

Adolescent Health



A Data Report on Children in Transition



Adolescent Health: Children in Transition

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Purpose of Report

As young people transition from childhood to adolescence, more prominent health behavior patterns are established. Some of these behaviors, such as poor nutrition and lack of physical activity, are often carried forth into adulthood leading to a lifestyle that contributes to many of the chronic diseases that plague our society today, including obesity, diabetes and heart disease. This transition into adolescence also prompts an increase in risky behavior which often leads to increases in motor vehicle accidents, violence, unprotected sexual activity and drug and alcohol use¹ (see Figure 1). As part of the National Initiative to improve adolescent health by the year 2010, the Centers for Disease Control and Prevention (CDC) and the Health Resources and Services Administra-

tion (HRSA) have identified six critical health behaviors for adolescents including alcohol and drug use, injury and violence (including suicide), tobacco use, nutrition, physical activity, and sexual risk behaviors². Each of these health behaviors include a number of crucial indicators that are measurable and in turn used to assess status and progress.

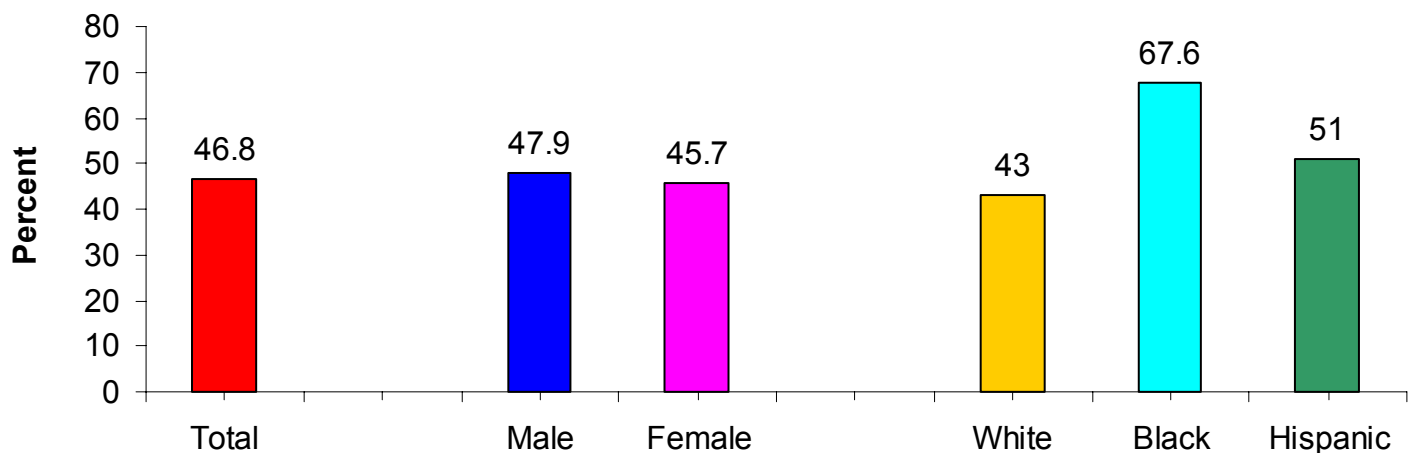
Adolescents are influenced by various levels and types of interpersonal relationships, which in turn all contribute to an adolescent's health and well-being¹. Because of this complex system of adolescent influences, developing comprehensive approaches and interventions to promote adolescent health is often difficult. In addition, adolescent health is also

influenced by a wide array of socio-economic factors, such as education and poverty, which are factors that required more primary intervention techniques that can lead to societal and environmental changes, often resulting from policy change. Addressing these factors is challenging, costly and time consuming and require many levels of decision making. In order to address adolescent health issues, surveillance of adolescent health indicators is necessary for planning, program implementation, evaluation and policy change.

This report attempts to provide data and insight into the variety of factors influencing adolescent health in Duval County. This report defines adolescents as those

(continued on page 4)

Figure 1 Percentage of High School Students Who Ever Had Sexual Intercourse, by Sex and Race/Ethnicity,* 2005



Sources: National Behavior Risk Factor Surveillance System Survey, Centers for Disease Control and Prevention, 2005
 Recreated by: Institute for Health, Policy and Evaluation Research, November 2006

Purpose of Report (continued from page 3)

ages 10-19. The report also distinguishes between the age groups 10-14 and 15-19 where data is available. This report will focus on specific data related to health and demographic indicators. Three year death rate averages for adolescents age 10-19 in Duval County have been higher than Florida in 12 of the last 14 three-year intervals. In addition, these averages were also higher than the national average in 9 out of the 12 intervals measured (see Figure 2.) Duval County is a very diverse community that warrants addressing specific issues at the sub-community level. This report uses the “Health Zones” created by the Duval County Health Department to provide a more de-

tailed analysis of the community, using geographic boundaries that are large enough to provide statistically reliable data but that also provide insights into the differences within the city. These “Health Zones” facilitate the comparison of parts of the city and an analysis of each of these parts to the county as a whole³.

This report uses a variety of data sources, such as vital statistics, Census Bureau, and the Bureau of STD Prevention and Control to obtain detailed information for adolescent health. However, data on specific health behaviors, many of which are linked to chronic disease in adulthood, is not available at the local level. The Youth Risk Behav-

ior Surveillance System is an instrument created by the Centers for Disease Control to measure these types of behaviors⁴. This instrument is administered at the state and national level but is not currently being administered at the county level for surveillance.

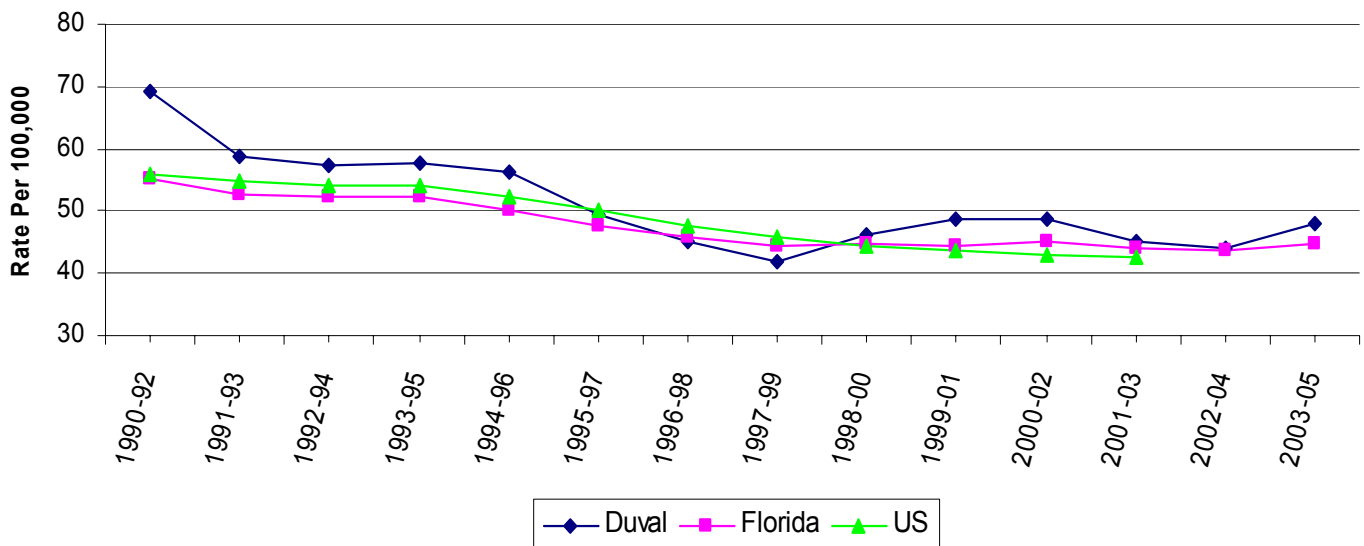
Sources:

¹<http://www.cdc.gov/healthyouth/adolescenthealth/index.htm>

²Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion. Improving the Health of Adolescents & Young Adults: A Guide for States and Communities. 2004

³Institute for Health, Policy and Evaluation Research, Center for Health Statistics Report, Jacksonville’s Child, Volume 3, Issue 3, September, 2004.

Figure 2 **Death Rates for Ages 10-19, US, Florida and Duval County, 1990-2005**



Sources: Florida Department of Health, Office of Vital Statistics, 1990-2005; National Center for Health Statistics, CDC, 1990-2005
 Prepared by: Institute for Health, Policy and Evaluation Research, November 2006
 *US data is not available for 2004 and 2005

Data Report Card: Indicators of Adolescent Health U.S., Florida and Duval County

Obj #	Objective	U.S. (2005)	FL (2005)	Duval (2005)	2010 Target
Adolescent Health					
16-3a	Reduce deaths of adolescents and young adults ages 10-14. (Rate Per 100,000)	19.1 ¹ (2003)	18.7 ²	21.2 ² (2003-05)	16.5
16-3b	Reduce deaths of adolescents and young adults ages 15-19. (Rate Per 100,000)	66.4 ¹ (2003)	74.4 ²	84.8 ²	39.8
Access to Quality Health Services					
1-1a	Increase in proportion of adolescents with health insurance (ages 10-18).	DNA	14.1 ³ (2004)	11.8 ³ (2004)	TNA
Education and Community-Based Programs					
7-1	Increase high school completion.	87% ⁴ (2001)	71.9% ⁵	65.5% ⁵	90%
7-4	Increase the proportion of the Nation's elementary, middle, junior high, and senior high schools that have a nurse-to-student ratio of at least 1:750.	53% ⁶ (2000)	NA	1:3000 ⁵	50%
Family Planning					
9-7	Reduce pregnancies among adolescent females ages 15-17. (Rate per 1000 live births)	54 ⁷ (2000)	21.8 ²	25.0 ²	43
Injury and Violence Prevention					
15-12a	Reduce hospital emergency department visits caused by injuries (ages 10-14).	DNA	43.6% ⁸	45.3% ⁸	TNA
15-12b	Reduce hospital emergency department visits caused by injuries (ages 15-19).	DNA	34.1% ⁸	32.4% ⁸	TNA
15-13a	Reduce deaths caused by unintentional injuries (ages 10-14). (Rate per 100,000)	DNA	5.9 ²	8.3 ² (2000-05)	TNA
15-13b	Reduce deaths caused by unintentional injuries (ages 15-19). (Rate per 100,000)	DNA	43.5 ²	40.7 ²	TNA
15-15a	Reduce deaths caused by motor vehicle crashes (ages 10-19). (Rate per 100,000)	DNA	18.5 ²	21.6 ²	TNA

Data Report Card: Indicators of Adolescent Health U.S., Florida and Duval County

Obj #	Objective	U.S. (2005)	FL (2005)	Duval (2005)	2010 Target
Injury and Violence Prevention (continued)					
15-38	Reduce physical fighting among adolescents (grades 9-12).	33% ⁹ (2003)	30% ¹⁰	DNA	36%
15-39	Reduce weapon carrying by adolescents on school property (grades 9-12).	6.1% ⁹ (2003)	4.76% ¹⁰	DNA	6.5%
Mental Health and Mental Disorders					
18-1	Reduce the suicide rate (age 10-19). (Rate Per 100,000)	1.2 (age 10-14) 7.3 (age 15-19) ¹ (2002)	4.3 ²	3.6 ² (2000- 05)	TNA
18-2	Reduce the rate of suicide attempts by adolescents (based on hospital data (grades 9-12)).	2.3% ⁹	2.7% ¹⁰	DNA	1.0%
Nutrition and Overweight					
19-3b	Reduce the proportion of adolescents who are overweight or obese (ages 12-19).	16% ¹¹ (2002)	12.1% ¹¹	DNA	5%
Physical Activity and Fitness					
22-6	Increase the proportion of adolescents who engage in moderate physical activity for at least 30 minutes on 5 or more of the previous 7 days (grades 9-12).	27% ⁹	20.7% ¹⁰	DNA	35%
22-7	Increase the proportion of adolescents who engage in vigorous physical activity that promotes cardio respiratory fitness 3 or more days per week for 20 minutes per occasion (grades 9-12).	64% ⁹	60.2% ¹⁰	DNA	85%
22-9	Increase the proportion of adolescents who participate in daily school physical education (grades 9-12).	33% ⁹	25.3% ¹⁰	DNA	50%
Respiratory Diseases					
24-1a	Reduce asthma deaths (ages 10-19).	DNA	DSU ²	DSU ² (2000- 05)	TNA
24-2a	Reduce hospitalizations for asthma (ages 10-14).	DNA	4.4% ¹²	3.8% ¹²	TNA
24-2b	Reduce hospitalizations for asthma (ages 15-19).	DNA	0.9% ¹²	1.0% ¹²	TNA

