

LADDERS OF OPPORTUNITY

Improving lives through mobility

UPWP Task 5.30



DRAFT

Phase 1 Interim Report

June 30, 2020

Executive Summary

This is an interim report that documents the progress toward completion of the project in fiscal year 2019/20. The COVID epidemic impacted the ability of the North Florida TPO to complete outreach and finalize an action plan. The project is scheduled to be completed in the fall of 2020.

Developing “ladders of opportunity” is one of the five core objectives of the North Florida Transportation Planning Organization’s (TPO’s) Smart Region Master Plan. This term refers to strategies that help underserved communities elevate their income, health and quality of life. Recent studies indicate that in the U.S.:

- Child poverty costs more than \$1 trillion per year in lost economic productivity, increased health and crime costs, and increased costs resulting from child homelessness and maltreatment.
- Unstable housing among families with children will cost the U.S. \$111 billion in avoidable health and special education costs over the next ten years.
- Hunger costs \$160 billion per year in increased health care costs and another \$18.8 billion to poor educational outcomes.
- Public assistance programs spend \$153 billion a year as a direct result of low wages. About 250,000 die of poverty and inequality every year.

Transportation plays a critical role in providing access to employment, medical and health care, education, and other community services and amenities that serve communities that are poor, lack economic mobility, are medically underserved, experience food insecurity, are disabled, and live in high crime areas. The following summarizes the analysis of these communities in North Florida, the existing services provided and potential strategies to enhance mobility.

Economically Disadvantaged

Poverty

- The poverty rate in North Florida exceeds the average rates in Florida and the nation. Lack of mobility options for those born in poverty significantly diminishes opportunities to rise on the socio-economic ladder.
- Unemployment and the number of people living in poverty are likely to rise following the COVID epidemic.
- Being Black, Hispanic or Latinx makes you more likely to live in poverty.
- Children are more likely to live in poverty than those aged 65 or over.
- Black children are more likely to live in poverty than their peers of other races.
- Being poor limits your transportation options. In North Florida:
 - o Only 43% of low-income persons own vehicles
 - o Only 82% of persons have access to transit
 - 89% in urban core areas
 - 55% in suburbs

- Only 30% of persons have access to jobs by transit
 - 34% in the urban core
 - 7% in the suburbs
- North Florida residents with limited English proficiency are more likely to live in poverty, are more frequent users of public transportation and are less likely to own a car.
- One in three children of a single mother lives in poverty.
- Black single mothers are the most likely to live in poverty.
- The average income of migrant and seasonal workers is \$7,000 per year, one-third of the poverty threshold.

Upward Mobility

- The U.S. is now the least economically mobile among all developed nations.
- Children born into poverty have limited access to healthcare, schools, day care, healthy food and other essential services thereby reducing their potential to climb the economic ladder.
- A child growing up in Jacksonville in the bottom fifth of the income scale has only a 5.3% chance of rising to the top fifth of the scale.

Medically Disadvantaged

- Clay and Duval counties' infant mortality rates are higher than Florida and the nation.
- Transportation problems, such as reliable and timely access, are the only significant logistical barrier to timely prenatal care.
- Nearly 58% of the elderly do not qualify for ADA complementary paratransit services because they do not have serious physical or mental impairments.
- The elderly use public transit less than other citizens as they age, due to safety and accessibility concerns.
- Transportation barriers are the third leading cause of missing a medical appointment for older adults across the country.
- One in five persons in Duval County experience food insecurity resulting from low income or lack of access.
- Without consistent access to nutritious meals, people are more likely to suffer from chronic diseases, such as cancer, diabetes, stroke or liver disease, and children are more likely to perform poorly in the classroom.
- Access to a healthy diet depends on access to grocery stores and is determined by distance, vehicle availability, and availability of public transportation.
- When healthy meals are not accessible, people rely on convenience stores for food that is primarily processed, sugary and of low nutritional value.
- Food deserts occur in Eastside, Northwest Jacksonville, Mayport, Southpoint, Argyle, Jacksonville Heights/Herlong, Baldwin/west Duval county, Bryceville, unincorporated areas of Clay County south of Green Cove Springs and west St. Augustine.
- If people with disabilities were a minority group, they would be the largest minority in North Florida.
- About 26% of non-institutionalized persons aged 21 to 64 years with a disability live in poverty.

- Areas without adequate street lighting leave people confined to their homes for fear of being a crime victim.
- Migrant and seasonal farmworkers are in one of the nation's most dangerous jobs and have unreliable access to health care services due to transportation and poverty.

Existing Services

- The Jacksonville Transportation Authority (in Duval and Clay County); St. Johns Council on Aging Sunshine Bus; and NassauTRANSIT provide fixed route and paratransit services. These origin-destination transportation services provide significant value in travel time and door-to-door accessibility; however, their costs are several times the cost of public transit and are not affordable for those living in poverty. Complimentary paratransit service are provided by these agencies and are available within ½ mile of fixed route services. Transportation Disadvantaged service use is highest for life-sustaining medical – (dialysis).
- The Jacksonville Transportation Authority reduces fares for those aged 65 and over.
- UF Jacksonville and the Jacksonville Transportation Authority partner to provide Smart Transit for Healthcare to assist expectant mothers and the elderly to improve access to health care and reduce appointment cancelations.
- There are several underused nonprofits that can assist single parents living in poverty gain access to reliable transportation.
- Multiple non-profit and government programs provide food for those in need. There are more than 70 government programs available.
- Meals provided through schools may be the primary source of nutritious food for children living in poverty.
- The United Way of Northeast Florida operates 211 services to connect people and service programs to meet their needs, including transportation.
- The City of Jacksonville and JEA have a street lighting program that can be extended into poorly lit areas to improve safety, reduce social isolation, improve physical and mental well-being and increase community pride.

Strategies to Improve Mobility for the Underserved

The strategies to enhance mobility for the disadvantaged and underserved will be completed once consensus is achieved by working with the steering committee.

Acknowledgements

The North Florida TPO thanks the members of the steering committee for their input and guidance with this project. The associations and organizations participating in the committee work closely with the underserved community and have in-depth knowledge about the community. The committee provided insight into the needs of the underserved communities in North Florida and helped evaluate strategies for implementation.

Michaele Bradford, Mission House
Katie Ensign, Jessie Ball duPont Fund
Tondra Hill, United Way
Ann-Maria Knight, University of Florida (UF) Health
Jan Morse, United Way
Meghan Niemczyk, University of North Florida
Melanie Patz, Baptist Health
Michael Messer, Trinity Rescue Mission
Beth Payne, Northeast Florida Regional Council (NEFRC)
Chelsea Reeves, American Health Association
Geanelly Reveron, Jacksonville Transportation Authority
Laurie Santana, City of Jacksonville
John Schultz, Bootleg Advisors
Suraya Teeple, Jacksonville Transportation Authority
Gary Tiller, Beaches Council of Aging
Jeff Winkler, United Way

Contents

Executive Summary	i
Acknowledgements	iv
List of Figures	vi
List of Tables	vii
Purpose	1
Background	2
Needs and Issues for the Economically Disadvantaged	4
Poverty.....	4
Changes in Poverty	11
Impacts of COVID.....	12
Poverty and Race	13
Poverty and Age	14
Economic Mobility.....	16
Educational Attainment.....	18
Automobile Ownership.....	18
Limited English Proficiency.....	27
Migrant and Seasonal Workers	27
Single-parent Households	33
Needs and Issues for the Medically Underserved.....	39
Background	39
HRSA Medically Underserved Areas.....	39
Health: Place Matters Health Zones	42
Community Health Needs Assessment.....	46
Aged Populations Access to Medical Care	46
Accessibility for the Elderly	53
Infant Mortality	54
Migrant and Seasonal Workers	55
Needs and Issues for Food Security	56
Background	56
Food Security and Access in North Florida	56
Accessibility to Healthy Foods.....	64
Needs and Issues for Americans with Disabilities.....	65
Needs and Issues Associated with Public Safety.....	67
Summary of Needs	72
Existing Mobility Services for the Disadvantaged	76
Jacksonville Transportation Authority	76
Paratransit Services	80
Transportation for the Disadvantaged	80
Transportation Network Companies	80
Automobile Ownership for Single-parent Households.....	81
Pedestrian and Bicycle Access.....	82
Food Security.....	82
Non-profits	82
Government Programs.....	82
United Way 211 Services	87

Other Stakeholders.....	87
Findings.....	88
Economically Disadvantaged.....	88
Poverty.....	88
Upward Mobility.....	88
Medically Disadvantaged.....	88
Existing Services.....	89
Stakeholder Coordination.....	90
Proposed Strategies for Consideration.....	91
Coordination of Existing Services.....	91
Automobile Ownership.....	92
Barriers for LEP Travelers.....	93
Medically Underserved.....	93
Single-parent Households.....	93
Food Insecurity.....	94
Americans with Disabilities.....	94
Public Safety and Infrastructure.....	95
Summary of Strategies.....	95
Next Steps.....	97

List of Figures

Figure 1 - Population Living in Poverty by Density - Region.....	6
Figure 2 - Population Living in Poverty by Density – Clay County.....	7
Figure 3 - Population Living in Poverty by Density – Duval County.....	8
Figure 4 - Population Living in Poverty by Density – Nassau County.....	9
Figure 5 - Population Living in Poverty by Density – St. Johns County.....	10
Figure 6 - Poverty Rates Over Time.....	11
Figure 7 - Unemployment Forecasts through 2025, Nationally.....	12
Figure 8 – Racial Disparity among Children in Poverty in Duval County.....	14
Figure 9 - Intergenerational Income Mobility.....	16
Figure 10 - Share of Children Making More Than Their Parents (Year of Birth).....	17
Figure 11 – Zero-vehicle Households by Density - Region.....	22
Figure 12 – Zero-vehicle Households by Density – Clay County.....	23
Figure 13 – Zero-vehicle Households by Density – Duval County.....	24
Figure 14 - Zero-vehicle Households by Density - Nassau County.....	25
Figure 15 - Zero-vehicle Households by Density - St. Johns County.....	26
Figure 16 – Limited English Proficiency Population by Density - Region.....	28
Figure 17 – Limited English Proficiency Population by Density – Clay County.....	29
Figure 18 - Limited English Proficiency Population by Density – Duval County.....	30
Figure 19 - Limited English Proficiency Population by Density – Nassau County.....	31
Figure 20 - Limited English Proficiency Population by Density – St. Johns County.....	32
Figure 21 - Single Parent Household Trends.....	33
Figure 22 - Female Head of Household Population by Density - Region.....	34

Figure 23 - Female Head of Household Population by Density – Clay County 35

Figure 24 - Female Head of Household Population by Density - Duval County..... 36

Figure 25 - Female Head of Household Population by Density – Nassau County..... 37

Figure 26 - Female Head of Household Population by Density – St. Johns County 38

Figure 27 - Medically Underserved Areas and Populations..... 41

Figure 28 - Life Expectancy for an Infant by Health Zone, 2010 43

Figure 29 - Stroke Mortality Rates by Health Zone, 2011..... 44

Figure 30 - Heart Disease Mortality Rates by Health Zone, 2011 45

Figure 31 - Persons 65 and Older by Density - Region 48

Figure 32 - Persons 65 and Older by Density – Clay County 49

Figure 33 - Persons 65 and Older by Density – Duval County..... 50

Figure 34 - Persons 65 and Older by Density – Nassau County 51

Figure 35 - Persons 65 and Older by Density – St. Johns County 52

Figure 36 - USDA Food Deserts 57

Figure 37 - Urgent Health Care Sites and Diet Related Deaths..... 58

Figure 38 - Supermarkets and Grocery Stores – Region..... 59

Figure 39 - Supermarkets and Grocery Stores – Clay County 60

Figure 40 - Supermarkets and Grocery Stores – Duval County..... 61

Figure 41 - Supermarkets and Grocery Stores – Nassau County 62

Figure 42 - Supermarkets and Grocery Stores – St. Johns County 63

Figure 43 - Violent Crimes in Duval County, 2019..... 68

Figure 44 - Violent Crimes in West St. Augustine, 2019 69

Figure 45 - Lighting Density in Areas with Zero-vehicle Households 71

Figure 47 - JTA Rides to Wellness Program..... 78

Figure 48 - JTA’s Northside ReadIRide Zone 79

List of Tables

Table 1 - Population Living in Poverty, 2018..... 4

Table 2 - Poverty Thresholds for 2018..... 5

Table 3 - Poverty and Ethnicity in North Florida (add years for all tables)..... 13

Table 4 - Poverty by Age in North Florida..... 15

Table 5 - Poverty by Educational Attainment, 2018..... 19

Table 6 - Cost of Vehicle Ownership (15,000 miles per year), 2018 20

Table 7 - Zero-Vehicle Ownership by Home Ownership, 2018 21

Table 8 - Non-English-Speaking Population Access to Community Centers (Top Quintile)..... 27

Table 9 - Female Head of Household Families Access to Community Resources (Top Quintile)..... 33

Table 10 - Medically Underserved Areas and Populations 40

Table 11 - Population Aged 65 or Older 47

Table 12 - Aging Population Access to Hospitals and Community Centers (Top Quintile)..... 53

Table 13 - Infant Mortality Rates by County - 2019 55

Table 14 - Disabled Populations by County, 2018..... 66

Table 15 - Summary of Crime Statistics by County, 2018-2019 67

Table 16 - Summary of Needs 73

Table 17 - Priority Areas 75
Table 18 - Summary of Needs to Access Community Resources by Underserved Population 91
Table 19 - Summary of Proposed Strategies and Tactics 96

Purpose

Developing “ladders of opportunity” is one of the five core objectives of the North Florida Transportation Planning Organization’s (TPO’s) Smart Region Master Plan. This term refers to strategies that help underserved communities elevate their income, health and quality of life. Recent studies indicate:

- Child poverty costs more than \$1 trillion per year in lost economic productivity, increased health and crime costs, and increased costs resulting from child homelessness and maltreatment.¹
- Unstable housing among families with children will cost the U.S. \$111 billion in avoidable health and special education costs over the next ten years.²
- Hunger costs \$160 billion per year in increased health care costs and another \$18.8 billion to poor educational outcomes.³
- Public assistance programs spend \$153 billion a year as a direct result of low wages. About 250,000 die of poverty and inequality every year.⁴

Transportation plays a critical role in providing access to employment, medical and health care, education, and other community services and amenities that serve communities that are poor, lack economic mobility, are medically underserved, experience food insecurity, are disabled, and live in high crime areas.

This report identifies existing services, underserved communities, and through coordination with community stakeholders, recommends mobility strategies to address the needs of these communities. The report is organized to address the needs of these communities. Within each section, there are discussions of the underserved issues identified through a literature review of major policy documents, action plans and research. The populations impacted are identified and then potential strategies proposed to improve transportation in these communities.

This is an interim report that documents the progress toward completion of the project in fiscal year 2019/20. The COVID epidemic impacted the ability of the North Florida TPO to complete outreach and finalize an action plan. The project is scheduled to be completed in the fall of 2020.

The strategies to enhance mobility for the disadvantaged and underserved will be completed once consensus is achieved by working with the steering committee.

¹ <https://academic.oup.com/swr/article/42/2/73/4956930>

² <https://childrenshealthwatch.org/wp-content/uploads/CHW-Stable-Homes-2-pager-web.pdf>

³ https://www.bread.org/sites/default/files/downloads/cost_of_hunger_study.pdf

⁴ <https://laborcenter.berkeley.edu/the-high-public-cost-of-low-wages/>

Background

Ladders of opportunity describe strategies to advance or elevate people in economic status and quality of life.

Mobility was recognized as a key part of the solution to providing this opportunity. Policies and programs were identified beginning with the Civil Rights Act of 1964 ([Pub.L. 88–352](#), 78 [Stat. 241](#)) which prohibited the discriminatory access to public transportation, other federal services and facilities based on race, color, religion or national origin.

The American’s with Disabilities Act (ADA) ([42 U.S.C. § 12101](#)), enacted in 1990, was landmark legislation requiring employers to provide reasonable accommodations to employees with disabilities, and imposes accessibility requirements on public accommodations and public transportation. It is considered only second to the Civil Rights Act of 1964 in its impact in providing the disadvantaged with access to ladders of opportunity. According to the American Community Survey, in 2017, 13.2% of the population, are disabled and benefit from the ADA.⁵

According to the U.S. Government Accountability Office (GAO), “80 federal programs are authorized to fund transportation services for the transportation disadvantaged, but transportation is not the primary mission of most of the programs GAO identified. Of these, the Department of Transportation administers seven programs that support public transportation....”. The remaining 73 programs identified provide a variety of human services, such as job training, employment, education, medical care or other services, which incorporate transportation as an eligible program expense to ensure participants can access a service. The types of transportation services provided to the transportation-disadvantaged population through these federal programs vary, and may include capital investments (e.g., purchasing vehicles), reimbursement of transportation costs (e.g., transit fares, gas, bus passes), or directly providing transportation service to program clients (e.g., operating vehicles).”⁶

“We are true to our creed when a little girl born into the bleakest poverty knows that she has the same chance to succeed as anybody else, because she is an American; she is free, and she is equal, not just in the eyes of God but also in our own.”

– President Barack Obama, Inaugural Address, January 21, 2013

In October 2019, the U.S. Department of Transportation launched a new program to enhance mobility access and inclusion by engaging new technologies, increasing mobility services and helping to make transportation options more affordable.

To implement these objectives, the Coordinating Council on Access and Mobility adopted the *Mobility for All Strategic Plan (2019-2022)*.⁷ The Coordinating Council on Access and Mobility is led by the Secretary of Transportation and includes the Secretaries of the Departments of Health and Human Services (HHS); Labor (DOL); Education (ED); Interior (DOI); Housing and Urban Development (HUD); Agriculture (USDA); and Veterans Affairs (VA); the Attorney General; the

⁵ https://disabilitycompendium.org/sites/default/files/user-uploads/Annual_Report_2018_Accessible_AdobeReaderFriendly.pdf

⁶ <https://www.gao.gov/assets/600/591707.pdf>

⁷ <https://www.transit.dot.gov/regulations-and-guidance/ccam/about/ccam-strategic-plan-2019-2022>

Commissioner of the Social Security Administration (SSA); and the Chairperson of the National Council on Disability (NCD).

The following initiatives were identified as part of this plan:

Complete Trip - ITS4US Deployment Program – A \$40 million commitment over four years to help people travel independently from point to point, regardless of the connections. The program focuses on holistic approaches that create more choices and better access for older adults, people with disabilities and underserved communities in rural and small urban areas.

Inclusive Design Challenge – The Department will award \$5 million in prizes to develop innovative new solutions that increase the availability-- and decrease cost of-- technologies that improve the accessibility of light-duty passenger vehicles.

Mobility for All Pilot Program – This Federal Transit Administration (FTA)-led program will help communities identify gaps in current transit services, and provide accessibility solutions for underserved populations, especially in rural and small urban areas.

In Florida, “Legislation was first passed in 1979 requiring the coordination of state-funded programs that provide transportation to transportation-disadvantaged populations. In 1989, the law was amended to create the CTD and create the Transportation Disadvantaged Trust Fund. Florida’s transportation disadvantaged program and the CTD are currently governed by Chapter 427.011-017, Florida Statutes, and Rule 41-2, Florida Administrative Code. The Transportation Disadvantaged Trust Fund, which provides for carrying out the responsibilities of the CTD, is established in Chapter 427.0159, Florida Statutes, and further outlined in Rule 41-2.013 and 41- 2.014, Florida Administrative Code. For sources of revenue for the trust fund, see Chapters 320.02, 320.03, 320.0848, 320.204, 341.052 and 427.0159, Florida Statutes.”⁸

“Transportation plays a critical role in providing access to employment, medical and health care, education, and other community services and amenities. The importance of this role is underscored by the variety of transportation programs that have been created in conjunction with health and human service programs, and by the significant Federal investment in accessible public transportation systems throughout the Nation.”

- President George W. Bush
Executive Order 13330, 20042008

⁸ <https://www.ncsl.org/documents/transportation/FL-HSTCprofile.pdf#:~:text=Legislationpercent20waspercent20firstpercent20passedpercent20inpercent201979percent20requiringpercent20the,CTDpercent20andpercent20createpercent20thepercent20Transportationpercent20Disadvantagedpercent20Trustpercent20Fund.>

Needs and Issues for the Economically Disadvantaged

Being economically disadvantaged in the context of this study means that you are currently living in poverty or lack economic mobility.

Poverty

In 2018, 180,636 people in North Florida lived in poverty. Most of these persons live in Duval County as summarized in Table 1.

Table 1 - Population Living in Poverty, 2018

Area	Item	Value
Clay	Total	213,559
	Below Poverty Level	19,089
	% Below Poverty Level	8.90%
Duval	Total	928,973
	Below Poverty Level	134,807
	% Below Poverty Level	14.50%
Nassau	Total	85,278
	Below Poverty Level	10,602
	% Below Poverty Level	12.40%
St. Johns	Total	252,317
	Below Poverty Level	16,138
	% Below Poverty Level	6.40%
Total	Total	1,480,127
	Below Poverty Level	180,636
	% Below Poverty Level	12.20%

Source: <https://data.census.gov/>

The national average poverty thresholds established by the U.S. Census⁹ are summarized in Table 2. A family of four is considered to live in poverty if their household income is less than \$25,926.

Maps showing the density of persons living in poverty by census block are provided in Figure 1 through Figure 5.

⁹ The poverty thresholds for 2019 were established by the Census for 2019, but not all data for 2019 was available at the time this report was prepared.

Table 2 – Poverty Thresholds for 2018

Size of Family Unit	Related Children Under 18 Years								
	None	One	Two	Three	Four	Five	Six	Seven	Eight or more
One person (unrelated individual):									
Aged 64 and younger	\$12,784								
Aged 65 and older	\$13,064	\$13,064							
	\$12,043	\$12,043							
Two people:	\$16,247								
Householder aged 64 and younger	\$16,889	\$16,815	\$17,308						
Householder aged 65 and older	\$15,193	\$15,178	\$17,242						
Three people	\$19,985	\$19,642	\$20,212	\$20,231					
Four people	\$25,701	\$25,900	\$26,324	\$25,465	\$25,554				
Five people	\$30,459	\$31,234	\$31,689	\$30,718	\$29,967	\$29,509			
Six people	\$34,533	\$35,925	\$36,068	\$35,324	\$34,612	\$33,553	\$32,925		
Seven people	\$39,194	\$41,336	\$41,594	\$40,705	\$40,085	\$38,929	\$37,581	\$36,102	
Eight people	\$43,602	\$46,231	\$46,640	\$45,800	\$45,064	\$44,021	\$42,696	\$41,317	\$40,967
Nine people or more	\$51,393	\$55,613	\$55,883	\$55,140	\$54,516	\$53,491	\$52,082	\$50,807	\$50,491

Source: <https://www.census.gov/data/tables/time-series/demo/income-poverty/historical-poverty-thresholds.html>

