



Regional Health

LIST OF FIGURES

Figure 1: Food Deserts in Northeast Florida..... 6

REGIONAL HEALTH TRENDS AND CONDITIONS

This chapter was originally developed with input from the Health Planning Council of Northeast Florida Inc., and the many partners who helped us understand health issues as we developed First Coast Vision. It should be noted that there are objectives with no policies in this element. This is the case when it is not yet clear what role NEFRC will have in the implementation of the objective.

According to the World Health Organization, health is a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity. Globally, the paradigm shift in public health from sickness and disease towards wellness and prevention is prompting increased cross sector integrated strategies. Four primary areas of prevention include building healthy and safe communities; expanding quality preventive services in both clinical and community settings; empowering people to make healthy choices; and eliminating health disparities.

Healthy People 2020, an initiative of the U.S. Department of Health and Human Services and other agencies, provides structure and guidance for achieving better population health by the year 2020. This framework offers specific, important areas of emphasis where action is needed in the United States to attain better health outcomes. The four over-arching goals of the framework are:

- Attain high-quality, longer lives free of preventable disease, disability, injury, and premature death;
- Achieve health equity, eliminate disparities, and improve the health of all groups;
- Create social and physical environments that promote good health for all; and
- Promote quality of life, healthy development, and healthy behaviors across all life stages.

A renewed emphasis on the relationships between economic, social, and political factors and health and mental well-being status is transforming local leaders' perspectives on identifying the most leveraged loci of change in health improvement. Health behaviors are determined from, and influenced by, a multitude of factors that are personal (i.e., biological, psychological); organizational and environmental (i.e., both social and physical); and policy and programs. Social justice challenges in poor communities and rural areas exacerbate the potential impacts of these factors. Significant and dynamic interconnections that exist among these various levels of health determinants will most likely influence effective interventions when health determinants are addressed at all levels. Healthy People 2020 identifies the following as the key social determinants of health:

- Economic Stability;

- Education;
- Social and Community Context;
- Access to Health Care; and
- Neighborhood and Built Environment.

REGIONAL HEALTH CHALLENGES¹

As a nation, we are learning that growing a healthy community is a lifelong process – one that requires our constant nurturing and vigilance. Healthy communities result from healthy choices and environments that support shared responsibility. In addition, everyone has a role to play in building a healthier, more vibrant community. The emphasis in public health toward prevention elevates the importance of two focus areas that directly impact healthy communities: an effective health system that fosters both quality coordinated health care services and environmental conditions that support and promote healthy and safe lifestyles and behavior.

The Center for Disease Control and Prevention has integrated healthy community design as a core function supporting their overall mission, which is to create the expertise, information, and tools that people and communities need to protect their health through cross sector collaborations. Healthy community design can improve people’s health by:

- Increasing physical activity;
- Reducing injury;
- Increasing access to healthy food;
- Improving air and water quality;
- Minimizing the effects of climate change;
- Decreasing mental health stresses;
- Strengthening the social fabric of a community; and
- Providing fair access to livelihood, education, and resources.

As traditional health care delivery continues to evolve due to rising costs and other social and political factors, strategies around prevention promote new approaches to health care delivery and access. Hospital and medical systems are integral to community health. The U.S. Department of Health and Human Services, Health Resources and Service Administration (HRSA) supports collaborative networks of organizations working together to improve operations that address public health prevention strategies. These strategies

¹ Sources: <http://www.cdc.gov/healthyplaces/>) and <http://www.healthypeople.gov/2020/default.aspx>