Data Report Card: Indicators of Adolescent Health U.S., Florida and Duval County

Obj #	Objective	U.S. (2005)	FL (2005)	Duval (2005)	2010 Target
Respiratory Diseases (continued)					
24-3a	Reduce hospital emergency department visits for asthma (ages 10-14).	DNA	2.4% ⁸	3.1% ⁸	TNA
24-3b	Reduce hospital emergency department visits for asthma (ages 15-19).	DNA	1.3% ⁸	1.2% ⁸	TNA
Sexually Transmitted Diseases and HIV					
25-1	Reduce the proportion of adolescents and young adults with Chlamydia Trachomatis infections (ages 15-24).	6.9% ¹³ (2004)	1.3% ¹⁴	2.7% ¹⁴	3.0%
25-2a	Reduce new gonorrhea cases among adolescents (ages 15-24). (Rate Per 100,000)	463 ¹³ (2004)	464.8 ¹⁴	447.2 ¹⁴	TNA
25-3a	Eliminate sustained domestic transmission or primary and secondary syphilis cases (ages 10-19).	DNA	101 ¹⁴	< 20 ¹⁴	TNA
13-5	Reduce the number of cases of HIV infection among adolescents (ages 10-19).	DNA	< 20 ¹⁴	<5 ¹⁴	TNA
Substance Abuse					
26-6	Reduce the proportion of adolescents who report that they rode, during the previous 30 days, with a driver who had been drinking alcohol (grades 9-12).	28% ⁹	27.2% ¹⁰	DNA	30%
26-10a	Increase the proportion of adolescents not using alcohol or any illicit drugs during the past 30 days (ages 12-17).	78% ¹¹⁵ (2003)	DNA	DNA	91%
Tobacco Use					
27-2b	Reduce cigarette use by adolescents (grades 9-12).	23% ⁹	17.2% ¹⁰	DNA	16%

Sources:¹National Vital Statistics System, Mortality, CDC, NCHS, 2000-2005²Florida Department of Health, Office of Vital Statistics, 2000-2005³Florida Health Insurance Study, 2004⁴US Department of Commerce, Census Bureau, 2001⁵Duval County School System and State of Florida Education Department, 2005⁶School Health Policies and Programs Study, CDC, NCHS, 2000⁷National Survey of Family Growth, CDC, NCHS, 2000⁸Agency for Health Care Administration, Emergency Room, 2005⁹US Youth Risk Behavior Survey, 2005¹⁰Florida Youth Risk Behavior Survey, 2005¹¹National Health & Nutrition Examination Survey, CDC, NCHS, 2002¹²Agency for Health Care Administration, In-Patient Hospitalization, 2005¹³National Center for HIV, STD and TB Prevention, Division of STDs

CDC, 2001

¹⁴Florida Department of Health, Bureau of STD Prevention and Control, 2005¹⁵National Survey on Drug Use and Health, SAMHSA, 2003

*Claritas, Population Data

*Healthy People 2010

NA = Not Applicable

DNA = Data Not Available

TNA = Target Not Available.

DSU = Data Statistically Unreliable

Data Report Card Overview

The data report card provides an overall comparison between local, state, and national data for heart disease, stroke, and related risk factors for Healthy People 2010 objectives. A majority of the objectives were identified as part of the National Initiative to Improve Adolescent Health by the Year 2010, facilitated by the CDC and HRSA. The objectives shown are those for which data could be obtained.

Data shows that the death rate among adolescents ages 10-14 was 13.4% higher than the state rate and 11% higher than the national rate. A three year average was used to obtain the Duval County rate to increase statistical reliability. The death rate for ages 15-19 was 84.8 per 100,000, 14% and 27.7% higher than the Florida and the nation, respectively. This rate is also more than double the Healthy People 2010 target.

Adolescents age 10-18 who had health insurance in Duval County was 16% lower than Florida. Comparable national data was not available for this age group; however, data from the National Health Interview Survey, 2005, showed that 8.9% of those under the age of 18 did not have health insurance.

The percentage of those completing High School for Duval (65.5%) and Florida (71.9%) was well below the national percentage (87%). The national percentage has almost met the Healthy People 2010 target of

90% but Duval remains 27% lower than the target.

Duval County has shown significant improvements over the past 10 years in terms of teen birth rates among females age 15-17. The Duval County teen birth rate was 54% lower than the national rate and 42% lower than the Healthy People 2010 target.

Unintentional injuries was the leading cause of death for ages



10-14 (8.3 per 100,000) and ages 15-19 (40.7 per 100,000). Almost one quarter of all deaths for ages 10-19 were due to motor vehicle crashes. All of these rates are higher than the state rates. In addition, a large percent of emergency room visits for these age groups were due to injuries. Deaths from suicide among adolescents ages 10-19 was 16% lower than Florida.

The Duval County rate was based on a 6 year average to increase statistical reliability.

The rate for asthma deaths among Duval County adolescents was statistically unreliable and therefore not reported. Asthma related hospitalizations was lower than Florida for ages 10-14 but higher than Florida for the 15-19 age group. Asthma related emergency room visits for 10-14 year olds was higher than Florida but slightly lower than Florida for the 15-19 age group.

Data shows that Duval County was better than the nation for Chlamydia Trachomatis infections for ages 15-24. However, Florida was 52% lower in infection rates than Duval County but both Duval County and Florida have met the Healthy People 2010 target. There were 1,299 Gonorrhea cases in Duval County in 2005, which makes up 12% of all Gonorrhea cases in the state. Duval County was below the national rate of 463 cases per 100,000. Florida was slightly above the national rate with 464 cases per 100,000.

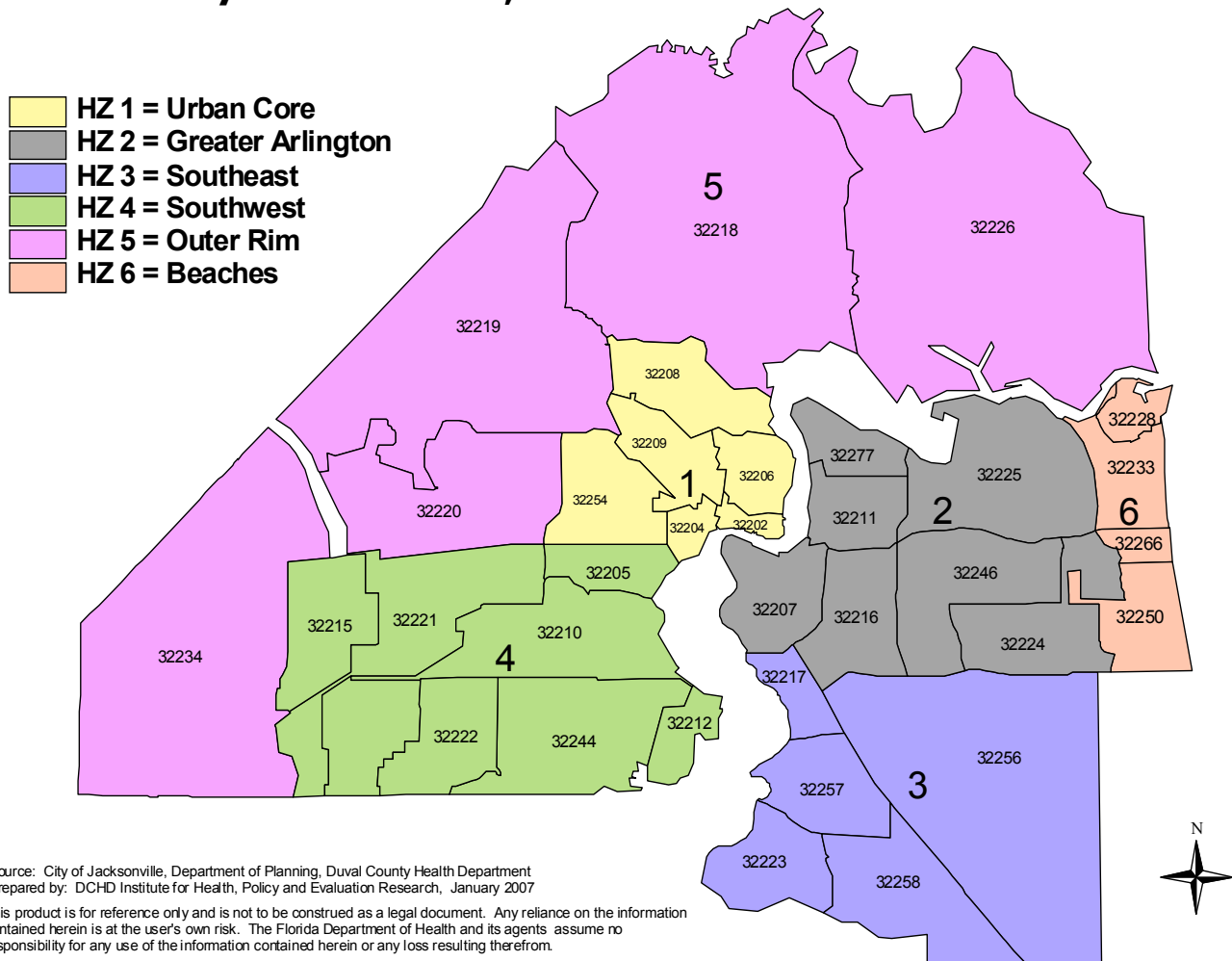
A majority of health behaviors are not reported for Duval County as local data are not available. However, in terms of health behavior rates for overweight, physical activity, violence, and substance abuse among adolescents, Florida is lower than the nation and the Healthy People 2010 target.

Duval County Intra-City Comparison

Duval County is located on the northeast coast of Florida. It is a very large (over 840 square miles) and diverse area, boasting a population of over 850,000. Since Duval County is so vast and diverse, the county was divided into six health zones. The zones were created to increase statistical reliability of zip code data, for more targeted program planning, for more practical surveillance of health indicators, and to insure confidentiality of data. These zones are based on geographical locations/barriers (river, ocean) and similar demographics (i.e. rural, urban). The health zones are made up of zip codes, in which all zip codes are mutually exclusive. Below is a map that depicts Duval County and its Health Zones.

Note: In this report, Jacksonville and Duval County are used interchangeably. In 1968 the city of Jacksonville and Duval County consolidated its governments.

Duval County Health Zones, 2007



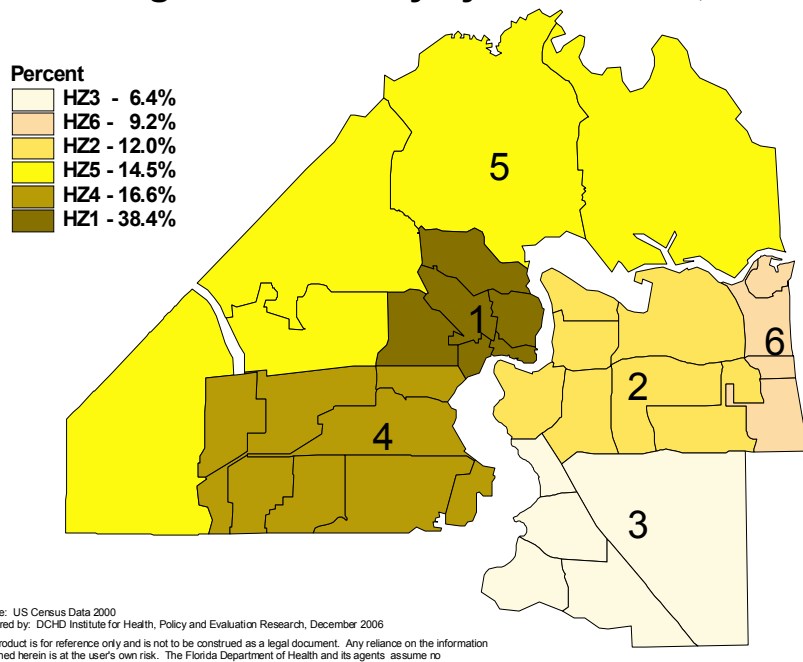
Source: City of Jacksonville, Department of Planning, Duval County Health Department
 Prepared by: DCHD Institute for Health, Policy and Evaluation Research, January 2007
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Demographic Profile: Florida vs. Duval County

DEMOGRAPHIC MEASURES					
Population – 2005 ¹	Duval	Florida	Gender (Ages 10-19) – 2005 ¹	Duval	Florida
Total	850,251	18,018,497	Male	51.3%	51.0%
<5	7.1%	6.0%	Female	48.7%	49.0%
5-9	7.0%	6.1%	Socio-Economic Status—2005²		
10-14	7.2%	6.5%	Average Median Family Income	\$44,740	\$50,465
15-19	7.0%	6.5%	Percent of Population Below Poverty	9.3%	9.7%
20-24	6.9%	6.4%	Percent of Children (<18) Below Poverty	15.4%	17.9%
25-64	54.1%	51.4%	Unemployment	4.8%	5.1%
65+	10.7%	17.0%	Education – 2005³		
Race (Ages 10-19) – 2005¹			High School Graduates*	65.5%	71%
White	55.6%	74.2%	FCAT Average Scores (middle)	388.4	408.4*
Non-White	44.4%	25.9%			
			FCAT Average Scores (high)	341.7	408.4*

In 2005, Duval County had an estimated population of over 813,000 of which 55.6% were white and 44.4% were non-white. Over half of the population was between the ages of 25 and 64 with 35.2% under the age of 24 years. More than half (51.3%) of the population was male, with 48.7% being female. According to the 2005 American Community Survey the median family income in Duval County was \$44,740 and an estimated 9.3% of the population lived below poverty. In addition, 15.4% of children under 18 years lived below poverty (see Figure 3).

