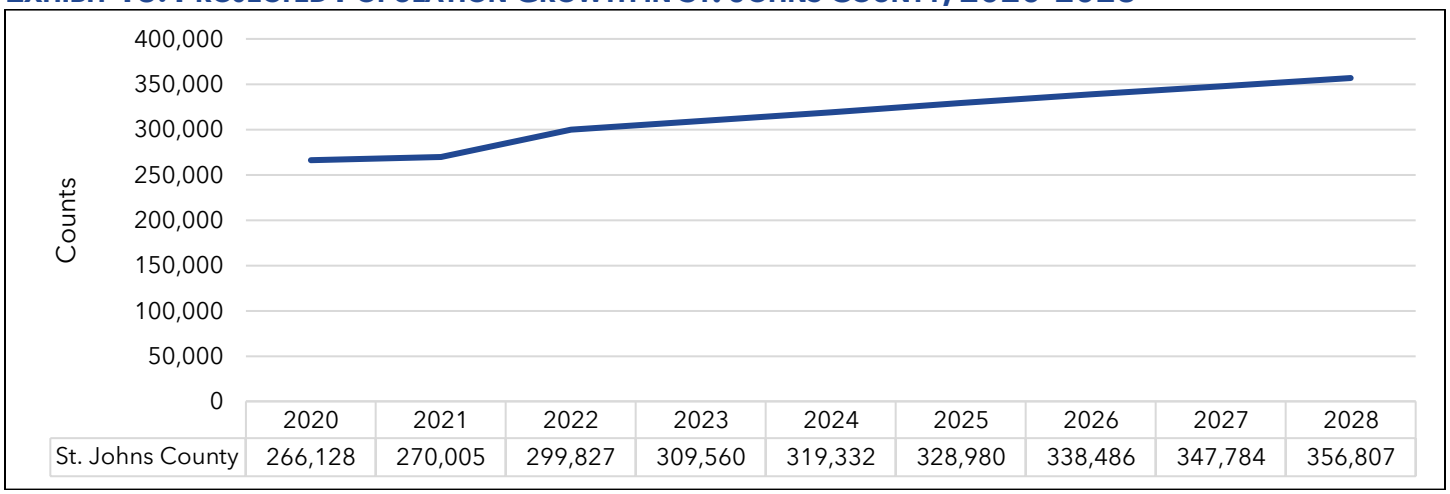
EXHIBIT 17: TOTAL POPULATION, ST. JOHNS COUNTY, 2017–2022



	2017	2018	2019	2020	2021	2022
St. Johns County	229,272	241,545	249,734	266,128	270,005	299,827

Source: Office of Economic and Demographic Research | FLHealthCHARTS | Population Estimates Query System. Date Sourced: May 13, 2024.

EXHIBIT 18: PROJECTED POPULATION GROWTH IN ST. JOHNS COUNTY, 2020–2028



	2020	2021	2022	2023	2024	2025	2026	2027	2028
St. Johns County	266,128	270,005	299,827	309,560	319,332	328,980	338,486	347,784	356,807

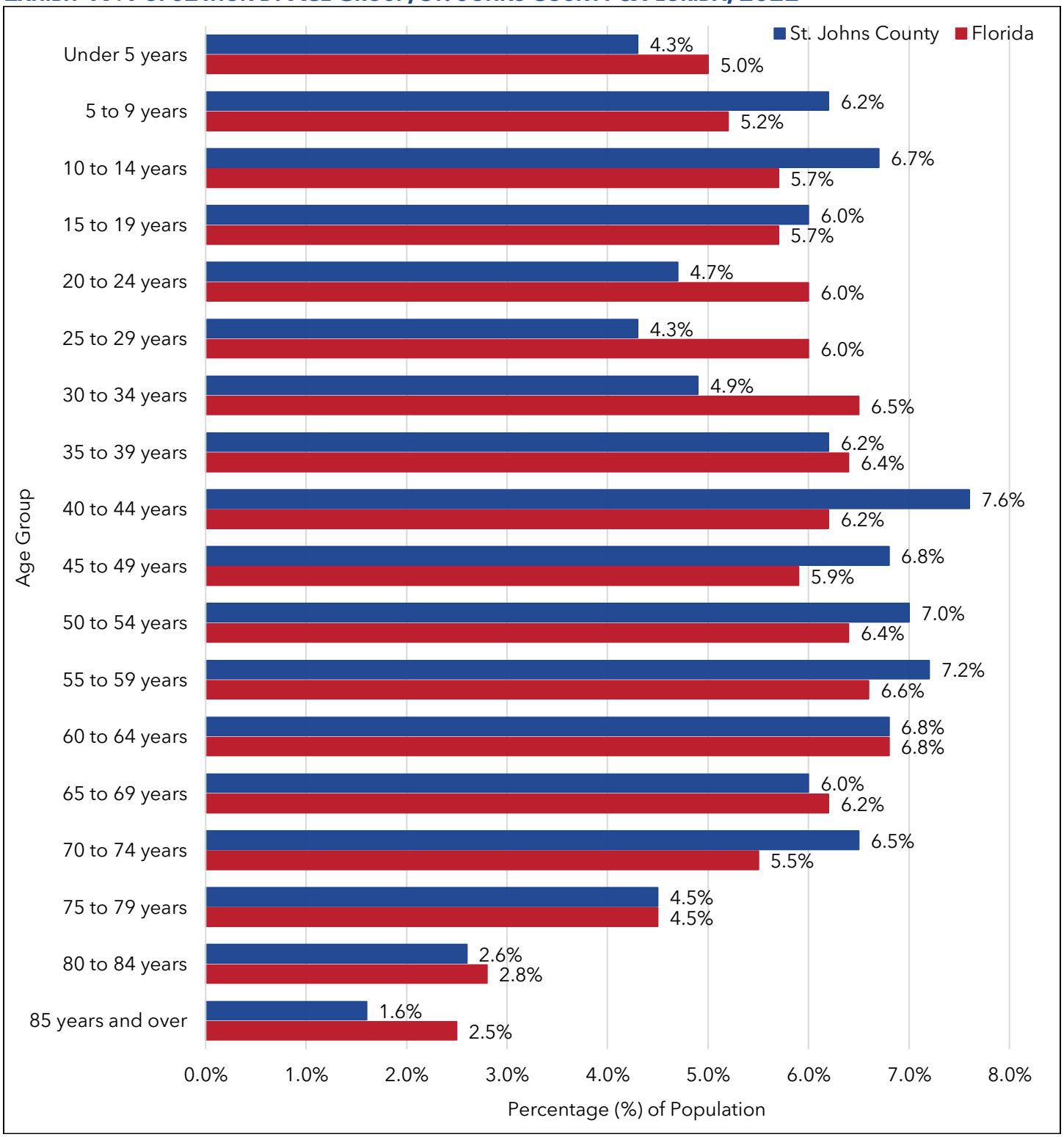
Source: Office of Economic and Demographic Research | FLHealthCHARTS | Population Estimates Query System. Date Sourced: May 13, 2024.

Age & Gender

The median age for St. Johns County in 2022 was 44.3 years. Florida had a younger median age of 42.7 years.

Exhibit 19 shows the population distributions of St. Johns County and Florida by age. Compared to Florida, St. Johns County has a greater percentage of children and teens (ages 19 and under) and a similar percentage of older adults (ages 70+). In 2022, St. Johns County's population was 51% female and 49% male, the same as the state of Florida's distribution for that year.

EXHIBIT 19: POPULATION BY AGE GROUP, ST. JOHNS COUNTY & FLORIDA, 2022



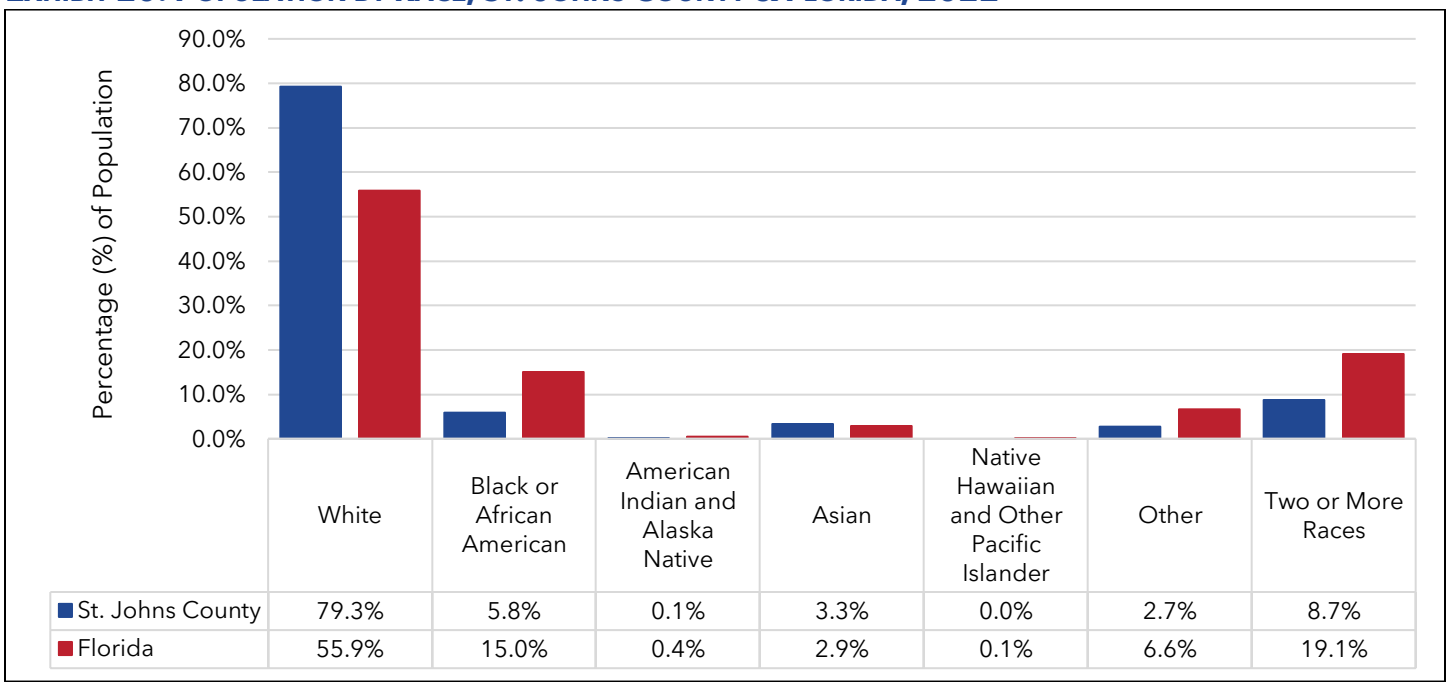
Source: US Census Bureau American Community Survey | Table S0101 | 1-Year Estimates. Date Sourced: May 13, 2024.

Race & Ethnicity

St. Johns County had a racial distribution different than that of Florida in 2022. St. Johns County is 79.3% White, compared to 55.9% of the population in Florida. The second largest racial group is two or more races, making up 8.7% of the St. Johns County population and 19.1% of Florida's population (Exhibit 20). Additionally, 5.8% of St. Johns County residents identify as Black or African

American, compared to 15.0% of Florida residents (Exhibit 20). A much greater percentage of Florida's population (27.1%) is Hispanic or Latino(a) compared to that of St. Johns County (8.7%) (Exhibit 21).

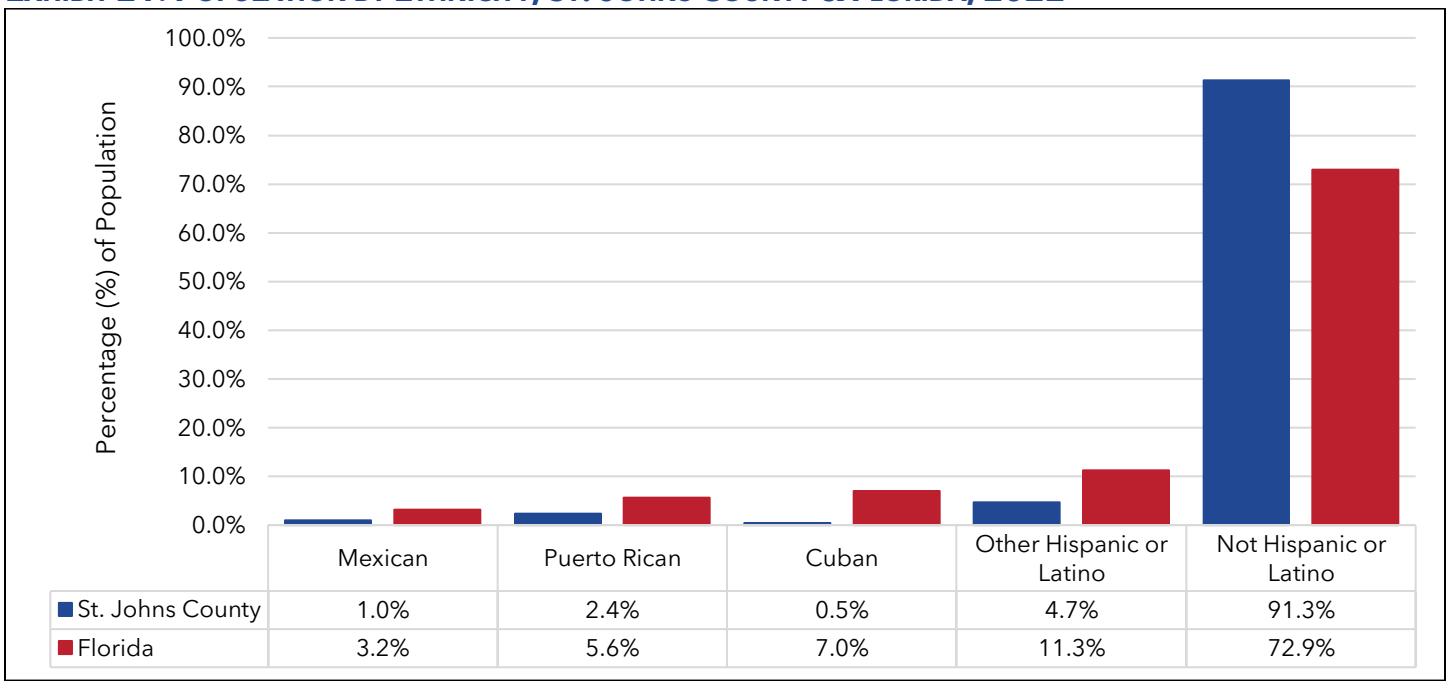
EXHIBIT 20: POPULATION BY RACE, ST. JOHNS COUNTY & FLORIDA, 2022



	White	Black or African American	American Indian and Alaska Native	Asian	Native Hawaiian and Other Pacific Islander	Other	Two or More Races
St. Johns County	79.3%	5.8%	0.1%	3.3%	0.0%	2.7%	8.7%
Florida	55.9%	15.0%	0.4%	2.9%	0.1%	6.6%	19.1%

Source: US Census Bureau American Community Survey | Table DP05 | 1-Year Estimates. Date Sourced: May 13, 2024.

EXHIBIT 21: POPULATION BY ETHNICITY, ST. JOHNS COUNTY & FLORIDA, 2022

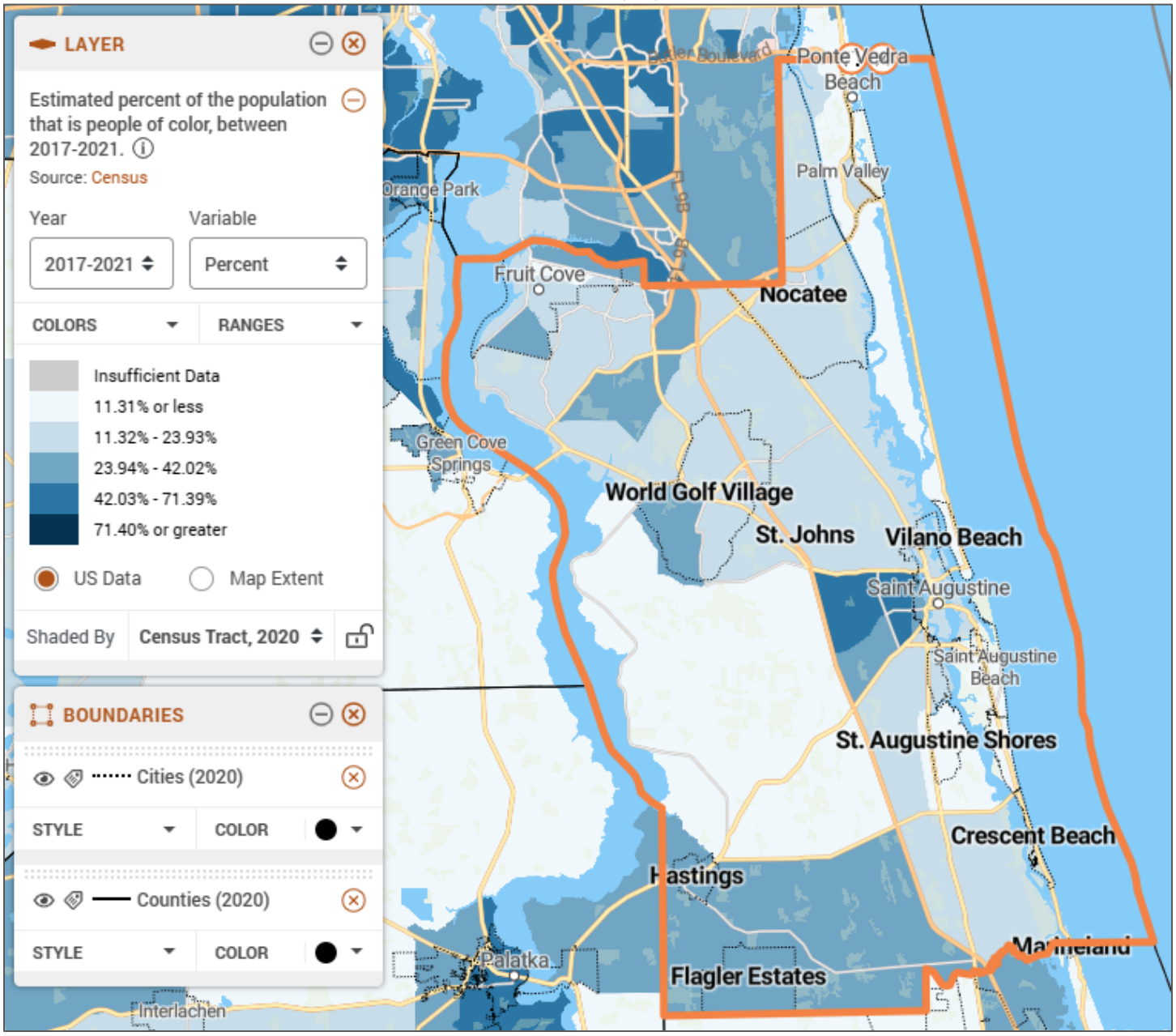


	Mexican	Puerto Rican	Cuban	Other Hispanic or Latino	Not Hispanic or Latino
St. Johns County	1.0%	2.4%	0.5%	4.7%	91.3%
Florida	3.2%	5.6%	7.0%	11.3%	72.9%

Source: US Census Bureau American Community Survey | Table DP05 | 1-Year Estimates. Date Sourced: May 13, 2024.

The minority population of St. Johns County is most densely concentrated in the center, just west of St. Augustine. Other areas with a higher percentage of minority populations are in the southwest and northwest quadrants of the county (Exhibit 22).

Exhibit 22: St. Johns County Minority Population (%) by Census Tract, 2017-2021



Source: Map from Policy Map; Data from 2021 American Community Survey.

Exhibit 23 focuses attention on the 5–19 age group of St. Johns County by displaying the total population count by race and ethnicity from 2017 to 2022. In 2022, the St. Johns subpopulation aged 5–19 was predominantly White/Caucasian (48,109), followed by Hispanic/Latino(a) (5,933) and Black/African American (3,758). Between 2017 and 2022, the population of the 5–19 age group in St. Johns County increased by 32.6%.

Exhibit 23: Total Population (Aged 5–19), St. Johns County, 2017–2022

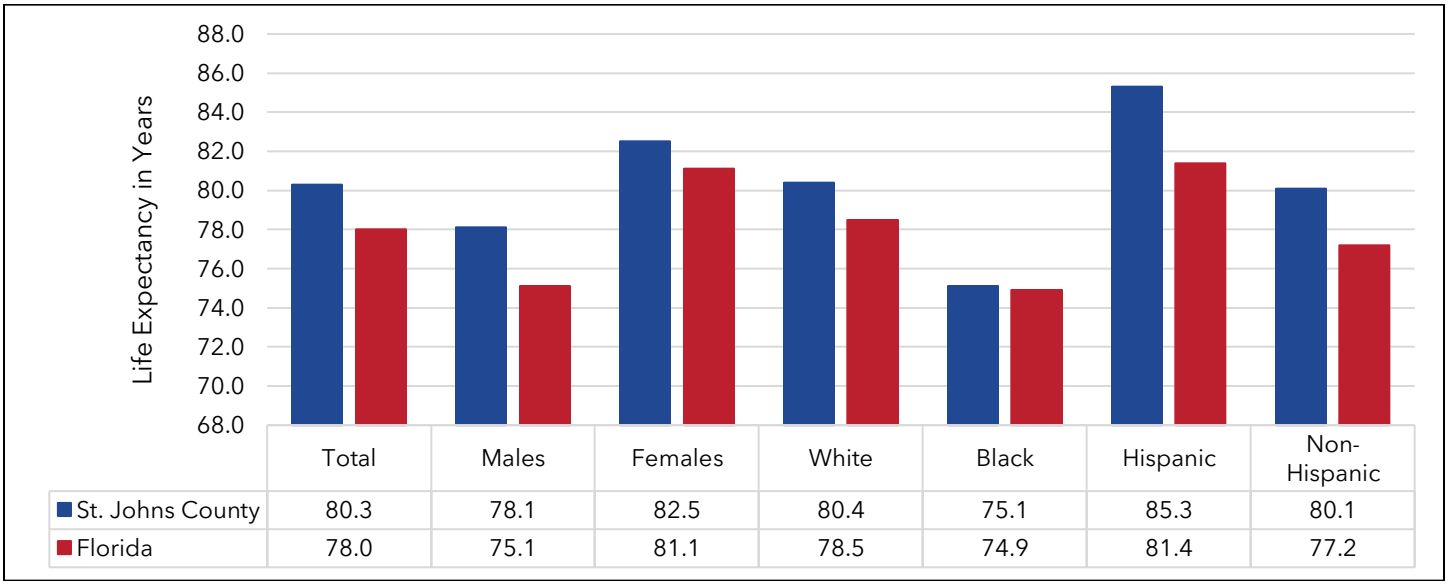
Race/Ethnicity	2017	2018	2019	2020	2021	2022
Total White/Caucasian	**204,736**	**104,970**	**221,698**	**235,861**	**238,403**	**263,746**
Ages 5–9	11,584	12,218	12,489	13,524	13,614	14,986
Ages 10–14	13,006	13,798	14,272	14,981	15,044	17,074
Ages 15–19	12,505	13,103	13,690	14,383	14,280	16,049
Total Black/African American	**12,611**	**13,266**	**13,834**	**14,785**	**15,080**	**16,782**
Ages 5–9	855	895	944	996	1,050	1,234
Ages 10–14	933	972	1,034	1,113	1,109	1,249
Ages 15–19	1,034	1,088	1,077	1,125	1,145	1,275
Total Other	**11,925**	**13,232**	**14,202**	**15,482**	**16,522**	**19,299**
Ages 5–9	1,266	1,379	1,500	1,581	1,738	2,001
Ages 10–14	1,253	1,436	1,544	1,727	1,806	2,154
Ages 15–19	1,031	1,134	1,229	1,333	1,397	1,632
Total Hispanic	**15,077**	**16,723**	**17,994**	**19,857**	**21,259**	**24,934**
Ages 5–9	1,134	1,244	1,440	1,456	1,498	1,801
Ages 10–14	1,241	1,406	1,084	1,745	1,822	2,089
Ages 15–19	1,256	1,352	2,295	1,608	1694	2,043

Source: Office of Economic and Demographic Research | FLHealthCHARTS | Population Estimates Query System. Date Sourced: May 13, 2024.

Life Expectancy

The average life expectancy for an individual living in St. Johns County is 80.3 years, compared to the Florida average of 78.0 years. In St. Johns County and Florida, females had a higher life expectancy than males, and the Hispanic/Latino(a) population had a higher life expectancy than the other racial and ethnic groups (Exhibit 24).

Exhibit 24: Average Life Expectancy in Years by Population Group, St. Johns County & Florida, 2020–2022

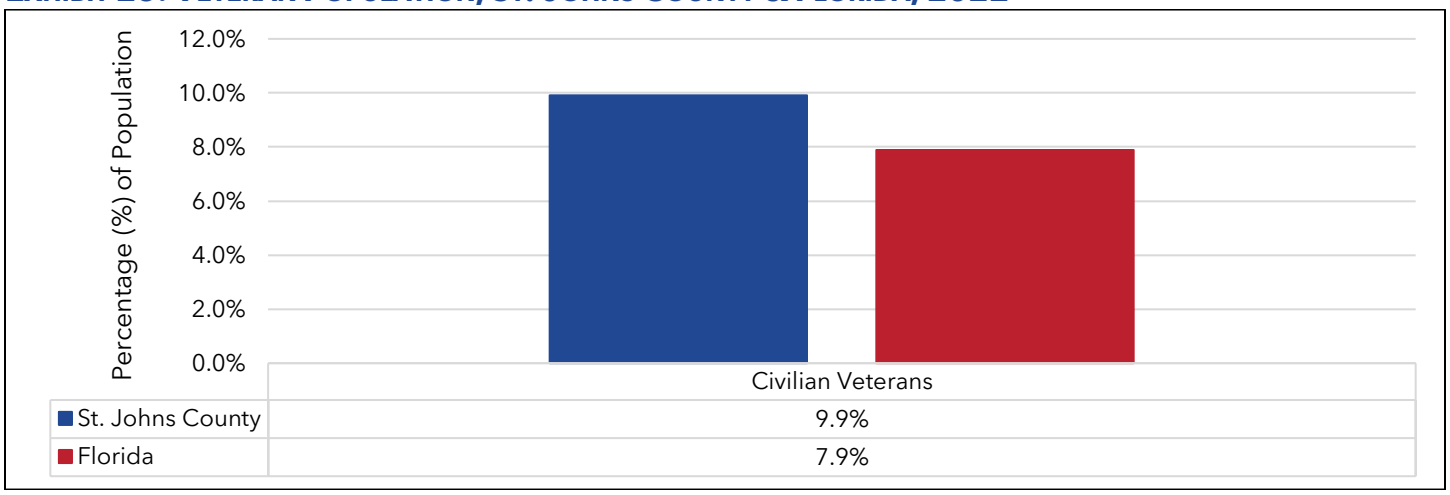


Source: Florida Bureau of Vital Statistics | FLHealthCHARTS | Life Expectancy Report County 3-Year Estimates. Date Sourced: May 13, 2024.

Veterans

Exhibit 25 shows that St. Johns County (9.9%) has a higher percentage of veterans in its population compared to Florida (7.9%).

EXHIBIT 25: VETERAN POPULATION, ST. JOHNS COUNTY & FLORIDA, 2022



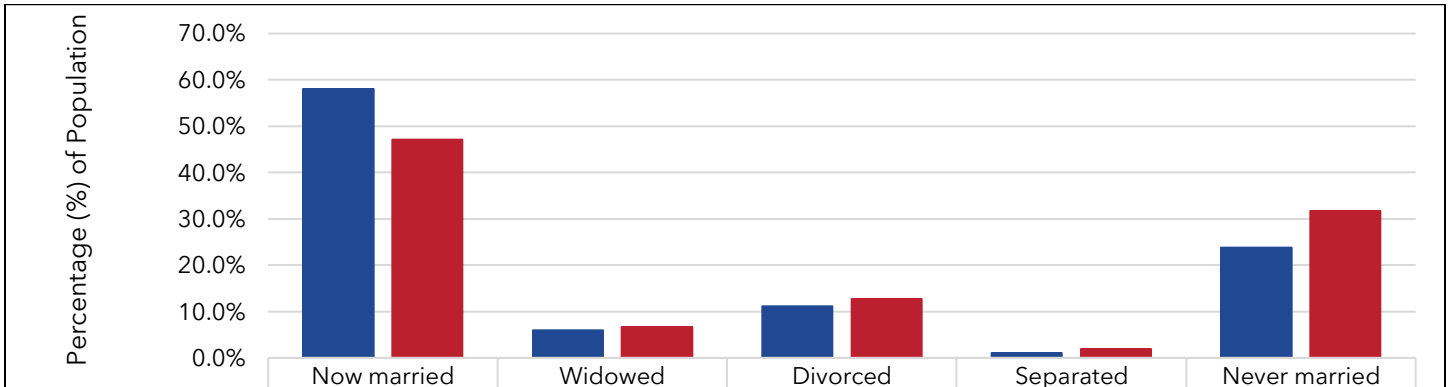
	Civilian Veterans
St. Johns County	9.9%
Florida	7.9%

Source: US Census Bureau American Community Survey | Table DP02 | 5-Year Estimates. Date Sourced: May 13, 2024.

Marital Status

St. Johns County and Florida had similar rates in marital status, except St. Johns County had a slightly higher percentage of the population (10.9% higher) that are now married and a slightly lower percentage (7.9% lower) that never married (Exhibit 26).

EXHIBIT 26: MARITAL STATUS, POPULATION 15 YEARS AND OVER, ST. JOHNS COUNTY & FLORIDA, 2018-2022



	Now married	Widowed	Divorced	Separated	Never married
St. Johns County	58.0%	6.0%	11.1%	1.1%	23.8%
Florida	47.1%	6.6%	12.7%	1.9%	31.7%

Source: US Census Bureau American Community Survey | Table S1201 | 5-Year Estimates. Date Sourced: May 14, 2024.

Living Situation

Exhibit 27 compares the living situations of residents in St. Johns County and Florida, detailing the estimated number of households and the percentages of various living arrangements.

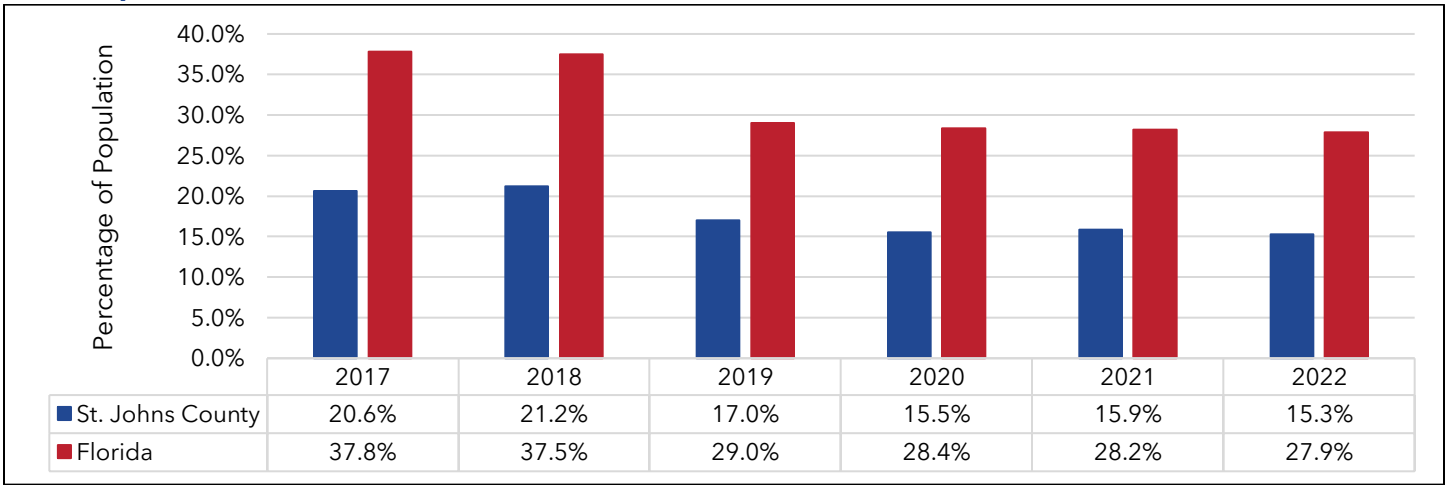
Exhibit 27: Types of Households, St. Johns County & Florida, 2022

Data Indicator	Florida		St. Johns County	
	Estimate	Percent	Estimate	Percent
Married-couple household	3,905,043	46.7%	63,906	62.6%
With children under 18 years	1,272,584	15.2%	25,591	25.1%
Cohabiting couple household	610,039	7.3%	5,861	5.7%
With children under 18 years	190,691	2.3%	1,796	1.8%
Male householder, no spouse/partner present	1,483,243	17.8%	11,186	11.0%
With children under 18 years	93,757	1.1%	1,196	1.2%
Householder living alone	1,037,909	12.4%	7,709	7.6%
65 years and over	369,428	4.4%	3,330	3.3%
Female householder, no spouse/partner present	2,355,116	28.2%	21,103	20.7%
With children under 18 years	401,829	4.8%	3,201	3.1%
Householder living alone	1,326,087	15.9%	13,072	12.8%
65 years and over	716,157	8.6%	7,485	7.3%
Number of grandparents living with own grandchildren under 18 years	478,720	-	5,416	-
Grandparents responsible for grandchildren	139,116	29.1%	1,533	28.3%
Total Households	**8,353,441**	**-**	**102,056**	**-**

Source: US Census Bureau American Community Survey | Table DP02 | 5-Year Estimates. Date Sourced: May 14, 2024.

Exhibit 28 displays the percentage of children in St. Johns County and Florida single-parent households. Both St. Johns County and Florida had an overall decrease in children in single-parent households from 2017 to 2022, but St. Johns County has maintained a lower rate than Florida.

Exhibit 28: Children in Single-Parent Households (Aged 0–17 Years), St. Johns County & Florida, 2017–2022

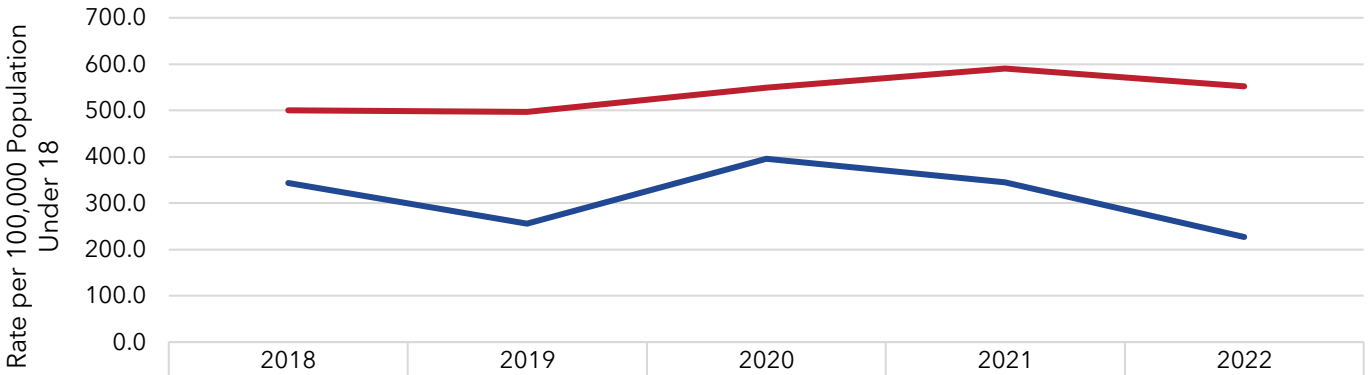


	2017	2018	2019	2020	2021	2022
St. Johns County	20.6%	21.2%	17.0%	15.5%	15.9%	15.3%
Florida	37.8%	37.5%	29.0%	28.4%	28.2%	27.9%

Source: US Census Bureau American Community Survey Table B09005 | FLHealthCHARTS | Children in Single Parent Households (Aged 0-17 Years). Date Sourced: May 14, 2024.

Although St. Johns County had varying rates from 2018 to 2022, there was an overall decrease in children in foster care, from 342.9 per 100,000 population in 2018 to 226.8 per 100,000 in 2022. Florida experienced an overall increase during the same period, from 500.0 per 100,000 in 2018 to 551.5 per 100,000 in 2022, which is much higher than St. Johns County (Exhibit 29).

EXHIBIT 29: CHILDREN IN FOSTER CARE (AGED 0–17 YEARS), ST. JOHNS COUNTY & FLORIDA, 2018–2022



	2018	2019	2020	2021	2022
St. Johns	342.9	255.1	395.6	344.4	226.8
Florida	500.0	496.8	549.2	590.4	551.5

Source: Florida Department of Children and Families, Florida Safe Families Network | FLHealthCHARTS | Children in Foster Care (Aged 0-17 Years). Date Sourced: May 14, 2024.

Language and Limited English Proficiency

Limited English proficiency and other language barriers may create obstacles that affect individuals in multiple aspects of their daily lives. Understanding the cultural landscape in the community can help properly address needs.

Exhibit 30 displays the language skills and differences in St. Johns County, including estimates of individuals who speak a certain language and those who do not speak English "very well." An estimated 89.7% of St. Johns County residents speak only English, compared to 10.3% of residents who speak another language.

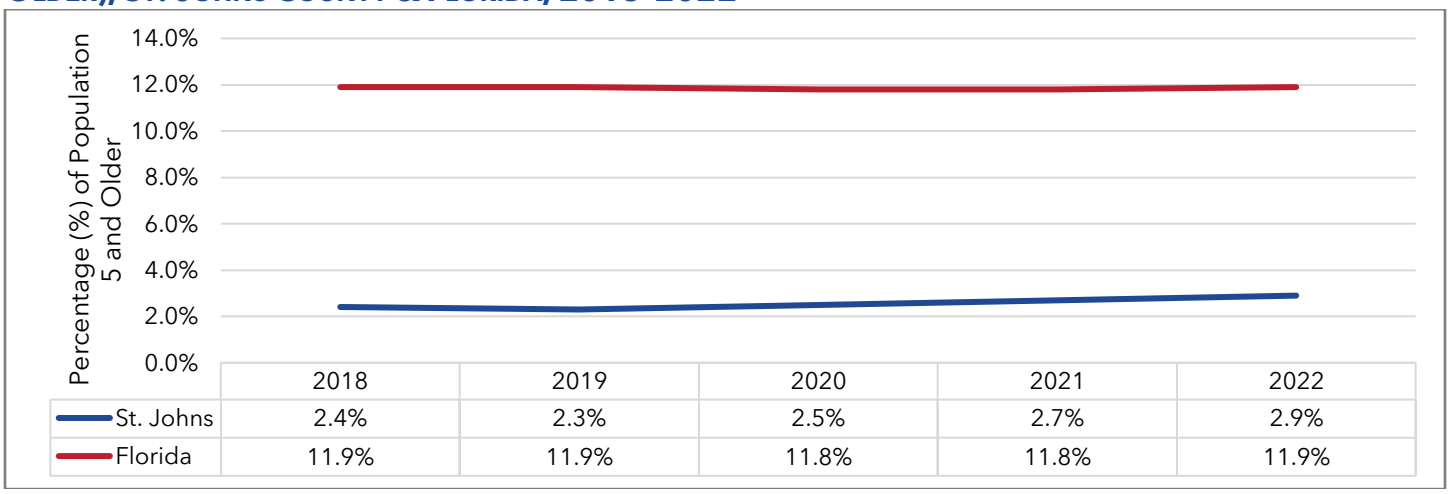
EXHIBIT 30: LANGUAGE SPOKEN AT HOME, ST. JOHNS COUNTY, 2022

Data Indicator	Estimate	Percent
Speak only English	263,264	89.7%
Language other than English	30,370	10.3%
Speak English less than "very well"	7,652	2.6%
Speak Spanish	12,465	4.2%
Speak English less than "very well"	2,665	0.9%
Speak Other Indo-European languages	12,391	4.2%
Speak English less than "very well"	2,957	1.0%
Speak Asian and Pacific Islander languages	5,070	1.7%
Speak English less than "very well"	2,030	0.7%
Other languages	444	0.2%
Speak English less than "very well"	0	0.0%

Source: US Census Bureau American Community Survey | Table DP02 | 1-Year Estimates. Date Sourced: May 14, 2024.

The percentages of St. Johns County and Florida populations aged five years and older who speak English less than "very well" are illustrated in Exhibit 31. Florida maintained between 11.8% and 11.9% per age-specific population from 2018 to 2022. St. Johns County has a significantly lower percentage for this indicator, peaking at 2.9% per age-specific population in 2022. Between 2018 and 2022, the St. Johns County percentage increased slightly.

EXHIBIT 31: PERCENTAGE OF POPULATION THAT SPEAK ENGLISH LESS THAN "VERY WELL" (AGED 5 AND OLDER), ST. JOHNS COUNTY & FLORIDA, 2018–2022



	2018	2019	2020	2021	2022
St. Johns	2.4%	2.3%	2.5%	2.7%	2.9%
Florida	11.9%	11.9%	11.8%	11.8%	11.9%

Source: US Census Bureau American Community Survey Table B06007 | FLHealth CHARTS | Population That Speak English Less Than Very Well (Aged 5 Years and Older). Date Sourced: May 14, 2024.

Disability

The Centers for Disease Control and Prevention (CDC) defines a disability as "any condition of the body or mind that makes it more difficult for the person with the condition to do certain activities and interact with the world around them" (CDC, 2024a). While disabilities vary widely, there are three main dimensions: impairment, activity limitation, and participation restrictions. Exhibit 32 displays the estimates of residents in St. Johns County living with a disability categorized by age group and race/ethnicity. Detailed estimates of residents living with disabilities are found in Exhibit 33.

EXHIBIT 32: DISABILITY DEMOGRAPHIC CHARACTERISTICS, ST. JOHNS COUNTY, 2018-2022

Data Indicator	Total	With a disability	Percent with a disability
Total population	276,769	29,161	10.5%
Male	135,701	15,273	11.3%
Female	141,068	13,888	9.8%
Age Group			
Under 5 years	13,011	222	1.7%
5 to 17 years	46,865	2,211	4.7%
18 to 34 years	45,077	2,823	6.3%
35 to 64 years	114,906	9,797	8.5%
65 to 74 years	34,489	5,490	15.9%
75 years and over	22,421	8,618	38.4%
Race/Ethnicity			
White alone	230,929	24,399	10.6%
Black or African American alone	14,980	1,538	10.3%
American Indian and Alaska Native alone	324	50	15.4%
Asian alone	8,657	538	6.2%
Native Hawaiian and Other Pacific Islander alone	174	0	0.0%
Some other race alone	4,196	465	11.1%
Two or more races	17,509	2,171	12.4%
White alone, not Hispanic or Latino	221,551	23,347	10.5%
Hispanic or Latino (of any race)	22,100	3,020	13.7%

Source: US Census Bureau American Community Survey | Table S1810 | 5-Year Estimates. Date Sourced: May 14, 2024.

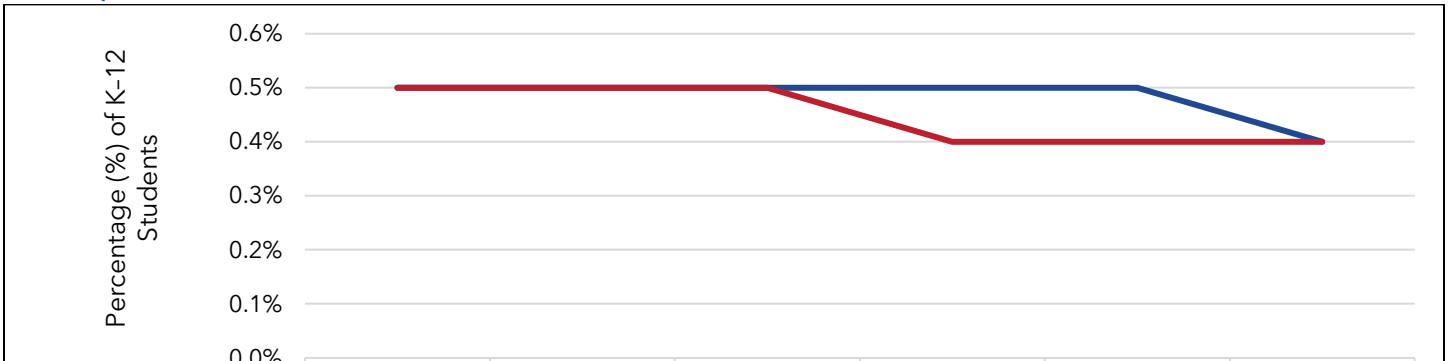
EXHIBIT 33: DISABILITY TYPE BY AGE, ST. JOHNS COUNTY, 2022

Data Indicator	Total Noninstitutionalized Population	Population with a Disability	Percent with a Disability
With a hearing difficulty	–	9,973	3.6%
Under 18 years	59,876	412	0.7%
18 to 64 years	159,983	2,985	1.9%
65 years and over	56,910	6,576	11.6%
With a vision difficulty	–	4,492	1.6%
Under 18 years	59,876	262	0.4%
18 to 64 years	159,983	1,687	1.1%
65 years and over	56,910	2,543	4.5%
With a cognitive difficulty	–	10,960	4.2%
Under 18 years	46,865	1,783	3.8%
18 to 64 years	159,983	6,082	3.8%
65 years and over	56,910	3,095	5.4%
With an ambulatory difficulty	–	13,032	4.9%
Under 18 years	46,865	73	0.2%
18 to 64 years	159,983	4,512	2.8%
65 years and over	56,910	8,447	14.8%
With a self-care difficulty	–	4,456	1.7%
Under 18 years	46,865	174	0.4%
18 to 64 years	159,983	1,555	1.0%
65 years and over	56,910	2,727	4.8%
With an independent living difficulty	–	8,909	4.1%
18 to 64 years	159,983	3,713	2.3%
65 years and over	56,910	5,196	9.1%

Source: US Census Bureau American Community Survey | Table S1810 | 5-Year Estimates. Date Sourced: May 14, 2024.

The proportions of kindergarten through 12th-grade students with an emotional/behavioral disability in St. Johns County and Florida between 2019 and 2024 are presented in Exhibit 34. From 2019 to 2021 and in 2024, St. Johns and Florida had the same percentage of kindergarten through 12th-grade students with emotional/behavioral disabilities. However, in 2022 and 2023, St. Johns had a higher percentage (0.5%) than Florida (0.4%).

Exhibit 34: Percentage of Students With Emotional/Behavioral Disability (Kindergarten–12th Grade), St. Johns County & Florida, 2019–2024



	2019	2020	2021	2022	2023	2024
St. Johns County	0.5%	0.5%	0.5%	0.5%	0.5%	0.4%
Florida	0.5%	0.5%	0.5%	0.4%	0.4%	0.4%

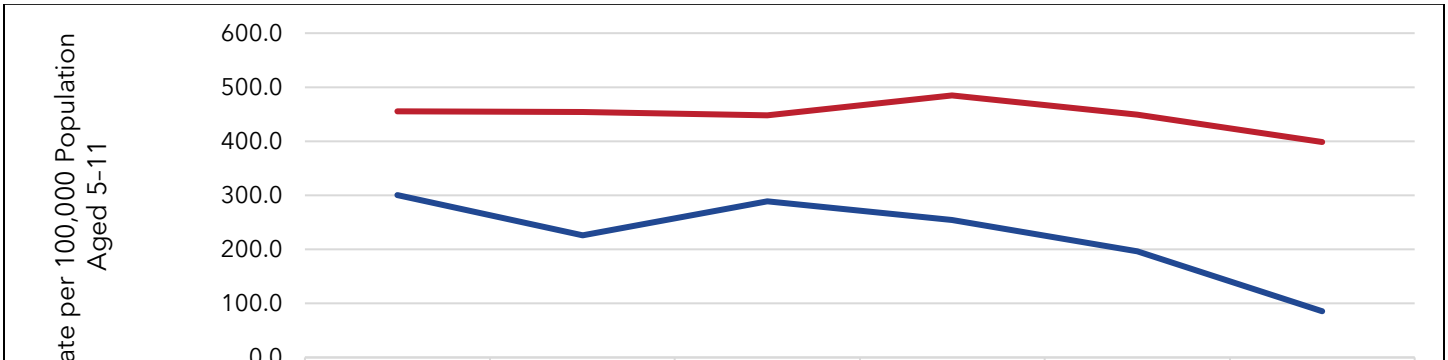
Source: Florida Department of Education | FLHealthCHARTS | Students With Emotional/Behavioral Disability (Kindergarten-12th Grade). Date Sourced: May 14, 2024.

Foster Care

Foster care provides safe and stable out-of-home care for children and youth until they are safely returned home, placed permanently with adoptive families or legal guardians, or placed in other planned arrangements for permanency (ACF, 2023).

Children ages 5–11 in foster care in St. Johns County and Florida between 2018 and 2023 are the focus of Exhibit 35. St. Johns County had a lower rate of children in foster care than the state for all years during the reporting period. Between 2018 and 2023, the rate of children ages 5–11 in foster care in St. Johns County decreased by 71.5%, compared to Florida's decrease of 12.5%.

Exhibit 35: Children in Foster Care (Aged 5–11), Age-Specific Adjusted Rate, St. Johns County & Florida, 2018–2023



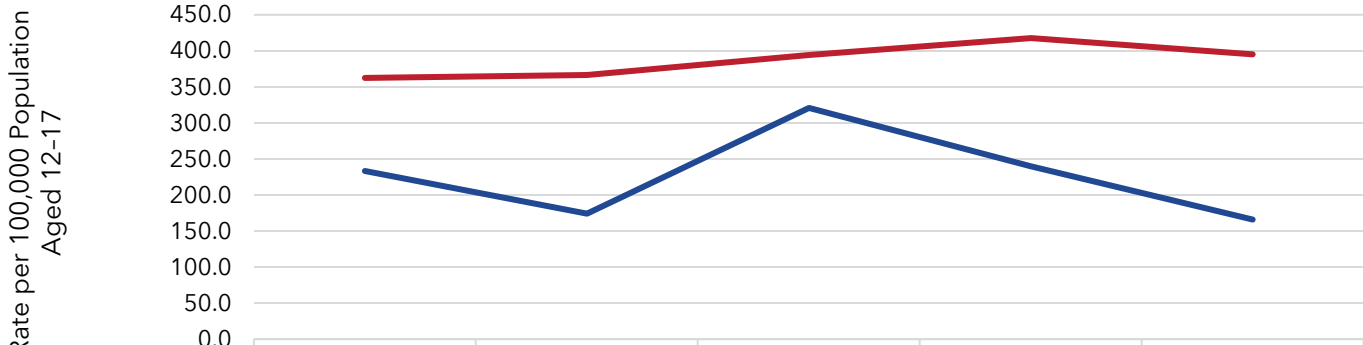
	2018	2019	2020	2021	2022	2023
St. Johns County	300.4	226.1	288.4	254.4	196.9	85.5
Florida	455.7	453.7	447.4	484.8	449.8	398.6

Source: Florida Department of Children and Families, Florida Safe Families Network | FLHealthCHARTS | Children in Foster Care (Aged 5-11 Years). Date Sourced: May 20, 2024.

Exhibit 36 depicts the percentages of children aged 12–17 in foster care in St. Johns County and Florida between 2018 and 2022. In 2022, St. Johns County's rate of children of this age bracket in foster care was 165.9 per 100,000 age-specific population, which was lower than Florida's rate

(395.5 per 100,000). From 2018 to 2022, St. Johns County's rate decreased by 28.9%, compared to Florida's increase of 9.1%.

Exhibit 36: Children in Foster Care (Aged 12–17), Age-Specific Adjusted Rate, St. Johns County & Florida, 2018–2022



	2018	2019	2020	2021	2022
St. Johns County	233.4	174.3	320.8	239.8	165.9
Florida	362.4	366.3	393.8	417.7	395.5

Source: Florida Department of Children and Families, Florida Safe Families Network | FLHealthCHARTS | Children in Foster Care (Aged 12-17 Years). Date Sourced: May 15, 2024.

Social Vulnerability Index

Social vulnerability is a set of factors such as poverty, lack of access to transportation, and crowded housing that may weaken a community's ability to prevent human suffering and financial loss in a disaster. The Agency for Toxic Substances and Disease Registry at the Centers for Disease Control and Prevention (CDC) utilizes Geospatial Research, Analysis & Services Program (GRASP) databases to help emergency response planners and public health officials identify and map communities that will most likely need support before, during, and after a hazardous event. An area receives a Social Vulnerability Index Score (SVI) from 0 to 1.0 in which 0 is the lowest vulnerability and 1.0 is the highest vulnerable population (CDC, 2023n).

Exhibit 37 provides the SVI for St. Johns County. St. Johns County's overall SVI rate is 0.163, which indicates a low social vulnerability index compared to other communities. A relatively low SVI score means St. Johns County is less likely to experience negative outcomes during emergencies, disasters, or disease outbreaks. When considering SVI by themes, the Racial and Ethnic Minority Status factor has the highest SVI (0.5181), and the Housing Type and Transportation factor (0.1286) has the lowest.

Exhibit 37: Social Vulnerability Index, St. Johns County, 2020

Factor	Score
Overall SVI	0.163
Socioeconomic Status	0.2339
Household Characteristics	0.1875
Racial and Ethnic Minority Status	0.5181
Housing Type and Transportation	0.1286

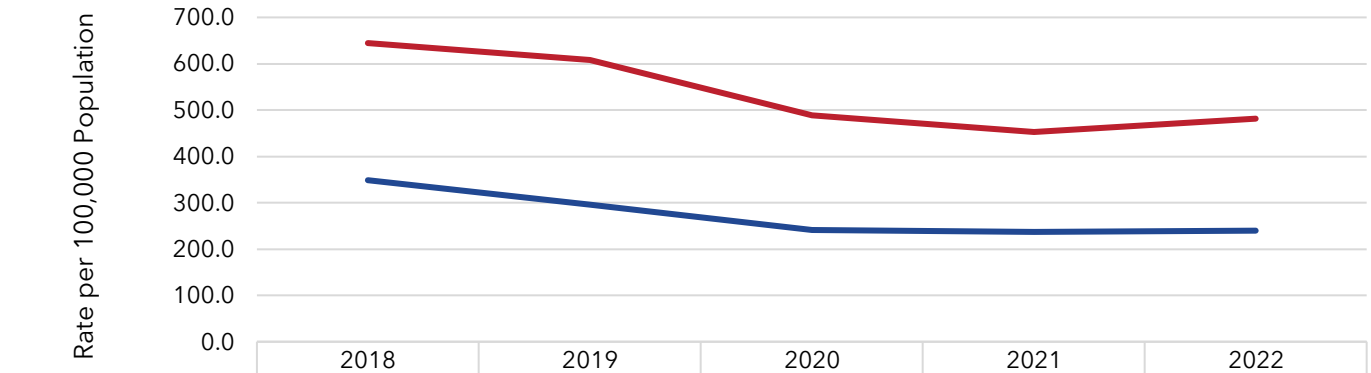
Source: Centers for Disease Control and Prevention | Agency for Toxic Substances and Disease Registry | Social Vulnerability Index. Date Sourced: May 15, 2024.

Crime

Crime is the act(s) or omission(s) prohibited by Congress or State Legislature, punishable by law determined through the state by penalties, fines, imprisonment, or execution, and occur against persons or property (OJP, n.d.).

The index crimes indicator on FLHealthCHARTS includes murder, rape, aggravated assault, burglary, larceny, and motor vehicle theft. Exhibit 38 displays the index crime rates per 100,000 population for St. Johns County and Florida between 2018 and 2022. St. Johns County's 2022 index crime rate (239.5 per 100,000 population) is more than two times lower than Florida's (481.9 per 100,000). Florida experienced a 25.2% decrease in index crimes, compared to a 31.3% decrease in St. Johns County.

EXHIBIT 38: INDEX CRIMES, AGE-ADJUSTED RATE, ST. JOHNS COUNTY & FLORIDA, 2018–2022

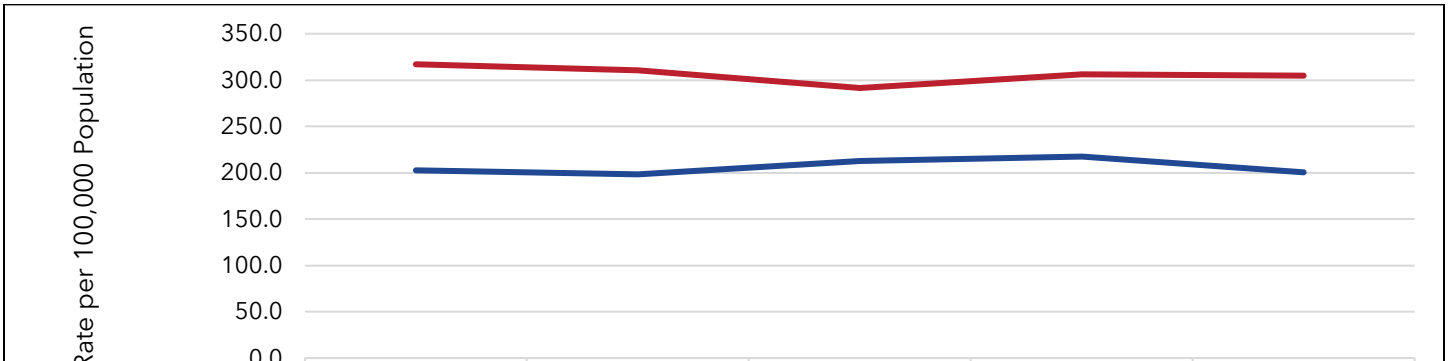


	2018	2019	2020	2021	2022
St. Johns County	348.6	296.3	240.9	237.0	239.5
Florida	644.6	607.5	488.5	452.7	481.9

Source: Florida Department of Law Enforcement (FDLE) | FLHealthCHARTS | Index Crimes. Date Sourced: May 15, 2024.

Domestic violence is a pattern of abusive behavior in any relationship that is used by one partner to gain or maintain power and control over another intimate partner (OVW, 2022). Domestic violence can be physical, sexual, emotional, economic, psychological, or technological actions or threats of actions or other patterns of coercive behavior that influence another person within an intimate partner relationship (OVW, 2022). Exhibit 39 shows the St. Johns County and Florida rates of domestic violence between 2018 and 2022. During this period, St. Johns County maintained a lower rate of domestic violence, which was at 200.4 per 100,000 population in 2022, compared to Florida's rate of 305.0 per 100,000. St. Johns County's rate of domestic violence decreased by 1.0%, compared to the 3.8% decrease in Florida's rate.

Exhibit 39: Domestic Violence Offenses, Age-Adjusted Rate, St. Johns County & Florida, 2018–2022



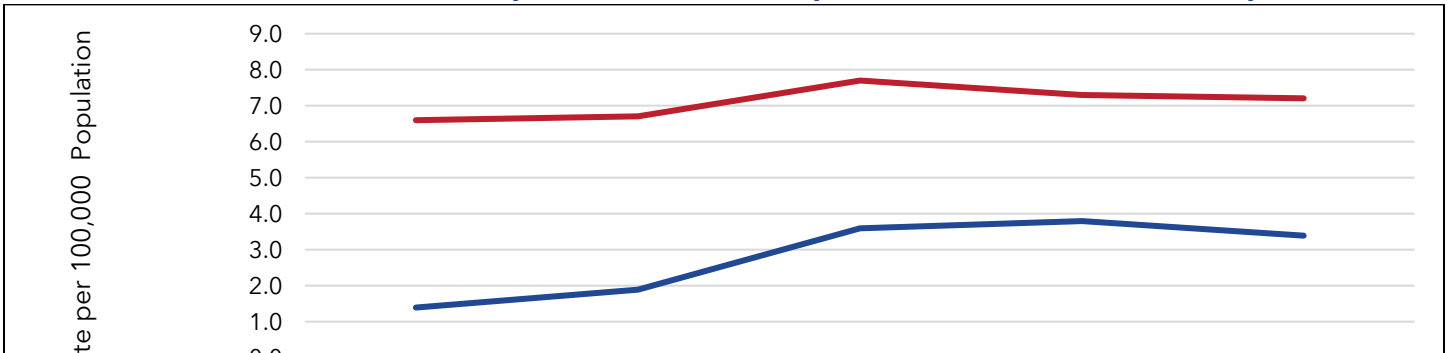
	2018	2019	2020	2021	2022
St. Johns County	202.4	198.2	212.7	217.4	200.4
Florida	317.0	310.7	291.4	306.0	305.0

Source: Florida Department of Law Enforcement (FDLE) | FLHealthCHARTS | Domestic Violence Offenses. Date Sourced: May 15, 2024.

Homicide is the unlawful killing of a human being with malice divided into two degrees: first degree punishable by death and second degree punishable by a term of imprisonment including a life sentence (DOJ Archives, 2015).

Exhibit 40 displays the age-adjusted deaths from homicide between 2018 and 2022 for St. Johns County and Florida. In 2022, St. Johns County had a homicide rate of 3.4 per 100,000 population, which was less than half the state rate of 7.2 per 100,000.

Exhibit 40: Deaths From Homicide, Age-Adjusted Rate, St. Johns County & Florida, 2018–2022

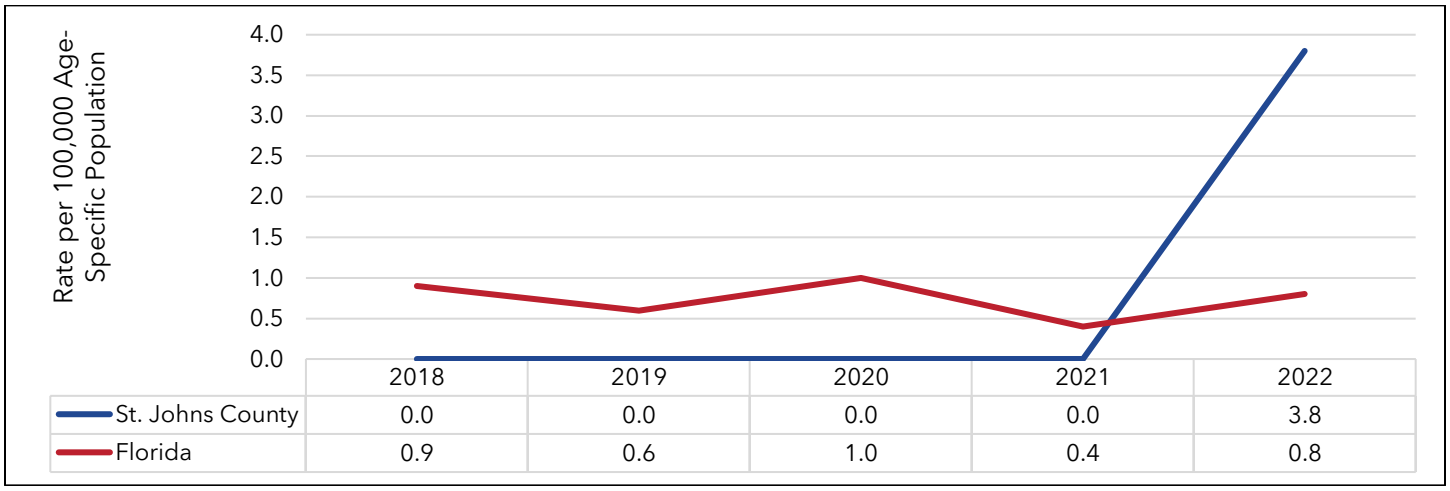


	2018	2019	2020	2021	2022
St. Johns County	1.4	1.9	3.6	3.8	3.4
Florida	6.6	6.7	7.7	7.3	7.2

Source: Florida Department of Health, Bureau of Vital Statistics | FLHealthCHARTS | Deaths From Homicide. Date Sourced: May 15, 2024.

Exhibit 41, Exhibit 42, and Exhibit 43 continue the focus on comparing homicide rates of St. Johns County and Florida between 2018 and 2022 in the following age groups: 5–11, 12–14, and 15–19. St. Johns County experienced zero homicides in the 5–11 years age group until 2022, when the rate increased to 3.8 per 100,000 age-specific population. In the 12–14 years age group, St. Johns County reported zero homicides in the same period. In 2020, the 15–19 years age group had its highest rate of 11.9 per 100,000 age-specific population.

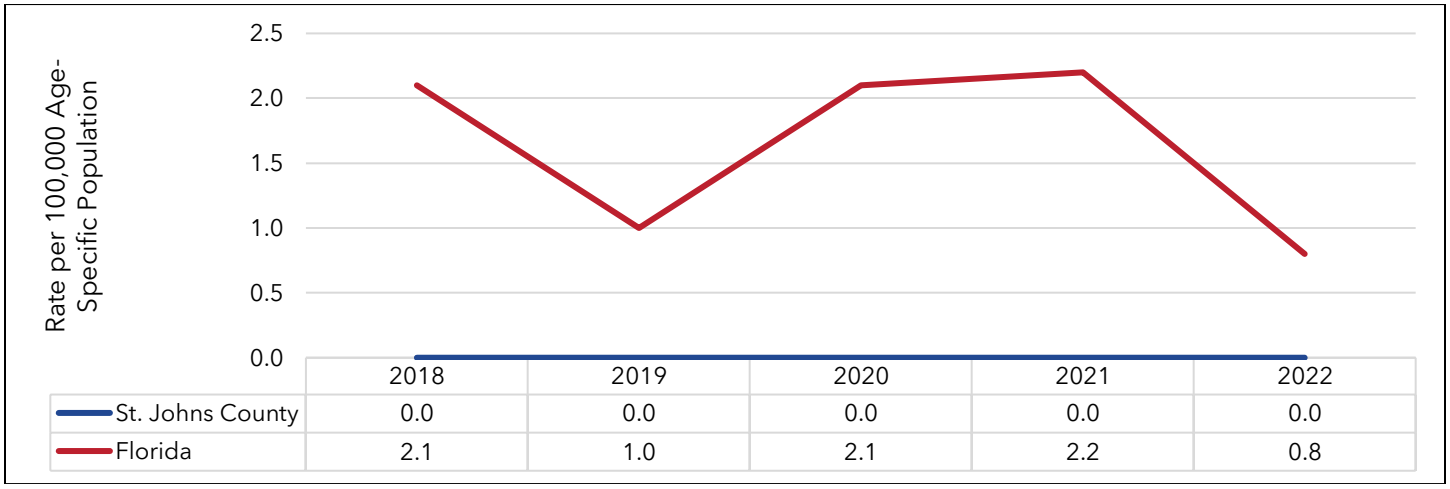
Exhibit 41: Deaths From Homicide (Aged 5–11), Crude Rate, St. Johns County & Florida, 2018–2022



	2018	2019	2020	2021	2022
St. Johns County	0.0	0.0	0.0	0.0	3.8
Florida	0.9	0.6	1.0	0.4	0.8

Source: Florida Department of Health, Bureau of Vital Statistics | FLHealthCHARTS | Deaths from Homicides (Aged 5-11 Years). Date Sourced: May 15, 2024.

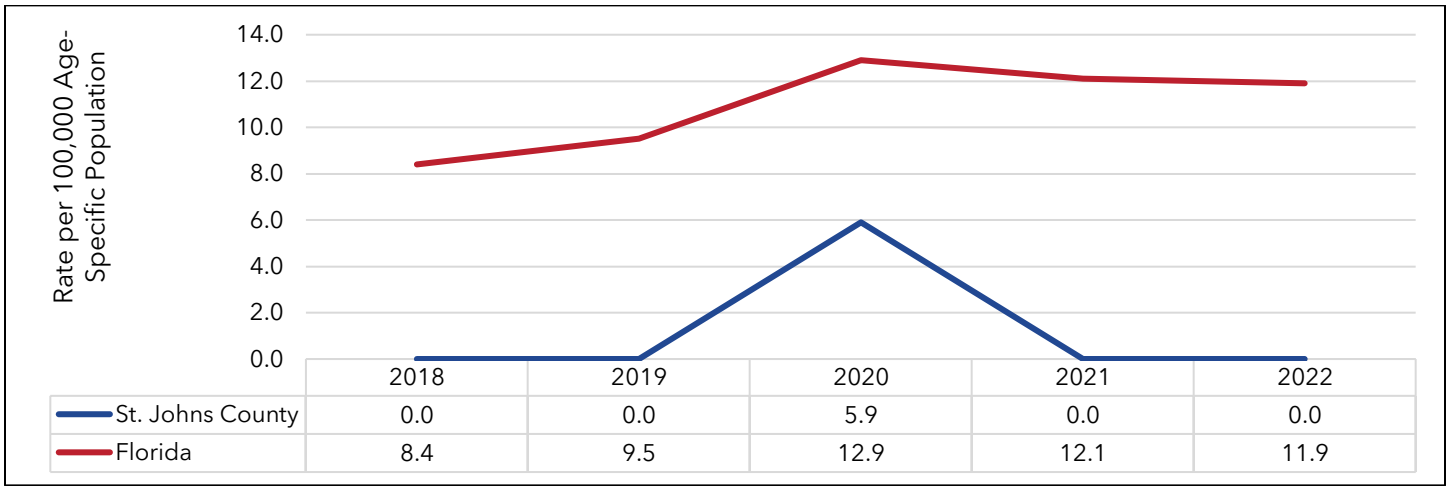
Exhibit 42: Deaths From Homicide (Aged 12–14), Crude Rate, St. Johns County & Florida, 2018–2022



	2018	2019	2020	2021	2022
St. Johns County	0.0	0.0	0.0	0.0	0.0
Florida	2.1	1.0	2.1	2.2	0.8

Source: Florida Department of Health, Bureau of Vital Statistics | FLHealthCHARTS | Deaths from Homicides (Aged 12-14 Years). Date Sourced: May 15, 2024.

Exhibit 43: Deaths From Homicide (Aged 15–19), Crude Rate, St. Johns County & Florida, 2018–2022

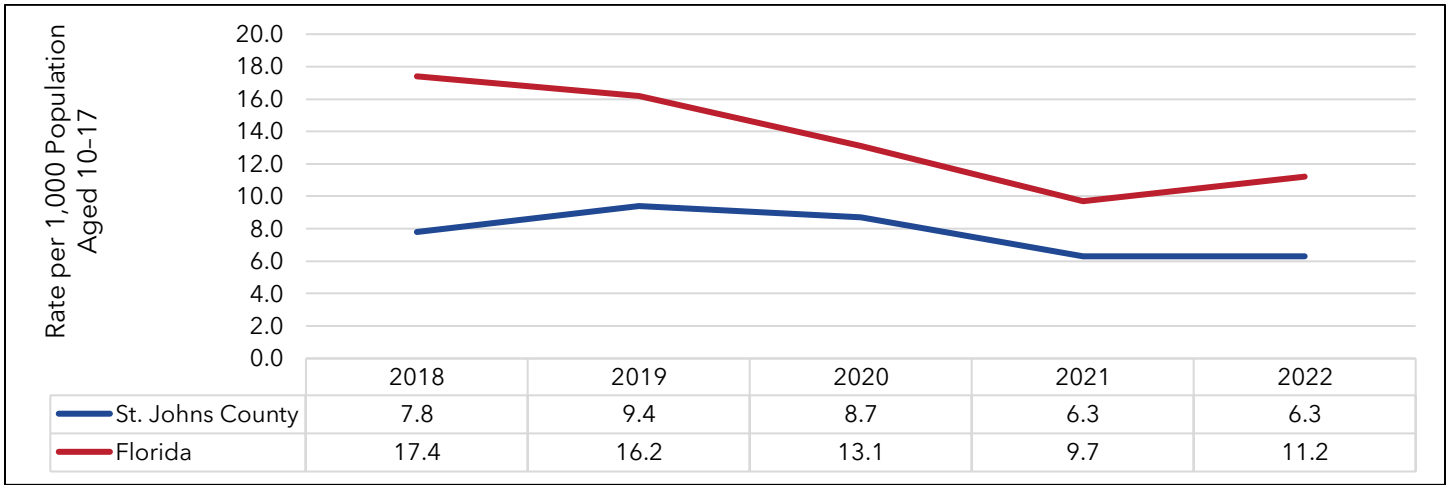


	2018	2019	2020	2021	2022
St. Johns County	0.0	0.0	5.9	0.0	0.0
Florida	8.4	9.5	12.9	12.1	11.9

Source: Florida Department of Health, Bureau of Vital Statistics | FLHealthCHARTS | Deaths from Homicides (Aged 15-19 Years). Date Sourced: May 15, 2024.

Exhibit 44 illustrates the rates of youths aged 10–17 who were arrested between 2018 to 2022. If a youth was arrested more than once during a year, they are counted only once for this indicator. In 2022, St. Johns County had a youth arrest rate of 6.3 per 1,000 age-specific population, which is significantly lower than Florida's rate of 11.2 per 1,000. Florida and St. Johns County's youth arrest rates decreased by 35.6% and 19.2%, respectively, from 2018 to 2022.

Exhibit 44: Youths Arrested, Age-Specific Adjusted Rate, St. Johns County & Florida, 2018–2022

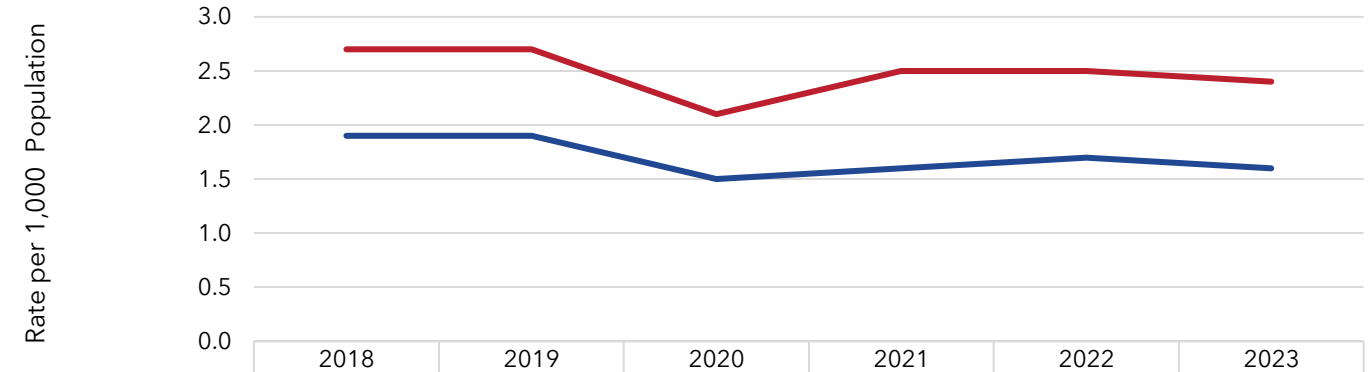


	2018	2019	2020	2021	2022
St. Johns County	7.8	9.4	8.7	6.3	6.3
Florida	17.4	16.2	13.1	9.7	11.2

Source: Florida Department of Juvenile Justice | FLHealthCHARTS | Youths Arrested. Date Sourced: May 15, 2024.

FLHealthCHARTS defines incarceration as the confinement of a person to jail or prison. Data on incarceration rates from 2018 to 2023 for St. Johns County and Florida is provided in Exhibit 45. In 2023, St. Johns County had an incarceration rate of 1.6 per 1,000 population compared to Florida's rate of 2.4 per 1,000. St. Johns County and Florida experienced a decrease in incarceration rates from 2018 to 2023 by 15.8% and 11.1%, respectively.

EXHIBIT 45: INCARCERATION RATE, AGE-ADJUSTED RATE, ST. JOHNS COUNTY & FLORIDA, 2018–2023



	2018	2019	2020	2021	2022	2023
St. Johns County	1.9	1.9	1.5	1.6	1.7	1.6
Florida	2.7	2.7	2.1	2.5	2.5	2.4

Source: Florida Department of Corrections (DOC) | FLHealthCHARTS | Incarceration Rate. Date Sourced: May 15, 2024.

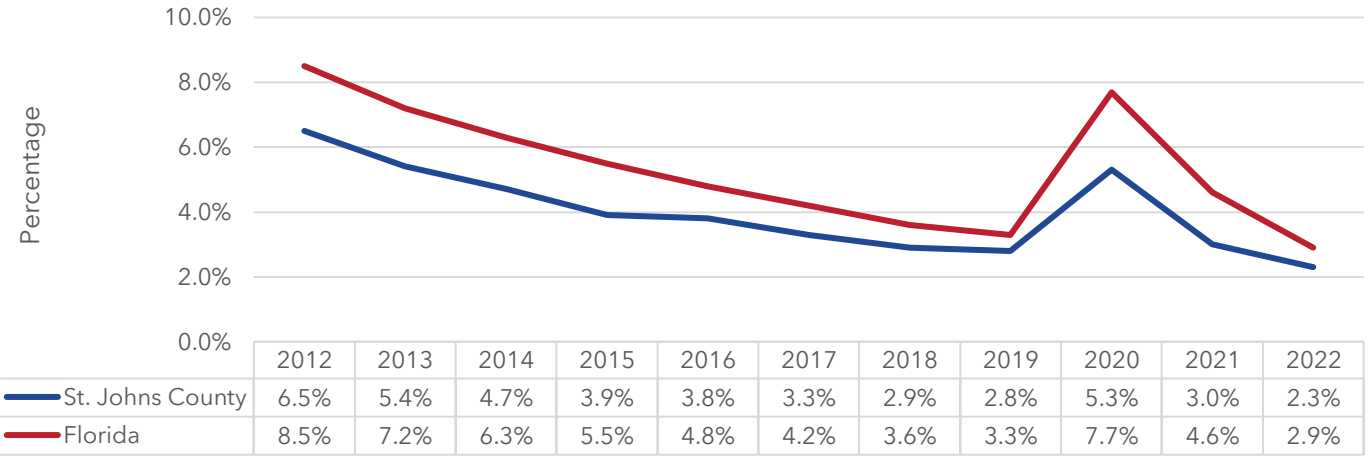
Economic Stability

Economic stability encompasses the relationship between an individual's financial resources and their health (ODPHP, n.d.-a). People with steady employment are less likely to live in poverty and more likely to be healthy. Policies and programs to help people pay for food, housing, health care, and education can reduce health disparities and improve population health outcomes.

Employment

Unemployment rates in both Florida and St. Johns County went down steadily from 2012 to 2022; however, there was a temporary increase in unemployment in 2020 (Exhibit 46). The state and county saw similar drops in unemployment rates from 2012 to 2022: St. Johns County's rate decreased by 4.2%, while Florida's decreased by 5.6%.

EXHIBIT 46: UNEMPLOYMENT RATE, ST. JOHNS COUNTY & FLORIDA, 2012–2022



	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
St. Johns County	6.5%	5.4%	4.7%	3.9%	3.8%	3.3%	2.9%	2.8%	5.3%	3.0%	2.3%
Florida	8.5%	7.2%	6.3%	5.5%	4.8%	4.2%	3.6%	3.3%	7.7%	4.6%	2.9%

Source: US Department of Labor, Bureau of Labor Statistics | FLHealthCHARTS | Unemployment Rate. Date Sourced: May 15, 2024.

In 2022, out of 249,652 people aged 16 and over in St. Johns County, 152,398 were in the labor force. In the civilian labor force, 4,268 people were unemployed. There were 778 St. Johns County residents in the Armed Forces. Exhibit 47 displays the numbers of employed individuals per sex and age group.

Exhibit 47: Employment Status by Sex and Age, Population 16 Years and Over, St. Johns County & Florida, 2022

Data Indicator	Florida	St. Johns County
	Estimate	Estimate
Total Population (16 Years and Over)	**18,459,053**	**249,652**
Male (16 Years and Over)	**9,014,338**	**121,306**
16 to 19 Years (In Labor Force)	187,711	3,489
Employed (Civilian)	160,676	2,987
20 to 24 Years (In Labor Force)	509,419	5,514
Employed (Civilian)	453,822	5,095
25 to 29 Years (In Labor Force)	579,974	5,483
Employed (Civilian)	535,528	5,408
30 to 34 Years (In Labor Force)	640,400	6,947
Employed (Civilian)	601,461	6,628
35 to 44 Years (In Labor Force)	1,246,983	19,017
Employed (Civilian)	1,193,231	18,406
45 to 54 Years (In Labor Force)	1,187,715	19,600
Employed (Civilian)	1,152,001	18,828
55 to 59 Years (In Labor Force)	554,876	9,567
Employed (Civilian)	540,976	9,469
60 to 64 Years (In Labor Force)	450,732	6,703
Employed (Civilian)	439,168	6,499
65 Years and Over (In Labor Force)	443,155	6,366
Employed (Civilian)	429,929	6,328
Female (16 Years and Over)	**9,444,715**	**128,346**
16 to 19 Years (In Labor Force)	190,883	2,229
Employed (Civilian)	166,533	2,091
20 to 24 Years (In Labor Force)	492,629	5,362
Employed (Civilian)	458,687	4,426
25 to 29 Years (In Labor Force)	520,946	6,144
Employed (Civilian)	491,173	6,144
30 to 34 Years (In Labor Force)	571,346	7,711
Employed (Civilian)	549,975	6,109
35 to 44 Years (In Labor Force)	1,097,600	17,084
Employed (Civilian)	1,051,491	16,904
45 to 54 Years (In Labor Force)	1,057,580	16,408
Employed (Civilian)	1,028,659	16,118
55 to 59 Years (In Labor Force)	512,227	6,663
Employed (Civilian)	497,517	6,389

Data Indicator	Florida	St. Johns County
	Estimate	Estimate
60 to 64 Years (In Labor Force)	413,018	5,466
Employed (Civilian)	401,199	5,335
65 Years and Over (In Labor Force)	348,354	4,247
Employed (Civilian)	337,190	4,188

Source: US Census Bureau American Community Survey | Table B23001 | 1-Year Estimates. Date Sourced: May 15, 2024.

In 2022, St. Johns County had an employed population of 147,352 people aged 16 years and older, and Florida had 10,489,216. Most of the employed population of St. Johns County and Florida were from similar industries. The top industries in St. Johns County, accounting for 50.4% of the labor force, were:

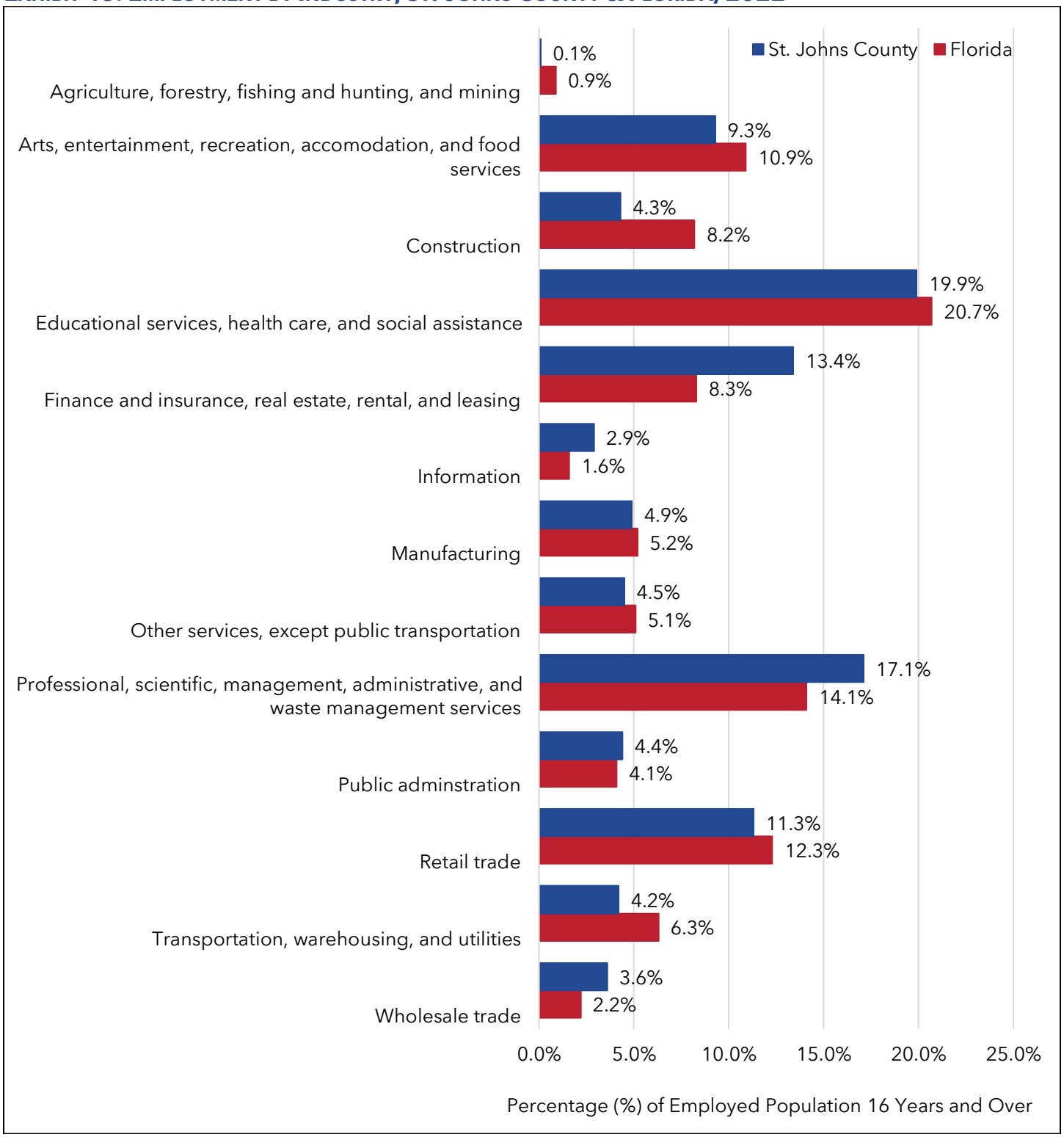
- Educational services, health care, and social assistance (19.9%)
- Professional, scientific, management, administrative, and waste management services (17.1%)
- Finance and insurance, real estate, rental, and leasing (13.4%)

Florida's top industry was also educational services, health care, and social assistance (20.7%), followed by:

- Professional, scientific, management, administrative, and waste management services (14.1%)
- Retail trade (12.3%)

These three industries made up 47.1% of Florida's labor force. Exhibit 48 shows the industry breakdown for St. Johns County and Florida.

EXHIBIT 48: EMPLOYMENT BY INDUSTRY, ST. JOHNS COUNTY & FLORIDA, 2022

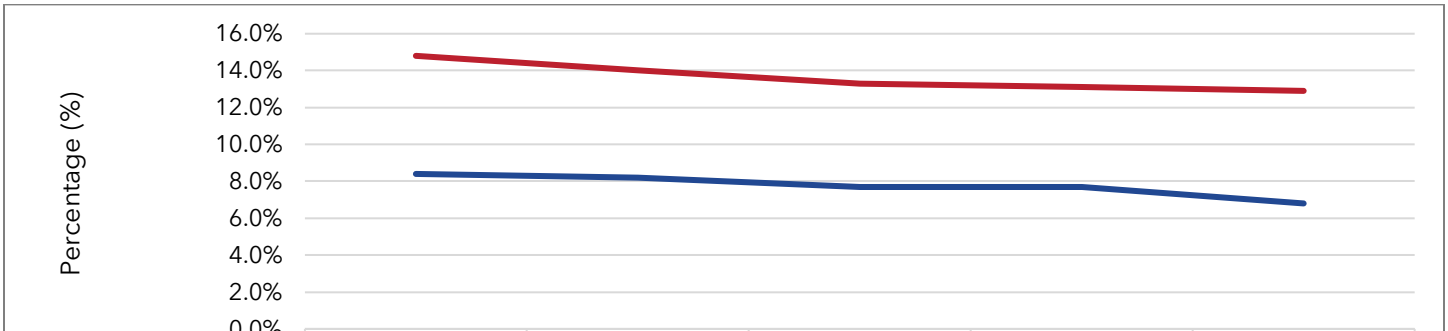


Source: US Census Bureau American Community Survey | Table DP03 | 1-Year Estimates. Date Sourced: May 15, 2024.

Income

Exhibit 49 displays the percentage of the population in poverty for St. Johns County and Florida from 2018 to 2022. St. Johns County and Florida saw a slight decrease in poverty status during this period, with the county having a much lower percentage living in poverty than the state.

Exhibit 49: Population for Whom Poverty Status is Determined, St. Johns County & Florida, 2018–2022

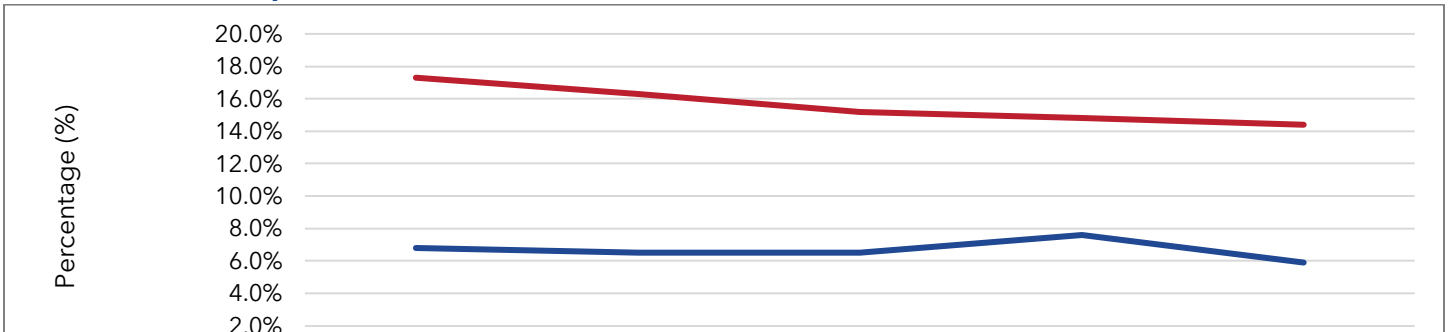


	2018 (2014–2018)	2019 (2015–2019)	2020 (2016–2020)	2021 (2017–2021)	2022 (2018–2022)
St. Johns County	8.4%	8.2%	7.7%	7.7%	6.8%
Florida	14.8%	14.0%	13.3%	13.1%	12.9%

Source: US Census Bureau American Community Survey | Table S1701 | 2018, 2019, 2020, 2021, and 2022 5-Year Estimates. Date Sourced: May 15, 2024.
Note: 5-year estimates were used instead of 1-year estimates because there were no 1-year estimates calculated in 2020 due to the COVID-19 pandemic.

Furthermore, Exhibit 50 shows the percentages of families below the poverty level with related children aged 0–17 years in St. Johns County and Florida from 2018 to 2022. St. Johns County maintained lower percentages of families below the poverty level than Florida. Between 2018 and 2022, the county rate experienced a percent decrease of 0.9%, whereas the state's percentage decreased by 2.9%.

Exhibit 50: Families Below Poverty Level With Related Children (Aged 0–17 Years), St. Johns County & Florida, 2018–2022



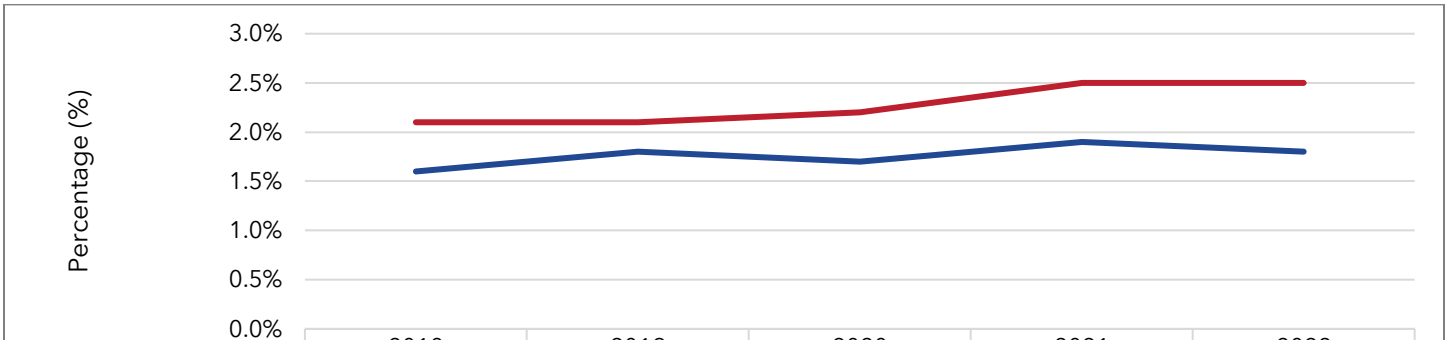
	2018	2019	2020	2021	2022
St. Johns County	6.8%	6.5%	6.5%	7.6%	5.9%
Florida	17.3%	16.3%	15.2%	14.8%	14.4%

Source: US Census Bureau American Community Survey Table B17010 | FLHealthCHARTS | Families Below Poverty Level With Related Children (Aged 0-17 Years). Date Sourced: May 15, 2024.

Public Assistance

From 2018 to 2022, a smaller portion of St. Johns County's population received cash public assistance in comparison to that of Florida. Both St. Johns County and Florida saw gradual increases in the percentage of the population receiving cash assistance during this period (Exhibit 51). As presented in Exhibit 52, the rates of households receiving food assistance benefits in both the county and state declined slightly over the same time period.

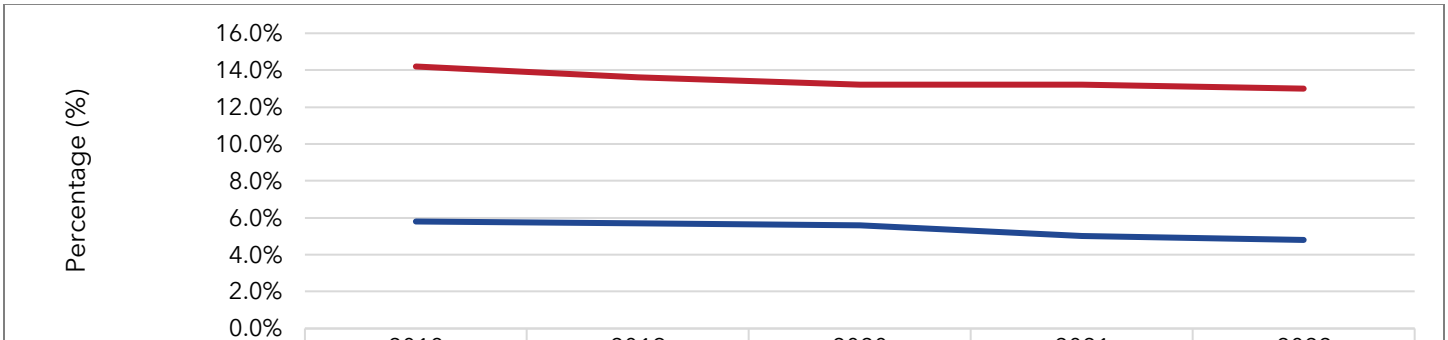
Exhibit 51: Households Receiving Cash Public Assistance Income, St. Johns County & Florida, 2018-2022



	2018 (2014-2018)	2019 (2015-2019)	2020 (2016-2020)	2021 (2017-2021)	2022 (2018-2022)
St. Johns County	1.6%	1.8%	1.7%	1.9%	1.8%
Florida	2.1%	2.1%	2.2%	2.5%	2.5%

Source: US Census Bureau American Community Survey | Table DP03 | 5-Year Estimates. Date Sourced: May 16, 2024.
Note: 5-year estimates were used instead of 1-year estimates because there were no 1-year estimates calculated in 2020 due to the COVID-19 pandemic.

Exhibit 52: Households Receiving Food Stamps/SNAP Benefits in the Past 12 Months, St. Johns County & Florida, 2018-2022



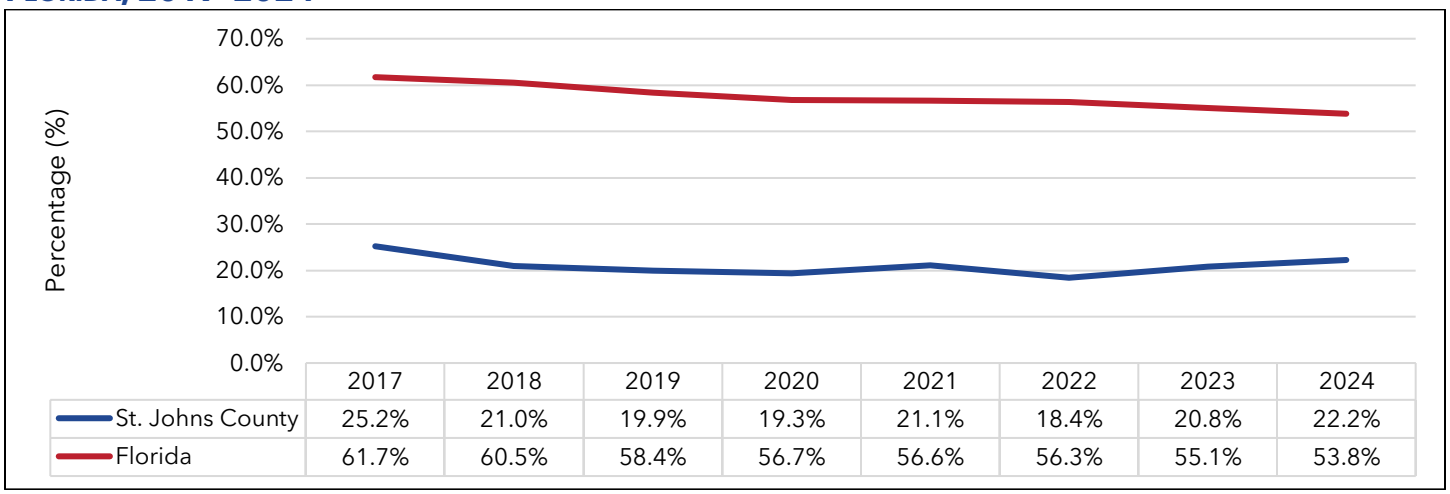
	2018 (2014-2018)	2019 (2015-2019)	2020 (2016-2020)	2021 (2017-2021)	2022 (2018-2022)
St. Johns County	5.8%	5.7%	5.6%	5.0%	4.8%
Florida	14.2%	13.6%	13.2%	13.2%	13.0%

Source: US Census Bureau American Community Survey | Table DP03 | 5-Year Estimates. Date Sourced: May 16, 2024.
Note: SNAP = Supplemental Nutrition Assistance Program. 5-year estimates were used instead of 1-year estimates because there were no 1-year estimates calculated in 2020 due to the COVID-19 pandemic.

The National School Lunch Program (NSLP) is a federally-assisted meal program operating in public and non-profit private schools and residential child care institutions (USDA, n.d.). The program provides nutritionally balanced, low-cost or free lunches to children each school day (USDA, n.d.). President Harry Truman signed the National School Lunch Act in 1946 which established the NSLP program (USDA, n.d.).

Exhibit 53 and Exhibit 54 display the percentages of elementary and middle school students eligible for free or reduced lunch in St. Johns County and Florida. In both groups, St. Johns County had lower percentages of eligible students compared to Florida. Between 2017 and 2024, the county experienced a 3.0% decrease in elementary school students and a 4.2% decrease in middle school students eligible for the NSLP.

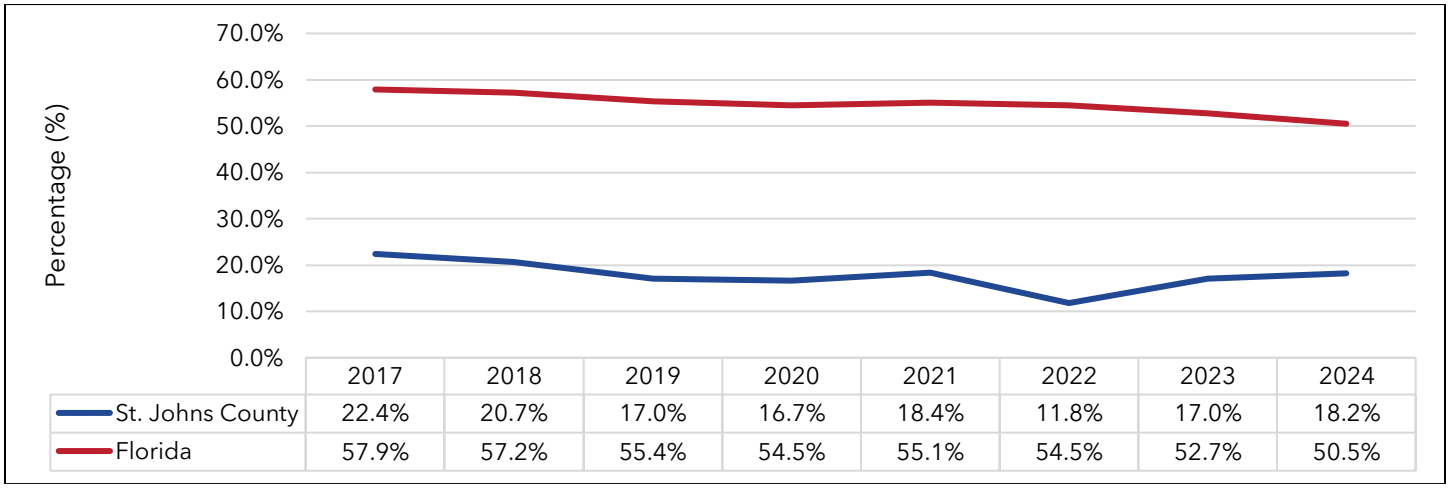
Exhibit 53: Elementary School Students Eligible for Free/Reduced Lunch, St. Johns County & Florida, 2017-2024



	2017	2018	2019	2020	2021	2022	2023	2024
St. Johns County	25.2%	21.0%	19.9%	19.3%	21.1%	18.4%	20.8%	22.2%
Florida	61.7%	60.5%	58.4%	56.7%	56.6%	56.3%	55.1%	53.8%

Source: Florida Department of Education (DOE) | FLHealthCHARTS | Elementary School Students Eligible for Free/Reduced Lunch. Date Sourced: May 16, 2024.

Exhibit 54: Middle School Students Eligible for Free/Reduced Lunch, St. Johns County & Florida, 2017-2024



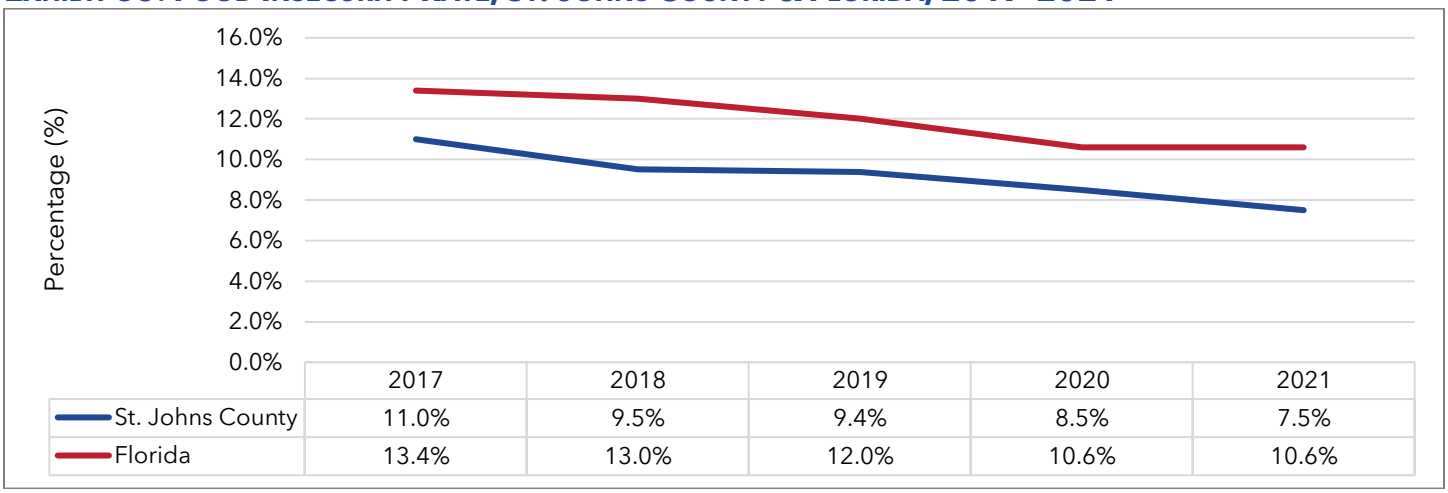
	2017	2018	2019	2020	2021	2022	2023	2024
St. Johns County	22.4%	20.7%	17.0%	16.7%	18.4%	11.8%	17.0%	18.2%
Florida	57.9%	57.2%	55.4%	54.5%	55.1%	54.5%	52.7%	50.5%

Source: Florida Department of Education | FLHealthCHARTS | Middle School Students Eligible for Free/Reduced Lunch. Date Sourced: May 16, 2024.

Food Insecurity and Resource Centers

Food insecurity is defined as a household-level economic and social condition of limited or uncertain access to adequate food with either disrupted eating patterns or reduced food intake (HRET, 2017a). Households experiencing food insecurity aim to alleviate hunger but face challenges in maintaining a nutritious diet because of financial hardship and limited resources. In response to these barriers, food-insecure households often replace nutritious food with more affordable but less healthy alternatives. Exhibit 55 shows the food insecurity rate in St. Johns County from 2017 to 2021, which decreased by 3.5%. Additionally, Exhibit 56 illustrates the child food insecurity rate as a percentage of children under 18 years old who do not have consistent access to enough food for an active, healthy life. In 2021, 5.1% of the county's child population experienced food insecurity, which is almost three times lower than the state percentage. There was a 11.5% decline between 2017 and 2021 for St. Johns County in child food insecurity rates.

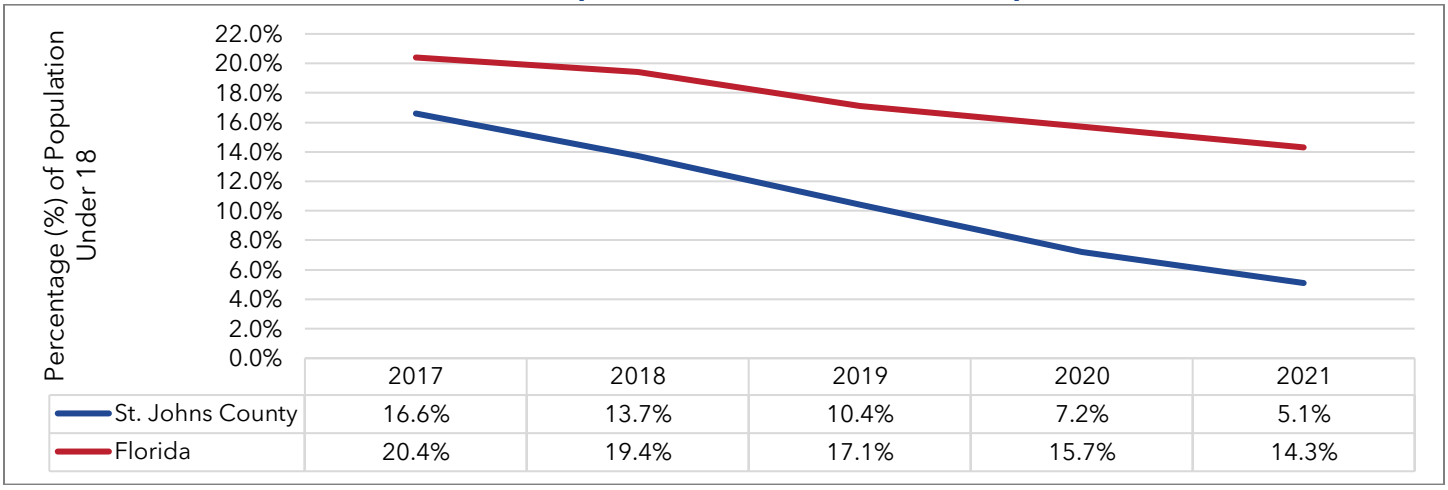
Exhibit 55: Food Insecurity Rate, St. Johns County & Florida, 2017–2021



	2017	2018	2019	2020	2021
St. Johns County	11.0%	9.5%	9.4%	8.5%	7.5%
Florida	13.4%	13.0%	12.0%	10.6%	10.6%

Source: Feeding America, Map the Meal Gap | FLHealthCHARTS | Food Insecurity Rate. Date Sourced: May 16, 2024.

Exhibit 56: Child Food Insecurity Rate, St. Johns County & Florida, 2017–2021

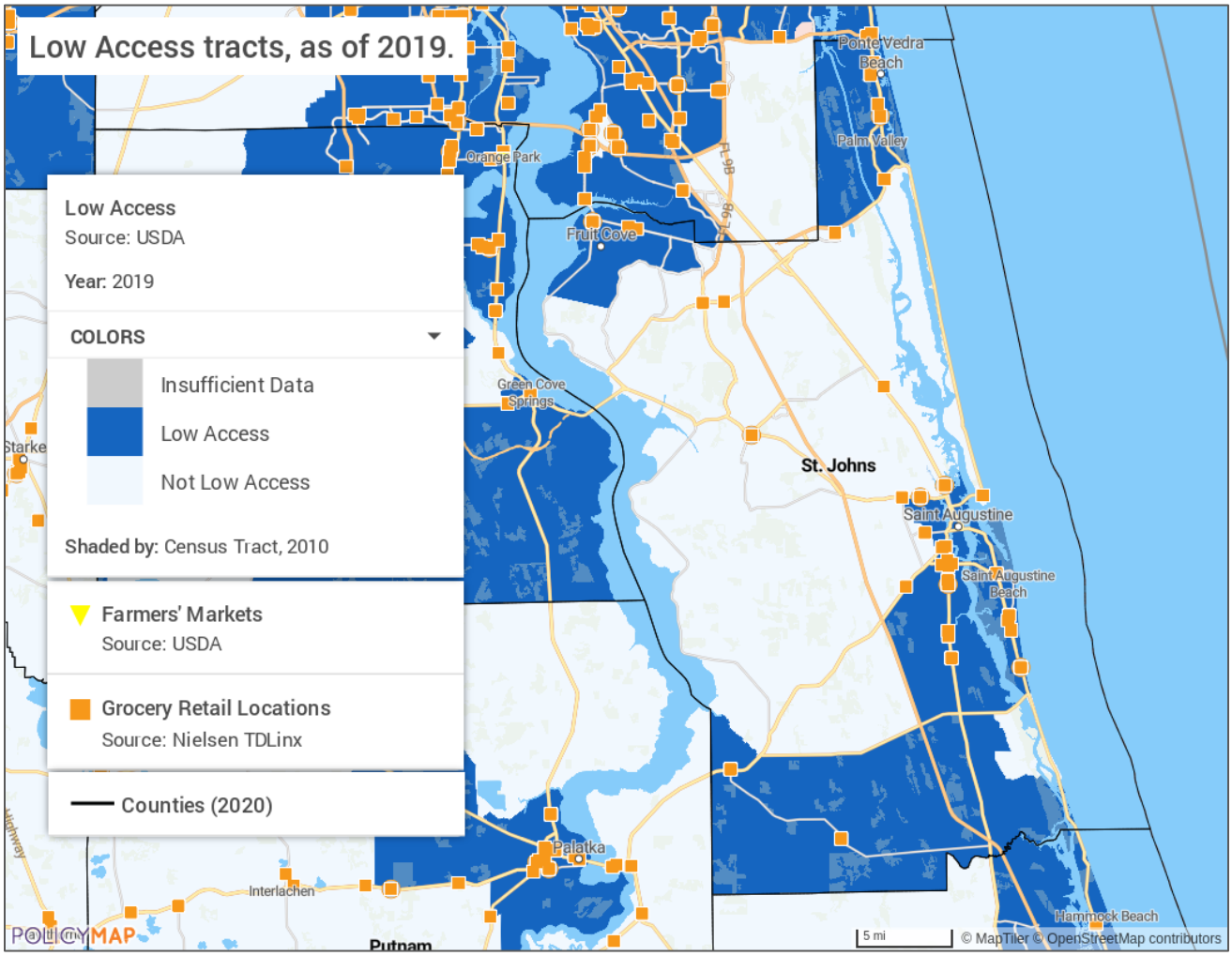


	2017	2018	2019	2020	2021
St. Johns County	16.6%	13.7%	10.4%	7.2%	5.1%
Florida	20.4%	19.4%	17.1%	15.7%	14.3%

Source: Feeding America, Map the Meal Gap | FLHealthCHARTS | Child Food Insecurity Rate. Date Sourced: May 16, 2024.

The U.S. Department of Agriculture (USDA) defines a census tract with low access to food as an area in which a significant number of individuals are a far distance from a supermarket or supercenter (USDA, 2022b). Exhibit 57 maps the low-access census tracts for St. Johns County. Residents in the northeast and northwest corners and south and southeast regions of the county meet the USDA definition of a low-access census tract.

EXHIBIT 57: LOW-ACCESS CENSUS TRACTS, ST. JOHNS COUNTY, 2019

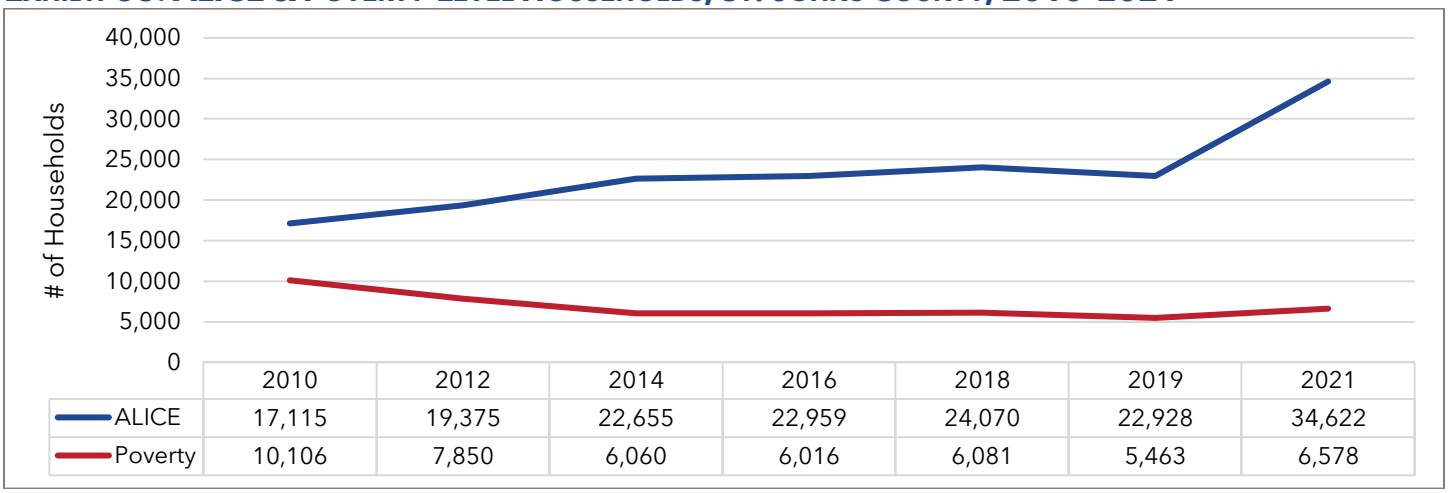


Source: Map from Policy Map; Data from 2021 USDA. Date Sourced: October 13, 2023.

ALICE Report

ALICE is an acronym for Asset Limited, Income Constrained, Employed. ALICE households are households that earn more than the Federal Poverty Level, but less than the basic cost of living for the county they are in (United Way, n.d.). Exhibit 58 illustrates trends in ALICE and poverty-level households over time. In 2019, 28,391 households in St. Johns County were below the ALICE Threshold; in 2021, this number jumped to 41,200 (a 45.1% increase).

Exhibit 58: ALICE & Poverty-Level Households, St. Johns County, 2010-2021

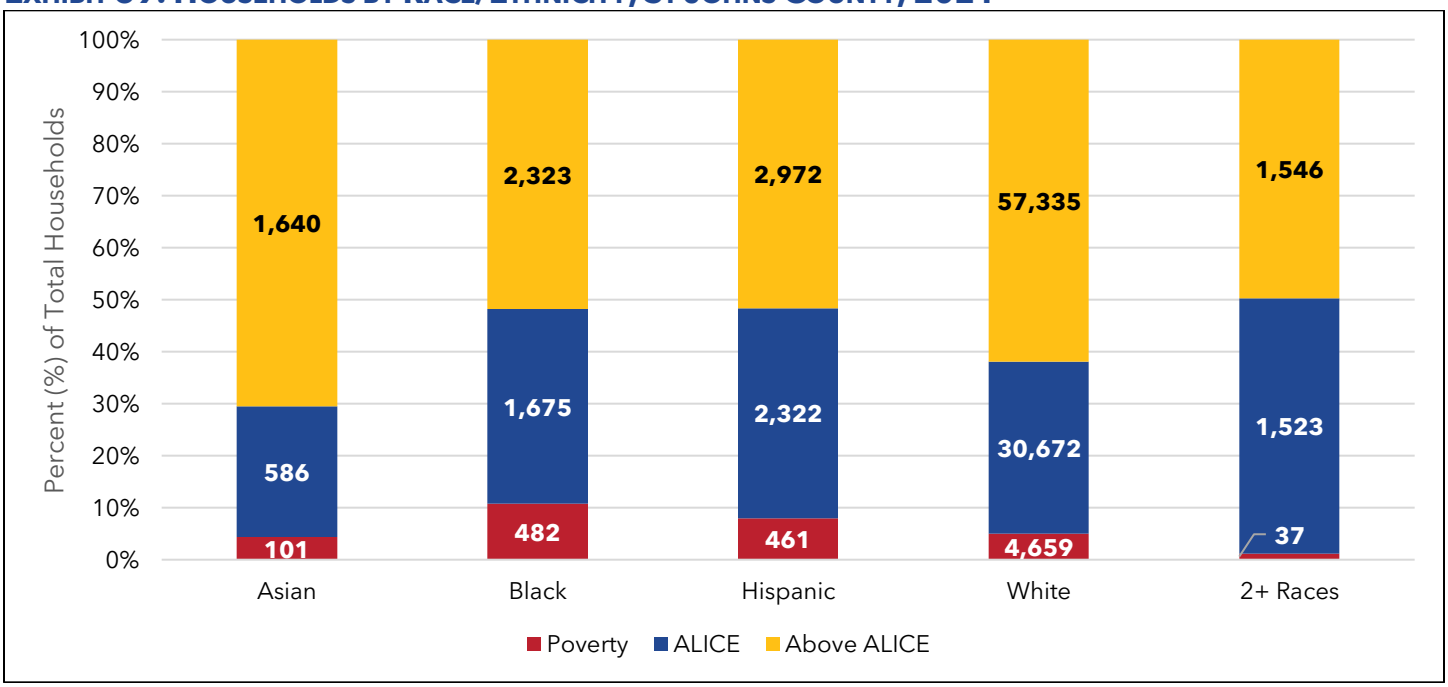


	2010	2012	2014	2016	2018	2019	2021
ALICE	17,115	19,375	22,655	22,959	24,070	22,928	34,622
Poverty	10,106	7,850	6,060	6,016	6,081	5,463	6,578

Source: United Way | ALICE County Reports | St. Johns County, Florida. Date Sourced: May 1, 2024.

Financial hardship is not equally distributed. Groups with the largest population below the ALICE Threshold tend to be the largest demographic groups facing financial hardship. However, when looking at the proportion of each group below the ALICE Threshold, some groups are more likely to be ALICE than others (United Way, n.d.). Exhibit 59 shows that Black/African American, Hispanic, and 2+ Races are the race/ethnicity groups most likely to be ALICE or poverty-level households.