Figure 1 - Population Living in Poverty by Density - Region

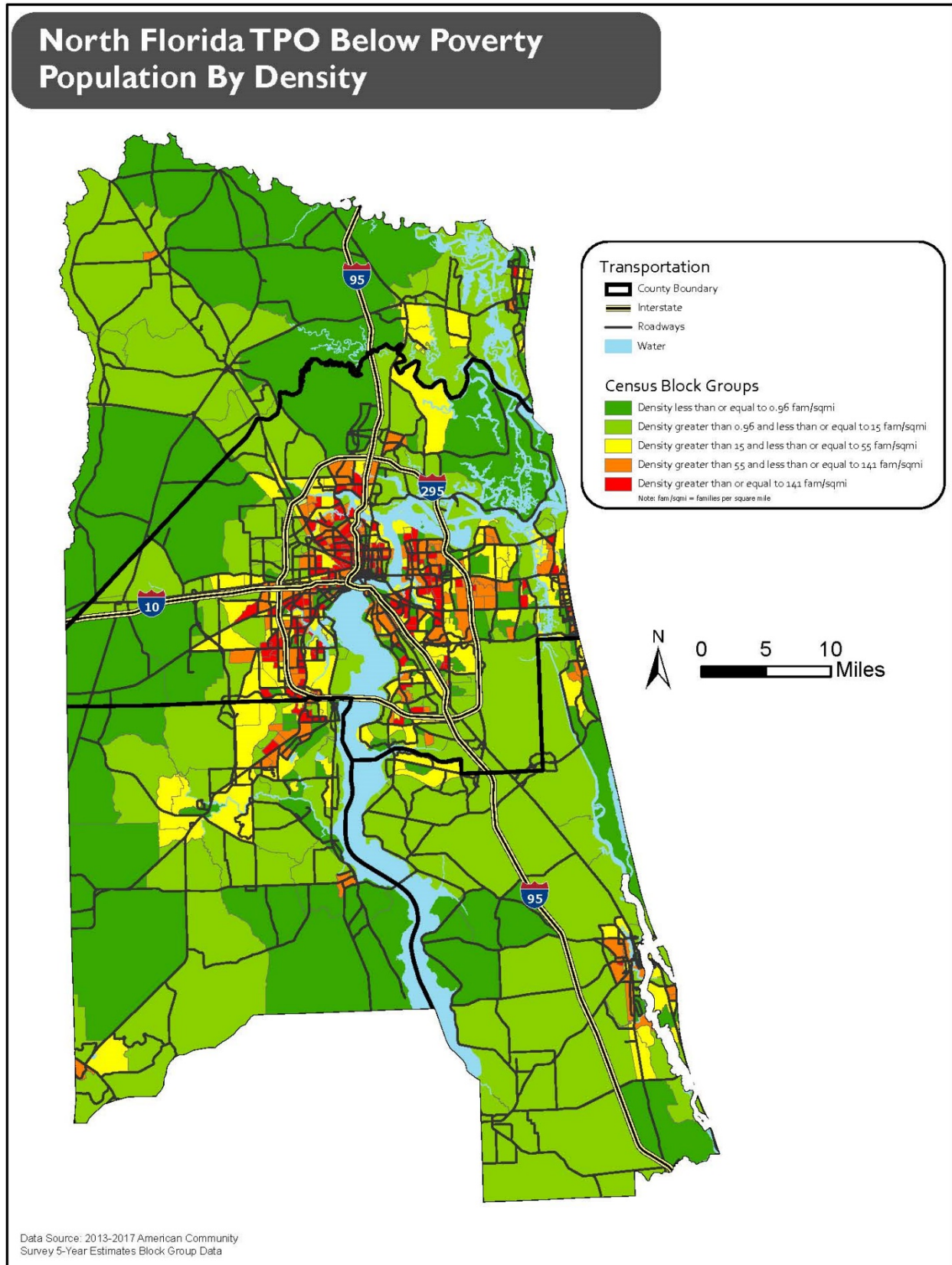


Figure 2 - Population Living in Poverty by Density – Clay County

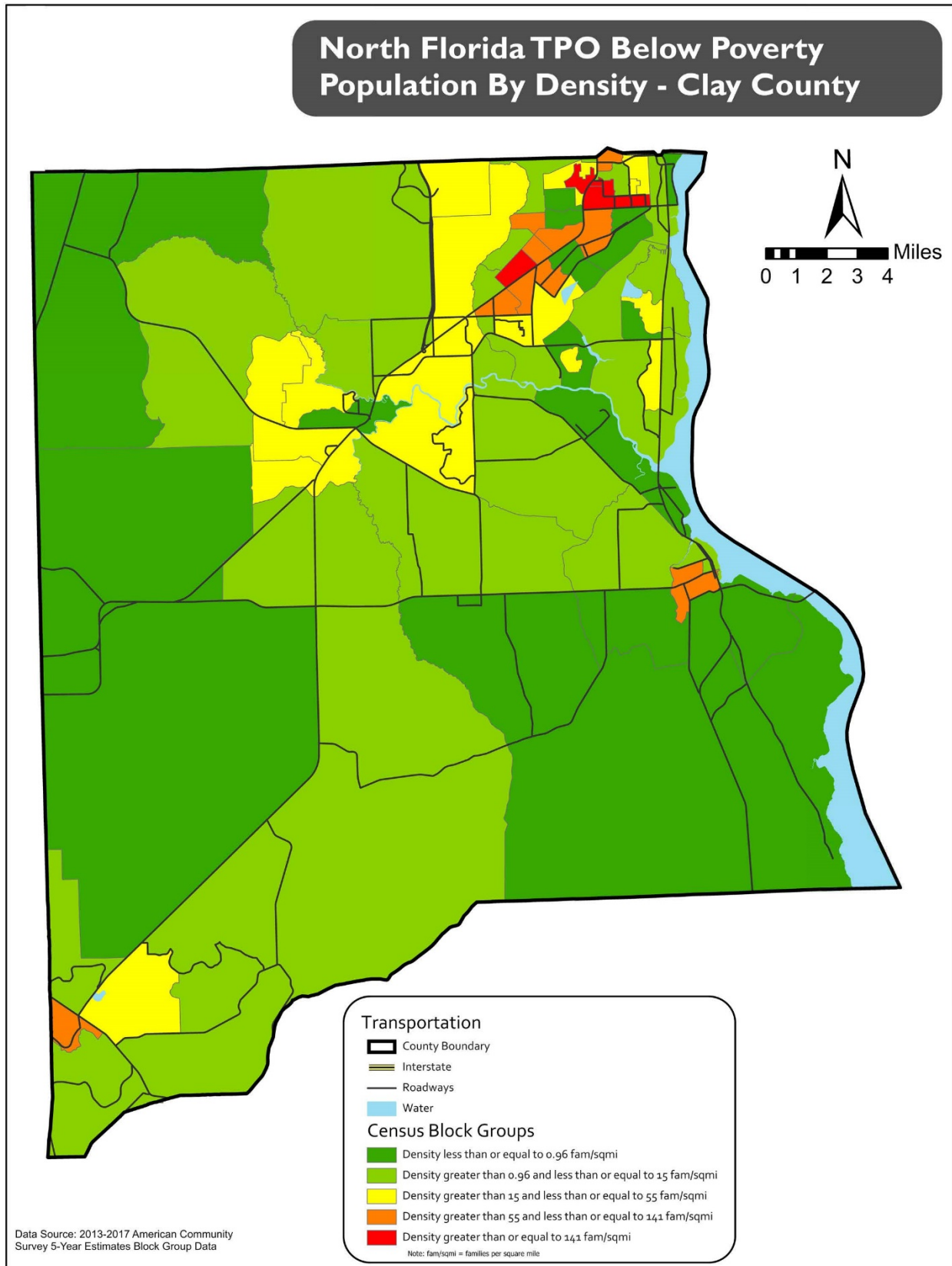


Figure 3 - Population Living in Poverty by Density – Duval County

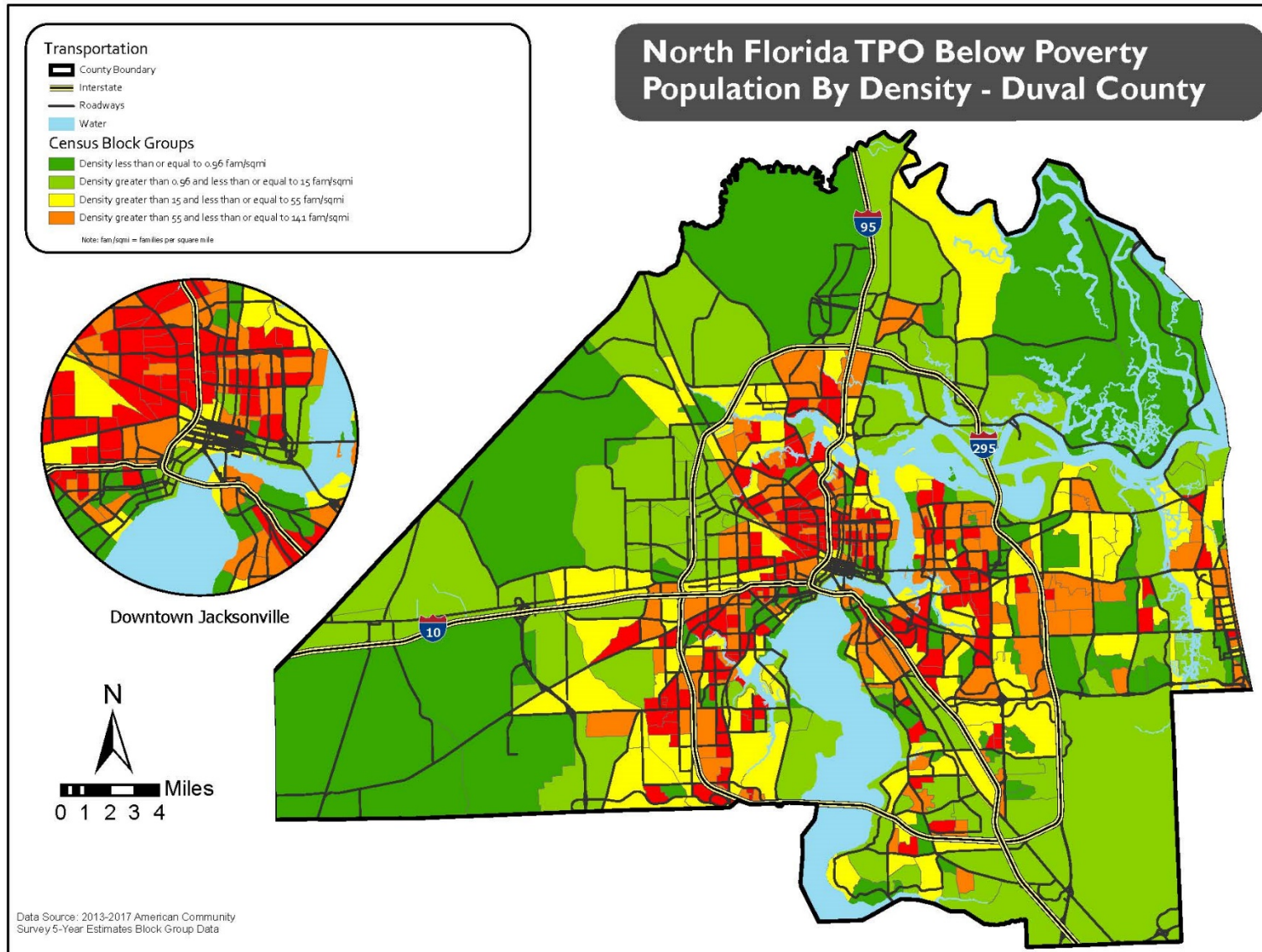


Figure 4 - Population Living in Poverty by Density – Nassau County

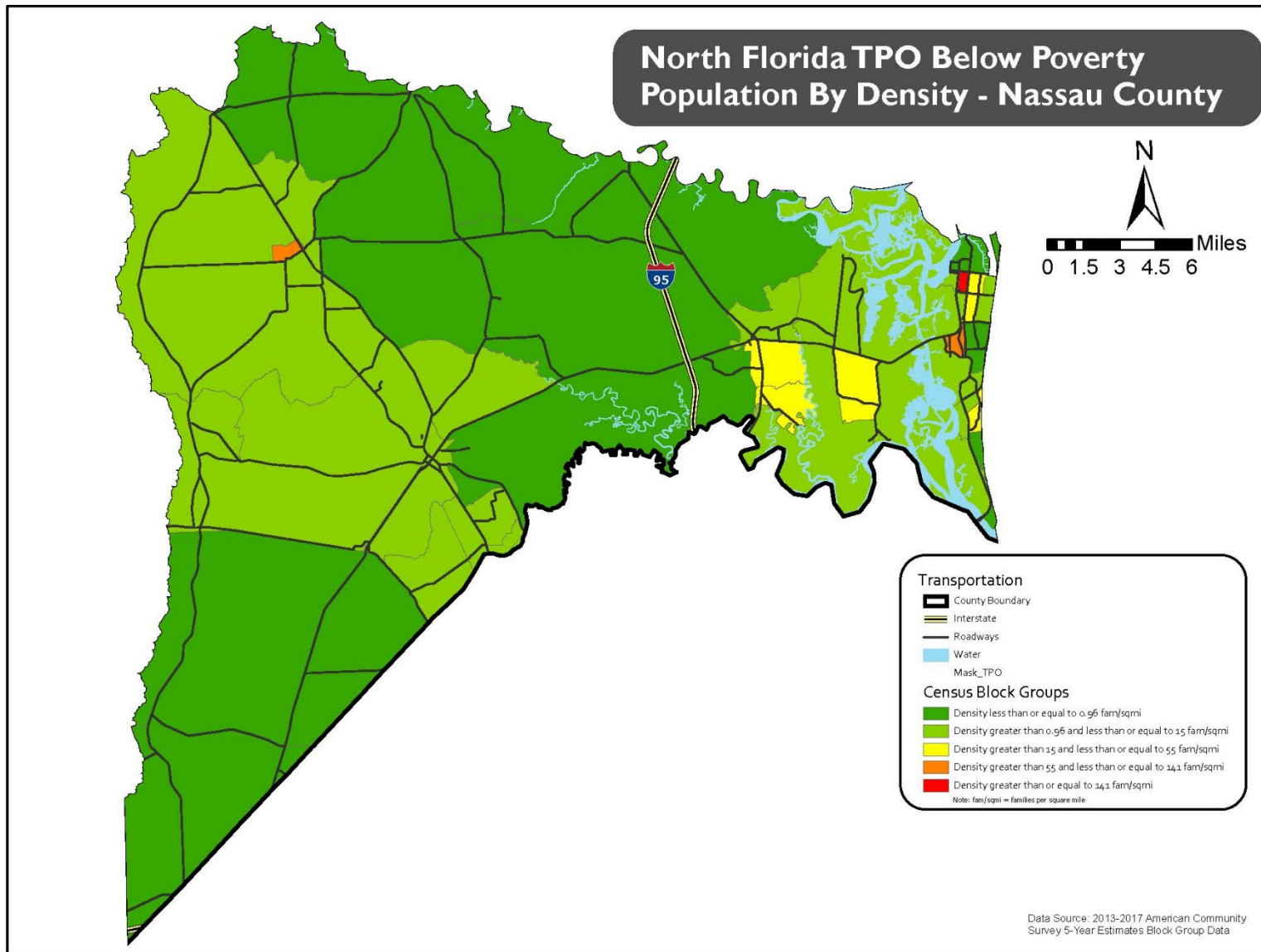
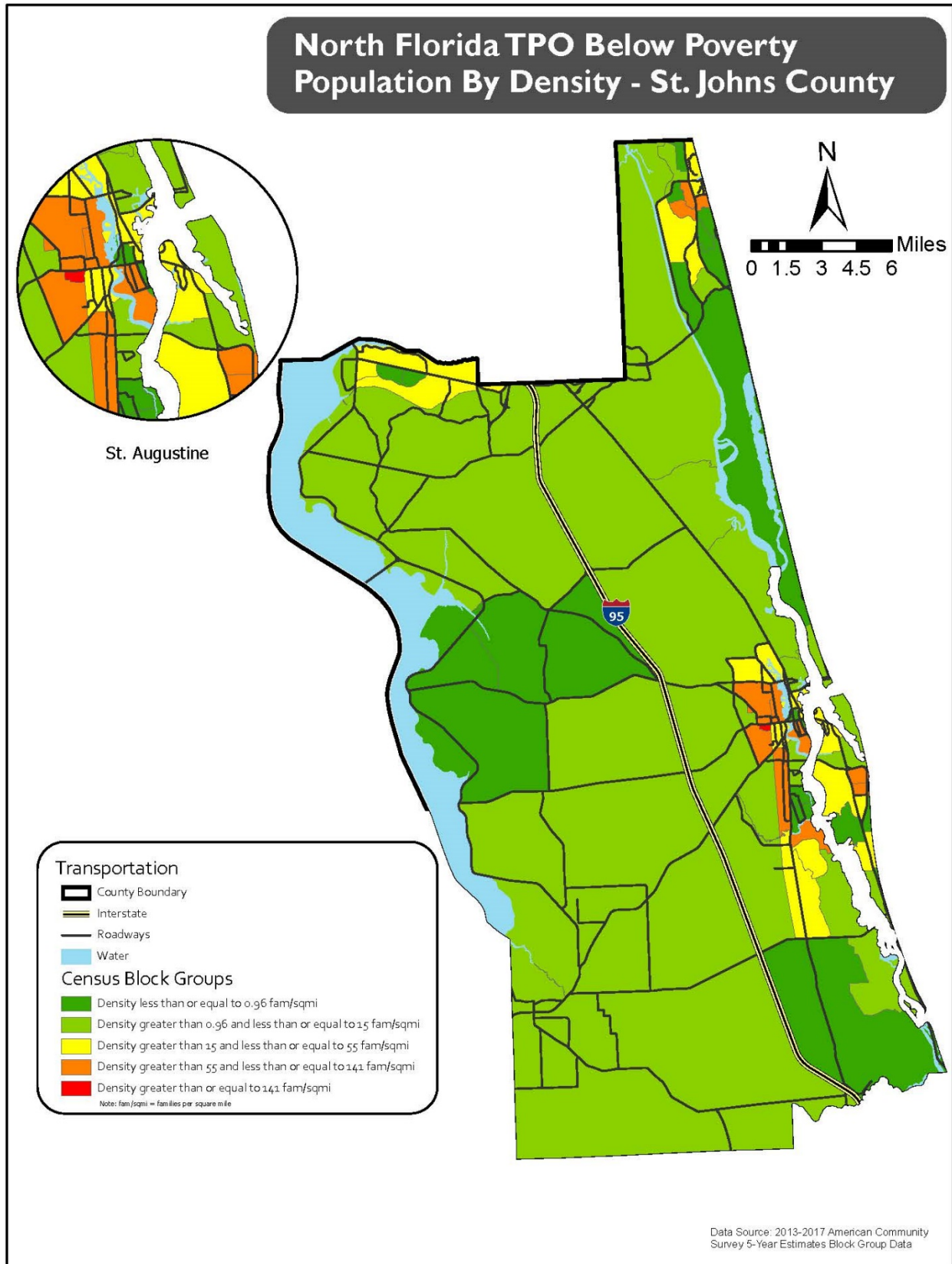


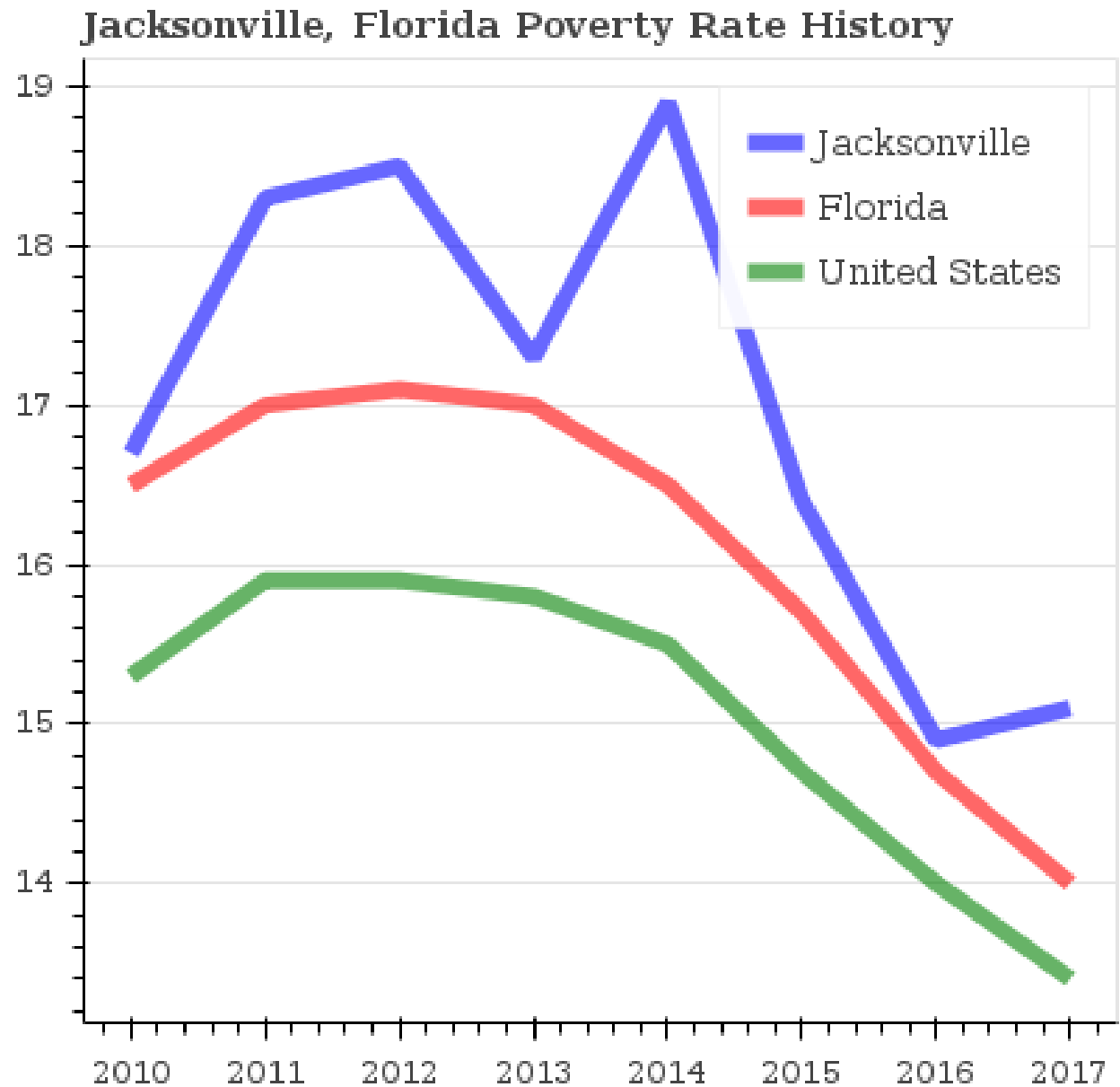
Figure 5 - Population Living in Poverty by Density – St. Johns County



Changes in Poverty

Poverty rates have declined significantly since 2014 in the Jacksonville Metropolitan Statistical Area (MSA), which includes Baker, Clay, Nassau and St. Johns counties, as shown in Figure 6. The trend shows an increase in poverty rates during the recovery from the Great Recession. Full recovery did not begin until 2013, when the poverty rates started to decline. The recovery in the Jacksonville MSA lagged other areas in Florida and nationally and suffered a second spike in 2014.

Figure 6 - Poverty Rates Over Time



Source: <https://www.welfareinfo.org/poverty-rate/florida/jacksonville#:~:text=The%20poverty%20rate%20in%20Jacksonville%20is%2016.4%25.,line%20in%20the%20last%20year.>

Impacts of COVID

Considering the potential economic impacts of the COVID-19 epidemic with nearly 30 million Americans unemployed in June 2020 (greater than during the Great Recession by total and percentage), Deloitte¹⁰ is currently forecasting a continued fall in gross domestic product through the middle of 2021 with a recovery to pre-COVID-19 levels until the first quarter of 2025. In the short-term, until the recovery is complete, unemployment and the number of persons living in poverty is likely to rise.

Figure 7 - Unemployment Forecasts through 2025, Nationally



Source: Deloitte analysis.

Deloitte Insights | deloitte.com/insights

¹⁰ <https://www2.deloitte.com/us/en/insights/economy/us-economic-forecast/united-states-outlook-analysis.html>

Poverty and Race

People living in poverty are disproportionately minorities. Although census data is not available in 2018 for Nassau County¹¹, in all counties being Black, African American, Hispanic or Latinx makes you more likely to live in poverty as shown in Table 3.¹²

Table 3 - Poverty and Ethnicity in North Florida (add years for all tables)

Area	Item	Population for whom poverty status is determined	White alone	Black or African American alone	Hispanic or Latinx origin (of any race)
Clay	Total	213,559	166,825	24,585	22,118
	Below Poverty Level	19,089	14,115	2,412	2,900
	% Below Poverty Level	8.90%	8.50%	9.80%	13.10%
Duval	Total	928,973	553,409	272,053	94,772
	Below Poverty Level	134,807	60,819	62,864	18,006
	% Below Poverty Level	14.50%	11.00%	23.10%	19.00%
Nassau	Total	85,278	77,704		
	Below Poverty Level	10,602	8,210		
	% Below Poverty Level	12.40%	10.60%		
St. Johns	Total	252,317	222,650	13,894	18,254
	Below Poverty Level	16,138	13,126	2,671	1,608
	% Below Poverty Level	6.40%	5.90%	19.20%	8.80%
Total	Total	1,480,127	1,020,588		
	Below Poverty Level	180,636	96,270		
	% Below Poverty Level	12.20%	9.43%		

Note: The table does not include the following categories: American Indian and Alaska Native alone, Asian alone, Native Hawaiian and Other Pacific Islander alone, Some other race alone, Two or more races or white alone, not Hispanic or Latino.

Source: <https://data.census.gov/>

¹¹ Data was not available for Nassau County based on the number of respondents to the survey that year.

¹² <https://www.welfareinfo.org/poverty-rate/florida/jacksonville#:~:text=The%20poverty%20rate%20in%20Jacksonville%20is%2016.4%25, line%20in%20the%20last%20year.>

Poverty and Age

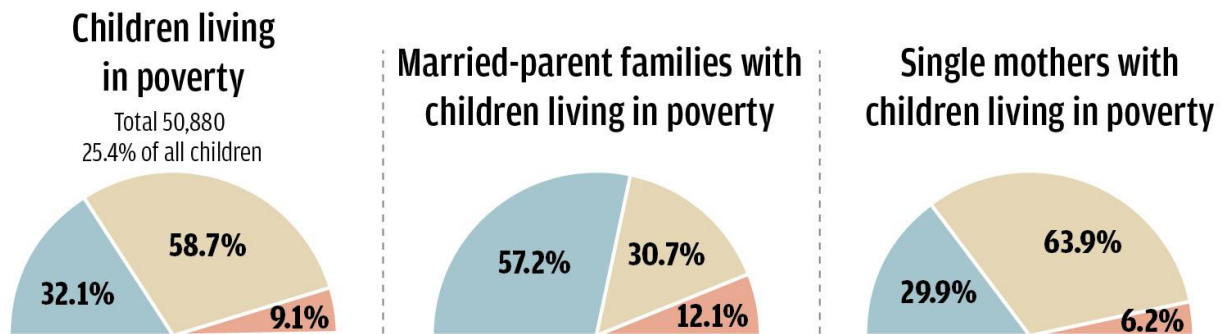
When the effect of age on poverty was analyzed, populations 65-years and older were less likely to live in poverty than the general population. Children under 18-years old and related children of the head-of-household are the most likely to live in poverty in North Florida as summarized in Table 4 on the next page.

According to the *Florida Times Union*, when age and race are considered together, “black children are more likely to live in poverty than their peers of other races and live in single-parent homes.” The share of children living in poverty by household status is summarized in Figure 8.

Figure 8 – Racial Disparity among Children in Poverty in Duval County

Racial disparity among kids living in poverty

Black children in Duval County are more likely than their peers of other races to live below the poverty line and in single-parent homes, according to a new report.



Note: The poverty rate is different for each family makeup, but the definition the report uses is from the U.S. Census Bureau. For example, in 2014 a family of two adults and two children was considered living in poverty if its income fell below \$24,008.

Source: Florida Kids Count Data Book 2016

Steve.Nelson@jacksonville.com

Table 4 - Poverty by Age in North Florida

Area	Item	Population for whom poverty status is determined	Under 18 years	Under 5 years	5 to 17 years	Related children of householder under 18 years	18 to 64 years	18 to 34 years	35 to 64 years	60 years and over	65 years and over
Clay	Total	213,559	48,902	11,323	37,579	48,672	130,390	43,590	86,800	47,356	34,267
	Below Poverty Level	19,089	5,126	1,654	3,472	4,896	11,350	5,780	5,570	3,068	2,613
	% Below Poverty Level	8.90%	10.50%	14.60%	9.20%	10.10%	8.70%	13.30%	6.40%	6.50%	7.60%
Duval	Total	928,973	212,178	63,108	149,070	210,748	586,586	228,114	358,472	185,295	130,209
	Below Poverty Level	134,807	46,335	16,846	29,489	44,994	75,193	33,923	41,270	20,144	13,279
	% Below Poverty Level	14.50%	21.80%	26.70%	19.80%	21.30%	12.80%	14.90%	11.50%	10.90%	10.20%
Nassau	Total	85,278	17,088	3,833	13,255	17,088	49,591	14,083	35,508	24,691	18,599
	Below Poverty Level	10,602	2,587	968	1,619	2,587	5,805	1,660	4,145	3,189	2,210
	% Below Poverty Level	12.40%	15.10%	25.30%	12.20%	15.10%	11.70%	11.80%	11.70%	12.90%	11.90%
St. Johns	Total	252,317	54,349	11,548	42,801	54,277	146,620	41,176	105,444	69,373	51,348
	Below Poverty Level	16,138	3,361	801	2,560	3,289	10,269	3,869	6,400	3,685	2,508
	% Below Poverty Level	6.40%	6.20%	6.90%	6.00%	6.10%	7.00%	9.40%	6.10%	5.30%	4.90%
Total	Total	1,480,127	332,517	89,812	242,705	330,785	913,187	326,963	586,224	326,715	234,423
	Below Poverty Level	180,636	57,409	20,269	37,140	55,766	102,617	45,232	57,385	30,086	20,610
	% Below Poverty Level	12.20%	17.26%	22.57%	15.30%	16.86%	11.24%	13.83%	9.79%	9.21%	8.79%

Source: <https://data.census.gov/>

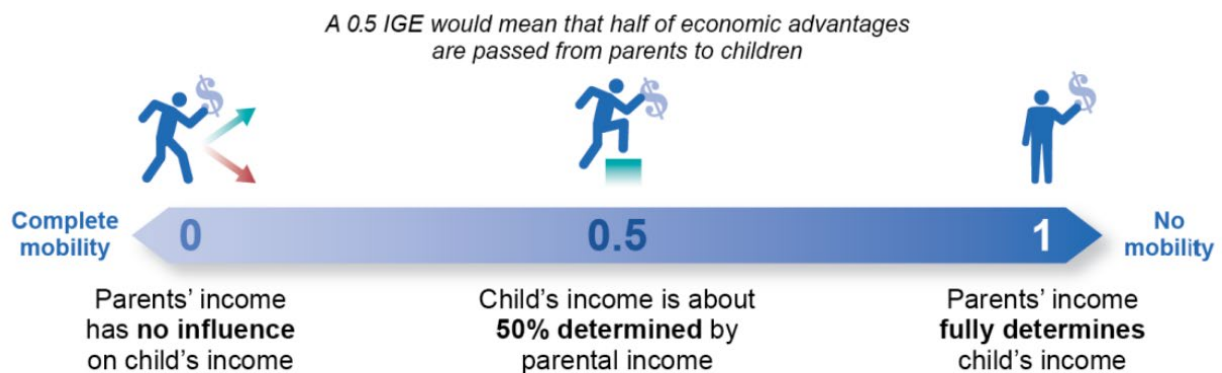
Economic Mobility

The U.S. is now the least economically mobile among all developed nations. Economists traditionally measure economic mobility in three ways.¹³

- Absolute economic mobility - whether people make more money (in inflation-adjusted dollars) than their parents did at a similar age.
- Relative economic mobility - whether people are at a higher income percentile compared to their parents' income percentile in the past.
- Intergenerational income elasticity - measures the "persistence of advantage" from one generation to the next at all points along the economic ladder and therefore captures how much inequality is passed down through generations.

Figure 9 explains the concepts of absolute and relative economic mobility.

Figure 9 - Intergenerational Income Mobility



Source: GAO analysis. | GAO-20-194

A report prepared by the US Government Accounting Office¹⁴ states

"The Millennial generation may not have the same opportunity as previous generations had to fare better economically than their parents. According to studies GAO reviewed:

¹³

<https://www.gao.gov/assets/710/703222.pdf#:~:text=economic%20mobility%20and%20Millennials%E2%80%99%20economic%20situation%20compared%20to,this%20work%20GAO%20conducted%20an%20extensive%20literature%20review>

¹⁴

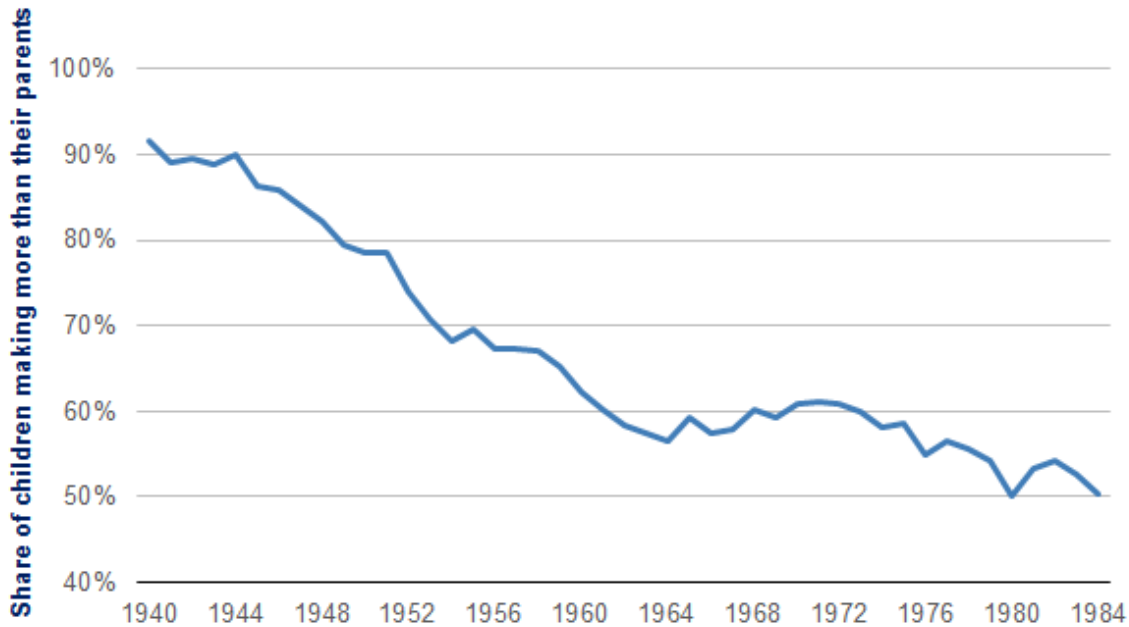
<https://www.gao.gov/assets/710/703222.pdf#:~:text=economic%20mobility%20and%20Millennials%E2%80%99%20economic%20situation%20compared%20to,this%20work%20GAO%20conducted%20an%20extensive%20literature%20review>

- The share of people making more money than their parents at the same age (absolute mobility) has declined over the last 40 years. The chances of moving up the income distribution (relative mobility) have been flat over time.
- The economic status of adults is influenced by the income of their parents (intergenerational income elasticity) and between one-third and two-thirds of economic status is passed down from parents to children. This is especially true of the lowest and highest income groups.
- Black or African Americans and those who live in lower-income neighborhoods are disproportionately less economically mobile than other populations.”

Figure 10 illustrates the declining economic mobility in the U.S. defined as the probability of children making more than their parents in real income based on the birth year of the children.¹⁵

“The chances today’s 35-year old will earn more than their parents when they were 35 has plummeted to under 50% from over 90% a generation ago. Yet this study failed to consider the far greater debt service today’s college educated 35-year old now labors under compared to his/her parents at the same time during their careers. Factoring this in would reveal that the odds of upward mobility for today’s generation are well under 50%.”¹⁶

Figure 10 - Share of Children Making More Than Their Parents (Year of Birth)



Source: Chetty et al., "The fading American dream: Trends in absolute income mobility since 1940"

BROOKINGS

Note: The years shown on the horizontal axis are the year each child was born.

¹⁵ <https://voxeu.org/article/exploding-wealth-inequality-united-states>

¹⁶ Ibid

Economic mobility is also linked to race. Black men are less likely to be upwardly mobile than any other group even with similar education levels and socioeconomic characteristics. Only 4.2% of black children were raised in upwardly economic mobile neighborhoods vs. 62.5% of white children. Asians (mostly first-generation immigrants) and Hispanics are moving up the ladder across all age groups but at a lower rate than whites. This lack of economic mobility is also described as the percentage of people who can grow into the top quintile (fifth) of the socio-economic based on the quintile they were born. In 2016, the Jacksonville Transportation Authority recognized in a Wellness Program Grant Application to the Federal Transit Authority that a child growing up in Jacksonville in the bottom fifth of the income scale has only a 5.3% chance of rising to the top fifth of the scale.

A child growing up in Jacksonville in the bottom fifth of the income scale has only a 5.3% chance of rising to the top fifth of the scale.

-Jacksonville Transportation Authority, 2016

Automobile ownership, English proficiency and single-parent households are three factors influencing economic mobility in North Florida that are discussed herein.

Educational Attainment

Data on poverty and educational attainment is consistent with expectations. Persons who do not finish high school are nearly three times more likely to live in poverty. College graduates are one-half as likely to live in poverty than those who did not graduate from college as shown in Table 5.

Automobile Ownership

Poor transportation mobility options are a significant barrier to economic mobility for those living in poverty. A large portion of time and money is spent commuting to jobs and other essential needs such as healthcare, food, education and childcare. Without proper transportation connections, many underserved communities are left isolated from jobs.

20.3% of households with income less than \$25,000 do not own cars vs. only 2.3% of households with income over \$25,000.

- Bureau of Transportation Statistics, 2001 National Household Travel Survey

The costs of car ownership are a significant barrier to mobility for the underserved. For a family of four (two children), the poverty threshold was \$26,324 in 2018¹⁷. Owning a small sedan costs \$7,114 per year or 27% of their total income, leaving only \$19,210 per year for housing, food and other expenses. Table 6 summarizes the estimated cost of automobile ownership.

Transit accessibility for these households is considered limited when the residents live more than one quarter mile from a bus stop. These households may lack sidewalks to access these bus stops or to directly walk to other destinations.

¹⁷ <https://www.census.gov/data/tables/time-series/demo/income-poverty/historical-poverty-thresholds.html>

Table 5 - Poverty by Educational Attainment, 2018

Area	Item	Population 25 years and over	Less than high school graduate	High school graduate (includes equivalency)	Some college, associate degree	Bachelor's degree or higher
Clay	Total	147,547	15,561	42,073	52,361	37,552
	Below Poverty Level	11,285	2,327	4,214	3,422	1,322
	% Below Poverty Level	7.60%	15.00%	10.00%	6.50%	3.50%
Duval	Total	644,392	64,332	183,260	198,503	198,297
	Below Poverty Level	75,774	19,067	27,950	19,059	9,698
	% Below Poverty Level	11.80%	29.60%	15.30%	9.60%	4.90%
Nassau	Total	63,301	5,471	20,586	19,739	17,505
	Below Poverty Level	7,559	1,867	2,155	2,116	1,421
	% Below Poverty Level	11.90%	34.10%	10.50%	10.70%	8.10%
St. Johns	Total	178,479	8,089	37,846	52,938	79,606
	Below Poverty Level	10,694	1,346	3,164	2,839	3,345
	% Below Poverty Level	6.00%	16.60%	8.40%	5.40%	4.20%
Total	Total	1,033,719	93,453	283,765	323,541	332,960
	Below Poverty Level	105,312	24,607	37,483	27,436	15,786
	% Below Poverty Level	10.19%	26.33%	13.21%	8.48%	4.74%

Source: <https://data.census.gov/>

Table 6 - Cost of Vehicle Ownership (15,000 miles per year), 2018

Item	Small Sedan	Medium Sedan	Small SUV	Minivan	Electric Vehicle	Weighted Average
Total Cost per Year	\$7,114	\$8,643	\$8,394	\$10,036	\$8,320	\$9,282
Total Cost per Day	\$19.49	\$23.68	\$23.00	\$27.50	\$22.79	\$25.43
Total Cost per Mile	\$0.47	\$0.57	\$0.56	\$0.72	\$0.55	\$0.62

Notes: The weighted average includes vehicles not shown in the table (large sedans, large sport utility vehicles, pickups and hybrid vehicles)

Source: <https://exchange.aaa.com/wp-content/uploads/2019/09/AAA-Your-Driving-Costs-2019.pdf>

A study by the Brookings Institute analyzed zero-vehicle households, income, transit access and job access.¹⁸ For the Jacksonville Metropolitan Statistical Area (MSA), which includes Baker, Clay, Nassau and St. Johns counties, the study reported the following:

- 57.4% of low-income households do not own vehicles
- 81.7% of the MSA have access to transit
 - o 89.4% in city
 - o 55.3% in suburbs
- 30.4% in the metro area have access to jobs by transit
 - o 33.5% in the city
 - o 7.2% in the suburb

Nationally, zero-vehicle households truly stretch across all racial lines¹⁹.

- Zero-vehicle households by Race and Ethnicity
 - o White (36.4%)
 - o Hispanic (27.7%)
 - o Black (25.3%)

Table 7 summarizes the zero-vehicle households by home ownership.

¹⁸ https://www.brookings.edu/wp-content/uploads/2016/06/0818_transportation_tomer.pdf

¹⁹ This data may be skewed because of affluent young whites living in major metropolitan areas such as the District of Columbia, Boston, New York City and San Francisco do not need or choose to buy vehicles.

Table 7 – Zero-Vehicle Ownership by Home Ownership, 2018

County	Type	Households	No vehicle available	Percent No vehicle available
Clay	Total Occupied	75,958	2,209	2.9%
	Owner	56,875	1,056	1.9%
	Rental	19,083	1,153	6.0%
Duval	Total Occupied	367,238	28,630	7.8%
	Owner	201,574	5,546	2.8%
	Rental	165,664	23,084	13.9%
Nassau	Total Occupied	32,624	643	2.0%
	Owner	25,822	65	0.3%
	Rental	6,802	578	8.5%
St. Johns	Total Occupied	90,109	1,803	2.0%
	Owner	74,283	994	1.3%
	Rental	15,826	809	5.1%
Total	Total Occupied	565,929	33,285	5.9%
	Owner	358,554	7,661	2.1%
	Rental	207,375	25,624	12.4%

Source: <https://data.census.gov/>

Poverty and the costs of automobile ownership are beyond the reach for many families. Without reliable transportation, access to work, healthcare, schools, day care, healthy food and other essential services are limited.

The areas with the highest density of zero-vehicle ownership are shown in Figure 11, Figure 12, Figure 13, Figure 14 and Figure 15. The regional map shows major transit routes and the individual county maps also show where bus stops are in reference to the zero-household areas. These populations are greater than 0.25-mile miles from each bus stop.

These households are unlikely to walk to the bus stop or have limited access to transit services. Transit deserts exist in many of our poor neighborhoods limiting access to jobs, health care and other essential services. Aggregate measures for transit accessibility are discussed in later sections.