Figure 3
Percent of Children under the Age of 18 Living Below Poverty by Health Zone, 2000



Source: US Census Data 2000
 Prepared by: DCHD Institute for Health, Policy and Evaluation Research, December 2006
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Health Profile: Florida vs. Duval County

Heart disease and cancer (diseases frequently caused by behaviors established in childhood/adolescent) were the top two causes of mortality for Duval County. This was consistent with the leading causes of death for the U.S. and Florida. Additional notable chronic disease deaths included stroke and diabetes. Other health issues affecting Duval County were the percent of hospitalizations due to unintentional injuries for ages 10-19, teen birth rates for females ages 15-19, percent of no prenatal care by females ages 15-19 and high STD rates among 15-24 year olds, which was more than half the rate of Florida. The table on page 12 compares child indicators by health zones; similar to the indicators used to compare the U.S., Florida and Duval County (pages 5-7).

HEALTH MEASURES					
Hospitalization and Emergency Room Visits (Age 10-14) – 2005 ^{6,7}	Duval	Florida	Cause of Death Age Adjusted Rate per 100,000 (all ages) ⁴	Duval	Florida
Percent of Emergency Room visits	4.6%	4.6%	Heart Disease ⁺	213.8	186.2
Percent of Hospitalizations	0.9%	1.0%	Cancer ⁺	207.3	172.1
Percent of Emergency Room visits due to unintentional injuries	45.3%	42.3%	Stroke ⁺	47.4	37.6
Percent of Hospitalizations due to unintentional injuries	13.8%	12.9%	Diabetes-related ⁺	32.4	21.9
Hospitalization and Emergency Room Visits (Ages 15-19) - 2005^{6,7}			HIV/AIDS ⁺	13.2	9.6
Percent of Emergency Room visits	7.7%	7.3%	Homicide ⁺	11.7	5.8
Percent of Hospitalizations	3.0%	2.6%	Family Planning – 2005⁴		
Percent of Emergency Room visits due to unintentional injuries	30.3%	31.5%	Teen Births per 1,000 Live Births (Age 15-19)	49.5	41.9
Percent of Hospitalizations due to unintentional injuries	10.1%	8.6%	Percent No Prenatal Care by Teens (Age 15-19)	4.4%	2.6%
Cause of Death Rate per 100,000 (Ages 10-19)⁴			Sexually Transmitted Diseases (Ages 15-24) – 2005⁵		
All Causes (Ages 10-19)	48.4	56.3			
Unintentional Injury (Ages 10-19)	22.3	25.2	STD Rate Per 100,000	3875.8	1866.4
Suicide (Ages 10-19)	3.5	4.3			

*The graduation rate on page 10 is calculated by the FDOE as follows: the count of students who graduated (received a diploma) divided by the number of first-time 9th graders from 4 years prior to the year of inquiry plus incoming transfer students on the same schedule minus any of this combined population who transferred out of district.

**Refer to page 34 for sources for Community Profile by Health Zone

⁺These diseases are frequently caused by behaviors that are established in childhood

Child Indicators Health Zone Comparisons

Objective	Health Zone 1	Health Zone 2	Health Zone 3	Health Zone 4	Health Zone 5	Health Zone 6
Adolescents						
Death Rate All Causes (Ages 10-19) - 2000-2005 Rate Per 100,000 ¹	64.6	34.4	45.0	50.4	48.8	DSU
Percent of Emergency Room visits (Ages 10-14) - 2005 ²	4.6%	4.4%	4.6%	4.7%	5.1%	4.2%
Percent of Hospitalizations (Ages 10-14) - 2005 ³	0.8%	0.9%	0.9%	0.9%	0.8%	0.6%
Percent of Emergency Room visits due to injuries (Ages 10-14) - 2005 ²	37.6%	47.9%	54.8%	45.2%	45.4%	54.1%
Percent of Hospitalizations due to injuries (Ages 10-14) - 2005 ³	13.1%	9.3%	10.9%	21.4%	15.6%	14.6%
Percent of Emergency Room visits (Ages 15-19) - 2005 ²	8.5%	7.5%	6.9%	7.7%	8.1%	7.2%
Percent of Hospitalizations (Ages 15-19) - 2005 ³	3.6%	2.7%	2.2%	3.3%	3.2%	1.9%
Percent of Emergency Room visits due to injuries (Ages 15-19) - 2005 ²	26.3%	35.5%	42.5%	31.4%	32.7%	35.9%
Percent of Hospitalizations due to injuries (Age 15-19) - 2005 ³	9.1%	8.6%	11.2%	11.3%	10.1%	10.5%
STD Rate (Ages 15-24) - 2005 Rate Per 100,000 ⁴	10182.6	2960.7	1298.2	3835.9	3026.5	1453.4
Family Planning						
Teen Births per 1,000 Live Births (Ages 15-19) - 2005 ¹	87.8	37.1	27.7	59.2	56.8	29.9
Percent No Prenatal Care by teens (Ages 15-19) - 2005 ¹	7.3%	4.0%	2.5%	4.1%	4.4%	3.4%
Economic						
Average Median Family Income (1999) ⁵	\$28,307	\$51,018	\$63,563	\$43,265	\$47,276	\$51,402
Percent of Poverty (1999) ⁵	28.0%	8.8%	5.3%	11.7%	10.8%	7.3%
Percent of Children (<18 Below Poverty) ⁵	38.4%	12.0%	6.4%	16.6%	14.5%	9.2%
Percent of Unemployment (1999) ⁵	9.9%	4.3%	3.4%	4.2%	5.1%	3.4%
Education						
Percent High School Graduates ^{*6}	64%	59%	77%	53%	63%	72%
FCAT Average Scores ⁸ (middle) - 2005 ⁶	407.8	361.5	423	379.8	328	421
FCAT Average Scores ⁸ (high) - 2005 ⁶	370.7	360.8	372.5	298	319	401

Sources:¹National Vital Statistics System, Mortality, CDC, NCHS, 2000-2005²Agency for Health Care Administration, Emergency Room, 2005³Agency for Health Care Administration, In-Patient Hospitalization, 2005⁴Florida Department of Health, Bureau of STD Prevention and Control⁵U.S. Census Bureau, 1999, 2000⁶Duval County School System and State of Florida Department of Education (FDOE), 2005

*The graduation rate is calculated by the FDOE as follows: the count of students who graduated (received a diploma) divided by the number of first-time 9th graders from 4 years prior to the year of inquiry plus incoming transfer students on the same schedule minus any of this combined population who transferred out of district.

Note: Current social-economic, household and education data (2005) were available at the state and county level but not at the health zone level. Consequently, when comparing the state or county with health zones, 1999 or 2000 data were used.

Health Zone 1 Community Profile

Health Zone 1, considered the 'urban core' of the city, is located in the heart of Duval County and is made up of six zip codes (32202, 32204, 32206, 32208, 32209 and 32254).

In 2005, Health Zone 1 had an estimated population of 127,512 with 47% being male and 53% being female. Approximately 62% of this population was below the age of 45. Health Zone 1 was primarily African American with 83% being non-white. According to the 2000 U.S. Census, the average median family income was \$28,307 and an estimated 38.4% of children lived below poverty level.

Adolescents, ages 10-19 made up 15.9% of the population in Health Zone 1. Deaths from all causes for this age group were 33% higher in Health Zone 1 than Duval County. The STD rate for Health Zone 1 was extremely high with a rate of 10182.6 per 100,000 for ages 15-24. Teen pregnancy in Health Zone 1 was the highest of all the zones, with a rate of 87.8, which was 77% higher than Duval County. In addition, unintentional injury was the leading cause of death for adolescents in Health Zone 1 and was also a major reason for hospitalization and emergency room visits. Homicide was the second leading cause of death for ages 10-19 with a rate of 20.4 per 100,000.

DEMOGRAPHIC MEASURES					
Population – 2005 ¹	Duval	Health Zone 1	Gender (Ages 10-19) – 2005 ¹	Duval	Health Zone 1
Total	850,251	127,512	Male	51.3%	50.9%
<5	7.1%	6.9%	Female	48.7%	49.1%
5-9	7.0%	6.9%	Socio-Economic Status -1999²		
10-14	7.2%	7.8%	Average Median Family Income	\$40,703	\$28,307
15-19	7.0%	8.1%	Percent of Population Below Poverty	11.9%	28.0%
20-24	6.9%	7.3%	Percent of Children (<18) Below Poverty	16.8%	38.4%
25-64	54.1%	48.5%	Unemployment (2000)	4.8%	9.9%
65+	10.7%	14.5%	Education – 2005³		
Race (Ages 10-19) – 2005¹			High School Graduates *	60.5%	64.0%
White	55.6%	9.0%	FCAT Average Scores (middle)	388.4	407.8
Non-White	44.4%	91.0%	FCAT Average Scores (high)	341.7	370.7

*The graduation rate is calculated by the FDOE as follows: the count of students who graduated (received a diploma) divided by the number of first-time 9th graders from 4 years prior to the year of inquiry plus incoming transfer students on the same schedule minus any of this combined population who transferred out of district.

**Refer to page 34 for sources for Community Profile by Health Zone

Note: Current social-economic, household and education data (2005) were available at the state and county level but not at the health zone level. Consequently, when comparing the state or county with health zones, 1999 or 2000 data were used.

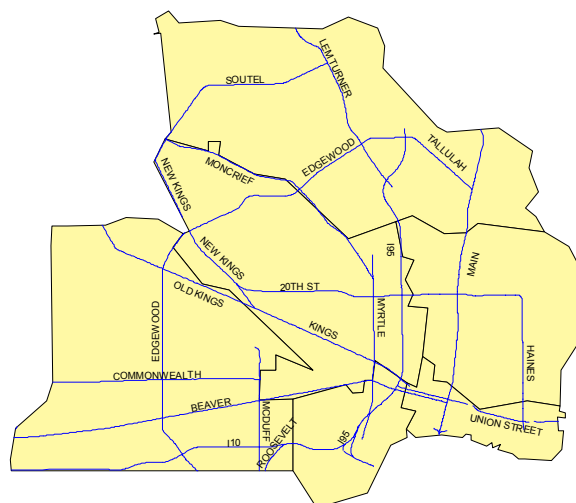
Health Zone 1 Community Profile

HEALTH MEASURES					
Family Planning (Ages 15-19) 2005 ⁴	Duval	Health Zone 1	Hospitalization and Emergency Room Visits (Ages 10-14) – 2005 ^{6,7}	Duval	Health Zone 1
Teen Births per 1,000 Live Births	49.5	87.8	Percent of Emergency Room visits	4.6%	4.6%
Percent No Prenatal Care by teens	4.4%	7.3%	Percent of Hospitalizations	0.9%	0.8%
Cause of Death Rate per 100,000 (Ages 10-19) 2000-2005⁴			Percent of Emergency Room visits due to injuries	45.3%	37.6%
All Causes	48.4	64.6	Percent of Hospitalizations due to injuries	13.8%	13.1%
Unintentional Injury	22.3	20.4	Hospitalization and Emergency Room Visits (Ages 15-19) – 2005^{6,7}		
Homicide	8.6	20.4	Percent of Emergency Room visits	7.7%	8.5%
Suicide	3.5	DSU	Percent of Hospitalizations	3.0%	3.6%
Cancer	3.4	DSU	Percent of Emergency Room visits due to injuries	30.3%	26.3%
Sexually Transmitted Diseases (Ages 15-24)-2005⁵			Percent of Hospitalizations due to injuries	10.1%	9.1%
STD Rate Per 100,000	3875.8	10182.6			

Health Zone 1

- 32202
- 32204
- 32206
- 32208
- 32209
- 32254

Major Highways in Health Zone 1
Health Zone 1



Health Zone 2 Community Profile

Health Zone 2 is located south and east of the St. Johns River, in the middle part of Duval County and is made up of seven zip codes (32207, 32211, 32216, 32224, 32225, 32246 and 32277). Its eastern border is the intercoastal waterway. This is the most populated of the health zones.

In 2005, Health Zone 2 had an estimated population of 262,842 with 48% being male and 52% being female. Approximately 67% of this population was below the age of 45. Health Zone 2 was primarily a white population with 70% and 30% being non-white. According to the 2000 U.S. Census, the average median family income was \$51,018 and an estimated 12.0% of children lived below poverty level. The graduation rate in Health Zone 2 was 59%, the second lowest of all the health zones and 10% lower than Duval County.

Adolescents, ages 10-19 made up 14% of the population in Health Zone 2. Deaths from all causes for this age group were 28.9% lower in Health Zone 2 than Duval County. In addition, unintentional injury was the leading cause of death for adolescents in Health Zone 2 and also a major reason for hospitalization and emergency room (ER) visits. The percent of ER visits due to injuries were higher in Health Zone 2 than Duval County.

DEMOGRAPHIC MEASURES					
Population – 2005 ¹	Duval	Health Zone 2	Gender (Ages 10-19) – 2005 ¹	Duval	Health Zone 2
Total	850,251	127,512	Male	51.3%	51.2%
<5	7.1%	7.5%	Female	48.7%	48.8%
5-9	7.0%	7.3 %	Socio-Economic Status -1999²		
10-14	7.2%	7.3%	Average Median Family Income	\$40,703	\$51,018
15-19	7.0%	6.7%	Percent of Population Below Poverty	11.9%	8.8%
20-24	6.9%	6.6%	Percent of Children (<18) Below Poverty	16.8%	12.0%
25-64	54.1%	54.9%	Unemployment (2000)	4.8%	4.3%
65+	10.7%	9.7%	Education – 2005³		
Race (Ages 10-19) – 2005¹			High School Graduates *	60.5%	59.0%
White	55.6%	62.3%	FCAT Average Scores (middle)	388.4	361.5
Non-White	44.4%	37.7%	FCAT Average Scores (high)	341.7	360.8

*The graduation rate is calculated by the FDOE as follows: the count of students who graduated (received a diploma) divided by the number of first-time 9th graders from 4 years prior to the year of inquiry plus incoming transfer students on the same schedule minus any of this combined population who transferred out of district.