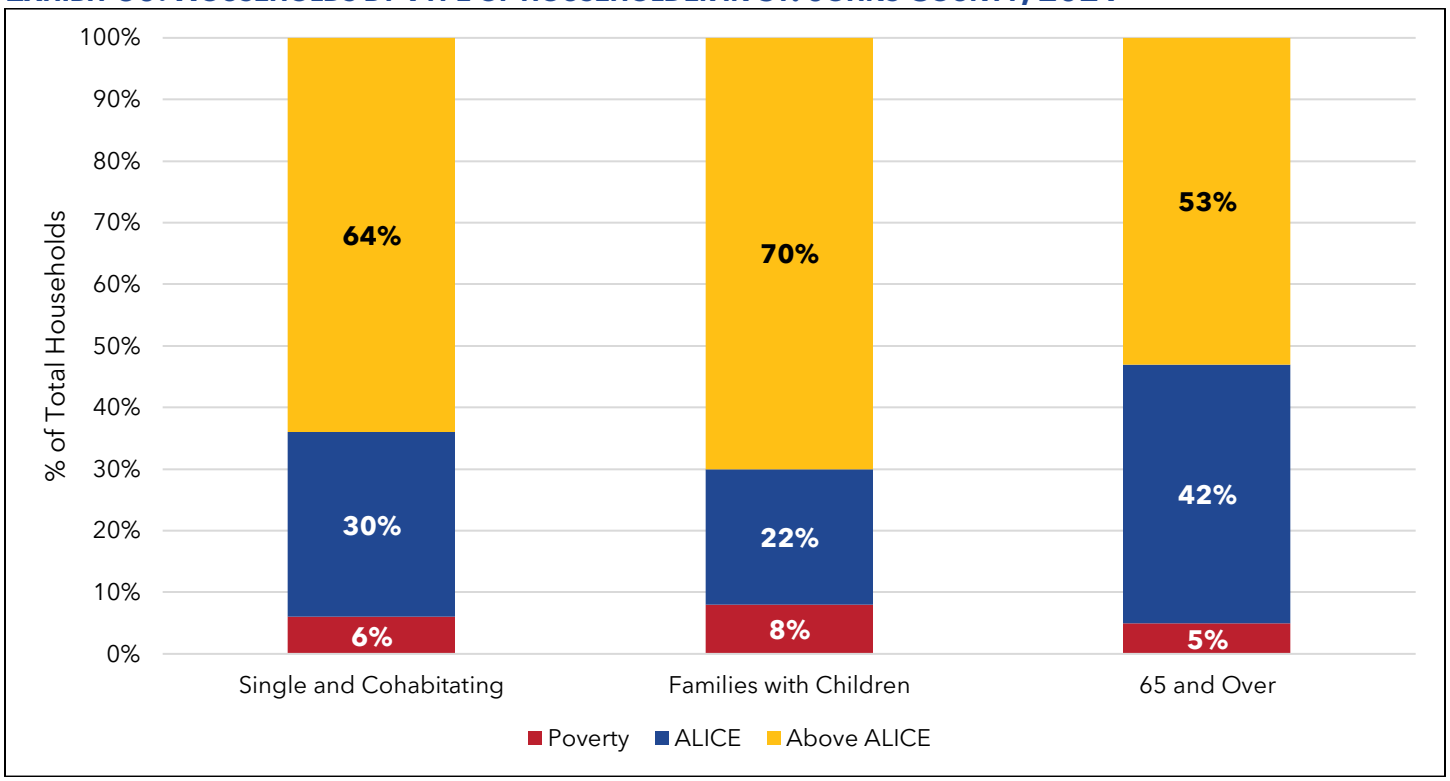
Exhibit 59: Households by Race/Ethnicity, St Johns County, 2021



Source: United Way | ALICE County Reports | St. Johns County, Florida. Date Sourced: May 16, 2024.

Furthermore, there are differences in financial hardship by household type and age of the householder (United Way, n.d.). Exhibit 60 displays the percentages of households by type in poverty, ALICE, or above ALICE.

EXHIBIT 60: HOUSEHOLDS BY TYPE OF HOUSEHOLDER IN ST. JOHNS COUNTY, 2021



Source: United Way | ALICE County Reports | St. Johns County, Florida. Date Sourced: May 16, 2024.

The Household Survival Budget reflects the minimum cost to live and work in the modern economy. This budget includes housing, child care, food, transportation, health care, a smartphone plan, and taxes. It does not include savings for emergencies or future goals like college or retirement. The Household Survival Budget is calculated at the county level and varies by household composition, as costs can vary greatly depending on location and household needs. In 2021, household costs in St. Johns County were well above the Federal Poverty Level of $12,880 for a single adult and $26,500 for a family of four (United Way, n.d.). Exhibit 61 compares the 2021 St. Johns County household survival budget for a household with a single adult and a household with two adults and two children in child care.

EXHIBIT 61: HOUSEHOLD SURVIVAL BUDGET, ST. JOHNS COUNTY, 2021

Monthly Costs and Credits	Single Adult	2 Adults, Two In Child Care
Housing – Rent	$810	$1,146
Housing – Utilities	$154	$292
Child Care	$0	$1,458
Food	$539	$1,471
Transportation	$359	$836
Health Care	$224	$854
Technology	$75	$110
Miscellaneous	$216	$617
Tax Payments	$327	$1,052
Tax Credits	$0	-$1,267
Monthly Total	**$2,704**	**$6,569**
Annual Total	**$32,448**	**$78,828**
Hourly Wage*	***$16.22***	***$39.41***

Source: United Way | ALICE County Reports | St. Johns County, Florida. Date Sourced: May 16, 2024.
Note: *The budget for Two Adults, Two in Child Care includes the costs for two adults, one infant, and one preschooler. "Hourly Wage" shows the full-time wage needed to support each budget.

Education Access & Quality

Education Access and Quality as a social determinant of health focuses on the relationship between an individual's education level and their health and well-being (ODPHP, n.d.-b). This domain includes a community's education system, early childhood education, vocational training, higher education, language, and literacy levels (Artiga & Hinton, 2018).

Digital Literacy and Broadband Access

The American Library Association (ALA) defines digital literacy as the ability to use information and communication technologies to find, evaluate, create, and communicate information, requiring both cognitive and technical skills (ALA, 2024).

The coronavirus pandemic of 2020 (COVID-19) underscored the critical importance of broadband internet access (BIA) as highlighted by the Federal Communications Commission (FCC). Reliable upload and download speeds became essential for remote work, distance education, and telemedicine (FCC, BDAC, n.d.).

Digital literacy and internet connectivity have been called "super social determinants of health" because they address all other social determinants of health (Sieck et al., 2021). Applications for employment, housing, and other assistance programs, each of which influences an individual's health, are increasingly, and sometimes exclusively, accessible online (Sieck et al., 2021).

Of all St. Johns County households, 91% have broadband internet connection. This rate is higher than that of both Florida and the United States, at 87% (County Health Rankings & Roadmaps, n.d.-b).

Education Access

Exhibit 62 displays the estimated school enrollment for the population 3 years and over. In 2022, St. Johns County and Florida had similar enrollment percentages for preschool and kindergarten. However, the county had a higher percentage of enrollment in Grades 1 through 12, while the state had a higher percentage of college or graduate school enrollment.

Exhibit 62: School Enrollment, Population 3 Years and Over, St. Johns County & Florida, 2022

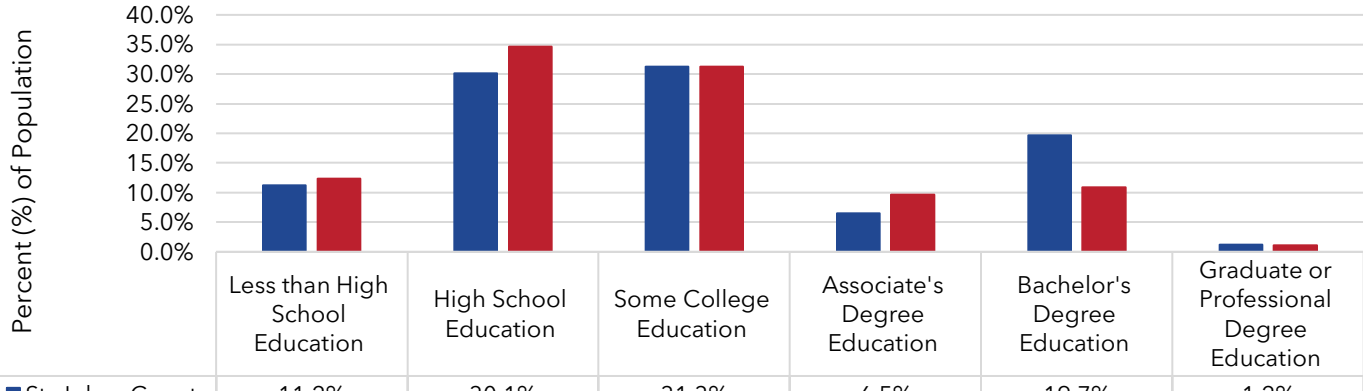
Data Indicator	Florida		St. Johns County	
	Estimate	Percent	Estimate	Percent
Population 3 years and over enrolled in school	4,775,259	-	70,466	-
Nursery school, preschool	292,758	6.1%	4,445	6.3%
Kindergarten	245,251	5.1%	3,318	4.7%
Elementary school (Grades 1–8)	1,899,490	39.8%	31,887	45.3%
High school (Grades 9–12)	1,024,615	21.5%	17,182	24.4%
College or graduate school	1,313,145	27.5%	13,634	19.3%

Source: US Census Bureau American Community Survey | Table DP02 | 1-Year Estimates. Date Sourced: May 16, 2024.

Data from 2022 show educational attainment differences between St. Johns County residents aged 18–24 and their counterparts in Florida (Exhibit 63). While percentages are similar across most categories, Florida has a higher proportion of residents with high school diplomas (or equivalent) and associate degrees compared to St. Johns County. Conversely, St. Johns County has more residents holding bachelor's degrees or higher.

Exhibit 64 further explores educational attainment in St. Johns County and Florida for residents aged 25 and over. Here, St. Johns County residents significantly surpass the state average. In 2022, a notable 52.6% of St. Johns County residents held a bachelor's degree or higher, compared to just 34.3% in Florida. Additionally, St. Johns County has a lower percentage of residents with a high school diploma or equivalent (17.4%) and those with less than a high school education (4.7%) compared to Florida (27.1% and 10.1%, respectively).

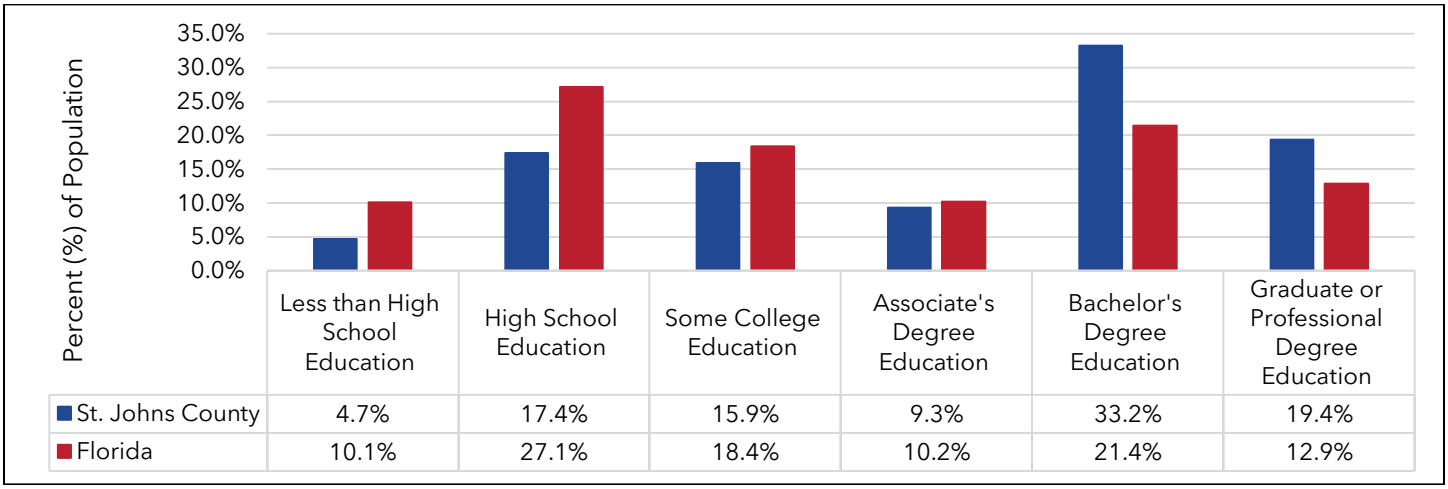
Exhibit 63: Reported Highest Level of Education Attained, Population 18 to 24 Years, St. Johns County & Florida, 2022



	Less than High School Education	High School Education	Some College Education	Associate's Degree Education	Bachelor's Degree Education	Graduate or Professional Degree Education
St. Johns County	11.2%	30.1%	31.3%	6.5%	19.7%	1.2%
Florida	12.4%	34.6%	31.3%	9.6%	10.9%	1.1%

Source: US Census Bureau American Community Survey | Table B15001 | 1-Year Estimates. Date Sourced: May 16, 2024.

Exhibit 64: Reported Highest Level of Education Attained, Population 25 Years and Over, St. Johns County & Florida, 2022



	Less than High School Education	High School Education	Some College Education	Associate's Degree Education	Bachelor's Degree Education	Graduate or Professional Degree Education
St. Johns County	4.7%	17.4%	15.9%	9.3%	33.2%	19.4%
Florida	10.1%	27.1%	18.4%	10.2%	21.4%	12.9%

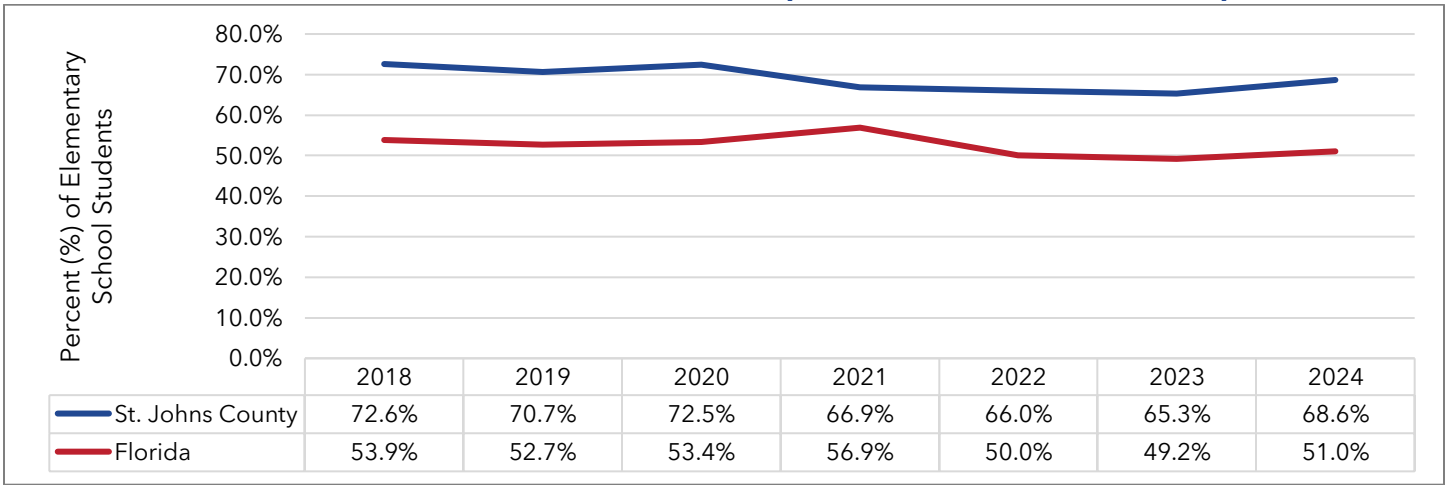
Source: US Census Bureau American Community Survey | Table DP02 | 1-Year Estimates. Date Sourced: May 16, 2024.

Kindergarten Readiness

Florida kindergartners must score 690+ on the Florida Assessment of Student Thinking (FAST) State Early Literacy (FLHealthCHARTS, n.d.-b). State law requires this school-readiness screening for all public school kindergarten students within the first thirty days of the school year (FLHealthCHARTS, n.d.-b).

Exhibit 65 displays the percentage of school-ready kindergartners in St. Johns and Florida between 2018 and 2024. In 2024, 68.6% of St. Johns County kindergartners were school-ready, compared to only 51.0% of Florida kindergartners. From 2018 to 2024, St. Johns County and Florida experienced a decrease in school-ready kindergartners by 4.0% and 2.9%, respectively. Exhibit 66 contrasts rates of children in school readiness programs (subsidized child care). During the 2022–2023 school year, St. Johns County's rate was 22.7 per 1,000 population under 13 and showed a 33.2% decline between the 2018–2019 and 2022–2023 school years.

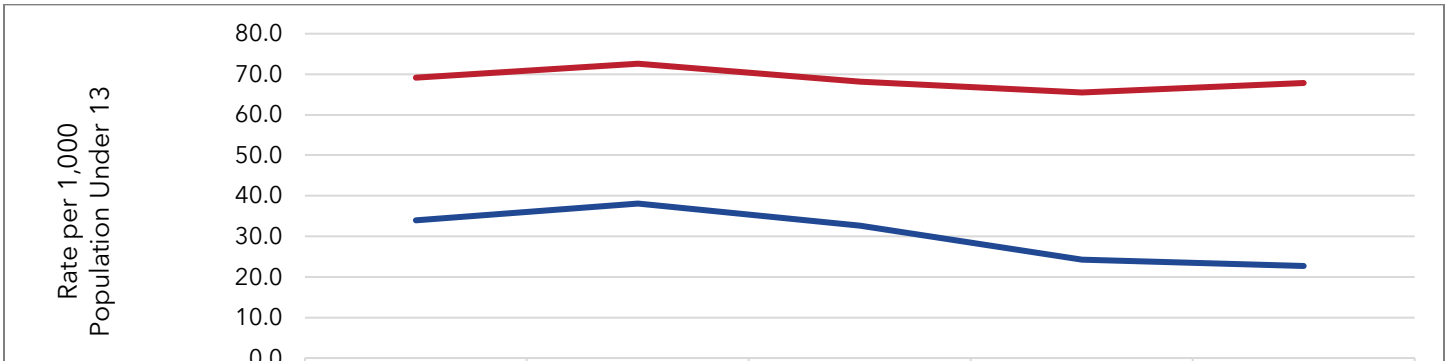
Exhibit 65: School Readiness at Kindergarten Entry, St. Johns County & Florida, 2018–2024



	2018	2019	2020	2021	2022	2023	2024
St. Johns County	72.6%	70.7%	72.5%	66.9%	66.0%	65.3%	68.6%
Florida	53.9%	52.7%	53.4%	56.9%	50.0%	49.2%	51.0%

Source: Florida Department of Education (DOE) | FLHealthCHARTS | School Readiness at Kindergarten Entry. Date Sourced: May 16, 2024.

Exhibit 66: Rate of Children in School Readiness Programs, St. Johns County & Florida, FY 2018-2019 Through 2022-2023



	2018-19	2019-20	2020-21	2021-22	2022-23
St. Johns County	34.0	38.1	32.6	24.3	22.7
Florida	69.1	72.6	68.1	65.5	67.8

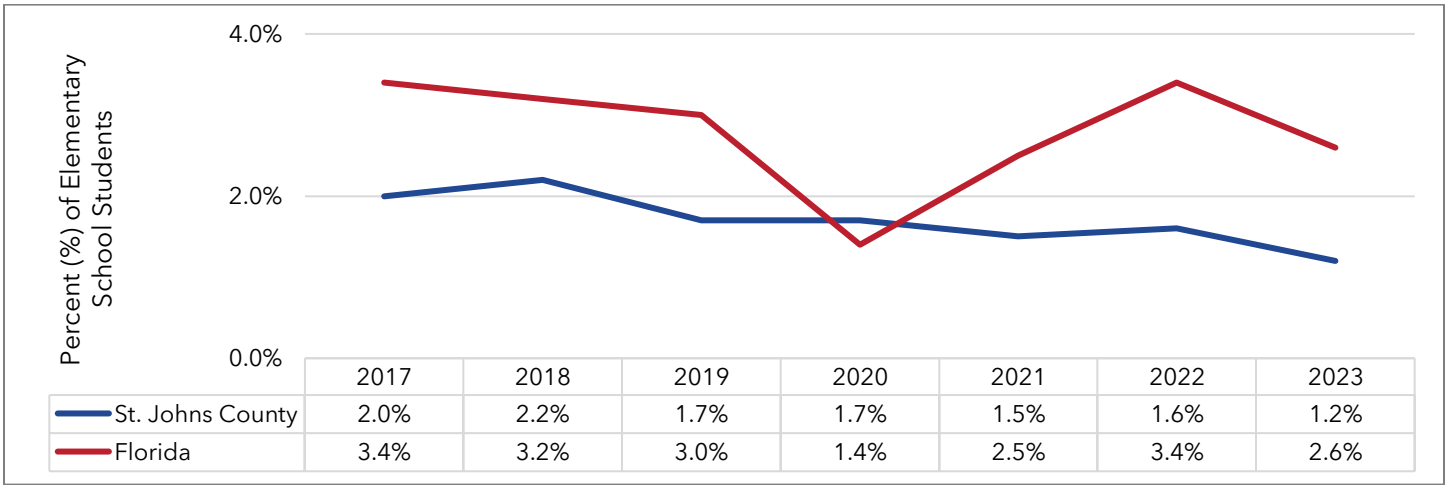
Source: Florida Department of Education (DOE) | FLHealthCHARTS | Children in School Readiness Programs (Subsidized Child Care). Date Sourced: May 16, 2024.

Promotion Rates

According to FLHealthCHARTS, grade promotion is defined as the change in grade assignment at the end of a regular school year or summer session. Section 1008.25 of the Florida Statutes (F.S.) specifies that students must have a minimum score of 3 on the statewide standardized test for Math or English Language Arts for promotion into the fourth grade (FLHealthCHARTS, n.d.-a).

The percentages of county and state elementary school students who were not promoted to the next grade level between 2017 and 2023 are shown in Exhibit 67. Notably, St. Johns County has a consistently lower percentage of non-promoted students compared to the state, except in 2020. Both St. Johns and Florida saw significant improvements in non-promotion rates during the entire reporting period. St. Johns County and Florida achieved a 0.8% decrease in non-promotion rates.

Exhibit 67: Elementary School Students Not Promoted, St. Johns County & Florida, 2017-2023



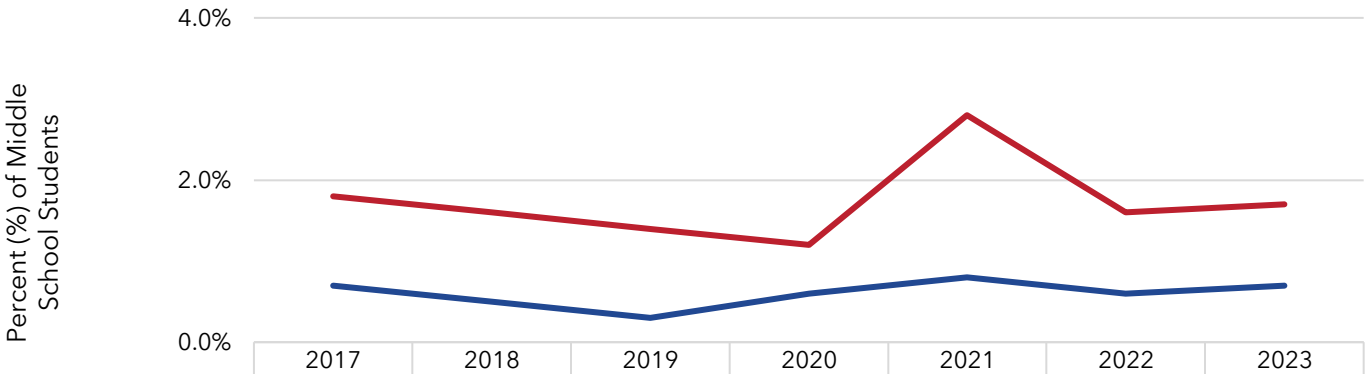
	2017	2018	2019	2020	2021	2022	2023
St. Johns County	2.0%	2.2%	1.7%	1.7%	1.5%	1.6%	1.2%
Florida	3.4%	3.2%	3.0%	1.4%	2.5%	3.4%	2.6%

Source: Florida Department of Education (DOE) | FLHealthCHARTS | Elementary School Students Not Promoted. Date Sourced: May 16, 2024.

Exhibit 68 presents the non-promotion rates of middle schoolers in St. Johns County and Florida from 2017 to 2023. Throughout this period, St. Johns County maintained a stable lower

percentage of students who did not progress to the next grade compared to Florida. Despite fluctuations, the county's non-promotion rate did not have an overall increase or decrease from 2017 to 2023, while the state's rate saw a decline of 0.1%.

Exhibit 68: Middle School Students Not Promoted, St. Johns County & Florida, 2017–2023



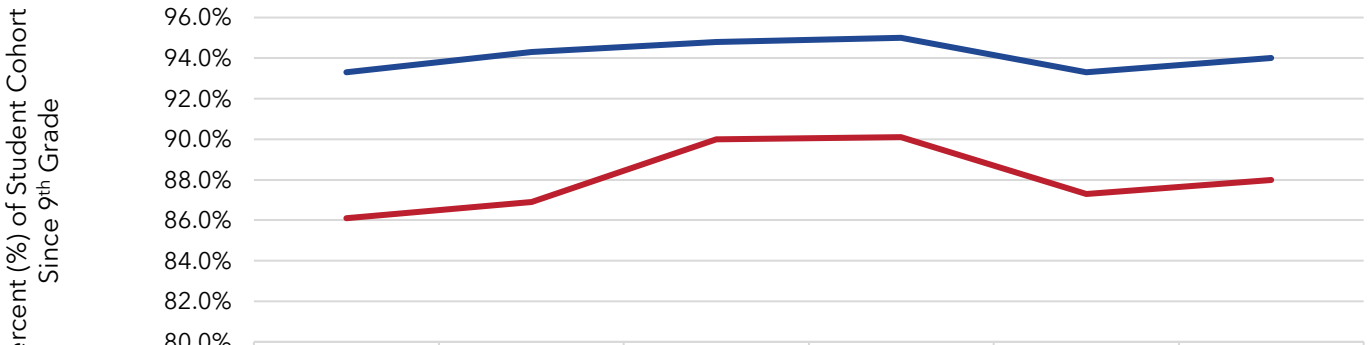
	2017	2018	2019	2020	2021	2022	2023
St. Johns County	0.7%	0.5%	0.3%	0.6%	0.8%	0.6%	0.7%
Florida	1.8%	1.6%	1.4%	1.2%	2.8%	1.6%	1.7%

Source: Florida Department of Education (DOE) | FLHealthCHARTS | Middle School Students Not Promoted. Date Sourced: May 16, 2024.

High School Graduation Rate

High school graduation rates are key indicators of school performance and student preparedness for future employment. In Florida, this rate reflects the percentage of students who graduate with a standard diploma within four years of entering ninth grade. Exhibit 69 compares high school graduation rates in the county and state from the 2017–2018 through 2022–2023 school years. Overall, St. Johns County and Florida experienced rate increases of 0.7% and 1.9%, respectively.

Exhibit 69: High School Graduation Rate, St. Johns County & Florida, FYs 2017–2023



	2017–18	2018–19	2019–20	2020–21	2021–22	2022–23
St. Johns County	93.3%	94.3%	94.8%	95.0%	93.3%	94.0%
Florida	86.1%	86.9%	90.0%	90.1%	87.3%	88.0%

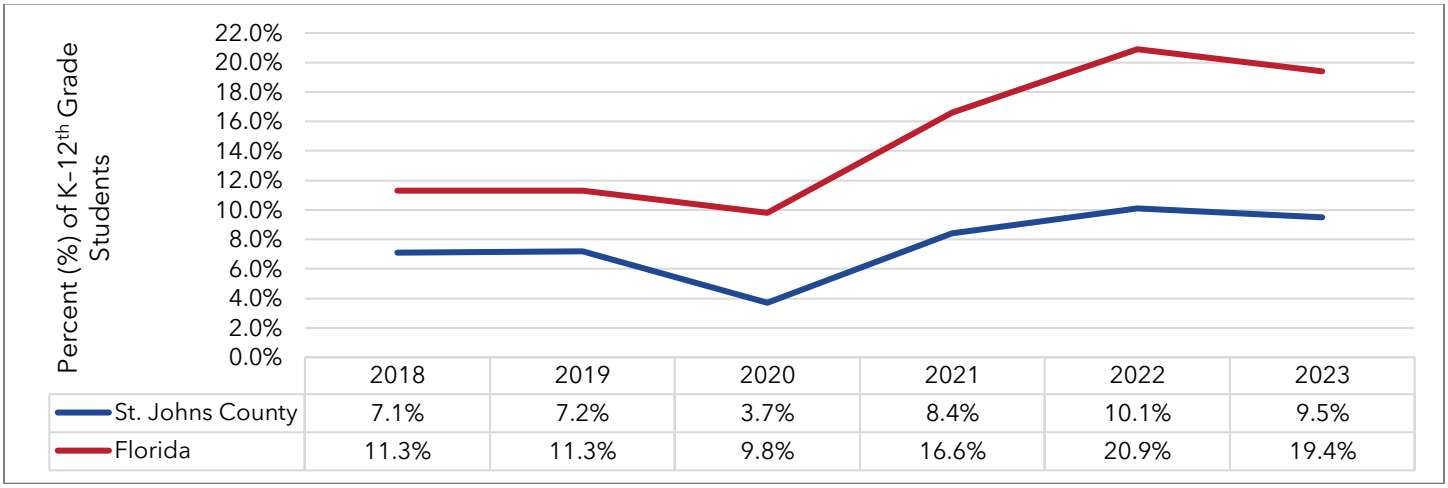
Source: Florida Department of Education (DOE) | FLHealthCHARTS | High School Graduation Rate. Date Sourced: May 16, 2024.

Education Disruptions

Exhibit 70 displays the percentage of St. Johns County and Florida students from kindergarten through 12th grade who were absent for more than 21 days in the school year. St. Johns County had a lower percentage of absent students than Florida; in 2023, students statewide were more than twice as likely to be absent than St. Johns County students. St. Johns County had its highest

percentage of students absent in 2022 at 10.1%. The percentage of absent students in St. Johns County rose by 2.4% from 2018 to 2023, compared to 8.1% in Florida.

Exhibit 70: Students Absent 21+ Days from School, St. Johns County & Florida, 2018–2023

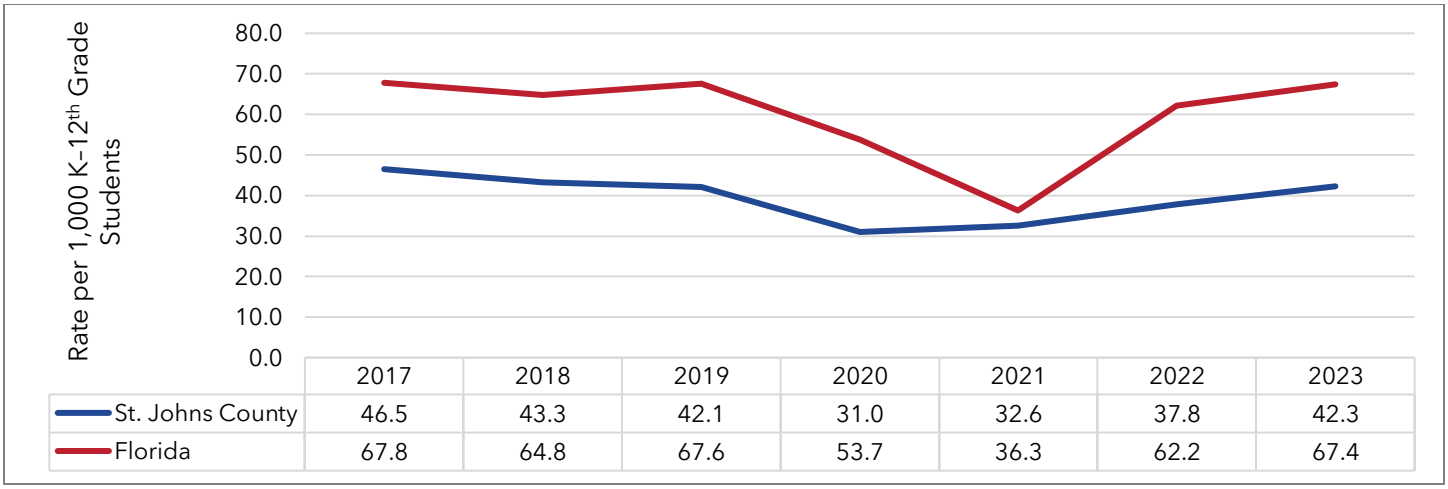


	2018	2019	2020	2021	2022	2023
St. Johns County	7.1%	7.2%	3.7%	8.4%	10.1%	9.5%
Florida	11.3%	11.3%	9.8%	16.6%	20.9%	19.4%

Source: Florida Department of Education (DOE) | FLHealthCHARTS | Students Absent 21+ Days From School (Kindergarten-12th Grade). Date Sourced: May 17, 2024.

In-school suspension (ISS) is the temporary removal of a student from the student's regular program and placement into an alternative program (Florida Senate, n.d.). In 2023, the St. Johns County rate of in-school suspensions (42.3 per 1,000 K–12 students) was lower than that of Florida (67.4 per 1,000 K–12 students), as seen in Exhibit 71. St. Johns County's rate of in-school suspensions fell by 4.2% during the reporting period, compared to Florida's slight decrease of 0.4%.

Exhibit 71: In-School Suspensions (Kindergarten–12th Grade), St. Johns County & Florida, 2017–2023



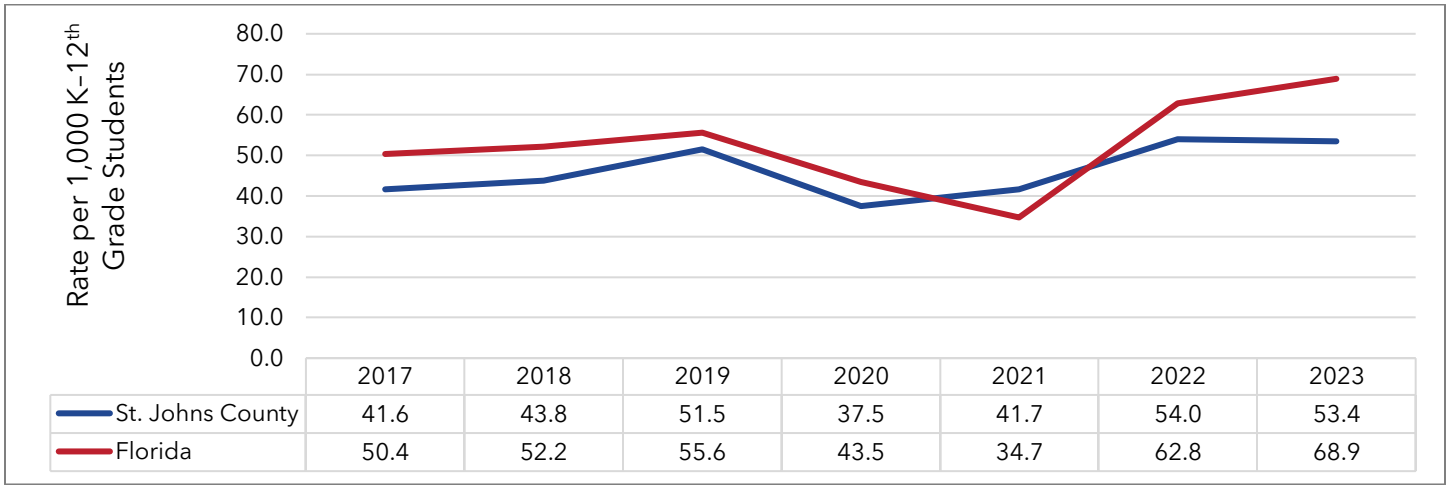
	2017	2018	2019	2020	2021	2022	2023
St. Johns County	46.5	43.3	42.1	31.0	32.6	37.8	42.3
Florida	67.8	64.8	67.6	53.7	36.3	62.2	67.4

Source: Florida Department of Education (DOE) | FLHealthCHARTS | In-School Suspensions (Kindergarten-12th Grade). Date Sourced: May 17, 2024.

Out-of-school suspension is the temporary removal of a student from a school and the school program for a period not exceeding ten days (Florida Senate, n.d.). Exhibit 72 offers insight into out-of-school suspensions in St. Johns County and Florida from 2017 to 2023. In 2023, St. Johns County's rate of out-of-school suspensions (53.4 per 1,000 K–12 students) was lower than Florida's

(68.9 per 1,000 K–12 students). The rate of out-of-school suspensions increased by 11.8% in St. Johns County and 18.5% in Florida during the timeframe.

Exhibit 72: Out of School Suspensions (Kindergarten–12th Grade), St. Johns County & Florida, 2017–2023

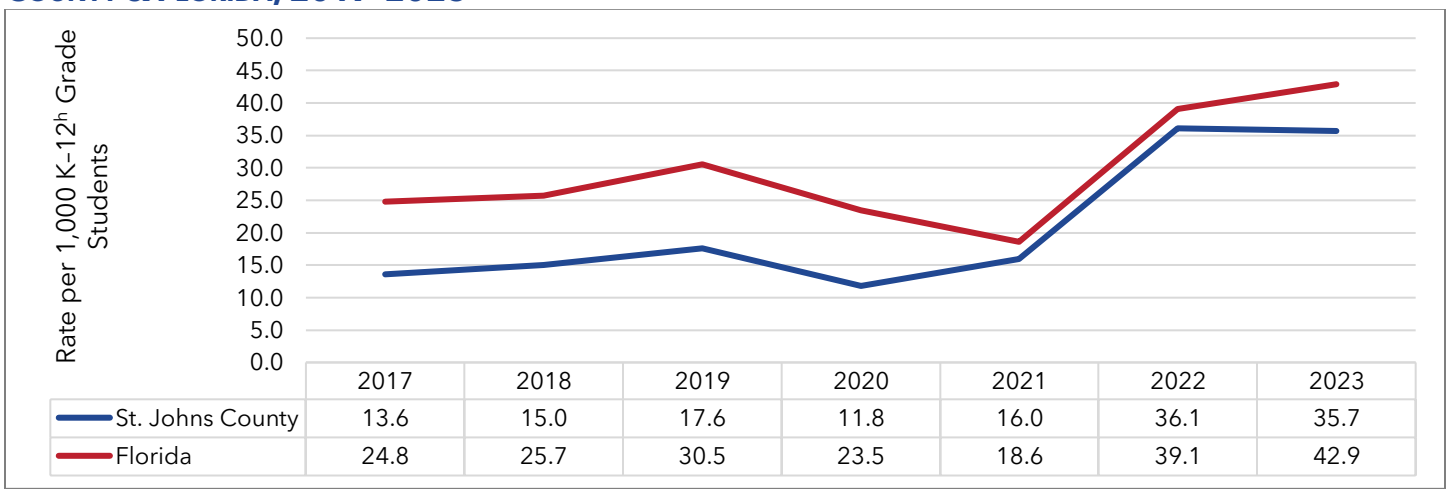


	2017	2018	2019	2020	2021	2022	2023
St. Johns County	41.6	43.8	51.5	37.5	41.7	54.0	53.4
Florida	50.4	52.2	55.6	43.5	34.7	62.8	68.9

Source: Florida Department of Education (DOE) | FLHealthCHARTS | Out-of-School Suspensions (Kindergarten-12th Grade). Date Sourced: May 17, 2024.

Exhibit 73 compares the rates of school environmental safety incidents in St. Johns County and Florida. These incidents were considered severe enough to require the involvement of a school resource officer and reported to law enforcement (FLHealthCHARTS, n.d., 2024). While St. Johns County consistently had lower school environmental safety incident rates compared to the state, both regions had significant increases overall between 2017 and 2023. Unlike Florida's rate, which increased by 73.0% during this period, St. Johns County's rate saw a steeper rise of 162.5%.

Exhibit 73: School Environmental Safety Incidents (Kindergarten–12th Grade), St. Johns County & Florida, 2017–2023



	2017	2018	2019	2020	2021	2022	2023
St. Johns County	13.6	15.0	17.6	11.8	16.0	36.1	35.7
Florida	24.8	25.7	30.5	23.5	18.6	39.1	42.9

Source: Florida Department of Education (DOE) | FLHealthCHARTS | School Environmental Safety Incidents. Date Sourced: May 17, 2024.

Healthcare Access and Quality

The social determinant of health domain of Healthcare Access and Quality focuses on improving health by helping people get timely, high-quality health care services (ODPHP, n.d.-c). This domain

encompasses health insurance coverage, provider availability, provider linguistic and cultural competency, and quality of care (Artiga & Hinton, 2018).

Health Insurance Coverage

Health insurance coverage, whether privately or publicly funded, is a primary factor in determining access to care for many people. Health insurance can be obtained privately through an employer (the individual's own or that of an immediate family member), purchased independently, or available to certain individuals through government-subsidized or publicly funded health coverage programs, such as Medicare, Medicaid, or Military and VA benefits (CDC, 2023c).

The uninsured population includes both full- and part-time employees whose employers do not offer health insurance benefits, low-income persons who do not qualify for Medicaid, early retirees, and others who simply cannot afford costly premiums. Evidence shows uninsured persons experience less positive medical outcomes than their insured counterparts. The uninsured are also less likely to have a regular source of primary care or to seek preventive health services (Insure the Uninsured Project, n.d.).

Fortunately, St. Johns County's rate of insured persons is higher than those of Florida and the U.S. About 95% of St. Johns County's total civilian noninstitutionalized population has insurance compared to about 89% of Floridians and 92% of all Americans (Exhibit 74).

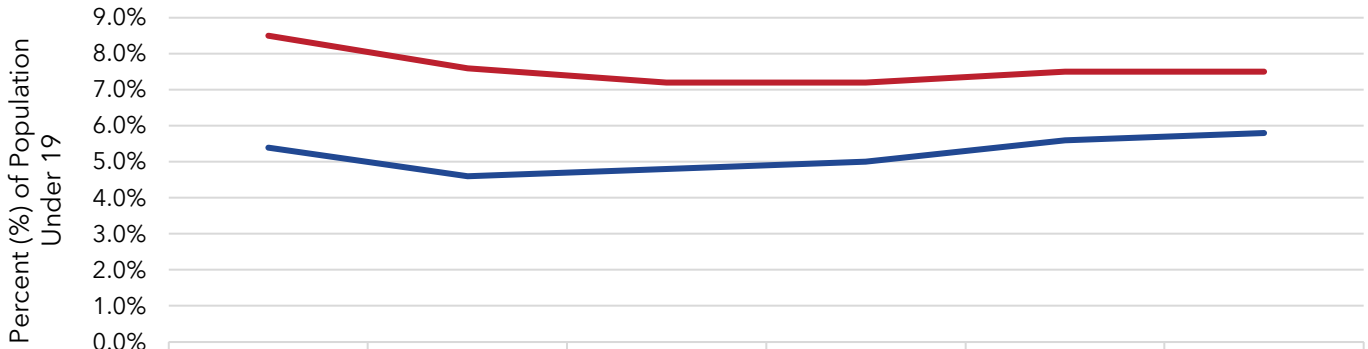
EXHIBIT 74: INSURANCE COVERAGE IN ST. JOHNS COUNTY, FLORIDA, AND THE UNITED STATES, 2022

Coverage Status	St. Johns County	Florida	United States
Total civilian noninstitutionalized	**304,464**	**21,904,247**	**328,309,810**
With health insurance coverage	290,831 (95.5%)	19,456,522 (88.8%)	301,941,990 (92.0%)
With private health insurance	246,685 (81.0%)	13,938,154 (63.6%)	220,660,289 (67.2%)
With public coverage	89,415 (29.4%)	8,218,687 (37.5%)	122,005,469 (37.2%)
No health insurance coverage	13,633 (4.5%)	2,447,725 (11.2%)	26,367,820 (8.0%)
Civilian noninstitutionalized population 19 to 64 years	**170,954**	**12,672,391**	**195,146,356**
In labor force	136,789 (80.0%)	9,900,675 (78.1%)	154,501,180 (79.2%)
Employed	132,950 (97.2%)	9,520,652 (96.2%)	148,131,004 (95.9%)
With health insurance coverage	126,627 (95.2%)	8,134,715 (85.4%)	133,389,562 (90.0%)
With private health insurance	122,646 (92.2%)	7,552,973 (79.3%)	119,876,487 (80.9%)
With public coverage	9,820 (7.4%)	854,948 (9.0%)	18,234,347 (12.3%)
No health insurance coverage	6,323 (4.8%)	1,385,937 (14.6%)	14,741,442 (10.0%)
Unemployed	3,839 (2.8%)	380,023 (3.8%)	6,370,176 (4.1%)
With health insurance coverage	2,932 (76.4%)	248,339 (65.3%)	4,849,918 (76.1%)
With private health insurance	2,594 (67.6%)	167,185 (44.0%)	2,601,188 (40.8%)
With public coverage	613 (16.0%)	90,952 (23.9%)	2,481,612 (39.0%)
No health insurance coverage	907 (23.6%)	131,684 (34.7%)	1,520,258 (23.9%)
Not in labor force	34,165 (20.0%)	2,771,716 (21.9%)	40,645,176 (20.8%)
With health insurance coverage	31,867 (93.3%)	2,230,235 (80.5%)	34,927,695 (85.9%)
With private health insurance	27,029 (79.1%)	1,486,309 (53.6%)	20,729,636 (51.0%)
With public coverage	6,526 (19.1%)	933,608 (33.7%)	17,068,916 (42.0%)
No health insurance coverage	2,298 (6.7%)	541,481 (19.5%)	5,717,481 (14.1%)

Source: US Census Bureau American Community Survey | Table DP03 | 1-Year Estimates. Date Sourced: May 17, 2024.

Exhibit 75 narrows the focus of health insurance coverage by displaying St. Johns County and Florida children aged 0–18 years without health insurance. In 2022, St. Johns County (5.8%) had a lower percentage rate of children without health insurance than Florida (7.5%). Between 2017 and 2022, the county experienced an increase of 0.4% in children without health insurance, whereas the state's rate decreased by 1.0%.

Exhibit 75: Children Without Health Insurance (Aged 0–18 Years), St. Johns County & Florida, 2017–2022



	2017	2018	2019	2020	2021	2022
St. Johns	5.4%	4.6%	4.8%	5.0%	5.6%	5.8%
Florida	8.5%	7.6%	7.2%	7.2%	7.5%	7.5%

Source: US Census Bureau, American Community Survey Table DP03 | FLHealthCHARTS | Children Without Health Insurance (0-18 Years). Date Sourced: May 17, 2024.

Federal Health Professional Shortage Designation

The U.S. Health Resources and Services Administration (HRSA) developed a shortage designation criterion to determine whether an area or population group is experiencing a health professional shortage. Health Professional Shortage Areas (HPSAs) can be specified for primary medical care, dental, or mental health providers. Additionally, they may be geographic (e.g., a county or service area), population-based (e.g., low-income or Medicaid eligible), or facility-based (e.g., federally qualified health centers or state or federal prisons).

St. Augustine and Hastings/Matanzas are designated as low-income population HPSAs due to a shortage of primary and dental care services in these areas of St. Johns County (HPSA Find, n.d.). Overall, St. Johns County is designated as a high-need geographic HPSA due to a shortage of mental health services (HPSA Find, n.d.).

Federal Medically Underserved Designation

HRSA developed a medically underserved designation criterion to determine whether an area or population group is experiencing a lack of access to primary care services. Medically Underserved Areas (MUAs) and Medically Underserved Populations (MUPs) identify geographic areas and populations lacking access to primary care services. These designations help establish health maintenance organizations or community health centers (HRSA, n.d.). MUAs may have a shortage of primary care health services within geographic areas such as a whole county, a group of neighboring counties, a group of urban census tracts, or a group of county or civil divisions (HRSA, n.d.). MUPs have a shortage of primary care health services for a specific population subset within a geographic area. These groups may face economic, cultural, or language barriers to health care (HRSA, n.d.). Examples include those who experience homelessness and those who are low-income.

Western St. Johns County is designated as a Low Income MUP.

Healthcare Providers

A Primary Care Provider (PCP) is a physician, nurse practitioner, clinical nurse specialist, or physician assistant "who provides, coordinates or helps a patient access a range of health care services" (Primary Care Provider, n.d.). PCPs serve as a patient's first point of entry for health care services; they focus on patient care rather than disease treatment (AAFP, n.d.). HRSA considers general and family practitioners, internists, pediatricians, obstetricians and gynecologists, physician assistants, and nurse practitioners as PCPs. Also, public health nurses and school nurses provide primary care services to designated populations.

Exhibit 76 lists the numbers of licensed physicians, various PCPs, and dentists in St. Johns County. In FY 2022–2023, St. Johns County had 1,120 licensed medical doctors. There were 81 licensed family practice physicians, 59 pediatricians, 28 OB/GYNs, 175 internal medicine physicians, and 259 licensed dentists.

EXHIBIT 76: TOTAL LICENSED PROVIDERS, ST. JOHNS COUNTY & FLORIDA, FY 2022–2023

Type of Provider	St. Johns County	Florida
Licensed Medical Doctors (MDs, Physicians)	1,120	59,266
Licensed Family Practice Physicians	81	3,009
Licensed Pediatricians	59	3,746
Licensed OB/GYNs	28	1,958
Licensed Internal Medicine Physicians	175	10,489
Licensed Dentists (DMD, DDS)	259	13,955

Source: Florida Department of Health, Division of Public Health Statistics and Performance Management | FLHealthCHARTS | Health Resource Availability. Date Sourced: May 17, 2024.

Overall, St. Johns County has seen an increase in the number of practicing physicians from 2019 to 2023. Exhibit 77 summarizes the numbers of practicing physicians in the county and state during this time. Furthermore, Exhibit 78 shows the total number of physicians in St. Johns County by specialty groups. St. Johns County has 41 medical specialists, including internal medicine, neurology, nuclear medicine, ophthalmology, orthopedic medicine, otolaryngology, and pathology.

EXHIBIT 77: TOTAL PRACTICING PHYSICIANS, ST. JOHNS COUNTY & FLORIDA, FYS 2019–2023

Area	2019	2020	2021	2022	2023
St. Johns County	400	424	439	476	473
Florida	51,370	53,002	54,315	56,082	54,471

Source: Florida Department of Health, Physician Workforce Annual Report, 2023. Date Sourced: May 17, 2024.

Exhibit 78: Physician Specialty Group Count in St. Johns County, FY 2022-2023

Type of Specialty Group	St. Johns County
Anesthesiology	31
Dermatology	15
Emergency Medicine	24
Family Medicine	111
Internal Medicine	108
*Medical Specialist	41
OB/GYN	18
Pediatrics	31
Psychiatry	20
Radiology	25
Surgeons	30
Total	**454**

Source: Florida Department of Health, Physician Workforce Annual Report, 2023. Date Sourced: May 17, 2024.
Note: *Medical specialists include Neurology, Nuclear Medicine, Ophthalmology, Orthopedic Medicine, Otolaryngology, and Pathology.

Mental health is an important part of overall health and well-being. It is vital at every stage of life, from childhood and adolescence through adulthood. St. Johns County has 221 (73.7 per 100,000 population) licensed clinical social workers, 249 (83.0 per 100,000 population) licensed mental health counselors, and 89 (29.7 per 100,000 population) licensed psychologists, as shown in Exhibit 79.

Exhibit 79: Total Licensed Mental Health Professionals, St. Johns County & Florida, FY 2022-2023

Type of Mental Health Professional	St. Johns County	Rate per 100,000 Population	Florida	Rate per 100,000 Population
Licensed Mental Health Counselors	249	83.0	14,294	64.0
Licensed Psychologists	89	29.7	5,133	23.0
Licensed Clinical Social Workers	221	73.7	12,326	55.2
Behavioral/Mental Health Professionals	516	172.1	29,121	130.4
Mental Health Counselors	249	83.0	14,294	64.0

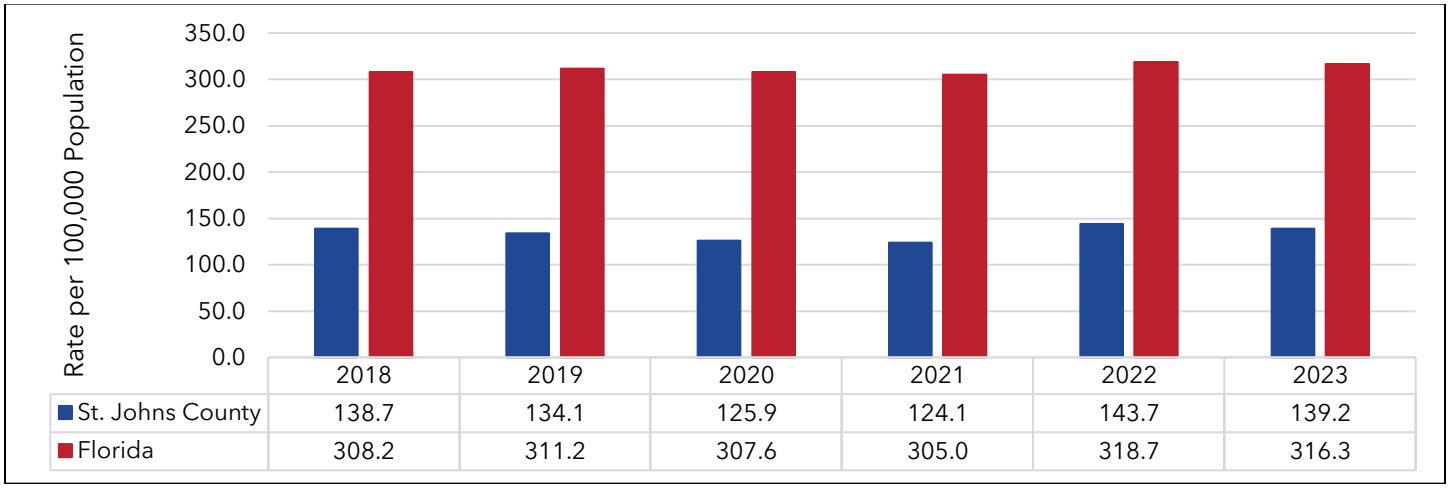
Source: Florida Department of Health, Division of Public Health Statistics and Performance Management | FLHealthCHARTS | Mental and Behavioral Health Services. Date Sourced: May 17, 2024.

Health Care Facilities

Acute care hospitals play a key role in the delivery of health care services, especially in communities where primary and specialist outpatient care shortages may exist. In addition to traditional inpatient services, hospitals may provide extensive diagnostic and treatment services on an outpatient basis. In 2023, St. Johns County had a significantly lower rate of total hospital beds (Exhibit 80) and acute care beds (Exhibit 81) per 100,000 population than Florida. St. Johns County has both acute care and specialty hospital beds. Specialty care beds (Exhibit 82) are used to provide short-term medical treatment for patients with acute illness/injury or recovering from

surgery or childbirth. Specialty beds include psychiatric, substance abuse, rehabilitation, long-term care, skilled nursing unit, or neonatal intensive care unit beds.

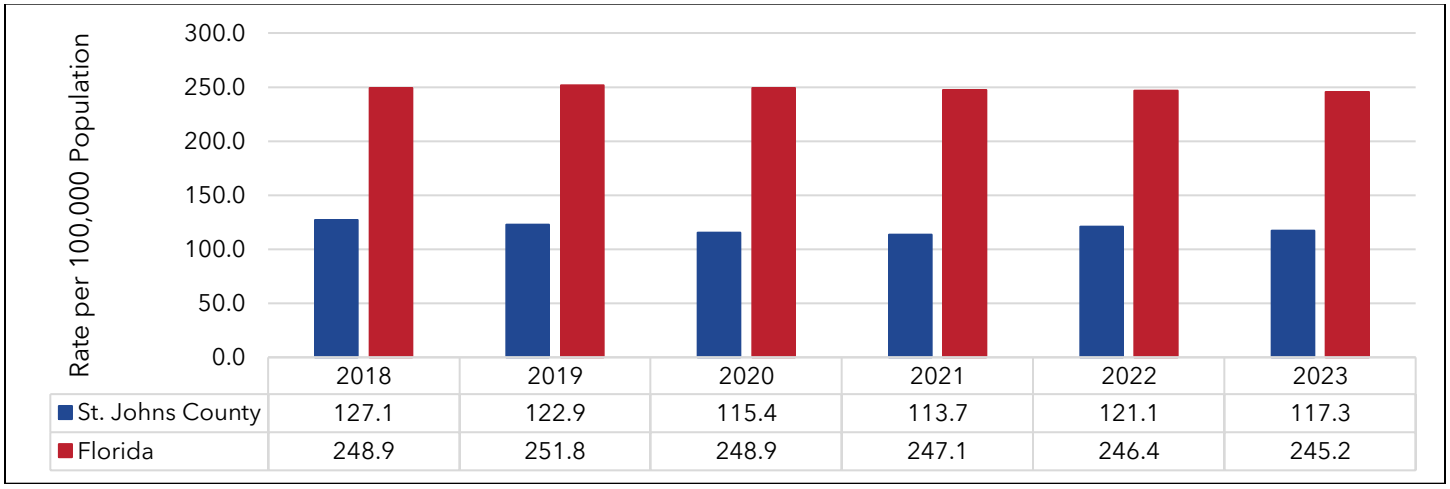
Exhibit 80: Total Hospital Beds, St. Johns County & Florida, 2018–2023



	2018	2019	2020	2021	2022	2023
St. Johns County	138.7	134.1	125.9	124.1	143.7	139.2
Florida	308.2	311.2	307.6	305.0	318.7	316.3

Source: Florida Agency for Health Care Administration | FLHealthCHARTS | Hospital Beds. Date Sourced: May 17, 2024.

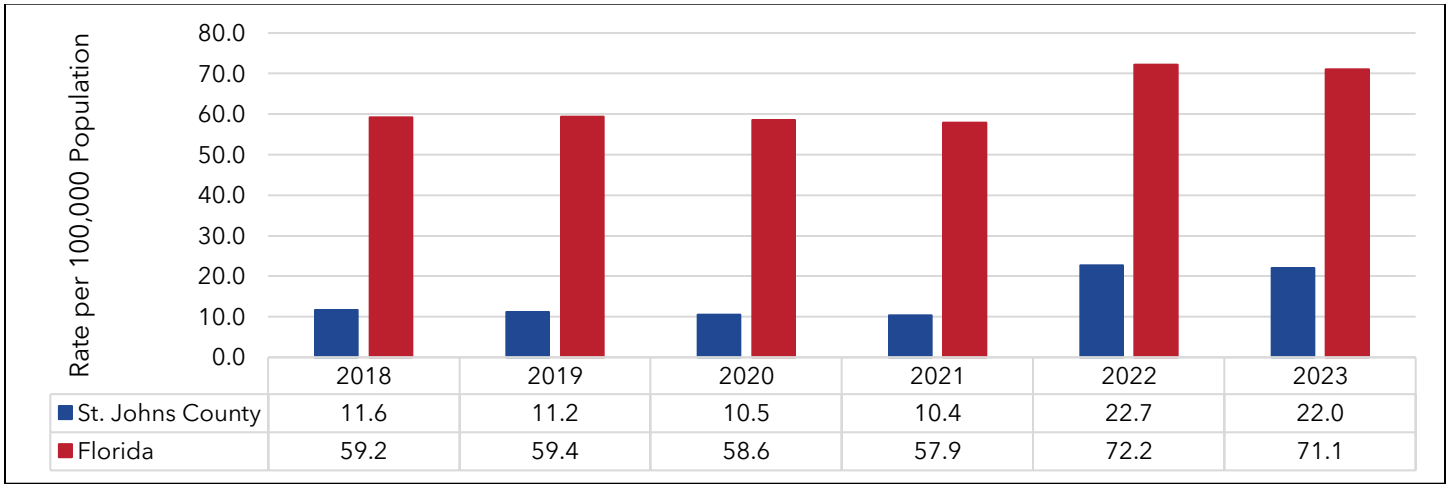
Exhibit 81: Acute Care Hospital Beds, St. Johns County & Florida, 2018–2023



	2018	2019	2020	2021	2022	2023
St. Johns County	127.1	122.9	115.4	113.7	121.1	117.3
Florida	248.9	251.8	248.9	247.1	246.4	245.2

Source: Florida Agency for Health Care Administration | FLHealthCHARTS | Acute Care Beds. Date Sourced: May 17, 2024.

Exhibit 82: Specialty Care Hospital Beds, St. Johns County & Florida, 2018–2023

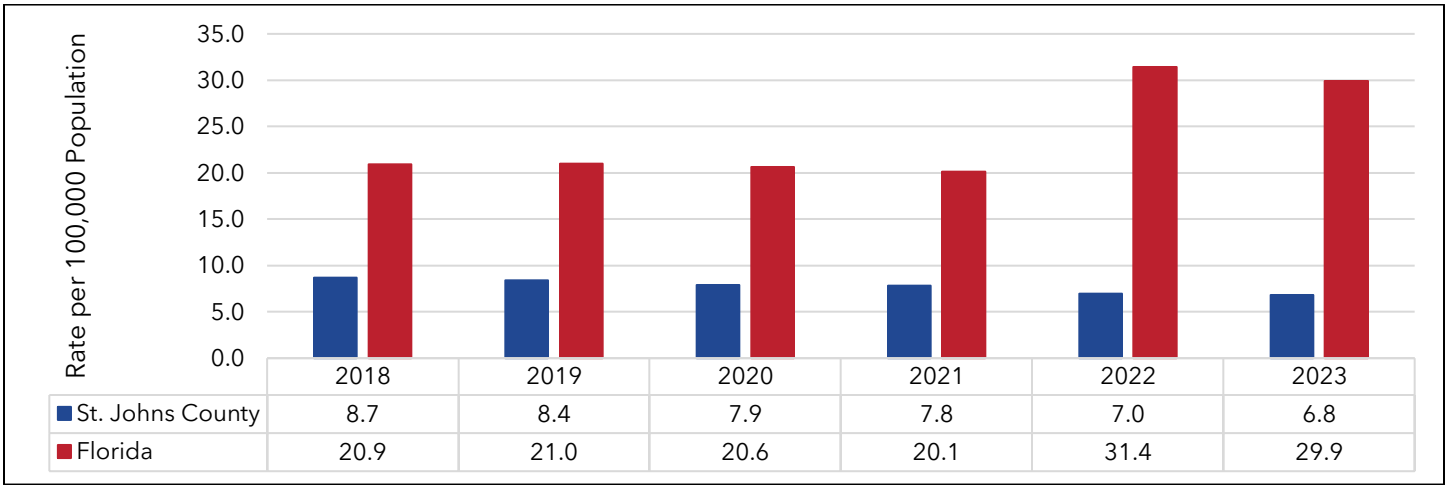


	2018	2019	2020	2021	2022	2023
St. Johns County	11.6	11.2	10.5	10.4	22.7	22.0
Florida	59.2	59.4	58.6	57.9	72.2	71.1

Source: Agency for Health Care Administration | FLHealthCHARTS | Specialty Beds. Date Sourced: May 17, 2024.

St. Johns County has a lower rate of adult psychiatric beds than Florida. In 2023, there were 6.8 adult psychiatric beds per 100,000 population in St. Johns, compared to 29.9 beds per 100,000 in Florida (Exhibit 83). There are zero child/adolescent psychiatric beds in St. Johns County.

EXHIBIT 83: ADULT PSYCHIATRIC BEDS, ST. JOHNS COUNTY & FLORIDA, 2018–2023

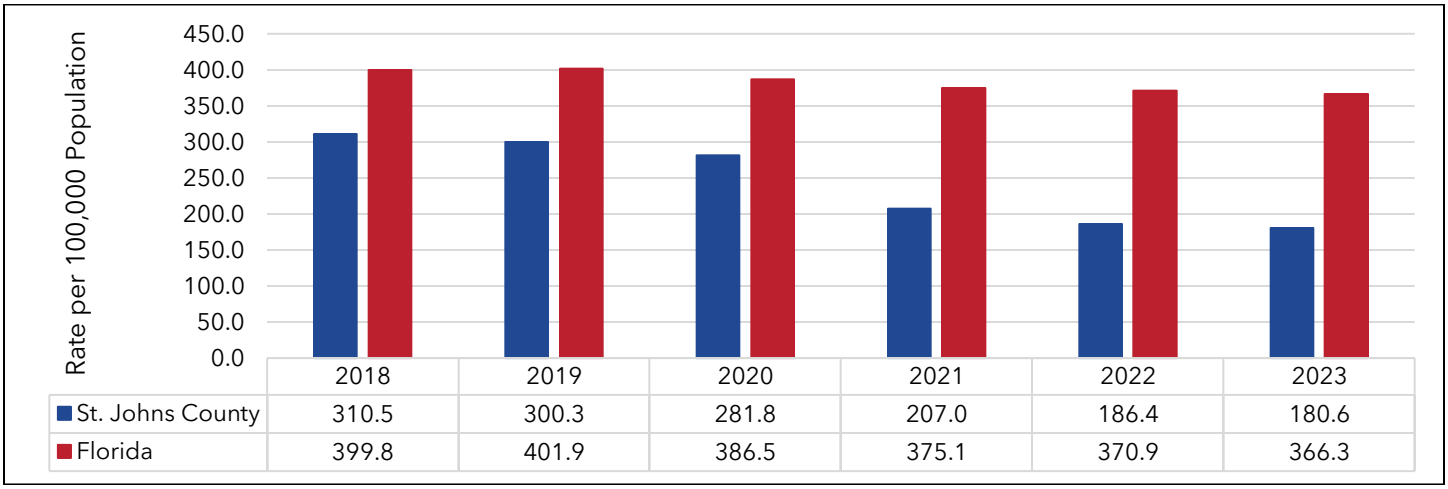


	2018	2019	2020	2021	2022	2023
St. Johns County	8.7	8.4	7.9	7.8	7.0	6.8
Florida	20.9	21.0	20.6	20.1	31.4	29.9

Source: Agency for Health Care Administration | FLHealthCHARTS | Adult Psychiatric Beds. Date Sourced: May 17, 2024.

Exhibit 84 illustrates the number of community nursing home beds in St. Johns County and Florida. St. Johns County has a lower rate of nursing home beds per 100,000 population than Florida, with 180.6 nursing home beds per 100,000 in 2023. During the 2018–2023 reporting period, the St. Johns County rate decreased 41.8% compared to Florida's decrease of 8.4%.

EXHIBIT 84: NURSING HOME BEDS, ST. JOHNS COUNTY & FLORIDA, 2018–2023



	2018	2019	2020	2021	2022	2023
St. Johns County	310.5	300.3	281.8	207.0	186.4	180.6
Florida	399.8	401.9	386.5	375.1	370.9	366.3

Source: Agency for Health Care Administration | FLHealthCHARTS | Nursing Homes. Date Sourced: May 17, 2024.

St. Johns County has eight free-standing community nursing homes with a total of 750 licensed beds, as detailed in Exhibit 85. There is an average occupancy rate of 78.88% for these nursing homes.

EXHIBIT 85: FREE-STANDING COMMUNITY NURSING HOMES IN ST. JOHNS COUNTY, 2023

		Total		Medicaid		Medicare	
Facility Name	**Licensed Beds**	**Pt. Days**	**Occup. Rate**	**Pt. Days**	**Occup. Rate**	**Pt. Days**	**Occup. Rate**
Clyde E. Lassen State Veterans' Nursing Home	120	41,372	94.46%	4,645	10.61%	469	1.07%
The Lilac at Bayview	120	29,350	67.01%	13,988	31.94%	5,040	11.51%
Moultrie Creek Nursing and Rehab Center	120	41,118	93.88%	20,989	47.92%	12,080	27.58%
The Ponce Therapy Care Center and Rehab	120	20,074	45.83%	10,908	24.90%	5,939	13.56%
St. Augustine Health and Rehabilitation Center	120	40,746	93.03%	29,308	66.91%	4,592	10.48%
Vicar's Landing Nursing Home	60	16,734	76.41%	–	0.00%	2,671	12.20%
Westminster St. Augustine	30	8,645	78.95%	239	2.18%	2,763	25.23%
Westminster Woods on Julington Creek	60	17,882	81.65%	3,830	17.49%	3,908	17.84%
Total Sum	**750**	**215,921**		**83,907**		**37,462**	
Total Average			**78.88%**		**30.65%**		**13.68%**

Source: HPCNEF Calendar Year Nursing Home Reports, 2023.
Note: Pt. Days = patient days, the number of days during which patients receive medical services at a facility; Occup. Rate = occupancy rate.

Other Facilities

St. Johns County has 21 assisted living facilities, one adult day care center, and 12 home health agencies (Exhibit 86).

EXHIBIT 86: TOTAL NUMBER OF LICENSED FACILITIES IN ST. JOHNS COUNTY, 2023

Facility Type	Total Number of Licensed Facilities
Assisted Living Facilities	21
Adult Day Care Centers	1
Home Health Agencies	12

Source: Agency for Health Care Administration | Health Care Transparency | Facility/Provider. Date Sourced: May 17, 2024.

Health Care Utilization

Exhibit 87 shows the number of inpatient discharges per hospital in St. Johns County in 2019, with additional information about length of stay (LOS) and charges.

Exhibit 87: Hospitals in St. Johns County by Number of Inpatient Discharges, 2019

Hospital Name	Discharges	LOS	Avg. LOS	Charges	Avg. Charges
UF Health St. Johns (formerly Flagler Hospital)	14.7 (100.0%)	59.550 (100.0%)	4.1	$654,970,606 (100.0%)	$44,571
Total	**14.7 (100.0%)**	**59.550 (100.0%)**	**4.1**	**$654,970,606 (100.0%)**	**$44,571**

Source: Agency for Health Care Administration | Health Care Transparency | Hospital Query Results. Date Sourced: May 17, 2024.
Note: "LOS" refers to length of stay, the number of days elapsed from the admission date to the discharge date.

Exhibit 88 shows the top 15 diagnoses for inpatient visits for St. Johns County residents to St. Johns County, Florida hospitals by the number of discharges in 2019. Diagnoses are shown as Medicare Severity (MS) Diagnosis Related Groups (DRGs). Exhibit 88 also lists cost and length of stay (LOS) for each MS DRG. The most frequent DRG recorded for St. Johns County residents (at any hospital) was normal newborn births. Other leading causes for inpatient visits included psychoses, major joint replacement, vaginal deliveries, and septicemia.

Exhibit 88: Top 15 Hospital Inpatient Discharges by DRG, St. Johns County Hospitals, All Ages, 2019

MS DRG Description	Discharges	LOS	Avg. LOS	Charges	Avg. Charges
Normal newborn	1,078 (9.4%)	2,122 (4.9%)	2.0	$5,030,457 (1.1%)	$4,666
Vaginal delivery w/o sterilization/D&C w/o CC/MCC	893 (7.8%)	2,005 (4.6%)	2.2	$8,935,197 (2.0%)	$10,006
Psychoses	575 (5.0%)	3,652 (8.4%)	6.4	$15,771,517 (3.5%)	$27,429
Major joint replacement or reattachment of lower extremity w/o MCC	547 (4.8%)	1,330 (3.1%)	2.4	$25,741,635 (5.7%)	$47,060
Septicemia w/o mechanical ventilation 96+ hours w MCC	445 (3.9%)	2,973 (6.8%)	6.7	$31,596,683 (7.1%)	$71,004
Cesarean section w/o sterilization w/o CC/MCC	371 (3.3%)	1,012 (2.5%)	2.7	$6,190,302 (1.4%)	$16,685
Heart failure & shock w MCC	289 (2.5%)	1,529 (3.5%)	5.3	$13,021,823 (2.9%)	$45,058
Pulmonary edema & respiratory failure	285 (2.5%)	1,399 (3.2%)	4.9	$13,207,365 (2.9%)	$46,342
Neonate w other significant problems	270 (2.4%)	632 (1.5%)	2.3	$1,789,987 (0.4%)	$6,630
Esophagitis, gastroenteritis & misc digestive disorders w/o MCC	265 (2.3%)	801 (1.8%)	3.0	$7,871,743 (1.8%)	$29,705
Depressive neuroses	260 (2.3%)	610 (1.4%)	2.3	$3,465,610 (0.8%)	$13,329

MS DRG Description	Discharges	LOS	Avg. LOS	Charges	Avg. Charges
Alcohol/drug abuse or dependence w/o rehabilitation therapy w/o MCC	182 (1.6%)	525 (1.2%)	2.9	$3,788,625 (0.8%)	$20,817
Cellulitis w/o MCC	165 (1.4%)	560 (1.3%)	3.4	$4,554,479 (1.0%)	$27,603
Percutaneous cardiovascular procedures w drug-eluting stent w/o MCC	156 (1.4%)	384 (0.9%)	2.5	$11,000,725 (2.5%)	$70,517
Kidney & urinary tract infections w/o MCC	147 (1.3%)	478 (1.1%)	3.3	$4,088,064 (0.9%)	$27,810

Source: AHCA Hospital Inpatient Query Result. Date Sourced: May 17, 2024.
Note: "LOS" refers to length of stay, the number of days elapsed from the admission date to the discharge date. "CC" refers to complication or comorbidity. "MCC" refers to major complication or comorbidity.

Exhibit 89 shows the top 15 emergency room diagnoses of St. Johns County residents to St. Johns County emergency departments in 2019. Injury and poisoning were the top diagnoses and symptoms, signs, and ill-defined conditions were second. Other top emergency department diagnoses were respiratory system diseases, musculoskeletal system and connective tissue issues, and v-codes (which is a supplementary classification of factors influencing health status and contact with health services).

EXHIBIT 89: TOP 15 EMERGENCY DEPARTMENT DIAGNOSES OF ST. JOHNS COUNTY HOSPITALS, ALL AGES, 2019

Principal Diagnostic Group	Visits	Charges	Avg. Charges
Injury and Poisoning	10,260 (24.0%)	$37,047,159 (21.9%)	$3,611
Symptoms, Signs, and Ill-Defined Conditions	9,328 (21.8%)	$49,920,918 (29.5%)	$5,352
Diseases of the Respiratory System	3,951 (9.2%)	$11,959,559 (7.1%)	$3,027
Musculoskeletal System & Connective Tissue	3,430 (8.0%)	$11,937,922 (7.1%)	$3,480
V-Codes: Supplementary Classification of Factors Influencing Health Status & Contact with Health Services	2,711 (6.3%)	$3,149,878 (1.9%)	$1,162
Diseases of the Digestive System	2,674 (6.2%)	$12,606,261 (7.5%)	$4,714
Diseases of the Genitourinary System	2,193 (5.1%)	$12,062,911 (7.1%)	$5,501
Diseases of the Skin & Subcutaneous Tissue	1,867 (4.4%)	$5,608,739 (3.3%)	$3,004
Mental, Behavioral & Neurodevelopmental Disorders	1,217 (2.8%)	$5,152,031 (3.0%)	$4,233
Infectious & Parasitic Diseases	1,142 (2.7%)	$3,137,813 (1.9%)	$2,748
Diseases of the Circulatory System	997 (2.3%)	$6,012,677 (3.6%)	$6,031

Principal Diagnostic Group	Visits	Charges	Avg. Charges
Pregnancy, Childbirth, Puerperium	850 (2.0%)	$3,108,328 (1.8%)	$3,657
Disease of the Ear and Mastoid Process	702 (1.6%)	$1,306,383 (0.8%)	$1,861
Diseases of the Nervous System	477 (1.1%)	$2,228,791 (1.3%)	$4,673
Diseases of the Eye and Adnexa	423 (1.0%)	$901,184 (0.5%)	$2,130

Source: AHCA Emergency Department Query Results. Date Sourced: May 17, 2024.

Health Outcomes

Health outcomes provide a comprehensive assessment of a community's health status. Health outcomes measure a population's holistic well-being, including physical, mental, and social aspects. Positive outcome indicators include vitality, mental and physical well-being, and an overall sense of wellness. In contrast, negative outcome indicators are mortality and impaired functioning (Parrish, MD, 2010).

Hospital Utilization

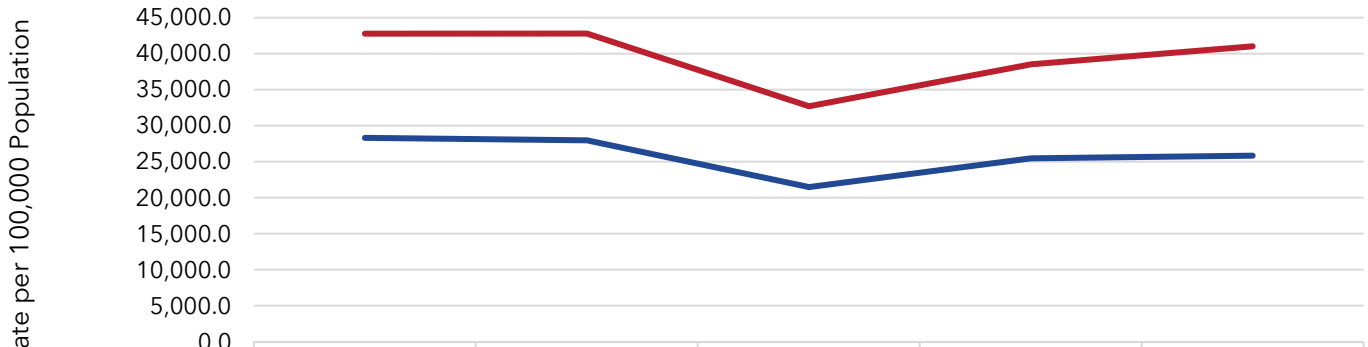
Hospital rooms and emergency departments are essential sources of care for acute, chronic, and emergency conditions (CDC, 2023l). Hospitals complement and amplify the effectiveness of many other parts of the health system, providing continuous availability of services for acute and complex conditions (WHO, n.d.-b). They also concentrate scarce resources within well-planned referral networks to respond efficiently to population health needs.

Emergency Department

The National Hospital Ambulatory Medical Care Survey (NHAMCS) defines an emergency department as a hospital facility that is staffed 24 hours a day, 7 days a week, and provides unscheduled outpatient services to patients whose condition requires immediate care (CDC, 2022d).

As shown in Exhibit 90, St. Johns County consistently reported lower rates of emergency department visits between 2018 and 2022 compared to Florida. Moreover, the rate in St. Johns County decreased by 8.7% over this period, while the rate in Florida decreased by 4.0%.

Exhibit 90: Emergency Department Visits, Age-Adjusted Rate, St. Johns County & Florida, 2018–2022

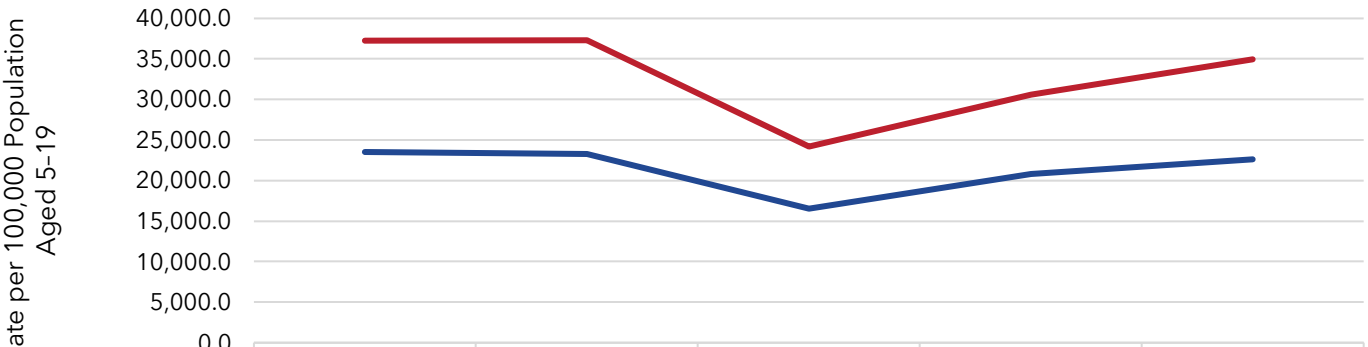


	2018	2019	2020	2021	2022
St. Johns County	28,328.9	27,959.0	21,497.6	25,471.6	25,864.6
Florida	42,752.4	42,799.0	32,714.4	38,508.8	41,054.8

Source: Florida Agency for Health Care Administration | FLHealthCHARTS | Emergency Department Visits. Date Sourced: May 17, 2024.

During the same reporting period, emergency department visit rates among ages 5 to 19 years in St. Johns County were lower than in Florida. From 2018 to 2022, the rate in St. Johns County reached its lowest point in 2020. However, county rates decreased slightly by 3.8% overall (Exhibit 91).

Exhibit 91: Emergency Department Visits (Aged 5–19 Years), Age-Specific Rate, St. Johns County & Florida, 2018–2022



	2018	2019	2020	2021	2022
St. Johns County	23,523.0	23,267.5	16,533.7	20,784.2	22,635.0
Florida	37,295.7	37,303.6	24,194.7	30,592.9	34,946.1

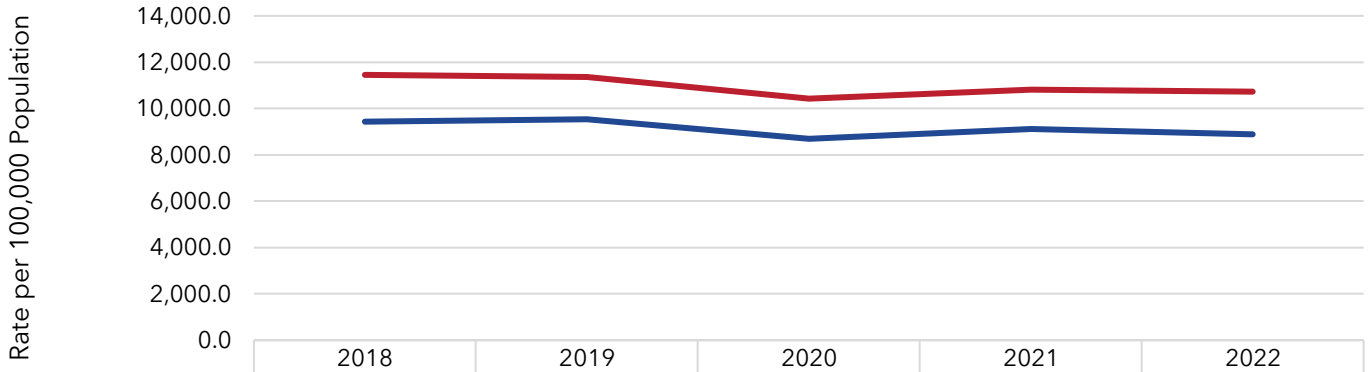
Source: Florida Agency for Health Care Administration | FLHealthCHARTS | Emergency Department Visits (Aged 5-19 Years). Date Sourced: May 17, 2024.

Hospitalization

Hospitalization, defined as overnight stays in the hospital excluding the emergency department, is one of the most expensive types of health care use, resulting in an average cost of $14,101 per inpatient stay at community hospitals in 2019 (CDC, 2023l). The most frequent diagnoses for hospitalizations are septicemia, heart failure, osteoarthritis, pneumonia, and diabetes mellitus (CDC, 2023l).

Exhibit 92 compares the hospitalization rates of St. Johns County and Florida between 2018 and 2022. While Florida's hospitalization rates decreased by 6.4% during this period, St. Johns County's rate declined by 5.9%.

EXHIBIT 92: HOSPITALIZATIONS, AGE-ADJUSTED RATE, ST. JOHNS COUNTY & FLORIDA, 2018–2022



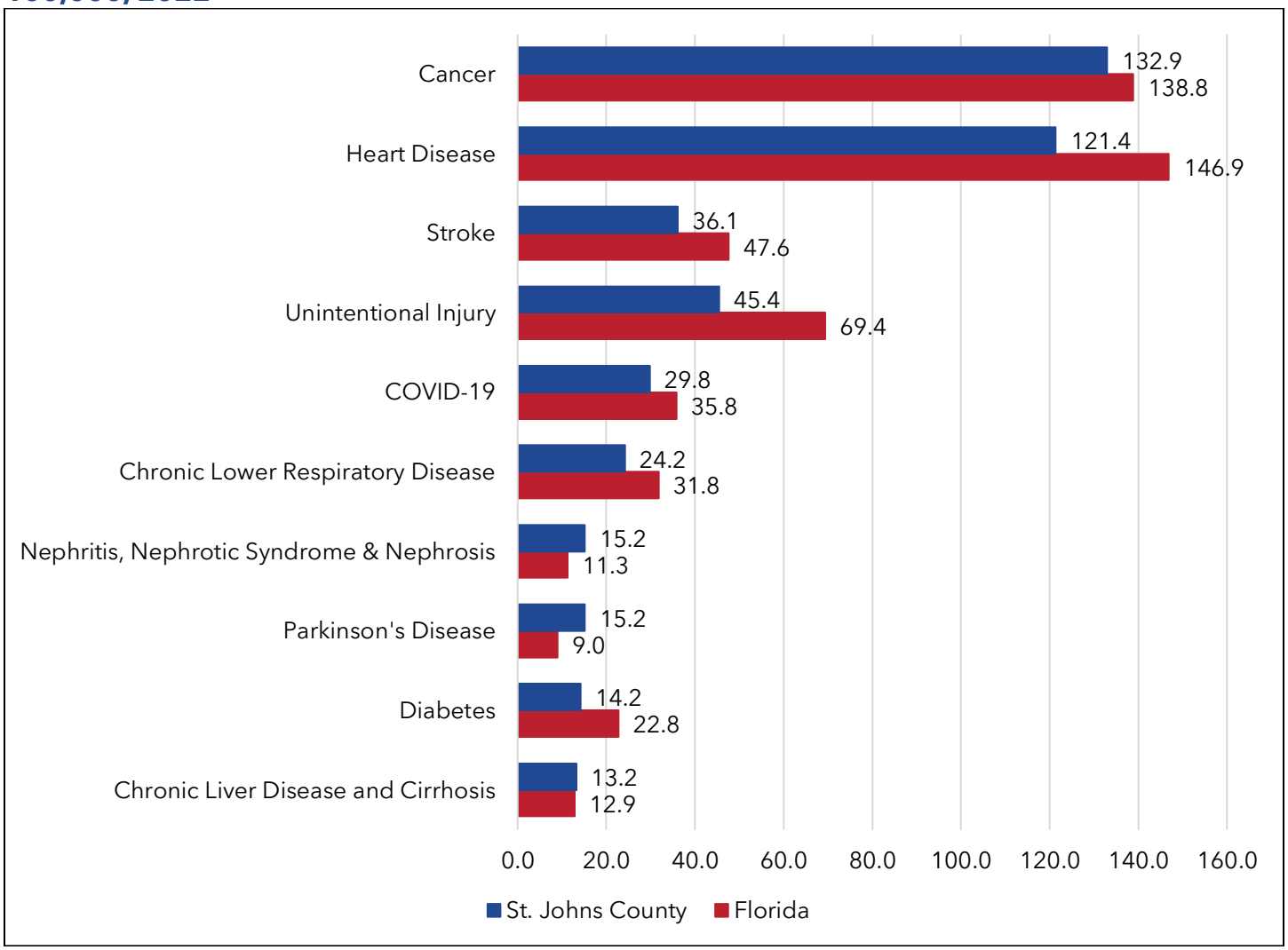
	2018	2019	2020	2021	2022
St. Johns County	9,442.1	9,536.8	8,693.7	9,115.0	8,884.9
Florida	11,453.5	11,351.9	10,427.3	10,817.2	10,721.7

Source: Florida Agency for Health Care Administration | FLHealthCHARTS | Hospitalizations. Date Sourced: May 17, 2024.

Leading Causes of Death

The top ten leading causes of death in St. Johns County are shown in Exhibit 93 compared to Florida. In 2022, the top two causes of death in both St. Johns County and Florida were cancer and heart disease. The top third cause of death for St. Johns County was stroke, whereas Florida's top third cause was unintentional injury. Compared to Florida, St. Johns County had a lower death rate per 100,000 population for its top three causes of death. In contrast, the county had a higher mortality rate than the state for nephrotic syndrome and nephrosis, Parkinson's Disease, and chronic liver disease and cirrhosis.

Exhibit 93: Leading Causes of Death, St. Johns County & Florida, Age-Adjusted Rate per 100,000, 2022



Source: Florida Department of Health, Bureau of Vital Statistics | FLHealthCHARTS | Leading Causes of Death Profile. Date Sourced: May 17, 2024.

Exhibit 94 displays the leading causes of death for St. Johns County residents aged 5–19. The leading cause of death for age groups 5–9 and 10–14 is unintentional injury. While unintentional injury remains the leading cause of death for 15–19-year-olds, suicide and other causes account for some deaths between 2018 and 2022.

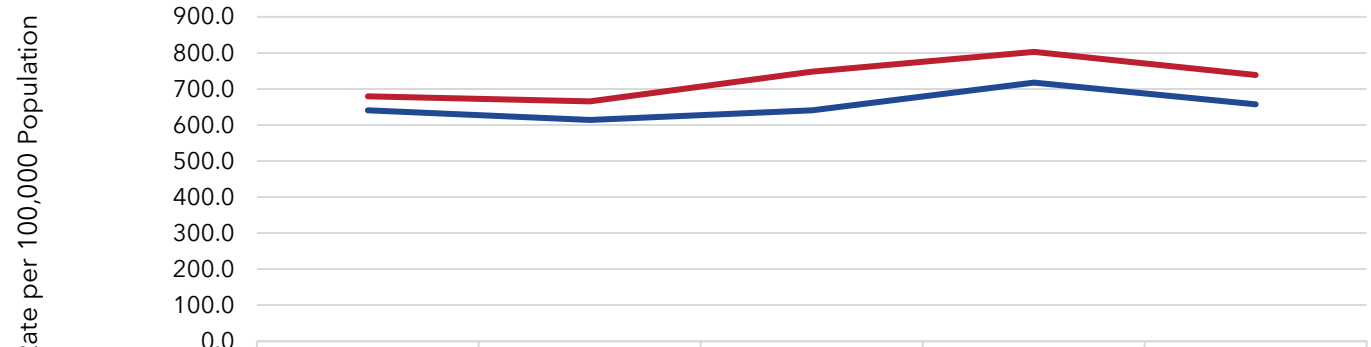
Exhibit 94: Resident Deaths by Leading Causes (Ages 5–19), Counts, St. Johns County, 2018–2022

Cause of Death	2018	2019	2020	2021	2022
Ages 5-9					
Cerebrovascular Diseases	0	0	1	0	0
Congenital Malformations, Deformations, Chromosomal Abnormalities	1	0	0	0	0
Heart Diseases	0	0	0	1	0
Malignant Neoplasm (Cancer)	0	0	0	1	0
Unintentional Injury	0	2	0	0	1
Ages 10-14					
Homicide	0	0	0	0	1
Unintentional Injury	1	1	1	0	3
Ages 15-19					
Anemias	1	0	0	0	0
Congenital Malformations, Deformations, Chromosomal Abnormalities	0	0	0	0	1
COVID-19	0	0	0	2	0
Heart Diseases	0	0	0	1	0
Homicide	0	0	1	0	0
Malignant Neoplasm (Cancer)	0	1	1	0	0
Meningitis	1	0	0	0	0
Other Causes of Death	1	0	1	2	0
Suicide	6	2	2	–	1
Unintentional Injury	1	4	5	3	2

Source: Florida Department of Health | FLHealthCHARTS | Death Counts Query System. Date Sourced: May 17, 2024.
Note: Cells with (–) indicate data is not available.

Exhibit 95 focuses on mortality rates from all causes between 2018–2022 for St. Johns County and Florida. St. Johns County's age-adjusted mortality rate for 2022 (658.1 per 100,000 population) is lower than Florida's rate (738.1 per 100,000 population). St. Johns County and Florida rates increased by 2.7% and 8.6%, respectively.

EXHIBIT 95: OVERALL MORTALITY RATE, ST. JOHNS COUNTY & FLORIDA, 2018–2022

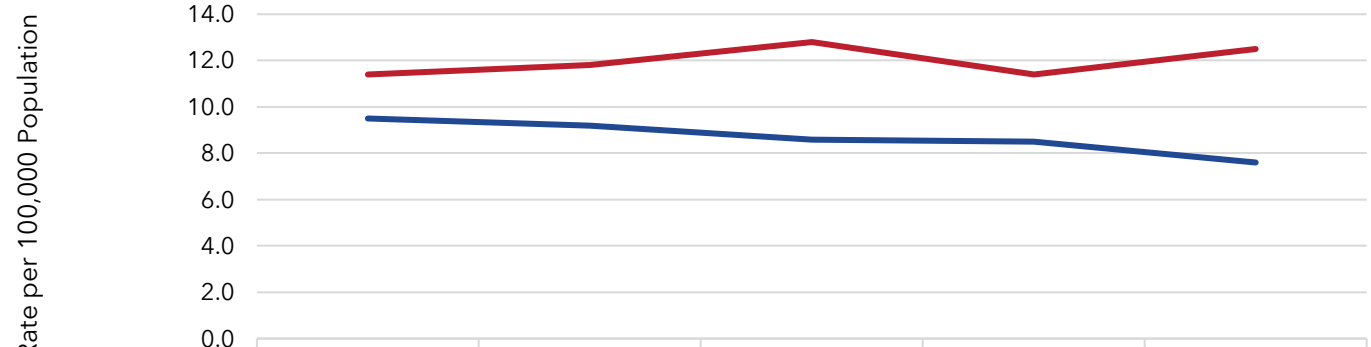


	2018	2019	2020	2021	2022
St. Johns County	640.9	614.0	640.9	717.7	658.1
Florida	679.4	665.6	748.4	802.9	738.1

Source: Florida Department of Health Bureau of Vital Statistics | FLHealthCHARTS | Deaths From All Causes. Date Sourced: May 18, 2024.

The following three graphs illustrate trends in mortality rates for specific age groups. St. Johns County's 2022 mortality rate for ages 5 to 11 (7.6 per 100,000 age-specific population) is lower than Florida's rate (12.5 per age-specific 100,000 population). This county rate decreased by 20.0% from 2018 to 2022 (Exhibit 96). Exhibit 97 shows that the age group 12–14 had a rate of zero for 2018, 2020, and 2021; however, in 2022, the county rate (24.4 per 100,000 age-specific population) rose above Florida's (18.0 per 100,000 age-specific population). Mortality rates for the St. Johns County age group 15–19 decreased by 67.7% between 2018 and 2022 (Exhibit 98).

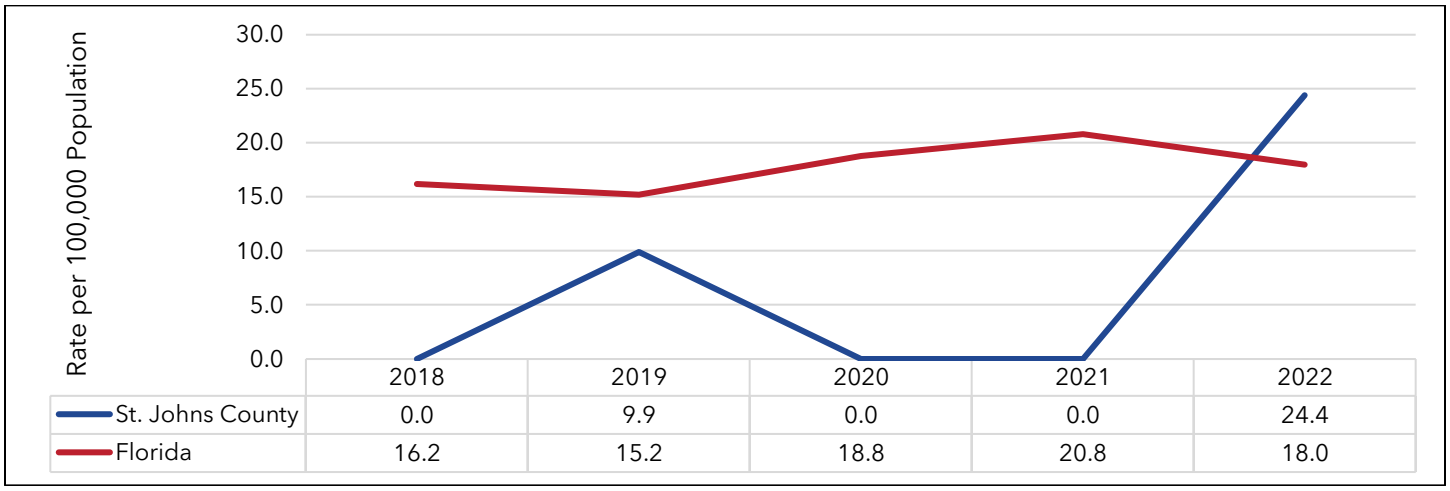
EXHIBIT 96: OVERALL MORTALITY RATE (AGES 5–11), CRUDE RATE, ST. JOHNS COUNTY & FLORIDA, 2018–2022



	2018	2019	2020	2021	2022
St. Johns County	9.5	9.2	8.6	8.5	7.6
Florida	11.4	11.8	12.8	11.4	12.5

Source: Florida Department of Health Bureau of Vital Statistics | FLHealthCHARTS | Deaths From All Causes. Date Sourced: May 18, 2024.

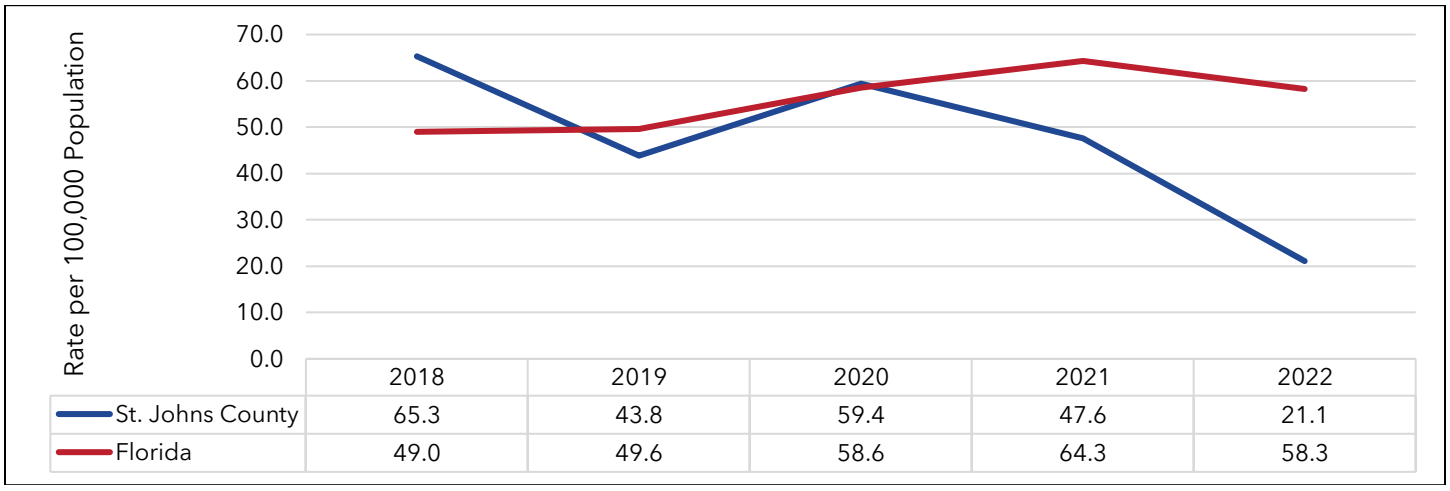
Exhibit 97: Overall Mortality Rate (Ages 12-14), Crude Rate, St. Johns County & Florida, 2018-2022



	2018	2019	2020	2021	2022
St. Johns County	0.0	9.9	0.0	0.0	24.4
Florida	16.2	15.2	18.8	20.8	18.0

Source: Florida Department of Health Bureau of Vital Statistics | FLHealthCHARTS | Deaths From All Causes. Date Sourced: May 18, 2024.

Exhibit 98: Overall Mortality Rate (Ages 15-19), Crude Rate, St. Johns County & Florida, 2018-2022



	2018	2019	2020	2021	2022
St. Johns County	65.3	43.8	59.4	47.6	21.1
Florida	49.0	49.6	58.6	64.3	58.3

Source: Florida Department of Health Bureau of Vital Statistics | FLHealthCHARTS | Deaths From All Causes. Date Sourced: May 18, 2024.

Communicable Diseases

Communicable diseases are infections resulting from viruses or bacteria that individuals transmit to each other via contact with contaminated surfaces, bodily fluids, blood products, insect bites, or airborne means (Edemekong & Huang, 2022).

Influenza and Pneumonia

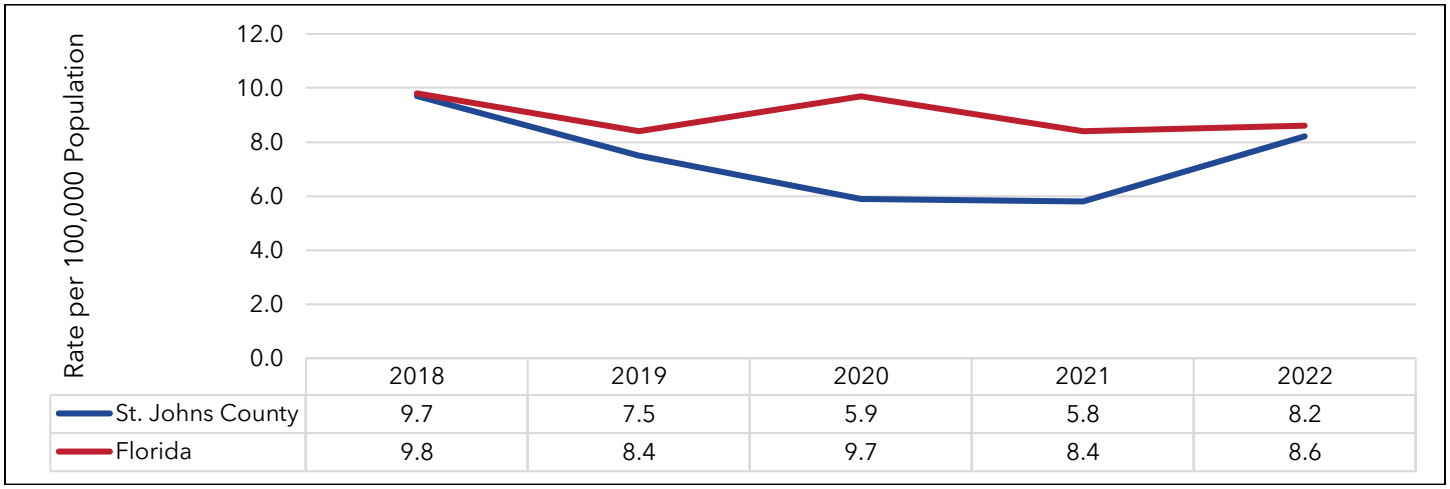
Influenza, or the flu, is a contagious respiratory illness caused by the influenza virus. It can cause mild to severe symptoms and sometimes death. The young, elderly, pregnant women, and people with certain medical conditions, such as asthma, heart disease, and weakened immune system, have a higher risk for serious flu-related complications (CDC, 2022i).

Pneumonia is a lung infection caused by bacteria, viruses, or fungi. In the U.S., the leading causes are *Streptococcus pneumoniae* for bacterial infections and influenza and respiratory syncytial viruses for viral infections. While several causes of pneumonia can be prevented through

vaccinations, such as whooping cough, chickenpox, and influenza, pneumonia is the leading infectious cause of death for children under five years of age worldwide (CDC, 2022i).

In St. Johns County, the influenza and pneumonia mortality rate decreased by 15.5% from 2018 to 2022. Florida's rate also decreased by 12.2% during the same period (Exhibit 99).

EXHIBIT 99: INFLUENZA AND PNEUMONIA MORTALITY, AGE-ADJUSTED RATE, ST. JOHNS COUNTY & FLORIDA, 2018-2022

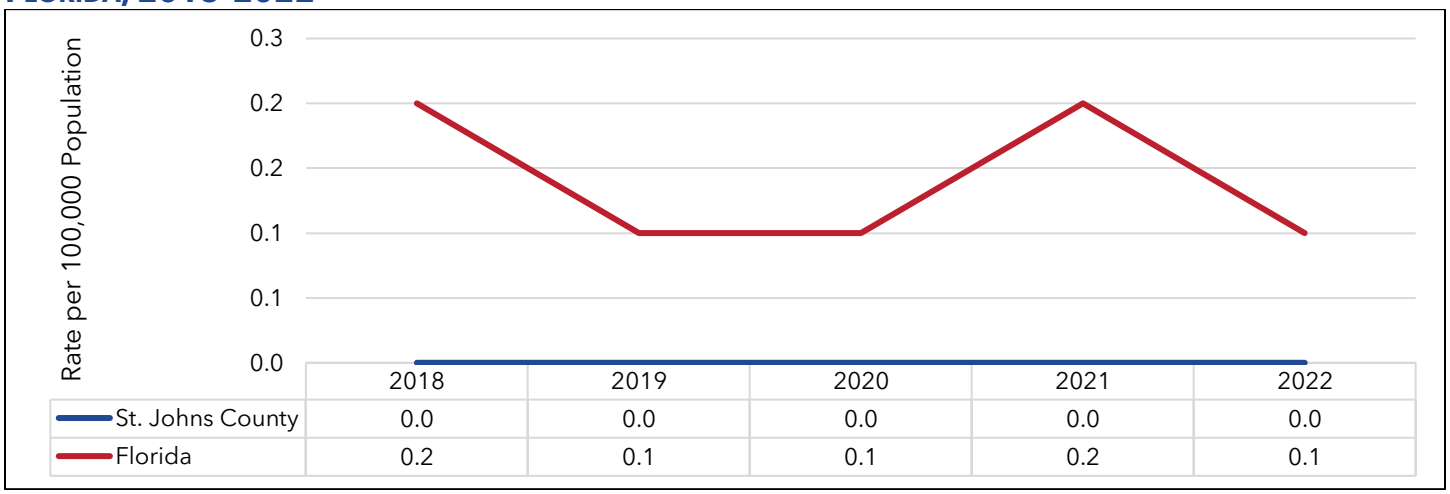


	2018	2019	2020	2021	2022
St. Johns County	9.7	7.5	5.9	5.8	8.2
Florida	9.8	8.4	9.7	8.4	8.6

Source: Florida Department of Health Bureau of Vital Statistics | FLHealthCHARTS | Deaths From Influenza and Pneumonia. Date Sourced: May 18, 2024.

To further investigate the mortality rates from influenza and pneumonia, Exhibit 100, Exhibit 101, and Exhibit 102 focus on the 5–11, 12–14, and 15–19 age groups, respectively. The St. Johns County influenza and mortality rate was 0.0 per 100,000 age-specific population for all age groupings between 2018 and 2022.

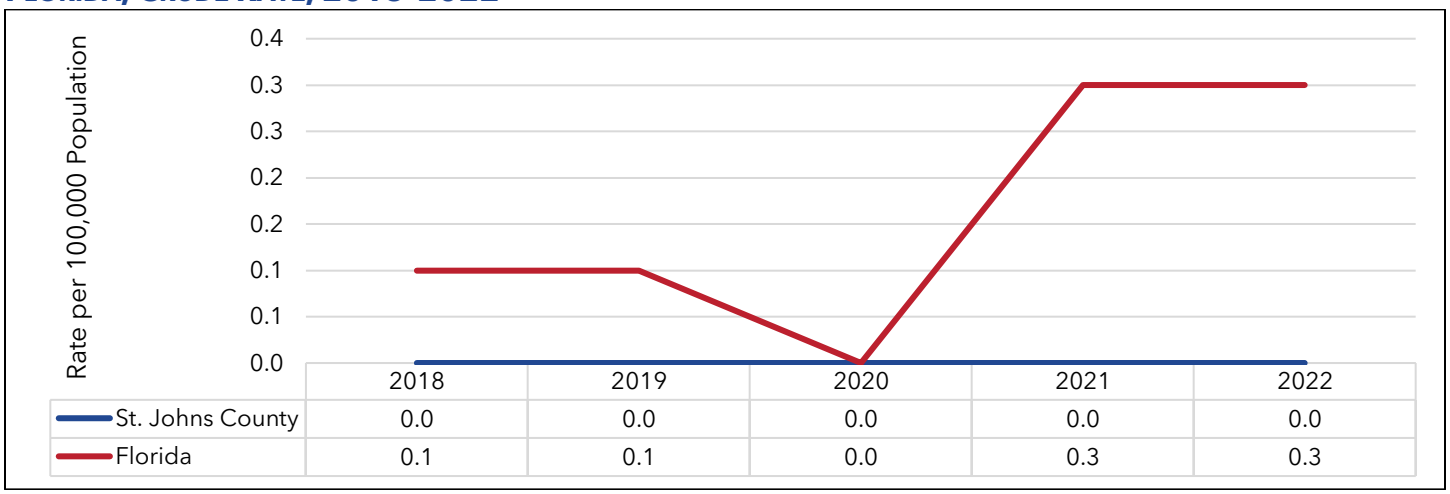
EXHIBIT 100: INFLUENZA AND PNEUMONIA MORTALITY (AGED 5-11), CRUDE RATE, ST. JOHNS COUNTY & FLORIDA, 2018-2022



	2018	2019	2020	2021	2022
St. Johns County	0.0	0.0	0.0	0.0	0.0
Florida	0.2	0.1	0.1	0.2	0.1

Source: Florida Department of Health Bureau of Vital Statistics | FLHealthCHARTS | Deaths From Influenza and Pneumonia. Date Sourced: May 18, 2024.

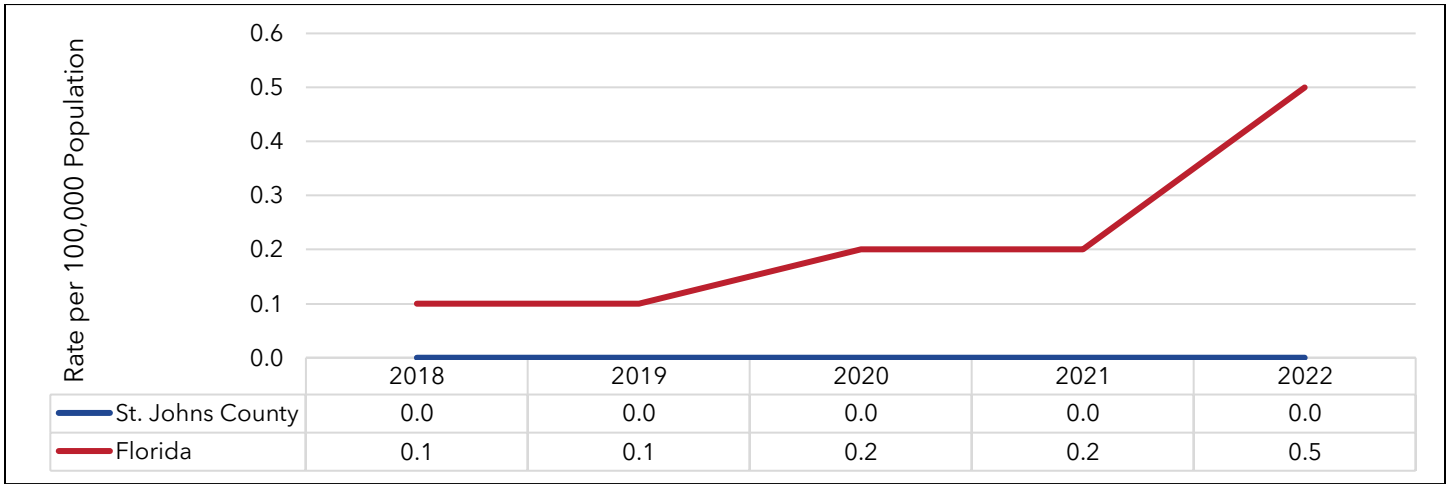
Exhibit 101: Influenza and Pneumonia Mortality (Aged 12-14), Crude Rate, St. Johns County & Florida, Crude Rate, 2018-2022



	2018	2019	2020	2021	2022
St. Johns County	0.0	0.0	0.0	0.0	0.0
Florida	0.1	0.1	0.0	0.3	0.3

Source: Florida Department of Health Bureau of Vital Statistics | FLHealthCHARTS | Deaths From Influenza and Pneumonia. Date Sourced: May 18, 2024.

Exhibit 102: Influenza and Pneumonia Mortality (Aged 15-19), Crude Rate, St. Johns County & Florida, 2018-2022



	2018	2019	2020	2021	2022
St. Johns County	0.0	0.0	0.0	0.0	0.0
Florida	0.1	0.1	0.2	0.2	0.5

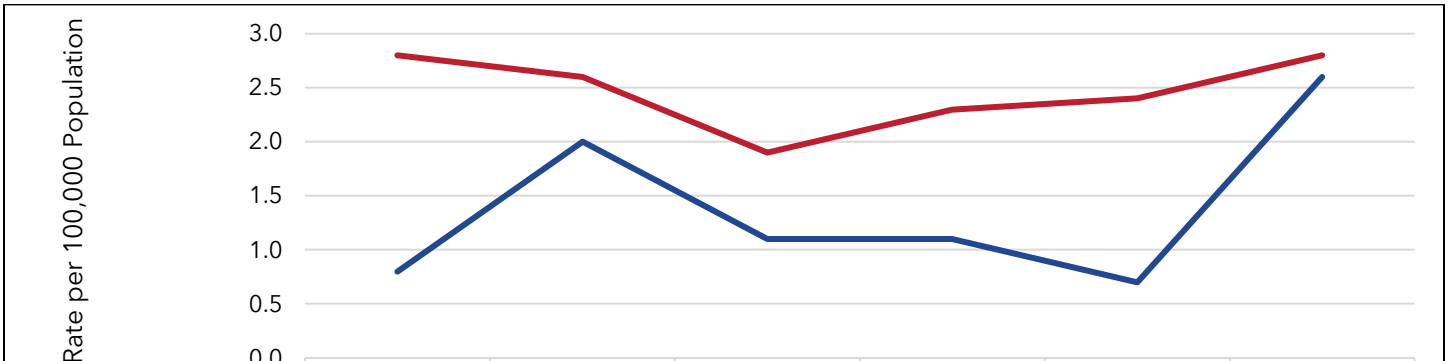
Source: Florida Department of Health Bureau of Vital Statistics | FLHealthCHARTS | Deaths From Influenza and Pneumonia. Date Sourced: May 18, 2024.

Tuberculosis

Tuberculosis (TB) is an airborne disease spread by the bacterium *Mycobacterium tuberculosis* that primarily attacks the lungs but can affect other parts of the body, such as the kidneys, skin, and brain. Because not everyone infected with TB becomes sick, TB results in two conditions: latent TB infection (LTBI) and TB disease, which, if untreated, can be fatal (CDC, 2016b). Those who are at elevated risk of developing TB disease include people with HIV infections, people infected with TB bacteria in the last 2 years, babies and young children, people who inject illegal drugs, people who have other diseases that weaken their immune system, elderly people, and people who were not treated correctly for TB in the past (CDC, 2016b).

The incidence rate of tuberculosis in St. Johns County was 3.3 times higher in 2023 than in 2018, as seen in Exhibit 103. Florida's incidence rate experienced slight fluctuations from 2018 to 2023.

Exhibit 103: Incidence of Tuberculosis, Age-Adjusted Rate, St. Johns County & Florida, 2018–2022



	2018	2019	2020	2021	2022	2023
St. Johns County	0.8	2.0	1.1	1.1	0.7	2.6
Florida	2.8	2.6	1.9	2.3	2.4	2.8

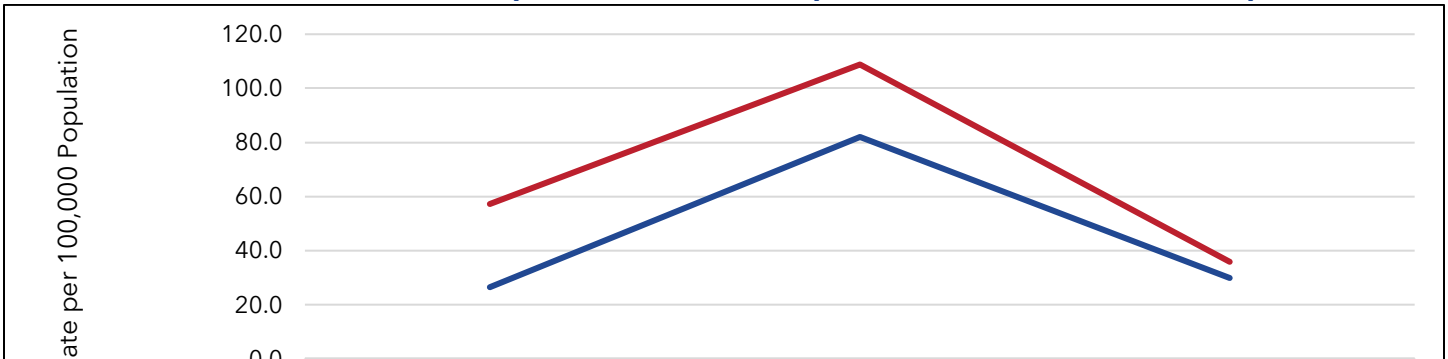
Source: Florida Department of Health, Bureau of Epidemiology | FLHealthCHARTS | Tuberculosis (TB). Date Sourced: May 18, 2024.

COVID-19

Coronavirus disease (COVID-19) is an infectious disease caused by the SARS-CoV-2 virus. It is very contagious and spreads quickly. Over one million people have died from COVID-19 in the U.S. since the pandemic began in 2020 (CDC, 2020a). COVID-19 typically induces respiratory symptoms that can resemble those of a common cold, influenza, or pneumonia. However, it's important to note that COVID-19 can impact not only the lungs and respiratory system but also other parts of the body. While many individuals experience mild symptoms, there is a subset of people who may develop severe illnesses as a result of the disease (CDC, 2020a).

St. Johns County and Florida both experienced more deaths from COVID-19 in 2021 compared to 2020 and 2022 (Exhibit 104).

Exhibit 104: COVID-19 Mortality, Age-Adjusted Rate, St. Johns County & Florida, 2020–2022



	2020	2021	2022
St. Johns County	26.4	82.0	29.8
Florida	57.3	108.8	35.8

Source: Florida Department of Health Bureau of Vital Statistics | FLHealthCHARTS | Deaths From COVID-19. Date Sourced: May 18, 2024.

Sexually Transmitted Diseases

Sexually transmitted diseases (STDs) are infections by bacteria, viruses, or parasites transmitted through sexual contact. They can have a devastating impact on women and infants, especially due to their inter-relationship with HIV/AIDS. Besides increasing the risk of getting and transmitting

HIV, STDs can also produce other long-term health problems. These include pelvic inflammatory disease, infertility, tubal or ectopic pregnancy, cervical cancer, and perinatal or congenital infection in infants born to infected mothers (NIAID, 2015).