Figure 11 – Zero-vehicle Households by Density - Region

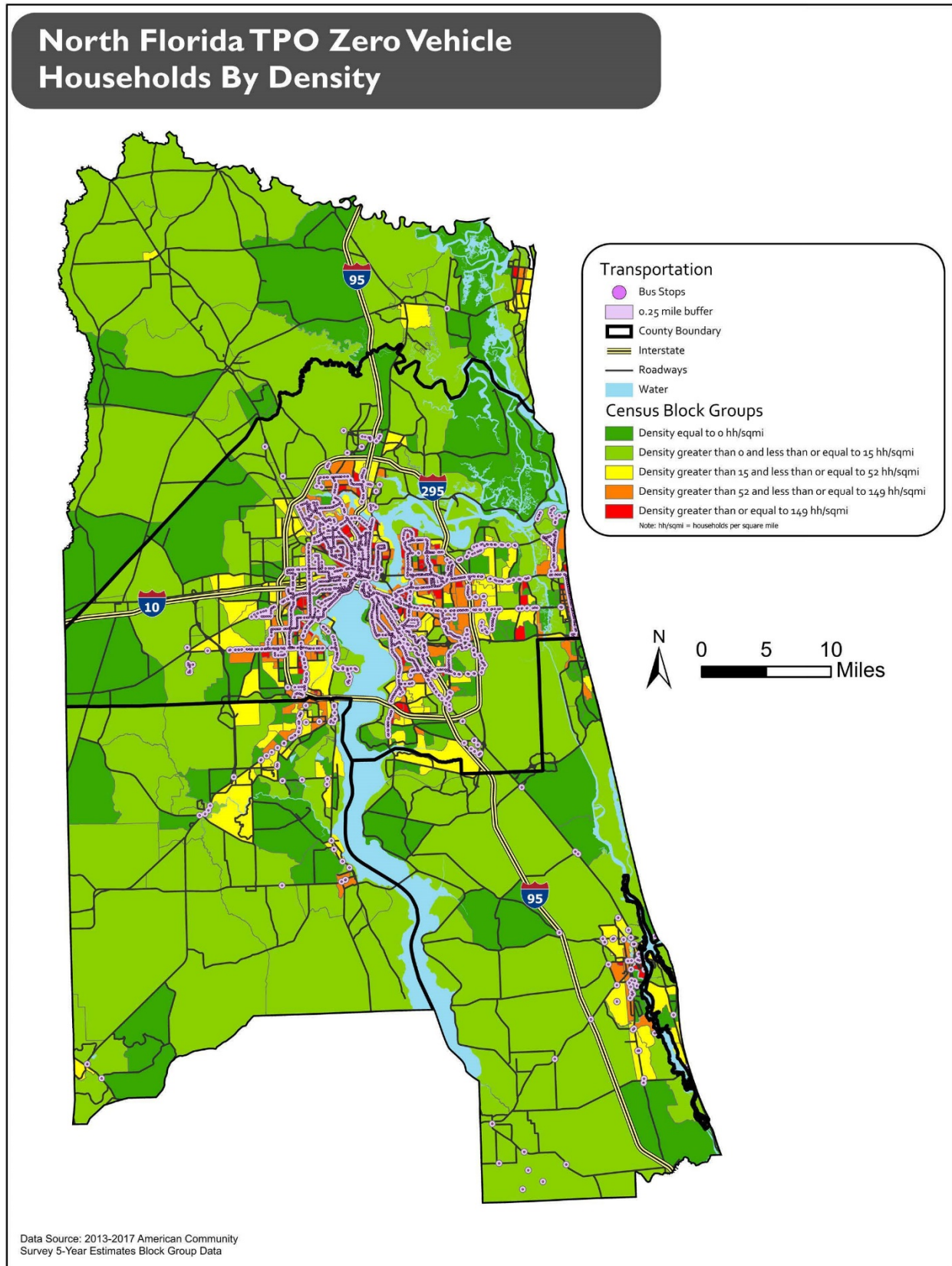


Figure 12 – Zero-vehicle Households by Density – Clay County

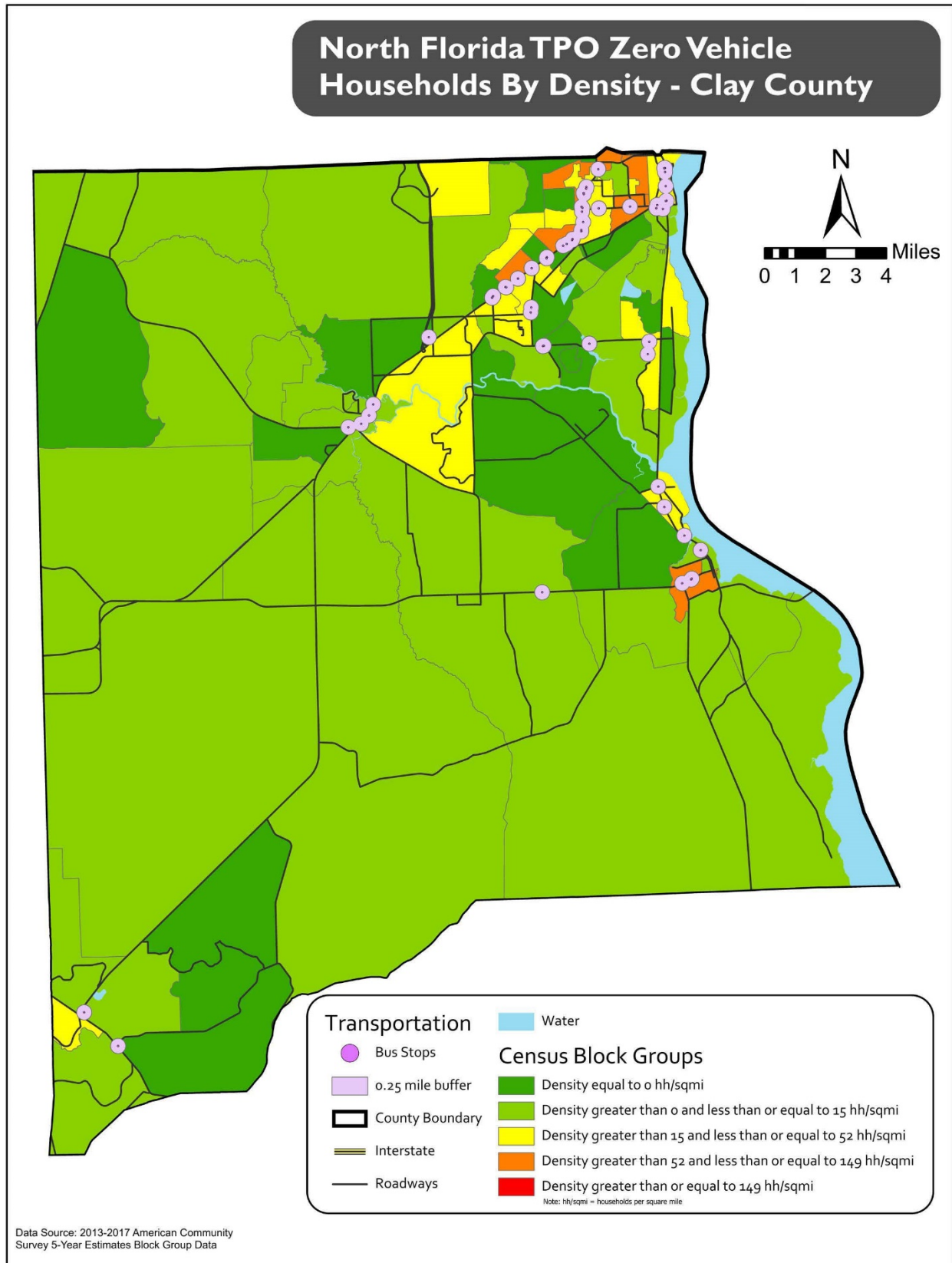


Figure 13 – Zero-vehicle Households by Density – Duval County

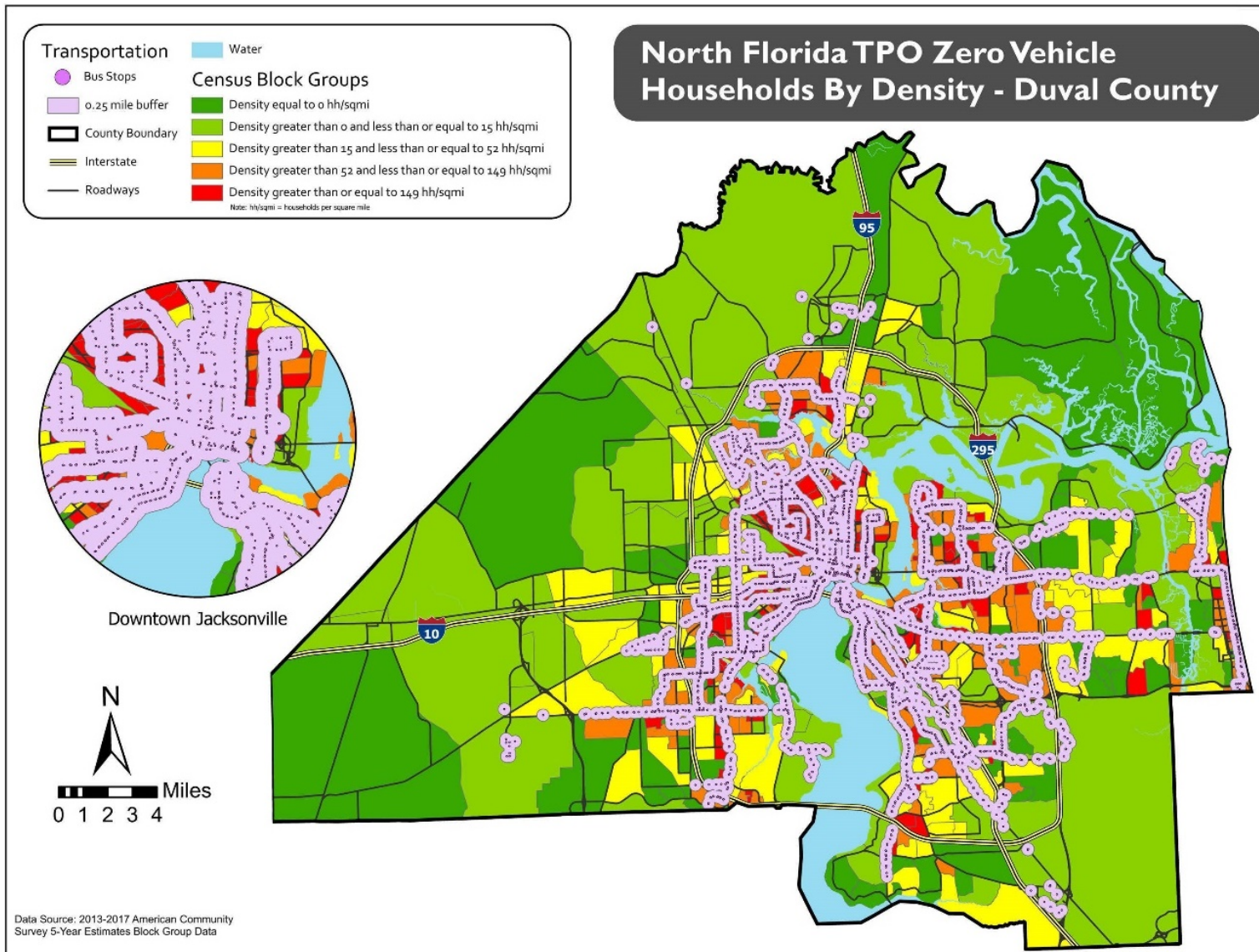


Figure 14 - Zero-vehicle Households by Density - Nassau County

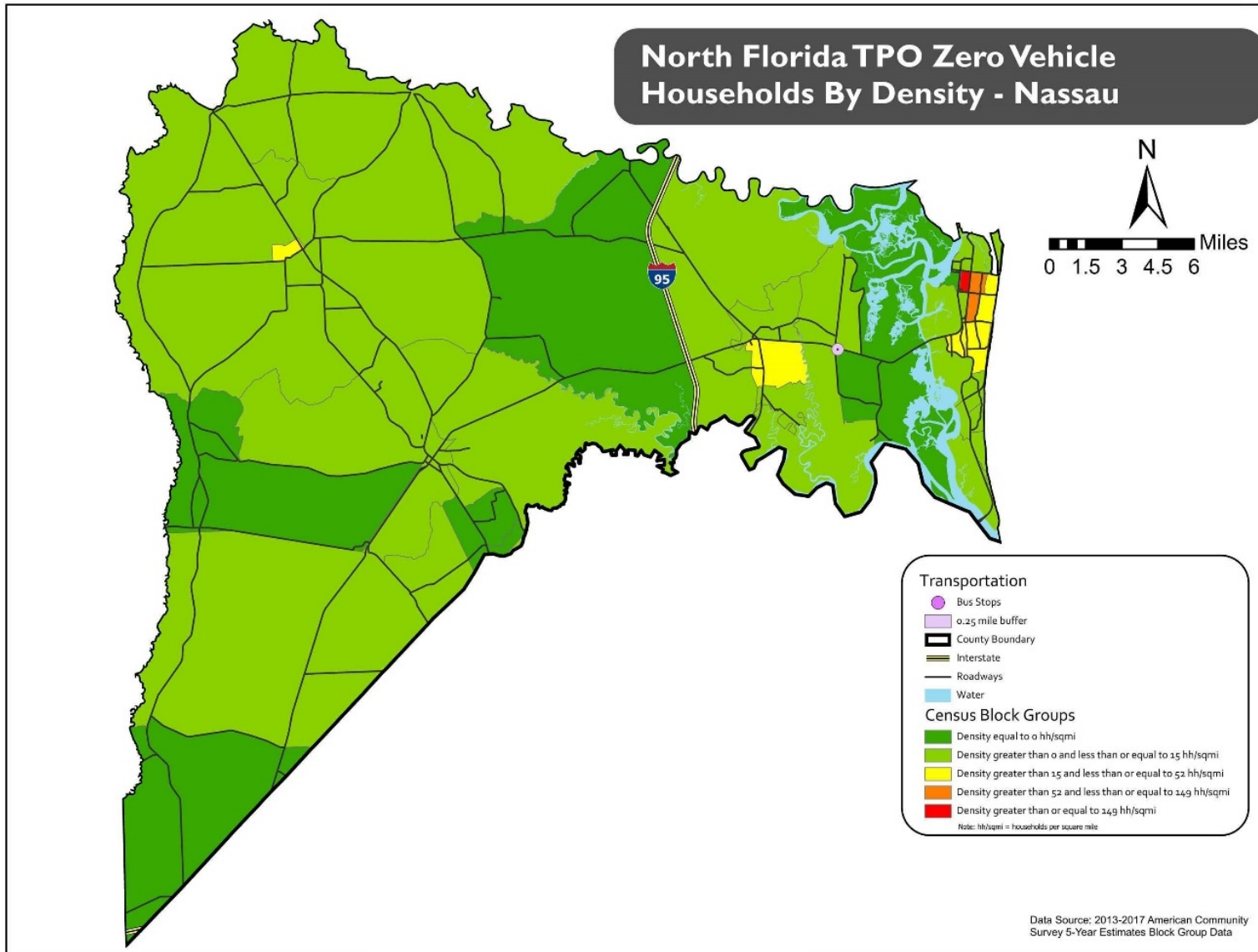
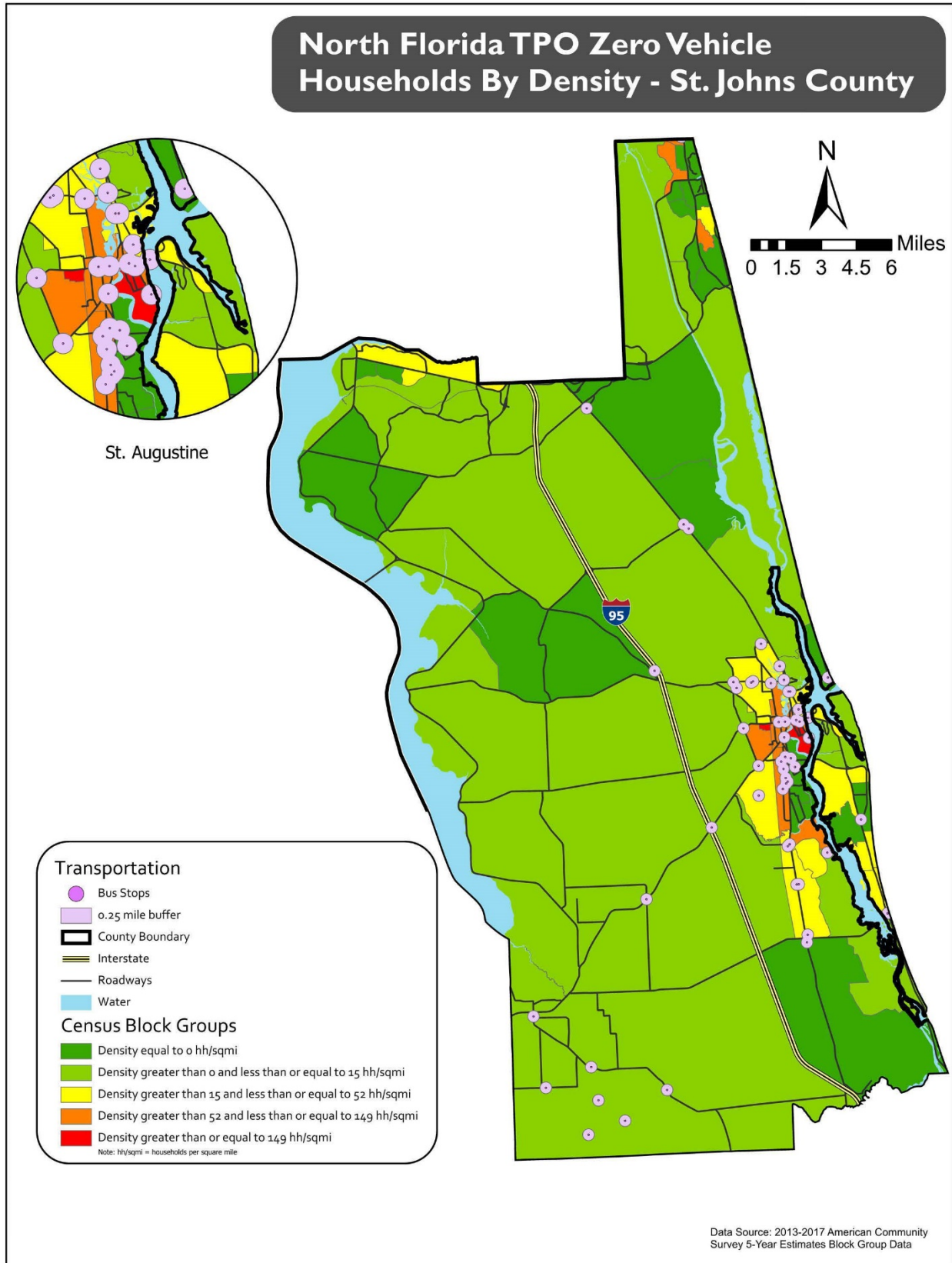


Figure 15 - Zero-vehicle Households by Density - St. Johns County



Limited English Proficiency

On August 11, 2000, President Clinton signed Executive Order 13166, "Improving Access to Services for Persons with Limited English Proficiency (LEP)". The Executive Order requires Federal agencies or those receiving Federal funds to examine the services they provide, identify any need for services to those with limited English proficiency, and develop and implement a system to provide those services so LEP individuals can have meaningful access to them.²⁰

Federal regulations define LEP as individuals with a primary or home language other than English who must, due to limited fluency in English, communicate in that primary or home language if the individuals are to have an equal opportunity to participate effectively in or benefit from any aid, service or benefit in federally funded programs and activities.

A study by the Lexington Institute concluded that \$37.7 billion in annual earnings are lost by LEP persons each year, or \$3,000 per year in earnings, as a direct result of inadequate English skills.²¹

LEP residents of the region are more frequent users of public transportation. Access to schools and other community services may be a contributing factor in LEP populations having the opportunity to improve their English fluency.

Table 8 summarizes the average distance of top quantile census tracts from the LEP to community centers.

Table 8 - Non-English-Speaking Population Access to Community Centers (Top Quantile)

Measure	Statistic
Non-English-Speaking Population Average Distance to Community Center	0.72 miles
Non-English-Speaking Population Average Distance to Library	1.08 miles

Source: HNTB

Figure 16 through Figure 20 show the populations where the highest density of persons with LEP occur.

Migrant and Seasonal Workers

Migrant (those who move their households) and seasonal (those who maintain a home residence and travel for work) are disproportionately poor. The average annual income for migratory or seasonal farm workers is \$7,000 per year, far below the poverty thresholds. "A common misconception is that all farmworkers are Hispanic, although most Florida's farmworkers are originally from countries in South and Central America, and the majority of these are from Mexico. A significant percentage, however, do not speak Spanish—rather, they speak one of several [indigenous peoples] dialects. There are sizable subpopulations of other ethnicities as well. In some parts of Florida, upwards of 35% of farmworkers are Haitian/Caribbean Islander, and many Blacks work the fields, as well."²²

²⁰ <https://www.lep.gov/executive-order-13166>

²¹ <https://www.lexingtoninstitute.org/wp-content/uploads/2013/11/ValueOfEnglishProficiency.pdf>

²² <https://www.hud.gov/states/florida/working/farmworker/commonquestions>

Figure 16 – Limited English Proficiency Population by Density - Region

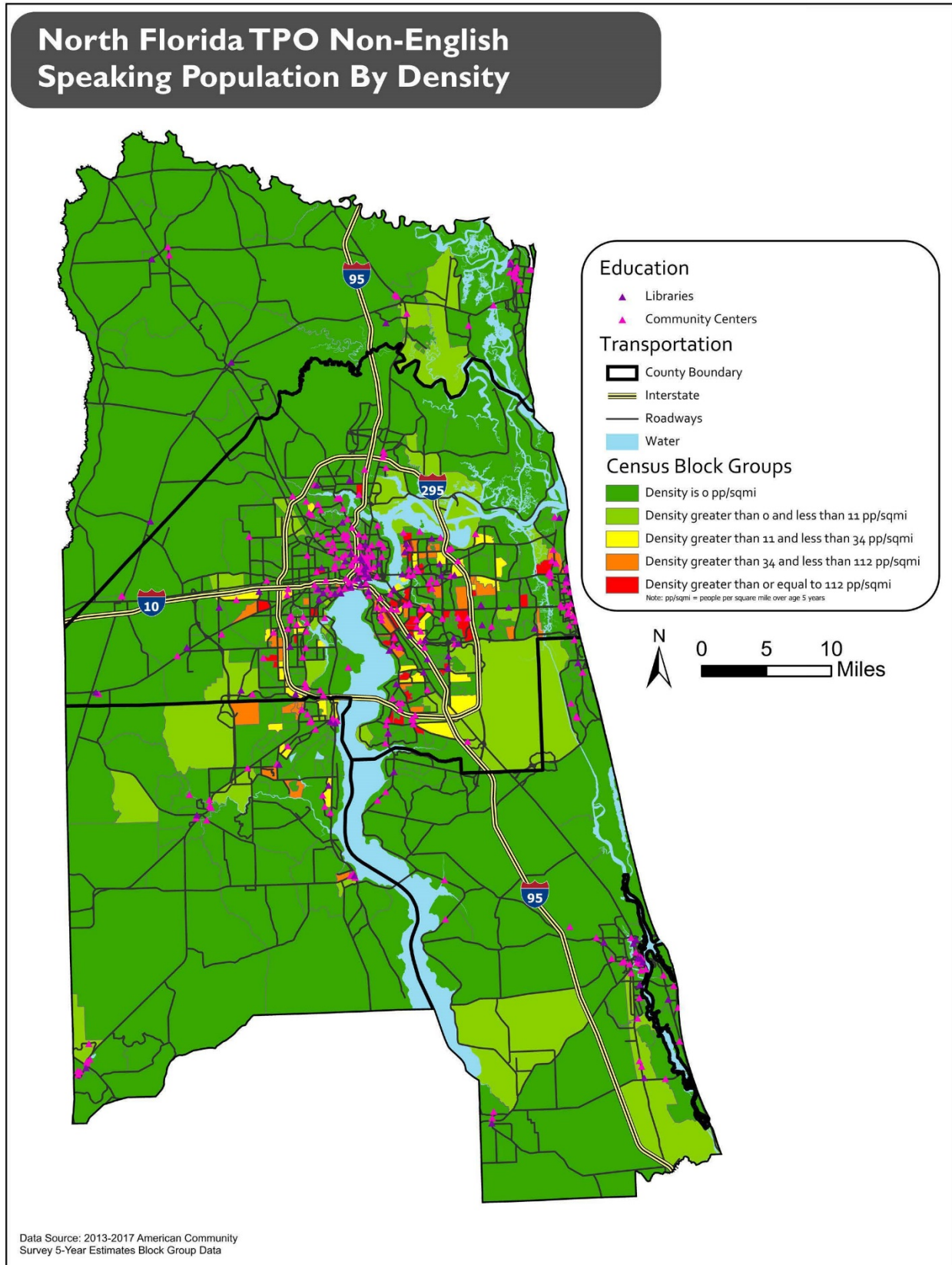


Figure 17 – Limited English Proficiency Population by Density – Clay County

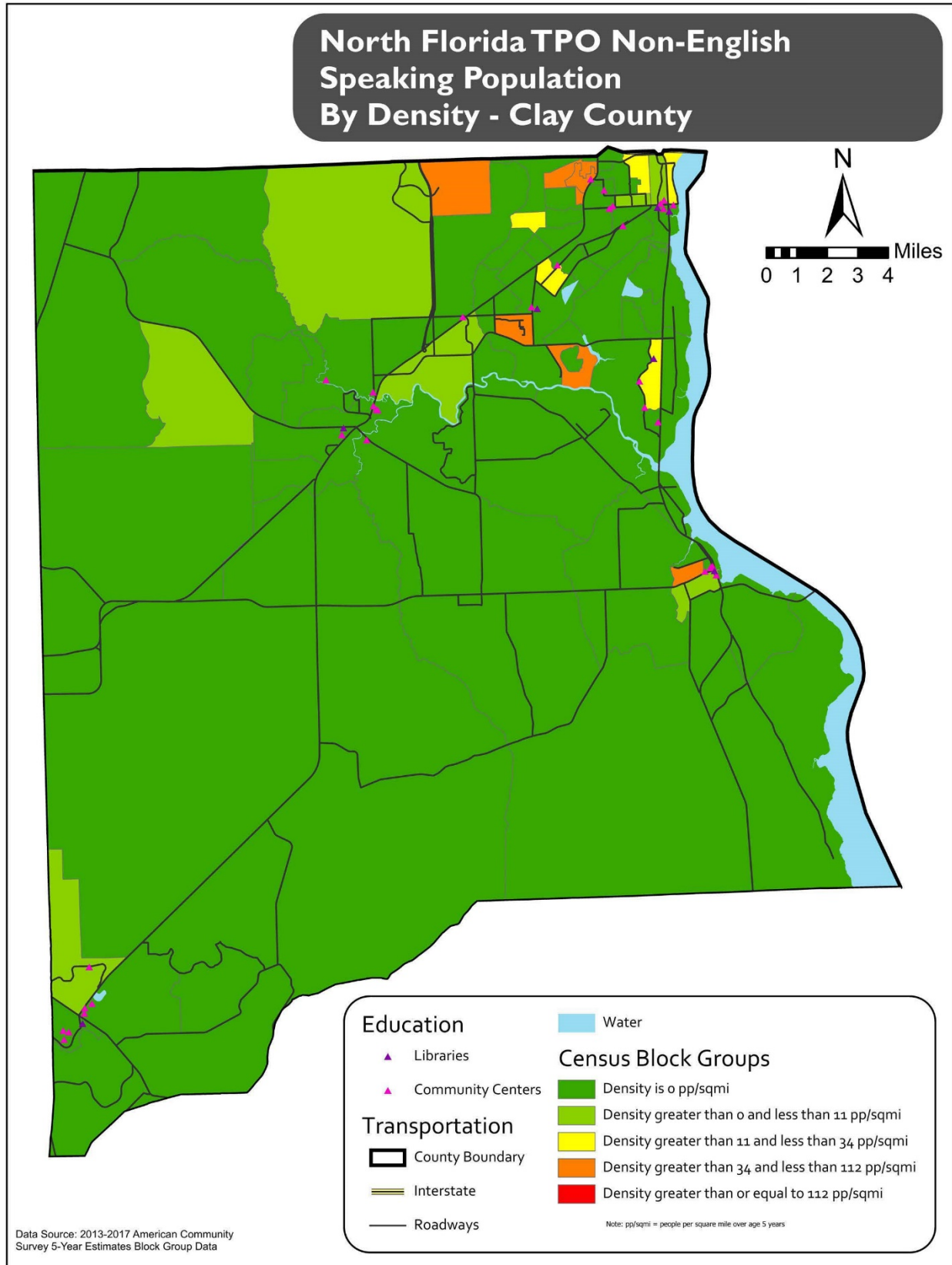


Figure 18 - Limited English Proficiency Population by Density – Duval County

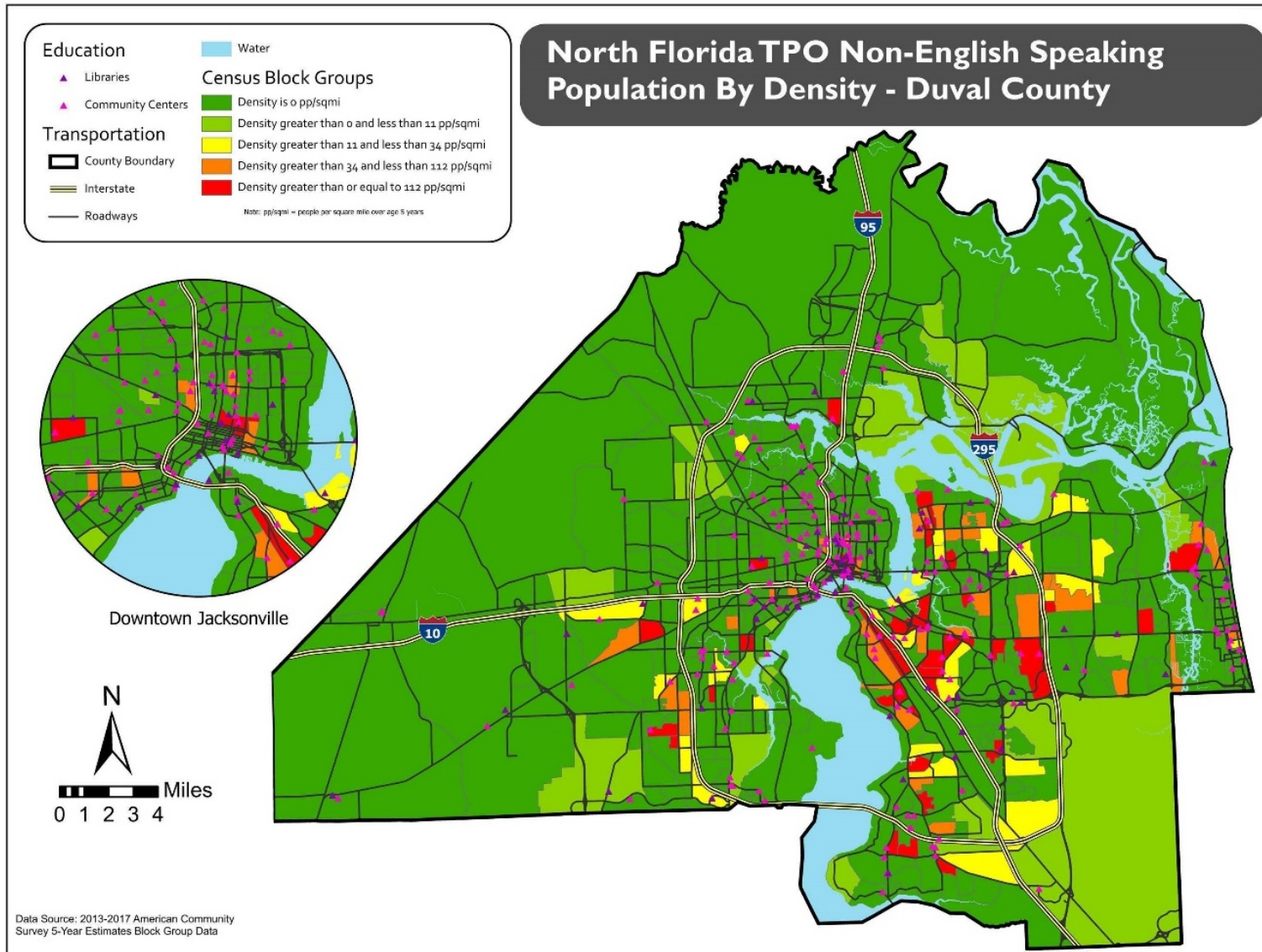


Figure 19 - Limited English Proficiency Population by Density – Nassau County

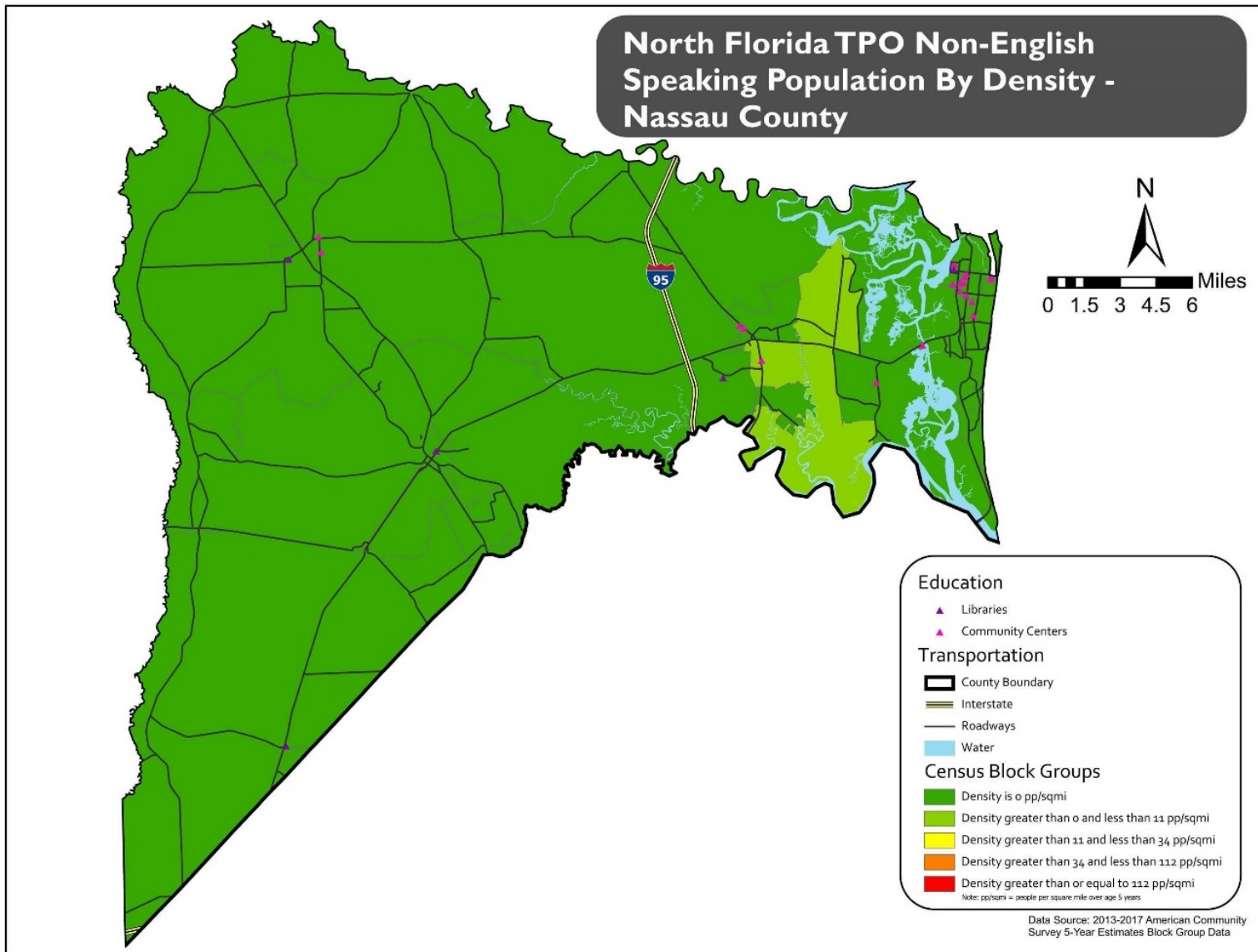
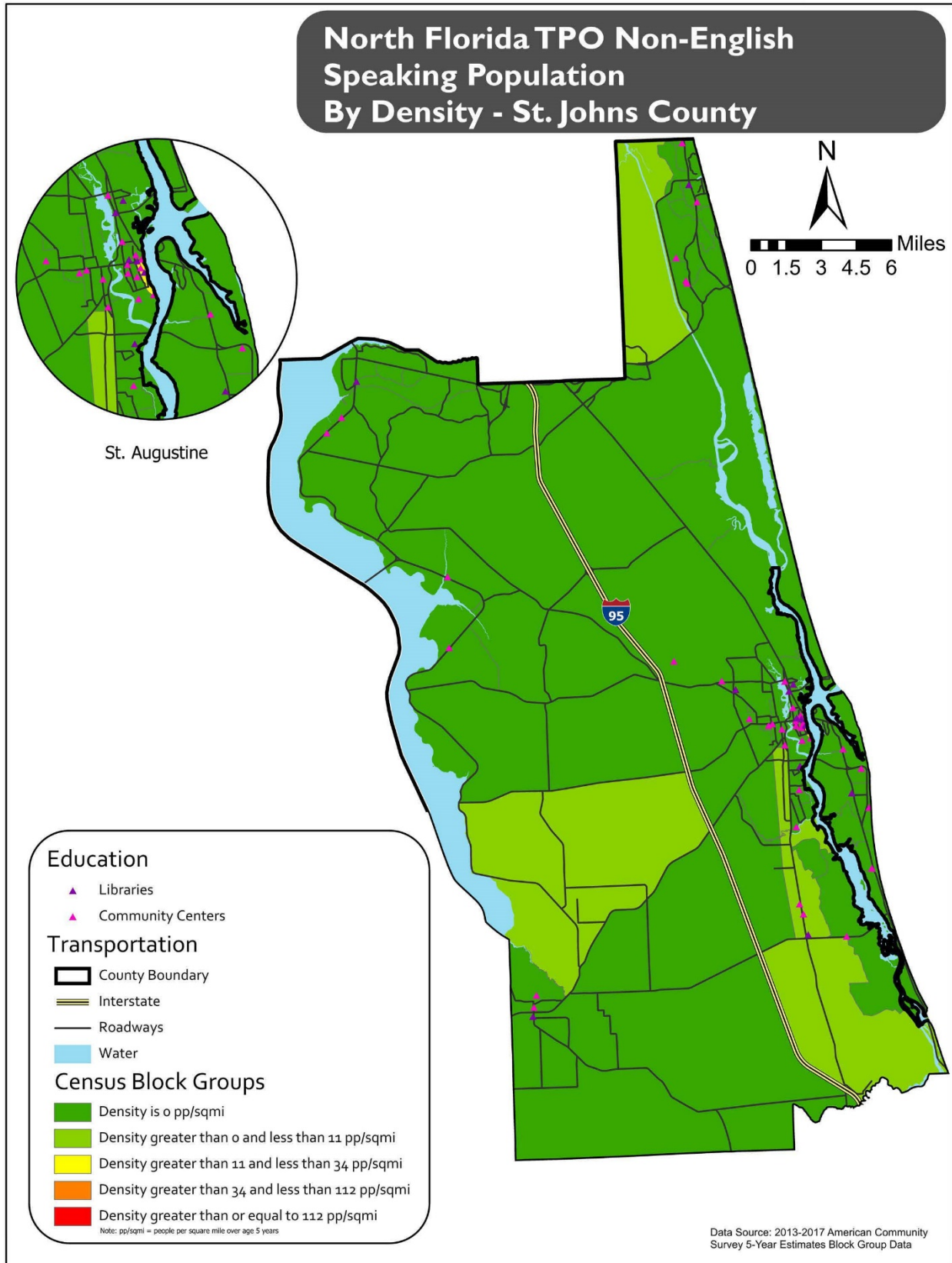


Figure 20 - Limited English Proficiency Population by Density – St. Johns County



Single-parent Households

A Pew Research Center study²³ found that one-in five children are living with single mothers and one in 20 are living with single dads. The mobility needs for these families are further challenged because nearly 30% of single parents live in poverty, according to the US Census, as compared to 62% of families with married parents. In addition, 32.6% of single mothers are at economic risk of not being able to feed their families or provide shelter, while 7.4% of single fathers were at the crisis level. Single mothers were much more likely to be at the crisis level than single fathers. Figure 24 summarizes some of the trends reported in the Pew study.