**Refer to page 34 for sources for Community Profile by Health Zone

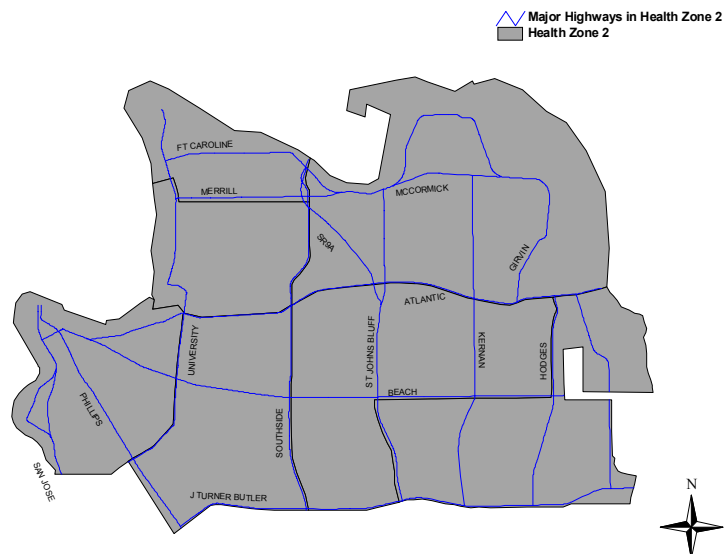
Note: Current social-economic, household and education data (2005) were available at the state and county level but not at the health zone level. Consequently, when comparing the state or county with health zones, 1999 or 2000 data were used.

Health Zone 2 Community Profile

HEALTH MEASURES					
Family Planning (Ages 15-19) 2005 ⁴	Duval	HZ2	Hospitalization and Emergency Room Visits (Ages 10-14) – 2005 ^{6,7}	Duval	HZ2
Teen Births per 1,000 Live Births	49.5	37.1	Percent of Emergency Room visits	4.6%	4.4%
Percent No Prenatal Care by teens	4.4%	4.0%	Percent of Hospitalizations	0.9%	0.9%
Cause of Death Rate per 100,000 (Ages 10-19) 2000-2005⁴			Percent of Emergency Room visits due to injuries	45.3%	47.9%
All Causes	48.4	34.4	Percent of Hospitalizations due to injuries	13.8%	9.3%
Unintentional Injury	22.3	13.4	Hospitalization and Emergency Room Visits (Ages 15-19) – 2005^{6,7}		
Homicide	8.6	DSU	Percent of Emergency Room visits	7.7%	7.5%
Suicide	3.5	DSU	Percent of Hospitalizations	3.0%	2.7%
Cancer	3.4	DSU	Percent of Emergency Room visits due to injuries	30.3%	35.5%
Sexually Transmitted Diseases (Ages 15-24)-2005⁵			Percent of Hospitalizations due to injuries	10.1%	8.6%
STD Rate Per 100,000	3875.8	2960.7			

Health Zone 2

- 32207
- 32211
- 32216
- 32224
- 32225
- 32246
- 32277



Health Zone 3 Community Profile

Health Zone 3 is located in southeastern part of Duval County and made up of five zip codes (32217, 32223, 32256, 32257 and 32258). Its east and south border is St. Johns County, on its west is the St. Johns River and on the north is Health Zone 2.

In 2005, Health Zone 3 had an estimated population of 138,340 with 48% being male and 52% being female. Approximately 62% of this population was below the age of 45. Health Zone 3 was primarily a white population with 82% and 18% being non-white. According to the 2000 U.S. Census, the average median family income was \$63,563 and an estimated 6.4% of children lived below poverty level. Of all the health zones this is the most affluent.

Adolescents, ages 10-19 made up 15.9% of the population in Health Zone 3. Deaths from all causes for this age group were 7% higher in Duval County overall than in Health Zone 3; however, deaths from unintentional injury was 34.5% higher in Health Zone 3 than Duval County. Over half (54.8%) of all emergency room visits for ages 10-14 and 42.% of all emergency room visits for ages 15-19 in Health Zone 3 were due to injuries.

DEMOGRAPHIC MEASURES					
Population – 2005 ¹	Duval	Health Zone 3	Gender (Ages 10-19) – 2005 ¹	Duval	Health Zone 3
Total	850,251	127,512	Male	51.3%	50.5%
<5	7.1%	6.5%	Female	48.7%	49.5%
5-9	7.0%	6.6%	Socio-Economic Status -1999²		
10-14	7.2%	6.5%	Average Median Family Income	\$40,703	\$63,563
15-19	7.0%	6.2%	Percent of Population Below Poverty	11.9%	5.3%
20-24	6.9%	6.1%	Percent of Children (<18) Below Poverty	16.8%	6.4%
25-64	54.1%	58.0%	Unemployment (2000)	4.8%	3.4%
65+	10.7%	10.1%	Education – 2005³		
Race (Ages 10-19) – 2005¹			High School Graduates *	60.5%	77.0%
White	55.6%	78.0%	FCAT Average Scores (middle)	388.4	423.0
Non-White	44.4%	22.0%	FCAT Average Scores (high)	341.7	372.5

*The graduation rate is calculated by the FDOE as follows: the count of students who graduated (received a diploma) divided by the number of first-time 9th graders from 4 years prior to the year of inquiry plus incoming transfer students on the same schedule minus any of this combined population who transferred out of district.

**Refer to page 34 for sources for Community Profile by Health Zone

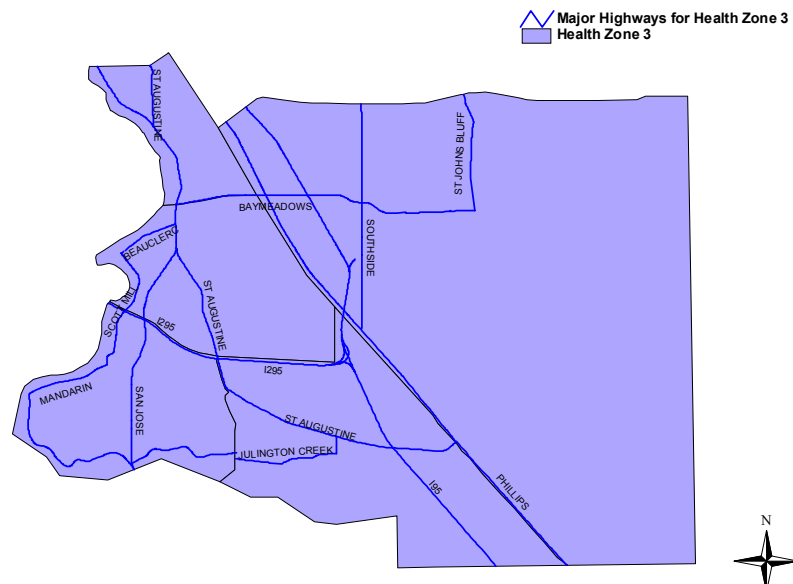
Note: Current social-economic, household and education data (2005) were available at the state and county level but not at the health zone level. Consequently, when comparing the state or county with health zones, 1999 or 2000 data were used.

Health Zone 3 Community Profile

HEALTH MEASURES					
Family Planning (Ages 15-19) 2005 ⁴	Duval	Health Zone 3	Hospitalization and Emergency Room Visits (Ages 10-14) – 2005 ^{6,7}	Duval	Health Zone 3
Teen Births per 1,000 Live Births	49.5	27.7	Percent of Emergency Room visits	4.6%	4.6%
Percent No Prenatal Care by teens	4.4%	2.5%	Percent of Hospitalizations	0.9%	0.9%
Cause of Death Rate per 100,000 (Ages 10-19) 2000-2005⁴			Percent of Emergency Room visits due to injuries	45.3%	54.8%
All Causes	48.4	45.0	Percent of Hospitalizations due to injuries	13.8%	10.9%
Unintentional Injury	22.3	30.0	Hospitalization and Emergency Room Visits (Ages 15-19) – 2005^{6,7}		
Homicide	8.6	DSU	Percent of Emergency Room visits	7.7%	6.9%
Suicide	3.5	DSU	Percent of Hospitalizations	3.0%	2.2%
Cancer	3.4	DSU	Percent of Emergency Room visits due to injuries	30.3%	42.5%
Sexually Transmitted Diseases (Ages 15-24)-2005⁵			Percent of Hospitalizations due to injuries	10.1%	11.2%
STD Rate Per 100,000	3875.8	1298.2			

Health Zone 3

32217
32223
32256
32257
32258



Health Zone 4 Community Profile

Health Zone 4 is located in southwest part of Duval County and is made up of six zip codes (32205, 32210, 32212, 32215, 32221 and 32222). Its east border is the St. Johns River, on its south is Clay County, on its west is Health Zone 5 and on its north is both Health Zone 1 and 5.

In 2005, Health Zone 4 had an estimated population of 171,568 with 48% being male and 52% being female. Approximately 62% of this population was below the age of 45. Health Zone 4 was primarily a white population with 82% and 18% being non-white. According to the 2000 U.S. Census, the average median family income was \$43,265 and an estimated 16.6% of children lived below poverty level.

Adolescents, ages 10-19 made up 14.8% of the population in Health Zone 4. Unintentional injury was the leading cause of death for adolescents in Health Zone 4 and was also a major reason for hospitalization and emergency room visits. Hospitalizations due to injuries for ages 10-14 was 55.1% higher than for Duval County. In addition, the teen pregnancy rate in Health Zone 4 was dramatically higher than Duval County with 59.2 and 49.5 per 1,000 live births, respectively.

DEMOGRAPHIC MEASURES					
Population – 2005 ¹	Duval	Health Zone 4	Gender (Ages 10-19) – 2005 ¹	Duval	Health Zone 4
Total	850,251	127,512	Male	51.3%	51.0%
<5	7.1%	7.5%	Female	48.7%	49.0%
5-9	7.0%	7.4%	Socio-Economic Status -1999²		
10-14	7.2%	7.7%	Average Median Family Income	\$40,703	\$43,265
15-19	7.0%	7.1%	Percent of Population Below Poverty	11.9%	11.7%
20-24	6.9%	6.7%	Percent of Children (<18) Below Poverty	16.8%	16.6%
25-64	54.1%	53.4%	Unemployment (2000)	4.8%	4.2%
65+	10.7%	10.2%	Education – 2005³		
Race (Ages 10-19) – 2005¹			High School Graduates *	60.5%	53.0%
White	55.6%	58.7%	FCAT Average Scores (middle)	388.4	379.8
Non-White	44.4%	41.3%	FCAT Average Scores (high)	341.7	298.0

*The graduation rate is calculated by the FDOE as follows: the count of students who graduated (received a diploma) divided by the number of first-time 9th graders from 4 years prior to the year of inquiry plus incoming transfer students on the same schedule minus any of this combined population who transferred out of district.

**Refer to page 34 for sources for Community Profile by Health Zone

Note: Current social-economic, household and education data (2005) were available at the state and county level but not at the health zone level. Consequently, when comparing the state or county with health zones, 1999 or 2000 data were used.

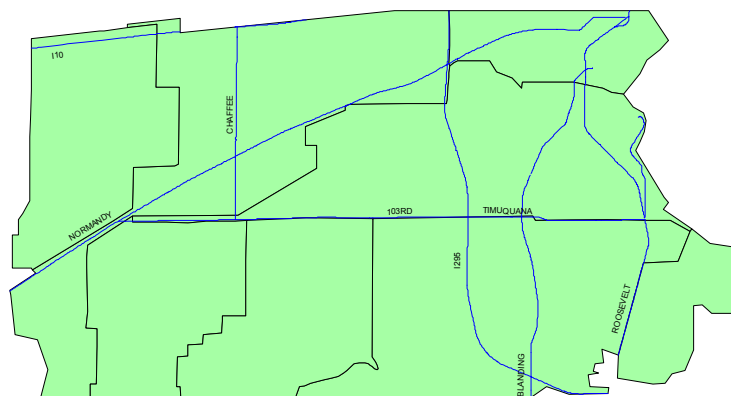
Health Zone 4 Community Profile

HEALTH MEASURES					
Family Planning (Ages 15-19) 2005 ⁴	Duval	Health Zone 4	Hospitalization and Emergency Room Visits (Ages 10-14) – 2005 ^{6,7}	Duval	Health Zone 4
Teen Births per 1,000 Live Births	49.5	59.2	Percent of Emergency Room visits	4.6%	4.7%
Percent No Prenatal Care by teens	4.4%	4.1%	Percent of Hospitalizations	0.9%	0.9%
Cause of Death Rate per 100,000 (Ages 10-19) 2000-2005⁴			Percent of Emergency Room visits due to injuries	45.3%	45.2%
All Causes	48.4	50.4	Percent of Hospitalizations due to injuries	13.8%	21.4%
Unintentional Injury	22.3	23.2	Hospitalization and Emergency Room Visits (Ages 15-19) – 2005^{6,7}		
Homicide	8.6	DSU	Percent of Emergency Room visits	7.7%	7.7%
Suicide	3.5	DSU	Percent of Hospitalizations	3.0%	3.3%
Cancer	3.4	DSU	Percent of Emergency Room visits due to injuries	30.3%	31.4%
Sexually Transmitted Diseases (Ages 15-24)-2005⁵			Percent of Hospitalizations due to injuries	10.1%	11.3%
STD Rate Per 100,000	3875.8	3835.9			

Health Zone 4

- 32205
- 32210
- 32212
- 32215
- 32221
- 32222
- 32244

Major Highways in Health Zone 4
Health Zone 4



Health Zone 5 Community Profile

Health Zone 5 is in the most western and northern parts of Duval County and is made up of five zip codes (32218, 32219, 32220, 32226 and 32234). It has the most area of land compared to the other health zones. Nassau County is to the north, Baker County is to its west and both Health Zone 1 and 4 make-up the southern border. The St. Johns River is also part of the southern boundary.