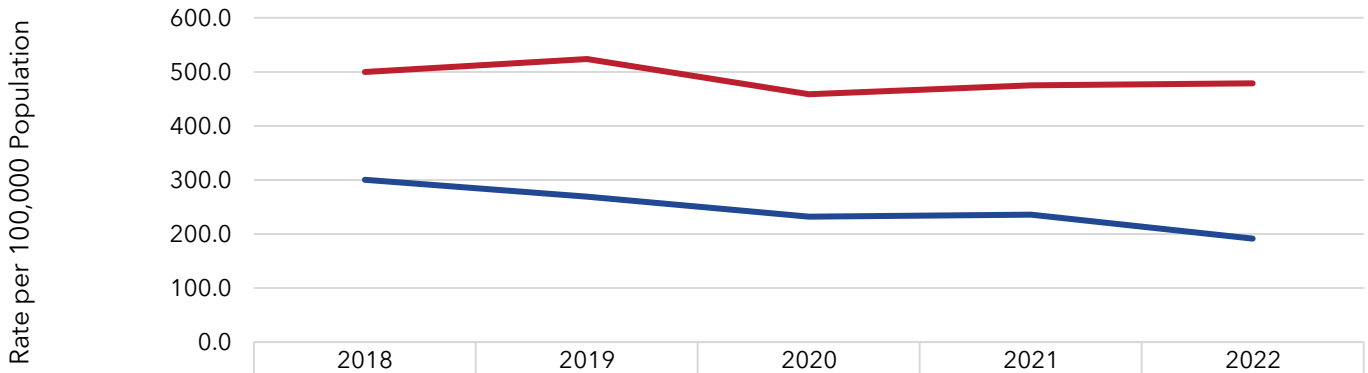
Chlamydia

Chlamydia is a common STD caused by transmission of the *Chlamydia trachomatis* bacterium through sexual contact with the penis, vagina, mouth, or anus of an infected partner and without the need for ejaculation. Chlamydia can also spread from an untreated mother to her baby during childbirth, causing health problems in exposed infants. Any sexually active person can be infected with chlamydia, but men who have sex with men (MSM) and young people are at an increased risk due to a combination of behavioral, biological, and cultural reasons. Reinfection can also occur in those who received treatment for an earlier infection (CDC, 2022a).

Chlamydia is known as a "silent" infection because some people with infections do not show symptoms. The bacteria may cause discharge, bleeding, inflammation of the urethra, painful or difficult urination, and urinary frequency. In women, the infection can spread from the cervix to the upper reproductive tract, causing pelvic inflammatory disease (PID). PID can permanently damage the fallopian tubes and uterus, causing chronic pain, infertility, and potentially life-threatening complications during pregnancy (CDC, 2022a).

In St. Johns County, chlamydia incidence rates from 2018 to 2022 were lower than those in Florida. St. Johns County's rate decreased by 36.2% during this period, compared to a 4.3% decrease in the state (Exhibit 105).

EXHIBIT 105: INCIDENCE OF CHLAMYDIA, AGE-ADJUSTED RATE, ST. JOHNS COUNTY & FLORIDA, 2018–2022

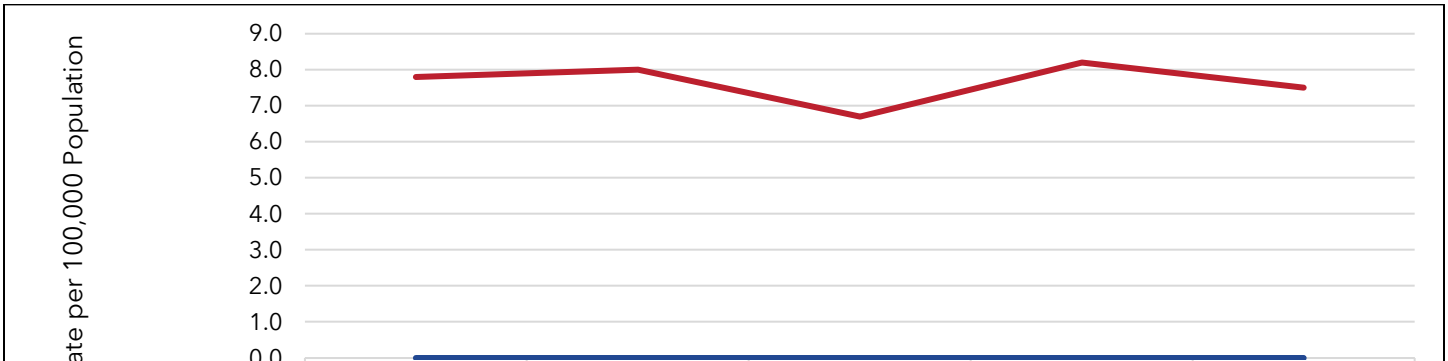


	2018	2019	2020	2021	2022
St. Johns County	300.2	269.5	231.5	235.9	191.4
Florida	500.0	523.6	458.5	475.2	478.6

Source: Florida Department of Health, Bureau of Communicable Diseases | FLHealthCHARTS | Chlamydia. Date Sourced: May 18, 2024.

Exhibit 106, Exhibit 107, and Exhibit 108 present the incidence of chlamydia in age groups 5–11, 12–14, and 15–19, respectively. St. Johns County had zero reports of chlamydia incidence in the age group 5–11 between 2018 and 2022. At the same time, the age group 12–14 had an incidence decline of 60.7% (Exhibit 107), and the age group 15–19 experienced a drop of 38.4% (Exhibit 108).

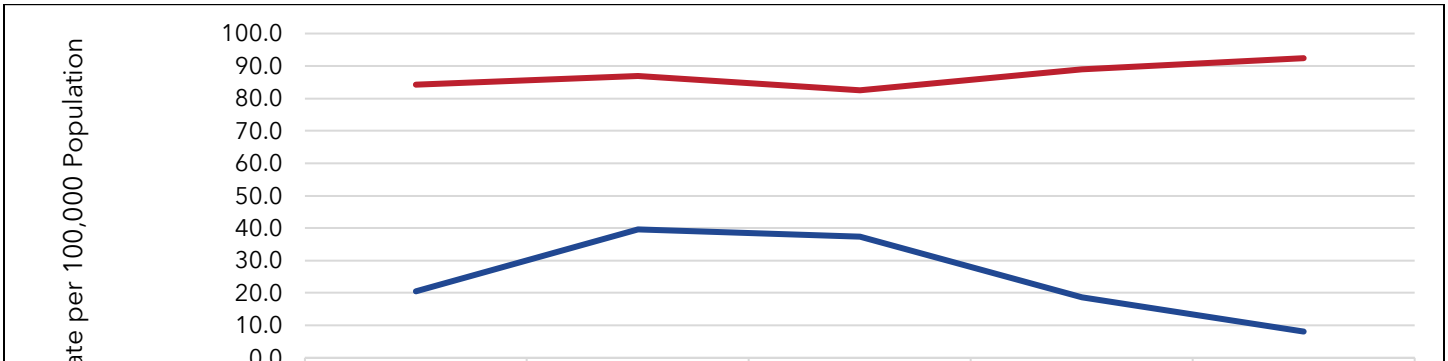
Exhibit 106: Incidence of Chlamydia (Ages 5-11), Crude Rate, St. Johns County & Florida, 2018-2022



	2018	2019	2020	2021	2022
St. Johns County	0.0	0.0	0.0	0.0	0.0
Florida	7.8	8.0	6.7	8.2	7.5

Source: Florida Department of Health, Bureau of Communicable Diseases | FLHealthCHARTS | Chlamydia. Date Sourced: May 18, 2024.

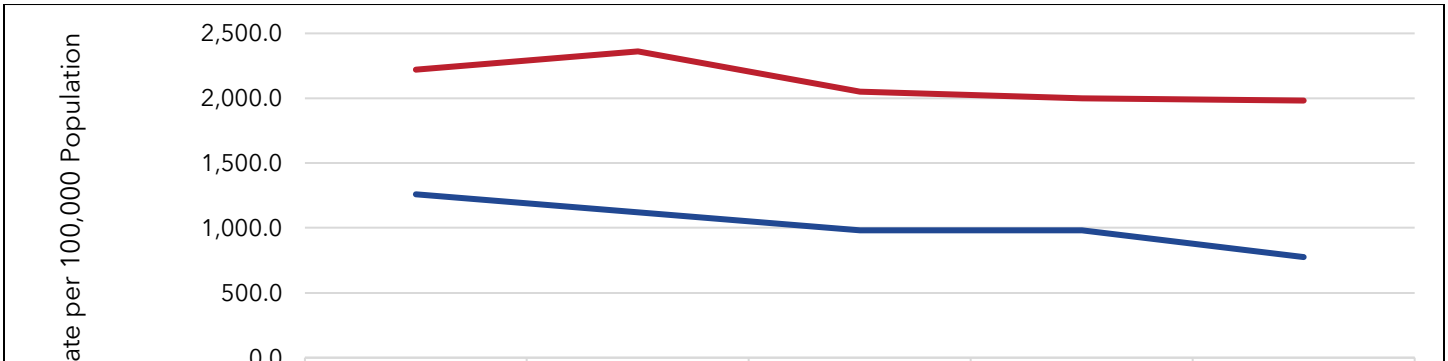
Exhibit 107: Incidence of Chlamydia (Ages 12-14), Crude Rate, St. Johns County & Florida, 2018-2022



	2018	2019	2020	2021	2022
St. Johns County	20.6	39.6	37.4	18.6	8.1
Florida	84.3	87.0	82.5	89.0	92.4

Source: Florida Department of Health, Bureau of Communicable Diseases | FLHealthCHARTS | Chlamydia. Date Sourced: May 18, 2024.

Exhibit 108: Incidence of Chlamydia (Ages 15-19), Crude Rate, St. Johns County & Florida, 2018-2022



	2018	2019	2020	2021	2022
St. Johns County	1,259.4	1,119.0	979.8	980.9	775.5
Florida	2,219.7	2,361.0	2,049.9	1,999.1	1,982.0

Source: Florida Department of Health, Bureau of Communicable Diseases | FLHealthCHARTS | Chlamydia. Date Sourced: May 18, 2024.

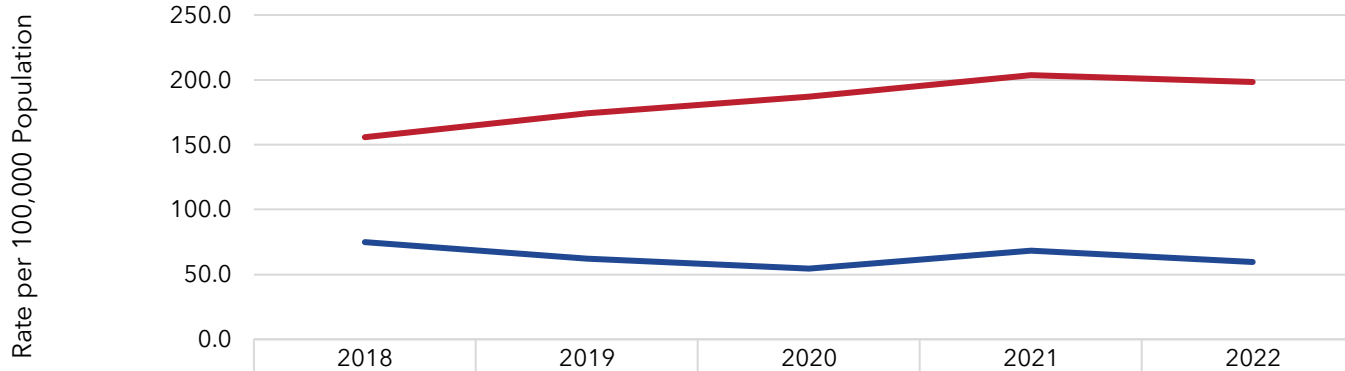
Gonorrhea

Gonorrhea is a common STD, caused by *Neisseria gonorrhoeae* bacteria, transmitted through sexual contact with the penis, vagina, mouth, or anus of an infected person without the need for ejaculation. An infected pregnant woman can also spread the bacteria to her baby during delivery, potentially causing blindness, joint infection, or a life-threatening blood infection in the baby. While anyone who is sexually active can be infected, the highest gonorrhea rates are among teens, young adults, and African Americans. Reinfection can also occur in those who received treatment for an earlier infection (CDC, 2023e).

Most infected people do not experience symptoms. Symptoms in women include painful or difficult urination, increased vaginal discharge, or vaginal bleeding between periods. Serious complications occur when gonorrhea spreads into the uterus or fallopian tubes and causes PID, as seen in chlamydia. Men with urethral infections present with painful or difficult urination and/or white, yellow, or green discharge (CDC, 2023e).

From 2018 to 2022, St. Johns County's gonorrhea incidence rate decreased by 20.7%, while Florida's rate increased by 27.4% (Exhibit 109).

EXHIBIT 109: INCIDENCE OF GONORRHEA, AGE-ADJUSTED RATE, ST. JOHNS COUNTY & FLORIDA, 2018–2022

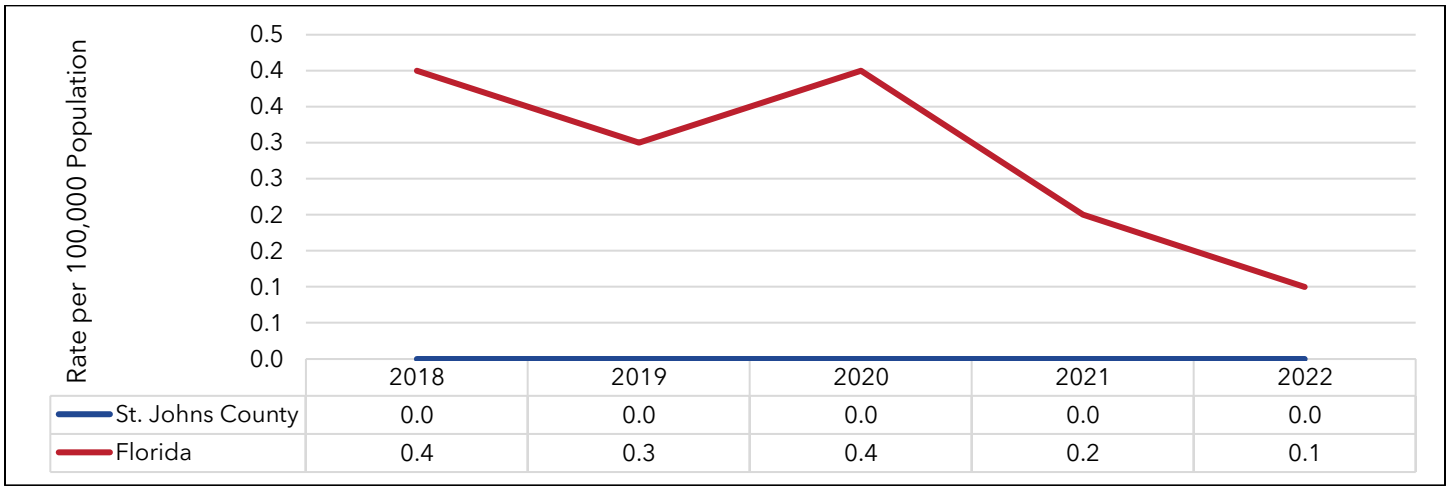


	2018	2019	2020	2021	2022
St. Johns County	74.9	62.1	54.5	68.5	59.4
Florida	155.8	174.0	187.1	203.6	198.5

Source: Florida Department of Health, Bureau of Communicable Diseases | FLHealthCHARTS | Gonorrhea. Date Sourced: May 18, 2024.

Exhibit 110, Exhibit 111, and Exhibit 112 present the incidences of gonorrhea in age groups 5–11, 12–14, and 15–19, respectively, between 2018 and 2022. During this timeframe, the age group 5–11 had zero incident reports of gonorrhea in St. Johns County. The same occurred for the 12–14 age group in 2018, 2020, and 2022. The most recent data above zero for youths aged 12–14 occurred in 2021 with a rate of 9.3 per 100,000 age-specific population. The 15–19 age group in St. Johns County saw a 42.5% increase in gonorrhea cases from 2018 to 2022.

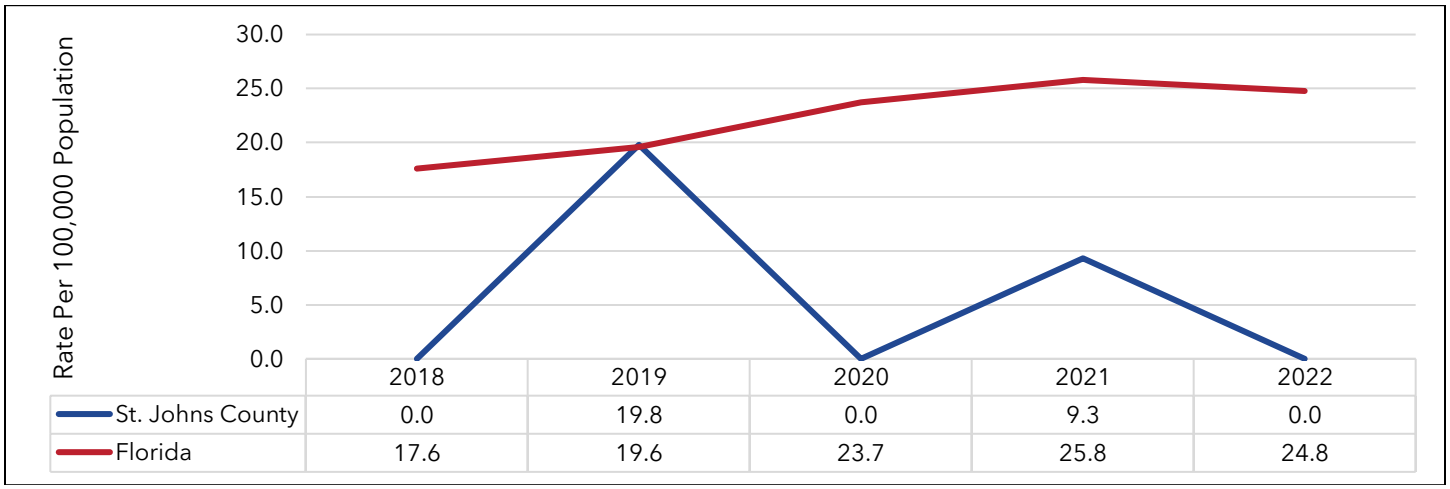
Exhibit 110: Incidence of Gonorrhea (Ages 5-11), Crude Rate, St. Johns County & Florida, 2018-2022



	2018	2019	2020	2021	2022
St. Johns County	0.0	0.0	0.0	0.0	0.0
Florida	0.4	0.3	0.4	0.2	0.1

Source: Florida Department of Health, Bureau of Communicable Diseases | FLHealthCHARTS | Gonorrhea. Date Sourced: May 18, 2024.

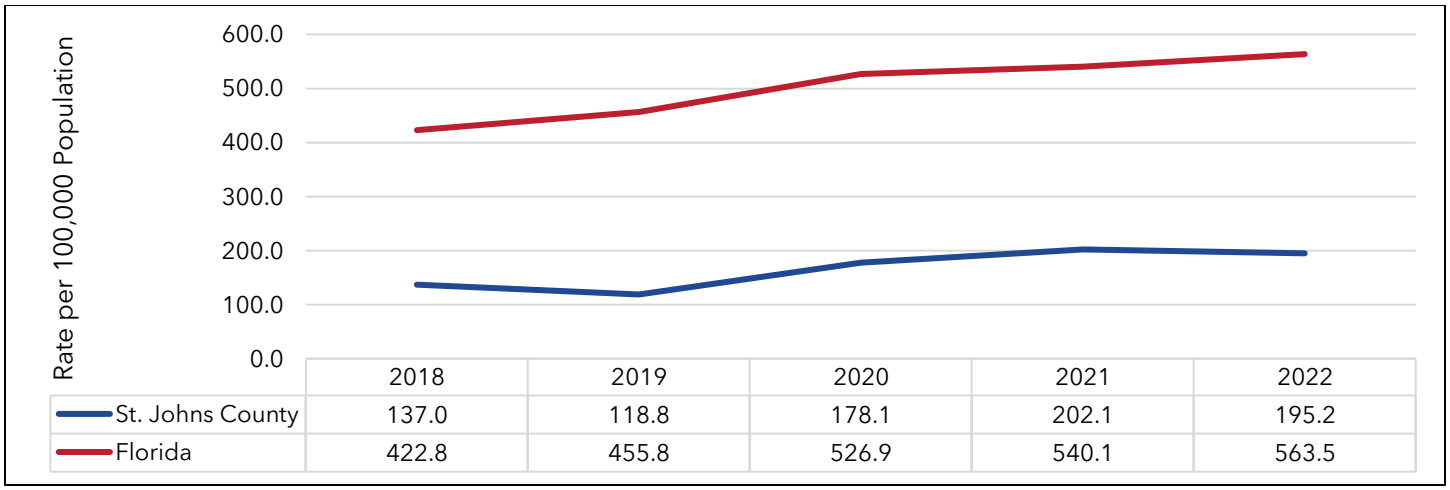
Exhibit 111: Incidence of Gonorrhea (Ages 12-14), Crude Rate, St. Johns County & Florida, 2018-2022



	2018	2019	2020	2021	2022
St. Johns County	0.0	19.8	0.0	9.3	0.0
Florida	17.6	19.6	23.7	25.8	24.8

Source: Florida Department of Health, Bureau of Communicable Diseases | FLHealthCHARTS | Gonorrhea. Date Sourced: May 18, 2024.

Exhibit 112: Incidence of Gonorrhea (Ages 15-19), Crude Rate, St. Johns County & Florida, 2018-2022



	2018	2019	2020	2021	2022
St. Johns County	137.0	118.8	178.1	202.1	195.2
Florida	422.8	455.8	526.9	540.1	563.5

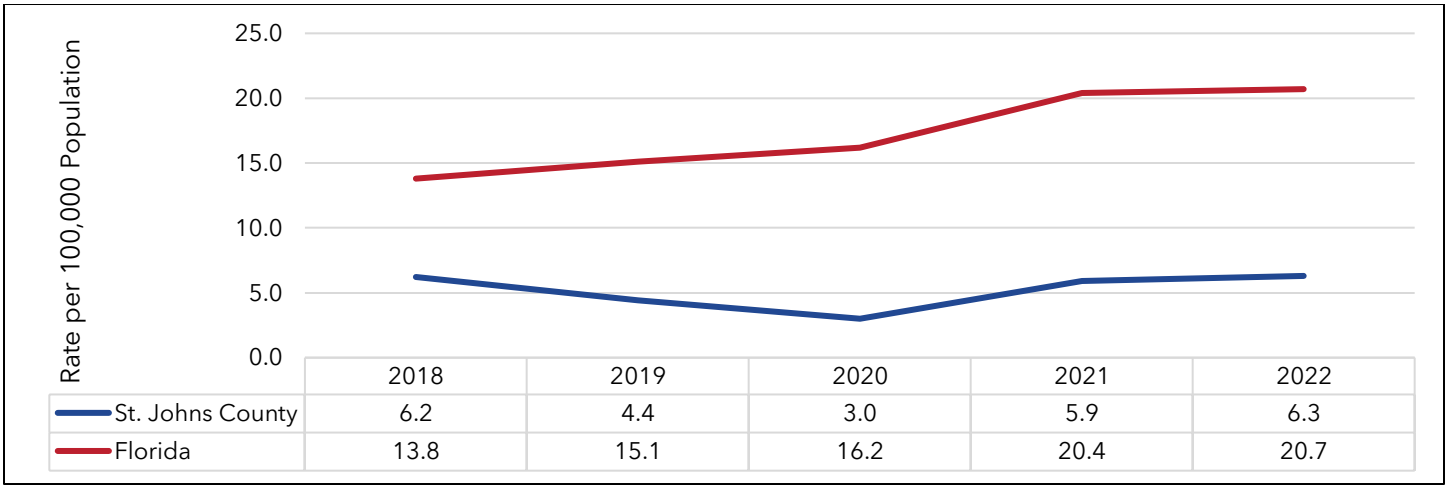
Source: Florida Department of Health, Bureau of Communicable Diseases | FLHealthCHARTS | Gonorrhea. Date Sourced: May 18, 2024.

Infectious Syphilis

Syphilis, caused by the bacterium *Treponema pallidum*, can cause serious chronic health problems if not properly treated. Transmission can occur during vaginal, anal, or oral sex by direct contact with a syphilitic sore, known as a chancre. A chancre sore can occur on or around the external genitals, in the vagina, around the anus, in the rectum, or in or around the mouth. Infected pregnant women can spread syphilis to their unborn children. Symptoms can look like other diseases and may last for weeks, months, or even years if untreated (CDC, 2023f).

Infectious syphilis rates rose by 50.0% for Florida from 2018 to 2022, while St. Johns County's rates increased by 1.6% (Exhibit 113).

EXHIBIT 113: INCIDENCE OF INFECTIOUS SYPHILIS, AGE-ADJUSTED RATE, ST. JOHNS COUNTY & FLORIDA, 2018–2022

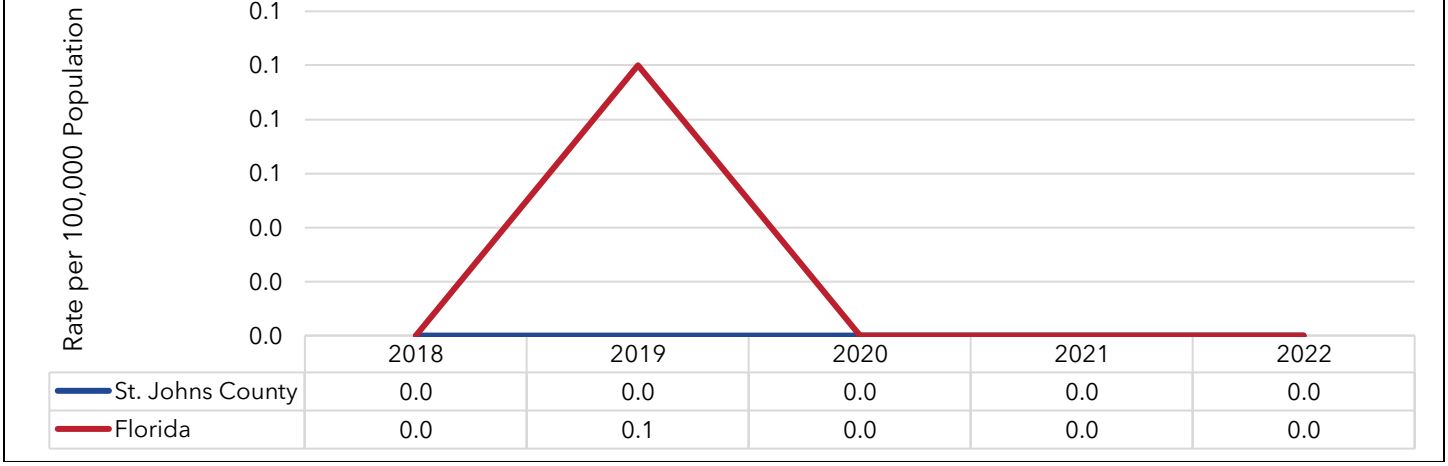


	2018	2019	2020	2021	2022
St. Johns County	6.2	4.4	3.0	5.9	6.3
Florida	13.8	15.1	16.2	20.4	20.7

Source: Florida Department of Health, Bureau of Communicable Diseases | FLHealthCHARTS | Syphilis, Infectious. Date Sourced: May 18, 2024.

Exhibit 114 displays the incidence of infectious syphilis in ages 5–13. The St. Johns County rate of incidence of infectious syphilis in this age group was zero between 2018 and 2022.

EXHIBIT 114: INCIDENCE OF INFECTIOUS SYPHILIS (AGES 5–13), CRUDE RATE, ST. JOHNS COUNTY & FLORIDA, 2018–2022

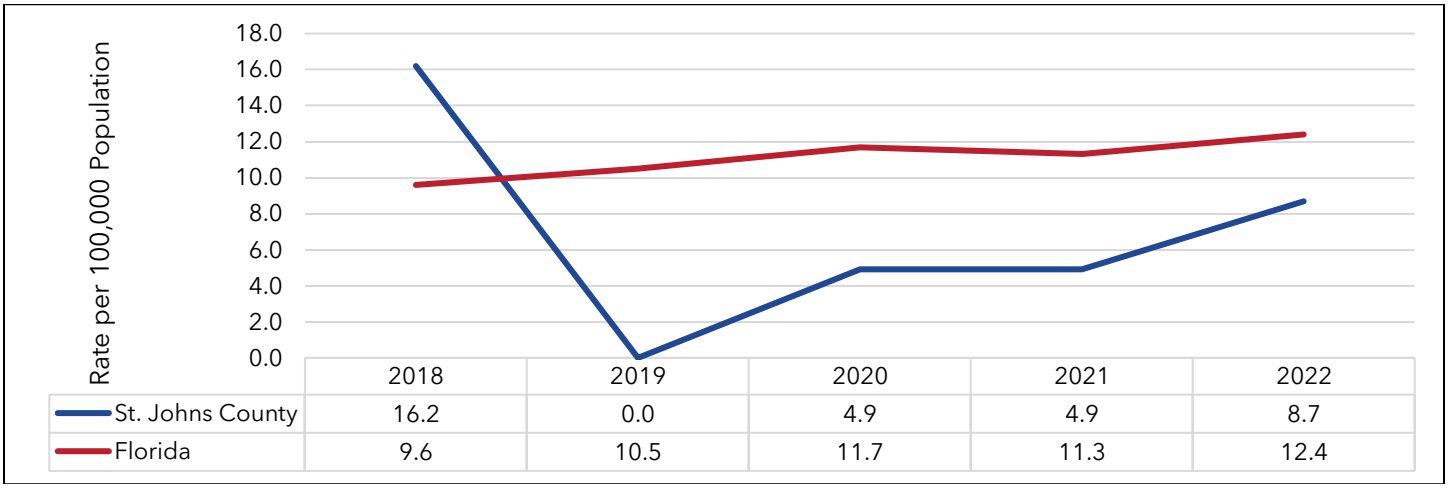


	2018	2019	2020	2021	2022
St. Johns County	0.0	0.0	0.0	0.0	0.0
Florida	0.0	0.1	0.0	0.0	0.0

Source: Florida Department of Health, Bureau of Communicable Diseases | FLHealthCHARTS | Syphilis, Infectious. Date Sourced: May 18, 2024.

In 2022, St. Johns County's incidence rate of infectious syphilis (8.7 per 100,000 population) in ages 14–19 was lower than in Florida (12.4 per 100,000 population). St. Johns County's incidence rates decreased by 46.3% between 2018 and 2022, compared to Florida's rates increasing by 29.2% (Exhibit 115).

EXHIBIT 115: INCIDENCE OF INFECTIOUS SYPHILIS (AGES 14–19), CRUDE RATE, ST. JOHNS COUNTY & FLORIDA, 2018–2022



	2018	2019	2020	2021	2022
St. Johns County	16.2	0.0	4.9	4.9	8.7
Florida	9.6	10.5	11.7	11.3	12.4

Source: Florida Department of Health, Bureau of Communicable Diseases | FLHealthCHARTS | Syphilis, Infectious. Date Sourced: May 18, 2024.

HIV/AIDS

Human immunodeficiency virus (HIV) is a virus that, if untreated, can lead to acquired immunodeficiency syndrome (AIDS). HIV attacks immune system cells, called CD4 or T cells, which help the body fight off infections. Over time, HIV can destroy enough immune cells that the body cannot defend against other infections and diseases. When opportunistic infections and cancers take advantage of this state of decreased immunity, the infected person has AIDS (CDC, 2022b).

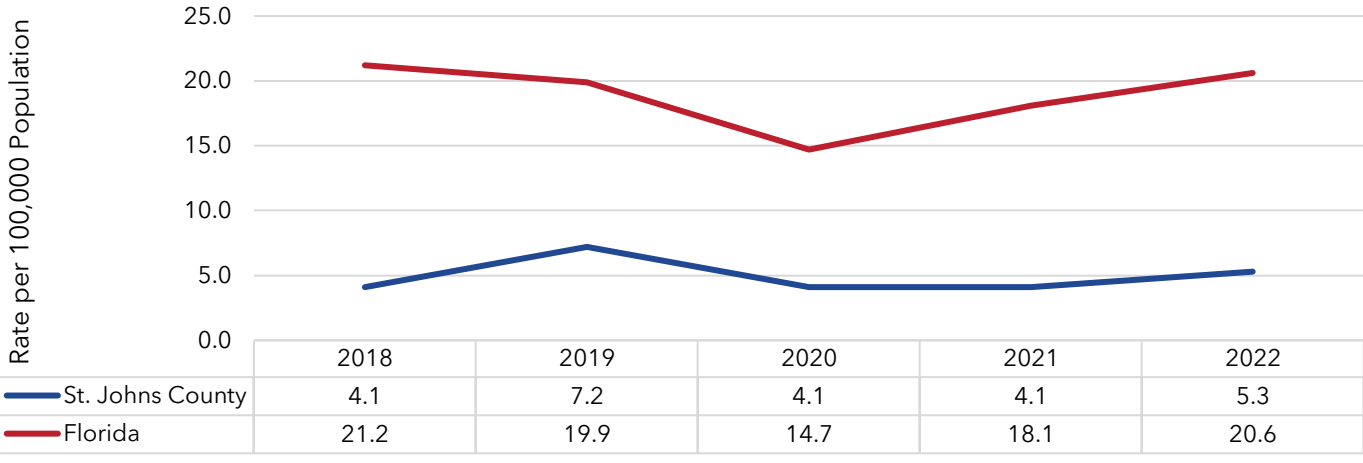
There are three stages of HIV infection. Stage 1, acute infection, occurs within two to four weeks of infection. People with acute HIV infection are very contagious. Stage 2 is a period of HIV inactivity. People are still contagious in this stage, but taking medication and maintaining low viral levels decreases the chance of transmitting HIV to others. Medication may allow people to remain in this stage for several decades. AIDS, Stage 3, is the most severe and final stage. The damaged immune system of those in Stage 3 cannot defend against opportunistic infections, such as severe fungal and bacterial infections. AIDS life expectancy is around 3 years if left untreated (CDC, 2022b).

HIV transmission occurs when certain body fluids (blood, semen, pre-seminal fluid, rectal fluids, vaginal fluids, and breast milk) of an infected person come into contact with a mucous membrane or damaged tissue or when they are directly introduced into the bloodstream through specific activities, such as sex and needle or syringe use. Transmission cannot occur by air or water; saliva, sweat, tears, or closed-mouth kissing; insects or pets; or sharing toilets, food, or drinks (CDC, 2020b).

Between 2018 and 2022, St. Johns County saw an increase in HIV and AIDS incidence, while Florida's incidence rates decreased (Exhibit 116 and Exhibit 119).

Exhibit 116 illustrates the 29.3% rise in St. Johns County rates and the 2.8% decline in Florida rates for this period.

EXHIBIT 116: INCIDENCE OF HIV, AGE-ADJUSTED RATE, ST. JOHNS COUNTY & FLORIDA, 2018–2022

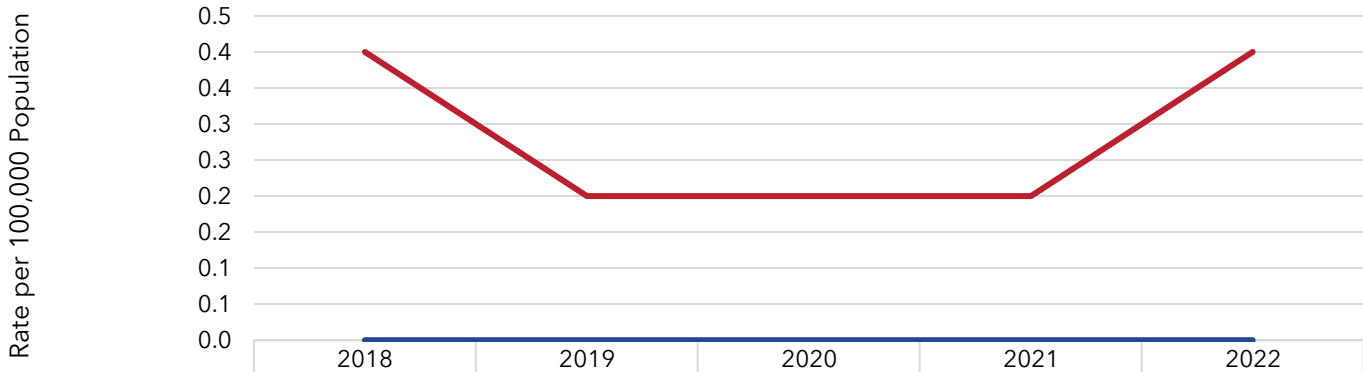


	2018	2019	2020	2021	2022
St. Johns County	4.1	7.2	4.1	4.1	5.3
Florida	21.2	19.9	14.7	18.1	20.6

Source: Florida Department of Health, Bureau of Communicable Diseases | FLHealthCHARTS | HIV Diagnoses. Date Sourced: May 18, 2024.

From 2018 to 2022, the incidence rate of HIV for ages 0–12 in St. Johns County remained at 0.0 per 100,000 population, which was lower than the Florida rate (Exhibit 117). Similarly, the incidence of HIV in the age group 13–19 was also lower than the state rate during the same period, decreasing by 19.6% overall (Exhibit 118).

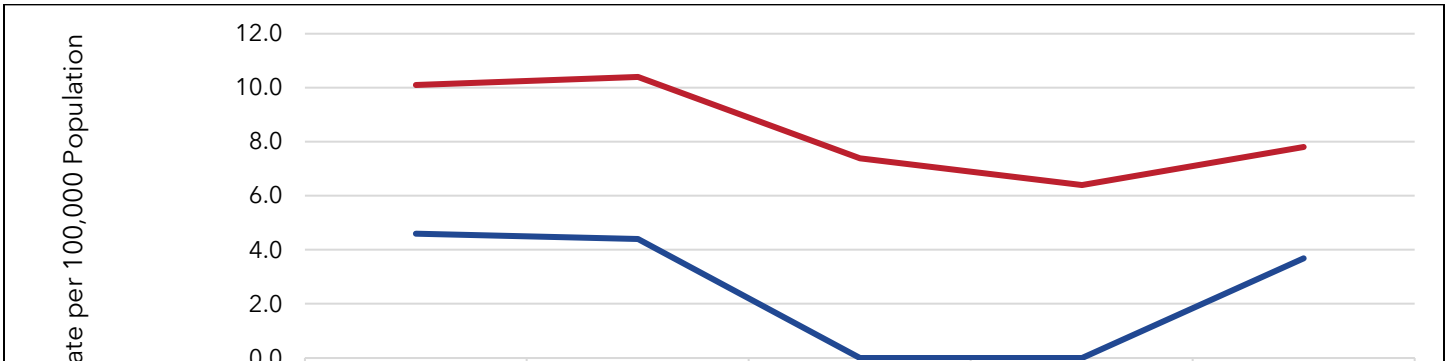
EXHIBIT 117: INCIDENCE OF HIV (AGES 0–12), CRUDE RATE, ST. JOHNS COUNTY & FLORIDA, 2018–2022



	2018	2019	2020	2021	2022
St. Johns County	0.0	0.0	0.0	0.0	0.0
Florida	0.4	0.2	0.2	0.2	0.4

Source: Florida Department of Health, Bureau of Communicable Diseases | FLHealthCHARTS | HIV Diagnoses. Date Sourced: May 18, 2024.

Exhibit 118: Incidence of HIV (Ages 13–19), Crude Rate, St. Johns County & Florida, 2018–2022

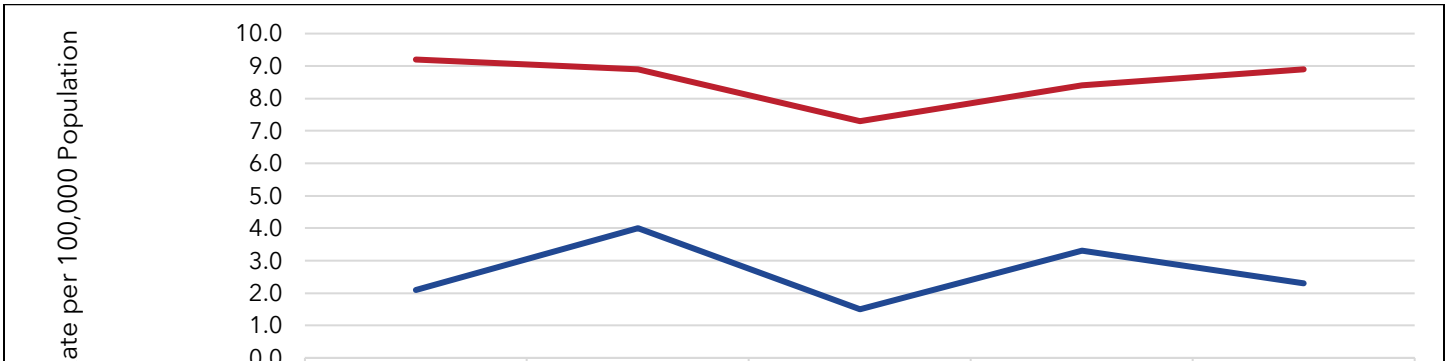


	2018	2019	2020	2021	2022
St. Johns County	4.6	4.4	0.0	0.0	3.7
Florida	10.1	10.4	7.4	6.4	7.8

Source: Florida Department of Health, Bureau of Communicable Diseases | FLHealthCHARTS | HIV Diagnoses. Date Sourced: May 18, 2024.

The incidence of AIDS rates increased by 9.5% in St. Johns County and decreased by 3.3% in Florida between 2018 and 2022 (Exhibit 119). In age groups 0–12 and 13–19, the incidence rate of AIDS for St. Johns County was 0.0 per 100,000 population in 2018 and remained the same throughout the reporting period (Exhibit 120 and Exhibit 121).

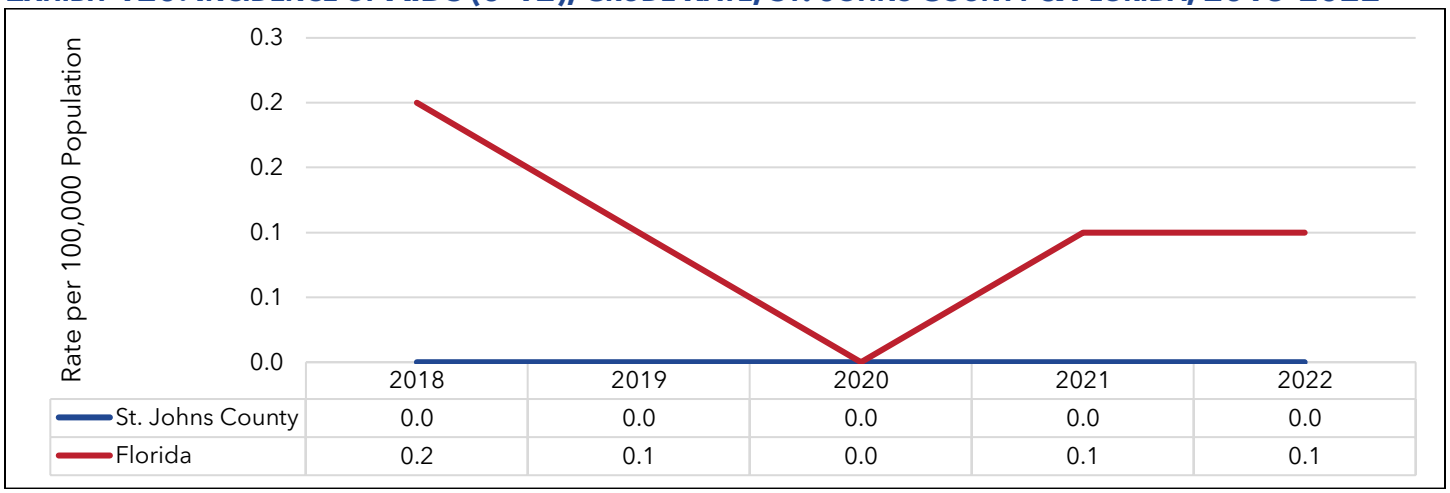
Exhibit 119: Incidence of AIDS, Age-Adjusted Rate, St. Johns County & Florida, 2018–2022



	2018	2019	2020	2021	2022
St. Johns County	2.1	4.0	1.5	3.3	2.3
Florida	9.2	8.9	7.3	8.4	8.9

Source: Florida Department of Health, Bureau of Communicable Diseases | FLHealthCHARTS | AIDS. Date Sourced: May 19, 2024.

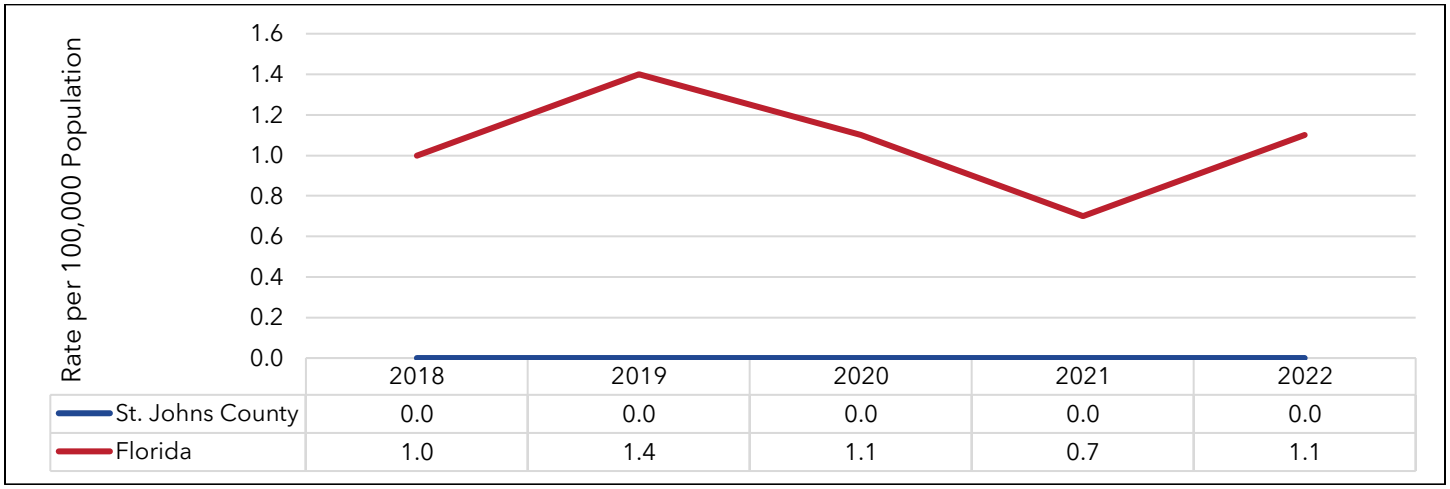
EXHIBIT 120: INCIDENCE OF AIDS (0-12), CRUDE RATE, ST. JOHNS COUNTY & FLORIDA, 2018-2022



	2018	2019	2020	2021	2022
St. Johns County	0.0	0.0	0.0	0.0	0.0
Florida	0.2	0.1	0.0	0.1	0.1

Source: Florida Department of Health, Bureau of Communicable Diseases | FLHealthCHARTS | AIDS. Date Sourced: May 19, 2024.

EXHIBIT 121: INCIDENCE OF AIDS (AGES 13-19), CRUDE RATE, ST. JOHNS COUNTY & FLORIDA, 2018-2022

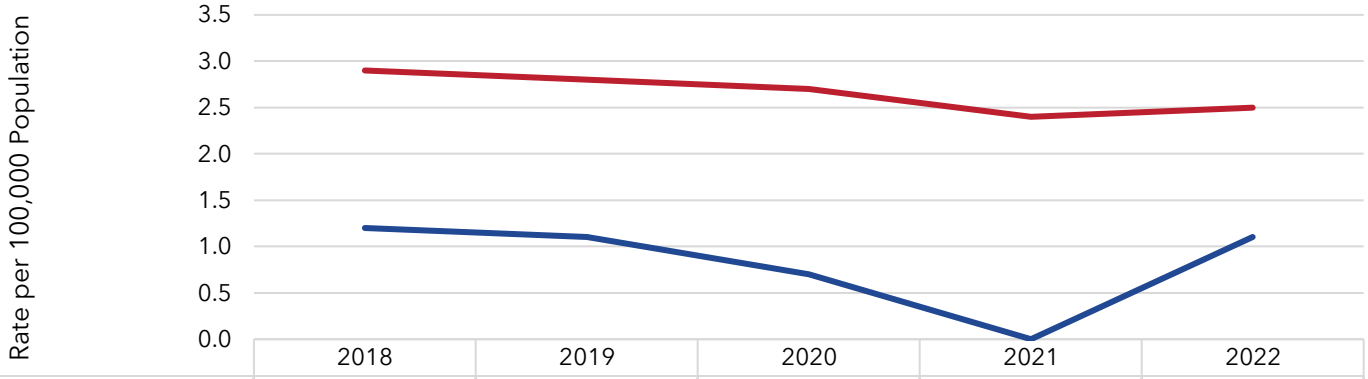


	2018	2019	2020	2021	2022
St. Johns County	0.0	0.0	0.0	0.0	0.0
Florida	1.0	1.4	1.1	0.7	1.1

Source: Florida Department of Health, Bureau of Communicable Diseases | FLHealthCHARTS | AIDS. Date Sourced: May 19, 2024.

The HIV/AIDS mortality rate decreased in both St. Johns County and Florida from 2018 to 2022 by 8.3% and 13.8%, respectively (Exhibit 122).

EXHIBIT 122: HIV/AIDS MORTALITY, AGE-ADJUSTED RATE, ST. JOHNS COUNTY & FLORIDA, 2018–2022



	2018	2019	2020	2021	2022
St. Johns County	1.2	1.1	0.7	0.0	1.1
Florida	2.9	2.8	2.7	2.4	2.5

Source: Florida Department of Health, Bureau of Communicable Diseases | FLHealthCHARTS | Deaths From HIV/AIDS. Date Sourced: May 19, 2024.

There was zero incidence of HIV/AIDS mortality for the age groups 5–11, 12–14, and 15–19 between 2018 and 2022 in St. Johns County. Florida had a rate of 0.1 per 100,000 age-specific population in 2020 for the 15–19 age group.

Chronic Diseases

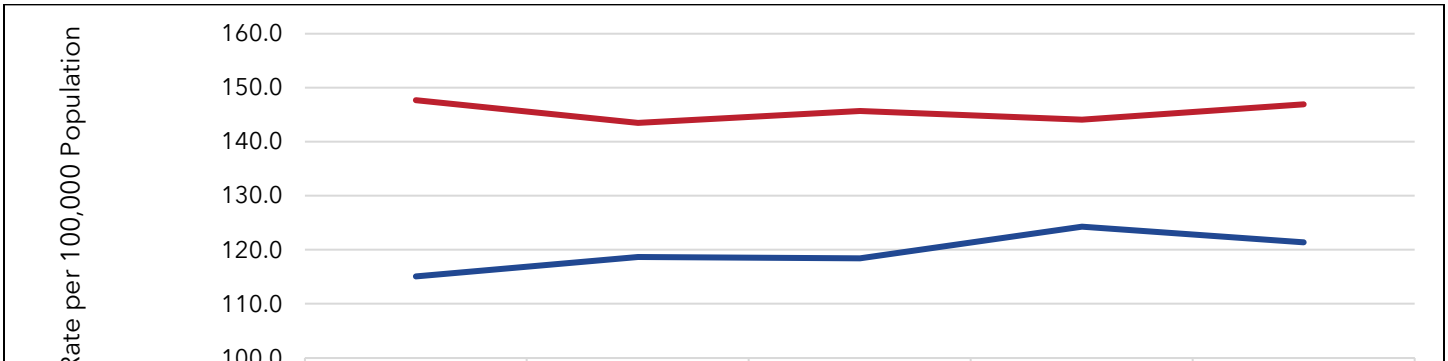
Chronic diseases encompass a wide range of conditions lasting one year or more, demanding continual medical attention, and may restrict completing activities of daily living. Leading causes of death and disability, chronic diseases such as heart disease, cancer, and diabetes contribute significantly to the nation's annual healthcare costs of $4.1 trillion. The CDC reports that six in ten U.S. adults have a chronic disease, with four in ten having two or more. Risk factors for chronic diseases include tobacco use and exposure to secondhand smoke, poor nutrition, lack of physical activity, and excessive alcohol consumption (CDC, 2022c).

Heart Disease

Heart disease remains the nation's leading cause of death, accounting for one in every four deaths in the U.S. The most common type is coronary heart disease, which can lead to heart attack. Key risk factors are high blood pressure, high cholesterol, and smoking, but other medical conditions and lifestyle choices such as diabetes, obesity, poor diet, physical inactivity, and excessive alcohol use can pose risks (CDC, 2022j).

From 2018 to 2022, the mortality rate from heart disease in St. Johns County was stable, with an overall increase of 5.5%. In contrast, Florida's mortality rate decreased by 0.5% from 2018 to 2022 (Exhibit 123).

Exhibit 123: Heart Disease Mortality, Age-Adjusted Rate, St. Johns County & Florida, 2018–2022

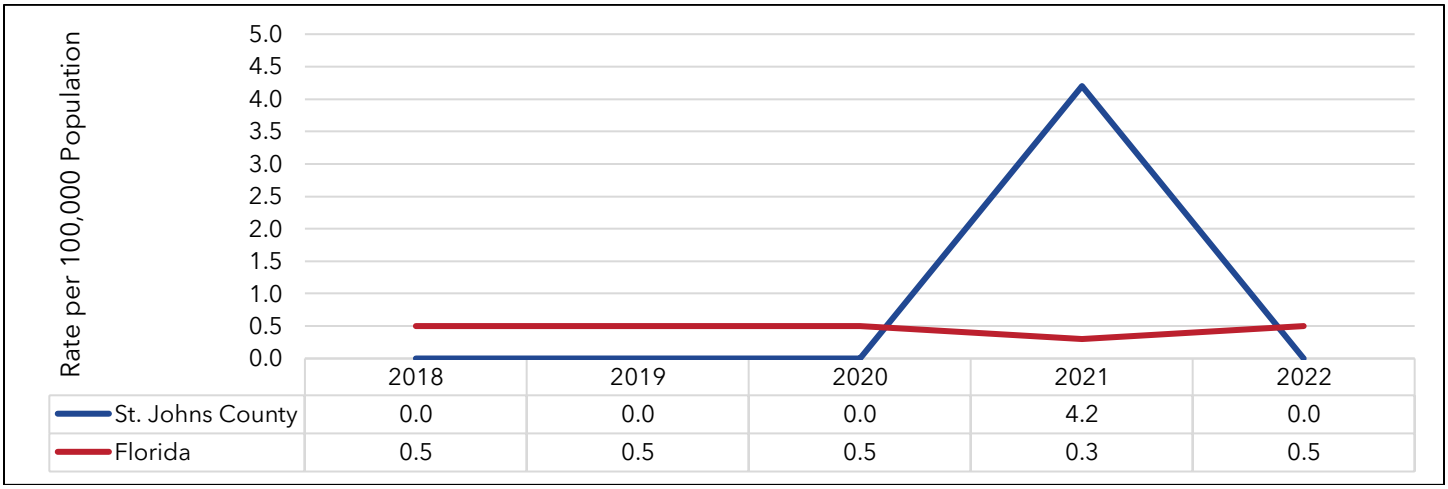


	2018	2019	2020	2021	2022
St. Johns County	115.1	118.7	118.4	124.3	121.4
Florida	147.7	143.5	145.7	144.1	146.9

Source: Florida Department of Health, Bureau of Vital Statistics | FLHealthCHARTS | Deaths From Heart Diseases. Date Sourced: May 19, 2024.

The following exhibits explore heart disease mortality rates in specific age groups: Exhibit 124 (5–11 years), Exhibit 125 (12–14 years), and Exhibit 126 (15–19 years). In the age group 5–11 years, 2021 had the only incidence rate above zero: 4.2 per 100,000 age-specific population. The age group 12–14 years had zero incidence between 2018 and 2022. In 2021, the age group 15–19 years had an incidence rate of 5.9 per 100,00 age-specific population, while the remaining years in the report period had zero incidence rates.

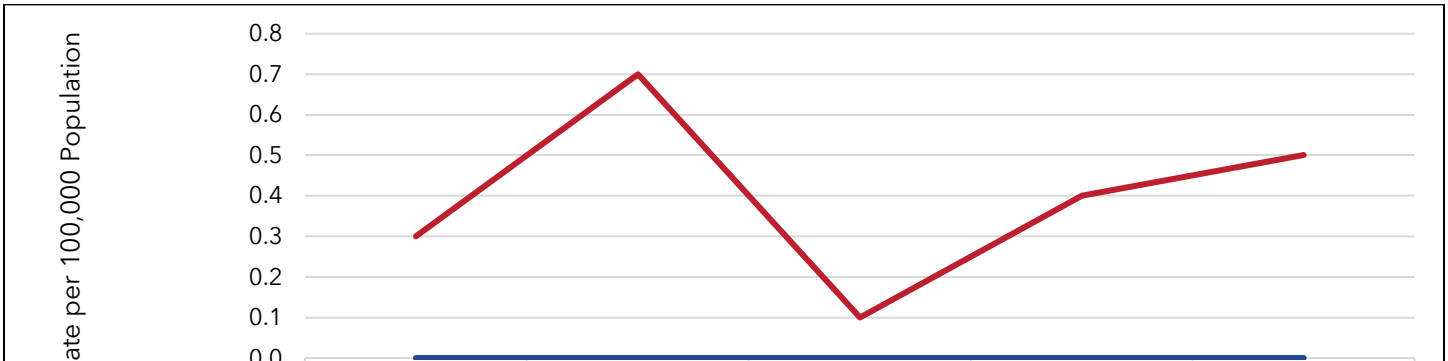
Exhibit 124: Heart Disease Mortality (Aged 5–11), Crude Rate, St. Johns County & Florida, 2018–2022



	2018	2019	2020	2021	2022
St. Johns County	0.0	0.0	0.0	4.2	0.0
Florida	0.5	0.5	0.5	0.3	0.5

Source: Florida Department of Health, Bureau of Vital Statistics | FLHealthCHARTS | Deaths From Heart Diseases. Date Sourced: May 19, 2024.

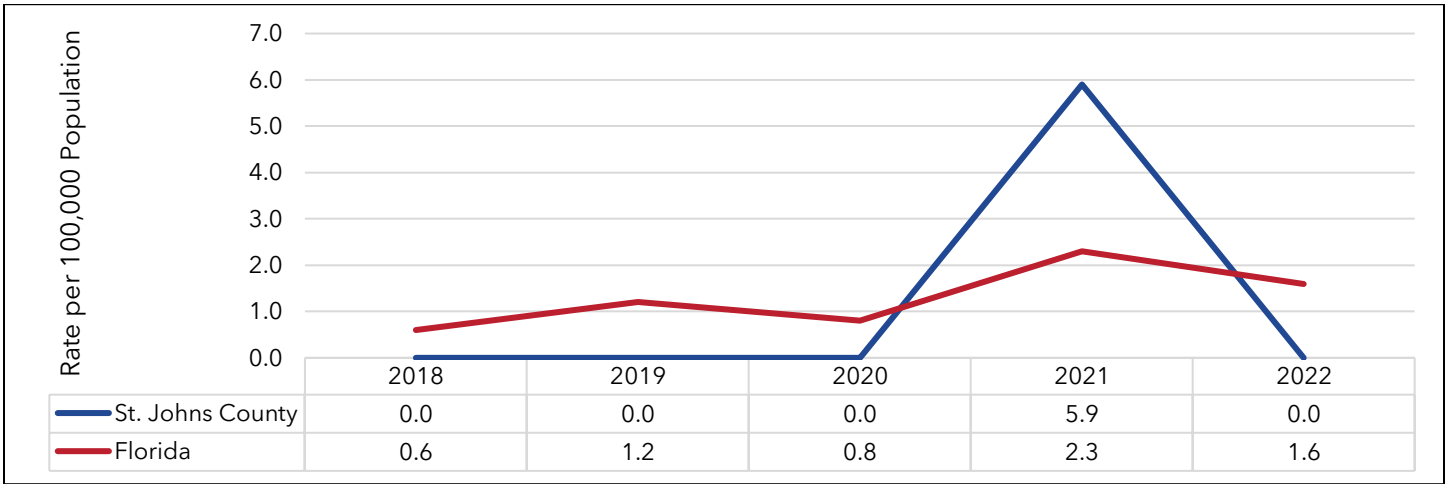
Exhibit 125: Heart Disease Mortality Rate (Aged 12–14), St. Johns County & Florida, Crude Rate, 2018–2022



	2018	2019	2020	2021	2022
St. Johns County	0.0	0.0	0.0	0.0	0.0
Florida	0.3	0.7	0.1	0.4	0.5

Source: Florida Department of Health, Bureau of Vital Statistics | FLHealthCHARTS | Deaths From Heart Diseases. Date Sourced: May 19, 2024.

Exhibit 126: Heart Disease Mortality Rate (Aged 15–19), St. Johns County & Florida, Crude Rate, 2018–2022



	2018	2019	2020	2021	2022
St. Johns County	0.0	0.0	0.0	5.9	0.0
Florida	0.6	1.2	0.8	2.3	1.6

Source: Florida Department of Health, Bureau of Vital Statistics | FLHealthCHARTS | Deaths From Heart Diseases. Date Sourced: May 19, 2024.

Asthma

Asthma is a chronic, long-term condition affecting the airways in the lungs (NIH, 2022). During an asthma attack, the sides of the airways in the lungs swell, and the airways shrink. Less air gets in and out of the lungs, and mucous clogs the airways (CDC, 2024b).

Exhibit 127 lists asthma data indicators for St. Johns County and Florida. In the 2019 Asthma Call Back Survey (ACBS), 43.0% of respondents in Florida indicated asthma and depression among adults. The 2019 ACBS also found that 24.7% of its Florida adult participants had missed workdays in the past 12 months, with an average of 10.5 days missed. In the same report, 40.3% of children in Florida missed school days, with an average of two days missed. Of all the survey participants, 7.9% noted cost as a barrier to routine doctor care and 20.6% cited cost as a barrier to obtaining medications.

EXHIBIT 127: ASTHMA PROFILE, ST. JOHNS COUNTY & FLORIDA, 2022

Indicator	St. Johns	Florida	Data Source
Lifetime asthma prevalence in adults	14.5%	12.9%	2021 Behavioral Risk Factor Surveillance System
Lifetime asthma prevalence in middle school students	13.3%	17.1%	2020 Florida Youth Tobacco Survey
Lifetime asthma prevalence in high school students	17.3%	18.7%	2020 Florida Youth Tobacco Survey
Sleep loss among adults due to asthma symptoms in the past 30 nights	–	35.7%	2019 Asthma Call Back Survey
Asthma and depression among adults	–	43.0%	2019 Asthma Call Back Survey
Asthma and feeling of hopelessness among adolescents	–	35.7%	2020 Florida Youth Tobacco Survey
Asthma emergency department visits (age-adjusted rate per 100,000 population)	163.2	427.0	2022 Florida Agency for Health Care Administration
One or more emergency department or urgent care center visits due to asthma among middle school students	14.2%	21.6%	2022 Florida Youth Tobacco Survey
One or more emergency department or urgent care center visits due to asthma among high school students	9.3%	13.8%	2022 Florida Youth Tobacco Survey
Four or more emergency department or urgent care center visits due to asthma among middle school students	1.6%	4.8%	2022 Florida Youth Tobacco Survey
Four or more emergency department or urgent care center visits due to asthma among high school students	3.0%	2.9%	2022 Florida Youth Tobacco Survey

Indicator	St. Johns	Florida	Data Source
Asthma hospitalizations (age-adjusted rate per 100,000 population)	30.3	45.1	2022 Florida Agency for Health Care Administration
Missed workdays or unable to carry out usual activities in the past 12 months in adults	–	24.7%	2019 Asthma Call Back Survey
Average number of missed work/usual activities - adults	–	10.5 days	2019 Asthma Call Back Survey
Children with missed school days during the past 12 months	–	40.3%	2019 Asthma Call Back Survey
Average number of days of missed school days in children during the past 12 months	–	2.2 days	2019 Asthma Call Back Survey
Cost as a barrier to routine doctor visit – adults	–	7.9%	2019 Asthma Call Back Survey
Cost as a barrier to medication	–	20.6%	2019 Asthma Call Back Survey

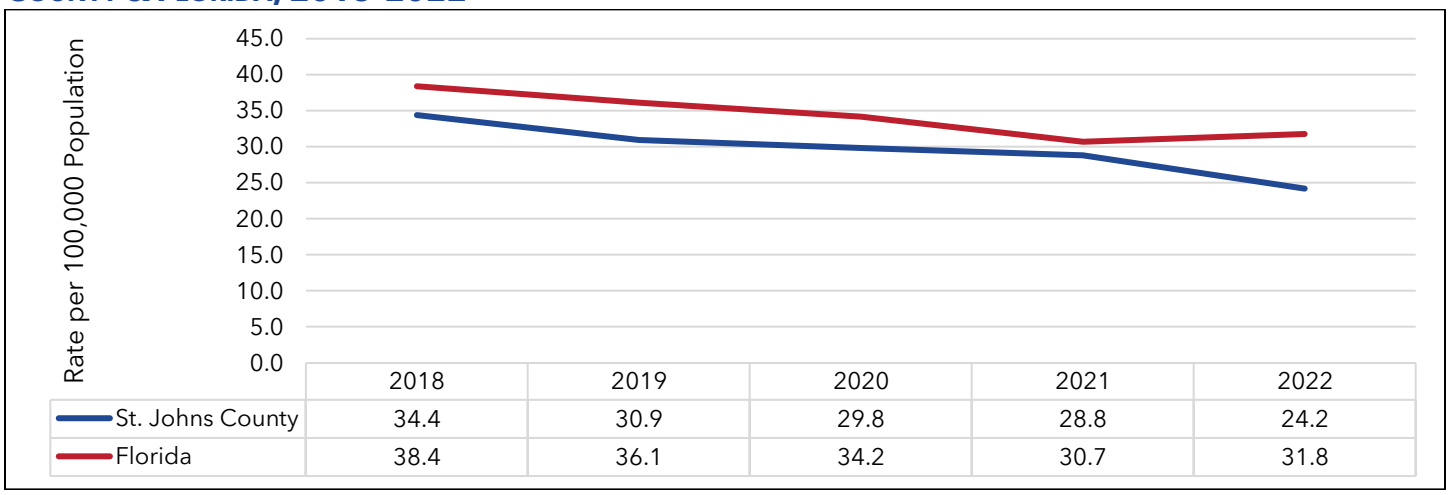
Source: Florida Department of Health, Division of Public Health Statistics and Performance Management | FLHealthCHARTS | Asthma Profile. Date Sourced: May 19, 2024.

Chronic Lower Respiratory Disease

Chronic lower respiratory disease (CLRD) is a disease of the airways and other structures of the lungs that includes asthma, chronic obstructive pulmonary disease (COPD), occupational lung diseases, and pulmonary hypertension. Risk factors include first and secondhand tobacco smoke, exposure to indoor and outdoor air pollutants, genetic factors, and respiratory infections (WHO, n.d.-a). In 2022, CLRD was the sixth leading cause of death in Florida and St. Johns County (Exhibit 93).

St. Johns County had a higher CLRD mortality rate than Florida over the last five years. The county's CLRD mortality rate decreased by 29.7%, while Florida's mortality rate decreased by 17.2% from 2018 to 2022 (Exhibit 128).

Exhibit 128: Chronic Lower Respiratory Disease Mortality, Age-Adjusted Rate, St. Johns County & Florida, 2018-2022

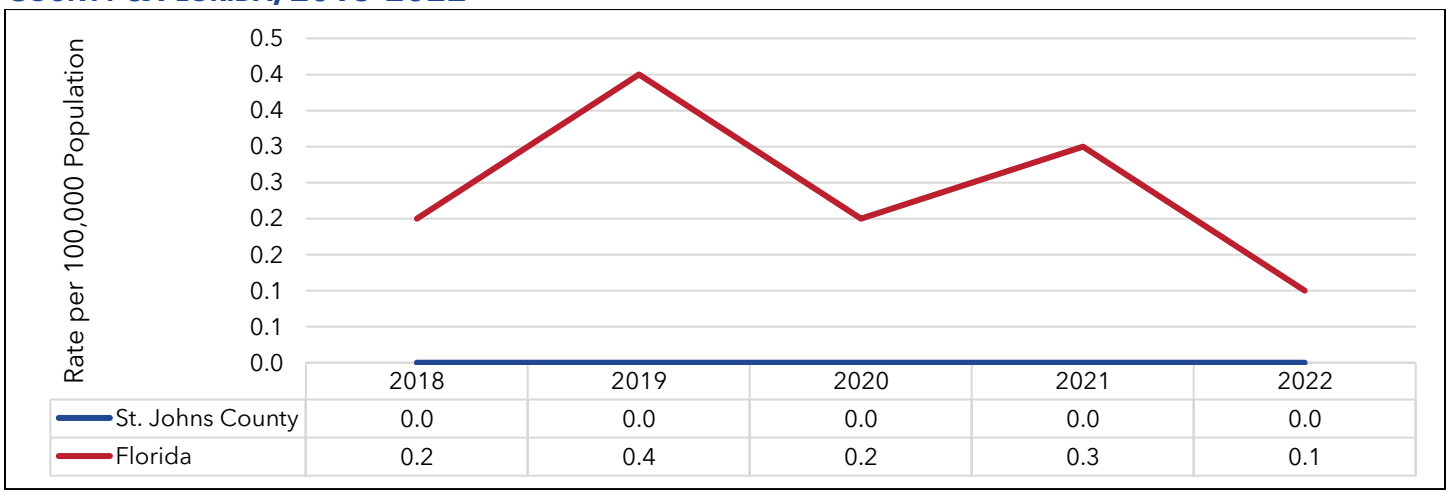


	2018	2019	2020	2021	2022
St. Johns County	34.4	30.9	29.8	28.8	24.2
Florida	38.4	36.1	34.2	30.7	31.8

Source: Florida Department of Health, Bureau of Vital Statistics | FLHealthCHARTS | Deaths From Chronic Lower Respiratory Disease. Date Sourced: May 19, 2024.

Exhibit 129, Exhibit 130, and Exhibit 131 correspond to CLRD mortality rates for the following age groups: 5–11, 12–14, and 15–19, respectively. St. Johns County had zero incidence rates for all age groups between 2018 and 2022.

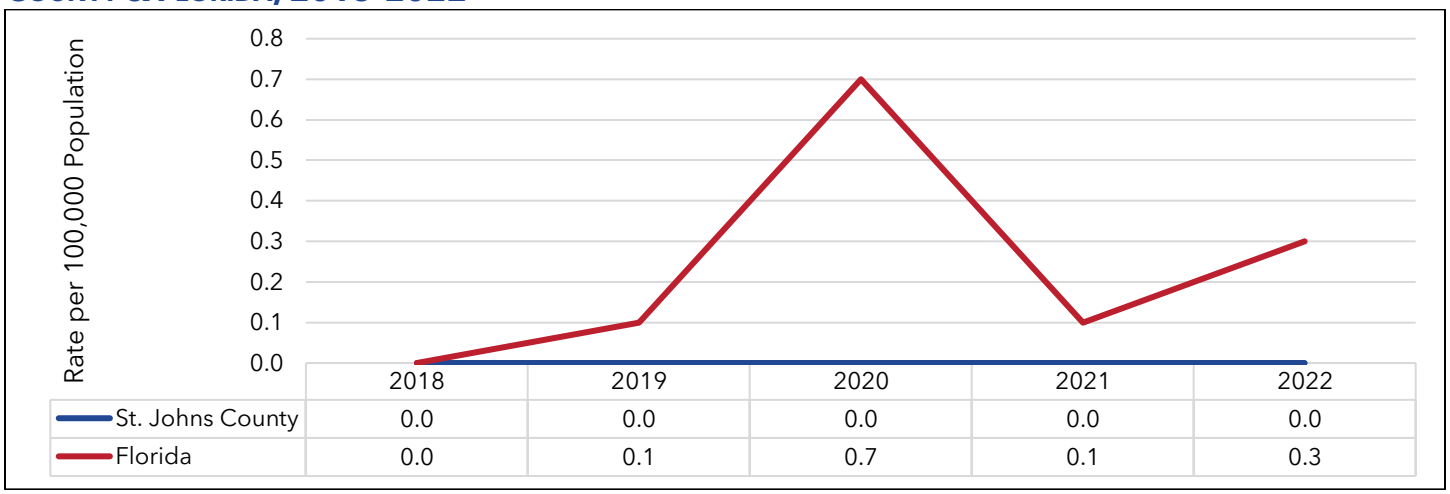
Exhibit 129: Chronic Lower Respiratory Disease Mortality (Aged 5–11), Crude Rate, St. Johns County & Florida, 2018-2022



	2018	2019	2020	2021	2022
St. Johns County	0.0	0.0	0.0	0.0	0.0
Florida	0.2	0.4	0.2	0.3	0.1

Source: Florida Department of Health, Bureau of Vital Statistics | FLHealthCHARTS | Deaths From Chronic Lower Respiratory Disease. Date Sourced: May 19, 2024.

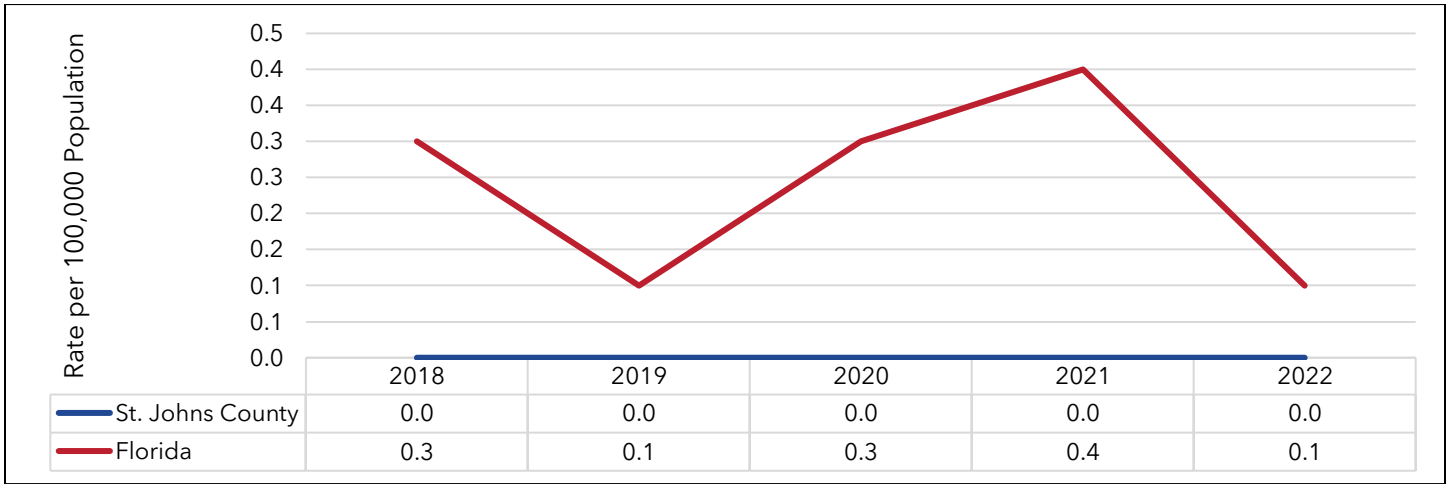
Exhibit 130: Chronic Lower Respiratory Disease Mortality (Aged 12–14), Crude Rate, St. Johns County & Florida, 2018–2022



	2018	2019	2020	2021	2022
St. Johns County	0.0	0.0	0.0	0.0	0.0
Florida	0.0	0.1	0.7	0.1	0.3

Source: Florida Department of Health, Bureau of Vital Statistics | FLHealthCHARTS | Deaths From Chronic Lower Respiratory Disease. Date Sourced: May 19, 2024.

Exhibit 131: Chronic Lower Respiratory Disease Mortality (Aged 15–19), Crude Rate, St. Johns County & Florida, 2018–2022



	2018	2019	2020	2021	2022
St. Johns County	0.0	0.0	0.0	0.0	0.0
Florida	0.3	0.1	0.3	0.4	0.1

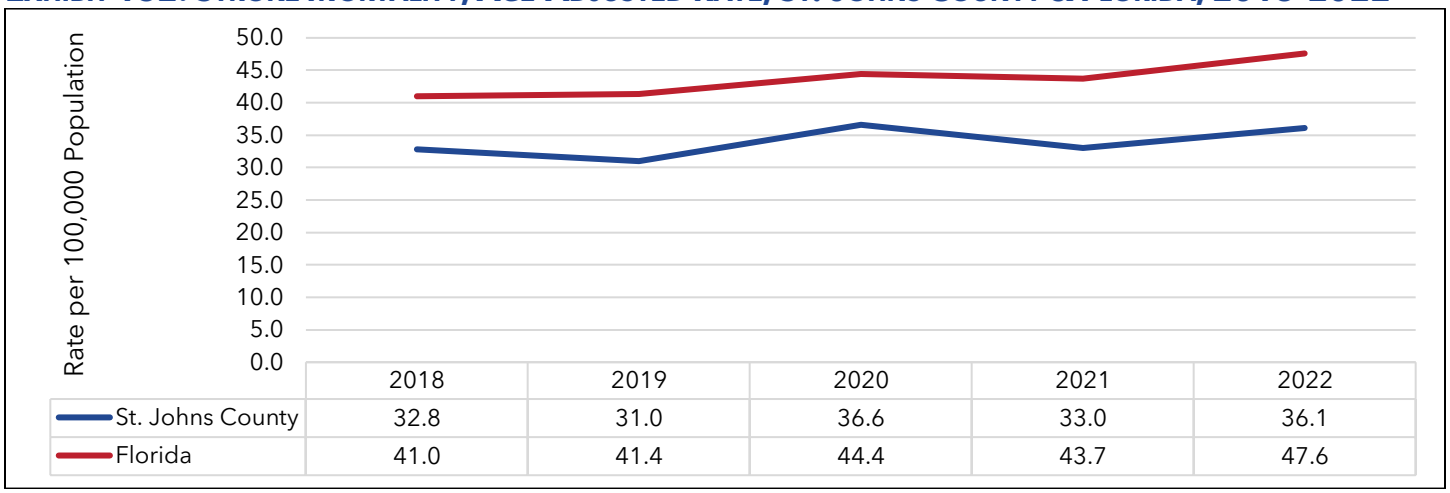
Source: Florida Department of Health, Bureau of Vital Statistics | FLHealthCHARTS | Deaths From Chronic Lower Respiratory Disease. Date Sourced: May 19, 2024.

Stroke

A stroke occurs when the blood supply to the brain is interrupted or when sudden bleeding in the brain occurs. This results in either damage or death to brain tissue in the affected area. There are multiple risk factors, including high blood pressure, high cholesterol, heart disease, diabetes, sickle cell disease, unhealthy diet, physical inactivity, alcohol use, age, and family history. Stroke is the fifth leading cause of death in the U.S. and a notable cause of adult disability (CDC, 2022m).

St. Johns County's stroke mortality rate increased by 10.1% from 2018 to 2022. At the same time, the state's stroke mortality rate also increased by 16.1% (Exhibit 132).

EXHIBIT 132: STROKE MORTALITY, AGE-ADJUSTED RATE, ST. JOHNS COUNTY & FLORIDA, 2018–2022

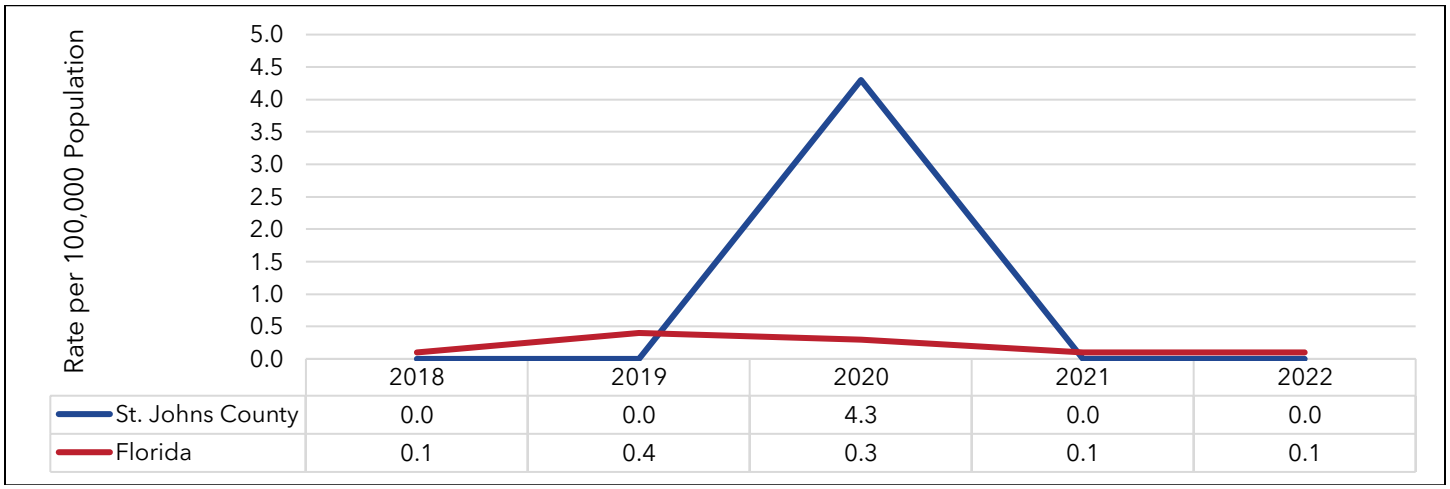


	2018	2019	2020	2021	2022
St. Johns County	32.8	31.0	36.6	33.0	36.1
Florida	41.0	41.4	44.4	43.7	47.6

Source: Florida Department of Health, Bureau of Vital Statistics | FLHealthCHARTS | Deaths From Stroke. Date Sourced: May 19, 2024.

From 2018 to 2022, the St. Johns County age group 5–11 had zero incidences of stroke deaths except in 2020, where the rate was 4.3 per 100,000 age-specific population (Exhibit 133). The data indicate that there were no stroke deaths in St. Johns County for the 12–14 (Exhibit 134) and 15–19 (Exhibit 135) age groups.

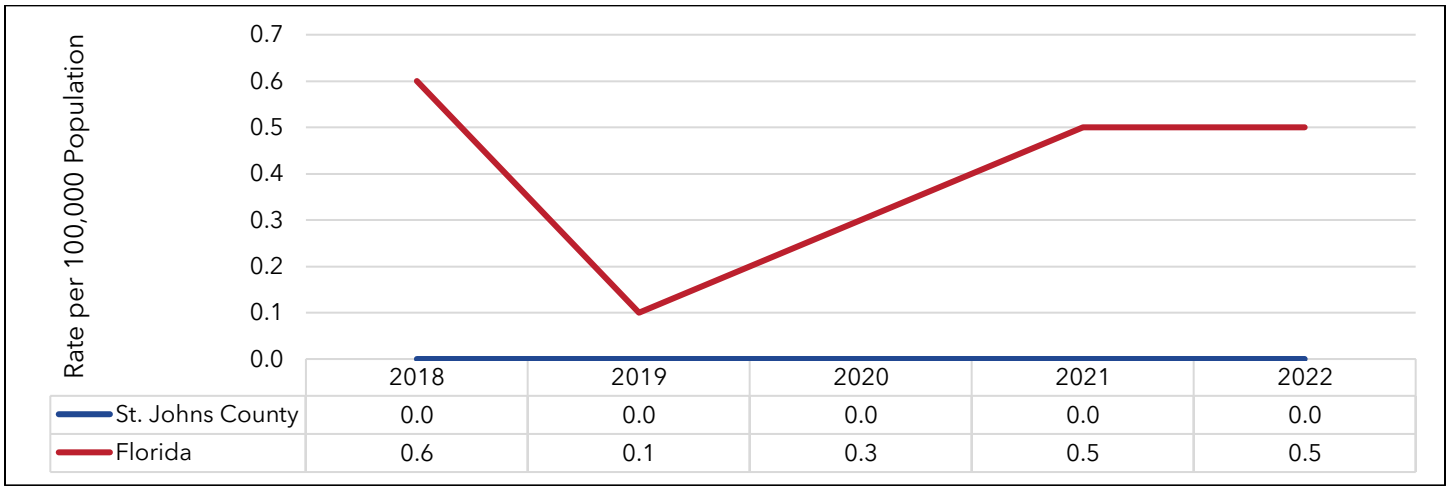
EXHIBIT 133: STROKE MORTALITY (AGED 5–11), CRUDE RATE, ST. JOHNS COUNTY & FLORIDA, 2018–2022



	2018	2019	2020	2021	2022
St. Johns County	0.0	0.0	4.3	0.0	0.0
Florida	0.1	0.4	0.3	0.1	0.1

Source: Florida Department of Health, Bureau of Vital Statistics | FLHealthCHARTS | Deaths From Stroke. Date Sourced: May 19, 2024.

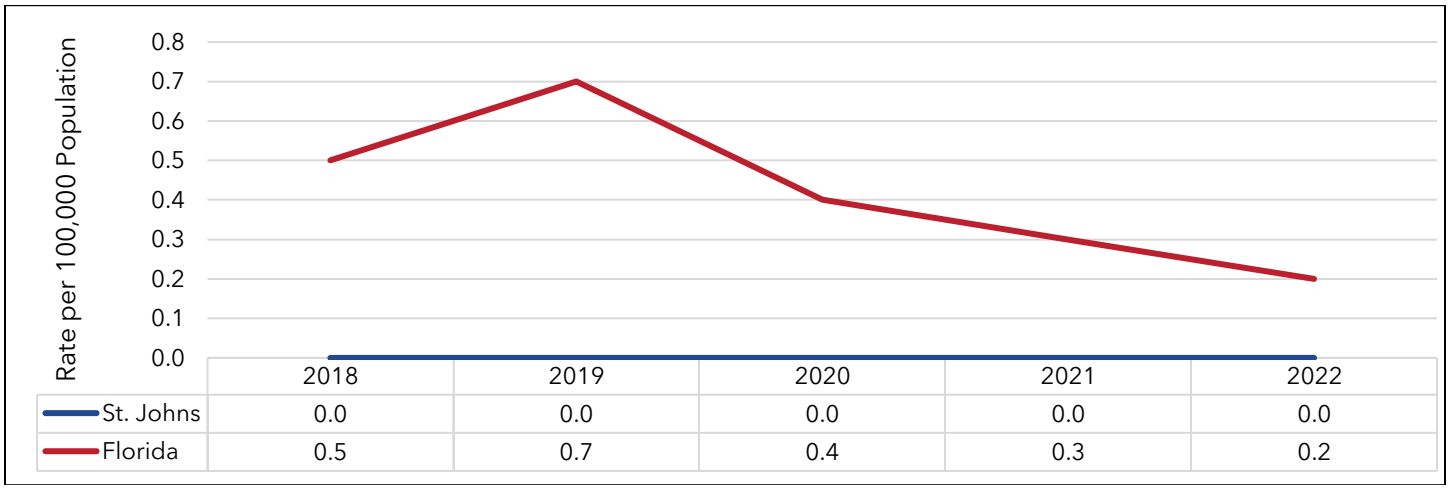
EXHIBIT 134: STROKE MORTALITY (AGED 12–14), CRUDE RATE, ST. JOHNS COUNTY & FLORIDA, 2018–2022



	2018	2019	2020	2021	2022
St. Johns County	0.0	0.0	0.0	0.0	0.0
Florida	0.6	0.1	0.3	0.5	0.5

Source: Florida Department of Health, Bureau of Vital Statistics | FLHealthCHARTS | Deaths From Stroke. Date Sourced: May 19, 2024.

EXHIBIT 135: STROKE MORTALITY (AGED 15–19), CRUDE RATE, ST. JOHNS COUNTY & FLORIDA, 2018–2022



	2018	2019	2020	2021	2022
St. Johns	0.0	0.0	0.0	0.0	0.0
Florida	0.5	0.7	0.4	0.3	0.2

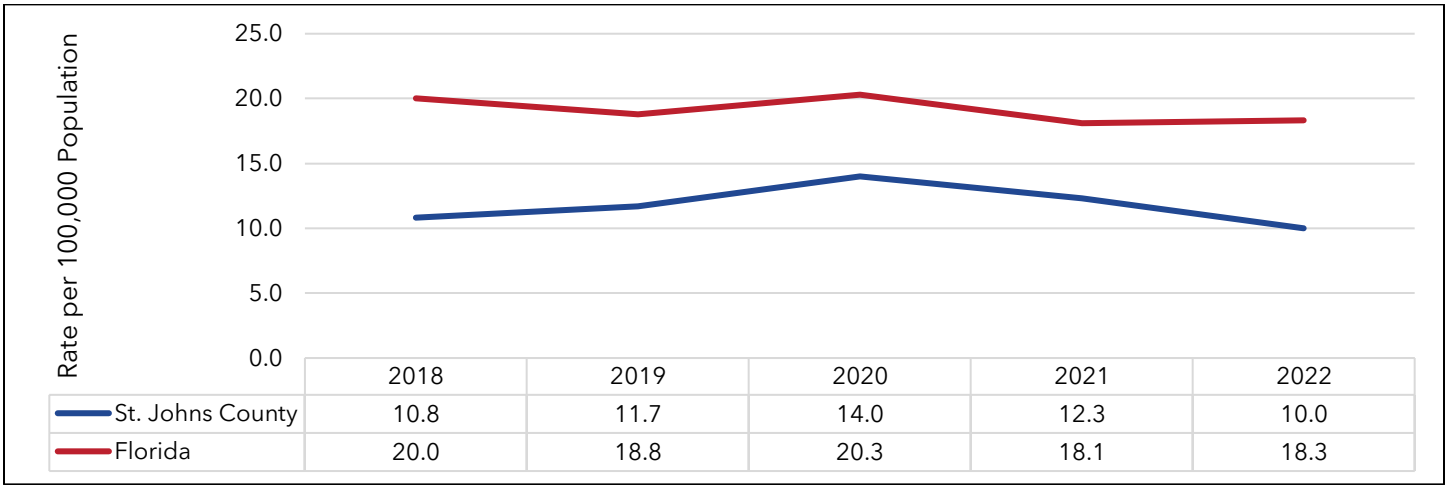
Source: Florida Department of Health, Bureau of Vital Statistics | FLHealthCHARTS | Deaths From Stroke. Date Sourced: May 19, 2024.

Alzheimer's Disease

Alzheimer's disease is the most common form of dementia. While the cause of Alzheimer's is not clear, common signs of the disease include memory loss that interferes with daily life, poor judgment, misplacing items, and changes in mood, personality, or behavior. It is the sixth leading cause of death in the U.S. and the fifth leading cause of death among persons 65 and older. Dementia as a cause of death has been known to be underreported. Thus, the mortality rate for Alzheimer's disease could be higher (CDC, 2020c). There is no known cure, though medical management can help improve quality of life (CDC, 2020c).

The mortality rate of Alzheimer's disease in St. Johns County decreased by 7.4% from 2018 to 2022. Florida had a similar downward trend of 8.5% during the same timeframe (Exhibit 136). There were no reported Alzheimer's disease death rates for St. Johns County and Florida for the age groups 5–11, 12–14, and 15–19 from 2018 to 2022.

EXHIBIT 136: ALZHEIMER'S DISEASE MORTALITY, AGE-ADJUSTED RATE, ST. JOHNS COUNTY & FLORIDA, 2018–2022



	2018	2019	2020	2021	2022
St. Johns County	10.8	11.7	14.0	12.3	10.0
Florida	20.0	18.8	20.3	18.1	18.3

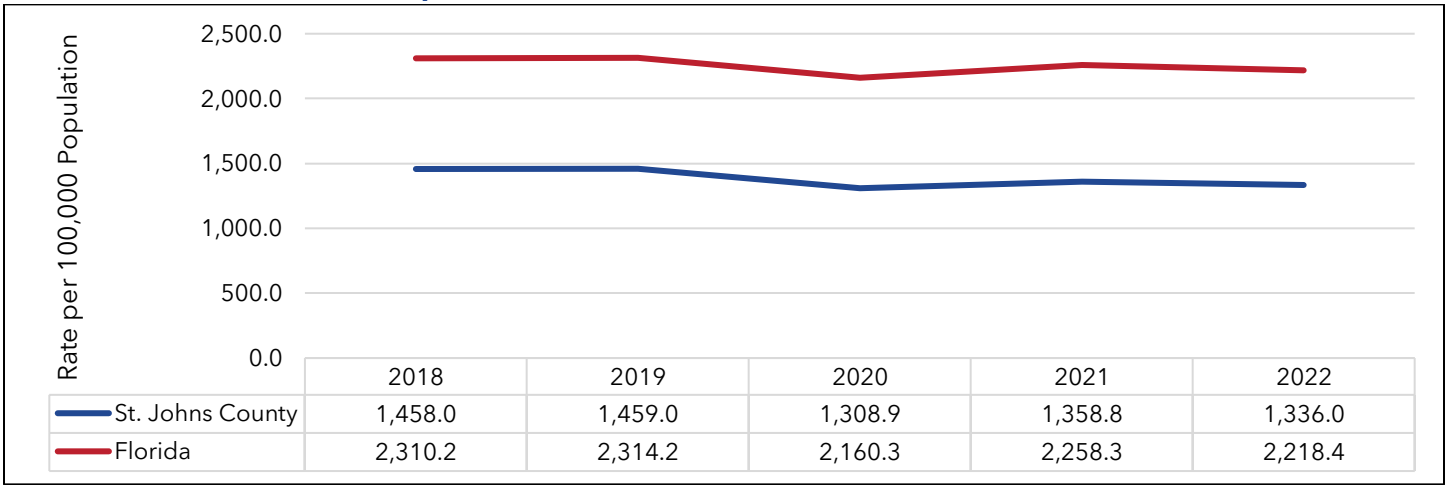
Source: Florida Department of Health, Bureau of Vital Statistics | FLHealthCHARTS | Deaths From Alzheimer's Disease. Date Sourced: May 19, 2024.

Diabetes

Diabetes, a disease that causes abnormally high blood glucose levels, is the seventh leading cause of death in the U.S. and can lead to major health problems, such as heart disease, vision loss, and kidney failure. Type 1 diabetes, which accounts for about 5% of all diagnosed cases, results from an autoimmune reaction that prevents the body from producing insulin. Type 2 diabetes, which accounts for about 90% of all cases, is due to the body ineffectively using insulin and developing insulin resistance over time. Type 2 often develops in people over age 45 but has become more common among children, teens, and young adults. Pregnant women can develop gestational diabetes due to insulin resistance and are at risk of developing type 2 diabetes in the future (CDC, 2023g).

Regarding hospitalizations from or with diabetes as any listed diagnosis from 2018 to 2022, St. Johns County had lower rates than Florida (Exhibit 137). St. Johns County and Florida experienced a decrease in hospitalization rates by 8.4% and 4.0%, respectively.

EXHIBIT 137: HOSPITALIZATIONS FROM OR WITH DIABETES AS ANY LISTED DIAGNOSIS, AGE-ADJUSTED, ST. JOHNS COUNTY & FLORIDA, 2018–2022

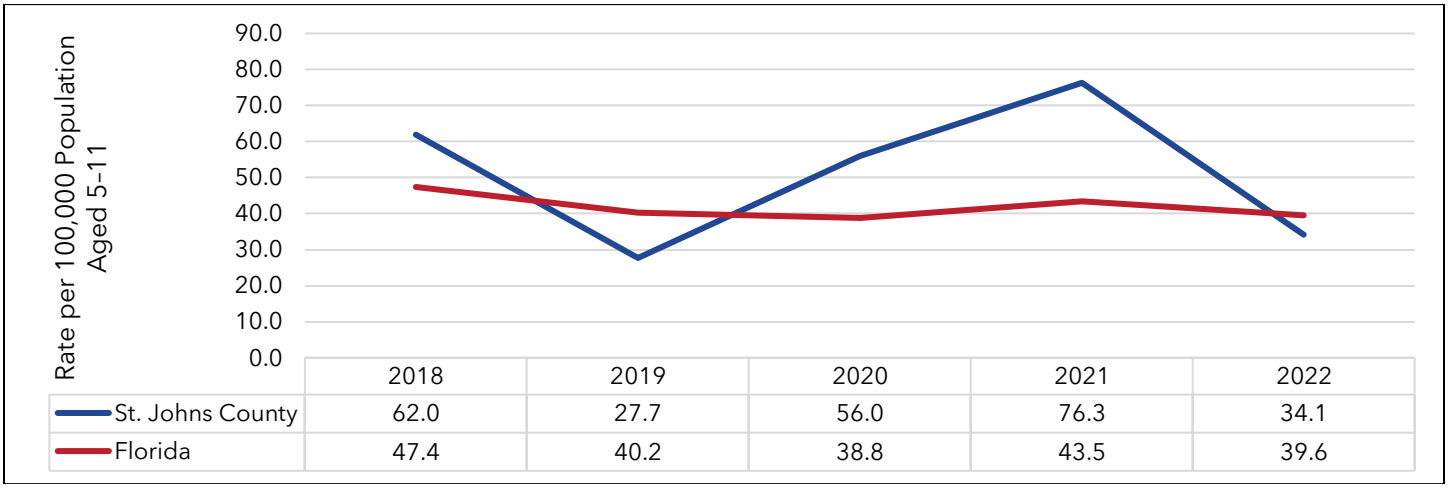


	2018	2019	2020	2021	2022
St. Johns County	1,458.0	1,459.0	1,308.9	1,358.8	1,336.0
Florida	2,310.2	2,314.2	2,160.3	2,258.3	2,218.4

Source: Florida Agency for Health Care Administration (AHCA) | FLHealthCHARTS | Hospitalizations From or With Diabetes as Any Listed Diagnosis. Date Sourced: May 19, 2024.

More specifically, Exhibit 138 and Exhibit 139 depict trends in hospitalizations from or with diabetes as any listed diagnosis for age groups 5–11 and 12–18. In 2022, St. Johns County hospitalizations for the 5–11 age group was 34.1 per 100,000 population and 47.0 per 100,000 population for the 12–18 age group. During the reporting period, St. Johns County's 5–11 age group hospitalization rates decreased by 45.0% compared to 50.4% for the 12–18 age group.

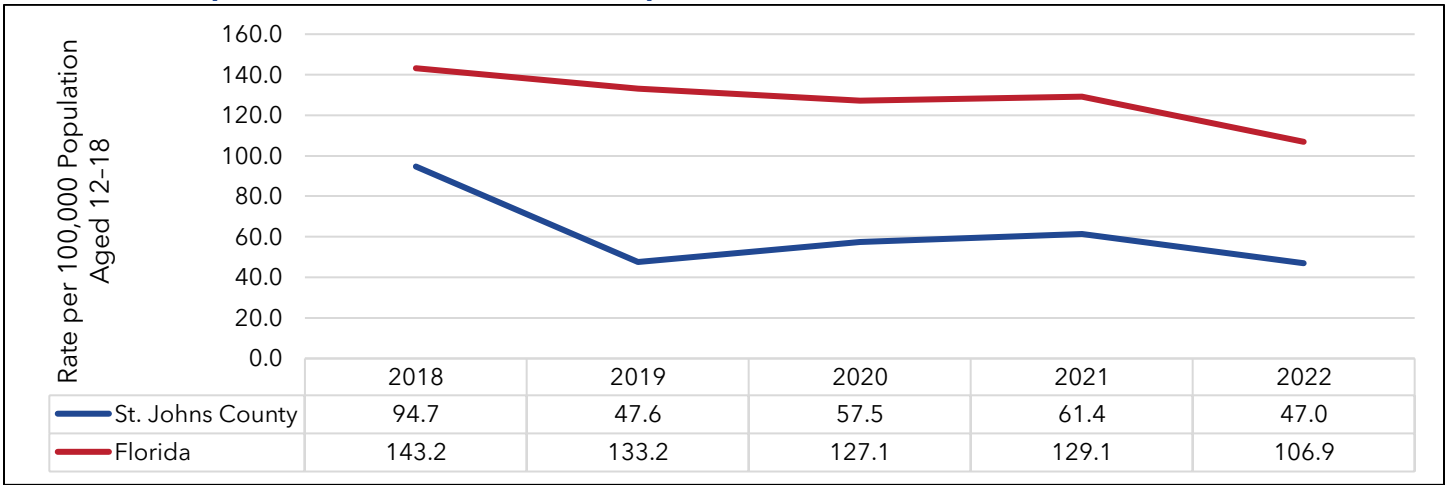
Exhibit 138: Hospitalizations From or With Diabetes as Any Listed Diagnosis (Aged 5–11), Age-Adjusted, St. Johns County & Florida, 2018–2022



	2018	2019	2020	2021	2022
St. Johns County	62.0	27.7	56.0	76.3	34.1
Florida	47.4	40.2	38.8	43.5	39.6

Source: Florida Agency for Health Care Administration (AHCA) | FLHealthCHARTS | Hospitalizations From or With Diabetes as Any Listed Diagnosis (Aged 5-11 Years). Date Sourced: May 19, 2024.

Exhibit 139: Hospitalizations From or With Diabetes as Any Listed Diagnosis (Aged 12–18), Age-Adjusted, St. Johns County & Florida, 2018–2022

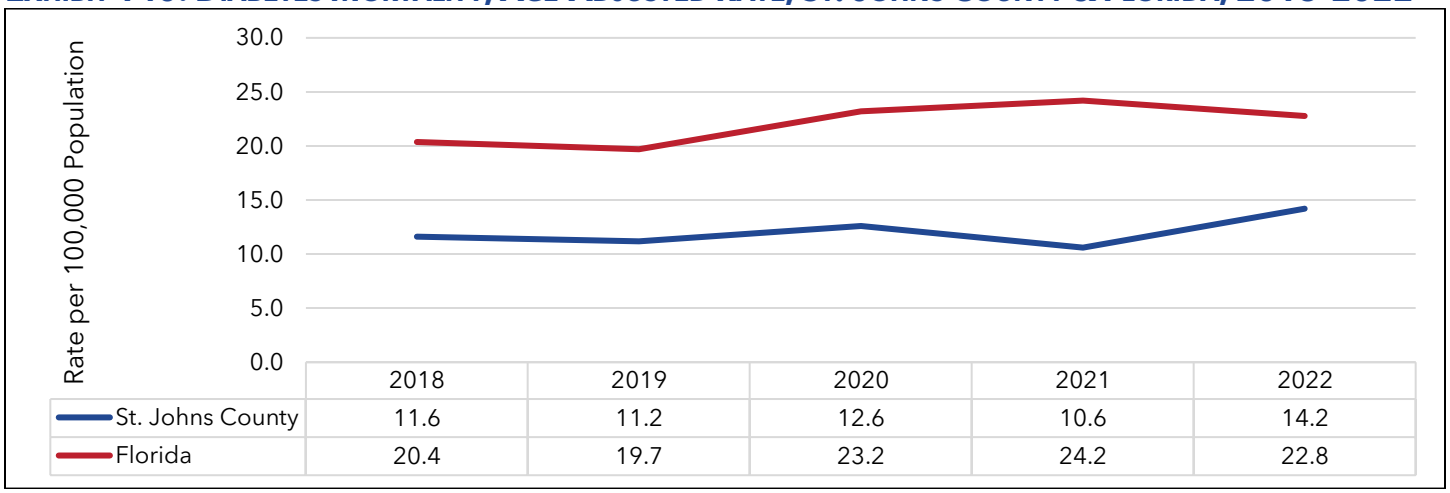


	2018	2019	2020	2021	2022
St. Johns County	94.7	47.6	57.5	61.4	47.0
Florida	143.2	133.2	127.1	129.1	106.9

Source: Florida Agency for Health Care Administration (AHCA) | FLHealthCHARTS | Hospitalizations From or With Diabetes as Any Listed Diagnosis (Aged 12-18 Years). Date Sourced: May 19, 2024.

St. Johns County's diabetes mortality rate increased by 22.4% from 2018 to 2022, with the lowest rate of 10.6 per 100,000 population in 2021. Florida, in comparison, increased by 11.8% in the same timeframe (Exhibit 140).

Exhibit 140: Diabetes Mortality, Age-Adjusted Rate, St. Johns County & Florida, 2018–2022



	2018	2019	2020	2021	2022
St. Johns County	11.6	11.2	12.6	10.6	14.2
Florida	20.4	19.7	23.2	24.2	22.8

Source: Florida Department of Health, Bureau of Vital Statistics | FLHealthCHARTS | Deaths From Diabetes. Date Sourced: May 19, 2024.

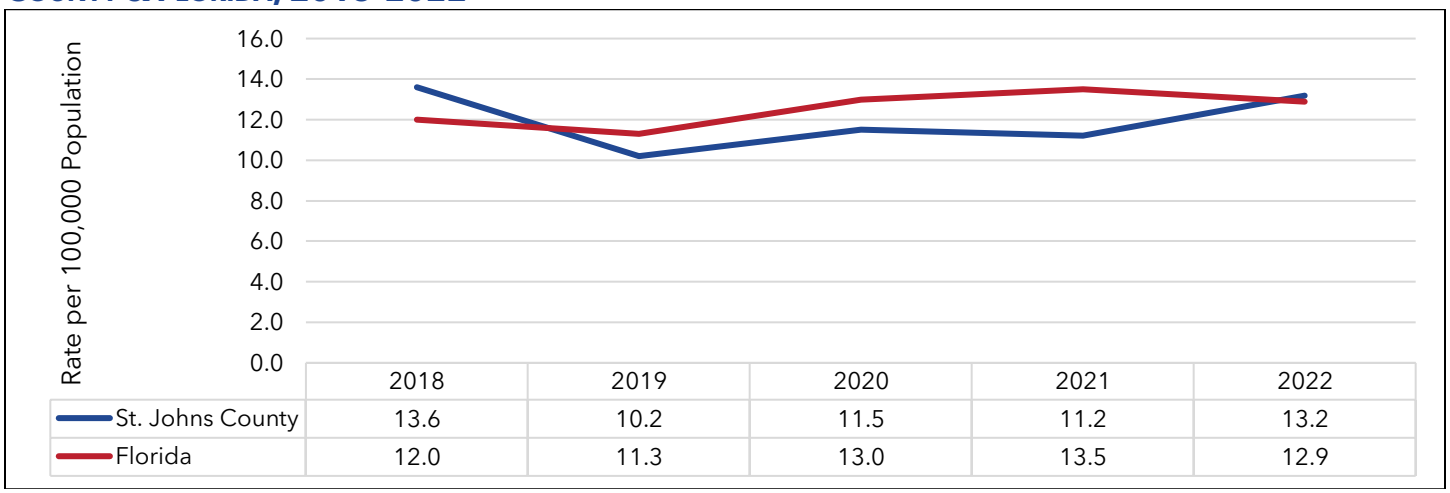
According to FLHealthCHARTS data from 2018 to 2022, St. Johns County did not have any deaths from diabetes in the age groups 5–11 and 12–18.

Chronic Liver Disease and Cirrhosis

The liver is an essential organ that aids digestion and removes toxic substances. Liver disease can result from inherited conditions or damage due to factors such as viruses, alcohol use, or cancer. Over time, this damage causes scarring or cirrhosis, which can lead to liver failure (Mayo Clinic, n.d.).

The mortality rate from liver disease and cirrhosis in St. Johns County decreased by 2.9% from 2018 to 2022. In comparison, Florida's mortality rate increased by 7.5% during the same period (Exhibit 141).

Exhibit 141: Chronic Liver Disease and Cirrhosis Mortality, Age-Adjusted Rate, St. Johns County & Florida, 2018–2022



	2018	2019	2020	2021	2022
St. Johns County	13.6	10.2	11.5	11.2	13.2
Florida	12.0	11.3	13.0	13.5	12.9

Source: Florida Department of Health, Bureau of Vital Statistics | FLHealthCHARTS | Deaths From Chronic Liver Disease. Date Sourced: May 19, 2024.

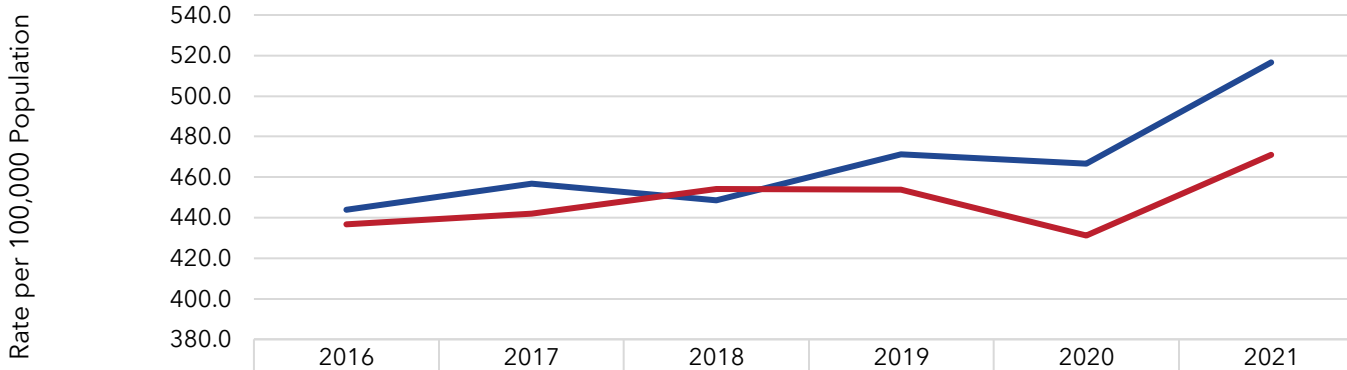
Cancer

Cancer is a large group of diseases characterized by the invasive and uncontrolled growth of abnormal cells. These cells can form growths called tumors that are either benign or malignant.

Unlike malignant tumors, benign tumors do not invade nearby tissues (NCI, 2021). Cancer was the second leading cause of death in St. Johns County in 2022 (Exhibit 93).

St. Johns County had a higher incidence rate of cancer compared to Florida between 2016 and 2021, except in 2018 (Exhibit 142). St. Johns County's cancer incidence rate increased by 16.4% from 2016 to 2021, while Florida's rate dropped by 7.9%.

EXHIBIT 142: CANCER INCIDENCE, AGE-ADJUSTED, ST. JOHNS COUNTY & FLORIDA, 2016–2021

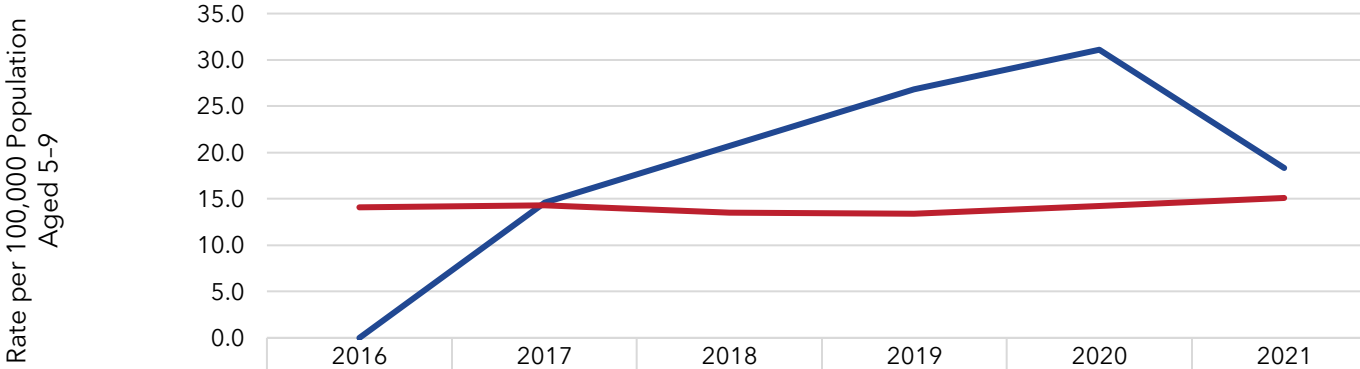


	2016	2017	2018	2019	2020	2021
St. Johns County	443.9	456.9	448.7	471.2	466.5	516.6
Florida	436.6	441.9	454.3	453.9	431.2	471.0

Source: University of Miami (FL) Medical School, Florida Cancer Data System | FLHealthCHARTS | Cancer Incidence. Date Sourced: May 19, 2024.

Exhibit 143 focuses on childhood cancer incidence rates in the 5–9 age group between 2016 and 2021. For this age group, St. Johns County reported a cancer incidence rate of 18.3 per 100,000 in 2021 (Exhibit 143). In the 10–14 age group, cancer incidence in the county decreased by 67.1% from 2016 to 2021, whereas the 15–19 age group rate decreased by 39.4% (Exhibit 144 and Exhibit 145).

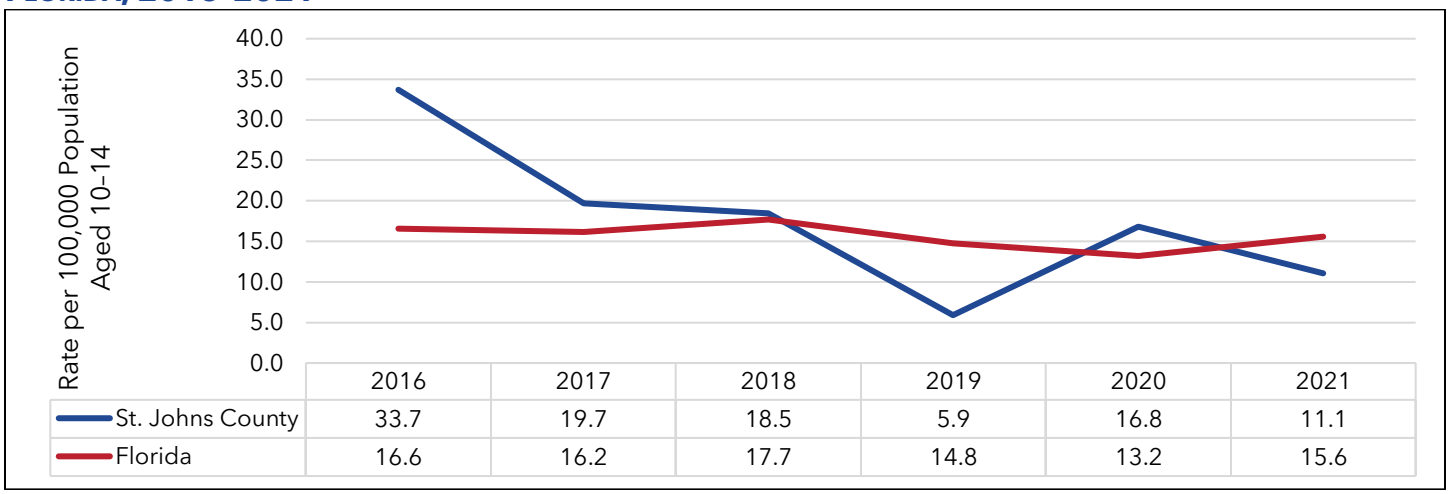
EXHIBIT 143: CHILDHOOD CANCER INCIDENCE (AGED 5–9), CRUDE RATE, ST. JOHNS COUNTY & FLORIDA, 2016–2021



	2016	2017	2018	2019	2020	2021
St. Johns County	0.0	14.6	20.7	26.8	31.1	18.3
Florida	14.1	14.3	13.5	13.4	14.2	15.1

Source: University of Miami (FL) Medical School, Florida Cancer Data System | FLHealthCHARTS | Cancer Incidence (Aged 5-9 Years). Date Sourced: May 19, 2024.

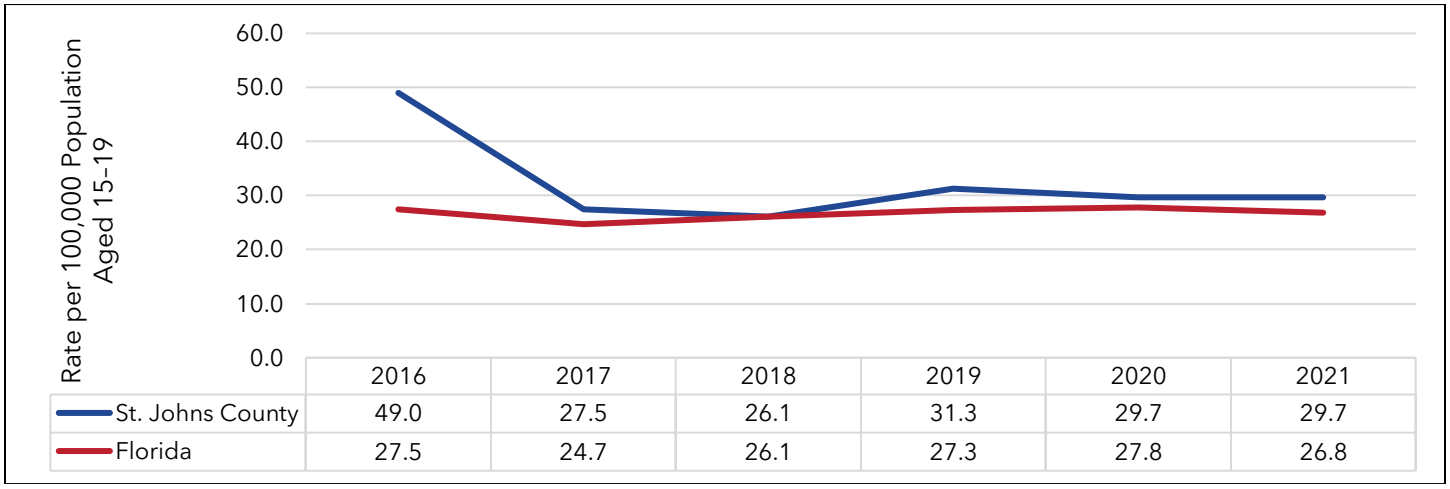
Exhibit 144: Childhood Cancer Incidence (Aged 10-14), Crude Rate, St. Johns County & Florida, 2016-2021



	2016	2017	2018	2019	2020	2021
St. Johns County	33.7	19.7	18.5	5.9	16.8	11.1
Florida	16.6	16.2	17.7	14.8	13.2	15.6

Source: University of Miami (FL) Medical School, Florida Cancer Data System | FLHealthCHARTS | Cancer Incidence (Aged 10-14 Years). Date Sourced: May 19, 2024.

Exhibit 145: Childhood Cancer Incidence (Aged 15-19), Crude Rate, St. Johns County & Florida, 2016-2021

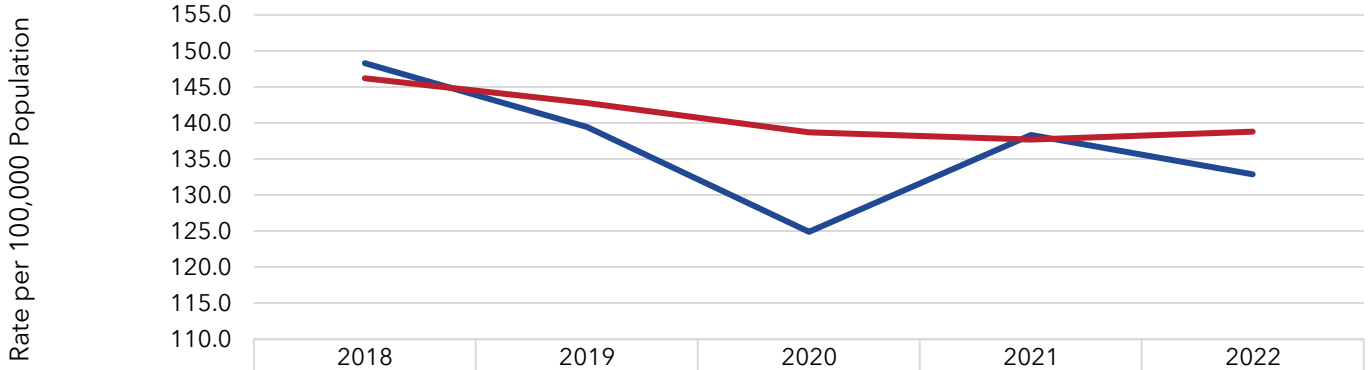


	2016	2017	2018	2019	2020	2021
St. Johns County	49.0	27.5	26.1	31.3	29.7	29.7
Florida	27.5	24.7	26.1	27.3	27.8	26.8

Source: University of Miami (FL) Medical School, Florida Cancer Data System | FLHealthCHARTS | Cancer Incidence (Aged 15-19 Years). Date Sourced: May 19, 2024.