Poverty and the costs of automobile ownership put mobility beyond reach for many families. Figure 22 through Figure 26 show the population density of households with single women.

Table 9 shows the average access to key community resources for female head of households

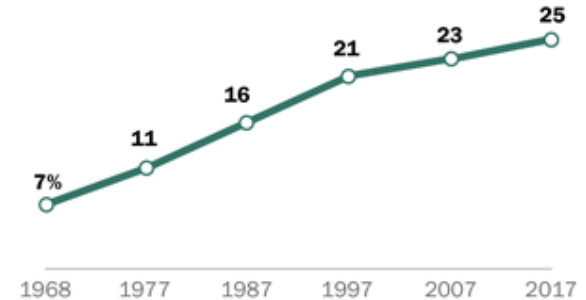
Table 9 - Female Head of Household Families Access to Community Resources (Top Quantile)

Measure	Distance (miles)
Average Distance to Childcare	0.39
Average Distance to School (Public)	0.68
Average Distance to Urgent Care	2.56
Average Distance to Hospital	2.86

Figure 21 - Single Parent Household Trends

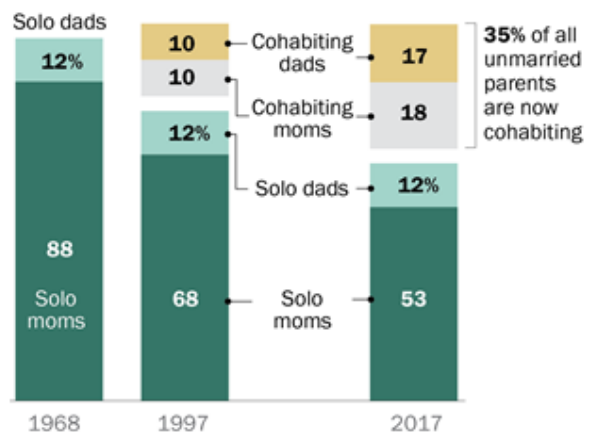
One-in-four U.S. parents are unmarried

% unmarried, among all parents living with a child



Growing share of unmarried parents are cohabiting

% cohabiting/solo, among all unmarried parents living with a child



Note: "Parents" are all U.S. parents living with at least one child younger than 18. Data regarding cohabitation available since 1997 only. Figures may not add to 100% due to rounding.

Source: Pew Research Center analysis of Current Population Survey March Supplement (IPUMS).

"The Changing Profile of Unmarried Parents"

PEW RESEARCH CENTER

²³ <https://www.pewsocialtrends.org/2018/04/25/the-changing-profile-of-unmarried-parents/>

Figure 22 - Female Head of Household Population by Density - Region

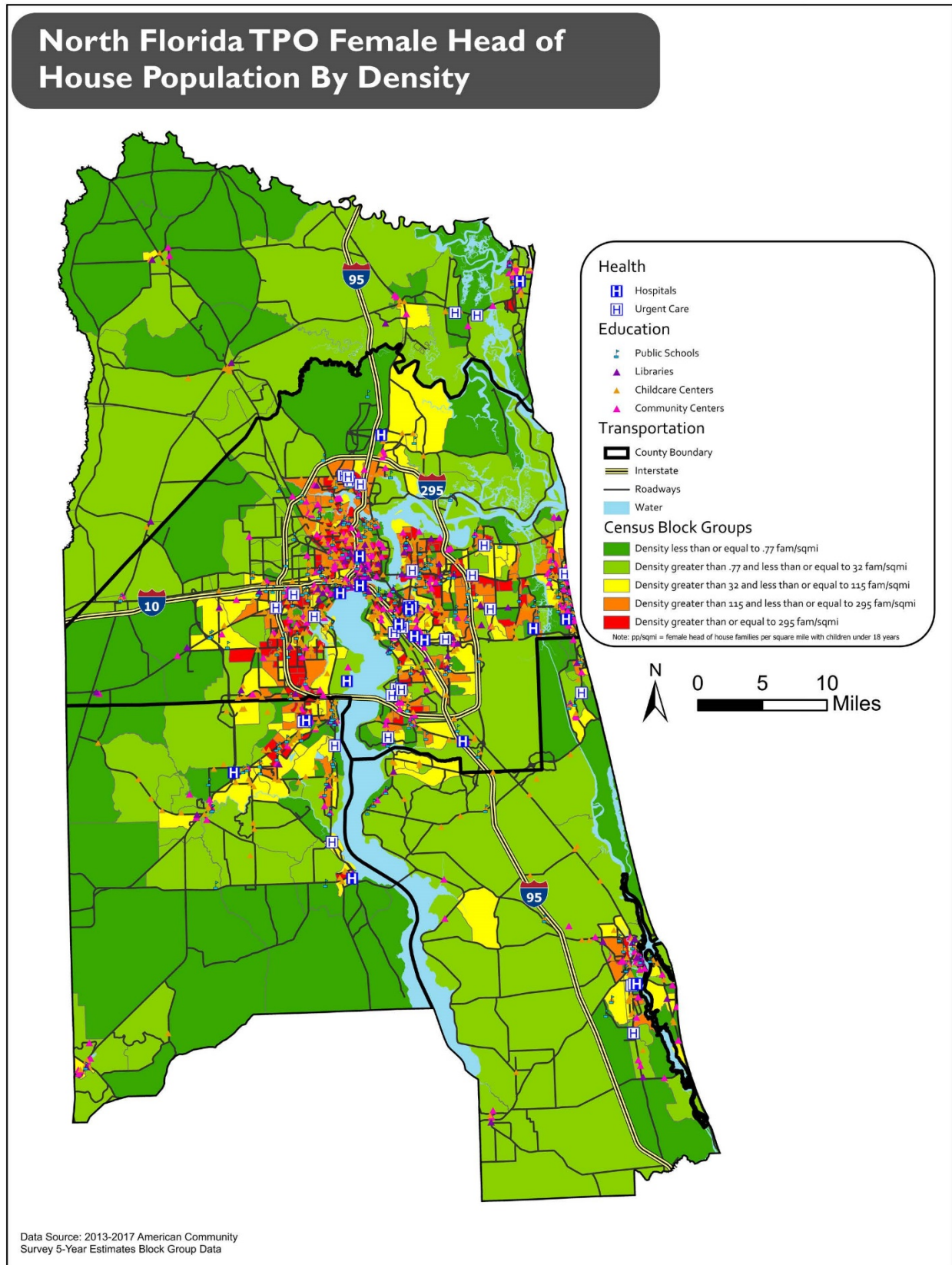


Figure 23 - Female Head of Household Population by Density – Clay County

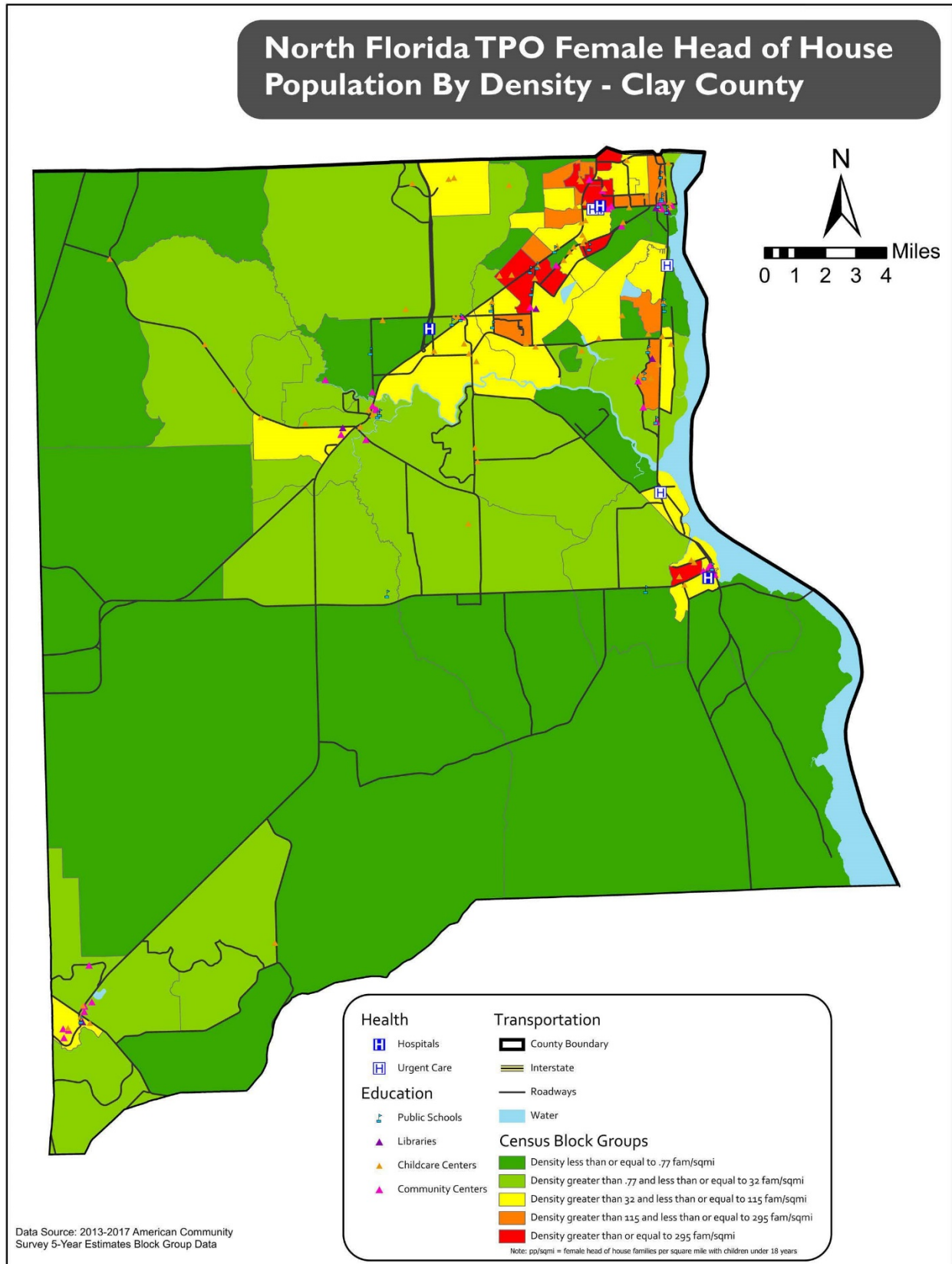


Figure 24 – Female Head of Household Population by Density - Duval County

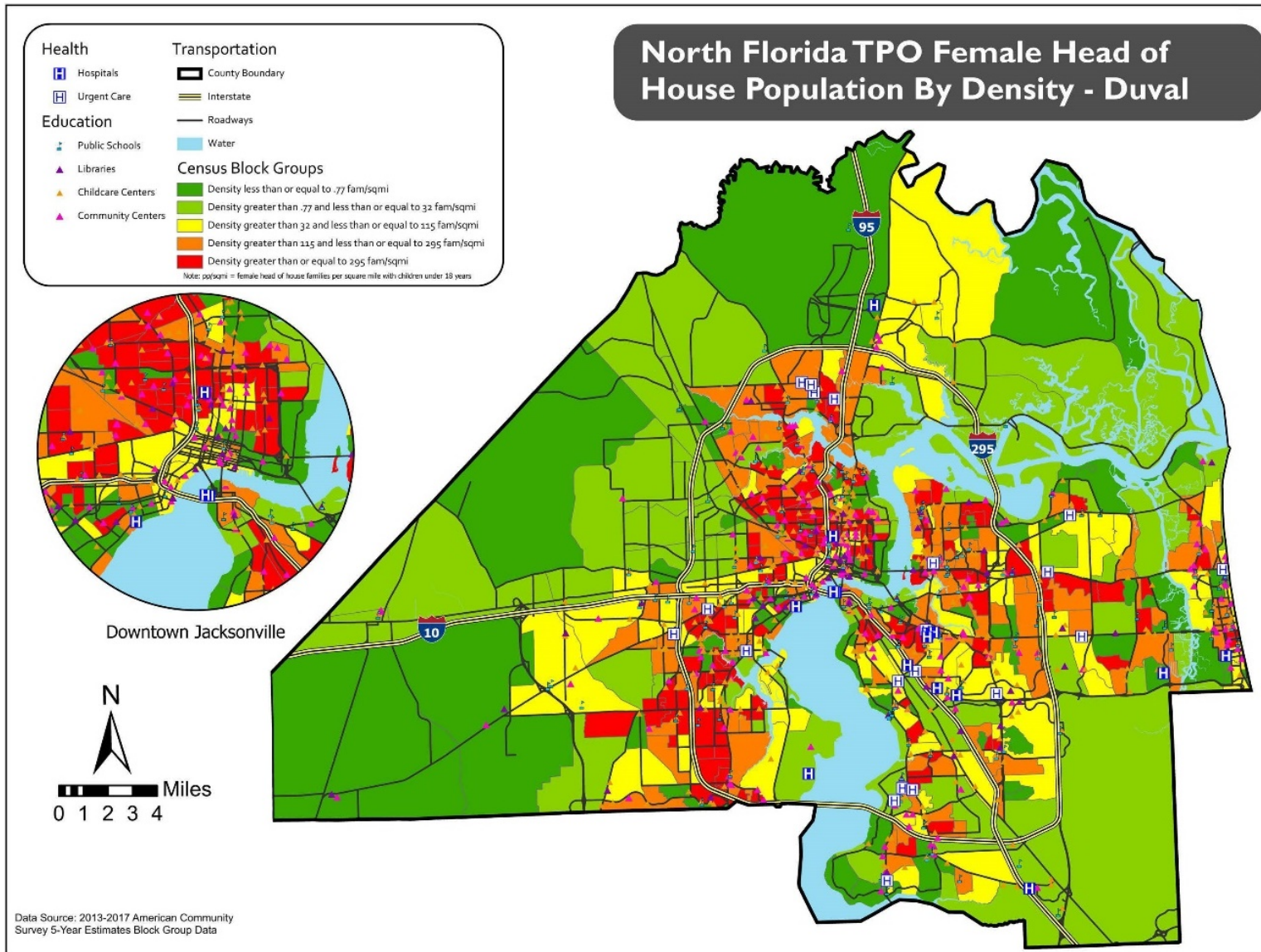
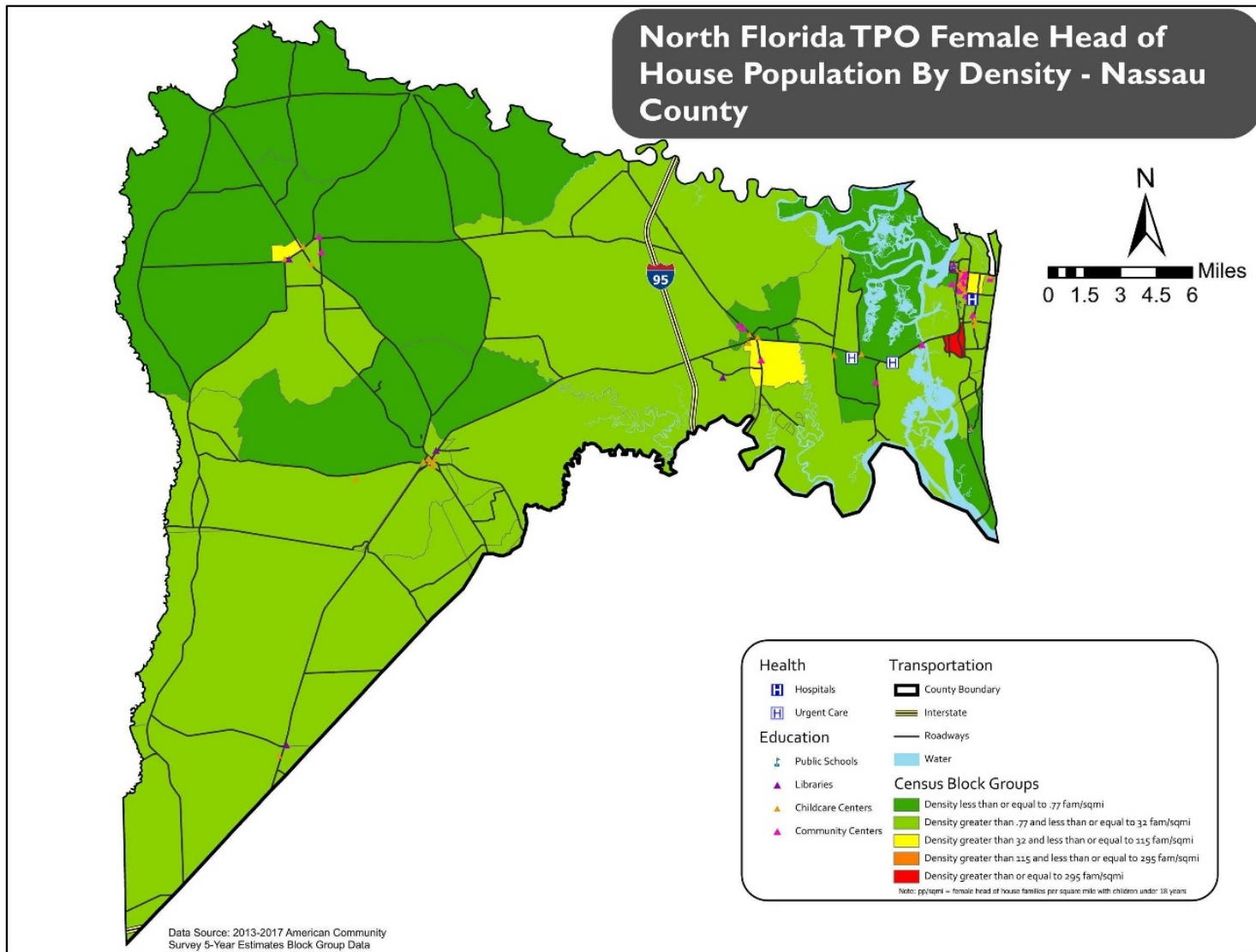
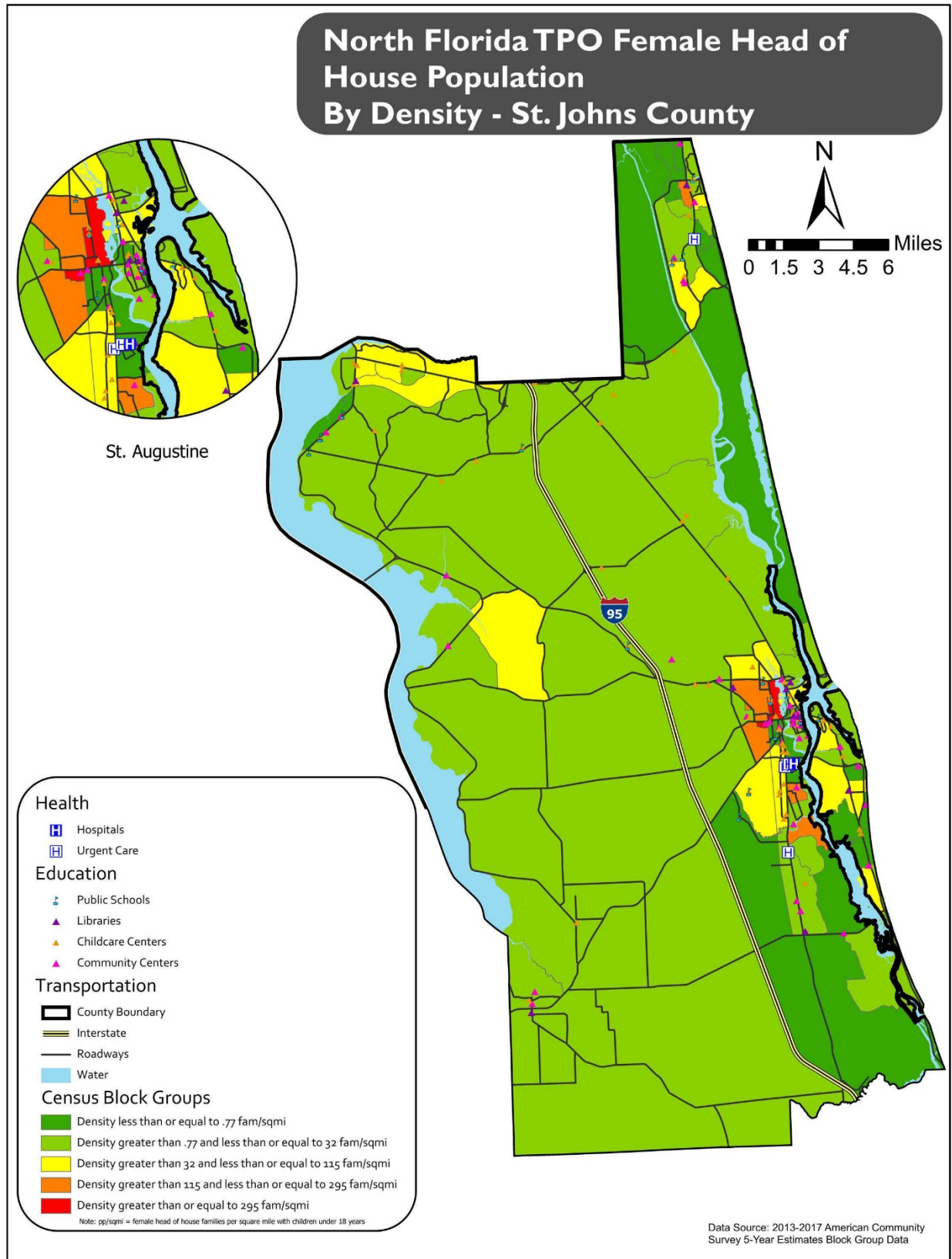


Figure 25 - Female Head of Household Population by Density – Nassau County



Other facilities opened since this map was created in 2017, such as Urgent Care at SR 200 and William Burgess.

Figure 26 - Female Head of Household Population by Density – St. Johns County



Needs and Issues for the Medically Underserved

Background

Medically underserved communities have higher premature infant mortality, shorter life spans and chronic illnesses including diabetes mellitus, cancer and cardiovascular disease. Transportation barriers are the third leading cause of missing a medical appointment for older adults across the country.

The U.S. Department of Health Resources and Services Administration (HRSA) defines underserved areas as:

“Medically Underserved Areas/Populations are areas or populations designated by HRSA as having too few primary care providers, high infant mortality, high poverty or a high elderly population. Health Professional Shortage Areas (HPSAs) are designated by HRSA as having shortages of primary medical care, dental or mental health providers and may be geographic (a county or service area), population (e.g. low income or Medicaid eligible) or facilities (e.g. federally qualified health center or other state or federal prisons).”²⁴

Other factors that limit access to medical care include lack of transportation system access, low income, lack of health insurance for preventative measures, educational attainment, limited health literacy and lack of English fluency. The most vulnerable are women and children.

HRSA Medically Underserved Areas

Table 10 summarizes the areas designated by HRSA as underserved. The Index of Medical Underservice (IMU) was created by the US Department of Health and Human Services based on data on a medical service area of the USA to obtain a score for the area. The IMU scale is a percentage from 0 to 100: a score of 0 represents a completely underserved area and a score of 100 represents best served/least underserved.^{25 26}

Figure 27 shows the locations of these populations as reported by the US Department of Health Resources and Services Administration.

**Transportation barriers are
the third leading cause of
missing a medical
appointment for older
adults across the country.**

—American Hospital Association,
2017

²⁴ <https://data.hrsa.gov/tools/shortage-area/mua-find>

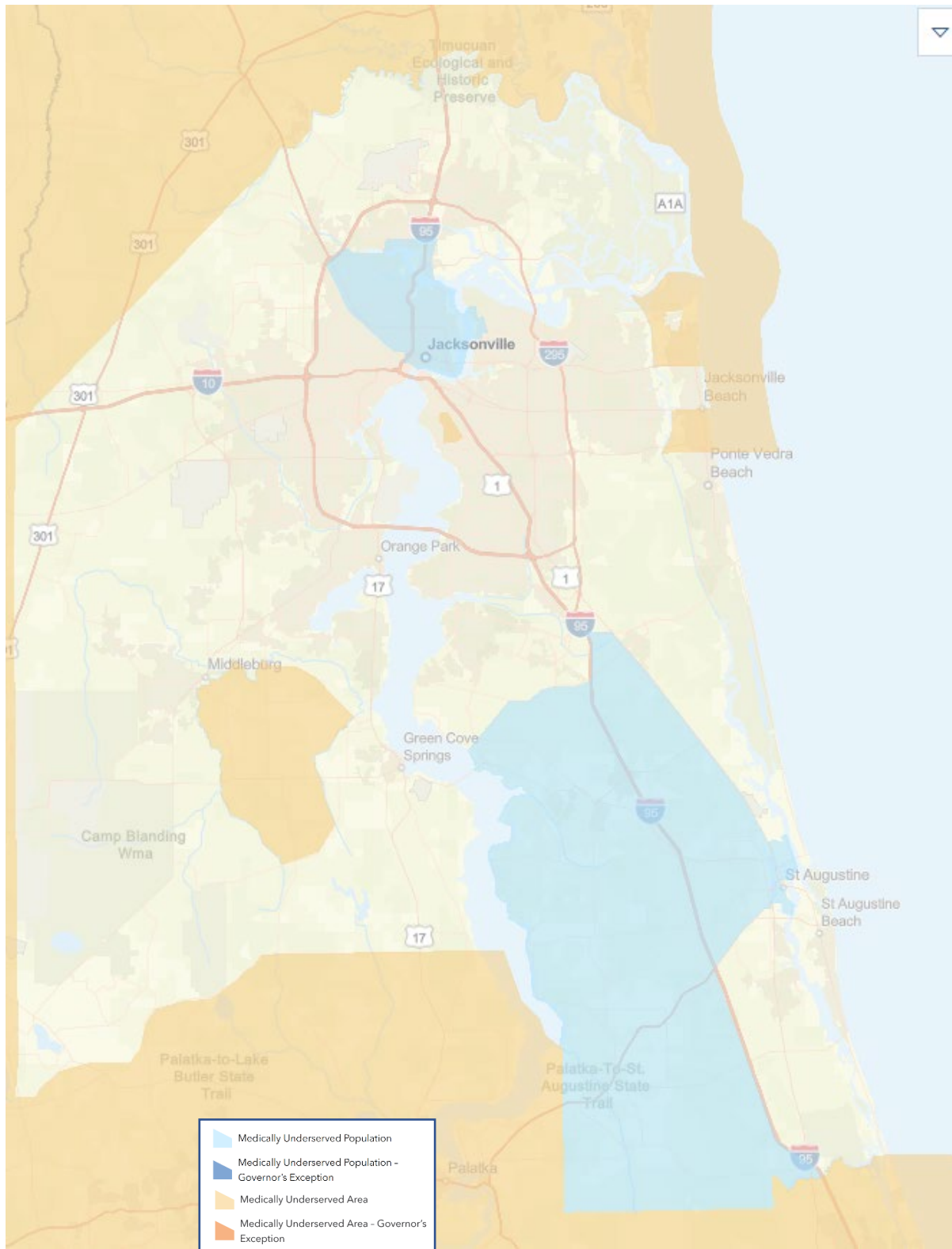
²⁵ <https://bhw.hrsa.gov/shortage-designation/muap-process>

²⁶ Governors may also designate areas of their state as shortage areas specifically for the purpose of Rural Health Clinic (RHC) certification. They are identified as governor’s exemption areas.

Table 10 - Medically Underserved Areas and Populations

County	Discipline	MUA/ PID	Service Area Name	Designation Type	Index of Medical Underserved Score	Rural Status
Duval	Primary Care	585	Duval Service Area	Underserved Area	55.5	Non-Rural
Duval	Primary Care	595	Duval Service Area	Underserved Area	57.8	Non-Rural
Duval	Primary Care	596	Duval Service Area	Underserved Area	57.8	Non-Rural
Duval	Primary Care	597	Duval Service Area	Underserved Area	54.8	Non-Rural
Duval	Primary Care	6213	Low Income - North Jacksonville	Underserved Population Low Income	56.1	Non-Rural
Nassau	Primary Care	536	Nassau County	Underserved Area	57.2	Partially Rural
Clay County	Primary Care	590	Penney Farms Service Area	Underserved Area	56.9	Non-Rural
St. Johns	Primary Care	7118	Low Income- Western St. Johns	Underserved Population Low Income	61.2	Non-Rural

Figure 27 - Medically Underserved Areas and Populations



Source: <https://data.hrsa.gov/maps/map-tool/?tl=MUA>=State&cd=12&dp=ALL>

Governors may also designate areas of their state as shortage areas specifically for the purpose of Rural Health Clinic (RHC) certification. They are identified as governor's exemption areas.

Two prior studies on the medically underserved in Duval County are identified: The Florida Department of Health - Health: Place Matters 2013²⁷ and The Community Health Needs Assessment prepared for The Jacksonville Metropolitan Community Benefit Partnership in 2016.²⁸

Health: Place Matters Health Zones

This report found that the infrastructure needed for healthy living is not equally distributed throughout Duval County. The Eastside community and surrounding areas face significant health disparities compared to Duval County as a whole. The Eastside is part of Health Zone 1 (HZ1). HZ1 includes zip codes 32208, 32209, 32206, 32202, 32204, and 32254. This area has:

- Higher levels of poverty
- Lower level of educational attainment
- Highest stroke mortality rate
- Highest heart disease mortality rate
- Highest infant mortality rate, 11.6 out of 1,000 births in comparison to the state rate of 6.9
- Higher injury rates requiring emergency room visits, 14,272 versus the state rate of 8,263 per 1,000 residents
- Greater percentage of visits to hospital emergency rooms for many issues that can usually be managed through regular visits to a primary care physician
- Highest rate of preventable diabetes hospitalization
- Higher asthma-related deaths at a rate that are nearly double the average rate in Florida and significantly higher than the national average
- Higher death rate for chronic obstructive pulmonary disease at 30% higher than the average rate in Florida
- Less accessibility to affordable primary care locations – none are located within the residential areas and may not be easily accessible to those who don't have their own vehicle
- High proportion of the area is a food desert according to The Food Trust²⁹

According to the report, financial barriers to healthcare insurance, transportation, limited access to affordable healthcare, healthy food and health and wellness resources are significant causes.