In 2005, Health Zone 5 had an estimated population of 80,402 with 49% being male and 51% being female. Approximately 63% of this population was below the age of 45. Health Zone 5 had a white population of 68% and 32% being non-white. According to the 2000 U.S. Census, the average median family income was \$47,276 and an estimated 14.5% of children lived below poverty level.

Adolescents, ages 10-19 make up 15.2% of the population in Health Zone 5. The leading cause of death for ages 10-19 was unintentional injury and was 25% higher than Duval County. Unintentional injury is also a major reason for hospitalization and emergency room visits. In addition, the teen birth rate in Health Zone 5 was considerably higher than Duval County, with rates of 56.8 and 49.5 per 1,000 live births, respectively.

DEMOGRAPHIC MEASURES					
Population – 2005 ¹	Duval	Health Zone 5	Gender (Ages 10-19) – 2005 ¹	Duval	Health Zone 5
Total	850,251	127,512	Male	51.3%	51.8%
<5	7.1%	6.7%	Female	48.7%	48.2%
5-9	7.0%	6.8%	Socio-Economic Status -1999²		
10-14	7.2%	7.5%	Average Median Family Income	\$40,703	\$47,276
15-19	7.0%	7.7%	Percent of Population Below Poverty	11.9%	10.8%
20-24	6.9%	6.9%	Percent of Children (<18) Below Poverty	16.8%	14.5%
25-64	54.1%	53.9%	Unemployment (2000)	4.8%	5.1%
65+	10.7%	10.5%	Education – 2005³		
Race (Ages 10-19) – 2005¹			High School Graduates *	60.5%	63.0%
White	55.6%	61.8%	FCAT Average Scores (middle)	388.4	328.0
Non-White	44.4%	38.2%	FCAT Average Scores (high)	341.7	319.0

*The graduation rate is calculated by the FDOE as follows: the count of students who graduated (received a diploma) divided by the number of first-time 9th graders from 4 years prior to the year of inquiry plus incoming transfer students on the same schedule minus any of this combined population who transferred out of district.

**Refer to page 34 for sources for Community Profile by Health Zone

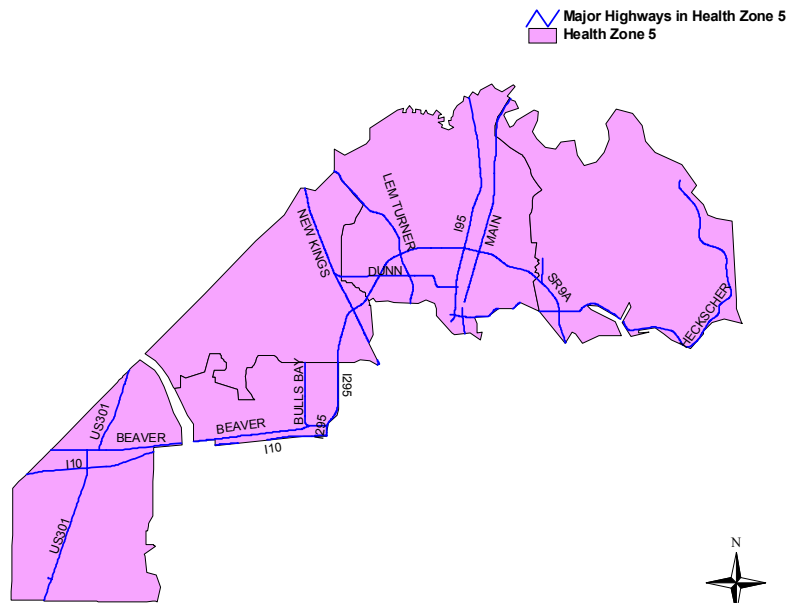
Note: Current social-economic, household and education data (2005) were available at the state and county level but not at the health zone level. Consequently, when comparing the state or county with health zones, 1999 or 2000 data were used.

Health Zone 5 Community Profile

HEALTH MEASURES					
Family Planning (Ages 15-19) 2005 ⁴	Duval	Health Zone 5	Hospitalization and Emergency Room Visits (Ages 10-14) – 2005 ^{6,7}	Duval	Health Zone 5
Teen Births per 1,000 Live Births	49.5	56.8	Percent of Emergency Room visits	4.6%	5.1%
Percent No Prenatal Care by teens	4.4%	4.4%	Percent of Hospitalizations	0.9%	0.8%
Cause of Death Rate per 100,000 (Ages 10-19) 2000-2005⁴			Percent of Emergency Room visits due to injuries	45.3%	45.4%
All Causes	48.4	48.8	Percent of Hospitalizations due to injuries	13.8%	15.6%
Unintentional Injury	22.3	27.9	Hospitalization and Emergency Room Visits (Ages 15-19) – 2005^{6,7}		
Homicide	8.6	DSU	Percent of Emergency Room visits	7.7%	8.1%
Suicide	3.5	DSU	Percent of Hospitalizations	3.0%	3.2%
Cancer	3.4	DSU	Percent of Emergency Room visits due to injuries	30.3%	32.7%
Sexually Transmitted Diseases (Ages 15-24)-2005⁵			Percent of Hospitalizations due to injuries	10.1%	10.1%
STD Rate Per 100,000	3875.8	3026.5			

Health Zone 5

- 32218
- 32219
- 32220
- 32226
- 32234



Health Zone 6 Community Profile

Health Zone 6 is located at the eastern part of Duval County and is made up of four zip codes (32227, 32233, 32250 and 32266). Of the health zones, the Beaches have the least amount of land mass. Its eastern border is the Atlantic Ocean, on the north and west is the inter-coastal waterway and on the south is St. Johns County.

In 2005, Health Zone 6 had an estimated population of 67,070 with 52% being male and 48% being female. Approximately 64% of this population was below the age of 45. Health Zone 6 was predominately white with 82% and 18% being non-white. According to the 2000 U.S. Census, the average median family income was \$51,402 and an estimated 9.2% of children lived below poverty level.

Adolescents, ages 10-19 made up 12.4% of the population in Health Zone 6. Deaths rates for this age group were statistically unreliable due to small numbers and aren't reported. Over half of all emergency room visits for ages 10-14 in this Health Zone were due to injuries. The teen birth and STD rates for Health Zone 6 were well below that of Duval County.

DEMOGRAPHIC MEASURES					
Population – 2005 ¹	Duval	Health Zone 6	Gender (Ages 10-19) – 2005 ¹	Duval	Health Zone 6
Total	850,251	127,512	Male	51.3%	53.9%
<5	7.1%	6.3%	Female	48.7%	46.1%
5-9	7.0%	6.1%	Socio-Economic Status -1999²		
10-14	7.2%	6.0%	Average Median Family Income	\$40,703	\$51,402
15-19	7.0%	6.2%	Percent of Population Below Poverty	11.9%	7.3%
20-24	6.9%	8.4%	Percent of Children (<18) Below Poverty	16.8%	9.2%
25-64	54.1%	56.1%	Unemployment (2000)	4.8%	3.4%
65+	10.7%	10.9%	Education – 2005³		
Race (Ages 10-19) – 2005¹			High School Graduates *	60.5%	72.0%
White	55.6%	73.1%	FCAT Average Scores (middle)	388.4	421.0
Non-White	44.4%	26.9%	FCAT Average Scores (high)	341.7	401.0

*The graduation rate is calculated by the FDOE as follows: the count of students who graduated (received a diploma) divided by the number of first-time 9th graders from 4 years prior to the year of inquiry plus incoming transfer students on the same schedule minus any of this combined population who transferred out of district.

**Refer to page 34 for sources for Community Profile by Health Zone

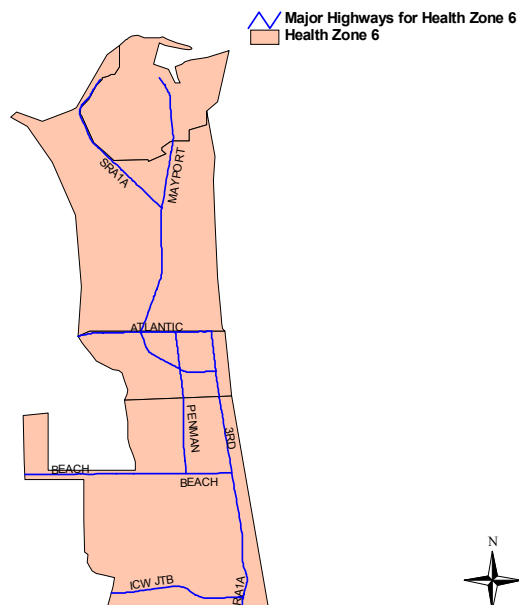
Note: Current social-economic, household and education data (2005) were available at the state and county level but not at the health zone level. Consequently, when comparing the state or county with health zones, 1999 or 2000 data were used.

Health Zone 6 Community Profile

HEALTH MEASURES					
Family Planning (Ages 15-19) 2005 ⁴	Duval	Health Zone 6	Hospitalization and Emergency Room Visits (Ages 10-14) – 2005 ^{6,7}	Duval	Health Zone 6
Teen Births per 1,000 Live Births	49.5	29.9	Percent of Emergency Room visits	4.6%	4.2%
Percent No Prenatal Care by teens	4.4%	3.4%	Percent of Hospitalizations	0.9%	0.6%
Cause of Death Rate per 100,000 (Ages 10-19) 2000-2005⁴			Percent of Emergency Room visits due to injuries	45.3%	54.1%
All Causes	48.4	DSU	Percent of Hospitalizations due to injuries	13.8%	14.6%
Unintentional Injury	22.3	DSU	Hospitalization and Emergency Room Visits (Ages 15-19) – 2005^{6,7}		
Homicide	8.6	DSU	Percent of Emergency Room visits	7.7%	7.2%
Suicide	3.5	DSU	Percent of Hospitalizations	3.0%	1.9%
Cancer	3.4	DSU	Percent of Emergency Room visits due to injuries	30.3%	35.9%
Sexually Transmitted Diseases (Ages 15-24)-2005⁵			Percent of Hospitalizations due to injuries	10.1%	10.5%
STD Rate Per 100.000	3875.8	1453.4			

Health Zone 6

32227
 32228
 32233
 32250
 32266

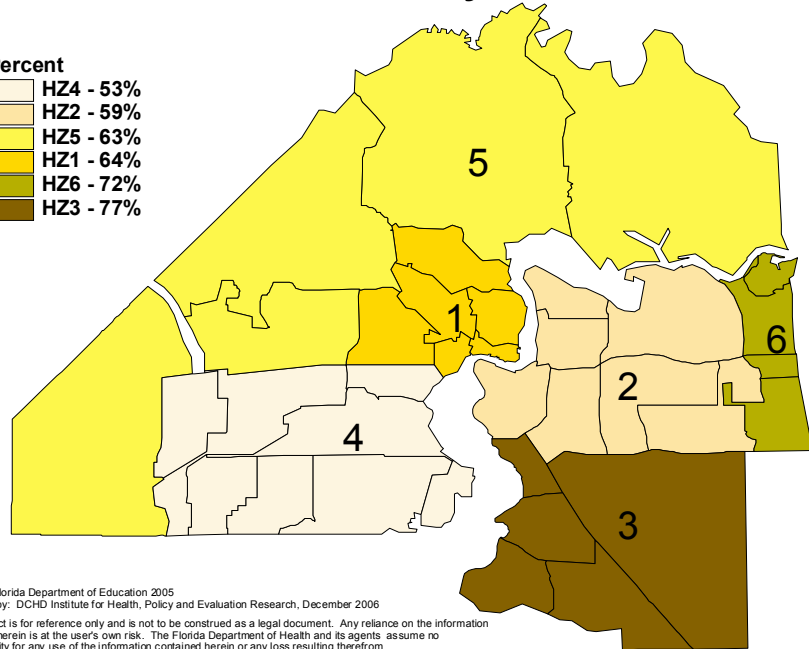
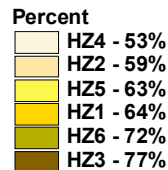


Duval County Students

Type of Schools

- Elementary = 106
- Middle = 28
- High = 17
- Alternative = 5
- Academies of Technology = 2
- Exceptional Education = 3

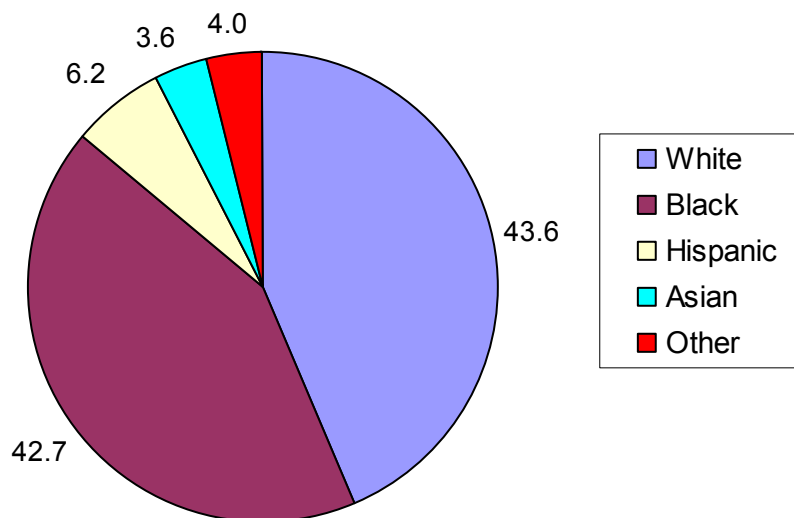
Percent of High School Graduates by Health Zone, Duval County, 2005



Source: Florida Department of Education 2005
 Prepared by: DCHD Institute for Health, Policy and Evaluation Research, December 2006
 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 therefrom.