The cancer mortality rate declined for both St. Johns County and Florida from 2018 to 2022. During this time, the county rate decreased by 10.4% and the state rate by 5.1% (Exhibit 146).

EXHIBIT 146: CANCER MORTALITY, AGE-ADJUSTED RATE, ST. JOHNS COUNTY & FLORIDA, 2018–2022



	2018	2019	2020	2021	2022
St. Johns County	148.3	139.4	124.9	138.3	132.9
Florida	146.2	142.8	138.7	137.7	138.8

Source: Florida Department of Health, Bureau of Vital Statistics | FLHealthCHARTS | Deaths From Cancer. Date Sourced: May 19, 2024.

Exhibit 147 displays counted deaths from cancer in children aged 5–19 between 2018 and 2022. There was one death in the 5–11 age group for St. Johns County in 2021. St. Johns County had zero cancer deaths in the 12–14 age group between 2018 and 2022. The 15–19 age group had one death in 2019 and 2020.

EXHIBIT 147: DEATHS FROM CANCER (AGED 5–19), COUNTS, ST. JOHNS COUNTY, 2018–2022

Age Group	2018	2019	2020	2021	2022
5–11 years	0	0	0	1	0
12–14 years	0	0	0	0	0
15–19 years	0	1	1	0	0

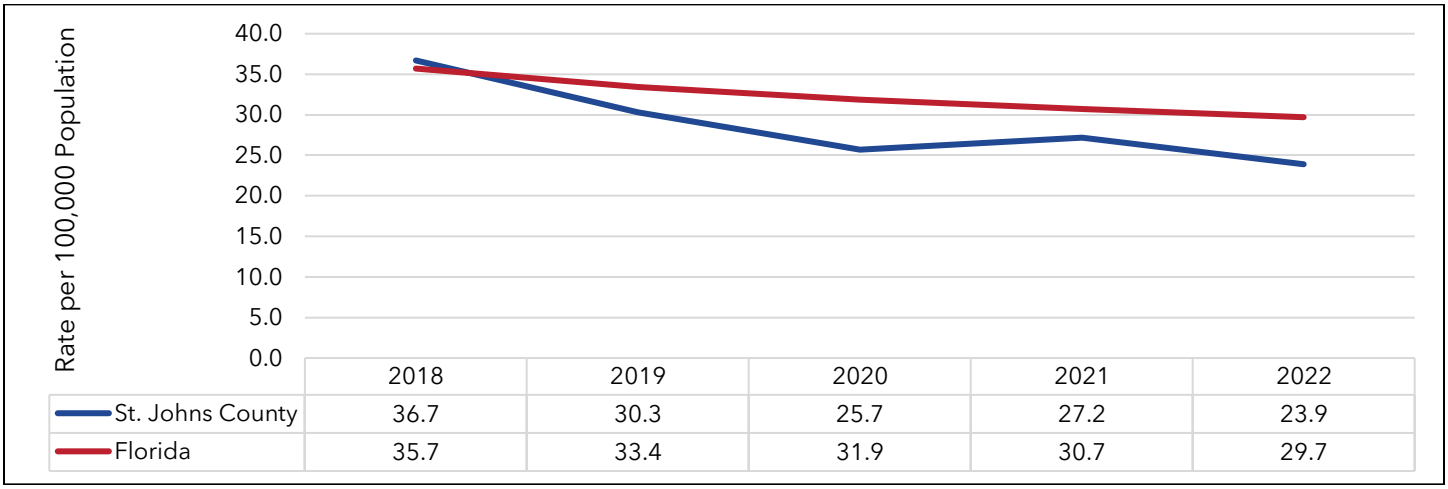
Source: Florida Department of Health, Bureau of Vital Statistics | FLHealthCHARTS | Deaths from Cancer (Age 5-19). Date Sourced: May 19, 2024.

Lung Cancer

Lung cancer is the leading cause of cancer deaths in the United States, but rates have been steadily declining for decades. The number one cause of lung cancer is cigarette smoking, while other causes include secondhand smoke, environmental exposures to asbestos and radon, and family history (CDC, 2022l).

The lung cancer mortality rate decreased for both St. Johns County and Florida from 2018 to 2022. St. Johns County's rate decreased by 34.9% compared to 16.8% for Florida (Exhibit 148). In 2018, the county's lung cancer mortality rate was above the state average but has since decreased.

EXHIBIT 148: LUNG CANCER MORTALITY, AGE-ADJUSTED RATE, ST. JOHNS COUNTY & FLORIDA, 2018–2022



	2018	2019	2020	2021	2022
St. Johns County	36.7	30.3	25.7	27.2	23.9
Florida	35.7	33.4	31.9	30.7	29.7

Source: Florida Department of Health, Bureau of Vital Statistics | FLHealthCHARTS | Deaths From Lung Cancer. Date Sourced: May 19, 2024.

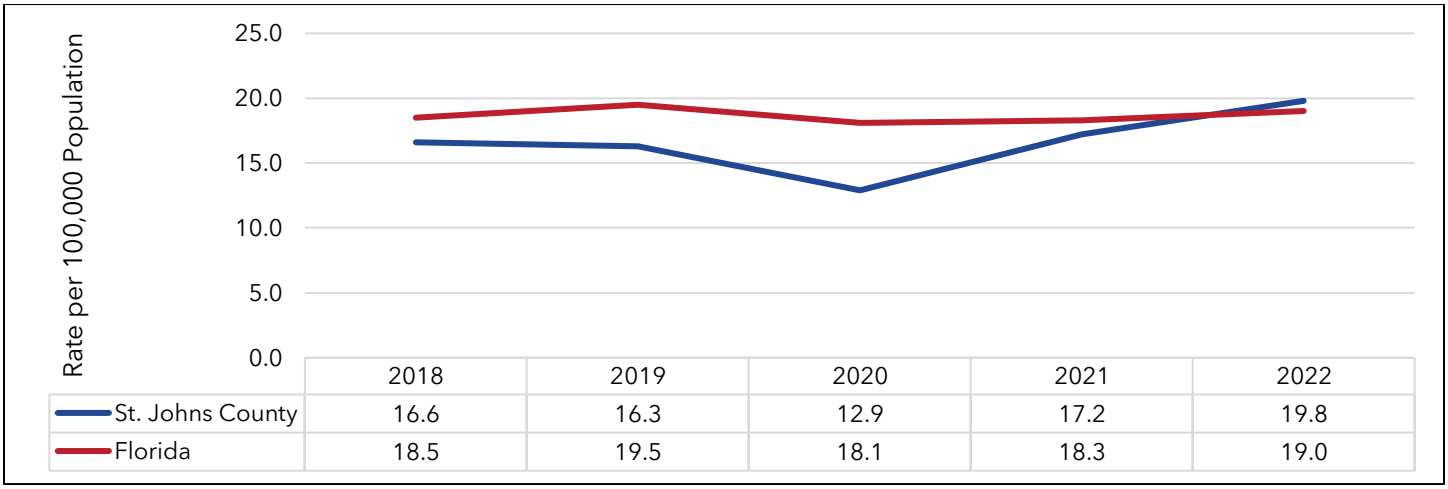
According to FLHealthCHARTS, between 2018 and 2022, St. Johns County saw zero lung cancer deaths among children and adolescents ages 5–11, 12–14, and 15–19.

Female Breast Cancer

Breast cancer is the second leading cause of cancer death among women, but deaths have declined over time. Black women have a higher rate of death from breast cancer than White women. Breast cancer is due to a combination of risk factors, with the main factors being gender and aging. Receiving regular breast cancer screenings, called mammograms, can help find breast cancer at an early stage, which can lead to a better outcome from treatment (CDC, 2022h).

Female breast cancer mortality rates in St. Johns County increased by 19.3% from 2018 to 2022. Also, statewide mortality rates slightly increased by 2.7% during the same period (Exhibit 149).

EXHIBIT 149: FEMALE BREAST CANCER MORTALITY, AGE-ADJUSTED RATE, ST. JOHNS COUNTY & FLORIDA, 2018–2022



	2018	2019	2020	2021	2022
St. Johns County	16.6	16.3	12.9	17.2	19.8
Florida	18.5	19.5	18.1	18.3	19.0

Source: Florida Department of Health, Bureau of Vital Statistics | FLHealthCHARTS | Deaths From Female Breast Cancer. Date Sourced: May 19, 2024.

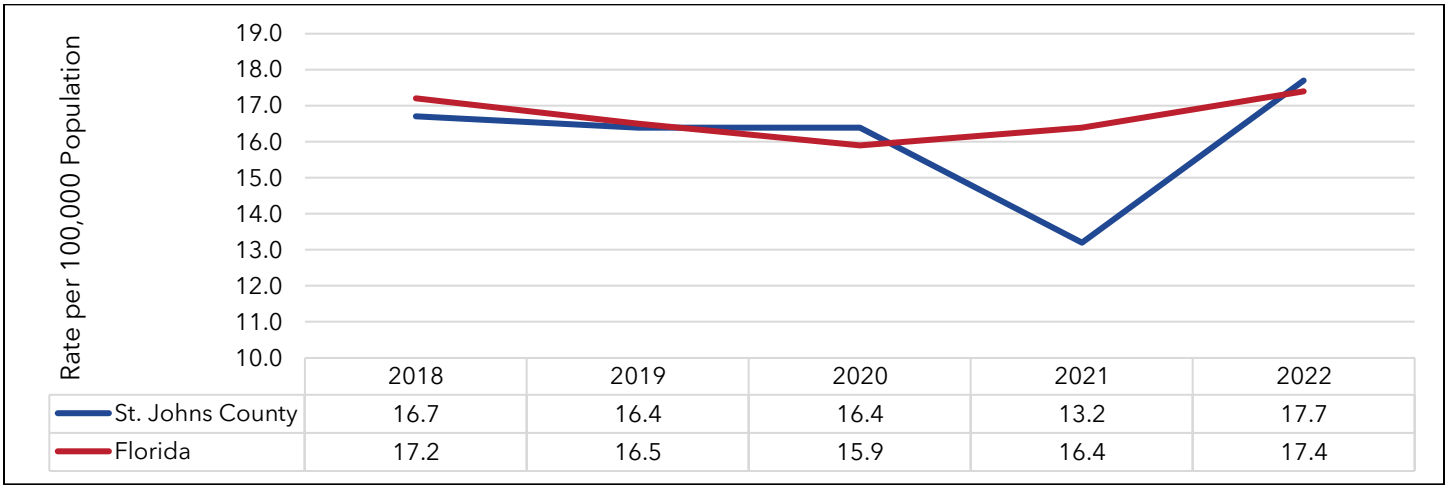
An analysis of FLHealthCHARTS data reveals zero female breast cancer deaths in St. Johns County for age groups 5–11, 12–14, and 15–19 from 2018 to 2022.

Prostate Cancer

Prostate cancer is the most common cancer among men. The prostate is a part of the male reproductive system, and all men are at risk for the disease. The most common risk factor is age, but other risk factors include family history and identifying as African American (CDC, 2022e).

The prostate cancer mortality rate in St. Johns County increased by 6.0% from 2018 to 2022, with the lowest rate in 2021. The Florida rate increased by 1.2% during the same period (Exhibit 150).

EXHIBIT 150: PROSTATE CANCER MORTALITY, AGE-ADJUSTED RATE, ST. JOHNS COUNTY & FLORIDA, 2018–2022



	2018	2019	2020	2021	2022
St. Johns County	16.7	16.4	16.4	13.2	17.7
Florida	17.2	16.5	15.9	16.4	17.4

Source: Florida Department of Health, Bureau of Vital Statistics | FLHealthCHARTS | Deaths From Prostate Cancer. Date Sourced: May 19, 2024.

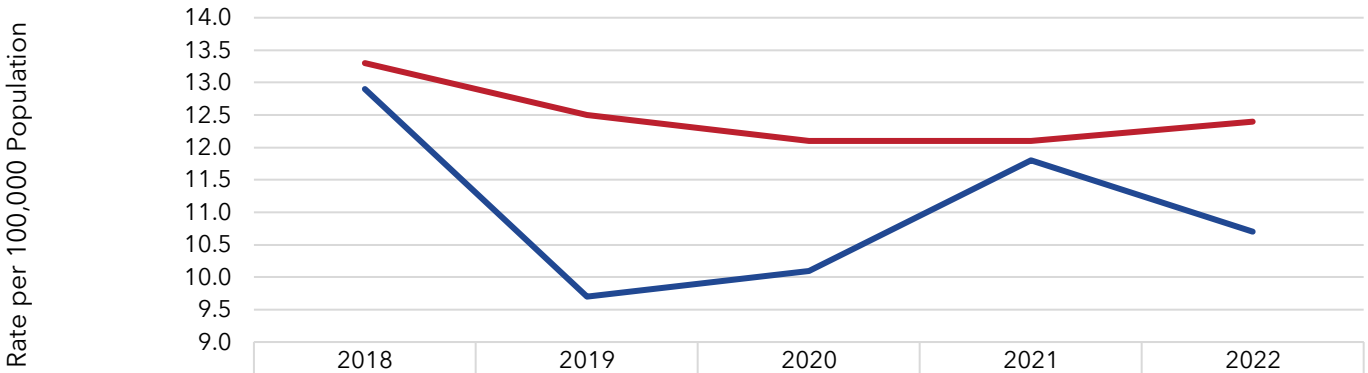
FLHealthCHARTS data indicates an absence of prostate cancer deaths in St. Johns County for age groups 5–11, 12–14, and 15–19 from 2018 to 2022.

Colorectal Cancer

Colorectal cancer is cancer of the colon or rectum and is a leading cause of cancer death in the U.S. Risk increases as a person ages, but other risk factors include inflammatory bowel disease, family history, genetic syndromes, and lifestyle factors such as a lack of physical activity, a low fiber and high-fat diet, and low fruit and vegetable consumption. Regular screenings are recommended starting at age 45 to reduce the risk of colorectal cancer (CDC, 2023b).

Exhibit 151 shows that the colorectal cancer mortality rate in St. Johns County decreased by 17.1% from 2018 to 2022. The Florida rate also decreased during the same period by 6.8%.

EXHIBIT 151: COLORECTAL CANCER MORTALITY, AGE-ADJUSTED RATE, ST. JOHNS COUNTY & FLORIDA, 2018–2022



	2018	2019	2020	2021	2022
St. Johns County	12.9	9.7	10.1	11.8	10.7
Florida	13.3	12.5	12.1	12.1	12.4

Source: Florida Department of Health, Bureau of Vital Statistics | FLHealthCHARTS | Deaths From Colorectal Cancer. Date Sourced: May 19, 2024.

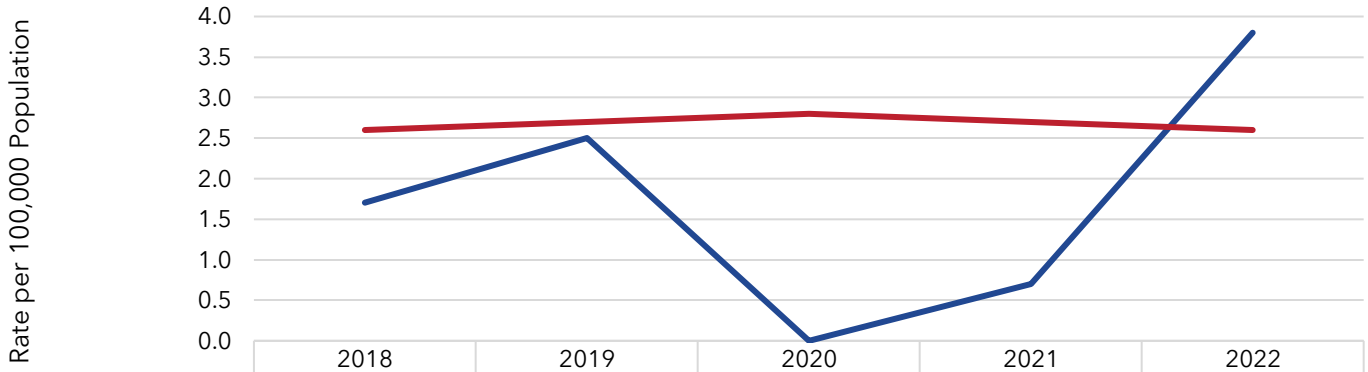
St. Johns County saw zero colorectal cancer deaths in age groups 5–11, 12–14, and 15–19 from 2018 to 2022 (FLHealthCHARTS).

Cervical Cancer

Almost all cervical cancers are caused by human papillomavirus (HPV), which is passed from person to person during sex, but other risk factors include HIV and tobacco smoking. Screening tests and the HPV vaccine can help prevent cervical cancer in anyone with a cervix (CDC, 2022o).

The cervical cancer mortality rate increased by 123.5% from 2018 to 2022 in St. Johns County, with the lowest rate in 2020. During the same period, Florida's rate fluctuated slightly but remained about the same (Exhibit 152).

EXHIBIT 152: CERVICAL CANCER MORTALITY, AGE-ADJUSTED RATE, ST. JOHNS COUNTY & FLORIDA, 2018–2022



	2018	2019	2020	2021	2022
St. Johns County	1.7	2.5	0.0	0.7	3.8
Florida	2.6	2.7	2.8	2.7	2.6

Source: Florida Department of Health, Bureau of Vital Statistics | FLHealthCHARTS | Deaths From Cervical Cancer. Date Sourced: May 19, 2024.

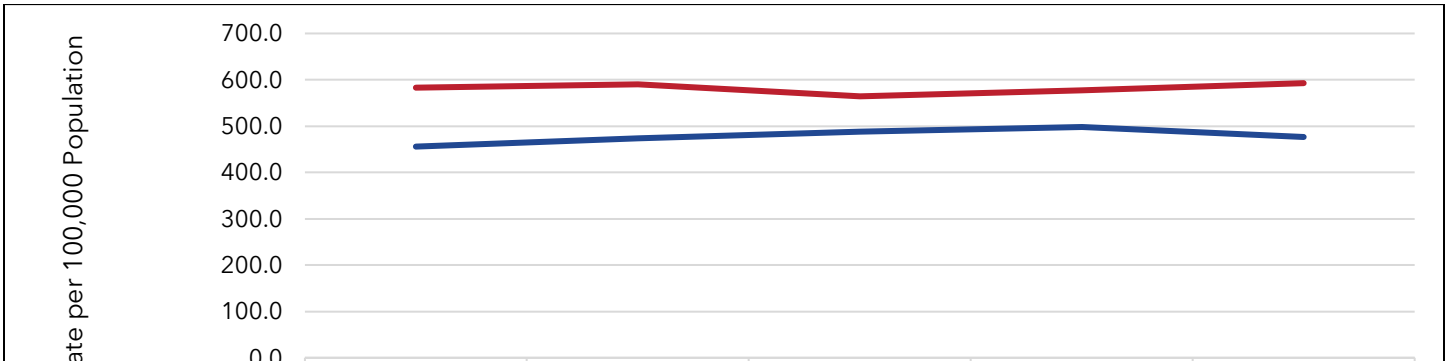
An analysis of FLHealthCHARTS data reveals zero cervical cancer deaths in St. Johns County for age groups 5–11, 12–14, and 15–19 from 2018 to 2022.

Unintentional Injury

Unintentional injuries are accidental or unplanned. They include injuries resulting from drowning, motor vehicle crashes, fire, falls, and poisoning (HHS, n.d.-a). In the U.S., unintentional injuries are the leading cause of death for children, adolescents, and adults younger than 45 (HHS, n.d.-a).

A comparison of St. Johns County and Florida hospitalization rates from non-fatal unintentional injury between 2018 and 2022 is found in Exhibit 153. St. Johns County had a lower rate of hospitalizations than the state. However, St. Johns County's rate increased by 4.4% compared to Florida's increased rate of 1.7%.

EXHIBIT 153: HOSPITALIZATIONS FROM NON-FATAL UNINTENTIONAL INJURY, AGE-ADJUSTED RATES, ST. JOHNS COUNTY & FLORIDA, 2018–2022

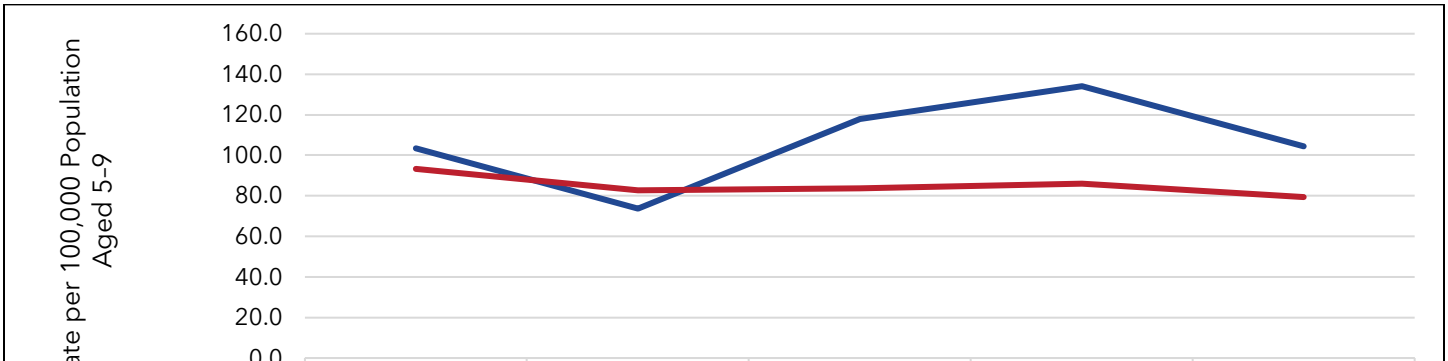


	2018	2019	2020	2021	2022
St. Johns County	455.8	474.1	487.4	498.1	475.9
Florida	582.9	590.8	564.3	577.3	592.7

Source: Florida Agency for Health Care Administration (AHCA) | FLHealthCHARTS | Hospitalizations From Non-Fatal Unintentional Injury. Date Sourced: May 19, 2024.

Rates of hospitalizations from non-fatal unintentional injury for ages 5–9 were higher in St. Johns County than in Florida except for 2019. Between 2018 and 2022, St. Johns County's hospitalization rate for unintentional injury in this age group increased by 0.8% (Exhibit 154). During the same years, the hospitalization rate for the 10–19 age group saw a 29.2% increase. Rates for county youths in that age group peaked higher than Florida's rates in 2019 and 2022 (Exhibit 155).

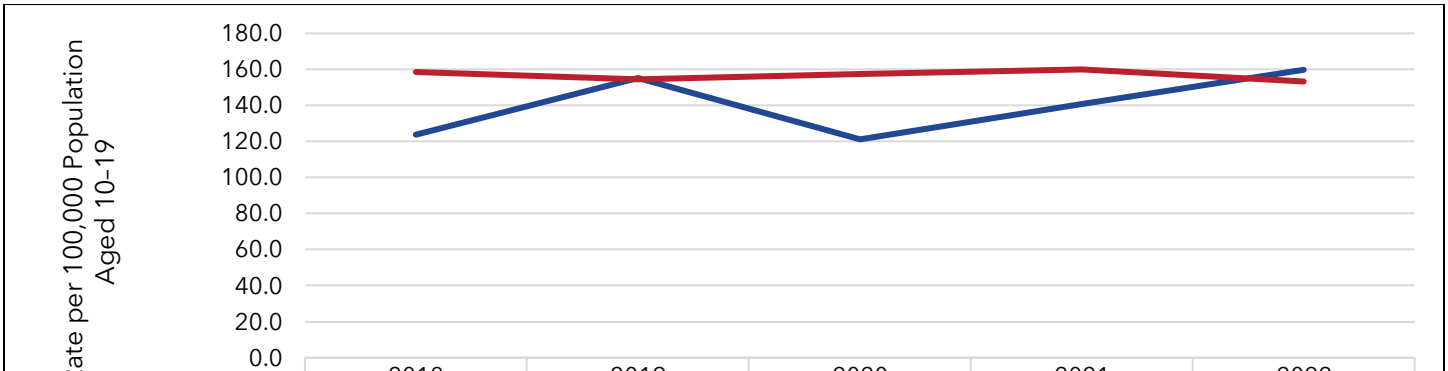
Exhibit 154: Hospitalizations from Non-Fatal Unintentional Injury (Aged 5–9), Age-Specific Rates, St. Johns County & Florida, 2018–2022



	2018	2019	2020	2021	2022
St. Johns County	103.5	73.7	118.0	134.1	104.3
Florida	93.3	82.6	83.6	86.1	79.4

Source: Florida Agency for Health Care Administration (AHCA) | FLHealthCHARTS | Hospitalizations From Non-Fatal Unintentional Injury (Aged 5-9 Years). Date Sourced: May 19, 2024.

Exhibit 155: Hospitalizations from Non-Fatal Unintentional Injury (Aged 10–19), Age-Specific Rates, St. Johns County & Florida, 2018–2022

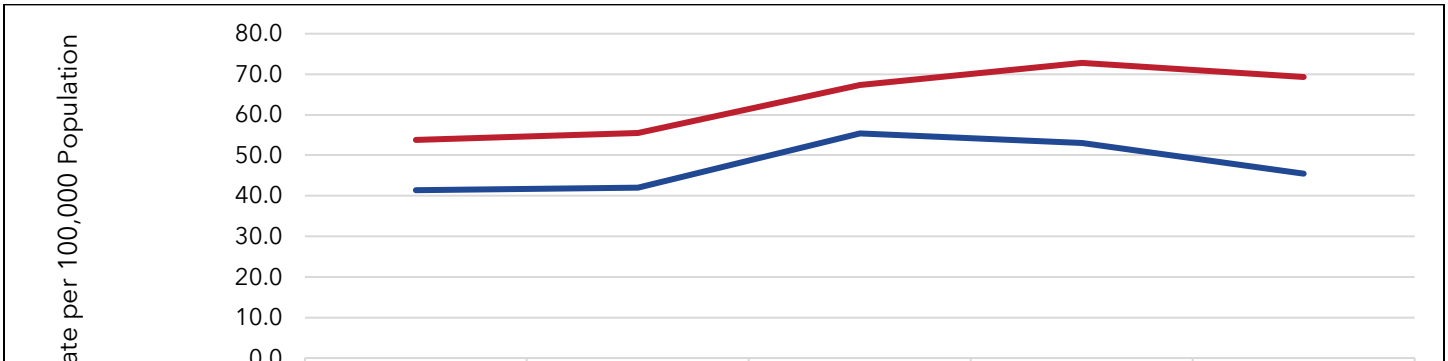


	2018	2019	2020	2021	2022
St. Johns County	123.7	155.3	121.2	140.9	159.8
Florida	158.7	154.6	157.3	160.0	153.3

Source: Florida Agency for Health Care Administration (AHCA) | FLHealthCHARTS | Hospitalizations From Non-Fatal Unintentional Injury (Aged 10-19 Years). Date Sourced: May 19, 2024.

In 2022, St. Johns County (45.4 injury deaths per 100,000 population) had a lower unintentional injury mortality rate than the state (69.4 deaths per 100,000 population). St. Johns County's unintentional injury mortality rate increased by 9.7% from 2018 to 2022 (Exhibit 156).

Exhibit 156: Unintentional Injury Mortality Rates, Age-Adjusted, St. Johns County & Florida, 2018–2022

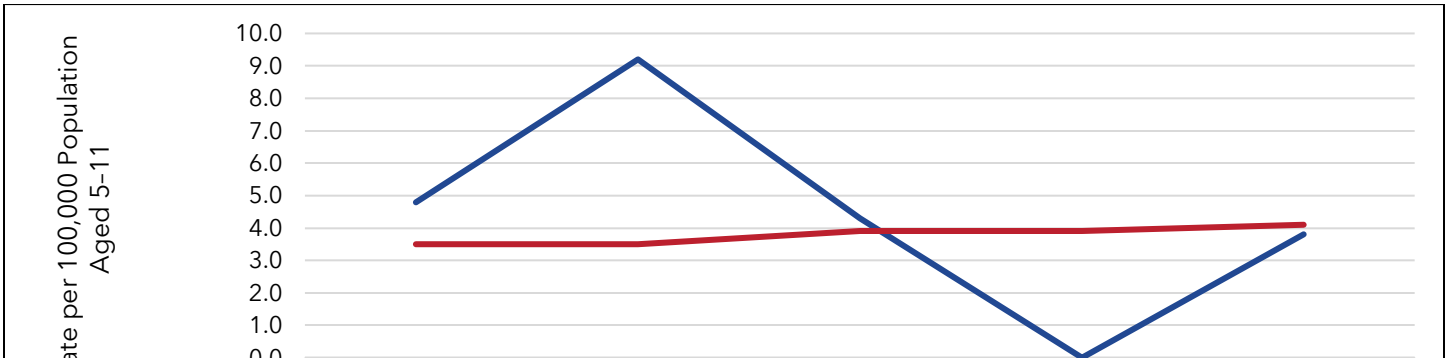


	2018	2019	2020	2021	2022
St. Johns County	41.4	42.0	55.4	53.0	45.4
Florida	53.8	55.5	67.4	72.8	69.4

Source: Florida Department of Health, Bureau of Vital Statistics | FLHealthCHARTS | Deaths From Unintentional Injury. Date Sourced: May 19, 2024.

The following three exhibits explore unintentional injury mortality rates by age group. From 2018 to 2020, St. Johns County had a higher unintentional injury mortality rate for ages 5–11 than the state. Despite this, St. Johns County's rate for this age group decreased by 20.8% overall during this period (Exhibit 157).

Exhibit 157: Unintentional Injury Mortality (Aged 5–11), Crude Rate, St. Johns County & Florida, 2018–2022

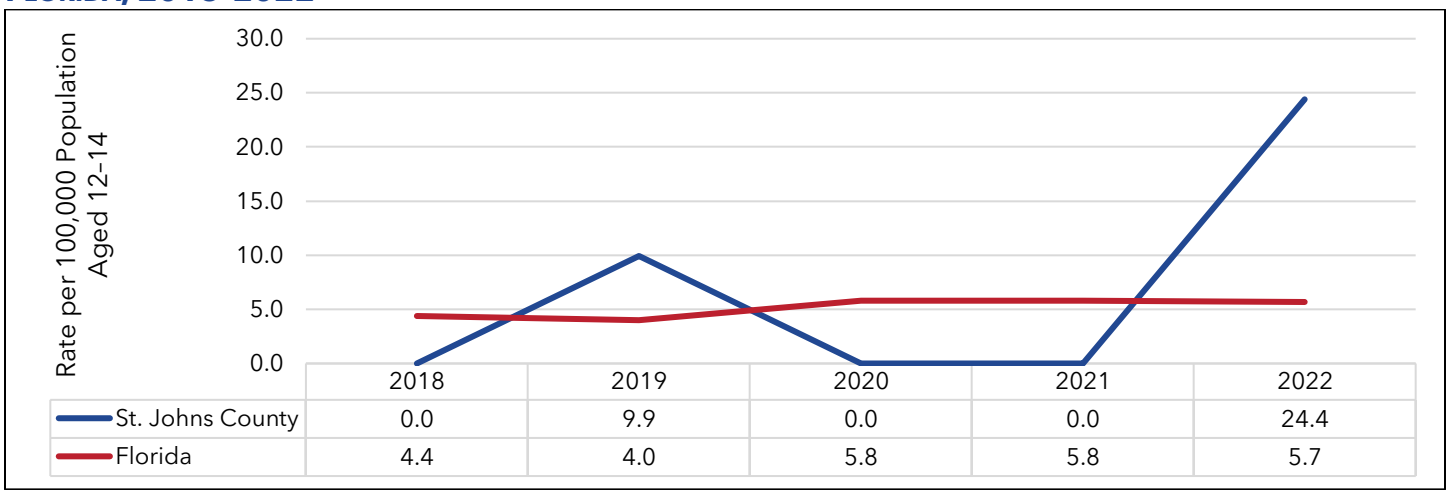


	2018	2019	2020	2021	2022
St. Johns County	4.8	9.2	4.3	0.0	3.8
Florida	3.5	3.5	3.9	3.9	4.1

Source: Florida Department of Health, Bureau of Vital Statistics | FLHealthCHARTS | Deaths From Unintentional Injury. Date Sourced: May 19, 2024.

St. Johns County's unintentional injury mortality rate for ages 12–14 increased from a rate of zero incidence to 24.4 per 100,000 age-specific population from 2018 to 2022 (Exhibit 158).

EXHIBIT 158: UNINTENTIONAL INJURY MORTALITY (AGED 12–14), CRUDE RATE, ST. JOHNS COUNTY & FLORIDA, 2018–2022

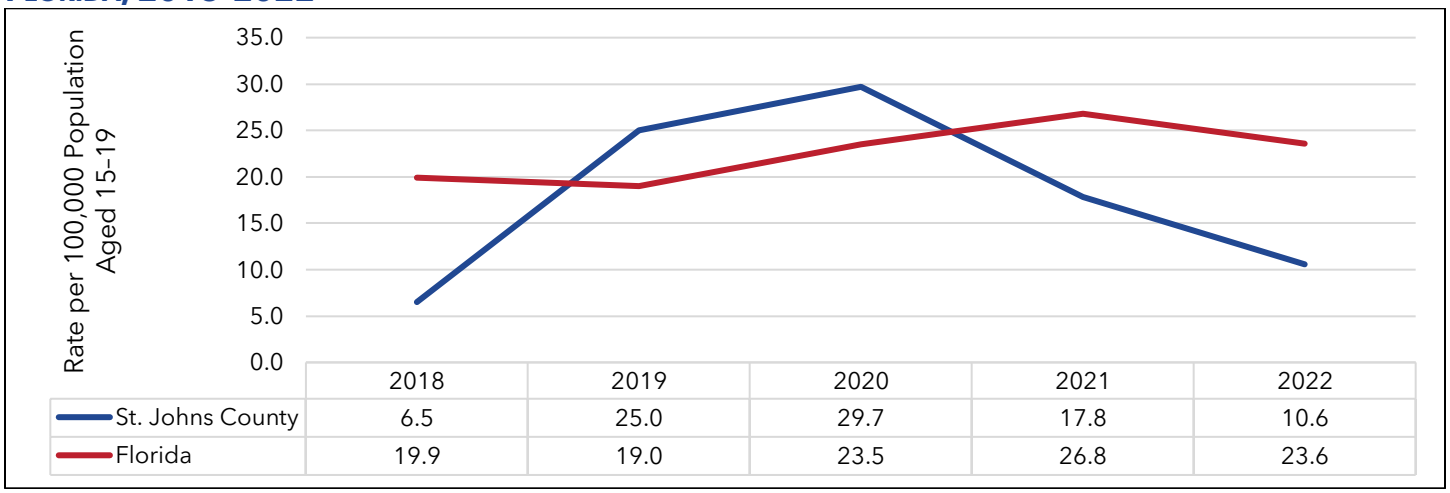


	2018	2019	2020	2021	2022
St. Johns County	0.0	9.9	0.0	0.0	24.4
Florida	4.4	4.0	5.8	5.8	5.7

Source: Florida Department of Health, Bureau of Vital Statistics | FLHealthCHARTS | Deaths From Unintentional Injury. Date Sourced: May 19, 2024.

From 2018 to 2022, St. Johns County's unintentional injury mortality rate for ages 15–19 rose by 63.1%, while Florida's rose by 18.6%.

EXHIBIT 159: UNINTENTIONAL INJURY MORTALITY (AGED 15–19), CRUDE RATE, ST. JOHNS COUNTY & FLORIDA, 2018–2022



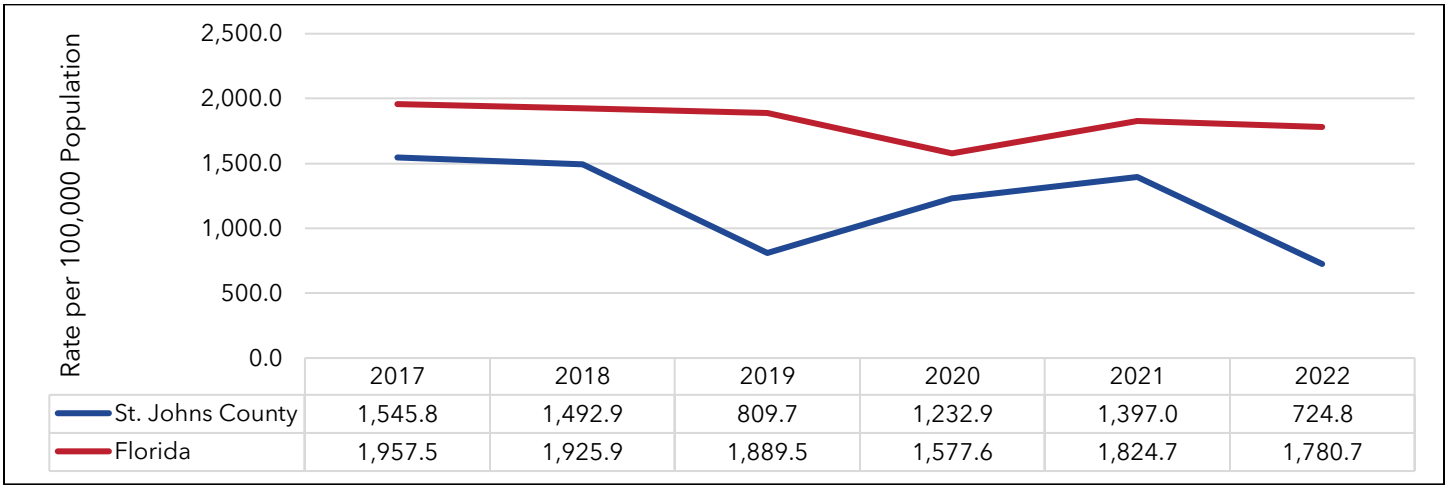
	2018	2019	2020	2021	2022
St. Johns County	6.5	25.0	29.7	17.8	10.6
Florida	19.9	19.0	23.5	26.8	23.6

Source: Florida Department of Health, Bureau of Vital Statistics | FLHealthCHARTS | Deaths From Unintentional Injury. Date Sourced: May 19, 2024.

Traffic Crashes

The incidence of motor vehicle traffic crashes in St. Johns County decreased from 2017 to 2022 by 53.1%. Additionally, the county rate remained lower than that of Florida. Florida's rate also decreased by 9.0% during this period (Exhibit 160).

Exhibit 160: Incidence of Motor Vehicle Traffic Crashes, St. Johns County & Florida, 2017–2022

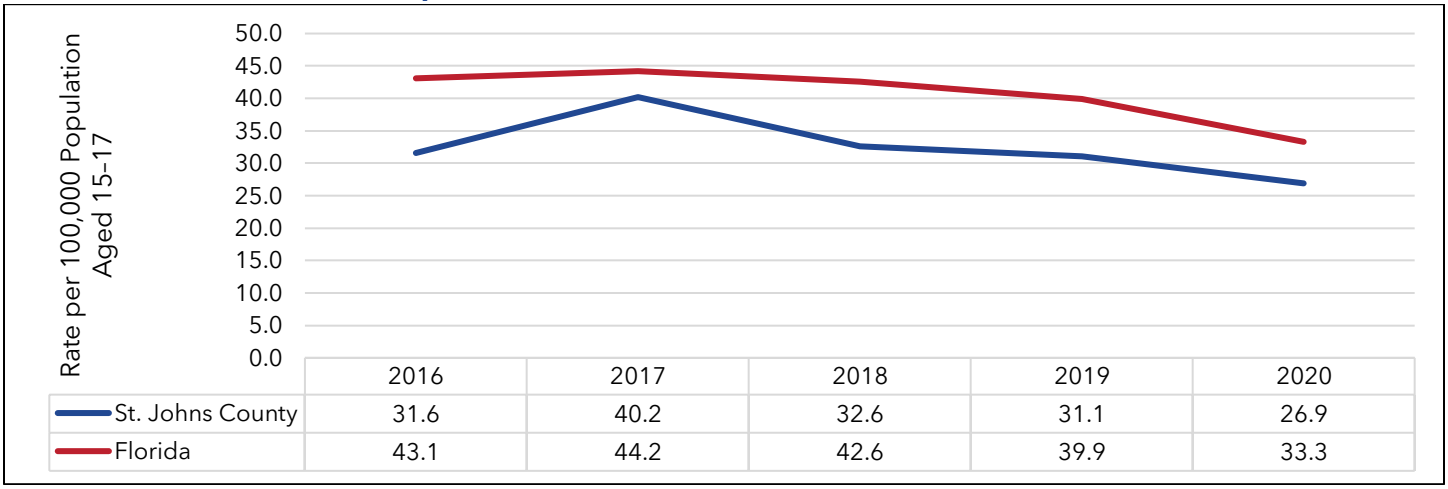


	2017	2018	2019	2020	2021	2022
St. Johns County	1,545.8	1,492.9	809.7	1,232.9	1,397.0	724.8
Florida	1,957.5	1,925.9	1,889.5	1,577.6	1,824.7	1,780.7

Source: Florida Department of Highway Safety and Motor Vehicles | FLHealthCHARTS | Motor Vehicle Traffic Crashes. Date Sourced: May 19, 2024.

The incidence of motor vehicle traffic crashes involving licensed drivers aged 15 to 17 years is lower in St. Johns County than in Florida. From 2016 to 2020, the county rate dropped by 14.9% and the state rate dropped by 22.7% (Exhibit 161).

Exhibit 161: Incidence of Motor Vehicle Traffic Crashes of Licensed Drivers (Aged 15–17), St. Johns County & Florida, 2016–2020

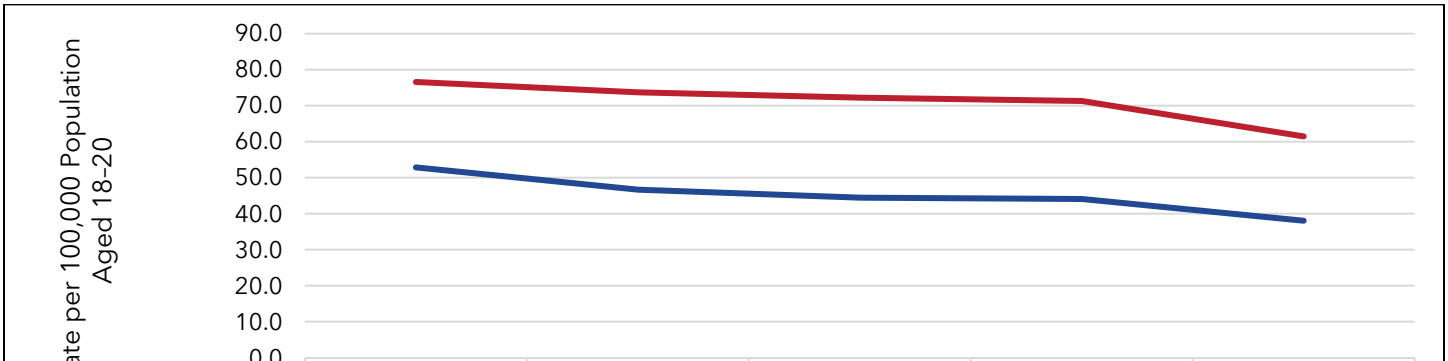


	2016	2017	2018	2019	2020
St. Johns County	31.6	40.2	32.6	31.1	26.9
Florida	43.1	44.2	42.6	39.9	33.3

Source: Florida Department of Highway Safety and Motor Vehicles | FLHealthCHARTS | Licensed Drivers in Motor Vehicle Crashes (Aged 15-17 Years). Date Sourced: May 19, 2024.

For licensed drivers aged 18 to 20, motor vehicle traffic crashes were more likely to happen in the state versus in St. Johns County. The county rate of traffic crashes involving drivers in this age group decreased by 28.0% from 2016 to 2020. The Florida rate decreased by 19.7% during the same period (Exhibit 162).

Exhibit 162: Incidence of Motor Vehicle Traffic Crashes of Licensed Drivers (Aged 18–20), St. Johns County & Florida, 2016–2020

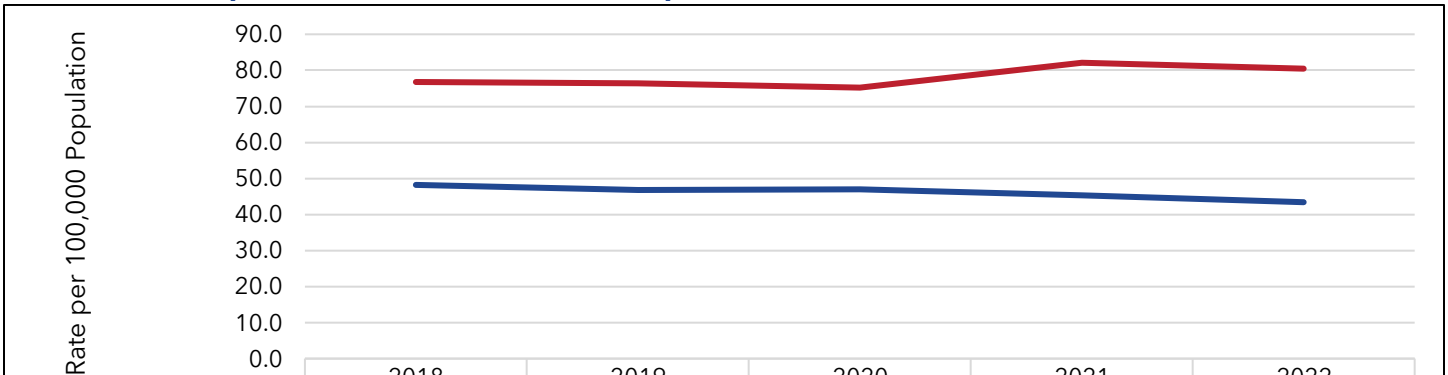


	2016	2017	2018	2019	2020
St. Johns County	52.9	46.7	44.5	44.2	38.1
Florida	76.6	73.7	72.3	71.4	61.5

Source: Florida Department of Highway Safety and Motor Vehicles | FLHealthCHARTS | Licensed Drivers in Motor Vehicle Crashes (Aged 18-20 Years). Date Sourced: May 19, 2024.

Exhibit 163 displays hospitalizations from non-fatal motor vehicle traffic-related injuries. St. Johns County reported a lower rate of hospitalizations than Florida from 2018 to 2022. During this period, St. Johns County's hospitalization rate decreased by 10.0% while Florida's rate increased by 4.8%.

Exhibit 163: Hospitalizations From Non-Fatal Motor Vehicle Traffic-Related Injuries, Age-Adjusted Rates, St. Johns County & Florida, 2018–2022

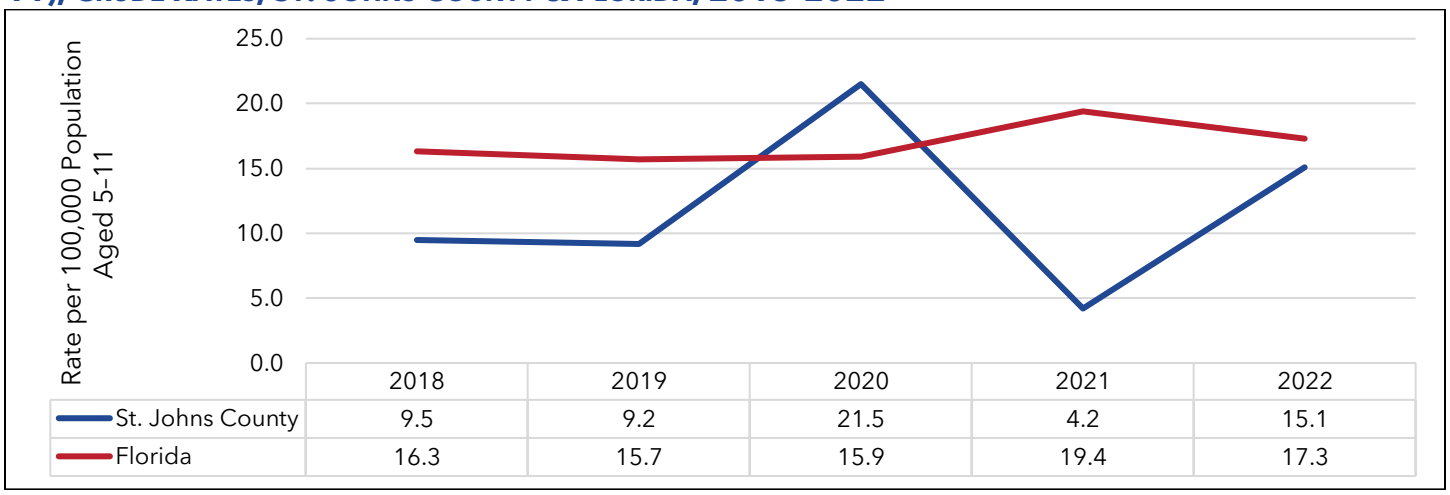


	2018	2019	2020	2021	2022
St. Johns County	48.2	46.7	46.9	45.4	43.4
Florida	76.7	76.4	75.2	82.1	80.4

Source: Florida Agency for Health Care Administration (AHCA) | FLHealthCHARTS | Hospitalizations From Non-Fatal Motor Vehicle-Related Injuries. Date Sourced: May 19, 2024.

Specifically for children aged 5–11, St. Johns County maintained a lower rate of hospitalizations from non-fatal motor vehicle traffic-related injuries than Florida, except in 2020 (Exhibit 164). The rate for these hospitalizations trended upward by 58.9% in St. Johns County and 6.1% in Florida from 2018 to 2022.

Exhibit 164: Hospitalizations From Non-Fatal Motor Vehicle Traffic-Related Injuries (Aged 5–11), Crude Rates, St. Johns County & Florida, 2018–2022

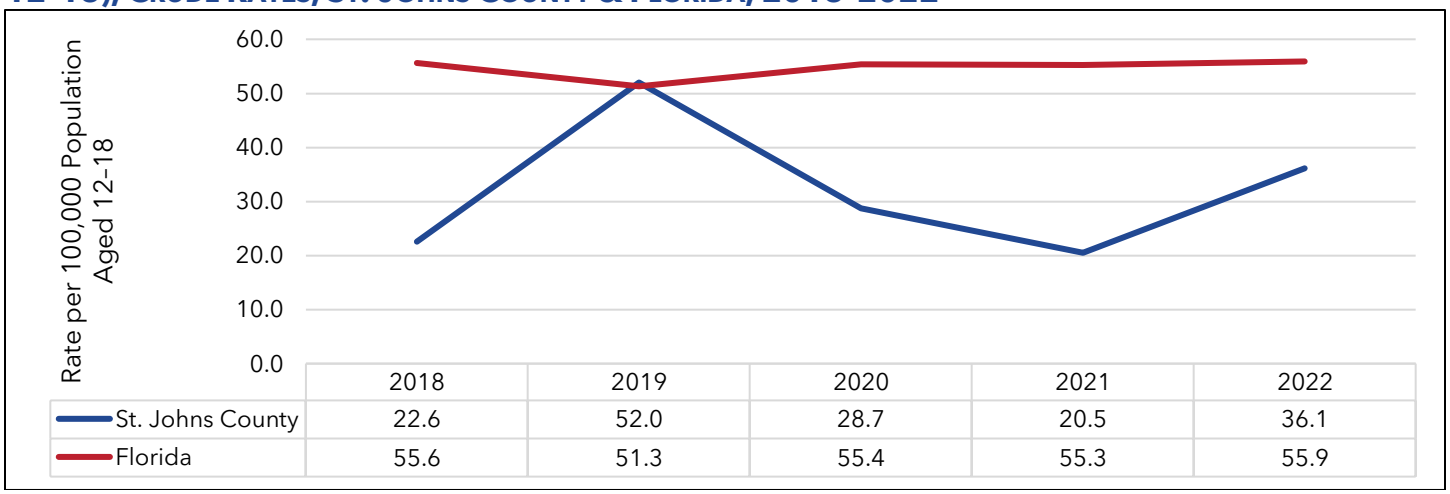


	2018	2019	2020	2021	2022
St. Johns County	9.5	9.2	21.5	4.2	15.1
Florida	16.3	15.7	15.9	19.4	17.3

Source: Florida Agency for Health Care Administration (AHCA) | FLHealthCHARTS | Hospitalizations From Non-Fatal Motor Vehicle Traffic-Related Injuries (Aged 5-11). Date Sourced: May 19, 2024.

Next, Exhibit 165 and Exhibit 166 summarize hospitalizations from non-fatal motor vehicle traffic-related injuries in the 12–18 and 19–21 age groups between 2018 and 2022. St. Johns County mostly maintained lower rates for both age groups than Florida. County rates increased by 59.7% in the 12–18 age group and decreased by 52.8% in the 19–21 age group.

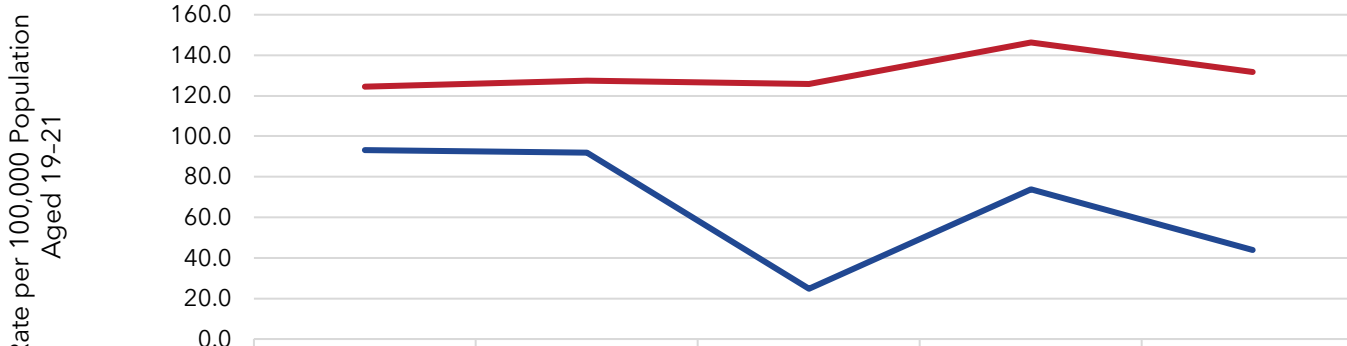
Exhibit 165: Hospitalizations From Non-Fatal Motor Vehicle Traffic-Related Injuries (Aged 12–18), Crude Rates, St. Johns County & Florida, 2018–2022



	2018	2019	2020	2021	2022
St. Johns County	22.6	52.0	28.7	20.5	36.1
Florida	55.6	51.3	55.4	55.3	55.9

Source: Florida Agency for Health Care Administration (AHCA) | FLHealthCHARTS | Hospitalizations From Non-Fatal Motor Vehicle Traffic-Related Injuries (Aged 12-18). Date Sourced: May 19, 2024.

Exhibit 166: Hospitalizations From Non-Fatal Motor Vehicle Traffic-Related Injuries (Aged 19-21), Crude Rates, St. Johns County & Florida, 2018–2022

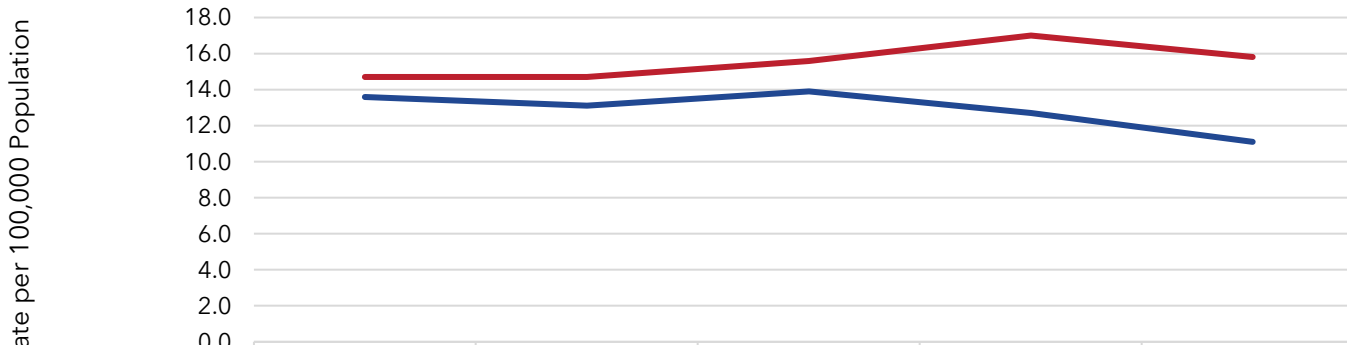


	2018	2019	2020	2021	2022
St. Johns County	93.2	92.0	24.8	73.9	44.0
Florida	124.5	127.5	125.8	146.3	131.6

Source: Florida Agency for Health Care Administration (AHCA) | FLHealthCHARTS | Hospitalizations From Non-Fatal Motor Vehicle Traffic-Related Injuries (Aged 19-21). Date Sourced: May 19, 2024.

Between 2018 and 2022, motor vehicle traffic death rates in St. Johns County decreased by 18.4% compared to an increase of 7.5% in Florida (Exhibit 167).

Exhibit 167: Incidence of Motor Vehicle Traffic Deaths, Age-Adjusted Rates, St. Johns County & Florida, 2018–2022

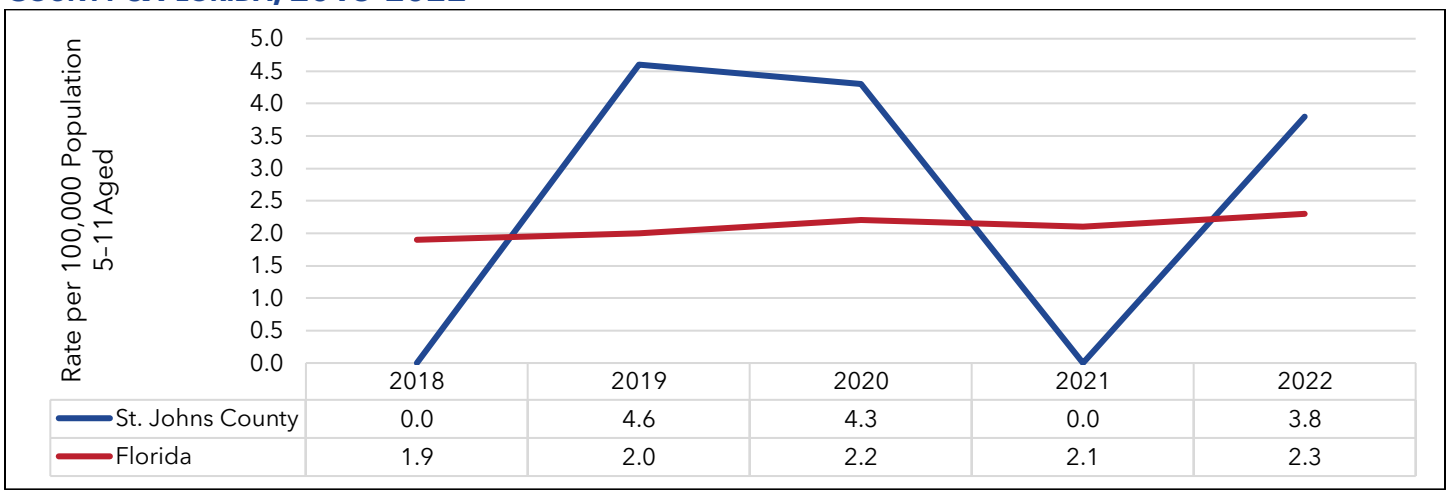


	2018	2019	2020	2021	2022
St. Johns County	13.6	13.1	13.9	12.7	11.1
Florida	14.7	14.7	15.6	17.0	15.8

Source: Florida Department of Health, Bureau of Vital Statistics | FLHealthCHARTS | Deaths From Motor Vehicle Crashes. Date Sourced: May 20, 2024.

The next three exhibits offer specific insight into motor vehicle traffic deaths by age group. In 2022, St. Johns County had a rate of 3.8 deaths per 100,000 age-specific population from motor vehicle crashes in the 5–11 age group. This rate was higher than the Florida rate (2.3 deaths per 100,000 age-specific population) and represents an increase from the zero incidence rate in 2018 (Exhibit 168).

Exhibit 168: Incidence of Motor Vehicle Traffic Deaths (Aged 5–11), Crude Rates, St. Johns County & Florida, 2018–2022

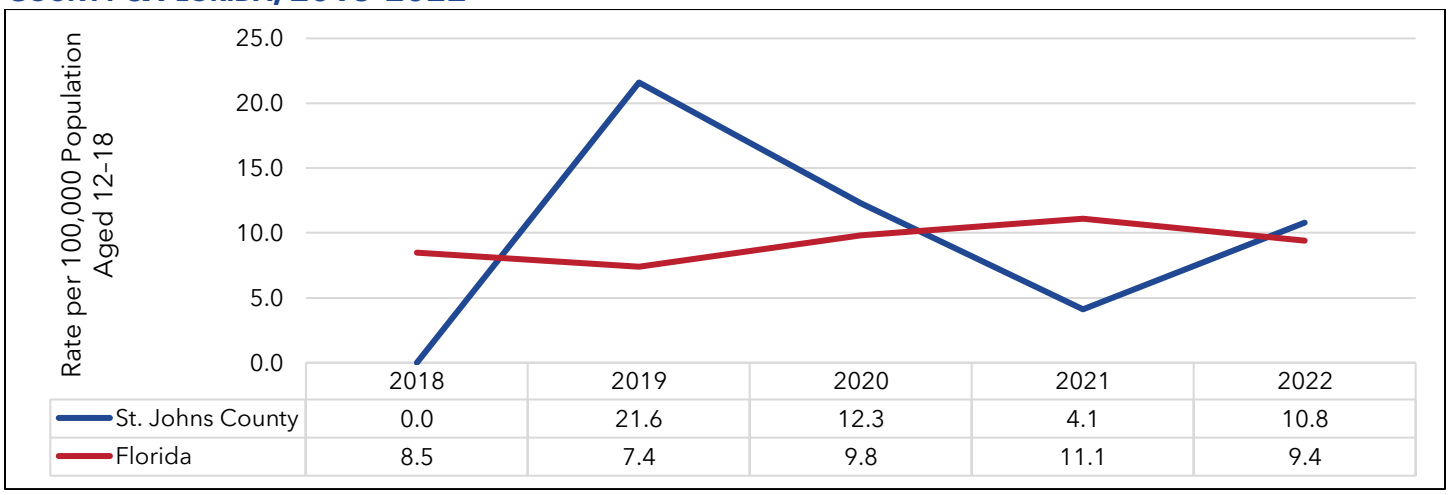


	2018	2019	2020	2021	2022
St. Johns County	0.0	4.6	4.3	0.0	3.8
Florida	1.9	2.0	2.2	2.1	2.3

Source: Florida Department of Health, Bureau of Vital Statistics | FLHealthCHARTS | Deaths From Motor Vehicle Crashes (Ages 5-11). Date Sourced: May 20, 2024.

From 2018 to 2022, the incidence of motor vehicle traffic deaths for ages 12–18 in St. Johns County increased from zero to 10.8 per 100,000 population while the state rate increased by 10.6% (Exhibit 169).

Exhibit 169: Incidence of Motor Vehicle Traffic Deaths (Aged 12–18), Crude Rates, St. Johns County & Florida, 2018–2022

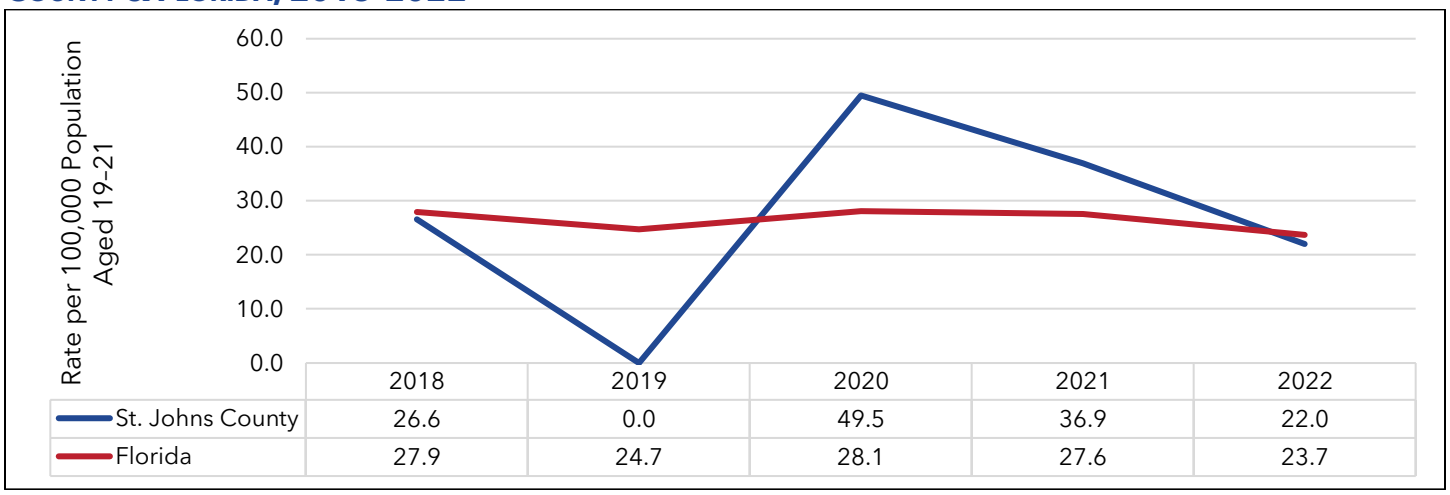


	2018	2019	2020	2021	2022
St. Johns County	0.0	21.6	12.3	4.1	10.8
Florida	8.5	7.4	9.8	11.1	9.4

Source: Florida Department of Health, Bureau of Vital Statistics | FLHealthCHARTS | Deaths From Motor Vehicle Crashes (Ages 12-18). Date Sourced: May 20, 2024.

Regarding motor vehicle traffic deaths for ages 19 to 21, incidence rates decreased by 17.3% in St. Johns County and 15.1% in Florida from 2018 to 2022 (Exhibit 170).

EXHIBIT 170: INCIDENCE OF MOTOR VEHICLE TRAFFIC DEATHS (AGED 19–21), CRUDE RATES, ST. JOHNS COUNTY & FLORIDA, 2018–2022



	2018	2019	2020	2021	2022
St. Johns County	26.6	0.0	49.5	36.9	22.0
Florida	27.9	24.7	28.1	27.6	23.7

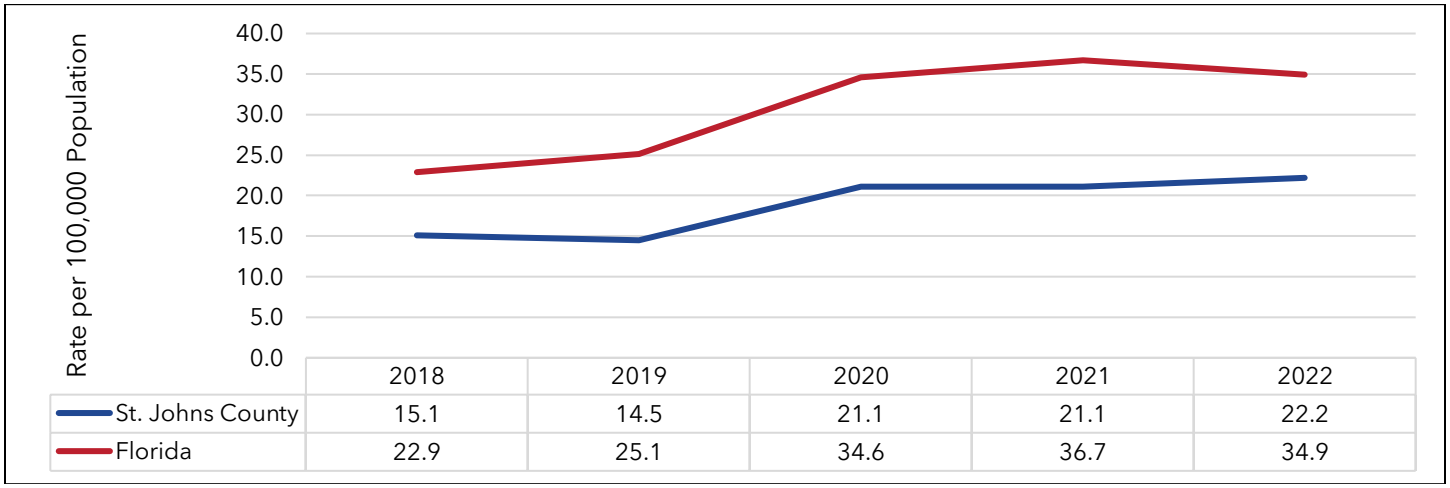
Source: Florida Department of Health, Bureau of Vital Statistics | FLHealthCHARTS | Deaths From Motor Vehicle Crashes (Ages 19-21). Date Sourced: May 20, 2024.

Drug Poisoning

Drug poisoning deaths result from unintentional or intentional overdose of a drug, receiving the wrong drug, taking a drug in error, or taking a drug inadvertently (CDC, 2022k).

From 2018 to 2022, a 47.0% increase in the incidence of drug poisoning deaths was observed in St. Johns County, while Florida's rate increased by 52.4% (Exhibit 171).

EXHIBIT 171: INCIDENCE OF DRUG POISONING DEATHS, AGE-ADJUSTED RATES, ST. JOHNS COUNTY & FLORIDA, 2018–2022



	2018	2019	2020	2021	2022
St. Johns County	15.1	14.5	21.1	21.1	22.2
Florida	22.9	25.1	34.6	36.7	34.9

Source: Florida Department of Health, Bureau of Vital Statistics | FLHealthCHARTS | Deaths From Drug Poisoning. Date Sourced: May 20, 2024.

There is no age-specific data available on drug poisoning deaths from FLHealthCHARTS at this time.

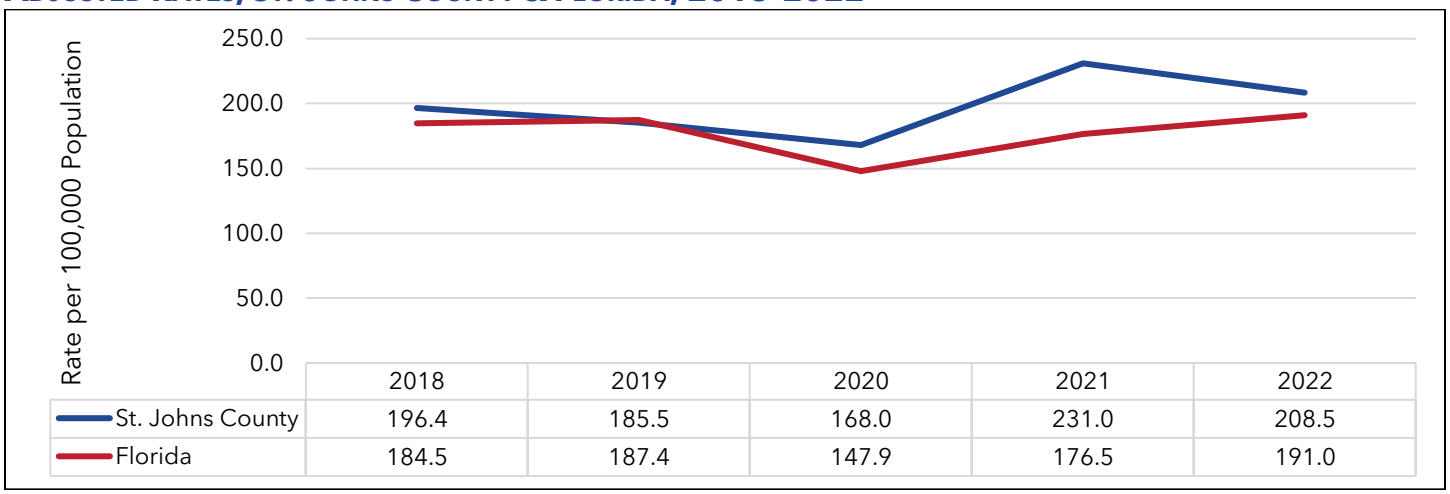
Traumatic Brain Injury

A traumatic brain injury (TBI) can be caused by a forceful bump, blow, or jolt to the head or body, or from an object that pierces the skull and enters the brain (NHI, 2023). The two types of TBIs are penetrating, where an object pierces the skull, and non-penetrating, also known as closed head injury or blunt TBI (NHI, 2023). Some types of TBIs can cause temporary or short-term problems

with normal brain function, occur gradually appearing hours or weeks later, and more serious TBIs may lead to severe and permanent disability or death (NHI, 2023).

Compared to the state, St. Johns County reported higher rates of emergency department visits due to non-fatal TBIs for almost every year between 2018 and 2022. During this period, St. Johns County's rate of emergency department visits for TBIs rose by 6.2%, compared to Florida's increase of 3.5% (Exhibit 172).

EXHIBIT 172: TOTAL EMERGENCY DEPARTMENT VISITS FROM NON-FATAL TRAUMATIC BRAIN INJURY, AGE-ADJUSTED RATES, ST. JOHNS COUNTY & FLORIDA, 2018–2022

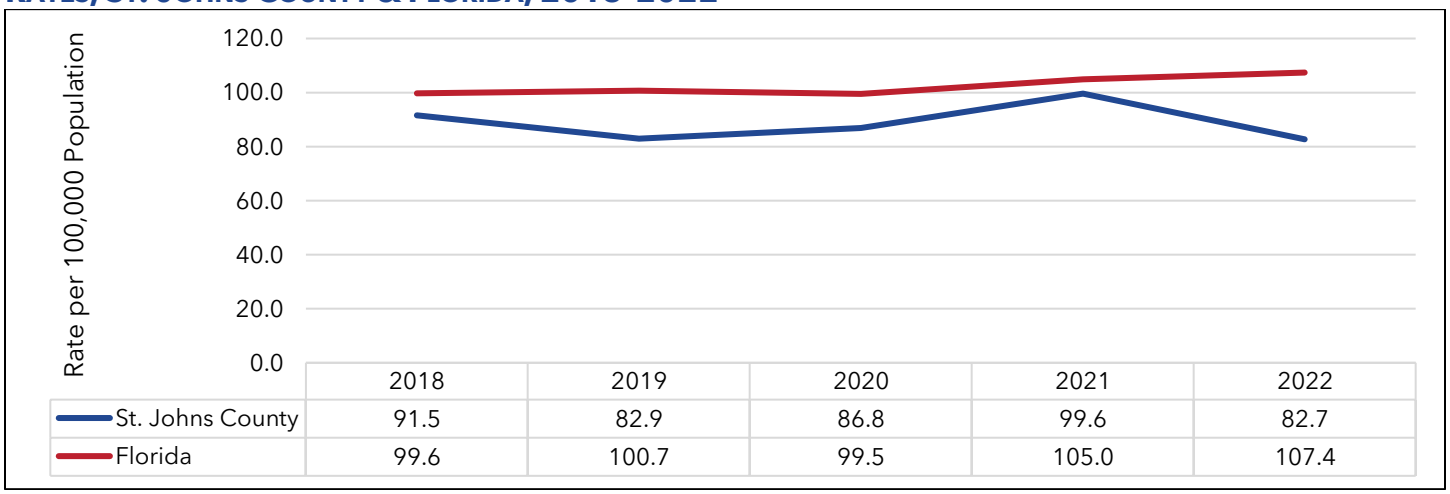


	2018	2019	2020	2021	2022
St. Johns County	196.4	185.5	168.0	231.0	208.5
Florida	184.5	187.4	147.9	176.5	191.0

Source: Florida Agency for Health Care Administration (AHCA) | FLHealthCHARTS | Emergency Department Visits From Non-Fatal Traumatic Brain Injuries. Date Sourced: May 20, 2024.

Incidentally, total hospitalizations for non-fatal TBI rates for St. Johns County fell by 9.6% while the state's rate rose by 7.8% from 2018 to 2022 (Exhibit 173).

EXHIBIT 173: TOTAL HOSPITALIZATIONS FROM NON-FATAL TRAUMATIC BRAIN INJURY, AGE-ADJUSTED RATES, ST. JOHNS COUNTY & FLORIDA, 2018–2022



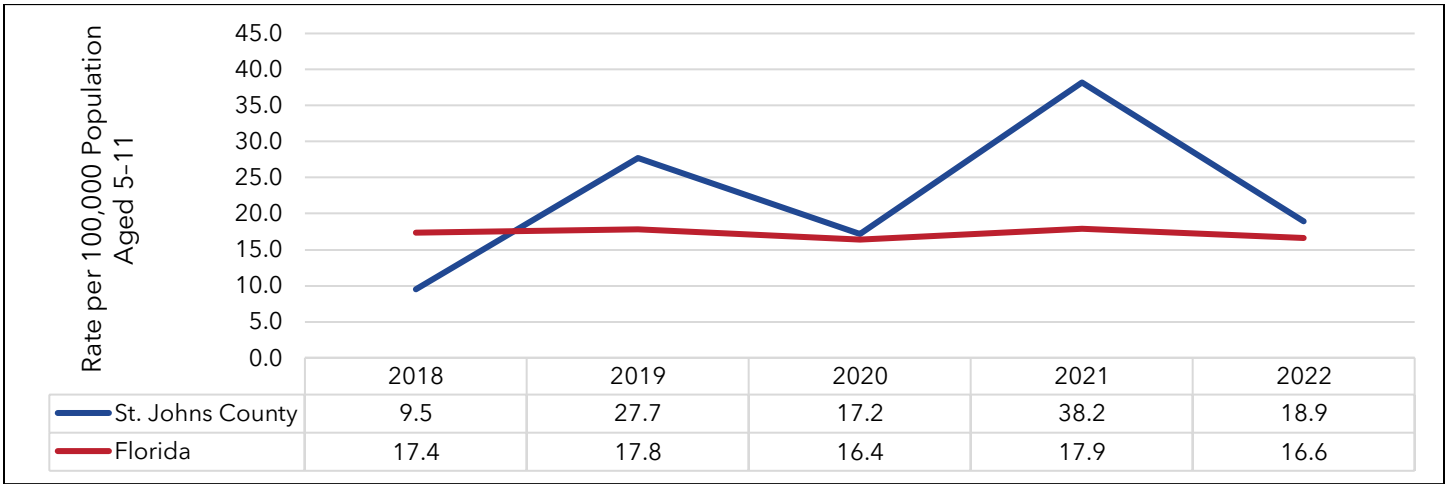
	2018	2019	2020	2021	2022
St. Johns County	91.5	82.9	86.8	99.6	82.7
Florida	99.6	100.7	99.5	105.0	107.4

Source: Florida Agency for Health Care Administration (AHCA) | FLHealthCHARTS | Hospitalizations From Non-Fatal Traumatic Brain Injuries. Date Sourced: May 20, 2024.

More specifically, Exhibit 174, Exhibit 175, and Exhibit 176 display 2018 to 2022 hospitalization rates from non-fatal TBIs in age groups 5–11, 12–18, and 19–21, respectively. In St. Johns County, rates for the 5–11 age group increased by 98.9% during the period, surpassing Florida's rates

since 2019. For youth aged 12–18, St. Johns County's hospitalization rates peaked in 2019 (56.3 per age-specific 100,000 population) and fell to its lowest rate in 2022 (21.7 per 100,000 population), representing a 19.9% decrease from 2018 to 2022. The 19–21 age group in St. Johns County maintained lower rates of hospitalizations for non-fatal TBIs compared to their Floridian counterparts; however, the county still saw an overall 24.1% increase during this time.

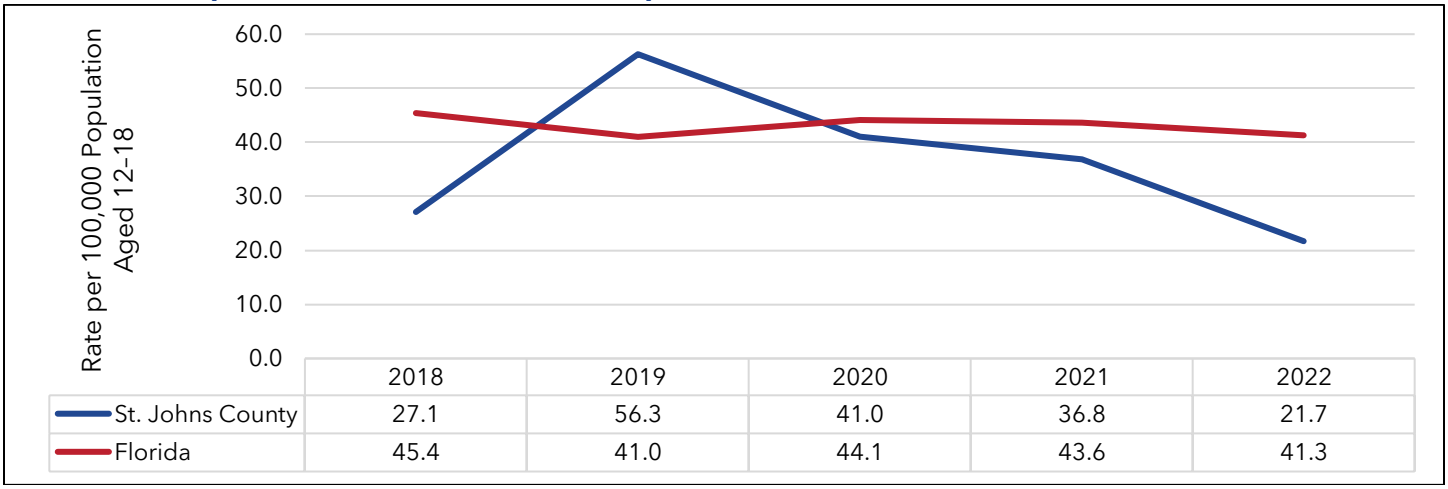
EXHIBIT 174: HOSPITALIZATIONS FROM NON-FATAL TRAUMATIC BRAIN INJURY (AGED 5–11), AGE-SPECIFIC RATES, ST. JOHNS COUNTY & FLORIDA, 2018–2022



	2018	2019	2020	2021	2022
St. Johns County	9.5	27.7	17.2	38.2	18.9
Florida	17.4	17.8	16.4	17.9	16.6

Source: Florida Agency for Health Care Administration (AHCA) | FLHealthCHARTS | Hospitalizations From Non-Fatal Traumatic Brain Injuries (Aged 5-11). Date Sourced: May 20, 2024.

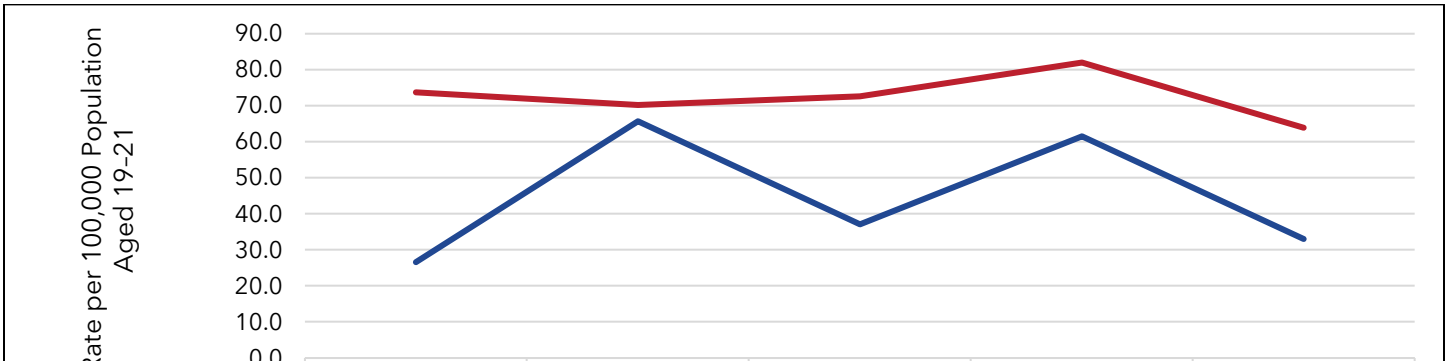
EXHIBIT 175: HOSPITALIZATIONS FROM NON-FATAL TRAUMATIC BRAIN INJURY (AGED 12–18), AGE-SPECIFIC RATES, ST. JOHNS COUNTY & FLORIDA, 2018–2022



	2018	2019	2020	2021	2022
St. Johns County	27.1	56.3	41.0	36.8	21.7
Florida	45.4	41.0	44.1	43.6	41.3

Source: Florida Agency for Health Care Administration (AHCA) | FLHealthCHARTS | Hospitalizations From Non-Fatal Traumatic Brain Injuries (Aged 12-18). Date Sourced: May 20, 2024.

Exhibit 176: Hospitalizations From Non-Fatal Traumatic Brain Injury (Aged 19–21), Age-Specific Rates, St. Johns County & Florida, 2018–2022

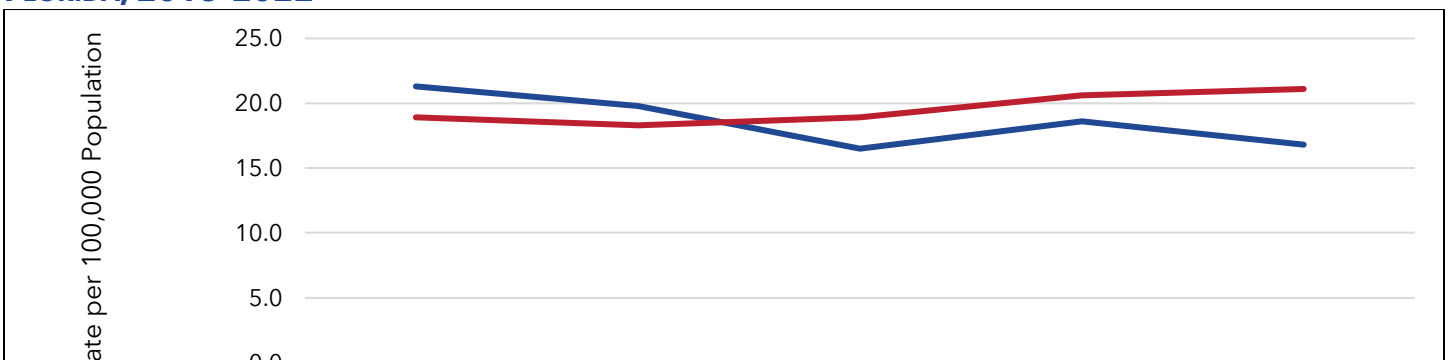


	2018	2019	2020	2021	2022
St. Johns County	26.6	65.7	37.1	61.6	33.0
Florida	73.8	70.2	72.6	82.0	63.9

Source: Florida Agency for Health Care Administration (AHCA) | FLHealthCHARTS | Hospitalizations From Non-Fatal Traumatic Brain Injuries (Aged 19-21). Date Sourced: May 20, 2024.

Exhibit 177 displays the rates of deaths from TBI for St. Johns County and Florida. St. Johns County had a higher mortality rate from TBIs than Florida until 2020. Between 2018 and 2022, St. Johns County's rate decreased by 21.1% compared to Florida's increase of 11.6%.

Exhibit 177: Deaths From Traumatic Brain Injury, Age-Adjusted Rates, St. Johns County & Florida, 2018–2022

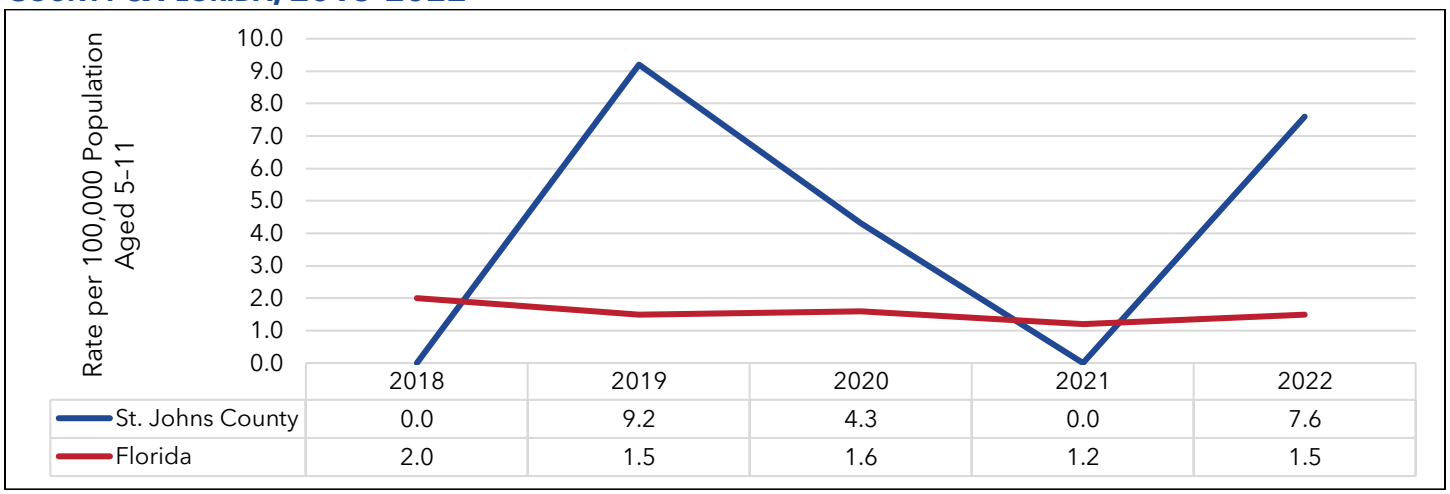


	2018	2019	2020	2021	2022
St. Johns County	21.3	19.8	16.5	18.6	16.8
Florida	18.9	18.3	18.9	20.6	21.1

Source: Florida Department of Health, Bureau of Vital Statistics | FLHealthCHARTS | Deaths From Traumatic Brain Injury. Date Sourced: May 20, 2024.

Mortality rates from TBI for age groups 5–11 (Exhibit 178), 12–18 (Exhibit 179), and 19–21 (Exhibit 180) are displayed for the years 2018 to 2022. The TBI mortality rates for age group 5–11 in St. Johns County greatly fluctuated during the reporting period, rising overall from 0.0 deaths per 100,000 age-specific population in 2018 to 7.6 deaths per 100,000 population in 2022. For youth aged 12–18, the St. Johns County rate climbed by 60.0%. However, the greatest change during this period occurred in the 19–21 age group rates: a 148.1% increase.

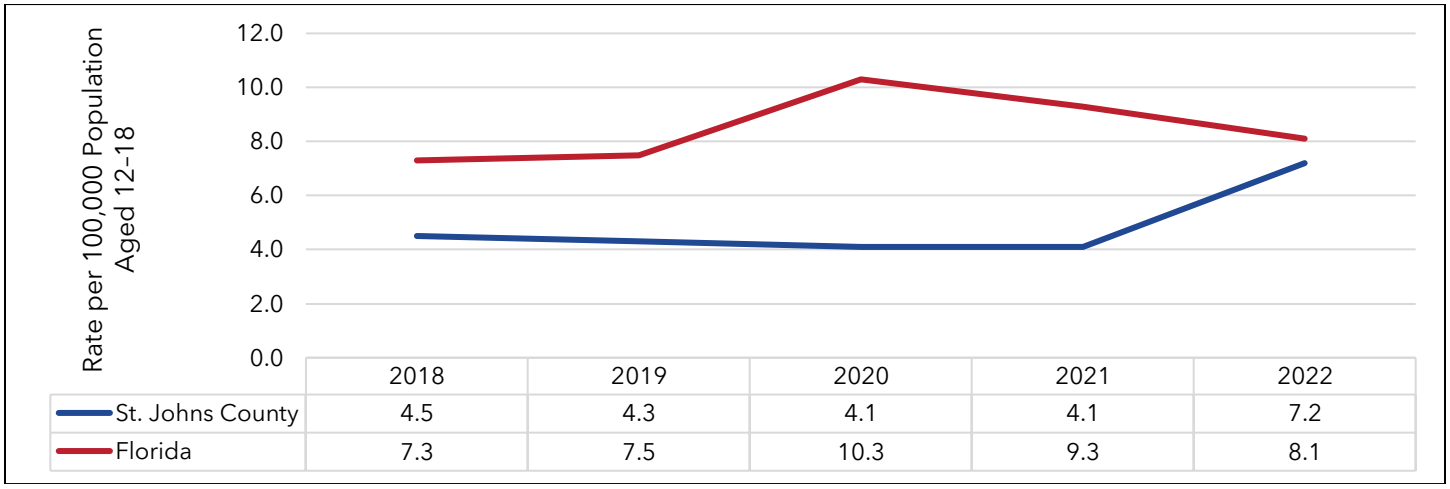
Exhibit 178: Deaths from Traumatic Brain Injury (Aged 5-11), Age-Specific Rates, St. Johns County & Florida, 2018-2022



	2018	2019	2020	2021	2022
St. Johns County	0.0	9.2	4.3	0.0	7.6
Florida	2.0	1.5	1.6	1.2	1.5

Source: Florida Department of Health, Bureau of Vital Statistics | FLHealthCHARTS | Deaths From Traumatic Brain Injury (Aged 5-11). Date Sourced: May 20, 2024.

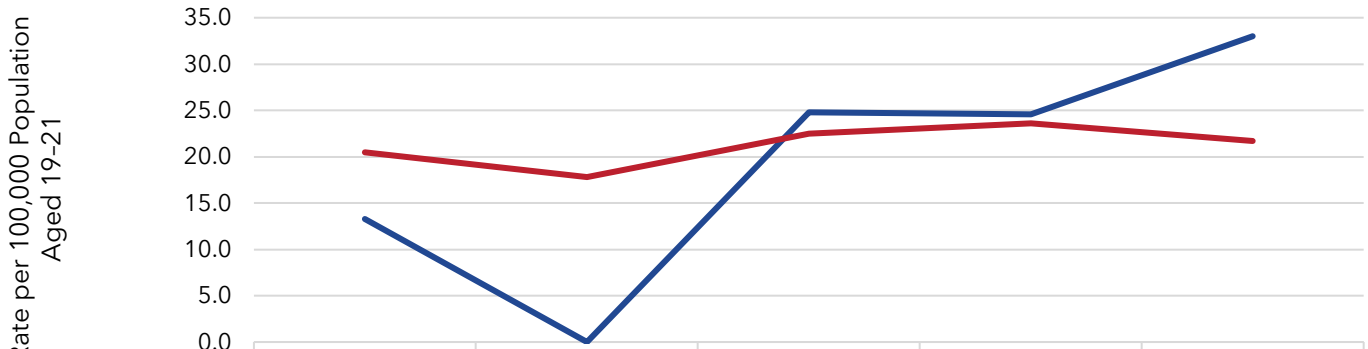
Exhibit 179: Deaths from Traumatic Brain Injury (Aged 12-18), Age-Specific Rates, St. Johns County & Florida, 2018-2022



	2018	2019	2020	2021	2022
St. Johns County	4.5	4.3	4.1	4.1	7.2
Florida	7.3	7.5	10.3	9.3	8.1

Source: Florida Department of Health, Bureau of Vital Statistics | FLHealthCHARTS | Deaths From Traumatic Brain Injury (Aged 12-18). Date Sourced: May 20, 2024.

Exhibit 180: Deaths from Traumatic Brain Injury (Aged 19–21), Age-Specific Rates, St. Johns County & Florida, 2018–2022



	2018	2019	2020	2021	2022
St. Johns County	13.3	0.0	24.8	24.6	33.0
Florida	20.5	17.8	22.5	23.6	21.7

Source: Florida Department of Health, Bureau of Vital Statistics | FLHealthCHARTS | Deaths From Traumatic Brain Injury (Aged 19-21). Date Sourced: May 20, 2024.

Maternal and Infant Health

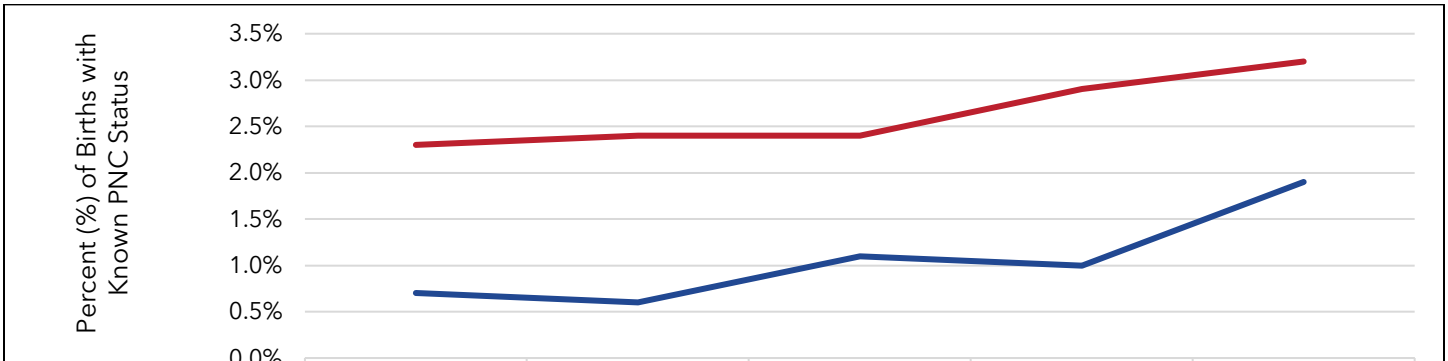
Maternal Health refers to the health of women during pregnancy, childbirth, and the postnatal period (WHO, n.d.-c). Although important progress has been made in the last two decades, about 287,000 women died during and following pregnancy and childbirth in 2020 (WHO, n.d.-c). The most common direct causes of maternal injury and death are excessive blood loss, infection, high blood pressure, unsafe abortion, and obstructed labor, as well as indirect causes such as anemia, malaria, and heart disease (WHO, n.d.-c).

Prenatal Care

In order to have the best possible health outcomes for the mother and child, early prenatal care is essential. Prenatal care is the health care a woman receives when she is pregnant. Prenatal visits to a health care provider are important to monitor the health of the mother and fetus (CDC, 2022g).

Exhibit 181 presents the percentage of births to mothers with no prenatal care between 2018 and 2022. During that time, St. Johns County's percentage of births to mothers without prenatal care was lower than Florida's percentage; however, St. Johns County's rate still increased by 1.2%, while Florida's rate also increased by 0.9% in the same period.

Exhibit 181: Births to Mothers With No Prenatal Care, Age-Adjusted Rates, St. Johns County & Florida, 2018–2022



	2018	2019	2020	2021	2022
St. Johns County	0.7%	0.6%	1.1%	1.0%	1.9%
Florida	2.3%	2.4%	2.4%	2.9%	3.2%

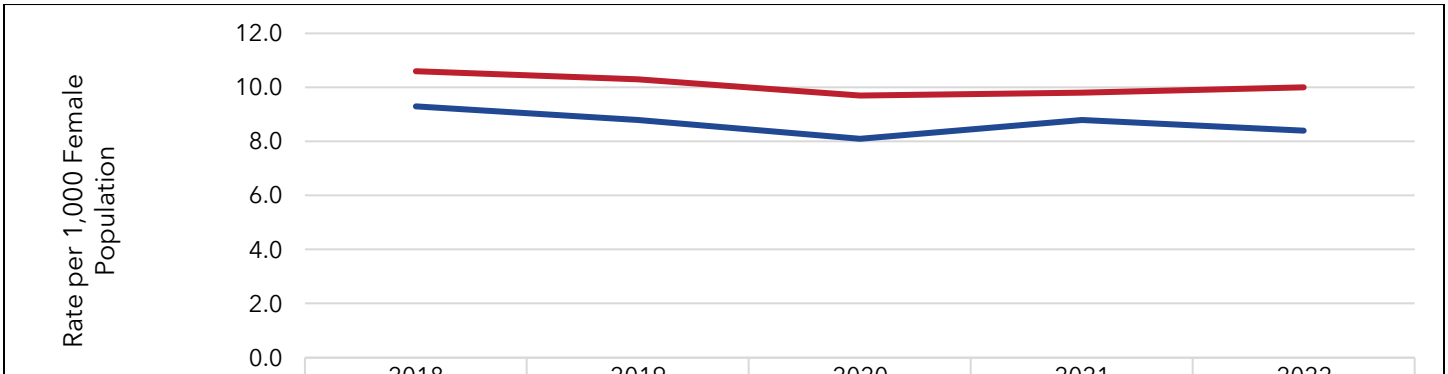
Source: Florida Department of Health, Bureau of Vital Statistics | FLHealthCHARTS | Births to Mothers With No Prenatal Care. Date Sourced: May 20, 2024.

Total Births

Birth outcomes differ across regions due to many factors, including access to care, quality of care, environmental factors, and the mothers' health behaviors (CDC, 2020d).

St. Johns County's total resident live birth rate for all races remained slightly lower than Florida's rate from 2018 to 2022. During that period, St. Johns County's total resident live births rate decreased by 9.7% compared to the 5.7% decrease in Florida's rate (Exhibit 182).

Exhibit 182: Total Resident Live Births, Age-Adjusted Rates, St. Johns County & Florida, 2018–2022



	2018	2019	2020	2021	2022
St. Johns County	9.3	8.8	8.1	8.8	8.4
Florida	10.6	10.3	9.7	9.8	10.0

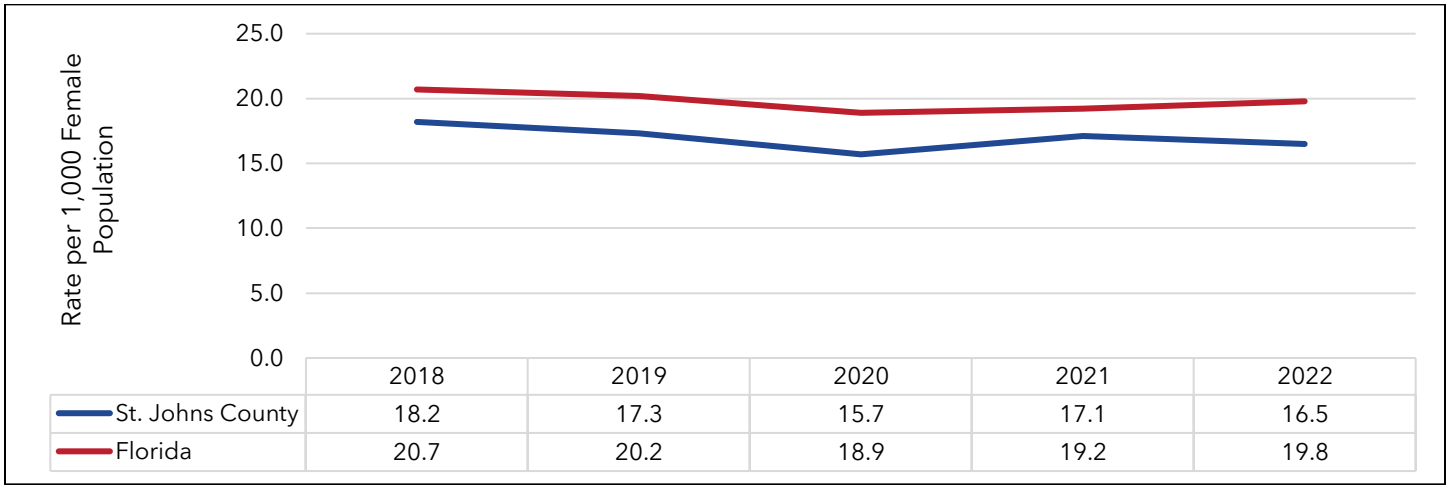
Source: Florida Department of Health, Bureau of Vital Statistics | FLHealthCHARTS | Resident Live Births. Date Sourced: May 20, 2024.

Births to Mothers Ages 15–44

Based on data collected from 2013 to 2015, 50% of U.S. women aged 15 to 44 expected to have a child in the future. Women's expectations about having children in the future are related to sexual activity, contraceptive use, and fertility (Daughtery & Martinez, 2016).

Exhibit 183 displays a trend of declining birth rates among mothers aged 15 to 44. While Florida's rate decreased by 4.3% between 2018 and 2022, St. Johns County's rate experienced a slightly steeper decline of 9.3% during the same period.

EXHIBIT 183: BIRTHS BY MOTHER'S AGE (AGED 15–44), AGE-SPECIFIC RATES, ST. JOHNS COUNTY & FLORIDA, 2018–2022



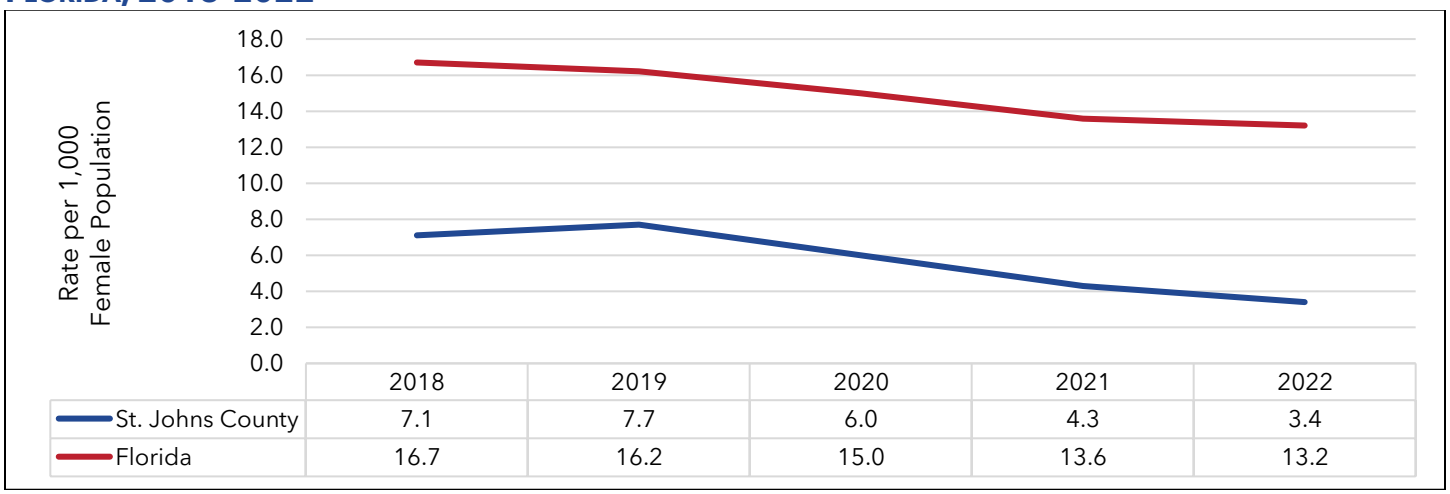
	2018	2019	2020	2021	2022
St. Johns County	18.2	17.3	15.7	17.1	16.5
Florida	20.7	20.2	18.9	19.2	19.8

Source: Florida Department of Health, Bureau of Vital Statistics | FLHealthCHARTS | Births by Mothers' Age (15-44). Date Sourced: May 20, 2024.

Teen Births

Teen birth rates decreased over the past five years in both St. Johns County and Florida. St. Johns County teen birth rates dropped from 7.1 births per 1,000 female population aged 15–19 in 2018 to 3.4 per 1,000 female population in 2022, a 52.1% decrease (Exhibit 184). Evidence suggests that the decline in teen pregnancy may be due to increased use of birth control and decreased sexual activity. However, U.S. teen pregnancy rates remain substantially higher than other industrialized countries, with large disparities between races and ethnicities (CDC, 2021b).

EXHIBIT 184: BIRTHS BY MOTHER'S AGE (AGED 15–19), AGE-SPECIFIC RATES, ST. JOHNS COUNTY & FLORIDA, 2018–2022



	2018	2019	2020	2021	2022
St. Johns County	7.1	7.7	6.0	4.3	3.4
Florida	16.7	16.2	15.0	13.6	13.2

Source: Florida Department of Health, Bureau of Vital Statistics | FLHealthCHARTS | Births by Mothers' Age (15-19). Date Sourced: May 20, 2024.

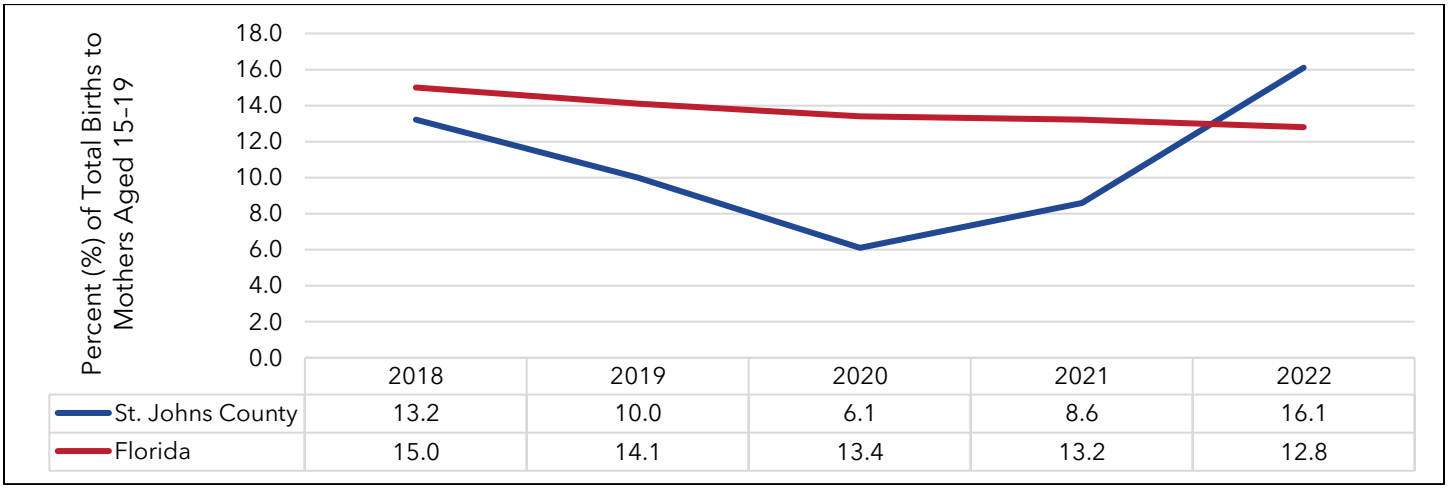
According to FLHealthCHARTS, St. Johns County reported one birth to a mother under age 15 from 2019 to 2021.

Repeat Teen Births

According to the Office of Population Affairs at the U.S. Department of Health and Human Services, nearly 1 in 6 births to mothers aged 15–19 are repeat births. Repeat teen births can affect young mothers by limiting their ability to pursue education (HHS, n.d.-b).

From 2018 to 2021, St. Johns County had a lower rate of repeat births to teen mothers (ages 15–19) than Florida; however, the St. Johns County rate rose above Florida's rate in 2022. From 2018 to 2022, St. Johns County's rate of repeat births to teen mothers increased by 22.0% compared to the 14.7% decline in the state rate (Exhibit 185).

EXHIBIT 185: REPEAT BIRTHS TO MOTHERS (AGED 15–19), AGE-SPECIFIC RATES, ST. JOHNS COUNTY & FLORIDA, 2018–2022



	2018	2019	2020	2021	2022
St. Johns County	13.2	10.0	6.1	8.6	16.1
Florida	15.0	14.1	13.4	13.2	12.8

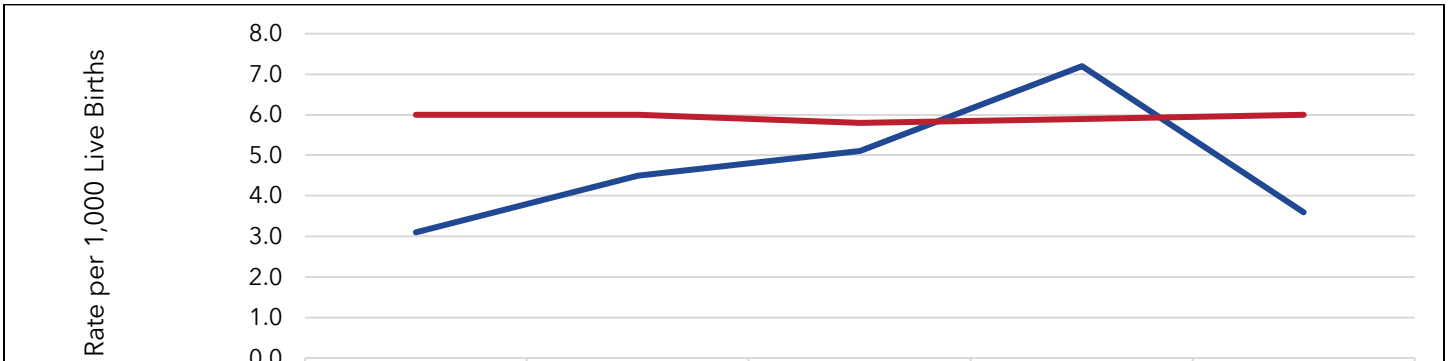
Source: Florida Department of Health, Bureau of Vital Statistics | FLHealthCHARTS | Repeat Births to Mothers (Aged 15-19 Years). Date Sourced: May 20, 2024.

Infant Mortality

Infant mortality is the death of a live-born baby within the first year of life. The infant mortality rate is the number of infant deaths for every 1,000 live births. This rate is an important marker of the overall health of a society (CDC, 2022f).

Exhibit 186 shows the infant mortality rate of St. Johns County and Florida from 2018 to 2022. St. Johns County had a lower infant mortality rate than Florida during these years, except for 2021. While St. Johns County's infant mortality rate increased by 16.1% from 2018 to 2022, Florida's rate had no overall change.

Exhibit 186: Infant Mortality Rate (Aged 0-364 Days), St. Johns County & Florida, 2018-2022



	2018	2019	2020	2021	2022
St. Johns County	3.1	4.5	5.1	7.2	3.6
Florida	6.0	6.0	5.8	5.9	6.0

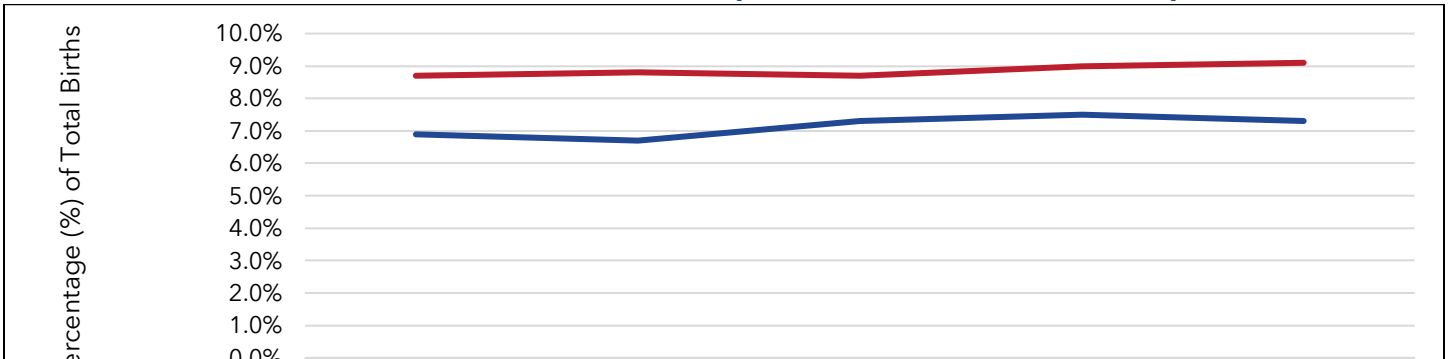
Source: Florida Department of Health, Bureau of Vital Statistics | FLHealthCHARTS | Infant Mortality (Aged 0-364 Days). Date Sourced: May 20, 2024.

Low Birth Weight

A birth weight less than 5.5 pounds (2,500 grams) is considered a low birth weight. Infants with low birth weight may be at higher risk for many health problems in comparison to infants born at a normal birth weight (CDC, 2022g).

Over the past five years, the percentage of births with low birth weight in St. Johns County remained lower than in Florida. Between 2018 and 2022, the low birth weight rates for St. Johns County and Florida rose by 0.4% (Exhibit 187).

Exhibit 187: Total Births With Low Birth Weight, St. Johns County & Florida, 2018-2022



	2018	2019	2020	2021	2022
St. Johns County	6.9%	6.7%	7.3%	7.5%	7.3%
Florida	8.7%	8.8%	8.7%	9.0%	9.1%

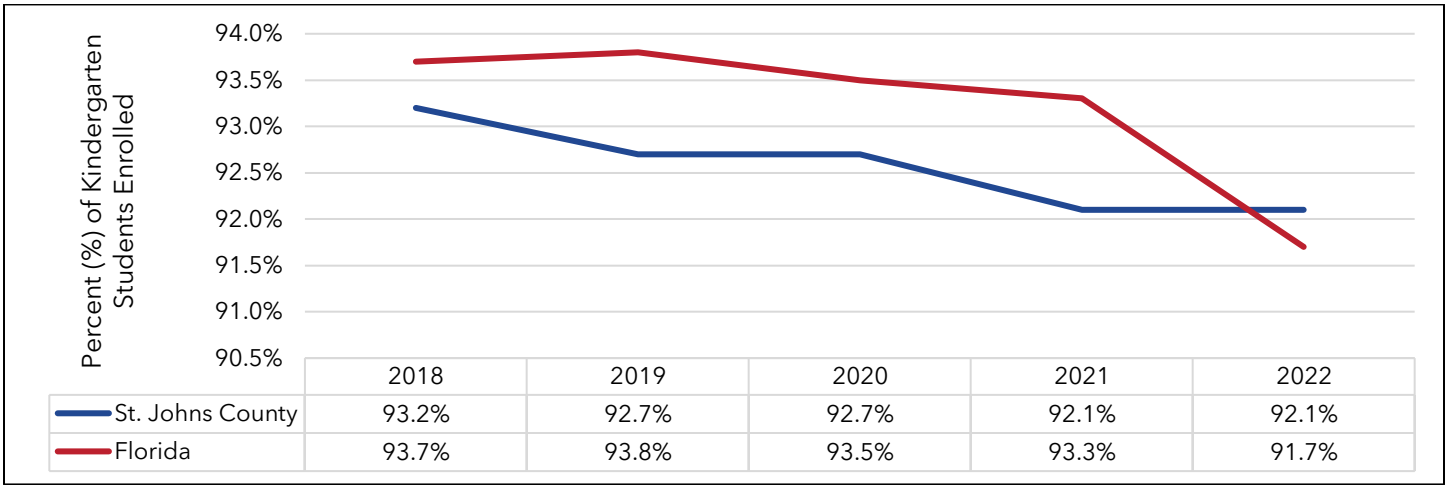
Source: Florida Department of Health, Bureau of Vital Statistics | FLHealthCHARTS | Live Births Under 2500 Grams. Date Sourced: May 20, 2024.

Immunizations

According to the Centers for Disease Control and Prevention (CDC), immunization is the process by which a person becomes protected against a disease through vaccination. Immunization is a primary defense against some of the most deadly and debilitating diseases known (CDC, 2023a). It is particularly important to vaccinate children to prevent them from contracting or spreading serious diseases (CDC, 2023a).