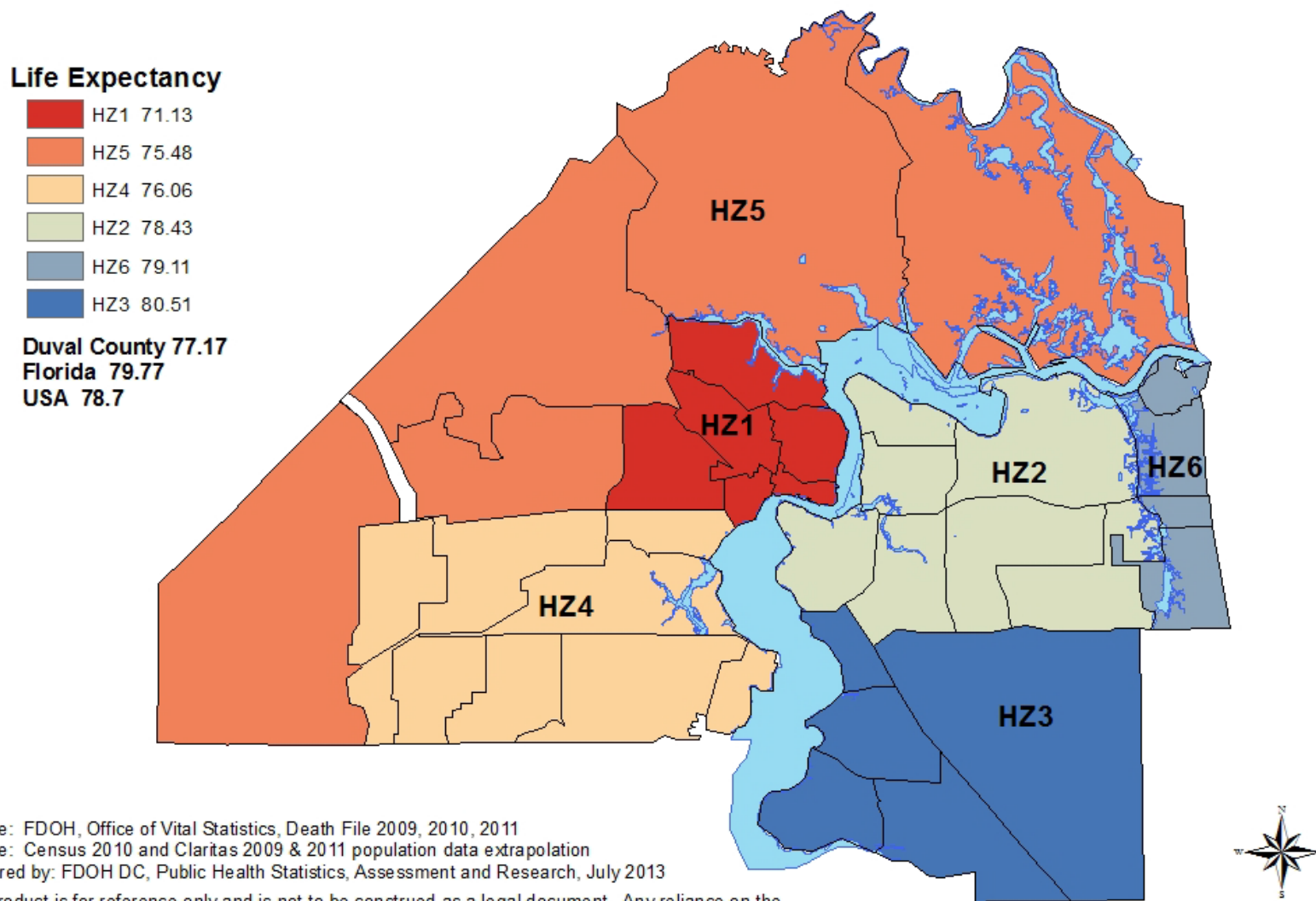
Figure 28, Figure 29 and Figure 30 show the area and summary statistics on infant mortality rates, stroke mortality rates and heart disease mortality rates.

²⁷ Florida Department of Health Duval County. (2013) Health: Place Matters 2013. Retrieved 2015 from <http://duval.floridahealth.gov/programs-and-services/community-health-planning-and-statistics/place-matters/documents/place-matters-final-dec2014.pdf>

²⁸ <http://hpcnef.org/wp-content/uploads/2016/01/Jacksonville-CB-Partnership-Summary-of-Findings-Final-Community-Health-Needs-Assessment.pdf>

²⁹ <http://thefoodtrust.org> Food deserts are defined as a low-income census tract where at least 33% of households are further than one mile from a grocery store. In several communities in this Zone, which includes Eastside, there are no full-service grocery stores within walking distance. Food deserts are discussed in greater detail in the next section of this report.

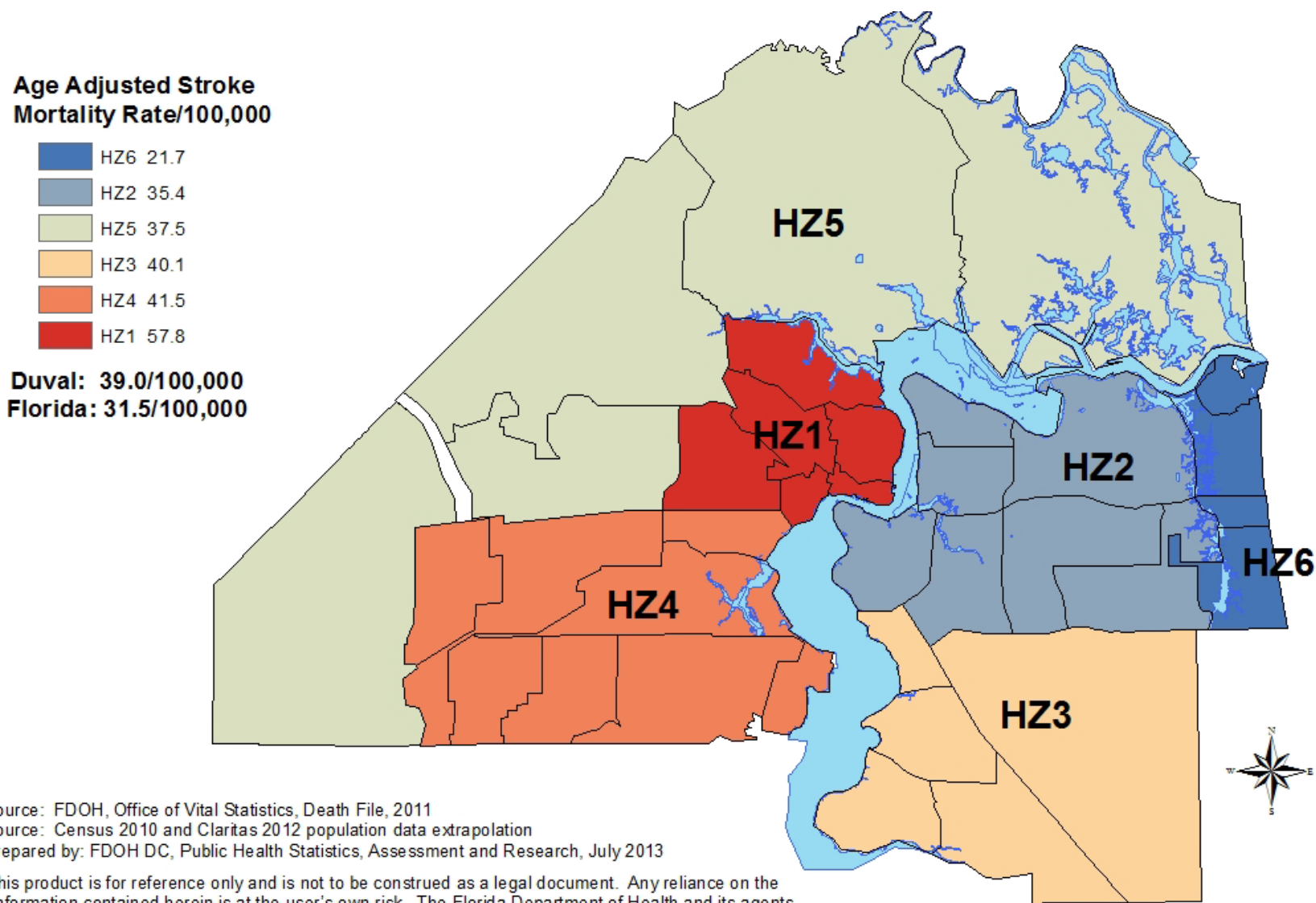
Figure 28 - Life Expectancy for an Infant by Health Zone, 2010



Source: FDOH, Office of Vital Statistics, Death File 2009, 2010, 2011
Source: Census 2010 and Claritas 2009 & 2011 population data extrapolation
Prepared by: FDOH DC, Public Health Statistics, Assessment and Research, July 2013

This product is for reference only and is not to be construed as a legal document. Any reliance on the information contained herein is at the user's own risk. The Florida Department of Health and its agents assume no responsibility for any use of the information contained herein or any loss resulting there from.

Figure 29 - Stroke Mortality Rates by Health Zone, 2011









Source: FDOH, Office of Vital Statistics, Death File, 2011
Source: Census 2010 and Claritas 2012 population data extrapolation
Prepared by: FDOH DC, Public Health Statistics, Assessment and Research, July 2013

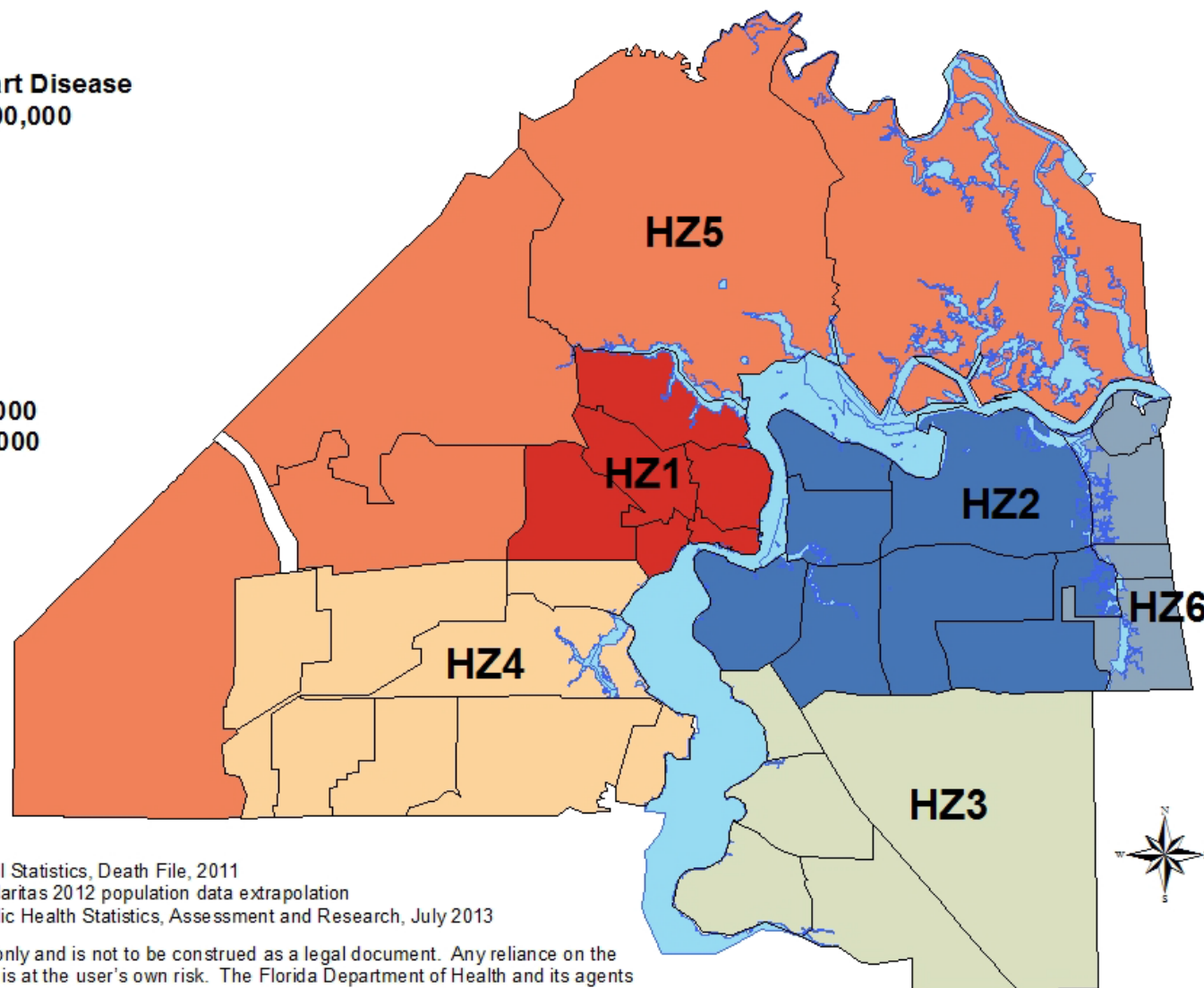
This product is for reference only and is not to be construed as a legal document. Any reliance on the information contained herein is at the user's own risk. The Florida Department of Health and its agents assume no responsibility for any use of the information contained herein or any loss resulting there from.

Figure 30 - Heart Disease Mortality Rates by Health Zone, 2011

Age Adjusted Heart Disease Mortality Rates/100,000

-  HZ2 154.0
-  HZ6 154.7
-  HZ3 180.3
-  HZ4 203.8
-  HZ5 241.3
-  HZ1 248.5

Duval: 188.4/100,000
Florida: 153.0/100,000



Source: FDOH, Office of Vital Statistics, Death File, 2011
Source: Census 2010 and Claritas 2012 population data extrapolation
Prepared by: FDOH DC, Public Health Statistics, Assessment and Research, July 2013

This product is for reference only and is not to be construed as a legal document. Any reliance on the information contained herein is at the user's own risk. The Florida Department of Health and its agents assume no responsibility for any use of the information contained herein or any loss resulting there from.

The report also identified that Duval County compares unfavorably to the state for:

- Preventable hospitalizations except angina
- Preventable hospitalizations for diabetes which exceeded Florida's average by more than 50% with the Duval County at 202 and the state at 129 per 1,000 residents

Community Health Needs Assessment

The Community Health Needs Assessment prepared for The Jacksonville Metropolitan Community Benefit Partnership in 2015 identified access to health care as one of the most significant needs in the region. According to this assessment, underserved persons:

- Are unable to properly utilize or afford preventative care and specialists. This is particularly prevalent for expecting mothers. Premature births and infant mortality were identified as among the most significant community health problems.
- Do not have transportation to visit to a health care provider when necessary which contribute to missed appointments and failure to seek care for health concerns. Conversely, an Episcopal Children's Services Head Start study of early childhood needs states that many respondents reported having a lack of transportation but did not utilize public transit services.
- Lack the knowledge of available services (including transportation).

The issues related to accessibility and knowledge of available social resources are discussed later in this report in the section titled Existing Services for the Underserved.

Aged Populations Access to Medical Care

Mobility is important for those 65 and older. More than one in seven of the population in North Florida are 65 or older as summarized in Table 11. Studies³⁰ that show these assumptions are not correct and that few persons 65 years and older will use public transit. Most transit services are best at meeting the needs for those who work. Only 1.3% of those over 65 use transit. The retired have different mobility needs that are oriented around medical care, social services and shopping.

A majority, 58%, of the elderly do not qualify for ADA complementary paratransit services because they do not have serious physical or mental impairments.

New demand-responsive and fixed-route transit services are needed to meet the mobility needs of the elderly.

The locations of these populations are shown on Figure 31 through Figure 35.

³⁰ Transit Cooperative Research Program [TCRP] and National Cooperative Highway Research Program [NCHRP], 2006; Rosenbloom and Stähl, 2003

Table 11 - Population Aged 65 or Older

	Clay		Duval		Nassau County		St. Johns County		Total	
	Total	%	Total	%	Total	%	St. Johns	%	Total	%
Total	216,072		950,181		85,832		254,261		1,506,346	
65 to 74 years	22,608	10.5%	81,885	8.6%	11,571	13.5%	31,588	12.4%	147,652	9.8%
75 to 84 years	9,568	4.4%	37,580	4.0%	6,057	7.1%	15,578	6.1%	68,783	4.6%
85 years and over	2,576	1.2%	14,134	1.5%	1,159	1.4%	4,574	1.8%	22,443	1.5%
Total	34,752	16.1%	133,599	14.1%	18,787	21.9%	51,740	20.3%	238,879	15.9%

Figure 31 – Persons 65 and Older by Density - Region

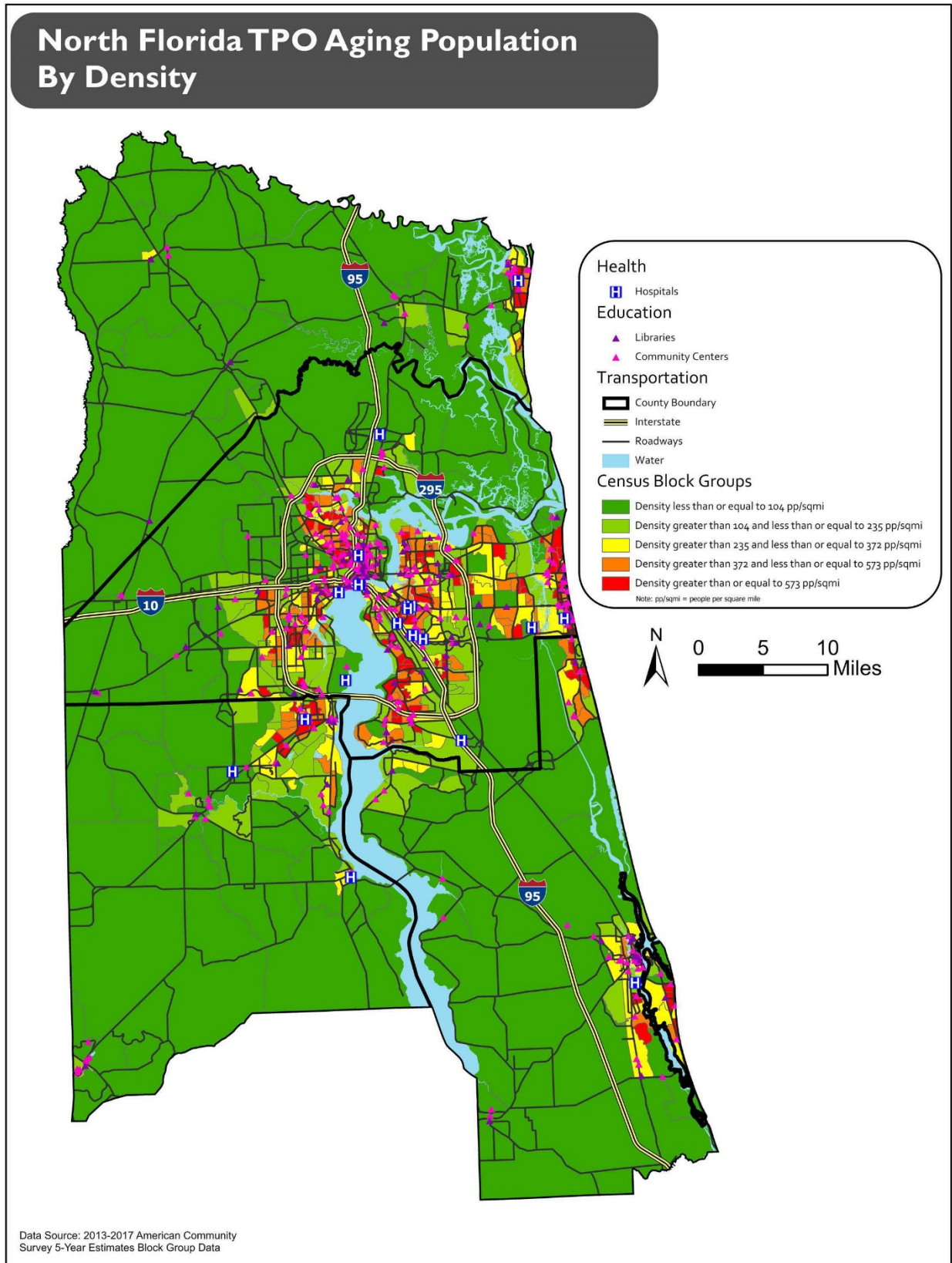


Figure 32 – Persons 65 and Older by Density – Clay County

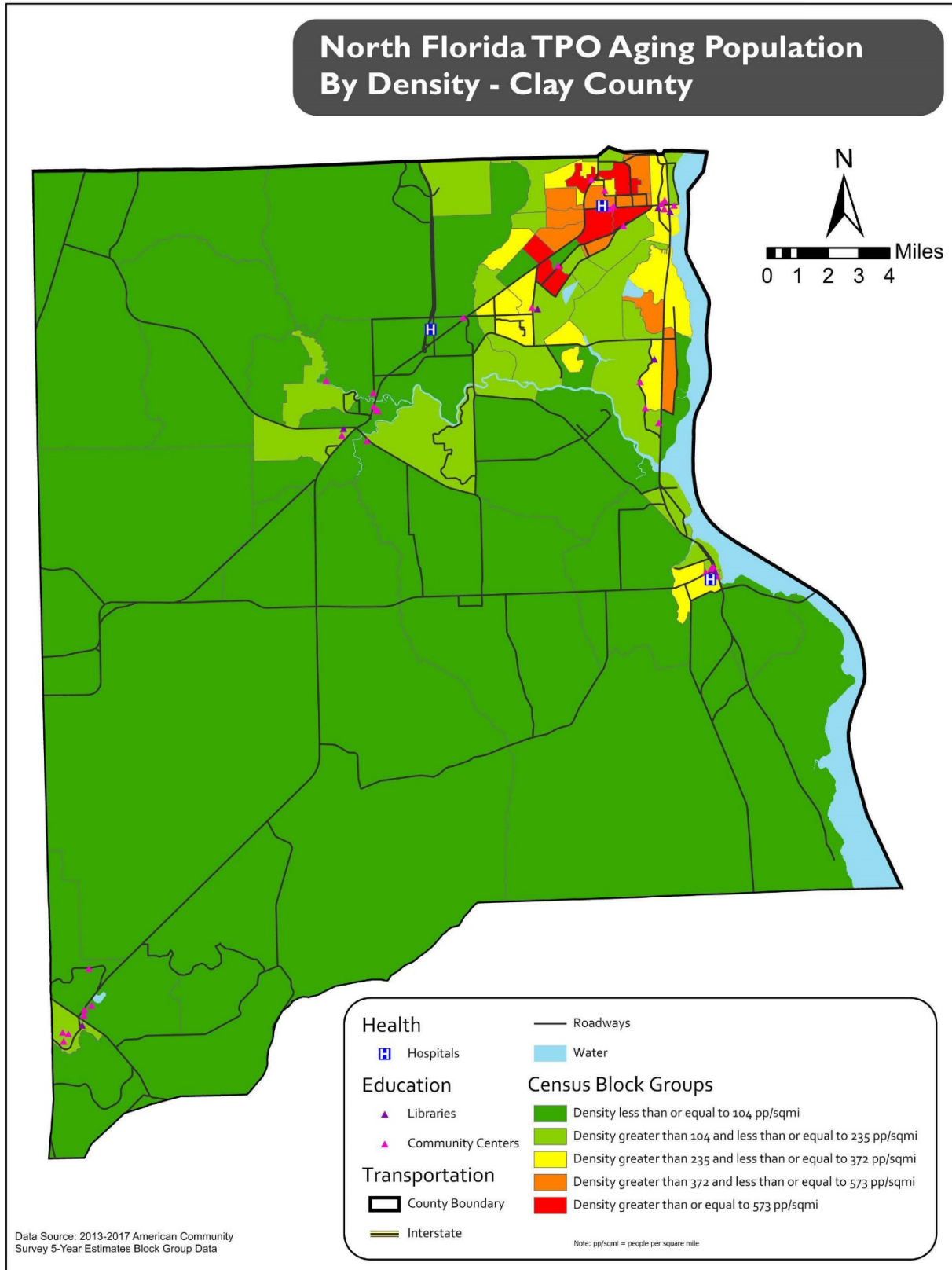


Figure 33 – Persons 65 and Older by Density – Duval County

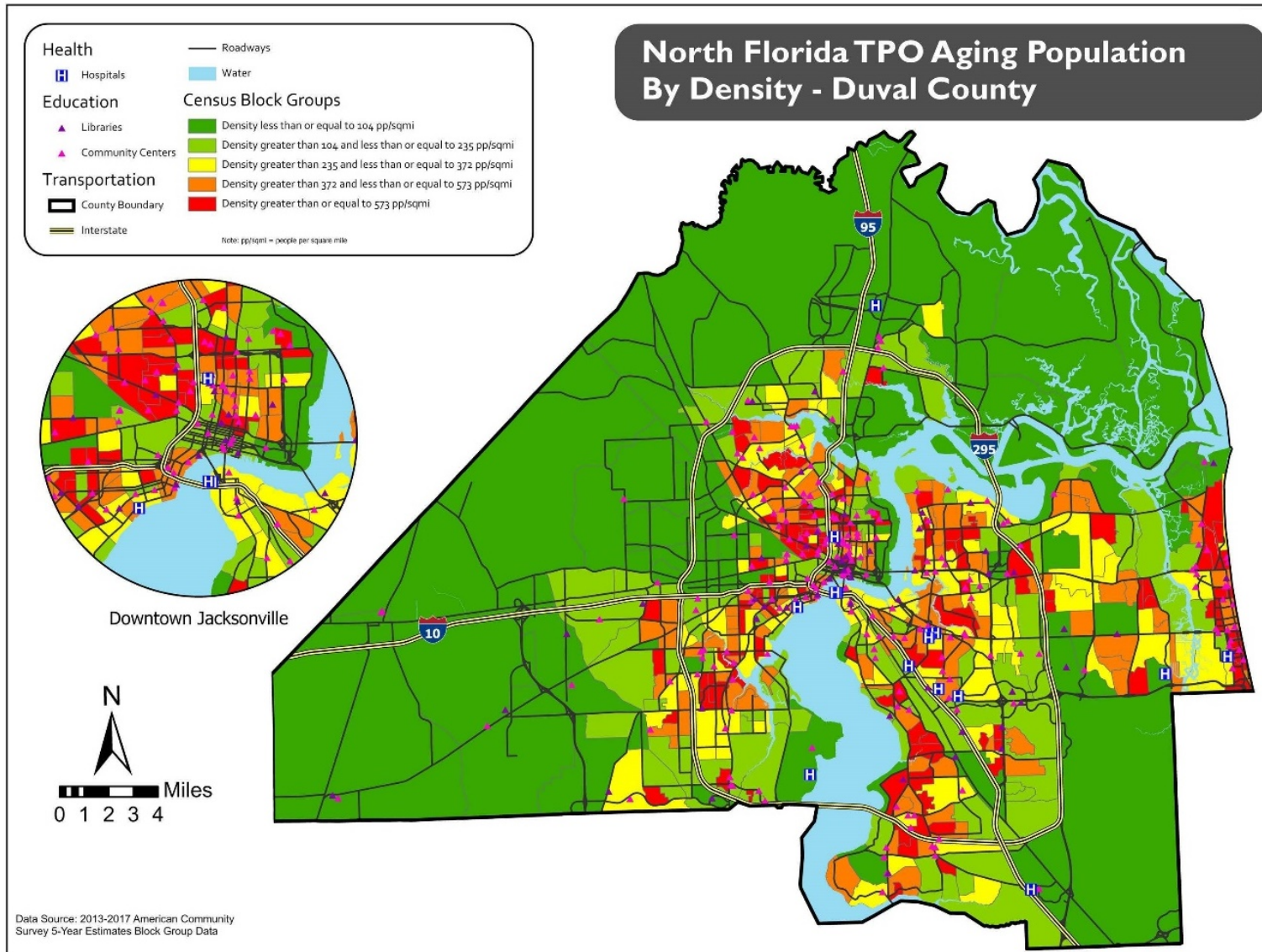


Figure 34 – Persons 65 and Older by Density – Nassau County

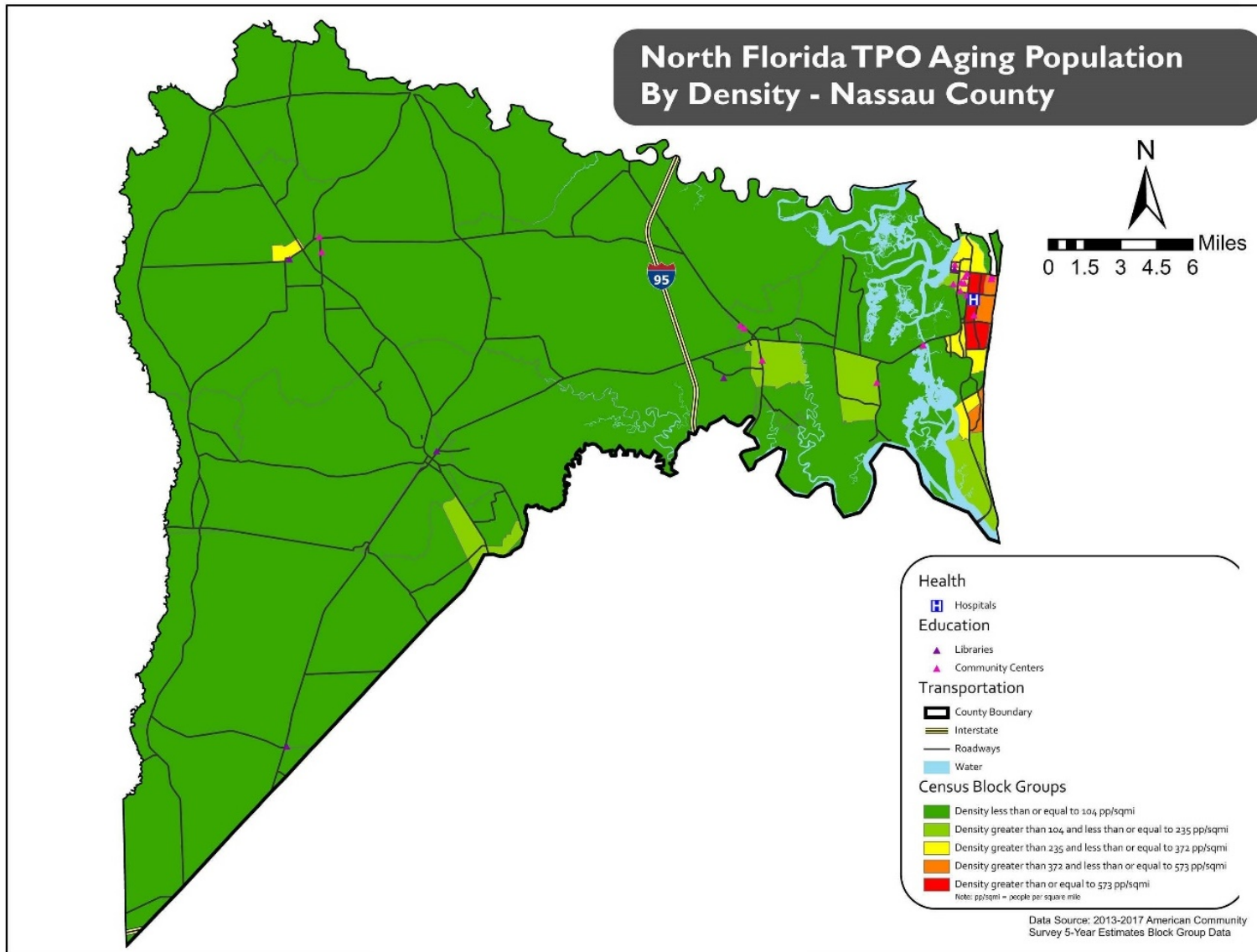
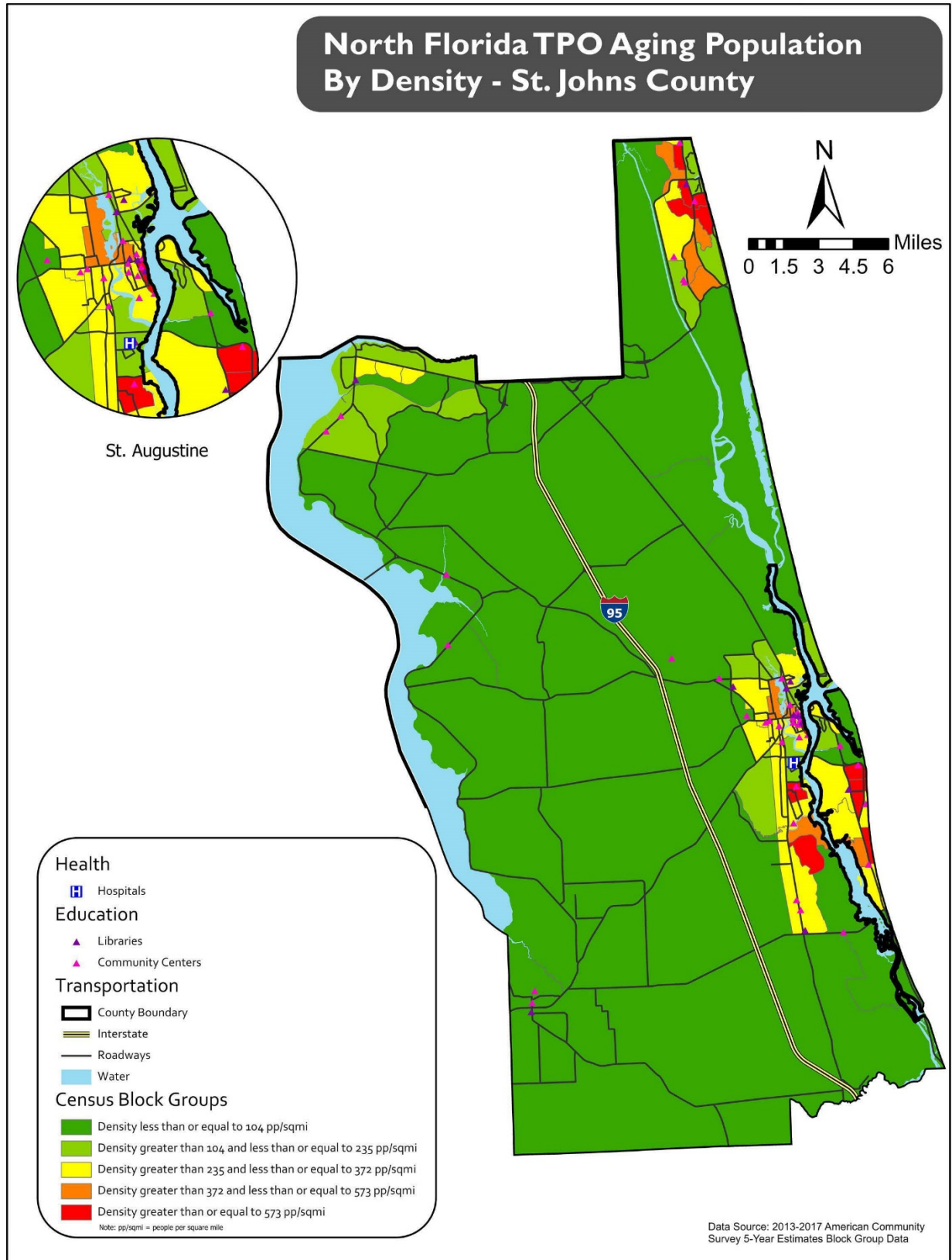


Figure 35 – Persons 65 and Older by Density – St. Johns County



Accessibility for the Elderly

Like the disabled population, the aging population is more likely to have frequent appointments. Some of the aging population also attend community and senior center activities and events to help them stay active and engaged in the community. Table 12 lists the mileage to each of the areas of interest.

Table 12 - Aging Population Access to Hospitals and Community Centers (Top Quintile)

Measure	Statistic
Aging Population Average Distance to Hospital	2.84 miles
Aging Population Average Distance to Community Center	0.67 miles
Aging Population Average Distance to Library	1.20 miles

Gyms and other recreational facilities will be included in the next phase.