Percent of Students by Race, Duval County, 2005-2006



Duval County School District SAT Scores

Verbal:

Duval 498, Florida 496

Math:

Duval 492, Florida 497

Critical Reading:

Duval 498, Florida 496



Source: Duval County Public School, Florida Department of Education, 2005-2006
 Prepared by: Institute for Health, Policy and Evaluation Research, January 2007

Adolescent Reproductive Health: Current Issues and Trends

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Program Director, Adolescent Pregnancy Prevention Program and Coordinator, Family Planning Services

Responsible sexual behavior is one of the ten leading goals of Healthy People 2010, which includes reducing the number of pregnancies among adolescent females (ages 15 to 17), from 68 per 1,000 births in 1996 to 43 per 1,000 births in 2010. It also includes, “increasing the proportion of adolescents who abstain from sexual intercourse or use condoms if currently sexually active”, reducing the number of cases of HIV infection among adolescents (ages 20-24); reducing the proportion of adolescents and young adults with Chlamydia trachomatis infections and reducing gonorrhea among adolescents (ages 10-19). Improving adoles-

cent reproductive health involves at least one of the following behaviors: *reducing the rate of unintended pregnancy and childbearing, lowering the incidence of STDs among teenagers, delaying sexual initiation, reducing the frequency of sexual activity increasing condom use and increasing overall contraceptive use.*

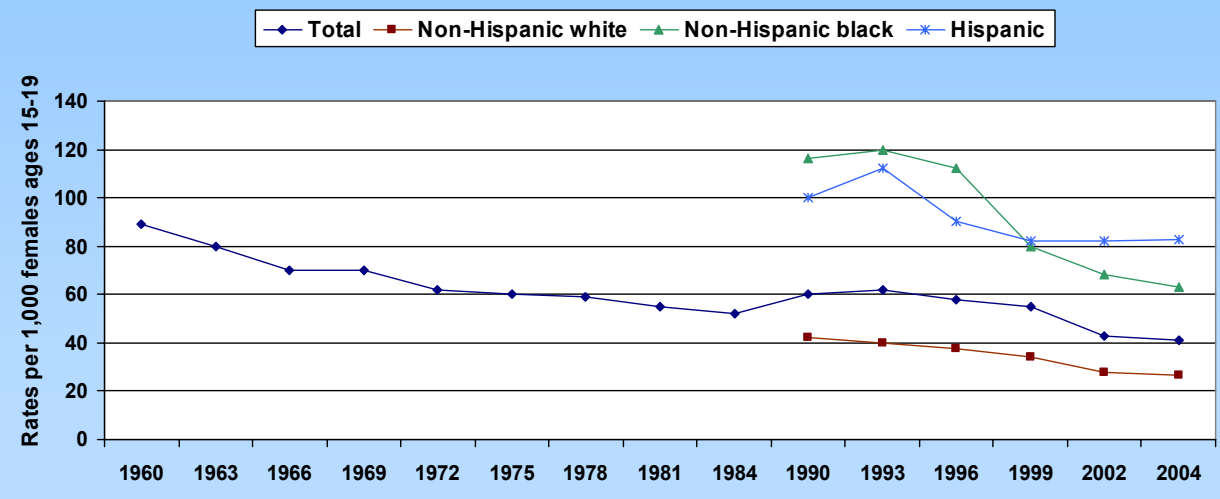
In terms of achieving the HP 2010 Objectives, teen births rates among teen females have declined from 61.8 per 1,000 (1991), to 41.9 per 1,000 in 2005 (ages 15 to 19). In addition, it has decreased from 1.4 per 1,000 in 1991 to 0.7 per 1,000 in 2004 for girls age 10 to 14.

Statewide, teen births (ages 15 to 17) have declined from 45 per 1,000 in 1991 to 22 per 1,000 in 2005; locally, the rate has declined from 56 per 1,000 to 25 per 1,000 births over this same time period. There was also a decline among teen male fathers (ages 15 to 19), from 1189.2 per 1,000 in 1991 to 63.1 per 1,000 in 2004 for non-Hispanic black males.

Although overall teen births have declined, Hispanic teens are the fastest growing segment of the population and their teen birth rate is also growing; and the decline in their pregnancy and birth rates has

(continued on page 29)

Figure 4 Birth Rates (per 1,000) for Females Ages 15 to 19 by Race and Hispanic Origin, Selected Years 1960-2004



Source: National Center for Health Statistics, *Health, United States, 2001, With Urban and Rural Health Chartbook (1960 Data)*. Final data for 2000. Table 4. (1970-1989 Data). *National vital statistics reports*; vol 50 no. 5. National Center for Health Statistics. 2002; Revised birth and fertility rates for the 1980s and new rates for Hispanic populations, 2000 and 2001: United States (1990-2001 Data). *National vital statistics reports*; vol 51 no 12. National Center for Health Statistics, 2003; Births: Final data for 2002. *National vital statistics reports*; vol 52 no 10. National Center for Health Statistics. 2003. Births: Final data for 2003. *National Vital Statistics Reports*, 54 (2). National Center for Health Statistics. Tables 3 and 9. http://www.cdc.gov/nchs/data/nvsr54/nvsr54_02pdf. Final Births for 2004. Tables 1 and 2. National Center for Health Statistics, <http://www.cdc.gov/nchs/products/pubs/pubd/hestats/finalbirths04/finalbirths04.htm>

Local Services Addressing Adolescent Health

The data report card reveals that adolescents in Duval County are doing well in some areas of the health behaviors assessed; yet in other areas, they have rates worse than Florida and the U.S. and fall short of the Healthy People 2010 targets. Health and social service providers with the support of the community have put forth great effort to educate adolescents, their parents and the community to improve adolescent health. These efforts are implemented at the agency, funding, family and teen levels with each contributing to the successes and each addressing areas needing improvements; and typified by the services and commitment of the following organizations.

The Jacksonville Jaguars Foundation awarded its first grants in

March of 1995, well before the Jaguars football team played its first game. Grants are allocated to serve the needs of economically and socially disadvantaged youth through-



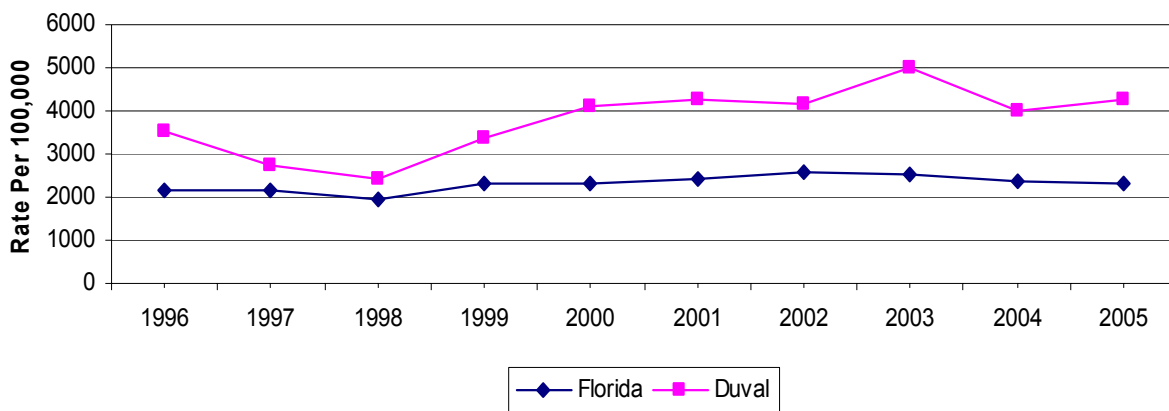
out Northeast Florida. Since its first grants were awarded in 1995, the Foundation has bestowed grants totaling more than \$9.5 million to worthy programs in Baker, Clay, Duval, Nassau and St. Johns counties to assist disadvantaged youth

and their families.

Under the leadership of Foundation Chair and CEO, and Jaguars owner, Delores Barr Weaver, the Foundation created the "Straight Talk" program which is designed to reduce the incidence of teen pregnancy and the spread of AIDS and other sexuality transmitted infections (STI's). A major feature of Straight Talk is a televised town hall forum "Teens & Sex...the Real Truth," which is broadcasted on all local television stations. The program includes celebrity co-hosts; local broadcasting personalities; a panel of medical and legal experts; and an all-teen studio audience. Since 1999, in partnership with the Weaver Family Foundation, the Jaguars Foundation Straight Talk program has granted over \$1.6 million to four Duval County agencies specifically dealing with teenage pregnancy and

(continued on page 31)

Figure 5
Chlamydia Rates (Ages 15-19),
Duval County and Florida, 1996-2005



Sources: Florida Department of Health, Bureau of STD Prevention & Control, 1996-2005
Prepared by: Institute for Health, Policy and Evaluation Research, November 2006

Adolescent Obesity

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Obesity Prevention Program, Community Nutrition Services

Problem:

The most recent data from the National Center for Health Statistics indicate that 30% of U.S. adults greater than 20 years of age (60 million adults) are obese. Additionally, among children and adolescents between the ages of 6 and 19 years, 16% (greater than 9 million youth) are overweight.¹

One of the national health objectives of *Healthy People 2010* is to reduce the prevalence of obesity among adults to less than 15%. Unfortunately, the prevalence of obesity among adults (and youth) has continued to increase over the past decade. According to the Centers for Disease Control and Prevention (CDC), in 2005, of the total U.S.

adult population surveyed, 60.5% were overweight, 23.9% were obese, and 3.0% were considered extremely obese² (see Table 1).

Risk Factors:

The risk factors associated with overweight/obesity in youth include poor dietary habits, physical inactivity, minority race/ethnicity, and low socioeconomic status. Of the risk factors that lead to overweight and obesity in youth, physical inactivity is the most significant factor leading to overweight across all gender, ethnicity, and socioeconomic lines.^{3,4,5} The National Association for Sport and Physical Education recommends that youth get at least 60 minutes of moderate to vigorous physical activity every day.⁶ Results from the 2005 Florida self-reported Youth Risk Behavior Survey indicated that

24.7% adolescents had sufficient moderate physical activity (activity that did not make them sweat or breathe hard for at least 30 minutes on five or more days of the week), 60.2% had sufficient vigorous physical activity (activity that *did* make them sweat and breathe hard for at least 20 minutes on three or more days of the week), and 40.9% watched three or more hours of television on an average school day.⁷

Risk factors for overweight/obesity in adults include: current lifestyle habits, diet and physical activity habits during adolescence, and BMI during the adolescent period. Overweight/obesity status during adolescence has been shown to greatly influence overall health status in adulthood. According to researchers at the University of California, adolescent obesity increases the risk of adult morbidity and mortality

(continued on page 30)

Table 1 Characteristic	1995 (n = 110,252)		2000 (n = 172,157)		2005 (n = 333,730)	
	%	(99% CI+)	%	(99% CI)	%	(99% CI)
Total	15.3	(14.8 - 15.7)	19.8	(19.4 - 20.2)	23.9	(23.5 - 24.2)
Men	15.6	(14.8 - 16.4)	20.2	(19.5 - 20.9)	24.2	(23.6 - 24.8)
Women	14.9	(14.3 - 15.5)	19.4	(18.8 - 19.9)	23.5	(23.1 - 24.0)
Age Group (yrs)						
18 - 29	10.2	(9.3 - 11.1)	13.5	(12.7 - 14.4)	17.7	(16.7 - 18.7)
30 - 39	14.3	(13.4 - 15.3)	20.2	(19.2 - 21.1)	24.4	(23.5 - 25.3)
40 - 49	17.9	(16.7 - 19.0)	22.9	(21.8 - 23.9)	26.5	(25.6 - 27.3)
50 - 59	21.6	(19.6 - 23.5)	25.6	(24.4 - 26.8)	29.5	(29.6 - 30.4)
60 - 69	19.4	(18.0 - 20.8)	22.9	(21.6 - 24.2)	28.1	(27.1 - 29.0)
≥ 70	12.2	(11.1 - 13.2)	15.5	(14.4 - 16.5)	18.3	(17.5 - 19.1)
Race/Ethnicity						
Non-Hispanic white	14.5	(13.9 - 15.0)	18.5	(18.0 - 18.9)	22.6	(22.2 - 23.0)
Non-Hispanic black	22.7	(21.1 - 24.3)	29.3	(27.8 - 30.8)	33.9	(32.5 - 35.2)
Hispanic	16.8	(14.5 - 19.0)	23.4	(21.5 - 25.4)	26.5	(24.9 - 28.1)
Other	9.7	(7.6 - 11.8)	12	(10.3 - 13.8)	16	(14.4 - 17.6)

*Persons with a body mass index (BMI) of ≥ 30.0 ; self-reported weight and height were used to calculate BMI (weight{kg}/height{m}^2)

+Confidence Interval; *Might be of any race

Re-created from State-Specific Prevalence of Obesity Among Adults, United States, 2005, MMWR, CDC

Adolescent Reproductive Health: Current Issues and Trends (continued from page 26)

been slower than that of other racial and ethnic groups, declining by 15 percent for Hispanic teens and 29% for all teens (see Figure 4 on page 26).