St. Johns County's percentage of immunized kindergartners remained lower than Florida's from 2018 to 2021. In 2022, however, St. Johns County's rate surpassed Florida's, with 92.1% of enrolled kindergartners immunized. Overall, St. Johns County's rate fell 1.1% from 2018 to 2022, and Florida's rate also decreased by 2.0% (Exhibit 188).

EXHIBIT 188: IMMUNIZED KINDERGARTNERS, ST. JOHNS COUNTY & FLORIDA, 2018–2022

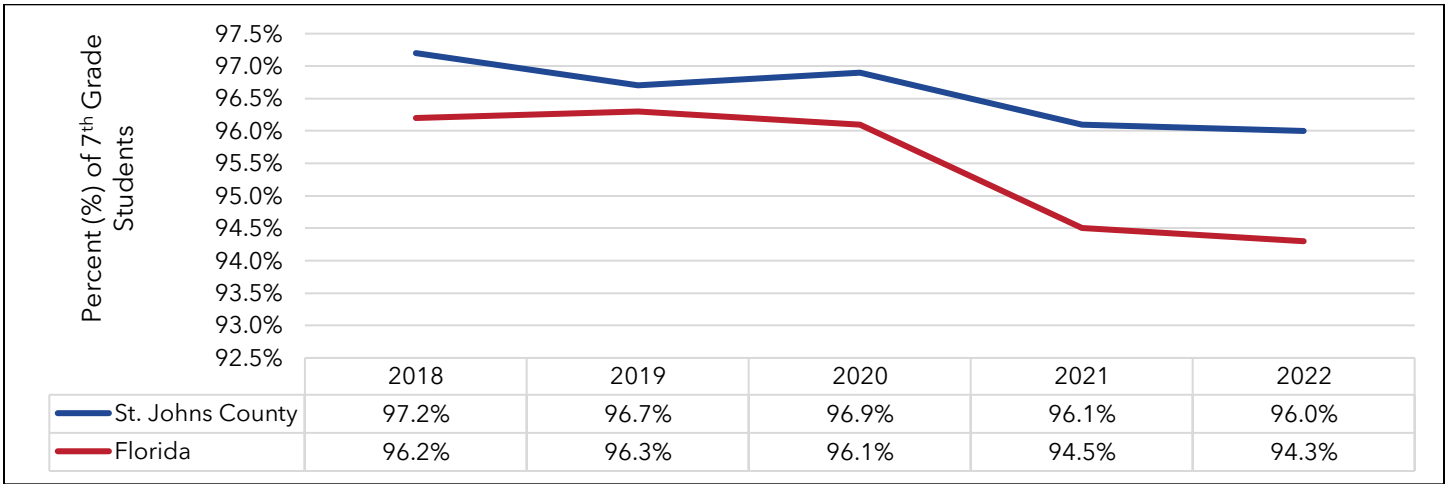


	2018	2019	2020	2021	2022
St. Johns County	93.2%	92.7%	92.7%	92.1%	92.1%
Florida	93.7%	93.8%	93.5%	93.3%	91.7%

Source: Florida Department of Health, Bureau of Epidemiology | FLHealthCHARTS | Immunization Levels in Kindergarten. Date Sourced: May 20, 2024.

Compared to Florida, St. Johns County had higher percentages of 7th-grade students immunized from 2018 to 2022 (Exhibit 189). In 2022, St. Johns County had 96.0% of 7th-grade students immunized, which is 1.2% less than the 97.2% immunized in 2018.

EXHIBIT 189: IMMUNIZED 7TH-GRADE STUDENTS, ST. JOHNS COUNTY & FLORIDA, 2018–2022



	2018	2019	2020	2021	2022
St. Johns County	97.2%	96.7%	96.9%	96.1%	96.0%
Florida	96.2%	96.3%	96.1%	94.5%	94.3%

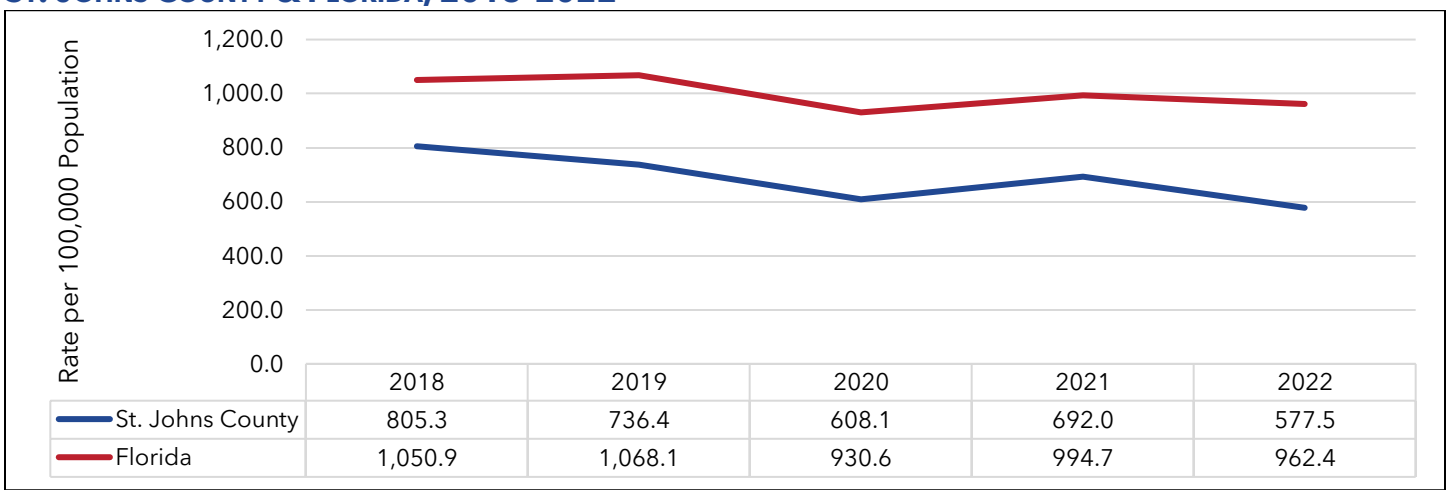
Source: Florida Department of Health, Bureau of Epidemiology | FLHealthCHARTS | Immunization Levels (7th Grade). Date Sourced: May 20, 2024.

Behavioral and Mental Health

According to the Centers for Disease Control and Prevention (CDC), mental health (also known as behavioral health) includes our emotional, psychological, and social well-being (CDC, 2023h). It also helps determine how we handle stress, relate to others, and make healthy choices (CDC, 2023h). Mental health is important at every stage of life, from childhood and adolescence through adulthood (CDC, 2023h).

Exhibit 190 displays the emergency department visits for mental disorders in St. Johns County and Florida between 2018 and 2022. During this period, St. Johns County's emergency department visit rate was lower than Florida's rate. The county's emergency department visit rate from mental disorders fell by 28.3% from 2018 to 2022, compared to the 8.4% decrease in the statewide rate.

Exhibit 190: Emergency Department Visits From Mental Disorders, Age-Adjusted Rates, St. Johns County & Florida, 2018–2022

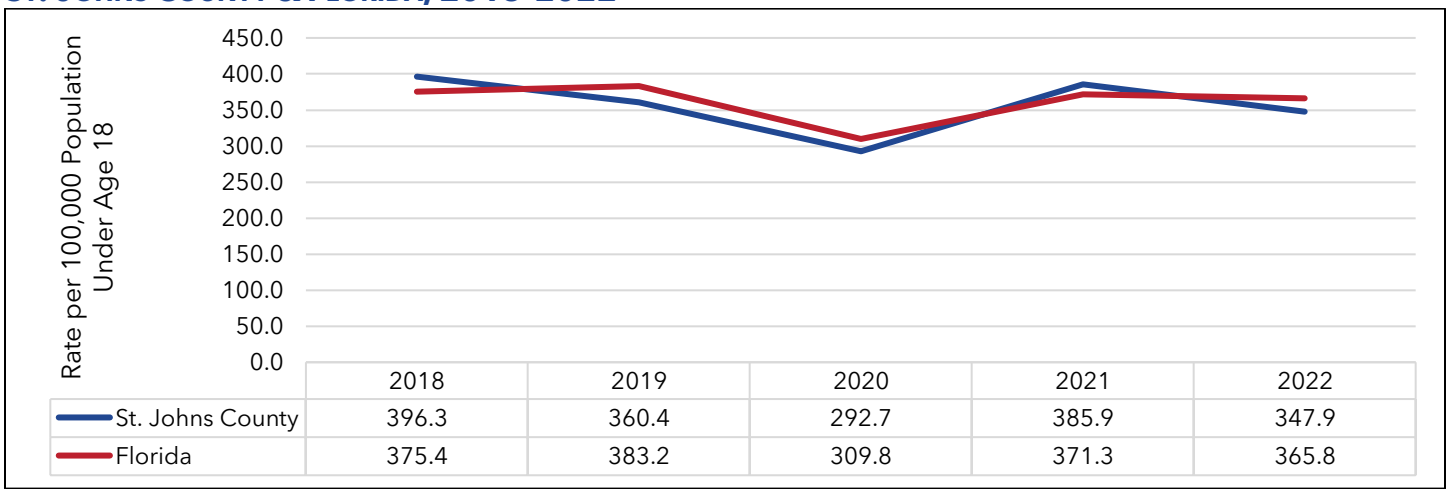


	2018	2019	2020	2021	2022
St. Johns County	805.3	736.4	608.1	692.0	577.5
Florida	1,050.9	1,068.1	930.6	994.7	962.4

Source: Florida Agency for Health Care Administration (AHCA) | FLHealthCHARTS | Emergency Department Visits From Mental Disorders. Date Sourced: May 22, 2024.

In particular, Exhibit 191 focuses on 2018–2022 emergency department visits for mental health conditions in youth aged 0–17. In this time frame, St. Johns County had higher rates of emergency department visits for this demographic than Florida did in 2018 (396.3 per 100,000 population under age 18) and 2021 (385.9 per 100,000). In 2022, St. Johns County had a rate of 347.9 per 100,000 population under 18, compared to Florida's rate of 365.8 per 100,000. Between 2018 and 2022, St. Johns County's rate fell by 12.2%, compared to Florida's 2.6% decrease.

Exhibit 191: Emergency Department Visits From Mental Disorders (Aged 0–17), Crude Rates, St. Johns County & Florida, 2018–2022



	2018	2019	2020	2021	2022
St. Johns County	396.3	360.4	292.7	385.9	347.9
Florida	375.4	383.2	309.8	371.3	365.8

Source: Florida Agency for Health Care Administration (AHCA) | FLHealthCHARTS | Emergency Department Visits From Mental Disorders (Aged 0-17 Years). Date Sourced: May 22, 2024.

Hospitalization rates for various age groups in St. Johns County and Florida between 2018 and 2022 are listed in Exhibit 192. In 2022, all St. Johns County age groups had lower rates of

hospitalizations from mental disorders compared to their counterparts statewide. The 18–21 and 22–24 age groups had the highest rates of hospitalizations than any other age group. For the St. Johns County 18–21 age group, hospitalization rates decreased by 21.4% between 2018 and 2022, compared to the 5.3% decrease in the 22–24 age group.

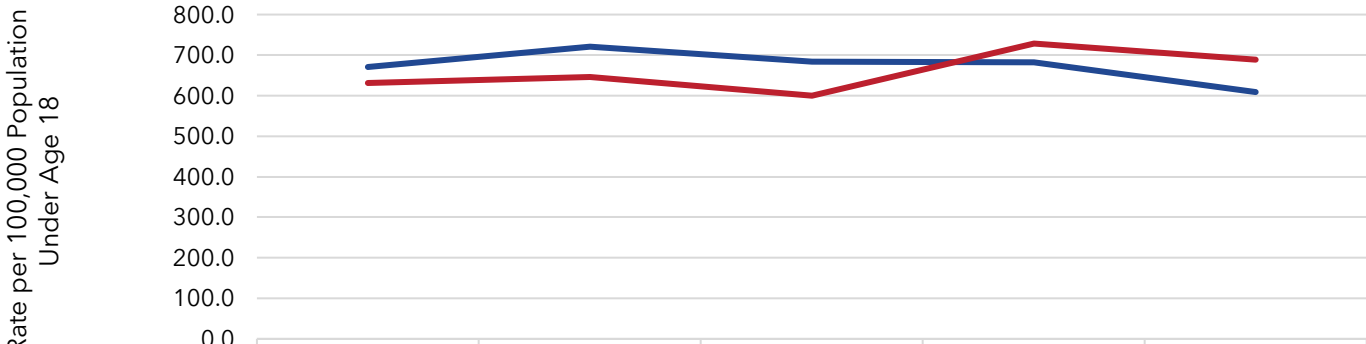
Exhibit 192: Hospitalizations From Mental Disorders, Age-Specific Crude Rates per 100,000 Population, St. Johns County & Florida, 2018–2022

Age Group	2018		2019		2020		2021		2022	
	St. Johns	FL	St. Johns	FL	St. Johns	FL	St. Johns	FL	St. Johns	FL
18–21	1,578.0	1,286.8	1,431.1	1,299.8	1,440.6	1,262.3	1,452.9	1,310.1	1,240.1	1,263.2
22–24	1,197.0	1,281.8	1,217.3	1,210.8	1,113.7	1,230.9	1,210.3	1,226.7	1,133.0	1,232.8
25–44	1,069.1	1,322.1	1,052.6	1,323.8	1,031.1	1,256.7	965.8	1,253.2	963.6	1,263.6
45–64	702.6	1,211.7	678.2	1,220.6	593.8	1,093.9	640.7	1,034.5	515.5	995.8
65–74	362.8	634.2	357.2	652.5	312.8	593.7	355.7	584.3	373.3	574.4
75 and older	328.0	504.3	323.8	505.9	230.3	413.0	276.6	420.5	348.1	426.0

Source: Florida Agency for Health Care Administration (AHCA) | FLHealthCHARTS | Suicide and Behavioral Health Profile. Date Sourced: May 22, 2024.

Exhibit 193 narrows the focus on hospitalization rates from mental disorders for youths under 18. Between 2018 and 2020, St. Johns County showed higher rates of hospitalizations for this age group than Florida. However, in 2021 and 2022, county hospitalization rates fell below the state's. St. Johns County's rate decreased by 9.2%, whereas the Florida rate increased by 9.1% from 2018 to 2022.

Exhibit 193: Hospitalizations From Mental Disorders (Under Age 18), Crude Rates, St. Johns County & Florida, 2018–2022



	2018	2019	2020	2021	2022
St. Johns County	670.6	720.8	683.1	681.9	608.9
Florida	631.9	646.6	599.9	728.5	689.4

Source: Florida Agency for Health Care Administration (AHCA) | FLHealthCHARTS | Suicide and Behavioral Health Profile. Date Sourced: May 22, 2024.

Mood and Depressive Disorders

Depression (also known as major depression, major depressive disorder, or clinical depression) is a common but serious mood disorder (NIH, 2023). Severe symptoms may affect how a person feels, thinks, and handles daily activities, such as sleeping, eating, or working (NIH, 2023). Included in this category are persistent depressive disorder, perinatal depression, seasonal affective disorder, and depression with symptoms of psychosis (NIH, 2023).

Exhibit 194 explores hospitalization rates for mood and depressive disorders between 2018 and 2022 in St. Johns County and Florida by age groups. Notably, St. Johns County witnessed the highest hospitalization rates in the 18–21 age group (829.4 per 100,000 population) and the 22–24 age group (699.1 per 100,000 population) in 2022. However, for all other age groups, hospitalization rates in St. Johns County remained lower than those in Florida.

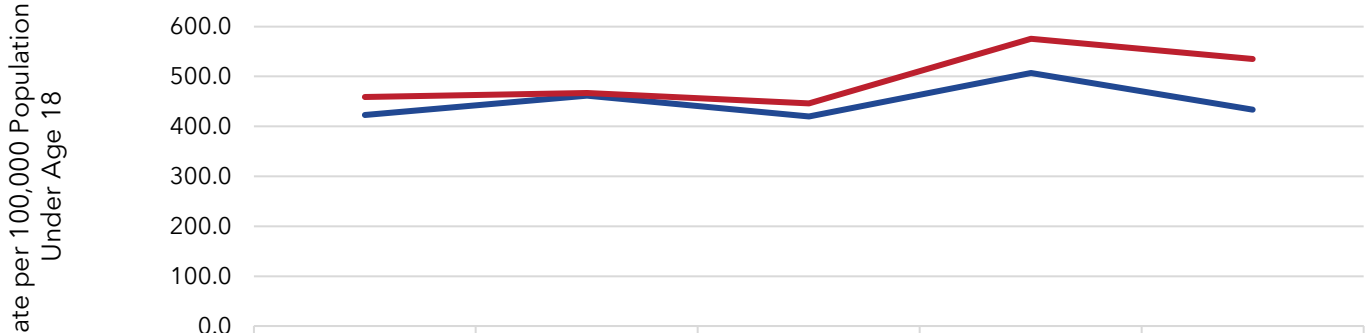
EXHIBIT 194: MOOD AND DEPRESSIVE DISORDER HOSPITALIZATIONS, AGE-SPECIFIC CRUDE RATES PER 100,000 POPULATION, ST. JOHNS COUNTY & FLORIDA, 2018–2022

Age Group	2018		2019		2020		2021		2022	
	St. Johns	FL	St. Johns	FL	St. Johns	FL	St. Johns	FL	St. Johns	FL
18–21	952.6	771.2	894.4	768.3	898.2	742.0	992.2	764.4	829.4	732.1
22–24	620.1	628.4	724.6	598.9	584.0	594.0	591.7	622.4	699.1	609.7
25–44	411.9	563.5	429.2	551.7	427.1	497.3	389.2	484.6	432.3	486.8
45–64	287.1	544.0	327.1	537.6	283.5	460.0	270.6	418.8	241.1	398.4
65–74	162.7	278.7	133.1	295.0	126.3	252.9	163.3	237.6	168.2	232.6
75 and older	153.1	171.0	106.3	171.8	101.3	139.9	71.4	134.0	110.4	125.8

Source: Florida Agency for Health Care Administration (AHCA) | FLHealthCHARTS | Suicide and Behavioral Health Profile. Date Sourced: May 22, 2024.

Exhibit 195 further explores mood and depressive disorder hospitalizations for individuals under 18. While St. Johns County maintained a lower hospitalization rate compared to Florida between 2018 and 2022, it is important to note that both the county and the state experienced overall increases. However, the rise in St. Johns County was significantly lower (2.5%) compared to Florida's rate (16.5%) during the same period.

Exhibit 195: Mood and Depressive Disorders Hospitalizations (Under Age 18), Crude Rates, St. Johns County & Florida, 2018–2022



	2018	2019	2020	2021	2022
St. Johns County	422.9	462.1	420.0	507.1	433.4
Florida	459.1	467.3	446.2	575.7	534.7

Source: Florida Agency for Health Care Administration (AHCA) | FLHealthCHARTS | Suicide and Behavioral Health Profile. Date Sourced: May 22, 2024.

Schizophrenic Disorders

Schizophrenia is a serious mental illness that affects how a person thinks, feels, and behaves (NIH, n.d.). The symptoms of schizophrenia can make it difficult to participate in usual, everyday activities, but effective treatments are available (NIH, n.d.). Diagnosis usually occurs between 16 and 30 years of age after the first episode of psychosis (NIH, n.d.). Psychotic symptoms include changes in the way a person thinks, acts, and experiences the world through hallucinations, delusions, thought disorder, and movement disorder (NIH, n.d.).

A breakdown of hospitalizations due to schizophrenic disorders, segmented by age group, is presented in Exhibit 196 for St. Johns County and Florida from 2018 to 2022. It is important to note that hospitalization rates for the 75+ age group were not calculated in 2021 and 2022 due to a low number of cases (fewer than five). In 2022, the 25–44 age group had the highest hospitalization rate in both St. Johns County (205.2 per 100,000 age-specific population) and Florida (438.9 per 100,000). Overall, the county experienced lower hospitalization rates across all age groups compared to the state.

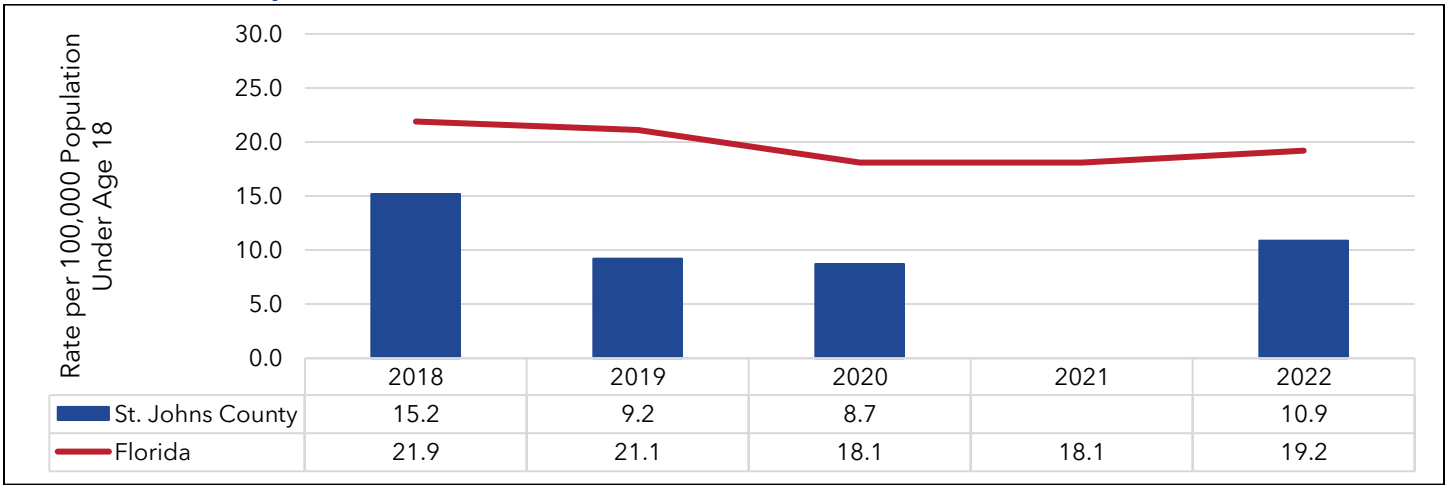
Exhibit 196: Schizophrenic Disorders Hospitalizations, Age-Specific Crude Rates per 100,000 Population, St. Johns County & Florida, 2018–2022

Age Group	2018		2019		2020		2021		2022	
	St. Johns	FL	St. Johns	FL	St. Johns	FL	St. Johns	FL	St. Johns	FL
18–21	279.0	268.0	178.9	269.6	222.3	269.9	141.8	304.3	197.5	302.0
22–24	173.1	385.4	202.9	367.5	244.5	386.3	322.7	361.0	192.9	398.4
25–44	249.0	416.8	236.7	425.6	200.3	415.3	203.6	419.5	205.2	438.9
45–64	105.3	326.2	79.0	331.1	74.9	300.6	84.9	276.9	67.7	270.2
65–74	30.5	148.5	39.0	149.8	45.1	140.6	32.1	137.3	49.9	125.8
75 and older	27.3	92.5	25.3	102.6	27.6	75.1	–	77.2	–	69.9

Source: Florida Agency for Health Care Administration (AHCA) | FLHealthCHARTS | Suicide and Behavioral Health Profile. Date Sourced: May 22, 2024.
Note: Cells with (–) indicate the incident count was less than five for that year and a rate could not be established.

Exhibit 197 explores hospitalizations for schizophrenic disorders, specifically for youth under 18. Since there were fewer than five cases in St. Johns County in 2021, a rate could not be calculated; a bar graph is used instead of a line graph to represent the data for that year. Looking at the broader trend from 2018 to 2022, St. Johns County consistently reported lower hospitalization rates for schizophrenic disorders for those under age 18 compared to Florida. During this period, county hospitalization rates fell by 28.3% and Florida's rate decreased by 12.3%.

Exhibit 197: Schizophrenic Disorders Hospitalizations (Under Age 18), Crude Rates, St. Johns County & Florida, 2018–2022



Source: Florida Agency for Health Care Administration (AHCA) | FLHealthCHARTS | Suicide and Behavioral Health Profile. Date Sourced: May 22, 2024.
Note: Blank cells indicate fewer than five cases and a rate could not be calculated.

Eating Disorders

Eating disorders are serious and often fatal illnesses associated with severe disturbances in people's eating behaviors and related thoughts and emotions (NIH, 2024). Preoccupation with

food, body weight, and shape may also signal an eating disorder (NIH, 2024). Common eating disorders include anorexia nervosa, bulimia nervosa, and binge-eating disorder (NIH, 2024). Anorexia nervosa is a condition where people avoid food, severely restrict food, or only eat very small quantities of certain food (NIH, 2024). Bulimia nervosa is a condition where people have recurrent and frequent episodes of eating unusually large amounts of food and feel a lack of control over these episodes (NIH, 2024). This binge eating is followed by behavior that compensates for the overeating such as forced vomiting, excessive use of laxatives or diuretics, fasting, excessive exercise, or a combination of these behaviors (NIH, 2024). Binge-eating disorder is the most common eating disorder in the United States. People with this disorder lose control over their eating and have recurring episodes of eating unusually large amounts of food; however, these periods are not followed by purging, excessive exercise, or fasting (NIH, 2024).

Statistics for eating disorder hospitalizations by age groups for St. Johns County and Florida between 2018 and 2022 are displayed in Exhibit 198. Cells with a dash in the table indicate that the incident count was less than five for that year and a rate could not be established. Generally, eating disorders lead to more hospitalizations in younger age groups in St. Johns County and Florida compared to older age groups. In 2022, age groups 18–21, 22–24, and 25–44 had higher rates of hospitalizations in the county compared to the state. That year, St. Johns County's 18–21 age group had a rate of 94.8 hospitalizations per 100,000 age-specific population, more than three times more than Florida's rate (28.2 per 100,000). From 2018 to 2022, this age group in St. Johns County experienced a 64.3% increase, compared to the 24.8% increase in Florida.

EXHIBIT 198: EATING DISORDER HOSPITALIZATIONS, AGE-SPECIFIC CRUDE RATES PER 100,000 POPULATION, ST. JOHNS COUNTY & FLORIDA, 2018–2022

Age Group	2018		2019		2020		2021		2022	
	St. Johns	FL	St. Johns	FL	St. Johns	FL	St. Johns	FL	St. Johns	FL
18–21	57.7	22.6	–	25.8	–	30.4	53.2	35.8	94.8	28.2
22–24	–	15.1	–	18.5	–	19.4	–	21.7	84.4	21.0
25–44	36.6	12.4	35.3	12.0	14.9	11.8	22.8	11.7	18.9	9.6
45–64	–	7.7	0.0	7.2	–	6.5	8.0	6.4	5.9	6.3
65–74	–	6.8	0.0	5.9	–	4.6	0.0	5.7	–	6.0
75 and older	–	11.0	–	10.3	0.0	6.8	0.0	6.2	–	6.7

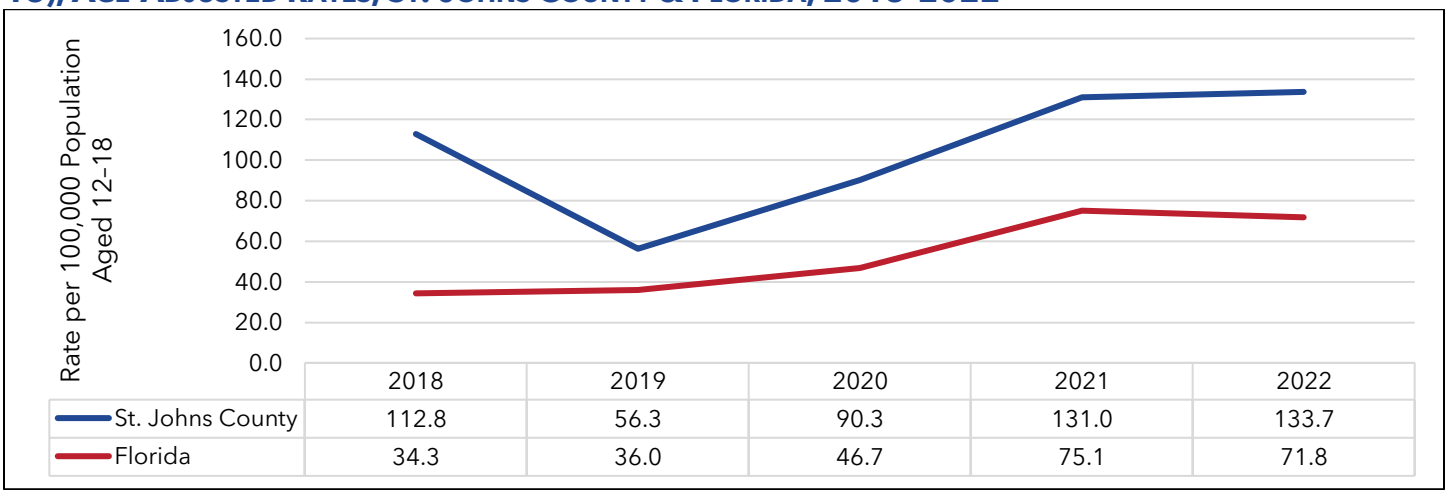
Source: Florida Agency for Health Care Administration (AHCA) | FLHealthCHARTS | Suicide and Behavioral Health Profile. Date Sourced: May 22, 2024.
Note: Cells with (–) indicate the incident count was less than five for that year and a rate could not be established.

Exhibit 199 and Exhibit 200 examine hospitalization rates for eating disorders in St. Johns County and Florida among individuals aged 12–18 and 19–21 between 2018 and 2022. Notably, St. Johns County experienced higher hospitalization rates for eating disorders across both age groups

compared to Florida throughout this period. Currently, there is no available data regarding hospitalizations from eating disorders in youths under 12 years of age.

In 2022, the hospitalization rate for eating disorders in St. Johns County reached 133.7 per age-specific 100,000 population within the 12–18 age group, reflecting an 18.5% increase since 2018. The 19–21 age group rate in St. Johns County also saw a significant growth with 88.0 hospitalizations per 100,000 age-specific population in 2022, representing a 65.1% rise since 2018.

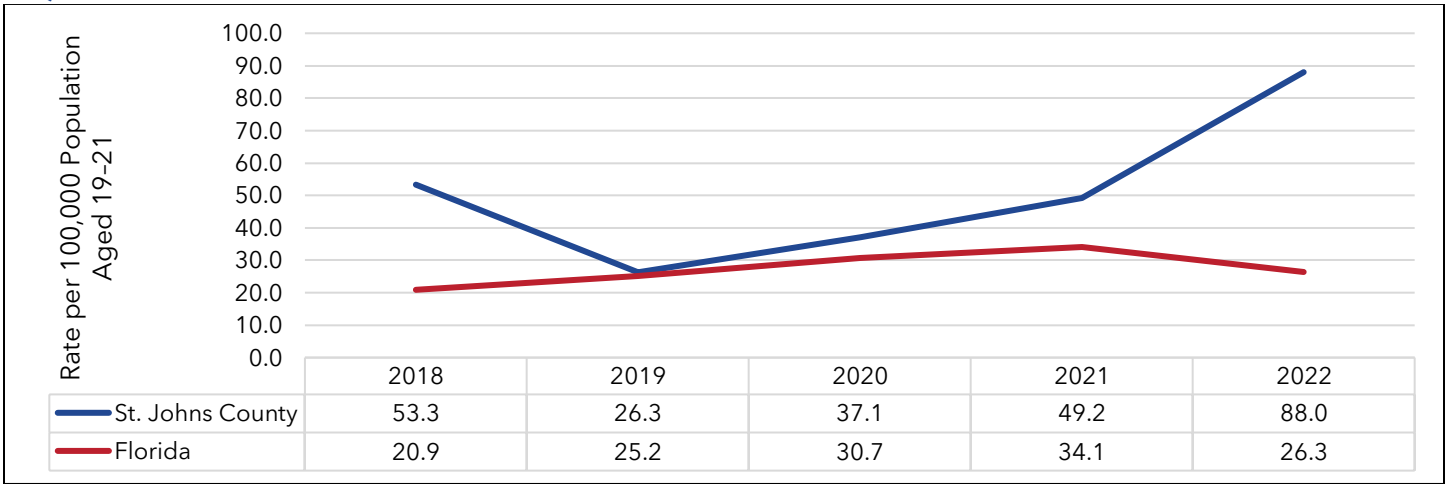
EXHIBIT 199: HOSPITALIZATIONS FROM OR WITH EATING DISORDER AS ANY LISTED DIAGNOSIS (AGED 12–18), AGE-ADJUSTED RATES, ST. JOHNS COUNTY & FLORIDA, 2018–2022



	2018	2019	2020	2021	2022
St. Johns County	112.8	56.3	90.3	131.0	133.7
Florida	34.3	36.0	46.7	75.1	71.8

Source: Florida Agency for Health Care Administration (AHCA) | FLHealthCHARTS | Hospitalizations From or With Eating Disorders as Any Listed Diagnosis (Aged 12-18 Years). Date Sourced: May 22, 2024.

EXHIBIT 200: HOSPITALIZATIONS FROM OR WITH EATING DISORDER AS ANY LISTED DIAGNOSIS (AGED 19–21), AGE-ADJUSTED RATES, ST. JOHNS COUNTY & FLORIDA, 2018–2022



	2018	2019	2020	2021	2022
St. Johns County	53.3	26.3	37.1	49.2	88.0
Florida	20.9	25.2	30.7	34.1	26.3

Source: Florida Agency for Health Care Administration (AHCA) | FLHealthCHARTS | Hospitalizations From or With Eating Disorders as Any Listed Diagnosis (Aged 19-21 Years). Date Sourced: May 22, 2024.

Child Abuse and Neglect

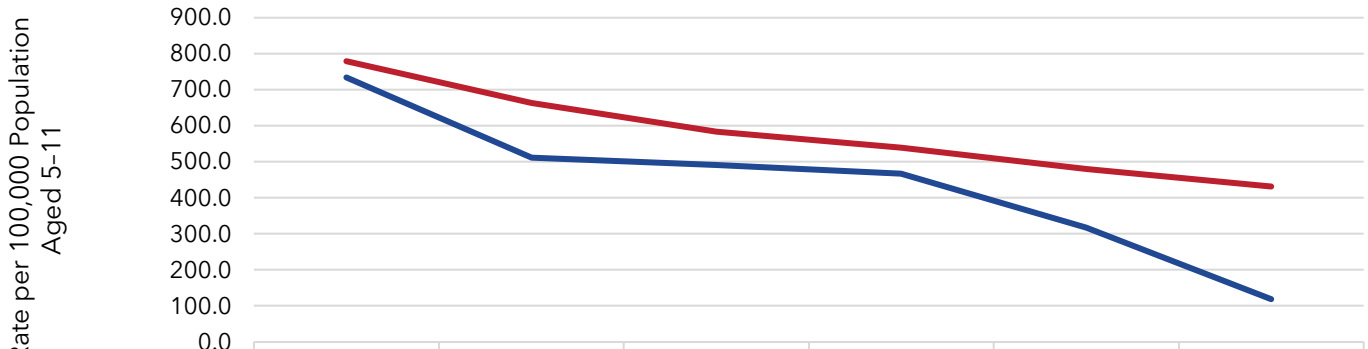
Abuse and neglect are serious public health problems and can have long-term impacts on health, opportunity, and well-being (CDC, 2023m). The maltreatment of children may occur through the following:

- Physical abuse – the intentional use of physical force that can result in physical injury such as hitting, kicking, shaking, burning, or other shows of force (CDC, 2023m)
- Sexual abuse – involves pressuring or forcing a child to engage in sexual acts which include behaviors such as fondling, penetration, and exposing a child to other sexual activities (CDC, 2023m)
- Emotional abuse – refers to behaviors that harm a child's self-worth or emotional well-being which may include name-calling, shaming, rejecting, withholding love, and threatening (CDC, 2023m)
- Neglect – the failure to meet a child's basic physical and emotional needs such as housing, food, clothing, education, access to medical care, and having feelings validated and appropriately responded to (CDC, 2023m)

The U.S. Department of Health and Human Services Administration for Children and Families Child Maltreatment Report 2020 cites that Child Protection Services (CPS) received a national estimate of 3.9 million total referrals involving approximately 7.1 million children (Kelly et al., 2020). Approximately 618,000 children were victims of child abuse and neglect during 2020 (Kelly et al., 2020). Children less than one year of age have the highest victimization at 25.1 per 1,000 children of the same age in the national population (Kelly et al., 2020). The victimization rate for girls is 8.9 per 1,000 girls in the population, which is higher than for boys at 7.9 per 1,000 boys in the population (Kelly et al., 2020). American Indian or Alaskan Native children have the highest rate of victimization at 15.5 per 1,000 children in the population of the same race or ethnicity, and African American children have the second highest rate at 13.2 per 1,000 children of the same race or ethnicity (Kelly et al., 2020). For the Federal Fiscal Year (FFY) 2020, 76.1% of victims were neglected, 16.5% were physically abused, 9.4% were sexually abused, and 0.2% were sex trafficked (Kelly et al., 2020).

The rate of children aged 5–11 experiencing child abuse in St. Johns County and Florida between 2018 and 2023 is illustrated in Exhibit 201. Throughout this period, St. Johns County consistently reported lower rates of child abuse compared to Florida. Notably, the child abuse rate in St. Johns County decreased by a significant 83.8% from 2018 to 2023, while Florida saw a 44.6% decrease.

Exhibit 201: Children Experiencing Child Abuse (Aged 5–11), Age-Adjusted Rates, St. Johns County & Florida, 2018–2023

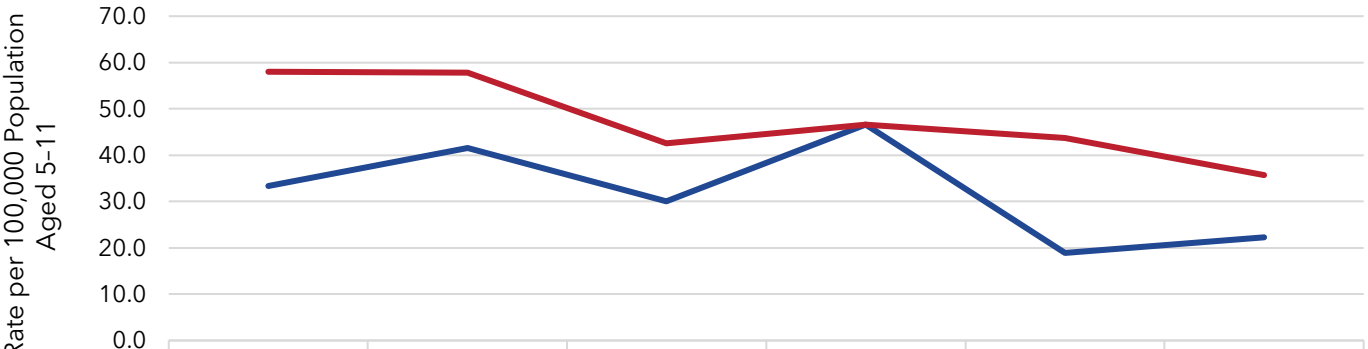


	2018	2019	2020	2021	2022	2023
St. Johns County	734.2	512.2	490.8	466.4	318.0	118.9
Florida	779.3	662.7	583.9	539.9	480.9	431.5

Source: Florida Department of Children and Families, Florida Safe Families Network | FLHealthCHARTS | Children Experiencing Child Abuse (Aged 5-11 Years). Date Sourced: May 22, 2024.

Exhibit 202 displays St. Johns County and Florida incidence rates of children aged 5–11 experiencing sexual violence from 2018 to 2023. St. Johns County had lower rates than the state except in 2021 when St. Johns County had the same rate of children experiencing sexual violence as Florida (46.6 per 100,000 age-specific population). St. Johns County's rate decreased by 33.2%, compared to Florida's decrease of 38.4% in the same period.

Exhibit 202: Children Experiencing Sexual Violence (Aged 5–11), Age-Specific Adjusted Rates, St. Johns County & Florida, 2018–2023

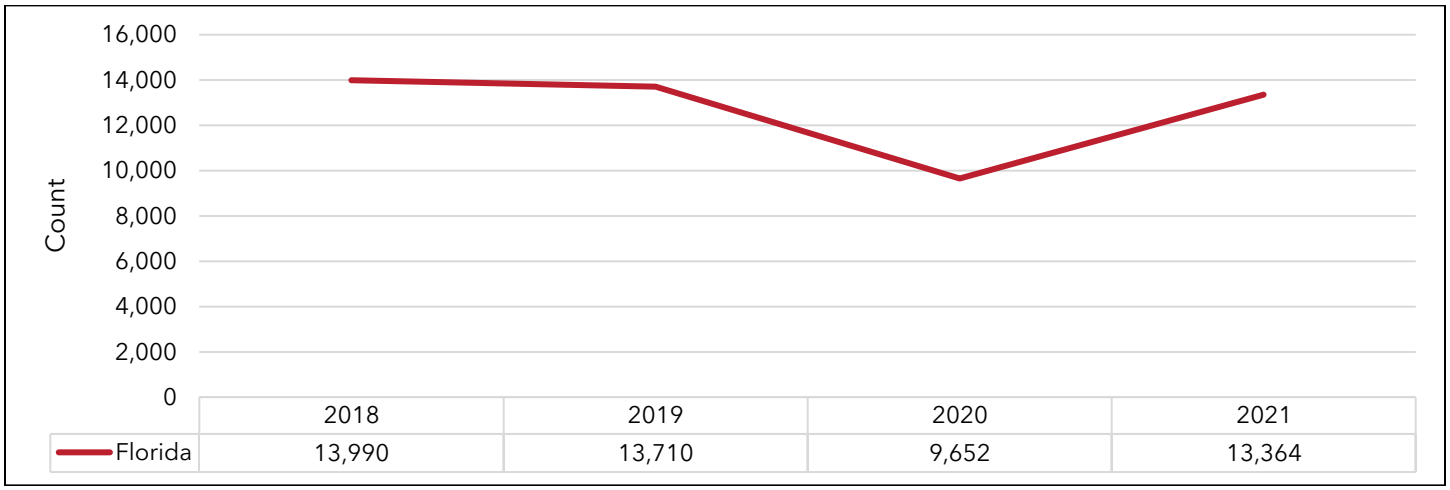


	2018	2019	2020	2021	2022	2023
St. Johns	33.4	41.5	30.1	46.6	18.9	22.3
Florida	58.0	57.8	42.5	46.6	43.7	35.7

Source: Florida Department of Children and Families, Florida Safe Families Network | FLHealthCHARTS | Children Experiencing Sexual Violence (Aged 5-11 Years). Date Sourced: May 23, 2024.

While data specific to St. Johns County is not available, Florida's reported cases of child-on-child sexual abuse saw a decreasing trend, declining by 4.5% between 2018 and 2021 (Exhibit 203). In 2021, Florida reported 13,364 incidents.

EXHIBIT 203: CHILD INTAKES ACCEPTED FOR CHILD-ON-CHILD SEXUAL ABUSE, COUNTS, FLORIDA, 2018–2021



	2018	2019	2020	2021
Florida	13,990	13,710	9,652	13,364

Source: Florida Department of Children and Families Child Intakes Report | FLHealthCHARTS | Human Trafficking Profile, Florida. Date Sourced: May 23, 2024.

Human Trafficking

Human trafficking, also known as trafficking in persons, is a crime that involves compelling or coercing a person to provide labor or services, or to engage in commercial sex acts (DOJ, 2023). The coercion can be subtle or overt, physical or psychological (DOJ, 2023). Exploitation of a minor for commercial sex is human trafficking, regardless of whether any form of force, fraud, or coercion was used (DOJ, 2023). Victims of human trafficking can be anyone—regardless of race, color, national origin, disability, religion, age, gender, sexual orientation, gender identity, socioeconomic status, education level, or citizenship status (DOJ, 2023). Victims are deceived by false promises of love, a good job, or a stable life and are lured or forced into situations where they are made to work under deplorable conditions with little or no pay (DOJ, 2023). In the United States, trafficking victims can be American or foreign citizens (DOJ, 2023).

The table in Exhibit 204 summarizes human trafficking indicators in Florida from 2018 to 2021. The total National Human Trafficking Hotline Cases increased by 1.8% from 2018 to 2021. Of these total cases, Sex trafficking cases increased by 9.5%, while labor trafficking cases decreased by 22.0%. Human trafficking-related emergency department visits decreased by 1.4% from 2019 to 2021, whereas hospitalizations increased by 58.4% during the same time period. Additionally, arrests for non-forcible sex offenses increased by 14.3% compared to the 44.2% decline in arrests for prostitution.

EXHIBIT 204: HUMAN TRAFFICKING PROFILE, COUNTS, FLORIDA, 2018–2021

Indicator	2018	2019	2020	2021
Total National Human Trafficking Hotline Cases	767	896	738	781
Sex Trafficking Cases	524	640	517	574
Labor Trafficking Cases	127	128	108	99
Sex and Labor Trafficking Cases	58	46	41	37
Victims Identified	1,771	1,887	N/A	1,253
Traffickers Identified	506	427	N/A	N/A
Trafficking Businesses	306	243	N/A	N/A
Human Trafficking-Related Emergency Department Visits	N/A	72	67	71
Human Trafficking-Related Hospitalizations	N/A	89	100	141
Total Human Trafficking Offenses	3,344	4,571	7,440	N/A
Involuntary Servitude Offenses	192	475	475	N/A
Commercial Sex Act Offenses	3,152	4,096	6,965	N/A
Arrests for Prostitution	1,929	2,049	940	1,077
Arrests for Non-Forcible Sex Offenses	2,863	3,209	2,924	3,273

Source: Florida Department of Health, Division of Public Health Statistics | FLHealthCHARTS | Human Trafficking Profile. Date Sourced: May 23, 2024.
Note: Where "N/A" is shown, data is not available.

Non-Fatal Intentional Self-Harm

Non-fatal intentional self-harm refers to when a person hurts their own body on purpose. It is more common among women than men. A person who self-harms usually does not mean to kill themselves, but they are at higher risk of attempting suicide and dying by suicide if they do not get help (SAMHSA, 2023a).

Exhibit 205 presents the rates of non-fatal intentional self-harm injuries that resulted in emergency department visits in St. Johns County and Florida during 2022. For indicators with counts of fewer than five cases, rates were not calculated. Children ages 0–9 are excluded from this exhibit on FLHealthCHARTS due to a child's inability to form or understand suicidal intent. St. Johns County had a lower rate of emergency visits at 47.7 per 100,000 population compared to the Florida rate (57.2 per 100,000). Drug poisoning (23.4 per 100,000 population) and cut/pierce (16.7 per 100,000) were the most common types of self-injury presenting in emergency department visits in St. Johns County. For those under age 18, drug poisoning (60.6 per 100,000 population) and cut/pierce (52.8 per 100,000) were the most prevalent type of injury in this category in St. Johns County in 2022.

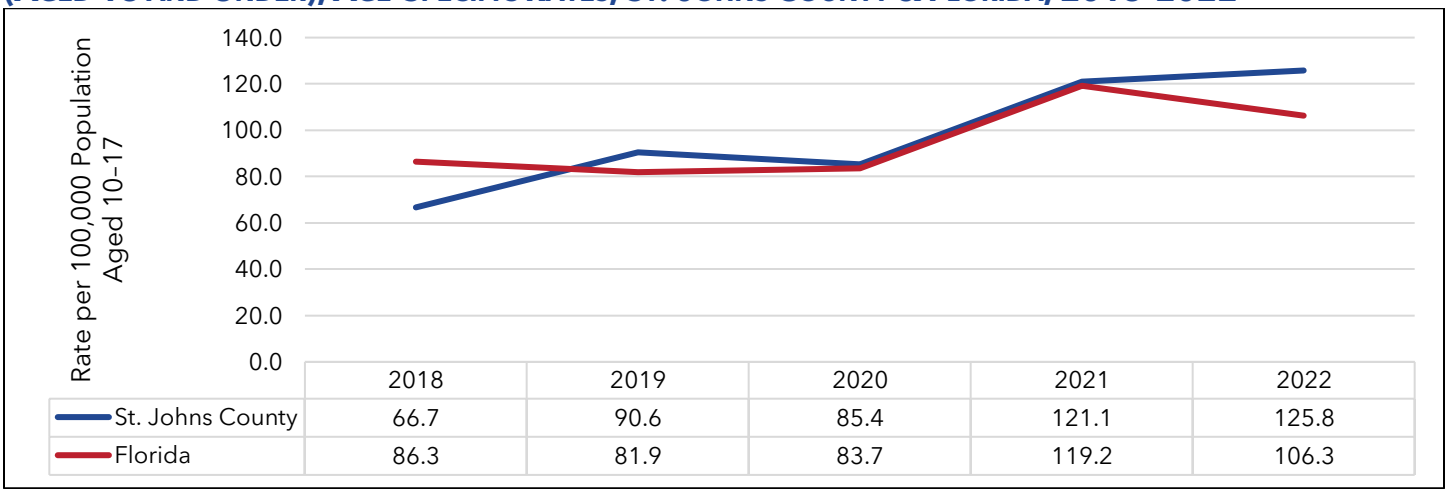
Exhibit 205: Non-Fatal Intentional Self-Harm Injuries Emergency Department Visits By Type and Age-Specific Crude Rates per Age-Specific 100,000 Population, St. Johns County & Florida, 2022

Indicator	Firearm		Drug Poisoning		Suffocation		Cut/Pierce		Non-Drug Poisoning		Other Mechanisms		Total	
	St. Johns	FL	St. Johns	FL	St. Johns	FL	St. Johns	FL	St. Johns	FL	St. Johns	FL	St. Johns	FL
Under age 18	0.0	–	60.6	56.4	–	1.0	52.8	30.4	0.0	1.7	10.9	16.8	**125.8**	**106.3**
18–21	0.0	–	55.3	69.8	0.0	1.6	39.5	36.2	0.0	1.8	–	22.4	**118.5**	**131.9**
22–24	0.0	0.7	–	50.3	0.0	0.7	–	26.2	0.0	1.9	0.0	21.5	**-**	**101.2**
25–44	0.0	0.2	13.1	31.3	0.0	0.7	8.7	16.1	–	1.3	8.7	14.1	**32.0**	**63.8**
45–64	0.0	–	14.3	19.5	0.0	0.3	–	5.7	0.0	0.6	–	6.2	**19.0**	**32.4**
65–74	0.0	–	0.0	7.6	0.0	–	0.0	2.2	0.0	0.2	–	2.8	**-**	**13.0**
75 or older	0.0	–	–	4.8	0.0	–	–	1.3	0.0	–	0.0	2.1	**-**	**8.5**
Total	**0.0**	**0.1**	**23.4**	**30.3**	**-**	**0.6**	**16.7**	**14.4**	**-**	**1.0**	**7.0**	**10.7**	**47.7**	**57.2**

Source: Florida Agency for Health Care Administration (AHCA) | FLHealthCHARTS | Emergency Department Visits From Non-Fatal Intentional Self-Harm. Date Sourced: May 23, 2024.
Note: Cells with (–) indicate the incident count was less than five for that year and a rate could not be established.

Regarding emergency department visits for non-fatal intentional self-harm injuries among youths aged 18 and under, trends from 2018 to 2022 are visualized in Exhibit 206. Since 2019, St. Johns County has experienced higher rates of emergency department visits for non-fatal intentional self-harm injury among individuals aged 18 and under when compared to Florida. Between 2018 and 2022, St. Johns County's rates jumped by 88.6%, compared to the 23.2% rise in the Florida rate.

Exhibit 206: Total Non-Fatal Intentional Self-Harm Injuries Emergency Department Visits (Aged 18 and Under), Age-Specific Rates, St. Johns County & Florida, 2018–2022



	2018	2019	2020	2021	2022
St. Johns County	66.7	90.6	85.4	121.1	125.8
Florida	86.3	81.9	83.7	119.2	106.3

Source: Florida Agency for Health Care Administration (AHCA) | FLHealthCHARTS | Emergency Department Visits From Non-Fatal Intentional Self-Harm. Date Sourced: May 23, 2024.
Note: Ages 0–9 years are excluded from this exhibit on FLHealthCHARTS due to a child's inability to form or understand suicidal intent.

Exhibit 207 shows non-fatal intentional self-harm injury hospitalizations by type in St. Johns County compared to Florida in 2022. For indicators with counts of fewer than five cases, rates were not calculated. Ages 0–9 are excluded from this exhibit on FLHealthCHARTS due to a child's inability to form or understand suicidal intent.

St. Johns County had a higher rate of total self-harm injury hospitalizations at 43.0 per 100,000 population compared to the Florida rate of 34.8 per 100,000. Drug poisoning was the most prevalent cause of non-fatal intentional self-harm injury hospitalizations for both St. Johns County (39.0 per 100,000 population) and Florida (28.6 per 100,000).

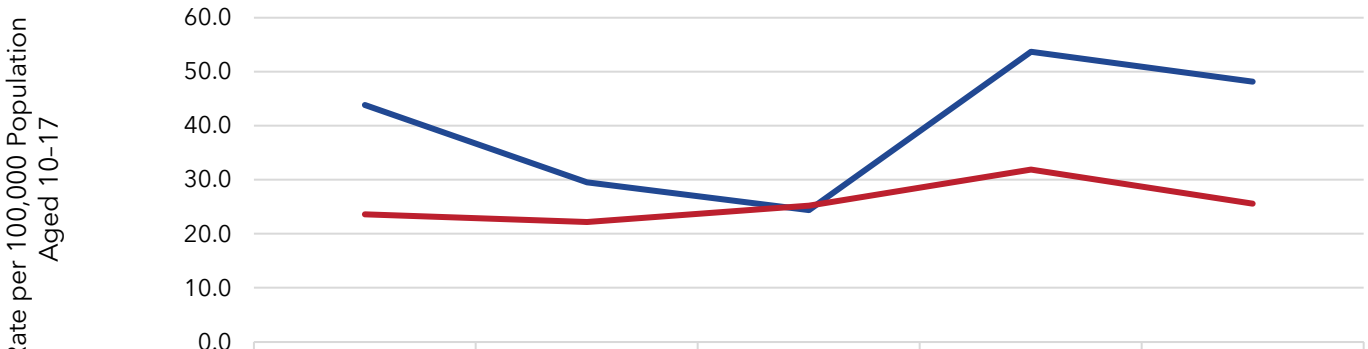
EXHIBIT 207: NON-FATAL INTENTIONAL SELF-HARM INJURIES HOSPITALIZATIONS BY TYPE AND AGE-SPECIFIC CRUDE RATES PER AGE-SPECIFIC 100,000 POPULATION, ST. JOHNS COUNTY & FLORIDA, 2022

Indicator	Firearm		Drug Poisoning		Suffocation		Cut/Pierce		Non-Drug Poisoning		Other Mechanisms		Total	
	St. Johns	FL	St. Johns	FL	St. Johns	FL	St. Johns	FL	St. Johns	FL	St. Johns	FL	St. Johns	FL
Under age 18	0.0	0.1	43.5	23.6	–	0.2	0.0	0.7	0.0	0.2	–	0.9	**48.2**	**25.6**
18–21	0.0	2.5	102.7	58.3	0.0	–	–	2.4	0.0	1.0	0.0	3.6	**110.6**	**68.1**
22–24	0.0	1.9	–	40.8	0.0	–	0.0	2.6	0.0	0.8	0.0	2.6	**-**	**49.1**
25–44	0.0	0.9	43.7	32.8	0.0	0.6	–	4.9	0.0	1.1	–	3.1	**46.6**	**43.4**
45–64	0.0	0.6	35.6	30.1	0.0	0.3	–	2.4	–	1.2	–	1.7	**40.4**	**36.3**
65–74	–	0.6	23.7	19.9	0.0	0.3	0.0	1.2	0.0	0.5	0.0	0.7	**26.3**	**23.2**
75 or older	0.0	0.8	21.2	15.9	0.0	–	0.0	1.3	–	0.7	0.0	1.1	**25.5**	**20.0**
Total	**-**	**0.7**	**39.0**	**28.6**	**-**	**0.3**	**-**	**2.5**	**-**	**0.8**	**1.7**	**1.8**	**43.0**	**34.8**

Source: Florida Agency for Health Care Administration (AHCA) | FLHealthCHARTS | Hospitalizations From Non-Fatal Intentional Self-Harm Injuries.
Date Sourced: May 23, 2024.
Note: Cells with (–) indicate the incident count was less than five for that year and a rate could not be established.

Exhibit 208 further explores intentional self-harm injury hospitalizations by all types through trending data between 2018 and 2022. In 2022, St. Johns County's rate (48.2 per 100,000 age-specific population) was nearly twice as high as Florida's (25.6 per 100,000). Unfortunately, both St. Johns County and Florida saw increases in their rates during this period. The county's rate grew by 10.0%, while the state's rate grew by 8.5%.

EXHIBIT 208: TOTAL NON-FATAL INTENTIONAL SELF-HARM INJURIES HOSPITALIZATIONS (AGED 18 AND UNDER), AGE-SPECIFIC RATES, ST. JOHNS COUNTY & FLORIDA, 2018–2022



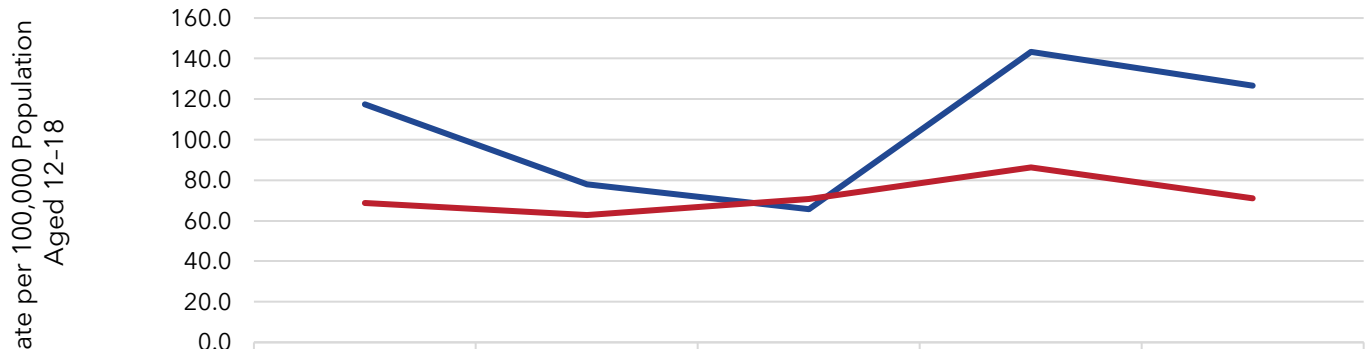
	2018	2019	2020	2021	2022
St. Johns County	43.8	29.6	24.4	53.7	48.2
Florida	23.6	22.2	25.2	31.9	25.6

Source: Florida Agency for Health Care Administration (AHCA) | FLHealthCHARTS | Hospitalizations From Non-Fatal Intentional Self-Harm. Date Sourced: May 23, 2024.
Note: Ages 0–9 years are excluded from this exhibit on FLHealthCHARTS due to a child's inability to form or understand suicidal intent.

Exhibit 209 and Exhibit 210 analyze self-harm hospitalizations in St. Johns County compared to the state overall between 2018 and 2022. The data focuses on two age groups: 12–18 and 19–21.

- **Ages 12–18:** St. Johns County generally had a higher hospitalization rate than Florida, except in 2020. The overall rate in St. Johns County rose by 7.8%, while Florida's rate rose by 3.3%.
- **Ages 19–21:** In 2022, St. Johns County's hospitalization rate (88.0 per 100,000 population) was higher than Florida's (60.6 per 100,000). However, the county's rate decreased by 33.9% from 2018 to 2022, compared to a decrease of only 5.8% in the state.

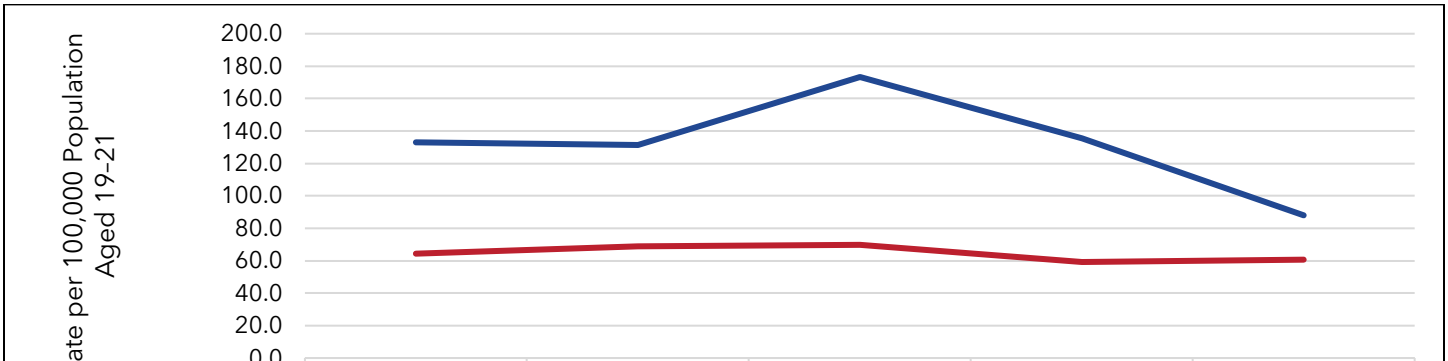
EXHIBIT 209: HOSPITALIZATIONS FROM NON-FATAL SELF-HARM INJURIES (AGED 12–18), AGE-ADJUSTED RATES, ST. JOHNS COUNTY & FLORIDA, 2018–2022



	2018	2019	2020	2021	2022
St. Johns County	117.3	77.9	65.7	143.3	126.5
Florida	68.7	62.8	70.8	86.3	71.0

Source: Florida Agency for Health Care Administration (AHCA) | FLHealthCHARTS | Hospitalizations From Non-Fatal Self-Harm Injuries (Aged 12-18 Years). Date Sourced: May 23, 2024.

EXHIBIT 210: HOSPITALIZATIONS FROM NON-FATAL SELF-HARM INJURIES (AGED 19–21), AGE-ADJUSTED RATES, ST. JOHNS COUNTY & FLORIDA, 2018–2022



	2018	2019	2020	2021	2022
St. Johns County	133.2	131.4	173.3	135.4	88.0
Florida	64.3	68.7	69.8	59.2	60.6

Source: Florida Agency for Health Care Administration (AHCA) | FLHealthCHARTS | Hospitalizations From Non-Fatal Self-Harm Injuries (Aged 19-21 Years). Date Sourced: May 23, 2024.

Baker Act Referrals/Examinations

In 1971, the Florida Legislature enacted the *Florida Mental Health Act*, a comprehensive revision of the state's mental health commitment laws. The law is widely referred to as the "Baker Act" in honor of Maxine Baker, the former state representative who sponsored the Act. The Baker Act allows for involuntary exam initiation (also referred to as emergency or involuntary commitment). Initiations can be made by judges, law enforcement officials, physicians, or mental health professionals only when there is evidence that a person has a mental illness and is a harm to self, a 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 (DCF, n.d.).

It is important to note that some individuals for whom forms were received were never actually admitted to receiving facilities because an examination by a physician or psychologist performed prior to admission determined they did not meet the criteria. The data also does not include information on what occurred after the initial examination, such as how long individuals stayed at the facility or whether they remained on an involuntary or voluntary basis.

Exhibit 211 lists the total number of reported involuntary exam initiations (i.e., Baker Acts) for St. Johns County residents by fiscal year from 2017 to 2022.

Exhibit 211: Involuntary Examinations of St. Johns County Residents, FY 2017–2022

Fiscal Year	All Ages	% of Total				
		<18	18-24	25-64	65+	Change to 2021-2022
2017–2018	995	16.18%	15.28%	58.59%	9.15%	11.66%
2018–2019	1,113	18.87%	14.47%	59.39%	6.74%	-0.18%
2019–2020	1,046	18.55%	14.24%	56.88%	9.37%	6.21%
2020–2021	1,130	19.20%	16.28%	54.51%	8.85%	-1.68%
2021–2022	1,111	16.92%	14.22%	58.87%	9.63%	N/A

Source: Baker Act Reporting Center Fiscal Year 2021-22, University of South Florida. Date Sourced: March 29, 2024.

Exhibit 212 summarizes the number of involuntary examinations for St. Johns County residents by initiator type. Of the total number of involuntary examinations in the county, 44.87% were initiated by health professionals, 44.37% by law enforcement, and 6.75% by judges. In comparison, Florida had 44.60% of involuntary exams initiated by health professionals, 52.96% by law enforcement, and 2.44% by judges. Of the involuntary examinations in St. Johns County initiated by health professionals, 72.25% were initiated by a physician who was not a psychiatrist, compared to 63.83% in Florida.

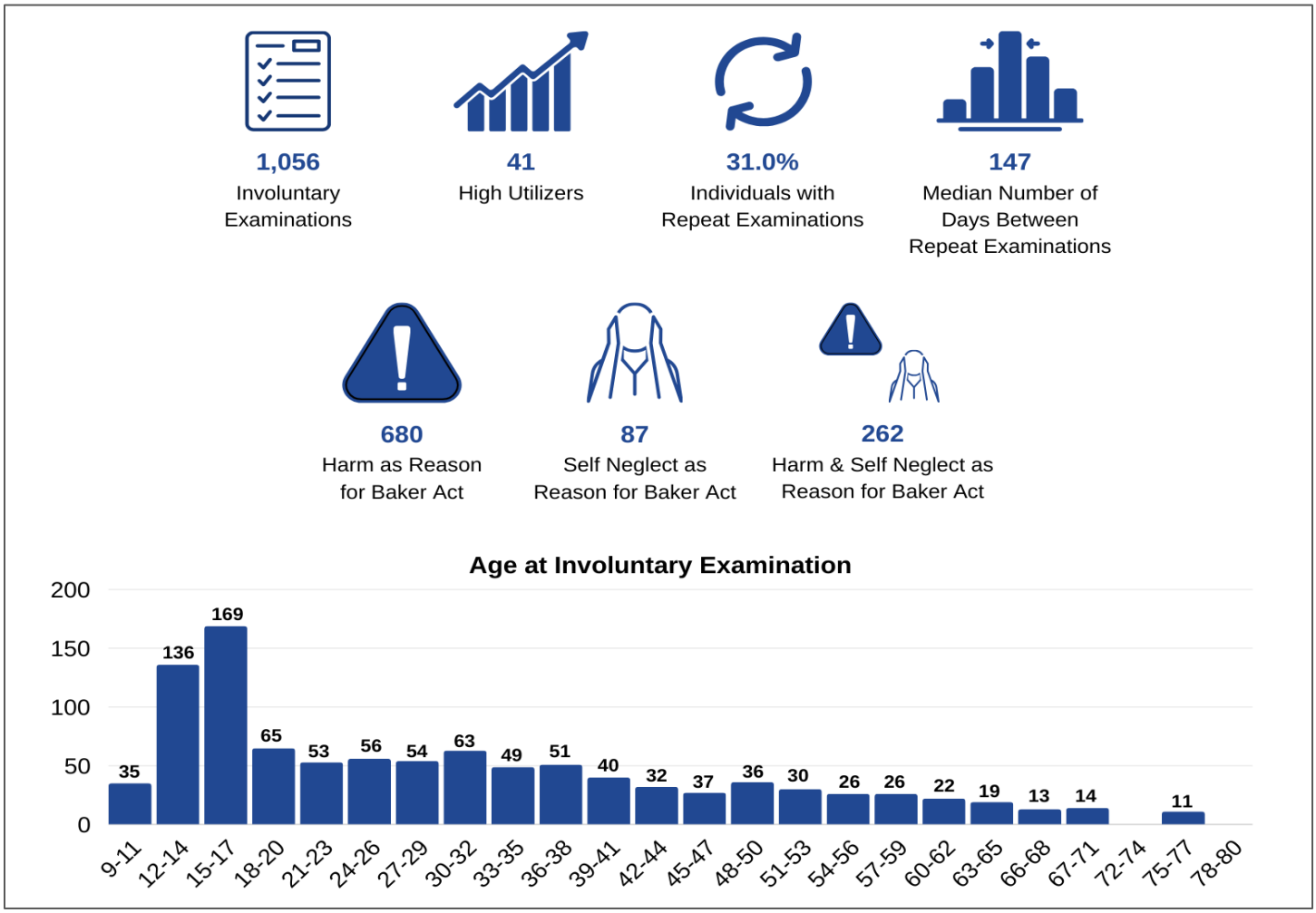
Exhibit 212: Involuntary Examinations by Initiator Type, St. Johns County & Florida, FY 2021–2022

Initiator Type	St. Johns	Florida	St. Johns	Florida	St. Johns	Florida
	Health Professional		Law Enforcement		Ex-Parte Order of Judge	
Total	**44.87%**	**44.60%**	**44.37%**	**52.96%**	**6.75%**	**2.44%**
Physician (not a psychiatrist)	72.25%	63.83%	These percentages are out of the total for involuntary examinations initiated by health professionals (not out of the total number of involuntary examinations).			
Physician (psychiatrist)	1.75%	8.78%				
Licensed Clinical Social Worker	5.58%	7.06%				
Licensed Mental Health Counselor	15.18%	12.16%				
Clinical Psychologist	<1%	1.02%				
Psychiatric Nurse	2.09%	2.45%				
Licensed Marriage and Family Therapist	1.22%	<1%				
Physician's Assistant	<1%	2.06%				
Professional type not reported	<1%	1.79%				

Source: Baker Act Reporting Center Fiscal Year 2021-22, University of South Florida. Date Sourced: March 29, 2024.

Exhibit 213 provides data on selected indicators from the Baker Act Dashboard from the Florida Department of Children and Families. There was a total of 1,056 involuntary examinations documented in St. Johns County in FY 2022–2023. Of those examined, 41 were determined to be high utilizers, and 31% had repeat examinations. Individuals who had a repeat examination had a median average of about 147 days between examinations. Harm was the top reason for Baker Acts, followed by harm and self-neglect, and then self-neglect alone.

EXHIBIT 213: BAKER ACT DASHBOARD SELECTED INDICATORS, ST. JOHNS COUNTY, FY 2022–2023



Source: Florida Department of Children and Families, Baker Act Dashboard. Date Sourced: April 11, 2024.

Suicide

Suicide occurs when a person ends their own life and is a leading cause of death in the U.S. (CDC, 2023k). Death is not the only consequence of suicide. More people survive suicide attempts than die, and suicide survivors may have serious injuries, such as broken bones, brain damage, or organ failure (CDC, 2023k). People who have attempted suicide may have experienced violence, including child abuse, bullying, or sexual violence, and may even have depression and other mental health problems (CDC, 2023k).

Exhibit 214 displays the suicide deaths by type and age group for St. Johns County and Florida in 2022. St. Johns County's rate of suicide deaths (13.8 per 100,000 population) was lower than Florida's (17.2 per 100,000). Age groups 25–34 and 45–54 had the highest rates of suicide deaths in St. Johns County, whereas in Florida, the highest rates were in age groups 45–54 and 55–64. There was no incidence of county suicide deaths in the age group 10–14. St. Johns County youths aged 15–19 had a rate of 5.3 per 100,000 population, which was lower than Florida's rate of 9.3 per 100,000.

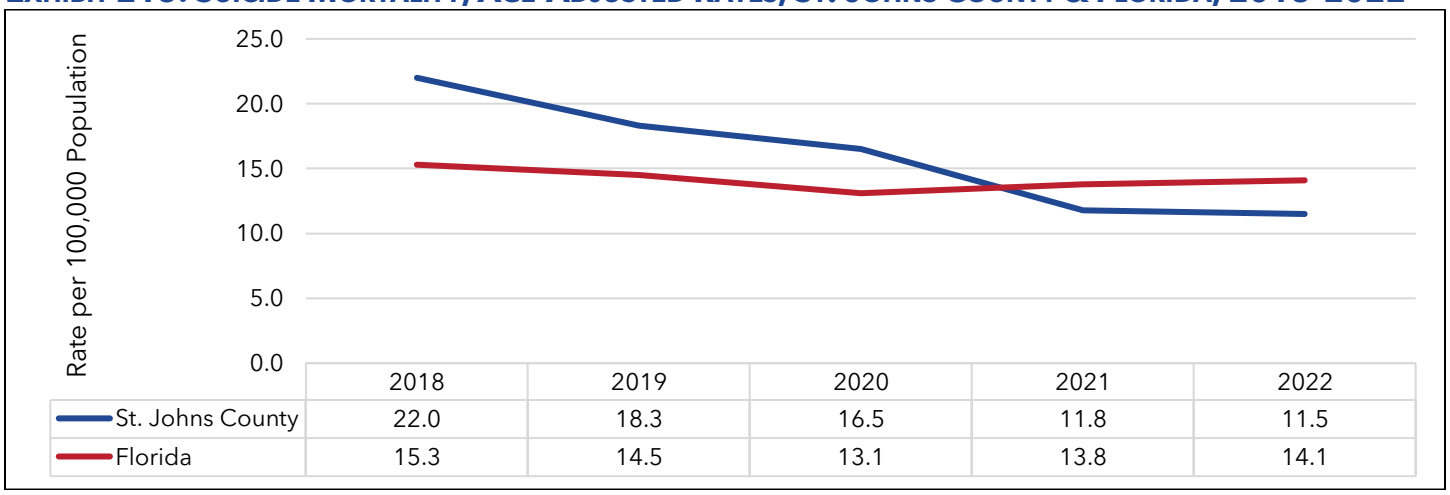
Exhibit 214: Suicide Deaths By Type, Age-Specific Crude Rates per Age-Specific 100,000 Population, St. Johns County& Florida, 2022

Indicator	Firearm		Drug Poisoning		Suffocation		Cut/Pierce		Non-Drug Poisoning		Other Mechanisms		Total	
	St. Johns	FL	St. Johns	FL	St. Johns	FL	St. Johns	FL	St. Johns	FL	St. Johns	FL	St. Johns	FL
10-14	0.0	0.6	0.0	0.3	0.0	0.6	0.0	0.0	0.0	0.0	0.0	0.1	**0.0**	**1.6**
15-19	5.3	4.6	0.0	0.8	0.0	2.8	0.0	0.1	0.0	0.2	0.0	1.0	**5.3**	**9.3**
20-24	7.2	8.8	0.0	0.6	0.0	3.4	0.0	0.0	0.0	0.9	0.0	1.3	**7.2**	**15.0**
25-34	0.0	9.2	0.0	1.6	10.8	4.4	3.6	0.4	3.6	0.3	0.0	1.4	**18.1**	**17.3**
35-44	9.8	8.2	4.9	1.8	0.0	5.2	0.0	0.4	0.0	0.5	0.0	1.4	**14.6**	**17.6**
45-54	12.1	9.7	2.4	2.7	2.4	5.0	0.0	0.5	0.0	0.4	2.4	1.2	**19.3**	**19.4**
55-64	7.0	11.7	4.7	2.8	4.7	4.1	0.0	0.4	0.0	0.6	0.0	1.1	**16.4**	**20.6**
65-74	7.9	12.0	2.6	2.0	2.6	1.9	0.0	0.5	0.0	0.3	2.6	0.7	**15.8**	**17.3**
75 or older	8.5	18.4	4.3	2.8	0.0	1.7	0.0	0.4	0.0	0.4	0.0	0.9	**12.7**	**24.6**
Total	**7.1**	**9.9**	**2.6**	**2.0**	**2.6**	**3.5**	**0.4**	**0.4**	**0.4**	**0.4**	**0.8**	**1.1**	**13.8**	**17.2**

Source: Florida Department of Health, Bureau of Vital Statistics | FLHealthCHARTS | Suicide Deaths. Date Sourced: May 23, 2024.

Exhibit 215 compares suicide mortality rates for St. Johns County and Florida from 2018 to 2022. St. Johns County had a rate of 11.5 per 100,000 population, which was lower than Florida's (14.1 per 100,000). St. Johns County's rate decreased by 47.7% from 2018 to 2022, while Florida's experienced a 7.8% decline.

Exhibit 215: Suicide Mortality, Age-Adjusted Rates, St. Johns County & Florida, 2018-2022



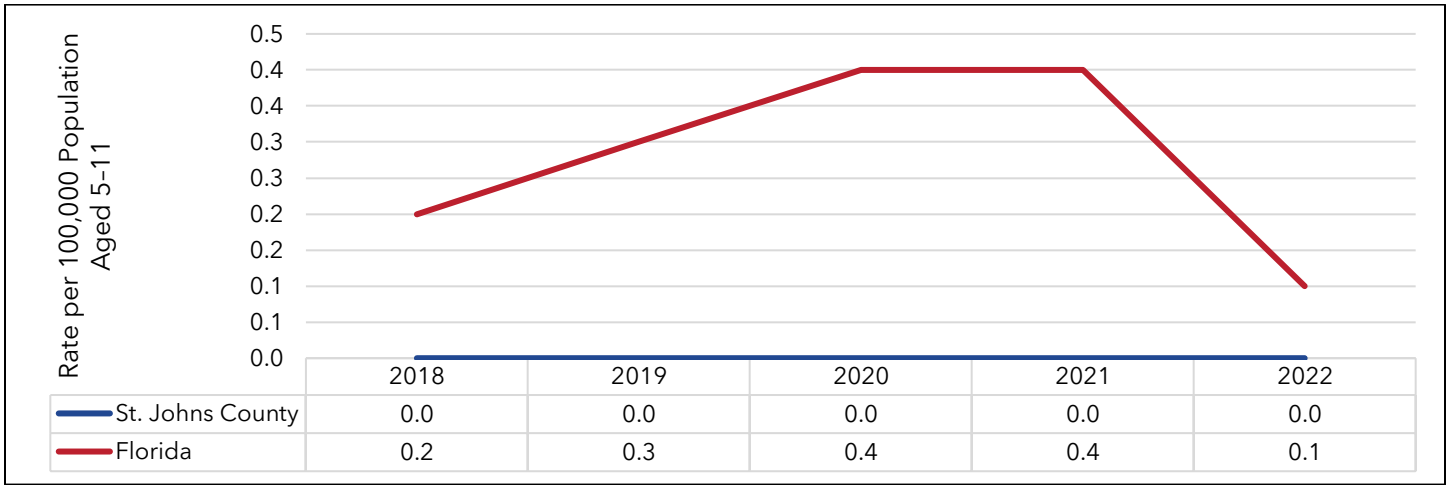
	2018	2019	2020	2021	2022
St. Johns County	22.0	18.3	16.5	11.8	11.5
Florida	15.3	14.5	13.1	13.8	14.1

Source: Florida Department of Health, Bureau of Vital Statistics | FLHealthCHARTS | Deaths From Suicide. Date Sourced: May 23, 2024.

Exhibit 216, Exhibit 217, and Exhibit 218 examine suicide mortality rates in St. Johns County and Florida between 2018 and 2022, focusing on three age groups: 5–11, 12–14, and 15–19.

- **Ages 5–11:** St. Johns County had zero reported suicide incidence rates from 2018 to 2022. Florida rates decreased by 50.0% during the same time period.
- **Ages 12–14:** In 2022, St. Johns County had a zero incidence rate for this age group, while Florida had 2.6 per 100,000 age-specific population.
- **Ages 15–19:** In 2022, St. Johns County's hospitalization rate (5.3 per 100,000 age-specific population) was lower than Florida's (9.3 per 100,000). However, St. Johns County's rate decreased by 86.5% over the reporting period, compared to a decrease of only 4.1% in Florida.

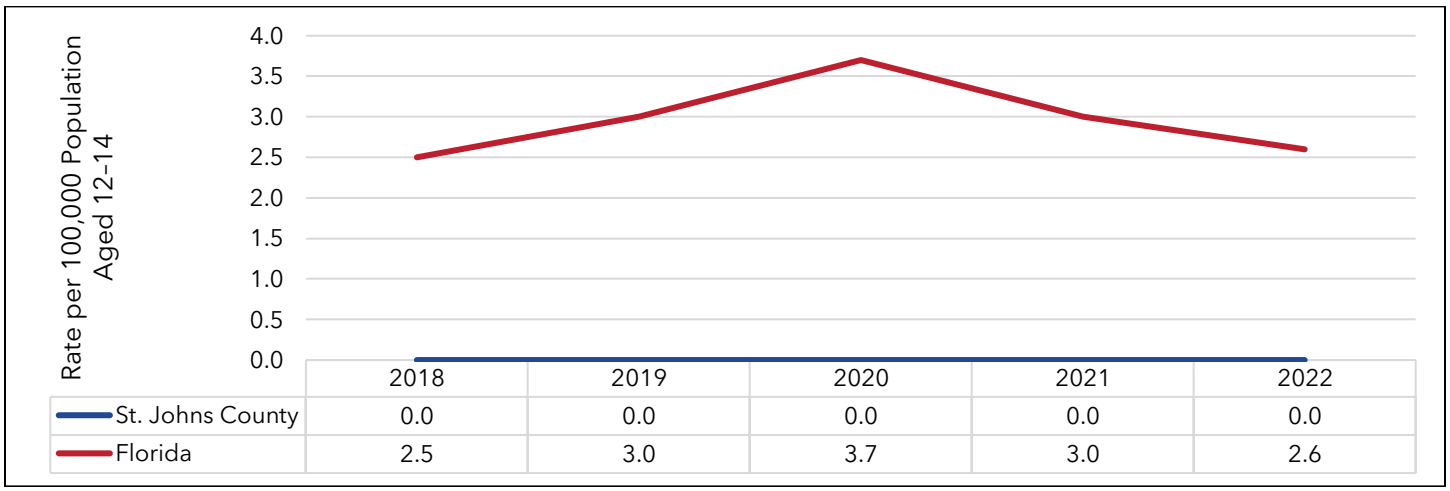
EXHIBIT 216: SUICIDE MORTALITY (AGED 5-11), CRUDE RATE, ST. JOHNS COUNTY & FLORIDA, 2018-2022



	2018	2019	2020	2021	2022
St. Johns County	0.0	0.0	0.0	0.0	0.0
Florida	0.2	0.3	0.4	0.4	0.1

Source: Florida Department of Health, Bureau of Vital Statistics | FLHealthCHARTS | Deaths From Suicide. Date Sourced: May 23, 2024.

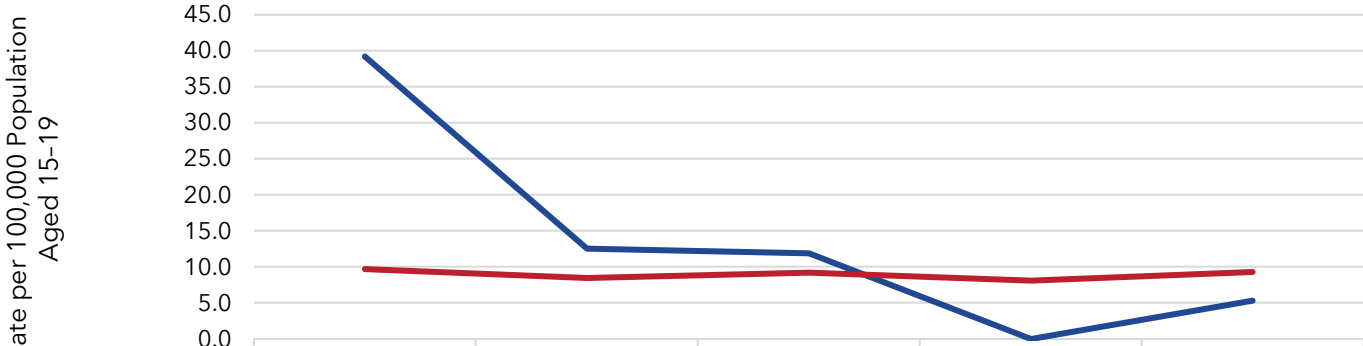
EXHIBIT 217: SUICIDE MORTALITY (AGED 12-14), CRUDE RATE, ST. JOHNS COUNTY & FLORIDA, 2018-2022



	2018	2019	2020	2021	2022
St. Johns County	0.0	0.0	0.0	0.0	0.0
Florida	2.5	3.0	3.7	3.0	2.6

Source: Florida Department of Health, Bureau of Vital Statistics | FLHealthCHARTS | Deaths From Suicide. Date Sourced: May 23, 2024.

Exhibit 218: Suicide Mortality (Aged 15–19), Crude Rate, St. Johns County & Florida, 2018–2022



	2018	2019	2020	2021	2022
St. Johns County	39.2	12.5	11.9	0.0	5.3
Florida	9.7	8.5	9.2	8.1	9.3

Source: Florida Department of Health, Bureau of Vital Statistics | FLHealthCHARTS | Deaths From Suicide. Date Sourced: May 23, 2024.

Substance Use

Substance use disorders occur when the recurrent use of alcohol or drugs causes clinically significant impairment, including health problems, disability, and failure to meet major responsibilities at work, school, or home (SAMHSA, 2023b).

Trends in substance use in St. Johns County between 2018 and 2022 are shown in Exhibit 219; data are derived from the Florida Department of Health's Division of Public Statistics and Performance Management's Substance Abuse Dashboard.

Most counts for substance use indicators in the table increased from 2018 to 2022. Nevertheless, there were two exceptions: annual drug arrests and neonatal abstinence syndrome. Between 2020 and 2021, annual drug arrests declined by 13.0%, and neonatal abstinence syndrome declined by 58.1%.

Naloxone administration rose by 46.0% during the reporting period. Additionally, there were significant increases in fatal overdoses (172.2% rise) and Emergency Medical Service (EMS) overdose responses (149.1% rise).

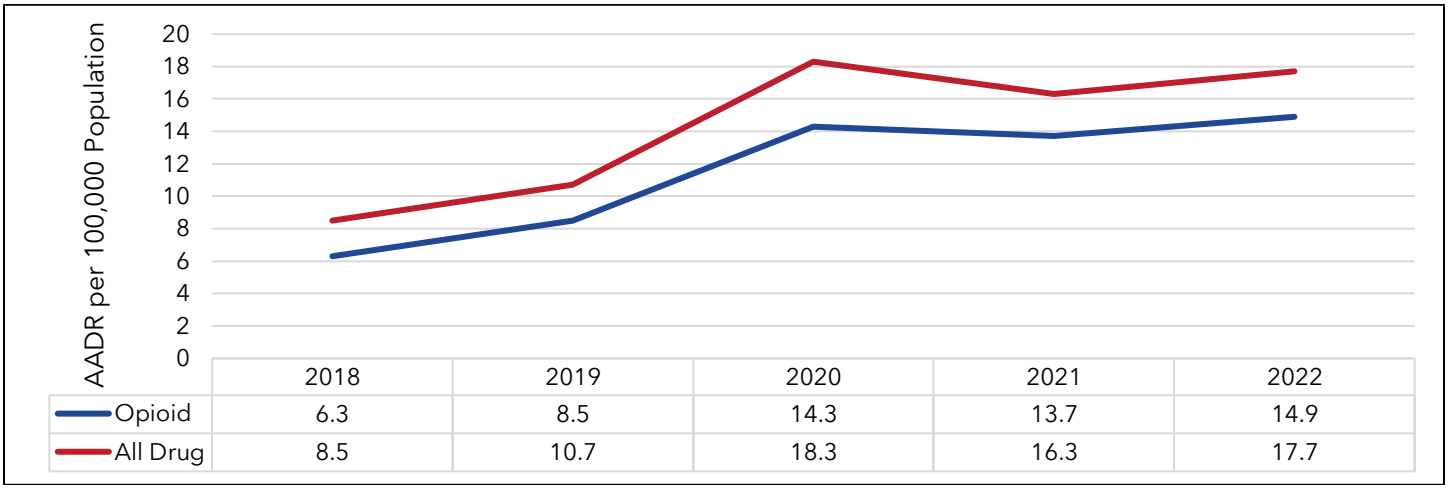
Exhibit 219: Substance Abuse Dashboard Indicators, St. Johns County, 2018–2022

Indicator	2018	2019	2020	2021	2022	% Change 2018 to 2022
Fatal overdose	18	25	46	39	49	172.2
EMS overdose responses	389	497	724	976	969	149.1
Naloxone administered	352	350	283	456	514	46.0
Annual drug arrests	951	736	622	780	827	-13.0
Prescriptions dispensed	152,039	137,689	138,413	142,221	141,864	-6.7
Neonatal abstinence	31	20	12	13	13	-58.1

Source: Florida Department of Health, Division of Public Statistics and Performance Management | FLHealthCHARTS | Substance Use Dashboard. Date Sourced: May 23, 2024.

From 2018 to 2022, the numbers of all drug-related overdose deaths and opioid-related overdose deaths increased in St. Johns County (Exhibit 220). During this time, rates of all drug overdose deaths rose by 108.2%, and specific rates of opioid overdose deaths rose by 136.5%.

EXHIBIT 220: DRUG OVERDOSE DEATHS, AGE-ADJUSTED RATES, ST. JOHNS COUNTY, 2018–2022

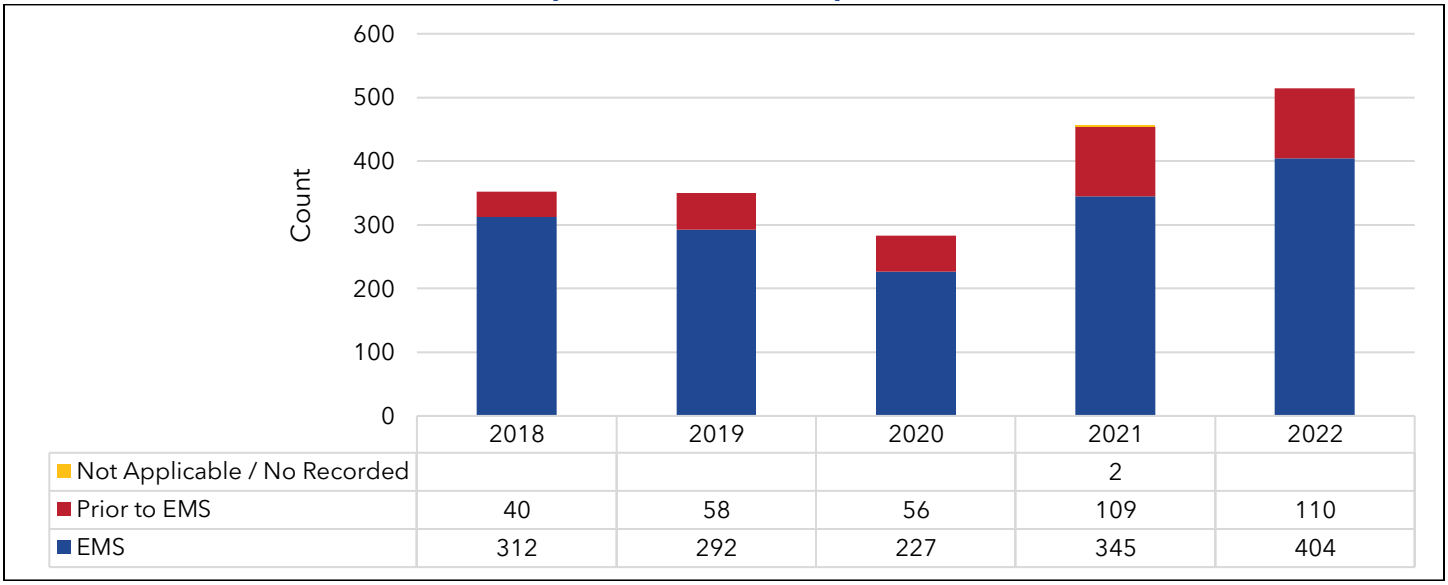


	2018	2019	2020	2021	2022
Opioid	6.3	8.5	14.3	13.7	14.9
All Drug	8.5	10.7	18.3	16.3	17.7

Source: Florida Department of Health, Division of Public Statistics and Performance Management | FLHealthCHARTS | Substance Use Dashboard.
Date Sourced: May 24, 2024.

Exhibit 221 graphs the count of naloxone administered by EMS, the count of naloxone administered prior to the arrival of EMS, and the count of incidents that did not fit the categories listed (not applicable). Between 2018 and 2022, the majority of the naloxone administered was by EMS; counts during this period jumped by 29.5%. Instances of naloxone administered prior to EMS arrival also increased by 175.0% during the same time frame.

EXHIBIT 221: NALOXONE ADMINISTERED, ST. JOHNS COUNTY, 2018–2022



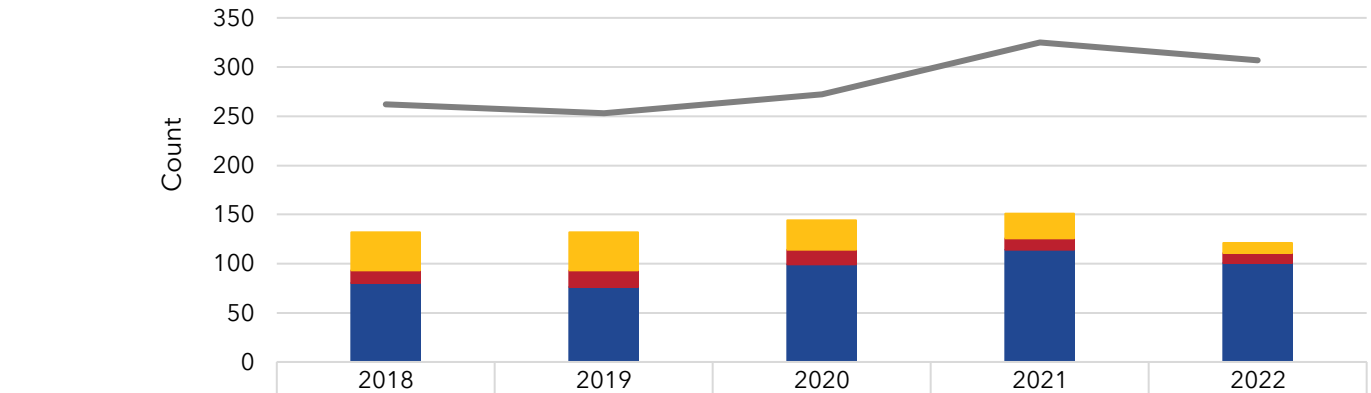
	2018	2019	2020	2021	2022
Not Applicable / No Recorded				2	
Prior to EMS	40	58	56	109	110
EMS	312	292	227	345	404

Source: Florida Department of Health, Division of Public Statistics and Performance Management | FLHealthCHARTS | Substance Use Dashboard.
Date Sourced: May 24, 2024.

The number of non-fatal overdose emergency department visits in St. Johns County during 2018–2022 is displayed in Exhibit 222. The number of all drug-related non-fatal overdose emergency

department visits increased by 17.2%. Heroin-involved and stimulant-involved visits decreased by 74.4% and 23.1%, respectively, between 2018 and 2022. Nevertheless, opioid-involved non-fatal overdose emergency department visits rose by 26.3%.

EXHIBIT 222: NON-FATAL OVERDOSE EMERGENCY DEPARTMENT VISITS, ST. JOHNS COUNTY, 2018–2022



	2018	2019	2020	2021	2022
Heroin-involved	39	39	30	25	10
Stimulant-involved	13	17	15	12	10
Opioid-involved	80	76	99	114	101
All Drug	262	253	272	325	307

Source: Florida Department of Health, Division of Public Statistics and Performance Management | FLHealthCHARTS | Substance Use Dashboard.
Date Sourced: May 24, 2024.

Exhibit 223 further explores non-fatal overdose emergency visits by drug type in St. Johns County from 2018 to 2022. Unintentional self-harm non-fatal drug overdose emergency department visits for all drugs increased by 16.4%, while intentional self-harm rates jumped by 40.4%. Non-fatal unintentional overdoses by opioids increased by 30.7%. For intentional overdoses by opioids, heroin, and stimulants, fewer than five cases for each drug type were reported; thus, rate changes could not be calculated. Notably, heroin overdose emergency department visits decreased by 74.4%, and stimulant-involved emergency visits decreased by 41.2%.

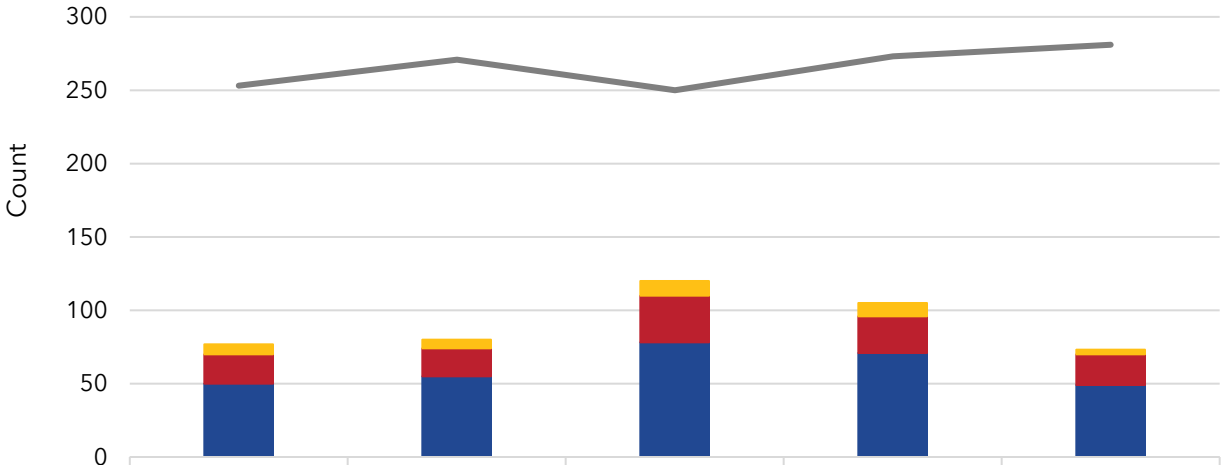
EXHIBIT 223: ALL DRUG NON-FATAL OVERDOSE EMERGENCY VISITS, ST. JOHNS COUNTY, 2019–2022

Indicator	2019	2020	2021	2022	% Change 2019 to 2022
All Drug	**253**	**272**	**325**	**307**	**21.3**
Unintentional/undetermined non-fatal drug overdose emergency department visits	201	234	274	234	16.4
Intentional self-harm non-fatal drug overdose emergency department visits	52	38	53	73	40.4
Opioid	**76**	**99**	**114**	**101**	**32.9**
Unintentional/undetermined non-fatal drug overdose emergency department visits	75	96	112	98	30.7
Intentional self-harm non-fatal drug overdose emergency department visits	<5	<5	<5	<5	0.0
Heroin	**39**	**30**	**25**	**10**	**-74.4**
Unintentional/undetermined non-fatal drug overdose emergency department visits	39	30	25	10	-74.4
Intentional self-harm non-fatal drug overdose emergency department visits	<5	<5	<5	<5	0.0
Stimulant	**17**	**15**	**12**	**10**	**-41.2**
Unintentional/undetermined non-fatal drug overdose emergency department visits	12	14	10	8	-33.3
Intentional self-harm non-fatal drug overdose emergency department visits	5	<5	<5	<5	–

Source: Florida Department of Health, Division of Public Statistics and Performance Management | FLHealthCHARTS | Substance Use Dashboard.
Date Sourced: May 24, 2024.
Note: A percent change could not be calculated for years with fewer than five cases reported.

Exhibit 224 shows an increase of 11.1% in all drug-related non-fatal overdose hospitalizations in St. Johns County between 2018 and 2022. However, the types of drugs that were involved differed. Heroin-involved hospitalizations decreased significantly by 57.1% during this period. In contrast, opioid-involved hospitalizations only saw a modest decrease of 2.0%. Stimulant-involved hospitalizations, on the other hand, increased by 5.0%.

EXHIBIT 224: NON-FATAL OVERDOSE HOSPITALIZATIONS, ST. JOHNS COUNTY, 2018–2022



	2018	2019	2020	2021	2022
Heroin-involved	7	6	10	9	3
Stimulant-involved	20	19	32	25	21
Opioid-involved	50	55	78	71	49
All Drug	253	271	250	273	281

Source: Florida Department of Health, Division of Public Statistics and Performance Management | FLHealthCHARTS | Substance Use Dashboard.
Date Sourced: May 24, 2024.

Data for non-fatal overdose hospitalizations in St. Johns County from 2019–2022 are presented by type in Exhibit 225. Data limitations prevented calculating rates for certain heroin and stimulant indicators due to low counts (fewer than five). Overall, unintentional overdose hospitalizations for all drugs decreased by 9.0%. Conversely, intentional self-harm hospitalizations increased by 21.1% during the same period. This trend is mirrored in intentional self-harm opioid overdose hospitalizations, which rose by 27.3% from 2019 to 2022.

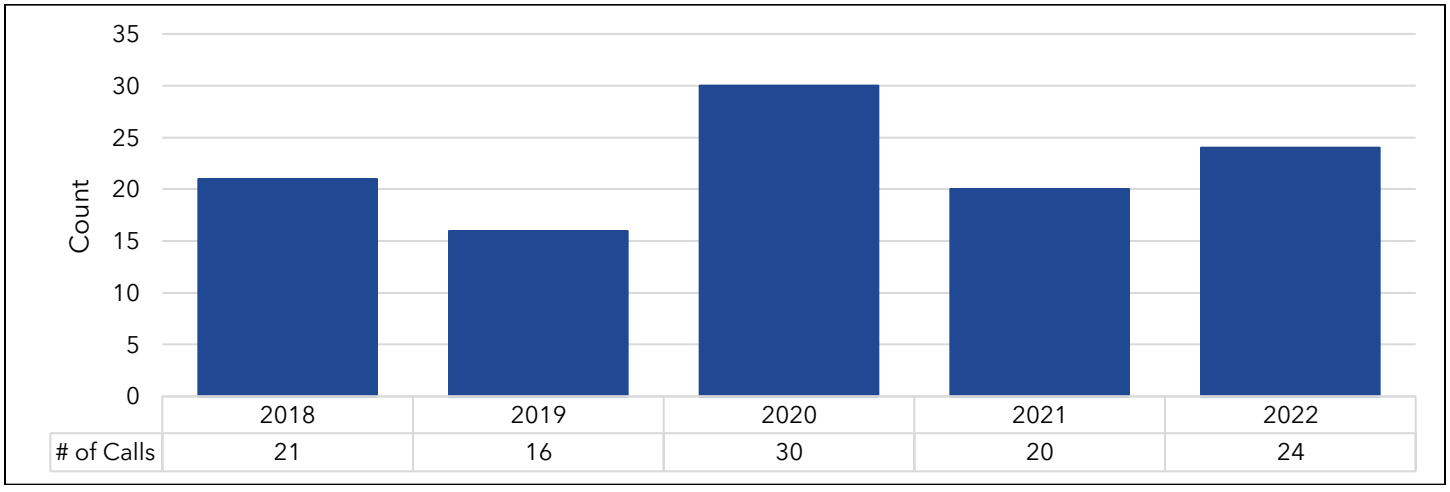
Exhibit 225: All Drug Non-Fatal Overdose Hospitalizations, St. Johns County, 2019–2022

Indicator	2019	2020	2021	2022	% Change 2020 to 2022
All Drug	**271**	**250**	**273**	**281**	**3.7**
Unintentional/undetermined non-fatal drug overdose hospitalizations	144	141	136	131	-9.0
Intentional self-harm non-fatal drug overdose hospitalizations	128	110	140	155	21.1
Opioid	**55**	**78**	**71**	**49**	**-10.9**
Unintentional/undetermined non-fatal drug overdose hospitalizations	44	66	57	41	-6.8
Intentional self-harm non-fatal drug overdose hospitalizations	11	12	14	8	27.3
Heroin	**6**	**10**	**9**	**<5**	**-**
Unintentional/undetermined non-fatal drug overdose hospitalizations	5	10	9	<5	-
Intentional self-harm non-fatal drug overdose hospitalizations	<5	<5	<5	<5	0.0
Stimulant	**19**	**32**	**25**	**21**	**10.5**
Unintentional/undetermined non-fatal drug overdose hospitalizations	15	28	22	14	-6.7
Intentional self-harm non-fatal drug overdose hospitalizations	<5	<5	<5	7	-

Source: Florida Department of Health, Division of Public Statistics and Performance Management | FLHealthCHARTS | Substance Use Dashboard.
Date Sourced: May 24, 2024.

From 2018 to 2022, the number of opioid-related calls to the Florida Poison Information Network increased by 14.3%, as illustrated in Exhibit 226. The highest number of calls related to opioids during this time occurred in 2020 (30 calls).

Exhibit 226: Florida Poison Information Network Calls Related to Opioids, St. Johns County, 2018–2022



Source: Florida Department of Health, Division of Public Statistics and Performance Management | FLHealthCHARTS | Substance Use Dashboard.
Date Sourced: May 24, 2024.

Statistics of prescriptions and treatment using opioids, stimulants, benzodiazepines, and muscle relaxants are listed in Exhibit 227. The number of unique patients who were prescribed opioids increased by 10.6% from 2020 to 2023. The number of stimulant prescriptions increased by 34.4% in the same period.

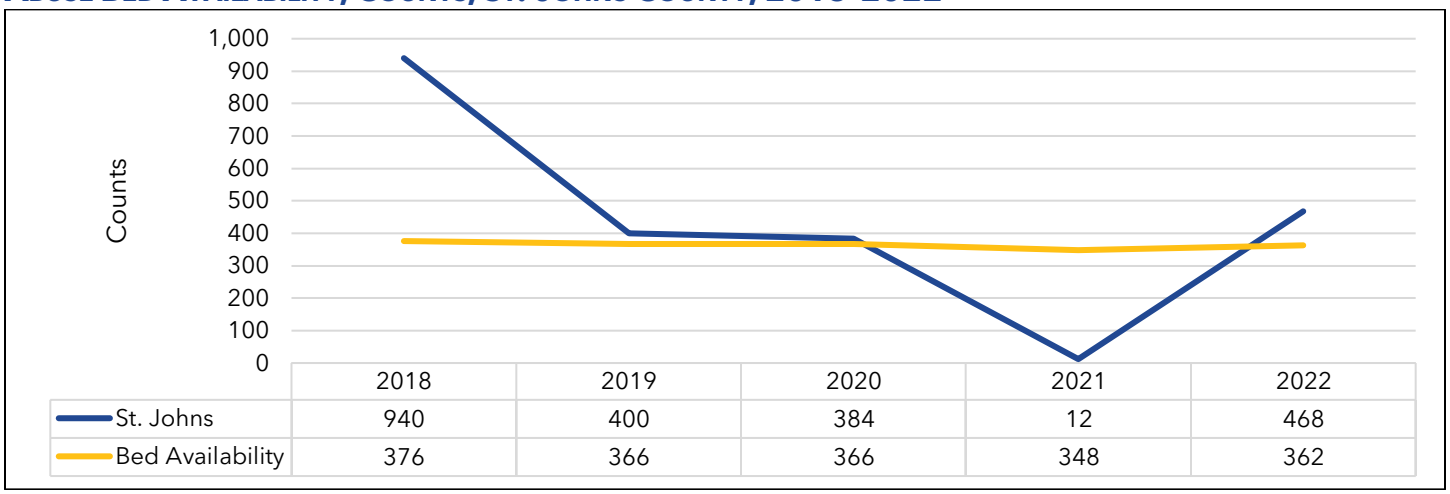
EXHIBIT 227: PRESCRIPTIONS AND TREATMENT, ST. JOHNS COUNTY, 2020–2023

Indicator	2020	2021	2022	2023	% Change 2020 to 2023
Opioid					
Number of prescriptions dispensed	138,413	142,221	141,864	142,774	3.2
Number of unique patients	39,749	42,427	43,485	43,978	10.6
Number of unique prescribers	4,424	4,687	4,787	4,801	8.5
Prescriptions dispensed per patient	3.5	3.4	3.3	3.2	-8.6
Prescriptions dispensed per prescriber	31.3	30.3	29.6	29.7	-5.1
Stimulants					
Number of prescriptions dispensed	65,043	74,684	81,778	87,443	34.4
Number of unique patients	12,087	13,486	14,492	15,351	27.0
Number of unique prescribers	2,101	2,458	2,736	2,752	31.0
Prescriptions dispensed per patient	5.4	5.5	5.6	5.7	5.6
Prescriptions dispensed per prescriber	31.0	30.4	29.9	31.8	2.6
Benzodiazepines					
Number of prescriptions dispensed	98,644	102,158	100,273	99,527	0.9
Number of unique patients	25,189	26,702	26,615	27,101	7.6
Number of unique prescribers	4,004	4,342	4,442	4,467	11.6
Prescriptions dispensed per patient	3.9	3.8	3.8	3.7	-5.1
Prescriptions dispensed per prescriber	24.6	23.5	22.6	22.3	-9.3
Muscle Relaxants					
Number of prescriptions dispensed	1,240	1,228	1,147	1,012	-18.4
Number of unique patients	288	309	284	238	-17.4
Number of unique prescribers	177	179	172	163	-7.9
Prescriptions dispensed per patient	4.3	4.0	4.0	4.3	0.0
Prescriptions dispensed per prescriber	7.0	6.9	6.7	6.2	-11.4

Source: Florida Department of Health, Division of Public Statistics and Performance Management | FLHealthCHARTS | Substance Use Dashboard.
Date Sourced: May 24, 2024.

Exhibit 228 and Exhibit 229 illustrate the number of St. Johns County substance abuse program enrollees between 2018 and 2022, categorized by adults (aged 18+) and children (aged 0–17). Both adult and child enrollments peaked in 2018 (adults: 940, children: 25). Since then, enrollment has steadily declined, with adult enrollees dropping to 468 in 2022 (a 50.2% decrease) and children dropping to 13 (a 48.0% decrease). Moreover, adult bed availability for treatment slowly decreased by 3.7% during the reporting period. Child program beds are not available in St. Johns County.

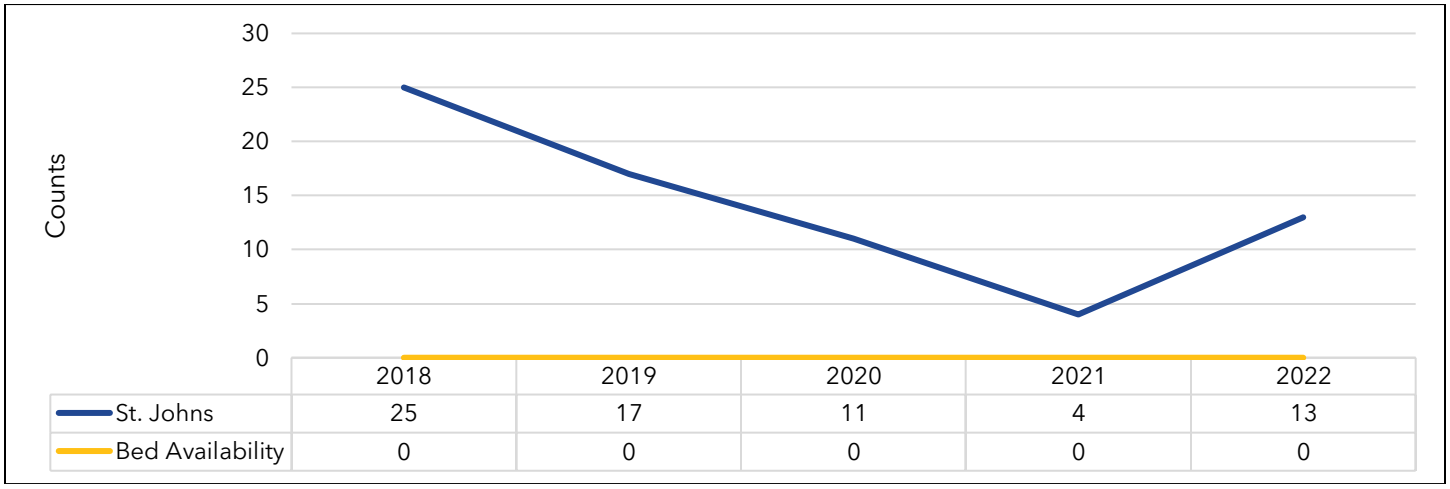
Exhibit 228: Adult Substance Abuse Program Enrollees (Aged 18 and Older) and Substance Abuse Bed Availability, Counts, St. Johns County, 2018–2022



	2018	2019	2020	2021	2022
St. Johns	940	400	384	12	468
Bed Availability	376	366	366	348	362

Source: Florida Department of Children and Families (DCF) | FLHealthCHARTS | Adult Substance Abuse Program Enrollees (Aged 18 Years and Older). Date Sourced: May 24, 2024.

Exhibit 229: Child Substance Abuse Program Enrollees (Aged 0–17) and Substance Abuse Bed Availability, Counts, St. Johns County, 2018–2022

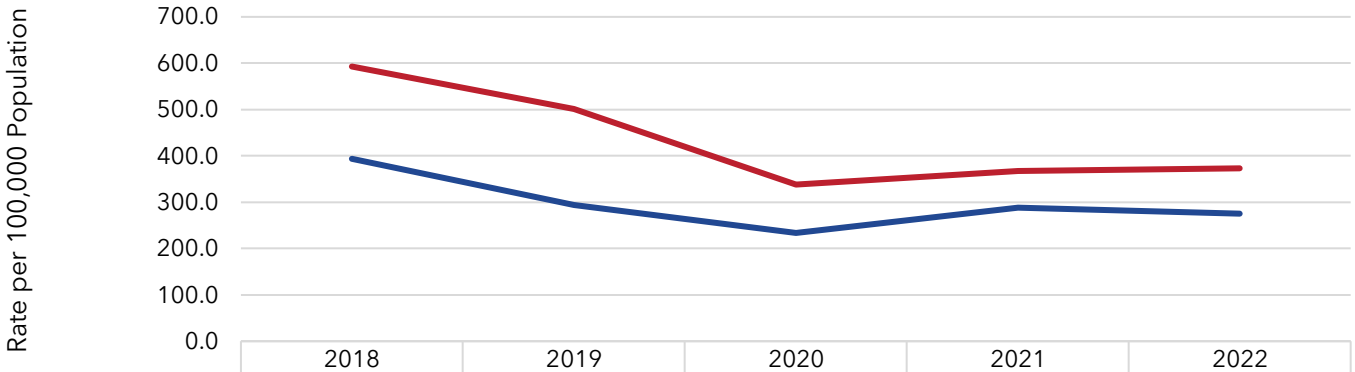


	2018	2019	2020	2021	2022
St. Johns	25	17	11	4	13
Bed Availability	0	0	0	0	0

Source: Florida Department of Children and Families (DCF) | FLHealthCHARTS | Child Substance Abuse Program Enrollees (Aged 0-17 Years). Date Sourced: May 24, 2024.

The rates of drug arrests from 2018 to 2022 in St. Johns County and Florida are presented in Exhibit 230. St. Johns County's drug arrest rate was 275.8 per 100,000 population in 2022. The county had lower rates of drug arrests per 100,000 population compared to Florida from 2018 to 2022. During this reporting period, St. Johns County's drug arrest rate decreased by 29.9% and Florida's decreased by 37.2%.

EXHIBIT 230: DRUG ARRESTS, AGE-ADJUSTED RATES, ST. JOHNS COUNTY & FLORIDA, 2018–2022

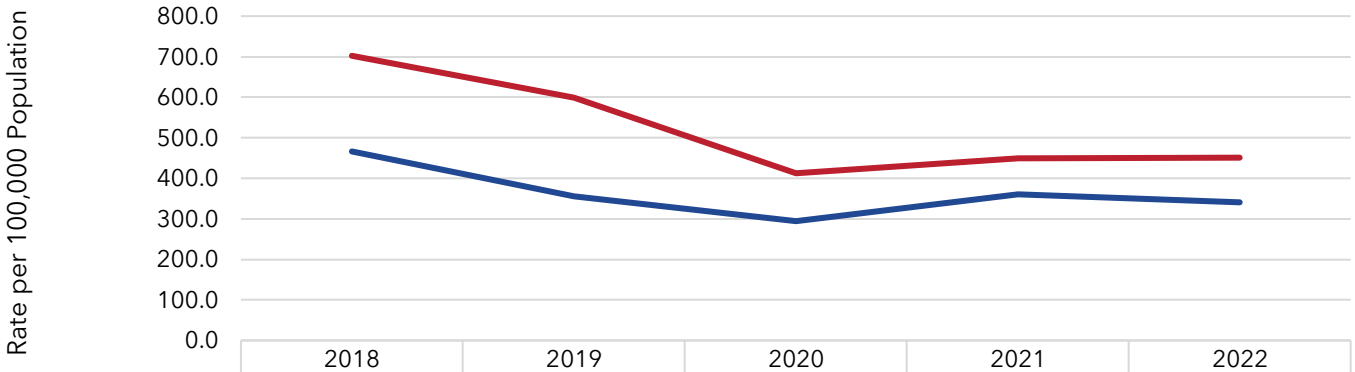


	2018	2019	2020	2021	2022
St. Johns County	393.7	294.7	233.7	288.9	275.8
Florida	592.9	500.7	338.1	367.9	372.6

Source: Florida Department of Law Enforcement (FDLE) | FLHealthCHARTS | Drug Arrests. Date Sourced: May 24, 2024.

Exhibit 231 and Exhibit 232 dive deeper into drug arrests by age group, providing data for adults (aged 18 and older) and juveniles (aged 0–17) in St. Johns County and Florida from 2018 to 2022. In 2022, St. Johns County had a lower adult drug arrest rate (340.3 per 100,000 population) compared to Florida (451.1 per 100,000). Furthermore, both jurisdictions witnessed a decline in adult drug arrests since 2018, with St. Johns County experiencing a 27.0% decrease and Florida with a 35.8% decrease. Similarly, juvenile drug arrests in St. Johns County (117.6 per 100,000 population) remained lower than in Florida (166.5 per 100,000) in 2022. Notably, juvenile drug arrests in St. Johns County decreased at a comparable rate of 63.5% to Florida's 61.4% decrease.

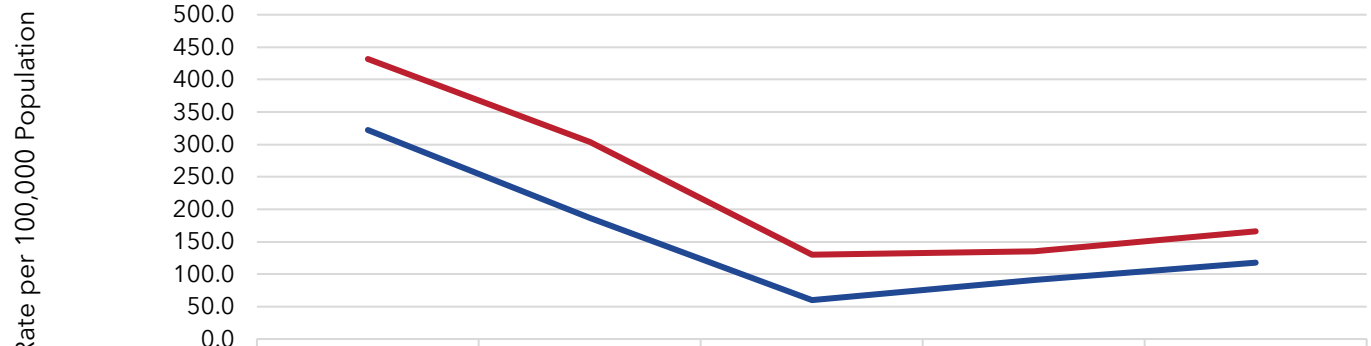
EXHIBIT 231: ADULT DRUG ARRESTS (AGED 18 AND OLDER), AGE-SPECIFIC RATES, ST. JOHNS COUNTY & FLORIDA, 2018–2022



	2018	2019	2020	2021	2022
St. Johns County	466.2	356.1	294.3	360.7	340.3
Florida	702.2	599.0	412.4	448.6	451.1

Source: Florida Department of Law Enforcement (FDLE) | FLHealthCHARTS | Adult Drug Arrests. Date Sourced: May 24, 2024.