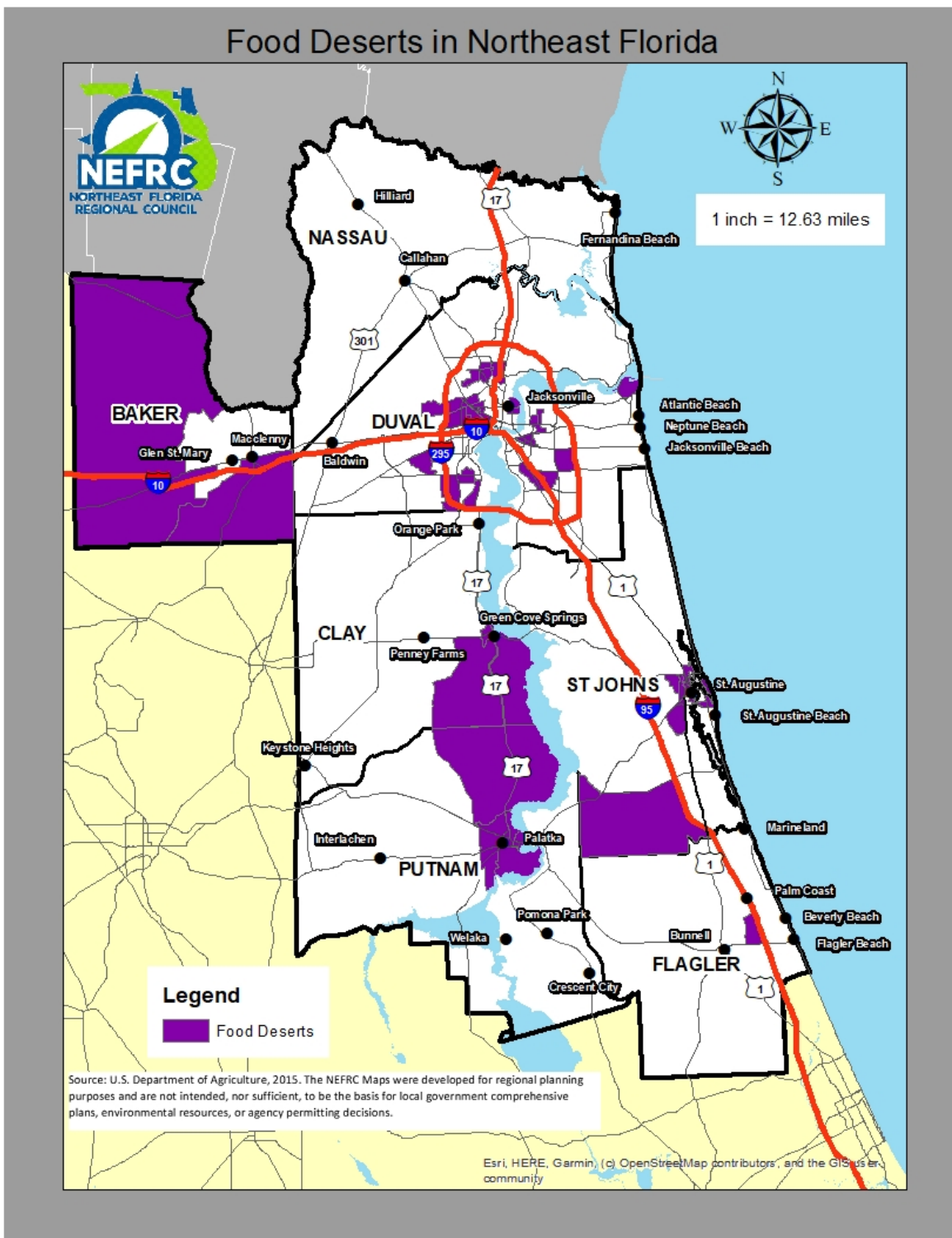
support environmental and other social factors that have a bigger impact on health outcomes than medical care. Effectively integrating community prevention into health services delivery is critical to our Regional health system.

HRSA suggests, as an example, that access to healthy community environments and social supports increases the ability of patients to follow through on recommended chronic disease management treatments such as participating in regular physical activity or changing dietary habits. This in turn can improve health outcomes and decrease the need for drugs or other medical interventions. Community prevention complements medical care through actions to improve the physical and social environment in which people live, work, and play; and by investing in policies and infrastructure that support safe, healthy communities.

The map that identifies Health Facilities of Regional Significance later in this section shows licensed Florida hospitals in the Region, according to the Agency for Healthcare Administration.