The declining adolescent pregnancy rates in the U.S. between 1995 and 2002 were primarily attributable to improved contraceptive use. For ages 18-19, this decline was entirely attributable to increased contraceptive use. Decrease sexual activity was responsible for about one quarter of the decline among 15 to 17 year-olds and increased contraceptive use was responsible for the remainder. In fact, "...increased availability and increased use of modern contraceptives have been primarily responsible for declines in adolescent pregnancy rates."

Sexually active teenagers are at an immediate risk of becoming pregnant /acquiring a STI/HIV. Young sexually active teens are much less likely than older teens to use contraception consistently; however, the vast majority of the pregnancies are unintended. Eighty eight percent of pregnancies to teens 17 or younger were unintended. In the U.S., rates of HIV and other sexually transmitted infections (STIs), as well as of unintended pregnancy are disproportionately high among minority youth, especially among black and Hispanic youth. Social, economic and cultural barriers limit the ability of many minority

youth to receive accurate and adequate information on preventing HIV, STIs and unwanted pregnancy.

Through 2001, African Americans and Latinos accounted for 84% of cumulative AIDS cases among women ages 13 to 19. In 2001, the Chlamydia rate among women ages 15 to 19 was nearly seven times higher among African Americans than among whites (8,483 and 1,276 per 100,000, respectively). Among males ages 15 to 19, Chlamydia rates were 12 times higher among African Americans than among whites (1,550 and 128 per 100,000, respectively). In the same year, 75% of all reported cases of gonorrhea occurred among African Americans for whom the gonorrhea rate was 78.2 per 100,000 population, com-

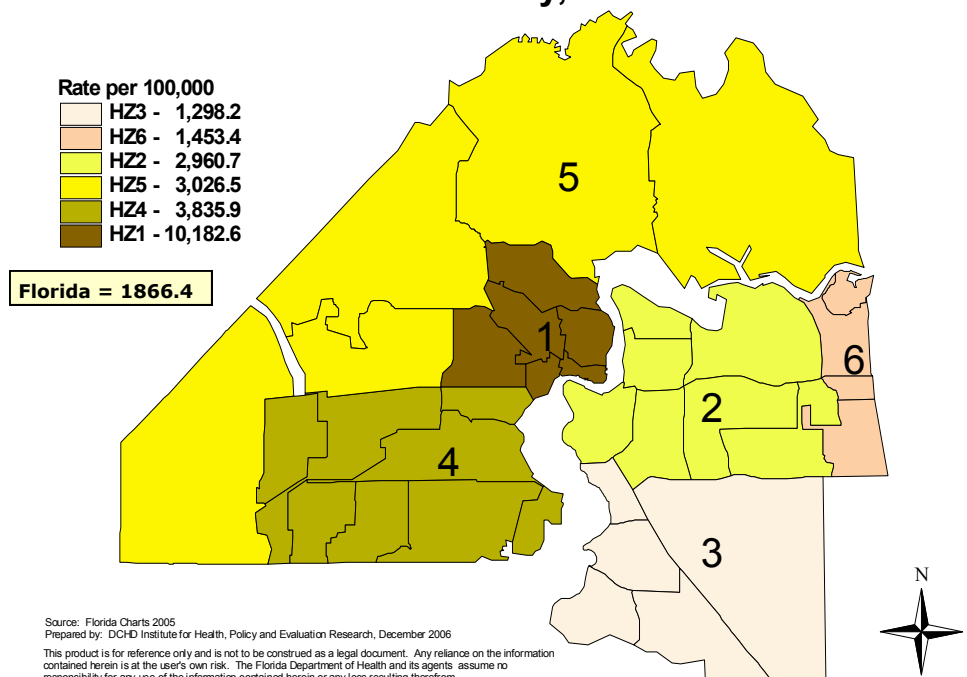
pared to 114 among Native Americans, 74 among Latinos and 29 among non-Hispanic whites. See Figure 6 for STD rates for ages 15-24 by Health Zone. No single strategy will work for all youth, even within a single community. According to Advocates of Youth publication on *Youth of Color—At Disproportionate Risk of Negative Sexual Health Outcomes*, programs are most likely to be effective when they:

- Incorporate comprehensive sexuality education, including information on both contraception and abstinence.
- Provide access to contraceptive services and methods.

Offer opportunities such as community service that develop life skills so young people can prepare for their futures.

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Figure 6 **STD Rates (Ages 15 - 24) by Health Zone, Duval County, 2005**



Source: Florida Charts 2005
Prepared by: DCHD Institute for Health, Policy and Evaluation Research, December 2006
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Adolescent Obesity (continued from page 28)

independent of adult obesity status. It is estimated that 70% of obese youth (ages 10 to 13) become obese adults.^{3,4} Another study that gathered data from a group of 14,000 youth (over a 6 year period) as they transitioned from adolescence into adulthood, found that diet, inactivity, and obesity worsen with age.⁵

Health Concerns:

Being overweight or obese increases the risk for many illnesses. These include: hypertension, dislipidemia (high triglycerides, high LDL cholesterol, and low HDL cholesterol), coronary artery disease, stroke, gallbladder disease, osteoarthritis, sleep apnea (and other respiratory problems), and some cancers (endometrial, breast, and colon).¹ Unfortunately, many of these health problems are increasingly being identified in young people. Without the appropriate intervention, adolescent overweight/obesity will prevent more and more youth from becoming healthy adults, resulting in serious impacts on U.S. health care costs.

Intervention:

There is no one solution to our nation's obesity epidemic. However, it is evident that a great deal of focus and attention are needed for the prevention of childhood and adolescent obesity. Within Duval County there are a number of local organizations and coalitions dedicated to addressing youth and adult

obesity. The Obesity Prevention Program of the Community Nutrition Services Division at the Duval County Health Department offers a number of intervention programs for children, adolescents, and adults. The goal of the Obesity Prevention Program (OPP) is to continually serve Duval County by promoting healthy eating and daily physical activity. Included in health promotion is increasing the awareness of the growing problem of obesity, including the impact it has on an individual's life and how



it is directly linked to chronic diseases. Specifically, OPP provides service to the community through four age-specific programs. These programs include: Raising Healthy Children (WIC participants from infancy to 5 yrs), Get Healthy Kids Club (ages 7 – 12), Total Nutrition for Teens/Youth Empowered Ambassadors for Health (ages 13-18), and Shape-Up Jacksonville (ages 18 and older). All of these programs provide nutrition and physical activity education over an 8 to 12 week period, and can be used in a

variety of settings, including clinics, schools, communities, churches, and workplaces. The Obesity Prevention Program also provides individual nutrition assessment and counseling (Medical Nutrition Therapy) by licensed, registered dietitians for individuals with a physician's referral.

For more information on programs and services offered by Community Nutrition Services, please visit www.dchd.net or call 904-630-3337.

Sources:

¹Overweight and Obesity: Home. December 04, 2006. Centers for Disease Control and Prevention. December 19, 2006. <http://www.cdc.gov/nccdphp/dnpa/obesity/index.htm>

²State-Specific Prevalence of Obesity Among Adults – United States, 2005. *MMWR Weekly*. September 15, 2006; 55(36):985-988.

³Patrick, K., Norman, G.J., Calfas, K.J., Sallis, J.F., Zabinski, M.F., Rupp, J., & Cella, J. Diet, Physical Activity, and Sedentary Behaviors as Risk Factors for Overweight in Adolescence. *Arch Pediatr Adolesc Med*. 2004; 158:385-390.

⁴Gordon-Larsen, P., Adair, L.S., Nelson, M.C., & Popin, B.M. Five-year obesity incidence in the transition period between adolescence and adulthood: the National Longitudinal Study of Adolescent Health. *Am J Clin Nutr*. 2004; 80:569-575.

⁵Harris, K.M., Gordon-Larsen, P., Chantala, K., & Udry, J.R. Longitudinal Trends in Race/Ethnic Disparities in Leading Health Indicators From Adolescence to Young Adulthood. *Arch Pediatr Adolesc Med*. 2006; 160:74-81.

⁶The National Association for Sport and Physical Activity, <http://www.aahperd.org/naspe/>

⁷Fact Sheet 7: Prevention of Sedentary Life Style Among Florida Public High School Students. Centers for Disease Control and Prevention. December 18, 2006. <http://www.cdc.gov/yrbs>

Resources:

www.americanheart.org

www.cdc.gov

2005 Youth Risk Behavior Survey

Local Services Addressing Adolescent Health (continued from page 27)

STI prevention. For more information on Straight Talk, visit http://www.jacksonville.com/community/straight_talk/.

The Bridge of Northeast Florida provides educational, health and social programs to youth and families living in some of Jacksonville's most distressed neighborhoods. The Bridge serves approximately 3,000 youth and families through their Main Campus, Clinic, four satellite after-school programs, and the Healthy Families program. The Bridge's teen pregnancy prevention program has five main components: Focus on Kids Curriculum promotes self-esteem, responsible decision-making, and understanding physical and emotional development and factual information on contraceptives and sexually transmitted diseases for boys and girls, ages 10-18; Cultural Connection Curriculum develops social and communications skills specifically for girls; Training for Peer Educators utilizes leadership training and peer counseling with the older more mature youth, ages 15-18; Bridge Adolescent Clinic provides counseling and/or rap sessions for clinic patients who have come for a medical appointment or a pregnancy test; and Responsible Manhood Curriculum works with males ages 10 to 13 to help them understand what it means to be a responsible male and how

to make healthy life choices. See Figure 5 on page 27 for STD rates in Florida and Duval for ages 15-19. For more information on The Bridge of Northeast Florida, visit <http://www.bridgejax.com/>

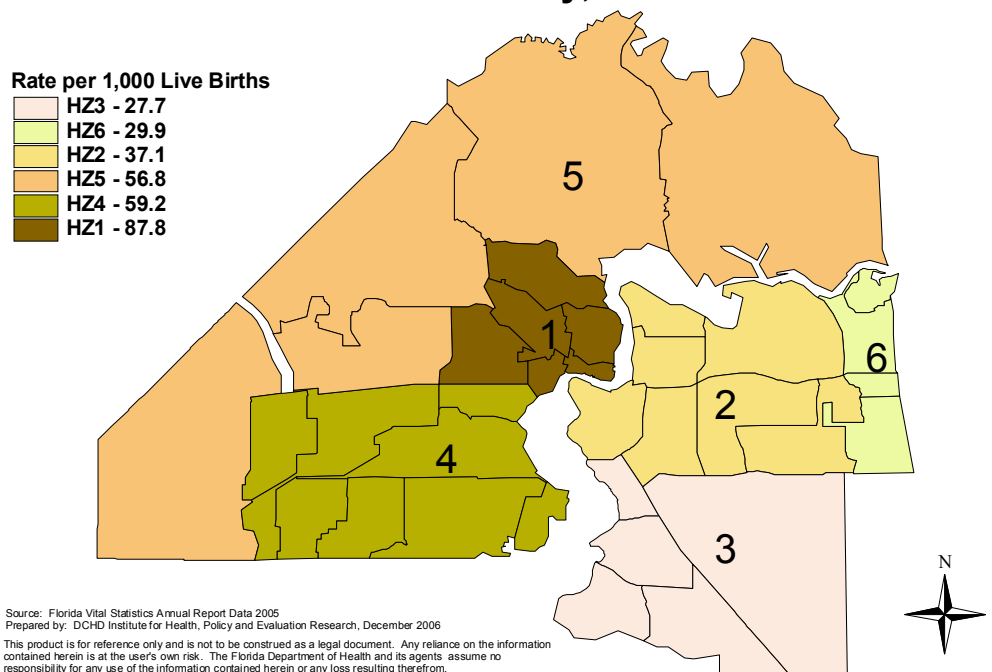
Planned Parenthood of Northeast Florida (PPNF), a private, non-profit organization, has provided reproductive health and family planning services in northeast Florida since 1965. The mission of PPNF is to protect, support and advocate for every person's right to make voluntary, informed decisions about sexuality, reproduction and parenting. PPNF reaches 21,000 youth and adults through its community education program

offered through its *Carson-Adams Institute for Health Education* to reduce sexual illiteracy and improve sexual health.