Exhibit 232: Juvenile Drug Arrests (Aged 0–17), Age-Specific Rates, St. Johns County & Florida, 2018–2022



	2018	2019	2020	2021	2022
St. Johns County	322.2	186.4	60.0	91.4	117.6
Florida	431.7	303.8	130.0	135.0	166.5

Source: Florida Department of Law Enforcement (FDLE) | FLHealthCHARTS | Juvenile Drug Arrests. Date Sourced: May 24, 2024.

Substance-Induced Mood Disorders

Substance-induced mood disorders, or drug and alcohol-induced mental disorders, refer to depressive, anxiety, psychotic, or manic symptoms that occur as a physiological consequence of the use of substances or medications (Revadigar & Gupta, n.d.). These disorders may occur during active use, intoxication, or withdrawal (Revadigar & Gupta, n.d.).

Drug and alcohol-induced hospitalizations by age groups in St. Johns County and Florida from 2018–2022 are the focus of Exhibit 233. In 2022, age groups 25–44 and 45–64 had the highest rates of drug and alcohol-induced hospitalizations in St. Johns County and Florida. The age group 25–44 in St. Johns County decreased by 11.2% from 2018 to 2022, compared to the 3.0% increase in Florida. The rate for the age group 45–64 in St. Johns County decreased by 25.7%, compared to the 0.3% increase in Florida's rate for the same age group between 2018 and 2022.

Exhibit 233: Drug and Alcohol-Induced Hospitalizations, Age-Specific Crude Rates Per 100,000 Population, St. Johns County & Florida, 2018–2022

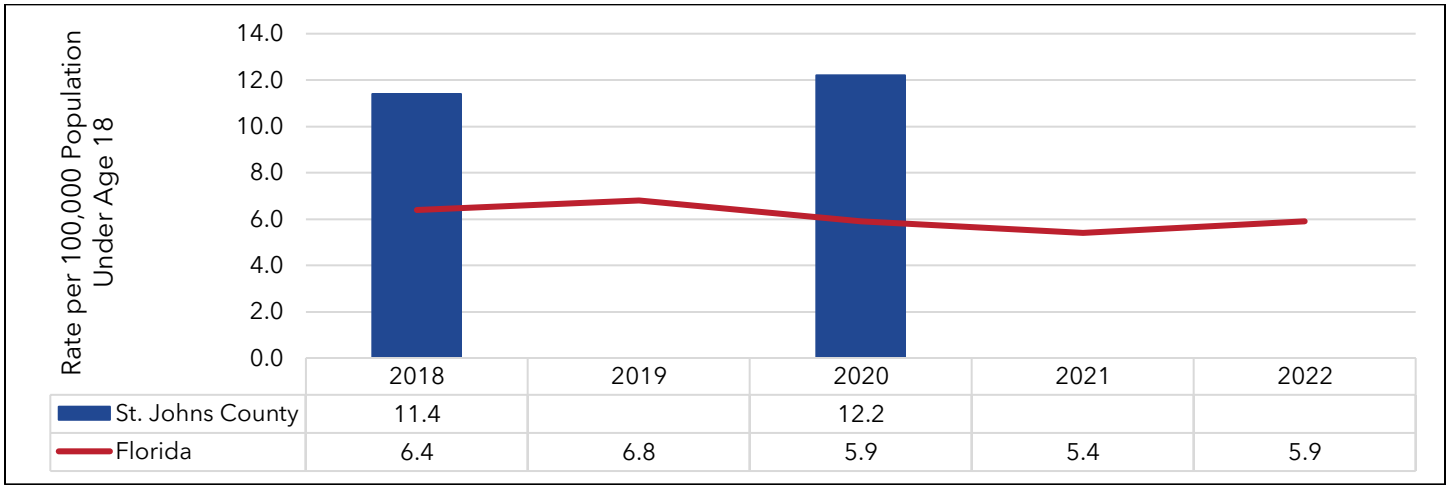
Age Group	2018		2019		2020		2021		2022	
	St. Johns	FL	St. Johns	FL	St. Johns	FL	St. Johns	FL	St. Johns	FL
18–21	77.0	75.4	84.7	77.8	53.4	85.0	88.6	74.7	47.4	63.0
22–24	144.2	139.2	144.9	123.4	149.4	131.4	121.0	121.7	156.7	106.3
25–44	296.6	250.5	259.6	255.5	289.7	263.0	294.8	268.2	263.5	257.9
45–64	238.1	270.3	210.1	283.6	189.9	275.4	250.7	283.2	177.0	271.1
65–74	128.8	126.7	116.9	133.4	78.2	134.1	122.5	143.1	97.3	151.2
75 and older	54.7	43.4	45.5	40.8	32.2	39.0	71.4	40.3	55.2	48.8

Source: Florida Agency for Health Care Administration (AHCA) | FLHealthCHARTS | Suicide and Behavioral Health Profile. Date Sourced: May 22, 2024.

Exhibit 234 further explores drug and alcohol-induced mental disorder hospitalizations in the age group under 18. Since there were fewer than five cases in St. Johns County in 2019, 2021, and 2022, a rate could not be calculated; a bar graph is used instead of a line graph to represent the data for the other years. St. Johns County saw a higher rate of hospitalizations for drug and

alcohol-induced mental disorders among residents under 18 compared to Florida in 2018 and 2022 with rates of 11.4 and 12.2 per 100,000 age-specific population, respectively. Florida's rate exhibited a 7.8% decrease between 2018 and 2022.

EXHIBIT 234: DRUG AND ALCOHOL-INDUCED MENTAL DISORDERS HOSPITALIZATIONS (UNDER AGE 18), CRUDE RATES, ST. JOHNS COUNTY & FLORIDA, 2018–2022



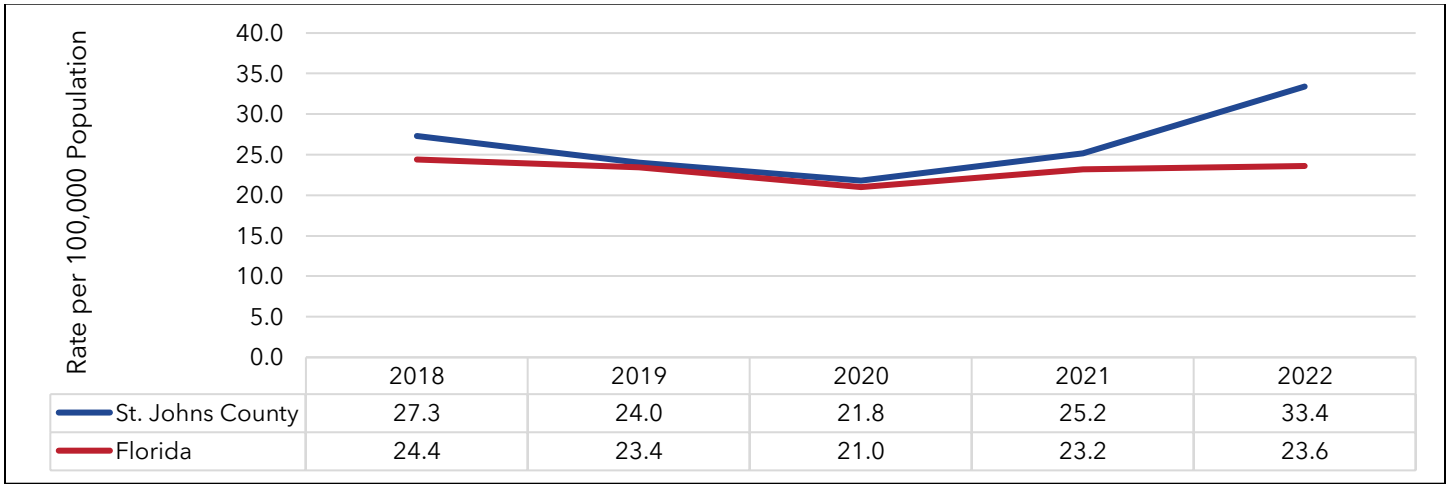
	2018	2019	2020	2021	2022
St. Johns County	11.4		12.2		
Florida	6.4	6.8	5.9	5.4	5.9

Source: Florida Agency for Health Care Administration (AHCA) | FLHealthCHARTS | Suicide and Behavioral Health Profile. Date Sourced: May 22, 2024.
Note: Blank cells indicate fewer than five cases and a rate could not be calculated.

Substance Use-Confirmed Traffic Crashes

Data for alcohol-confirmed motor vehicle traffic accidents is presented in Exhibit 235. In 2022, St. Johns County had a higher rate of alcohol-confirmed crashes (33.4 per 100,000 population) than Florida (23.6 per 100,000). While Florida's crash rate declined by 3.3% between 2018 and 2022, St. Johns County experienced an increase of 22.3% during the same period.

EXHIBIT 235: ALCOHOL-CONFIRMED MOTOR VEHICLE TRAFFIC CRASHES, AGE-ADJUSTED RATES, ST. JOHNS COUNTY & FLORIDA, 2018–2022



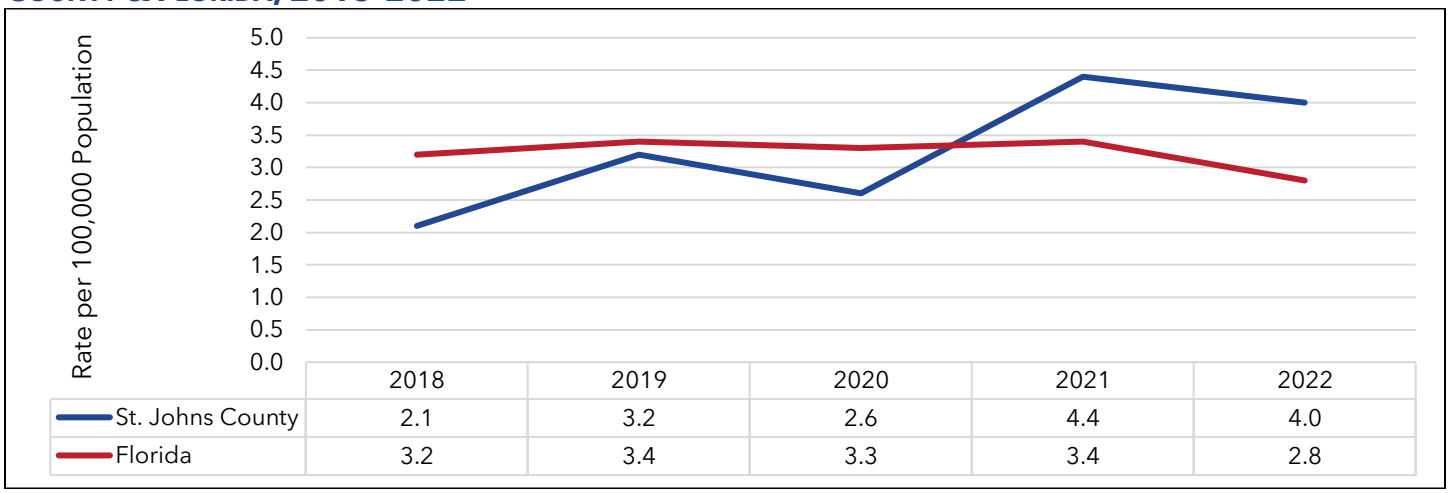
	2018	2019	2020	2021	2022
St. Johns County	27.3	24.0	21.8	25.2	33.4
Florida	24.4	23.4	21.0	23.2	23.6

Source: Florida Department of Highway Safety and Motor Vehicles (HSMV) | FLHealthCHARTS | Alcohol Confirmed Motor Vehicle Traffic Crashes. Date Sourced: May 24, 2024.

Exhibit 236 illustrates trends for drug-confirmed motor vehicle traffic accidents. In 2022, St. Johns County reported a rate of 4.0 crashes per 100,000 population, exceeding the statewide average of

2.8 crashes per 100,000. While Florida's crash rate decreased by 12.5% between 2018 and 2022, St. Johns County experienced a significant rise of 90.5% during the same period.

EXHIBIT 236: DRUG-CONFIRMED MOTOR VEHICLE TRAFFIC CRASHES, AGE-ADJUSTED RATES, ST. JOHNS COUNTY & FLORIDA, 2018–2022

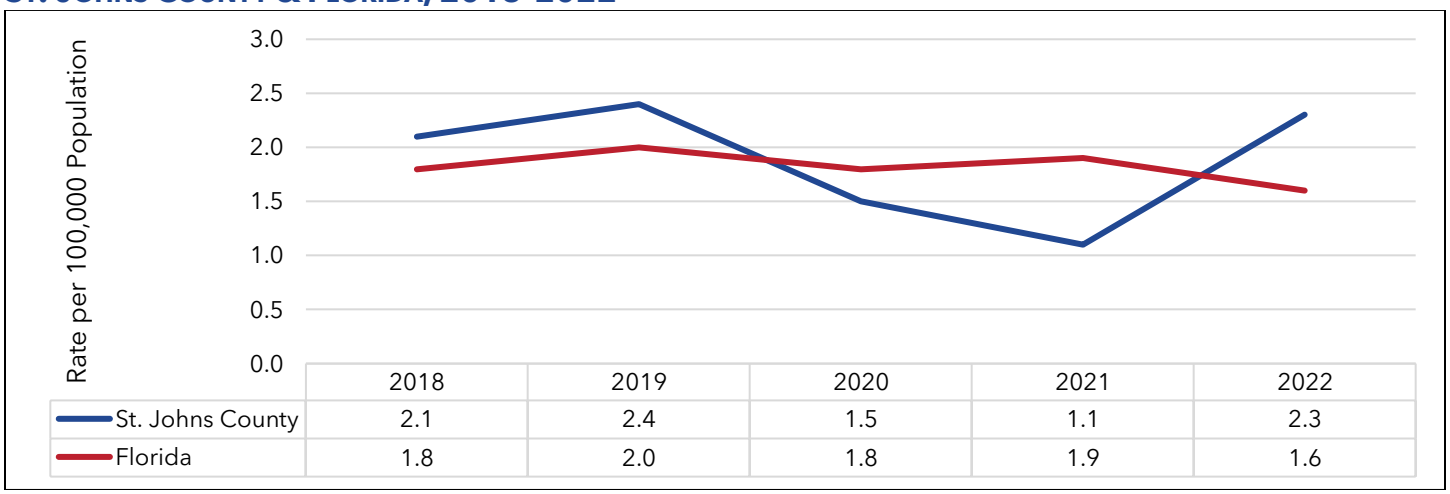


	2018	2019	2020	2021	2022
St. Johns County	2.1	3.2	2.6	4.4	4.0
Florida	3.2	3.4	3.3	3.4	2.8

Source: Florida Department of Highway Safety and Motor Vehicles (HSMV) | FLHealthCHARTS | Drug Confirmed Motor Vehicle Traffic Crashes. Date Sourced: May 24, 2024.

Data for drug and alcohol-confirmed motor vehicle traffic crashes is presented in Exhibit 237. In 2022, St. Johns County had a higher rate (2.3 per 100,000 population) of drug and alcohol-confirmed crashes compared to Florida (1.6 per 100,000 population). While Florida's crash rate declined by 11.1% between 2018 and 2022, St. Johns County experienced an increase of 9.5% during the same period.

EXHIBIT 237: DRUG AND ALCOHOL-CONFIRMED MOTOR VEHICLE TRAFFIC CRASHES, AGE-ADJUSTED RATES, ST. JOHNS COUNTY & FLORIDA, 2018–2022



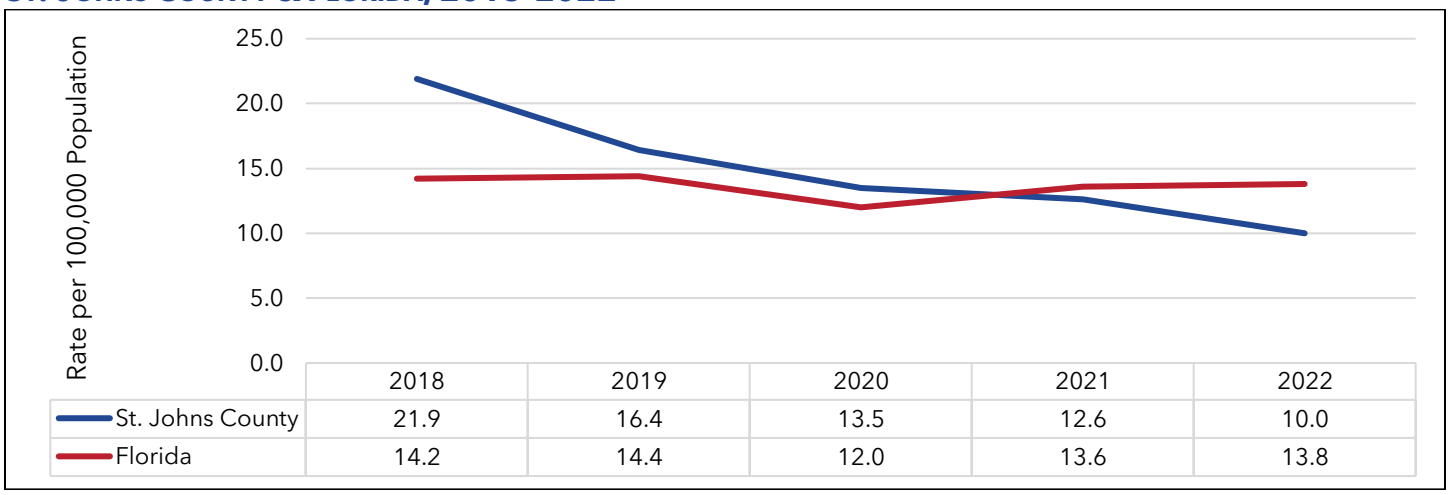
	2018	2019	2020	2021	2022
St. Johns County	2.1	2.4	1.5	1.1	2.3
Florida	1.8	2.0	1.8	1.9	1.6

Source: Florida Department of Highway Safety and Motor Vehicles (HSMV) | FLHealthCHARTS | Drug and Alcohol Confirmed Motor Vehicle Traffic Crashes. Date Sourced: May 24, 2024.

Substance Use-Confirmed Traffic Crash Injuries

Exhibit 238 compares trends of alcohol-confirmed motor vehicle crash injuries in St. Johns County and Florida from 2018 to 2022. Between 2018 and 2020, St. Johns County consistently had higher crash injury rates than Florida. By 2022, the rate in St. Johns County fell to 10.0 per 100,000 population, reflecting a significant decrease of 54.3% over the reporting period.

Exhibit 238: Alcohol-Confirmed Motor Vehicle Traffic Crash Injuries, Age-adjusted Rates, St. Johns County & Florida, 2018–2022

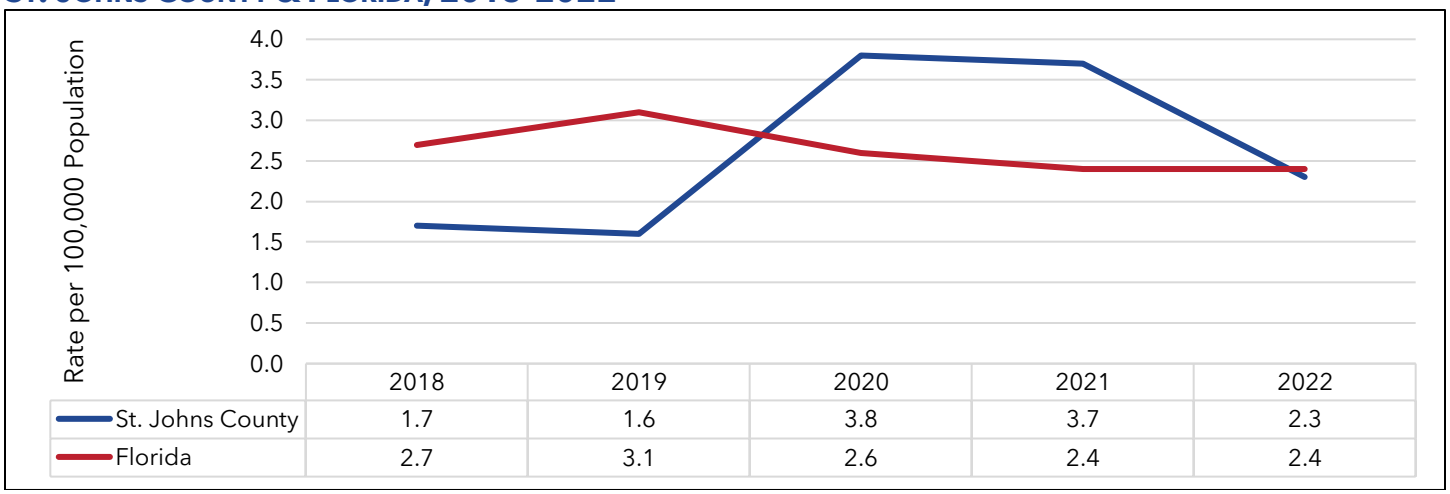


	2018	2019	2020	2021	2022
St. Johns County	21.9	16.4	13.5	12.6	10.0
Florida	14.2	14.4	12.0	13.6	13.8

Source: Florida Department of Highway Safety and Motor Vehicles (HSMV) | FLHealthCHARTS | Alcohol Confirmed Motor Vehicle Traffic Crash Injuries. Date Sourced: May 24, 2024.

Exhibit 239 shows the rates of drug-confirmed motor vehicle crash injuries in St. Johns County and Florida from 2018 to 2022. St. Johns County had higher crash injury rates than Florida in 2020 and 2021. However, in 2022, the rate in St. Johns County fell to 2.3 injuries per 100,000 population, reflecting an increase of 35.3% from 2018 to 2022.

Exhibit 239: Drug-Confirmed Motor Vehicle Traffic Crash Injuries, Age-adjusted Rates, St. Johns County & Florida, 2018–2022

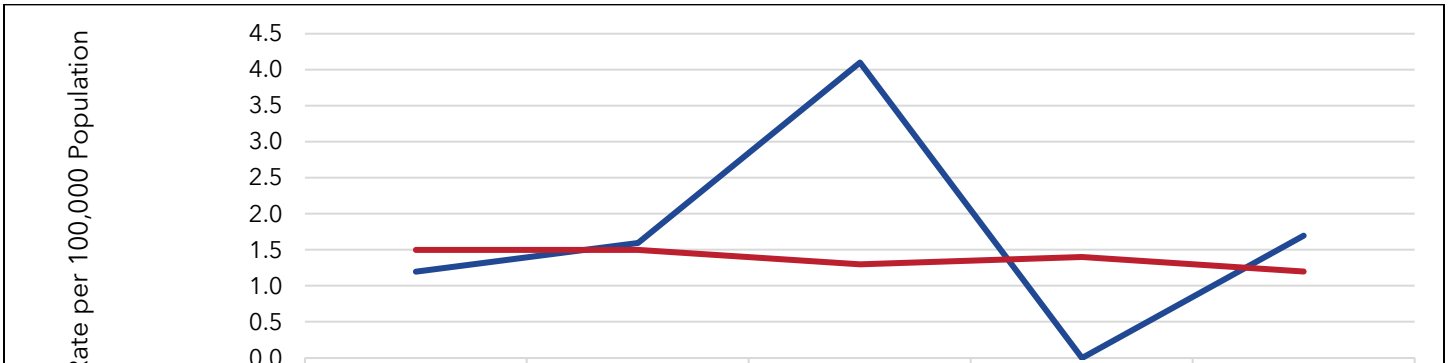


	2018	2019	2020	2021	2022
St. Johns County	1.7	1.6	3.8	3.7	2.3
Florida	2.7	3.1	2.6	2.4	2.4

Source: Florida Department of Highway Safety and Motor Vehicles (HSMV) | FLHealthCHARTS | Drug Confirmed Motor Vehicle Traffic Crash Injuries. Date Sourced: May 24, 2024.

Exhibit 240 displays the rates of drug and alcohol-confirmed motor vehicle crash injuries in St. Johns County and Florida from 2018 to 2022. St. Johns County had higher crash injury rates than Florida in 2019, 2020, and 2022. In 2022, St. Johns County's rate of 1.7 injuries per 100,000 population was higher than in Florida (1.2 per 100,000), reflecting a 41.7% increase during the entire reporting period.

Exhibit 240: Drug and Alcohol-Confirmed Motor Vehicle Traffic Crash Injuries, Age-adjusted Rates, St. Johns County & Florida, 2018–2022



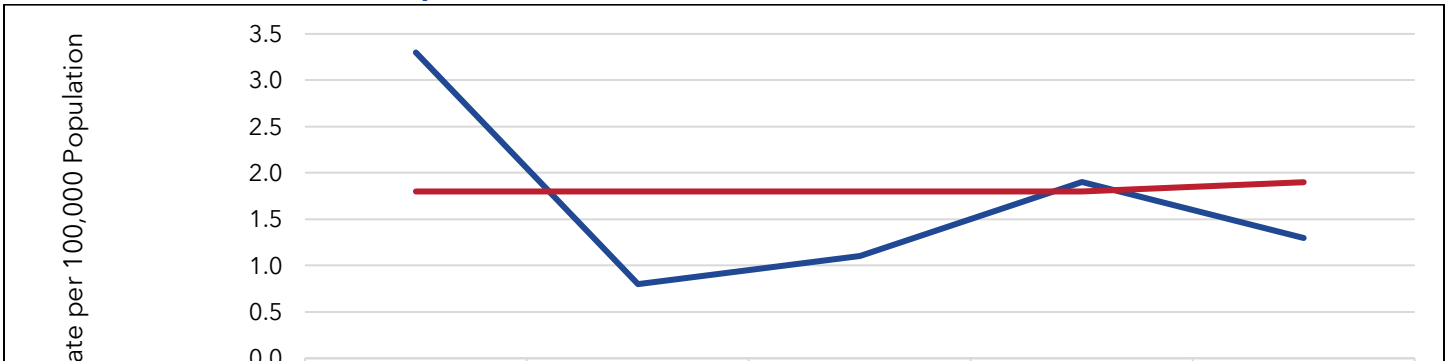
	2018	2019	2020	2021	2022
St. Johns County	1.2	1.6	4.1	0.0	1.7
Florida	1.5	1.5	1.3	1.4	1.2

Source: Florida Department of Highway Safety and Motor Vehicles (HSMV) | FLHealthCHARTS | Drug and Alcohol Confirmed Motor Vehicle Traffic Crash Injuries. Date Sourced: May 24, 2024.

Substance Use-Confirmed Traffic Crash Fatalities

Exhibit 241 shows alcohol-confirmed motor vehicle crash fatality rates in St. Johns County and Florida from 2018 to 2022. While St. Johns County had higher rates than Florida in 2018 and 2021, the trend reversed in 2022. The 2022 rate in St. Johns County was 1.3 deaths per 100,000 population, which was lower than Florida's 1.9 per 100,000. Notably, Florida's rate remained stable between 2018 and 2021, ultimately increasing by 5.6% in 2022. Conversely, St. Johns County's fatality rate significantly decreased by 60.6%.

Exhibit 241: Alcohol-Confirmed Motor Vehicle Traffic Crash Fatalities, Age-adjusted Rates, St. Johns County & Florida, 2018–2022

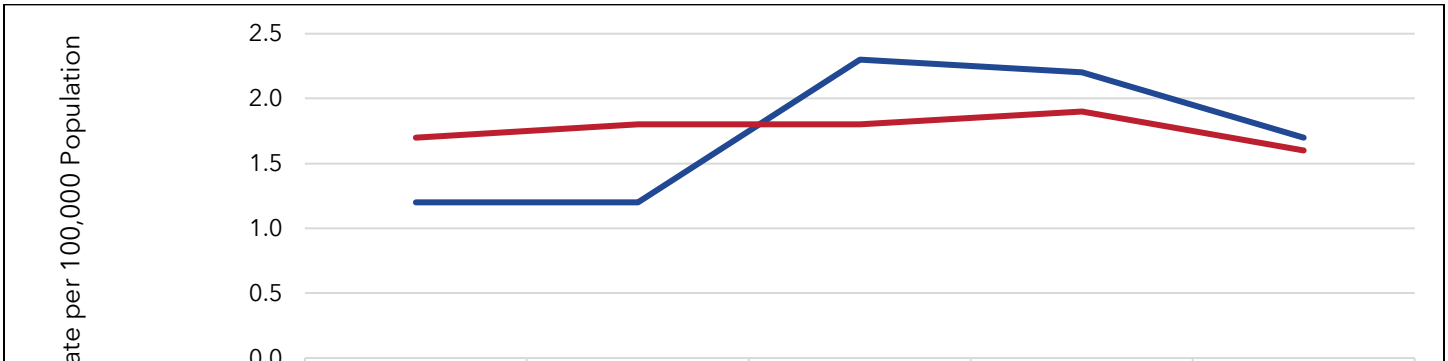


	2018	2019	2020	2021	2022
St. Johns County	3.3	0.8	1.1	1.9	1.3
Florida	1.8	1.8	1.8	1.8	1.9

Source: Florida Department of Highway Safety and Motor Vehicles (HSMV) | FLHealthCHARTS | Alcohol Confirmed Motor Vehicle Traffic Crash Fatalities. Date Sourced: May 24, 2024.

Exhibit 242 compares drug-confirmed motor vehicle crash fatality rates in St. Johns County and Florida from 2018 to 2022. St. Johns County had higher rates than Florida from 2020 through 2022. St. Johns County's rates increased by 41.7% compared to Florida's decrease of 5.9% from 2018 to 2022.

Exhibit 242: Drug-Confirmed Motor Vehicle Traffic Crash Fatalities, Age-adjusted Rates, St. Johns County & Florida, 2018–2022

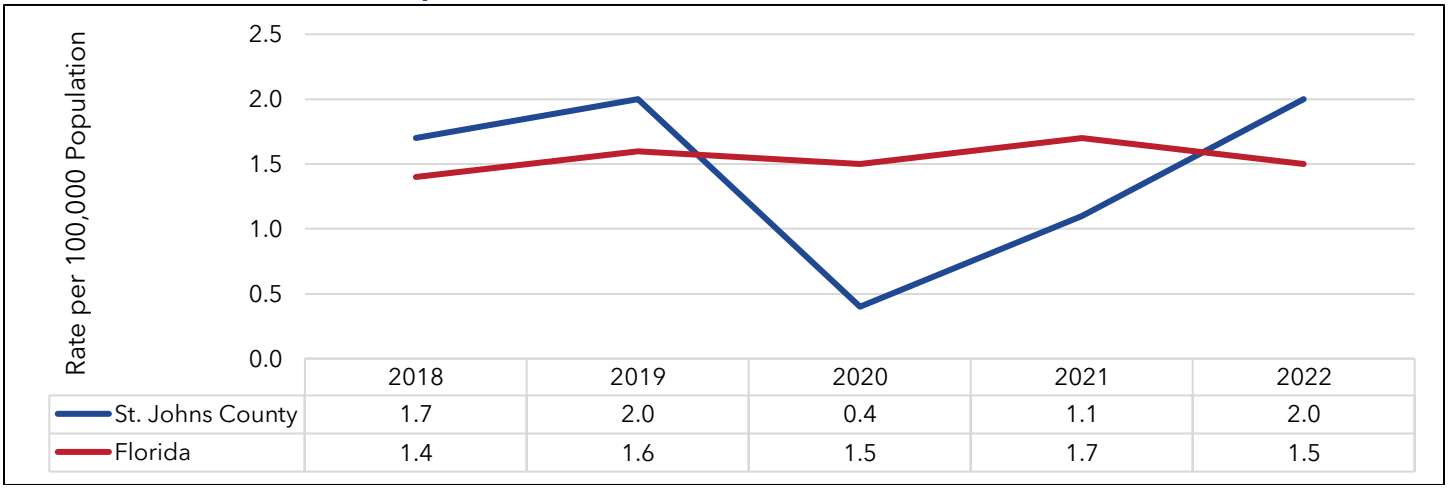


	2018	2019	2020	2021	2022
St. Johns County	1.2	1.2	2.3	2.2	1.7
Florida	1.7	1.8	1.8	1.9	1.6

Source: Florida Department of Highway Safety and Motor Vehicles (HSMV) | FLHealthCHARTS | Drug Confirmed Motor Vehicle Traffic Crash Fatalities. Date Sourced: May 24, 2024.

Exhibit 243 illustrates drug and alcohol-confirmed motor vehicle crash fatality rates in St. Johns County and Florida from 2018 to 2022. St. Johns County reported higher rates than the state in 2018, 2019, and 2022, with a rate of 2.0 fatalities per 100,000 population in 2022. St. Johns County's rates increased by 17.6%, compared to Florida's increase of 7.1% from 2018 to 2022.

Exhibit 243: Alcohol-Confirmed Motor Vehicle Traffic Crash Fatalities, Age-adjusted Rates, St. Johns County & Florida, 2018–2022



	2018	2019	2020	2021	2022
St. Johns County	1.7	2.0	0.4	1.1	2.0
Florida	1.4	1.6	1.5	1.7	1.5

Source: Florida Department of Highway Safety and Motor Vehicles (HSMV) | FLHealthCHARTS | Drug and Alcohol Confirmed Motor Vehicle Traffic Crash Fatalities. Date Sourced: May 24, 2024.

Behavioral Risk Factor Surveillance System

The Behavioral Risk Factor Surveillance System (BRFSS) "is the nation's premier system of health-related telephone surveys that collect state data about U.S. residents regarding their health-related risk behaviors, chronic health conditions, and use of preventive services. Established in 1984 with 15 states, BRFSS now collects data in all 50 states, the District of Columbia, and 3 U.S. territories. BRFSS completes more than 400,000 adult interviews each year, making it the largest continuously conducted health survey system in the world" (CDC, 2023i).

The Florida BRFSS began reporting health behavior data on residents aged 18 years and older in 1986. The 2019 BRFSS is the sixth and latest county-level survey conducted in Florida, estimating the county prevalence of personal health behaviors that contribute to morbidity and mortality. That year, 809 St. Johns County adults responded to the county-wide survey (FDOH, 2019). Exhibit 244 shows the key findings for St. Johns County.

EXHIBIT 244: SELECTED BRFSS DATA, ST. JOHNS COUNTY & FLORIDA, 2019

Alcohol Consumption	St. Johns County	Florida
Adults who engage in heavy or binge drinking	20.9%	18.0%
Asthma	**St. Johns County**	**Florida**
Adults who currently have asthma	9.0%	7.4%
Adults who have ever been told they had asthma	14.5%	12.7%
Cardiovascular	**St. Johns County**	**Florida**
Adults who have ever been told they had a stroke	4.1%	3.6%
Adults who have ever been told they had coronary heart disease, heart attack, or stroke	10.2%	9.5%
Adults who have ever been told they had angina or coronary heart disease	4.3%	4.7%
Adults who have ever been told they had a heart attack	5.3%	4.7%
Diabetes	**St. Johns County**	**Florida**
Adults who have ever been told they had pre-diabetes	7.6%	9.1%
Adults who have ever been told they had diabetes	8.7%	11.7%
Average age at which diabetes was diagnosed	49	50
Disability	**St. Johns County**	**Florida**
Adults who are limited in any way in any activities because of physical, mental, or emotional problems (2016)	18.8%	21.2%
Adults who have any disability	28.9%	31.0%
Adults who have a hearing disability	7.7%	6.6%
Adults who have a cognitive disability	9.6%	12.9%
Adults who have a mobility disability	15.9%	16.2%
Adults who have a self-care disability	4.6%	4.0%
Adults who have an independent living disability	7.2%	7.6%

Health Care Access and Coverage	St. Johns County	Florida
Adults who could not see a doctor at least once in the past year due to cost	14.5%	16.0%
Adults with any type of health care insurance coverage	87.1%	84.2%
Adults who have a personal doctor	74.2%	72.0%
Adults who had a medical checkup in the past year	77.3%	78.8%
Health Status and Quality of Life	**St. Johns County**	**Florida**
Adults who said their overall health was "fair" or "poor"	14.3%	19.7%
Adults who said their overall health was "good" to "excellent"	85.7%	80.3%
Adults who had poor mental health on 14 or more of the past 30 days	11.2%	13.8%
Adults with good physical health	89.4%	86.2%
Adults with good mental health	88.8%	86.2%
Average number of unhealthy mental days in the past 30 days	4	4
Average number of unhealthy physical days in the past 30 days	4	4
Adults whose poor physical or mental health kept them from doing usual activities on 14 or more of the past 30 days among adults who had at least one day of poor mental or physical health	12.8%	18.3%
Adults who had poor physical health on 14 or more of the past 30 days	10.6%	13.8%
Average number of days where poor mental or physical health interfered with activities of daily living in the past 30 days (among adults who have had at least one day of poor mental or physical health)	4	6
HIV/AIDS	**St. Johns County**	**Florida**
Adults who have ever been tested for HIV (aged 18–64)	49.1%	60.7%
Physical Activity and Nutrition	**St. Johns County**	**Florida**
Adults who are sedentary	22.2%	26.5%
Adults who meet muscle-strengthening recommendations	39.9%	38.1%
Adults who consumed two or more servings of vegetables per day	49.0%	36.7%
Obesity and Overweight	**St. Johns County**	**Florida**
Adults who are overweight	34.3%	37.6%
Adults who are obese	24.0%	27.0%
Adults who have a healthy weight	38.4%	32.8%
Adults who are underweight	3.4%	2.6%

Tobacco Usage	St. Johns County	Florida
Adults who are current smokers	14.6%	14.8%
Adult current smokers who tried to quit smoking at least once in the past year	50.1%	59.0%
Adults who are former smokers (currently quit smoking)	28.7%	26.3%
Adults who have never smoked	56.8%	58.9%
Adults who currently use e-cigarettes	5.7%	7.5%
Adults who are former e-cigarette users	17.4%	18.4%
Adults who have never used e-cigarettes	76.9%	74.1%
Adults who currently use chewing tobacco, snuff, or snus some days or every day	2.9%	2.2%
Cancer Prevalence	**St. Johns County**	**Florida**
Adults who have ever been told they have had skin cancer	11.9%	10.4%
Adults who have ever been told they had any other type of cancer except skin cancer	6.3%	8.0%
Depression	**St. Johns County**	**Florida**
Adults who have ever been told they had a depressive disorder	19.4%	17.7%
Epilepsy	**St. Johns County**	**Florida**
Adults who have ever been told they have a seizure disorder or epilepsy	1.1%	2.0%

Source: Centers for Disease Control and Prevention (CDC) | FLHealthCHARTS | Behavioral Risk Factor Surveillance System (BRFSS). Date Sourced: May 24, 2024.

Youth Risk Behavior Surveillance System

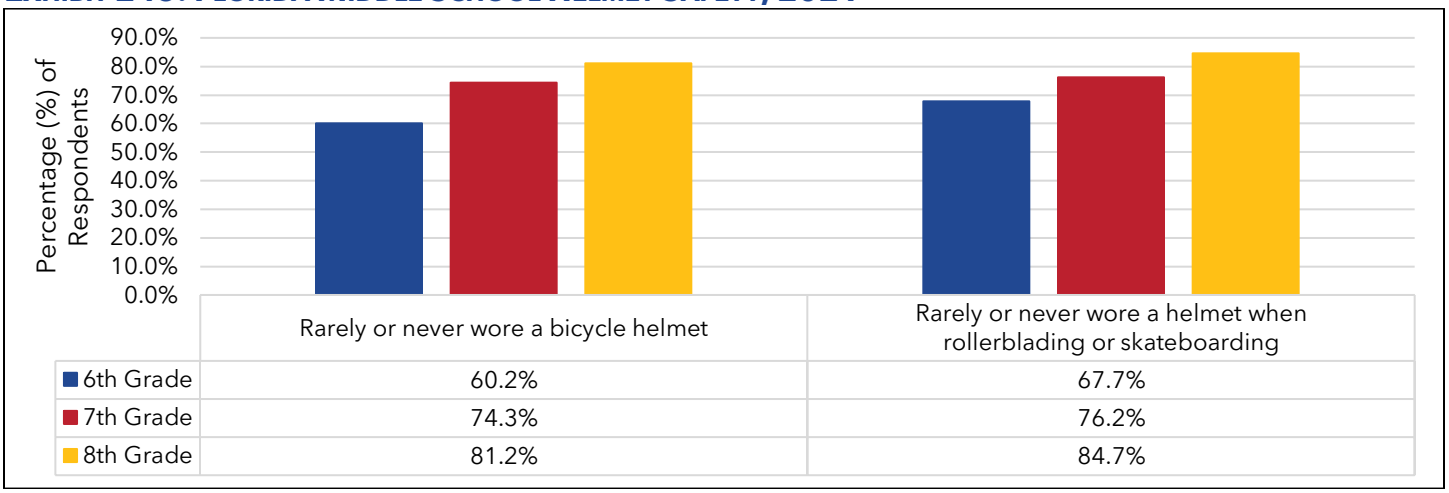
The Youth Risk Behavior Surveillance System (YRBSS) consists of surveys tracking behaviors among middle school students in grades 6 through 8 and high school students in grades 9 through 12. The surveys assess multiple factors that could lead to adverse health outcomes. The YRBSS primarily aims to gauge the prevalence of unhealthy behaviors, monitor trends, offer data at multiple levels, make comparisons across adolescent groups, and track progress toward health-related goals (CDC, 2023j). The 2021 YRBSS report provides data on Florida students and does not provide data for student response on a county level for middle or high school.

Middle School

Unintentional Injuries and Violence

Exhibit 245 explores helmet safety among Florida middle school students for bicycling, rollerblading, and skateboarding. The data reveals a concerning trend: reported helmet use declines as students progress to higher grades. Eighth graders reported the lowest helmet use rates among middle schoolers, with 81.2% rarely wearing a helmet while bicycling and 84.7% rarely wearing one while rollerblading or skateboarding.

EXHIBIT 245: FLORIDA MIDDLE SCHOOL HELMET SAFETY, 2021

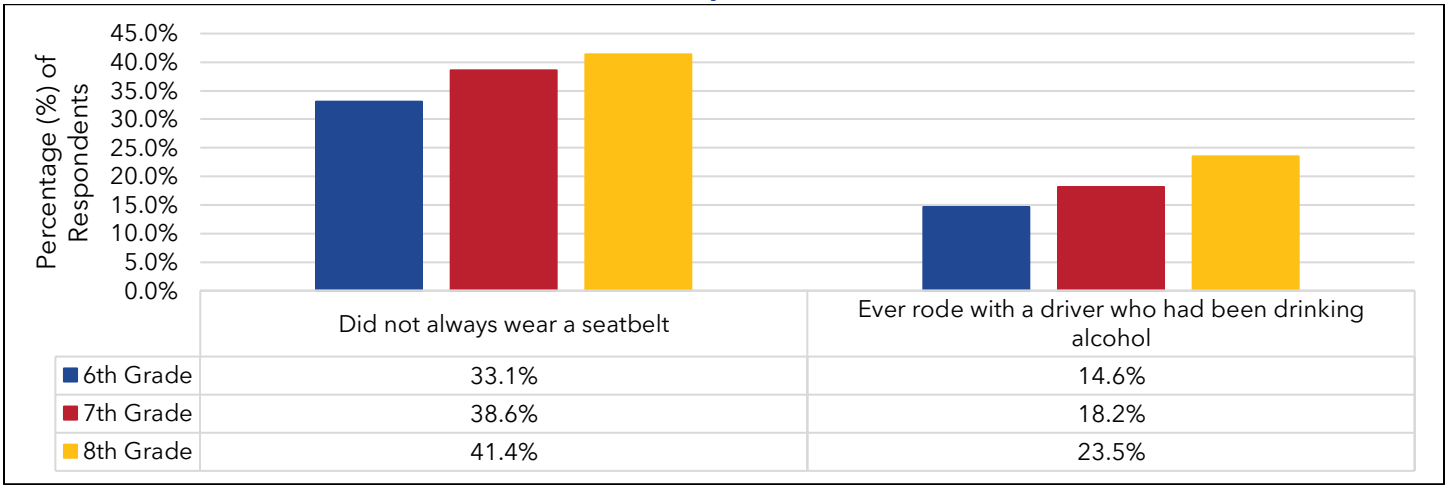


	Rarely or never wore a bicycle helmet	Rarely or never wore a helmet when rollerblading or skateboarding
6th Grade	60.2%	67.7%
7th Grade	74.3%	76.2%
8th Grade	81.2%	84.7%

Source: Centers for Disease Control and Prevention (CDC) | Youth Risk Behavior Survey | Middle School, 2021. Date Sourced: May 25, 2024.

Data from the YRBSS in Exhibit 246 highlights alarming patterns in car safety among Florida middle schoolers. Regarding seat belt use, the percentage of students who did not always wear one increased with grade level: 33.1% for 6th graders, 38.6% for 7th graders, and a troubling 41.4% for 8th graders. Similarly, survey responses show a rise in exposure to drunk driving as students got older. When asked if they had ever ridden in a car with a driver who had been drinking alcohol, 23.5% of 8th graders said they had, compared to 18.2% of 7th graders and 14.6% of 6th graders.

EXHIBIT 246: FLORIDA MIDDLE SCHOOL CAR SAFETY, 2021

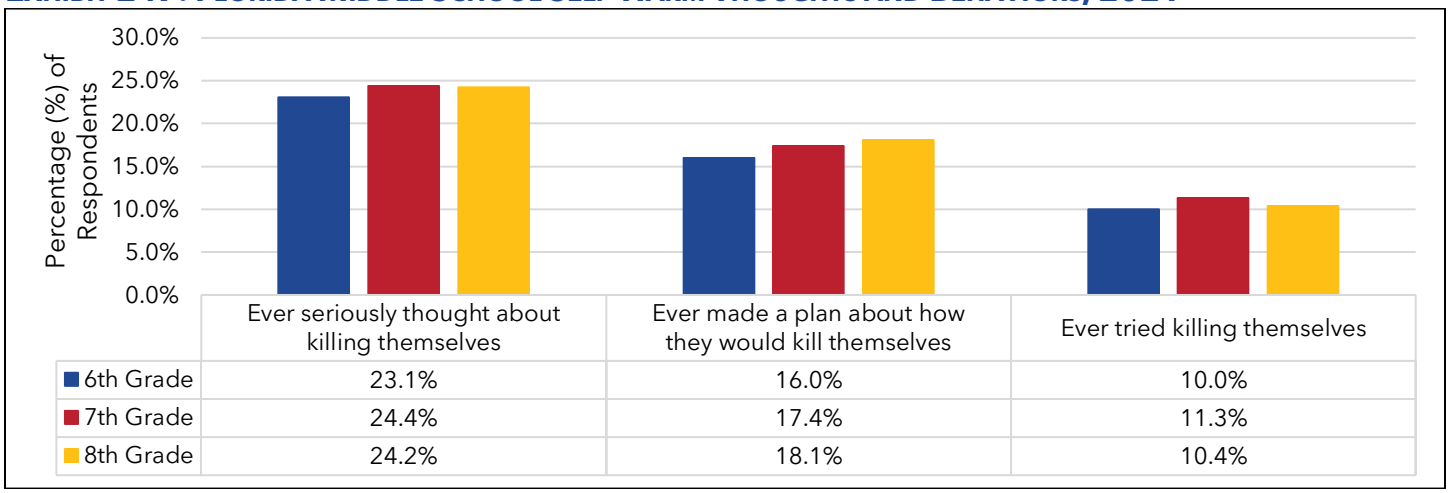


	Did not always wear a seatbelt	Ever rode with a driver who had been drinking alcohol
6th Grade	33.1%	14.6%
7th Grade	38.6%	18.2%
8th Grade	41.4%	23.5%

Source: Centers for Disease Control and Prevention (CDC) | Youth Risk Behavior Survey | Middle School, 2021. Date Sourced: May 25, 2024.

Exhibit 247 presents data on self-reported thoughts and behaviors related to self-harm among Florida middle schoolers. Across all grade levels (6th–8th), the data reveals that students were more likely to have seriously considered suicide (23.1% to 24.4%) than to have made a plan (16.0% to 18.1%) or to have ever attempted suicide (10.0% to 11.3%).

EXHIBIT 247: FLORIDA MIDDLE SCHOOL SELF-HARM THOUGHTS AND BEHAVIORS, 2021



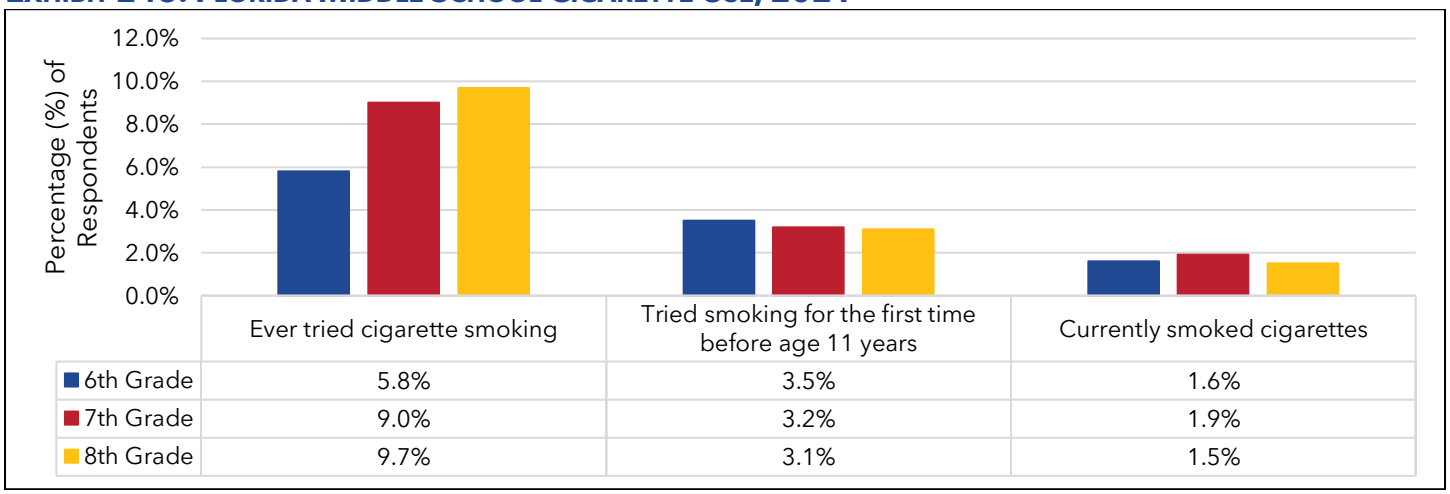
	Ever seriously thought about killing themselves	Ever made a plan about how they would kill themselves	Ever tried killing themselves
6th Grade	23.1%	16.0%	10.0%
7th Grade	24.4%	17.4%	11.3%
8th Grade	24.2%	18.1%	10.4%

Source: Centers for Disease Control and Prevention (CDC) | Youth Risk Behavior Survey | Middle School, 2021. Date Sourced: May 25, 2024.

Tobacco

Exhibit 248 displays cigarette use in Florida middle schoolers from YRBSS. Across Florida, 9.7% of 8th graders, 9.0% of 7th graders, and 5.8% of 6th graders have tried cigarettes. At least 3% of all middle schoolers had tried cigarette smoking for the first time before age 11 (3.5% of 6th graders, 3.2% of 7th graders, 3.1% of 8th graders). When asked if they currently smoke cigarettes, 1.9% of 7th graders responded that they did, along with 1.6% of 6th graders and 1.5% of 8th graders.

EXHIBIT 248: FLORIDA MIDDLE SCHOOL CIGARETTE USE, 2021

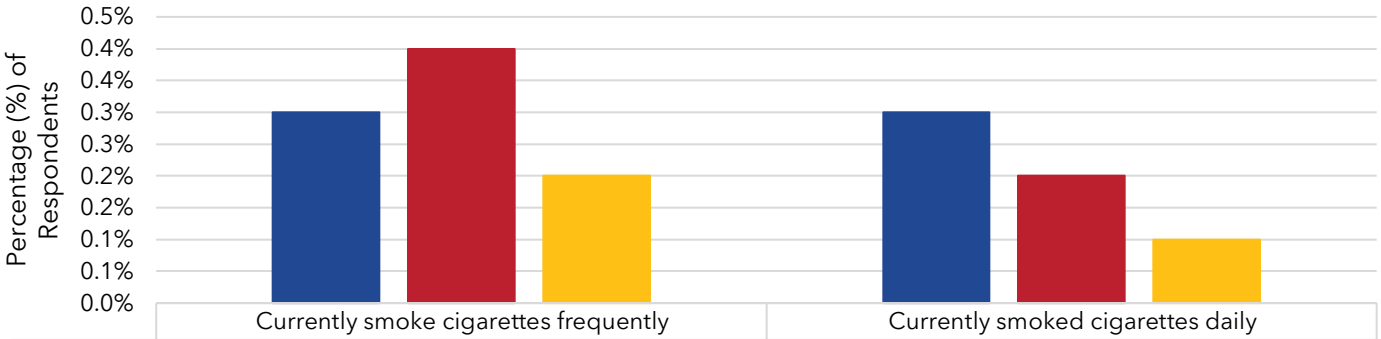


	Ever tried cigarette smoking	Tried smoking for the first time before age 11 years	Currently smoked cigarettes
6th Grade	5.8%	3.5%	1.6%
7th Grade	9.0%	3.2%	1.9%
8th Grade	9.7%	3.1%	1.5%

Source: Centers for Disease Control and Prevention (CDC) | Youth Risk Behavior Survey | Middle School, 2021. Date Sourced: May 25, 2024.

Presented in Exhibit 249 is the frequency of cigarette smoking in middle school. The data indicates that 8th graders reported the lowest frequency of current daily cigarette use (0.2%), followed by 6th graders (0.3%) and 7th graders (0.4%).

EXHIBIT 249: FLORIDA MIDDLE SCHOOL CIGARETTE USE FREQUENCY, 2021

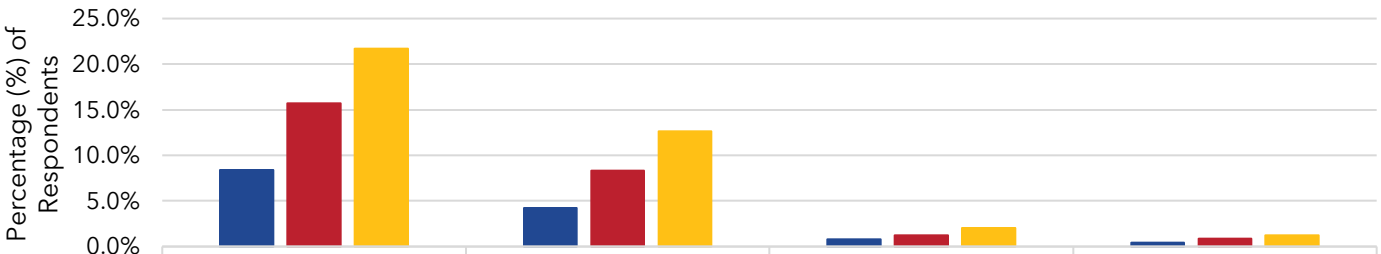


	Currently smoke cigarettes frequently	Currently smoked cigarettes daily
6th Grade	0.3%	0.3%
7th Grade	0.4%	0.2%
8th Grade	0.2%	0.1%

Source: Centers for Disease Control and Prevention (CDC) | Youth Risk Behavior Survey | Middle School, 2021. Date Sourced: May 25, 2024.

Exhibit 250 examines the use of electronic vapor products (EVP) among middle school students. This includes devices like e-cigarettes, vapes, vape pens, e-cigars, and brands such as JUUL, SMOK, and Suorin. The proportion of students who have ever tried an EVP increased with grade level, with 8.4% of 6th graders, 15.7% of 7th graders, and 21.7% of 8th graders reporting past use. Current use (defined as using an EVP on at least one day in the past 30 days) followed a similar trend: 4.2% for 6th graders, 8.3% for 7th graders, and 12.6% for 8th graders.

EXHIBIT 250: FLORIDA MIDDLE SCHOOL ELECTRONIC VAPOR PRODUCT USE, 2021



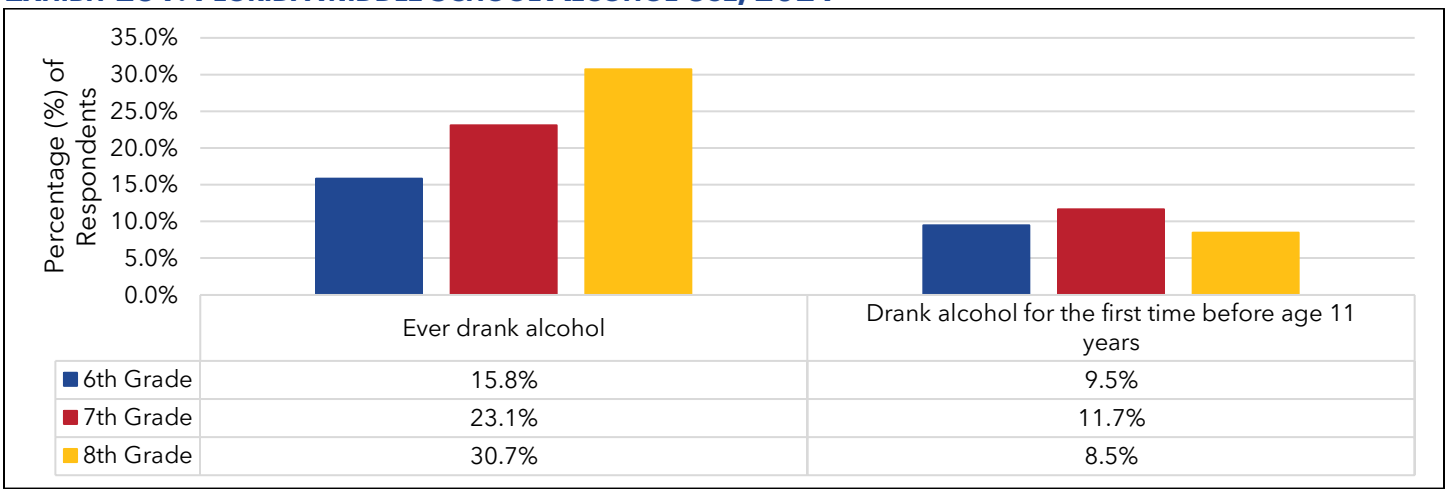
	Ever used an electronic vapor product	Currently used an electronic vapor product	Currently used electronic vapor product frequently	Currently used electronic vapor product daily
6th Grade	8.4%	4.2%	0.8%	0.4%
7th Grade	15.7%	8.3%	1.2%	0.9%
8th Grade	21.7%	12.6%	2.0%	1.2%

Source: Centers for Disease Control and Prevention (CDC) | Youth Risk Behavior Survey | Middle School, 2021. Date Sourced: May 25, 2024.

Alcohol and Other Drug Use

Exhibit 251 illustrates alcohol use among middle school students. Almost a third of Floridian 8th graders (30.7%) had ever drank alcohol other than a few sips, compared to 23.1% of 7th graders and 15.8% of 6th graders. Additionally, 7th graders were more likely to report initiating alcohol use before age 11 (11.7%) than 6th graders (9.5%) and 8th graders (8.5%).

EXHIBIT 251: FLORIDA MIDDLE SCHOOL ALCOHOL USE, 2021

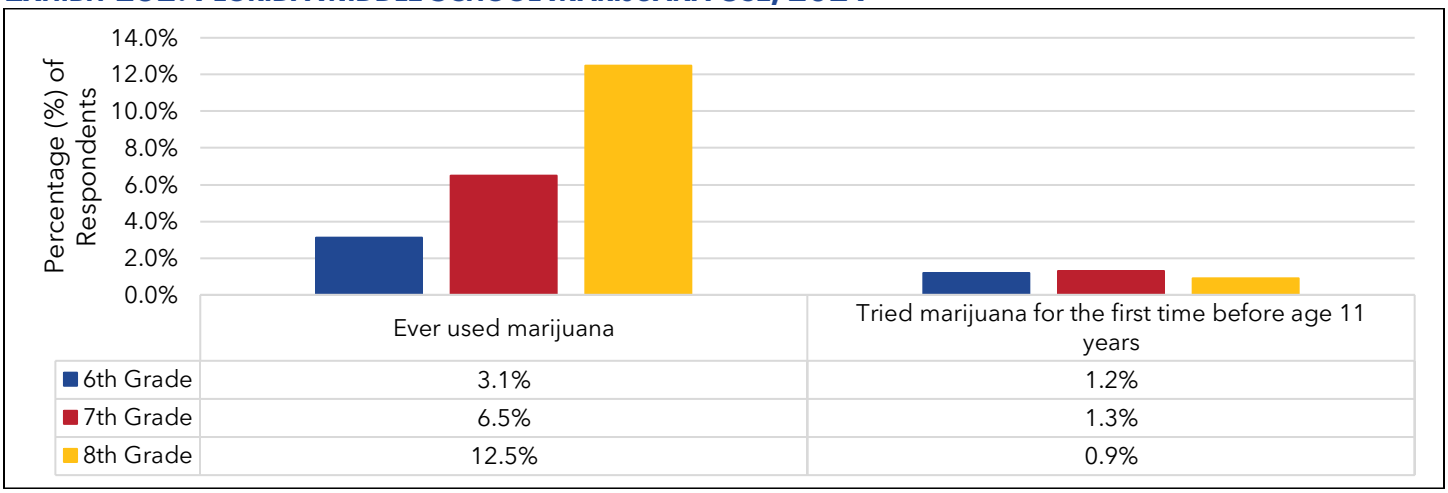


	Ever drank alcohol	Drank alcohol for the first time before age 11 years
6th Grade	15.8%	9.5%
7th Grade	23.1%	11.7%
8th Grade	30.7%	8.5%

Source: Centers for Disease Control and Prevention (CDC) | Youth Risk Behavior Survey | Middle School, 2021. Date Sourced: May 25, 2024.

Marijuana use for middle school students statewide is presented in Exhibit 252. According to respondents, 8th graders (12.5%) were three times more likely to have ever used marijuana than 6th graders (3.1%). For students who had tried marijuana, 1.3% of 7th graders, 1.2% of 6th graders, and 0.9% of 8th graders reported using the drug before age 11.

EXHIBIT 252: FLORIDA MIDDLE SCHOOL MARIJUANA USE, 2021

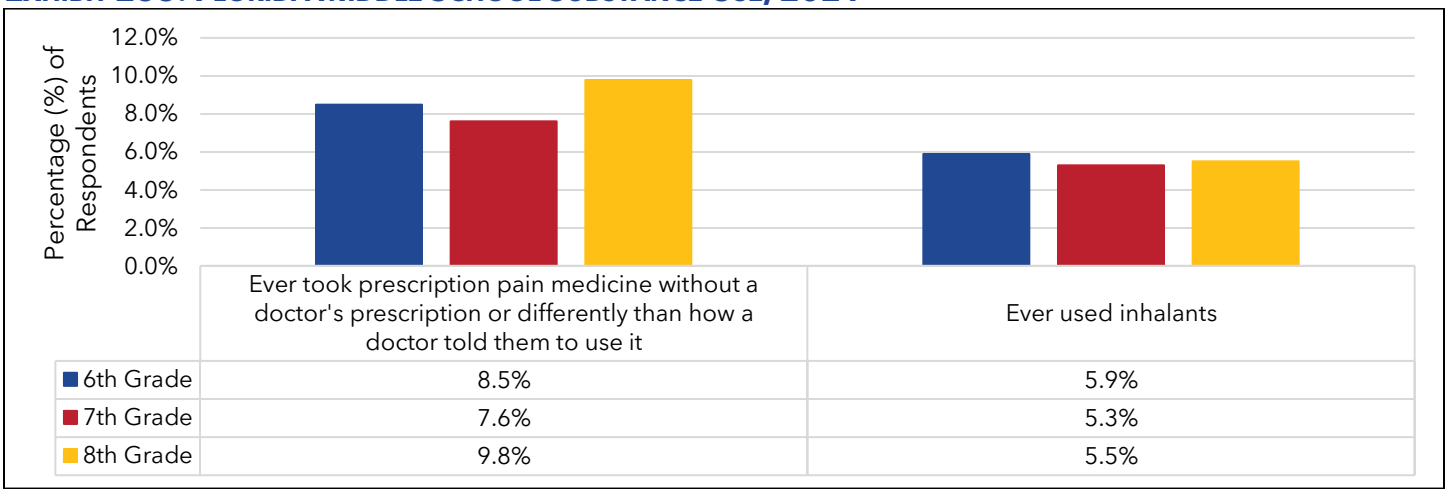


	Ever used marijuana	Tried marijuana for the first time before age 11 years
6th Grade	3.1%	1.2%
7th Grade	6.5%	1.3%
8th Grade	12.5%	0.9%

Source: Centers for Disease Control and Prevention (CDC) | Youth Risk Behavior Survey | Middle School, 2021. Date Sourced: May 25, 2024.

Exhibit 253 examines additional substance use among middle schoolers, including prescription drug misuse and inhalants. Eighth graders (9.8%) reported the highest usage of prescription pain medication without a doctor's prescription or according to different instructions than 6th (8.5%) and 7th graders (7.6%). On the other hand, more 6th graders (5.9%) reported using inhalants compared to 8th (5.5%) and 7th (5.3%) graders. The survey defined using inhalants as sniffing glue, breathing the contents of spray cans, or inhaling any paints or sprays to get high.

EXHIBIT 253: FLORIDA MIDDLE SCHOOL SUBSTANCE USE, 2021



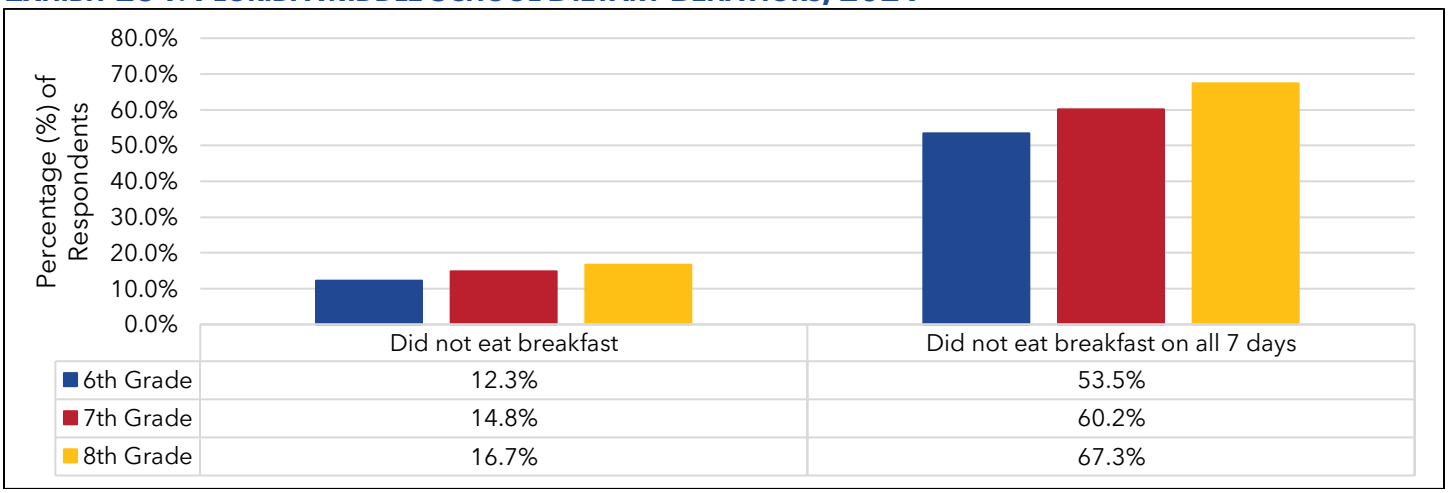
	Ever took prescription pain medicine without a doctor's prescription or differently than how a doctor told them to use it	Ever used inhalants
6th Grade	8.5%	5.9%
7th Grade	7.6%	5.3%
8th Grade	9.8%	5.5%

Source: Centers for Disease Control and Prevention (CDC) | Youth Risk Behavior Survey | Middle School, 2021. Date Sourced: May 25, 2024.

Dietary Behaviors

Exhibit 254 compares breakfast consumption habits among middle school students. Survey results suggest a disturbing pattern: the percentage of students skipping breakfast increases with grade level. Among those surveyed, 12.3% of 6th graders, 14.8% of 7th graders, and 16.7% of 8th graders reported not eating breakfast on any of the seven days before the survey. This trend continued when examining the prevalence of skipping breakfast entirely throughout the week: 53.5% of 6th graders, 60.2% of 7th graders, and a troubling 67.3% of 8th graders reported not eating breakfast on all seven days. Over half of all middle school students statewide skipped breakfast the entire week before the survey.

EXHIBIT 254: FLORIDA MIDDLE SCHOOL DIETARY BEHAVIORS, 2021



	Did not eat breakfast	Did not eat breakfast on all 7 days
6th Grade	12.3%	53.5%
7th Grade	14.8%	60.2%
8th Grade	16.7%	67.3%

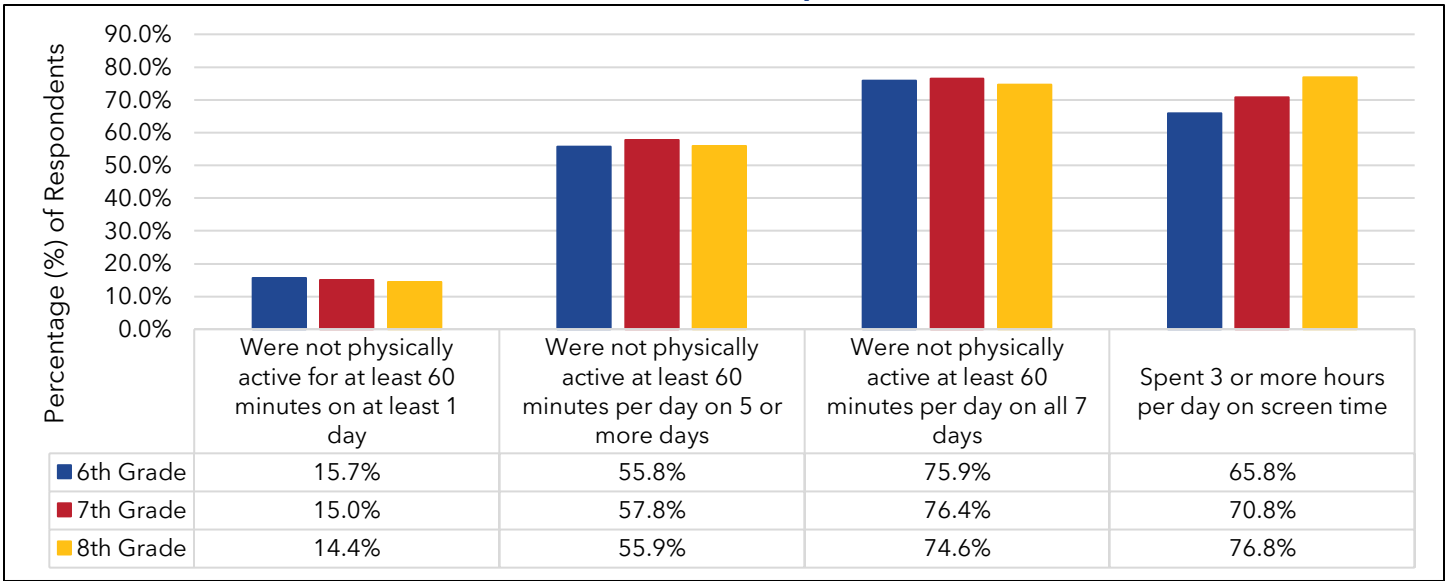
Source: Centers for Disease Control and Prevention (CDC) | Youth Risk Behavior Survey | Middle School, 2021. Date Sourced: May 25, 2024.

Physical Activity

Exhibit 255 and Exhibit 256 illustrate the physical activity habits of middle schoolers, including participation in physical education and sports. As students progressed through the grades (6th to 8th), the proportion of those who did not meet recommended physical activity levels for at least 60 minutes on at least one day in the previous week decreased from 15.7% to 14.4%. On the other hand, up to two-thirds of Florida students clocked three or more hours of screen time on an

average school day (65.8%–76.8%). YRBSS defined screen time as time spent in front of a TV, computer, smartphone, or other electronic device watching shows or videos, playing games, accessing the Internet, or using social media, and not counting time spent doing schoolwork. Furthermore, participation in physical education (PE) class and sports teams decreases slightly across grades. In 6th grade, 53.9% of students did not attend PE all five days in an average week, while 48.9% did not participate in sports. These percentages continue to rise in 7th and 8th graders. Of the middle school grades, 6th graders (22.1%) were most likely to have gotten a concussion from sports or physical activity.

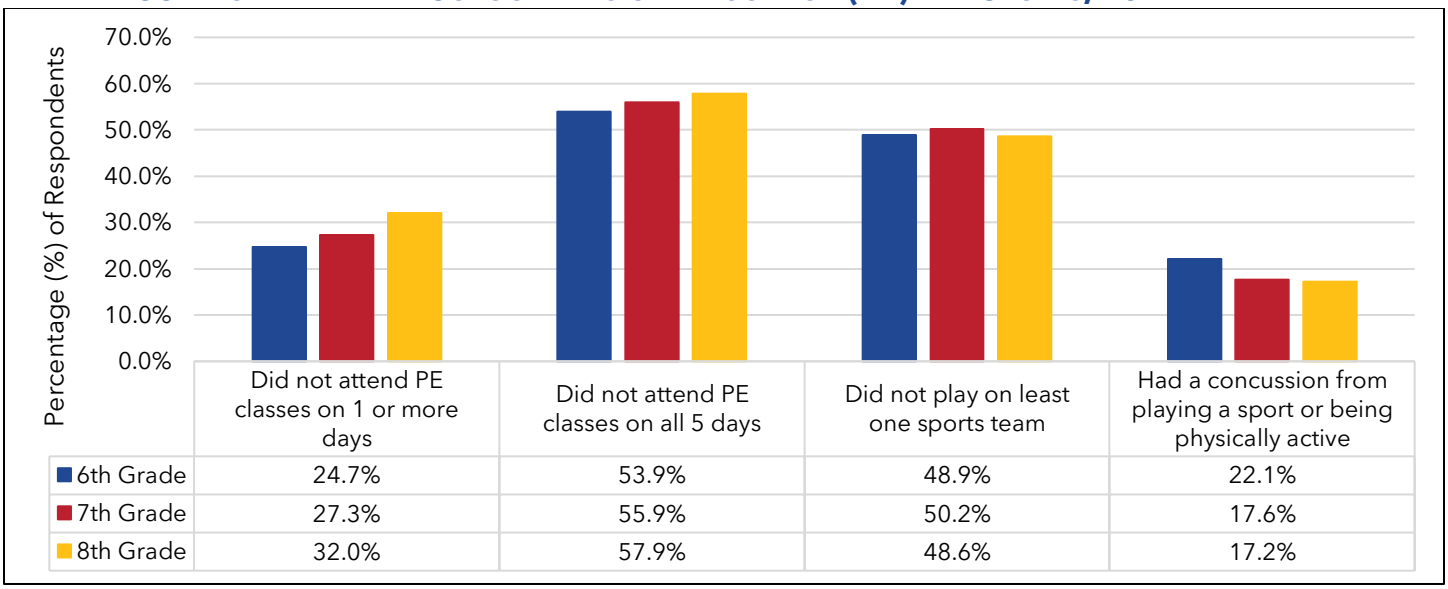
EXHIBIT 255: FLORIDA MIDDLE SCHOOL PHYSICAL ACTIVITY, 2021



	Were not physically active for at least 60 minutes on at least 1 day	Were not physically active at least 60 minutes per day on 5 or more days	Were not physically active at least 60 minutes per day on all 7 days	Spent 3 or more hours per day on screen time
6th Grade	15.7%	55.8%	75.9%	65.8%
7th Grade	15.0%	57.8%	76.4%	70.8%
8th Grade	14.4%	55.9%	74.6%	76.8%

Source: Centers for Disease Control and Prevention (CDC) | Youth Risk Behavior Survey | Middle School, 2021. Date Sourced: May 25, 2024.

EXHIBIT 256: FLORIDA MIDDLE SCHOOL PHYSICAL EDUCATION (PE) AND SPORTS, 2021



	Did not attend PE classes on 1 or more days	Did not attend PE classes on all 5 days	Did not play on least one sports team	Had a concussion from playing a sport or being physically active
6th Grade	24.7%	53.9%	48.9%	22.1%
7th Grade	27.3%	55.9%	50.2%	17.6%
8th Grade	32.0%	57.9%	48.6%	17.2%

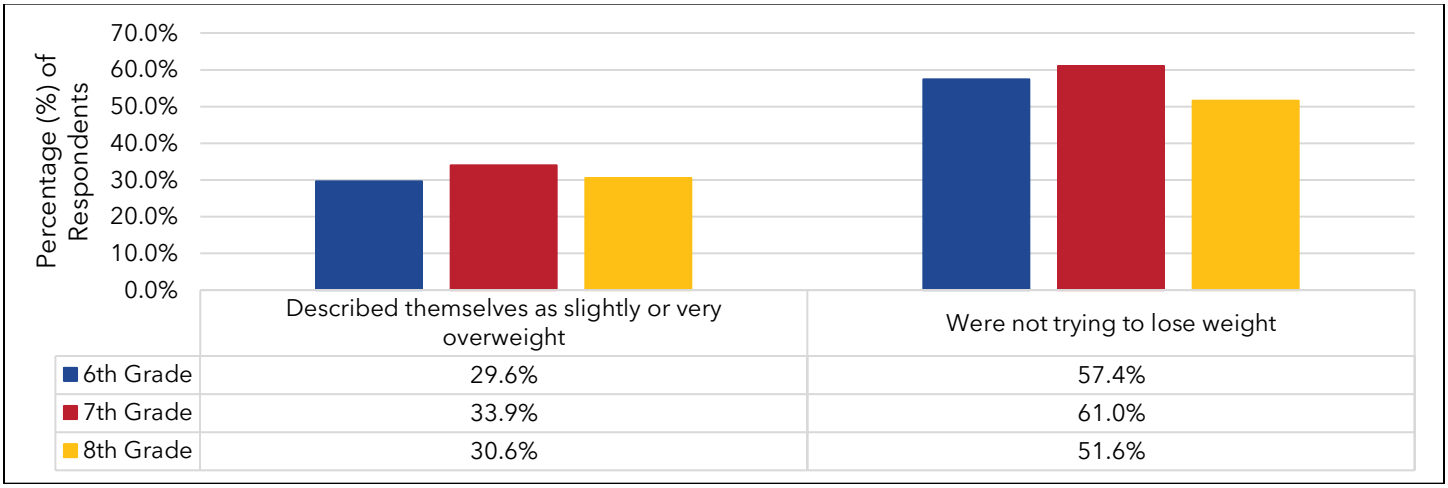
Source: Centers for Disease Control and Prevention (CDC) | Youth Risk Behavior Survey | Middle School, 2021. Date Sourced: May 25, 2024.

Weight Control

Exhibit 257 explores weight perceptions among Florida middle school students. Roughly a third of students across all grades perceive themselves as overweight, from 29.6% in 6th grade, 33.9% in 7th

grade, and 30.6% in 8th grade. In contrast, YRBSS results indicate that most students are not actively trying to lose weight: 61.0% in 7th grade, 57.4% in 6th grade, and 51.6% in 8th grade.

EXHIBIT 257: FLORIDA MIDDLE SCHOOL WEIGHT PERCEPTIONS, 2021



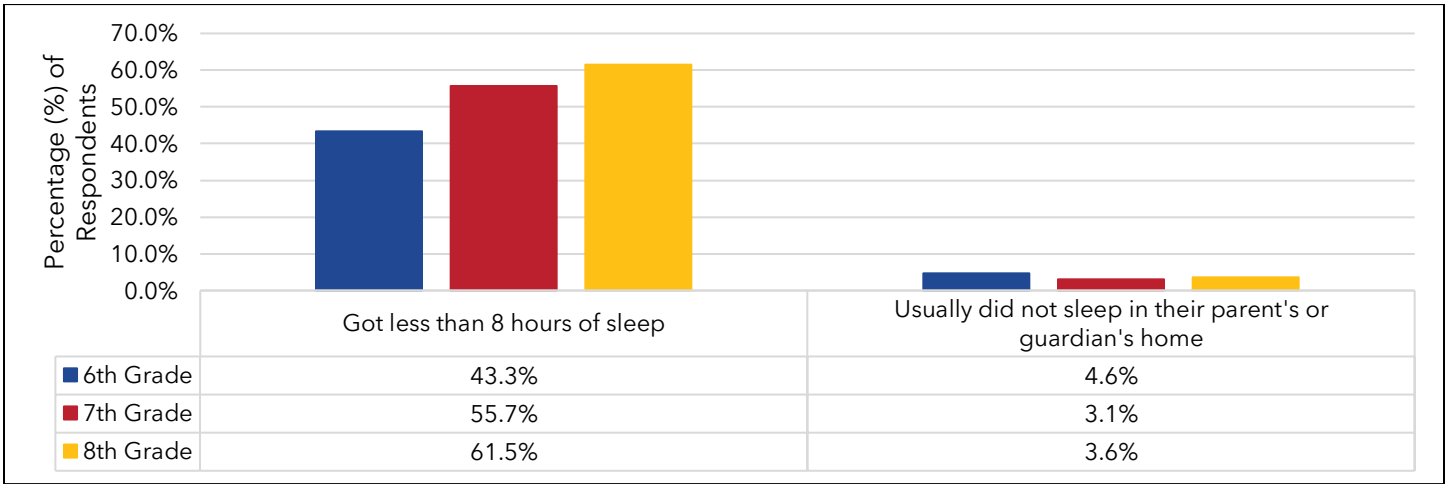
	Described themselves as slightly or very overweight	Were not trying to lose weight
6th Grade	29.6%	57.4%
7th Grade	33.9%	61.0%
8th Grade	30.6%	51.6%

Source: Centers for Disease Control and Prevention (CDC) | Youth Risk Behavior Survey | Middle School, 2021. Date Sourced: May 25, 2024.

Other Health Topics

Exhibit 258 focuses on sleep behaviors among middle schoolers statewide. The percentage of students getting less than the recommended eight hours of sleep on an average school night increases with grade level. In 6th grade, 43.3% of students reported insufficient sleep; the percentage rises to 55.7% in 7th and 61.5% in 8th grade. There were some variations in reported sleep locations. A small percentage of students across all grades reported not usually sleeping at their parents' or guardians' homes in the 30 days before the survey: 4.6% in 6th grade, 3.6% in 8th grade, and 3.1% in 7th grade.

EXHIBIT 258: FLORIDA MIDDLE SCHOOL SLEEP BEHAVIORS, 2021



	Got less than 8 hours of sleep	Usually did not sleep in their parent's or guardian's home
6th Grade	43.3%	4.6%
7th Grade	55.7%	3.1%
8th Grade	61.5%	3.6%

Source: Centers for Disease Control and Prevention (CDC) | Youth Risk Behavior Survey | Middle School, 2021. Date Sourced: May 25, 2024.

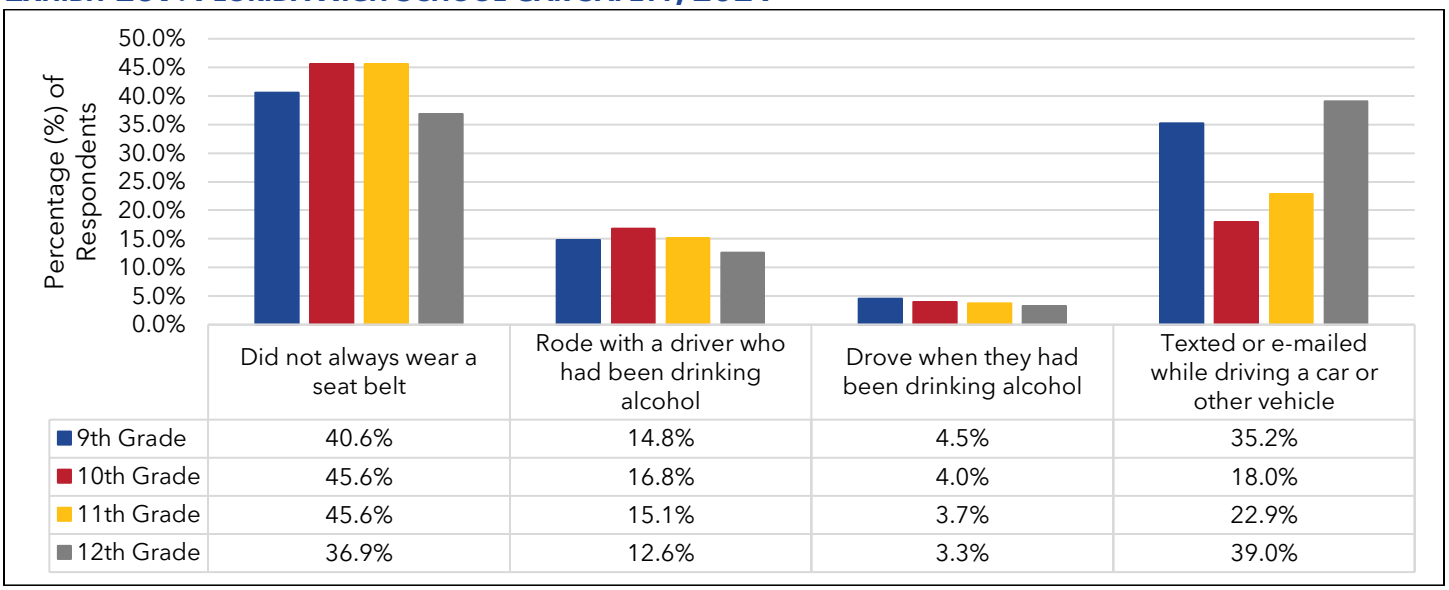
High School

Unintentional Injuries and Violence

An overview of car safety behaviors for Florida high school students is visualized in Exhibit 259. More 10th and 11th graders (45.6%) did not always wear a seat belt compared to 9th (40.6%) and 12th graders (36.9%). Tenth-grade students (16.8%) were more likely to report riding in a car with a

driver under the influence than any other high school grade. However, students across all grades reported driving after drinking themselves in the past month (ranging from 3.3.% to 4.5%). Twelfth (39.0%) and 9th graders (35.2%) most frequently reported texting and emailing while driving in the past 30 days compared to 11th (22.9%) and 10th graders (18.0%).

EXHIBIT 259: FLORIDA HIGH SCHOOL CAR SAFETY, 2021

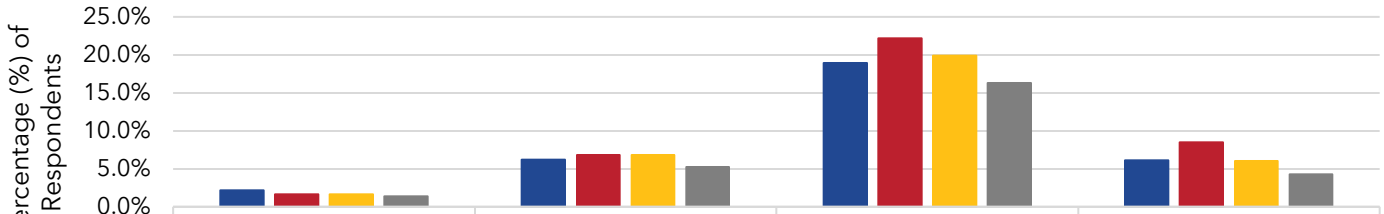


	Did not always wear a seat belt	Rode with a driver who had been drinking alcohol	Drove when they had been drinking alcohol	Texted or e-mailed while driving a car or other vehicle
9th Grade	40.6%	14.8%	4.5%	35.2%
10th Grade	45.6%	16.8%	4.0%	18.0%
11th Grade	45.6%	15.1%	3.7%	22.9%
12th Grade	36.9%	12.6%	3.3%	39.0%

Source: Centers for Disease Control and Prevention (CDC) | Youth Risk Behavior Survey | High School, 2021. Date Sourced: May 25, 2024.

Exhibit 260 presents data on weapon involvement and physical violence experienced by Florida high schoolers. The percentage of high school students who carried a weapon such as a gun, knife, or club on school property on at least one day in the previous month decreased slightly across grades, with 2.2% of 9th graders reporting this behavior compared to 1.4% of 12th graders. More 10th and 11th graders (6.8%) were threatened or injured with a weapon on school property in the previous year than 9th (6.2%) and 12th graders (5.2%). Additionally, 10th graders (22.2%) most frequently reported being in a physical fight in the past 12 months, while 12th graders reported the least (16.3%). Similarly, more 10th graders (8.5%) were involved in fights on school property than 9th (6.1%), 11th (6.0%) and 12th graders (4.3%). Tenth graders were almost twice as likely to get into physical fights on campus than 12th graders.

EXHIBIT 260: FLORIDA HIGH SCHOOL WEAPON INVOLVEMENT AND PHYSICAL VIOLENCE, 2021

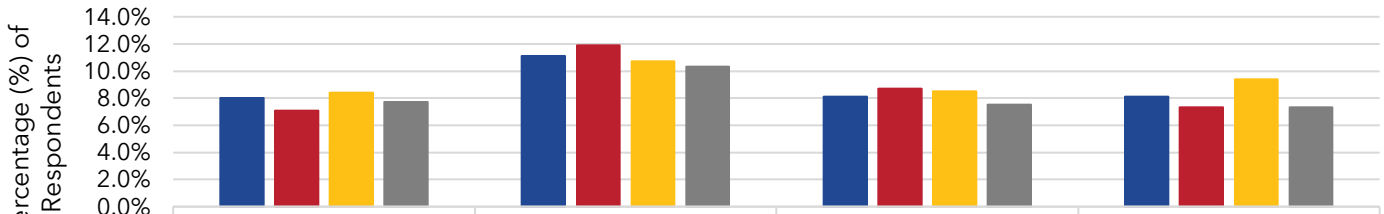


	Carried a weapon on school property	Were threatened or injured with a weapon on school property	Were in a physical fight	Were in a physicial fight on school property
9th Grade	2.2%	6.2%	18.9%	6.1%
10th Grade	1.6%	6.8%	22.2%	8.5%
11th Grade	1.6%	6.8%	19.9%	6.0%
12th Grade	1.4%	5.2%	16.3%	4.3%

Source: Centers for Disease Control and Prevention (CDC) | Youth Risk Behavior Survey | High School, 2021. Date Sourced: May 25, 2024.

Experiences in sexual and dating violence among Florida high school students are described in Exhibit 261. More 11th graders reported ever being physically forced to have sexual intercourse (8.4%) and physical dating violence (9.4%) than any other grade level. Also, tenth graders had the highest prevalence of experiencing sexual violence (11.9%) and sexual dating violence (8.7%).

EXHIBIT 261: FLORIDA HIGH SCHOOL SEXUAL AND DATING VIOLENCE, 2021

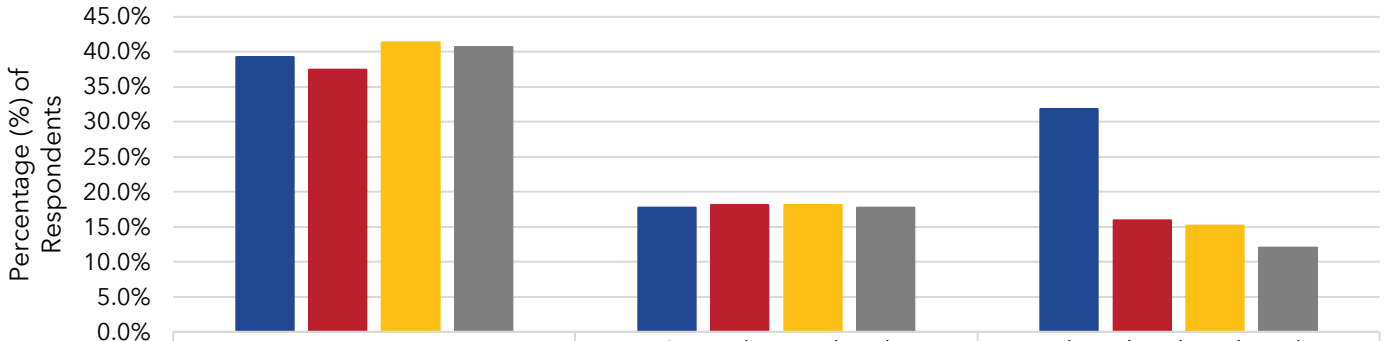


	Were ever physically forced to have sexual intercourse	Experienced sexual violence by anyone	Experienced sexual dating violence	Experienced physical dating violence
9th Grade	8.0%	11.1%	8.1%	8.1%
10th Grade	7.1%	11.9%	8.7%	7.3%
11th Grade	8.4%	10.7%	8.5%	9.4%
12th Grade	7.7%	10.3%	7.5%	7.3%

Source: Centers for Disease Control and Prevention (CDC) | Youth Risk Behavior Survey | High School, 2021. Date Sourced: May 25, 2024.

Exhibit 262 presents data on suicide risk factors among Florida high school students. Over 40% of 11th graders (41.4%) reported feeling sad or hopeless in the previous year, followed by 40.7% of 12th graders, 39.3% of 9th graders, and 37.5% of 10th graders. When asked about seriously considering suicide, 18.1% of 10th and 11th graders and 17.7% of 9th and 12th graders reported having such thoughts in the 12 months before the survey. Additionally, 9th graders (31.8%) were most likely to have made a suicide plan, compared to 15.9% of 10th graders, 15.2% of 11th graders, and 12.0% of 12th graders. This statistic means 9th graders were more than twice as likely than 12th graders to have made a plan for suicide in the past year.

Exhibit 262: Florida High School Risk Factors For Suicide, 2021

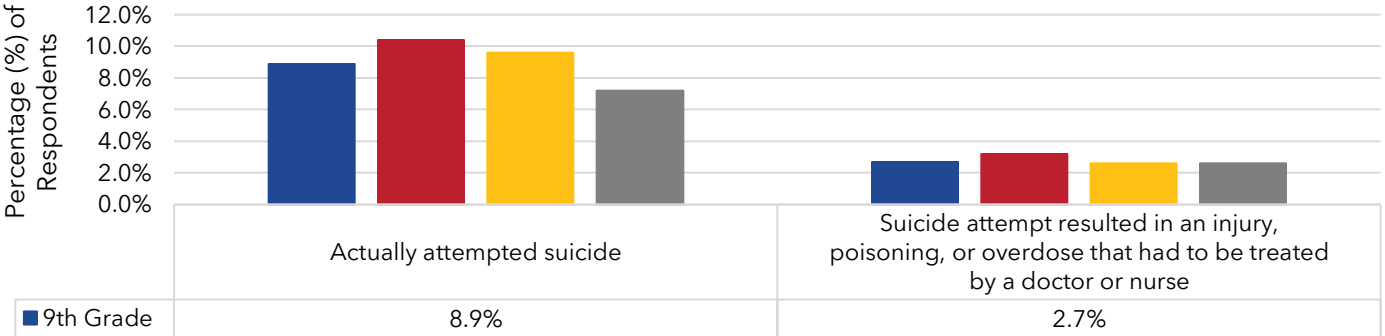


	Felt sad or hopeless	Seriously considered attempting suicide	Made a plan about how they would attempt suicide
9th Grade	39.3%	17.7%	31.8%
10th Grade	37.5%	18.1%	15.9%
11th Grade	41.4%	18.1%	15.2%
12th Grade	40.7%	17.7%	12.0%

Source: Centers for Disease Control and Prevention (CDC) | Youth Risk Behavior Survey | High School, 2021. Date Sourced: May 25, 2024.

Suicide attempts and resulting injury in Florida high school students are further explored in Exhibit 263. Data indicates that more than 10% of 10th graders had attempted suicide one or more times in the past year—the most out of any grade level. Among those who attempted suicide, 2.7% of 9th graders, 3.2% of 10th graders, 2.6% of 11th graders, and 2.6% of 12th graders required medical attention for injury, poisoning, or overdose.

Exhibit 263: Florida High School Suicide Attempts, 2021



	Actually attempted suicide	Suicide attempt resulted in an injury, poisoning, or overdose that had to be treated by a doctor or nurse
9th Grade	8.9%	2.7%
10th Grade	10.4%	3.2%
11th Grade	9.6%	2.6%
12th Grade	7.2%	2.6%

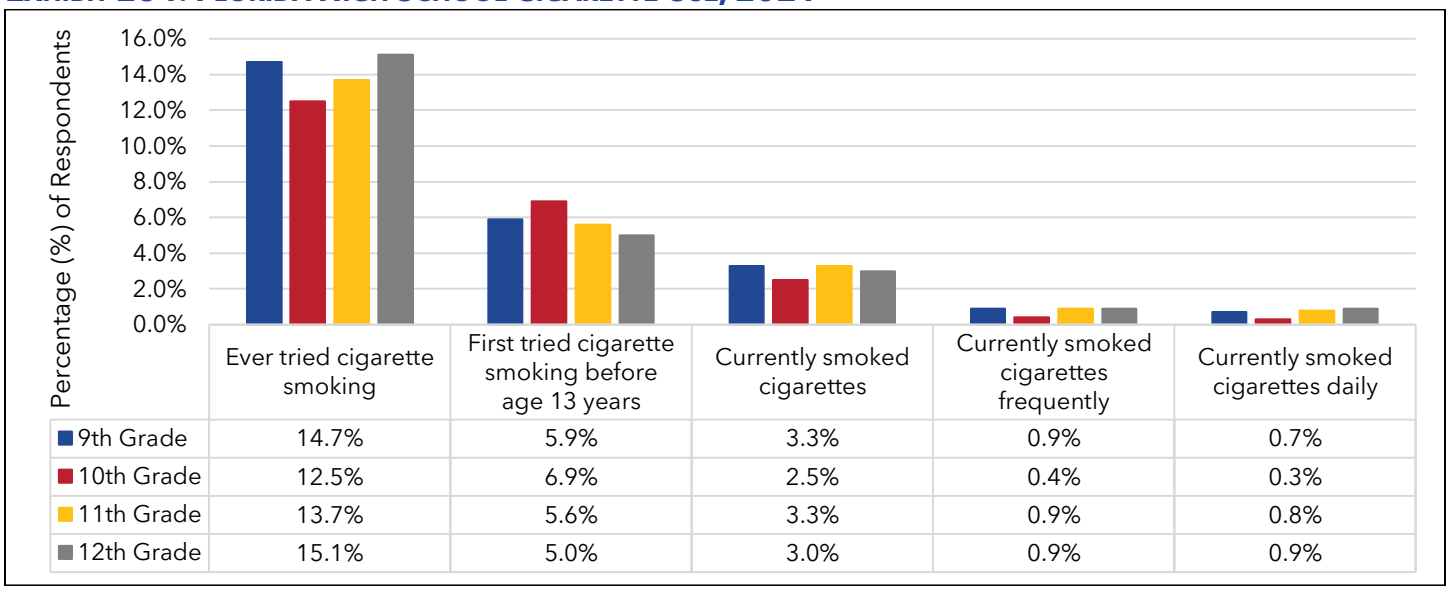
Source: Centers for Disease Control and Prevention (CDC) | Youth Risk Behavior Survey | High School, 2021. Date Sourced: May 25, 2024.

Tobacco Use

Exhibit 264 explores cigarette use in Florida high school students. Over 12% of students in each grade level reported ever trying cigarettes (15.1% of 12th graders, 14.7% of 9th graders, 13.7% of 11th graders, and 12.5% of 10th graders). Among these students, a smaller percentage of students (between 5% and 6.9%) reported trying cigarettes before age 13: 6.9% of 10th graders, 5.9% of 9th graders, 5.6% of 11th graders, and 5.0% of 12th graders. In terms of current use, there is a further decline. Between 2.5% and 3.3% of students across all grades smoked in the previous month (3.3% of 9th and 11th graders, 3.0% of 12th graders, and 2.5% of 10th graders). Frequent cigarette use (20

or more days in the past month) was even less common, with only 0.9% of 9th, 11th, and 12th graders reporting this behavior compared to 0.4% of 10th graders. Daily cigarette use was the least frequently reported activity, with rates ranging from 0.3% to 0.9% across the grades (0.9% of 12th graders, 0.8% of 11th graders, 0.7% of 9th graders, and 0.3% of 10th graders).

EXHIBIT 264: FLORIDA HIGH SCHOOL CIGARETTE USE, 2021



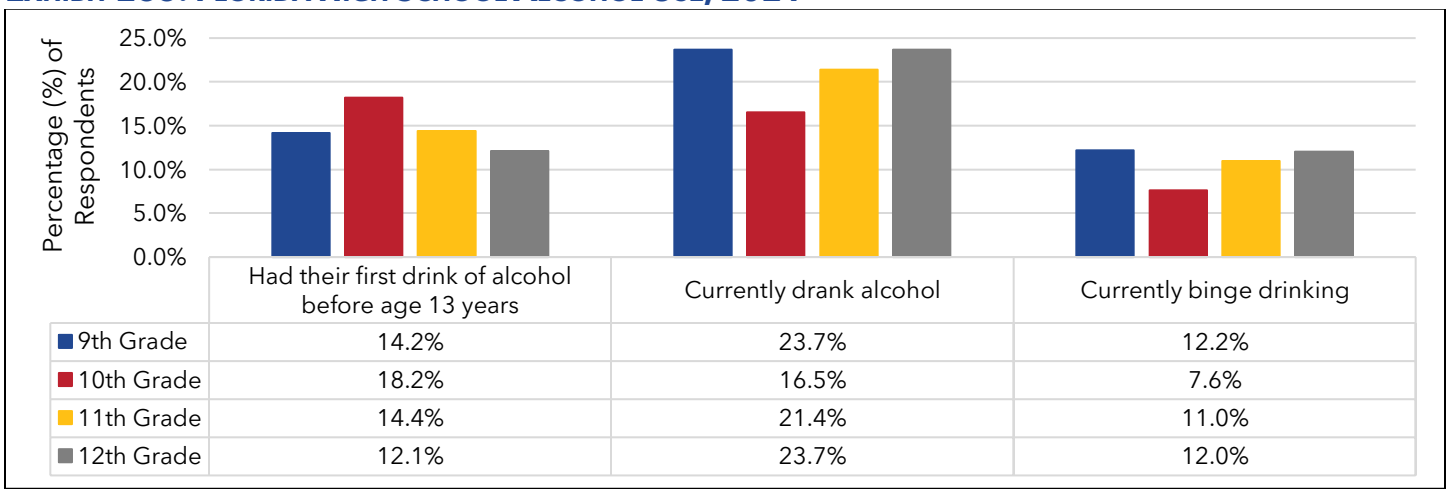
	Ever tried cigarette smoking	First tried cigarette smoking before age 13 years	Currently smoked cigarettes	Currently smoked cigarettes frequently	Currently smoked cigarettes daily
9th Grade	14.7%	5.9%	3.3%	0.9%	0.7%
10th Grade	12.5%	6.9%	2.5%	0.4%	0.3%
11th Grade	13.7%	5.6%	3.3%	0.9%	0.8%
12th Grade	15.1%	5.0%	3.0%	0.9%	0.9%

Source: Centers for Disease Control and Prevention (CDC) | Youth Risk Behavior Survey | High School, 2021. Date Sourced: May 25, 2024.

Alcohol and Other Drug Use

Alcohol use among Florida high school students is the focus of Exhibit 265. At least 12% of students across all grades had their first drink of alcohol before age 13 (18.2% of 10th graders, 14.4% of 11th graders, 14.2% of 9th graders, and 12.1% of 12th graders). Regarding current alcohol use, over 16% of students in each grade level reported drinking at least once in the past 30 days (23.7% of 9th and 12th graders, 21.4% of 11th graders, and 16.5% of 10th graders). Binge drinking, defined as consuming four or more drinks in a row for females or five or more for males on a single occasion within the past 30 days, was reported by 12.2% of 9th graders, 12.0% of 12th graders, 11.0% of 11th graders, and 7.6% of 10th graders.

EXHIBIT 265: FLORIDA HIGH SCHOOL ALCOHOL USE, 2021

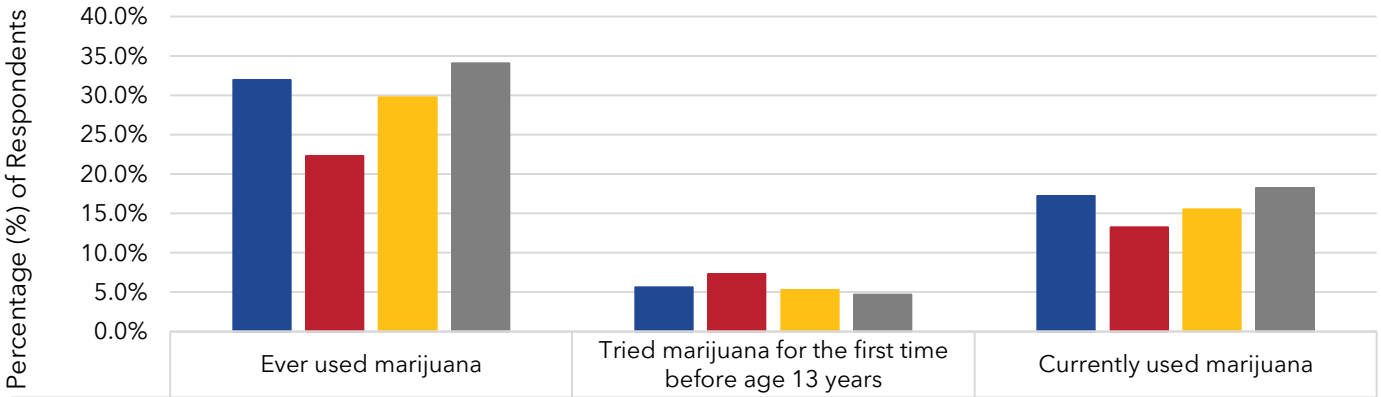


	Had their first drink of alcohol before age 13 years	Currently drank alcohol	Currently binge drinking
9th Grade	14.2%	23.7%	12.2%
10th Grade	18.2%	16.5%	7.6%
11th Grade	14.4%	21.4%	11.0%
12th Grade	12.1%	23.7%	12.0%

Source: Centers for Disease Control and Prevention (CDC) | Youth Risk Behavior Survey | High School, 2021. Date Sourced: May 25, 2024.

Exhibit 266 examines marijuana use among Florida high school students. Over 22% of students in all grades statewide had used marijuana (34.1% of 12th graders, 31.9% of 9th graders, 29.7% of 11th graders, and 22.3% of 10th graders). Of those, at least 4% of high school students in all grades tried the drug before age 13 (7.3% of 10th graders, 5.6% of 9th graders, 5.3% of 11th graders, and 4.7% of 12th graders). Students who had used marijuana at least once in the past 30 days made up 18.2% of 12th graders, 17.2% of 9th graders, 15.5% of 11th graders, and 13.2% of 10th graders.

EXHIBIT 266: FLORIDA HIGH SCHOOL MARIJUANA USE, 2021

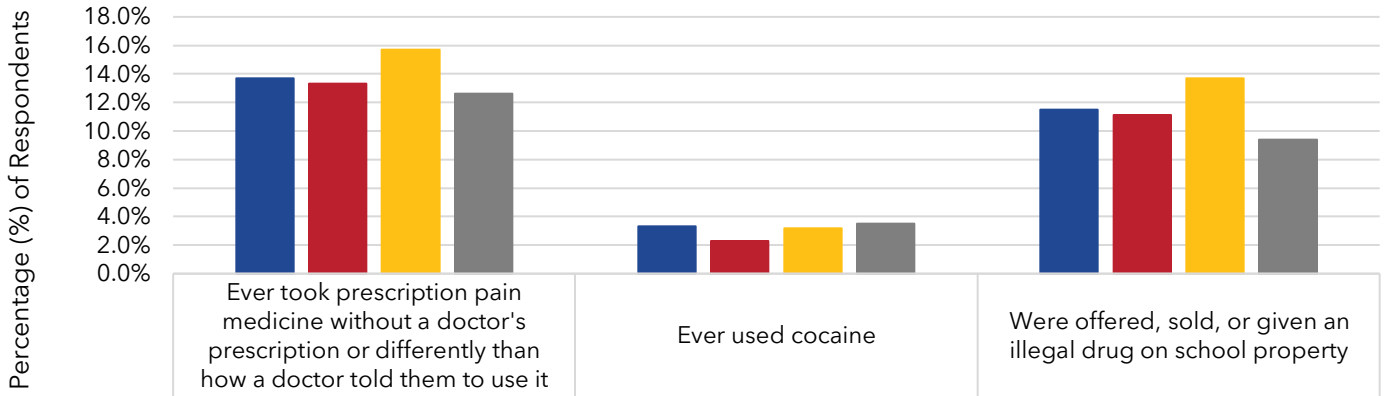


	Ever used marijuana	Tried marijuana for the first time before age 13 years	Currently used marijuana
9th Grade	31.9%	5.6%	17.2%
10th Grade	22.3%	7.3%	13.2%
11th Grade	29.7%	5.3%	15.5%
12th Grade	34.1%	4.7%	18.2%

Source: Centers for Disease Control and Prevention (CDC) | Youth Risk Behavior Survey | High School, 2021. Date Sourced: May 25, 2024.

Exhibit 267 analyzes substance use among Florida high school students, focusing on prescription pain medication, cocaine, and the acquisition of illegal drugs on school property. Eleventh graders (15.7%) and 9th graders (13.7%) reported the highest rates of prescription pain medication misuse, compared to 10th graders (13.3%) and 12th graders (12.6%). Cocaine use had rates ranging from 2.3% among 10th graders to 3.5% among 12th graders. Regarding illegal drug activity on school property, 13.7% of 11th graders, 11.5% of 9th graders, 11.1% of 10th graders, and 9.4% of 12th graders were offered, sold, or given such substances in the past 12 months.

EXHIBIT 267: FLORIDA HIGH SCHOOL SUBSTANCE USE, 2021



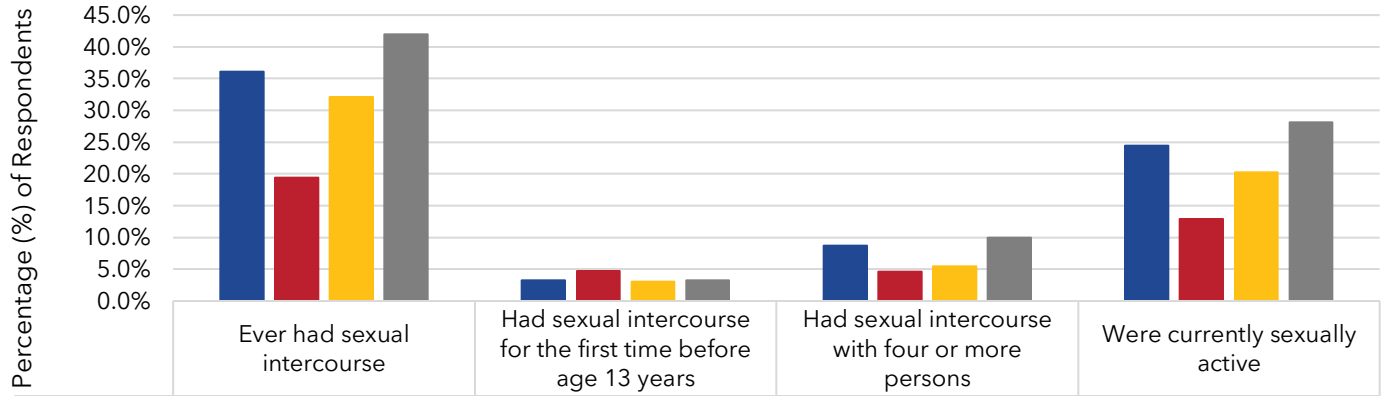
	Ever took prescription pain medicine without a doctor's prescription or differently than how a doctor told them to use it	Ever used cocaine	Were offered, sold, or given an illegal drug on school property
9th Grade	13.7%	3.3%	11.5%
10th Grade	13.3%	2.3%	11.1%
11th Grade	15.7%	3.2%	13.7%
12th Grade	12.6%	3.5%	9.4%

Source: Centers for Disease Control and Prevention (CDC) | Youth Risk Behavior Survey | High School, 2021. Date Sourced: May 25, 2024.

Sexual Behaviors

Data about the sexual behaviors of Florida high school students is presented in Exhibit 268. Almost half of 12th graders (42.0%) reported having intercourse for the first time, followed by 36.1% of 9th graders, 32.1% of 11th graders, and 19.4% of 10th graders. At least 3% of students in each grade level had their first experience before age 13 (10th graders at 4.7%, 9th and 12th graders at 3.3%, and 11th graders at 3.0%). Twelfth graders (10.0%) were about twice as likely to have had sexual intercourse with four or more persons during their life than 11th (5.5%) and 10th graders (4.6%). Students who were sexually active with at least one person in the previous three months represented 28.1% of 12th graders, 24.5% of 9th graders, 20.3% of 11th graders, and 12.9% of 10th graders.

EXHIBIT 268: FLORIDA HIGH SCHOOL SEXUAL BEHAVIOR, 2021

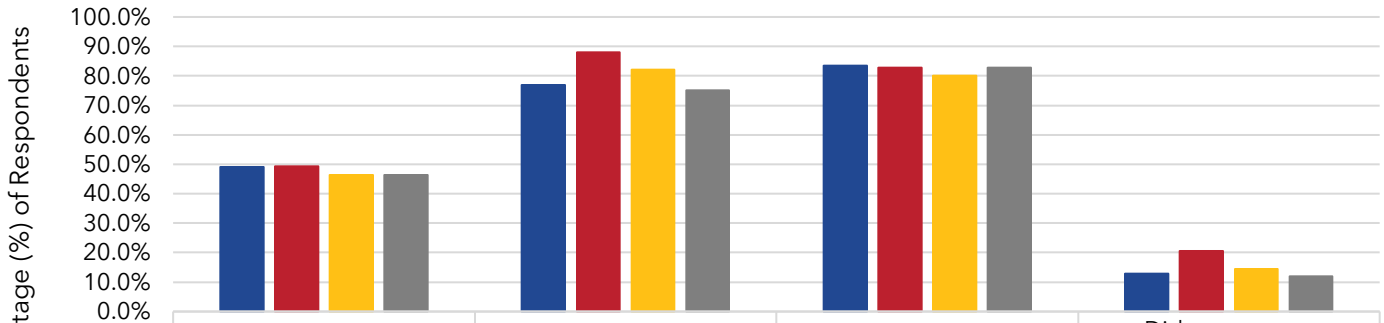


	Ever had sexual intercourse	Had sexual intercourse for the first time before age 13 years	Had sexual intercourse with four or more persons	Were currently sexually active
9th Grade	36.1%	3.3%	8.7%	24.5%
10th Grade	19.4%	4.7%	4.6%	12.9%
11th Grade	32.1%	3.0%	5.5%	20.3%
12th Grade	42.0%	3.3%	10.0%	28.1%

Source: Centers for Disease Control and Prevention (CDC) | Youth Risk Behavior Survey | High School, 2021. Date Sourced: May 25, 2024.

Exhibit 269 provides insights into contraception use among Florida high school students. Among students who were sexually active, less than half across all grade levels reported using a condom during their last sexual intercourse (49.1% of 9th graders, 46.3% of 11th and 12th graders, and 42.9% of 10th graders). In addition, over three-quarters of students did not use birth control pills before their last intercourse with an opposite-sex partner (88.0% of 10th graders, 82.2% of 11th graders, 76.9% of 9th graders, and 75.2% of 12th graders). Furthermore, 83.4% of 9th graders, 82.9% of 10th graders, 82.8% of 12th graders, and 80.0% of 11th graders did not use an IUD or implant during their last sexual intercourse with an opposite-sex partner. Finally, at least 11% of the students across all grades did not use any method to prevent pregnancy during their last sexual intercourse with an opposite-sex partner (20.6% of 10th graders,14.5% of 11th graders, 12.8% of 9th graders, and 11.9% of 12th graders).

EXHIBIT 269: FLORIDA HIGH SCHOOL UNPROTECTED SEX, 2021

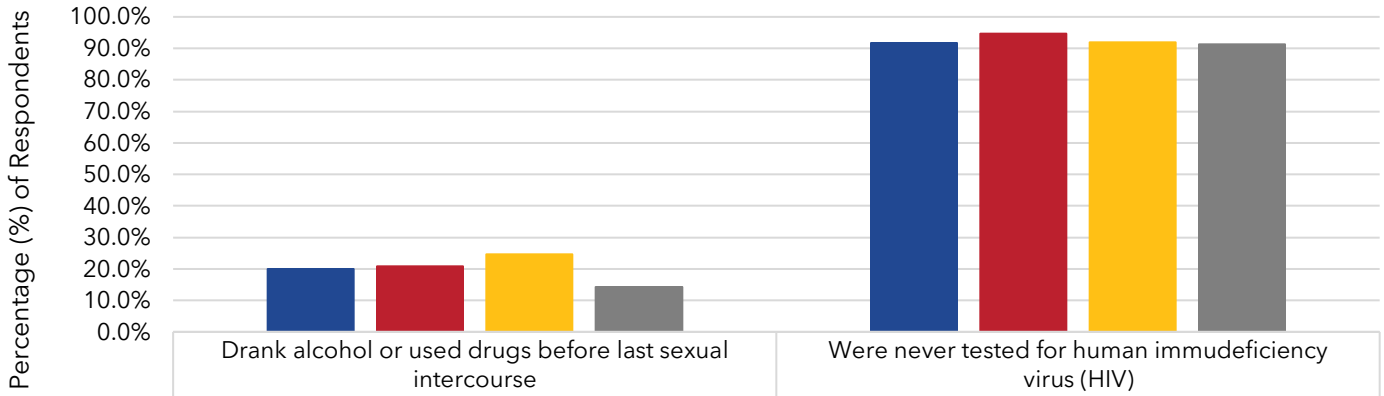


	Did not use a condom during last sexual intercourse	Did not use birth control pills before last intercourse with opposite-sex partner	Did not use IUD or implant before last sexual intercourse with an opposite-sex partner	Did not use any method to prevent pregnancy during last sexual intercourse with an opposite-sex partner
9th Grade	49.1%	76.9%	83.4%	12.8%
10th Grade	49.2%	88.0%	82.9%	20.6%
11th Grade	46.3%	82.2%	80.0%	14.5%
12th Grade	46.3%	75.2%	82.8%	11.9%

Source: Centers for Disease Control and Prevention (CDC) | Youth Risk Behavior Survey | High School, 2021. Date Sourced: May 25, 2024.

The risk and testing status behaviors of Floridian high school students are displayed in Exhibit 270. Eleventh (24.7%) and 10th graders (20.8%) were more likely to report drinking alcohol or using drugs before their last sexual intercourse, compared to 9th (20.0%) and 12th graders (14.2%). Strikingly, almost all the high school students across grade levels had never been tested for HIV (94.7% of 10th graders, 92.0% of 11th graders, 91.8% of 9th graders, and 91.2% of 12th graders).