In an effort to help visualize the challenge to ensuring that all residents have access to healthy food, the following map shows food deserts in the Region, as identified by the US Department of Agriculture (USDA). USDA defines a food desert as a low-income census tract where a substantial number or share of residents has low access to a supermarket or large grocery store. Low access communities include those where 500 or more people, or 33% of a census tract's population, live more than one mile from a supermarket in urban areas or more than 10 miles from a grocery store in rural areas.

Figure 1: Food Deserts in Northeast Florida



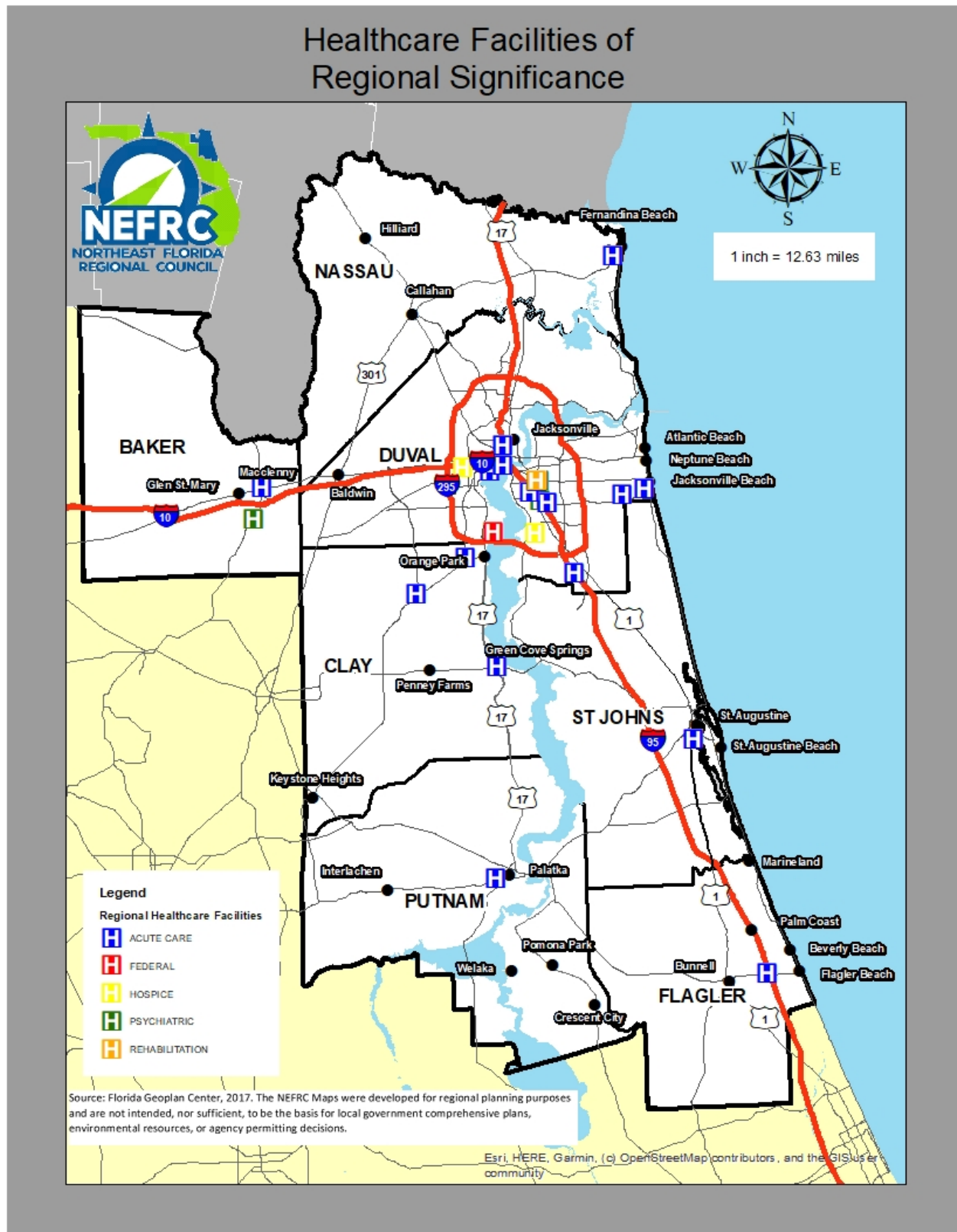
Source: USDA

One of the Action Items from First Coast Vision is to foster the relationships developed through the visioning process with partners who support the health of our Region. This includes measuring growth management planning outcomes relative to health metrics, ensuring cross sector collaborations that support a healthy Region during vision implementation, and considering the future impact of decisions in our Region on the health of those who live and work in Northeast Florida. First Coast Vision revealed the importance of health to our overall goals. Each of the health objectives and policies are aligned with the strategic issues in the SRPP.