PPNF also provides a teen pregnancy prevention initiative called FACES (Facts for Adolescents about Choices, Education and Sexuality) of Northeast Florida (see Figure 7 for teen birth rates by Health Zone). Through FACES teen advocates provide information and peer "counseling" in the clinic to teen patients. They also educate peers through formal presentations at community centers, schools, churches and other community settings. FACES Teen Theatre enhances the teen advocates' efforts through theatrical performances regarding abstinence, contraception, relationships, health risks,

(continued on page 32)

Figure 7
**Teen Birth Rate (Ages 15 - 19) by Health Zone,
Duval County, 2005**



Adolescent Reproductive Health: Current Issues and Trends (continued from page 29)

In addition, HIV/STI and teen pregnancy prevention programs targeting minority youth are also most likely to be effective when they:

- Are culturally competent and in the language of the target population.
- Involve community members and youth in planning and implementation.



- Focus on the assets of teenage participants and on the needs of the whole young person.
- Consider the social and cultural factor that influence behavior.
- Provide peer support to change peer norms.
- Offer gender-specific opportunities and activities.
- Aim at building skills, such as problem solving, communication, negotiation, and coping with emotions and stress.

- Use multiple pathways to reach and empower youth in the community.

For more information on Adolescent Reproductive Health, contact the DCHD Maternal and Child Health Program at 904-665-2708 / 665-2260. For STD information and screening services, contact the Center for Prevention Services (STD) at the Duval County Health Department at 904-665-3040.

Sources:

- ¹U.S. Department of Health and Human Services. *Healthy People 2010. 2nd ed. With Understanding and Improving Health and Objectives for Improving Health.* 2 vols. Washington, DC: U.S. Government Printing Office, November 2000.
- ²Ryan, Suzanne; Franzetta, Kerry and Marlowe, Jennifer. *Hispanic Teen Pregnancy and Birth Rates: Looking Behind the Numbers.* February 2005. Child Trends Research Brief. Publication #2005-01.
- ³Santelli, John S., Duberstein Lindberg, Laura, Finer, Lawrence B. Explaining Recent Declines in Adolescent Pregnancy in the United States: The Contribution of Abstinence and Improved Contraceptive Use. *American Journal of Public Health.* January 2007, Vol 97, No. 1.
- ⁴Center for Disease Control and Prevention (CDC) *HIV/AIDS Surveillance Report, 2002.*
- ⁵Centers for Disease Control. *Sexually Transmitted Disease Surveillance, 2001.* Atlanta, GA Author, 2002.
- ⁶Ibid.

Local Services Addressing Adolescent Health (continued from page 31)

and STI's. For more information on PPNF, visit <http://www.plannedparenthoodnefl.org/sites/web/index.cfm>

Jacksonville Area Sexual Minority Youth Network (JASMYN) is a non-profit organization in Jacksonville, FL, founded in 1993 whose mission is to build safe space for gay, lesbian, bisexual, transgender, and questioning youth ages 13-23 through nurturing their health and well-being and enhancing pride and



self-esteem. JASMYN offers a wide range of support groups ranging in age from 16-20 of differing racial/ethnic backgrounds and socioeconomic levels; a telephone Gay Youth Information Line where teens can talk and ask questions about anything, including sexuality and HIV prevention; and Youth Councils providing leadership opportunities by engaging youth in outreach and planning of special events, program development and fundraising. Two youth council representatives serve on JASMYN's Board of Directors. These programs were created to enrich youth with the fundamentals of leadership and learn the skills necessary to develop themselves as future leaders. For more information on JASMYN, visit <http://www.jasmyn.org/>.

The organizations described above represent just a few of those that have partnered with the health department in addressing the health concerns of Jacksonville's adolescents. There are many more organizations committed to improving adolescent health in Jacksonville, yet there is no real coordinated system to maximize the resources.

Adolescent Injuries

Injuries, both unintentional and intentional are serious threats to the health and well-being of adolescents in Duval County. In 2005, unintentional injuries were the leading cause of death for adolescents of all ages. As noted previously in this report, almost half of all emergency room visits for ages 10-14 were due to unintentional injuries and approximately one-third for ages 15-19. Data shows that Health Zone 3 had the highest percent of emergency room visits due to unintentional injuries for both age groups (see Figures 8 and 9).

The majority of unintentional injury deaths were due to motor vehicle crashes. Accidents caused 43.9% of all deaths for ages 10-19, while more violent injuries such as suicide and homicide made up 20% of all deaths for this age group. In addition, racial and gender disparities exist for injuries in adolescents. Data shows that the death rate for unintentional injuries for black adolescents ages 10-19 was 45.8% lower than white adolescents. However, the rate for homicide deaths for black adolescents was 267.5% higher than for white adolescents (see Figure 10). For

Figure 8 Percent of Emergency Room Visits Due to Injuries (Ages 10 - 14) by Health Zone, Duval County, 2005

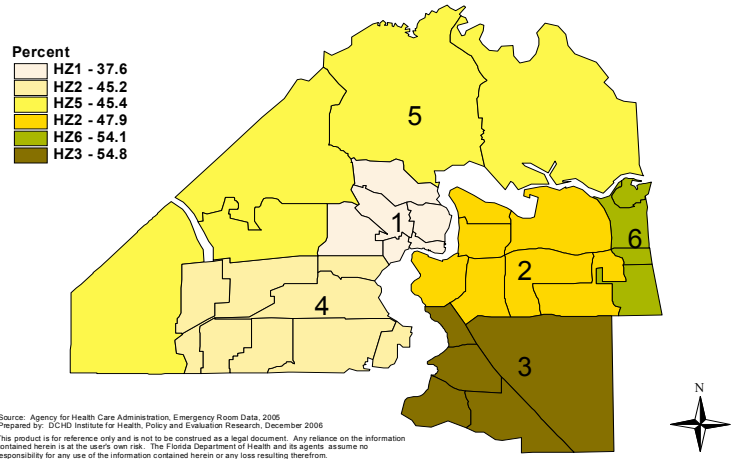


Figure 9 Percent of Emergency Room Visits Due to Injuries (Ages 15 - 19) by Health Zone, Duval County, 2005

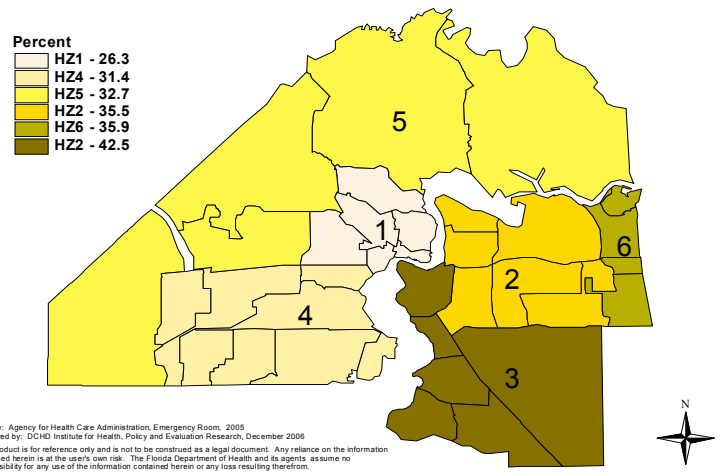
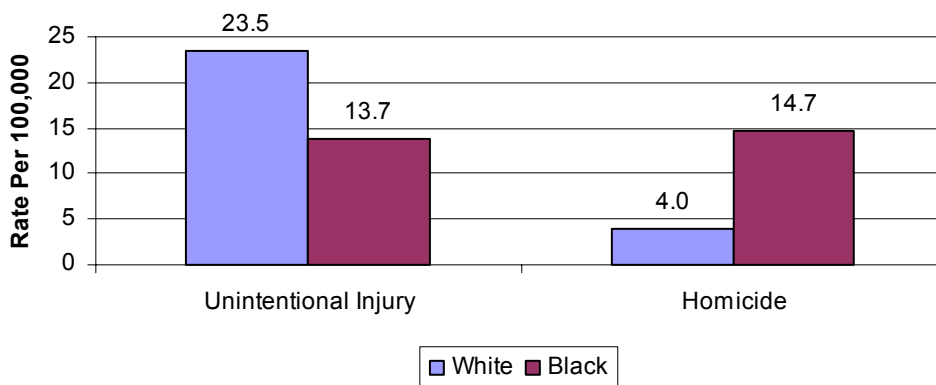


Figure 10 Death Rates for Unintentional Injuries and Homicide by Race, Duval County, 1996-2005



gender, unintentional injury deaths were 163.2% higher for adolescent males ages 10-19 than females. Likewise, homicide deaths were 169.8% higher for adolescent males than females. For more information on adolescent injuries, contact the DCHD Injury Prevention office at 665-2308.

Sources:

Florida Department of Health, Office of Vital Statistics, 1996-2005
 Agency for Health Care Administration, Emergency Room, 2005

Sources: Florida Department of Health, Office of Vital Statistics, 1996-2005
 Prepared by: Institute for Health, Policy and Evaluation Research, November 2006

Health Zone Community Profile Sources

¹Claritas Population, 2000-2005

²U.S. Census Bureau, 1999, 2000, 2005

³Duval County School System and State of Florida Education Department, 2005

⁴National Vital Statistics System, Mortality, CDC, NCHS, 2000-2005

⁵Florida Department of Health, Bureau of STD Prevention and Control, 2005

⁶Agency for Health Care Administration, Emergency Room, 2005

⁷Agency for Health Care Administration, In-Patient Hospitalization, 2005

* Middle and High School FCAT Scores are combined



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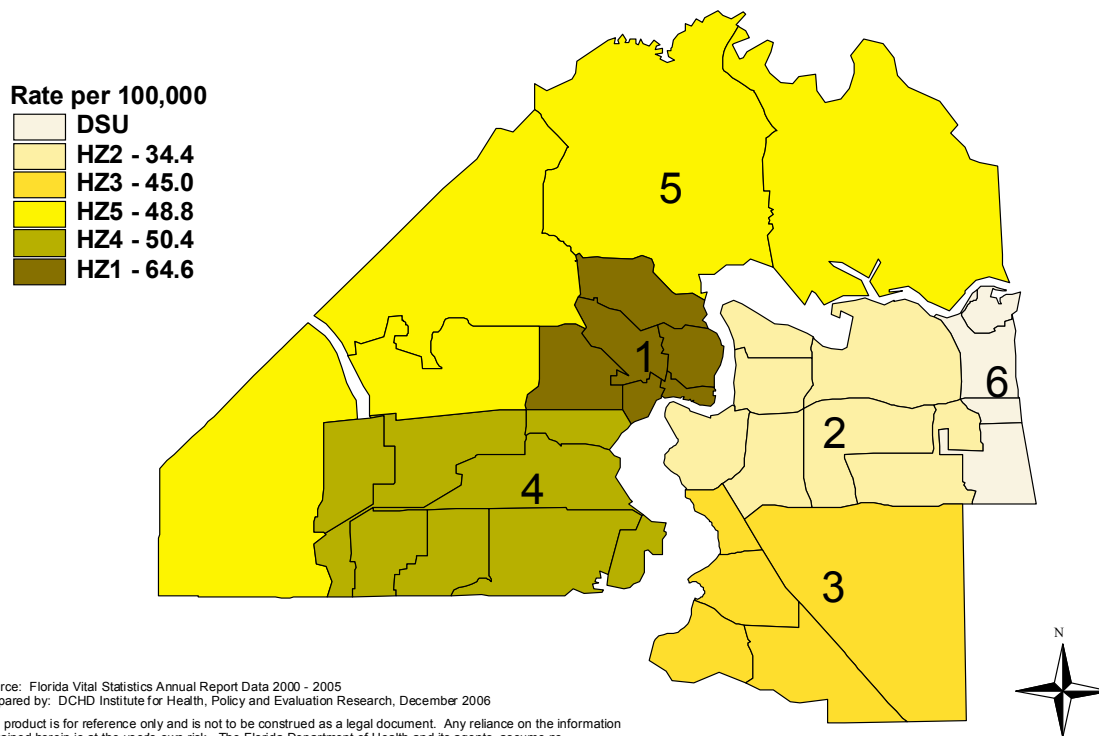
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Summary

Adolescents are influenced by various levels and types of interpersonal and interdependent relationships, which in turn contribute to an adolescent's health and well-being. In addition, adolescent health is also influenced by a wide array of socio-economic factors, such as education and poverty, which are factors that require more primary intervention techniques that can lead to societal and environmental changes, often resulting from policy change. In order to address adolescent health issues, surveillance of adolescent health indicators is necessary for planning, program implementation, evaluation and policy change. This report uses the "Health Zones" created by the Duval County Health Department to provide a more detailed analysis of data and a more informed foundation for problem solving. The data shows that adolescents in Duval County are trailing Florida and the U.S. on several measures of health and well-being. Geographical disparities are markedly present in Duval County, showing that health indicators for adolescents are different depending on the community in which the adolescent lives. This report does not attempt to identify the causes of these disparities but rather documents them as issues and concerns for the community. Addressing these factors is challenging, costly and time consuming and requires many levels of decision making. Because of the complex system of adolescent influences, developing comprehensive approaches and interventions to promote adolescent health is recommended in order to address these issues effectively.

Death Rate From All Causes (Ages 10 - 19) by Health Zone, Duval County, 2000 - 2005





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