Infant Mortality³¹

According to the Centers for Disease Control and Prevention, 132 infants died in 2019 and the leading causes are:

- Birth defects
- Low birthweight and preterm birth
- Maternal pregnancy complications
- Sudden Infant Death Syndrome (SIDS)
- Injuries

Within the United States, significant disparities persist in infant mortality among racial and ethnic groups, with the most striking disparity between babies born to black women and babies born to white women.

Research indicates the following are primary indicators:

- Poverty and socioeconomic inequality
- Maternal obesity
- Prenatal care before the third semester
- Alcohol and tobacco use
- Race
 - o Non-Hispanic Black mothers have a rate more than two times higher than white mothers.
 - o High poverty counties compared with low and middle poverty counties.
 - o Unmarried mothers have a rate over 70% higher than married mothers.
 - o Mothers younger than 20 years and older than 40 years compared with those born to mothers of ages 20 to 40.
- Sleep practices - injuries such as suffocation cause many infant deaths annually

Prenatal care is more likely to be effective if women begin receiving it during the first trimester of pregnancy, with continued visits until delivery. Without prenatal care, the incidents of birth defects, mortality and premature birth increase.

The Government Accounting Office and others describes the transportation problems linked to insufficient use of prenatal care—long distances to reach a provider, the high cost of transportation, and no transportation whatever.

When prenatal services are not coordinated with public transportation, additional problems can result. Staff at a large Washington, D.C., public hospital report that one reason women fail to keep early morning appointments is that the bus system in the neighborhoods where most patients live does not begin running by the time patients are expected to be at the clinic.

... transportation problems are closely associated with—and may even be a proxy measure of—poverty, particularly the lack of a car and the resulting dependence on imperfect systems of

Transportation problems, affecting 8% of women, appeared to be the only significant logistic barrier to timely [prenatal] care

- Centers for Disease Control and Prevention

³¹ This section was largely adapted from

<https://www.americashealthrankings.org/explore/annual/measure/IMR/state/FL>

public transportation. In rural areas, where distances to care can be great, the absence of a car can be an insurmountable obstacle.

Medicaid programs are required to cover "medically necessary" transportation costs for enrolled individuals. However, few women know about the option and the process of securing reimbursement is cumbersome. For indigent women not enrolled in Medicaid, little help is available to meet transportation costs.

In a study published by the Journal of Obstetrics and Gynecology³² found that "transportation problems, affecting 8% of women, appeared to be the only significant logistic barrier to timely [prenatal] care."

In North Florida, Clay and Duval counties exceed the statewide average for infant mortality as summarized in Table 13.

Table 13 - Infant Mortality Rates by County - 2019

County	Deaths	Population	Rate
Florida	1,328	220,010	6.0
Clay	15	2,235	6.7
Duval	103	13,032	7.9
Nassau	4	844	4.7
St. Johns	10	2,210	4.5

Source:

<http://www.flhealthcharts.com/charts/DataViewer/InfantDeathViewer/InfantDeathViewer.aspx?indNumber=0053>

Migrant and Seasonal Workers

Migrant and seasonal workers live in poverty and are LEP populations with reduced economic mobility. They work in one of the most dangerous jobs and have limited access to healthcare. The overall industry fatality rate for farm workers is 3.4 per 100,000 persons each year. Common occupational-related injuries include lacerations, falls, trauma, dehydration, and exposure to pesticides, heat, cold, irritants and allergens. Diabetes, cardiovascular disease, asthma and tuberculosis are more common in these populations than in the general population.

Because of their mobile lifestyles, LEP and poverty, they lack access to basic health care because of transportation access and a lack of medical insurance.³³

³² <https://www.sciencedirect.com/science/article/abs/pii/S0029784400007808?via%3Dihub>

³³ <https://www.migrantclinician.org/issues/migrant-info/migrant.html>

Needs and Issues for Food Security

Background

The consequences of food insecurity are profound. In children who don't have access to enough healthy food, research has shown more difficulty learning, behavioral issues, depression and anxiety, and higher rates of obesity. Adults who don't have access to enough healthy foods have more mental health issues, obesity and chronic diseases such as diabetes and heart disease.³⁴

Food deserts are areas or communities that lack physical or economic access to sources of food that comprise a healthy diet. In these communities, access to supermarkets is limited and most food is purchased in convenience stores. Convenience stores sell mostly processed, high-calorie foods with little nutritional value and little fresh produce, at higher prices.

Access to high quality foods that comprise a healthy diet is determined by distance, vehicle availability, and the availability of public transportation.

Food Security and Access in North Florida³⁵

In 2014, the Florida Department of Agriculture and Consumer Services found that more than three million Floridians suffer food insecurity, one-in-four being children who do not have consistent access to nutritious meal. These residents are more likely to suffer from chronic diseases, such as cancer, diabetes, stroke or liver disease, and children are more likely to perform poorly in the classroom.

Duval County has one of the highest rates of food insecurity in the state at 20% of all adults.³⁶

The US Department of Agriculture identified several food deserts in North Florida as shown on Figure 36.

The US Department of Agriculture identified where food security is linked to diet-related deaths. Urgent health care sites and diet related deaths are shown on Figure 37.

Figure 38 through Figure 42 show where grocery stores are in reference to the high-density populations who live in poverty.

Access to quality foods that comprise a healthy diet are determined by distance, vehicle availability, and the availability of public transportation.

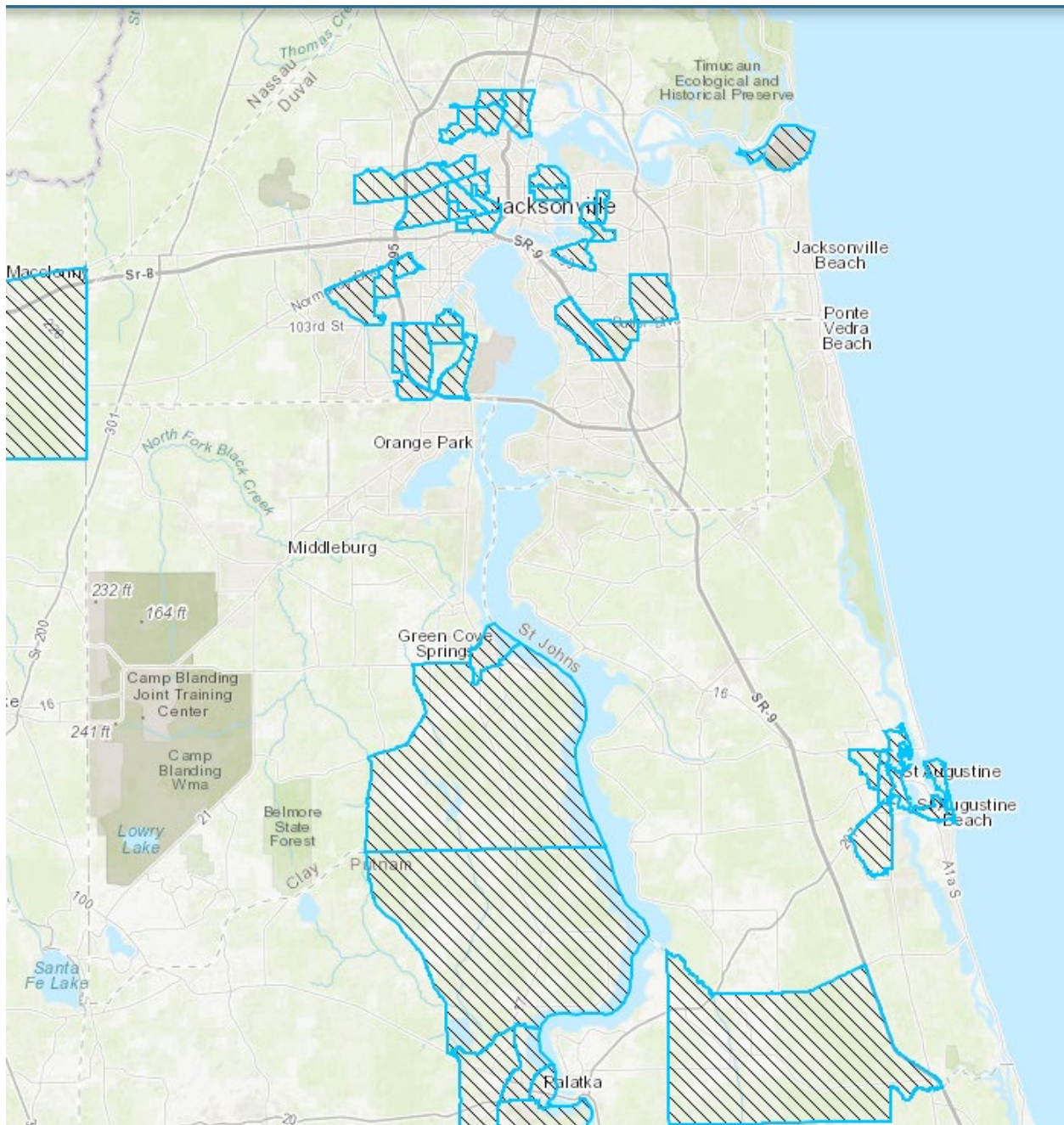
- University of North Florida

³⁴ https://www.unf.edu/brooks/Center_for_Nutrition_and_Food_Security/

³⁵ <https://roadmaptohealth.fdacs.gov/>

³⁶ <https://www.newswise.com//articles/university-of-north-florida-launches-new-center-for-nutrition-and-food-security>

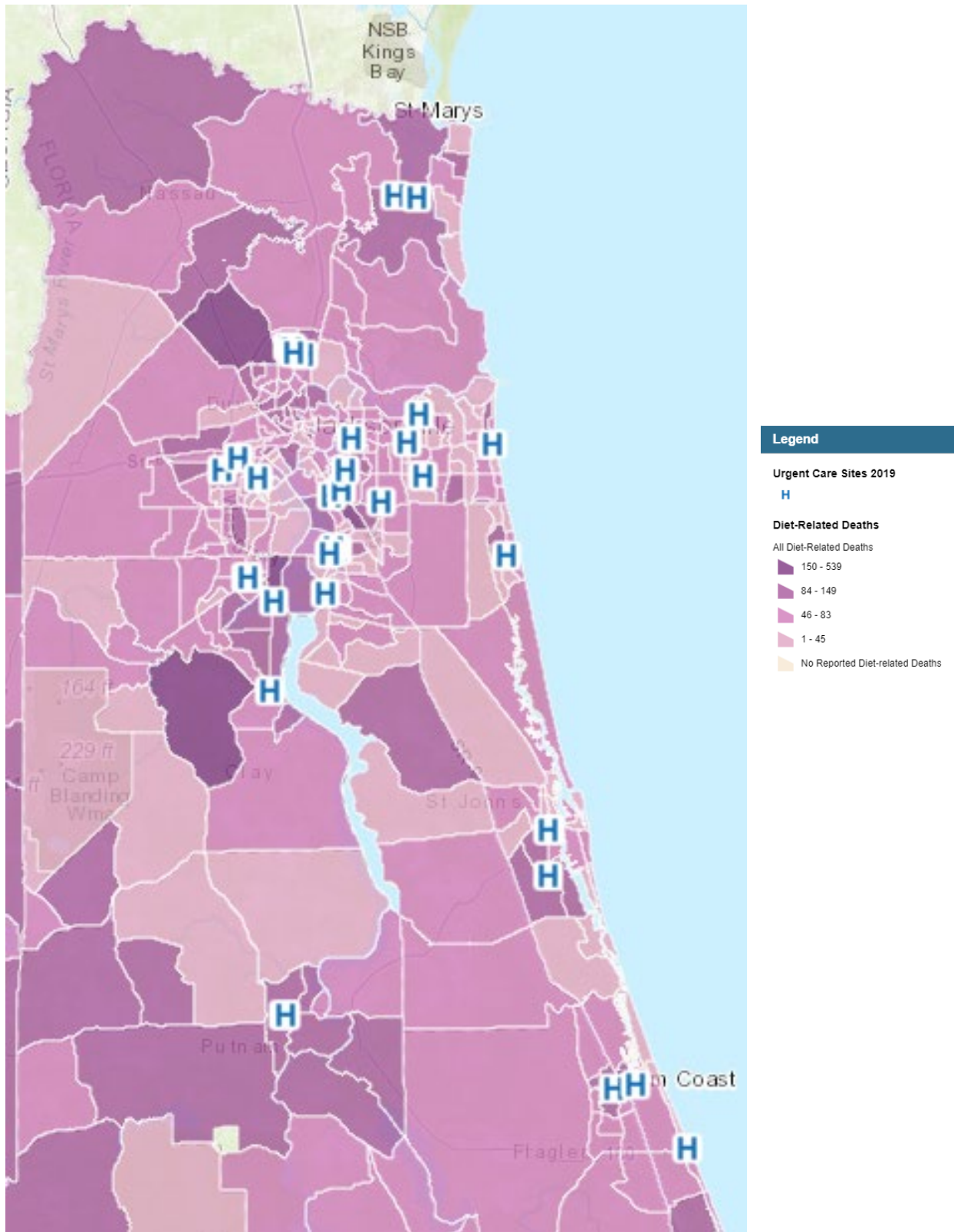
Figure 36 - USDA Food Deserts



Source: <https://roadmaptohealth.fdacs.gov/MapView?Theme=Food%20Access>

Notes: No food deserts were identified out of the view of this map.

Figure 37 – Urgent Health Care Sites and Diet Related Deaths



Source: <https://roadmaptohealth.fdacs.gov/MapView?Theme=Food%20Access>

Figure 38 - Supermarkets and Grocery Stores – Region

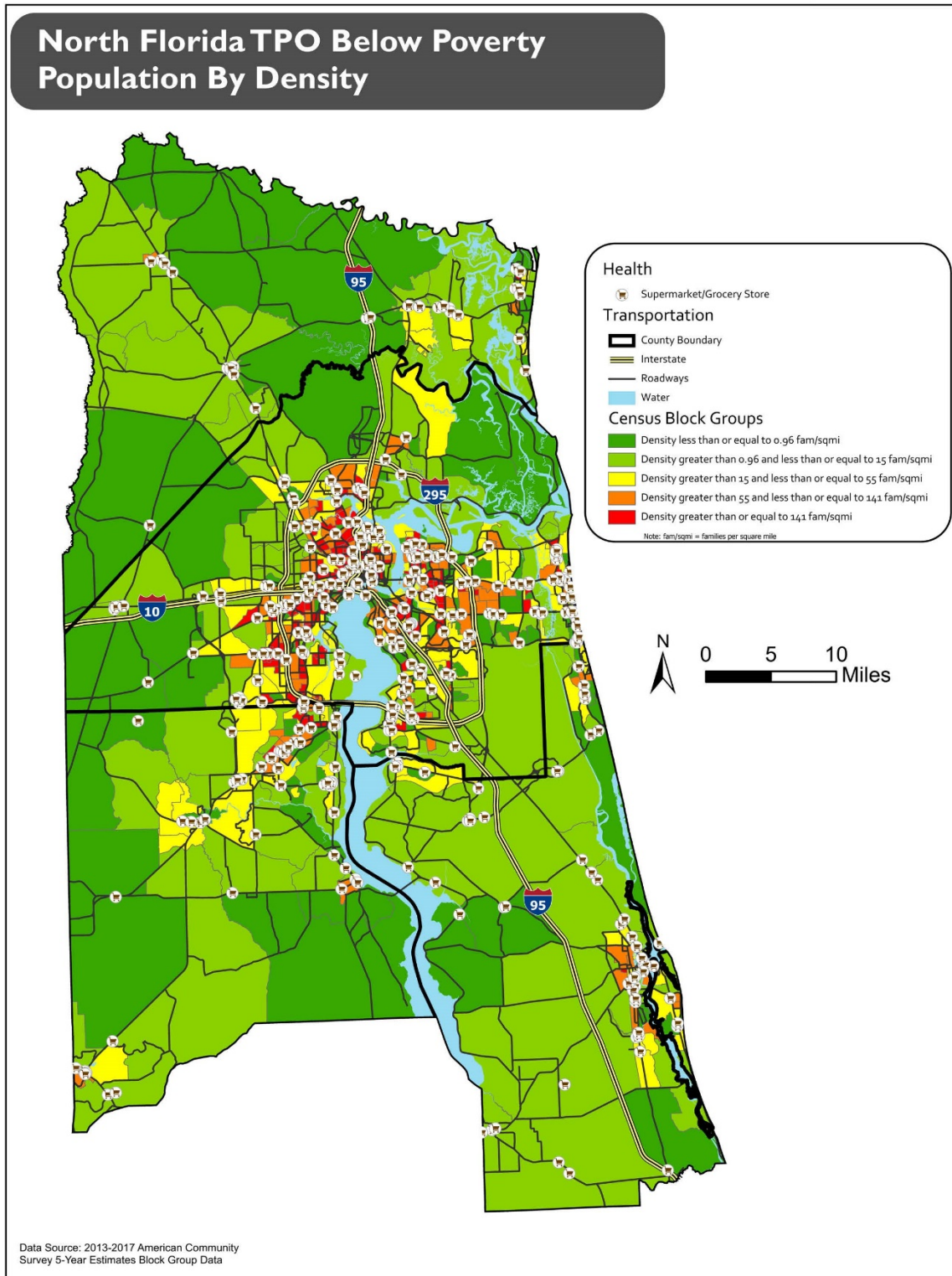


Figure 39 - Supermarkets and Grocery Stores – Clay County

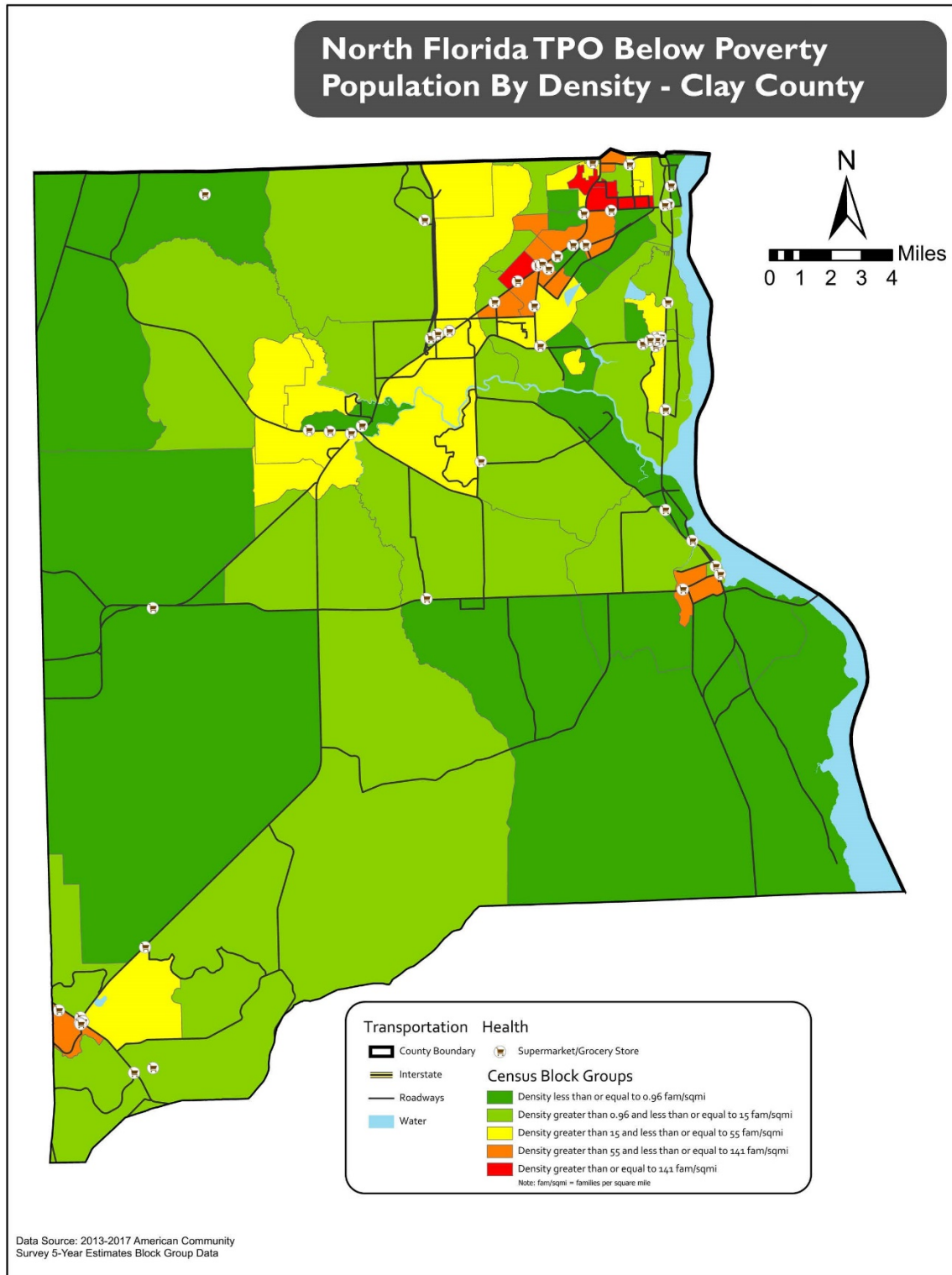


Figure 40 - Supermarkets and Grocery Stores – Duval County

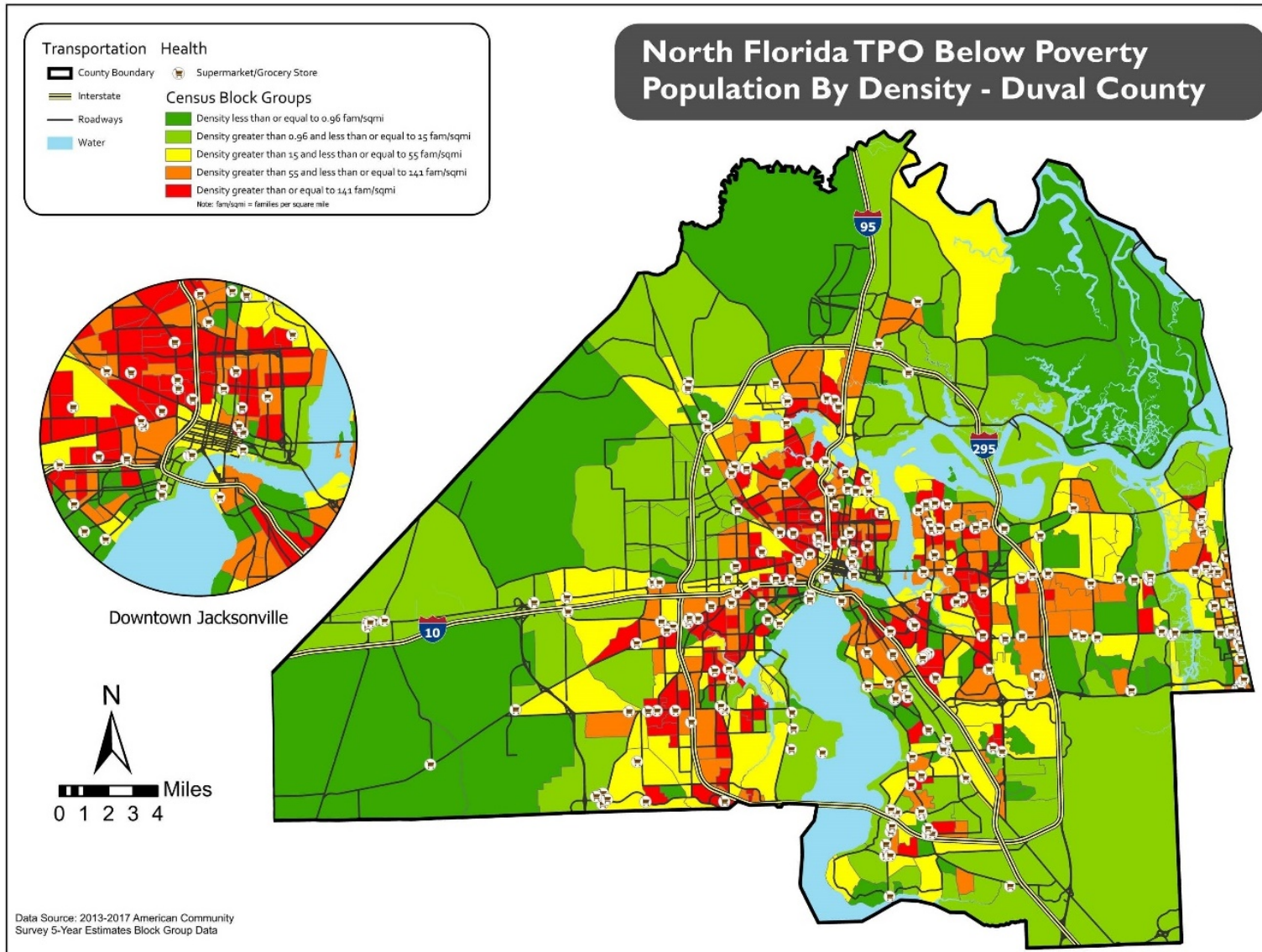


Figure 41 - Supermarkets and Grocery Stores – Nassau County

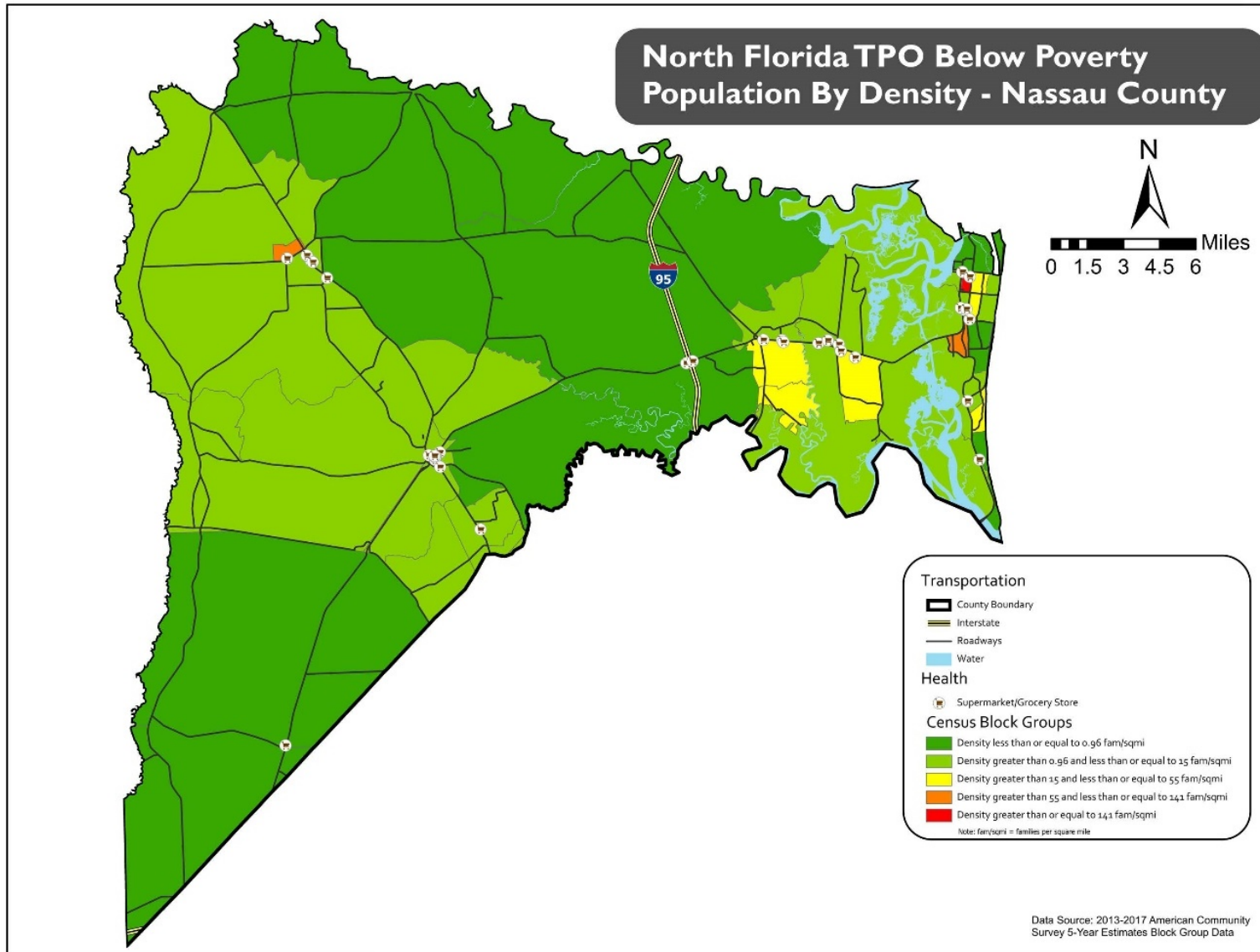
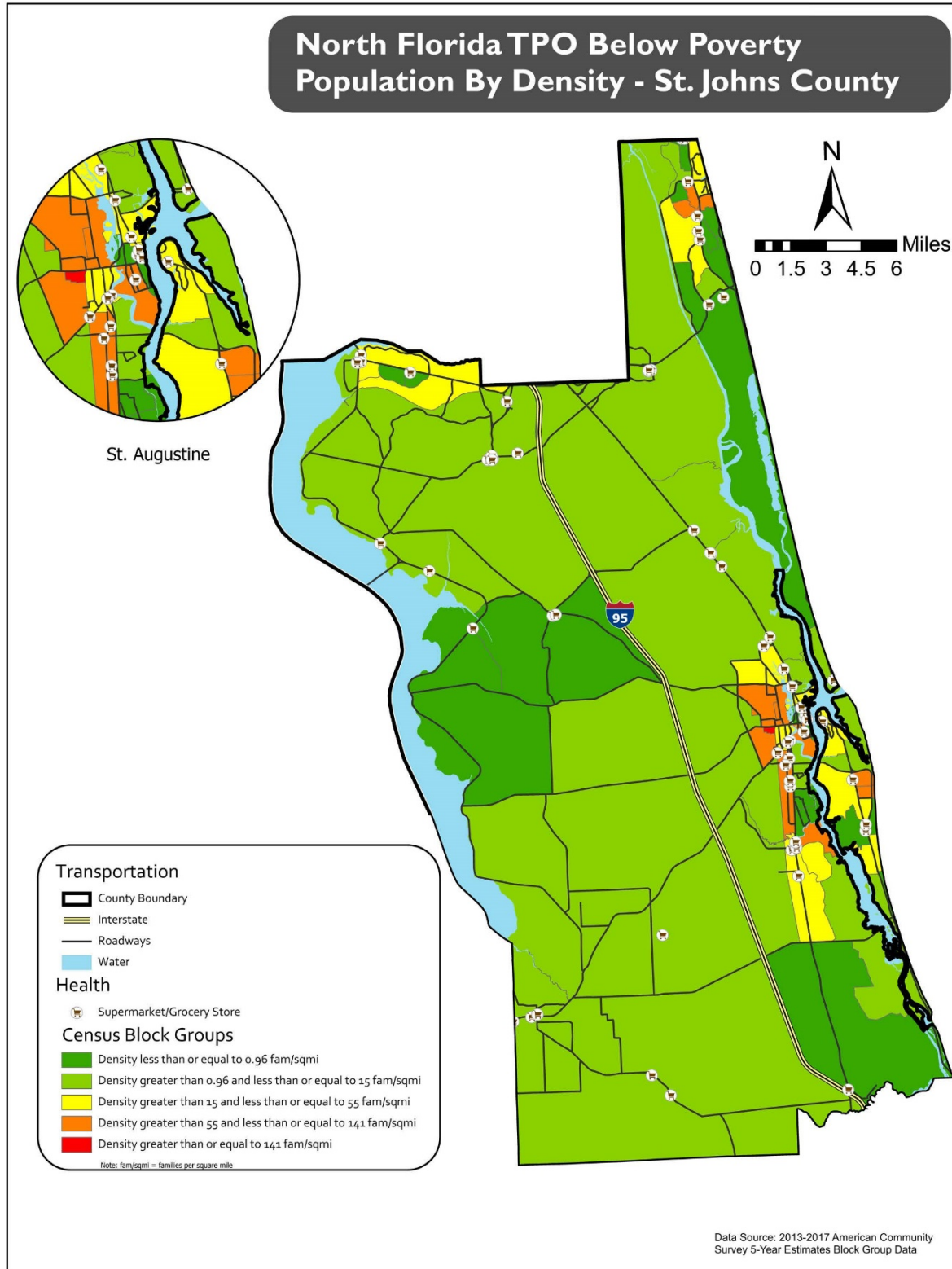


Figure 42 - Supermarkets and Grocery Stores – St. Johns County



Migratory and seasonal workers also experience high rates of food insecurity because of their mobile lifestyles and poverty. One-half of all farmworkers in migrant housing may face added food insecurity due to lack of access to transportation, food storage, and cooking facilities. It is estimated that more than half of farmworker households are food insecure.³⁷

Accessibility to Healthy Foods

Having access to affordable and nutritious food is particularly important for those with access barriers such as households without access to vehicles. According to a report prepared for Congress in 2009 by the Economic Research Service of the US Department of Agriculture³⁸, 30.2 million low-income households live more than a mile from the supermarket, and 2.4 million households without vehicle access live more than a mile from a supermarket. Households in low-income areas more than a mile from the supermarket without access to a vehicle make up 3.6% of all low-income households. Low-income populations need easy access to low priced healthy foods instead of convenience stores which often have higher prices, on average, than supermarkets.

³⁷ <https://www.migrantclinician.org/issues/migrant-info/health-problems.html>

³⁸ "Access to Affordable and Nutritious Food: Measuring and Understanding Food Deserts and Their Consequences." United States Department of Agriculture Economic Research Service. 2009. Retrieved 8/25/17 from https://www.ers.usda.gov/webdocs/publications/42711/12716_ap036_1_.pdf?v=41055

Needs and Issues for Americans with Disabilities

In 2018, an estimated 26% of non-institutionalized persons aged 21 to 64 years with a disability in the United States were living below the poverty line.³⁹ The American Community Survey identifies the following persons as disabled:

Hearing Disability (asked of all ages): Is this person deaf or do they have serious difficulty hearing?

Visual Disability (asked of all ages): Is this person blind or do they have serious difficulty seeing even when wearing glasses?

Cognitive Disability (asked of persons ages 5 or older): Because of a physical, mental or emotional condition, does this person have serious difficulty concentrating, remembering or making decisions?

Ambulatory Disability (asked of persons ages 5 or older): Does this person have serious difficulty walking or climbing stairs?

Self-care Disability (asked of persons ages 5 or older): Does this person have difficulty dressing or bathing?

Independent Living Disability (asked of persons ages 15 or older): Because of a physical, mental or emotional condition, does this person have difficulty doing errands alone such as visiting a doctor's office or shopping?