REGIONALLY SIGNIFICANT RESOURCES AND FACILITIES

Licensed hospitals are of Regional significance. The map is just an illustration and may not include all such resources or facilities.

Resources of Regional Significance: Health Facilities



GOALS, OBJECTIVES AND POLICIES

Goal: The Region supports local and regional efforts to ensure that the Region's residents have access to a healthy lifestyle and good health care. Many policies in other elements of the SRPP support the implementation of these objectives. NEFRC supports our partners in seeking improvement in health outcomes throughout the region.

Pillar: Civic and Governance Systems, Quality of Life and Quality Places

STRATEGIC ISSUE: ECONOMIC DEVELOPMENT AND HEALTH

OBJECTIVE: THE HEALTH CARE SECTOR IS A KEY COMPONENT OF NORTHEAST FLORIDA'S ECONOMIC BASE.

OBJECTIVE: A ROBUST ECONOMY THAT SERVES THE NEEDS OF NORTHEAST FLORIDA RESIDENTS WITH JOBS THAT PAY WELL AND PROVIDE A FULL RANGE OF BENEFITS. THIS ECONOMIC WELL-BEING TRANSLATES INTO A POPULATION WITH POSITIVE EMOTIONAL AND PHYSICAL OUTCOMES THAT RESULT IN INCREASED PRODUCTIVITY.

STRATEGIC ISSUE: TRANSPORTATION AND HEALTH

OBJECTIVE: THE REGION PROVIDES OUR RESIDENTS WITH GREAT PLACES TO WALK TO SAFELY.

OBJECTIVE: THE REGION PROVIDES MEDICAL TRANSPORTATION THAT ADDRESSES BARRIERS TO ACCESS AND AFFORDABILITY FOR ALL OF OUR RESIDENTS.

OBJECTIVE: A SAFE TRANSPORTATION NETWORK THAT GIVES PEDESTRIANS AND BICYCLISTS EQUAL PRIORITY WITH MOTOR VEHICLES. ROADWAYS ARE DESIGNED TO MINIMIZE CONFLICTS BETWEEN AUTOMOBILES AND BICYCLES OR PEDESTRIANS, THEREFORE RESULTING IN SAFE TRAVELS REGARDLESS OF TRANSPORTATION MODE.

STRATEGIC ISSUE: NATURAL RESOURCES AND HEALTH

OBJECTIVE: NORTHEAST FLORIDA MAINTAINS GOOD AIR QUALITY AS A RESULT OF IMPROVEMENTS TO THE TRANSPORTATION NETWORK, MORE EFFICIENT ENERGY USE BY ITS RESIDENTS AND PRESERVATION OF NATURAL AREAS THAT ACT AS “CARBON SINKS” THAT HELP MAINTAIN THE REGION’S AIR QUALITY. THESE AREAS ALSO ARE IMPORTANT TO WATER QUALITY, WILDLIFE, AND QUALITY OF LIFE.

OBJECTIVE: GOOD SURFACE WATER AND DRINKING WATER QUALITY. OBJECTIVE: IMPROVE THE HEALTH OF OUR RESIDENTS, INCLUDING REDUCING RATES OF CHRONIC DISEASES BY PROVIDING MORE PUBLIC PLACES TO EXERCISE.

STRATEGIC ISSUE: HOUSING AND HEALTH

OBJECTIVE: HOUSING OPTIONS THAT PROVIDE CHOICES TO ALL OF OUR RESIDENTS AND PROMOTE DEMOGRAPHIC AND ECONOMIC DIVERSITY AS ONE WAY TO ENSURE THAT OUR COMMUNITIES ARE VIABLE AND INTERESTING PLACES FOR THE LONG TERM.