EXHIBIT 270: FLORIDA HIGH SCHOOL RISK AND TESTING STATUS BEHAVIORS, 2021



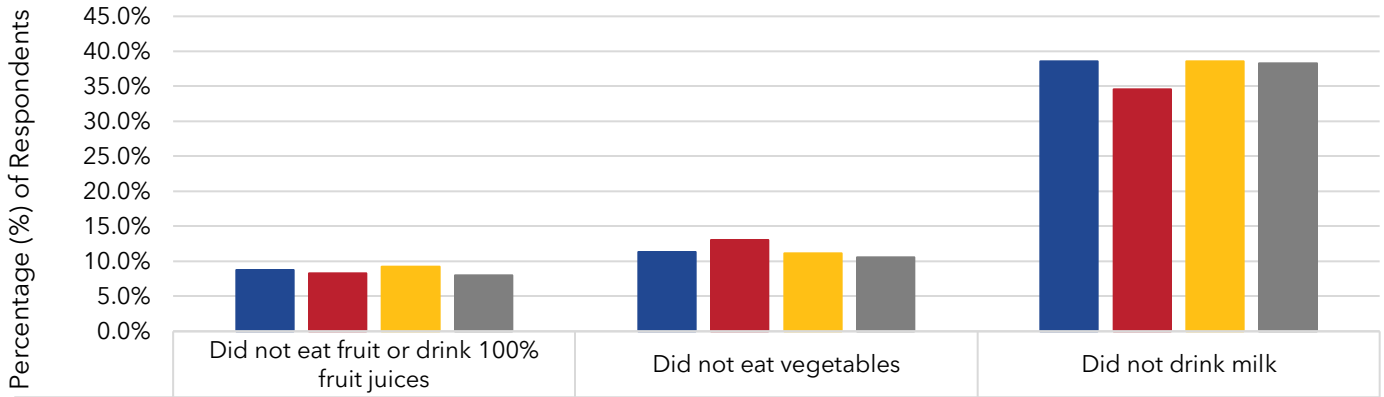
	Drank alcohol or used drugs before last sexual intercourse	Were never tested for human immudeficiency virus (HIV)
9th Grade	20.0%	91.8%
10th Grade	20.8%	94.7%
11th Grade	24.7%	92.0%
12th Grade	14.2%	91.2%

Source: Centers for Disease Control and Prevention (CDC) | Youth Risk Behavior Survey | High School, 2021. Date Sourced: May 25, 2024.

Dietary Behaviors

Exhibit 271 explores healthy food consumption among Florida high school students. There were 9.2% of 11th graders, 8.8% of 9th graders, 8.3% of 10th graders, and 8.0% of 12th graders who did not eat fruit or drink 100% fruit juice in the prior week. Over 10% of surveyed students did not eat vegetables in the week before the survey (13.0% of 10th graders, 11.3% of 9th graders, 11.1% of 11th graders, and 10.6% of 12th graders). Both 9th and 11th graders reported the same proportion of students who did not drink milk in the past week (38.6%), compared to 38.3% of 12th graders and 34.6% of 10th graders.

EXHIBIT 271: FLORIDA HIGH SCHOOL HEALTHY FOOD CONSUMPTION, 2021



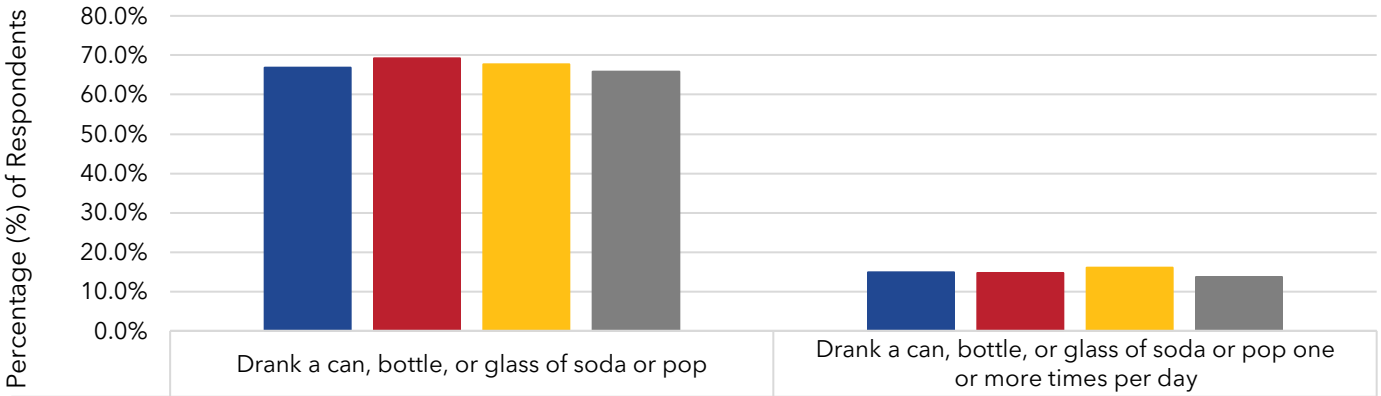
	Did not eat fruit or drink 100% fruit juices	Did not eat vegetables	Did not drink milk
9th Grade	8.8%	11.3%	38.6%
10th Grade	8.3%	13.0%	34.6%
11th Grade	9.2%	11.1%	38.6%
12th Grade	8.0%	10.6%	38.3%

Source: Centers for Disease Control and Prevention (CDC) | Youth Risk Behavior Survey | High School, 2021. Date Sourced: May 25, 2024.

The non-alcoholic drink consumption behaviors of Florida high schoolers are presented in Exhibit 272. More than 60% of respondents drank a can, bottle, or glass of soda in the week before the survey. The highest prevalence rates were 10th graders (69.3%), followed by 11th, 9th, and 12th

graders (67.7%, 66.9%, and 65.9%, respectively). Rates for those who drank soda one or more times a day in the previous week were significantly lower (16.1% of 11th graders,14.9% of 9th graders, 14.7% of 10th graders, and 13.7% of 12th graders).

EXHIBIT 272: FLORIDA HIGH SCHOOL NON-ALCOHOLIC DRINK CONSUMPTION, 2021

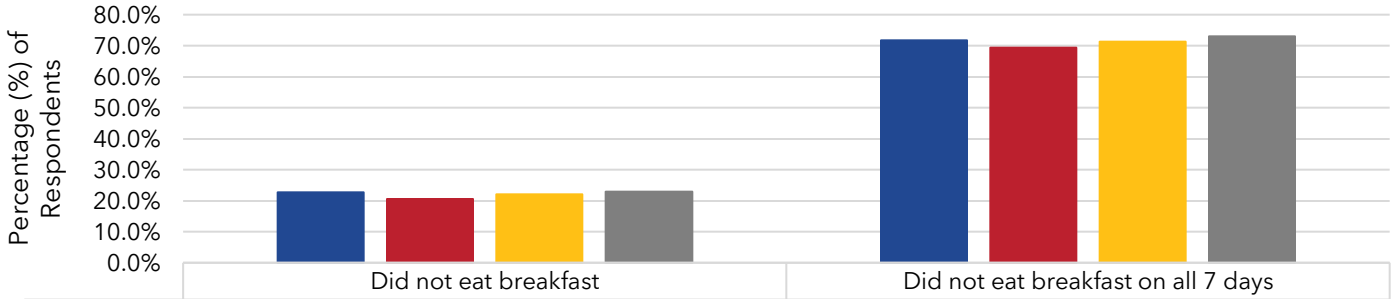


	Drank a can, bottle, or glass of soda or pop	Drank a can, bottle, or glass of soda or pop one or more times per day
9th Grade	66.9%	14.9%
10th Grade	69.3%	14.7%
11th Grade	67.7%	16.1%
12th Grade	65.9%	13.7%

Source: Centers for Disease Control and Prevention (CDC) | Youth Risk Behavior Survey | High School, 2021. Date Sourced: May 25, 2024.

Florida high school student's responses about breakfast are illustrated in Exhibit 273. Across all grades, almost one-quarter of surveyed students did not eat breakfast during the seven days before the survey (22.7% of 9th graders, 23.0% of 12th graders, 22.0% of 11th graders, and 20.5% of 10th graders). Alarmingly, 71.8% of 9th graders, 73.1% of 12th graders, 71.3% of 11th graders, and 69.3% of 10th graders skipped breakfast every day of the previous week.

EXHIBIT 273: FLORIDA HIGH SCHOOL DIETARY BEHAVIORS, 2021



	Did not eat breakfast	Did not eat breakfast on all 7 days
9th Grade	22.7%	71.8%
10th Grade	20.5%	69.3%
11th Grade	22.0%	71.3%
12th Grade	23.0%	73.1%

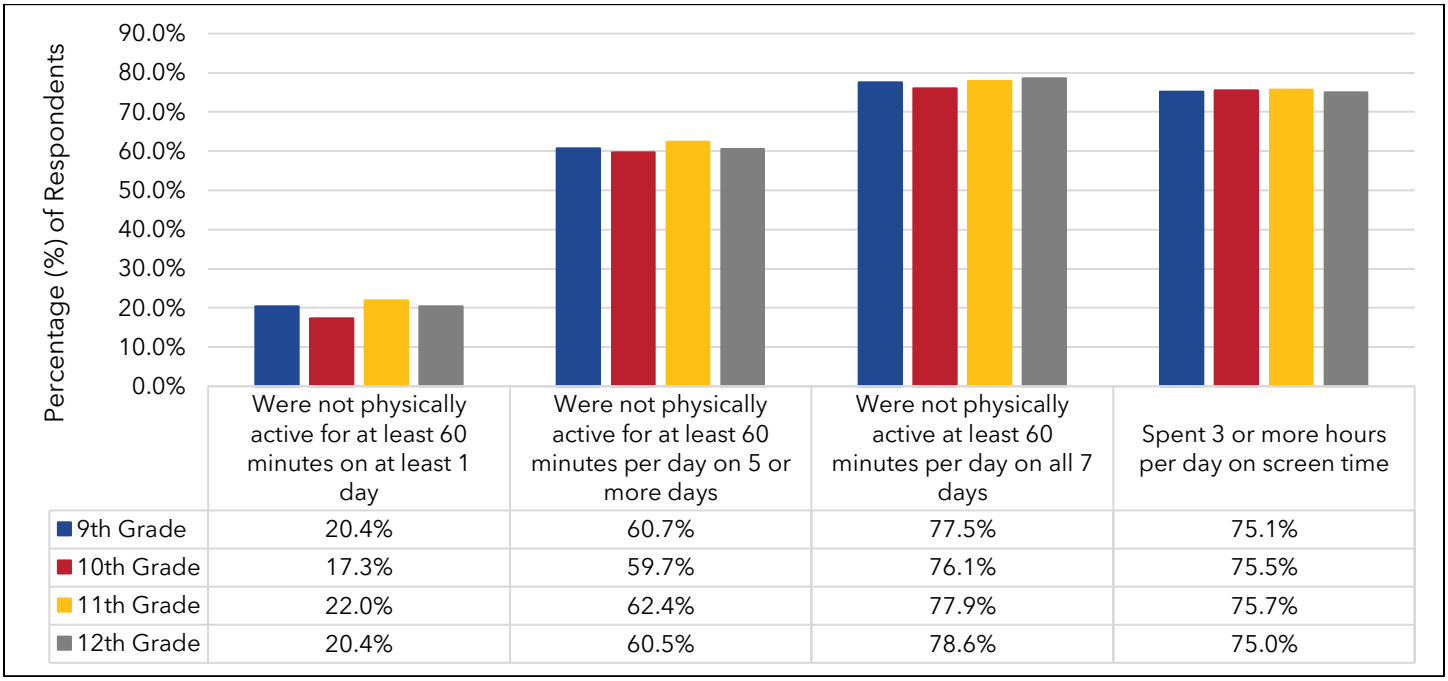
Source: Centers for Disease Control and Prevention (CDC) | Youth Risk Behavior Survey | High School, 2021. Date Sourced: May 25, 2024.

Physical Activity

Exhibit 274 examines the physical activity of Florida high school students. Over 17% of all students surveyed were not physically active for 60 minutes for at least one day in the previous week (22.0% of 11th graders, 20.4% of 9th and 12th graders, and 17.3% of 10th graders). More than half of the students did not get at least 60 minutes of physical activity on five or more days, with the highest

prevalence in 11th graders (62.4%). Furthermore, over three-quarters of students in each grade were not physically active for at least 60 minutes on all seven days of the previous week (78.6% of 12th graders, 77.9% of 11th graders, 77.5% of 9th graders, and 76.1% of 10th graders). The 11th graders (75.7%) had the highest proportion of students who spent three or more hours on screen time on an average school day, closely followed by 10th (75.5%), 9th (75.1%), and 12th graders (75.0%).

EXHIBIT 274: FLORIDA HIGH SCHOOL PHYSICAL ACTIVITY, 2021

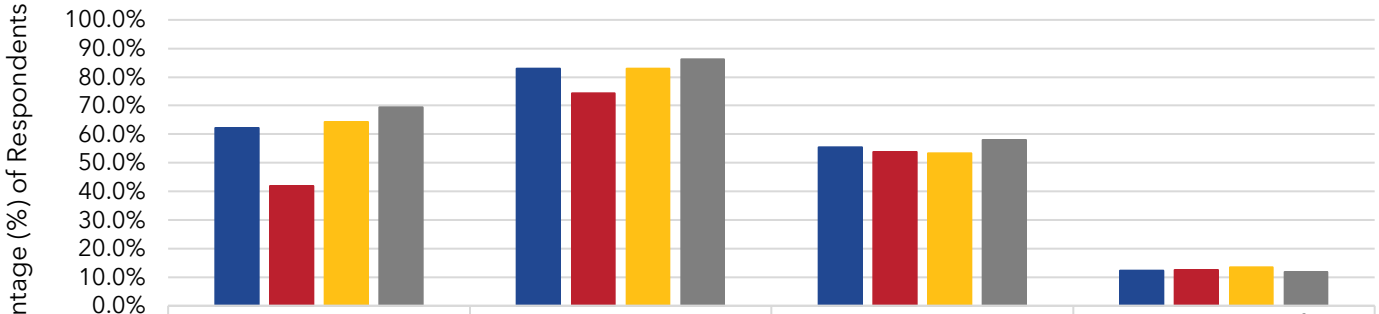


	Were not physically active for at least 60 minutes on at least 1 day	Were not physically active for at least 60 minutes per day on 5 or more days	Were not physically active at least 60 minutes per day on all 7 days	Spent 3 or more hours per day on screen time
9th Grade	20.4%	60.7%	77.5%	75.1%
10th Grade	17.3%	59.7%	76.1%	75.5%
11th Grade	22.0%	62.4%	77.9%	75.7%
12th Grade	20.4%	60.5%	78.6%	75.0%

Source: Centers for Disease Control and Prevention (CDC) | Youth Risk Behavior Survey | High School, 2021. Date Sourced: May 25, 2024.

Responses about physical education (PE) and sports from Florida high school students are shown in Exhibit 275. Among all grades (9th–12th), the percentage of students who did not attend PE classes on one or more days in a typical week ranged from 41.8% to 69.5%. Additionally, 86.2% of 12th graders, 83.0% of 11th graders, 82.9% of 9th graders, and 74.2% of 10th graders did not attend PE on all five days in an average week. More than half of Florida students in all grades did not play on at least one sports team (58.0% of 12th graders, 55.5% of 9th graders, 53.7% of 10th graders, and 53.4% of 11th graders). Eleventh graders (13.5%) were most likely to get a concussion from playing a sport or being physically active than their schoolmates, compared to 10th (12.4%), 9th (12.3%), and 12th graders (11.8%).

EXHIBIT 275: FLORIDA HIGH SCHOOL PHYSICAL EDUCATION (PE) AND SPORTS, 2021



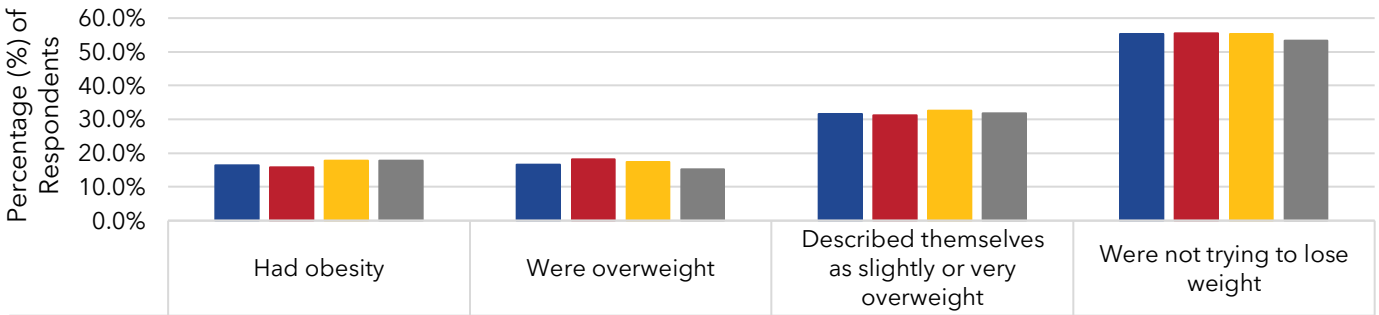
	Did not attend PE classes on 1 or more days	Did not attend PE classes on all 5 days	Did not play on at least one sports team	Had a concussion from playing a sport or being physically active
9th Grade	62.1%	82.9%	55.5%	12.3%
10th Grade	41.8%	74.2%	53.7%	12.4%
11th Grade	64.2%	83.0%	53.4%	13.5%
12th Grade	69.5%	86.2%	58.0%	11.8%

Source: Centers for Disease Control and Prevention (CDC) | Youth Risk Behavior Survey | High School, 2021. Date Sourced: May 25, 2024.

Weight Control

Exhibit 276 provides insight into the weight characteristics and perceptions among high school students. Eleventh and 12th graders had the same high proportion of obese students (17.8%), compared to 16.4% of 9th and 15.8% of 10th graders. Out of all high school respondents, 18.1% of 10th graders, 17.4% of 11th graders, 16.5% of 9th graders, and 15.3% of 12th graders were overweight. In contrast, almost one-third of surveyed youth described themselves as slightly or very overweight (32.5% of 11th graders, 31.8% of 12th graders, 31.6% of 9th graders, and 31.2% of 10th graders). More than half of surveyed students said they were not trying to lose weight, with 10th graders (55.5%) having the highest percentage, followed by 9th (55.3%), 11th (55.2%), and 12th graders (53.4%).

EXHIBIT 276: FLORIDA HIGH SCHOOL WEIGHT CHARACTERISTICS, 2021



	Had obesity	Were overweight	Described themselves as slightly or very overweight	Were not trying to lose weight
9th Grade	16.4%	16.5%	31.6%	55.3%
10th Grade	15.8%	18.1%	31.2%	55.5%
11th Grade	17.8%	17.4%	32.5%	55.2%
12th Grade	17.8%	15.3%	31.8%	53.4%

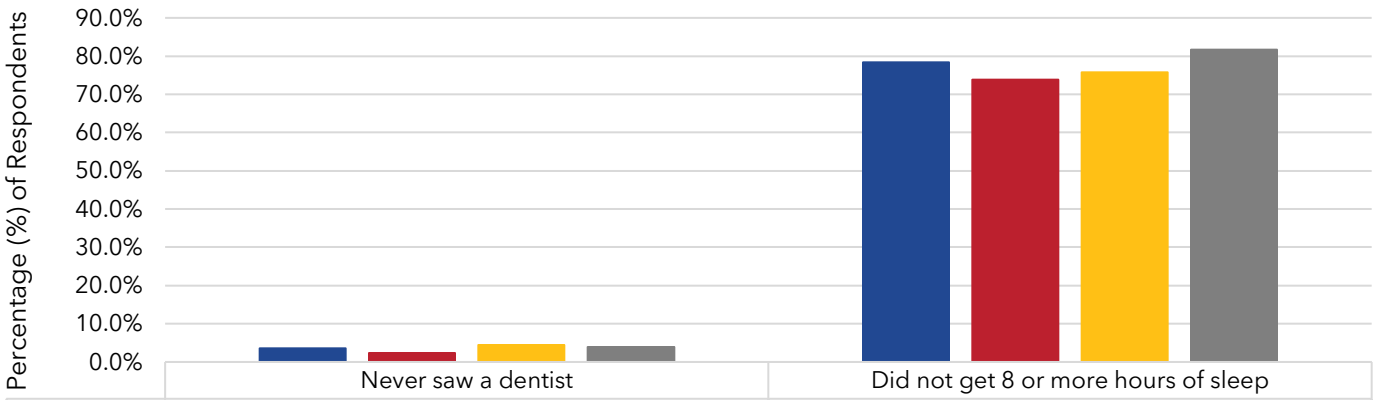
Source: Centers for Disease Control and Prevention (CDC) | Youth Risk Behavior Survey | High School, 2021. Date Sourced: May 25, 2024.

Other Health Topics

Exhibit 277 provides information on other health topics, such as dental visits and sleep behavior. Among high school youth, 4.4% of 11th graders, 4.0% of 12th graders, 3.5% of 9th graders, and 2.4%

of 10th graders said they had not seen a dentist in the past year. Twelfth graders (81.7%) had the highest proportion of students who reported they did not get eight or more hours of sleep on an average school night, compared to 9th (78.4%), 11th (75.8%), and 10th graders (73.8%).

EXHIBIT 277: FLORIDA HIGH SCHOOL HEALTH BEHAVIORS, 2021



	Never saw a dentist	Did not get 8 or more hours of sleep
9th Grade	3.5%	78.4%
10th Grade	2.4%	73.8%
11th Grade	4.4%	75.8%
12th Grade	4.0%	81.7%

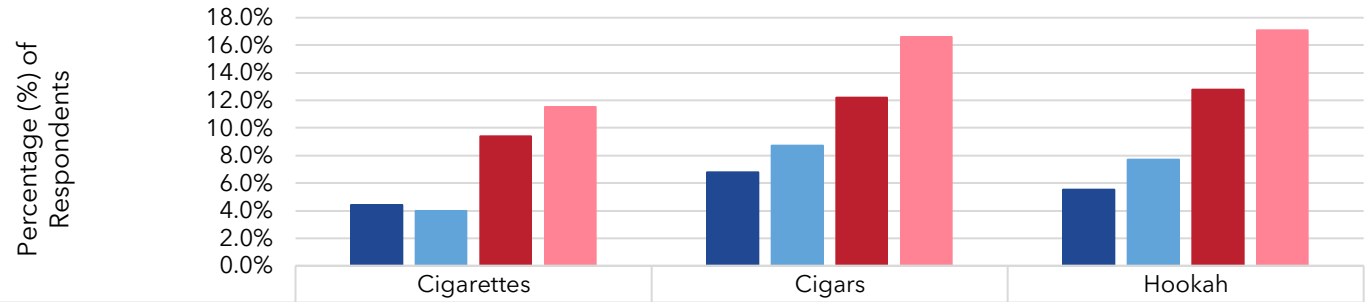
Source: Centers for Disease Control and Prevention (CDC) | Youth Risk Behavior Survey | High School, 2021. Date Sourced: May 25, 2024.

Florida Youth Tobacco Survey

The Florida Youth Tobacco Survey (FYTS) is an annual, self-administered, confidential, school-based survey conducted among public middle and high school students in Florida since 1998. Its primary aim is to monitor and assess the effectiveness of Florida's tobacco control program. The survey covers various subject areas, including tobacco usage, tobacco use prevention education in schools, students' attitudes towards tobacco use, the impact of anti-tobacco media, influence from tobacco companies, secondhand smoke exposure, and youth perceptions of tobacco laws (FYTS 2023).

A comparison of addiction perceptions in St. Johns County and Florida high school and middle school students is presented in Exhibit 278. In St. Johns County, a lower proportion of high and middle school students believe cigarettes, cigars, and hookah are not addictive compared to students across the state. Among St. Johns County students themselves, middle schoolers are more likely than high schoolers to believe that cigarettes are not addictive. However, the opposite is true for cigars and hookah: more high schoolers than middle schoolers believe these are not addictive.

Exhibit 278: Students Who Do Not Think People Can Get Addicted to Cigarettes, Cigars, and Hookah, St. Johns County & Florida, 2022

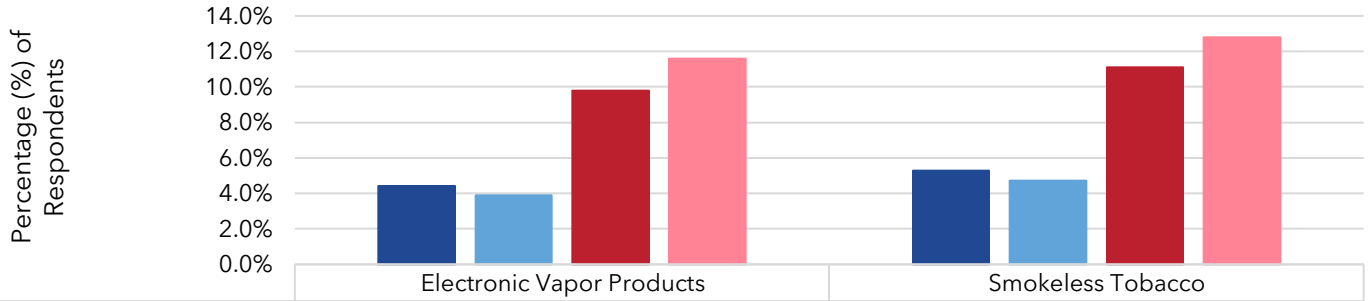


	Cigarettes	Cigars	Hookah
St. Johns Middle School	4.4%	6.8%	5.5%
St. Johns High School	4.0%	8.7%	7.7%
Florida Middle School	9.4%	12.2%	12.8%
Florida High School	11.5%	16.6%	17.1%

Source: Florida Department of Health, Division of Community Health Promotion | FLHealthCHARTS | Florida Youth Tobacco Survey. Date Sourced: May 27, 2024.

Exhibit 279 continues with perceptions of addiction and electronic vapor and smokeless tobacco products. St. Johns County students in high school and middle school were far less likely to believe that people could not become addicted to electronic vapor and smokeless tobacco compared to students across the state. In fact, Florida middle school students (9.8%) were more than twice as likely than their St. Johns County counterparts (4.4%) to think that electronic vapor was not addictive. Within the county, however, more middle schoolers than high schoolers believed that people could get addicted to electronic vapor and smokeless tobacco products.

Exhibit 279: Students Who Do Not Think People Can Get Addicted to Electronic Vapor Products and Smokeless Tobacco, St. Johns County & Florida, 2022



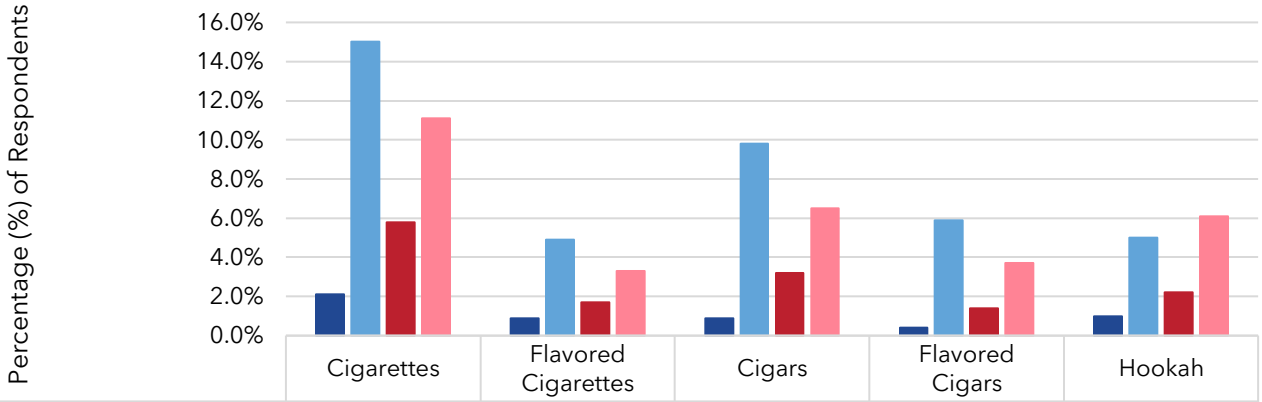
	Electronic Vapor Products	Smokeless Tobacco
St. Johns Middle School	4.4%	5.3%
St. Johns High School	3.9%	4.7%
Florida Middle School	9.8%	11.1%
Florida High School	11.6%	12.8%

Source: Florida Department of Health, Division of Community Health Promotion | FLHealthCHARTS | Florida Youth Tobacco Survey. Date Sourced: May 27, 2024.

Exhibit 280 highlights the number of students who have ever tried smoking cigarettes, cigars, or hookah. Of these products, cigarettes were the most tried. High school students in St. Johns County (15.0%) were over seven times more likely to have ever tried smoking cigarettes than middle school students in their county (2.1%). After cigarettes, high schoolers in St. Johns County selected cigars (9.8%), flavored cigars (5.9%), hookah (5.0%), and flavored cigarettes (4.9%) as the

most tried smoke products. Moreover, St. Johns County middle school students have tried hookah (1.0%), flavored cigarettes (0.9%), cigars (0.9%), and flavored cigars (0.4%), though these proportions are far smaller than those of middle school students in Florida.

EXHIBIT 280: STUDENTS WHO HAVE EVER TRIED SMOKING CIGARETTES, CIGARS, OR HOOKAH, ST. JOHNS COUNTY & FLORIDA, 2022

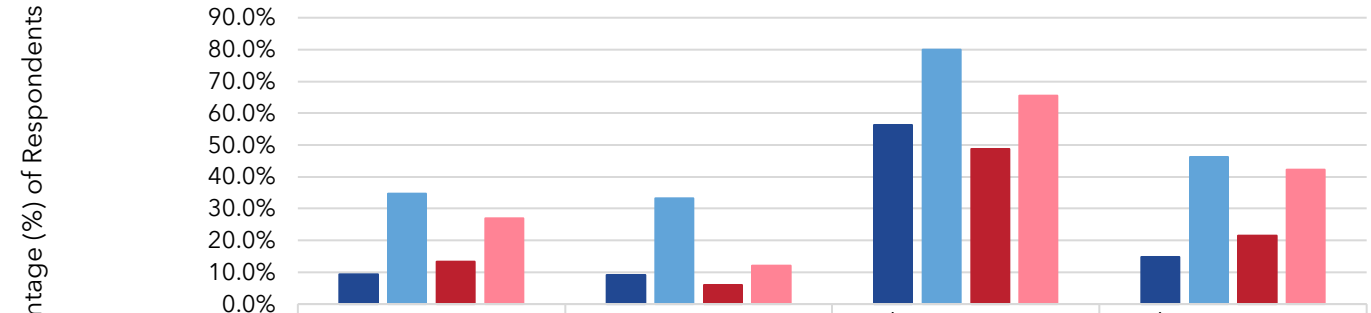


	Cigarettes	Flavored Cigarettes	Cigars	Flavored Cigars	Hookah
St. Johns Middle School	2.1%	0.9%	0.9%	0.4%	1.0%
St. Johns High School	15.0%	4.9%	9.8%	5.9%	5.0%
Florida Middle School	5.8%	1.7%	3.2%	1.4%	2.2%
Florida High School	11.1%	3.3%	6.5%	3.7%	6.1%

Source: Florida Department of Health, Division of Community Health Promotion | FLHealthCHARTS | Florida Youth Tobacco Survey. Date Sourced: May 27, 2024.

FYTS data on students who have used electronic vapor products is displayed in Exhibit 281 by type. Electronic vapor with nicotine was the top tobacco product tried by St. Johns County and Florida high and middle school students. St. Johns County middle schoolers were over three times more likely to try electronic vapor with nicotine than any other type. Additionally, the second most-tried tobacco product type across the state and county was electronic vapor with marijuana oil. Among Florida and St. Johns County high and middle school students, St. Johns County high school students were the group most likely to have tried each type of vapor product.

Exhibit 281: Students Who Have Ever Used Electronic Vapor Products, St. Johns County & Florida, 2022

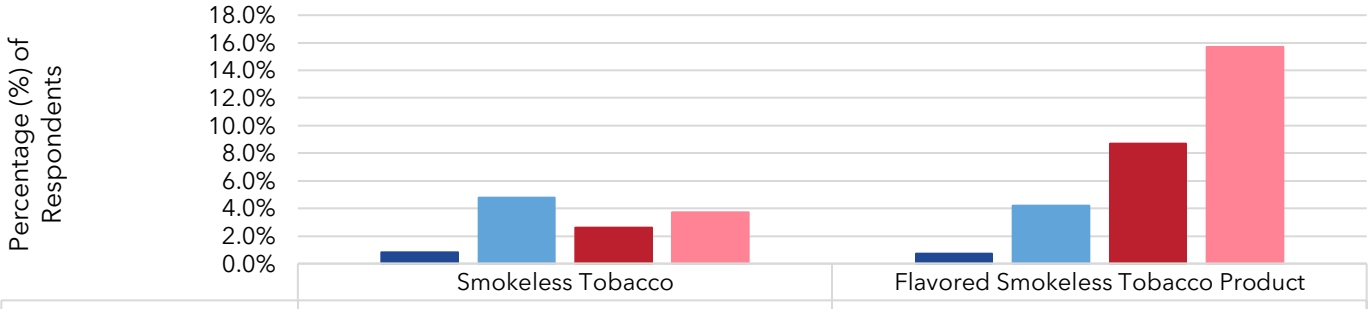


	Electronic Vapor Product	Flavored Electronic Vapor Product	Electronic Vapor Product with Nicotine	Electronic Vapor Product with Marijuana Oil
St. Johns Middle School	9.4%	9.2%	56.3%	14.8%
St. Johns High School	34.7%	33.2%	79.9%	46.2%
Florida Middle School	13.3%	6.1%	48.8%	21.6%
Florida High School	26.9%	12.0%	65.4%	42.2%

Source: Florida Department of Health, Division of Community Health Promotion | FLHealthCHARTS | Florida Youth Tobacco Survey. Date Sourced: May 27, 2024.

Fewer St. Johns County students reported trying flavored and unflavored smokeless tobacco products than middle and high school students statewide. Furthermore, Florida high schoolers were almost four times as likely to have tried flavored products than St. Johns County high schoolers. When comparing products, flavored smokeless tobacco products were a more popular choice among Florida middle and high school students than unflavored ones (Exhibit 282).

Exhibit 282: Students Who Have Ever Used Smokeless Tobacco Products, St. Johns County & Florida, 2022



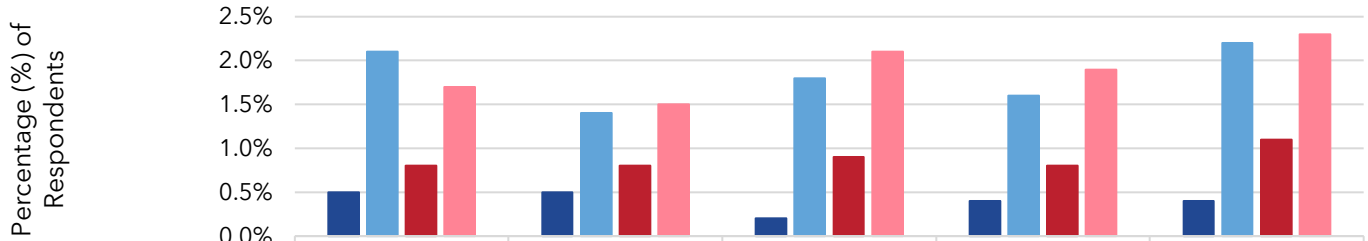
	Smokeless Tobacco	Flavored Smokeless Tobacco Product
St. Johns Middle School	0.8%	0.7%
St. Johns High School	4.8%	4.2%
Florida Middle School	2.6%	8.7%
Florida High School	3.7%	15.7%

Source: Florida Department of Health, Division of Community Health Promotion | FLHealthCHARTS | Florida Youth Tobacco Survey. Date Sourced: May 27, 2024.

Exhibit 283 illustrates students' cigarette, flavored cigarette, cigar, flavored cigar, and hookah usage in the previous month. Among all surveyed students, middle schoolers in St. Johns County reported the smallest percentage of those who smoked each product type in the past thirty days. On the other hand, St. Johns County middle school students had higher percentages of recent cigarette use (0.5%) and flavored cigarette use (0.5%) than any other type of smoke product.

St. Johns County high schoolers, compared to their middle school counterparts, were more likely to have used hookah (2.2%), unflavored cigarettes (2.1%), unflavored cigars (1.8%), flavored cigars (1.6%), and flavored cigarettes (1.4%) in the past month.

EXHIBIT 283: STUDENTS WHO HAVE SMOKED CIGARETTES, CIGARS, OR HOOKAH IN THE PAST 30 DAYS, ST. JOHNS COUNTY & FLORIDA, 2022

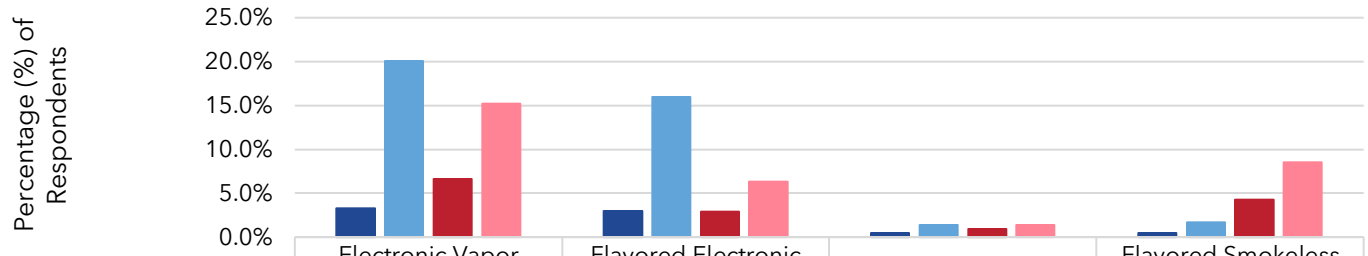


	Cigarettes	Flavored Cigarettes	Cigars	Flavored Cigars	Hookah
St. Johns Middle School	0.5%	0.5%	0.2%	0.4%	0.4%
St. Johns High School	2.1%	1.4%	1.8%	1.6%	2.2%
Florida Middle School	0.8%	0.8%	0.9%	0.8%	1.1%
Florida High School	1.7%	1.5%	2.1%	1.9%	2.3%

Source: Florida Department of Health, Division of Community Health Promotion | FLHealthCHARTS | Florida Youth Tobacco Survey. Date Sourced: May 27, 2024.

Data for unflavored and flavored electronic vapor and smokeless tobacco product use in the past thirty days is displayed in Exhibit 284. St. Johns County middle school students were more likely to use unflavored electronic vapor products (3.3%) than flavored electronic vapor products (3.0%). Additionally, St. Johns County middle schoolers reported similar past-30-day usage for unflavored smokeless tobacco (0.5%) and flavored smokeless tobacco (0.5%). St. Johns County high schoolers reported higher percentages for electronic vapor products (20.1%) and flavored electronic vapor products (16.0%) than middle schoolers. In the previous month, more high school students in St. Johns County used flavored smokeless tobacco products (1.7%) than unflavored smokeless ones (1.4%). In addition, St. Johns County high schoolers (16.0%) were more than twice as likely than Florida high schoolers (6.3%) to have recently used flavored electronic vapor.

Exhibit 284: Students Who Have Used Electronic Vapor or Smokeless Tobacco Product in the Past 30 Days, St. Johns County & Florida, 2022

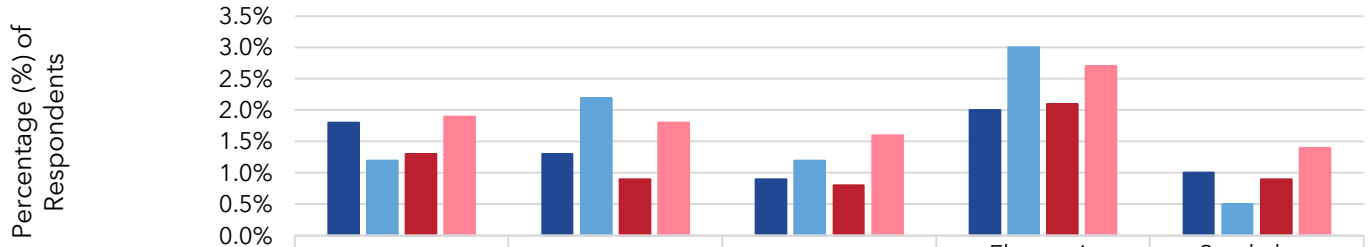


	Electronic Vapor Product	Flavored Electronic Vapor Product	Smokeless Tobacco	Flavored Smokeless Tobacco
St. Johns Middle School	3.3%	3.0%	0.5%	0.5%
St. Johns High School	20.1%	16.0%	1.4%	1.7%
Florida Middle School	6.6%	2.9%	0.9%	4.3%
Florida High School	15.2%	6.3%	1.4%	8.5%

Source: Florida Department of Health, Division of Community Health Promotion | FLHealthCHARTS | Florida Youth Tobacco Survey. Date Sourced: May 27, 2024.

Exhibit 285 contains statistics on students whose parents offered cigarettes, cigars, hookah, electronic vapor products, or smokeless tobacco products. In St. Johns County, electronic vapor (2.0%) and cigarettes (1.8%) were the tobacco products most offered to middle school students by their parents. In contrast, high school students were most offered electronic vapor (3.0%) and cigars (2.2%).

Exhibit 285: Students Who Have Ever Been Offered Cigarettes, Cigars, Hookah, Electronic Vapor, or Smokeless Tobacco Products By Their Parents, St. Johns County & Florida, 2022

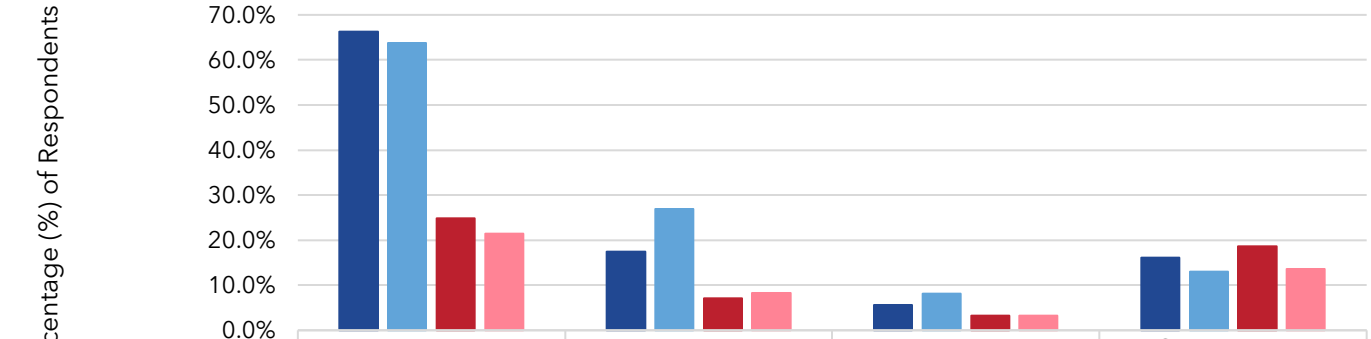


	Cigarettes	Cigars	Hookah	Electronic Vapor	Smokeless Tobacco
St. Johns Middle School	1.8%	1.3%	0.9%	2.0%	1.0%
St. Johns High School	1.2%	2.2%	1.2%	3.0%	0.5%
Florida Middle School	1.3%	0.9%	0.8%	2.1%	0.9%
Florida High School	1.9%	1.8%	1.6%	2.7%	1.4%

Source: Florida Department of Health, Division of Community Health Promotion | FLHealthCHARTS | Florida Youth Tobacco Survey. Date Sourced: May 27, 2024.

Exhibit 286 compares sources of tobacco education for students in the county and state. St. Johns County students were more likely to learn about the dangers of tobacco from their parents, followed by doctors, community or school events, and dentists. These percentages are higher than those of their Florida counterparts, but students across the state followed a similar trend.

EXHIBIT 286: TOBACCO EDUCATION, ST. JOHNS COUNTY & FLORIDA, 2022

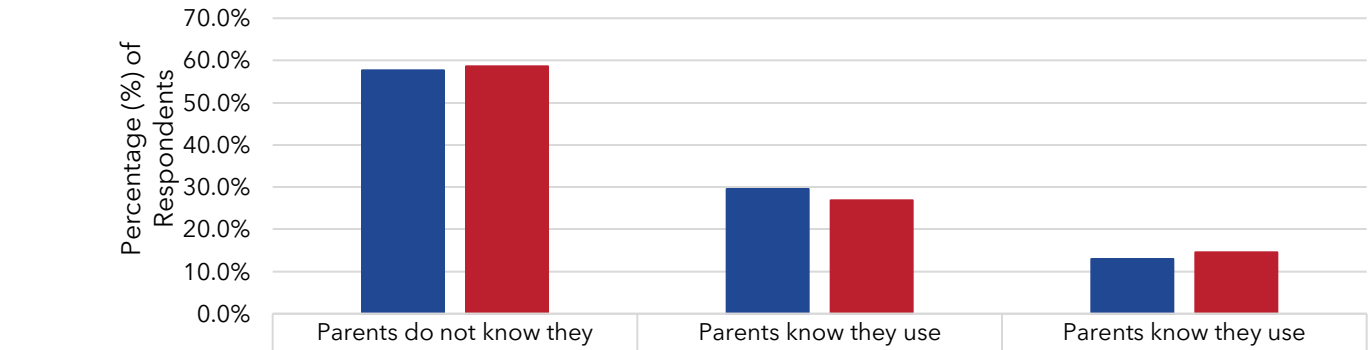


	Parent	Doctor	Dentist	Community or School Event
St. Johns Middle School	66.3%	17.4%	5.6%	16.1%
St. Johns High School	63.8%	26.9%	8.1%	13.0%
Florida Middle School	24.8%	7.1%	3.2%	18.7%
Florida High School	21.5%	8.3%	3.3%	13.6%

Source: Florida Department of Health, Division of Community Health Promotion | FLHealthCHARTS | Florida Youth Tobacco Survey. Date Sourced: May 27, 2024.

Exhibit 287 illustrates the proportion of parents in St. Johns County and Florida who are aware of their high school student's use of tobacco products. Most parents, whether in St. Johns County (57.6%) or Florida (58.6%), did not know their high schoolers used tobacco products. Of the St. Johns County parents who knew of their child's tobacco use, more did not like it (29.5%) than those who did not mind (12.9%). Florida parents had a similar trend with 26.9% and 14.5%, respectively.

EXHIBIT 287: PARENTAL KNOWLEDGE OF HIGH SCHOOL STUDENT TOBACCO USE, ST. JOHNS COUNTY & FLORIDA, 2022



	Parents do not know they use tobacco	Parents know they use tobacco and don't like it	Parents know they use tobacco and don't mind it
St. Johns High School	57.6%	29.5%	12.9%
Florida High School	58.6%	26.9%	14.5%

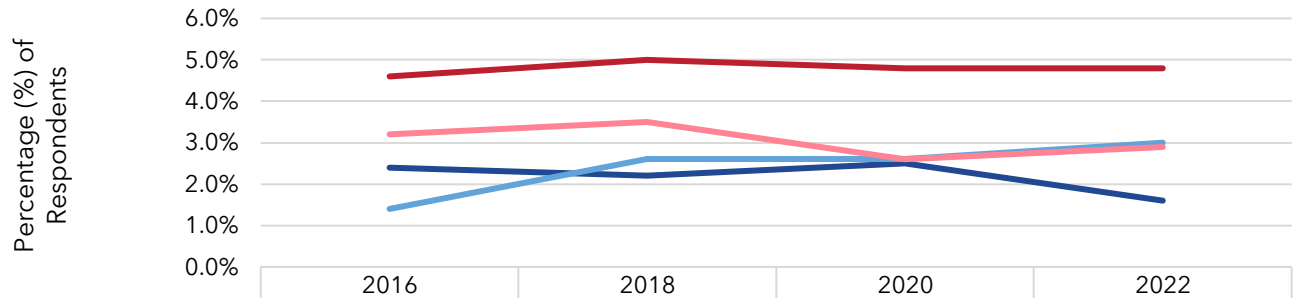
Source: Florida Department of Health, Division of Community Health Promotion | FLHealthCHARTS | Florida Youth Tobacco Survey. Date Sourced: May 27, 2024.

Other Indicators

Data on students with asthma who needed four or more emergency department or urgent care visits in the past year is displayed in Exhibit 288. Between 2016 and 2022, more Florida middle schoolers with asthma needed medical care than any other student group. In 2022, St. Johns County middle school students (1.6%) had the lowest rates, followed by Florida high school

students (2.9%), St. Johns County high school students (3.0%), and Florida middle school students (4.8%). St. Johns County's percentage of middle school students decreased by 0.8% from 2016 to 2022, compared to Florida's percentage increasing by 0.2%. Notably, St. Johns County's high school student percentage jumped by 1.6%, whereas Florida's percentage decreased by 0.3% in the reporting period.

EXHIBIT 288: STUDENTS WITH ASTHMA NEEDING 4 OR MORE EMERGENCY DEPARTMENT OR URGENT CARE VISITS, ST. JOHNS COUNTY & FLORIDA, 2016–2022

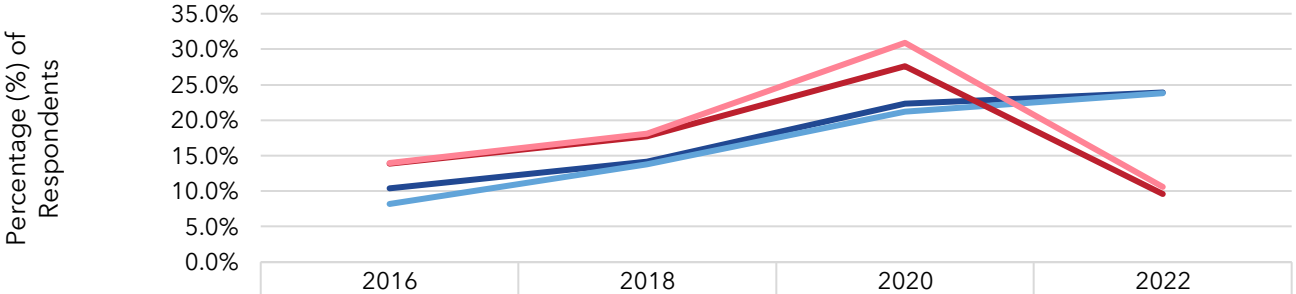


	2016	2018	2020	2022
St. Johns Middle School	2.4%	2.2%	2.5%	1.6%
St. Johns High School	1.4%	2.6%	2.6%	3.0%
Florida Middle School	4.6%	5.0%	4.8%	4.8%
Florida High School	3.2%	3.5%	2.6%	2.9%

Source: Florida Department of Health, Division of Community Health Promotion | FLHealthCHARTS | Florida Youth Tobacco Survey. Date Sourced: May 27, 2024.

Exhibit 289 analyzes the rates of middle and high school students in St. Johns County and Florida who had not visited the doctor in the past 12 months between 2018 and 2022. From 2016 to 2020, fewer St. Johns County students had not visited a doctor than Florida students. However, the pattern shifted in 2022. That year, a higher proportion of both St. Johns County middle and high school students had not seen a doctor compared to students across the state. During the overall reporting period, Florida's percentage decreased by 4.3% in middle schoolers and 3.4% in high schoolers, unlike St. Johns County's percentages, which rose by 13.5% and 15.6%, respectively.

EXHIBIT 289: STUDENTS WHO HAVE NOT VISITED A DOCTOR'S OFFICE IN THE PAST 12 MONTHS, ST. JOHNS COUNTY & FLORIDA, 2016–2022

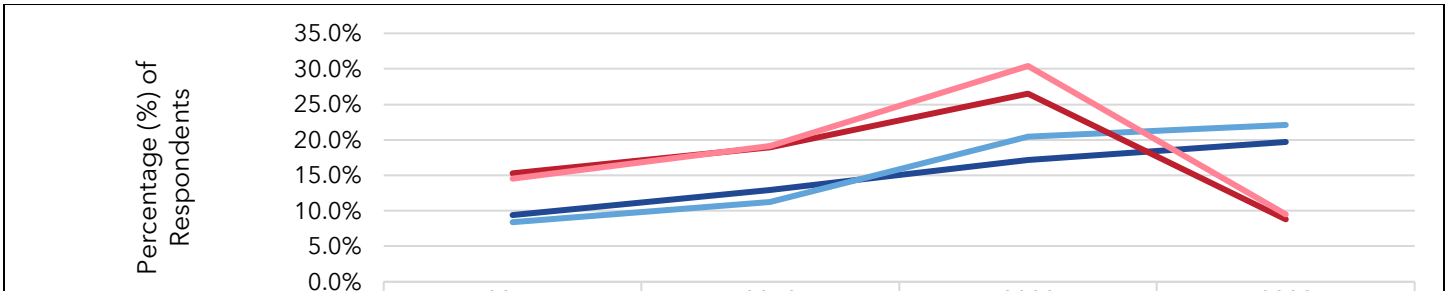


	2016	2018	2020	2022
St. Johns Middle School	10.4%	14.2%	22.3%	23.9%
St. Johns High School	8.2%	13.8%	21.2%	23.8%
Florida Middle School	13.9%	17.7%	27.6%	9.6%
Florida High School	14.0%	18.1%	30.9%	10.6%

Source: Florida Department of Health, Division of Community Health Promotion | FLHealthCHARTS | Florida Youth Tobacco Survey. Date Sourced: May 27, 2024.

The proportion of St. Johns and Florida students who had not visited the dentist in the past 12 months is illustrated in Exhibit 290. From 2016 to 2022, more St. Johns County middle and high school students visited a dentist in the past year than Florida students. Notably, the percentage of St. Johns County students who did not visit a dentist increased by 10.3% for middle schoolers and 13.7% for high schoolers since 2016. In contrast, Florida's rates dropped over the same period (6.5% and 5.0% for middle and high schoolers, respectively).

EXHIBIT 290: STUDENTS WHO HAVE NOT VISITED A DENTIST'S OFFICE IN THE PAST 12 MONTHS, ST. JOHNS COUNTY & FLORIDA, 2016-2022

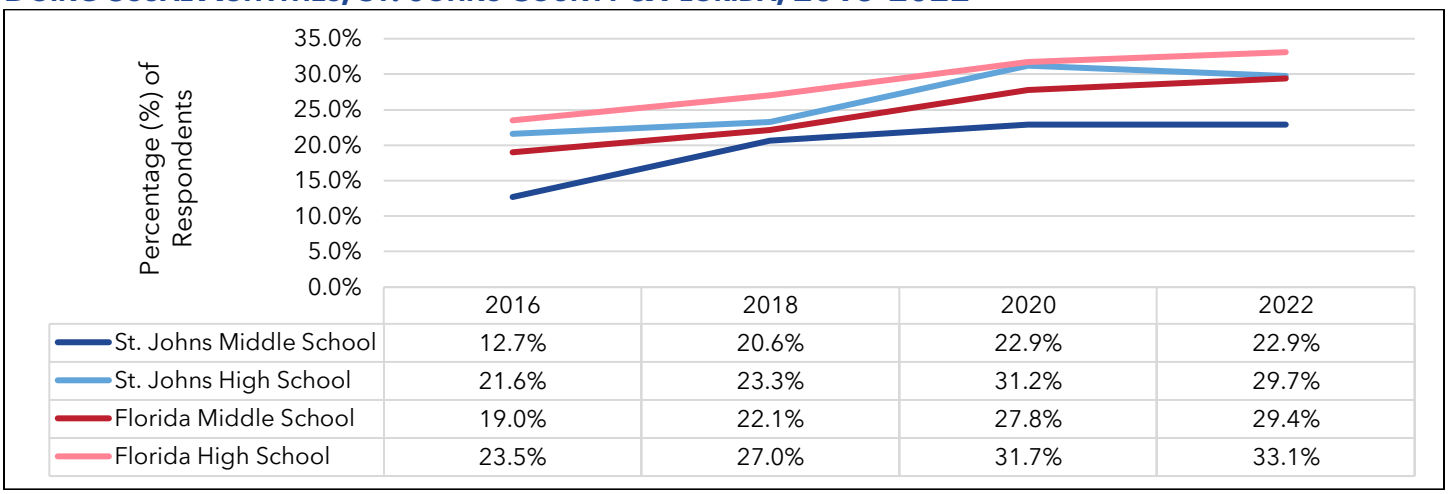


	2016	2018	2020	2022
St. Johns Middle School	9.4%	12.9%	17.2%	19.7%
St. Johns High School	8.4%	11.2%	20.4%	22.1%
Florida Middle School	15.3%	18.9%	26.5%	8.8%
Florida High School	14.5%	19.1%	30.4%	9.5%

Source: Florida Department of Health, Division of Community Health Promotion | FLHealthCHARTS | Florida Youth Tobacco Survey. Date Sourced: May 27, 2024.

Exhibit 291 details trends in the number of students who, in the past year, felt sad or hopeless for two or more weeks in a row and stopped doing their usual activities. Data from FYTS indicate a continuous rise in the percentage of students experiencing these feelings, affecting both middle and high schoolers. Of all student groups, St. Johns County middle schoolers had the fewest students who felt sad or hopeless from 2016 to 2022. Additionally, more high school students in Florida reported these feelings than those in St. Johns County. Interestingly, the rise in rates for county middle schoolers (10.2%) was comparable to the state's increase (10.4%). Conversely, high school students in St. Johns County saw a slower rise in the percentage of students who reported feeling sad or hopeless (8.1%) compared to Florida's increase of 9.6%.

EXHIBIT 291: STUDENTS WHO FELT SAD OR HOPELESS FOR 2 OR MORE WEEKS IN A ROW AND STOPPED DOING USUAL ACTIVITIES, ST. JOHNS COUNTY & FLORIDA, 2016-2022

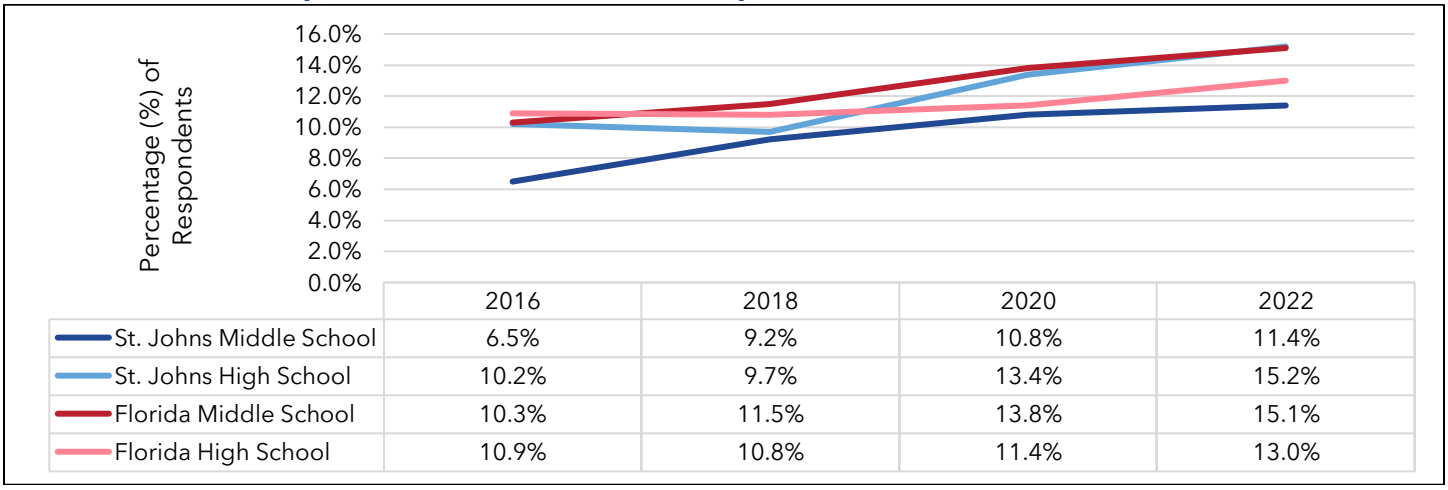


	2016	2018	2020	2022
St. Johns Middle School	12.7%	20.6%	22.9%	22.9%
St. Johns High School	21.6%	23.3%	31.2%	29.7%
Florida Middle School	19.0%	22.1%	27.8%	29.4%
Florida High School	23.5%	27.0%	31.7%	33.1%

Source: Florida Department of Health, Division of Community Health Promotion | FLHealthCHARTS | Florida Youth Tobacco Survey. Date Sourced: May 27, 2024.

Trends in St. Johns County and Florida students who did something to purposely hurt themselves without wanting to die between 2016 and 2022 provide a deeper dive into mental health in Exhibit 292. In 2022, 11.4% of St. Johns County middle schoolers and 15.2% of high schoolers reported engaging in this behavior, compared to 15.1% and 13.0% of their counterparts in Florida, respectively. Notably, St. Johns County experienced a significant increase since 2016, with rates rising by 4.9% for middle schoolers and 5.0% for high schoolers.

EXHIBIT 292: STUDENTS DID SOMETHING TO PURPOSELY HURT THEMSELVES WITHOUT WANTING TO DIE IN THE PAST 12 MONTHS, ST. JOHNS COUNTY & FLORIDA, 2016-2022



	2016	2018	2020	2022
St. Johns Middle School	6.5%	9.2%	10.8%	11.4%
St. Johns High School	10.2%	9.7%	13.4%	15.2%
Florida Middle School	10.3%	11.5%	13.8%	15.1%
Florida High School	10.9%	10.8%	11.4%	13.0%

Source: Florida Department of Health, Division of Community Health Promotion | FLHealthCHARTS | Florida Youth Tobacco Survey. Date Sourced: May 27, 2024.

Community Themes & Strengths Assessment

A community perspective is crucial when conducting a needs assessment in a geographic service area as it represents a holistic approach to understanding the health and quality of life landscape. Community residents provide invaluable local knowledge and an in-depth understanding of their unique needs and challenges. By incorporating residents in this process, organizations gain crucial

insights and build trust with community members. As a result, the community is more likely to support and actively participate in initiatives aimed at improving population health. The collaborative approach fosters a sense of ownership and commitment to shaping solutions that are truly tailored to the community's specific requirements and aspirations.

Methodology

Another core element of the MAPP model is the *Community Strengths and Themes Assessment*, providing critical insights into community health perceptions. As outlined in the Florida MAPP Field Guide, this assessment directly engages residents to gather feedback on their health, community well-being, and access to care. Through surveys, focus groups, and key stakeholder interviews, INK! sought to understand community health issues and concerns.

- **Surveys:** A quantitative data source that helps gather structured, numerical data. This type of data collection can provide insights into demographics, health conditions, access to healthcare services, and other factors. Analysis of this type of data can identify trends, disparities, and specific numerical indicators (Berkowitz and Nagy, n.d.).
- **Focus Groups:** A small, diverse group of community members discussing their experiences and perspectives in a guided, open-ended conversation. The data collected provides a valuable perspective for understanding the "why" behind certain health and quality of life issues, thus uncovering hidden factors, attitudes, and community priorities (Berkowitz, n.d.).
- **Key Stakeholder Interviews:** Interviews with local leaders, healthcare providers, educators, and community advocates provide valuable insights into the community's strengths and challenges. These stakeholders often have a deep understanding of the local context and nuance that might be missed in broader data collection (Vilela, n.d.).

From November 2023 to March 2024, 11 key stakeholder interviews and five focus groups (3 adult and 2 youth) were conducted, and 931 total surveys (655 adults and 276 youths) were collected with the cooperation of INK! and St. Johns County community organizations. These data collection methods aimed to capture diverse perspectives from individuals with knowledge of the community and to gain a comprehensive understanding of community members' perceptions of health and healthcare needs in St. Johns County.

Exhibit 293 provides a summary of responses by ZIP Code and type of data collection tool. INK! collected 938 surveys, including 662 adults (18 years and older) and 276 youth (aged 10–17). Interestingly, 178 respondents (88 adults and 90 youth) reported a ZIP Code outside of St. Johns County and wanted to voice their opinions on improving mental health resiliency and substance use services in the county. When screened for a question completion rate of 80%, 655 adult and 276 youth surveys were eligible for analysis. Most adult surveys came from ZIP Code 32084, and most youth surveys came from 32092. Survey respondents may work in, have a child attending school or utilizing services in, or avail themselves of such services within St. Johns County. Adult and youth focus group participants were most frequently from ZIP Code 32086. In total, 60 participants (35 adults and 25 youths) provided input in focus groups. Ten key stakeholder interviews were conducted with partners who offer services within St. Johns County. All in all, 823 St. Johns County residents (612 adults and 211 youth) provided insight into their community's mental health resiliency and substance use recovery needs.

EXHIBIT 293: PRIMARY DATA COLLECTION SUMMARY

ZIP Code	Survey Adult	Survey Youth	Focus Group Adult	Focus Group Youth	Total by ZIP Code
32004	6	3	0	0	**9**
32033	8	3	0	0	**11**
32080	65	14	0	3	**82**
32081	26	16	2	3	**47**
32082	27	6	0	1	**34**
32084	159	27	6	2	**194**
32085	5	0	0	0	**5**
32086	127	30	12	4	**173**
32092	71	44	4	4	**123**
32095	18	7	4	1	**30**
32145	14	1	1	0	**16**
32259	45	37	2	5	**89**
Other	84	88	4	2	**178**
Total by Tool Type	**655**	**276**	**35**	**25**	

Source: INK! Community Surveys, Focus Groups, Key Stakeholder Interviews, November 2023–April 2024.

Community Surveys

A survey is a systematic method for soliciting input from community members to identify their most pressing needs. By helping prioritize issues, survey results are crucial in creating a roadmap for future actions. Surveys use a predetermined set of questions to capture the unique needs and concerns within the community (Berkowitz & Jenette Nagy, n.d.).

Methodology

A total of 931 community members participated in the survey. Of these participants, 655 were adults aged 18 years and older, and 276 were youth aged 10 through 17. Participants completed the survey either on paper or online via Microsoft Forms. Surveys were distributed in person through outreach events and virtually through links in social media and emails. Data from paper surveys were entered into Microsoft Forms and analyzed through Microsoft Excel. Percentages in the charts and the narrative that follows are calculated based on the number of respondents per question rather than the total number of respondents for the survey. Appendix A-1 and Appendix A-2 contain full copies of the implemented community surveys for adults and youth, respectively.

Adult Survey

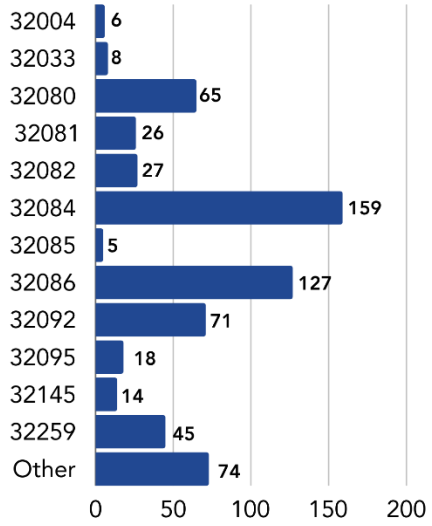
There were 662 respondents who completed the adult survey. Responses from participants were included for analysis if the participant completed at least 80% of the survey. Responses from 655 surveys were included in the final analysis. Appendix A-1 contains the full copy of the implemented adult survey tool.

Exhibit 294 displays a demographic summary of the adult survey participants. Demographics were collected from survey questions 7 to 17. The highest number of adult surveys (159) came from ZIP

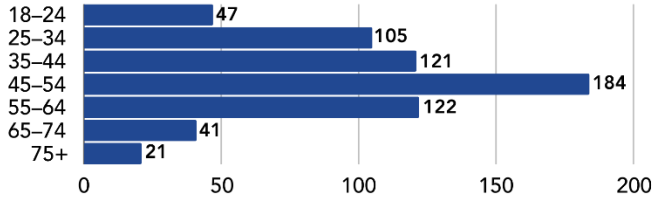
Code 32084. There were 74 responses from outside St. Johns County. These responses were included in the final analysis to account for participants who live in other counties but may work in, have a child attending school or utilizing services in, or avail themselves of mental health and substance use services within St. Johns County. The age group 45–54 years represented most of the participants, and most selected female (71.6%) as their gender. White/Caucasian (81.6%) and Black/African American (8.5%) were the two most represented race groups among participants. For education level, most participants had a 4-year degree/bachelor's degree (36.9%), and most participants identified as full-time (69.8%) for employment status. The $100,000+ income bracket (35.5%) represented the greatest proportion of survey participants for annual household income. There were 13.3% of respondents who identified as veterans, the largest special population, followed by 6.4% identifying as LGBTQ+. There were 57.2% of participants who were married and 18.0% who were single (never married). When asked how they received healthcare, most participants were either covered through a job or family member (68.4%) or paid on their own (14.4%).

EXHIBIT 294: COMMUNITY SURVEY ADULT (18 AND OLDER) PARTICIPANTS DEMOGRAPHIC PROFILE

ZIP Code



Age



Race / Ethnicity

81.6%	White / Caucasian
8.5%	Black / African American
2.3%	Asian / Pacific Islander
1.1%	Native American / Alaskan Native
0.3%	Caribbean
2.0%	Multiracial
10.6%	Hispanic / Latino(a)
83.0%	Non-Hispanic / Non-Latino(a)

Gender

0.5% Males

71.6% Females

27.9% Prefer Not to Answer

Special Populations

4.7% Disabled

13.3% Veteran

1.7% Foster Care

6.4% LGBTQ+

3.3% English Second Language

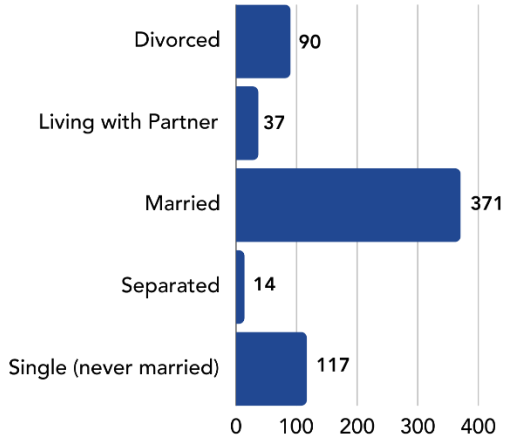
Employment Status

0.9%	Disabled
69.8%	Employed Full-Time
8.2%	Employed Part-Time
9.2%	Self Employed
1.8%	Stay-at-Home Parent / Caregiver
1.8%	Student
1.7%	Unemployed
4.9%	Retired

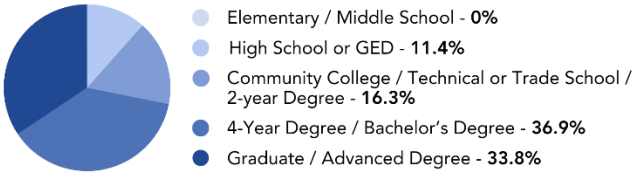
Healthcare Coverage

68.4%	Through a job or family member
14.4%	I pay for it on my own
3.5%	VA benefits
8.0%	Medicare
2.5%	Medicaid
4.4%	No insurance
1.7%	I'd prefer not to answer

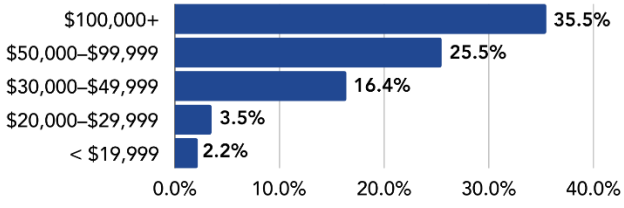
Marital Status



Educational Attainment



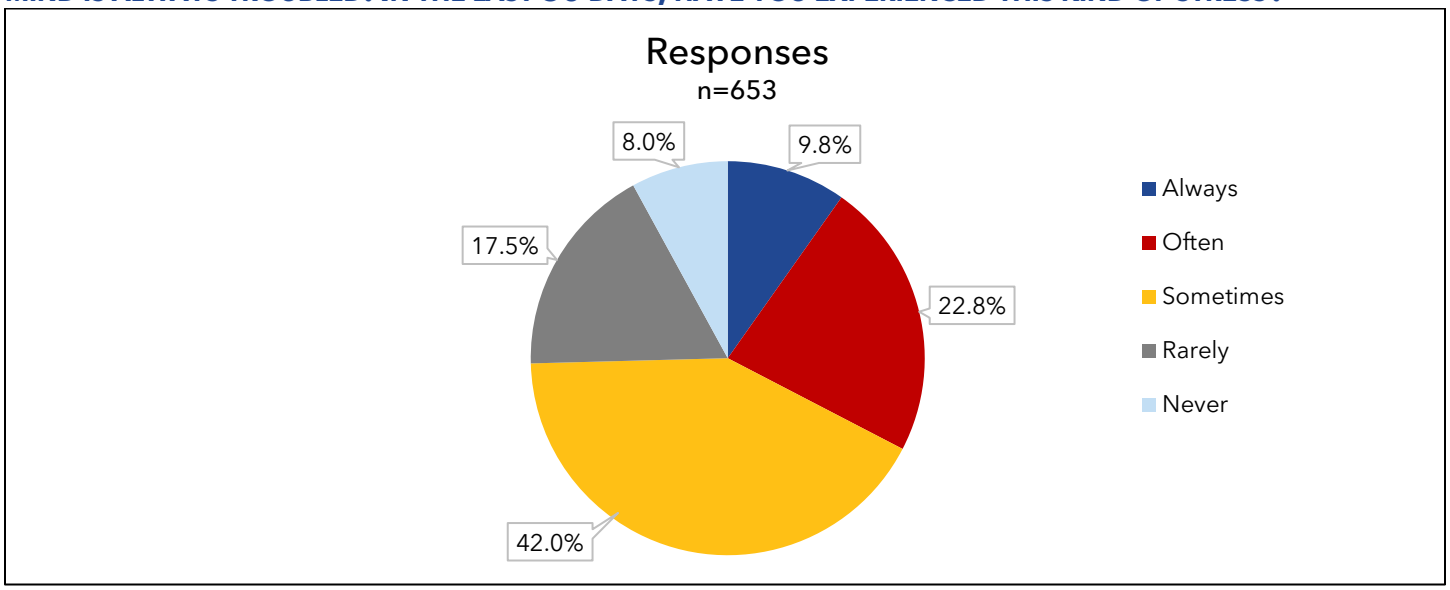
Household Income



Results

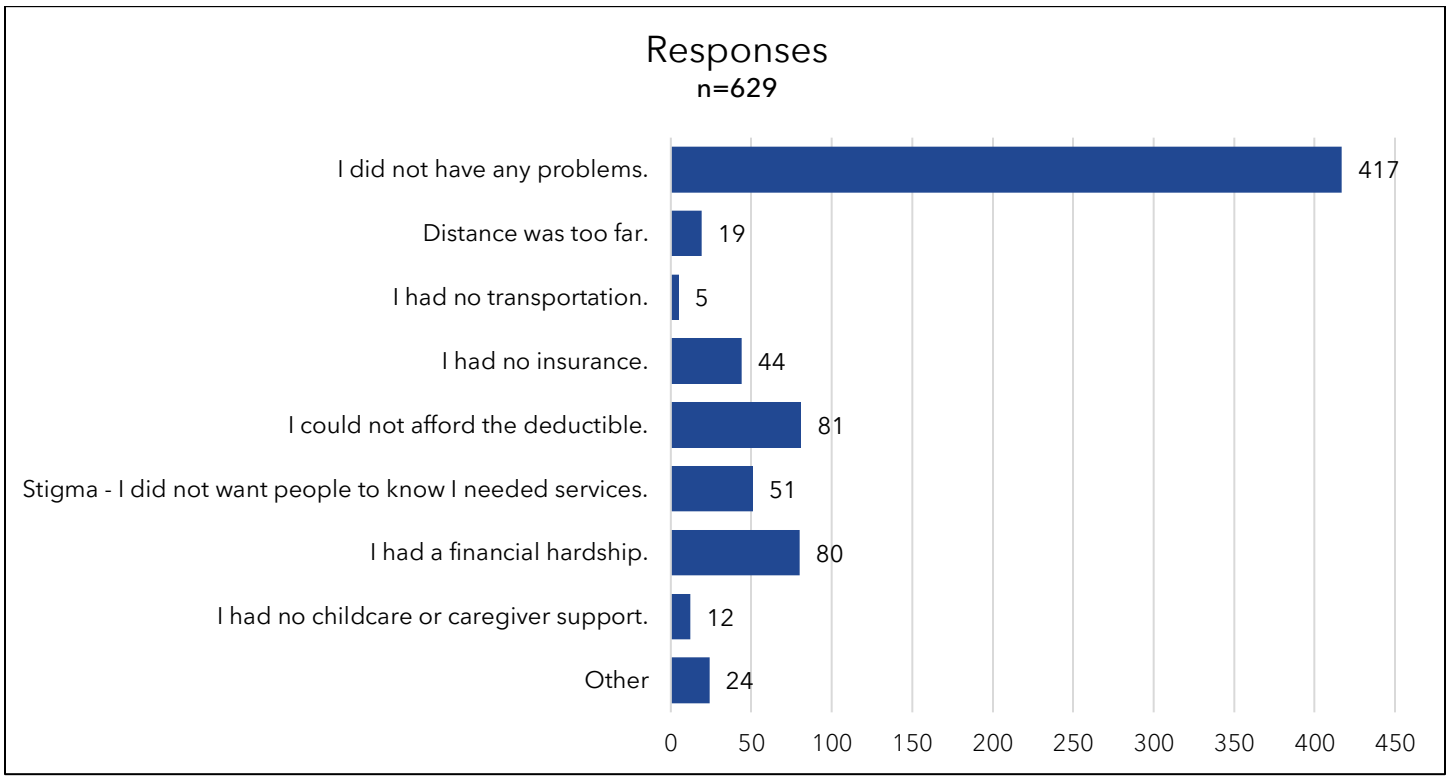
Of the 653 respondents who answered how stress affects their ability to sleep at night, 42.0% said they "sometimes" experience that kind of stress, 22.8% said "often," 17.5% said "rarely," while 9.8% said "always," and 8.0% said "never" (Exhibit 295).

EXHIBIT 295: ADULT SURVEY QUESTION 1 – STRESS IS WHEN A PERSON FEELS TENSE, RESTLESS, NERVOUS, OR ANXIOUS. SOMETIMES WHEN SOMEONE IS STRESSED, THEY MAY BE UNABLE TO SLEEP AT NIGHT BECAUSE THEIR MIND IS ALWAYS TROUBLED. IN THE LAST 30 DAYS, HAVE YOU EXPERIENCED THIS KIND OF STRESS?



The most common reasons that survey respondents put off, canceled, or neglected seeking services, if they needed them, from a mental health or substance use professional were unaffordable deductibles, financial hardships, and stigma associated with seeking these types of services (Exhibit 296).

EXHIBIT 296: ADULT SURVEY QUESTION 2 – IN THE LAST 12 MONTHS, DID YOU PUT OFF, CANCEL, OR NEGLECT SEEKING SERVICES FROM A MENTAL HEALTH OR SUBSTANCE USE PROFESSIONAL FOR ANY OF THE FOLLOWING REASONS? CHECK ALL THAT APPLY.



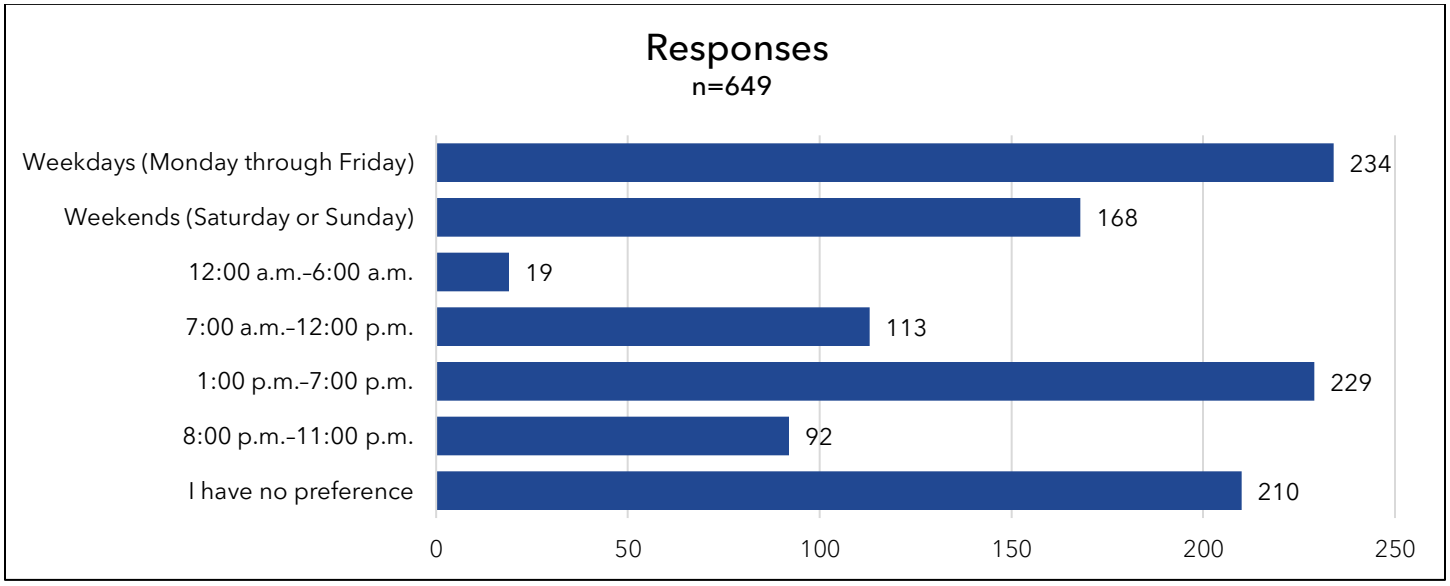
Respondents selecting "Other"

- Lack of diverse providers
- Lack of services known
- No provider available
- No time
- Ghosted therapist. Was scared to tell her things I did
- Finding the resource that fit
- Time/availability
- Didn't think it was important enough
- Never thought about it
- My focus was for my sons to receive services first
- I had other things to be accounted for so putting me aside had to be done in order to make sure I was doing the things necessary to start my life
- Work schedule conflict not open after work
- Am too picky about where to go
- Overwhelming situation to be in can lead to paralysis with self care
- Virtual counseling
- Their hours of operation were during normal working hours when I am either working myself, or picking up my children and taking care of them. Would have been helpful to have more openings after normal business hours when I had others available to help with the kids.

- No time
- Finding provider who takes BCBS insurance
- Didn't feel up to it
- I can't see my chosen counselor
- Too many decisions
- Just procrastinating
- I don't have the time

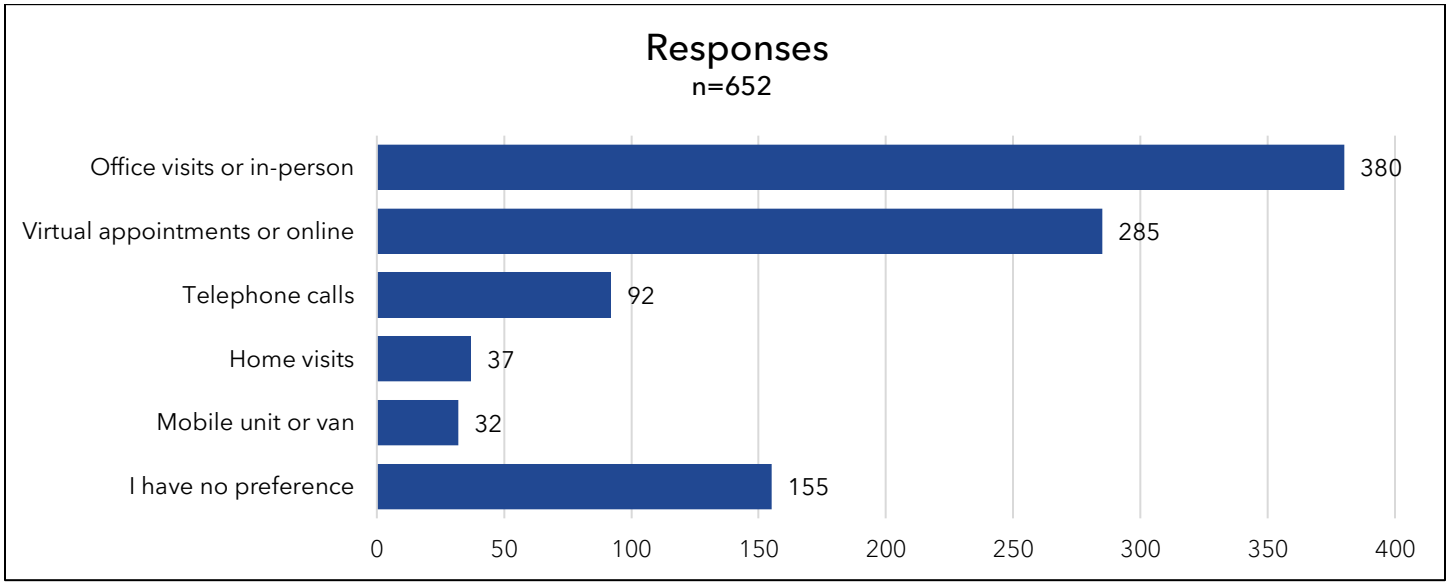
Of all day and time options given, survey respondents said that weekdays between 1 p.m. and 7 p.m. was the most desired time to schedule an appointment with a mental health or substance use professional (Exhibit 297).

EXHIBIT 297: ADULT SURVEY QUESTION 3 – IF YOU WANTED TO SCHEDULE AN APPOINTMENT WITH A MENTAL HEALTH OR SUBSTANCE USE PROFESSIONAL, WHAT DAYS OR TIMES WOULD YOU WANT AVAILABLE TO SCHEDULE AN APPOINTMENT? CHECK ALL THAT APPLY.



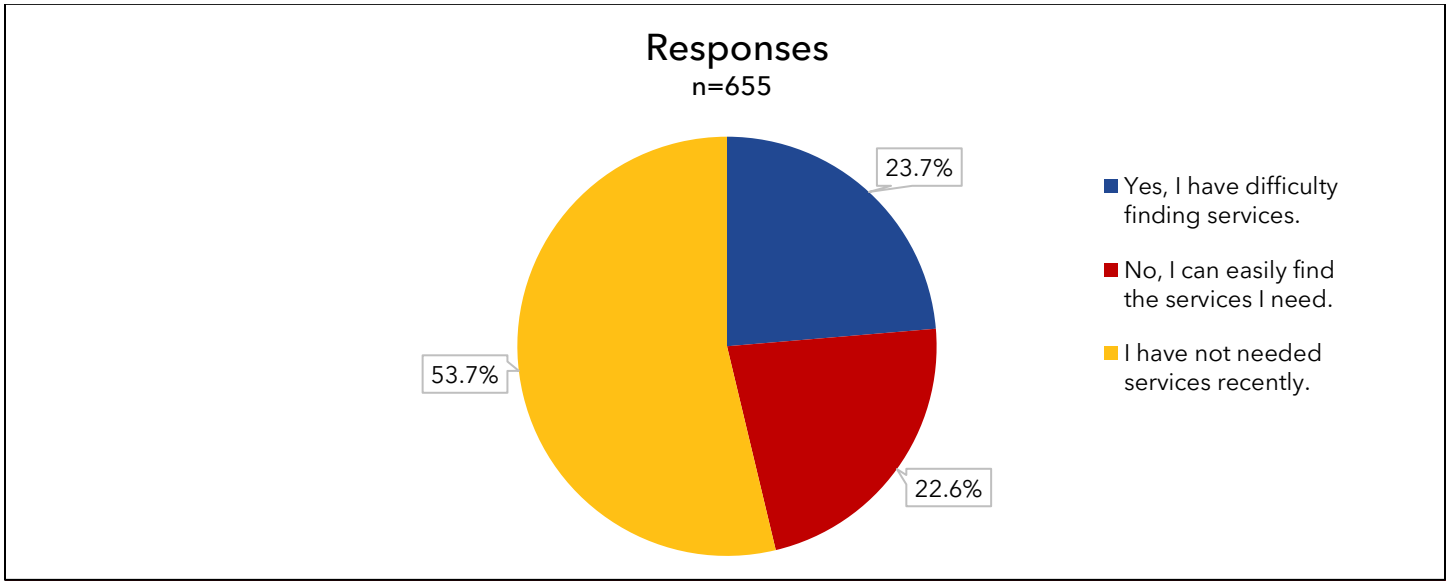
Respondents preferred office visits/in-person appointments and virtual/online appointments with mental health or substance use professionals above any other appointment type (Exhibit 298).

EXHIBIT 298: ADULT SURVEY QUESTION 4 – IF YOU WANTED TO SCHEDULE AN APPOINTMENT WITH A MENTAL HEALTH OR SUBSTANCE USE PROFESSIONAL, WHAT TYPES OF APPOINTMENTS WOULD YOU WANT AVAILABLE? CHECK ALL THAT APPLY.



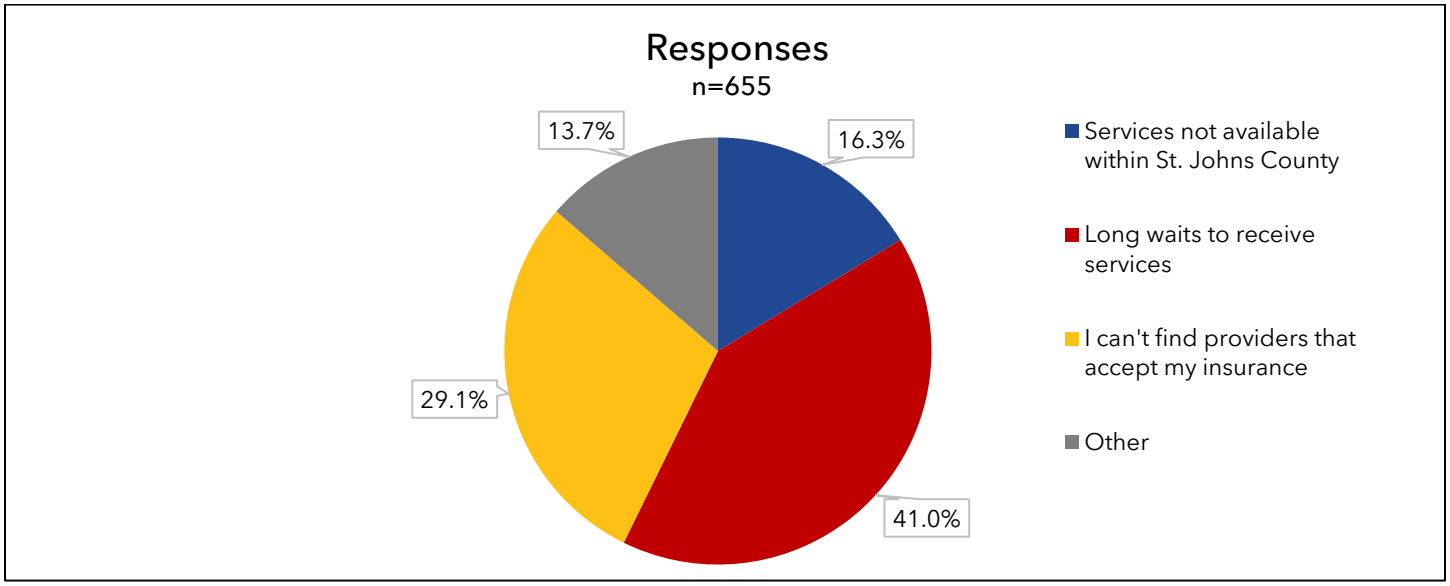
Of all the survey respondents, 23.7% expressed that they have difficulty finding mental health or substance abuse services in St. Johns County (Exhibit 299). On the other hand, 22.6% said they can find the services they need easily, while 53.7% said they have not recently needed them.

EXHIBIT 299: ADULT SURVEY QUESTION 5 – IS IT DIFFICULT FOR YOU TO FIND MENTAL HEALTH OR SUBSTANCE USE SERVICES IN ST. JOHNS COUNTY?



The individuals who said they have difficulty finding mental health or substance abuse services in St. Johns County most commonly reported that either they can't find providers that accept their insurance or there are long waitlists to receive services (Exhibit 300).

EXHIBIT 300: ADULT SURVEY QUESTION 6 – IF "YES" TO QUESTION 5.



Respondents selecting "Other"

- Don't know services in area
- Didn't stay in contact
- Don't know which providers are "good"
- Few OCD trained therapists
- Financial hardship
- Finding someone outside of normal working hours is very challenging. Tough to take off of work and/or find others during those hours to care for my children while I go
- I am avoiding it. I have not begun to look. I do not know where to start
- Lack of diverse providers
- Providers not taking new patients
- There are only a fee [sic] therapists and I don't connect with them. The good ones are too expensive
- I did not know services in the area
- I had no insurance
- Income eligibility
- Income
- Cost
- Availability
- Times available for appointments during work day
- New to area
- No openings no access in a short timeframe
- Not easily identifiable
- Not easy to Google or find providers
- Provider is ill
- Do not accept over age 60
- Out of pocket cost is a lot

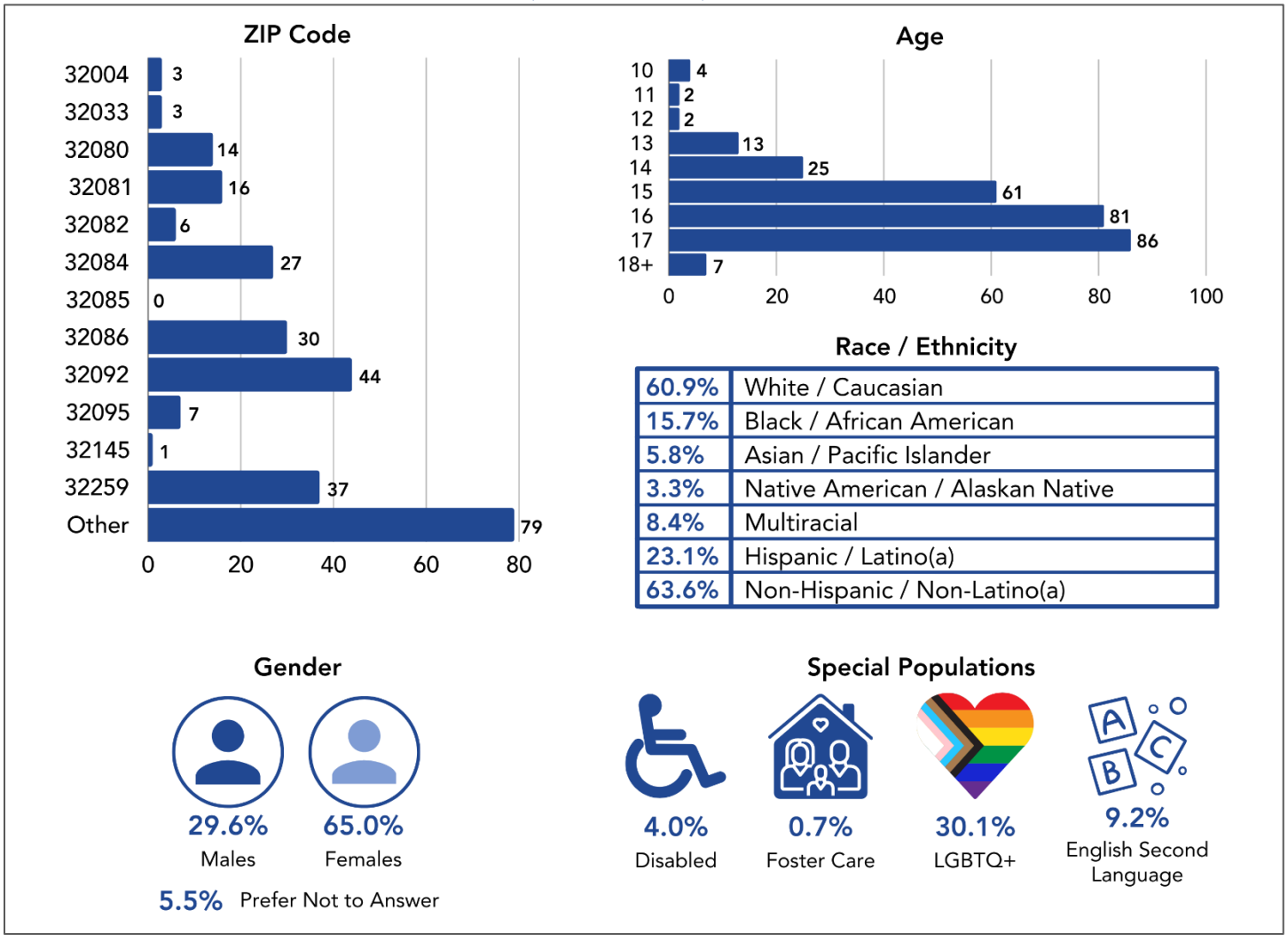
- Lousy services
- Time available with job, and setup/wait time it takes to get in with somebody in St. Johns

Youth Survey

A total of 276 people completed the youth survey. Responses were included for analysis if the participant answered at least 80% of the survey. Responses from all 276 individuals met the criteria and were analyzed. Appendix A-2. Community Survey Youths (10–17 Years) Tool contains a full copy of the implemented tool for the youth survey.

Exhibit 301 displays a demographic summary of the youth survey participants. Demographics were collected from survey questions 8 to 13. Most of the youths surveyed came from ZIP Code 32092. Seventy-nine responses to the survey came from outside of St. Johns County. These responses were included in the final analysis to account for participants who live in other counties but may attend school or utilize mental health and substance use services in St. Johns County. Most respondents were 16 and 17 years old, and identified as female (65.0%). White/Caucasian (60.9%) and non-Hispanic/non-Latino(a) (63.6%) represented the race/ethnicity groups with the highest participation. Of the special populations surveyed, the largest percentage identified as LGBTQ+ (30.1%), followed by those who spoke English as a Second Language (9.2%).

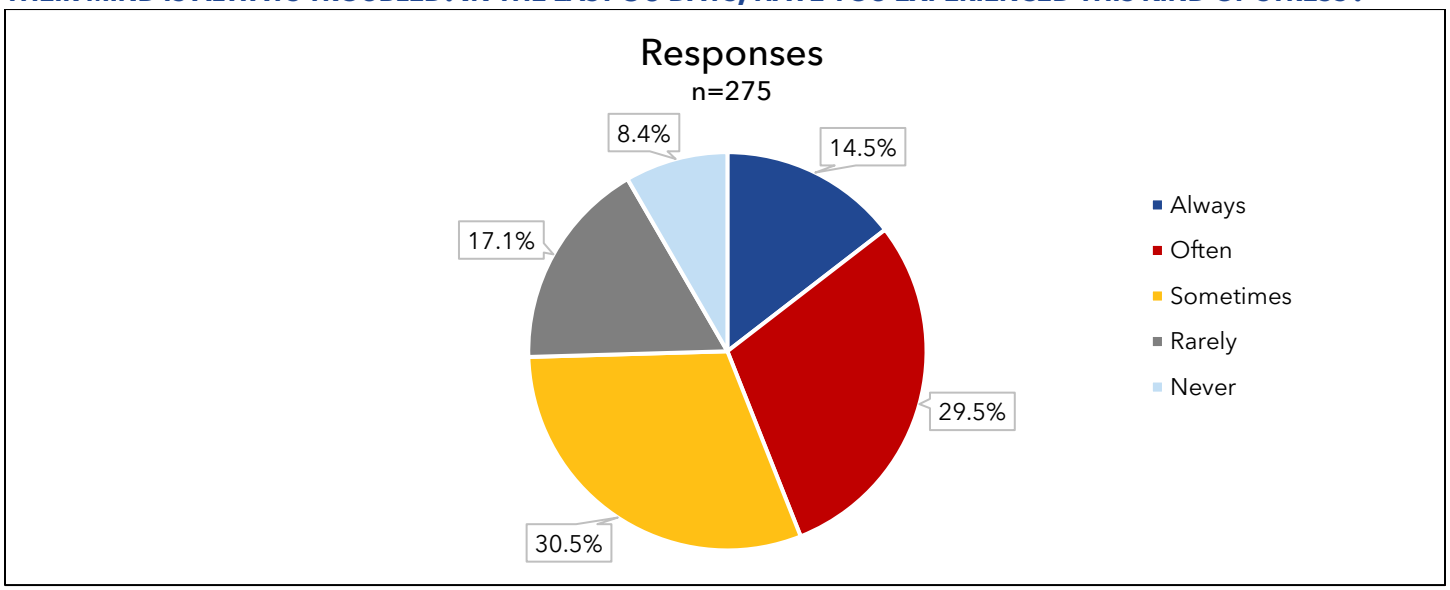
EXHIBIT 301: COMMUNITY SURVEY YOUTHS (AGED 10–17) PARTICIPANTS DEMOGRAPHIC PROFILE



Results

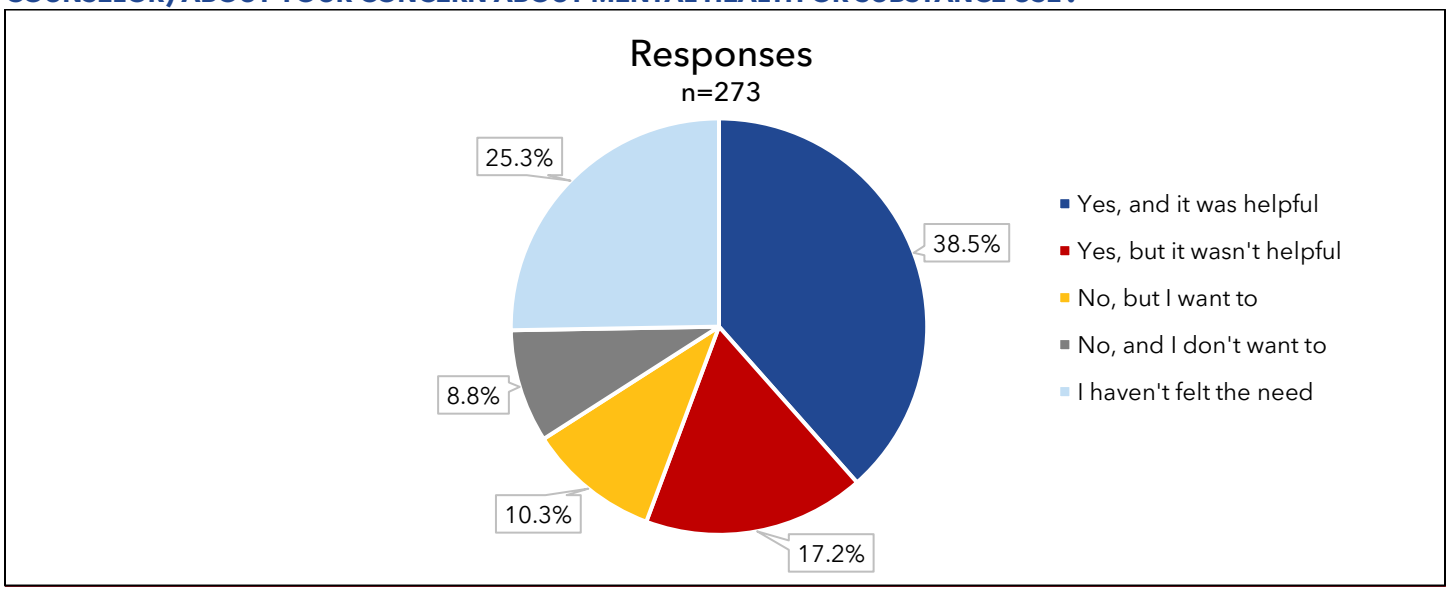
Of the 275 respondents who noted how stress affects their ability to sleep at night, 30.5% said they "sometimes" experience that kind of stress, while 14.5% said "always," 29.5% said "often," 17.1% said "rarely," and 8.4% said "never" (Exhibit 302).

EXHIBIT 302: YOUTH SURVEY QUESTION 1 – STRESS IS WHEN A PERSON FEELS TENSE, RESTLESS, NERVOUS, OR ANXIOUS. SOMETIMES WHEN SOMEONE IS STRESSED, THEY MAY BE UNABLE TO SLEEP AT NIGHT BECAUSE THEIR MIND IS ALWAYS TROUBLED. IN THE LAST 30 DAYS, HAVE YOU EXPERIENCED THIS KIND OF STRESS?



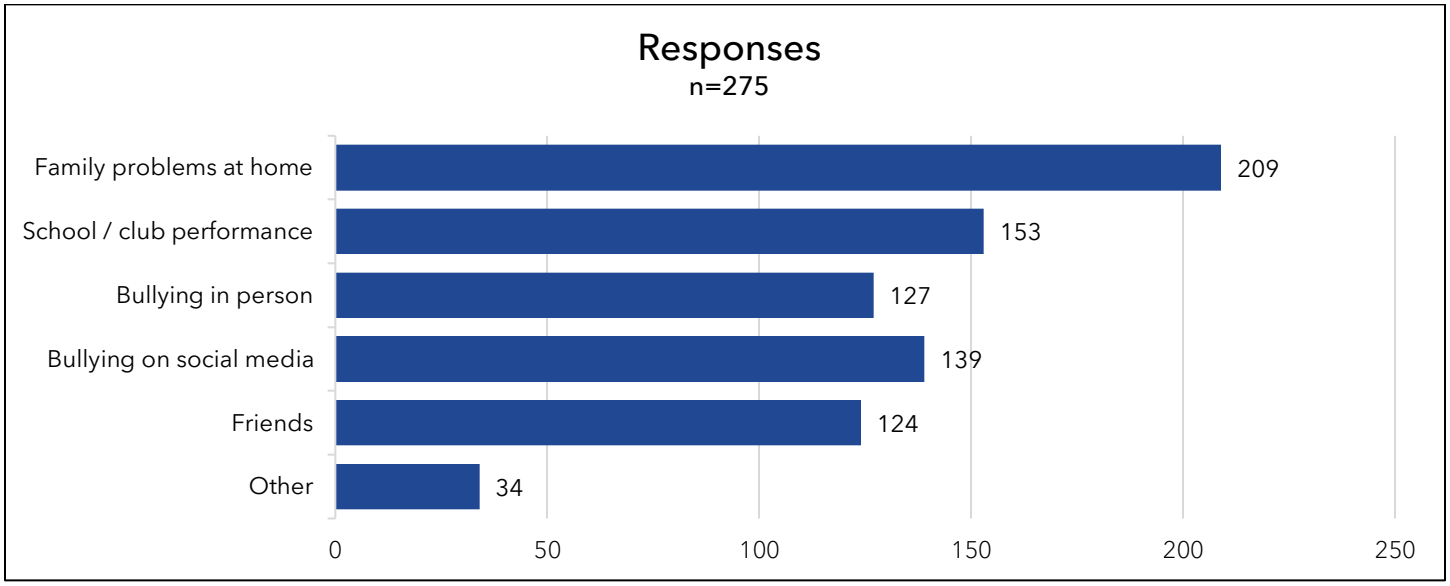
A little over half of the respondents stated that they have talked to someone (family, friend, or counselor) about their concerns about mental health or substance use (Exhibit 303). Most youth (38.5%) said the conversation was helpful, while others said it was not (17.2%). More than one-quarter of the respondents said they have not felt the need to talk to someone about concerns regarding mental health or substance abuse (Exhibit 303).

EXHIBIT 303: YOUTH SURVEY QUESTION 2 – HAVE YOU EVER TALKED TO SOMEONE (FRIEND, FAMILY, COUNSELOR) ABOUT YOUR CONCERN ABOUT MENTAL HEALTH OR SUBSTANCE USE?



Survey respondents think that the most common factors that contribute to mental health issues in youth are family problems at home, school and club performance, and bullying on social media (Exhibit 304).

EXHIBIT 304: YOUTH SURVEY QUESTION 3 – WHAT FACTORS DO YOU THINK CONTRIBUTE TO MENTAL HEALTH ISSUES IN YOUTH YOUR AGE? CHECK ALL THAT APPLY.



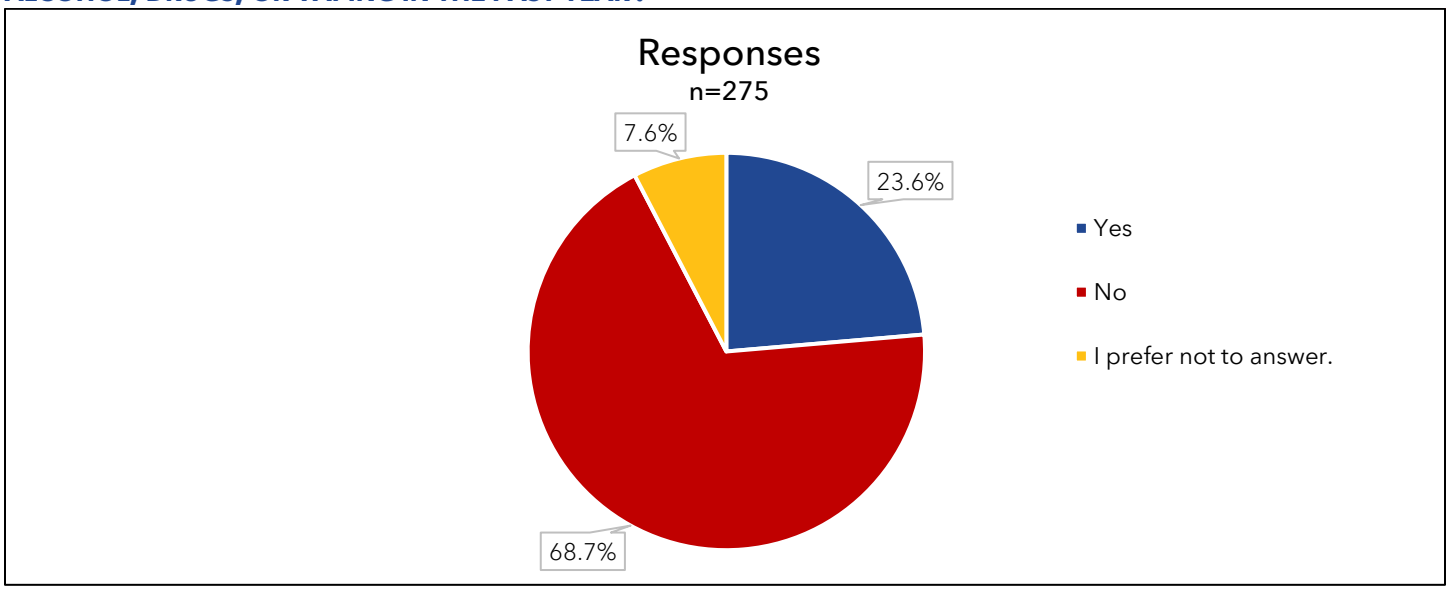
Respondents selecting "Other"

- Death of a close relative. Cousin died of suicide at age 14 two months ago
- Peer pressure
- Meanies
- Anything
- Me
- My brain is mean to me
- Culture
- Depends on the person
- Influencers Self expectations
- Trends/peer pressure
- Rumors
- Social image
- Social media
- BiPolar [sic] diagnosis
- Stress
- World News/World events
- Dooming
- Self worth
- Future
- Genetics
- Mix of everything
- Nothing

- Phone and video games

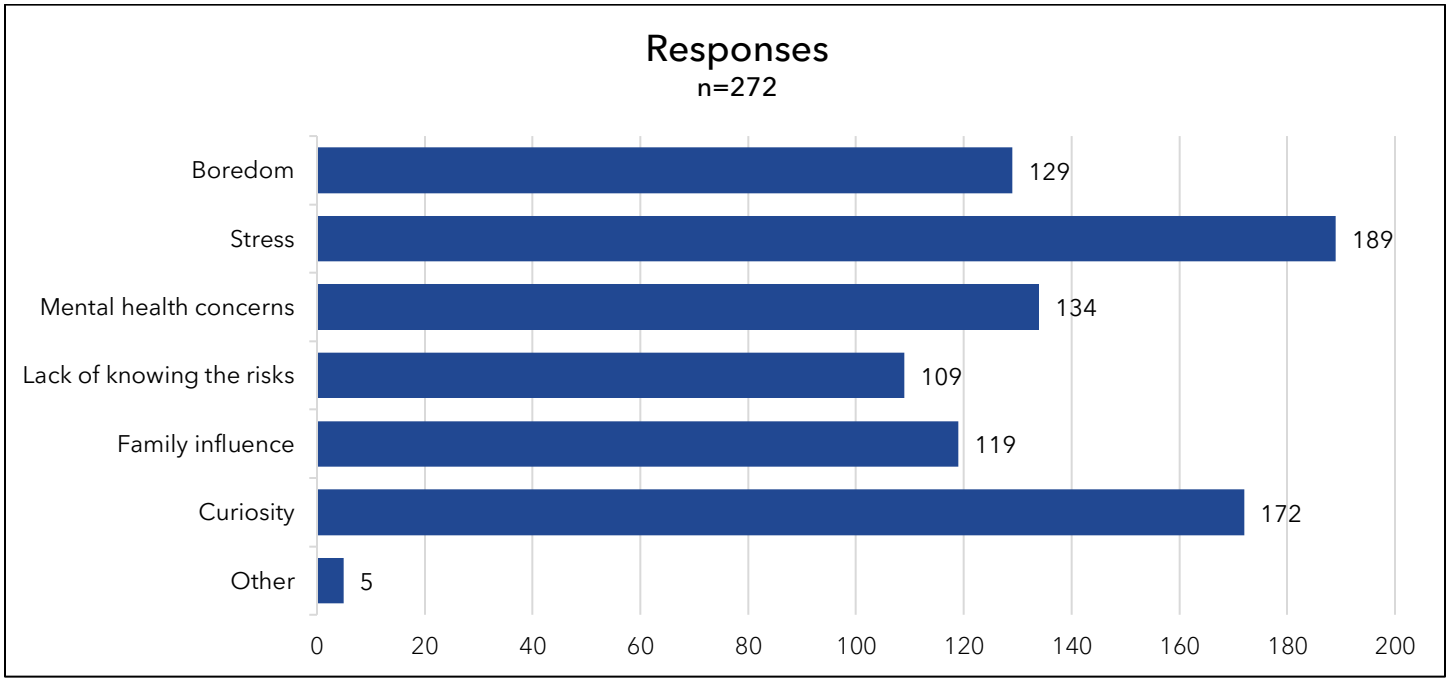
Of the 275 respondents who answered the question about their experimentation or use of substances like alcohol, drugs, or vaping in the past year, 68.7% said they have not used any (Exhibit 305). In contrast, 23.6% of respondents said they did. About 7.8% of respondents preferred not to answer this question (Exhibit 305).

EXHIBIT 305: YOUTH SURVEY QUESTION 4 – HAVE YOU EXPERIMENTED WITH OR USED SUBSTANCES LIKE ALCOHOL, DRUGS, OR VAPING IN THE PAST YEAR?



Survey respondents reported that the most common factors that contribute to substance use issues in youth are stress, curiosity, and mental health concerns (Exhibit 306).

EXHIBIT 306: YOUTH SURVEY QUESTION 5 – WHAT FACTORS DO YOU THINK CONTRIBUTE TO SUBSTANCE USE ISSUES IN YOUTH YOUR AGE? CHECK ALL THAT APPLY.

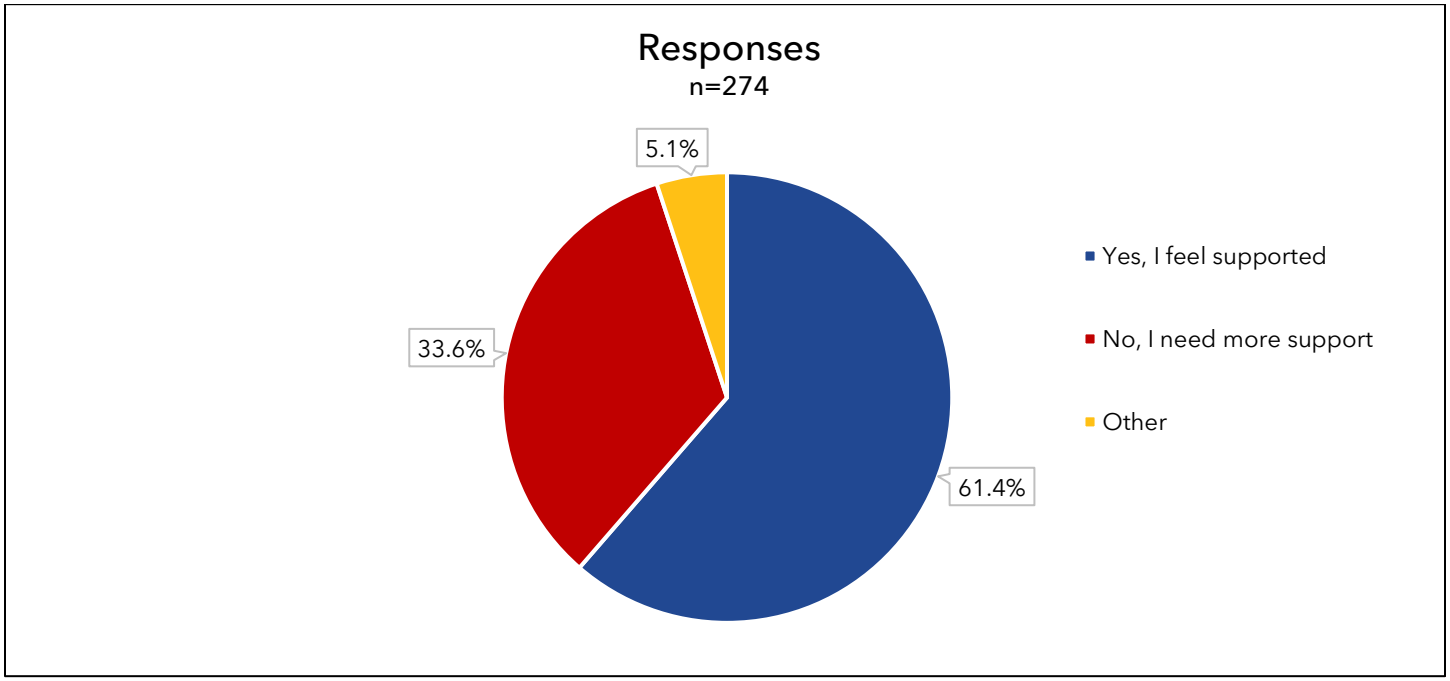


Respondents selecting "Other"

- Society
- "It's cool and fun"
- Lack of care for well-being
- Social norm
- Many young people think that the world will have no future (climate change)
- Glorification in media
- To feel good abt [sic] my self [sic]

Over half of the survey respondents (61.4%) indicated that they believe their school and community provide them with enough support and resources to help with mental health and substance abuse issues (Exhibit 307). In contrast, one-third (33.6%) said they need more support (Exhibit 307).

EXHIBIT 307: YOUTH SURVEY QUESTION 6 – DO YOU BELIEVE YOUR SCHOOL AND COMMUNITY PROVIDE YOU WITH ENOUGH SUPPORT AND RESOURCES TO HELP WITH MENTAL HEALTH AND SUBSTANCE USE ISSUES?