According to the Brookings Institute:⁴⁰

“people with disabilities have lower educational levels than people without disabilities, and education is a powerful predictor of health status in general. But the size of the gap is sobering and points to a complicated relationship between education and disability. Even in a post-ADA world, people with disabilities can face barriers to completing their education, and education is linked to overall health in myriad ways, including individual health knowledge and behaviors, access to health care, exposure to environmental toxins, and jobs that are more physically demanding or dangerous.”

Table 14 summarizes the number of disabled populations in North Florida.

³⁹ Erickson, W., Lee, C., von Schrader, S. (2017). Disability Statistics from the American Community Survey (ACS). Ithaca, NY: Cornell University Yang-Tan Institute (YTI). Retrieved from Cornell University Disability Statistics website: www.disabilitystatistics.org

⁴⁰ [https://www.brookings.edu/blog/the-avenue/2018/05/15/disability-rates-among-working-age-adults-are-shaped-by-race-place-and-education/#:~:text=Disability%20by%20race%2Fethnicity%20varies,and%20Asians%20\(4%20percent\).](https://www.brookings.edu/blog/the-avenue/2018/05/15/disability-rates-among-working-age-adults-are-shaped-by-race-place-and-education/#:~:text=Disability%20by%20race%2Fethnicity%20varies,and%20Asians%20(4%20percent).)

Table 14 - Disabled Populations by County, 2018

County	Total	Percent	Persons
Clay	216,072	13.8%	29,818
Duval	950,181	14.6%	138,726
Nassau	85,832	16.7%	14,334
St. Johns	254,261	11.7%	29,749
Total	1,506,346	16.7%	251,560

Source: <https://www.disabled-world.com/disability/statistics/scc.php>

Needs and Issues Associated with Public Safety

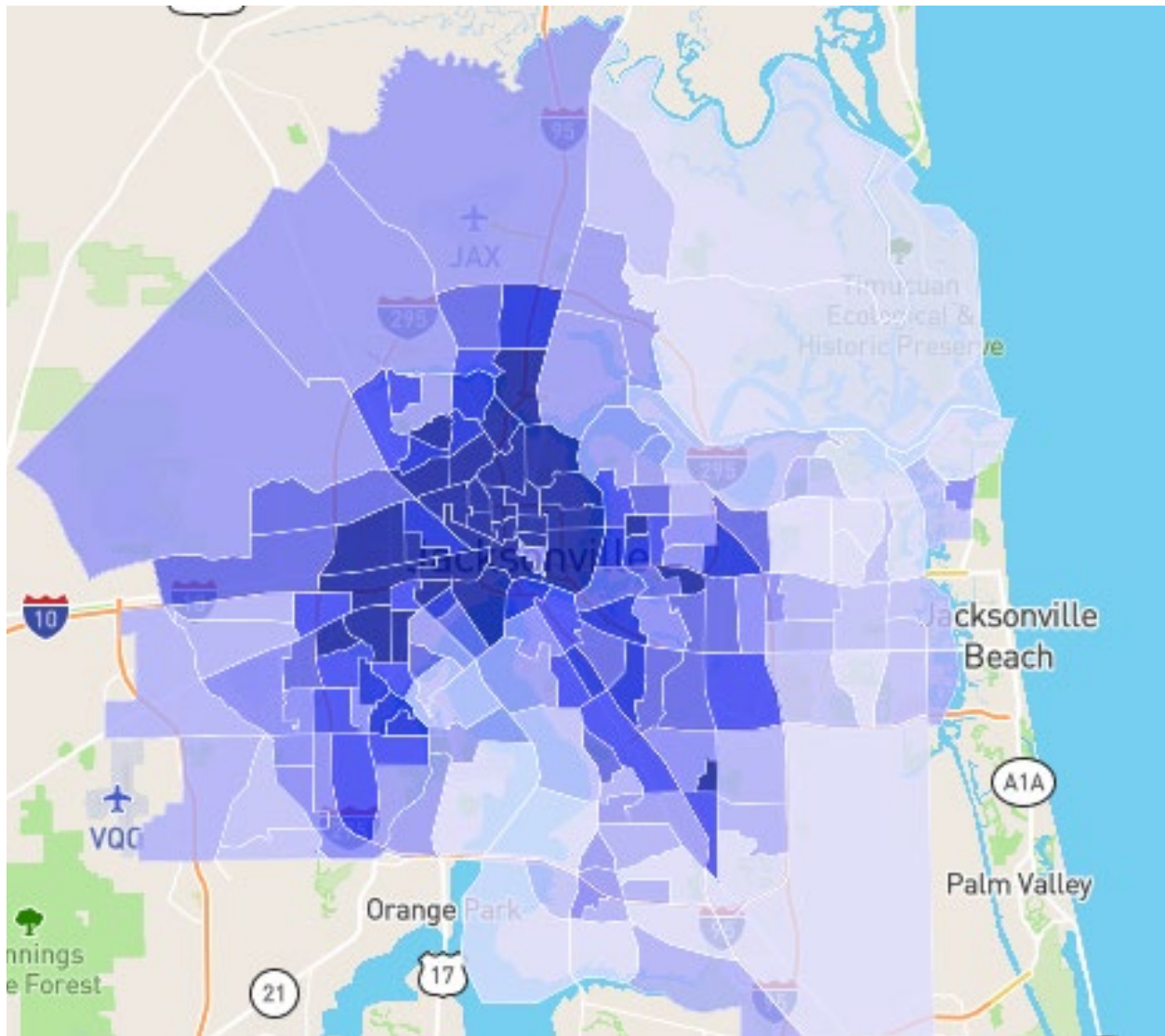
Public safety is an important consideration for persons who live in underserved communities. Table 15 summarizes recent key statistics about crime in North Florida.

Table 15 - Summary of Crime Statistics by County, 2018-2019

Clay County			
	2018	2019	% Change
Population	212,034	215,246	1.5
Total Arrests	5,989	6,161	2.9
Total Index Offenses	4,113	3,809	-7.4
Violent Rate	300.9	257.4	-14.5
Property Rate	1,638.9	1,512.2	-7.7
Duval County			
	2018	2019	% Change
Population	952,861	970,672	1.9
Total Arrests	30,016	32,804	9.3
Total Index Offenses	37,621	37,710	0.2
Violent Rate	588.9	627.1	6.5
Property Rate	3,359.4	3,257.8	-3.0
Nassau County			
	2018	2019	% Change
Population	82,748	85,070	2.8
Total Arrests	4,156	4,318	3.9
Total Index Offenses	1,486	1,270	-14.5
Violent Rate	242.9	233.9	-3.7
Property Rate	1,552.9	1,259.0	-18.9
St. Johns County			
	2018	2019	% Change
Population	238,742	254,412	6.6
Total Arrests	4,797	4,511	-6.0
Total Index Offenses	3,362	3,022	-10.1
Violent Rate	155.4	154.1	-0.8
Property Rate	1,252.8	1,033.8	-17.5

Source: <https://www.fdle.state.fl.us/FSAC/County-Profiles>

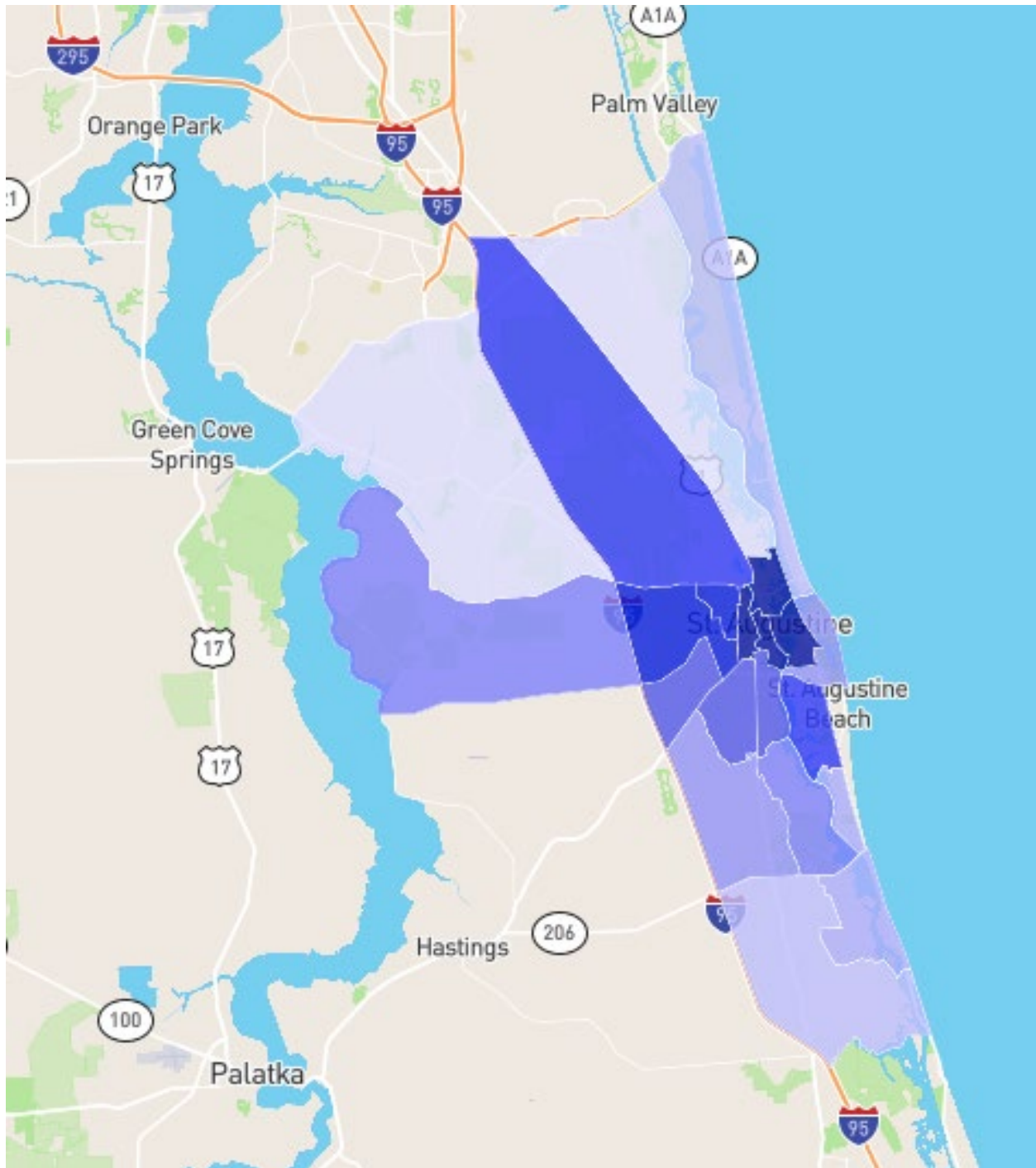
Figure 43 – Violent Crimes in Duval County, 2019



Source: <https://www.fdle.state.fl.us/FSAC/County-Profiles>

The darker the color, the more crimes occurred.

Figure 44 – Violent Crimes in St. Johns County, 2019



Source: <https://www.fdl.state.fl.us/FSAC/County-Profiles>

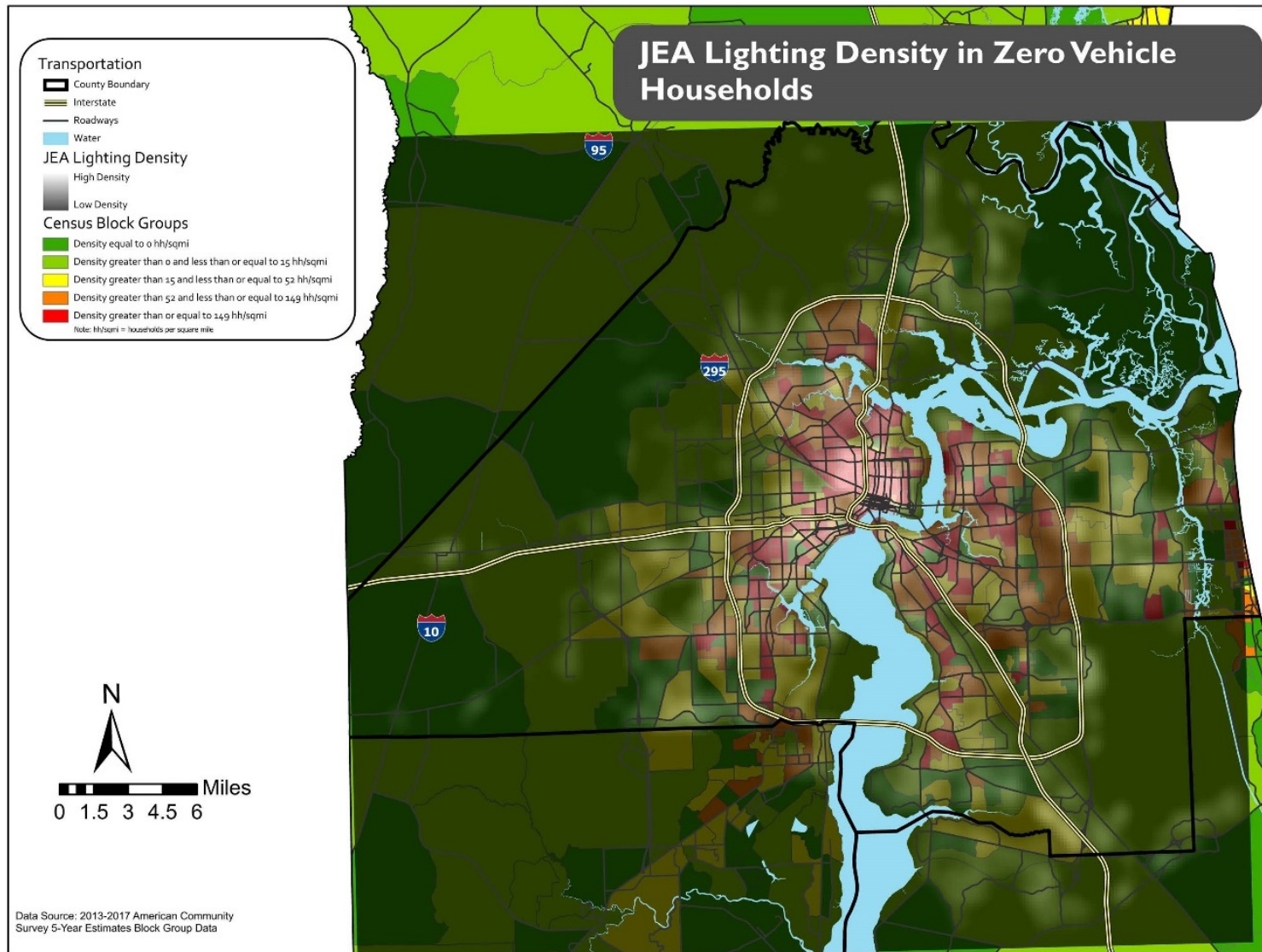
The darker the color, the more crimes occurred.

There is significant correlation shown between lighting and crimes occurring at night. A study by Urban Labs⁴¹ showed that the crime index reduced 39% (serious offenses that include murder, robbery, aggravated assault and property crimes) where lighting was implemented. People without lighting are more susceptible to crime. Figure 45 shows the lighting density in areas with zero-vehicle households in Duval County.

41

https://urbanlabs.uchicago.edu/attachments/e95d751f7d91d0bcfeb209ddf6adcb4296868c12/store/cca92342e666b1ffb1c15be63b484e9b9687b57249dce44ad55ea92b1ec0/lights_04242016.pdf

Figure 45 – Lighting Density in Areas with Zero-vehicle Households



Source: HNTB

Summary of Needs

All the needs and issues for the disadvantaged, underserved and disabled were compiled and analyzed. Several neighborhoods (based on zip code) consistently showed the greatest need. These neighborhoods and the needs are summarized in Table 16. Priority zip codes are those with multiple need areas. Where the area within each zip code was shown in each of the issue maps as a need, the zip code was identified as a priority.

Table 17 summarizes the priority areas based on the total number of issues identified as a priority. Areas not shown in the table had total scores less than four. These represent the 23 highest ranked zip codes of 62 or the top 37%.

Table 16 - Summary of Needs

Zip Code	% County Population	Neighborhood	Poverty	Automobile Ownership	Limited English Proficiency	Single-Parent Households	Designated Priority Health Zone	Infant Mortality	Elderly	Food Desert	Public Safety	Total
Clay County												
32003	14%	Fleming Island								X		1
32043	13%	Green Cove Springs	X	X	X	X			X	X		6
32234	1%	Baldwin, Maxville								X		1
32656	7%	Keystone Heights								X		1
32058	0.0%	Lawtey								X		1
32666	0.7%	Melrose								X		1
32068	27%	Middleburg								X		1
32065	17%	Orange Park, Ridgeview	X	X	X	X			X			5
32073	20%	Orange Park, Argyle	X	X	X	X			X			5
32079	< 1%	Penney Farms								X		1
32091	< 1%	Starke/ Kingsley Lake								X		1
Duval County												
32233	3%	Atlantic Beach							X			1
32202	< 1%	Downtown, Sports Complex						X				1
32204	< 1%	Brooklyn, Riverside	X	X	X	X	X	X	X	X	X	9
32205	3%	Murry Hill	X	X	X	X	X	X	X		X	8
32206	2%	Springfield, Talleyrand	X	X	X	X	X	X	X	X	X	9
32207	4%	San Marco	X	X	X	X			X		X	6
32208	4%	Ribault Manor	X	X	X	X	X	X	X	X	X	9
32209	4%	Eastside	X	X	X	X	X	X	X	X	X	9
32210	7%	Cedar Hills, Ortega	X	X	X	X			X	X	X	7
32211	4%	Arlington	X	X	X	X			X		X	6
32212	< 1%	NAS Jacksonville	X									1
32216	4%	Southside	X	X	X	X			X		X	6
32217	2%	San Jose	X	X	X	X			X		X	6
32218	6%	Northside, Airport								X		1
32219	1%	Dinsmore								X		1
32220	2%	Marietta, Halsema, Westside								X		1
32221	3%	Cecil Commerce Center								X		1
32222	1%	Whitehouse				X						1
32223	3%	Mandarin				X						1
32224	5%	Intracoastal West				X			X			2
32225	6%	East Arlington	X			X						2
32226	2%	Cedar Point								X		2
32227	< 1%	Mayport	X	X	X	X			X			5
32234	< 1%	Baldwin, Maxville								X		1
32244	7%	Timucua, Wesconnett, Duclay	X	X	X	X			X	X		6
32246	6%	San Souci, Southside Estates	X	X	X	X			X			5
32254	2%	Paxon, Pritchard, Northwest	X	X	X		X	X		X		6
32256	5%	Baymeadows, E-town							X			1

Zip Code	% County Population	Neighborhood	Poverty	Automobile Ownership	Limited English Proficiency	Single-Parent Households	Designated Priority Health Zone	Infant Mortality	Elderly	Food Desert	Public Safety	Total
32257	4%	San Jose	X	X	X	X			X			5
32258	3%	Greenland, Bayard	X									1
32277	3%	University, Arlingwood, Charter Point	X	X	X	X			X			5
32228	0%	Mayport Naval Station	X	X	X	X			X	X		6
32250	3%	Jacksonville Beach				X			X			2
32266	< 1%	Neptune Beach							X			2
32073	0%	Orange Park, Argyle	X	X	X	X			X			5
Nassau County												
32009	5%	Bryceville	X									1
32011	19%	Callahan	X									1
32034	42%	Fernandina Beach, Amelia Island, Fernandina	X	X	X	X						5
32046	13%	Hilliard	X									1
32234	< 1%	Baldwin, Maxville	X									1
32097	21%	Yulee	X									1
St. Johns County												
32033	2%	Elkton								X		1
32145	3%	Hastings								X		1
32081	2%	Town of Nocatee	X									1
32082	15%	Ponte Vedra, Ponte Vedra Beach, Vilano Beach, Palm Valley							X			1
32080	11%	Anastasia Island, St. Augustine Beach, St. Augustine								X	X	2
32084	16%	West St. Augustine	X	X	X	X				X	X	7
32086	13%	St. Augustine Shores								X	X	2
32092	15%	Switzerland, Pacetti									X	1
32095	4%	Durbin, World Golf Hall of Fame							X			1
32259	19%	Fruit Cove, Julington Creek, Durbin, St. Johns								X		1

Table 17 - Priority Areas

Zip Code	% County Population	Neighborhood	Poverty	Automobile Ownership	Limited English Proficiency	Single-Parent Households	Designated Priority Health Zone	Infant Mortality	Elderly	Food Desert	Public Safety	Total
32206	2%	Springfield, Talleyrand	X	X	X	X	X	X	X	X	X	9
32208	4%	Ribault Manor	X	X	X	X	X	X	X	X	X	9
32209	4%	Eastside	X	X	X	X	X	X	X	X	X	9
32204	< 1%	Brooklyn, Riverside	X	X	X	X	X	X	X	X	X	9
32205	3%	Murry Hill	X	X	X	X	X	X	X		X	8
32210	7%	Cedar Hills, Ortega	X	X	X	X			X	X	X	7
32043	13%	Green Cove Springs	X	X	X	X			X	X		6
32084	16%	West St. Augustine	X	X	X	X				X	X	6
32207	4%	San Marco	X	X	X	X			X		X	6
32211	4%	Arlington	X	X	X	X			X		X	6
32216	4%	Southside	X	X	X	X			X		X	6
32217	2%	San Jose	X	X	X	X			X		X	6
32244	7%	Timucua, Wesconnett, Duclay	X	X	X	X			X	X		6
32228	0%	Mayport Naval Station	X	X	X	X			X	X		6
32254	2%	Paxon, Pritchard, Northwest	X	X	X		X	X		X		6
32065	17%	Orange Park, Ridgeview	X	X	X	X			X			5
32073	20%	Orange Park, Argyle	X	X	X	X			X			5
32227	< 1%	Mayport	X	X	X	X			X			5
32246	6%	San Souci, Southside Estates	X	X	X	X			X			5
32257	4%	San Jose	X	X	X	X			X			5
32277	3%	University, Arlingwood, Charter Point	X	X	X	X			X			5
32073	0%	Orange Park, Argyle	X	X	X	X			X			5
32034	42%	Fernandina Beach, Amelia Island, Fernandina	X	X	X	X						4

Existing Mobility Services for the Disadvantaged

A key focus of this study is to provide mobility strategies to assist the underserved communities in North Florida. To understand the current services provided, the following summarizes the mobility options available to these communities.

Jacksonville Transportation Authority

A vital component of an integrated transportation network is the fixed-route bus system. The JTA has 56 routes with vehicles traveling 8.5 million revenue miles each year. Service is provided by approximately 320 bus operators and 110 maintenance employees. The JTA served more than 13.1 million passenger trips in 2017.

Flyer and express bus routes offer additional opportunities for JTA to meet the community's needs. Flyers and express buses provide minimal or non-stop service and serve popular areas like the Beaches, Arlington, Blanding, Orange Park, Mandarin, various shopping malls, employment centers and Downtown. JTA provides Express Select service to Baker, Nassau and St. Johns counties.

JTA's Interliner service combines two routes into one, providing one-seat transportation between two quadrants of town. Residents traveling between two areas no longer change buses (i.e. from Commonwealth Boulevard to SR 152 Baymeadows Road), eliminating the need to transfer or pay two fares. Nine Interliner routes currently serve Jacksonville residents.

All JTA buses are equipped with front-mounted bike racks. There is no extra charge to transport the bicycle.

JTA also owns and operates the Automated Skyway Express - a fully automated state-of-the-art transit system operating on an elevated dual guideway, with peripheral parking at several stations. Ten two-car trains whisk patrons to eight stations on both sides of the St. Johns River in the central business district. The Skyway hours are Monday through Friday from 6 a.m. to 9 p.m. The Skyway is closed Saturday and Sunday, except for special events. The Skyway is free. JTA is currently modernizing the Skyway to an urban circulator service with autonomous vehicles extending to UF Health/VA clinic, the sports complex and Brooklyn.

Approximately 3,500 spaces are available to commuters for monthly parking. Nearly 1,000 spaces are in and around the Skyway Convention Center Station. Another major parking facility is the King's Avenue Transit garage with 1,684 low cost, covered parking spaces with walkways connected to the Kings Avenue Skyway Station. Another 200 surface spots are available, some for short-term parking. Limited daily and hourly (meter) parking is available at the Convention Center and King's Avenue Skyway Stations.

JTA offers Stadium Shuttle Service that connects thousands of football fans to TIAA Field for Jaguars home games, the Florida-Georgia game and the Gator Bowl. Fans may park free in several suburban and downtown locations, then shuttle to the stadium starting two hours before kick-off and ending one hour following the game. Customers may purchase a discounted season pass or a game-day ticket. Prices are reasonable but vary depending on pick-up points.

Go Tuck'n Inc. offers pay-to-ride shuttle services to Riverside, Avondale and Downtown Jacksonville.

The JTA partnered with the University of Florida Jacksonville Hospital, Smart Transit for Healthcare and the Health Planning Council of Northeast Florida to develop an innovative Ride to Wellness program that addresses the increased need for access to care with the goal of improving health outcomes and reducing healthcare costs.⁴² This service is intended to provide improved mobility to health care in the Health Zone 01 (Urban Core) identified in the Health: Place Matters study which is discussed in greater detail later in this report. The service area and average weekday ridership that used this service in 2018 is shown on Figure 46.

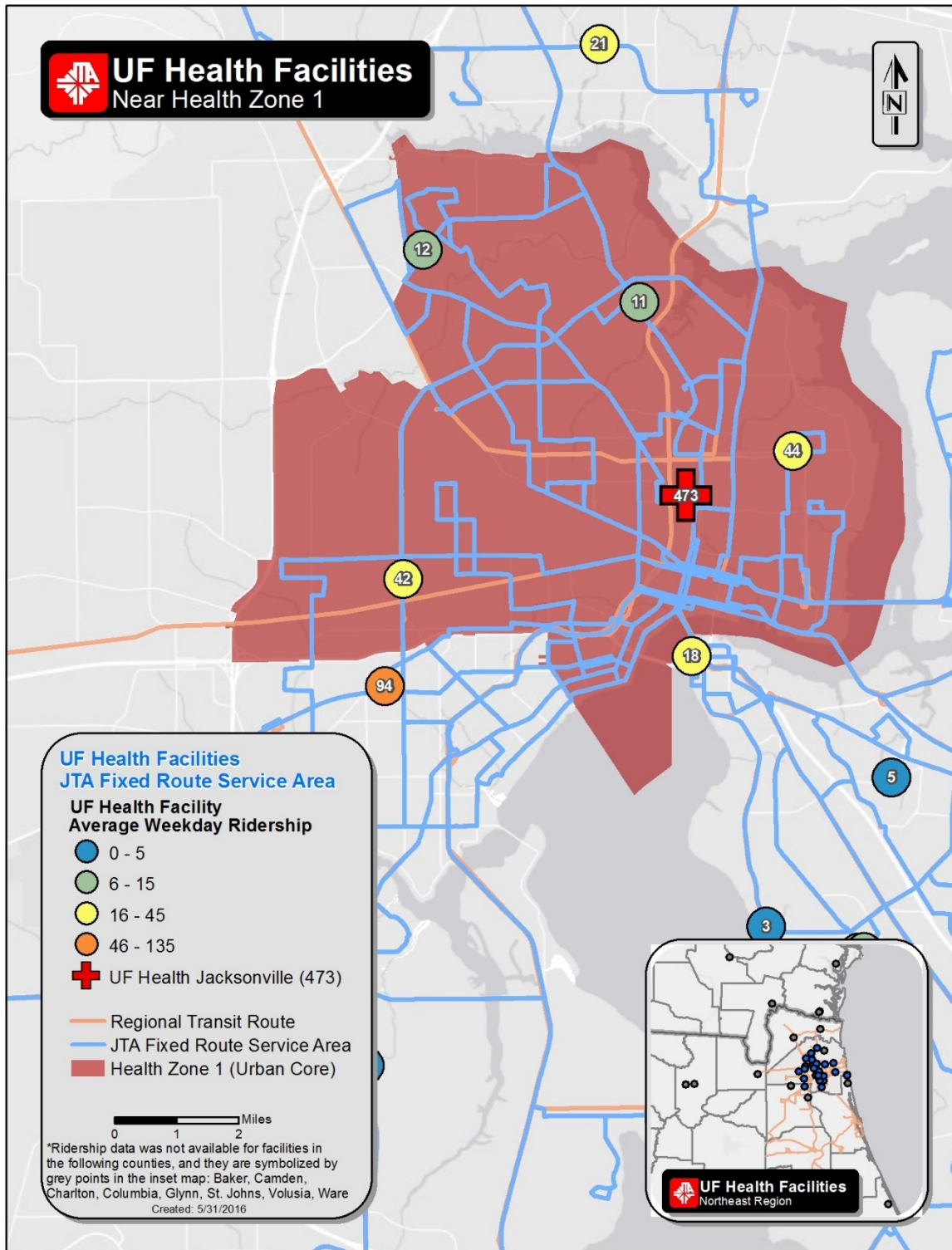
The JTA also offers affordable on-call transportation to customers in 11 communities in Jacksonville through the ReadiRide program.

- Arlington
- Beaches
- Collins Road
- Highlands
- Mandarin
- Northside
- Southeast
- Southside
- Oakleaf
- Talleyrand
- Pritchard

Curb-to-curb service is provided within each designated zone. For example, if you are picked up within the Beaches zone, you must be dropped off within the Beaches zone. The fares are \$2 each way and can be purchased using cash and the JTA's MyJTA app.

⁴² <https://www.jtafla.com/business-center/grants/rides-to-wellness/>

Figure 46 - JTA Rides to Wellness Program

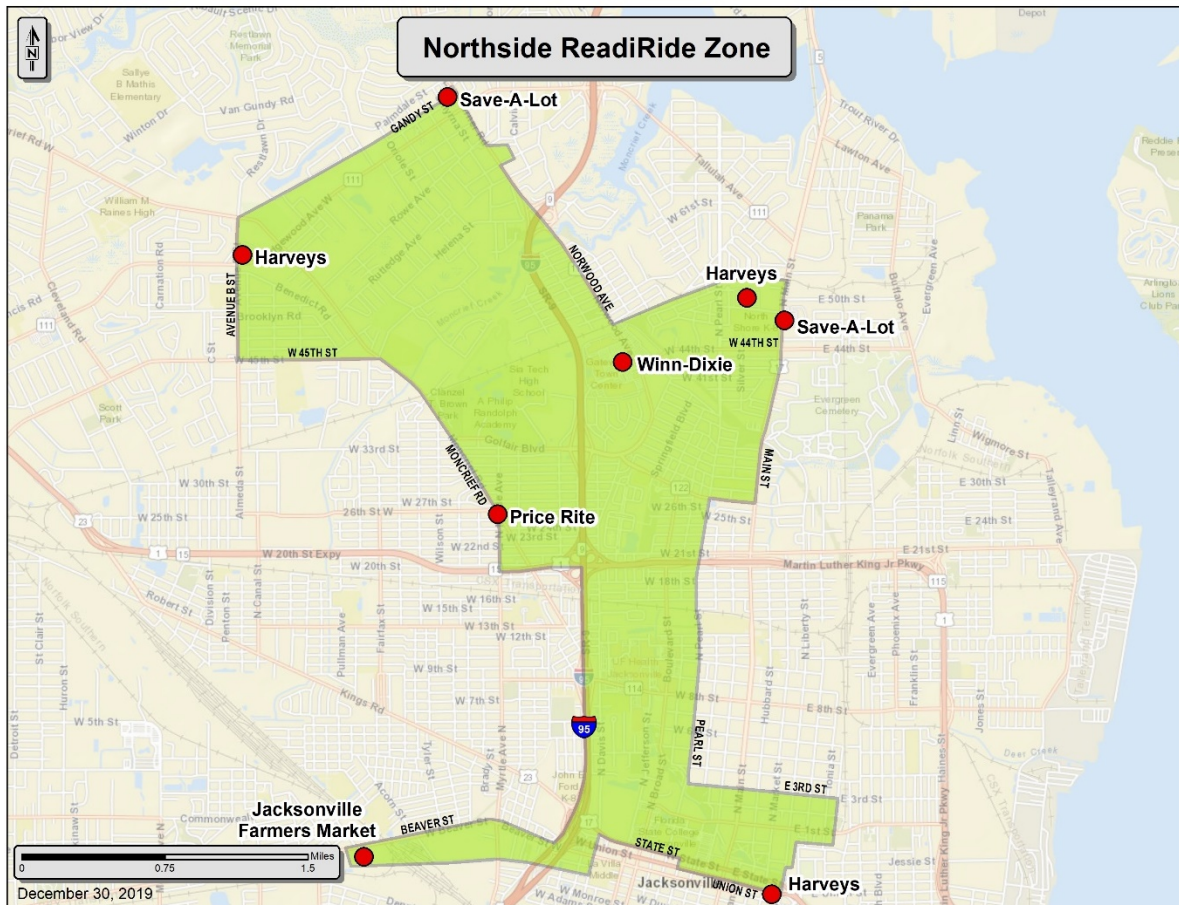


Source: <https://www.jtafla.com/media/1324/attachment1-uf-health-facility-ridership-map-with-health-zone.pdf>

The JTA and City of Jacksonville launched a Door-to-Store program on February 1, 2020. Through Door to Store, the JTA will provide complimentary rides to and from seven grocery store locations within the Northside ReadiRide zone as shown on Figure 47.

- Jacksonville Farmers Market - located at
 - o 1810 W Beaver St., Jacksonville, FL 32209
- Harveys Supermarket stores located at:
 - o 2261 Edgewood Ave. West, Jacksonville, FL 32209
 - o 201 West 48th, Jacksonville, FL 32208
 - o 777 Market St., Jacksonville, FL 32202
- Save-A-Lot grocery stores located at:
 - o 8000 Lem Turner Road, Jacksonville, FL 32208
 - o 5751 Main St. North, Jacksonville, FL 32208
- Winn-Dixie - Future location (opening Feb. 12) at
 - o 5210 Norwood Ave., Jacksonville, FL 32208
- Price Rite –
 - o 3528 Moncrief Road, Jacksonville, FL 32209

Figure 47 – JTA’s Northside ReadiRide Zone



Source: <https://www.jtafla.com/media-center/press-releases/jta-city-of-jacksonville-launch-door-to-store-program/>

Paratransit Services

Paratransit services are meant to provide a transportation option for those individuals who are unable to use the fixed-route bus or rail system serving their location, and these services are flexible in their scheduling and routing, allowing them to accommodate the specific needs of their riders. These services are available within one-half mile of fixed-route services. Different rates, scheduling and funding sources are used for these services than the traditional fixed-route services.