OBJECTIVE: HOUSING STOCK THAT IS SAFE AND FREE FROM ENVIRONMENTAL HAZARDS THAT CAN BE DETRIMENTAL TO HEALTH.

STRATEGIC ISSUE: A HEALTHY COMMUNITY

OBJECTIVE: A REGION THAT IS ONE OF THE NATION’S HEALTHIEST.

OBJECTIVE: RESIDENTS HAVE GOOD ACCESS TO QUALITY HEALTH CARE AND HEALTH-SUPPORTIVE SERVICES, INCLUDING MENTAL HEALTH SERVICES, REGARDLESS OF LOCATION OR SOCIOECONOMIC STATUS.

STRATEGIC ISSUE: SAFETY OF THE BUILT ENVIRONMENT

OBJECTIVE: THE REGION SUPPORTS BUILDING AND RETROFITTING COMMUNITIES AND BUILDINGS FOR SAFETY AND ENERGY EFFICIENCY.

Policies

Policy 1: NEFRC gathers best practices and connects communities with strategies and practitioners that can help address their issues within the context of the aspirational goals of First Coast Vision. Convening to share experiences and discuss solutions is an important part of this approach.

Pillar: Quality of Life and Quality Places, SCP: 187.201(4)(a)F.S.

OBJECTIVE: CONSISTENCY WITH THE STRATEGIC REGIONAL POLICY PLAN.

Policy 2: NEFRC considers impacts to resources of regional significance and extra jurisdictional impacts as it reviews consistency with the SRPP. Local governments and proposers of projects should include best available data gathered using professionally acceptable methodology in support of their proposals, sufficient to determine impacts. Where mitigation is proposed, using strategies outlined in local government policies or plans, the SRPP or a combination is encouraged.

Pillar: Infrastructure and Growth Leadership, SCP: 187.201(15)(a)

REGIONAL HEALTH MEASURES

<i>Health Resource Availability 2018: Provider Rate Per 100,000 County Population</i>	<i>Dentist* State Rate per 100,000 population 54.8</i>	<i>Physician* State Rate per 100,000 population 304.7</i>	<i>Family Practice* State Rate per 100,000 population 18.8</i>	<i>OB/GYN* State Rate per 100,000 population 9.3</i>	<i>Pediatricians* State Rate per 100,000 population 21.9</i>	<i>Health Resource Availability 2018: Facilities Rate Per 100,000 County Population</i>	<i>Hospital Beds State Rate per 100,000 population 308.2</i>	<i>Nursing Home Beds State Rate per 100,000 population 399.8</i>
Baker	10.9	36.4	3.6	0	0		91	683.9
Clay	43.1	178.4	20.1	5.6	15.5		235.5	483.7
Duval	53.8	399.3	25.5	11.9	28.7		401.4	426.6
Flagler	39.6	154.9	15.7	5.5	2.8		91.3	221.2
Nassau	33.7	149.2	24.1	4.8	9.6		74.6	288.7
Putnam	17.7	88.5	8.2	6.8	9.5		134.8	459.0
St. Johns	71.2	399.5	38.1	7.5	24.0		138.7	310.5

Source: Florida Department of Health, Division of Medical Quality Assurance, Agency for Health Care Administration

*Data for providers are for fiscal, not calendar year

<i>County</i>	<i>Socioeconomic Indicator: Percentage of Adults with Health Insurance Coverage By County 2014-2018</i>	<i>State Percentage of Adults with Health Insurance Coverage County 2014-2018</i>
<i>Baker</i>	<i>87.5</i>	<i>86.5</i>
<i>Clay</i>	<i>89.6</i>	<i>86.5</i>
<i>Duval</i>	<i>88.0</i>	<i>86.5</i>
<i>Flagler</i>	<i>87.3</i>	<i>86.5</i>
<i>Nassau</i>	<i>89.0</i>	<i>86.5</i>
<i>Putnam</i>	<i>84.0</i>	<i>86.5</i>
<i>St. Johns</i>	<i>91.6</i>	<i>86.5</i>

Source: Florida Department of Health, US Bureau of the Census, American Community Survey