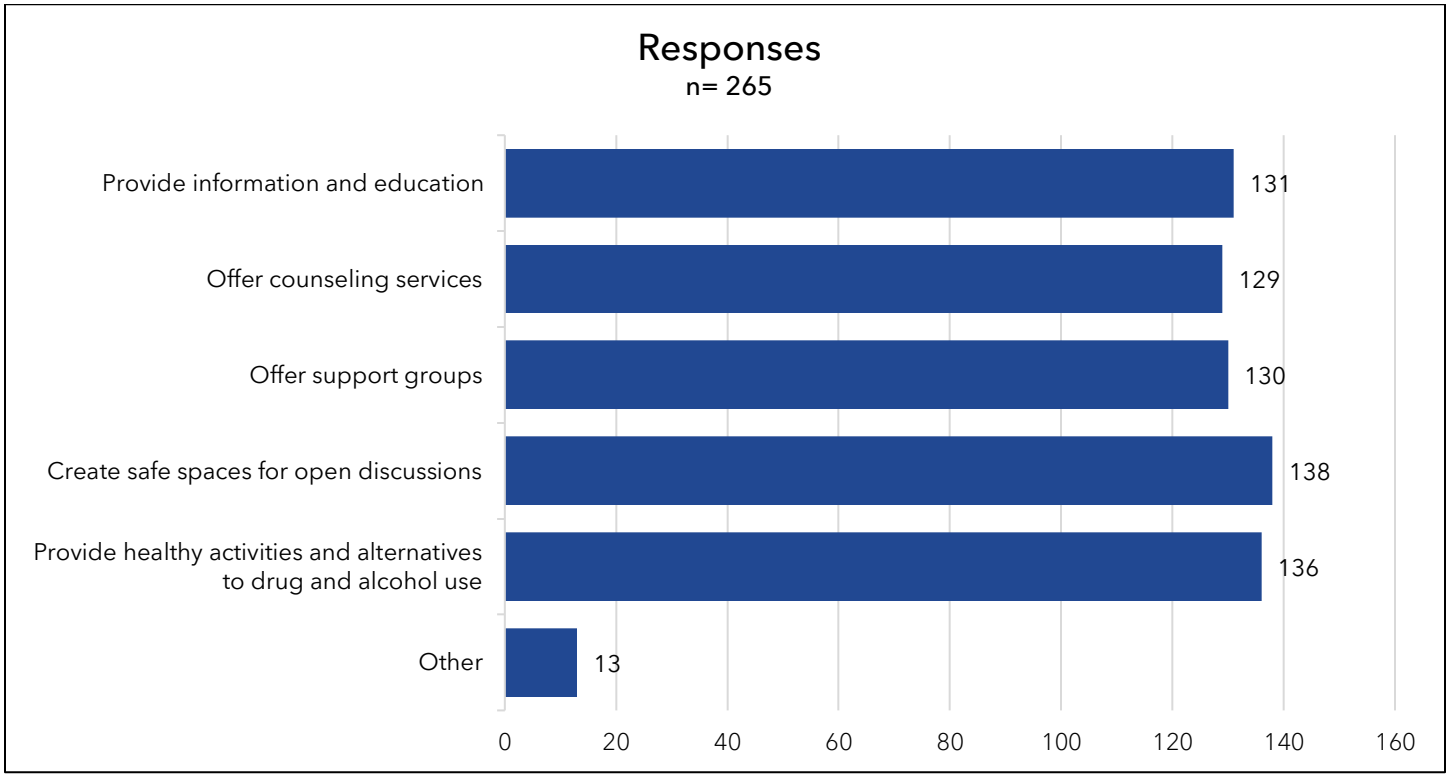
Respondents selecting "Other"

- Don't need
- I believe people don't utilize the resources due to shame and embarrassment
- I don't know
- I have never asked so I don't know
- I haven't reached out enough
- I hven't [sic] utilized the resources wo [sic] I wouldn't know
- IDK [sic]
- Individuals help
- Kinda [sic] but kinda [sic] not
- Many staff like to diminish the fact that youth can have problems

- The school resources feel out of touch and stupid
- Not sure
- Only with a few things
- Personally, I don't need more support, but I know others that do

Respondents think that there are a variety of ways that schools and communities can better support young people's mental health and reduce the use of drugs and alcohol. The most common methods selected are creating safe spaces for open discussions, providing healthy alternative activities to drugs and alcohol, and providing more information and education (Exhibit 308).

EXHIBIT 308: YOUTH SURVEY QUESTION 7 – WHAT DO YOU THINK SCHOOLS AND COMMUNITIES CAN DO TO BETTER SUPPORT YOUNG PEOPLE'S MENTAL HEALTH AND REDUCE THE USE OF DRUGS AND ALCOHOL? CHECK ALL THAT APPLY.



Respondents selecting "Other"

- I don't think it can be stopped
- Not sure
- Provide information and education IN A GOOD WAY!!! I cannot stress enough how out of touch most resources feel. GET STUDENT INPUT.
- Put professional M.H. Counselors on staff
- We watch videos class about mental health, though many that need it skip school that day and think it is annoying
- Provide information on healthy dating and awareness on human trafficking, and dating violence
- Have a S(tudents)A(gainst)D(runk)D(riving) club at high schools

- Risk management
- LISTEN!!!
- Check areas like bathrooms where vaping is common
- Private more programs for students of all ages

Community Focus Groups

A focus group is a small-group discussion led by a skilled facilitator, designed to gather insights and opinions on a specific topic in an open and non-threatening environment. These discussions are open-ended and encourage participants to express their thoughts and feelings freely, making them a valuable source of data for a more accurate understanding of people's perspectives on the topic (Berkowitz, n.d.).

Methodology

In this report, five focus groups (three adult and two youth) were conducted to gain a better understanding of the unique needs of each group. Between January and March 2024, participants were recruited through volunteers from local community meetings. Focus groups were either in-person or through Microsoft Teams. At the start of each focus group, the facilitator from HPCNEF explained the assessment's purpose and guided the group discussion through the questions. All data for the focus groups were collected in aggregate, ensuring the anonymity of the participants.

Adult Focus Groups

Methodology

In January and February 2024, three adult focus groups provided community input for the assessment. Participants for the focus groups were recruited through engaging volunteers from local community meetings. A couple of locations allowed for collecting data and opinions from diverse population groups within St. Johns County. Meeting locations included:

- Health and Human Services Building (2 focus groups)
- Fullerwood Training Center

At the start of each focus group, the facilitator from HPCNEF explained the assessment's purpose and guided the group discussion through 17 questions. Additionally, participants provided demographic information by completing a brief survey. Appendix B-1. Community Focus Group Tool – Adult (18 and over) provides the tool utilized for the adult focus group discussion, and Exhibit 309 displays the demographic results of focus group participants.

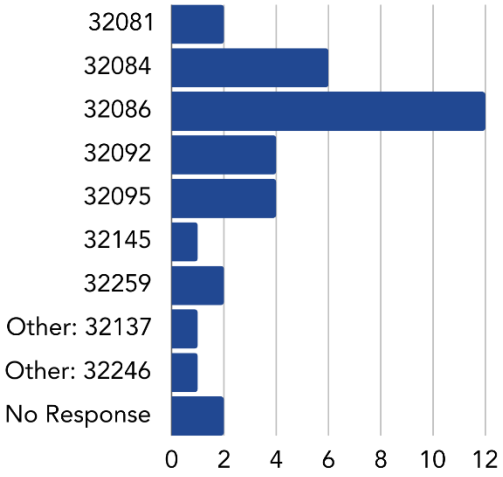
Participant Demographics

Most adult focus group participants came from ZIP Code 32086 (34%). A majority represented the 45–54 age group (34%) and identified as female (63%). The predominant race groups represented in the adult focus groups were White/Caucasian (80%) and Black/African-American (11%), while non-Hispanic/non-Latino(a) (94%) was the most represented ethnicity. 46% of participants had a four-year/bachelor's degree, and an equal percentage had a graduate/advanced degree. Most were employed full-time (83%), with an annual income of $100,000 or more (57%). Special populations represented by participants included 20% veterans, 6% with disabilities, and 6% identifying as LGBTQ+. 66% percent were married, and 20% were divorced. The majority of

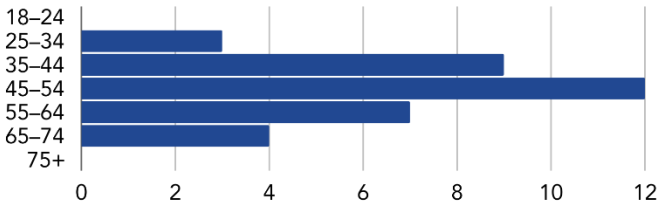
respondents (72%) primarily relied on job-based or family member-provided healthcare coverage, followed by Medicare (11%).

EXHIBIT 309: FOCUS GROUP ADULT (AGED 18 AND OLDER) PARTICIPANTS DEMOGRAPHIC PROFILE

ZIP Code



Age



Race / Ethnicity

80%	White / Caucasian
11%	Black / African American
0%	Asian / Pacific Islander
3%	Native American / Alaskan Native
3%	Hispanic / Latino(a)
94%	Non-Hispanic / Non-Latino(a)

Gender

34% Males

63% Females

Special Populations

6% Disabled

20% Veteran

6% LGBTQ+

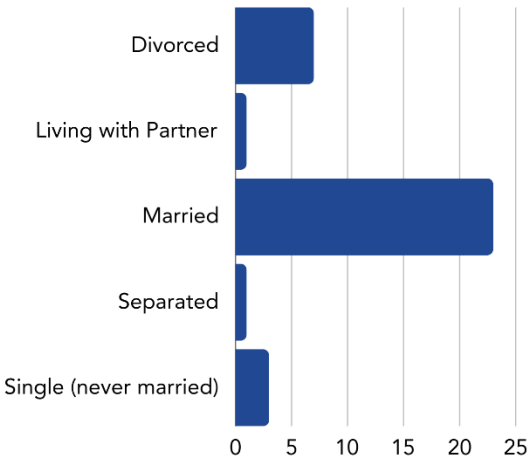
Employment Status

0%	Disabled
83%	Employed Full-Time
0%	Employed Part-Time
9%	Self Employed
0%	Stay-at-Home Parent / Caregiver
0%	Unemployed
9%	Retired

Healthcare Coverage

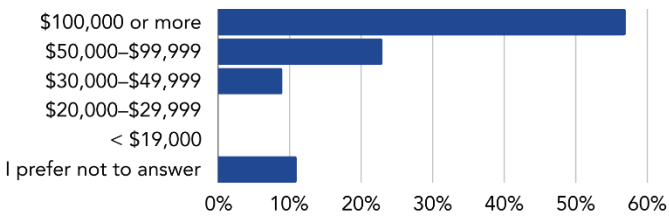
72%	Through a job or family member
8%	I pay for it on my own
6%	VA benefits
11%	Medicare
0%	Medicaid
0%	No insurance
3%	Other

Marital Status



Educational Attainment

Household Income



Focus Group Analysis - Adults

Question 1 – What do you like about how mental health and substance use services are provided in the St. Johns County community?

The focus group participants shared many reasons why they like the current mental health and substance use recovery services provided in the St. Johns County community. They appreciated the highly collaborative and engaging nature of the community. Participants mentioned events and innovative programs in the community, such as the BRAVE program and book clubs. Participants described that the county's "smallness" allows agencies and non-profit organizations to collaborate frequently and form strong partnerships. In addition, the focus group detailed the accessibility of medical facilities that allow for multiple access points into the health care system and the different types of care available. The UF Health Flagler Hospital and the Baptist Medical Center were specifically mentioned as urgent care facilities available to the county. There are also a multitude of crisis intervention services from hospitals, care centers, and the mobile response team (MRT). The group recognized that the services provided are on a continuum of care meant to support the individual at various stages.

Question 2 – Describe what types of services are available in St. Johns County for adults with mental health and/or substance use issues.

The focus group participants described the various services available for adults with mental health and/or substance use issues. Crisis intervention services are available to individuals via hospitals, care centers, and the MRT. In addition, there are faith-based resources available to help individuals and celebrate their recovery. There are several mental health and substance use services available via hospital and outpatient services. The Crisis Assessment Intervention and Referral (CAIR) Center at UF Health Flagler Hospital is a 24/7 facility that provides short-term bridge services and basic counseling services to ensure that individuals' needs are met, even if there is a waitlist. Other services mentioned include detoxification programs, substance abuse counseling, and care coordination between providers.

Group participants pointed out that community-based programs are available in the county and provide an array of services. The Co-Responder program is a collaborative program between behavioral health specialists and law enforcement to improve law enforcement response to behavioral health situations. The MRT is a 24/7 service available to individuals experiencing a mental health crisis. The Florida Assertive Community Treatment (FACT) program offers comprehensive services for individuals with serious mental illness (SMI) and co-existing substance use disorders.

Question 3 – Describe what types of services are available in St. Johns County for children 18 years or younger with mental health and/or substance use issues.

The focus group participants listed the types of services available in St. Johns County for children 18 years old or younger with mental health and/or substance use issues. Several programs are available inside and outside of schools that enable children to access these services. In the St. Johns County community, there are prevention programs to provide services and education, such as Coaches, Community Action Treatment (CAT), Florida Assertive Community Treatment (FACT), Mobile Response Team (MRT), Friday Nights Done Right, and Know the Law. Several

services and education programs are available inside schools, such as onsite mental health and substance use counselors, sports programs, arts and music programs, the Choices and Consequences program, and Law Enforcement Against Drugs and Violence (LEAD). Community events, such as youth town halls, serve as open forums for youths in the community to discuss and raise awareness about topics such as substance abuse. Participants also noted available hospital and outpatient services, such as EPIC Behavioral Healthcare, outpatient drop-in centers, medication management, and case management. In addition, participants described the services that are lacking for youths 18 years old and younger with mental health and/or substance use issues, which include detoxification services, inpatient psychiatric services, therapeutic foster care/foster homes, short-term placement for youths in a crisis, and a dedicated youth crisis center (YCC).

Question 4 – What populations of children 18 years or younger with mental health and/or substance use issues are you most concerned about (those not being served effectively)?

The participants listed several populations of children 18 years or younger with mental health and/or substance use issues that they were most concerned about.

- Culturally diverse populations: Hispanic cultures, European cultures, and other communities where mental health is stigmatized
- LGBTQ+
- Vulnerable populations: homeless (or unsheltered), foster care, non-traditional families
- Rural and low-income areas
- Children with neurological and developmental disorders, such as autism

Question 5 – Are there any barriers preventing adults in St. Johns County from receiving appropriate mental health and/or substance use treatment?

When accessing mental health and substance use recovery services in St. Johns County, adults have various barriers that prevent them from receiving appropriate care. Affordability, primarily insurance status and accessibility, were named by participants as the main barriers. Since Florida did not adopt an expansion to Medicaid, many people were left uninsured. Focus group participants suggested that individuals were not insured under Medicaid due to an inability to meet the qualifying level of disability and employment requirements. In addition, participants mentioned that time was a limiting factor in accessing these services because of other competing priorities, such as work and school.

Capacity is another barrier observed by the group. There are several staffing shortages for mental health providers, such as specialized practitioners and Medicare providers. Also, assisted living facilities (ALFs) do not provide mental health services to patients due to a lack of licensing. Many individuals in need of these services are met with long waitlists. Participants also stressed a lack of services available for specific populations, such as people with serious mental illness (SMI) or intellectual disabilities, and the fact that there are currently no known step-down programs and Baker Act facilities in St. Johns County. In addition, a lack of available funding and stigma surrounding access to mental health and substance use services pose barriers.

Question 6 – We talked about some life stressors and challenges. As you can imagine, we think that these things are deeply connected to mental health. What do you think about mental health in general?

The focus group participants were asked about their perceptions of mental health and gave similar responses. Overall, participants agreed that everyone suffers from mental health in some way and that there has been increased education and awareness surrounding mental health, leading to decreased stigma.

Question 7 – What populations of adults with mental health and/or substance use issues are you most concerned about (those not being served effectively)?

Discussion participants were asked to name the adult populations with mental health and/or substance use issues that they were most concerned about. These include culturally diverse populations, adults with developmental disorders (such as autism) or serious mental illness (SMI), those dealing with challenges related to the social determinants of health (low income, transportation barriers, etc.), and special groups like veterans and people experiencing homelessness.

Question 8 – What suggestions do you have on how we can consider serving this population better?

As a follow-up to the previous question, focus group participants were asked to suggest how to better address the needs of underserved populations of adults with mental health and/or substance use issues. The participants prioritized increasing accessibility and affordability. This includes providing services that "meet people where they are at," increasing staffing and funding, advocating for a Medicaid expansion, and providing comprehensive services and case management to ensure all of a person's needs are met.

Participants also engaged in a thoughtful discussion about increasing awareness of social service work and school programs. Methods they mentioned include employing initiatives to increase awareness about the social work and public health fields, creating a curriculum to encourage youths in school to consider a career in the mental health and social work field, and promoting incentive-based programs such as Teach America, which covers college costs for two years if the student works in an underserved area. Besides increasing awareness of this field, participants noted that schools can implement a mental health component to strenuous academy programs, such as Advanced International Certificate of Education (AICE) and dual enrollment, and increase availability and support for student loan forgiveness programs.

Question 9 – Describe some ways to consider encouraging the normalization of mental health and resiliency building to reduce the stigma around this topic.

The focus group participants described ways to encourage the normalization of mental health and the building of resiliency to reduce the stigma surrounding this topic. Increasing education is a big priority for discussion participants. Methods to do so include educating the community about the causes of stigma surrounding mental health, such as the criminal justice component and recent changes in legislation towards LGBTQ+ populations. Participants also promoted the solutions of

increasing community outreach and programs such as advocacy events with speakers, creating similar programs to BRAVE, and implementing peer-focused programs.

Question 10 – What activities would you like to see that help raise awareness about mental health, resiliency, and recovery from substance use?

The focus group participants commented on the activities they would like to see to help raise awareness about mental health, resiliency, and recovery from substance use. Participants appreciated community programs and events, such as the BRAVE Summit, book clubs, and events during Mental Health Month in May. In addition, participants voiced their desire to increase the BRAVE program's reach by expanding it to include adult services and participating in community outreach events.

Question 11 – What are the different ways in which you or other individuals in your community manage stressors?

Discussion participants weighed the negative and positive ways they and other community members manage their stressors. Negative behaviors include self-medication, aggression, irritability, and negative social media engagement (like arguing with others online). Positive behaviors include utilizing BRAVE services and visiting recreational/community centers.

Question 12 – What are some of your experiences or other people's experiences that you know who have tried to access mental health and substance use services within St. Johns County?

The focus group participants were asked to share experiences—personal or otherwise—with accessing mental health and substance use recovery services within St. Johns County. Participants mainly retold negative experiences with accessing these services, describing challenges such as the lack of capacity. There is a shortage of key providers of these services in the county, such as school counselors, psychologists, and other behavioralists. In addition, health insurance terms compound the issues of limited providers and unpredictable waitlists, making accessing these types of services more difficult. Participants recognized that it is difficult to implement events and programs for youths because of limited space and scheduling conflicts with classes. They also highlighted numerous challenges at the county level. Despite expressing the desire for these services, focus group participants felt that the county does not have the capacity to integrate them into the school curriculum or to increase the number of counselors. Finally, participants noted that state regulations further complicate discussing mental health and substance use topics with youths.

Question 13 – Do you have any recommendations about how to improve services?

Participants were prompted to make recommendations on how to improve mental health and substance use recovery services. Suggestions include increasing public transportation routes, decreasing limitations on mental health practices in Florida, and improving accessibility to services via more drop-in centers. Other key recommendations were also improving mental health services' capacity by expanding therapeutic foster care services, creating more transition services for children and adults, and increasing the number of specialty providers.

Question 14 – What types of programs or services would you like to see in the community?

The focus group participants listed the types of programs and services they would like to see in the St. Johns County community. The types of programs mentioned include independent living programs, transitional housing, case management facilities, and sober living facilities. The group also desired to see an expansion of services for vulnerable populations such as veterans, domestic violence victims, unhoused populations, and children. Participants are also eager for increased faith-based resources for the community. The concept of a comprehensive center in a centralized location to serve various populations and provide different levels of care for individuals was also mentioned by focus group participants.

Key Findings

Barriers to access to mental health and substance use care: Various barriers were identified that prevent county residents from accessing appropriate mental health and substance use services. These include socio-economic challenges, few reliable transportation options, lack of awareness of available resources and services, unaffordability of care, insurance coverage issues, shortages of behavioral health providers and appropriate facilities, and the inability to seek services during traditional working hours. Specifically for youth, there are additional barriers such as a lack of transportation, dependence on adults to access services, opposing parent or household beliefs regarding mental health, and the influence of social media and bullying.

Improving mental health and substance use services and increasing access: Focus group participants suggested several ways to improve mental health and substance use services and increase access. These include more affordable care options, more options for working adults to seek services during working hours, an increased number of behavioral health providers, more funding for programs, an expansion of resources and services available to vulnerable populations, and the promotion of awareness and education for youth.

Increase community engagement and awareness: In addition to improving the quality of services and access to mental health and substance use treatment, participants emphasized activities they thought would increase community engagement and awareness. These activities include education for vulnerable populations, public advocacy events, the expansion of youth programs like the BRAVE Summit, peer support groups, events during Mental Health Month in May, education for parents, opportunities to interact and talk about mental health with fellow community members, media campaigns, and the incorporation of mental health education into youth sports and activities.

INK! Board of Directors Summary

The Board of Directors of INK! participated in a focus group of their own and provided helpful insight into the community from their perspective. Participants believe that everyone should have some form of mental health wellness prevention and treatment, but they also recognize that there are negative ways that community members manage stress, such as substance use, alcohol use, and harmful behavior. They articulated the types of services and resources that are available in St. Johns County for adults or youth seeking mental health or substance use recovery support and shared both positive and negative experiences with accessing these services. When asked specifically about barriers that youth experience when trying to seek mental health or substance

use treatment, discussion participants provided a range of answers, including bullying and social media influence, lack of awareness, transportation limitations, the unwillingness of parents to take their child to treatment, family/household substance use or mental health issues, and stigma. The youth populations that participants are most concerned about include those younger than 6 years of age, the 10–13 age group, those experiencing abuse, and youth experiencing socioeconomic challenges. On the other hand, the adult populations that participants are most concerned about include unhoused individuals, veterans, first responders, teachers, older adults, caretakers, and those who are socially isolated.

Participants suggested that improvement is needed with communication in the community, schools, and with families. They specifically recommended providing information directly to families instead of through schools and other public services. They also would like to see more behavioral health providers in the area, more funding for programs, expanded telehealth access, better options for working adults, and increased general community awareness of mental health and substance use prevention and treatment. When asked to list some ways to consider encouraging the normalization of mental health and resiliency building to reduce stigma, participants discussed learning how to identify and talk about issues and incorporating information, more face-to-face interaction, and intentionally building relationships with others. Participants would also like to see more family engagement activities in the community, more opportunities for kids to have mentors and receive support, implementation of mental health education/support in youth sports and activities, and a local media program that uses recognizable/celebrity figures to create awareness.

Youth Focus Groups

Methodology

In February and March 2024, two youth focus groups provided community input for the assessment. Participants for the focus groups were recruited through engaging volunteers from local community meetings. Various locations allowed for data collection and opinions from diverse population groups within St. Johns County. Meeting locations included:

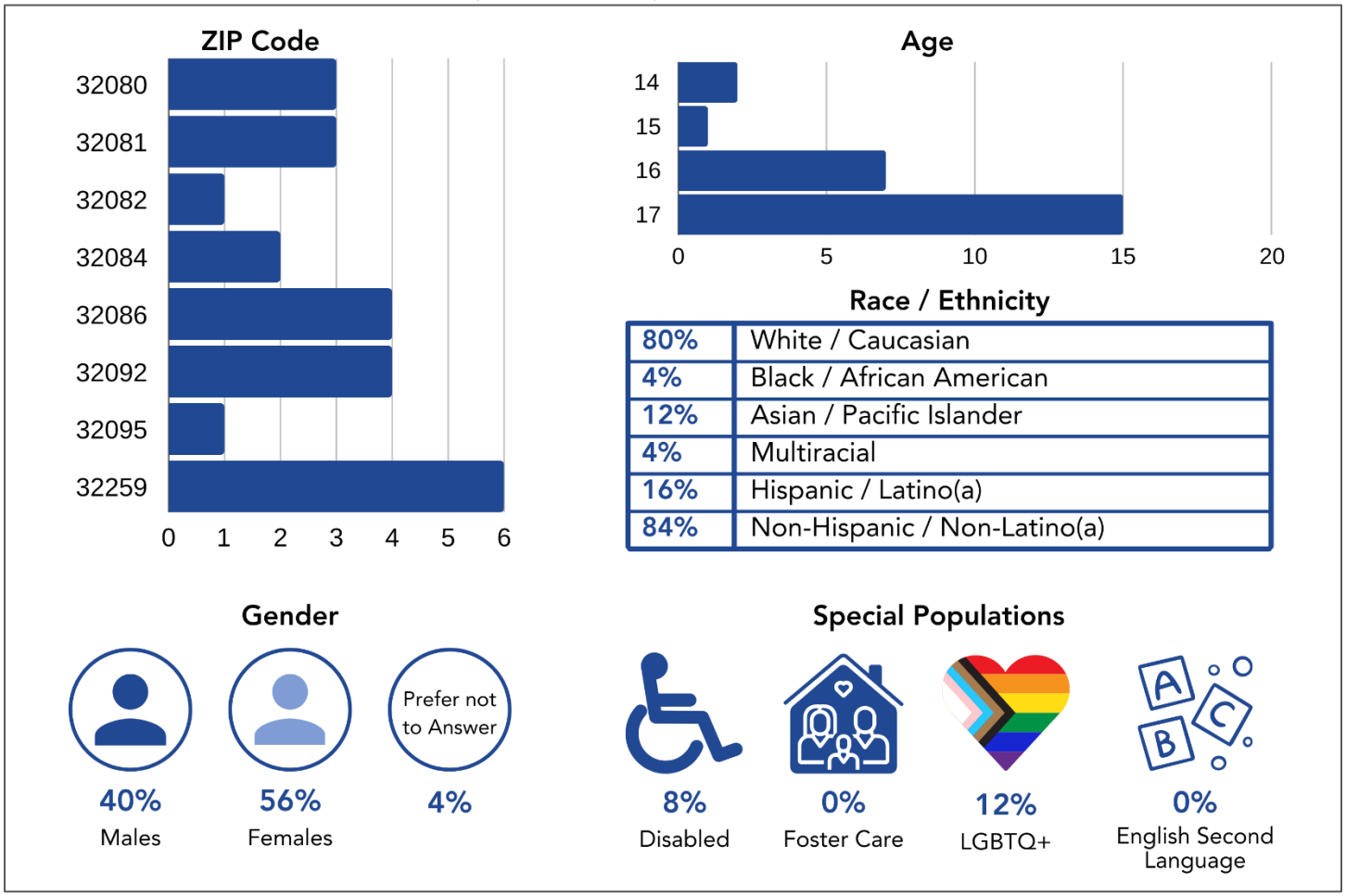
- Virtual Meeting through Zoom
- UF Health St. Johns

At the start of each focus group, the HPCNEF facilitator explained the assessment's purpose and guided the discussion through 17 questions. Participants then provided demographic information by completing a brief survey. Appendix B-2. Community Focus Group Tool – Youth (10–17 Years) provides the tool utilized for the youth focus group discussion, and Exhibit 309 displays the demographic results of focus group participants.

Participant Demographic

Exhibit 310 displays the demographic summary of the youth focus group participants. Participants in the ZIP Code 32259 yielded the highest number of youth surveys. The age group 16 and 17 years represented most participants, and most selected female (56%) as their gender. White/Caucasian (80%) and Asian/Pacific Islander (12%) represented the race groups with the highest participation, and non-Hispanic/non-Latino(a) (84%) was the most represented ethnicity. There were 12% who identified with the LGBTQ+ group, and 8% identified as disabled.

EXHIBIT 310: FOCUS GROUP YOUTHS (AGED 10–17) PARTICIPANTS DEMOGRAPHIC PROFILE



Focus Group Analysis - Youth

Question 1 – What do you think is meant by mental health wellness and resiliency?

Youth focus group participants responded differently when asked about mental health wellness and resiliency. Some participants tried to define the terms or provided more positive responses such as perseverance, mental toughness, not being affected by others' words, being able to respond well if something bad happens, a person's strengths, or an ability to handle stress. Other responses include how you feel or how to cope or respond to something. Some were unsure of how to describe mental health wellness and resiliency. Participants also voiced that these terms can be perceived negatively, which often leads to mental health wellness and resiliency not being discussed. Many participants felt that, at some point in their lives, at least one adult, if not more, had told them that struggling with stress, having mental health concerns, or having a desire to talk about mental health was perceived as a sign of weakness.

Question 2 – Who or where do you go to talk about your mental health or substance use issues?

Most focus group participants were able to identify individuals that they could talk to about mental health or substance use concerns in their lives. Many participants listed these trusted individuals as family members and close friends, while others mentioned therapists/counselors or even through a mobile application. Some responded that they did not need to seek help. However, there was a

consensus that youth have lost faith and trust in the school system (including teachers, coaches, or school counselors) because everything must be reported. Therefore, students often do not approach these individuals because they are concerned about getting in trouble and that the issues they want to discuss do not remain confidential.

Question 3 – Did you find that talking to someone was helpful?

Participants noted that talking to someone can be helpful, but it depends on who you talk to. Students outlined some of the benefits of talking to someone about concerns: getting a new perspective or gaining insight into a situation, the fact that holding things in can make your feelings or situations worse, obtaining clarity or validation, and that talking with older individuals can be helpful because of their life experience and wisdom. Participants also recognized that talking with an adult can be difficult because of a power imbalance, whereas talking with a peer or friend and receiving their advice is easier. However, some students still found it helpful to talk with their parents or another trusted adult. Some pointed out that talking to a coach might not be helpful because one is expected to push through issues, be strong mentally, and deal well with stress and adversity in a sport.

Question 4 – What factors do you think contribute to mental health issues in youth your age?

Focus group participants shared a variety of factors that contribute to youth mental health issues, including internal and external factors, as well as how social media affects mental health. Students expressed that everyday stressors, like school, family, relationships, and trying to balance everything, were some of the main factors. But within those factors are additional influences such as the expectations placed on a person by others or themselves, peer comments that can be hurtful or pressures from peers, bullying, childhood or family trauma, high workloads, and being worried about having a plan for the future. Participants also described some of the internal factors that can cause mental health issues, such as comparing themselves to peers and feeling like it's a struggle to keep up, self-worth and how you view yourself, fear of being judged or what others think, and feeling burned out.

When asked how social media affects mental health, participants described it as a magnifier of issues. They observed that there is often a standard set on social media that everyone is expected to meet, but it is often unattainable. Social media is also the primary source through which many students receive health information, and therefore, it influences health views in both positive and negative ways.

Question 5 – What factors do you think contribute to substance use in youth your age?

When asked about factors contributing to substance use in youth, most participants' responses were related to peers, family issues, or the experiences that come with using substances. Such circumstances include peer pressure, family members using substances, parents not caring or protecting youth from harmful behaviors, or trauma. Participants also acknowledged that sometimes youth may try substances because of the following: they think it will be cool or they will be accepted by others, a lack of hope for their future leads to poor decision-making and substance use, they like the feeling they get or the person they become while using substances, and substances are used as an escape to get away from life circumstances. Social media was also mentioned as a contributing factor because youth are exposed to things they might not normally

see, and there are influencers encouraging people to use substances and advertising new products.

Question 6 – Do you believe your school and community provide you with enough support and resources to help with mental health and substance use issues?

Though participants provided many responses to this question, they came together with a resounding "no." Most students feel that there is not enough support from the school system because substance use issues continue to be a problem, and there are not many safe adults to turn to or spaces where they can share openly. Because everything must be reported, the students worry about getting into trouble or being sent to a rehabilitative program, mental health facility, or another school. Participants also believe that schools often respond to substance use or mental health concerns with punishment instead of providing appropriate resources and working with the students to help them. Programs or resources provided by schools often do not resonate with students because of repetitive material, a lack of trust in the speaker's genuineness, students' lack of interest, and methods of communication and connection that students do not find appealing or relatable.

In addition to resources in schools, students stated that support and resources offered outside of school are inadequate. Reasons include having to wait several months before they can get an appointment with a counselor or therapist, a limited number of options for providers that serve youth, and the fact that referrals to behavioral health organizations are often seen as punishment and the only solution to avoid more serious consequences. Students do not believe that these programs or methods are helpful or assist in a person making changes to their life. Participants also mentioned that the individuals with the power to make changes, such as elected officials and the school systems, don't do enough listening to the concerns and ideas of youth, nor do they act on their suggestions and calls for change.

Question 7 – What would cause someone not to find help for their mental health or substance use issues?

Some focus group participants noted that many people either believe their problems will be fine or don't want to fix their problems, and still others are indifferent. However, most responses to this question were related to relationships, family, and fear. Participants discussed how family beliefs, religion, and parenting styles can influence a person's decision to seek help, especially if parents or other family members do not believe in mental health issues, produce stigma, or are not supportive of talking about mental health. Students also described how fear influences their decision-making, such as fear of consequences, fear of being misunderstood and not having the necessary support, fear of being shamed for mental health or substance use issues, or fear of being perceived as weak. Social media was also mentioned as an influencing factor because the information available may lower a person's confidence in getting help for mental health or substance use concerns.

Question 8 – What can the schools and community do to better support young people's mental health and reduce the use of drugs and alcohol?

Participants continued the discussion from earlier questions about supporting youth with mental health and substance use issues and made suggestions on what improvements could be made.

Students expressed that current methods of talking about mental health in school feel out of touch, unrelatable, and irrelevant. Students would prefer to give their input for programs and have peers, mentors, or survivors talk about their experiences and how they have recovered. Other suggestions include providing resources and tools to youth and parents to help them learn how to deal with stress and practical coping mechanisms. In addition, participants discussed the desire to have safe spaces where they can receive appropriate support and resources and trusted adults in schools to talk to without fearing consequences.

Question 9 – Describe some ways to consider encouraging the normalization of mental health and resiliency building to reduce the stigma around this topic.

Participants suggested several ways to promote the normalization of mental health and resilience-building to reduce stigma. These included creating safe spaces for open discussions, increasing education on coping mechanisms and responses to various situations, raising awareness about mental health topics, and educating youth on different types of mental health concerns (such as depression, anxiety, or serious mental illnesses) and how to seek help for each.

Question 10 – Do you have any recommendations about how to improve services? What types of programs or services would you like to see in the community?

Participants wanted to see more local options for counseling or treatment as sometimes youth have to travel far distances to visit a provider that accepts minors. They also desired expanded options for telehealth services that can be used anonymously. Students also would like to make sure that everyone has a chance to talk during community programs and that programs include more material about the consequences of substance use and allowing mental health issues to go untreated. Additionally, students would like to incorporate fun into mental health awareness programs that encourage mental health wellness, with exercises to think and work through difficult situations.

Key Findings

A need for improved youth mental health programs: Youth focus group participants suggested various ways to improve youth mental health programs, especially in schools. These include providing new and relevant materials, communicating information in ways that are relatable to youth, incorporating peers or adults with lived experience, teaching coping mechanisms and positive strategies to deal with stress and substance use, adding fun and engaging activities, and approaching mental health and substance use issues in a way that does not immediately result in discipline or serious consequences.

A need for more safe spaces and people for youth to go to: In addition to suggestions for youth mental health programs, participants voiced the need for additional safe spaces where youth can freely discuss their concerns with supported individuals. Youths feel that the schools do not provide safe spaces and that teachers, counselors, or coaches must report anything students discuss with them, resulting in dissatisfaction with confidentiality and fear of consequences. However, most participants felt that they had someone else they could talk to (e.g., friends, parents, or other family members) if they needed to.

Additional resources for parents: Youth focus group participants also highlighted a desire for more education and training for parents. Specifically, they would like more resources related to parenting styles/techniques, talking with youth and children about mental health and substance use issues, reducing stigma, and providing support to youth in difficult situations.

Increase access to mental health services for youth: The participants identified the lack of access to mental health and substance use services as an issue for youth and suggested ways for improvement. These include providing access to services in schools and having safe spaces and safe adults to talk to, increasing the number of behavioral health professionals who specialize in working with children, and providing telehealth options.

Social media: Social media was often pinpointed during the youth focus groups due to how it influences mental health, substance use, and the dissemination of health information. Participants described social media as a "magnifier" of issues and a way to get both positive and negative information about mental health and substance use.

Key Stakeholder Interviews

Conducting interviews with key leaders in a community is an effective method for capturing qualitative data and gaining candid insights into people's thoughts and feelings on various subjects. Interviews are defined as purposeful conversations on a specific topic. They prove especially beneficial when seeking in-depth, comprehensive information about community perceptions and assumptions (Vilela, n.d.).

Methodology

INK! compiled a list of possible key stakeholders in the community and made initial contact with the interviewees. The list included law enforcement, behavioral health providers, and government officials. HPCNEF staff conducted seven interviews through Microsoft Teams meetings during November and December 2023. The average interview lasted approximately 20 minutes. The instrument used to conduct the interviews is presented in Appendix C-2.

Interview Analysis

The following analysis begins with Question 5 because Questions 1–4 asked for the interviewee's name, organization, title, and the number of years they have lived or worked in the community. Key stakeholders who participated in these interviews include representatives from Baptist Health, Compassionate St. Augustine, Family Integrity Program, Florida Court System – Seventh Circuit, SMA Healthcare, St. Augustine Youth Services, St. Johns County Sheriff's Office, UF Health St. Johns, and Wildflower Healthcare. Many of the interviewed key stakeholders were directors at their organizations, but other stakeholder titles included Circuit Court Judge and Behavioral Health Coordinator. The key stakeholders had varying levels of experience in the community, ranging from 4 to 54 years, with an average tenure of approximately 23 years. Four stakeholders had over 30 years of experience living or working in the community.

Question 5 – What are the most common ways you see people coping with their life stressors and mental health challenges?

Stakeholders stated that some community members use healthy ways to cope, such as exercise, mindfulness, therapy, and peer support. Others in the community may use unhealthy ways of

coping that can have negative consequences like substance or alcohol use, risky behaviors, self-harm, violence toward others, or even isolation. Some stakeholders highlighted that difficulty in accessing behavioral health services can lead some individuals to cope in unhealthy ways.

Question 6 – Describe the residents' ideas and attitudes toward mental health and substance use.

Stakeholders felt that stigma towards mental health is a widespread issue in the community, with many experiencing negative beliefs or feelings of fear, apprehension, or avoidance. These expressions are sometimes personal feelings, but they also come from others and could dissuade an individual from seeking assistance. Stakeholders discussed that different cultures may have different ideals about seeking help for behavioral health issues and that generational behavioral health issues influence certain populations' attitudes and behaviors. On a positive note, however, it was mentioned that there has been an increase in people seeking services for mental health concerns and that there are organizations in the community trying to reduce stigma and get people connected to services and resources.

Question 7 – How are the needs of adults or youth with mental health/substance use identified or assessed within the community?

The stakeholders listed a number of ways that community members are identified or assessed for mental health or substance use needs. Their responses suggest that most needs are identified or assessed through different types of referrals (physicians, family, self-referrals, or social service organizations), while others are assessed during interactions with law enforcement or emergency service personnel. Some stakeholders pointed out that there is often no identification or assessment of needs until a behavioral incident involves law enforcement or emergency services. Specific entities that help to identify and assess community members needing behavioral health services were mentioned, such as Flagler Health Care Center (both for adults and youth), St. Augustine Youth Services, and the St. Johns County School District.

Question 8 – How are adults or youth screened, referred, and engaged in mental health/substance use services?

Stakeholders discussed several methods and settings through which community members are screened, referred, and engaged in mental health or substance use services. Many responses included healthcare settings; interagency referrals and collaboration; the school system; and public services—law enforcement, emergency services, and the judicial/criminal justice system. Stakeholders cited the different ways used to engage community members seeking services, often based on the setting or personnel involved. Some methods discussed were using the PHQ-9 and GAD-7 during patient intake; hospital screening during triage then evaluation by a behavioral health professional; crisis hotlines; the Care Connect+ system; and utilizing case managers, peer support, telehealth, and in-home services.

Question 9 – What are some common challenges you see people experiencing in St. Johns County when seeking adult or youth mental health or substance use services?

Some of the common challenges that St. Johns County residents experience when seeking mental health or substance use services are a lack of providers, a lack of immediately available help, and

issues with insurance and affordability. Stakeholders detailed a few barriers to access to mental health or substance use services, such as insurance coverage and out-of-pocket costs, an insufficient number of providers to serve the community's needs adequately, behavioral staff turnover, and long waitlists. These issues are experienced by many community members, but especially for those with Medicaid. In addition, stakeholders noted challenges such as a lack of awareness of services or difficulty navigating the system, the inability of adults to prioritize their mental health due to life circumstances and difficulty in getting time off of work, fewer youth services (compared to those for adults), and the fact that youth must rely on adults to get to services.

Question 10 – How do you see stigma interfering with those seeking help?

Stakeholders believe that stigma is a community-wide issue, especially among adults and certain cultural groups that do not embrace mental health treatment. Stakeholders commented that there has been an increase in people's comfort level with asking for help and that youth, in particular, have become more accepting of mental health issues and seeking help. Some of the negative influences of stigma relate to beliefs that mental health is not an issue or that it should not be discussed; social or cultural pressures; and feelings of fear, shame, or embarrassment. An important response to highlight is that males typically experience more stigma than females.

Question 11 – Do organizations working with adults or youth with mental health and substance use issues share information to aid in service coordination?

Stakeholders discussed the importance of information sharing and service coordination for community organizations. Establishing agreements to partner and share referrals was recognized as one way that organizations share information and try to improve service coordination. Stakeholders noted that St. Johns County has a very good Behavioral Health Consortium for collaboration and communication. Additionally, stakeholders identified several barriers to coordination, including the need for permissions, particularly involving law enforcement, schools, and healthcare settings, as well as differences in technology platforms and processes across organizations.

Question 12 – What populations of adults are you most concerned about (i.e., not currently being served effectively) and what do you suggest we consider to serve this population better?

Stakeholders spoke of many populations of concern but most frequently mentioned the unhoused, older adults, and individuals living with chronic and serious mental illnesses. Other populations mentioned were those uninsured and underinsured, individuals with Medicaid, young adults, and individuals in the criminal justice system with mental health needs.

When considering how to serve these populations better, most responses were connected to increasing funding for more affordable care, increasing the number of providers, providing more services for those in the criminal justice system, and establishing a village network for the elderly to provide them with extra support.

Question 13 – What populations of youth are you most concerned about (i.e., not currently being served effectively) and what do you suggest we consider to serve this population better?

Regarding youth, most stakeholders stated that high school- and middle school-age students are of most concern, especially those from low-income families and individuals with serious mental illness or developmental delays. Other populations of concern that stakeholders mentioned include the unhoused, the uninsured and underinsured, LGBTQIA+, and individuals in the juvenile justice system. Specific populations that stakeholders highlighted were individuals with autism (or other developmental delays), individuals with trauma, and individuals with eating disorders.

When prompted for suggestions on how to serve these populations better, the responses were similar to those given for adult populations: increase funding for more affordable care, increase the number of providers, and implement more peer support programs.

Question 14 – What gaps do you see in St. Johns County's mental health and substance use system of care?

Due to the variety of work and organizations represented by the stakeholders, there was a wide range of responses recognizing the existing gaps in the mental health and substance use system of care in St. Johns County. Most noted, though, were the need for more detoxification beds, better coordination in the continuum of care, an increased number of providers, and increased funding and resources available to community members. There was much discussion around the healthcare staff shortage, the need for better facilities to treat mental health and substance use patients (including Assisted Living Facilities), and the long waitlists to receive services. Other responses pointed out additional barriers for community members, such as the lack of transportation, the high cost of care, the lack of education about available services, and the inability of individuals in the criminal justice system to receive needed services, leading to repeated issues.

Question 15 – How could the current service provision be improved?

Because of the stakeholders' diverse work and organizational backgrounds, various suggestions were made for how the current service provision could be improved in St. Johns County. The most common responses called for changes in the healthcare system, such as increasing the number of providers and services available, providing better pay and benefits to retain providers, and improving health facilities to better address community members' mental health and substance use needs.

Other important suggestions were implementing a universal referral system for better coordination, increasing the use of technology to get information to the community, and innovating programs to become more affordable and accessible to all in the community. Specific areas of improvement mentioned were increasing services available to individuals in the criminal justice system, increasing the presence of behavioral health services and screening in schools, fulfilling dental needs for the uninsured or Medicaid patients to improve mental health, and collaborating with insurance companies to ease restrictions on the types of providers a patient is allowed to see.

Question 16 – Describe some ways to consider encouraging the normalization of mental health and resiliency building to reduce the stigma around this topic.

Stakeholders discussed the importance of normalizing the practice of openly sharing emotions and concerns as one way to reduce stigma. "We should all be able to talk about it," said one stakeholder. Additional important recommendations were to increase education programs and events and encourage other stakeholders to promote and advocate for behavioral health services, policies, and funding. These stakeholders also discussed communication strategies, emphasizing the use of digital media to ensure that public health messages incorporate information from trusted sources, feature credible public figures or health professionals, and are presented to the audience in a welcoming, non-intimidating manner.

Question 17 – What activities would you like to see that help to raise awareness about mental health, resiliency, and recovery from substance use?

Most of the stakeholders wanted to see health communication and community engagement activities that could help raise awareness about mental health, resiliency, and recovery from substance use. Some of these activities, such as 988, public service announcements (PSAs), and educational events, are already in use. However, stakeholders suggested increasing media content for mental health awareness, noting that more accessible, affordable (or free), creative, and fun events are necessary to reach different audiences.

One recommendation is to consider common areas where community members gather (e.g., other public services or events) and utilize those settings to promote substance use and mental health education. Some stakeholders suggested that behavioral health education information should incorporate other aspects of wellness and quality of life and encourage people to use their skills and interests as healthy coping tools and ways to build resilience. Other activities that stakeholders would like to see include cooperating with local faith-based organizations, increasing involvement in Mental Health Awareness Month, increasing the number of peer support systems that can provide immediate help, and including information in school newsletters.

Key Findings

Barriers to healthcare access: Stakeholders recognized the numerous barriers that prevent people in the community from accessing healthcare services for mental health and substance use treatment. These barriers include a lack of knowledge of available services, a lack of immediate availability of providers and services, an insufficient number of providers, long waitlists, issues with insurance coverage and high cost of care, a lack of transportation, and the limited quantity of resources to assist community members.

Stigma: Stakeholders reflected on how stigma can interfere with mental health and substance use prevention and treatment. Stigma is primarily experienced by adults, but it can manifest differently among youth. For adults, the main drivers of stigma are personal beliefs or attitudes, worries about what others may think, and fear of what might happen if one were to seek treatment for mental health or substance use issues. Specific populations can also experience social pressures and cultural values that may prevent or interfere with seeking treatment. Stakeholders mentioned that youth have become more accepting of mental health issues and seeking treatment; however, stigma still exists in the form of negative family or peer influences and through social media.

Populations of concern: Several populations within the community may receive effective services and encounter challenges in accessing mental health and substance use services. Adult populations of concern include unhoused individuals, older adults, those with chronic or serious mental illness, individuals with limited income, and those enrolled in Medicaid. Populations of youth that stakeholders are concerned about are high school- and middle school-age students, unhoused children, LGBTQIA+, the uninsured and underinsured, those with serious mental illness or developmental delays, individuals with eating disorders, and youth in the juvenile justice system.

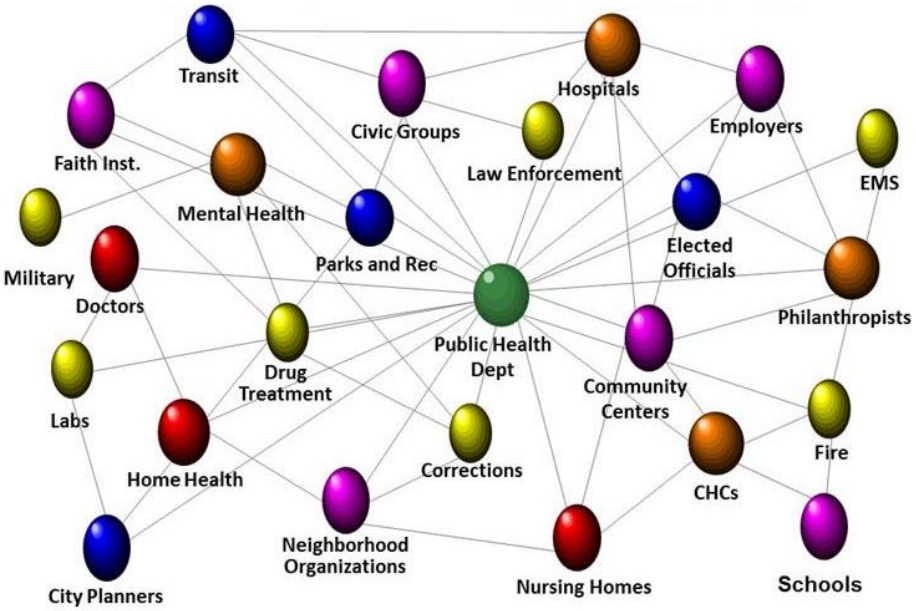
Care coordination and health system gaps: Stakeholders highlighted several gaps in St. Johns County's mental health and substance use system of care. Most of the gaps mentioned were service- or facility-related, such as the limited number of beds for detoxification or other local inpatient services, few Assisted Living Facilities that accept mental health patients, insufficient number of providers and other behavioral health staff, limited services and facilities that serve youth, long waitlists, limited resources in the criminal justice system, and few outpatient treatment centers. Other existing gaps related to social or economic factors are the inability to afford care, lack of transportation, and lack of awareness of available services and resources. Stakeholders also identified gaps in housing or transitional living programs and the necessity for enhanced coordination across the entire care continuum.

Actions to take or suggestions to improve community services: The stakeholders provided action steps to improve the current service provisions in the community and suggested ways that the community can normalize mental health and resiliency building to reduce stigma. These include providing improved benefits for behavioral health professionals to attract and retain staff; increasing funding; creating new or improving current education programs; encouraging the open sharing of mental health topics and concerns; designing creative ways to promote mental health with public figures; and encouraging community engagement and participation in raising awareness by making information and events more accessible, affordable, and fun.

Local Public Health System Assessment

The National Public Health Performance Standards Program (NPHPSP) (Exhibit 311) was developed by the U.S. Department of Health and Human Services (DHHS) to provide measurable performance standards public health systems can use to ensure the delivery of public health services. The Local Public Health System Assessment (LPHSA) is a tool from the NPHPSP that is used to examine competency, capacity, and provision of health services at the local level. The DHHS defines public health systems as "all public, private, and voluntary entities that contribute to the delivery of essential public health services within a jurisdiction" (CDC, 2023d).

EXHIBIT 311: THE PUBLIC HEALTH SYSTEM FROM THE DHHS'S NPHPSP



The *10 Essential Public Health Services* outline the public health activities that all communities should undertake, providing the fundamental framework for the LPHSA (CDC, 2023d). The LPHSA instrument is divided into ten sections, assessing the local public health system's ability to provide each essential service. The 10 Essential Public Health Services are:

1. **Monitor** health status to identify community health problems
2. **Diagnose and investigate** health problems and health hazards in the community
3. **Inform, educate, and empower** people about health issues
4. **Mobilize** community partnerships to identify and solve health problems
5. **Develop policies and plans** that support individual and community health efforts
6. **Enforce** laws and regulations that protect health and ensure safety
7. **Link** people to needed personal health services and assure the provision of health care when otherwise unavailable
8. **Assure** a competent public and personal health care workforce
9. **Evaluate** effectiveness, accessibility, and quality of personal and population-based health services
10. **Research** for new insights and innovative solutions to health problems

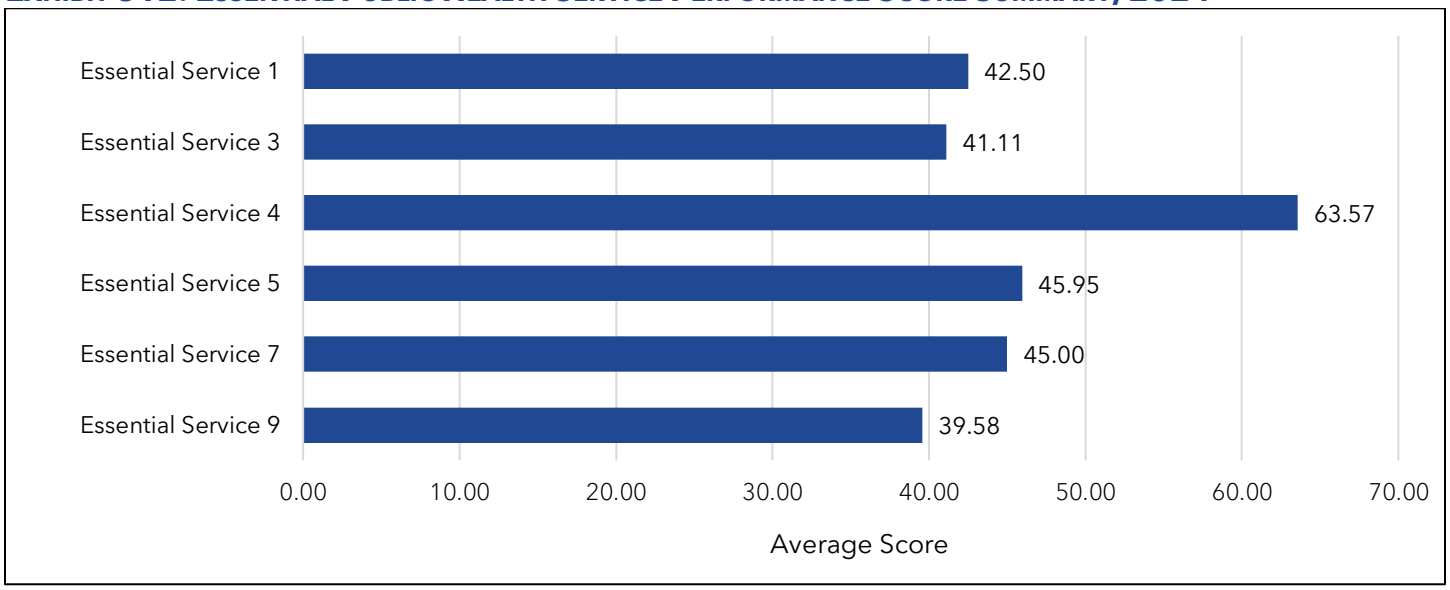
A Microsoft Teams workgroup was assembled to review and discuss the 10 Essential Public Health Services. This group included community leaders from various sectors and concentrated on Essential Services 1, 3, 4, 5, 7, and 9, which generally require broader community involvement. The other Essential Public Health Services were not reviewed, as they typically fall under the scope of health departments. Participants in the workgroup were asked about each Essential Service and reached a consensus-based score using the recommended scoring levels outlined in the assessment tool.

The scoring levels are as follows:

- **Optimal Activity (76–100%):** Greater than 75% of the activity described within the question is met
- **Significant Activity (51–75%):** Greater than 50% but no more than 75% of the activity described within the question is met
- **Moderate Activity (26–50%):** Greater than 25% but no more than 50% of the activity described within the question is met
- **Minimal Activity (1–25%):** Greater than zero but no more than 25% of the activity described within the question is met
- **No Activity (0%):** 0% or absolutely no activity

Exhibit 312 provides the overall score for each reviewed Essential Service. It is important to remember that these scores consider the county's complete public health/safety net services system and are not limited to activities performed directly by the county health department. Based on this cross-sectional self-assessment of a group of local public health system partners, the St. Johns County local public health system achieved an average overall score of 46.29 (out of 100), reflecting moderate activity. St. Johns County performs best in Essential Services 4, 5, and 7, and scores lowest in Essential Services 1, 3, and 9.

EXHIBIT 312: ESSENTIAL PUBLIC HEALTH SERVICE PERFORMANCE SCORE SUMMARY, 2024



Summary of Notes from St. Johns County LPHSA Discussions

EXHIBIT 313: STRENGTHS, WEAKNESSES, & OPPORTUNITIES FOR IMPROVEMENT FOR ESSENTIAL SERVICE 1

Essential Service 1: Monitor Health Status to Identify Community Health Problems **Average Score:** 42.50 (Moderate Activity) **Relative Rank:** 4th		
Strengths	**Weaknesses**	**Opportunities for Improvement**
• Flagler Hospital conducted a County Health Assessment (CHA) in 2023 & outcomes have been used to set organizational strategic plans (mental health, affordable housing, substance use treatment and prevention) • DOH-St. Johns conducts regular CHAs • Informative data on DOH-St. Johns website	• Information is not reaching the entire community and organizations • Sharing of data	• Continually update and promote the use of the St. Johns CHA & other CHAs and Community Health Needs Assessments (CHNAs) done by community organizations

EXHIBIT 314: STRENGTHS, WEAKNESSES, & OPPORTUNITIES FOR IMPROVEMENT FOR ESSENTIAL SERVICE 3

Essential Service 3: Inform, Educate, and Empower People about Health Issues **Average Score:** 41.11 (Moderate Activity) **Relative Rank:** 5th		
Strengths	**Weaknesses**	**Opportunities for Improvement**
• Robust behavioral health consortium (especially with the adult subcommittee that meets monthly); helps with addressing policy • The community receives a good amount of information about emergency planning and communications • St. Johns County school system and communication system do a great job reaching out to families (provide a lot of information on their website) • Amazing connection between the county and Flagler Health (e.g., BRAVE Summit) • BRAVE Summit platform grows every year	• Communication falls short of reaching the broader community and only focuses on those with careers in health and wellness	

Exhibit 315: Strengths, Weaknesses, & Opportunities for Improvement for Essential Service 4

Essential Service 4: Mobilize Community Partnerships to Identify and Solve Health Problems **Average Score:** 63.57 (Significant Activity) **Relative Rank:** 1st		
Strengths	**Weaknesses**	**Opportunities for Improvement**
• Behavioral Health Consortium has developed its own directory and has developed many connections within the community • UF Health Flagler has brought people together through monthly community meetings and BRAVE Summit • Teams maintain support and services for mental and behavioral health in the community		

Exhibit 316: Strengths, Weaknesses, & Opportunities for Improvement for Essential Service 5

Essential Service 5: Develop Policies and Plans that Support Individual and Community Health Efforts **Average Score:** 45.95 (Moderate Activity) **Relative Rank:** 2nd		
Strengths	**Weaknesses**	**Opportunities for Improvement**
• The health department is present in collaborative meetings (especially when policies are being discussed or worked on) • Individuals who attend meetings are aware and understand that there are multiple facets that go into solving public health problems • Community is resource-rich	• Not systems-organized as a community	• Need systems in place for all organizations and individuals to be successful • Ensure there are no gaps in care for individuals • Increase collective organization of communication and efforts between multiple organizations

EXHIBIT 317: STRENGTHS, WEAKNESSES, & OPPORTUNITIES FOR IMPROVEMENT FOR ESSENTIAL SERVICE 7

Essential Service 7: Link People to Needed Personal Health Services and Assure the Provision of Health Care when Otherwise Unavailable **Average Score:** 45.00 (Moderate Activity) **Relative Rank:** 3rd		
Strengths	**Weaknesses**	**Opportunities for Improvement**
• A lot of events in the community that are held to help make people aware of the resources available • Large organizations that broadly work to connect individuals to the services they need (e.g., Care Connect) • A community that collaborates and shares information well • During shifts of resources, communication has been done well to get that needed information out to the public	• Resource events in the community are targeted toward certain groups (the average person may not know these exist)	• To make resource events more generalized and accessible for the average community member

EXHIBIT 318: STRENGTHS, WEAKNESSES, & OPPORTUNITIES FOR IMPROVEMENT FOR ESSENTIAL SERVICE 9

Essential Service 9: Evaluate Effectiveness, Accessibility, and Quality of Personal and Population Health Services **Average Score:** 39.58 (Moderate Activity) **Relative Rank:** 6th		
Strengths	**Weaknesses**	**Opportunities for Improvement**
• The majority of the behavioral health system is grant-funded or public health-funded (justifying existence through data) • Every organization has its own way of evaluating processes and outcomes	• Getting that information out to the public about how the public health system is moving the needle	• Getting organization's internal outcome reports out to the community and other organizations to truly understand how they are impacting the community with their work

Forces of Change Assessment

The Forces of Change Assessment is designed to gain information and feedback from community representatives regarding current and anticipated trends, factors, and events that may influence the health of the community. The assessment generates answers to two primary questions:

1. What is occurring or might occur that affects the health of our community or the local public health system?

2. What specific threats or opportunities are generated by these occurrences?

The community members considered and discussed forces from three major categories:

- **Trends** are patterns over time, such as disease/mortality rates, patient migration patterns, or cultural changes that influence consumers attitudes, behaviors, and beliefs related to health
- **Factors** are discrete elements of information, such as demographic data, geographic features within the community, existing policies, or capacity of available resources
- **Events** are single occurrences, such as the opening or closure of a clinic or hospital, a natural disaster, pandemic, or the passage of new legislation

The community members were encouraged to consider a variety of perspectives when identifying potential forces. Specific types of forces discussed by the Steering Committee included:

- **Social** forces such as population demographics, cultural norms, and violence/crime/safety
- **Economic** forces such as changes in employment/income, program funding levels, and the stability of industry and trade within the region
- **Government/Political** forces such as policy/legislation, budgeting, and advocacy
- **Community-generated** forces such as community initiatives and mobilization efforts
- **Environmental** forces such as development, zoning and land use, transportation, and disaster planning
- **Educational** forces occurring within public schools, colleges/universities, and adult education programs
- **Science/Technology** forces such as health care advances, information technology, and communications
- **Ethical/Legal** forces such as privacy and end-of-life issues
- **Health** forces such as diseases and the healthcare workforce

On April 17, 2024, the INK! Steering Committee team convened a group of community leaders to participate in the Forces of Change Assessment. Discussions began with brainstorming to identify the possible forces that may hinder or help the community in improving community health outcomes. The forces of change that were identified, along with the potential impacts (both positive and negative), are included in Exhibit 319 through Exhibit 327.

Exhibit 319: Social Forces of Change, Threats Posed, and Opportunities Created

Social		
Forces of Change (Factors, Trends, Events)	**Threats Posed**	**Opportunities Created**
• Rapidly growing community (expanded over the last 10 years) • People are more comfortable talking online rather than in person • Increased use of technology has affected cultural norms • Increase in active shooter violence	• Having enough resources to support the growing population • Infrastructure compromised with the increase in population • People are saying harmful comments online • Individuals are numb to active shooter violence	

Exhibit 320: Economic Forces of Change, Threats Posed, and Opportunities Created

Economic		
Forces of Change (Factors, Trends, Events)	**Threats Posed**	**Opportunities Created**
• The divide between rich and poor is getting bigger • Cost of Living (COL) is out of control for the average person • People with larger families are getting priced out of the market • The housing market is expensive, and some people cannot afford to live in the county • Health insurance, house insurance, and car insurance are expensive • Homelessness is an issue • Medicaid unwinding	• People cannot afford the average cost of living • People cannot afford specialty care when they cannot even afford healthy foods	

Exhibit 321: Government/Political Forces of Change, Threats Posed, and Opportunities Created

Government/Political		
Forces of Change (Factors, Trends, Events)	**Threats Posed**	**Opportunities Created**
• Some groups are more emboldened to fight for what they believe in • Increase in community voices and involvement		

Exhibit 322: Community Forces of Change, Threats Posed, and Opportunities Created

Community		
Forces of Change (Factors, Trends, Events)	**Threats Posed**	**Opportunities Created**
• BRAVE Summit • Mobile Outreach Clinic UF Health St. Johns • UF Health junior volunteers • Resource Collective meeting is bringing more community leaders and organizations together • Behavioral Health Consortium is also bringing mental and behavioral health providers together		• Consortium has developed opportunities for collaboration, projects, and funding • Lots of events offer opportunities for community engagement • Revitalization of youth advocacy group to be formalized with key stakeholders & cross-collaboration workgroup to break down barriers • Uplift events are bringing the faith-based community into mental health care • Some organizations are doing wrap-around services

EXHIBIT 323: ENVIRONMENTAL FORCES OF CHANGE, THREATS POSED, AND OPPORTUNITIES CREATED

Environmental		
Forces of Change (Factors, Trends, Events)	**Threats Posed**	**Opportunities Created**
• Need for a new transportation assessment • Bus schedule is difficult to work and understand • Bus routes are not comprehensive of the entire county • Lack of sidewalks • Accessibility of buildings is an issue • Lots of traffic • Individuals do not recycle enough • Limited public transportation services • Flooding on roads (especially in St. Augustine) • Home and car insurance is expensive	• Older individuals and those with disabilities will have difficulties accessing buildings in the county and community spaces • Older individuals are falling on sidewalks because they are uneven and have cracks • Difficulties with transportation because of the increasing population • Difficulties with transportation if you don't own a car • Travel times to places are longer because of bad traffic and accidents • Individuals who don't have car or home insurance are impacted when natural disasters occur	

EXHIBIT 324: EDUCATIONAL FORCES OF CHANGE, THREATS POSED, AND OPPORTUNITIES CREATED

Educational		
Forces of Change (Factors, Trends, Events)	**Threats Posed**	**Opportunities Created**
• The number of schools has been increasing • Teacher shortage (hard to retain them; they can't afford to live in the county) • "Don't Say Gay" education policy in schools • Florida universities and schools are having to change certain curricula/get rid of some classes • Shortage of school nurses • New statute regarding safety at the schools, locking gates, and having gates or security • Students are singled out at schools because they can't get the behavioral health treatment they need • Not enough openings for students to attend academies they want to (e.g., FCTC)	• Large class sizes with low number of teachers • Some teachers do not have enough experience/background to be a good teacher • Students are not getting the education they need/deserve • The state does not provide schools with funding for new safety statutes, but they are required to comply • Students have to teach themselves the curriculum at home (e.g., via YouTube)	

EXHIBIT 325: SCIENCE/TECHNOLOGY FORCES OF CHANGE, THREATS POSED, AND OPPORTUNITIES CREATED

Science/Technology		
Forces of Change (Factors, Trends, Events)	**Threats Posed**	**Opportunities Created**
• Mental health telehealth meetings/appointments • Increase in the use of AI in healthcare • Effects of social media on the community • New law regulating social media for children • New website under construction for available resources	• Telehealth allows for easier access to healthcare appointments • AI has not fully been tested and implemented in the healthcare field • People are more critical on social media • Newer types of technology can be easier to hack and may put Electronic Health Records in jeopardy	• AI can assist with increased diagnoses and detection of certain diseases • People feel more comfortable talking about things on social media rather than in person

EXHIBIT 326: ETHICAL/LEGAL FORCES OF CHANGE, THREATS POSED, AND OPPORTUNITIES CREATED

Ethical/Legal		
Forces of Change (Factors, Trends, Events)	**Threats Posed**	**Opportunities Created**
• Lack of legal assistance (especially for women who are going through verbal abuse) • Mental health court in development will be helpful • Laws regarding social media and surveillance capitalism cannot keep up with the new technology	• Women who are being abused mentally rather than physically are not receiving the legal help they need	

EXHIBIT 327: HEALTH FORCES OF CHANGE, THREATS POSED, AND OPPORTUNITIES CREATED

Health		
Forces of Change (Factors, Trends, Events)	**Threats Posed**	**Opportunities Created**
• Insurance providers are limiting the amount of people that can get paneled in certain areas (e.g., BCBS) • Difficulty becoming a paneled provider • ER visits are rising because people cannot afford regular care (indigent care) • 1/10 teenagers in the community will attempt suicide • Youth are 6x more likely to access mental health in schools • Trying to develop a mental health court (access, stigma, support for those with mental health issues who may be committing crimes) • Lack of sexual education for youth • Providers are interested in making the community a better place to live • Medicaid unwinding • Stigma against getting mental health care • Providers limiting the number of patients by insurance type	• Difficulties for individuals to get insurance • Fewer healthcare providers paneled for insurance providers • Providers do not have openings for individuals with certain types of health insurance (e.g., Medicaid) • Individuals in 300% poverty may drop their private health insurance and overload FQHCs	• Addressing the gaps in our community • Free clinics can now take people in up to 300% poverty • Some organizations are doing wrap-around services

Key Health Issues

Top Health Issues Identified by Community Surveys

A total of 931 adult and youth community members participated in the survey. Of these participants, 655 were adults aged 18 years and older, and 276 were youth aged 10 through 17 years. Responses were included for analysis if the participants answered at least 80% of the survey. In total, 655 adult responses and 276 youth responses were included in the analyses.

The adult community survey respondents identified the following top health issues in St. Johns County:

- Stress
- Access and Availability to Mental Health and Substance Use Services
- Insurance and Financial Barriers
- Lack of Awareness of Available Services and Resources
- Stigma

The youth community survey respondents identified the following top health issues in St. Johns County:

- Stress
- Additional Safe Spaces and People to Discuss Mental Health Concerns
- External Factors: Family Problems, Self-Expectations, and Societal Expectations
- Social Media and Peer Influences
- Resources about Youth Mental Health and Substance Use

Top Health Issues Identified by Focus Groups

A total of 60 participants (35 adults and 25 youths) provided input through three adult focus groups and two youth focus groups.

The adult focus group participants identified the following top health issues in St. Johns County:

- Access to Mental Health and Substance Use Care
- Improvement of Mental Health and Substance Use Services
- Increased Community Engagement and Awareness
- Special Populations not Being Served Effectively (different cultures, homeless, veterans, rural areas, low-income, LGBTQ+, children with neurological or developmental disorders)
- Behavioral Health and Substance Use Workforce Shortages

The youth focus group participants identified the following top health issues in St. Johns County:

- Improved Youth Mental Health Programs
- Additional Safe Spaces and People to Discuss Mental Health Concerns
- Access to Youth Mental Health Services
- Resources for Parents
- Social Media Influences

Top Health Issues Identified by Key Stakeholder Interviews

Ten representatives from governmental offices, behavioral health providers, and local community organizations participated in key stakeholder interviews to provide insight into the community's mental health resiliency and substance use recovery needs. Key stakeholders identified the following as the top health issues in St. Johns County:

- Barriers to Healthcare Access
- Stigma
- Special Populations

- Gaps in Healthcare System
- Improvement of Community Services

Top Health Issues Identified by Quantitative Data

Over 300 secondary data indicators were analyzed in the Community Health Status Assessment. The following were determined as the top health issues or key themes in St. Johns County:

- Mental Health
- Substance Use
- Disease Prevention & Lifestyle Behaviors
- Social & Economic Factors
- Education System Concerns

Identification of Priority Areas

On June 26, 2024, St. Johns County Behavioral Health Consortium members gathered at the St. Johns County Health Department to discuss the preliminary results of the St. Johns County Comprehensive Needs Assessment (CNA) for Investing In Kids. A total of 27 individuals attended the meeting. A team from the Health Planning Council of Northeast Florida, Inc. (HPCNEF) presented the CNA preliminary findings, which consisted of primary (community survey, focus groups, key stakeholder interviews) and secondary data that supported the top five overall themes.

After the CNA findings were presented, participants were asked to rank their top three health issues from the following:

- Mental Health (mental health issues, stress, stigma, mental health services, self-harm, hospitalizations, Baker Acts, abuse, ACEs)
- Substance Use (alcohol use, substance use, overdose, vaping, hospitalizations, alcohol or drug-influenced motor vehicle crashes, substance use recovery services)
- Barriers to Healthcare Access (health professional shortages, lack of services available, limited treatment beds available, transportation barriers, difficulty scheduling appointments, long wait times, awareness of services and resources)
- Social & Economic Factors (cost of living, insurance and affordability issues, special populations, homelessness, food low access areas)
- Disease Prevention & Lifestyle Behaviors (health behaviors, development of chronic diseases, chronic disease mortality rates, youth sexual activity/risky behaviors, health education)

Participants wrote their rankings down on slips of paper to vote. Through voting, participants selected health issues as top priorities for St. Johns County residents, Investing in Kids, and the St. Johns County Behavioral Health Consortium to focus on for the next few years.

The St. Johns County Behavioral Health Consortium members that participated in the preliminary results meeting selected the following as the top three priority health issues:

- Mental Health

- Substance Use
- Barriers to Healthcare Access

By establishing clear priorities, organizations can maximize the impact of their efforts and create a more significant positive change within the community.

Dissemination Plan & Next Steps

The ultimate impact of this needs assessment rests in the effectiveness of the dissemination strategy. By translating this information into actionable steps, the community can work collaboratively to implement improvements and address identified health needs. The Steering Committee considered a variety of dissemination methods that would best lead to a plan of action within the community. With utilization as the goal, the Steering Committee presents the following plan to begin the dissemination of this report:

- Document will be available on the Investing in Kids (INK!) website: www.ink-stjohns.org
- Document will be available on the Health Planning Council of Northeast Florida, Inc. website: www.hpcnef.org
- Document will be available on the St. Johns River Rural Health Network, Inc. website: www.stjohnsruralhealthnetwork.org
- Document will be posted on established local community social media sites and sent to distribution lists

The insights gained from this assessment will guide the development of targeted interventions and policy changes to improve community health. By prioritizing strategies based on their potential impact and feasibility, St. Johns County can initiate the process of creating a healthier community.

Recommendations

HPCNEF recommends using evidence-based practices, models, frameworks, and theories to address health issues and needs in the community. Based on the data collected and the top three key themes that emerged at the prioritization meeting, HPCNEF recommends that Investing in Kids (INK!) and other community partners use the following sources to find evidence-based practices for developing interventions. These practice databases are just some of the most frequently and widely used for improving community health. These sources provide comprehensive, regularly updated lists of evidence-based and promising practices that will allow community stakeholders to identify best practices based on issues, type of intervention, and target population. Community stakeholders should review these existing databases prior to implementing interventions and activities that will address the three priority health issues in St. Johns County.

EXHIBIT 327: DATABASES FOR COMMUNITY HEALTH EVIDENCE-BASED PRACTICES

Database	Link
The Community Guide *U.S. Department of Health and Human Services, Community Prevention Services Task Force*	https://www.thecommunityguide.org/
The Community Guide is a collection of evidence-based recommendations and findings from the Community Preventative Services Task Force (CPSTF). CPSTF makes evidence-based recommendations about the overall effectiveness and economic impact of public health programs, services, and interventions that are used in real-world settings. These recommendations help communities know how to protect and serve their population's overall health. Users can search the Community Guide for recommendations focused on a variety of health areas and issues.	
Community Toolbox *The University of Kansas KU Work Group for Community Health and Development*	http://ctb.ku.edu/en/databases-best-practices
Community Toolbox, developed by the University of Kansas, is a comprehensive resource for public and community health professionals. Community Toolbox provides information for knowledge and skill building, toolkits related to each topic, and guidance for successful community improvement efforts. There are databases for evidence-based practices as well as evidence-supported community change processes. Toolkits provide an outline for a skill, component, or task needed for community health improvement, followed by related examples.	
County Health Rankings Policy Database *University of Wisconsin Population Health Institute and Robert Wood Johnson Foundation*	https://www.countyhealthrankings.org/strategies-and-solutions/what-works-for-health
The County Health Rankings Policy Database holds more than 400 evidence-based policies and programs to improve community health, as well as an Action Center that has guidance and tools for selecting and implementing health improvement strategies that meet the unique needs and resources of a community. Evidence-based strategies can be found for a variety of topics, such as health behaviors, clinical care, social and economic factors, and physical environment. The website even offers a curated strategy list that is carefully selected by expert evidence analysts to include evidence-informed programs, policies, and systems changes that can support community health improvement efforts around specific topics and themes.	

Evidence-Based Practices (EBP) Web Guide *Substance Abuse and Mental Health Services Administration (SAMHSA), U.S. Department of Health and Human Services*	https://www.samhsa.gov/ebp-web-guide
The Evidence-Based Practices Resource Center, run by SAMHSA, provides community stakeholders with the information and tools to incorporate evidence-based practices into their communities or clinical settings. Resource topics include substance use treatment, mental disorders, substance use prevention, educational resources, substance use recovery, and telehealth.	
Evidence-Based Toolkits for Rural Community Health *Rural Health Information Hub*	https://www.ruralhealthinfo.org/toolkits
The Rural Health Information Hub has step-by-step guides to help build effective community health. The resources and examples are drawn from evidence-based and promising programs. There is an overall Rural Community Health Toolkit that is a guide to building community health programs to address any type of health issues. Other toolkits cover various topics such as health literacy, health promotion and disease, mental health, tobacco control and prevention, transportation, etc.	
Healthy People 2030 Evidence-Based Resources *U.S. Department of Health and Human Services*	https://health.gov/healthypeople/tools-action/browse-evidence-based-resources
Healthy People 2030 has organized evidence-based resources (EBRs) into intuitive topics so users can easily explore relevant resources that can help them work to achieve the Healthy People 2030 Objectives. The topics include health conditions, health behaviors, populations, settings and systems, and social determinants of health, which all have various sub-topics to choose from.	

Each resource assesses the quality of the evidence provided for recommended interventions, ensuring that they are best practices. Many promising interventions from these sources can be implemented to target the health issues of mental health, substance use, and barriers to healthcare access. It is important to consider previous data and effectiveness before adopting any practices or interventions to improve community health in St. Johns County. Exhibit 328 presents the results of a query of some best practices for the three key health issues in St. Johns County that may be effective as community interventions. This is not a comprehensive list. St. Johns County community stakeholders should do additional research when developing community health interventions. Esri Tapestry Segmentation is another useful tool for understanding the types of people living in certain areas. Learning about a population's characteristics and possible behaviors can assist community partners in outreach efforts.

EXHIBIT 328: PRACTICES AND INTERVENTIONS FOR MENTAL HEALTH, SUBSTANCE USE, AND BARRIERS TO HEALTHCARE ACCESS

Health Issue	Practice or Intervention	Effectiveness	Source
Substance Use	Family-based interventions can reduce the use of substances among youth and help improve mental health and some behaviors. These interventions provide training and resources to parents/caregivers to improve substance use preventive practices.	Strong Evidence Supported	https://www.thecommunityguide.org/findings/substance-use-family-based-interventions-to-prevent-substance-use-among-youth.html
Health Education; Health Behaviors; Healthcare Access	Community health workers can provide health education, follow-ups, case management, and home visiting services. CHWs can work in multiple settings and provide culturally appropriate care.	Some Evidence Supporting	https://www.countyhealthrankings.org/take-action-to-improve-health/what-works-for-health/strategies/community-health-workers
Mental Health	Targeted school-based cognitive behavioral therapy programs to reduce mental illness symptoms can be delivered to students who are assessed to be at risk for mental illness. Trained school staff or health professionals use individual or group therapeutic approaches designed to reduce depression or anxiety and promote well-being.	Strong Evidence Supported	https://www.thecommunityguide.org/findings/mental-health-targeted-school-based-cognitive-behavioral-therapy-programs-reduce-depression-anxiety-symptoms.html
Mental Health; Substance Use; Healthcare Access	Utilizing Peer Support Worker programs and Mental Health First Aid training can be supplemental for mental health and substance use treatment. These nontraditional behavioral health workforce members can provide support to community members when it is difficult to access necessary services.	Some Evidence Supporting	https://www.ruralhealthinfo.org/toolkits/mental-health/2/availability

Healthcare Access; Mental Health	School-based health centers can increase access to primary care services and mental health support. Teams of providers bring care to the communities and are especially helpful to individuals on Medicaid or without insurance and urban areas.	Scientifically Supported	https://www.countyhealthrankings.org/strategies-and-solutions/what-works-for-health/strategies/school-based-health-centers
Substance Use	Addiction Recovery Mobile Outreach Team (ARMOT) program provides case management and recovery support services for substance use disorders. Case managers and peer recovery specialists can receive referrals from healthcare facilities that have a patient with a substance use issue and they can help them get treatment services and resources.	Evidence Supported	https://www.ruralhealthinfo.org/project-examples/940
Mental Health; Substance Use; Healthcare Access	SAMHSA provides an evidence-based resource guide for expanding access to and use of behavioral health services for homeless individuals. The guide includes resources, project examples, and best practices.	Scientifically Supported	https://store.samhsa.gov/sites/default/files/pep22-06-02-003.pdf
Substance Use	SAMHSA provides an evidence-based resource guide for substance misuse prevention for young adults. The guide includes resources, project examples, and best practices.	Scientifically Supported	https://store.samhsa.gov/sites/default/files/substance-misuse-prevention-pep19-pl-guide-1.pdf
Substance Abuse (Rural)	Substance abuse and overdoses can be addressed using emergency opioid reversal devices and providing training to health professionals and community members.	Evidence Supported	https://www.ruralhealthinfo.org/toolkits/substance-abuse/3/granville-vance

Mental Health; Substance Use; Healthcare Access	Introducing mental health benefits legislation that includes parity requirements has been shown to increase access to and use of mental health and substance use services. This legislation requires health insurance plans to not restrict mental health coverage.	Scientifically Supported	https://www.countyhealthrankings.org/take-action-to-improve-health/what-works-for-health/strategies/mental-health-benefits-legislation

References

Aidala, A. A., & Sumartojo, E. (2007). Why housing? *AIDS and Behavior*, *11*(6 Suppl), 1–6. https://doi.org/10.1007/s10461-007-9302-z

American Academy of Family Physicians. (n.d.). *Primary Care*. American Academy of Family Physicians. Retrieved May 9, 2023, from https://www.aafp.org/about/policies/all/primary-care.html

American Library Association. (2024). *Digital Literacy – Welcome to ALA's Literacy Clearinghouse*. https://literacy.ala.org/digital-literacy/

Artiga, S., & Hinton, E. (2018). Beyond Health Care: The Role of Social Determinants in Promoting Health and Health Equity. *Issue Brief*, 13.

Berkowitz, B. (n.d.). *Chapter 3. Assessing Community Needs and Resources | Section 6. Conducting Focus Groups | Main Section | Community Tool Box*. University of Kansas Community Tool Box. Retrieved October 26, 2023, from https://ctb.ku.edu/en/table-of-contents/assessment/assessing-community-needs-and-resources/conduct-focus-groups/main

Berkowitz, B., & Jenette Nagy. (n.d.). *Chapter 3. Assessing Community Needs and Resources | Section 7. Conducting Needs Assessment Surveys | Main Section | Community Tool Box*. University of Kansas Community Tool Box. Retrieved October 24, 2023, from https://ctb.ku.edu/en/table-of-contents/assessment/assessing-community-needs-and-resources/conducting-needs-assessment-surveys/main

Centers for Disease Control and Prevention. (2016a, March 15). *Tuberculosis (TB)—TB Prevention*. U.S. Department of Health and Human Services. https://www.cdc.gov/tb/topic/basics/tbprevention.htm

Centers for Disease Control and Prevention. (2016b, March 20). *Tuberculosis (TB)- Basic TB Facts*. U.S. Department of Health and Human Services. https://www.cdc.gov/tb/topic/basics/default.htm

Centers for Disease Control and Prevention. (2020a, February 11). *About COVID-19*. U.S. Department of Health and Human Services. https://www.cdc.gov/coronavirus/2019-ncov/your-health/about-covid-19.html

Centers for Disease Control and Prevention. (2020b, October 8). *HIV Transmission | HIV Basics | HIV/AIDS*. U.S. Department of Health and Human Services. https://www.cdc.gov/hiv/basics/transmission.html

Centers for Disease Control and Prevention. (2020c, October 26). *What is Alzheimer's Disease?* U.S. Department of Health and Human Services. https://www.cdc.gov/aging/aginginfo/alzheimers.htm

Centers for Disease Control and Prevention. (2020d, December 15). *Reproductive and Birth Outcomes | Tracking | NCEH*. U.S. Department of Health and Human Services. https://www.cdc.gov/nceh/tracking/topics/ReproductiveandBirthOutcomes.htm

Centers for Disease Control and Prevention. (2021a, August 23). *Adverse Childhood Experiences (ACEs)*. Vital Signs - Centers for Disease Control and Prevention. https://www.cdc.gov/vitalsigns/aces/index.html

Centers for Disease Control and Prevention. (2021b, November 15). *About Teen Pregnancy*. U.S. Department of Health and Human Services. https://www.cdc.gov/teenpregnancy/about/index.htm

Centers for Disease Control and Prevention. (2022a, April 12). *STD Facts—Chlamydia*. U.S. Department of Health and Human Services. https://www.cdc.gov/std/chlamydia/stdfact-chlamydia.htm

Centers for Disease Control and Prevention. (2022b, June 30). *About HIV/AIDS | HIV Basics | HIV/AIDS | CDC*. U.S. Department of Health and Human Services. https://www.cdc.gov/hiv/basics/whatishiv.html

Centers for Disease Control and Prevention. (2022c, July 21). *About Chronic Diseases*. U.S. Department of Health and Human Services. https://www.cdc.gov/suicide/facts/index.html

Centers for Disease Control and Prevention. (2022d, August 12). *Emergency department—Health, United States*. https://www.cdc.gov/nchs/hus/sources-definitions/emergency-department.htm

Centers for Disease Control and Prevention. (2022e, August 25). *Prostate Cancer Information*. U.S. Department of Health and Human Services. https://www.cdc.gov/cancer/prostate/basic_info/index.htm

Centers for Disease Control and Prevention. (2022f, September 8). *Infant Mortality*. U.S. Department of Health and Human Services. https://www.cdc.gov/reproductivehealth/maternalinfanthealth/infantmortality.htm

Centers for Disease Control and Prevention. (2022g, September 20). *During Pregnancy*. U.S. Department of Health and Human Services. https://www.cdc.gov/pregnancy/during.html

Centers for Disease Control and Prevention. (2022h, September 26). *Breast Cancer Information*. U.S. Department of Health and Human Services. https://www.cdc.gov/cancer/breast/basic_info/index.htm

Centers for Disease Control and Prevention. (2022i, September 30). *Pneumonia*. U.S. Department of Health and Human Services. https://www.cdc.gov/pneumonia/index.html

Centers for Disease Control and Prevention. (2022j, October 14). *Heart Disease Facts*. U.S. Department of Health and Human Services. https://www.cdc.gov/heartdisease/facts.htm

Centers for Disease Control and Prevention. (2022k, October 19). *Understanding Drug Overdoses and Deaths*. U.S. Department of Health and Human Services. https://www.cdc.gov/drugoverdose/epidemic/index.html

Centers for Disease Control and Prevention. (2022l, October 25). *Lung Cancer Information*. U.S. Department of Health and Human Services. https://www.cdc.gov/cancer/lung/basic_info/index.htm

Centers for Disease Control and Prevention. (2022m, November 2). *About Stroke*. U.S. Department of Health and Human Services. https://www.cdc.gov/stroke/about.htm

Centers for Disease Control and Prevention. (2022n, December 8). *Built Environment: NCCDPHP's Program Successes | CDC*. Centers for Disease Control and Prevention. https://www.cdc.gov/chronicdisease/healthequity/sdoh-and-chronic-disease/nccdphp-and-social-determinants-of-health/built-environment.htm

Centers for Disease Control and Prevention. (2022o, December 14). *Cervical Cancer Information*. U.S. Department of Health and Human Services. https://www.cdc.gov/cancer/cervical/basic_info/index.htm

Centers for Disease Control and Prevention. (2023a, February 10). *Vaccines and Immunizations*. U.S. Department of Health and Human Services. https://www.cdc.gov/vaccines/index.html

Centers for Disease Control and Prevention. (2023b, February 23). *Colorectal Cancer Information*. U.S. Department of Health and Human Services. https://www.cdc.gov/cancer/colorectal/basic_info/index.htm

Centers for Disease Control and Prevention. (2023c, February 23). *Health Insurance Coverage Fact Sheet*. U.S. Department of Health and Human Services. https://www.cdc.gov/nchs/fastats/health-insurance.htm

Centers for Disease Control and Prevention. (2023d, March 6). *National Public Health Performance Standards*. U.S. Department of Health and Human Services. https://www.cdc.gov/publichealthgateway/nphps/index.html

Centers for Disease Control and Prevention. (2023e, April 11). *Detailed STD Facts—Gonorrhea*. U.S. Department of Health and Human Services. https://www.cdc.gov/std/gonorrhea/stdfact-gonorrhea-detailed.htm

Centers for Disease Control and Prevention. (2023f, April 11). *Detailed STD Facts—Syphilis*. U.S. Department of Health and Human Services. https://www.cdc.gov/std/gonorrhea/stdfact-gonorrhea-detailed.htm

Centers for Disease Control and Prevention. (2023g, April 24). *What is Diabetes?* U.S. Department of Health and Human Services. https://www.cdc.gov/diabetes/basics/diabetes.html

Centers for Disease Control and Prevention. (2023h, April 25). *About Mental Health*. https://www.cdc.gov/mentalhealth/learn/index.htm

Centers for Disease Control and Prevention. (2023i, April 25). *BRFSS*. U.S. Department of Health and Human Services. https://www.cdc.gov/brfss/index.html

Centers for Disease Control and Prevention. (2023j, April 27). *YRBSS Overview*. Centers for Disease Control and Prevention. https://www.cdc.gov/healthyyouth/data/yrbs/overview.htm

Centers for Disease Control and Prevention. (2023k, May 8). *Facts About Suicide*. U.S. Department of Health and Human Services. https://www.cdc.gov/suicide/facts/index.html

Centers for Disease Control and Prevention. (2023l, June 26). *Hospitalization—Health, United States*. Centers for Disease Control and Prevention. https://www.cdc.gov/nchs/hus/topics/hospitalization.htm

Centers for Disease Control and Prevention. (2023m, July 23). *Fast Facts: Preventing Child Abuse & Neglect | Violence Prevention | Injury Center | CDC*. Centers for Disease Control and Prevention. https://www.cdc.gov/violenceprevention/childabuseandneglect/fastfact.html

Centers for Disease Control and Prevention. (2023n, August 9). *CDC/ATSDR SVI Fact Sheet | Place and Health | ATSDR*. Agency for Toxic Substances and Disease Registry CDC/ATSDR SVI Fact Sheet. https://www.atsdr.cdc.gov/placeandhealth/svi/fact_sheet/fact_sheet.html

Centers for Disease Control and Prevention. (2024a, April 3). *Disability and Health Overview | CDC*. Centers for Disease Control and Prevention. https://www.cdc.gov/ncbddd/disabilityandhealth/disability.html

Centers for Disease Control and Prevention. (2024b, May 8). *About Asthma*. Asthma. https://www.cdc.gov/asthma/about/index.html

County Health Rankings & Roadmaps. (n.d.-a). *Explore Health Rankings | County Health Rankings Model*. University of Washington Population Health Institute & Robert Wood Johnson Foundation. Retrieved April 26, 2023, from https://www.countyhealthrankings.org/explore-health-rankings/county-health-rankings-model

County Health Rankings & Roadmaps. (n.d.-b). *Explore Health Rankings | Methods*. University of Washington Population Health Institute & Robert Wood Johnson Foundation. Retrieved April 26, 2023, from https://www.countyhealthrankings.org/explore-health-rankings/methods

Daugherty, J., & Martinez, G. (2016). Birth Expectations of U.S. Women Aged 15-44. *NCHS Data Brief*, *260*, 1–8.

Defining Housing Affordability | HUD USER. (2017, August 14). Housing & Urban Development (HUD)-Office of Policy Development and Research (PD&R). https://www.huduser.gov/portal/pdredge/pdr-edge-featd-article-081417.html

Edemekong, P. F., & Huang, B. (2022, October 24). *Epidemiology of Prevention of Communicable Diseases—StatPearls—NCBI Bookshelf*. National Center for Biotechnology Information National Library of Medicine. https://www.ncbi.nlm.nih.gov/books/NBK470303/

Federal Communications Commission, B. D. A. C. (n.d.). Increasing Broadband Investment in Low-Income Communities Working Group. *December 2020*, 6, 10.

FLHealthCHARTS. (n.d.-a). *Elementary School Students Not Promoted*. FLHealthCHARTS.Gov. Retrieved February 6, 2024, from https://www.flhealthcharts.gov/ChartsDashboards/rdPage.aspx?rdReport=NonVitalIndNoGrp.Dataviewer

FLHealthCHARTS. (n.d.-b). *School Readiness at Kindergarten Entry*. FLHealthCHARTS.Gov. Retrieved February 6, 2024, from https://www.flhealthcharts.gov/ChartsDashboards/rdPage.aspx?rdReport=NonVitalIndRateOnly.Dataviewer

FLHealthCHARTS. (2024, February 12). *School Environmental Safety Incidents*. FLHealthCHARTS.Gov. https://www.flhealthcharts.gov/ChartsDashboards/rdPage.aspx?rdReport=NonVitalIndNoGrp.Dataviewer

Florida Department of Children and Families. (n.d.). *Baker Act*. Florida Department of Children and Families. Retrieved May 9, 2023, from https://www.myflfamilies.com/crisis-services/baker-act

Florida Department of Health. (2019). *2019 Florida Behavioral Risk Factor Surveillance System (BRFSS) Data Report—St. Johns County, FL*. https://www.floridahealth.gov/statistics-and-data/survey-data/behavioral-risk-factor-surveillance-system/2019county/SaintJohnsCombinedReport.pdf

Florida Department of Health. (2022, January 25). *Florida Community Health Assessment Resource Tool Set | Florida Department of Health*. Www.Floridahealth.Gov. https://www.floridahealth.gov/statistics-and-data/data-and-statistics/florida-community-health-assessment-resource-tool-set/index.html

Florida Department of Health Division of Community Health Promotion-Public Health Research. (2023, February 14). *Florida Youth Tobacco Survey (FYTS)*. Survey Data | Florida Department of Health. https://www.floridahealth.gov/statistics-and-data/survey-data/index.html

Florida State Senate. (n.d.). *Chapter 1003 Section 01—2021 Florida Statutes—The Florida Senate*. MyFloridaHouse.Gov. Retrieved May 23, 2024, from https://www.flsenate.gov/laws/statutes/2021/1003.01

Hamann, J. (2023, June 5). *What Is Area Median Income (AMI)? | HUD Loans*. Janover HUD Loans. https://www.hud.loans/hud-loans-blog/what-is-area-median-income-ami/

Health Professional Shortage Area. (n.d.). *HPSA Find*. Health Resources and Services Administration. Retrieved May 9, 2023, from https://data.hrsa.gov/tools/shortage-area/hpsa-find

Health Research & Educational Trust. (2017a). *Social determinants of health series: Food insecurity and the role of hospitals*. (p. 7). Health Research & Educational Trust. https://www.aha.org/system/files/hpoe/Reports-HPOE/2017/housing-role-of-hospitals.pdf

Health Research & Educational Trust. (2017b). *Social determinants of health series: Housing and the role of hospitals*. (p. 7). Health Research & Educational Trust. https://www.aha.org/system/files/hpoe/Reports-HPOE/2017/housing-role-of-hospitals.pdf

Health Research & Educational Trust. (2017c). *Social determinants of health series: Transportation and the role of hospitals*. (p. 4). Health Research & Educational Trust. https://www.aha.org/system/files/hpoe/Reports-HPOE/2017/sdoh-transportation-role-of-hospitals.pdf

Insure the Uninsured Project. (n.d.). *ITUP Information*. Insure the Uninsured Project. Retrieved May 9, 2023, from https://www.itup.org/

Kelly, C., Street, C., & Building, M. E. S. (2020). Child Maltreatment 2020. *Child Maltreatment*.

Mayo Clinic. (n.d.). *Liver Disease*. Mayo Clinic. Retrieved May 3, 2023, from https://www.mayoclinic.org/diseases-conditions/liver-problems/symptoms-causes/syc-20374502

National Association of County and City Health Officials. (n.d.). *Mobilizing for Action through Planning and Partnerships (MAPP)*. National Association of County and City Health Officials. Retrieved March 10, 2024, from https://www.naccho.org/programs/public-health-infrastructure/performance-improvement/community-health-assessment/mapp

National Cancer Institute. (2021, October 11). *What Is Cancer?* National Institutes of Health. https://www.cancer.gov/about-cancer/understanding/what-is-cancer

National Health Care for the Homeless Council. (2019). *Homelessness & Health: What's the Connection? Fact Sheet*. https://nhchc.org/wp-content/uploads/2019/08/homelessness-and-health.pdf

National Institute of Allergy and Infectious Diseases. (2015, August 6). *Sexually Transmitted Diseases*. National Institutes of Health. https://www.niaid.nih.gov/diseases-conditions/sexually-transmitted-diseases

National Institute of Health. (2023, November 28). *Traumatic Brain Injury (TBI) | National Institute of Neurological Disorders and Stroke*. National Institutes of Health - National Institute of Neurological Disorders and Stroke. https://www.ninds.nih.gov/health-information/disorders/traumatic-brain-injury-tbi

National Institute of Mental Health. (n.d.). *Schizophrenia—National Institute of Mental Health (NIMH)*. National Institute of Mental Health. Retrieved February 1, 2024, from https://www.nimh.nih.gov/health/topics/schizophrenia

National Institute of Mental Health. (2023, September). *Depression—National Institute of Mental Health (NIMH)*. National Institute of Mental Health. https://www.nimh.nih.gov/health/topics/depression

National Institute of Mental Health. (2024, January). *Eating Disorders—National Institute of Mental Health (NIMH)*. National Institute of Mental Health. https://www.nimh.nih.gov/health/topics/eating-disorders

National Institutes of Health: National Heart, Lung, and Blood Institute. (2022, March 24). *Asthma—What Is Asthma? | NHLBI, NIH*. National Heart, Lung, and Blood Institute. https://www.nhlbi.nih.gov/health/asthma

Parrish, MD, R. (2010). Measuring Population health outcomes. *Preventing Chronic Disease*, *7*(4, A71). https://www.cdc.gov/pcd/issues/2010/jul/pdf/10_0005.pdf

Primary care provider. (n.d.). HealthCare.Gov. Retrieved May 9, 2023, from https://www.healthcare.gov/glossary/primary-care-provider

Public Health Infrastructure Center. (2022, November 25). *Community Health Assessments & Health Improvement Plans*. Public Health Professionals Gateway. https://www.cdc.gov/publichealthgateway/cha/plan.html

Revadigar, N., & Gupta, V. (n.d.). *Substance-Induced Mood Disorders—StatPearls—NCBI Bookshelf*. National Institutes of Health-National Library of Medicine. Retrieved January 31, 2024, from https://www.ncbi.nlm.nih.gov/books/NBK555887/

Rogers, K. (2022). *2002 Florida Youth Substance Abuse Survey*. 30.

Sieck, C. J., Sheon, A., Ancker, J. S., Castek, J., Callahan, B., & Siefer, A. (2021). Digital inclusion as a social determinant of health. *Digital Medicine*, *4*(1), 52. https://doi.org/10.1038/s41746-021-00413-8

Substance Abuse and Mental Health Services Administration. (2023a, February 8). *Self-Harm*. https://www.samhsa.gov/mental-health/self-harm

Substance Abuse and Mental Health Services Administration. (2023b, June 9). *Mental Health and Substance Use Disorders*. Substance Abuse and Mental Health Services Administration. https://www.samhsa.gov/find-help/disorders

Syed, S. T., Gerber, B. S., & Sharp, L. K. (2013). Traveling towards disease: Transportation barriers to health care access. *Journal of Community Health*, *38*(5), 976–993.

United Way of Northern New Jersey. (n.d.). *ALICE County Reports*. United for ALICE. Retrieved January 9, 2024, from https://www.unitedforalice.org/

U.S. Department of Agriculture. (n.d.). *National School Lunch Program | Food and Nutrition Service*. U.S. Department of Agriculture Food and Nutrition Service National School Lunch Program. Retrieved February 2, 2024, from https://www.fns.usda.gov/nslp

U.S. Department of Agriculture-Economic Research Service. (2022a, October 17). *Food Insecurity in the U.S.* U.S. Department of Agriculture Economic Research Service. https://www.ers.usda.gov/topics/food-nutrition-assistance/food-security-in-the-u-s/measurement/

U.S. Department of Agriculture-Economic Research Service. (2022b, October 20). *Food Access Research Atlas*. U.S. Department of Agriculture Economic Research Service. https://www.ers.usda.gov/data-products/food-access-research-atlas/documentation

U.S. Department of Health and Human Services. (n.d.-a). *Injury Prevention—Healthy People 2030*. Healthy People 2030. Retrieved May 10, 2023, from https://health.gov/healthypeople/objectives-and-data/browse-objectives/injury-prevention

U.S. Department of Health and Human Services. (n.d.-b). *Reproductive Health and Teen Pregnancy*. HHS Office of Population Affairs. Retrieved May 10, 2023, from https://opa.hhs.gov/adolescent-health/reproductive-health-and-teen-pregnancy

U.S. Department of Health and Human Services-Health Resources & Services Administration. (n.d.). *MUA Find*. Data.HRSA.Gov. Retrieved May 17, 2024, from https://data.hrsa.gov/tools/shortage-area/mua-find

U.S. Department of Health and Human Services-Office of Disease Prevention and Health Promotion. (n.d.-a). *Economic Stability—Healthy People 2030 | health.gov*. U.S. Department of Health and Human Services Office of Disease Prevention and Health Promotion. Retrieved October 19, 2023, from https://health.gov/healthypeople/objectives-and-data/browse-objectives/economic-stability

U.S. Department of Health and Human Services-Office of Disease Prevention and Health Promotion. (n.d.-b). *Education Access and Quality—Healthy People 2030 | health.gov*. U.S. Department of Health and Human Services Office of Disease Prevention and Health Promotion. Retrieved October 19, 2023, from https://health.gov/healthypeople/objectives-and-data/browse-objectives/education-access-and-quality

U.S. Department of Health and Human Services-Office of Disease Prevention and Health Promotion. (n.d.-c). *Health Care Access and Quality—Healthy People 2030 | health.gov*. U.S. Department of Health and Human Services Office of Disease Prevention and Health Promotion. Retrieved October 19, 2023, from https://health.gov/healthypeople/objectives-and-data/browse-objectives/health-care-access-and-quality

U.S. Department of Health and Human Services-Office of Disease Prevention and Health Promotion. (n.d.-d). *Social and Community Context—Healthy People 2030 | health.gov*. US Department of Health and Human Services Office of Disease Prevention and Health Promotion. Retrieved October 16, 2023, from https://health.gov/healthypeople/objectives-and-data/browse-objectives/social-and-community-context

U.S. Department of Health and Human Services-Office of Disease Prevention and Health Promotion. (n.d.-e). *Social Determinants of Health—Healthy People 2030 | health.gov*. US Department of Health and Human Services Office of Disease Prevention and Health Promotion. Retrieved October 13, 2023, from https://health.gov/healthypeople/priority-areas/social-determinants-health

U.S. Department of Health and Human Services-Office of Disease Prevention and Health Promotion. (2023, October 6). *Healthy People 2030 | Browse Objectives*. US Department of

Health and Human Services Office of Disease Prevention and Health Promotion. https://health.gov/healthypeople/objectives-and-data/browse-objectives

U.S. Department of Health and Human Services-Office of the Administration for Children and Families. (2023, June 21). *Foster Care*. https://www.acf.hhs.gov/cb/focus-areas/foster-care

U.S. Department of Housing and Urban Development. (n.d.). *Fair Market Rents*. HUD.Gov / U.S. Department of Housing and Urban Development (HUD). Retrieved May 12, 2024, from https://www.hud.gov/program_offices/public_indian_housing/programs/hcv/landlord/fmr

U.S. Department of Justice. (2023, June 26). *Human Trafficking | What is Human Trafficking?* https://www.justice.gov/humantrafficking/what-is-human-trafficking

U.S. Department of Justice Archives. (2015, February 19). *Justice Manual | 1536. Murder—Definition And Degrees | United States Department of Justice*. Www.Justice.Gov. https://www.justice.gov/archives/jm/criminal-resource-manual-1536-murder-definition-and-degrees

U.S. Department of Justice-Office of Justice Programs. (n.d.). *DEFINING CRIME | Office of Justice Programs*. U.S. Department of Justice Office of Justice Programs National Criminal Justice Reference Service. Retrieved February 2, 2024, from https://www.ojp.gov/ncjrs/virtual-library/abstracts/defining-crime

U.S. Department of Justice-Office on Violence Against Women. (2022, November 1). *Office on Violence Against Women (OVW) | Domestic Violence*. Office on Violence Against Women (OVW) | Domestic Violence. https://www.justice.gov/ovw/domestic-violence

Vilela, M. (n.d.). *Chapter 3. Assessing Community Needs and Resources | Section 12. Conducting Interviews | Main Section | Community Tool Box*. University of Kansas Community Tool Box. Retrieved October 26, 2023, from https://ctb.ku.edu/en/table-of-contents/assessment/assessing-community-needs-and-resources/conduct-interviews/main

World Health Organization. (n.d.-a). *Chronic respiratory diseases*. World Health Organization. Retrieved May 3, 2023, from https://www.who.int/health-topics/chronic-respiratory-diseases

World Health Organization. (n.d.-b). *Hospitals*. World Health Organization. Retrieved January 5, 2024, from https://www.who.int/health-topics/hospitals

World Health Organization. (n.d.-c). *Maternal health*. World Health Organization. Retrieved January 2, 2024, from https://www.who.int/health-topics/maternal-health

Appendix A-1. Community Survey Adults (18 and Over) Tool

Investing in Kids (INK!) Survey Questions Adults (18 and Older)

Investing in Kids (INK!) of St. Johns County needs your help. Please fill out this survey to share your opinions about mental health, substance use, and the quality of life in St. Johns County. Your feedback will help identify gaps to help make St. Johns County a better place to live.

1. Stress is when a person feels tense, restless, nervous, or anxious. Sometimes when someone is stressed, they may be unable to sleep at night because their mind is always troubled. In the last 30 days, have you experienced this kind of stress?

☐ Never ☐ Sometimes ☐ Always
☐ Rarely ☐ Often

2. In the last 12 months, did you put off, cancel, or neglect seeking services from a mental health or substance use professional for any of the following reasons? Check all that apply.

☐ I did not have any problems. ☐ I had no insurance ☐ I had a financial hardship
☐ Distance was too far ☐ I could not afford the deductible ☐ I had no childcare or caregiver support.
☐ I had no transportation ☐ Stigma – I did not want people to know I needed services

3. If you wanted to schedule an appointment with a mental health or substance use professional, what days or times would you want available to schedule an appointment? Check all that apply.

☐ I have no preference ☐ 12:00 am – 6:00 am ☐ 1:00 pm – 7:00 pm
☐ Weekdays (Monday – Friday) ☐ 7:00 am – 12:00 pm ☐ 8:00 pm – 11:00 pm
☐ Weekends (Saturday or Sunday)

4. If you wanted to schedule an appointment with a mental health or substance use professional, what types of appointments would you want available? Check all that apply.

☐ I have no preference. ☐ Virtual appointments or online ☐ Home visits
☐ Office visits or in-person ☐ Telephone calls ☐ Mobile unit or van

5. Is it difficult for you to find mental health or substance use services in St. Johns County?

☐ Yes, I have difficulty finding services ☐ No, I can easily find the services I need. ☐ I have not needed services recently.

If yes, then go to the next question. If no, then skip to question 7:

6. What made finding the service difficult?
   - ☐ Service not available within St. Johns County.
   - ☐ Long waitlist to receive services.
   - ☐ I can't find providers that accept my insurance.
   - ☐ Other:_____

7. What is your ZIP code?
   - ☐ 32004
   - ☐ 32033
   - ☐ 32080
   - ☐ 32081
   - ☐ 32082
   - ☐ 32084
   - ☐ 32085
   - ☐ 32086
   - ☐ Other: _____

8. What is your age?
   - ☐ 18–24
   - ☐ 25–34
   - ☐ 35–44
   - ☐ 45–54
   - ☐ 55–64
   - ☐ 65–74
   - ☐ 75+

9. What is your gender?
   - ☐ Female
   - ☐ Male
   - ☐ I prefer not to answer.

10. What is your race? Check all that apply.
    - ☐ Asian / Pacific Islander
    - ☐ Native American / Alaskan Native
    - ☐ I prefer not to answer.
    - ☐ Black / African-American
    - ☐ White / Caucasian
    - ☐ Other: _____

11. What is your ethnicity?
    - ☐ Hispanic or Latino(a)
    - ☐ Non-Hispanic or Latino(a)
    - ☐ I prefer not to answer.

12. What is your education level?
    - ☐ Elementary / Middle School
    - ☐ Community College / Technical or Trade School / 2-Year Degree
    - ☐ Graduate / Advanced Degree
    - ☐ High School or GED
    - ☐ 4-Year College / Bachelor's Degree
    - ☐ I prefer not to answer.

13. What is your current employment status?
    - ☐ Disabled
    - ☐ Employed Full-Time
    - ☐ Employed Part-Time
    - ☐ Self-Employed
    - ☐ Stay-At-Home Parent/Caregiver
    - ☐ Student
    - ☐ Unemployed
    - ☐ Retired
    - ☐ I prefer not to answer.

14. What is your annual household income?

- ☐ Less than $19,999
- ☐ $20,000–$29,999
- ☐ $30,000–$49,999
- ☐ $50,000–$99,999
- ☐ $100,000 or more
- ☐ I prefer not to answer.

15. Do you identify with any of the following groups? Check all that apply.

- ☐ Currently in or formerly in foster care
- ☐ Disabled
- ☐ English as a second language
- ☐ LGBTQ+
- ☐ Veteran / Active Military / Family of Veteran or Active Military
- ☐ I do not identify with these groups.

16. What is your marital status?

- ☐ Divorced
- ☐ Living with Partner
- ☐ Married
- ☐ Separated
- ☐ Single (never married)
- ☐ I prefer not to answer

17. How is your healthcare covered?

- ☐ Health insurance through a job or family member.
- ☐ Health insurance I pay for on my own.
- ☐ VA Benefits
- ☐ Medicare
- ☐ Medicaid
- ☐ I do not have any insurance.
- ☐ Other:_____
- ☐ I prefer not to answer

Appendix A-2. Community Survey Youths (10–17 Years) Tool

Investing in Kids (INK!) Survey Questions Youth (10–17 Years)

Investing in Kids (INK!) of St. Johns County needs your help. Please fill out this survey to share your opinions about mental health, substance use, and the quality of life in St. Johns County. Your feedback will help identify gaps to help make St. Johns County a better place to live.

1. Stress is when a person feels tense, restless, nervous, or anxious. Sometimes when someone is stressed, they may be unable to sleep at night because their mind is always troubled. In the last 30 days, have you experienced this kind of stress?
   - ☐ Never
   - ☐ Sometimes
   - ☐ Always
   - ☐ Rarely
   - ☐ Often

2. Have you ever talked to someone (friend, family, counselor) about your concerns about your mental health or substance use?
   - ☐ Yes, and it was helpful.
   - ☐ No, but I want to.
   - ☐ I haven't felt the need.
   - ☐ Yes, but it wasn't very helpful.
   - ☐ No, and I do not want to.

3. What factors do you think contribute to mental health issues in youth your age? Check all that apply.
   - ☐ Family problems at home
   - ☐ Bullying in person
   - ☐ Friends
   - ☐ School / club performance
   - ☐ Bullying on social media
   - ☐ Other: _____

4. Have you experimented with or used substances like alcohol, drugs, or vaping in the past year?
   - ☐ Yes
   - ☐ No
   - ☐ I prefer not to answer.

5. What factors do you think contribute to substance use issues in youth your age? Check all that apply.
   - ☐ Boredom
   - ☐ Lack of knowing the risks
   - ☐ Stress
   - ☐ Curiosity
   - ☐ Mental health concerns
   - ☐ Other: _____

6. Do you believe your school and community provide you with enough support and resources to help with mental health and substance use issues?
   - ☐ Yes, I feel supported.
   - ☐ No, I need more support.
   - ☐ Other: _____

7. What do you think schools and communities can do to better support young people's mental health and reduce the use of drugs and alcohol? Check all that apply.
   - ☐ Provide information and education.
   - ☐ Offer support groups
   - ☐ Provide healthy activities and alternatives to drug and alcohol use.

- ☐ Offer counseling services
- ☐ Create safe safes for open discussions
- ☐ Other: _____

8. What is your ZIP code?
   - ☐ 32004
   - ☐ 32033
   - ☐ 32080
   - ☐ 32081
   - ☐ 32082
   - ☐ 32084
   - ☐ 32085
   - ☐ 32086
   - ☐ Other: _____

9. What is your age?
   - ☐ 10
   - ☐ 11
   - ☐ 12
   - ☐ 13
   - ☐ 14
   - ☐ 15
   - ☐ 16
   - ☐ 17

10. What is your gender?
    - ☐ Female
    - ☐ Male
    - ☐ I prefer not to answer.

11. What is your race? Check all that apply.
    - ☐ Asian / Pacific Islander
    - ☐ Black / African-American
    - ☐ Native American / Alaskan Native
    - ☐ White / Caucasian
    - ☐ I prefer not to answer.

12. What is your ethnicity?
    - ☐ Hispanic or Latino(a)
    - ☐ Non-Hispanic or Latino(a)
    - ☐ I prefer not to answer.

13. Do you identify with any of the following groups? Check all that apply.
    - ☐ Currently in or formerly in foster care
    - ☐ Disabled
    - ☐ English as a second language
    - ☐ LGBTQ+
    - ☐ I do not identify with these groups.

Appendix B-1. Community Focus Group Tool – Adult (18 and over)

Facilitator Introduction for Focus Groups

Investing in Kids! (INK!) will hold five focus groups to gather community feedback about how to improve the health of St. Johns County residents. These focus groups are intended only for people who live or work in St. Johns County. Through these focus groups, we will discuss local health issues, the causes of these issues, and possible solutions to address them. The results of these discussions will give us a better understanding of local issues and concerns and as well as the opinions about the quality of life in St. Johns County.

Today, I have a set of questions that I would like to discuss with you. As we go through these questions, please answer them in relation to your own neighborhood and St. Johns County as a whole.

There are a few things I would like you to keep in mind.

- Participation in the focus group is voluntary.
- Try to stay on topic—we may need to interrupt so that we can cover all the questions.
- Avoid revealing very detailed information about your personal health.
- What is said in this room, stays in this room. Please respect others' privacy by not discussing details outside the group.
- Please be respectful of your fellow participants and their answers.
- Please put your phone on silent and if you need to answer it during the conversation, please step outside.
- There are no right or wrong answers so please speak freely.
- We will be recording the meeting. We will summarize themes without identifying individuals by name.
- Lastly, we would like you all (the participants) to do the talking. We are here to help guide the conversation, but your opinions and thoughts on health in St. Johns County are important and needed to help improve community health.

Focus Group Questions

1. What do you think about mental health and substance use in general?
2. What are the different ways in which you or other individuals in your community manage stressors?
3. Describe what types of services are available in St. Johns County for adults and youth with mental health and/or substance use issues.
4. What are some of your experiences or other people's experiences that you know who have tried to access mental health and substance use services within St. Johns County?
5. What do you like about how mental health and substance use services are provided in the St. Johns County community?
6. Do you have any recommendations about how to improve services?

7. Describe what types of services are available in St. Johns County for children 18 years or younger with mental health and/or substance use issues.
8. Are there any barriers preventing youth in St. Johns County from receiving appropriate mental health and/or substance use treatment?
9. What populations of children 18 years or younger with mental health and/or substance use issues are you most concerned about (i.e., those not being served effectively)?
10. What suggestions do you have on how we can consider serving this population better?
11. Describe what types of services are available in St. Johns County for adults 18 years or older with mental health and/or substance use issues.
12. Are there any barriers preventing adults in St. Johns County from receiving appropriate mental health and/or substance use treatment?
13. What populations of adults with mental health and/or substance use issues are you most concerned about (i.e., those not being served effectively)?
14. What suggestions do you have on how we can consider serving this population better?
15. Describe some ways to consider encouraging the normalization of mental health and resiliency building to reduce the stigma around mental health and substance use treatment.
16. What activities would you like to see that help to raise awareness about mental health, resiliency, and recovery from substance use?
17. What types of programs or services would you like to see in the community?

Appendix B-2. Community Focus Group Tool – Youth (10–17 Years)

Facilitator Introduction for Focus Groups

Investing in Kids! (INK!) will hold five focus groups to gather community feedback about how to improve the health of St. Johns County residents. These focus groups are intended only for people who live or work in St. Johns County. Through these focus groups, we will discuss local health issues, the causes of these issues, and possible solutions to address them. The results of these discussions will give us a better understanding of local issues and concerns and as well as the opinions about the quality of life in St. Johns County.

Today, I have a set of questions that I would like to discuss with you. As we go through these questions, please answer them in relation to your own neighborhood and St. Johns County as a whole.

There are a few things I would like you to keep in mind.

- Participation in the focus group is voluntary.
- Try to stay on topic—we may need to interrupt so that we can cover all the questions.
- Avoid revealing very detailed information about your personal health.
- What is said in this room, stays in this room. Please respect others' privacy by not discussing details outside the group.
- Please be respectful of your fellow participants and their answers.
- Please put your phone on silent and if you need to answer it during the conversation, please step outside.
- There are no right or wrong answers so please speak freely.
- We will be recording the meeting. We will summarize themes without identifying individuals by name.
- Lastly, we would like you all (the participants) to do the talking. We are here to help guide the conversation, but your opinions and thoughts on health in St. Johns County are important and needed to help improve community health.

Focus Group Questions

1. What do you think about mental health and substance use in general?
2. What are the different ways in which you or other individuals in your community manage stressors?
3. Describe what types of services are available in St. Johns County for youth with mental health and/or substance use issues.
4. What are some of your experiences or other people's experiences that you know who have tried to access mental health and substance use services within St. Johns County?
5. What do you like about how mental health and substance use services are provided in the St. Johns County community?
6. Do you have any recommendations about how to improve services?

7. Are there any barriers preventing youth in St. Johns County from receiving appropriate mental health and/or substance use treatment?
8. What populations of children 18 years or younger with mental health and/or substance use issues are you most concerned about (i.e., those not being served effectively)?
9. What suggestions do you have on how we can consider serving this population better?
10. Describe some ways to consider encouraging the normalization of mental health and resiliency building to reduce the stigma around mental health and substance use treatment.
11. What activities would you like to see that help to raise awareness about mental health, resiliency, and recovery from substance use?
12. What types of programs or services would you like to see in the community?

Appendix C-1. Key Stakeholders Interviewed

Tara H. Wildes
Director of General Services
St. Johns County Sheriff's Office

Jessica Gossett
Behavioral Health Coordinator
Family Integrity Program

Judge Howard Maltz
7th Circuit Judge
Florida Judicial Court System

Michelle Colee
Executive Director
Wildflower Healthcare

Paige Stanton
Executive Director Flager Care Connect+
UF Health St. Johns

Rhett Bennie
Systems Director - Behavioral Health
Baptist Health Hospital
Wolfson Children's Hospital

Schuyler Siefker
Executive Director
St. Augustine Youth Services

Valerie Duquette
Director of Care Center
UF Health St. Johns

Teresa Andrews
Director of Development
EPIC Behavioral

Sandra Jackson
Regional Director for Putnam & St. Johns Counties
SMA Healthcare

Arthur Culbert
Executive Director
Compassionate St. Augustine

Appendix C-2. Key Stakeholder Interview Questions

1. What is your name?
2. What is the name of the organization you are representing?
3. What is your title or role with that organization?
4. How many years have you lived or worked in the community?
5. What are the most common ways you see people coping with their life stressors and mental health challenges?
6. Describe the residents' ideas and attitudes toward mental health and substance use.
7. How are the needs of adults or youth with mental health/substance use identified or assessed within the community?
8. How are adults or youth screened, referred, and engaged in mental health/substance use services?
9. What are some common challenges you see people experiencing in St. Johns County when seeking adult or youth mental health or substance use services?
10. How do you see stigma interfering with those seeking help?
11. Do organizations working with adults or youth with mental health and substance use issues share information to aid in service coordination?
12. What populations of adults are you most concerned about (i.e., not currently being served effectively) and what do you suggest we consider to serve this population better?
13. What populations of youth are you most concerned about (i.e., not currently being served effectively) and what do you suggest we consider to serve this population better?
14. What gaps do you see in St. Johns County's mental health and substance use system of care?
15. How could the current service provision be improved?
16. Describe some ways to consider encouraging the normalization of mental health and resiliency building to reduce the stigma around this topic.
17. What activities would you like to see that help to raise awareness about mental health, resiliency, and recovery from substance use?