JTA Connexion⁴³ is a shared-ride service that provides door-to-door transportation for the disabled, elderly and transportation disadvantaged in Duval County. It is complementary to the fixed route bus service. A private vendor is contracted to provide drivers and operate specially equipped transit vehicles. JTA Paratransit staff manage the day-to-day system operations, take reservations and schedule trips. The JTA is the Community Transportation Coordinator (CTC) for Duval County. Effective January 1, 2019, JTA became the Community Transportation Coordinator (CTC) for Clay County and began providing paratransit services for the Transportation Disadvantaged (TD) in the county. The paratransit services connect to bus transit services at the Orange Park Mall enabling riders to commute from Middleburg, Fleming Island, Green Cove Springs and Orange Park to destinations in Jacksonville or vice versa.

Medicaid also provides unlimited trips for a fixed fee.

Transportation for the Disadvantaged

The JTA is the Community Transportation Coordinator (CTC) for Duval County. Effective January 1, 2019, JTA became the Community Transportation Coordinator (CTC) for Clay County and began providing paratransit services for the Transportation Disadvantaged (TD) in the county. The paratransit services connect to bus transit services at the Orange Park Mall enabling riders to commute from Middleburg, Fleming Island, Green Cove Springs and Orange Park to destinations in Jacksonville or vice versa.

Transportation for the disadvantaged is provided by JTA and NassauTRANSIT (Nassau County Council on Aging).

Operated by The Sunshine Bus Company and the St. Johns County Council on Aging, service is provided along the Purple Line which travels from St. Augustine to Jacksonville along U.S. 1 to the Avenues Mall. The service connects with the First Coast Flyer Blue Line, Routes 23 and 27 at the Avenues Mall, and with six other Sunshine Bus Company routes in St. Augustine.

Medicaid also provides unlimited trips for fixed fee to transit agencies.

Transportation Network Companies

Numerous Transportation Network Companies (TNC)s existing in North Florida including limousine services, Lyft, taxis and Uber. These are pay-for-service companies.

Care.com is a TNC specializing in mobility for the elderly. A publicly traded company, Care.com is a digital platform that supports family care needs including caretakers, day care for children, housekeeping and pet care. They provide transportation to the elderly and disabled for medical

⁴³ The JTA brands this service using the name Connexion vs. “connection”.

appointments. The origin-destination based services are typically paid on an hourly basis. The following list provides links to each of the program areas.

- [Senior Transportation in Ponte Vedra Beach, FL](#)
- [Senior Transportation in Saint Augustine, FL](#)
- [Senior Transportation in Orange Park, FL](#)
- [Senior Transportation in Fleming Island, FL](#)
- [Senior Transportation in Middleburg, FL](#)
- [Senior Transportation in Atlantic Beach, FL](#)
- [Senior Transportation in Saint Johns, FL](#)
- [Senior Transportation in Jacksonville Beach, FL](#)
- [Senior Transportation in Yulee, FL](#)
- [Senior Transportation in Fernandina Beach, FL](#)
- [Senior Transportation in Ponte Vedra, FL](#)
- [Senior Transportation in Green Cove Springs, FL](#)
- [Senior Transportation in Keystone Heights, FL](#)
- [Senior Transportation in Callahan, FL](#)
- [Senior Transportation in Elkton, FL](#)

“Lift up [our] hearts. Each new hour holds new chances for new beginnings.”

- Maya Angelou

These origin-destination transportation services provide significant value in travel time and door-to-door accessibility; however, their costs are several times the cost of public transit and are not affordable for those living in poverty.

Other programs that are known include:

- [LyftUp](#)
- [My Brother’s Keeper Alliance](#)
- [National Urban League](#)
- [Goodwill®](#)
- [National Urban League](#)
- [Black Women’s Roundtable](#)
- [United Negro College Fund](#)
- [US Black Chamber of Commerce](#)
- [National Association for the Advancement of Colored People \(NAACP\)](#)
- [Lawyers’ Committee for Civil Rights Under Law](#)
- [National Action Network](#)

Automobile Ownership for Single-parent Households

Several underused services can assist single parents living in poverty gain access to reliable transportation. Two examples include:

- [Cars for Moms](#)
- [Free Charity Cars](#)

Pedestrian and Bicycle Access

Many underserved communities, especially older communities and the areas where households do not own cars, are not connected to basic services by either sidewalks or bike lanes or the sidewalks are not continuous along roadways. A good example of lack of sidewalk connectivity is along Philips Highway. Portions of businesses have sidewalks in front, but they do not connect to any other sidewalk. They are just along a business's property line. This leads to people walking in the road, drainage swales or grass easements. An inventory of the existing sidewalks was performed as part of this project. Because of the scale, including maps in this report is not feasible.

Food Security

Non-profits

The UnitedHealthcare Community Plan of Florida supports the Food Bank for Northeast Florida by providing grants to support community food banks and other non-profit services.

By connecting millions of pounds of rescued food to a network of over 250 social service agencies and programs like City Rescue Mission, The Sulzbacher Center, [Beaches Emergency Assistance Ministry] and The Salvation Army, these hunger-relief partners are able to provide not only food to those in need, but [also] services that can help these families and individuals end the cycle of poverty – including job training or placement, low-cost childcare, SNAP benefits, medical care, affordable housing and counseling. In 2019, Feeding Northeast Florida provided more than 14.4 million meals to our network of social service agencies in eight counties throughout Northeast Florida.⁴⁴

Other meal providers identified by the University of North Florida⁴⁵ include:

- Food Fighters
- Meals on Wheels
- Meals on Wings
- Hearts and More

Government Programs

The following are the most common government programs that assist with providing nutritious food to children and families. The following list provides links to each of the program areas.

- [Commodity Supplemental Food Program](#)
- [EPA's Food Recovery Challenge](#)
- [Farm to School](#)
- [Florida's Roadmap to Living Healthy](#)
- [Food Recovery Program](#)
- [Healthy Food Financing Initiative](#)
- [National School Lunch Program](#)
- [Special Milk Program](#)

⁴⁴ <https://www.feedingnefl.org/>

⁴⁵ https://www.unf.edu/brooks/Center_for_Nutrition_and_Food_Security/

- Summer Food Service Program
- The Emergency Food Assistance Program (TEFAP)
- USDA Non-Discrimination Statement
- Vendors
- WIC Farmers' Market Nutrition Program

According to the Florida Department of Agriculture and Consumer Affairs:

- SNAP participants who live more than 0.5 miles from a grocery store without a vehicle are more likely to rely on convenience stores resulting in poor diet and related health problems.
- Approximately 287 million lunches and 147 million breakfasts were served in 2018 in Florida.
- More than 48 million pounds of food were served through the Emergency Food Assistance Program in 2017.
- The Florida WIC program provides food to 451,000 women, infants and children who are food insecure each year in Florida.

Florida Department of Children and Families

The Florida Department of Children and Families has two programs that help low income families buy healthy food:

- Florida Food Assistance Program (SNAP) for families and children⁴⁶
- SUNCAP⁴⁷ for individuals on supplement security income

The following prescription programs also provide access to nutrition information and food:

- Food as Medicine in Diabetes, University of Florida Medical Center
- Positive Nutrition
- Jacksonville Community Hunger Network

National School Lunch and Breakfast Program⁴⁸

The National School Lunch Program (NSLP) is a federally assisted meal program operating in public and nonprofit private schools and residential child-care institutions. It provides nutritionally balanced, low-cost or no-cost lunches to children each school day. The program was established under the Richard B. Russell National School Lunch Act, signed into law by President Harry Truman in 1946.

Children may be determined “categorically eligible” for free meals through participation in certain Federal Assistance Programs, such as the Supplemental Nutrition Assistance Program, or based on their status as a homeless, migrant, runaway or foster child. USDA’s Food and Nutrition Service <https://www.fns.usda.gov/>.

Children enrolled in a federally funded Head Start Program or a comparable State-funded pre-kindergarten program are also categorically eligible for free meals.

Children can also qualify for free or reduced-price school meals based on household income and family size. Children from families with incomes at or below 130% of the Federal poverty level are eligible for

⁴⁶ <https://www.benefits.gov/benefit/1244>

⁴⁷ <https://www.icarol.info/ResultDetails.aspx?org=2129&agencynum=259325>

⁴⁸ The section was extracted verbatim from <https://www.fns.usda.gov/nslp/nslp-fact-sheet>

free meals. Those with incomes between 130 and 185% of the Federal poverty level are eligible for reduced price meals. Schools may not charge children more than 40 cents for a reduced- price lunch.

For many children, the breakfast and lunches provided at schools may be the only nutritious meals available.

Many children rely on the free lunch program during summer months and during the COVID epidemic, some schools are providing pick-up breakfasts and lunches to meet the nutritional needs of children.

Clay County Schools

The following schools participate in the National School Lunch and Breakfast Program. Nutritious meals are served every school day. Schools with an (*) also provide meals during summer months.

Annerman Learning Center	Grove Park Elementary*	Orange Park High
Charles E. Bennett Elementary*	Keystone Heights Elementary	Ridgeview Elementary*
Clay Hill Elementary	Keystone Heights High	S. Bryan Jennings Elementary
Coppergate Elementary	Lakeside Elementary	Swimming Pen Creek
Doctors Inlet Elementary	McRae Elementary	W.E. Cherry Elementary*
Green Cove Springs Junior High*	Middleburg Elementary*	Wilkinson Elementary
	Montclair Elementary	Wilkinson Junior High
	Orange Park Junior High	

Mobile meal programs are also available for lunch-only at Clark House Park.

Duval County

All Duval County schools provide free breakfast. During the 2019-2020 school year, 125 schools in Duval County participated in the National School Lunch program.⁴⁹

A. Philip Randolph Academies	Highlands Elementary	Pine Estates Elementary
Abess Park Elementary	Highlands Middle	Pine Forest Elementary
Andrew A. Robinson Elementary	Hogan Spring Glen Elementary	Pinedale Elementary
Andrew Jackson High	Holiday Hill Elementary	R. V. Daniels Elementary
Annie R. Morgan Elementary	Hyde Grove Elementary	Raines High
Arlington Elementary	Hyde Park Elementary	Ramona Elementary
Arlington Heights Elementary	J. E. B. Stuart Middle	Reynolds Lane Elementary
Arlington Middle	Jacksonville Heights	Elementary Ribault High
Baldwin Jr/Sr High	Jefferson Davis Middle	Ribault Middle
Bayview Elementary	John E. Ford K8	Richard Lewis Brown
Beauclerc Elementary	John Love Elementary	Robert E. Lee High
Biltmore Elementary	Joseph Stilwell Middle	Rufus Payne Elementary
Biscayne Elementary	Kernan Middle	Ruth N. Upson Elementary
Brentwood Elementary	Kernan Trail Elementary	Rutledge Pearson Elem.
Bridge To Success Academy	Kings Trail Elementary	S. A. Hull Elementary
Brookview Elementary	Kirby-Smith Middle	S. P. Livingston Elem
Carter G. Woodson Elementary	Lake Lucina Elementary	Sadie Tillis Elementary

⁴⁹

<https://dcps.duvalschools.org/site/default.aspx?PageType=3&DomainID=4&ModuleInstanceID=8080&ViewID=6446EE88-D30C-497E-9316-3F8874B3E108&RenderLoc=0&FlexDataID=58288&PageID=1>

Cedar Hills Elementary	Lake Shore Middle	Saint Clair Evans Academy
Central Riverside Elementary	Landmark Middle	Sallye B. Mathis Elem
Chaffee Trail Elementary	Lone Star Elementary	Sandalwood High
Chimney Lakes Elementary	Long Branch Elementary	San Jose Elementary
Crown Point Elementary	Louis Sheffield Elementary	San Mateo Elementary
Crystal Springs Elementary	Love Grove Elementary	Southside Estates Elem
Dinsmore Elementary	Mamie Agnes Jones Elementary	Southside Middle
Don Brewer Elementary	Martin Luther King Elementary	Spring Park Elementary
Dupont Middle	Matthew Gilbert Middle	Stonewall Jackson Elem
Edward White High	Mattie V. Rutherford Alt Ed Center	Susie Tolbert Elementary
Englewood Elementary	Mayport Elementary	Terry Parker High
Englewood High Mayport	Coastal Sciences Middle	Thomas Jefferson Elem
Enterprise Learning Academy	Merrill Road Elementary	Timucuan Elementary
First Coast High	Mount Herman Exceptional Student Center	Twin Lakes Academy Elem
Fishweir Elementary	Neptune Beach Elementary	Twin Lakes Middle
Fort Caroline Elementary	Normandy Village Elementary	Venetia Elementary
Fort Caroline Middle	North Shore Elementary	Waterleaf Elementary
Frank Peterson Academies	Northwestern Middle	West Riverside Elem
Garden City Elementary	Oak Hill Academy	Westside High
George W. Carver Elementary	Oceanway Elementary	Westview K8
Grand Park Oceanway Middle	Whitehouse Elementary	Grasp Choice Academy
Ortega Elementary	Windy Hill Elementary	Greenfield Elementary
Palm Avenue Exceptional Student Center	Wolfson High	Gregory Drive Elementary
Parkwood Heights Elementary	Woodland Acres Elementary	Henry F. Kite Elementary
Pickett Elementary	Young Men/Young Women Leadership Academy	

Between the National School Lunch Program and the Universal Free Breakfast Program, all district schools provide free breakfast.

An additional 29 schools are not in the National School Lunch Program but provide free lunches.

Xceptional Cente	John Stockton Elementary	Alimacani Elementary
Joseph Finegan Elementary	Atlantic Beach Elementary	New Berlin Elementary
Atlantic Coast High	Landon Middle	Bartram Springs Elem
Paxon	Chets Creek Elem	Sabal Palm Elementary
Darnell Cookman Middle	San Pablo Elem	Douglas Anderson
Seabreeze Elementary	Fletcher High	Stanton College Prep
Fletcher Middle	Lavilla School Of The Arts	Greenland Pines Elem
Loretto Elementary	Hendricks Avenue Elementary	Mandarin High
J. Allen Axson Elementary	Mandarin Middle	Jacksonville Beach Elem
Mandarin Oaks Elementary	James Weldon Johnson Mid	

There are 63 schools that also participate in an after-school meals program.

Alden Road Exceptional Student Ctr	Alfred I. duPont Middle	Andrew Robinson Elem
Annie Morgan Elementary	Arlington Elementary	Arlington Heights Elem
Arlington Middle	Beauclerc Elementary	Biltmore Elementary

Biscayne Elementary	Carter G Woodson Elementary	Ft. Caroline Elementary
Ft. Caroline Middle	Garden City Elementary	George W. Carver Elem
Highlands Elementary	Highlands Middle	Hogan-Spring Glen Elem
Hyde Grove Elementary	Hyde Park Elementary	Jacksonville Heights Elem
JEB Stuart Middle	Jefferson Davis Middle	John Love Elementary
Joseph Stillwell Middle	Kernan Middle	Lake Forest Elementary
Lake Shore Middle	Long Branch Elementary	Louis Sheffield Elementary
Love Grove Elementary	Martin Luther King Elementary	Matthew Gilbert Middle
Mayport Middle	Normandy Village Elementary	North Shore Elementary
Northwestern Middle	Ortega Elementary	Palm Ave Exceptional
Student Center	Parkwood Heights Elementary	Pickett Elementary
Pine Estates Elementary	Pinedale Elementary	R.L. Brown Gifted
Reynolds Lane Elementary	Ribault Middle	Rufus Payne Elementary
Rutledge Pearson Elementary	S.A. Hull Elementary	Sadie Tillis Elementary
Sallye Mathis Elementary	San Jose Elementary	Sandalwood High
Southside Estates Elementary	Southside Middle	SP Livingston Elementary
Spring Park Elementary	St. Clair Evans Elementary	Susie E. Tolbert Elem
West Riverside Elementary	Windy Hill Elementary	Woodland Acres Elem
Young Men's & Women's Leadership Academy		

Nassau County

The following schools provide lunches using the National School Lunch Program.

Bryceville Elementary	Callahan Elementary	Emma Love Hardee Elem
Hilliard Elementary	Southside Elementary	Yulee Elementary
Callahan Middle	Fernandina Beach Middle	Hilliard Middle
Yulee Middle	Fernandina Beach High	Hilliard Senior High
West Nassau High	Yulee High	

Free breakfast is available at the following schools during the summer:

Southside Elementary	Yulee Middle	Callahan Elementary
Hilliard Middle Senior High	Bryceville Elementary	

During the COVID epidemic grab and go meals are being provided at the following schools:

- Southside Elementary
- Yulee Middle
- Callahan Elementary
- Hilliard Middle-Senior High

St. Johns County

The following schools provide lunches using the National School Lunch Program.

Crookshank Elementary	Ketterlinus Elementary	Otis Mason Elementary
Osceola Elementary	South Woods Elementary	Webster School
Gamble Rodgers Middle	R.J. Murry Middle	Sebastian Middle
St. Johns Technical High		

Summer lunch program schools

Crookshank Elementary	St. Augustine High	South Woods Elem
Pedro Menendez High	Osceola Elementary	Armstrong Center
The Players Club Boys and Girls Club	Evelyn Hamblen Center	ESHC Family Program
W.E. Harris Community Center	Solomon Calhoun Center	Hastings Teen Center
St. Paul AME Church	St. John Technical High	Woodlawn Terrace Apart.
Collier Blocker Puryear Rec	Ketterlinus Gym	Valley Ridge Academy

The following schools provided lunches during the COVID epidemic:

John A. Crookshank Elementary	Gamble Rogers Middle	Evelyn Hamblen Center
Sebastian Middle	Otis A. Mason Elementary	South Woods Elementary
R.J. Murray Middle	The Webster School	Osceola Elementary
W.E Harris Community Center in Hastings	Woodlawn Apartments	

United Way 211 Services

United Way 211 is a national service that coordinates community resource assistance. 211 assisted 12.8 million persons nationally in 2018. These services include:

- Supplemental food and nutrition programs
- Shelter and housing options
- Emergency information and disaster relief
- Employment and education opportunities
- Services for veterans
- Health care, vaccinations and health epidemic information
- Addiction prevention and rehabilitation
- Reentry help for ex-offenders
- Support for the mentally ill or special needs
- Safe, confident path out of physical or emotional domestic abuse⁵⁰

The program is managed locally by the United Way of Northeast Florida. They coordinate access for the transportation disadvantaged by making connections for them to the service operators.

Other Stakeholders

The American Heart Association is looking at trends and recommending appropriate organizations to help with community needs. Hospitals such as Mayo Clinic, Baptist Health and Brooks are partnering with United Way on Lyft rides for free ride shares. Ride shares are currently done for employment, food and medical for veterans and family members. Hospitals such as UF Health are also investigating how to get food access for the underserved population and already have programs in place for underserved health care and community centers. The University of North Florida has a Meals on Wings program which repackages hospital food that would normally go to waste to provide healthy meals for seniors.

The YMCA's Healthy Eating Strategy #3 publication outlines strategies to combat this food scarcity through partnerships with local supermarket as well as improved public transit.

⁵⁰ <https://www.211.org/pages/about>

Findings

The following summarizes the key findings of the analysis presented in this report.

Economically Disadvantaged

Transportation plays a critical role in providing access to employment, medical and health care, education, and other community services and amenities. Improving this access is critical to elevating the quality of life and strengthening North Florida economy.

Poverty

- The poverty rate in North Florida exceeds the average rates in Florida and the nation. Lack of mobility options for those born in poverty significantly diminishes opportunities to rise on the socio-economic ladder.
- Unemployment and the number of people living in poverty are likely to rise following the COVID epidemic.
- Being Black, Hispanic or Latinx makes you more likely to live in poverty.
- Children are more likely to live in poverty than those aged 65 or over.
- Black children are more likely to live in poverty than their peers of other races.
- Being poor limits your transportation options.
 - o Only 43% of low-income persons own vehicles
 - o Only 82% of persons have access to transit
 - 89% in urban core areas
 - 55% in suburbs
 - o Only 30% of persons have access to jobs by transit
 - 34% in the urban core
 - 7% in the suburbs
- North Florida residents with limited English proficiency are more likely to live in poverty, are more frequent users of public transportation and are less likely to own a car.
- One in three children of a single mother lives in poverty.
- Black single mothers are more likely to live in poverty than other populations.
- The average income of migrant and seasonal workers is \$7,000 per year, one-third of the poverty threshold.

Upward Mobility

- The U.S. is now the least economically mobile among all developed nations.
- Children born into poverty have limited access to healthcare, schools, day care, healthy food and other essential services thereby reducing their potential to climb the economic ladder.
- A child growing up in Jacksonville in the bottom fifth of the income scale has only a 5.3% chance of rising to the top fifth of the scale.

Medically Disadvantaged

- The infant mortality rates in Clay and Duval counties are higher than the rates for the state of Florida or the U.S.
- Transportation problems, such as reliable and timely access, are the only significant logistical barrier to timely prenatal care.
- Nearly 58% of the elderly do not qualify for ADA complementary paratransit services because they do not have serious physical or mental impairments.

- The elderly use public transit less than other citizens as they age due to safety and accessibility concerns.
- Transportation barriers are the third leading cause of missing a medical appointment for older adults across the country.
- One in five persons in Duval County experience food insecurity resulting from low income or lack of access.
- Without consistent access to nutritious meals, people are more likely to suffer from chronic diseases, such as cancer, diabetes, stroke or liver disease, and children are more likely to perform poorly in the classroom.
- Access to a healthy diet depends on access to grocery stores and is determined by distance, vehicle availability, and availability of public transportation.
- When healthy meals are not accessible, people rely on convenience stores for food that is primarily processed, sugary and of low nutritional value.
- Food deserts occur in Eastside, Northwest Jacksonville, Mayport, Southpoint, Argyle, Jacksonville Heights/Herlong, Macclenny, unincorporated areas of Clay County south of Green Cove Springs, and in west St. Augustine.
- If people with disabilities were a minority group, they would be the largest minority in North Florida.
- About 26% of non-institutionalized persons aged 21 to 64 years with a disability live in poverty.
- Areas without adequate street lighting leave people confined to their homes for fear of being a crime victim.
- Migrant and seasonal farmworkers are in one of the nation's most dangerous jobs and they have unreliable access to health care services due to transportation and poverty.

Existing Services

- JTA provides fixed route and paratransit services in Duval and Clay Counties.
- Sunshine Bus and NassauTRANSIT provide paratransit services in those counties. These origin-destination transportation services provide significant value in travel time and door-to-door accessibility; however, their costs are several times the cost of public transit and are not affordable for those living in poverty.
- UF Jacksonville and JTA partner to provide Smart Transit for Healthcare to assist expectant mothers and the elderly to improve access to health care and reduce cancelled appointments.
- Several underused charities can assist single parents living in poverty gain access to reliable transportation including Cars for Moms and Free Charity Cars.
- Multiple non-profit and government programs provide food for those in need. More than 70 government programs are available. Additional coordination is needed to balance supply and demand due to changing needs within the community.
- Meals provided through schools may be the primary source of nutritious food for children living in poverty.
- The United Way of Northeast Florida operates 211 services to connect people and service programs to meet their needs, including transportation.
- The City of Jacksonville and JEA have a street lighting program that can be extended into poorly lit areas to improve safety, reduce social isolation, improve physical and mental well-being and increase community pride. No formal programs are known in other areas of the region.

Stakeholder Coordination

The steering committee was developed to guide the inventory of needs, issues, problems and objectives associated with the Ladders of Opportunity. The associations and organizations participating in the committee work closely with the underserved community and have in-depth knowledge about the community. The committee serves to gain insight into the challenges of the underserved community and will guide the data collaboration between the North Florida TPO and organizations that support the underserved. The steering committee will serve as an ongoing committee to promote collaboration between organizations and the community.

Proposed Strategies for Consideration

This is an initial list of the potential strategies. Additional strategies and tactics will be developed with the assistance of the steering committee in the summer and fall of 2020.

To address these needs and build on the existing services identified, we propose the following strategies to improve mobility and enhance the quality of life for our region’s residents. Some of the strategies and tactics may address more than one need. Table 18 summarizes where many of these needs overlap.

Table 18 - Summary of Needs to Access Community Resources by Underserved Population

Community Resources	Households Living in Poverty	Zero-Automobile Households	Limited English Proficiency	Single-Parent Households	Migrant Workers	Elderly	Medically Underserved	Americans with Disabilities
Childcare	X	X	X	X	X			X
Schools	X	X	X	X	X			X
Urgent Care	X	X	X	X	X	X	X	X
Primary Care	X	X	X	X	X	X	X	X
Groceries	X	X	X	X	X	X	X	X
Libraries	X	X	X	X	X	X		X

Coordination of Existing Services

As discussed in prior sections, there are significant existing programs available to assist underserved populations. Many of the agencies that coordinate social services such as United Way’s 211 or the Jacksonville Transportation Authority are not aware of the plethora of services available. The following strategies and tactics are recommended to assist in meeting this need.

1.1 Data Exchange for Coordination of Data on the Underserved

Create a data exchange, targeted dashboards and reporting to assist non-governmental agencies, non-profits and government agencies with easy access to data, maps and analytics. This will improve our region’s competitiveness for grant opportunities; develop greater synergies between agencies; and support evidence-based decision-making in considering new strategies to the address the needs of our community. This data, combined with other stakeholder data in the Integrated Data Exchange, can be used to develop innovative approaches to improve mobility for these communities.

1.2 Agency Coordination - Expanding Existing Forums for Regional Coordination

Continue coordination to grow the stakeholder group for the underserved communities by hosting regular meetings and inviting key organizations is needed to develop the data for inclusion and the targeted dashboards and reporting. Each of the stakeholder organizations has programs to help the underserved communities, but the key is sharing the data gathered with other organizations and companies who can help target and support these areas. For example, health data from one organization can lead a planning department to create more parks and trails in a region that has identified a high rate of childhood obesity. From this data, we can create a baseline, develop performance measures and identify best practices to share with others.

1.3 Empower New Champions

Identify new non-traditional champions from different communities with the help of the stakeholder group. These champions would act as the liaison and voice for these communities. They would help engage the community members and relay that information to decision and policy makers. Meetings involving projects that affect these communities should continue to be planned in easily accessible locations close to the project. For these champions to be successful, they need reliable internet access and a smart device. If they don't have these tools, funding should be provided to ensure effective participation. Working with champions, we can identify the best methods for outreach to understand the social, political and economic state of these areas and those adjacent to it.

1.4 Public Information Campaign

Conduct a public information campaign to make these communities more aware of the numerous programs identified in this study and others. Additional evaluation is needed to determine the specific strategies and tactics to advance.

1.5 Coordination of Demand for Shelters

Provide additional services to assist homeless shelters balance demand between alternate facilities.

Automobile Ownership

Lack of automobile ownership and access is a barrier for economic mobility, access to healthcare, access to healthy foods and other community resources.

2.1 Expand Fixed Route Transit Services

Identify additional fixed route services to provide access for underserved communities.

2.2 Partnerships for Shared-Ownership of Vehicles

Evaluate opportunities to provide partnerships and incentives for shared-ownership vehicles such as Zipcar that include insurance, theft protection and financial access for the cash-dependent. These shared-ownership vehicle services may avoid some neighborhoods because of perceptions of crime and low demand. When incentives, additional insurance and cash-dependent access are made available, the demand for these services may increase. These programs offer subscription fees as low as \$70 per month plus per hour use fees making infrequent use of vehicles for medical care and shopping more affordable.

2.3 Promote Charity Engagement in Providing Automobiles

Promote existing charities that assist single parents with owning vehicles. Cars for Moms and Free Charity Cars provide free cars for underserved populations. These are programs are not well known.

2.4 Incentivize TNCs

Provide incentives to make TNCs (such as Uber and Lyft) more affordable, enhance services in underserved communities, allow cash payments and reduce costs in underserved areas. Several programs exist but are underutilized.

Barriers for LEP Travelers

In addition to the challenges with access existing services and automobile ownership identified above, LEP travelers have additional barriers in effective communication and understanding of opportunities. In addition to the needs above, the following strategy is also proposed.

3.1 Enhance Multilingual Services

Expand access and reduce barriers for the LEP travelers by providing bilingual or multilingual assistance. Special considerations may be needed for neighborhoods or migrant and seasonal workers.

Medically Underserved

The medically underserved's primary barrier to medical care in rural and urban areas is the lack of mobility. Without access to effective medical care the societal costs, life span and quality of life for our residents is negatively impacted. In addition to the strategies above, the following strategies are proposed to assist this underserved population.

4.1 Enhance Mobility Services to Reduce Appointment Cancellations

Continue to partner with local hospitals to provide on-demand transit services to all segments of the disadvantaged and underserved populations for preventative and emergency health care. Several initiatives are ongoing, and the lessons learned from those programs can be used to develop strategies to advance.

4.2 Provide Mobility for Remote Care

Provide health care to the community on site as opposed to requiring the populations to travel to existing facilities will result in improved care and reduce societal costs of using emergency services for preventative or other non-urgent care.

Single-parent Households

Single-parent Households have unique needs associated with not only effective accessibility to services but also to the timeliness of working parents in providing services to children.

5.1 Improve Access to Community Resources

Target mobility programs to assist single Black mothers, the most economically challenged demographic segment in the region, to improve access to jobs, healthcare and social services.

5.2 Expand Fixed Route Transit Services

Identify additional fixed route services to provide access for underserved communities.

5.3 Incentivize Shared-Ownership of Vehicles

Evaluate opportunities to provide partnerships and incentives for shared-ownership vehicles such as Zipcar that include insurance, theft protection and financial access for the cash-dependent. These shared-ownership vehicle services may avoid some neighborhoods because of perceptions of crime and low demand. When incentives, additional insurance and cash-dependent access are made available, the demand for these services may increase.

5.4 Incentivize TNCs

Provide incentives for TNCs to enhance services, allow cash payments and reduce costs in underserved areas. Several programs exist but are underutilized.

Food Insecurity

Food insecurity is one of the greatest health problems and costs of this generation. Mobility options for access to foods and for bringing foods to these communities are essential needs.

6.1 Access to Free Food Programs

Partner with the school districts to provide bus service during the summers to enhance student access to the free breakfast and lunch programs.

6.2 Expand Fixed Route Transit Services

Identify additional fixed route services to provide access for underserved communities.

6.3 Incentive Mobility for Food Delivery

Evaluate opportunities to provide partnerships and incentives for shared-ownership vehicles such as Zipcar that include insurance, theft protection and financial access for the cash-dependent. These shared-ownership vehicle services may avoid some neighborhoods because of perceptions of crime and low demand. When incentives, additional insurance and cash-dependent access are made available, the demand for these services may increase.

6.4 Incentivize TNCs

Provide incentives for TNCs to enhance services, allow cash payments and reduce costs in underserved areas. Several programs exist but are underutilized.

6.5 Incentivizing Feed Delivery Services by Community Resources

Provide shared resources, such as delivery vans, to support the community resources and non-governmental agencies to deliver healthy foods to these communities.

Americans with Disabilities

Continue to target mobility solutions to improve access and quality of life for the disabled in the region. Significant investments are already being made in these areas through the JTA and other transportation for the disadvantage service providers.

7.1 Coordinate Mobility Services for Americans with Disabilities

Continue to target mobility solutions to improve access and quality of life for the disabled in the region. Significant investments are already being made in these areas through the JTA and other transportation for the disadvantage service providers.

7.2 Expand Fixed Route Transit Services

Identifying additional fixed route services to provide access for underserved communities.

Public Safety and Infrastructure

Outreach with communities and coordination with the local jurisdictions to identify needs for street lighting in poorly lit neighborhoods. The lack of confidence for some populations to leave their homes to access social services, jobs and health care is a barrier to them receiving the services need.

8.1 Investigate Human Factors in Design

Investigate the human factors in transportation design and infrastructure. For instance, how does the user interface function for customer experiences (such as bus stop information, roadway signage, traffic reporting)? How is traffic controlled in these areas and what improvements can be made? Look at the history and age of these existing projects, see if they are well-maintained and identify any funding available to bring innovative improvements to areas in need.

8.2 Mainstreaming Design Improvements

Develop “use cases” to address the needs of underserved population groups in transportation project development. These “use cases” should identify the need of the underserved and create performance-based goals and solutions to help the underserved.

8.3 Bicycle and Pedestrian Enhancements

Enhance outreach with communities and coordination with the local jurisdictions to identify needs for street lighting in poorly lit neighborhoods. Invest in lighting for existing sidewalks and construction of new sidewalks and bicycle lanes to meet transit access, and access to important community resources such as hospitals, schools and employment centers. There are significant gaps and lack of continuity in disadvantaged and underserved areas.

Summary of Strategies

Table 19 provides a summary of the proposed strategies within each of the underserved populations.

Table 19 - Summary of Proposed Strategies and Tactics

Primary Need/Strategies	Households Living in Poverty	Zero-Automobile Households	Limited English Proficiency	Single-Parent Households	Migrant Workers	Elderly	Medically Underserved	Food Insecure	Americans with Disabilities
Coordination									
1.1 Implement Data Exchange	X	X	X	X	X	X	X	X	X
1.2 Enhance Agency Coordination	X	X	X	X	X	X	X	X	X
1.3 Identify New Champions	X	X	X	X	X	X	X	X	X
1.4 Conduct Marketing Campaign	X	X	X	X	X	X	X	X	X
1.5 Balance Demand for Shelters	X				X				
Lack of Automobility Ownership									
2.1 Expand Fixed Route Services	X	X	X	X	X	X	X	X	
2.2 Incentivize Shared ownership		X						X	
2.3 Promote Carpooling	X	X		X	X				
2.4 Promote Vehicle Donations		X							
2.5 Incentivize TNCs	X	X	X	X	X	X	X	X	
LEP Communities									
3.1 Enhance Multilingual Services			X						
Medically Underserved									
4.1 Reduce Appointment Cancellations							X		
4.2 Incentivize Mobility for Remote Care	X	X	X	X	X	X	X	X	X
Single-parent Households									
5.1 Improve Access to Community Resources	X	X	X	X	X	X		X	X
5.2 Expand Fixed Route Services	X	X	X	X	X	X	X	X	
5.3 Incentivize Shared ownership								X	
5.4 Incentivize TNCs								X	
Food Insecure									
6.1 Access to Free Food Programs								X	
6.2 Expand Fixed Route Services	X	X	X	X	X	X	X	X	
6.3 Incentivize Shared ownership								X	
6.4 Incentivize TNCs								X	
6.5 Incentivize Mobility for Food Delivery	X	X	X	X	X	X	X	X	X
Americans with Disabilities									
7.1 Coordinate Mobility Services									X
7.2 Expand Fixed Route Services	X	X	X	X	X	X	X	X	X
Public Safety									
8.1 Investigate Human Factors in Design	X	X	X	X	X	X	X	X	X
8.2 Mainstream Design Improvements	X	X	X	X	X	X	X	X	X
8.3 Implement Enhancements	X	X	X	X	X	X	X	X	X

Next Steps

This is an interim report that documents the progress toward completion of the project in fiscal year 2019/20. The COVID epidemic impacted the ability of the North Florida TPO to complete outreach in 2020 and finalize an action plan. The project is scheduled to be completed in the fall of 2020.

This section will be completed once consensus is achieved by working with the steering committee.